

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
1.24	Welcome & apologies	Chair	Verbal	9.00
2.24	Declarations of Interest	Chair	3	
3.24	Minutes of the meeting held in public - 31 October 2023	Chair	8	
4.24	Matters arising/Review of Action Log	Chair	19	
5.24	Notification of any other items of business	Chair	Verbal	
6.24	Manx Heart Foundation	CEO	Verbal	9.10am
7.24	Board Assurance Framework - Deep Dive Risk 7 – Information Governance	Dir F,P & D	20	9.30am
UPDATES				
8.24	Chair's report	Chair	32	9.45am
9.24	Chief Executive's report and horizon scan - The Independent Isle of Man Covid Review - Safeguarding Board Annual Report 2022/23 - Hospice IOM	CEO	34	10.00am
10.24	Committee Chairs' Exception Reports - D&I Committee – 26 January 2024 - People Committee – 26 January 2024 - QSE Committee – 30 January 2024 - FP&C Committee – 1 February 2024 - Audit Committee – 1 February 2024	Comm Chairs	To Follow	10.30am
REFRESHMENT BREAK 11.00am				
11.24	2022/23 Assessment of Manx Care	CEO	142	11.15am
PRIORITY ONE – PATIENT SAFETY				
15.24	Integrated Performance Report	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of	175	11.25am

		Health Services		
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
16.24	Update on Pay Negotiations	CEO	Verbal	11.45am
17.24	Workforce & Culture Update	Interim Dir of People	256	11.55am
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
18.24	Director of Finance, Performance and Delivery Report: - December Management Accounts	Dir F, P&D	262	12.05pm
ANY OTHER BUSINESS				
19.24	With prior agreement of the Chair	Chair		12.20pm
FORMAL MEETING CLOSES 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: 5 March 2024				

Register of Directors' Interests

30 January 2024



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
Dr. Wendy Reid	Non-Executive Director	Direct Financial Interests	Non-Executive Special Advisor to Birmingham and Solihull ICS - October 2023-ongoing	Oct-23		X	
Dr. Wendy Reid	Non-Executive Director	Direct Financial Interests	Non-Executive Director, Birmingham Women's & Children's, NHS Trust	Feb-24		X	
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, BPDTS (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
Sandra Cardwell	Non-Executive Director		Nothing to declare				
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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 Health Services	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	Director of Finance, Performance and Delivery	Non-Financial/Professional	Employed by Treasury Department's Financial Advisory Service - Assigned to Manx Care	n/a	April 2021	May 2023	
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	
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
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Zero Hours Contractor, MEDS	Aug 18		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Chair, Isle of Man Primary Care Network ('PCN'). The PCN received funding from Manx Care for its ongoing operation.	Nov 20		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Wife is a physiotherapist employed by Manx Care and a CSP trade union Representative and acting staff side lead for MPTC				x
Elaine Quine	Board Secretary	Nothing to declare	Nothing to declare				
David Hamilton	Interim Director of Mental Health, Social Care and Safeguarding	Nothing to declare	Nothing to declare				
Dr. Marina Hudson	Interim Medical Director	Financial	Responsible Officer to Acacium Group	Jun 19		X	
Dr. Marina Hudson	Interim Medical Director	Financial	Private Practice on Island	Nov 19		x	
Dr. Marina Hudson	Interim Medical Director	Financial	Ad hoc Fitness to Participate/Specialist reports for Reality TV	Jan 21		x	
Miriam Heppell	Interim Director for People	Non-Financial	Company Secretary and Director of Women in the Fire Service UK	Jun 22		x	
Miriam Heppell	Interim Director for People	Non-Financial	Joint Disability Lead for the National Fire Chiefs Council			x	
Miriam Heppell	Interim Director for People	Non-Financial	Member of Unite the Union			x	
Miriam Heppell	Interim Director for People	Non-Financial	Member of the Labour Party in the UK			x	
Miriam Heppell	Interim Director for People	Financial	Self Employed HR / OD / EDI Consultant			x	

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
Oliver Radford (OR)	Director of Health Services

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
Miriam Heppel (MHe)	Interim Director of People
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary
Mr. Ian Wright (IW)	Orthopedic Consultant (agenda item 85.23-90.23 only)

Apologies:

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

GOVERNANCE

Item

Action

85.23 Welcome and apologies

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

86.23 Declarations of Interest

No additional declarations of interest were declared.

87.23 Minutes of the Board meeting held on 5 September 2023 (public)

The minutes of the meeting held on 5 September 2023 (public) were accepted as an accurate record.

88.23 Matters Arising and Review of Action Log

All matters had either been closed or were listed as agenda items and would be discussed later in the meeting with the exception of the following for which a verbal update was provided:

79.23/Sept – The procurement of the Manx Care Record remained a serious concern to the Board.

89.23 Notification of any other items of business

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

90.23 National Hip Fracture Database – Annual report 2023

IW explained that the database had been established in 2007 and DHSC had joined at inception. The purpose of the database was to monitor performance across hip fracture care. He explained that in the recent past hip fracture surgery was an end of life event had a mortality rate of 50% after six months. There were approximately 100 patients that were treated each year. For unplanned care the key performance indicator was surgery within 36 hours and the median was running currently running at 18 hours for surgery. IW had carried out two surgeries during the previous weekend. One patient was admitted in the early hours of the morning and he was in the theatre by 9:00 on Friday and the other patient was admitted on Saturday afternoon and in theatre on Sunday morning so both had met the target. On the database 91% of patients were taken to theatre within 36 hours. With regard to the other 9% he explained that there was generally a medical reason for not being taken to theatre, not that there was insufficient capacity. Other areas of good performance was the key performance indicator for mobilisation and he expressed his thanks to the physiotherapy service that operated seven days a week. There was a score of 98.2% which put Manx Care ninth in the league table but there would be little scope to improve on that. The time to discharge was much quicker than the UK as there was a median acute stay of approximately eight days whereas in the UK it was 10 and 83% of patients were returned to their usual residence.

During the year Andy Davis, Consultant Geriatrician, had been recruited and was transforming the service by undertaking General Medical assessments and generally looking after the holistic care of patients. IW was hopeful that in the next year Nobles would be toward the top on all of the eight key performance indicators. PM acknowledged the achievement of IW and his team. He queried whether there were any tangible benefit of people returning to a functional status sooner such as patient reported outcomes measures. IW replied that rapid surgery was the key to the success as it was the first part of the journey which would facilitate the patient getting up and about with quick physio which facilitates recuperation and enables patients to return home. With regard to the patients that were treated at the weekend KK queried how IW managed to mobilise the team so quickly and whether there was any learning for other areas that performed unplanned surgery. IW replied that it was almost 'first come first served'. If another specialty had a very sick patient they would take priority. If there were planned elective procedures they could be treated another day whereas trauma patients must be treated immediately. SP reflected that Manx Care had been successful in gaining funding from government for Restoration and Recovery to after Covid and sought IW's view on the relationship with Synaptik. IW replied that the Synaptik project had been important to get surgery started again. Elective surgery had been paused due to resource constraints and their being insufficient staff to run wards. The Synaptik model used the Nobles orthopaedic surgeons but a ward team a theatre team and a physio were all provided by Synaptik. Since then capacity had been expanded by working alongside the Synaptik who concentrated on the straightforward cases whilst the Nobles surgeons focussed on the more challenging cases. The teams had used the knowledge that Synaptik had brought in terms of length of stay and the enhanced recovery. He continued that joint replacement was particularly sensitive to ward occupancy if a medical patient was placed on the ward then joint replacement surgery would stop. The ring fencing of elective orthopaedic beds was essential as was management of flow. SP on behalf of the Board congratulated IW and his teams on the excellent results achieved.

(IW left the meeting at 9.20am)

91.23 Board Assurance Framework (BAF')

OR stated that the risk has been upgraded to 15 which was likelihood of five and an impact of three. This was to reflect the increasing frequency of extreme pressure being experienced across the whole Health and Care system including primary care, community, ambulance service, and social care. In particular there had been an unseasonable rise in unplanned demand with ED attendance in July being the busiest month on record. During the winter period demand would increase as people moved inside and the risk of transmission of respiratory and other illnesses increased. Due to the ongoing cost of living crisis the most vulnerable in society would again need to choose between eating their home eating with either sacrifice likely to result in the need to access health or care services. The BAF risk covered five main points. The first was in relation to Covid related demand. The Island had been adopting the endemic approach since April 2022 and transient increases and decreases remained. Manx Care was currently delivering the Autumn booster programme and there were clinics booked every day both. Vaccines were also being provided in nursing homes and to those unable to leave their homes. The Covid escalation plan remained an active document within Nobles and had been activated as most recently as early October. If staff tested positive for Covid there was a mandatory isolation period of five days which could lead to quite significant staffing issues particularly within the hospital.

The second risk was around escalation planning. Nobles used the OPAL framework to reflect operating pressure. There had been a high frequency of OPAL four days particularly in August September and October however in each of those days targeted action across the entire system had resulted in a de-escalation from OPAL 4 to OPAL 3 in a 12 to 16 hour period. In October the status had been OPEL 4 for more than 24 hours which was the first time that had occurred. This was principally due to demand coming through ED. The OPAL framework was currently under review to take into account staffing pressures as currently the framework calculates the score based on flow principally however the impact of staffing had a huge effect on flow. A community OPAL system which took into account pressure within primary care, community services, district nursing and community therapies etc. would be preferred as there would be the ability to track the pressure across their entire system. This would be done in conjunction with Community Partners and Primary Care Network.

The third risk described service transformation of urgent and emergency care. The Sir Jonathan Michael report indicated a lack of integration across various Urgent Care Services delivered by the then DHSC. Work had been ongoing on that recommendation for some time however the progress had been somewhat limited due to the pause of the Care Pathways transformation program which had been on pause for almost 12 months. In 2022 despite the pause Manx Care decided to push forward the various urgent and Emergency Care transformation projects which were Here and Treat, Intermediate Care, See Treat and Leave and Same Day Emergency Care. All four had received healthcare transformation funding which meant that they could be funded for the first two years of their existence. Here and Treat had been the first to be launched and was currently in a phased implementation. September data illustrated that 259 calls had been clinically triaged with 100 calls either being downgraded or upgraded and the remainder being redirected to an alternative pathway. The alternative pathway figure would increase as more alternative pathways came online. The Island's first consultant paramedic had been recruited and they would take forward that service from an advanced practice point of view. Intermediate Care was primarily built on an existing services. There was a plan to increase the number of staff within the reablement service which would mean that the reablement team would be able to increase its ability to respond and would move from four days a week to seven days a week service. Three advanced clinical practitioners were also being recruited into the Intermediate Care Service based on the advanced

practice framework and they would undertake the initial assessments for people who were referred into the service by other clinicians as well as support the step up step down program.

The fourth risk was around demand and capacity planning. This had been underway for some time to help build the recovery and restoration phase three project which would focus primarily on out patients across Nobles as well as mental health. In order to produce the business case demand and capacity planning had been undertaken in all specialties and that data would also be used as part of the core service planning tool to plan demand and capacity. This was the first time this level of data had existed. It was hoped that five to ten year forecast of unplanned demand for Manx Care could be developed which would provide the ability to accurately forecast all unplanned services. This would also link into the Island Plan as one of the objectives was to grow the population which would lead to greater demand on the Health Service.

The fifth risk was around winter planning. As OR had mentioned earlier winter was one of the highest periods of pressure for the health and care service with people suffering winter illnesses, increased falls and exacerbated of symptoms of frailty. The previous year was the first roll out of a winter plan which had proven successful and had been noted within the DHSC's assessment of Manx Care. With regard to this year the winter planning budget was now known and OR had requested that all key stakeholders to provide their requirements for the winter plan which would primarily be additional clinical staff across primary care, community and the hospital to help deal with additional demand. OR would also analyse whether services could be offered on a seven day basis.

KK queried which categories of patient were still being vaccinated against Covid as in the UK they had stopped doing the over 50s. OR replied that Manx Care followed the same guidance as the UK okay so over 60s and clinically vulnerable patients were offered vaccinations as a priority. The JCVI were constantly reviewing the guidance with a view to potentially matching the same eligibility as last year which had been 50 plus. If the guidance were to change Manx Care would follow and OR stated that there was sufficient operational resilience to be able to respond to that.

DH queried whether Social Care would be part of the community OPEL framework and OR confirmed that it would. DH observed that the progress with Intermediate Care and reablement was a real positive and would have a huge impact on the ability to enable independence and therefore help people stay at home. CO commented that there was a consistent message around the need to recruit more to substantive post and reduce an agency spend and queried where the recruitment drive would be focussed. OR stated that it would most likely be agency staff that would support through the winter period. From the seven day services point of view the existing workforce would be utilised to work additional hours by doing bank shifts.

TC highlighted the importance of the demand and capacity work, particularly given the very challenging financial position Manx Care found itself in. She queried when the detailed modelling would be available and whether OR had sufficient resource in the performance team. OR replied that the demand and capacity work was being done by the performance team and there was pressure in the team. The performance team had recently recruited two posts which would go some way to relieving the pressure. This would be the first time that the demand and capacity actually matched what was required for the Island. Any gaps between demand and capacity that couldn't be filled or be bridged by efficiency would be quickly identified. It would also be invaluable to inform future financial planning.

TB queried what preparations were being made to address seasonal flu. OR replied that the seasonal flu program was underway and the vast majority was being provided by primary care. Co-administration of Covid and flu jabs were being offered however the uptake of was quite low with only about 25% people who received a Covid booster elected to receive the flu jab.

92.23 Chair's Report

SP stated that Sandra Cardwell had now joined the board as a non-executive director and she would bring a skill set that would be incredibly valuable. Manx Care was still in a very difficult financial position and SP extended her thanks to all of the teams that were working hard to manage their budgets whilst balancing the need for safe care. The OFSTED report had been received and SP had written to the social care team to thank them for their hard work both in preparing for the inspection and also in working through the recommendations.

93.23 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:

The horizon scan provided lots of the detail of the extensive work that is going in within the operational teams. The corporate teams would be included in future reports. There continued to be a comprehensive focus on the vaccination program and there had been an 83% uptake from the eligible cohort for the spring booster program which was significantly higher than the 71% on average for the UK Autumn booster program. There were some issues with the Chester Street facility and Manx Care was in discussion with the Department of Infrastructure as to possible sites to relocate. In October the board made the decision that Manx Care would take over the running of Regent Dental centre from the 1 December following that contract being handed back. This would secure the services for approximately six and a half thousand patients who were currently registered with that practice. There had been a backlog log built up and the focus would be on ensuring that all patients who were on the books of Hillside received their proactive treatments. With regard to intermediate care some of the transformation projects were starting to come to fruition and intermediate care was an essential part of winter planning. With regard to social care integrated mental health and safeguarding the recruitment process had commenced for a substantive executive director of social care. The safeguarding board had met last week and Manx Care was able to provide positive assurance to the board on all the work in response to the CQC action plan and also the adult safeguarding plan. The multi- agency safeguarding hub was three months into the pilot project it was working well. The island would mark safeguarding week on the 20th - 24th of November and all agencies that formed part of the safeguarding board would be actively involved in that piece of work. One of the key themes that continued to prevail was that fear from practitioners to share information in case they breached information governance or GDPR protocols. In the context of safeguarding sharing information was entirely appropriate. The recent performance and accountability reviews highlighted the huge demand on the Child and Adolescent Mental Health Services and it was essential that the business case was moved through DHSC and to Treasury as it was vital that additional investment was made in that service to allow focus on early intervention and move to the Thrive model. There had been a number of recent successful consultant recruitments and there were only two specialties where there was continued difficulty in recruiting and that was due to there being a national and international workforce shortage.

A new risk manager had been recruited and work was ongoing to develop the Risk Management Systems in order for the Board to ensure the greatest risks were being managed. With regard to the financial risks Manx Care was established with a funding formula that hadn't materialised for various reasons that the Board understood. The levels of transformation that Sir Jonathan Michaels recommended were required to provide a high performing, high quality health and care system. Several of Manx Care's financial issues were linked to the ongoing investment in some of those new models of delivery which Manx Care believes are the best for patients. The risk management report also reflected some of the risks around IT, in particular the need for a single Integrated Health and Care record. SP highlighted the lack of capacity in the communications team which had impeded the

fostering campaign and queried what action was being taken to address this. TC confirmed that interviews had been held on the 20th October and a new Head of Communications and Engagement had been recruited and it was hoped they would join Manx Care on 1 December.

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

94.23 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 24 October 2023 was noted. TB informed the meeting that there were two matters for escalation. The first being a practical issue around the timing of the integrated performance report ('IPR'). The IPR was presented to the QSE committee before coming to the board. The committee had the opportunity to scrutinise the IPR and ask detailed questions to obtain assurance on behalf of the Board. However due to timescales required to produce the IPR it may be the case the QSE received a draft version. It had been agreed that the version that is presented to QSE will be the same version that was presented to the Board.

The second issue related to maternity services. Whilst locally there had been improvements within maternity services it was not immune to International pressures in terms of being able to recruit the right people. It has been agreed that the service should develop a three strand approach with a short-term plan to see what could be done now but also have a focus on a medium and a long term strategy. This was not an issue of funding, it was purely the availability of resources.

FP&C Committee

The report from the meeting held on 25 October 2023 was noted. NW stated that there were three items the Committee wanted to escalate to the Board.

The first related to capital infrastructure. The Department of Infrastructure ('DOI') looked after the properties within the estate however there were areas where Manx Care and the DOI could work more efficiently. Many of the properties on the estate were in poor condition and there must be a focus to understand whether they could be renovated, re-purposed or disposed of.

The second matter related to pay where there continued to be frustration. It was essential that Manx Care continued to do all it could to find a resolution as pay negotiations had been ongoing for three years which was an unacceptable position to be in. Manx Care must be able to control and plan in order to pay correct and respectful salaries to colleagues. It was very difficult to talk about culture and the behavioural aspects of culture, when Manx Care was unable to pay people properly.

The third issue related to the finances. It was quite correct that Manx Care should be scrutinised on the numbers and accounts. The FP & C committee met monthly to scrutinise not just the numbers but the how the numbers were made up and the process that went into making those numbers. NW provided assurance that although the numbers were difficult they were correct. During September some costs had been identified and on that basis the forecast had been pushed out by another £3m.

Whilst this would appear very bad news, within the numbers were some very good news stories. As discussed previously Manx Care was established under the Sir Jonathan Michaels Report. The spend analysis over the past three years revealed that the spend had increased by a cumulative 18% however inflation during that period had been running at 24% and funding received had been 13%. This was evidence of improved financial controls and the Board could be assured that Manx Care was making the most effective use of the funding received. TC concurred with NW's comments and highlighted that appropriate additional investment in recruitment had been made where it had ensured safety and compliance of the service. She suggested that there may be value in the Committee reviewing the additional investment in people that Manx Care had made to provide the assurance that it had been to strengthen the core safety and compliance of the organisation. This would also provide assurance to wider stakeholders being the Department of Health and Social care and Treasury.

NW highlighted that the cost Improvement plan was slowing down and real transformation such as the introduction of the Manx Care record was now required. PM observed that it was very encouraging that Manx Care was anticipating the cost pressures that were coming downstream based on probability and that was being factoring into financial planning. It was essential to stand 10, 15 or 20 years into the future to anticipate what would be coming down stream to understand future demand across all sectors. This would inform decision making around adaptation and how Manx Care might respond to that. It may not be the same orthodox thinking of putting more in and doing more and paying more and using more it might be thinking very differently about how that problem might be tackled in the future taking a much more proactive and pre-emptive approach. NW concurred and added that was incumbent on Manx Care provide its stakeholders with the solutions and the ideas as to how to react going forward. The Our Island Plan was projecting for an increase in population which would necessitate activity based costing using clinical coding which was now being introduced. This would enable Manx Care to predict with more certainty what the future was going to look.

PRIORITY ONE – IMPROVING PATIENT SAFETY

95.23 Integrated Performance Report (IPR)

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

PM made the following observations:

- September had been another strong performance on quality
- There had been two full years without a never event
- There was the relatively low risk in relation to medicines management and there was zero incidents recorded that had caused harm
- Falls management - the approach to fall risk assessment and intervention resulted in harms being lower
- Good progress continued to be made on VTE and prophylaxis which again was another proactive intervention to reduce the risk of blood clots
- C-dif infections had started to reduce as had pressure sores
- Antimicrobial stewardship compliance continued to improve
- Mortality reviews were becoming deeply embedded
- There had seen a slight drop in nutrition and hydration screening
- MCAL's continued to resolve queries as far as possible on the day or at least within seven days of those issues being raised
- Performance on duty of candour had been restored

MH made the following observations:

The medical examiners had worked very hard with Dr Pam in establishing the mortality group and the level one mortality was taking place in the hospital. With regard to level two mortality this had not yet been established as it was necessary to identify individuals from each Care Group who would chose cases at random for a level two review. Benchmarking would not be possible until the coding data was available. In terms of child mortality there was assurance from Paediatrics that the data is sent to Public Health and that data was incorporated with the Northwest Data.

DH made the following observations:

- There was generally a positive position across the Social Care and Mental Health Group
- Mental health average length of stay had been consistently good against targets
- Staff were working well to make sure that targets assessments were met with people being seen within 24 hours and the care packages are developed within two weeks
- 1 hour response times to ED and three days follow-up following discharge from the service had both exceeded targets
- The CAMHS business cases were being considered and if approved would start to address some of those waiting lists which has been a concern for some time
- There had been good progress with re-referrals
- There had been a focus in adult social care to complete assessments within 28 days. The main reason for the delays was around LD services and complex cases taking longer to complete the assessments due to the multi-disciplinary environment
- The UK adult social care outcomes framework would be reviewed to see whether there were other measures that would be more meaningful than the current ones and help better understand performance
- Children and families review activity was performing well um with the exception of complex needs reviews however the completion of the reviews was dependant on the availability of multi- agency professionals
- Children were contributing to reviews where appropriate
- Within children's services dedicated social workers were working with individual children and young people to help them engage much more in the process

OR

PM

SP queried in the complex case were the issues with engagement due to a general lack of General lack of resourcing. DH confirmed that was the main issue and getting people to commit to those reviews was challenging for all agencies and that could impact thee next steps for a child. He reflected whether the 28 day target was in fact a meaningful one.

OR made the following observations:

- With the R&R phase 2 there had been an 83% reduction in the Ophthalmology day case wait list. This had now transferred to business as usual and a visiting consultant was carrying out 20 cataract procedures per day which was controlling the wait list
- The transition from Synaptik facilitated services to the majority of Manx Care delivered Services was almost complete
- Ambulance response targets from categories two to five continue to be significantly less than the UK standards
- Theatre utilisation had been above 80% in September
- A lot of work validating the reasons for theatre cancellations had been undertaken and a deep dive would be carried out next month
- Cancer access standards continued to be concern although there was some stability within the 28 day faster diagnostic standard
- September was the third month of improvement around two week weights

- Workforce pressures within endoscopy meant the team was struggling to maintain the performance against the two week wait so OR was considering aligning to the new National NHS cancer waiting times which had been released earlier in the month. The new standard focussed on the 28 day faster diagnostic standard
- OR had attended three of the main cancer patient tracking list meetings and everything was being done to maximise performance against all cancer standards
- Dermatology and gastroenterology were key parts of two of the big cancer sites and there was ongoing difficulty recruiting to those posts
- A workshop had been arranged with the primary care team and colleagues from the AGC and the DHSC to see whether there was any scope to maximise the contractual levers to drive performance of dental contracts. The AGC advised that there was very little that could be done
- The dental advisor role would be re-introduced to support Dental contractors in management of waiting lists
- The unification of the unit units of dental activity was being progressed
- It may be necessary to introduce limitations or eligibility criteria for dental services if there was no possibility of either increasing the capacity or reducing the demand

OE queried how the data was collated to link how the West wellbeing service contributed to the reduction in ED attendance. OR replied that he understood that it was an extract of ED data from people who were registered with Peel Group Practice. It was more of a proxy measure to display trends pre and post establishment of the hub. OR queried whether this was the right way to present this data. OE and OR would discuss offline.

NW queried why it was usually UK standards that were adopted and suggested Manx Care should aim to outperform UK standards. With regard to changing from the 28 day standard he questioned whether there was real scientific reasons behind that adoption of that standard. OR replied that Manx Care would continue to monitor and measure itself against the 14-day standard and that formed part of reporting DHSC. TC added that there was a strong evidence base behind the cancer plans and the cancer targets. If all patients could receive a diagnosis from which treatment could begin by day 28 that would positively impact outcomes and their recovery from cancer. Changing the standard was in the best interests of patients. The meeting concurred that it was a good debate to have between performance management and quality assurance. It was essential when quality measures were set that patient experience and the outcome from the activity was at the centre. OE reflected that there should be a note of caution regarding targets Manx Care setting its own targets. He stated that registered GMC practitioners preferred to follow recognised guidance such as NICE where the reporting was against a specific framework that was evidence based and standardised. He continued that the focus was very much on cancer which was correct however there were non-cancer serious urgent referrals that were made that may sometimes receive less attention. MH concurred and stated that with regard to mental health specifically there were entire areas that weren't captured. An example was the absence of an adult ADHD pathway. SP stated that the observations made by OE and MH raised a broader and more fundamental question about whether Manx Care should or should not compare itself to the UK NHS. NICE treatments had been approved in the UK for 22 years because they have clinical effectiveness and were cost effect. Manx Care had tried to establish a baseline to determine the level of NICE compliance but there was still a considerable amount of work to do to understand the totality of the cost and demand level. NICE compliance was one of the most important things the Board needed to focus on as it protected clinicians, patients and was equitable with the UK NHS. They have been through rigorous approval process so it was proven that they were the right interventions. It was agreed that this would be discussed further at the next Board.

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

96.23 Update on Pay Negotiations

Negotiations with the RCN had taken place on the 5th of October facilitated by MIRS and that had been a very productive meeting. Further funding had been made available from Treasury and a revised offer to the RCN and all other staff side groups had been made. The RCN took the decision to stand down their planned industrial action. The results of the ballot would be known in the coming weeks. Negotiations regarding 23/24 had not commenced but PSC had agreed a 6% uplift for 23/24 so it was likely that would be the start point for negotiations.

97.23 OFSTED Update

DH stated that the inspection happened between April and May this year and there were two elements to the inspection. One was the residential side and the other was a wider social work inspection. A self-assessment had been undertaken prior to the inspection which had been very honest about the shortcomings and challenges that existed across Children and Family Services. As a result of the self-assessment, the results of the inspection had not revealed any great surprises. There were more than 60 different findings which formed the basis of the action plan. The team had already progressed some of the actions and 26 actions had now been completed and a further 27 were in progress. Children with disabilities lack residential placements which had been an issue across the island. There was also insufficient provision for care leavers. There was no advocacy service which had been highlighted again and a business case was with Treasury. There were not enough Foster carers on the island despite the good work that people were doing trying to attract new carers into the service. There was lack of provision for education for young people who may not be in mainstream education and a lack of an Island wide strategy for services for vulnerable children.

There were some positive findings so it was important to recognise these. One of the comments from inspectors was that people were doing their best but hindered by a lack of resources and also highlighted how honest and transparent staff and managers. The action plan was developing well and an independent chair was chairing the Service Improvement Board.

98.23 Workforce and Culture Update

The workforce and culture update provided a high level summary of the work that was taking place within the Workforce and Culture team. A survey of all staff across the organisation had been launched with the intention to obtain the maximum amount of feedback from all of staff as to how it feels to work for Manx Care. This would be first time comprehensive whole organisation wide survey had been carried out. It was based on the NHS survey the results would be used to refine the people culture and engagement strategy. Nominations had gone live for the second Care Awards which was highly successful in in February. Workforce planning and skills audit would be progressed now the requisite level of data and information was available. An equality diversity and inclusion strategy would be developed to ensure Manx Care was an inclusive environment for all staff to work in. The learnings from the BMA barometer and culture of care were being embedded and Dr Hudson was leading on program called 'Civility Saves Lives' and there would be a symposium in December. A quarterly report on the actions and deliverables of the culture and engagement strategy would be provided.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

99.23 Director of Finance Report

The September management accounts were noted. As highlighted earlier in the meeting the forecast had moved during September which had resulted in an increase to the deficit that was being forecast. This was a result of two risks that had been highlighted in August's management accounts. There was now sufficient information for them to be crystallised within the forecast. This came despite there being substantial improvements in a number of different areas across Manx

Care. The run rate for Medicine, Primary Care, Operations and nursing safety and governance had improved substantially. The movement in the forecast was a result of two separate issues. The first issue was relating to tertiary costs where a review of recent provider activity had shown that the existing activity levels would not reduce as much as had previously been expected. There were also inflationary pressures for the NHS tariff as well as a transport contract that had now been included and crystallised within the forecast. It was noted that there had been some difficulties in obtaining timely information from some of the tertiary care providers and this was being worked on by the tertiary team. The second impact to the forecast related to the CIP following a detailed review of the forecast savings that could be achieved.

AP referred the meeting to the spend analysis. The key takeaway from the spend analysis was that over the last two years there has been an 18% increase in costs despite a backdrop of cumulative inflation of around 24% so it was clear that there had been good success in mitigating costs across Max Care. The budget had only increased by 13% and that was where the gap existed for Manx Care. Robust financial forecasting and planning within the Care Groups had improved greatly over the last two years and there had been a high degree of input and investment in time from

The funding envelope for 24/25 has been submitted to the DHSC and it was hoped confirmation would be received within the next few weeks. Upon receipt a prioritisation exercise would be carried out based on the list of six priorities.

KK commented that it was extremely positive that people were becoming more financially literate. She added that that Board was recently asked to approve a high cost patient spend and queried whether additional financial help was available from DHSC or whether Manx Care absorbed the cost. AP stated that he understood there was additional funding that could be provided there from the Department as it held a separate Reserve that could address high cost patients.

CO highlighted that in the report there had been a payroll error which had resulted in some back pay being due and queried what the process was that uncovered the error and requested any assurance this would not re-occur. AC replied that a reconciliation of doctor's pay against job plan revealed that a number of people hadn't moved up the pay scale for a number of years. The only explanation was that the membership of the payroll team had changed and the particular field within the PiP system had not been completed. That payroll team had not been included in the audit process as it was deemed to be low risk. An exercise was underway to determine if it had been replicated for other staff groups. SP queried whether the Audit Committee should consider the issue further. NW replied that there was some capacity within the audit programme to pick off individual subjects from time to time and this was an area that could be looked at.

MH emphasised the importance of job plans being signed off early in the year as if they weren't there would be a risk of back pay accumulating. OR queried whether the pay slips were easy to understand whether Manx Care staff had the knowledge and understanding of how much they were paid, why they were paid that amount and could they see that connection to their job plan. AC replied that payslips were self-serve so it was incumbent on the individual to look at their payslip.

100.23 Any Other Business with Prior Agreement of the Chair

There was no other business. There had been no questions received from the public either in advance of the meeting or at the meeting.

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

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	

Committee Actions

QSE/188.23/Dec	Dr Khan & team to be invited to future Board to present re Anti Microbial Stewardship	PM/BdSec	March		JR has been asked to progress this with PM with a view to bringing to March Board in public	
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 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	<p>Meeting Date:</p>	<p>06.02.24</p>

Meeting:	Board Meeting		
Report Title:	Board Assurance Framework ('BAF')		
Authors:	Simon Collins, Deputy Chief Information Officer		
Accountable Director:	Jackie Lawless, Director of Finance, Performance and Delivery		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	Risk Management Committee	18 January 2024	Approved

Summary of key points in report			
<p>It is recommended that an additional risk be added to the BAF. The risk is The Failure to Implement Robust Information Governance across Manx Care.</p> <p>The information governance risk has been monitored at an operational level via the Information Governance Advisory Board and the Risk Management Committee and at board sub-committee level by the Digital and Informatics Committee. This has now been articulated as a strategic risk. If approved, this risk will continue to be scrutinised at the Digital and Informatics Committee going forward.</p>			
Recommendation for the Committee to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
		Assurance	<input type="checkbox"/>
		Information	<input type="checkbox"/>



MANX CARE: BOARD ASSURANCE FRAMEWORK

Failure to implement robust Information Governance across Manx Care	Overall risk owner:	Amendment date:	Jan-24
	Simon Collins	Committee scrutiny:	RMC, Manx Care Board
Which of the 2022-23 objectives may be impacted:		TARGET: L x I	3 x 4 = 12
1 Covid-19 response.	7 Reducing waiting times.	May '22: L x I	5 x 4 = 20
2 Service user feedback drives improvement.	8 Continuous improvement.	Oct '22: L x I	5 x 4 = 20
3 Transforming health & social care delivery.	9 Workforce engagement and development.	Jul '23: L x I	5 x 4 = 20
4 Corporate, clinical and social care governance.	10 Primary Care at scale.	Oct '23: L x I	5 x 3 = 15
5 Transform urgent and emergency care.	11 Early interventions.	Jan '24: L x I	5 x 3 = 15
6 Financial balance.	12 Environmental sustainability contribution.	Jun '24: L x I	

Related operational risks:	Main Controls 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG	
<p>#1 Failure to implement a satisfactory level of remediation across processes and systems to minimise the risk of ongoing data breaches.</p> <p>#2 The team established to oversee the IG function and support Manx Care staff is unstable, insufficiently resourced or skilled to perform the required duties.</p> <p>#3 The large number of disparate systems accessed by clinical staff when performing their day-to-day roles remains high resulting in challenges with passing data between systems and service areas and requiring a high level of training for staff.</p>	1. Comprehensive remediation plan addressing the data breach issues linked to penalty notice	Simon Collins	<ul style="list-style-type: none"> - Detailed remediation plan delivered to address the issues associated with the referral of patients between Secondary and Community Care - Penalty notice and fine waived by ICO - A revised data breach management and reporting process introduced to provide much greater rigour to the reporting standards, investigation and recommendations arising from breaches. Additionally, ongoing tracking of actions to completion undertaken by the IG team. Any serious breach now follows a defined incident management process - The number of data breaches and breach severity are tracked and reported monthly in the performance metrics. Details of breaches and reporting patterns are also reported to the IGAB Committee, to the D&I Committee with papers from D&I going to the board for assurance. - The number breaches related to patient referrals in 2022 was 8 and 2023 was 2. 	- As Patients may be referred between multiple service areas across Manx Care (and beyond) the current manual patient referral processes could lead to data breaches in future.	- There remains a risk a data breach could occur in future related to a patients referral details being sent to the incorrect service area(s). The volume of breaches continue to be tracked through performance reporting, IGAB and D&I to the Board.	A	
	2. Seek to resolve the wider issues associated with the original data breach.	Simon Collins	<ul style="list-style-type: none"> - Email platform cleansed and obsolete user accounts removed. - Distribution list membership updated - Distribution list admins assigned - User access to every distribution list reviewed and updated and ability to send to distribution lists restricted - Greater security and approvals have been introduced around creation of new distribution lists and mailing groups with SIRO approval required prior to creation. . - A new Patient Referral platform has been developed and rollout is underway. - Revised IG policies developed and published through the new Manx Care Intranet to provide ease of access for staff. - Training: undertaken in procedures associated with new policies. Introduction of new Data Security and Awareness training course as an annual re-accreditation requirement for all staff as part of DSPT. - DSPT accreditation sought in 2022/23 with standards increasing for 2023/24. - As this is being accommodated within BAU resources the order of rollout is based on volume of patient referrals balanced with urgency to support urgent operational requirements. - The project to implement Mx Record is now finally progressing - Frequent and constructive interaction with the ICO's office is underpinning much of the work that has been undertaken and continues to provide direction and support to changes in processes. 	<ul style="list-style-type: none"> - Manx Care inherited multiple legacy systems that had never been fully integrated necessitating manual 'transfer' of data and information between systems and services. An integrated platform combining primary and secondary care is the goal of the Manx Care Record programme and an outline business case has secured funding for development of a detailed business case to secure funding to support procurement and implementation of a solution. The delay in implementing the Mx Record is tracked as an Extreme risk #792. - The new Patient Referral Platform may not be suitable to address requirements for patient referrals between all settings. - Inability to track training completion percentages by department through eLearn Vannin Platform. 	- The programme to deliver Manx Care record has already taken over five years and has yet to gain full funding support. It remains to be seen if the necessary funding will be available to support the necessary work to deliver a fully integrated EPR.	- Whilst investment in technical solutions could reduce the risk of data being distributed inappropriately there remains a reliance on staff to adhere to policies and procedures when using these systems. This requires a significant ongoing investment in time to train and re-train staff. Until the architectural landscape is simplified with the introduction of a modern EPR system the frequency of data breaches are likely to remain high.	A
	3. Building a robust IG Governance function with adequate staff qualified to develop and maintain compliance with legal requirements and best practice.	Simon Collins	<ul style="list-style-type: none"> - Strong oversight and direction provided to IG Function by Information Governance Advisory Board (IGAB) - The ICO Penalty Notice Remediation Working Group comprising representatives from Digital & Informatics successfully mitigated the penalty notice and fine from the ICO. - Successful recruitment of an IG Manager and IG SMT team completed and now established including Senior Information Governance Manager, Records Manager, Information Governance Officer, Service Delivery Manager, Risk QA Manager. - Both IAR's (Information Asset Registers) and ROPA's (Record of Processing Activity) completed by all Care Groups with support from IG resources - An audit has been commissioned by the Transformation Programme to update the audit completed in 2022 of IG benchmarking across Manx Care, Public Health and DHSC. This will provide measurement of performance against original recommendations and inform the strategic direction for the IG Team and generate an actionable delivery plan. 	<ul style="list-style-type: none"> - Ability to contend with the volume of requests of the IG Team and the upward trajectory of volumes remains challenging. However, decision taken not to increase resource levels further but instead focus on automation and appropriate tools to improve efficiency where possible accepting delays in processing will continue. 	- Staff across Manx Care face continued competing demands on their time and increasing the volume of training required can cause a challenge to resources. Training methods and approaches need to be assessed to avoid overburdening staff and to provide support with training through suitable mechanisms.	A	

MANX CARE: BOARD ASSURANCE FRAMEWORK

1a	Failure to provide safe health care.	Overall risk owner: Paul Moore	Amendment date: Committee scrutiny:	Dec-23 QSE Committee	
Which of the 2023-24 objectives may be impacted:			TARGET: L x I	5 x 2 = 10	
1	Covid-19 response. x	7 Reducing waiting times. x	Jul '22: L x I	5 x 4 = 20	Sep-23 5x3 = 15
2	Service user feedback drives improvement. x	8 Continuous improvement. x	Oct '22: L x I	5 x 4 = 20	Oct-23 5x3 = 15
3	Transforming health & social care delivery. x	9 Workforce engagement and development. x	Dec '22: L x I	5x3 = 15	Dec-23 5x3 = 15
4	Corporate, clinical and social care governance. x	10 Primary Care at scale. x	Feb '23: L x I	5x3 = 15	
5	Transform urgent and emergency care. x	11 Early interventions. x	May '23: L x I	5x3 = 15	
6	Financial balance.	12 Environmental sustainability contribution.	Jul '23: L x I	5x3 = 15	

Related operational risks:	Primary Controls	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
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.	Quality Governance Arrangements 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	Paul Moore	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 4. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 5. 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. 9. Risk Manager substantive recruitment unsuccessful at first pass - L1, continuing to rely on agency 10. International recruitment is underway, staffing position much more stable, and lower Band 5 vacancies -L2 11. Rotas are much more stable, substantive recruitment progressing and nursing agency spend significantly reduced - L2 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 14. substantial improvement in recognising and responding to the signs of clinical deterioration - L2	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 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 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	13. Audit the adequacy of safeguarding procedures for vulnerable adults and children	A
	Clinical Audit & Clinical Effectiveness 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.	Dr Hudson	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 6. Manx Care is now achieving the volume of mortality reviews at Level 1 required by local standards- L2.	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	5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions	A
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.	Service User Experience, Engagement & Involvement 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 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	Paul Moore	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	2. No independent advocacy service on Island - L1	None	G

MANX CARE: BOARD ASSURANCE FRAMEWORK

1b Failure to provide safe social care.	Overall risk owner:	Amendment date:	Dec-23
	David Hamilton	Committee scrutiny:	QSE Committee
Which of the 2023-24 objectives may be impacted:		TARGET: L X I	3 x 3 = 9
1 Covid-19 response.	7 Reducing waiting times.	Apr '23: L x I	3x4 = 12
2 Service user feedback drives improvement.	8 Continuous improvement.	Oct '23 L x I	3x4 = 12
3 Transforming health & social care delivery.	9 Workforce engagement and development.	Dec-23	3x4 = 12
4 Corporate, clinical and social care governance.	10 Primary Care at scale.		
5 Transform urgent and emergency care.	11 Early interventions.		
6 Financial balance.	12 Environmental sustainability contribution.		

Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
<p>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</p> <p>KEY L1 - internal/operational level L2 - Director/Board level L3 - external review/audit/inspection</p>	<p>Policy governance</p> <p>1. Review, update and draft of policy suite</p> <p>2. Robust process for ratification of policies, with oversight at Exec level</p> <p>3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F</p>	David Hamilton	<p>1. The review and completion of the suite of policies governing social care is an ongoing piece of work. This ties in with CQC Action Plans and an Improvement Notice from R&I in ASC. The Corporate Services Manager is coordinating policy update work and supporting Heads of Service in doing so - L1</p> <p>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</p> <p>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</p>	<p>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. There have been moves in recent months to move all policies onto the widely-accessible Manx Care Intranet site, supported by the Comms Team. Assurance is needed that all colleagues are regularly accessing and reviewing policy documents - L1</p> <p>Work towards a Manx Care wide solution, Polycstat, is being explored as a move towards mitigation - L2</p>	<p>2. There can be a disconnect between the clinical and care OCGs - this means that policy ratification is sometimes disjointed. Instances of this have reduced in recent months, with the DNACPR Policy coming to both OCGs. Social Care representation on the clinical OCG is now regularly happening as a mitigation - L2</p> <p>Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness. This is compounded by the vacancy factor and resulting operational pressures across the Care Group - L1/L2</p> <p>Social Care are planning work in 2023/24 on a policy gap analysis, with a work / remediation plan to capture the status of each policy - L1</p>	A.
	<p>Training</p> <p>Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications</p>	Louise Hand	<p>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</p> <p>Service areas keep a comprehensive set of training matrices which are manually updated by admin staff, given the limitations of eLearn reporting - L1</p> <p>The Care Group holds a central budget of £150k for the benefit of all service areas. This includes a provision for 'train the trainer' to build resilience in staff development and continuing professional development. ASC are working towards self-sufficiency with RQF training, with a second cohort of in-house level 3 due to start in Dec 2023 - L1</p>	<p>The budget of £150k does not include any uplift in 2023/24 or any reflection in the Care Group's expansion to include Health Safeguarding. The Health Safeguarding Lead has highlighted the need for extensive training in the near future following CQC recommendations around health safeguarding training. This position is being regularly monitored, in case contingency funding from DHSC is required to meet these obligations - L2</p> <p>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</p>	<p>The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues. OHR have indicated that alignment to the PIP structure is a live piece of work, along with an overarching training policy to be approved via OCGs - clinical and care. The Corporate Services Manager is also assisting with the reconciliation of 'mandatory' and 'role-specific' training - L2</p>	A.
	<p>Design and launch the multi-agency safeguarding hub (MASH)</p>	Julie Gibney	<p>The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults.</p> <p>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.</p> <p>A bid was successfully submitted to the Seized Assets fund for the start-up costs of £15k - L3</p>	<p>The operation of MASH since June 2023 has led to positive, early interventions and outcomes, however the MASH is putting pressure on the front door of C&F Services. This area is being propped up by agency social work provision, a business case is being scoped out for a more permanent solution to the capacity. C&F services are experiencing a period of high demand with contacts at an all time high, with thematic threshold issues identified in a number of contacts that result in NFA. This is being worked through and continually monitored - L1</p>		G.
	<p>Functional design, consistent application and effective operation of the Scheme of Delegation</p>	Louise Hand	<p>Review of existing Schemes of Delegation will commence during 2023, 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 continuing in this area to embed this 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</p> <p>During 2023/24, work will commence in Social Care and Mental Health to align the Scheme of Delegation in respect of functions. This is a piece of work that would ideally be centrally-led given the scope of the challenge, given that Manx Care as an entity requires a Scheme of Delegation to be introduced reflective of the current structure - L2</p> <p>Work was carried out in 2022/23 to review, evaluate and update Financial Delegations which are now in place following recruitment to leadership roles - L1</p>	<p>The secondment of the AD in Adult Social Work has led to increased workloads and some pressures, with Resource Panel having an interim Chair - L1</p>	<p>The success of Resource Panel is being regularly monitored to ensure there is no drift from the Terms of Reference - L1</p>	A.

MANX CARE: BOARD ASSURANCE FRAMEWORK

2	Overwhelming demand.	Overall risk owner:	Amendment date:	Oct-23				
		Oliver Radford	Committee scrutiny:	FPC Committee				
		Which of the 2023-24 objectives may be impacted:		TARGET: L x I	6			
1	Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	9	May '23: L x I	9
2	Service user feedback drives improvement.	x	8 Continuous improvement.	x	June '22: L x I	9	June '23: L x I	9
3	Transforming health & social care delivery.	x	9 Workforce engagement and development.	x	Aug '22: L x I	9	Jul '23: L x I	6
4	Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	9	Oct '23: L x I (5 x 3)	15
5	Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	9	Nov-23	15
6	Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	6	Dec-23	15
					Apr '23 L x 1	6		

Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#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%. Medical vacancy rate is 15%	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 latest Autumn Booster commencing in September 2023. 60% of the eligible population have elected to take the 2022 Autumn Booster offer which is 5% less than the UK however the 2023 Spring Booster saw over 80% uptake, which is 10% higher than England. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board. 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 were allocated within the 2022 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.	Availability of Winter Pressures funding The new variant of Covid-19 currently in circulation is of unknown transmission and severity however initial indications is that (based on Sept 23 outbreak) it is particularly transmissible therefore there may be significant numbers of Covid patients requiring help as temperatures reduce	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	A.
	2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. The OPEL escalation framework has been shown to be an effective tool in managing and escalating operational pressure, particularly in delivering a system wide response during extreme pressure. OPEL declarations are now included in the Integrated Performance Report showing the variability of operational pressure throughout the year - the data shows that during 2023, the traditional reduction in demand over summer has not come to fruition and that unplanned demand during the summer has been greater than winter 22/23 and consequently more OPEL4 declarations made The OPEL framework is currently under review to take into account staffing pressures and a 'Community OPEL' system is being investigated to take into account pressure on Primary Care and Community Services such as District Nursing/Therapies etc		Hospital OPEL framework review and development of Community OPEL will provide system wide visibility of operational pressure and provide additional assurance that pressures across the system are being responded to appropriately to maintain patient and service user safety and access	A.
	3 Service transformation of urgent and emergency care	Oliver Radford	Significant investment has been secured to deliver a number of Urgent & Emergency Care service developments to supplement existing urgent care offers, in particular: - Intermediate Care - expanding free care and rehabilitative resources in the community to support early supported discharge and admission avoidance - Hear & Treat (Clinical presence within the Emergency Control Room) - See Treat & Leave - deploying advanced practitioners to facilitate more diagnostics and administration of treatment in the home, thereby avoiding admissions - Ambulatory Assessment & Treatment (otherwise known as Same Day Emergency Care) - delivering alternative pathways to admission for those attending the Emergency Department such as intravenous drug administration When fully operational, these services will operate in harmony to offer more diagnosis, treatment and care outside of the hospital environment, thereby helping to reduce demand on the 'front door' of the hospital (i.e. ED and admitting wards) whilst also helping to support patients to be discharged earlier from hospital and rehabilitate in their home environment.		Despite some lack of progress within the Care Pathways Project within the Transformation Programme, these projects have been accelerated by Manx Care officers given the importance of their delivery as we move into a difficult winter (23/24). Currently the range of metrics which will measure success of these projects are being developed and will be available for when these services are formally launched	A.

4 Capacity and demand planning	Oliver Radford	<p>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.</p> <p>Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to 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>	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 all outpatient clinic templates is ongoing in order to refine the process.	A.
5 Winter Planning 2023/4	Oliver Radford	<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>Winter planning for 2023 has already commenced within Care Groups however availability of Winter Pressures funding for 23/24 is currently unknown given organisational financial pressures. If approved, the funding will be utilised to bolster additional staffing across the primary, community and hospital sectors in particular focussing on delivering seven day services.</p>	Availability of Winter pressures funding based on 23/24 financial forecast/back to balance plan	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 winter periods	R.

MANX CARE: BOARD ASSURANCE FRAMEWORK

3	Competition for staff leading to critical shortages.	Overall risk owner:	Amendment date:	Nov-22					
		Anne Corkill	Committee scrutiny:	People Comm.					
		Which of the 2023-24 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	Mar '23: L x I	25
		2 Service user feedback c	x	8 Continuous improvement.	x	June '22: L x I	25	May '23: L x I	25
		3 Transforming health &	x	9 Workforce engagement and development.	x	Aug '22: L x I	25	Sep '23 Lxl	25
		4 Corporate, clinical and social care governance.		10 Primary Care at scale.		Oct '22: L x I	25	Nov 23 Lxl	25
5 Transform urgent and €	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 Committee, 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 organsational 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 policies and procedures to support absence management		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: BOARD ASSURANCE FRAMEWORK

4 Major incident	Which of the 2023-24 objectives may be impacted:		Overall risk owner:	Amendment date:	May-22			
			Oliver Radford	Committee scrutiny:	FPC Comm	Mar '23: L x I	16	
				TARGET: L X I	6	April '23: L x I	16	
	1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	16	June '23: L x I	16
	2 Service user feedback drives improvement.	x	8 Continuous improvement.		June '22: L x I	16	July '23: L x I	16
	3 Transforming health & social care delivery.		9 Workforce engagement and development.	x	Aug '22: L x I	16	Sept'23 LxI	16
	4 Corporate, clinical and social care governance.		10 Primary Care at scale.	x	Oct '22: L x I	16	Oct-23	16
	5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	16	Nov-23	16
6 Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	16	Dec-23	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. <u>Changes in structure of the TT for 2023 may change the</u>	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: BOARD ASSURANCE FRAMEWORK

5	Loss of stakeholder support & confidence	Overall risk owner: Teresa Cope	Amendment date: Committee scrutiny: Board	Apr-23	
Which of the 2023-24 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. x	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. x	Dec '22: L x I	4x4 = 16
6	Financial balance. x	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	Assurance RAG
<p>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.</p> <p>Delays and funding challenges identified which may compromise single electronic Manx Care patient record.</p> <p>Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention.</p> <p>Recruitment and retention of GPs and other clinicians and care workers.</p> <p>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.</p> <p>Non-compliance with CQC regulatory framework which Manx care seeks.</p> <p>Inability to deliver all the required ICO compliance regulations and requirements.</p>	<p>1. Proactive engagement with the Minister and DHSC leadership in relation for finances and the ongoing ability to deliver against the 26 recommendations of Sir J Michael and resources to deliver in line with CQC and Ofsted reports.</p>	<p>Sarch Pinch & Tera Cope</p>	<p>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. Financial plan for 24/25 prepared and signed-off by the Board and submitted to DHSC. Regular Board to Board schedule in place monthly/quarterly. 2 weekly Exec to Exec meetings in place. DHSC Oversight group: Terms of reference approved and minutes to be shared with the FPC Committee.</p>	<p>Working with Elected Members framework requires updating.</p>	<p>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.</p>	R
	<p>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').</p>	<p>Teresa Cope</p>	<p>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 completed formalising of engagement with the Coroner calendar in Q2 '22. CEO and Chief Constable formalised an MoU on parallel investigations in place since Q2 '22. Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub now in place in Pilot form. 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.</p>	<p>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 March '24 (as stated IGAB on 04/05/22).</p>	<p>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.</p>	A
	<p>3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.</p>	<p>Teresa Cope</p>	<p>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. Agreement for Transformation project to transfer to DHSC to align with Manx Care requirements.</p>	<p>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.</p>	<p>Manx Care CEO is not a formal member of the Island's <i>Chief Officers Group</i>, involvement limited to attendance for specific items by invitation. Manx Care to appoint HR Director funded by Manx Govt. following Grant Thornton review.</p>	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 September 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>	<p>Operational oversight and analysis for workforce planning.</p> <p>People, Culture & Engagement Strategy to be launched in October and agreed by Board with delivery plan in place.</p> <p>All organisation staff survey to take place in October '23</p>	G
	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>	<p>Report of strategic partnership activity to come to the Manx Care Board quarterly</p>	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 activity.</p>	A
	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 Island.</p> <p>CEO of CVO is a representative of Integrated Care Partnership Sub-committee of the Board to ensure they are involved in shaping out of hospital care . integrated care.</p> <p>CVO is assisting Manx Care in undertaking a stakeholder map to identify all charities on the Island who are involved with Health and Care</p>		<p>A paper on Manx Care engagement with voluntary and charity sector to be provided to QSE Committee Q2 calendar '22. TBC by CEO</p>	G

6 Failure to achieve financial sustainability.	Overall risk owner:	Amendment date:	Oct-22	Committee scrutiny:	FPC Comm
	Jackie Lawless	Committee scrutiny:	FPC Comm		
Which of the 2023-24 objectives may be impacted:		TARGET: L x I	9	Mar '22: L x I	12
1 Covid-19 response.	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 Transforming health & social care delivery.	x	9 Workforce engagement a	x	Aug '22: L x I	25
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	12
5 Transform urgent and emergency care.	x	11 Early interventions.	x	Dec '22: L x I	12
6 Financial balance.	x	12 Environmental sustainabi	x	Feb '23: L x I	12
				Nov-23	12
				Dec-23	12

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend	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.	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 Pay awards remain under negotiation / arbitration.						
#3 Significant investment required to reduce waiting list backlogs						
#4 Transformation projects generating significant future funding pressures						
#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development						
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement						
	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	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	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	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	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</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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 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	<p>Meeting Date: 6 Feb 2024</p>	
		<p>Enclosure Number:</p>	

Meeting:	Manx Care Board		
Report Title:	Chair's Report		
Authors:	Sarah Pinch, Interim Chair		
Accountable Director:	Sarah Pinch, Interim Chair		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

This is my final report for the public board of Manx Care.

I would like to start by paying my respects to our founding chairman, Andrew Foster, and his widow Sara. It has been my privilege to take this interim chair role and continue the work Andrew set out so well. A commitment to quality, excellence; listening to staff, building strong values, and ensuring we deliver on our budget. Exceptionally tough and high standards, which is what the people of the Isle of Man deserve and should expect.

Over the last year, I have found my professional and personal affiliations to the island and its people strengthened. I have family who work within this organisation and family whose children have been born here, I have listened to patient stories about diagnoses that have been received, treatment and care that has been given with kindness, professionalism and, frankly, love. I have met more and more staff who are inspirational and passionate about what they do.

And I sat alongside the Chief Executive and Finance Director to deliver the frankly upsetting and disappointing news that we did not deliver against our very tough budget. Funding of health and social care is an issue across the whole world, and we are grateful to our DHSC and treasury colleagues for their willingness to discuss these issues with us.

Manx Care has the potential, I firmly believe, as do my board colleagues and our whole staff team to be the best small island health and social care provider. But to do so will require difficult choices. Choices we will make, and do make, in partnership with the Department of Health and Social Care and I am grateful for the support and challenge the minister and colleagues have given to me and to this organisation.

I must also thank our voluntary colleagues from HSCC who have attended all the board sub-committees providing independent insight and helpful reflections. We will miss them enormously. Over the last months, since my last report, we have been focusing on our budget, the Mandate and our people.

I am grateful to everyone who works for Manx Care. On Thursday we will celebrate a small part of that work at our staff awards; awards that are fully funded by our sponsors and delivered without any cost to the

taxpayer. I have seen firsthand the work our staff do in social care, primary care, in the ambulance services and in our hospitals. It is inspirational. Thank you.

Finally, I would like to record my thanks to my board colleagues, executive and non-executive alike, who have given me enormous support over the last 12 months. The challenges we face are real, they are important, and they are, in some cases, deeply affecting the lives of people here on the island. We have made those decisions with deep respect, facing huge challenges in some discussions between ourselves and from departmental colleagues. But challenge is good, and important and it is the robust nature of our discussions that provides, I believe, assurance to the Manx public that we are not shying away from making tough decisions.

I am looking forward to continuing to serve the people of the Isle of Man as Vice Chair, and supporting Wendy Reid as she takes over as Chair next month.

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

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	No	
Financial (revenue & capital)	No	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	Yes	

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	<p>Meeting Date: 6 Feb 2024</p>	
			<p>Enclosure Number:</p>

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			
<ul style="list-style-type: none"> The Covid Autumn Booster programme is now complete with 73% of the eligible cohort choosing to take the offer of a Covid booster vaccination (23,723 people). The Independent Covid Review led by Kate Brunner KC has been published. Cabinet Office will lead on coordinating a government wide response to the 31 recommendations which will include those recommendation pertinent to Health and Care. Manx Care wishes to present and endorse the Safeguarding Board Annual Report 2022/23 and the Hospice Isle of Man Strategy – Measured Ambition. The Chief Executive and Head of Communications and Engagement have undertaken over 20 visibility visits during w/c 29th January. The Risk Management Committee is currently managing 21 extreme risks across the organisations. 			

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"/>

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 sufficiently mitigate and take appropriate action against extreme risks identified may lead to patient Safety and experience concerns.

Financial (revenue & capital)	Yes	Failure to sufficient mitigate and take appropriate action against extreme risks may lead to financial concerns.
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	Yes	

Section 1: PURPOSE AND INTRODUCTION

1.1 This report updates the Manx Care Board on activities undertaken by the Chief Executive Officer and Executive Team 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 JANUARY Is attached at Appendix 1.

Section 2: COVID AND VACCINATION PROGRAM UPDATE

2.1 Vaccination Program Update

The Covid Autumn Booster programme is now complete with 73% of the eligible cohort choosing to take the offer of a Covid booster vaccination (23,723 people). 5638 people also chose to receive the Seasonal Flu alongside the Covid Booster, with the remainder of the Seasonal Flu programme being delivered by Primary Care and Community Pharmacy, which continues to be offered.

Covid Boosters are continuing to be offered via the Chester Street Hub for patients who become eligible for a Covid Booster in between programmes, such as those people starting immunosuppressive medication. Eligibility information can be obtained by ringing 111.

Preparations are now underway for the Spring Booster Programme which will commence in around March 2024, however further details are awaited from the Joint Committee on Vaccinations & Immunisations (JCVI).

2.2 Publication of the Covid Review

The Independent Isle of Man Covid Review report was published in early January and makes 31 recommendations including a number of specific recommendations for Health and Care. Isle of Man Government has established a central programme to support a coordinated response to the recommendations made in the Review. The Executive Director of Health Services will be the Senior Responsible Officer (SRO) for Manx Care coordinating the organisations response to the review. It is proposed that progress against the specific recommendations for Health and Care are overseen by the Quality Safety and Engagement Committee moving forward.

The Summary of the recommendations can be found at Appendix 2. The full Covid Review can be located on the Isle of Man Government website.

Section 3: HEALTH SERVICES

Executive Lead: Executive Director of Health Services

Dental Service – Regent Dental

Regent Healthcare Services Ltd formally handed back their NHS Dental Contract for Hillside Dental Practice, Douglas with their last day of their contract being the 30th November 2023, with Manx Care becoming responsible for the practice on Friday 1st December 2023. Their contract was for 18,500 Unit of Dental Activity (approximately 6,500 patients or 13% of commissioned NHS dental activity).

Existing employees of Regent Healthcare Services Ltd were offered permanent roles with Manx Care from the 1st December and existing vacancies within the practice have been proactively recruited to, meaning the establishment of the practice is largely complete, with Dentist vacancies being supported by the Community Dental Services operated by Manx Care from Westmoreland Road.

Despite the plan to restart the full range of dental services as close as possible to the 1st December 2023, thereby restoring the service that had been only partially being delivered by Regent due to staff vacancies, unfortunately the dental clinical record system that had been procured for Hillside to replace the bespoke system installed by Regent several years earlier suffered a cyberattack the week prior to implementation. As a result the migration of data could not happen to protect data security meaning the ability of the practice to function fully was limited. Despite progress being made to procure a different IT system, it has been decided that, in order to start offering more services than just emergency services, the practice will revert to paper records to prevent any further delay to provision of preventative dental care. As a result the practice will start offering check-ups from the 5th February, prioritising children and those patients who have been waiting a long time for their check up, and commencing necessary courses of treatment following those check-ups thereafter.

Manx Care apologise for the delay in recommencement of Hillside Practice services following the take over by Manx Care due to circumstances outside our control and hope to restore services as soon as possible to those in receipt of NHS funded dental care from the practice.

Winter Planning and Delivery

Following allocation of Winter Pressures funding of £250,000 in Manx Care's 23/24 budget, a range of mitigations have been agreed across all Manx Care services to help alleviate the additional workload pressure that the winter period brings on both primary, community and hospital services. These include:

- Appointment of an additional GP who will provide additional capacity to GP practices on a rotational basis (around 25 additional appointments per day)
- Appointment of an Outliers Consultant who is dedicated to providing hospital care to medical patients who may be an inpatient on a surgical ward. This dedicated resource ensures the same level of medical input can be provided to all patients regardless of location within the hospital – including weekends
- Appointment of a dedicated Discharge Pharmacist for Noble's Hospital who can support the medicines reconciliation and discharge prescription process thereby expediting the discharge process
- Funding of additional resources for weekends, in particular provision of hospital and community based therapists, so that therapeutic input is not interrupted over the weekend
- Extension of opening times for the Day Procedures Suite so that more patients being admitted for elective surgery can be discharged on the same day and reduce chance of being cancelled due to lack of inpatient bed

In addition to the above schemes, a number of Urgent & Emergency Integrated Care schemes are also starting to deliver including:

- Intermediate Care, which supports early discharge from hospital through provision of temporary social care
- Ambulatory Assessment & Treatment Unit which seeks to provide outpatient based treatment for certain conditions or interventions that would otherwise require an inpatient admission, such as DVT, administration of intravenous antibiotics, lumbar puncture etc
- Hear & Treat and See, Treat & Leave – additional resources within the Ambulance Service to provide signposting advice from the Control Room as an alternative to sending an Ambulance and Advanced Paramedics providing diagnostics and treatments in the home which otherwise would require a trip to the Emergency Department (ED).

Despite the above Noble's Hospital is still experiencing significant increases in demand over the winter period, exacerbated by winter illnesses such as Influenza A, Covid-19 and Respiratory Syncytial Virus (RSV), and the frequency of OPEL 4 escalations is higher compared to other times of the year. Despite this, Noble's is reporting significantly less 12 hour waits in ED for a bed compared to the UK (1.1% in Noble's compared to over 5% in the NHS) and we are maintaining our policy to never have someone waiting on the corridor for admission into a cubicle or whilst awaiting admission into the hospital.

Section 4: SOCIAL CARE, INTEGRATED MENTAL HEALTH SERVICES AND SAFEGUARDING

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

Update on Summerhill View Development

The new build Summerhill view care home is due to be handed over to the DHSC from the developer in February 2024. Staff residents and relatives have been updated during meetings held on the 23/01/24 on the changes to proposals going forward and are aware that Manx Care will be testing out the independent care market to see if there are any interested parties who are willing and capable of running the care home on Manx cares behalf in the future. This process will take between 6-12 months and in the meantime other options in relation to part occupying the building will be explored. Further updates will be provided as we progress with the work and individual staff have been offered 1:1s with HR representatives to consider their own personal positions re future employment opportunities when the time comes. Staff have been guaranteed protection and re deployment in the future as appropriate

Update on Cummal Mooar

Work continues with the DHSC and other Government departments to complete the design phase for the potential new build facility in the North of the Island. When this work is complete final submissions will be made to Treasury to consider the affordability of a new facility in the north. Staff, residents and relatives continue to be kept updated on progress with a further update due at the end of February.

Executive lead: Chief Executive

Appointment of Executive Director of Social Care, Integrated Mental Health and Safeguarding

Following a robust recruitment process, I am delighted to announce that Dr Tim O'Neil will be joining Manx Care as Executive Director of Social Care, Integrated Mental Health and Safeguarding from 15th April 2024. Tim is a highly experienced Executive Director who has worked across both Adult and Children and Family Services. Tim will relocate from England to the Isle of Man to take up his post

David Hamilton, who has been interim Executive Director since March 2023 will leave Manx Care at

the end of April 2024. I would like to extend my sincere thanks to David for his valuable contribution to Manx Care over the last year.

Section 5: STRATEGY, PARTNERSHIP AND INTEGRATION

Executive Lead: Chief Executive Officer

Safeguarding Annual Report

The Annual Report from the Safeguarding Board covering the period April 2022 to April 2023 was published in late December 2023 and detailed the achievements of the Board and its working group through the period and identifies the priorities for the Board.

The Annual report is at Appendix 3

Hospice Isle of Man Strategy

Hospice Isle of Man are a valued partner of Manx Care and has recently published its Strategy for the next 3 years entitled 'Measured Ambition'. The Strategy reflects the joint challenges of ensuring full service delivery whilst managing the charity in very challenging financial times.

