BOARD OF DIRECTORS – MEETING TO BE HELD IN PUBLIC
5 March 2024 1400-1630

The Boardroom, Nobles Hospital, Strang, Braddan IM4 4RJ

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
20.24	**Welcome & apologies**	Chair	Verbal	1400
21.24	**Declarations of Interest**	Chair	3	
22.24	**Minutes of the meeting held in public** *6 February 2024*	Chair	8	
23.24	**Matters arising/Review of Action Log**	Chair	19	1405
24.24	**Notification of any other items of business**	Chair	Verbal	
25.24	**Board Assurance Framework** - Deep Dive Risk – Finance	Dir F,P & D	20 To follow	1410
	UPDATES			
26.24	**Chair's report**	Chair	Verbal	1430
27.24	**Chief Executive's report and horizon scan** - Mandate for 2024/25	CEO	31	1440
28.24	**Committee Chairs' Exception Reports** - QSE Committee – 27 February 2024 - FP&C Committee – 29 February 2024	Comm Chairs	To follow	1455
	PRIORITY ONE – PATIENT SAFETY			
29.24	**Integrated Performance Report**	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of Health Services	130	15.10
	REFRESHMENT BREAK 1530			
	PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE			
30.24	**Update on Pay Negotiations**	CEO	Verbal	1540

31.24	**Workforce & Culture Update**	Interim Dir for People	210	1550
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
32.24	**Director of Finance, Performance and Delivery Report:** - January Management Accounts	Dir F, P&D	216	1610
ANY OTHER BUSINESS				
33.24	**With prior agreement of the Chair**	Chair		
FORMAL MEETING CLOSES AT 1630 - 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: 21 May 2024				

Register of Directors' Interests
23 February 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 Committe	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.	April-21	Jan-24	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	

Tim Bishop	Non-Executive Director	Direct Non-Financial	Unremunerated NED member East Midlands Housing	Feb-24		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	Trustee of Cornerhouse Yorkshire	TBC		x	

		Professional Interest					
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	

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				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	

BOARD OF DIRECTORS – MEETING HELD IN PUBLIC
Tuesday 6 February 2024
The Boardroom, Noble's Hospital
9.00am-12.30pm

DRAFT

Present:

Non-Executive Directors		**Executive Directors Voting:**	
Sarah Pinch (SP)	Interim Chair	Teresa Cope (TC)	Chief Executive Officer
Nigel Wood (NW)	Interim Deputy Chair	Paul Moore (PM)	Director of Nursing and Governance
Tim Bishop (TB)	Non-executive Director	Dr. Marina Hudson (MH)	Interim Medical Director
Kate Lancaster	Non-executive Director	Oliver Radford (OR)	Director of Health Services
Dr. Charlie Orton (CO)	Non-executive Director	Jackie Lawless (JL)	Director of Finance, Performance and Delivery
		David Hamilton	Interim Director of Social Care, Mental Health Services & Safeguarding

In Attendance:

Dr Wendy Reid	Manx Care Chair Designate
Dr. Oliver Ellis (OE)	Medical Director, Primary Care – Non-voting
Miriam Heppell (MHe)	Interim Director for People
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary
Karen Chiarello (KC)	Chair, Manx Heart Foundation (Agenda Item 6.24)
Richard Akitt (RA)	Trustee, Manx Heart Foundation (Agenda Item 6.24)
Jo Standish (JS)	Associate Director of Nursing, Manx Care (Agenda Item 6.24)
Dr Gregor Peden (GP)	Chief Clinical Information Officer (Agenda Item 7.24)

Apologies:

Katie Kapernaros	Non-executive Director
Sandra Cardwell	Non-executive Director

GOVERNANCE

Item **Action**

1.24 Welcome and apologies

SP welcomed everyone to the meeting. Apologies had been received from Katie Kapernaros and Sandra Cardwell.

2.24 Declarations of Interest

The schedule was noted. There were no additional declarations.

3.24 Minutes of the Board meeting held on 31 October 2023 (public)

The minutes of the meeting held on 31 October 2023 (public) were accepted as an accurate record with the exception of a typographical error on p.14 which EQ would correct.

4.24 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.

5.24 Notification of any other items of business

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

6.24 Manx Heart Foundation ('MHF')

JS, KC & RA joined the meeting.

Jo Standish introduced herself as Associate Director of Nursing, and KC and RA as Trustees of MHF.

KC summarised the partnership that had been developed between the MHF and Manx Care and the move from funding equipment to investing in nursing staff in the cardiac department. A CCU nurse had been funded to achieve her postgraduate course and a further nurse was being funded to train on the post graduate heart failure nurse programme. This catered for patients that were experiencing difficulties but not sufficiently serious to be admitted. This was a preventative strategy to stop patients becoming more sick. There was currently only one nurse providing this service however post Covid her wait list had increased and she was unable to meet demand. The funding would allow a second nurse to undertake the training whilst also providing services on the coronary care unit and it would be an apprentice type model. MHF had funded this position for one year and by the year end the nurse would be fully qualified. If the business model worked and the wait lists had reduced, there would be two trained nurses running the service and Manx Care would take on the recurring costs of employing the nursing staff. This would also enable one nurse to focus on inpatient and one to focus on the community, which was in accordance with UK guidelines. There may be other areas that could replicate the apprentice model with associated charities. SP observed that this was an excellent partnership approach.

PM thanked KC for the support from the charity as Manx Care would struggle to provide the additional care by itself. To provide higher standards of care required resilience to be built into the workforce models. There were some single points of failure and programmes such as this were really encouraging. NW concurred and commented that it was very positive that MHF were promoting awareness and education regarding cardiac health as well as 'growing our own' workforce.

CO commended KC on how the MHF had diversified between providing equipment and people. She reflected that there were costs to running a charity which people often did not understand but MHF were proving evidence that the business model worked. Focus on the prevention agenda was essential rather than fire-fighting. KC replied that there was tangible evidence that the investment made was bringing the waiting lists down and it was essential that the public knew this to encourage support. To have to wait for treatment equalled increased worry for all patients.

TB sought assurance that Manx Care would fund the recurring cost for the posts and integrate them because it would be very disappointing if these posts were ended. TC replied that there were extensive cardiology wait lists and Manx Care was committed to provide the recurrent funding into the post as the model would prove hugely successful.

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OE reflected that it was important to look at prevention of deterioration so that people didn't need the machines. The difference nurse specialists could make was huge.

RA stated that it would be very helpful to schedule regular reviews with Manx Care to improve momentum and increase fund raising. MHF were merging with Manx Heart Support Group to also provide support to patients after they have had surgery.

KC, RA and JS left the meeting and GP joined at 9.30am

7.24 Board Assurance Framework (BAF')

It was proposed that an additional strategic risk be added to the BAF, being The Failure to Implement Robust Information Governance across Manx Care. JL stated that there had been an inexorable growth in Freedom of Information requests and Subject Access Requests in recent years and the Information Governance team was not large enough to process the volumes received so there had been a deterioration in performance. The implementation of the Manx Care Record was the only resolution to this, and until it was implemented, the risk would continue. Manx Care's clinicians had written to the government to express their concerns about the continued delay in implementing the Manx Care Record. The funding has been agreed to develop the business case however this was only the first step in the process. GP concurred and reiterated that the key to resolving all the IG issues was implementation of the Manx Care record. There were several IT systems used across Manx Care that were not linked together. Until all the data was joined up on one solution which covered primary and secondary care the level of breaches would remain high. SP queried why there had been an increase in the volume of requests. JL stated that this was common across all government departments. People should have free and easy access to their data so we need to make people aware of what is in the public domain so we can signpost people. We can then focus on the personal data. GP continued that part of specification for the Manx Care Record would allow individuals access to their own records so that will decrease the amount of queries received by the IG teams. The implementation of the Manx Care record pre-dated Manx Care and had been going on too long. It was noted that the implementation was also vital for patient pathways linked to the UK as over 90% of UK trusts now had an electronic patient record so it was critical that the Isle of Man did not fall further behind. This was a strategic issues with working with partners in the UK. NW reflected that 'sticking plasters' were being added to IT systems which was extremely inefficient and costly. JL extended her thanks to GP, Simon Collins and Jennie Maynard as the work the team did was extremely important but largely invisible.

Accordingly the risk of the Failure to Implement Robust Information Governance across Manx Care would be added to the BAF as a strategic risk. **JL**

(GP left the meeting)

UPDATES

8.24 Chair's Report

SP stated that it was her final board meeting as Interim Chair and extended her thanks to all Board colleagues who had supported her in undertaking the role that she never wanted to do. There would be an award in Andrew Foster's name presented on Thursday at the staff award ceremony.

There had been a briefing to Tynwald members during the previous day where issues around future funding had taken place. SP reflected that they had been very honest conversations that would not have been possible without the huge amount of work undertaken by the finance team during the budgeting process.

KL thanked SP for chairing the Board in what had been extremely difficult circumstances and this was a sentiment echoed by all board members.

9.24 CEO Report and Horizon Scan
TC made the following observations:

- The Island was hosting Woman's Health Strategy event on 19 April 2024 which was being facilitated by the Women, Children and Families Care Group, with KL supporting.
- The Covid review had been published on 8 January 2024 and the Executive committee would go through all 31 recommendations and the assurance routes would be via the Quality, Safety & Engagement Committee. An action plan would be brought to the Board in due course and a centralised cross-government response would be drafted by the Cabinet Office.
- Calls to patients at Regent Dental had commenced during the week. The delay had been due to an IT issue for which TC apologised. Dentists and dental staff had been recruited and they would be on-boarded within the next few months.
- Dr. Tim O'Neill would join in April as head of Integrated Social Care, Mental Health &Safeguarding. TC extended her thanks to DH for heading up the service whilst the substantive recruitment took place.
- The Safeguarding Board Annual Report 2022/23 was endorsed by Manx Care who were an active member of the safeguarding board.
- The Hospice IOM 3 year strategy was endorsed. The partnership with Hospice had been strengthened over last 12 months. There were new opportunities for workforce and lots of joint learning between Hospice and Manx Care
- The Annual public meeting would take place on 2nd July 2024 at Mountain View Innovation Centre which would give Manx Care colleagues the opportunity to showcase services
- TC had visited 27 services across 4 days to see the great work and innovations Manx Care teams had put in place. The improvements in culture and access were clear. Teams had been really innovative to keep their services going. The Speech and Language team had managed to eliminate their waiting lists and the Renal team had relocated in full to Ramsey and focussed on their patients by running services until 11pm each day. TC extended a huge thank you to all teams and added that she was humbled and very proud of the achievements made.

NW queried whether TC had witnessed evidence of cultural improvements whilst on her site visits as these were often difficult to measure. TC confirmed that she had. The teams that she had met had offered themselves and when she had compared the conversation from three years ago the teams were much more open and willing to share and had taken ownership of their work. She concurred that it was very difficult to quantify but the level of engagement was a reflection of the positive improvements in culture. NW reflected that culture doesn't change overnight but it was positive to learn that there was progress. TC continued that there were still some real challenges and some difficult asks from teams and she would share this with the Executive team. SP added that it was difficult for staff to walk into the CEO's office so it was very important for the entire board to meet staff.

CO queried what the two new financial risks included in the risk register were. JL replied that the biggest risk was funding. Manx Care could control and manage its budget but if the budget wasn't sufficient to provide the services that was a strategic risk. Financial controls were still maturing. There had been a huge increase in understanding by the teams but there were gaps such as purchasing where Manx Care were bound to use Treasury systems which were outside of the control of Manx Care.

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TB reflected that safeguarding was essential for Manx Care and all partner organisations. He requested that the Chair of the Safeguarding Board be invited to the Board to present the annual report for 23/24. BdSec

10.24 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.

D&I Committee

The report from the meeting held on 26 January 2024 was noted. The only area of escalation was the Manx Care record. The age and condition of the IT estate continued to be of concern as systems were old and out of support. It was very expensive to sustain these systems as the providers have no incentive to continue support however this was necessary until the Manx Care record was implemented.

People Committee

The report from the meeting held on 26 January 2024 was noted. The inability to agree a three year pay settlement was a continued frustration for the Board and for staff. Manx Care had no influence over PSC employees which made up approximately one third of the work force as their pay was set by the Government. This is a risk for recruitment and retention. SP could not assure the board that there was long term pay strategy. An Operations Performance Board had been established and had agreed metrics to monitor KPI's across government however Manx Care had no input and could not be judged by set of standards that it hadn't agreed. Most of the members of the HSCC had resigned there was no longer an independent presence on the board sub-committees. MHe was reviewing the people dashboard so that there could be confidence in the data as without that certainty the Committee could not provide assurance about where Manx Care staff were and what they were doing. MH added that there were multiple people systems and multiple people inputting which made reporting very challenging and the risk of data breach greater. It would be difficult to solve in the very short term.

QSE Committee

The report from the meeting held on 30 January 2024 was noted. Medical staffing challenges remained and there were concerns that there was not safe staffing levels present at all times. PM would continue to manage but it remained a pressure. The deficiencies in ED especially for Mental Health facilities remained. It was a long term piece of work to reconfigure the ED and it was acknowledged that in its current state it was not fit for purpose.

FP&C Committee

The report from the meeting held on 1 February 2024 was noted. There had been a useful meeting with Tynwald during the previous day and the Government were alert to the tensions relating to funding and the level of service that Manx Care want to provide. NW had been encouraged by the understanding from government of the position as they understood the funding issues which needed to be resolved. The contracts management framework was a mature and robust method for contracting and commissioning and would be used for all new and existing contracts.

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Audit Committee

The report from the meeting held on 1 February 2024 was noted. The Audit committee was performing its function better than ever. There was an excellent relationship with Audit Advisory Service and which enabled a relationship of mutual assurance. Clinical audit was progressing although there was still work to do. An audit of Manx Care and DHSC governance arrangements for mandate process and budgeting process had been added to the audit time table.

ICPC

Members of the 3rd sector had raised concerns around confusion about what and how services were commissioned in terms of what was on the Island, the division of responsibility between Manx Care and DHSC and the funding mechanisms available. TC replied that these were valid concerns which Manx Care should respond to. An explicit commissioning framework and a commissioning strategy was required to govern how business was transacted with the third sector.

11.24 2022/23 Assessment of Manx Care

The Formal letter of assessment for 22/23 was noted. It was acknowledged that it had been an ambitious mandate and the letter of assessment was a fair reflection. The overspend was disappointing but £10m of savings had been achieved in that period. Transformation was paused in July 2022 and work around care pathways had been stopped because of lack of funding. Transformation was being brought within DHSC and it was hoped a communication as to what programmes would restart would be forthcoming.

There continued to be deficiencies in workforce modelling and planning and there was no assurance of mandatory training. This was a significant weakness as it was a shared service and clear plan to address was required as it was also raised by the CQC. There had been an attempt to validate the vacancy rate which was at 20% according to the people dashboard. The rate was more likely to be between 13-15% and this was more in line with comparators in UK which was an encouraging position.

TB queried whether the comments around data were linked to the Manx Care record and how Manx Care could ensure that OHR and people development had sufficient capacity being that it was a shared service. TC replied that there had been improvements in data quality and IPR but the data remained at a low level of maturity. The level of OHR support required was much greater than could be offered by the shared service model notwithstanding that was cost efficient. TC lamented that there had been much less progress made in the workforce area than in any other. It was essential that during 2024 a sound workforce strategy was implemented. OR continued that wait list times would be published in the next few weeks following successful validation of the outpatient wait list. It would not be possible to tell people how long their individual pathway could be as only average times could be provided. If the R&R 3 business case was approved work would continue to provide wait times on an individual basis. TB further queried whether a total wait list figure of 23,000 was correct as it more than 25% of population. TC replied that patient initiated follow up would assist in making the wait lists more accurate. It would also be necessary to work with PCN to move patients to community based treatments for which the PCN would need to be appropriately resourced. JL observed that there were large areas of delivery over which Manx Care exercised limited control. There was a timing issues as the mandate was delivered after the budget was agreed so the financial plan did not take into account the mandate objectives which impeded the ability to deliver.

KL queried whether when all data was linked to Manx Care record if data it would be published by speciality. OR confirmed that it would.

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OE reflected that the more data is produced and KPI's are measured the more it was possible to understand the complexities of Manx Care. It was essential to understand how the numbers were arrived at as these and other data sets would be required to move to more community based facilities.

PRIORITY ONE – IMPROVING PATIENT SAFETY

15.24 Integrated Performance Report (IPR)
OR made the following observations:

- There continued to be a decrease in day case and inpatient waiting lists.
- The majority of R&R2 was completed and improved efficiencies were continuing with more procedures being undertaken, shorter length of stay etc.
- There were reductions in the number of patients waiting for their first outpatient appointment.
- A validation exercise was being carried out in ENT and dermatology.
- Ambulance response time were improved for category 2-5. There was a longer response than target for category 1 and that was being maintained despite the increases in demand.
- Faster diagnostic – 66% receiving diagnosis within 28 days which was less than the 75% target. This was especially evident in breast as the consultant and radiologist had both resigned but locum cover had been secured for the next 6 months.
- Changes in cancer tracking system had provided more granular management of patients.
- Deterioration in 4 hour ED performance because of increase in demand. ED only had 16 treatment spaces so when there were in excess of 50 patients it was not possible to see those patients in 4 hours.
- There was a large capital estates programme to redevelop ED to increase capacity and include better provision for emergency care such as clinical decision making unit.
- Dental wait lists - in total 42000 people have NHS dentist and there was no eligibility criteria. NHSE have strict eligibility criteria and if we used that there would only be 18000 people eligible for an NHS dentist on Island. This should be considered further as there was no additional funding for dentistry so it would be necessary to work with DHSC to better allocate.
- A working group would be established to look at dental and optical contracts which were being transferred from Primary Care care group to the contracts management team.
- Dental provision was a huge concern improvements were required in both the contractual and regulatory position.
- Children and patients that hadn't received regular check-ups would be prioritised at the regency practice.

OR stated that just under 50% of the population had an NHS dentist and there was a community dental service for emergencies that would treat unregistered patients. TC added that the statistics on UK dental eligibility had been passed to the DHSC for consideration. TC queried what assurance was available about patients suffering harm from waiting in ED. OR replied that patients were transferred to hospital beds after 4 hours and are placed in individual room so as to maintain their privacy and dignity. No patients were made to wait on trolleys in corridors but he could not provide assurance on harm which he agreed needed to be monitored. PM reflected that when harm occurred it was often too late and that it was inevitable that high quality care could not be delivered if people were kept in ED. Patients did not receive meals or medicines as they would if they were in a ward. It would be necessary to take steps to ensure ED was sufficiently staffed and work back from that. TC requested that the escalation policies be reviewed and full capacity protocol for ED be developed. The QSE could continue to monitor how the overcrowded ED was being managed and how flow through the hospital was being managed.

OE stated that ED was also about preventing people attending in the first place as it was the most visible marker of a system that required realignment. TC concurred and stated that there were some great opportunities with joint control room, see treat and leave and diversionary pathways. A stronger focus was required on this and the pathways required time to embed to stop so many people coming to ED when they could receive better treatment elsewhere.

OE cautioned that care should be exercised when describing dental performance and the Board must remain mindful of the pressures dental colleagues were under. OR acknowledged that dentists were in a difficult position as often they struggled to balance the books. WR highlighted that lots dental work could be provided by people who aren't dentists and there may be dental nurses in private practice who would be willing to so some NHS work. OR confirmed that a dental therapist was being employed at the Regent dental practice.

PM stated that the quality metrics indicated a good December which was reflective of the quality of the winter plan especially over the Christmas period. There had been a drop off in Anti-Microbial Stewardship compliance which was unexpected but this had recovered to 90% in January which is the highest it's ever been. Hugely encouraged that 9 out of 10 patients that had completed the friends and family test said that their care was good or very good. JL queried what the actual response rate was for the friends and family test. PM replied that 943 people responded in December which was pretty good. JL added that it would be helpful to know the denominator to provide assurance that a reasonable cohort of patients were providing feedback. NW suggested that the friends and family results should be balanced with the level of complaints from MCALS to identify whether there were any themes. PM confirmed that the was reported via QSE. The main issues continued to be wait times, accessing services, appointment times and how patients are dealt with by staff.

With regard to Integrated Social Care and Mental Health DH observed that there had been good performance on length of stay and being seen within timescales for Mental Health. The LD assessments were taking longer due to the amount of stakeholders involved the targets were being reviewed by DHSC. Child protection conferences had not met the target however this was due to availability of the families.

MH reported that mortality reviews were improving. Level 2 reviews had commenced.

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

16.24 Update on Pay Negotiations

The 22/23 pay negotiations had been settled. For 23/24 an offer of 6% had been made to medical and dental and MPTC/JNC as that is what PSC had accepted. Medical and Dental had rejected the offer and MPTC were balloting. The desire from all unions to have a three year pay deal had been strongly expressed. Manx Care had sought advice from DHSC and Treasury as to what could be offered by way of assurance of a pay award linked to inflation in year three. There was no additional funding to make a revised offer for medical and dental but management would continue to work with them. TC was keen to start the negotiation for 24/25 as soon as possible. The pay negotiations had been a very difficult process but was carried out respectfully with staff side as all parties wanted colleagues to be paid fairly.

17.24 Workforce & Culture Update

MHe had been in post for three months and she reflected that the delivery of health and social care was not new but Manx Care identity was. People were fundamental to everything that Manx Care wanted to achieve and without them there wouldn't be a service. The Manx Care brand and the psychological contract was starting to emerge notwithstanding there was lots work to do on

organisational identity. The existing board structure for workforce development was part of transformation so Manx Care did not have much control over the detail. The Workforce & Culture project team were expected to deliver all the wf&c objectives but Manx Care did not have any control of the team's priorities. There was no resource for organisational development and no framework so managers were not being continuously developed. There was a lack of connectivity in the people space between data, policy, development and this all needs to be linked to the employee journey. The external OHR review identified that OHR was significantly under resourced and there was a need for an exec level director for OHR specifically for Manx Care.

There was a significant amount of work to do on the corporate people risk. Competition for staff was a key risk but how it was articulated required a review. OHR held the operational people risks and we need a detailed understanding of where the risks sat. There was lots of confusion on policies and procedures and it would be necessary to develop a Manx Care policy suite. Culture and organisational plans had been developed when issues were raised from surveys such as the Barometer of Care and the Social Care review and this now needed to be amalgamated into one plan. A culture of inclusion was required and ED&I champions were in place and workshops were being held during the week. Staff networks were also being introduced focusing on disability, LGBTQ and BAME.

TC stated that the board needed to define what it expected from the shared service agreement. Shared service had the benefit of cost saving for the organisation but it would be necessary to overlay that with sufficient resource to provide an effective service. The board made a decision to have an exec lead for people at the same time as the Dr of FP&D was agreed so we need to replicate this with OHR. MHe would provide a gap analysis of what the shared service provided and what Manx Care required and this would be presented to the next board.

SP queried what the response rate had been to the all staff survey. MH replied that the response rate was 20% which wasn't great. A report would be made to the People committee in April. JL added that it was essential that the denominator was correct before calculating the response rate.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

18.24 Director of Finance, Performance & Delivery Report

There had been an adverse movement of £3.1m due to risks crystallising and Manx Care was still holding additional risks of £2m. As this was the final quarter there was limited opportunity to mitigate any new risks. Every action was being taken to ensure that the year-end position was within the £30m supplementary vote. The Cost Improvement Plan had performed very well and the target had increased target to £7.5 from £6.4m during the month. Bank and agency spend had also been helped by recruiting substantive staff which has also helped workforce stability. Agency spend was £2m less than last year and all agency posts were regularly reviewed and agency staff were only employed in areas considered very fragile. Bank spend was same level as years ago but there had been a 10-12% pay rise which demonstrated that much less bank staff were being used. Last year the overspend was £9m and there were an additional £9m of pay costs so Manx Care started the year in a deficit position of £18m which resulted in £2m available for investment. Investments had been made in nursing and ED workforce. Business cases that were historically funded by Transformation such as Covid, frailty service, diabetes were no all now included in the base line. Inflation on contracts was held at 3% last years but as inflation was 10% it was likely that increases of 7% would occur in the current year. Since April 2021 inflation had been 20% but spend had been 19% which was a huge achievement. Manx Care had been innovative however the rising tide of demand would continue and the ability to meet this was constrained by the financial envelope which would inevitably begin to impact on our services. Financial data was maturing and the knowledge within the teams and the financial grip and control were also maturing so it was easier to articulate their service that Manx Care wants to provide and what that would cost us. PM added that care must be safe but there must also be a focus on value for money and that would help reduce the tension between finance and quality

WR queried what the contingency was if the £30m supplementary vote was not supported. JL replied that precedent indicated that supplementary votes were never unsupported. There were contingency plans that would define a different service.

NW reflected on the funding that should have been allocated in line with the SJM funding mechanism which had been supported by Tynwald. If it were the case that the Government were now seeking to do the opposite of the SJM recommendations then the board would have to consider its position.

JL stated that the funding for 24/25 was £347m but if the SJM mechanism was used the funding would be £390m so there was an enormous gap. The growth percentage was 3% but services were seeing demand in multiples of that so the 3% would need to be reviewed. If the year-end position was £338m there would be £9m for investment for however there would be a pay award costing between £8-£9m and inflation of £7-£8m and that did not considering past year business cases and necessary investments. To date Manx Care had balanced quality and finance well however this would come under increased pressure from next year. Value For Money on its own would not deliver the service Manx Care would want to deliver and what the public would expect us to deliver. Services may have to be constrained but the priority would be to always deliver them safely. Eligibility criteria, prescription charges and dental charges must all be reviewed. Opportunities must be explored in commissioning and provision of services so these could be internalised or externalised to provide the best value. This would not be a privatisation of services but would be commissioning via 3rd parties that could offer better and cheaper services. There would be big strategic decisions that would need to be taken.

19.24 Any Other Business with Prior Agreement of the Chair

There was no other business.

There being no further business the Chair declared the meeting closed and invited questions from members of the public.

Q. Stroke and Cancer – if I had symptoms of stroke the target to get me to hospital was 60m minutes s but the target isn't moving. Why? Treating stroke patients must be a priority as treating people who had suffered a strokes was extremely expensive.

A. The level of ambulance staffing had not changed since 1994 but the demand was significantly higher. We always prioritise the category 1 calls. There was an increase in the number of handover delays but thus is linked to overall ED demand increasing and the chronic lack of space. UEIC, hear and treat was having an impact although not as much as had been hoped. See, treat and leave advanced paramedics working alongside ambulances to increase capacity. This is the first substantive investment made in ambulance staff in 30 years.

Q. The 2 week wait had been changed to 4 weeks but the performance had only increased by 6%. Why?

A. The level of activity was much greater in the 4 weeks that 2 weeks so the standards were incomparable. A communicatoin would be issued to explain.

Q. When Manx Care received the mandate you have to allocate the money but you are the service provider and the IOMG is the customer. You should produce what you want before the mandate is set. You should have a 5 or 10 year costed plan. How much is the MxC record going to cost?

A. A 5-10 year financial plan could not be produced with any degree of accuracy. We are still discovering what we have and what the responsibility for funding with shared services was, what belongs in our estate and how our system is evolving. We can't do activity based costing and we are limited in our tools but we are developing. Even if we had a stable system a 5-10 year financial plan is a challenge and we are also trying to transform our services. It would be a very complicated task. We are constrained to an annual funding cycle which constrains everything. SJM recommended a 3 year funding cycle but that wouldn't happen any time soon. In our financial submission we cost out thoroughly and gave to DHSC to consider and they gave to Treasury so that number is known.

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
7.24/Feb	The risk of the Failure to Implement Robust Information Governance across Manx Care would be added to the BAF as a strategic risk.	JL	05.03.24		Update 28.02.24 - now added to the BAF and included in pack	
9.24/Feb	Chair of the Safeguarding Board be invited to the Board to present their annual report for 23/24.	BdSec	05.11.24			

Committee Actions

QSE/188.23/Dec	Dr Khan & team to be invited to future Board to present re Anti Microbial Stewardship	PM/BdSec	05.03.24	21.05.24	Update 28.02.24 - Dr Khan not available for the March Board, defer to May	

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1a	Failure to provide safe health care.	Overall risk owner:	Amendment date:	Nov-23
		Paul Moore	Committee scrutiny:	QSE Committee

Which of the 2023-24 objectives may be impacted:

#	Objective		#	Objective	
1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	x
6	Financial balance.		12	Environmental sustainability contribution.	

Rating	Score	Month	Score
TARGET: L x I	5 x 2 = 10		
Jul '22: L x I	5 x 4 = 20	Sep-23	5x3 = 15
Oct '22: L x I	5 x 4 = 20	*Oct-23*	5x3 = 15
Dec '22: L x I	5x3 = 15	*Nov-23*	5x3 = 15
Feb '23: L x I	5x3 = 15	*Dec-23*	*5x3 = 15*
May '23: L x I	5x3 = 15	*Jan-24*	*5x3 = 15*
Jul '23: L x I	5x3 = 15	*Feb-24*	*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 completed by December 2022 - L2 5. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 6. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than 2 years 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. 8. Risk Manager substantive recruitment successful as of October 2023 - L1 10. International nurse recruitment program with GTEC now complete. Deleiverd 45 RNs, Band 5 Level more stable -L2 11. Rotas are much more stable, substantive recruitment progressing and nursing agency spend reduced - L2 13. CQC have recognised safeguardng improvements - L3 14. Deteriorating patient reports into OCQG indicates strong compliance and sustained improvement in timeliness of vital sign measurements - L2	4. Volume of out of date policies, procedures and guidelines remains a concern. Manx Care Intranet joined up the multiple sharepoint sites, however cleanisintg of high volumes of clinical polies is still required. There is no dedicated resource to continue the work put in place by a LTA policy officer role. Adult Social Care polices regarding care are very limited - L1 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PiP systems need better integration to support Manx Care's needs - L2 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 maturty of safeguarding proacedures 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 requiremnts 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 proces 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 x 2 appointed to clinical audit roles, reporting to the Executive Medical Director - L1 2. Established Clinical Audit Committee which has reinstated regular meetings - L1 3. 3 year audit programme for **22/25** in place - L2 4. Audit programme monitored by the Operational Quality Governance Group twice a year - L2 5. Manx Care has a Clinical Audit policy 6. Manx Care is now achieveing 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 2. Attendance at the Clinical Audit Commitee is variable 3. Very limited audit activitiy linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - 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 - MCALS volunteers now recruited to enable outreach into community hubs 2. Service user engagement (discovery interviews, focus groups, liaison with represenative 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 6. Engae with HSCC to further enhance lay representation across Manx Care 7. Service User Engagment & 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. Outreach into community well-developed through volunteer model - Strong eveidence of consistent compliance with resolouttion on the day 2. Confident that MCALS has consistently high levels of engagement with the community, beginning now to engage better with hard to reach groups 3. Developed a program of engagement with external stakeholers and third sector partners for the benifit of service users/patients/carers/families 4. MCALs relocation 29 Feb 2024 to facilitate customer facing venue which will include public counter and quiet room 5. FFT has been rolled out to all areas of Manx Care since August 2022 with the exception of Primary Care who already had well enbeded processes for this. Consistent high ratings of 90% or more of responses of 'good' or 'very good'. Ongoing work to continuosly improve the up take rate. 6. Complaints responsiveness now under control and compliant with new regulations. L2	1. No independent advocacy service on Island - L1	No significant gaps identified	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
			TARGET: L X I	3 x 3 = 9
			Apr '23: L x I	3x4 = 12
			Oct '23 L x I	3x4 = 12
			Dec-23	3x4 = 12

Which of the 2023-24 objectives may be impacted:

	Objective			Objective	
1	Covid-19 response.		7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance	x	10	Primary Care at scale.	
5	Transform urgent and emergency care.	x	11	Early interventions.	x
6	Financial balance.	x	12	Environmental sustainability contribution.	x

Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort KEY L1 - internal/operational level L2 - Director/Board level L3 - external review/audit/inspection	**Policy governance** 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F	David Hamilton	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 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. 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 Work towards a Manx Care wide solution, Policystat, is being explored as a move towards mitigation - L2	2. There can be a disconnect between the clinical and care OCGQs - this means that policy ratification is sometimes disjointed. Instances of this have reduced in recent months, with the DNACPR Policy coming to both OCQGs. Social Care representation on the clinical OCQG is now regularly happening as a mitigation - L2 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 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	A.
	Training Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications	Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1 Service areas keep a comprehensive set of training matrices which are manually updated by admin staff, given the limitations of eLearn reporting - L1 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	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 Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PiP - L2	The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues. OHR have indicated that aligment to the PiP structure is a live piece of work, along with an overarching training policy to be approved via OCQGs - clinical and care. The Corporate Services Manager is also assisting with the reconcilation of 'mandatory' and 'role-specific' training - L2	A.
	Design and launch the multi-agency safeguarding hub (MASH)	Julie Gibney	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation have been consulted re data sharing conventions. A bid was successfully submitted to the Seized Assets fund for the start-up costs of £15k - L3	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		G.
	Functional design, consistent application and effective operation of the Scheme of Delegation	Louise Hand	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 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 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	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	The success of Resource Panel is being regularly monitored to ensure there is no drift from the Terms of Reference - L1	A.

MANX CARE: BOARD ASSURANCE FRAMEWORK

2 Overwhelming demand.

Overall risk owner:	Oliver Radford
Amendment date:	Oct-23
Committee scrutiny:	FPC Committee

Which of the 2023-24 objectives may be impacted:

#	Objective	Impacted	#	Objective	Impacted
1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	

Rating	Score	Rating	Score
TARGET: L X I	6		
May '22: L x I	9	May '23: L x I	9
June '22: L x I	9	June '23: L x I	9
Aug '22: L x I	9	Jul '23: L x I	6
Oct '22: L x I	9	Oct '23: L x I (5 x 3)	15
Dec '22: L x I	9	Nov-23	15
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 transmissable 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	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to 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 acess to off-Island services. Further strenthening of strategic relationships with Cheshire & Mersey providers ongoing. All strategic partnerships are monitored via Performance & Delivery Group through to Exec Management Committee. 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.	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	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. 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.	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: Anne Corkill	Amendment date: Committee scrutiny:	Nov-22 People Comm.

Which of the 2023-24 objectives may be impacted:

#	Objective	Impacted	#	Objective	Impacted
1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback c	x	8	Continuous improvement.	x
3	Transforming health &	x	9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	
5	Transform urgent and e	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	

Rating	Score	Rating	Score
TARGET: L X I	9		
May '22: L x I	25	Mar '23: L x I	25
June '22: L x I	25	May '23: L x I	25
Aug '22: L x I	25	Sep '23 LxI	25
Oct '22: L x I	25	*Nov 23 LxI*	*25*
Dec '22: L x I	25		
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 addtional 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** Leadership 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. Speciaist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme	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 psyhcological safety Ongoing work to develop and embed CARE values Staff recognition schemes Development of freedom to speak up guardians and programme of work relating to equality diversity and inclusion Analysis of Exit interviews information to identify trends and inform corrective action Use of job evaluation scheme Development of Manx Care specific policies and procedures to support all staff.	Workforce and Culture Team Job Evaluation Team/OHR	**3. Assurance re Staff Retention Controls** Monthly project updates from workforce and culture team to Transformation Steering Group, People Committe, ELT and Board. Progress against policy review and development plan reported regularly to staff and management sides of partnership forum and by exception to ELT and Board. Monthly People Analytics Report provided to ELT, People Committee and Board.	**3. GAPS in Staff Retention Controls** Development of EDI Programme at an early stage. Not all polices and procedures up to date and/or published. Work on 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 conjuntction 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 appplication of procedures Targeted interventions by H&S teams in response to trends. Well defined polices and procedures to support absence managment	HR Advisory Team	**4. Assurance re Absence Management Controls** Monthly people anlaytics 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	Overall risk owner:	Amendment date:	May-22		
		Oliver Radford	Committee scrutiny:	FPC Comm	Mar '23: L x I	16
	Which of the 2023-24 objectives may be impacted:		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 addresed 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 ressponded. The TT promotor has sponsored development of the safety management system however this was not used during TT 2022 due to lack of time to implement fully. Manx Care formulated a written plan for TT 2022 outlining proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand. This plan was used as a basis for the Manx Grand Prix plan for 2022 and will be adapted for 2023 however will need to be changed to match the new TT format. Changes in structure of the TT for 2023 may change the	Lack of safety management system (SMS) for TT event - inability for Manx Care to link in plans with the SMS. Assured delivery of SMS in 2023	Reduced avaialbility 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 acorss 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:	Amendment date:	Apr-23
		Teresa Cope	Committee scrutiny:	Board

Which of the 2023-24 objectives may be impacted:

	Objective			Objective	
1	Covid-19 response.	x	7	Reducing waiting times.	x
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	x
5	Transform urgent and emergency care.	x	11	Early interventions.	
6	Financial balance.		12	Environmental sustainability contribution.	x

TARGET: L X I	3 x 2 = 6		
May '22: L x I	4 x 4 = 16	May '23: L x I	4 x 4 = 16
June '22: L x I	4 x 4 = 16	July '23: L x I	4 x 4 = 16
Sep '22: L x I	4x4 = 16	September L x I	4 x 4 = 16
Oct '22: L x I	4x4 = 16	October	4x4=16
Dec '22: L x I	4x4 = 16	November	4x4=16
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
Inability to effectively deliver mental health services across the Island due to recruitment challenges and lack of partnership funding for Thrive model; in adults recruitment challenges and develop early intervention strategies. Delays and funding challenges identified which may comprmise single electronic Manx Care patient record. Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention. Recruitment and retention of GPs and other clinicians and care workers. Actions taken to create clinically sustainable high quality services require redesign of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care. This may lead to a perception of a run-down of on-island Manx Care with a normalising of off-island care. Non-compliance with CQC regulatory framework which Manx care seeks. Inability to deliver all the required ICO compliance regulations and requirements.	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.	Sarch Pinch & Tersa Cope	Required Outcomes Framework (23/24) approved by Board in March 2023. Chair meets regularly with the Minister. CEO meets regularly with DHSC CEO. The four Principals meet together monthly. Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly) Mandate assurance meetings (monthly) Positive poliitcal engagement in NED recruitment process. Performance & Accountability Framework agreed and aligned to Single Oversight Framework. Board to Board meetings established. Funiding 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.	Working with Elected Members framework requires updating.	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.	R
	2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ('ICO').	Teresa Cope	CEO engaging positively with the H & S at Work Inspectorate regarding ionising radiation compliance. Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board. Medical Director 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.	Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has am aim for compliance by March '24 (as stated IGAB on 04/05/22). .	Manx Care CEO is now a formal member of the Island's extended Chief Officers Group, involvement limited to attendance for specific items by invitation. Deferment noticeagreed with the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded. Pay awards have been rejected by a number of Unions.	A
	3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.	Teresa Cope	Chair & CEO meet Principals in Transformation to discuss governance and progress. Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers. Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review. Regular meetings with shared services take place with the contracting team recognising thet 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. Agreememt for Transformation project to transfer to DHSC to align with Manx Care requirements.	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 riss to ManxCare regarding shared services.	Manx Care CEO is not a formal member of the Island's *Chief Officers Group,* involvement limited to attendance for specific items by invitation. Manx Care to appoint HR Director funded by Manx Govt. following Grant Thornton review.	A

	4 Proactive engagement with all staff; including clinical staff and social care staff.	Teresa Cope	Induction includes an introduction by an Exec Team member. Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body. Fortnightly *Let's Connect* . Weekly *all staff* bulletins. Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics. CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff. EDI forum launched and chaired by the CEO Cultural improvement action plans in place which are monitored by the Board. Partnership board with staff side representatives held monthly A Communications & Engagement Plan is due to be reviewed and approved by the Board. People's Strategy to be launched in September 2023. Manx Care linked into the wider Great Place to WOrk Programme.	Data quality of human resource dashboard metrics requires further refinement. Opertional People's Group as a sub-group of EMC will be eastablished from May '23. Manx Care linked into the wider Great Place to Work Programme.	Operational oversight and analysis for workpforce planning. People, Culture & Engagament Strategy to be launched in October and agreed by Board with delivery plan in place. All organisation staff survey to take place in October '23	G
	5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	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. Manx Care to join CMAST Acute Collaborative in the North West	Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes. No formal strategic partnerships in place.	Report of strategic partnership activity to come to the Manx Care Board quarterly	G
	6 Proactive engagement with Island media including radio, newsprint; social media.	Teresa Cope	Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets. Manx Care has a planned calendar of engagement activity. Communications and Engagement strategy in place	Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard. Manx Care is not always aware of communications relative to its services or wider health and care matters across government and vice versa	Manx Care to have closer engagement with Central Cabinet offices communications. 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.	A
	7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair. Manx Care works in a structured way with *Hospice IoM.* CEO engages with *Crossroads* charity, *putting carers first.* CEO and senior officers regularly meet with with key charities acrodd the Island. 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. CVO is assisting Manx Care in undertaking a stakeholder map to identify all chrities on the Island who are involved with Health and Care		A paper on Manx Care engagement with voluntary and charity sector to be provided to QSE Committee Q2 calendar '22. TBC by CEO	G

6 Failure to achieve financial sustainability.

Overall risk owner:	Amendment date:	Oct-22	Committee scrutiny:	FPC Comm
Jackie Lawless	Committee scrutiny:	FPC Comm		
	TARGET: L X I	9	Mar '22: L x I	12
	May '22: L x I	Residual Score	June '23: L x I	12
	June '22: L x I	25	July '23: L x I	12
	Aug '22: L x I	25	Sep-23	12
	Oct '22: L x I	12	Oct-23	12
	Dec '22: L x I	12	Nov-23	12
	Feb '23: L x I	12	Dec-23	12

Which of the 2023-24 objectives may be impacted:

Objective		Objective	
1 Covid-19 response.	x	7 Reducing waiting times.	x
2 Service user feedback drives improvement.		8 Continuous improvement	x
3 Transforming health & social care delivery.	x	9 Workforce engagement a	x
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x
5 Transform urgent and emergency care.	x	11 Early interventions.	x
6 Financial balance.	x	12 Environmental sustainabi	x

Related operational risks:

#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend

#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

Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
1. Tools to estabish 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 likley to be instances where managers have recruited above their budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning. Investment has been made in performance management function which will enable the development of better performance data	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 likley 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 unexpetedly 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. Adressing 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 requriements 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 likley to take some time - a number of years - to generate efficiencies to cover required investment	A

	7. Improving internal financial governance mechanisms	Jackie Lawless	Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning. Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues. Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks Business Case Review Group established to provide effective review and challenge of business cases	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 Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations	Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforseen. The outcome of CQC inspections is likely to generate signficant funding pressures not already identified Further education and deepening relationships with finance are required to ensure adequate visibility of risks	A

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

Failure to implement robust Information Governance across Manx Care

Overall risk owner: Simon Collins

Amendment date:	Jan-24
Committee scrutiny:	RMC, Manx Care Board
TARGET: L x I	3 x 4 = 12
May '22: L x I	5 x 4 = 20
Oct '22: L x I	5 x 4 = 20
Jul '23: L x I	5 x 4 = 20
Oct '23: L x I	5 x 3 = 15
Jan '24: L x I	5 x 3 = 15
Jun '24: L x I	

Residual Risk score

25
20
15
10
5
0
May-22
Oct-22
Jul-23
Oct-23
Jan-24
Jun-24
Oct-24
Target
x

Which of the 2022-23 objectives may be impacted:

1	Covid-19 response.		7	Reducing waiting times.	
2	Service user feedback drives improvement.		8	Continuous improvement.	x
3	Transforming health & social care delivery.		9	Workforce engagement and development.	x
4	Corporate, clinical and social care governance.	x	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 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#1 Failure to implement a satisfactory level of remediation across processes and systems to minimise the risk of ongoing data breaches. #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. #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.	1. Comprehensive remediation plan addressing the data breach issues linked to penalty notice	Simon Collins	- Detailed remediation plan delivered to address the issues assocaited 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 toi 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	- 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 arpproval 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 proceedures 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 accomodated 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 MxC Record is now finally progressing - Frequent and contructive 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.	- 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 MxC 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	- 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 an dfine 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 Manger, 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 acionable delivery plan.	- Ability to contend with the volume of requests of the IG Team and the upward trajectory of volumes remains challenging. However, decsion 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 overbudening staff and to provide support with training through suitable mechanisms.	A

CEO

	SUMMARY REPORT	Meeting Date: 5 March 2024	
		Enclosure Number:	

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

Summary of key points in report

- **The Covid 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

- 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. There are no recommendations within the Covid Review report that are disputed by Manx Care and implementation of the recommendations will improve the resilience of our health and care services and improve quality of care. A number of recommendations will require financial support and we will work with the Cabinet Office to secure funding to enable us to implement the recommendations.

- From early February, **Hillside Dental Practice** were able to start offering check-up appointments for children and adults who haven't been seen for a considerable time as well as providing emergency appointments for people registered with Hillside.

- January 2024 saw two separate OPEL 4 days reported, both due to a number of patients awaiting admission from ED into the inpatient bed base during the overnight period – both OPEL 4 days were de-escalated to OPEL 2 by the end of the day due to the focussed effort of clinical and managerial teams to discharge patients and optimise the use of inpatient beds.

- The new build **Summerhill View care home** has now been handed over to the DHSC from the developer. 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.

- 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. Staff, residents and relatives continue to be kept updated on progress on a monthly basis and the latest update was sent on the 13th of February 2024.

- Work continues to deliver the recommendations from the **independent Day services review**. This will be a 2-3 year project given the scope and complexity of the changes required.

- Since the establishment of Manx Care, links beyond the contractual have been developing with several specialist NHS Trusts in Liverpool as well as the main provider, Liverpool University Hospitals NHS Foundation Trust (LUHFT) and over the past six months, a number of **formal strategic alliances** have been formed between the NHS Trust Boards and the Manx Care board which are supported by a regular alliance meeting attended by senior leaders from both organisations.

- The Mandate for Manx Care for 24/25 from the Department of Health and Social Care is now finalised and is attached at Appendix 2. Manx Care will prepare its Annual Operating Plan in response to the Mandate and this is expected to come to the Board in April 2024

Recommendation for the Committee to consider:							
Consider for Action		Approval		Assurance	X	Information	X

The Board is asked to consider the content of the paper and seek any further information or assurance on the content.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit		
Others (pls specify)		
Impacts and Implications?	**YES or NO**	**If yes, what impact or implication**
Patient Safety and Experience	No	
Financial (revenue & capital)	No	Responding to the recommendations of the Covid review will require financial support (capital and revenue)
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

CEO Report MARCH 2024 – PUBLIC SESSION

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 February Is attached at Appendix 1.**

Section 2: COVID AND VACCINATION PROGRAM UPDATE

Executive Lead: Executive Director of Health Services

<u>Vaccination Program Update</u>

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.

Due to concerns around suitability of the Chester Street site to deliver a clinical service as vital as the vaccination programme, preparations are underway to urgently relocate the service to a new base which will accommodate the vaccine team, vaccine storage and facilitate specialist vaccine clinics. Once the move to the new base has taken place, there will an increased focus on delivering locality based pop ups using community facilities to make access to Covid boosters easier.

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).

<u>Publication of the Covid Review</u>

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.

A high level pan-government assessment of recommendations has been formulated and this is due to be debated in Tynwald in April 2024, will a full action plan to be tabled in July 2024.

There are no recommendations within the Covid Review report that are disputed by Manx Care and implementation of the recommendations will improve the resilience of our health and care services and improve quality of care. A number of recommendations will require financial support and we will work with the Cabinet Office to secure funding to enable us to implement the recommendations.

Currently the priority is to review the resilience of the Medical Oxygen system on the Noble's site, in particular investigating whether the oxygen generation plant (built during the early stage of the Covid Pandemic) can be brought into functional use or whether it should be decommissioned and replaced with a second liquid oxygen storage tank.

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.

From early February, Hillside Dental Practice were able to start offering check-up appointments for children and adults who haven't been seen for a considerable time as well as providing emergency appointments for people registered with Hillside.

Manx Care would like to thank Hillside Dental Practice staff who have transitioned from Regent Healthcare to Manx Care and continued to offer high quality dental care to their patients, as well as staff from the Community Dental Service who have moved to support Hillside whilst new staff are recruited into 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 which have been previously shared with the Manx Care Board.

January 2024 saw two separate OPEL 4 days reported, both due to a number of patients awaiting admission from ED into the inpatient bed base during the overnight period – both OPEL 4 days were de-escalated to OPEL 2 by the end of the day due to the focussed effort of clinical and managerial teams to discharge patients and optimise the use of inpatient beds.

It is also worth noting that, whilst outside the formal Winter Pressures scheme, a focus on Delayed Transfers of Care (DTOC - i.e. patients who are medically optimised for discharge but waiting in an inpatient bed for the next stage of their care to become available) and patients who have been in hospital

for 21 days or more (known as 'super-stranded patients') has been in place for three months. This focus has involved the commencement of the regular MDT Long Length of Stay Ward Round along with the establishment of a weekly Delayed Transfer of Care Meeting, chaired by the Exec Director of Health Services and attended by Clinical Directors and General Managers along with Intermediate Care, Hospital Social Work and Therapies. When the meeting started in October 2023, there were 18 DTOCs and 28 super-stranded patients across Noble's and Ramsey Hospitals. As of 22nd February this has reduced to 4 DTOCs (none in Noble's Hospital) and 9 Super-stranded patients (5 in Noble's and 4 in Ramsey). This reduction means an increase in acute bed availability for patients requiring hospital treatment and therefore alleviates pressures on inpatient beds. Some NHS Trusts are reporting up to 50% of inpatient beds occupied with patients who are medically optimised however within Manx Care this currently 2%.

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 has now been handed over to the DHSC from the developer. 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_are being 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 on a monthly basis and the latest update was sent on the 13th of February 2024.

Update on Day services review

Work continues to deliver the recommendations from the independent Day services review. This will be a 2-3 year project given the scope and complexity of the changes required. The DHSC are engaged in supporting the work and assisting in determining some of the wider strategic changes required. Stakeholders will be engaged in the project work with a series of engagement exercises from April onwards to help co-produce the service delivery model.

Section 5: STRATEGY, PARTNERSHIP AND INTEGRATION

Executive Lead: Chief Executive Officer and Executive Director of Health Services

Development of Strategic Alliances with Tertiary Partners

Our tertiary partners based within Merseyside deliver complex treatments and procedures that are unable to be delivered on island, either due to low volumes of cases that would preclude us being able

to maintain competence in the procedure or due to a requirement for complex equipment or staffing that would make it unfeasible for us to offer, i.e. Radiotherapy or Cardiac Catheterisation. Traditionally our relationship with our tertiary partners has primarily been through the contracting route however some consultants working within Noble's have developed good clinical working relationships with counterparts in NHS Trusts such as within Head and Neck Cancer and Cardiology.

Since the establishment of Manx Care, links beyond the contractual have been developing with several specialist NHS Trusts in Liverpool as well as the main provider, Liverpool University Hospitals NHS Foundation Trust (LUHFT) and over the past six months, a number of formal strategic alliances have been formed between the NHS Trust Boards and the Manx Care board which are supported by a regular alliance meeting attended by senior leaders from both organisations. These meetings have focussed primarily on areas of mutual collaboration in particular pathway development and ensuring equity of service to Isle of Man patients. Some highlights include:

- **The Walton Centre (Neurology & Neurosurgery)**
  - Access to Stroke Thrombectomy pathways (removal of the blood clot from the brain)
  - Review of rehabilitation provision of island with a view to more rapid repatriation from complex off island rehab where clinically appropriate
  - Review of on island Neurology provision

- **Liverpool Heart & Chest Hospital**
  - Development of Primary PCI Pathway for rapid treatment of heart attacks
  - Development of IOM Clinical Pathway Coordinator at LHCH to seamlessly manage referral pathways between LHCH and IOM Off Island Pathways Team
  - Review of implementation of Healthy Lungs Programme (if commissioned)

- **Alder Hey Hospital**
  - Development of on island Paediatric Neurology Service
  - Development of ME/CFS and Long Covid service for children
  - Exploration of Home Haemodialysis service for children

- **Liverpool University Hospitals NHS Trust**
  - Collaboration between Noble's and Royal Liverpool Hospital Gastroenterology Services to improve resilience
  - Improved access to specialist on call advice out of hours

- **Clatterbridge Cancer Centre**
  - Ongoing development of the Clatterbridge @ Noble's model for Oncology

The next Strategic Alliance to be established will be with Liverpool Women's Hospital for provision of specialist gynaecology oncology surgery, neonatology and complex obstetrics.

Section 6: COMMUNCICATIONS AND ENGAGEMENT

The CEO and the Head of Engagement and Communications continued to undertake visits to services during February with some scheduled into early March. This continues to provide great opportunities to meet with teams and hear about the successes and challenges of our operational teams.

The 2nd Care Awards was held in February. With an increased number of awards and sponsors, the event was held at the Empress Hotel at no cost to the taxpayer. His Excellency, the Lieutenant Governor and Lady Lorimer, The DHSC Minister and the new CEO of the Isle of Man government were also in attendance.

A briefing to Tynwald members on the supplementary vote and next year's budget allowed the CEO, Finance Director and the new Chairman of the Manx Care board, Professor Wendy Reid, to explain the reason why the supplementary vote was necessary and had been predicted from the beginning of the financial year. In addition, a discussion surrounding the budget allocated to Manx Care was discussed and both the CEO and Finance Director demonstrated that the amount was already insufficient and would be likely to result in another supplementary vote at the end of FY24/25.

The CEO was also a panel member along with the Chief Minister and Treasury Minister at the budget briefing held by Manx Radio. It provided an opportunity to give greater context around the supplementary vote required for the end of FY 23/24 and the necessity for the uplift to Manx Care's budget for FY 24/25.

There are plans for quarterly briefing sessions with all Tynwald members held by the Manx Care board. This is to enable members to get a fuller understanding of what Manx Care are currently delivering across both health and social care. This will lead to a more informed view and level of debate at political level which can only benefit the Island.

In addition, Manx Care is looking to engage more deeply with the 3rd Sector to look for ways that the charities can maximise the valuable contribution they make to health and social care by dovetailing their spending into areas which will provide the greatest benefit to patients and service users. Regular meetings to allow this collaboration are estimated quarterly.

Section 7: Mandate for 24/25

The Mandate for Manx Care for 24/25 from the Department of Health and Social Care is now finalised and is attached at Appendix 2. Manx Care will prepare its Annual Operating Plan in response to the Mandate and this is expected to come to the Board in April 2024. In terms of oversight and delivery of the Mandate, it is proposed that each of the 5 Mandate Priorities have an Executive Senior Responsible Officer and also a Non Executive Director sponsor. Each priority will have oversight from a relevant sub-committee of the Board with a quarterly formal update to the Board.

Manx Care has an established Transformation Oversight Group (TOG) which reports into the Executive Management Committee (EMC). The Transformation Oversight Group Terms of Reference will be expanded from April to also include Mandate delivery to create closer alignment between Transformation and Mandate delivery. This will include support from our Programme Management Office (PMO). The new Transformation and Mandate Delivery Group will meet monthly from April 2024.

Teresa Cope
26th February 2024

HORIZON SCAN

March 2024

PICTURE: ISLE OF MAN DEPT FOR ENTERPRISE

MEDICINE, URGENT AND EMERGENCY AND ISLE OF MAN AMBULANCE SERVICE

Renal Service: Work is continuing to replace the water treatment plant in the Renal Unit at Noble's Hospital; this work is expected to be complete in early March. All patients requiring renal dialysis have been temporarily relocated to the Renal 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.

Operations: The Care Group senior leadership took part in an 'away day' to address accurate the functions of both the Emergency Department and Medicine with a particular focus on, decisions to admit patients in the ED, discharge forecasting and planning across the medical bed base, and the functionality of the Acute Medical Unit.

AATU: 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 27 Feb 24.

Recruitment: Dr Damian McKeon, Respiratory Consultant, joined us on 5 Feb 24. Our newly appointed Care of the Elderly Consultant Professor Ananda Prakash will join the Care Group on 11 Mar 24. And Dr Peter Neville, Gastroenterology Consultant will join us on 2 Apr 24. Ben Melling Hospital Youth Coordinator joined us on 5 Feb 24; this is a jointly funded Manx Care and Bridge the Gap charity funded position and Ben will work with children and young adults in and out of hospital. A new General Medicine Business Manager has been appointed.

SURGERY, THEATRES, CRITICAL CARE AND ANAESTHETICS

ICU CCOT – 8 staff due to compete Paediatric Immediate Life Support (PILS) course and 3 staff Booked on the EPALS course**.**
Air Ambulance: The Team are welcoming a new air transfer practitioner who has been allocated 3 weeks in ED as part of on boarding and will begin flying in February. They will join the team as a full Transfer Practitioner In March.
Training and development: The air ambulance has 3 transfer practitioners on Prompt course and The RCN is holding an in-flight study day that the Air Ambulance will attend in London.
Audiology : The sole supplier of Hearing Instruments will be visiting to provide a manufacturer update and future technology developments.The MRI Audit will be completed/submitted to the Audit committee over the coming months.
Pre-Assessment Clinics Roll out of direct referrals for all patients listed for joint replacement surgery and any patient with Body Mass Index (BMI) 35 and above from Orthopaedic Outpatient Clinics. This will allow the pre assessment team to triage patients and arrange early intervention as required to help improve patient safety. This includes appropriate and timely anaesthetic review and pre-habilitation measures such as smoking cessation or weight management.
Ward 11/12 A Development band 7 role has been created and will commence over the coming months. Following successful recruitment, training and service redesign the team will be opening a 6 day ward service from April ceasing support that has been required from third part to support Elective Ortho pathways. The ward are currently considering clean elective pathways that can be supported on ward 12.

INTEGRATED DIAGNOSTICS AND CANCER SERVICES

- Mortuary Team won the Manx Care CARE Award for unsung Heroes – Non-Clinical
- Containment Level 3 (CL3) room plans for repair of current suite are on schedule
- Consultant Histopathologist post out to advert; two promising candidates
- 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 is under offer to an existing Cancer MDT Co-ordinator ('home grown') with the post-holder expected to be in place by 01/03/24 - 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 Sarcoma
- Data: Cancer Outcomes and Services Dataset (COSD) has now transitioned to electronic portal submission, and away from e-mail submissions, in-line with UK Trusts
- 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 ratified at the Operational Clinical Quality Group (OCQG) 12/12/23. 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

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, and Registered Nurses etc.
- Funding received form the 'Friends of Nobles' to set up the new initiative of a 'Toy Library' for Childen/YP with complex needs.

INTEGRATED PRIMARY AND COMMUNITY CARE, AND THERAPIES

- Hillside dental clinic is going well, seeing many patients, all children who haven't been seen within the last 12 months now have an appointment to be seen
- We're making good progress with the Offender Health Improvement plan
- District Nursing – remains under pressure due to staffing shortages
- The Wound Management Clinic based in RDCH has changed its name to **Northern Tissue Viability Clinic**.
- Wound Care Formulary Project is underway
- A pilot 'Anxiety Workshop' has commenced in the Prison. This is facilitated by the Prison Mental Health Nurse
- District Nursing Service Specification is under review
- The ED post-fall pilot clinic commenced the ED post-fall pilot clinic yesterday with support from Therapies
- Audits for SLT to do with patient mealtimes and thickener etc,
- There has been a reduction in waiting lists in CATS (community adult therapy service) from 300 to around 100, Sorry to be late with this information
- We are working through our measles preparedness – this could be significant in primary care as we try to balance the risk of patients being seen with an environment where they less likely to contract measles

INTEGRATED MENTAL HEALTH SERVICES

- Medirota system will be in place and fully operational from Monday 4 March 2024
- Final handover of gender incongruence patients to Sexual Health complete
- ESJCR Mental Health 6 month pilot on track to commence in April

HORIZON SCAN

March 2024

PICTURE: ISLE OF MAN DEPT FOR ENTERPRISE

SOCIAL CARE SERVICES

Adult Social Work

- Recruitment and retention continues to be problematic in the Adult Learning Disabilities Team. However, staffing has increased within the Older Person's Community Social Work Team, which should assist in reducing the waiting list.

