

The Boardroom, Noble’s 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
34.24	Welcome & Apologies	Chair	Verbal	10.00
35.24	Declarations of Interest	Chair	3	
36.24	Minutes of the last meeting held in public <i>5 March 2024</i>	Chair	8	
37.24	Matters arising/Review of Action Log	Chair	17	
38.24	Notification of any other items of business	Chair	Verbal	
39.24	Service User/Carer Story	Dir of Social Care	Verbal	10.10
40.24	Anti-Microbial Stewardship Update	Dir of Nursing	Verbal	10.25
41.24	Board Assurance Framework - Deep Dive Risk – OHR	Int. Dir for People	18	10.40
UPDATES				
42.24	Chair’s report	Chair	Verbal	10.45
43.24	Chief Executive’s report and horizon scan	CEO	32	10.50
44.24	Committee Chairs’ Exception Reports - QSE Committee –30 April 2024 - FP&C Committee – 02 May 2024	Comm Chairs	41	11.10
PRIORITY ONE – PATIENT SAFETY				
45.24	CQC Update	Dir of Nursing	45	11.20
46.24	OFSTED Update	Dir of Social Care	50	11.30
47.24	Integrated Performance Report	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of Health Services	52	11.40

PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
48.24	Director for People Update - Workforce & Culture Update	Interim Dir for People	To follow	12.00
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
49.24	Director of Finance, Performance and Delivery Report: - March Management Accounts	Dir F, P&D	134	12.10
ANY OTHER BUSINESS				
	With prior agreement of the Chair	Chair		
FORMAL MEETING CLOSING AT 12.30 - QUESTIONS FROM THE PUBLIC				
The Board will respond to questions from the public		All		
MEETING EVALUATION				
Board review – feedback on the meeting: effectiveness and any new risks and assurances		Chair	Verbal	
DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 9 July 2024				

Register of Directors' Interests

27 March 2024



Name	Position within, or relationship with Manx Care	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date to which interest relates		Direct or Indirect Interest	
				From	To	Direct	Indirect
Dr. Wendy Reid	Non-Executive Director	Direct Financial Interests	Non-Executive Special Advisor to Birmingham and Solihull ICS - October 2023-ongoing	Oct-23		X	
Dr. Wendy Reid	Non-Executive Director	Direct Financial Interests	Non-Executive Director, Birmingham Women's & Children's, NHS Trust	Feb-24		X	
Sarah Pinch	Non-Executive Director	Direct Financial Interests	Managing Director, Sarah Pinch Limited T/A Pinch Point Communications, consultancy provider for many NHS organisations in England	Jan-93	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Professional Interest	Chair of The Taylor Bennett Foundation, a charity supporting BAME young people into careers in PR and Communications	Oct-17	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Independent Advisor to the Senedd, chair of REMCOM	Nov-18	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Trustee of Bristol Students Union, member of REMCOM	Nov-20	July-22	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Property Ombudsman. Remuneration and Nominations Committee	Jan-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Pensions Regulator. Remuneration and People Committee.	Apr-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, Oxford University Hospitals NHS Foundation Trust. Remuneration, Appointments and Audit Committees, Equality and Diversity board champion.	Oct-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, BPDTS (Digital supplier to Dept. of Work and Pensions) Remuneration and Nominations Committees.	Feb-19	Jun-21	X	
Nigel Wood	Non-Executive Director	Indirect Interest	Wife was employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital		July 22		X
Nigel Wood	Non-Executive Director	Other Interest	Nigel's business offers a registered office facility to a Radiology online training service owned by an un connected individual. Previously had provided guidance on establishing a business. No remuneration received.	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 and Manx Care Drug & Alcohol Service 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				
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 Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	x	
Dr Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	31/07/22	x	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Expert Advisor, National Institute of Clinical Excellence (NICE) UK	2019	-	x	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Physician assessor for MBRRACE-UK Confidential Enquiry into Maternal Deaths, Royal college of Physicians, UK	2019	-	x	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Clinical Reference Group for Neurosciences – NHSE, UK	2019	31/07/22	x	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Honorary Consultant in Stroke, Liverpool University Hospital's NHS Foundation Trust	2022		x	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-	x	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Wife is a Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-		x
Paul Moore	Director of Nursing & Clinical Governance	Direct Non Financial Professional Interest	Justice of the Peace, Greater Manchester Bench, UK	2008	2018	x	
Paul Moore	Director of Nursing & Clinical Governance	Non-Financial/Professional	Specialist Advisor, Care Quality Commission UK	2015	-	n/a	
Oliver Radford	Director of Health Services	Nothing to declare	Nothing to declare	n/a		n/a	
Teresa Cope	Chief Executive	Indirect interest	Husband was employed by Manx Care as a bank porter	2021	2021		

Teresa Cope	Chief Executive	Direct Non-Financial Professional Interest	Trustee of Cornerhouse Yorkshire	TBC		x	
Jackie Lawless	Director of Finance, Performance and Delivery	Non-Financial/Professional	Employed by Treasury Department's Financial Advisory Service - Assigned to Manx Care	n/a	April 2021	May 2023	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Peel Group Practice	Jan 21		x	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Laxey Village Practice	Sept 18	Dec 20	x	
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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
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Member of the Isle of Man Medical Society	2012			
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Member of the British Medical Society	2005			
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 5 March 2024
The Boardroom, Noble’s Hospital
2.00pm-4.30pm



Present:

Non-Executive Directors

Dr Wendy Reid (WR)	Chair
Sarah Pinch (SP)	Vice Chair
Nigel Wood (NW)	Non-Executive Director
Tim Bishop (TB)	Non-executive Director
Kate Lancaster (KL)	Non-executive Director
Dr. Charlie Orton (CO)	Non-executive Director
Katie Kapernaros (KK)	Non-executive Director

Executive Directors Voting:

Teresa Cope (TC)	Chief Executive Officer
Paul Moore (PM)	Director of Nursing and Governance
Dr. Marina Hudson (MH)	Interim Medical Director
Oliver Radford (OR)	Director of Health Services
Jackie Lawless (JL)	Director of Finance, Performance and Delivery
David Hamilton	Interim Director of Social Care, Mental Health Services & Safeguarding

In Attendance:

Dr. Oliver Ellis (OE)	Medical Director, Primary Care – Non-voting
Miriam Heppell (MHe)	Interim Director for People – Non-voting
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary

Apologies:

Sandra Cardwell	Non-executive Director
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GOVERNANCE

Item	Action
20.24 Welcome and apologies	

WR welcomed everyone to the meeting. Apologies had been received from Sandra Cardwell.

21.24 Declarations of Interest

The schedule was noted. There were no additional declarations.

22.24 Minutes of the Board meeting held on 5 February 2024 (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.3 which EQ would correct.

23.24 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.

24.24 Notification of any other items of business

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

25.24 Board Assurance Framework (BAF')

As part of the regular refresh of the BAF periodic deep dives were carried out. Manx Care was firmly focussed on its finances and JL summarised three key risks:

1. Risk to 23/24 current financial position which would be discussed further at agenda item 32
2. Adequacy of financial controls to assure Manx Care was providing value for money
3. Current funding levels were not aligned with either capacity, the Sir Jonathan Michaels ('SJM') review or the Island plan.

Improved financial controls were in place however gaps remained and many of the systems were not fit for purpose. JL highlighted the purchase order system as an example. This was a manual paper based system. There were in excess of 800 budget holders each with individual delegations and therefore it was extremely difficult to track purchases. An electronic system would be required to monitor this effectively. The largest expense was employee costs and work was ongoing to automate rotas. The PiP system used across government did not align with Manx Care's budgets which again required manual reconciliations. The financial culture was much improved and budget holders were happy to accept responsibility for their budgets. Additional resource had been brought into in finance team to focus on controls but they remained limited by the systems Manx Care had to operate and the data available. The BAF rating was not aligned to the deep dive and JL undertook to correct.

NW stated that there would be a supplementary vote of £30m which would be used to cover the overspend for 23/24. Manx Care was sympathetic to the local view that Manx Care was adequately funded and should stop moaning however 12 months earlier Manx Care were forecasting a £26m overspend so to end the year in a deficit position of £30m was not a surprise. There were still some further efficiencies that could be made but no one within Manx Care was deliberately overspending or wasting money NW offered assurance that the Finance, Performance & Commissioning Committee was robust and challenged executive colleagues. It was essential that Manx Care must live within its budget for 24/25 however by just focussing on the bottom line masked all the good improvements that had been made in areas such as patient safety.

KL offered her congratulations to JL on the progress she had made in changing the culture around money and improving financial literacy as this was difficult to achieve. She commented that the paper based systems were challenging and queried whether there was a timeline to improve this. JL replied that she expected the new finance system to be implemented in approximately 18 months.

PM added that it was vital that transformation was continued so that the finances were sustainable going forward. It was necessary estimate the future demand in order to develop long term financial models. Manx Care needed to ensure value for money and protection of core services even if the public's expectation was that more services should be provided.

TC added that Manx Care had increased its headcount but that didn't always translate to an increase in expenditure and all new posts since April 2021 had been front line posts that had decreased reliance on expensive bank and agency spend. Manx Care would assess the services that needed to be stopped, slowed down or limited in order to meet its budget. These would be risk assessed, signed off by DHSC and implemented.

WR observed that there was an expectation that funding has been aligned with the 24/25 mandate and in order to achieve this improved data and modelling was required so demand could be understood. It may be necessary for Manx Care to be braver in describing the implications of that demand might be for both the service and the public. Manx Care was responsible for a large sum of public money and it must demonstrate effective use of it in every area. Often when clinicians were considering the quality of patient care in the context of finance the finance often came secondary. It was necessary to make better use of data to make forward predictions.

JL replied that data was still not mature enough to undertake demand planning and that hampered the ability to allocate resource. It was currently not possible to define what the system should cost to deliver. It was entirely possible to deliver within the financial envelope but it would be necessary to understand the processes and consequences of doing that and this would be reflected in the business plan which would be brought back to the Board.

UPDATES

26.24 Chair's Report

WR extended her thanks SP for stepping up to take the interim chair post following the death of Andrew Foster. She expressed her gratitude that SP would remain on the Board as vice Chair. In her first month as Chair WR had observed that there was a huge amount going on and it was necessary to focus on what Manx Care must do to deliver this year's mandate and continue quality improvement across all services. Finance was an enabler and Manx Care must understand what it could do with the funding made available to it. There were issues around governance and how Manx Care related to its stakeholders. Integrated health and social care systems were very complex but if Manx Care were to be successful it would be recognised as an exemplar. KL would scope a governance review and the TOR will be brought to Board in due course.

An article had been published in the local press earlier in the day reporting on a letter that was sent to MHK's from the Isle of Man Medical Society ('IOMMS') entitled 'Recovery and Reform Plan for Manx Care/DHSC'. The letter contained some factual inaccuracies that TC would work with DHSC colleagues to correct. Board members reflected that it was always helpful to have dialogue with senior colleagues and all views were useful in the development of Manx Care. TC and WR had offered to meet with the IOMMS to discuss their proposals for reform. A formal response would be sent by DHSC with input from Manx Care. TC added that Manx Care had been reflecting on its structure and a consultation on a new care group structure would commence with the intention of becoming a more clinically led organisation.

27.24 CEO Report and Horizon Scan

TC made the following observations:

- Manx Care had accepted the recommendations of the covid review and would progress implementation of the recommendations in conjunction with Cabinet Office.
- Hillside dental practice was operational and there had been a successful recruitment programme.
- Stakeholders were being kept informed of the situation with Summerhill View.
- An update had been provided to staff, residents and carers at Cummal Moar.

- The independent day services review had reported and this would be 2-3 year project to implement.
- The 24/25 mandate had been issued by DHSC to Manx Care. Manx Care had worked closely with DHSC to ensure there was alignment on the 5 priorities set out in the mandate along with CQC and OFSTED obligations. The budget setting process was ongoing and the Operating Plan, which was the response to the mandate, would be presented to the April Board. It was intended that NED colleagues would sponsor exec colleagues to deliver the operating plan.
- TC and SP had met with several third sector chairs to strengthen relations and examine cross training and strategic opportunities.

28.24 Committee Chairs' Exception Reports

QSE Committee

The report was noted. There were no additional comments.

FP&C Committee

The report was noted. DHSC and Treasury had commissioned an expert from the UK to carry out a review of Manx Care's financial governance and controls. This was very positive and welcomed by Manx Care. There was a considerable amount of frustration of the shared services models over which Manx Care had very little control. This had been acknowledged by Minister Hooper at the Board to Board meeting held the previous day and it was essential that Manx Care made the best use of shared services and MHe and JL would lead.

PRIORITY ONE – IMPROVING PATIENT SAFETY

29.24 Integrated Performance Report (IPR)

PM made the following observations:

- There were good results on quality measures during the month
- There had been 32 months with no 'never events'
- The C-difficile infection risk was recognised and the plan had delivered so exposure was below what would be expected
- Anti-Microbial Stewardship continued to improve
- Cases of e-coli infections were rising therefore the safety management plan for e-coli infections would be extended
- Continued good performance from MCALs
- The response to friends and family test had doubled and 90% of respondents rated their care as good or very good which was a consistent outturn
- Inpatient falls had doubled in January. The reasons for this were being investigated and the results would be reported to the QSE

NW queried whether there was any learning from the themes of the complaints received by MCALs to improve the service for the public. PM replied that there was lots that could be learned from MCALs, Friends and Family and Complaints. The main themes were access to care and the amount of time people were spending on waiting lists. Some complaints related to the standard of care received, staff not being caring and receiving poor or insufficient information. It was essential to continue to drive improvements for people. WR queried whether the data was shared across the organisation or available on the website and whether people that were not treated in Nobles were aware of the MCALs service. There would be value in the Board knowing the next steps in

development for the service and how the data MCALS collects fed into other services. It was agreed that a deep dive into MCALS would be presented to a future meeting. OE reflected that complaints were a very valuable resource and people wanted assurance that their complaint was being taken seriously and they were contributing to improving the organisation. TC added that Manx Care was working on an improved website which would be different to the standard government pages and stand alone accessible for staff and the public.

MH made the following observations:

- Continue to improve level 1 mortality reviews

TB commented that Manx Care had not reviewed deaths 12 months ago and congratulated MH on the progress made which was critical to a learning organisation

DH made the following observations:

- Consistent good performance across all areas with the exception of adult social work and 28 day assessments. The 28 day target would be moved to six weeks for Learning Disability as it was a more realistic target

OR made the following observations:

- R&R phase 2 was now complete which had resulted in a significant reduction in waiting lists which were now being maintained.
- Synaptic methodology was being used to manage the cataract waiting lists.
- Submitted final R&R phase 3 business case to DHSC which, if approved, would recover outpatient lists over an 18 months period.
- There was still difficulty meeting category 1 ambulance targets but categories 2 to 5 were being met
- Hear and Treat – a paramedic based in the control room was triaging calls which had resulted in 63 cases being downgraded and 34 calls upgraded and 28 patients directed to other services and an ambulance not being conveyed
- 28 day faster diagnostic standard continued to improve and it was expected to hit NHSE target by April
- The impact of winter pressure on ED still being felt
- There had been two days on which OPEL 4 had been reached compared to 4 days in January 2023
- There had been a much lower admission rate from ED from the previous year and this was due to increased staffing levels in ED
- There were just under 5000 patients waiting to be allocated a dentist. There were continued challenges with the current dental contracts and a working group with DHSC, AGC's and dental contractors had been established to see how the situation could be improved. Any significant improvements would require changes to regulation and legislation.
- A new business case was being developed to address how dental contractors were paid.

TC had met with the multi-disciplinary team co-ordinators who had confirmed that the tracking of cancer pathways had improved. She sought confirmation of the steps being taken to improve the administrative processes and how referral from primary care were being dealt with. OR replied that during the previous month funding for the cancer GP lead had been transferred to the Primary Care Network. Colleagues from cancer team were working on the job specification and this would really help improve the pathways in primary care that would link to Nobles pathways and onward to the cancer alliance. OE stated that this was very positive step. A GP education session focussing on cancer would be held shortly. Referral forms had been updated in line with best practice and safety netting was in place to ensure patients with a cancer diagnosis were not forgotten about. Whenever

there was a suspicion of cancer every patient must know what they are doing, why and where they were being referred and what they could do if they did not receive timely appointments. OR continued that non-cancer referral were treated with cancer referrals so the process for GP cancer referrals had been mapped it out so people would be referred to the correct clinic.

WR commented that the professional changes that sat behind the data must be reflected back to the clinical teams and she highlighted the increase in cataract operations from four to nine per session. She was keen to see the next steps on the outpatient diagnostics data as it was recognised that this was a challenge. With regard to ED she queried whether there had been any modelling of the impact should the business case be successful. She commented that it would be useful to have a deep dive on each section so that the Board knew what the metrics meant in real terms and that the improvements being made were sustainable.

TC stated that improvements to ensure the sustainability of the ED was all part of UEIC transformation programme.

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

30.24 Update on Pay Negotiations

TC confirmed that the 23/24 pay agreement had now been settled with the MPTC/NJC unions whose membership was made up of mainly of nurses, health care assistants and social workers. Negotiations were ongoing with medical and dental. The desired outcome would be for Manx Care to offer a three year pay deal equal to or above inflation. It remained a priority to make pay offer as the budget setting process was finalised. NW highlighted that there would likely be a change of administration in the UK which may result in higher salaries being paid to all workers in the health care sector. If so, it could impact on the Islands ability to recruit and retain and this should be a factor in any pay negotiation. WR concurred and suggested that it would be helpful for the Board to consider a global horizon scan to identify issues that could affect Manx Care.

31.24 Workforce & Culture Update

MHe made the following observations:

- The corporate people risks would be scoped by April
- Shared service agreement with OHR was being reviewed to provide clarity on accountability
- Work ongoing with the Deputy Chief Information Officer regarding people systems
- The scheme of delegation would be presented to the Board in April
- The Recruitment and retention policy would be presented to the partnership forum and the LNC and would be presented to the Board in April
- The Equality and inclusion strategy was being drafted and would be presented to the People Committee
- The staff survey had closed and report would be presented to the People Committee in April

KL stated that she would review delegations as part of the governance review. She queried what progress had been made with the Culture of Care Barometer. MHe was reviewing the action plan from the previous year to identify areas that had not been progressed. She was hopeful that there would be an improvement in the 23/24 survey results however there still appeared to be a degree of anxiety amongst clinicians and this was evidenced by the letter sent from the IOMMS.

KK commented that whilst it was positive that business groups and service users were requesting systems improvements, these matters should be raised via the Digital & Informatics Committee.

SP requested an update on the progress of the EDI workshops and queried whether the staff network champions were given protected time to carry out their roles. She cautioned that a 'you said we did'

response to staff surveys perpetuated the parent / child relationship which was unhelpful as there were responsibilities for both staff and employer. The respondents of the Culture of Care Barometer survey were unknown so whilst the survey results must be taken seriously, there could be responses from people that did not work for Manx Care. WR concurred and stated that not every doctor was a member of the BMA. She continued that it was a real challenge to get doctors to engage in surveys and there were other tools that could be more successful. The results of the various surveys would contribute to solutions but they would not be the sole determinant. Training and support for staff network champions must be provided. MHe confirmed that she had provided training personally to the staff network leads to make sure their training was consistent.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

32.24 Director of Finance, Performance & Delivery Report

JL reported CIP performance was ahead of target to deliver £7.5m of savings. The run rate was £500k less than August there was a consistent reduction in cost to run services. Manx Care had begun the year in a £9m deficit position, with £9m of pay pressures and it received additional funding of £20m. Taking into account inflationary pressures, pay awards, investments and other costs that had to be taken in house such as covid vaccinations, it was clear to see how the overspend of £30m had arisen. WR stated that there needed to be transparency about how budget was arrived at as it would make it easier for stakeholders to understand. JL replied that the reporting timelines for year-end had been shortened considerably by Treasury and the finance team were trying to budget set at the same time which was a very challenging set of circumstances.

JL stated that there had been an adverse movement of £1.6m due to the 22/23 back pay. This had been partially mitigated so the overall movement was £800k. All non-essential spend has been stopped and all care groups had responded well to the call to action. There were only three weeks of financial year left and all action possible was being taken to ensure the year end position was within the allocation. WR commented that the expectation from DHSC and Treasury was that the year-end position would be satisfactorily resolved and that the Board would meet as necessary to review the financial position with the FP&C committee keeping close oversight of the position.

The Board noted it's thanks to JL and colleagues recognising the challenges of the last year and the pressures on delivery within Manx Care and offered ongoing support and encouragement as financial skills develop across the organisation.

33.24 Any Other Business with Prior Agreement of the Chair

There was no other business.

Meeting Review

TC reflected the biggest risk continued to be finance and how Manx Care assures its stakeholders that the appropriate controls were in place. It would be helpful if the IPR could be analysed to identify the trajectory of change and emerging themes rather than discussing the raw data.

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

There were no questions raised at the meeting. The following questions had been received in writing prior to the meeting and would be responded to in writing:

1. Taking into account that the DHSC own the Nobles Hospital building, how much has Manx Care spent on the project to rejuvenate Accident and Emergency facilities at Nobles Hospital since it came into being.
2. Again, taking into account that DHSC own the Nobles Hospital building, when did Manx Care first request that the structure and facilities of the hospital be updated by DHSC to enable Manx Care to provide adequate and sustainable emergency medical care to the Manx public.
3. In each successive year of the existence of Manx Care, how often has a request to update Accident and Emergency facilities at Nobles Hospital been:
 - (a) effectively refused by DHSC
 - (b) rejected through lack of funding
 - (c) delayed through lack of funding
 - (d) delayed through another reason (please state)
4. Is the project for the rejuvenation of the Accident and Emergency Department:
 - (a) now fully funded by DHSC and due to be completed in the next two years
 - (b) not funded by DHSC, still in the planning stage and not effectively due to be completed in the foreseeable future
 - (c) expected to be funded from within the Manx Care budget
5. Taking into account that the DHSC own nearly all the buildings and equipment used by Manx Care, how much has Manx Care spent on signage, repairs, maintenance, replacement of fixtures and fittings since it came into being.
6. From the last public meeting of Manx Care, what steps has the Board, as service provider and not property owner, taken to separate out and clarify property ownership issues and claw back expenditure that should rightly have been made by DHSC.
7. In respect of the nursing homes and nurses accommodation and properties operated by Manx Care or to be operated by Manx Care, how much has Manx Care spent on these DHSC assets in respect of fixtures and fittings, maintenance, repairs and replacements and what plans does Manx Care have to recoup this expenditure.
8. Who owns the vehicles used by Manx Care, who pays for the fuel and repairs and how is the fleet of vehicles managed. Is there a saving to be made in a single leasehold contract.
9. Taking into account that DHSC might own the car parks at Nobles Hospital and Ramsey Cottage Hospital would revenue from parking charges go to DHSC, Manx Care or the Nobles Trust.
10. Taking into account that Nobles Hospital was built on part of the original Nobles estate (the former Ballamona Hospital) are the roadways and some of the land still owned by the Nobles Trust and therefore not within the control of DHSC and Manx Care
11. In the last financial year, how much has Manx Care paid to Isle of Man Primary Care Network LLC and on what basis and within what section of the mandate has the money been paid in addition to the usual contractual sums paid to each GP practice.
12. Can Manx Care please indicate when Jurby Medical Centre is going to be fully and properly used to the effective benefit of the northern parishes (excluding Ramsey) as it was originally designed to do.

DRAFT

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

Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
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			
29.24/March	MCALs to be invited to provide a deep dive to a future board meeting	BdSec	09.07.24			

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	Agenda item 40.24	
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 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date:	09.05.24

Meeting:	Manx Care Board		
Report Title:	Board Assurance Framework – People Risk		
Authors:	Miriam Heppell, Interim Director for People		
Accountable Director:	Teresa Cope, CEO		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

The risk has been re-written to fully articulate the risk of the failure to adapt and deliver a sustainable workforce along with associated controls and positive and negative assurances.

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

The Board is requested to approve the risk as presented.



MANX CARE: BOARD ASSURANCE FRAMEWORK

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

Related operational risks:	Primary Controls	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
<p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.</p>	<p>Quality Governance Arrangements</p> <ol style="list-style-type: none"> 1. Clear and resourced Care Group triumvirate leadership teams 2. Quality governance meeting structures at ward/department/Care Group/Exec/sub-board levels 3. Nursing workforce models for each ward and clinical department (to verify establishment needs and staffing levels required) combined with rota and leave planning 4. Comprehensive set of policies, procedures and guidelines available and accessible to front line clinical teams and practitioners 5. Quality dashboard enables monitoring and reporting of a range of leading, lagging and predictive quality measures for Manx Care aligned to Manx Care's priorities 6. Incident reporting system and comprehensive procedures for handling serious incidents including Causal Factor Analysis in operation 7. Complaints handling procedures 8. Established risk management process operating at Manx Care 9. A mandatory and role specific training programme to support practitioners in their work 10. International nurse recruitment to boost staffing 11. Use of bank and agency to cover shortfalls in staffing 12. Suitable and sufficient supplies of medical devices required to meet patient needs 13. Effective safeguarding procedures for vulnerable adults and children 14. There are clear procedures to recognise and respond to the signs of clinical deterioration for inpatients at Nobles and Ramsey 	Paul Moore	<ol style="list-style-type: none"> 1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset 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. Exposure to Serious Incidents is lower than threshold for third year in a row. Causal Factor Analysis established. 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. Delivered 45 RNs at Band 5 Level. Work being undertaken to identify a new partner for Manx Care to work with on International Nurse recruitment. -L2 11. Rotas are much more stable, substantive recruitment progressing and nursing agency spend reduced as a result of a campaign to convert agency to substantive appointments and interventional recruitment reducing Band 5 RN vacancies - L2 13. CQC have recognised safeguarding improvements - L3 13. Adult Safeguarding Policy ratified Feb 24, Childrens Safeguarding Policy ratified Aug 23 (all safeguarding policies available to MxC and Inter agency partners - TriEX) - L1 14. Deteriorating patient reports into OCQG indicates strong compliance and sustained improvement in timeliness of vital sign measurements - L2 	<ol style="list-style-type: none"> 4. Volume of out of date policies, procedures and guidelines remains a concern. Manx Care Intranet joined up the multiple sharepoint sites, however cleansing of high volumes of clinical polices 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 6. After 30 consecutive months without a Never Event, human factors in checking procedures led to a new Never Event in March 2024 involving a wrong orthopaedic prosthesis - L2 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PIP systems need better integration to support Manx Care's needs - L2 11. Vacancies and sickness results in stubborn gaps in the workforce meaning we continue to be reliant on high bank and high agency usage in some specialist areas such as Maternity, Paediatrics, ED and CAMHS to deliver safe care - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturity of safeguarding procedures in clinical practice - L3 	<ol style="list-style-type: none"> 1. Effectiveness of triumvirate leadership on quality of care and CQC delivery 4. Business case to procure policy/document control system not accepted at BRCG (Mar 24). Requested to explore what systems are currently in use Pan-Gov 	A
	<p>Clinical Audit & Clinical Effectiveness</p> <ol style="list-style-type: none"> 1. Clinical Audit medical lead(s) and Team established 2. Regular meeting of the Clinical Audit Committee 3. Updated annual plan of clinical audit requirements prioritised in response to any identified quality concerns, national audit priorities or local service improvements 4. Report of the delivery of the Clinical Audit Programme into Operational Clinical Governance Group 5. Agreed Clinical Audit Policy and Clinical Effectiveness strategy directs frontline teams to oversee and improve clinical outcomes 6. Mortality Review process in place to evaluate the safety and effectiveness of care for those who die in hospital. There is a local requirement to carry out a medically-led review of a death in hospital within 1 month of the death being certified. 	Dr Hudson	<ol style="list-style-type: none"> 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 achieving the volume of mortality reviews at Level 1 required by local standards- L2. 	<ol style="list-style-type: none"> 1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 2. Attendance at the Clinical Audit Committee is variable 3. Very limited audit activity linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 	<ol style="list-style-type: none"> 5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions 	A
<p>If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.</p>	<p>Service User Experience, Engagement & Involvement</p> <ol style="list-style-type: none"> 1. Established Manx Care Advice & Liaison Service (MCALS) - aims to signpost and resolve concerns on the spot - MCALS volunteers now recruited to enable outreach into community hubs 2. Service user engagement (discovery interviews, focus groups, liaison with representative groups) 3. Continuous testing of the level of satisfaction using a modified Friends & Family Test (FFT) 4. Complaints handling procedures 5. User representation in meetings where quality of care is reviewed and services redesigned 6. Engage with HSCC to further enhance lay representation across Manx Care 7. Service User Engagement & Involvement Strategy provides a stakeholder map of representative groups or people Manx Care uses for advice and to help shape future services 	Paul Moore	<ol style="list-style-type: none"> 1. MCALS in place and operational. Outreach into community well-developed through volunteer model - Strong evidence of consistent compliance with resolution 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. In your shoes focus events established for hard to reach groups, with first working groups established to hear feedback from these voices to support co-design and improvement of services. Programme of engagement with external stakeholders and third sector partners for the benefit 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. Quiet room to launch in July 2024, with third sector partnership to be launched where the room will be used for sessions to the public alongside our third sector partners and MCALS to join up to deliver more efficient service and information. Utilising DATIX for recording concerns, establishing a single source of truth for reporting and analysis, thus enhancing efficiency and resilience - L1 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 embedded processes for this. Consistent high ratings of 90% or more of responses of 'good' or 'very good'. Ongoing work to continuously improve the up take rate. 6. Complaints responsiveness now under control and compliant with new regulations. L2 	<ol style="list-style-type: none"> 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.	Which of the 2024-25 objectives may be impacted:		Overall risk owner: Tim O'Neil	Amendment date: Committee scrutiny:	Dec-23 QSE Committee
	1 Covid-19 response.	7 Reducing waiting times.	x	TARGET: L X I	3 x 3 = 9
	2 Service user feedback drives improvement.	8 Continuous improvement.	x	Apr '23: L x I	3x4 = 12
	3 Transforming health & social care delivery.	9 Workforce engagement and development.	x	Oct '23 L x I	3x4 = 12
	4 Corporate, clinical and social care governance.	10 Primary Care at scale.	x	Dec-23	3x4 = 12
	5 Transform urgent and emergency care.	11 Early interventions.	x	Feb-24	3x4 = 12
	6 Financial balance.	12 Environmental sustainability contribution.	x	Mar-24	3x4 = 12
			Apr-24	3x4 = 12	

Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
<p>A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort</p> <p>KEY L1 - internal/operational level L2 - Director/Board level L3 - external review/audit/inspection</p>	<p>Policy governance</p> <p>1. Review, update and draft of policy suite</p> <p>2. Robust process for ratification of policies, with oversight at Exec level</p> <p>3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F</p>	David Hamilton	<p>1. The review and completion of the suite of policies governing social care is an ongoing piece of work. This ties in with CQC Action Plans and an Improvement Notice from R&I in ASC. The Corporate Services Manager is coordinating policy update work and supporting Heads of Service in doing so - L1</p> <p>2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2</p> <p>3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3</p>	<p>1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. There have been moves in recent months to move all policies onto the widely-accessible Manx Care Intranet site, supported by the Comms Team. Assurance is needed that all colleagues are regularly accessing and reviewing policy documents - L1</p> <p>Work towards a Manx Care wide solution, Polycstat, is being explored as a move towards mitigation - L2</p>	<p>2. There can be a disconnect between the clinical and care OCGs - this means that policy ratification is sometimes disjointed. Instances of this have reduced in recent months, with the DNACPR Policy coming to both OCGs. Social Care representation on the clinical OCG is now regularly happening as a mitigation - L2</p> <p>Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness. This is compounded by the vacancy factor and resulting operational pressures across the Care Group - L1/L2</p> <p>Social Care are planning work in 2023/24 on a policy gap analysis, with a work / remediation plan to capture the status of each policy - L1</p>	A.
	<p>Training</p> <p>Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications</p>	Louise Hand	<p>There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1</p> <p>Service areas keep a comprehensive set of training matrices which are manually updated by admin staff, given the limitations of eLearn reporting - L1</p> <p>The Care Group holds a central budget of £150k for the benefit of all service areas. This includes a provision for 'train the trainer' to build resilience in staff development and continuing professional development. ASC are working towards self-sufficiency with RQF training, with a second cohort of in-house level 3 due to start in Dec 2023 - L1</p>	<p>The budget of £150k does not include any uplift in 2023/24 or any reflection in the Care Group's expansion to include Health Safeguarding. The Health Safeguarding Lead has highlighted the need for extensive training in the near future following CQC recommendations around health safeguarding training. This position is being regularly monitored, in case contingency funding from DHSC is required to meet these obligations - L2</p> <p>Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PIP - L2</p>	<p>The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues. OHR have indicated that alignment to the PIP structure is a live piece of work, along with an overarching training policy to be approved via OCGs - clinical and care. The Corporate Services Manager is also assisting with the reconciliation of 'mandatory' and 'role-specific' training - L2</p>	A.
	<p>Design and launch the multi-agency safeguarding hub (MASH)</p>	Julie Gibney	<p>The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults.</p> <p>Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation have been consulted re data sharing conventions.</p> <p>A bid was successfully submitted to the Seized Assets fund for the start-up costs of £15k - L3</p>	<p>The operation of MASH since June 2023 has led to positive, early interventions and outcomes, however the MASH is putting pressure on the front door of C&F Services. This area is being propped up by agency social work provision, a business case is being scoped out for a more permanent solution to the capacity. C&F services are experiencing a period of high demand with contacts at an all time high, with thematic threshold issues identified in a number of contacts that result in NFA. This is being worked through and continually monitored - L1</p>		G.
	<p>Functional design, consistent application and effective operation of the Scheme of Delegation</p>	Louise Hand	<p>Review of existing Schemes of Delegation will commence during 2023, alongside introduction of Schemes where there are currently gaps. Adult Social Work have introduced a Resource Panel to ensure robust governance and oversight of packages of care, with target outcomes outlined in a Terms of Reference. Work is continuing in this area to embed this way of working, which is heavily reliant on team/Group Manager level quality assurance of proposals to ensure consistency and consideration of value to the public purse - L1</p> <p>During 2023/24, work will commence in Social Care and Mental Health to align the Scheme of Delegation in respect of functions. This is a piece of work that would ideally be centrally-led given the scope of the challenge, given that Manx Care as an entity requires a Scheme of Delegation to be introduced reflective of the current structure - L2</p> <p>Work was carried out in 2022/23 to review, evaluate and update Financial Delegations which are now in place following recruitment to leadership roles - L1</p>	<p>The secondment of the AD in Adult Social Work has led to increased workloads and some pressures, with Resource Panel having an interim Chair - L1</p>	<p>The success of Resource Panel is being regularly monitored to ensure there is no drift from the Terms of Reference - L1</p>	A.

