

NB. There is a presumption that papers will have been read in advance, so presenters should be prepared to take questions as directed by the Chair. They will not be asked to present their reports verbally. Questions should be advised to the Chair in advance of the meeting where possible.

AGENDA

Minute number	GOVERNANCE	Lead	Page	Time
85.23	Welcome & apologies	Chair	Verbal	9.00
86.23	Declarations of Interest	Chair	3	
87.23	Minutes of the meeting held in public - 5 September 2023	Chair	8	
88.23	Matters arising/Review of Action Log	Chair	23	
89.23	Notification of any other items of business	Chair	Verbal	
90.23	National Hip Fracture Database - Annual Report 2023	Mr I Wright	24	9.15
91.23	Board Assurance Framework for 2023-2024 - Deep Dive Risk 2 – Overwhelming Demand	Dir of Ops	25 To follow	9.30
UPDATES				
92.23	Chair's report	Chair	Verbal	9.50
93.23	Chief Executive's report and horizon scan -	CEO	36	10.00
94.23	Committee Chairs' Exception Reports - QSE Committee – 24 October 2023 - FP&C Committee – 25 October 2023	Comm Chairs	47 To follow	10.30
REFRESHMENT BREAK 10.45am				
PRIORITY ONE – PATIENT SAFETY				
95.23	Integrated Performance Report	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of Ops	51	11.00
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
96.23	Update on Pay Negotiations	CEO / Dir OHR	Verbal	11.30
97.23	OFSTED Update	Dir of Social Care	128	11.40

98.23	Workforce & Culture Update	CEO	To follow	11.50 ²
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
99.23	Director of Finance, Performance and Delivery Report: - September Management Accounts	FAS Business Partner	149	12.10
ANY OTHER BUSINESS				
100.23	With prior agreement of the Chair	Chair		
FORMAL MEETING CLOSING AT 12.30 - QUESTIONS FROM THE PUBLIC				
The Board will respond to questions from the public		All		
MEETING EVALUATION				
Board review – feedback on the meeting: effectiveness and any new risks and assurances		Chair	Verbal	
DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 6 February 2024				

Register of Directors' Interests

3 October 2023



Name	Position within, or relationship with Manx Care	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date to which interest relates		Direct or Indirect Interest	
				From	To	Direct	Indirect
Sarah Pinch	Non-Executive Director	Direct Financial Interests	Managing Director, Sarah Pinch Limited T/A Pinch Point Communications, consultancy provider for many NHS organisations in England	Jan-93	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Professional Interest	Chair of The Taylor Bennett Foundation, a charity supporting BAME young people into careers in PR and Communications	Oct-17	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Independent Advisor to the Senedd, chair of REMCOM	Nov-18	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Trustee of Bristol Students Union, member of REMCOM	Nov-20	July-22	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Property Ombudsman. Remuneration and Nominations Committee	Jan-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Pensions Regulator. Remuneration and People Committee.	Apr-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, Oxford University Hospitals NHS Foundation Trust. Remuneration, Appointments and Audit Committees, Equality and Diversity board champion.	Oct-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, BPDS (Digital supplier to Dept. of Work and Pensions) Remuneration and Nominations Committees.	Feb-19	Jun-21	X	
Nigel Wood	Non-Executive Director	Indirect Interest	Wife was employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital		July 22		X
Nigel Wood	Non-Executive Director	Other Interest	Nigel's business offers a registered office facility to a Radiology online training service owned by an un connected individual. Previously had provided guidance on establishing a business. No remuneration received.	current		X	
Tim Bishop	Non-Executive Director	Direct Financial interest	Director / Shareholder Wellingham Partners Ltd consultancy	Apr-16		X	
Tim Bishop	Non-Executive Director	Direct Non-Financial interest	Unremunerated Chair and Trustee of St Martin of Tours Housing Association	Jan-22		X	
Tim Bishop	Non-Executive Director	Professional	Remunerated member of Assurance Committee Professional Record Standards Body	Nov-20		X	
Tim Bishop	Non-Executive Director	Direct Non-Financial	Unremunerated Vice Chair and Trustee Camphill Village Trust	Jan-18	Aug-23	X	
Tim Bishop	Non-Executive Director	Professional	Registered member: Social Work England	Aug-12		X	
Charlie Orton	Non-Executive Director	Financial	CEO of SMART Recovery which is commissioned by Motiv8 to provide addiction recovery programme on the island	2013		X	
Kate Lancaster	Non-Executive Director	Financial	Non-Executive Director, Kent Surry and Sussex Academic Health Science Network	Apr -22		X	
Kate Lancaster	Non-Executive Director	Non-financial	Faculty for Women in Leadership Judge Business School, University of Cambridge	Sep-22		X	

Kate Lancaster	Non-Executive Director	Non-Financial	Non-Exec Director Fem Tech Advisory Board	May-23			
Kate Lancaster	Non-Executive Director	Financial	CEO, Royal College of Obstetricians and Gynaecologists	Mar-19		X	
Kate Lancaster	Non-Executive Director	Non-Financial	Husband is CEO of University Hospitals of Derby and Burton				X
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				From	To	Direct	Indirect
Dr Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	X	
Dr Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	31/07/22	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Expert Advisor, National Institute of Clinical Excellence (NICE) UK	2019	-	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Physician assessor for MBRRACE-UK Confidential Enquiry into Maternal Deaths, Royal college of Physicians, UK	2019	-	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Clinical Reference Group for Neurosciences – NHSE, UK	2019	31/07/22	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Honorary Consultant in Stroke, Liverpool University Hospital's NHS Foundation Trust	2022		X	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-	X	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Wife is a Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-		X
Paul Moore	Director of Nursing & Clinical Governance	Direct Non Financial Professional Interest	Justice of the Peace, Greater Manchester Bench, UK	2008	2018	X	
Paul Moore	Director of Nursing & Clinical Governance	Non-Financial/Professional	Specialist Advisor, Care Quality Commission UK	2015	-	n/a	
Oliver Radford	Director of Operations	Nothing to declare	Nothing to declare	n/a		n/a	
Teresa Cope	Chief Executive	Indirect interest	Husband was employed by Manx Care as a bank porter	2021	2021		
Teresa Cope	Chief Executive	Direct Non-Financial Professional Interest	Trustee of Cornerhouse Yorkshire	TBC		X	
Jackie Lawless	Finance Director	Non-Financial/Professional	Employed by Treasury Department's Financial Advisory Service - Assigned to Manx Care	n/a	July 2023	n/a	
Anne Corkill	Director of HR Business	Non-Financial/Professional	Member of Prospect Trade Union	1989	-	X	
Anne Corkill	Director of HR Business	Non-Financial/Professional	HR Director of Business for Office of Human Resources – Assigned to Manx Care	May-21	-	X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Peel Group Practice	Jan 21		X	

Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Laxey Village Practice	Sept 18	Dec 20	X	
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BOARD OF DIRECTORS – MEETING HELD IN PUBLIC
Tuesday 5 September 2023
Ramsey Town Commissioners, Ramsey Town Hall, Ramsey
9.00am-12.30pm



Present:

Non-Executive Directors

Sarah Pinch (SP)	Interim Chair
Nigel Wood (NW)	Interim Deputy Chair
Tim Bishop (TB)	Non-executive Director
Katie Kapernaros (KK)	Non-executive Director
Dr. Charlie Orton (CO)	Non-executive Director

Executive Directors Voting:

Teresa Cope (TC)	Chief Executive Officer
Paul Moore (PM)	Director of Nursing and Governance
Dr. Marina Hudson (MH)	Interim Medical Director
David Hamilton (DH)	Interim Director of Social Care, Mental Health and Safeguarding

In Attendance:

Anne Corkill (AC)	Director of HR Business – Non-voting
Oliver Radford (OR)	Director of Operations – Non-voting
Dr. Oliver Ellis (OE)	Medical Director, Primary Care – Non-voting
Ashley Parry (AP)	FAS Business Partner
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary
Dr. Adrian Dashfield (AD)	Consultant and Director of Education (Agenda Item 68.23 – 73.23 only)
James Duff (JD)	Advanced Nurse Practitioner (Agenda Item 68.23 – 74.23 only)

Apologies:

Kate Lancaster (KL)	Non-executive Director
Jackie Lawless (JL)	Director of Finance, Performance and Delivery

GOVERNANCE

Item

Action

68.23 Welcome and apologies

SP welcomed everyone to the meeting. Apologies had been received from Kate Lancaster and Jackie Lawless.

69.23 Declarations of Interest

No additional declarations of interest were declared.

70.23 Minutes of the Board meeting held on 4 July 2023 (public)

The minutes of the meeting held on 4 July 2023 (public) were accepted as an accurate record.

71.23 Matters Arising and Review of Action Log

All matters had been listed as agenda items and would be discussed later in the meeting.

72.23 Notification of any other items of business

There were no additional items to be added to the agenda.

73.23 General Medical Council – National Training Survey Results

The survey group were year one junior doctors who were on a career path to become a consultant and were recruited from Health Education North West. The survey was compulsory for all trainees to complete. AD explained how the survey was conducted and guided the meeting through the survey results drawing attention to the pertinent facts. The Isle of Man had been rated as top throughout the UK in 2021 and top in the North West in 2022. This was a benefit to the Isle of Man as junior doctors viewed the Island as a good place to train so as better doctors were attracted to train on Island this in turn would lead to better patient outcomes. There was also an increased possibility of doctors returning to the Island once they had completed their training. He explained that it was a long term policy to generate a 'home grown' workforce and many of the GP Partners on Island over the past 5 years have been 'home grown'. If the data set was looked at in isolation it wouldn't tell the bigger picture. As the course was over subscribed it was queried whether more places could be made available. AD stated that more trainees could be accommodated however there would be a cost associated in doing this. If 3rd year medical doctors could be recruited to complete one year's training it would provide a solution to shortage of medical middle grade doctors and reduce the reliance on locum doctors. The best way to do this would be to use the money spent on locum doctors to train the 3rd year doctors which would provide better outcomes all round. OE explained that he took this training route and stayed on Island as a GP Partner and queried whether there was any scope to increase the training provision for GP's. AD stated again it was possible but was dependant not only on funding but also more GP partners becoming trainers which was time consuming for GP's. NW reflected that this was a good news story and queried how the upward trend for training had occurred. DA stated that there were a number of factors that had contributed. Initially trainees did not have to be UK registered medical students so this was introduced as a requirement, Keyll Darree was built as a state of the art training facility so the national curriculum could be followed and ring-fenced training time was guaranteed. The importance of housing doctors with their peers in good quality accommodation was fundamental to the success of the course. The funding received from health Care England was put toward meeting the cost of accommodation and the Henry Bloom Nobel trust allowed Manx Care to rent a property from them at a much reduced rate so that accommodation costs were met by Manx Care. The success was multi factorial but overall a good product was offered to junior doctors and that was the reason they chose to train on Island. TB queried how the survey results were fed back. AD stated that weekly meetings were held with all stakeholders and the survey results were feedback automatically to trainees. It was agreed that it would be good at a future meeting to have a trainee doctor attend to share their experience. The Board concurred that it would be very supportive of increasing the number of placements available where possible.

74.23 Staff Story – James Duff, Advanced Nurse Practitioner ('ANP') Synaptik

JD had qualified as a registered nurse in 1997 and had mostly worked in hospitals within the Aberdeen area. He had been an ANP for the past 13 years. Searching for a new challenge he joined Synaptik and came to the Island in April 2022 as part of the team focussing on reducing wait lists as part of the restoration and Recovery Plan. He described working in Aberdeen and the challenging circumstances with low staffing levels, underfunded services which lead to poor patient outcomes and a very low level of job satisfaction. He described the warm welcome that he had received on arriving at Nobles from both the staff and members of the public. His focus at Nobles was to train and educate colleagues on enhanced recovery care. He reflected that a shift of mentality was required as the

enhanced recovery pathway started at referral not just post-surgery. JD was establishing a steering group to develop a Manx Care specific enhanced recovery pathway which he hoped would be fully implemented by the time Synaptik stepped back in December 2023. He reflected on the benefits of living and working on Island and also the enhanced support and education opportunities available and suggested that these should be a key focus of recruitment campaigns. KK queried how the learning could be best used from the Synaptik teams operating at Nobles. JD stated that there would be an audit of the enhanced recovery pathway transition from Synaptik to Manx Care which would continue to evolve. TC reminded the meeting that engaging with Synaptik to reduce the wait lists had been a leap of faith but one which had proven successful. The efficiencies that had been achieved with regard to length of stay had led to improved patient flow which resulted in more patients being treated. The Board concurred that it was essential that the learning was embedded before the engagement with Synaptik ended.

75.23 Board Assurance Framework ('BAF') 2023/24 **Deep Dive Risk 1a – Failure to provide Safe Health Care**

PM provided a deep-dive into the assurances underpinning the BAF Risk 1a. The report outlined the rationale for the current risk rating, alongside considering a selection of positive, negative and inconclusive assurances to help inform the Board's judgement on risk exposure and control. He outlined the following areas where the Board could take positive assurance:

Recognising and responding to the signs of clinical deterioration in inpatient settings: It was evident from July 2021 that Manx Care had unsatisfactory compliance with the utilisation of the Modified Early Warning Scoring tool and treatment escalation planning. At this time, compliance to the NEWS2 escalation policy was 30%. Only half of inpatient wards were able to demonstrate compliance with the requirements for vital sign measurement. For the last 18-months there had been a dedicated Task & Finish Group established to improve the standard of vital sign measurement, recording, escalation and response. In spite of staffing challenges, prioritisation of this risk has enabled sustained improvement in the timeliness of vital sign measurement, escalation of deterioration and clinical intervention in response. In addition, there has also been an improvement in the number of patients who are showing the signs of clinical deterioration with an up to date and documented treatment escalation plan in place.

Malnutrition Universal Screening Tool (MUST): The MUST was a five-step screening tool to identify adults who are malnourished or at risk of malnutrition on admission to hospital. It was highlighted in 2022 that Manx Care did not have sufficient reliability in the assessment of nutrition and hydration risk on admission using the MUST. Action was taken through the Senior Nursing Leadership Team to review the standards, nursing procedures and accountability at ward-level to leverage an improvement. Manx Care's standards have been set to a high level with a purpose. Progress was initially slow; however, following significant investment in time and focus, enhanced visibility of clinical leaders and accountability conversations with frontline staff the standard of care has steadily improved. This standard of care is now transitioning towards being classified as high-reliability care, should the level of compliance continue.

Harmful Falls: this was an inherent risk in any hospital setting so the focus must be on the management of the risk. The level of falls re similar to NHS England but however the rate of falls with harm is lower.

Serious Incidents: A framework was in place to govern how serious incidents were dealt with. The culture had changed to a more open discussion and learning and away from a combative approach.

There had been a slight decline in the number of SI's which was good assurance that learning was being embedded.

Policies: there were more than 2000 policies in existence which was excessive. IT systems needed to be improved so that policies were available online.

Complaints Responsiveness: Manx Care acted quickly to address and resolve a backlog of historical complaints, move to ensure Manx Care was compliant with regulations introduced by DHSC in November 2022 and achieved improvement in response times for those making a complaint.

MCALS and Service User Feedback: Manx Care built and established the Patient Advice and Liaison Service with the explicit intention of being able to help people resolve concerns as soon as possible, signpost them to the right person or place for a resolution, and reduce the number of issues that convert to a formal complaint. Significant progress towards that triple aim has been achieved by Manx Care. Use of MCALS by service users is growing, and MCALS consistently achieves a resolution on the day in 90% of concerns raised. In addition, Manx Care introduced the Friends and Family Test to evaluate service user satisfaction during 2022, and in the last seven-consecutive months was consistently achieving good or very good satisfaction ratings above 80%. Whilst there is clearly an improvement opportunity, the Board can be confident there is a high level of service user satisfaction.

Risk Management: The Board will be aware that it inherited a weak and immature risk culture and process at the formation of Manx Care. Substantial work has been implemented to build a framework for risk management, build a risk-aware culture and increase the maturity of practices operating at Manx Care to reduce exposure to risk. A Risk Management Committee has been established which is chaired by the CEO. There had been a complete rebuild of the risk registers at care group and executive levels and a Risk Manager had been appointed.

Workforce – Safer Nurse Staffing: During 2022 Manx Care concluded an extensive review of nurse staffing establishment within inpatient areas after two-rounds of acuity and dependency analysis using safer nursing care tools recommended by the National Institute for Health & Care Excellence. This led to the development of a comprehensive workforce model for each inpatient area and a campaign to eliminate high-cost band 5 agency from the pay bill. A programme of international recruitment was implemented with the explicit aim of appointing substantively to Band 5 positions within the service, displacing high-cost agency spend, improving the consistency and quality of work and therefore improving the quality of patient care. Our international recruitment campaign was a success during 2022/23 and has significantly reduced nursing agency expenditure whilst stabilising staffing levels across the service. The bursary available to trainee nurses had been increased and this would attract more local trainees to train on Island.

Negative or Inconclusive Assurance

Most of the time, within the acute sector, Manx Care is able to operate with a staffing level at or just below safe minimums while relying on the use of countermeasures. However staffing challenges remain. These include midwives, mental health practitioners, children's nurses, paramedics, physiotherapists, and speech and language therapists as well as doctors. A growing cause for concern also include the gaps in Healthcare Support Workers, which appear to be intensifying across Nobles. Staffing is managed on a day to day basis and often involves staff being moved to other areas which may not be their speciality which causes anxiety.

Infection Prevention & Control and Antibiotic Stewardship: Manx Care has a relatively low exposure to the risk of healthcare associated infections. Recently, particularly in 2023, Manx Care has experienced healthcare associated infections which have caused concern, namely MRSA and Clostridioides difficile infection. Some bedside furniture had become defective so had become easily contaminated and would need to be replaced. Antibiotic stewardship also required improvement.

Mandatory Training: The mandatory training system was very complex and required a complete review to identify the courses that should be mandatory and then role specific. PM stated that if he were to complete all courses that were currently deemed mandatory it would take more than one month to complete. TC suggested that a group be tasked to review mandatory training and that would be reported to the People Committee via the People, Culture and Engagement Committee.

Participation in national clinical audit programmes: Manx Care does participate in a small number of National Clinical Audit and Outcome Review Programmes operated by Healthcare Quality Improvement Partnership (HQIP) such as the Sentinel Stroke Audit and our upcoming participation in the Falls & Fragility Fracture Audit. Participation in these programmes help Manx Care to benchmark and improve the standard of clinical practice, reduce unwarranted variation in clinical practice and provide assurance. There are 28 national clinical audit programmes, and five clinical outcome review programmes that Manx Care may be eligible to participate in.

Industrial Action: Ongoing industrial action represents a significant threat to the quality and safety of care. Whilst every effort was taken to ensure an emergency service by all parties during periods of industrial action, delays and cancellations arising from the compromise can lead to patient's not receiving care timeously, and the standard of care being lower than that the service would want to provide due to the limits of derogation imposed by unions.

Safeguarding: Safeguarding vulnerable people from abuse has been the focus of a great deal of work on Manx Care's part. Level 1 assurances demonstrate work being done to build a safeguarding team, deliver a complete set of updated policies and procedures, deliver training to relevant staff, establish the Multi-Agency Safeguarding Hub, provide expert advice and support to frontline teams on a case-by-case basis, developing the organisational response to specific risks such as self-neglect, vulnerable adolescents in pregnancy and others. More than 600 staff have received safeguarding training to help protect vulnerable children – a significant undertaking. Yet, Level-3 assurances, particularly those from Care Quality Commission reports, point to a mixed picture of safeguarding quality and practice. We believe this is valid and expected given Manx Care's overall level of maturity in respect of safeguarding awareness and is taken as the motivational impetus to continue developing safeguarding arrangements to apply best practice standards, regulations and legislation changes.

The risk level would be held at 15 as vulnerability remained and therefore the risk of harm or death was still present.

NW queried how PM was managing to recruit and retain staff when there was no money to do so. PM replied that good financial stewardship and high quality care were compatible however both were dependant on treating people quickly so as to achieve the best outcome so that people could return to work and contribute to society. If patients were not treated quickly they became sicker and deconditioned. It was essential to optimise health outcomes rather than to deal with the consequences of people becoming more sick. The provision of high quality care would cost less in the long term.

UPDATES

77.23 Chair's Report

The report was taken a read. There were no additional comments.

78.23 CEO Report and Horizon Scan

The CEO report and horizon scan circulated with the meeting pack were taken as read. TC made the following additional comments:

- There had been positive recruitment in Cancer and Diagnostics with two radiologists due to commence work when the pre-employment screening was complete
- The business case for CAMHS to implement the Thrive model had been re-submitted to Treasury
- Following the AfPP Accreditation in 2022 a peer review of Theatres would be undertaken to provide assurance of continued improvement
- The 'Same Day Emergency Care' business case had been approved
- 'See, Treat and Leave' funding had also been approved which would enable people to stay at home rather than receiving treatment in the hospital wherever possible
- The Government Conference would take place on 20th and 21st September and Manx Care would have the opportunity to share details of its new clinical models
- The MASH was progressing well and the 'edge of care' pilot was producing good outcomes
- A consultation on woman's health strategy had been launched
- Regent dental had recently announced that it would hand back its contract to Manx Care which would leave 6,500 people without an NHS dentist. Discussions with DHSC were ongoing to identify potential solutions and in the meantime the provision of emergency dental services would serve as mitigation
- The final OFSTED report and action plan would be published at the end of October

Cummal Mooar

The decision to close Cummal Mooar had been paused whilst the proposed redevelopment was scoped and confirmation of available capital funding was received from Treasury. Meetings had been held with staff, residents and their families and Manx Care had committed to keeping them informed. It was essential that a timeline for the replacement facility was made clear as this was originally scoped in 2018.

Primary Care at Scale Strategy ('PCAS')

The strategy had been signed off with a target operating model for the next five years. The original quantum of funding was £18m and Manx Care had been unable to commit to the ongoing revenue requirement. The focus was on stabilisation of services based on seven pillars and TC outlined the stabilisation plan. Funding would be sought from Transformation for a dedicated resource to manage the project. She reflected that it was disappointing that the project had not progressed as quickly as she would have liked. OE concurred that it was unfortunate that the project wasn't further forward but that it had been essential to understand the complexity of the task. Dedicated resource was essential in order to lay the foundations for excellent primary care for future generations. The introduction of Advanced Clinical Practitioners in practices was assisting in relieving the pressure on GP's who remained under huge strain. It was essential that sufficient resource was unlocked to successfully deliver the project.

(The meeting adjourned at 10.45am and reconvened at 11am)

61.23 Committee Chairs' Exception Reports

The Chair invited the respective Chairs of Board Assurance Committees to escalate to the Board matters of note relating to the Committees' scrutiny of controls and assurances that strategic risks were being effectively mitigated.

QSE Committee

The report from the meeting held on 25 July 2023 was noted. There were no additional comments.

ICP Committee

The report from the meeting held on 25 July 2023 was noted. There were no additional comments.

FP&C Committee

The report from the meeting held on 26 July 2023 was noted. NW confirmed that Manx Care remained in a deficit position and there was limited time to rectify the situation before the year end. The budget submission for 2024/25 had been submitted to the DHSC.

Digital and Informatics Committee

The report from the meeting held on 11 July 2023 was noted.

KK reiterated her concern regarding the Manx Care record. Funding to procure and implement the system had still not been confirmed and despite efforts to partner with Liverpool, little progress had been made. IT systems within Manx Care were beginning to expire and were no longer being supported which had led to systems being replaced as they fell over which was a wholly unsatisfactory position. It would be preferable to partner with an organisation that already had the software implemented and operational. OE added that the continued delay in implementing the Manx Care record was a barrier to what was trying to be achieved within the PCAS and it was essential that all stakeholders were consulted to ensure that the scope was correct and that contractual levers were in place should anything go wrong. NW added that to maintain and repair the legacy systems was extremely costly and to do nothing was not an option. TC observed that implementation of a digital solution was a very clear recommendation from the Sir Jonathan Michael's report which had been accepted by Tynwald. It was agreed that this be raised at the Board to Board meeting so it could be escalated to wider Government as a decision on funding must be made without further delay.

SP

People Committee

The report from the meeting held on 11 July 2023 was noted. There were no additional comments.

PRIORITY ONE – IMPROVING PATIENT SAFETY

79.23 CQC Assurance Report

PM stated that there had been a considerable amount of work to prepare for and respond to the CQC Inspection. The action plan to address the recommendations had been devised. He made the following specific observations:

- A dedicated Task & Finish Group had established to improve the standard of vital sign measurement, recording, escalation and response. Good progress had been made and this would be reported to the OCQG.
- The governance support unit had been combined into a single team
- Mortality reviews were now embedded
- A refresh of PiP was required as it was not compatible with Health Roster but this would take some time to complete

The assurance report would be presented to the QSE and to the DHSC quality Committee until the action plan was complete. TB queried how the implementation of the recommendation would be funded. PM stated that there was no allocated budget for implementation. The recommendations had to be implemented so there would be a need for continuous risk assessments where recommendations could not be implemented immediately due to lack of funding. It may be necessary to divert resource from other areas which was far from ideal. PM undertook to provide a quarterly update to the Board. It was agreed that a report detailing improvements made following external inspections should be included in the annual report.

PM

80.23 Integrated Performance Report (IPR)

The IPR for July 2023 was circulated with the meeting pack.

OR made the following observations:

- Inpatient and day case waiting list numbers and waiting times remained at lower levels as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties
- The six hour average total time in Emergency Department standard continues to be achieved
- May, June and July recorded the busiest three months in ED ever and performance was on par with the UK notwithstanding the ED required expanding
- Category 1 ambulance wait times remained below target
- The handing back of the contract by Regency dental would see an increase in wait lists for an NHS dentist
- The process to issue appointments was being changed so that appointments would be issued 6 weeks in advance which would help to reduce the 'did not attend' rates
- The Isle of Man post office would handle issuing appointment letters from the end of September

TC queried whether there was any information available to understand why the 'on day' cancellation figure was so high and also whether the admin processes were capturing referrals to the cancer pathways from day one. OR replied that he would analyse the reasons for on day cancellations. People were reluctant to cancel operations due to the length of time they had waited however if they presented with a cold for example, their surgery may have to be cancelled. The cancer services team were benchmarking administrative processes against Cheshire and Merseyside as there were known triaging delays. A potential solution would be for the administration be taken from the Patient Information Centre and brought within the cancer referral team.

NW expressed his concern regarding the lack of NHS dentists and queried what action was being taken to address this. OR replied that Manx Care was working with Public Health to develop an early intervention strategy but as there was no funding available it would be a case of trying to increase awareness. The 'Smile of Man' programme would be re-introduced into primary schools. There was currently no eligibility criteria to access an NHS dentist and there was an immediate capacity problem

which would need to be addressed with DHSC as the current model may not be feasible for the future. A business case was being taken forward to rectify some of the faults within the dental contracts but that wouldn't resolve all the issues related to demand. TC added that it was difficult to persuade practices to deliver NHS activity and the entire framework required an overhaul and this was with the DHSC and the Attorney Generals Chamber. Many dentists were not delivering against their contracts and Manx Care had no method of redress 'in year' so it was essential to develop a different approach to contracting. NW stated that he was concerned that dentistry on the Island would be privatised by stealth. TB added that people with learning difficulties, older people and people with mental health problems often found it difficult to access dental services which was a further concern. OE queried whether it was possible to allocate dental units geographically according to need. OR replied that it was not possible and that UDA's were allocated based on the contract and therefore it was not possible to prioritise patients in most need. He explained that there were two types of contract in force, one of which only required the provider to deliver 30% UDA's to achieve compliance which was not a good use of public money or resource. It was agreed that this issue be escalated via the mandate assurance meetings with the DHSC. **OR**

TB observed that the figures for pressure ulcers had been rising since May and requested that a deep dive be provided to the QSE. With regard to FOI's ad data breaches a vast improvement was still required and he encouraged management to follow the approach that was take to resolve the complaints backlog. PM added that there had been a change in procedure for duty of candour which would prevent future breaches. **PM**

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

81.23 Update on Pay Negotiations

The RCN had rejected the 6% pay offer with the consolidated sum of £1000. Strike action had taken place during August and it was likely that further industrial action would take place. Manx Care had exhausted its funding envelope and there was nothing further it could offer to the RCN by way of a settlement. TC continued that for 2023/24 Manx Care had allocated 2% in its baseline funding for pay awards however this had been fully utilised to fund the £1000 lump sum. A pay award of 6% would equate to a cost of £8m so Manx Care was seeking support from DHSC as to how any award could be funded. It was likely that unless a resolution could be found there would be ongoing industrial action which was a significant risk. TC stated that PSC workers that made up approximately 1/3 of Manx Care's employees had been made an offer of 5.5% which had put Manx Care in a very difficult position with other staff groups.

82.23 People, Culture and Engagement Strategy

The strategy document had been drafted to support the ongoing cultural improvements that were required across Manx Care. It had been consulted upon by all staff via the consultation hub. There were five strategic ambitions which were aligned to the Workforce and Culture plan. This was an interactive document that would be further informed by the results of the all staff survey which would be launched in October. TB reflected that it was a huge challenge to devise a strategy given the extremely diverse nature of the organisation. TC concurred and stated that she wanted that language in the document to be meaningful to all groups, especially colleagues in social care that often felt excluded. The 'Civility Saves Lives' programme would also be rolled out and this was specific to clinicians. SP encouraged the use of networks and that these should be extended beyond the two networks described in the strategy document. The People, Culture and Engagement Strategy was approved.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

83.23 Director of Finance Report

The Report and management accounts for July 2023 circulated with the meeting pack were taken as read. AP stated that the forecast remained stable despite a number of funding pressures such as inflation and drug costs. Agency costs were below 21/22 levels and that was due to successful recruitment.

SP stated that whilst patient safety was the priority of the Board it must be managed within the financial envelope available. The Board had been hugely disappointed not to have achieved balance in the previous year however the overspend equated to 3% of budget so there was an improvement from previous years. The funding that had been awarded to Manx Care was significantly less than what should have been awarded in accordance with the Sir Jonathan Michaels recommendations. A meeting would be held with the DHSC to discuss the financials later in the day and a further meeting would take place on 26 September. The Board had considered three options to achieve financial balance. The first option would not be progressed as it would be too detrimental to services. The second option would be to implement various mitigation strategies which were currently being impact assessed. The third option would be to carry on providing all services at the current level result in an uncontrolled overspend position which would be irresponsible. Therefore option two would be taken forward.

NW reflected that not achieving budget in the last financial year had damaged the credibility of Manx Care disproportionately, given the good progress that had been made to financial governance. The funding awarded to Manx Care was £80m adrift from the SJM funding mechanism and therefore service transformation was not possible without the requisite funding. TC added that the CIP savings of £10m was a huge achievement. Similar organisations in the UK would sell land and buildings to reduce the deficit but this solution was not available to Manx Care. If clinical delivery in Island was curtailed it would simply cost more as patients would be sent to the UK for treatment. CO added that it was a positive that the budget was tracking closely to the forecast but she cautioned that the situation that occurred in Q4 2023 must not be allowed to happen again.

84.23 Any Other Business with Prior Agreement of the Chair

There was no other business.

There being no other business the Chair declared the meeting closed.

The Chair invited members of the public present to ask questions:

- Q. It had been noted at a previous meeting that 20-25% of level 2 mortality reporting would be completed however this did not appear on the dashboard.
- A. Level 2 reviews were starting to be undertaken so hopefully reporting would commence during the next quarter

Q. Was the time taken for complaints to resolve the complaint of was that the time taken to send a holding e-mail.

A. The vast majority of complaints were resolved within the timescale provided. Occasionally a holding e-mail would be sent if the complaint was complex and couldn't be resolved in the timescale.

The following questions from members of the public had been submitted in writing and are reproduced below with the respective responses:

1. Could Manx Care please provide details as to how many full time GP s are currently serving Ramsey and the north of the island within the catchment of Ramsey Group Practice and Jurby Medical Centre.

There are 5 GPs (4.4 wte GPs providing 35 sessions per week across both Ramsey and Jurby).

2. Could Manx Care please provide details as to how many part time and locum GP s are currently serving the same area.

They currently have 1 vacancy and use regular locums.

3. Does Manx Care currently envisage difficulties in maintaining continuity of GP cover in the north of the Island in the foreseeable future.

Manx Care is concerned about continuity of GP cover on the Island in general. There is difficulty in recruiting GPs currently, on the Island – it is also the position in the UK. Manx Care has a recruitment and retention plan which seeks to support recruitment of GPs to the Island.

4. Can Manx Care please provide confirmation that Cooil-ny-Marrey and Cummal Mooar are not owned by Manx Care but by DHSC

Manx Care do not own any properties, but use them under licence from the DHSC. Cooil-ny-Marrey is not owned by the DHSC or government, instead we understand it is owned by Ramsey Town Commissioners

5. Can Manx Care please provide confirmation that the responsibility for scheduling, procurement and construction of a replacement for Cummal Mooar in a proper timescale was and always has been the responsibility of DHSC

The DHSC has overall responsibility for all Capital projects, which includes the scheduling, procurement and construction of a replacement for Cummal Mooar. Manx Care is mandated to maintain those properties it uses under licence from the Department. The DHSC Chair the Capital Review Group which has overall responsibility for the planning and delivery of Capital Projects. The DoI's Project Management Unit are responsible for overseeing the delivery of these projects with Manx Care as the end user.

6. Can Manx Care please clarify what mandate it has to close either Cooil-ny-Marrey or Cummal Mooar

As mentioned above, Cooil-ny-Marrey is not owned by DHSC so any decisions relating to that site rest with Ramsey Town Commissioners. Manx Care has autonomy in how it delivers Mandated Services under Section 3.3.1of the Mandate from DHSC to Manx Care.

7. Can Manx Care please list the five main faults in Cummal Mooar and whether they are building repairs for which DHSC is responsible or operational difficulties for which Manx Care is responsible

The faults in Cummal Mooar fall broadly into 2 categories:

Those that relate to the state of repair of the building. There are a number of issues identified, the most significant of which are:

- Water ingress in the main and conservatory roof
- External brickwork requires re-pointing
- 8 external patios doors need replacing
- 10 external windows need replacing
- Electrical circuit boards require replacement
- Fire Doors require remedial works
- Thermostatic heating valves require replacement

Those that relate to the use of the building as a residential care facility and comply with the Regulation of Care Act:

- There are no ensuite facilities at Cummal Mooar and bathrooms are shared by an average of 16 residents.
- Corridor width is too narrow to allow the safe use of any mobility devices
- Rooms are too small to accommodate appropriate beds or to allow personal care/equipment to be provided by two staff for higher dependency/end of life residents
- There are no respite / high dependency rooms available for use
- Flooring does not comply with current infection prevention and control requirements

8. Can Manx Care please confirm whether the five listed faults are required to be remedied in existing buildings or only required by regulation in new buildings

Given its age, Cummal Mooar's construction pre-dates many of the regulatory requirements e.g. Health & Safety, Building Control, Regulation of Care etc. Ordinarily, unless there is an immediate danger that cannot otherwise be mitigated or managed, then retrospective application of regulation is not usually required. However, deficiencies must be addressed wherever possible in order to comply as fully as possible with current standards of safety and service delivery.

9. Can Manx Care please indicate when Cummal Mooar and Cooil-ny-Marrey last had a full structural survey and was it carried out by DHSC or Manx Care. Were any major structural defects identified as to the roof, walls and foundations

A full structural survey had not been carried out since Manx Care's inception in April 2021, so we have asked the DoI for this information. We are not aware of any major defects to walls or foundations. There are water ingress issues with the roof. The preferred solution would be replacement of the roof but the existing tile is no longer available. Therefore, reactive repairs and patching are carried out to address ingress as it arises.

10. Since Manx Care came into being, how many formal complaints have been received concerning Cummal Mooar and Cooil-ny-Marrey where they relate to the building and not to service delivery

Manx Care is not aware of any formal complaints regarding the Cummal Mooar building. Cooil ny Marrey is a sheltered housing complex so not run by Manx Care and we would not necessarily be aware of any complaints.

11. Since Manx Care came into being when was the first time the replacement of Cummal Mooar was discussed with DHSC and what was the timescale to completion

Discussions around a replacement for Cummal Mooar pre-dates Manx Care but has regularly a subject for discussion since Manx Care's inception.

12. Throughout the existence of Manx Care, at what point has it been mandated and provided with the necessary funding to spend valuable time and resources on the Cummal Mooar project.

Manx Care are required under the mandate to support the development of all Capital Projects but no specific resource or funding has been allocated for Cummal Mooar.

13. As an “arms length” entity, can Manx Care please detail how often it now meets with the DHSC on a weekly basis

Outside of the regular Mandate meetings (monthly and quarterly), the Chief Executive of Manx Care has a weekly meeting with the Interim Chief Officer for DHSC. The Chair of Manx Care and the Minister for DHSC meet approximately monthly.

14. Could Manx Care please explain why the programme for Cataract surgery has been halted

The Recovery & Restoration programme for cataract surgery has been completed as the target waiting list of 300 has been reached. The ‘business as usual’ cataract service will be restarting in September which will deliver sufficient activity to keep the waiting list under 300 people, which is equivalent to a 3 month wait between listing and admission for surgery.

15. Could Manx Care please explain what steps are being taken to provide a resident expert in allergies

We have recently appointed a Consultant Paediatrician who has a special interest in Allergy and he is due to start in December. Currently there is no funding for a Consultant Allergist for adults however we have a good relationship with the Allergy & Immunology Team in Royal Liverpool Hospital

16. Could Manx Care please update on progress with the business case for provision of a dedicated Dietitian specialising in conditions specific to gastroenterology

The business case to fund a Dietician for Upper GI cancer is currently under development – we are hoping to secure limited term funding support from Macmillan for this and a complementary Upper GI Cancer Clinical Nurse Specialist.

17. Could Manx Care please indicate what steps are being taken to reduce the 11 month waiting list to see an Orthopaedic Consultant when diagnostic scans have been carried out and what interim monitoring and pain relief service is to be provided for all those currently on the waiting list

Manx Care have recently recruited two new Orthopaedic Consultants which will increase the overall consultant establishment from 4 to 5. This will increase the number of clinics on offer, as well as operating sessions, thereby decreasing the wait to see a consultant as well as decreasing the wait between listing and surgery. The roll out of First Contact Practitioners (Physiotherapist) across the Primary Care Network will also expand our ability to monitor patients whilst on the waiting list and provide pain relief as necessary.

18. Could Manx Care please confirm it is currently acceptable policy for orthopaedic patients not to be even triaged, seen, monitored or treated by Departmental staff whilst waiting 11 months to see a consultant.

Manx Care acknowledges that there are a number of unacceptably high waiting lists which is why we have secured investment for Recovery & Restoration across most surgical specialties and continue to seek funding for the recovery of our outpatient waiting lists.

19. As part of the Cummal Mooar agenda items, please clarify the position about a) the likely reality of keeping Cummal Mooar operational for the time being and b) whether postponing its closure is in the long term strategic interest for care provision.

Manx Care, along with other Government departments, continue to explore the possibility of keeping CM open and are committed to doing so as long as it remains viable and safe to do so. Further work will be undertaken over the next 3 months with other Government departments to carry out reviews of the building and to establish the work that would be needed in order to make sure the building remains as safe and comfortable as possible for both staff and residents. Discussions continue with DHSC to establish the strategic direction for residential care in the future.

20. Is there any prospect of introducing electronic prescribing? If so would it be relatively simple to make this service accessible to UK GPs and prescribing pharmacists for those visiting the UK?

Yes, every prospect, however it is a huge service change and unfortunately, isn't simple as it is a completely different way of working, particularly for pharmacists. We have been trying to get ETP (now called EPS) introduced for a number of years, and now we're in a good place with it. The last iteration of the business case for EPS went back to Treasury some months ago and was reviewed again by them. The original case was for funding for 22-23 and 23-24 and was approved by Treasury. It's been agreed that we can use the funding for 23-24 for project resource / business analysis resource which is now in place (from within Treasury/GTS's business change team) and we've been working with NHS Digital who are happy to help us progress this (as long as we keep it aligned to a similar system that is already in place in England. The reason for that is that they are currently working with Wales who also don't have EPS and who are require significant changes to the English model. If we need something that's different from England, we'll have to wait until they are finished in Wales. We believe we want something similar enough for it to be able to be progressed without NHS Digital waiting for Wales to complete. In that respect it should start appearing in our ongoing plans over the next 3-6 months. It will take the best part of 12 months to start and finish this piece of significant service change. We are extremely keen to get this completed as it will open up doors eg for virtual GP sessions.

21. BAF risk 2 - overwhelming demand: Has there been any positive progress on mitigating identified weaknesses in data acquisition and use?

There has been progress within this area as follows:

- There has been significant progress within the data validation project, with most of the outpatient and inpatient waiting lists for hospital services now administratively validated
- Significant progress has also been made within the Business Intelligence team to develop a suite of comprehensive datasets. This will enable data to be extracted and reported accurately and reliably and will culminate in a suite of automated reports becoming available to care groups and individual service teams to inform their planning and performance management
- Additional posts have been identified for the Performance Team to provide additional capacity for the ongoing demand and capacity analysis, activity planning and analysis of data provided by NHS Trusts relating to tertiary activity as well as supporting care groups with their performance management agenda
- The first cut of the demand and capacity work has been completed and is starting to inform planning for when the R&R programme ends

22. BAF risk 3 - Given the international problem, what hope is there for closing some of the identified gaps in critical staffing? Are current strategies working?

Manx Care is working extremely hard to mitigate this risk and will not cease to take whatever action is necessary to ensure there are sufficient numbers of suitably qualified staff needed to deliver a safe and high quality service for people on the Isle of Man. This is a challenging and long standing risk to deal with; requiring a range of interventions to boost recruitment of internationally educated practitioners, build and maintain trainee pipelines to boost numbers of qualified clinical practitioners entering the profession on the Isle of Man, and to shore up gaps in rotas with temporary workforce. In our view, for at least the foreseeable future, those risk mitigations would need to stay in place. We therefore anticipate the need to continue with recruitment and retention initiatives, boosting domestic production of trainees and rely on temporary staff to provide clinical services. The potential for closing the gap remains uncertain given the difficult recruitment market for health and care professionals but we are also looking at our staffing profiles, skills mix and care pathways so that we are seeking the best combination of health and care professionals to maximise our chances of recruiting the appropriate workforce to deliver safe care.

DRAFT

The Board is asked to consider the following action log which is brought forward from the previous meeting

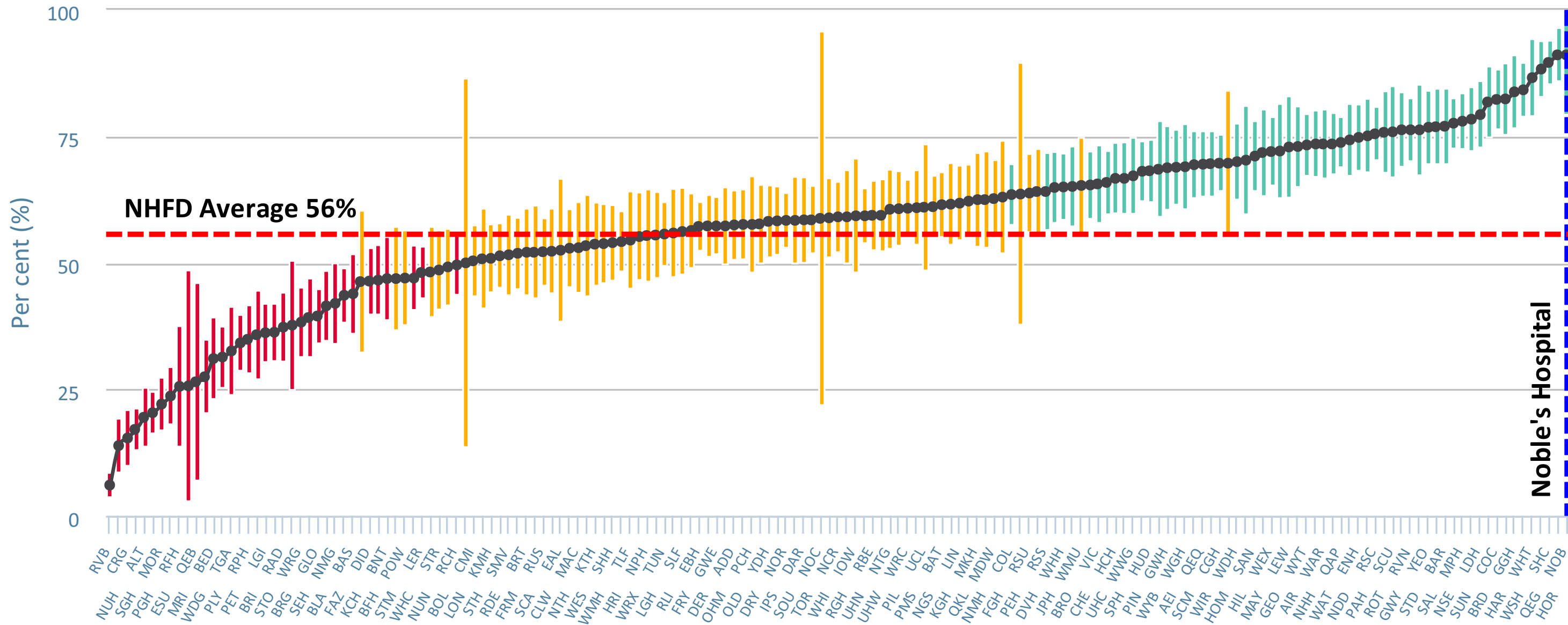
Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
62.23/July	OR to speak to Cancer Services Team about proactively collecting qualitative data	OR	05.09.23		This was completed and reported via the Quality, Safety and Engagement Committee	
79.23/Sept	The Manx Care Record to be escalated to Board to Board with DHSC	SP	05.09.23		This was raised with DHSC at the meeting held on 5 September	
79.23/Sept	A quarterly update on progress with th CQC Action Plan to be brought to the Board	PM	Ongoing		The quartely updates have been diarised.	
80.23/Sept	The issue of dental provision to be raised at the Mandate Assurance Meeting	OR			Complete	

KPI 2 - Prompt surgery (All NHFD Hospitals 2022)

Surgery by the day following presentation with hip fracture.