Adult Social Care

- Summerhill View construction has been completed and has now been handed over to DHSC / Manx Care for completion of internal fixtures and fittings; process of seeking expressions of interest remains ongoing.

Children & Families

- Progress of the Ofsted Action Plan continues to be made with support from the Children's Services Improvement Board.
- Respite/Short breaks services continues, but face challenges around premises.
- Plans are underway to look at an early help, exploitation Youth Justice hub.
- The MASH pilot has now ended and the service will be looking at how we want to move forward with the next phase of MASH and the required resources.
- The updated Adoption Legislation work is completed and to go before Tynwald in March 2024, which has been a number of years in development and implementation.
- Fostering Recruitment Strategy has seen 3 families going through the recruitment phase and go to panel in May 2024.

Safeguarding Health

- "Assessment of Mental Capacity" training is now available on E-learn Vannin. Excellent feedback received regarding the external Supervision Training.
- Neglect in children training has been commissioned for April 2024.

CONTRACTING, COMMISSIONING AND PARTNERSHIPS

- F P & C approved the Manx Care Contract Management Framework and recommended it to the Board. DHSC have reviewed and appeared content. The Team are now working on implementation.
- Appointed to our Primary Care Contracts Manager position so we can start to plan the transition of contract management for those contracts with Integrated Primary and Community Care Group.
- Working groups are commencing with DHSC on key strategic topics which will support planning for future commissioning/contracting activity.

DIGITAL, DATA AND PERFORMANCE

- Supporting Transformation Team with development of Manx Care Record business case to commence next month.
- Project aimed at reducing paper scanning starts next month
- Technology options aiming to deliver efficiencies in the data searches for Subject Access Requests being explored with GTS
- Continuation of Patientrack clinical assessments rollout
- Monthly Performance Review meetings to commence in March. These meetings will bring together representatives from the Services, Performance & Business Intelligence team and Finance team to discuss all aspects of the service's current and forecast performance including areas of challenge, recovery and good practice.
- The 6 Week Appointment Notification pilot scheme has expanded to include General Surgery, Breast Surgery and Gastroenterology as planned.
- The initial draft of an improved format for the Integrated Performance Report (IPR) has been completed, with the intention to have the new report in place from 1st April
- The Waiting Times report detailing the median wait times for each elective specialty by pathway stage is currently being updated ahead of publication in March
- Business case submitted to DHSC to support the next stage of Restoration & Recovery (Phase 3), widening the scope of the restoration work to all elective specialties delivered on island.

COMMUNICATIONS

- Supported organisation of Care Awards, which were successful and a great opportunity for colleagues to celebrate one another. Good coverage across media outlets.
- Planning Annual Public Meeting/Open Day (to be held at Mountain View Innovation Centre on 02 July; save the dates to be sent shortly.
- Organising Manx Care attendance at Island's Graduate Fair – we will have a stall and representation on the discussion panel. We have created new collateral to generate more interest in applying to work with Manx Care.
- Working with the PCN on ideas to improve the public perception of GP practices. Will shortly start signposting campaign to remind people of the roles of other clinicians in GP practices, and have recently discussed how we will refine the process of internal comms approvals (some colleagues are currently sending instructional information directly to GP practices).
- Plans for quarterly briefing sessions with all Tynwald members held by the Manx Care Board - enables members to get a fuller understanding of what Manx Care is currently delivering across health and social care. More informed view and level of debate at political level that can only benefit the Island.
- Looking to engage more deeply with 3rd Sector so charities can maximise the valuable contribution they make to health and social care by dovetailing their spending into areas which will provide the greatest benefit to patients and service users. Regular meetings to allow this collaboration are estimated quarterly.

CEO UPDATES

- 28 service visits completed during January/February
- CEO and Director of Finance, Performance & Delivery attended a Tynwald briefing regarding finance on 5 February 2024
- Participation in the Budget Panel Discussion on Manx Radio on 23 February 2024
- Attendance at Safeguarding Board on 7 February 2024

Government Circular Number: 2024/0043

Department of Health and Social Care

Mandate to Manx Care

Effective 1st April 2024

Date: February 2024
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Foreword by the Minister for Health and Social Care

I am pleased to publish this Mandate to Manx Care for 2024-25 and beyond.

This is the fourth Mandate since the inception of Manx Care and both the Mandate process and the document itself have continued to evolve with each new iteration. It has not always been easy navigating the changing relationships, but I firmly believe that we are all driving towards the same goal, improving the health and wellbeing of the Island's population through a health and care system where people can access the right care, in the right place and at the right time.

This time last year, I said that we were heading into a year of safety and stability, in the midst of significant financial pressure. Whilst those pressures have not gone away, this Mandate is aimed at continuing to drive incremental improvements that will have the biggest impact on our longer-term strategic goals.

Following stakeholder feedback, we commenced drafting of this Mandate earlier than in previous years, starting in July 2023. This meant that we were able to ensure that key stakeholders had as much time as possible to provide input into the Mandate development process. I am grateful to those colleagues particularly in the Transformation Team, Public Health and of course Manx Care, who took time to support the process. This year we have also combined the process of gathering assurance against objectives with the Mandate creation process, to make sure we understand how key workstreams will develop and what the risks are to achieving them.

The Department is seeking to provide longer term certainty to assist with financial and operational planning, therefore this year's Mandate articulates the long-term vision and outcomes that we are striving for. The Mandate then provides clear direction to Manx Care about how individual objectives are expected to contribute to whole system improvements and government wide objectives (These are laid out in the 'at a glance' table at page 66 as a useful summary). There has been significant work between the Department and Manx Care to understand performance data which improves our shared ability to plan the best way to commission and deliver services for the future. This work will continue but I believe the suite of metrics required by this Mandate are achievable and will give us better insight to drive continuous improvement.

During the 23/24 Mandate year some key foundations have been laid through initiatives such as Restoration and Recovery and the baseline inspections by the Care Quality Commission, Ofsted, the Department's Registration and Inspection Team and other external Regulators. This enables us in the 24/25 Mandate to more confidently move from a position of discovery to deliverables which address key issues and to continue to drive better ways of working. Much of the work detailed in this Mandate has already commenced by way of planning set through last year's Mandate, which shows the positive effect of the Mandate's ability to plan long term.

This Mandate seeks to stress the importance of working in partnership with both wider Government and voluntary organisations. There are some key Government strategies that will only be achieved by working together, particularly in the area of early intervention and prevention. Manx Care are also required to continue to drive the transformation projects that will deliver the vision of "Right Care, Right time, Right Place" and most noticeably improve experiences for service users, particularly in the areas of primary care at scale and the development of integrated and consistent care pathways.

All of this said, there will still be challenges ahead. Whilst the funding envelope has been increased through the support of Treasury, we will not be able to make all of the improvements we would wish to through this Mandate year, and it is likely that we will have to make difficult decisions about how we prioritise the competing objectives of long-term transformation against short term delivery. The financial governance already undertaken by Manx Care and the DHSC and the continued work around activity-based costing will help us to understand the safest and most efficient ways to do this where necessary.

I look forward to evaluating progress made against the requirements of this Mandate and to continuing to work with Manx Care colleagues in the year ahead.

Lastly, I would like to place on record my gratitude to all who work within the Health and Social Care services for their continued dedication and commitment to public service

Hon. Lawrie Hooper MHK
Minister for Health and Social Care

1 Introduction

The definitions set out at page 85 of this Mandate and within the Interpretation Act 2015 apply to the interpretation of this document.

1.1. Purpose

1.1.1 This statutory document is the Mandate for the Service Year 2024-25 pursuant to Section 14 (1) of the Manx Care Act 2021 (the Act).

1.1.2 The Mandate sets out the Department of Health and Social Care's (the Department) requirements of Manx Care in delivering all services pursuant to Section 17 of the Act.

1.1.3 Manx Care must ensure adherence to all other legal and statutory duties as prescribed with the relevant Isle of Man legislation, regulations, directions orders and codes.

1.1.4 The Department shall commission, through this Mandate, health and social care services from Manx Care and it shall assure Manx Care's performance in delivering such services through the agreed processes.

1.1.5 The Department defines in its Mandate Framework the ways in which it expects Manx Care to report on performance. New services being developed will be incorporated into established reporting and management processes as they become operational.

1.2. Effective date and duration

1.2.1 This Mandate shall be effective from and including 01 April 2024 and shall continue until such time as another Mandate is laid.

2 Objectives

2.1 Introduction

2.1.1 Strategic objectives for Manx Care and specific deliverables for 2024-2025, as well as details of future developments where known, are detailed in this Mandate but are not exhaustive.

2.1.2 The priorities detailed here are set in support of Our Island Plan and the Department's annual plan and are designed to be incremental in nature. For each area of priority, the Department has set out the desired long-term outcomes, as well as the specific objectives relative to Manx Care in this Service Year and beyond.

2.1.3 It is acknowledged that some of the longer-term outcomes are not solely in the gift of Manx Care and are likely to require collaborative working across Government and the wider community.

2.1.4 Manx Care must, as part of the operating plan for the Service Year, produce a simple table summarising the key pieces of work it anticipates will contribute directly to each objective and sub-objective described in this section. This does not need to be publicly available but must be provided to the Department at the first Mandate Development Meeting of the Service Year and will be used as the basis for assurance discussions.

2.1.5 The known position of outstanding objectives from previous Service Years has been discussed between the Department and Manx Care at the time of writing this Mandate. Where these have not been fully achieved, they are restated or evolved through this Mandate to ensure consistency of progress tracking.

2.1.6 Objectives considered to be completed since the previous Mandate will be detailed in the Department's Letter of Assessment for the Service Year, which will be laid before Tynwald.

2.2 Available revenue funding - financial plan and budget allocation

2.2.1 The revenue budget allocated to Manx Care for this Service Year is £346,822,565. This is an increase of £43,847,565 on 2023-24 and includes inflationary increases as well as a 2% efficiency target.

2.2.2 The Department considers that the objectives of this Mandate are achievable when considering the total financial picture; however, where Manx Care feels it needs to take operational decisions in order to deliver within the financial envelope, the Department asks Manx Care to protect emergency and crisis services. In that case, Manx Care will be expected to assess the impact on patient safety and quality, seen through discussions in Manx Care Board papers and shared with the Department where there are policy implications. Strategic objectives, and pathways and services, handed to Manx Care by the Transformation Programme, should continue to be progressed in that case.

2.2.3 Manx Care is responsible for apportioning the revenue budget in order to ensure the efficient provision of the Mandated Services in accordance with the agreed specifications. Manx Care must also take appropriate measures to ensure it does not overspend its budget, working with the Department to understand the policy, political and reputational risks of any such measures.

2.3 Capital funding

2.3.1 Manx Care does not hold a capital budget but will act as the client representative for the capital programme assigned to the Department, in line with the principles set out in any strategy or policy set out by the Department. The Department has submitted to The Treasury a plan for the 2024-25 capital programme, comprising:

- 3 discrete schemes already underway.
- An asset replacement fund of £1m.
- A strategic development fund of £250,000.
- 1 scheme approved for development funding.
- 2 schemes to progress for development funding.

2.3.2 The Department intends to further define the roles and responsibilities relating to capital projects during this Service Year and asks Manx Care to participate in that work, together with wider Government Departments.

2.3.3 Where a new or significantly changed property is added to the estate portfolio, Manx Care must ensure that the revenue implications of the services delivered are built into financial plans for subsequent years, in order to minimise any delay in operating once the building is practically complete.

2.4 Efficiencies and cost savings

2.4.1 Manx Care shall implement cash efficiency measures during the Service Year of 2%.

2.4.2 The Department intends to continue to deliver, and require Manx Care to deliver, a long-term efficiency profile. These efficiency targets will be reviewed at regular intervals as more information becomes available. Manx Care will continue to produce longer term plans for cost saving measures on an ongoing basis.

2.4.3 Manx Care should explore all identified opportunities to improve productivity in efforts to improve and maintain financial health whilst retaining service quality and patient safety standards. Where there is a policy or charging implication or public impact, these are to be discussed with and agreed by the Department.

2.5 Priority 1 - Fully integrated health and care system

2.5.1 Long term vision

- Pathways and transitions between services are clearly understood by both professionals and service users, deliver care in the most appropriate setting, but at home or as close to home as possible where safe.
- Services are provided within the community reducing unnecessary attendances in emergency settings and treatment decisions are made at the earliest possible point, in partnership with the Service User and the people in their support network.
- Service provision is continually reviewed in all areas, in order to understand the true cost of care and avoid disproportionate spend. The system regularly appraises where services are best delivered locally and directly by Manx Care and where delivery is best supported by commissioning arrangements or strategic partnerships with the third sector.
- A range of settings are available in order to support and treat Service Users in the place which best promotes their recovery, avoiding inpatient admission wherever possible and where individuals see the right practitioner first time.
- A single, integrated out-of-hours service is available providing care in an efficient and appropriate manner outside normal working hours.
- Service Users know the ways they can support themselves at home, using technology as an enabler for efficient care pathways.
- Wellbeing partnerships operate in the 4 geographies of the Island with associated local area co-ordination. Those receiving multiple services are identified and supported throughout their journey through a clear care pathway and reliance on acute and secondary care are reduced where appropriate.

2.5.2 Manx Care objectives

a. <u>Cost of care</u>

2024-25 Objectives

Manx Care will continue Activity Based Costing (ABC) in earnest, using 2024-25 to understand the work required to drive this work in a timely way. Following handover of the artefacts from the external partner, Manx Care will establish the next phase of work to enable service line reporting (SLR). Sourcing of this platform will have commenced by the end of the Service Year.

Evidence

- SLR system implementation plan agreed by the Manx Care Board and shared through the Mandate Development Meetings during the second half of the year.
- Reporting from the new SLR platform routinely (no less than quarterly) brought through a Manx Care Board sub-committee in the latter quarters of 2025-26.
- Outputs and analysis of repeat costing activity for the acute setting brought to the final

Mandate Development Meeting of the Service Year of 2025-26.

- Regular management accounts scrutinised by a Manx Care Board sub-committee.

2025 and beyond

Manx Care will implement a platform for SLR in order to facilitate the routine production of service level costings. The Department will seek assurance of the plan through the Mandate Development Meetings, specifically the progress of initial and ongoing staff training and support.

By the end of the 2025 Service Year, Manx Care will repeat the initial desk-based costing activity for the acute setting using the new infrastructure and establish a process for automating the process as far as possible.

In the subsequent years, Manx Care will apply the approach and learning from the ABC already undertaken, starting with mental health, social care and social work services and primary and community care.

Using this information, Manx Care will produce (and share with the Department) a plan to make efficiencies in tertiary and secondary care and review budget allocations in order to direct a proportional increase in spend in the following areas:

i. Mental health services.

ii. Social care and social work services.

iii. Primary and community care.

b. <u>Urgent care provision</u>

2024-25 Objectives

By the end of the Service Year, responsibility for delivery and service implementation of the ‘See, Treat and Leave’, ‘Intermediate Care’, ‘Hear and Treat’ and ‘Ambulatory Assessment and Treatment Unit (AATU)’ projects of the transformation programme for Urgent and Emergency Integrated Care (UEIC), and the associated services, will be assumed by Manx Care.

For those projects still being implemented, detailed project plans will be agreed and updated through the Transformation Oversight Group.

Manx Care will seek to describe the future ‘out of hours’ integrated urgent care provision that will be available once the work-streams of UEIC are implemented.

Evidence

- Regular project status reporting and detailed implementation plans of UEIC projects to the Transformation Oversight Group.

- Supporting project plans for care pathways already handed over to Manx Care for implementation, including detailed milestones, with agreed change requests where applicable.

- Out of hours provision document shared through the Mandate Development Meeting by 31 May 2024.

2025 and beyond

Once urgent care systems are in place, Manx Care will periodically review the entirety of the provision for capacity, efficacy, change to patient experience and impact to understand whether expansion, reconfiguration or volume of coverage is required. This will include (but is not limited to) the clinical navigation function within the Emergency Services Joint Control Room, the Manx Emergency Doctor Service (MEDS) and options for telephone triage and advice, in line with the urgent and emergency work-streams of the Health and Care Transformation Programme.

In subsequent years, Manx Care will work to ensure that a robust triage model is in place for urgent and emergency care and that terminology and process is standardised for all relevant services. The urgent care advice line will provide direct booking to general practice and the urgent treatment centre at Noble's Hospital will be able to support a wider range of need, including dental and mental health as priorities to deliver a fully integrated model.

c. **Primary Care at Scale**

2024-25 Objectives

Following approval of the prioritised delivery of Primary Care at Scale (PCAS), Manx Care will assume responsibility for delivery of the PCAS project and continue to deliver the project in an incremental way with formal annual reviews.

Key activities in 2024-25 delivery are:

i. **Salaried model and service shift** - Manx Care will confirm the details of a salaried GP offering by 31 May 2024. Models of shared care will be defined, particularly understanding how Primary Care support prescription and monitoring of direct oral anticoagulants, ECG and ambulatory blood pressure and botox. Following the work on medication reviews undertaken during 2023, Manx Care will expand to include anyone being prescribed a medication for more than 12 months. The approach to identification and prioritisation of services to shift from secondary to primary care will be agreed by Manx Care and approved by the Department.

ii. **Resilience** – Manx Care will continue to stabilise general practice, seeking to increase capacity across GP services through strong contracting and monitoring of performance. Details of the commissioning of a virtual GP service to support the service during times of pressure will be undertaken and assessed in time to be relevant for the next period of winter pressures.

iii. **Hubs** - By the end of the Service Year, Manx Care will have wellbeing partnerships and hubs operating in all geographies of the Island.

iv. **Pharmacy services** – Manx Care will continue to support the Department in scoping future models for pharmacy. By the end of the Service Year 2024-25, Manx Care will have completed and started to deliver against an options appraisal for delivery and contracting of community pharmacy, including a plan to recruit and support junior pharmacists, with a development plan to increase first contact pharmacist provision across all GP practices and the established wellbeing partnerships. By the end of the Service Year, Manx Care will be using electronic

methods for the production and transfer of prescriptions for all patients in primary and secondary care.

v. **First contact practitioners** – Manx Care will review the pilot model of first contact practitioners in musculoskeletal, mental health and dermatology with a view to expanding geographical coverage.

vi. **Frailty** - Manx Care will bring together all the work-streams related to frailty to ensure that there is a documented holistic and consistent approach across all services.

Evidence

- Exception reporting and detailed implementation plan for the Primary Care at Scale project regularly reported to the Transformation Oversight Group and Integrated Care Partnership Board (ICPC).
- Development of a revised strategic implementation plan for 2025-26 agreed through the Manx Care Board by 31 December 2024.
- Reviews of pilots for pharmacy brought through a relevant Manx Care Board sub-committee.
- Options appraisal paper confirming the details of a salaried GP model offering shared through Board-to-Board by 31 May 2024.
- Integrated Performance Report – average wait time for a GP appointment, broken down by practice.
- Hubs operational in the 4 geographies of the Island.
- Options appraisal for community pharmacy development, and delivery progress against it, brought through a relevant Manx Care Board sub-committee.
- Progress against the implementation of electronic prescriptions (production and transfer) brought through a Manx Care Board sub-committee.
- Medication reviews reporting routinely brought through a Manx Care Board sub-committee agenda detailing the number of reviews completed, resulting cost savings and associated reduction in accessing services due to medicines optimisation.
- A review of the pilot model of first contact practitioners in musculoskeletal, mental health and dermatology, to be brought through a relevant Manx Care Board sub-committee, detailing how geographical coverage could be expanded.
- All frailty work-streams documented together and approved through a Manx Care Board sub-committee.
- Progress against the implementation of virtual GP brought through a Manx Care Board subcommittee before 31 August 2024.

2.6 Priority 2 – Early intervention, prevention and childhood experience

2.6.1 Long term vision

- Principles of early intervention, prevention, engagement and awareness are incorporated in all new strategies and service models so that support and care are provided at the earliest possible point, enabling Service Users options to make informed choices about their care through education and accessible information.

- The wellbeing and mental health of the population and specifically young people is improved, with people supported to develop and maintain resilience to deal with life's challenges - to a point where suicide never feels like the only option for someone. Treatment options for poor mental health and mental illnesses focus on need rather than diagnosis or label.

- Mental health services will focus on early intervention and prevention through multi-agency approaches and communities where people feel able and are supported to openly talk about their wellbeing and mental health. Where mental health illness is not preventable, services are flexible and bespoke to those experiencing trauma, minimising the risk of relapse through a personal safety plan.

- The Island has strong relationships with a network which includes third-sector and voluntary organisations, commissioned where necessary, to ensure that people have access to advice and support which is wide-ranging in nature.

- Where a child or young person requires a residential placement (where it is appropriate and supports the child to thrive), they are supported by a Corporate Parent to ensure that their views are heard. A child becoming looked after is a last resort where no other option is available – families at risk are identified and supported early.

- A full range of resources constituting a full offering of the Healthy Child Programme, Thrive and 0-19 offering by Manx Care, so that families feel supported before and after the birth of a child to make the best decisions for their family.

- Carers feel recognised, listened to and supported within our communities and are empowered to live fulfilling lives

- The health and care system which works cohesively to address barriers in accessing health and care services, resulting in a Healthy Life Expectancy (HLE) which is unaffected by any protected characteristics.

- An Autism Spectrum Condition (ASC)-friendly Island by 2034.

2.6.2 Manx Care objectives

a. <u>Multi-agency strategies</u>

2024-25 Objectives

In support of the multi-agency strategies for Suicide Prevention, Substance Misuse and Wellbeing and Mental Health, in 2024-25 Manx Care will ensure that all responsibilities allocated to them in the resulting action plans are completed in the agreed timescales, including as a priority:

i. Support for Public Health Isle of Man (Public Health) in a commissioned, thematic

review of deaths by suicide and resulting action plan.

ii. An application to join the National Confidential Inquiry into Suicide and Safety in Mental Health (‘NCISH’) supported by local psychiatrists.

iii. Following approval of the Child and Adolescent Mental Health Service (CAMHS) business case, changes will be implemented to ensure those with low to moderate mental health needs are offered timely access to community-based support, advice or, where appropriate, courses of psychological therapy through the THRIVE model. An implementation plan for the early intervention model (iThrive) will be shared with the Department by 30 September 2024 and first actions underway by the end of the Service Year.

iv. Manx Care will complete review of the clinical pathways for all major mental health conditions for all patients, and use this to implement changes for future delivery, starting with depression, in order to assess where capacity can be created in the system.

v. Continued development of the drug death indicator data provided to Public Health as part of the Public Health Outcomes Framework (PHOF).

vi. Participation in the construction and monitoring of a multi-agency Offender Healthcare Improvement Plan, with updates regularly brought through a Manx Care Board sub-committee.

During the Service Year, Manx Care will scope what would be required to establish a diagnosis pathway for adults with attention deficit hyperactivity disorder (ADHD).

Manx Care will also work with the Constabulary, Probation Service and Department of Home Affairs in a multi-disciplinary approach to develop and put in place appropriate service models to provide the right response to service users with mental health and social care challenges.

The Service Year will see the establishment of a multi-agency ASC strategy steering group which will drive awareness and acceptance, through tactical and collaborative decisions about service models and incremental change. Through this group Manx Care will ensure that all responsibilities allocated to them in the resulting action plan are completed in the agreed timescales, including as a priority:

i. Support production of a reasonable adjustments campaign and associated training plan for staff.

ii. Provide subject matter experts and relevant data through a dedicated resource to a multi-agency steering group.

iii. Embed the use of the autism health passport across health and care services, providing expert clinical advice to wider public service where requested.

Manx Care are also asked to support the Department of Education, Sport and Culture (DESC) in the scoping of a nursery for children with complex needs as part of the Childcare Strategy, through provision of subject matter expertise and relevant data.

Evidence

- Implementation plans updated through the regular steering group meetings for Suicide Prevention, Wellbeing and Mental Health and Substance Misuse.
- Integrated Performance Report – a timeline to include drug death indicator data, provided to Public Health and documented at the Performance Technical Group meeting.
- Milestone plan for reviewing clinical pathways for all major mental health conditions provided to the Department by 30 September 2024 through the Mandate Development Meetings, with quarterly progress updates thereafter.
- Integrated Performance Report - numbers of children accessing community-based support and / or psychological therapy and utilisation data for statutory services (CAMHS) is regularly available by the end of the Service Year.
- Offender healthcare action plan regularly reviewed and brought through a Manx Care Board sub-committee.
- Scoping document for the establishment of an adult ADHD diagnosis pathway, brought through a Manx Care Board sub-committee.
- ASC Reasonable adjustment campaign and training plan for staff developed and shared through the ASC steering group.
- Integrated Performance Report – ASC data requested through the steering group and agreed via the Performance Technical Group meetings.
- Action plan updated through the regular steering group meetings for the ASC Strategy.

2025 and beyond

Subsequent years will see the establishment of a working group to understand the wellbeing and mental health pressures faced by key workers and staff in vulnerable roles, commencing with emergency services, through a trauma-informed framework and specific approach to post-traumatic stress disorder (PTSD).

Using the capacity created in mental health services, Manx Care will give consideration to expansion of the Crisis Response Home Treatment Team (CRHTT) to separate the functions of rapid assessment and home treatment.

The active CAMHS caseload will be expected to not breach a total of 1400 during the Service Year 2025-26, reducing to 1200 during 2026-27.

In future years, Manx Care will continue to deliver on any remaining responsibilities with the ASC strategy action plan and will participate in an annual ASC awareness campaign every April from 2025 onwards. There will be assurance that any new or revised service, process or communication takes into account the needs of the autistic community, providing at least 3 written examples by March 2025. This should include (but is not limited to):

i. Written and verbal communication needs.

ii. Physical environment of the service.

iii. Support to make informed choices.

iv. Supported preparation for hospital attendances and procedures.

b. **Foster carers**

2024-25 Objectives

Manx Care will continue to build and support the foster carer network through recruitment and retention activity and supportive processes, increasing the total number of fostering households by 4 by the end of the 2024-25 Service Year, with a plan to continue to increase and maintain this in subsequent years, including a focus on promoting kinship (friends and family) arrangements.

Evidence

- Plan for increasing and retaining foster carers shared with the Department by 30 September 2024.
- Number of foster carers in place as of 01 April 2024 and 31 March 2025, and the number recruited in the 2024-25 Service Year, provided to the Department.

2025 and beyond

By March 2026, the system will be able to demonstrate that no child is placed in residential care where a home setting is the identified optimal plan.

c. **Oral health in children**

2024-25 Objectives

Manx Care will continue to support Public Health in delivering the actions associated with the Social Affairs Policy Review Committee (SAPRC) report into oral health in children, particularly through improved access to dentists, the Smile of Mann programme and epidemiology surveys. Manx Care will continue to support the Department in understanding whether any policy change to dentistry for both adults and children is required in respect of access, whilst continuing to understand how demand can be managed in the immediate short term and for the future.

Evidence

- Implementation reporting for the Social Affairs Policy Review Committee (SAPRC) report into oral health in children (led by Public Health).
- Integrated Performance Report - Dental waiting list information regularly available.
- Contract management performance reporting in line with section 3.3 of this Mandate.

2025 and beyond

By the end of the 2025-26 Service Year, Manx Care will contract dentists through unified terms. Performance will be managed and reviewed against geographical need for units

of dental activity, in order to stabilise the waiting list for NHS provision.

d. **Health visiting and school nursing**

2024-25 Objectives

Manx Care will continue to develop the local offering of the 0-19 programme through the health visiting and school nursing teams, commencing with exploration and recommendations for:

i. An infant feeding team with contact offered to every family before 4 months of age (including 'starting solids').

ii. Special education needs and disability (SEND) health visitor role.

iii. Training offering for health visitors around domestic abuse, in line with local domestic abuse legislation and consideration of a health visiting role specifically skilled in this area.

Evidence

- Recommendations and implementation options for the development of the 0-19 programme, shared with the Mandate Development Meetings by 30 September 2024.
- Action Plan associated with Domestic Abuse legislation regularly reviewed by a Manx Care Board sub-committee.

2025 and beyond

Following the work undertaken in the 2024-25 Service Year, Manx Care will implement the recommendations for developing the local offering of the 0-19 programme.

Manx Care will explore and make recommendations for a 'family hub' in each of the 4 geographies of the Island (which may be linked with the established wellbeing partnerships and hubs), to provide timely support and information for families, particularly during the first 1001 days of life. This should also include an option for a weight management clinic for the full age range.

e. **Equitable access to services**

2024-25 Objectives

Manx Care are asked to support the Department in planning for a health and care equality assessment, commencing with those associated with gender and women's health, through provision of subject matter experts and relevant data. Manx Care will share with the Department the results of Manx Care's public consultation on services for women and jointly work to understand the drivers for change, focussing particularly on feasibility of an early pregnancy service, services for menopause and reproductive disorders.

Working with the Department, Manx Care will produce a costed and prioritised plan to widen independent advocacy services across all areas and then commence work to commission in priority order, based on assessment of risk and patient impact.

Manx Care will also participate in a multi-agency Carers Strategy working group to oversee implementation of the strategy, particularly:

i. Commence design of a carer's pathway through an integrated model covering (but not limited to) carer's assessments, training, wellbeing and mental health, and signposting – aligning to wider factors such as financial support and employment.

Evidence

- Results of Manx Care's public consultation on services for women shared through the Mandate Development Meetings.
- Costed plan to extend independent advocacy services provided to the Department by 31 August 2024 through the Mandate Development Meetings.
- Carers Strategy implementation reporting including numbers of carers assessments being completed.
- Carers pathway design agreed through the Carers Strategy working group by 31 March 2025.

2025 and Beyond

By the end of the 2025-26 Service Year, implementation of the plan to widen independent advocacy services will be complete.

The remit of the Carers Strategy working group will be expanded to incorporate end of life care providers, introducing formal Carers elements of the palliative care pathway. Manx Care will participate in designing training for health and care professionals in the identification of carers and skills to work together as partners in care.

The system will continue to support commissioned services in refreshing the state of caring data and report every two years through provision of relevant data and Service User feedback.

2.7 Priority 3 - Safe, appropriate and consistent care

2.7.1 Long term vision

- Health and care services represent best possible value for money and are sustainable for the future with an ability to be flexible in times of crisis or changing demand, such as population growth, without compromising Service User safety or quality of services.
- Agreed acceptable waiting times across all services and specialties are publicly available, regularly reviewed and performance reported against.
- People receiving any life-changing diagnosis (and their carers / families where appropriate) understand the networks of support available to them and the ways to contact their health and care providers.
- Practitioners know the range of drugs and treatments available to them to prescribe without having to navigate lengthy administrative processes for funding and approval.
- Inspections and reviews are engaged with in a way that promotes openness and learning.
- Processes and systems are in place which mean that key areas for improvement are identified and actioned internally, or through peer review, before being reported through inspection or review mechanisms.
- Strong frameworks are in place to ensure that recommendations and associated actions are actively managed and reviewed with an ability to be flexible where emerging risks change the need or priority.
- Service Users experience of accessing care is understood and this is used to drive service delivery changes for the future. Friends and family testing is routinely used to understand both individual needs and identify improvements for cohorts of people.

2.7.2 Manx Care objectives

a. <u>Financial envelope</u>

2024-25 Objective

Manx Care will deliver within the financial envelope set for 2024-25. If this becomes at risk, Manx Care will share details with the Department without delay through the Department's finance business partner. It is expected that Manx Care will propose and agree clear mitigations for discussion through the Board-to-Board governance arrangements.

Evidence

- Provision of regular management accounts (shared monthly with the Department through the Department's Finance Business Partner)
- Financial assurance brought through a Manx Care Board or sub-committee agenda on a monthly basis.

- Risk register and Board Assurance Framework regularly reviewed by the Manx Care Board.

2025 and beyond

Whilst continuing to deliver services within the financial envelope provided, Manx Care will be driving efficiencies and seek to make longer term financial plans, exploring all opportunities to increase productivity and efficiency.

b. <u>Understanding demand</u>

2024-25 Objective

Using the Demand and Capacity (D&C) work already undertaken in the acute setting, Manx Care will identify and support meaningful quality improvements and efficiencies, providing a report to the October 2024 Mandate Development Meeting, evidencing how this has been achieved and details of future plans. Following this, demand and capacity assessment into services and systems outside of secondary care will be explored.

Priority will be given to data provision and quality in mental health, primary care, social care and social work, resulting in complete and accurate agreed datasets, to be agreed and documented via the Performance Technical Group meetings.

The Department will continue to work with Manx Care to agree appropriate metrics for all remaining elective activity. These will be jointly agreed through the Performance Technical Group by 30 September 2024.

Manx Care will continue to report to the Department on the status of the specialities covered by the restoration and recovery phase 2 projects and understand how best practice learned during those has been taken forward.

Manx Care will consistently* meet the following Key Performance targets for cancer services:

i. The 28-day faster diagnosis standard (FDS).

ii. The 62-day referral to treatment standard (noting the reliance on tertiary providers for some elements of some pathways).

iii. A 31-day decision to treat to treatment standard.

Manx Care will consistently* meet emergency department targets. Where targets are to be set based on performance data for the 2023-24 Service Year, they will be documented in writing at the first joint Performance Technical Group meeting of the 2024-25 Service Year).

*In at least 10 out of 12 calendar months

Evidence

- D&C report regarding acute services presented to the October 2024 Mandate Development Meeting.

- Milestone plan for expanding D&C assessments presented to the March 2025 Mandate Development Meeting.

- Notes of Performance Technical Group meetings detailing the development and agreement of datasets for mental health, primary care, social care and social work metrics.

- Notes of Performance Technical Group meetings detailing development and agreement of elective performance targets by 30 September 2024 and associated forecasting by 31 December 2024.

- Integrated Performance Report – all elective average waiting times available by the end of 2025-26.

- Restoration and recovery phase 2 reporting provided to the Department.

- Integrated Performance Report – cancer services and emergency department performance.

- 2023-24 emergency department data provided in writing to the first Performance Technical Group meeting of the 2024 Service Year.

- Restoration and recovery maintenance reporting for general surgery, ophthalmology and orthopaedics provided to the Department through the Mandate Development Meetings on a quarterly basis.

2025 and beyond

During the subsequent Service Year, Manx Care will continue D&C work for services and systems outside of secondary care.

Manx Care will begin to gather data from tertiary providers to support benchmarking of local services in areas such as virtual consultation.

The system should be able to respond to requests for data for the PHOF in a complete way and all remaining performance milestone targets will be agreed for services outside of the acute and elective settings.

Targets will be maintained - 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, having had cancer ruled out or received a diagnosis within 28 days, whilst working towards and achieving a target of 80% by the end of the Service Year.

c. Life changing diagnosis

2024-25 Objective

Following the planning undertaken by way of the Mandate for 2023-24, Manx Care will review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life changing diagnosis to establish whether they are fit for purpose and whether any expansion, change or rationalisation is recommended, commencing with terminal cancer diagnoses and vision loss.

Recommendations for change are to be with the Department by 30 September 2024, through the Mandate Development Meetings.

Evidence

- Terminal cancer and vision loss support review and recommendations shared with the Department through the Mandate Development Meetings by 30 September 2024.
- Integrated Performance Report – number of referrals to Eye Clinic Liaison Officer (ECLO).

2025 and Beyond

Expanding on the 2024-25 objective, Manx Care will review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life changing diagnosis, for all remaining life changing diagnoses, prioritising heart disease and dementia.

Where improvements have already been made, these should be monitored, using Service User feedback to understand the impact that has been made.

d. <u>NICE Technology Appraisals</u>

2024-25 Objective

Following the planning undertaken in 2022-23 and 2023-24, Manx Care will commence implementation of NICE Technology Appraisals (NICE TAs), commencing with those which have an associated financial efficiency or represent a cost-neutral option. There should be no unreasonable delay in implementing any which have already been assessed by Manx Care and are not prohibited by resource constraints.

Evidence

- Costed implementation plan and proposed timeline for NICE TAs agreed through a Manx Care Board sub-committee agenda and submitted to the Department by 31 July 2024.
- Provision of regular management accounts (shared monthly with the Department through the financial governance mechanisms), reflecting savings achieved through the introduction of NICE TAs.

2025 and Beyond

- In 2025, Manx Care will continue progress against the timeline for the implementation of NICE TAs.

2.8 Priority 4 - Planning for future population needs

2.8.1 Long term vision

- Care is provided in the home, or as close to home, for as long as possible under the principles of the 'home first' approach.
- Where care at home cannot be provided, or it is not appropriate, options for residential care are accessible to all who need them, aligned with local funding and benefits models. Those who are wholly reliant on benefits to fund their care are assured of a safe and comfortable environment.
- Data about current service utilisation and population information is effectively used to support predictions about future demand and service data enables the system to identify how services will contribute to improved outcomes for people.
- Health and care services can support the Island's aspirations to grow its population through the Economic Strategy.
- Needs assessments are converted into opportunities for action which are driven forward in a multi-agency way.
- A 'step up, step down' model of intermediate care is in place, embedded through a frailty index led in Primary Care.
- Patients are regularly and consistently consulted on their preferences about where and how to receive care.

2.8.2 Manx Care Objectives

a. <u>Home first</u>

2024-25 Objectives

Manx Care will develop a milestone plan for delivery of Manx Care activities in support of the 'home first' model and to support the working more generally around housing, through the work of the Housing and Communities Board. The plan should be driven by social care and broken down into implementation phases, with the aim of reducing pressure on residential beds and unnecessary hospital admissions. This will include (but is not limited to):

i. Linking equipment planning to discharge planning in line with work on asset management, so that equipment required at home is available on the first day of discharge.

ii. Linking with intermediate care to maximise therapeutic input to the discharge process.

iii. Local implementation of a 'discharge to assess' model for those aged over 65.

Evidence

- Home First milestone plan provided to the Mandate Development Meetings by 30

September 2024 and then regular updates against progress brought through a Manx Care Board sub-committee.

b. **Planning for an ageing population**

2024-25 Objectives

During 2024-25, Manx Care will continue to support the Department and Public Health in assessing the needs of the elderly population and future demand to ensure that residential, nursing, domiciliary and dementia provision is available and utilised as efficiently as possible – particularly through the collection and sharing of accurate and regular utilisation and capacity data.

Following the pilot of the intermediate care project, Manx Care are asked to explore the expanded use of virtual wards for the elderly population in order to increase provision without the need for large scale capital projects and provide the Department with a costed proposal.

Evidence

- Social Care capacity and utilisation data provided to the Department no less than quarterly via the Performance Technical Group meeting.
- Timeline of data provision for Public Health requested data, covering both the PHOF and Joint Strategic Needs Assessments (JSNAs), agreed through the Performance Technical Group by 31 May 2024.
- Costed proposal for the expansion of virtual wards to be provided to the Mandate Development Meetings by 31 December 2024.

2025 and beyond

Continue progression of virtual wards, with a longer-term plan to extend to those under 65.

c. **COVID review**

2024-25 Objective

Manx Care will participate in the wider Government work to implement the accepted recommendations of the Isle of Man Independent COVID review, including a costed plan for any actions specific to Manx Care provided to the Department by 31 May 2024, in order to be included in the July sitting of Tynwald.

Evidence

- COVID review action and milestone plan shared with the Department through the Mandate Development Meetings by 31 May 2024.

2.9 Priority 5 – Governance, compliance and accountability

2.9.1 Long term vision

- Data and intelligence which are accurate and timely, in order to drive change and promote system response.
- The system is supported by a safe, strong, inclusive and diverse, resilient workforce, with minimal vacancies and churn. Recruitment and retention are addressed to minimise the impact on Service Users.
- Skills of the workforce are maximised with clear career progression pathways and enhanced opportunities to recruit and retain staff.
- Strongly governed relationships with third party providers, through actively managed contracts which promote strong governance, high quality services and continuous improvement. A commissioning dataset which supports meaningful analysis of secondary and tertiary activity.
- Information is stored and shared safely, appropriately and in a timely way with ongoing analysis of barriers to sharing information and the steps or tools required to overcome this.
- Assets are meticulously managed and maintained in order to support the best possible experience for patients and Service Users, with planning for the future so that our estate is able to support the aspirations of this Mandate and Our Island Plan. Physical spaces provide a pleasant atmosphere for staff and promote dynamic and collaborative working.

2.9.2 Manx Care objectives

a. <u>Contracts</u>

2024-25 Objectives

Building on the progress made in previous services years, Manx Care will continue the process of reviewing and updating all contracts in line with the requirements set out in section 3.3.2 of this Mandate. Where barriers to this work are identified, these will be shared with the Department at the earliest opportunity.

Manx Care will be able to evidence by the end of the Service Year that a consistent contract management framework is in place and covers both primary and secondary care.

Evidence

- Quarterly contract reporting and timeline updates in line with section 3.3.2 of this Mandate, via the Mandate Development Meetings.

2025 and beyond

Where any contracts remain non-compliant with Mandate or statutory requirements, demonstrate to the Department via a milestone plan and associated action plan, that

these will be complete by 31 December 2025. Manx Care will be able demonstrate that contracts are actively managed to drive high quality services and promote efficiency.

b. **Data Security and Information Governance**

2024-25 Objectives

By the end of the Service Year, Manx Care will be able to demonstrate having achieved standards met in a majority of months (at least 7 of 12) against the Data Security and Protection Toolkit ('DSPT'), level 3.

Manx Care should promote ongoing analysis of barriers to sharing information and the steps or tools required to overcome these, escalating to the Information Governance Assurance Board (IGAB) where these are affecting service development or delivery. This will be done through ongoing assessment of the external review of progress against recommendations from the KPMG review undertaken in 2022.

Evidence

- Annual DSPT submission evidencing standards met in at least 7 out of 12 months against the DSPT, level 3 with a copy provided to the Department through the Mandate Development Meetings.
- Minutes of the IGAB demonstrate clear lines of escalation.
- Progress update against the KPMG recommendations brought through a Manx Care Board or sub-committee no less than quarterly.

2025 and beyond

Manx Care will continue to achieve 'standards met' in a majority of months (at least 7 of 12) against the DSPT, level 3, whilst working towards meeting the standards required for level 1.

c. **Estate review**

2024-25 Objectives

Undertake a full review of occupancy and utilisation of the estate and define the mechanisms to keep this updated on a regular basis.

Support the Department's strategic plan for the health and social care estate and provide expertise in clinical delivery requirements.

Manx Care will continue to work with the Department to agree a priority order for condition surveys to be requested to be undertaken by the Department of Infrastructure. This will be agreed through the Capital Assurance Review Group.

Manx Care will continue to support the Department with the implementation of the Health and Social Care Estates Strategy, making recommendations as to the best use of all the assets available (included in the Licence and Agency Agreements between the Department and Manx Care).

Evidence

- Occupancy and utilisation review via the Capital Assurance Review Group by 31 August 2024.
- An agreed 5-year plan for priority capital projects and management of the health and social care estate and assets, for each chapter of the Health and Social Care Estates Strategy as they are completed, via the estates strategy working group.

2025 and beyond

Manx Care will develop a policy for space utilisation and allocation ensuring that use of the estate is maximised and used appropriately.

d. Manx Care Record

2024-25 Objectives

Momentum will be maintained against the agreed delivery plan associated with the Manx Care Record, seeking feedback from each group of users at regular intervals to assess success against the expected outcomes within the strategic business case (such as benefits to patients, efficiencies realised, improved patient experience). This information should be used to assess future opportunities for more integrated digital platforms.

Whilst procurement and implementation of the Manx Care Record is progressed, Manx Care will seek to understand the risks and timelines associated with continued use existing systems, ensuring they are safe, fit for purpose and provide continuity

Evidence

- Detailed implementation plan associated with the digital remediation business case (if approved), shared through the Mandate Development Meetings on a quarterly basis.
- Detailed project plan for the Manx Care Record as an agreed standing agenda item of the Transformation Oversight Group.
- Risks and timelines associated with the progression of the Manx Care Record, brought through a Manx Care Board sub-committee.

2025 and beyond

The Department acknowledges that the Manx Care Record project delivery will take a number of years to achieve and so this objective will remain in subsequent years. In parallel, Manx Care should continue to assess future opportunities for more integrated digital platforms.

e. Workforce – support and growth

2024-25 Objectives

Manx Care will continue with progress against their People, Culture and Engagement strategy 2023-2026 which aims to not only support and develop existing staff but also to

recruit and retain new ones.

The Department asks for particular focus and progress in the following areas:

i. Following completion of initial integrated workforce reviews, Manx Care will provide the Department with a milestone plan for this work to be carried out for all areas of Manx Care, including career pathways, skills audit and workforce planning.

ii. Development and implementation of a workforce Equality, Diversity and Inclusion (EDI) charter and strategy will be a priority, covering all levels of the organisation and with board level accountability.

iii. During the Service Year, Manx Care will launch their Recruitment and Retention strategy (developed by the transformation Workforce and Culture Team – but to be implemented by Manx Care). Manx Care's implementation plan will include succession planning in order to reduce spend on agency staff and drive a stable workforce, therefore enabling consistency of care.

Evidence

- Priority plan for undertaking workforce reviews received by the Manx Care People Committee by 30 April 2024 and subsequent updates no less than quarterly.
- Results of staff surveys brought through the People Committee and associated action plans developed and agreed.
- Quarterly workforce reporting including prevalence of discrimination, fairness at work, harassment or bullying cases, and number of vacancies filled internally routinely brought through a Manx Care Board sub-committee.
- Workforce EDI charter and strategy, as well as in year implementation progress, brought through a Manx Care Board sub-committee.
- Progress updates against the recruitment and retention detailed plan routinely brought through a Manx Care Board sub-committee.
- Progress updates against the People, Culture and Engagement strategy 2023-2026 routinely brought through a Manx Care Board sub-committee.
- Integrated Performance Report – vacancy rates, staff turnover and % spend on agency staff are included and accurate.

2025 and beyond

Continued progression against the milestone plan for undertaking integrated workforce reviews of all areas of Manx Care, including career pathways, skills audit and workforce planning.

Manx Care should be using available data to understand whether any staff face barriers based on protected characteristics, including pay gaps and treatment such as bullying, harassment, discrimination and violence. If this is the case, the board should have a strict associated action plan with clear lines of accountability.

Implementation of opportunities highlighted in the Recruitment and Retention Strategy and subsequent implementation plans will require ongoing work with staff, colleagues and outside agencies. This will include collaboration with DESC colleagues to redesign the work experience offering for health and social care, making proactive secondary school and college visits to offer career insight.

f. Quality assurance

2024-25 Objectives

During 2024-25, Manx Care will support the Quality, Safety and Engagement Team of the Department in agreeing the processes and mechanisms by which matters of a clinical, safety and patient engagement nature are shared, assessed and monitored.

Evidence

- Quality Assurance Framework is operational before the end of the Service Year with a date for review scheduled.

Overall measures of success for 2024-25 and beyond

- (2025-26) Improvement on performance during the 2024-25 Service Year, in the average waiting time for a GP appointment and the average waiting time from routine GP referral to first outpatient appointment in secondary care (targets to be documented in writing at the first Performance Technical Group meeting of the 2025-26 Service Year).
- Upward trend in ambulance calls handled by a clinical navigator leading to an 11% reduction in unnecessary ambulance call outs by the end of 2025-26.
- Downward trend in the proportion of unheralded attendances versus predicted attendances at Noble's Hospital emergency department (target to be agreed at the first Performance Technical Group meeting of the Service Year).
- Data is available to understand the numbers of patients referred into, and accepted by, the AATU service, by the end of the Service Year.
- Reduction in average length of stay in secondary care (towards the agreed 21-day target) through proactive pathways, enabling early discharge planning and activation to promote efficient patient flow, so that by 31 March 2025, the total number of patients with a length of stay in Noble's Hospital greater than 21 days has not breached 100 in any given month.
- By 31 March 2026, the total number of patients with a length of stay in Noble's Hospital greater than 21 days has not breached 80 in any given month.
- Percentage of staff who have undertaken mandatory training regarding substance misuse, brought to the Substance Misuse Steering Group, which demonstrates a gradual increase to 100% by the end of the Service Year.
- Following the review of clinical pathways for all major mental health conditions, the creation of capacity will result in a reduction in waiting times for adult mental health services, to be forecast during 2024-25 and realised during 2025-26.

- All fostering assessments completed within 9 months of the time of application.
- Overall improvement (downward trend) in mental health outpatient waiting times and total waitlist volume.
- Reduction (by a percentage to be confirmed in the 2025 Mandate to Manx Care) in total numbers of people waiting for an assessment for autism spectrum conditions and the average time taken to complete those assessments, from a baseline defined in writing, reported through the ASC steering group.
- Financial balance achieved - need for supplementary vote minimised.
- By 31 December 2024, Manx Care will have provided a forecast of when all agreed waiting times can be achieved and regularly reported through the IPR. Where milestones are in doubt, Manx Care will provide early identification to the Performance Technical Group meeting
- Performance during 2025-26 demonstrates that agreed performance targets are being met in a majority of months and that a wait of more than 52 weeks has been eliminated.
- 75% (of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening), have cancer ruled out or receive a diagnosis within 28 days.
- By March 2026, 85% of patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral, with an interim target of 70% by March 2025.
- 96% of patients, regardless of how they came to be diagnosed with cancer, should start their treatment within a month of deciding to treat their cancer, with a priority in breast and colorectal pathways.
- By 2025-26, zero tolerance on 12-hour wait in emergency care, excepting patient choice (that is, no patient during the Service Year is recorded as waiting over the specified time).
- Reduction in delayed discharges from Noble’s Hospital.
- Downward trend in readmission rates.
- Overall vacancy level across Manx Care of <= 15% during 2024-25.
- Target of <=10% for staff turnover rate consistently* met during 2024-25.
- Percentage of total staffing costs spent on agency / bank staff to be consistently* equal to or less than 5% during 2024-25.
- PULSE surveys achieve at least a 50% completion rate and an overall positive response to work undertaken under integrated workforce reviews.
- Increase in the number of vacancies (other than entry level) filled internally following improvement in career pathways and workforce planning.
- By the end of the Service Year, a contract management framework is in place covering primary and secondary care.

- Proposal for ADHD diagnosis pathway presented to the Department by 30 September 2024, first through the Policy and Strategic Commissioning Forum

*In at least 10 of 12 calendar months

3 The Mandated Services

3.1 Mandated Services

3.1.1 Manx Care will be responsible for delivering health and social care services for Isle of Man residents (that should continue to become increasingly integrated over time), as contained within, but not limited to, those set out in Schedule 1.

3.1.2 Private healthcare may be delivered by Manx Care on terms agreed with the Department under Section 18 of the Act. The arrangements of the agreement process are detailed in the Department's Mandate Framework but are based on joint agreement prior to commencement of any commercial opportunity. During 2024-25, it is anticipated that the volume and range of private services available will gradually increase, in support of cost improvement initiatives.

3.2 Mandated functions

3.2.1 The Partners acknowledge that the inclusion of functions of the Department in the Mandated Services, is limited to the extent that such functions are required in order for Manx Care:

3.2.1.1 to comply with any regulation, order, direction or code of practice issued under the Act; and / or

3.2.1.2 to comply with any order, direction or code of practice issued by an appropriately authorised person.

3.2.2 Manx Care will ensure and be able to demonstrate where asked by the Department, that all relevant policy, regulatory and legislative provisions are being met. Where any potential non-compliance has been identified by either Partner, Manx Care must demonstrate that remedial action has been taken to achieve compliance.

3.2.3 Manx Care shall comply with any new policies published by the Department during the Service Year, agreeing any service review, public engagement and ongoing information requests with the Department as part of the policy implementation.

3.3 Service delivery and commissioning

3.3.1 Manx Care has autonomy in *how* it delivers the Mandated Services, which fall into one of two categories:

3.3.1.1 directly delivered Manx Care services; or

3.3.1.2 commissioned from providers external to Manx Care, either on and / or off Island, and / or via joint ventures or partnership arrangements.

3.3.2 Manx Care shall ensure that all services, whether directly provided or commissioned:

3.3.2.1 are delivered in line with all financial regulations set out by The Treasury.

3.3.2.2 are given consideration as to the whether it is appropriate to deliver the services locally. Where it is necessary to commission Mandated Services off Island, Manx Care must consider patient safety, quality of the service and value for money. Decisions regarding the location of services should support the development of more integrated systems of care.

3.3.2.3 (for services being commissioned) shall have a written contract in place with the commissioned service provider, which must include a detailed description of the services to be provided, explicit key performance and quality indicators as defined by Manx Care, and which should be in line with the overall objectives of the Mandate. Contracts must include any requirement for the provider to register itself under any relevant legislation or regulation.

3.3.3 Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements at 3.3.2 above, including details of the number of contracts terminated each month with an indication of the reason why, and the number currently failing to comply with the contract in place.

3.3.4 During the Service Year, the Department and Manx Care will continue to retain grant-based payments whilst a formal funding mechanism for the third sector is developed.

3.4 Working with the public service

3.4.1 The Partners acknowledge their responsibility to work with all Government Departments in accordance with the agreed Our Island Plan.

3.4.2 Manx Care will continue to work in partnership with the Health and Care Transformation Programme Team of the Department to develop and deliver on the relevant recommendations within Sir Jonathan Michael's report which was accepted by Tynwald.

3.4.3 When health and care transformation business cases have been approved by the relevant board for funding and implementation, Manx Care will be required to deliver the changes according to the timescales in the approved business cases and ensure the drawdown of agreed transformation funds in line with the agreed budget profiles and financial regulations. Progress will be regularly reported on as per the agreed Department-led implementation monitoring process. Any significant variance (or potential significant variance) to the approved business case should be notified in line with the agreed implementation monitoring process as soon as possible to the Department (for implementation delivery) and also to the Transformation Programme Management Office (PMO) for budget implications.

3.4.4 The currently agreed metrics used to support success of transformation business cases is detailed at Appendix 2 below.

3.4.5 The approved care pathway business cases already transferred to Manx Care for implementation and delivery as per 3.3.2 are (at the time of writing):

i. Eye Care

ii. UEIC – Hear and Treat

iii. UEIC – See, Treat and Leave

iv. UEIC – Intermediate Care

v. UEIC – Ambulatory Assessment Treatment Unit – (formerly named Same Day Emergency Care)

3.4.6 The care pathways expected to be transferred to Manx Care for delivery and implementation in this Service Year will be done so with the provision of an approved business case and agreed recurrent and non-recurrent funding. Following joint prioritisation, those agreed to be taken forward in the first tranche are as follows (but not exhaustive):

i. Urgent and Emergency Integrated Care

ii. Respiratory

iii. Cardiology

iv. Diabetes

v. Children and young people with continuing care needs

vi. Paediatric cancer

vii. Upper GI cancer

viii. Lower GI cancer

ix. Skin cancer

x. Urology cancer

4 Service Levels and quality standards

4.1 Background

4.1.1 Service Levels will be continually reviewed but those identified are the minimum required and are detailed in Schedule 1, together with any supporting Service Specifications agreed between all relevant Partners.

4.1.2 Service Levels will be aligned and commissioned to the identified need of current and future Service Users, where it is known.

4.1.3 The principle is that Service Users are fully engaged in, and at the heart of, all aspects of planning and delivery of health and social care services.

Mandate Framework

4.1.4 The Mandate Framework sets out agreed metrics and projected Service Levels, quality standards, and the methodologies for performance measurement and reporting. This will be the mechanism used during the Service Year to assess performance.

4.1.5 The Department will agree a schedule of dip sampling (subject to appropriate information sharing arrangements) to validate data provided and assure methodologies used to collect, without duplicating the collection of data undertaken by Manx Care.

5 Support for wider Government initiatives

5.1 In protecting the Island's resources more widely, the Department and Manx Care will work in allegiance to support the statutory Climate Change Plan 2022-2027.

5.2 Where any Government Department requires input from Manx Care when writing or implementing strategy (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required.

5.3 Where Public Health Isle of Man (or any Government Department) requires input from Manx Care when conducting needs assessments (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required according to agreed timescales and priority order defined through the technical working group. Manx Care will then work collaboratively with all parties in order for Public Health to identify priority areas for improvement.

6 Shared Services

6.1 Mandated Shared Services

6.1.1 Manx Care shall use the following Isle of Man Government Shared Services to support its delivery of health and care services on the Island:

6.1.1.1 The Treasury:

- Internal Audit Services
- Finance Shared Services
- Finance Advisory

6.1.1.2 Cabinet Office

6.1.1.3 Office of Human Resources:

- Job Evaluation, Rewards and Metrics Services
- Payroll, Recruitment Administration and Employment Administration Services
- Business Partner Team, Absence Administration and Industrial Relations Services
- Learning, Education and Development Services

6.1.1.4 Health, Safety and Welfare Services

6.1.1.5 Government Technology Services:

- Digital Services & Infrastructure

6.1.1.6 Corporate Communications:

- Corporate Communications Services

6.1.1.7 Business Change:

- Business Change Services

6.1.1.8 Department of Infrastructure:

- Estates Services
- Transport Services

6.1.1.9 Attorney General's Chambers:

- Legal Services
- Procurement Services

6.1.2 During 2024-25, it is likely that the Non-Emergency Patient Transfer Service (NEPTS) will transfer from the Department of Infrastructure (DoI) to Manx Care, accompanied by the associated budget. If this is confirmed, Manx Care will work together with the Department and DoI colleagues to facilitate this, reviewing the service during 2025-26.

6.1.3 Manx Care will have in place Shared Service agreements to govern the relationship between Manx Care and each Shared Service provider, which will include reasonable key performance indicators.

6.1.4 Manx Care and the Shared Service provider may agree updates or amendments of a Shared Service agreement, which should be agreed by the Manx Care Board and reviewed no less than annually.

6.2 Performance of Shared Services

6.2.1 Where a Shared Service provider is failing to provide the Shared Service (in accordance with the Shared Service agreement, and such failure can be demonstrated to be impacting on Manx Care's ability to provide the services and / or meet any performance metrics, Service Levels and / or quality standards (as set-out in Section 4 - Service Levels and quality standards), Manx Care must immediately notify the Department.

6.2.1.1 Such notification by Manx Care should set out:

6.2.1.2 the nature of the failure of the Shared Service

6.2.1.3 how it is impacting on Manx Care's ability to provide the service(s)

6.2.1.4 where applicable, how it is impacting on Manx Care's delivery against performance metric(s), Service Level(s) and / or quality standard(s)

6.2.1.5 a plan to rectify the failing of the Shared Service provider

6.2.1.6 considerations for the Department on how it might provide support to Manx Care

6.2.2 The Department will consider the notification of the failure of the Shared Service provider and work with Manx Care to resolve the matter. The Department will consider the representations of the relevant Shared Service provider in respect of any such notification.

6.2.3 Where the Department is notified by the Shared Service provider of a failure by Manx Care to fulfil its duties or obligations under a Shared Service agreement it will consider such representations and work with the Shared Service provider and Manx Care to resolve the matter.

6.2.4 Manx Care should continue to provide the service(s) under the terms of the Mandate including utilising best endeavours in respect of the failing Shared Service(s) until such time as the Department advises otherwise.