MANX CARE: BOARD ASSURANCE FRAMEWORK

2 Overwhelming demand.		Overall risk owner:	Amendment date:	Apr-24	May '23: L x I	9	
		Oliver Radford	Committee scrutiny:	FPC Committee	June '23: L x I	9	
Which of the 2024-25 objectives may be impacted:		TARGET: L X I		6	Jul '23: L x I	6	
1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	9	Oct '23: L x I (5 x 3)	15
2 Service user feedback drives improvement.	x	8 Continuous improvement.	x	June '22: L x I	9	Nov-23	15
3 Transforming health & social care delivery.	x	9 Workforce engagement and development.	x	Aug '22: L x I	9	Dec-23	15
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	9	Feb-23	15
5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	9	Apr-24	20
6 Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	6		
				Apr '23 L x I	6		
Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	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 1. Vaccination & Immunisation Board 2. Performance & Delivery Group 3. JCVI (Joint Committee on Vaccination and Immunisation) Guidelines 4. Communication/Public Engagement 5. Manx Care Covid Internal Escalation Plan	Oliver Radford	1. Monitoring Vaccine Uptake: The performance around vaccine uptake is continuously monitored by the Vaccination & Immunisation Board. This allows for real-time adjustments to strategies and communication efforts to improve vaccination rates. 2. Adherence to Guidelines: The program's continued follow-up of JCVI (Joint Committee on Vaccination and Immunisation) guidelines ensures that the vaccination strategy aligns with the best available scientific advice and standards, enhancing the program's credibility and effectiveness. 3. Autumn and Spring Booster Campaigns: The implementation of seasonal booster campaigns, with tracking of participation rates, enables Manx Care to adapt its approach based on observed effectiveness and public engagement. 4. Effective Communication and Public Engagement: The high uptake of the Spring Booster, compared to the national average, suggests effective communication strategies and public engagement practices that could serve as a control for ensuring high vaccination rates. 5. Internal Escalation Plan: The Manx Care Covid internal escalation plan, with its clear allocation of resources and levels of response, provides a structured approach to responding to infection rates. This ensures that resources are used efficiently and escalated appropriately. 6. Performance & Delivery Group Oversight: The oversight by the Performance & Delivery Group, which reports by exception to the Executive Management Committee (EMC), allows for focused attention on significant issues or deviations from the plan, enhancing accountability and responsiveness. 7. No Escalation Beyond Level 1: The fact that no escalation beyond level 1 has been needed in the past 6 months serves as an indirect control, indicating the effectiveness of the current measures and the transition towards managing COVID-19 as an endemic situation. 8. Provision for Additional Resources: The allocation of additional resources in the Manx Care Winter Plan, prepared to address potential surges in demand, ensures readiness and flexibility in responding to unexpected developments. 9. Unused Additional Capacity as a Positive Indicator: The non-utilisation of the extra capacity allocated for COVID-19 surges is a positive indicator of the program's success in preventing hospital overloads, serving as an indirect control by highlighting the adequacy of current measures	1. Insufficient Testing and Surveillance: The lack of a comprehensive Covid-19 testing and surveillance program on the Island prevents the timely identification of outbreaks. This gap undermines the ability to implement early interventions and reduce transmission rates. 2. Impact on Clinical Staffing: Without early detection of Covid-19 cases among staff, there's an increased likelihood of transmission within healthcare facilities. The necessity for staff to isolate upon infection can lead to staffing shortages, impacting the delivery of care and increasing workload on remaining staff. 3. Risk to Patients and Staff in Healthcare Facilities: Patients admitted for emergency or planned procedures may unknowingly bring Covid-19 into healthcare settings. The late discovery of their Covid-19 status upon admission necessitates isolation measures, but by this point, there may already be a risk of transmission to staff and other patients. 4. Operational Disruptions: The need to isolate patients after admission due to undetected Covid-19 cases can disrupt hospital operations, leading to delays in care, the reallocation of resources to manage outbreaks, and potential impacts on patient outcomes. 5. Communication and Coordination: This situation may also indicate gaps in communication and coordination mechanisms within the healthcare system. Effective sharing of information and coordinated responses are crucial for managing infectious diseases. 6. Pre-Admission Screening Protocols: The absence of robust pre-admission screening protocols for Covid-19 indicates a significant control gap. Enhanced screening could mitigate the risk of introducing the virus into healthcare settings. 7. Resource Allocation for Testing: The lack of comprehensive testing suggests that resources may not be adequately allocated towards testing and surveillance infrastructure. Investing in these areas is essential for early detection and containment. 8. Public Health Messaging: There might be a gap in public health messaging and community engagement regarding the importance of reporting symptoms and getting tested for Covid-19, which is critical for controlling community transmission.	1. Inadequate Surveillance and Data Collection: Lack of comprehensive surveillance and data collection on Covid-19 community transmission. Effective surveillance is fundamental for early detection of outbreaks and understanding transmission dynamics, which informs all subsequent response actions. 2. Limited Predictive Capabilities: Without real-time or near-real-time data on community transmission rates, Manx Care's ability to predict potential increases in demand for hospital services is significantly hindered. 3. Challenges in Resource Allocation: The absence of detailed surveillance data impairs the ability to allocate hospital and healthcare resources effectively. 4. Difficulty in Staffing Management: A direct consequence of not having sufficient data on potential increases in community transmission is the challenge in planning for staff absences due to illness or quarantine. This can lead to staffing shortages, increased pressure on remaining staff, and potentially compromised patient care. 5. Impaired Strategic Planning and Preparedness: Strategic planning and preparedness for potential surges in Covid-19 cases depend heavily on understanding the current situation and predicting future trends. The lack of surveillance data creates a blind spot in strategic planning efforts, making it difficult to prepare adequately for future demands. 6. Risk of Overwhelmed Healthcare Services: Without the ability to plan for increases in demand, there is a risk that healthcare services could become overwhelmed in the event of a sudden spike in Covid-19 cases.	R.	
	2 General escalation planning 1. OPEL Framework 2. Performance Reporting	Oliver Radford	1. Established Escalation Framework: The OPEL framework is an established method for categorising and managing operational pressures. 2. System-Wide Response Mechanism: The framework's ability to deliver a coordinated, system-wide response during periods of extreme pressure is a critical control. 3. Integration with Performance Reporting: Including OPEL declarations in the Integrated Performance Report acts as a control by providing transparency regarding operational pressures and their variability throughout the year. 4. Data-Driven Insights and Adjustments: The observation from the data that unplanned demand during the summer exceeded that of the previous winter, leading to more OPEL 4 declarations, highlights the control's adaptability. 5. Expansion to Community Services: Investigating a 'Community OPEL' system to account for pressures on Primary Care and Community Services, like District Nursing and Therapies, introduces a control that extends the framework's applicability and effectiveness beyond hospital settings. This ensures a more holistic approach to managing operational pressure across the healthcare spectrum 6. Staffing and Resource Considerations: The review of the framework to include staffing pressures indicates an understanding that effective operational pressure management must consider human resource aspects.	1. Proactive vs. Reactive Measures: The reliance on OPEL declarations to indicate pressure levels may inherently lean towards a reactive rather than a proactive approach to managing pressures. 2. Adaptation to Non-Traditional Demand Patterns: The framework's current challenge in addressing unexpected demand patterns, particularly the unplanned demand during summer surpassing winter levels, suggests a gap in its adaptability to non-traditional pressure periods. 3. Real-Time Data Utilisation and Response: The effectiveness of the OPEL framework could be limited by delays in data collection, analysis, and reporting. 4. Staffing Pressure Considerations: The framework is under review to account for staffing pressures, suggesting that the current version may not adequately address or mitigate the impacts of staffing shortages or high turnover rates on operational capacity and pressure levels 5. Cross-Sector Communication and Coordination: Effective operational pressure management requires seamless communication and coordination across different sectors of the healthcare system.	1. Integration and Coordination Across Services: While the development of Community OPEL aims to extend visibility and response capabilities beyond hospitals, there may be gaps in how effectively these frameworks integrate with each other and with existing healthcare services. 2. Comprehensive Data Collection and Sharing: Effective operational pressure management relies on accurate and comprehensive data collection, analysis, and sharing. There are gaps in the current data infrastructure's ability to capture the full scope of operational pressures, particularly in community settings, and in sharing this data in a timely manner across the system.	A.	
	3 Service transformation of urgent and emergency care 1. Ambulatory Assessment & Treatment (AAT) Services 2. Stakeholder Engagement & Communication 3. Care Pathways Project	Oliver Radford	1. Strategic Investment in Service Expansion: The secured significant investment for urgent and emergency care developments serves as the foundational control. It ensures that financial resources are available to support the expansion and introduction of new services aimed at enhancing patient care outside of the hospital setting. 2. Implementation of Intermediate Care Services: Expanding free care and rehabilitative resources in the community to support early discharge and admission avoidance 3. Establishment of Hear & Treat Services: Incorporating a clinical presence within the Emergency Control Room allows for immediate assessment and advice, potentially resolving issues without the need for an ED visit. 4. Ambulatory Assessment & Treatment (AAT) Services: Offering Same Day Emergency Care as an alternative to admission for those attending the ED 5. Early Supported Discharge: By focusing on early discharge and providing the necessary support for rehabilitation at home, these services control hospital length of stay and promote patient recovery in a familiar environment 6. Stakeholder Engagement and Communication:	1. Resource Allocation and Sustainability: Ensuring sustained funding and resources for the newly implemented services to maintain their operation without affecting existing services. 2. Integration and Coordination Across Services: Potential gaps in the seamless integration and coordination between new service offerings and existing healthcare services, which could hinder efficient patient navigation and care continuity. 3. Training and Workforce Development: Adequate training and upskilling of staff to effectively deliver the new care models, especially for advanced practitioners in the See Treat & Leave initiative, may be lacking. 4. Patient Awareness and Utilisation: Insufficient awareness among patients and the broader community about the availability and benefits of these new services, leading to underutilisation. 5. Data Collection and Outcome Measurement: The absence of comprehensive mechanisms for collecting data and measuring outcomes to assess the effectiveness of these new services and their impact on emergency care demand and patient outcomes.	1. Delayed Development of Success Metrics: The metrics intended to measure the success of the Care Pathway Project are still under development 2. Lack of Immediate Evaluation Tools: Without predefined metrics in place at the time of acceleration, there's a lack of tools for immediate evaluation and adjustment, reducing the ability to ensure the Care Pathway Projects are on track to meet their objectives effectively 3. Unclear Project Progress Tracking 4. Resource Allocation and Prioritisation: Accelerating projects without clear metrics for success could lead to challenges in prioritizing resource allocation, potentially diverting resources from other critical areas without assurance of impactful outcomes. 5. Adaptability to Emerging Needs: Given the dynamic nature of healthcare, especially during winter months, there is a gap in the projects' adaptability to emerging needs and challenges, which could compromise their effectiveness and relevance 6. Integration with Existing Services: Without clear metrics and progress tracking, ensuring that the accelerated projects integrate seamlessly with existing care pathways and services may present a gap, potentially leading to disruptions or duplications in care delivery	R.	
	4 Capacity and demand planning 1. Restoration and Recovery 2. Stakeholder Engagement 3. Sustainable Waiting List Management 4. Formal Strategic Alliances 5. Performance & Delivery Group	Oliver Radford	1. Demand and Capacity Planning Integration: Incorporating demand and capacity planning into the development of service plans and business cases 2. Formal Strategic Alliances: Engaging with external organisations like the Cheshire and Mersey Cancer Network and tertiary providers in Liverpool to develop formal strategic alliances 3. Performance Monitoring: The monitoring of all strategic partnerships through the Performance & Delivery Group up to the Executive Management Committee establishes a robust oversight mechanism, ensuring that collaborations are effective and aligned with strategic objectives.	1. Backlog Management: Despite demand and capacity profiling, a significant backlog across most services indicates a gap in existing control mechanisms to address and reduce these backlogs to achieve sustainable waiting list positions efficiently. 2. Funding vs. Demand Discrepancy: A gap exists between the available funded capacity and the actual demand for some services, suggesting that current funding levels are insufficient to meet service demands, and productivity and efficiency improvements alone are inadequate to bridge this gap. 3. Resource Allocation for Additional Capacity: The need for recurrent funding to be identified for additional capacity	1. Data Quality and Reliability: A fundamental gap in assurance stems from the poor quality of data, which undermines the foundation for accurate demand and capacity analysis. 2. Validation and Review Processes: The ongoing validation of waiting lists and review of outpatient clinic templates indicate a gap in assurance regarding the completeness and accuracy of current service use and demand records.	R.	

	6. Sustainable Waiting List Management		<p>4. Sustainable Waiting List Management: Completing the Recovery & Restoration (R&R) Phase 2 with sustainable waiting lists in key areas such as ophthalmology, orthopaedics, and general surgery</p> <p>5. Comprehensive Recovery Planning: Developing a business case for R&R Phase 3</p> <p>6. Conversion Rate Management: Specifically targeting the conversion of outpatient to inpatient/day case waiting lists in the R&R Phase 3 plan</p> <p>7. Stakeholder Engagement: Engaging a broad range of stakeholders in the planning and execution of service developments and recovery phases</p> <p>8. Data-Driven Service Development: The overall approach of using detailed demand and capacity analysis to inform service development</p> <p>9. Recurrent Funding for Pathway Tracking: Securing recurrent funding for a permanent Pathway Tracking function</p>	<p>points to a gap in strategic financial planning and resource allocation controls, which are essential for expanding service capacity to meet demand sustainably.</p> <p>4. Efficiency Improvement Limitations: The acknowledgment that productivity and efficiency improvements cannot fully address the demand-capacity gap highlights a control gap in optimising current resources and processes to meet service demands.</p> <p>5. Strategic Planning for Sustainable Services: There is an gap in long-term strategic planning to ensure service sustainability, where demand and capacity analyses do not directly translate into actionable, funded strategies to eliminate backlogs and meet future demands.</p> <p>6. Monitoring and Adjustment Mechanisms: A gap in dynamic monitoring and adjustment mechanisms that can respond to real-time changes in demand and capacity, ensuring that services remain agile and capable of addressing emerging challenges</p>	<p>3. Comprehensive Data Collection Systems: A gap in the systems and processes for collecting comprehensive and high-quality data across all services.</p> <p>4. Real-Time Data Monitoring and Adjustment: The lack of real-time data monitoring and adjustment capabilities for responding to emerging trends and discrepancies in service demand and capacity quickly and effectively.</p> <p>5. Analytical Capacity for Data Interpretation: A gap in the analytical capabilities or resources dedicated to interpreting demand and capacity data accurately.</p>	
	<p>5. Winter Planning 2023/4</p> <p>1. Strategic Funding Allocation</p> <p>2. Enhanced GP Capacity</p> <p>3. Specialised Hospital Care Support</p> <p>4. Engagement & Communication</p>	Oliver Radford	<p>1. Strategic Funding Allocation: Allocating £250,000 specifically for Winter Pressures in the 23/24 budget acts as a foundational control, ensuring that targeted resources are available to address the anticipated increase in demand.</p> <p>2. Enhanced GP Capacity: The appointment of an additional GP to provide extra capacity on a rotational basis directly addresses the increased primary care demand, ensuring that more patients can access GP services during peak times</p> <p>3. Specialised Hospital Care Support: Appointing an Outliers Consultant dedicated to providing care to medical patients on surgical wards ensures consistent medical input across the hospital, including weekends.</p> <p>4. Streamlined Discharge Processes: The introduction of a dedicated Discharge Pharmacist at Noble's Hospital</p> <p>5. Weekend Resource Enhancement: Funding additional resources for weekends, particularly hospital and community-based therapists, ensures that therapeutic interventions continue without interruption, supporting patient recovery and preventing delays in care</p> <p>6. Extended Operational Hours: Extending the opening times for the Day Procedures Suite increases the capacity for elective surgeries to be completed and patients discharged on the same day</p> <p>7. Adaptation to External Factors: Recognising and responding to the impact of the increased cost of living on vulnerable populations by enhancing service capacity and accessibility</p>	<p>1. Overcrowding in the Emergency Department: The overcrowding and extended waits in the Emergency Department (ED) highlight a gap in emergency care capacity and efficiency, exacerbated by the admission-discharge mismatch.</p> <p>2. SAFER Bundle Implementation Challenges: The partial implementation of the SAFER bundle, especially in achieving early discharge, indicates a gap in operationalising comprehensive patient flow strategies within the hospital setting.</p> <p>3. Resource Allocation for Patient Flow Management: Despite the additional resources allocated for the Winter Plan, there are gaps in specifically targeting and optimising resources to support efficient patient flow and early discharge initiatives.</p> <p>4. Communication and Coordination Among Care Teams: Challenges in fully implementing the SAFER bundle and achieving early discharge may stem from gaps in communication and coordination among different care teams and departments within the hospital.</p> <p>5. Ineffective Early Discharge Processes: The inability to discharge a significant portion of patients before midday indicates a gap in the effective control and execution of early discharge processes, impacting the balance between admissions and discharges.</p> <p>6. Mismatch Between Admissions and Discharges: A direct consequence of the early discharge challenge is the mismatch between patient admissions and discharges, a gap in patient flow management and coordination within the hospital.</p>	<p>1. Data Quality and Accessibility: A fundamental gap in assurance arises from issues with the quality and accessibility of data necessary for predicting and managing the winter impact on healthcare services.</p> <p>2. Predictive Analytics for Winter Planning: utilising predictive analytics effectively due to data issues, impacting the ability to forecast service demands accurately</p> <p>3. Real-Time Data Monitoring and Analysis: The inability to collect and analyse data in real-time or near-real-time hampers responsive planning and adjustments to early discharge processes and other winter-related strategies, leading to a lack of assurance in the system's adaptability.</p> <p>4. Real-Time Data Monitoring and Analysis: The inability to collect and analyse data in real-time or near-real-time hampers responsive planning and adjustments to early discharge processes and other winter-related strategies, leading to a lack of assurance in the system's adaptability.</p> <p>5. Stakeholder Communication and Expectation Management: Poor data quality and its impact on planning lead to a gap in effectively communicating with stakeholders, including staff and patients, about expected service levels and changes during the winter period</p> <p>6. Investment in Data Infrastructure: The challenges highlighted suggest a gap in investment in data infrastructure and technology that can enhance data collection, quality, and analysis capabilities, crucial for robust winter planning and service delivery</p>	R.

MANX CARE: BOARD ASSURANCE FRAMEWORK

3 Failure to Adapt and Deliver a Sustainable Workforce	Overall risk owner:		Amendment Date:		Apr-24	
	Miriam Heppel		Committee scrutiny:		People Comm.	
	Which of the 2024-25 objectives may be impacted:		TARGET: L X I		3 x 3 = 9	
	1 Covid-19 response. 7 Reducing waiting times. x		Apr '24: L x I		5 x 4 = 20	
	2 Service user feedback drives improvement. 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.						
6 Financial balance. x 12 Environmental sustainability contribution.						

Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory Control	Negative Assurance: Gaps in Control	Gaps in assurance	Assurance RAG
<p>Failure to Deliver due to 1/3 of workforce being employed externally and stationed with Manx Care which impacts negatively on the sense of belonging, psychological contract and culture.</p> <p>Inequality in Employment Conditions: Impact on Culture, Morale, and Operational Efficiency</p> <p>Risk of diminished operational efficiency and lowered staff morale resulting from inequalities in employment terms and conditions, negatively affecting organizational culture, the psychological contract with employees, and their sense of inclusion and belonging</p>	<p>1. Inequality in Employment Conditions: Impact on Culture, Morale, and Operational Efficiency</p> <p>1. Engagement of Manx Care Interim Director of People</p> <p>2. Regular communication and engagement initiatives with all staff including staff surveys</p> <p>3. OHR BP/advisory teams provide bespoke support on employment conditions and policies</p> <p>4. Care Group Restructure – Phase 1</p> <p>5. People, Culture, Engagement Strategy (Approved Sept 23)</p> <p>6. People Committee</p> <p>7. People & Culture Committee</p> <p>8. Employment, Equality Policy and Procedures</p> <p>9. Policy harmonisation efforts, especially for critical areas of perceived inequality</p>	Miriam Heppel	<p>2. Feedback from staff indicating enhanced understanding and acceptance of diverse employment conditions following targeted communication efforts</p> <p>2. Data-driven assessments showing improved staff morale and reduced turnover in areas where harmonisation initiatives have been implemented</p> <p>3. Established advisory and support structures for navigating employment conditions</p> <p>4. Care Group Restructure Phase 1 - Consultation commenced, Workshops with affected groups established and preliminary discussion delivered at EMC (March 2024)</p> <p>8. Existence of clear, accessible pay scales and policies applicable to distinct groups</p>	<p>3. Inadequate capacity of BP/advisory teams to offer extensive support across all areas affected by employment condition disparities</p> <p>3. Increased Demand on Managerial Skills: To effectively manage a diverse team with varying T&Cs, managers must demonstrate exceptional communication, empathy, and conflict resolution skills. They need to be adept at balancing organisational policies with the individual needs and concerns of their team member</p> <p>4. Lack of a comprehensive cultural integration program that addresses the disparate sense of belonging and aligns all staff with organisational values and mission.</p> <p>7. Reports of perceived inequality among staff, particularly in smaller teams, around annual leave, on-call payments, and maternity benefits.</p> <p>8. Challenges in managing staff under different employee relations procedures</p> <p>8. Lack of a unified framework or tool for managing performance and grievances across different employment conditions</p>	<p>2. Insufficient data to fully understand the impact of employment condition disparities on organisational performance and staff satisfaction across all areas (Link to HR3 - Integrated People Data Management and Reporting System)</p> <p>3. Increased Management Complexity: Managers must navigate the complexities of different T&Cs, requiring them to be familiar with multiple sets of policies. This can significantly increase the administrative burden and the potential for errors or inconsistencies in managing team members</p> <p>8. Limited engagement with the Public Service Commission and other stakeholders to align policies and procedures more closely</p> <p>8. Volume of out of date policies, procedures and guidelines remains a concern. Not all staff can access various platforms, SharePoint, Intranet</p> <p>8. Legal and Compliance Risks: Managers must also be vigilant about legal and compliance risks associated with managing employees under different T&Cs. Ensuring all practices are equitable and do not inadvertently discriminate against certain groups is crucial to avoid legal complication</p>	R
<p>Failure to deliver high quality safe services, financial balance, a positive working culture and integration of services due to a lack of suitably trained, qualified and competent staff in the market.</p> <p>Workforce Planning and Talent Management: Ensuring Quality Service and Strategic Alignment</p> <p>Risk of compromised service quality and inability to meet strategic objectives due to insufficient workforce planning and talent management, resulting in challenges in recruiting and retaining adequately trained, qualified, and competent staff, leading to increased operational costs, reduced staff well-being, and erosion of organisational reputation</p>	<p>2. Workforce Planning and Talent Management: Ensuring Quality Service and Strategic Alignment</p> <p>1. Engagement of Manx Care Interim Director of People</p> <p>2. People Committee</p> <p>3. Recruitment & Retention Strategy (Approved March 24)</p> <p>4. People, Culture & Engagement Strategy (Approved Sept 23)</p> <p>5. Strategic workforce planning initiatives aligning with long-term service goals</p> <p>6. Development and implementation of robust recruitment and retention strategies</p> <p>7. Care Group Restructure - Phase 1</p> <p>8. Review of Vacancy Data</p> <p>9. Maintenance of Competitive Terms and Conditions: Ensuring that terms and conditions are competitive to attract applicants effectively</p>	Miriam Heppel	<p>5. Established partnerships with educational institutions for a continuous pipeline of qualified staff</p> <p>5. Comprehensive training and development programs for skill enhancement and career progression</p> <p>8. Review of Vacancy Data: Monthly reporting of vacancies in the People Analytics report to the Executive Leadership Team (ELT), Board, and People Committee offers a clear picture of the recruitment landscape</p>	<p>5. Demand and Capacity Planning: The identified low levels of maturity in demand and capacity planning, which hamper the collation of input data for effective workforce planning</p> <p>5. Lack of a dynamic workforce planning tool to accurately predict future staffing needs</p> <p>5. Inadequate measures to improve staff morale and well-being, leading to higher turnover rates</p> <p>8. Persistent vacancies in critical clinical specialties and social care services</p> <p>8. Increased reliance on agency staff and the associated financial burden</p>	<p>2. Limited feedback mechanisms for understanding the root causes of staff dissatisfaction and turnover</p> <p>6. Insufficient data to evaluate the effectiveness of current recruitment and retention strategies</p>	R
<p>Failure to deliver due to a lack of connectivity between People IT Systems, administrative systems, processes and data</p> <p>Operational efficiency is compromised by the disconnect between People IT Systems, administrative processes, and employee information and statistics, worsened by poor data quality and validation. The absence of system ownership exacerbates interoperability and data integration challenges, hindering effective management and use of employee data</p> <p>1. Risk ID 919: Inadequate HR Data Integration: Compromising Management Information and Strategic Decisions</p> <p>2. Risk ID 799: Managerial Oversight in PIP System Updates: Impacts on Financial Forecasting and Payroll Accuracy</p> <p>3. Risk ID 800: Inaccurate Sickness Absence Reporting: Strategic and Financial Risks for Manx Care</p> <p>4. Risk ID 875: Lack of system integration OHR/LeAD/GTS - Joiners, Movers, Leavers</p>	<p>3. Integrated People Data Management and Reporting System</p> <p>1. Manual/Limited Data Capture</p> <p>2. Data Quality Oversight Group</p> <p>3. Digital Function of Finance, Performance and Delivery Directorate now a signatory to ne BC where systems sought to be purchased/replaced that BI/Data/Mi requirements are considered</p> <p>4. Data Warehouse</p> <p>5. Core Dataset Project</p> <p>6. People Committee</p> <p>7. Mandate 24-25 (People KPI's)</p>	Miriam Heppel	<p>2. Engagemnet with System Suppliers to provide back end access to data</p> <p>3. New System purchase/replacements will require consideration of Data/Mi requirements</p> <p>5. Core Dataset Project handed over to Manx Care, Governance is overseen by Digital & Informaticcs Committee</p> <p>5. Development of People Dataset/Dashboard under BI</p>	<p>1. Insufficient interoperability between current People IT systems, hindering seamless data sharing and integration.</p> <p>2. Limitations in current data management capabilities to enforce comprehensive data quality and validation checks.</p> <p>3. Delay in modernisation of People IT infrastructure due to system ownership, budgetary constraints or contractual restrictions</p> <p>5. Limited backend access by BI into People Systems</p>	<p>1. Lack of access to timely validated management information, which is crucial for informed decision-making and strategic planning</p> <p>1. Lack of real-time monitoring tools to continuously assess data quality and system performance</p> <p>2. Inadequate feedback mechanisms for end-users to report issues with data access or quality, delaying resolution</p> <p>2. Insufficient training and awareness among managers/staff regarding the importance of data integrity and secure reporting practices</p> <p>5. Lack of access to timely validated management information, which is crucial for informed decision-making and strategic planning</p> <p>7. Challenges in data quality, capture, staff training, reporting, and system access impede accurate People KPI reporting for Mandate 24-25.</p>	R
<p>Failure to deliver due to a lack of corporate control over professional development and HR matters including processes, management tools, policy, leadership development which impacts negatively on productivity</p> <p>Lack of Corporate Control in HR and Professional Development: Impact on Productivity</p> <p>Risk of operational inefficiencies and failures impacting patient care quality and safety, due to inadequate resource allocation, process inefficiencies, non-compliance with healthcare standards, and gaps in leadership and professional development</p> <p>Mitigating Reputation and Partnership Risks from ET Claims and Employee Relations Issues</p> <p>Risk ID: 801 Increasing Employment Tribunal Claims Impacting Organisational Integrity</p>	<p>4. Mitigating Reputation and Partnership Risks from ET Claims and Employee Relations Issues</p> <p>1. Policy Frameworks: policies, including whistleblowing, Fairness at Work, and Raising Concerns/Grievance procedures.</p> <p>2. BP/Advisory Team & Staff Welfare Support</p> <p>3. Legal Support</p> <p>4. Partnership Forum & Workforce Culture Team</p> <p>5. Integrity Line: Establishment of clear channels, such as the integrity line, for employees to report concerns without fear of retaliation</p> <p>6. Management Training</p> <p>7. People Committee</p>	Miriam Heppel	<p>1. Policy Utilisation and Feedback: Evidence of the effective application of policies and positive feedback from staff on their experiences with reporting and resolution processes.</p> <p>3. Legal Advisory Success: Instances where access to legal advice has preemptively addressed potential employee relations issues, preventing escalation</p> <p>4. Advisory and Support Structures: Functionality and responsiveness of BP/advisory teams and staff welfare support mechanisms in addressing staff concerns</p> <p>5. Engagement in Partnership Forum: Active participation and collaborative problem-solving within the partnership forum, contributing to a culture of open dialogue and mutual respect</p>	<p>1. Incidents Leading to ET Claims: Cases where despite controls, issues have escalated to Employment Tribunal (ET) claims, indicating potential weaknesses in current preventive measures</p> <p>1. Feedback on Policy Effectiveness: Feedback from staff indicating areas where policies may not be fully effective or are inconsistently applied</p> <p>1. Access to Policies: Not all staff can access policy procedures</p> <p>2. Systematic Monitoring and Review: Insufficient mechanisms for the systematic review and monitoring of the effectiveness of existing policies and the BP/advisory team's interventions</p> <p>6. Preventive Training and Awareness: Lack of comprehensive training for managers and staff on navigating the policies and procedures designed to prevent ET claims and manage employee relations proactively</p>	<p>1. Data on Policy Impact and ET Claims: Limited availability of comprehensive data to assess the impact of policies on reducing ET claims and improving employee relations.</p> <p>1. No single policy document repository accessible by all staff</p> <p>4. Evaluation of Partnership Working: Lack of regular, structured evaluation of the effectiveness of partnership working in fostering positive employee relations and preventing conflicts</p>	R

	<p>5. Enhancing HR Controls to Prevent Recruitment and Compliance Risk</p> <p>1. Recruitment Policy & Procedures 2. Manager Training and Awareness Programs 3. HR Advisory Services 4. People Committee</p>	<p>Miriam Heppel</p>	<p>1. Monitoring and Reporting: Regular monitoring of recruitment processes and reporting on compliance with DBS and other recruitment check requirements, ensuring that policies are correctly implemented and followed</p> <p>1. Policy Compliance Reviews: Conducting periodic reviews to ensure compliance with recruitment check policies, identifying and addressing gaps in understanding or application among managers.</p> <p>2. Feedback Mechanisms: Establishing feedback loops from managers and staff to continually assess and improve the clarity and effectiveness of policies and training programs.</p>	<p>2. Lack of Comprehensive Manager Training: Identifying gaps in current training programs, particularly in educating managers about the criticality of correct level checks and the nuances of conditional appointments.</p> <p>2. Policy Clarity and Accessibility: Recognising areas where policies may not be sufficiently clear or accessible to all managers and staff, leading to misunderstandings about DBS checks and recruitment requirements</p> <p>3. Instances of Recruitment Delays: Tracking and analyzing instances where incorrect requests for checks or misunderstandings about DBS requirements have led to recruitment delays or compliance breaches.</p> <p>3. Retention of Unsuitable Candidates: Identifying cases where the lack of clear policy or understanding has resulted in unsuitable candidates being appointed or remaining in post</p>	<p>1. Assurance on Policy Effectiveness: The need for more robust mechanisms to assure the board that the policies and training are effectively reducing the risk of appointing or retaining unsuitable candidates and that recruitment checks are consistently applied.</p> <p>2. Evaluation of Manager Understanding: A gap in regular, systematic evaluation of manager understanding and compliance with recruitment check policies and DBS requirements, which could inform targeted improvements.</p> <p>3. Limited HR/BCP availability to assist managers</p> <p>4. People IT System's functionality to record DBS check, run out etc.</p> <p>5. Lack of accurate Data/MI to inform decision making</p>	<p>R</p>
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MANX CARE: BOARD ASSURANCE FRAMEWORK

4 Major incident	Which of the 2024-25 objectives may be impacted:		Overall risk owner:	Amendment date:	May-23	Mar '23: L x I	16	
			Oliver Radford	Committee scrutiny:	FPC Comm	April '23: L x I	16	
				TARGET: L X I	6	June '23: L x I	16	
	1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	16	July '23: L x I	16
	2 Service user feedback drives improvement.	x	8 Continuous improvement.		June '22: L x I	16	Sept'23 LxI	16
	3 Transforming health & social care delivery.		9 Workforce engagement and development.	x	Aug '22: L x I	16	Oct-23	16
	4 Corporate, clinical and social care governance.		10 Primary Care at scale.	x	Oct '22: L x I	16	Nov-23	16
	5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	16	Dec-23	16
6 Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	16	Feb-24	16	

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

MANX CARE: BOARD ASSURANCE FRAMEWORK

5 Loss of stakeholder support & confidence		Overall risk owner:	Amendment date:	Apr-23	May '23: L x I	4 x 4 = 16	
		Teresa Cope	Committee scrutiny:	Board	July '23: L x I	4 x 4 = 16	
Which of the 2024-25 objectives may be impacted:		TARGET: L X I		3 x 2 = 6	September L x I	4 x 4 = 16	
1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	4 x 4 = 16	October	4x4=16
2 Service user feedback drives improvement.	x	8 Continuous improvement.	x	June '22: L x I	4 x 4 = 16	November	4x4=16
3 Transforming health & social care delivery.	x	9 Workforce engagement and development.		Sep '22: L x I	4x4 = 16	December	4x4=16
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	4x4 = 16		
5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	4x4 = 16		
6 Financial balance.		12 Environmental sustainability contribution.	x	Feb '23: L x I	4x4 = 16		
				Apr '23 L x I	3x4 =12		
Related operational risks:	Main Controls 1-7	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG	
<p>Inability to effectively deliver mental health services across the Island due to recruitment challenges and lack of partnership funding for Thrive model; in adults recruitment challenges and develop early intervention strategies.</p> <p>Delays and funding challenges identified which may compromise single electronic Manx Care patient record.</p> <p>Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention.</p> <p>Recruitment and retention of GPs and other clinicians and care workers.</p> <p>Actions taken to create clinically sustainable high quality services require redesign of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care. This may lead to a perception of a run-down of on-island Manx Care with a normalising of off-island care.</p> <p>Non-compliance with CQC regulatory framework which Manx care seeks.</p> <p>Inability to deliver all the required ICO compliance regulations and requirements.</p>	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 & Tera Cope	<p>Required Outcomes Framework (23/24) approved by Board in March 2023.</p> <p>Chair meets regularly with the Minister.</p> <p>CEO meets regularly with DHSC CEO.</p> <p>The four Principals meet together monthly.</p> <p>Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly)</p> <p>Mandate assurance meetings (monthly)</p> <p>Positive political engagement in NED recruitment process.</p> <p>Performance & Accountability Framework agreed and aligned to Single Oversight Framework.</p> <p>Board to Board meetings established.</p> <p>Funding position for 2023/24 have been presented to Council of Ministers.</p> <p>Financial plan for 24/25 prepared and signed-off by the Board and submitted to DHSC.</p> <p>Regular Board to Board schedule in place monthly/quarterly.</p> <p>2 weekly Exec to Exec meetings in place.</p> <p>DHSC Oversight group: Terms of reference approved and minutes to be shared with the FPC Committee.</p>	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	<p>CEO engaging positively with the H & S at Work Inspectorate regarding ionising radiation compliance.</p> <p>Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC.</p> <p>Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board.</p> <p>Medical Director completed formalising of engagement with the Coroner calendar in Q2 '22.</p> <p>CEO and Chief Constable formalised an MoU on parallel investigations in place since Q2 '22.</p> <p>Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub now in place in Pilot form.</p> <p>Monthly meetings with ICO.</p> <p>Monthly meetings with Attorney General's Office.</p> <p>Effective engagement with CQC via DHSC.</p> <p>Monthly IGAB and bi-monthly D&I Committee reviews all IT/IG and digital issues.</p>	Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has an aim for compliance by March '24 (as stated IGAB on 04/05/22).	Manx Care CEO is now a formal member of the Island's extended Chief Officers Group, involvement limited to attendance for specific items by invitation. Deferment notice agreed with the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded. Pay awards have been rejected by a number of Unions.	A	
	3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.	Teresa Cope	<p>Chair & CEO meet Principals in Transformation to discuss governance and progress.</p> <p>Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers.</p> <p>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.</p> <p>Regular meetings with shared services take place with the contracting team recognising that the CQC was critical of the quality of number of shared service arrangements provided to Manx Care and those agreements require urgent review.</p> <p>Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements.</p> <p>Agreement for Transformation project to transfer to DHSC to align with Manx Care requirements.</p>	<p>Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment.</p> <p>Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform.</p> <p>Transformation leadership not yet routinely reporting in person to the Manx Care Board.</p> <p>Likely to create financial risk to ManxCare regarding shared services.</p>	Manx Care CEO is not a formal member of the Island's <i>Chief Officers Group</i> , involvement limited to attendance for specific items by invitation. Manx Care to appoint HR Director funded by Manx Govt. following Grant Thornton review.	A	

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

6 Failure to achieve financial sustainability.	Overall risk owner:	Amendment date:	Oct-22	Committee scrutiny:	FPC Comm		
	Jackie Lawless	Committee scrutiny:	FPC Comm	Mar '22: L x I	12	Mar-24	20
Which of the 2023-24 objectives may be impacted:		TARGET: L X I	9	June '23: L x I	12		
1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	Residual Score	July '23: L x I	
2 Service user feedback drives improvement.		8 Continuous improvement	x	June '22: L x I	25	Sep-23	
3 Transforming health & social care delivery.	x	9 Workforce engagement a	x	Aug '22: L x I	25	Oct-23	
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	12	Nov-23	
5 Transform urgent and emergency care.	x	11 Early interventions.	x	Dec '22: L x I	12	Dec-23	
6 Financial balance.	x	12 Environmental sustainabi	x	Feb '23: L x I	12	Feb-24	

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

6. Addressing future funding requirements	Jackie Lawless	<p>The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years.</p> <p>Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes.</p> <p>Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the correct funding baseline for Manx Care's core activities</p>	<p>Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested</p> <p>The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed</p>	<p>Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding.</p> <p>Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.</p> <p>The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment</p>	A
7. Improving internal financial governance mechanisms	Jackie Lawless	<p>Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting</p> <p>Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care</p> <p>Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis</p> <p>Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning.</p> <p>Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure</p> <p>Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues.</p> <p>Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks</p> <p>Business Case Review Group established to provide effective review and challenge of business cases before approving for funding</p> <p>Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures</p> <p>Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations</p> <p>Full Internal Audit review of Financial Controls reported in March 24</p>	<p>CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m</p> <p>Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders</p> <p>Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations</p>	<p>Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen.</p> <p>The outcome of CQC inspections is likely to generate significant funding pressures not already identified</p> <p>Further education and deepening relationships with finance are required to ensure adequate visibility of risks</p>	A

MANX CARE: BOARD ASSURANCE FRAMEWORK

Failure to implement robust Information Governance across Manx Care	Overall risk owner: Simon Collins	Amendment date: Committee scrutiny:	Jan-24 RMC, D&I Committee	
Which of the 2023-24 objectives may be impacted:		TARGET: L x I	3 x 4 = 12	
1 Covid-19 response.	7 Reducing waiting times.	May '22: L x I	5 x 4 = 20	
2 Service user feedback drives improvement.	8 Continuous improvement.	Oct '22: L x I	5 x 4 = 20	
3 Transforming health & social care delivery.	9 Workforce engagement and development.	Jul '23: L x I	5 x 4 = 20	
4 Corporate, clinical and social care governance.	10 Primary Care at scale.	Oct '23: L x I	5 x 3 = 15	
5 Transform urgent and emergency care.	11 Early interventions.	Jan '24: L x I	5 x 3 = 15	
6 Financial balance.	12 Environmental sustainability contribution.	Jun '24: L x I		

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

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

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

Vaccination Programme Update
 The Spring Covid Booster Programme commenced on the 15th April and is open to individuals aged 75 and over, residents in care homes for older adults and people aged six months and over who are immunosuppressed. Individuals eligible for a vaccine will be provided with an appointment date and time via email or letter. To date over 5000 people have received their vaccines, including those who have elected to have a Covid booster across all care homes and individuals unable to leave their own home.

TT Planning
 TT 2024 presents the greatest challenge to our hospital services, particularly ED, Ambulance Service, Orthopaedics and Theatres throughout the year and is 25 days away from the date of today’s board meeting! Planning has been underway for several months and the first and second Manx Care planning meetings have taken place to assess the state of readiness across all departments.

Update on Summerhill View Development
 The new build Summerhill view care home has been handed over to the DHSC/Manx care and part of the home will be utilised as a vaccination hub in the interim period (until July 2024). The commissioning team continue to work on the procurement process and have successfully completed the competitive dialogue stage with interested providers.

OHR have provided opportunities for staff to discuss their concerns and have held two sessions at the home for staff to date. Staff have been guaranteed re-deployment in the future as appropriate.

CAMHS Business Case Approval
 Manx Care has secured £3,403,340 over 3 years to aid the transformation of the existing system and range of services available for children and young people with emotional wellbeing and mental health needs.

Operation Athena
 In Manx Care's ongoing commitment to Emergency Preparedness, Resilience, and Response (EPRR), a hybrid Major Incident Exercise named Exercise Athena was conducted on 24th April.

Exercise Athena was the largest Major Incident Exercise conducted on the Isle of Man to date, involving nearly 200 participants from Manx Care, other Isle of Man Government Departments, and external agencies.

Women’s Health Strategy Event

Manx Care hosted a Women’s Health Strategy even on the 19th April with a huge range of topics discussed including menopause, mental health, frailty, breast services, sexual health, gynaecological conditions, fertility, maternity and pregnancy loss, as well as plans for the Women’s Health Strategy on the Isle of Man.

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

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	<input type="checkbox"/>	
Others (pls specify)	<input type="checkbox"/>	
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	No	
Financial (revenue & capital)	No	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

Section 1: PURPOSE AND INTRODUCTION

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 APRIL is attached at Appendix 1.

Section 2: COVID AND VACCINATION PROGRAM UPDATE

Executive Lead: Executive Director of Health Services

Vaccination Program Update

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

The Eastern based vaccine programme has also temporarily relocated to the Summerhill View Care Home which is currently vacant whilst a provider to run the facility is appointed – the decision to relocate was due to concerns around the suitability of the Chester St Vaccine Hub from a building/infrastructure point of view. The Summerhill View Hub will be operating two day per week, with pop up clinics operating in the west, south and north for a further two days per week. Community based vaccinations, delivered to care home residents as well as those people who are housebound will continue as normal.

The Spring Covid Booster Programme commenced on the 15th April and is open to individuals aged 75 and over, residents in care homes for older adults and people aged six months and over who are immunosuppressed. Individuals eligible for a vaccine will be provided with an appointment date and time via email or letter. To date over 5000 people have received their vaccines, including those who have elected to have a Covid booster across all care homes and individuals unable to leave their own home.

Publication of the Covid Review

The Independent Isle of Man Covid Review report was published in early January and makes 31 recommendations including a number of specific recommendations for Health and Care. Isle of Man Government has established a central programme to support a coordinated response to the recommendations made in the Review. The Executive Director of Health Services will be the Senior Responsible Officer (SRO) for Manx Care coordinating the organisations response to the review.

A high level pan-government assessment of recommendations has been formulated and released and a general debate took place during the April sitting of Tynwald, with 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. Other actions include reinforcing support to care homes and learning disability community houses around pandemic preparedness, clarity in the role boundaries of the Infection Control Team and Public Health and the implementation of a Single Care Record for Manx Care. Detailed action planning has now commenced in conjunction with DHSC colleagues.