Noble's Hospital

Chart data is indicative status only - www.nhfd.co.uk © Royal College of Physicians - Technology by Crown Informatics

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

<p>Failure to provide safe health care.</p> <p>Which of the 2022-23 objectives may be impacted:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Covid-19 response. x</td> <td style="width: 50%;">7 Reducing waiting times. x</td> </tr> <tr> <td>2 Service user feedback drives improvement. x</td> <td>8 Continuous improvement. x</td> </tr> <tr> <td>3 Transforming health & social care delivery. x</td> <td>9 Workforce engagement and development. x</td> </tr> <tr> <td>4 Corporate, clinical and social care governance. x</td> <td>10 Primary Care at scale. x</td> </tr> <tr> <td>5 Transform urgent and emergency care. x</td> <td>11 Early interventions. x</td> </tr> <tr> <td>6 Financial balance.</td> <td>12 Environmental sustainability contribution.</td> </tr> </table>	1 Covid-19 response. x	7 Reducing waiting times. x	2 Service user feedback drives improvement. x	8 Continuous improvement. x	3 Transforming health & social care delivery. x	9 Workforce engagement and development. x	4 Corporate, clinical and social care governance. x	10 Primary Care at scale. x	5 Transform urgent and emergency care. x	11 Early interventions. x	6 Financial balance.	12 Environmental sustainability contribution.	<p>Overall risk owner: Paul Moore</p>	<p>Residual Risk score</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <tr> <td>Amendment date:</td> <td>Oct-22</td> </tr> <tr> <td>Committee scrutiny:</td> <td>QSE Committee</td> </tr> <tr> <td>TARGET: L x I</td> <td>5 x 2 = 10</td> </tr> <tr> <td>May '22: L x I</td> <td>5 x 4 = 20</td> </tr> <tr> <td>June '22: L x I</td> <td>5 x 4 = 20</td> </tr> <tr> <td>Jul '22: L x I</td> <td>5 x 4 = 20</td> </tr> <tr> <td>Oct '22: L x I</td> <td>5 x 4 = 20</td> </tr> <tr> <td>Dec '22: L x I</td> <td>5x3 = 15</td> </tr> <tr> <td>Feb '23: L x I</td> <td>5x3=15</td> </tr> </table>	Amendment date:	Oct-22	Committee scrutiny:	QSE Committee	TARGET: L x I	5 x 2 = 10	May '22: L x I	5 x 4 = 20	June '22: L x I	5 x 4 = 20	Jul '22: L x I	5 x 4 = 20	Oct '22: L x I	5 x 4 = 20	Dec '22: L x I	5x3 = 15	Feb '23: L x I	5x3=15
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Related operational risks:	Primary Controls	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
<p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.</p>	<p>Quality Governance Arrangements</p> <ol style="list-style-type: none"> 1. Clear and resourced Care Group triumvirate leadership teams 2. Quality governance meeting structures at ward/department/Care Group/Exec/sub-board levels 3. Nursing workforce models for each ward and clinical department (to verify establishment needs and staffing levels required) combined with rota and leave planning 4. Comprehensive set of policies, procedures and guidelines available and accessible to front line clinical teams and practitioners 5. Quality dashboard enables monitoring and reporting of a range of leading, lagging and predictive quality measures for Manx Care aligned to Manx Care's priorities 6. Incident reporting system and comprehensive procedures for handling serious incidents including Causal Factor Analysis in operation 7. Complaints handling procedures 8. Established risk management process operating at Manx Care 9. A mandatory and role specific training programme to support practitioners in their work 10. International nurse recruitment to boost staffing 11. Use of bank and agency to cover shortfalls in staffing 12. Suitable and sufficient supplies of medical devices required to meet patient needs 13. Effective safeguarding procedures for vulnerable adults and children 14. There are clear procedures to recognise and respond to the signs of clinical deterioration for inpatients at Nobles and Ramsey 	<p>Paul Moore</p>	<ol style="list-style-type: none"> 1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset well underway and likely to conclude by December 2022 ahead of schedule - L2 5. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 6. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than a year at Manx Care. 7. Complaints responsive now under control and compliant with new regulations. L2 8. Risk Management policy and process now in place, risk Management COmmittee operational since October 2022, all Care Group and Corporate function risk registers are now under review. 13. CQC have recognised safeguarding improvements - L3 14. Deteriorating patient reports in October 2022 indicate strong compliance and sustained improvement in timeliness of vital sign measurements - L2 	<ol style="list-style-type: none"> 4. Volume of out of date policies, procedures and guidelines remains a concern, harmonisation of shared service policies to address the needs of Manx Care remains a concern, access to policies and procedures for some staff is complicated and not intuitive (those using Windows 10 for example cannot use links in the same way) - L2 8. Risk Manager substantive recruitment unsuccessful at first pass - L1 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PiP systems need better integration to support Manx Care's needs - L2 10. International recruitment is underway, but volume of recruits starting is lower than expected/needed (n=31 in November 2022). Efforts continue to increase recruits and numbers of staff - L3 11. Vacancies and sickness results in substantial gaps in the workforce meaning we continue to be reliant on high bank and very high agency usage to deliver safe care. Although even these contingencies are becoming unreliable to fill gaps - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturity of safeguarding procedures in clinical practice - L3 14. 23% of patient's who demonstrated signs of clinical deterioration did not receive the correct response to escalation in October 2022 (this is an improvement and is improving, but remains short of expected standards of clinical practice) - L2 	<ol style="list-style-type: none"> 13. Audit the adequacy of safeguarding procedures for vulnerable adults and children 	<p>R</p>
<p>If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.</p>	<p>Clinical Audit & Clinical Effectiveness</p> <ol style="list-style-type: none"> 1. Clinical Audit medical lead(s) and Team established 2. Regular meeting of the Clinical Audit Committee 3. Updated annual plan of clinical audit requirements prioritised in response to any identified quality concerns, national audit priorities or local service improvements 4. Report of the delivery of the Clinical Audit Programme into Operational Clinical Governance Group 5. Agreed Clinical Audit Policy and Clinical Effectiveness strategy directs frontline teams to oversee and improve clinical outcomes 6. Mortality Review process in place to evaluate the safety and effectiveness of care for those who die in hospital. There is a local requirement to carry out a medically-led review of a death in hospital within 1 month of the death being certified. 	<p>Sree Andole</p>	<ol style="list-style-type: none"> 1. Medical leads (Associated Medical Directors X2 and Medical Examiners X2) appointed to clinical audit roles, reporting to the Executive Medical Director - L1 2. Established Clinical Audit Committee which has reinstated regular meetings - L1 3. Audit programme for 201/22 in place - L2 4. Audit programme monitored by the Operational Quality Governance Group 	<ol style="list-style-type: none"> 1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 3. Very limited audit activity linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategy is yet in place - L2 6. Manx Care is not yet achieving the volume of mortality reviews required by local standards. In October 2022 77% of deaths were not reviewed within a month - L2. 	<ol style="list-style-type: none"> 5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions 	<p>A</p>
<p>If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.</p>	<p>Service User Experience, Engagement & Involvement</p> <ol style="list-style-type: none"> 1. Established Manx Care Advice & Liaison Service (MCALS) - aims to signpost and resolve concerns on the spot 2. Service user engagement (discovery interviews, focus groups, liaison with representative groups) 3. Continuous testing of the level of satisfaction using a modified Friends & Family Test (FFT) 4. Complaints handling procedures 5. User representation in meetings where quality of care is reviewed and services redesigned <p>Service User Engagement & Involvement Strategy provides a stakeholder map of representative groups or people Manx Care uses for advice and to help shape future services</p>	<p>Paul Moore</p>	<ol style="list-style-type: none"> 1. MCALS in place and operational. Achieving 92% of concerns raised being resolved on the spot in October '22. 2. Manx Care has established links at the Western Wellbeing Centre, Southern Wellbeing Centre and Northern Wellbeing Centre - 25 contacts made in October '22 - held coffee morning to promote MCALS. Specific drive to engage with those who are learning disabled, autism initiatives, Breathe Easy IOM, voluntary organisations - L1 3. FFT has been rolled out to all areas of Manx Care from August 2022. 63% of services users currently rate the service as very good or good in October '22. 4. Complaints responsiveness now under control and compliant with new regulations. L2 5. User representation via HCC at QSE, F&P and Mandate 	<ol style="list-style-type: none"> 2. No independent advocacy service on Island - L1 	<p>None</p>	<p>G</p>

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b	Failure to provide safe social care.	Overall risk owner: Sally Shaw	<p style="text-align: center;">Residual Risk score</p>	Amendment date: Dec-22 Committee scrutiny: QSE Committee
Which of the 2022-23 objectives may be impacted:				
	1 Covid-19 response. 2 Service user feedback drives improvement. x 3 Transforming health & social care delivery. x 4 Corporate, clinical and social care governance x 5 Transform urgent and emergency care. x 6 Financial balance. x	7 Reducing waiting times. x 8 Continuous improvement. x 9 Workforce engagement and development. 10 Primary Care at scale. 11 Early interventions. x 12 Environmental sustainability contribution. x		TARGET: L x I 3 x 3 = 9 May '22: L x I 4 x 4 = 16 June '22: L x I 4 x 4 = 16 Aug '22: L x I 4 x 4 = 16 Oct '22: L x I 4x4=16 Dec '22: L x I 3x4 = 12 Feb '23: L x I 3x4=12

Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort	Policy governance 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F	Sally Shaw	1. The review and completion of the suite of policies governing social care is a current project in 2022-23. Progress has been made with ratification of policies focussing on falls and a procedure for ENPLUG useage - L1 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal - L1	2. There can be a disconnect between the clinical and care OCGOs - this means that policy ratification is sometimes disjointed - L2	A.
	Training Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications	Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1	The curriculum for training is under review by Social Care with input from OHR (via records held) but not yet agreed. The application of mandatory training frameworks is not consistently applied - L2 Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PIP - L2	The current eLearning system is not user friendly and appears to be running on an out of date, no longer supported browser. The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues - L2	A.
	Design and launch the multi-agency safeguarding hub (MASH)	Julie Gibney	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation have been consulted re data sharing conventions. A MASH Implementation Group of key colleagues has been meeting since Sept 2022 to move the project forward, with a location for the MASH now identified and agreed - L3	There is no budget for the pilot of this work, if works are required to Murray House to facilitate the accommodation of the MASH this is a potential stumbling block - L3 (as this is potentially dependent on DOI budget resource)		G.
	Functional design, consistent application and effective operation of the Scheme of Delegation	Louise Hand	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps. Adult Social Work have introduced a Resource Panel to ensure robust governance and oversight of packages of care, with target outcomes outlined in a Terms of Reference. Work is ongoing in this area to embed this new way of working, which is heavily reliant on team/group manager level quality assurance of proposals to ensure consistency and consideration of value to the public purse - L1	Some high cost packages of care for individuals have previously been approved via unclear and inconsistent authorisation processes.	The success of Resource Panel is being monitored to ensure there is no drift from the Terms of Reference. At present, the ToR are not being fulfilled due to the lack of managers in Adult Social Work managers to provide the required quality assurance - L1	A.

	Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Michele Mountjoy	Work is ongoing with Care, Quality & Safety to ensure that suite of policies are updated and accessible by all staff within Social Care - L1	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
	Adding resilience and capacity to the <i>provider of last resort</i> facilities and capabilities within Manx Care.	Jonathan Carey	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC feedback on the 'Caring' standard was positive across Adult Social Care. An inspection by Ofsted is planned for Children & Families for 2023, work is underway to prepare for this - L3 Recruitment is ongoing for foster carers to add resilience in this area, there have been some positive moves in respect of recruitment to key roles within the Family Placement Service to ensure that carers are adequately supported - L1	It remains very challenging to place a sibling group in residential care - L2 Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider - L3	The short notice periods most third sector / private care services work to poses a risk in terms of unsafe or inappropriate placements in the event of provider failure. ASC are struggling in respect of staffing and infrastructure and could not reasonably at this time function as a provider of last resort - L2	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

2	Overwhelming demand.	Overall risk owner: Oliver Radford	<p style="text-align: center;">Residual Risk score</p>	Amendment date: May-22												
Which of the 2022-23 objectives may be impacted:				Committee scrutiny: FPC Committee												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Covid-19 response. x</td> <td style="width: 50%;">7 Reducing waiting times. x</td> </tr> <tr> <td>2 Service user feedback drives improvement. x</td> <td>8 Continuous improvement. x</td> </tr> <tr> <td>3 Transforming health & social care delivery. x</td> <td>9 Workforce engagement and development. x</td> </tr> <tr> <td>4 Corporate, clinical and social care governance. x</td> <td>10 Primary Care at scale. x</td> </tr> <tr> <td>5 Transform urgent and emergency care. x</td> <td>11 Early interventions.</td> </tr> <tr> <td>6 Financial balance.</td> <td>12 Environmental sustainability contribution.</td> </tr> </table>			1 Covid-19 response. x	7 Reducing waiting times. x	2 Service user feedback drives improvement. x	8 Continuous improvement. x	3 Transforming health & social care delivery. x	9 Workforce engagement and development. x	4 Corporate, clinical and social care governance. x	10 Primary Care at scale. x	5 Transform urgent and emergency care. x	11 Early interventions.	6 Financial balance.	12 Environmental sustainability contribution.		TARGET: L x I 6
1 Covid-19 response. x	7 Reducing waiting times. x															
2 Service user feedback drives improvement. x	8 Continuous improvement. x															
3 Transforming health & social care delivery. x	9 Workforce engagement and development. x															
4 Corporate, clinical and social care governance. x	10 Primary Care at scale. x															
5 Transform urgent and emergency care. x	11 Early interventions.															
6 Financial balance.	12 Environmental sustainability contribution.															
				May '22: L x I 9												
				June '22: L x I 9												
				Aug '22: L x I 9												
				Oct '22: L x I 9												
				Dec '22: L x I 9												
				Feb '23: L x I 6												
				Apr '23 L x I 6												

Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%	1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the Autumn Booster commencing in September 2022. 60% of the eligible population have elected to take the Autumn Booster offer which is 5% less than the UK. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board. The Spring Booster programme 2023 is scheduled to commence on the 1st April, offering boosters to the most vulnerable in society including residents of care homes, those who are 75 or above and anyone who is five years and over and immunosuppressed. The Spring Booster and further booster programmes will be delivered by the now permanently funded Vaccination Service which is operated by Manx Care. The Manx Care Covid internal escalation plan has been shown to be effective with clear allocation of well understood resources when response to infection has to be ramped up. This is overseen by the Performance & Delivery Group which reports by exception to the EMC. In the past 6 months, no escalation beyond level 1 has been reported which is indicative of moving to an endemic approach in April 2022. Additional resources have been allocated within the Manx Care Winter Plan which will allow escalation of spot purchasing of temporary placements within the residential/nursing home sector should numbers of Covid patients in hospital increase on top of general winter pressures - this funding ends on the 1st April with four spot purchase placements purchased during the winter pressures period.		The lack of Covid-19 surveillance data around community transmission prevents Manx Care's ability to plan for potential increases in demand on hospital services and staff absence	Assurance RAG
	2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.		The systematic capture of timely, high quality data on this topic is improving however significant progress needs to be made particularly around data	A.
	3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox, S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board. The See and Treat Programme has been funded for two years by the Healthcare Transformation Fund - once established, this will mean that calls coming into Emergency Services Joint Control will be clinically triaged and where appropriate, signposting advice can be provided by the Hear and Treat Clinician which may avoid despatch of an ambulance resource. Intermediate Care and See, Treat and Leave projects are also being decoupled from the overarching Urgent & Emergency Care Transformation Business Case and separate applications for Healthcare Transformation Funding are being submitted via the Transformation Officers Board	The Urgent and Emergency Care Transformation Programme is currently on pause until April 2023 to enable resources to be focussed on the Manx Care/DHSC financial situation. Whilst some projects are continuing outside of the remit of the transformation programme, such as Intermediate Care, and Same Day Emergency Care, funding is being sourced for each project separately rather than as an integrated programme.	Sir Jonathan Michael review of progress made to date in transforming urgent care (Nov 21) identified a lack of progress due to a lack of clinical and managerial staff to resource the project.	A.
	4 Capacity and demand planning	Oliver Radford	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to	Demand and capacity analysis has commenced however there is limited resources to undertake this at scale. Some additional resource has been secured to allow additional capacity to be focussed on demand and capacity analysis	Poor data quality will impact the ability to undertake highly accurate demand and capacity analysis in the first instance however validation of waiting lists and review of	R.

		<p>be delivered off island within tertiary centres due to low volume or complexity. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure access to off-Island services. Further strengthening of strategic relationships with Cheshire & Mersey providers ongoing. All strategic partnerships are monitored via Performance & Delivery Group through to Exec Management Committee.</p> <p>Synaptic contract delivering additional orthopedic, cataract and general surgical capacity - additional £18.3m of recovery and restoration funding secured in October 2022 to reduce a number of surgical waiting lists down to 6 weeks or less by June 2023.</p>			<p>A.</p>
<p>5 Winter Planning 2023/4</p>	<p>Oliver Radford</p>	<p>The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently.</p> <p>A 2022/23 winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period. These initiatives include expanding the presence of ED consultants for 16h per day, development of a dedicated outliers team to review medical patients who are resident in surgical wards, earlier implementation of the frailty unit and a robust media campaign outlining the alternative methods of receiving care such as use of Pharmacies and the Minor Eye Condition Service as well as MIU and MEDS. Funding has been provided on a non-recurrent basis to allow these initiatives to be commissioned for the Winter Pressures period 22/23 and these have alleviated the pressures of what has been the most challenging winter on record for the IOM and UK health services.</p> <p>The 23/24 Winter Planning process will commence in Q1 23/24 to identify areas of focus and required investment for the winter period 23/24. Funding equivalent to the 22/23 funding allocation has been set aside in the Manx Care budget 23/24 in order that additional capacity or services can be stepped up for the winter pressures period to alleviate demands across the health system. Oversight of the Winter Planning 23/24 process will sit with the Performance and Delivery Group</p>	<p>Winter Planning 23/24 document currently under development with target completion date for the end of June 2023.</p>	<p>Quality and availability of data has impacted on our ability to accurately predict the impact of winter on Manx Care services however this will be collected in more detail in year so planning can improve for subsequent</p>	<p>G.</p>

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

3	Competition for staff leading to critical shortages.	Overall risk owner:	Residual Risk Score		Amendment date:	Nov-22	
		Anne Corkill			Committee scrutiny:	People Comm.	
Which of the 2022-23 objectives may be impacted:					TARGET: L X I	9	
1	Covid-19 response.	x	7	Reducing waiting times.	x	May '22: L x I	25
2	Service user feedback c	x	8	Continuous improvement.	x	June '22: L x I	25
3	Transforming health &	x	9	Workforce engagement and development.	x	Aug '22: L x I	25
4	Corporate, clinical and social care governance.		10	Primary Care at scale.		Oct '22: L x I	25
5	Transform urgent and e	x	11	Early interventions.		Dec '22: L x I	25
6	Financial balance.		12	Environmental sustainability contribution.		Feb '23: L x I	25

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG	
#417 ED establishment is under-resourced. #306 Recruitment and retention of ICU staff. Shortage of theatre & anaesthetics staff. Diagnostic breast service - lack of clinical capacity. Endoscopy capacity. Ramsay Theatres admin support. Insufficient access to attractive accommodation for lower paid staff.	1. Staff Recruitment Controls Overseas recruitment via GTEC. Targetted recruitment via specialist agencies. Enhanced HR support for hard to recruit roles from Talent Acquisition Teams. Review of Vacancy data to ensure accuracy and enable clarity of recruitment priorities. Implementation of Agreed Manx Care Action Plan by OHR. Engagement of MIAA to assist in tartgetting recruitment to vacancies incurring additional cost Ongoing review of policies and procedures in relation to recruitment Maintenance of competitive terms and conditions to attract applicants	Anne Corkill	1. Assurance re Recruitment Controls Recruitment via GTEC - Project Manager provides reports to Director of Nursing who provides periodic reports to the Board. Recruitment via DEVA - As above Review of vacancy data - vacancies reported in People Analytics monthly report to ELT, Board and People Committee. Project updates provided to HR Director and exception reports to ELT. Implementation of Action Plan by OHR - periodic papers on specific actions provided to ELT. Engagement of MIAA - Terms of reference and reporting mechanisms to be agreed. Policy review project plan - regular updates provided to staff and mangement sides via partnership forum. exception reporting to ELT and People Committee	1. Gaps in Recruitment Controls Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment	1. Gaps in recruitment assurance. No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.	R.	
	2. Workforce Development Controls Academy Programme launched 2022 Revised Appraisal Scheme. Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. Nurse training and bursary. Support for GP trainees. Specialist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme	Leadership	Workforce & Culture team Anne Corkill/OHR Director of Nursing Medical Director Director of Social Care	2. Assurance re Workforce Development Controls Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and mangement sides of partnership forum. Exception reports to ELT, People Committee and Board Support for professional development of specific groups - exception reporting by relevant directors to Board	2. Gaps in Workforce Development Controls No strategic workforce plan, including succession plannning and skills gap analysis in place across organisation. The Workforce adn Culture Team are in the process of submittin a paper through Health Care Transformation Programme Board to seek approval for approach to skills audit, gap analysis and future workforce planning approach	Managers depend on local spreadsheets to track mandatory training compliance with consequent limited ability to report through to Board.No formal mechanism established for reporting to Board on following: Nurse training and bursary. Support for GP trainees. Support for CESR route to consultant qualification. Social Worker trainee scheme NB all of above comprise relatively low numbers and are progressed at an operational level.	R.
	3. Staff Retention Workforce and Culture Team programme of work to improve culture inc psychological safety Ongoing work to develop and embed CARE values Staff recognition schemes Development of freedom to speak up guardians and programme of work relating to equality diversity and inclusion Analysis of Exit interviews information to identify trends and inform corrective action Use of job evaluation scheme Development of Manx Care specific policies and procedures to support all staff.		Workforce and Culture Team Job Evaluation Team/OHR	3. Assurance re Staff Retention Controls Monthly project updates from workforce and culture team to Transformation Steering Group, People Committe, ELT and Board. Progress against policy review and development plan reported regularly to staff and management sides of partnership forum and by exception to ELT and Board. Monthly People Analytics Report provided to ELT, People Committee and Board.	3. GAPS in Staff Retention Controls Development of EDI Programme at an early stage. Not all polices and procedures up to date and/or published. Work on organasational culture at an early stage Information available on reasons staff exit organisation is extremely limited No strategy to engage and retain ageing workforce.	3. Gaps in Staff Retention Assurance. Measurement of improvements in staff retention not agreed. Difficulty in establishing an action plan in light of poor data from exit interviews and lack of strategy to retain an aging workforce means that these areas are not reported on.	R.
	4. Absence Management Review and targetting of support for long term and frequent short term absence by management in conjuncttion with OHR . Review of monthly absence data, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management. Proactively setting up meetings to support managers. Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures Targeted interventions by H&S teams in response to trends. Well defined polices and procedures to support absence managment		HR Advisory Team	4. Assurance re Absence Management Controls Monthly people anlytics reports provided to ELT, People Committee and Board. People analytics reports, monthly absence reports and OHR caseload supplied to relevant members of the Executive Leadership Team.	4. Gaps in Absence Management Controls No automated mechanisms for monitoring application of absence management procedures Need to ensure routine reporting in relation to Health and Safety of staff to enable appropriate interventions..	4. Gaps in absence management assurance Quantative data on absence rates and reasons is reported. No data is available on consistency of management actions to address absence eg back to work interviews	R.
	5. Organisational structure and staffing complement matched to service needs. Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best modesl of service delivery.		Anne Corkill	5. Assurance re Organisational Structure Regular reporting to board on progress in relation to integrated care and primary care at scale. Exception reporting on developments in organisational sturcture and proposals for structure and service redesign.	5. Gaps in Organisational Structure review Controls Organisation redesign which goes hand in hand with service redesign is undertaken on an ad hoc basis in response to percieved priorities such as patient demand or cost pressures or other revised service needs becoming evident.	5. Gaps in Organisational Structure Assurance Reactive nature of smaller scale service reviews mean that areas may be overlooked.	R.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

4	Major incident	Overall risk owner: Oliver Radford	<p style="text-align: center;">Residual Risk score</p>	Amendment date: May-22			
				Committee scrutiny: FPC Comm			
Which of the 2022-23 objectives may be impacted:				TARGET: L x I	6		
1	Covid-19 response.	x	7	Reducing waiting times.	x	May '22: L x I	16
2	Service user feedback drives improvement.	x	8	Continuous improvement.		June '22: L x I	16
3	Transforming health & social care delivery.		9	Workforce engagement and development.	x	Aug '22: L x I	16
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	x	Oct '22: L x I	16
5	Transform urgent and emergency care.	x	11	Early interventions.		Dec '22: L x I	16
6	Financial balance.		12	Environmental sustainability contribution.		Feb '23: L x I	16

Related operational risks:	Main Controls 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#172 Ambulance staffing. #174 Lack of specialist ambulance personnel. Business continuity plans across all Manx Care locations are not accessible electronically from a central intranet resource.	1 Incident planning and control governance structure	Oliver Radford	Manx Care has a Major Incident Plan. Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. This committee is chaired by Gareth Davies and committee feeds into EMC. Manx Care Emergency Planning Manager commenced in post in May and has commenced development of a number of table top exercises in conjunction with the wider government as well as reviewing the underlying policy framework around emergency planning to ensure it is applicable across all of Manx Care and dovetails with wider government policies and plans such as the IOM Government Major Incident Response Plan. IoM also has a government wide approach to emergency planning, chaired by DHA's Dan Davies. The Manx Care Director of Operations is a member.	Significant gaps in major incident planning and policy across Manx Care, particularly areas outside of the hospital however these are being addressed by the new Emergency Planning Manager	Most service areas within Manx Care have not been through any major incident planning or preparedness exercise therefore our response is not tested. An annual exercise plan is being developed which will involve all service areas as part of an integrated organisation wide response to a major incident	R.
	2 Safety management arrangements in collaboration with Manx TT	Oliver Radford	IoM has a National Motorsport Committee on which Manx Care CEO and Director of Operations sit. Learning has been demonstrated from experience of incidents. Race management has accessed advice from the Auto Cycle Union in UK and sought independent views of the efficacy of incident planning arrangements, to which racing authorities and the promoter (Dept for Enterprise) have responded. The TT promoter has sponsored development of the safety management system however this was not used during TT 2022 due to lack of time to implement fully. Manx Care formulated a written plan for TT 2022 outlining proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand. This plan was used as a basis for the Manx Grand Prix plan for 2022 and will be adapted for 2023 however will need to be changed to match the new TT format. Changes in structure of the TT for 2023 may change the	Lack of safety management system (SMS) for TT event - inability for Manx Care to link in plans with the SMS. Assured delivery of SMS in 2023	Reduced availability of agency staff across the UK due to national staffing challenges and increased demand due to significant recovery and restoration projects have resulted in difficulty in attracting sufficient additional staff in order to cope with increases in demand during TT2022	A.
	3. Business continuity planning	Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Newly appointed Manx Care Emergency Planning Manager has been reviewing business continuity arrangements within several NHS Trusts as well as in Guernsey to identify areas of best practice in terms of policy framework and operational delivery of business continuity planning. Government wide system in place within Guernsey would most appropriately fit the IOM requirements and a paper is being considered at the Government Emergency Planning Strategic Group in December. Pending a decision on government wide roll out will determine the route that Manx Care takes to roll out a standardised business continuity planning framework across the organisation	Lack of Business Continuity Planning policy. Lack of a central repository of all business continuity plans for services and locations across Manx care is yet to be established.	Although there are pockets of business continuity planning being done across the organisation (particularly social care) there is no central record of completion of plans or repository of documents.	R.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

5	Loss of stakeholder support & confidence	Overall risk owner:		Amendment date:	May-22		
		Teresa Cope		Committee scrutiny:	Board		
Which of the 2022-23 objectives may be impacted:				TARGET: L x I	3 x 2 = 6		
1	Covid-19 response.	x	7	Reducing waiting times.	x	May '22: L x I	4 x 4 = 16
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x	June '22: L x I	4 x 4 = 16
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.		Sep '22: L x I	4x4 = 16
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	x	Oct '22: L x I	4x4 = 16
5	Transform urgent and emergency care.	x	11	Early interventions.		Dec '22: L x I	4x4 = 16
6	Financial balance.		12	Environmental sustainability contribution.	x	Feb '23: L x I	4x4 = 16
						Apr '23 L x 1	3x4 =12

Related operational risks:	Main Controls 1-7	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance		
Inability to effectively deliver mental health services across the Island due to recruitment challenges and lack of partnership funding for Thrive model; in adults recruitment challenges and develop early intervention strategies. Delays and funding challenges identified which may compromise single electronic Manx Care patient record. Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention. Recruitment and retention of GPs and other clinicians and care workers. Actions taken to create clinically sustainable high quality services require redesign of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care. This may lead to a perception of a run-down of on-island Manx Care with a normalising of off-island care.	1. Proactive engagement with the Minister and DHSC leadership.	Sarch Pinch & Teresa Cope	Required Outcomes Framework (23/24) approved by Board in March 2023. Chair meets regularly with the Minister. CEO meets regularly with DHSC CEO. The four Principals meet together monthly. Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly) Mandate assurance meetings (monthly) Positive political engagement in NED recruitment process. Performance & Accountability Framework agreed and aligned to Single Oversight Framework. Board to Board meetings established. Funding position for 2023/24 have been presented to Council of Ministers.	Working with Elected Members framework requires updating.	DHSC Oversight group: Terms of reference and approved minutes to be shared with the FPC Committee. Health & Care Partnership Board terms of reference and approved minutes to routinely be shared with QSE Committee. A paper on compliance with the guidance 'Working with Elected Members' to be updated. Health & Care Partnership Board (quarterly). Sign-off of funding priorities for 2023/24 required in relation to affordability of mandate objectives and compliance actions arising from CQC inspections.		Assurance RAG
Non-compliance with CQC regulatory framework which Manx care seeks. Inability to deliver all the required ICO compliance regulations and requirements.	2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ('ICO').	Teresa Cope	CEO engaging positively with the H & S at Work Inspectorate regarding ionising radiation compliance. Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board. Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22). CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22). Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub. Monthly meetings with ICO. Monthly meetings with Attorney General's Office. Effective engagement with CQC via DHSC. Monthly IGAB and bi-monthly D&I Committee reviews all IT/IG and digital issues.	Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has an aim for compliance by June '23 (as stated IGAB on 04/05/22).	Manx Care CEO is now a formal member of the Island's extended Chief Officers Group, involvement limited to attendance for specific items by invitation. Deferment notice agreed with the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded. Pay awards have been rejected by a number of Unions.		A
	3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.	Teresa Cope	Chair & CEO meet Principals in Transformation to discuss governance and progress. Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers. Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review. Regular meetings with shared services take place with the contracting team recognising that the CQC was critical of the quality of number of shared service arrangements provided to Manx Care and those agreements require urgent review. Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements.	Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment. Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform. Transformation leadership not yet routinely reporting in person to the Manx Care Board. Likely to create financial risk to ManxCare regarding shared services.	Manx Care CEO is not a formal member of the Island's Chief Officers Group, involvement limited to attendance for specific items by invitation.		A

	4 Proactive engagement with all staff; including clinical staff and social care staff.	Teresa Cope	<p>Induction includes an introduction by an Exec Team member.</p> <p>Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body.</p> <p>Fortnightly <i>Let's Connect</i>.</p> <p>Weekly <i>all staff</i> bulletins.</p> <p>Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics.</p> <p>CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff.</p> <p>EDI forum launched and chaired by the CEO</p> <p>Cultural improvement action plans in place which are monitored by the Board.</p> <p>Partnership board with staff side representatives held monthly</p> <p>A Communications & Engagement Plan is due to be reviewed and approved by the Board.</p> <p>People's Strategy to be launched in May 2023.</p> <p>Manx Care linked into the wider Great Place to Work Programme.</p>	<p>Data quality of human resource dashboard metrics requires further refinement.</p> <p>Operational People's Group as a sub-group of EMC will be established from May '23.</p> <p>Manx Care linked into the wider Great Place to Work Programme.</p>	Operational oversight and analysis for workforce planning.		A
	5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	<p>Proactive engagement with the Chief Finance Officer and Director of Strategy at Liverpool University Hospitals NHS FT. CEO is an engaged member of the Cheshire & Mersey Cancer Alliance. Working towards a strengthened strategic partnership approach. IoM representation into specialty networks such as Major Trauma Network; Critical Care Network; Paediatric Network being formalised.</p> <p>Manx Care to join CMAST Acute Collaborative in the North West</p>	<p>Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes.</p> <p>No formal strategic partnerships in place.</p>	Report of strategic partnership activity to come to the Manx Care Board quarterly		G
	6 Proactive engagement with Island media including radio, newsprint; social media.	Teresa Cope	<p>Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets.</p> <p>Manx Care has a planned calendar of engagement activity.</p> <p>Communications and Engagement strategy in place</p>	<p>Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard.</p> <p>Manx Care is not always aware of communications relative to its services or wider health and care matters across government and vice versa</p>	<p>Manx Care to have closer engagement with Central Cabinet offices communications.</p> <p>Board to be provided with oversight of media activity each month and whether this is positive, neutral or negative to inform future communication strategy and tactical</p>		G
	7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	<p>CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair.</p> <p>Manx Care works in a structured way with <i>Hospice IoM</i>.</p> <p>CEO engages with <i>Crossroads</i> charity, <i>putting carers first</i>.</p> <p>CEO and senior officers regularly meet with with key charities across the</p>		<p>A paper on Manx Care engagement with voluntary and charity sector to be provided to QSE Committee Q2 calendar '22.</p>		G
							G

6 Failure to achieve financial sustainability.	Overall risk owner:		Amendment date:	Oct-22	
	Jackie Lawless		Committee scrutiny:	FPCC Comm	
Which of the 2022-23 objectives may be impacted:			TARGET: L x I	9	
1 Covid-	x	7 Reducing waiting times.	x	May '22: L x I	Residual Score
2 Service user feedback drives improvement.		8 Continuous improvement	x	June '22: L x I	25
3 Transf	x	9 Workforce engagement	x	Aug '22: L x I	25
4 Corpo	x	10 Primary Care at scale.	x	Oct '22: L x I	12
5 Transf	x	11 Early interventions.	x	Dec '22: L x I	12
6 Financ	x	12 Environmental sustainabi	x	Feb '23: L x I	12

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
<p>#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend</p> <p>#2 Pay awards remain under negotiation / arbitration.</p> <p>#3 Significant investment required to reduce waiting list backlogs</p> <p>#4 Transformation projects generating significant future funding pressures</p> <p>#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development</p> <p>#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement</p>	1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.	Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff. Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus. Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups. Improvements to activity are included within the scope of the CIP Programme Board. Plans to acquire internal audit review of improved systems and processes in 23-24.	High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services. There are likely to be instances where managers have recruited above their budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
	2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning. Investment has been made in performance management function which will enable the development of better performance data Transformation are preparing a plan to develop an Activity Based Costing model to allow better understanding of resource requirements	In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.	The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost. The detail of the review is awaited, however any change is likely to take significant time to complete so will not have an immediate impact	A
	3. Improvements to control design re contracting and procurement	Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined. A robust system for requesting Financial Waivers exists but further improvements to the process have been proposed to Treasury in order to speed it up Manx Care has joined a number of NHS Frameworks to allow access directly to 'pre-approved' providers which avoids the need for full procurement exercises each time a service is required.	Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpectedly availability of preferred supplier resource.	The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated, the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	A
	4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each budget holder to ensure appropriate purchasing decisions and authorisations are being made	Across Manx Care, purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a supplier whilst in possession of a purchase requisition pad without the necessary authority	The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.	A
	5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.	There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost. New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with. Without longer term financial planning, Manx Care cannot adequately plan to grow services.	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.	R
	6. Addressing future funding requirements	Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years. Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes. Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the correct funding baseline for Manx Care's core activities	Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions. The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment	A

7. Improving internal financial governance mechanisms	Jackie Lawless	<p>Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting</p> <p>Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care</p> <p>Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis</p> <p>Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning.</p> <p>Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure</p> <p>Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues.</p> <p>Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks</p> <p>Business Case Review Group established to provide effective review and challenge of business cases before approving for funding</p> <p>Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures</p> <p>Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations</p> <p>Full Internal Audit review of Financial Controls underway with findings expected in Dec '22</p>	<p>CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m</p> <p>Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders</p> <p>Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations</p>	<p>Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen.</p> <p>The outcome of CQC inspections is likely to generate significant funding pressures not already identified</p> <p>Further education and deepening relationships with finance are required to ensure adequate visibility of risks</p>	A
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CEO

 <p>manx care Kiarail Vannin</p>	<h2>SUMMARY REPORT</h2>	Meeting Date: 31 Oct 2023	
		Enclosure Number:	

Meeting:	Manx Care Board (PUBLIC)		
Report Title:	Chief Executive Report and Horizon Scan.		
Authors:	Teresa Cope, Chief Executive Officer		
Accountable Director:	Teresa Cope, Chief Executive Officer		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

- The Covid Spring Booster programme completed in late June 2023, reporting 83% uptake from the eligible cohort. This is significantly higher than England and the devolved nations whose final uptake was 71% on average.
- As of the 22nd October, the team has delivered 6983 Covid booster vaccines with 4029 people having future appointments booked within the Autumn programme. The team have also administered 3058 flu vaccines alongside the Covid jab and have visited 445 people in their own homes to offer the vaccine.
- Work progresses led by the Executive Director of Health Services to prepare for Manx Care to take over the running of Hillside Dental Practice from 1st December 2023 following the decision taken by the Manx Care Board in early October. This will secure ongoing services for the 6.600 patients registered with Hillside Dental Practice.
- The Island will mark Safeguarding Week from the 20th to the 24th November and all agencies partners to the Board will be undertaking a range of activities to promote Safeguarding. Manx Care has a number of initiatives planned across all of its services to promote awareness of Safeguarding.
- The business Case for additional investment into the Child and Adolescence Mental Health Service (CAMHS) has been submitted for DHSC / Treasury consideration following approval by the Manx Care Business Case Review Group.
- The Risk Management arrangements for Manx Care continue to strengthen. A substantive appointment has been made to the Head of Risk Management and Compliance who commenced employment with Manx Care in early October and there continues to be regular deep dives into Care Groups and corporate functions of the organisation. The total number of High rated risks have decreased from 141 (as reported July) to 119.
- Following the approval of the first two years of Intermediate Care funding from the Healthcare Transformation Fund in July 2023, significant progress has been made in starting to deliver the model in a phased approach.

Recommendation for the Committee to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
It is recommended that the Manx Care Board consider the content of this report and request any further information or assurance on any of its content.			

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)		
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	Yes	Failure to appropriate identify, manage and mitigate risks across the organisation poses risk to patient safety and patient experience.
Financial (revenue & capital)	No	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

Section 1: PURPOSE AND INTRODUCTION

Background

- 1.1 This report updates the Manx Care Board on activities undertaken by the Chief Executive Officer and draws the Board's attention to any issues of significance or interest. The report is accompanied by the **CEO Horizon Scan** which provide a summary of key activities in each of the Manx Care Operational Care Groups and Corporate Departments. The Horizon Scan is prepared monthly led by the CEO and forms part of the communication cascade across the organisation.

The Horizon Scan for OCTOBER is attached at Appendix 1.

Section 2: VACINATION PROGRAM

Executive Lead: Executive Director of Health Services

- 2.1 The Covid Spring Booster programme completed in late June 2023, reporting 83% uptake from the eligible cohort. This is significantly higher than England and the devolved nations whose final uptake was 71% on average.

The Covid Autumn Booster programme commenced on the 11th September within our care homes and commencing with clinics from the 18th September, which are 'drop ins' for frontline health and care staff and by appointment for eligible members of the public as follows:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group,
- persons aged 12 to 64 years who are household contacts of people with immunosuppression
- persons aged 16 to 64 years who are carers and staff working in care homes for older adults

The clinics will be taking place at the Chester St Vaccine Hub however there is a weekly locality based clinics taking place in either Peel, Ramsey or Castletown. The service is now offering both the Covid booster (which will be the newly formulated vaccine targeting the XBB sub-variant of Covid) and the seasonal flu vaccine. Seasonal flu vaccines will continue to be available via GP surgeries and Pharmacies and can be booked directly with the provider.

As of the 22nd October, the team has delivered 6983 Covid booster vaccines with 4029 people having future appointments booked within the Autumn programme. The team have also administered 3058 flu vaccines alongside the Covid jab and have visited 445 people in their own homes to offer the vaccine.

As we move into the third winter of delivering the Covid Vaccination Programme from the Chester Street site, issues remain regarding the suitability of the site, which was a Supermarket up until 2018 and empty up until February 2021 when the vaccine programme moved there from Ward 20. Significant ingress of water during times of rain, the ability to heat the large space during cold periods as well as lack of staff facilities remain challenges which are on the risk register and have been flagged with the Department of Infrastructure – mitigations are in place which are agreed by Infection Control. Initial plans to move to an alternative site are underway however progress is slow.

Section 3: HEALTH SERVICES

Executive Lead: Executive Director of Health Services

3.1 Dental Service – Regent Dental

Regent Healthcare Services Ltd have formally handed back their NHS Dental Contract for Hillside Dental Practice, Douglas. Their contract is for 18,500 Unit of Dental Activity (approximately 6,500 patients or 13% of commissioned NHS dental activity). Their last day of their contract is 30th November 2023.

A decision has been taken by the Manx Care Board to take on Hillside under the direct management of Manx Care as of the 1st December 2023 for a minimum period of 12 months, with former employees of Regent Healthcare becoming permanent employees of Manx Care from that date, retaining their original terms and conditions. The security of the continuity of the practice will that patients who have been unable to receive proactive treatment (i.e. check ups) for some time will be able to resume normal check up frequency shortly after Manx Care take over management of the practice.

It is hoped that Hillside Dental Practice, like Ballasalla Group Practice who came under the direct management of Manx Care on the 1st April 2023, will become an exemplar in the delivery of proactive and patient centred dental care through a combination of new and innovative ways of working and investment in new staff and equipment.

3.2 Intermediate Care

The purpose of an Intermediate Care service is to provide a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, to support the timely discharge of patients from hospital and to maximise independent living. Intermediate care offers an enabling and integrated approach at the interface between home and hospital, and at transition from illness or injury to recovery and independence; helping people to live independently at home for longer.

Following the approval of the first two years of Intermediate Care funding from the Healthcare Transformation Fund in July 2023, significant progress has been made in starting to deliver the model in a phased approach. Initial progress has been focussed within the Reablement Team, which is an existing team providing free domiciliary care and rehabilitative support to people at home for a fixed period of 6 weeks. The Reablement Team has recently been transferred under the auspices of the Intermediate Care service (under Head of Service Michelle Breed) and is undergoing a rebranding to the Rapid Community Reablement Team, which reflects the newly reduced response times that the service will be offering to help avoid admission as well as support early facilitated discharge from hospital 7 days a week. Recruitment into the team has started with a new Reablement Manager

being appointed, who started in early September, along with recruitment to additional Referral and Assessment Officers and Reablement Support Workers which will see the team being able to respond more quickly to referrals as well as expand the overall capacity of the team. Recruitment has also commenced for a Physiotherapist and Social Worker that will support the existing professionals and carers within the Reablement Team and expand the repertoire of the team in terms of support that can be given to people at home to rehabilitate.

Work is also underway to develop a 'Step Up' pathway which will be a rapid admission pathway to Martin Ward in Ramsey Cottage Hospital for patients that require more care and rehab than can be safely delivered at home, therefore effectively bypassing the need for an ED attendance if a full assessment has taken place at home. The final piece of the Intermediate Care jigsaw will be the appointment of three Advanced Clinical Practitioners who will undertake the majority of clinical triage and treatment planning as part of the Crisis Response Pathway, working with other community practitioners and services such as the Ambulance Service, GPs, District Nurses, Wellbeing Partnerships and the third sector.

The transformation of the Rapid Community Reablement Team is already having an impact on increasing the number of patients who are able to have an early supportive discharge from hospital which is playing a large part in our current focus to reduce the number of patients in hospital awaiting the next step in their long term care, which is accompanied by increased exec focus on patients who have been in hospital for more than 21 days (known as 'Super Stranded patients') and ensuring there is an integrated approach to the care of these individual between the hospital, community and social services.

Section 4: SOCIAL CARE AND INTEGRATED MENTAL HEALTH SERVICES

Executive Lead: Interim Executive Director of Social Care, Mental Health and Safeguarding

- 4.1 Recruitment for the Substantive Executive Director of Social Care, Integrated Mental Health and Safeguarding has commenced, supported by Hamptons with interviews schedule for early December.
- 4.2 The Safeguarding Board meeting was held on the 18th October. Manx Care provided positive assurance to the Board on the progress against the CQC Action Plan on the Adult Social Care and Safeguarding Plan following the Independent Review (Sylman Report) in 2022. Manx Care also provided an update on the Multi-Agency Safeguarding Hub (MASH) Arrangements which has now been operational for 3 months and is half way its pilot period. The Quality Safety and Engagement subcommittee of the Board has oversight and monitors each of these programmes of work.
- 4.3 The Island will mark Safeguarding Week from the 20th to the 24th November and all agencies partners to the Board will be undertaking a range of activities to promote Safeguarding. Manx Care has a number of initiatives planned across all of its services.
- 4.4 The business Case for additional investment into the CAMHS services has been submitted for DSHC / Treasury consideration following approval by the Manx Care Business Case Review Group.

Section 4: RISK MANAGEMENT COMMITTEE FEEDBACK

Executive Lead: Chief Executive Officer

The Chief Executive Chairs the Risk Management Committee (RMC) and provides regular feedback to the Manx Care Board. The RMC undertakes monthly deep dives in a selection of 3 Care Group/Shared Services to explore their risk profiles and identify any key risks for escalation to Manx Care Board. For the end of September, the three Care Groups/Share Services presenting their risk profiles were Primary & Community, Information Technology/Information Governance and Mental Health

The overall risk position for the end of September is provided in the table below:

Date	Low	Moderate	High	Extreme	No Value
Sept 2023	22	108	119	20	17

Due to Operational necessity, RMC did not sit in September, though with the successful recruitment of the Head of Risk Management & Compliance, ongoing work is being progressed on further deep dive analysis following the COSO methodology, of all risks across Manx Care.

As previously reported, the increase in the overall number of risks logged on Datix results from both IT/IG and OHR risks being added and now formally reported to ensure consistency of risk management processes across Manx Care, and to provide assurance to the Board. Finance risks have now been added and are included in risk reporting including a full review at Board and Operational level.

For assurance the total number of High rated risks have decreased from 141 (as reported July) to 119. This decrease is due to monitoring and review processes now embedded throughout the Care Groups. The Head of Risk Management & Compliance is also undertaking deep dive reviews across the Manx Care risk profile to identify duplication or risk control effectiveness.

Care Group Key Risks Summary

All Care Group highlighted no significant change in the overall number of extreme risks in the organisation (remaining at 20), with the review of scoring grading and mitigations supporting these assessments. A summary of all Manx Care Extreme risks is provided below:

Care Group/Service	Datix Ref.	Title	Handler	Scoring (up, down, static)	Date Opened
Children and Families	620	Placement sufficiency – foster care	Julie Gibney	5x3 = 15 Static	8/04/22
Finance	808	Failure to achieve financial balance in current year	Jackie Lawless	5x5 = 25 Static	12/06/23
	809	Failure to fund transformation	Jackie Lawless	5x5 = 25 Static	13/06/23
	810	Failure to secure sufficient funding to	Jackie Lawless	5x5 = 25 Static	13/06/23

		deliver against mandated performance targets			
	812	Pay awards agreed in excess of budget	Jackie Lawless	5x5 = 25 Static	13/0 6/23
Primary & Community Services	354	Risk to patient care due to a lack of medical provision.	Annmarie Cubbon	5x4 = 20 Static	26/0 8/20
Corporate	749	End of life servers	Teresa Cope	4x4 = 16 Static	23/0 1/23
	788	IT Systems - security of patient data	Teresa Cope	4x4 = 16 Static	29/0 4/23
	818	Aspects of environment - current vaccine hub no longer suitable for clinical delivery	Oliver Radford/ Samantha Kneen	5x4 = 20 Static	23/0 6/23
Integrated Diagnostics & Cancer	702	Unsafe containment laboratory	Steve Doyle	4x4 = 16 Static	25/0 9/22
	97	Lack of ward Pharmacists	Lisa Airey	4x4 = 16 Static	1/08/ 16
Medicine - Urgent/Ambulatory/Emergency Care	578	Timely access to care	Mark Cox	4x4 = 16 Static	18/0 1/22
	576	Workforce resilience and staffing levels	Mark Cox	5x3 = 15 Static	18/0 1/22
	575	Financial sustainability	Jackie Lawless / Mark Cox	5x4 = 20 Static	18/0 1/22
	717	Ambulance fleet procurement / replacement plan	Oliver Radford / Mark Cox	5x3 = 15 Static	31/1 0/22
Surgical Care	649	Air Ambulance - closure of airport In 2023	Oliver Radford/ James Watson	4x4 = 16 Static	28/6/ 22
Mental Health Services	168	CAMHS - Insufficient workforce capacity to meet service demand	Ross Bailey	4x4 = 16 Static	3/09/ 19
Shared Services	92	Staff recruitment and retention within a geographically isolated location	Anne Corkill	4x5 = 20 Static	1/09/ 20
Social Care – All Areas	725	Illegal detention	David Hamilton	3x5 = 15 Static	15/1 1/22
Women & Children's Services	834	Financial Sustainability	Linda Thompson	5x5 = 25	01/0 8/23

Agreed Actions

Actions to be agreed is carried over to November's RMC for initial consideration/decision before escalation via established governance process.

Emerging Risks (Horizon Scanning)

Risk related to winter pressures and demand for services, in not only the acute but entire health and social care sphere is currently under scope. This is in line with NHS practice.

Horizon Scan October 2023

Integrated Women's, Children's & Families Services

- The Care Group successfully appointed to the vacant Paediatric Speciality Doctor post. There were three appointable candidates which was promising.
- The 0-19 Public Health Service has had a successful recruitment drive and as of November/December the service will be fully established. This is a huge achievement considering the service had a vacancy factor of 25% in July 23.
- The 0-19 Public Health Team have commenced the school based immunisation programme.
- Plans for the Gynae Assessment Unit have been agreed and the planned work is due to commence in December 23 with completion due early January 24. The Care Group is working with the public to ensure we meet patients needs.
- The Women's Health Survey closed on Friday 20th October. We received a positive 1043 responses with paper results being accepted up to 27th October. The data is due to be analysed in the coming weeks and the Care Group will develop a Project Initiation Document based on its findings.
- The Integrated Sexual Health Services project is close to achieving a huge milestone within its project plan. Training for an Integrated Sexual Health Services electronic record system is being delivered 25th October 23 with a view of the system going live on 5th December 23.
- Findings from the Birthrate Plus report are being presented at the QSE meeting in October.
- The RCPCH intermediate action plan is being submitted to the college and QSE in November 23.

Social Care Services

Adult Social Care

- Discussions with staff and relatives are ongoing in respect of Cummal Mooar. Social Care have received a couple of reports in regard to the Fire, Health & Safety position of Cummal Mooar. DHSC have submitted a further business case to Treasury seeking funding to take the Project through to I2 (Technical Design) and develop the design to a Technical level. The Project is currently at Stage 1 (Design Development) and a large portion of design and coordination with Manx Care has been undertaken.
- There continues to be some challenges with the completion of the construction of Summerhill Views, however, internal fittings are now gathering momentum. It is anticipated that the second quarter of 24/25 will see the building operational.
- Day Service Review will be presented to QSE on 24 October and will then begin the process of rolling it out to all those key stakeholders who participated
- Social Care Leadership Team will consider the independently commissioned report and recommendations of the Day Services Review.

Adult Social Work

- Agency staff usage will be reduced from 5 people to 2 from the beginning of November.
- Adult Social Work is continuing to achieve a reduction in waiting times.
- In our KPIs Adult Social Work are processing an increased number of referrals per month in each team, now the focus is to increase throughput.
- Positive feedback has been received in regard to the PowerPoint training on funding and Adult Social Work is delivering a number of training sessions in relation to safeguarding, strength based approach to assessments, capacity training and culture.