The Hospice Isle of Man Strategy is at Appendix 4

Manx Care Annual Public Meeting – 2024

The date for the Manx Care Annual Public Meeting and Open Day 2024 has been set for 2nd July 2024 and will be held at the Mountain View Innovation Centre in the North of the Island and will be held from 3pm – 7pm. The previous two Annual Public Meetings and Open Days have been hugely successful with a great deal of interest from the public and it is hoped the large venue at MVIC will provide more space to showcase the work of Manx Care and enable greater involvement of the key partners that Manx Care is fortunate to work with.

Section 6: COMMUNICATIONS AND ENGAGEMENT

The CEO and the Head of Communications and Engagement have undertaken a series of visits to services during January and early February. This has provided great opportunity to meet with teams and hear about the successes and challenges of our operational teams. Thank you to all for your warm welcome and sharing your reflections so openly and candidly.

Visits include Pharmacy at Nobles Hospital, Speech and Language Therapy Team, Patient Information Centre, Endocrinology, Diabetes and Metabolism Service, Crookall House, Eastern Laa Meanagh Day Service, Schwartz Rounds at Keyll Daree, Leaning Disability Services, Ramsey District Cottage Hospital services, Jurby Health Centre, Local Area Coordination, Quality Safety and Engagement Team, Performance Team, Community Health Centre Long Term Conditions team, Therapies and Podiatry services training event, Breast Services, Nobles Hospital.








Section 7: RISK MANAGEMENT COMMITTEE

The Risk Management Committee (RMC) is chaired by the Chief Executive and meets monthly. The RMC last met on the 17th January 2024. At the meeting a focused analysis is conducted on specific Care Groups/Shared Services and Social Care, Information Technology/Information Governance were reviewed at the meeting. These targeted deep dives aim to thoroughly examine selected risk areas, prioritising a comprehensive understanding of inhibitors and opportunities for enhanced risk management. In December, three extreme risks were identified and underwent a rigorous review process within the committee. These risks are:

1. **Risk ID 890:** Financial Management Mechanisms.
2. **Risk ID 889:** Funding for Safe, Effective Services.
3. **Risk ID 887:** CAMHS - Ineffective Referral Management.

The number of current extreme risks being managed by the RMC are 21 and are detailed below. The committee robustly assess existing actions and mitigations for each of the risks identified.

CG/SS	Risk ID	Title	Opened	Risk Score	Movement
Mental Health Services RH: Ross Bailey	168	CAMHS - Risk of harm due to Insufficient workforce capacity to meet service demand	25/10/2023	4*4=16	Static 
Primary & Community RH: Annmarie Cubbon	354	Risk to patient care due to a lack of medical provision	26/08/2020	5*5=25	Static 
Medicine - Urgent/Ambulatory/Emergency Care RH: Mark Cox	575	Financial Sustainability	23/10/2023	5*4=20	Static 
Medicine - Urgent/Ambulatory/Emergency Care RH: Mark Cox	576	Workforce Resilience and Staffing Levels	23/10/2023	5*3=15	Static 
Medicine - Urgent/Ambulatory/Emergency Care RH: Oliver Radford	577	Waiting List for Medical Outpatient Appointments	18/01/2022	5*3=15	Static 
Medicine - Urgent/Ambulatory/Emergency Care RH: Mark Cox	578	Timely Access to Care	23/10/2023	4*4=16	Static 
Children & Families RH: Julie Gibney	620	Placement Sufficiency - foster care	18/10/2023	5*3=15	Static 
Integrated Diagnostics & Cancer RH: Steve Doyle	702	Remedial works required to Containment Laboratory	03/10/2023	4*4=16	Static 
Corporate RH: Jackie Lawless	788	IT Systems - security of patient data	26/10/2023	4*4=16	Static 
Corporate RH: Jackie Lawless	792	Manx Care Record - Timing	26/10/2023	4*4=16	Static 
Women's & Children's Services RH: Linda Thompson	817	Potential Lack of Available & Appropriate Professionals (Scrub Nurse, Anaesthetists, ODP) for Emergency & Elective Maternity Theatre Cases	13/10/2023	4*5=20	Static 
Corporate RH: Oliver Radford	818	Aspects of environment current vaccine hub no longer suitable for clinical delivery	23/06/2023	5*4=20	Static 
IWC&F RH: Linda Thompson	834	Financial Sustainability	01/08/2023	5*4=20	Static 
Medicine - Urgent/Ambulatory/Emergency Care RH: Joanne Standish	848	Sustainability of Care and Safety on Ward 6	23/10/2023	5*4=20	Static 
IDC&S	691	Single Handed Pathologist	25/09/2022	5*4=20	Static

RH: Lisa Airey					
Finance (Manx Care) RH: Jackie Lawless	808	Failure to Achieve Financial Balance in Current Year	12/06/2023	5*5=25	Static 
Finance (Manx Care) RH: Jackie Lawless	809	Failure to fund Transformation	13/06/2023	5*3=15	Static 
Finance (Manx Care) RH: Jackie Lawless	812	Pay Awards Agreed in Excess of Budget	13/06/2023	5*5=25	Static 
Finance (Manx Care) RH: Jackie Lawless	890	Failure to Develop Adequate Financial Management Mechanisms	19/12/2023	5*5=25	New Risk 
Finance (Manx Care) RH: Jackie Lawless	889	Failure to secure sufficient funding to deliver safe, effective services	19/12/2023	5*5=25	New Risk 
Mental Health Services RH: Ross Bailey	887	CAMHS - Risk of Harm due to ineffective referral management process/structure	11/12/2023	5*4=20	New Risk 

MEDICINE, URGENT AND EMERGENCY AND ISLE OF MAN AMBULANCE SERVICE

- Work has commenced (29th January 24) to replace the water treatment plant in the Renal Unit at Noble's Hospital; this work is expected to take approximately four weeks to complete. All patients requiring renal dialysis have been temporarily relocated to the Unit at Ramsey and District Cottage Hospital for the duration of the works; emergency patients will continue to be treated at Noble's Hospital as they arise.
- The Care Group is facilitating an 'away day' to address accurate discharge forecasting and planning across the Medicine bed base, with particular focus on the functionality of the Acute Medical Unit.
- The Ambulatory Assessment and Treatment Unit Steering Group is preparing for the imminent launch of 'Phase 1' of the care pathway; with the Service Lead now in post, the clinical pathways, referral pathways and digital solution are nearing completion. A confirmed launched date is to be agreed the next Steering Board on 6th February 24.
- A comprehensive and highly competitive assessment centre was facilitated on 26th January 24 to recruit five Specialist Practitioners for the See and Treat Project within the Isle of Man Ambulance Service; all five positions were successfully filled.
- A 6 month LTA has been offered to a Gastroenterology Consultant to help provide stability to the service; recruitment of the permanent position will commence once the job description and associated job plan has been agreed.
- Shortlisting and interviews for the new Lead Advanced Practitioner role are planned for February.

SURGERY, THEATRES, CRITICAL CARE AND ANAESTHETICS

- The 6-4-2 theatre scheduling policy is ready to be rolled out imminently. Question and answer sessions have been held with medical and surgical secretaries with positive outcomes. Endoscopy are also rolling out 6-4-2 for their team.
- Theatre Users Group to be re-established with a plan to hold it on PSF days.
- Work ongoing with the contracts team looking at a new service model for Dermatology with the imminent retirement of Dr Hepburn.
- Ophthalmology pathways are still making good progress through transformation.
- Job Description been written up to strengthen our general surgery team with a 5th General Surgery Consultant
- Plans to reopen ward 12 fully are underway with the commencement of a development band 7 and HCAs.
- Pre-assessment are rolling out direct referrals for all joint replacements and any patient with BMI 35+ from Orthopaedic Outpatient Clinics; allowing team to triage patients and arrange early intervention to help improve patient safety.
- Air Ambulance are currently training a new transfer practitioner who will join as full-time post-3 weeks training in air and in ED. 8 staff from ICU have completed the PILS course and have 3 staff on the EPALS course.
- A 1 year LTA has been offered to a Urology Consultant that will add stability to the service. The Consultant ophthalmology job will be live by the end of January. We have a potential candidate for the soon to be vacant Breast Consultant visiting the hospital on 26th Feb with a view to joining.
- Audit: Endoscopy are auditing list utilisation and the surgical team will be taking part in the NELA audit for laparotomy.

INTEGRATED DIAGNOSTICS AND CANCER SERVICES

- In addition to all our new Band 5 systemic-anticancer treatment 'Chemo' (SACT) Nurses (4.0 WTE) commencing between August and December 2023, we are pleased to report that we are now also fully established (2.0 WTE) with Charge Nurses to provide guidance and leadership to our SACT Nurses, some of which are now well into their SACT competency training (both theoretical and practical placements at Clatterbridge Cancer Centre) as part of a training package between Clatterbridge Cancer Centre (CCC) and the University of Liverpool
- Cancer Services in totality eliminated all Agency workers effective 15th January 2024
- We achieved a milestone event for governance with the ratification of the following policies at the Operational Clinical Quality Group (OCQG) on 12th December 2023: Cancer Operational and Access Policy, Cancer Escalation Policy, Inter-hospital transfer and breach allocation SOP, Cancer MDT Policy, SCR Data Quality SOP
- These policies are a comprehensive package of how Manx Care (and its external relations) operate and deliver a safe and effective cancer service for our patients, and ensure cancer is recognised as an operational priority to support the delivery of all CWTs
- Slowly progressing with digital Pathology
- Recent advert for Consultant Pathologist received no applications. Alternative plans to be drawn up
- S Doyle retires on 2nd February, M Goodwin commences in post 30th January.
- Pharmacist Independent Prescribers (PIPs) – starting to use their qualification in wards areas (ITU + surgical wards; women + children inpatients)
- Consultation out (closes April 24) around the GPhC standard for Chief Pharmacist (or equivalent).

INTEGRATED WOMEN, CHILDREN AND FAMILIES SERVICE

- The HPV programme commences 2nd February, currently 610 year 8 students have consented to the vaccine
- Commenced Alder Hey Strategic Alliance Meeting in January 24. This meeting was very successful and we discussed service development priorities. The meeting will take place quarterly.
- 0-19 Review to commence in March 24. The formal scoping and remodelling process will support the development of a 0-19 Public Health and Nursing Strategy
- Integrated Sexual Health Service (ISHS) are scheduled to take part in MCALS event at the NSC in February 24 and they are also scheduled to be part of the UCM conference in March 24
- Working with North West Neonatal Operational Delivery Network to look at workforce tool based on the BAPM staffing standards for cot side care nurses.
- Neonatal team have commenced a Family Integrated Care meeting (FiCare). This meeting incorporates parents and its aim is to improve care and families experiences.
- Women's Health Strategy (WHS) Conference scheduled for 19th April. A host of speakers (local and national) will be presenting
- Anti-ligature building work to commence on Children's Ward in May 24
- Actively recruiting with a number of jobs from across the Care Group on JobTrain including Paediatric Speciality Doctors, Obs & Gynae Speciality Dr's, Midwives,

INTEGRATED PRIMARY AND COMMUNITY CARE, AND THERAPIES

- Hillside Dental Clinic has first patients booked in on Monday 5th Feb
- Physiotherapy have appointed to a number of positions and a further First Contact Practitioner will be expanding GP practice provision
- SLT adults have new starter next week; they are also able to perform FEES studies with a new purchase from charity funding
- Therapies review will be commencing implementation plans subject to internal funding this coming financial year
- Continued shortage of Occupational Therapists with multiple vacancies
- Collaborative work on Frailty and Falls continues to make progress
- Therapies-wide training event being held this week

INTEGRATED MENTAL HEALTH SERVICES

- Post offered to a Speciality Doctor within the Adult Community Service. Subject to successful on-boarding this will represent the 8th substantive medical positions recruited to in the previous 12 months.
- Urgent and Emergency Mental Health Pathway implementation plan nearing completion. Intentions include piloting a Mental Health Clinical Navigator within ESJCR in Q1, creation of a dedicated Mental Health Liaison Service and specifying a Community Based Crisis Hub.
- New referral management process and structure commenced within CAMHS, this has necessitated significant changes to live systems and BI processes. Validation of all existing caseloads and waiting lists in progress due to be complete by the end of February 24.
- Work commenced on preparing Operational Service Area Delivery Plans for 24/25 to reflect service and organisational priorities.

SOCIAL CARE SERVICES

Adult Social Care:

- Summerhill View is nearing completion and expressions of interest are being sought for a partner organisation to operate the service on behalf of Manx Care.
- Day Service Review findings and recommendations have now been presented to all key stakeholders with particular consideration to the future direction of Learning Disability Services.

Adult Social Work

- Recruitment and retention remains challenging in some areas.
- Sizeable waiting lists continue with mitigating action being taken to address.
- A training analysis for all staff is intended, with an increase in training for managers identified.

Health Safeguarding Team

- Head of Safeguarding and Contextual Safeguarding Practitioner are making a presentation in Manchester in May on health needs of exploited children which will spotlight Manx Care.
- IDVA training agreed for the Adult Safeguarding Practitioner who qualify by May 2024.
- Adult Level 3 Safeguarding training continues to be well attended. Mental Capacity Act training is to be delivered to A&E staff by the Safeguarding team.

Children & Families

- Work is ongoing on reviewing the respite services offering, with a business case coming to BCRG in the near future. In the meantime, a Resource Panel has been convened for short breaks to ensure the respite available is allocated according to need.

CONTRACTING, COMMISSIONING AND PARTNERSHIPS

- First draft of Manx Care Contract Management Framework at F P & C on 1 February.
- Advert is live for the post that will take on the contract management element of responsibility for Primary Care Contracts.
- Responsibility for Tertiary Care contract management has transitioned to the Contracts Team, the drive will be to finalise and sign the contracts that have been drafted and to set up appropriate Contract Management arrangements. We will then move on to detailed Specifications for the services listed in the contracts.
- The advert for Eol for a partner to deliver the service from Summerhill View is live.
- Following external Review, changes to Day Services for adults with a LD are being worked up which will mean changes to the contracts for these services in place.
- Work on amendments to the Shared Service Agreements notably with DOI Bus Vannin continues.
- Hospital facility accreditation for Manx Care with major insurance providers in progression. First draft 'group provider agreement' from a major private health insurance provider received for review.
- MoU's nearing completion for Isle of Man Ambulance to provide accredited first aid training to the Isle of Man Constabulary and Fire and Rescue Service as part of Blue Light collaborative working. Savings for blue light partners to be highlighted as part of CIP reporting in terms of Manx Care supporting wider Government savings initiatives.

DIGITAL, DATA AND PERFORMANCE

- Elective Demand & Capacity models covering all specialties for Consultant, Nurse and AHP led elective services delivered on Island have been completed
- Two new Performance & Improvement Managers in post
- The Patient Access Policy has been published.
- Patient Tracking List (PTL) pilots have been established for inpatient, daycase and outpatient services for the Restoration & Recovery Phase 2 specialties; Orthopaedics, General Surgery and Ophthalmology (Cataracts). The wider roll out of electronic clinical assessments (Patientrack) for Noble's in-patients will progress throughout February following a successful pilot on ward 4. This will provide clinical data to aide future reporting and will reduce the scanning burden on medical records
- eReferrals/eForms were successfully launched with antenatal self-referrals in January.
- The patient letters pilot with the Isle of Man Post Office and the audiology department has been successful and Manx Care will now be identifying an additional department to extend the trial.
- The Planned Care dataset is nearing completion with 95% of the metrics now signed off and available.
- Additional resource has now been recruited to help with the development of the datasets
- The Data Quality Working Group have agreed to follow the NHS Data Quality Assurance Framework and are working through the assurance checklist

COMMUNICATIONS

- New Head of Engagement and Communications (Kevin Lawless) joined in December to provide strategic leadership to the team.
- Implementation of some operational internal communications being led by the operational teams - gives Comms team more time/resource to focus on higher level/urgent communications.
- Comms completed for Over the Counter Policy and Summerhill View.
- Supporting organisation of Care Awards, planning Annual Public Meeting/Open Day, and attendance at Island's Graduate Fair.
- Working to improve internal comms experience - issued videos on the intranet ("Hello My Name Is" campaign, IPC guidance) and planning podcast set-up.
- Changed way we issue press releases, giving media their article content in the core copy, then further context in the "notes to editors" - show them what is important to tell the public.
- Encouraging colleagues to continue using the intranet - interesting and timely information.

CEO UPDATES

- CEO visibility week – week commencing 29 January 2024
- Performance & Accountability Reviews with all Care Groups
- Partnership Forums with staff-side
- Meeting with League of Friends
- Meeting with staff and residents of Reayrt ny Baie
- Manx Care Induction

Part Six: Complete Recommendations



Recommendations Summary

The Review's recommendations are pulled together in this section. In line with the Terms of Reference the Review has made recommendations to enhance preparedness for any future emergency response to a pandemic and to ensure that the lessons learned are embedded into current working practices. These are intended to be constructive proposals so that the Island can put itself in the best possible position to deal with future pandemics or other prolonged emergencies. The recommendations cover a wide range of areas from emergency planning to remote learning provision. Some are tightly focussed on pandemic readiness, while others relate to broader issues such as digital improvements, a single patient record, and cultural change. Some of the recommendations may already be met, or partly met by existing Government programmes: the Review has not undertaken an assessment of current strategies and policies.

The Review has created Expanded Recommendations which appear at the end of this section, to give detailed direction to Government about the content of a new pandemic plan, a programme for assessing and addressing resilience, a communications strategy for emergencies, and a 'Ways of Working' plan to better protect and support staff during prolonged emergencies.

Recommendations 1 to 5 address emergency planning and the improvement of preparedness, resilience and command structures.

Recommendations drawn from the 'Emergency Planning' chapter

Recommendation 1: Emergency plans should be given careful and formal consideration at the start of any emergency, and deviation from the plan should be explicitly minuted and agreed. In a prolonged emergency CoMin should have oversight and ownership of the emergency command and advisory structure.

Recommendation 2: A revised Infectious Disease Pandemic Plan should now be drawn up and exercised, including at a political level.

1. The plan should set out the decision making, communication and reporting structures which will be utilised in order to manage the pandemic response and also to deliver business as usual during a pandemic. The plan should include a Scientific Advisory Group which does not sit in any Department and which feeds directly into policy makers and decision makers. The specific features of the Island should be at the heart of the plan and there should be no assumption that national policy anywhere else will be replicated on the Island.
2. Government is best placed to create its own plan, but the Review has provided an Expanded Recommendation to assist: An Outline for an Infectious Disease Pandemic Plan.

Recommendation 3: A cross-Government programme of resilience assessment and resilience building should be developed and prioritised.

1. There should be careful consideration of the resilience of the Island and its Government: the ability to foresee, resist, deal with and recover from the effects of any future pandemic. The potential context of more challenging and novel diseases needs to be borne in mind. In common with many societies the Isle of Man now faces significant challenges in even maintaining its current level of resilience to a pandemic, let alone in enhancing it. There are many factors which are relevant to individual and population risks to a pandemic.

2. The Review has captured information from many Departments and individuals giving rise to concern about a current low level of resilience, including: concerns about the ability of Public Health and Manx Care to deal with a pandemic; the resilience of Government's workforce as a whole; the increasing age, poor health and obesity within the population.
3. Issues with data make it difficult to evaluate the resilience of the Island, and so the first step in any resilience programme will be structured assessment of risks. This will require cross-Government work, and must not be split between Departments without oversight from the centre. As Departments are separate legal entities there is a risk that resilience planning could be fragmented and siloed. The Review therefore suggests that resilience assessment and building is led by the Chief Executive Officer, in liaison with Emergency Planning. Where low resilience is identified there should be a programme to build resilience through cross-Governmental policy, adjusting spending priorities, and financial planning accordingly.
4. Government is best placed to conduct its own resilience assessment and building, but the Review has provided an Expanded Recommendation to assist: An Outline for Resilience Assessment and Building.

Recommendation 4: The Emergency Planning Unit should be required to prepare an annual report for presentation to CoMin and Tynwald.

1. The report should include the activity and achievement of the past year, and articulate priorities. It should include identification of the unique features of the Island, which should be at the heart of emergency planning and resilience building.
2. The report should, in liaison with the Chief Executive, highlight resilience issues which may require cross-Governmental action.
3. The aim of this process would be to improve accountability and oversight of the emergency planning function, raise the profile of emergency planning, allow challenge, allow wider ownership of issues and political endorsement of the unit's priorities, and ensure that resilience is addressed across Government. Government may wish to include this requirement in an updated Council of Ministers Emergency Planning Direction.

Recommendation 5: The capacity of the emergency planning function should be increased and the arrangements for monitoring compliance should be strengthened.

1. The capacity of the emergency planning function should be increased whether through additional resources, by prioritising workloads, or by arrangements to boost capacity by deploying other trained staff into emergency planning roles at times of pressure on a planned basis. The increased capacity should allow for monitoring of Departments' compliance with business continuity planning.
2. It is understood that in 2023 funding was approved for an Assistant Emergency Planning Officer to support the Emergency Planning Officer which may meet this need.

Recommendations 6 to 9 address 'Ways of Working' and how to develop organisational culture and administrative effectiveness

Recommendations drawn from the 'Ways of Working' chapter

Recommendation 6: Government should create a 'Pandemic Ways of Working Plan' as part of its emergency planning.

1. Emergency planning needs to address ways of working as well as command and advisory structures. It is vital that when a government pivots to working during a prolonged emergency such as a pandemic that there is good governance of recruitment, information sharing and data, proper administration of meetings, good staff support and debriefing. It is recommended that a Ways of Working plan should sit alongside emergency plans. That should set out minimum standards which must be maintained, to guard against cultural issues affecting a pandemic response.
2. Government is best placed to draft that document, but the Review's recommendations are set out in an Expanded Recommendation called 'An Outline Pandemic Ways of Working Plan'.

Recommendation 7: Government should seek to retain a number of effective pandemic working practices.

1. Some of the ways of working in the pandemic were excellent. Many are difficult to maintain in 'peacetime' as they require a single shared purpose

2. The Review recommends that Government seeks to:
 - i. Retain workforce access to up-to-date IT kit and software.
 - ii. Retain flexible and remote working practices.
 - iii. Review procurement procedures to identify prudent options to speed up processes drawing on the experience during the pandemic. Review financial management and business case processes to speed up decision making processes.
 - iv. Embed regular staff communication options.
 - v. Enable cross government working and partnership approaches as the norm.
 - vi. Preserve the collaboration between DfE and Treasury.

Recommendation 8: There should be a Chief Information Officer, whether or not Government moves to a single legal entity.

1. In order to manage data gathering, data retention, and data sharing, Government should create a central role for a Chief Information Officer, with a specialism in data protection regulation. The holder of that role should have a responsibility for ensuring that data is properly managed across Government and Public Record Office. Government should determine how this role is integrated with the current 'Statistics Isle of Man' function.
2. The duties of the Chief Information Officer should include:
 - i. Develop and have oversight of a consistent model for naming, retention and storage of records across Government.
 - ii. Develop and have oversight of robust and audited processes for email and remote meeting recording and retention. Ministers and senior officers' email accounts should remain within Departments when those individuals leave.
 - iii. Identify what data should be gathered across Government, which Department is responsible for gathering that data, how it should be gathered, how to ensure there is a single definitive source of important data.
 - iv. Be the Government lead on data sharing and data protection regulation, and actively identify blocks in data sharing between Departments.
 - v. Plan for data sharing between Departments in a prolonged emergency, so that any necessary legislative changes can be made at speed if an emergency is looming.
 - vi. Analyse, critique and report data, unless other bodies such as Public Health are doing so.
 - vii. Publish that data where appropriate.

Recommendation 9: Government should develop and pursue a programme to address culture improvement and build a one organisation ethos which is led from the top.

Recommendations 10 to 13 address emergency powers and the need for attention to the legislative capacity and capability in a pandemic.

Recommendations drawn from the 'Emergency Powers' Chapter

Recommendation 10: There should be an expectation of written advice from the Attorney General on central issues at all times including the use of Emergency Powers, border restrictions and quarantine.

Recommendation 11: Attorney General's Chambers should consider contingency planning to increase capacity.

1. Unlike some other areas, the Attorney General's Chambers work cannot be met by people redeployed from other areas. Consideration should be given to how to increase drafting capacity in the event of an emergency, such as identification of lawyers in private practice who could be engaged.

Recommendation 12: The comprehensive review of the Island's emergency power legislation, as recommended by the Council of Ministers in 2011, should be urgently undertaken and followed through.

1. The review should include consideration of the ambits of the Emergency Powers Act, Public Health Act; whether the timeframes for regulations to be debated by Tynwald is too long, given the ease with which Tynwald can convene remotely even in an emergency; whether a Civil Contingencies Act is suitable; determination of how to protect the public's right to scrutiny by Tynwald; determination of how to increase clarity and transparency and decrease uncertainty in emergency legislation; determination of how to preserve a distinction between law and guidance.

Recommendation 13: Publication and preservation of legislative material should be reviewed and a process developed to ensure that transparency can be maintained in a prolonged emergency involving high volumes of material.

1. There should be a clear process for publishing and preserving legislation, including Government circulars, Directions, and guidance with legal effect, with date stamps and version retention. There should be an identified officer who has responsibility for that process in any future emergency with a high turnover of new laws.

Recommendations 14 and 15 arise from the quarantine of residents at the Comis Hotel.

Reccomendations drawn from the 'Repatriation at the Comis Hotel' chapter

Recommendation 14: Government should refund the charges imposed on returning residents at the Comis and acknowledge that they went through a very difficult experience, which was for the good of the Island.

Recommendation 15: The National Preventative Mechanism (NPM) should be given attention to ensure that it is an effective mechanism, and there should be an expectation that NPM can access independent legal advice where it is considering the legality of detention.

Recommendations 16 and 17 address the need to take account of the specific needs of those who are vulnerable during a pandemic.

Recommendations drawn from the 'Social Care and Social Needs' chapter

Recommendation 16: Contingency planning in DHSC and Manx Care should strive for an equal focus on social and community-based services and ensure that policy and guidance is relevant to community settings.

1. That planning should be informed by, and include the following:
 - i. Clarity about the respective roles of the Director of Public Health, the Registration and Inspection unit, and the Infection, Prevention and Control services in relation to public and private care homes in a crisis.
 - ii. Explicit recognition of the difficulties faced by private care homes which do not have access to a bank of staff, with a plan for mitigating those issues.
 - iii. Capturing the use of Newlands ward and CHARRT team and how to stand up similar services quickly, and how those services would be supported by GPs.
 - iv. Analysis of the causes of the Covid care home outbreaks and whether any different support could have prevented or mitigated them.
 - v. A plan for provision of care for those with dementia (and other conditions which create difficulties with understanding or complying with infection prevention and control measures) in any future pandemic.
 - vi. Explicit recognition that bespoke protocols should be created for the care sectors, for example for PPE, with input from people with a clear understanding of those sectors.
 - vii. Explicit recognition that before social care teams are redeployed, or social care services are suspended in an emergency, there should be consultation with front-line teams and careful consideration of the consequences for existing clients. Case-by-case flexibility should be maintained where possible.

Recommendation 17: The relationship between unit staff and external line management of residential units for people with learning disabilities should be improved to ensure that necessary support, resources and equipment are available for staff and residents in the event of a future pandemic.

Recommendations 18 to 21 identify the ways to meet the needs of children and young people and secure the quality of education provision during a pandemic.

Recommendations drawn from the 'Education' chapter

Recommendation 18: Government should identify how it will ensure the voice of children is heard when making important decisions which affect them, and train senior officers and Ministers about children's rights including obligations under Article 12 of the United Nations Convention on the Rights of the Child.

Recommendation 19: Government should work with school leaders to devise a written plan for school closure.

1. The written plan should build on feedback from teachers and parents in the EIS review and PAC about the first lockdown, should capture learning from the second and third lockdowns, and should include:
 - i. Clarity and agreement on the roles and responsibilities of DESC and schools in the event of school closure.
 - ii. Identification of any year groups that should be prioritised, and consideration of issues that are specific to different years including exams.
 - iii. Provision for safeguarding, including an agreed approach with Children and Families Services.
 - iv. Identifying and providing for vulnerable children.
 - v. The process for creating risk assessments.
 - vi. The process for communication with parents.
 - vii. IT provision, access to devices and a single remote learning platform.
 - viii. Expectations for remote learning content.
 - ix. Monitoring student progress.
 - x. Recovery planning.

Recommendation 20: Government should have a quality assurance system in place for teaching in schools which includes assessment of remote learning provision.

1. A quality assurance system must include assessment of remote learning provision, which is likely to remain a feature of education delivery for the foreseeable future.
2. To the extent that the legislation as currently drafted does not provide the vires for DESC to inspect this aspect of education delivery, that should be remedied swiftly.

Recommendation 21: The recommendations of the EIS Review, aimed at ensuring access to high quality remote learning, should be implemented, under DESC oversight.

Recommendations 22 and 23 address matters needing attention to meet the extra pressures on health services during a pandemic.

Recommendations drawn from the 'Healthcare' chapter

Recommendation 22: There should be urgent action to ensure that the oxygen supply at Noble's Hospital is secure, and that there is a realistic contingency plan to expand oxygen capacity in an emergency.

1. Government needs to ascertain with certainty whether the existing VIE oxygen plant can continue to be used, and whether the plant built during the pandemic can be used.
2. There needs to be a clear plan developed by DHSC, Manx Care and DoI for how increased oxygen needs would be met in another pandemic.

Recommendation 23: Data recording and retention at the hospital needs improvement such that hospital-acquired infection can be swiftly identified, reported and monitored.

1. New data systems must be able to record hospital-acquired infection to allow for contemporaneous assessment of levels of infection, and amendment of processes where necessary to protect patients.

Recommendations 24 and 25 address the enhancement of the approach to communications during a pandemic.

Recommendations drawn from the 'Communication' chapter

Recommendation 24: A communication and engagement strategy should be a central part of a response to an emergency, and a model strategy should be created now using the Review's recommended outline.

1. Government is best placed to create its own communication strategy which takes the particular circumstances of the Island into account, but the Review has provided an Expanded Recommendation to assist: 'An outline for an emergency communication and engagement strategy'.

Recommendation 25: Accessibility to Government communications should be immediately improved.

1. The accessibility of Government communications to all sectors of the community should be reviewed in consultation with representative groups, so that necessary changes can be embedded before any emergency situation.

Recommendations 26 and 27 relate to the need to implement and maintain a digital strategy so that Government can respond effectively in emergencies.

Recommendations drawn from the 'Technology' chapter

Recommendation 26: Implement the Digital Strategy 2023 - 2027.

1. The Digital Strategy is a sound approach to supporting effective remote working and large-scale creation of new systems in the future. It is understood that the timetable has already been put back by six months. Implementation should include auditing of laptop provision, ensuring that there is remote access to all parts of Government system, increasing computer literacy, and maintaining internet coverage.

Recommendation 27: GTS should consider contingency planning to increase capacity in emergencies.

1. Unlike some other areas, a sudden increase in the work of GTS cannot be met by people redeployed from other areas. Consideration should be given to how to increase capacity in the event of an emergency, such as identification of developers in private practice who could be engaged.

Recommendations 28 and 29 address the need for preparedness for a vaccine roll out programme.

Recommendations drawn from the 'Vaccines' chapter

Recommendation 28: Government should have a mass vaccination plan that can be implemented in the event of any future pandemic, which is reviewed regularly.

1. The vaccination plan should include:
 - i. An expectation that JCVI Guidance (or similar) should be given significant weight but critically evaluated to consider whether any adaptations are required to meet the specific needs of the Island, for example in relation to priority groups.
 - ii. An expectation that any decision to deviate from JCVI Guidance (or similar) follows a clear and consistent process, with the scientific and other advice supporting that decision clearly documented and available for review.
 - iii. Consideration of whether legislative change is required to support a mass vaccination plan, including incorporating a Power of Attorney framework.
 - iv. Consideration of what IT systems will be required to effect delivery.
 - v. A communication strategy to ensure that appropriate information is given to the public to maintain trust and confidence and inform consent.
 - vi. If the plan includes working with GPs to deliver elements of a mass vaccination programme such as boosters, that must be informed by collaboration between Government and GPs to understand more about issues with GP delivery of vaccines during the Covid pandemic.

Recommendation 29: A single patient record should be implemented.

Recommendation 30 addresses the need to improve contingency planning for testing.

Recommendation drawn from the 'Testing' chapter

Recommendation 30: Government should establish how testing capacity could be increased rapidly in the event of another pandemic.

1. The funding of a new laboratory should be reconsidered.
2. In future pandemics the Island may well be reliant on other jurisdictions to increase capacity, provide expertise and provide testing equipment and reagents.
3. Contingency planning should recognise that the UK is likely to be overwhelmed with testing requirements, and that UKHSA therefore cannot be relied on to step up testing. Formal links with other laboratories, including laboratories outside the UK, should be established and worked into contingency planning, which should be updated regularly.

Recommendation 31 addresses the need for additional action to tackle the ongoing impact of Covid.

Recommendation drawn from the 'The Island's Recovery from Covid' chapter

Recommendation 31: A Covid Recovery Strategy should be developed and funded.

1. Within that strategy the Review specifically recommends that:
 - i. A programme of educational recovery should be supported. Government should consider what funds need to be made available to enable DESC to report on the effects of school closure and remote learning, and provide the enhanced services required by the Island's school-age community.
 - ii. A programme for treating Long Covid in children should be developed.
 - iii. A programme for urgently reducing the waiting time for children's mental health appointments should be prioritised.
2. This will require cross-Government work; the Review therefore suggests that the recovery strategy is led by the Chief Executive Officer.

Expanded Recommendation 2

An Outline for an Infectious Disease Pandemic Plan

The Review has commented at length on the status of emergency planning on the Isle of Man, the arrangements for dealing with a pandemic, and the experience of the Island in using command and control arrangements for decision-making during the Covid pandemic. The Review has recommended that an updated plan for dealing with an infectious-disease pandemic is required. This note identifies the key issues that the new plan should address in addition to the conventional emergency planning structures.

Identifying the unique circumstances of the Island

1. The Plan should make explicit the ways in which guidance from the UK or elsewhere may not be relevant to the Island, listing the unique features, strengths and vulnerabilities of the Island, such as being able to control borders with relative ease; having a single main hospital; having a limited number of intensive care beds; not having a military presence on-Island, and so on.
2. The Plan should make explicit that the unique circumstances of the Island may mean that international protocols such as vaccination and testing priority groups need to be adjusted to best protect the borders, or other areas.

Command and control structure

3. The Plan needs to recognise that unlike single critical events, a pandemic situation may last for an extended period and may occur in waves. The plan needs to deal with management and control of the pandemic alongside the continuation of delivery of usual services to the public in an adverse context. Oversight of both aspects of Government during the pandemic need to be set out in the command and control arrangements.
4. The response to a pandemic must be led by the political leadership of Government, unlike more localised emergencies, and therefore the command and control structures that are used need to explicitly facilitate this. The role of CoMin and any role for the National Strategy Group need to be made explicit.
5. If the plan, as expected, replicates the previous Gold/Silver/Bronze structure (strategic/tactical/operational), there needs to be careful consideration, informed by the Review's findings, of the need for resilience and ensuring that the structures put in place can be maintained during a prolonged or multi-wave incident. An idealised plan that Government has no ability to resource will not be helpful. The aim should be for a plan that can realistically expect to be resourced and which identifies roles that would be filled by identifiable staff and known redeployees, so they have the opportunity to exercise and maintain familiarity with the role.

6. For each group within the structure there should be clear Terms of Reference and agreed membership lists. Membership lists should avoid membership of multiple groups, save that the Chair of one group should ordinarily be a member of the group above it. Detailed consideration must be given to the ability to populate the plan with officials over a prolonged period, taking into account the size and range of skills available to it.
7. The plan should clarify the role and responsibilities of all parts of Government during a pandemic incident, such as the role of Chief Executive Officer and how the strategic group interacts with the Chief Officer Group.
8. Pandemic planning should identify groups of people who may need the increased support from the State during the pandemic, such as homeless people and victims of domestic violence, with identification of who has responsibility for meeting those increased social needs.
9. A central legislative group should be a part of the emergency command structure - given the central importance of legislation in managing an emergency of this nature - to ensure coherent written instructions go to Attorney General's Chambers.
10. The plan should explicitly reference the likelihood that a pandemic may exacerbate existing inequalities, and the need to consider and mitigate this when making and implementing decisions.

Policy recommendations and options

11. Gold, or a policy cell within Gold, should produce policy options and recommendations and recommended national strategy plans for CoMin, taking into account expert advice.
12. It is not a realistic option for the Director of Public Health to take a strategic leadership role in a prolonged pandemic.
13. Policy options and recommendations should be in a written report. There should be a strong expectation that CoMin would not make significant decisions without a written report.

Political decision-making

14. In responding to major incidents, senior politicians have a key decision-making role in terms of their leadership of place, their stewardship of the resources of the place in its widest sense and the wellbeing of residents, as well as holding the place in trust for future generations. Senior politicians need to:
 - Ensure that an overarching **strategy** is guiding decision-making (such as elimination, mitigation) and that the factors which need to be traded-off in decisions are identified, and kept under review.

- Ensure adequate **preparedness** and resourcing to respond to incidents and threats. This includes maintaining oversight of risk registers and emergency planning arrangements, learning lessons from exercising and from the experience of management of emergencies.
 - Ensure they are **well-informed** with adequate expert advice as required so that they are well-placed to weigh up the balance of interests and trade-offs in the decisions they need to make.
 - Ensure that the **emergency plan is followed**, including the command and advisory structures, or only departed from after explicit consideration.
 - Ensure that adequate additional **resources** are deployed during an emergency and recovery period.
 - Oversee **business continuity** of essential services in their Department during a period of disruption.
 - Ensure **community** knowledge and insight informs decision-making.
 - Use influence to ensure a coherent **whole-systems** approach across responders and sectors.
 - Promote **community cohesion, community engagement and good communication with the public and businesses.**
15. To fulfill this role, emergency planning arrangements should explicitly set out the way in which political decision-making and oversight should be exercised during an incident, including:
- Identifying that the usual dividing lines between policy and delivery will need to be reassessed, and politicians may be more involved in “operational” decisions. At the start of an emergency, politicians should agree with senior civil servants about the types of decisions that should be made by politicians, and which decisions should be made by civil servants. For example, politicians should keep oversight of cessation of significant services during a pandemic, and oversight of significant decisions relating to points of vulnerability such as border operations and testing pathways.
 - Identifying that considering trade-offs in future decision-making is the role of political leadership. It should reference the need for all decisions to balance or “trade-off” a wide range of impacts in decision-making, including controlling the spread of the disease; protecting the health services; supporting the economy; minimising education and mental health impact on children and young people, protecting the overall wellbeing and mental health of the public, as well as considering civil liberties and behavioural science insights.
 - Noting that attention should be paid to the rights of children, as set out in the UN Convention on the Rights of the Child.
 - Identifying that operational pressures should be taken into account when making decisions to ensure realistic timeframes are imposed.

- An expectation that decision-makers should ensure that they have the necessary advice from the Scientific Advisory Group before making decisions, and to call for it if it is absent.

Expert advice

16. A single Scientific Advisory Group should be brought together where there is a risk of a pandemic, to give Government health and science-related advice. The size of the Island, the centrality of the health and social care system to a pandemic response, and the limited number of on-Island specialists in any field means that it is appropriate to:
 - i. Bring together an assessment of the general risks posed by the pandemic and the risks posed to the Island's health and social care services.
 - ii. Bring together scientists and clinicians.
17. It would not be expected that this group would be a mirror of SAGE given that the Island does not have local access to that breadth of scientific expertise, so access to analysis and data from SAGE, UK Health Security Agency and elsewhere would remain important.
18. A Scientific Advisory Group should, in a pandemic, include the Director of Public Health and Medical Director, whose job descriptions should be in line with that expectation. The group would include senior clinicians (who may not identify themselves as scientists). It should not include CEO DHSC or any other senior civil servant. It should include those on the Island who have relevant expertise, if they are willing to assist, whether or not they are within Government. To that end, Government should take steps to identify where expertise lies on the Island, and maintain links with those external experts.
19. That Scientific Advisory Group should feed directly into Gold where policy options are created. Its advice should also be available to CoMin in an unfiltered form. Ministers should be able to hear from the Group in person to probe their advice if necessary. It should not sit within any Department. It should be stood up at an early stage, where a risk of pandemic is identified; it may well be stood up in advance of other command structures, to give early advice to decision-makers about policy. It should be clear that the group is informing rather than determining policy.
20. It should have clear Terms of Reference, to include:
 - Its deliberations are not fettered by political concerns.
 - While that group should be aware of the wide context, such as the economic climate, it is not itself responsible for conducting any trade-offs between scientific factors and other factors.
 - Giving advice about and the efficacy and impacts of different policy options.
 - Making an assessment of the likely risks posed to the health of the Island from draft policy options (such as options on border controls, options on testing and isolation pathways, options on social distancing and household mixing).

- Making an ongoing assessment of the likely risks posed to the health of the Island from existing policies.
 - Assessing the impact of policies and suggested policies on the Island’s health services and ability to cope.
 - Proactively recommending policies that would best protect the Island.
 - Reporting on current risks posed by variants/levels on the Island, the UK, and anywhere that has direct travel routes to the Island.
 - Reporting on current research and learnings from elsewhere in the world such as research on non-pharmaceutical interventions, such as masks and social distancing.
 - Analysing data such as infection rates, infection patterns, hospitalisation rates, death rates, vaccination rates, staffing-absence rates, and feeding that analysis into its assessments.
 - Identifying the scope for exemptions and flexibilities for groups that are particularly affected by non-pharmaceutical interventions (such as children and those with certain conditions).
 - Recommending when other expert advice should be obtained.
21. The Scientific Advisory Group should be supported in researching and interpreting material from across the world, and should have access to up-to-date Island data, to best advise Government.
22. That Scientific Advisory Group should publish its advice.
23. No other advisory group is specifically recommended as part of the emergency command structure although there may be some feature of a future incident that warrants it. However, the potential need for other specialist advice should be recognised, and advisers should be brought into Gold when developing policy recommendations and/or CoMin when making policy decisions. Examples are advice from educationalists about the likely effect of school closure on children, mental health specialists about the mental health effects of restrictions, and behavioural scientists about the effect of making non-pharmaceutical interventions mandatory. The pandemic plan should set out the arrangements for this wide range of expert advice to be made available to policy generators and decision-makers, including direct provision of advice when needed.
24. The plan must have clarity about how wider clinical input will be facilitated, and how the relationship between DHSC and Manx Care will be reflected in the structure. This should take account of the need during a pandemic for Manx Care to have an input at strategic and tactical level, and not only in operational delivery, given the central importance of healthcare capacity.
25. There should be clear identification of where the responsibility lies in “normal” times for monitoring and reporting on the long-term effects of non-pharmaceutical

interventions and their effectiveness, and how that reporting will inform updates of the pandemic plan.

Operational delivery

26. The Plan should recognise that there are a number of service responses required during a pandemic that are not normally provided such as testing, contact tracing, border management, vaccination, moving to home working, remote schooling, support for the vulnerable or those shielding, more intensive support for residential settings in the Government and private sector, support for homeless people, support for businesses, and the management of excess deaths.
27. The plan should include a suite of detailed operational plans for those service responses so that they can be instated quickly when the need arises. Lessons learned from those operational teams during the Covid pandemic should be obtained where they are missing, to feed into the operational plans.
28. Each operational plan should be led by a named official who has responsibility for keeping that plan under review, building a delivery team, exercising and maintaining the availability of kit, whether this is physical kit (e.g. high vis, furniture, barriers etc.) or virtual resources (e.g. software, IT devices).
29. The border operations plan should bring together the airport, seaports, Steam Packet and other stakeholders, led by a named official, to ensure that there are robust and consistent processes in place, and good information-sharing.
30. The plan should include proposals for maintaining oversight of business-as-usual through the communication structure.

Communication, administration and data

31. The plan should append a communication and engagement strategy, and a ways-of-working document. The Review has made recommendations for both of those documents.
32. The plan should set out the arrangements for standing up and staffing a control centre to provide a hub for communications within the command and control structure, for initiating a system for the use and management of Situation Reports, Action trackers, and for disseminating decisions. The control centre should also lead on arrangements for the collection and presentation of a data set to populate a dashboard.

Exercising and review

33. The plan should be the subject of exercising including the decision-making structures, the arrangements for the Scientific Advisory Group, and for individual elements of the plan. Political leaders should be involved regularly.

34. The fitness of the plan, ways of working, communications and engagement strategy, operational plans and overall preparedness should be kept under review by the Emergency Planning Strategic Group chaired by CEO DHA.
35. There should be a particularly close review of Manx Care preparedness, given the central role that Manx Care would play in operational delivery, and the need for Manx Care to be able to increase capacity, change the infrastructure to isolate patients, scale up infection control, provision of oxygen etc.

Debrief and learning

36. The plan should provide for a lessons-learned process to capture what went well and what needs to be improved in the overarching plan or any of the individual operational delivery plans. The lessons-learned process should include an expectation of hot debriefs to capture any immediate need for improvement of arrangements where the situation allows, such as between waves of a pandemic.
37. The plan should recognise the importance of all staff; key partners involved in responding to the emergency should have the opportunity to participate in a lessons-learned exercise, which should bring together frontline professionals to share their pandemic experiences of developing different working practices.
38. The Emergency Planning Strategic Group led by CEO DHA should hold responsibility for lessons-learned processes and for signing off all changes to the plans.

Recovery

39. The plan should include provision for the management of the recovery phase and identify as early as possible the longer term impacts on the economy, services and individuals, as well as community wellbeing. An Economic Recovery Group and similar recovery groups in other arenas should be set up at an early stage.
40. Children's social, emotional and educational recovery should be appropriately prioritised within a wider scheme for recovery.
41. Post-viral impacts of the pandemic should be recognised and provided for.
42. It should recognise that in a prolonged or multi-wave pandemic the recovery phase should be initiated as early as possible, rather than waiting for a return to normality, and may run in parallel with the management of a pandemic wave.
43. As part of the final recovery phase, there should be consideration of arrangements to acknowledge hardship and bereavement, and to value and appreciate the contribution and work of staff and partners, as well as businesses and the public. Government should acknowledge the role of residents and businesses, expresses gratitude and understands the sacrifices and hurt experienced. Appropriate arrangements for commemoration should be supported.

44. A funding structure for the swift release of funds for recovery should be worked up, and referenced in the new plan. Funding of recovery programmes should start during a pandemic, not after. Emergency recovery funding should not be held up by annual budgetary cycles.

Expanded Recommendation 3

An Outline for Resilience Assessment and Building

Assessing resilience

1. In assessing resilience, the Review recommends:
 - i. A cross-Government risk assessment process, which is not siloed.
 - ii. Improving and maintaining data including the profile of the population, the Island's communities and businesses.
 - iii. Consideration of vulnerabilities which may be exacerbated in a pandemic, such as difficulties importing food or medicines or oxygen, or difficulties caused by lack of on-Island specialist personnel.
 - iv. Consideration of vulnerabilities in the population which increase the impact of a pandemic, such as social inequalities, age, obesity and chronic illness, take up of vaccines e.g. for childhood illnesses and influenza, incorporating any such issues arising from the Annual Public Health Report.
 - v. Consideration of economic and financial resilience and in particular the role of contingencies and reserves.
 - vi. Evaluation of the state of resilience of Departments and services, building on information captured by the Review such as the concerns about the current low resilience of Manx Care.
 - vii. Reviewing its arrangements with the UK to ensure an accurate mutual understanding of what support can be relied on from the UK including: military support, provision of PPE, access to new medication, access to vaccines, access to specialist professional and analytic capacity, for example for modelling.
 - viii. Reviewing its arrangements with other bodies to ensure an accurate mutual understanding of what information and levels of support would be shared both in normal times and in a pandemic, such as:
 - Information and learning from UK Government pandemic exercising, and exercising by the UK Health Security Agency and similar bodies in other states.
 - Information such as horizon-scanning from the UK Health Security Agency.
 - Information during pandemics from the UK Health Security Agency, SAGE and other bodies.
 - Support during pandemics via meetings between the Island's Director of Public Health and other Directors of Public Health/Chief Medical Officers/Chief Scientific Officers.

Building resilience

2. The details of building resilience will be determined by the ongoing assessment of resilience, but the Review recommends:
 - i. Embedding the recommendations of this Review, many of which directly affect resilience. Most significantly, recovery from Covid is a vital first step in resilience building.
 - ii. Development of a cross-Government resilience programme to inform national strategy, decision-making and emergency planning. The resilience programme should identify how resilience building should inform policy and financial planning.
 - iii. Strengthening of the public health function to allow it to protect and develop the health and well-being of citizens, as envisaged in the Sir Jonathan Michael report, and increasing the visibility of that function.
 - iv. Building wellbeing resilience.
 - v. Building population health resilience.
 - vi. Building resilience in contingency funds
 - vii. Building resilience in those parts of the population which may most need state support in a pandemic, such as the homeless, including consideration of implementing a high-level Board to take strategic and policy ownership of health and social inequalities, as recommended in the Public Health Annual Report 2019
 - viii. Identification of external bodies to work with to build resilience , such as major food-suppliers.
 - ix. Consideration of whether links with other islands could improve resilience. Government should consider a mutual validation arrangement with another island with similar features, such as another Crown Dependency and/or an independent challenge process to optimise their risk assessment, emergency and resilience planning.

Expanded Recommendation 6

An Outline Pandemic Ways of Working Plan

Standing up

1. It is not unusual for the initial period of response to a crisis to be confusing and demanding. Knowledge and information may be partial and there is much uncertainty to be managed. Establishing a working command and control structure that is widely understood is key to stabilising the organisation and bringing order to the crisis response. Below is a checklist to assist with the stand-up process:
 - i. Activate the Emergency Plan and put in place its arrangements. If you subsequently decide to make adjustments to reflect the scenario you are dealing with, those deviations from the plan should be explicitly minuted.
 - ii. Explicitly consider the precautionary principle: recognise and guard against the risk of being paralysed by a lack of data at the start of a pandemic.
 - iii. Stand up the command and control structure with an agreed meeting rhythm.
 - iv. Put the administrative support arrangements in place such as the control centre, allocate loggists to all command and control structure meetings, establish SITREP arrangements.
 - v. Formulate the data dashboard you assess you will need and keep it under review.
 - vi. Ensure the Communication and Engagement Strategy is fully activated.
 - vii. Activate the expert and specialist advice arrangements including the Scientific Advisory Group at an early stage, even if the remainder of the command and control structure is not required at that stage, recognising that scientific advisers will have a particularly prominent role at the start of a pandemic. Consider the type of advice that the particular emergency is likely to need.
 - viii. Put in place arrangements to support politicians in their roles, including briefings for decision-makers and Members of Tynwald.

Business continuity

2. During an incident, and in particular a prolonged incident such as a pandemic, it is important to consider how essential services are to be delivered.
 - i. All departments and agencies should activate their business-continuity plans and assess the risks they will need to mitigate.

- ii. Immediately review areas where resilience has been identified as a potential issue.
- iii. Arrange to deploy staff to support essential-service delivery.
- iv. Ensure the fitness of IT systems and kit.
- v. Use the SITREP system to escalate concerns.

Staffing matters

- i. Identify policy and guidance needed to support staff management and staff welfare when working remotely.
- ii. Consider the issue of resilience in a prolonged event for key decision-makers and support staff such as loggists, and, where feasible, form a rota to ensure adequate breaks. Make explicit the expectation that everyone involved in the pandemic response will take breaks; explain the degradation of the quality of decision-making if breaks are not taken.
- iii. There should be centralised policies for redeployment across Government, which should ensure people are not disadvantaged by redeployment, for example, by losing their substantive post, and should require transparency in redeployment decisions.
- iv. Ensure transparency and consistency about overtime-payment arrangements.
- v. Ensure effective ongoing communication arrangements with staff.
- vi. Identify any special responses needed to deal with issues of staff welfare that the incident may present, e.g. sickness absence, staff shielding, management of leave.
- vii. Ensure that the effort and commitment of staff is recognised and valued. Find ways to say thank you.

Pace of delivery and resourcing

3. The response to the pandemic will require agility in implementing requirements of various types, whether they be procurement of clinical supplies, provision of financial support to businesses, creation of new data systems and software, or provision of physical structures. Key to this agility will be:
 - i. A “can do” culture and collaborative working across Government, including the use of cross-cutting groups of staff tasked to deliver solutions.
 - ii. Adjustments to delegation systems to allow more speedy decision-making.
 - iii. Proportionate adjustments to procurement and financial standing orders to speed up decision-making while ensuring prudent arrangements to ensure probity.
 - iv. Clarity on funding and budgetary arrangements for costs related to the response, including recovery costs.

Record and data management

4. There should be an immediate requirement at the start of a pandemic for all Government bodies to retain data relating to the pandemic.
5. Each Department, under the instruction of the Chief Information Officer if there is such a role, should identify what data it is capturing, how the accuracy of that data will be ensured, and to whom that data will be reported. Duplication should be avoided.
6. Any necessary data-sharing agreements or regulations should be implemented at speed.



Expanded Recommendation 24

An Outline for an Emergency Communication and Engagement Strategy

The strategy should allow for flexibility, but should include the following:

Framework

1. Describe the objectives to be achieved including:
 - i. Provision of transparent information to residents about the status of the pandemic on-Island.
 - ii. Clear and consistent messages about the measures which the Government is putting in place and what it is trying to achieve.
 - iii. Clear guidance to individuals about the actions expected of them and what they can do to protect themselves and their families.
 - iv. Promoting any specific actions, e.g. to get tested, to get vaccinated.
 - v. Giving the public access to scientific and specialist evaluation and advice.
 - vi. Recognition of the impacts and the efforts and sacrifices of the public.
 - vii. Agrees a core data set to be the subject of consistent reporting.
 - viii. Promote a partnership with the media for maximum reach and exposure, and recognising the important role of the media in an emergency situation.
2. Recognition that in any future pandemic scenario the public and businesses will have a more sophisticated knowledge and understanding and bring their experience of Covid. They will have an insight into risk management and choices and the issue of trade-offs. Therefore, public communication and engagement will need to be far more transparent if Government is to maintain confidence which would include:
 - i. Identifying matters which need to be traded-off e.g. economy, children's education, mental health, general wellbeing.
 - ii. Sharing scientific advice about health risks.
 - iii. Being transparent with the public where scientific advice has been departed from.

3. Recognition that in any future pandemic Government may need to listen to behavioural scientists to be able to communicate effectively on some issues.

Central Communications team

4. A central communications team should be set up. Communication leads in Departments should be identified who could step into the centre to scale up communication capacity.
5. Identifying the Minister with oversight of the communication strategy, possibly the Cabinet Minister.

Arrangements for central communications

6. There should be clarity about what continuing Departmental communication is appropriate, and what communication should come through the central team.
7. Describe the arrangements for linking that communications team into the decision-making structure, including attendance of communication leads at CoMin and strategy group meetings.
8. The team should sit in a central place, such as within an Operations Centre, so that it has access to situation reports and data.

Processes

9. Identify the process for signing off public announcements including referring to the Attorney General's Chambers and scientific leads where appropriate. That process should include a clear sequence for releasing legislation, public announcements, and public guidance.
10. Identify a process for sequencing public announcements with updating the website, social media, 111 or similar information line script.
11. Identify the process for ensuring that decisions are cascaded internally, particularly to operational staff who will be required to implement the decision, and to areas of Government which will be most affected by the decision (if, for example, closing schools will lead to staff absence).
12. Set out arrangements for a public enquiry line including identification of technology to be rolled out at pace, and who would staff the line.
13. Set out an expectation that individual politicians can refer public queries to a central team rather than answer them individually, and that Ministers should be encouraged to refer all public queries in that way.
14. Arrange media training for Ministers.

15. Specifically describe the arrangements for political leaders to provide key messages and the expectation that scientific information will be conveyed directly by scientists or other expert voices.
16. Maintain expertise in the event that a multi-channel, social marketing communications and engagement approach is needed, so that the team can launch a campaign.
17. Build in feedback loops from frontline staff working on helplines and in other public-facing roles, using that information to improve public messaging and guidance.
18. Use focus groups or surveys to check how the message is being received and what is working well, adjusting the strategy accordingly, and feeding information on public response to the decision-making structures.
19. Build in an expectation that the communications team will work with any behavioral science advice the Government is receiving.

Engagement

20. Set out how Government will engage with and support businesses through different stages of the pandemic through to return to normality.
21. Set out how Government will engage with Tynwald, noting the expectation that Tynwald should be informed about policy ahead of the public where that is possible, that Tynwald's scrutiny role should be supported, that debate with Tynwald ahead of determining policy should be considered where that is possible, and that transparency with Tynwald about command and advisory structures is expected.
22. Consider how Government will use trusted community and businesses voices, community and business networks, and community and faith leaders to amplify and explain messages.
23. Identify which individuals or groups are likely to need advance notice of decisions or potential change, linking to resilience planning, for example the Steam Packet or large supermarkets may need advance notice of decisions about isolation rules which will affect staff numbers in order to maintain a service.
24. Arrangements to assist in providing bespoke communications and materials for schools, GPs, voluntary sector organisations and other service outlets, recognising that not all parts of the community will rely on the internet for information.
25. Set out how it will use social media to reach different parts of the community, including how to convey scientific information via social media and respond to false information.
26. Describe the options to use videos, webinars, digital screens, posters, street messaging e.g. on highways and lamp posts, posters and materials for shops and businesses to use, which provide a consistent format.

27. Ensure the Government website has prominent and easy to access up to date advice, FAQs and links.
28. Ensure that information is accessible and takes account of people with disabilities and special needs as well as specific language requirements.



SAFEGUARDING BOARD
ISLE OF MAN

Annual Report 2022/2023

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Independent Chair's Introduction

Welcome to the Isle of Man Safeguarding Board Annual Report for 2022/2023, which covers the performance for the year April 2022 to the 31 March 2023. This was my second year as the Independent Chair and I have seen good evidence of collective working and improved working relationships between agencies and sectors. There were also a number of challenges for Board agencies, due to significant staffing changes throughout organisations including at senior levels, that also affected membership of the Safeguarding Board and its sub-groups. Despite the challenges, member agencies remained committed to ensuring that work on the Board's agreed priorities moved at pace, and there was significant progress on a number of pieces of work to improve multi-agency safeguarding practice.

My role as the Independent Chair is to receive assurance about safeguarding practice from the agencies to ensure there is effective joined up multi-agency work and to scrutinise the standard and quality of practice to safeguard, children, young people and vulnerable adults from abuse and harm. The Independent Chair can never be the sole provider of feedback, reflection or challenge, and the Board have been developing a culture of high support but high challenge across its groups, to ensure a culture of continuous improvement. In addition, the Board have been using their new Quality Assurance and Scrutiny Framework agreed in October 2022, to evaluate the quality and impact of multi-agency work.

I therefore led the Board's first Scrutiny Event focused on evaluating multi-agency practice, and providing a baseline against which to chart improvements. The detail of findings and issues raised is covered on page 33 of this report. In relation to children's scrutiny, the level of openness and reflection evidenced by senior operational leaders and participants was impressive. Safeguarding leads identified clear actions to address the areas requiring improvement and are providing leadership in driving these actions forward. As a result of the issues and risks raised in relation to adult safeguarding, the Board are receiving regular assurance reports from the Executive Director of Social Care and I will be undertaking additional scrutiny, including audits of adult safeguarding to be assured the necessary improvements are being undertaken.

The considerable multi-agency work undertaken to improve the safeguarding of adolescents, led to the development of the Board's Vulnerable Adolescent Strategy and Working Protocols that were launched at a Pan-Island Conference in September 2022. There was an excellent turn out with all agencies and sectors well represented and a real commitment to ensure that children and young people locally are protected from all forms of exploitation. Professionals were able to understand how a contextual safeguarding approach is critical to safeguard young people outside the home, and the media input was vital in helping to raise awareness about the risk of exploitation across the Island. The impact of the new ways of working on protecting young people, including the effectiveness of Daily Exploitation Meetings, weekly Risk Management and Strategic Exploitation Meetings, will be fully evaluated over the forthcoming year, using the Board's new Quality Assurance and Scrutiny Framework.

This year the Safeguarding Board published two Serious Case Management Reviews (SCMRs). The purpose of SCMRs is to identify good practice but also learning, to make improvements, to prevent future abuse and harm. The first, "A Thematic Review of Self-Neglect" was published in October 2022, and focused on seven deaths where self-neglect was evident. The second "Family K" involving a domestic homicide was published in November 2022. The learning identified from these recent reviews is covered in this report and work is being undertaken to address the learning and recommendations. Comprehensive multi-agency work is being undertaken to improve the identification and response to self-neglect, and immediate work has included training and a poster campaign across the Island. A conference is arranged for September 2023 to launch the new Self-Neglect Strategy and ways of working and will involve the voices of families who have experience of dealing with self-neglect.

Board agencies have continued to work hard to ensure there is an up to date set of both adults and children's policies and procedures. A full suite of new updated policies and procedures for children are now available via the website and final work is being completed on the adults' procedures. This has taken considerable time and commitment from front line practitioners, managers and the Board business support team, and I am grateful for all the work these individuals and their agencies have undertaken. I would encourage all agencies and sectors to

access these, as it is important the advice, guidance and direction they provide is adhered to, in order to ensure all Isle of Man citizens are appropriately safeguarded from abuse and neglect. The procedures include a new escalation policy to be used by any professional who has concerns about a child, young person or adult where they believe their concerns or the risks are not being adequately addressed.

Last year, considerable work was undertaken to develop a functioning website to provide useful information for children and young people, families and carers, professionals and the voluntary and community sector. The website went live in February 2022 and work is continuing to develop this further including developing a professionals' zone to go live in Autumn 2023, where professionals can access good practice tools and guidance to support their work. The Board also launched its Facebook page in September 2022, which is regularly updated with key messages in relation to safeguarding. They also launched their first newsletter and these will be published regularly, to provide updates on the work of the Board, interesting safeguarding articles, and details of forthcoming training opportunities. I would encourage you to access the website and newsletters on an ongoing basis www.safeguardingboard.im

Despite the work undertaken last year to improve information sharing including the production of a new Information Sharing Protocol, Guidance for Professionals, and a Myth busting Leaflet; effective information sharing continues to be inhibited by a misunderstanding of when information can be shared, and a level of fear about the consequences. The need for improved practice around information sharing was highlighted this year through scrutiny, professionals' feedback and is an emerging issue at the new Serious Case Management Review which has just commenced. The Board is taking a number of steps to support staff to feel confident in sharing information, including training, advice and is considering enhanced guidance in legislation.

Although, significant work has been undertaken this year to enhance the profile of safeguarding through use of the media, campaigns, engagement with a range of sectors and through the website, there is still work to do to ensure that professionals, all sectors and communities can recognise abuse or harm and feel confident in understanding their safeguarding responsibilities. In particular, that "safeguarding is everyone's responsibility" Additionally, there is significantly

more work to do, to ensure the voice of service users and carers are at the heart of the Boards' work, and to ensure their feedback is informing practice improvement. The Board will need to ensure a real focus on this area over the next year.

Finally, there is still significant work to test the effectiveness of multi-agency practice using audits, performance data and the new scrutiny process. Most importantly, the Board agencies have significantly more work to do, to be able to measure the impact of their collective work and to evidence it is improving outcomes for children and young people and vulnerable adults. I am satisfied that plans are in place to support this, including a planned series of multi-agency practice audits and a re-run of the adult scrutiny process. As stated, I will also be leading scrutiny of the impact of the multi-agency work to protect vulnerable adolescents. I look forward to continuing to work with Board members, their agencies and all sectors to ensure effective safeguarding of the Islands most vulnerable citizens.

Lesley Walker

Ms Lesley Walker
Independent Chair



Isle of Man Context



SIZE
The Isle of Man is 221 squared miles

POPULATION

- The population size is 84,069
- 22% of the population is over 65
- 17% of the population is 16 or under
- 44,875 are currently economically active
- 94.7% are White
- 3.1% are Asian
- 1% are of Mixed race
- 1.2% are classified as other

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HOUSING

- The Average price of a house is £386,955
- The Average price of a flat is £187,002

SOCIAL HOUSING

- There are 5,541 social housing properties across several different local authorities and the DOI
- Douglas City Council is the largest Social Landlord with the DOI being second.

The Safeguarding Board



**Safeguarding Board
Structure Chart
March 2023**

Isle of Man Safeguarding Board
 Membership as previous diagram
 Also in attendance at Board, Director
 of Multi-Agency Safeguarding and the
 Safeguarding Board Business Manager

Action and Implementation Panel (AIP)

Chair: Independent Chair
 Members:
 All Sub-Group Chairs
 Director of Multi-Agency Safeguarding
 Assistant Director of Children and Families
 Assistant Director of Adult Social Work
 Head of Community Rehabilitation
 Head of Housing, DOI
 Head of Safeguarding (Health Services)
 Head of Integrated Mental Health Services
 Executive Director of Care, Quality and Safety

Also in attendance the Safeguarding Board Business Manager

Serious Case Management Review Panel

Chair: Independent Chair
 Members:
 Executive Director of Social Care (Interim), Manx Care
 Director of Multi-Agency Safeguarding
 Assistant Director Children and Families, Manx Care
 Assistant Director Adult Social Work, Manx Care
 Head of Community Rehabilitation, DHA
 Head of Integrated Mental Health Services, Manx Care
 Head of Care, Quality and Safety, DHSC
 Superintendent, IOM Constabulary
 Director of Strategic Advice for Education, DESC

Children's Quality Training and Development
 Group
 Chair: Child Protection and Safeguarding
 Officer, DESC
 Vice-Chair: Head of Community Rehabilitation,
 DHA

Adults Quality Training and Development
 Group:
 Chair: Executive Director of Social Care
 (Interim)
 Vice-Chair: Chief Inspector, Isle of Man
 Constabulary

Communication and Engagement Group:
 Chair: Independent Member

Vulnerable Adolescents Working Group:
 Chair: Superintendent IOM Constabulary

Priorities

The Safeguarding Board agreed two key practice priorities and three overarching priorities in the Business Plan for 2021-2023.