Section 3: HEALTH SERVICES

Executive Lead: Executive Director of Health Services

TT Planning

TT 2024 presents the greatest challenge to our hospital services, particularly ED, Ambulance Service, Orthopaedics and Theatres throughout the year and is 25 days away from the date of today's board meeting! Planning has been underway for several months and the first and second Manx Care planning meetings have taken place to assess the state of readiness across all departments. All departments are indicating a good state of readiness given the time of year with some final locum posts to fill which will support the additional workload, however this is not yet causing concern. Our stakeholders at Aintree Major Trauma Centre and Walton Centre for Neurosciences have also been engaged and not reporting any concerns. A formal TT Operational Plan will be signed off at the last TT planning meeting which is on the 15th May and will be the key document drawing together all department's resilience plans as well as guidance on incident management.

The Command and Control system that has been in place for TT 2022 and 2023 will be replicated for TT 2024 however more responsibility will be provided to our 'Tactical Commanders' (those on the Senior Manager On Call rota) in order to build their resilience and knowledge as part of raising the awareness of Emergency Preparedness, Resilience and Response (EPRR) agenda. This will further be strengthened through a multi-agency Major Incident Exercise 'Operation Athena' which took place in late April. Although the incident is not motorsport related, it provided an opportunity for those in a command position to test their knowledge should a major incident be declared at any time of the year and has resulted in several updates being made to the Manx Care Major Incident Response Plan, which has recently been completely rewritten.

TT 2024 sees a significant change in the organisation of the TT event in that the majority of the contractual relationships will be directly between contracted providers and the race organiser, ACU (Events) Ltd. This change has resulted in a significant extension of the existing contract for the Manx Roadracing Medical Services (MRMS) and ACU (Events). Whilst MRMS has provided trackside medical services since TT 2016, no formal document has existed between Noble's Hospital and MRMS however a formal Memorandum of Understanding is currently being developed to clearly delineate the role of MRMS and the Isle of Man Ambulance Service during racing and non-racing incidents, requirements around provision of information to ED teams receiving patients as well as provision of equipment, consumables etc and mutual aid.

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 been handed over to the DHSC/Manx care and part of the home will be utilised as a vaccination hub in the interim period (until July 2024). The commissioning team continue to work on the procurement process and have successfully completed the competitive dialogue stage with interested providers. The formal ITT stage has now commenced. Staff residents and relatives have been kept up to date with developments 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. OHR have provided opportunities for staff to discuss their concerns and have held two sessions at the home for staff to date. Further updates will be provided as we progress with the work. Staff have been guaranteed re deployment in the future as appropriate.

CAMHS Business Case Approval

Manx Care has secured £3,403,340 over 3 years to aid the transformation of the existing system and range of services available for children and young people with emotional wellbeing and mental health needs. The Integrated Mental Health Service will transform the delivery of mental health services for children, young people and families through the iThrive framework which is an integrated, person centred and needs led approach to delivering mental health services based on five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.



The new model will:

- Focus on prevention and early intervention
- Improve access to community based support
- Create capacity with shared care agreements in Primary Care
- Bring together education & Mental Health Services

The development of this model will result in an improvement in access to appropriate mental health support which will aim to stop the progression of mental wellbeing problems so that they do not become more severe, thereby enhancing the wellbeing of children and young people and lessening demand on specialist and higher cost services. The investment also includes a specific Restoration and Recovery Programme for CAMHS to reduce existing waiting lists to enable service provision to be realigned and the new approach to be embedded.

A detailed Implementation Plan for the investment has been prepared and this will be overseen by the Manx Care Transformation and Mandate Oversight meeting.

Section 5: STRATEGY, PARTNERSHIP AND INTEGRATION

Executive Lead: All Executives

Operation Athena

In Manx Care's ongoing commitment to Emergency Preparedness, Resilience, and Response (EPRR), a hybrid Major Incident Exercise named Exercise Athena was conducted on 24th April. To optimise commanders' understanding of responsibilities, familiarisation with new incident response plans, and awareness of the legislative framework within which we operate, a series of training sessions were held prior to this exercise.

Exercise Athena was the largest Major Incident Exercise conducted on the Isle of Man to date, involving nearly 200 participants from Manx Care, other Isle of Man Government Departments, and external agencies. Participants worked collaboratively, establishing their individual command and control structures, adhering to JESIP principles, and utilising their local plans and action cards. Communication occurred via phone, Teams, radios, 'runners', or in person briefings.

The exercise utilised the EMERGO system and incorporated elements of simulation (live play), and Table Top discussions. The scenario involved an explosion releasing a highly toxic chemical, resulting in multiple casualties of various types and necessitating strong consideration of public, patient, and employee safety due to potential chemical exposure risks.

The primary objective was to test key elements of Manx Care's newly developed EPRR incident framework to ensure it works in synergy with the Isle of Man Government (IOMG) incident response plan. This framework includes Manx Care's 2024 'Incident Response Plan', 19 new 'local service Major Incident Plans', and a Manx Care-wide Business Continuity Framework, which can be activated during incidents to reduce operations in non-critical areas and facilitate staff redeployment to overwhelmed or depleted areas.

Feedback on the exercise both internally and externally to Manx Care was overwhelmingly positive. The next steps involve developing a comprehensive report to identify key lessons and outline an action plan to integrate these learnings.

Women's Health Strategy Event

Manx Care hosted a Women's Health Strategy event on the 19th April with a huge range of topics discussed including menopause, mental health, frailty, breast services, sexual health, gynaecological conditions, fertility, maternity and pregnancy loss, as well as plans for the Women's Health Strategy on the Isle of Man. The conference welcomed a number of guest speakers, including Kate Lancaster (CEO of the Royal College of Obstetricians and Gynaecologists, and Non-Executive Director for Manx Care), Professor Dame Lesley Regan (Women's Health Ambassador and Professor of Obstetrics and Gynaecology at Imperial College, London), Professor Marion Bain (The Women's Health Plan, Scottish Government), and colleagues from across Manx Care services.

Ambassador for Isle of Man Women's Health, Lady Lorimer MBE, introduced the first speakers, recognising that the conference demonstrated the importance of having a service where we hear, understand and listen to women. As the Island prepares its Women's Health Strategy for the years ahead, attendees were briefed by Professor Marion Bain on Scotland's Women's Health Plan, discussing their approaches to improving health outcomes for women, and how the Isle of Man can align with this.

Other talks included those from Professor Dame Lesley Regan (regarding health challenges for women, and the importance of innovation), Mrs Michele Moroney (whose presentation prioritised menopause as a major aspect of the Women's Health Strategy), and Dr Ben Harman-Jones (regarding perinatal mental health, and collaboration across services), amongst others.

Key takeaways from the conference included the importance of education, joint working, and listening to patients/service users. This was a great opportunity for professionals to come together, learn more about areas they may be less well acquainted with, and start on our journey towards an effective Women's Health Strategy for the Island.

Section 6: COMMUNICATIONS AND ENGAGEMENT

Executive Lead: Chief Executive

The Chief Executive and Vice Chair met with the Chairs from a number of third sector organisations to consider the position of the relevant organisations moving into 24/25 and consider joint challenges and opportunities. Manx Care Mandate for 24/25 has been shared with the group and there is agreement to meet on a quarterly basis moving forward.

- We organised Manx Care's attendance at the Island's Graduate Fair – Manx Care had a stall and were represented on the discussion panel. This created new collateral to generate more interest in applying to work with Manx Care.
- Supported Social Care with the two-day visit of Fatima Whitbread (advocating for children in care/care leavers/on the edge of care) – meetings with Kerry Sharpe MLC, Teresa Cope, Fostering Team, Children and Families Team, a foster carer, NSC team, keynote speaker at Edge of Care conference, and media interviews alongside Julie Gibney and St Christopher's charity.
- We are working with Workforce and Culture team to plan work streams and how Comms fits in with their plans.
- Planning Annual Public Meeting/Open Day (to be held at Mountain View Innovation Centre on 09 July) – save the dates have been sent, care groups have been invited to have a stall, and content is being gathered for displays that we will prepare in a consistent format – key successes/unique aspects of each service area.
- Planning for TT is underway – press releases prepared regarding what Manx Care is putting in place and a reminder to organise proper insurance cover. The signposting campaign also being refreshed to include colleagues' faces – at final approval stage before going to print.

Manx Care appeared on Manx Radio on different programmes discussing various topics including the CEO's perspective and, together with Synaptik, on R&2. More programmes are scheduled in the upcoming months including 24 hrs in ED, Air Ambulance, etc. Additionally Manx Care are now part of the panel for the morning shows on Radio TT along with the IOM constabulary.

MEDICINE, URGENT AND EMERGENCY AND ISLE OF MAN AMBULANCE SERVICE

- The Ambulatory Assessment and Treatment Unit (AATU) opened on 2 April 2024, it is temporarily located in PPU until such time as permanent home is available. At present it is operating 4 chairs and facilitating admission avoidance and early discharge. The AATU is currently seeing approximately 40-50 patients per week. Work on the second phase of AATU pathways (the service opened with 10 condition pathways in place) has begun in order to identify and address current unmet need; we will introduce pathways to address the conditions we are most frequently asked to treat and for which we do not yet have the ability to fulfil.
- The Emergency Department has refurbished and reinstated a Children's Waiting Room area (this had been repurposed to accommodate suspected Covid-positive patients) and a Children's room has been created within the department. This was done in conjunction with a charity partner and the ED staff have worked very hard to ensure the spaces are appropriate and welcoming.
- A stakeholder meeting was held to discuss the provision of out of hours urgent care (in accordance with the instruction from DHSC in the 2024 – 2025 Mandate to Manx Care). A paper setting out the outcomes of the discussion will be provided shortly.
- Cardiology, Gastroenterology and Respiratory services have been reviewing patients currently held on their respective waiting lists (or 'hold lists') to ascertain the length of time reviews take and the outcomes of the reviews to better inform the R&R 3 proposals.
- Feedback has been provided with respect to the restructuring proposals and the associated consultation.

INTEGRATED WOMEN, CHILDREN AND FAMILIES SERVICE

- Spotlight on Women's Health event was extremely successful. We will now move forward to establish Women's Health Working Groups
- In May we are launching dedicated Pessary Clinics. These will initially operate once a month and release will release capacity within our General Gynae Clinics.
- Gynae Ambulatory Care Business Case is due to go back to BCRG in June.
- We are in early discussions with DHSC to review the eligibility criteria for IVF, ensuring it aligns to the Island Strategy Plan
- On the 1st May we are marking Maternal Mental Health week and will be holding an information stall in foyer of Nobles Hospital promote the Perinatal Mental Health Referral team
- We are in the process of developing Mother and Baby Community Groups around the island, the groups will be led by the Maternal Mental Health Liaison team who will support and signpost mothers accordingly
- Our Children's Community Nursing team are scheduled to meet with ED to look at pathways on how the Children's Community Nursing Team can assist to support parents after attendance and to stop repeated admissions
- We are due to review and relaunch the role of our nurse who specialises in anaphylaxis and allergies
- Families' hub which was piloted in Ramsey has proved to be a huge success, this blueprint is now going to be piloted in the south of the island. This is in response to staffing challenges and adopting the 0-19 Public Health model

SURGERY, THEATRES, CRITICAL CARE AND ANAESTHETICS

Ophthalmology: The visiting cataract service is increasing daily productivity to 25 procedures per list from June 2024.

Air Ambulance: Training planned on "on de-escalation training, BLS, Mental health. Lead is having AL before TT.

Service is ready for TT having staffed service with newly established substantive staffing model enabling 1-person on call to enable 2 practitioner transfers.

Outpatients: AHP pathway being planned for deliver in July to support increase to Glaucoma pathway

Ophthalmology: 2nd Ophthalmology consultant starting in June 2024 brining the department to a fully recruited position.

Outpatients: Clinical Admin improvement plan stating 2nd week in May with fact finding for implementation of improvements to being post TT2024

Endoscopy: delivering WLI in May to recover Urology waiting times for patients on surveillance pathways.

Live Systems: The latest version of Careflow has improved processes for digital referral triage and outpatient outcomes. A paper being developed proposing the adoption of new functionality.

INTEGRATED PRIMARY AND COMMUNITY CARE, AND THERAPIES

- Unforeseen delays with dental software solution for community dental services – pushed back to installation in June 2024. Training on the new system is taking place at the end of May. Both dental practices will need to close for a few days whilst the new system is put in place. This will be well communicated and managed similar to the GP Education days/GP closures.
- Pilot for General Dental Service Providers to assist with emergency appointments Monday to Friday daytime continues.
- HM inspectorate of Prisons will reassess past actions taken by HM Inspectorate in Prison Healthcare the first week in May
- After successfully recruiting 6 Band 6 Community Nurses, the Community Nursing Service will now have a sufficient number of caseload holders
- The Independent Living Centre are going to work on a more efficient appointments system rather than drop-in which will allow for better use of the centre.
- Acute Therapies team is being split into 2 teams (Scheduled Care & Unscheduled Care – Unscheduled Team Lead being advertised for recruitment
- Active work on recruitment for OTs and dietitians continues. PT interviews for rotation post taking place shortly.
- SLT are working on providing dysphagia training to various groups which will include some income generation.

INTEGRATED DIAGNOSTICS AND CANCER SERVICES

- Cancer Services have now commenced proactive review of patients who have been on a Cancer pathway for 100+ days. These reviews and validation work will support the expedition of patient care and proactively improve our Cancer Waiting Times.
- Limited ward pharmacy services for coming weeks due to ongoing vacancies + annual leave. Pick up (ie no medicines reconciliation) service to wards 2,4,6,7,8,9; charts to pharmacy 11,12,PPU, ward presence AMU + Manannan Court, pharmacist visit to 3 + ITU. Discharge pharmacist in place.
- Improvement on radiology waiting list and reporting turnaround times
- Haematology Pre-Assessment visit – some minor findings Consultant due to start in mid-August – trying to find office, User manual being updated, No SLA for main reference lab – working with Marc Jubb's team to resolve
- BT MHRA mock assessment – action plan from report in progress – awaiting dates for pre-inspection between now and Aug
- Histopathology Scanners now with NHS Framework, expecting the final documents to generate a PO on Friday 19th/Mon 22nd, both main suppliers expect to expedite delivery by end of May so verification could start mid-June after installation.
- Consultant Histopathologist interviews due early May – awaiting confirmation from College Rep and Lay person
- Chemistry shortlisting for current vacancy – 3 possible candidates with reasonable short listing scores
- Seeking JD's for Consultant Clinical Scientist (lack of clinical cover will be a finding when Chemistry have their pre-assessment visit)

INTEGRATED MENTAL HEALTH SERVICES

- The CAMHS transformation business case has been approved. Work underway in collaboration with the commissioning and contracts team to realise the strategic ambitions of establishing a single point of access service which will include access to psychological therapies and a team dedicated to specialist mental health and wellbeing provision in schools.
- The Acute Inpatient Service have recruited x2 nursing clinical leads. The creation of these roles significantly increases the clinical and professional leadership capacity within the service area, this being an explicit recommendation by the CQC.
- Emergency Joint Control Room mental health first contact practitioner pilot commenced on the 22/04. This 6 month pilot co-produced by IMHS, Ambulance Service and the IOM constabulary will evaluate the impact of dedicated Mental Health provision within the ESJCR.
- Mental Health Urgent and Emergency Care business case nearing completion. This proposal seeks to create a dedicated Mental Health Liaison Service, increase capacity of the CRHTT and develop a community based crisis hub all of which are consistent with the existing suicide strategy.

SOCIAL CARE SERVICES

Adult Social Care

- The Invitation to tender for the selection of a provider at Summerhill View closes 2nd May. Work continues on the delivery of the final furniture & equipment along with the long term decommissioning process for Reayrt Ny Baie.

Adult Social Work

- Staff recruitment and retention across the four adult community social work teams is gradually improving and sickness levels are reducing.
- The Adult Safeguarding Team has appointed a permanent team manager following a lengthy period with interim arrangements, therefore providing stability.

Children & Families

- A streetwise initiative will be taking place on Douglas Promenade during TT to support and safeguard children out in the community during events.
- Improvement Plan continues to work through the OFSTED actions.
- A number of free travel passes have been secured for care leavers.

Health Safeguarding

- Oliver Magowan training on Learning Disability and Autism is now available to all staff via E-Learning. The training supports the commitment and responsibilities of Manx Care staff to ensure equality of opportunity and the acceptance of differences for the service users who access our care.

CONTRACTING, COMMISSIONING AND PARTNERSHIPS

- Learning about Primary Care contracting and the issues within that field continuing with Pharmacy coming into view also.
- Following success of CAMHS business case, work on setting up the associated contracts is ramping up with aim to be engaging formally with the market by the end of May.
- The Team continue to work on implementation of the Contract Management Framework, first report to F, P & C this month.

DIGITAL, DATA AND PERFORMANCE

- Manx Care Record business case workshops with Apira and KPMG continue
- New Instant Messaging Policy drafted and going through approvals
- In support of DSPT submission enhanced GDPR and DP training is being scheduled for senior leaders across Manx Care
- Appointment letters via IOM Post Office pilot for ophthalmology has been successful and is now being extended to Trauma and Ortho
- Expansion of SMS reminders - testing underway and ophthalmology pilot planned, ICO supportive subject to compliance requirements
- Implementation of IT asset and configuration management system
- RIS/PACS project continues
- Exploration of Patient Engagement Platforms (letters, email, SMS, appointments etc.)
- Paediatric early warning scoring and improved auto-escalation rules in Patienttrack & Smartpage development ongoing
- Improved format IPR to go live for reporting this month (April performance).
- Draft indicative activity and finance Annual Plans for 2024/25 being produced to enable productivity and activity throughput to be monitored at a Point of Delivery (PoD) and Specialty level in year as part of Performance Reviews.
- Collation of 2023/24 activity and performance figures and supporting narrative for inclusion in the 2023/24 Annual Report.
- Change of focus from reviewing and validating those waiting for First Outpatient appointments to the Follow Up appointment waiting lists to support the management of patient safety concerns raised by clinicians and senior management.

COMMUNICATIONS

- Organised Manx Care attendance at Island's Graduate Fair – stall and representation on the discussion panel. Created new collateral to generate more interest in applying to work with Manx Care.
- Supported appearances on Manx Radio to discuss various topics. More programmes scheduled including morning show on Radio TT along with IOM constabulary.
- Supported Fatima Whitbread and Social Care with visit (advocating for children in care/care leavers/on the edge of care) – meetings with Kerry Sharpe MLC, Teresa Cope, Fostering Team, Children & Families, a foster carer, NSC team, keynote speaker at Edge of Care conference, & interviews alongside Julie Gibney & St Christopher's.
- Working with Workforce & Culture to plan work streams & how Comms fits in.
- Planning Annual Public Meeting/Open Day (to be held at Mountain View Innovation Centre on 09 July) – save the dates have been sent, care groups have been invited to have a stall, and content is being gathered for displays that we will prepare in a consistent format – key successes/unique aspects of each service area.
- Planning for TT underway – press releases prepared regarding what Manx Care is putting in place, & reminder to organise insurance. Signposting campaign also being refreshed to include colleagues' faces – at final approval stage before going to print.

ESTATES AND INFRASTRUCTURE

- Refurbishment works to the former Finch Hill GP surgery will commence later this month. This will provide a facility for clinics from Nobles to relocate to and free up much needed clinical space at Nobles.
- Refurbishment of areas within RDCH to provide much some needed additional administrative space with the intention that a number of these spaces will become bookable. Work to provide and a virtual clinic space within the former dental room has also now commenced.
- Areas within the new Summerhill View Residential Home facility are successfully being utilised to deliver the spring vaccination programme.
- Good progress continues to be made on a number of health & safety related work streams with continually improvement in engagement from staff. Development and implementation of an acknowledged Health & Safety Management model as recognised by external organisations is ongoing.
- Some statistics from the portering team for information. Throughout March, the Porters completed **2,305** reactive tasks over 31 days (Average 74 per day). This is reactive work, so these are tasks requested on top of the planned work already carried out by the portering team or requested that do not come through Smartpage. 95% of the jobs were responded to within 5 minutes.

CEO UPDATES

- The Spotlight on Women's Health Event took place on 19 April 2024
- The Edge of Care Conference took place on 17 April, hosting Fatima Whitbread as the keynote speaker
- The Safeguarding Board Annual report for the year ended 31 March 2023 has gone before Tynwald
- Operation Athena, a multi-agency Emergency Planning Exercise took place on 25 April 2024.

COMMITTEE CHAIR’S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality, Safety & Engagement Committee
Meeting Date:	30 April 2024
Chair/Report Author:	Dr Wendy Reid

<p>KEY ITEMS DISCUSSED AT THE MEETING</p> <p>Your Committee received updates on the following matters:</p> <ul style="list-style-type: none"> • Board Assurance Framework, risks 1a and 1b • Inspections – CQC, Offender Healthcare Improvement Plan • Integrated Performance Report (March 2024) • Report from the Operational Clinical Quality Group • SI Report March 2024 • Cancer Outcomes • CMCA Feedback • Day Services • Consent • Medicines Management • Pressure Ulcer Prevention Action Plan Update
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TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)			
Issue	Committee concern	Action required	Timescale
CQC Implementation	There is concern around the implementation of the action plan in the context of the absence of Regulation of Care Act and the danger of expending substantial money and resource on something which may not add any value in terms of quality and safety.	Discussion deferred from private Board on 15 April (in the absence of PM) to next Board meeting in public on 9 May 2024.	May
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care – no change to overall rating since last review. 1b – Failure to Provide Safe Social Care – no change to overall rating since last review.	For noting.	
Inspections – CQC Action Plan	Report No 8 was presented to the Committee, providing an update in respect of Medicines Management, End of Life Care, Governance, Human Resources, Estates, Person Centred Care, Safeguarding, Information Governance & BI and Improving Organisational Culture. See escalation above.	For noting.	
Offender Healthcare Improvement Plan	Nearly all actions have been completed in advance of the re-inspection by HMIP.		
Integrated Performance Report	The March IPR was presented to the Committee and OR provided an update in	For noting	

	respect of waiting lists – a written report will be brought to the next QSE meeting.		
Report from the Operational Clinical Quality Group	Now new concerns reported.	For noting	
SI Report	Three completed SI investigations were submitted to SIRG and at the end of the reporting month, there were 11 active SIs on the tracker. A 10% reduction in the number of SIs for the year ended 31 March 2024 was reported. Clinical engagement continues to be very good.	For noting	
Cancer Outcomes	The Committee received an update from the Care Group. The new Cancer Information Reporting and Live Systems Officer is now in place and will be dedicated support for cancer data, analysis and reporting, to both identify areas of operational improvement in respect of patient delays and provision of current, meaningful and clear cancer information for the public.	For noting	
CMCA Feedback	The Committee received a paper providing feedback from the CMCA roadshow in late 2023. An action log has been drawn up and implementation is underway.	For noting	
Day Services	The Committee received a presentation from ALDS Day Services following the recent external review. This identified key aims and progress to date and detailed the new ALDS Day Services pathway. Progress is being made however capacity continues to be a challenge.	For noting	
Consent	The Committee received the results of the audit completed on 1 March 2024 which	For noting	

	<p>indicated an improvement across all standards since December 2023. Continuing issues are:</p> <ul style="list-style-type: none"> • original consent forms from the clinic are not being brought to the operation meaning that new form is completed on the day. • Several consent forms audited listed risks but not benefits 		
Medicines Management	<p>The Committee received an assurance report on the misuse or medication in the wake of recent court cases. Manx Care has relevant medicines policies in place, with some degree of assurance of compliance but this is limited by lack of ePMA, pharmacy staffing resource (funded posts and vacancies) and the robust IT to support review of compliance to these policies.</p>	For noting	
Pressure Ulcer Prevention	<p>The Committee received an update on the recommendations outlined in a report dated 2023 which indicated an apparent increase in incidence. Significant progress has been made in respect of the action plan and the renewed focus on PU prevention measures across the organisation has been beneficial in accelerating collaborative work with respect to data assurance and equipment provision.</p>	For noting	

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Dates:	09.05.24

Meeting:	Manx Care Board Meeting in Public
Report Title:	Care Quality Commission (CQC) Action Plan Update Report No.8 for March 2024
Authors:	Head of Care, Quality and Safety / Head of Risk and Compliance / Care Quality Commission and Compliance Executive Officer
Accountable Director:	Deputy Chief Executive Officer, Executive Director of Nursing and Governance

	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
Other meetings presented to or previously agreed at:	• Operational Clinical Quality Group	09.04.24	
	• Operational Care Quality Group	30.04.24	
	• Quality, Safety and Engagement Committee	30.04.24	

Summary of key points in report:

This report provides an update on progress of the implementation of the Action Plan arising from the Care Quality Commission (CQC) reviews of Manx Care services.

The report captures progress for all actions due up to the end of March 2024 and is the eighth update report following on from those submitted since August 2023.

Recommendation for the Board to consider:

Consider for Action Approval Assurance Information

We kindly request the Manx Care Board to thoroughly review the contents of this report, consider the assurance provided and offer guidance on any additional actions required to address any slippage in the implementation of this plan.

1. PURPOSE

The purpose of this eighth report is to update the Manx Care Board on the progress and implementation of the Care Quality Commission (CQC) Action Plan and to highlight, by exception, elements of the Plan that are not on track or are at risk of not meeting target dates for implementation and to agree what additional steps or actions are required to enable progress.

This report also seeks to provide assurance on those actions that have been implemented and embedded across the organisation, whilst outlining the governance arrangements for monitoring performance and compliance.

2. CQC ACTION PLAN DASHBOARD

The CQC Action Plan Dashboard provides a high level summary of the status of the action plan using the following key:

Blue	Action embedded / fully implemented
Red	No Progress made or progress is not expected to be made due to barriers and / or the target date has not been achieved
Amber	Progress is being made towards completion of the action but there is risk the action will not complete within the deadline
Green	Action on track to complete in line with the completion date

Where there are estimated budgetary implications, work continues to explore and validate costs in greater detail with the relevant Care Group / subject matter expert.

The CQC Plan has been circulated to Care Group Triumvirates / Leadership teams and subject matter experts in order to allow for socialisation of the plans.

Actions are grouped into the following nine domains:

1. MEDICINES MANAGEMENT
2. END OF LIFE CARE
3. GOVERNANCE – OPERATIONAL LEADERSHIP AND OVERSIGHT
4. HUMAN RESOURCES, WORKFORCE and ORGANISATIONAL DEVELOPMENT
5. ESTATES
6. PERSON CENTRED CARE
7. SAFEGUARDING
8. INFORMATION, DATA SYSTEMS and BI
9. IMPROVING ORGANISATIONAL CULTURE

3. SUMMARY OF PROGRESS

Medicines Management

Objectives:

- Compliant Medicines Management processes
- Strengthen prescribing practices
- Minimise medicines related harm
- Medicines reconciliation during transition of care
- Improve education, training and audit processes

- The Medicines Policy is due to be completed in May.
- Medicines Storage audit is underway and due to be completed shortly.
- There is a lack of resource in Pharmacy to undertake audit.
- The Interim Medicines policy is in place and provides best practice guidance.
- A medicines reconciliation policy is under development.
- A review of NMP practices oversight in progress.
- Controlled Drug audits are being carried out.
- Training for nurses on T1 and T2 diabetes is being rolled out
- A medicines administration skill station has been developed.

51%
Actions Complete
23 out of 45

End of Life Care

Objectives:

- Develop End of Life Care strategy and pathways
- Provide care without boundaries in line with national/local guidelines
- Improve access to palliative care services
- Enhance communication and coordination among care teams, patients, and families.
- Provide staff education and training on end of life care principles.
- Evaluate and improve care processes based on feedback.

- The SLA with Hospice is near completion.
- A governance framework is under development.
- Baseline performance indicators are yet to be determined.
- Relevant Hospice training modules are going to be put onto e-Learn Vannin.
- Development of KPIs in progress.
- There are plans to develop an audit to measure consistency of care.

15%
Actions Complete
2 out of 13

Governance

Objectives:

- Enhance governance structures for accountability and transparency
- Improve reliability and statistical process control of quality metrics
- Develop risk management processes
- Foster continuous learning through audit, review, and feedback
- Involve patients, families, and staff in quality improvement initiatives

- Patient referrals are centrally monitored via Medway.
- Hazard reporting has been added to Incident Reporting forms on Datix.
- An audit plan is in development for GP practices.
- A board risk appetite workshop is to be concluded.
- The business case for PolicyStat was rejected. Alternative solutions are being explored.
- An assessment of National clinical audits has been completed, but requires further clinical input regarding participation.
- Adult Social Care have established a rolling programme of audit.

72%
Actions Complete
33 out of 46

Human Resources

Objectives:

- Maintain updated workforce models based on acuity & dependency analyses.
- Ensure frontline workforce is adequately staffed and skilled.
- Focus on substantive recruitment to reduce agency dependency.
- Align mandatory training with primary clinical risks and ensure completion rates meet Board requirements.
- Provide ongoing education and training to enhance staff knowledge and skills.
- Foster positive work environment promoting collaboration and innovation.
- Establish mechanisms for staff engagement, recognition, and feedback to improve retention and well-being.

- Many outstanding actions in this domain rely on third parties.
- Additional funding is needed for certain actions within this domain.
- All care groups are monitoring mandatory training compliance as per current guidelines.
- The DBS policy is close to finalisation.
- Adult Social Care are providing staff with dementia awareness training for people with a learning disability.
- Mental Capacity training is now available on e-Learn Vannin.
- Care groups are developing different succession planning opportunities.
- A list of core mandatory training subjects is being developed.
- A full suite of Nursing competencies is under development.

56%
Actions Complete
27 out of 48

Estates

Objectives:

- Ensure safe, clean, and dignified care facilities.
- Appoint competent Health & Safety Officer for safety management improvements.
- Conduct hazard analysis to identify and control risks.
- Implement independent Health & Safety audits.
- Maintain clinical/medical device asset register and ensure maintenance.
- Report lifecycle replacement program for clinical equipment to the Board.
- Assess backlog maintenance needed for clinical estate compliance.

- Additional funding is needed for certain actions within this domain.
- Many actions in this domain remain outstanding due to their reliance on third parties.
- An organisational COSHH policy is near completion.
- An SOP for standardised cleaning has been written.
- The H&S advisor has established that audits of H&S audits are to be undertaken once a year as per guidelines.
- Housekeeping staff are being provided with COSHH training.
- Acquiring assurance from contractors poses a significant challenge for Manx Care.

35%
Actions Complete
10 out of 29

Person-Centred Care

Objectives:

- Embed outcome-focused person-centred care across all Manx Care services.
- Transition to care approach with service users as active participants.
- Improve provision of understandable information for tailored care.
- Promote effective communication and engagement for trust and satisfaction.
- Measure end-user satisfaction through surveys.
- Conduct 'In your Shoes' events to capture patient feedback and improve care.
- Appoint a Dementia/Delirium lead nurse to enhance clinical practices.

- Additional funding is needed for certain actions within this domain.
- Waiting times are now to be displayed in the radiology waiting areas.
- Reduction of waiting lists for CT and MRI scan are dependent on the Restoration and Recovery Programme.
- Call stratification from Ambulances to the ED is ongoing, but all calls will continue to be directed due to capacity risks.
- A COSHH cupboard has been put into the diabetes centre to ensure safe storage of cleaning products.
- The DHSC are responsible for advancing access to fully funded advocacy service.
- Manx Care's ability to acquire assurance form contractors represents a significant challenge.
- There are gaps in legislation surrounding the use of amalgam separators.
- A business case has been submitted to extend the provision of respite services for children with disabilities.

50%
Actions Complete
23 out of 46

Safeguarding

Objectives:

- Develop and implement robust safeguarding policies and procedures for vulnerable people.
- Implement requirements for Mental Capacity Assessment and Deprivation of Liberty safeguards to be introduced.
- Provide staff with education and training on safeguarding.
- Establish effective mechanisms for identifying and managing risks to vulnerable people.
- Contribute to Multi-Agency Safeguarding Hub collaboration.
- Monitor and report safeguarding outcomes for transparency and improvement.

- The Emergency Department (ED) are looking to develop an anti-ligature waiting room.
- Guidance has been issued to ED staff regarding children leaving before being seen.
- Safeguarding practitioners are attending GP meetings to provide supervision.
- Manx Care's ability to acquire assurance form contractors represents a significant challenge.
- Compliance rate for Level 1, 2, and 3 safeguarding training below 80% for most care groups.
- The redeveloped Reablement service has been launched.

52%
Actions Complete
12 out of 23

Information Governance & BI

Objectives:

- Establish programme to integrate record management systems for improved data management.
- Simplify and rationalise clinical record systems to ensure security and integration.

- Additional funding is needed for certain actions within this domain.
- Many actions in this domain remain outstanding due to their reliance on third parties.
- A review of DSAs is being undertaken to ensure they are all in place where necessary.
- Business case for new CAD system advancing to treasury.
- Ambulance Service progressing MoUs and governance arrangements with partners.

0%
Actions Complete
0 out of 5

Improving Organisational Culture

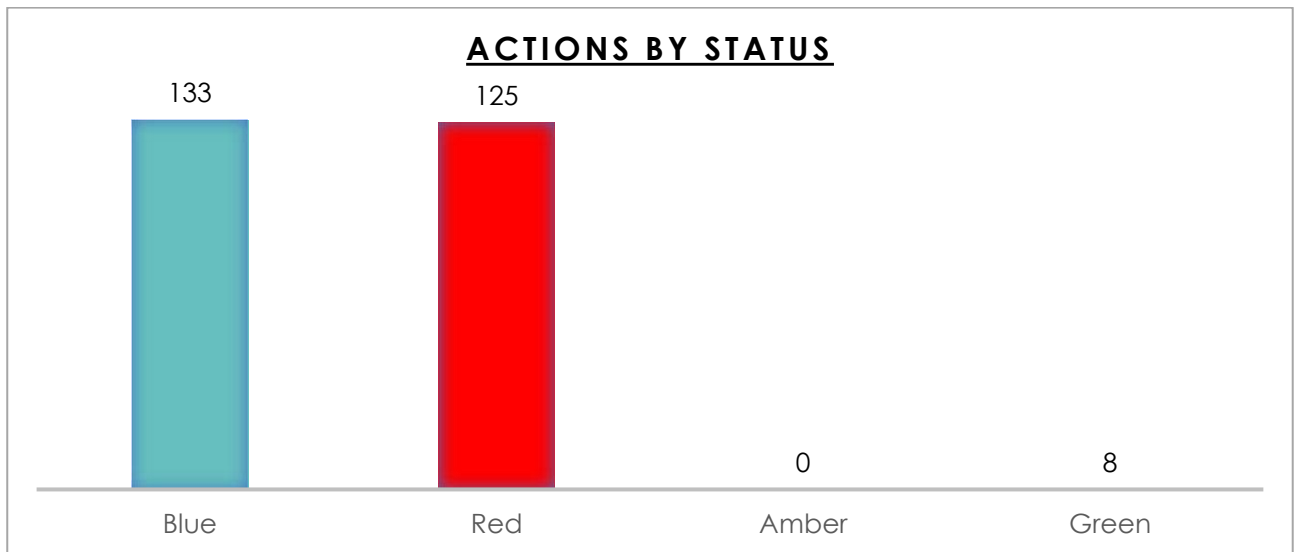
Objectives:

- Foster culture of quality, safety, and continuous improvement.
- Develop leadership programs for managers and leaders.
- Encourage innovation and creativity among staff.
- Promote culture of accountability and responsibility.
- Foster collaborative multi-disciplinary teamwork.

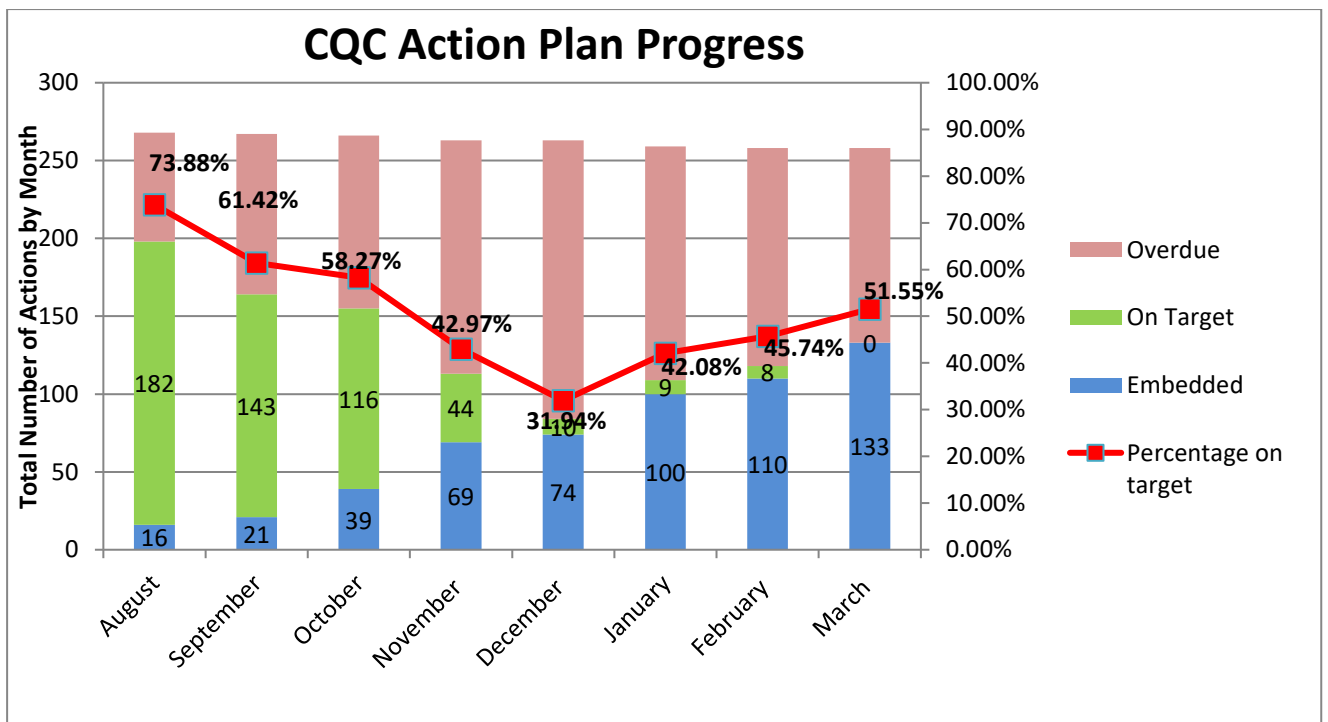
- All actions in this domain are complete, and will be subject to continuous improvement.
- Social Care Services have developed and are actively implementing a programme promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people in Adult Social Care.
- A workforce and culture strategy has been developed and is being implemented.
- A comprehensive workforce and culture improvement plan is being implemented in Adult Social Care.

100%
Actions Complete
3 out of 3

Overall progress of the **258** actions in the action plan is as follows:



The following demonstrates changes to the action status when comparing from August 2023 to March 2024:



Action progress since introduction of the Steering Group:

STATUS	AUG 23	SEPT 23	OCT 23	NOV 23	DEC 23	JAN 24	FEB 24	MAR 24
Blue	16	21	39	69	74	100	110	133
Red	34	46	24	33	27	149	140	125
Amber	36	57	87	117	152	1	0	0
Green	182	143	116	44	10	8	8	0

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date: 9/5/2024
		Enclosure Number:

Meeting:	Manx Care Board						
Report Title:	Ofsted Update						
Authors:	Tim O'Neill						
Accountable Director:	Tim O'Neill						
Other meetings presented to or previously agreed at:	<table border="1"> <thead> <tr> <th>Committee</th> <th>Date Reviewed</th> <th>Key Points/ Recommendation from that Committee</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Committee	Date Reviewed	Key Points/ Recommendation from that Committee			
Committee	Date Reviewed	Key Points/ Recommendation from that Committee					

Summary of key points in report

The OFSTED Action Plan continues to progress, although not at the pace that was initially aimed for. Traction was lost during the period of transition from the original Action Plan and the development of the Improvement Board and subsequent work streams. However, colleagues and partners will continue to work with the Improvement Board and the wider partnership to support the further development and delivery of the Plan. The Action Plan does require further work to ensure clarity and simplicity of approach.