Health Safeguarding Team

- Health team are working well within the MASH and there are several examples of good practice and early intervention identified.
- Several staff are attending the learning briefing for SCMR Child O.
- Adult safeguarding team are collecting data from enquiries to the team, Domestic Abuse is currently the leading theme.

Social Care Services cont..

Children & Families

- The Children's Service Improvement Board (CSIB) is now up and running and the first meeting has been held. This will continue to develop and work on the actions throughout the beginning of 2024;
- C&F foster carer recruitment strategy has been developed, however due to lack of capacity in the communications team to progress this initiative, Family Placement have had to launch the strategy internally with still some way to go, with work needed to progress the marketing and media presence.
- C&F respite and short break services now hold a waiting list of 17 children and young people waiting for a service. Proposals have been developed and will be presented to Business Case Review Group to develop this service to meet the current and ongoing need of this cohort of children and families.
- Since the MASH went live in June 2023 it has developed and is working well. However, it is clear that the current staffing establishment is not meeting the need, extra staff have been recruited via agencies in order to progress with this model. This will be evidenced in the overall analysis of the pilot in early 2024.

Recruitment

- Recruiting for an Administrative Officer to support both Adult and Children's Safeguarding, based in MASH. Interviews are taking place shortly.
- Interviews to take place shortly for a Personal Secretary to support the Assistant Director of C&F
- Recruitment across Adult Social Care continues to steadily improve in most areas
- Expressions of Interest have gone out for an Interim Resource Centre Manager of Cummal Mooar, following the current manager's retirement.
- Named Professional permanent post now recruited to within Safeguarding Health and a Safeguarding Adult post is also out for recruitment.

Social Care continued...

Training & Development

- The second in-house RQF Level 3 cohort is now registered to begin in December 2023
- 10 Manx Care staff have begun their TAQA Assessors qualification with UCM
- Colleagues from Dementia Care Services are working with wards at Nobles Hospital to deliver Dementia training starting with Ward 6.
- Sessions booked for Manx Care staff, to deliver the learning from Child N SCMR.
- Supervision training to be undertaken in January 2024 for Health Visitors/Midwives and School Nurses.
- Level 3 Adult training face to face (dates now available for Keyll Darree)
- Level 2 Adult Training online via ELearn Vannin.
- Head of Safeguarding and Contextual Safeguarding Practitioner are visiting areas within the North West with multi-agency colleagues to scope their responses to Exploitation.
- Mental Capacity Act training dates being arranged for delivery Manx Care wide.

Theatres, Critical Care & Anaesthetics

In Theatres, Synaptic orthopaedic and general surgery waiting list streams are ongoing. Ophthalmology planned to run every 6 weeks over a weekend period from November 2023. To provide assurance of AfPP standards being maintained a peer review was conducted at the end of September, results to follow. Recruitment continues to progress for Anaesthetics and Theatre, including interviews for a substantive anaesthetist due to take place 2nd November. Agency contract for scrub staff employed to support the impact of staffing maternity theatre has expired but has been approved for a further 3 months. New anaesthetic machines are now on site, to be commissioned in October.

Theatres, Critical Care & Anaesthetics Cont...

Ophthalmology is switching to BAU Cataract plan with a Manx Care Consultant doing 60 procedures over a weekend with associated pre and post op clinics – supported by Synaptik nursing and theatre staff. Awaiting Royal College approval for revised job pack for vacant medical retina consultant post – before re-advertising. Plans to revamp eye clinic timetables to better reflect demand by eye condition pathway and capacity now that clinical validation is nearing completion. Ongoing external review of need for out of hours ophthalmology on call underway.

Surgical / Orthopaedics On boarding of new limited term surgical / orthopaedic SHO doctors underway – waiting visa application outcomes.

Orthopaedics Existing Associate Specialist being refocused to undertake clinical validation of waiting list through additional clinic funded under R & R plus weekly outreach clinic at Snaefell GP practice.

Air Ambulance are hosting a fundraising murder mystery evening in November. The postponed training with the Coastguard helicopter is due to take place and Kate Teare is holding a 7 day training programme for transfer practitioners in theatre. They are in contact with the blood donation service to arrange for practitioners to attend collection sessions to refresh cannulations and ANTT skills

Ward 11/12 continue with ward staff development of ERAS and liaising with management about taking over the night team also. New staff to go through competencies on ward 11 before transferring to ward 12. Focus of the month will be nutrition for staff and patients. Link dietician practitioners to lead information board.

ICU CCOT's teaching action plan will have blood results interpretation training every Tuesday in November.

Integrated Primary Care & Community Services

- Primary Care Services are taking over the management of Hillside Dental Practice and will run this as a salaried dental service for the next 12 months commencing on 1st December 2023. Project plan is in place and there is a huge amount of work taking place in readiness for the start date. There will be recruitment opportunities for dentists, nurses and a practice manager.
- Clear Pharmacy has now taken over Lloyds Pharmacy and community pharmacy as a whole is beginning to stabilise and improve.
- We are beginning to bolster our salaried GP team and welcome 2 new GPs this month. A further 2 offers have been made, one who may be able to commence late November and the other in February/March next year.
- Vacancies throughout the Care Group continue to impact on services, especially hard to recruit roles within Therapy Services.
- We have successfully recruited a further permanent Consultant Physician in Diabetes and Endocrine.
- Pharmacy have expanded the Frailty Medication reviews to include Castle View, Elder Grange and Croven Court, and a new community frailty review service starts at RGP and will include a medication review from the team

Integrated Diagnostics and Cancer Services

Pathology

- Replacement Consultant Pathologist post submitted to Jobtrain. Interviews set for 6th December.
- Digital pathology project restarted with input from new Pathologist. Due to BCRG imminently
- New Biochemistry chief post appointed to.
- Review of areas not inspected by CQC to take place next year.
- Microbiology chief to leave end of December.
- Funding for new CL3 facility needs to go back to Treasury. Major issues with testing for any new outbreak / pandemic / new Variant. Remedial work started on current rooms.
- Pathology Manager due to retire in early 2024. Post now advertised.

Medicine, Urgent Care and Ambulance Service Cont.

- The number of Medical patients outlied to Surgical wards remains steady at between 30-40 daily. Medicine does not have a bed base sufficient to support these patients and does not have a medical establishment of sufficient number to ensure these patients are seen in as timely manner as we would wish. We have paired named Medical wards with Surgical wards in an attempt to provide some continuity of care, but doctors are having to manage their time and the outlying patients as best they can in the absence of dedicated resources (both ward space and personnel).
- The Ambulatory Assessment & Treatment Unit (AATU) Project Team is continuing to make progress with recruitment and the development of care pathways. Risks Identified: AATU implementation will be delayed if a suitable location for AATU cannot be secured; we are currently seeking to progress the use of the mobile medical unit that is used for TT and MGP – this will be relocated from the Grandstand to the hospital.

Medicine, Urgent Care and Ambulance Service Cont.

- The 'See, Treat and Leave' initiative is progressing. The project is being planned in detail, recruitment has been initiated and our first appointment, that of a Consultant Paramedic to lead the service has taken place. The Steering Group continues to meet and provide strategic direction. Risks identified: GPs concerns around new ways of working (e.g. paramedics directing patients to the GPs) will delay implementation of See, Treat & Leave. Out of date IOM Directory of Services will impede delivery of See, Treat & Leave
- 'Hear and Treat' Clinical Navigators have been introduced into the Emergency Services Joint Control Room as part of a phased implementation plan, the additional training required to reach full operation is almost complete. We will continue to see relatively low levels of non ambulance responses until such times as other, appropriate response pathways open, such as referral to GPs and See, Treat and Leave.
- The Frailty Unit (based upon Ward 6) is subject to further review following a number of falls with harm; the ward has been placed into special measures in order to support it more fully. An additional business case to provide an increase in nursing staff and AHPs will be submitted in due course; this is due to the higher numbers of patients requiring 1:1 nursing or supervision. A number of initiatives are planned, such as the creation of a Day Centre (utilising the ward's existing lounge space) for patients with dementia, to better support their needs and reduce the number of staff required to supervise patients with cognitive impairments.
- Work continues to define the scope of the Renal Service Review; workshops with Service Leads are being planned towards the end of the year to validate findings to date and agree the priority work streams to drive service improvements.
- Forecasted delivery of the hospital's new reverse osmosis machine is January 2024; ongoing discussions with the supplier continue to refine this date and enable detailed project planning.
- Recruitment continues to be a priority across the Care Group; there has been a 38% reduction in agency cost when compared to the previous financial year. This month (September 23) has seen an improvement in the overall forecast for the Care Group by £256k as a result of reduced employee expenditure this month when compared with original forecast.
- However, the Care Group is actively developing an interim plan to address the emerging gaps in senior operational roles, while concurrently seeking permanent solutions.

Mental Health Services

- September financial report demonstrates the continued theme of a reducing negative variance. Continued confidence that IMHS will end the financial year within budget including all Cost Improvement Savings.
- Year to date 0% variance, FY projected at 0%
- ACHIEVEMENTS AGAINST CIP: Reduction in projected overspend from 1% to 0% which aligns with our forecast of continued decrease in overspend through Q3 and to be on budget at the end of Q4 (including all efficiency reductions)
- CAMHS transformation business case submitted to DHSC; awaiting a decision by Treasury imminently.
- Urgent and Crisis Care Pathway Workshop took place on 16 October and pathway due for submission to EMC in Dec.
- All CBT Therapist vacancies were filled by candidates who have successfully completed their post graduate diploma in CBT, via the "grow your own" initiative. This will have a positive impact on waiting times for low to moderate psychological therapies, which will begin to reduce in early 2024.
- Grow our Own – 1 student offered support to qualify as a Social Worker, pending confirmation of acceptance on the degree course.
- E-Prescribing business case due to be submitted to DHSC. Implementation will afford significant patient safety benefits in addition to creation of medical capacity.
- Meetings continue to take place with stakeholders regarding finalisation of the Gender Incongruence Pathway and plans are in place for referral of patients who have been held on an IMHS waitlist.
- A new substantive doctor is joining Community Mental Health Service for Adults on 27 October 2023, having relocated to the island with his family

COMMITTEE CHAIR'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality, Safety & Engagement Committee
Meeting Date:	24 October 2023
Chair/Report Author:	Tim Bishop

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- The Board Assurance Framework, risks 1a and 1b
- Inspections – CQC
- Integrated Performance Report
- Report from the Operational Clinical Quality Group
- Report from the Operational Care Quality Group
- Day Services Review
- Mortality
- Birthrate Plus
- Consent Policy
- Cancer Outcomes
- SI Report September 2023

TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)			
Issue	Committee concern	Action required	Timescale
Integrated Performance Report	Process has been altered to ensure that the draft IPR is available in time to come to QSE. NEDs are not able to provide assurance on the final version brought to the Board	Decision by the Board regarding version coming to Board	
Maternity	Birthrate Plus outcome has underlined the shortage of midwives.	Consideration of options by the Board	
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care – no changes since last review. Mandatory training continues to be a challenge 1b – Failure to Provide Safe Social Care – No changes since last review. Good progress in respect of policies, now being monitored and appropriately signed off by OCaQG. MASH pilot progressing well although resource is likely to become an issue as the pilot has been staffed from other areas.	For noting.	
Inspections – CQC Action Plan	Workload, capacity and prioritisation remain a challenge especially in Primary Care. The CQC team is working on improving engagement. The Plan is on the next B2B agenda and the opportunity will be used to socialise the challenges particularly those relating to funding.	For noting.	
Integrated Performance Report	See escalation above. Another good month for safety with Anti Microbial Stewardship at its highest ever level.	For noting	

Report from the Operational Clinical Quality Group	Work continues in respect of discharge letters and TTO prescription. Action plan in place. CDiff incidence still being addressed via a Safety Management Plan. Increase mirrors a trend in England – no clear scientific explanation available at this time.	For noting	
Report from the Operational Care Quality Group	Social Care currently on track with CQC action plan. Children's Services Improvement Board with independent Chair now established and has met for the first time. Regular updates will be taken to OCaQG.	For noting	
Day Services Review	The report was commissioned by Social Care. No surprises but sufficient recommendations to support direction of travel. Some, such as advocacy are not currently funded. The report has been shared with DHSC and their input is awaited to support strategy.	For noting	
Mortality Review	The report provided assurance in respect of Level 1 reviews which are now carried out in respect of all Noble's deaths. Gaps in assurance remain in respect of Level 2 reviews however themes are being identified at Level 1. Medical Examiners are working with the Interim Deputy Medical Director to establish the Mortality Review Group who will take responsibility for Level 1 and Level 2 reviews with oversight by the ME's	For noting	
Birthrate Plus	See escalation above	For noting	
Consent Policy	Improvement Plan in place	For noting	

Cancer outcomes	The paper provided assurance in respect of actions taken to improve the capture of COSD dataset.	For noting	
SI report September 2023	The monthly report continues to provide the Committee with the appropriate assurances that there is a robust process in place to identify and report Serious Incidents in a timely manner and to ensure that investigations are conducted by appropriately trained investigators using standard methodology and templates. A repository of themes and trends is being built and this will inform Manx Care's QIP.		

Integrated Performance Report

Sep-23

Version: Final v.1



Author: Performance Improvement & Management Service
Contact: Alistair Huckstep - Head of Performance & Improvement
Executive: Oliver Radford

Contents

Introduction	3
Executive Summary	5
Safe Summary	6
• Serious Incidents	7
• Venous thromboembolism (VTE)	8
• Falls	9
• Medication Errors	9
• Infection Control	10
• Safety Thermometer	11
• Hand Hygiene	12
• Antibiotic Review	12
Effective Summary	13
• Planned Care	15
• Theatres	17
• Mortality	18
• Nutrition & Hydration	19
• Wellbeing Services	20
• IPCC	21
• Mental Health	22
• Adult Social Work	25
• Children & Families Social Work	26
• Maternity	29
• Pharmacy	33
Caring Summary	34
• Complaints	35
• Friends & Family Test	36
• Manx Care Liaison Service	37
Responsive Summary	38
• Demand	40
• Waiting Lists (Secondary Care)	41
• Diagnostics	42
• Emergency Department	44
• MEDs Demand	46
• Ambulance	47
• Cancer	50
• Pathology	54
• IPCC	55
• Mental Health	60
• Women & Children	61
• Adult Social Work	63
Well Led (People) Summary	64
• OHR	65
• Governance	67
Well Led (Finance) Summary	68
• Finance	69
Performance Scorecards	71

Introduction - 1

3

Integrated Performance Report (IPR) development

The programme of work to develop and improve the content and format of the IPR continues. The aim of this work is to ensure that the IPR continues to improve in its provision of a meaningful context for the levels of performance being achieved across the organisation. A more structured and concise format gives a clearer and greater sense of assurance that areas of challenge are being identified and addressed efficiently and effectively, and that areas of good practice are being highlighted and learned from.

The development of the IPR is an iterative process which will continue over the course of 2023/24. The Performance Improvement & Management Service (PIMS) remain responsive to feedback received from colleagues, the Board and the public with regard to the evolution of the content and format of this report. Recent developments/amendments to the report include:

- **Key Performance Indicators (KPIs)**

PIMS continue to work with the Care Group leads within Manx Care, and the DHSC to review the KPIs and operational metrics and standards that are currently being used to monitor and manage the organisation's performance. This is to ensure that they are aligned with the requirements of Manx Care's Operating Plan, the DHSC's Mandate to Manx Care and Single Oversight Framework (SOF) and the government's 'Our Island Plan'. Nominated leads within the Care Groups have been identified to be responsible for the delivery of each KPI. Where existing reporting does not cover all of the requirements, PIMS are working with the Business Intelligence (BI) team and service area leads to develop the required measurement and reporting mechanisms and processes.




- **Performance Scorecards**

Scorecards have been added to the report as an appendix. These offer a comprehensive overview of Manx Care's performance achievement on a rolling 12 month basis. The current reporting month from the previous year has also been included to enable year on year comparisons of performance to be made.

Notes regarding the format of the IPR

- **Red/Amber/Green (RAG) ratings for Reporting Month performance**

The achieved performance against each KPI is colour coded to make it clearer whether or not the required standard has been achieved in the reporting month:

-  Achieved performance is equal to, or exceeds the required standard.
-  Achieved performance is 15% or less below the required standard.
-  Achieved performance is more than 15% below the required standard.

It should be noted that the RAG rating is only representative of the performance achieved in the current reporting month, and does not necessarily give the full picture in terms of an improving or worsening position. It should therefore be considered in conjunction with the Variation and Assurance indicators as described on the following page.

Only KPIs and metrics with an associated standard/threshold have been RAG rated.

- **Alignment to CQC recognised domains**

The key performance metrics are categorised and aligned to the following CQC recognised domains:

Safe - are our service users protected from abuse and avoidable harm.

Effective – does our care, treatment and support achieve good outcomes, help service users to maintain quality of life and is based on the best available evidence.

Caring – do staff involve and treat service users with compassion, kindness, dignity and respect.

Responsive - services are organised so that they meet service user needs.

Well Led - the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around service users' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

To ensure that the holistic view of a Service Area's performance is not lost, future iterations of the report will also include a Performance Summary for each Service Area.

- **Structured narrative**

Supporting narratives for the performance indicators are structured in a consistent format. This sets out the detail of the issues and factors impacting on the performance, the planned remedial and mitigating actions that Manx Care is taking to address the issues, and the expected recovery timescales in which performance is expected to become compliant with the required standards (through the implementation of the remedial actions).

Issue -> Remedial Action -> Recovery Trajectory

Introduction - 2

4

Data Validation and Automation

It has been acknowledged that, in its current form, the compilation of the IPR (and the reporting of performance in general) is an extremely manual process, pulling together data from a variety of un-validated reports and data sources without clear definitions of the purpose and value of each Key Performance Indicator (KPI).

The BI team have been working to re-develop, automate and validate the KPI reporting through the construct of datasets. This is a large task and involves spending time in and working with every service area within the department. The plan of works to develop an automated dataset for each area has continued into 2023/24.

As each new dataset is developed, new reporting will replace the current reporting and eventually ManxCare will have a fully automated report. PIMS is working with the BI team to support the development of performance reporting in a format that aligns with the performance monitoring processes and requirements under the Performance & Accountability Framework. This currently involves an interim reporting process requiring some manual input until the BI team have automated all of the required datasets.

Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work or other issue means that the data is temporarily unavailable:

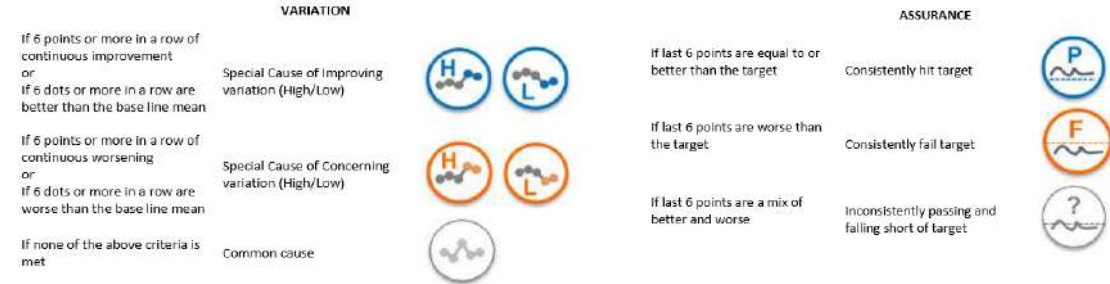
-  Data automated and validated.
-  Data collated manually or automated data still being validated by service area.
-  Data currently unavailable or validation in initial stages only

In this context 'Validation' means that the input, methodology/calculation and outputs for a given metric have been checked by both the Business Intelligence Team and Care Group leads and confirmed to be in accordance with the corresponding technical specification for that KPI. This is to ensure that the performance for that item is being measured and reported accurately. However, it is possible that unforeseen data quality issues may exist within the validated data. Manx Care has therefore implemented a Data Quality Working Group that will pro-actively look to identify and address any matters of quality or integrity within the data used for operational and reporting purposes.

Statistical Process Control (SPC) Charts

The report uses Statistical Process Control (SPC) charts to enable greater analysis of trends and variation in performance. SPC charts are used to measure changes in data over time, and help to overcome the limitations of Red-Amber-Green (RAG ratings) through the use of statistics to identify patterns and anomalies to distinguish changes worth investigating (Extreme values) from normal and expected variations in monthly performance.

This ensures a consistent approach to assessing both Variation and Assurance for achieved performance:



The process for assigning the categories to each KPI is currently a manual one, but PIMS are currently working with the BI team to automate the process of generating the SPC charts and allocating the appropriate categories for Variation and Assurance.

Benchmarking

In order to measure Manx Care's performance against recognised best practice and the performance of other peer organisations within Health and Social Care, some initial benchmarks have been added to a number of the KPIs and metrics within the report. This benchmarking will enable Manx Care to identify internal opportunities for improvement.

When making such comparisons, it is vital to ensure that the methodology used to calculate Manx Care's performance exactly matches that of the benchmarked performance to ensure that a like-for-like comparison is being made.

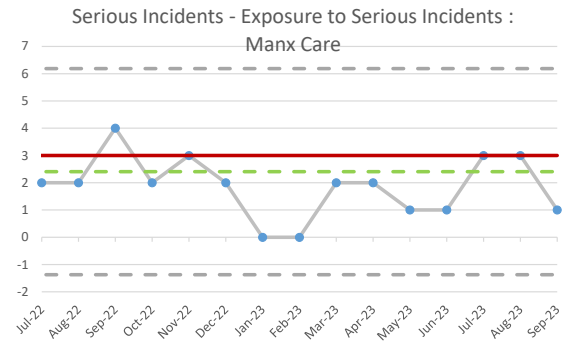
Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed. Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narratives.

Executive Summary

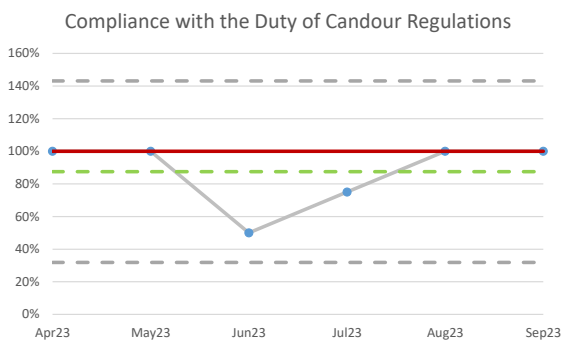
	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> • 26 consecutive months without a Never Event. • Zero Medication Errors with Harm across Manx Care in September. • Numbers of Falls that resulted in Harm remain low and within the expected threshold. • Positive achievement against Safety Thermometer for Adults, Maternity and Children. • Performance of VTE prophylaxis exceeded the threshold with 96%. VTE risk assessment within 12 hours continued increasing to 91% but remains slightly below the standard. • There were no cases of MRSA in September. • 100% of letters were sent in accordance with Duty of Candour Regulations. • Only one case of community associated CDI. • The Pressure ulcer incidences reported decreased to 19 over the period, with 3 relating to stage 1/MASD which are not included in the recorded figure of 16. 	<ul style="list-style-type: none"> • Only 1 incident declared an SI at SIRG in July which was declassified at SIRG in September. • 48-72 hr senior medical review of antibiotic prescription increased to 88% but remains below the 98% threshold. • There have been 9 cases of E.coli bacteraemia which were all community associated. The sources are urinary tract infections, and biliary related. Risk factors include the use of PPIs and multiple co-morbidities.
Effective	<ul style="list-style-type: none"> • 97% of Learning from Death reviews were completed within timescale which exceeds the target for the eighth month in a row. • The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. • 90% of Looked After Children reviews were completed within timescales. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments in September was slightly below the threshold of 100%. 	<ul style="list-style-type: none"> • Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. • The target of Nutrition & Hydration was narrowly missed for the first time since February 2023.
Caring	<ul style="list-style-type: none"> • Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (90%). • Service user satisfaction remained high for the ninth consecutive month: 91% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • 26 complaints logged and remain below threshold. • Overall Manx Care compliance of complaints acknowledged within 5 days in September is 100%. 	
Responsive	<ul style="list-style-type: none"> • Inpatient and Daycase waiting list numbers and waiting times remain at the baseline levels as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • A good performance was maintained in Ambulance service for Category 2 - 5 response times. • Mental Health caseloads remain within expected levels. 	<ul style="list-style-type: none"> • Outpatients waiting list has slightly increased in October and remains above the baseline. • The ED Performance against the 4 hour standard has decreased in September and remains below the required target at 68.7%. • Emergency care demand remains high and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing. • There were 67 12-Hour Trolley Waits, comparing to 48 in the previous month. • September has seen a further improvement and stabilisation in Category 1 response including a good improvement at the 90th percentile yet they are still above the standards. This is set against a back drop of increasing demand and increased ED delays compared to the previous month. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. • There were 31 breaches of the 60 minute ambulance turnaround time in September (28 in August). • Cancer 28 Day performance in September was 65.3% and remained outside of the expected 75% threshold. Current performance remains above the monthly average. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in September for 4.5 days.
Well Led (People)	<ul style="list-style-type: none"> • Manx Care staff across all specialisations continue to demonstrate their commitment to their GDPR responsibilities and engage well with the Information Governance team and their responsibilities to handling data safely and correctly. • Manx Care have had the pleasure of welcoming the interim Information Commissioner and staff to a meeting on site at Nobles Hospital. It was a very positive meeting and we look forward to working closely with the Commissioner and his office in the future. • The trend of reduced rates of sickness absence, compared to previous years, evidenced in the first quarter 23/24 has continued into months 5 and 6. The October September has seen a decrease to 6% over August's 6.6%. By comparison, the worktime lost due to sickness absence in September '22 was 7.4%. Executive level review of sickness absence cases has commenced with effect from 13/11/23 to ensure proactive management of absences by Care groups. 	<ul style="list-style-type: none"> • There were 12 Data Breaches in September. • As reported previously the number of Subject Access Requests and Freedom of Information Requests whilst varying from month to month still maintains an upward trend and meeting the deadlines to issue responses continues to be challenging. At the end of July there were 29 Subject Access Requests overdue for response, at the end of August this had decreased to 16 and has decreased again in September and now stands at 12. The number for overdue FOIs has decreased from 23 at the end of August, to 11 at the end of September. This represents a significant amount of hard work and dedication by the staff in the IG team in meeting the ongoing challenges. • Reported rates of Covid related absence remains low at 0.8% work-time lost in September, however this is a slight increase from August's 0.7%.
Well Led (Finance)		<ul style="list-style-type: none"> • The full year forecast has remained the same as reported in July (£27.1m), with £4.9m of this expected to be approved from the DHSC reserve fund reducing this to (£22.2m). • YTD employee costs are (£1.9m) over budget.

Safe Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Sep-23		1	2	11	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Sep-23		97%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	Sep-23		100%	80%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Sep-23		100%	100%	-	95%		
SA018		Compliance with the Duty of Candour Regulations	Sep-23		100%	88%	-	100%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Sep-23		99%	95%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Sep-23		91%	89%	-	95%			SA016		Hand Hygiene Compliance	Sep-23		97%	97%	-	96%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Sep-23		96%	97%	-	95%			SA017		48-72 hr review of antibiotic prescription complete	Sep-23		88%	77%	-	>= 98%		
SA005		Never Events	Sep-23		0	0	0	0			SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Sep-23		16	19	47	<= 17 (204 PA)		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Sep-23		0.3	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Sep-23		1	3	19	< 30 PA													
SA008		MRSA - Total number of acquired infections	Sep-23		0	0	1	0													
SA009		E-Coli - Total number of acquired infections	Sep-23		9	7	42	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Sep-23	-	2	2	10	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Sep-23	-	1	1	3	-													
SA012		Exposure to medication incidents resulting in harm	Sep-23		0	0	2	< 25 PA													

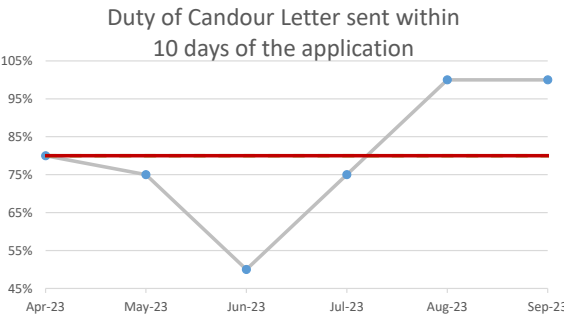
Safe **Serious Incidents** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Sep-23	1	QC1
Threshold	YTD Mean	Benchmark
< 36 PA	2	2
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Sep-23	100.0%	QC112
Threshold	YTD Mean	Benchmark
100.0%	87.5%	87.5%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Sep-23	100.0%	QC112
Threshold	YTD Mean	Benchmark
80%	80.0%	80.00%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary

Serious Incidents:
ID&CS: 1 incident declared an SI at SIRG on 04.07.23 was declassified at SIRG on 05/09/23
IC&PCS: Data Breach involving high number of patient records involved. ICO notified by Information Governance. Declared an SI on 12/9/23 due to potential for serious harm to Manx Care's reputation.

Letter has been sent in accordance with Duty of Candour Regulations :

- 100% for September

Planned / Mitigation Actions

Serious Incidents:

- Investigation underway and patients affected now identified.

Letter has been sent in accordance with Duty of Candour Regulations :

- Close monitoring and surveillance to continue.

Assurance / Recovery Trajectory

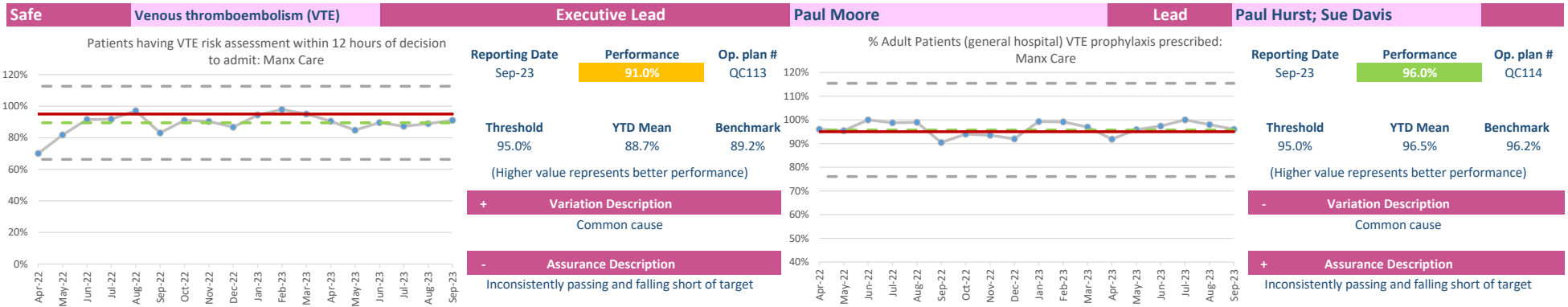
Serious Incidents:

- This will progress via SIRG.

Letter has been sent in accordance with Duty of Candour Regulations :

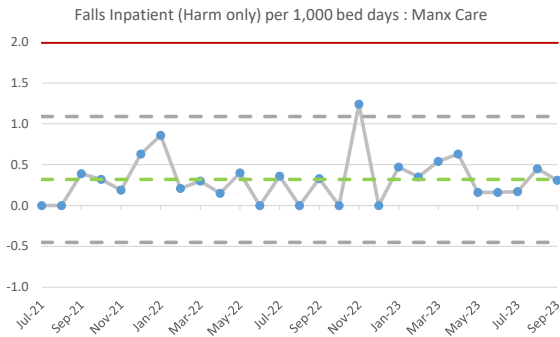
- Confident that ongoing performance will be in keeping with the DoC Regulations.

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

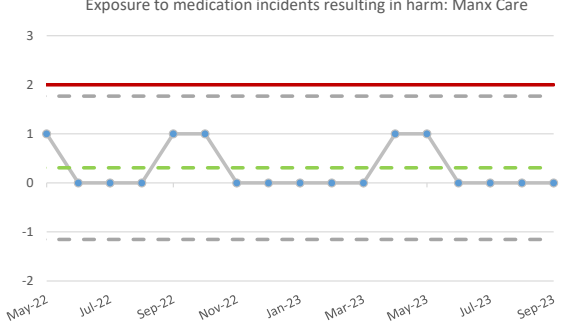


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> The score of 91% falls short of the 95% target, but it is the best performance since the target was last met back in March 2023. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> This target continues to be exceeded as has been the case since April 2023. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> Staff made aware to complete the assessment form on all in-patients. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Focus to remain on risk assessments 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> This target requires ongoing focus. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Confident performance in this area will be maintained. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

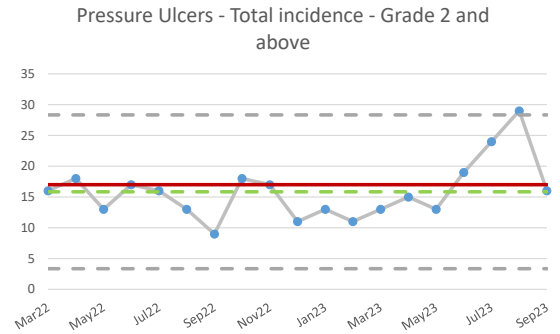
Safe Falls; Medication Errors **Executive Lead** Paul Moore **Lead** Paul Hurst; Sue Davis



Reporting Date	Performance	Op. plan #
Sep-23	0.3	QC4
Threshold	YTD Mean	Benchmark
< 2	0.3	0.3
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Sep-23	0	
Threshold	YTD Mean	Benchmark
< 25 PA	0	0
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Sep-23	16.0	QC4
Threshold	YTD Mean	Benchmark
<= 17 (204 PA)	19.3	14.1
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

Falls (with Harm):

- There were 0.31 falls with harm per 1000 bed days which remains well below the benchmark.

Medication Errors (with Harm):

- None

Pressure Ulcer incidence:

There were 19 reports over the period, with 3 relating to stage 1/MASD which are not included in the recorded figure of 16.

Planned / Mitigation Actions

Falls (with Harm):

- Close review of falls with harm is being undertaken to ensure that high quality risk assessment and robust mitigations are being put in place.

Medication Errors (with Harm):

- Exposure to harm from medication errors remains low. Continue high vigilance and monitoring to ensure continued low exposure.

Pressure Ulcer incidence:

This indicator is under review by the Tissue Viability Nurses (TVN), as analysis of August figures identified duplicate entries, and has not clearly identified which pressure ulcers developed within Manx Care services, and which were present on admission/transfer. Systems changes within DATIX have been made to enable improved reporting, and TVNs will provide the narrative on pressure ulcer performance from October 2023.

Assurance / Recovery Trajectory

Falls (with Harm):

- Performance in this area will likely continue to exceed the target; especially if the overall number of falls can be kept close to the benchmark.

Medication Errors (with Harm):

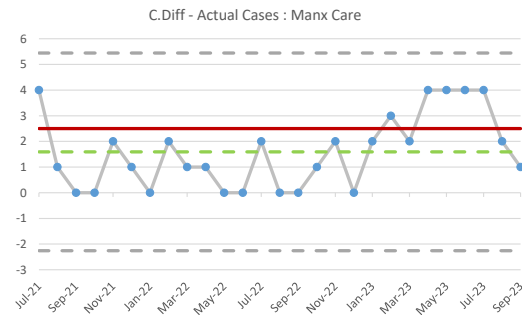
- Reasonable assurance that errors leading to harm will remain low.

Pressure Ulcer incidence:

Limited Assurance around data quality will be improved by system change and TVN expert analysis of data from November report on October data.

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Safe Infection Control Executive Lead Paul Moore Lead Paul Hurst; Sue Davis

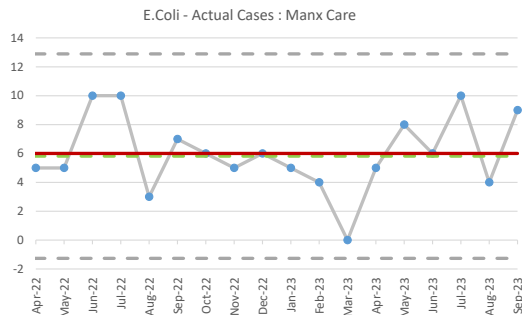


Reporting Date	Performance	Op. plan #
Sep-23	1	QC115
Threshold	YTD Mean	Benchmark
< 30 PA	3	1

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

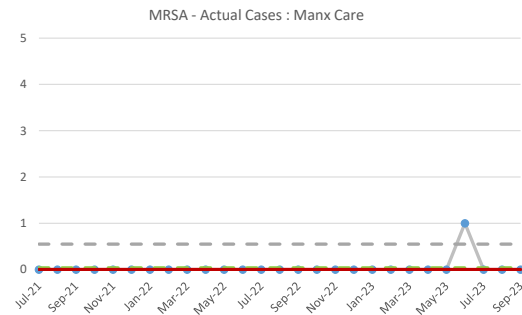


Reporting Date	Performance	Op. plan #
Sep-23	9	QC116
Threshold	YTD Mean	Benchmark
< 72 PA	7	6

(Lower value represents better performance)

- Variation Description
Common cause

- Assurance Description
Inconsistently passing and falling short of target



Reporting Date	Performance	Op. plan #
Sep-23	0	QC8
Threshold	YTD Mean	Benchmark
0	0	0

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

Issues / Performance Summary

- C.Diff:**
- 1 case community associated.
- E.Coli:**
- There have been 9 cases of E.coli bacteraemia which were all community associated. The sources are urinary tract infections, and biliary related. Risk factors include the use of PPIs and multiple co-morbidities.
- MRSA:**
- Zero cases
- Pseudomonas aeruginosa:**
- There was 1 case this month.

Planned / Mitigation Actions

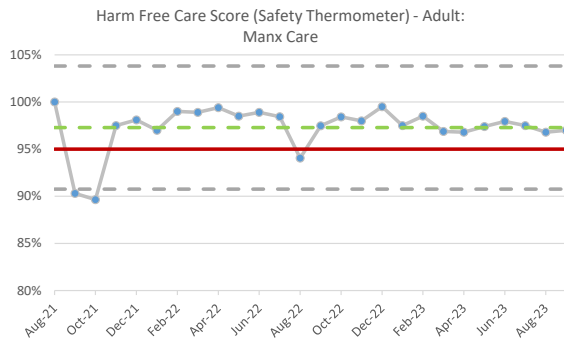
- C.Diff:**
- The CDI Safety Management Plan is in place to mitigate risk of cases exceeding the threshold.
- E.Coli:**
- To continue to undertake surveillance and there is ongoing work to reduce the length of time urinary catheters remain in situ.
- MRSA:**
- To continue to undertake surveillance and promote Aseptic Non Touch Technique and hand hygiene.
- Pseudomonas aeruginosa:**
- To continue to monitor and undertake surveillance.

Assurance / Recovery Trajectory

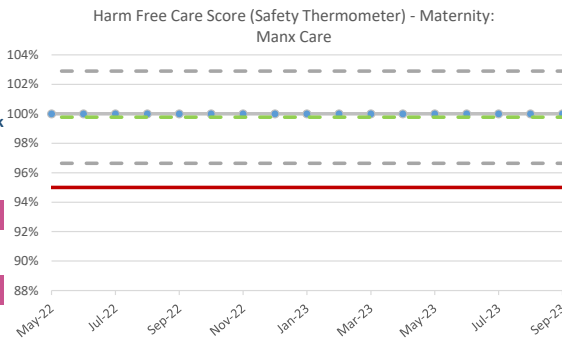
- C.Diff:**
- There is reasonable confidence that CDI numbers will reduce to the monthly threshold.
- E.Coli:**
- There is no national target set but there is reasonable confidence that levels will not exceed the monthly average for the previous year.
- MRSA:**
- There is reasonable confidence that the trajectory will remain on the target of no cases of MRSA bacteremia
- Pseudomonas aeruginosa:**
- There is no national threshold set.

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

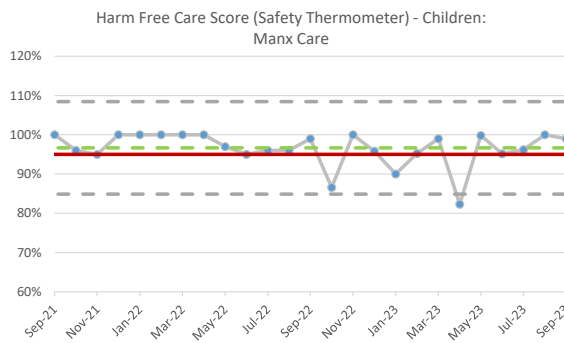
Safe **Safety Thermometer** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Sep-23	97.0%	QC119
Threshold	YTD Mean	Benchmark
95.0%	97.2%	98.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



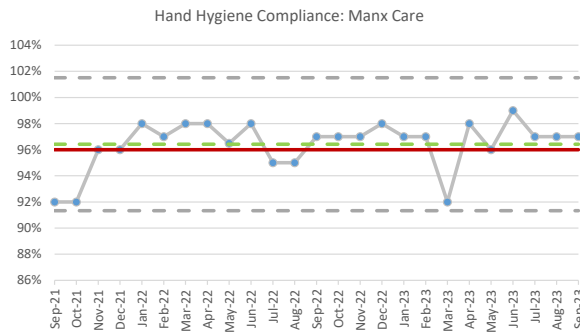
Reporting Date	Performance	Op. plan #
Sep-23	100.0%	QC120
Threshold	YTD Mean	Benchmark
95.0%	100.0%	100.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



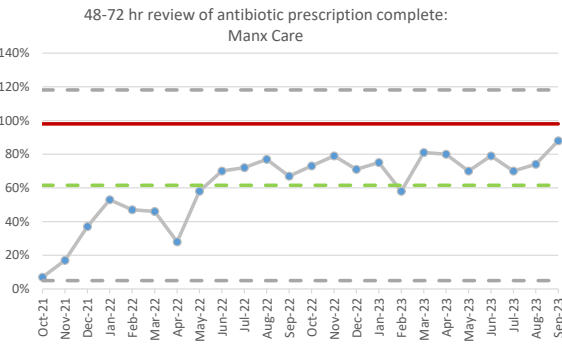
Reporting Date	Performance	Op. plan #
Sep-23	99.0%	QC121
Threshold	YTD Mean	Benchmark
95.0%	95.4%	95.8%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Adult:</p> <ul style="list-style-type: none"> 97% of patients were kept free from harm across Adult inpatient areas. Target achieved for more than 12 consecutive months. <p>Maternity:</p> <ul style="list-style-type: none"> 100% Maternity patients were kept free from harm. <p>Children:</p> <ul style="list-style-type: none"> 99% of Children were kept free from harm. 	<p>Adult:</p> <ul style="list-style-type: none"> Continued and sustained high level of performance throughout the year for adult in patient general areas. <p>Maternity:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. <p>Children:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. 	<p>Adult:</p> <ul style="list-style-type: none"> High level of confidence that high levels of compliance will continue. <p>Maternity:</p> <ul style="list-style-type: none"> Performance exceeds the target. <p>Children:</p> <ul style="list-style-type: none"> Reasonably confident of maintenance of high standards. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Safe **Hand Hygiene; Antibiotic Review** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Sep-23	97.0%	QC112
Threshold	YTD Mean	Benchmark
96.0%	97.3%	96.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



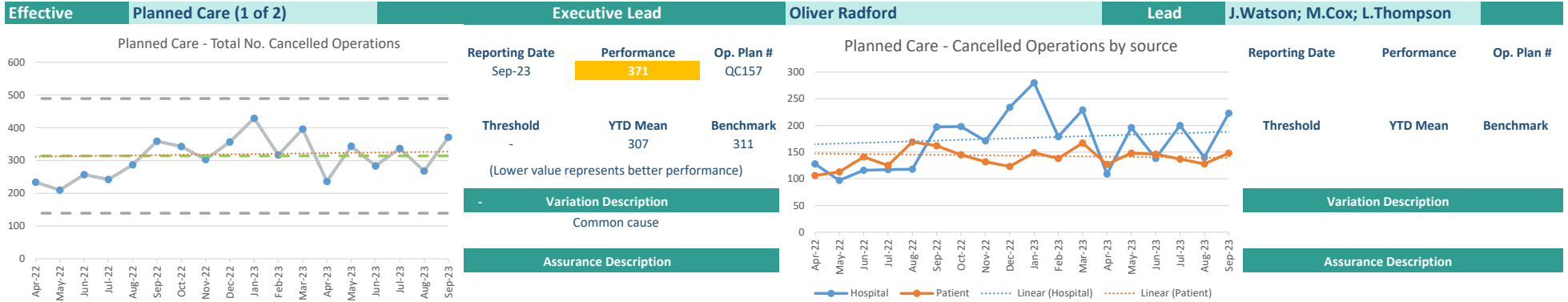
Reporting Date	Performance	Op. plan #
Sep-23	88.0%	QC123
Threshold	YTD Mean	Benchmark
>= 98%	76.8%	67.4%
(Higher value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (High)		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Hand Hygiene:</p> <ul style="list-style-type: none"> Compliance was met this month. Hand hygiene for Bare Below the Elbows was 98% and the Five Moments of Hand Hygiene was 96%. <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> 88% up from 74% 	<p>Hand Hygiene:</p> <p>To continue to undertake hand hygiene monthly audits and provide training where compliance is not achieved.</p> <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> to continue to monitor 	<p>Hand Hygiene:</p> <p>There is reasonable confidence that hand hygiene audits will remain compliant.</p> <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> AMS ward rounds – consultant microbiologist reviewing all prescriptions <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

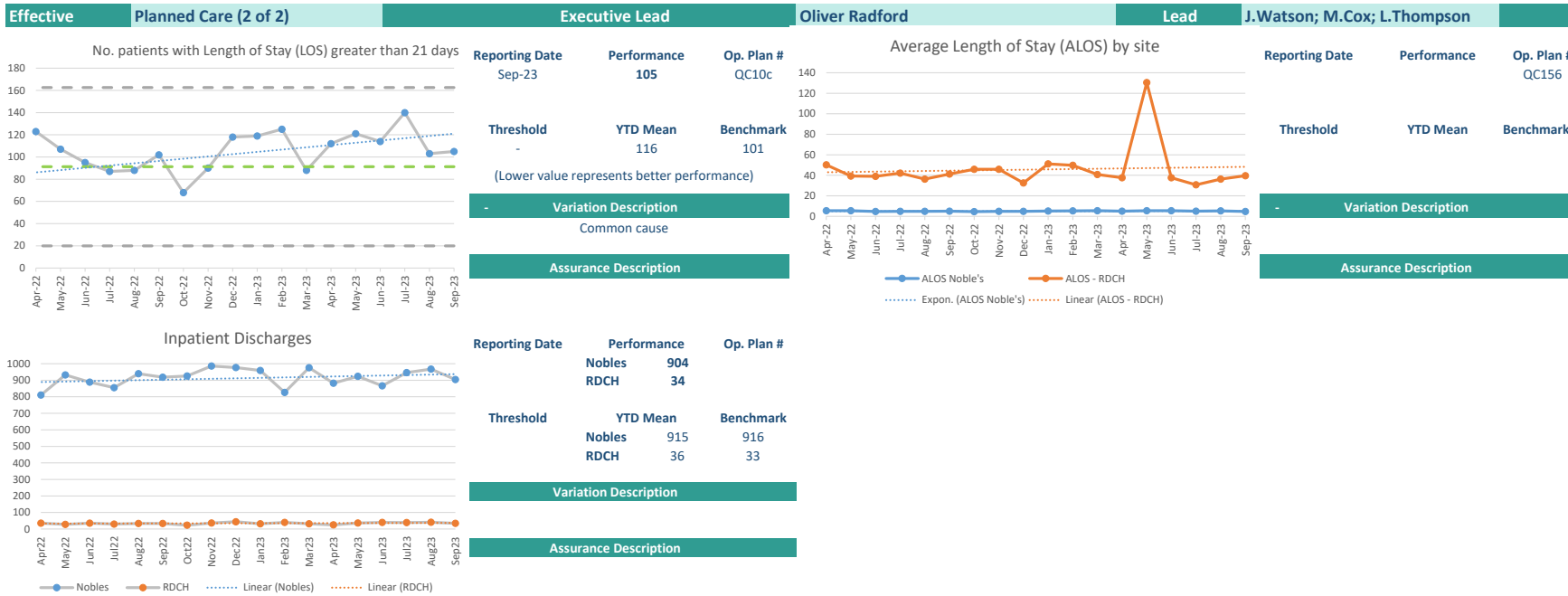
Effective Performance Summary (page 1 of 2)											
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Sep-23		12%	12%	-	5% by Apr '24			
EF067		Planned Care - DNA Rate - Hospital	Sep-23		10.2%	-	-	5%			
EF002		Planned Care - Total Number of Cancelled Operations	Sep-23		371	307	1840	-			
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Sep-23	-	105	116	-	-			
EF050		Total Number of inpatient discharges-Nobles	Sep-23	-	904	915	5490	-			
EF051		Total Number of inpatient discharges-RDCH	Sep-23	-	34	73	215	-			
EF003		Theatres - Number of Cancelled Operations on Day	Sep-23		33	36	215	-			
EF004		Theatres - Theatre Utilisation	Sep-23		81%	77%	-	85%			
EF006		Crude Mortality Rate	Sep-23	-	19	23	271	-			
EF007		Total Hospital Deaths	Sep-23	-	20	23	279	-			
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Sep-23		97%	96%	-	80%			
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Sep-23		92%	97%	-	95%			
EF008		ASC - West Wellbeing Contribution to reduction in ED attendance	Sep-23		7%	9%	-	-5%			
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Sep-23		-14%	-13%	-	-10%			
EF010		IPCC - % Dental contractors on target to meet UDA's	Sep-23		38%	-	-	96%			
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Sep-23	-	20.0	39.7	-	-			
EF064		MH - Number of patients with a length of stay - 0 days	Sep-23	-	1	1	6	-			
EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Sep-23	-	1	2	13	-			
EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Sep-23	-	0	1	7	-			
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Sep-23		100.0%	98%	-	90%			
EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Sep-23		100%	100%	-	75%			
EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Sep-23	-	-	80%	-	75%			
EF026		MH - Crisis Team one hour response to referral from ED	Sep-23		90%	93%	-	75%			
EF063		ASC - No. of referrals	Sep-23	-	68	72	433	-			
EF015		ASC - % of Re-referrals	Sep-23		0%	3%	-	<15%			
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Sep-23		23%	33%	-	80%			
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Sep-23		96%	78%	-	100%			
EF052		Referrals to Adult Safeguarding Team	Sep-23	-	109	95	570	-			
EF053		Adult Safeguarding Alert	Sep-23	-	73	58	345	-			
EF054		Discharges from Adult Safeguarding Team	Sep-23	-	99	90	540	-			
EF055		Re-referrals to Adult Safeguarding Team	Sep-23	-	20	20	117	-			
EF056		% MARFs Completed by Adult Safeguarding Team	Sep-23	-	100%	79%	-	-			