The main practice priorities are:

1. Working together to effectively safeguard vulnerable adolescents
2. Ensuring an effective multi-agency safeguarding response for vulnerable adults

The overarching priorities are:

3. Strong leadership and effective, well-functioning structures and subgroups that improve outcomes and have a measurable impact
4. A workforce equipped and fit for purpose to deliver effective safeguarding practice
5. An effective communication and engagement strategy

Shared principles that underpin our key priorities:

- Person Centred Practice - the Board will ensure that children and young people and adults have opportunities to participate and collaborate in the work of the Board and that their voice is embedded in multi-agency practice.
- High support high challenge - the Board will promote a culture of high support and high challenge to develop working environments where growth and learning is accelerated.
- Promoting Practice leadership - the Board will involve front line practitioners and managers in the continuous learning process in a supportive and challenging way, in order to build practice leadership capacity across the Board.
- Promoting a culture of continuous learning - the Board will create the environment for learning, recognising the way systems influence each other and the benefits of working together rather than in individual agencies. We will ensure that we learn from best practice, case reviews and multi-agency audits, including the monitoring of the implementation of recommendations.

Achievements



The Work of the Subgroups

Adult's Quality, Training and Development Group

The Purpose of the Adults, Quality Training and Development Group is to ensure effective multi-agency practice by member agencies of the Safeguarding Board, to ensure the Board fulfils its remit of ensuring that local safeguarding arrangements are effective.

The main challenge for this group has been acquiring the right representation from partner agencies, to contribute to moving forward the Boards priority of ensuring an effective multi-agency safeguarding response for vulnerable adults.

This year presented the Adults Quality, Training and Development subgroup with many challenges in changes in membership, including the number of changes of the Chair of the group, but partners were able to achieve a number of key pieces of work.

The group focused on developing a full set of policies and procedures to support and guide the work surrounding the multi-agency safeguarding response to vulnerable adults; and offering comprehensive safeguarding training at level 2 and 3 during the first half of this year, aligned to the revised Competence Framework. This training was delivered by a specialist from the UK and all sessions across four days were well attended.

In November, the Board published the Thematic review into Self-Neglect which identified the need for new working procedures and a development strategy. The group has been responsible for the majority of the recommended actions from that review, in particular developing and establishing how agencies will work together, when working with adults who self-neglect. The Self-Neglect Development Strategy has been published and the group worked collaboratively with a subject matter expert, to develop new working procedural guidance alongside supporting documents and tools. This work will be completed by July 2023 and launched at a planned conference in September, and the multi-agency approach and efficacy in managing self-neglect concerns will be measured via planned audit and scrutiny activity in early 2024, set against the new working pathways.

Further, the group worked hard in identifying a shared dataset to identify key performance indicators, trends or concerns which would be highlighted to the Board via exception reporting, to encourage a shared understanding of adult safeguarding across the Island.

The group continues to develop and monitor the delivery of its work plan which is dynamic and comprehensive in nature. This provides the focus for the group and helps to prioritise the work that is undertaken.

The group is aware of the need to deliver on the work plan and whilst there are many challenges associated with capacity and resources, members remain committed to continue on this improvement journey. There are plans to complete an independent evaluation via scrutiny following the launch of the new strategy, along with a planned baseline safeguarding practice audit, involving a number of key partner agencies exploring their own records and presenting the findings to a multi-agency learning session. This will initiate regular data and audit analysis which will identify trends and areas for development within multi-agency adult safeguarding practices.

The Children's Quality and Training Development Subgroup

The purpose of the Children's Quality, Training and Development Group (CQTD) is to support the Isle of Man Safeguarding Board to fulfil its remit of ensuring that local safeguarding arrangements are effective for children and young people.

In the year 2022-2023, the group has been able to celebrate a number of successes with only one outstanding action remaining on the work plan from this year. A positive culture of collective learning has underpinned the activities of the year and the good attendance and consistency of the group has helped to foster the mission statement of high support, high challenge.

One of the key objectives this year was to identify a consistent dataset that each agency could contribute to, that would help inform the Safeguarding Board about the effectiveness of ongoing work with vulnerable children and young people, and ensure early identification of new or emerging risks or harmful trends to children. The accompanying exception reports help analyse this data and inform the board of actions that need to be taken forward. This has provided us

with some detail of areas requiring audit or closer scrutiny in the forthcoming year, such as the categories under which children are placed on child protection plans and how the continuum of need document and accompanying training needs revisiting. Work on the continuum of need will strengthen agencies understanding of when it is necessary to make a referral to Children's Social Care or when the child or family would benefit from early help or support by other agencies or sectors.

The Quality Assurance events that have taken place this year, such as the multi-agency file audit, showed the developing maturity of the group. This exercise showed how open, honest and reflective participants could be, accepting constructive challenge as a learning and development opportunity to support better performance in their respective service areas.

A key action requiring particular effort, was the development of the training offer. This had been a delivery gap of the group since the previous incumbent of the training officer post had left. That post is now filled and there has been a developing programme of Level 2 and Level 3 training which has dealt with training needs from recent SCMR recommendations. Some of the more specialist subject matter has been delivered by external off island facilitators.

To accompany the programme of training, the Competency Framework underpinning this work has been updated and disseminated. This framework clearly sets out the key training needs for workers at all levels and will help ensure the right people receive the right training commensurate with their roles. The group is in the early stages of evaluating the quality and effectiveness of this training. Alongside this work is the need to develop the skill base of the pool of trainers delivering on behalf of the CQTDG. There is also a need to carry out a thorough training needs analysis for the workforce.

The subgroups future plans involve training/table top exercises on understanding reachable moments, a recommendation from the Child J SCMR, along with multi-agency child exploitation audits leading up to the next scrutiny event, that will evaluate the impact of the Vulnerable Adolescent Strategy on practice and whether it has improved outcomes for young people at risk of exploitation.

There will also be an improvement action plan from the Organisational Standards Audits that each agency/division carried out earlier in 2023, that evaluated and rated their effectiveness in addressing key safeguarding standards. It is hoped that this will provide a baseline of understanding where each area is at in relation to everything safeguarding. A further audit will be carried out in 2025 to assess changes that have taken place and to assure the Safeguarding Board that work is being progressed and is not static.

The Communication and Engagement Group

The Communication and Engagement Subgroup is responsible for ensuring that the key safeguarding messages are communicated with a far reaching audience covering government departments, Manx Care and Third Sector agencies. The Board has consulted with service users and families, regarding safeguarding matters to ensure that their views are taken on board as well as seeking feedback from families that have been involved in Serious Case Management Reviews.

In the last reporting year 2022/23, the group has reviewed its terms of reference and its membership. This now includes the DHSC, Manx Care (Health and Social Care), Youth Service (DESC), IoM Constabulary, Third Sector and Faith Sector.

Safeguarding work has really gained momentum in sharing key safeguarding messages and raising awareness of safeguarding across the Island. A Communication Strategy was launched and the Safeguarding Board website completed. The Board's Facebook page was also set up in order to share latest news and information.

The successful launch of the Vulnerable Adolescent Strategy at a conference in September 2022 provided an opportunity to raise awareness through the media about the risks of contextual safeguarding, and identify where young people, their families, professionals and citizens could find help and support. Similar opportunities to profile the importance of identifying safeguarding concerns and the need to strengthen practice, arose through the publication of two Serious Case Management Reviews (SCMRs). In particular, the Self-Neglect Thematic review served as a platform to organise a self-neglect awareness raising campaign. Local media (press and radio

stations), as well as social media, highlighted the importance of knowing what self-neglect is and how to deal with it. Information posters were distributed throughout the island. The campaign's effectiveness will be measured by the number of referrals to social care following the end of the campaign.

Mindful of the important message that safeguarding is everyone's responsibility, the first newsletter was drafted. It will become a regular, quarterly update on Safeguarding Board's work and the progress and the impact it has on improving the safety and well-being of children and vulnerable adults.

The Communication and Engagement Group is preparing its Engagement and Participation Strategy which will be completed and launched at the end of 2023.

It must be acknowledged that communication and engagement work is making progress thanks to the commitment of those members, who in addition to their every-day work commitments, give time and support to ensure that safeguarding is indeed everyone's responsibility.

The Vulnerable Adolescent Working Group

The group has continued to build on the early work completed in this area, with all relevant agencies taking part in the Exploitation meetings that run daily, weekly and quarterly. The meetings main focus, is to identify vulnerable adolescents where there is clear risk of exploitation, and agree a safety plan to ensure the young person is supported and any potential risks are managed and ensure the necessary disruption is carried out by the police. Operation YARROW, was a police initiative to collate concerns and intelligence to identify a growing concern regarding young people believed to be involved in exploitation and criminal activity. This initiative was adopted as the main template for identifying vulnerable young people, as well as referrals from other agencies.

The working practices of the pilot have continued to develop and the work has also assisted the planning for the formation of a Multi-Agency Safeguarding Hub (MASH). This work was led by the Assistant Director of Children and Families Social Work. This work has culminated into an agreed implementation plan and the Police, Manx Care and Department of Health & Social Care

will be co-located, with other agencies such as the Department of Education, Sport & Culture virtually located and able to become involved in early identification and management of safeguarding issues for our young people.

The group had a wide ranging and challenging work plan, which focused on the identification of contextualized safeguarding and exploitation, single and multi-agency training on the recognition and response to risks associated with grooming, missing from home, sexual exploitation, criminal exploitation, serious youth crime and the importance of identifying and acting on 'reachable moments' for children and young people.

Further work is being undertaken to ensure our information sharing protocols and practices are in line with the legal framework. All agencies are supported and encouraged to share relevant information appropriately within the confines of the law and to make guidance clear and easily accessible. However, further joint work is planned to offer clarity relating to processes and how to share information appropriately.

In September 2022 we launched the Vulnerable Adolescent Strategy & Working Protocol at the Board's annual conference which was an event that was well attended by statutory, third sector and voluntary organisations. Whilst the work plan and scope of the VAWG is nearing its conclusion, the work will still continue. The group will turn its focus on working with adult services to develop smooth transitional safeguarding processes for our young people experiencing or at risk of harm and open to services leading to continuation of relevant services when they reach 18 years of age.

It is planned to develop an all age Exploitation Subgroup which will focus on adult exploitation as well as further develop the work for children and young people.

Serious Case Management Review Panel

The Safeguarding Board is required to undertake Serious Case Management Reviews (SCMRs) in circumstances where a child or vulnerable adult may have died or suffered serious harm, and abuse or neglect are known or suspected, and there are concerns about how agencies may have worked together. The purpose is to identify learning and identify areas of practice improvement.

The Serious Case Management Review Panel is chaired by the Independent Chair of the Board, who is responsible for deciding whether the case meets the SCMR criteria, for commissioning an independent review author and ensuring the review addresses the terms of reference as agreed by the panel. The SCMR Panel is responsible for overseeing the publication of the SCMR where it is appropriate to do so, and ensure that an action plan is in place to address the review recommendations. Further, the panel hold a scrutiny and oversight role to establish that recommendations have been actioned and implemented.

The Board has completed two SCMRs in this reporting year; Family K which related to a domestic homicide which was published in October 2022 and a Thematic Review into Self-Neglect which was published in November 2022.

Family K concerned the homicide of Mrs K and a serious assault to Mr K by their son, who was suffering from mental ill health during the time leading up to the fatal incident. He was convicted of manslaughter of his mother and the attempted murder of his father, and has been detained in a secure hospital. The review highlighted a number of issues involving agencies working with the family – domestic abuse, alcohol misuse, mental health, and a lack of a ‘think family’ approach by professionals. A [seven minute briefing](#) has been published on our website.

The review concluded that the homicide could not have been predicted or prevented. Nonetheless the review highlighted areas of learning and made recommendations to reduce risks to others. The [report](#) has been published on our website

The thematic review into self-neglect focused primarily on the death of a vulnerable adult known as Mr M, where self-neglect was a significant factor and concerns were raised about how agencies worked together, along with a cluster of six other people whose circumstances leading to their death included self-neglect. The purpose of the review was to explore how effectively services and communities worked together to support people who may be self-neglecting and use the learning from the review to improve multi-agency responses and service delivery.

The review found that defining self-neglect can be open to interpretation, with subjective judgements about ‘acceptable’ living standards; that mean practitioners need to make

professional judgements about the level of risk, but also weigh up the wider considerations about an individual's wellbeing. The review identified a number of learning themes in regards to: building relationship and developing understanding of the complexities of self - neglect, working with risk, and working across agencies and communities. The [report](#) has been published on our website and a [seven minute briefing](#) can also be found there.

The review made two recommendations; one of which has required significant work by all agencies to develop a Self-Neglect Strategy and further work is planned in the coming year to develop pathways and procedural guidance for partners working together to support self-neglecting adults; which will be launched at the conference planned for September 2023.

Independent Members

The Safeguarding Board has three independent members whose role is to provide independent challenge and support of the Board's work. Below is an account of the Boards progress written by the current independent members.

"As the island returns to normality from the challenges of COVID, the Board has been able to make significant progress in a number of areas and has been able to advance the safeguarding agenda".

Progress:

"The Safeguarding Board Business team has been strengthened by the appointment of a Director of Multi-Agency Safeguarding, and is now better able to both challenge and lead. We are particularly pleased that after a long gestation, the safeguarding website is now operational.

A number of Serious Case reviews have highlighted deficiencies in adult safeguarding practice which are being urgently addressed by a number of organisations and services across the island.

There has to be a continued strong emphasis on improving and adopting safeguarding policies with partners. The reporting of data is being standardised and streamlined to ensure proper monitoring of problems and emerging trends".

Challenges:

“Priority needs to be given to establish a shared understanding as to when personal data which can impact on a person's health, wellbeing and safety can be shared between practitioners and organisations”.

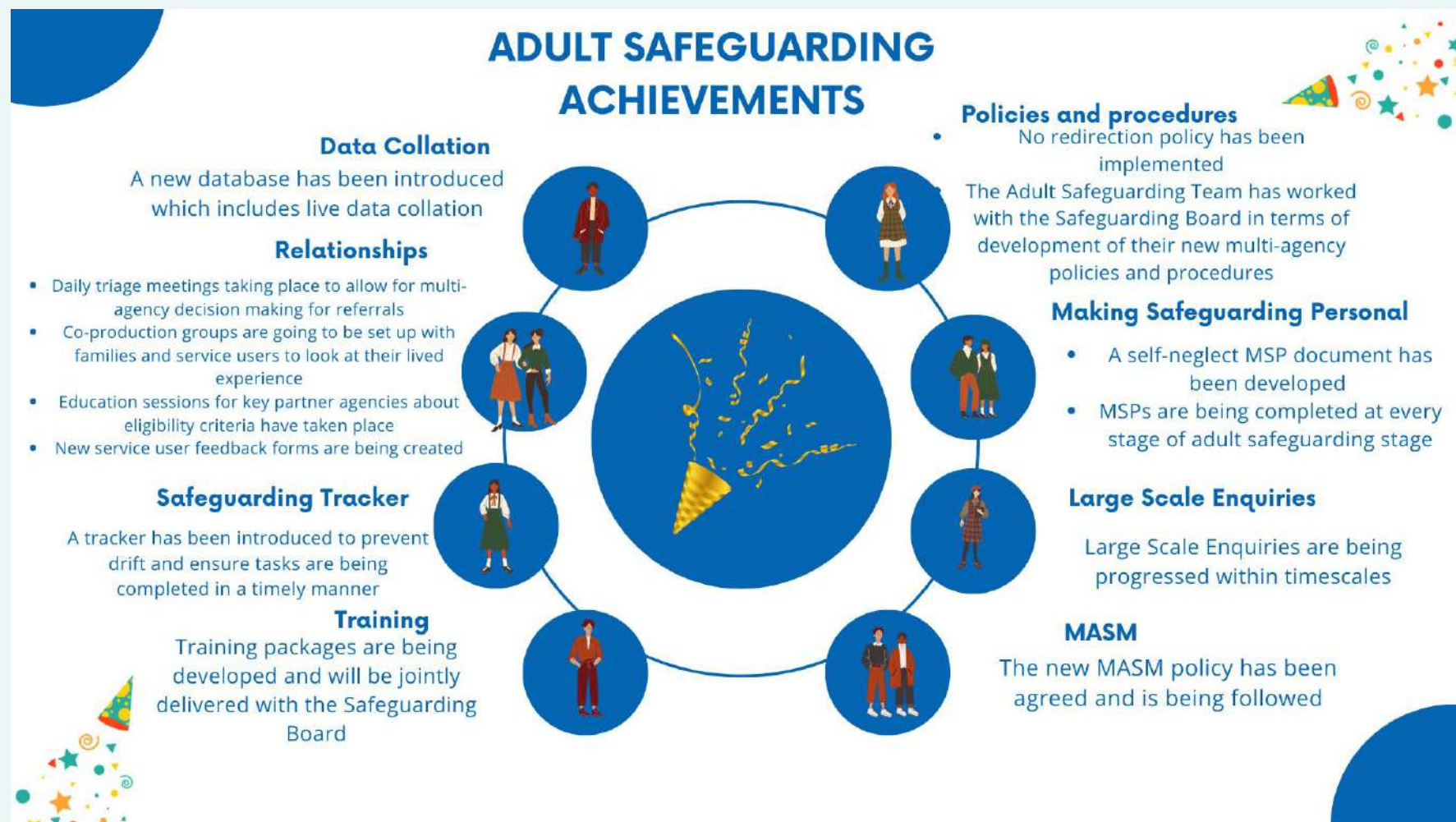
“Safeguarding is everyone’s responsibility which affects many aspects of island life; embedding a deeper cross island ownership of safeguarding remains a significant challenge. This requires a continued change of culture which prioritises safeguarding across both individual practitioners and organisations”.

“To maintain progress the Safeguarding Board Business team and agenda need continued resourcing with political support and involvement”.



Safeguarding in the Isle of Man

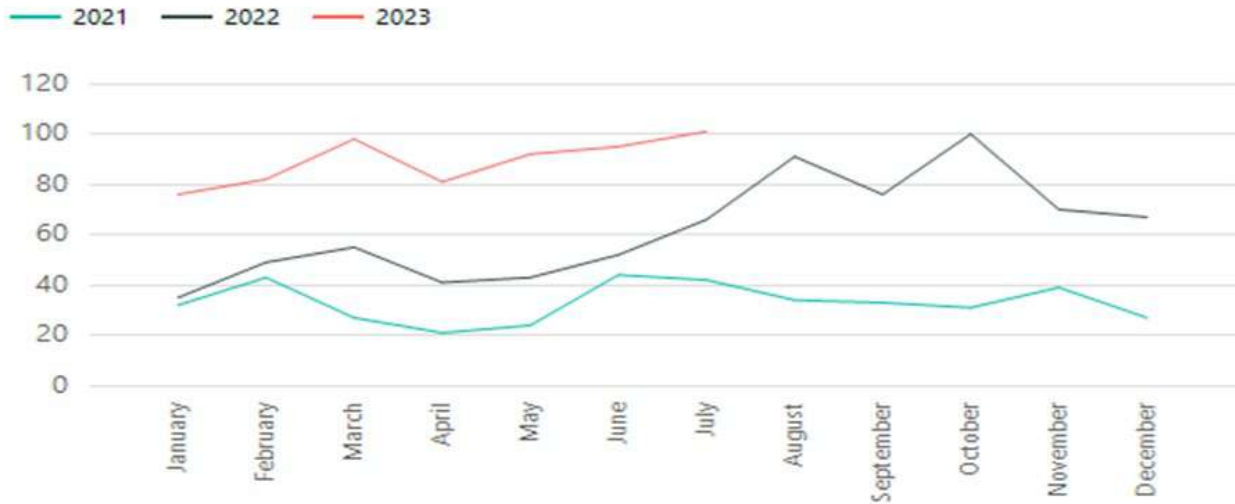
Adult Safeguarding



Referrals To Adult Safeguarding Team

Team Referred To	Referrals
Adult Safeguarding Team	862

Referrals to Adult Safeguarding Team



From 1 April 2022 to 31 March 2023 the Adult Safeguarding Team (AST) received 862 referrals. The above graph clearly maps out the increase in referrals since 2021 and 2022 and demonstrates a 50% to 75% increase in the monthly intake of the team.

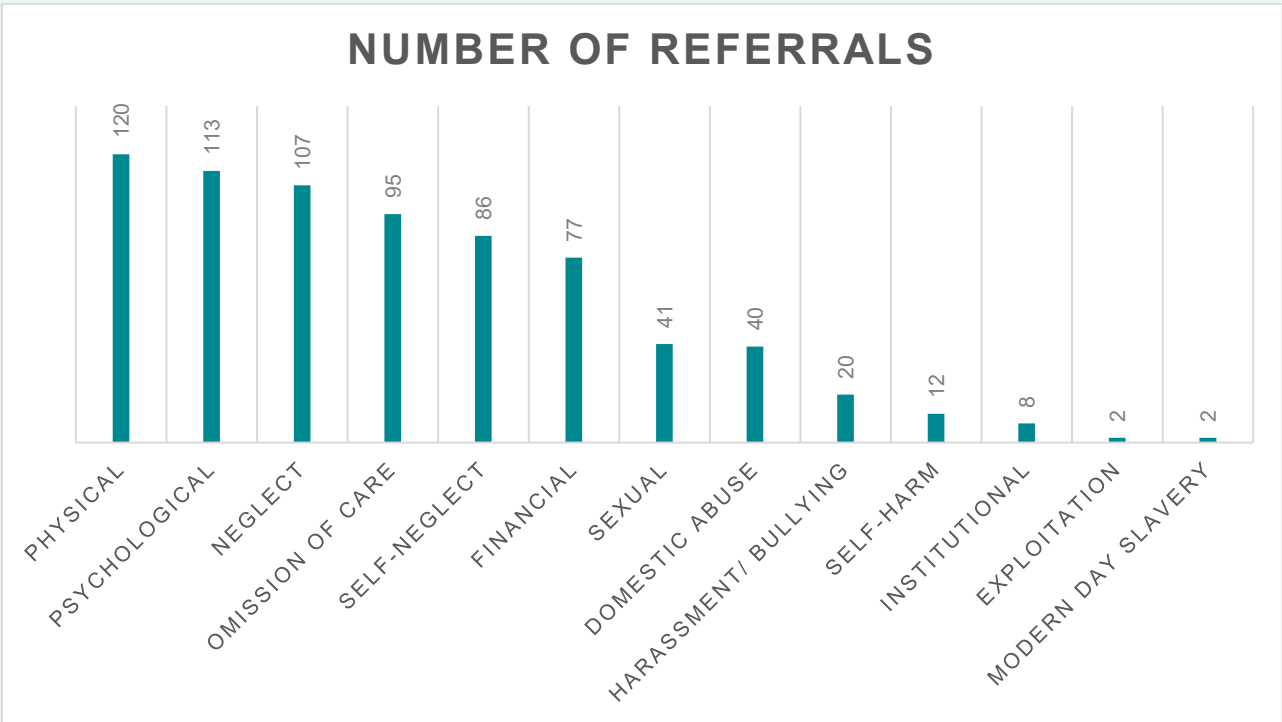


The Adult safeguarding team receive referrals over the phone or by email, and each referral is reviewed and triaged upon receipt due to the new no redirection policy within the team. This simplifies the safeguarding journey for the general public after the initial referral.

The most referrals have been submitted from the Police and Health and Social Work Practitioners from other service areas and teams, these agencies are represented at the daily triage meetings.

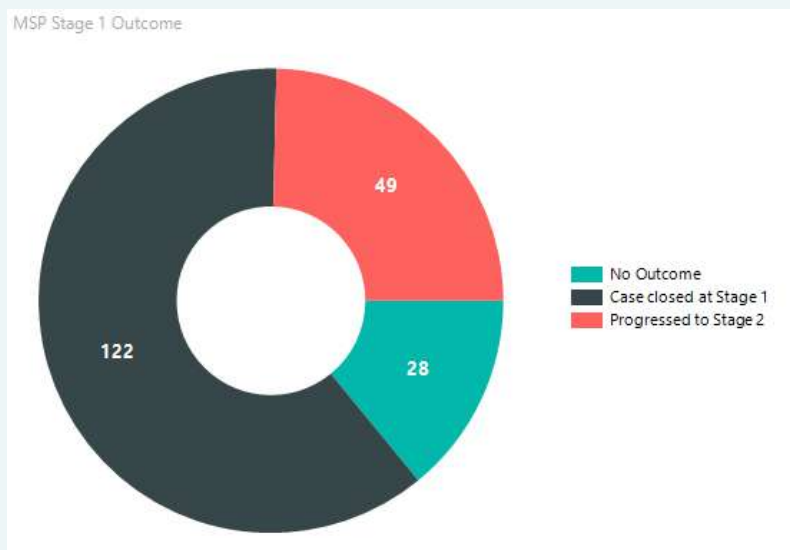
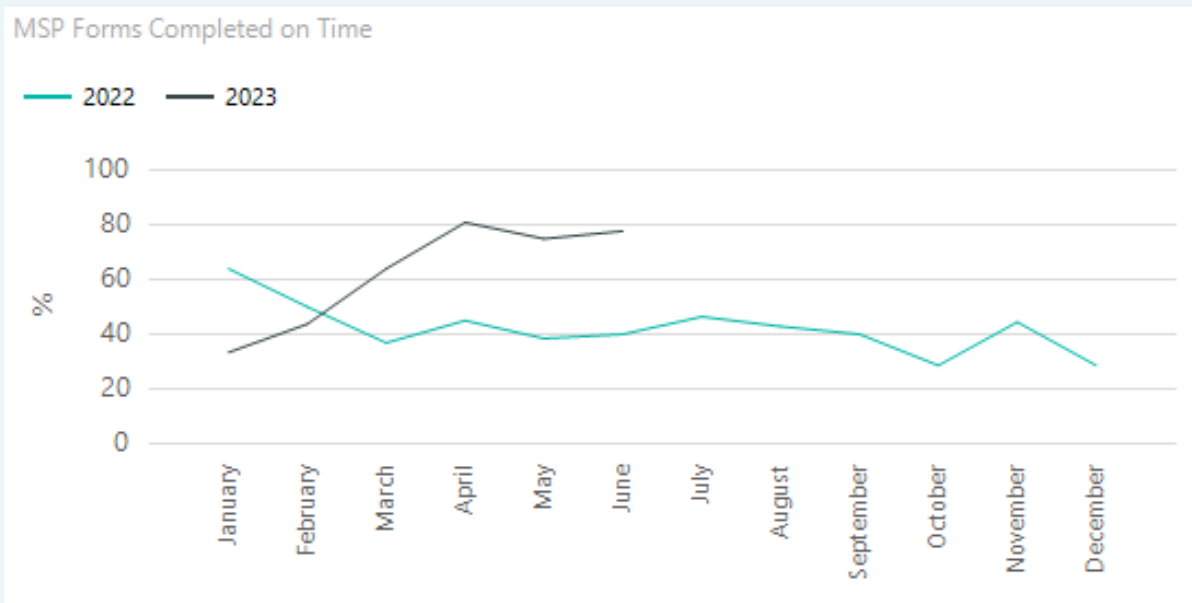
In terms of other referrals received, those from relatives have quadrupled from 8 received in 2022 to 37 received in 2023, the number of self-referrals have also quadrupled from 1 in 2022 to 4 so far in 2023. Referrals from friends have increased from 4 to 14. Additionally, referrals from housing and the GPs have also increased in the year to date.

The below diagram categorises the type of abuse referred:



Making Safeguarding Personal (MSP) – is an approach to safeguarding that aims to ensure that the vulnerable adult and/or their advocate in relation to the safeguarding enquiry, is fully engaged and consulted throughout and that their wishes and views are central to the final outcomes as far as possible.

Following the reintroduction of planning meetings (Stage 2 – Enquiry), there is confidence that there will be an ability to demonstrate better outcomes for people, which is in line with MSP guidelines. Since this has been reintroduced, a number of referrals are managed at this stage and have not had to progress to case conference which evidences that multi-agency partnership working is improving on the Isle of Man. This demonstrates that during the enquiry stage and planning meetings partners are working together with the vulnerable adult to create a plan to work together to resolve the issues/ needs without the need to progress to a formal case conference.



Children and Families

CHILDREN AND FAMILIES ACHIEVEMENTS

Exploitation

- Pilot of procedural protocol for children and young people who are at risk of exploitation
- Multi-Agency working to safeguard young people

Pilot of edge of care initiative

To ensure children and young people remain with their families when in crises rather than placed rather than placed into care; and children are returned to their families when it is safe to do so

Outreach

Developed an outreach service for children with disabilities

Quality Assurance Framework

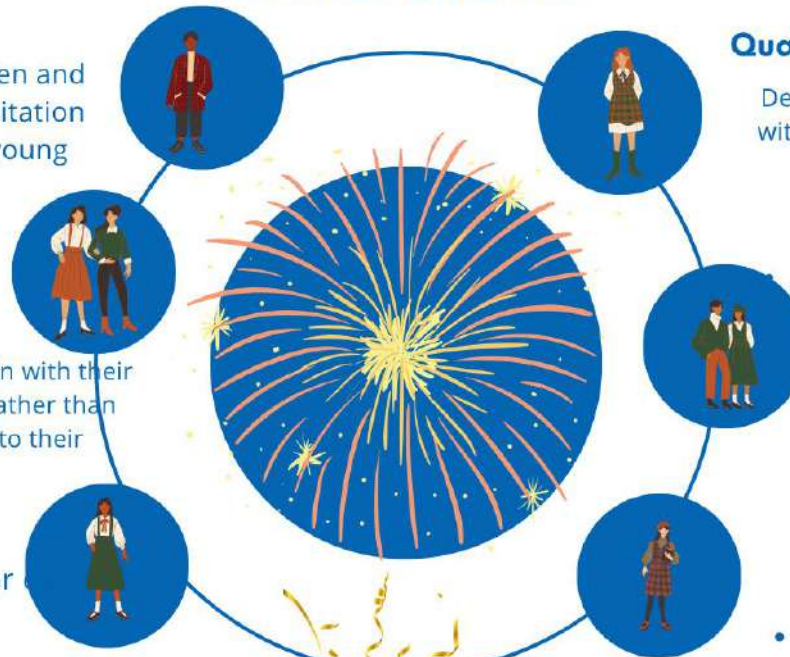
Developed a quality assurance framework with a robust audit schedule with the offer of learning workshops for staff

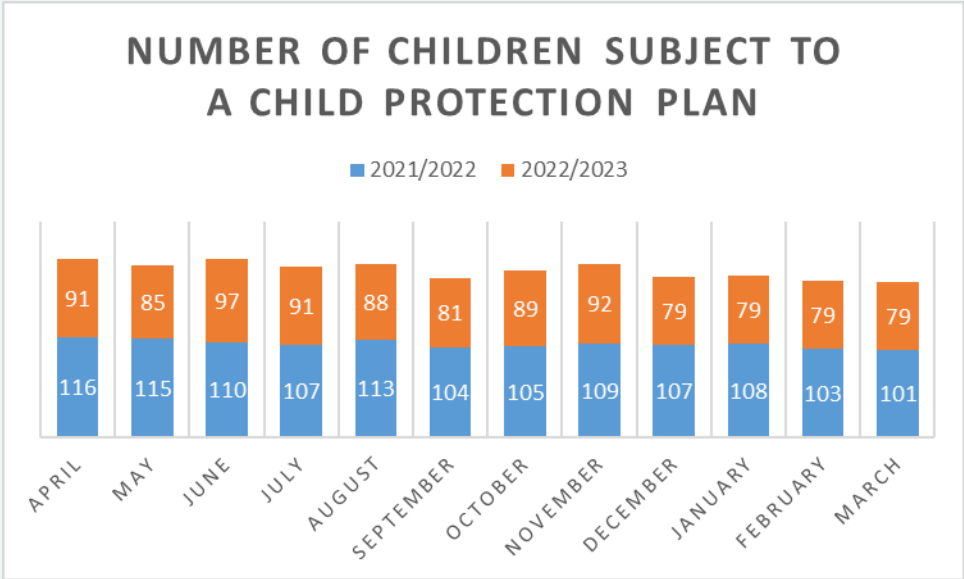
Training

All staff provided with training in Achieving Best Evidence interviewing
Key staff provided with Assessment, Intervention and Moving on (AIM) assessments for young people who commit sexual assault or harmful sexual behaviour

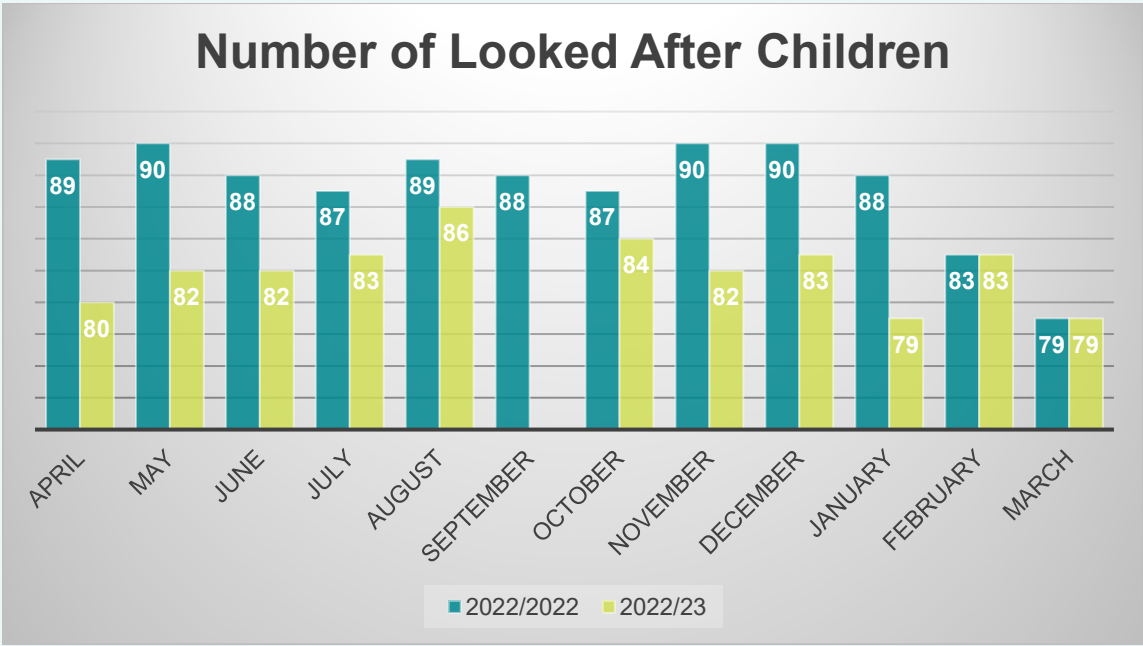
Fostering

- Implementation of Fostering Strategy
- Recruitment drive for foster carers

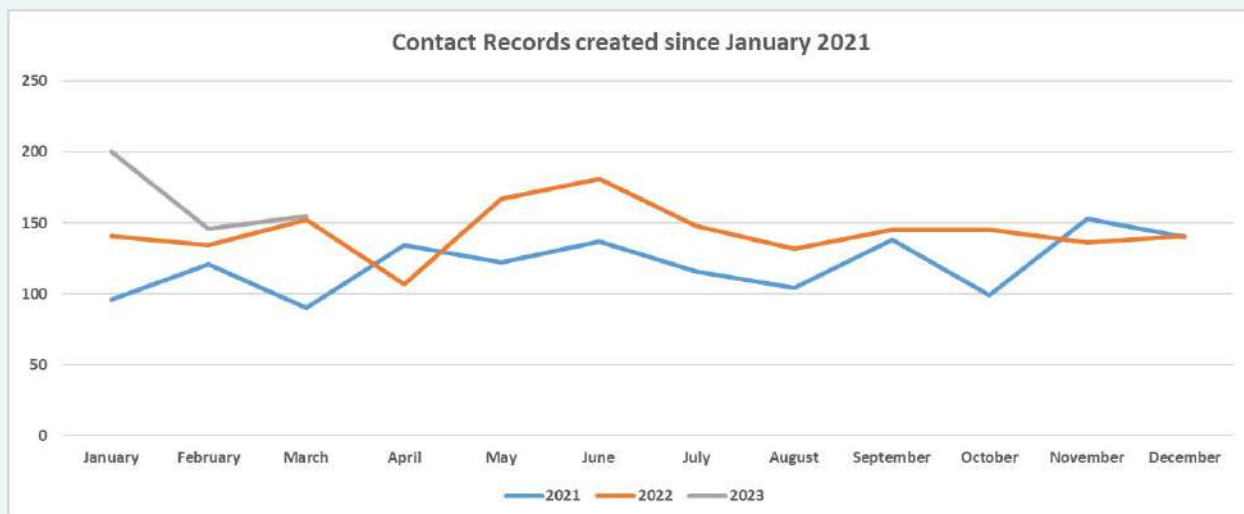




Post pandemic, the numbers of children subject to Child Protection planning was significantly higher. 2022-2023 has seen more consistent numbers of children subject to plans, in line with what Children and Families would expect and had experienced pre-Covid.



The number of Looked After Children has remained relatively consistent over the period. The sudden decrease in numbers from the end of 2022 (90 in December 2022 to 79 in March 2022) was due to a number of young people becoming adults over that time period.



There was a peak in contacts to Children and Families in May and June 2022, this was analysed at the time to try and find the rationale for this but no themes were identified.

Training

New Training Officer

The Board's new training officer, Sharon Willetts began in post November 2022 and shares her background. "My background is in Social Work mainly in Family Placement but I have experience and a keen appreciation for training. Within my new role I have had the opportunity to attend training by Subject Matter Experts which has been enlightening. I have also been involved in course development and presentation of Safeguarding Children training with our pool trainers".

Range of subjects

A key focus of the IOMSB is to provide a Multi-Agency Training offer of safeguarding training as well as responding by providing specialised training that may be required. The IOMSB was without a dedicated training officer from February 2022 until the beginning of November 2022.

- Following the publication of the Thematic Review into Self-Neglect; three 'awareness raising' sessions were held at the Sefton Hotel for over 150 practitioners exploring the issues around self-neglect and to share information regarding the multi-agency work to

develop the new strategy and procedural guidance. This is planned to be launched at a conference in September 2023.

- The Vulnerable Adolescents Strategy and new Working Protocol was launched in September 2022, which had been supported with a number of child exploitation training sessions at level 2 & level 3. Further sessions are planned in late 2023 and early 2024 to ensure that as many practitioners and managers are trained and aware of child exploitation and the new working protocols.

In January the Isle of Man Safeguarding Board's training offer for the year was widely circulated. From January until the end of March 2023 there were 15 training sessions available. There were 120 practitioners completing Safeguarding Children Training and 135 practitioners completed courses in relation to adult safeguarding. During the first 5 months of the new Training Officer's role around 455 practitioners booked onto and attended IOMSB training.

The following Level 2 courses have been run:

- ❖ Domestic Abuse (twice)
- ❖ Safeguarding Children (once)
- ❖ Safeguarding Adults (four times)

The following Level 3 courses have been run

- ❖ Child Exploitation (four times)
- ❖ Designated Safeguarding Leads (once)
- ❖ Core Groups and Conferences (once)
- ❖ Safeguarding Adults (twice)

The focus has been to develop top quality training that is up to date, relevant, evidence based, using local and national learning, and evaluating the impact of training.

Examples of Feedback from recent courses



There has been dissemination of the key messages and learning from the two published Serious Case Management Reviews via Learning Briefings and training delivered to a wide range of agencies and sectors.

In addition to the training courses, the [Children's](#) and [Adult](#) Competency Frameworks have been developed with practitioners and managers to support the identification of necessary levels of multi-agency training required by various roles across agencies. Improvements have been made to the booking form, the evaluation form has new questions aimed at analysing impact for the practitioner and a 3 monthly update evaluation is due to be launched to better analyse the impact of training in the short and longer term.

Future Planning

All future training will be shaped by the annual Training Needs Analysis which is scheduled to take place in the autumn by all key Board agencies, along with any identified key learning from SCMRs. Professional Curiosity Training is being developed to ensure enhanced curiosity by all

professionals and sectors who have contact with citizens and will be offered in half day workshop sessions.

The Self-Neglect Strategy and new working procedures will be launched in September via a large scale conference. This launch will be coupled with 3 full day and 3 half day sessions of self-neglect awareness raising & training presented by Sylvia Mason, an experienced consultant and trainer who completed the thematic review.

November 2023 will mark the first IOM Safeguarding Board Safeguarding Week, which is an incredible opportunity to improve children and vulnerable adults safeguarding awareness across a wider range of agencies and sectors who provide services for children and vulnerable adults. This is a great opportunity to share best practice and showcase the work within a variety of agencies across the Island.

Quality Assurance & Scrutiny

The Board developed and introduced its first Quality Assurance and Scrutiny Framework in October 2022, which sets out the process by which the Board can be assured about the effectiveness of safeguarding activity for children, young people and vulnerable adults. The overall aim is to ensure the very best practice possible in the Isle of Man. There have been several key elements that have been a focus for the Board this year:

- Developing a performance dataset
- Undertaking an organisational standards audit across all key agencies
- Undertaking multi-agency audits to evaluate the strengths in practice and areas for improvement
- Independent Scrutiny to evaluate the overall impact of agencies work and key Board initiatives
- Identifying and embedding learning from Serious Case Management Reviews

- Drawing up an Engagement Framework to obtain feedback from service users, their families and carers about what is working well in terms of safeguarding practice and what needs to improve

Performance Dataset

A dataset is critical to assist Board members in understanding the performance of agencies, in key areas of safeguarding practice. It allows Board members to be aware of key trends, to help them identify new and emerging risks, and support challenging questions about the impact of practice on local citizens' outcomes.

The Board held a series of workshops this year with adult and children services partners to agree a performance dataset for both adults and children. This enabled data and statistical reporting for quarter three and four, the last half of the year. Although, the data shows information which is already known or collected by agencies; by putting this information together it allows an overview of multi-agency effectiveness. It is clear that improved safety and outcomes can only be achieved by effective joined up multi-agency practice.

The dataset has been discussed by partners in the subgroups and has identified early trends, concerns and risks that have been shared with the Board. The subgroups are analysing and reviewing the current data measures to ensure they are relevant, applicable and suitable to current practice outcomes.

Organisational Standards Audit

The Organisational Standards Audit (OSA) is a mechanism to evaluate and monitor the effectiveness of what agencies do to safeguard and promote the welfare of children and vulnerable adults. All agencies represented on the Safeguarding Board were asked to undertake a self-assessment and provide evidence of how they comply with eight key safeguarding standards when undertaking their day to day business.

A number of key themes for improvement were identified in the overall analysis:

- The dissemination of audit and SCMR findings / learning to frontline staff and the evaluation of impact on practice.
- The analysis and learning from complaints and cascading to frontline staff to assist with service development.
- Development of service user engagement and participation in consultation processes.
- To ensure an appropriate training offer to meet need and mechanisms to evaluate impact.
- Overall awareness of the Information Sharing protocol and associated documents, including the management of data on agency records; supported by training and workshops.

These areas for improvement are being worked on via the subgroups, with progress being reported regularly to Board. There will be a further organisational standards audit in two years, to evaluate whether the areas for improvement have been sufficiently addressed. Moreover, the scrutiny process will through time independently evaluate whether the necessary changes in practice can be evidenced.

Practice Audits

Single-agency and multi-agency practice audits are critical to provide both insight into the effectiveness of safeguarding practice and assurance that it is of the required standard. It also provides a baseline against which to measure and monitor any necessary improvements.

The Board have undertaken a baseline audit of allocated cases across a selection of open adult and children's services. The audit findings formed the basis of the scrutiny process, in that the analysis informed the children's scrutiny event findings highlighted later in this report.

Further work is planned to develop a more comprehensive audit plan over the next year that will provide a real window on practice. The children's and adults Quality, Training and Development Groups will be focusing on this work and the planned audits will bring a real insight into practice and the Board and Independent Chair will be driving forward action to address any required improvements.

Independent Scrutiny

Scrutiny consists of analysing and triangulating information from a range of sources, including; learning from serious case management reviews, performance data, organisational standards audit evaluations, single agency audits, multi-agency audits, feedback from service users and frontline practitioners. The evaluation and analysis developed from this information, identifies what is working well and where improvements are required to multi-agency practice at an operational and strategic level. The evaluation is then fed into an interactive scrutiny event led by the Independent Chair involving senior operational leaders and relevant representatives. During the event, those present work together to agree the key findings and develop an action plan to address areas of practice that require strengthening.

Children's Scrutiny

The Board facilitated the first ever scrutiny event in March 2023 following a practice audit at the end of January. A group of senior managers from children's services joined the Independent Chair and the Director of Multi-Agency Safeguarding to triangulate information from all sources and evaluate against 5 key success factors:

- Procedures are known about and being followed
- Risk is identified and responded to in a timely manner
- Information is shared effectively
- Voice of the child and lived experience is evident
- Multi-agency working has a positive outcome for the child.

The scrutiny event reflected on various aspects of good practice as well as the areas of development. The Independent Chair who is experienced in undertaking scrutiny, reflected that the children's leads present were the most open and reflective group she has worked with, and were evidencing the behaviors and expectations set out in the Quality Assurance and Scrutiny Framework

The following key areas for improvement were identified and a detailed evaluation report was provided by the Independent Chair:-

- The need for further compliance with procedures which are aligned with the Safeguarding Boards policies & procedures
- The need to strengthen professional challenge and consistency of agencies attendance at key safeguarding meetings
- That direct work with children is enhanced by the introduction of 'day in my life' tools to ensure that children's voices and their lived experience are informing necessary improvements in multi-agency risk assessments and planning
- That further work is required to ensure understanding of thresholds and the continuum of need
- That further work is undertaken to improve effective information sharing.

The work to address these areas of improvement will be actioned through 2023/24 via the subgroups and regular progress and assurance will be provided to Board. At the time of writing, we have been developing the Quality Assurance and Scrutiny plan for 2023/24.

Adult's Scrutiny

As highlighted in the Chairs' introduction the scrutiny process to evaluate safeguarding practice in respect of vulnerable adults had to be suspended after insufficient audits were undertaken to provide assurance about practice and issues were identified about the clarity of understanding by all agencies about the role of the adult safeguarding team in Manx-Care. It was agreed that there was further focused work to be undertaken in Social Care before a further multi-agency audit would be undertaken. Also, Manx Care would provide regular assurance reports to the Board to provide evidence about work being undertaken to develop clear pathways for referrals, feedback and communication with other agencies and reviews of existing safeguarding cases.

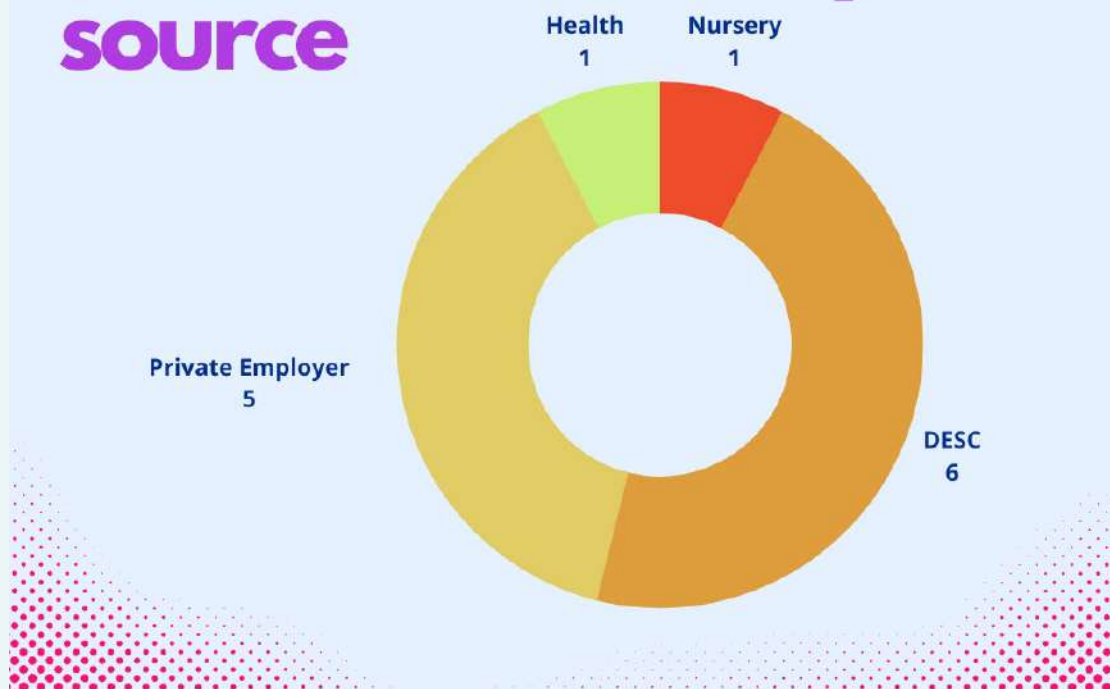
The Board will keep a necessary focus on this work and will undertake a further multi-agency event that will again include feedback from practitioners and stakeholders.

MASM – Managing Allegations against a Person working with Children & Vulnerable Adults Procedure.

The MASM procedure is a coordinated process following allegations being made and provides oversight of those robust multi-agency investigation of risk posed by people considered to be in a position of trust in organisations and settings providing services to children and vulnerable adults, following an allegation being made. This mechanism is used to ensure that all agencies are providing a safe service and explore all issues relating to conduct, risk and potential abuse of children and adults. The Board had included data pertaining to MASM activity in its dataset to provide assurance that the safeguarding processes across agencies were aligned to the MASM procedure and seek assurance regarding the management of allegations, following the Knottfield enquiry into institutional abuse.

In the reporting period, there have been 13 MASM (Children) referrals made and 10 allegations were considered via the MASM process, of which 5 were substantiated, 3 were unsubstantiated, and 1 unfounded, with one remaining within the process.

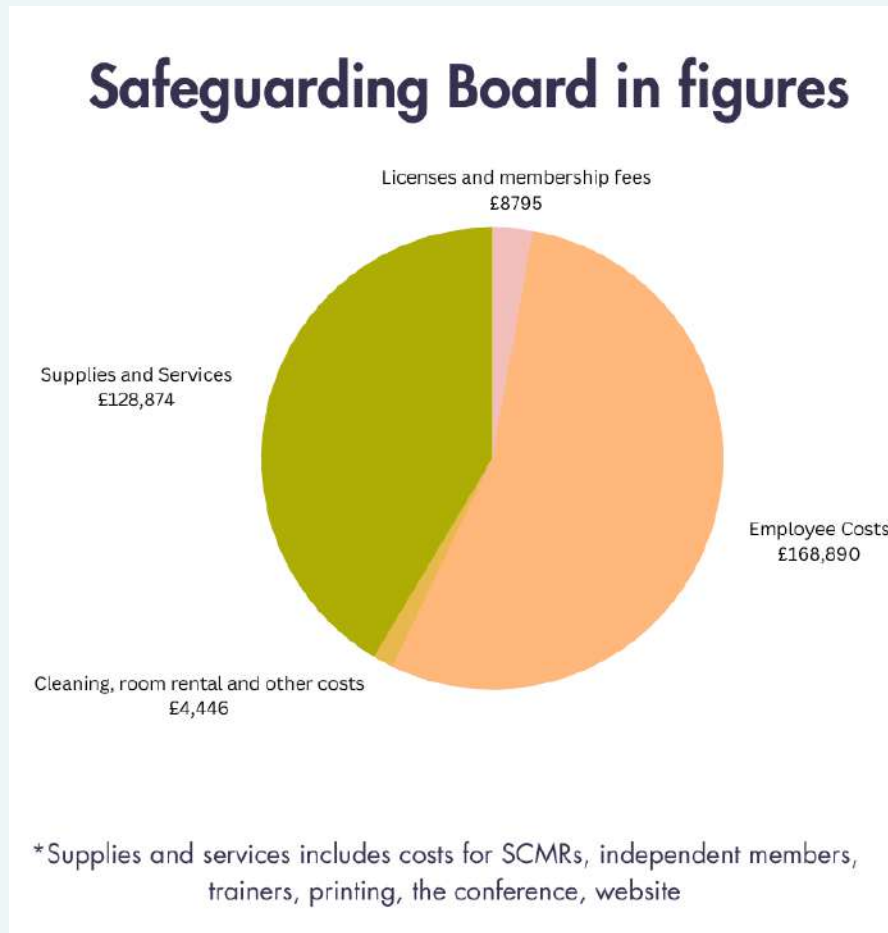
MASM referrals by source



There has been significant development in respect of MASM, with the approval and publication of a joint MASM policy for professionals working with Children and those working with Vulnerable Adults and bespoke referral forms. The new joint policy was launched in February 2023 and will be supported through MASM awareness training sessions facilitated via the Safeguarding Board training programme later in 2023 and 2024. The training and awareness raising is aimed at all sectors and agencies where professionals, employees or volunteers are working in positions of trust with Children and/or Vulnerable Adults.

This will promote the MASM process and ensure that all agencies and sectors including voluntary, third sector and faith based organisations are aware of their safeguarding responsibilities aligned to the policy and will support working together to safeguard children and vulnerable adults.

Budget



Future Plans

The Board had a busy 2022/ 23 with many developments and successful achievements set against the plans set in last year's report. Moreover, the Board are committed to ensure that work continues to drive forward this work on into 2023/24 to ensure it is embedded and making a real difference for local citizens.

Key work planned to meet the Board's priorities:

Working together to effectively safeguard vulnerable adolescents

- Further develop the contextual safeguarding approach to working with vulnerable adolescents at risk of exploitation.

- Develop a transitional safeguarding protocol to ensure vulnerable young adults are offered continuity of support services when reaching 18.
- Establish an all age exploitation subgroup to ensure further development and improvement of multi-agency work

Ensuring an effective multi-agency response for vulnerable adults

- Develop multi-agency self-neglect procedural guidance and pathways, and training programme.
- Lead an adult safeguarding scrutiny event which would include new self-neglect procedures and pathways
- Launch the self-neglect strategy and new working procedures via a multi-agency conference.
- Ensure specialist adult safeguarding training is provided covering topics such as mental capacity and consent

Work to meet the overarching priorities

- Launch the multi-agency safeguarding policies and procedures manuals
- Provide specialist training as highlighted in SCMRs
- Launch the engagement strategy and plan for 2023 /24 to ensure the voices of service users and their families / carers and views from practitioners are at the centre of the Board's work as well as informing priorities and identifying practice improvements.
- Develop a revised Threshold and continuum of need for children's services
- Develop a multi-agency threshold document for adults services
- Ensure a comprehensive learning cycle is evident where the aims of training outcomes are measured against the impact in practice and service delivery / improvement and this is further tested out via the quality assurance and scrutiny process.

The Board would like to thank staff across all sectors and communities that have contributed to the work of the Board. We welcome feedback about how to improve safeguarding practice and protection for our children and vulnerable adults. The Board can be contacted at safeguardingboard.co@gov.im

MEASURED AMBITION

Our three year strategy

2024 - 2026



Excellence in palliative and end of life care for our Island community

Why it matters

The support from Hospice staff is without question the very best. Not just for the patient but a holistic approach inclusive of all family members



When Carey was diagnosed with terminal cancer our Hospice journey started. Firstly with palliative care support from a hospice nurse at home. As his cancer developed into late stages, Carey was transferred from Nobles to Hospice to manage his deteriorating health. Once transferred he started to pick up strength and regained life with pain controlled.

The support from the staff is without question the very best. Not just for the patient but a holistic approach which is inclusive of all family members.

Doctor's reports and results, the news can be difficult to take in, but staff support you from a group chat, a 1:1, a cuppa, a hug, they seem to know just what is needed.

We couldn't miss this opportunity to say how much respect we hold for the staff. Nurses, doctors, admin, volunteers, cleaning, maintenance, and catering, and everyone inclusive. The smiles and sometimes some shared tears, the attention and the love.

It must take staff with special qualities to give comfort to the patients whether going home or on end of life, and still smile so much. They truly appear to enjoy the work and so often were there even on the days off. Dedication or what. Love them.

Towards the end of Carey's life, once we had returned home, he was very happy to be back. Hospice at home team were always at the end of the line to advise or

jump in a vehicle to visit.

Carey passed away peacefully at home 5th March 2023 and during that day staff had been attending to him making sure he was comfortable. On receiving my notification phone call they immediately came to him. They also spoke so kindly to me and Stuart (our son) as to what to do next.

Our experience of Hospice was one of love and compassion

For my part I will continue to support Hospice Isle of Man in any way I feel I can.

Elaine Dewhirst

Elaine Dewhirst

Introduction

It is with great pleasure that I welcome you to our new three year strategy for both Hospice Isle of Man and Rebecca House Children's Hospice.

As you may well know, these are the only two such facilities for our Island community. Simply put, "**excellence in palliative and end of life care for our Island community**". They are a vital resource and ones that must be cherished not only for the present community, but also for all of those who will follow in the future.



In 2023 Hospice Isle of Man celebrated its 40th Anniversary, a year in which the charity took time to reflect, to be grateful, and to consolidate as we emerged from the tail end of the pandemic and the many resulting financial pressures. You will see on Page 8 Hospice's 2023 clinical statistics, these clearly demonstrate the importance of our services that touch so many lives each and every day. None of this would be possible without your support, and that support is even more essential as we look ahead.

Our Island's Hospice is truly a world class facility

This new strategy has been developed in consultation with a wide range of stakeholders all of whose support and guidance is valued by the Board of Governors and Senior Leadership Team. It intentionally sets out to strike a very careful balance between measured service developments, financial sustainability, and a recognition of the changing demographics in the Isle of Man.

We live with an ageing population whilst people are living longer with multiple morbidities – demanding complex care for often longer periods. In brief, demand for hospice care is rising, and funds are increasingly hard to secure.

Quite rightly, the overarching premise is that we must first and foremost set out our strategic service ambitions for patients and their families, which in turn affects our workforce plan, and then informs the level of sustainable statutory and voluntary income needed to fund it all.

We must cherish and safeguard Hospice for all of our futures

We have purposely chosen the term 'ambition' to reflect the fact that service growth will be carefully planned and launched only as funds are secured, reflecting our long term commitment to those who have terminal conditions.

Our army of volunteers are core to all that Hospice is able to achieve, as is the quality of our site and facilities. These form the supporting foundations upon which Hospice is able to deliver so much, to so many during one of life's most critical periods.

I say with the confidence built upon 38 years of voluntary sector experience, as a past Chief Executive of a large 31 bed UK Hospice and as a past Trustee of Hospice UK that our Island's Hospice is truly a world class facility, one which the Island community itself has created. We must cherish and safeguard Hospice for all of our futures.

John Knight - Chief Executive

January 2024



“

It is an **absolute privilege** to care for our community and to support and care for patients and families **365 days a year**

”

Laura Harrison
Community Care Co-ordinator

Executive Summary

1

Care Service Provision

To ensure full hospice service provision to the Island community

2

High-Performance Culture

To further build a high performing culture across the organisation and with our partners

3

Increase Awareness & Growth

To increase awareness and understanding of Hospice care and grow income to match increasing costs

4

Financial Sustainability

To achieve our ambitions within a 'cash neutral' budget ensuring any further service development is undertaken only as funds are received

Our Vision, Mission & Position

We didn't decide on this alone. Not only have we used multiple reference points, but we also engaged with our staff, volunteers and the general public and consulted with a range of professionals.

Our Vision

Excellence in palliative and end of life care for our Island community

Our Mission

To provide excellent palliative and end of life care, whether directly or alongside others, respecting and valuing each individual and those who matter to them

Our Position

Leaders of palliative and end of life care in the Isle of Man

Our Vision, Mission and Position Statements provide the foundation of our organisational strategy as well as a framework of direction and guidance to help deliver strategic goals and serve our Island community.

Our Values

Our values are at the heart of everything we do. They are an important part of how we will deliver our strategy not only amongst our staff and volunteers, but in partnership with our communities. Staff worked with volunteers, service users and visitors to finalise the values.

A

Act with compassion

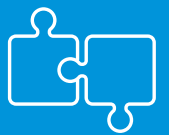
Showing awareness of and empathy towards others, ensuring people feel heard, valued and respected



B

Be collaborative

Building and maintaining positive working relationships to maximise what we can achieve together



C

Commit to our cause

Working with purpose and drive, making every moment and penny count so we can deliver excellence for our patients and their loved ones



The Impact of Hospice Care

Central to the ongoing success of any organisation is the ability to clearly demonstrate the impact it has upon the community.

In the context of the previous strategy, Hospice can be proud that we:

1

SUPPORTED PEOPLE TO BE INDEPENDENT

- Pioneered Compassionate Isle of Man and Your Hospice Your Way, community based services to support personal needs and conversations around death and dying
- Developed online wellbeing resources to complement existing care programmes and equip people with the knowledge and confidence to manage their symptoms
- Developed a fully-inclusive playground for our Rebecca House users featuring specialist equipment for the children to freely enjoy
- Held a Volunteer Recruitment Roadshow welcoming many new volunteer applications

2

REACHED MORE PEOPLE EARLIER, WITH EASIER ACCESS

- Achieved a 24/7 Hospice at Home service to support those who choose to die at home with thanks to the Diana Princess of Wales Hospice Care at Home Trust
- Hosted the community based Admiral Nurse service for those with dementia, funded by the Forget Me Not Trust
- Improved facilities in our Children's Hospice, Rebecca House to better meet a wider range of needs

4

DROVE INNOVATION FOR BETTER CARE

- Underwent refurbishment works to provide a focus on patient's independence, privacy and dignity, supporting complex needs and meeting changes to disability regulations
- Our Clinical Nurse Specialist Team remained the first point of highly skilled nurse contact with terminally ill patients in the community

3

SHARED, LEARNED AND EDUCATED

- Held four Annual Research Symposiums to share research and information around the provision of end of life care
- Hosted a hub for Project Echo, helping share topical knowledge

5

WORKED TOWARDS BEING SUSTAINABLE AND FIT FOR THE FUTURE

- Enhanced our Healing Environment with major building refurbishments thanks to Tevir Group, other kind benefactors and the DHSC
- Developed a People and Culture Strategy to retain and develop Hospice employees
- Delivered more ambitious events and campaigns to raise awareness and vital funds, as well as connect with key partners within our community

2023 Clinical Stats

In 2023 Hospice Isle of Man was able to deliver service provision at a level close to pre-pandemic.

We supported the following;

427

Adult Patient deaths

Up 10 from 2022 

209

Admissions to the
In Patient Unit

Up 29 from 2022 

567

Referrals to all
Hospice services

48%

Of all Isle of Man deaths

28

Symptom Management
Admissions

323

Cancer referrals

178

Deaths in the Hospice
Inpatient Unit

15

Respite Care Admissions
(September - December)

244

Non-Cancer referrals

155

Patient deaths in the
community

34

Rebecca House
average monthly
caseload

183

Hospice at Home
referrals

Up 19 from 2022 

94

Patient deaths in
Hospitals

930

Sessions of care
delivered by Rebecca
House

2,287

Hours of direct patient
care delivered by
Hospice at Home

533

Adult Hospice
average monthly
caseload

9

New Rebecca
House referrals



Why it matters

I would definitely recommend attending one of the drop in sessions at Hospice

During October 2018 I was having some difficulty in breathing. A lesion was found at the top of the colon which was diagnosed as cancer. Needless to say I was very upset and angry that I had cancer. I was worried about my wife who has dementia and how was she going to react to the news, sadly it did not register with her due to her condition. Now I have realised it was a blessing in disguise as she did not realise the problems I would have.

The surgeon called me after my treatment and said that no more chemotherapy would be offered as it was doing more harm than good. I was informed that my prognosis was six to eight months and I would be referred to Hospice Isle of Man.

I was enrolled in a breathing class at Hospice where I learned exercises and how to control my breathing. My wife was also allocated an Admiral Nurse who called me at home and advised what options were available for us.



First, I was apprehensive about seeing someone to discuss my problems

One option was to see a Hospice Psychologist to discuss any problems I was having with the diagnosis. This was all arranged by the Admiral Nurse and I started to see Fiona, a Psychological Therapist on a three to four week basis.

I was quickly put at ease by her and I was able to talk about some of the concerns I had

Two ladies who were also attending the exercise class at Hospice suggested I join them at the Hospice Drop In sessions on a Wednesday afternoon, so I went the following week and have not missed a session since.

Drop In has helped as the group are all recovering from various problems many similar to mine. There's no formality at the sessions, just chatting and visiting speakers. I now know I can relax and speak freely during the sessions, and Fiona has noticed I can now speak openly with her and not worry about it.



The Drop In sessions have been great for me as they get me out and I can discuss any problems with the staff and volunteers. I would definitely recommend anyone in a similar position should attend one of the drop in sessions at Hospice.

The help I have had helps me to live my life at home rather than having to go into hospital or Hospice. As life at home is always best.