There have been four Improvement Board meetings to date, with the next scheduled on 16 May 2024.

The lack of administrative support in respect of exploitation has now been rectified. Trackers and monitoring are now completed and progress continues to be mapped.

As anticipated, some of the actions in the Plan are outside of the direct scope of Manx Care and will be progressed through the Improvement Board. One critical development around exploitation is being developed and progressed in conjunction with the Safeguarding Board, Children's Services and partners.

The members of the Board have agreed that having a representative from Children and Adolescent Mental Health Services (CAMHS) is appropriate, and that is in progress.

Recommendation for the Committee to consider			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)	No	
Impacts and Implications?	YES OR NO	If yes, what impact or implication
Patient Safety and Experience	<input checked="" type="checkbox"/>	Improvement to Children's Services

Financial (revenue & capital)	✓	Improvement Plan actions will come at an increased cost to Manx Care
OD/Workforce including H&S	✓	Short Breaks offering would require additional resource
Equality, Diversity & Inclusion	✓	The CSIB Action Plan recommends a more robust offering and support for care leavers. Care experience may be considered an equality issue.
Legal	✓	Implications for safeguarding compliance – legal and Mandated objection for Manx Care

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date:	09.05.24
		Enclosure Number:	

Meeting:	Manx Care Board Meeting		
Report Title:	Integrated Performance Report (IPR)		
Authors:	Performance and Business Intelligence Team		
Accountable Director:	Jackie Lawless, Director of Finance, Performance and Delivery		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	QSE and FP&C	30.04 24 and 02.05.24	

Summary of key points in report			
The IPR is Manx Care's monthly report on Key Performance Indicators (KPIs) for each service area. It is based on the performance standards outlined in Manx Care's Operating Plan, the DHSC's Mandate to Manx Care , and the government's 'Our Island Plan			
Recommendation for the Committee to consider			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>

Is this report relevant to compliance with any key standards? YES OR NO	State specific standard	
IG Governance Toolkit	<input type="checkbox"/>	<input type="checkbox"/>
Others (pls specify)	<input type="checkbox"/>	<input type="checkbox"/>
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	<input type="checkbox"/>	
Financial (revenue & capital)	<input type="checkbox"/>	
OD/Workforce including H&S	<input type="checkbox"/>	
Equality, Diversity & Inclusion	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	

Integrated Performance Report

Mar-24

Version: Final v1.0



Author: Performance and Business Intelligence Team
Contact: Alistair Huckstep - Head of Performance & Improvement
Executive: Jackie Lawless

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Introduction - 1

Integrated Performance Report (IPR) development

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

The development of the IPR is an iterative process which will continue over the course of 2023/24. The Performance 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.




• Key Performance Indicators (KPIs)

A revised and improved version of the Integrated Performance Report (IPR) is being developed for the 2024/25 service year. The new look report will reflect the updated schedule of Mandate and Operating Plan KPIs, contain progress updates for each of the Mandate objectives, and the new format of the report will make it easier to discern the performance of each care group as a separate service area by having the reporting for all KPIs relating to a given care group shown within a single section of the report.

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 develop an automated dataset for each area has continued into 2023/24.

As each new dataset is developed, new reporting will replace the current reporting and eventually ManxCare will have a fully automated report. 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:

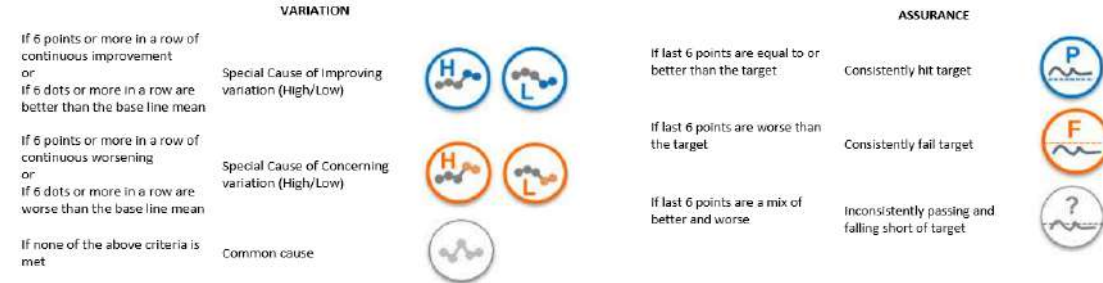
-  Data automated and validated.
-  Data collated manually or automated data still being validated by service area.
-  Data currently unavailable or validation in initial stages only

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 within the data used for operational and reporting purposes.

Statistical Process Control (SPC) Charts

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

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



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

Benchmarking

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

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

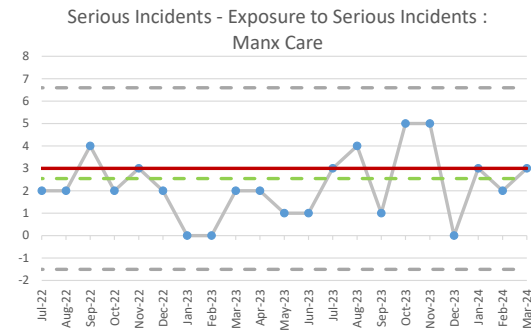
Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed. Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing,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

Executive Summary

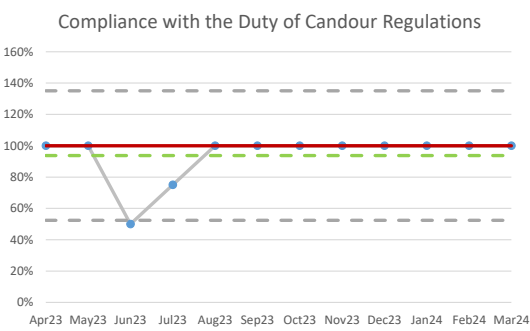
	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> 3 serious incidents in March, though the Year to Date (YTD) total of 30 remained within the annual threshold of < 36. 2 cases of C.Diff reported, though the YTD total of 29 remained within the annual threshold of <30. Only 1 Medication Error with Harm across Manx Care in March, and the YTD total of 4 was below the annual threshold of 25. Numbers of Falls that resulted in Harm remained 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%, and VTE risk assessment within 12 hours was 90%. There were no cases of MRSA but one case of Pseudomonas aeruginosa in March. 100% of letters were sent in accordance with Duty of Candour Regulations. There were 0 Never Events in March. 	<ul style="list-style-type: none"> 5 cases of E.coli bacteraemia. 48-72 hr senior medical review of antibiotic prescription remains below the 98% threshold at 83% in March from 85% in February.
Effective	<ul style="list-style-type: none"> 98% of Learning from Death reviews were completed within timescale with the target being exceeded for over 12 months now. The Crisis Team continue to meet the 1 hour response time threshold for Emergency Department referrals with 81% in March. Adult Social Care re-referral rates remain within expected levels. The reported number of individuals receiving copies of their Wellbeing Partnership assessments was 92% in March, with the average monthly achievement for the year at 87%. 	<ul style="list-style-type: none"> Access to surgical bed base continues to challenge theatre efficiency and utilisation. Consultant anaesthetic staffing and theatre staffing position remains a challenge. Induction of labour was slightly above the national standard (30%) at 33%. YTD Mean 33%. Complex Needs Reviews held on time increased 81.1% (YTD mean 58.6%) but remains slightly below the threshold of 85%.
Caring	<ul style="list-style-type: none"> Manx Care has consistently met gender appropriate accommodation standards during the year. MCALS is responding to a high proportion of queries within the same day (92%) Service user satisfaction remains high with 89% 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 March was 100%. 	<ul style="list-style-type: none"> 32 complaints were logged in March, but performance remained within the expected threshold for the year with 320 complaints against the annual threshold of 450.
Responsive	<ul style="list-style-type: none"> Inpatient and Daycase waiting list numbers and waiting times remain below the baseline levels, primarily as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialities. The 6 hour Average Total Time in Emergency Department standard continues to be achieved. Ambulance service for Category 2 - 5 response times remained within the standards. Mental Health caseloads remain within expected levels. Cancer 28 Day performance in March achieved the 75% threshold at 78.7%. 	<ul style="list-style-type: none"> The ED Performance against the 4 hour standard slightly increased to 70.2% in March but remained below the required target. Emergency care demand remains high (6% increase year on year) 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 43 12-Hour Trolley Waits, an increase from 34 last month. 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 23 breaches of the 60 minute ambulance turnaround time, though this was an improvement compared to 33 in February. The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in March for 1.5 days, the same as last month. Ambulance - Category 1 Response Time at 90th Percentile increased to 18:00 mins in March 2024.
Well Led (People)	<ul style="list-style-type: none"> Staff from across all areas of Manx Care continue to actively engage with the IG team for support across a range of topics including advice and guidance around data breaches, records management, data sharing, process change etc. The high levels of engagement which we see demonstrates the awareness staff across the organisation have about the importance of the correct treatment, storage and handling of data. 	<ul style="list-style-type: none"> The volume of requests for information, particularly Data Subject Access Requests remains high and presents a significant challenge for the Information Governance Team. Subject Access Requests can be complex and require significant resource in order to provide the records the data subject is entitled to, particularly where requests are large, for example whole of life and where engagement with Manx Care has been significant or complex. The processing of access requests in March was impacted by reduced staffing levels within the team. There were 20 Data Breaches in March. All breaches are fully investigated in order that Manx Care can identify 'lessons learned' and improve our processes going forward.
Well Led (Finance)	<ul style="list-style-type: none"> Progress towards Cost Improvement Target (CIP) was 131% in February. 	<ul style="list-style-type: none"> The operational result for February is an overspend of (£2.5m). The spend in the month was higher than expected and due to this being the second consecutive month of increased costs. The forecast has been updated to reflect the risk of this continuing into March. YTD employee costs are (£9.1m) over budget

Safe Performance Summary

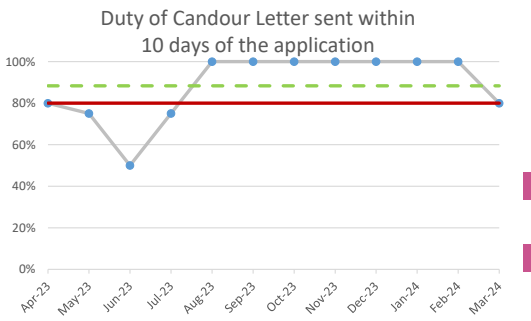
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Mar-24		3	3	30	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Mar-24		99%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	Mar-24		80%	88%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Mar-24		100%	99%	-	95%		
SA018		Compliance with the Duty of Candour Regulations	Mar-24		100%	94%	-	100%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Mar-24		98%	97%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Mar-24		90%	91%	-	95%			SA016		Hand Hygiene Compliance	Mar-24		99%	98%	-	96%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Mar-24		99%	98%	-	95%			SA017		48-72 hr review of antibiotic prescription complete	Mar-24		83%	81%	-	>= 98%		
SA005		Never Events	Mar-24		0	0	1	0			SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Mar-24		9	15	176	<= 17 (204 PA)		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Mar-24		0.2	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Mar-24		2	2	29	< 30 PA													
SA008		MRSA - Total number of acquired infections	Mar-24		0	0	1	0													
SA009		E-Coli - Total number of acquired infections	Mar-24		5	8	90	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Mar-24	-	3	2	20	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Mar-24	-	1	1	6	-													
SA012		Exposure to medication incidents resulting in harm	Mar-24		1	0	4	< 25 PA													



Reporting Date	Performance	Op. plan #
Mar-24	3	QC1
Threshold	YTD Mean	Benchmark
< 36 PA	3	2
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Mar-24	100%	QC112
Threshold	YTD Mean	Benchmark
100.0%	93.8%	93.8%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Mar-24	80%	QC112
Threshold	YTD Mean	Benchmark
80%	88.3%	88.33%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary

Serious Incidents:
3 Serious Incidents declared in March. One within M&UC, one for Surgical Care Group (Never Event reported last month and declared an SI at SIRG on 12 March 2024), and one for CMHSA.

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

- 100% compliance.

Never Events

- No never events were reported this month.

Planned / Mitigation Actions

Serious Incidents:

- Continued monitoring via SIRG

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

- Continue to monitor .

Never Events

- Continue to monitor via Datix and SIRG.

Assurance / Recovery Trajectory

Serious Incidents:

- Reasonably confident that the YTD target will be met.

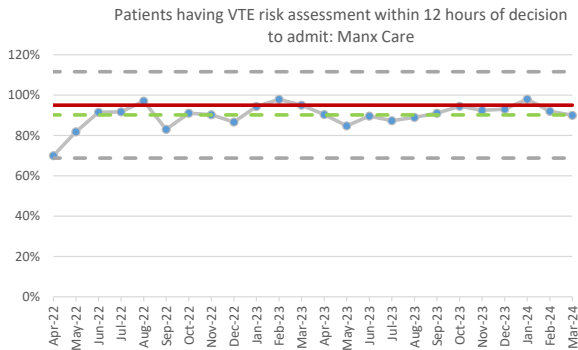
Letter has been sent in accordance with Duty of Candour Regulations:

- Performance remains strong.

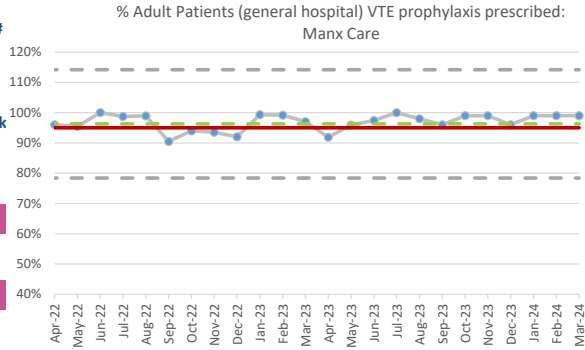
Never Events

- 1 never event this year.

Safe **Venous thromboembolism (VTE)** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**

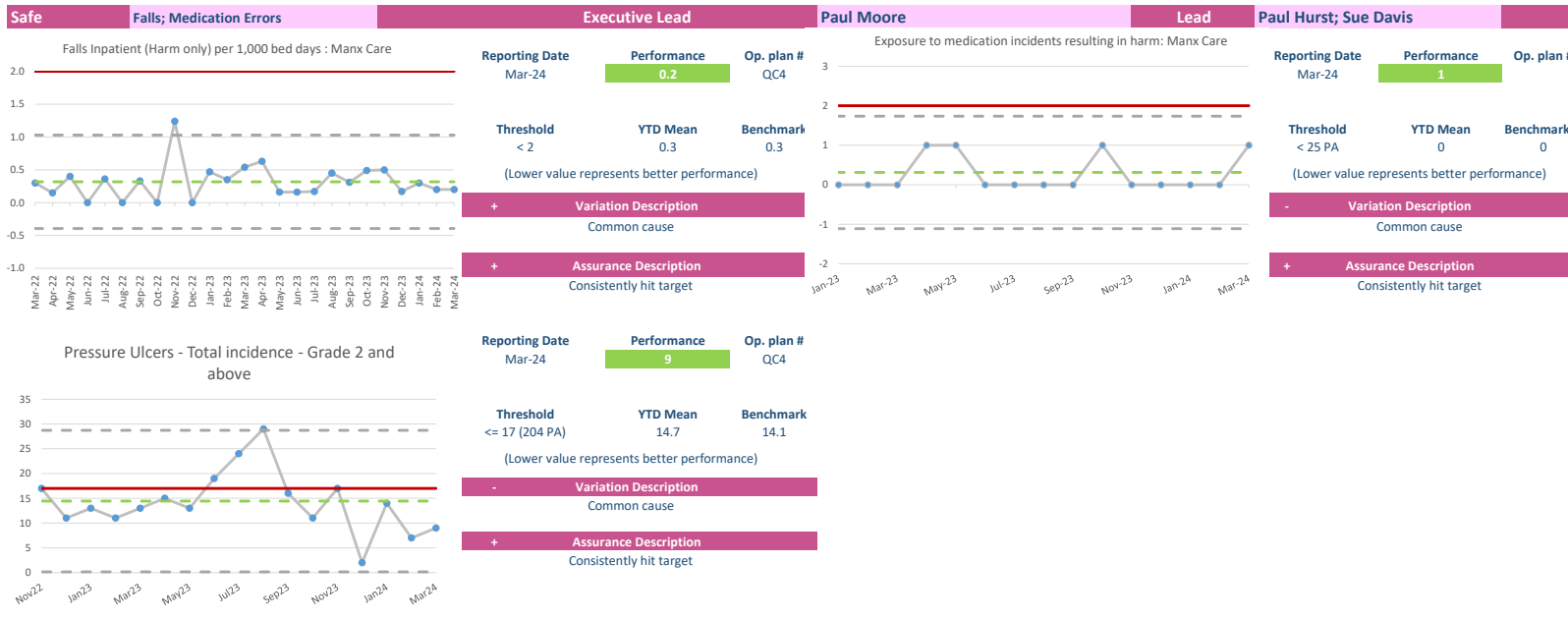


Reporting Date	Performance	Op. plan #
Mar-24	90.0%	QC113
Threshold	YTD Mean	Benchmark
95.0%	91.0%	89.2%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



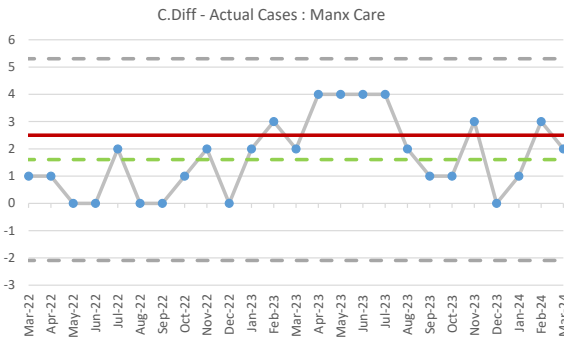
Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC114
Threshold	YTD Mean	Benchmark
95.0%	97.5%	96.2%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> 90% for March which is slightly down on last month (92%). <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> 99% of patients had prophylaxis treatment prescribed if this was appropriate. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> Wards that were under target this month included Ward 7 and CCU but, it should be noted that the small numbers had a significant impact on their percentages. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Continue to maintain compliance. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> We will continue to monitor progress to improve compliance. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> There is a high level of confidence as performance remains consistently positive. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

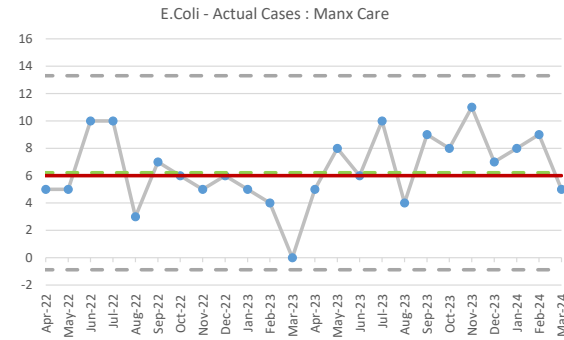


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Inpatient Health Service Falls (with harm) per 1000 occupied bed days:</p> <ul style="list-style-type: none"> 0.17 per 1000 bed days. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> 1 <p>The patient developed an embolism following the prescription of medication, which was managed as an out-patient. This incident is still being reviewed, the patient was made aware of the contributing factors, but duty of Candour was not triggered per the care group.</p> <p>Pressure Ulcer incidence:</p> <ul style="list-style-type: none"> 9 new pressure ulcers were recorded as new or having deteriorated under Manx Care services, 8 were new incidents whilst one had deteriorated. Of these, 2 incidents were category 3 or unstageable. Included was a category 3 ulcer acquired on ward 11 for which an RCA investigation will be required. The incident was reported by the onward care setting. The unstageable incident relates to an EOL patient admitted with existing category 2 pressure damage. The wound deteriorated despite preventative measures being actioned. The remaining 7 pressure incidents were category 2. 4 occurred in the patient's own home and 1 in an older person's residential home. A theme of patient non-concordance is evident although appropriate preventative measures, education and escalation was actioned by the DNs. The remaining 2 category 2 ulcers occurred on AMU and ward 9. Datix investigation was completed by ward lead on AMU; identified patient independent and advice re repositioning provided. Ward 9 incident awaiting Datix investigation by ward lead, however, note skin damage noted on transfer to hospice for EOL care. 	<p>Inpatient Health Service Falls (with harm) per 1000 occupied bed days:</p> <ul style="list-style-type: none"> All inpatient falls that occur, continue to be subject to a review. This is to ensure that a suitable risk assessment has been completed and that any mitigation needed has been put into place. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> A review of prescribing prophylaxis guidelines is being made to include a reminder that the dose of clexane may need to be adjusted to take in to account the patient's weight. <p>Pressure Ulcer incidence:</p> <ul style="list-style-type: none"> TV continue to investigate category 3 and above incidents to identify any care delivery/ education deficits. Ward leads to maintain oversight that risk assessments and care plans are completed within expected timeframes via patient-track. 	<p>Inpatient Health Service Falls (with harm) per 1000 occupied bed days:</p> <ul style="list-style-type: none"> This has consistently remained below target. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> Continued high vigilance and monitoring in this area to ensure that the numbers continue to remain low. <p>Pressure Ulcer incidence:</p> <ul style="list-style-type: none"> No significant change in pressure ulcer incidence in relation to previous month and similar distribution of incidents across organisational settings. Currently no established baseline to measure performance against, however, KPIs due to be introduced to address this.

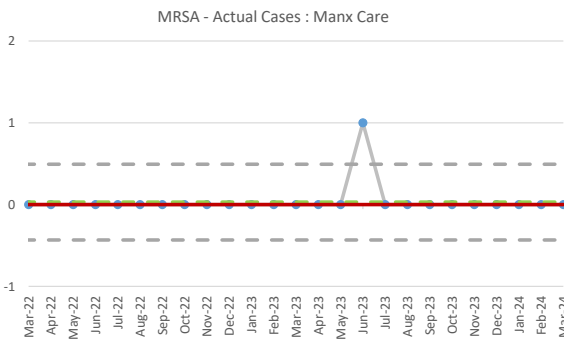
Safe **Infection Control** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Mar-24	2	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		



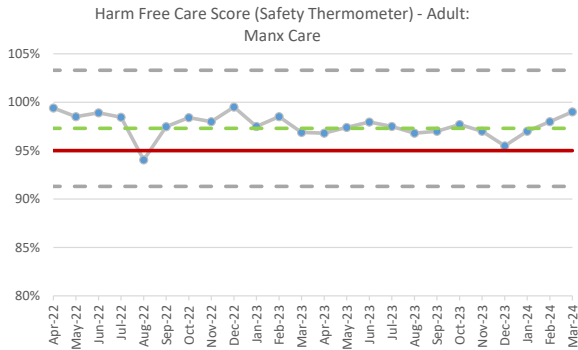
Reporting Date	Performance	Op. plan #
Mar-24	5	QC116
Threshold	YTD Mean	Benchmark
< 72 PA	8	6
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



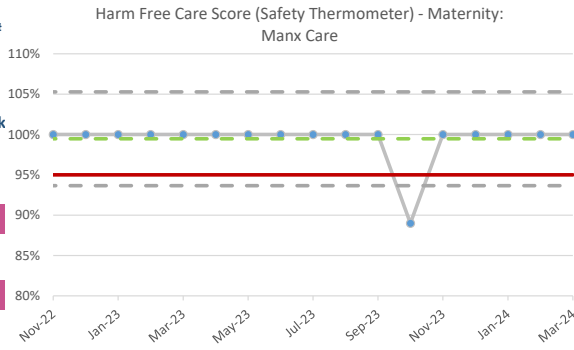
Reporting Date	Performance	Op. plan #
Mar-24	0	QC8
Threshold	YTD Mean	Benchmark
0	0	0
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>C.Diff:</p> <ul style="list-style-type: none"> There have been 2 cases this month. Potential causative factors include diverticulitis and increased alcohol intake. <p>E.Coli:</p> <ul style="list-style-type: none"> There have been 5 cases this month. All cases were community associated. Potential sources of infection are urine and biliary. There was one case with a urinary catheter in situ. <p>MRSA:</p> <ul style="list-style-type: none"> There have been no cases this month. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> There have been 1 case this month. Potential source of infection was urine. 	<p>C.Diff:</p> <ul style="list-style-type: none"> RCA'S are in the process of being completed. CDI action plan is making satisfactory progress. <p>E.Coli:</p> <ul style="list-style-type: none"> RCA'S are in the process of being completed with hospital associated cases. <p>MRSA:</p> <ul style="list-style-type: none"> To continue to undertake surveillance. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> To continue to undertake surveillance. 	<p>C.Diff:</p> <ul style="list-style-type: none"> CDI cases for the year was 29 which meets the target of >30. <p>E.Coli:</p> <ul style="list-style-type: none"> The number of cases are consistent with trends in the UK. <p>MRSA:</p> <ul style="list-style-type: none"> Reasonable confidence that levels will be maintained. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> Reasonable confidence that levels will remain low. There is no national threshold set. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

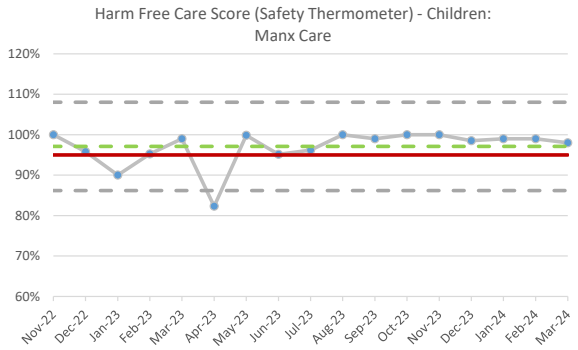
Safe | **Safety Thermometer** | **Executive Lead** | **Paul Moore** | **Lead** | **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC119
Threshold	YTD Mean	Benchmark
95.0%	97.3%	98.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



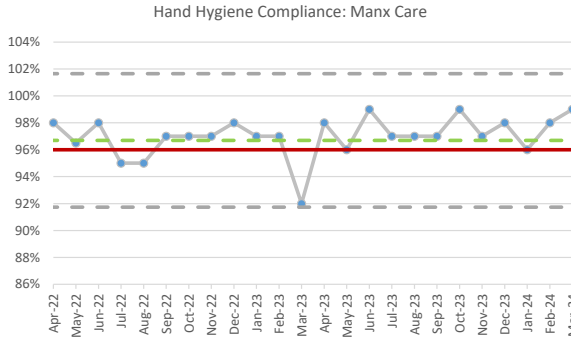
Reporting Date	Performance	Op. plan #
Mar-24	100.00%	QC120
Threshold	YTD Mean	Benchmark
95.0%	99.1%	100.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



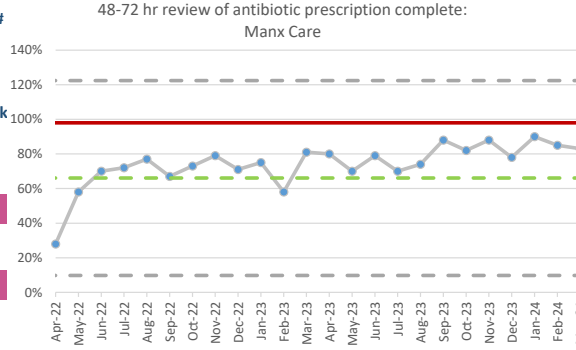
Reporting Date	Performance	Op. plan #
Mar-24	98.0%	QC121
Threshold	YTD Mean	Benchmark
95.0%	97.2%	95.8%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Adult:</p> <ul style="list-style-type: none"> 99% for March with a YTD average of 98%. <p>Maternity:</p> <ul style="list-style-type: none"> 100% for Maternity patients in March. <p>Children:</p> <ul style="list-style-type: none"> 98%. 	<p>Adult:</p> <ul style="list-style-type: none"> Continue to maintain compliance. <p>Maternity:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. <p>Children:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. 	<p>Adult:</p> <ul style="list-style-type: none"> High level of confidence that this level will be maintained. <p>Maternity:</p> <ul style="list-style-type: none"> Performance exceeds the target. <p>Children:</p> <ul style="list-style-type: none"> Performance exceeds the target. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

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



Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC112
Threshold	YTD Mean	Benchmark
96.0%	97.6%	96.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Mar-24	83.0%	QC123
Threshold	YTD Mean	Benchmark
>= 98%	80.6%	67.4%
(Higher value represents better performance)		
- Variation Description		
Special Cause of Improving variation (High)		
- Assurance Description		
Consistently fail target		

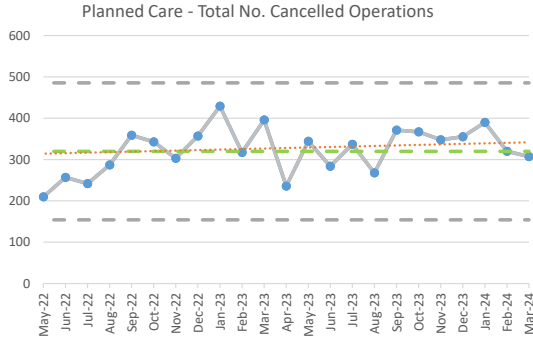
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Hand Hygiene:</p> <ul style="list-style-type: none"> Over all compliance in hand hygiene is 99% (Bare Below the Elbow - 99% and the Five Moments of Hand Hygiene – 98%) <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> 83% down from 85% 	<p>Hand Hygiene:</p> <ul style="list-style-type: none"> To continue to monitor audits results and provide additional training when needed. <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> Continue to monitor. 	<p>Hand Hygiene:</p> <ul style="list-style-type: none"> Reasonable confidence that levels will be maintained. <p>Review of Antibiotic Prescribing:</p> <ul style="list-style-type: none"> AMS ward rounds <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective Performance Summary (page 1 of 2)

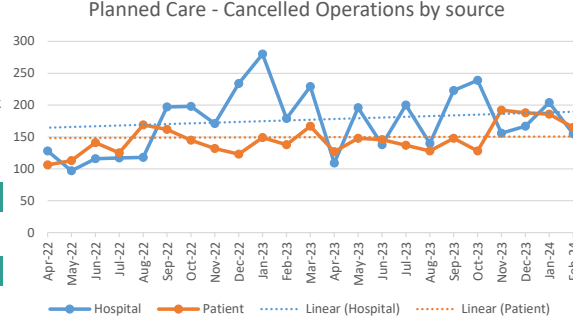
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Mar-24		15%	13%	-	5% by Apr '24			EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Mar-24	-	0	1	15	-		-
EF067		Planned Care - DNA Rate - Hospital	Mar-24		12.0%	-	-	5%			EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Mar-24	-	2	1	14	-		-
EF002		Planned Care - Total Number of Cancelled Operations	Mar-24		307	327	3927	-			EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Mar-24		94%	97%	-	90%		
EF087		Number of patients (inpatient only) with a length of stay of 0 days	Mar-24		744	880.8	-	-			EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Mar-24		100%	100%	-	75%		
EF088		Number of patients (inpatient only) with a length of stay > 7 days	Mar-24		197	219	-	-			EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Mar-24		50%	79%	-	75%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Mar-24	-	105	107	-	-			EF026		MH - Crisis Team one hour response to referral from ED	Mar-24		81%	89%	-	75%		
EF050		Total Number of Inpatient discharges-Nobles	Mar-24	-	880	928	11139	-			EF063		ASC - No. of referrals	Mar-24	-	105	77	918	-		-
EF051		Total Number of inpatient discharges-RDCH	Mar-24	-	22	37	448	-			EF015		ASC - % of Re-referrals	Mar-24		5%	4%	-	<15%		
EF003		Theatres - Number of Cancelled Operations	Mar-24		41	36	436	-			EF016		ASC - % of all Wellbeing Partnership Assessments completed in Agreed Timescales	Mar-24		31%	31%	-	80%		
EF004		Theatres - Theatre Utilisation	Mar-24		77%	77%	-	85%			EF017		ASC - % of individuals (or carers) receiving a copy of their Wellbeing Partnership Assessment	Mar-24		92%	87%	-	100%		
EF006		Crude Mortality Rate	Mar-24	-	22	23	271	-			EF052		Referrals to Adult Safeguarding Team	Mar-24	-	75	97	1165	-		-
EF007		Total Hospital Deaths	Mar-24	-	25	23	279	-			EF053		Adult Safeguarding Alert	Mar-24	-	44	57	689	-		-
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Mar-24		98%	97%	-	80%			EF054		Discharges from Adult Safeguarding Team	Mar-24	-	86	97	1164	-		-
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Mar-24		97%	96%	-	95%			EF055		Re-referrals to Adult Safeguarding Team	Mar-24	-	13	18	219	-		-
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Mar-24		-7.2%	5%	-	-5%			EF056		% MARFs Completed by Adult Safeguarding Team	Mar-24	-	100%	89%	-	-		-
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Mar-24		20%	8%	-	-10%			EF090		Number of discharges: Pre-10:00	Mar-24	-	120	124	620	-		-
EF010		IPCC - % Dental contractors on target to meet UDA's	Mar-24		50%	-	-	96%			EF091		Number of discharges: Pre-16:00	Mar-24	-	841	916	4578	-		-
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Mar-24	-	18	30	-	-			EF092		Number of discharges: Weekend	Mar-24	-	238	231	1156	-		-
EF064		MH - Number of patients with a length of stay - 0 days	Mar-24	-	1	1	10	-			EF093		Delayed transfers of care	Mar-24	-	12	18	88	-		-

Effective Performance Summary (page 2 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF049		C&F -Number of referrals - Children & Families	Mar-24		128	153	1835	-			EF038		Maternity - % Of Women Smoking At Time Of Delivery	Mar-24		4%	7%	-	< 18%		
EF019		CFSC - % Complex Needs Reviews held on time	Mar-24		81%	59%	-	85%			EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Mar-24		86%	69%	-	> 80%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Mar-24		67%	72%	-	90%			EF040		Maternity - Breast Feeding Rate At Transfer Home	Mar-24		86%	-	-	-		
EF022		CFSC - % Child Protection Reviews held on time	Mar-24		100%	72%	-	90%			EF041		Maternity - Number of Neonatal Mortality	Mar-24		0	0.1	-	-		
EF023		CFSC - % Looked After Children reviews held on time	Mar-24		95%	94%	-	90%			EF059		W&C - Paediatrics- Total Admissions	Mar-24		190	156	1561	-		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Mar-24		33%	82%	-	90%			EF060		W&C - NNU - Total number of Admissions	Mar-24		2	6	72	-		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Mar-24		89%	98%	-	90%			EF061		W&C - NNU - Avg. Length of Stay	Mar-24		23	10	95	-		
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Mar-24		27%	47%	-	79%			EF062		W&C - NNU -Community follow up	Mar-24		5	5	57	-		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Mar-24		38%	42%	-	-			EF068		Pharmacy - Total Prescriptions (No. of fees)	Jan-24		142,643	140,194	1,401,944	-		
EF031		Maternity - Induction of Labour	Mar-24		33%	33%	-	< 30%			EF069		Pharmacy - Chargeable Prescriptions	Jan-24		18,869	18,637	186,369	-		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Mar-24		0%	1%	-	< 3.5%			EF070		Pharmacy - Total Exempt Item	Jan-24		140,649	138,097	1,380,966	-		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Mar-24		1%	1%	-	< 2.6%			EF071		Pharmacy - Chargeable Items	Jan-24		18,427	18,424	184,239	-		
EF034		Maternity - Unplanned Term Admissions To NNU	Mar-24		2%	-	-	-			EF072		Pharmacy - Net cost	Jan-24		£1,368,851	£1,420,504	£14,205,038	-		
EF035		Maternity - Stillbirth Number / Rate	Mar-24		0	0.1	1.0	<4.4/1000			EF073		Pharmacy - Charges Collected	Jan-24		£71,367	£71,134	£711,343	-		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	Mar-24		0	-	-	-			EF081		IPCC - Dental - Additions	Mar-24		228	187	2,241	-		
EF037		Maternity - % Smoking At Booking	Mar-24		13%	10.2%	-	-			EF082		IPCC - Dental - Allocations	Mar-24		4	32	379	-		
											EF086		IPCC - Number of Sight Test	Feb-24		2763	2,210	24,312	-		
											EF074		Total Number of OP & Dementia Beds Available	Mar-24		195	195	-	-		
											EF075		Total Number of OP & Dementia Beds Occupied	Mar-24		138	113	-	-		
											EF076		Total Number of LD Beds Available	Mar-24		84	84	-	-		
											EF077		Total Number of LD Beds Occupied	Mar-24		67	69	-	-		



Reporting Date	Performance	Op. Plan #
Mar-24	307	QC157
Threshold	-	
YTD Mean	327	Benchmark
		311
(Lower value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24		
Threshold		
YTD Mean		Benchmark
+ Variation Description		
Assurance Description		

Issues / Performance Summary

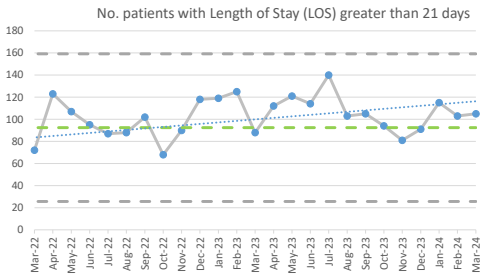
Cancelled Operations:
The number of cancelled operations in March was 307.

Planned / Mitigation Actions

Cancelled Operations:
The new Planned Care Dataset that is currently being developed by the Business Intelligence Team will enable more robust and detailed analysis of the factors contributing to cancellations. This will enable appropriate remedial actions to be identified and enacted.

Assurance / Recovery Trajectory

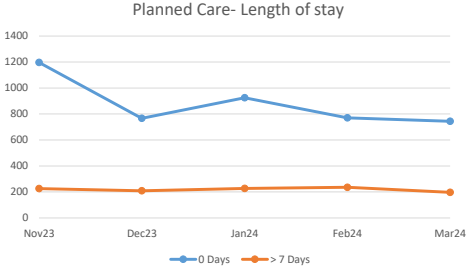
Note -
Benchmarks are the Manx Care monthly average for 2022/23.