Effective Performance Summary (page 2 of 2)

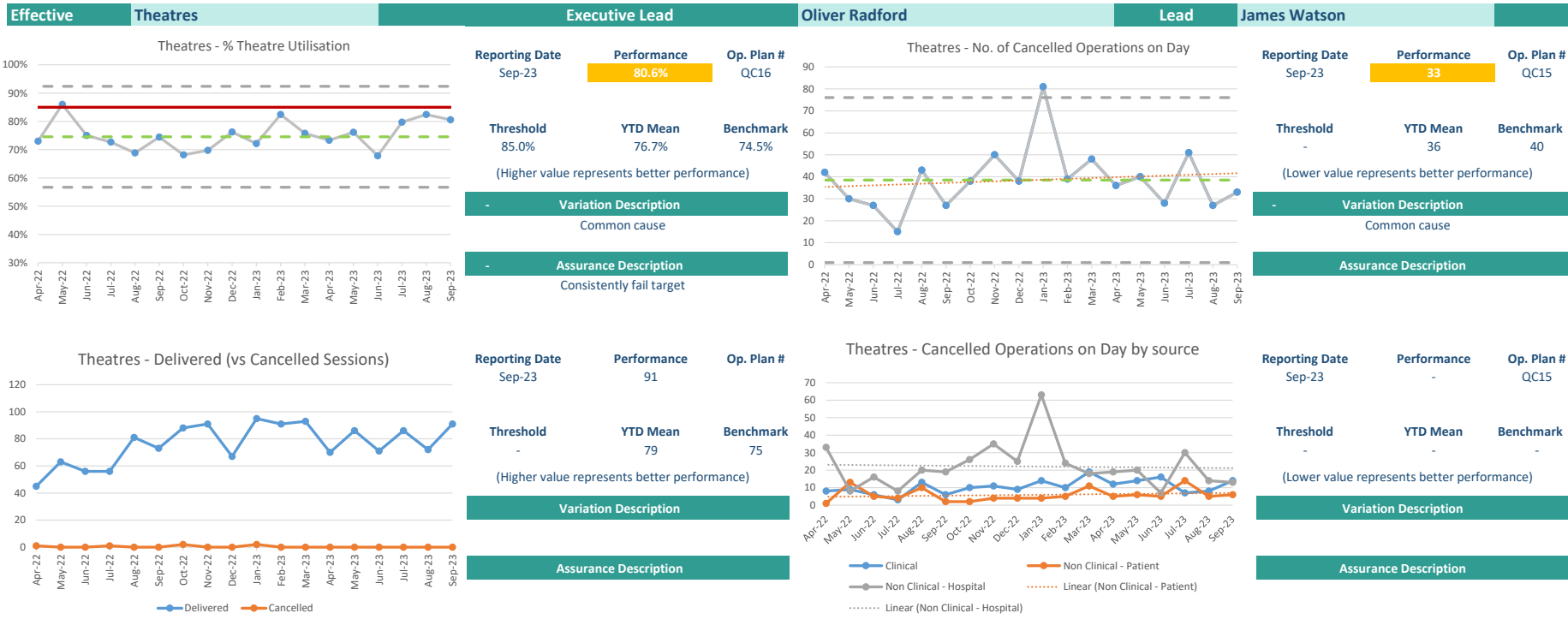
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF049		C&F - Number of referrals - Children & Families	Sep-23		168	142.3333	854	-			EF038		Maternity - % Of Women Smoking At Time Of Delivery	Sep-23		14%	7.9%	-	< 18%		
EF019		CFSC - % Complex Needs Reviews held on time	Sep-23		48%	66%	-	85%			EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Sep-23		69%	67.9%	-	> 80%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Sep-23		80%	77%	-	90%			EF040		Maternity - Breast Feeding Rate At Transfer Home	Sep-23		72%	-	-	-		
EF022		CFSC - % Child Protection Reviews held on time	Sep-23		96%	77%	-	90%			EF041		Maternity - Neonatal Mortality rate/1000	Sep-23		0	0	-	-		
EF023		CFSC - % Looked After Children reviews held on time	Sep-23		90%	97%	-	90%			EF059		W&C - Paediatrics - Total Admissions	Sep-23		133	125	500	-		
EF044		C&F - Children (of age) participating in, or contributing to, their Child Protection review	Sep-23		100%	82%	-	90%			EF060		W&C - NNU - Total number of Admissions	Sep-23		7	7	39	-		
EF045		C&F - Children (of age) participating in, or contributing to, their Looked After Child review	Sep-23		93%	99%	-	90%			EF061		W&C - NNU - Avg. Length of Stay	Sep-23		3	5	20	-		
EF046		C&F - Children (of age) participating in, or contributing to, their Complex Review	Sep-23		36%	48%	-	79%			EF062		W&C - NNU - Community follow up	Sep-23		3	4	24	-		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Sep-23		41%	43.46%	-	-			EF068		Pharmacy - Total Prescriptions (No. of fees)	Jun-23		£139,132	£136,895	£547,578	-		
EF031		Maternity - Induction of Labour	Sep-23		16%	21.27%	-	< 30%			EF069		Pharmacy - Chargeable Prescriptions	Jun-23		£18,377	£18,008	£72,031	-		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Sep-23		1%	0.33%	-	< 3.5%			EF070		Pharmacy - Total Exempt Item	Jun-23		£137,291	£135,068	£540,271	-		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Sep-23		0%	0.33%	-	< 2.6%			EF071		Pharmacy - Chargeable Items	Jun-23		£18,266	£17,923	£71,693	-		
EF034		Maternity - Unplanned Term Admissions To NNU	Aug-23		100%	-	-	-			EF072		Pharmacy - Net cost	Jun-23		£1,456,788	£1,431,732	£5,726,929	-		
EF035		Maternity - Stillbirth Number / Rate	Sep-23		0	0.166667	1.0	<4.4/1000			EF073		Pharmacy - Charges Collected	Jun-23		£70,832	£69,257	£277,026	-		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	May-23		2	-	-	-													
EF037		Maternity - % Smoking At Booking	Sep-23		4%	8.0%	-	-													



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Cancelled Operations: The number of cancelled operations in September was (371), it's 38.4% higher than last month, and 3.3% higher than September'22.</p> <p>In September the split of cancellations sources was (223, 60.1%) for hospital, and (148, 39.9%) for patient.</p>	<p>Cancelled Operations: The new Planned Care Dataset that is currently being developed by the Business Intelligence Team will enable more robust and detailed analysis of the factors contributing to cancellations. This will enable appropriate remedial actions to be identified and enacted.</p>	<p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>

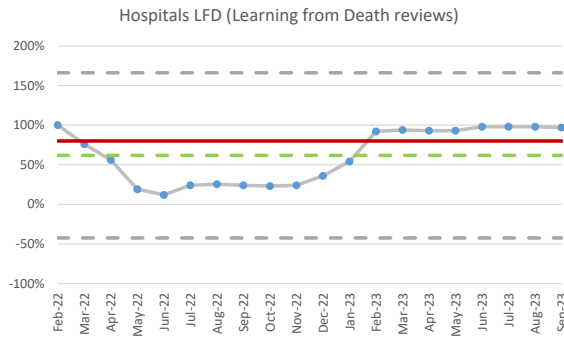


Issues / Performance Summary Length of Stay: <ul style="list-style-type: none"> The spike in average LOS for RDCH in May was due to a single patient with a very high length of stay being discharged. Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay. The acuity of patients being admitted has increased for some surgical patients driving longer lengths of stay in hospital. Access to surgical bed base continues to be a challenge - continuing high levels of medical patients (and their higher acuity) being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken. Regularly have 30-50 medical outliers in surgical beds - which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards. Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity. Inpatient Discharges: Overall, discharge numbers continue on a slight upward trend, with discharges in September (938) slightly lower than September'22 (951). This demonstrates the consistent discharging of patients despite the challenges around patient flow.	Planned / Mitigation Actions Length of Stay: <ul style="list-style-type: none"> Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so. Spot purchasing of community beds Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme. Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate. Ward 12 is being used as an escalation ward when required - however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R & R for specific weeks - in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan. 	Assurance / Recovery Trajectory Length of Stay: <ul style="list-style-type: none"> Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.1 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital. Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU). Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement. Note - Benchmarks are the Manx Care monthly average for 2022/23.
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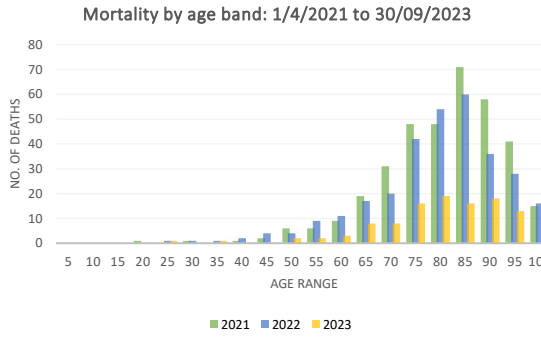


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Theatre Utilisation:</p> <ul style="list-style-type: none"> The number of theatre sessions delivered in September was (91). September saw a slight increase in the number of cancelled operations on the day to 33. Most common reason was "Unfit for Surgery, Ward Beds Unavailable, miscellaneous and Operation Not Necessary". Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists. Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year. Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity and reduce the impact to BAU three agency staff have been employed to back fill A deep dive into the reasons behind the categories of Miscellaneous, Unfit for Surgery - Acute Illness and Operation not Necessary is being taken. 	<ul style="list-style-type: none"> Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialities. Planning is progressing with regard to an admissions lounge where all surgical patients will be admitted, prepared for theatre and returned to a surgical ward post operatively. This will provide time for Bed Flow & Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency & utilisation. Synaptik continues to support the Restoration & Recovery (R&R) waiting list initiatives for ophthalmic, orthopaedic and general surgical specialities through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and staff to sustain the BAU activity in 4 theatres, three successful Agent appointments have been made. The vacancy position is improving slightly with successful appointments being made. Theatre staff continue to support Maternity with the addition of 3 agency staff to mitigate the risk to mother and baby until the situation improves. Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx. 4.5 days to 1.1 days. Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base. 	<ul style="list-style-type: none"> Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AFPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years - a peer review is planned to take place in September 2023 to ensure that standards continue to be met. The implementation of a surgical admissions lounge which is in the project stages. Synaptic support is anticipated to continue until March 2024 under Phase 2 of the R&R programme. Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre. Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above. Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled. Exploration of Red to Green Criteria led discharge and assertive in-reach. Care Group operational leads undertaking deep dive analysis of reasons/causes of hospital led cancellations on the day. Drop down box to be developed in Theatreman to capture reasons for "unfit for surgery - acute illness" Miscellaneous reasons can now be accessed through "Cancellation Patients by Speciality" <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>

Effective Mortality Executive Lead Marina Hudson Lead David Hedley; Alison Hool



Reporting Date	Performance	Op. Plan #
Sep-23	97.0%	QC126
Threshold	80.0%	Benchmark
	YTD Mean	40.3%
(Higher value represents better performance)		
- Variation Description		
Special Cause of Improving variation (High)		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
-	718 in Total	
Threshold	YTD Mean	Benchmark
-	-	-
+ Variation Description		
- Assurance Description		

Issues / Performance Summary

Hospitals LFD (Learning from Death) Reviews:

- The target continues to be exceeded, as it has every month since February 2023.

Planned / Mitigation Actions

Hospitals LFD (Learning from Death) Reviews:

- The current approach appears successful.

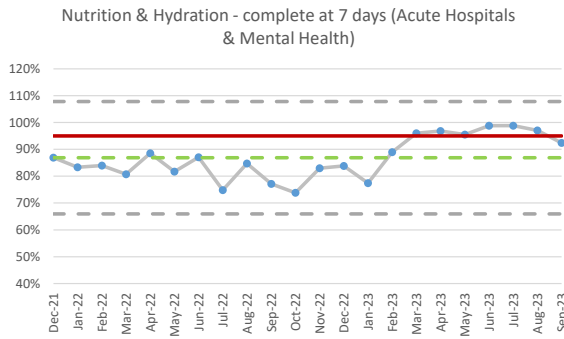
Assurance / Recovery Trajectory

Hospitals LFD (Learning from Death) Reviews:

- There is reasonable confidence that the challenges experienced last financial year have been overcome.

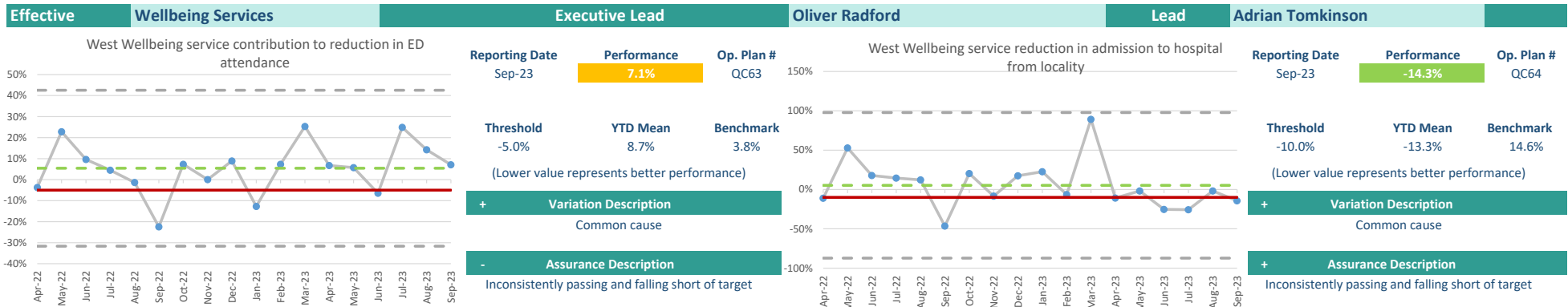
Note -
Benchmarks are the Manx Care monthly average for 2022/23.

Effective	Nutrition & Hydration	Executive Lead	Paul Moore	Lead	Paul Hurst, Sue Davis
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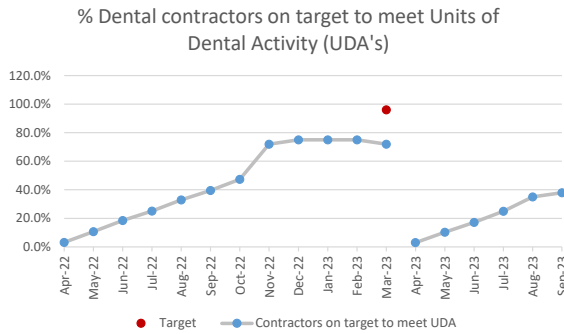
Reporting Date	Performance	Op. Plan #
Sep-23	92.4%	QC124
Threshold	YTD Mean	Benchmark
95.0%	96.6%	83.1%
(Higher value represents better performance)		
Variation Description		
Special Cause of Improving variation (High)		
Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> The target was missed for the first time since February 2023. Whilst the score of 92.39% was only just below the target of 95%, this is disappointing. The area with the lowest percentage of MUST assessments was Ward 1 where only 9 patients out of 20 surveyed had MUST in place. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Missing assessments were brought to the attention of ward staff at the time of audit with several resolved at the time. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> This will continue to be monitored <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation. Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute. Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E. Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service. 	<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The service is raising awareness regarding the impact the lack of capacity in community services has on ED. New frailty service identifying patients at an earlier stage. Targeting of nursing homes specifically for falls. 	<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The service will look to refer more patients to third sector services, e.g. respite services as appropriate. Technical specification of this metric has been reviewed. Will move to a 12 month timescale to ensure a more appropriate indication of the service's performance, and to better evidence the direct impact of the Wellbeing service on ED and hospital demand. Impact of frailty service is being reviewed. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Integrated Primary & Community Care (1 of 2)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
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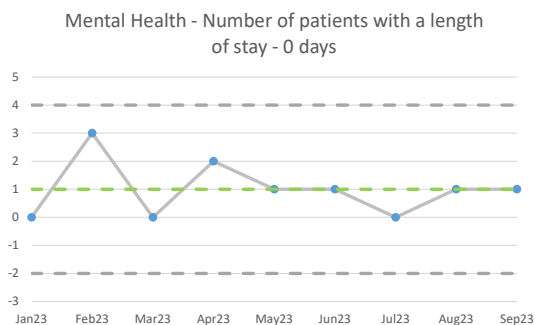


Reporting Date	Performance	Op. Plan #
Sep-23	38.0%	QC161
Threshold	YTD Mean	Benchmark
96.0%	-	-
(Higher value represents better performance)		
+ Variation Description		
- Assurance Description		
Consistently fail target		

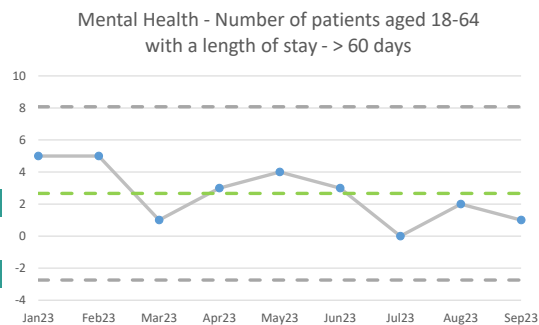
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Dental Contractors:</p> <ul style="list-style-type: none"> 1 contractor will return their contract to Manx Care as of the 30th November 2023. This will become a salaried practice as of 1st December work is underway to ensure the smooth transition of patient care. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> The majority of contractors are on target of 30% deliver for mid-year. Mid-year reviews are currently being undertaken and up date will be provided following this. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Maria Bell
<h3>Pharmacy - Prescriptions</h3>		Reporting Date Jun-23 Performance - Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description - Assurance Description -	<h3>Pharmacy</h3>		Reporting Date Jun-23 Performance - Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description - Assurance Description -
<h3>Pharmacy - Net cost</h3>		Reporting Date Jun-23 Performance £1,456,788 Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description Common cause Assurance Description -	<h3>Pharmacy - Charges Collected</h3>		Reporting Date Jun-23 Performance £70,832 Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description Common cause Assurance Description -
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
Empty space for issues/summary		Empty space for planned/mitigation actions		Empty space for assurance/recovery trajectory	

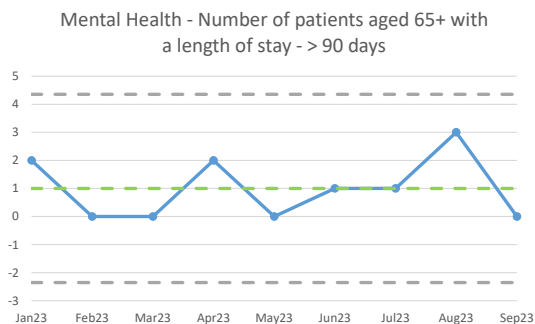
Effective **Mental Health (1 of 3)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



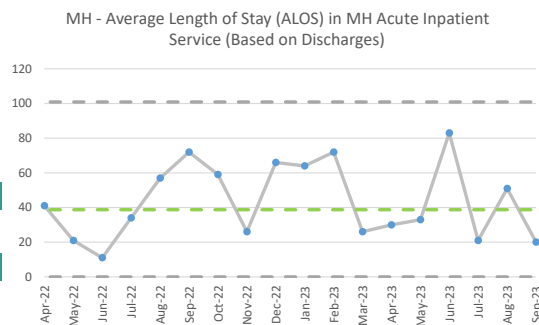
Reporting Date	Performance	Op. Plan #
Sep-23	1	QC87
Threshold	YTD Mean	Benchmark
-	1	1
- Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	1	QC88
Threshold	YTD Mean	Benchmark
-	2	4
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	0	QC89
Threshold	YTD Mean	Benchmark
-	1.2	0.7
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	20	QC158
Threshold	YTD Mean	Benchmark
-	40	46
+ Variation Description Common cause		
Assurance Description		

Issues / Performance Summary

Average Length of Stay (ALOS):

- ALOS for those discharged in September has decreased. The average length of stay for those discharged from Glen Suite was 22 days, and Harbour Suite 19 days.
- For current inpatients, the ALOS has increased to a high for this reporting year and we will monitor to be assured individual patients are receiving appropriate treatment/care plans and for any barriers that might prevent this.

NHSE standard measures are as follows: _
 Number of patients aged 18-64 with a length of stay - > 60 days
 Number of patients aged 65+ with a length of stay - > 90 days

Planned / Mitigation Actions

Continue to monitor and report against NHSE standard.

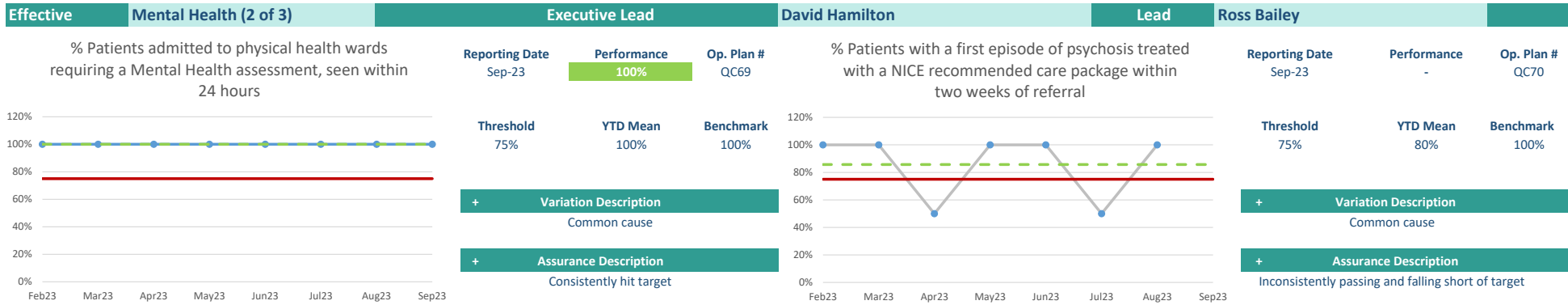
Assurance / Recovery Trajectory

Average Length of Stay (ALOS):

- The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis.

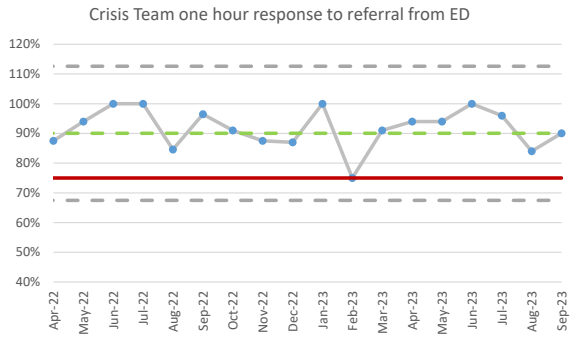
Number of patients aged 18-64 with a length of stay - > 60 days
Number of patients aged 65+ with a length of stay - > 90 days
 UK report this as a rate per 100,000 of the population at 8.0 (based on a rolling quarter). Our performance is much better than the UK, (who have not meet the target for Q4), for this calendar year

Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.

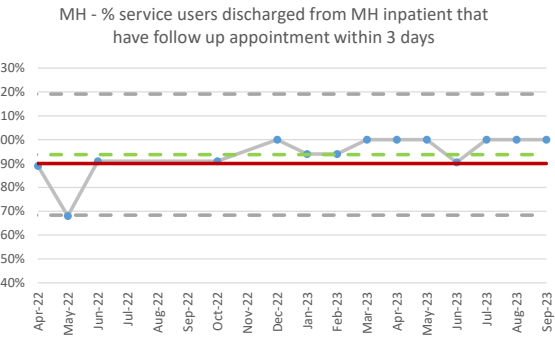


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Patients Admitted to Physical Health Wards: All patients requiring a Mental Health Assessment have continued to receive them within 24 hours, most are within 2 hours of notification.</p> <p>First Episode of Psychosis Treated with NICE care package: There were no presentation's of First Episode Psychosis during September.</p>	<p>First Episode of Psychosis Treated with NICE care package: The existing mandate descriptor is inconsistent with NHS England measure of performance of early intervention in psychosis. IMHS to work with the performance management team to discuss the validity of this indicator in its current format.</p>	<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Mental Health (3 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey
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Reporting Date Sep-23	Performance 90.1%	Op. Plan # QC68
Threshold 75.0%	YTD Mean 93.0%	Benchmark 91.2%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Sep-23	Performance 100.0%	Op. Plan # QC72
Threshold 90.0%	YTD Mean 98.4%	Benchmark 90.9%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Crisis Team:

- Performance increased to 90.05% this month showing an increase in compliance by 6.5% since last month, and remains well above target of 75%. 2 patients were seen within 1.5 hours of referral however due to the delay in referral they were unable to meet the one hour target on these occasions.

3 Day follow up:

- September's performance was 100% exceeding the threshold of 90%.

Crisis Team:

To monitor response time monthly and outlined development points within referral processes.

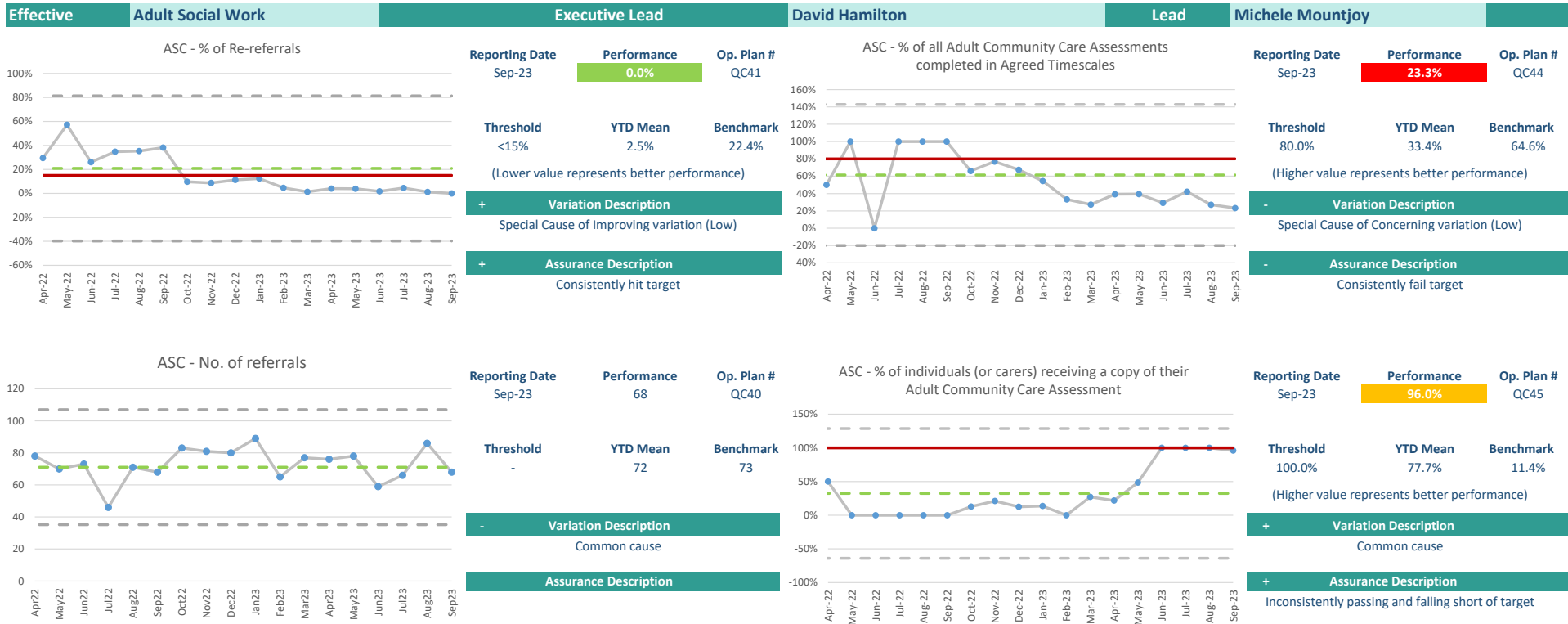
Crisis Team:

- Target continues to be achieved monthly and service areas is keen to achieve 100% compliance within the future.

3 Day follow up:

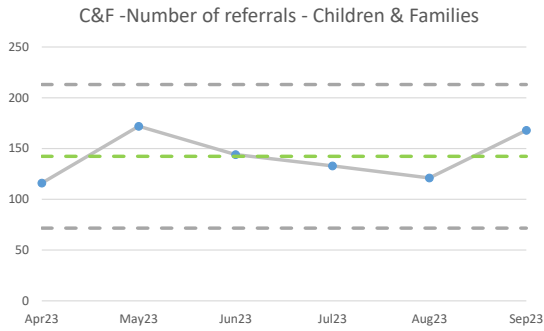
Local performance consistently outperforms NHS England which for Q4 was below the 80% standard at 74.5%

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals: The number of new referrals received in September was 68.</p> <p>Re-Referrals:</p> <ul style="list-style-type: none"> We have significantly reduced our re-referral rate to 0% in September, which is slightly lower than the last quarter (1.7%). <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The completion of Wellbeing Partnership assessments in September remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The reported number of individuals receiving copies of their Wellbeing Partnership assessments in September was 96% slightly below the required threshold of 100%. 	<p>Assessments completed within timescales:- An issue with the dashboard pull-through has been identified, where the first referral date keeps being referred to as the starting point for any reassessments. This means that the dashboard is incorrectly showing some assessments taking months or even years, where a service user has been assessed and re-assessed over a long period of time.</p> <p>The focus of Adult Social Work in recent months has been to improve the rate of assessment sharing, which continues to be a positive area. Waiting list volumes have been reduced in recent months, particularly within the Older Peoples Community Team (a reduction of 90 down to approx. 25).</p> <p>There has been some sickness absence within Adult Social Work which has affected completion of assessments, a number of staff have recently been supported back to work. The completion of assessments in Learning Disabilities within 4 weeks isn't realistic due to the complexities and input of other professionals being required. Conversations have started around changing this metric to 6 weeks in the next financial year.</p>	<p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The issue around timeliness data capture has been identified and raised with the BI Team, hopefully this will be a straightforward fix. <p>Once resolved, we expect to see a significant improvement in these numbers.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Social Work (Children & Families) 1 of 3	Executive Lead	David Hamilton	Lead	Julie Gibney
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Reporting Date	Performance	Op. Plan #
Sep-23	168	
Threshold	YTD Mean	Benchmark
-	142	142

- **Variation Description**
Common cause

Assurance Description

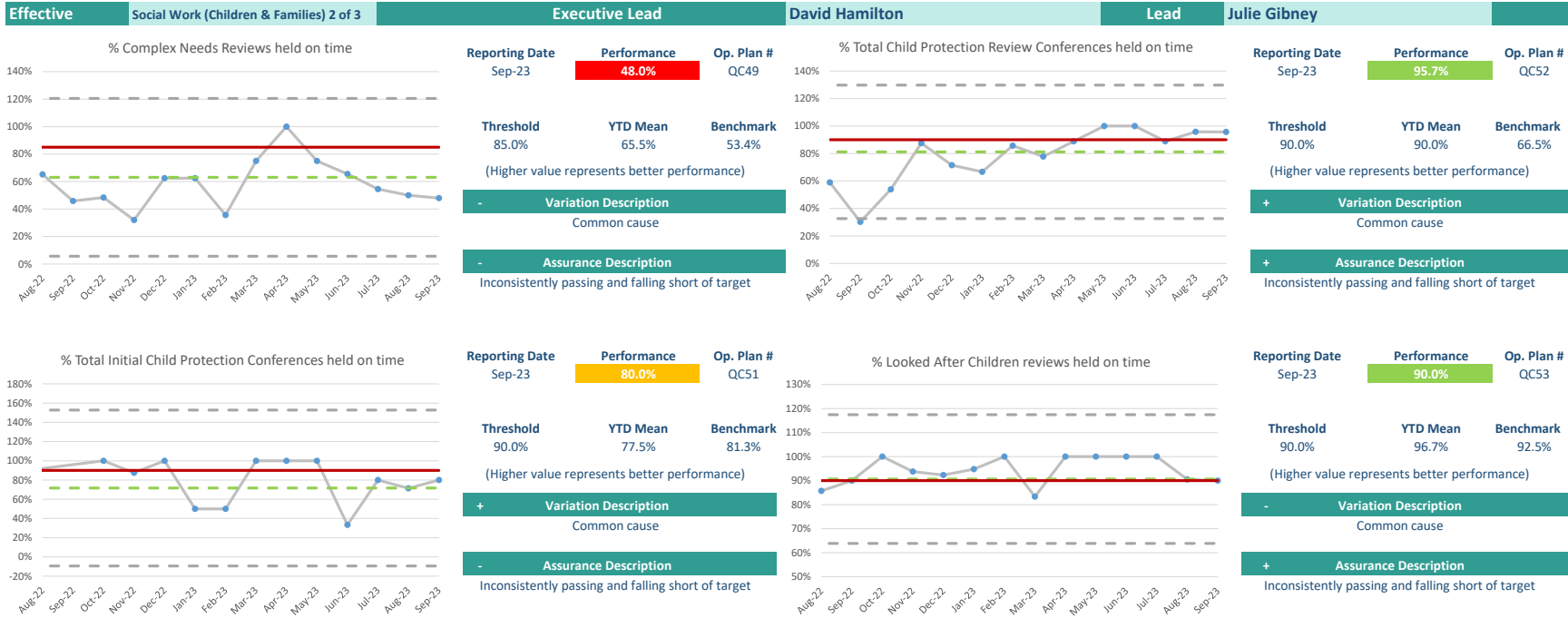
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Referrals:
Referral levels have remained fairly static over this reporting year.

Planned / Mitigation Actions

Referrals:
Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary

Complex Needs Reviews held on time:

- 25 Reviews held and 12 were in timescale and 13 were out of timescale

Reasons for delayed meetings:

Family Unavailable – 2
 Relevant Professional/Agency Unavailable - 6
 Chairperson Unavailable – 1
 Plan Closed, meeting cancelled – 1
 Procedurally non-compliant – 1
 Non-quorate - 1

Initial Child Protection Conferences held on time:

- 5 meetings were due and 4 were held with 1 out of timescale
- 1 Meeting could not take place on time as **child is Unborn so Procedurally non-compliant.**

Child Protection Review Conferences held on time:

- 23 RCPC's were held and 22 were on time with 1 out of timescale
- 1 meeting did not take place on time as Family Unavailable.

Looked After Children reviews held on time:

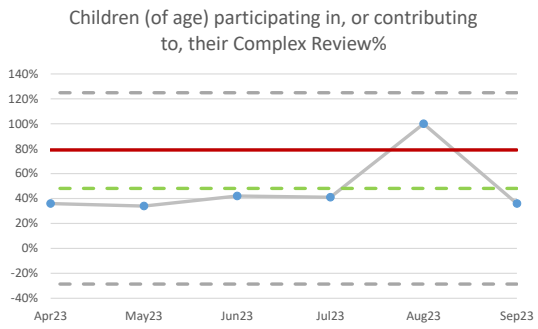
- 90% of reviews were held within the timescales in September.

Planned / Mitigation Actions

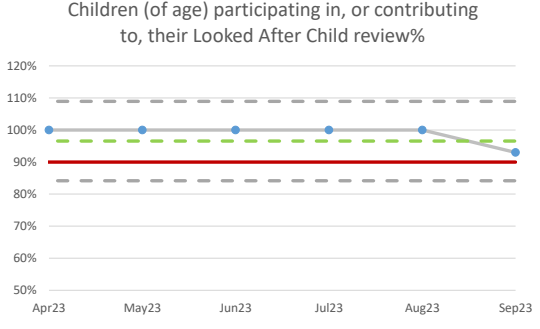
Assurance / Recovery Trajectory

Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.

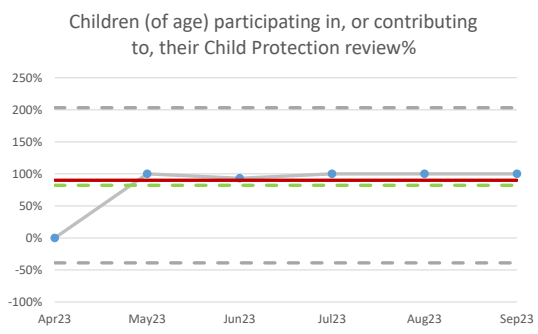
Effective **Social Work (Children & Families) 3 of 3** **Executive Lead** **David Hamilton** **Lead** **Julie Gibney**



Reporting Date Sep-23	Performance 36%	Op. Plan #
Threshold 79%	YTD Mean 48%	Benchmark 48%
(Higher value represents better performance)		
Variation Description Common cause		
Assurance Description Inconsistently passing and falling short of target		



Reporting Date Sep-23	Performance 93%	Op. Plan #
Threshold 90%	YTD Mean 99%	Benchmark 99%
(Higher value represents better performance)		
Variation Description Common cause		
Assurance Description Consistently hit target		



Reporting Date Sep-23	Performance 100%	Op. Plan #
Threshold 90%	YTD Mean 82%	Benchmark 82%
(Higher value represents better performance)		
Variation Description Common cause		
Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary

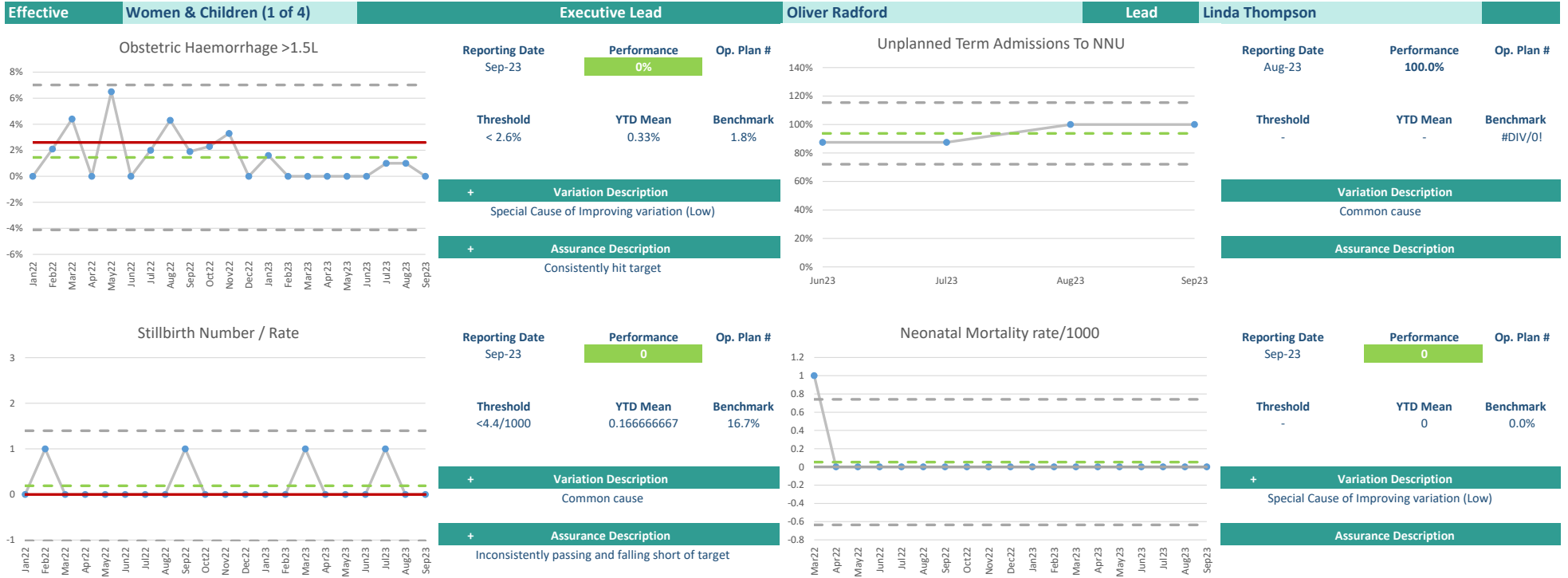
Participation in conferences for Looked After Children has a designated worker to encourage and develop participation, and therefore this metric is usually high. There is no specific role to provide this in CWCN and work continues to develop participation in this area, especially in the CWD team.

Planned / Mitigation Actions

Engagement by children is encouraged, however this does not guarantee engagement as there is choice by the children involved. 13 meetings were held out of timescale for a variety of reasons, which is contributing to this low number.

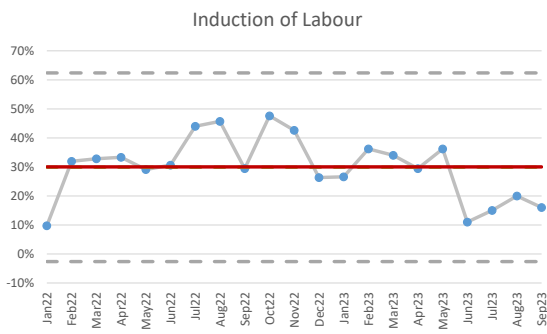
Assurance / Recovery Trajectory

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

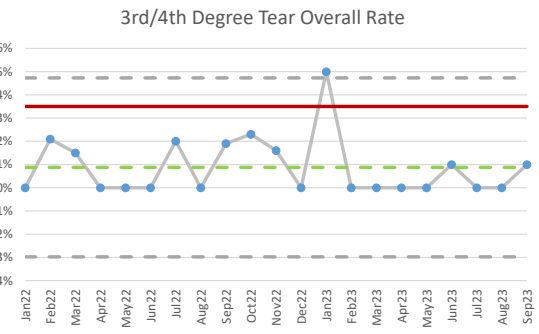


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Obstetric haemorrhage >1.5 litre: this is monitored via the maternity dashboard in order to identify cases of major haemorrhage and prompt a review of care and to identify and learning. There was 0 haemorrhage reported in September.</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

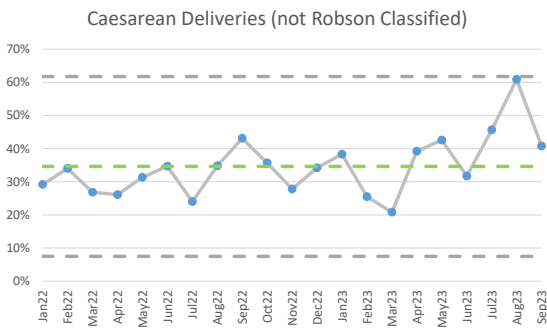
Effective **Women & Children (2 of 4)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



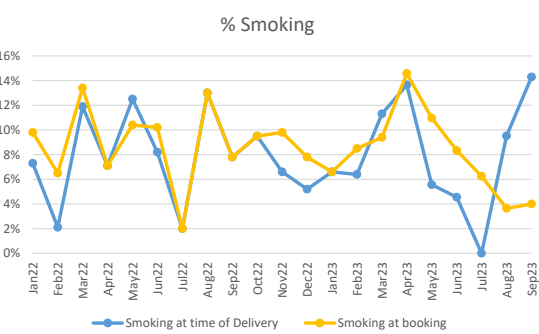
Reporting Date	Performance	Op. Plan #
Sep-23	16.0%	
Threshold	YTD Mean	Benchmark
< 30%	21.3%	23.1%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Sep-23	1.0%	
Threshold	YTD Mean	Benchmark
< 3.5%	0.3%	1.1%
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Sep-23	40.7%	
Threshold	YTD Mean	Benchmark
-	43.5%	31.4%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	Booking 4.0% Delivery 14.3%	
Threshold	YTD Mean	Benchmark
-	-	-
(Lower value represents better performance)		
- Variation Description		
- Assurance Description		

Issues / Performance Summary

Total caesarean deliveries: for the month of August was 22 (40.7%) compared to 22 (44.9%) in September 2022. Caesarean section rates are no longer considered a KPI in England.

Induction of labour: 16 of births were as a result of induced labour. This figure is almost as September 2022 (15).

Third and fourth degree tear rates: the national standard of >3.5% was achieved in September.

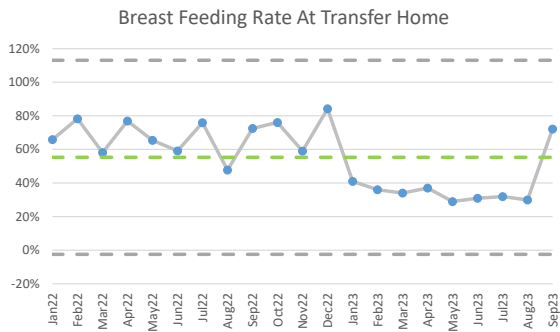
Smoking at booking and delivery: All women are asked regarding their smoking status and receive carbon monoxide testing at the booking appointment. Women who smoke are offered smoking cessation support. 14.3% of women in September were recorded as smoking at the time of delivery compared to 8% of women in September 2022.

Planned / Mitigation Actions

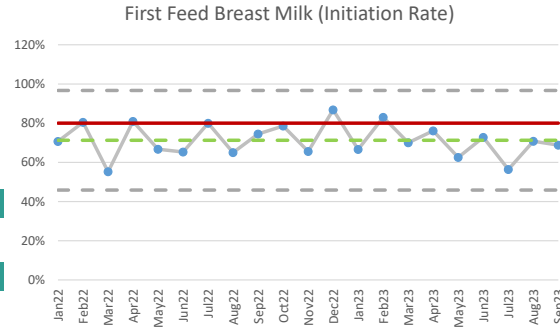
Assurance / Recovery Trajectory

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective **Women & Children (3 of 4)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



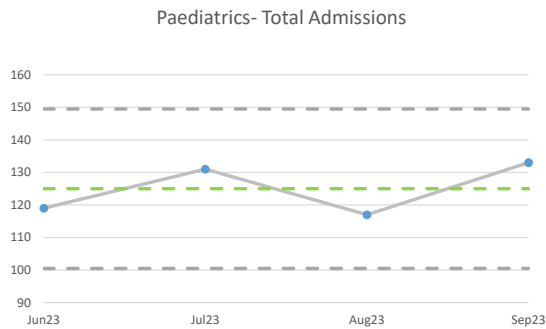
Reporting Date	Performance	Op. Plan #
Sep-23	72.2%	
Threshold	YTD Mean	Benchmark
-	-	60.7%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	68.8%	
Threshold	YTD Mean	Benchmark
> 80%	67.9%	73.6%
(Higher value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		
Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>First Feed Breast Milk (Initiation Rate): 68.8% of babies received breastmilk as their first feed, this was slightly lower than last September which recorded 70.7% of babies received breastmilk as their first feed. We will continue to support women to feed their babies in the best way for both the baby and the family. The Midwives remain committed to establishing breast feeding for those women who wish to and the infant feeding team have a daily presence on the Maternity unit.</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

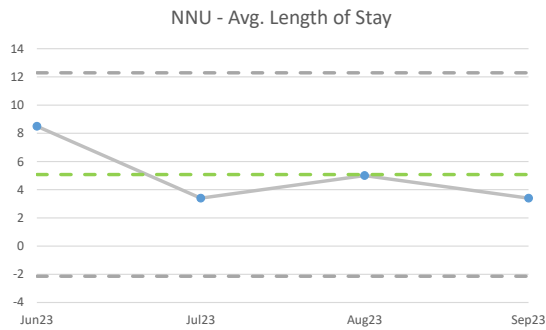
Effective **Women & Children (4 of 4)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



Reporting Date	Performance	Op. Plan #
Sep-23	133	
Threshold	YTD Mean	Benchmark
-	125	-

- Variation Description
Common cause

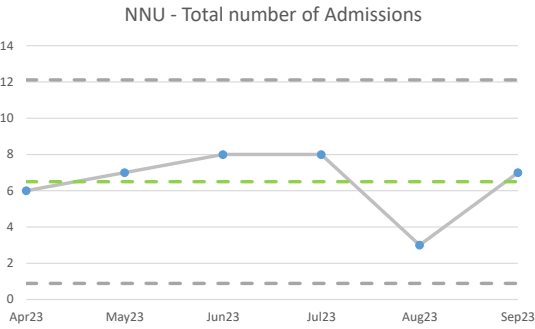
Assurance Description



Reporting Date	Performance	Op. Plan #
Sep-23	3	
Threshold	YTD Mean	Benchmark
-	5.1	-

+ Variation Description
Common cause

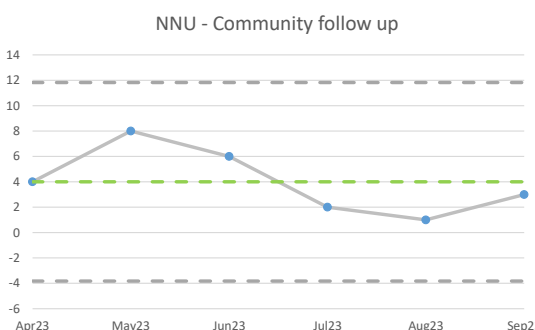
Assurance Description



Reporting Date	Performance	Op. Plan #
Sep-23	7	
Threshold	YTD Mean	Benchmark
-	7	-

- Variation Description
Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Sep-23	3	
Threshold	YTD Mean	Benchmark
-	4	-

- Variation Description
Common cause

Assurance Description

Issues / Performance Summary

In September 2023 the Neonatal Unit admitted 7 Babies and discharged 4 babies.