6.2.5 The Department recognises that, as part of the resolution of the matter, Manx Care may need to seek alternative provision for an equivalent Shared Service where the Shared Service provider is materially failing to deliver the Shared Service (in accordance with the Shared Service agreement where one exists). Any such alternative arrangements, including necessary funding, will require Council of Minsters approval, which the Department will work with Manx Care to obtain, as appropriate.

7 Information governance

7.1 Manx Care must ensure that that the processing of Personal Data and Special Categories of personal data adheres to the obligations as prescribed within the Data Protection Legislation and all relevant Isle of Man legislation, regulations, directions orders and codes.

7.2 Manx Care must report monthly to the Department, through the Mandate Framework, personal data breaches which have occurred during the preceding month, including:

7.2.1 Date and nature of incidents (anonymised)

7.2.2 Numbers of Data Subjects affected

7.2.3 Method of informing Data Subjects of the breach

7.2.4 Lessons learned and applied

7.3 Manx Care must also include the aggregated information regarding data breaches in its Annual Report.

7.4 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 (GDPR). As such, Manx Care will report to the Department monthly, through the Mandate Framework, how it has exercised these duties, including:

- Total numbers of right of access requests per care group
- Total number disclosed within the statutory prescribed deadline
- Total number not disclosed without undue delay and the reason

7.5 Manx Care must also include the aggregated information regarding Right of Access in its Annual Report.

7.6 Manx Care must inform the Department within 5 Working Days where any sanction or penalty is enforced by the Office of the Information Commissioner, via the Department's Senior Information Risk Officer. Such notification will include actions required to be taken, and / or implemented by Manx Care to ensure compliance to the issues raised within the warning, reprimand or enforcement notice to ensure compliance to the Data Protection Legislation.

8 Dispute resolution

8.1 Introduction

8.1.1 This section sets out the procedure to be followed to progress any Dispute arising between Manx Care and the Department.

8.2 Dispute Notices

8.2.1 If a Dispute arises then:

- the Department representative and Manx Care representative shall attempt in good faith to resolve the Dispute.
- if such attempts are not successful within a reasonable period, not being longer than 20 Working Days, either Partner may issue to the other a Dispute Notice.

8.2.2 If a Dispute arises then the Partners shall continue to comply with their respective obligations under the Mandate regardless of the nature of the Dispute and notwithstanding any issue of a Dispute Notice unless agreed otherwise in writing.

8.2.3 A Dispute Notice shall set out:

- the material particulars of the Dispute; and
- if the Partner serving the Dispute Notice believes that the Dispute should be dealt with under the Expedited Dispute Process, the reason why.

8.2.4 Following the issue of a Dispute Notice the Partners shall seek to resolve the Dispute:

- first by Partner negotiations (in accordance with 8.4);
- then, if either Partner serves a valid Escalation Notice, by the Escalation Procedure (in accordance with 8.5).

8.3 Expedited Disputes Process

8.3.1 Where the use of the timescales set out elsewhere in this Schedule would be unreasonable, including (by way of example) where one Partner would be materially disadvantaged by a delay in resolving the Dispute, the Partners may agree to use the Expedited Dispute Process. If the Partners are unable to reach agreement on whether to use the Expedited Dispute Process within 5 Working Days of the issue of a Dispute Notice, the use of the Expedited Dispute Process shall be at the sole discretion of the Department.

8.3.2 If the Expedited Dispute Process is to be used pursuant to the provisions of 8.3.1 then the following periods of time shall apply in lieu of the time periods specified in the applicable paragraphs:

a. in 8.4.2 (b), 10 Working Days.

8.3.3 Where the Expedited Dispute Process is in use and at any time it becomes clear that an applicable deadline cannot be met or has not been met, the Partners may (but shall be under no obligation to) agree in writing to extend the deadline. If the Partners fail to

agree within 2 Working Days after the deadline has passed, the Department may set a revised deadline. Any agreed extension shall have the effect of delaying the start of the subsequent stages by the period agreed in the extension. If the Department fails to set such a revised deadline, then the use of the Expedited Dispute Process shall cease, and the normal time periods shall apply from that point onwards.

8.4 Partner negotiations

8.4.1 Following the issue of a valid Dispute Notice the Department and Manx Care shall make reasonable endeavours to resolve the Dispute as soon as possible by negotiation between the Department's representative and Manx Care's representative.

8.4.2 If either of the following situations occur then either Partner may serve a written notice (an Escalation Notice) to invoke the Escalation Procedure in accordance with 8.5:

a. either Partner is of the reasonable opinion that the resolution of a Dispute by negotiation will not result in agreement; or

b. the Partners have not settled the Dispute in accordance with 8.4.1 within 30 Working Days of service of the Dispute Notice.

8.5 Escalation procedure

8.5.1 If an Escalation Notice is served, the Dispute is referred to the Board-to-Board meeting for determination.

8.5.2 Where the Board-to-Board is unable to settle the Dispute, or where one or other Partner disagrees with a determination, the matter shall be referred to the Council of Ministers for determination. The dispute resolution process shall be incorporated into the Partnership Board's terms of reference.

8.5.3 Where a Dispute is referred to the Council of Ministers it must make a determination which shall be the final determination and will be binding on the Partners with no further escalation available to either Party.

9 Charges to Service Users

9.1 The following pieces of Manx Legislation set out the charges that should be applied by Manx Care to Service Users, as amended from time to time, and such amendments may occur during the Service Year:

- The National Health Service (Charges for Drugs & Appliances) Regulations 2004
- The National Health Service (Dental Charges) Regulations 2015 sets out how and under what circumstances Service Users may be charged for dental services provided by a registered dental practice, and which includes the values of such charges
- The Adult Social Care Services (Charges) Regulations 2020, amended by the Adult Social Care Services (Charges) (Amendment) Regulations 2021
- The National Health Service (Optical Payments) Regulations 2004, amended by the National Health Service (Optical Payments) (Amendment) Regulations 2004
- The National Health Service (Overseas Visitors) Regulations 2011, amended by the National

Health Service (Overseas Visitors) (Amendment) Regulations 2020

- The Courts, Tribunals and Local Authority Procedures, and Miscellaneous Provisions Act 2020

9.2 Exemptions to charges may be made where there is a Reciprocal Health Arrangement in place with a specific jurisdiction.

10 Inspections

10.1 Schedule of inspections for the Service Year

10.1.1 Inspections of services provided directly or commissioned by Manx Care, will be undertaken in accordance with Section 7 of the Manx Care Act.

10.1.2 For inspections by a provider external to the Department, the Department will draw up a schedule of commissioned inspections specifying the service, services or specific service matter in which either a baseline assessment or inspection will be undertaken. This information will be shared with Manx Care during the Service Year, updated as and when required. Manx Care will receive notification of either an assessment or inspection in advance of the event (unless it is purposefully unannounced).

10.1.3 Any Mandated Service that will be inspected by an external regulator or inspector, appointed by the Department, will be subject to a contractual Service Level agreement (SLA) between the Department and the regulator. Mandated Services that are registered, inspected and monitored by the Registration and Inspection Team will continue to be regulated by the Regulation of Care Act 2013 (ROCA), or any legislation which amends or supersedes it.

10.1.4 Upon completion of an external inspection, the factual accuracy process and finalisation of the report, the Department will share the report with the Manx Care Board for quality assurance, governance and due diligence. Within 28 days of confirmed receipt of the report, Manx Care must share with the Department a high-level action plan headlining the areas that require immediate action. Furthermore, the action plan will cover each of the recommendations and a summary response to the report, to be published at the discretion of the Department on their website.

10.1.5 Manx Care are asked to maintain an amalgamated action plan covering recommendations made by all inspections, updated and brought through a Manx Care Board sub-committee, no less than quarterly.

11 Complaints

11.1 Manx Care complaints procedure

11.1.1 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 NHS Complaints Regulations 2022, any other applicable act or regulations.

11.1.2 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.

11.1.3 Manx Care must publicise 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.

11.1.4 At the request of the Department, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.

11.1.5 The Department and Manx Care shall work together in good faith to agree any reasonable changes to Manx Care's complaints arrangements and procedure identified by the Department or the Health and Social Care Ombudsman Body from time to time (provided always that such changes comply with the requirements of the Act, any other applicable act and applicable regulations).

11.1.6 Manx Care must ensure that on receiving a report from the Health and Social Care Ombudsman Body under regulation 24(5) of the NHS Complaints Regulations 2022, that they comply with the process set out in the regulation. Manx Care must provide the Department with regular (no less than quarterly) updates on progress against implementing recommendations made in a report and any other actions, through the Mandate Development Meetings.

11.1.7 If a complaint is received by Manx Care which refers to loss of life, including suicide, avoidable injury or serious harm received as a result of services provided by Manx Care or its commissioned providers, it must be notified to the Department immediately. This should be initially verbal (to the Chief Officer or on call Executive where it is outside working hours), followed up in writing.

11.1.8 Manx Care will be required to act under the instruction of the Department in relation to functions delegated or contracted to other bodies providing statutory and scrutiny functions on behalf of the Department.

11.2 Third party complaints procedures

11.2.1 Manx Care must ensure that the providers of externally commissioned services and organisations providing services on its behalf operate complaints arrangements and procedures that meet the requirements of the Act, any other applicable act and applicable regulations.

11.2.2 Manx Care must ensure that it receives appropriate reporting from providers of externally commissioned services and organisations providing services on its behalf so that it can comply with its reporting requirements under the Act, any other applicable act and applicable regulations.

12 Failure to comply with all or any of the terms

12.1 Where Manx Care fails to comply with any or all of the terms of this Mandate, the Department will consider applying the procedure set out in Section 30 of the Act.

Schedule 1 – Mandated Services directory

1 Service directory - introduction

1.1 This directory sets out (but is not limited to) the services to be delivered by Manx Care under the Mandate from the Department of Health and Social Care (the 'Department') for the Service Year 2024-25, in line with the expectations of the Manx Care Act 2021 (the 'Act') and the Mandate to Manx Care (the 'Mandate') effective 1 April 2024.

1.2 Where a Service Specification is agreed, it is linked below and should be used as the primary commissioning document, with the table being used only as a point of reference. There is a significant programme of work underway to ensure that all services have a detailed specification.

1.3 During the Service Year, the Department will work with Manx Care to evolve the list of services in this Schedule to ensure all services are accurately captured and jointly prioritise where a relevant policy or strategy is required.

1.3.1 All Services must be provided in accordance with the following principles to deliver consistently high quality and safe support and / or care that: -

- Delivers the outcomes indicated for each service within Our Island Plan, the Act and the Mandate, as well as any strategic and policy documents published by the Department;
- Delivers the right support and / or care in the right place at the right time;
- Supports using effective signposting to universal services where appropriate;
- Delivers support and / or care services that are efficient and represent good value for money; and
- Ensures that practice is consistent with relevant legislation, registration and respective codes of practice.

1.4 Each Service will make available to patients / Service Users, carers and any other interested person, information detailing:

- An overview of services;
- A summary of the treatments offered by the services;
- Eligibility for treatment;
- Service locations and operating times;
- Service contact details;
- How patients / Service Users can provide feedback regarding their experience; and
- Other sources of related information.

This information should be provided in plain English and Manx Care should ensure that:

- All reasonable adjustments are made to provide information to those with specific communication needs in line with the Equality Act 2017; and
- All frontline staff are trained to be able to make these adjustments when in contact with patients / Service Users.

1.5 All services should be delivered from premises which are safe, appropriate and maintained in good order, whether they are directly provided or commissioned through a third party. Where this is not considered to be achievable, Manx Care should notify the Department of any associated risk.

2. Corporate, administration, quality and safety services

Service area	**Description**	**Services**	**Established or in development**
Advice and Liaison Service	*Offer general signposting, guidance and support. Provide assistance to people wishing to provide feedback, both positive and negative, and seek to resolve issues informally directly with services.*	• Information and advice by telephone and e-mail • Signposting • Resolve queries about care or treatment • Accept feedback • Complaints guidance	Established (MCALS)

3. General medicine, urgent care and ambulance

Service area	**Description**	**Services**	**Established or in development**
Acute Medical Unit (AMU)	*Consultant-led inpatient unit for acute adult medical assessment.*	• Short term inpatient facility to facilitate onward referral or discharge for all patients over the age of 16 • Accept referrals from emergency department, GP, MIU and outpatient clinics • Consultant triage within 12 hours of admission • Optional follow up Consultant clinic following discharge from AMU	Established (‘Ward 1’ at time of writing)
Air Ambulance Service (Fixed wing)	*Provision of transport off-Island for patients who cannot travel by scheduled means such as scheduled flight or boat, accompanied by Healthcare Staff.*		Established

Ambulatory Assessment and Treatment Unit	*The service will* see, diagnose, treat and discharge (on the same day) a*dult patients who are classed as 'Ambulatory'. These patients can be safely and effectively managed using the AATU approach and would have otherwise been admitted to hospital as the default option.*	*Service Specification under development*	In development (UEIC)
Emergency Doctor Service	*Emergency Doctor Service which operates at time when General Practices are closed, using face to face or digital/telephone consultation where appropriate.*	• Medical services to patients who have an urgent medical need outside of standard GP hours and which cannot wait until a GP surgery reopens, including onward referral or prescription • Support Manx Care and private services in the out of hours setting, both within the hospital structure and in the community (including but not limited to care homes, care agencies, Hospice, prison, MIU, ward doctors, ED, district nurses, ambulance crews, pharmacists) • Signposting and patient education to more appropriate services when applicable	Established (MEDS)
Hear and Treat Service	*Provision of a 'Clinical Navigator', who is a Registered Healthcare Professional based within the Emergency Services Joint Control Room (ESJCR), enabling the consideration of alternative, clinically safe and appropriate responses such as self-care advice, onward referral or signposting to other urgent or non-urgent care services may be offered.*	*Service Specification under development*	In development (UEIC)
Helicopter Emergency Medical Service	*Transfer seriously injured or unwell patients by helicopter from the Isle of Man directly to the UK for emergency*		Trial extended to March 2024

	medical treatment, providing treatment whilst in transit.		
Road Ambulance	*Respond to clinically appropriate emergency calls received via the Emergency Services Joint Control Room (ESJCR) across the Island, assessing, treating and caring for patients at the scene and transporting to hospital where appropriate.*	• Pre-hospital care and ambulatory transport for the whole population for serious and life-threatening accident and illness	Established
Non-urgent Patient Transfer Service	*Provision of transport for patients who require stretcher transfer between hospital sites, discharges to care facilities and, where necessary, transfer bed-bound patients from their places of residence to hospital for outpatient appointments.*		Established
Non-Emergency Patient Transport (NEPTS)	*Provision of bookable transport for patients who, because of a medical or clinical condition, are unable to make their own way to and from an NHS medical appointment or home after being discharged from NHS-funded treatment.*		*To be developed pending transfer from Department of Infrastructure*
See, Treat and Leave Service	*Provision of a solo-crewed Rapid Response Vehicle which is dispatched to appropriate patients (instead of all patients receiving a dual crewed ambulance).*	• Clinical assessment carried out by a Specialist Practitioner at the patient's location • Appropriate immediate treatment such as pre-hospital IV fluids and antibiotics, wound closure, mobile diagnostic ultrasound and 'point of care' blood testing • Discharge or onward referral where appropriate	
Anti-Coagulation	*Outpatient services for all aspects of anticoagulant therapy and covering*	• Accept referrals from inpatient and outpatient clinics and Primary Care	Established

	all geographical areas of the Island.	practitioners • Care and administration of blood-thinning drugs for the whole population	
Cardiac Services	*Full range of general cardiac investigation, treatment and rehabilitation, provided through both outpatient and inpatient services.*	• Inpatient and outpatient general cardiology services and non-invasive investigation • Electrocardiogram (ECG) • BP Holter monitoring • Treadmill test • Tilt test • Transthoracic and Transoesophageal echocardiography • Stress echocardiography • Myocardial Perfusion Scan • Cardiac Rehabilitation	Established
Coronary Care Unit	*Inpatient unit for patients with cardiac-related conditions and requiring high dependency care.*	• All inpatient care relating to cardiac conditions in adults over the age of 16 • Provision of advice and support for inpatients in other wards who have cardiac needs but are admitted for another reason	Established
Emergency Department	*24-hour service for those who live on the Island or are covered by a Reciprocal Healthcare Arrangement and have suffered a serious accident or injury, using a triage system and prioritised by clinical need.*	*Service Specification under development in parallel with UEIC implementation*	Established
Fracture/Plaster Clinic	*Provision of services for the application and removal of various types of casts, splints and braces.*	• Accepts referrals from emergency department or MIU and outpatient clinics • Working hours telephone advice and support for patients who have received a cast in the clinic	Established
Gastroenterology	*Diagnosis, treatment and management of all patients with digestive disease.*	• Services for the diagnosis, treatment and management of conditions of the oesophagus, stomach, intestines, liver, pancreas and	Established

		gallbladder	
ME/CFS and Long COVID Service (Adults 18 years and over)	*Provision of a holistic care plan to support individuals to either fully recover if treated earlier in the pathway, or to ensure they are 'living well with' their condition.*	• Integrated multidisciplinary service • Early diagnosis and appropriate referral to specialist service or symptomatic service • Peer support through facilitated workshops	Established
Minor Injuries Unit (MIU) – North	*Unit to serve patients during defined hours, primarily for those in the locality suffering minor injury or illness which cannot be treated in General Practice.*	• Walk-in service during open hours • Onward referral and transport to main hospital where illness or injury is considered to be serious	Established
Neurology	*Diagnosis, treatment, support and advice for patients with a wide range of neurological conditions.*	• Assessment, support and advice for people living with: – Multiple Sclerosis – Motor Neurone Disease – Muscular Dystrophy – Huntington's Disease • Parkinson's Disease Nurse Specialist	Established
Renal and Nephrology	*Outpatient clinic for diagnosis, treatment and management of renal conditions. Inpatient or day facility for adults requiring dialysis and other related treatments. Dialysis for visitors to the Island may be agreed in advance and a charge may be incurred in that case.*	• Haemodialysis • Peritoneal dialysis • Hepatitis B vaccination programme • Pre- and post-transplant care • Nephrology Clinic	Established
Respiratory Medicine	*A multidisciplinary team offering assessment, diagnosis and treatment of diseases of the respiratory system*	• Covering (but not limited to) lung cancer, chronic respiratory diseases such as asthma and chronic obstructive pulmonary disorder, and acute respiratory problems such as respiratory failure	Established
Ear, Nose and Throat	*Provision of outpatient-based*		Established

	assessment and treatment of the ear, nose and throat, including hearing problems (known as Audiology). In addition, our ENT service offers surgical treatments for ear, nose or throat problems.		
Rheumatology and Osteoporosis	*Diagnosis and outpatient treatment of all rheumatological conditions.*	• Early Arthritis Clinic • Biologic Clinics • Annual Review clinics • Osteoporosis Service • Inpatient Rheumatology Referral service	Established
Urology Services	*Covering diseases of the urinary and genital tracts in adults and children of both sexes, kidney conditions, bladder conditions and prostate problems.*	• Kidney conditions • Bladder conditions • Prostate problems • Male infertility • Male urogenital problems • Children's urological problems	Established
Stroke Services	*Inpatient and outpatient services for those who have suffered a stroke or Transient Ischaemic Attack from diagnosis to treatment and ongoing advice and support.*	• Hyper acute, acute, rehabilitation and follow up services • TIA (Transient ischemic attack) Rapid Access Clinic • Stroke Review Clinic • Medical Outpatient Review • Spasticity Clinic	Established
Palliative and end of life care	*Meet the needs of high-quality palliative and end of life care planned to meet needs on an individual case by case basis.*		Established

4. <u>Integrated cancer and diagnostic services</u>

Service area	Description	Services	Established or in development
Cancer Support	*Full Range of cancer support services following lifecycle from initial diagnostic assessment to treatment and support for those in remission.*	• Cancer Multi-Disciplinary Team meetings and patient tracking services • Timely cancer information support at all stages of the patient's journey • Care for Oncology and Haemato-oncology patients who require systemic anticancer therapies (SACT) and support medicines • Specialist care (NHS) through an appropriate tertiary centre when Manx Care does not provide this service	Established
Mortuary	*Services for the deceased, including relative support service. Provision of a physical facility to support Coroner's post-mortem examinations.*	*To be developed*	Established
Pathology	*Includes hospital blood transfusion, Isle of Man transfusion service, clinical chemistry, haematology, histopathology, immunoserology, microbiology, mortuary and pathology IT services. The pathology office provides reports to support clinical diagnosis requested through referring Clinicians and General Practice.*	• Blood Transfusion Service • Chemical Pathology • Haematology • Immunoserology • Microbiology • Histology • Cytology • Mortuary services / relative support services • Blood donor services	Established
Pharmacy Service (Hospital Based, Acute)	*Covering clinical (ward based), aseptic and oral dispensing, procurement and supply, oncology support, antimicrobial support.*	*To be developed during the service year*	Established
Cancer Screening Services Delivery	*Breast, bowel, and cervical screening programmes with quality*	*To be developed during the service year*	Established

	standards defined by Public Health Isle of Man and managed through the Screening Board.		
Radiology	*Provision of a range of imaging options to diagnose a wide variety of medical conditions and provide interpretation and reporting of imaging investigations, including (but not limited to) CT, MRI, ultrasound and Interventional Radiology, as referred by clinicians in secondary care.*	• General X-Ray (XR) • Fluoroscopy • Interventional Radiology • Computed Tomography (CT) scans • Magnetic Resonance Imaging (MRI) scans • Ultrasound (US) scans • Nuclear Medicine • Symptomatic Breast Imaging • Breast Screening • Bone Densitometry (DEXA) Scans • Radiology for Children	Established

5. Integrated mental health services

Service area	**Description**	**Services**	**Established or in development**
Community Wellbeing Service	*A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.*	*To be developed*	Established
Child and Adolescent Mental Health Services	*Island-wide mental health assessment and treatment for Service Users under the age of 18,*	*To be developed*	Established – Continued evolution as part of Wellbeing and Mental Health Strategy

	and their families.		and Thrive model
Community Mental Health Service for Adults	*A step 3 multi-disciplinary service offering evidenced based assessment and treatment to adults aged 18 to 65 who are experiencing moderate to severe mental health difficulties.*	*To be developed*	Established
Community Wellbeing Services and Psychological Therapies Service	*A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.*	*To be developed*	Established
Rapid Assessment Service	*Provision of urgent assessment 24 hours a day, 365 days per year, to ensure that individuals of all ages presenting with acute mental health difficulties are afforded the most effective treatment pathway or service to meet their needs.*	• Assessment for individuals presenting in mental health crisis 24 hours a day, 365 days per year • Act as the gatekeeper for inpatient admission • Inpatients assessment to facilitate early discharge • Defined screening and triage processes that employ a multi-disciplinary approach • Ensure that individuals concerned with the criminal justice system, and presenting with acute mental health difficulties, are afforded assessed in a timely manner and that the courts are afforded accurate and evidence-based information to inform process and sentencing	Established
Acute Inpatient Service	*Provision of acute admission 24 hours a day, 365 days per year in respect of individuals experiencing a mental health disorder where*	• Acute admissions 24/7/365 for mental health disorders • Assessment and treatment of adults aged 18 and over	Established

	assessment and or treatment cannot be safely afforded within a community setting.	• Assessment and treatment of dementia • Referral to the MHS Complex Needs Panel where appropriate • Services to children's ward where a patient under the age of 18 requires brief psychiatric inpatient admission	
Drug and Alcohol Team	*Full range of assessment, treatment and support service for people of all ages who present with substance misuse.*	• Specialist assessment, treatment and support services to people presenting with alcohol and / or drug dependency • Dedicated provision for young people (under 18 years of age)	Established
Crisis Response Home Treatment Team	*Intervention for those with urgent and acute mental health needs, as well as those being discharged from an inpatient setting.*	• 24/7/365 crisis response service for adults • Offers home treatment as an alternative to hospital admission • Out of hours support • Support to people being discharged from the Inpatient Ward to enable recovery to continue at home	Established

Older Persons Mental Health Service (over 65 years of age)	*Community-oriented support service for older people with mental health needs of functional or organic illness. Memory Service for diagnosis and treatment of memory disorders in older people.*	• Services to people over the age of 65 with mental health needs
		• Services for people of any age with memory worries
		• Support for patients with conditions such as:
		  • Anxiety
		  • Bipolar disorder
		  • Dementia
		  • Depression
		  • Schizophrenia
			Established

Recovery College	*Range of learning experiences for those with an open mental health referral to promote self-care and techniques to promote recovery from*	*To be developed*	In Development

	mental health challenges.		

6. Integrated primary and community care

Service area	Description	Services	Established or in development
General Practitioner Services	*General Practice and Practice Nursing for all Island Residents.*	*To be developed*	Established – Review of model under Transformation Programme
General Dental Services	*Provision of general dental services to all Island Residents and a single orthodontic service for patients under 18 who qualify.*	*To be developed*	Established – Review of model under Transformation Programme
Community Dental Services	*Provision of specialised dental services to patients in specific categories who require special care and / or domiciliary services which are unavailable by general dental practitioners.*	• Special Care Dentistry for patients referred by General Dental Practitioners requiring specialist care e.g. children or adults with complex disabilities or phobic patients • Acute Dentistry for patients who are not registered with a General Dental Practice	Established – Review of model under Transformation Programme
Orthodontic Services	*Provision of orthodontic provision for both Primary Care and Consultant Services.*	*To be developed*	Established – Review of model under Transformation Programme
General Ophthalmic Services	*Provision of sight tests for the purpose of provision of corrective lenses, services in relation to minor eye conditions.*	*To be developed*	Established – Review of model under Transformation Programme
Community Pharmacy Services	*Provision of services within the community such as dispensing medicines, disposal of unwanted medicines, support for self-care, signposting, influenza vaccination*	*To be developed*	Established – Review of model under Transformation Programme

	services and out of hours provision.		
General Practice Pharmacy Service	*Provide support and advice to GP surgeries regarding prescribing, local prescribing policies and guidance on evidence-based practice.*	*To be developed*	Established
Care Home Pharmacy Service	*Provide Department care homes with advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.*	*To be developed*	Established
Learning Disability Pharmacy Service	*Supporting learning disability units in terms of clinical and medicine related advice and undertaking clinical medication reviews.*	*To be developed*	Established
Community Mental Health Pharmacy Service	*Supporting community mental health services with clinical advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.*	*To be developed*	Established
Community Nursing Services for Adults	*Provision of services within the home for housebound patients, working within Integrated Care systems to ensure a multidisciplinary approach to delivery of care within the community setting.*	• Services for housebound patients aged 16 and above • Community Parkinson's Specialist Nurse • Tissue Viability Nurse • Specialist Health Visitor for Vulnerable Adults • Continence Advice	Established
Prison Healthcare	*Provision of a level of health and Public Health services for Prisoners comparable with the health care services in the community and encouraging healthy lifestyle choices.*	*To be developed*	Established

Diabetes & Endocrine Service	*Provision of all services to co-ordinate and provide services to support those living with all types of Diabetes, including specialist advice for pregnant women.*	• Medical Diabetes Clinics • Retinal photography • Specialist endocrinology clinics • Antenatal/obstetric clinics • Young Persons Clinic and transfer from paediatric services • Continuous Glucose Monitoring (CGM) Clinic • Diabetes Foot Ulcer Clinic	Established
Community Adult Therapy Service	*Provision of both physiotherapy and occupational therapy services in the community to help patients to identify difficulties in their everyday life to try and find practical ways in which they can become more independent in their activities.*	*To be developed*	Established
Children's Therapy Service	*Provision of physio, occupational and speech and language therapy services to children in a variety of settings.*	<u>Paediatric Speech and Language Therapy Team</u> • Services from birth to 18 years • Pre-school and school children assessment, review and therapy • Services for:- – Speech Development – Language Comprehension and Expression – Learning Difficulties – Voice Disorders – Stammering – Swallowing – Social Communication	Established
Acute Therapy Service	*A hospital-to-discharge service delivering physio and occupational therapy to all patients identified as needing therapy, including weekend on-call provision.*	*To be developed*	Established

Outpatient Physiotherapy Service	*Provision of a range of physiotherapy services.*	*To be developed*	Established – First Contact Practitioner Pilot due for continued development
Adult and Language Service	*Speech and language services provided from within the hospital setting and the community including adult learning disabilities.*	• Assessment, diagnosis, management and advice to those who present developmental, acquired or progressive disorders of communication, including speech, language, fluency and / or voice; and disorders of eating, drinking, feeding and swallowing	Established
Audiology Service	*Provide services for both children and adults and include hearing diagnostic testing & counselling for hearing impaired individuals, provision of digital hearing aids, balance testing and Tinnitus Counselling.*	• Audiology clinic • Adult Hearing Aid Service • Children's Audiology	Established
Dietetics Service	*Provide assessment, diagnosis and treatment of diet and nutrition problems at an individual and Public Health level.*	• Paediatric Dietetic Clinic • Accept referrals from all healthcare professionals and self-referral for adults experiencing clinically significant unexplained weight loss	Established
Podiatry Service	*Provide assessment, diagnosis and treatment of disease and conditions affecting the foot and lower limb. Treatments are focused on relieving symptoms, improving function, disease prevention and maintaining independence and wellbeing.*	• Screening and treatment of at-risk patients • Chronic and acute ulcer management • Nail surgery • Removal of corns, and other soft tissue lesions • Health promotion, education and advice • Maintenance care for chronic and irreversible foot problems	Established
Mental Health Occupational Therapy Service	*Occupational therapy services provided from within the Mental Health Care Group to support older people to maintain / regain their skills and everyday activities and remain independent for as long as*	*To be developed*	Established

	possible.		

7. Medical services for women, children and families

Service area	Description	Services	Established or in development
Health Visiting and school nursing	*Focused on delivering a public health focused service to children and young people aged from birth to 19 years (if in full time education), forming part of a wider process of ensuring children's health and safety is optimised through integration and collaboration of other services and departments and wider strategies.*	Health Visiting • Antenatal reviews • New baby checks • 6-8 week • 3-4 month • 7-9 month • 2-2.5 years • 3.5-4 years School Nursing • Specialist Public Health Practitioners • Registered Nurses • Community Nursery Nurses	Established
Maternity services	*Services that specialise in the treatment and care of women and babies during a maternity episode.*	• Antenatal services • Postnatal services • Postnatal care • Intrapartum care • Maternity theatre • Community midwifery service antenatal and postnatal	Established
Postnatal services	*Post birth care on maternity ward-physical and emotional wellbeing of mother and infant.*	• Post birth care • Infant feeding support • Newborn screening-who / bloodspot day 5 • Parent education-baby care / reducing risk SIDS. • Care and monitoring of high-risk babies / extra	Established

		needs- jaundice / low birth weight / iv antibiotics • Referral to perinatal mental health services as required • Advice on contraception • Community postnatal services	
Paediatric services	*Provide care in line with best practice standards for ill and injured children.*	*To be developed*	Established
Cystic fibrosis	*Provide safe and efficient care, with good outcomes, for children with Cystic Fibrosis.*	*To be developed*	Established
Long term conditions services	*Safe and Effective Care for children with any long-term condition.*	*To be developed*	Established
Children's ward and outpatients	*Offer assessment, investigation, diagnosis and treatment of children and young people aged from birth to 16 years with a variety of conditions.*	• Inpatient Paediatric Services 0-16 years • Consultant paediatrician present or readily available in the hospital 24x7 on an on call basis. • Specialist paediatricians, possibly located off-Island, available 24x7 for immediate remote advice for acute problems for all specialties, and for all paediatricians • Appropriate ward and bed provision • Outpatient paediatric services provided on a referral basis normally by General Practice	Established
Children's Community Nursing	*Provides support to children, young people and their families, which responds to local needs and prevents hospital admission, facilitates early discharge and care for children with acute, chronic, complex and palliative / end of life care.*	*To be developed*	Established

Paediatric Oncology	*Provide care for children with a cancer diagnosis (both leukaemia and solid tumours) providing advice, support and practical assistance both during and after treatment.*	*To be developed*	Established
Neonatal services	*A comprehensive, integrated service providing a safe and therapeutic environment for the treatment of premature and sick new-born babies.*	• Care for babies born prematurely and those born at term who require specialist care • Intensive care service	Established
Gynaecology services	*Provide both inpatient and outpatient care to women of all ages across the Isle of Man for gynaecological procedures, treatments and advice.*	• General Gynaecology • Hysteroscopy • Colposcopy • Post-Menopausal Bleeding • Urogynaecology • Urodynamics • Percutaneous Tibial Nerve Stimulation • Procedures Clinic • Gynaecology Oncology • Fertility Services • Early Pregnancy Assessment	Established
Abortion services	*Provide medical and surgical abortions on Island and commission a specialist provider to provide specialist medical abortions off Island, or for those not wishing to access local services.*	*To be developed*	Established
Sexual Health Services including Family Planning	*Provide confidential contraceptive and sexual health services, referrals to the Genito-Urinary clinic, prescribe various forms of contraception and support to reduce the risk of unplanned pregnancy.*	Service Specification - Integrated Sexual Health Services	Established – for further development in this Service Year to include details of services available under the gender incongruence pathway

Safeguarding children	*Provide advice regarding safeguarding children practices at a strategic and operational level and support to all health care workers across the organisation including hospital, community and mental health services.*	*To be developed*	Established
Infant feeding team	*Offers support to any woman who is pregnant or has a child and is focused on increasing the uptake and continuation of breastfeeding across the Island's population of babies and infants as part of the wider public health agenda around healthy weights and growth in children.*	*To be developed*	Established – for development under this Mandate
School Immunisation team	*The delivery of immunisations across Community settings within schools to specific age groups to deliver the Public Health Programme.*	*To be developed*	Established
Genito-Urinary Medicine	*Provide confidential screening and treatment of sexually transmitted infections.*	• Testing, advice and support, treatment and onward care for all sexually transmitted infections • Pregnancy testing • Emergency contraception • PEPSE (post exposure prophylaxis following sexual exposure) for HIV	Established

8. Social care services for adults

Service area	Description	Services	Established or in development
Residential care for Older Adults	*Must be accessible to older adults from 65 years onwards whose assessed needs cannot be met within their own homes.*	*To be developed*	Established
Residential care for Adults with an identified Learning Disability	*Support for service users to be as independent as they can be, developing skills and confidence, and meeting the needs of adults with learning disabilities and complex needs.*	*To be developed*	
Residential Care for Older Adults with Dementia	*Offer care and support in a safe and stimulating environment for those with dementia, where their assessed needs are such that they cannot be supported to remain in their own home.*	• Residential dementia care homes 365 days per year for those aged 65 and over (unless in exceptional circumstances) who have a diagnosis of dementia • Short term respite • Step up / step down care • Good Neighbour Scheme	Established
Community Support Service (domiciliary care)	*Provide varying levels of support for Service Users who are unable to live at home independently, but who do not require residential or nursing care.*	• Medication prompting or administration • Support with personal hygiene, washing, dressing • Supporting mobility, transferring, use of hoists and various aids • Aiding continence needs • Supporting those with Dementia, Parkinson's and various other conditions • Food preparation including specialist dietary needs	Established
Reablement Service	*Support Service Users who have been assessed as having care*	• Focused intensive interventions to support	Established

	needs, focussing on maximising their level of independence by learning, or relearning, the skills necessary for daily living in their home environment.	people to learn or relearn skills in order to enable them to stay at or return to home	
Day Services for Older Adults and Adults with a Learning Disability	*Person centred care and support to allow Service Users to reach their full potential by promoting positive risk taking and the development of self-confidence, social skills and independence.*	• Available to adults aged 18 and over with a confirmed learning disability	Established
Respite Care for Older Adults and Adults with a Learning Disability	*Provide carers with a break from their caring responsibilities and Service Users with an enjoyable and enriching experience.*	• Regular respite provision • Emergency accommodation for Service Users experiencing a significant breakdown in their usual carer support	Established
Learning Disability Supported Living	*Provide varying levels of support focused on daily living skills to enable Service Users to live independently in their own property in the community with an emphasis on supporting with, rather than doing for.*	• Support packages to enable adults with a learning disability to live independently in their own homes	Established
Learning Disability Supported Employment	*Support Service Users to access and retain employment.*	*To be developed*	Established

9. Social care and social work services for children and their families

Service area	**Description**	**Services**	**Established or in development**
Child Safeguarding and Protection Services	*Children & Families Social Work Service through Care Management*	*To be developed*	Established

	teams; Family support service for children and families identified as having Complex Needs or who are in Need of Protection; and Safeguarding & Quality Assurance service (SQA).		
Looked After Children and Care Leavers (LAC / CL)	*Service for all children looked after and leaving care, and those who care for them, to include Fostering Services; Residential Care including Secure Accommodation and Therapeutic services to support improved emotional wellbeing.*	• Children's Homes • Semi-independent Children's Homes for Care Leavers • Secure Accommodation • Assessment and recruitment of foster carers • Therapeutic Emotional Wellbeing Services • Educational Support Service • Integrated Leaving Care Team	Established
Children with Disabilities (Learning & Physical) and Complex Health Needs	*Work Service (CWDSWS), Residential Respite Service (RRS), Day Opportunities Service (DOS), and to ensure appropriate (to needs and circumstances), equitable access to Services for those assessed as eligible.*	*To be developed*	Established
Adoption & Special Guardianship Services (A&SGS)	*Family Finding and Co-ordination Service, Family Support Service.*	*To be developed during this service year*	Established
Young people in the Criminal Justice System	*Support decision making and smooth running of the Juvenile Court as Court Officer in juvenile justice matters, provide safe secure and non-secure accommodation for those remanded or sentenced by the Court, and aim to reduce recidivism.*	*To be developed*	Established
Early Help and Support Service	*Jointly funded (with Department for Education) Service which works with*	*To be developed*	Established

	families through early help provided in the school setting, aiming to prevent urgent referrals to social work services where possible.		
Initial Response	*Reporting and assessment for all concerns raised about the safety or wellbeing of a child received either through a partner Agency or a member of the public.*	*To be developed*	Established
Resource Centres	*Day care and respite for children with disabilities.*	*To be developed*	

10. Social work services for adults

Service area	**Description**	**Services**	**Established or in development**
Adult Generic Services	*A comprehensive social work service to adults with substantial physical disability, illness and high levels of complexity in the community.*	*To be developed*	Established
Adult Services Access Team	*Triage of need for social work services to an eligible person who appears to be in need of social care services and decides accordingly if that person is in need.*	*To be developed*	Established
Community Older Persons Team	*Provide assessments for carers who provide, or intend to provide, another person with a substantial amount of care on a regular basis and; the person for whom they provide care is a person for whom Manx Care may provide or secure the provision of*	*To be developed*	Established

	social care services in the community.		
Hospital Social Work Team	*Provide older adults with substantial care and support needs who are in hospital and need the support of a social worker to plan their transfer of care.*	*To be developed*	Established
Learning Disabilities	*Social work service to individuals over the age of 18 (and those in transition to adult services) who have a formal diagnosed learning disability which significantly impacts upon being able to live their life independently.*	*To be developed*	Established
Safeguarding	*Multi-disciplinary response to vulnerable adults as defined in the Safeguarding Adults Act 2018 who appear to be in need of care and protection.*	*To be developed*	Established
Wellbeing Partnerships	*Single point of referral to provide co-ordinated support in local communities, bringing together both statutory services and third sector support where appropriate.*	*To be developed*	Incremental development

11. Surgery, theatres, critical care and anaesthetics

Service area	Description	Services	Established or in development
Outpatient Services	*Provide surgical and medical outpatient clinics, Day Assessment Treatment Unit (DATU) and blood clinic.*	*To be developed*	Established
Theatres	*Deliver a wide range of general surgery, responding to a range of surgical emergencies and performing a range of elective and non-elective operations.*	*To be developed*	Established
Inpatient Services	*A Critical Care Unit to operate 24x7 throughout the year to treat patients who have a serious illness or injury.*	*To be developed*	Established
Anaesthetic Service	*Provide planned elective general anaesthetic services and emergency anaesthetic services for Noble's Hospital.*	*To be developed*	Established
Critical Care	*Provide an Intensive Care Unit (ICU), High Dependency Unit (HDU) and pain clinic.*	• Intensive care • High dependency care • Non-invasive ventilation • Isolation facilities • Pre-operative resuscitation • Post-operative care • Stabilisation of patients prior to emergency transfer to off-Island specialist facilities	Established
Trauma and orthopaedics	*Treatment of injuries and conditions of the musculoskeletal system including bones, joints, ligaments,*	*To be developed*	Established

	tendons, muscles and nerves.		
Surgical Specialties	*Covering Ear, Nose and Throat, Audiology, Breast, Urology, Ophthalmology, Oral Surgery and Skin Service (Plastics/Dermatology)*	Skin Service • Dermatology clinics and minor surgery • Plastic Surgery Clinics • Skin cancer surgery and reconstruction • Plastic Surgery Dressing Clinic • Isle of Man Burns Service • Specialist Nurse led Dermatology Clinics – for dermatological drug monitoring • Specialist Nurse led Skin Cancer Monitoring Clinics • Local Skin Multi-Disciplinary Team • Reconstructive Services (for cancers and trauma) to support other specialties • Phototherapy Oral Surgery • Dento-Alveolar Surgery • Oro-Facial Infection • Oral Medicine • Oral and Maxillofacial Pathology • Jaw problems • Obstructive Sleep Apnoea Devices • Oral Implants • Oral and Maxillofacial Trauma and Emergencies • Oral and Facial Soft Tissue corrective Surgery • Oral Cancer	Established

12. Miscellaneous and joint services

Service area	Description	Services	Established or in development
Multi Agency Safeguarding Hub (MASH) (contribution rather than sole responsibility)	*The Isle of Man Multi Agency Safeguarding Hub (MASH) brings together agencies from services that have contact with children and adults at risk to make the best possible use of their combined knowledge to keep them safe from harm.*	• 'First point of contact' for Children's Social Care enabling members of the public and professionals to raise concerns about the welfare of children • Out of hours service where there are immediate concerns about the welfare of a child • Domestic Abuse Screening • Response to child criminal or sexual exploitation concerns • Provision of relevant information for Court Welfare purposes • Child safety assessment following release of Prisoners	
Sexual Assault Referral Centre (contribution rather than sole responsibility)	*A 24/7 multi-agency Sexual Assault Referral Centre providing a "one stop" location for services such as forensic examination, medical care, supported statement taking and access to support workers.*	***Isle of Man Sexual Assault Referral Centre Service Specification March 2021*** is not a public document but will be provided to Manx Care with this Mandate	Established – Physical Location under construction
Vaccination and Immunisation Programmes	*Delivery of approved vaccination and booster programmes (including COVID-19) in line with JCVI guidance and under the direction and assurance of Public Health Isle of Man.*	*To be developed*	Established – under refinement

Appendix 1 – At a glance

Key	Related 2024-25 objective	2025 and beyond objective	Evidence
		Fully integrated health and care systems	
 C	**1a. Cost of care** Activity Based Costing	- Determining the true cost of health and care activity - Plan to re-proportion spend in key areas	- Service Line Reporting (SLR) platform implementation plan - SLR reporting - Activity Based Costing analysis - Management accounts
 C N	**1b. Urgent care provision** Delivery of Transformation projects Out of hours provision	- Periodic reviews of urgent care capacity, efficacy and impact - Triage model - Urgent care advice line	- Project status reporting for Urgent and Emergency Integrated Care (UEIC) projects - Care pathway project plans - Out of hours provision document
 C C	**1c. Primary Care at Scale (PCAS)** Delivery of the PCAS project Medication reviews		- Primary Care reporting - Pharmacy pilot review - GP model options appraisal paper - Integrated Performance Report - average wait time for a GP appointment, broken down by practice - Hubs operational - Options appraisal for community pharmacy - Progress against electronic prescription implementation - Medication reviews reporting - First contact practitioners pilot review - Documented frailty pathway
		Early intervention, prevention and childhood experience	
	2a. Multi-agency strategies Suicide Prevention Strategy actions	- Trauma-informed strategy for post-traumatic stress disorder	- Updates provided by strategy steering groups for the following strategies:

G G G N N N G G	Substance Misuse Strategy actions Wellbeing and Mental Health Strategy actions Clinical pathway reviews for major mental health conditions Offender healthcare Adult ADHD diagnosis pathway Autism Spectrum Condition (ASC) Strategy actions Support for Childcare Strategy	- Expanded Crisis Response Home Treatment Team - Reduction of CAMHS caseload - Continued progress with ASC strategy actions - Participation in an annual ASC awareness campaign - Consider ASC community needs in new / revised communications / service / process	• Suicide Prevention • Substance Misuse • Wellbeing and Mental Health • Childcare Strategy - Integrated Performance Report – timeline to include drug death indicator data - Milestone plan for reviewing clinical pathways for all major mental health conditions - Integrated Performance Report - number of children accessing community-based support and / or psychological therapy and utilisation data available - Offender healthcare action plan regularly reviewed - Scoping document for an adult ADHD diagnosis pathway - ASC reasonable adjustment campaign - Integrated Performance Report – ASC data - Action plan updated through the ASC Strategy steering groups
N	**2b. Foster carers**	- Sufficient foster care provision	- Plan to increase the number of foster carers - Number of foster carers in place and the number recruited
G	**2c. Oral health in children actions** SAPRC Oral health in children	- Unified dental contracts	- Social Affairs Policy Review Committee (SAPRC) oral health in children implementation reporting - Integrated Performance Report – dental waiting list - Contract management reporting
C	**2d. Health visiting and school nursing** 0-19 programme – continued development	- Implement recommendations - Explore 'family hubs'	- Recommendations and implementation options for developing the 0-19 programme - Action plan associated with Domestic Abuse legislation
N C	**2e. Equitable access to services** Support for a health and care equality assessment Independent advocacy service	- Carers working group – extended remit - Design training for the identification of carers - Support Crossroads with the state of caring data and report	- Results of Manx Care's public consultation on services for women - Costed plan to extend independent advocacy services - Carers Strategy implementation reporting - Carers pathway

P	Carer's pathway design		
	Safe, appropriate and consistent care		
C	**3a. Financial envelope**	- Sustainable services	- Regular management accounts - Financial assurance - Risk register and Board Assurance Framework
  C **C** **C**	**3b. Understanding demand** Demand and Capacity (D&C) Data provision Performance targets	- D&C expanded – findings used to support quality improvements and workforce modelling - Data gathered from tertiary providers to support benchmarking - Respond to data requests from Public Health in a complete way - Targets for all remaining services agreed - Consistently meet 28-day diagnosis cancer target whilst working towards an increased target	- D&C reporting and plan - Milestone plan for extending D&C - Development of data sets for mental health, primary care, social care and social work - Agreed performance targets - Integrated Performance Report – all elective average waiting times - Restoration and recovery phase 2 reporting - Integrated Performance Report – cancer and emergency department reporting - 2023-24 emergency department data - Restoration and recovery maintenance reporting
C	**3c. Life changing diagnosis**	- Expansion of reviews - Appraisal of changes already made	- Recommendations for change - Integrated Performance Report – number of referrals to Eye Clinic Liaison Officer (ECLO)
C	**3d. NICE Technology Appraisals**	- Continue progress against implementation plan	- Implementation timeline - Management accounts
	Planning for future population needs		
N	**4a. Home first**		- Milestone plan
  C **N**	**4b. Planning for an ageing population** Provision of data for and support of the Public Health joint strategic needs assessments Virtual wards	- Progression of virtual wards	- Social Care capacity and utilisation data - Timeline for production of required Public Health data - Costed proposal for virtual wards expansion

N	**4c. COVID review**		- Action and milestone plan based on review findings
	Governance, compliance and accountability		
C	**5a. Contracts**	- Completion of remaining contract reviews	- Quarterly reporting
C	**5b. Data Security and Information Governance**	- Continue to achieve DSPT level 3 and work towards level 1	- Annual DSPT submission - Minutes of IGAB meetings - Progress update against KPMG recommendations
C	**5c. Estate review**	- Policy for space utilisation and allocation	- Estate occupancy and utilisation review results - 5-year capital projects priority plan per chapter of the Health and Social Care Estates Strategy
C	**5d. Manx Care Record**	- Continued delivery - Opportunities for integrated digital platforms	- Detailed implementation plan – digital remediation business case - Detailed project plan – Manx Care Record - Associated risks and timelines
C	**5e. Workforce – support and growth**	- Continuation of workforce reviews - Barriers facing staff – action plans to address - Implementation of recruitment and retention plan opportunities - Redesign work experience offering	- Priority plan for integrated workforce reviews - Staff survey results - Workforce reporting - EDI Charter - Progress updates against the recruitment and retention detailed plan - Progress updates against Manx Care's People, Culture and Engagement Strategy 2023-2026 - Integrated Performance Report - vacancy rates, staff turnover, % spend on agency staff
P	**5f. Quality assurance**		- Framework in operation (Department dependency)

Key (applies to the 2024-25 objective / outputs only)

C Continued work from previous year(s), detailed in 2023-24 Mandate or already in train

P Planning for future

N New work to be undertaken

G Support of multi-agency cross Government strategies

Appendix 2 – Performance metrics and key targets

The Department will continue to review all Manx Care Key Performance Indicators and targets reported through the Integrated Performance Report, in order to assess performance against this Mandate and system performance more widely. These discussions will continue monthly with mandated metrics for 2024-25 detailed below. Where a target is stated as, *'To be set based on data for 2023-24' or 'To be set based on data at 31/03/2024',* the target will be agreed at or prior to the first Performance Technical Group Meeting of the Service Year. Performance during the Service Year will then be used to determine future targets.

Metric Name	Target (monthly unless stated otherwise)	Mandate 21-22	Mandate 22-23	Mandate 23-24	Mandate 24-25	Our Island Plan
Care Quality						
Number of Serious Incidents declared	<= 36 annually					
Number of Never Events	0					
Measuring the number of Serious Incidents and Never Events ensures that sufficient processes and safeguards are in place within health and social care services.						
Number of inpatient falls with harm (per 1000 bed days)	< 2					
Measuring the number of inpatient falls with harm ensures that sufficient patient monitoring, staffing, safety, and/or preventative measures are in place in inpatient settings.						
Number of medication errors with harm	<= 25 annually			Objective 2	Priority 1	
Medication errors with harm are monitored to ensure that they are reviewed, and learning used to prevent future events.						
Number of MSRA acquired infections	0					
MSRA infections are measured for the purpose of monitoring infection control.						
Elective Care						
Number of patients (inpatient only) with a length of stay = 0 days	*Metric to be developed during 2024-25*		Objective 5	Objective 2	Priority 1	Yes

Number of patients (inpatient only) with a length of stay > 7 days (‘stranded’)	*Metric to be developed during 2024-25*		Objective 5	Objective 2	Priority 1	Yes
Number of patients (inpatient only) with a length of stay > 21 days (‘super-stranded’)	*Metric to be developed during 2024-25*		Objective 5	Objective 2	Priority 1	Yes
Delayed discharge impacts the ability of services to run effectively and so length of stay is monitored to ensure that patient flow through the hospital is being managed.						
Number of patients (day patient only) with a length of stay > 0 days	*To be set based on data for 2023-24*				Priority 1	
Day case patients should not routinely require an overnight stay in hospital. Monitoring this metric allows for any trend to the contrary to be noted and reasons why investigated.						
Number of patients waiting for first consultant-led hospital appointment	*To be set based on data at 31/03/2024*			Objective 2	Priority 3	Yes
Number of patients waiting for day case procedures	*To be set based on data at 31/03/2024*				Priority 3	Yes
Number of patients waiting for inpatient procedures	*To be set based on data at 31/03/2024*				Priority 3	Yes
The above 3 metrics are a count of awaited appointments and do not take into account patients who may be awaiting multiple appointments.						
Number of unique patients waiting for first hospital appointment	*Metric to be developed during 2024-25*			Objective 2	Priority 3	Yes
The above metric counts the number of unique patients who are awaiting a first hospital appointment.						
Number of patients waiting more than 52 weeks for first consultant-led outpatient appointment	*To be set based on data at 31/03/2024*			Objective 2	Priority 3	Yes
Percentage of urgent GP referrals seen for first appointment within 6 weeks	*To be set based on data for 2023-24*	5.2.3		Objective 2	Priority 3	Yes
Percentage of routine GP referrals seen for first appointment within 17 weeks	*To be set based on data for 2023-24*				Priority 3	Yes
The above 3 metrics track elective care waiting times.						

Number of theatre cancellations on the day, shown as a total for the month: Hospital clinical	*Activity to be monitored*		Objective 7			
Number of theatre cancellations on the day, shown as a total for the month: Hospital non-clinical	*Activity to be monitored*		Objective 7			
Number of theatre cancellations on the day, shown as a total for the month: Patient related	*Activity to be monitored*		Objective 7			
Theatre cancellations on the day cannot be avoided where there is a clinical reason (e.g. patient not medically fit). The aim of these measures is to ensure that cancellations are kept to a minimum in order to maximise the slots available, thereby reducing waiting lists.						
Theatre utilisation – percentage of planned sessions delivered	>= 85%		Objective 7			
Theatre utilisation is the percentage of the total surgical volume successfully admitted and operated on. The target set below 100% allows for patient choice and unavoidable cancellations such as the patient being too unwell to attend. The aim of this measure is to avoid unnecessarily empty theatre slots and drive sustainable surgical waiting lists.						
Hospital (planned care) did not attend rate: Total	<= 7.6% *(long-term target <= 5%)*		Objective 7			
Hospital (planned care) did not attend rate: Consultant-led	<= 7.6% *(long-term target <= 5%)*		Objective 7			
Hospital (planned care) did not attend rate: Nurse	<= 7.6% *(long-term target <= 5%)*		Objective 7			
Hospital (planned care) did not attend rate: Allied health	<= 7.6% *(long-term target <= 5%)*		Objective 7			
The above 4 metrics capture the number of hospital appointments which were not utilised due to patients not attending. The aim is to minimise this number in order to ensure that all appointments are used and reduce waiting times. Monitoring by service area allows for targeted actions in the necessary areas and for the impact of those to be evident.						
Number of discharges: Pre-10:00	*Activity to be monitored*		Objective 3	Objective 2	Priority 4	Yes
Number of discharges: Pre-16:00	*Activity to be monitored*		Objective 3	Objective 2	Priority 4	Yes

Number of discharges: Weekend	*Activity to be monitored*		Objective 3	Objective 2	Priority 4	Yes
Discharge times are monitored to ensure that patients are discharged appropriately, safely and with the correct level of support in place (i.e. not in the middle of the night when pharmacy or home support services would not be available).						
Delayed transfers of care	*Activity to be monitored*		Objective 3	Objective 2	Priority 4	Yes
The above metric identifies patients who meet the necessary criteria for discharge or transfer (either to home or a supported care facility) but are still occupying a bed. This impacts the number of beds available for other patients and can therefore have an adverse effect on waiting times.						
Emergency Care Services						
Ambulance Category 1 average response time	<= 7 minutes	5.2.1	Objective 5	Objective 2	Priority 1	Yes
Ambulance Category 1 average response time at 90th percentile	<= 15 minutes	5.2.1	Objective 5	Objective 2	Priority 1	Yes
Ambulance Category 2 average response time	<= 18 minutes				Priority 1	Yes
Ambulance Category 2 average response time at 90th percentile	<= 40 minutes				Priority 1	Yes
Ambulance average time from stroke call to hospital arrival	*Metric to be developed during 2024-25*		Objective 5	Objective 2	Priority 1	Yes
Number of ambulance turnaround times from arrival to clear that exceed 30 minutes	*Metric to be developed during 2024-25*				Priority 1	
Percentage of ambulance turnaround times from arrival to clear that exceed 30 minutes	*Metric to be developed during 2024-25*				Priority 1	
Number of ambulance turnaround times from arrival to clear that exceed 60 minutes	*To be set based on data for 2023-24*				Priority 1	
Percentage of ambulance turnaround times from arrival to clear that exceed 60 minutes	*To be set based on data for 2023-24*				Priority 1	

The aim of the above 4 metrics is to ensure that ambulances are cleared quickly to enable them to be ready to respond to their next call, thereby helping to reduce ambulance response times.						
ED admission rate (Nobles and Ramsey)	Below rate for England		Objective 5		Priority 1	
ED complexity by triage categories: **1 – Immediate resuscitation** **2 – Very urgent/emergency** **3 – Urgent** **4 – Standard** **5 – Non-urgent**	*Metric to be developed during 2024-25*					
Number of persons choosing to leave ED without being seen	*Metric to be developed during 2024-25*					
The number of patients attending ED and leaving without treatment may indicate inappropriate attendance or excessive wait times. The development and introduction of additional signposting and low-level services would aim to reduce the number of non-urgent attendances by diverting them in the first instance to the most appropriate place and as a result or reduced attendance, will improve overall wait times.						
Average number of minutes between arrival and triage (Nobles)	<= 15 minutes		Objective 5	Objective 2	Priority 1	Yes
Wait time to see first doctor in ED – arrival to clinical assessment (Nobles)	<= 60 minutes		Objective 5	Objective 2	Priority 1	Yes
Time to admit, discharge or transfer patients after arrival at ED (Nobles and Ramsey)	>= 76% within 4 hours *(long-term target >= 95%)*	5.2.2	Objective 5	Objective 2	Priority 1	
Number of patients spending more than 12 hours in ED (Nobles)	*To be set based on data for 2023-24*		Objective 5	Objective 2	Priority 1	
The above 4 metrics are designed to examine how promptly the ED is delivering services.						
Emergency readmissions within 7 days of discharge from hospital	*Activity to be monitored*		Objective 5		Priority 4	
Emergency readmissions within 30 days of discharge	*Activity to be*		Objective 5		Priority 4	Yes

from hospital	*monitored*					
Readmission rates are monitored as they can provide an indication of the effectiveness of hospital discharge processes.						
MEDS callback within 2 hours	*Metric to be developed during 2024-25*					
MEDS did not attend rate	< 5%		Objective 7			
Cancer and Diagnostics Services						
Maximum 28 days from referral for suspected cancer to date of diagnosis	75%	5.2.4	Objective 7	Objective 2	Priority 3	Yes
The above metric is monitored with the aim of reducing the time between referral to the service, and confirmation of either a cancer or non-cancer diagnosis.						
Maximum 62 days from referral for suspected cancer to first treatment	70%	5.2.4	Objective 7	Objective 2	Priority 3	Yes
Maximum 31 days from decision to treat to first definitive treatment	96%		Objective 7	Objective 2	Priority 3	Yes
The above 2 metrics examine whether patients who receive a cancer diagnosis access treatment promptly.						
Percentage of patients receiving a diagnosis at stages 1 and 2 (earlier detection of cancer)	*Metric to be developed during 2024-25 (long-term target >= 75% quarterly*				Priority 3	
Percentage of patients waiting 6 weeks or more for a diagnostics test	*To be set based on data for 2023-24 (long-term target <= 1%)*			Objective 2	Priority 3	Yes
Social Care						
Percentage of re-referrals in total referrals: Adult Social Care	< 15%		Objective 2			Yes

Percentage of re-referrals in total referrals: Children and Families	< 20%		Objective 2			Yes
The above 2metrics compare the number of re-referrals to the total number of referrals in a month, providing an indication of the degree to which service users may have been discharged too early.						
Adult community care assessment (not learning disabilities) completed within 4 weeks	>= 80%	5.4.1				
Learning disabilities assessment completed within 6 weeks	*To be set based on data for 2023-24*	5.4.1				
Copy of adult community care assessment received by patient or carer	100%	5.4.1				
The above 3 metrics track how promptly adult community care assessments are being carried out and aim to ensure that patients/carers always receive copies of assessments completed.						
Percentage of residential beds occupied	>= 85%	5.4.2				
Percentage of respite beds occupied	>= 90%	5.4.2				
Percentage of service users with a person-centred plan (PCP) in place	>= 95%	5.4.2				
Percentage of complex needs reviews held on time	>= 85%	5.4.3				
Percentage of initial child protection conferences held on time	>= 90%	5.4.3				
Percentage of child protection review conferences held on time	>= 90%	5.4.3				
Percentage of looked after children reviews held on time	>= 90%	5.4.3				
The above metrics examine how promptly conferences and reviews are being held by Children and Families.						