Reporting Date	Performance	Op. Plan #
Mar-24	105	QC10c

Threshold	YTD Mean	Benchmark
-	107	101

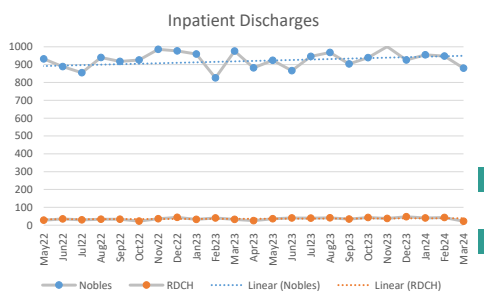
+ Variation Description
Common cause



Reporting Date	Performance	Op. Plan #
Mar-24	0 days: 744 > 7 days: 197	QC156

Threshold	YTD Mean	Benchmark
-	107	101

- Variation Description

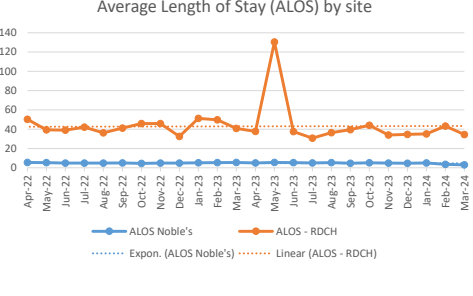


Reporting Date	Performance	Op. Plan #
Mar-24	Nobles: 880 RDCH: 22	

Threshold	YTD Mean	Benchmark
	Nobles: 928 RDCH: 37	916 33

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Jan-00	4.5 (ALOS Noble's) 1.7 (ALOS - RDCH)	QC156

Threshold	YTD Mean	Benchmark
	4.5 (ALOS Noble's) 1.7 (ALOS - RDCH)	4.5 (ALOS Noble's) 1.7 (ALOS - RDCH)

- Variation Description

Assurance Description

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. The March split for the metric is: No. discharged patients who had a LOS > 21 days = 57
No. patients still admitted with a LOS > 21 days = 48
- 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 880 discharges in March, slightly below the year to date average of 928.

Planned / Mitigation Actions

Length of Stay:

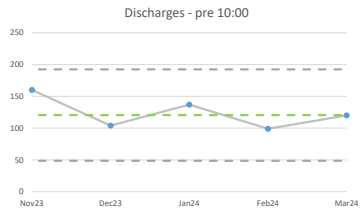
- Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.
- Spot purchasing of community beds
- Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme.
- Increasing throughput through Day Procedures Suite by using it to 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

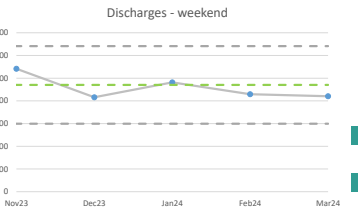
Length of Stay:

- 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 1.7 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.

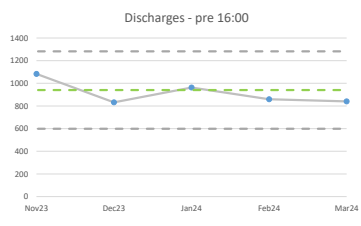
Note -
Benchmarks are the Manx Care monthly average for 2022/23.



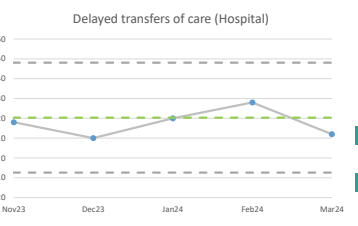
Reporting Date	Mar-24	Performance	120	Op. Plan #	
Threshold	-	YTD Mean	124	Benchmark	
Variation Description	Common cause				
Assurance Description					



Reporting Date	Mar-24	Performance	238	Op. Plan #	
Threshold	-	YTD Mean	231	Benchmark	
Variation Description	Common cause				
Assurance Description					



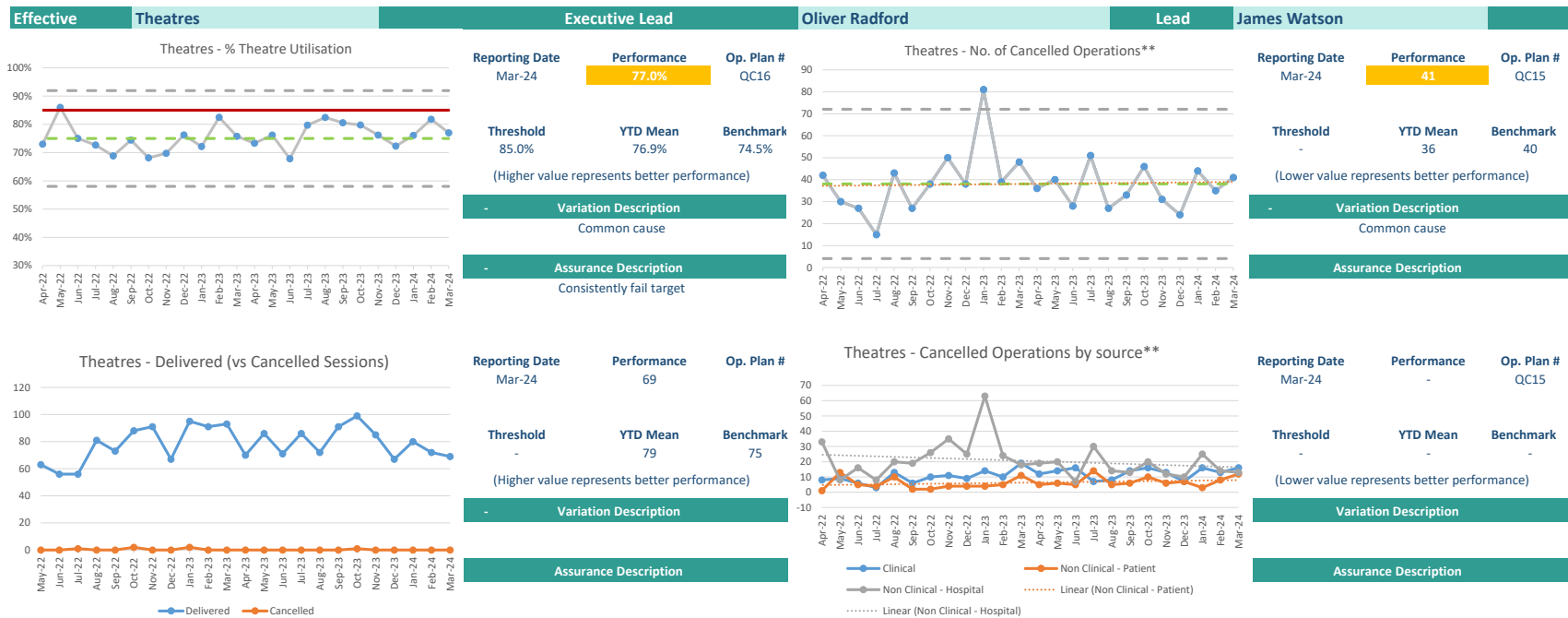
Reporting Date	Mar-24	Performance	841	Op. Plan #	
Threshold	-	YTD Mean	916	Benchmark	
Variation Description	Common cause				
Assurance Description					



Reporting Date	Mar-24	Performance	12	Op. Plan #	
Threshold	-	YTD Mean	18	Benchmark	
Variation Description	Common cause				
Assurance Description					

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

Theatre Utilisation:

- The number of theatre sessions delivered in March was 69.
- The number of cancelled operations increased to 41 in March (year to date average is 36). Most common reasons were "Unfit for Surgery-Acute illness" (10).
- 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 occurring 'on the day', and the figures will be updated accordingly in future reports. It is therefore anticipated that Manx Care's actual number of theatre cancellations on the day will be lower than has been reported.

- Cancelled sessions figures are currently subject to data quality review to ensure accuracy

Planned / Mitigation Actions

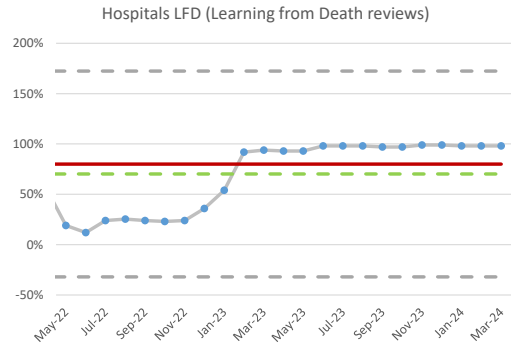
- Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported 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

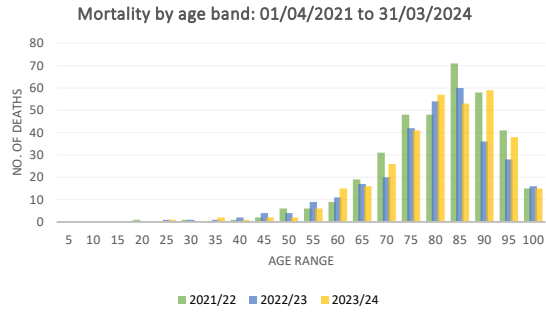
- Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when 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 Mar-24	Performance 98.0%	Op. Plan # QC126
Threshold 80.0%	YTD Mean 97.2%	Benchmark 40.3%
(Higher value represents better performance)		
+ Variation Description Special Cause of Improving variation (High)		
+ Assurance Description Consistently hit target		



Reporting Date -	Performance 2021/22: 329 2022/23: 279 2023/24: 235	Op. Plan #
Threshold -	YTD Mean 23	Benchmark -
+ Variation Description		
- Assurance Description		

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

Hospitals LFD (Learning from Death) Reviews:

- 98% of level one reviews have been completed

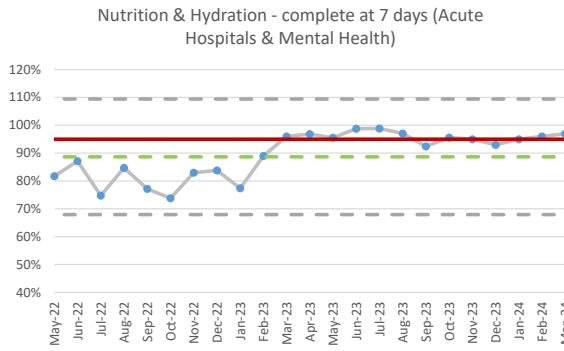
Hospitals LFD (Learning from Death) Reviews:

- Work ongoing to increase number of level 2 reviews

Hospitals LFD (Learning from Death) Reviews:

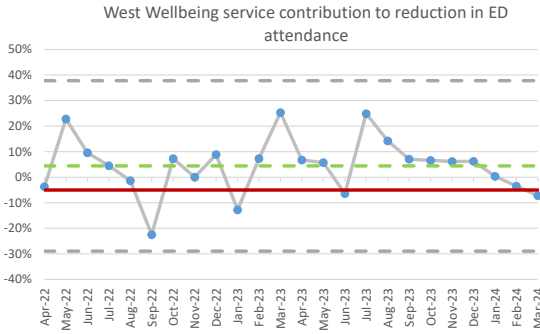
- Reasonably confident that level 1 reviews will continue to be carried out.

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

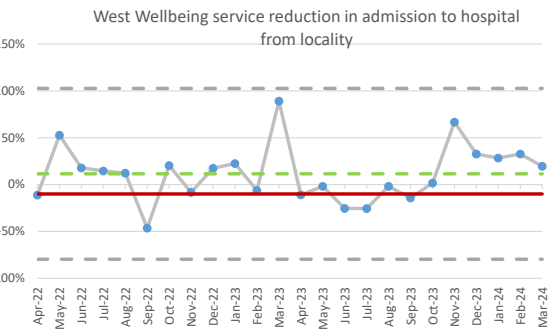


Reporting Date Mar-24	Performance 97.0%	Op. Plan # QC124
Threshold 95.0%	YTD Mean 95.9%	Benchmark 83.1%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> 97% across adult inpatients. <p>The target has been exceeded in 10 out of 12 reporting months YTD.</p>	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Missing assessments are highlighted to senior staff. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Progress will continue to be monitored. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

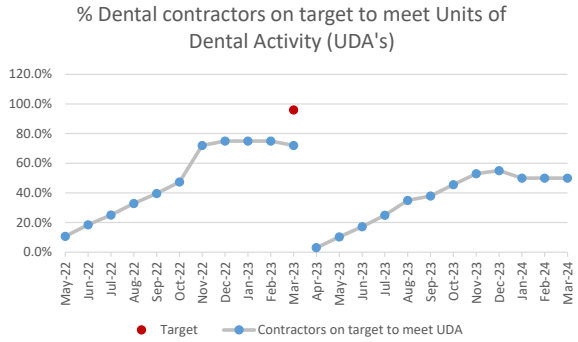


Reporting Date	Performance	Op. Plan #
Mar-24	-7.2%	QC63
Threshold	YTD Mean	Benchmark
-5.0%	5.1%	3.8%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently fail target		



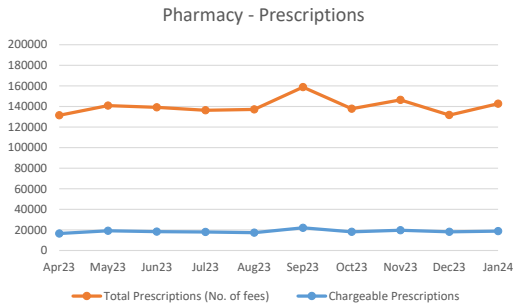
Reporting Date	Performance	Op. Plan #
Mar-24	19.6%	QC64
Threshold	YTD Mean	Benchmark
-10.0%	8.5%	14.6%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		

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

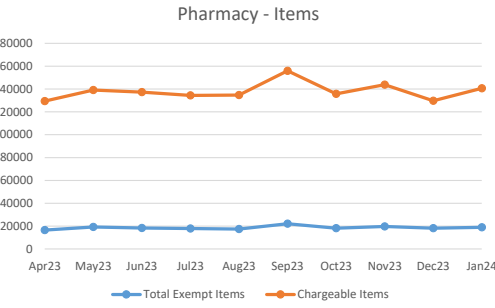


Reporting Date	Performance	Op. Plan #
Mar-24	50.0%	QC161
Threshold	YTD Mean	Benchmark
96.0%	-	-
(Higher value represents better performance)		
- Variation Description		
- Assurance Description		
N/A		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Dental Contractors:</p> <ul style="list-style-type: none"> Figures still demonstrate that 4 out of 8 dental contractors are forecasted not to meet minimum target of 96% delivery. <p>Manx Care Dental Practices</p> <ul style="list-style-type: none"> A new dental software solution for both practices has been agreed (Hillside and Community Dental Services). Implementation of the new software will be in June 2024. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> Issues raised within Manx Care and DHSC in terms of UDA values, individual contractor difficulties and service delivery. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year end and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year with breach notices being issued for under-delivery. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



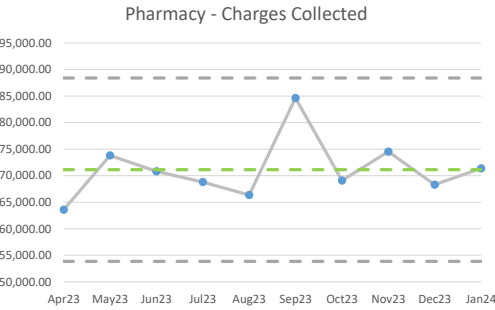
Reporting Date	Performance	Op. Plan #
Jan-24	-	-
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jan-24	-	-
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jan-24	£1,368,851	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		

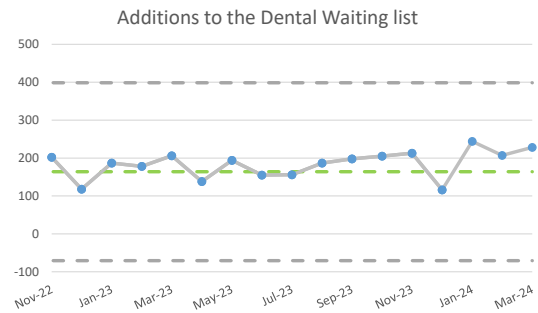


Reporting Date	Performance	Op. Plan #
Jan-24	£71,367	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		

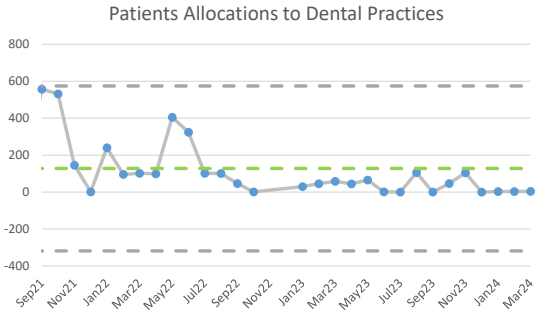
Issues / Performance Summary
Based on latest data available from NHS BSA.

Planned / Mitigation Actions

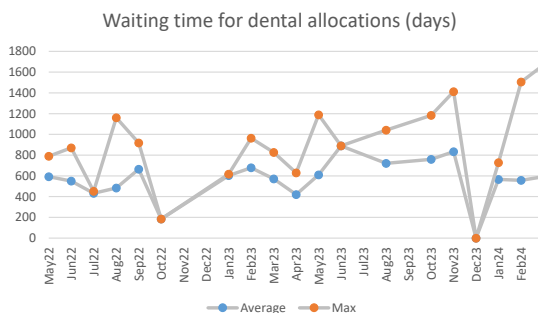
Assurance / Recovery Trajectory



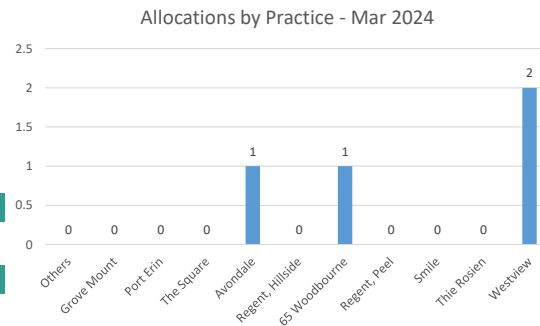
Reporting Date	Performance	Op. Plan #
Mar-24	228	-
Threshold	YTD Mean 179	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	4	-
Threshold	YTD Mean 37	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	-	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	4	-
Threshold	YTD Mean	Benchmark
Variation Description Common cause		
Assurance Description		

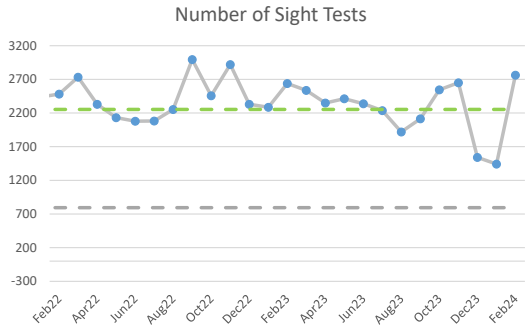
Issues / Performance Summary

- In March 2024 228 patients were added to the dental waiting list. This takes waiting list to 5,134 patients waiting. However, following the completion of the waiting list sweep letters 1,092 patients failed to respond and are currently being removed from the waiting list. Therefore, the overall waiting list figure will reduce.
- Dental practices are not currently able to take on new patients.

Planned / Mitigation Actions

- Work is underway between the DHSC and Manx Care to look at dental contracting, funding of dental services and access to services.

Assurance / Recovery Trajectory



Reporting Date: Feb-24
 Performance: **2763**
 Op. Plan #: -

Threshold: YTD Mean
 Benchmark

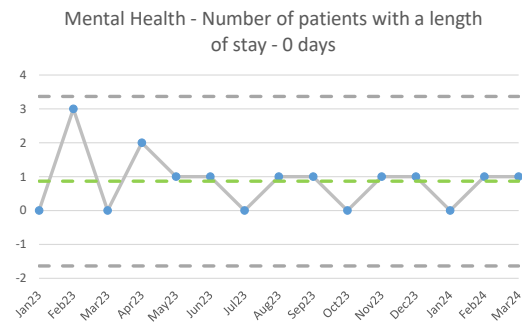
Variation Description

Assurance Description

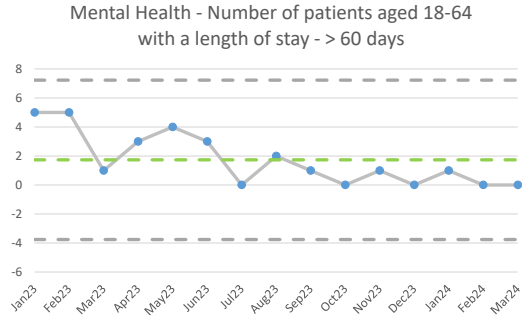
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Latest data available is February 2024

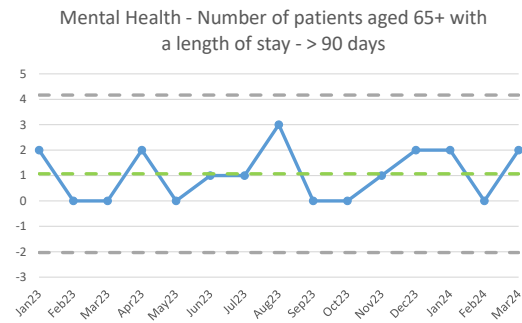
Effective	Mental Health (1 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey
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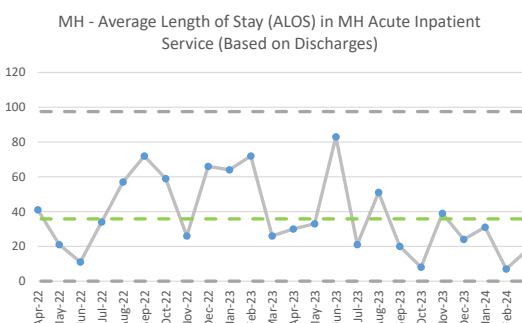
Reporting Date Mar-24	Performance 1	Op. Plan # QC87
Threshold -	YTD Mean 1	Benchmark 1
Variation Description Common cause		
Assurance Description		



Reporting Date Mar-24	Performance 0	Op. Plan # QC88
Threshold -	YTD Mean 1	Benchmark 4
Variation Description Common cause		
Assurance Description		



Reporting Date Mar-24	Performance 2	Op. Plan # QC89
Threshold -	YTD Mean 1.2	Benchmark 0.7
Variation Description Common cause		
Assurance Description		



Reporting Date Mar-24	Performance 18	Op. Plan # QC158
Threshold -	YTD Mean 30	Benchmark 46
Variation Description Common cause		
Assurance Description		

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

IMHS Management Team will monitor re-admissions to be further assured that discharges are appropriate.

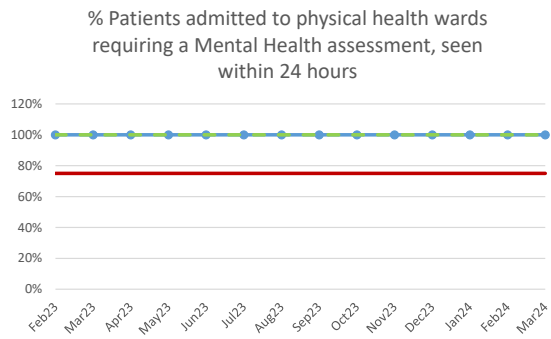
The care group have also made arrangements to report on delayed discharge for greater oversight of patient flow.

Average Length of Stay (ALOS):

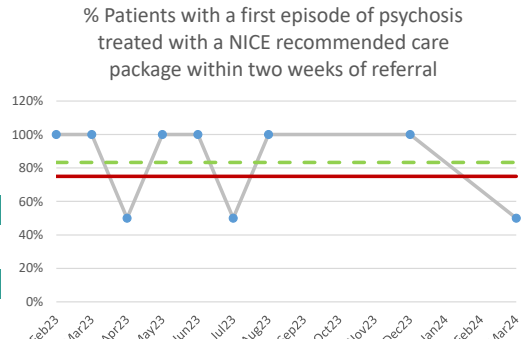
- The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis.

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

Effective	Mental Health (2 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey
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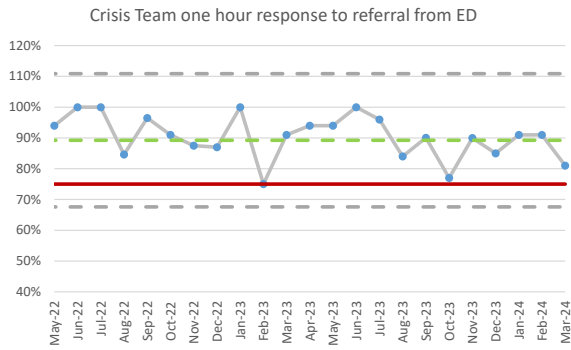
Reporting Date Mar-24	Performance 100%	Op. Plan # QC69
Threshold 75%	YTD Mean 100%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



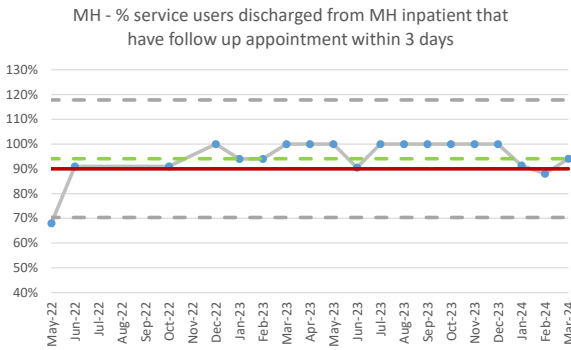
Reporting Date Mar-24	Performance 50% (1 of 2)	Op. Plan # QC70
Threshold 75%	YTD Mean 79%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>The 24 hour response to Nobles Hospital (non ED) by CRHTT in March was 100%.</p> <p>Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral There were two first episode psychosis presentations, one received NICE recommended interventions within 14 days whilst the other has just been referred for a CMHP at the community service for adults but there is no documented NICE recommended intervention documented in the clinical notes. This second person also has input from a private psychiatrist. As 1 from 2 have received NICE recommended intervention the response is 50%.</p>	<p>These indicators are both consistently above targets and are of no cause for concern within the care group. They are being regularly monitored. Small numbers (single figures) can distort % values.</p>	<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Mental Health (3 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey
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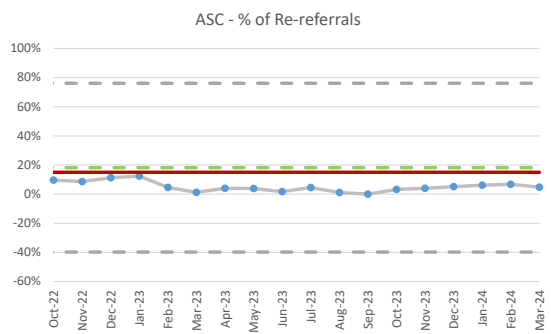
Reporting Date Mar-24	Performance 81.0%	Op. Plan # QC68
Threshold 75.0%	YTD Mean 89.4%	Benchmark 91.2%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



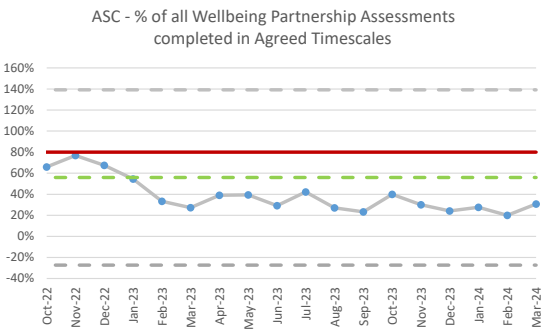
Reporting Date Mar-24	Performance 94%	Op. Plan # QC72
Threshold 90.0%	YTD Mean 97.0%	Benchmark 90.9%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Crisis Team:</p> <ul style="list-style-type: none"> Performance was 81%, which exceeds the target of 75% compliance. This target has been met consistently for more than a year. Six ED reviews did not meet the target, due to operational pressures and workload. 	<p>Crisis Team:</p> <ul style="list-style-type: none"> To continue to monitor performance and compliance. 	<p>Crisis Team:</p> <ul style="list-style-type: none"> Target continues to be achieved monthly; the service area remains motivated to ensure this is achieved. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

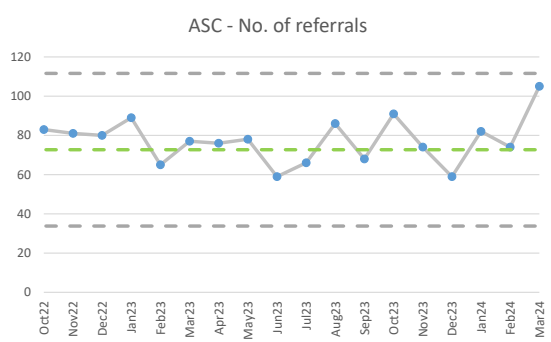
Effective	Adult Social Work (1 of 3)	Executive Lead	David Hamilton	Lead	Bradley Chambers/Samantha Murphy
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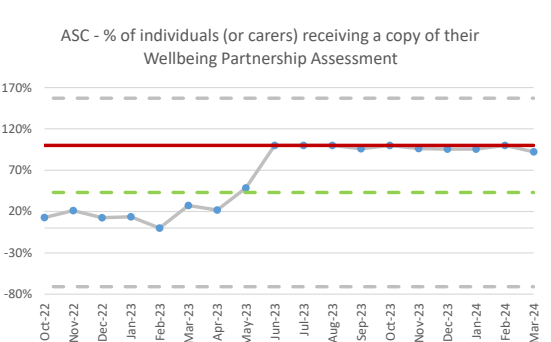
Reporting Date	Performance	Op. Plan #
Mar-24	4.8%	QC41
Threshold	YTD Mean	Benchmark
<15%	3.8%	22.4%
(Lower value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (Low)		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Mar-24	30.8%	QC44
Threshold	YTD Mean	Benchmark
80.0%	31.0%	64.6%
(Higher value represents better performance)		
+ Variation Description		
Special Cause of Concerning variation (Low)		
- Assurance Description		
Consistently fail target		

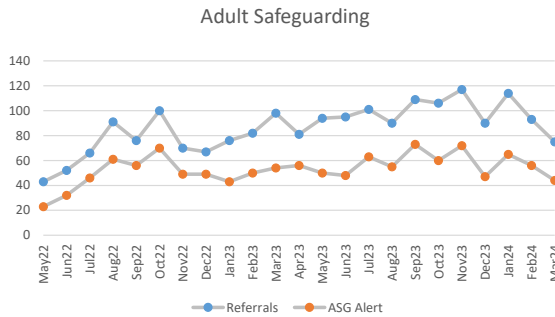


Reporting Date	Performance	Op. Plan #
Mar-24	105	QC40
Threshold	YTD Mean	Benchmark
-	77	73
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Common cause		



Reporting Date	Performance	Op. Plan #
Mar-24	92.3%	QC45
Threshold	YTD Mean	Benchmark
100.0%	87.2%	11.4%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		

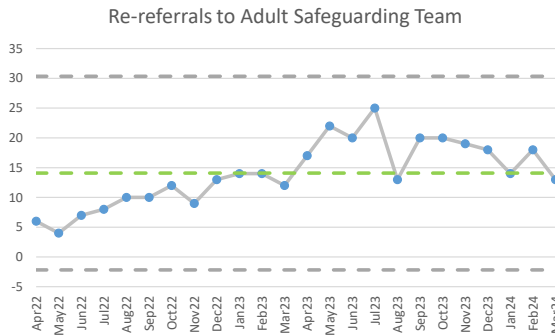
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals: The number of new referrals received in March increased to 105 from 74 in March. 5 were homeless referrals, 5 were for review rather than assessment and 7 referrals were received from the Older Peoples Mental Health Service their only Social Worker was away for 6-8 weeks, meaning that more referrals came to Adult Social Work.</p> <p>Re-Referrals:</p> <ul style="list-style-type: none"> The re-referral rate continues to be low, indicating good triage and assessment or signposting of incoming referrals. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The completion of Wellbeing Partnership assessments in March remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The assessment sharing level was 92.3% during March, slightly below the threshold. 	<p>Assessments completed within timescales:- In January and February the OPCSWT lost 2 staff to secondment opportunities within the service. Vacancy backfill is now complete with agency staff. This has resulted in the waiting list growing, this is expected to reduce with the additional capacity in place. The issue dashboard pull-through for assessment completion is still being worked through, the BI Team and Adult Social Work are working on separating out initial assessments from re-assessments, which is the root cause of inaccurate reporting. Adult Social Work have been manually collecting this data until the fix has been tested, this indicates that 35% of assessments were completed within timescale.</p> <p>The focus of Adult Social Work in recent months has been to improve the rate of assessment sharing, which continues to be a positive area. Waiting list volumes have been reduced in recent months, particularly within the Older Peoples Community Team.</p> <p>The completion of assessments in Learning Disabilities now has a target of 42 days for completion rather than 28. Whilst this may assist with assessments being completed to timescale, much of the work is long-term and therefore re-assessments. Accurate metrics will not be seen until initial assessments have been fully separated from re-assessments in the dashboard.</p>	<p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> Areas of Adult Social Work have experienced staffing pressures, which are in the early stages of being relieved by both agency recruitment and secondments. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date	Performance	Op. Plan #
Mar-24	Referrals: 75 Alert: 44	QC59
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

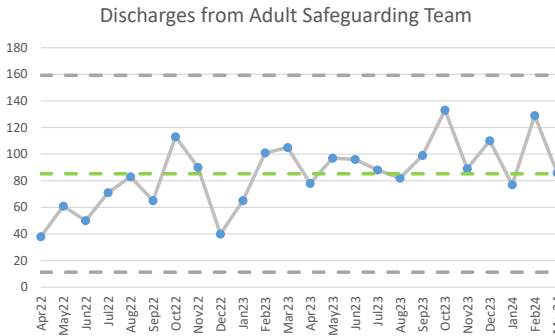
Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	13	
Threshold	YTD Mean	Benchmark
-	18	10

Variation Description
Common cause

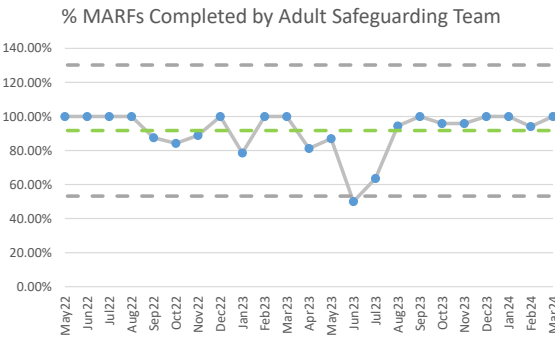
Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	86	
Threshold	YTD Mean	Benchmark
-	97	74

Variation Description
Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	100.0%	
Threshold	YTD Mean	Benchmark
-	88.5%	94.9%

(Higher value represents better performance)

+ Variation Description
Common cause

Assurance Description

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 is continuing to be supported by one agency staff member with the intention to recruit to a permanent position.
- 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 March 2024.

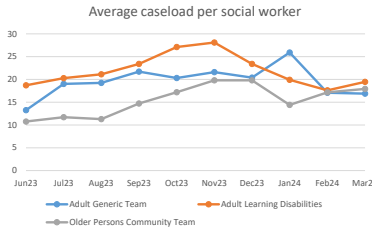
Planned / Mitigation Actions

- Referrals and ASG alerts methodology will be discussed with the B.I team.
- A Business Case for additional staffing resources is under consideration, it is hoped this additional resource can be factored into the final budget allocation for 2024/25.

Assurance / Recovery Trajectory

The interim Safeguarding Team Manager has recently been appointed to the post substantively, which will provide stability to the 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.