- All babies were above 37 weeks gestation (term), unplanned admissions.
- All babies were admitted between 21 mins- 2 days after birth, from theatre, labour ward or the postnatal ward.
- 1 x baby admitted with respiratory issues and poor blood gas results, escalated to High Dependency and was later transferred by air ambulance (using local team) to Liverpool women's hospital for further specialist treatment, which is ongoing.
- 1 x baby was admitted due to drug induced respiratory disease, requiring close monitoring.
- Twins were admitted as a place of safety due to maternal ill health requiring Intensive care input.
- 2 x babies were admitted with suspected sepsis.
- 1 x baby required observation for cyanotic episodes and vomiting.

Planned / Mitigation Actions

- The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows.
- Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate.
- Northwest neonatal Network aware of capacity issues, offering support & advice.
- Embrace available to support transfer process when necessary.
- Neonatal nurse transfer team now increased to two trained staff. An on call rota is managed to enable that a nurse is available as often as possible during the hours of 07.45- 20.15hrs. All transfers outside these hours are managed on a case by case basis.

Assurance / Recovery Trajectory

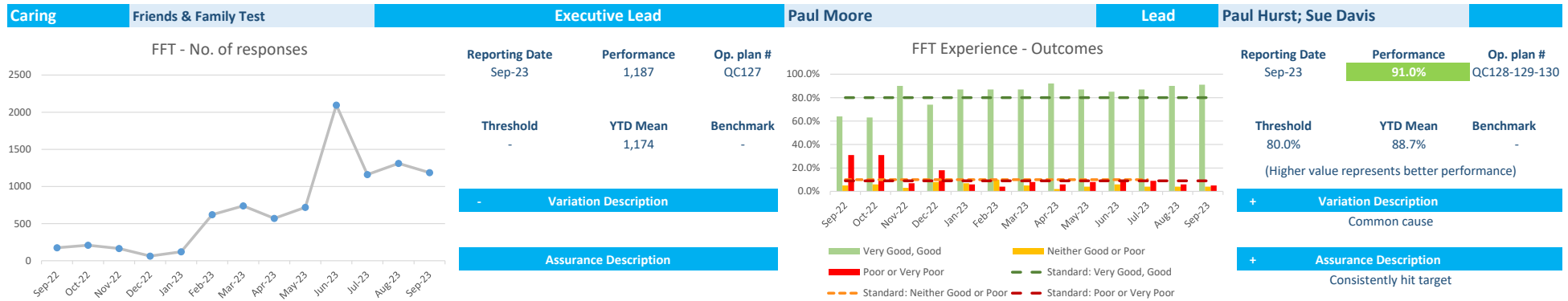
All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 centre as soon as possible if required for ongoing care.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

Caring Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Sep-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Sep-23	-	1,187	1,174	7,044	-		
CA002		Complaints - Total number of complaints received	Sep-23		26	26	151	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Sep-23		91%	89%	-	80%		
CA007		Complaint acknowledged within 5 working days	Sep-23		100%	98%	-	98%			CA014		FFT - Experience was neither Good or Poor	Sep-23		4%	4%	-	10%		
CA008		Written response to complaint within 20 days	Sep-23		100%	100%	-	98%			CA015		FFT - Experience was Poor or Very Poor	Sep-23		5%	7%	-	<10%		
CA010		No. complaints exceeding 6 months	Sep-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Sep-23	-	655	611	3,667	-		
CA011		No. complaints referred to HSCOB	Sep-23	-	1	2	12	-			CA017		Manx Care Advice and Liaison Service same day response	Sep-23		90.0%	89.7%	-	80%		

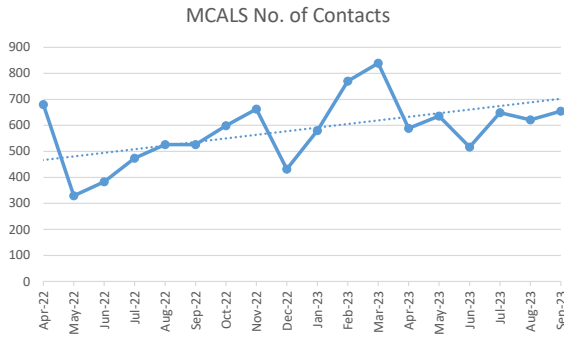


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Number of Complaints:</p> <ul style="list-style-type: none"> There were 26 complaints received in the month, which is in keeping with the year to date average of 25 per month. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> 100% compliance. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> 100% compliance. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Zero recorded. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none"> 1 in September. HSCOB have advised they have in excess of 40 IRB complaints under review. 	<p>Number of Complaints:</p> <ul style="list-style-type: none"> MCALS continues to help keep the numbers to a manageable level. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none"> Records and complaint files have been requested by the HSCOB and sent once consent received. 	<p>Number of Complaints:</p> <ul style="list-style-type: none"> No target, but trends will be monitored. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> High degree of confidence in target being met. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> Reasonable degree of confidence in target being met. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Reasonable degree of confidence in target being met. <p>No. complaints referred to HSCOB:</p> <p>Confident Regulations will be applied correctly and working relationship with HSCOB will be positive.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> A total of 1,187 surveys completed for September 2023. <p>• FFT – Experience was very good or good: 1,075 completed surveys rated experience as Very Good or Good equating to 91% against a target of 80%.</p> <p>• FFT – Experience was neither good or poor: 46 completed surveys rated experience as Neither Good nor Poor equating to 4% against a target of 10% or less.</p> <p>• FFT – Experience was poor or very poor: 66 completed surveys rated experience as Poor or Very Poor, equating to 5% against a target of 10% or less.</p>	<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey (Walk the Wards programme to commence 20 October 2023. Active recruitment of public reps to support inpatients to take surveys at the bedside with first reps due to commence in November 2023. FFT – Experience was very good or good: Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. FFT – Experience was neither good or poor: Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month. FFT – Experience was poor or very poor: Consistently achieving under the 10% target which is a positive indicator 	<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> Experience and Engagement Team continue to conduct monthly walk rounds of the wards to collect surveys and speak to staff to encourage completion of surveys at discharge. Pre-paid envelopes are available to provide to service users who are inpatients and post boxes are accessible on all wards and outpatient departments including Primary Care based practices. There is a reasonable degree of confidence in increasing survey returns. FFT – Experience was very good or good: Reasonable degree of confidence that reporting targets will continue to be met. FFT – Experience was neither good or poor: Reasonable degree of confidence that reporting targets will continue to be met. FFT – Experience was poor or very poor: Monthly dashboards and quarterly review meetings with all care group triumvirates are held to report feedback. Poor feedback is reported in the themes and trends as well as the anonymous commentary and care groups develop action plans within their governance groups to target poor feedback. Trends are monitored monthly via dashboards for care groups and drilled down further to team level to highlight positive and negative themes. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Caring MCALS Executive Lead Paul Moore Lead Paul Hurst; Sue Davis



Reporting Date	Performance	Op. plan #
Sep-23	655	QC131

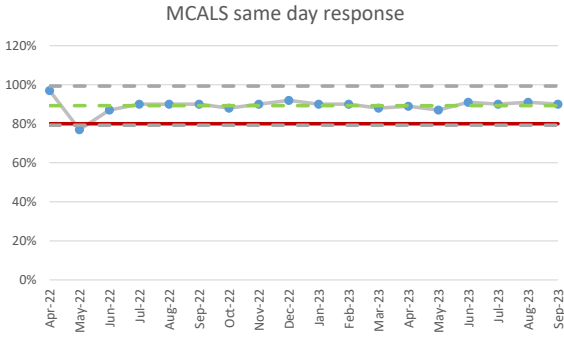
Threshold -

Variation Description

YTD Mean 611

Benchmark 567

Assurance Description



Reporting Date	Performance	Op. plan #
Sep-23	90.0%	QC132

Threshold 80.0%

Variation Description

YTD Mean 89.7%

Benchmark -

Assurance Description

(Higher value represents better performance)

Common cause

Consistently hit target

Issues / Performance Summary Planned / Mitigation Actions Assurance / Recovery Trajectory

Number of Contacts:

- 655 contacts received in September 2023, demonstrating an increase of 34 contacts (5%) compared to August 2023.

Same Day Response:

- In September, MCALS had resolved all contacts within 24 hours 90% of the time against a Key Line of Enquiry Target of 80%.

Number of Contacts:

- MCALS will continue to provide excellent support in ensuring that where possible service user issues are addressed.

Same Day Response:

- MCALS will continue to provide excellent support in ensuring that where possible service user issues are addressed as promptly as possible.

Number of Contacts:

- Continued good performance in dealing with service user contacts and confident this will continue.

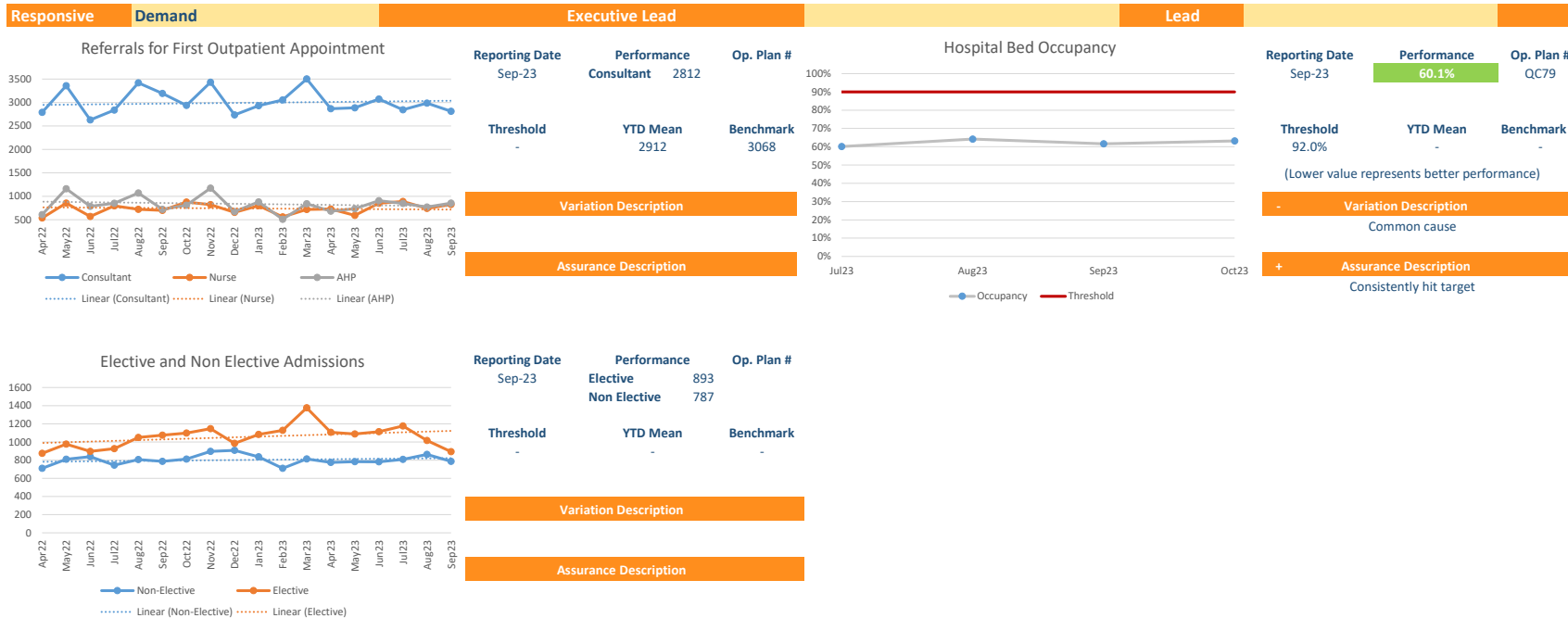
Same Day Response:

- Continued good performance in dealing with service user contacts.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

Responsive Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Sep-23	-	2812	2967	17473	-			RE014		Ambulance - Category 1 Response Time at 90th Percentile	Sep-23		17	19	-	15 mins		
RE056		Hospital Bed Occupancy	Sep-23	-	60.1%			92%			RE015		Ambulance - Category 1 Mean Response Time	Sep-23		9	10	-	7 mins		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Oct-23		16,744	15,934	-	< 15431			RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Sep-23		58%	51%	-	100%		
RE002		RTT - No. patients waiting for Daycase procedure	Oct-23		2,303	2,301	-	< 2286			RE034		Category 2 Response Time at 90th Percentile	Sep-23		33	31	-	40 mins		
RE003		RTT - No. patients waiting for Inpatient procedure	Oct-23		497	532	-	< 535			RE035		Ambulance - Category 3 Response Time at 90th Percentile	Sep-23		47	45	-	120 mins		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Sep-23		42%	55%	-	85%			RE036		Ambulance - Category 4 Response Time at 90th Percentile	Sep-23		121	79	-	180 mins		
RE061		Diagnostics-% patients waiting 26 weeks or less	Sep-23		59%	60%		99%			RE037		Ambulance - Category 5 Response Time at 90th Percentile	Sep-23		81	81	-	180 mins		
RE005		Diagnostics - % requests completed within 6 weeks	Sep-23	-	85%	85%	85%	-			RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Sep-23		240	182	-	0		
RE006		Diagnostics - % Patients waiting over 6 weeks	Sep-23		71%	72%	-	1%			RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Sep-23		31	19	-	0		
RE007		ED - % 4 Hour Performance	Sep-23		69%	72%	72%	76% (95%)			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Sep-23		38%	48%	-	80%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Sep-23	-	79%	81%	81%	-			RE031		IPCC - % of patients registered with a GP	Jul-23		4.0%	4.1%	-	5.0%		
RE009		ED - % 4 Hour Performance (Admitted)	Sep-23	-	17%	23%	23%	-			RE081		IPCC - N. of GP appointments	Sep-23	-	27786	36860.167	221161	-		
RE010		ED - Average Total Time in Emergency Department	Sep-23		298	253	-	360 mins			RE054		Did Not Attend Rate (GP Appointment)	Sep-23	-	2.4%	3%	-	-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Sep-23		29	25	-	15 mins			RE027		IPCC - No. patients waiting for a dentist	Sep-23	-	4,268	3,892	-	-		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Sep-23		67	65	-	60 mins			RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Sep-23	-	100%	100%	-	-		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Sep-23		12	14	-	60 mins			RE075		Community Nursing Service response target met (7 days)- Routine	Sep-23	-	100%	100%	-	-		
RE013		ED - 12 Hour Trolley Waits	Sep-23		67	29	174	0													

Responsive Performance Summary																							
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance		
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Sep-23		65%	63%	-	75%			RE051		Maternity Bookings	Sep-23	-	51	1086	323	-	-			
RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Sep-23		68%	48%	-	93%			RE052		Ward Attenders	Aug-23	-	244	-	-	-	-	-		
RE020		CWT - % Two Week Wait (Breast Symptomatic)	Sep-23		43%	24%	-	93%			RE053		Gestation At Booking <10 Weeks	Sep-23	-	39%	30%	-	-	-	-		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Sep-23		62%	78%	-	96%			RE030		W&C - % New Birth Visits within timescale	Sep-23	-	84%	87%	-	-	-	-		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Sep-23		45%	38%	-	85%			RE032		Births per annum	Sep-23	-	293	170	-	-	-	-		
RE064		No. on Cancer Pathway (All)	Sep-23	-	611	707	-	-			RE082		Meds Demand - N.patient interactions	Sep-23	-	2211	2572.333	15434	-	-	-		
RE065		No. on Cancer Pathway (2WW)	Sep-23	-	522	601	-	-			RE083		Meds Overnight Demand	Sep-23	-	195	260.3333	1562	-	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Sep-23	-	61	107	-	-			RE084		Meds - Face to face appointments	Sep-23	-	398	481	2886	-	-	-		
RE067		Cancer - Median Wait Time for the 2WW referrals (Days)	Sep-23	-	13	16	-	-			RE086		Meds - TUNA%	Sep-23	-	1.5%	1.3%	-	-	-	-		
RE044		MH- Waiting list	Sep-23	-	1654	1615	6461	-			RE088		Meds - DNA%	Sep-23	-	1.5%	1.7%	-	-	-	-		
RE045		MH- Appointments	Sep-23	-	5925	6344	38065	-			RE089		Total Number of OP & Dementia Beds Available	Sep-23	-	195	195	-	-	-	-		
RE046		MH- Admissions	Sep-23	-	15	18	110	-			RE090		Total Number of OP & Dementia Beds Occupied	Sep-23	-	75	117	-	-	-	-		
RE028		MH - No. service users on Current Caseload	Sep-23		5,285	5,172	-	4500 - 5500			RE092		Total Number of LD Beds Available	Sep-23	-	85	82	-	-	-	-		
											RE093		Total Number of LD Beds Occupied	Sep-23	-	70	70	-	-	-	-		



Issues / Performance Summary

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have remained at a high level into 2023/24. The number of referrals received in September (2812) was about 12% lower than the number received in September'22.

Elective and Non Elective Admissions:
Elective Admissions have decreased by approximately 12.2% in September (893) against August (1016)

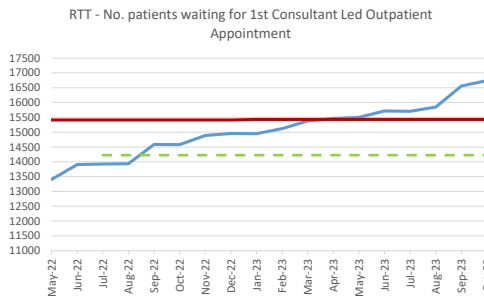
Non Elective admission numbers have also slightly decreased to 787 in September compared to 864 last month.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Responsive Referral to Treatment (RTT) Executive Lead Oliver Radford Lead J.Watson; M.Cox; L.Thompson; A.Cubbon

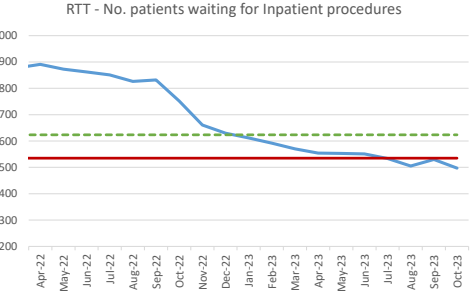


Reporting Date	Performance	Op. Plan #
Oct-23	16,744	QC11
Threshold	YTD Mean	Benchmark
< 15,431	15,934	15,465

(Lower value represents better performance)

Avg Wait Time (Referral to 1st Cons Led OP Appt.)
47 weeks

No. patients waiting 52 weeks or more for 1st OP
5,289

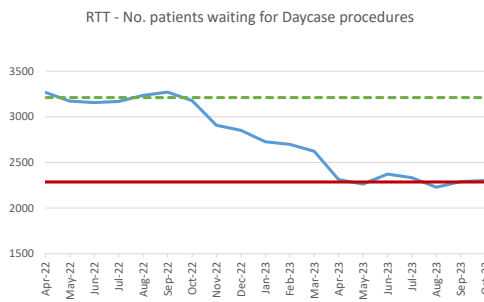


Reporting Date	Performance	Op. Plan #
Oct-23	497	QC11
Threshold	YTD Mean	Benchmark
< 535	532	554

(Lower value represents better performance)

Avg Wait Time (Decision to Treat to Treatment - IP)
38 weeks

No. patients waiting 52+ weeks from Decision to Treat
129

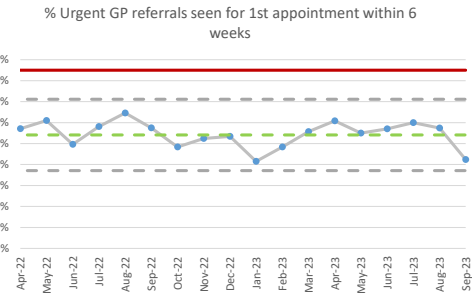


Reporting Date	Performance	Op. Plan #
Oct-23	2,303	QC11
Threshold	YTD Mean	Benchmark
< 2,286	2,301	2,311

(Lower value represents better performance)

Avg Wait Time (Decision to Treat to Treatment - DC)
43 weeks

No. patients waiting 52+ weeks from Decision to Treat
607



Reporting Date	Performance	Op. Plan #
Sep-23	42.4%	QC13
Threshold	YTD Mean	Benchmark
85.0%	55.4%	54.0%

(Higher value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target

Issues / Performance Summary

- Reduction in outpatient clinic capacity due to:
 - Staff vacancies, annual leave and other absences.
 - Difficulties in recruiting locum cover
 - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.
- Following the ease on Covid restrictions, GP practices have been seeing more patients face to face which has led to an overall increase in referrals.
- Many outpatient pathways require considerable diagnostic intervention to enable their progression.

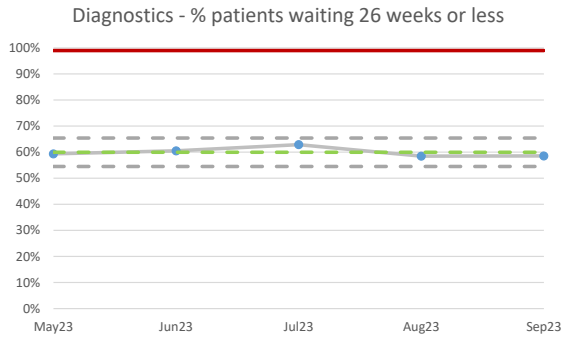
Planned / Mitigation Actions

- R&R delivery (Nov'21 to Sep '23): 0 Ophthalmology procs; 2,150 in total; 58 Orth procs (810 in total); 68 GSU procs (310 in total); Other surgical specialties – 0 procs (54 in total); 0 ENT OP attendances (510 in total); Radiology – 111 scans; 21 CT, 90 US (817 in total); Mental Health – 15 referrals (251 in total)
- Overall there has been about a 77% reduction in the Ophth DC waiting list.
- Overall there's been about a 40% reduction in orthopaedic DC/IP waiting lists.
- Overall there's been about a 33% reduction in the General Surgery DC/IP waiting lists.
- Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 17,243 referrals have been through technical validation and over 8,836 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the validation to date, there will have been a 14% reduction in the outpatient waiting list. No patient is removed from the waiting list without clinical oversight.
- ENT recovery plan commenced in November, including weekend outpatient clinics.
- Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression.
- Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required.
- Restoration & Recovery (R&R) Phase 3 Business Case has been developed which includes modelling of demand, capacity and sustainability of outpatient services and waiting lists across 10 specialties. This is being expanded to cover all specialties.

Assurance / Recovery Trajectory

- General Surgery R&R activity commenced in November '22.
- Recovery of ENT waiting times from November with the start of weekend clinics.
- Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes:
 - Waiting List Validation; started in October '22.
 - Patient Tracking List (PTL) meetings (non Cancer);
 - Referral & Booking (initial focus on partial booking and patient initiated follow ups)
 - Referral To Treatment (RTT) Rules and System implementation;
 - Reducing patient Did Not Attend (DNA) rates;
 - Harm Review

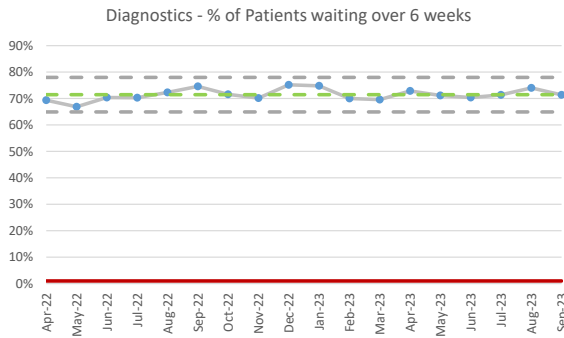
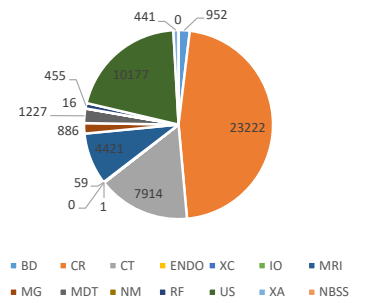
Note - Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23. The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.



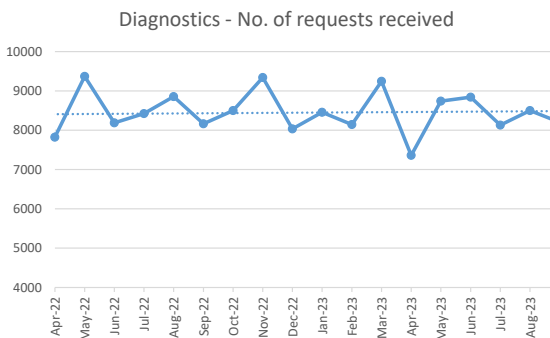
Reporting Date Sep-23	Performance 58.6%	Op. Plan # QC37b
Threshold* 99.0%	YTD Mean 60.0%	Benchmark -
(higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		

Modality	Sep-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	237	150	63%
Computed Tomography	582	241	41%
Magnetic Resonance Imaging	315	80	25%
Ultrasound Non Obs	2,978	2,423	81%
Ultrasound Obs	432	349	81%
Total	4,544	3,243	71%

YTD Demand by Modality: 2023/24



Reporting Date Sep-23	Performance 71.4%	Op. Plan # QC37
Threshold 1%	YTD Mean 71.9%	Benchmark 27.5%
(lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date Sep-23	Performance 49,771	Op. Plan #
Threshold -	YTD Mean 8,295	Benchmark 8,546
- Variation Description		
- Assurance Description		

Issues / Performance Summary

- Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 22.8% higher than capacity in September.
- Emergency Department (ED) 26.1%, Outpatient Department (OPD) 35.5% and General Practitioner (GP) 22% are the primary source of referrals, and there has been no significant change on the distribution compared to last month.
- Inpatient referrals(792) remain high but slightly less than August. This equates to 11.9% of all requests.
- 43.3% of exams were reported within 2 hours, 12.6% have taken 97 hours or longer which is a decrease on last month.
- Of the 6682 exams, 47% were turned around on the same day (19% decrease compared to last month) and, a further 35.3% in 1- 28 days (slightly lower than last month).

Planned / Mitigation Actions

- Projects ongoing to increase capacity to reduce waiting times further.
- Engagement continues with third parties under the Restoration & Recovery (R&R) programme Phase 1 with regard to delivery of an insourced option to address high Cardiac CT, MRI and Ultrasound waiting times.
- Waiting list validation process implemented in October, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.
- Further technical validation of the waiting list numbers is being undertaken by the care group in July and August.

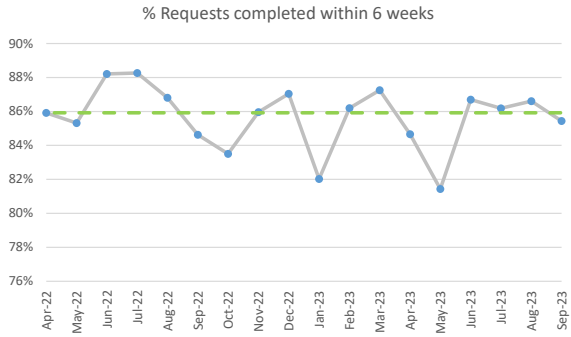
Assurance / Recovery Trajectory

- Requirements for sustainable increased Radiology capacity being scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case.

* Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24. Reporting of achievement against the 26 week threshold will be included in future reports.

Note -
Benchmarks for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for August 23. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.

Responsive	Diagnostics Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey
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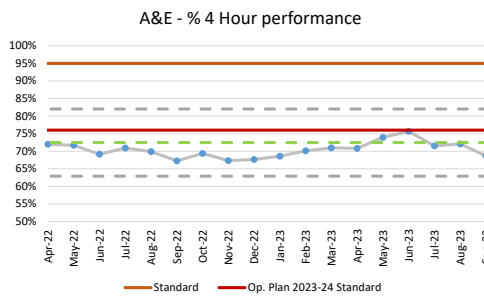
Reporting Date	Performance	Op. Plan #
Sep-23	85.4%	
Threshold	YTD Mean	Benchmark
-	85.2%	85.9%

Variation Description
- Common cause

Assurance Description

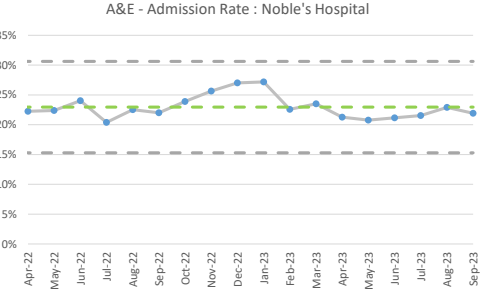
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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% Requests completed within 6 weeks:
Approximately 85.4% of requests completed in September were undertaken within 6 weeks. This was slightly higher than the average of 85.2% for the year so far.



Reporting Date	Performance	Op. Plan #
Sep-23	68.7%	QC23
	Admitted 16.9%	
	Non-Admitted 78.8%	
	YTD Mean 72.1%	Benchmark 71.6%
	Threshold 76% (95%)	

(Higher value represents better performance)



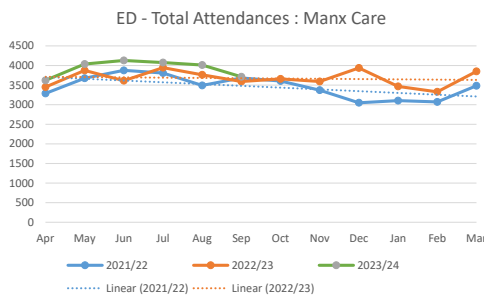
Reporting Date	Performance	Op. Plan #
Sep-23	21.9%	QC24
	YTD Mean 21.6%	Benchmark 28.0%
	Threshold -	

Variation Description
Common cause

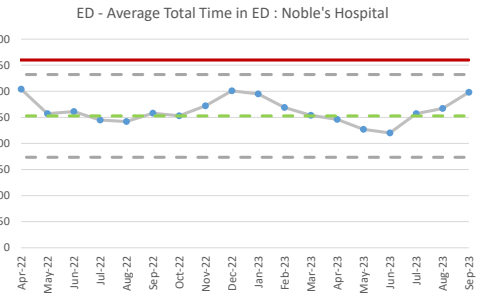
Assurance Description
Consistently fail target

Variation Description
Common cause

Assurance Description
Consistently hit target



Reporting Date	Performance	Op. Plan #
Sep-23	3,712	
	YTD Mean 3,930	Benchmark 3,671
	Threshold -	



Reporting Date	Performance	Op. Plan #
Sep-23	298	QC150
	YTD Mean 253	Benchmark 268
	Threshold 360 mins	

(Lower value represents better performance)

Variation Description
Common cause

Assurance Description
Consistently hit target

Variation Description
Common cause

Assurance Description
Consistently hit target

Issues / Performance Summary

- September's performance of 68.7% remained below the 95% threshold and below the UK's performance of 71.6%.
 - Admitted Performance: 16.9%;
 - Non Admitted Performance: 78.8%;
- Certain patient groups are managed actively in the department beyond 4 hours if it is in their clinical interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc.

In September, the average admission rate from Noble's ED of 21.9% was lower than that of the UK (28%).

Performance due to:

- Lack of ED observation space (Clinical Decision Unit space)
- Lack of physical space to see patients
- Lack of Ambulatory Emergency Care capability and capacity.
- Limited Same Day Emergency Care (SDEC) capability.
- Delays in transfer of patients to in-patient wards due to a lack of available beds.
 - Staffing availability (particularly nursing) and sickness.
 - Elderly case mix.
 - Lack of organisational Pathways for example back pain , optician, DVT, dental.

Planned / Mitigation Actions

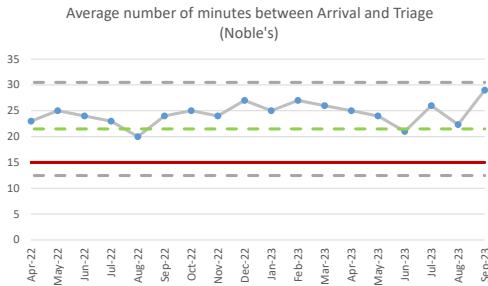
- New staff are being recruited to positions in ED, both doctors and nurses, however doctor positions are proving problematic to fill, further engagement with HR recruiting and sourcing Teams to assist in this process.
- A business case for safer medical staffing is being completed.
- Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.
- Work on accuracy of time stamps for triage and treatment at briefings.
- Development of Rapid Assessment by senior clinical staff
- Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.
- Two current non-emergency workstreams should also contribute to the improvement of performance within ED:
 - Work streams around time of discharge
 - Other work streams around exit block

Assurance / Recovery Trajectory

- Average total time in department remains within the required 360 minute standard.
- Expectation that performance will remain in line with the UK, but it should be noted that as expected the position has remained challenging over the period due to the additional seasonal pressures.
- Application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which develops diversionary pathways away from ED and invest in community services.
- Result of increase to Nursing Staffing availability and reducing sickness levels.
- ED recruitment still underway for 6 Band 6 nurses , 2 band 7 nurses , 2x Band 5 nurses, 2 Speciality Doctors ,2 consultants and 3 F3 positions. In addition to this 10 TSRs for agency nurses have been approved to bridge the gap for new recruits beginning in the dept.
- Secured funding to make improvements to the infrastructure. In the planning stages at present.

Note -
Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for September '23. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.

Responsive **Emergency Department (2 of 2)** **Executive Lead** **Oliver Radford** **Lead** **Mark Cox**



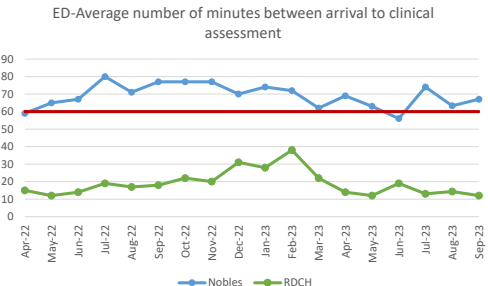
Reporting Date Sep-23 **Performance** **29** **Op. Plan #** QC26

Threshold 15 mins **YTD Mean** 25 **Benchmark** 24

(Lower value represents better performance)

Variation Description
Special Cause of Concerning variation (High)

Assurance Description
Consistently fail target



Reporting Date Sep-23 **Performance** Nobles **67** **Op. Plan #**

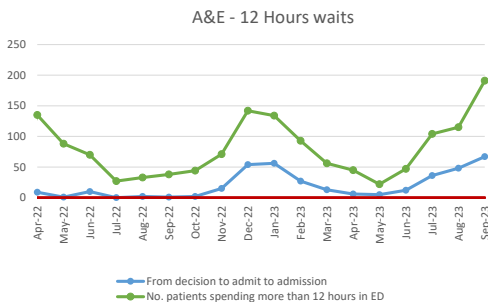
RDCH **12**

Threshold 60 mins **YTD Mean** **Benchmark** -

(Lower value represents better performance)

Variation Description

Assurance Description



Reporting Date **Performance** %Trolley 12h Wait 1.8% **Op. Plan #** QC78

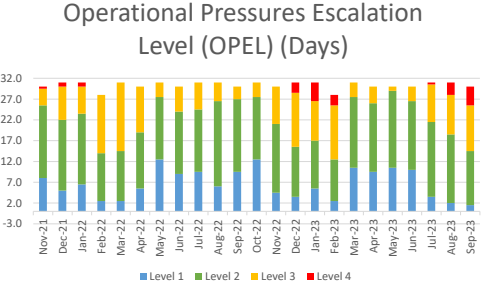
% ED 12h Wait 5.1%

Threshold 0 **YTD Mean** **Benchmark** -

(Lower value represents better performance)

Variation Description

Assurance Description
Consistently fail target



Reporting Date **Performance** **Op. Plan #**

Threshold **YTD Mean** **Benchmark**

Variation Description

Assurance Description

Issues / Performance Summary

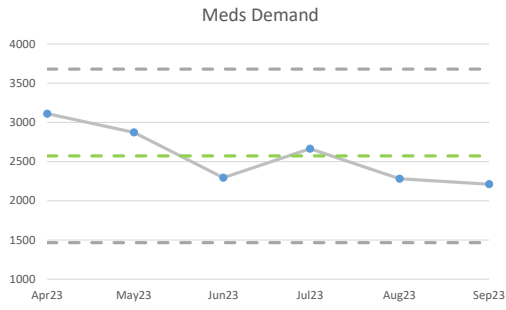
- The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 4.5 days in September.
- The number of 12 Hour Trolley Waits was 67 (1.8% of attendances; UK 1.5%)
- 191 patients had a stay of more than 12 hours in ED in September. That equated to 5.1% of attendances.

Planned / Mitigation Actions

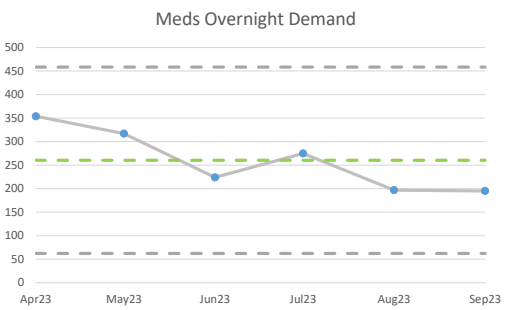
Assurance / Recovery Trajectory

Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.

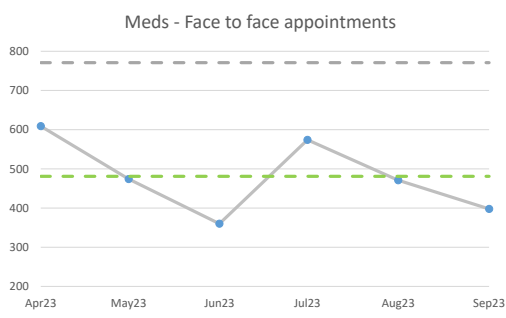
Responsive **MEDs Demand** **Executive Lead** **Oliver Radford** **Lead** **Mark Cox**



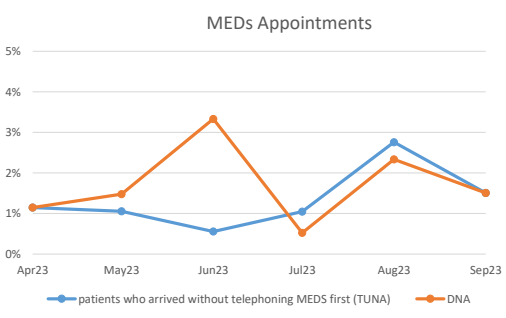
Reporting Date	Performance	Op. Plan #
Sep-23	2211	-
Threshold	-	-
YTD Mean	2572	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	195	-
Threshold	-	-
YTD Mean	260	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	398	-
Threshold	-	-
YTD Mean	481	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jan-00	TUNA 1.5% DNA 1.5%	-
Threshold	-	-
YTD Mean	-	-
Benchmark	-	-
Variation Description (Lower value represents better performance)		
Assurance Description		

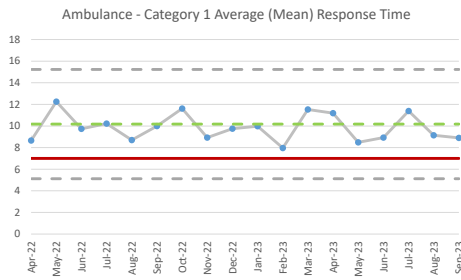
Issues / Performance Summary

- In September MEDS provided 2211 patient interactions. However during this period MEDS had to close for 6 overnight sessions due to staffing pressures.
- In September 2023 MEDS offered a total of 398 Face to face appointments either at base or in the community. This was 23% of the total telephone contacts for this period.
- Of the 398 face to face appointments 6 were patients who arrived without telephoning MEDS first. And 6 of the patients failed to attend a given appointment.

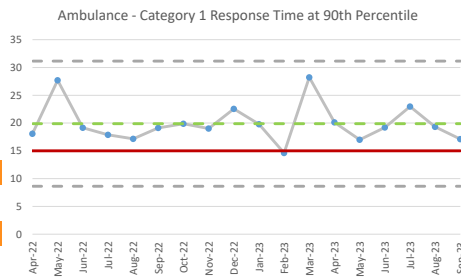
Planned / Mitigation Actions

Assurance / Recovery Trajectory

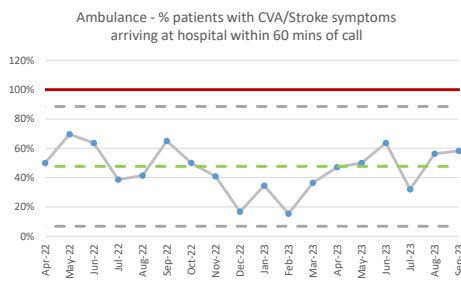
Responsive **Ambulance (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**



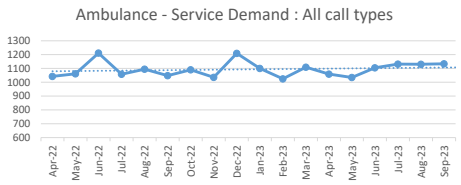
Reporting Date	Performance	Op. Plan #
Sep-23	00:08:54	QC20
Threshold	YTD Mean	Benchmark
7 mins	00:09:40	00:08:31
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	00:17:06	QC21
Threshold	YTD Mean	Benchmark
15 mins	00:19:17	00:15:07
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	58.3%	
Threshold	YTD Mean	Benchmark
100.0%	51.2%	43.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	1,134	
Threshold	YTD Mean	Benchmark
-	1,099	1,090
Variation Description		
Assurance Description		

Sep-23	East	North	South	West	Total
Category 1 Calls	27	7	8	4	46
No. reached within 15 mins	25	6	5	3	39
% response within 15 mins	92.6%	85.7%	62.5%	75.0%	84.8%

Issues / Performance Summary

- Demand for Ambulance services has slightly increased in September '23 = 1134, comparing to [September '22 = 1048]; The number of calls is approximately 8.2% higher than September'22.
- September has seen a further improvement and stabilisation in Category 1 response including a good improvement at the 90th percentile. This is set against a back drop of increasing demand and increased ED delays compared to the previous month. Category 2 response performance declined but is still well within NHS England targets.
- Clinical Navigation is now robustly staffed as of October for day time only provision. Hear and Treat was provided for 24 days of September and conducted 144 patient triages. This resulted in in 52 cases being downgraded (improving demand management) and 24 patients being directed to service that didn't require an ambulance response. It is our assessment that we are now starting to see Clinical Navigation positively impacting Category 1 response performance. In addition, 62 Hear and Treat triages were upgraded from their original 999 call handling categorisation with a conveyance rate of 82% which represents significant patient safety improvements. As more alternative pathways of care become available to Clinical Navigators, we expect to see further reductions in frontline ambulance use with further associated performance improvements for those most unwell
- Stroke data is currently based on information given to a non-clinical call handler who selects "Stroke or TIA" as the primary issue for prioritisation. The actual patient condition found once on scene, and whether it was a confirmed as Stroke needing rapid transportation may or not may differ. The data is therefore as yet unrefined and needs further work (see mitigations).

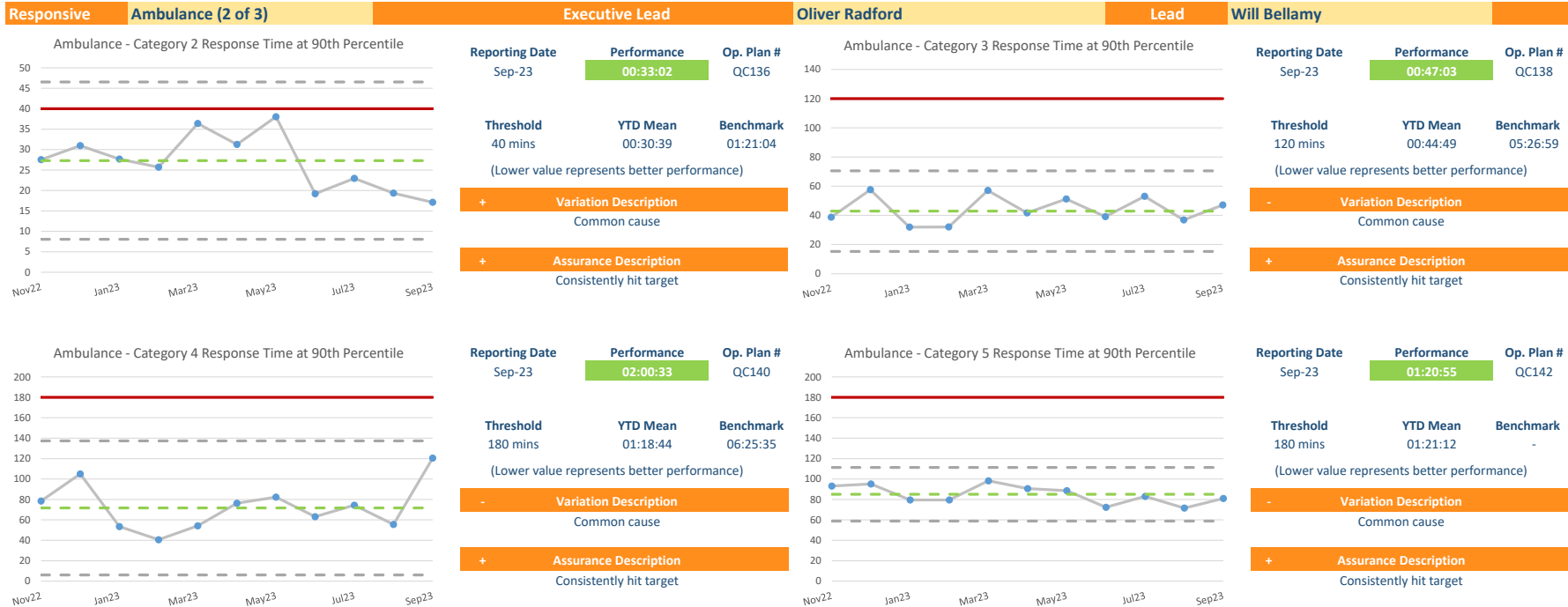
Planned / Mitigation Actions

- Initial root cause analysis of handover breaches has been undertaken.
- KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26.
- Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed in 2023/24 for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).

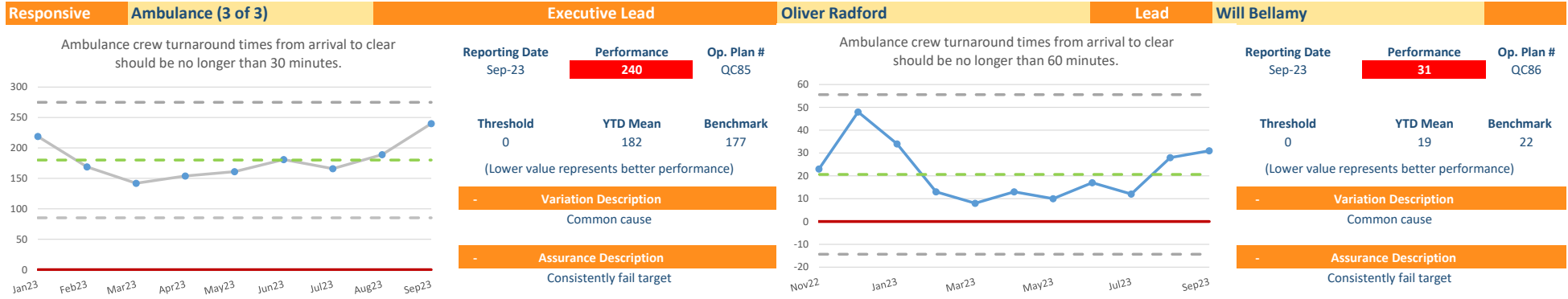
Assurance / Recovery Trajectory

- Development of supporting processes for robust management and reporting of Handover times will be undertaken as per the timescales set out in the Operating Plan for 2023/26.
- Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy and will align reporting metrics with recognised best practice KPIs as appropriate.

Note -
Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for September '23.
Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> We remain bench marking well against the categories (2,3,4 and 5) standards: - Category 2; Standard < 40 mins; 90th percentile = 00:33:02 Category 2 response performance declined but is still well within NHS England targets. - Category 3; Standard < 120 mins; 90th percentile = 00:47:03 - Category 4; Standard < 180 mins; 90th percentile = 02:00:33 - Category 5; Standard < 180 mins; 90th percentile = 01:20:55 		<p>Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for September' 23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> There were 31 instances where handover Turnaround Times were greater than 60 mins, and 240 where greater than 30 mins. 		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Responsive

Cancer Wait Times (1 of 3)

Executive Lead

Oliver Radford

Lead

Lisa Airey

The UK are moving to a new version of the National Cancer Waiting Time Guidance (version 12.0) from October 2023 (<https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00654-national-cancer-waiting-times-monitoring-dataset-guidance-v12.pdf>).