Not everyone has such a caring family as I do, many could be living on their own not knowing where to get help, or are too proud to seek such information, The best advice I can give is ask what help is available and where to get it and do it before it is too late.

William Smith

William Smith

Care Service Provision

Clinical Ambitions

Hospice Isle of Man has always been dedicated to providing the highest quality care to those who need it most, and putting patients first whilst striving for excellence will continue to be our priority.

Having taken the time to reassess our goals and objectives, our new three year strategy sees a renewed focus on our clinical ambitions by enhancing our services through expansion, partnership working and education.

In 2024 we will



Further increase the provision back to the pre-pandemic level of 11 Inpatient beds. We have already committed funds and recruited to achieve a mixed provision of; End of Life Care, Symptom Control and Respite Care.

Enhance the staffing time dedicated to rehabilitation through our Physio and Occupational Health team.

Have a Clinical Nurse Specialist (CNS) team member based full time at Nobles Hospital to ensure more expedient patient flow across to Hospice in close collaboration with the medical team at Nobles Hospital.

Secure funding in order to further develop Outpatient provision.

Review the focus of the role undertaken by the new Hospice Medical Director.

Achieve a clear and defined service level agreement with Manx Care

In 2025 we aspire to



Seek to further enhance Hospice at Home by adding a respite care 24 hour service model.

Secure future funding for dedicated Respite Care beds within the IPU.

In recruiting an additional Registered Nurse to Rebecca House we will take a first step towards improving the resilience and flexibility of the service being able to respond to the changing needs of families more easily and being able to offer more planned respite care.

In 2026 we aspire to



Sustain the growth of Hospice at Home respite care.

Sustain the provision of Respite Care beds within the IPU.

Building on our planned recruitment in 2025, Rebecca House hope to recruit an additional team member in 2026 meaning the service will consistently be able to respond to the changing needs of families.

High Performance Culture

Delivering Hospice's strategy through our people

A great start for everyone who joins Hospice's employee and volunteer workforce.

We will;

- Run skilled, objective and successful recruitment campaigns to fill our vacancies
- Ensure all new team members get a positive Hospice welcome and induction
- Ensure our people feel informed, settled and an early sense of belonging with us

Develop skilled leaders and managers.

We will;

- Lead by example
- Appreciate and empower people
- Have good people skills
- Offer an optimistic and compelling view of the future
- Take time to communicate
- Provide positive feedback on what team members do well and provide support or help when needed

A workplace where people belong and choose to stay.

We will provide;

- A reward package for employees which is fair and transparent
- A culture where we embrace and reflect the diversity of our community
- A workplace where people develop friendships and care about those we work with

Opportunities to develop people's skills and potential.

We will;

- Actively seek out opportunities to discuss and take action to develop people to meet their aspirations and potential
- Encourage pace, empowerment and enthusiasm around finding new and better ways of doing things
- Take a long term view to our people plans, aligning them with our strategic objectives and workforce plans

Enjoyable work.

We will ensure;

- Our people are able to see the difference they make at work and feel a strong connection to Hospice
- Our team members respect, trust and care about each other working together across teams
- Everyone has a voice and is listened to

A workplace where health and wellbeing matters.

We will ensure;

- Working at Hospice will positively contribute to our workforce's wellbeing
- Support will be available on days when our resilience is challenged
- Hospice will prioritise the health and safety of every team member



Volunteering - The difference it makes

Volunteers play an integral part in the long term sustainability of Hospice and **our 400 volunteers generously donate their time to help make a difference** to our patients, their families and friends and our employees.

**400 volunteers
generously donate
their time to help make
a difference**

We have a huge range of volunteering roles at Hospice. This can be serving customers in one of our Hospice shops, manning the Day Unit and In-Patient Unit Receptions, supporting patients in the Day Unit, clinics and bedrooms, running the Hospice Café, gardening, driving patients, flower arranging and fund-raising at our events, **our volunteers are part of the fabric of Hospice.**

knowledge and life experience which we put to good use in the variety of roles we have. Together our volunteers make new friends, improve wellbeing and at the same time make an impact for Hospice, driven by a common purpose that we all passionately believe in.

Volunteering is for everyone here at Hospice. It strengthens our connections with each other and across our Isle of Man community. Our volunteers bring amazing skills.

Our focus is on making Hospice a great place to volunteer, working in partnership to match people's skills to preferred roles and ensuring that all our volunteers have a voice and are listened to. We have a dedicated team in our Volunteer Services office that work with and support all our volunteers and regularly keep them updated on what is happening at Hospice.

Our volunteers are integral to delivering our new strategy





“It’s such a **vital and valuable service** to the Island and something the Island cannot do without”

Mike Kneale
Hospice Volunteer

Increase Awareness & Growth

Prioritise the generation of sufficient income

In order to be sustainable and fit for the future, Hospice Isle of Man needs to have the financial, physical and human resource to provide specialist services to patients and their loved ones, free of charge. Every penny raised, hour volunteered or service offered really does make a difference.

Our top priority in the next three years is to increase our income growth, and we recognise that building strong community relationships is crucial to achieving this goal. Our strategy also revolves around expanding our activity while focusing on diversification, balancing, and future-proofing our funding to try to keep up with rising costs.



People first - We will prioritise people to create a supportive and collaborative environment by;

- Treating donor relationship management as a key priority. We will focus on building relationships and better demonstrating the value of donations.
- Developing our network of committed supporters and effectively utilise their support, skills and expertise to maximise our fundraising potential by creating meaningful opportunities for their contributions and fostering a sense of community.



Future proofing Hospice - We will ensure that Hospice has the resources it needs to operate effectively now, and in the future by;

- Exploring innovative fundraising methods to cover all levels of donation with the emphasis on consistency and long-term sustainability.
- Championing the use of our content management system across the organisation to manage data efficiently, to effectively support fundraising performance and to better demonstrate the impact of our work.
- Exploring collaborations with corporate and community partners to encourage them to invest in the future of Hospice.



Balancing activity - We will expand and diversifying activities to increase certainty of income and organisational resilience by;

- Increasing type and range of event offerings to cater for a wider demographic.
- Promoting our children's hospice, Rebecca House through a series of activities to establish and grow a distinct supporter base.
- Cultivating strong relationships with grant and trust funds to maximize opportunities for securing funding and increase the number of applications made to relevant bodies.
- Championing relationships with corporate and community partners creating mutually beneficial and meaningful collaborations.
- Identifying and considering suitable commercial opportunities.



Being visible - We will increase awareness of our services by expanding our presence and defining our position by;

- Identifying, engage with and mobilise key Hospice supporters.
- Showcasing Hospice as a charitable cause. Establish and cement our position as the expert leaders in the areas of palliative and end of life care on the Isle of Man.
- Reviewing our branding to reinforce our vision, mission, values and position, ensuring recognisable, positive association for Hospice.

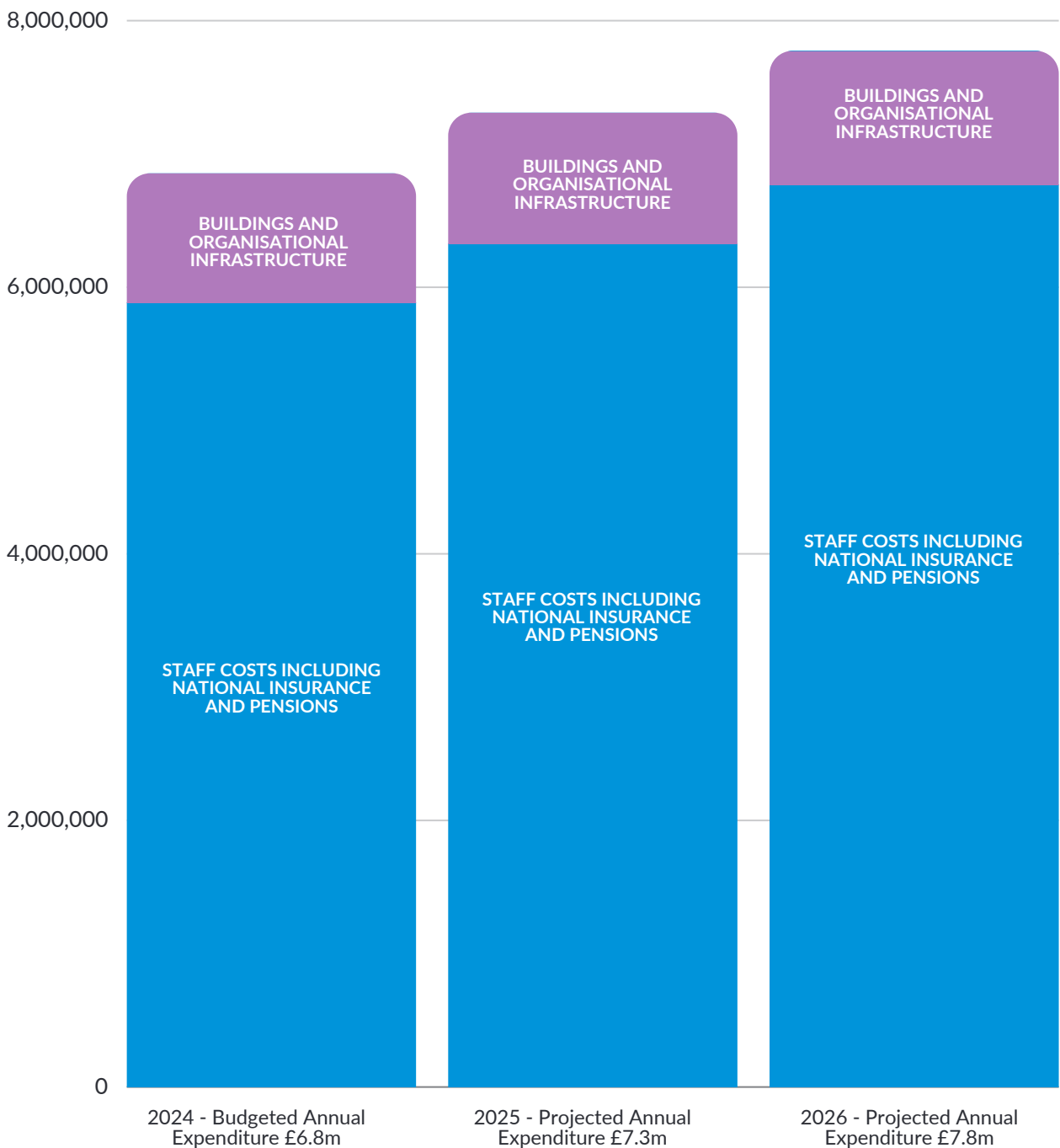


Financial Sustainability

Projections, Profile & Challenges

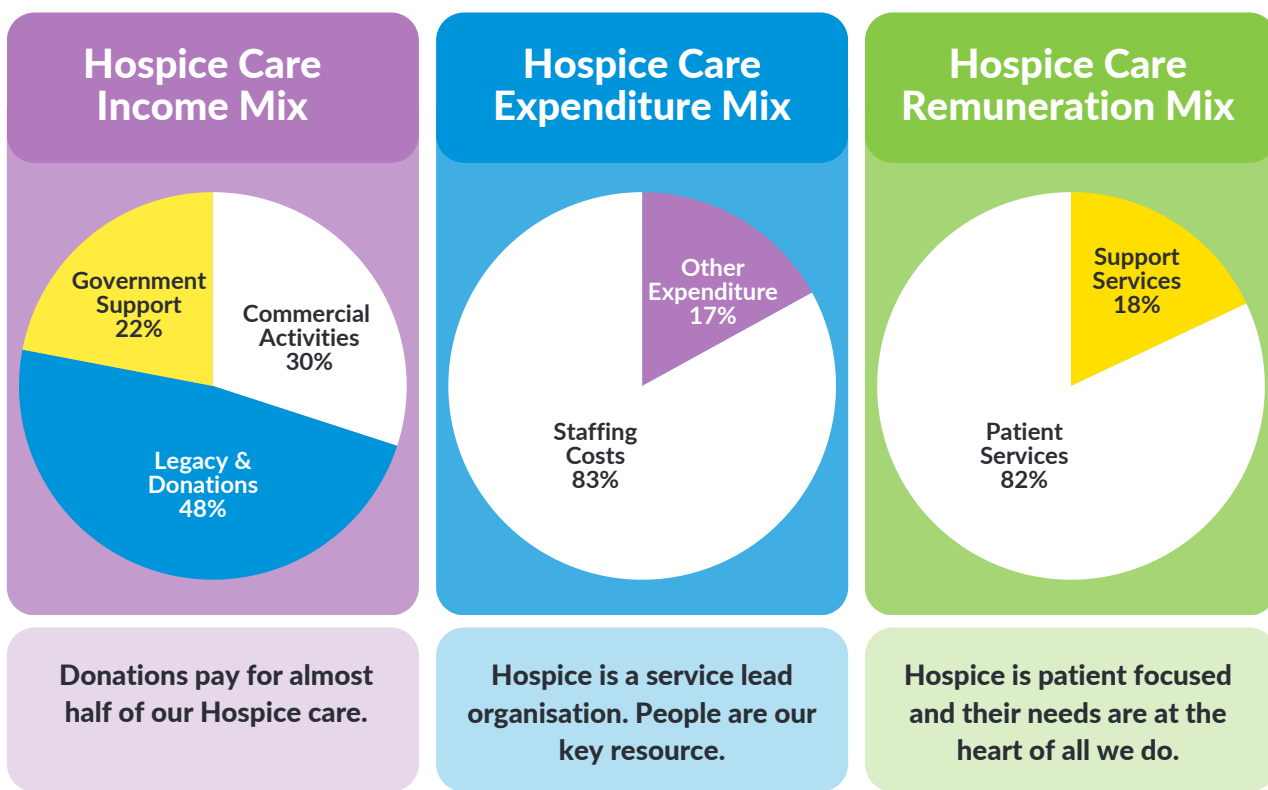
Budget & Projections

Projected income needed to fully realise our strategic goals



Hospice care financial profile

Hospice's Revenue and Expenditure profiles are very distinct;



Financial challenges for Hospice over the strategic period

- 1 The requirement to maintain and develop services in the face of rising costs
- 2 To grow our income to match our clinical ambitions, in particular;
 - to diversify revenue streams reducing reliance on legacy and donation income
 - to meet the challenge of increasing competition in fundraising and retail
- 3 To ensure the service level agreement with Manx Care is ratified, setting out clear service delivery parameters and a clear funding mechanism
- 4 To improve our efficiency by modernising our human resource planning
- 5 To balance Hospice financial reserves against the need to invest in and secure Hospice's long term financial future

Why it matters



“ We will never be able to thank the team enough for what they do for us ”

The care and love that the team at Rebecca House give to Sophie is immeasurable. Our family is stronger, happier, and bigger due to the incredible work they do, and we couldn't do what we do for Sophie, without them.

Sophie has just turned two, but she started coming to Rebecca House when she was just six months old, two months after her diagnosis of Tuberous Sclerosis. This diagnosis has changed our family's lives forever; we have good days, bad days, overwhelming days, and the BEST days. The vital respite service that Rebecca House provides us each week allows us to top up our slowly emptying cup so we can have the ability to pour

as much unconditional love as we'd like onto our incredibly strong children.

Sophie's big brothers, Theo and Lucas, have so much fun at the sibling clubs that Rebecca House run for the siblings of the children they care for. We can't even put into words how important these clubs are for our boys

which really emphasise their importance in our family too.

Sophie is their princess, and they are our heroes. We are so grateful."

Steph Mitchell



Chairman's Remarks

“2023 has been a year of both consolidation and celebration for Hospice Isle of Man”



It saw the charity reaching the significant milestone of 40 years continuous care provision, the recruitment of a new Chief Executive Officer and some purposeful time set aside for the Board, senior team, staff and volunteers to reset and plan for the Hospice's future.

This new strategy is entitled 'Measured Ambition'. It reflects the combined and often opposing challenges that many Hospices face; the desire to provide an increased level of services to the very highest standards, whilst balancing unpredictable funding streams, a financially challenged economy and the pressures of rising costs. Add to this the ageing population and increasing demand for hospice care, and one finds 'caution' becoming a wise and necessary approach.

We must however be ambitious. It is incumbent upon us to strive and provide all that the Manx community want and need from us.

“We can only achieve this with your support, Hospice is owned by the community”

It has been a privilege to be the Chair of Hospice Isle of Man through a period of significant change. I am immensely grateful to my fellow Governors who have energetically added their wisdom to the challenges that we have faced. In addition I would like to publically note my appreciation for the dedication of the senior leadership team, the staff in every area and aspect of the hospice and not least, the veritable army of volunteers who make such a massive contribution to our work and our patients.

A handwritten signature in black ink that reads "C. J. Hall". The signature is written in a cursive, slightly slanted style.

Chris Hall
Chair of Governors

January 2024

MAKE A DONATION

Any amount of money is gratefully received and put to excellent use. We turn your donations into care and without your support we simply would not be here.

LEAVE A GIFT IN YOUR WILL

38% of our income comes from legacy donations. These funds are essential to our future. For many people it is how they choose to thank us for support they or their loved ones have received.

DONATE TO OUR SHOPS

Donating your pre-loved goods to our Hospice Shops can help us raise valuable funds for patient care. If you're having a clear out we have 9 shops island-wide happy to receive your donations.

PLAY OUR LOTTERY

Our monthly lottery is a vital income stream for us with all profits from our draws going directly to supporting patient care.

Your support allows us to continue to provide our services to those who need them, when they need them, completely free of charge.

Win up to **£10,000** through our **£500** monthly rollover Jackpot prizes, plus 32 **guaranteed** monthly prizes of:

£1000
£150
10x £25
20x £10

ATTEND OUR EVENTS OR HOST AN EVENT

Join us at an event to fundraise for our Hospice. Whether you take on a challenge, join us for a special event or organise your own fundraising activity, you will be supporting the important work we do and services we provide.

NOMINATE US IN YOUR WORKPLACE

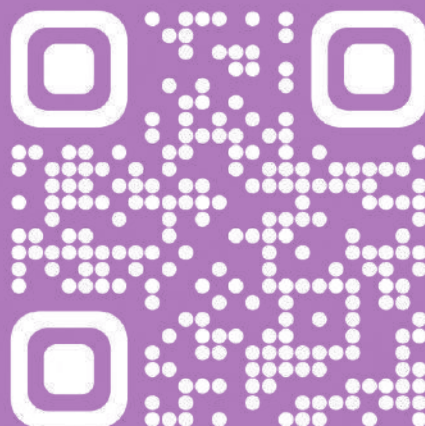
Naming Hospice as your Charity of the Year is a great opportunity to support our cause. Your workplace could also choose to volunteer for us, sponsor our events and campaigns or utilise space on our advertising screens.

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Website: **hospice.org.im**

Find us on



SCAN TO DONATE



Hospice Isle of Man is also known as Hospice Care and is a registered charity in the Isle of Man - Charity Number 317

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date: 6 th Feb 2024	
		Enclosure Number:	

Meeting:	Manx Care Board (PUBLIC)		
Report Title:	Department of Health and Social Care Assessment of Manx Care 2022/2023.		
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 attached report is a summary assessment from the Minister for Health and Social Care of the extent to which Manx Care met its obligations under the Mandate to Manx Care from the period 1 April 2022 to 31 March 2023.			
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"/>

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	
Financial (revenue & capital)	Yes	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	Yes	

Department of Health and Social Care
Belgravia House, Circular Road
Douglas, Isle of Man IM1 1AE

Ms Sarah Pinch, Interim Chair
Ms Teresa Cope, Chief Executive Officer

(By e-mail)

Dear Sarah and Teresa

Assessment of Manx Care for 2022-23

This letter sets out my summary assessment of the extent to which Manx Care was able to demonstrate having met its obligations under the Mandate to Manx Care (“the Mandate”) from the period 1st April 2022 to 31st March 2023, in accordance with Part 6 (‘Plans and Reports’) of the Manx Care Act 2021 (“the Act”). Through the Act, I am required to report on:-

(a) the extent to which Manx Care met any objectives or requirements specified in the mandate for that year; and

(b) the extent to which it gave effect to the proposals in its operating plan for that year.

In doing this, I have considered information shared between the Department of Health and Social Care (“the Department”) and Manx Care during the service year, together with Manx Care’s Annual Report and Required Outcomes Framework for 2022-23, as well as any additional information that the Department had been party to from any other source.

Strategic Mandated Objectives

The assessment of Manx Care’s performance against the Mandate generally but also more specifically against the strategic objectives set out at Section 2 of the Mandate is discussed in Annex 1. Manx Care’s performance against the specified key performance indicators agreed for 2022-23 is detailed in Annex 2.

I have considered all Mandated objectives to date which remain open - a number of those from the Mandate to Manx Care for 2021-22 evolved into the subsequent Mandate and are therefore considered closed. This position was agreed between the parties; however, for clarity, the position of the mandated objectives for 2021-22 is summarised at Annex 3.

Manx Care have undeniably made progress against the 2022-23 objectives, though it was important to note that several objectives were impacted by pausing some Health and Care Transformation work, approved by CoMin in response to financial challenges, resulting in the full delivery of some objectives being outside the realms of Manx Care’s control.

The second year of Manx Care’s operation was supported by Our Island Plan to provide direction and clarity over the longer-term vision, which I acknowledge was somewhat lacking during 2021-22. Therefore it was, and continues to be, vital that we begin to see delivery on those specific programmes identified within Our Island Plan to create a sustainable health and care system.

Areas of Celebration

The Manx Care Winter Pressures plan, supported by a comprehensive signposting campaign advising people of care options available, successfully saw a shift in attendance from Nobles to Ramsey Cottage Hospital Minor Injuries Unit, as well as an increase in use of both the Minor Ailments Scheme via Pharmacies and Minor Eye Conditions Service. This lessened the pressure on Nobles Hospital and, together with other initiatives in the coming years, will see the provision of as much care as possible in community settings.

In April 2022, the Mental Health Recovery College was launched and since that date, the range of courses available has increased. The College provides individuals with skills and knowledge to develop self-management strategies, allowing them to seek support for health and wellbeing challenges, or use this learning for someone they support.

It was reassuring that Manx Care exceeded their cost improvement target of £4.3m, with £9.9m savings (£7.3m cashable & £2.6m efficiencies) signalling positive progression in an attempt to achieve long term financial resilience, with future expectations requiring an increase in efficiencies.

During 2022-23, Manx Care commenced a discrete piece of work to understand, triage and ultimately reduce waiting lists in some specialities, through funding allocated by Treasury. Phase 2 of this Restoration and Recovery work was approved in August 2022, and this saw a significant reduction in waiting list numbers for three specialities: ophthalmology, orthopaedic, and general surgeries. Moreover, CQC inspections, which have a resource impact and require preparation, were effectively accommodated while concurrently continuing to deliver services.

Areas for Development

Similar to last year, Manx Care recorded an overspend position (£8.8m, 3% of total budget) and financial balance continues to be a key priority across Government in coming years. It should be acknowledged that with the ongoing financial constraints, further impacts on services are likely and assurance around accurate financial forecasting required.

Although some waiting time information was recently provided, a comprehensive list of baseline and current waiting times for all services remains outstanding, having been a key area of focus since the first Mandate. This was indicative of a continued delay in the provision of accurate and consistent data, both to the Department and to the public. As Annex 2 sets out, performance in several areas declined compared to that of 2021-22 and there should be a focus on stabilising performance in these areas. For some metrics no data was available and data supplied did not always match other sources. The lack of accurate data, to be able to triangulate and benchmark, made it difficult to assess any tangible progress against the desired outcomes. This data is used to assess Mandate performance and development of future Mandate objectives. However, data provision in 2023-24 has improved and I expect to see more accurate data and improved performance next year.

It was disappointing to receive the Complaints 2021-22 annual report in February 2023, thus too late to be meaningful, though reasons were explained in their report. However, Manx Care did supply their 2022-23 report in May 2023. Moreover, progress was slower than expected in evidencing compliance with Mandatory training and evidence of a culture of continuous improvement, and this requirement rolled over into the 2023-24 Mandate.

As we are now two years into the new health service model, priorities such as recruitment and retention of staff in order to create a stable and resilient workforce, and the development of Primary Care at Scale so as to enable care closer to home, must continue at pace.

Finally, I would like to acknowledge the sad passing of Andrew Foster and pay tribute to his dedicated work in creating and developing Manx Care through its infancy. His input was valuable and his wise and friendly approach will be missed by all.

Yours sincerely

Minister for Health and Social Care

Annex 1

'At a Glance': Mandate Objective Progress Summary 2022-23

No.	Heading	Areas of Progress	Areas for Development	RAG Rating
1	Pandemic Response	Covid vaccination programme. Adult Long Covid service opened.	Urgent and Emergency Care Pathway work stream with Transformation.	*
2	Service User Engagement	Improved complaints management and response time.	Appropriate collection and use of data in place to identify those people requiring support.	
3	Integration of Services	Jurby & Northern Community Initiatives. Mental Health Recovery College operational.	Eastern wellbeing hub yet to be started. Permanent base for Northern hub required. Primary Care at Scale plan not documented.	*
4	Risk & Clinical Governance	CQC inspections and actions plans completed. Development of an Integrated Performance Report.	Limited data across care groups, lack of accurate data.	
5	Urgent and emergency care pathway	Signposting campaign from Winter Pressures strategy saw a significant shift from Nobles to Ramsey MIU usage. Implementation of Hear & Treat initiative.	Emergency Department and Ambulance performance.	*
6	Financial Balance	Exceeded cost improvement target with savings of £9.9m against a target of £4.3m.	Financial balance performance and forecasting.	
7	Waiting Times	Reduced waiting lists in three specialities via Restoration and Recovery work.	Cancer performance. Publication of wait times across all services.	
8	Continuous Improvement	Drug and Alcohol team electronic prescribing software live.	Manx Care Record development with Transformation.	
9	Workforce Engagement	Reduction in staff sickness rate.	Vacancy rates. Mandatory training completion.	
10	Primary Care at Scale	Introduction of First Contact Pharmacists and Physiotherapists across the Primary Care Network.	Further work with Transformation required.	*
11	Early intervention programmes	Screening Board established with Public Health to oversee Screening Services developments.	Closer working with Public Health required on several work streams, including data for Needs Assessments.	

* Aspects of work impacted by Transformation Programme pausing between October-2022 and April-2023.

Assessment against Mandated Objectives

Mandate Objective 1 - Lead the Island's response to the COVID-19 pandemic and work in partnership with the Department to ensure the following key action areas are delivered in line with the strategic direction set by the Department			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Implementation of a post COVID-19 syndrome ('Long COVID') pathway;		Implementation of the Myalgia Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) and Long Covid Pathways.	Long Covid pathway for adults was opened to referrals from GPs and Occupational Health in November 2022.
Continued development and implementation of a sustainable COVID vaccination delivery team that maximises the workforce challenges and maintains resilience, within the funding approved by the Treasury;		No detail provided.	All those who wish to have primary and booster vaccines have been able to access them and permanent funding for a Covid Vaccination Service secured.
Continuation of the current 111 service (transferred to Manx Care on 1st January 2022), as required by Island's COVID-19 response;		No detail provided.	Covid 111 service closed on 31 st March 2023, however vaccination booking service will continue permanently.
By April 2023, repurpose of the 111 service referred above, in line with the Urgent and Emergency Care Pathway work stream of the Cabinet Office Transformation programme; and		Review and repurpose in line with the Urgent and Emergency Integrated Care Pathway.	This pathway was part of work in the Transformation Programme but Manx Care have fully contributed their part.
Jointly deliver the COVID Pass service in collaboration with the Department and UK DHSC (including NHSX and NHS Digital), to ensure the ongoing sharing of COVID-19 vaccination data, test data and other related COVID pass data within agreed information governance and legal frameworks.		No detail provided.	Covid Pass available and delivered.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>Manx Care continued to successfully navigate a pandemic situation through good planning and innovative response.</p> <p>Following the peak period of the pandemic, the adult Long Covid service was open to referrals in November 2022, with referral routes from GPs and Occupational Health – this was transitioned to 'business as usual' service with treatment programmes already commenced.</p>			

Manx Care continued to successfully provide the Covid vaccination programme, enabling those who wished to have a vaccination to do so, and were able to protect those most vulnerable. Permanent funding for a Covid Vaccination Service was secured as part of the Manx Care budget setting process for 2023-24 and this service will also offer consider how it can support delivery of the Island's core vaccination offering, in line with Public Health advice. The Department would like to see as much of the vaccination and immunisation programmes as possible delivered in Primary Care settings for the future.

The managerial oversight of 111, which moved into Manx Care on the 1 January 2022, combined with the Vaccination and Swabbing Service to form a Covid Response Team, with cross cover arrangements in place between all areas. The current delivery of the 111 service for Covid enquiries closed on the 31st March 2023, as all Covid response services moved into business as usual.

The pausing of Transformation work for part of the year impacted delivery, however, 'Hear and Treat' and 'Same Day Emergency Care' to support the Urgent Emergency pathway progressed with provision of Subject Matters Experts and data input from Manx Care. Hear and Treat (being approved from 1st April) will ultimately provide a 24/7 111 style service.

Mandate Objective 2 - Demonstrate continuity of care and the experience of service users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services.

	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Jointly (with the Department and wider government), identify and implement a mechanism to ascertain the numbers of individuals requiring support and identify a strategy for carers, including young carers supported by wider consideration and reform of the social care funding framework that will improve ways in which those fulfilling an unpaid caring role at home are identified and offered support.		Set out a range of interventions to enhance patient and carer experience. Listen to and act upon feedback to improve its service Develop and implement a patient/service user engagement strategy Family and Friends Test introduced across the organisation.	Some evidence provided within service year. MCALS presentations. Some evidence how information was used provided within service year. Friends and Family data published since September-2022.
Ensure that service users in the most vulnerable groups are identified and proactively engaged, given the option to be independently supported through their interactions with Manx Care, including through the process of making a complaint, in line with an existing or new Legislation or Regulations relating to complaints.		Introduction of a new Complaints Policy. Ensure all staff trained to identify and respond to safeguarding of vulnerable adults.	Complaint information reported via monthly Oversight return. No information on training compliance provided within service year.

Summary of Deliverables and Outcomes

Contribution to a Carers survey with support from the third sector was completed within the service year. However, there was limited information to suggest that scoping work had taken place to understand how individual Carers are identified and their needs consistently assessed and reviewed. It is hoped that as the implementation plan associated with the Strategy is developed, there will be significant progress in this area and it will form part of the Mandate to Manx Care for 2024 and beyond.

MCALS provided another option for patients and service users who, for whatever reason, are unable or unwilling to speak directly to their Care Team. However, further work will be required to make engagement more proactive, particularly for those who are considered vulnerable. Independent Advocacy will form a key part of this work for future years.

It was pleasing to see that complaints are now largely being responded to within the timelines and the backlog of outstanding complaints significantly reduced. However, a discrepancy exists in the data with different reports (Complaints Report compared to Integrated Performance Report [IPR]) showing different numbers. The lack of information on training compliance in this area provided within the service year means it was difficult to assess progress.

The Department can see that Manx Care engaged with its patients and service users and asks that for future years, the information gathered directly improves service provision.

Mandate Objective 3 - Demonstrate changes in transforming an integrated health and care service delivery, following international standards for quality and outcomes and those set by the Department.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Jointly (with the Department) transform and deliver reform to enable system patient choice, improved flow and discharge from acute and social care settings;		Formulate robust plans for all patients who have a long length of stay (LoS) to ensure they are transitioned into their preferred place of care.	Limited evidence on how this was progressed. No data provided on discharges within service year (Annex 2).
Delivery of locality-based, integrated health and wellbeing hubs, delivering as much care as close to home as possible, through strategic health and care alliances within the third and private sector. Use of these networks to support holistic delivery of quality care in the community via tiered pathways, and increased closer working with local communities;		Wellbeing Partnerships established across all localities of the Isle of Man by April 2023.	Southern and Northern Wellbeing Partnership established. No Eastern Partnership yet established with funding work ongoing.

Implementation of a redesigned end of life pathway in conjunction with Hospice Isle of Man;		Implement a redesigned Palliative and End of Life pathway, ensuring appropriately skilled and trained workforce, and that there is a programme of enabling conversations around death and dying amongst public and professionals.	Some development work completed. Further work required on implementation pathway.
Continued delivery of the pathway transformation programme objectives attributable to Manx Care;		No detail provided.	Some work undertaken before Transformation pause.
Design and pilot a Mental Health Recovery College from Summer 2022; and		Launch Mental Health Recovery College in April 2022.	Mental Health Recovery College operational.
Contribute to the development of a Children's Mental Health Strategy, with the aim of reducing admissions through early intervention and timely provision in time of crisis.		Contribute to the development of a Children's Mental Health Strategy, adopting the Thrive Model of delivery.	A multi-agency stakeholder steering group was established to oversee local implementation of i-Thrive. Manx Care contributing to strategy and sub-group work.

Summary of Deliverables and Outcomes

Some work in the area of patient choice dependent on Departmental policy decisions and the work of the Transformation Programme. However, the lack of discharge data makes it difficult to assess progress in improved flow and discharge from acute and social care settings. It was concerning to see the number of patients with a LoS over 21 days increased from an average of 70 in 2021-22 to 101 patients in 2022-23, and this will be a feature of the Mandate in subsequent years.

The Wellbeing Partnerships continued to expand their services within the community and supported the establishment of 'warm hub' spaces during the Winter. The Southern Wellbeing Partnership opened in December 2021 and the Northern Partnership opened June 2022. We note the Northern hub requires a permanent base and note that Ramsey Group Practice had sought innovative ways to bring services together despite the funding position remaining unclear. Additional funding still required in the referral co-ordination team and approval for the Eastern Wellbeing Partnerships business case still awaited.

Despite engagement and commitment between Manx Care and the third sector being high, the implementation of the primary objective to ensure people receive more end of life and palliative care out of hospital will require further investment and additional support in the community, and that work has now commenced.

The anticipated Children's Mental Health Strategy due to be published in December 2023 will establish the i-Thrive model as the principle integrated approach. Manx Care have contributed to the strategy development and are part of the steering group work.

Mandate Objective 4 - The Department recognises the intention of the Manx Care Governance Development Roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months. Manx Care will be able to demonstrate, embed and lead an effective and robust corporate, clinical & social care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance and promotion of a safe, learning and improvement focused culture.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Review the implementation of clinical and social care governance structures and associated risk management systems as developed in 2021-2022 via the frameworks that Manx Care are developing to determine the efficacy of the new architecture and its fitness for purpose;		Clinical Governance Development Plan.	Board Assurance Framework and Integrated Performance Report published for public meetings.
Evaluate the effectiveness of the current arrangements for capturing operational intelligence about organisational performance that reflects the experiences of service users, patients and carers, and which promotes continuous learning and improvement in the delivery of safe care; and		MCALS dashboard. Friends and Family Testing.	Provided via Oversight return. Friends and Family data published since September-2022. Limited evidence how information was used.
The Department recognise the high level content of the Manx Care governance development roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months, to implement the following goals – o An inspection report by the Care Quality Commission (of Secondary Care Services) in 2022 which demonstrates that Manx Care has the fundamentals of quality governance in place and is able to robustly scrutinise and challenge all regulated activity applicable to Manx Care at all levels.		No detail provided.	Board Assurance Framework and Integrated Performance Report published for public meetings. CQC reports published by the Department
Development of a standardised, quality dashboard providing validated information, which can be reliably used for continuous improvement and assurance purposes, with a 13-month time series; The formation of a Governance Support Unit to integrate a corporate approach and in-house governance teams for clinical governance, which work in partnership with Business Intelligence functions; and		Development of a standardised Quality Dashboard.	Quality dashboard incorporated into Integrated Performance report and provided monthly.
Roadmaps to be developed for review in Q3 for the longer-term plan.		No detail provided.	Data validation work on-going. No data quality work started in service year and timelines have slipped.

Summary of Deliverables and Outcomes

CQC inspections were effectively accommodated while concurrently continuing to deliver services, and concluded with action plans received.

Though quantitative data from the Family and Friends Test (FFT) was published, it was unclear how continuous learning and improvement in the delivery of safe care was evidenced and achieved in 2022-23. However, work now ongoing on FFT data to translate into learning and improvement opportunities. Moreover, Quality and Safety Walks are now being used to collect feedback with work ongoing alongside FFT to translate for usage.

Manx Care’s Operating Theatres Department was recognised by the Association for Perioperative Practice with an accreditation for its “gold standard” practice.

We note the improvements in the quality dashboard, which was incorporated into the Integrated Performance Report. However, it was difficult to see progress in the continuous improvement and assurance in social care and primary care, giving the lack of available data provided. The data validation work from last year continued and remains on-going, though it does not seem to have shown output into social care and primary care. The number of metrics still not validated in the IPR remains high and the Department unsighted on clear time-lines when data will be available and validated.

A long-term roadmap of planned data validation was supplied but timelines were not achieved or regularly revised. We note that a priority list of work had been developed but it remains unclear what this was based on.

Mandate Objective 5 - Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital based care, reducing avoidable attendances at the Emergency Department and reducing Non Elective admissions in 2022-23.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
A reduction in avoidable and unheralded attendances at Emergency Departments by directing patients to the most appropriate care settings;		Monitor against the four-hour standard and commits to making improvements against this target from the baseline position. Report and monitor Ambulance Handover and Ambulance Turnaround Times.	Performance against the four-hour standard been below target all year (Annex 2). No improvement in Western wellbeing reduction in attendances. Time between arrival and triage in ED and ambulance times outside of target all the year.
Ensuring there is strengthened pre-hospital clinical decision making and establishing alternative diversionary pathways away from the hospital setting;		Ensure that no patient waits more than 12 hours for a hospital bed following a Decision to Admit.	Performance declined and averaged 16 compared to 5 in previous year (Annex 2).

Progressing options which are alternative to a hospital admission such as Same Day Emergency Care, contributing to a decrease in overall average length of inpatient stay; and		Make progress in reducing inpatient Length of Stay (LOS) and reduce delayed transfer of care through continued visibility and monitoring of patients with a LOS of over seven days and over 21 days.	Patients with a LOS over 21 days increased to a monthly average of 101 compared to 70 in the previous year (Annex 2).
Further review and development of urgent and emergency pathways for Mental Health presentations in: Adults – establish a baseline and report against best Practice standards, undertaking a gap analysis and development of business case and improvement plans; and		Review and development of urgent and emergency pathways for patients presenting with mental health issues.	Crisis Team one hour response in ED, and follow up assessment regularly achieved (Annex 2). Unsighted on review and improvement plans.
Children – implementing the learnings from all Serious Case Reviews and develop a Children’s Clinical Delivery Model.		No detail provided.	Learning from Serious Case Management Reviews forms an integral component of the safeguarding function.
<u>Summary of Deliverables and Outcomes</u>			
<p>The pausing of Transformation work for part of the year impacted the delivery of a number of Urgent and Emergency Care work-streams, although work was commenced to take four initiatives from the draft business case forward to implementation (Hear & Treat, See Treat & Leave, Intermediate Care and Same Day Emergency Care).</p> <p>A reduction in avoidable and unheralded attendances at ED was aided by the signposting campaign associated with the Winter Pressures strategy which resulted in a significant shift from Nobles to Ramsey MIU use, as well as increases in Minor Ailment and MECS throughput. However, ED performance measures have shown no sign of improvement. Patients with a wait longer than 12 hours averaged 16 per month in the service year, with a high of 56 in January 2023, compared to a monthly average of 5 in 2021-22. Projects such as Intermediate Care will contribute to improved performance once they are established.</p> <p>The planned improvement in performance against the 4-hour standard was not achieved. Similarly, ambulance times showed little progress and remain an area of concern.</p> <p>Reporting against best Practice standards was provided monthly through oversight returns. There was a lack of information and progress in reviewing and development of urgent and emergency pathways for Mental Health during the service year. However, the work was progressed in 2023-24 with an independent consultant now in place. Learning was captured within the Serious Case Management Reviews action plan and disseminated to enable shared learning.</p>			

Mandate Objective 6 - In partnership with the Department (who will drive policy reform) and the Transformation programme, demonstrate continued financial balance within the available budget through the delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Continued contribution to the development of a sustainable financial plan for health and care services on the Isle of Man with a focus on identifying the biggest areas of financial risk, determining immediate gaps in resource, and also robust planning of future funding allocation to meet the Department's long term strategic goals;		Continue to develop robust systems of financial control and oversight in order to control spend and to identify and manage significant risks.	Regular Management Accounts.
Work with the Department to move towards a multi-year funding model;		No detail provided.	Manx Care worked with the Department. This piece of work could not be agreed with Treasury.
Total efficiency savings of £4.3m over the service year		1.5% efficiency target, this equates to £4.3M.	Regular Management Accounts.
Implementation of the policy changes below in conjunction with the Department, including Over the counter medicine' policy changes		No detail provided.	Manx Care SME supported the development of the Policy.
Procedures of limited clinical effectiveness' policy changes		No detail provided.	Manx Care's Clinical Advisory Group (and broader clinical and medical teams) supported the work of the Department to re-refresh the clinical commissioning policy set.
Implementation of National Institute for Health and Care Excellence Technology Appraisal (NICE TA) over a three year period		No detail provided.	Manx Care commenced some work in relation to a clinical assessment of phasing the introduction of NICE TA's, though the formal work only commenced in 2023-24.
The Department and Manx Care will work together to develop and agree a sustainable funding model for individual funding requests (IFR's), including (where possible and practical) IFR's within the maximum affordable budget. High cost requests will be supported by the Department for contingency funding where possible.		Manx Care will work with the Department to develop a sustainable funding mechanism for high cost patients and IFR Requests.	IFR panel and system in place for dealing with requests.

Summary of Deliverables and Outcomes

Total spend for the year was £8.8m over budget (3% of total budget) and whilst the outcome was not achieved, Manx Care supported the Department to develop a multi-year funding model proposal, ultimately not agreed by Treasury colleagues. The late change in financial forecasting from a balanced to an overspend position was disappointing and Manx Care's Board acknowledged disappointment around forecasting, though there have now been improvements in working together.

The cost improvement programme delivered £9.9m (£7.3m cashable & £2.6m efficiencies) which exceeded the target of £4.3m, with future expectations requiring an increase in efficiencies.

Manx Care have supported the Department on Policy work. The implementation of the over the counter medicine policy was postponed by the DHSC due to the instability in the local pharmacy market, with a target date for implementation in November 2023. The revision to the Procedures of limited clinical effectiveness' policy set was set over two phases with the overarching policy and procedure set awaiting ratification in early 2024. In July 2023 Manx Care produced a baseline assessment; gap analysis and financial assessment report for the NICE TA project.

DSHC contingency fund for high cost patients was used when required through IFR requests, and several of these have been funded through the year.

Mandate Objective 7 - Continue to work at a system level and ensure measurable progress in the reduction of waiting times across all services.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Continued delivery of the approved restoration and recovery plans and additional elective recovery plans to address all backlogs, in order to improve waiting times across services;		Continue to utilise additional internal capacity or externally commissioned capacity to reduce waiting list backlogs.	Restoration and Recovery updates provided via Oversight return. Unseen on additional elective recovery plans to address all backlogs.
Implementation of a clear and equitable Access Policy and associated reporting mechanism to report on, and make publicly available, 18 week Referral to Treatment (RTT) performance for planned care;		Introduce the administrative and monitoring infrastructure to enable reporting against a 'Referral to Treatment' standard.	The Department received a draft copy of Manx Care's Access Policy in August 2022, but it was not published within the service year.
Be able to publicly report on primary care appointment waiting times, comparable with other Health and Social Care benchmarked systems;		Validate, report and monitor its overall Waiting List Volume, at speciality and sub-speciality level.	No publicly available primary care appointment waiting times provided within the service year.

Development of sustainable networks and strategic alliances with tertiary providers to support provision of high-quality, sustainable delivery models of care for the Island population; and		Relationships with the Alliance and its partners across the Cheshire & Mersey will be further developed through forging of closer links with tertiary cancer services.	Partnership boards developed with work ongoing.
Development and implementation of specific tumour site pathways as part of the Transformation programme, improved monitoring and reporting across the Cancer standards and specifically, reporting of the 28 day diagnostic standard.		<p>Work with the Transformation Office to undertake a review of all tumour site services to improve access across all cancer standards.</p> <p>Monitor and report against eight key cancer waiting time standards.</p>	<p>Limited work completed before pausing of Transformation work.</p> <p>Cancer performance reported monthly via oversight return (Annex 2).</p>

Summary of Deliverables and Outcomes

A full programme of restoration and recovery ongoing with significant effort to address waiting lists in some core areas, and it was pleasing to see a number of areas showing improvements. However, similar to last year, the Department were not provided full baseline and current waiting times for all mandated services (particularly Primary Care), and the plans to maintain accurate lists in the future to prevent further deterioration of waiting times. Some GP wait time information was recently been published, though outside of the 2022-23 service year. Similarly, the Access Policy was published in August 2023, outside the requested service year. We note implementation of Patient Tracking List meetings, which monitors RTT performance, now established with General Surgery and Ophthalmology up and running (though not within the service year).

The number of patients waiting more than 52 weeks to start treatment continues to increase, which was concerning to see (Annex 2).

It was encouraging that the Noble's Oncology Unit are working closely with Clatterbridge Cancer Centre, enabling alignment of clinical practices and pathways, data sharing and benchmarking. Pausing to the transformation programme resulted in the specific tumour site pathways not able to be fully rolled out in 2022-23. Some areas of the cancer tumour pathways were progressed where possible in the interim, such as CNS support for certain tumour sites.

All cancer metrics are reported monthly to the Department with improved monitoring and reporting through the Integrated Performance Report.

Mandate Objective 8 - Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Development of a three year operational plan, including an outcomes-based approach to the delivery of services, focused on high quality care; and		During 2022-23, Manx Care will work to develop its three year strategy which will cover the period 2023-24 – 2026-27, articulating a longer term vision for health and care services for the Island population.	Developed within year. Final operating plan provided May 2023, outside of service year.
Explore digital options for helping patients with long-term conditions to manage their care from home, supported by peer group education programmes, focussed on prevention and early intervention.		Virtual telemedicine consultations are being provided to patients from quarter one, 2022-23 across seven clinical specialisms. Manx Care will develop and plan for the strategic delivery of new technologies. In particular, the plan will focus on supporting patients and service users with enduring needs and the management of long terms conditions from their homes.	Telemedicine being trialled in Neurology and Diabetes. Maternity team involved in the Pregnancy Passport work for health care providers to distribute to parents following a Digital Maturity Assessment.
<u>Summary of Deliverables and Outcomes</u>			
<p>Manx Care's Operating plan was received in May 2023, outside the requested service year deadline of 31 March 2023, though it was provided within the statutory time frame.</p> <p>The Maternity team have worked with the Mums and Midwives Awareness Academy to provide Pregnancy Passports to parents following a Digital Maturity Assessment. New Drug and Alcohol team electronic prescribing software live. Initial funding was provided to develop Telemedicine links across the organisation which resulted in engagement of Business Change Services to scope the project – to be trialled in Neurology and Diabetes initially.</p>			

Mandate Objective 9 - Demonstrate continuous improvement in workforce engagement, planning and personal and professional development.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Measurable improvements in role-specific training, vacancy reductions across services and reducing churn, particularly in senior positions;		Manx Care is committed to reducing the vacancy and will implement a number of initiatives to achieve this, including increasing the number of international recruitment places for registered Nurses and Doctors, and reviewing the number of on-Island training places available	Vacancy rates have remained around 20%. Staff turnover rate only provided for Quarter 4 of service year. No training performance data provided during the service year.
Develop and publish a communications and engagement plan that includes workforce and organisational culture specific actions;		Will support the Workforce and Culture Team in developing a positive culture and recruitment strategy.	Communications and engagement plan published May-2022.
A continued reduction in staff sickness levels, measured quarterly; and		Will support the Workforce and Culture Team in sickness reduction programme.	Sickness levels reported monthly via Oversight return and show a small reduction (Annex 2).
A continued improvement in agreed mandatory training performance measured quarterly.		No detail provided.	Mandatory training policy in place and a process of validating the mandatory training data underway.
Summary of Deliverables and Outcomes			
<p>With no change in vacancy rates, a plan will be required to support staff to improve this and ensure a sustainable workforce for the future. However, we note that ongoing work around data going forward in order to understand where the vacancies are, will aim to improve the granularity of data and oversight. It was pleasing to see the Health Roster system now being used in most areas to give greater visibility and control of staffing levels, and the commitment to increasing both the number of nursing places and bursary amount in coming years.</p> <p>A Communications and engagement plan was published in May 2022.</p> <p>Sickness absence levels improved with a slight decrease in the monthly average from the previous year (2021-22 8.1%, 2022-23 7.9%). Though it was recognised that electronic systems which support completion of mandatory training require improvement, as per last year's summary, it was still disappointing that there was no clear position provided on numbers of staff who are compliant with the Mandatory Training Policy and the potential associated quality and safety risks. The Department notes that validation timeline of the process was revised to September 2023.</p>			

Mandate Objective 10 - Develop and integrate Primary Care at Scale through supporting the transformation programme.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
By September 2022, publish a Primary Care Operating Model for population health improvement, including development of wellness centres as an essential part of service delivery within Manx Care; and		Working with the Transformation Team's Primary Care At Scale project team to develop services to be provided by the Primary Care Network for the GPs and to promote collaborative working within the other Primary Care professions.	Limited work completed before pausing of Transformation work.
Work with the Primary Care Network to develop an Accountability Model which delivers the transformation programme work stream before April 2023.		No detail provided.	Limited work completed before pausing of Transformation work.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>Whilst this objective was amber, it was one area where the Department was able to see clear commitment to finding innovative ways to work to overcome the challenges cause by the uncertainty of the available funding and progression of the Transformation Programme.</p> <p>A pause to this transformation project affected delivery of the work stream. However, Manx Care continued to progress some elements at risk, continuing the introduction of First Contact Pharmacists and Musculoskeletal practitioners across the Primary Care Network. A high level target operating model and PCAS high level business case were completed in late 2022. Though a business case was developed, the funding at the time of writing was not yet secured due to Transformation Programme pause.</p> <p>In April 2023, the Manx Care Board did not approve the full business case, taking a strategic decision to first build capacity and resilience across primary care and particularly General Practice. The Department was supportive of this decision but would like to see the outcomes begin to come to fruition through improved access for patients.</p>			

Mandate Objective 11 - Working with the Public Health, Manx Care and DHSC Strategic Board, deliver an early intervention programme aligned with the Island Plan, ensuring that provision is delivered in the right places to address wider determinants of health in the prioritised areas.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Vaccinations and immunisations - Q1		No detail provided.	Immunisation committee established with Manx Care leading sub group.
Screening - Q1		Manx Care is committed to improving screening services for the Island's population.	Screening board established with Public Health. Some gap analysis work completed.
Sexual health integration and sexual assault referral centres – Q2		Support the multi-agency approach to abolish the criminal and sexual exploitation of children and vulnerable adults.	On-Island clinician appointed to sexual assault referral services. Service specification being developed by Department with input Public Health.
Integrated community based addiction services – Q2		No detail provided.	Public Health were unsighted on what work was done related to the substance misuse work. Naloxone work ongoing. Strategic partnership in place with Motiv8.
Weight and obesity management – Q3		In conjunction with Public Health, lead the development of the Healthy Child Programme.	The child measurement service (part of Healthy Child Programme) was implemented and in place, although no data provided to the Department or Public Health.
Oral health – Q4		Introduction of an updated Dental contract. Ensure that 80% of all children aged 0-16 seen in General Dental Practice have fluoride varnish applied twice yearly as part of their overall treatment.	Four providers have signed up to new dental contract. Across contracted dental services fluoride varnish applied twice per year was 37%, and for one application was 46%.

Support the needs of the population by providing data which helps inform needs assessment in line with the public health outcomes framework.		No detail provided.	Minimal data provided to Public Health.
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Summary of Deliverables and Outcomes

Manx Care continue to work with Public Health to understand provision of other vaccinations and immunisations with the longer term vision for all delivery through Primary Care. The permanent COVID vaccination service noted above will also be able to offer other vaccination programmes in order to reduce current workload from Primary Care and will also provide assurance across all vaccination programmes as well as address inequalities in vaccination provision. The department notes that at the time of writing, its own Specification regarding vaccinations and immunisations has yet to be published.

The Screening Programme Board established by Public Health continues to bring together professionals in this area to discuss the availability and delivery of screening programmes on the Island. There have been positive changes to breast screening in collaboration with Manchester Foundation Trust who are undertaking the administrative process of the Breast Screening call/recall programme. We note that Internal Audit of all Adult screening programmes was completed, as well as a gap analysis. A quality improvement programme for each of the IOM adult screening programmes was developed and action plans are under development. Public Health would like to see work continued at pace to align with UK best practice but acknowledges there may be financial issues to work through.

A strategic partnership with Motiv8 addiction services was successfully implemented a single referral process for the care and transfer of patients.

No data was provided in regards to the child measurement service. The target for fluoride varnish being applied was not achieved with issues in relation to the codes used to submit the claims, and practice software still needing to be rectified. We hope to see these performance targets greatly improved in 2023-24 and we aware of the work ongoing.

Minimal return in public health outcomes framework data provided during the service year impacted on Public Health's needs assessment work and ultimately that of the Department. Work ongoing to assess a priority schedule of work in 2023-24.

Additional Mandated Requirements

Mandate Section 3.3.4 - <u>Contracts</u> Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements below.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
Shall have a written contract, including a Service Specification, in place with the commissioned service provider, which should include explicit Key Performance and Quality Indicators, as defined by Manx Care and which should be in line with the overall objectives of the Mandate.		Manx Care will develop, negotiate and implement GP Contract 'directed enhanced services.'	Nothing provided during the service year.
		Introduction of an updated Dental contract, including specific Key Performance Indicators in relation to patient access to services.	Nothing provided during the service year.
		Continue to work to improve the contractual compliance situation across Care Groups.	Nothing provided during the service year.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>The Department was aware that work continued in this area throughout the course of the year but did not received the level of detail that was requested in order to assess the current position or progress from the position at the start of the service year. No quarterly updates were provided, and though a report on recovery of contract work was provided in June 2023, it was outside of the service year.</p> <p>The Department does not underestimate the extent of the work involved to review and update the large number of contracts in place and was comforted that Manx Care's Finance and Performance Committee review this monthly to assess any financial and safety implications.</p>			

Mandate Section 7 - Information Governance Manx Care must report monthly to the Department, through the Oversight Framework, personal data breaches which have occurred during the preceding month.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
<p>7.2.1 Date and Nature of Incidents (anonymised);</p> <p>7.2.2 Numbers of Data Subjects affected;</p> <p>7.2.3 Method of informing Data Subjects of the breach; and</p> <p>7.2.4 Lessons learned and applied.</p> <p>7.2 Manx Care must also include the aggregated information regarding data breaches in its' Annual Report.</p> <p>7.3 Manx Care is obligated to exercise its duties regarding Facilitation of Rights and Rights of Access under Article 12 of the applied General Data Protection Regulations. As such, Manx Care will report to the Department monthly, through the Oversight Framework, how it has exercised these duties, including:-</p> <p>7.3.1 Total numbers of Right of Access requests per Care Group;</p> <p>7.3.2 Total number disclosed within the statutory prescribed deadline; and</p> <p>7.3.3 Total number not disclosed without undue delay and the reason.</p> <p>7.4 Manx Care must also include the aggregated information regarding Right of Access in its' Annual Report.</p>		<p>The approach to reinforce GDPR compliance was scoped, and work completed during 2021-22 highlighted the scale of the challenge ahead. Detailed planning for compliance will need to be costed and implemented during 2022-23, which will follow extensive discovery work that is still required. Completion of the work will be dependent on specialist resources provided by the Transformation Programme.</p>	<p>Number of data breaches and compliance to rights of access request data provided monthly via oversight return.</p>
<p><u>Summary of Deliverables and Outcomes</u></p> <p>We note the approach of emphasising the importance on not seeing breach reporting as negative and that a higher level of reporting reflects the improved culture of reporting. The Department was aware that breach management processes were put in place to fully review each one, how they happened and agree recommendations for change. However, we have no evidence of whether the changes made have resulted in the same issue happening again.</p> <p>The number of data breaches remained consistent throughout the year and averaged 14 per month. Moreover, it was concerning to see the number of rights of access requests not being completed within the statutory prescribed deadline (average of 8 per month), with numbers noticeably higher in Quarters 3 and 4. However, we note that the number of requests, particularly Subject Access Requests (SAR), increased the workload throughout the year (average number of SAR requests: Quarter 1 21, Quarter 4 61).</p> <p>The Department was unsighted on details of lessons learned and applied.</p>			

Mandate Section 11 – Complaints Manx Care must have in place and follow appropriate arrangements for dealing with concerns and complaints and a complaints procedure that, as a minimum, meets the requirements of the Act, any other applicable Act and applicable regulations.			
	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
Overall Rating			
11.1.2 Manx Care must continue to operate an advice and liaison service to offer guidance and support to people who are dissatisfied with the service received from Manx Care.		Introduction of a new Complaints Policy.	Implemented from October 2022 and reported via oversight return.
11.1.3. Manx Care’s complaints arrangements and procedure must include appropriate reporting arrangements to inform the Department about the operation of the complaints arrangements and procedure; for example, the number of complaints received, their subject matter, how and when they are resolved and what learning has taken place. 11.1.4. Manx Care must give effective publicity to its complaints arrangements and procedures and take reasonable steps to inform the public of those arrangements, including the name and contact details of their complaints manager. 11.1.5. At the request of the Department, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.		Ensure that we learn from incidents and complaints.	Manx Care Complaints Report 2022-23.
<p><u>Summary of Deliverables and Outcomes</u></p> <p>The Department was pleased to see MCALS continue to respond to enquiries within an average same day response of 89%, which mitigates possible complaints.</p> <p>Though the complaints 2021-22 annual report was not received until February 2023, this was explained in Manx Care’s report due to the significant number of legacy complaints that remained unresolved (pre Manx Care), the recovery from Covid, and restructuring involved in Manx Care’s formation.</p> <p>Considerable progress was made with regard to how complaints are managed since the introduction of the new Complaints Regulations. The number of complaints and their response timeframes have been regularly reported via the oversight return. It was pleasing to see that complaints are being responded to within the required timeframes and the backlog of outstanding complaints was significantly reduced.</p>			

Annex 2 Manx Care Oversight Metrics Performance 2022-23














Continuing from last year, Manx Care have undertaken work to establish a programme to enhance the integrity and validation of performance data, from a baseline of very little accurate data being available to report. This work-stream remains ongoing and likely to take most of 2023-24 to complete. This position accepted by the Department in understanding the longer term journey of continuous improvement.

A full monthly breakdown of the 2022-23 performance can be found here <https://www.gov.im/about-the-government/departments/health-and-social-care/mandate-and-oversight-framework/>







Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Serious Incidents	3 (40 PA)	3	2		Target was achieved during 10 months.
Never Events	0	0	0		Target achieved every month.
Inpatient Falls with harm (per 1000 bed days)	< 2	0.3	0.3		Target achieved every month.
Medication errors with harm	1 (10 PA)	0.2 9 months	0.3		Target achieved every month.
Inpatient pressure ulcers (per 1000 bed days)	< 2.6	0.5 9 months	#		No data for 2022-23. Metric was revised in 2023-24 to align with best practice.
Number of patients with a length of stay - 0 days	Monitor	#	#	#	No data available.
Number of patients with a length of stay - > 7 days	Monitor	#	#	#	No data available.
Number of patients with a length of stay - > 21 days	Monitor	69	101		No improvement in performance. Continued trend increase from 2021-22.
Number of patients waiting for first hospital appointment	Monitor	17,818	20,248		No improvement in performance. Continued trend increase from 2021-22.
Patients waiting > 52 weeks to start consultant-led treatment	0	#	4,785		Target never achieved. Only final six months data available in 2022-23.
% of urgent GP referrals seen for first appointment in 6 weeks	85%	54%	54%		Target never achieved. Comparable performance with 2021-22.
Number of patients in planned care exceeding 18 week RTT	0	#	#	#	No data available.
Number of discharges - pre 1000	Monitor	#	#	#	No data available.
Number of discharges - pre 1600	Monitor	#	#	#	No data available.
Number of discharges - weekend	Monitor	#	#	#	No data available.
Delayed transfers of care	Monitor	#	#	#	No data available.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Time to attend to life-threatening 999 calls by an Emergency Responder (min:sec)	< 7 minutes	10:36	9:59		Target never achieved. Improved performance from 2021-22.
Time to attend to life-threatening 999 calls by an Emergency Responder (min:sec) at 90th percentile	<15 minutes	19:27	19:53		Target achieved one month. Declined performance from 2021-22.
Time for patients with CVA/Stroke symptoms to arrive at hospital after time of call	100% in 60 minutes	52%	44%		Target never achieved. Declined performance from 2021-22. Metric revised in 2023-24 to align with best practice.
Time to admin, discharge of transfer patients after arrival at ED (Nobles and Ramsey)	95% within 4 hours	75%	70%		Target never achieved. Declined performance from 2021-22.
Total time spent in ED	<360 minutes	238	268		Target always achieved. Declined performance from 2021-22.
Time to Initial Assessment within ED	15 minutes	22	24		Target never achieved. Declined performance from 2021-22.
Wait time to see first Doctor in ED (arrival to clinical assessment-Nobles)	< 60 minutes	59	71		Target achieved in two months. Declined performance from 2021-22.
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Monitor	#	#	#	No data available.
Emergency re-admissions within 30 days of discharge from hospital	Monitor	#	#	#	No data available.
Maximum 2-week wait from urgent referral of suspected cancer to first outpatient appointment	93%	70%	60%		Target never achieved. Declined performance from 2021-22.
Maximum 2-week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93%	53%	52%		Target never achieved. Declined performance from 2021-22.
Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	68%	64%		Target achieved twice. Declined performance from 2021-22.
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Surgery	94%	#	N/A	#	N/A no work undertaken/required.
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Drug treatment	98%	100% 3 months	89% 10 months	**	Target achieved in five months. Declined performance from 2021-22. Some months no work undertaken/required.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Radiotherapy	94%	#	82% 7 months		Target achieved in three months. Some months no work undertaken/required.
Maximum 62 days from referral for suspected cancer to first treatment	85%	46%	36%		Target never achieved. Declined performance from 2021-22.
Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	90%	73% 3 months	76% 11 months		Target achieved in five months. Improved performance from 2021-22. Some months no work undertaken/required.
Maximum 31 days from decision to treat to first definitive treatment	96%	81%	81%		Target never achieved. Improved performance from 2021-22.
Number of patients waiting more than two weeks for diagnostic tests on an urgent or cancer pathway.	0	#	#	#	No data available.
% of patients waiting 6 weeks or more for a diagnostics test	1%	#	71%		Target never achieved. No performance improvement throughout year (Range 67-75%).
Wait time to urgent diagnostics from referral - by test type	2 weeks	#	#	#	No data available.
Wait time to routine diagnostics from referral - by test type	20 weeks	#	#	#	No data available.
Average caseload per Social Worker - Adult Social Care	16 to 18	11	#		No data available for 2022-23.
Average caseload per Social Worker - Children & Families	16 to 18	15	#		No data available for 2022-23.
Number of referrals - Adult Social Care	125	212	154		Target achieved two months. Improved performance from 2021-22.
% of re-referrals in total referrals - Adult Social Care	<15%	17%	9%		Target achieved 11 months. Improved performance from 2021-22.
Number of referrals - Children & Families	74-78	91	#		No data available for 2022-23.
% of re-referrals in total referrals - Children & Families	<20%	37%	#		No data available for 2022-23.
Fair Access to Care Services completed in agreed timescales	80%	72%	65%		Target achieved four months. Declined performance from 2021-22.
Copy of FACS Assessment received by Patient or Carer	100%	31%	11%		Target never achieved. Declined performance from 2021-22.
All Residential beds occupied	85%	82%	79%		Target achieved six months. Declined performance from 2021-22.
All Respite beds occupied	90%	65%	71%		Target achieved two months. Improved performance from 2021-22.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Service Users with a Person-Centred Plan in place (PCP)	95%	#	95%	 **	Target achieved 10 months.
Complex Needs Reviews held on time	85%	69%	51%		Target never achieved. Declined performance from 2021-22.
Total Initial Child Protection Conferences held on time	90%	77% 11 months	74% 8 months		Target achieved three months. Declined performance from 2021-22.
Child Protection Reviews held on time	90%	84% 11 months	66% 8 months		Target achieved two months. Declined performance from 2021-22.
Looked After Children Reviews held on time	90%	86% 11 months	92% 8 months		Target achieved six months. Improved performance from 2021-22.
Occupancy at Ramsey – overnight stays	up to 80%	77% 11 months	#	#	No data available for 2022-23.
Number of reported Safeguarding alerts in care homes	Monitor	#	46	 **	Increased trend over year. Quarter 1 average 26, Quarter 4 average 49.
Community Nursing Service response target met - Urgent	4 hours	#	#	#	No data available.
Community Nursing Service response target met - Non urgent	24 hours	#	#	#	No data available.
Community Nursing Service response target met - Routine	7 days	#	#	#	No data available.
West Wellbeing Contribution to reduction in ED attendance	-5% / 6 months	-12% 6 months	4%		Target achieved two months. Declined performance from 2021-22.
West Wellbeing Reduction in admission to hospital from locality	-10% / 6 months	10% 6 months	15%		Target achieved one month. Declined performance from 2021-22.
Clinical Assessment and Treatment Service waiting time from urgent referral	80% in 3 days	68% 9 months	68% 8 months		Target achieved three month. Performance comparable with 2021-22.
Clinical Assessment and Treatment Service waiting time from routine referral	80% in 12 weeks	50%	45%		Target achieved one month. Declined performance from 2021-22.
Average wait time for a GP Appointment (days to next appointment)	Monitor	#	5		Increased trend over year. Quarter 1 average 4 days, Quarter 4 average 6 days.
Average wait time for a Dentist Appointment	Monitor	#	#	#	No data available.
Patients requiring Mental Health liaison services within the ED, seen within one hour.	75%	78%	91%		Target achieved every month. Improved performance from 2021-22
Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours.	75%	#	100% 3 months	 **	Target achieved every month. Only 3 months of data received for final quarter.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75%	#	100% 3 months	**	Target achieved every month. Only 3 months of data received for final quarter.
Patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months	100%	#	#	#	No data available.
People under adult mental illness specialities on a Care Programme Approach, followed up in 7 days of being discharged from psychiatric inpatient care.	100%	93%	90% 8 months	**	Target achieved two month. Declined performance from 2021-22.
Total Mental Health Current Caseload	4500-5500	4913	4909	**	Mid-point decline in trend due to methodology calculation change in July 2022.
Number of Data Breaches	0	#	14	**	Target never achieved.
Number of Subject Access Requests (SAR)	Monitor	#	48	**	Increasing trend over year.
Number of Access to Health Record Requests (AHR)	Monitor	#	4	**	Consistent small monthly numbers (<6).
Number of Freedom of Information (FOI) Requests	Monitor	#	10	**	Increasing trend over final quarter.
Number of Enforcement Notices from the ICO	0	3 Total	1 Total	**	Target achieved 11 months. Reduced number from 2021-22.
Number of SAR, AHR and FOI's not completed within their target	0	#	8	**	Target never achieved. Increasing trend final two quarters.
Total number of complaints received	Monitor	38 IPR 43 Report	28 IPR 37 Report	**	Reduced number from 2021-22.
Complaints responded to within timelines (%)	80% in 20 days	50%	68%	**	Target achieved six months. Improved performance from 2021-22.
Complaints escalated to Independent Review Body (number)	Monitor	5	12	**	Regulations changed in October 2022.
Hours lost to staff sickness absence	4%	8.1%	7.9%	**	Target never achieved. Improved performance from 2021-22.
Number of staff leavers	Monitor	19 10 months	19	**	Performance comparable to 2021-22.
Number of staff on long term sickness	Monitor	#	85	**	Declining trend over year. Quarter 1 average 94, Quarter 4 average 75.
Number of staff on disciplinary measures	Monitor	#	6	**	Mainly stable trend. Range was 3 to 9.