Reporting Date: Mar-24

Performance: YTD Mean

Variation Description

Assurance Description

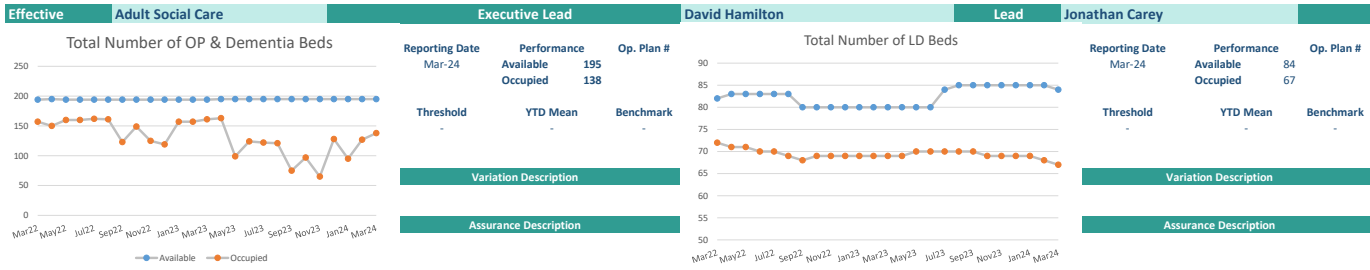
Issues / Performance Summary

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

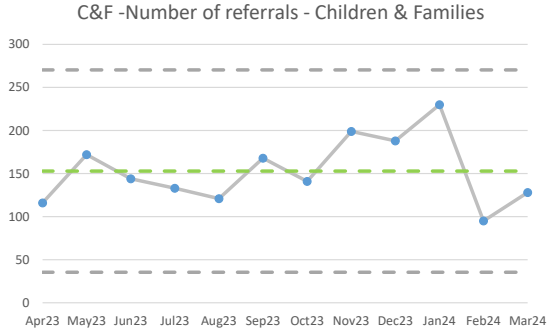
Planned / Mitigation Actions

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

Assurance / Recovery Trajectory



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Although the position reflects 13 vacancies as beds are empty, the reality is that the service has only got 2 vacancies for potential new referrals at the moment due to various issues, e.g. being earmarked for flexi respite or assessment, compatibility with service user, or decommissioning of beds.</p>		

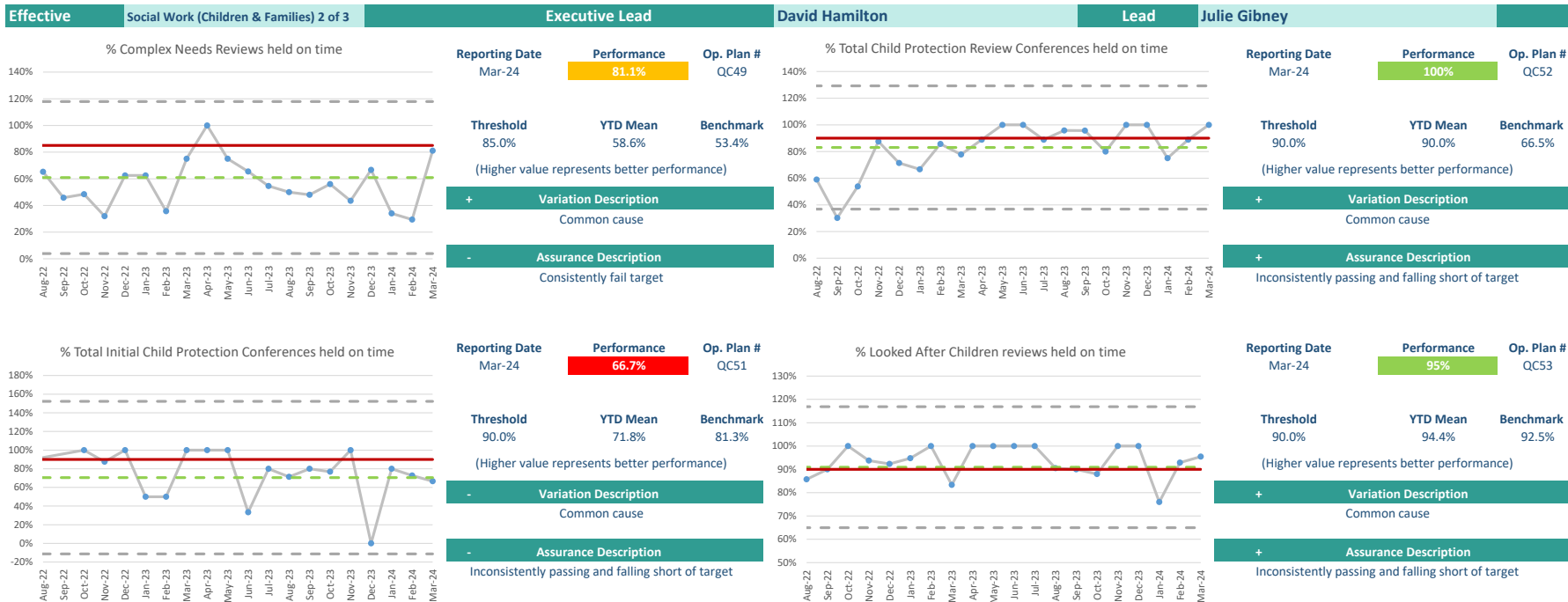


Reporting Date Mar-24	Performance 128	Op. Plan #
Threshold -	YTD Mean 153	Benchmark 153

+ **Variation Description**
Common cause

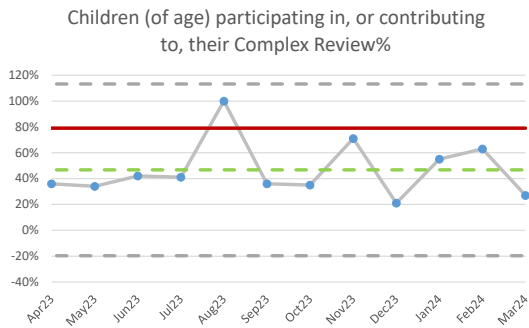
Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals: Referral levels have increased to 128 in March.</p>		<p>Referrals: Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

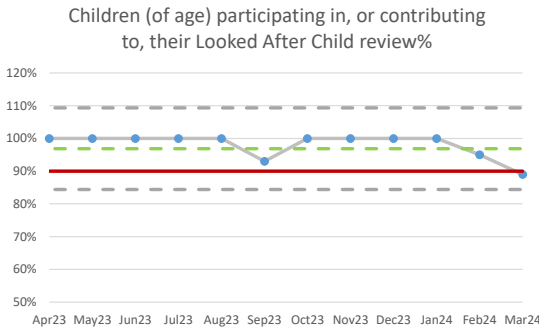


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Complex Needs Reviews held on time: 37 Reviews held and 30 were in timescale and 7 were out of timescale Reasons for delayed meetings: Family Unavailable – 3 Chairperson Unavailable - 2 Relevant Professional/Agency Unavailable – 1 System Error - 1</p> <p>Initial Child Protection Conferences held on time: 13 meetings were due and 8 were held in time and 5 were out of timescale Reasons for delayed meetings: Procedurally Non-Compliant- 5 (one family)</p> <p>Child Protection Review Conferences held on time: 17 RCPC's were held and 17 were on time</p> <p>Looked After Children reviews held on time: • 95% of reviews were held within the timescales in March.</p>	<p>The Complex Needs Reviews are undertaken by the Children with Disabilities Team, the CWD has 107 children shared between 4 Social Workers. A watching brief is being kept on capacity generally within this team. These numbers mean that there are 98 children reviewed twice per year, creating 196 Reviews which need to be held within timescale and with the coordination of the Team Manager, the Social Worker, schools and the families themselves. This is often challenging as dates have to be manually altered, as CWCN meetings have to take place during term time. The CWD team are holding at least 200 reviews per annum between the 4 Social Workers, not including the network meetings are held between each review.</p>	<p>Additional agency staff have recently been engaged in the CWD team as a mitigation to the whole workload of this team, additional administrative resourcing is also now in place.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

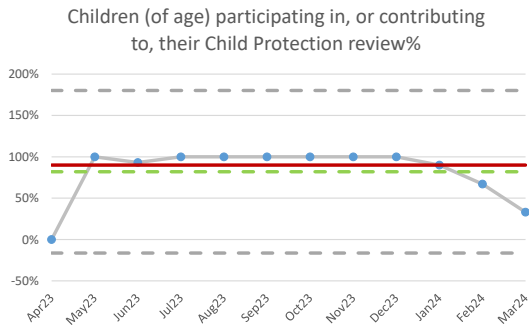
Effective | **Social Work (Children & Families) 3 of 3** | **Executive Lead** | **David Hamilton** | **Lead** | **Julie Gibney**



Reporting Date	Performance	Op. Plan #
Mar-24	27%	
Threshold	YTD Mean	Benchmark
79%	47%	47%
(Higher value represents better performance)		
-	Variation Description	
	Common cause	
-	Assurance Description	
	Inconsistently passing and falling short of target	



Reporting Date	Performance	Op. Plan #
Mar-24	89%	
Threshold	YTD Mean	Benchmark
90%	98%	98%
(Higher value represents better performance)		
-	Variation Description	
	Common cause	
+	Assurance Description	
	Consistently hit target	



Reporting Date	Performance	Op. Plan #
Mar-24	33%	
Threshold	YTD Mean	Benchmark
90%	82%	82%
(Higher value represents better performance)		
-	Variation Description	
	Common cause	
-	Assurance Description	
	Inconsistently passing and falling short of target	

Issues / Performance Summary

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

Planned / Mitigation Actions

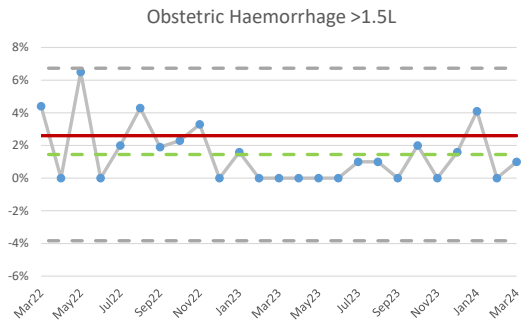
Please see Issues / Performance Summary for supporting narrative.

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

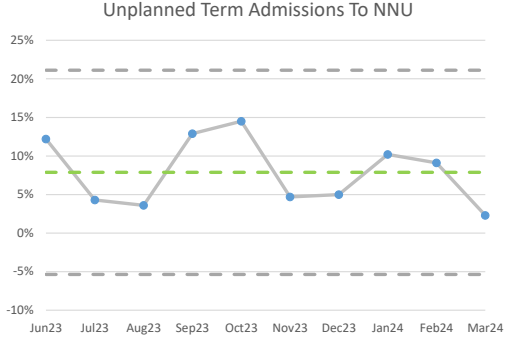
Assurance / Recovery Trajectory

Please see Issues / Performance Summary for supporting narrative.

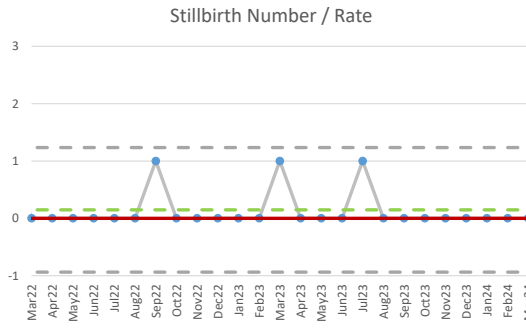
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



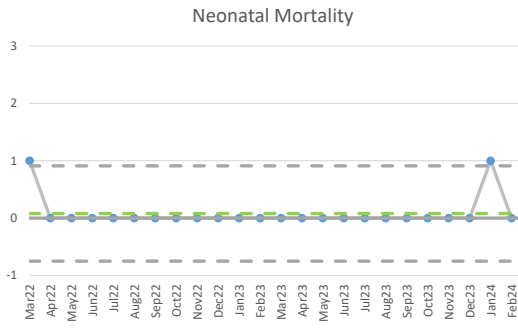
Reporting Date	Performance	Op. Plan #
Mar-24	1.0%	
Threshold	< 2.6%	
YTD Mean	0.89%	Benchmark 1.8%
- Variation Description: Common cause		
+ Assurance Description: Consistently hit target		



Reporting Date	Performance	Op. Plan #
Mar-24	2.3%	
Threshold	-	
YTD Mean	-	Benchmark
- Variation Description: Common cause		
+ Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	0	
Threshold	<4.4/1000	
YTD Mean	0	Benchmark 16.7%
+ Variation Description: Common cause		
+ Assurance Description: Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Mar-24	0	
Threshold	-	
YTD Mean	0.1	Benchmark 0
+ Variation Description: Special Cause of Improving variation (Low)		
+ Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Obstetric haemorrhage >1.5L</p> <ul style="list-style-type: none"> One PPH occurred in March, up from zero in February. <p>Unplanned Term Admissions To NNU</p> <ul style="list-style-type: none"> One unplanned admission to NNU. 		<p>Note -</p> <p>Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective

Women & Children (2 of 4)

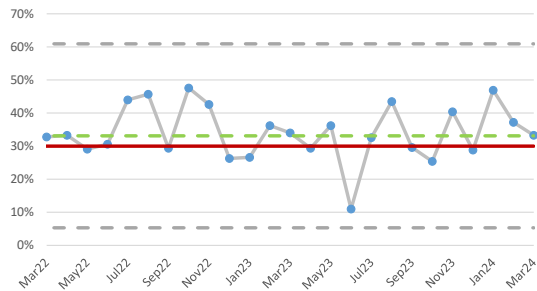
Executive Lead

Oliver Radford

Lead

Linda Thompson

Induction of Labour



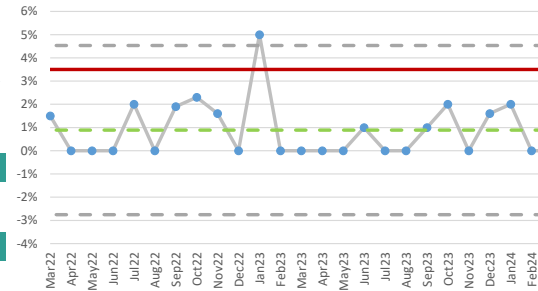
Reporting Date Mar-24 Performance 33.3% Op. Plan #

Threshold < 30% YTD Mean 32.9% Benchmark 32.9% (Lower value represents better performance)

+ Variation Description Common cause

- Assurance Description Inconsistently passing and falling short of target

3rd/4th Degree Tear Overall Rate



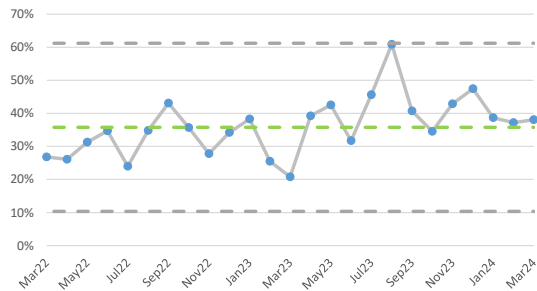
Reporting Date Mar-24 Performance 0.0% Op. Plan #

Threshold < 3.5% YTD Mean 0.6% Benchmark 1.1% (Lower value represents better performance)

+ Variation Description Common cause

- Assurance Description Consistently hit target

Caesarean Deliveries (not Robson Classified)



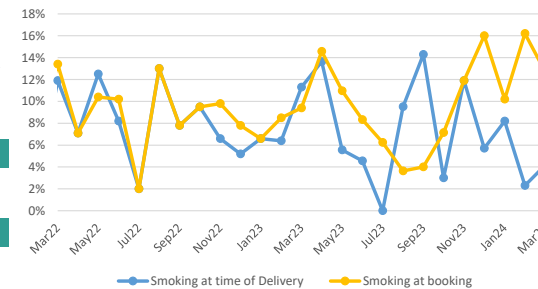
Reporting Date Mar-24 Performance 38.1% Op. Plan #

Threshold - YTD Mean 41.6% Benchmark 31.4%

+ Variation Description Common cause

- Assurance Description

% Smoking



Reporting Date Mar-24 Performance Booking 12.7% Delivery 4.2% Op. Plan #

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

+ Variation Description

- Assurance Description

Issues / Performance Summary

Total caesarean deliveries: It was 38.1% in March. Caesarean section rates are no longer considered a KPI in England.

Induction of labour: Induction of labour above national standard at 33.3%.

Third and fourth degree tear rates: 3rd and 4th degree perineal trauma remains well below national target of >3.5% with 0 tears in March.

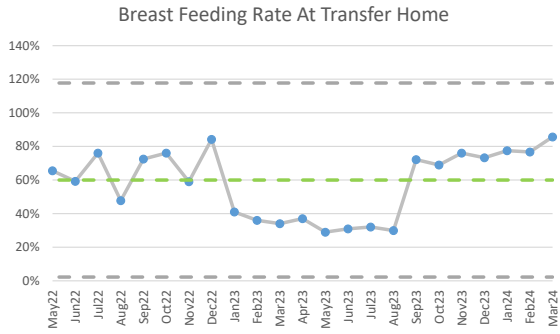
Smoking at booking and delivery: up to 4.0% from 3.0% last month.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

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



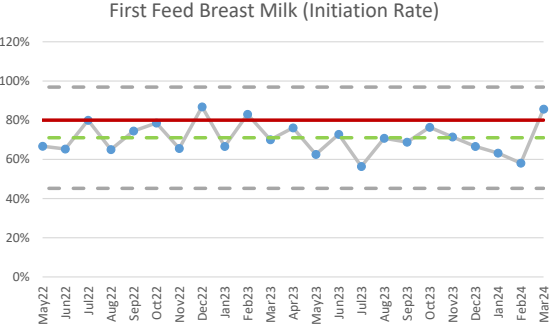
Reporting Date	Performance	Op. Plan #
Mar-24	85.7%	

Threshold	YTD Mean	Benchmark
-	-	60.7%

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	85.7%	

Threshold	YTD Mean	Benchmark
> 80%	69.1%	73.6%

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

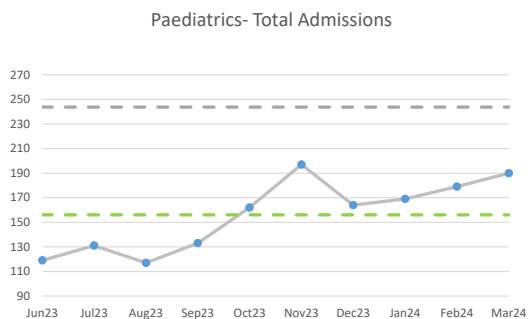
Issues / Performance Summary

First Feed Breast Milk (Initiation Rate):
90.4% of women intended to breastfeed, with 85.7% discharged home breastfeeding.

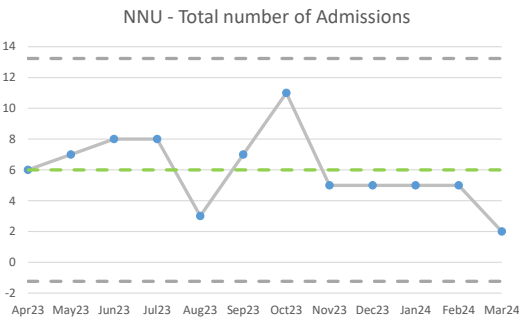
Planned / Mitigation Actions

Assurance / Recovery Trajectory

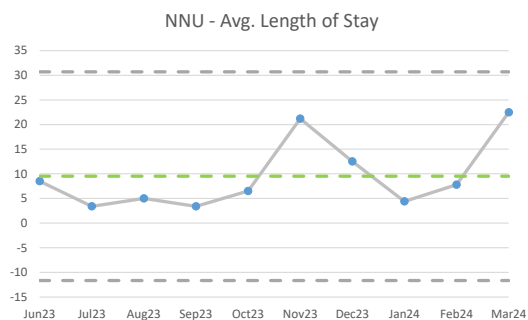
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



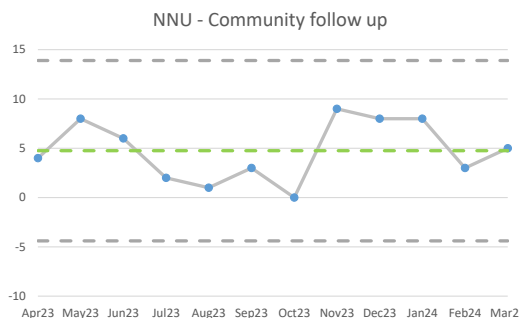
Reporting Date	Performance	Op. Plan #
Mar-24	190	-
Threshold	-	-
YTD Mean	156	Benchmark
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	2	-
Threshold	-	-
YTD Mean	6	Benchmark
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	23	-
Threshold	-	-
YTD Mean	9.5	Benchmark
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	5	-
Threshold	-	-
YTD Mean	5	Benchmark
Variation Description Common cause		
Assurance Description		

Issues / Performance Summary

- 1 baby was above 37 weeks gestation (term), unplanned admission with hypothermia & poor feeding.
- 1 baby was admitted at 36+3 weeks, hypoglycaemic and consequently took time to initiate full oral feeds.
- Both babies were admitted from postnatal ward between 17 hrs and 18hrs of age.
- 2 x babies required intravenous antibiotics.
- Staffing -3 members of staff had sickness absence (1x WTE long term) 1 x 0.6 WTE on maternity leave. No support staff. Staff working extra hours to fill gaps.
- Band 6 neonatal nurse 2.2 x WTE agency required to maintain minimum staffing. 2 x ANNP's.

Planned / Mitigation Actions

- The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows.
- Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate.
- Lead nurse/ANNP attending obstetric hand over most days.
- Improving communication between maternity unit and neonatal unit with ANNP performing NIPE's and liaising with NNU staff any cause for concern.
- Early communication with obstetric team regarding high risk ladies and early transfer to a tertiary unit, where possible.
- Northwest neonatal Network aware of capacity issues, offering support & advice.
- Embrace available to support transfer process when necessary.
- Neonatal nurse transfer team now increased to two trained staff. An on call rota is managed to enable that a nurse is available as often as possible during the hours of 07.45- 20.15hrs. All transfers outside these hours are managed on a case by case basis.
- The Neonatal Unit nursing team take part in the on call rota to provide support at high acuity times, although this isn't consistently filled due to reduced staffing levels (staff already doing extras as well as on calls).

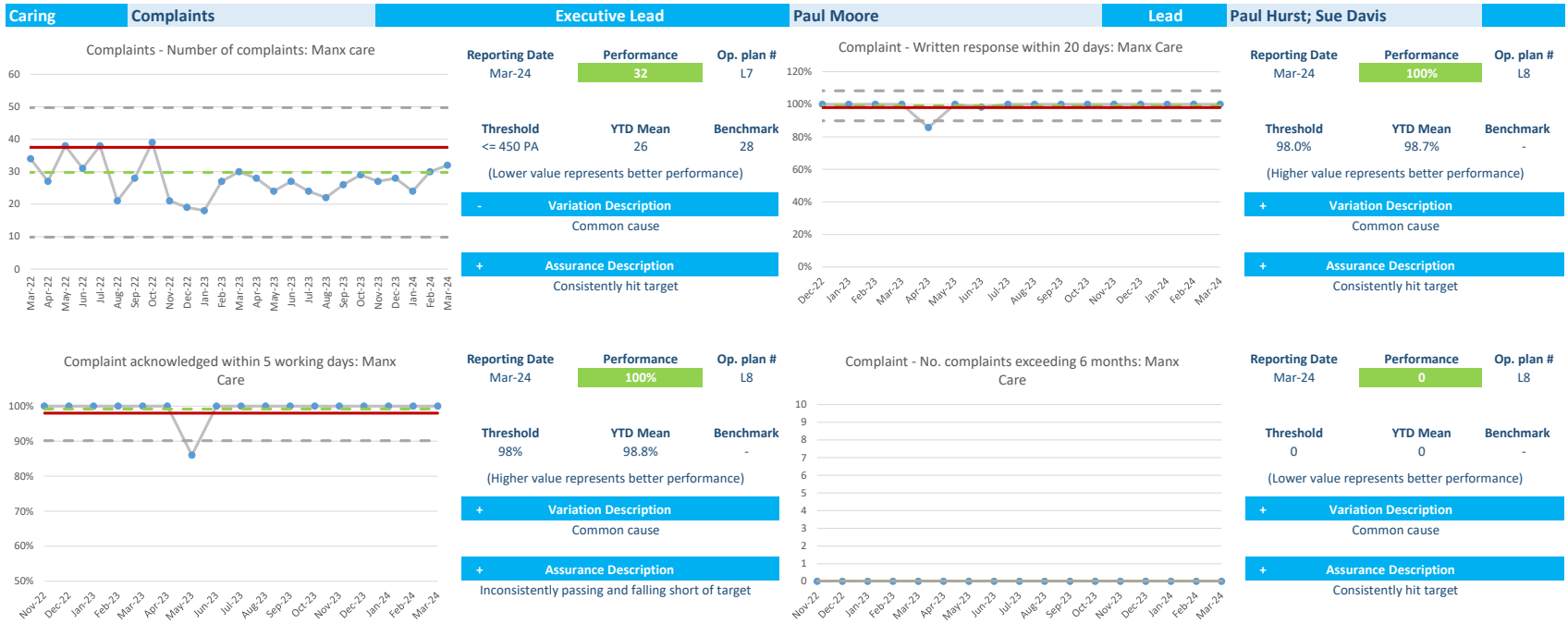
Assurance / Recovery Trajectory

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

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

Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Mar-24		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Mar-24	-	1,994	1,352	16,219	-		
CA002		Complaints - Total number of complaints received	Mar-24		32	26	321	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Mar-24		89%	90%	-	80%		
CA007		Complaint acknowledged within 5 working days	Mar-24		100%	99%	-	98%			CA014		FFT - Experience was neither Good or Poor	Mar-24		4%	4%	-	10%		
CA008		Written response to complaint within 20 days	Mar-24		100%	99%	-	98%			CA015		FFT - Experience was Poor or Very Poor	Mar-24		7%	6%	-	<10%		
CA010		No. complaints exceeding 6 months	Mar-24		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Mar-24	-	705	685	8,223	-		
CA011		No. complaints referred to HSCOB	Mar-24	-	2	2	27	-			CA017		Manx Care Advice and Liaison Service same day response	Mar-24		92%	90%	-	80%		



Issues / Performance Summary

Number of Complaints:

- 32 complaints received in total, but one complaint was withdrawn. This marks a 7% increase from last month. This was the highest monthly figure so far this year.

Acknowledged within 5 Days:

- All complaints were acknowledged within the target of 5 working days.

Written Response within 20 days:

- 100% compliance was shown in March.

No. Complaints Exceeding 6 Months:

- No complaints have exceeded 6 months.

No. complaints referred to HSCOB:

- 2 complaints were referred to the HSCOB in March.

Planned / Mitigation Actions

Number of Complaints:

- Continued support from MCALS helps to intervene at an early stage, thus reducing the number of formal complaints.

Acknowledged within 5 Days:

- Continue to ensure compliance.

Written Response within 20 days:

- Continue to monitor closely.

No. Complaints Exceeding 6 Months:

- Continue to monitor closely.

No. complaints referred to HSCOB:

- Requested information provided to HSCOB within 30-day target. To await reports and findings.

Assurance / Recovery Trajectory

Number of Complaints:

- Continue to monitor trends. Continue to ensure learning is disseminated and followed through by care groups.

Acknowledged within 5 Days:

- High degree of confidence in target being met. No deviation from deadline since the introduction of the new regulations in October 2022

Written Response within 20 days:

- Reasonable degree of confidence in target being met.

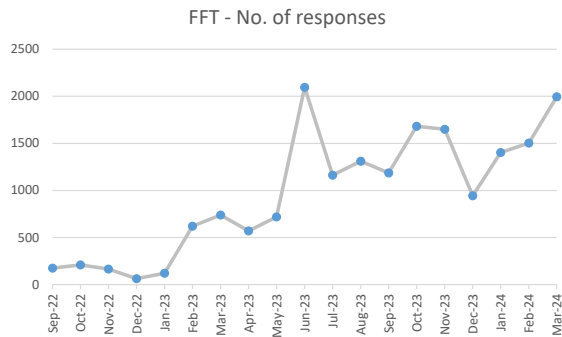
No. Complaints Exceeding 6 Months:

- Reasonable degree of confidence in target being met.

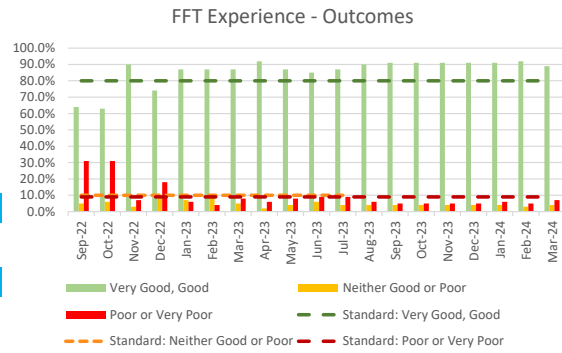
No. complaints referred to HSCOB:

- Continue to provide thorough responses, which answer all questions, ensuring local resolution has been met. Continue to learn from feedback to improve this area of service.

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



Reporting Date	Performance	Op. plan #
Mar-24	1,994	QC127
Threshold	YTD Mean	Benchmark
-	1,352	-
+ Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Mar-24	89.0%	QC128-129-130
Threshold	YTD Mean	Benchmark
80.0%	89.8%	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

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

FFT Total number of responses:

- A total of 1994 surveys completed for March 2024. 15379 surveys completed YTD.
- FFT – Experience was very good or good:** Surveys rated experience as Very Good or Good equating to 89% against a target of 80%. Target exceeded for every month YTD (89%).
- FFT – Experience was neither good or poor:** 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:** Surveys rated experience as Poor or Very Poor, equating to 7% against a target of 10% or less. Again, performance for the year remains strong.

FFT Total number of responses:

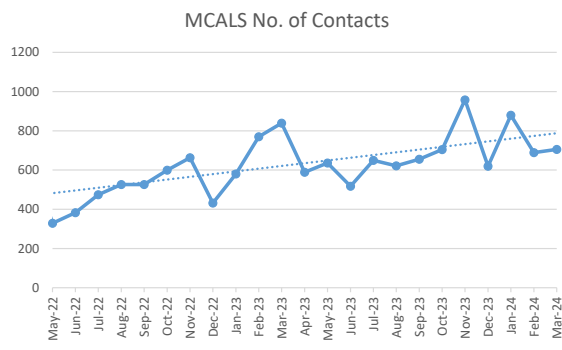
- Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey. Walk the Wards programme continued in March 2023
- FFT – Experience was very good or good:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey.
- FFT – Experience was neither good or poor:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month.
- FFT – Experience was poor or very poor:** Consistently achieving under the 10% target which is a positive indicator

FFT Total number of responses:

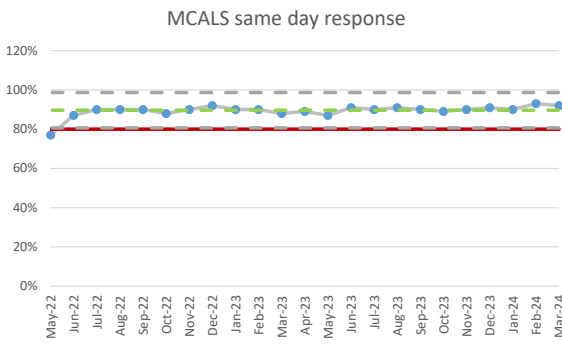
- Text message reminder service launched in March. There is a good degree of confidence in increasing survey returns as shown this month with 589 more surveys (30% increase) being completed compared to February and previous months.
- FFT – Experience was very good or good:** Reasonable degree of confidence 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.

Caring	MCALS	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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Reporting Date Mar-24	Performance 705	Op. plan # QC131
Threshold -	YTD Mean 685	Benchmark 567
+ Variation Description		
Assurance Description		



Reporting Date Mar-24	Performance 92.0%	Op. plan # QC132
Threshold 80.0%	YTD Mean 90.3%	Benchmark -
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Number of Contacts:

- 705 contacts received in March 2024. Access to appointments within GP Practices, Dental care, ophthalmology orthopaedics and general surgery were the dominant themes. In person contacts remained steady in March with 212 contacts due to proactively seeking feedback in the community during drop-in sessions across the island.

Same Day Response:

- In March, MCALS had resolved all contacts within 24 hours 95% of the time against a Key Line of Enquiry Target of 80%.

Number of Contacts:

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

Same Day Response:

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

Number of Contacts:

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

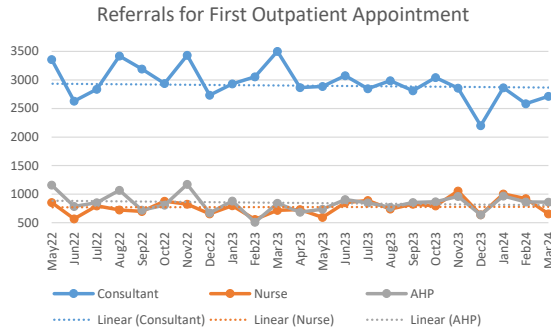
Same Day Response:

- Continued good performance in dealing with service user contacts.

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

Responsive Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Mar-24	-	2715	2811	33735	-			RE014		Ambulance - Category 1 Response Time at 90th Percentile	Mar-24		18	18	-	15 mins		
RE056		Hospital Bed Occupancy	Apr-24	-	91.1%			92%			RE015		Ambulance - Category 1 Mean Response Time	Mar-24		8	9	-	7 mins		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Apr-24		16,547	16,268	-	< 15431			RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Mar-24		36%	49%	-	100%		
RE002		RTT - No. patients waiting for Daycase procedure	Apr-24		1,801	2,174	-	< 2286			RE034		Category 2 Response Time at 90th Percentile	Mar-24		30	29	-	40 mins		
RE003		RTT - No. patients waiting for Inpatient procedure	Apr-24		440	497	-	< 535			RE035		Ambulance - Category 3 Response Time at 90th Percentile	Mar-24		52	47	-	120 mins		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Mar-24		52%	53.4%	-	85%			RE036		Ambulance - Category 4 Response Time at 90th Percentile	Mar-24		93	80	-	180 mins		
RE061		Diagnostics-% patients waiting 26 weeks or less	Mar-24		73%	64.1%	-	99%			RE037		Ambulance - Category 5 Response Time at 90th Percentile	Mar-24		79	79	-	180 mins		
RE005		Diagnostics - % requests completed within 6 weeks	Mar-24	-	89%	86.1%	86%	-			RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Mar-24		188	199	-	0		
RE006		Diagnostics - % Patients waiting over 6 weeks	Mar-24		60%	66.9%	-	1%			RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Mar-24		23	24	-	0		
RE007		ED - % 4 Hour Performance	Mar-24		70%	70.4%	70%	76% (95%)			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Mar-24		73%	59%	-	80%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Mar-24	-	80%	80.1%	80%	-			RE031		IPCC - % of patients registered with a GP	Mar-24		-	4.0%	-	5.0%		
RE009		ED - % 4 Hour Performance (Admitted)	Mar-24	-	22%	22.1%	22%	-			RE081		IPCC - N. of GP appointments	Mar-24	-	-	28,397	255,574	-		
RE010		ED - Average Total Time in Emergency Department	Mar-24		265	266	-	360 mins			RE027		IPCC - No. patients waiting for a dentist	Mar-24	-	5,134	4,337	-	-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Mar-24		23	26	-	15 mins			RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Mar-24	-	100%	99%	-	-		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Mar-24		72	70	-	60 mins			RE075		Community Nursing Service response target met (7 days)- Routine	Mar-24	-	100%	100%	-	-		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Mar-24		19	16	-	60 mins													
RE013		ED - 12 Hour Trolley Waits	Mar-24		43	35	421	0													

Responsive Performance Summary																						
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Mar-24		79%	67%	-	75%			RE051		Maternity Bookings	Mar-24	-	58	805	675	-			
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Mar-24		92%	80%	-	96%			RE052		Ward Attenders	Mar-24	-	220	-	-	-			
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Mar-24		68%	49%	-	85%			RE053		Gestation At Booking <10 Weeks	Mar-24	-	60%	40%	-	-			
RE064		No. on Cancer Pathway (All)	Mar-24	-	571	641	-	-			RE030		W&C - % New Birth Visits within timescale	Mar-24	-	94%	90%	-	-			
RE065		No. on Cancer Pathway (2WW)	Mar-24	-	487	545	-	-			RE032		Births per annum	Mar-24	-	587	320	-	-			
RE066		Cancer - Total number of patients Waiting for 1st OP	Mar-24	-	124	86	-	-			RE082		Meds Demand - N.patient interactions	Mar-24	-	2881	2629	31553	-			
RE067		Cancer - Median Wait Time from the Referral Date to the Diagnosis Date	Mar-24	-	14	15	-	-			RE083		Meds Overnight Demand	Mar-24	-	119	252	3021	-			
RE044		MH- Waiting list	Mar-24	-	1768	1686	16857	-			RE084		Meds - Face to face appointments	Mar-24	-	699	538	6457	-			
RE045		MH- Appointments	Mar-24	-	6729	6564	78767	-			RE086		Meds - TUNA%	Mar-24	-	1.9%	1.5%	-	-			
RE046		MH- Admissions	Mar-24	-	29	20	242	-			RE088		Meds- DNA%	Mar-24	-	0.9%	1.7%	-	-			
RE028		MH - No. service users on Current Caseload	Mar-24		5,330	5,248	-	4500 - 5500														



Reporting Date
Mar-24

Performance
Consultant 2715

Op. Plan #

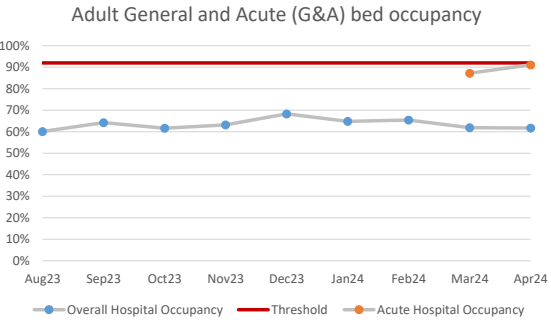
Threshold
-

YTD Mean
2811

Benchmark
3068

Variation Description

Assurance Description



Reporting Date
Apr-24

Performance
91.1%

Op. Plan #
QC79

Threshold
92.0%

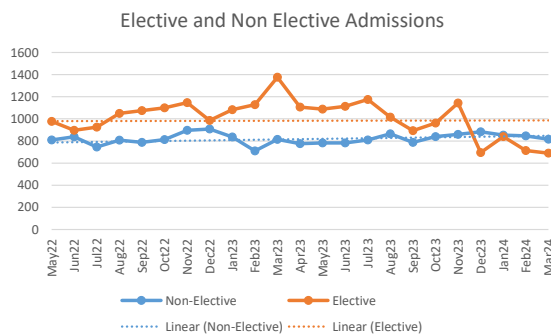
YTD Mean
-

Benchmark
-

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



Reporting Date
Mar-24

Performance
Elective 690
Non Elective 816

Op. Plan #

Threshold
-

YTD Mean
-

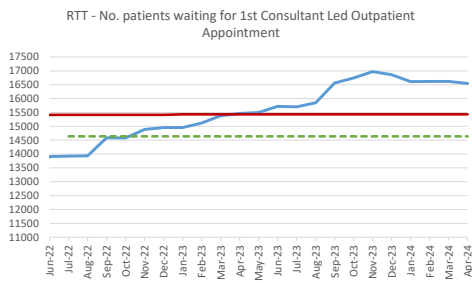
Benchmark
-

Variation Description

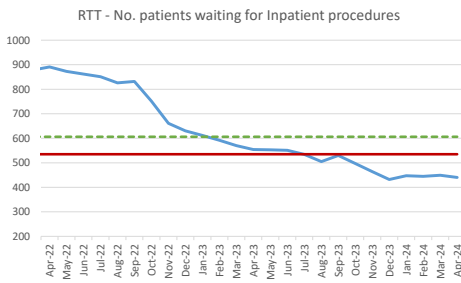
Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals for First Outpatient Appointment: Referral levels for Consultant led services increased in March to 2715, compared to 2585 in February.</p> <p>Hospital Bed Occupancy Overall Hospital occupancy is 61.7% Acute Adult Occupancy was 91.1% and Non Acute/ Child Occupancy was 22.8%</p> <p>Elective and Non Elective Admissions: Elective Admissions have decreased by approximately 3.2% in March (690) against February (713).</p> <p>Non Elective admission numbers have slightly decreased to 816 compared to 847 last month.</p>		

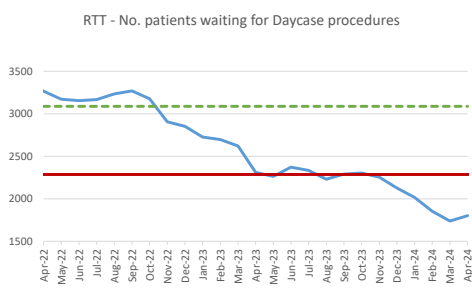
Responsive Referral to Treatment (RTT) Executive Lead Oliver Radford Lead J.Watson; M.Cox; L.Thompson; A.Cubbon



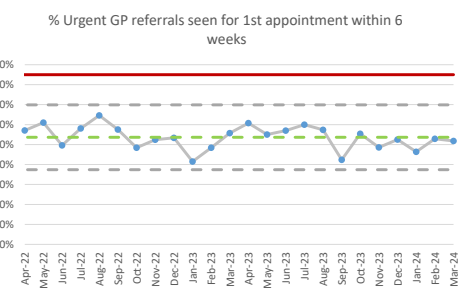
Reporting Date	Performance	Op. Plan #
Apr-24	16,547	QC11
Threshold	YTD Mean	Benchmark
< 15,431	16,268	15,465
(Lower value represents better performance)		
Avg Wait Time (Referral to 1st Cons Led OP Appt.)	49 weeks	
No. patients waiting 52 weeks or more for 1st OP	5,671	



Reporting Date	Performance	Op. Plan #
Apr-24	440	QC11
Threshold	YTD Mean	Benchmark
< 535	497	554
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - IP)	26 weeks	
No. patients waiting 52+ weeks from Decision to Treat	62	



Reporting Date	Performance	Op. Plan #
Apr-24	1,801	QC11
Threshold	YTD Mean	Benchmark
< 2,286	2,174	2,311
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - DC)	36 weeks	
No. patients waiting 52+ weeks from Decision to Treat	359	



Reporting Date	Performance	Op. Plan #
Mar-24	51.8%	QC13
Threshold	YTD Mean	Benchmark
85.0%	53.4%	54.0%
(Higher value represents better performance)		
-	Variation Description	Common cause
-	Assurance Description	Consistently fail target

Issues / Performance Summary

- Reduction in outpatient clinic capacity due to:
 - Staff vacancies, annual leave and other absences.
 - Difficulties in recruiting locum cover
 - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopic activity.
- Many outpatient pathways require considerable diagnostic intervention to enable their progression.

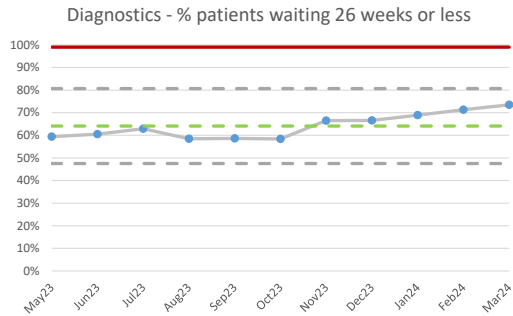
Planned / Mitigation Actions

- Phase 2 of the Restoration & Recovery programme concluded at the end of March 2024.
- R&R delivery (November '21 to March '24); 2,150 Ophthalmology procs in total; 955 Orthopaedic procs in total; 14 G&S procs in March (515 in total); Other surgical specialties – 54 in total; 1,224 outpatient attendances in total; Radiology – 103 Ultrasound scans in March (1,470 radiology scans in total); Mental Health – 320 referrals in total; 458 endoscopic procedures.
 - Overall R&R has delivered about a 85% reduction in the Ophthalmology daycase waiting list.
 - Overall R&R has delivered about a 47% reduction in orthopaedic daycase/inpatient waiting lists.
 - Overall there's been about a 54% reduction in the General Surgery daycase/inpatient waiting lists.
- Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 26,000 referrals have been through technical validation and over 13,600 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 22% reduction in the outpatient waiting list. No patient is removed from the waiting list without clinical oversight.
- The programme of clinical validation has continued across a number of specialties, with over 1,700 referrals reviewed to date, with over 1,000 identified as being appropriate to either be 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, radiology and Community Mental Health Services for Adults (CMHSA). This phase of the programme is intended to address the significant volume of patients awaiting outpatient appointments.