The IPR data will be aligned to the new reporting guidance from next month, with the reporting of the equivalent October 2023 data. The BI team are working on the changes to the reporting criteria in line with the new guidance. Work is continuing with the Cheshire & Merseyside to understand future developments of the guidance and planning towards future expectations.

The new guidance has simplified the CWT reporting:

- 28 day FDS – target 75% (Receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer)
- 62 day RTT – target 85% (From receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer)
- 31 day DTT – target 96% (From Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer)

Manx Care's reporting will be aligned to this guidance.

The new guidance has removed the reporting of the 2 Week Wait (2WW) however following feedback from Cheshire & Merseyside Cancer Alliance, this will continue to be monitored closely by our clinical and operational teams in order to support the achievement of the Faster Diagnostic Standard.

Faster Diagnosis Standard

The aim of this target is to:

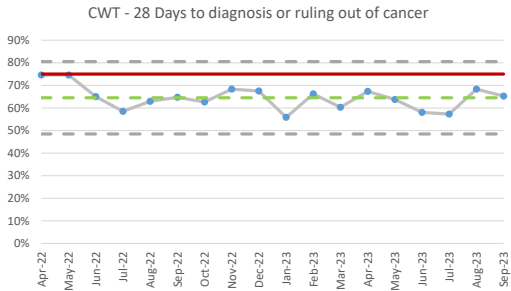
- reduce the time between referral and diagnosis of cancer
- reduce anxiety for patients, who will receive a diagnosis or an 'all clear' but do not currently receive this message in a timely manner
- work alongside the delivery of the 62-day referral to treatment cancer waiting times standard, including the standard to reduce waiting times, through improved analysis and pathway improvements of faster diagnosis.

The 28 day FDS gives a fuller indication of the first part of the suspected cancer pathway rather than using the 2WW performance alone. It reflects not only the first appointment, but also that the diagnostic work has been completed and most importantly that the patient has been informed of a cancer or non-cancer diagnosis.

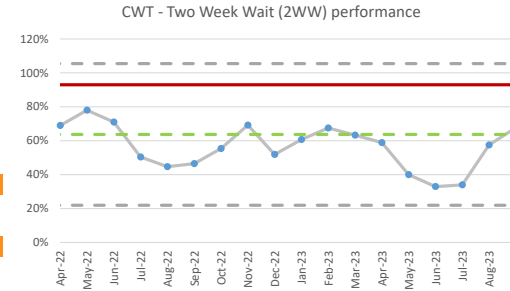
Best Practice Timed Pathways

The Best Practice Timed Pathways (BPTP) are being introduced for specific tumour groups. Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways, reduce variation, improve people's experience of care, and meet the Faster Diagnosis Standard (FDS). It will also ensure consistency between Manx Care's pathways and that of the Cancer Alliance pathways. Further work is needed to align with the BPTP pathways from the UK NHS.

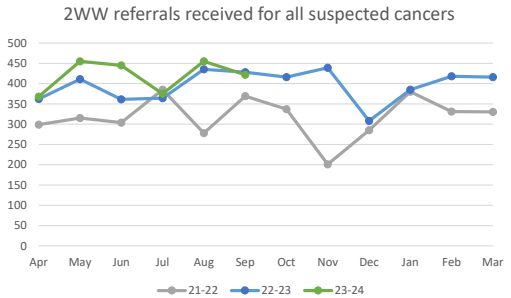
Responsive **Cancer Wait Times (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



Reporting Date Sep-23	Performance 65.3% (263 of 403)	Op. Plan # QC31
Threshold 75.0%	YTD Mean 63.3%	Benchmark 71.60%
Variation Description Common cause		
Assurance Description Consistently fail target		



Reporting Date Sep-23	Performance 67.7% (270 of 399)	Op. Plan # QC29
Threshold 93.0%	YTD Mean 48.5%	Benchmark 74.80%
Variation Description Common cause		
Assurance Description Consistently fail target		



Reporting Date Sep-23	Performance	Op. Plan #
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		

Tumour Group	2WW Referrals							Total 2022/23 (Apr 22-March 23)	Forecast Demand Growth
	Sep-23	Apr - Sep 2023	Apr - Sep 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24		
Breast	67	402	320	25.6%	67	53	802	635	26.2%
Colorectal	75	466	434	7.4%	80	72	945	913	3.5%
Dermatology	97	609	524	16.2%	101	87	1,217	995	22.3%
Gynaecology	38	251	236	6.4%	42	39	503	476	5.7%
Haematology	10	30	29	3.4%	6	5	65	72	-10.0%
Head & Neck	35	221	217	1.8%	37	36	442	422	4.7%
Lung	11	68	64	6.3%	13	11	145	120	20.7%
Other	1	13	21	-	2	4	27	29	-7.6%
Upper GI	40	186	206	-9.7%	33	34	382	406	-5.9%
Urology	33	199	194	2.6%	36	36	416	432	-3.7%
Sub-Total	407	2,445	2,245	8.9%	425	389	4,943	4,500	9.8%

**Tumour Group	Monthly number of	
	Sep-23	12 month Avg.
Breast symptomatic (non-suspected cancer)	12	10

*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 23 - Mar 24.
 **Monthly referral figures for Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.
 Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.

Issues / Performance Summary

- Continued high number of suspected cancer referrals across tumour groups is impacting on capacity.
- All suspected cancers continue to be monitored against Cancer Waiting Times (CWT) targets by operational PTL and tumour specific PTLs
- Delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS) and communication with MDT to stop the clock as soon as diagnosis is communicated.
- Capacity for Endoscopy and Outpatient appointments due to lack of staff to cover clinics noted at PTL
- Volatility of percentages due to small numbers, especially for some targets

Planned / Mitigation Actions

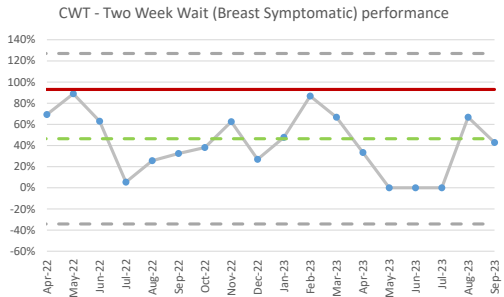
- Review of Suspected cancer GP proforma against new Cancer Alliance templates underway with specialist teams - this should give better guidance to GPs
- Continued roll out of tumour specific PTLs to ensure better communication between clinical/MDT staff over potential to breach CWT targets
- Review of administration of referrals with PIC underway to streamline process and ensure days not lost in pathway ahead of first appointment being booked.
- Draft Cancer Access Policy, Cancer Escalation Policy and Inter-hospital transfer and breach allocation SOP are shortly to be circulated for consultation. A number of the 62 day Referral to Treatment (RTT) breaches are due to the wait times at the UK specialist centres providing treatment, and as such are outside of Manx Care's control. These documents will support this process. They will also support better communication/escalation of possible breaches and identify root cause of any unavoidable breaches
- Further work needed on subsequent treatment tracking and data reporting
- Review of Cancer Services and resources underway - further work needed to understand pathways against Cancer Alliance clinical pathways in addition.

Assurance / Recovery Trajectory

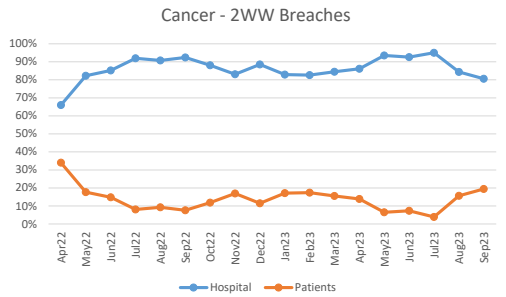
- Reporting data now taken directly from the Somerset Cancer Registry and automated.
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance and will adapt to new guidance from next month.

Note -
 Benchmarks for '2WW Performance' and '28 days to diagnosis' are UK NHSE performance figures for Aug'23.
 Benchmark for '2WW referrals received' is the Manx Care monthly average for 2022/23.

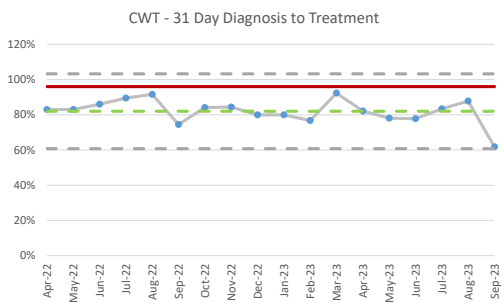
Responsive **Cancer Wait Times (2 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



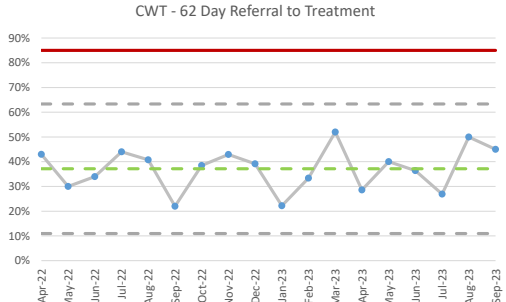
Reporting Date	Performance	Op. Plan #
Sep-23	42.9% (3 of 7)	QC30
Threshold	YTD Mean	Benchmark
93.0%	23.8%	70.30%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	42.9% (3 of 7)	QC30
Threshold	YTD Mean	Benchmark
93.0%	23.8%	70.30%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	61.8% (21 of 34)	QC35
Threshold	YTD Mean	Benchmark
96.0%	78.5%	91.00%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	45.0% (9 of 20)	QC34
Threshold	YTD Mean	Benchmark
85.0%	37.8%	62.80%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		

Issues / Performance Summary

- The 93% 2WW standard allows 7% for patient choice – in September there has been a higher percentage of patient choice breaches.

For September'23:
Reason for Breach - Hospital: 80.6%
Reason for Breach - Patient Choice: 19.4%

- The Breast Symptomatic 2WW performance was impacted by a clinic cancellation, with 3 patients breaching by a small number of days

Planned / Mitigation Actions

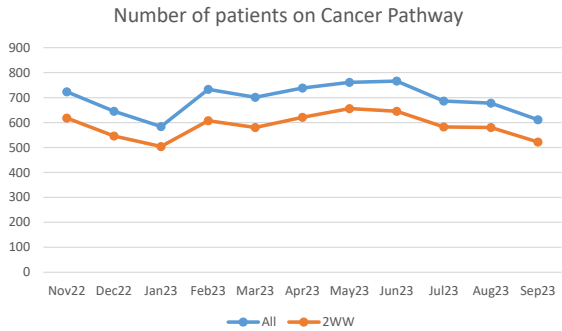
- Continued roll out of tumour specific PTLs to ensure better communication between clinical/MDT staff over potential to breach CWT targets
- Review of administration of referrals with PIC underway to streamline process and ensure days not lost in pathway ahead of first appointment being booked.
- Draft Cancer Access Policy, Cancer Escalation Policy and Inter-hospital transfer and breach allocation SOP are shortly to be circulated for consultation. A number of the 62 day Referral to Treatment (RTT) breaches are due to the wait times at the UK specialist centres providing treatment, and as such are outside of Manx Care's control. These documents will support this process. They will also support better communication/escalation of possible breaches and identify root cause of any unavoidable breaches
- Further work needed on subsequent treatment tracking and data reporting
- Review of Cancer Services and resources underway – further work needed to understand pathways against Cancer Alliance clinical pathways in addition.

Assurance / Recovery Trajectory

- Reporting data now taken directly from the Somerset Cancer Registry and automated.
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance and will adapt to new guidance from next month.

Note -
Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Aug'23

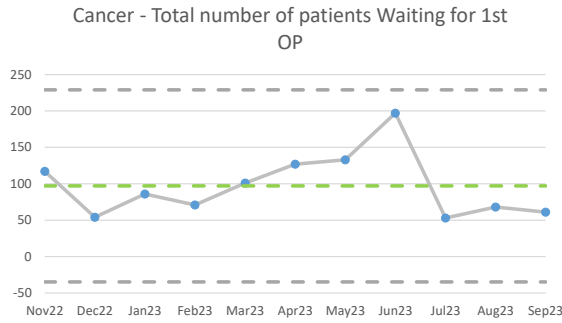
Responsive **Cancer Wait Times (3 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



Reporting Date Sep-23	Performance 611	Op. Plan #
Threshold -	YTD Mean 707	Benchmark 677

Variation Description

Assurance Description

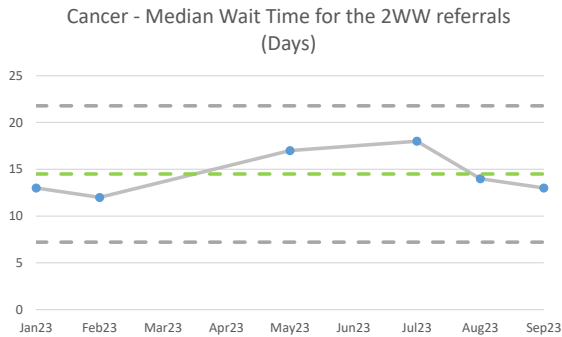


Reporting Date Sep-23	Performance 61	Op. Plan #
Threshold	YTD Mean 107	Benchmark 86

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description



Reporting Date Sep-23	Performance 13	Op. Plan #
Threshold	YTD Mean	Benchmark

+ Variation Description
Common cause

Assurance Description

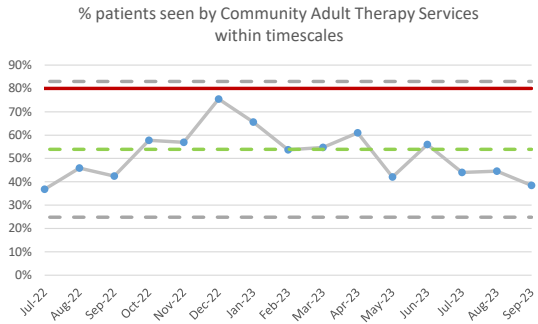
Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

Please see page 50 for supporting narrative.

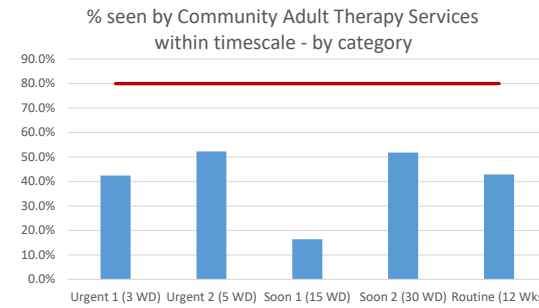
Number of patients on a cancer pathway is based on the figure at the close of the month to give a guide to activity - the amount varies throughout the month

The number of patients awaiting first appointment is based on the figure reported at the last Operational Cancer PTL of the month to give a guide to activity - the number waiting varies throughout the month

Responsive Integrated Primary & Community Care (1 of 5) **Executive Lead** **Oliver Radford** **Lead** **Annmarie Cubbon**



Reporting Date	Performance	Op. Plan #
Sep-23	38.5%	QC62
Threshold	YTD Mean	Benchmark
80.0%	47.7%	54.4%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Sep-23	-	
Threshold	YTD Mean	Benchmark
80%	-	-
(Higher value represents better performance)		
Variation Description		
Assurance Description		

Issues / Performance Summary

Community Adult Therapy:

- 42.4% of Urgent 1 (3 working day) and 52.2% of Urgent 2 (5 working day) patients were seen within the required timescales in September.
- The team hold heavy caseloads of patients with complex and changing needs requiring regular input and reviews making it more difficult to respond to new referrals.
- Staffing – currently 1 B7 Physiotherapist on sick leave (off all of the month of September), existing cases have needed picking up. Also 1 x B7 fulltime OT vacant (acting up as interim team lead), 1 x B6 0.6 OT vacant, and 1 x B5/6 Rotational OT post vacant.

Planned / Mitigation Actions

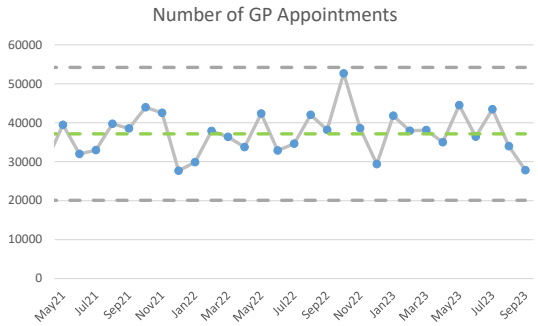
Community Adult Therapy:

- Team have reviewed triage priorities and would like to simplify these to Priority 1 (10 day response), Priority 2 (30 day response), Priority 3 (60 day response) – this is to be taken to Care Group Lead by Head of Therapies for discussion. This would reflect the service not being an urgent/rapid response service, reduce the pressure on the team to focus on the urgent referrals and improve the response times to the other categories.
- Bank OT currently supporting for approx. 26 hours a week.
- Part time OT within the team picking up additional hours as able.
- TSR requests in place for 2 x B6 OT – no interest at present.
- 0.6 OT post currently out to advert.
- B5/6 Rotational post out to advert – currently 4/5 posts vacant with this to increase to 5/5 vacant from December. The post has been on a rolling advert throughout the year, 1 interview to be offered following last closing date.
- Team completing waiting list reviews.

Assurance / Recovery Trajectory

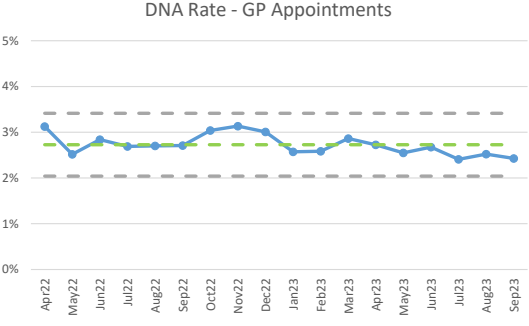
- Note:
Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.

Responsive Integrated Primary & Community Care (2 of 5) **Executive Lead** **Oliver Radford** **Lead** **Annamarie Cubbon**



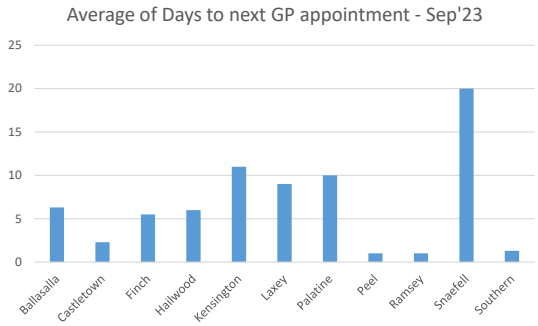
Reporting Date	Performance	Op. Plan #
Jul-23	27786	-
Threshold	-	-
YTD Mean	36860	-
Benchmark	-	38523
Variation Description Common cause		

Assurance Description



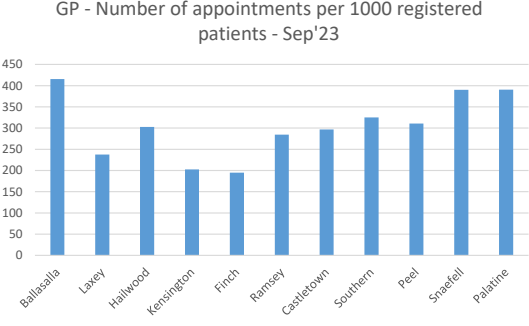
Reporting Date	Performance	Op. Plan #
Jul-23	2.4%	QC151
Threshold	-	-
YTD Mean	2.6%	-
Benchmark	-	2.8%
Variation Description Common cause		

Assurance Description



Reporting Date	Performance	Op. Plan #
Sep-23	-	-
Threshold	-	-
YTD Mean	7.2	-
Benchmark	-	-
Variation Description (Lower value represents better performance)		

Assurance Description

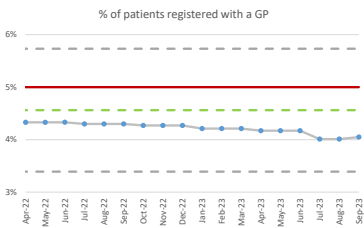


Reporting Date	Performance	Op. Plan #
Jul-23	-	-
Threshold	-	-
YTD Mean	-	-
Benchmark	-	-
Variation Description		

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory

Responsive	Integrated Primary & Community Care (3 of 5)	Executive Lead	Oliver Radford	Lead	Anmarie Cubbon
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Reporting Date	Performance	Op. Plan #
Jul-23	4.0%	QC99
Threshold	YTD Mean	Benchmark
5.0%	4.1%	4.3%
(Lower value represents better performance)		
Variation Description		
Special Cause of Improving variation (Low)		
Assurance Description		
Consistently hit target		

Issues / Performance Summary

% of patients registered with a GP:

- % tolerance for September is 4.06%. This is in line with expectations.

Planned / Mitigation Actions

% of patients registered with a GP:

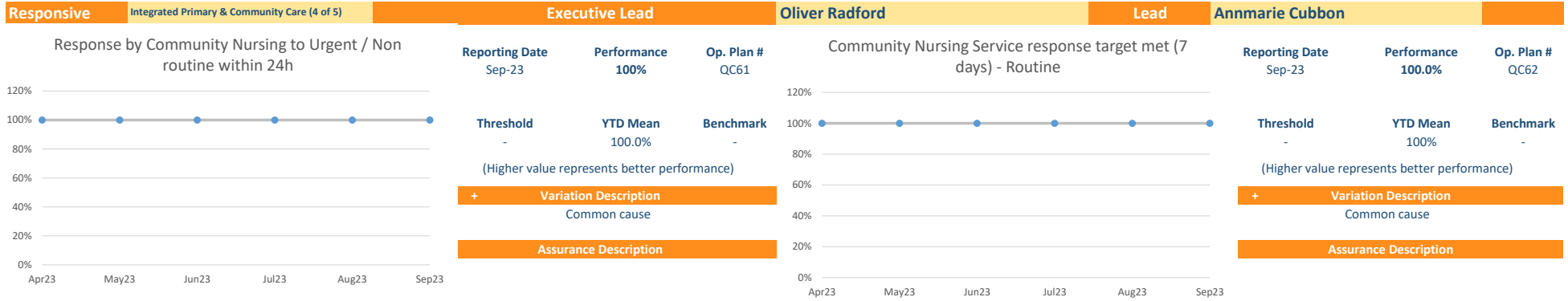
- List cleansing is conducted monthly / quarterly and annually. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system.
- The GP Contracts manager, at the contract review meetings discusses ensuring the patients lists are accurate and up to date and also to utilise every opportunity like ensuring that any returned mail is actioned, to reduce the lists further.

Assurance / Recovery Trajectory

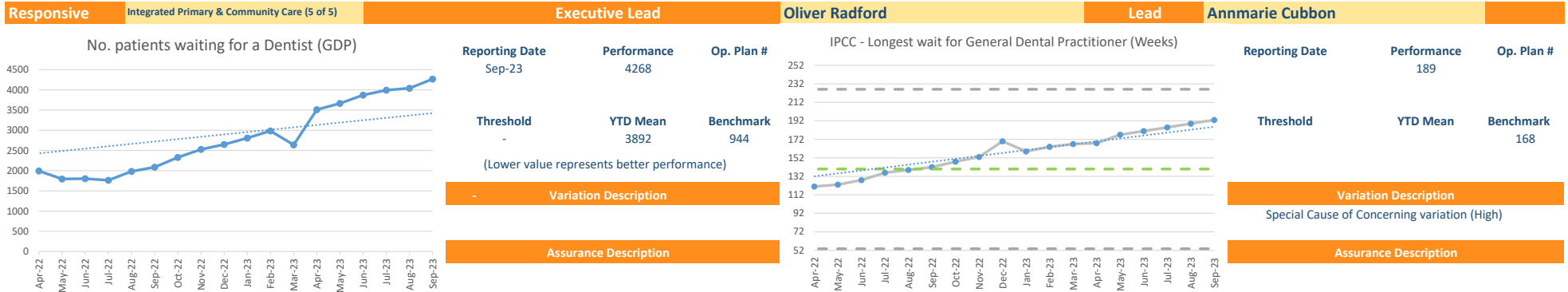
% of patients registered with a GP:

- The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and movement has been made to reduce to 4%.
- We will continue to review the % on a monthly / quarterly basis, working to the list cleansing timetable and with practices accordingly.

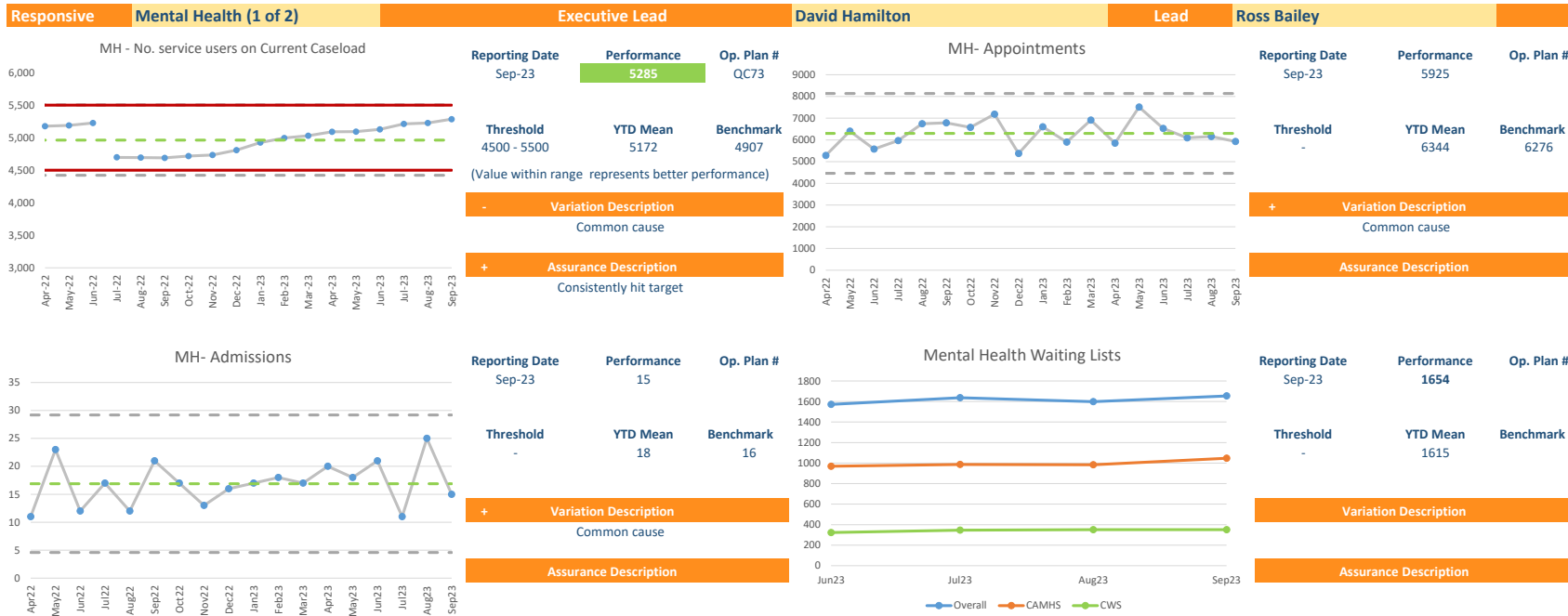
We have recently completed a piece of work on multiple occupancy residences and the returns have identified a large number of patients who will in 6 month's time be removed from GP Practice lists should an alternative address not be found.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Both Community Nursing response standards continue to be fully met.		

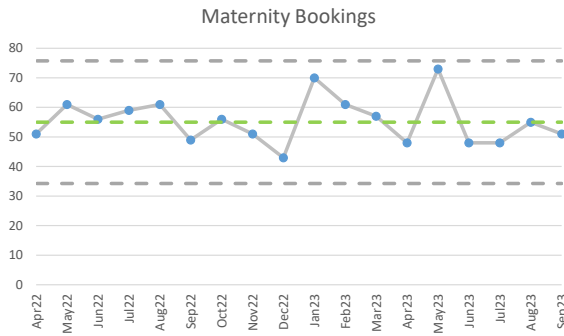


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Dental:</p> <ul style="list-style-type: none"> In September 2023 198 patients were added to the dental allocation list. 62 children were added and 136 adults. 0 patients were allocated to a NHS dental practice. At the end of September 2023 the total number of patients awaiting allocation to a NHS dentist was 4,268. 	<p>Dental:</p> <ul style="list-style-type: none"> Currently there are discussions between Manx Care and DHSC in relation to NHS dental services which includes a paper regarding unifying of the UDA value. Reports in relation to recall periods have been requested from NHSBSA who collate data in relation to NHS dental services and claims. This report identifies that the current recall period is between 7-9 months. Further discussions in relation to reviewing the KPI's on recall periods to be had with contractors by the end of December 2023. The majority of patients on the waiting list have now been contacted by either telephone or email. the results are now being collated and the waiting list is being updated. It is expected that this work should be completed by the end of November 2023. 	<p>Dental:</p> <ul style="list-style-type: none"> To update and review figures once dental allocation list cleansed The dashboard for the dental allocation list has been completed. <p>Note - Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2022/23. Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Current Caseload: Caseload remains within the expected range and continues to steadily increase. It is significantly higher locally than you would expect within the English NHS. Particularly within CAMHS, whose caseload is some 4 times higher than you would expect per 100 thousand population equivalent in England. This range is benchmarked upon historic demand.</p> <p>MH Appointments: The DNA rate for the service is at 10.33%</p> <p>MH Admissions to Manannan Court: Admissions in September have fallen compared to a spike in August. Discharges have also increased to mitigate this.</p> <p>MH Waiting Lists: Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate) There are 340 Adults waiting, the average days waiting is at 126</p> <p>Reduction in waiting list volume's for CAMHS mental health services There are 1055 children waiting, the average days waiting is 348.84, however those where there is a significant risk of harm are triaged & assessed within 24 hours.</p>	<p>Current Caseload: Business case for additional staff in CAMHS is progressing to treasury.</p> <p>MH Appointments: Operational Managers are able to view DNA rates via their reporting dashboard and can take action if negative trends or areas of concerns are identified.</p> <p>MH Admissions to Manannan Court: Continue to monitor the impact of successful recruitment in community services on inpatient admissions.</p> <p>MH Waiting Lists: The intention is to report on referral to treatment times, we are working with the performance team to establish a clear methodology and the scope for RTT reporting.</p> <p>Reduction in waiting list volume's for CAMHS mental health services The business case to treasury suggests options to reduce waiting lists, with the assistance of partnership arrangements with third sector providers and shared care agreements with GP's.</p>	<p>Current Caseload: IMHS continue to be the main contributing department to the implementation of iThrive on the island. Successful embedding of this initiative should ensure that services other than entry to IMHS are available to children and their families, this should over time reduce demand on the service now and in the future.</p> <p>MH Appointments</p> <p>MH Admissions to Manannan Court:</p> <p>MH Waiting Lists Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate) Successful recruitment to difficult to recruit to posts, following a "grow your own" initiative, will ensure that there will be no wait for low to moderate psychological therapies at the start of 2024</p>

Responsive **Women & Children (1 of 2)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



Reporting Date
Sep-23

Performance
51

Op. Plan #
-

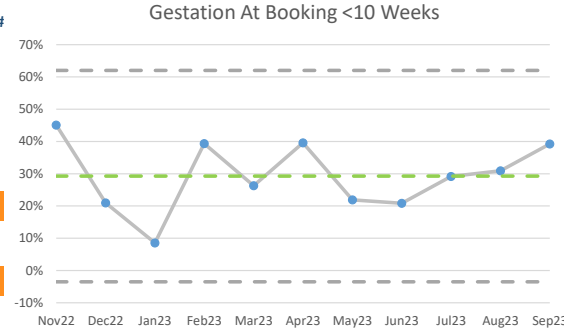
Threshold
-

YTD Mean
1086

Benchmark
56

Variation Description
Common cause

Assurance Description



Reporting Date
Sep-23

Performance
39%

Op. Plan #
-

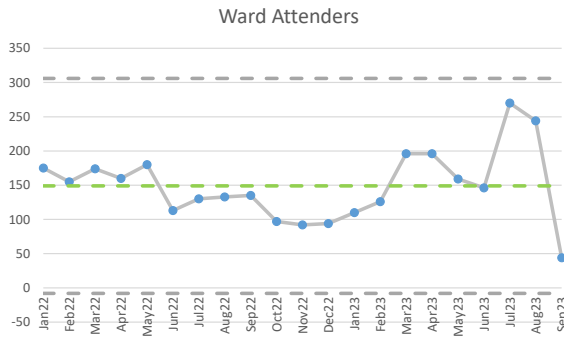
Threshold
-

YTD Mean
30%

Benchmark
28.0%

Variation Description
Common cause

Assurance Description



Reporting Date
Aug-23

Performance
244

Op. Plan #
-

Threshold
-

YTD Mean
-

Benchmark
131

Variation Description
Common cause

Assurance Description

Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

Maternity bookings

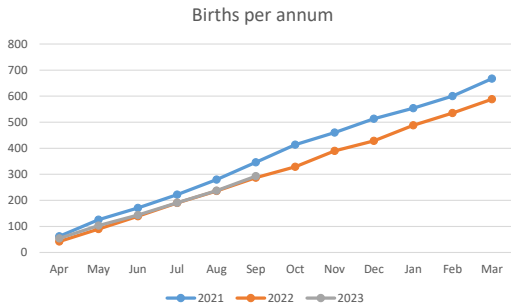
Gestation<10 weeks at booking: 20 (39.2%) compared with 13 (26.5%) last September. The work to implement a self-referral process for women is ongoing and once implemented the compliance with this KPI should improve.

Booking: A total of 51 women have booked for care in September compared with 49 women at the same time in 2022.

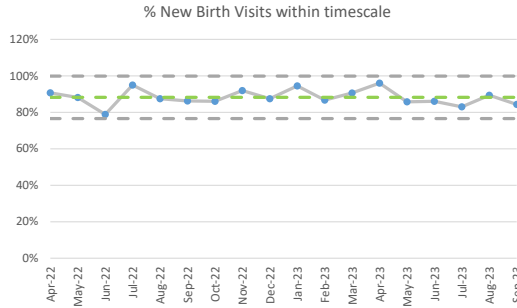
Planned / Mitigation Actions

Assurance / Recovery Trajectory

Responsive Women & Children (2 of 2) Executive Lead Oliver Radford Lead Linda Thompson



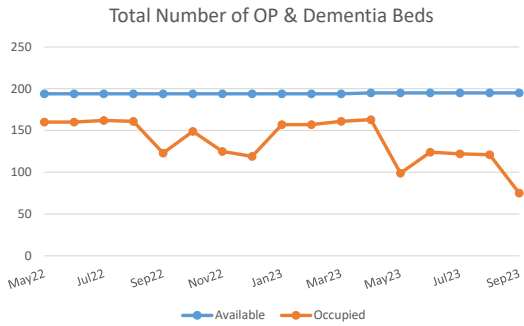
Reporting Date	Performance	Op. plan #
Sep-23	293	
Threshold	YTD Mean 170	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Sep-23	84%	QC133
Threshold	YTD Mean 87%	Benchmark 89%
- Variation Description Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions
<p>Over the month of September there was 56 babies born</p> <p>In September 2023 we received 45 Antenatal referrals into the department.</p> <p>We completed a total of 51 visits. Out of these visits, 43 were completed within the timeframe of 14 days and 8 were not completed on time.</p> <p>Percentage Within timeframe – 84.3% Out of Timeframe – 15.7%</p> <p>Exception Data 2 visits were offered on time, one was rescheduled by parents and one was a DNA. The 3rd exception was due to the baby being in NNU.</p> <p>Breach Data 6 breaches were impacted by high level of staff sickness and the nursing strike.</p> <p>In September 31 women were assessed as Universal, 6 as Universal Plus and 3 as Universal Partnership Plus at their New Birth Visit.</p>	<p>With the establishment increasing as of September we expect all new birth visits to be conducted within timeframe where within our control.</p>

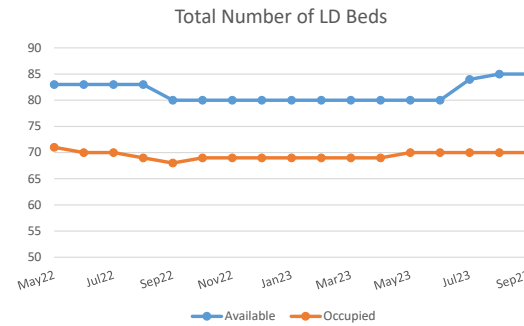
Responsive **Adult Social Care** **Executive Lead** **David Hamilton** **Lead** **Jonathan Carey**



Reporting Date	Performance	Op. Plan #
Sep-23	Available 195 Occupied 75	-
Threshold	YTD Mean -	Benchmark -

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Sep-23	Available 85 Occupied 70	-
Threshold	YTD Mean -	Benchmark -

Variation Description

Assurance Description

Issues / Performance Summary **Planned / Mitigation Actions**

The vacancy factor across Older Peoples Services is largely attributable to recent announcements at Cummal Moor where they currently have 7 vacant beds + 3 respite beds. Southlands are carrying 4 vacancies but have 4 people on the waiting list. Dementia Care & Support Services have 4 vacancies and 5 people on the waiting list. Therefore in reality where there are vacancies people are transitioning into those beds. Across Learning Disability Services of the 86 beds available - 4 are in decommissioned home (CQC Recommendation) - 5 are currently unavailable due to the challenges presented by existing service users (Douglas & Ramsey) The remaining beds are largely identified for people in transition to residential services and as such, services are operating at 86% of available capacity.

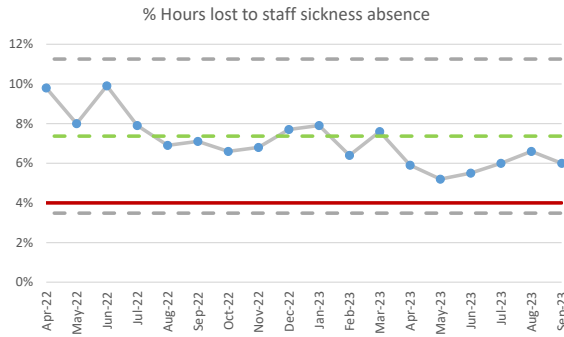
Decisions in regard to the future use of Cummal Moor will help provide additional certainty. Decisions in regard to Summerhill View and the part or full commissioning of that service will support a more stable position. Business cases are pending in regard to LD services which if approved, will support increased capacity.



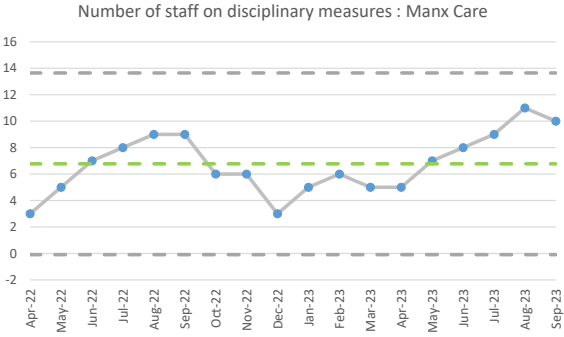
Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Sep-23		6.0%	5.9%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Sep-23	-	82	81	-	-		
WP004		Workforce - Number of staff leavers	Sep-23	-	34	26	157	-		
WP005		Workforce - Number of staff on disciplinary measures	Sep-23	-	10	8	50	-		
WP006		Workforce - Number of suspended staff	Sep-23	-	4	2	12	-		
WP013		Staff 12 months turnover rate	Sep-23		9.7%	10.2%	-	10%		
WP014		Training Attendance rate	Sep-23		60.0%	61.3%	-	90%		
WP007		Governance - Number of Data Breaches	Sep-23		12	11	68	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Sep-23	-	51	55	328	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Sep-23	-	6	3	16	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Sep-23	-	7	11	63	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Sep-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Sep-23		33	41	246	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Sep-23		24	40	238	-		

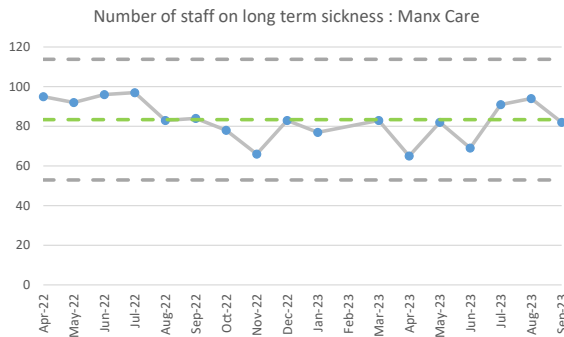
Well Led | **OHR (1 of 2)** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**



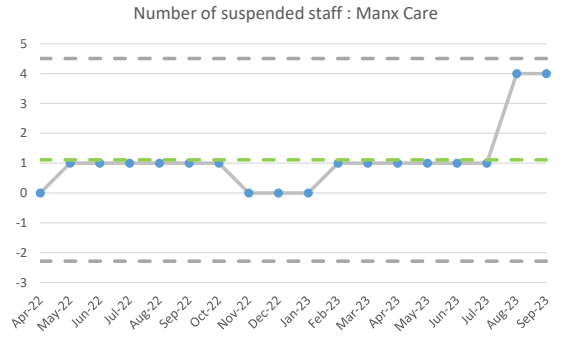
Reporting Date	Performance	Op. plan #
Sep-23	6.0%	P1
Threshold	4.0%	Benchmark
	YTD Mean 5.9%	7.7%
(Lower value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (Low)		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Sep-23	10	P5
Threshold	-	Benchmark
	YTD Mean 8	-
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Sep-23	82	P4
Threshold	-	Benchmark
	YTD Mean 81	-
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



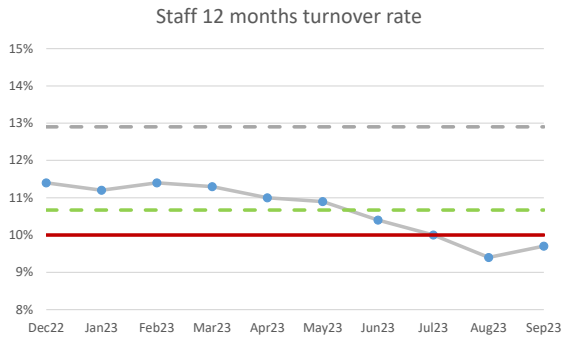
Reporting Date	Performance	Op. plan #
Sep-23	4	P6
Threshold	-	Benchmark
	YTD Mean 2	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary	
• Worktime lost in September '23 by sickness category:	
Stress, Anxiety & Depression	- 1.6%
Cough, Cold & Flu	- 0.3%
Musculoskeletal	- 1.2%
Covid-19	- 0.8%
Other sickness	- 2.2%
• Worktime lost in September'23 by Area:	
Integrated Social Care Services	- 7.2%
Medicine, Urgent Care & Ambulance Services	- 3.9%
Integrated Mental Health Services	-
Infrastructure	- 11.9%
Integrated Primary & Community Care Services	- 4.9%
Integrated Cancer & Diagnostic Services	- 1.6%
Women, Children & Families	- 3.1%
Surgery, Theatres, Critical Care & Anaesthetics	- 7.1%

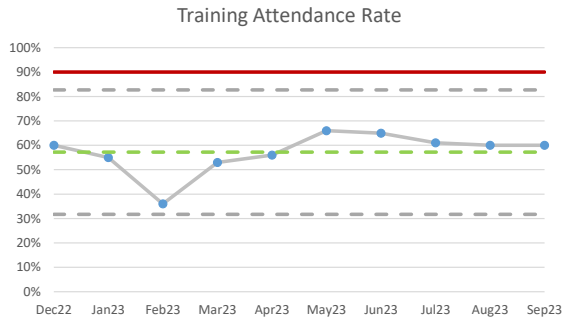
Planned / Mitigation Actions
• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.
• The decision to suspend staff which may occasionally be necessary is normally taken in consultation with HR to ensure the measures are appropriate and proportionate.

Assurance / Recovery Trajectory
• Absence rates, including bradford factor reports and trends data are monitored at a care group level. Effective absence management relies on a proactive approach by managers as well as they use of appropriate information and support provided by OHR. Absence is also impacted by staff engagement and wider initiatives relating to wellbeing and culture which should have a positive impact.

Well Led | **OHR (2 of 2)** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**

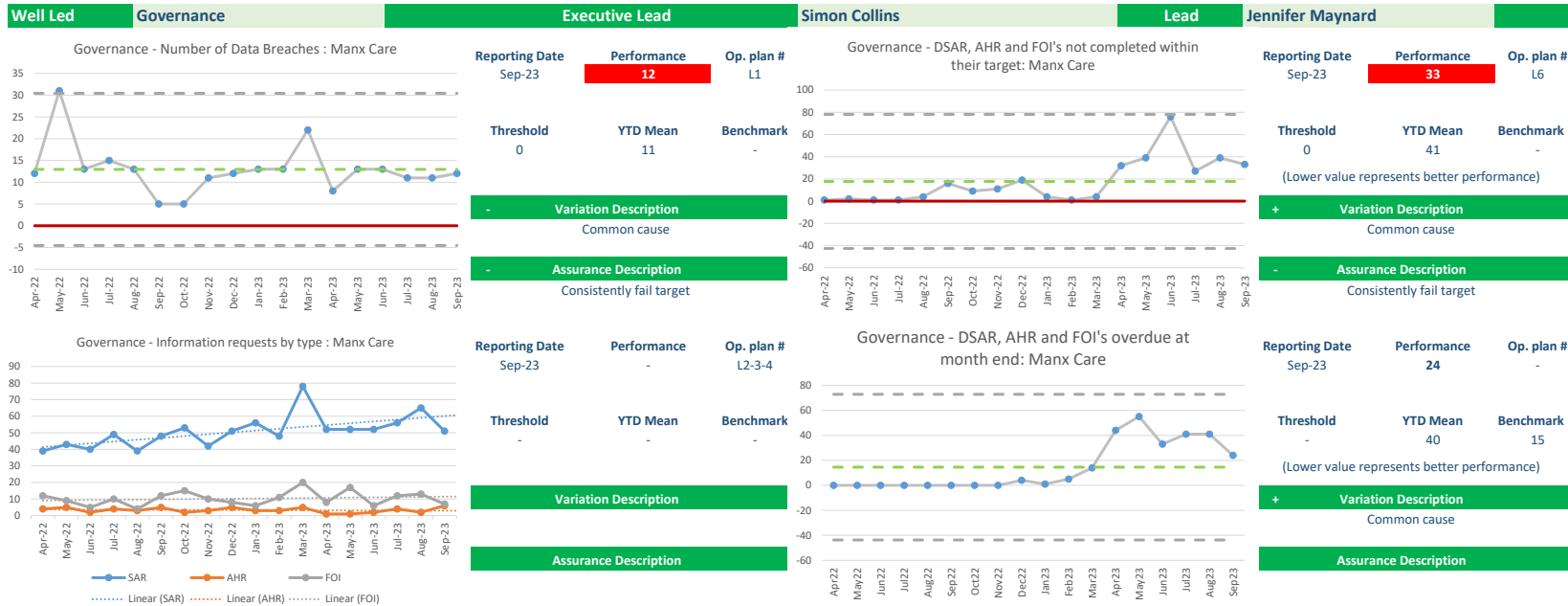


Reporting Date	Performance	Op. plan #
Sep-23	9.7%	P2
Threshold	YTD Mean	Benchmark
10.0%	10.2%	11.3%
(Lower value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		












Reporting Date	Performance	Op. plan #
Sep-23	60%	P7
Threshold	YTD Mean	Benchmark
90%	61%	51%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory

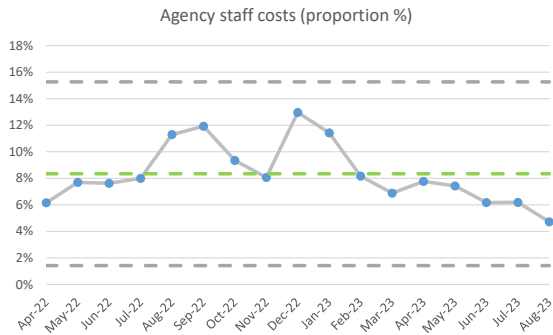


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Breaches – September</p> <p>Total: 12</p> <p>Data Subjects informed: 7</p> <p>Data Subjects Not Informed: 4 - 3 x low risk to the patient; 1 x patient off Island.</p> <p>One breach investigation is ongoing.</p> <p>Types of breach</p> <p>Email: 5</p> <p>Written Communication: 6</p> <p>Confidentiality: 1</p>	<ul style="list-style-type: none"> For the past year Manx Care has reported all incidents reported to the Information Governance team as breaches to the Information Commissioner. This has resulted in Manx Care reporting non breaches and breaches which did not require the ICO to be informed, but was done as part of the remediation plan agreed with the Commissioner. Following a recent meeting with the interim Information Commissioner it has been agreed that Manx Care can move to a position of only reporting to the ICO the breaches which are required to be reported under GDPR. However, Manx Care will continue to maintain a detailed breach log, conduct full internal investigations with the relevant service areas for all breaches, and will continue to work with the IG Risk and Quality Assurance Manager to ensure any improvements and remedial actions identified are progressed. Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared with the incorrect GP 	<ul style="list-style-type: none"> Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Staff reporting breaches to the Manx Care DPO is a positive reflection of the awareness amongst staff of the responsibility for good information governance. Willingness by staff to report ensures that Manx Care is continuously reviewing and strengthening the way the organisation manages and secures data subjects' information. There is a general upward trend in the number of DSAR and FOI requests being received by Manx Care. The Information Governance team continues to face a significant challenge in responding to these requests within the legal timeframes. Longer term this pressure is likely to remain high.