Metric Name	Target	2021-22 Monthly Average	2022-23 Monthly Average	2021-2023 Trend line	2022-23 Summary
Number of suspended staff	Monitor	#	<1	 **	Stable trend. Small numbers (1 or 0).
Progress towards cost improvement target	100%	Final 37%	Final 170%	 **	Target achieved and exceeded. Improved performance from 2021-22.
Total income (£)	Monitor	#	-1,238,717	 **	Stable with declining trend over final quarter.
Total staff costs (£)	Monitor	#	16,177,273	 **	Mainly stable, though large increase in January 2023.
Total other costs (£)	Monitor	#	11,886,589	 **	Increasing trend over final quarters.
Agency staff costs (proportion %)	Monitor	#	9.1%	 **	Fluctuating performance with declining trend over final quarter.

KEY # No data available. * Trend from 2021-22. ** Trend from 2022-23. Target guidelines: **Green**: within 5% of target. **Amber**: within 6-15% of target. **Red**: >15% of target.

Annex 3 Updates on rolled over Mandated Objective from 2021-22

Mandated Objectives 2021-22 Position at 31st March 2022

Number	Heading	Rating	Closing Position at 31 st March 2023
1	Pandemic Response		Achieved and closed.
2	Service User Engagement		Closed. Evolved into Mandate 22-23 Objective 2.
3	Integration of Services		Closed. Evolved into Mandate 22-23 Objective 3.
4	Equitable Focus		Open. 4.3 remains open: Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes.
5	Risk & Clinical Governance		Open. 5.2 remains open: Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.
6	Financial Balance		Closed. Evolved in Mandate 22-23 Objective 6.
7	Waiting Times		Open. Evolved in Mandate 22-23 and Mandate 23-24 Objective 7. 7.1 remains open: Baseline wait times for all Mandated Services. 7.2 remains open. Develop a plan to reduce clinically/need-based prioritised wait times.
8	Continuous Improvement		Open. Evolved into Mandate 22-23 Objective 3. 8.1 remains open. Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan. 8.2 remains open. Development of a five-year roadmap in the strategic improvement and outcomes based approach to the performance management of services.
9	Integrated Care System		Closed. Evolved in Mandate 22-23.
10	Primary Care at Scale		Closed. Evolved into Mandate 22-23 Objective 10.
11	Workforce Engagement		Open. Evolved into Mandate 22-23 Objective 9. 11.1 remains open. Implementation of staff engagement index, and baseline measurement
12	Climate change		Closed. Superseded by a wider commitment to climate change in Mandate 22-23 5.4.

Updates on Mandated Objectives from 2021-22 which remained open as at 1st April 2022

Outstanding Mandate Objectives from 2021-22	Rating	Manx Care Planned Response	Supporting Evidence Provided (where applicable)
4.3 Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes.		Ensure access to service provision is fair, equitable and based on assessed needs.	Investment and focus in Mental Health through i-Thrive development and Recovery College work.

5.2 Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.		Agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement.	Manx Care commissioned an organisation-wide NHS staff survey which will take place in October 2023. Care values updated and now in place with ongoing work with Transformation workforce and culture.
7.1 Baseline wait times for all Mandated Services.		Report and monitor its Waiting List Volume overall and at speciality and sub-specialty levels.	Hospital services baseline data provided in June 2023, but not publicly available, and outside of service year. Wait list data provided publicly since August 2023 with work ongoing to develop this report.
7.2 Develop a plan to reduce clinically/need-based prioritised wait times.		A standardised approach to clinical and administrative validation of Waiting Lists will be established.	Dedicated team in place to validate the elective waiting lists to ensure the accuracy and appropriateness of the referrals on the lists. Restoration and recovery work commenced in 2022 and remains ongoing.
8.1 Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan.		Agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement.	Validation work remains ongoing. Areas of priority and delivery timelines have continued to change. The Department was unsighted on any quarterly self-assessments. Data quality group started June 2023, outside of service year.
8.2 Development of a five-year roadmap in the strategic improvement and outcomes-based approach to the performance management of services.		Prepare its Strategy for 2022-2027 utilising a service based, bottom up approach.	Performance and accountability framework was developed during 2022 and now in place.
11.1 Implementation of staff engagement index, and baseline measurement		Focussed engagement surveys, using the results to establish a clear baseline and to plan improvements during the course of 21-22.	Culture of Care Barometer Survey was published June 2023, though survey was only sent to 160 doctors, with 72 responding. Department was unsighted on the outcomes and plans from this survey. Work ongoing with Transformation workforce and culture team.
<p><u>Summary of Deliverables and Outcomes</u> All the above objectives have now been closed, as agreed between the Department and Manx Care, as they have been superseded by objectives/work in subsequent Mandates.</p>			

Version Control

Number	Date	Author	Update
0.1	3-5-2023	Performance Analyst	Document created based on previous year template.
0.2	15-5-2023	Performance Analyst	Additional tables added to assessment 'Additional requirements sections'
0.3	18-5-2023	Performance Analyst	Additional narrative columns added to summary table to discuss progress and areas of improvement.
0.4	22-5-2023	Performance Analyst	Manx Care's proposed responses, data supplied and work to date added to relevant sections.
0.5	24-5-2023	Performance Analyst	Update to objective 6 following final financial accounts from DHSC financial partner.
0.6	30-5-2023	Performance Analyst	Update to objective 11 following feedback from Public Health.
0.7	12-6-2023	Performance Analyst	Additional table (Annex 3) added for 2021-22 open objectives and updates.
0.8	19-6-2023	Performance Analyst	Updates from board papers and meetings on work to date in to relevant sections.
0.9	17-7-2023	Performance Analyst	Updates from board papers and meetings on work to date in to relevant sections.
0.10	24-7-2023	Performance Analyst	Updates to metrics table in Annex 2 following data return for several social care metrics provided.
0.11	27-7-2023	Performance Analyst	Changes following input from Minister and Members. Annex 2 changed to average from last year and current year with narrative; % of completion added to assessment tables; cover letter amended to executive summary.
0.12	21-8-2023	Performance Analyst	Updates to some data following receipt of Manx Care's Annual Report.
0.13	7-9-2023	Performance Analyst	Updates following meeting with Manx Care regarding further evidence of work undertaken.
0.14	13-9-2023	Head of Mandate	Full review – update to wording style/tone.
0.15	20-9-2023	Performance Analyst	Final update responses from all stakeholders.
1.0	22-9-2023	Head of Mandate	Final review.
1.1	11-10-2023	Mandate Team	Updates following feedback from Department executive members.

Integrated Performance Report

Dec-23

Version: Final v1.0



Author: Performance Improvement & Management Service
Contact: Alistair Huckstep - Head of Performance & Improvement
Executive: Jackie Lawless

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Introduction - 1

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.

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

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

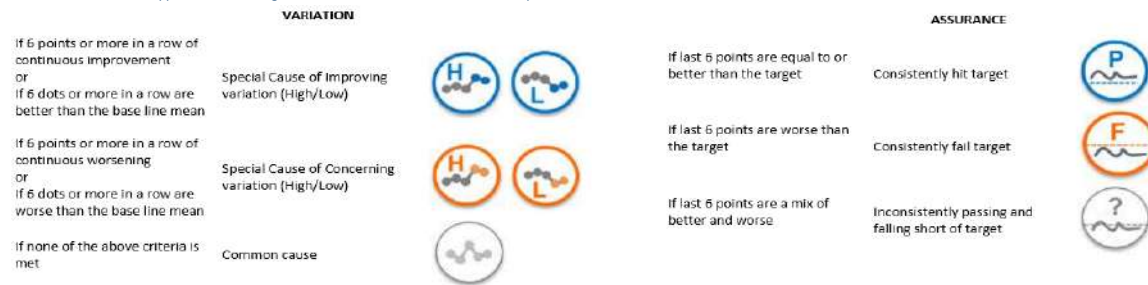
In this context 'Validation' means that the input, methodology/calculation and outputs for a given metric have been checked by both the Business Intelligence Team and Care Group leads and confirmed to be in accordance with the corresponding technical specification for that KPI. This is to ensure that 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.

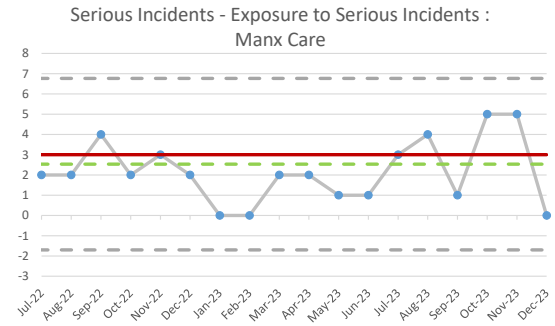
Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narratives.

Executive Summary

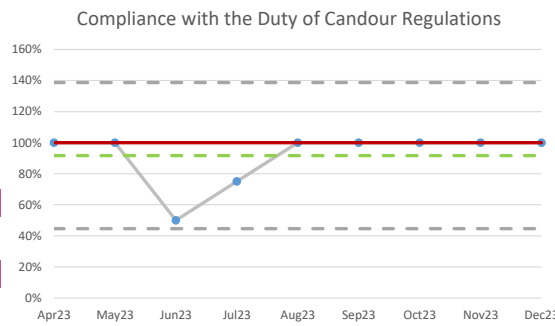
	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> • 29 consecutive months without a Never Event. • No Serious Incidents reported in December. • Zero cases of C.Diff reported. • Zero Medication Errors with Harm across Manx Care in December. • Numbers of Falls that resulted in Harm remain 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 was 93% which is just below the 95% standard. • There were no cases of MRSA in December. • 100% of letters were sent in accordance with Duty of Candour Regulations. 	<ul style="list-style-type: none"> • 7 cases of E.coli bacteraemia. However, this is the lowest level for 4 months. • 48-72 hr senior medical review of antibiotic prescription remains below the 98% threshold and decreased to 78% in December.
Effective	<ul style="list-style-type: none"> • 99% of Learning from Death reviews were completed within timescale which exceeds the target for the eleventh month in a row. • The Crisis Team continue to meet the 1 hour response time threshold for Emergency Department referrals. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments was 95% in December, with the average monthly achievement now at 84%. • 100% of MARFs were completed on time during December. 	<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. • Children (of age) participating in, or contributing to, their Complex Review decreased to 21% (from 71% in November) • No Initial Child Protection Conferences held on time were completed. 3 meetings were due and 0 were held in time, reasons for delayed meetings: Family unavailable - 3
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 (91%). • Service user satisfaction remains high with 91% of service users rating their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • Overall Manx Care compliance with the standard of complaints to be acknowledged within 5 days in December was 100%. 	<ul style="list-style-type: none"> • 28 complaints were logged in December, but this remains within the expected threshold.
Responsive	<ul style="list-style-type: none"> • Inpatient and Daycase waiting list numbers and waiting times remain below the baseline levels, primarily as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialities. • Outpatient waiting list continued to decrease slightly in December but remains above the baseline. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • Good performance was maintained in the Ambulance service for Category 2 - 5 response times. • Mental Health caseloads remain within expected levels. 	<ul style="list-style-type: none"> • The ED Performance against the 4 hour standard slightly decreased to 68% in December and remains below the required target. • 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 41 12-Hour Trolley Waits. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. However, additional diagnostic activity is being undertaken under the auspices of the restoration & recovery programme. • There were 43 breaches of the 60 minute ambulance turnaround time in December. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in December for 1.5 days. • Cancer 28 Day performance in December was below the 75% threshold at 66%.
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. A Data Protection Impact Assessment (DPIA) training course recently scheduled for Manx Care staff was significantly oversubscribed and has required a second course to be scheduled to meet the demand for places. • The trend of reduced rates of sickness absence, compared to previous years, has continued with December's rate at 6.1%. 	<ul style="list-style-type: none"> • There were 13 Data Breaches reported in December. • 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. The pressures from volume and complexity continue to make responding to requests within timescale very challenging.
Well Led (Finance)		<ul style="list-style-type: none"> • The operational result for November is an overspend of (£2.6m) with costs increasing by £1.2m compared to the previous month. The majority of this increase relates to drugs costs, changes to the Pharmaceutical contract and placement costs which were all expected. • YTD employee costs are (£4.3m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end.

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	Dec-23		0	2	22	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Dec-23		96%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	Dec-23		100%	87%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Dec-23		100%	99%	-	95%		
SA018		Compliance with the Duty of Candour Regulations	Dec-23		100%	92%	-	100%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Dec-23		99%	97%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Dec-23		93%	90%	-	95%			SA016		Hand Hygiene Compliance	Dec-23		98%	98%	-	96%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Dec-23		96%	97%	-	95%			SA017		48-72 hr review of antibiotic prescription complete	Dec-23		78%	79%	-	>= 98%		
SA005		Never Events	Dec-23		0	0	0	0			SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Dec-23		2	16	146	<= 17 (204 PA)		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Dec-23		0.2	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Dec-23		0	3	23	< 30 PA													
SA008		MRSA - Total number of acquired infections	Dec-23		0	0	1	0													
SA009		E-Coli - Total number of acquired infections	Dec-23		7	8	68	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Dec-23	-	2	2	14	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Dec-23	-	2	1	5	-													
SA012		Exposure to medication incidents resulting in harm	Dec-23		0	0	3	< 25 PA													

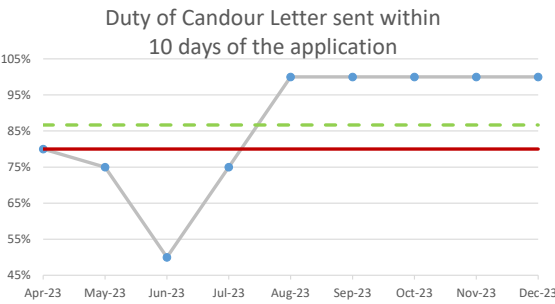
Safe **Serious Incidents** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Dec-23	0	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		

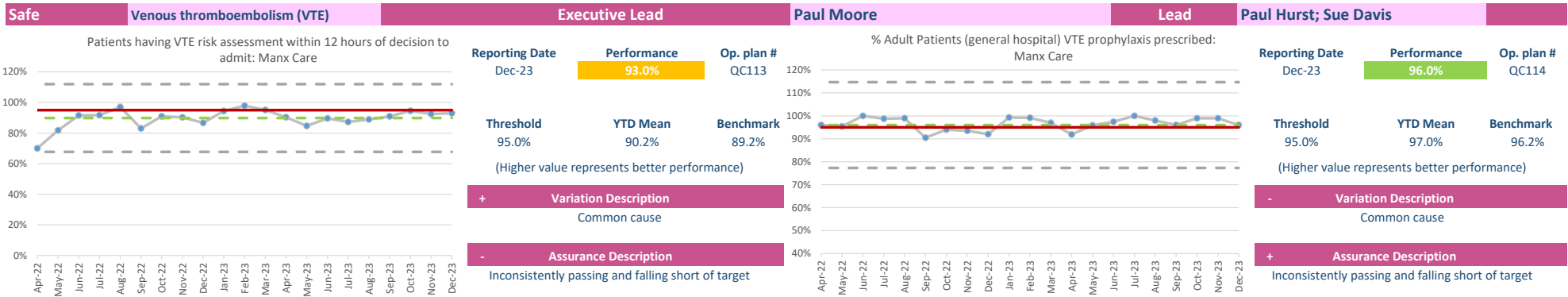


Reporting Date	Performance	Op. plan #
Dec-23	100%	QC112
Threshold	YTD Mean	Benchmark
100.0%	91.7%	91.7%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



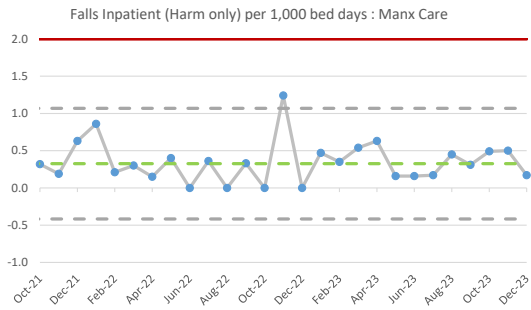
Reporting Date	Performance	Op. plan #
Dec-23	100%	QC112
Threshold	YTD Mean	Benchmark
80%	86.7%	86.67%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Serious Incidents: Zero classified. No 72 hour reports were presented at SIRG during December. No SIs therefore declared. 22 SIs declared in total YTD.</p> <p>Letter has been sent in accordance with Duty of Candour Regulations:</p> <ul style="list-style-type: none"> 100% compliance. 	<p>Serious Incidents:</p> <ul style="list-style-type: none"> Continued monitoring via SIRG. <p>Letter has been sent in accordance with Duty of Candour Regulations:</p> <ul style="list-style-type: none"> Continue to monitor . 	<p>Serious Incidents:</p> <ul style="list-style-type: none"> Number of SIs reported for Manx Care on par with UK national average. High degree of confidence in reporting and management of SIs. <p>Letter has been sent in accordance with Duty of Candour Regulations:</p> <ul style="list-style-type: none"> Performance remains strong..

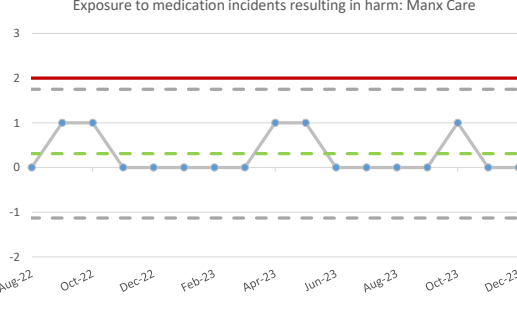


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> 93.0% reported for December, which fell short of the target of 95%. Whilst the target is yet to be achieved in the current reporting year, 93% is the second highest YTD and indicates a positive trajectory. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Excellent results for December - 96% VTE prophylaxis treatment was prescribed, exceeding our target of 95% for the eighth consecutive month. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> The CQS Team continue to advise clinical staff aware of the requirement to complete risk assessments. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> The focus continues to remain on completing risk assessments within 12 hours of admission. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> The CQS Team will continue to monitor performance in this area. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> There is a high level of confidence as performance remains consistently positive. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

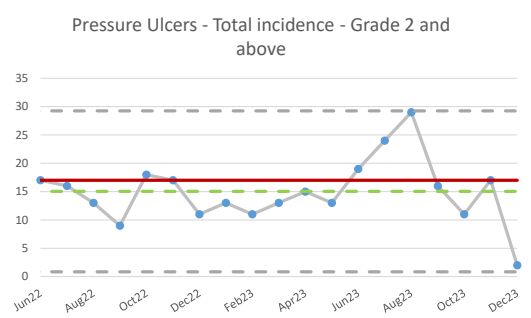
Safe Falls; Medication Errors **Executive Lead** Paul Moore **Lead** Paul Hurst; Sue Davis



Reporting Date	Performance	Op. plan #
Dec-23	0.2	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 #
Dec-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 #
Dec-23	2.0	QC4
Threshold	YTD Mean	Benchmark
<= 17 (204 PA)	16.2	14.1
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary

Inpatient Health Service Falls (with harm) per 1000 occupied bed days:

- 0.17% falls with harm, which is below the threshold of <2. YTD mean stands at 0.40; again below the threshold.

Medication Errors (with Harm):

- Zero medication errors with moderate and above harm reported in December, with just 3 cases reported YTD.

Pressure Ulcer incidence:

- There were only 2 pressure ulcers which met the criteria for reporting during December which is a significant decrease, albeit one which was somewhat anticipated following a revision of the indicator to focus on pressure ulcers occurring or deteriorating within our services.

13 PUs in total were reported across the services; 3 incidents were recorded as new or having deteriorated under Manx Care services. Of the new or deteriorating ulcers, 2 met the reporting threshold of category 2 or above, both being deep tissue injuries sustained to the heel during in-patient admissions. One of the patients was on EOL care. There were no reported new or deterioration incidents of category 3 or above. There were no new or deterioration incidents reported in community or social care.

Planned / Mitigation Actions

Inpatient Health Service Falls (with harm) per 1000 occupied bed days:

- All inpatient falls are reviewed to ensure that an appropriate risk assessment has taken place and to ensure that mitigation is 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:

- Continued implementation of preventative measures and monitoring.

Assurance / Recovery Trajectory

Inpatient Health Service Falls (with harm) per 1000 occupied bed days:

- This has consistently remained below target and monitoring will continue.

Medication Errors (with Harm):

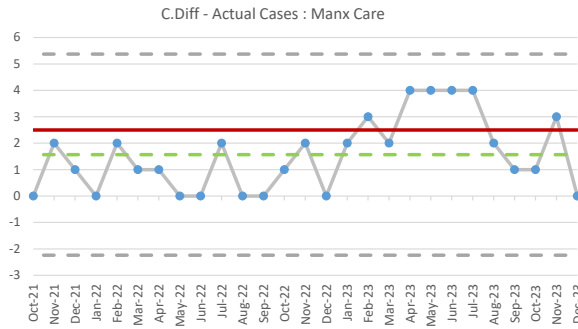
- Reasonable assurance that errors leading to harm will remain low.

Pressure Ulcer incidence:

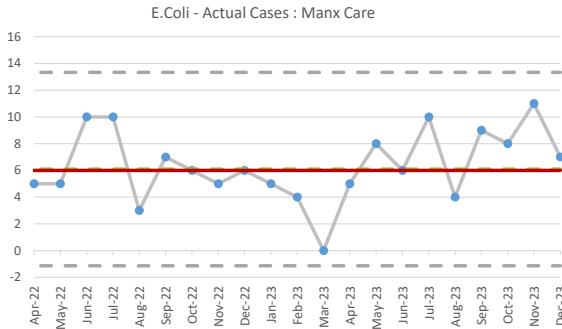
- The overall number of PUs this month is lower both for present on admission and new or deteriorating incidents.

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

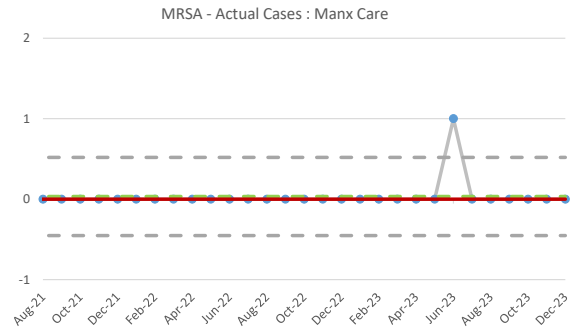
Safe Infection Control Executive Lead Paul Moore Lead Paul Hurst; Sue Davis



Reporting Date Dec-23	Performance 0	Op. plan # QC115
Threshold < 30 PA	YTD Mean 3	Benchmark 1
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



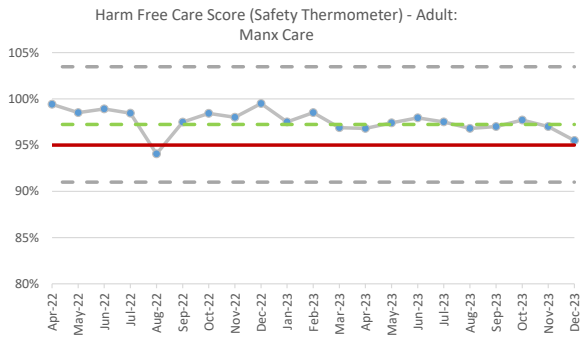
Reporting Date Dec-23	Performance 7	Op. plan # QC116
Threshold < 72 PA	YTD Mean 8	Benchmark 6
(Lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		



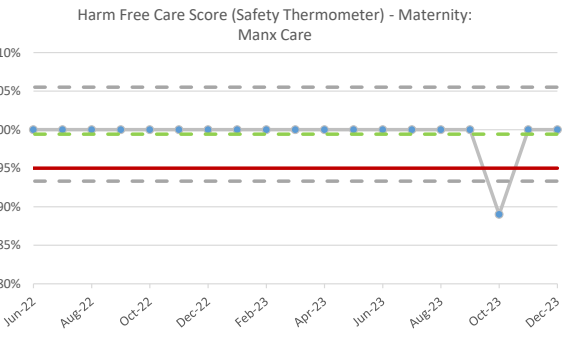
Reporting Date Dec-23	Performance 0	Op. plan # QC8
Threshold 0	YTD Mean 0	Benchmark 0
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>C.Diff:</p> <ul style="list-style-type: none"> Zero cases reported for the first time this year. <p>E.Coli:</p> <ul style="list-style-type: none"> 7 cases reported, which is the lowest for 4 months. <p>MRSA:</p> <ul style="list-style-type: none"> Zero cases reported for sixth consecutive month. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> 2 cases reported. 	<p>MRSA:</p> <ul style="list-style-type: none"> Surveillance and reporting to continue. 	<p>MRSA:</p> <ul style="list-style-type: none"> Trajectory remains stable/positive. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

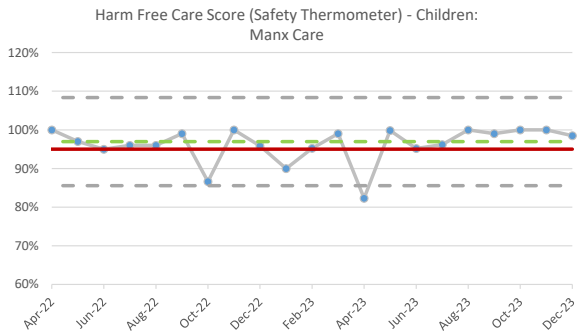
Safe **Safety Thermometer** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Dec-23	95.5%	QC119
Threshold	YTD Mean	Benchmark
95.0%	97.1%	98.0%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



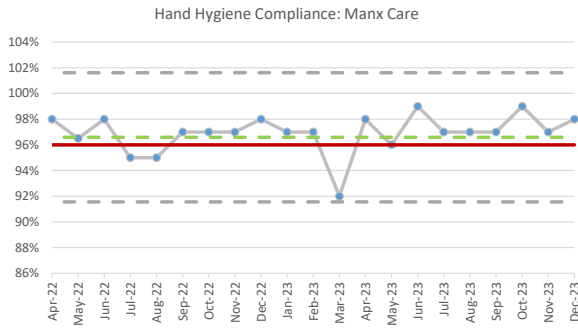
Reporting Date	Performance	Op. plan #
Dec-23	100.00%	QC120
Threshold	YTD Mean	Benchmark
95.0%	98.8%	100.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



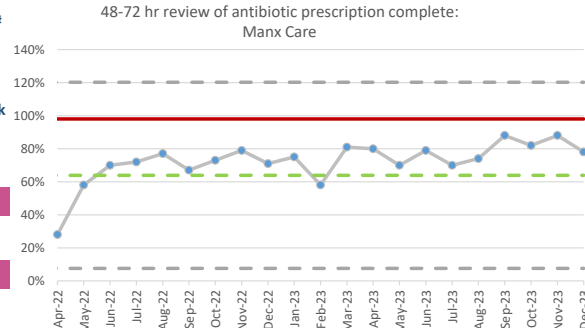
Reporting Date	Performance	Op. plan #
Dec-23	98.5%	QC121
Threshold	YTD Mean	Benchmark
95.0%	96.8%	95.8%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Adult:</p> <ul style="list-style-type: none"> 95.5% remains above the target of 95%; YTD average also exceeding target at 97%. <p>Maternity:</p> <ul style="list-style-type: none"> 100% Maternity patients were kept harm free. Results for the YTD extremely positive with 8 out of 9 months exceeding the target. <p>Children:</p> <ul style="list-style-type: none"> 98.5% of children were kept harm free, exceeding the target of 95% for 8 out of 9 months in this reporting year. 	<p>Adult:</p> <ul style="list-style-type: none"> Continue to maintain compliance. <p>Maternity:</p> <ul style="list-style-type: none"> Continue to maintain compliance. <p>Children:</p> <ul style="list-style-type: none"> Continue to maintain compliance. 	<p>Adult:</p> <ul style="list-style-type: none"> High level of confidence that this level will be maintained. <p>Maternity:</p> <ul style="list-style-type: none"> Confident that high level of compliance will be maintained. <p>Children:</p> <ul style="list-style-type: none"> Confident that compliance will be maintained. <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 #
Dec-23	98.0%	QC112
Threshold	YTD Mean	Benchmark
96.0%	97.6%	96.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Dec-23	78.0%	QC123
Threshold	YTD Mean	Benchmark
>= 98%	78.8%	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"> 98% reported for the month which is above target and in keeping with YTD average. <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> 78% down from 88% 	<p>Hand Hygiene:</p> <ul style="list-style-type: none"> Continue with existing strategies. <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> Continue to monitor. 	<p>Hand Hygiene:</p> <ul style="list-style-type: none"> Confidence in target being maintained <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>

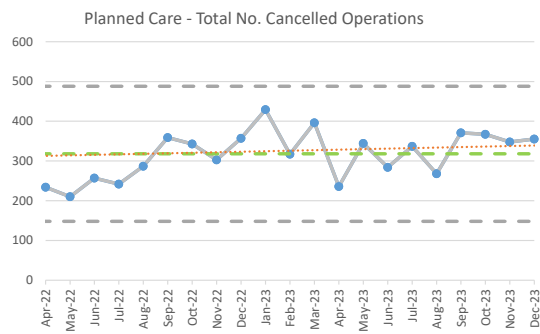
Effective Performance Summary (page 1 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	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)	Dec-23		17%	13%	-	5% by Apr '24			EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Dec-23	-	0	2	14	-		-
EF067		Planned Care - DNA Rate - Hospital	Dec-23		11.9%	-	-	5%			EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Dec-23	-	2	1	10	-		-
EF002		Planned Care - Total Number of Cancelled Operations	Dec-23		355	323	2910	-			EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Dec-23		100%	99%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Dec-23	-	91	107	-	-			EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Dec-23		100%	100%	-	75%		
EF050		Total Number of Inpatient discharges-Nobles	Dec-23	-	902	924	8315	-			EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Dec-23	-	100%	83%	-	75%		
EF051		Total Number of inpatient discharges-RDCH	Dec-23	-	47	38	343	-			EF026		MH - Crisis Team one hour response to referral from ED	Dec-23		85%	90%	-	75%		
EF003		Theatres - Number of Cancelled Operations	Dec-23		24	35	316	-			EF063		ASC - No. of referrals	Dec-23	-	59	73	657	-		-
EF004		Theatres - Theatre Utilisation	Dec-23		72%	76%	-	85%			EF015		ASC - % of Re-referrals	Dec-23		5%	3%	-	<15%		
EF006		Crude Mortality Rate	Dec-23	-	22	23	271	-			EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Dec-23		24%	33%	-	80%		
EF007		Total Hospital Deaths	Dec-23	-	20	23	279	-			EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Dec-23		95%	84%	-	100%		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Dec-23		99%	97%	-	80%			EF052		Referrals to Adult Safeguarding Team	Dec-23	-	90	98	883	-		-
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Dec-23		93%	96%	-	95%			EF053		Adult Safeguarding Alert	Dec-23	-	47	58	524	-		-
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Dec-23		6%	8%	-	-5%			EF054		Discharges from Adult Safeguarding Team	Dec-23	-	110	97	872	-		-
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Dec-23		33%	2%	-	-10%			EF055		Re-referrals to Adult Safeguarding Team	Dec-23	-	18	19	174	-		-
EF010		IPCC - % Dental contractors on target to meet UDAs	Dec-23		55%	-	-	96%			EF056		% MARFs Completed by Adult Safeguarding Team	Dec-23	-	100%	85%	-	-		-
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Dec-23	-	24	34	-	-													
EF064		MH - Number of patients with a length of stay - 0 days	Dec-23	-	1	1	8	-													

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	Dec-23		188	154	1382	-			EF038		Maternity - % Of Women Smoking At Time Of Delivery	Dec-23		6%	8%	-	< 18%		
EF019		CFSC - % Complex Needs Reviews held on time	Dec-23		67%	62%	-	85%			EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Dec-23		67%	69%	-	> 80%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Dec-23		0%	71%	-	90%			EF040		Maternity - Breast Feeding Rate At Transfer Home	Dec-23		73%	-	-	-		
EF022		CFSC - % Child Protection Reviews held on time	Dec-23		100%	71%	-	90%			EF041		Maternity - Neonatal Mortality rate/1000	Dec-23		0	0	-	-		
EF023		CFSC - % Looked After Children reviews held on time	Dec-23		100%	96%	-	90%			EF059		W&C - Paediatrics- Total Admissions	Dec-23		164	146	1023	-		
EF044		C&F - Children (of age) participating in, or contributing to, their Child Protection review	Dec-23		100%	88%	-	90%			EF060		W&C - NNU - Total number of Admissions	Dec-23		5	7	60	-		
EF045		C&F - Children (of age) participating in, or contributing to, their Looked After Child review	Dec-23		100%	99%	-	90%			EF061		W&C - NNU - Avg. Length of Stay	Dec-23		13	9	61	-		
EF046		C&F - Children (of age) participating in, or contributing to, their Complex Review	Dec-23		21%	46%	-	79%			EF062		W&C - NNU -Community follow up	Dec-23		8	5	41	-		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Dec-23		47%	43%	-	-			EF068		Pharmacy - Total Prescriptions (No. of fees)	Oct-23		£137,848	£140,198	£981,383	-		
EF031		Maternity - Induction of Labour	Dec-23		29%	31%	-	< 30%			EF069		Pharmacy - Chargeable Prescriptions	Oct-23		£18,211	£18,525	£129,673	-		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Dec-23		1%	1%	-	< 3.5%			EF070		Pharmacy - Total Exempt Item	Oct-23		£135,824	£138,107	£966,748	-		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Dec-23		2%	1%	-	< 2.6%			EF071		Pharmacy - Chargeable Items	Oct-23		£17,940	£18,397	£128,781	-		
EF034		Maternity - Unplanned Term Admissions To NNU	Dec-23		40%	-	-	-			EF072		Pharmacy - Net cost	Oct-23		£1,371,536	£1,449,070	£10,143,492	-		
EF035		Maternity - Stillbirth Number / Rate	Dec-23		0	0.1	1.0	<4.4/1000			EF073		Pharmacy - Charges Collected	Oct-23		£69,092	£71,019	£497,134	-		
EF036		Maternity - Unplanned Admission to ITU – Level 3 Care	Dec-23		0	-	-	-			EF081		IPCC - Dental - Additions	Dec-23		112	173	1,558	-		
EF037		Maternity - % Smoking At Booking	Dec-23		16%	9.2%	-	-			EF082		IPCC - Dental - Allocations	Dec-23		0	41	369	-		
											EF086		IPCC - Number of Sight Test	Nov-23		2649	2,274	18,189	-		
											EF074		Total Number of OP & Dementia Beds Available	Dec-23		195	195	-	-		
											EF075		Total Number of OP & Dementia Beds Occupied	Dec-23		128	110	-	-		
											EF076		Total Number of LD Beds Available	Dec-23		85	83	-	-		
											EF077		Total Number of LD Beds Occupied	Dec-23		69	70	-	-		

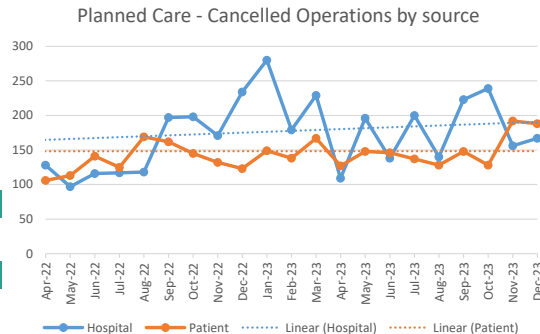
Effective | **Planned Care (1 of 2)** | **Executive Lead** | **Oliver Radford** | **Lead** | **J.Watson; M.Cox; L.Thompson**



Reporting Date	Performance	Op. Plan #
Dec-23	355	QC157
Threshold	YTD Mean	Benchmark
-	323	311

+ Variation Description
Common cause

Assurance Description



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

Variation Description

Assurance Description

Issues / Performance Summary

Cancelled Operations:
The number of cancelled operations in December was 355.

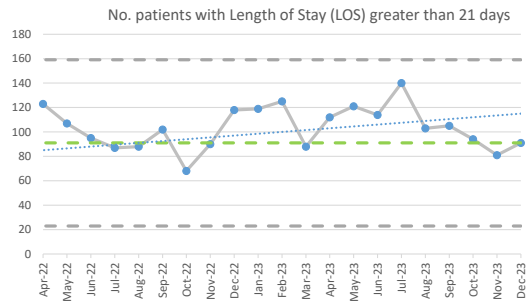
In December the split of cancellations sources was 167, (47%) for hospital, and 188, (53%) for patient.

Planned / Mitigation Actions

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.

Assurance / Recovery Trajectory

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

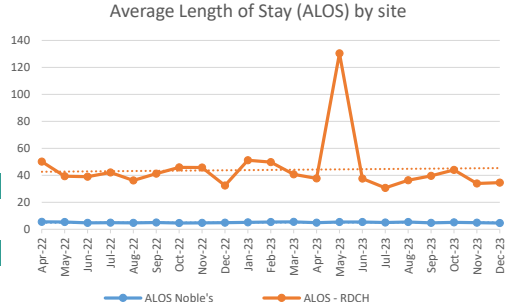


Reporting Date	Performance	Op. Plan #
Dec-23	91	QC10c

Threshold - YTD Mean 107 Benchmark 101
(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

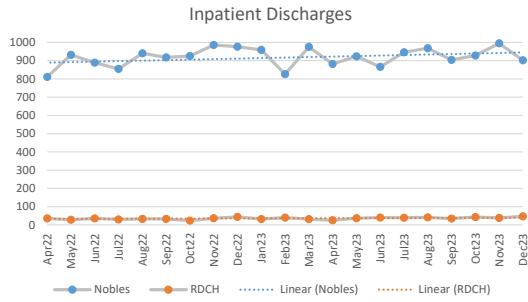


Reporting Date	Performance	Op. Plan #
Dec-23		QC156

Threshold - YTD Mean Benchmark

- Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	Nobles 902 RDCH 47	

Threshold YTD Mean Benchmark
Nobles 924 916
RDCH 38 33

Variation Description

Assurance Description

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

Length of Stay:

- 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:

There were 949 discharges in December, slightly below the year to date average of 962, and December '22 (1,021). This demonstrates the consistent discharging of patients despite the challenges around patient flow.

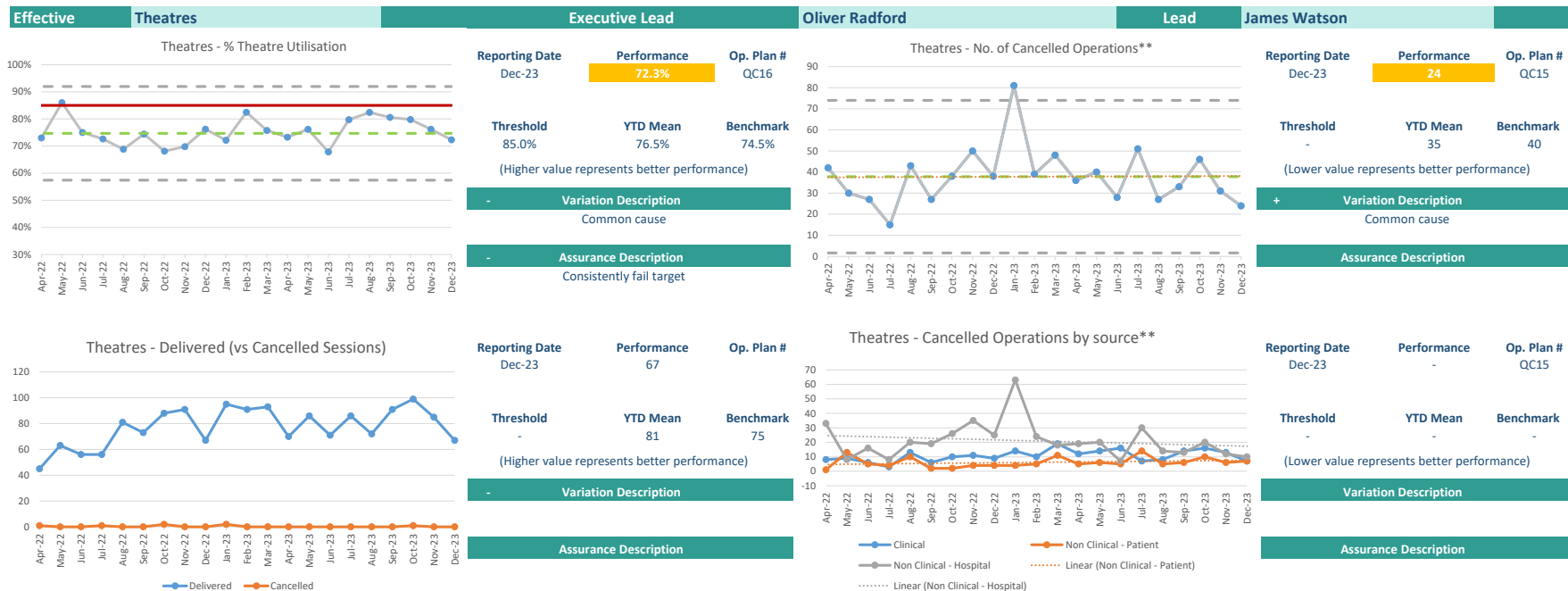
Length of Stay:

- 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.

Length of Stay:

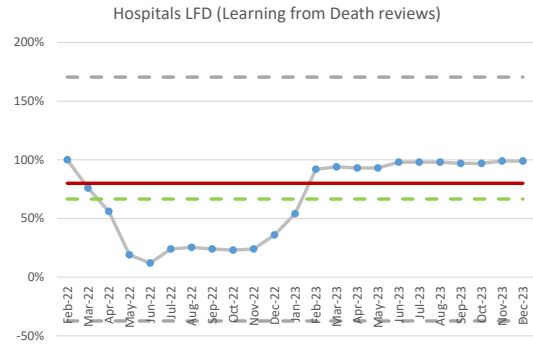
- Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.1 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital.
- Reduced LOS on the R&R pathway 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.



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 December was 67. The number of cancelled operations decreased to 24 in December (year to date average is 36). Most common reasons were "Unfit for Surgery-Acute illness" (7), "Appointment Inconvenient" (4) and "Ward Beds Unavailable" (4). 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. <p>**This metric was previously being reported as 'cancellations on the day'. A review of the methodology for this metric has identified that the figure being reported includes all theatre cancellations, not just those that occur 'on the day'. The reporting methodology is currently being revised to include only those occurring 'on the day', and the figures will be updated accordingly in future reports. It is therefore anticipated that Manx Care's actual number of theatre cancellations on the day will be lower than has been reported.</p>	<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 specialties. 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 orthopaedic and general surgical specialties through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive staff to sustain the BAU activity in theatres. 	<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 was undertaken in September and provided assurance that standards were continuing to be met. AfPP were also engaged to perform a Staffing Establishment Review to confirm accurate staffing & skill mix to safely deliver 4 - 7 theatres (inclusive of maternity theatre) which was conducted in October, results to be published December. 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. 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. The Theatre team are undertaking monthly deep dive analysis of reasons/causes of hospital led cancellations on the day which is reported monthly through the CG1 Governance Structure. <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>

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

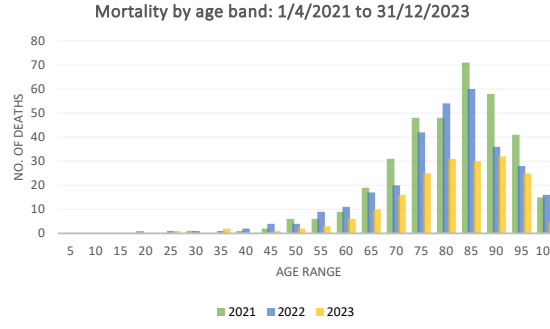


Reporting Date	Performance	Op. Plan #
Dec-23	99.0%	QC126
Threshold	80.0%	Benchmark
	YTD Mean 96.9%	40.3%

(Higher value represents better performance)

+ Variation Description
Special Cause of Improving variation (High)

+ Assurance Description
Consistently hit target



Reporting Date	Performance	Op. Plan #
-	797 in Total	
Threshold	YTD Mean -	Benchmark -

+ Variation Description

- Assurance Description

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

Hospitals LFD (Learning from Death) Reviews:

- 99% reported. The target continues to be exceeded, as it has every month since February 2023.

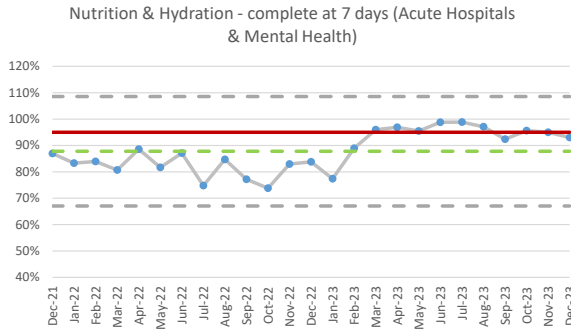
Hospitals LFD (Learning from Death) Reviews:

- The current approach appears successful.

Hospitals LFD (Learning from Death) Reviews:

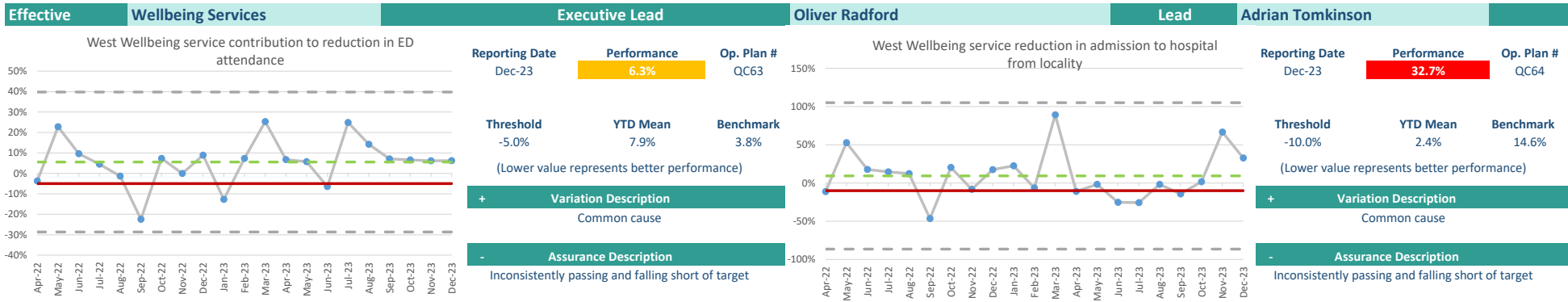
- There is reasonable confidence that the challenges experienced last reporting year have been overcome and significant progress has been made.

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

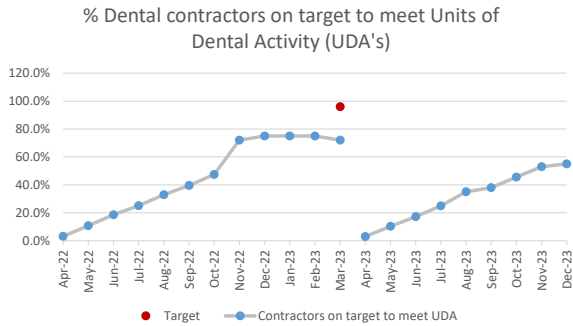


Reporting Date Dec-23	Performance 93.0%	Op. Plan # QC124
Threshold 95.0%	YTD Mean 95.9%	Benchmark 83.1%
(Higher value represents better performance)		
Variation Description Common cause		
Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> 93% reported, marginally below the target of 95%. The target has been exceeded in 7 out of 9 reporting months YTD. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Missing assessments are highlighted to senior staff. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Progress 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 these metrics have 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. The PIMS team are working with the Wellbeing leads to produce a schedule of alternative KPIs that better reflect and evaluate the performance and impact of the Wellbeing Partnerships. Impact of frailty service is being reviewed. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date: Dec-23
 Performance: **55.0%**
 Op. Plan #: QC161

Threshold: 96.0%
 YTD Mean: -
 Benchmark: -
 (Higher value represents better performance)

+ Variation Description

- Assurance Description
 N/A

Issues / Performance Summary

Dental Contractors:

- Hillside Dental practice became a salaried dental service as of 1st December. The new software provider had experienced a serious cyber-attack, which to date has still not been resolved. Alternative solutions are currently being looked into. The practice is providing emergency treatment only at this time.

Planned / Mitigation Actions

Dental Contractors:

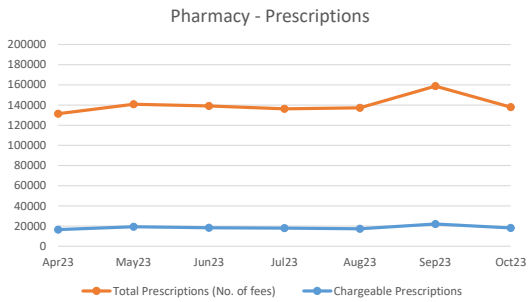
- The majority of contractors are on target to achieve their UDA delivery for the year.

Assurance / Recovery Trajectory

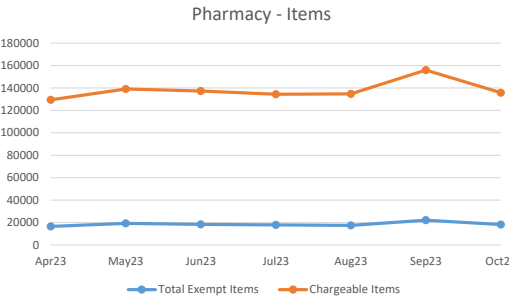
Dental Contractors:

- 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.

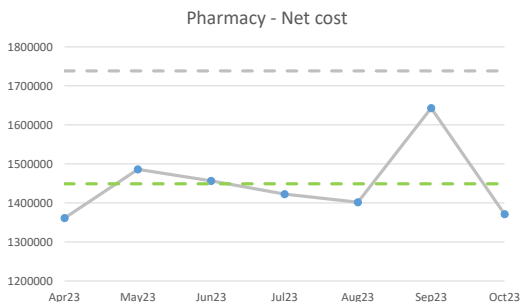
Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.



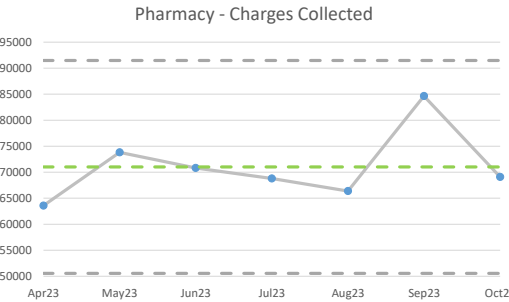
Reporting Date	Performance	Op. Plan #
Oct-23		-
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



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



Reporting Date	Performance	Op. Plan #
Oct-23	£1,371,536	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Oct-23	£69,092	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		

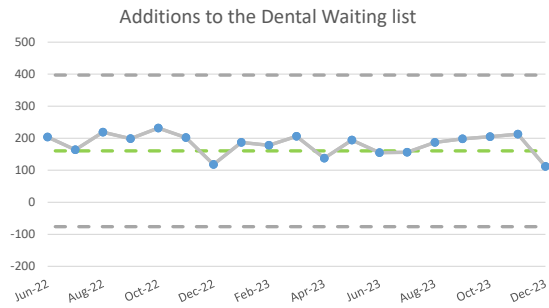
Issues / Performance Summary

Based on latest data available from NHS BSA.

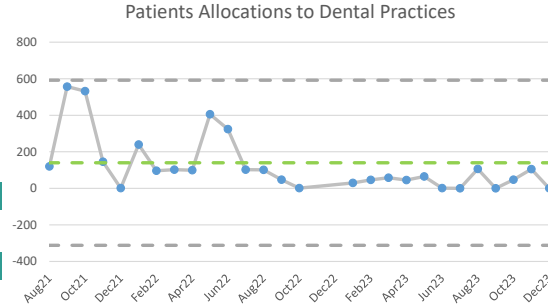
Planned / Mitigation Actions

Assurance / Recovery Trajectory

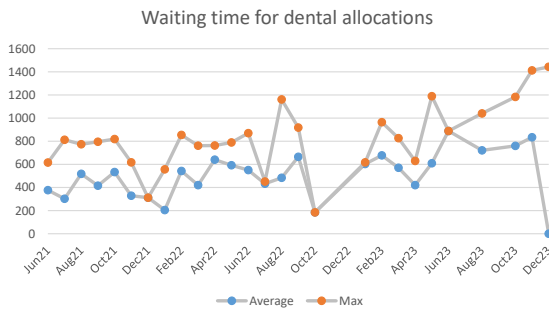
Effective Integrated Primary & Community Care **Executive Lead** Oliver Radford **Lead** Rebecca Dawson



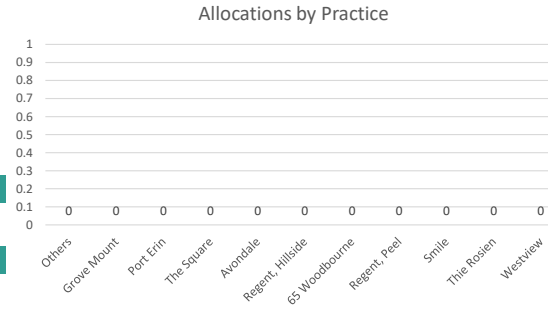
Reporting Date	Performance	Op. Plan #
Dec-23	112	-
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	0	-
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



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



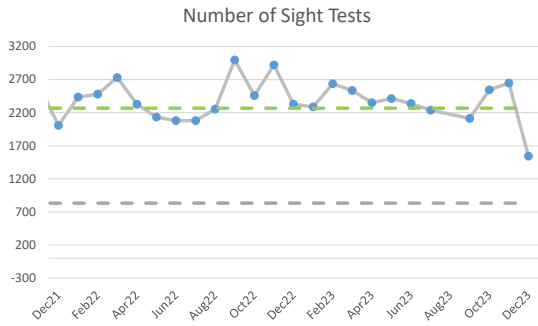
Reporting Date	Performance	Op. Plan #
Dec-23	0	-
Threshold	YTD Mean	Benchmark
Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary

In December 2023, 112 patients were added to the dental allocation list. 38 children and 74 adults were added. No patients were allocated to an NHS dental practice due to capacity within the dental practices; practices will advise when they have capacity to accept new patients from the list or will request additional funding to accept new patients from the list.

Planned / Mitigation Actions

Assurance / Recovery Trajectory



Reporting Date
Nov-23

Performance
2649

Op. Plan #
-

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

Variation Description

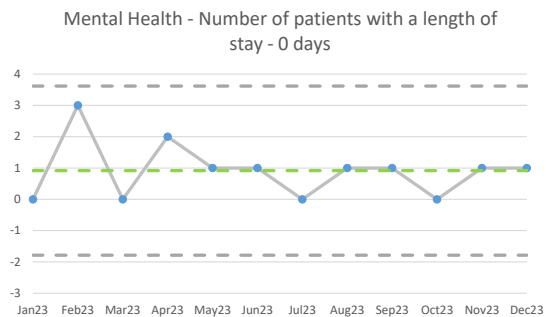
Assurance Description

Issues / Performance Summary

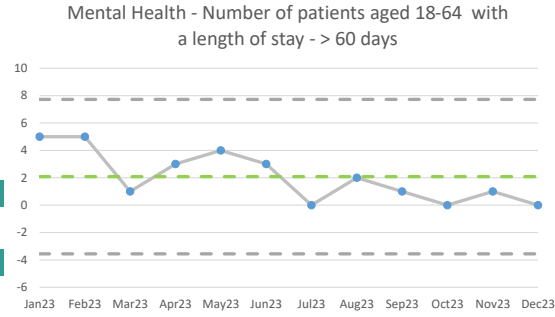
Planned / Mitigation Actions

Assurance / Recovery Trajectory

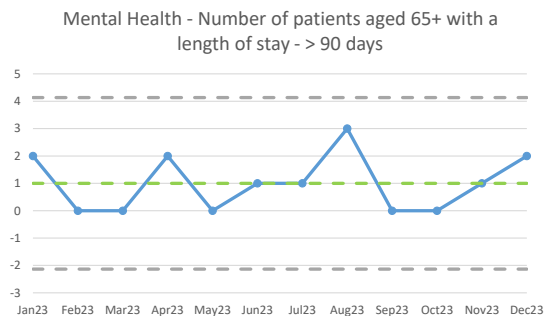
Effective **Mental Health (1 of 3)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



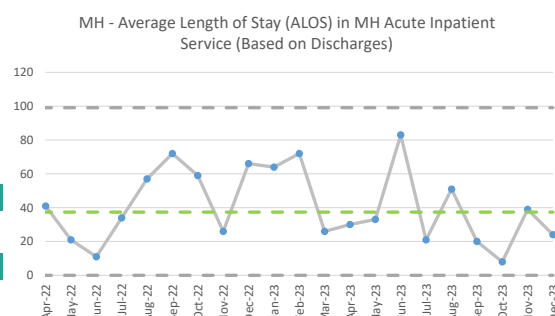
Reporting Date	Performance	Op. Plan #
Dec-23	1	QC87
Threshold	YTD Mean	Benchmark
-	1	1
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	0	QC88
Threshold	YTD Mean	Benchmark
-	2	4
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	2	QC89
Threshold	YTD Mean	Benchmark
-	1.1	0.7
- Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	24	QC158
Threshold	YTD Mean	Benchmark
-	34	46
+ Variation Description Common cause		
Assurance Description		

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

Average Length of Stay (ALOS):

- There was one patient on Harbour Ward who had a length of stay of 0 days. This is not of concern on an acute ward.
- * ALOS for those aged 65+ over 90 days is also not cause for concern and evidences appropriate discharge of this patient group.
- ALOS for those patients aged 18-64 in December was 0, this is demonstrating prompt discharge planning from the unit.

For current inpatients, the ALOS is being appropriately monitored and within expected norms.

NHSE recognised standard measures are as follows:

Number of patients aged 18-64 with a length of stay - > 60 days; Dec = 0

Number of patients aged 65+ with a length of stay - > 90 days; Dec = 2

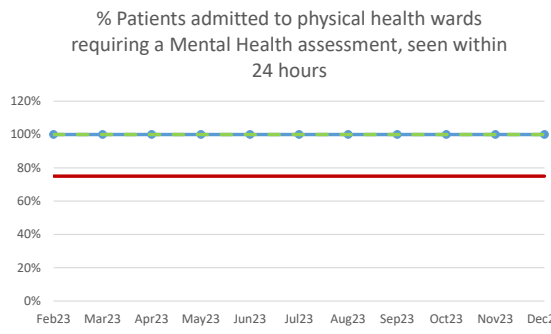
Continue to monitor and report against recognised NHSE standards.

Average Length of Stay (ALOS):

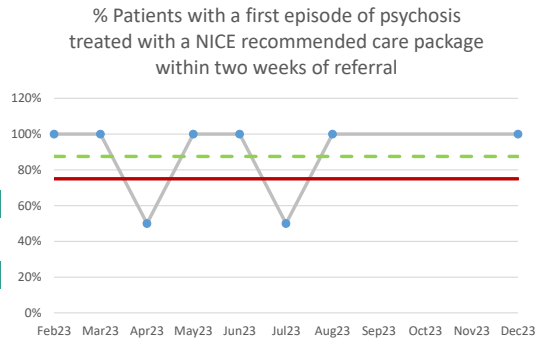
- The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis.

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

Effective	Mental Health (2 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey
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Reporting Date Dec-23	Performance 100%	Op. Plan # QC69
Threshold 75%	YTD Mean 100%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



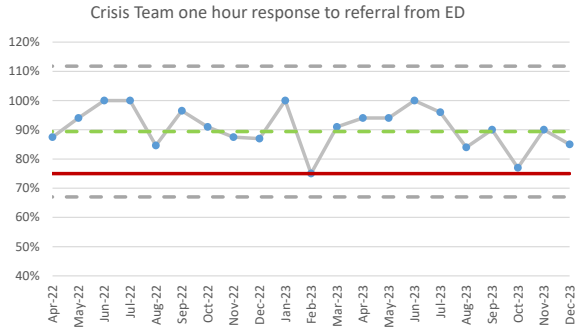
Reporting Date Dec-23	Performance 100%	Op. Plan # QC70
Threshold 75%	YTD Mean 83%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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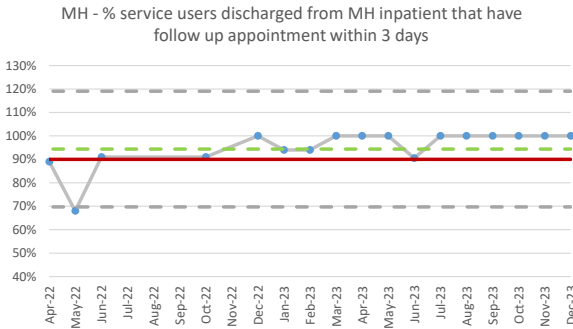
These indicators are both consistently above targets and are of no cause for concern within the care group. They are being regularly monitored.