Assurance / Recovery Trajectory

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

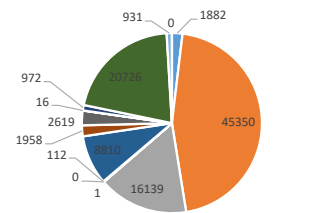
Note - Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23. The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using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



Reporting Date Mar-24	Performance 73.5%	Op. Plan # QC37b
Threshold 99.0%	YTD Mean 64.1%	Benchmark -
(higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		

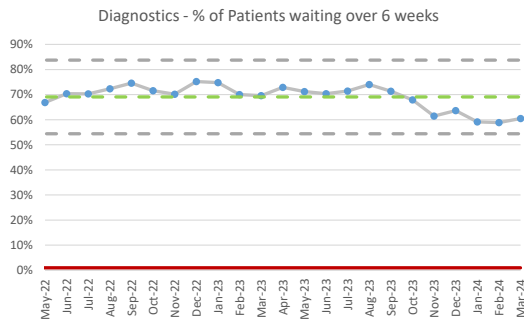
Modality	Mar-24		
	WL	>6 wks	% >6 wks
Bone Densitometry	157	58	37%
Computed Tomography	758	261	34%
Magnetic Resonance Imaging	418	121	29%
Ultrasound Non Obs	2,797	2,056	74%
Total	4,130	2,496	60%

YTD Demand by Modality: 2023/24

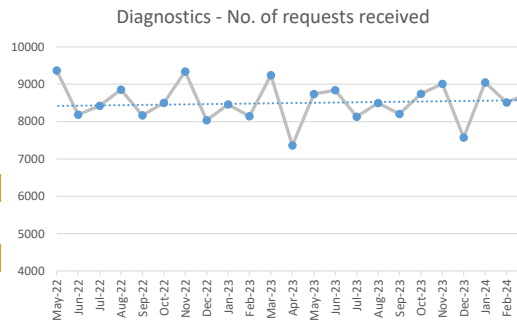


Legend: BD, CR, CT, ENDO, XC, IO, MRI, MG, MDT, NM, RF, US, XA, NBSS

6854



Reporting Date Mar-24	Performance 60.4%	Op. Plan # QC37
Threshold 1%	YTD Mean 66.9%	Benchmark 20.8%
(lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date Mar-24	Performance 101,413	Op. Plan # -
Threshold -	YTD Mean 8,451	Benchmark 8,546
+ Variation Description		
- Assurance Description		

Issues / Performance Summary

- Overall demand continues to exceed capacity. Demand was 27.7% higher than capacity in March.
- Emergency Department (ED) 26.1%, Outpatient Department (OPD) 37.5% and General Practitioner (GP) 21.4% remain the primary source of referrals, and there has been no significant change on the distribution compared to last month.
- Inpatient Referrals (746). This equated to 10.9% of all requests.
- 57.5% of exams were reported within 2 hours, 15.7% have taken 97 hours or longer.
- Of the 6,854 exams, 48.4% were turned around on the same day, and a further 36.4% in 1- 28 days.

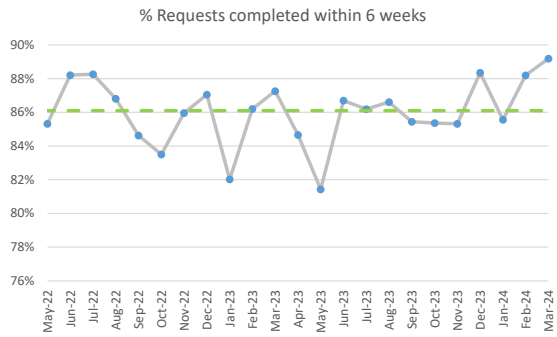
Planned / Mitigation Actions

- 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) 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

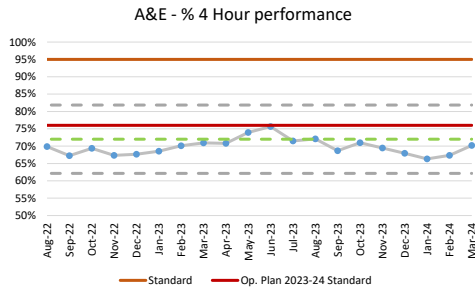
- Requirements for sustainable increased Radiology capacity has been scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case.
- Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified 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 February 2024. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.



Reporting Date	Performance	Op. Plan #
Mar-24	89.2%	
Threshold	YTD Mean	Benchmark
-	86.1%	85.9%
+ Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>% Requests completed within 6 weeks: 89.2% of requests completed in March were undertaken within 6 weeks. This is slightly above the average of 86.1% for the year so far.</p>		

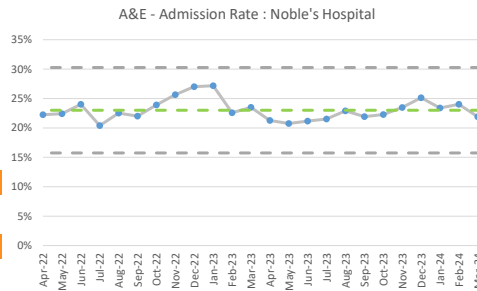


Reporting Date	Performance	Op. Plan #
Mar-24	70.2%	QC23
	Admitted 21.5%	
	Non-Admitted 79.6%	
Threshold	YTD Mean	Benchmark
76% (95%)	70.4%	74.2%

(Higher value represents better performance)

+ Variation Description
Common cause

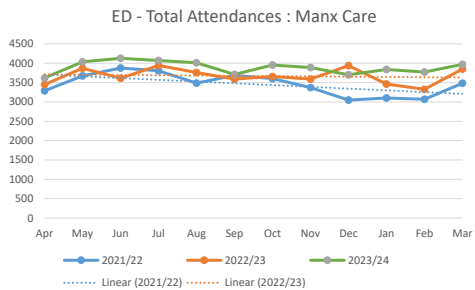
- Assurance Description
Consistently fail target



Reporting Date	Performance	Op. Plan #
Mar-24	21.9%	QC24
Threshold	YTD Mean	Benchmark
-	22.5%	28.7%

+ Variation Description
Common cause

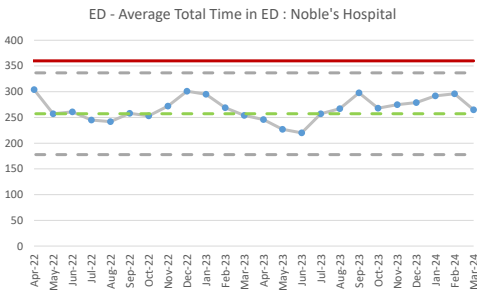
- Assurance Description
Consistently fail target



Reporting Date	Performance	Op. Plan #
Mar-24	3,972	QC150
Threshold	YTD Mean	Benchmark
-	3,893	3,671

+ Variation Description
Common cause

- Assurance Description
Consistently hit target



Reporting Date	Performance	Op. Plan #
Mar-24	265	QC150
Threshold	YTD Mean	Benchmark
360 mins	266	268

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently hit target

Issues / Performance Summary

- ED Attendances YTD are 6% higher than same period last year.
- March's performance of 70.2% remained below the 95% threshold but slightly lower the UK's performance of 74.2%.
 - Admitted Performance: 21.5%;
 - Non Admitted Performance: 79.6%;
- 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 March, the average admission rate from Noble's ED of 21.9%, slightly lower than 24% in February, and was lower than that of the UK (28.7%).

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.

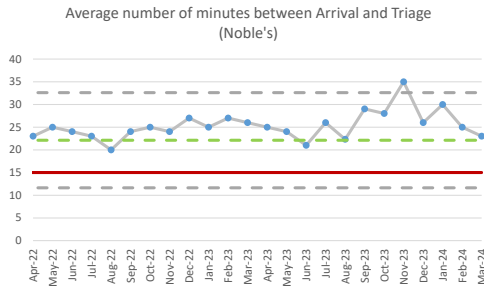
Planned / Mitigation Actions

- 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 March '24. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.



Reporting Date Mar-24

Performance 23

Op. Plan # QC26

Threshold 15 mins

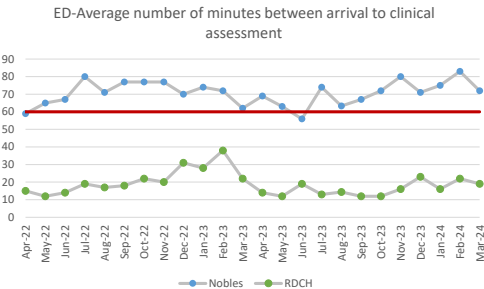
YTD Mean 26

Benchmark 24

(Lower value represents better performance)

Variation Description +
Special Cause of Concerning variation (High)

Assurance Description -
Consistently fail target



Reporting Date Mar-24

Performance Nobles 72, RDCH 19

Op. Plan # -

Threshold 60 mins

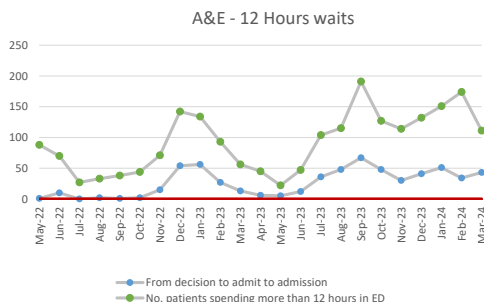
YTD Mean -

Benchmark -

(Lower value represents better performance)

Variation Description -

Assurance Description -



Reporting Date Mar-24

Performance %Trolley 12h Wait 1.1%, %ED 12h Wait 2.8%

Op. Plan # QC78

Threshold 0

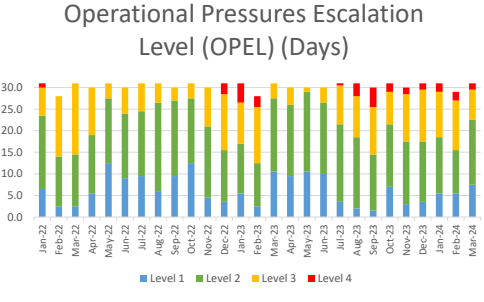
YTD Mean -

Benchmark -

(Lower value represents better performance)

Variation Description -

Assurance Description -
Consistently fail target



Reporting Date Mar-24

Performance -

Op. Plan # -

Threshold -

YTD Mean -

Benchmark -

Variation Description -

Assurance Description -

Issues / Performance Summary

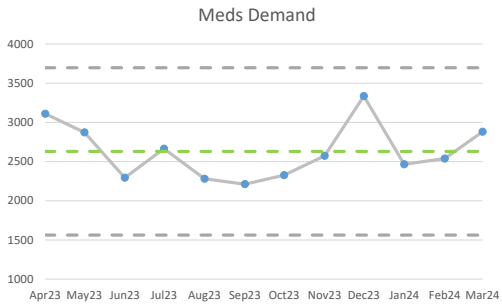
- The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 1.5 days in March
- The number of 12 Hour Trolley Waits was 43 (1.1% of attendances; UK 1.8%)
- 111 patients had a stay of more than 12 hours in ED in March. That equated to 2.8% of attendances.

Planned / Mitigation Actions

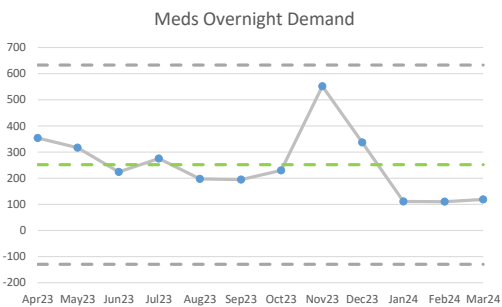
Assurance / Recovery Trajectory

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

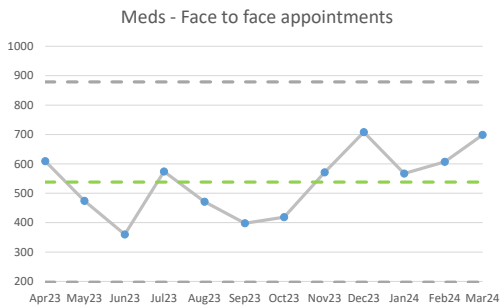
Responsive | **MEDs Demand** | **Executive Lead** | **Oliver Radford** | **Lead** | **Mark Cox**



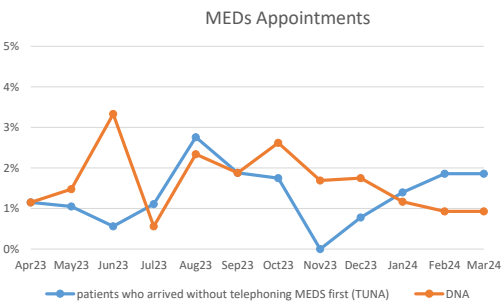
Reporting Date	Performance	Op. Plan #
Mar-24	2881	-
Threshold	YTD Mean	Benchmark
-	2629	-
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	119	-
Threshold	YTD Mean	Benchmark
-	252	-
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	699	-
Threshold	YTD Mean	Benchmark
-	538	-
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	TUNA 1.9%, DNA 0.9%	-
Threshold	YTD Mean	Benchmark
-	-	-
Variation Description		
(Lower value represents better performance)		
Assurance Description		

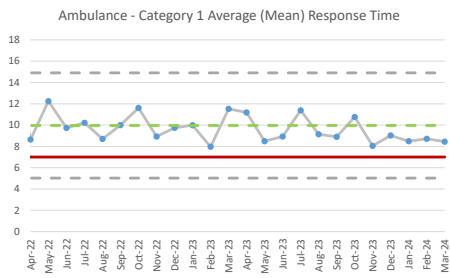
Issues / Performance Summary

- In March 2024 MEDS provided 2881 patient interactions. This number is significantly up from February due to the Easter Bank Holidays and being a longer month.
- In March 2024 MEDS offered a total of 699 Face to face appointments either at base or in the community. This was 32.89% of the total telephone contacts for this period.
- Of the 699 face to face appointments 14 were patients who arrived without telephoning MEDS first and 4 of the patients failed to attend given appointment.

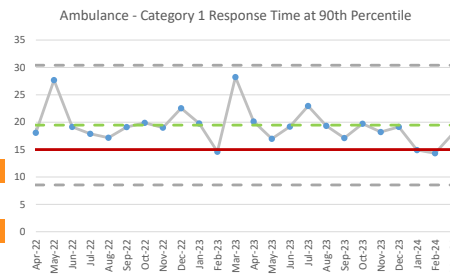
Planned / Mitigation Actions

Assurance / Recovery Trajectory

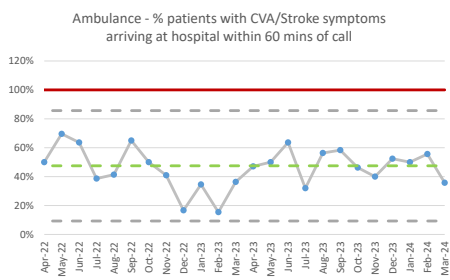
Responsive **Ambulance (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**



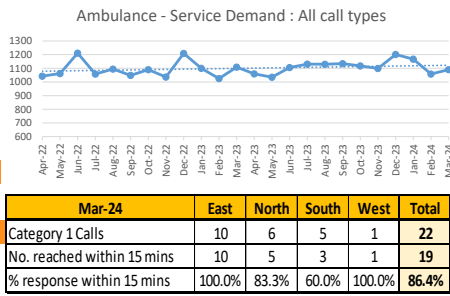
Reporting Date	Performance	Op. Plan #
Mar-24	00:08:27	QC20
Threshold	YTD Mean	Benchmark
7 mins	00:09:18	00:08:20
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Mar-24	00:18:00	QC21
Threshold	YTD Mean	Benchmark
15 mins	00:18:20	00:14:48
(Lower value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Mar-24	35.7%	
Threshold	YTD Mean	Benchmark
100.0%	48.9%	43.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Mar-24	1,090	
Threshold	YTD Mean	Benchmark
-	1,111	1,090
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Mar-24	East	North	South	West	Total
Category 1 Calls	10	6	5	1	22
No. reached within 15 mins	10	5	3	1	19
% response within 15 mins	100.0%	83.3%	60.0%	100.0%	86.4%

Issues / Performance Summary

- March continued to place pressure on our service with continued high levels of demand. We were however able to make slight improvement in Category 1 performance but still remains adrift of the sub 7 minutes target. The service is currently undertaking critical annual update training for all our staff. This has meant we have been unable to put additional resource on duty, with occasions of reduced ambulance cover. Of positive note is a marked reduction in the delays experienced in handing over patients to ED. We continue to work closely with colleagues across Nobles to effectively support demand both entering and exiting the hospital.
- As of April 1st 2024, we are de-escalating our ambulance response timeframes for Hear and Treat activities to closer align with NHSE Services and the triage system provider recommendations. From a data perspective it means "Upgrade <1hr" will change to <2hr response. Depending on the original call category, it may no longer be classed as an upgrade for relevant cases. We have also moved Face to Face later outcomes into the urgent side of our demand. This has, in effect, appropriately removed those cases from the "999" side of our demand. We can see the start of this in the March 2024 data where "999" activity looks level but "urgent" activity has increased. This is primarily due to the clinical navigators turning what would have been 999 demand into urgent demand with associated benefits for overall service demand management and performance, ensuring we can get to those most in need first.
- 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

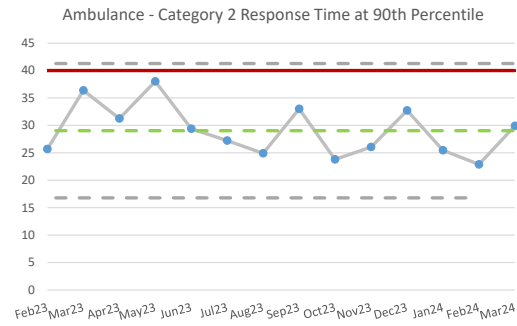
- Root cause analysis of handover breaches has been undertaken.
- KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26. This is likely to require additional system/data capture mechanisms to accurately record the exact time of handover between the ambulance crew and the ED staff.
- Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed in Q4 of 2023/24 for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).

Assurance / Recovery Trajectory

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

Note -
 Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for March'24.
 Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.

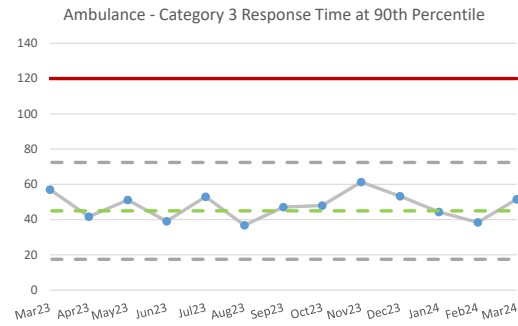
Responsive Ambulance (2 of 3)



Executive Lead

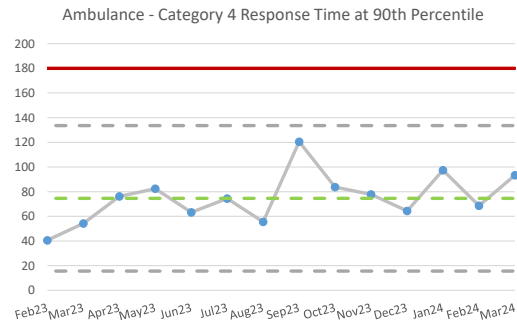
Reporting Date	Performance	Op. Plan #
Mar-24	00:29:55	QC136
Threshold	YTD Mean	Benchmark
40 mins	00:28:44	01:11:51
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		

Oliver Radford

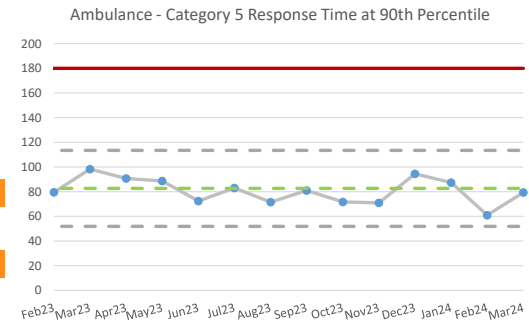


Lead Will Bellamy

Reporting Date	Performance	Op. Plan #
Mar-24	00:51:36	QC138
Threshold	YTD Mean	Benchmark
120 mins	00:47:10	04:52:42
(Lower value represents better performance)		
- Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date	Performance	Op. Plan #
Mar-24	01:33:20	QC140
Threshold	YTD Mean	Benchmark
180 mins	01:19:48	06:02:39
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date	Performance	Op. Plan #
Mar-24	01:19:22	QC142
Threshold	YTD Mean	Benchmark
180 mins	01:19:20	-
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		

Issues / Performance Summary

- We remain bench marking well against the categories (2,3,4 and 5) standards:
- Category 2; Standard < 40 mins; 90th percentile = 00:13:12
- Category 3; Standard < 120 mins; 90th percentile = 00:51:36
- Category 4; Standard < 180 mins; 90th percentile = 01:33:20
- Category 5; Standard < 180 mins; 90th percentile = 01:19:22

Planned / Mitigation Actions

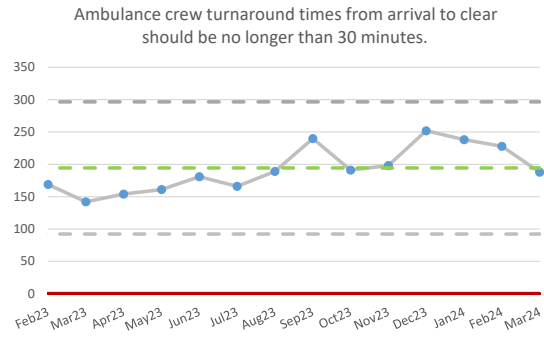
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Assurance / Recovery Trajectory

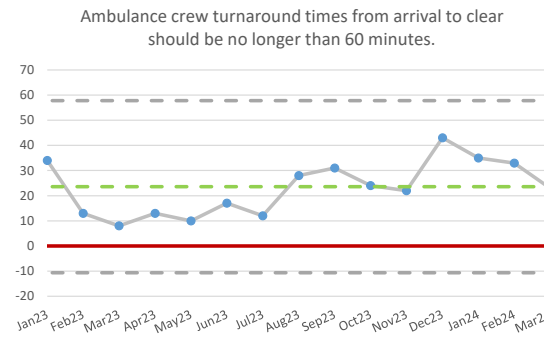
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Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for March'24.

Responsive	Ambulance (3 of 3)	Executive Lead	Oliver Radford	Lead	Will Bellamy
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Reporting Date Mar-24	Performance 188	Op. Plan # QC85
Threshold 0	YTD Mean 199	Benchmark 177
(Lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



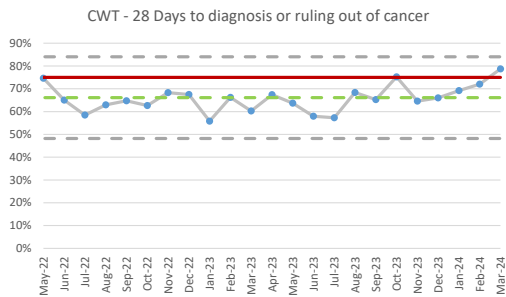
Reporting Date Mar-24	Performance 23	Op. Plan # QC86
Threshold 0	YTD Mean 24	Benchmark 22
(Lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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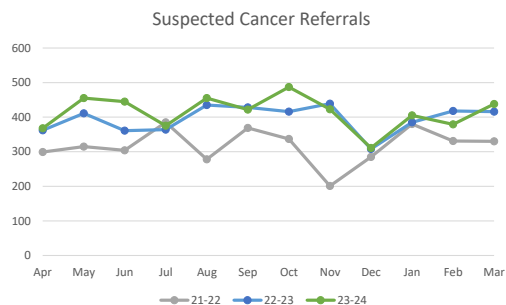
- There were 23 instances where handover Turnaround Times were greater than 60 mins, and 188 where greater than 30 mins.

Planned / Mitigation Actions

Assurance / Recovery Trajectory



Reporting Date	Performance	Op. Plan #
Mar-24	78.7% (270 of 343)	QC31
Threshold	YTD Mean	Benchmark
75.0%	67.1%	78.1%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Mar-24	438	
Threshold	YTD Mean	Benchmark
- Variation Description Common cause		
- Assurance Description		

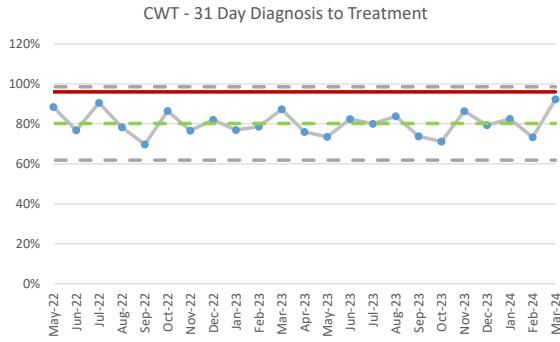
Tumour Group	Suspected Cancer Referrals					
	Mar-24	Apr 23 - Mar 24	Apr 22 - Mar 23	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23
Breast	76	802	635	26.3%	7	53
Colorectal	64	878	913	-3.8%	8	72
Dermatology	68	1028	995	3.3%	9	87
Gynaecology	64	559	476	17.4%	5	39
Haematology	5	63	72	-12.5%	1	5
Head & Neck	51	447	422	5.9%	4	36
Lung	16	148	120	23.3%	1	11
Other	5	23	29	-	0	4
Upper GI	32	403	406	-0.7%	4	34
Urology	49	446	432	3.2%	4	36
Sub-Total	430	4,797	4,500	6.6%	436	378

**Tumour Group	Monthly number of	
	Mar-24	12 month Avg.
Breast symptomatic (non-suspected cancer)	8	8

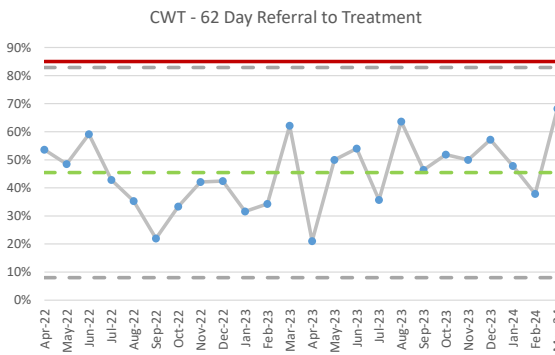
*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 23 - Mar 24.
 **Monthly referral figures for Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would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

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> Performance for the 28 Day FDS target has improved since November 2023 and achieved the 75% threshold at 78.7% in March. The mean wait time is currently 23 days and the median waiting time is currently 14 days. 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 escalated in line with the Cancer Escalation Policy 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 Delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS) and communication with MDT to stop the clock as soon as diagnosis is communicated Volatility of percentages due to small numbers, especially for some targets 	<ul style="list-style-type: none"> The ongoing review of our existing suspected cancer (GP referral) proformas with our specialist teams against the current Cheshire and Merseyside Cancer Alliance templates is reaching its conclusion. Further to successfully reviewing and implementing revised forms for Gynaecology, Skin, and Sarcoma, we have now reviewed and implemented Breast, Lung, Haematology, Upper GI, Colorectal, ENT, Oral, and Urology. Remaining specialist teams are currently reviewing their forms, and our ambition is to implement the remaining revised forms by close of May 2024. On Wednesday 13 March, Primary Care and Cancer Services jointly held an education session for the Island's GP's and Primary Care clinicians. This session was solely dedicated to Cancer, with a focus on the roll out of the new Urgent Suspected Cancer Referral (2WW) forms. Presentations were provided by clinicians from Noble's Hospital, the Cancer Services team and the Primary Care Network - not only in relation to the roll out of the new forms but also the Acute Oncology Advice and Guidance Service, GP Safety-netting, The Cancer Academy and the 28-Day Faster Diagnosis Standard (FDS). Weekly tumour specific PTLs for all tumour groups to ensure robust communication and resolution/escalation of patient level delays between MDT Team and Business Managers, supporting improvement in CWT Targets Review of administration of referrals with PIC to streamline process and ensure days not lost in pathway ahead of first appointment being booked is ongoing Cancer Operational and Access Policy, Cancer Escalation Policy, Inter-hospital transfer and breach allocation SOP, Cancer MDT Policy and SCR Data Quality SOP have all been finalised and ratified at the Operational Clinical Quality Group (OCQG) on 12th December 2023. These policies are a comprehensive package of how Manx Care (and 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 	<ul style="list-style-type: none"> 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 has now been appointed and commenced work. Post-holder was an existing Cancer MDT Co-ordinator ('home grown'). They 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 Breast, Lung, Haematology, Upper GI, Colorectal, ENT, Oral, and Urology 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 Data: Data towards the 2020 Cancer Intelligence Report published by the Public Health Directorate has now started to be transmitted to the team from the National Disease Registration Service (NDRS) <p>Note - Benchmark for the 28 Day standard is the UK NHSE performance figures for Feb'24.</p>

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



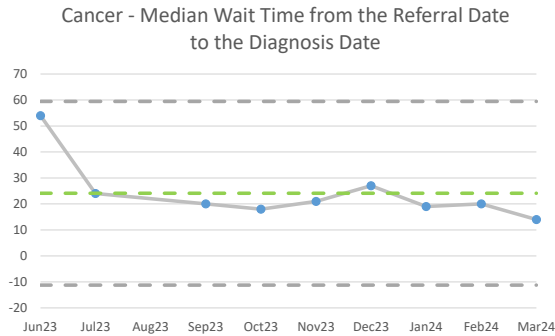
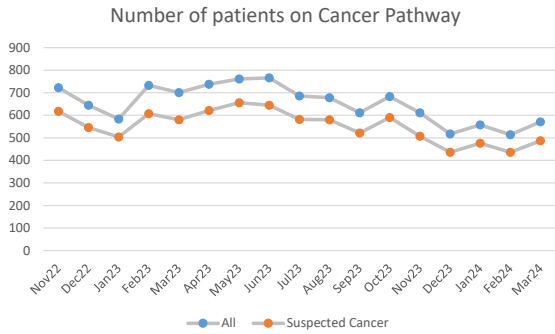
Reporting Date	Performance	Op. Plan #
Mar-24	92.3% (48 of 52)	QC35
Threshold	YTD Mean	Benchmark
96.0%	79.6%	91.1%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Mar-24	68.2% (15 of 22)	QC34
Threshold	YTD Mean	Benchmark
85.0%	48.6%	63.9%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see page 55 for supporting narrative.		Note - Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Feb'24

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



Reporting Date	Performance	Op. Plan #
Mar-24	571	
Threshold	YTD Mean	Benchmark
-	641	677

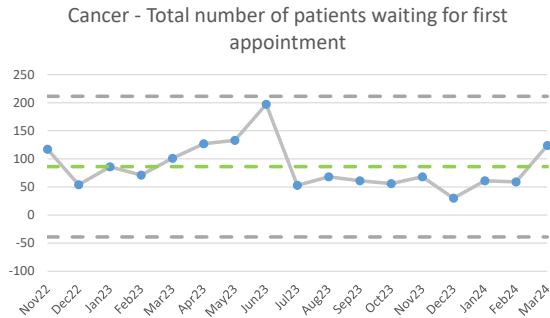
Variation Description

Assurance Description

Reporting Date	Performance	Op. Plan #
Mar-24	14	
Threshold	YTD Mean	Benchmark
-		

Variation Description
Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	124	
Threshold	YTD Mean	Benchmark
-	86	86

(Lower value represents better performance)

Variation Description

Common cause

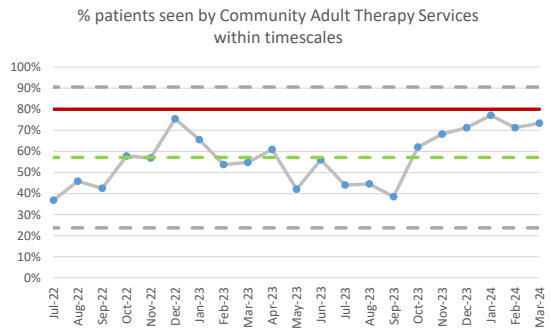
Assurance Description

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

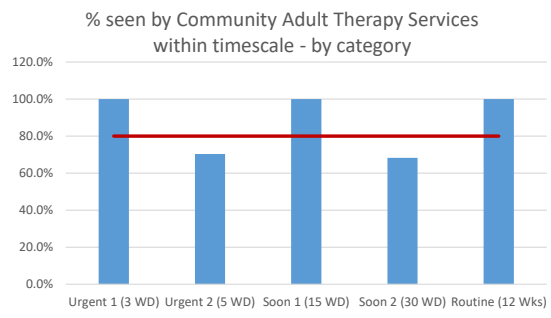
Please see page 55 for supporting narrative.

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.



Reporting Date	Performance	Op. Plan #
Mar-24	73.4%	QC62
Threshold	YTD Mean	Benchmark
80.0%	59.1%	54.4%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Mar-24	-	-
Threshold	YTD Mean	Benchmark
80%	-	-
(Higher value represents better performance)		
+ Variation Description		
- Assurance Description		

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

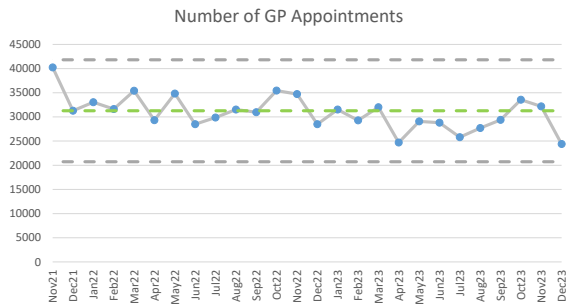
Community Adult Therapy:

- The team hold heavy caseloads of patients with complex and changing needs requiring regular input and reviews making it more difficult to respond to new referrals.

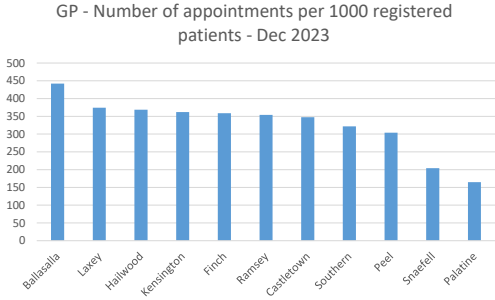
Community Adult Therapy:

- Team have reviewed triage priorities and the Mandate 2024/25 has reflected this with the new metrics (starting April-24) simplified 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.
- Team completing waiting list reviews.

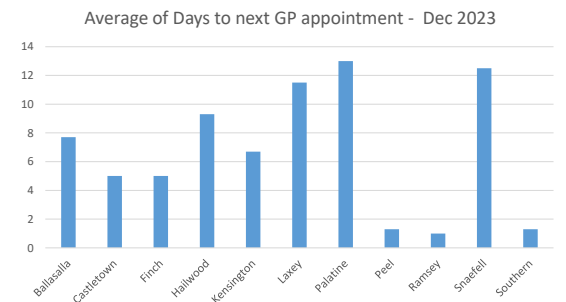
- Note:
Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.



Reporting Date	Performance	Op. Plan #
Dec-23	24384	-
Threshold	YTD Mean	Benchmark
-	28397	31375
Variation Description		
Common cause		
Assurance Description		

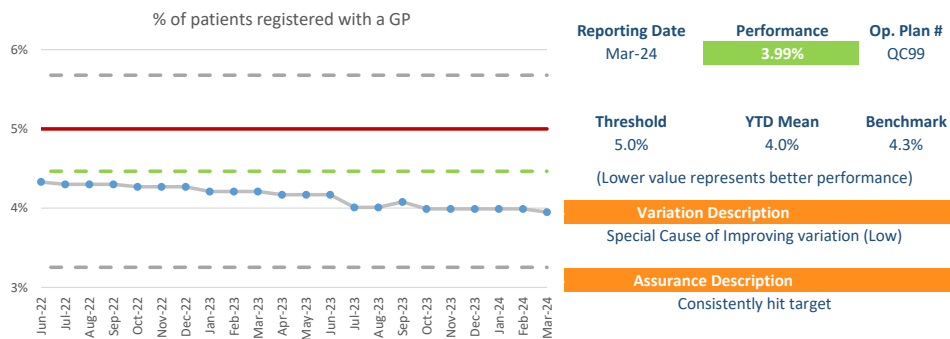


Reporting Date	Performance	Op. Plan #
Dec-23	-	-
Threshold	YTD Mean	Benchmark
-	-	-
Variation Description		
Assurance Description		



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

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>The GP data and reporting is currently under review and is not available for inclusion in the IPR at this time. The new suite of dashboards and reports are due to be signed off in May 2024, with reporting of GP service performance to recommence following sign off.</p> <p>The number of GP appointments fluctuates each month and is dependent on capacity and demand. Demand remains high at the moment, especially with seasonal illnesses.</p> <p>DNA rates continue to be an issue, despite the work undertaken by practices to increase patients awareness on how to cancel an appointment.</p> <p>Days to next appointment have formed part of a wider piece of work around appointment data reporting. The new dashboard is complete but has some teething issues that are currently being worked on before the data can be considered publishable.</p>	<p>Q3 Contract reviews took place in Jan / Feb. We discuss appointment data and review any issues and areas of concern. We review list sizes and GP capacity.</p> <p>Use of EMIS / AccurX / website / email / phone are all ways patients have access for cancelling appointments. The practices also write to repeat offenders.</p> <p>Manx Care, Primary Care Services has employed 2 new salaried locum GP's, complementing the single one in employment. We did have 2 more due to commence in April but 1 has decided not to accept. These additional staff will assist the practices when they have scheduled leave, as they can be booked in advance.</p> <p>Practices with vacancies are currently actively recruiting.</p>	<p>Winter planning additional support / appointment to vacancies and additional salaried GP support will assist in improving capacity.</p> <p>Practices utilise reminder texts to patients when an appointment is booked, 2 days before the appointment and a day before the appointment. Some patients can receive up to 5 texts in total to remind them of an upcoming appointment.</p> <p>With 4 Salaried GP's now in post this will assist practices with resilience and stability, complementing their existing establishment of staff. We have also recently had the Winter planning assistance of 1 GP into Primary Care who commenced 15th January 2024 to 31/3/2024 to assist with capacity issues over the winter period. We are also out to interest for Virtual GPs.</p>



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.