Well Led (Finance) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Aug-23		33%	-	82%	100% (equiv. 1%)		
WF002		Total income (£)	Aug-23	-	-£1,256,107	-£1,238,717	-£6,335,114	-		
WF003		Total staff costs (£)	Aug-23	-	£17,743,480	£16,177,273	£87,835,040	-		
WF004		Total other costs (£)	Aug-23	-	£13,621,545	£11,886,589	£65,454,232	-		
WF005		Agency staff costs (proportion %)	Aug-23	-	5%	9.1%	-	-		
WF009		Actual performance against Budget	Aug-23		548	-£4,401	-£10,864	-		

Well Led	Finance (1 of 2)	Executive Lead	Jackie Lawless	Lead	Samantha Allibone
<p>Actual Performance against Budget</p>		<p>Total staff costs (£)</p>		<p>Total income (£)</p>	
<p>Reporting Date: Aug-23 Performance: 17,743,480 Op. plan #: F4</p> <p>Threshold: - YTD Mean: 16,177,273 Benchmark: - (Lower value represents better performance)</p> <p>Variation Description: + Assurance Description: Common cause</p>		<p>Reporting Date: Aug-23 Performance: -1,256,107 Op. plan #: F3</p> <p>Threshold: - YTD Mean: -1,238,717 Benchmark: - (Higher value represents better performance)</p> <p>Variation Description: - Assurance Description: Common cause</p>		<p>Reporting Date: Aug-23 Performance: 33.3% Op. plan #: F1</p> <p>Threshold: 100% (equiv. 1%) YTD Mean: - Benchmark: - (Higher value represents better performance)</p> <p>Variation Description: + Assurance Description:</p>	
<p>Planned / Performance Summary</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m). Spend is expected to increase by £24.3m compared to the prior year, whilst funding has increased by just £20m creating a gap of £4.4m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £14.9m. <p>Total income (£):</p> <ul style="list-style-type: none"> The operational result for August is an overspend of (£2.7m) with an increase in costs of £1.0m compared to the previous month. The main reason for the increase in costs in the month is due to Tertiary where costs increased by £0.8m in the month. Actuals have been aligned with the activity data received from our providers. Due to delays in receiving data, actuals previously reported in the accounts were an agreed amount based on last year's activity & an assumed uplift. <p>Total staff costs (£):</p> <ul style="list-style-type: none"> The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m). YTD employee costs are (£1.9m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total spend YTD of £5.3m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.2m), Women & Children (£0.8m) and Social Care (£0.8m), where spend is primarily incurred to cover existing vacancies in those areas. 		<p>Planned / Mitigation Actions</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> As part of the calculations for the current forecast it is assumed that the CIP set out in the mandate is fully achieved this year (£4.5m). To date, £1.5m in cash out savings have been delivered, which have also been reflected in the forecast. £459k in efficiencies have also been delivered but these do not impact the forecast. Budget for the Restoration & Recovery programme of £10.3m has been phased by month with the first five months of funding included in the August accounts meaning that in the month there is underspend of £4.2m against this line. On a YTD basis there is an overspend but this is due to invoice timing. Actuals and the forecast for this project are closely monitored to ensure that the programme will be delivered within the funding allocated. <p>Total income (£):</p> <ul style="list-style-type: none"> The full year forecast has remained the same as reported in July (£27.1m), with £4.9m of this expected to be approved from the DHSC reserve fund reducing this to (£22.2m). <p>Total staff costs (proportion %):</p> <ul style="list-style-type: none"> Although agency costs are continuing to reduce bank costs are increasing which means that overall costs are only tracking slightly lower than last year but within expected trends. 		<p>Assurance / Recovery Trajectory</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> Due to the expected outturn additional mitigations are being explored as part of a financial planning exercise in which the Care Groups have prepared plans on ways to address the financial gap. All Care Groups have been given an efficiency target within their budgets and initial reports have been collated which include financial implications as well as the impact on performance & quality. These are being reviewed and if applicable will form part of an expanded CIP or will be additional mitigations that can be implemented in year. <p>Total income (£):</p> <ul style="list-style-type: none"> Of the forecast overspend, £7.2m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally. 	



Reporting Date	Performance	Op. plan #
Aug-23	4.7%	
Threshold	YTD Mean	Benchmark
	6.5%	9.1%

(Lower value represents better performance)

+ **Variation Description**
Common cause

Assurance Description

Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

Please see 'Total staff costs (£):' section on the previous page.

Performance Scorecard 1

KPI ID	Indicator	Op. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance
SA001	Serious Incidents declared	<3 < 36 PA	4	2	3	2	0	0	2	2	1	1	3	3	1	11	
SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80.00%	75.00%	10.00%	75.00%	100.00%	100.00%		
SA018	Letter has been sent in accordance with Duty of Candour Regulations	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.00%	100.00%	10.00%	75.00%	100.00%	100.00%		
SA003	Eligible patients having VTE risk assessment within 12 hours of decision to admit	95.00%	83.07%	91.00%	90.30%	86.68%	94.39%	97.85%	95.06%	90.41%	84.73%	89.60%	87.30%	88.89%	91.00%		
SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95.00%	90.48%	94.00%	93.53%	92.00%	99.90%	99.17%	97.00%	91.87%	95.87%	97.40%	100.00%	98.00%	96.00%		
SA005	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SA006	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	<2	0.33	0	1.24	0	0.47	0.35	0.54	0.63	0.16	0.16	0.17	0.45	0.31		
SA019	Pressure Ulcers - Total Incidence - Grade 2 and above	<= 17 (204 PA)	9	18	17	11	13	11	13	15	13	19	24	29	16	116	
SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	0	1	2	0	2	3	2	4	4	4	4	2	1	19	
SA008	MRSA - Total number of acquired infections	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
SA009	E-Coli - Total number of acquired infections	< 72 PA	7	6	5	6	5	4	0	5	8	6	10	4	9	42	
SA010	No. confirmed cases of Klebsiella spp	-	1	2	3	0	0	0	0	0	3	1	2	2	2	10	
SA011	No. confirmed cases of Pseudomonas aeruginosa	-	1	1	0	1	0	0	0	0	0	0	1	1	1	3	
SA012	Number of Medication Errors (with Harm)	< 25 PA	1	1	0	0	0	0	0	1	1	0	0	0	0	2	
SA013	Harm Free Care Score (Safety Thermometer) - Adult	95.00%	97.5%	98.4%	98.0%	99.5%	97.5%	98.5%	96.9%	96.8%	97.4%	98.0%	97.5%	96.8%	97.0%		
SA014	Harm Free Care Score (Safety Thermometer) - Maternity	95.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
SA015	Harm Free Care Score (Safety Thermometer) - Children	95.00%	99.0%	86.6%	100.0%	95.8%	90.0%	95.2%	99.0%	82.3%	99.8%	95.2%	96.2%	100.0%	99.0%		
SA016	Hand Hygiene Compliance	96.00%	97.0%	97.0%	97.0%	98.0%	97.0%	97.0%	92.0%	98.0%	96.0%	99.0%	97.0%	97.0%	97.0%		
SA017	48-72 hr review of antibiotic prescription complete	98.00%	67.0%	73.0%	79.0%	71.0%	75.0%	58.0%	81.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%		
EF067	Planned Care - DNA - Hospital	5.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.7%	12.2%	10.2%		
EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5.00%	11.2%	11.1%	6.6%	9.4%	9.7%	7.9%	12.0%	11.9%	11.1%	10.4%	11.9%	14.8%	11.5%		
	Planned Care - DNA Rate (Nurse Led outpatient appointments)		5.8%	6.2%	5.9%	5.9%	4.2%	4.8%	6.0%	7.4%	7.1%	4.8%	5.1%	8.2%	6.6%		
	Planned Care - DNA Rate (AHP Led outpatient appointments)		10.3%	8.9%	10.4%	9.8%	10.0%	9.4%	11.0%	11.3%	9.5%	10.1%	9.0%	11.4%	10.2%		
EF002	Planned Care - Total Number of Cancelled Operations		359	343	303	357	429	317	396	236	344	284	337	268	371	1840	
	Hospital cancelled		197	198	171	234	280	179	229	109	196	138	200	140	223	1006	
	Patient cancelled		162	145	132	123	149	138	167	127	148	146	137	128	148	834	
EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	102	68	90	118	119	125	88	112	121	114	140	103	105	695	
	Average Length of Stay (ALOS) - Nobles	-	5	5	5	5	5	5	6	5	5	5	5	5	5		
	Average Length of Stay (ALOS) - RDCH	-	41	46	46	33	51	50	41	38	130	38	31	36	40		
	Total Number of discharges	-	951	949	1022	1021	991	866	1008	907	960	906	985	1009	938	4767	
EF050	Total Number of Inpatient discharges-Nobles	-	918	926	986	977	959	826	976	882	924	866	946	968	904	4586	
EF051	Total Number of Inpatient discharges-RDCH	-	33	23	36	44	32	40	32	25	36	40	39	41	34	181	

Performance Scorecard 2

KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance
EF003	Theatres - Number of Cancelled Operations on Day		27	38	50	38	81	39	48	36	40	28	51	27	33	215	
	Theatres - Number of Cancelled Operations on Day - Clinical		6	10	11	9	14	10	19	12	14	16	7	8	14	71	
	Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		2	2	4	4	4	5	11	5	6	5	14	5	6	41	
	Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		19	26	35	25	63	24	18	19	20	7	30	14	13	103	
EF004	Theatres - Theatre Utilisation %	85%	74.4%	68.1%	69.8%	76.3%	72.1%	82.5%	75.8%	73.3%	76.2%	67.8%	79.7%	82.4%	80.6%		
EF006	Crude Mortality Rate		16.89	17.37	32.72	29.28	22.48	20.23	24.24	16.47	15.37	12.75	15.25	19.63	18.81		
EF007	Total Hospital Deaths		16	19	38	32	21	23	27	18	18	13	20	21	20	110	
EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	24%	23%	24%	36%	54%	92%	94%	93%	93%	98%	98%	98%	97%		
EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	-22.5%	7.3%	0.0%	8.9%	-12.7%	7.3%	25.3%	6.7%	5.8%	-6.4%	24.9%	14.2%	7.1%		
EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	-46.5%	20.4%	-8.3%	17.5%	22.6%	-6.4%	89.2%	-10.9%	-1.8%	-25.3%	-25.6%	-1.8%	-14.3%	-1	
EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)		72	59	26	66	64	72	26	30	33	83	21	51	20		
EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	0.0%	91.0%	0.0%	100.0%	94.0%	94.0%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%		
EF064	Number of patients with a length of stay - 0 days (Mental Health)	-	N/A	N/A	N/A	N/A	0	3	0	2	1	1	0	1	1	6	
EF065	MH - Number of patients aged 18-64 with a length of stay -> 60 days	-	N/A	N/A	N/A	N/A	5	5	1	3	4	3	0	2	1	13	
EF066	MH - Number of patients aged 65+ with a length of stay -> 90 days	-	N/A	N/A	N/A	N/A	2	0	0	2	0	1	1	3	0	7	
EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%		
EF048	% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75.00%	N/A	N/A	N/A	N/A	N/A	100%	100%	50%	100%	100%	50%	100%			
EF026	Crisis Team one hour response to referral from ED	75.00%	97%	91%	88%	87%	100%	75%	91%	94%	94%	100%	96%	84%	90%		
EF015	ASC - % of Re-referrals	<15%	38.2%	9.6%	8.6%	11.3%	12.4%	4.6%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%		
EF063	ASC - No. of referrals		68	83	81	80	89	65	77	76	78	59	66	86	68	433	
EF016	ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	80.00%	100%	66%	77%	68%	55%	33%	27%	39%	39%	29%	42%	27%	23%		
EF017	ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	100.00%	0%	13%	21%	13%	14%	0%	27%	22%	48%	100%	100%	100%	96%		

EFFECTIVE

Performance Scorecard 3

KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85.00%	45.8%	48.4%	32.0%	62.5%	62.5%	35.7%	75.0%	100.0%	75.0%	65.5%	54.6%	50.0%	48.0%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90.00%	0.0%	100.0%	87.5%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	33.3%	80.0%	71.4%	80.0%		
EF022	CFSC - % Child Protection Reviews held on time	90.00%	30.2%	53.9%	87.5%	71.4%	66.7%	85.7%	77.8%	88.9%	100.0%	100.0%	88.9%	95.8%	95.7%		
EF023	CFSC - % Looked After Children reviews held on time	90.00%	90.0%	100.0%	93.8%	92.3%	94.7%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	90.5%	90.0%		
EF049	C&F - Number of referrals - Children & Families		N/A	N/A	N/A	N/A	N/A	N/A	N/A	116	172	144	133	121	168	854	
EF044	C&F - Children (of age) participating in, or contributing to, their Child Protection review	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	100.0%	93.0%	100.0%	100.0%	100.0%		
EF045	C&F - Children (of age) participating in, or contributing to, their Looked After Child review	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%		
EF046	C&F - Children (of age) participating in, or contributing to, their Complex Review	79%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95.00%	77%	74%	83%	84%	77%	89%	96%	97%	96%	99%	99%	97%	92%		
EF010	% Dental contractors on target to meet LDA's	96.00%	40%	47%	72%	75%	75%	75%	72%	3%	10%	17%	25%	35%	38%		
EF068	Pharmacy - Total Prescriptions (No. of fees)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£131,397	£140,744	£139,132	£136,305			£547,578	
EF069	Pharmacy - Chargeable Prescriptions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£16,509	£19,236	£18,377	£17,909			£72,031	
EF070	Pharmacy - Total Exempt Item		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£129,409	£139,125	£137,291	£134,446			£540,271	
EF071	Pharmacy - Chargeable Items		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£16,410	£19,108	£18,266	£17,909			£71,693	
EF072	Pharmacy - Net cost		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£1,361,186	£1,486,094	£1,456,788	£1,422,861			£5,726,929	
EF073	Pharmacy - Charges Collected		N/A	N/A	N/A	N/A	N/A	N/A	N/A	£63,586	£73,816	£70,832	£68,792			£277,026	
EF030	Caesarean Deliveries (not Robson Classified)		43%	36%	28%	34%	38%	26%	21%	39%	43%	32%	46%	61%	41%		
EF031	Induction of Labour	< 30%	29%	48%	43%	26%	27%	36%	34%	29%	36%	11%	15%	20%	16%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	2%	2%	2%	0%	5%	0%	0%	0%	0%	1%	0%	0%	1%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	2%	2%	3%	0%	2%	0%	0%	0%	0%	0%	1%	1%	0%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	0%	0%	0%	0%	0%	0%	88%	88%	100%	100%		
EF035	Stillbirth Number / Rate		1	0	0	0	0	0	1	0	0	0	1	0	0	1	
EF036	Unplanned Admission To ITU - Level 3 Care		0	0	0	0	0	0	0	0	2	0	1	0	1	4	
EF037	% Smoking At Booking		8%	10%	10%	8%	7%	9%	9%	15%	11%	8%	6%	4%	4%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	8%	10%	7%	5%	7%	6%	11%	14%	6%	5%	0%	10%	14%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	75%	79%	66%	87%	67%	83%	70%	76%	63%	73%	56%	71%	69%		
EF040	Breast Feeding Rate At Transfer Home		73%	76%	59%	84%	41%	36%	34%	37%	29%	31%	32%	30%	72%		
EF041	Neonatal Mortality rate/1000		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
EF059	W&C - Paediatrics- Total Admissions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	119	131	117	133	500	
EF060	W&C - NNU - Total number of Admissions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	6	7	8	8	3	7	39	
EF061	W&C - NNU - Avg. Length of Stay		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.5	3.4	5.0	3.4		
EF062	W&C - Community follow up		N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	8	6	2	1	3	24	

Performance Scorecard 4

	KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance	
CARE	CA001	Mixed Sex Accommodation - No. of Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	CA002	Complaints - Total number of complaints received	-	28	39	21	19	18	27	30	28	24	27	24	22	26	26	151	
	CA012	FFT - How was your experience? No. of responses	-	174	208	165	63	121	620	739	571	718	2096	1161	1311	1187	1187	7044	
	CA013	FFT - Experience was Very Good or Good	80.00%	64.0%	63.0%	90.0%	74.0%	87.0%	87.0%	87.0%	92.0%	87.0%	85.0%	87.0%	90.0%	91.0%	91.0%		
	CA014	FFT - Experience was neither Good or Poor	10.00%	5.0%	6.0%	3.0%	8.0%	7.0%	10.0%	5.0%	2.0%	4.0%	6.0%	4.0%	4.0%	4.0%	4.0%		
	CA015	FFT - Experience was Poor or Very Poor	<10%	31.0%	31.0%	7.0%	18.0%	6.0%	4.0%	8.0%	6.0%	8.0%	9.0%	9.0%	6.0%	5.0%	5.0%		
	CA016	Manx Care Advice and Liaison Service contacts	-	526	599	663	432	580	770	839	589	636	517	649	621	655	655	3667	
	CA017	Manx Care Advice and Liaison Service same day response	80.00%	90.0%	88.0%	90.0%	92.0%	90.0%	90.0%	88.0%	89.0%	87.0%	91.0%	90.0%	91.0%	90.0%	90.0%		
	CA007	Complaint acknowledged within 5 working days	98.00%	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.0%	100.0%	100.0%	100.0%	100.0%		
	CA008	Written response within 20 days	98.00%	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%		
CA010	No. complaints exceeding 6 months	98%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CA011	No. complaints referred to HSCOB	-	0	0	0	0	0	0	0	0	0	0	0	7	4	1	12		
RESPONSIVE	RE058	Cons Led- OP Referrals		3192	2938	3432	2734	2932	3056	3502	2867	2887	3075	2846	2986	2812	17473		
	RE059	Nurse Led- OP Referrals		698	877	823	656	798	559	717	729	594	850	889	741	824	4627		
	RE060	AHP- OP Referrals		722	809	1174	672	880	508	840	684	736	906	846	770	853	4795		
		RTT - Number of patients waiting for first hospital appointment		20518	20452	20674	20837	20825	21025	20618	20406	20189	20480	20191	20367	21180	21180		
	RE001	No. patients waiting for first Consultant outpatient	< 15465	14588	14581	14887	14955	14952	15119	15380	15465	15500	15718	15703	15846	16562	16562		
		No. waiting Over 52 weeks - to start consultant-led treatment	0	N/A	N/A	4508	4708	4806	5006	4792	4890	4927	5016	5247	5089	5289	5289		
		Average Wait (weeks) - Ref to OP	N/A	N/A	49	48	49	51	49	47	47	47	47	49	48	48	48		
		Max wait (weeks) - Ref to OP	N/A	N/A	791	794	798	790	794	799	846	836	817	816	840	840	840		
	RE0011	No. patients waiting for Nurse outpatient		2063	2127	2252	2193	2167	2218	1927	1519	1385	1540	1512	1449	1643	1643		
	RE00111	No. patients waiting for AHP		3867	3744	3535	3559	3684	3688	3311	3422	3304	3222	2976	3072	2975	2975		
	RE002	Number of patients waiting for Daycase procedure	< 2311	3269	3176	2906	2852	2726	2697	2622	2311	2264	2372	2334	2229	2291	2291		
		Average Wait (weeks) - Daycase	N/A	0	45	44	43	42	40	41	42	43	43	45	43	43	43		
		Max wait (weeks) - Daycase	N/A	0	450	452	291	295	299	304	308	312	316	320	293	293	293		
		No. waiting Over 52 weeks - Inpatient (Daycase only)	N/A	0	1022	979	879	787	717	624	609	635	617	602	607	607	607		
	RE003	Number of patients waiting for Inpatient procedure	< 554	832	752	661	630	612	592	570	554	553	551	534	505	530	530		
		Average Wait (weeks) - Inpatient	N/A	0	40	39	40	38	40	39	40	41	40	38	38	38	38		
		Max wait (weeks) - Inpatient	N/A	0	300	303	308	312	316	321	325	329	333	337	342	342	342		
		No. waiting Over 52 weeks - Inpatient (IP pathway only)	N/A	0	198	183	165	155	142	143	144	149	134	124	129	129	129		
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85.0%	57.5%	48.4%	52.4%	53.4%	41.5%	48.4%	55.7%	60.8%	55.0%	57.0%	60.0%	57.4%	42.4%	42.4%		
	RE005	Diagnostics - % requests completed within 6 weeks		84.6%	83.5%	86.0%	87.0%	82.0%	86.2%	87.3%	84.7%	81.4%	86.7%	86.2%	86.6%	85.4%	85.4%		
	RE006	Diagnostics - % Current wait > 6 weeks		75%	72%	70%	75%	75%	70%	70%	73%	71%	70%	71%	74%	71%	71%		
		Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8255	8146	8400	8234	7683	8089	8481	8256	7719	7545	7291	3541	4544	4544		
		Diagnostics - % Current wait <= 6 weeks	99.00%	25%	28%	30%	25%	25%	30%	30%	27%	29%	30%	29%	26%	29%	29%		
	RE061	Diagnostics-% patients waiting 26 weeks or less	99.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59%	61%	63%	59%	59%		

Performance Scorecard 5

KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance
RE007	A&E - % of ED attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at ED (Nobles and RDCH)	76.0%	67.3%	69.4%	67.3%	67.7%	68.6%	70.1%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%		
	A&E - 4 Hour Performance - Nobles		N/A	N/A	55.6%	53.1%	55.4%	58.5%	59.6%	61.7%	64.5%	66.5%	61.1%	60.8%	57.9%		
	A&E - 4 Hour Performance - RDCH		N/A	N/A	99.8%	99.2%	98.9%	99.6%	99.8%	99.9%	100.0%	99.6%	100.0%	99.9%	100.0%		
RE008	A&E - 4 Hour Performance (Non Admitted)	95.0%	76.6%	78.4%	77.2%	78.5%	79.6%	79.6%	80.8%	79.6%	82.1%	84.0%	80.6%	82.9%	78.8%		
RE009	A&E - 4 Hour Performance (Admitted)	95.0%	19.7%	27.0%	24.9%	20.1%	21.2%	21.4%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%		
	A&E - Admission Rate		16.4%	17.6%	18.8%	18.4%	18.9%	16.1%	16.8%	16.1%	15.2%	15.3%	15.7%	16.3%	16.3%		
RE0072	A&E - Admission Rate - Nobles		22.0%	23.9%	25.7%	27.0%	27.2%	22.6%	23.5%	21.3%	20.8%	21.2%	21.5%	22.9%	21.9%		
	A&E - Admission Rate - RDCH		0.0%	0.0%	0.2%	0.3%	0.0%	0.3%	0.2%	0.2%	0.3%	0.1%	0.1%	0.1%	0.0%		
RE010	A&E - Average Total Time in Emergency Department	360 mins	258	253	272	301	295	269	254	246	227	220	257	267	298		
RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	24	25	24	27	25	27	26	25	24	21	26	22	29		
RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	77	77	77	70	74	72	62	69	63	56	74	63	67		
RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	18	22	20	31	28	38	22	14	12	19	13	14	12		
RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	1	2	15	54	56	27	13	6	5	12	36	48	67	174	
RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	38	44	71	142	134	93	56	45	22	47	104	115	191	524	
RE080	ED- Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	190	182	184	181	181	176	177	177	175	161	178	168	182		
RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	19	20	19	23	20	15	28	20	17	19	23	19	17		
RE0141	Total Number of Emergency Calls		1048	1090	1036	1209	1100	1025	1109	1059	1035	1105	1131	1130	1134	6594	
RE0142	Number of Category 1 Calls		39	35	34	50	37	32	33	25	46	43	41	38	46	239	
RE015	Ambulance - Category 1 Mean Response Time	7 mins	10	12	9	10	10	8	12	11	8	9	11	9	9		
RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100.00%	65.0%	50.0%	40.9%	16.7%	34.6%	15.4%	36.4%	47.1%	50.0%	63.6%	32.0%	56.3%	58.3%		
	Category 2 Mean Response Time	18 mins	N/A	N/A	N/A	N/A	13	12	16	14	16	13	13	11	16		
RE034	Category 2 Response Time at 90th Percentile	40 mins	31	28	28	31	28	26	36	31	38	29	27	25	33		
	Category 3 Mean Response Time	Monitor	N/A	N/A	N/A	N/A	15	16	22	20	20	19	24	17	20		
RE035	Category 3 Response Time at 90th Percentile	120 mins	35	36	39	58	32	32	57	42	51	39	53	37	47		
	Category 4 Mean Response Time	Monitor	N/A	N/A	N/A	N/A	22	19	25	30	35	20	37	26	44		
RE036	Category 4 Response Time at 90th Percentile	180 mins	64	64	79	105	53	41	54	76	82	63	74	56	121		
	Category 5 Mean Response Time	Monitor	N/A	N/A	N/A	N/A	33	31	42	40	36	31	35	32	35		
	Category 5 Response Time at 90th Percentile	180 mins	94	80	93	95	80	80	98	91	89	72	83	72	81		
	Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	N/A	N/A	N/A	N/A	219	169	142	154	161	181	166	189	240	1091	
	Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	14	17	23	48	34	13	8	13	10	17	12	28	31	111	
RE043	OPEL level 4 (Days)		0	0	0	3	5	3	0	0	0	0	1	3	5	8	
RE082	Meds Demand - N-patient interactions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	3111	2872	2295	2664	2281	2211	15434	
RE083	Meds Overnight Demand		N/A	N/A	N/A	N/A	N/A	N/A	N/A	354	317	224	275	197	195	1562	
RE084	Meds - Face to face appointments		N/A	N/A	N/A	N/A	N/A	N/A	N/A	609	474	360	574	471	398	2886	
RE086	Meds - TUNA%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.1%	1.1%	0.6%	1.0%	2.8%	1.5%		
RE088	Meds- DNA%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.1%	1.5%	3.3%	0.5%	2.3%	1.5%		

RESPONSIVE

Performance Scorecard 6

	KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance
RESPONSIVE	RE017	CWT - Maximum two week wait from urgent referral of suspected cancer to first outpatient appointment	93.0%	46.5%	55.4%	69.3%	51.9%	60.7%	67.5%	63.3%	58.9%	40.0%	32.9%	34.0%	57.5%	67.7%		
	RE0171	ZWW referrals received for all suspected cancers		428	416	439	308	385	418	416	368	455	445	375	455	422	2520	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96.0%	74.5%	84.1%	84.4%	80.0%	80.0%	76.7%	92.3%	82.1%	78.1%	77.8%	83.3%	87.8%	61.8%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85.0%	22.0%	38.5%	42.9%	39.1%	22.2%	33.3%	52.0%	28.6%	40.0%	36.4%	26.9%	50.0%	45.0%		
	RE020	CWT - Maximum two week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93.0%	32.4%	38.1%	62.5%	26.9%	47.6%	86.7%	66.7%	33.3%	0.0%	0.0%	0.0%	66.7%	42.9%		
	RE024	CWT - % patients urgent referral Cancer Screening Programme to First Treatment within 62 days	90.00%	63.6%	100.0%	0.0%	75.0%	57.1%	0.0%	66.7%	0.0%	66.7%	0.0%	50.0%	100.0%	50.0%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via ZWW or Cancer Screening) to date of diagnosis	75%	64.7%	62.6%	68.3%	67.5%	55.8%	66.2%	60.3%	67.4%	63.7%	58.0%	57.3%	68.4%	65.3%		
	RE057	All Referrals received for all suspected cancers		504	515	537	397	483	489	502	434	537	514	460	558	502	3005	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	42.5%	57.8%	56.9%	75.5%	65.6%	53.7%	54.8%	60.9%	42.1%	56.0%	44.0%	44.6%	38.5%		
		% Urgent 1 - seen within 3 working days	80%	48.8%	64.0%	55.2%	82.6%	78.6%	86.7%	74.2%	69.8%	50.0%	71.5%	65.6%	54.1%	42.4%		
		% Urgent 2 - seen within 5 working days	80%	62.0%	58.3%	61.5%	76.2%	77.2%	68.4%	61.8%	73.7%	54.0%	67.7%	39.3%	50.0%	52.2%		
		% Soon 1 - seen within 15 working days	80%	32.9%	48.8%	54.6%	78.4%	47.7%	26.7%	34.9%	38.7%	21.7%	23.9%	32.6%	39.6%	16.4%		
		% Soon 2 - seen within 30 working days	80%	26.3%	33.3%	41.2%	44.4%	38.5%	9.1%	38.5%	70.0%	0.0%	100.0%	0.0%	0.0%	51.9%		
		% Routine - seen within 12 weeks	80%	33.3%	68.4%	80.0%	69.0%	46.2%	62.5%	40.0%	70.0%	87.5%	79.0%	50.0%	34.8%	42.9%		

Performance Scorecard 7

	KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance	
RESPONSIVE		IPCC - No. patients waiting for a dentist		2086	2330	2528	2651	2808	2983	2638	3509	3666	3872	3993	4042	4268			
	RE0271	IPCC - Longest time waiting for a dentist (weeks)		142	148	153	170	159	164	167	168	177	181	185	189	193			
		IPCC - Number patients seen by dentist within the year		55973	55739	55102	54404	54238	54924	53892	53697	53829	53089	53628	53778	54084			
	RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		4.3%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.2%	4.2%	4.0%	4.0%	4.1%			
		Average of Days to next GP appt - Ballasalla		8.5	9.0	9.8	10.0	13.3	9.0	13.0	13.7	5.8	7.0	4.7	6.0	6.3			
		Average of Days to next GP appt - Castletown		2.3	4.6	5.3	6.0	2.6	4.0	4.3	5.0	7.0	4.5	2.0	3.0	2.3			
		Average of Days to next GP appt - Finch		4.3	4.6	6.0	8.3	5.0	7.5	7.8	6.7	6.0	8.0	8.3	8.0	5.5			
		Average of Days to next GP appt - Hailwood		6.3	5.4	6.3	4.0	5.4	8.5	7.0	10.0	9.0	10.5	9.6	13.3	6.0			
		Average of Days to next GP appt - Kensington		4.0	5.2	4.5	5.5	4.6	4.0	5.8	10.5	4.0	8.0	8.4	12.7	11.0			
		Average of Days to next GP appt - Laxey		2.3	5.2	3.5	7.8	7.2	5.8	8.5	10.5	8.0	6.8	9.8	10.7	9.0			
		Average of Days to next GP appt - Palatine		1.0	1.2	1.0	7.5	1.8	4.5	4.3	10.3	1.0	1.0	10.6	15.3	10.0			
		Average of Days to next GP appt - Peel		6.0	10.0	10.0	9.3	10.2	6.0	9.3	9.3	6.0	5.8	7.6	6.3	1.0			
		Average of Days to next GP appt - Ramsey		1.5	1.0	1.3	1.0	1.0	1.0	1.0	1.3	1.0	1.0	1.0	1.0	1.0			
		Average of Days to next GP appt - Snaefell		11.5	18.4	18.0	18.3	19.8	17.3	10.3	16.8	13.0	4.5	15.5	12.0	20.0			
		Average of Days to next GP appt - Southern		1.3	1.4	1.0	2.0	1.0	1.0	1.3	1.5	2.0	1.0	1.8	2.0	1.3			
	RE081	IPCC - N. of GP appointments		38180	52672	38565	29373	41822	37919	38127	34968	44528	36436	43448	33995	27786	221161		
	RE054	Did Not Attend Rate (GP Appointment)	-	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	2%	3%	2%		
	RE074	Response by Community Nursing to Urgent / Non routine		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%		
	RE075	Community Nursing Service response target met - Routine		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%		
	RE028	MH - No. service users on Current Caseload	4500 - 5500	4690	4718	4733	4809	4926	4995	5030	5090	5093	5093	5129	5211	5226	5285	31034	
RE044	MH- Waiting list		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1572	1637	1598	1654			
RE071	Average caseload per social worker-Adult Generic Team	16 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.3	19.0	19.3	21.7			
RE078	Average caseload per social worker-Adult Learning Disabilities	17 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	18.7	20.3	21.1	23.4			
RE079	Average caseload per social worker-Older Persons Community Team	18 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10.8	11.7	11.3	14.7			

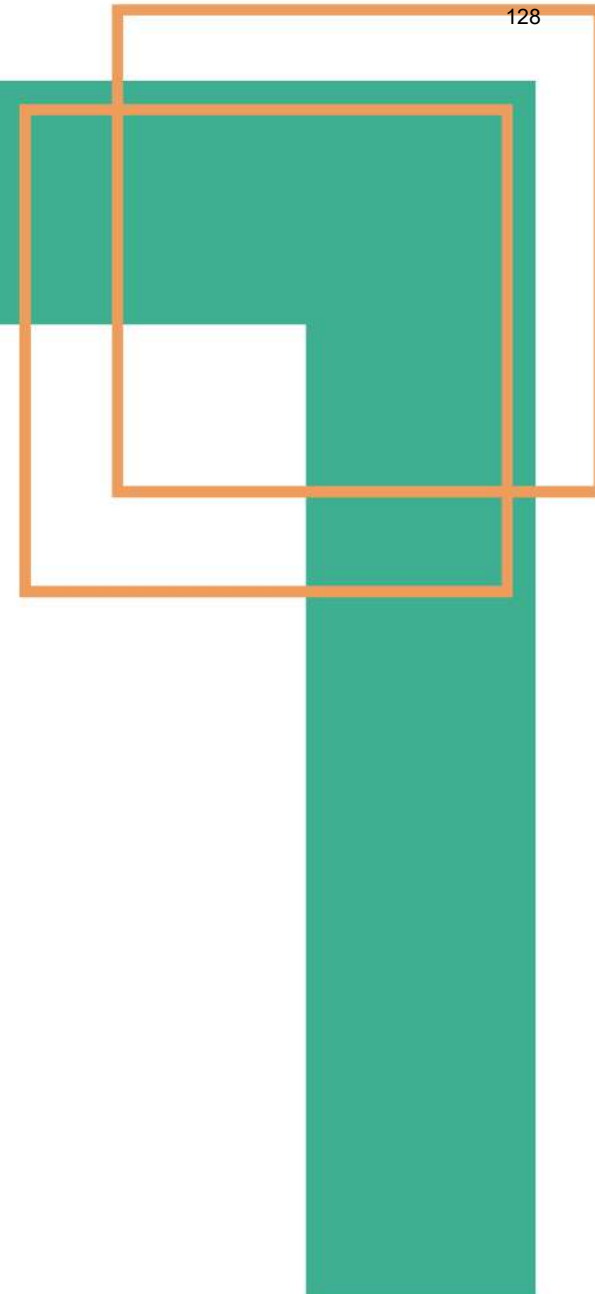
Performance Scorecard 8

	KPI ID	Indicator	OP. Plan Threshold	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	YTD 2023-24	YTD Performance	
RESPONSIVE	RE030	W&C - % New Birth Visits within timescale		86.3%	86.0%	91.9%	87.5%	94.4%	86.7%	90.6%	96.0%	85.7%	86.0%	83.0%	89.4%	84.3%			
	RE032	Births per annum		287	329	390	428	488	535	588	54	103	144	191	237	293			
	RE051	Maternity Bookings		49	56	51	43	70	61	57	48	73	48	48	55	51	323		
	RE052	Ward Attenders		135	97	92	94	110	126	196	196	159	146	270	244	44	1059		
	RE053	Gestation At Booking <10 Weeks		0.0%	0.0%	45.1%	20.9%	8.6%	39.3%	26.3%	39.6%	21.9%	20.8%	29.2%	30.9%	39.2%			
	RE056	Adult General and Acute (G&A) bed occupancy	<=92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60.1%	64.2%	61.6%		
	RE069	ASC - % of all Residential Beds Occupied	85% - 100%	70%	80%	71%	69%	82%	68%	84%	83%	83%	83%	71%	69%	68%	52%		
	RE070	Respite bed occupancy	>= 90%	79%	71%	50%	79%	96%	81%	79%	92%	80%	69%	70%	81%	65%			
	RE068	ASC-% of Service users with a PCP in Place	95.00%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%		
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	7.1%	6.6%	6.8%	7.7%	7.9%	6.4%	7.6%	5.9%	5.2%	5.5%	6.0%	6.6%	6.0%			
	WP002	Number of staff on long term sickness		84	78	66	83	77	0	83	65	82	69	91	94	82			
	WP004	Number of staff leavers		16	24	22	16	17	17	19	22	22	24	22	34	34	157		
	WP005	Number of staff on disciplinary measures		9	6	6	3	5	6	5	5	7	8	9	11	10	50		
	WP006	Number of suspended staff		1	1	0	0	0	1	1	1	1	1	1	4	4	12		
	WP007	Number of Data Breaches Reported to ICO	0	5	5	11	12	13	13	22	8	13	13	11	11	12	68		
	WP011	Number of Enforcement Notices from the ICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69	
	WP012	Number of DSAR, AHR and FOI's not completed within their target	0	16	9	11	19	4	1	4	32	39	76	27	39	33	246		
	WP013	Staff 12 months turnover rate	10%	N/A	N/A	N/A	11.4%	11.2%	11.4%	11.3%	11.0%	10.9%	10.4%	10.0%	9.4%	9.7%			
	WP015	Number of DSAR, AHR and FOI's overdue at month end		0	0	0	4	1	5	14	44	55	33	41	41	24	238		
		Number of DSAR, AHR and FOI's Breaches		16	9	11	23	5	6	18	76	94	109	68	80	57	484		
	WF001	% Progress towards Cost Improvement Target (CIP)	1.5%	60.0%	80.0%	86.0%	116.3%	126.0%	170.0%	170.0%	N/A	N/A	22.2%	26.7%	33.3%				
	WF002	Total income (£)		-£1,130,002.42	-£1,189,570.33	-£1,169,900.12	-£1,190,786.72	-£1,141,775.07	-£1,159,261.20	-£2,136,829.00	-£1,289,366.95	-£1,205,889.53	-£1,363,058.62	-£1,220,692.80	-£1,256,106.57	-£6,335,114			
	WF003	Total staff costs (£)		£15,471,394.30	£15,870,578.46	£15,981,427.72	£16,412,712.32	£20,671,098.02	£16,664,824.49	£13,959,910.00	£16,872,849.17	£17,794,223.57	£17,822,473.03	£17,602,014.00	£17,743,480.14	£87,835,040			
	WF004	Total other costs (£)		£11,438,441.71	£12,588,823.97	£11,884,585.72	£11,462,989.50	£12,235,734.20	£12,660,798.15	£14,906,339.00	£12,333,621.23	£13,965,735.52	£12,377,178.61	£13,156,152.00	£13,621,544.61	£65,454,232			
WF005	Agency staff costs (proportion %)		11.9%	9.3%	8.1%	13.0%	11.4%	8.2%	6.9%	7.8%	7.4%	6.2%	6.2%	4.7%					
WF007	Actual performance (£ 000)		N/A	N/A	£26,696.0	£26,685.0	£31,765.0	£28,166.0	£26,729.0	£26,549.0	£28,435.0	£27,911.0	£29,509.0	£30,100.0					
WF008	budget (£ 000)		N/A	N/A	£23,571.0	£23,751.0	£23,571.0	£23,571.0	£23,572.0	£25,248.0	£25,248.0	£25,248.0	£25,248.0	£30,648.0					
WF009	Actual performance against Budget (£ 000)		N/A	N/A	-£3,125.0	-£2,934.0	-£8,194.0	-£4,595.0	-£3,157.0	-£1,301.0	-£3,187.0	-£2,663.0	-£4,261.0	£548.0					

Ofsted report - Service response

Teresa Cope (CEO) & Julie Gibney (Assistant Director, Children & Families Social Work)

06 October 2023





Ofsted's visit

- Ofsted visited the Children & Families Service in April and May 2023
- A number of the findings and gaps noted had already been identified and shared in the self-assessment presented to Ofsted before their inspection
- Ofsted stated that whilst there was work to do, there were a significant number of positive developments across the services, staff were motivated and knew their children
- No official rating given, so difficult to compare to UK providers
- Some areas eg. over 16s' Social Care seen from UK lens – not directly comparable



Headline issues

- 11 headline issues resulting in 61 findings – developed into Action Plan
- 26 actions completed
- 27 ongoing with plans in place
- 8 require financial input/resolution by other departments or agencies



Lack of services for children with disabilities

- No designated residential placements for children who can no longer reside with their families
- No advocacy service
- Numbers presenting with needs requiring support from these services increasing; we don't have the resources to meet the need

Actions:

- Reviewing and scoping the whole service provision to determine how we can meet the current and future need
- Dependent on financial investment



Resources for care leavers

- No Leaving Care Legislation on the Island

Actions:

- To be reviewed and updated in line with the review of the Children and Young Person's Legislation in 2026
- In the process of scoping what can be implemented to meet needs



Lack of foster carers

- Now have a recruitment strategy - well underway with positive response and engagement from the community



More robust response required in regard to the exploitation of children and young people

- Multi-agency response was in its infancy during Ofsted's visit - continues to develop
- Visiting other jurisdictions in October/November 2023 to see how they have developed their responses and services in this arena



Quality assurance and reporting management

- Quality assurance and performance framework was in the initial stages when Ofsted visited
- Started to embed this across the service area - continues to progress



16+ homelessness

- Lack of appropriate accommodation for our 16+ young people who are estranged from their family – Island-wide issue being addressed strategically across services
- Continue to assess and support these young people as best we can within the limited housing resources available
- Reviewed assessment process to ensure that the assessment is holistic



Lack of appropriate accommodation for estranged young people and care leavers across the Island

- Island-wide issue that requires Government input
- Ongoing discussions to address this, including Island-wide housing strategy



Information sharing and consent

- Reluctance of agencies to share information when there was a concern about a child
- Withdrawal of parental consent to continue with interventions

Actions:

- Being addressed via the Safeguarding Board working group
- Now improved oversight and monitoring from a senior manager to ensure robust and appropriate decision-making



Planning for permanence for looked after children

- On occasion, oversight and timeliness of permanence decisions was not robust enough and lacked monitoring

Actions:

- Improved tracking mechanisms in place to ensure no delay or drift



Education for looked after children

- Lack of education provision for Looked After children not attending mainstream school on full-time basis

Actions:

- Shared with education colleagues to be actioned



Lack of Island-wide strategy for services for vulnerable children

- Requires strategic response from DHSC with input from all agencies and stakeholders



Summary

- A number of positive developments identified
- Social Workers did their best for the children and young people - sometimes hindered by lack of Island-wide resources
- Some gaps identified were able to be resolved quite quickly by amending current processes to improve monitoring and oversight
- Programme of training and workshops
- Overall action plan progressing well - covers short, medium and long-term plans to support improvement and development journey
- Senior management team and all colleagues are motivated to move things forward and continue with the development of the service that will improve outcomes for our children and families



Thank you

- Teresa Cope, CEO: Teresa.Cope@gov.im
- Julie Gibney, Assistant Director - Children and Families Social Work: Julie.Gibney@gov.im
- Communications: communications@manxcare.im



OFSTED HEADLINES AND SERVICE RESPONSE

INTRODUCTION

OFSTED visited the Children & Families Service (“the Service”) on 24 April 2023 for a duration of 5 days.

It is important to note that a number of the findings and gaps in the Service had already been identified and shared in the self-assessment presented to OFSTED. These were being responded to prior to this visit; none of the findings were a surprise to the Service and therefore accepted.

OFSTED reviewed a significant number of open cases during their visit and there were no immediate issues of concern identified or raised around safety or protection of our most vulnerable children and young people.

OFSTED stated that whilst there was work to do, there were a significant number of positive developments across the services and staff were motivated and knew their children.

HEADLINE ISSUES

Overall, there were 11 headline issues resulting in 61 findings which have been developed into an Action Plan by the service;

- 26 of these actions have been achieved and completed;
- 27 are ongoing with plans and timeframes in place to resolve; and
- 8 require financial input or resolution by other Government Departments or agencies.

LACK OF SERVICES FOR CHILDREN WITH DISABILITIES

Manx Care Response:

There was already a review of this service underway prior to the OFSTED visit. The review identified a number of gaps in service for example, there are no designated residential placements for children who can no longer reside with their families, there is no advocacy service, the numbers of children now presenting with needs that would require support from these services is increasing and we don't have the resources to meet the need. The review findings were reinforced by the OFSTED findings. We are currently reviewing and scoping the whole service provision to determine how we can meet the current and future need of this cohort of children and young people. Discussions and plans are underway for the development of this service which will be dependent on financial investment.

There is also a role for DHSC in conjunction with Manx Care regarding the identification of the wider needs of this cohort across all services.

RESOURCES FOR CARE LEAVERS

Manx Care Response:

There is currently no Leaving Care Legislation on the island, however this will be reviewed and updated in line with the review of the Children and Young Person's Legislation in 2026. We have reviewed current provision and are in the process of scoping what can be implemented to ensure that the needs of these young people are identified and met.

FOSTER CARER RECRUITMENT, LACK OF FOSTER CARERS

Manx Care Response:

There has been a shortage of foster carers across the island for some time, without a strategy to develop and move this forward. We now have a recruitment strategy that is well underway with positive response and engagement from the community. We expect to see an increase in the number of people on island showing an interest in fostering and progressing through to assessment.

MORE ROBUST RESPONSE REQUIRED IN REGARD TO THE EXPLOITATION OF CHILDREN AND YOUNG PEOPLE

Manx Care Response:

We had developed a multi-agency response to the exploitation of young people across agencies. This was in its infancy during the OFSTED visit and continues to develop. Some initial changes were made to the process and oversight as suggested by OFSTED and we will be visiting other jurisdictions in October/November of 2023 to see how they have developed their responses and services in this arena. Any learning and opportunities identified from these visits will be considered and where appropriate implemented

QUALITY ASSURANCE AND REPORTING MANAGEMENT

Manx Care Response:

Prior to the OFSTED visit we had developed a quality assurance and performance framework. This was a new way of working and was in the initial stages when OFSTED visited. We have now started to embed this across the service area and it continues to progress. This will give us greater oversight in terms of our performance and improvements

16+ HOMELESSNESS

Manx Care Response:

There is a lack of appropriate accommodation for our 16+ young people, who are estranged from their family. This is an island wide issue which is being addressed strategically across services – The lack of accommodation options means that on these occasions we have to accommodate these young people in B&B or hotel accommodation, which doesn't meet their needs. We continue to assess and support these young people as best we can within the limited housing resources available. We have also reviewed the assessment process for these young people to ensure that the assessment is holistic rather than just focused on the issue of homelessness/estrangement

LACK OF APPROPRIATE ACCOMMODATION FOR ESTRANGED YOUNG PEOPLE AND CARE LEAVERS ACROSS THE ISLAND

Manx Care Response:

This is an island wide issue that requires Government input. This has been raised and there is ongoing discussions in relation to how we can address this, which includes an island wide housing strategy

INFORMATION SHARING AND CONSENT

Manx Care Response:

This was in relation to the reluctance of agencies to share information when there was a concern about a child. This is being addressed via the Safeguarding Board working group to address the concerns of agencies.

This headline also related to the withdrawal of parental consent to continue with interventions. There is now improved oversight and monitoring from a senior manager in place to ensure robust, and appropriate decision making.

PLANNING FOR PERMANENCE FOR LOOKED AFTER CHILDREN

Manx Care Response:

This headline identified that, on occasion, the oversight and timeliness of permanence decisions was not robust enough and lacked monitoring. We have now put improved tracking mechanisms in place to ensure that there is no delay or drift when trying to achieve permanence For Looked After Children.

EDUCATION FOR LOOKED AFTER CHILDREN

Manx Care Response:

This headline was in relation to the lack of education provision for Looked After children, when they are not attending mainstream school on a full time basis. This was shared with education colleagues at the time of inspection, to determine how this can move forward. This will be an action for education colleagues.

LACK OF ISLAND WIDE STRATEGY FOR SERVICES FOR VULNERABLE CHILDREN

Manx Care Response:

This requires a strategic response from DHSC with input from all agencies and stakeholders.

SUMMARY

There were a number of positive developments identified throughout the OFSTED visit, who could see that there had been a lot of hard work undertaken in a short period of time. They did identify that the Social Workers did their best for the children and young people and were sometimes hindered by a lack of island wide resources.

There were also some gaps identified that we were able to resolve quite quickly by amending current processes to improve monitoring and oversight. A number of the areas for development that were identified have been addressed through a programme of training and workshops for staff that were already in place

None of the identified gaps or the issues highlighted in the report were unexpected or a surprise and plans were already in place to start to develop and improve these areas.

This document covers the headlines that were identified, the action plan addresses the actions and tasks that were identified from the headlines, with timeframes and responsibilities for completion.


The overall action plan is progressing well and covers short, medium and long-term plans to support the improvement and development journey.