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

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



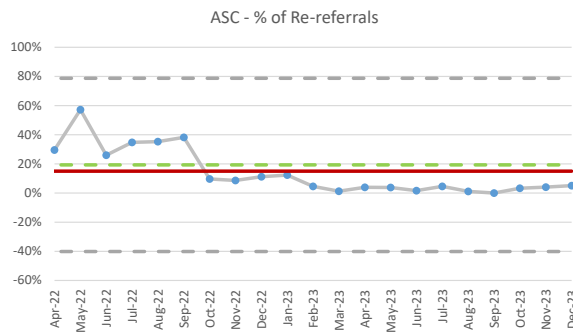
Reporting Date Dec-23	Performance 85.0%	Op. Plan # QC68
Threshold 75.0%	YTD Mean 90.0%	Benchmark 91.2%
(Higher value represents better performance)		
- Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Dec-23	Performance 100%	Op. Plan # QC72
Threshold 90.0%	YTD Mean 98.9%	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
<p>Crisis Team:</p> <ul style="list-style-type: none"> Performance was 85%, which exceeds the target of 75%. This target has been met for consistently for more than a year. 4 ED reviews did not meet the targeted one hour time frame due to workload pressures and demand on CRHTT services. <p>3 Day follow up:</p> <ul style="list-style-type: none"> Excellent results - continued 100% compliance for 9 out of last 10 months; all 72 hour follows were completed within the time frame and documented within the patient record in RIO. 	<p>Crisis Team:</p> <p>To continue to monitor response times monthly.</p> <p>3 Day follow up:</p> <p>Reminders have been sent to operational managers as RiO documentation is not always be completed at the time of the event.</p>	<p>Crisis Team:</p> <ul style="list-style-type: none"> Target continues to be achieved monthly and service area is motivated to achieve 100% compliance. <p>3 Day follow up:</p> <p>There is confidence that this target will be effectively maintained.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective **Adult Social Work (1 of 3)** **Executive Lead** **David Hamilton** **Lead** **Michele Mountjoy**



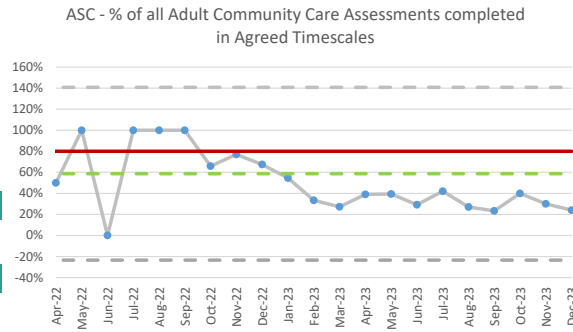
Reporting Date	Performance	Op. Plan #
Dec-23	5.1%	QC41

Threshold	YTD Mean	Benchmark
<15%	3.1%	22.4%

(Lower value represents better performance)

- Variation Description
Special Cause of Improving variation (Low)

+ Assurance Description
Consistently hit target



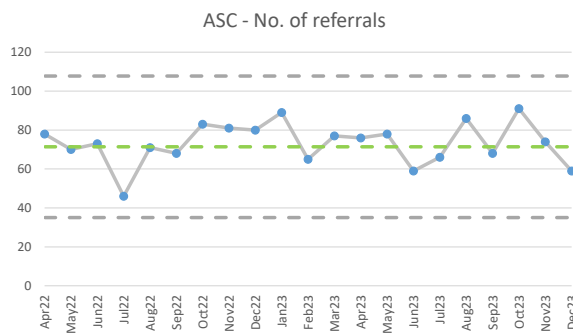
Reporting Date	Performance	Op. Plan #
Dec-23	24.1%	QC44

Threshold	YTD Mean	Benchmark
80.0%	32.7%	64.6%

(Higher value represents better performance)

+ Variation Description
Special Cause of Concerning variation (Low)

- Assurance Description
Consistently fail target

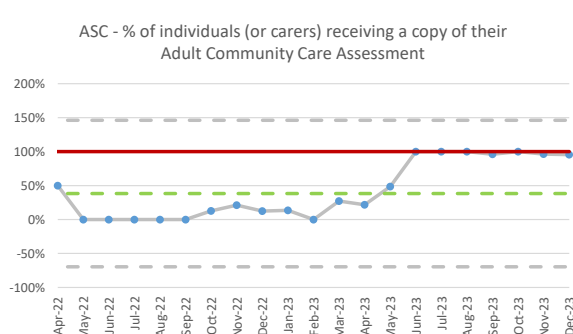


Reporting Date	Performance	Op. Plan #
Dec-23	59	QC40

Threshold	YTD Mean	Benchmark
-	73	73

- Variation Description
Common cause

+ Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	95.5%	QC45

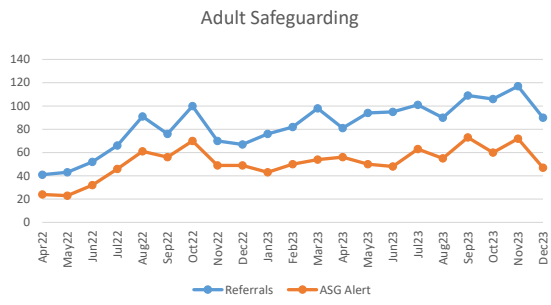
Threshold	YTD Mean	Benchmark
100.0%	84.2%	11.4%

(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>Referrals: The number of new referrals received in December decreased to 59.</p> <p>Re-Referrals:</p> <ul style="list-style-type: none"> The re-referral rate continues to be low, indicating good triage and assessment or signposting of incoming referrals. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The completion of Wellbeing Partnership assessments in December remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities. Areas of Adult Social Work are experiencing staffing pressures, which are planned to be mitigated by both agency and permanent recruitment. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The assessment sharing level was 95.5% during December, slightly below the threshold. 	<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.</p> <p>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 with the DHSC 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 data capture issue around assessments is still being worked through in conjunction with the BI Team. This is proving to be complex to fix. The numbers are influenced by the Learning Disabilities Team, who are seeing an increased caseload both in terms of numbers and complexity of client needs. A request has been made to amend the timescale from 4 to 6 weeks in this service area. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date: Dec-23

Performance: Referrals 90, Alert 47

Op. Plan #: QC59

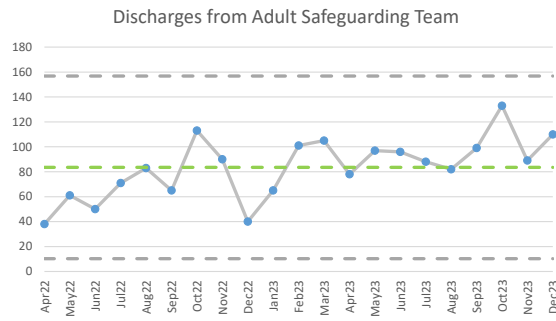
Threshold: -

YTD Mean: -

Benchmark: -

Variation Description

Assurance Description



Reporting Date: Dec-23

Performance: 110

Op. Plan #

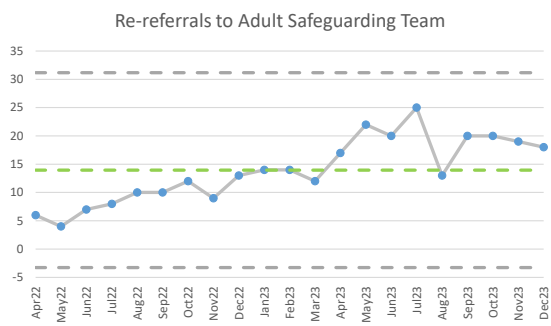
Threshold: -

YTD Mean: 97

Benchmark: 74

Variation Description: Common cause

Assurance Description



Reporting Date: Dec-23

Performance: 18

Op. Plan #

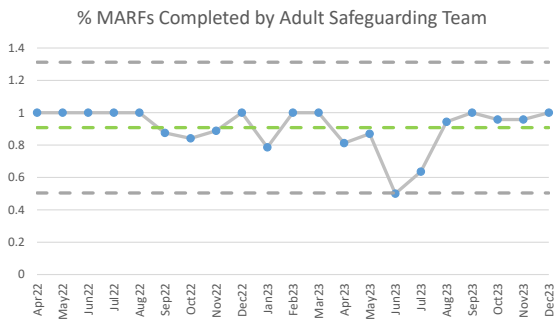
Threshold: -

YTD Mean: 19

Benchmark: 10

Variation Description: Common cause

Assurance Description



Reporting Date: Dec-23

Performance: 100.0%

Op. Plan #

Threshold: -

YTD Mean: 85.3%

Benchmark: 94.9%

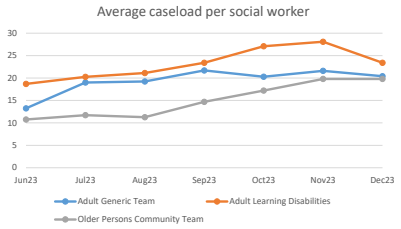
(Higher value represents better performance)

Variation Description: Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> The number of alerts received continues to be high and increasing. The team can demonstrate a 30% increase in alerts when comparing 2022 to 2023 (to date). Currently the Adult Safeguarding Team is depleted. The Team Manager is new to post and is in a 4-month secondment. A Senior Practitioner is now in post on a 4-month secondment. There is an existing vacancy for a safeguarding officer (social worker) and a further vacancy is about to exist owing to the resignation of a further safeguarding officer. The recruitment of permanent staff is underway but may not prove fruitful. Discharges are likely to vary significantly month to month as each safeguarding alert must be processed individually, with some being discharged rapidly and others taking longer period of time (sometimes several months), owing to complexity and levels of risk. Re-referral rates fluctuate somewhat but are broadly consistent across an annual period. The reasons for re-referrals are generally appropriate and as would be anticipated e.g., resident on resident physical abuse recurring, and necessitating multiple referrals. MARFs are a means by which the police share concerns. These are appropriate but do not always meet thresholds for action to be taken by the adult safeguarding team. 23 out of 23 MARFs were completed within timescale during December 2023. 	<ul style="list-style-type: none"> Referrals and ASG alerts methodology will be discussed with the B.I team. A Business Case for additional staffing resources is under consideration. 	<p>The safeguarding team is typically meeting its timescales for taking appropriate action e.g., convening planning meetings. Where there are delays these are occasional and usually at the request of the person at risk of harm.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective **Adult Social Work (3 of 3)** Executive Lead **David Hamilton** Lead **Michele Mountjoy**



Reporting Date
Dec-23

Performance

Op. Plan #

Threshold

YTD Mean

Benchmark

Variation Description

Assurance Description

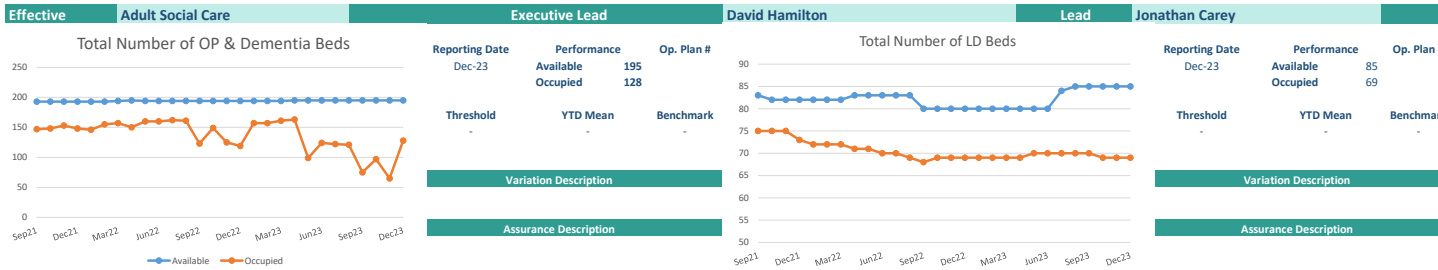
Issues / Performance Summary

A general upward trajectory of caseloads held is contributed to by an increase in complexities we are seeing as well as turnover of staff and vacancy factor.

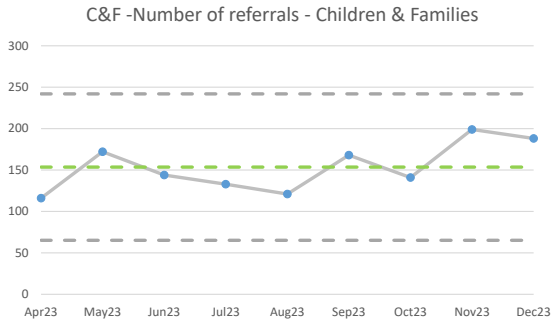
Planned / Mitigation Actions

Social Worker recruitment is planned - permanent where possible and agency to fill in gaps. A business case for additional resource in Adult Safeguarding is under consideration.

Assurance / Recovery Trajectory



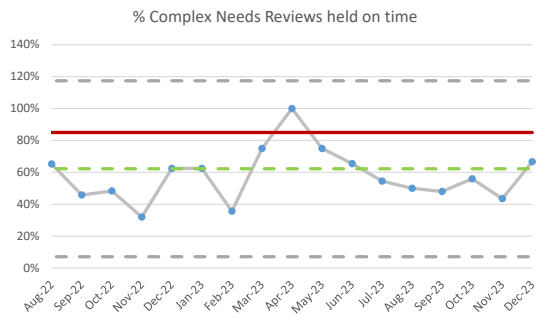
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>The vacancy factor across Older Peoples Services is largely attributable to recent announcements at Cummal Moor where they currently have 7 vacant beds + 3 respite beds.</p> <p>Southlands are carrying 4 vacancies but have 4 people on the waiting list. Dementia Care & Support Services have 4 vacancies and 5 people on the waiting list.</p> <p>Therefore in reality where there are vacancies people are transitioning into those beds.</p> <p>Across LD services 81 beds are available, of which:</p> <ul style="list-style-type: none"> • 67 are occupied (82.7%) • 1 is due to be decommissioned once current service user transfers • 14 are vacant (17.3%), of which 6 are currently unavailable due to challenges by existing service users (not 5 as stated) – meaning; • 7 beds (8.6%) are available <p>Of the 7 available beds, 4 are under active consideration:</p> <ul style="list-style-type: none"> • 1 provisionally allocated • 1 current assessment is in progress • 2 cases are being actively explored <p>Therefore, actual net available LD residential capacity for new cases arising is 3 beds (3.7% of overall capacity).</p>	<p>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.</p> <p>Business cases are pending in regard to LD services which if approved, will support increased capacity.</p>	



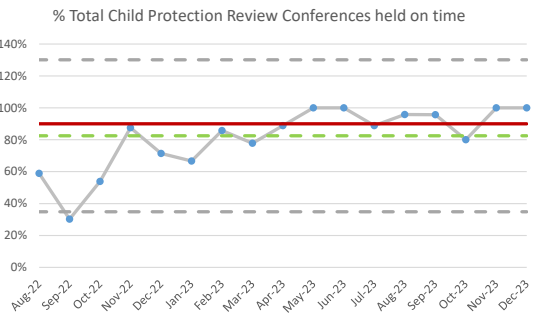
Reporting Date Dec-23	Performance 188	Op. Plan #
Threshold -	YTD Mean 154	Benchmark 154
+ Variation Description Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals: Referral levels have remained fairly static over this reporting year.</p>		<p>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.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

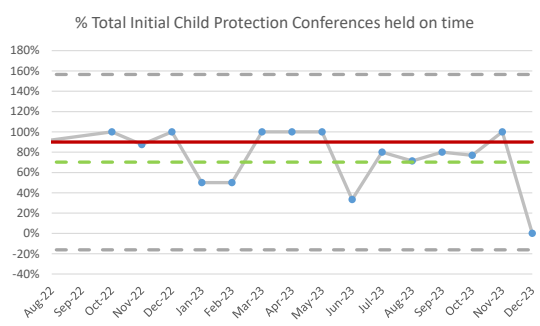
Effective	Social Work (Children & Families) 2 of 3	Executive Lead	David Hamilton	Lead	Julie Gibney
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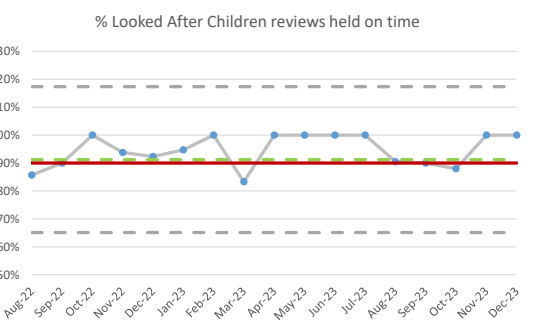
Reporting Date	Performance	Op. Plan #
Dec-23	66.7%	QC49
Threshold	YTD Mean	Benchmark
85.0%	62.1%	53.4%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Dec-23	100%	QC52
Threshold	YTD Mean	Benchmark
90.0%	90.0%	66.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

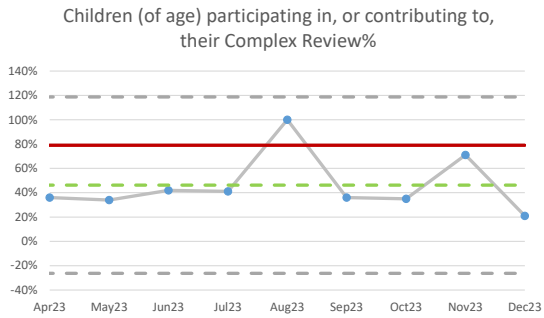


Reporting Date	Performance	Op. Plan #
Dec-23	0.0%	QC51
Threshold	YTD Mean	Benchmark
90.0%	71.3%	81.3%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		

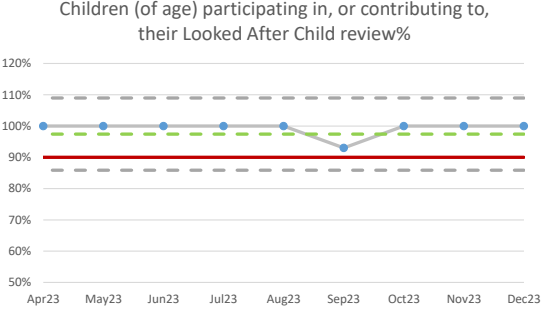


Reporting Date	Performance	Op. Plan #
Dec-23	100%	QC53
Threshold	YTD Mean	Benchmark
90.0%	96.5%	92.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

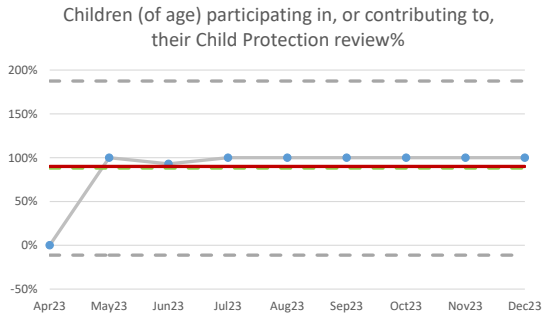
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Complex Needs Reviews held on time:</p> <p>27 Reviews held and 18 were in timescale and 9 were out of timescale</p> <p>Reasons for delayed meetings:</p> <p>Family Unavailable – 1 Relevant Professional/Agency Unavailable - 1 Chairperson Unavailable – 3 Notification by Social Worker Staff: Out of Timescale - 4</p> <p>Initial Child Protection Conferences held on time:</p> <ul style="list-style-type: none"> 3 meetings were due and 0 were held in time <p>Reasons for delayed meetings:</p> <p>Family unavailable - 3</p> <p>Child Protection Review Conferences held on time:</p> <ul style="list-style-type: none"> 9 RCPC's were held and 9 were on time <p>Looked After Children reviews held on time:</p> <ul style="list-style-type: none"> 100% of reviews were held within the timescales in December. 	<p>The Complex Needs Reviews are undertaken by the Children with Disabilities Team, the CWD has 107 children shared between 4 Social Workers. A watching brief is being kept on capacity generally within this team. These numbers mean that there are 98 children reviewed twice per year, creating 196 Reviews which need to be held within timescale and with the coordination of the Team Manager, the Social Worker, schools and the families themselves. This is often challenging as dates have to be manually altered, as CWCN meetings have to take place during term time. The CWD team are holding at least 200 reviews per annum between the 4 Social Workers, not including the network meetings are held between each review.</p>	<p>Additional agency staff have recently been engaged in the CWD team as a mitigation to the whole workload of this team, additional administrative resourcing is also now in place.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date	Performance	Op. Plan #
Dec-23	21%	
Threshold	YTD Mean	Benchmark
79%	46%	46%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Dec-23	100%	
Threshold	YTD Mean	Benchmark
90%	99%	99%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Dec-23	100%	
Threshold	YTD Mean	Benchmark
90%	88%	88%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

9 RCPC's were held and 9 were on

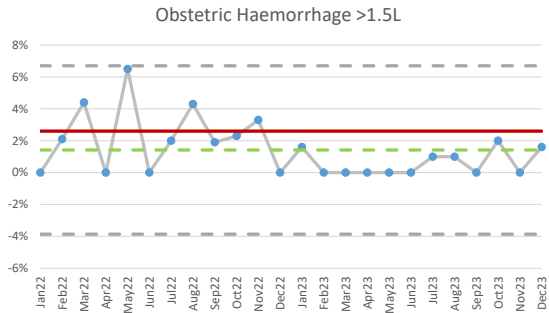
Issues / Performance Summary
 Participation in conferences for Looked After Children has a designated worker to encourage and develop participation, and therefore this metric is usually high. There is no specific role to provide this in CWCN and work continues to develop participation in this area, especially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

Planned / Mitigation Actions
 Please see previous page for supporting narrative.

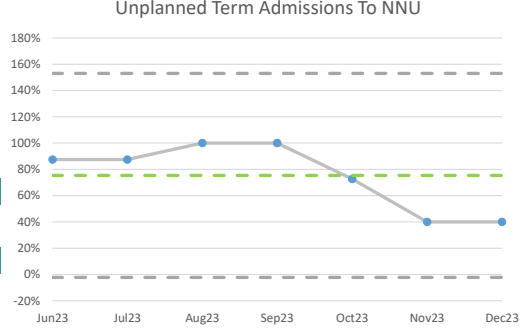
Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.

Assurance / Recovery Trajectory
 Please see previous page for supporting narrative.

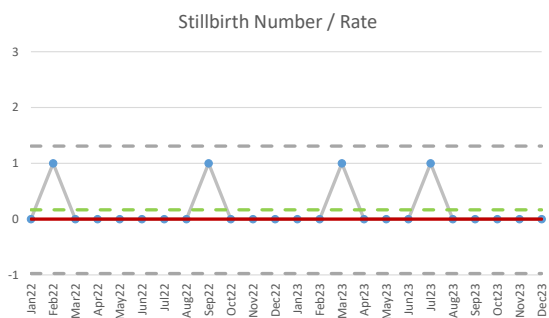
Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.



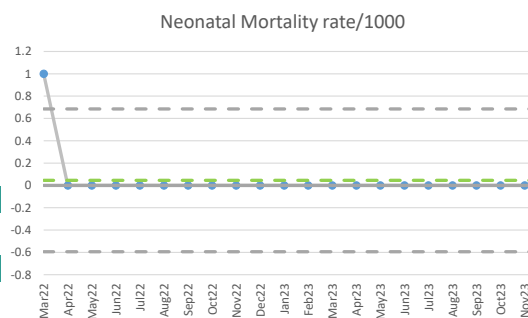
Reporting Date	Performance	Op. Plan #
Dec-23	1.6%	
Threshold	YTD Mean	Benchmark
< 2.6%	0.62%	1.8%
- Variation Description: Common cause		
+ Assurance Description: Consistently hit target		



Reporting Date	Performance	Op. Plan #
Dec-23	40.0%	
Threshold	YTD Mean	Benchmark
-	-	#DIV/0!
- Variation Description: Common cause		
+ Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	0	
Threshold	YTD Mean	Benchmark
< 4.4/1000	0	16.7%
+ Variation Description: Common cause		
+ Assurance Description: Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Dec-23	0	
Threshold	YTD Mean	Benchmark
-	0	0.0%
+ Variation Description: Special Cause of Improving variation (Low)		
+ Assurance Description		

Issues / Performance Summary

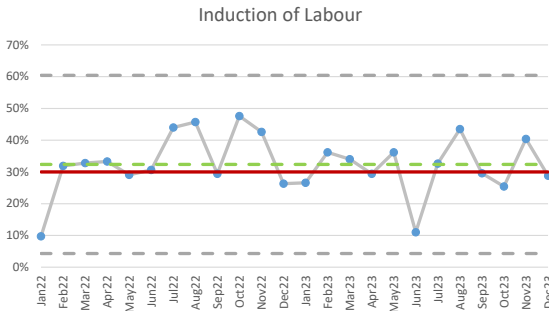
Obstetric haemorrhage >1.5 litre: 1.6% in December (1 case) with national standard being <2.6% .

Unplanned Term Admissions To NNU
2 babies were above 37 weeks gestation (term), unplanned admissions 5% (3 cases out of number of babies) in December (national standard <5%). These cases have been reviewed and no issues were identified with care or management.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

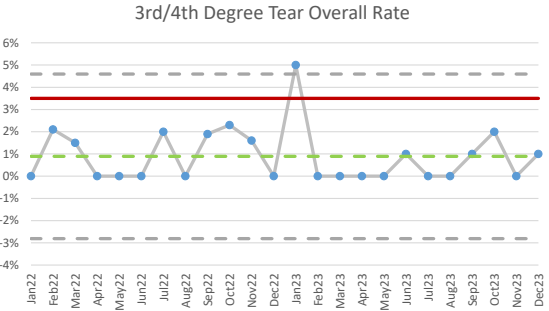


Reporting Date	Performance	Op. Plan #
Dec-23	28.8%	
Threshold	< 30%	
YTD Mean	30.8%	
Benchmark		31.1%

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

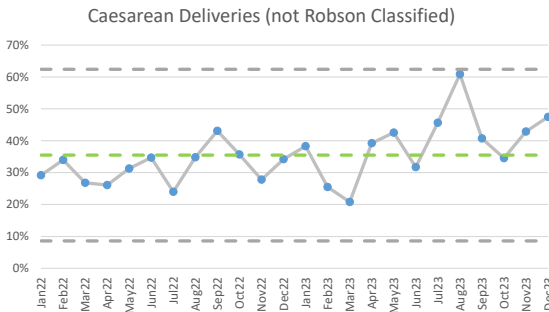


Reporting Date	Performance	Op. Plan #
Dec-23	1.0%	
Threshold	< 3.5%	
YTD Mean	0.6%	
Benchmark		1.1%

(Lower value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently hit target

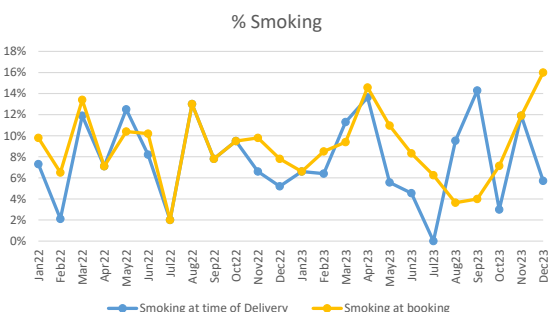


Reporting Date	Performance	Op. Plan #
Dec-23	47.5%	
Threshold	-	
YTD Mean	42.8%	
Benchmark		31.4%

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	Booking 16.0% Delivery 5.7%	
Threshold	-	
YTD Mean	-	
Benchmark	-	

(Lower value represents better performance)

- Variation Description

- Assurance Description

Issues / Performance Summary

Total caesarean deliveries: for the month of December was 28 (47.5%). Caesarean section rates are no longer considered a KPI in England.

Induction of labour: below national standard at 28.3% and also reduced from November which saw 40.4% induction of labour rate.

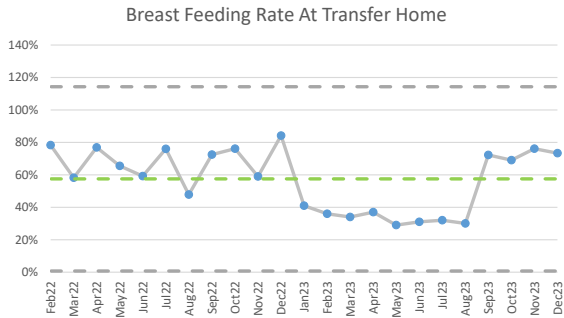
Third and fourth degree tear rates: perineal trauma remains well below national target of >3.5% with no 3rd and 4th degree tears in November and 1 incidence in December (1%)

Smoking at booking and delivery: down from 11.9% last month to 5.7%.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



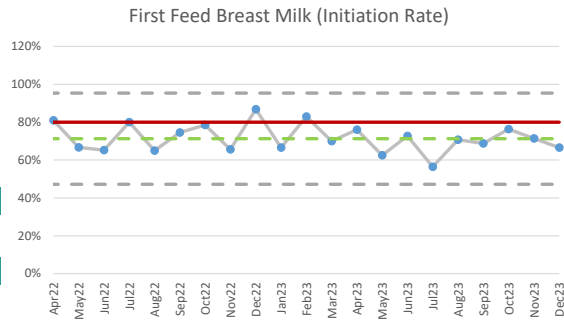
Reporting Date	Performance	Op. Plan #
Dec-23	73.3%	

Threshold	YTD Mean	Benchmark
-	-	60.7%

(Higher value represents better performance)

+	Variation Description
	Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	66.6%	

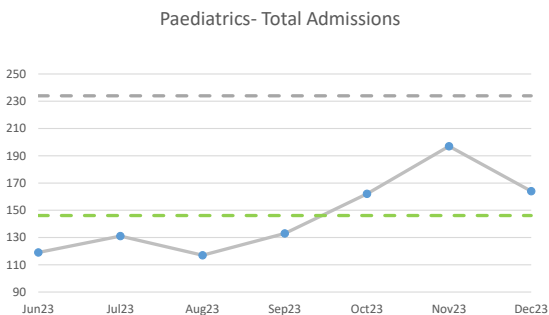
Threshold	YTD Mean	Benchmark
> 80%	69.1%	73.6%

(Higher value represents better performance)

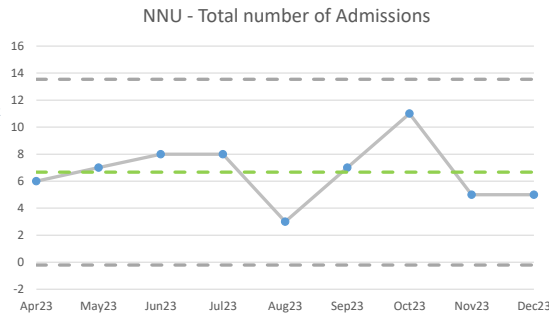
-	Variation Description
	Common cause

Assurance Description
Consistently fail target

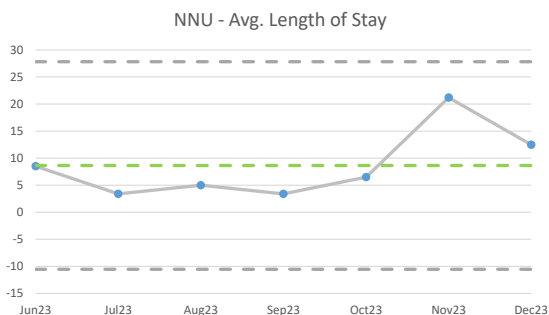
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>First Feed Breast Milk (Initiation Rate): Breast milk as first feed 66.6% which is below the national standard of <80%, however 73.3% of babies were breast fed at discharge from the unit. Low staffing levels and acute activity can impact the breast feeding support women receive</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



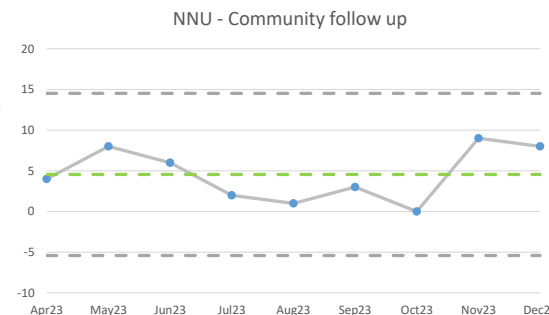
Reporting Date	Performance	Op. Plan #
Dec-23	164	-
Threshold	YTD Mean	Benchmark
-	146	-
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	5	-
Threshold	YTD Mean	Benchmark
-	7	-
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	13	-
Threshold	YTD Mean	Benchmark
-	8.6	-
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	8	-
Threshold	YTD Mean	Benchmark
-	5	-
Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary

- 2 babies were above 37 weeks gestation (term), unplanned admissions.
- 1 baby was admitted following preterm delivery at 36+1/40 for monitoring and feeding problems and safeguarding issues.
- Babies were admitted from labour ward/theatre and postnatal ward between 15 mins and 25hrs of age
- 1 x baby admitted with fetal haemorrhage requiring intensive care.
- 3 x babies required intravenous antibiotics.
- 1 x baby treated with IV antibiotics for 10 days for a pseudomonas positive swab and clinically unwell.
- 1 x baby repatriated, later found to have MRSA on admission swabs. Baby well, isolated.
- Staffing -1WTE sickness. Nursery nurse returned from sickness, no support staff. Staff working extra hours to fill gaps.
- Band 6 neonatal nurse 1 x WTE started this month.
- 2 x ANNP's.

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.
- Lead nurse/ANNP attending obstetric hand over most days.
- Improving communication between maternity unit and neonatal unit with ANNP performing NIPE's and liaising with NNU staff any cause for concern.
- Early communication with obstetric team regarding high risk ladies and early transfer to a tertiary unit, where possible.
- 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.
- The Neonatal Unit nursing team take part in the on call rota to provide support at high acuity times, although this isn't consistently filled due to reduced staffing levels (staff already doing extras as well as on calls).

Assurance / Recovery Trajectory

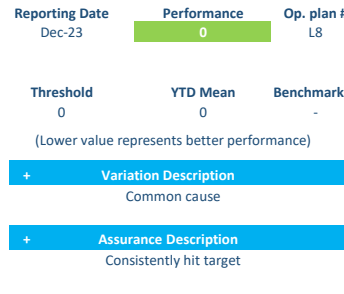
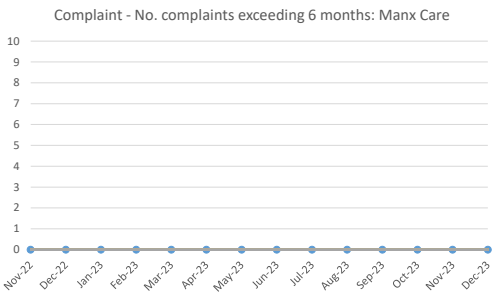
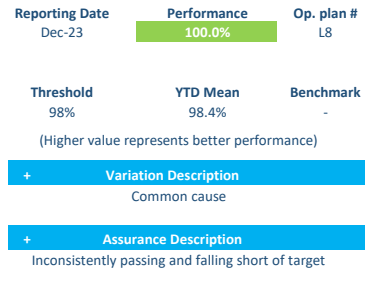
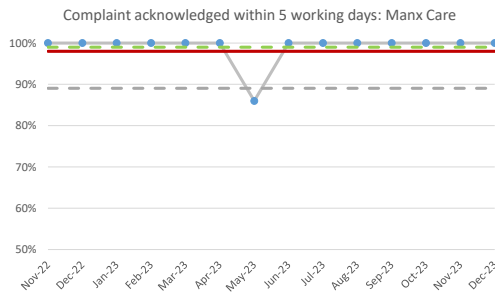
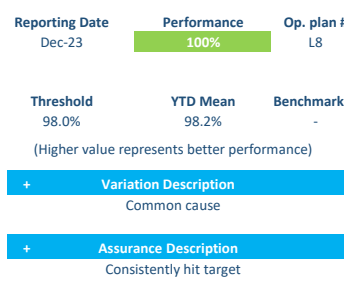
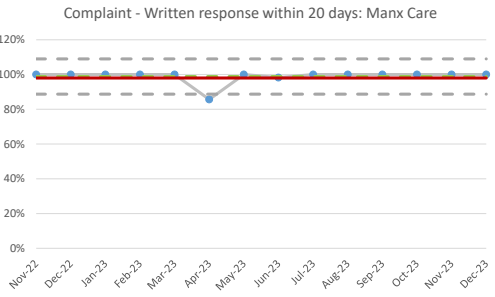
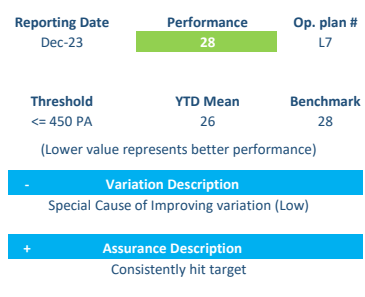
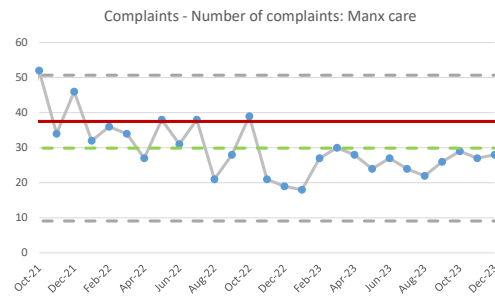
All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 center as soon as possible if required for ongoing care.

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	Dec-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Dec-23	-	943	1,258	11,319	-		
CA002		Complaints - Total number of complaints received	Dec-23		28	26	235	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Dec-23		91%	89%	-	80%		
CA007		Complaint acknowledged within 5 working days	Dec-23		100%	98%	-	98%			CA014		FFT - Experience was neither Good or Poor	Dec-23		4%	4%	-	10%		
CA008		Written response to complaint within 20 days	Dec-23		100%	98%	-	98%			CA015		FFT - Experience was Poor or Very Poor	Dec-23		5%	6%	-	<10%		
CA010		No. complaints exceeding 6 months	Dec-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Dec-23	-	620	661	5,949	-		
CA011		No. complaints referred to HSCOB	Dec-23	-	4	2	22	-			CA017		Manx Care Advice and Liaison Service same day response	Dec-23		91%	90%	-	80%		

Caring **Complaints** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Issues / Performance Summary

Number of Complaints:

- 28 complaints were received across the care groups - 1 more than last month. 9 originated in Primary Care (6 of which involved GPs), 8 were received relating to Medicine and Urgent Care, 5 involved Surgery, Theatres & Critical Care, 2 originated in the Children & Families division, and one complaint each for Corporate, Integrated Diagnostics, Women & Children's and Mental health Services.

Acknowledged within 5 Days:

- 100% compliance - All complaints were acknowledged within 5 working days.

Written Response within 20 days:

- 100% compliance was demonstrated in December.

No. Complaints Exceeding 6 Months:

- Zero recorded.

No. complaints referred to HSCOB:

- 4 complaints were referred to the HSCOB in December. Manx Care received and acted upon one HSCOB report received in December – actions uploaded to website and shared with DHSC as per the Regulations. Actions also shared with QSE Committee.

Planned / Mitigation Actions

Number of Complaints:

- MCALS continue to be successful in keep the numbers to a manageable level by intervening early.

Acknowledged within 5 Days:

- Continue to monitor closely.

Written Response within 20 days:

- Continue to monitor closely.

No. Complaints Exceeding 6 Months:

- Continue to monitor closely.

No. complaints referred to HSCOB:

- We will await HSCOB reports in due course.

Assurance / Recovery Trajectory

Number of Complaints:

- No target, but trends will be monitored. Monthly average of complaints received appears to have stabilised at 26.

Acknowledged within 5 Days:

- High degree of confidence in target being met as there has been no negative deviation since introduction of the Regulations in October 2022.

Written Response within 20 days:

- Reasonable degree of confidence in target being met.

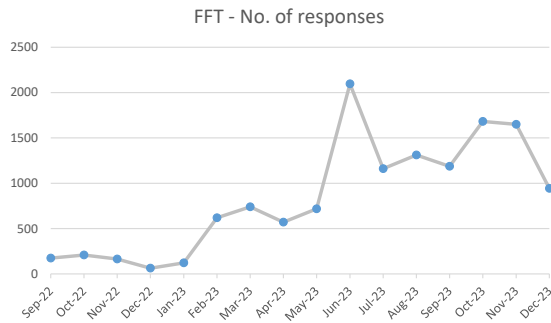
No. Complaints Exceeding 6 Months:

- Reasonable degree of confidence in target being met.

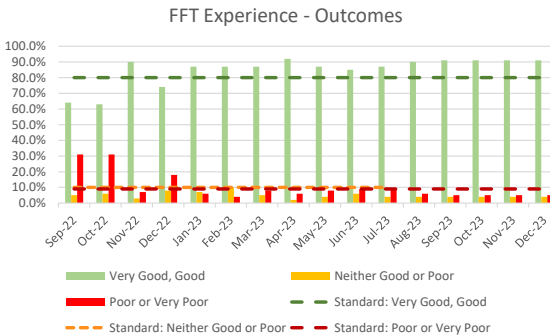
No. complaints referred to HSCOB:

- We will continue to monitor the trends and continue to learn from their feedback to improve our responses and the care that we provide.

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



Reporting Date	Performance	Op. plan #
Dec-23	943	QC127
Threshold	YTD Mean	Benchmark
-	1,258	-
+ Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Dec-23	91.0%	QC128-129-130
Threshold	YTD Mean	Benchmark
80.0%	89.4%	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

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

FFT Total number of responses:

- A total of 943 surveys completed for December 2023. 11,319 surveys completed YTD.
- FFT – Experience was very good or good:** 860 completed surveys rated experience as Very Good or Good equating to 91% against a target of 80%. Target exceeded for every month YTD (89%).
- FFT – Experience was neither good or poor:** 33 completed surveys rated experience as Neither Good nor Poor equating to 4% against a target of 10% or less. Again, performance for the year remains strong.
- FFT – Experience was poor or very poor:** 49 completed surveys rated experience as Poor or Very Poor, equating to 5% against a target of 10% or less. Again, performance for the year remains strong.

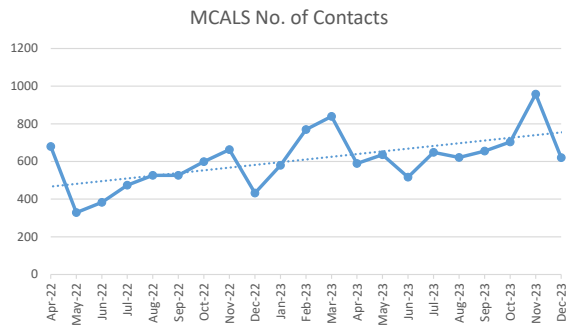
Planned / Mitigation Actions

- FFT Total number of responses:**
 - 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 continued on the 15 December 2023 which included training of our new Public Reps who will provide added sessions to collect survey data from January 2024.
 - 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

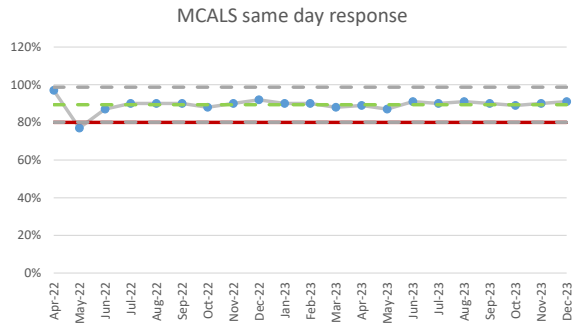
Assurance / Recovery Trajectory

- FFT Total number of responses:**
 - Experience and Engagement and Public Reps Team continue to conduct monthly and extra 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. Easy read version of survey launched in November and text message reminder service due for launch in the early part of 2024. 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.

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



Reporting Date	Dec-23	Performance	620	Op. plan #	QC131
Threshold	-	YTD Mean	661	Benchmark	567
+ Variation Description					
Assurance Description					



Reporting Date	Dec-23	Performance	91.0%	Op. plan #	QC132
Threshold	80.0%	YTD Mean	89.8%	Benchmark	-
+ Variation Description Common cause					
+ Assurance Description Consistently hit target					

Issues / Performance Summary

Number of Contacts:

- 620 contacts received in December 2023, demonstrating a decrease of 338 contacts (35%) compared to November 2023. Access to appointments within dental care, ophthalmology orthopaedics and general surgery were the dominant themes. In person contacts remained steady in December with 176 contacts due to proactively seeking feedback in the community during drop in sessions across the island. Extra winter warm space hubs had been added as drop in sessions in December to reach seldom heard voices.

Same Day Response:

- In December, MCALS had resolved all contacts within 24 hours 91% of the time against a Key Line of Enquiry Target of 80%.

Planned / Mitigation Actions

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.

Assurance / Recovery Trajectory

Number of Contacts:

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

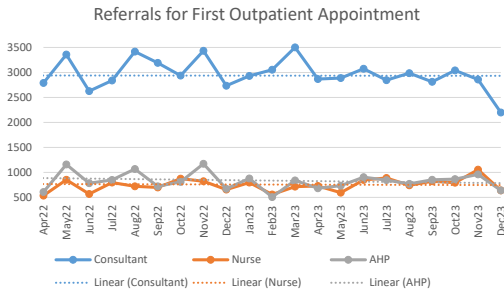
Same Day Response:

- Continued good performance in dealing with service user contacts.

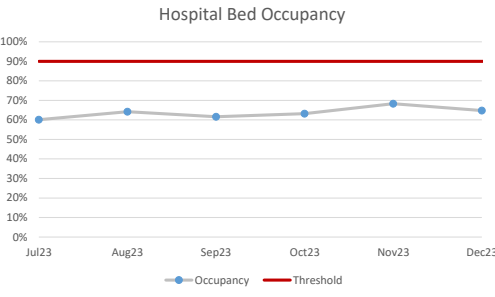
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

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	Dec-23	-	2200	2841	25571	-			RE014		Ambulance - Category 1 Response Time at 90th Percentile	Dec-23		19	19	-	15 mins		
RE056		Hospital Bed Occupancy	Dec-23	-	60.1%			92%			RE015		Ambulance - Category 1 Mean Response Time	Dec-23		9	10	-	7 mins		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Jan-24		16,610	16,198	-	< 15431			RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Dec-23		52%	50%	-	100%		
RE002		RTT - No. patients waiting for Daycase procedure	Jan-24		2,016	2,250	-	< 2286			RE034		Category 2 Response Time at 90th Percentile	Dec-23		33	30		40 mins		
RE003		RTT - No. patients waiting for Inpatient procedure	Jan-24		447	507	-	< 535			RE035		Ambulance - Category 3 Response Time at 90th Percentile	Dec-23		53	48		120 mins		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Dec-23		53%	54%	-	85%			RE036		Ambulance - Category 4 Response Time at 90th Percentile	Dec-23		64	78		180 mins		
RE061		Diagnostics-% patients waiting 26 weeks or less	Dec-23		67%	61%		99%			RE037		Ambulance - Category 5 Response Time at 90th Percentile	Dec-23		95	80		180 mins		
RE005		Diagnostics - % requests completed within 6 weeks	Dec-23	-	88%	86%	86%	-			RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Dec-23		252	192		0		
RE006		Diagnostics - % Patients waiting over 6 weeks	Dec-23		64%	69%	-	1%			RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Dec-23		43	22	-	0		
RE007		ED - % 4 Hour Performance	Dec-23		68%	71%	71%	76% (95%)			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Dec-23		71%	54%	-	80%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Dec-23	-	79%	81%	81%	-			RE031		IPCC - % of patients registered with a GP	Dec-23		4.0%	4.1%	-	5.0%		
RE009		ED - % 4 Hour Performance (Admitted)	Dec-23	-	20%	23%	23%	-			RE081		IPCC - N. of GP appointments	Dec-23	-	30485	37101	333905	-		
RE010		ED - Average Total Time in Emergency Department	Dec-23		279	260	-	360 mins			RE027		IPCC - No. patients waiting for a dentist	Dec-23	-	4,648	4,105	-	-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Dec-23		26	26	-	15 mins			RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Dec-23	-	100%	99%	-	-		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Dec-23		71	68	-	60 mins			RE075		Community Nursing Service response target met (7 days)- Routine	Dec-23	-	100%	100%	-	-		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Dec-23		23	15		60 mins													
RE013		ED - 12 Hour Trolley Waits	Dec-23		41	33	293	0													

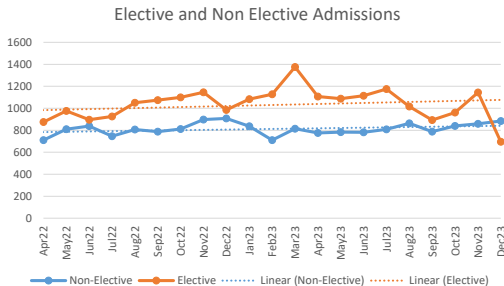
Responsive Performance Summary																						
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Dec-23		66%	65%	-	75%			RE051		Maternity Bookings	Dec-23	-	50	940	489	-			
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Dec-23		79%	79%	-	96%			RE052		Ward Attenders	Dec-23	-	275	-	-	-			
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Dec-23		57%	48%	-	85%			RE053		Gestation At Booking <10 Weeks	Dec-23	-	48%	34%	-	-			
RE064		No. on Cancer Pathway (All)	Dec-23	-	517	672	-	-			RE030		W&C - % New Birth Visits within timescale	Dec-23	-	92%	89%	-	-			
RE065		No. on Cancer Pathway (2WW)	Dec-23	-	436	571	-	-			RE032		Births per annum	Dec-23	-	451	246	-	-			
RE066		Cancer - Total number of patients Waiting for 1st OP	Dec-23	-	30	88	-	-			RE082		Meds Demand - N.patient interactions	Dec-23	-	3335	2630	23669	-			
RE067		Cancer - Median Wait Time from the Referral Date to the Diagnosis Date	Dec-23	-	27	15	-	-			RE083		Meds Overnight Demand	Dec-23	-	337	298	2681	-			
RE044		MH- Waiting list	Dec-23	-	1752	1666	11664	-			RE084		Meds - Face to face appointments	Dec-23	-	708	509	4584	-			
RE045		MH- Appointments	Dec-23	-	5626	6396	57568	-			RE086		Meds - TUNA%	Dec-23	-	0.8%	1.4%	-	-			
RE046		MH- Admissions	Dec-23	-	22	18	162	-			RE088		Meds- DNA%	Dec-23	-	1.8%	1.9%	-	-			
RE028		MH - No. service users on Current Caseload	Dec-23		5,305	5,225	-	4500 - 5500			RE089		Total Number of OP & Dementia Beds Available	Dec-23	-	195	195	-	-			
											RE090		Total Number of OP & Dementia Beds Occupied	Dec-23	-	95	114	-	-			
											RE092		Total Number of LD Beds Available	Dec-23	-	85	83	-	-			
											RE093		Total Number of LD Beds Occupied	Dec-23	-	69	70	-	-			



Reporting Date	Performance	Op. Plan #
Dec-23	Consultant 2200	
Threshold	YTD Mean 2841	Benchmark 3068
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	60.1%	QC79
Threshold	YTD Mean -	Benchmark -
Variation Description Common cause		
Assurance Description Consistently hit target		



Reporting Date	Performance	Op. Plan #
Dec-23	Elective 695 Non Elective 884	
Threshold	YTD Mean -	Benchmark -
Variation Description		
Assurance Description		

Issues / Performance Summary

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have decreased in December to (2200) , 23% lower than November'23 and was about 19.5% lower than the number received in December'22.

Elective and Non Elective Admissions:
Elective Admissions have decreased by approximately 39.2% in December (695) against November (1144)

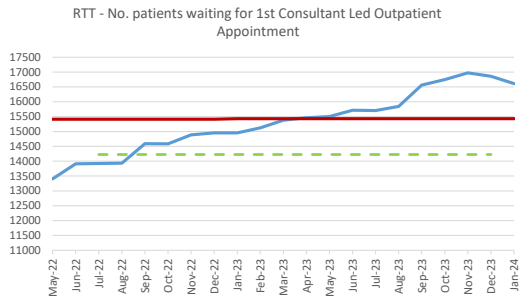
Non Elective admission numbers have slightly increased to 884 in November compared to 859 last month.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

The methodology under-pinning the 'Hospital Bed Occupancy' metric is currently being reviewed to ensure that it aligns with the respective guidance, with the occupancy rates for 'acute adult admissions' and 'non acute / child' to be shown separately.

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

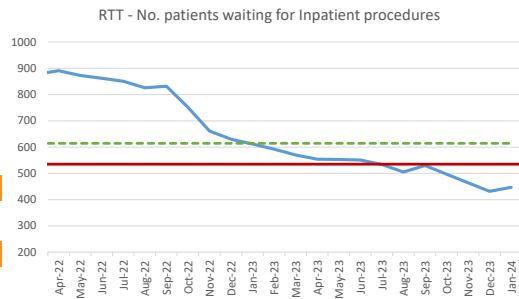


Reporting Date	Performance	Op. Plan #
Jan-24	16,610	QC11
Threshold	YTD Mean	Benchmark
< 15,431	16,198	15,465

(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
5,361

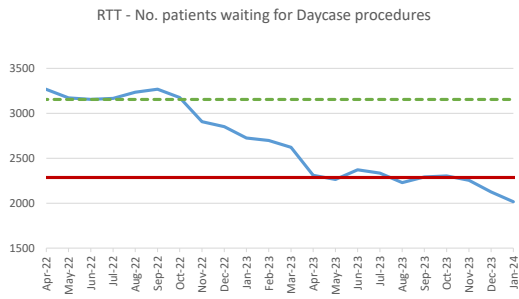


Reporting Date	Performance	Op. Plan #
Jan-24	447	QC11
Threshold	YTD Mean	Benchmark
< 535	507	554

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
79

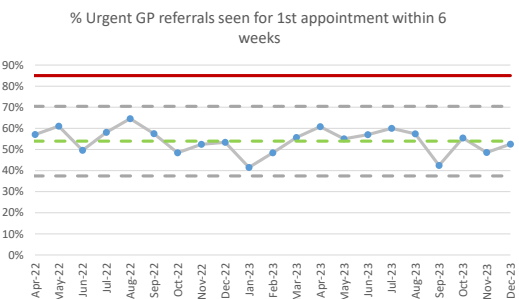


Reporting Date	Performance	Op. Plan #
Jan-24	2,016	QC11
Threshold	YTD Mean	Benchmark
< 2,286	2,250	2,311

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
573



Reporting Date	Performance	Op. Plan #
Dec-23	52.5%	QC13
Threshold	YTD Mean	Benchmark
85.0%	54.3%	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.
- Many outpatient pathways require considerable diagnostic intervention to enable their progression.

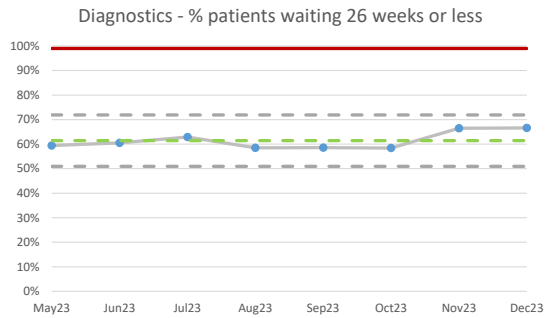
Planned / Mitigation Actions

- R&R delivery (Nov'21 to Dec '23); 2,150 Ophthalmology procs in total; 42 Orthopaedic procs in Dec (955 in total); 30 GSU procs in Dec (447 in total); Other surgical specialities – 54 in total; 510 ENT OP attendances in total; Radiology – 90 Ultrasound scans in Dec (1,194 radiology scans in total); Mental Health – 299 referrals in total.
 - Overall R&R has delivered about a 77% reduction in the Opth DC waiting list.
 - Overall R&R has delivered about a 43% reduction in orthopaedic DC/IP waiting lists.
 - Overall there's been about a 42% 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 23,100 referrals have been through technical validation and over 12,300 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the technical and administrative validation to date, there will have been a 18% reduction in the outpatient waiting list. No patient is removed from the waiting list without clinical oversight.
- A dedicated programme of clinical validation has commenced, starting with Ophthalmology, with over 3,500 referrals reviewed to date, and almost 750 (21%) have been identified as can be either discharged or removed from the lists following this detailed clinical review.
- 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 waiting list volumes across all specialities for consultant, nurse and Allied Health Practitioner (AHP) led elective services.

Assurance / Recovery Trajectory

- General Surgery R&R activity commenced in November '22.
- The additional diagnostic capacity commissioned for Cardiac CT scans achieved the target waiting list by December 2023.
- 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	Performance	Op. Plan #
Dec-23	66.6%	QC37b

Threshold	YTD Mean	Benchmark
99.0%	61.4%	-

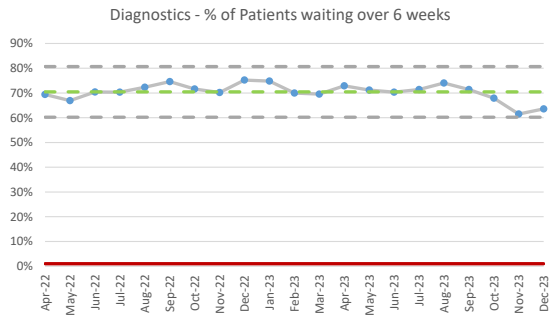
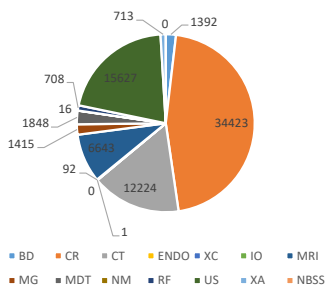
(higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Modality	Dec-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	233	172	74%
Computed Tomography	590	182	31%
Magnetic Resonance Imaging	437	146	33%
Ultrasound Non Obs	2,695	2,015	75%
Total	3,955	2,515	64%

YTD Demand by Modality: 2023/24



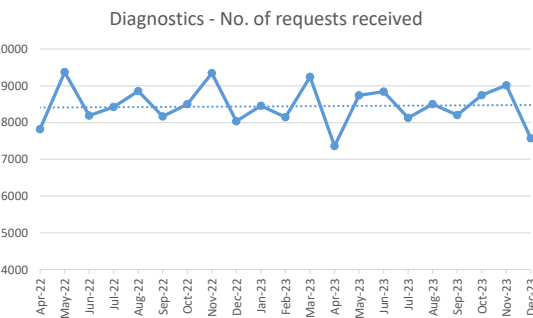
Reporting Date	Performance	Op. Plan #
Dec-23	63.6%	QC37

Threshold	YTD Mean	Benchmark
1%	69.3%	26.3%

(lower value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target



Reporting Date	Performance	Op. Plan #
Dec-23	75,102	

Threshold	YTD Mean	Benchmark
-	8,345	8,546

- Variation Description

- Assurance Description

Issues / Performance Summary

- Overall demand continues to exceed capacity. Demand was 27.3% higher than capacity in December.
- Emergency Department (ED) 27.7%, Outpatient Department (OPD) 35.5% and General Practitioner (GP) 20.2% are the primary source of referrals, and there has been no significant change on the distribution compared to last month.
- Inpatient Referrals (784) remain high but slightly less than November. This equates to 13.2% of all requests.
- 48.9% of exams were reported within 2 hours, 9.2% have taken 97 hours or longer which is a decrease on last month.
- Of the 5949 exams, 50.8% were turned around on the same day (5.4% increase compared to last month) and, a further 34.4% in 1- 28 days (slightly lower than last month).

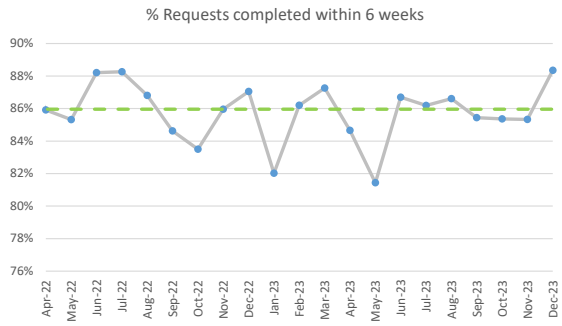
Planned / Mitigation Actions

- 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 and Ultrasound waiting times. The additional diagnostic capacity commissioned for Cardiac CT scans achieved the target waiting list by the end of December 2023.
- Waiting list validation process implemented, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.

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.

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

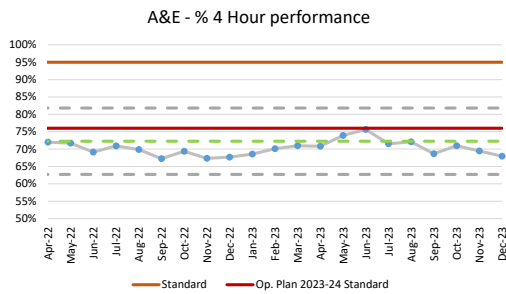


Reporting Date	Performance	Op. Plan #
Dec-23	88.4%	
Threshold	YTD Mean	Benchmark
-	85.6%	85.9%

Variation Description
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>% Requests completed within 6 weeks: 88.4% of requests completed in December were undertaken within 6 weeks. This was slightly higher than the average of 85.6% for the year so far.</p>		

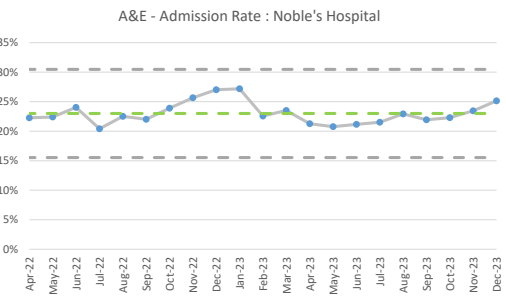


Reporting Date	Performance	Op. Plan #
Dec-23	68.0%	QC23
	Admitted 20.0%	
	Non-Admitted 79.1%	
Threshold	YTD Mean	Benchmark
76% (95%)	71.2%	69.4%

(Higher value represents better performance)

Variation Description
Common cause

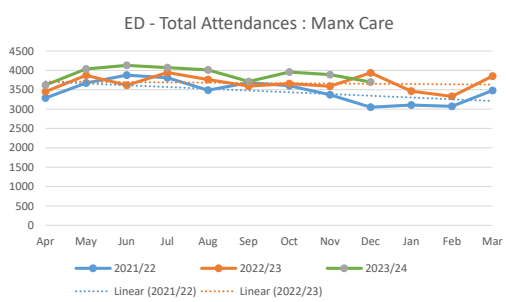
Assurance Description
Consistently fail target



Reporting Date	Performance	Op. Plan #
Dec-23	25.1%	QC24
Threshold	YTD Mean	Benchmark
-	22.3%	29.4%

Variation Description
Common cause

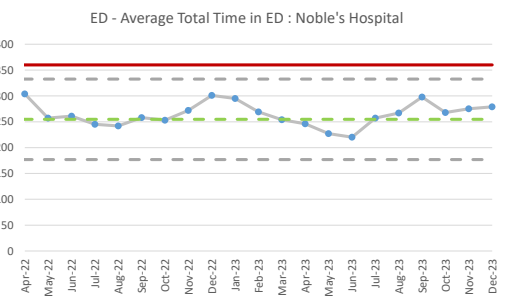
Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	3,890	m
Threshold	YTD Mean	Benchmark
-	3,903	3,671

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	279	QC150
Threshold	YTD Mean	Benchmark
360 mins	260	268

(Lower value represents better performance)

Variation Description
Common cause

Assurance Description
Consistently hit target

Issues / Performance Summary

- December's performance of 68% remained below the 95% threshold but slightly lower than the UK's performance of 69.4%.
 - Admitted Performance: 20%;
 - Non Admitted Performance: 79.1%;
- 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 December, the average admission rate from Noble's ED of 25.1% was lower than that of the UK (29.4%).

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.

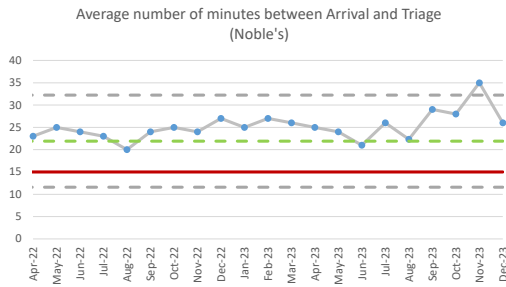
Planned / Mitigation Actions

- 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.
- Work is ongoing regarding the Healthcare Transformation Funding and the development of diversionary pathways away from ED and investment in community services.
- Development work continues regarding the establishment of the Ambulatory Assessment and Treatment Unit (AATU) service.
- Result of increase to Nursing Staffing availability and reducing sickness levels.
- Secured funding to make improvements to the infrastructure.