Percentage of children (of age) participating in, or contributing to, their child protection review	>= 90%	5.4.3				
Percentage of children (of age) participating in, or contributing to, their looked after child review	>= 90%	5.4.3				
Percentage of children (of age) participating in, or contributing to, their complex review	>= 79%	5.4.3				
Monitoring levels of child participation in reviews aims to ensure that children are being listened to and given opportunities to influence decisions about their lives.						
Integrated Community Care (Metrics relating to the Island's wellbeing partnerships will be developed during the Service Year)						
Community Nursing Service response target met: Urgent/non-routine (24 hours)	100%	5.4.4		Objective 3		
Community Nursing Service response target met: Routine (7 days)	100%	5.4.4		Objective 3		
Community Adult Therapy Services waiting times: Priority 1	100% in 10 working days	5.4.4		Objective 2		
Community Adult Therapy Services waiting times: Priority 2	100% in 30 working days	5.4.4		Objective 2		
Community Adult Therapy Services waiting times: Priority 3	100% in 60 working days	5.4.4		Objective 2		
Primary Care						
Average wait time (in days) to next GP appointment, by practice	*Metric to be developed during 2024-25*	Objective 7	Objective 7	Objective 3	Priority 1	Yes
Number of clinical appointments delivered by practice (per 1,000 population)	*Metric to be developed during 2024-25*				Priority 1	

Early intervention and access to a GP appointment reduces strain on areas such as the out-of-hours medical service and ED. Monitoring the above metrics aims to drive improvement in this area.						
GP did not attend rate	< 5%		Objective 7		Priority 1	
Ensuring that every available GP slot is used will drive improvement in the average wait time for an appointment.						
Percentage of dental contractors on target to meet units of dental activity	>= 30% Mid-Year >= 96% Year-End				Priority 1	
Dental contracts contain an agreed number of units of dental activity that each contracted entity must provide. The above metric allows an overview of robust management of those contracts.						
Number of patients on dental waiting list	*To be set based on data at 31/03/2024*				Priority 2	Yes
Number of patients allocated to NHS dental practices	*To be set based on data for 2023-24*				Priority 2	
Number of unique patients seen at NHS dental practices	*Metric to be developed during 2024-25*				Priority 2	
Average wait time for a dentist appointment, by practice	*Metric to be developed during 2024-25*	Objective 7	Objective 7	Objective 3	Priority 2	Yes
Mental Health Services						
Percentage of patients requiring Mental Health liaison services within the ED, seen within 1 hour	>= 75%	5.3.1	Objective 5			Yes
Percentage of patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	>= 75%	5.3.1				Yes
Percentage of patients with a first episode of psychosis treated with a NICE recommended care package within 2 weeks of referral	>= 75%	5.3.1				Yes

Percentage of patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months	100%	5.3.1				Yes
The above metrics examine how promptly patients access mental health services.						
Percentage of patients under adult mental illness specialities on a Care Programme Approach, followed up in 3 days of being discharged from psychiatric inpatient care	>= 90%	5.3.1				Yes
Total Mental Health current caseload	4500–5500	Objective 4	Objective 3		Priority 2	
CAMHS caseload	*Metric to be developed during 2024-25*	Objective 4	Objective 3		Priority 2	
Mental Health did not attend rate	*To be set based on data for 2023-24*		Objective 7			
Percentage of re-referrals within 6 months	*To be set based on data for 2023-24*	Objective 4	Objective 3			
Leadership and Governance						
Number of data breaches	*To be set based on data for 2023-24*		Section 7	Section 7	Section 7	
Number of enforcement notices from the ICO	0		Section 7	Section 7	Section 7	
Number of SAR, AHR and FOIs not completed within their target	0		Section 7	Section 7	Section 7	
Number of complaints received	*Activity to be monitored*		Section 11	Section 11	Section 11	
Percentage of complaints acknowledged within 5 days	>= 98%		Section 11	Section 11	Section 11	
Percentage of complaints written response in 20 days	>= 98%		Section 11	Section 11	Section 11	

Percentage of complaints exceeding 6 months	0		Section 11	Section 11	Section 11	
Number of complaints referred to Manx Care from the Health and Social Care Ombudsman Body	*Activity to be monitored*		Section 11	Section 11	Section 11	
People						
Percentage of hours lost to staff sickness absence, by care group	<= 4%	Objective 11	Objective 9	Objective 1	Priority 5	
Staff turnover rate, by care group	<= 10%		Objective 9	Objective 1	Priority 5	
Staff vacancy rate	<= 15%		Objective 9	Objective 1	Priority 5	
Completion of mandatory training (%)	>= 90%	Objective 11	Objective 9	Objective 1	Priority 2	
Finance						
Progress towards cost improvement target (percentage)	2%	Objective 6	Section 4	Section 4	Section 2	
Performance against budget (£)	£0 variance	Objective 6	Section 4	Section 4	Section 2	
Agency staff costs (as a percentage of total staff costs), by care group	<= 5% annually	Objective 6	Section 4	Section 4	Priority 5	

Transformation monitoring

The Department and Manx Care are working on data provision and targets to assess performance against Transformation business cases. These discussions will continue monthly with the current selection of metrics, and their associated pathway business case, for 2024-25 detailed below. Appropriate targets for the below will be established as work progresses and the services start or evolve.

Metric Name	Hear and Treat	See and Treat	Ambulatory Assessment Treatment Unit (AATU)	Intermediate Care	Eye Care

Number of 999 ambulance calls (per category) dealt with by Clinical Navigator	✓				
Percentage of 999 ambulance calls (per category) dealt with by Clinical Navigator	✓				
Outcome of Clinical Navigator intervention: Downgraded/upgraded call	✓				
Outcome of Clinical Navigator intervention: Hospital/Primary Care/self-care etc.	✓				
Outcome of Clinical Navigator intervention: Transport mode	✓				
Outcome of Clinical Navigator intervention: Clinical presentation	✓				
Number of double crew ambulances dispatched	✓				
Conveyance to ED rates	✓	✓			
Ambulance performance/response times (all categories 1 to 5)	✓				
Number of ED attendances: Referred to a pathway			✓	✓	
Number of ED attendances: Referred from a pathway			✓	✓	
Number of ED admissions			✓		
ED admission rate			✓		
Number of 12-hour ED trolley waits			✓		
Number of ED patients discharged on the same day			✓		
Number of 0-day (less than 24 hours) and short stay (less than 48 hours) admissions			✓		

Number of referrals into AATU (and source)			✓		
Number of patients accepted into AATU (and source)			✓		
Number of patients referred from ED more than 2 hours after arrival			✓		
Outcome of AATU care: Home			✓		
Outcome of AATU care: Home with support (intermediate care etc.)			✓		
Outcome of AATU care: Hospital admission (stay of 1 night or more			✓		
Number of AATU patients returning for appointments and waiting time for that appointment			✓		
Numbers of referrals				✓	
Referral source				✓	
Number of patients accepted onto service at each level				✓	
Sunderland score for acuity at beginning and end of service intervention				✓	
Discharge destination/outcome from service				✓	
Number of treatment sessions, time spent clinically and discipline of input				✓	
Number of days in service				✓	
Number of patients transferred to hospital by IOMAS (Category 4 and 5)				✓	
Number of primary eye examinations					✓

Percentage of the population examined (primary eye examinations)					✓
Number and percentage of supplementary eye examinations (by reason)					✓
Outcome of supplementary eye examinations					✓
Percentage of individuals cared for within the community (no onward referral to HES)					✓
Referrals to the community (by referrer)					✓
Referral rate to the HES per practice and condition					✓
Characteristics of the patient examined					✓
Percentage of community optometrists providing PEEs/SEEs/MECs					✓
Waiting time for first appointment					✓
Waiting time for procedure					✓
Number of referrals to eye care liaison officer (ECLO)					✓
Percentage of appropriate referrals from HES to third sector and community services					✓

Defined terms and abbreviations

For the purposes of this Mandate the following words and phrases when capitalised shall have the meanings given; as shall other forms thereof such as plurals or other tenses (mutatis mutandis).

Term	Meaning
AATU	Ambulatory Assessment and Treatment Unit
ABC	Activity Based Costing identifies activities in an organisation and assigns a cost to each
Act	Manx Care Act 2021
AHR	Access to Health Records
ASC	Autism Spectrum Conditions
Board Assurance Framework	Framework to evidence and meet obligations to promote comprehensive and integrated health and social care service, and to secure continuous improvements.
Board-to-Board	Meetings between the Department of Health and Social Care board members and Manx Care's board members
CAMHS	Child and Adolescent Mental Health Service
CFS	Chronic Fatigue Syndrome
Climate Change Plan	Details the Island's commitment to climate change[1]
CT	Computed tomography – combines a series of x-ray images taken from different angles around the body and uses computer processing to create cross-sectional images
Data Protection Legislation	The Data Protection Act 2018 and all legislation made thereunder including the Data Protection (Application of GDPR) Order 2018, the Data Protection (Application of LED) Order 2018 and the GDPR and LED Implementing Regulations 2018 or any legislation which applies to the processing of personal data in the Isle of Man
Data Subjects	Refers to any individual person who can be identified, directly or indirectly, via an identifier such as name, an ID number etc
Department	The Department of Health and Social Care
Director of Public Health	The Director of Public Health appointed under Part 1 Section 1(1) of the Local Government Act 1985[2]
Dispute	Any dispute, difference or question of interpretation arising out of or in connection with the Mandate, including any dispute, difference or question of interpretation relating to the Mandated Services, failure to agree in accordance with any change process or any matter where the Mandate directs the Partners to resolve an issue by reference to the Dispute Procedure
Dispute Notice	A written notice served by one Partner on the other stating that the Partner serving the notice believes that there is a Dispute
Dispute Resolution Procedure	The process and procedures set out in Section 8

[1] https://www.tynwald.org.im/business/opqp/sittings/20212026/2022-SD-0065.pdf
[2] https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1985/1985-0024/LocalGovernmentAct1985_8.pdf

DSPT	NHS Data Security and Protection toolkit - an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards
ECLO	Eye Clinic Liaison Officer
ED	Emergency Department
Escalation Notice	A notice demanding an in-person meeting involving representatives of the Parties at a senior level of management (or if the Parties agree, of the appropriate strategic business unit or division within such entity) for the purpose of resolving a dispute, controversy or claim
Expedited Dispute Process	The expedited process for the resolution of Disputes set out in Section 8.3
FDS	Faster Diagnosis Standard - patients will receive a diagnosis or all-clear for cancer within 28 days of referral for diagnostic testing
FOI	Freedom of Information
GDPR	General Data Protection Regulation = a regulation in EU law on data protection and privacy in the European Union and the European Economic Area
Government / Government Departments	The Departments Boards and Offices which form the Isle of Man Government
GP	General Practice / Practitioner
Health and Care Transformation Programme	The programme to deliver the 26 recommendations from the Independent Health and Social Care Review[3]
Health and Social Care Ombudsman Body	A service for complaints that have not been resolved by Manx Care or a service provider who delivers health and social care services commissioned by Manx Care
HES	Hospital Eye Service
ICO	Information Commissioners Office – see below
Information Commissioner	The independent supervisory body for the Data Protection Act 2002 and the Unsolicited Communications Regulations 2005
IOMAS	Isle of Man Ambulance Service
IT	Information Technology - Encompasses all forms of technology used to create, store, exchange, and use information in its various forms
JCVI	Joint Committee on Vaccination and Immunisation
Key Performance Indicators	A type of performance measurement used to evaluate success
Mandate	This document, the Mandate for Manx Care set by the Department as required by the Manx Care Act and as amended in accordance with the Act

[3] https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf

Mandated Service	A service that Manx Care is required to provide by the Mandate
ME	Myalgic encephalomyelitis – also called chronic fatigue syndrome or ME/CFS
Mandate Development Meeting(s)	Monthly meetings which form part of the Mandate Framework
Mandate Framework	A set of indicators agreed by the Department and Manx Care to monitor the health and social care outcomes of Service Users. Formerly called the Oversight Framework
Manx Care	The organisation providing health and care services as contemplated by the Manx Care Act
MCALS	Manx Care Advice and Liaison Service
MEDS	Manx Emergency Doctor Service
MRI	Magnetic Resonance Imaging – a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body
MRSA	Methicillin-Resistant Staphylococcus Aureus
NICE TA	NICE Technology Appraisals - recommendations on the use of new and existing medicines
Our Island Plan	The vision set out by the Isle of Man Government
Outcome	A benefit that is expected once changes have been made to a Mandated Service such as an improvement in service quality or Service User experience, or a reduction in cost
Party / Partner / Partners	Either the Department or Manx Care as the context dictates
Patient	An individual to whom, or in relation to whom, a health service or social care service is provided
Performance Technical Group (Meetings)	Meetings between the Department, Manx Care and Public Health regarding progress of any data provision, quality and validation work, and the planned creation, deletion or amendments to Key Performance Indicators
Personal Data	Has the meaning given to it in Article 4(1) of the ANNEX to the Data Protection (Application of GDPR) Order 2018[4]
Personal Data Breach	A security incident that has affected the confidentiality, integrity or availability of personal data
PHOF	Public Health Outcomes Framework
Primary Care	The first point of contact for health care for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians and dentists are also primary health care providers
Primary Care at Scale	Collaboration across Manx Care and contracted Primary Care partner organisations to deliver an enhanced Primary Care service and to drive through quality and consistency of care
Public Health	Public Health Isle of Man
Quality	Sets of values defined within the Key Performance Indicators

[4] https://www.tynwald.org.im//links/tls/SD/2018/2018-SD-0143.pdf#search=%22Data%20Protection%20(Application%20of%20GDPR)%20Order%202018%22

Indicators	
Reciprocal Health Arrangement	Agreements between countries that cover the cost of medically necessary care
Right of Access	An individual's right to access their personal data under GDPR
SAR	Subject Access Request
Service Level	A defined and agreed metric against which a service is measured by Manx Care and, where required, reported to the Department by Manx Care
Service User	An individual to whom, or in relation to whom, a health service or social care service is provided
Service Specifications	Written guidelines that clarify all of the requirements of the service to be delivered
Service Year	The period which ordinarily starts on the 01 April and ends on 31 March in each year that Mandated Services are provided
Shared Service	A service that is provided centrally, and which is available to be consumed by government organisations, departments and more broadly, across the Isle of Man Government.
SLA	Service Level Agreement - Contract specifying what services one organisation or department will provide to another organisation or department
Special Categories	Under GDPR, special categories of data include race, ethnicity, political views, religion, spiritual or philosophical beliefs, biometric data for ID purposes, health data, sex life data, sexual orientation and genetic data
Third Sector	Organisations which are neither private sector nor public sector
Transformation / Transformation Programme	See Health and Care Transformation Programme
UEIC	Urgent and Emergency Integrated Care – part of the Health and Care Transformation Project
Working Days	Monday to Friday, not including Bank or Public holidays

Version Control

Version	Date	Author	Notes
0.1	26/07/2023	Head of Mandate	Use 2023 template as first version, explain position regarding 'carried over' objectives, combine objectives from working draft
0.2	27/07/2023	Head of Mandate	Continue to draft strategic objectives
0.3	31/07/2023	Performance Analyst	KPI information (2.1.4) and new metrics table.
0.4	21/08/2023	Head of Mandate	Continue to develop strategic objectives
0.5	30/08/2023	Head of Mandate	Continue to develop strategic objectives following information received regarding women's health, fostering
0.6	06/09/2023	Head of Mandate	Insert detail around Carers strategy
0.7	06/09/2023	Mandate Performance Manager	Insertion of Table 1
0.8	15/09/2023	Head of Mandate	Informal feedback from Transformation colleagues
0.9	19/09/2023	Head of Mandate	Amend mental health objective
0.10	19/09/2023	Mandate Performance Manager	Revision of Table 1, amendment of workforce objective
0.11	21/09/2023	Mandate Performance Manager	Revision of Table 1
0.12	25/09/2023	Head of Mandate	Redraft objectives - outcome focussed
0.13	04/10/2023	Head of Mandate	Incorporate feedback from Manx Care and Transformation workshop
0.14	17/10/2023	Head of Mandate	Draft Funding Section
0.15	23/10/2023	Mandate Performance Manager	Section 4.4 updated
0.16	25/10/2023	Mandate Team	
0.17	08/12/2023	Mandate Performance Manager	Update of workforce objectives following feedback
0.18	21/12/2023	Head of Mandate	Update metrics following political feedback
0.19	05/01/2024	Head of Mandate	Update metrics table
0.20	17/01/2024	Head of Mandate	Refine wording of Priority 1 vision Amend layout of PCAS objective Foster Carers wording change Add 'compliance' to governance priority
0.21	19/01/2024	Mandate Performance Manager	Amendment of wording of 9.1.1 to allow reference to acts and regulations and additional act included Update to Schedule 1 Additions to Schedule 2
0.22	19/01/2024	Head of Mandate	Insert objective quality assurance Update vision safe and consistent care
0.23	19/01/2024	Mandate Performance Manager	Amendments to table at 2.5 in line with objective wording amendments
0.24	23/01/2024	Mandate Performance Manager Head of Mandate	Wording changes for consistency ASC objective placement moved Amendment of wording in sections 2.2.1 and 2.2.2 Additions/amendments to Schedule 2 Minor amendments following feedback
0.25	25/01/2024	Performance Analyst	Amendments to Appendix 1

		Mandate Performance Manager	Minor amendments to formatting for consistency
0.26	26/01/2024	Mandate Performance Manager Performance Analyst	Addition of objective to Priority 2 for NICE TAs Minor amendments to Appendix 1
0.27	29/01/2024	Head of Mandate	Insertion of Ministers Foreword
0.28	30/01/2024	Performance Analyst Mandate Performance Manager	Minor amendments to Appendix 1 At a glance table moved to Appendix 1, Appendix 1 moved to Appendix 2 Measures of success for all priorities moved into one section at the end of Priority 5.
0.29	02/02/2024	Mandate Performance Manager	Minor amendments to wording for consistency. Additional evidence added to objectives.
0.30	05/02/2024	Head of Mandate Mandate Performance Manager	Definition of terms moved to above the Version control and additional entries added. At a glance table updated to include additional evidence.
0.31	06/02/2024	Performance Analyst	Amendments relevant to metrics.
0.32	07/02/2024	Mandate Performance Manager	Minor amendments following feedback from Strategy and Policy Manager, Policy and Strategy Development Office and Head of Strategic Commissioning. ADHD objective position moved in objective. At a glance table updated.
1.00	08/02/2024	Head of Mandate	Create final version, formatting amends
1.01	13/02/2024	Mandate Performance Manager	Correction of numbering error, small changes to objective names on at a glance table
1.02	20/02/2024	Head of Mandate	Final issue to register following budget debate

Integrated Performance Report

Jan-24

Version: Final v2.0

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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 and Business Intelligence Team (PBI) 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)**
  PBI 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 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, PBI are working with the service area leads to develop the required measurement and reporting mechanisms and processes.

- **Planned Care**
  Several new planned care metrics (e.g. Number of discharges by time of day, and Number of delayed transfers of care) will be provided in next month's IPR.

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

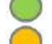
Introduction - 2

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 PBI 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 de velop 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.
PBI is continuing to progress 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 PBI 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 Oversight Group that will pro-actively look to identify and address any matters of quality or integrity with in 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:

VARIATION

Criteria	Category
If 6 points or more in a row of continuous improvement or If 6 dots or more in a row are better than the base line mean	Special Cause of Improving variation (High/Low)
If 6 points or more in a row of continuous worsening or If 6 dots or more in a row are worse than the base line mean	Special Cause of Concerning variation (High/Low)
If none of the above criteria is met	Common cause

ASSURANCE

Criteria	Category
If last 6 points are equal to or better than the target	Consistently hit target
If last 6 points are worse than the target	Consistently fail target
If last 6 points are a mix of better and worse	Inconsistently passing and falling short of target

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.

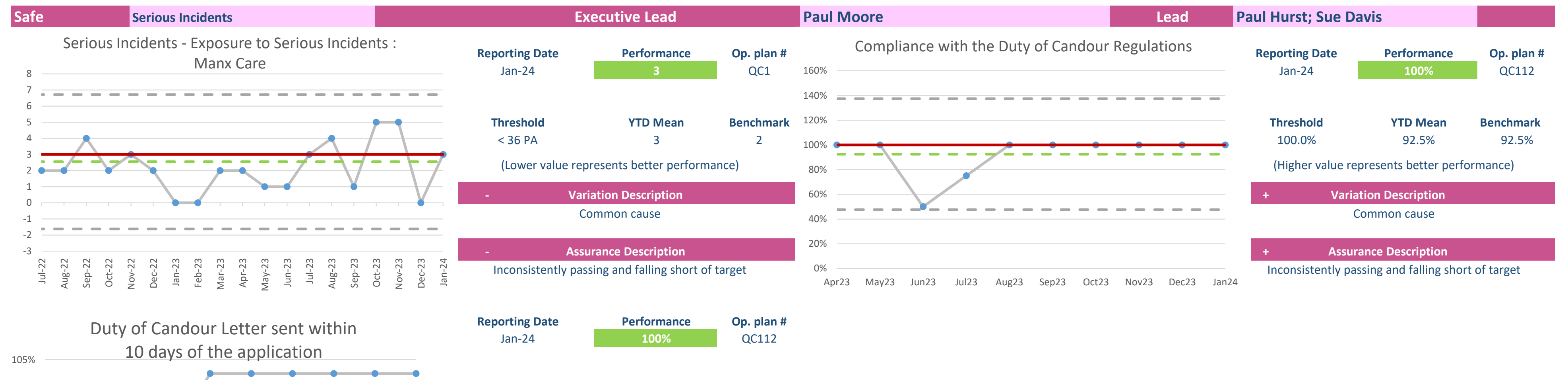
Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed.
Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, 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	• 30 consecutive months without a Never Event. • 3 serious incidents in January, though YTD of 25 remains below threshold of < 36. • Ony one case of C.Diff reported. • Zero Medication Errors with Harm across Manx Care in January. • 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 99%. VTE risk assessment within 12 hours was 98% which is above the 95% standard. • There were no cases of MRSA in January. • 100% of letters were sent in accordance with Duty of Candour Regulations.	• 8 cases of E.coli bacteraemia. • 48-72 hr senior medical review of antibiotic prescription remains below the 98% threshold, though increased to 90% in January from 78% in December.
Effective	• 98% of Learning from Death reviews were completed within timescale which exceeds the target for the twelfth month in a row. • The Crisis Team continue to meet the 1 hour response time threshold for Emergency Department referrals with 91% in January. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments was 96% in January, with the average monthly achievement now at 85%.	• Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge. • Induction of labour was above national standard (30%) at 46.9%. YTD Mean 32%. • Complex Needs Reviews held on time was 34% (YTD mean 59%).
Caring	• Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (90%) • Service user satisfaction remains high with 90% 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%.	• 24 complaints were logged in January, but this remains within the expected threshold.
Responsive	• 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 specialties. • 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.	• The ED Performance against the 4 hour standard slightly decreased to 66% in January 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 51 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 35 breaches of the 60 minute ambulance turnaround time in January, though this was an improvement compared to 43 in December. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in January for 2 days. • Cancer 28 Day performance in January was below the 75% threshold at 69%, though improved from 66% in December.
Well Led (People)	• It is very encouraging to continue to see a high level of engagement from staff across the whole of Manx Care with the Information Governance Team in relation to data protection and data sharing. The team are regularly contacted by staff seeking advice across a range of issues. A Data Protection Impact Assessment (DPIA) course is being run for Manx Care staff on Friday 16th February. The course was oversubscribed and a second course has been scheduled later in February to accommodate staff who requested places.	• The volumes of Freedom of Information Requests, Data Subject Access Requests and Police and Court requests remains high and presents a significant challenge for the Information Governance Team. In January 2024 Manx Care received 77 Data Subject Access Requests. The overall trend continues to increase and it is likely that the average number of requests by the end of 2024 will be almost 80 per month (for comparison the monthly average at December 2022 was 45). • There were 14 Data Breaches in January. All breaches are fully investigated in order that Manx Care can identify 'lessons learned' and improve our processes going forward.
Well Led (Finance)		• 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). • 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.

Safe Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Jan-24		3	3	25	< 36 PA		?
SA002		Duty of Candour Letter sent within 10 days of the application	Jan-24		100%	88%	-	80%		?
SA018		Compliance with the Duty of Candour Regulations	Jan-24		100%	93%	-	100%		?
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Jan-24		98%	91%	-	95%		?
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Jan-24		99%	97%	-	95%		P
SA005		Never Events	Jan-24		0	0	0	0		P
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Jan-24		0.3	0.3	-	< 2		P
SA007		Clostridium Difficile - Total number of acquired infections	Jan-24		1	2	24	< 30 PA		?
SA008		MRSA - Total number of acquired infections	Jan-24		0	0	1	0		?
SA009		E-Coli - Total number of acquired infections	Jan-24		8	8	76	< 72 PA		?
SA010		No. confirmed cases of Klebsiella spp	Jan-24	-	2	2	16	-		
SA011		No. confirmed cases of Pseudomonas aeruginosa	Jan-24	-	0	1	5	-		
SA012		Exposure to medication incidents resulting in harm	Jan-24		0	0	3	< 25 PA		P
SA013		Harm Free Care Score (Safety Thermometer) - Adult	Jan-24		97%	97%	-	95%		P
SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Jan-24		100%	99%	-	95%		?
SA015		Harm Free Care Score (Safety Thermometer) - Children	Jan-24		99%	97%	-	95%		P
SA016		Hand Hygiene Compliance	Jan-24		96%	97%	-	96%		P
SA017		48-72 hr review of antibiotic prescription complete	Jan-24		90%	80%	-	>= 98%	H	F
SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Jan-24		14	16	160	<= 17 (204 PA)		?



Duty of Candour Letter sent within 10 days of the application

Reporting Date	Performance	Op. plan #
Jan-24	100%	QC112

Threshold	YTD Mean	Benchmark
80%	88.0%	88.00%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

Serious Incidents:
3 serious incidents declared during January, meaning 25 YTD

Letter has been sent in accordance with Duty of Candour Regulations:
• 100% compliance.

Planned / Mitigation Actions

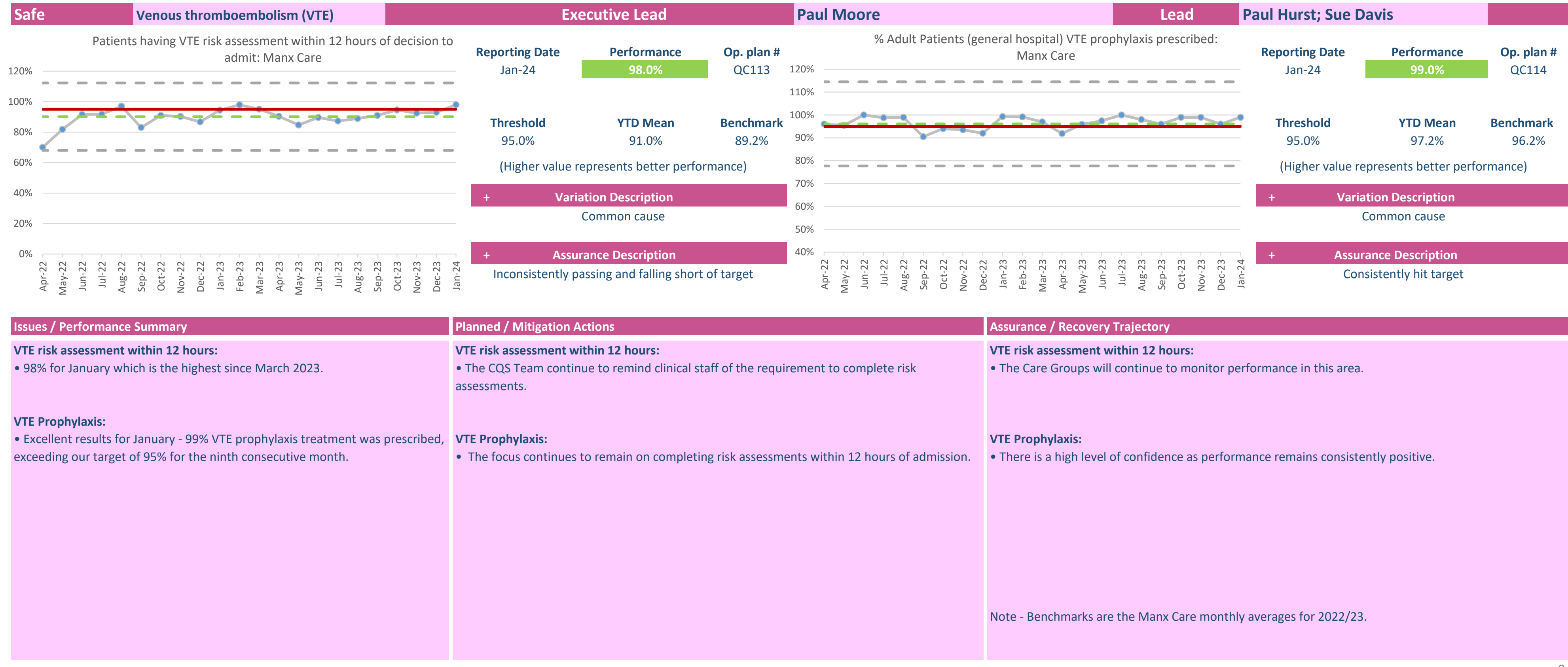
Serious Incidents:
• Continued monitoring via SIRG.

Letter has been sent in accordance with Duty of Candour Regulations:
• Continue to monitor .

Assurance / Recovery Trajectory

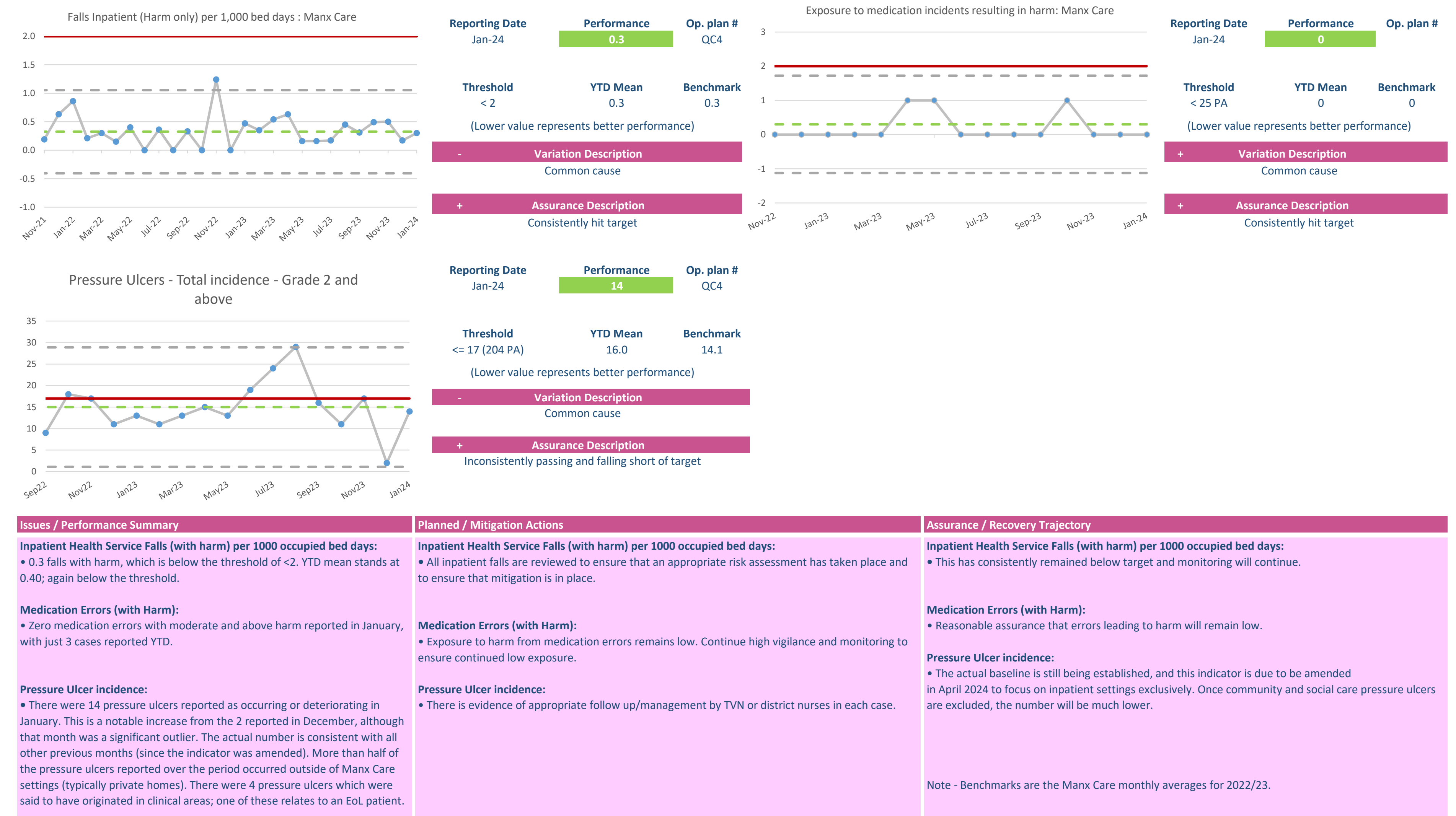
Serious Incidents:
• The percentage of Serious Incidents declared is slightly higher (0.53%) for January than the 2023 average (0.4%); however, due to the relatively low number of SIs declared this figure is subject to variation when viewed over the short term.

Letter has been sent in accordance with Duty of Candour Regulations:
• Performance remains strong.



Safe
Venous thromboembolism (VTE)
Executive Lead
Paul Moore
Lead
Paul Hurst; Sue Davis
Patients having VTE risk assessment within 12 hours of decision to admit: Manx Care
120%
100%
80%
60%
40%
20%
0%
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Reporting Date
Jan-24
Performance
98.0%
Op. plan #
QC113
Threshold
95.0%
YTD Mean
91.0%
Benchmark
89.2%
(Higher value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Inconsistently passing and falling short of target
% Adult Patients (general hospital) VTE prophylaxis prescribed: Manx Care
120%
110%
100%
90%
80%
70%
60%
50%
40%
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Reporting Date
Jan-24
Performance
99.0%
Op. plan #
QC114
Threshold
95.0%
YTD Mean
97.2%
Benchmark
96.2%
(Higher value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Consistently hit target
Issues / Performance Summary
VTE risk assessment within 12 hours:
• 98% for January which is the highest since March 2023.
VTE Prophylaxis:
• Excellent results for January - 99% VTE prophylaxis treatment was prescribed, exceeding our target of 95% for the ninth consecutive month.
Planned / Mitigation Actions
VTE risk assessment within 12 hours:
• The CQS Team continue to remind clinical staff of the requirement to complete risk assessments.
VTE Prophylaxis:
• The focus continues to remain on completing risk assessments within 12 hours of admission.
Assurance / Recovery Trajectory
VTE risk assessment within 12 hours:
• The Care Groups will continue to monitor performance in this area.
VTE Prophylaxis:
• There is a high level of confidence as performance remains consistently positive.
Note - Benchmarks are the Manx Care monthly averages for 2022/23.
8

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



Falls Inpatient (Harm only) per 1,000 bed days

Reporting Date	Performance	Op. plan #
Jan-24	0.3	QC4

Threshold	YTD Mean	Benchmark
< 2	0.3	0.3

(Lower value represents better performance)

- Variation Description: Common cause

+ Assurance Description: Consistently hit target

Exposure to medication incidents resulting in harm

Reporting Date	Performance	Op. plan #
Jan-24	0	

Threshold	YTD Mean	Benchmark
< 25 PA	0	0

(Lower value represents better performance)

+ Variation Description: Common cause

+ Assurance Description: Consistently hit target

Pressure Ulcers - Total incidence - Grade 2 and above

Reporting Date	Performance	Op. plan #
Jan-24	14	QC4

Threshold	YTD Mean	Benchmark
<= 17 (204 PA)	16.0	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:
• 0.3 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 January, with just 3 cases reported YTD.

Pressure Ulcer incidence:
• There were 14 pressure ulcers reported as occurring or deteriorating in January. This is a notable increase from the 2 reported in December, although that month was a significant outlier. The actual number is consistent with all other previous months (since the indicator was amended). More than half of the pressure ulcers reported over the period occurred outside of Manx Care settings (typically private homes). There were 4 pressure ulcers which were said to have originated in clinical areas; one of these relates to an EoL patient.

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:
• There is evidence of appropriate follow up/management by TVN or district nurses in each case.

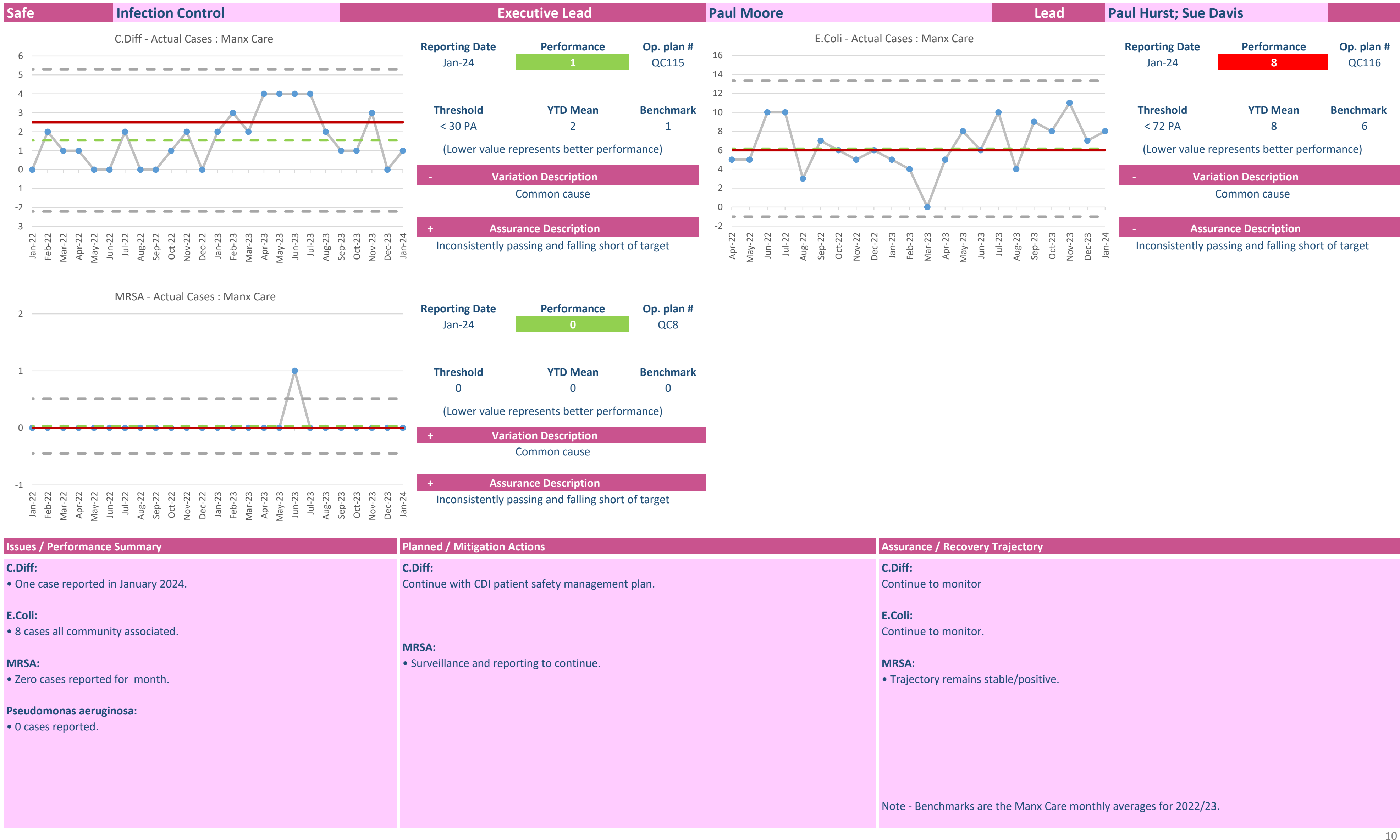
Assurance / Recovery Trajectory

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 actual baseline is still being established, and this indicator is due to be amended in April 2024 to focus on inpatient settings exclusively. Once community and social care pressure ulcers are excluded, the number will be much lower.

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



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

C.Diff

Reporting Date	Performance	Op. plan #
Jan-24	1	QC115

Threshold	YTD Mean	Benchmark
< 30 PA	2	1

(Lower value represents better performance)

- Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

E.Coli

Reporting Date	Performance	Op. plan #
Jan-24	8	QC116

Threshold	YTD Mean	Benchmark
< 72 PA	8	6

(Lower value represents better performance)

- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

MRSA

Reporting Date	Performance	Op. plan #
Jan-24	0	QC8

Threshold	YTD Mean	Benchmark
0	0	0

(Lower value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

C.Diff:
- One case reported in January 2024.

E.Coli:
- 8 cases all community associated.

MRSA:
- Zero cases reported for month.

Pseudomonas aeruginosa:
- 0 cases reported.

Planned / Mitigation Actions

C.Diff:
Continue with CDI patient safety management plan.

MRSA:
- Surveillance and reporting to continue.

Assurance / Recovery Trajectory

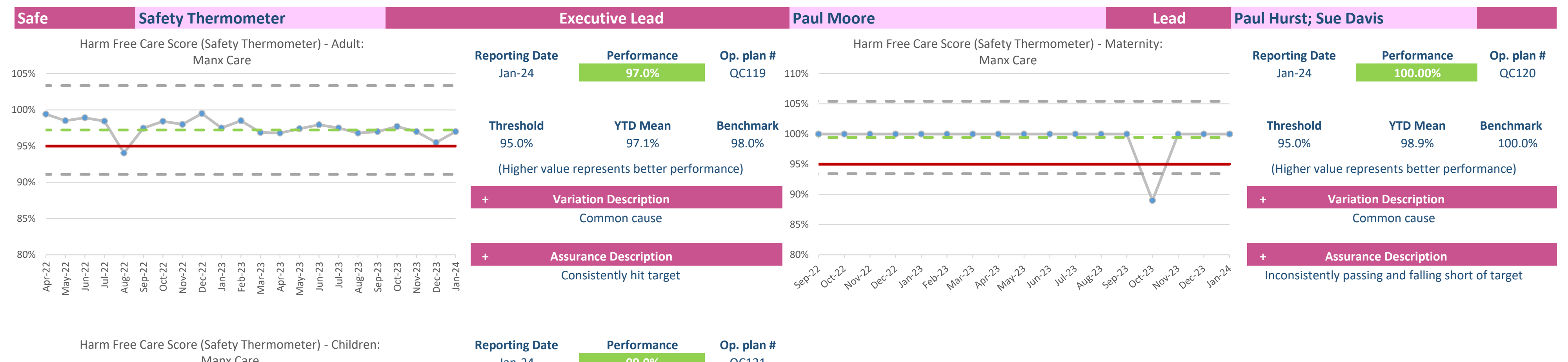
C.Diff:
Continue to monitor

E.Coli:
Continue to monitor.

MRSA:
- Trajectory remains stable/positive.

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

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



Adult

Reporting Date	Performance	Op. plan #
Jan-24	97.0%	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

Maternity

Reporting Date	Performance	Op. plan #
Jan-24	100.00%	QC120

Threshold	YTD Mean	Benchmark
95.0%	98.9%	100.0%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Children

Reporting Date	Performance	Op. plan #
Jan-24	99.0%	QC121

Threshold	YTD Mean	Benchmark
95.0%	97.0%	95.8%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Issues / Performance Summary

Adult:
- 97% remains above the target of 95%; YTD average also exceeding target at 97%.

Maternity:
- 100% Maternity patients were kept harm free. Results for the YTD extremely positive with 9 out of 10 months exceeding the target.

Children:
- 99% of children were kept harm free, exceeding the target of 95% for 9 out of 10 months in this reporting year.

Planned / Mitigation Actions

Adult:
- Continue to maintain compliance.

Maternity:
- Continue to maintain compliance.

Children:
- Continue to maintain compliance.

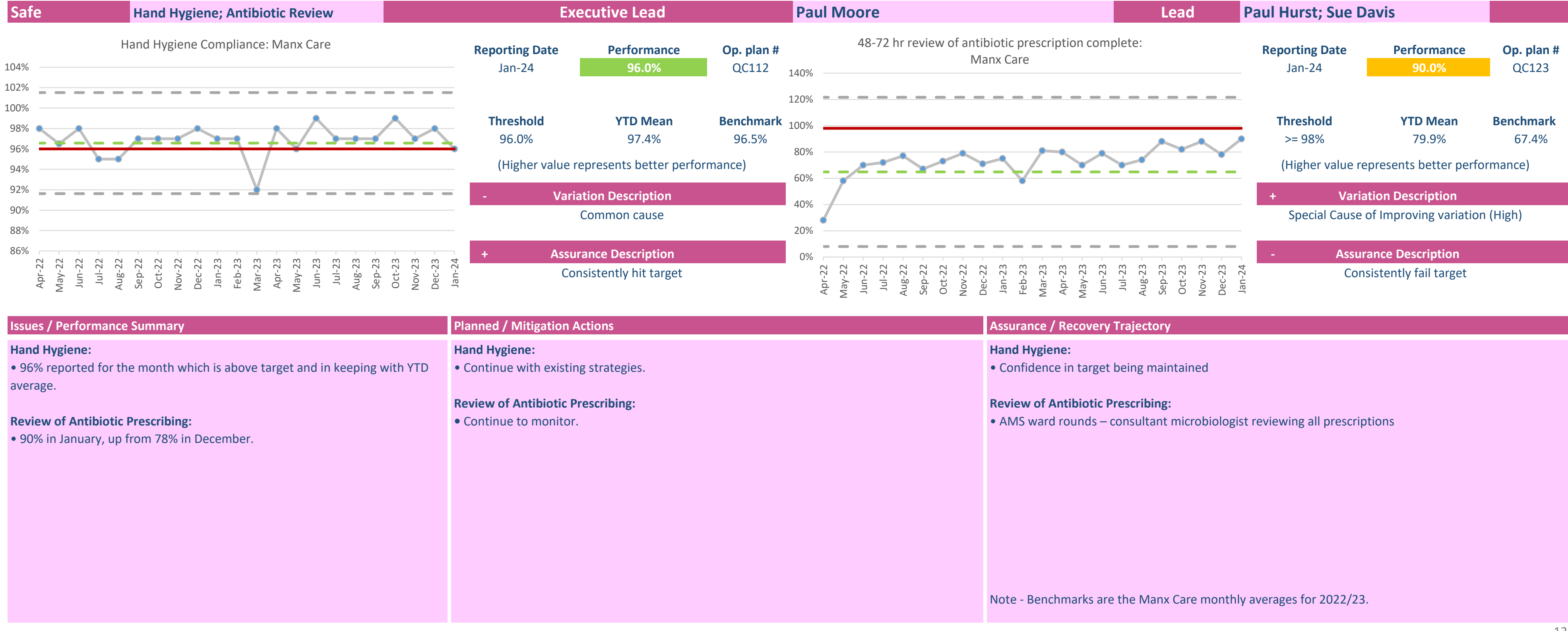
Assurance / Recovery Trajectory

Adult:
- High level of confidence that this level will be maintained.

Maternity:
- Confident that high level of compliance will be maintained.

Children:
- Confident that compliance will be maintained.

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



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

Hand Hygiene Compliance: Manx Care

Reporting Date	Performance	Op. plan #
Jan-24	96.0%	QC112

Threshold	YTD Mean	Benchmark
96.0%	97.4%	96.5%

(Higher value represents better performance)

- Variation Description

Common cause

+ Assurance Description

Consistently hit target

48-72 hr review of antibiotic prescription complete: Manx Care

Reporting Date	Performance	Op. plan #
Jan-24	90.0%	QC123

Threshold	YTD Mean	Benchmark
>= 98%	79.9%	67.4%

(Higher value represents better performance)

+ Variation Description

Special Cause of Improving variation (High)

- Assurance Description

Consistently fail target

Issues / Performance Summary

Hand Hygiene:

• 96% reported for the month which is above target and in keeping with YTD average.

Review of Antibiotic Prescribing:

• 90% in January, up from 78% in December.

Planned / Mitigation Actions

Hand Hygiene:

• Continue with existing strategies.

Review of Antibiotic Prescribing:

• Continue to monitor.

Assurance / Recovery Trajectory

Hand Hygiene:

• Confidence in target being maintained

Review of Antibiotic Prescribing:

• AMS ward rounds – consultant microbiologist reviewing all prescriptions

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

Effective Performance Summary (page 1 of 2)

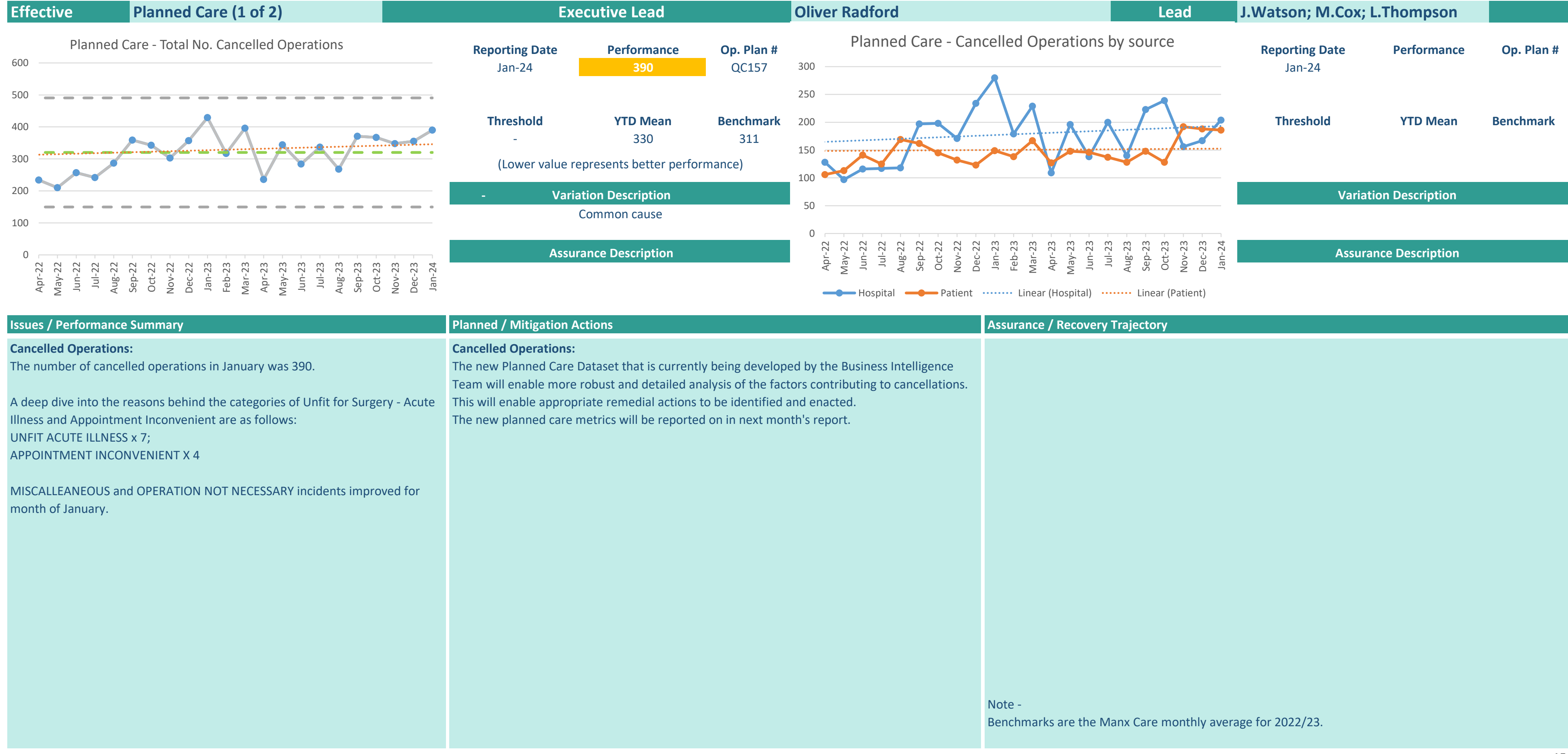
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Jan-24		15%	13%	-	5% by Apr '24		
EF067		Planned Care - DNA Rate - Hospital	Jan-24		12.2%	-	-	5%		
EF002		Planned Care - Total Number of Cancelled Operations	Jan-24		390	330	3300	-		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Jan-24	-	115	108	-	-		
EF050		Total Number of Inpatient discharges-Nobles	Jan-24	-	920	924	9235	-		
EF051		Total Number of inpatient discharges-RDCH	Jan-24	-	40	38	383	-		
EF003		Theatres - Number of Cancelled Operations	Jan-24		44	36	360	-		
EF004		Theatres - Theatre Utilisation	Jan-24		76%	76%	-	85%		
EF006		Crude Mortality Rate	Jan-24	-	38	23	271	-		
EF007		Total Hospital Deaths	Jan-24	-	41	23	279	-		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Jan-24		98%	97%	-	80%		
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Jan-24		95%	96%	-	95%		
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Jan-24		0.4%	7%	-	-5%		
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Jan-24		28%	5%	-	-10%		
EF010		IPCC - % Dental contractors on target to meet UDA's	Dec-23		55%	-	-	96%		
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Jan-24	-	31	34	-	-		
EF064		MH - Number of patients with a length of stay - 0 days	Jan-24	-	0	1	8	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Jan-24	-	1	2	15	-		-
EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Jan-24	-	2	1	12	-		-
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Jan-24		89%	98%	-	90%		
EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Jan-24		100%	100%	-	75%		
EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Jan-24		-	83%	-	75%		
EF026		MH - Crisis Team one hour response to referral from ED	Jan-24		91%	90%	-	75%		
EF063		ASC - No. of referrals	Jan-24	-	82	74	739	-		-
EF015		ASC - % of Re-referrals	Jan-24		6%	3%	-	<15%		
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Jan-24		28%	32%	-	80%		
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Jan-24		96%	85%	-	100%		
EF052		Referrals to Adult Safeguarding Team	Jan-24	-	114	100	997	-		-
EF053		Adult Safeguarding Alert	Jan-24	-	65	59	589	-		-
EF054		Discharges from Adult Safeguarding Team	Jan-24	-	77	95	949	-		-
EF055		Re-referrals to Adult Safeguarding Team	Jan-24	-	14	19	188	-		-
EF056		% MARFs Completed by Adult Safeguarding Team	Jan-24	-	100%	87%	-	-		-

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
EF049		C&F -Number of referrals - Children & Families	Jan-24		230	161	1612	-		
EF019		CFSC - % Complex Needs Reviews held on time	Jan-24		34%	59%	-	85%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Jan-24		80%	72%	-	90%		
EF022		CFSC - % Child Protection Reviews held on time	Jan-24		75%	72%	-	90%		
EF023		CFSC - % Looked After Children reviews held on time	Jan-24		76%	94%	-	90%		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Jan-24		90%	88%	-	90%		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Jan-24		100%	99%	-	90%		
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Jan-24		55%	47%	-	79%		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Jan-24	-	39%	42%	-	-		
EF031		Maternity - Induction of Labour	Jan-24		47%	32%	-	< 30%		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Jan-24		2%	1%	-	< 3.5%		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Jan-24		4%	1%	-	< 2.6%		
EF034		Maternity - Unplanned Term Admissions To NNU	Jan-24	-	10%	-	-	-		
EF035		Maternity - Stillbirth Number / Rate	Jan-24		0	0.1	1.0	<4.4/1000		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	Jan-24	-	1	-	-	-		
EF037		Maternity - % Smoking At Booking	Jan-24	-	10%	9.3%	-	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF038		Maternity - % Of Women Smoking At Time Of Delivery	Jan-24		8%	8%	-	< 18%		
EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Jan-24		63%	68%	-	> 80%		
EF040		Maternity - Breast Feeding Rate At Transfer Home	Jan-24		78%	-	-			
EF041		Maternity - Number of Neonatal Mortality	Jan-24		1	0.1	-			-
EF059		W&C - Paediatrics- Total Admissions	Jan-24		169	149	1192	-		-
EF060		W&C - NNU - Total number of Admissions	Jan-24		5	7	65	-		-
EF061		W&C - NNU - Avg. Length of Stay	Jan-24		4	8	65	-		-
EF062		W&C - NNU -Community follow up	Jan-24		8	5	49	-		-
EF068		Pharmacy - Total Prescriptions (No. of fees)	Nov-23		£146,299	£140,960	£1,127,682	-		-
EF069		Pharmacy - Chargable Prescriptions	Nov-23		£19,690	£18,670	£149,363	-		-
EF070		Pharmacy - Total Exempt Item	Nov-23		£143,793	£138,818	£1,110,541	-		-
EF071		Pharmacy - Chargeable Items	Nov-23		£19,273	£18,507	£148,054	-		-
EF072		Pharmacy - Net cost	Nov-23		£1,405,662	£1,443,644	£11,549,154	-		-
EF073		Pharmacy - Charges Collected	Nov-23		£74,520	£71,457	£571,654	-		-
EF081		IPCC - Dental - Additions	Jan-24		228	179	1,790	-		
EF082		IPCC - Dental - Allocations	Jan-24		3	37	372	-		
EF086		IPCC - Number of Sight Test	Jan-24		1442	2,181	19,631	-		
EF074		Total Number of OP & Dementia Beds Available	Jan-24		195	195	-	-		
EF075		Total Number of OP & Dementia Beds Occupied	Jan-24		95	109	-	-		
EF076		Total Number of LD Beds Available	Jan-24		85	83	-	-		
EF077		Total Number of LD Beds Occupied	Jan-24		69	70	-	-		



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

Reporting Date	Performance	Op. Plan #
Jan-24	390	QC157

Threshold	YTD Mean	Benchmark
-	330	311

(Lower value represents better performance)

Variation Description

Common cause

Assurance Description

Reporting Date	Performance	Op. Plan #
Jan-24		

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

Issues / Performance Summary

Cancelled Operations:
The number of cancelled operations in January was 390.