There is now a Children's Services improvement board in place (with an independent chair) that I am confident will enable the progression of the medium and long-term developments within the service and beyond. The senior management team and all of the staff are motivated to move things forward and continue with the development of the service that will improve outcomes for our children and families

Julie Gibney

Assistant Director Children and Families Social Work

September 2023

 <p>manx care Kiarail Vannin</p>	SUMMARY REPORT	Meeting Date:	25 th October 2023
		Agenda Item:	
		Enclosure Number:	

Meeting:	Finance, Performance & Commissioning Committee		
Report Title:	Finance Director's Report		
Authors:	Jackie Lawless		
Accountable Director:	Jackie Lawless		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee

Summary of key points in report

The current forecast position (as per September Management Accounts) is a total deficit of £30.1m:

FINANCIAL SUMMARY - 30 SEPTEMBER 2023														
	MONTH £'000				YTD £'000				FY £'000					
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Mov't to Prior Month	Mov't to Prior Forecast
TOTAL - OPERATIONAL	27,014	25,248	(1,766)	(7%)	161,666	151,488	(10,178)	(7%)	320,845	302,975	(17,870)	(6%)	887	(2,998)
Income	(1,309)	(1,281)	29	2%	(7,644)	(7,684)	(40)	(1%)	(15,746)	(15,368)	377	2%	53	452
Employee Costs	17,360	16,470	(890)	(5%)	101,595	98,820	(2,775)	(3%)	202,539	197,639	(4,900)	(2%)	(351)	(1,789)
Other Costs	10,964	10,059	(905)	(9%)	67,716	60,352	(7,363)	(12%)	134,052	120,704	(13,348)	(11%)	1,185	(1,661)
PAY AWARD (ABOVE 2%)	627	0	(627)	-	3,651	0	(3,651)	-	7,301	0	(7,301)	-	(111)	(44)
RESERVE CLAIMS	416	0	(416)	-	2,495	0	(2,495)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Packages	273	0	(273)	-	1,638	0	(1,638)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	375	0	(375)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	483	0	(483)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	756	700	(56)	(8%)	6,609	6,100	(509)	(8%)	10,300	10,300	0	0%	410	(0)
TOTAL	28,814	25,948	(2,865)	(11%)	174,421	157,588	(16,833)	(11%)	343,436	313,275	(30,161)	(10%)	1,286	(3,041)

The total forecast spend of £343.6m includes £7.3m for unfunded pay awards and £4.9m we expect to be recouped from the DHSC Reserve Fund. The Operational deficit has increased by £2.9m to £17.9m

The forecast position has improved in a number of areas reflecting the continued CIP efforts and improved spend controls, most notable are Medicine (£256k), Primary Care (£114k), Operations Services (£164k) and Nursing, Patient Safety & Governance (£498k).

Analysis of spend on key areas such as Bank and Agency is showing that in many areas year to date spend is lower than at this time last year, reflecting the significant successes around recruitment and generally improved control over spend. For example, Agency spend is 40% lower in both Surgery and Medicine. Mental Health have replaced all locum psychiatry cover with substantive staff for the first time ever. Overall year to date Agency spend is £1.2m lower than this time last year. Overall year to date spend on clinical materials (excluding drugs) is lower than this time last year, despite inflationary price increases.

However, adverse movements of in other areas has offset these gains. Drugs costs continue to rise faster than inflation. Employee costs continue to remain higher than last year in Women, Children & Families and Cancer & Diagnostics reflecting the fragile staffing position there. Contracted spend continued to be high reflecting pressure due to the increasing demand for specialist packages of care and rising market costs.

Additional costs of £180k have been incurred in the Surgery and Women, Children & Families care groups due to payroll errors resulting in back pay claims in the month. Both groups have also incurred higher than expected staff costs to cover staffing gaps in critical areas.

The most notable movement in the forecast is a reduction in the forecast CIP savings of £2m. The previous forecast assumed CIP savings of £10m, with up to £3m identified as being at risk. £5m of this was held centrally with the remainder allocated to Care Groups. To date, the central CIP has been reduced by £2.7m to reflect savings achieved. However, following a detailed review of the CIP Plan, the remaining expected CIP delivery is largely reflected in Care Group run rates and so the opportunity for further forecast reductions is limited.

The Tertiary forecast, which was highlighted as a high risk in August's figures has also worsened by £1m. This follows the usual half-year review of the most recent provider activity as well as inflationary uplifts in NHS Tariffs and transport costs effective from October.

Spend Analysis – Historic

Since Manx Care was established in April 2021, spend has increased by 18%. During the same period, cumulative inflation has been 24%. When the Growth Formula is applied, spend would be expected to rise by 29% over the period to £363m.

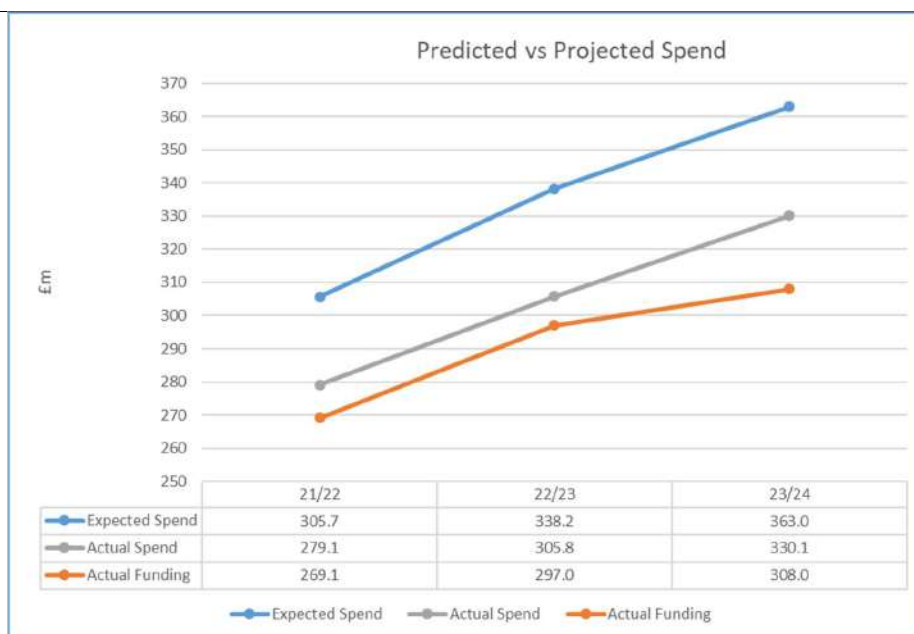
	Annual Increase			Cumulative Increase	
	21/22	22/23	23/24	£m	%
Base Spend (20/21)	281.2	305.7	338.2		
Inflation	18.8	27.8	19.6	66.3	24%
Growth 3%	8.5	9.3	10.2	28.0	10%
Efficiencies	- 2.8	- 4.6	- 5.1	12.5	-4%
Expected Spend	305.7	338.2	363.0	81.8	29%
Actual Spend	279.1	305.8	330.1	51.1	18%
Variance to Expected Spend	- 26.7	- 32.5	- 32.9	- 92.0	

Constraining spend to an 18% increase over the period, represents a £92m efficiency since 2021 and an efficiency of £32.9m in 23/24.

In the same period, funding has risen by just 13%, which is less than half of the expected increase and further increases the financial pressure by £169.5m:

	21/22	22/23	23/24	Cumulative £m	Cumulative %
Actual Funding	269.0	282.8	302.9	33.9	13%
Variance to Expected Spend	- 36.65	- 41.22	- 55.04	- 132.9	

However, a funding shortfall of £132.9m due to the lag between funding and inflation, means a significant and widening funding gap is now evident:



Ordinarily in such financially constrained conditions, performance and quality would continue to deteriorate and services be further constrained. However, Manx Care have sought to balance the competing priorities of reducing spend and improving performance as much as possible. We have worked to these needs as far as possible and pursued the aim of transforming the Health & Social Care service in line with the recommendations of the Sir Jonathon Michael's Report, the Island Plan and the Mandate. There is still much to be done, but some of the most notable achievements so far include:

Organisation-Wide

- Fully supported the Island's response to Covid and continue to deliver a Covid Vaccine Service
- Development of improved quality assurance and risk management frameworks to measure and monitor better outcomes for patients, families and communities
- Developed Integrated Performance Reporting to support the monitoring and management of operational and clinical performance and the implementation of a robust performance management framework
- Established MCALS (Manx Care Advice and Liaison Service): 90% of all queries dealt with on the day.
- Cleared full backlog of inherited historical complaints
- Full compliance with new complaints regulations and number of complaints reduced by 15% from 21/22
- Patient survey results – 84% good or very good
- Developed and continue to deliver the Restoration & Recovery waiting list initiative which has had a significant impact on waiting lists
- Supporting the continued delivery of Transformation objectives
- Health & Safety Lead appointed to drive safety compliance
- New serious incident policy and procedure, including protocol with IOM Constabulary
- Developed key strategic partnerships with North West to enhance clear patient pathways, including MOU with Liverpool Heat & Chest, LUFT, Membership of Cheshire & Mersey Cancer Alliance, membership of Cheshire & Mersey Pathology Network, Cheshire & Mersey Acute Service Collaborative
- Developed formal Emergency Planning function and protocols with a number of individuals trained as Strategic Incident Commanders.
- 98% compliant against the NHS Data Security and Protection Toolkit. 100% compliance expected by March 24

- Significant substantive recruitment success to key posts – adult general nursing, midwifery, social care, safeguarding, ED consultant, 2 x geriatricians, ophthalmologist, general / colorectal surgeon, breast surgeon, plastic surgeon, 2x orthopaedic surgeons, cardiologist, 2 x obs/gynae consultants, paediatrician, histopathologist.
- Development of Nursing Workforce Model to inform increased investment in doubling nursing posts, nurse training places and bursaries. Successful international nurse recruitment campaign to fill vacant adult general nursing vacancies.
- Converted all locum posts to substantive in psychiatry
- 9 home-grown CBT practitioners due to graduate October 2023
- Developed and rolled out new CARE Values and held Inaugural Annual Care Awards

Care Quality Commission Inspection

- Supported preparation for and execution of the Care Quality Commission Inspection of Services
- Solid progress across the 9 domains in the CQC action plan – current % of actions either completed or on track:
 - Medicines management: 96%
 - End of life: 100%
 - Governance & leadership: 92%
 - Workforce: 65%
 - Estates: 24%.
 - Person centred care: 90%
 - Safeguarding: 70%
 - Information, Data & BI: 80%
 - Culture: 100%

Developed the following new services:

- Intermediate Care
- Long Covid/CFS/ME Service
- Frailty
- Ambulatory Care
- Integrated Sexual Health Service
- Outreach respite service to provide additional support to families with Disabled children
- Introduced the 'Mockingbird' model for fostering services which will provide additional support for Foster carers and foster children

Acute Sector

- AFPP (Association for Perioperative Practice) Accreditation for Theatres – improved safety, utilisation and efficiency
- Highest performer in the North West Deanery for medical training and education
- Highest performing organisation in UK for prompt surgery (KPI2) National Hip Fracture Database
- Implemented mortality reviews, and establishment of a full clinical coding function
- Implemented an Access Policy and commenced full waiting list validation process
- Achieved UNICEF Level 1 Accreditation in Maternity Services
- Appointed Safety & Quality manager and achieved accreditation in Pathology services
- Significant Investment in Cancer Services to support safe, sustainable delivery including investment in clinical roles in oncology (Clatterbridge at Nobles Model), substantive recruitment of breast radiology and breast oncological surgeon. Achieved Macmillan cancer accreditation for our Breast Unit & Imaging Suite

Community, Social Care, Mental Health

- Established Mental Health Recovery College
- Rescued the collapse of Ballasalla GP Practice
- The development of a peripatetic team of SW assistants at no extra cost which has led to increased activity around reviews and assessments reducing waiting lists by up to 50%
- Development of MASH pilot co locating police and health and social care safeguarding teams
- Contributed to the further development of the wellbeing partnerships – integrating SW staff into the locality teams improving local access to services for communities
- Significant contribution to the development of a ‘self-neglect’ strategy and associated policies/procedures and protocols
- Trained 9 staff in providing Cognitive Behavioural Therapy services
- Undertaken a review of Day services across the island which will drive innovation and improvement

To achieve these successes alongside reducing the deficit last year from 4% to 3% against a backdrop of intense funding pressure described is worthy of note. However, those pressures continue to mount and this year Manx Care finds itself unable to hold them at bay any longer which is reflected in the current forecast position.

Spend Analysis – Current Year

Operational spend is due to increase by £26m over last year whilst the additional funding available in year is just £20m. The additional funding of £20m partially addresses the £9m overspend from 22/23 leaving £11m to cover funding pressures in year.

However, many of these pressures are largely outside the control of Manx Care and reflect inflationary pressures on pay, contract services and supplies.

£9m relates to Pay Awards of 6% to all staff groups.

Non-Pay costs are expected to increase by £7.3m which is largely driven by inflationary increases in contract costs and the rising costs of additional care packages, as well as drug price inflation. Despite inflationary pressures (12% in 22/23 and 9% in the current year) contract rises have largely been constrained to approx. 7%.

£4.7m relates to increased staff costs (excluding the impact of Pay Awards) largely attributable to rising agency costs. These are offset by savings generated through recruitment efforts. It’s worth noting that staff costs are expected to reduce by £1.4m in both the Medicine and Surgery care groups which reflects recent efforts to recruit to substantive posts.

£3.8m of the rise relates to investment in new service provision such as, Safeguarding, Frailty, CFS/ME/Long Covid and Diabetes Services. It also includes additional costs associated with Eye Care Transformation and Covid Vaccinations as well as additional safe staffing costs in the Emergency Department, Nursing, Social Care and Midwifery to respond to core safety and compliance requirements.

Spend projections for this year are in line with those outlined in Manx Care’s Financial Plan submission for 23/24 and well below the spend projections based on the Sir Jonathon Michael’s recommendations, which predict spend of £363m. It’s worth noting that the figures included in the SJM Report excluded the impact of inflation whereas this figure above is adjusted for actual inflation.

Year End Position

In response to the forecast year end position, a comprehensive paper was presented to Board and the DHSC to explain the current position and a range of potential mitigations. The following measures have already been initiated:

- Further controls on agency spend – All agency contracts reviewed and risk assessed. Approvals limited to key areas such as Midwifery, Cancer Care, Neo-Nates, Emergency Department, Gastroenterology, Acute Mental Health
- Recruitment freeze on all non-clinical posts

Further measures to potentially limit elective activity during Q3 & Q4 may be necessary and are still being fully risk assessed and decisions are awaited from the DHSC in this regard.

Currently, we expect to recoup £4.9m from the DHSC Reserve Fund. However, as the Reserve Fund totals £7m there may opportunity to offset the current deficit by up to a further £2.1m. However, this is dependant upon any allocations made by the DHSC against the fund that Manx Care are unaware of.

Included in the forecast is £7.3m relating to additional Pay Awards above the 2% already included in the budget. However, the Board have resolved that no further Pay Awards for 23/24 will be committed to without additional revenue funding agreed to sustain those costs going forward.

Risks to the forecast are reported each month in the Management Accounts. This month, the risks around Tertiary Spend and CIP performance totalling £3m have been incorporated into the forecast. However, there remain risks relating to additional high cost social care placements, costs of responding to CQC and digital remediation costs (if not funded from the DHSC Reserve) and unexpected increase in spend during Q3 & Q4 to respond to winter pressures. Should all of these risks materialise, the forecast could worsen by up to £2.8m.

Cost Improvement Programme

To date, £3.4m in cash savings have been delivered with a further £592k in efficiency savings. The original CIP Plan totalled £9.9m but this has been reduced to £5.6m following a detailed review of likely delivery in-year. Much of this reduction is due to changes in assumptions around additional income generation opportunities and savings that have been moved to 24/25 delivery.

Most of the workstreams are either on or ahead of target. Further savings are expected in Non-Elective Care, Procurement and Tertiary to recover the position by the year end. Infrastructure and Primary Care are also expected to begin reporting savings in the second half of the year. However, the total target against these workstreams is £60k so the risk posed to the overall delivery from these is minimal.

A full breakdown of delivery against each of the workstreams is provided below:

Workstream	Savings Target	Savings Delivered	% Delivered
Elective Care	683,000	398,871	58%
Infrastructure	30,000	-	0%
Mental Health	648,000	324,000	50%
Non Elective Care	874,712	272,988	31%
Primary Care	30,000	-	0%
Primary Care Medicines	310,000	222,711	72%
Procurement	36,856	8,959	24%
Secondary Care Medicines	586,971	566,154	96%
Social Care	703,000	325,584	46%
Tertiary	706,000	144,000	20%
Workforce	1,000,000	1,144,596	114%
Grand Total	5,608,539	3,407,862	61%

2024/25 Funding

Manx Care's Financial Plans for 24/25 has been submitted to the DHSC for consideration and inclusion in their submission to Treasury. It has been produced largely in the same way as the 23/24 plan by collating all known funding pressures and prioritising them as follows:

- Priority 1 - Unavoidable Cost Pressures
- Priority 2 - Statutory or Compliance Requirements
- Priority 3 - Mandate Requirements
- Priority 4 - Core Service Delivery
- Priority 5 - Enhanced Service Delivery
- Priority 6 - New Service Developments

The DHSC has submitted its plan to Treasury and an initial indication of the funding envelope for 24/25 is expected in early November. Once this figure is known, funding will be allocated based on the prioritisations above.

Recommendation for the Board to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Manx Care Management Accounts

September 2023

Manx Care Management Accounts – September 2023

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 30 SEPTEMBER 2023														
	MONTH £'000				YTD £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
TOTAL - OPERATIONAL	27,014	25,248	(1,766)	(7%)	161,666	151,488	(10,178)	(7%)	320,845	302,975	(17,870)	(6%)	887	(2,998)
Income	(1,309)	(1,281)	29	2%	(7,644)	(7,684)	(40)	(1%)	(15,746)	(15,368)	377	2%	53	452
Employee Costs	17,360	16,470	(890)	(5%)	101,595	98,820	(2,775)	(3%)	202,239	197,639	(4,600)	(2%)	(351)	(1,489)
Other Costs	10,964	10,059	(905)	(9%)	67,716	60,352	(7,363)	(12%)	134,352	120,704	(13,648)	(11%)	1,185	(1,961)
PAY AWARD (ABOVE 2%)	627	0	(627)	-	3,651	0	(3,651)	-	7,301	0	(7,301)	-	(11)	(44)
RESERVE CLAIMS	416	0	(416)	-	2,495	0	(2,495)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Packages	273	0	(273)	-	1,638	0	(1,638)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	375	0	(375)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	483	0	(483)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	756	700	(56)	(8%)	6,609	6,100	(509)	(8%)	10,300	10,300	0	0%	410	(0)
TOTAL	28,814	25,948	(2,865)	(11%)	174,421	157,588	(16,833)	(11%)	343,436	313,275	(30,161)	(10%)	1,286	(3,041)

Overview

- The operational result for September is an overspend of (£1.8m) with costs reducing by £0.9m compared to the previous month. This reduction was mainly due to Tertiary costs as the August result included an £0.8m increase to bring the actuals in line with activity. The actuals for this month are now in line with the expected trend which is higher than previously reported.
- Due to a change in the expected levels of Tertiary activity and a review of the CIP plan the full year forecast overspend has increased by (£3.0m) to (£30.2m).

Manx Care Management Accounts – September 2023

- The forecast includes £4.9m of cost which is expected to be approved from the DHSC reserve fund which would reduce this to (£25.2m).
- Of the forecast overspend, £7.2m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.
- The Tertiary forecast has increased by (£1.0m) due to a review of the most recent provider activity which shows that the existing levels will not reduce as much as expected over the winter months and there are also inflationary pressures relating to the NHS tariff and transport now included. This increase was included as a significant risk to the forecast in last month's accounts and is now being reported in the operational forecast.
- The CIP plan was also reviewed in September and expected cash out savings have been revised from £9.6m to £6.6m. This has resulted in the expected overspend worsening by (£2.0m) as a central assumption was included in the forecast for additional savings that could be achieved by the end of the financial year (over what has already been realised). This assumption was flagged as a medium risk of £3.3m in last month's report and due to this review, £2.0m of this has now been included in the forecast. There still remains a risk of £1.2m relating to assumptions around the CIP and this is included in Table 5.
- To date, £3.4m in cash out savings have been delivered, which have been reflected in the forecast. £592k in efficiencies have also been delivered but these do not impact the forecast.
- As CIP plans are implemented the forecast is being adjusted by Care Group to reflect the actual spend reductions achieved, however as not all CIP workstreams impact the run rate there are remaining savings of £1.2m included in the forecast centrally. If the remaining CIP savings cannot be achieved in year or do not impact the forecast run rate then this would increase the expected overspend for Manx Care. Due to being half way through the financial year this is now included as a significant risk to the forecast, meaning that if the savings are not delivered then the forecast overspend will increase to (£31.4m).
- The table in Appendix 1 details the actual monthly spend by Care Group and the expected forecast by month. This shows where cost savings are expected to reduce the run rate in some Care Groups over the remaining months as well as the central target that still needs to be met to in order meet the reported forecast.

Manx Care Management Accounts – September 2023

- Further detail on the operational movement to last month is provided in Table 1, the forecast overspend in Table 2, the YTD variance in Table 3 and the movement from last month's forecast in Table 4.
- All risks to the current forecast position are included in Table 5. There are potential risks of up to £2.9m that could affect the current reported forecast & further financial mitigations would be required to manage the financial position if these materialise.
- Spend is expected to increase by £27.4m compared to the prior year, whilst funding has increased by just £20m creating a gap of £7.4m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £17.9m. Appendix 1 compares spend by Care Group in 22/23 against projected spend for 23/24 and includes narrative explaining the spend movement from £305.8m in 22/23 to £333.1m in 23/24.
- The Restoration & Recovery programme is showing an overspend on a YTD basis but this is due to activity & invoice timing. Actuals and the forecast for this project are closely monitored to ensure that the programme will be delivered within the funding allocated.
- The full set of accounts for Manx Care is provided in Appendix 2 which details the additional spend on any fund claims.

Table 1 – Operational Movement to Prior Month

Movement to Prior Month	£'000	
Income	53	Income is in line with the prior month
Employee Costs	(351)	In September there were one off costs of £150k for backdated increments for medical staff that were identified by OHR and there were also increases in bank & agency.
Tertiary Costs	540	Costs in August increased by £0.8m due to due a one off increase to align them with activity. This month's reduction reflects the expected actual monthly spend.
Other Costs	645	Excluding Tertiary other costs have decreased with a number of movements across the Care Groups. This includes in drugs costs but these will be expected to increase again over the winter months.
Total	887	

Manx Care Management Accounts – September 2023

Table 2 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	377	Although income is currently below target, it is expected to exceed the original target set by the end of the financial year.
Employee Costs	(4,600)	The employee cost forecast is based on the current run rate adjusted for any known recruitment & service development changes.
Tertiary Costs	(3,357)	The forecast reflects the latest information that has been received from the providers and a tariff uplift.
Other Costs	(10,291)	The majority of the efficiency targets are being held in non-pay and the forecast reflects that savings that can be achieved in year by the Care Groups.
Total	(17,870)	

Table 3 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	(40)	Income is in line with the target set
Employee Costs	(2,775)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs due to the need to cover a significant number of vacancies with agency.
Tertiary Costs	(2,202)	Actual activity is higher than budget with any high cost patients expected to be covered by reserve funding.
Other Costs	(5,161)	As discussed above all Care Groups have been given an efficiency target within their budget allocation with a number of these being allocated against non-pay.
Total	(10,178)	

Table 4 – Forecast Movement to Prior Month

Forecast Movement to Prior Month	£'000	
Income	452	The forecast has been adjusted in line with the latest income assumptions & is now expected to exceed target due to rebates in Tertiary, higher than expected commercial income & one off receipts.
Employee costs	(1,489)	Due to the continued increase in staff costs over the last couple of months the forecast has been revised accordingly & also the assumed central CIP assumption in staff costs have been revised.
Tertiary Costs	(1,001)	The forecast has been revised due a review of the activity data as well as including a tariff uplift from October.
Other Costs	(960)	Due to the savings assumptions on the CIP plan being revised.
Total	(2,998)	

Manx Care Management Accounts – September 2023

Table 5 – Financial Risks to the Forecast

Financial Risks	Impact to the Forecast £'000	Description
High Risk	1,200	
Risk to CIP Assumptions in the Forecast	1,200	The forecast assumes a remaining CIP target of £1.2m is achieved and will reduce the current run rate. There is a risk that the underlying monthly run rate will increase or savings will not be achieved. These potential risks are managed at a Care Group level but not all may be mitigated.
Medium Risk	1,000	
Additional costs for Winter Pressures	500	Although there are additional costs built into the forecast for this, these pressures are being felt earlier in the year and there may be additional costs incurred that are not currently built into the forecast.
High Cost Patients / UK Placements & Care Packages	500	The current forecast includes committed costs only, any further placements or packages needed in-year will be an increase to the forecast. These could potentially be mitigated by requesting additional DHSC reserve funding.
Low Risk	664	
CQC Recommendations	500	The CQC recommendations have not been fully costed or risk assessed and are not currently included in the forecast.
IT Remediation Support	164	Approx. £3m of costs have been identified relating to end of life servers and systems that need to be replaced / upgraded. A business case is being progressed for Capital funding but there is a revenue element required to support the project, this will be requested from the DHSC reserve & is not currently included in the forecast.
Total Financial Risk to the Forecast	2,864	

Manx Care Management Accounts – September 2023

Employee Costs

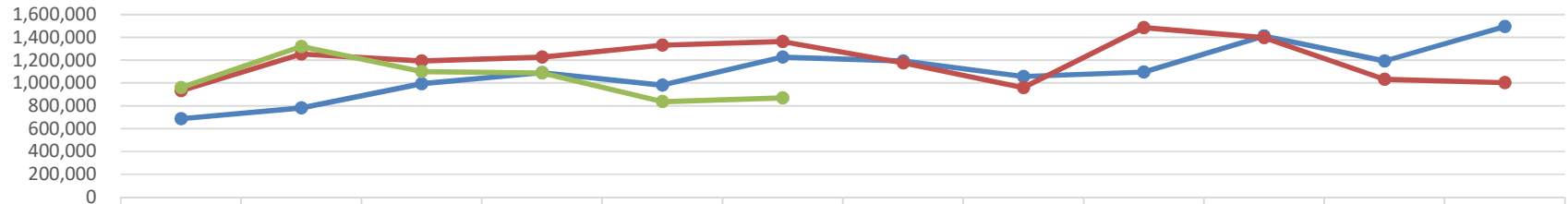
YTD employee costs are (£2.8m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total spend YTD of £6.2m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.3m), Social Care (£1.0m) and Women & Children (£0.8m), where spend is primarily incurred to cover existing vacancies in those areas.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	CY Total	CY Month Mov't
Total Agency £'000	1,176.9	959.2	1,486.1	1,397.6	1,032.8	1,003.0	958.8	1,320.2	1,100.4	1,089.3	836.9	870.3	6,175.8	(33.5)
Corporate Services	(0.5)	51.9	66.7	42.7	162.9	(52.4)	63.8	42.6	26.8	(28.6)	13.5	19.4	137.5	(5.9)
Infrastructure & Hospital Ops	19.0	32.0	24.7	24.7	28.5	32.3	20.3	29.5	24.4	23.1	26.7	27.9	151.9	(1.2)
Integrated Cancer & Diag	87.5	39.8	158.0	142.2	49.9	(51.5)	90.9	97.8	73.4	137.9	89.6	80.9	570.5	8.7
Integrated Mental Health	204.9	219.9	143.0	218.8	191.7	164.4	85.1	159.0	100.2	109.5	117.7	133.2	704.7	(15.5)
Integrated Primary Care & Comm	1.3	3.2	5.1	4.1	2.9	1.6	26.3	73.8	52.9	24.3	94.8	22.4	294.5	72.4
Integrated Social Care Services	99.9	102.9	109.3	158.4	111.7	166.6	129.2	193.7	99.9	224.9	110.8	268.7	1,027.2	(157.9)
Int Women, Children & Family	93.5	139.2	22.1	134.1	85.4	223.0	169.7	205.6	153.0	165.1	56.9	86.9	837.2	(30.0)
Medicine, Urgent Care & Amb	308.2	127.2	515.5	320.4	174.0	524.2	270.2	352.8	281.2	162.2	110.2	129.5	1,306.1	(19.3)
Nursing, Patient Safety & Gov	21.7	(4.5)	13.9	(17.5)	7.8	14.0	0.4	9.7	12.3	11.1	12.4	18.8	64.7	(6.4)
Operations Services	30.5	46.7	38.9	63.2	45.5	94.8	13.8	99.7	59.8	120.9	95.6	(2.4)	387.4	98.0
Surgery, Theatres, Critical Care	321.8	198.7	389.3	300.9	170.2	(106.6)	89.2	56.0	216.3	139.0	108.6	82.8	691.9	25.8
Tertiary Care Services	(10.9)	2.2	(0.4)	5.6	2.3	(7.6)	0.0	0.0	0.0	0.0	0.0	2.2	2.2	(2.2)

Manx Care Management Accounts – September 2023

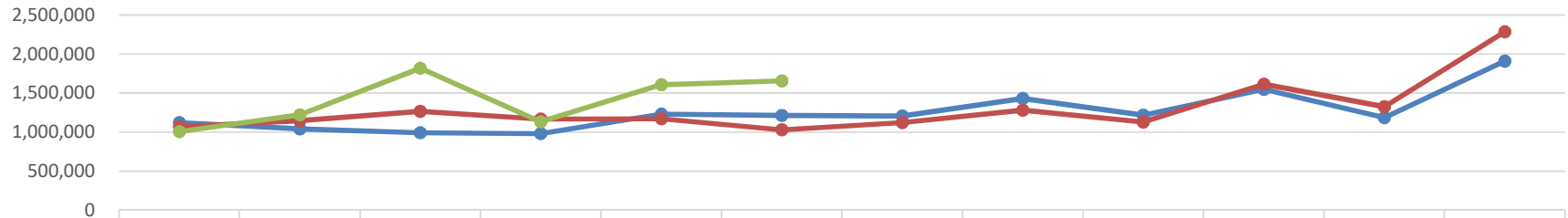
The graphs below compare agency and bank spend to 2022/23 & 2021/22:

Agency Spend YoY



	1	2	3	4	5	6	7	8	9	10	11	12
● Agency 21-22	687,079	781,195	993,970	1,089,929	980,937	1,226,107	1,193,689	1,056,467	1,096,034	1,411,108	1,191,932	1,494,755
● Agency 22-23	932,005	1,254,167	1,192,786	1,225,987	1,331,027	1,364,266	1,176,771	959,201	1,486,130	1,397,664	1,032,848	1,002,980
● Agency 23-24	958,817	1,320,231	1,100,366	1,089,264	836,864	870,285						

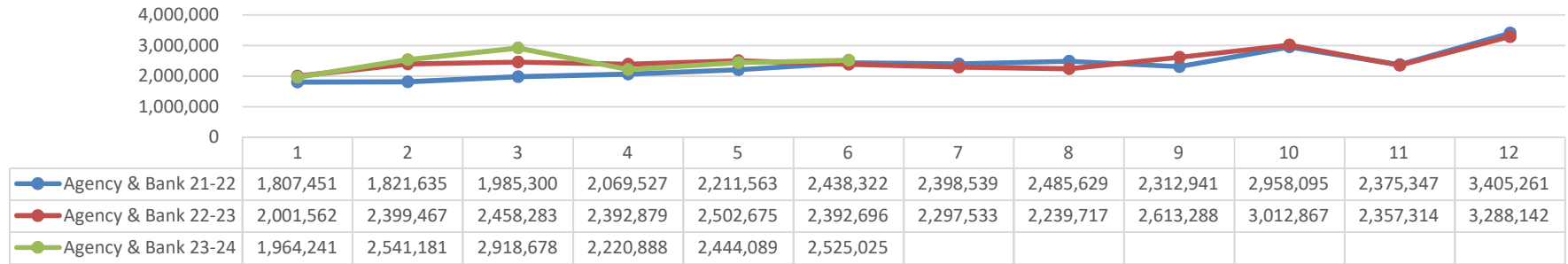
Bank Spend YoY



	1	2	3	4	5	6	7	8	9	10	11	12
● Bank 21-22	1,120,372	1,040,440	991,331	979,598	1,230,626	1,212,216	1,204,850	1,429,163	1,216,907	1,546,987	1,183,415	1,910,506
● Bank 22-23	1,069,557	1,145,299	1,265,498	1,166,892	1,171,648	1,028,430	1,120,762	1,280,515	1,127,159	1,615,203	1,324,466	2,285,162
● Bank 23-24	1,005,424	1,220,950	1,818,313	1,131,625	1,607,225	1,654,740						

Manx Care Management Accounts – September 2023

Total Bank & Agency Spend YoY



Although agency costs are continuing to reduce bank costs are increasing which means that overall costs are tracking slightly higher than last year but within expected trends. Bank rates have increased this year which is partly contributing to the rising cost but bank is also being used as a less expensive alternative to agency to cover vacancies and gaps in rotas.

Manx Care Management Accounts – September 2023

Appendix 1 – Monthly Actuals & Forecast by Care Group (Excluding R&R Costs)

OPERATIONAL COSTS BY CARE GROUP - 30 SEPTEMBER 2023																	
	FY ACTUALS & FORECAST BY MONTH £'000												AVG RUN RATE		FY £'000		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	FY	Forecast	Budget	Var (£)
TOTAL BY CARE GROUP	26,548	28,435	27,911	27,926	28,933	28,056	27,568	27,482	27,500	27,509	27,509	27,710	27,970	27,757	333,133	302,975	(30,161)
CLINICAL CARE GROUPS	23,734	25,284	24,819	24,478	25,549	24,979	24,656	24,620	24,643	24,651	24,651	24,847	24,807	24,743	296,911	283,186	(13,723)
Med, UC & Amb	3,511	3,704	3,998	3,669	3,562	3,350	3,600	3,550	3,550	3,550	3,550	3,550	3,632	3,595	43,143	37,406	(5,737)
Sur, Thea, CC & Anaes	3,122	3,430	3,493	3,260	3,484	3,648	3,333	3,333	3,333	3,333	3,333	3,333	3,406	3,370	40,434	38,441	(1,993)
Int Cancer & Diagnostics	1,962	2,101	2,004	2,192	2,129	2,052	2,031	2,031	2,029	2,029	2,029	2,029	2,073	2,052	24,620	24,423	(197)
Int Women, Children	1,701	1,474	1,590	1,660	1,569	1,557	1,568	1,568	1,568	1,568	1,568	1,565	1,592	1,580	18,959	17,426	(1,533)
Mental Health Services	2,167	2,330	2,276	2,134	2,267	2,381	2,238	2,252	2,252	2,260	2,260	2,305	2,259	2,260	27,124	27,044	(80)
Primary Care & Comm	5,007	5,272	4,948	4,775	5,191	4,880	5,241	5,241	5,266	5,266	5,266	5,411	5,012	5,147	61,762	62,413	651
Integrated Social Care	4,220	4,779	4,360	4,701	4,497	4,802	4,543	4,543	4,543	4,543	4,543	4,554	4,560	4,552	54,629	53,150	(1,479)
Tertiary Care Services	2,045	2,193	2,149	2,087	2,849	2,309	2,102	2,102	2,102	2,102	2,102	2,100	2,272	2,187	26,241	22,883	(3,357)
SUPPORT & CORPORATE SERVICES	2,815	3,151	3,092	3,448	3,391	3,084	2,918	2,870	2,865	2,865	2,865	2,863	3,164	3,019	36,225	19,788	(16,436)
Infra & Hospital Ops	701	782	809	860	1,044	828	809	812	807	807	807	809	837	823	9,873	9,423	(451)
Operations Services	659	790	533	712	669	581	686	681	681	681	681	682	657	670	8,038	7,592	(445)
Nursing, Patient Safety	267	309	313	336	314	306	407	407	407	407	407	407	308	357	4,287	4,562	275
Medical Director	240	224	337	302	311	300	221	221	221	221	221	221	286	253	3,038	2,828	(210)
Corporate Services	352	454	448	478	387	391	343	297	297	297	297	291	418	361	4,330	4,704	375
Pay Award (Above 2%)	596	592	509	710	616	627	608	608	608	608	608	608	608	608	7,301	0	(7,301)
Central CIP	0	0	144	50	50	50	(156)	(156)	(156)	(156)	(156)	(155)	49	(53)	(641)	(5,791)	(5,150)
DHSC Reserve																	
Adjustments*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,990)	(4,990)
Contingency																	
Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,460	1,460
Average Monthly Spend	26,548	27,492	27,632	27,705	27,951	27,968	27,911	27,857	27,818	27,787	27,762	27,757					

Manx Care Management Accounts – September 2023

Appendix 2 - Summary by Care Group as at 30th September 2023: Comparison to Prior Year (Excluding R&R Costs)

OPERATIONAL COSTS BY CARE GROUP - 30 SEPTEMBER 2023												
	YTD £'000				FY £'000				PY** £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)	
TOTAL BY CARE GROUP	167,806	151,488	(16,324)	(11%)	333,136	302,975	(30,161)	(10%)	305,754	(27,382)	(8%)	
CLINICAL CARE GROUPS	148,843	141,583	(7,260)	(5%)	296,911	283,186	(13,724)	(5%)	275,591	(21,319)	(7%)	
Medicine, Urgent Care & Amb Service	21,793	18,703	(3,090)	(17%)	43,143	37,406	(5,737)	(15%)	42,039	(1,104)	(3%)	
Sur, Theatres, Critical Care & Anaes	20,437	19,220	(1,217)	(6%)	40,434	38,441	(1,993)	(5%)	38,899	(1,534)	(4%)	
Integrated Cancer & Diagnostics	12,440	12,212	(229)	(2%)	24,620	24,423	(197)	(1%)	22,766	(1,854)	(8%)	
Int Women, Children & Family	9,551	8,713	(838)	(10%)	18,959	17,426	(1,533)	(9%)	17,553	(1,406)	(7%)	
Integrated Mental Health Services	13,556	13,522	(34)	(0%)	27,124	27,044	(80)	(0%)	25,260	(1,864)	(7%)	
Int Primary Care & Community	30,073	31,207	1,134	4%	61,762	62,413	651	1%	56,100	(5,662)	(9%)	
Integrated Social Care Services	27,359	26,575	(784)	(3%)	54,629	53,150	(1,479)	(3%)	48,705	(5,924)	(11%)	
Tertiary Care Services	13,633	11,431	(2,202)	(19%)	26,241	22,883	(3,357)	(15%)	24,269	(1,971)	(8%)	
SUPPORT & CORPORATE SERVICES	18,963	9,905	(9,058)	(91%)	36,225	19,788	(16,437)	(83%)	30,163	(6,062)	(17%)	
Infrastructure & Hospital Operations	5,023	4,711	(312)	(7%)	9,873	9,423	(451)	(5%)	9,185	(688)	(7%)	
Operations Services	3,945	3,807	(138)	(4%)	8,037	7,592	(445)	(6%)	5,590	(2,448)	(30%)	
Nursing, Patient Safety & Gov Services	1,845	2,281	436	19%	4,287	4,562	275	6%	3,572	(715)	(17%)	
Medical Director Services & Education	1,714	1,414	(300)	(21%)	3,038	2,828	(210)	(7%)	2,857	(181)	(6%)	
Corporate Services	2,492	2,352	(139)	(6%)	4,330	4,704	375	8%	4,100	(230)	(5%)	
Pay Award (Above 2%)	3,651	0	(3,651)	>(100%)	7,301	0	(7,301)	>(100%)	8,856	1,555	21%	
Central CIP	294	(2,895)	(3,189)	(110%)	(641)	(5,791)	(5,150)	(89%)	0	641	100%	
DHSC Reserve Adjustments*	0	(2,495)	(2,495)	(100%)	0	(4,990)	(4,990)	(100%)	0	0	0%	
Contingency Adjustments	(0)	730	730	100%	0	1,460	1,460	100%	(3,996)	(3,996)	(100%)	

* For reporting in 23/24, additional funding from the DHSC Reserve is included in the relevant Care Groups budget with an adjustment held centrally as the income will be received as part of the mandate income rather than as an increase in Manx Care's budget

** Prior year actuals have been adjusted for services that have moved internally in 2023/24 to provide a direct comparison

Manx Care Management Accounts – September 2023

Commentary on Movements to Prior Year

Movement from 22/23 Full Year to 23/24 Forecast							
Care Group	Total £'000	Income £'000	Pay Award £'000	Other Employee £'000	Non-Pay £'000	New Service £'000	Commentary
MED	(1,104)	(108)	(1,649)	480	173	0	<p>Income - Higher during 22/23 as a result of a £100k grant received by the Care Group which will not be received again.</p> <p>Other Employee - Forecast to be £1.2m higher than in 22/23 of which basic pay and on-costs are £1.6m higher (with almost £500k relating purely to the pay award). Mitigating the increase in basic pay are reductions in agency spend (£800k lower than last year) and bank spend (£800k lower than last year also). Allowances are also forecast to increase by around £400k. The other large movement contributing to the variance relate to annual leave not taken which is forecast to be £600k this year.</p> <p>Non-Pay - Although areas such as clinical materials and drug spend have seen above inflationary rises, these have been mitigated by reduced spend on areas such as equipment purchases (with replacements being sought via charitable donations and capital budgets) which in turn means the non-pay variance to last year is relatively small.</p>
SUR	(1,534)	(48)	(1,816)	923	(593)	0	<p>Income - Higher during 22/23 as a result of recharges made from Ophthalmology to a UK NHS trust for ARMD clinics.</p> <p>Other Employee - Forecast to be £770k higher than last year. Of this, £1m relates to basic pay and almost £500k of this uplift related to the pay award and associated on-costs. This has been mitigated by lower usage of bank and agency (year to date spend is £800k lower than in 22/23) although this is being offset by the projected £400k rise in allowances across the Care Group as well as annual leave not taken which is projected to be close to £200k higher than in 22/23.</p> <p>Non-Pay - Variance is driven almost exclusively by higher drug and clinical material spend which has seen above inflationary rises.</p>

Manx Care Management Accounts – September 2023

C&D	(1,854)	160	(790)	(1,255)	31	0	<p>Income - Projected to be higher this year as a result of a number of charitable grants being received by the Care Group.</p> <p>Other Employee - Forecast to be £1.7m higher than in 22/23. Of this, £900k relates to basic pay and £220k of this relates to the pay rise and its associated on-costs. In addition to this, radiology reporting payments are forecast to be £220k higher than in 22/23 and agency costs are forecast to be £230k higher than in 22/23. Other pay costs such as recruitment, subsistence, annual leave not taken and relocation costs are forecast to be around £210k higher than in 22/23.</p> <p>Non-Pay - Variance is predominately a result of equipment maintenance charges suffered by the care group relating to system upgrades. Increases in clinical material and drugs costs have also contributed to the variance.</p>
W&C	(1,406)	2	(932)	(480)	4	0	<p>Other Employee - Forecast to be £1.2m higher than in 22/23. Although there have been small increases in basic pay, on-costs and relocation expenditure, the overall increase is less than the pay rise which suggests the Care Group is carrying fewer substantive employees than in 22/23. In addition to this, agency costs are forecast to be £915k higher than in 22/23 which would suggest the reduction in substantive staffing is being met by an agency workforce across the Care Group. Other elements of the forecast pay variance relate to items such as relocation, training and subsistence costs (£100k) and annual leave not taken (£200k).</p>
MH	(1,864)	3	(1,070)	(413)	(384)	0	<p>Other Employee - Relates to funding from PCAS not recruited to from prior year</p> <p>Non-Pay - £400k uplift @ 6% & remaining increase is in UK placements</p>
PC&C	(5,662)	(15)	(970)	(1,315)	(2,902)	(460)	<p>Other Employee - Includes investment for additional staff in the diabetes service, movement of GP services from contract to being provided internally & full year costs for CFS/Long Covid & Frailty services (part year in 23/24)</p> <p>Non-Pay - £2.7m relates to contract uplift & other inflation on supplies / Remaining uplift relates to activity on existing contracts</p> <p>New Service - Investment in pharmacy contract</p>
SC	(5,924)	922	(2,247)	(1,194)	(2,768)	(637)	<p>Income - Uplift in fees of 9.8% from previous year</p> <p>Other Employee - increase in agency costs (including cover for management posts) / expected recruitment to vacancies including peripatetic team in adult social work</p> <p>Non-Pay - Contract uplifts (£1.4m), additional care packages</p> <p>New Service - Expansion of health safeguarding team</p>
TERTIARY	(1,971)	(416)	(12)	(40)	(1,503)	0	<p>Income - Result of reimbursements for drugs costs being coded to non-employee costs rather than income. The receipt concerned will still be received in 23/24.</p> <p>Other Employee - Forecast to be higher due to a restructure to the team resulting in individuals being costed to this area who were previously in other areas of Manx Care.</p> <p>Non-Pay - Predominately relates to rises in costs from Manx Care's tertiary care providers in the UK.</p>

Manx Care Management Accounts – September 2023

I&OPS	(688)	262	(508)	(211)	(231)	0	<p>Income - Result of increased income from Manx Care's accommodation estate, as well as retail services no longer being constrained by reduced footfall at Nobles Hospital as a result of Covid-19 restrictions.</p> <p>Other Employee - Result of increased overtime spend of £150k to staff retail outlets & £80k increase in allowances relating to costs such as shift working.</p> <p>Non-Pay - Inflation on supplies (mainly food related)</p>
OPS	(2,448)	194	(148)	(565)	(542)	(1,387)	<p>Income - Additional income from private patient activity compared to prior year</p> <p>Other Employee - Includes costs for the Integrated Care team which were funded from the HTF in the previous year & additional agency to cover vacancies</p> <p>Non-Pay - Contract uplift & new wellbeing contract</p> <p>New Service - Vaccination team & SARC (funded from DHA in prior year)</p>
NPSG	(715)	58	(225)	(361)	83	(270)	<p>Income - One off income received in 23/24 (from training)</p> <p>Other Employee - Vacancies & new roles recruited to, including risk manager which was previously funded by transformation</p> <p>New Service - safe staffing & nurse bursary</p>
MED DIR	(181)	87	(132)	(210)	74	0	Increase in costs to be investigated further
CORP	(230)	(153)	(183)	(383)	489	0	<p>Other Employee - Recruitment to vacancies including Information Governance</p> <p>Non-Pay - Includes recovery of debt from prior year</p>
PAY AWARD	1,555	0	1,555	0	0	0	One off provision of £1,950k for an unconsolidated £1k pay award in 22/23 Remaining £300k benefit relates to assumptions on the pay award
CENTRAL CIP	641	0	0	641	0	0	Remainder of CIP target required to meet current forecast
CONTINGENCY	(3,996)	0	0	(3,250)	(746)	0	<p>Other Employee - Relates to one off prior year benefit</p> <p>Non-Pay - Additional costs in-year for CIP support & int'l nursing contract</p>
TOTAL	(27,381)	948	(9,127)	(7,633)	(8,813)	(2,754)	

Manx Care Management Accounts – September 2023

Appendix 2 – Manx Care Accounts & Fund Claims

MANX CARE FINANCIAL SUMMARY - 30 SEPTEMBER 2023														
	MONTH £'000				FY £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
OPERATIONAL COSTS	27,014	25,248	(1,766)	(7%)	161,666	151,488	(10,178)	(7%)	320,845	302,975	(17,870)	(6%)	887	(2,998)
Income	(1,309)	(1,281)	29	2%	(7,644)	(7,684)	(40)	(1%)	(15,746)	(15,368)	377	2%	53	452
Employee Costs	17,360	16,470	(890)	(5%)	101,595	98,820	(2,775)	(3%)	202,239	197,639	(4,600)	(2%)	(351)	(1,489)
Other Costs	10,964	10,059	(905)	(9%)	67,716	60,352	(7,363)	(12%)	134,352	120,704	(13,648)	(11%)	1,185	(1,961)
PAY AWARD (ABOVE 2%)	627	0	(627)	-	3,651	0	(3,651)	-	7,301	0	(7,301)	-	(11)	(44)
DHSC RESERVE CLAIMS (To be approved)	416	0	(416)	-	2,495	0	(2,495)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Care Packages	273	0	(273)	-	1,638	0	(1,638)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	375	0	(375)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	483	0	(483)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	756	700	(56)	-	6,609	6,100	(509)	-	10,300	10,300	0	-	410	(0)
TOTAL	28,814	25,948	(2,865)	(11%)	174,421	157,588	(16,833)	(11%)	343,436	313,275	(30,161)	(10%)	1,286	(3,041)
FUND CLAIMS	193	0	(193)	-	1,541	0	(1,541)	-	4,892	0	(4,892)	-	(184)	0
Medical Indemnity	82	0	(82)	-	1,430	0	(1,430)	-	4,000	0	(4,000)	-	(73)	(0)
Transformation Fund	111	0	(111)	-	111	0	(111)	-	892	0	(892)	-	(111)	0
MANDATE INCOME	(29,006)	(25,948)	3,058	12%	(175,962)	(157,588)	18,374	12%	(348,327)	(313,275)	35,053	11%	(1,103)	3,041
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0	0	-	0	0

Manx Care Management Accounts – September 2023

Fund Claims	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and adjusted based on on-going claims, a paper will be prepared for the DHSC/Treasury to formally approve the funding required for 23/24.
Transformation Fund	Funding to cover approved business cases for Hear & Treat and Electronic Prescribing.