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



Reporting Date Dec-23

Performance **26**

Op. Plan # QC26

Threshold 15 mins

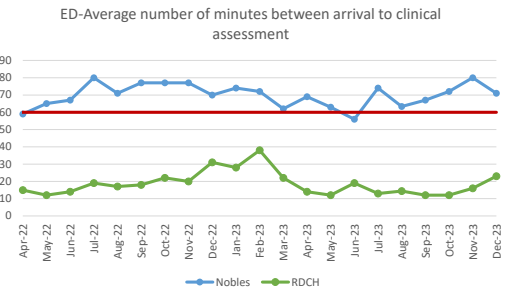
YTD Mean 26

Benchmark 24

(Lower value represents better performance)

Variation Description
+ Special Cause of Concerning variation (High)

Assurance Description
- Consistently fail target



Reporting Date Dec-23

Performance Nobles **71**, RDCH **23**

Op. Plan # -

Threshold 60 mins

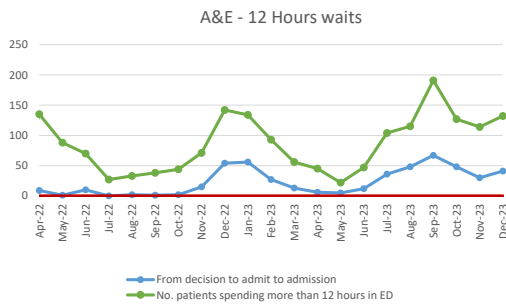
YTD Mean -

Benchmark -

(Lower value represents better performance)

Variation Description

Assurance Description



Reporting Date Dec-23

Performance %Trolley 12h Wait 1.1%, % ED 12h Wait 3.6%

Op. Plan # QC78

Threshold 0

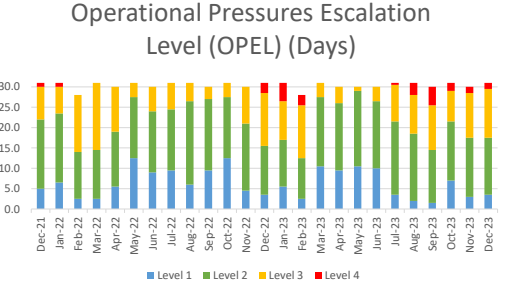
YTD Mean -

Benchmark -

(Lower value represents better performance)

Variation Description
- Consistently fail target

Assurance Description
- Consistently fail target



Reporting Date Dec-23

Performance -

Op. Plan # -

Threshold -

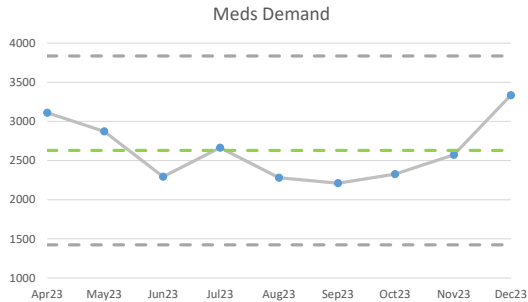
YTD Mean -

Benchmark -

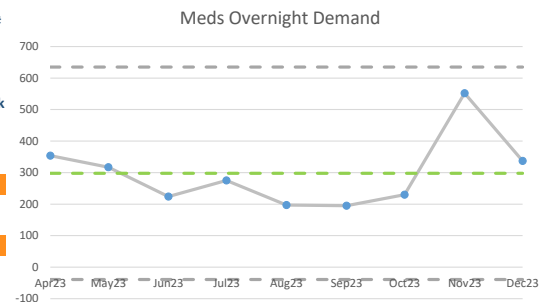
Variation Description

Assurance Description

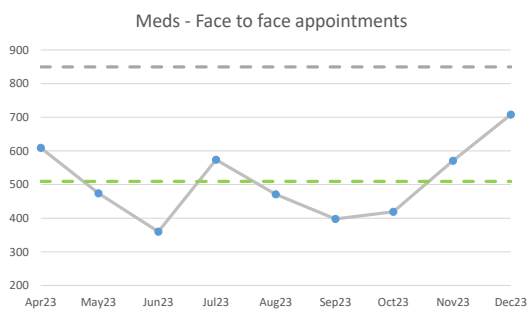
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 1.5 days in December. The number of 12 Hour Trolley Waits was 41 (1.1% of attendances; UK 2%) 132 patients had a stay of more than 12 hours in ED in December. That equated to 3.6% of attendances. 		<p>Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.</p>



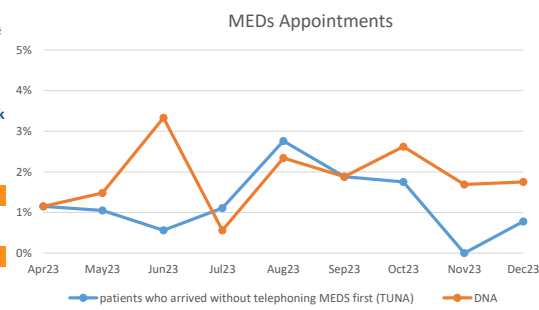
Reporting Date	Performance	Op. Plan #
Dec-23	3335	-
Threshold	-	-
YTD Mean	2630	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	337	-
Threshold	-	-
YTD Mean	298	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	708	-
Threshold	-	-
YTD Mean	509	-
Benchmark	-	-
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	TUNA 0.8% DNA 1.8%	-
Threshold	-	-
YTD Mean	-	-
Benchmark	-	-
Variation Description (Lower value represents better performance)		
Assurance Description		

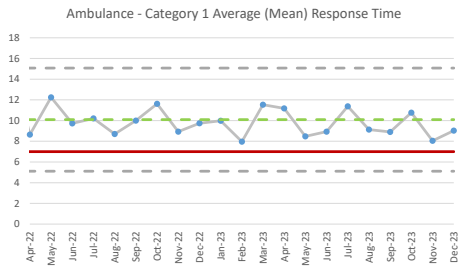
Issues / Performance Summary

- In December 2023 MEDS provided 3335 patient interactions.
- MEDS had to close one overnight due to staff illness. However this is still up from previous months due to extra opening hours over Christmas and the increase in winter demand.
- In December 2023 MEDS offered a total of 708 Face to face appointments either at base or in the community. This was 27.73% of the total telephone contacts for this period.
- Of the 708 face to face appointments 4 were patients who arrived without telephoning MEDS first and 9 of the patients failed to attend a given appointment

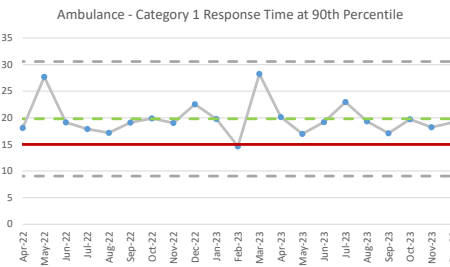
Planned / Mitigation Actions

Assurance / Recovery Trajectory

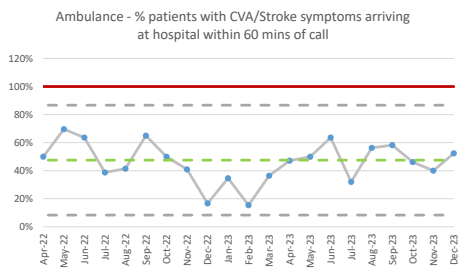
Responsive **Ambulance (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**



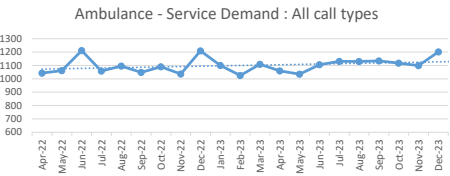
Reporting Date	Performance	Op. Plan #
Dec-23	00:09:02	QC20
Threshold	YTD Mean	Benchmark
7 mins	00:09:32	00:08:44
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Dec-23	00:19:09	QC21
Threshold	YTD Mean	Benchmark
15 mins	00:19:12	00:15:26
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Dec-23	52.4%	
Threshold	YTD Mean	Benchmark
100.0%	49.5%	43.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Dec-23	1,201	
Threshold	YTD Mean	Benchmark
-	1,112	1,090
Variation Description		
-		
Assurance Description		
-		

Dec-23	East	North	South	West	Total
Category 1 Calls	22	3	4	2	31
No. reached within 15 mins	21	2	2	0	25
% response within 15 mins	95.5%	66.7%	50.0%	0.0%	80.6%

Issues / Performance Summary

- Demand for Ambulance services has slightly increased in December '23 = 1201 comparing to November'23 (1099), but was 0.7% lower than Dec'22 (1209) .
- December has seen a large increase in demand for the service of 15% compared with the previous month. This has been compounded with a worsening of Nobles ED handover delays and associated loss of response availability. Whilst we have seen a decline for both Category 1 and Category 2 performance this month, it has not worsened by comparison to demand. This is due to the service being able to provide additional frontline resources during December, robust staffing of Hear and Treat service and effective infection prevention and control measures by our staff and operational support team. This has minimised staff sickness at a time of year synonymous with respiratory infections.
- Hear and Treat conducted 211 patient triages. This resulted in 61 cases being downgraded (improving demand management) and 28 patients being directed to service that didn't require an ambulance response. In addition, 46 Hear and Treat triages were upgraded <1h to face to face assessment and 62 triages were upgraded to a Category 2 response with a conveyance rate of 51.2% which represents significant patient safety improvements. As more alternatives 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

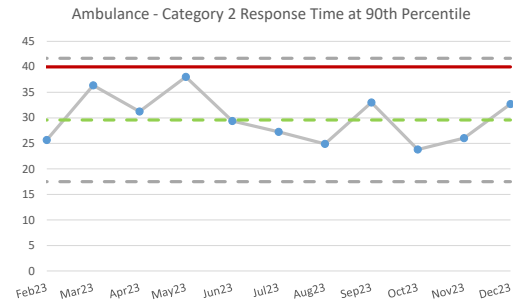
- Initial root cause analysis of handover breaches has been undertaken.
- KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26. This is likely to require additional system/data capture mechanisms to accurately record the exact time of handover between the ambulance crew and the ED staff.
- 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 Q4 of 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 December '23.
Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.

Responsive **Ambulance (2 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**

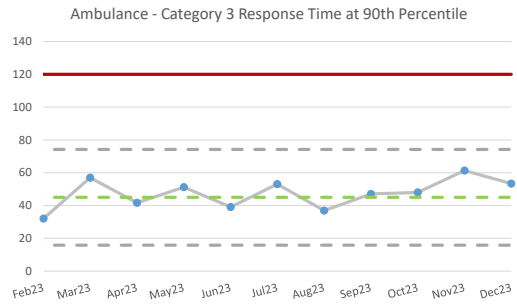


Reporting Date	Performance	Op. Plan #
Dec-23	00:32:43	QC136
Threshold	40 mins	YTD Mean 00:29:36
		Benchmark 01:40:58

(Lower value represents better performance)

- Variation Description: Common cause

+ Assurance Description: Consistently hit target

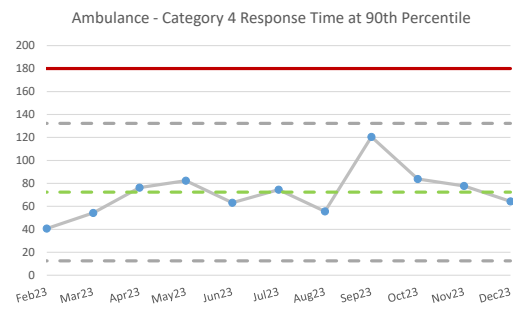


Reporting Date	Performance	Op. Plan #
Dec-23	00:53:19	QC138
Threshold	120 mins	YTD Mean 00:47:57
		Benchmark 06:24:23

(Lower value represents better performance)

+ Variation Description: Common cause

+ Assurance Description: Consistently hit target

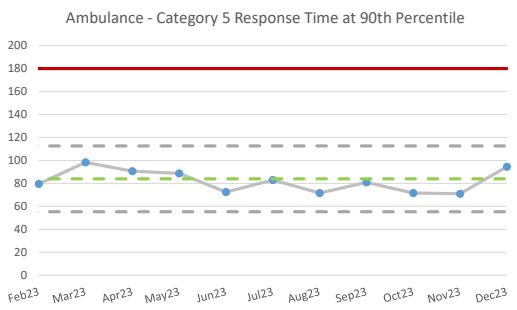


Reporting Date	Performance	Op. Plan #
Dec-23	01:04:20	QC140
Threshold	180 mins	YTD Mean 01:17:35
		Benchmark 07:00:34

(Lower value represents better performance)

+ Variation Description: Common cause

+ Assurance Description: Consistently hit target



Reporting Date	Performance	Op. Plan #
Dec-23	01:34:31	QC142
Threshold	180 mins	YTD Mean 01:20:28
		Benchmark -

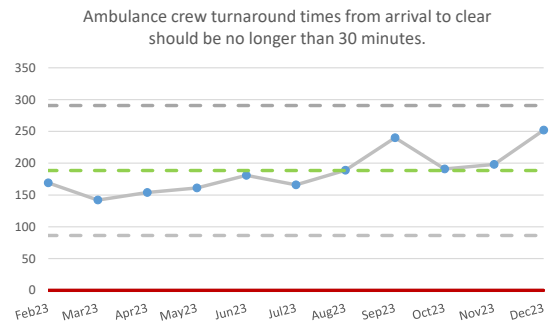
(Lower value represents better performance)

- Variation Description: Common cause

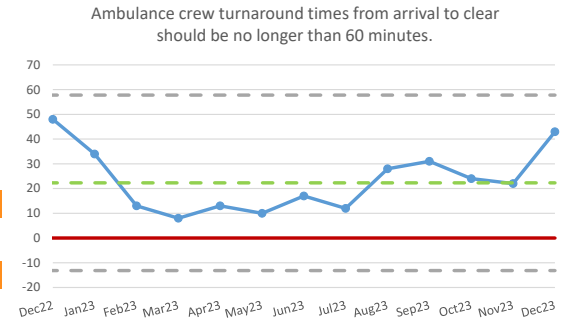
+ Assurance Description: Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> We remain benchmarking well against the categories (2,3,4 and 5) standards: - Category 2; Standard < 40 mins; 90th percentile = 00:32:43 - Category 3; Standard < 120 mins; 90th percentile = 00:53:19 - Category 4; Standard < 180 mins; 90th percentile = 01:04:20 - Category 5; Standard < 180 mins; 90th percentile = 01:34:31 		<p>Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for November' 23.</p>

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



Reporting Date Dec-23	Performance 252	Op. Plan # QC85
Threshold 0	YTD Mean 192	Benchmark 177
(Lower value represents better performance)		
Variation Description Common cause		
Assurance Description Consistently fail target		



Reporting Date Dec-23	Performance 43	Op. Plan # QC86
Threshold 0	YTD Mean 22	Benchmark 22
(Lower value represents better performance)		
Variation Description Common cause		
Assurance Description Consistently fail target		

Issues / Performance Summary

- There were 43 instances where handover Turnaround Times were greater than 60 mins, and 252 where greater than 30 mins.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

Manx Care have moved to the 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 has been aligned to the new reporting guidance from last month, with the reporting of the equivalent October 2023 data. 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

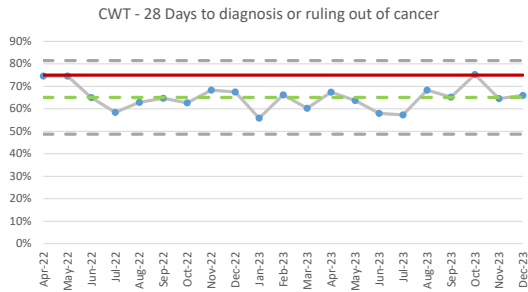
The aim of this target is to:

- 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.

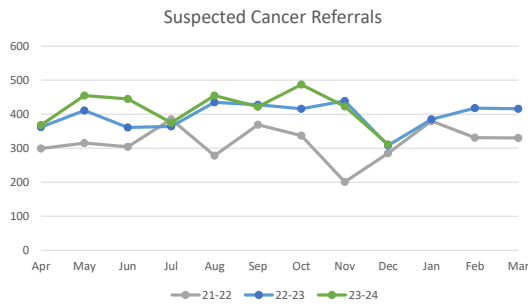
The 28 day FDS gives a fuller indication of the first part of the suspected cancer pathway rather than using the 2WW performance alone. It reflects not only the first appointment, but also that the diagnostic work has been completed and most importantly that the patient has been informed of a cancer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



Reporting Date	Performance	Op. Plan #
Dec-23	66.0% (268 of 415)	QC31
Threshold	YTD Mean	Benchmark
75.0%	65.1%	71.60%
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Dec-23	423	
Threshold	YTD Mean	Benchmark
Variation Description		
Common cause		
Assurance Description		

Tumour Group	Suspected Cancer Referrals								
	Dec-23	Apr - Dec 2023	Apr - Dec 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24	Total 2022/23 (Apr 22- March 23)	Forecast Demand Growth
Breast	53	606	466	30.0%	67	53	808	635	27.2%
Colorectal	63	675	687	-1.7%	75	72	900	913	-1.4%
Dermatology	49	835	741	12.7%	93	87	1,113	995	11.9%
Gynaecology	38	397	347	14.4%	44	39	529	476	11.2%
Haematology	5	47	49	-4.1%	5	5	63	72	-13.0%
Head & Neck	25	328	325	0.9%	36	36	437	422	3.6%
Lung	10	107	99	8.1%	12	11	143	120	18.9%
Other	0	13	25	-	1	4	17	29	-40.2%
Upper GI	20	299	302	-1.0%	33	34	399	406	-1.8%
Urology	34	318	306	3.9%	35	36	424	432	-1.9%
Sub-Total	297	3,625	3,347	8.3%	403	389	4,833	4,500	7.4%

**Tumour Group	Monthly number of	
	Dec-23	12 month Avg.
Breast symptomatic (non-suspected cancer)	11	8

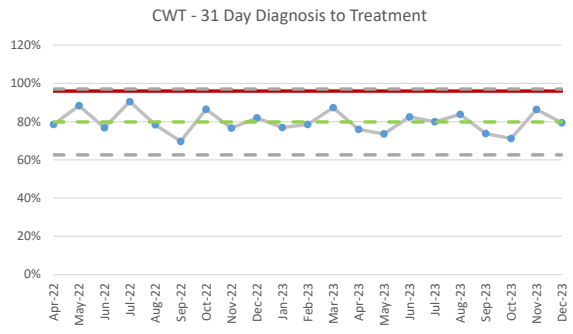
*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 23 - Mar 24.

**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.

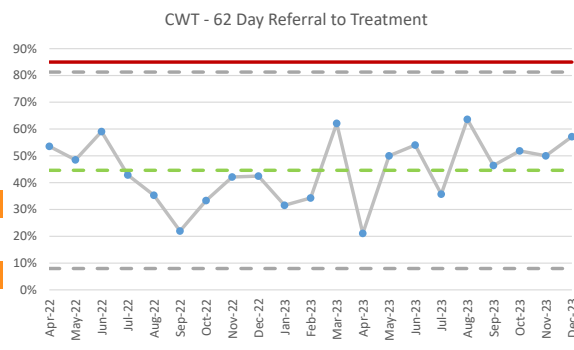
Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> The 28 Day standard was not achieved in December, with performance recovering slightly but still remaining below the 75% threshold at 66%. This was primarily driven by unavoidable staffing pressures within the Breast service (with escalation to Breast Governance Meeting) and also Urology administration capacity. 5% of breaches were due to patient choice Although the 2 Week Wait standard is no longer reported, this continues to be monitored as an internal metric at the Cancer PTLs to ensure timely access to first appointment and aid achievement of the 28 day target 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 weekly tumour specific PTLs and Operational/Escalation PTL 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 Volatility of percentages due to small numbers, especially for some targets 	<ul style="list-style-type: none"> The review of our existing suspected cancer (GP referral) proformas with our specialist teams against the current Cheshire and Merseyside Cancer Alliance templates is moving at good pace. We have successfully reviewed and implemented revised forms for Gynaecology, Skin, and Sarcoma. Remaining specialist teams are currently reviewing their forms, and our ambition is to implement all revised forms by close of March 2024. The next GP Education event on the 13th March will be dedicated to Cancer Services, and include presentations by our specialist teams to GPs regarding the updated forms, and how we can develop our relationship further Weekly tumour specific PTLs for all tumour groups to ensure robust communication and resolution/escalation of patient level delays between MDT Team and Business Managers, supporting improvement in CWT Targets Review of administration of referrals with PIC to streamline process and ensure days not lost in pathway ahead of first appointment being booked is ongoing Cancer Operational and Access Policy, Cancer Escalation Policy, Inter-hospital transfer and breach allocation SOP, Cancer MDT Policy and SCR Data Quality SOP have all been finalised and ratified at the Operational Clinical Quality Group (OCQG) on 12th December 2023. These policies are a comprehensive package of how Manx Care (and it's external relations) operate and deliver a safe and effective cancer service for our patients, and ensure cancer is recognised as an operational priority to support the delivery of all CWTs Moving Cancer Services into subsequent treatment tracking remains a firm ambition. A review of the additional workload this would generate Vs the staffing requirements to maintain this extended service will be commencing in January 2024. This review is also considering different ways of working and emerging AI / Digital systems to deliver greater efficiency within our workforce 	<ul style="list-style-type: none"> 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 With effect January 2024 Cancer Services now has weekly tumour specific PTLs in place for all tumour groups New post of Cancer Information Reporting and Live Systems Officer at advert - Post-holder will be dedicated support for cancer data, analysis and reporting (both internal and external) to not only identify areas of operational improvement for patient delays and CWTs but also provide current, meaningful and clear cancer information for the general public of the Isle of Man. This post will link strongly with Manx Care Performance and Improvement, Business Intelligence, and the Public Health Directorate for both operational and strategic reporting packages Revised suspected cancer proformas now implemented for Gynaecology, Skin and Sarcom

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

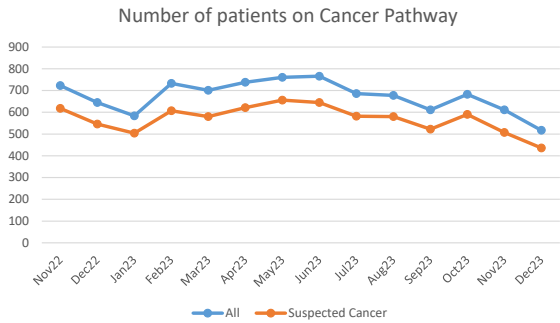


Reporting Date	Performance	Op. Plan #
Dec-23	79.4% (27 of 34)	QC35
Threshold	YTD Mean	Benchmark
96.0%	78.5%	91.00%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Dec-23	57.1% (8 of 14)	QC34
Threshold	YTD Mean	Benchmark
85.0%	47.8%	62.80%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		

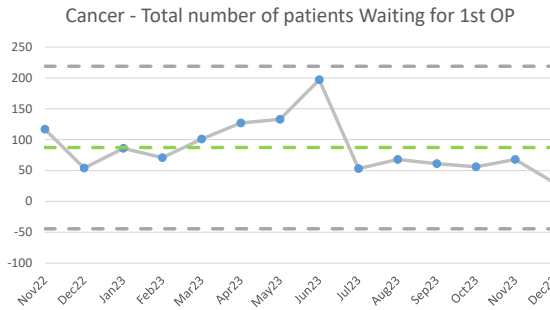
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
	<ul style="list-style-type: none"> Review of Suspected cancer GP proforma against new Cancer Alliance templates underway with specialist teams – this should give better guidance to GPs Completed roll out of tumour specific PTLs to ensure better communication between clinical/MDT staff over potential to breach CWT targets Review of administration of referrals with PIC to streamline process and ensure days not lost in pathway ahead of first appointment being booked ongoing. Cancer Access Policy, Cancer Escalation Policy, Inter-hospital transfer and breach allocation SOP, and SCR Data Quality SOP have been finalised to ensure quality of CWT reporting in the Somerset Cancer Registry. 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. 	<ul style="list-style-type: none"> 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. <p>Note - Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Aug'23</p>



Reporting Date	Performance	Op. Plan #
Dec-23	517	
Threshold	YTD Mean	Benchmark
-	672	677

Variation Description

Assurance Description



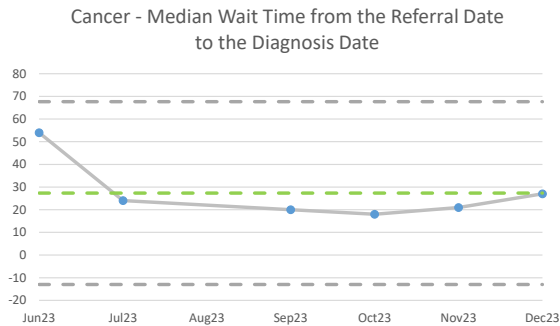
Reporting Date	Performance	Op. Plan #
Dec-23	30	
Threshold	YTD Mean	Benchmark
-	88	86

(Lower value represents better performance)

Variation Description

Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Dec-23	27	
Threshold	YTD Mean	Benchmark
-		

Variation Description
Common cause

Assurance Description

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

Please see page 56 for supporting narrative.

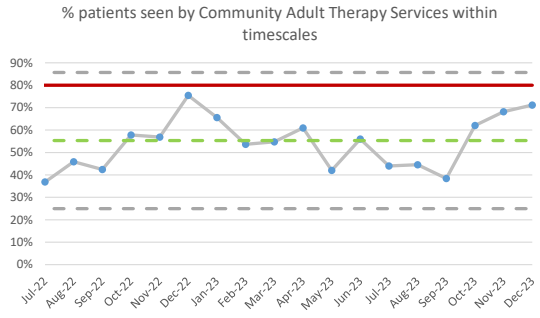
Number of patients on a cancer pathway is based on the figure at the close of the month to give a guide to activity - the amount varies throughout the month.

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.

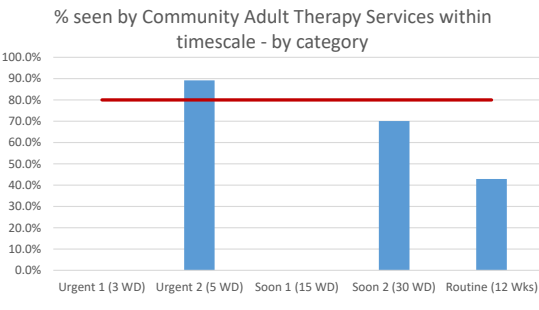
Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



Reporting Date	Performance	Op. Plan #
Dec-23	71.2%	QC62
Threshold	YTD Mean	Benchmark
80.0%	54.2%	54.4%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



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

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

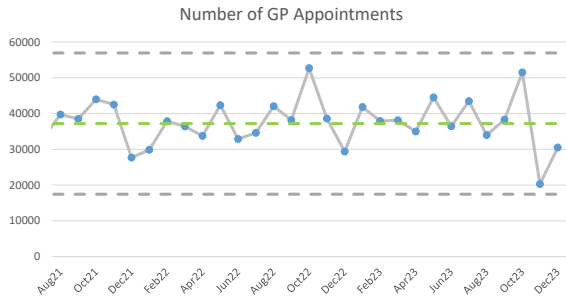
Community Adult Therapy:

- 89.2% of Urgent 2 (5 working day) patients were seen within the required timescales in December.
- 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.

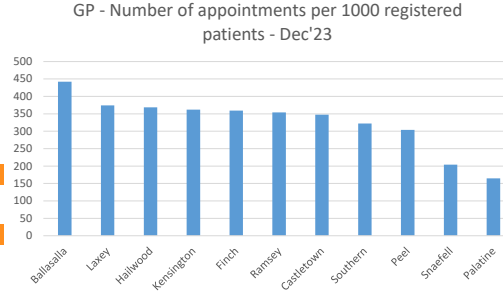
Community Adult Therapy:

- 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 will 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.
- 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 . 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.

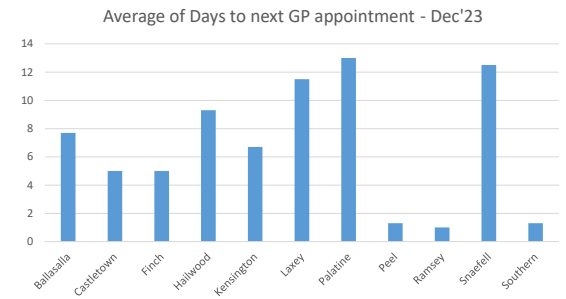
- Note:
Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.



Reporting Date	Performance	Op. Plan #
Dec-23	30485	-
Threshold	YTD Mean 37101	Benchmark
-		38523
Variation Description		
Common cause		
Assurance Description		

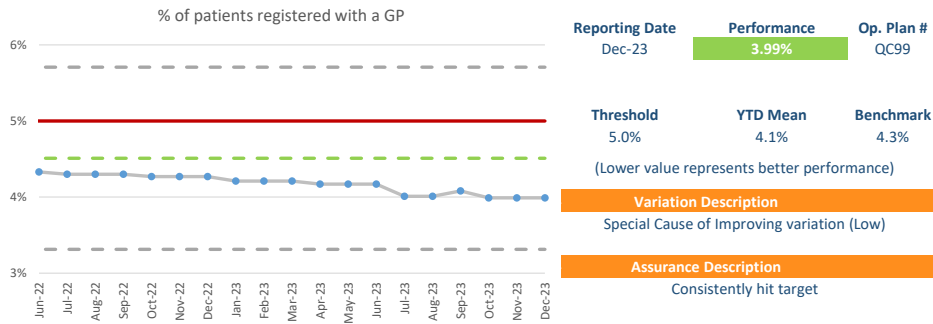


Reporting Date	Performance	Op. Plan #
Dec-23	-	-
Threshold	YTD Mean -	Benchmark
#REF!		-
Variation Description		
-		
Assurance Description		



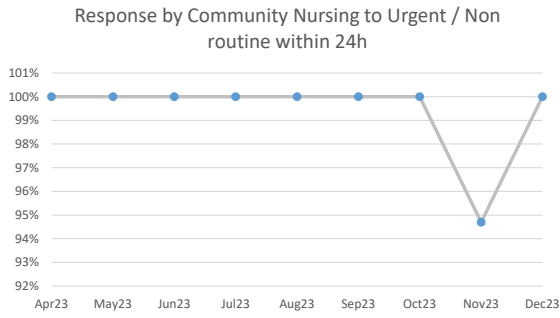
Reporting Date	Performance	Op. Plan #
Dec-23	-	-
Threshold	YTD Mean 7.2	Benchmark
-		-
(Lower value represents better performance)		
Variation Description		
-		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>The number of GP appointments fluctuates each month and is dependent on capacity and demand. Demand remains high at the moment, especially with seasonal illnesses.</p> <p>DNA rates had been reducing, primarily due to the measures that the practices have put in place, but over the last few months we have seen these increase. Patients are still booking urgent on the day appointments and then failing to attend.</p> <p>Days to next appointment for Palatine and Snaefell have been high recently compared to other practices. Discussions are being held at the next contract review in January.</p>	<p>Q3 Contract reviews are due to take place shortly where a review of the appointment data is undertaken with a view to understanding any issues and to put plans in place to rectify areas of concern.</p> <p>Use of EMIS / AccurX / website / email / phone are all ways patients have access for cancelling, appointments. The practices also write to repeat offenders.</p> <p>Manx Care, Primary Care Services has employed 2 new salaried locum GP's, complementing the single one in employment, with another 2 due to commence in early 2024. These additional staff will assist the practices when they have scheduled leave, as they can be booked in advance.</p> <p>Practices with vacancies are currently recruiting</p>	<p>Winter planning additional support / appointment to vacancies and additional salaried GP support will assist in improving capacity.</p> <p>Practices utilise reminder texts to patients when an appointment is booked, 2 days before the appointment and a day before the appointment. Some patients can receive up to 5 texts in total to remind them of an upcoming appointment.</p> <p>When all 5 Salaried GP's are in post this will assist practices with resilience and stability, complementing their existing establishment of staff. We also have the Winter planning assistance of 1 GP into Primary Care commencing 15th January 2024 to assist with capacity issues over the winter period.</p>

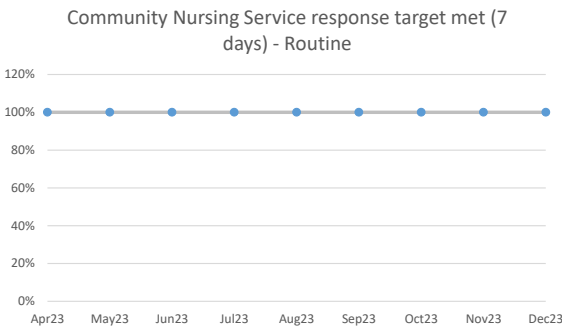


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> % tolerance is currently at 3.99% which is in line with requirements. 	<p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> 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 list sizes, suggesting ways that the patients lists can be kept accurate and up to date and also to utilise every opportunity such as ensuring that any returned mail is marked on the patients record, to reduce the lists further. 	<p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> 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. <p>We have recently been advised of several multiple occupancy properties that we are currently reviewing for accuracy.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Responsive Integrated Primary & Community Care (4 of 5) **Executive Lead** **Oliver Radford** **Lead** **Annmarie Cubbon**



Reporting Date	Performance	Op. Plan #
Dec-23	100%	QC61
Threshold	YTD Mean	Benchmark
-	99.4%	-
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	100.0%	QC62
Threshold	YTD Mean	Benchmark
-	100%	-
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		

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

Community Nursing Service response target met (7 days) - Routine

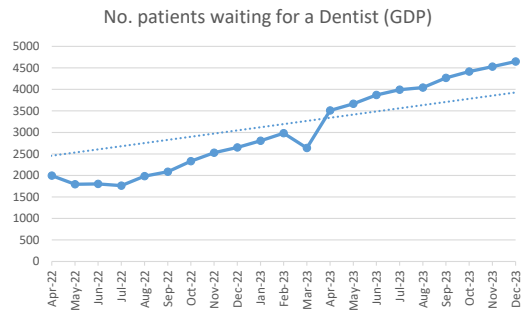
- This response standards continues to be fully met.

Response by Community Nursing to Urgent / Non routine within 24h

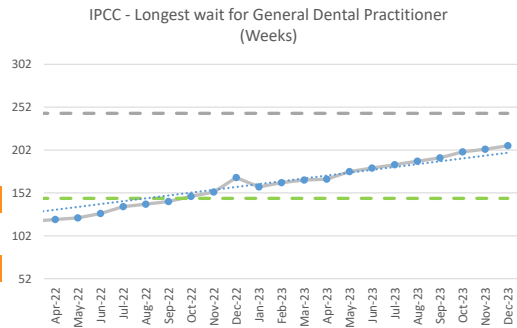
- The response was 100% within the 24 hours timescale in December.

Planned / Mitigation Actions

Assurance / Recovery Trajectory



Reporting Date	Performance	Op. Plan #
Dec-23	4648	
Threshold	YTD Mean	Benchmark
-	4105	944
(Lower value represents better performance)		
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	203	
Threshold	YTD Mean	Benchmark
-	150	168
Variation Description		
Special Cause of Concerning variation (High)		
Assurance Description		

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

Dental:

- In December 2023, 112 patients were added to the dental allocation list. 38 children were added and 74 adults. At the end of December 2023 the total number of patients awaiting allocation to a NHS dentist was 4,648, of these 1,459 are children.

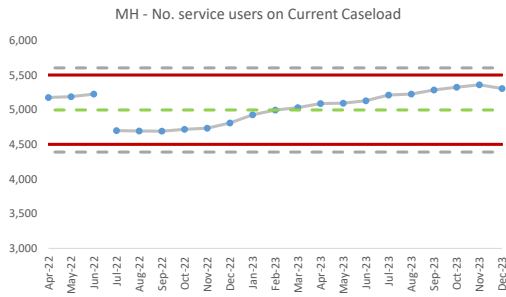
Dental:

- 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 are being 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.

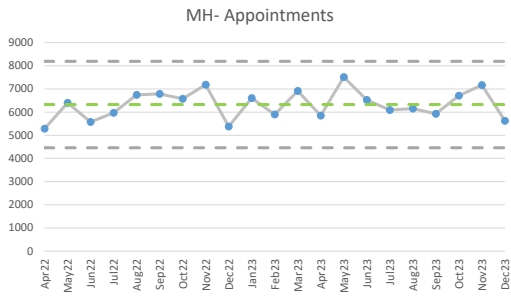
Dental:

- To update and review figures once dental allocation list cleansed.
- The dashboard for the dental allocation list has been completed.

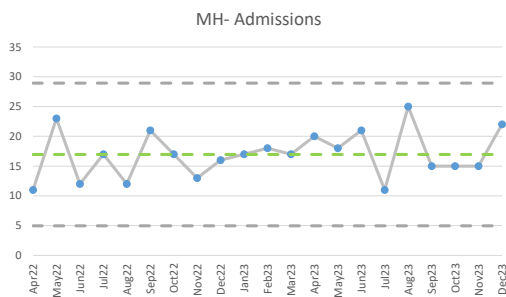
Note -
Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.



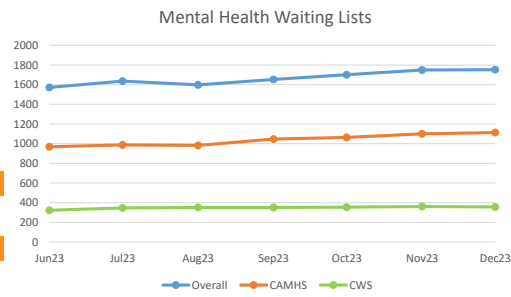
Reporting Date	Performance	Op. Plan #
Dec-23	5305	QC73
Threshold	4500 - 5500	
YTD Mean	5225	Benchmark
		4907
(Value within range represents better performance)		
- Variation Description: Common cause		
+ Assurance Description: Consistently hit target		



Reporting Date	Performance	Op. Plan #
Dec-23	5626	
Threshold	-	
YTD Mean	6396	Benchmark
		6276
- Variation Description: Common cause		
+ Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	22	
Threshold	-	
YTD Mean	18	Benchmark
		16
+ Variation Description: Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Dec-23	1752	
Threshold	-	
YTD Mean	1666	Benchmark
+ Variation Description		
Assurance Description		

Issues / Performance Summary

Current Caseload:
Caseload remains within the expected range with a slight decrease this month. However, it should be noted that the caseload is significantly higher locally than you would expect within the English NHS. This is particularly evident 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.

MH Admissions to Manannan Court:
Admissions have increased in December to 22.

Planned / Mitigation Actions

Current Caseload:
Business case for additional staff in CAMHS is progressing to treasury.

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.

MH Admissions to Manannan Court:
Continue to monitor the impact of successful recruitment in community services on inpatient admissions.

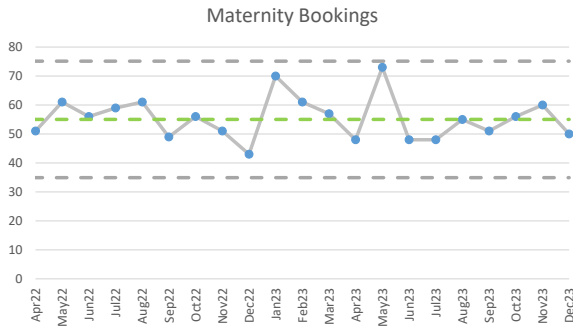
MH Waiting Lists:
The intention is to report on referral to treatment times, we are working with the performance team to establish a clear methodology and the scope for RTT reporting.

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.

Assurance / Recovery Trajectory

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.

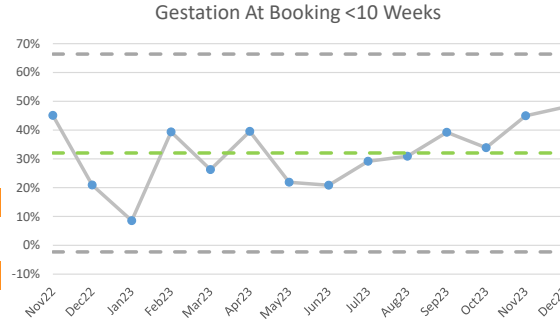
MH Waiting Lists
Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate)
Successful recruitment to difficult to recruit to posts, following a "grow your own" initiative, will ensure that there will be no wait for low to moderate psychological therapies at the start of 2024



Reporting Date: Dec-23
 Performance: 50
 Op. Plan #: -
 Threshold: -
 YTD Mean: 940
 Benchmark: 56

Variation Description: Common cause

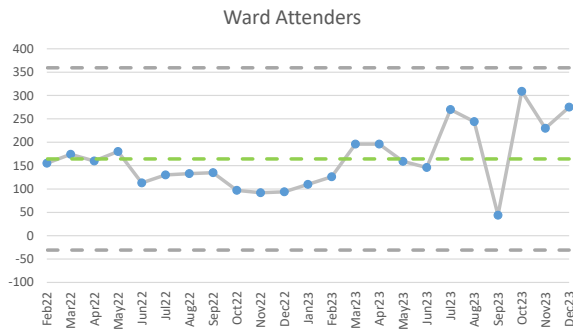
Assurance Description



Reporting Date: Dec-23
 Performance: 48%
 Op. Plan #: -
 Threshold: -
 YTD Mean: 34%
 Benchmark: 28.0%

Variation Description: Common cause

Assurance Description



Reporting Date: Dec-23
 Performance: 275
 Op. Plan #: -
 Threshold: -
 YTD Mean: -
 Benchmark: 131

Variation Description: Common cause

Assurance Description

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

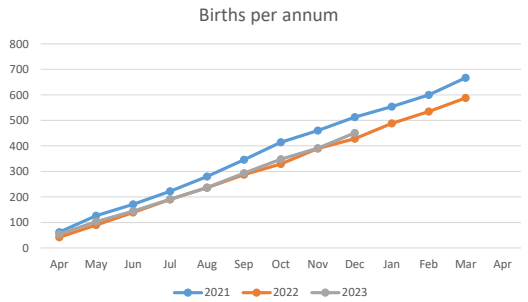
Maternity bookings

Gestation<10 weeks at booking: Gestation at booking continues to be a concern with only 48% of booked women booking before 10 weeks.

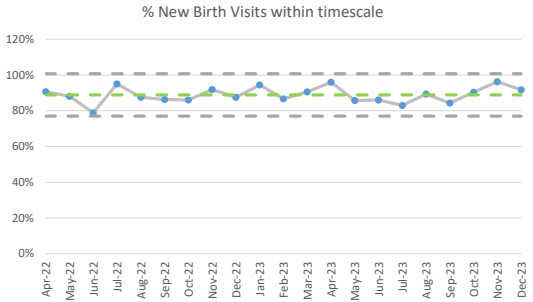
Booking: A total of 50 women have booked for care in December'23 (were 43 in December'22).

Planned / Mitigation Actions

Assurance / Recovery Trajectory



Reporting Date Dec-23	Performance 451	Op. plan #
Threshold -	YTD Mean 246	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date Dec-23	Performance 92%	Op. Plan # QC133
Threshold -	YTD Mean 89%	Benchmark 89%
- Variation Description Common cause		
Assurance Description		

Issues / Performance Summary

In December 2023 we received **41** Antenatal referrals into the department.

New Birth Visits

We completed a total of **48** visits. Out of these visits, **44** were completed within the timeframe of 14 days and **4** were not completed within timeframe.

Exception Data
2 infants were admitted to children's ward and one was cancelled at parental request.

Breach Data
1 breaches in December due to human error.

In December **36** women were assessed as Universal, **7** as Universal Plus and **2** as Universal Partnership Plus at their New Birth Visit.

Planned / Mitigation Actions

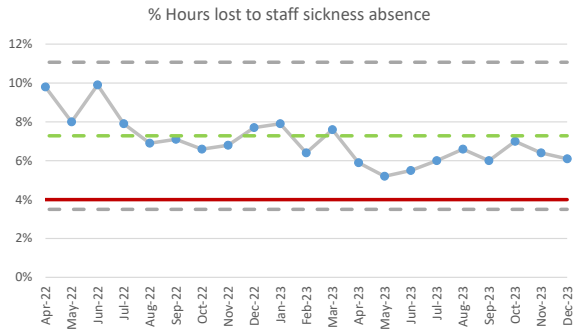
Assurance

With the establishment increasing as of September we expect all new birth visits to be conducted within timeframe where within our control.

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	Dec-23		6.1%	6.1%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Dec-23	-	88	83	-	-		
WP004		Workforce - Number of staff leavers	Dec-23	-	22	24	220	-		
WP005		Workforce - Number of staff on disciplinary measures	Dec-23	-	11	9	78	-		
WP006		Workforce - Number of suspended staff	Dec-23	-	4	3	25	-		
WP013		Staff 12 months turnover rate	Dec-23		10.1%	10.1%	-	10%		
WP014		Training Attendance rate	Dec-23		61.0%	62.2%	-	90%		
WP007		Governance - Number of Data Breaches	Dec-23		13	11	103	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Dec-23	-	33	54	486	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Dec-23	-	1	3	23	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Dec-23	-	6	10	90	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Dec-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Dec-23		33	37	337	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Dec-23		30	38	339	-		

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



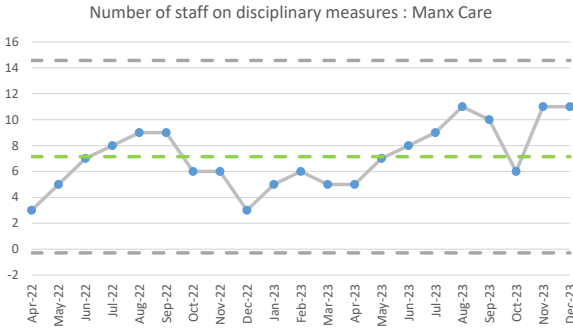
Reporting Date	Performance	Op. plan #
Dec-23	6.1%	P1

Threshold	YTD Mean	Benchmark
4.0%	6.1%	7.7%

(Lower value represents better performance)

+ Variation Description
Special Cause of Improving variation (Low)

- Assurance Description
Consistently fail target



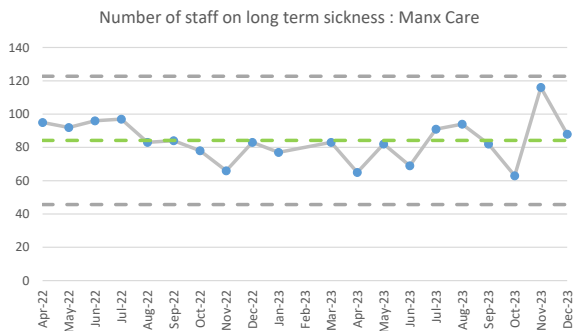
Reporting Date	Performance	Op. plan #
Dec-23	11	P5

Threshold	YTD Mean	Benchmark
-	9	-

(Lower value represents better performance)

- Variation Description
Common cause

- Assurance Description



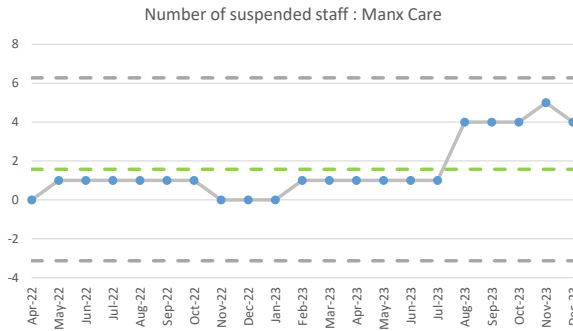
Reporting Date	Performance	Op. plan #
Dec-23	88	P4

Threshold	YTD Mean	Benchmark
-	83	-

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description



Reporting Date	Performance	Op. plan #
Dec-23	4	P6

Threshold	YTD Mean	Benchmark
-	3	-

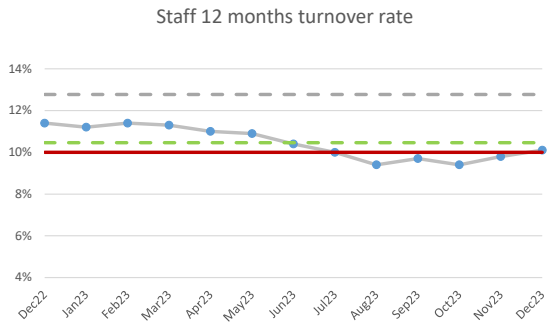
(Lower value represents better performance)

+ Variation Description
Common cause

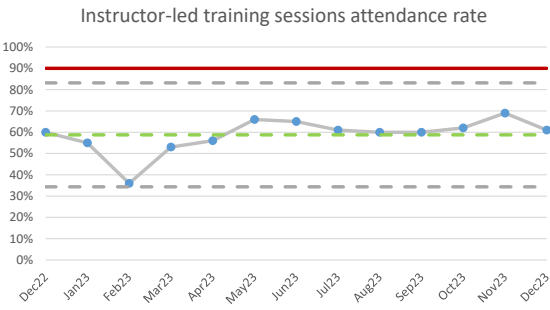
- Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> Worktime lost in December '23 by sickness category: <ul style="list-style-type: none"> Stress, Anxiety & Depression - 1.6% Cough, Cold & Flu - 0.8% Musculoskeletal - 1.1% Covid-19 - 0.6% Other sickness - 2% Worktime lost in December'23 by Area: <ul style="list-style-type: none"> Integrated Social Care Services - 6.7% Medicine, Urgent Care & Ambulance Services - 5.9% Integrated Mental Health Services - Infrastructure - 9.6% Integrated Primary & Community Care Services - 6.2% Integrated Cancer & Diagnostic Services - 3.2% Women, Children & Families - 4.3% Surgery, Theatres, Critical Care & Anaesthetics - 7.7% 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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**



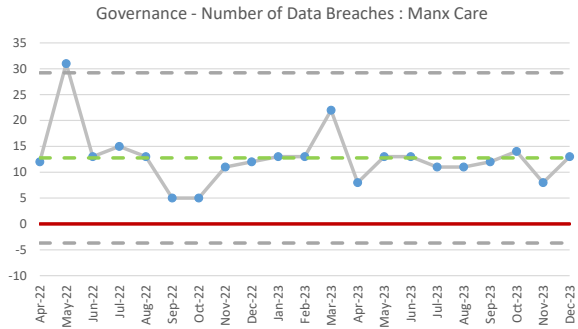
Reporting Date	Performance	Op. plan #
Dec-23	10.1%	P2
Threshold	YTD Mean	Benchmark
10.0%	10.1%	11.3%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



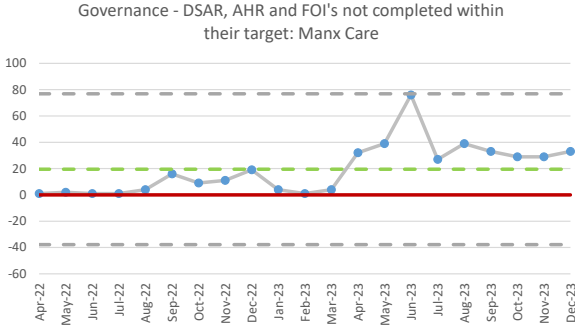
Reporting Date	Performance	Op. plan #
Dec-23	61%	P7
Threshold	YTD Mean	Benchmark
90%	62%	51%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

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

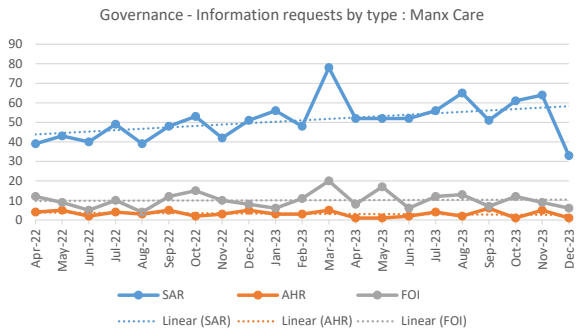
Well Led **Governance** **Executive Lead** **Simon Collins** **Lead** **Jennifer Maynard**



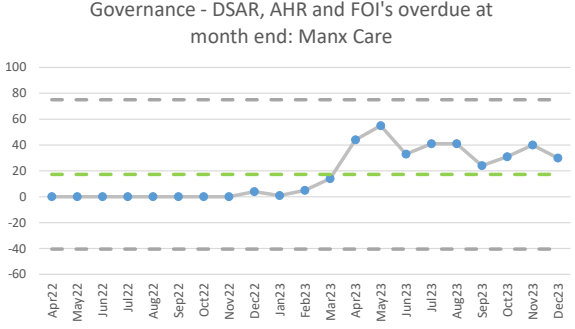
Reporting Date	Performance	Op. plan #
Dec-23	13	L1
Threshold	YTD Mean	Benchmark
0	11	-
Variation Description: - Common cause		
Assurance Description: - Consistently fail target		



Reporting Date	Performance	Op. plan #
Dec-23	33	L6
Threshold	YTD Mean	Benchmark
0	37	-
Variation Description: - (Lower value represents better performance) Common cause		
Assurance Description: - Consistently fail target		












Reporting Date	Performance	Op. plan #
Dec-23	-	L2-3-4
Threshold	YTD Mean	Benchmark
-	-	-
Variation Description: - Common cause		
Assurance Description: - Consistently fail target		

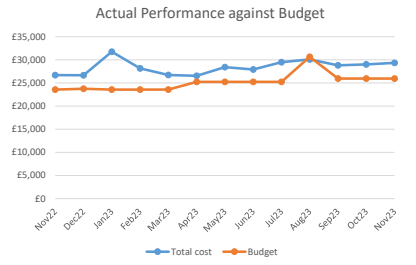


Reporting Date	Performance	Op. plan #
Dec-23	30	-
Threshold	YTD Mean	Benchmark
-	38	17
Variation Description: + (Lower value represents better performance) Common cause		
Assurance Description: - Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Breaches –</p> <p>Total: 13</p> <p>Reported to the Commissioner: 1</p> <p>Data Subjects informed: 4</p> <p>Data Subjects Not Informed: 9 (7 x low risk to the patient, 2 x clinical decision not to inform)</p> <p>Types of breach</p> <p>Email: 2</p> <p>Written Communication: 4</p> <p>Confidentiality: 6</p> <p>Correspondence: 1</p>	<ul style="list-style-type: none"> Manx Care notifies to the ICO all breaches which they are required to notify, but the Manx Care DPO fully investigates all breaches or suspected breaches which have been reported to them. The DPO will conduct a full internal investigations with the relevant service areas and will continue to work with the IG Risk and Quality Assurance Manager to ensure any improvements and remedial actions identified are progressed. In December Manx Care had 13 breaches, but only 1 met the criteria of being reportable to the ICO. 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 and it is encouraging that staff across Manx Care are confident to report data breaches and that such events are used as an opportunity to learn and improve and to strengthening the way the organisation manages and secures data subjects' information. There is a continued 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)	Nov-23		91%	-	336%	100% (equiv. 1%)		
WF002		Total income (£)	Nov-23	-	-£1,394,119	-£1,238,717	-£10,555,652	-		
WF003		Total staff costs (£)	Nov-23	-	£18,143,236	£16,177,273	£142,107,159	-		
WF004		Total other costs (£)	Nov-23	-	£13,050,900	£11,886,589	£103,254,203	-		
WF005		Agency staff costs (proportion %)	Nov-23	-	4.3%	5.9%	-	-		
WF009		Actual performance against Budget	Nov-23		-3,403	-£4,401	-£20,215	-		



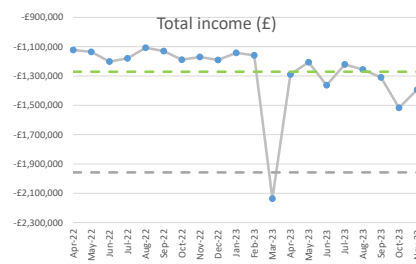
Reporting Date	Performance	Op. plan #
Nov-23	-	F4
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description: -
Assurance Description: -



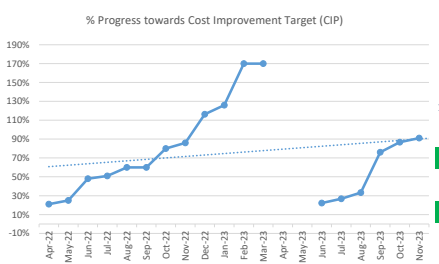
Reporting Date	Performance	Op. plan #
Nov-23	18,143,236	F4
Threshold	YTD Mean	Benchmark
-	16,177,273	-

Variation Description: +
Assurance Description: -



Reporting Date	Performance	Op. plan #
Nov-23	-1,394,119	F3
Threshold	YTD Mean	Benchmark
-	-1,238,717	-

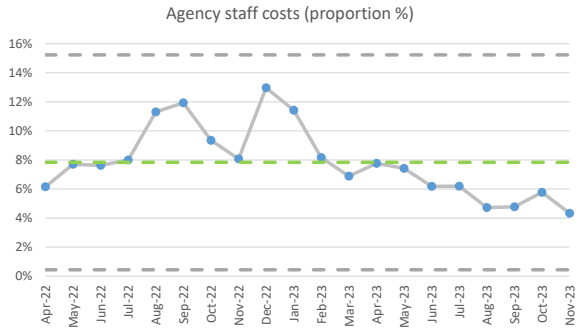
Variation Description: -
Assurance Description: -



Reporting Date	Performance	Op. plan #
Nov-23	91.1%	F1
Threshold	YTD Mean	Benchmark
100% (equiv. 1%)	-	-

Variation Description: +
Assurance Description: -

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> To date, the CIP plan has delivered £5.1m in savings, of which £4.1m are cash out. Overall, delivery at November stands at 80% of target. These savings have been reflected in the forecast. However, many are serving to hold existing cost pressures in check and avoiding costs. The original target of £9.6m has been reduced to reflect the challenges to delivery on a number of projects. However, it still exceeds the £4.5m target included in the budget. Spend is expected to increase by £28.8m compared to the prior year, whilst funding has increased by just £20m creating a gap of £8.8m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £17.9m. An additional cost of £1.4m has been included in the fund claims which relates to additional funding agreed to cover the backdated pay for the 22/23 MPTC/NJC pay award. This was agreed from the Treasury Contingency Fund. <p>Total income (£):</p> <ul style="list-style-type: none"> The operational result for November is an overspend (£2.6m) with costs increasing by £1.2m compared to the previous month. The majority of this increase relates to drugs costs, changes to the Pharmaceutical contract and placement costs which were all expected. <p>Total staff costs (£):</p> <ul style="list-style-type: none"> YTD employee costs are (£4.3m) 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 Agency spend YTD of £7.2m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.6m), Social Care (£1.5m) and Women & Children (£1.0m), where spend is primarily incurred to cover existing vacancies in those areas. 	<p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> There are currently 69 projects expected to deliver savings in this year, many of which will also deliver savings in 24/25. A further 27 projects are under development for delivery in 24/25 with additional projects expected to be added in the coming months. The Restoration & Recovery programme is showing an overspend on an 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 Commercial Opportunities target is unlikely to be met in this year but is expected to deliver in full in 24/25. Infrastructure savings are expected from Q4. Tertiary savings are also expected to recover during Q4. Mental Health savings have not been reported for November so these figures are expected to increase in the next reporting cycle. The procurement target is under pressure due to continued price increases eroding the savings expected from switching to NHS Supply Chain. The efficiency target of £825k has been exceeded with efficiencies of £976k reported so far and further savings expected to the end of the year. <p>Total income (£):</p> <ul style="list-style-type: none"> The forecast has been updated for cost pressures that were previously identified as risks and have now materialised meaning that the forecast is now an overspend of (£31.6m). These additional costs have all been included in business cases to the DHSC for approval from the Reserve Fund and the requested claim against this fund is now £6.4m. If all the business cases are approved from the Reserve Fund the operational forecast would reduce to (£25.2m). <p>Total staff costs (proportion %):</p> <ul style="list-style-type: none"> Although agency costs are continuing to reduce bank costs have been gradually increasing which means that overall costs are tracking higher than last year but within expected trends. Bank costs have reduced by £200k since last month, bringing them closer to prior year levels. Agency costs continue to be lower than in 21/22. Bank rates have increased this year due to pay awards 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. 	<p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> 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 work streams impact the run rate there are remaining savings of £1.0m included in the forecast centrally (which is included as a risk). To date, £4.3m in cash out savings have been delivered, which have been reflected in the forecast. £976k in efficiencies have also been delivered but these do not impact the forecast. <p>Total income (£):</p> <ul style="list-style-type: none"> Of the forecast overspend, £7.3m 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 #
Nov-23	4.3%	

Threshold	YTD Mean	Benchmark
	5.9%	5.9%

(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	2023												YTD 2023-24	YTD Performance		
			Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23			Nov-23	Dec-23
SA001	Serious Incidents declared	<3 < 36 PA	3	2	0	0	2	2	1	1	3	4	1	5	5	0	22	
SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	N/A	N/A	N/A	N/A	80.00%	75.00%	56.00%	75.00%	100.00%	100.00%	100.00%	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	100.00%	100.00%	50.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
SA003	Eligible patients having VTE risk assessment within 12 hours of decision to admit	95%	90.30%	86.68%	94.39%	97.85%	95.06%	90.41%	84.73%	89.60%	87.30%	88.89%	91.00%	94.50%	92.50%	93.00%		
SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95%	93.52%	92.00%	99.30%	99.17%	97.00%	91.87%	95.87%	97.40%	100.00%	98.00%	96.00%	99.00%	99.00%	96.00%		
SA005	Never Events	0	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 Date	<2	1.24	0	0.47	0.35	0.54	0.63	0.16	0.16	0.17	0.45	0.31	0.49	0.5	0.17		
SA019	Pressure Ulcers - Total incidence - Grade 2 and above	≤ 17 (204 PA)	17	11	13	11	13	15	13	19	24	29	16	11	17	2	146	
SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	2	0	2	3	2	4	4	4	4	2	1	1	1	0	23	
SA008	MRSA - Total number of acquired infections	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
SA009	E-Coli - Total number of acquired infections	< 72 PA	5	6	5	4	0	5	8	6	10	4	9	8	11	7	68	
SA010	No. confirmed cases of Klebsiella spp	-	3	0	0	0	0	0	3	1	2	2	2	0	2	2	14	
SA011	No. confirmed cases of Pseudomonas aeruginosa	-	0	1	0	0	0	0	0	0	1	1	1	0	0	2	5	
SA012	Number of Medication Errors (with Harm)	< 25 PA	0	0	0	0	0	1	1	0	0	0	0	1	0	0	3	
SA013	Harm Free Care Score (Safety Thermometer) - Adult	95%	98.0%	99.5%	97.5%	98.5%	96.9%	96.8%	97.4%	98.0%	97.5%	96.8%	97.0%	97.7%	97.0%	95.5%		
SA014	Harm Free Care Score (Safety Thermometer) - Maternity	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%		
SA015	Harm Free Care Score (Safety Thermometer) - Children	95%	100.0%	99.8%	90.0%	99.2%	99.0%	82.3%	99.8%	99.2%	96.2%	100.0%	99.0%	100.0%	100.0%	98.5%		
SA016	Hand Hygiene Compliance	96%	97.0%	98.0%	97.0%	97.0%	92.0%	98.0%	96.0%	99.0%	97.0%	97.0%	97.0%	99.0%	97.0%	98.0%		
SA017	48-72 hr review of antibiotic prescription complete	98%	79.0%	71.0%	75.0%	58.0%	61.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%	82.0%	88.0%	78.0%		
EF007	Planned Care - DNA - Hospital	5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.7%	12.2%	10.2%	9.4%	11.0%	11.9%	
EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5%	8.6%	9.4%	9.7%	7.9%	12.0%	11.9%	11.1%	10.4%	11.9%	14.8%	11.5%	11.2%	13.3%	16.7%		
	Planned Care - DNA Rate (Nurse Led outpatient appointments)		5.9%	5.9%	4.2%	4.8%	6.0%	7.4%	7.1%	4.8%	5.1%	8.2%	6.6%	5.4%	6.8%	5.8%		
	Planned Care - DNA Rate (AHP Led outpatient appointments)		10.4%	9.8%	10.0%	9.4%	11.0%	11.3%	9.5%	10.1%	9.0%	11.4%	10.2%	10.0%	9.8%	10.4%		
EF002	Planned Care - Total Number of Cancelled Operations		303	357	429	317	396	236	344	284	337	268	371	367	348	355	2910	
	Hospital cancelled		171	234	280	179	229	109	196	138	200	140	223	239	156	167	1568	
	Patient cancelled		132	123	149	138	167	127	148	146	137	128	148	128	192	188	1342	
EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	90	118	119	125	88	112	121	114	140	103	105	94	81	91	961	
	Average Length of Stay (ALOS) - Nobles	-	5	5	5	5	6	5	5	5	5	5	5	5	5	5		
	Average Length of Stay (ALOS) - RDCH	-	46	33	51	50	41	38	130	38	31	36	40	44	34	35		
	Total Number of discharges	-	1022	1021	991	866	1008	907	960	906	985	1009	938	971	1033	949	4767	
EF050	Total Number of inpatient discharges-Nobles	-	986	977	959	826	976	882	924	866	946	968	904	928	995	902	4586	
EF051	Total Number of inpatient discharges-RDCH	-	36	44	32	40	32	25	36	40	39	41	34	43	38	47	181	

	KPI ID	Indicator	OP_Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance	
EFFECTIVE	EF003	Theatres - Number of Cancelled Operations on Day		50	38	81	39	48	36	40	28	51	27	33	46	31	24	316		
		Theatres - Number of Cancelled Operations on Day - Clinical		11	9	14	10	19	12	14	16	7	8	14	16	13	7	107		
		Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		4	4	4	5	11	5	6	5	14	5	6	10	6	7	64		
		Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		35	25	63	24	18	19	20	7	30	14	13	20	12	10	145		
	EF004	Theatres - Theatre Utilisation %	85%	69.8%	76.3%	72.1%	82.5%	75.8%	73.3%	76.2%	67.8%	79.7%	82.4%	80.6%	79.8%	76.2%	72.3%			
	EF006	Crude Mortality Rate		32.72	29.28	22.48	20.23	24.24	16.47	15.37	12.75	15.25	19.63	18.81	24.68	19	21.76			
	EF007	Total Hospital Deaths		38	32	21	23	27	18	18	13	20	21	22	30	27	20	189		
	EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	24%	36%	54%	92%	94%	93%	93%	98%	98%	98%	98%	97%	97%	99%	99%		
	EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	0.0%	8.9%	-12.7%	7.3%	25.3%	6.7%	5.8%	-6.4%	24.9%	14.2%	7.1%	6.6%	6.2%	6.3%			
	EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	-8.3%	17.5%	22.6%	-6.4%	89.2%	-10.9%	-1.8%	-25.3%	-25.6%	-1.8%	-14.3%	1.6%	66.7%	32.7%			
	EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)		26	66	64	72	26	30	33	83	21	51	20	8	39	24			
	EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	0.0%	100.0%	94.0%	94.0%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	EF064	Number of patients with a length of stay - 0 days (Mental Health)		N/A	N/A	0	3	0	2	1	1	0	1	1	0	1	1	8		
	EF065	MH - Number of patients aged 18-64 with a length of stay - > 60 days		N/A	N/A	5	5	1	3	4	3	0	2	1	0	1	0	14		
	EF066	MH - Number of patients aged 65+ with a length of stay - > 90 days		N/A	N/A	2	0	0	2	0	1	1	3	0	0	1	2	10		
	EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	N/A	N/A	N/A	100%	100%	100%	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%	N/A	N/A	N/A	100%	100%	50%	100%	100%	50%	100%	-	-	0%	100%			
	EF026	Crisis Team one hour response to referral from ED	75%	88%	87%	100%	75%	91%	94%	94%	100%	96%	84%	90%	77%	90%	85%			
	EF015	ASC - % of Re-referrals	<15%	8.6%	11.3%	12.4%	4.6%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%	3.3%	12%	16%			
EF063	ASC - No. of referrals		81	80	89	65	77	76	78	59	66	86	68	91	74	59	657			
EF016	ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	80%	77%	68%	55%	33%	27%	39%	39%	29%	42%	27%	23%	40%	30%	24%				
EF017	ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	100%	21%	13%	14%	0%	27%	22%	48%	100%	100%	100%	96%	100%	96%	95%				