A deep dive into the reasons behind the categories of Unfit for Surgery - Acute Illness and Appointment Inconvenient are as follows:
UNFIT ACUTE ILLNESS x 7;
APPOINTMENT INCONVENIENT X 4

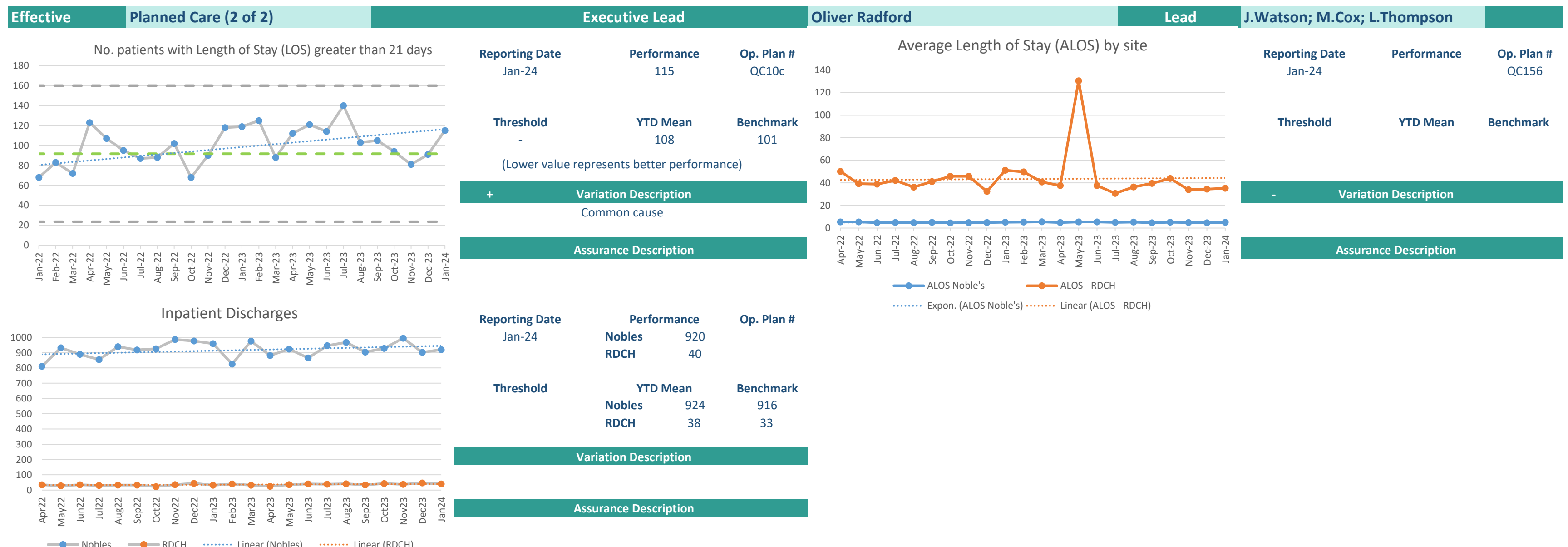
MISCALLEANEOUS and OPERATION NOT NECESSARY incidents improved for month of January.

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.
The new planned care metrics will be reported on in next month's report.

Assurance / Recovery Trajectory

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



Issues / Performance Summary

Length of Stay (LOS):

• The methodology regarding the no. of patients with a length of stay > 21 days is currently subject to review. Going forward, this will be split into 2 separate metrics; no. discharged patients who had a LOS > 21 days; and no. patients still admitted with a LOS > 21 .

• 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 960 discharges in January, slightly below the year to date average of 962. This demonstrates the consistent discharging of patients despite the challenges around patient flow.

Planned / Mitigation Actions

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.

Assurance / Recovery Trajectory

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.

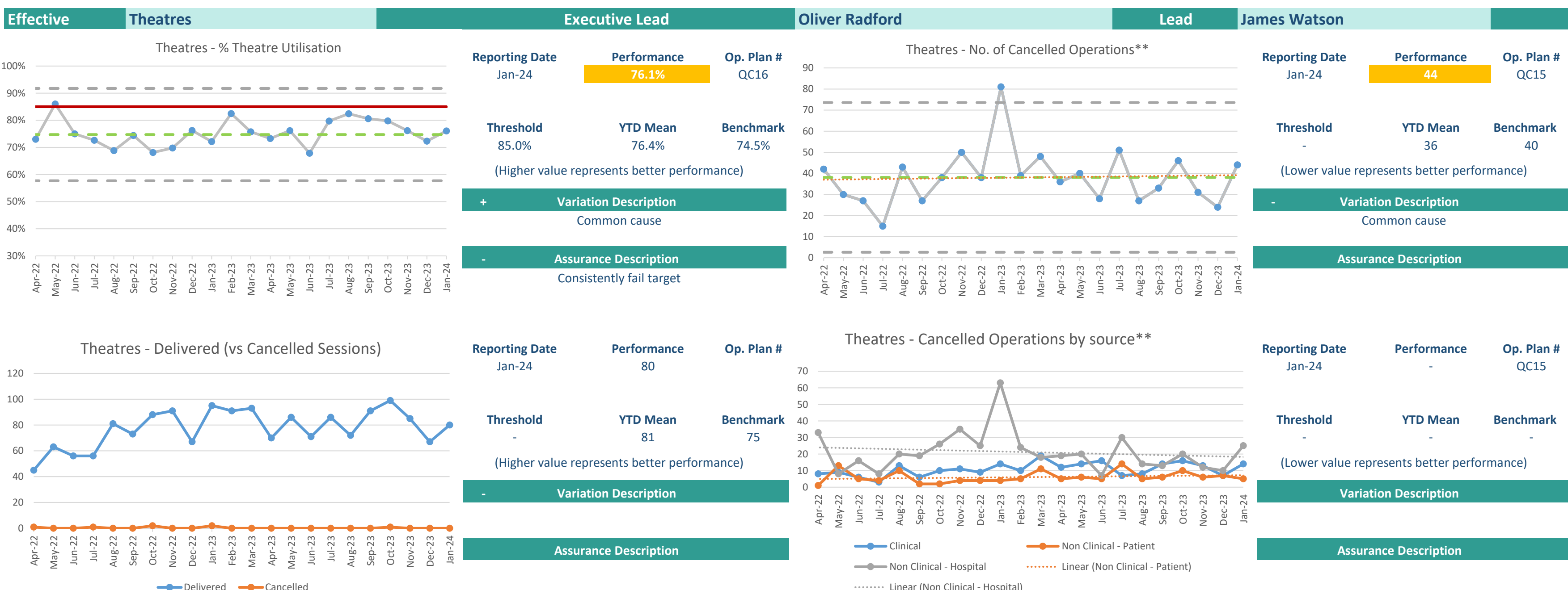
• Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).

• 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.

Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson



Theatres - % Theatre Utilisation

Reporting Date	Performance	Op. Plan #
Jan-24	76.1%	QC16
Threshold	**YTD Mean**	**Benchmark**
85.0%	76.4%	74.5%

(Higher value represents better performance)

+ Variation Description: Common cause

- Assurance Description: Consistently fail target

Theatres - No. of Cancelled Operations**

Reporting Date	Performance	Op. Plan #
Jan-24	44	QC15
Threshold	**YTD Mean**	**Benchmark**
-	36	40

(Lower value represents better performance)

- Variation Description: Common cause

Assurance Description

Theatres - Delivered (vs Cancelled Sessions)

Reporting Date	Performance	Op. Plan #
Jan-24	80	
Threshold	**YTD Mean**	**Benchmark**
-	81	75

(Higher value represents better performance)

- Variation Description

Assurance Description

Theatres - Cancelled Operations by source**

Reporting Date	Performance	Op. Plan #
Jan-24	-	QC15
Threshold	**YTD Mean**	**Benchmark**
-	-	-

(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

Theatre Utilisation:

• The number of theatre sessions delivered in January was 80.
•The number of cancelled operations increased to 44 in January (year to date average is 36). Most common reasons were "Unfit for Surgery-Acute illness" (14), "Surgeon unavailable" (6) and "Ward Beds Unavailable" (6).
• 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.

**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 occuring '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.

Planned / Mitigation Actions

• 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 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.

Assurance / Recovery Trajectory

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

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

Reporting Date	Performance	Op. Plan #
Jan-24	98.0%	QC126
Threshold	**YTD Mean**	**Benchmark**
80.0%	97.0%	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 #
-	2021/22: 329 2022/23: 279 2023/24: 230	
Threshold	**YTD Mean**	**Benchmark**
-	23	-

+ Variation Description

- Assurance Description

Issues / Performance Summary

Hospitals LFD (Learning from Death) Reviews:
- 98% for January. This continues to exceed the target

Planned / Mitigation Actions

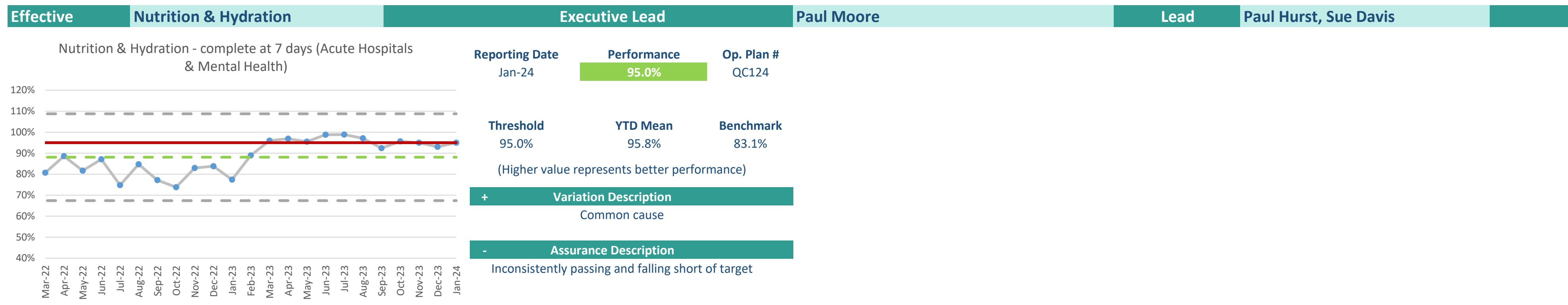
Hospitals LFD (Learning from Death) Reviews:
- The current approach appears successful.

Assurance / Recovery Trajectory

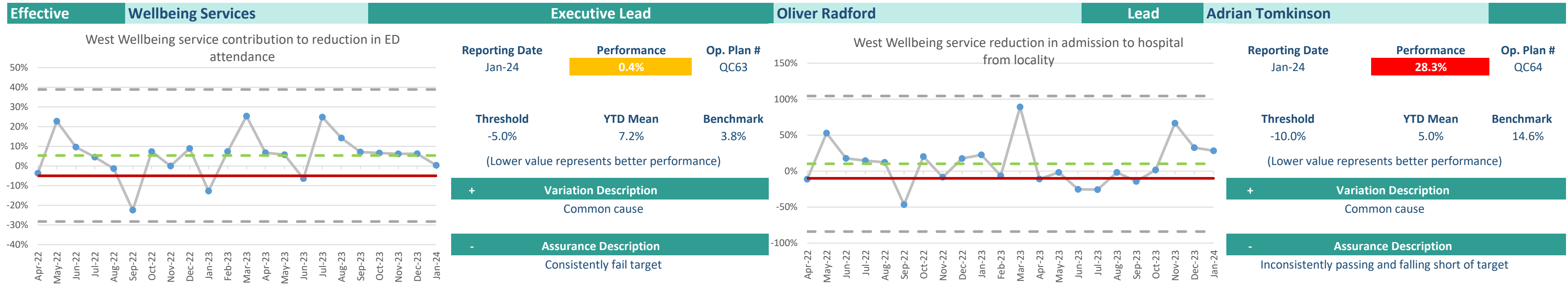
Hospitals LFD (Learning from Death) Reviews:
- There is reasonable confidence that the challenges experienced last reporting year have been overcome and significant progress has been made.

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

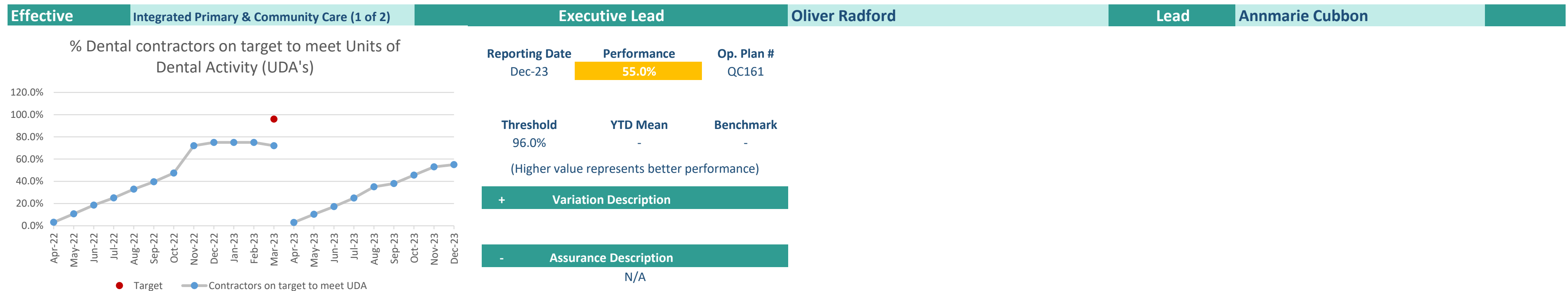
Effective	Nutrition & Hydration	Executive Lead	Paul Moore	Lead	Paul Hurst, Sue Davis



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Nutrition & Hydration: • 95% for January. The target has been exceeded in 8 out of 9 reporting months YTD.	**Nutrition & Hydration:** • Missing assessments are highlighted to senior staff.	**Nutrition & Hydration:** • Progress will continue to be monitored. Note - Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Wellbeing Services: • 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.	**Wellbeing Services:** • 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.	**Wellbeing Services:** • 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 PBI 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. Note - Benchmarks are the Manx Care monthly averages for 2022/23.



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:

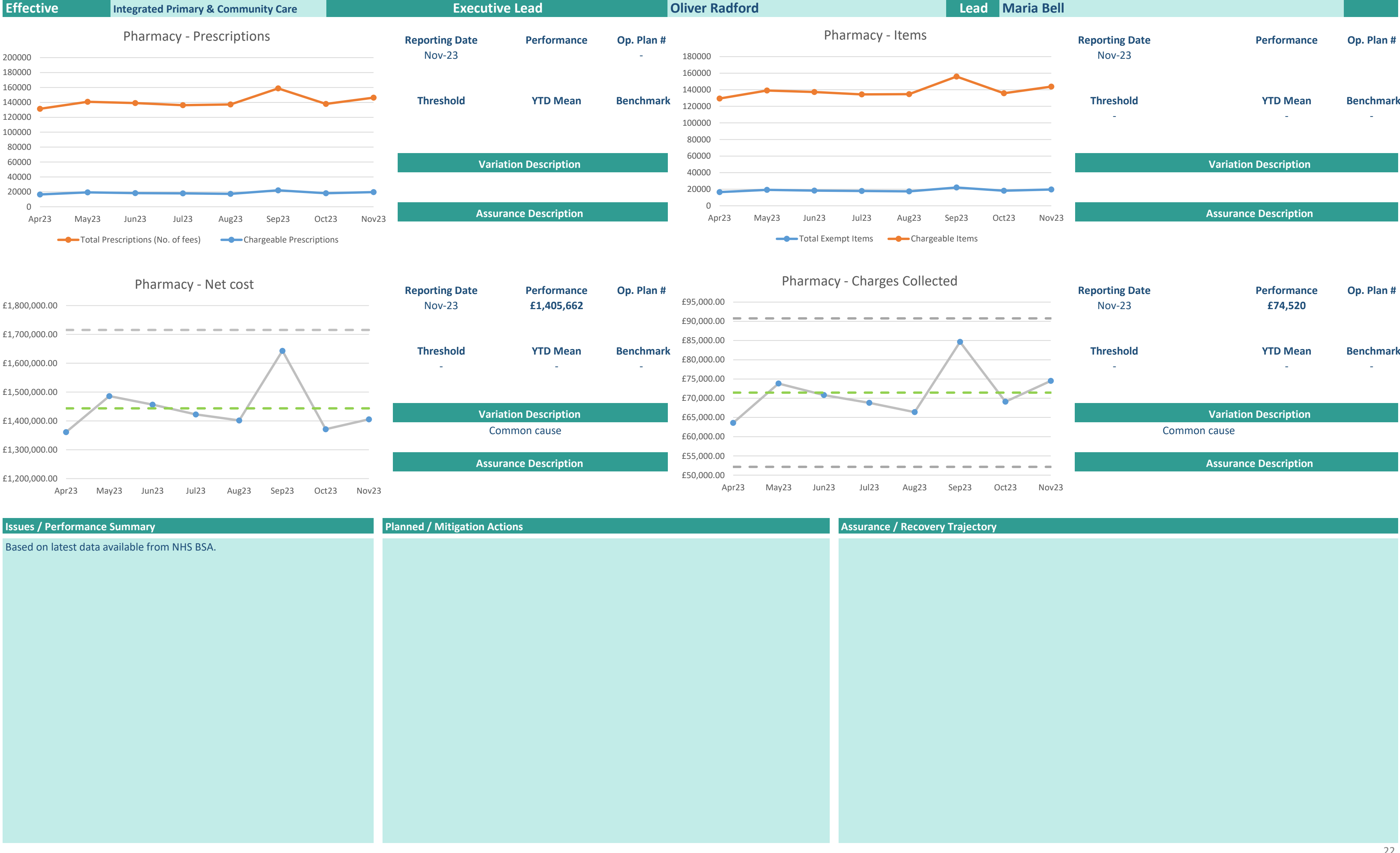
• The majority of contractors are on target to achieve their UDA delivery for the year.

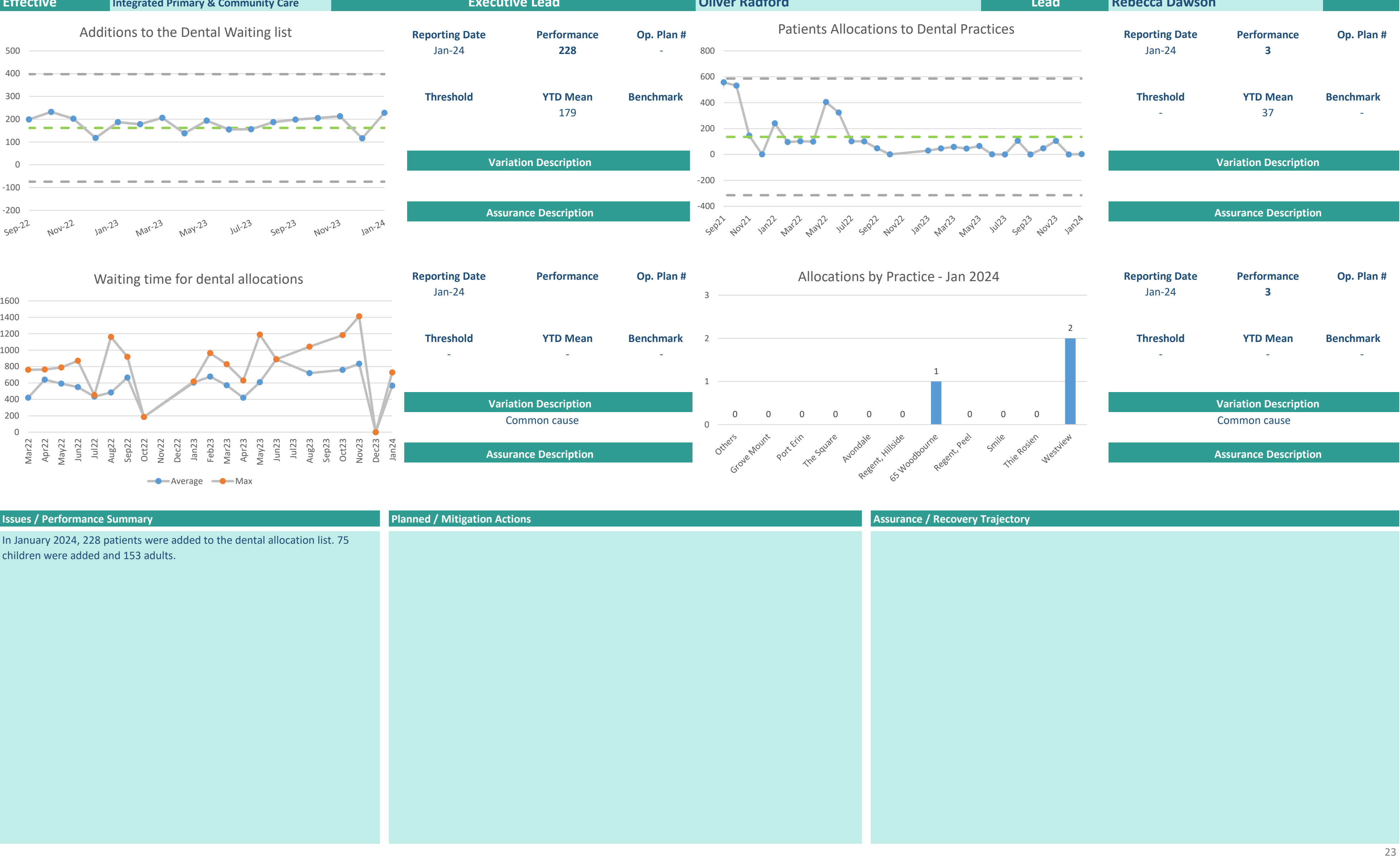
Assurance / Recovery Trajectory

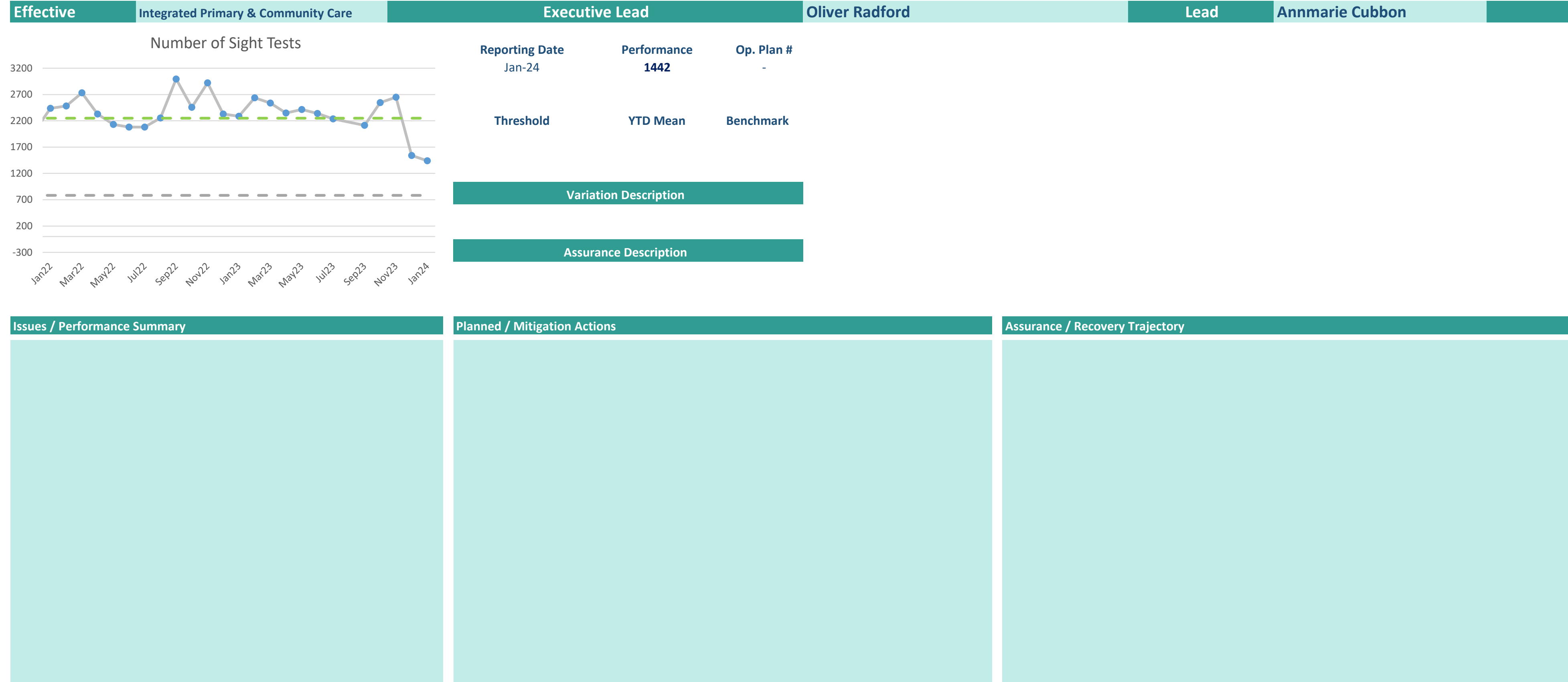
Dental Contractors:

• 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.

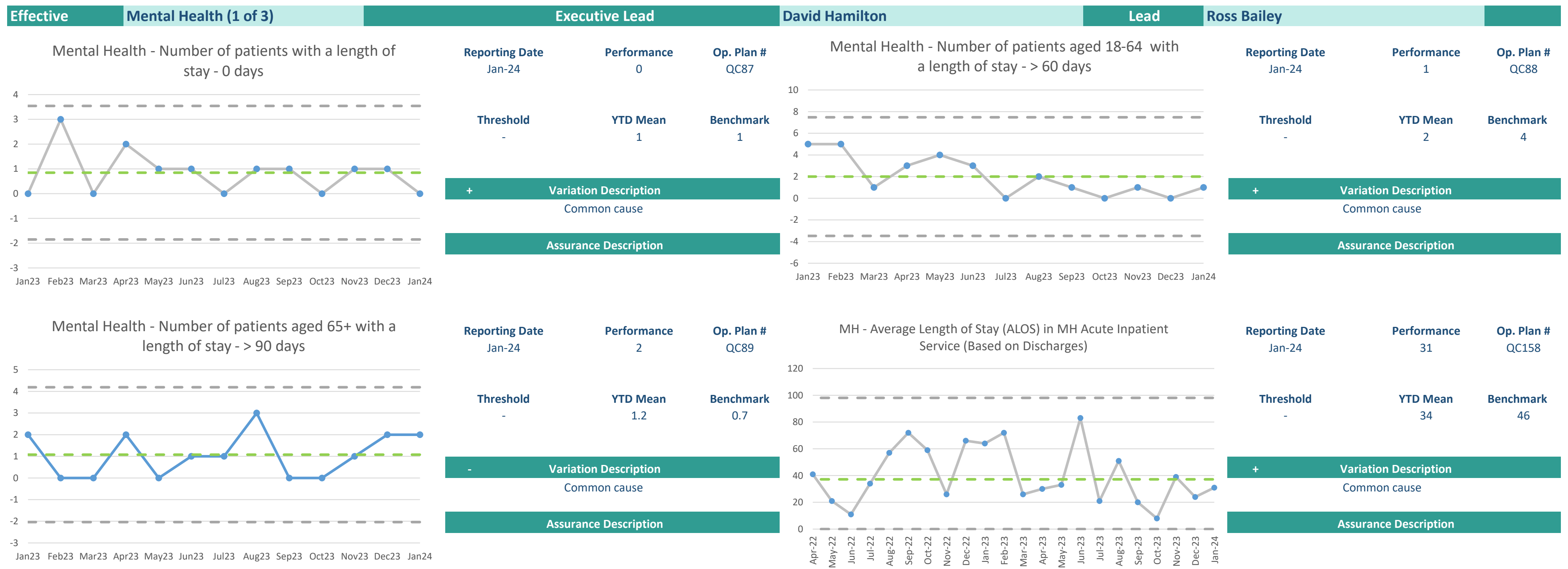
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.


Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Maria Bell
Pharmacy - Prescriptions
Total Prescriptions (No. of fees)
Chargeable Prescriptions
Reporting Date
Nov-23
Performance
Op. Plan #
-
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Pharmacy - Items
Total Exempt Items
Chargeable Items
Reporting Date
Nov-23
Performance
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Assurance Description
Pharmacy - Net cost
Reporting Date
Nov-23
Performance
£1,405,662
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Pharmacy - Charges Collected
Reporting Date
Nov-23
Performance
£74,520
Op. Plan #
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

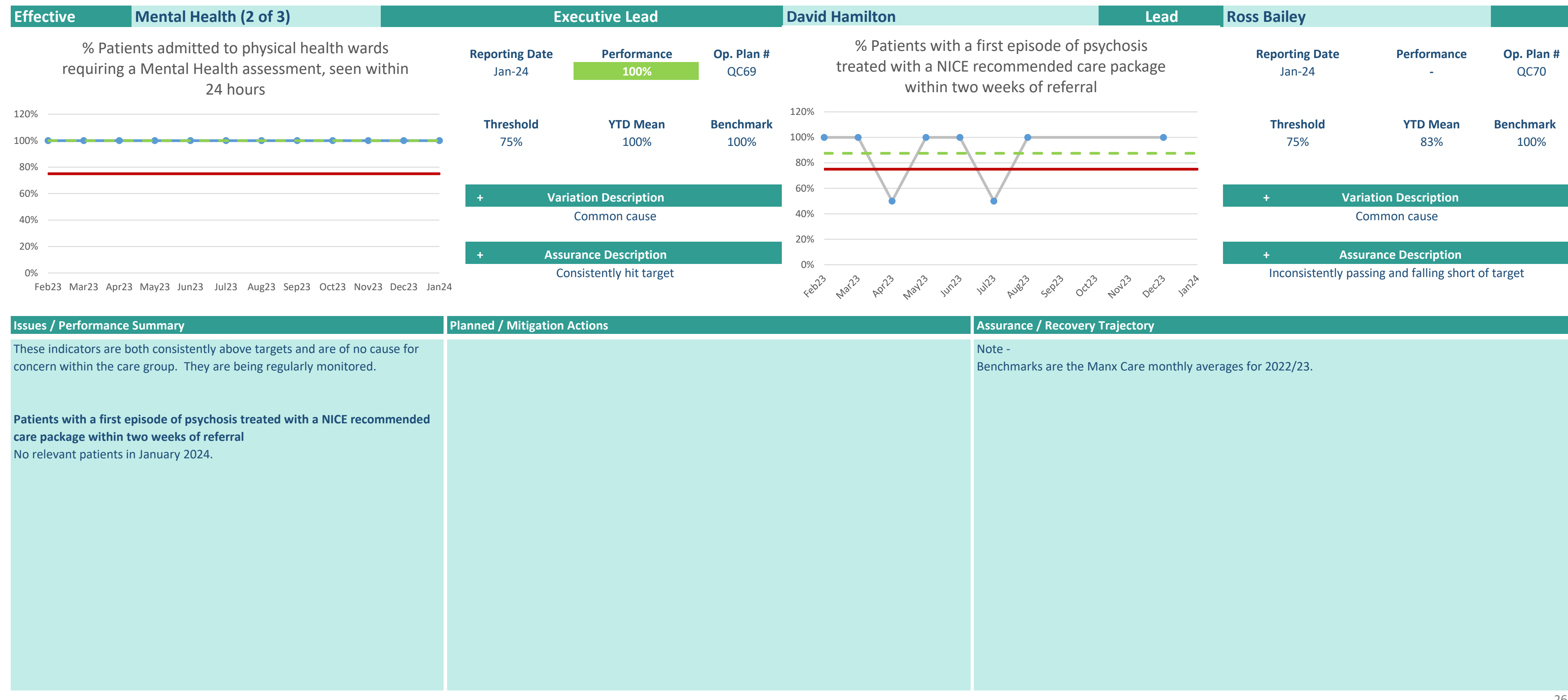

Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Rebecca Dawson
Additions to the Dental Waiting list
Reporting Date
Jan-24
Performance
228
Op. Plan #
-
Threshold
YTD Mean
179
Benchmark
Variation Description
Assurance Description
Patients Allocations to Dental Practices
Reporting Date
Jan-24
Performance
3
Op. Plan #
Threshold
-
YTD Mean
37
Benchmark
-
Variation Description
Assurance Description
Waiting time for dental allocations
Average
Max
Reporting Date
Jan-24
Performance
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Allocations by Practice - Jan 2024
Others
Grove Mount
Port Erin
The Square
Avondale
Regent, Hillside
65 Woodbourne
Regent, Peel
Smile
The Rosien
Westview
Reporting Date
Jan-24
Performance
3
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
In January 2024, 228 patients were added to the dental allocation list. 75 children were added and 153 adults.
Planned / Mitigation Actions
Assurance / Recovery Trajectory


Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Annmarie Cubbon
Number of Sight Tests
3200
2700
2200
1700
1200
700
200
-300
Jan22
Mar22
May22
Jul22
Sep22
Nov22
Jan23
Mar23
May23
Jul23
Sep23
Nov23
Jan24
Reporting Date
Jan-24
Performance
1442
Op. Plan #
-
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Issues / Performance Summary
Planned / Mitigation Actions
Assurance / Recovery Trajectory

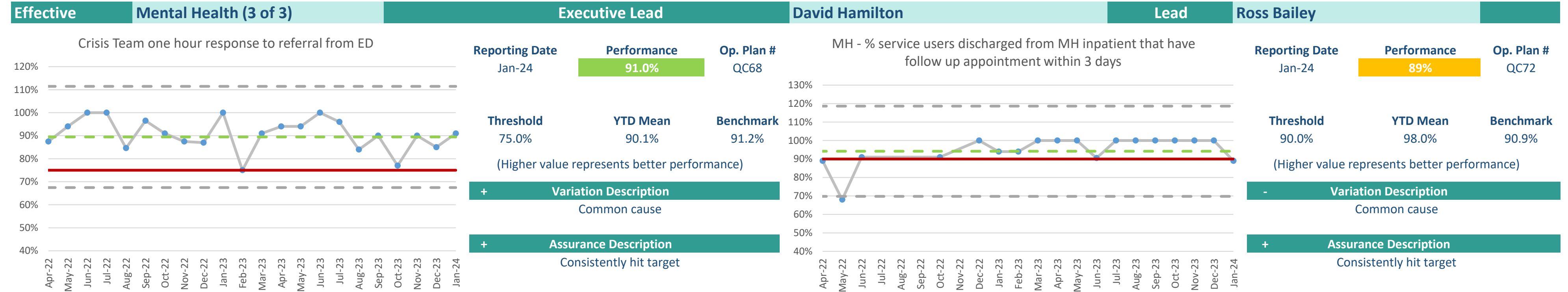
Effective	Mental Health (1 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey



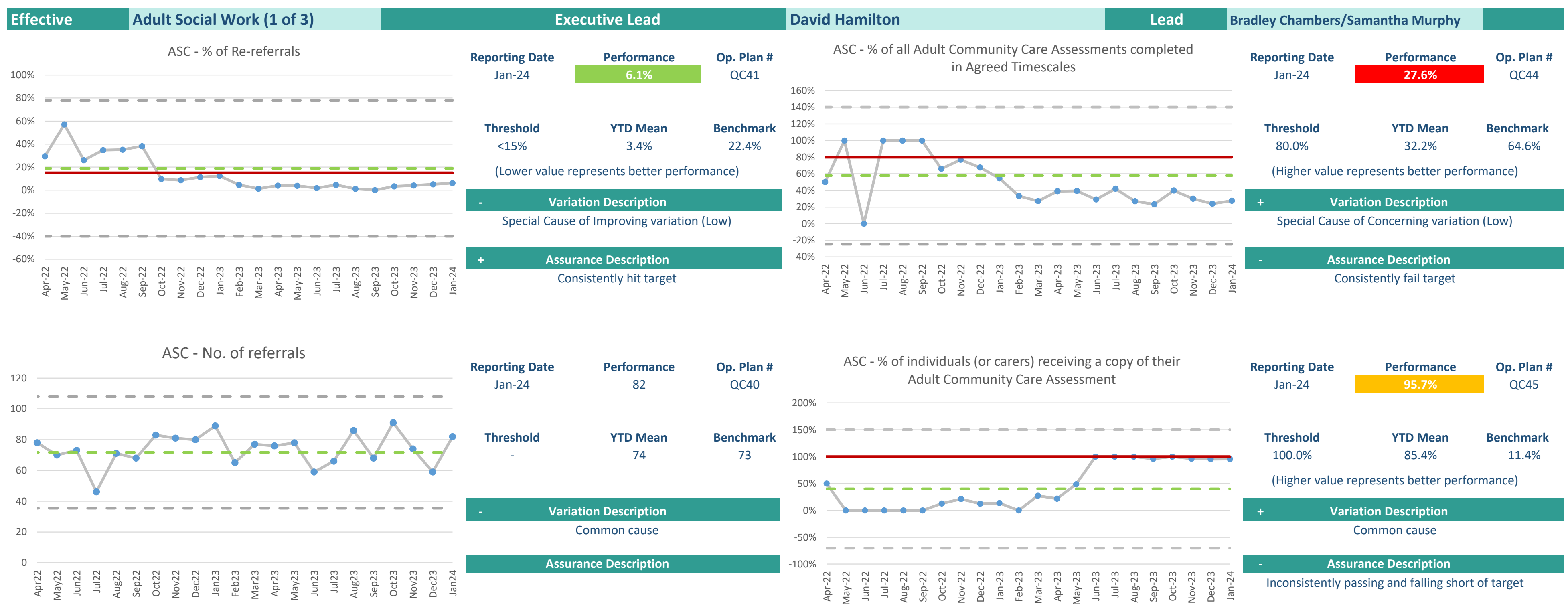
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Average Length of Stay (ALOS): * ALOS for those aged 65+ over 90 days is not cause for concern and evidences appropriate discharge of this patient group. For current inpatients, the ALOS is being appropriately monitored and within expected norms.	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.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
These indicators are both consistently above targets and are of no cause for concern within the care group. They are being regularly monitored. **Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral** No relevant patients in January 2024.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Crisis Team: •Performance was 91%, which exceeds the target of 75%. This target has been met for consistently for more than a year. 2 ED reviews did not meet the targeted one hour time frame due to workload pressures and demand on CRHTT services.	**Crisis Team:** To continue to monitor response times monthly.	**Crisis Team:** • Target continues to be achieved monthly and service area is motivated to achieve 100% compliance.
3 Day follow up: • Manual calculation of figures shows 89% compliance. Work ongoing to improve dashboard accuracy.	**3 Day follow up:** Reminders have been sent to operational managers as RiO documentation is not always be completed at the time of the event.	**3 Day follow up:** There is confidence that this target will be effectively maintained. Note - Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary

Referrals:
The number of new referrals received in January increased to 82 from 59 in December.

Re-Referrals:
• The re-referral rate continues to be low, indicating good triage and assessment or signposting of incoming referrals.

Assessments completed within Timescales:
• The completion of Wellbeing Partnership assessments in January 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.

Individuals receiving copy of Assessment:
• The assessment sharing level was 95.7% during January, slightly below the threshold.

Planned / Mitigation Actions

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.

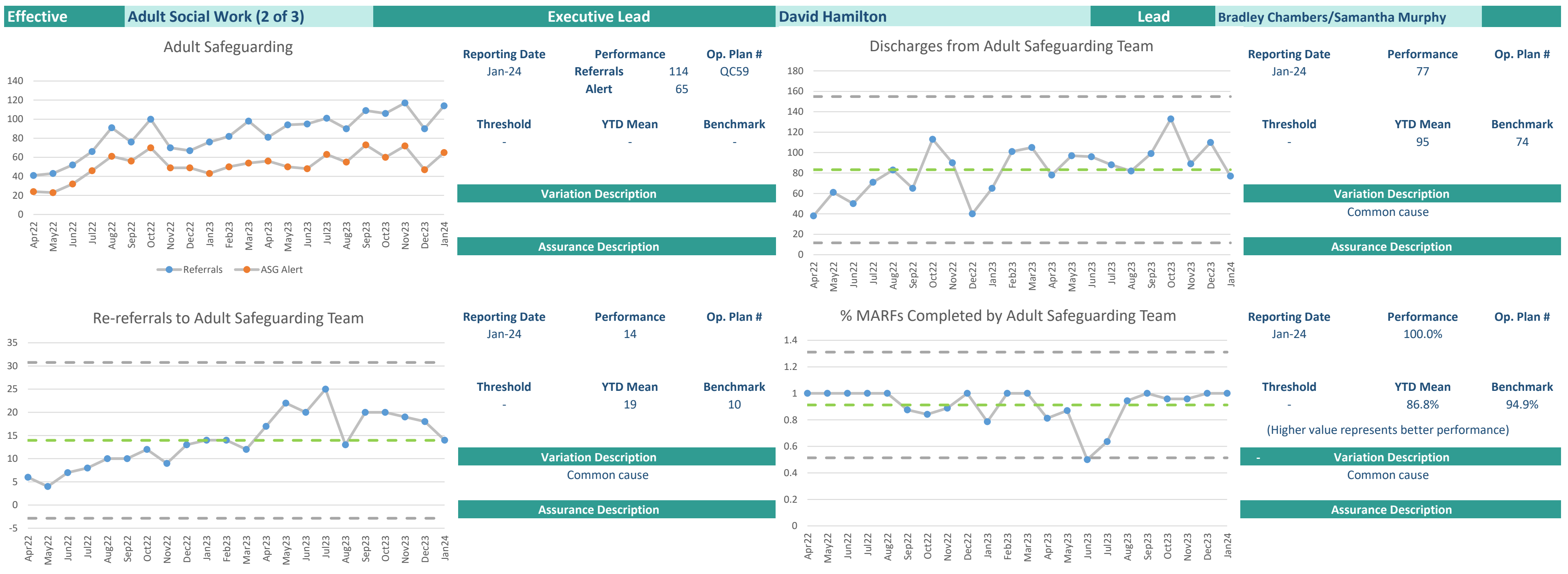
The focus of Adult Social Work in recent months has been to improve the rate of assessment sharing, which continues to be a positive area. Waiting list volumes have been reduced in recent months, particularly within the Older Peoples Community Team.

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.

Assurance / Recovery Trajectory

Assessments completed within Timescales:
• 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.

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



Issues / Performance Summary

• 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.

• 22 out of 22 MARFs were completed within timescale during January 2024.

Planned / Mitigation Actions

• Referrals and ASG alerts methodology will be discussed with the B.I team.

• A Business Case for additional staffing resources is under consideration.

Assurance / Recovery Trajectory

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.

Note -

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

Effective	Adult Social Work (3 of 3)	Executive Lead	David Hamilton	Lead	Bradley Chambers/Samantha Murphy

Average caseload per social worker

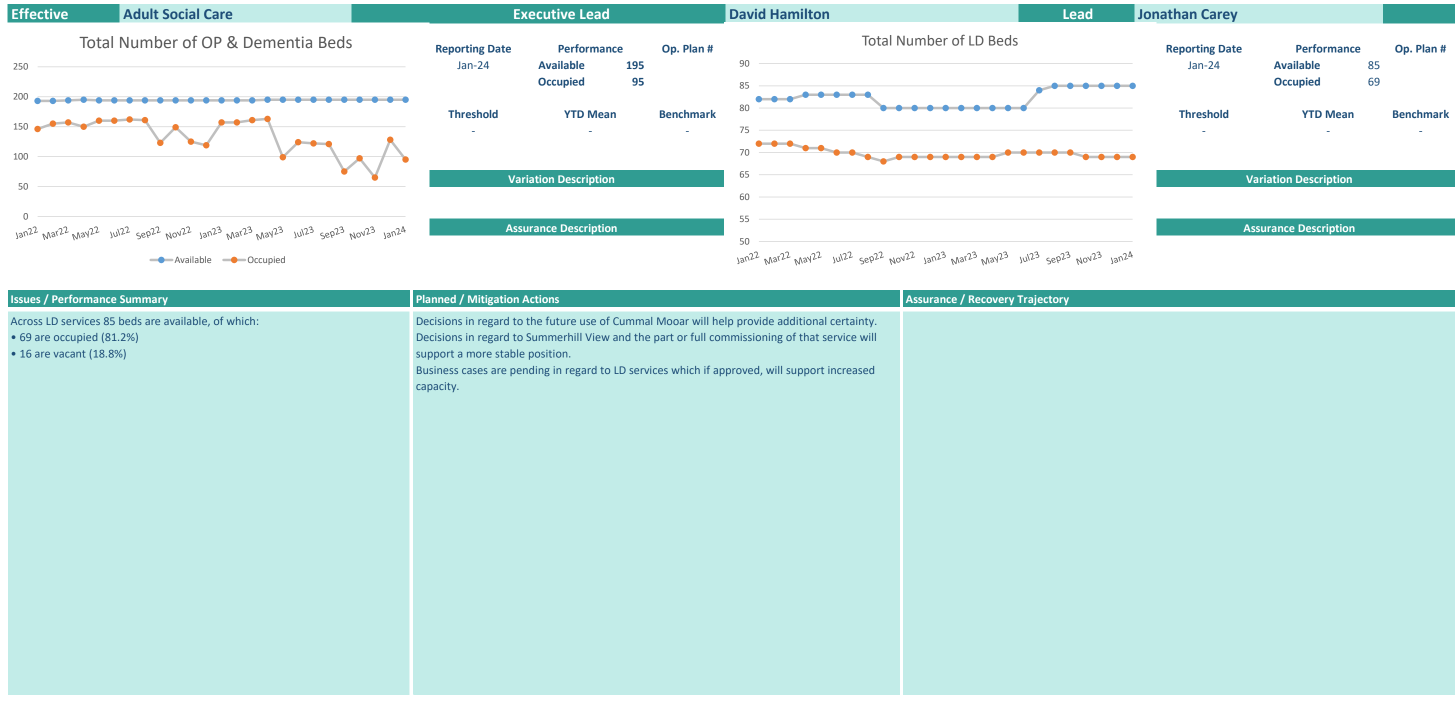
Reporting Date	Performance	Op. Plan #
Jan-24		

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

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



Effective	Adult Social Care	Executive Lead	David Hamilton	Lead	Jonathan Carey

Reporting Date	Performance		Op. Plan #
Jan-24	Available	195	
	Occupied	95	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Reporting Date	Performance		Op. Plan #
Jan-24	Available	85	
	Occupied	69	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary

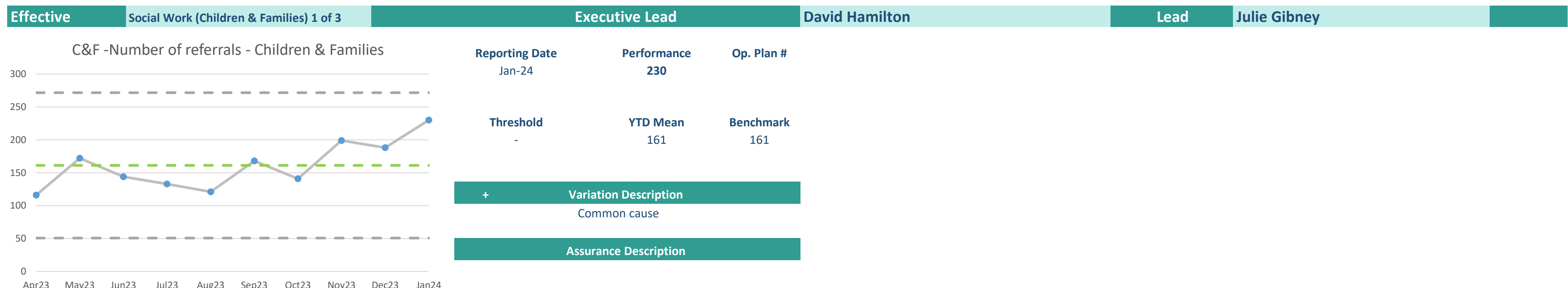
Across LD services 85 beds are available, of which:

- 69 are occupied (81.2%)
- 16 are vacant (18.8%)

Planned / Mitigation Actions

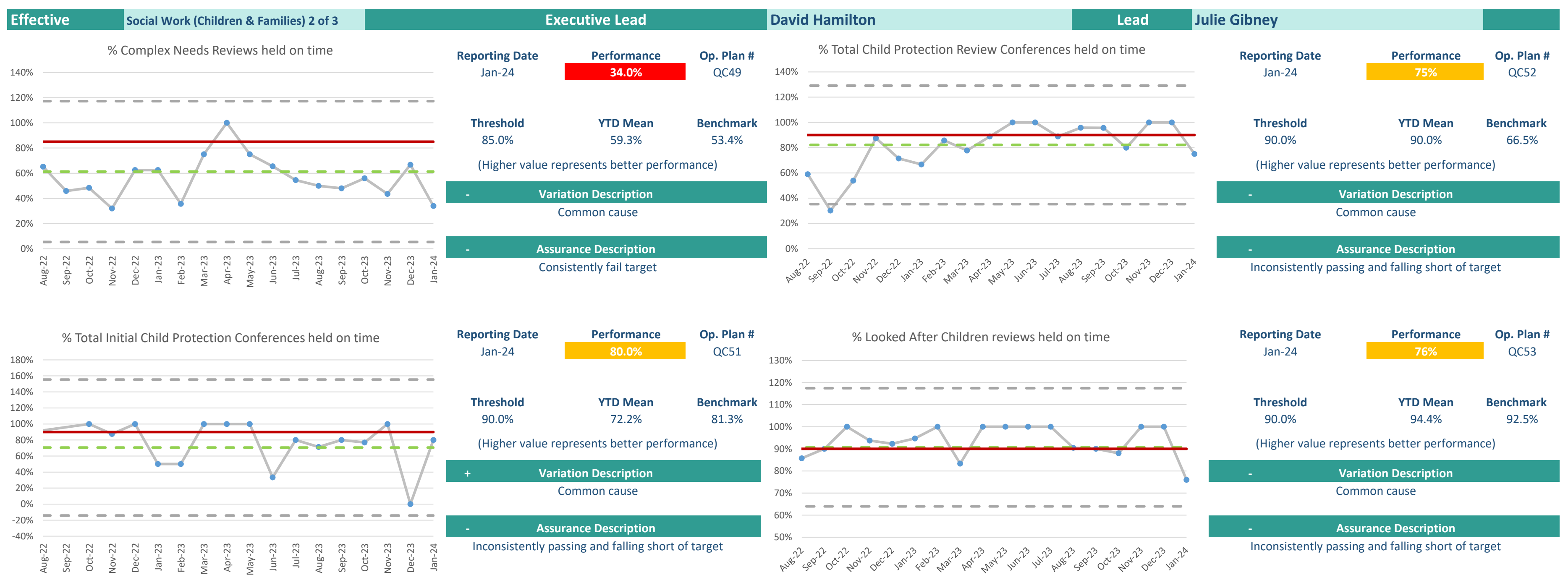
Decisions in regard to the future use of Cummal Mooar will help provide additional certainty.
Decisions in regard to Summerhill View and the part or full commissioning of that service will support a more stable position.
Business cases are pending in regard to LD services which if approved, will support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

Assurance / Recovery Trajectory



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Referrals: Referral levels have remained fairly static over this reporting year.		**Referrals:** Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Social Work (Children & Families) 2 of 3	Executive Lead	David Hamilton	Lead	Julie Gibney



Issues / Performance Summary

Complex Needs Reviews held on time:
38 Reviews held and 13 were in timescale and 25 were out of timescale
Reasons for delayed meetings:
Family Unavailable – 6
Relevant Professional/Agency Unavailable - 6
Chairperson Unavailable – 8
Notification by Social Worker Staff: Out of Timescale - 5

Initial Child Protection Conferences held on time:
10 meetings were due and 8 were held in time
Reasons for delayed meetings:
Relevant Professional/Agency unavailable – 1
ICPC delayed until pregnancy had reached 24 weeks - 1

Child Protection Review Conferences held on time:
24 RCPC's were held and 18 were on time with 6 out of timescale
Reasons for delayed meetings:
Chairperson Unavailable – 2
Procedurally Non-Compliant – 1
Safeguarding and quality assurance unit capacity - 3

Looked After Children reviews held on time:
• 76% of reviews were held within the timescales in January.

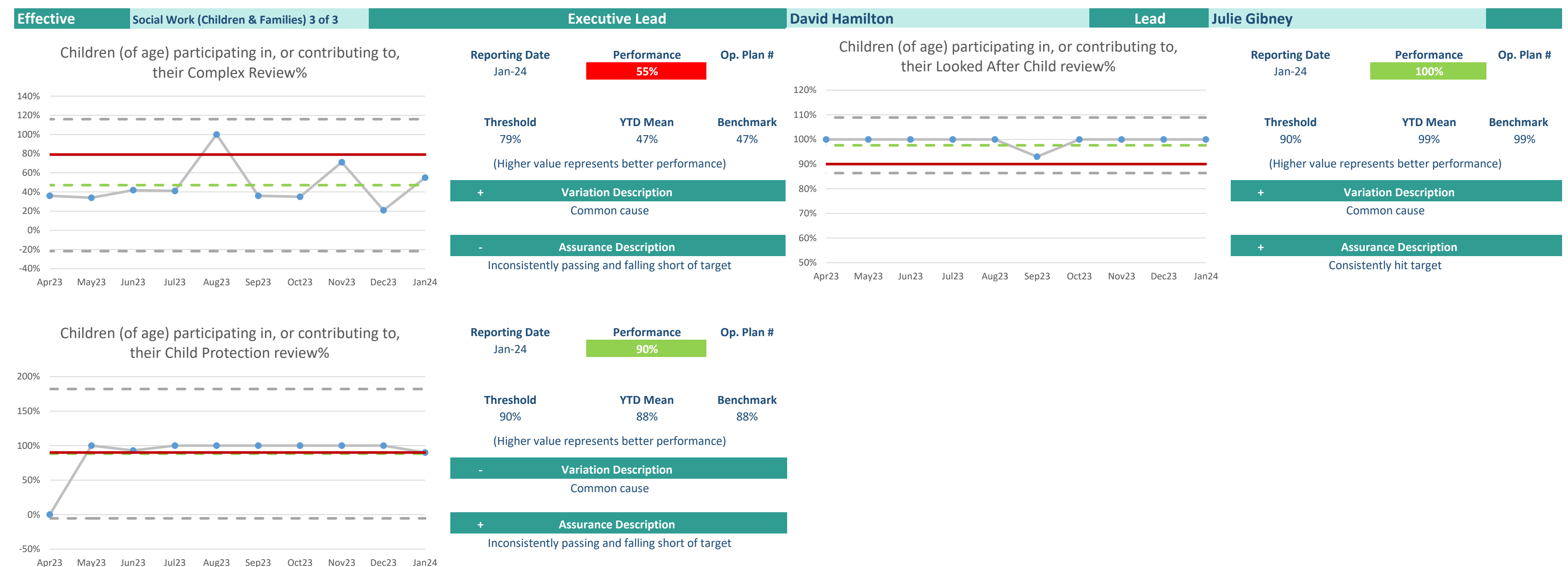
Planned / Mitigation Actions

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.

Assurance / Recovery Trajectory

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.

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



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.

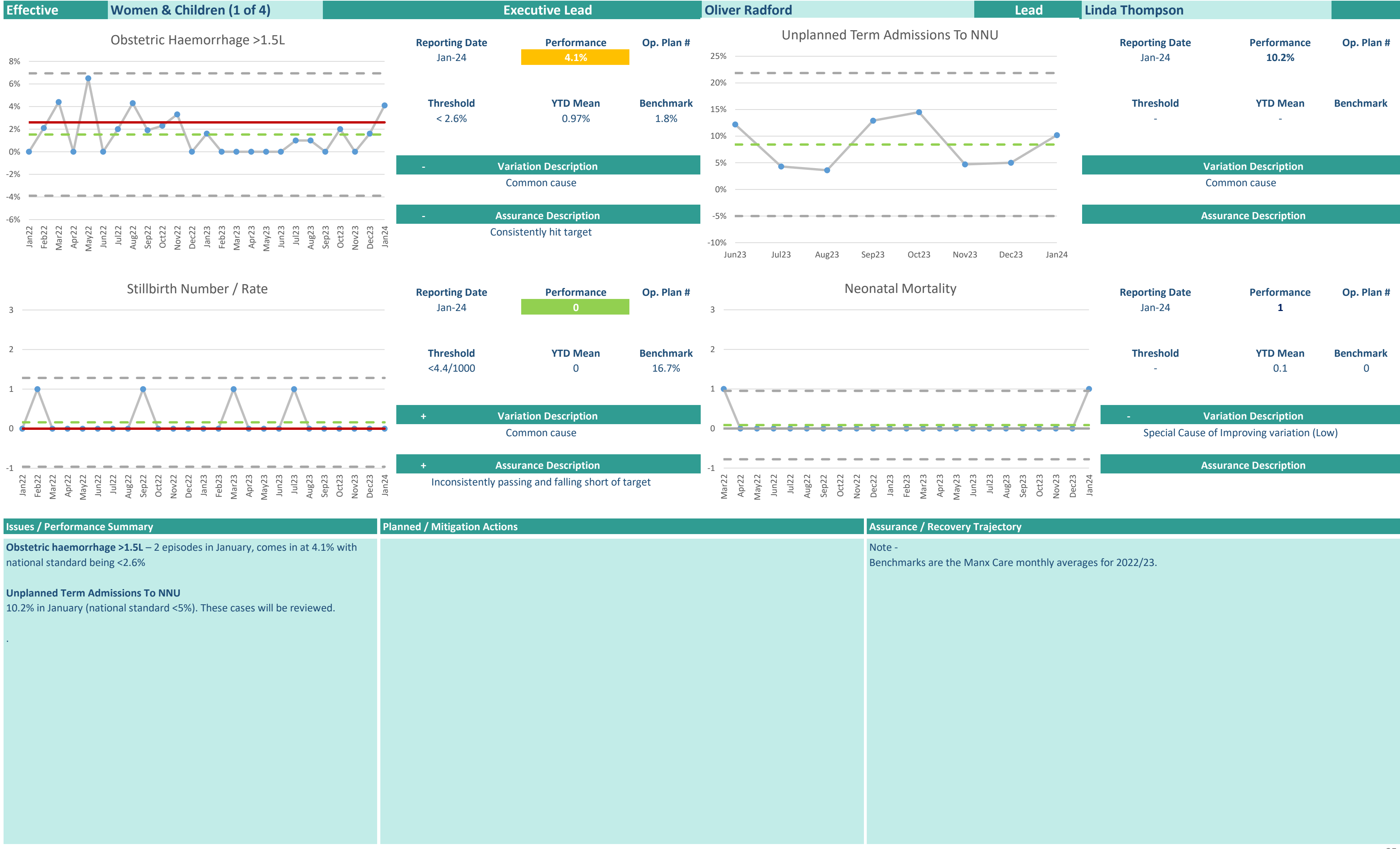
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

Assurance / Recovery Trajectory

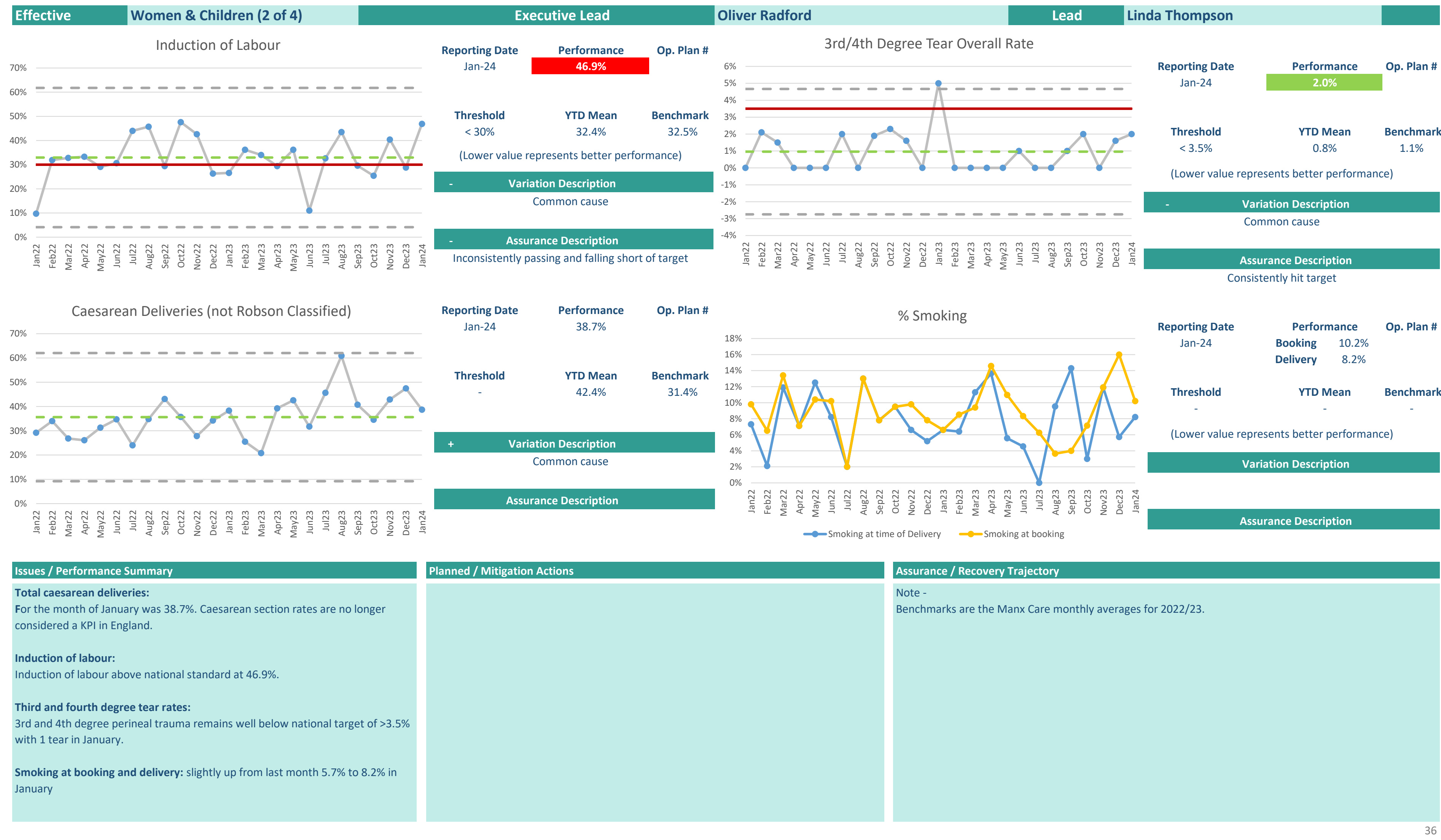
Please see previous page for supporting narrative.

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

Effective	Women & Children (1 of 4)	Executive Lead	Oliver Radford	Lead	Linda Thompson



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Obstetric haemorrhage >1.5L – 2 episodes in January, comes in at 4.1% with national standard being <2.6% **Unplanned Term Admissions To NNU** 10.2% in January (national standard <5%). These cases will be reviewed. .		Note - Benchmarks are the Manx Care monthly averages for 2022/23.



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

Reporting Date	Performance	Op. Plan #
Jan-24	46.9%	

Threshold	YTD Mean	Benchmark
< 30%	32.4%	32.5%

(Lower value represents better performance)

- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

Reporting Date	Performance	Op. Plan #
Jan-24	2.0%	

Threshold	YTD Mean	Benchmark
< 3.5%	0.8%	1.1%

(Lower value represents better performance)

- Variation Description

Common cause

Assurance Description

Consistently hit target

Reporting Date	Performance	Op. Plan #
Jan-24	38.7%	

Threshold	YTD Mean	Benchmark
-	42.4%	31.4%

+ Variation Description

Common cause

Assurance Description

Reporting Date	Performance		Op. Plan #
Jan-24	Booking	10.2%	
	Delivery	8.2%	

Threshold	YTD Mean	Benchmark
-	-	-

(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

Total caesarean deliveries:
For the month of January was 38.7%. Caesarean section rates are no longer considered a KPI in England.

Induction of labour:
Induction of labour above national standard at 46.9%.

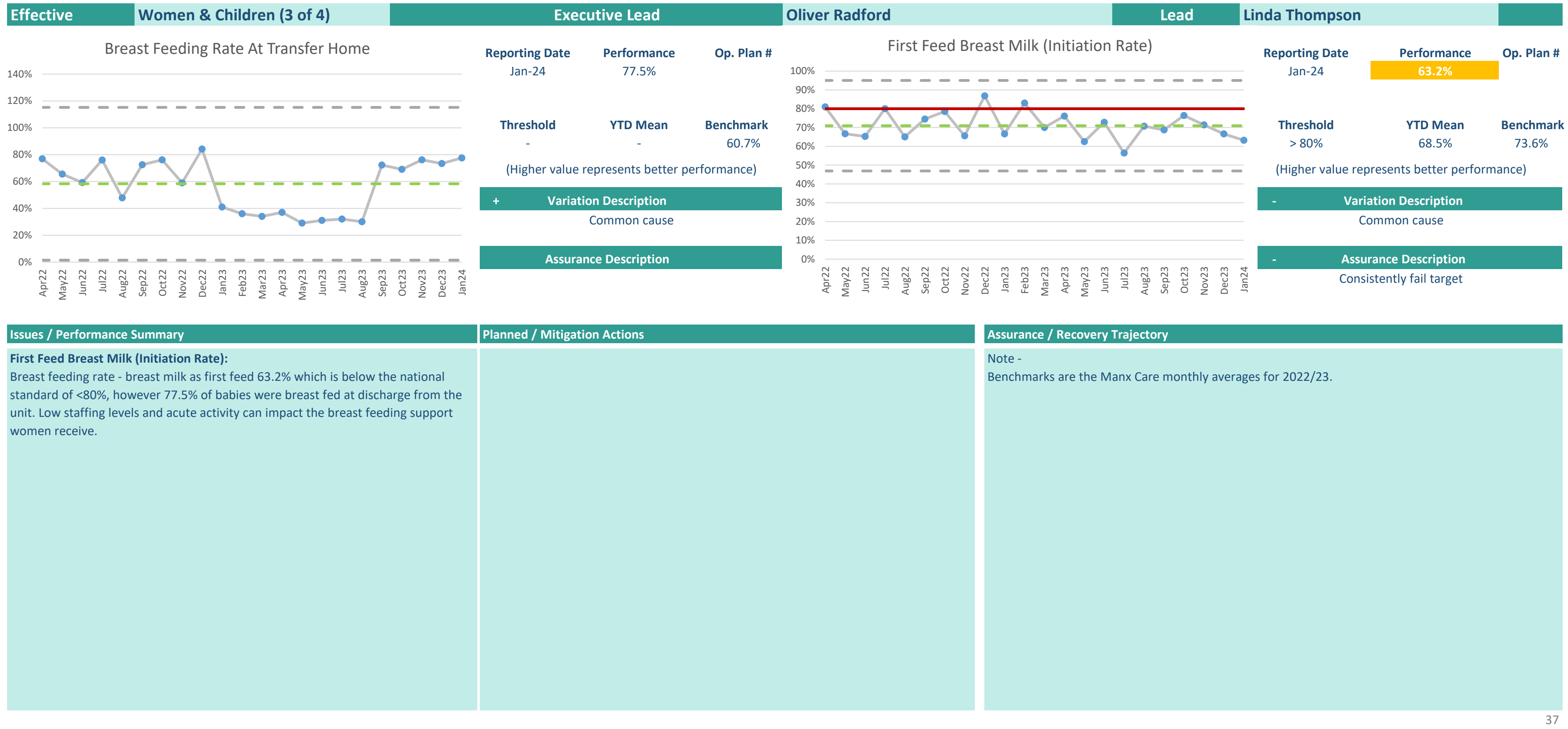
Third and fourth degree tear rates:
3rd and 4th degree perineal trauma remains well below national target of >3.5% with 1 tear in January.

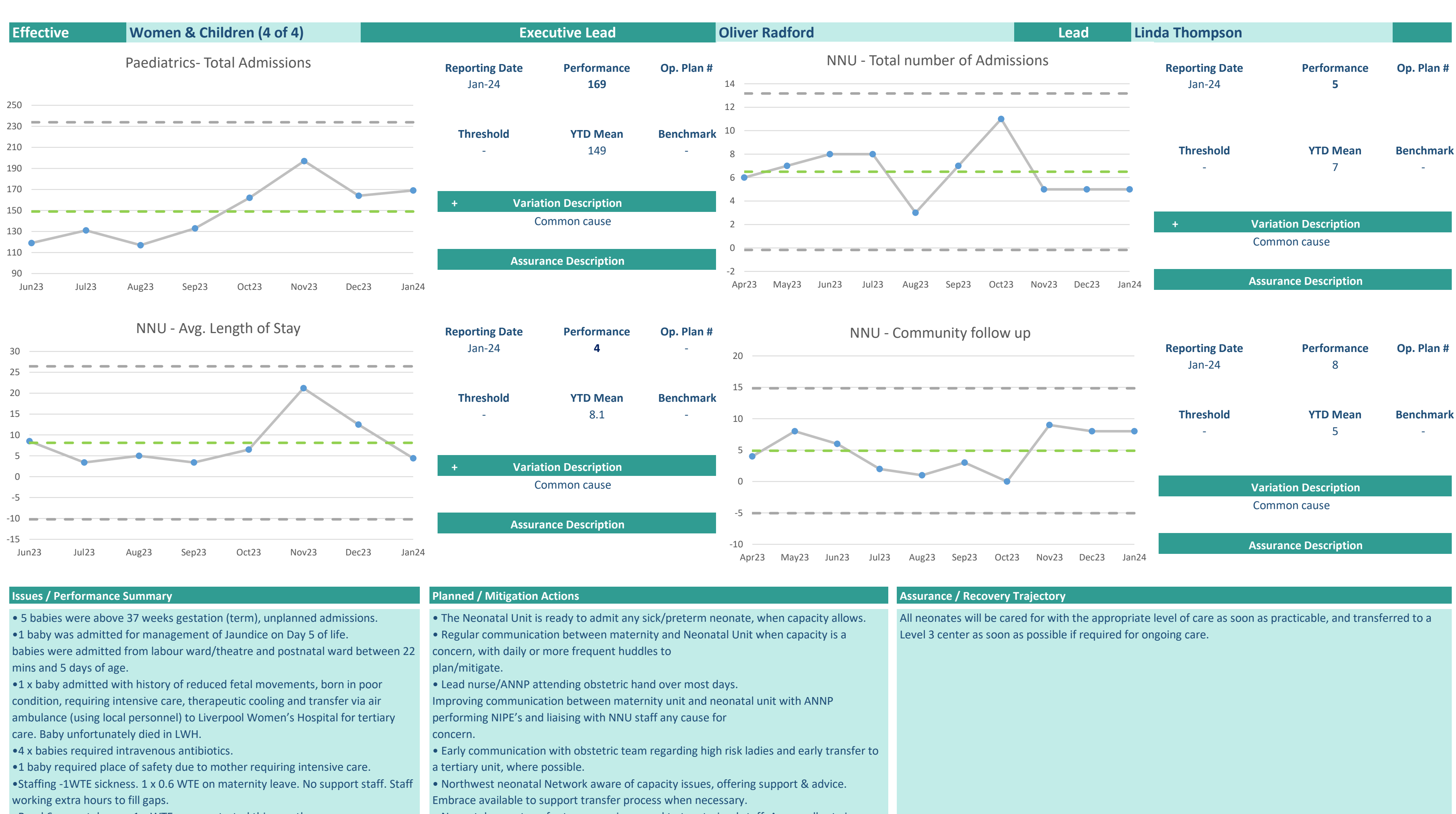
Smoking at booking and delivery: slightly up from last month 5.7% to 8.2% in January

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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


Effective
Women & Children (3 of 4)
Executive Lead
Oliver Radford
Lead
Linda Thompson
Breast Feeding Rate At Transfer Home
Reporting Date
Jan-24
Performance
77.5%
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
60.7%
(Higher value represents better performance)
+
Variation Description
Common cause
Assurance Description
First Feed Breast Milk (Initiation Rate)
Reporting Date
Jan-24
Performance
63.2%
Op. Plan #
Threshold
> 80%
YTD Mean
68.5%
Benchmark
73.6%
(Higher value represents better performance)
-
Variation Description
Common cause
-
Assurance Description
Consistently fail target
Issues / Performance Summary
First Feed Breast Milk (Initiation Rate):
Breast feeding rate - breast milk as first feed 63.2% which is below the national standard of <80%, however 77.5% of babies were breast fed at discharge from the unit. Low staffing levels and acute activity can impact the breast feeding support women receive.
Planned / Mitigation Actions
Assurance / Recovery Trajectory
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary

• 5 babies were above 37 weeks gestation (term), unplanned admissions.
•1 baby was admitted for management of Jaundice on Day 5 of life.
babies were admitted from labour ward/theatre and postnatal ward between 22 mins and 5 days of age.
•1 x baby admitted with history of reduced fetal movements, born in poor condition, requiring intensive care, therapeutic cooling and transfer via air ambulance (using local personnel) to Liverpool Women's Hospital for tertiary care. Baby unfortunately died in LWH.
•4 x babies required intravenous antibiotics.
•1 baby required place of safety due to mother requiring intensive care.
•Staffing -1WTE sickness. 1 x 0.6 WTE on maternity leave. No support staff. Staff working extra hours to fill gaps.
•Band 6 neonatal nurse 1 x WTE agency 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

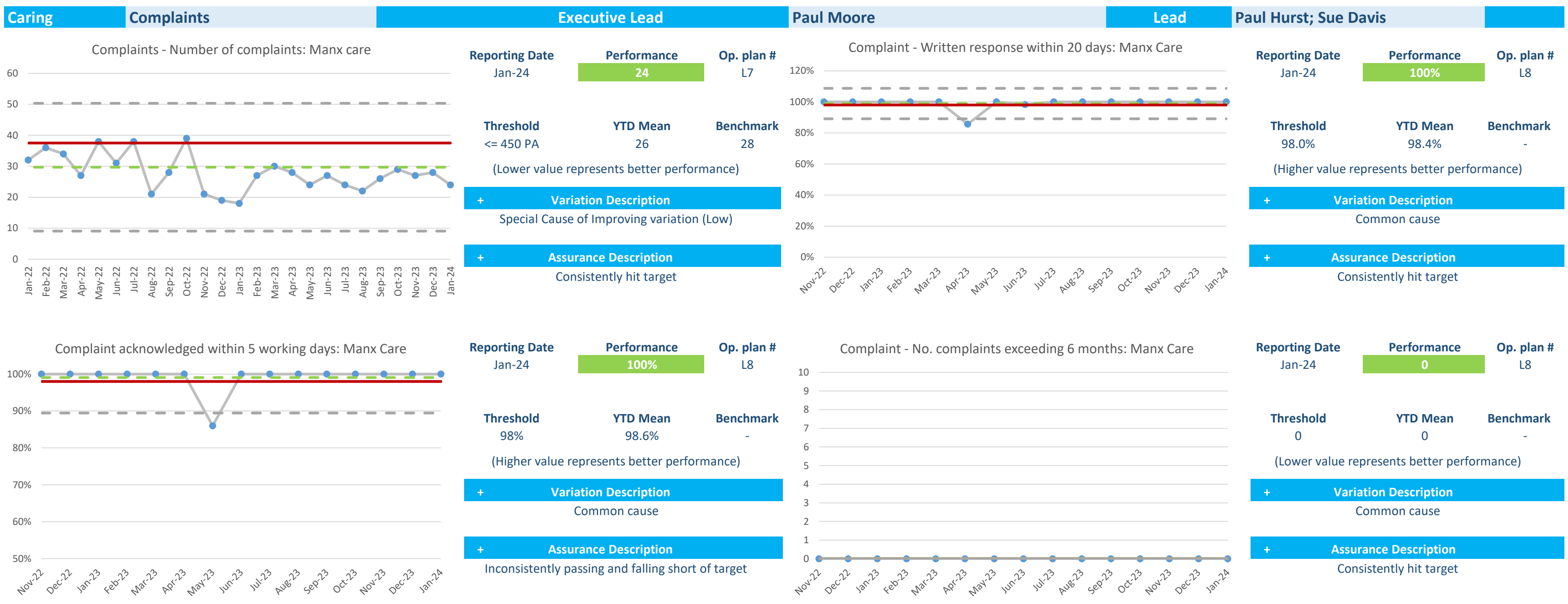
All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 center as soon as possible if required for ongoing care.

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

Caring Performance Summary

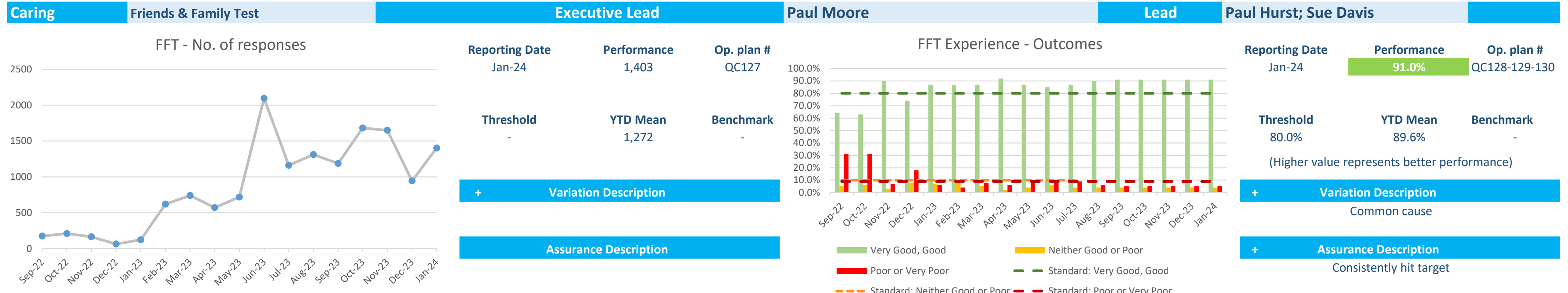
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Jan-24		0	0	0	0		P
CA002		Complaints - Total number of complaints received	Jan-24		24	26	259	<= 450 PA	L	P
CA007		Complaint acknowledged within 5 working days	Jan-24		100%	99%	-	98%		?
CA008		Written response to complaint within 20 days	Jan-24		100%	98%	-	98%		P
CA010		No. complaints exceeding 6 months	Jan-24		0	0	0	0		P
CA011		No. complaints referred to HSCOB	Jan-24	-	2	2	24	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA012		FFT - How was your experience? No. of responses	Jan-24	-	1,403	1,272	12,722	-		
CA013		FFT - Experience was Very Good or Good	Jan-24		91%	90%	-	80%		P
CA014		FFT - Experience was neither Good or Poor	Jan-24		4%	4%	-	10%		?
CA015		FFT - Experience was Poor or Very Poor	Jan-24		5%	6%	-	<10%		?
CA016		Manx Care Advice and Liaison Service contacts	Jan-24	-	883	683	6,832	-		
CA017		Manx Care Advice and Liaison Service same day response	Jan-24		90%	90%	-	80%		P



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Number of Complaints: • 24 complaints were received across the care groups. 8 originated in Primary Care (all of which involved GPs), 6 were received relating to Medicine and Urgent Care, 7 involved Surgery, Theatres & Critical Care, 3 in Mental Health Services, 2 originated in the Children & Families division, Community Services and Women & Children's and 1 in Adult Learning Disabilities, Logistics and PIC.	**Number of Complaints:** • MCALS continue to be successful in keep the numbers to a manageable level by intervening early.	**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: • 100% compliance - All complaints were acknowledged within 5 working days.	**Acknowledged within 5 Days:** • Continue to monitor closely.	**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: • 100% compliance was demonstrated in January.	**Written Response within 20 days:** • Continue to monitor closely.	**Written Response within 20 days:** • Reasonable degree of confidence in target being met.
No. Complaints Exceeding 6 Months: • Zero recorded.	**No. Complaints Exceeding 6 Months:** • Continue to monitor closely.	**No. Complaints Exceeding 6 Months:** • Reasonable degree of confidence in target being met.
No. complaints referred to HSCOB: • 2 complaints were referred to the HSCOB in January.	**No. complaints referred to HSCOB:** • We will await HSCOB reports in due course.	**No. complaints referred to HSCOB:** • : Continue to monitor the trends and continue to learn from feedback to improve complaint responses and service delivery Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis



Issues / Performance Summary

FFT Total number of responses:

• A total of 1403 surveys completed for January 2024. 12,722 surveys completed YTD.

• **FFT – Experience was very good or good: 1271** completed surveys rated experience as Very Good or Good equating to 90% against a target of 80%. Target exceeded for every month YTD (89%).

• **FFT – Experience was neither good or poor:** 54 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:** 78 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 19th 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:

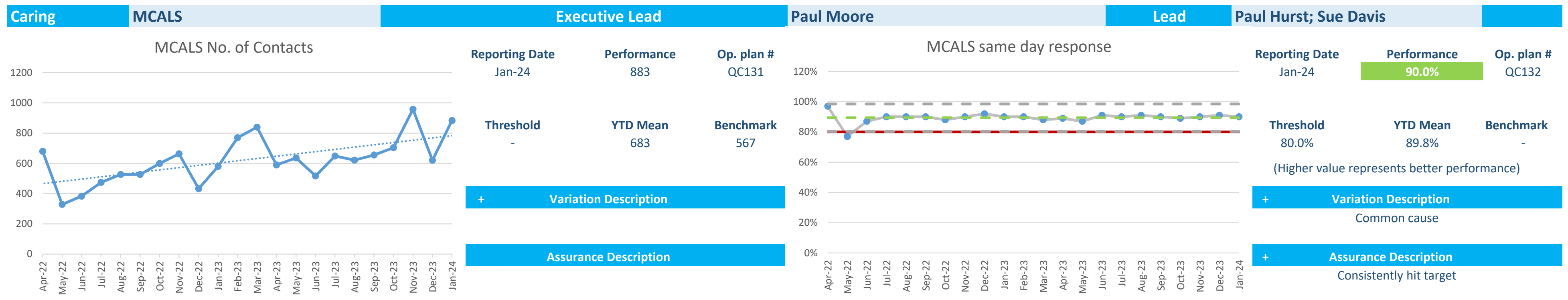
• Experience and Engagement and Public Reps Team continue to conduct monthly and extra walk rounds of the wards to collect surveys and speak to staff to encourage completion of surveys at discharge. Pre-paid envelopes are available to provide to service users who are inpatients and post boxes are accessible 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.



Issues / Performance Summary

Number of Contacts:

• 883 contacts received in January 2024, demonstrating an increase of 263 contacts (30%) compared to December 2023. Access to appointments within dental care, ophthalmology orthopaedics, pharmacy medication and general surgery were the dominant themes. In person contacts increased to 273 from 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 Q3 to reach seldom heard voices.

Same Day Response:

• In January, MCALS had resolved all contacts within 24 hours 90% 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

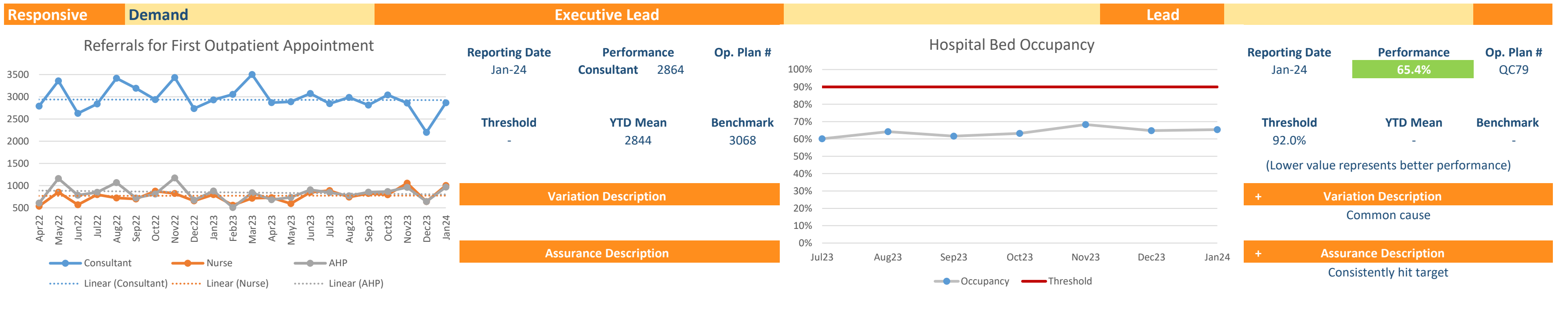
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Jan-24	-	2864	2844	28435	-		
RE056		Hospital Bed Occupancy	Jan-24	-	65.4%			92%		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Feb-24		16,620	16,237	-	< 15431		
RE002		RTT - No. patients waiting for Daycase procedure	Feb-24		1,854	2,214	-	< 2286		
RE003		RTT - No. patients waiting for Inpatient procedure	Feb-24		445	501	-	< 535		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Jan-24		46%	53.6%	-	85%		
RE061		Diagnostics-% patients waiting 26 weeks or less	Jan-24		69%	62.3%		99%		
RE005		Diagnostics - % requests completed within 6 weeks	Jan-24	-	86%	85.6%	86%	-		
RE006		Diagnostics - % Patients waiting over 6 weeks	Jan-24		59%	68.3%	-	1%		
RE007		ED - % 4 Hour Performance	Jan-24		66%	70.7%	71%	76% (95%)		
RE008		ED - % 4 Hour Performance (Non Admitted)	Jan-24	-	77%	80.3%	80%	-		
RE009		ED - % 4 Hour Performance (Admitted)	Jan-24	-	18%	22.4%	22%	-		
RE010		ED - Average Total Time in Emergency Department	Jan-24		292	263	-	360 mins		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Jan-24		30	27	-	15 mins		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Jan-24		75	69	-	60 mins		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Jan-24		16	15		60 mins		
RE013		ED - 12 Hour Trolley Waits	Jan-24		51	34	344	0		

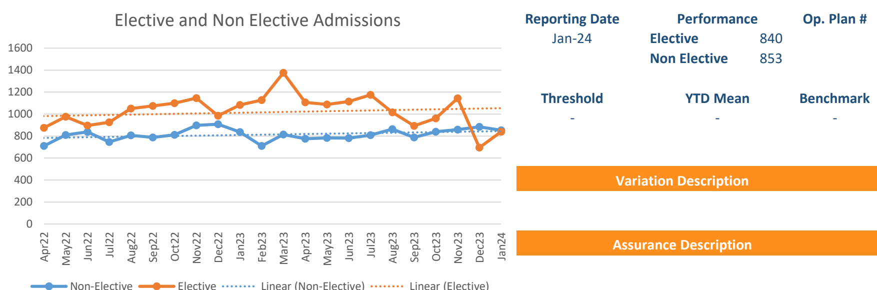
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Jan-24		15	19	-	15 mins		
RE015		Ambulance - Category 1 Mean Response Time	Jan-24		8	9	-	7 mins		
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Jan-24		50%	50%	-	100%		
RE034		Category 2 Response Time at 90th Percentile	Jan-24		25	29		40 mins		
RE035		Ambulance - Category 3 Response Time at 90th Percentile	Jan-24		44	48		120 mins		
RE036		Ambulance - Category 4 Response Time at 90th Percentile	Jan-24		97	80		180 mins		
RE037		Ambulance - Category 5 Response Time at 90th Percentile	Jan-24		87	81		180 mins		
RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Jan-24		238	197	-	0		
RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Jan-24		35	24	-	0		
RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Jan-24		77%	56%	-	80%		
RE031		IPCC - % of patients registered with a GP	Jan-24		-	4.1%	-	5.0%		
RE081		IPCC - N. of GP appointments	Jan-24	-	-	28,397	255,574	-		
RE027		IPCC - No. patients waiting for a dentist	Jan-24	-	4,878	4,182	-	-		
RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Jan-24	-	100%	99%	-	-		
RE075		Community Nursing Service response target met (7 days)- Routine	Jan-24	-	100%	100%	-	-		

Responsive Performance Summary

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	Jan-24		69%	66%	-	75%		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Jan-24		83%	79%	-	96%		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Jan-24		48%	48%	-	85%		
RE064		No. on Cancer Pathway (All)	Jan-24	-	558	661	-	-		
RE065		No. on Cancer Pathway (2WW)	Jan-24	-	476	562	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Jan-24	-	61	85	-	-		
RE067		Cancer - Median Wait Time from the Referral Date to the Diagosis Date	Jan-24	-	19	15	-	-		
RE044		MH- Waiting list	Jan-24	-	1702	1671	13366	-		
RE045		MH- Appointments	Jan-24	-	7393	6496	64961	-		
RE046		MH- Admissions	Jan-24	-	22	18	184	-		
RE028		MH - No. service users on Current Caseload	Jan-24		5,315	5,234	-	4500 - 5500		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE051		Maternity Bookings	Jan-24	-	67	846	556			
RE052		Ward Attenders	Jan-24	-	221	-	-			
RE053		Gestation At Booking <10 Weeks	Jan-24	-	46%	35%	-			
RE030		W&C - % New Birth Visits within timescale	Jan-24	-	88%	89%	-	-		
RE032		Births per annum	Jan-24	-	511	272	-	-		
RE082		Meds Demand - N.patient interactions	Jan-24	-	2464	2613	26133	-		
RE083		Meds Overnight Demand	Jan-24	-	111	279	2792	-		
RE084		Meds - Face to face appointments	Jan-24	-	567	515	5151	-		
RE086		Meds - TUNA%	Jan-24	-	1.4%	1.4%	-	-		
RE088		Meds- DNA%	Jan-24	-	1.2%	1.8%	-	-		





Issues / Performance Summary

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services increased in January to 2864, compared to 2200 in December.

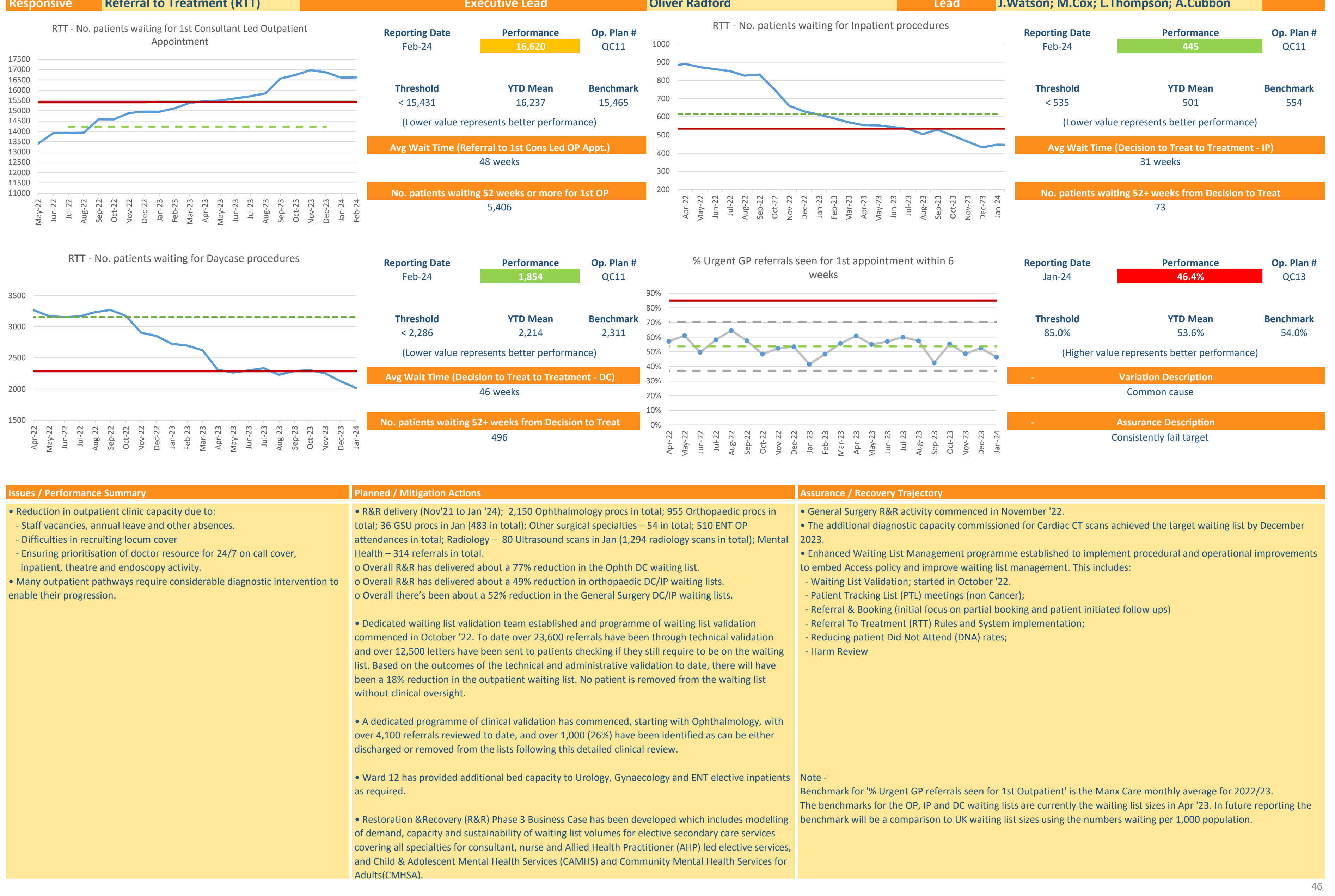
Elective and Non Elective Admissions:
Elective Admissions have decreased by approximately 17% in January (840) against December (695).

Non Elective admission numbers have slightly decreased to 853 compared to 884 last month.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

The methodolgy 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 #
Feb-24	16,620	QC11
Threshold	**YTD Mean**	**Benchmark**
< 15,431	16,237	15,465

(Lower value represents better performance)

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

No. patients waiting 52 weeks or more for 1st OP
5,406

Reporting Date	Performance	Op. Plan #
Feb-24	445	QC11
Threshold	**YTD Mean**	**Benchmark**
< 535	501	554

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
73

Reporting Date	Performance	Op. Plan #
Feb-24	1,854	QC11
Threshold	**YTD Mean**	**Benchmark**
< 2,286	2,214	2,311

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
496

Reporting Date	Performance	Op. Plan #
Jan-24	46.4%	QC13
Threshold	**YTD Mean**	**Benchmark**
85.0%	53.6%	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 Jan '24); 2,150 Ophthalmology procs in total; 955 Orthopaedic procs in total; 36 GSU procs in Jan (483 in total); Other surgical specialties – 54 in total; 510 ENT OP attendances in total; Radiology – 80 Ultrasound scans in Jan (1,294 radiology scans in total); Mental Health – 314 referrals in total.
o Overall R&R has delivered about a 77% reduction in the Ophth DC waiting list.
o Overall R&R has delivered about a 49% reduction in orthopaedic DC/IP waiting lists.
o Overall there's been about a 52% 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 23,600 referrals have been through technical validation and over 12,500 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 4,100 referrals reviewed to date, and over 1,000 (26%) 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 for elective secondary care services covering all specialties for consultant, nurse and Allied Health Practitioner (AHP) led elective services, and Child & Adolescent Mental Health Services (CAMHS) and Community Mental Health Services for Adults(CMHSA).

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.

Responsive	Diagnostics Wait Times (1 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey

Diagnostics - % patients waiting 26 weeks or less

Reporting Date	Performance	Op. Plan #
Jan-24	68.9%	QC37b

Threshold	YTD Mean	Benchmark
99.0%	62.3%	-

(higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Modality	Jan-24		
	WL	>6 wks	% >6 wks
Bone Densitometry	197	86	44%
Computed Tomography	591	162	27%
Magnetic Resonance Imaging	430	101	23%
Ultrasound Non Obs	2,665	1,948	73%
Total	**3,883**	**2,297**	**59%**

YTD Demand by Modality: 2023/24

Diagnostics - % of Patients waiting over 6 weeks

Reporting Date	Performance	Op. Plan #
Jan-24	59.2%	QC37

Threshold	YTD Mean	Benchmark
1%	68.3%	26.8%

(lower value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target

Diagnostics - No. of requests received

Reporting Date	Performance	Op. Plan #
Jan-24	84,152	

Threshold	YTD Mean	Benchmark
-	8,415	8,546

Variation Description

Assurance Description

Issues / Performance Summary

- Overall demand continues to exceed capacity. Demand was 26.3% higher than capacity in January.
- Emergency Department (ED) 23.8%, Outpatient Department (OPD) 37.2% and General Practitioner (GP) 22.9% remain the primary source of referrals, and there has been no significant change on the distribution compared to last month.
- Inpatient Referrals (844) increased in January. This equated to 11.8% of all requests.
- 57.6% of exams were reported within 2 hours, 8.4% have taken 97 hours or longer which is an improvement on last month.
- Of the 7,168 exams, 45.4% were turned around on the same day, and a further 35.9% in 1- 28 days.

Planned / Mitigation Actions

- Over the last 2 years, we have been working to reduce our waiting times in these areas through a combination of waiting list initiatives, synaptik/R&R support, worklist efficiency adjustments and overtime. We are now able to identify potential 'breachers' quicker and where possible appoint routine referrals within 6 weeks.
- 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 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.

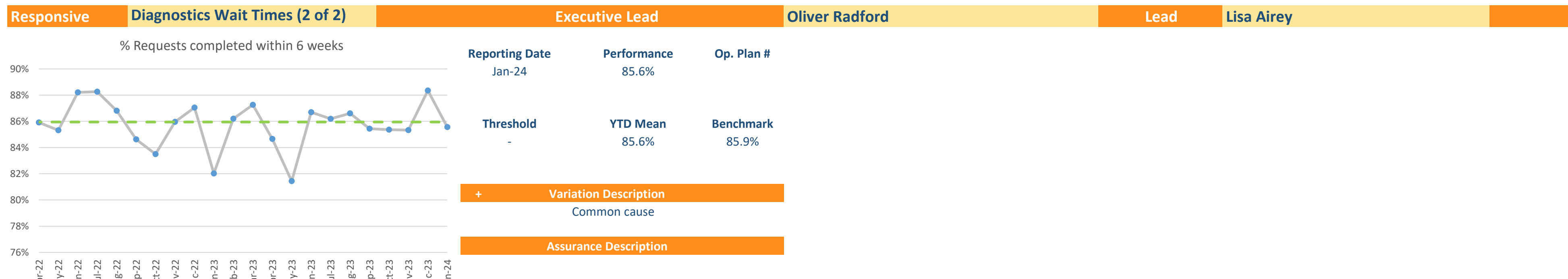
Assurance / Recovery Trajectory

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

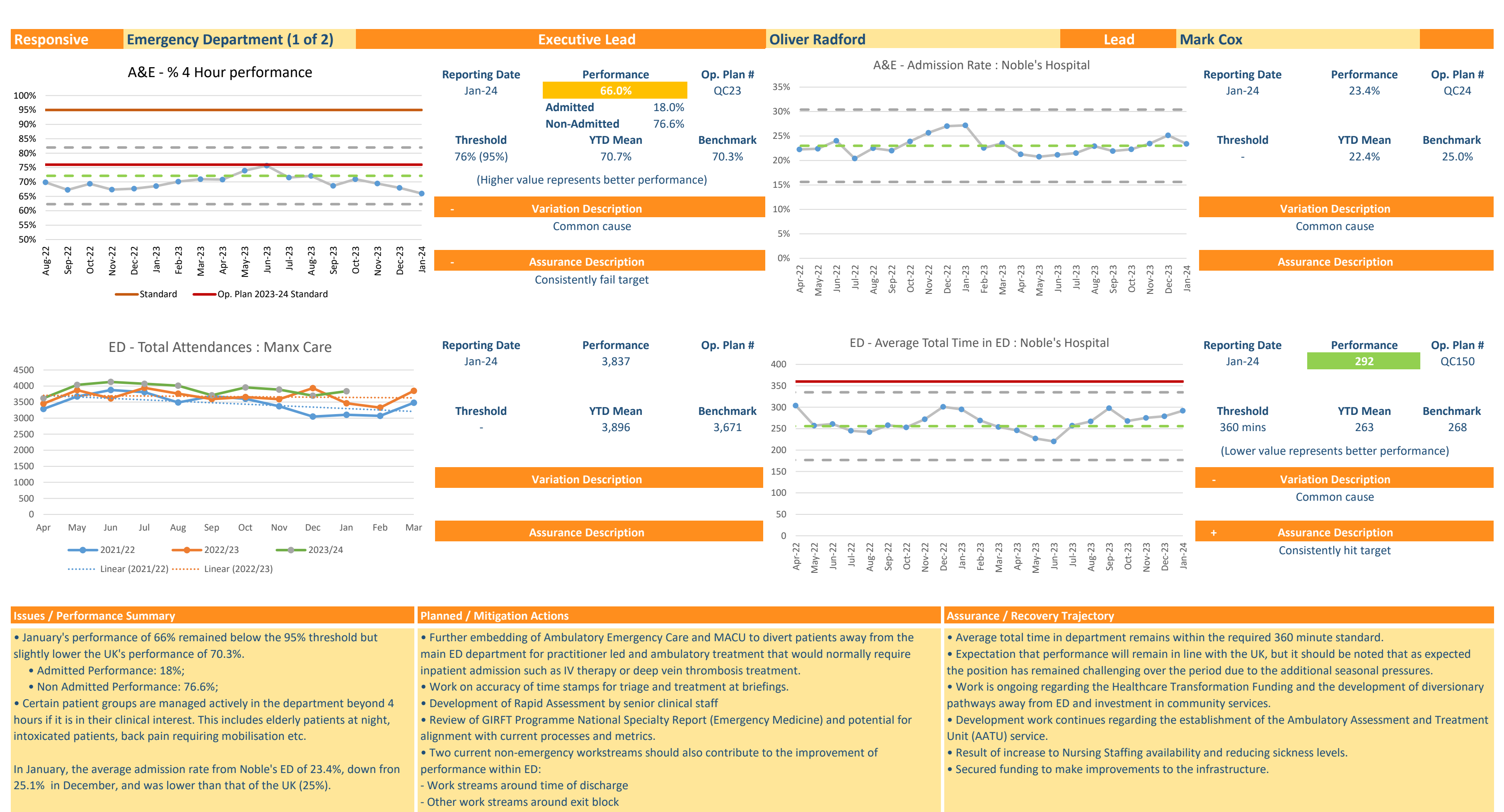
* Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a 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 December '23.
Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.

Responsive	Diagnostics Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Requests completed within 6 weeks: 85.6% of requests completed in January were undertaken within 6 weeks. This aligns with the average of 85.6% for the year so far.		



Issues / Performance Summary

- January's performance of 66% remained below the 95% threshold but slightly lower the UK's performance of 70.3%.
  - Admitted Performance: 18%;
  - Non Admitted Performance: 76.6%;
- 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 January, the average admission rate from Noble's ED of 23.4%, down from 25.1% in December, and was lower than that of the UK (25%).

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

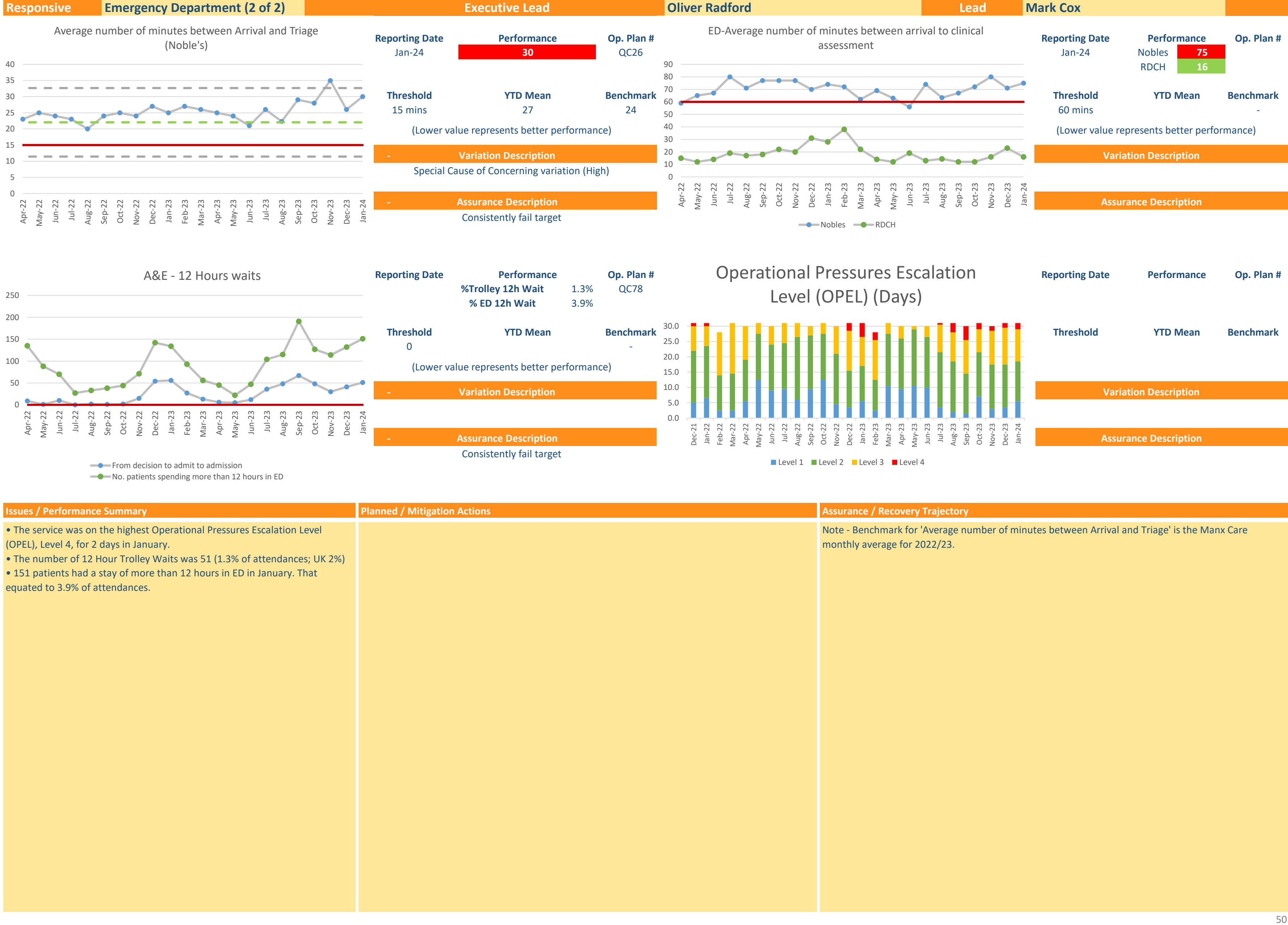
- Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.
- Work on accuracy of time stamps for triage 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 January' 24.
Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.



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

Reporting Date	Performance	Op. Plan #
Jan-24	30	QC26
Threshold	**YTD Mean**	**Benchmark**
15 mins	27	24

(Lower value represents better performance)

Variation Description

Special Cause of Concerning variation (High)

Assurance Description

Consistently fail target

Reporting Date	Performance		Op. Plan #
Jan-24	Nobles	75	
	RDCH	16	
Threshold	**YTD Mean**		**Benchmark**
60 mins			-

(Lower value represents better performance)

Variation Description

Assurance Description

Reporting Date	Performance		Op. Plan #
	%Trolley 12h Wait	1.3%	QC78
	% ED 12h Wait	3.9%	
Threshold	**YTD Mean**		**Benchmark**
0			-

(Lower value represents better performance)

Variation Description

Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Threshold	**YTD Mean**	**Benchmark**

Variation Description

Assurance Description

Issues / Performance Summary

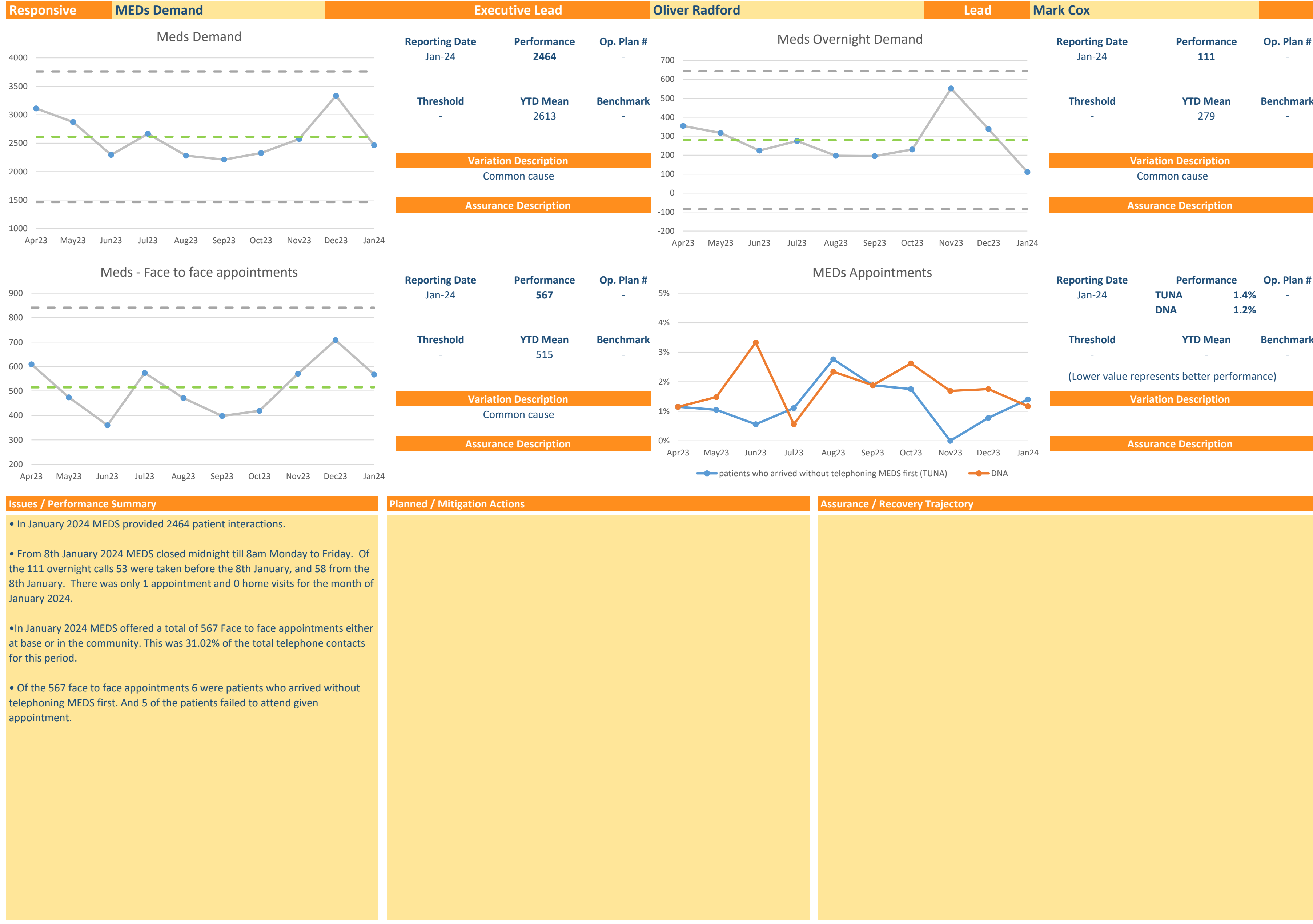
- The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 2 days in January.
- The number of 12 Hour Trolley Waits was 51 (1.3% of attendances; UK 2%)
- 151 patients had a stay of more than 12 hours in ED in January. That equated to 3.9% of attendances.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

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



Meds Demand

Reporting Date	Performance	Op. Plan #
Jan-24	**2464**	-
Threshold	**YTD Mean**	**Benchmark**
-	2613	-

Variation Description
Common cause

Assurance Description

Meds Overnight Demand

Reporting Date	Performance	Op. Plan #
Jan-24	**111**	-
Threshold	**YTD Mean**	**Benchmark**
-	279	-

Variation Description
Common cause

Assurance Description

Meds - Face to face appointments

Reporting Date	Performance	Op. Plan #
Jan-24	**567**	-
Threshold	**YTD Mean**	**Benchmark**
-	515	-

Variation Description
Common cause

Assurance Description

MEDs Appointments

Reporting Date	Performance		Op. Plan #
Jan-24	**TUNA**	**1.4%**	-
	DNA	**1.2%**	
Threshold	**YTD Mean**		**Benchmark**
-	-		-

(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

• In January 2024 MEDS provided 2464 patient interactions.

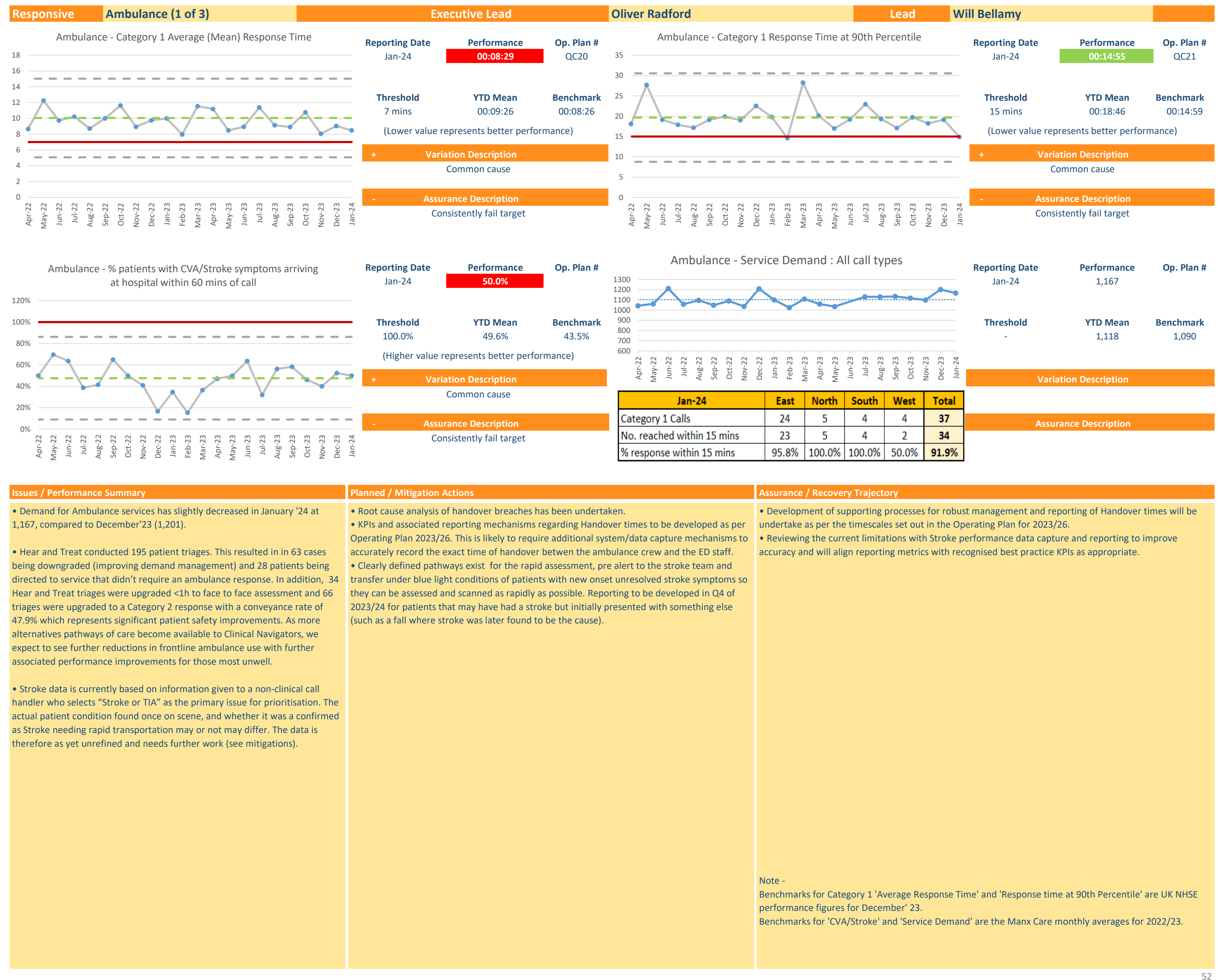
• From 8th January 2024 MEDS closed midnight till 8am Monday to Friday. Of the 111 overnight calls 53 were taken before the 8th January, and 58 from the 8th January. There was only 1 appointment and 0 home visits for the month of January 2024.

•In January 2024 MEDS offered a total of 567 Face to face appointments either at base or in the community. This was 31.02% of the total telephone contacts for this period.

• Of the 567 face to face appointments 6 were patients who arrived without telephoning MEDS first. And 5 of the patients failed to attend 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 #
Jan-24	00:08:29	QC20
Threshold	**YTD Mean**	**Benchmark**
7 mins	00:09:26	00:08:26

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Reporting Date	Performance	Op. Plan #
Jan-24	00:14:55	QC21
Threshold	**YTD Mean**	**Benchmark**
15 mins	00:18:46	00:14:59

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Reporting Date	Performance	Op. Plan #
Jan-24	50.0%	
Threshold	**YTD Mean**	**Benchmark**
100.0%	49.6%	43.5%

(Higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Jan-24	East	North	South	West	Total
Category 1 Calls	24	5	4	4	37
No. reached within 15 mins	23	5	4	2	34
% response within 15 mins	95.8%	100.0%	100.0%	50.0%	91.9%

Reporting Date	Performance	Op. Plan #
Jan-24	1,167	
Threshold	**YTD Mean**	**Benchmark**
-	1,118	1,090

Variation Description

Assurance Description

Issues / Performance Summary

• Demand for Ambulance services has slightly decreased in January '24 at 1,167, compared to December'23 (1,201).

• Hear and Treat conducted 195 patient triages. This resulted in in 63 cases being downgraded (improving demand management) and 28 patients being directed to service that didn't require an ambulance response. In addition, 34 Hear and Treat triages were upgraded <1h to face to face assessment and 66 triages were upgraded to a Category 2 response with a conveyance rate of 47.9% 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).