Performance Scorecard 3

KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85%	32.0%	62.5%	62.5%	35.7%	75.0%	100.0%	75.0%	65.5%	54.6%	50.0%	48.0%	56.0%	43.5%	66.7%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90%	87.5%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	33.3%	80.0%	71.4%	80.0%	76.9%	100.0%	0.0%		
EF022	CFSC - % Child Protection Reviews held on time	90%	87.5%	71.4%	66.7%	85.7%	77.8%	88.9%	100.0%	100.0%	88.9%	95.8%	95.7%	80.0%	100.0%	100.0%		
EF023	CFSC - % Looked After Children reviews held on time	90%	93.8%	92.3%	94.7%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	90.5%	90.0%	88.0%	100.0%	100.0%		
EF049	C&F - Number of referrals - Children & Families		N/A	N/A	N/A	N/A	N/A	116	172	144	133	121	168	141	199	188	1382	
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	0.0%	100.0%	93.0%	100.0%	100.0%	100.0%	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	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%		
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	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%	35.0%	71.0%	21.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	83%	84%	77%	89%	96%	97%	96%	99%	99%	97%	92%	96%	95%	93%		
EF010	% Dental contractors on target to meet UDA's	96%	72%	75%	75%	75%	72%	3%	10%	17%	25%	35%	38%	46%	53%	55%		
EF068	Pharmacy - Total Prescriptions (No. of fees)		N/A	N/A	N/A	N/A	N/A	£131,397	£140,744	£139,132	£136,305	£137,200	£158,757	£137,848			£981,383	
EF069	Pharmacy - Chargeable Prescriptions		N/A	N/A	N/A	N/A	N/A	£16,509	£19,236	£18,377	£17,909	£17,376	£22,055	£18,211			£129,673	
EF070	Pharmacy - Total Exempt Item		N/A	N/A	N/A	N/A	N/A	£129,409	£139,125	£137,291	£134,446	£134,685	£155,968	£135,824			£966,748	
EF071	Pharmacy - Chargeable Items		N/A	N/A	N/A	N/A	N/A	£16,410	£19,108	£18,266	£17,909	£17,224	£21,924	£17,940			£128,781	
EF072	Pharmacy - Net cost		N/A	N/A	N/A	N/A	N/A	£1,361,186	£1,486,094	£1,456,788	£1,422,861	£1,401,718	£1,643,309	£1,371,536			£10,143,492	
EF073	Pharmacy - Charges Collected		N/A	N/A	N/A	N/A	N/A	£63,586	£73,816	£70,832	£68,792	£66,370	£84,646	£69,092			£497,134	
EF030	Caesarean Deliveries (not Robson Classified)		28%	34%	38%	26%	21%	39%	43%	32%	46%	61%	41%	35%	43%	47%		
EF031	Induction of Labour	< 30%	43%	26%	27%	36%	34%	29%	36%	11%	33%	44%	30%	25%	40%	29%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	2%	0%	5%	0%	0%	0%	0%	1%	0%	0%	1%	2%	0%	1%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	3%	0%	2%	0%	0%	0%	0%	0%	1%	1%	0%	2%	0%	2%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	0%	0%	0%	0%	88%	88%	100%	100%	73%	40%	40%		
EF035	Stillbirth Number / Rate		0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	
EF036	Unplanned Admission To ITU - Level 3 Care		0	0	0	0	0	0	2	0	1	0	1	0	0	0	4	
EF037	% Smoking At Booking		10%	8%	7%	9%	9%	15%	11%	8%	6%	4%	4%	7%	12%	16%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	7%	5%	7%	6%	11%	14%	6%	5%	0%	10%	14%	3%	12%	6%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	66%	87%	67%	83%	70%	76%	63%	73%	56%	71%	69%	76%	71%	67%		
EF040	Breast Feeding Rate At Transfer Home		59%	84%	41%	36%	34%	37%	29%	31%	32%	30%	72%	69%	76%	73%		
EF041	Neonatal Mortality rate/1000		0	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	119	131	117	133	162	197	164	1023	
EF060	W&C - NNU - Total number of Admissions		N/A	N/A	N/A	N/A	N/A	6	7	8	8	3	7	11	5	5	60	
EF061	W&C - NNU - Avg. Length of Stay		N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.5	3.4	5.0	3.4	6.5	21.2	12.5		
EF062	W&C - Community follow up		N/A	N/A	N/A	N/A	N/A	4	8	6	2	1	3	0	9	8	41	

EFFECTIVE

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-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	0	0	
	CA002	Complaints - Total number of complaints received	-	21	19	18	27	30	28	24	27	24	22	26	29	27	28	235	235	
	CA012	FFT - How was your experience? No. of responses	-	165	63	121	620	739	571	718	2096	1161	1311	1187	1682	1650	943	11319	11319	
	CA013	FFT - Experience was Very Good or Good	80%	90.0%	74.0%	87.0%	87.0%	87.0%	92.0%	87.0%	85.0%	87.0%	90.0%	91.0%	91.0%	91.0%	91.0%			
	CA014	FFT - Experience was neither Good or Poor	10%	3.0%	8.0%	7.0%	10.0%	5.0%	2.0%	4.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%			
	CA015	FFT - Experience was Poor or Very Poor	<10%	7.0%	18.0%	6.0%	4.0%	8.0%	6.0%	8.0%	9.0%	9.0%	6.0%	5.0%	5.0%	5.0%	5.0%			
	CA016	Manx Care Advice and Liaison Service contacts	-	663	432	580	770	839	589	636	517	649	621	655	704	958	620	5949	5949	
	CA017	Manx Care Advice and Liaison Service same day response	80%	90.0%	92.0%	90.0%	90.0%	88.0%	89.0%	87.0%	91.0%	90.0%	91.0%	90.0%	89.0%	90.0%	91.0%			
	CA007	Complaint acknowledged within 5 working days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
	CA008	Written response within 20 days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	98.3%	100.0%	100.0%	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	0
CA011	No. complaints referred to HSCOB	-	0	0	0	0	0	0	0	0	0	7	4	1	4	2	4	22	22	
RESPONSIVE	RE058	Cons Led- OP Referrals		3432	2734	2932	3056	3502	2867	2887	3075	2846	2986	2812	3041	2857	2200	25571	25571	
	RE059	Nurse Led- OP Referrals		823	656	798	559	717	729	594	850	889	741	824	794	1056	640	7117	7117	
	RE060	AHP- OP Referrals		1174	672	880	508	840	684	736	906	846	770	853	866	962	640	7263	7263	
		RTT - Number of patients waiting for first hospital appointment		20674	20837	20825	21025	20618	20406	20189	20480	20191	20367	21180	21042	21335	20810			
	RE001	No. patients waiting for first Consultant outpatient	<15465	14887	14955	14952	15119	15380	15465	15500	15718	15703	15846	16562	16744	16973	16861			
		No. waiting Over 52 weeks - to start consultant-led treatment	0	4508	4708	4806	5006	4792	4890	4927	5016	5247	5089	5289	5432	5602	5487			
		Average Wait (weeks) - Ref to OP		49	48	49	51	49	47	47	47	49	48	48	48	49	47			
		Max wait (weeks) - Ref to OP		791	794	798	790	794	799	846	836	817	816	840	844	1017	1021			
	RE0011	No. patients waiting for Nurse outpatient		2252	2193	2167	2218	1927	1519	1385	1540	1512	1449	1643	1623	1802	1657			
	RE00111	No. patients waiting for AHP		3535	3559	3684	3688	3311	3422	3304	3222	2976	3072	2975	2675	2560	2292			
	RE002	Number of patients waiting for Daycase procedure	< 2311	2906	2852	2726	2697	2622	2311	2264	2372	2334	2229	2291	2303	2254	2126			
		Average Wait (weeks) - Daycase		45	44	43	42	40	41	42	43	43	45	43	44	45	45			
		Max wait (weeks) - Daycase		450	452	291	295	299	304	308	312	316	320	293	297	301	301			
		No. waiting Over 52 weeks - Inpatient (Daycase only)		1022	979	879	787	717	624	609	635	617	602	607	601	604	580			
	RE003	Number of patients waiting for Inpatient procedure	< 554	661	630	612	592	570	554	553	551	534	505	530	497	464	432			
		Average Wait (weeks) - Inpatient		40	39	40	38	40	39	40	41	40	38	38	35	33	33			
		Max wait (weeks) - Inpatient		300	303	308	312	316	321	325	329	333	337	342	235	212	217			
		No. waiting Over 52 weeks - Inpatient (IP pathway only)		198	183	165	155	142	143	144	149	134	124	129	106	95	78			
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85%	52.4%	53.4%	41.5%	48.4%	55.7%	60.8%	55.0%	57.0%	60.0%	57.4%	42.4%	55.4%	48.6%	52.5%			
	RE005	Diagnostics - % requests completed within 6 weeks		86.0%	87.0%	82.0%	86.2%	87.3%	84.7%	81.4%	86.7%	86.2%	86.6%	85.4%	85.4%	85.3%	88.4%			
RE006	Diagnostics - % Current wait > 6 weeks		70%	75%	75%	70%	70%	73%	71%	70%	71%	74%	71%	68%	61%	64%				
	Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8400	8234	7683	8089	8481	8256	7719	7545	7291	3541	4544	3846	3622	3955				
	Diagnostics - % Current wait <= 6 weeks	99%	30%	25%	25%	30%	30%	27%	29%	30%	29%	26%	29%	32%	39%	36%				
RE061	Diagnostics-% patients waiting 26 weeks or less	99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59%	61%	63%	59%	59%	58%	67%	67%			

Performance Scorecard 5

KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-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%	67.3%	67.7%	68.6%	70.1%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%	71.0%	69.5%	68.0%		
	A&E - 4 Hour Performance - Nobles		55.6%	53.1%	55.4%	58.5%	59.6%	61.7%	64.5%	66.5%	61.1%	60.8%	57.9%	60.6%	58.7%	57.2%		
	A&E - 4 Hour Performance - RDCH		99.8%	99.2%	98.9%	99.6%	99.8%	99.9%	100.0%	99.6%	100.0%	99.9%	100.0%	99.9%	100.1%	99.7%		
RE008	A&E - 4 Hour Performance (Non Admitted)	95%	77.2%	78.5%	79.6%	79.6%	80.8%	79.6%	82.1%	84.0%	80.6%	82.9%	78.8%	80.4%	79.3%	79.1%		
RE009	A&E - 4 Hour Performance (Admitted)	95%	24.9%	20.2%	21.2%	21.4%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%	22.8%	22.6%	20.0%		
	A&E - Admission Rate		18.8%	18.4%	18.9%	16.1%	16.8%	16.1%	15.2%	15.3%	15.7%	16.3%	16.3%	16.4%	17.4%	18.8%		
RE0072	A&E - Admission Rate - Nobles		25.7%	27.0%	27.2%	22.6%	23.5%	21.3%	20.8%	21.2%	21.5%	22.9%	21.9%	22.3%	23.5%	25.1%		
	A&E - Admission Rate - RDCH		0.2%	0.3%	0.0%	0.3%	0.2%	0.2%	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%		
RE010	A&E - Average Total Time in Emergency Department	360 mins	272	301	295	269	254	246	227	220	257	267	298	268	275	279		
RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	24	27	25	27	26	25	24	21	26	22	29	28	35	26		
RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	77	70	74	72	62	69	63	56	74	63	67	72	80	71		
RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	20	31	28	38	22	14	12	19	13	14	12	12	16	23		
RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	15	54	56	27	13	6	5	12	36	48	67	48	30	41	293	
RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	71	142	134	93	56	45	22	47	104	115	191	127	114	132	897	
RE080	ED - Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	184	181	181	176	177	177	175	161	178	168	182	179	181	177		
RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	19	23	20	15	28	20	17	19	23	19	17	20	18	19		
RE0141	Total Number of Emergency Calls		1036	1209	1100	1025	1109	1059	1035	1105	1131	1130	1134	1118	1099	1201	10012	
RE0142	Number of Category 1 Calls		34	50	37	32	33	25	46	43	41	38	46	24	28	31	322	
RE015	Ambulance - Category 1 Mean Response Time	7 mins	9	10	10	8	12	11	8	9	11	9	9	11	8	9		
RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	40.9%	16.7%	34.6%	15.4%	36.4%	47.1%	50.0%	63.6%	32.0%	56.3%	58.3%	46.2%	40.0%	52.4%		
	Category 2 Mean Response Time	18 mins	N/A	N/A	13	12	16	14	16	13	13	11	16	12	13	15		
RE034	Category 2 Response Time at 90th Percentile	40 mins	28	31	28	26	36	31	38	29	27	25	33	24	26	33		
	Category 3 Mean Response Time	Monitor	N/A	N/A	15	16	22	20	20	19	24	17	20	22	24	22		
RE035	Category 3 Response Time at 90th Percentile	120 mins	39	58	32	32	57	42	51	39	53	37	47	48	61	53		
	Category 4 Mean Response Time	Monitor	N/A	N/A	22	19	25	30	35	20	37	26	44	33	36	32		
RE036	Category 4 Response Time at 90th Percentile	180 mins	79	105	53	41	54	76	82	63	74	56	121	84	78	64		
	Category 5 Mean Response Time	Monitor	N/A	N/A	33	31	42	40	36	31	35	32	35	33	30	0		
	Category 5 Response Time at 90th Percentile	180 mins	93	95	80	80	98	91	89	72	83	72	81	72	71	95		
	Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	N/A	N/A	219	169	142	154	161	181	166	189	240	191	198	252	1732	
	Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	23	48	34	13	8	13	10	17	12	28	31	24	22	43	200	
RE043	OPEL level 4 (Days)		0	3	5	3	0	0	0	0	1	3	5	2	2	2	13	
RE082	Meds Demand - N-patient interactions		N/A	N/A	N/A	N/A	N/A	3111	2872	2295	2664	2281	2211	2326	2574	3335	23669	
RE083	Meds Overnight Demand		N/A	N/A	N/A	N/A	N/A	354	317	224	275	197	195	230	552	337	2681	
RE084	Meds - Face to face appointments		N/A	N/A	N/A	N/A	N/A	609	474	360	574	471	398	419	571	708	4584	
RE086	Meds - TUNAX		N/A	N/A	N/A	N/A	N/A	1.2%	1.1%	0.6%	1.1%	2.8%	1.9%	1.8%	1.27%	0.8%		
RE088	Meds- DNAX		N/A	N/A	N/A	N/A	N/A	1.2%	1.5%	3.3%	0.6%	2.3%	1.9%	2.6%	1.7%	1.8%		

RESPONSIVE

Performance Scorecard 6

RESPONSIVE	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
	RE0171	Referrals received for all suspected cancers		439	308	385	418	416	368	455	445	375	455	422	487	423	311	3741	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96%	76.6%	82.0%	76.9%	78.6%	87.3%	76.0%	73.5%	82.4%	80.0%	83.8%	73.8%	71.2%	86.4%	79.4%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85%	42.1%	42.4%	31.6%	34.3%	62.2%	21.1%	50.0%	54.0%	35.7%	63.6%	46.4%	51.9%	50.0%	57.1%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	68.3%	67.5%	55.8%	66.2%	60.3%	67.4%	63.7%	58.0%	57.3%	68.4%	65.3%	75.3%	64.6%	66.0%		
	RE057	All Referrals received for all suspected cancers		537	397	483	489	502	434	537	514	460	558	502	599	501	364	4469	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	56.9%	75.5%	65.6%	53.7%	54.8%	60.9%	42.1%	56.0%	44.0%	44.6%	38.5%	62.1%	68.2%	71.2%		
		% Urgent 1 - seen within 3 working days	80%	55.2%	82.6%	78.6%	86.7%	74.2%	69.8%	50.0%	71.5%	65.6%	54.1%	42.4%	50.0%	100.0%	NaN		
		% Urgent 2 - seen within 5 working days	80%	61.5%	76.2%	77.2%	68.4%	61.8%	73.7%	54.0%	67.7%	39.3%	50.0%	52.2%	69.8%	82.1%	89.2%		
		% Soon 1 - seen within 15 working days	80%	54.6%	78.4%	47.7%	26.7%	34.9%	38.7%	21.7%	23.9%	32.6%	39.6%	16.4%	0.0%	0.0%	0.0%		
	% Soon 2 - seen within 30 working days	80%	41.2%	44.4%	38.5%	9.1%	38.5%	70.0%	0.0%	100.0%	0.0%	0.0%	51.9%	69.5%	70.5%	70.1%			
	% Routine - seen within 12 weeks	80%	80.0%	69.0%	46.2%	62.5%	40.0%	70.0%	87.5%	79.0%	50.0%	34.8%	42.9%	66.7%	56.0%	42.9%			

Performance Scorecard 7

KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
	IPCC - No. patients waiting for a dentist		2528	2651	2808	2983	2638	3509	3666	3872	3993	4042	4268	4415	4528	4648		
RE0271	IPCC - Longest time waiting for a dentist (weeks)		153	170	159	164	167	168	177	181	185	189	193	200	203	207		
	IPCC - Number patients seen by dentist within the year		55102	54404	54238	54924	53892	53697	53829	53089	53628	53778	54084	54025	53151	0		
RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.2%	4.2%	4.0%	4.0%	4.1%	4.0%	4.0%	4.0%		
	Average of Days to next GP appt - Ballasalla		9.8	10.0	13.3	9.0	13.0	13.7	5.8	7.0	4.7	6.0	6.3	7.8	8.0	7.7		
	Average of Days to next GP appt - Castletown		5.3	6.0	2.6	4.0	4.3	5.0	7.0	4.5	2.0	3.0	2.3	4.3	3.5	5.0		
	Average of Days to next GP appt - Finch		6.0	8.3	5.0	7.5	7.8	6.7	6.0	8.0	8.3	8.0	5.5	5.3	5.5	5.0		
	Average of Days to next GP appt - Hallwood		6.3	4.0	5.4	8.5	7.0	10.0	9.0	10.5	9.6	13.3	6.0	4.3	9.5	9.3		
	Average of Days to next GP appt - Kensington		4.5	5.5	4.6	4.0	5.8	10.5	4.0	8.0	8.4	12.7	11.0	9.0	9.5	6.7		
	Average of Days to next GP appt - Laxey		3.5	7.8	7.2	5.8	8.5	10.5	8.0	6.8	9.8	10.7	9.0	10.5	9.5	11.5		
	Average of Days to next GP appt - Palatine		1.0	7.5	1.8	4.5	4.3	10.3	1.0	1.0	10.6	15.3	10.0	13.5	14.0	13.0		
	Average of Days to next GP appt - Peel		10.0	9.3	10.2	6.0	9.3	9.3	6.0	5.8	7.6	6.3	1.0	1.0	1.0	1.3		
	Average of Days to next GP appt - Ramsey		1.3	1.0	1.0	1.0	1.0	1.3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		
	Average of Days to next GP appt - Snaefell		18.0	18.3	19.8	17.3	10.3	16.8	13.0	4.5	15.5	12.0	20.0	17.0	23.5	12.5		
	Average of Days to next GP appt - Southern		1.0	2.0	1.0	1.0	1.3	1.5	2.0	1.0	1.8	2.0	1.3	1.0	1.5	1.3		
RE081	IPCC - N. of GP appointments		38565	29373	41822	37919	38127	34968	44528	36436	43448	33995	38294	51488	20263	30485	333905	
RE054	Did Not Attend Rate (GP Appointment)	-	3%	3%	3%	3%	3%	3%	3%	3%	2%	3%	3%	2%	3%	3%		
RE074	Response by Community Nursing to Urgent / Non routine		N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	95%	100%		
RE075	Community Nursing Service response target met - Routine		N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%		
RE028	MH - No. service users on Current Caseload	4500 - 5500	4733	4809	4926	4995	5030	5090	5093	5129	5211	5226	5285	5325	5359	5305	47023	
RE044	MH- Waiting list		N/A	N/A	N/A	N/A	N/A	N/A	N/A	1572	1637	1598	1654	1701	1750	1752		
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	13.3	19.0	19.3	21.7	20.3	21.6	20.4		
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	18.7	20.3	21.1	23.4	27.1	28.1	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	10.8	11.7	11.3	14.7	17.2	19.8	19.8		

RESPONSIVE

Performance Scorecard 8

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance	
RESPONSE	RE030	WBC - % New Birth Visits within timescale		91.9%	87.5%	94.4%	86.7%	90.6%	96.0%	85.7%	86.0%	83.0%	89.4%	84.3%	90.4%	96.2%	91.7%			
	RE032	Births per annum		390	428	488	535	588	54	103	144	191	237	293	348	391	451			
	RE051	Maternity Bookings		51	43	70	61	57	48	73	48	55	51	48	56	60	50	489		
	RE052	Ward Attenders		92	94	110	126	196	196	159	146	270	244	44	309	230	275	1873		
	RE053	Gestation At Booking <10 Weeks		45.1%	20.9%	8.6%	39.3%	26.3%	39.6%	21.9%	20.8%	29.2%	30.9%	39.2%	33.9%	45.0%	48.0%			
	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	60.1%	64.2%	61.6%	63.2%	68.3%	64.8%		
	RE069	ASC - % of all Residential Beds Occupied	85% - 100%	71%	69%	82%	68%	84%	83%	83%	71%	69%	68%	52%	59%	48%	70%			
	RE070	Respite bed occupancy	>= 90%	50%	79%	96%	81%	79%	92%	80%	69%	70%	81%	65%	58%	73%	88%			
	RE068	Total number of Service Users		207	207	252	204	262	250	250	212	134	134	162	181	153	220			
	RE068	ASC % of Service users with a PCP in Place	95.00%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	6.8%	7.7%	7.9%	6.4%	7.6%	5.9%	5.2%	5.5%	6.0%	6.6%	6.0%	7.0%	6.4%	6.1%			
	WP002	Number of staff on long term sickness		66	83	77	0	83	65	82	69	91	94	82	63	116	88			
	WP004	Number of staff leavers		22	16	17	17	19	22	22	24	22	34	34	19	21	22	220		
	WP005	Number of staff on disciplinary measures		6	3	5	6	5	5	7	8	9	11	10	6	11	11	78		
	WP006	Number of suspended staff		0	0	0	1	1	1	1	1	1	4	4	4	5	4	25		
	WP007	Number of Data Breaches Reported to ICO	0	11	12	13	13	22	8	13	13	11	11	12	14	8	13	103		
	WP011	Number of Enforcement Notices from the ICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	WP012	Number of DSAR, AHR and FOI's not completed within their target	0	11	19	4	1	4	32	39	76	27	39	33	29	29	33	337		
	WP013	Staff 12 months turnover rate	10%	N/A	11.4%	11.2%	11.4%	11.3%	11.0%	10.9%	10.4%	10.0%	9.4%	9.7%	9.4%	9.8%	10.1%			
	WP015	Number of DSAR, AHR and FOI's overdue at month end		0	4	1	5	14	44	55	33	41	41	24	31	40	30	339		
			Number of DSAR, AHR and FOI's Breaches		11	23	5	6	18	76	94	109	68	80	57	60	69	63	676	
	WELL LED (FINANCE)	WF001	% Progress Towards Cost Improvement Target (CIP)	1.5%	86.0%	116.3%	126.0%	170.0%	170.0%	N/A	N/A	22.2%	26.7%	33.3%	76.0%	86.7%				
WF002		Total income (£)		-£1,169,900.12	-£1,190,786.72	-£1,141,775.07	-£1,199,261.20	-£2,136,829.00	-£1,289,366.95	-£1,205,889.53	-£1,363,058.62	-£1,200,692.80	-£1,256,106.57	-£1,309,283.30	-£1,517,134.68	-£1,394,119.46			-£10,555,652	
WF003		Total staff costs (£)		£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	£18,213,229.79	£17,915,352.77	£18,143,236.48			£142,107,159	
WF004		Total other costs (£)		£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	£12,102,126.42	£12,646,943.85	£13,050,900.26				
WF005		Agency staff costs (proportion %)		8.1%	13.0%	11.4%	8.2%	6.9%	7.8%	7.4%	6.2%	6.2%	4.7%	4.8%	5.8%	4.3%				
WF007		Actual performance (£ 000)		£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	£28,814.0	£29,030.0	£29,351.0				
WF008		budget (£ 000)		£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	£25,948.0	£25,948.0	£25,948.0				
WF009		Actual performance against Budget (£ 000)		-£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	-£2,866.0	-£3,082.0	-£3,403.0				

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date:	6.2.24

Meeting:	Manx Care Board		
Report Title:	Update on Workforce and Culture		
Authors:	Miriam Heppell, Interim Director for People and Julie Colquitt, Interim Workforce and Culture Project Lead		
Accountable Director:	Miriam Heppell, Interim Director for People		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report			
<ul style="list-style-type: none"> • Review of the current position relating to Corporate People Leadership and Governance • Progress on key work streams • Update on activities being undertaken by the Workforce and Culture Project Team 			
Recommendation for the Board to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>

Director for People Report February 2024 (Public)

Section 1: PURPOSE AND INTRODUCTION

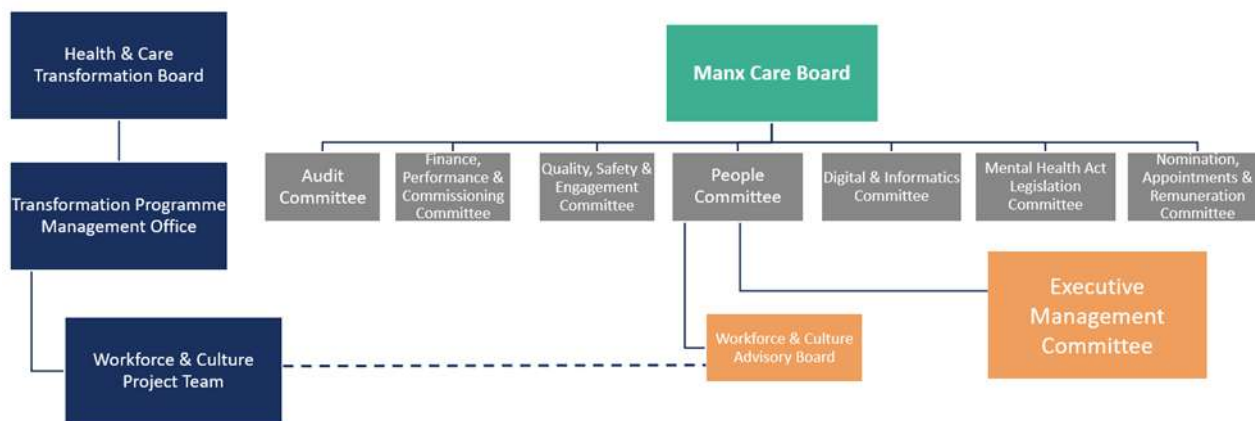
1.1 This report updates the Manx Care Board on the activities and professional view of the Interim Director for People. The role has been created on an interim basis from 1st November 2023 until 30th April 2024 to provide professional input at executive director level and organisational leadership for matters related to the People Professions, including employee relations, cultural and organisational development and people development. There is currently no other internal resource within Manx Care for employee relations, organisational development, continuous professional and personal development or leadership development.

- 1.2 The report also updates the Manx Care Board on the activities of the Workforce and Culture project, currently working externally to Manx Care within central government. This project was put in place in 2021 to deliver on Sir Jonathan Michael’s 25th recommendation, which states:

“A fit for purpose workforce model needs to be developed to reflect the emerging needs of the new model of care. It should maximise the potential skills available within the workforce as well as the opportunity to recruit and retain high quality professionals. It will then increase the attractiveness of the Isle of Man as a career destination.”

Section 2: CURRENT POSITION

- 2.1 Manx Care has been set up as an arms-length body to the Isle of Man Government following the Review undertaken by the Sir Jonathan Michael and is legally a Statutory Board, similar in standing to Manx Utilities and the Isle of Man Post Office. It was legally established following a period of shadow existence with the passing of the Manx Care Act 2021.
- 2.2 The initial Board structure, with specific reference to workforce and culture development for Manx Care, recommended by the Review is pictorially represented below.



This structure was appropriate for the creation of a new organisation, which was being separated from the healthcare policy-making arm of government.

- 2.3 The above structure was backed up with a workforce development plan developed within the Transformation Directorate in the Cabinet Office, was reviewed by the Manx Care CEO and Chair and was ratified at the Health and Care Transformation Board on 21st June 2021. Its stated intention was that “The Workforce and Culture project will focus on developing and implementing a fit for purpose organisational model”. The Workforce and Culture Advisory Board has evolved into the People and Culture Group, chaired by the Interim Director for People, which continues to report in to the People Committee.
- 2.4 The People, Culture and Engagement Strategy, approved by the Board in September 2023, is effectively an evolution of the original workforce development plan. The two documents have been compared in January 2024 and align naturally with one another. However, the Workforce and Culture Project is funded temporarily until 2026 and the resource supporting Manx Care’s People Strategy will be discontinued from that point. The Lead for the Project has been temporarily seconded to the Covid Review and will return to the post from 5th February 2024 and funding for a further post within the project has been agreed for the next 6 months.

- 2.5 All other professional people activities are managed through a shared services agreement with the Office of Human Resources and are transactional in nature. The Office of Human Resources has been recently reviewed externally and has been judged to be significantly under-resourced. The recommendations for this review included the establishment of a dedicated Director of Human Resources post to provide a service to Manx Care, which will remain as part of the shared service, reporting to the Executive Director of Human Resources in the Cabinet Office and will not be at an executive level. This post has now been appointed to internally within OHR and the successful candidate will take up the role on **26th February 2024**. The Review does not address the internal gaps corporately for Manx Care.

Section 3: CURRENT ACTIVITIES

- 3.1 The Corporate People Risks are not yet fully scoped as part of the Board Assurance Framework. The corporate risk of workforce supply is identified, however the stated control measures are not currently having the desired impact on the risk level. There are further identified risks that are currently being scoped by the Interim Director for People and the Risk Manager, specifically related to the ability of OHR to provide a timely and appropriate service to Manx Care.
- 3.2 A review of key HR Policies and Processes is in progress to create a Manx Care specific suite of policies. Many of the policies are legacy from previous organisations and employee relations issues are considerably more complex and time consuming to manage as a result. This includes a redraft of the governance route for policy agreement which is being undertaken by the Task and Finish Group within the Partnership Forum, to provide transparency and clarity for Manx Care in the setting of its own People Policies..
- 3.3 A refresh of the Terms of Reference for the People and Culture Group to give greater clarity on actions required by members and standing of the group is being undertaken and will be finalised during a workshop on 12th February 2024.
- 3.4 A review is being undertaken by the Interim Director for People and the Contracts Manager of the Service Level Agreement for the Shared Services Arrangement with the Office of Human Resources. This is essential to lay out the requirements of Manx Care clearly and to have a mechanism to identify gaps in provision.
- 3.5 The Interim Director for People has established an implementation plan to manage the progress of the Year 1 actions within the People, Culture and Engagement Strategy and this is monitored by the People and Engagement Group. A refresh of the Strategy for Year 2 actions will form part of the work of the Group using data from the Staff Survey and the BMA Barometer Survey and informed by the CQC Action Plan. This will be merged with the Year 4 Workforce and Culture Plan referred to in Section 4.
- 3.6 The BMA Survey Questions for 2024 have been agreed in partnership and the survey will be issued during February. The results will be used to measure the success of the Barometer of Care Actions already undertaken and to agree next steps. It is envisaged that further actions can be correlated with the other cultural plans to form a single organisational development plan for culture.
- 3.7 Staff Networks are being set up for BAME, LGBTQ+ and Disability. The role of Network lead has been scoped and expressions of interest will requested during February 2024.
- 3.8 A scheme of delegation and governance around people decision making is in development. It is envisaged that this will be presented to the Board in April 2024.

3.9 Oversight of employee relations casework continues to be challenging. The tracker kept by OHR has only recently been shared with the Interim Director for People and on review, it is not up to date nor accurate. A central tracker is now being kept by the PA to the CEO and Interim Director for People of all high risk, high profile or legal cases. However, the ability to identify trends across the organisation to inform development requirements for managers is not yet available.

Section 4: WORKFORCE AND CULTURE TEAM ACTIVITIES

4.1 Recruitment and Retention Strategy

The Workforce and Culture Team held engagement sessions in November and December with key stakeholders, including Care Group Leads, OHR and the Locate Isle of Man Team to develop a Manx Care Recruitment and Retention Strategy.

This will be aligned to the recent approved People, Culture and Engagement Strategy with the four pillars of the proposed strategy being:

- Attract
- Recruit
- Retain
- Develop

Following the engagement sessions, a draft version of the proposed strategy was shared with Manx Care ELT and the People Committee at the end of January. Comments have been assimilated into the document and the final version will be formally shared with the Partnership Forum in February. An implementation Plan is now in development.

4.2 Continuous Development

The Workforce and Culture Team continues to support the delivery of the Manx Care Induction, which is led by the CEO. A recent review of the content and delivery has been undertaken to ensure that new starters have an ideal opportunity to meet new colleagues and improve the overall “onboarding” process. The Workforce and Culture Team continues to offer CARE for Leader’s workshops, Team Charter development sessions and supports teams and leaders to use the CARE values Personal Development Plans.

4.3 Career Pathways, Skills Audit and Workforce Planning

In October 2023 the Workforce and Culture Team commenced a trial of the proposed Workforce Planning methodology to test the process and collateral with three teams within Manx Care. At the end of this trial process, each team will be provided with a Workforce Plan that will include:

- Simple Demand and Capacity Review
- Team/Service Organigram
- Career Pathways for the Service Area
- Skills Profile for current workforce
- Skill Analysis of current workforce – Highlighting gaps for development
- Final Workforce Plan and Recommendations for future delivery
- Future Workforce plan
- Risk profile

Governance Pro-forma

This trial is due to be completed by the end of March 2024. Once a review with the teams involved has taken place, we will create a schedule to complete this work across all Care Groups. The schedule for delivery will be determined by Strategic direction from both the Transformation Project work-streams and Manx Care.

4.4 Cultural Development

The Workforce and Culture Team are continuing to support colleagues across Manx Care with cultural reviews and action plans for development. Ongoing culture support is being provided to:

Infrastructure Team
Social Care Senior Leadership Team

Cultural reviews include engagement with colleagues within in the team, via one to ones or drop in sessions, facilitated sessions/meetings, surveys to monitor current culture and the creation of Team Charters. Each team is supplied with a report outlining findings and suggested ideas to improve any areas highlighted during interactions. All Business Managers were approached in January to understand what cultural support their teams need in 2024, so that this can be added to the Year 4 Project Plan.

4.5 Equality, Diversity and Inclusion (EDI)

The Workforce and Culture Team have recruited several colleagues who wish to undertake the role of EDI Champion for Manx Care. Manx Care's Interim Director for People is leading on the development of a Manx Care EDI strategy and delivering the actions identified within the Manx Care People, Culture and Engagement Strategy, with ongoing support from the Workforce and Culture Team. A workshop with the volunteer EDI Champions from across the organisation is being held 31st January 2024 to properly scope the role and to gather data to inform the content of the strategy.

4.6 Manx Care Staff Survey

The first Manx Care Annual Staff Survey was launched in October and remained live until the 31st December 2023. The survey responses are currently being analysed by the Workforce and Culture Team and a report of findings will be shared with Manx Care by end of February 2024. The Annual Survey process and content will be reviewed to ensure that subsequent surveys are completed by as many colleagues as possible. This information will be used to inform future strategies and prioritisation of work streams.

4.7 Improved communication initiatives for our people across Manx care

Working in collaboration with the Manx Care Communication team, the Workforce and Culture Team have improved the information available on Manx Care's revised Sharepoint site, including a signposting tool for support which includes all areas staff can access when additional support is needed - such as Staff Welfare and Contact Officers. A virtual handbook for new starters is also being developed.

4.8 Development of Year 4 Plan

The Workforce and Culture Team are finalising the Year 4 Project Plan for submission to the Transformation Board. Once approved, it will be shared with all stakeholders and detailed in the next Manx Care Board Report.

4.9 BMA Barometer of Care Survey Support

The Workforce and Culture Team continue to support the findings of the BMA barometer of care survey. This is currently including research and support into the following solutions to address the findings:

- Freedom to Speak up Guardians
- Civility Saves lives
- Reverse Mentoring

Recommendation for the Committee to consider:			
Consider for Action	Approval	Assurance	Information
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
It is recommended that the Manx Care Board note the content of this report,			

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	An engaged, developed and well led workforce will be better enabled to improve patient safety and experience
Financial (revenue & capital)	No	
OD/Workforce including H&S	Yes	The People Culture and Engagement Strategy outlines 5 Ambitions which the Manx Care Board is committed to deliver against.
Equality, Diversity & Inclusion	Yes	The People Culture and Engagement Strategy (Ambition 2) identifies the key EDI ambitions and deliverables for Manx Care.
Legal	No	



Manx Care Management Accounts

December 2023

Financial Advisory Service

Manx Care Management Accounts – December 2023

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 DECEMBER 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	27,321	25,248	(2,073)	(8%)	243,110	227,232	(15,877)	(7%)	324,014	302,975	(21,039)	(7%)	542	(3,154)
Income	(1,257)	(1,281)	(24)	(2%)	(11,812)	(11,526)	286	2%	(15,920)	(15,368)	551	4%	(138)	118
Employee Costs	16,864	16,470	(394)	(2%)	153,088	148,230	(4,858)	(3%)	205,411	197,639	(7,772)	(4%)	510	(2,697)
Other Costs	11,713	10,059	(1,654)	(16%)	101,833	90,528	(11,305)	(12%)	134,522	120,704	(13,819)	(11%)	170	(575)
2023/24 PAY AWARD	617	0	(617)	-	5,426	0	(5,426)	-	7,340	0	(7,340)	-	(0)	(65)
RESERVE CLAIMS	496	0	(496)	-	4,466	0	(4,466)	-	6,406	0	(6,406)	-	0	0
High Cost Patients / Packages	337	0	(337)	-	3,029	0	(3,029)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	713	0	(713)	-	950	0	(950)	-	0	0
Vaccine Service	80	0	(80)	-	724	0	(724)	-	1,417	0	(1,417)	-	0	0
RESTORATION & RECOVERY	1,005	700	(305)	(44%)	9,240	8,200	(1,040)	(13%)	10,300	10,300	0	0%	(629)	0
TOTAL	29,439	25,948	(3,491)	(13%)	262,241	235,432	(26,809)	(11%)	348,060	313,275	(34,785)	(11%)	(87)	(3,220)

Overview

- The operational result for December is an overspend of (£2.1m). Due to the number of risks identified from November which have now been investigated further the forecast has been moved by (£3.2m) to an overspend of (£34.8m). These were previously identified as risks in the prior months report.

Manx Care Management Accounts – December 2023

- Although the forecast has been updated for these previously identified risks there is still a high possibility that the forecast may worsen further due to significant pressures on services and the length of time left in the financial year in which any financial risks can be mitigated. This now includes a risk to the funding available from the DHSC Reserve fund to mitigate against some of the committed cost pressures.
- If all the business cases are approved from the Reserve Fund the operational forecast would reduce to (£28.4m).
- Of the forecast overspend, £7.3m 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 is 6% (in line with pay offers). For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.
- All known risks to the current forecast position are included in Table 1. There are potential risks of up to £2.0m that could affect the current reported forecast as summarised below. Further financial mitigations would be required to manage the financial position if these materialise (although there are now time constraints due to nearing the end of the financial year).

£'000	Forecast	Budget	Var (£)	Var (%)
Current Forecast	348,060	313,275	(34,785)	(11%)
Mitigation - Reserve Fund	(6,406)	0	6,406	-
Revised Forecast	341,654	313,275	(28,379)	(9%)
Revised Forecast (including mitigations) - High Risk	343,054	313,275	(29,779)	(10%)
Revised Forecast (including mitigations) - High & Medium Risk	343,654	313,275	(30,379)	(10%)

- To date, £4.9m in CIP cash out savings have been delivered, which have been reflected in the forecast. £1.1m in efficiencies have also been delivered but these do not impact the forecast.
- 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.
- Further detail on the operational movement to last month is provided in Table 2, the forecast overspend in Table 3 and the YTD variance in Table 4.

Manx Care Management Accounts – December 2023

- Spend is expected to increase by £32.0m compared to the prior year, whilst funding has increased by just £20m creating a gap of £12.0m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £21.0m. 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 £337.7m in 23/24.
- The Restoration & Recovery programme is showing an overspend on an 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.

Table 1 – Financial Risks to the Forecast

Financial Risks	Impact to the Forecast £'000	Description
High Risk	1,400	
Additional costs for Winter Pressures	500	Although there are costs built into the forecast for this, there may be additional costs incurred that are not currently built into the forecast due to operational pressures.
Risk to the Run Rate	900	There are a number of individual risks identified which are managed at a Care Group level which due to the amount of time left in the financial year are unlikely to all be mitigated.
Medium Risk	600	
Reserve Fund	400	Due to other commitments in the DHSC not all the Reserve Fund may be available to Manx Care. The potential shortfall is £0.4m & these costs are committed in Manx Care.
High Cost Patients / UK Placements & Care Packages	200	The current forecast includes committed costs only, further high cost treatments and/or packages may be needed in-year and would be an increase to the forecast. There is no further funding from the DHSC Reserve to mitigate this risk.
Total Financial Risk to the Forecast	2,000	

Manx Care Management Accounts – December 2023

Table 2 – Operational Movement to Prior Month

Movement to Prior Month	£'000	
Income	(138)	The movement relates to the timing of one off receipts of income but overall the forecast has not been impacted.
Employee Costs	510	Costs had increased in November so the reduction this month is expected although there is a risk that timesheets or agency invoices have not been processed due to the holidays.
Other Costs	170	There were cost increases last month in particular in drugs & relating to the pharmacy contract which have not stayed at the levels seen in November.
Total	542	

Table 3 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	551	Income is expected to exceed the original target set due a number of one off receipts received which in some cases are netting against additional costs incurred.
Employee Costs	(7,772)	The employee cost forecast is based on the current run rate adjusted for any known recruitment & service development changes.
Tertiary Costs	(3,349)	The forecast reflects the latest information that has been received from the providers and a tariff uplift.
Other Costs	(10,470)	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	(21,039)	

Table 4 - Operational YTD Variance to Budget

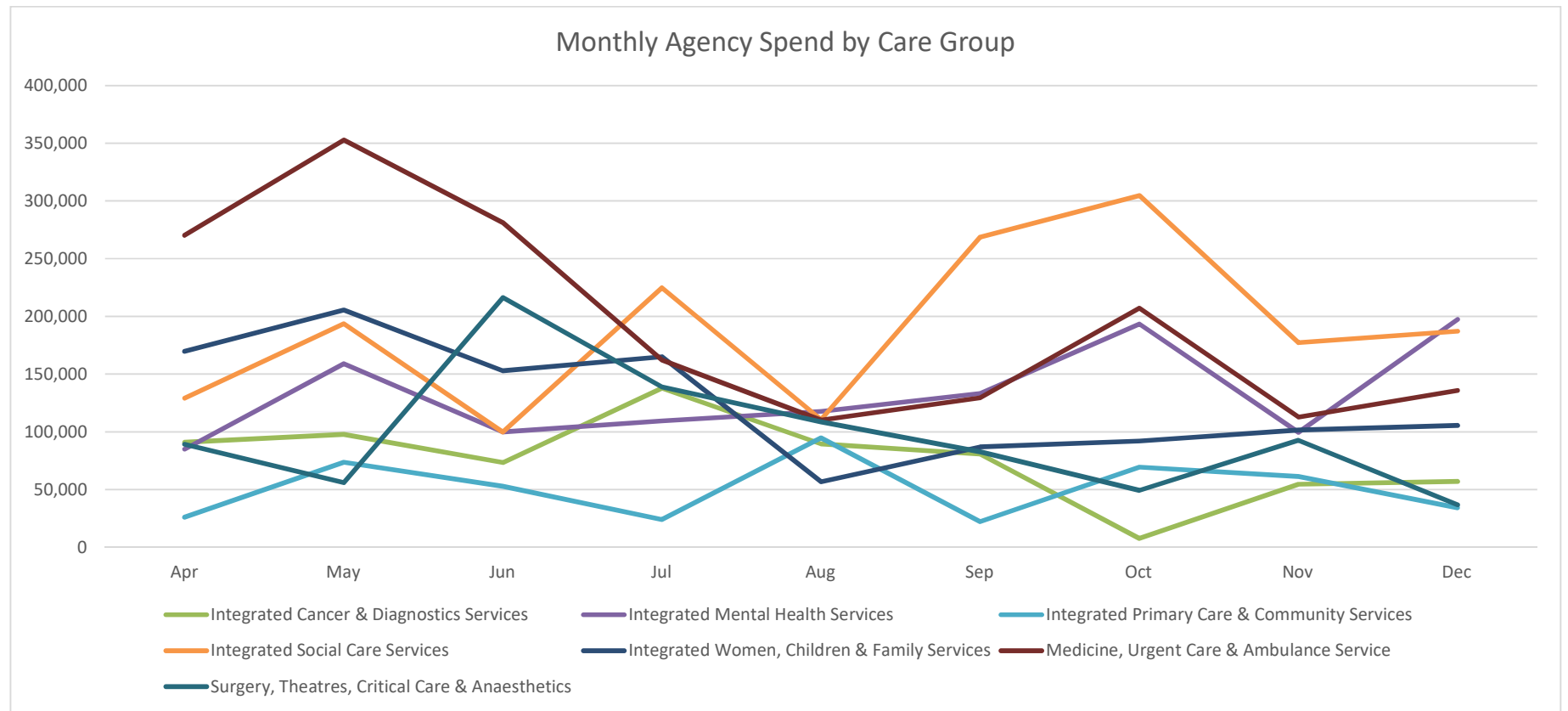
YTD Variance to Budget	£'000	
Other Income	286	One off income for services & donations that would not normally be included in the budget have been received in year.
Employee Costs	(4,858)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs due to the need to cover a significant number of vacancies with agency.
Tertiary Costs	(2,331)	Actual activity is higher than budget with any high cost patients expected to be covered by reserve funding.
Other Costs	(8,974)	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	(15,877)	

Manx Care Management Accounts – December 2023

Employee Costs

YTD employee costs are (£4.9m) 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 agency spend YTD of £8.9m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.8m), Social Care (£1.7m) and Mental Health (£1.2m), where spend is primarily incurred to cover existing vacancies in those areas.

Agency Spend by Care Group (£'000)

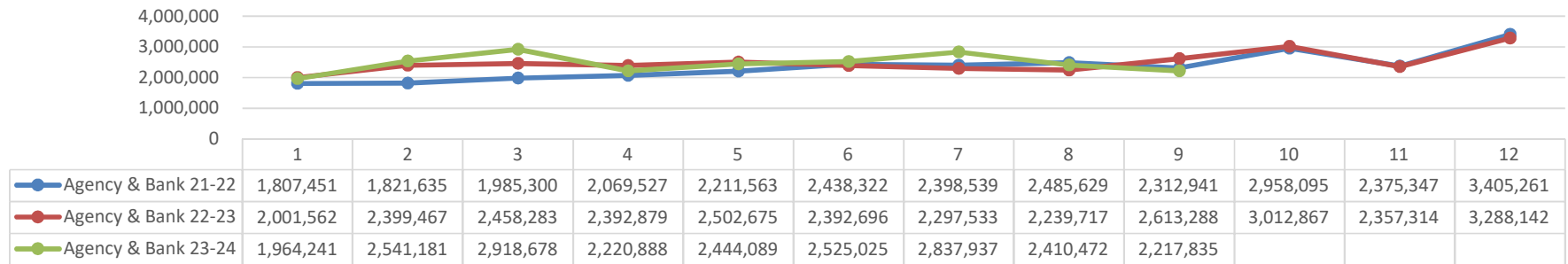


Manx Care Management Accounts – December 2023

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	CY Total	CY Month Mov't
Total Agency £'000	1,397.60	1,032.80	1,003.00	958.8	1,320.20	1,100.40	1,089.30	836.9	870.3	1,033.90	785.9	893.3	8,889.0	-107.3
Corporate Services	42.7	162.9	-52.4	63.8	42.6	26.8	-28.6	13.5	19.4	-6.2	13.3	39.2	183.8	-25.9
Infra & Hospital Ops	24.7	28.5	32.3	20.3	29.5	24.4	23.1	26.7	27.9	21.8	22.7	25.6	222.0	-2.9
Integrated Cancer & Diag	142.2	49.9	-51.5	90.9	97.8	73.4	137.9	89.6	80.9	7.8	54.8	57.2	690.3	-2.4
Integrated Mental Health	218.8	191.7	164.4	85.1	159	100.2	109.5	117.7	133.2	193.5	99.6	197.5	1,195.3	-97.9
Int Primary Care & Comm	4.1	2.9	1.6	26.3	73.8	52.9	24.3	94.8	22.4	61.6	61.4	34.3	451.8	27.1
Integrated Social Care	158.4	111.7	166.6	129.2	193.7	99.9	224.9	110.8	268.7	304.7	177.3	187.3	1,696.5	-10.0
Women & Children	134.1	85.4	223	169.7	205.6	153	165.1	56.9	86.9	92.1	101.7	105.5	1,136.5	-3.8
Med, Urgent Care & Amb	320.4	174	524.2	270.2	352.8	281.2	162.2	110.2	129.5	207.3	112.9	135.8	1,762.1	-22.9
Nursing, Patient Safety	-17.5	7.8	14	0.4	9.7	12.3	11.1	12.4	18.8	3.2	0	1.7	69.6	-1.7
Operations Services	63.2	45.5	94.8	13.8	99.7	59.8	120.9	95.6	-2.4	95.5	48.4	65.1	596.4	-16.7
Sur, Theatres, Critical	300.9	170.2	-106.6	89.2	56	216.3	139	108.6	82.8	49.3	92.7	36.9	870.8	55.8
Tertiary Care Services	5.6	2.3	-7.6	0	0	0	0	0	2.2	3.3	1.2	7.1	13.8	-5.9

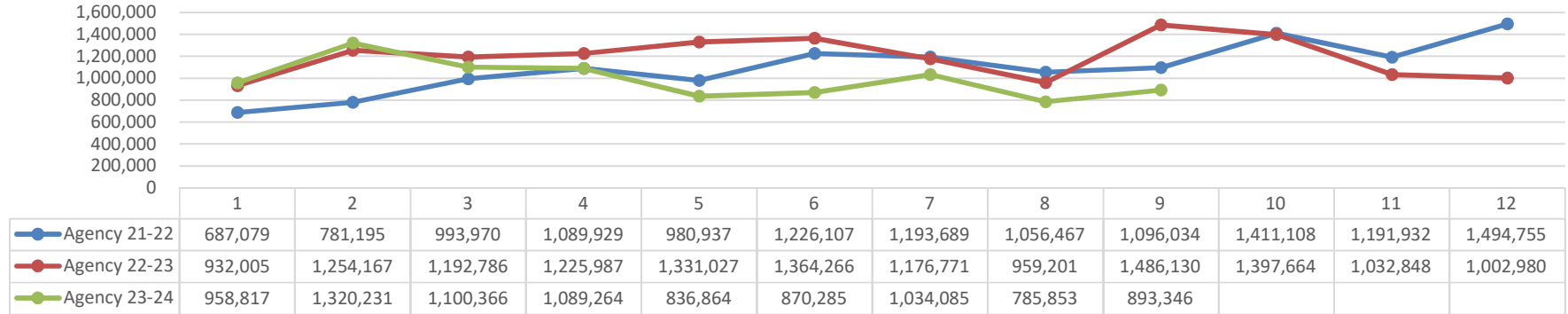
The graphs below compare agency and bank spend to 2022/23 & 2021/22:

Total Bank & Agency Spend YoY

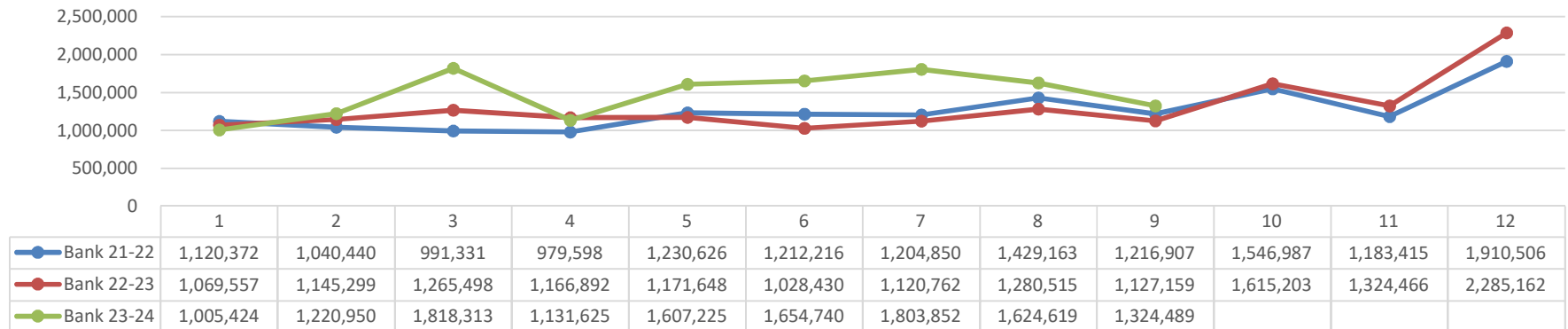


Manx Care Management Accounts – December 2023

Agency Spend YoY



Bank Spend YoY



Although agency costs are continuing to reduce bank costs have been gradually increasing which means that overall costs are tracking higher than last year but within expected trends. Bank costs have reduced by £0.3m since last month, bringing them closer to prior year levels. Agency costs continue to be lower than in 21/22. Bank rates have increased this year due to pay awards 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 – December 2023

Cost Improvement Programme

To date, the CIP plan has delivered £6m in savings, of which £4.9m are cash out. This is 93% of the adjusted £6.4m target so the target has been further increased to £7.5m. Overall, delivery at December stands at 80% of this revised target. These savings have been reflected in the forecast. However, many are serving to hold existing cost pressures in check and avoiding costs rather than reducing the forecast further.

There are currently 69 projects expected to deliver savings in this year, many of which will also deliver savings in 24/25. A further 27 projects are under development for delivery in 24/25 with additional projects expected to be added in the coming months.

Total Savings December '23			
Workstream	Target	Delivered	RAG
Commercial Opportunities	64,000	4,792	7%
Elective Care	921,001	933,579	101%
Infrastructure	30,000	-	0%
Mental Health	680,000	438,400	64%
Non Elective Care	1,700,200	1,351,516	79%
Primary Care Medicines	335,000	318,768	95%
Procurement	333,247	303,576	91%
Secondary Care Medicines & Radiology	684,971	720,000	105%
Social Care	597,717	507,435	85%
Tertiary	1,130,836	216,000	19%
Workforce	1,000,000	1,171,027	117%
Grand Total	7,476,972	5,965,094	80%

The Commercial Opportunities target is unlikely to be met in this year but is expected to deliver in full in 24/25. Infrastructure savings are expected from Q4. Tertiary savings have increased since last month and are expected to recover during Q4. The efficiency target of £825k has now been exceeded with delivery of £1.1m to date.

Manx Care Management Accounts – December 2023

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

OPERATIONAL COSTS BY CARE GROUP - 31 DECEMBER 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	27,776	28,970	28,414	29,244	27,852	27,613	28,111	28,140	337,760	302,975	(34,785)
CLINICAL CARE GROUPS	23,734	25,284	24,819	24,478	25,549	24,979	24,807	25,540	25,332	24,696	24,730	24,906	24,947	24,904	298,853	284,150	(14,702)
Med, Urgent Care & Amb	3,511	3,704	3,998	3,669	3,562	3,350	3,986	3,717	3,495	3,515	3,515	3,715	3,666	3,645	43,736	37,406	(6,330)
Sur, Theatres, C&C & Anaes	3,122	3,430	3,493	3,260	3,484	3,648	3,559	3,422	3,514	3,313	3,313	3,313	3,437	3,406	40,872	38,441	(2,432)
Int Cancer & Diag Services	1,962	2,101	2,004	2,192	2,129	2,052	2,107	2,249	1,996	2,027	2,027	2,027	2,088	2,073	24,872	24,423	(448)
Women, Children & Family	1,701	1,474	1,590	1,660	1,569	1,557	1,619	1,606	1,592	1,519	1,519	1,507	1,596	1,576	18,914	17,426	(1,488)
Int Mental Health Services	2,167	2,330	2,276	2,134	2,267	2,381	2,401	2,643	2,343	2,304	2,304	2,304	2,327	2,321	27,856	27,710	(146)
Int Primary Care & Comm	5,007	5,272	4,948	4,775	5,191	4,880	4,970	5,485	5,055	5,186	5,186	5,318	5,065	5,106	61,272	62,413	1,141
Integrated Social Care	4,220	4,779	4,360	4,701	4,497	4,802	4,645	4,903	4,517	4,583	4,616	4,476	4,603	4,592	55,100	53,448	(1,652)
Tertiary Care Services	2,045	2,193	2,149	2,087	2,849	2,309	1,519	1,515	2,820	2,249	2,249	2,245	2,165	2,186	26,232	22,883	(3,348)
SUPPORT & CORPORATE SERVICES	2,815	3,151	3,092	3,448	3,391	3,084	2,976	3,437	3,089	4,554	3,129	2,707	3,165	3,239	38,873	18,824	(20,048)
Infra & Hospital Ops	701	782	809	860	1,044	828	842	900	796	777	777	769	840	824	9,885	9,423	(463)
Operations Services	659	790	533	712	669	581	804	783	595	677	677	1,129	681	717	8,608	7,592	(1,016)
Nursing, Patient Safety	267	309	313	336	314	306	378	405	364	364	364	393	332	343	4,112	4,562	450
Medical Director & Ed	240	224	337	302	311	300	(73)	484	278	267	267	237	267	264	3,173	2,828	(345)
Corporate Services	352	454	448	478	387	392	300	333	389	1,782	357	(510)	393	430	5,161	5,156	(5)
Pay Award	596	592	509	710	616	627	674	482	617	638	638	640	603	612	7,340	0	(7,340)
Central CIP	0	0	144	50	50	50	50	50	50	50	50	50	49	49	594	(5,791)	(6,385)
DHSC Reserve Adjustments*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(6,406)	(6,406)
Contingency Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,461	1,461
Average Monthly Spend	26,548	27,492	27,632	27,705	27,951	27,968	27,941	28,069	28,111	28,221	28,188	28,140					

Manx Care Management Accounts – December 2023

Appendix 2 - Summary by Care Group as at 31st December 2023: Comparison to Prior Year (Excluding R&R Costs)

OPERATIONAL COSTS BY CARE GROUP - 31 DECEMBER 2023												
	YTD £'000				FY £'000				PY** £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)	
TOTAL BY CARE GROUP	252,977	227,232	(25,749)	(11%)	337,760	302,975	(34,785)	(11%)	305,754	(32,006)	(9%)	
CLINICAL CARE GROUPS	224,522	213,108	(11,413)	(5%)	298,853	284,150	(14,702)	(5%)	275,591	(23,261)	(8%)	
Medicine, Urgent Care & Amb Service	32,991	28,054	(4,937)	(18%)	43,736	37,406	(6,330)	(17%)	42,039	(1,697)	(4%)	
Surgery, Theatres, C/C & Anaes	30,933	28,830	(2,102)	(7%)	40,872	38,441	(2,431)	(6%)	38,899	(1,972)	(5%)	
Integrated Cancer & Diagnostics	18,791	18,318	(474)	(3%)	24,872	24,423	(448)	(2%)	22,766	(2,106)	(8%)	
Int Women, Children & Family Services	14,368	13,070	(1,298)	(10%)	18,914	17,426	(1,488)	(9%)	17,553	(1,361)	(7%)	
Integrated Mental Health Services	20,944	20,783	(161)	(1%)	27,856	27,710	(146)	(1%)	25,260	(2,596)	(9%)	
Int Primary Care & Community	45,583	46,810	1,228	3%	61,271	62,413	1,142	2%	56,100	(5,172)	(8%)	
Integrated Social Care Services	41,424	40,086	(1,337)	(3%)	55,100	53,448	(1,652)	(3%)	48,705	(6,395)	(12%)	
Tertiary Care Services	19,488	17,157	(2,331)	(14%)	26,232	22,883	(3,349)	(15%)	24,269	(1,963)	(7%)	
SUPPORT & CORPORATE SERVICES	28,439	14,124	(14,315)	(101%)	38,874	18,824	(20,049)	(107%)	30,163	(8,710)	(22%)	
Infrastructure & Hospital Operations	7,561	7,067	(495)	(7%)	9,885	9,423	(462)	(5%)	9,185	(700)	(7%)	
Operations Services	6,125	5,700	(426)	(7%)	8,608	7,592	(1,016)	(13%)	5,590	(3,019)	(35%)	
Nursing, Patient Safety & Gov Services	2,992	3,421	429	13%	4,112	4,562	450	10%	3,572	(540)	(13%)	
Medical Director Services & Education	2,403	2,121	(282)	(13%)	3,173	2,828	(345)	(12%)	2,857	(316)	(10%)	
Corporate Services	3,487	3,528	42	1%	5,156	5,156	1	0%	4,100	(1,056)	(20%)	
Pay Award (Above 2%)	5,426	0	(5,426)	>(100%)	7,340	0	(7,340)	>(100%)	8,856	1,516	21%	
Central CIP	444	(4,343)	(4,787)	(110%)	600	(5,791)	(6,391)	(110%)	0	(600)	100%	
DHSC Reserve Adjustments*	0	(4,466)	(4,466)	(100%)	0	(6,406)	(6,406)	(100%)	0	0	0%	
Contingency Adjustments	0	1,095	1,095	100%	0	1,461	1,461	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 – December 2023

Commentary on Movements to Prior Year

The £32.0m spend increase on 22/23 is broken down as follows:

Expenditure Type	Amount (£m)	Commentary
Income	(1.1)	Additional income due to inflationary increases on accommodation, retail, private patients and social care charges. Also includes one off receipts and donations.
Pay Award	9.2	£7.3m of this relates to the Treasury planning assumption used in the forecast of 6% pay increases in 23/24 against 2% budget. Pay awards of 6% were implemented during 22/23. However, further awards have yet to be implemented which will further increase spend this year.
Other Employee Costs	9.5	Costs of business cases funded from elsewhere last year or where only part year costs were incurred such as: Frailty, CFS/ME/Long Covid, Eye Care Transformation, Diabetes Services, Risk Management and Information Governance. As vacancies are filled employee costs increase, as do recruitment and relocations costs but this is still lower than the costs of covering posts with Agency staff. Agency costs continue to be a pressure in areas where recruitment is difficult, but are reducing in some areas compared to last year to reflect tighter controls on spend and rates as well as recruitment. Bank rates are higher than last year as a result of pay increases.
Non-Pay Costs	11.7	Inflationary increases on contracts of approx. 7%, inflationary increases in drugs spend, additional cost of complex individual packages of care and off-Island placements.
New Services	2.7	Investment in new service provision such as Safeguarding, Vaccinations, SARC and additional safe staffing costs in the Emergency Department, Nursing, Social Care and Midwifery.

This is a 9% increase in spend on 22/23 compared to a 7% increase in funding. Inflation during 22/23 was approx. 9% and the impact of those increases is being felt in 23/24, along with further inflationary pressures for this year.

Manx Care Management Accounts – December 2023

Appendix 2 – Manx Care Accounts & Fund Claims

MANX CARE FINANCIAL SUMMARY - 31 DECEMBER 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	27,321	25,248	(2,073)	(8%)	243,110	227,232	(15,877)	(7%)	324,014	302,975	(21,039)	(7%)	542	(3,154)
Income	(1,257)	(1,281)	(24)	(2%)	(11,812)	(11,526)	286	2%	(15,920)	(15,368)	551	4%	(138)	118
Employee Costs	16,864	16,470	(394)	(2%)	153,088	148,230	(4,858)	(3%)	205,411	197,639	(7,772)	(4%)	510	(2,697)
Other Costs	11,713	10,059	(1,654)	(16%)	101,833	90,528	(11,305)	(12%)	134,522	120,704	(13,819)	(11%)	170	(575)
2023/24 PAY AWARD	617	0	(617)	-	5,426	0	(5,426)	-	7,340	0	(7,340)	-	(0)	(65)
RESERVE CLAIMS	496	0	(496)	-	4,466	0	(4,466)	-	6,406	0	(6,406)	-	0	0
High Cost Patients / Packages	337	0	(337)	-	3,029	0	(3,029)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	713	0	(713)	-	950	0	(950)	-	0	0
Vaccine Service	80	0	(80)	-	724	0	(724)	-	1,417	0	(1,417)	-	0	0
RESTORATION & RECOVERY	1,005	700	(305)	-	9,240	8,200	(1,040)	-	10,300	10,300	0	-	(629)	0
TOTAL	29,439	25,948	(3,491)	(13%)	262,241	235,432	(26,809)	(11%)	348,060	313,275	(34,785)	(11%)	(87)	(3,220)
FUND CLAIMS	48	0	(48)	-	2,053	0	(2,053)	-	6,329	0	(6,329)	-	401	0
2022/23 Pay Award	0	0	0	-	0	0	0	-	1,437	0	(1,437)	-	0	0
Medical Indemnity	19	0	(19)	-	1,862	0	(1,862)	-	4,000	0	(4,000)	-	379	(0)
Transformation Fund	29	0	(29)	-	191	0	(191)	-	892	0	(892)	-	22	0
MANDATE INCOME	(29,487)	(25,948)	3,539	14%	(264,294)	(235,432)	28,862	12%	(354,389)	(313,275)	41,114	13%	(226)	6,439
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0	0	-	87	3,220

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.