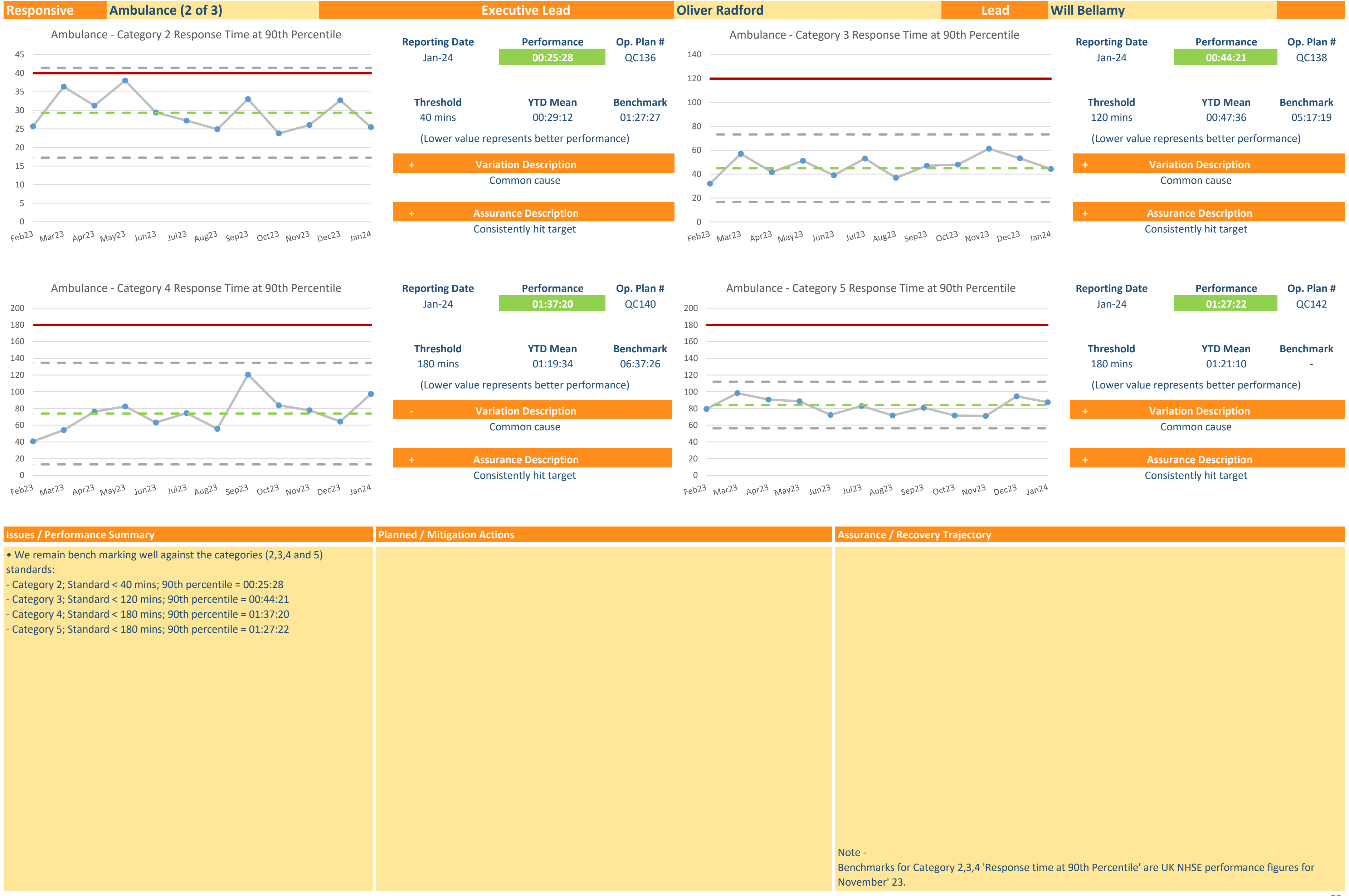
Planned / Mitigation Actions

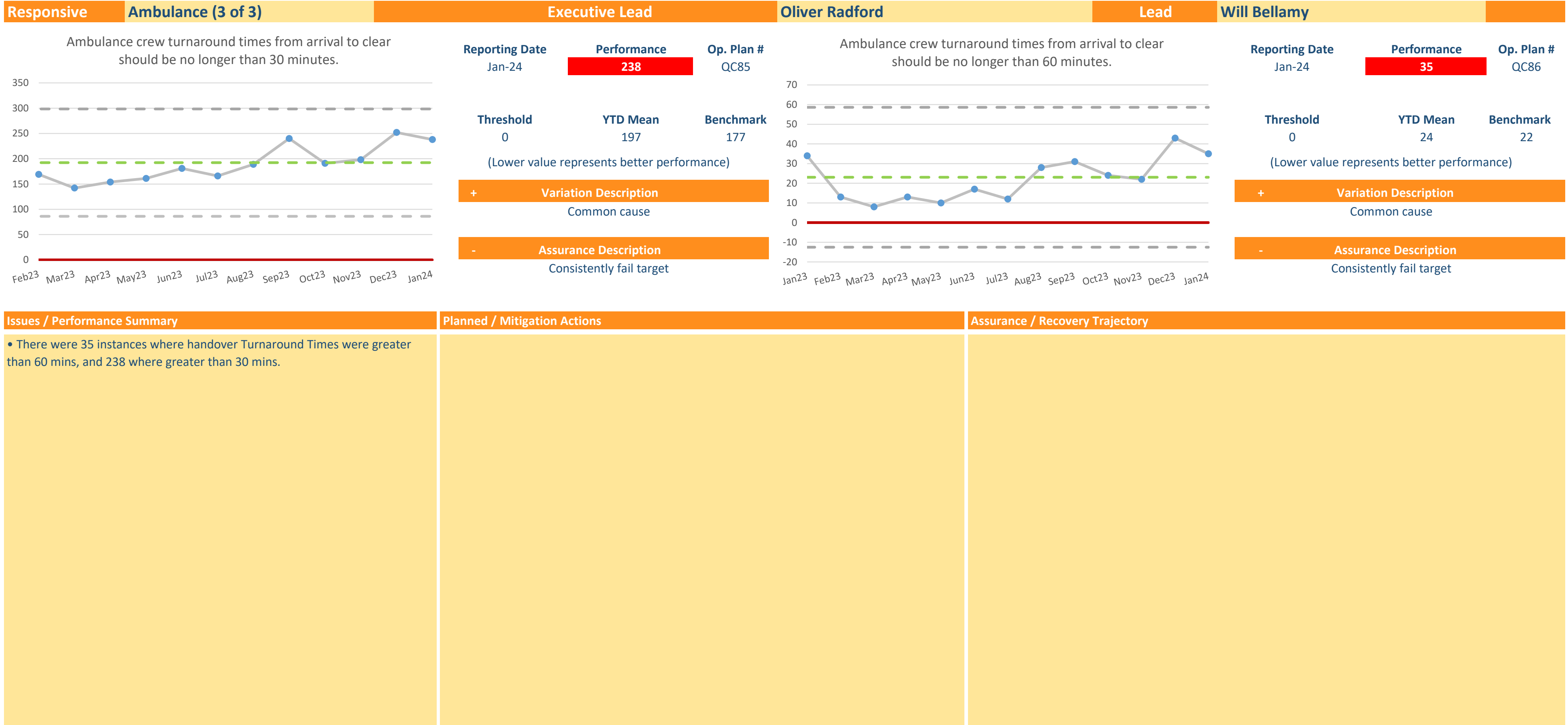
• Root cause analysis of handover breaches has been undertaken.
• KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26. This is likely to require additional system/data capture mechanisms to accurately record the exact time of handover betwen 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

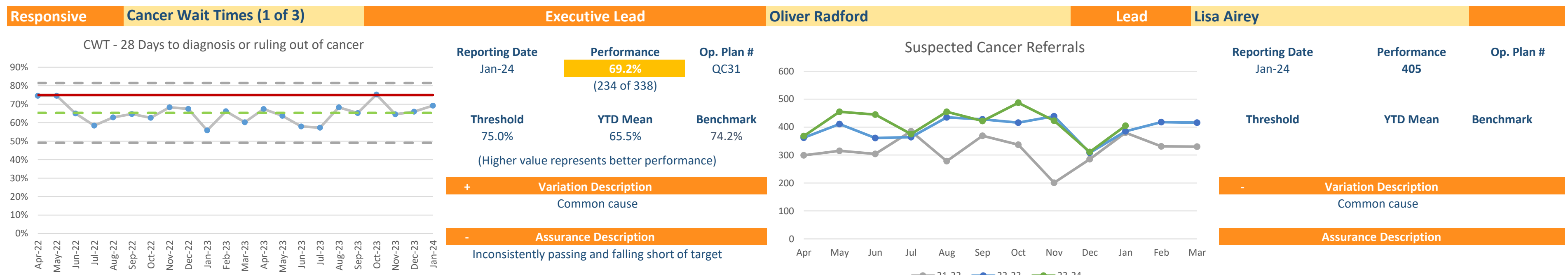
• Development of supporting processes for robust management and reporting of Handover times will be undertake as per the timescales set out in the Operating Plan for 2023/26.
• Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy and will align reporting 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
Ambulance - Category 2 Response Time at 90th Percentile
Reporting Date
Jan-24
Performance
00:25:28
Op. Plan #
QC136
Threshold
40 mins
YTD Mean
00:29:12
Benchmark
01:27:27
(Lower value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Consistently hit target
Ambulance - Category 3 Response Time at 90th Percentile
Reporting Date
Jan-24
Performance
00:44:21
Op. Plan #
QC138
Threshold
120 mins
YTD Mean
00:47:36
Benchmark
05:17:19
(Lower value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Consistently hit target
Ambulance - Category 4 Response Time at 90th Percentile
Reporting Date
Jan-24
Performance
01:37:20
Op. Plan #
QC140
Threshold
180 mins
YTD Mean
01:19:34
Benchmark
06:37:26
(Lower value represents better performance)
- Variation Description
Common cause
+ Assurance Description
Consistently hit target
Ambulance - Category 5 Response Time at 90th Percentile
Reporting Date
Jan-24
Performance
01:27:22
Op. Plan #
QC142
Threshold
180 mins
YTD Mean
01:21:10
Benchmark
-
(Lower value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Consistently hit target
Feb23 Mar23 Apr23 May23 Jun23 Jul23 Aug23 Sep23 Oct23 Nov23 Dec23 Jan24
Issues / Performance Summary
• We remain bench marking well against the categories (2,3,4 and 5) standards:
- Category 2; Standard < 40 mins; 90th percentile = 00:25:28
- Category 3; Standard < 120 mins; 90th percentile = 00:44:21
- Category 4; Standard < 180 mins; 90th percentile = 01:37:20
- Category 5; Standard < 180 mins; 90th percentile = 01:27:22
Planned / Mitigation Actions
Assurance / Recovery Trajectory
Note -
Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for November' 23.
53


Responsive
Ambulance (3 of 3)
Executive Lead
Oliver Radford
Lead
Will Bellamy
Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.
350
300
250
200
150
100
50
0
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
238
Op. Plan #
QC85
Threshold
0
YTD Mean
197
Benchmark
177
(Lower value represents better performance)
+
Variation Description
Common cause
-
Assurance Description
Consistently fail target
Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.
70
60
50
40
30
20
10
0
-10
-20
Jan23
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
35
Op. Plan #
QC86
Threshold
0
YTD Mean
24
Benchmark
22
(Lower value represents better performance)
+
Variation Description
Common cause
-
Assurance Description
Consistently fail target
Issues / Performance Summary
• There were 35 instances where handover Turnaround Times were greater than 60 mins, and 238 where greater than 30 mins.
Planned / Mitigation Actions
Assurance / Recovery Trajectory

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



Tumour Group	Suspected Cancer Referrals								
	Jan-24	Apr 23 - Jan 24	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	65	671	466	44.0%	67	53	805	635	26.8%
Colorectal	67	742	687	8.0%	74	72	890	913	-2.5%
Dermatology	68	903	741	21.9%	90	87	1,084	995	8.9%
Gynaecology	51	448	347	29.1%	45	39	538	476	12.9%
Haematology	10	57	49	16.3%	6	5	68	72	-5.0%
Head & Neck	32	360	325	10.8%	36	36	432	422	2.4%
Lung	7	114	99	15.2%	11	11	137	120	14.0%
Other	2	15	25	-	2	4	18	29	-37.9%
Upper GI	39	338	302	11.9%	34	34	406	406	-0.1%
Urology	44	362	306	18.3%	36	36	434	432	0.6%
Sub-Total	**385**	**4,010**	**3,347**	**19.8%**	**446**	**389**	**4,812**	**4,500**	**6.9%**

**Tumour Group	Monthly number of	
	Jan-24	12 month Avg.
Breast symptomatic (non-suspected cancer)	20	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

- The 28 Day standard was not achieved in January, with performance recovering slightly but still remaining below the 75% threshold at 69.2%.
- 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

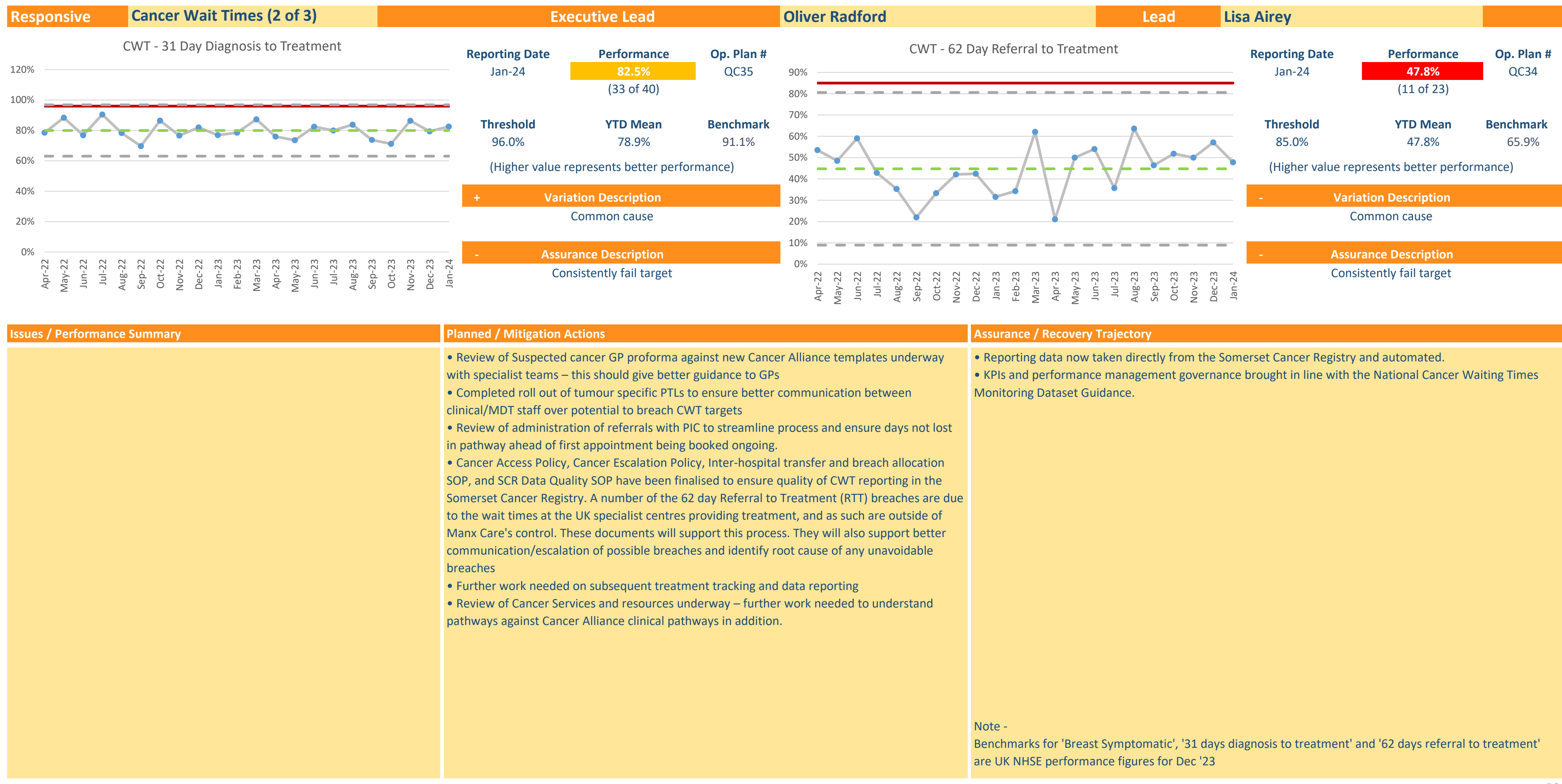
Planned / Mitigation Actions

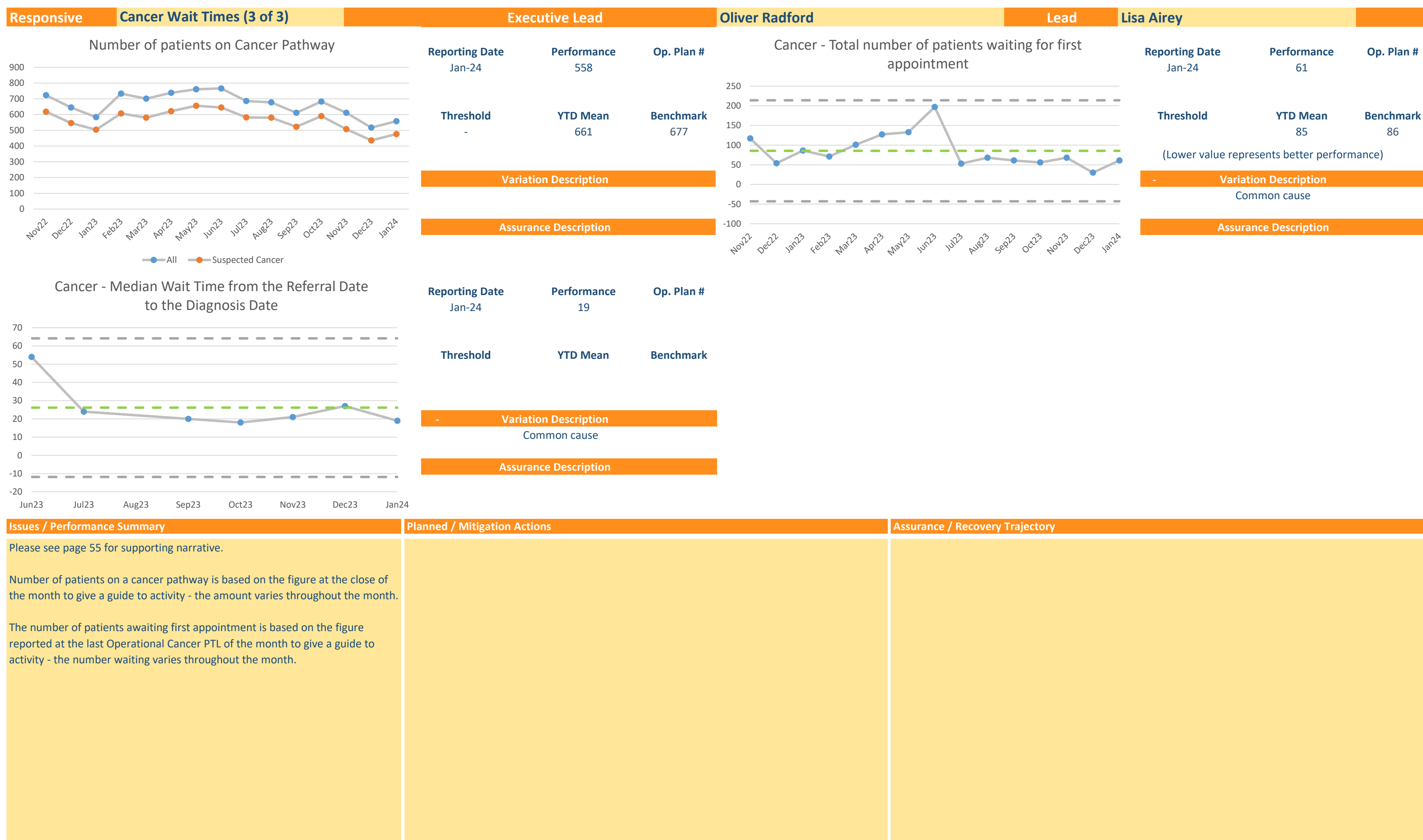
- The review of our existing suspected cancer (GP referral) proformas with our specialist teams against the current Cheshire and Merseyside Cancer Alliance templates is moving at good pace. We have successfully reviewed and implemented revised forms for Gynaecology, Skin, and Sarcoma. Remaining specialist 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 resolvement/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

Assurance / Recovery Trajectory

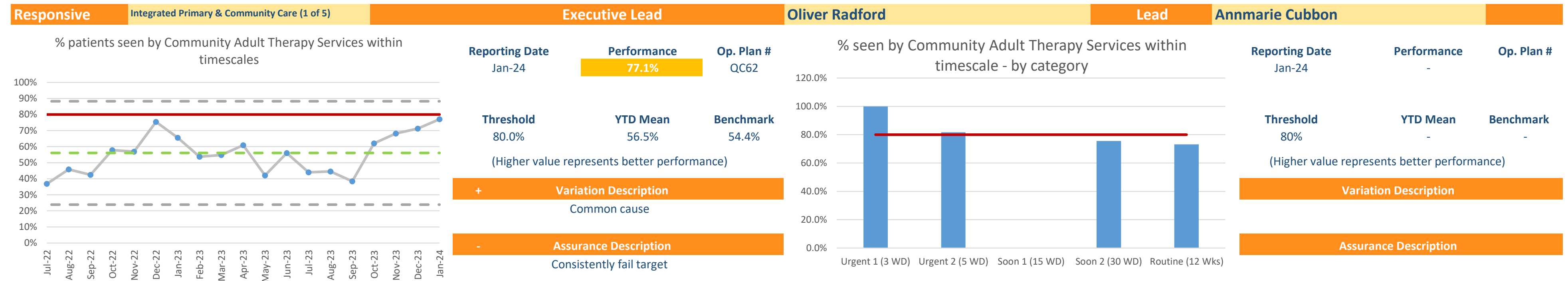
- Reporting data now taken directly from the Somerset Cancer Registry (SCR) and is automated
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance
- With effect January 2024 Cancer Services now has weekly tumour specific PTLs in place for all tumour groups
- New post of Cancer Information Reporting and Live Systems Officer is under offer to an existing Cancer MDT Co-ordinator ('home grown') with the post-holder expected to be in place by 1st March 2024 - 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 Sarcoma
- Data: Cancer Outcomes and Services Dataset (COSD) has now transitioned to electronic portal submission, and away from e-mail submissions, in-line with UK Trusts

Note -
Benchmark for the 28 Day standard is the UK NHSE performance figures for Dec '23


Responsive
Cancer Wait Times (2 of 3)
Executive Lead
Oliver Radford
Lead
Lisa Airey
CWT - 31 Day Diagnosis to Treatment
120%
100%
80%
60%
40%
20%
0%
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Reporting Date
Jan-24
Performance
82.5%
(33 of 40)
Op. Plan #
QC35
Threshold
96.0%
YTD Mean
78.9%
Benchmark
91.1%
(Higher value represents better performance)
+ Variation Description
Common cause
- Assurance Description
Consistently fail target
CWT - 62 Day Referral to Treatment
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Reporting Date
Jan-24
Performance
47.8%
(11 of 23)
Op. Plan #
QC34
Threshold
85.0%
YTD Mean
47.8%
Benchmark
65.9%
(Higher value represents better performance)
- Variation Description
Common cause
- Assurance Description
Consistently fail target
Issues / Performance Summary
Planned / Mitigation Actions
• Review of Suspected cancer GP proforma against new Cancer Alliance templates underway with specialist teams – this should give better guidance to GPs
• 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.
Assurance / Recovery Trajectory
• Reporting data now taken directly from the Somerset Cancer Registry and automated.
• KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.
Note -
Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Dec '23


Responsive
Cancer Wait Times (3 of 3)
Executive Lead
Oliver Radford
Lead
Lisa Airey
Number of patients on Cancer Pathway
All
Suspected Cancer
Reporting Date
Jan-24
Performance
558
Op. Plan #
Threshold
-
YTD Mean
661
Benchmark
677
Variation Description
Assurance Description
Cancer - Total number of patients waiting for first appointment
Reporting Date
Jan-24
Performance
61
Op. Plan #
Threshold
YTD Mean
85
Benchmark
86
(Lower value represents better performance)
-
Variation Description
Common cause
Assurance Description
Cancer - Median Wait Time from the Referral Date to the Diagnosis Date
Reporting Date
Jan-24
Performance
19
Op. Plan #
Threshold
YTD Mean
Benchmark
-
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
Planned / Mitigation Actions
Assurance / Recovery Trajectory
Please see page 55 for supporting narrative.
Number of patients on a cancer pathway is based on the figure at the close of the month to give a guide to activity - the amount varies throughout the month.
The number of patients awaiting first appointment is based on the figure reported at the last Operational Cancer PTL of the month to give a guide to activity - the number waiting varies throughout the month.

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



Reporting Date	Performance	Op. Plan #
Jan-24	77.1%	QC62
Threshold	**YTD Mean**	**Benchmark**
80.0%	56.5%	54.4%

(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Jan-24	-	
Threshold	**YTD Mean**	**Benchmark**
80%	-	-

(Higher value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

Community Adult Therapy:

• 100% of Urgent 1 (3 working day) patients were seen within the required timescales in January.

• 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.

Planned / Mitigation Actions

Community Adult Therapy:

• Team have reviewed triage priorities and would like to simplify these to Priority 1 (10 day response), Priority 2 (30 day response), Priority 3 (60 day response). This 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. These proposed changes will be reflected in reporting for 2024/25.

• 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.

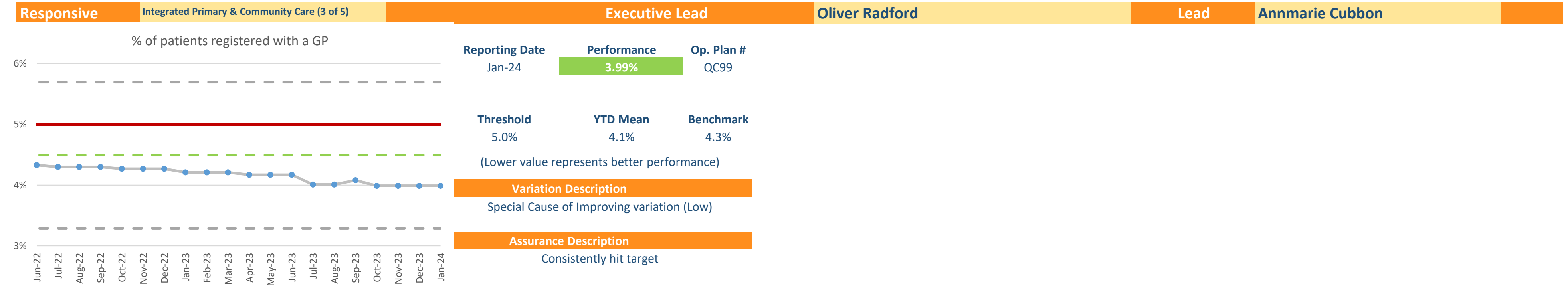
Assurance / Recovery Trajectory

- Note:

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

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
January 2024 data unavialble due to re-development of GP Dashboard. Days to next appointment have formed part of a wider piece of work around appointment data reporting. The new dashboard is almost ready for rollout. 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. DNA rates continue to be an issue, despite the work undertaken by practices to increase patients awareness on how to cancel an appointment.	Q3 Contract reviews are currently taking place. We discuss the submitted data and review any issues and areas of concern. We review list sizes and GP capacity. Use of EMIS / AccurX / website / email / phone are all ways patients have access for cancelling, appointments. The practices also write to repeat offenders. 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. Practices with vacancies are currently actively recruiting	Winter planning additional support / appointment to vacancies and additional salaried GP support will assist in improving capacity. 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. 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 who commenced 15th January 2024 to assist with capacity issues over the winter period to 31/03/2024

Responsive | Integrated Primary & Community Care (3 of 5) | Executive Lead | Oliver Radford | Lead | Annmarie Cubbon



Issues / Performance Summary

% of patients registered with a GP:

• % tolerance is currently in line with requirements.

Planned / Mitigation Actions

% of patients registered with a GP:

• List cleansing is conducted monthly / quarterly and annually. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system.

• The GP Contracts manager, at the contract review meetings discusses 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.

Assurance / Recovery Trajectory

% of patients registered with a GP:

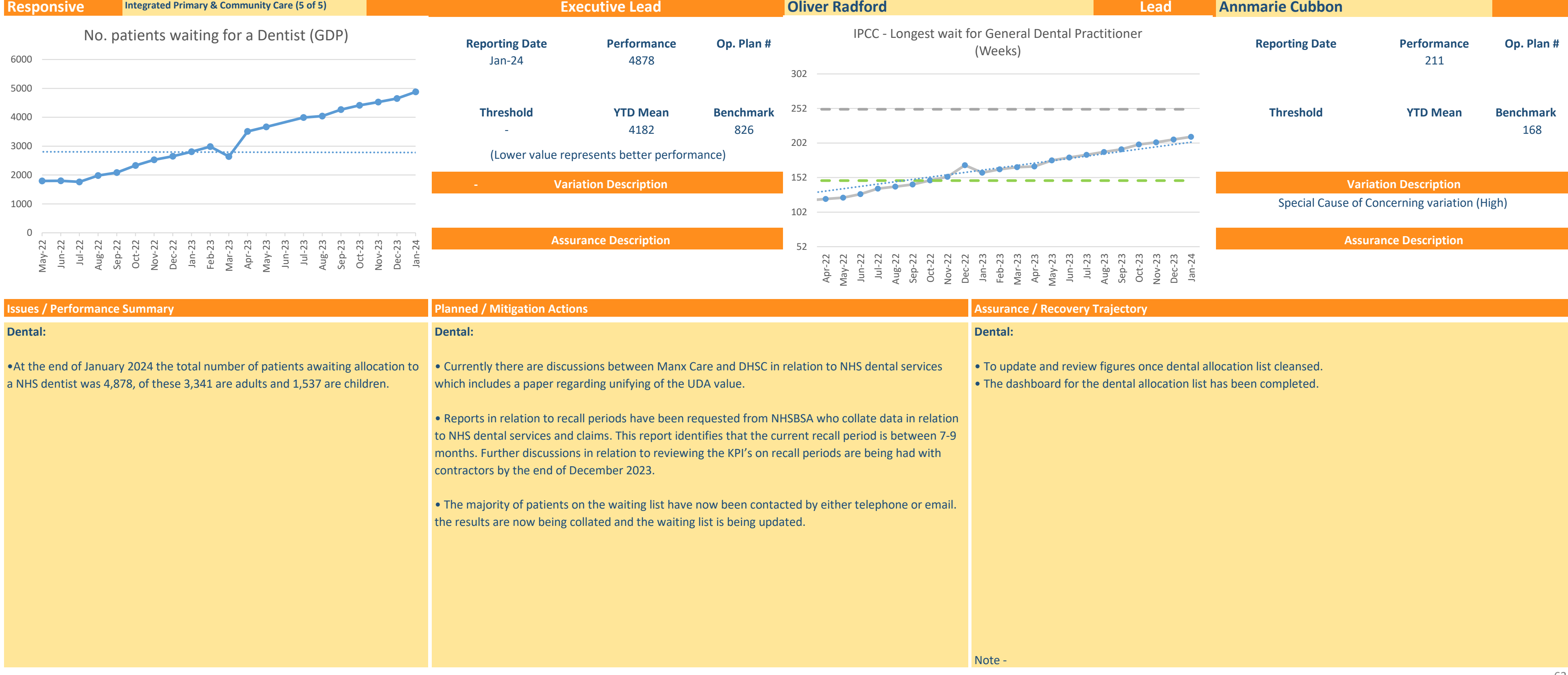
• The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and movement has been made to reduce to 4% and below.

• We will continue to review the % on a monthly / quarterly basis, working to the list cleansing timetable and with practices accordingly.

Note -

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

Responsive
Integrated Primary & Community Care (4 of 5)
Executive Lead
Oliver Radford
Lead
Annmarie Cubbon
Response by Community Nursing to Urgent / Non routine within 24h
110%
100%
90%
80%
70%
60%
50%
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
100%
Op. Plan #
QC61
Threshold
-
YTD Mean
99.0%
Benchmark
-
(Higher value represents better performance)
+
Variation Description
Common cause
Assurance Description
Community Nursing Service response target met (7 days) - Routine
120%
100%
80%
60%
40%
20%
0%
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
100.0%
Op. Plan #
QC62
Threshold
-
YTD Mean
100%
Benchmark
-
(Higher value represents better performance)
+
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
Planned / Mitigation Actions
Assurance / Recovery Trajectory



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

Reporting Date	Performance	Op. Plan #
Jan-24	4878	

Threshold	YTD Mean	Benchmark
-	4182	826

(Lower value represents better performance)

- **Variation Description**

Assurance Description

Reporting Date	Performance	Op. Plan #
	211	

Threshold	YTD Mean	Benchmark
		168

Variation Description

Special Cause of Concerning variation (High)

Assurance Description

Issues / Performance Summary

Dental:

•At the end of January 2024 the total number of patients awaiting allocation to a NHS dentist was 4,878, of these 3,341 are adults and 1,537 are children.

Planned / Mitigation Actions

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.

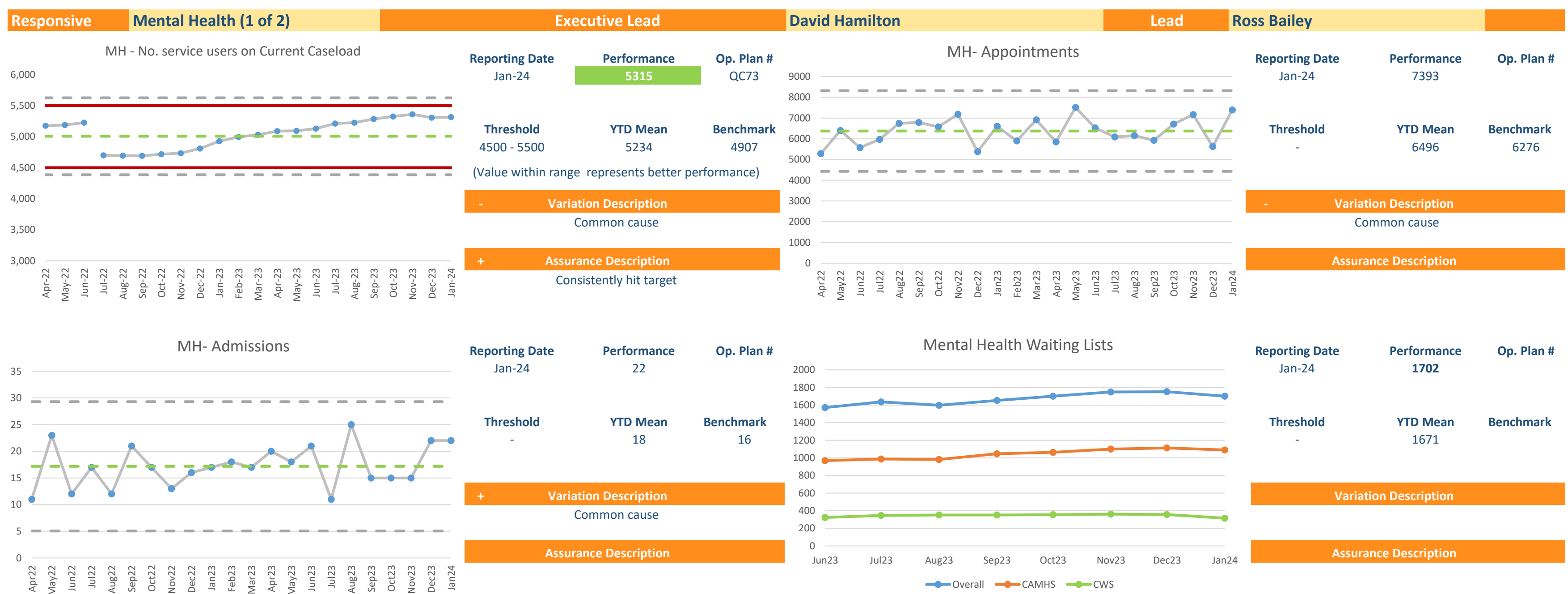
• The majority of patients on the waiting list have now been contacted by either telephone or email. the results are now being collated and the waiting list is being updated.

Assurance / Recovery Trajectory

Dental:

• To update and review figures once dental allocation list cleansed.
• The dashboard for the dental allocation list has been completed.

Note -



Issues / Performance Summary

Current Caseload:
Caseload remains within the expected range with an increase of 10 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 equivalend in England.
This range is benchmarked upon historic demand.

MH Admissions to Manannan Court:
Admissions in January remained at 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 succesful recuitment in community services on inpatient admissions.

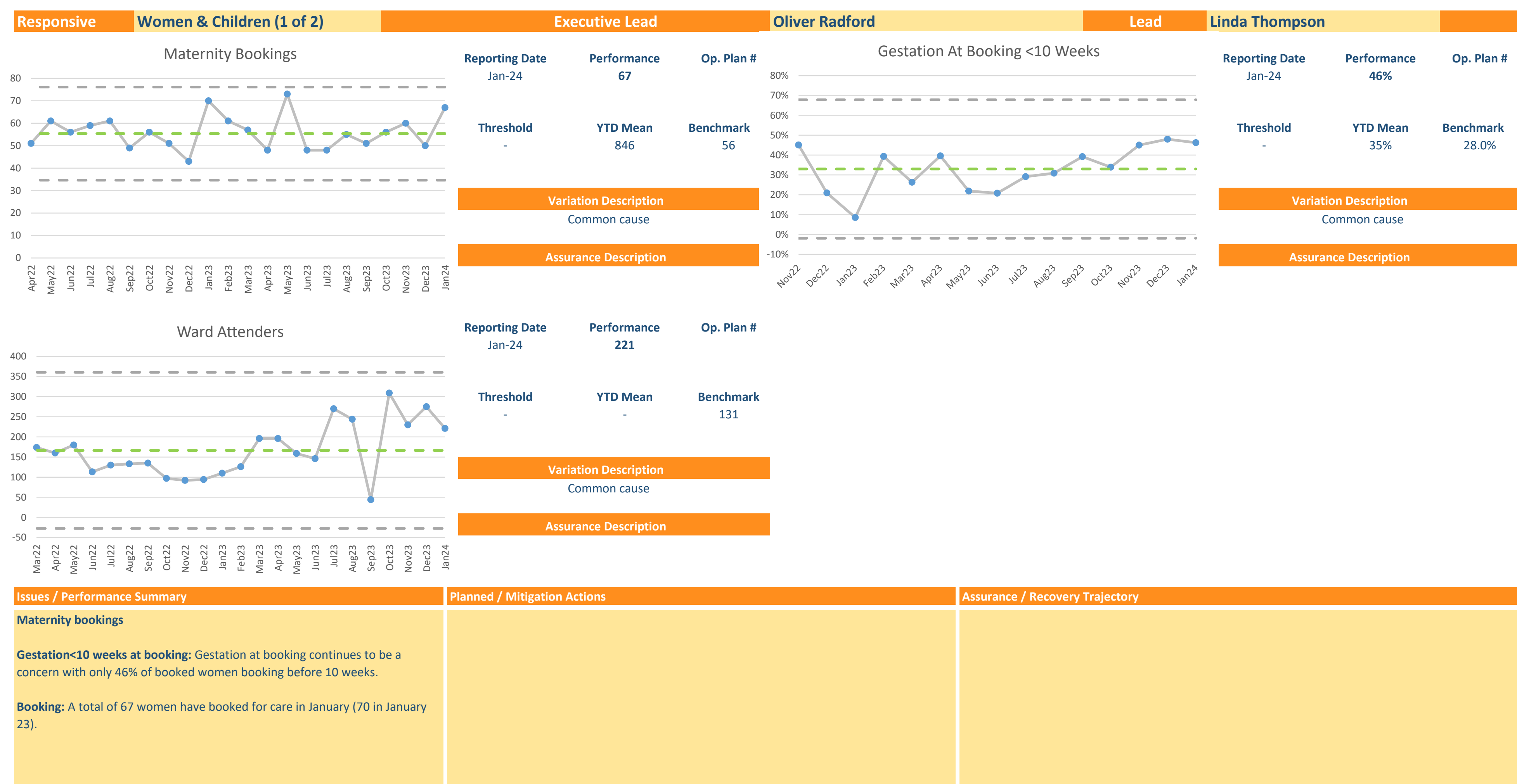
MH Waiting Lists:
The intention is to report on referral to treatment times, we areworking with the performance team to establish a clear methodology and the scope for RTT reporting.

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



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

Maternity Bookings

Reporting Date	Performance	Op. Plan #
Jan-24	**67**	

Threshold	YTD Mean	Benchmark
-	846	56

Variation Description
Common cause

Assurance Description

Gestation At Booking <10 Weeks

Reporting Date	Performance	Op. Plan #
Jan-24	**46%**	

Threshold	YTD Mean	Benchmark
-	35%	28.0%

Variation Description
Common cause

Assurance Description

Ward Attenders

Reporting Date	Performance	Op. Plan #
Jan-24	**221**	

Threshold	YTD Mean	Benchmark
-	-	131

Variation Description
Common cause

Assurance Description

Issues / Performance Summary

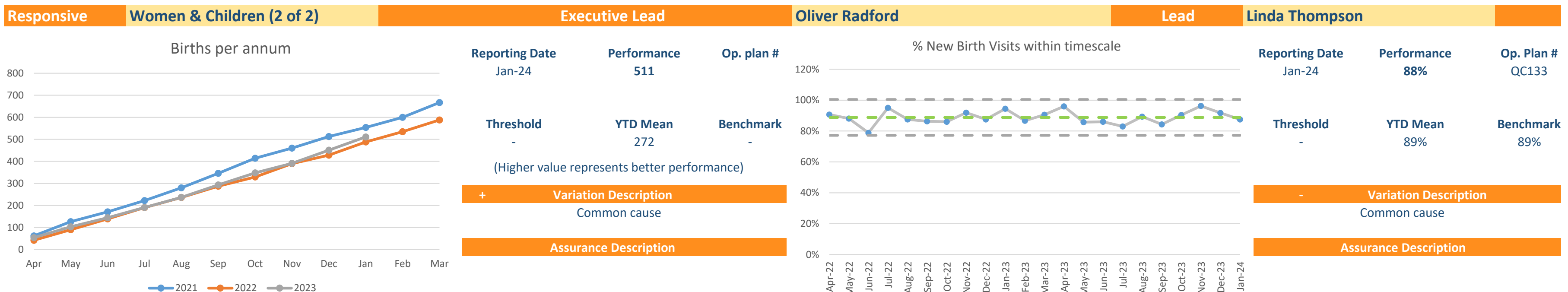
Maternity bookings

Gestation<10 weeks at booking: Gestation at booking continues to be a concern with only 46% of booked women booking before 10 weeks.

Booking: A total of 67 women have booked for care in January (70 in January 23).

Planned / Mitigation Actions

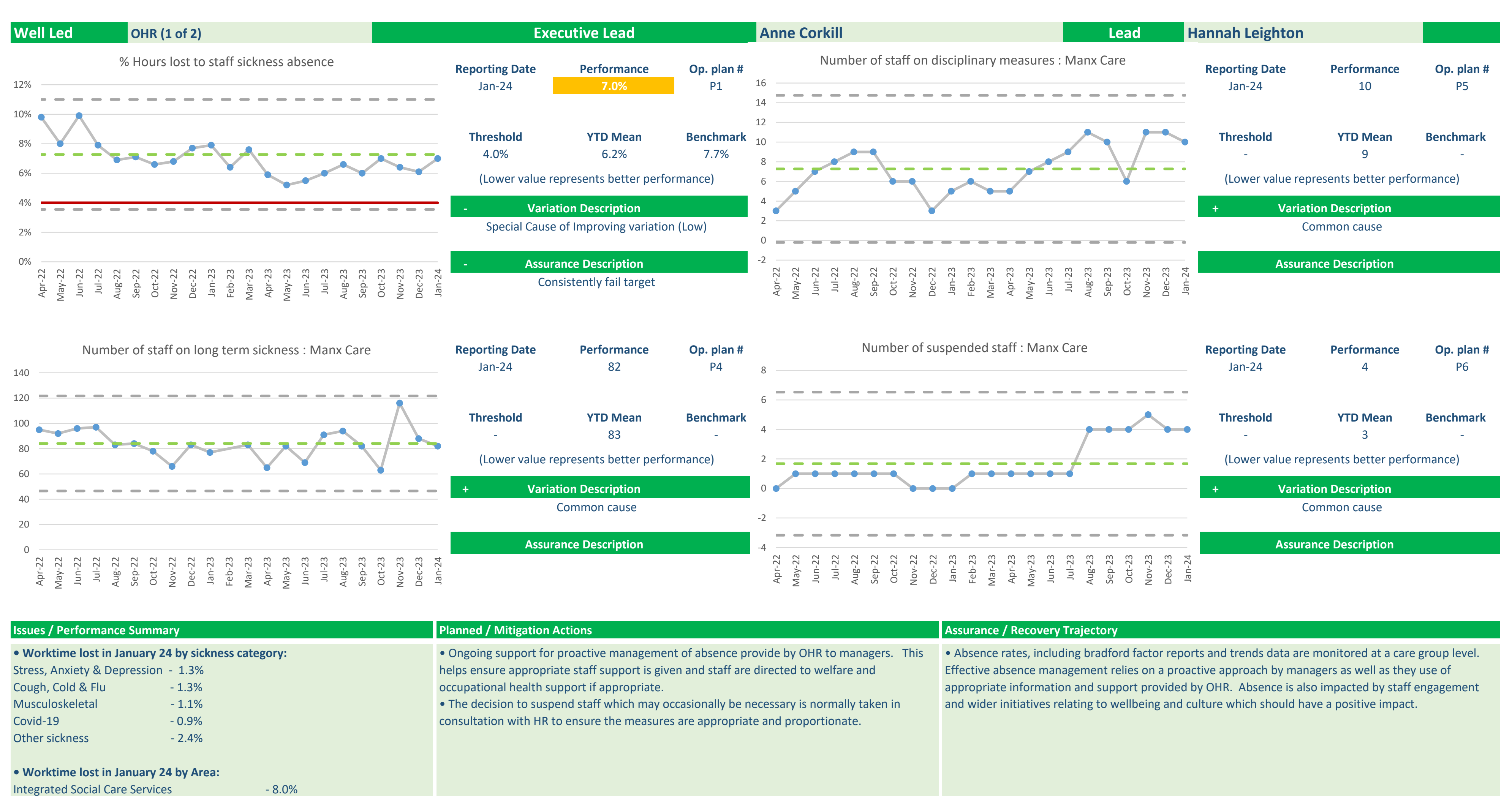
Assurance / Recovery Trajectory



Issues / Performance Summary	Planned / Mitigation Actions	
In January 2024 we received 76 Antenatal referrals into the department. **New Birth Visits** We completed a total of 56 visits. Out of these visits, **44** were completed within the timeframe of 14 days and 7 were not completed within timeframe. Exception Data 5 1 infant was admitted to Neonatal, 3 were cancelled at parental request and 1 was rescheduled due to staffing Breach Data 2 breaches in January In January **40** women were assessed as Universal, 9 as Universal Plus and **1** as Universal Partnership Plus at their New Birth Visit.		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	Jan-24		7.0%	6.2%	-	4.0%	L	F
WP002		Workforce - Number of staff on long term sickness	Jan-24	-	82	83	-	-		
WP004		Workforce - Number of staff leavers	Jan-24	-	16	24	236	-		
WP005		Workforce - Number of staff on disciplinary measures	Jan-24	-	10	9	88	-		
WP006		Workforce - Number of suspended staff	Jan-24	-	4	3	29	-		
WP013		Staff 12 months turnover rate	Jan-24		10.2%	10.1%	-	10%		?
WP014		Training Attendance rate	Jan-24		57.0%	61.7%	-	90%		F
WP007		Governance - Number of Data Breaches	Jan-24		14	12	117	0		F
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Jan-24	-	77	56	563	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Jan-24	-	2	3	25	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Jan-24	-	9	10	99	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Jan-24	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Jan-24		41	38	378	0		F
WP015		Number of DSAR, AHR and FOI's overdue at month end	Jan-24		32	37	371	-		



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

% Hours lost to staff sickness absence

Reporting Date	Performance	Op. plan #
Jan-24	7.0%	P1

Threshold	YTD Mean	Benchmark
4.0%	6.2%	7.7%

(Lower value represents better performance)

- Variation Description
Special Cause of Improving variation (Low)

- Assurance Description
Consistently fail target

Number of staff on disciplinary measures : Manx Care

Reporting Date	Performance	Op. plan #
Jan-24	10	P5

Threshold	YTD Mean	Benchmark
-	9	-

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

Number of staff on long term sickness : Manx Care

Reporting Date	Performance	Op. plan #
Jan-24	82	P4

Threshold	YTD Mean	Benchmark
-	83	-

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

Number of suspended staff : Manx Care

Reporting Date	Performance	Op. plan #
Jan-24	4	P6

Threshold	YTD Mean	Benchmark
-	3	-

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

Issues / Performance Summary

- **Worktime lost in January 24 by sickness category:**

Stress, Anxiety & Depression - 1.3%
Cough, Cold & Flu - 1.3%
Musculoskeletal - 1.1%
Covid-19 - 0.9%
Other sickness - 2.4%

- **Worktime lost in January 24 by Area:**

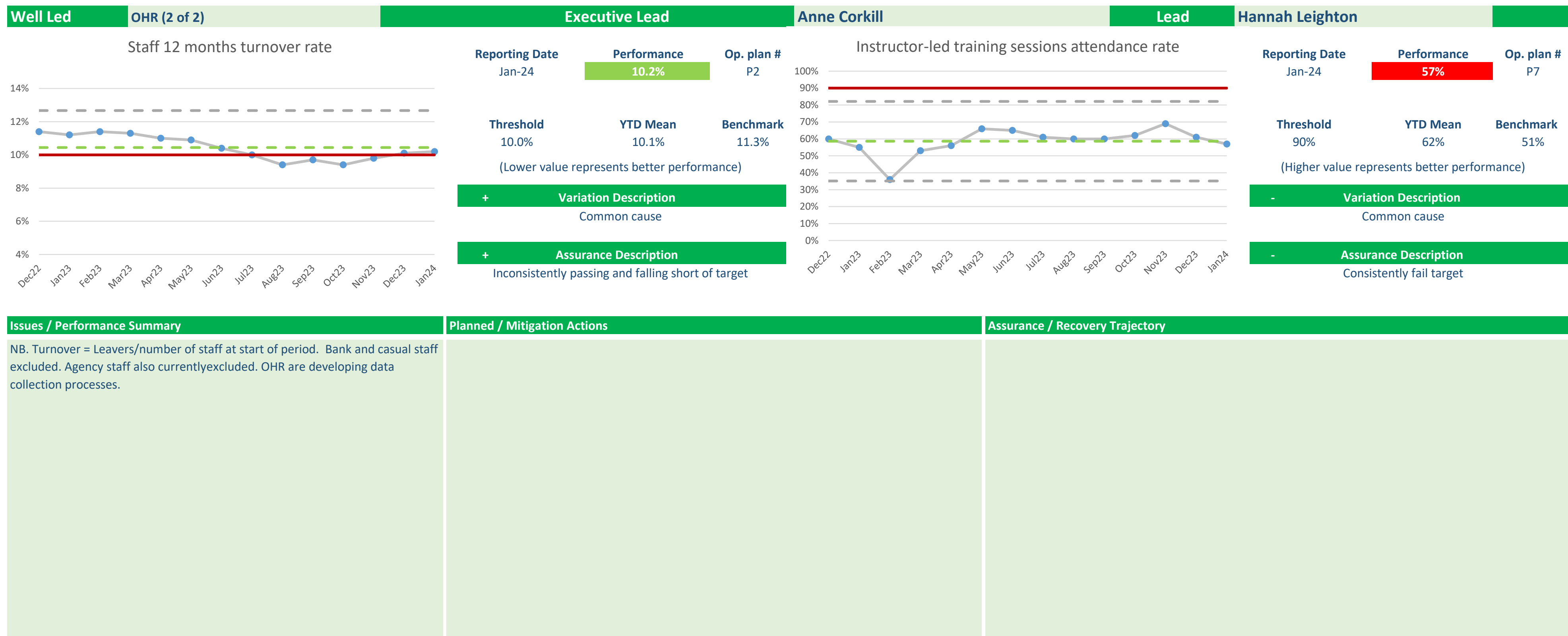
Integrated Social Care Services - 8.0%
Medicine, Urgent Care & Ambulance Services - 7.1%
Integrated Mental Health Services -
Infrastructure - 8.7%
Integrated Primary & Community Care Services - 7.0%
Integrated Cancer & Diagnostic Services - 6.0%
Women, Children & Families - 5.3%
Surgery, Theatres, Critical Care & Anaesthetics - 6.9%

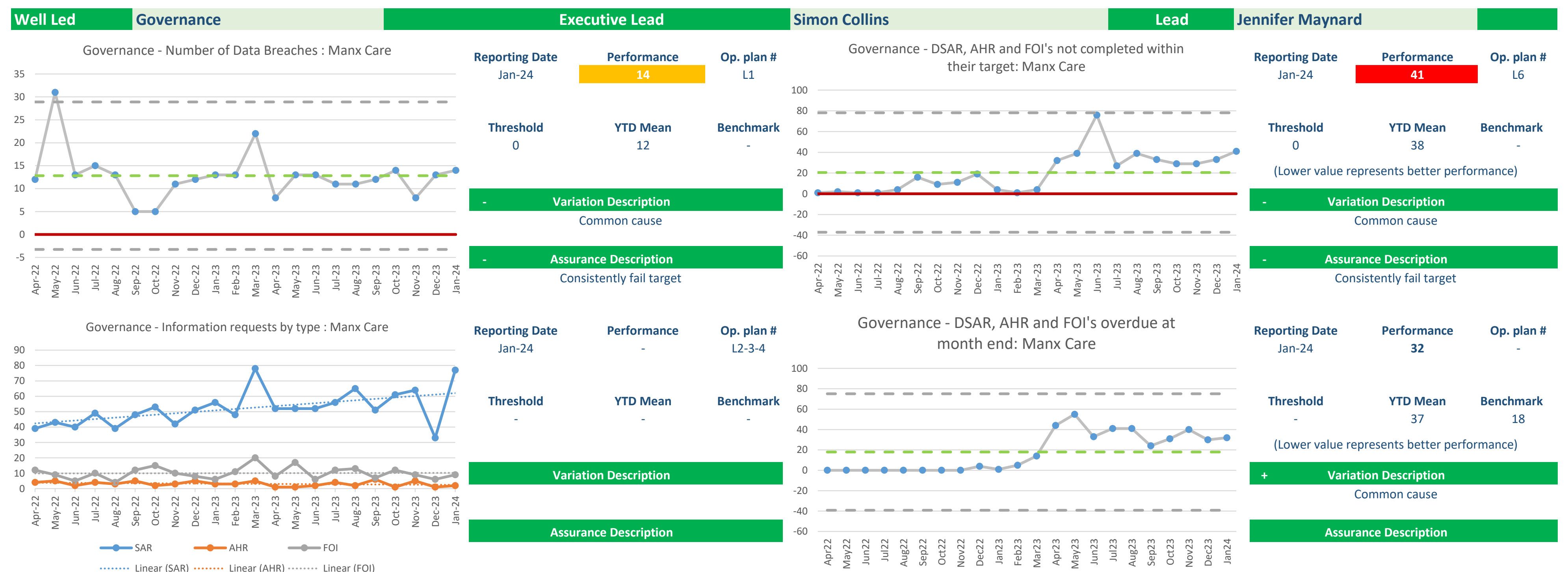
Planned / Mitigation Actions

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

Assurance / Recovery Trajectory

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


Well Led
OHR (2 of 2)
Executive Lead
Anne Corkill
Lead
Hannah Leighton
Staff 12 months turnover rate
14%
12%
10%
8%
6%
4%
Dec22
Jan23
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
10.2%
Op. plan #
P2
Threshold
10.0%
YTD Mean
10.1%
Benchmark
11.3%
(Lower value represents better performance)
+
Variation Description
Common cause
+
Assurance Description
Inconsistently passing and falling short of target
Instructor-led training sessions attendance rate
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Dec22
Jan23
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Jan24
Reporting Date
Jan-24
Performance
57%
Op. plan #
P7
Threshold
90%
YTD Mean
62%
Benchmark
51%
(Higher value represents better performance)
-
Variation Description
Common cause
-
Assurance Description
Consistently fail target
Issues / Performance Summary
NB. Turnover = Leavers/number of staff at start of period. Bank and casual staff excluded. Agency staff also currentlyexcluded. OHR are developing data collection processes.
Planned / Mitigation Actions
Assurance / Recovery Trajectory



Issues / Performance Summary

Breaches –
Total: 14

Reported to the Commissioner: 2

Data Subjects informed: 9

Data Subjects Not Informed: 5 (4 x low risk to data subject, 1 x clinical decision not to inform)

Types of breach

Email: 3
Written Communication: 4
Confidentiality: 7

Planned / Mitigation Actions

- 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 January Manx Care had 14 breaches, but only 2 meeting 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.

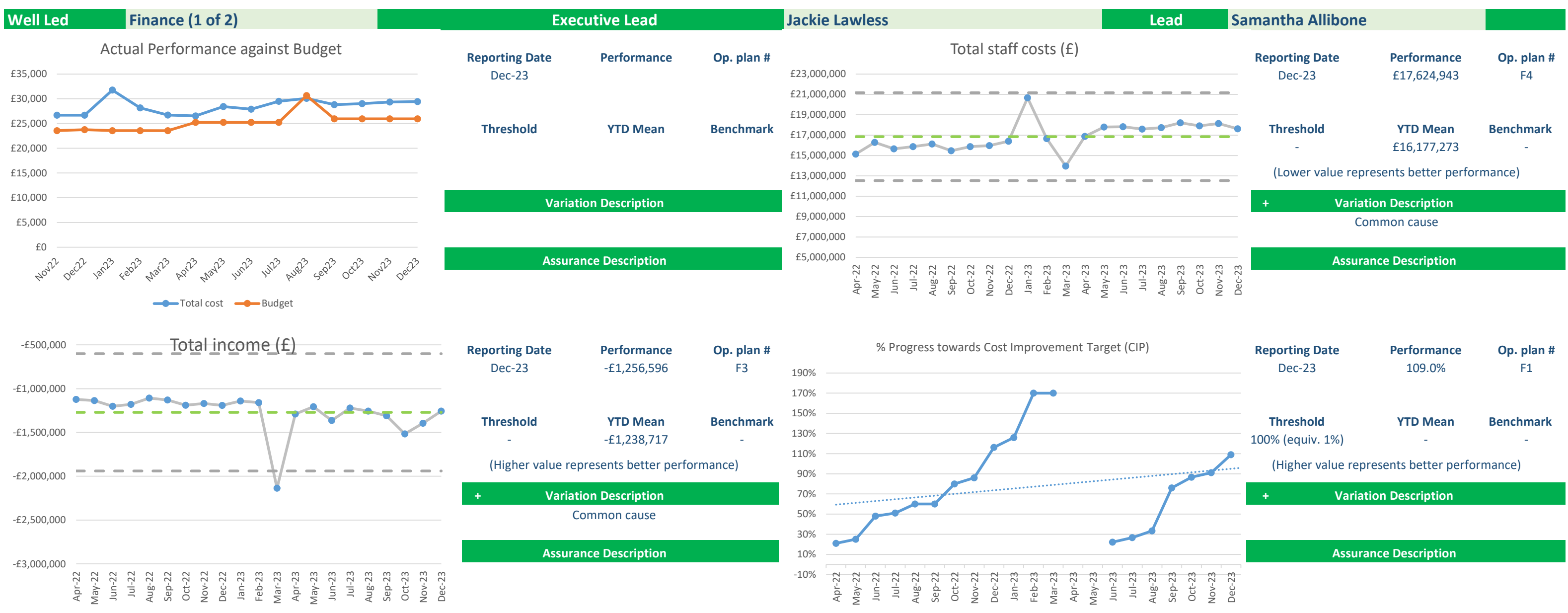
Assurance / Recovery Trajectory

- 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.

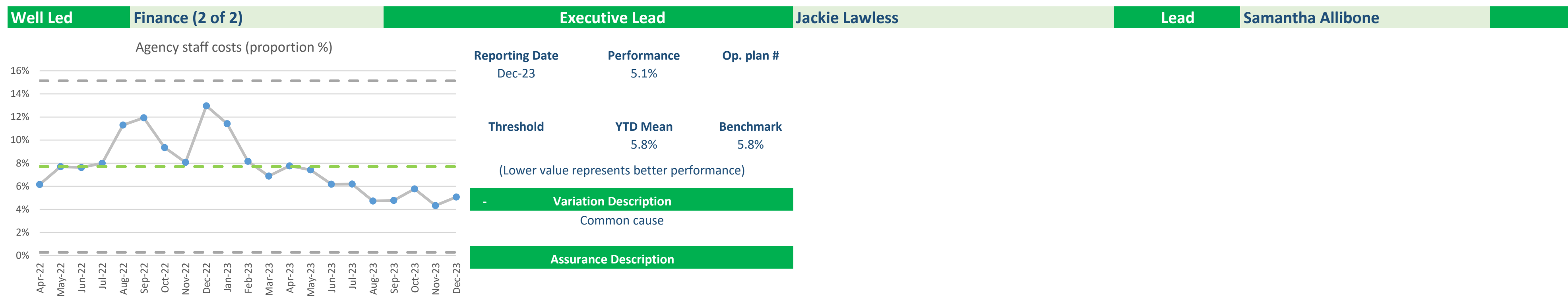
- There is a continued upward trend in the number of DSAR and FOI requests being received by Manx Care. The Information Governance team continues to face a significant challenge in responding to these requests within the legal timeframes. Longer term this pressure is likely to remain high.

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)	Dec-23		109%	-	445%	100% (equiv. 1%)		
WF002		Total income (£)	Dec-23	-	-£1,256,596	-£1,238,717	-£11,812,248	-		
WF003		Total staff costs (£)	Dec-23	-	£17,624,943	£16,177,273	£159,732,102	-		
WF004		Total other costs (£)	Dec-23	-	£13,118,544	£11,886,589	£116,372,746	-		
WF005		Agency staff costs (proportion %)	Dec-23	-	5.1%	5.8%	-	-		
WF009		Actual performance against Budget	Dec-23		-3,491	-£4,401	-£23,706	-		



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Progress towards Cost Improvement Target (CIP): • 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. • 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. **Total income (£):** • 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. **Total staff 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.	**% Progress towards Cost Improvement Target (CIP):** • 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. • he 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. **Total income (£):** • 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. • If all the business cases are approved from the Reserve Fund the operational forecast would reduce to (£28.4m). **Total staff costs (proportion %):** • 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.	**% Progress towards Cost Improvement Target (CIP):** • 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. **Total income (£):** • 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. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.



Issues / Performance Summary

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

Planned / Mitigation Actions

Assurance / Recovery Trajectory

Performance Scorecard 1

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
SAFE	SA001	Serious Incidents declared	<3 < 36 PA	2	0	0	2	2	1	1	3	4	1	5	5	0	3	25	
	SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	N/A	N/A	N/A	80.00%	75.00%	50.00%	75.00%	100.00%	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	100.00%	100.00%	50.00%	75.00%	100.00%	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%	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%	98.00%		
	SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95%	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%	99.00%		
	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 Datix	<2	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	0.3		
	SA019	Pressure Ulcers - Total incidence - Grade 2 and above	<= 17 (204 PA)	11	13	11	13	15	13	19	24	29	16	11	17	2	14	160	
	SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	0	2	3	2	4	4	4	4	2	1	1	3	0	1	24	
	SA008	MRSA - Total number of acquired infections	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
	SA009	E-Coli - Total number of acquired infections	< 72 PA	6	5	4	0	5	8	6	10	4	9	8	11	7	8	76	
	SA010	No. confirmed cases of Klebsiella spp	-	0	0	0	0	0	3	1	2	2	2	0	2	2	2	16	
	SA011	No. confirmed cases of Pseudomonas aeruginosa	-	1	0	0	0	0	0	0	1	1	1	0	0	2	0	5	
	SA012	Number of Medication Errors (with Harm)	< 25 PA	0	0	0	0	1	1	0	0	0	0	1	0	0	0	3	
	SA013	Harm Free Care Score (Safety Thermometer) - Adult	95%	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%	97.0%		
	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%	89.0%	100.0%	100.0%	100.0%		
	SA015	Harm Free Care Score (Safety Thermometer) - Children	95%	95.8%	90.0%	95.2%	99.0%	82.3%	99.8%	95.2%	96.2%	100.0%	99.0%	100.0%	100.0%	98.5%	99.0%		
	SA016	Hand Hygiene Compliance	96%	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%	96.0%		
	SA017	48-72 hr review of antibiotic prescription complete	98%	71.0%	75.0%	58.0%	81.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%	82.0%	88.0%	78.0%	90.0%		
EFFECTIVE	EF067	Planned Care - DNA - Hospital	5%	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%	12.2%		
	EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5%	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%	15.2%		
		Planned Care - DNA Rate (Nurse Led outpatient appointments)		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%	8.2%		
		Planned Care - DNA Rate (AHP Led outpatient appointments)		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%	9.8%		
	EF002	Planned Care - Total Number of Cancelled Operations		357	429	317	396	236	344	284	337	268	371	367	348	355	390	3300	
		Hospital cancelled		234	280	179	229	109	196	138	200	140	223	239	156	167	204	1772	
		Patient cancelled		123	149	138	167	127	148	146	137	128	148	128	192	188	186	1528	
	EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	118	119	125	88	112	121	114	140	103	105	94	81	91	115	1076	
		Average Length of Stay (ALOS) - Nobles	-	5	5	5	6	5	5	5	5	5	5	5	5	5	5		
		Average Length of Stay (ALOS) - RDCH	-	33	51	50	41	38	130	38	31	36	40	44	34	35	35		
		Total Number of discharges	-	1021	991	866	1008	907	960	906	985	1009	938	971	1033	949	960	4767	
	EF050	Total Number of Inpatient discharges-Nobles	-	977	959	826	976	882	924	866	946	968	904	928	995	902	920	4586	
	EF051	Total Number of inpatient discharges-RDCH	-	44	32	40	32	25	36	40	39	41	34	43	38	47	40	181	

Performance Scorecard 2

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
EFFECTIVE	EF003	Theatres - Number of Cancelled Operations on Day		38	81	39	48	36	40	28	51	27	33	46	31	24	44	360	
		Theatres - Number of Cancelled Operations on Day - Clinical		9	14	10	19	12	14	16	7	8	14	16	13	7	14	121	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		4	4	5	11	5	6	5	14	5	6	10	6	7	5	69	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		25	63	24	18	19	20	7	30	14	13	20	12	10	25	170	
	EF004	Theatres - Theatre Utilisation %	85%	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%	76.1%		
	EF006	Crude Mortality Rate		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	38.07		
	EF007	Total Hospital Deaths		32	21	23	27	18	18	13	20	21	22	30	27	20	41	230	
	EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	36%	54%	92%	94%	93%	93%	98%	98%	98%	97%	97%	99%	99%	98%		
	EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	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%	0.4%		
	EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	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%	28.3%		
	EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)	-	66	64	72	26	30	33	83	21	51	20	8	39	24	31		
	EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	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%	89.0%		
	EF064	Number of patients with a length of stay - 0 days (Mental Health)	-	N/A	0	3	0	2	1	1	0	1	1	0	1	1	0	8	
	EF065	MH - Number of patients aged 18-64 with a length of stay - > 60 days	-	N/A	5	5	1	3	4	3	0	2	1	0	1	0	1	15	
	EF066	MH - Number of patients aged 65+ with a length of stay - > 90 days	-	N/A	2	0	0	2	0	1	1	3	0	0	1	2	2	12	
	EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	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	100%	100%	50%	100%	100%	50%	100%	-	-	0%	100%			
	EF026	Crisis Team one hour response to referral from ED	75%	87%	100%	75%	91%	94%	94%	100%	96%	84%	90%	77%	90%	85%	91%		
	EF015	ASC - % of Re-referrals	<15%	11.3%	12.4%	4.6%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%	3.3%	4.1%	5.1%	6.1%		
	EF063	ASC - No. of referrals		80	89	65	77	76	78	59	66	86	68	91	74	59	82	739	
	EF016	ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	80%	68%	55%	33%	27%	39%	39%	29%	42%	27%	23%	40%	30%	24%	28%		
	EF017	ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	100%	13%	14%	0%	27%	22%	48%	100%	100%	100%	96%	100%	96%	95%	96%		

Performance Scorecard 3

EFFECTIVE

KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85%	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%	34.0%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90%	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%	80.0%		
EF022	CFSC - % Child Protection Reviews held on time	90%	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%	75.0%		
EF023	CFSC - % Looked After Children reviews held on time	90%	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%	76.0%		
EF049	C&F -Number of referrals - Children & Families		N/A	N/A	N/A	N/A	116	172	144	133	121	168	141	199	188	230	1612	
EF044	C&F -Children (of age) participating in, or contributing to, their Child Protection review	90%	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%	90.0%		
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	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	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	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%	35.0%	71.0%	21.0%	55.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	84%	77%	89%	96%	97%	96%	99%	99%	97%	92%	96%	95%	93%	95%		
EF010	% Dental contractors on target to meet UDA's	96%	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	131397	140744	139132	136305	137200	158757	137848	146299			£1,127,682	
EF069	Pharmacy - Chargable Prescriptions		N/A	N/A	N/A	N/A	16509	19236	18377	17909	17376	22055	18211	19690			£149,363	
EF070	Pharmacy - Total Exempt Item		N/A	N/A	N/A	N/A	129409	139125	137291	134446	134685	155968	135824	143793			£1,110,541	
EF071	Pharmacy - Chargeable Items		N/A	N/A	N/A	N/A	16410	19108	18266	17909	17224	21924	17940	19273			£148,054	
EF072	Pharmacy - Net cost		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	£1,405,662			£11,549,154	
EF073	Pharmacy - Charges Collected		N/A	N/A	N/A	N/A	£63,586	£73,816	£70,832	£68,792	£66,370	£84,646	£69,092	£74,520			£571,654	
EF030	Caesarean Deliveries (not Robson Classified)		34%	38%	26%	21%	39%	43%	32%	46%	61%	41%	35%	43%	47%	39%		
EF031	Induction of Labour	< 30%	26%	27%	36%	34%	29%	36%	11%	33%	44%	30%	25%	40%	29%	47%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	0%	5%	0%	0%	0%	0%	1%	0%	0%	1%	2%	0%	2%	2%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	0%	2%	0%	0%	0%	0%	0%	1%	1%	0%	2%	0%	2%	4%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	0%	0%	0%	12%	4%	4%	13%	15%	5%	5%	10%		
EF035	Stillbirth Number / Rate		0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	
EF036	Unplanned Admission To ITU – Level 3 Care		0	0	0	0	0	2	0	1	0	1	0	0	0	1	5	
EF037	% Smoking At Booking		8%	7%	9%	9%	15%	11%	8%	6%	4%	4%	7%	12%	16%	10%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	5%	7%	6%	11%	14%	6%	5%	0%	10%	14%	3%	12%	6%	8%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	87%	67%	83%	70%	76%	63%	73%	56%	71%	69%	76%	71%	67%	63%		
EF040	Breast Feeding Rate At Transfer Home		84%	41%	36%	34%	37%	29%	31%	32%	30%	72%	69%	76%	73%	78%		
EF041	Neonatal Mortality rate/1000		0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
EF059	W&C - Paediatrics- Total Admissions		N/A	N/A	N/A	N/A	N/A	N/A	119	131	117	133	162	197	164	169	1192	
EF060	W&C - NNU - Total number of Admissions		N/A	N/A	N/A	N/A	6	7	8	8	3	7	11	5	5	5	65	
EF061	W&C - NNU - Avg. Length of Stay		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	4.4		
EF062	W&C - Community follow up		N/A	N/A	N/A	N/A	4	8	6	2	1	3	0	9	8	8	49	

Performance Scorecard 4

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
CARE	CA001	Mixed Sex Accomodation - No. of Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CA002	Complaints - Total number of complaints received	-	19	18	27	30	28	24	27	24	22	26	29	27	28	24	259	
	CA012	FFT - How was your experience? No. of responses	-	63	121	620	739	571	718	2096	1161	1311	1187	1682	1650	943	1403	12722	
	CA013	FFT - Experience was Very Good or Good	80%	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%	91.0%		
	CA014	FFT - Experience was neither Good or Poor	10%	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%	4.0%		
	CA015	FFT - Experience was Poor or Very Poor	<10%	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%	5.0%		
	CA016	Manx Care Advice and Liaison Service contacts	-	432	580	770	839	589	636	517	649	621	655	704	958	620	883	6832	
	CA017	Manx Care Advice and Liaison Service same day response	80%	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%	90.0%		
	CA007	Complaint acknowledged within 5 working days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	86.0%	100.0%	100.0%	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%	85.7%	100.0%	98.3%	100.0%	100.0%	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	
	CA011	No. complaints referred to HSCOB	-	0	0	0	0	0	0	0	7	4	1	4	2	4	2	24	
RESPONSIVE	RE058	Cons Led- OP Referrals		2734	2932	3056	3502	2867	2887	3075	2846	2986	2812	3041	2857	2200	2864	28435	
	RE059	Nurse Led- OP Referrals		656	798	559	717	729	594	850	889	741	824	794	1056	640	1002	8119	
	RE060	AHP- OP Referrals		672	880	508	840	684	736	906	846	770	853	866	962	640	966	8229	
		RTT - Number of patients waiting for first hospital appointment		20837	20825	21025	20618	20406	20189	20480	20191	20367	21180	21042	21335	20810	20452		
	RE001	No. patients waiting for first Consultant outpatient	< 15465	14955	14952	15119	15380	15465	15500	15718	15703	15846	16562	16744	16973	16861	16610		
		No. waiting Over 52 weeks - to start consultant-led treatment	0	4708	4806	5006	4792	4890	4927	5016	5247	5089	5289	5432	5602	5487	5361		
		Average Wait (weeks) - Ref to OP		48	49	51	49	47	47	47	49	48	48	48	49	47	48		
		Max wait (weeks) - Ref to OP		794	798	790	794	799	846	836	817	816	840	844	1017	1021	1025		
	RE0011	No. patients waiting for Nurse outpatient		2193	2167	2218	1927	1519	1385	1540	1512	1449	1643	1623	1802	1657	1663		
	RE00111	No. patients waiting for AHP		3559	3684	3688	3311	3422	3304	3222	2976	3072	2975	2675	2560	2292	2179		
	RE002	Number of patients waiting for Daycase procedure	< 2311	2852	2726	2697	2622	2311	2264	2372	2334	2229	2291	2303	2254	2126	2016		
		Average Wait (weeks) - Daycase		44	43	42	40	41	42	43	43	45	43	44	45	45	49		
		Max wait (weeks) - Daycase		452	291	295	299	304	308	312	316	320	293	297	301	301	305		
		No. waiting Over 52 weeks - Inpatient (Daycase only)		979	879	787	717	624	609	635	617	602	607	601	604	580	573		
	RE003	Number of patients waiting for Inpatient procedure	< 554	630	612	592	570	554	553	551	534	505	530	497	464	432	447		
		Average Wait (weeks) - Inpatient		39	40	38	40	39	40	41	40	38	38	35	33	33	34		
		Max wait (weeks) - Inpatient		303	308	312	316	321	325	329	333	337	342	235	212	217	221		
		No. waiting Over 52 weeks - Inpatient (IP pathway only)		183	165	155	142	143	144	149	134	124	129	106	95	78	79		
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85%	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%	46.4%		
	RE005	Diagnostics - % requests completed within 6 weeks		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%	85.6%		
	RE006	Diagnostics - % Current wait > 6 weeks		75%	75%	70%	70%	73%	71%	70%	71%	74%	71%	68%	61%	64%	59%		
		Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8234	7683	8089	8481	8256	7719	7545	7291	3541	4544	3846	3622	3955	3883		
		Diagnostics - % Current wait <= 6 weeks	99%	25%	25%	30%	30%	27%	29%	30%	29%	26%	29%	32%	39%	36%	41%		
	RE061	Diagnostics-% patients waiting 26 weeks or less	99%	N/A	N/A	N/A	N/A	N/A	59%	61%	63%	59%	59%	58%	67%	67%	69%		

Performance Scorecard 5

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
RESPONSIVE	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%	67.7%	68.6%	70.1%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%	71.0%	69.5%	68.0%	66.0%		
		A&E - 4 Hour Performance - Nobles		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%	55.2%		
		A&E - 4 Hour Performance - RDCH		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%	99.7%		
	RE008	A&E - 4 Hour Performance (Non Admitted)	95%	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%	76.6%		
	RE009	A&E - 4 Hour Performance (Admitted)	95%	20.1%	21.2%	21.4%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%	22.8%	22.6%	20.0%	18.0%		
		A&E - Admission Rate		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%	17.6%		
	RE0072	A&E - Admission Rate - Nobles		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%	23.4%		
		A&E - Admission Rate - RDCH		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%	0.0%		
	RE010	A&E - Average Total Time in Emergency Department	360 mins	301	295	269	254	246	227	220	257	267	298	268	275	279	292		
	RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	27	25	27	26	25	24	21	26	22	29	28	35	26	30		
	RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	70	74	72	62	69	63	56	74	63	67	72	80	71	75		
	RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	31	28	38	22	14	12	19	13	14	12	12	16	23	16		
	RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	54	56	27	13	6	5	12	36	48	67	48	30	41	51	344	
	RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	142	134	93	56	45	22	47	104	115	191	127	114	132	151	1048	
	RE080	ED- Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	181	181	176	177	177	175	161	178	168	182	179	181	177	183		
	RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	23	20	15	28	20	17	19	23	19	17	20	18	19	15		
	RE0141	Total Number of Emergency Calls		1209	1100	1025	1109	1059	1035	1105	1131	1130	1134	1118	1099	1201	1167	11179	
	RE0142	Number of Category 1 Calls		50	37	32	33	25	46	43	41	38	46	24	28	31	37	359	
	RE015	Ambulance - Category 1 Mean Response Time	7 mins	10	10	8	12	11	8	9	11	9	9	11	8	9	8		
	RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	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%	50.0%		
		Category 2 Mean Response Time	18 mins	N/A	13	12	16	14	16	13	13	11	16	12	13	15	12		
	RE034	Category 2 Response Time at 90th Percentile	40 mins	31	28	26	36	31	38	29	27	25	33	24	26	33	25		
		Category 3 Mean Response Time	Monitor	N/A	15	16	22	20	20	19	24	17	20	22	24	22	19		
	RE035	Category 3 Response Time at 90th Percentile	120 mins	58	32	32	57	42	51	39	53	37	47	48	61	53	44		
		Category 4 Mean Response Time	Monitor	N/A	22	19	25	30	35	20	37	26	44	33	36	32	37		
	RE036	Category 4 Response Time at 90th Percentile	180 mins	105	53	41	54	76	82	63	74	56	121	84	78	64	97		
		Category 5 Mean Response Time	Monitor	N/A	33	31	42	40	36	31	35	32	35	33	30	0	0		
		Category 5 Response Time at 90th Percentile	180 mins	95	80	80	98	91	89	72	83	72	81	72	71	95	87		
		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	N/A	219	169	142	154	161	181	166	189	240	191	198	252	238	1970	
		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	48	34	13	8	13	10	17	12	28	31	24	22	43	35	235	
	RE043	OPEL level 4 (Days)		3	5	3	0	0	0	0	1	3	5	2	2	2	2	15	
	RE082	Meds Demand - N.patient interactions		N/A	N/A	N/A	N/A	3111	2872	2295	2664	2281	2211	2326	2574	3335	2464	26133	
	RE083	Meds Overnight Demand		N/A	N/A	N/A	N/A	354	317	224	275	197	195	230	552	337	111	2792	
	RE084	Meds - Face to face appointments		N/A	N/A	N/A	N/A	609	474	360	574	471	398	419	571	708	567	5151	
	RE086	Meds - TUNA%		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%	1.4%		
	RE088	Meds- DNA%		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%	1.2%		

Performance Scorecard 6

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
RESPONSIVE	RE0171	Referrals received for all suspected cancers		308	385	418	416	368	455	445	375	455	422	487	423	311	405	4146	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96%	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%	82.5%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85%	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%	47.8%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	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%	69.2%		
	RE057	All Referrals received for all suspected cancers		397	483	489	502	434	537	514	460	558	502	599	501	364	472	4941	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	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%	77.1%		
		% Urgent 1 - seen within 3 working days	80%	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	100.0%		
		% Urgent 2 - seen within 5 working days	80%	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%	81.7%		
		% Soon 1 - seen within 15 working days	80%	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%	0.0%		
		% Soon 2 - seen within 30 working days	80%	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%	75.6%		
		% Routine - seen within 12 weeks	80%	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%	73.2%		

Performance Scorecard 7

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
RESPOSIVE		IPCC - No. patients waiting for a dentist		2651	2808	2983	2638	3509	3666	3872	3993	4042	4268	4415	4528	4648	4878		
	RE0271	IPCC - Longest time waiting for a dentist (weeks)		170	159	164	167	168	177	181	185	189	193	200	203	207	211		
		IPCC - Number patients seen by dentist within the year		54404	54238	54924	53892	53697	53829	53089	53628	53778	54084	54025	53151	41895	57005		
	RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		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		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		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		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 - Hailwood		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		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		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		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		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		1.0	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		18.3	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		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		28481	31517	29280	31998	24715	29084	28790	25807	27687	29379	33554	32174	24384		255574	
	RE054	Did Not Attend Rate (GP Appointment)	-	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	100%	100%	100%	100%	100%	100%	94%	96%	100%			
	RE075	Community Nursing Service response target met - Routine		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	4809	4926	4995	5030	5090	5093	5129	5211	5226	5285	5325	5359	5305	5315	52338	
	RE044	MH- Waiting list		N/A	N/A	N/A	N/A	N/A	N/A	1572	1637	1598	1654	1701	1750	1752	1702		
	RE071	Average caseload per social worker-Adult Generic Team	16 to 18	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	25.9		
	RE078	Average caseload per social worker-Adult Learning Disabilities	17 to 18	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	20.0		
	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	10.8	11.7	11.3	14.7	17.2	19.8	19.8	14.4		

Performance Scorecard 8

	KPI ID	Indicator	OP. Plan Threshold	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	Jan-24	YTD 2023-24	YTD Performance
RESPONSIVE	RE030	W&C - % New Birth Visits within timescale		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%	87.5%		
	RE032	Births per annum		428	488	535	588	54	103	144	191	237	293	348	391	451	511		
	RE051	Maternity Bookings		43	70	61	57	48	73	48	48	55	51	56	60	50	67	556	
	RE052	Ward Attenders		94	110	126	196	196	159	146	270	244	44	309	230	275	221	2094	
	RE053	Gestation At Booking <10 Weeks		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%	46.3%		
	RE056	Adult General and Acute (G&A) bed occupancy	<=92%	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%	65.4%		
	RE069	ASC - % of all Residential Beds Occupied	85% - 100%	69%	82%	68%	84%	83%	83%	71%	69%	68%	52%	59%	48%	70%	59%		
	RE070	Respite bed occupancy	>= 90%	79%	96%	81%	79%	92%	80%	69%	70%	81%	65%	58%	73%	88%	48%		
		Total number of Service Users		207	252	204	262	250	250	212	134	134	162	181	153	220	176		
	RE068	ASC-% of Service users with a PCP in Place	95.00%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	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%	7.0%		
	WP002	Number of staff on long term sickness		83	77	0	83	65	82	69	91	94	82	63	116	88	82		
	WP004	Number of staff leavers		16	17	17	19	22	22	24	22	34	34	19	21	22	16	236	
	WP005	Number of staff on disciplinary measures		3	5	6	5	5	7	8	9	11	10	6	11	11	10	88	
	WP006	Number of suspended staff		0	0	1	1	1	1	1	1	4	4	4	5	4	4	29	
	WP007	Number of Data Breaches	0	12	13	13	22	8	13	13	11	11	12	14	8	13	14	117	
		Reported to ICO		12	13	13	21	8	13	13	13	11	11	4	4	1	2	80	
	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	19	4	1	4	32	39	76	27	39	33	29	29	33	41	378	
	WP013	Staff 12 months turnover rate	10%	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%	10.2%		
	WP015	Number of DSAR, AHR and FOI's overdue at month end		4	1	5	14	44	55	33	41	41	24	31	40	30	32	371	
		Number of DSAR, AHR and FOI's Breaches		23	5	6	18	76	94	109	68	80	57	60	69	63	73	749	
WELL LED (FINANCE)	WF001	% Progress towards Cost Improvement Target (CIP)	1.5%	116.3%	126.0%	170.0%	170.0%	N/A	N/A	22.2%	26.7%	33.3%	76.0%	86.7%	91.1%	109.0%			
	WF002	Total income (£)		-£1,190,786.72	-£1,141,775.07	-£1,159,261.20	-£2,136,829.00	-£1,289,366.95	-£1,205,889.53	-£1,363,058.62	-£1,220,692.80	-£1,256,106.57	-£1,309,283.30	-£1,517,134.68	-£1,394,119.46	-£1,256,596.46		-£11,812,248	
	WF003	Total staff costs (£)		£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	£18,213,529.79	£17,915,352.77	£18,143,236.48	£17,624,943.48		£159,732,102	
	WF004	Total other costs (£)		£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	£13,118,543.95		£116,372,746	
	WF005	Agency staff costs (proportion %)		13.0%	11.4%	8.2%	6.9%	7.8%	7.4%	6.2%	6.2%	4.7%	4.8%	5.8%	4.3%	5.1%			
	WF007	Actual performance (£ 000)		£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	£29,439.0			
	WF008	budget (£ 000)		£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	£25,948.0			
	WF009	Actual performance against Budget (£ 000)		-£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	-£3,491.0			

	SUMMARY REPORT	Meeting Date:	5 March 2024

Meeting:	**Manx Care Board**		
Report Title:	**Update on People, Workforce and Culture Workstreams**		
Authors:	**Miriam Heppell, Interim Director for People and Louise Quayle, 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
• 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		**Approval**		**Assurance**	x	**Information**	

Director for People Report **5th March 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.

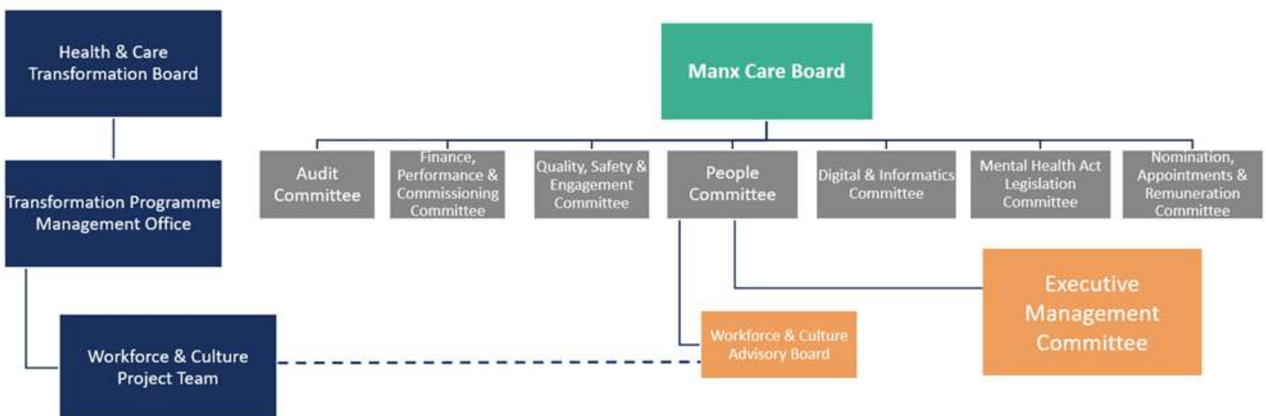
1.2 The report also updates the Manx Care Board on the activities of the Workforce and Culture project, currently working externally to Manx Care within central government. This project was put in place in 2021 to deliver on Sir Jonathan Michael's 25th recommendation, which states:

"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.

2.5 All other professional people activities are managed through a shared services agreement with the Office of Human Resources, within the Cabinet Office. The Office of Human Resources has been recently been 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. The post was recruited to by OHR and the successful candidate was due to take up post in February 2024, but has since withdrawn. The position is now being reviewed by the CEO and the Interim Director for People with the Cabinet Office.

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 now scoped and these will be submitted to the Risk Management Committee and the People Committee in March 2024.

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. Timescales for this piece of work have slipped due to resourcing and workload.

3.3 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.

3.4 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 workshop was held with the Group in February to review the ambitions and actions in the Strategy. The information gathered from this workshop is forming the basis of the refresh of the Strategy for Year 2, which will also use data from the 2023 Staff Survey and the BMA Barometer Survey and will be informed by the CQC Action Plan. This has been aligned with the Year 4 Workforce and Culture Plan referred to in Section 4. The refreshed Strategy will be brought to the Board in early summer in time for the start of Year 2 in September 2024.

3.5 The BMA Survey for 2024 has now been issued. The results will be used to measure the success of the Barometer of Care Actions already undertaken and to agree next steps.

3.6 Plans are in place to use all the available data and action plans form a single organisational development plan for culture aligned to the refreshed Strategy. Progress on the development of this piece of work will be regularly reported to the Board.

3.7 Work is being progressed in conjunction with the Deputy Chief Information Officer and the Head of Information and Business Intelligence to understand and scope the position in relation to people IT systems and workforce information reporting. A report is being submitted to the People Committee in March.

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, whilst still challenging, is improving following the establishment of a central tracker for Manx Care 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. The Data Analytics Team within OHR are working to improve the reporting from the government-wide casework spreadsheet kept in Cabinet Office, which aims to record all employee relations work. However this tracker is not kept up to date, is inaccurate and not fit for purpose. This will be included in the scope of the work described in 3.7.

Section 4: WORKFORCE AND CULTURE TEAM ACTIVITIES

4.1 The Workforce and Culture Project Team sit within the Transformation Directorate, currently reporting through to the Cabinet Office and the Transformation Board. The Directorate, including this project, is due to transfer to the Department of Health and Social Care on the 1st April 2024. They are the sole resource available to Manx Care for progression of Organisational Culture and Development work.

4.2 The Project Team have progressed a number of key work streams over the past month, following the return of the substantive lead for the Project.

4.3 Critically, The Workforce & Culture team are contributing to the refresh of the People & Culture Strategy, aligning the Project's Year 4 plan with the Strategy. This include priorities for Manx Care, as detailed in the Mandate. A review of the Year 1 objectives has been undertaken via the People and Culture Group which will help inform the refresh both in terms of realistic ambitions and associated implementation plans to deliver against the Strategy. Following this, it is expected that the Project's corresponding Year 4 plan will be submitted to the DHSC Board at the end of March 2024.

4.4 Recruitment and Retention Strategy

4.4.1 The Strategy was developed alongside key stakeholders and has been refined over the last month. The final draft is being submitted to the Partnership Forum and the LNC in March 2024 and will be submitted to the Board in April 2024.

4.5 Induction

4.5.1. 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 "on-boarding" process.

4.6 Continuous Development

4.6.1. A review of both the CARE Values Personal Development Plans scheme and reward & recognition schemes are planned during March, with an options appraisal to follow which will link with the refreshed People & Culture Strategy.

4.7 Career Pathways, Skills Audit and Workforce Planning

4.7.1 A critical deliverable for the Project is in relation to workforce planning - the pilot is progressing in earnest. A review of the pilot is due at the end of March which will inform the approach and strategy for the next phase. The contribution in terms of time and knowledge of colleagues in those pilot areas is greatly appreciated by the team, particularly given the pressures on services/teams at present.

4.7.2 Once the review has taken place, a schedule will be created 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.

4.8 Cultural Development

A number of areas of Manx Care are currently being supported in terms of cultural development programmes alongside direct support to managers and leaders in those areas. The team continue to provide workshops in relation to embedding the CARE values (173 delegates have attended to date); those workshops are targeted at leaders in Manx Care - the team are actively promoting (using a variety of communication channels).

4.9 Equality, Diversity and Inclusion (EDI)

4.9.1 The workshop held with Equality, Inclusion and Diversity Champions on 31st January 2024 is being repeated with key Stakeholder in March 2024 and the Belonging and Togetherness Strategy for Manx Care is being developed from the data collated. This will be submitted to the Board in April 2024.

4.9.2 Staff Networks are being set up, beginning with BAME, LGBTQ+ and Disability in 2024, with a rollout for other protected characteristic groups planned for 2025. A role profile for staff network leads has been developed and expressions of interest for the first 3 Networks are being invited during March.

4.9.3 Work has been undertaken to plan for the inclusion of Care Leavers as a protected characteristic under the Equality Act. This amendment is expected to become legislation in 2026, given the role of the Government as a “Corporate Parent” to care leavers, following work undertaken to lobby for this by the Social Care and Mental Health Care Group. As the organisation which provides this care, Manx Care wishes to role model best practice in this area to other public sector bodies and to be a sector leader in this regard.

4.9.4 An Equality, Inclusion and Diversity Forum for champions and staff network leads has been created with the first meeting planned for March 2024. The naming convention for this forum will be agreed with members in the initial stages of development, with consideration to the title of “Belonging and Togetherness Forum”.

4.10 Manx Care Staff Survey

4.10.1 The Staff Survey closed on 31st December 2023 and the team have reviewed and analysed the responses. A comprehensive report together with recommendations has been provided to the Director for People for consideration and this has had an initial review from the Executive Leadership Team on 26th February 2024. It has been agreed that some further analysis and refinement is required. A communications plan is being developed to undertake a “you said, we will”, “you said, we did” exercise.

4.10.2 812 members of staff responded to the Survey which gives an overall response rate of 25%. Whilst this is a moderately low response rate in comparison to other organisations, this is considered

positive as this is the first workforce-wide survey undertaken in Manx Care since its inception and is significantly higher than the response rates of previous Isle of Man government-wide surveys.

4.10.3 Initial indications of the responses give a broadly positive picture and a comprehensive report of the detail will be presented to the Board in April 2024. The Director for People is acutely aware of the need to feedback to the Workforce quickly and to demonstrate that their views are being taken into account in future decision making. The results will also be used as key data for the refresh of the People, Culture and Engagement Strategy for year 2 beginning in September 2024.

4.10.4 The questions in the Survey were based upon those in the UK NHS Staff Survey, and a learning exercise is planned to refine these further for the 2024 Survey, including the collation of further Equality, Inclusion and Diversity Data.

4.11 Improved communication initiatives for our people across Manx care

4.11.1 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.

Recommendation for the Committee to consider:							
Consider for Action		**Approval**		**Assurance**	X	**Information**	X
It is recommended that the Manx Care Board note the content of this report and gain assurance from the work being undertaken.							

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

January 2024

Financial Advisory Service

Manx Care Management Accounts – January 2024

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 JANUARY 2024

	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 (%)		
OPERATIONAL	**29,973**	**25,248**	**(4,725)**	**(19%)**	**273,081**	**252,480**	**(20,601)**	**(8%)**	**325,659**	**302,975**	**(22,684)**	**(7%)**	**(2,652)**	**(1,645)**
Income	(1,291)	(1,281)	10	1%	(13,103)	(12,807)	296	2%	(15,927)	(15,368)	558	4%	34	7
Employee Costs	19,214	16,470	(2,744)	(17%)	172,303	164,700	(7,603)	(5%)	206,363	197,639	(8,724)	(4%)	(2,350)	(952)
Other Costs	12,049	10,059	(1,991)	(20%)	113,881	100,587	(13,294)	(13%)	135,223	120,704	(14,519)	(12%)	(336)	(701)
2023/24 PAY AWARD	**505**	**0**	**(505)**	**-**	**5,931**	**0**	**(5,931)**	**-**	**7,313**	**0**	**(7,313)**	**-**	**112**	**27**
TO BE APPROVED RESERVE CLAIMS	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**452**	**0**	**(452)**	**-**	**0**	**0**
Vaccine Service	0	0	0	-	0	0	0	-	452	0	(452)	-	0	0
TOTAL - OPERATIONAL	**30,478**	**25,248**	**(5,230)**	**-**	**279,013**	**252,480**	**(26,532)**	**-**	**333,424**	**302,975**	**(30,450)**	**-**	**(2,540)**	**(1,618)**
APPROVED RESERVE CLAIMS	**496**	**0**	**(496)**	**-**	**4,962**	**0**	**(4,962)**	**-**	**5,954**	**0**	**(5,954)**	**-**	**0**	**0**
High Cost Patients / Care Packages	337	0	(337)	-	3,366	0	(3,366)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	792	0	(792)	-	950	0	(950)	-	0	0
Vaccine Service	80	0	(80)	-	804	0	(804)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	**560**	**700**	**140**	**20%**	**9,800**	**8,900**	**(900)**	**(10%)**	**10,300**	**10,300**	**0**	**0%**	**445**	**(0)**
TOTAL	**31,534**	**25,948**	**(5,586)**	**(22%)**	**293,774**	**261,380**	**(32,394)**	**(12%)**	**349,678**	**313,275**	**(36,404)**	**(12%)**	**(2,095)**	**(1,618)**

Overview

- The operational result for January is an overspend of (£5.2m). The increase in spend in the month is due to payment of the MPTC & NJC 2022/23 pay award arrears (backdated to Apr-22).

Manx Care Management Accounts – January 2024

- The Reserve Fund business cases have also been reviewed by the DHSC and £6.0m of these have been approved. Costs of £0.5m from the Vaccine business case have currently not been approved pending availability of funds in the Reserve. These costs are currently committed and as a result are still included in the forecast & are now an additional cost pressure that is unlikely to be mitigated by year end.

- Due to prior months reporting including high levels assumptions for the value of the 2022/23 pay award (based on a consolidated %, payments to bank staff and the number of leavers) the forecast has now been updated to include the actuals paid in January which are higher than expected. This increase along with a change to the underlying run rate for other unexpected costs and the additional vaccine costs (not approved from the DHSC Reserve) has meant that the forecast has increased to an overspend of (£30.5m).

- If Reserve funding is available for the remaining request of £0.5m this would reduce the operational forecast to (£30.0m).

- Although some risks have now been updated in the forecast 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.

- 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 £1.2m 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	**349,678**	**313,275**	**(36,404)**	**(12%)**
Mitigation - Approved Reserve Fund Claims	(5,954)	0	5,954	-
Revised Forecast	**343,724**	**313,275**	**(30,450)**	**(10%)**
Revised Forecast (including mitigations) - High Risk	**344,724**	**313,275**	**(31,450)**	**(10%)**
Revised Forecast (including mitigations) - High & Medium Risk	**344,924**	**313,275**	**(31,650)**	**(10%)**

- To date, £5.5m in CIP cash out savings have been delivered, which have been reflected in the forecast. £1.3m 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.
- 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.
- Spend is expected to increase by £33.6m compared to the prior year, whilst funding has increased by just £20m creating a gap of £13.6m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £22.7m. Appendix 1 compares spend by Care Group in 22/23 against projected spend for 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	**1,000**	
Risk to the Run Rate	1,000	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	**200**	
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 these risks.
Total Financial Risk to the Forecast	**1,200**	

Table 2 – Operational Movement to Prior Month

Movement to Prior Month	£'000	
Income	34	In line with prior month.
Employee Costs	(2,350)	Costs had increased in January due to the payment of the 2022/23 pay award arrears for MPTC & NJC.
Other Costs	(336)	Movements across a number of Care Groups including in general supplies (partly due to a catch up in invoicing from the Christmas period) and drugs in secondary care.
Total	**(2,652)**	

Table 3 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	558	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	(8,724)	The employee cost forecast is based on the current run rate adjusted for any known recruitment & service development changes.
Tertiary Costs	(3,348)	The forecast reflects the latest information that has been received from the providers and a tariff uplift.
Other Costs	(11,172)	The majority of the efficiency targets are being held in non-pay and the forecast reflects the savings that have & can be achieved in year by the Care Groups.
Total	**(22,684)**	

Table 4 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	296	One off income for services & donations that would not normally be included in the budget have been received in year.
Employee Costs	(7,603)	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	(2,715)	Actual activity is higher than budget with any high cost patients covered by reserve funding.
Other Costs	(10,580)	All Care Groups have been given an efficiency target within their budget allocation with a number of these being allocated against non-pay & which due to other cost pressures have meant that all have been achieved in year.
Total	**(20,601)**	

Employee Costs

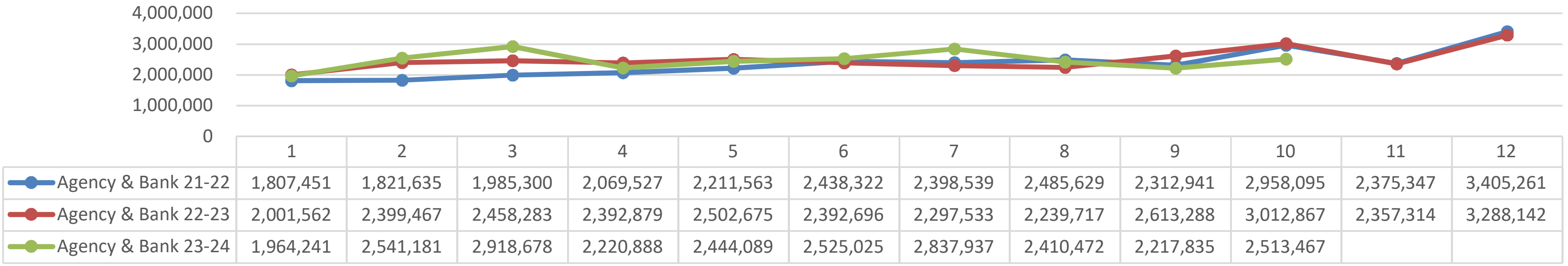
YTD employee costs are (£7.6m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position. The total agency spend YTD of £9.5m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.9m), Social Care (£1.8m) and Mental Health (£1.3m), where spend is primarily incurred to cover existing vacancies in those areas.

Agency Spend by Care Group (£'000)

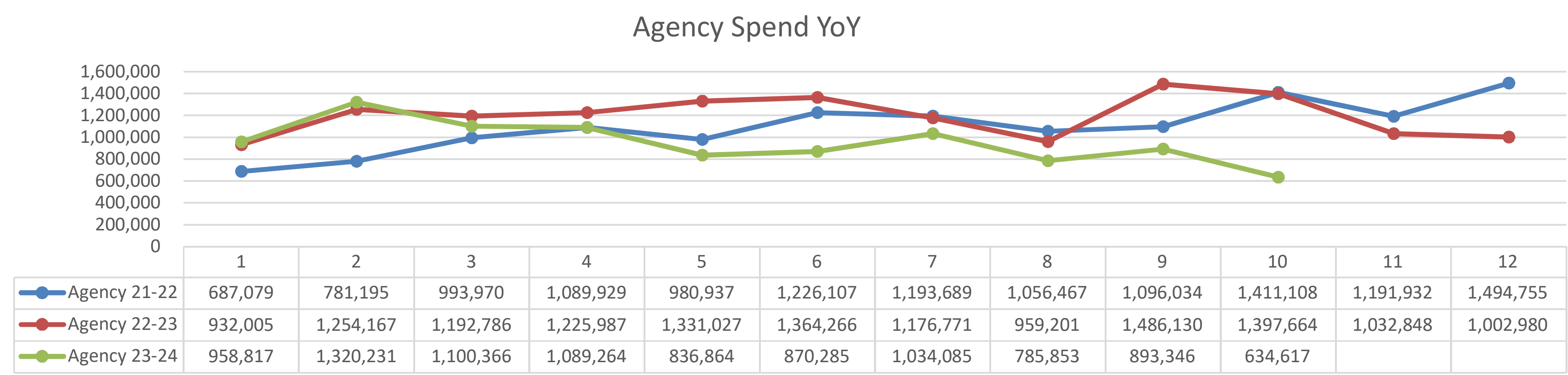
Manx Care Management Accounts – January 2024

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	CY Total	CY Month Mov't
Total Agency £'000	**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**	**634.6**	**9,523.5**	**258.6**
Corporate Services	162.9	-52.4	63.8	42.6	26.8	-28.6	13.5	19.4	-6.2	13.3	39.2	41.6	225.4	-2.4
Infra & Hospital Ops	28.5	32.3	20.3	29.5	24.4	23.1	26.7	27.9	21.8	22.7	25.6	23.0	245.0	2.6
Int Cancer & Diag	49.9	-51.5	90.9	97.8	73.4	137.9	89.6	80.9	7.8	54.8	57.2	114.5	804.8	-57.3
Int Mental Health	191.7	164.4	85.1	159	100.2	109.5	117.7	133.2	193.5	99.6	197.5	69.2	1,264.5	128.3
Primary Care & Comm	2.9	1.6	26.3	73.8	52.9	24.3	94.8	22.4	61.6	61.4	34.3	58.0	509.8	-23.7
Integrated Social Care	111.7	166.6	129.2	193.7	99.9	224.9	110.8	268.7	304.7	177.3	187.3	74.9	1,771.4	112.4
Women & Children	85.4	223	169.7	205.6	153	165.1	56.9	86.9	92.1	101.7	105.5	14.7	1,151.2	90.8
Med, U/Care & Amb	174	524.2	270.2	352.8	281.2	162.2	110.2	129.5	207.3	112.9	135.8	141.4	1,903.5	-5.6
Nursing, Patient Safety	7.8	14	0.4	9.7	12.3	11.1	12.4	18.8	3.2	0	1.7	1.1	70.7	0.6
Operations Services	45.5	94.8	13.8	99.7	59.8	120.9	95.6	-2.4	95.5	48.4	65.1	59.2	655.6	5.9
Sur, Theatres, Critical	170.2	-106.6	89.2	56	216.3	139	108.6	82.8	49.3	92.7	36.9	33.5	904.3	3.4
Tertiary Care Services	2.3	-7.6	0	0	0	0	0	2.2	3.3	1.2	7.1	3.6	17.4	3.5

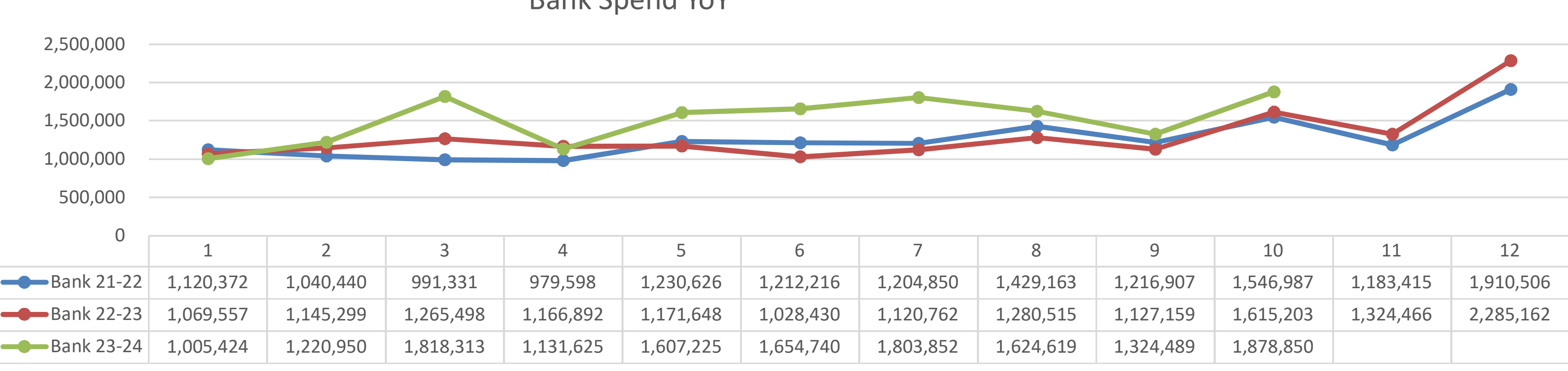
The graphs below compare agency and bank spend to 2022/23 & 2021/22:



Manx Care Management Accounts – January 2024



	1	2	3	4	5	6	7	8	9	10	11	12
Agency 21-22	687,079	781,195	993,970	1,089,929	980,937	1,226,107	1,193,689	1,056,467	1,096,034	1,411,108	1,191,932	1,494,755
Agency 22-23	932,005	1,254,167	1,192,786	1,225,987	1,331,027	1,364,266	1,176,771	959,201	1,486,130	1,397,664	1,032,848	1,002,980
Agency 23-24	958,817	1,320,231	1,100,366	1,089,264	836,864	870,285	1,034,085	785,853	893,346	634,617		



	1	2	3	4	5	6	7	8	9	10	11	12
Bank 21-22	1,120,372	1,040,440	991,331	979,598	1,230,626	1,212,216	1,204,850	1,429,163	1,216,907	1,546,987	1,183,415	1,910,506
Bank 22-23	1,069,557	1,145,299	1,265,498	1,166,892	1,171,648	1,028,430	1,120,762	1,280,515	1,127,159	1,615,203	1,324,466	2,285,162
Bank 23-24	1,005,424	1,220,950	1,818,313	1,131,625	1,607,225	1,654,740	1,803,852	1,624,619	1,324,489	1,878,850		

Although agency costs are continuing to reduce bank costs have been gradually increasing overall costs are tracking higher than last year but within expected trends. Bank costs in January increased due to arrears payments for MPTC & NJC. 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.

Cost Improvement Programme

To date, the CIP plan has delivered £6.7m in savings, of which £5.5m 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 January stands at 90% 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 January '24		
Workstream	**Target**	**Delivered**	**RAG**
Commercial Opportunities	64,000	7,961	12%
Elective Care	921,001	989,875	107%
Infrastructure	30,000	20,000	67%
Mental Health	680,000	544,200	80%
Non Elective Care	1,700,200	1,604,053	94%
Primary Care Medicines	335,000	329,159	98%
Procurement	333,247	358,486	108%
Secondary Care Medicines & Radiology	684,971	778,565	114%
Social Care	597,717	691,800	116%
Tertiary	1,130,836	240,000	21%
Workforce	1,000,000	1,171,537	117%
Grand Total	**7,476,972**	**6,735,637**	90%

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 now recovering. Tertiary savings have are expected to deliver during Q4. The efficiency target of £825k has now been exceeded with delivery of £1.3m to date.

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

OPERATIONAL COSTS BY CARE GROUP - 31 JANUARY 2024

	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**	**28,057**	**27,778**	**28,977**	**28,434**	**30,975**	**27,946**	**27,409**	**28,417**	**28,278**	**339,376**	**302,975**	**(36,404)**
CLINICAL CARE GROUPS	**23,734**	**25,284**	**24,819**	**24,478**	**25,549**	**24,979**	**24,807**	**25,540**	**25,332**	**25,187**	**24,241**	**24,751**	**24,971**	**24,892**	**298,700**	**284,150**	**(14,549)**
Med, Urgent Care & Amb	3,511	3,704	3,998	3,669	3,562	3,350	3,986	3,717	3,495	3,987	3,426	3,625	3,698	3,669	44,030	37,406	(6,624)
Sur, Theatres, C/Care & Anaes	3,122	3,430	3,493	3,260	3,484	3,648	3,559	3,422	3,514	3,390	3,261	3,261	3,432	3,404	40,845	38,441	(2,405)
Int Cancer & Diag Services	1,962	2,101	2,004	2,192	2,129	2,052	2,107	2,249	1,996	1,727	1,929	2,129	2,052	2,048	24,575	24,423	(152)
Int Women, Children & Family	1,701	1,474	1,590	1,660	1,569	1,557	1,619	1,606	1,592	1,638	1,523	1,512	1,601	1,587	19,041	17,426	(1,615)
Int Mental Health Services	2,167	2,330	2,276	2,134	2,267	2,381	2,401	2,643	2,343	2,344	2,286	2,286	2,329	2,322	27,859	27,710	(149)
Int Primary Care & Comm	5,007	5,272	4,948	4,775	5,191	4,880	4,970	5,485	5,055	5,208	5,057	5,172	5,079	5,085	61,020	62,413	1,393
Integrated Social Care Services	4,220	4,779	4,360	4,701	4,497	4,802	4,645	4,903	4,517	4,601	4,582	4,494	4,602	4,592	55,101	53,448	(1,653)
Tertiary Care Services	2,045	2,193	2,149	2,087	2,849	2,309	1,519	1,515	2,820	2,292	2,178	2,272	2,178	2,186	26,230	22,883	(3,347)
SUPPORT & CORPORATE SERVICES	**2,815**	**3,151**	**3,092**	**3,448**	**3,391**	**3,085**	**2,978**	**3,444**	**3,109**	**5,794**	**3,711**	**2,658**	**3,447**	**3,390**	**40,676**	**18,824**	**(21,852)**
Infrastructure & Hospital Ops	701	782	809	860	1,044	828	842	900	796	884	753	745	845	829	9,944	9,423	(522)
Operations Services	659	790	533	712	669	581	804	783	595	927	700	864	705	718	8,617	7,592	(1,025)
Nursing, Patient Safety & Gov	267	309	313	336	314	306	378	405	364	358	390	366	335	342	4,106	4,562	455
Medical Director Services & Ed	240	224	337	302	311	300	(73)	484	278	289	258	228	269	265	3,178	2,828	(350)
Corporate Services	352	454	448	478	387	393	302	340	409	2,781	865	(290)	634	577	6,918	5,156	(1,762)
Pay Award	596	592	509	710	616	627	674	482	617	505	691	692	609	609	7,313	0	(7,313)
Central CIP	0	0	144	50	50	50	50	50	50	50	53	53	49	50	600	(5,791)	(6,391)
DHSC Reserve Adjustments*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(5,954)	(5,954)
Contingency Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,008	1,008

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Monthly Spend	26,548	27,492	27,632	27,705	27,951	27,969	27,941	28,071	28,111	28,397	28,356	28,277

Manx Care Management Accounts – January 2024

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 JANUARY 2024

	YTD £'000				FY £'000				PY** £'000		
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)
TOTAL BY CARE GROUP	**283,974**	**252,480**	**(31,494)**	**(12%)**	**339,378**	**302,975**	**(36,404)**	**(12%)**	**305,754**	**(33,624)**	**(10%)**
CLINICAL CARE GROUPS	**249,709**	**236,790**	**(12,919)**	**(5%)**	**298,700**	**284,150**	**(14,550)**	**(5%)**	**275,591**	**(23,109)**	**(8%)**
Medicine, Urgent Care & Amb Service	36,979	31,172	(5,807)	(19%)	44,030	37,406	(6,624)	(18%)	42,039	(1,991)	(5%)
Surgery, Theatres, Critical Care & Anaes	34,323	32,034	(2,289)	(7%)	40,845	38,441	(2,404)	(6%)	38,899	(1,945)	(5%)
Integrated Cancer & Diagnostics Services	20,518	20,353	(165)	(1%)	24,575	24,423	(152)	(1%)	22,766	(1,809)	(7%)
Int Women, Children & Family Services	16,006	14,522	(1,484)	(10%)	19,040	17,426	(1,614)	(9%)	17,553	(1,487)	(8%)
Integrated Mental Health Services	23,287	23,092	(196)	(1%)	27,859	27,710	(149)	(1%)	25,260	(2,599)	(9%)
Int Primary Care & Community Services	50,790	52,011	1,221	2%	61,019	62,413	1,394	2%	56,100	(4,919)	(8%)
Integrated Social Care Services	46,025	44,541	(1,484)	(3%)	55,101	53,448	(1,653)	(3%)	48,705	(6,396)	(12%)
Tertiary Care Services	21,780	19,066	(2,715)	(14%)	26,231	22,883	(3,348)	(15%)	24,269	(1,962)	(7%)
SUPPORT & CORPORATE SERVICES	**34,265**	**15,691**	**(18,575)**	**(118%)**	**40,677**	**18,824**	**(21,853)**	**(116%)**	**30,163**	**(10,514)**	**(26%)**
Infrastructure & Hospital Operations	8,446	7,852	(594)	(8%)	9,944	9,423	(522)	(6%)	9,185	(759)	(8%)
Operations Services	7,053	6,330	(722)	(11%)	8,617	7,592	(1,025)	(14%)	5,590	(3,028)	(35%)
Nursing, Patient Safety & Gov Services	3,350	3,801	451	12%	4,106	4,562	455	10%	3,572	(535)	(13%)
Medical Director Services & Education	2,692	2,357	(335)	(14%)	3,178	2,828	(350)	(12%)	2,857	(321)	(10%)
Corporate Services	4,082	3,920	(162)	(4%)	6,918	5,156	(1,762)	(34%)	4,100	(2,818)	(41%)
23/24 Pay Award (Above 2%)	5,931	0	(5,931)	>(100%)	7,313	0	(7,313)	>(100%)	6,906	(407)	21%
Central CIP	493	(4,826)	(5,319)	(110%)	600	(5,791)	(6,391)	(110%)	0	(600)	100%
DHSC Reserve Adjustments*	0	(4,962)	(4,962)	(100%)	0	(5,954)	(5,954)	(100%)	0	0	0%
Contingency Adjustments	2,219	1,217	(1,002)	(82%)	0	1,008	1,008	100%	(2,046)	(2,046)	(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

Commentary on Movements to Prior Year

The £33.6m 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.
Current Year Pay Award	11.0	Of the total increase £7.3m relates to a cost pressure for the forecast of 6% pay increases where only a 2% budget was allocated.
Other Employee Costs	9.0	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	12.0	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 – January 2024

Appendix 2 – Manx Care Accounts & Fund Claims

MANX CARE FINANCIAL SUMMARY - 31 JANUARY 2024

	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	**29,973**	**25,248**	**(4,725)**	**(19%)**	**273,081**	**252,480**	**(20,601)**	**(8%)**	**325,659**	**302,975**	**(22,684)**	**(7%)**	**(2,652)**	**(1,645)**
Income	(1,291)	(1,281)	10	1%	(13,103)	(12,807)	296	2%	(15,927)	(15,368)	558	4%	34	7
Employee Costs	19,214	16,470	(2,744)	(17%)	172,303	164,700	(7,603)	(5%)	206,363	197,639	(8,724)	(4%)	(2,350)	(952)
Other Costs	12,049	10,059	(1,991)	(20%)	113,881	100,587	(13,294)	(13%)	135,223	120,704	(14,519)	(12%)	(336)	(701)
2023/24 PAY AWARD	**505**	**0**	**(505)**	**-**	**5,931**	**0**	**(5,931)**	**-**	**7,313**	**0**	**(7,313)**	**-**	**112**	**27**
TO BE APPROVED RESERVE	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**452**	**0**	**(452)**	**-**	**0**	**0**
Vaccine Service	0	0	0	-	0	0	0	-	452	0	(452)	-	0	0
TOTAL - OPERATIONAL	**30,478**	**25,248**	**(5,230)**	**-**	**279,013**	**252,480**	**(26,532)**	**-**	**333,424**	**302,975**	**(30,450)**	**-**	**(2,540)**	**(1,618)**
APPROVED RESERVE CLAIMS	**496**	**0**	**(496)**	**-**	**4,962**	**0**	**(4,962)**	**-**	**5,954**	**0**	**(5,954)**	**-**	**0**	**0**
High Cost Patients / Packages	337	0	(337)	-	3,366	0	(3,366)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	792	0	(792)	-	950	0	(950)	-	0	0
Vaccine Service	80	0	(80)	-	804	0	(804)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	**560**	**700**	**140**	**-**	**9,800**	**8,900**	**(900)**	**-**	**10,300**	**10,300**	**0**	**-**	**445**	**(0)**
TOTAL	**31,534**	**25,948**	**(5,586)**	**(22%)**	**293,774**	**261,380**	**(32,394)**	**(12%)**	**349,678**	**313,275**	**(36,404)**	**(12%)**	**(2,095)**	**(1,618)**
FUND CLAIMS	**1,475**	**0**	**(1,475)**	**-**	**3,528**	**0**	**(3,528)**	**-**	**6,329**	**0**	**(6,329)**	**-**	**10**	**0**
2022/23 Pay Award	1,437	0	(1,437)	-	1,437	0	(1,437)	-	1,437	0	(1,437)	-	0	0
Medical Indemnity	12	0	(12)	-	1,874	0	(1,874)	-	4,000	0	(4,000)	-	6	0
Transformation Fund	26	0	(26)	-	217	0	(217)	-	892	0	(892)	-	4	(0)
MANDATE INCOME	**(33,009)**	**(25,948)**	**7,061**	**27%**	**(297,302)**	**(261,380)**	**35,922**	**14%**	**(356,007)**	**(313,275)**	**42,732**	**14%**	**2,085**	**1,618**
GRAND TOTAL	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**0**	**0**

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.