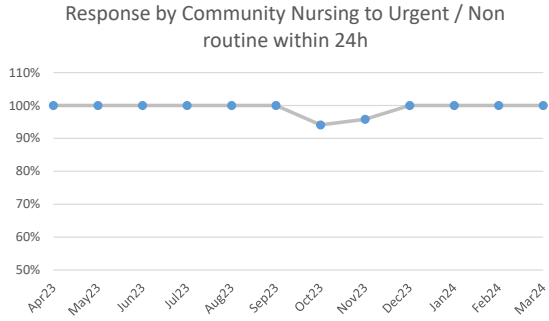
Assurance / Recovery Trajectory

% of patients registered with a GP:

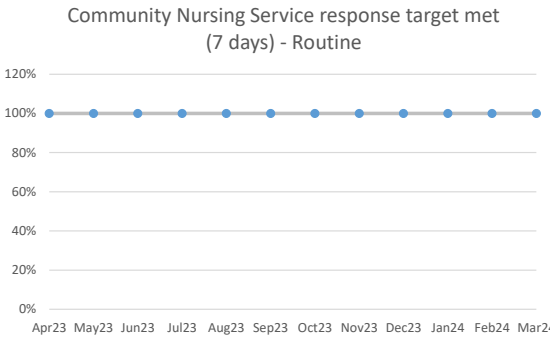
- The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and we have consistently hit 4% which is the new target.
- 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
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Reporting Date Mar-24	Performance 100%	Op. Plan # QC61
Threshold -	YTD Mean 99.2%	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		

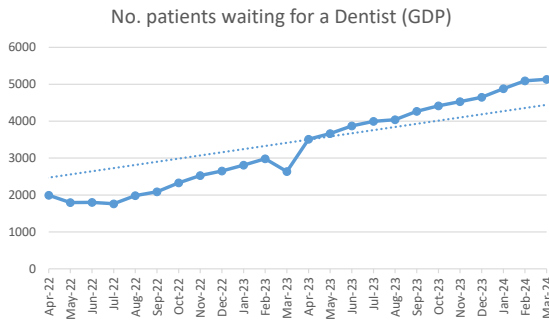


Reporting Date Mar-24	Performance 100.0%	Op. Plan # QC62
Threshold -	YTD Mean 100%	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Responsive | **Integrated Primary & Community Care (5 of 5)** | **Executive Lead** | **Oliver Radford** | **Lead** | **Annamarie Cubbon**

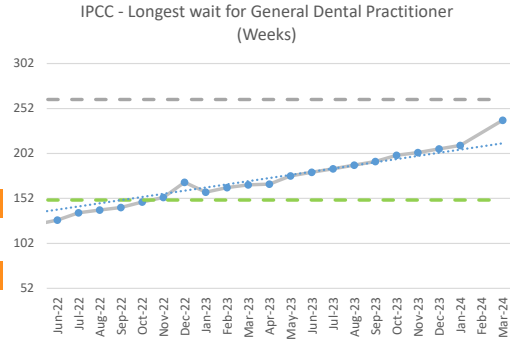


Reporting Date	Performance	Op. Plan #
Mar-24	5134	
Threshold	-	
YTD Mean	4337	Benchmark 826

(Lower value represents better performance)

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	239	
Threshold		
YTD Mean		Benchmark 168

Variation Description

Special Cause of Concerning variation (High)

Assurance Description

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

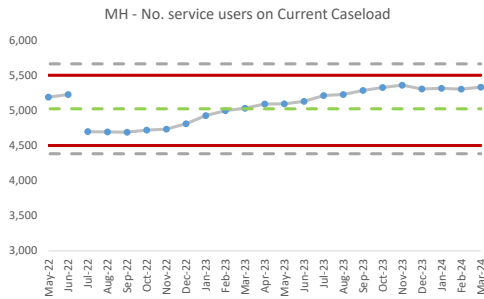
Dental:

- 5,134 patients were waiting for a dentist in March.

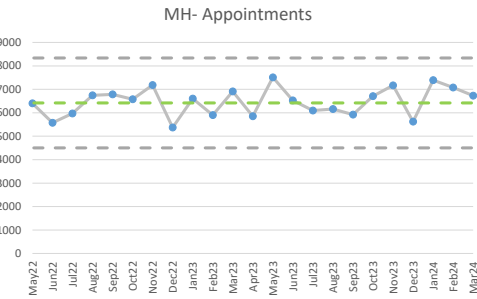
Planned / Mitigation Actions

Assurance / Recovery Trajectory

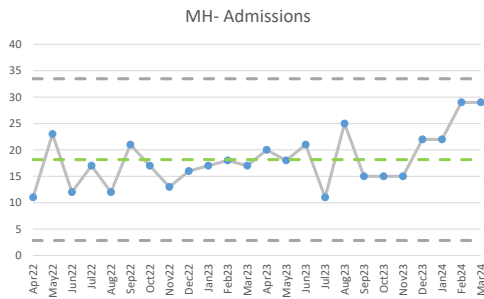
Note - Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.



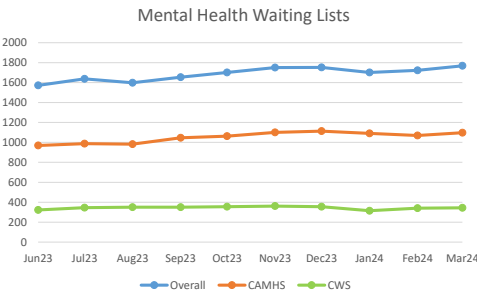
Reporting Date	Performance	Op. Plan #
Mar-24	5330	QC73
Threshold	4500 - 5500	
YTD Mean	5248	Benchmark
		4907
(Value within range represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Mar-24	6729	
Threshold	-	
YTD Mean	6564	Benchmark
		6276
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	29	
Threshold	-	
YTD Mean	20	Benchmark
		16
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Mar-24	1768	
Threshold	-	
YTD Mean	1686	Benchmark
Variation Description		
Assurance Description		

Issues / Performance Summary

Current Caseload:
Caseload remains within the expected range with a decrease of 15 this month. However, it should be noted that the caseload is significantly higher locally than you would expect within the English NHS. This is particularly evident within CAMHS, whose caseload is some 4 times higher than you would expect per 100 thousand population equivalent in England.
This range is benchmarked upon historic demand.

MH Admissions to Manannan Court:
Admissions in March remained at 29,

Planned / Mitigation Actions

Current Caseload:
Business case for additional staff in CAMHS is progressing to treasury.

MH Appointments:
Operational Managers are able to view DNA rates via their reporting dashboard and can take action if negative trends or areas of concerns are identified.

MH Admissions to Manannan Court:
Continue to monitor the impact of successful recruitment in community services on inpatient admissions.

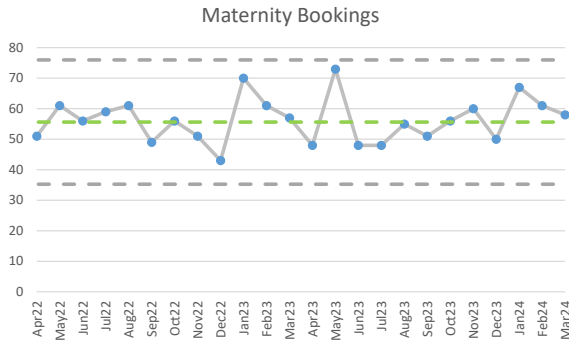
MH Waiting Lists:
The intention is to report on referral to treatment times, we are working with the performance team to establish a clear methodology and the scope for RTT reporting.

Reduction in waiting list volume's for CAMHS mental health services
The business case to treasury suggests options to reduce waiting lists, with the assistance of partnership arrangements with third sector providers and shared care agreements with GP'

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 waits for low to moderate psychological therapies will be greatly reduced during 2024



Reporting Date
Mar-24

Performance
58

Op. Plan #
-

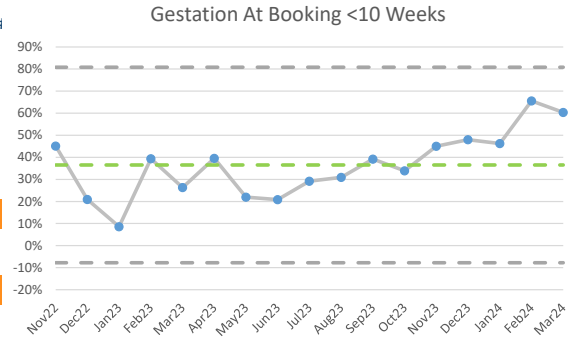
Threshold
-

YTD Mean
805

Benchmark
56

Variation Description
Common cause

Assurance Description



Reporting Date
Mar-24

Performance
60%

Op. Plan #
-

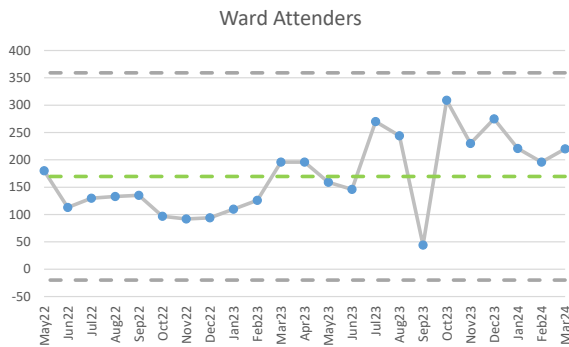
Threshold
-

YTD Mean
40%

Benchmark
28.0%

Variation Description
Common cause

Assurance Description



Reporting Date
Mar-24

Performance
220

Op. Plan #
-

Threshold
-

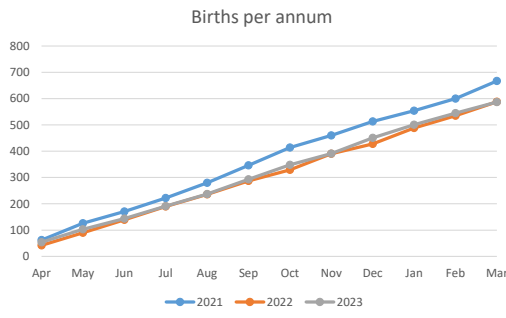
YTD Mean
-

Benchmark
131

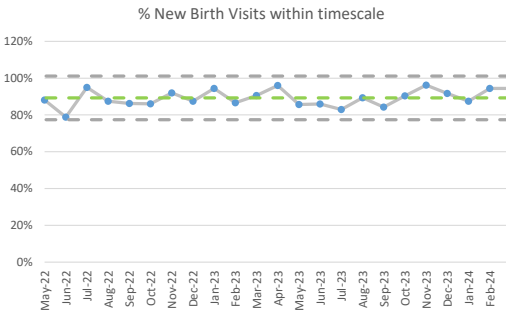
Variation Description
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Maternity bookings</p> <p>Gestation<10 weeks at booking: Gestation at booking is continuing to improve from June 2023. Current performance 60%.</p> <p>Booking: A total of 58 women have booked for care in March (57 in March 23).</p>		



Reporting Date Mar-24	Performance 587	Op. plan # -
Threshold -	YTD Mean 320	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



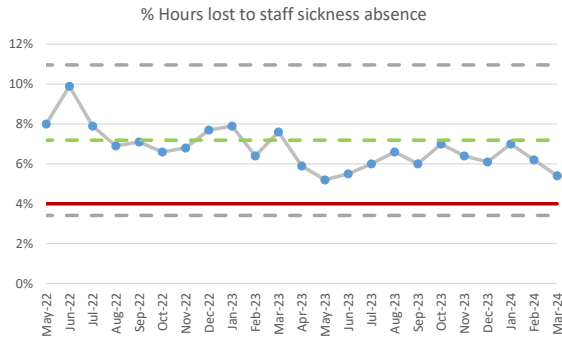
Reporting Date Mar-24	Performance 94%	Op. Plan # QC133
Threshold -	YTD Mean 90%	Benchmark 89%
- Variation Description Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions
<p>In March 2024 we received 56 Antenatal referrals into the department.</p> <p>New Birth Visits</p> <p>The Health Visiting Team completed a total of 54 visits. Out of these visits, 51 were completed within the timeframe of 14 days and 3 were not completed within timeframe during March.</p> <p>Our overall compliance was 99%.</p> <p>There was 2 exceptions and 1 breaches.</p>	

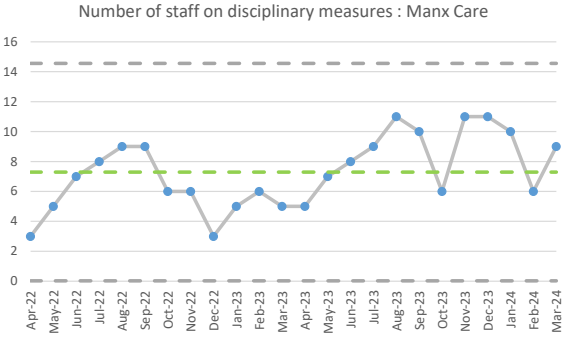
Well Led (People) Performance Summary

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	Mar-24		5.4%	6.1%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Mar-24	-	88	82	-	-		
WP004		Workforce - Number of staff leavers	Mar-24	-	29	24	283	-		
WP005		Workforce - Number of staff on disciplinary measures	Mar-24	-	9	9	103	-		
WP006		Workforce - Number of suspended staff	Mar-24	-	4	3	36	-		
WP013		Staff 12 months turnover rate	Mar-24		10.2%	10.1%	-	10%		
WP014		Training Attendance rate	Mar-24		58.0%	61.5%	-	90%		
WP007		Governance - Number of Data Breaches	Mar-24		20	13	151	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Mar-24	-	69	57	689	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Mar-24	-	4	3	32	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Mar-24	-	12	10	124	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Mar-24	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Mar-24		35	38	460	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Mar-24		54	38	452	-		

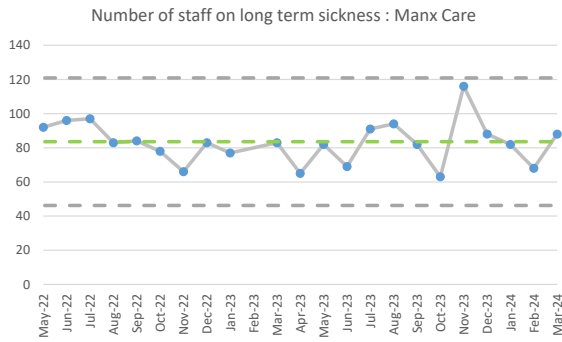
Well Led | **OHR (1 of 2)** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**



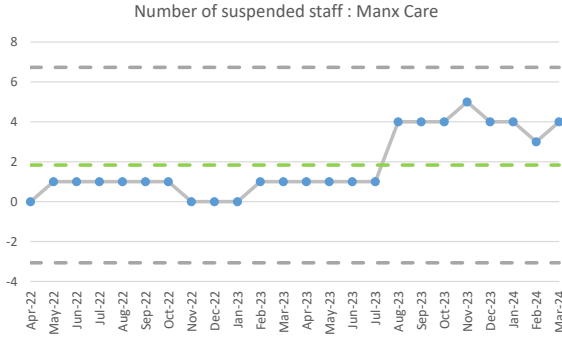
Reporting Date	Performance	Op. plan #
Mar-24	5.4%	P1
Threshold	4.0%	Benchmark
	YTD Mean 6.1%	7.7%
(Lower value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (Low)		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Mar-24	9	P5
Threshold	-	Benchmark
	YTD Mean 9	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. plan #
Mar-24	88	P4
Threshold	-	Benchmark
	YTD Mean 82	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



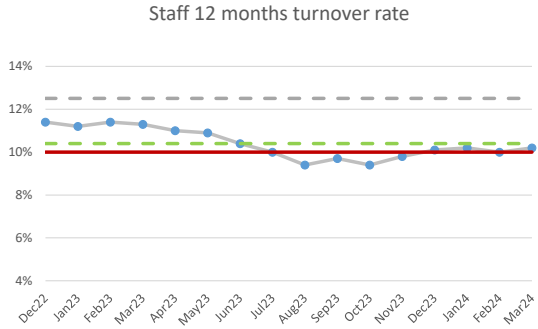
Reporting Date	Performance	Op. plan #
Mar-24	4	P6
Threshold	-	Benchmark
	YTD Mean 3	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary	
• Worktime lost in February 24 by sickness category:	
Stress, Anxiety & Depression	- 1.5%
Cough, Cold & Flu	- 0.9%
Musculoskeletal	- 1.0%
Covid-19	- 0.1%
Other sickness	- 2.1%
• Worktime lost in March 24 by Area:	
Integrated Social Care Services	- 5.8%
Medicine, Urgent Care & Ambulance Services	- 4.3%
Integrated Mental Health Services	-
Infrastructure	- 7.3%
Integrated Primary & Community Care Services	- 5.4%
Integrated Cancer & Diagnostic Services	- 2.7%
Women, Children & Families	- 5.7%
Surgery, Theatres, Critical Care & Anaesthetics	- 7.8%

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 their use of appropriate information and support provided by OHR. Absence is also impacted by staff engagement and wider initiatives relating to wellbeing and culture which should have a positive impact.

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



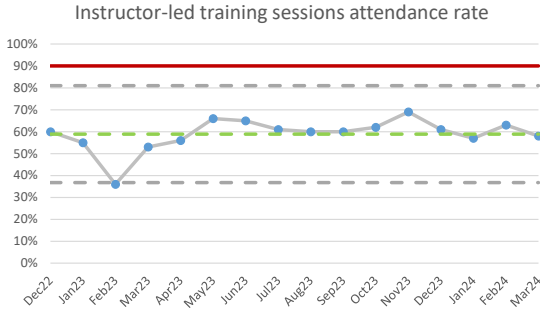
Reporting Date	Performance	Op. plan #
Mar-24	10.2%	P2

Threshold	YTD Mean	Benchmark
10.0%	10.1%	11.3%

(Lower value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Inconsistently passing and falling short of target



Reporting Date	Performance	Op. plan #
Mar-24	58%	P7

Threshold	YTD Mean	Benchmark
90%	62%	51%

(Higher value represents better performance)

-	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

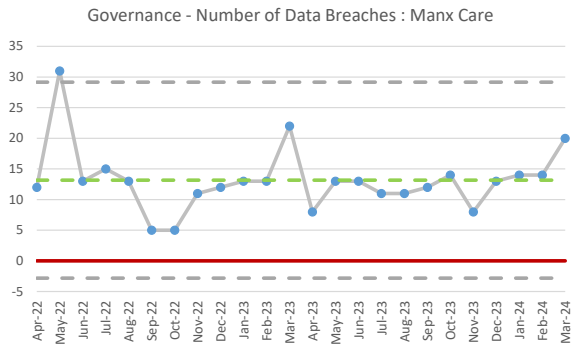
Issues / Performance Summary | **Planned / Mitigation Actions** | **Assurance / Recovery Trajectory**

NB. Turnover = Leavers/number of staff at start of period. Bank and casual staff excluded. Agency staff also currently excluded. OHR are developing data collection processes.

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Well Led **Governance** **Executive Lead** **Simon Collins** **Lead** **Jennifer Maynard**

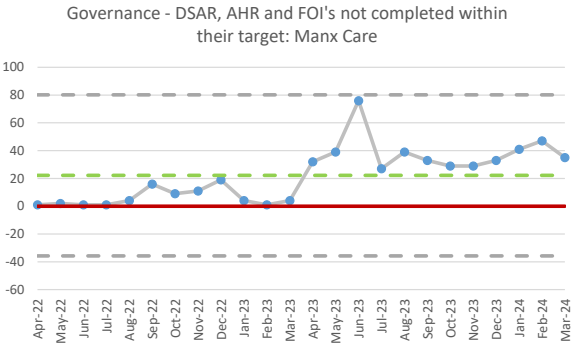


Reporting Date Mar-24 **Performance** 20 **Op. plan #** L1

Threshold 0 **YTD Mean** 13 **Benchmark** -

Variation Description
Common cause

Assurance Description
Consistently fail target



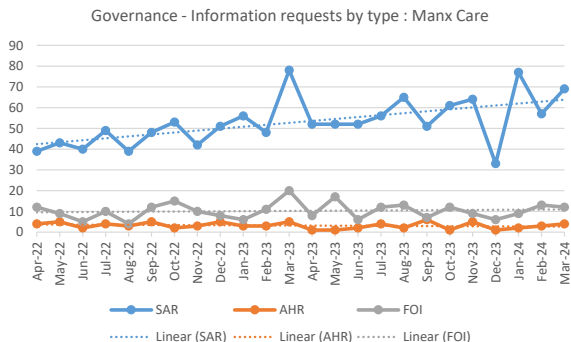
Reporting Date Mar-24 **Performance** 35 **Op. plan #** L6

Threshold 0 **YTD Mean** 38 **Benchmark** -

(Lower value represents better performance)

Variation Description
Common cause

Assurance Description
Consistently fail target

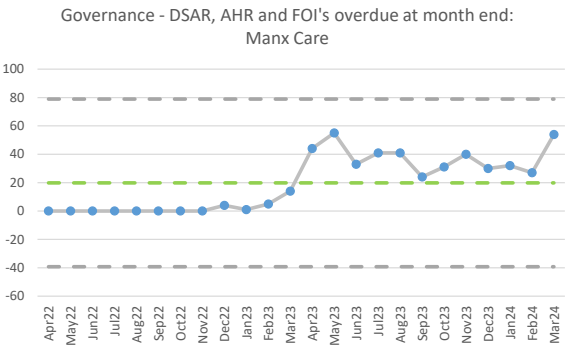


Reporting Date Mar-24 **Performance** - **Op. plan #** L2-3-4

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

Variation Description

Assurance Description



Reporting Date Mar-24 **Performance** 54 **Op. plan #** -

Threshold - **YTD Mean** 38 **Benchmark** 20










(Lower value represents better performance)

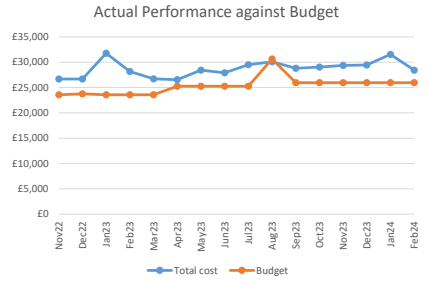
Variation Description
Common cause

Assurance Description

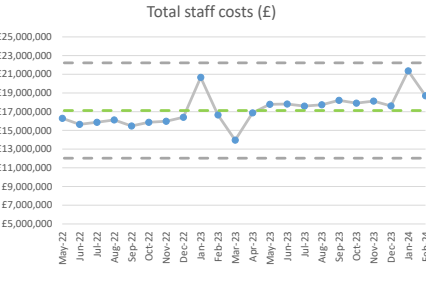
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Total: 20</p> <p>Reported to the Commissioner: 3</p> <p>Data Subjects informed: 8</p> <p>Data Subjects Not Informed: 12 (1 x clinical decision not to inform, 11 x low risk to data subject)</p> <p>Types of breach</p> <p>Email: 4</p> <p>Written Communication: 5</p> <p>Confidentiality: 11</p>	<ul style="list-style-type: none"> Manx Care notifies to the ICO all breaches which they are required to notify. All breaches (and suspected breaches) are fully investigated by the Manx Care DPO. The DPO will conduct a full internal investigations with the relevant service areas to establish the details of the breach / suspected breach and conduct a root cause analysis exercise to establish . Recommended improvements and changes will be identified and the DPO and IG Risk and Quality Assurance Manager will work together with relevant service areas to ensure any improvements and remedial actions identified are progressed. <p>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</p>	<ul style="list-style-type: none"> Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Evidence indicates that staff across Manx Care are confident to report data breaches and that such events are used as an opportunity to learn, improve and to strengthening the way the organisation manages and secures data subjects' information. <p>There is a continued upward trend in the number of DSAR, FOI, Police and Court 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. Additionally, there is a significant impact on resources in care groups and service areas due to their involvement in providing clinical redaction reviews and information for FOI requests.</p> <p>Manx Care continues to review policies and processes. It is recognised that an effective governance structure is based on continual improvements and reviews.</p>

Well Led (Finance) Performance Summary

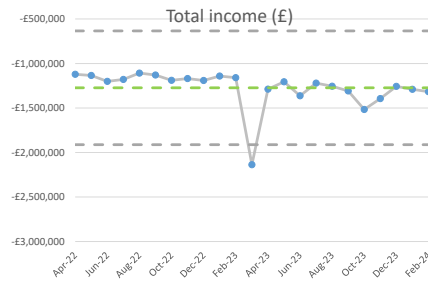
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Feb-24		131%	-	698%	100% (equiv. 1%)		
WF002		Total income (£)	Feb-24	-	-£1,317,608	-£1,238,717	-£14,420,506	-		
WF003		Total staff costs (£)	Feb-24	-	£18,699,974	£16,177,273	£199,803,078	-		
WF004		Total other costs (£)	Feb-24	-	£11,458,983	£11,886,589	£140,760,647	-		
WF005		Agency staff costs (proportion %)	Feb-24	-	4.0%	5.4%	-	-		
WF009		Actual performance against Budget	Feb-24		-2,493	-£4,401	-£31,785	-		



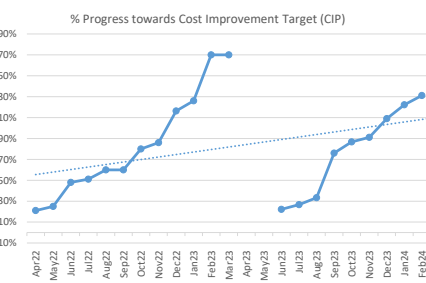
Reporting Date	Performance	Op. plan #
Feb-24	YTD Mean	Benchmark
	Threshold	
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Feb-24	£18,699,974	F4
	YTD Mean	Benchmark
	£16,177,273	
	Threshold	
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Feb-24	-£1,317,608	F3
	YTD Mean	Benchmark
	-£1,238,717	
	Threshold	
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Feb-24	131.1%	F1
	YTD Mean	Benchmark
	100% (equiv. 1%)	
	Threshold	
Variation Description		
Assurance Description		

Issues / Performance Summary

% Progress towards Cost Improvement Target (CIP):

- To date, the CIP plan has delivered £7.3m in savings, of which £5.9m are cash out. Overall, delivery at February stands at 97%. 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 £34.9m 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.

Total income (£):

- The operational result for February is an overspend of (£2.5m). The spend in the month was higher than expected and due to this being the second consecutive month of increased costs. The forecast has been updated to reflect the risk of this continuing into March.

Total staff costs (£):

- YTD employee costs are (£9.1m) 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 £10.3m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£2.0m), Social Care (£2.0m) and Mental Health (£1.4m), where spend is primarily incurred to cover existing vacancies in those areas.

Planned / Mitigation Actions

% 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.

Total income (£):

- Spend is expected to increase by £34.9m 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.
- The remaining Reserve Fund business cases have been approved by the DHSC with the claim now expected to be £6.5m. This means the operational forecast is expected to be an overspend of £31.3m.

Total staff costs (proportion %):

- 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 & NIC. 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.

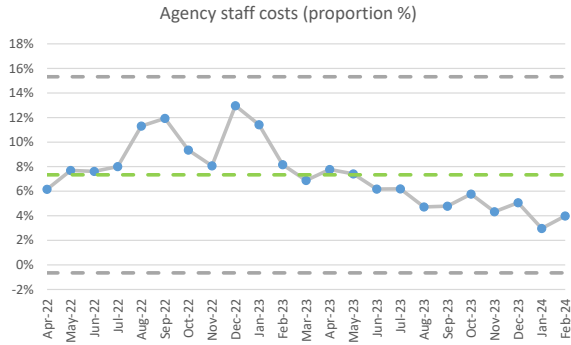
Assurance / Recovery Trajectory

% Progress towards Cost Improvement Target (CIP):

- To date, the CIP plan has delivered £7.3m in savings, of which £5.9m are cash out. Overall, delivery at February stands at 97%. 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.
- 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.

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.



Reporting Date	Performance	Op. plan #
Feb-24	4.0%	
Threshold	YTD Mean	Benchmark
	5.4%	5.4%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		

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

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

Performance Scorecard 1

KPI ID	Indicator	OP- Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
SA001	Serious incidents declared	<3 - 36 PA	2	2	1	1	3	4	1	5	5	0	3	2	3	30	
SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	80.00%	75.00%	50.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		
SA018	Letter has been sent in accordance with Duty of Candour Regulations	100%	N/A	100.00%	100.00%	50.00%	75.00%	100.00%	100.00%	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%	95.06%	90.41%	84.73%	89.60%	87.30%	88.89%	91.00%	94.50%	92.50%	93.00%	98.00%	92.00%	90.00%		
SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95%	97.00%	91.87%	95.87%	97.40%	100.00%	98.00%	96.00%	99.00%	99.00%	96.00%	99.00%	99.00%	99.00%		
SA005	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
SA006	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Data	<2	0.54	0.63	0.16	0.16	0.17	0.45	0.31	0.49	0.5	0.17	0.3	0.2	0.2		
SA019	Pressure Ulcers - Total Incidence - Grade 2 and above	<= 17 (204 PA)	13	15	13	19	24	23	16	11	17	2	14	7	9	176	
SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	2	4	4	4	4	2	1	1	3	0	1	3	2	29	
SA008	MRSA - Total number of acquired infections	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
SA009	E-Coli - Total number of acquired infections	< 72 PA	0	5	4	6	10	4	9	8	11	7	8	9	5	90	
SA010	No. confirmed cases of Klebsiella spp	-	0	0	3	1	2	2	2	0	2	2	2	1	3	20	
SA011	No. confirmed cases of Pseudomonas aeruginosa	-	0	0	0	0	1	1	1	0	0	2	0	0	1	6	
SA012	Number of Medication Errors (with Harm)	< 25 PA	0	1	1	0	0	0	0	1	0	0	0	0	1	4	
SA013	Harm Free Care Score (Safety Thermometer) - Adult	95%	96.9%	96.8%	97.4%	98.0%	97.5%	96.8%	97.0%	97.3%	97.0%	95.5%	97.0%	98.0%	99.0%		
SA014	Harm Free Care Score (Safety Thermometer) - Maternity	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
SA015	Harm Free Care Score (Safety Thermometer) - Children	95%	99.0%	82.3%	99.8%	95.2%	96.2%	100.0%	99.0%	100.0%	100.0%	98.5%	99.0%	99.0%	98.0%		
SA016	Hand Hygiene Compliance	96%	92.0%	98.0%	96.0%	99.0%	97.0%	97.0%	97.0%	99.0%	97.0%	98.0%	96.0%	98.0%	99.0%		
SA017	48-72 hr review of antibiotic prescription complete	98%	81.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%	82.0%	88.0%	78.0%	90.0%	85.0%	83.0%		
EF007	Planned Care - DNA - Hospital	5%	N/A	N/A	N/A	N/A	8.7%	12.2%	10.2%	9.4%	11.0%	11.9%	12.2%	11.1%	12.0%		
EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5%	12.0%	11.9%	11.1%	10.4%	11.9%	14.8%	11.5%	11.2%	13.3%	16.7%	15.2%	14.0%	14.8%		
	Planned Care - DNA Rate (Nurse Led outpatient appointments)		6.0%	7.4%	7.1%	4.8%	5.1%	8.2%	6.0%	5.4%	6.8%	5.8%	8.2%	7.7%	7.1%		
	Planned Care - DNA Rate (AHP Led outpatient appointments)		11.0%	11.3%	9.5%	10.1%	9.0%	11.4%	10.2%	10.0%	9.8%	10.4%	9.8%	8.6%	11.4%		
EF002	Planned Care - Total Number of Cancelled Operations		396	236	344	284	337	268	371	367	348	355	390	320	307	3927	
	Hospital cancelled		229	109	196	138	200	140	223	239	156	167	204	155	185	2112	
	Patient cancelled		167	127	148	146	137	128	148	128	192	188	186	165	122	1815	
EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	88	112	121	114	140	103	105	94	81	91	115	103	105	1284	
	Average Length of Stay (ALOS) - Nobles	-	6	5	5	5	5	5	5	5	5	5	5	4	3		
	Average Length of Stay (ALOS) - RDCH	-	41	38	130	38	31	36	40	44	34	35	35	43	35		
	Total Number of discharges	-	1008	907	960	906	985	1009	938	982	1059	973	995	991	902	4767	
EF050	Total Number of inpatient discharges-Nobles	-	976	882	924	866	946	968	904	939	1001	926	955	948	880	4586	
EF051	Total Number of inpatient discharges-RDCH	-	32	25	36	40	39	41	34	43	38	47	40	43	22	181	

Performance Scorecard 2

KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
EF003	Theatres - Number of Cancelled Operations on Day		48	36	40	28	51	27	33	46	31	24	44	35	41	436	
	Theatres - Number of Cancelled Operations on Day - Clinical		19	12	14	16	7	8	14	16	13	7	16	13	16	152	
	Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		11	5	6	5	14	5	6	10	6	7	3	8	12	87	
	Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		18	19	20	7	30	14	13	20	12	10	25	14	13	197	
EF004	Theatres - Theatre Utilisation %	85%	75.8%	73.3%	76.2%	67.8%	79.7%	82.4%	80.6%	79.8%	76.2%	72.3%	76.1%	81.8%	77.0%		
EF006	Crude Mortality Rate		24.24	16.47	15.37	12.75	15.25	19.63	18.81	24.68	19	21.76	38.07	31.71	22.4		
EF007	Total Hospital Deaths		27	18	18	13	20	21	22	30	27	20	41	39	25	294	
EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	94%	93%	93%	98%	98%	98%	97%	97%	99%	99%	98%	98%	98%		
EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	25.3%	6.7%	5.8%	-6.4%	24.9%	14.2%	7.1%	6.6%	6.2%	6.3%	0.4%	-3.5%	-7.2%		
EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	89.2%	-10.9%	-1.8%	-25.3%	-25.6%	-1.8%	-14.3%	1.6%	66.7%	32.7%	28.3%	32.7%	19.6%		
EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)		26	30	33	83	21	51	20	8	39	24	31	7	18		
EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.4%	88.0%	94.1%		
EF064	Number of patients with a length of stay - 0 days (Mental Health)	-	0	2	1	1	0	1	1	0	1	1	0	1	1	10	
EF065	MH - Number of patients aged 18-64 with a length of stay - > 60 days	-	1	3	4	3	0	2	1	0	1	0	1	0	0	15	
EF066	MH - Number of patients aged 65+ with a length of stay - > 90 days	-	0	2	0	1	1	3	0	0	1	2	2	0	2	14	
EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	100%	100%	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%	100%	50%	100%	100%	50%	100%	-	-	-	100%	-	-	-		
EF026	Crisis Team one hour response to referral from ED	75%	91%	94%	94%	100%	96%	84%	90%	77%	90%	85%	91%	91%	81%		
EF015	ASC - % of Re-referrals	<15%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%	3.3%	4.1%	5.1%	6.1%	16%	13%		
EF063	ASC - No. of referrals		77	76	78	59	66	86	68	91	74	59	82	74	105	918	
EF016	ASC - % of all Wellbeing Partnership Assessments completed in Agreed Timescales	80%	27%	39%	39%	29%	42%	27%	23%	40%	30%	24%	28%	20%	31%		
EF017	ASC - % of individuals (or carers) receiving a copy of their Wellbeing Partnership Assessment	100%	27%	22%	48%	100%	100%	100%	96%	100%	96%	95%	96%	100%	92%		

Performance Scorecard 3

KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85%	75.0%	100.0%	75.0%	65.5%	54.6%	50.0%	48.0%	56.0%	43.5%	66.7%	34.0%	29.4%	81.1%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90%	100.0%	100.0%	100.0%	33.3%	80.0%	71.4%	80.0%	76.9%	100.0%	0.0%	80.0%	72.7%	66.7%		
EF022	CFSC - % Child Protection Reviews held on time	90%	77.8%	88.9%	100.0%	100.0%	88.9%	95.8%	95.7%	80.0%	100.0%	100.0%	75.0%	88.9%	100.0%		
EF023	CFSC - % Looked After Children reviews held on time	90%	83.3%	100.0%	100.0%	100.0%	100.0%	90.5%	90.0%	88.0%	100.0%	100.0%	76.0%	92.9%	95.5%		
EF049	C&F - Number of referrals - Children & Families		N/A	116	172	144	133	121	168	141	199	188	230	95	128	1835	
EF044	C&F - Children (of age) participating in, or contributing to, their Child Protection review	90%	N/A	0.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	67.0%	33.0%		
EF045	C&F - Children (of age) participating in, or contributing to, their Looked After Child review	90%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	95.0%	89.0%		
EF046	C&F - Children (of age) participating in, or contributing to, their Complex Review	79%	N/A	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%	35.0%	71.0%	21.0%	55.0%	63.0%	27.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	96%	97%	96%	99%	99%	97%	92%	96%	95%	93%	95%	96%	97%		
EF010	% Dental contractors on target to meet UDA's	96%	72%	3%	10%	17%	25%	35%	38%	46%	53%	55%	50%	50%	50%		
EF068	Pharmacy - Total Prescriptions (No. of fees)		N/A	131397	140744	139132	136305	137200	158757	137848	146299	131619	142643			£1,401,944	
EF069	Pharmacy - Chargeable Prescriptions		N/A	16509	19236	18377	17909	17376	22055	18211	19690	18137	18869			£186,369	
EF070	Pharmacy - Total Exempt Item		N/A	129409	139125	137291	134446	134685	155968	135824	143793	129776	140649			£1,380,966	
EF071	Pharmacy - Chargeable Items		N/A	16410	19108	18266	17909	17224	21924	17940	19273	17758	18427			£184,239	
EF072	Pharmacy - Net cost		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	£1,287,033	£1,368,851			£14,205,038	
EF073	Pharmacy - Charges Collected		N/A	£63,586	£73,816	£70,832	£68,792	£66,370	£84,646	£69,092	£74,520	£68,322	£71,367			£711,343	
EF030	Caesarean Deliveries (not Robson Classified)		21%	39%	43%	32%	46%	61%	41%	35%	43%	47%	39%	37%	38%		
EF031	Induction of Labour	< 30%	34%	29%	36%	11%	33%	44%	30%	25%	40%	29%	47%	37%	33%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	0%	0%	0%	1%	0%	0%	1%	2%	0%	2%	2%	0%	0%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	0%	0%	0%	0%	1%	1%	0%	2%	0%	2%	4%	0%	1%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	12%	4%	4%	13%	15%	5%	5%	10%	9%	2%		
EF035	Stillbirth Number / Rate		1	0	0	0	1	0	0	0	0	0	0	0	0	1	
EF036	Unplanned Admission To ITU - Level 3 Care		0	0	2	0	1	0	1	0	0	0	1	0	0	5	
EF037	% Smoking At Booking		9%	15%	11%	8%	6%	4%	4%	7%	12%	16%	10%	16%	13%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	11%	14%	6%	5%	0%	10%	14%	3%	12%	6%	8%	2%	4%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	70%	76%	63%	73%	56%	71%	69%	76%	71%	67%	63%	58%	86%		
EF040	Breast Feeding Rate At Transfer Home		34%	37%	29%	31%	32%	30%	72%	69%	76%	73%	78%	77%	86%		
EF041	Neonatal Mortality rate/1000		0	0	0	0	0	0	0	0	0	0	1	0	0	1	
EF059	W&C - Paediatrics- Total Admissions		N/A	N/A	N/A	119	131	117	133	162	197	164	169	179	190	1561	
EF060	W&C - NNU - Total number of Admissions		N/A	6	7	8	8	3	7	11	5	5	5	5	2	72	
EF061	W&C - NNU - Avg. Length of Stay		N/A	N/A	N/A	8.5	3.4	5.0	3.4	6.5	21.2	12.5	4.4	7.8	22.5		
EF062	W&C - Community follow up		N/A	4	8	6	2	1	3	0	9	8	8	3	5	57	

EFFECTIVE

Performance Scorecard 4

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
CARE	CA001	Mixed Sex Accommodation - No. of Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CA002	Complaints - Total number of complaints received	-	30	28	24	27	24	22	26	29	27	28	24	30	32	321	
	CA012	FFT - How was your experience? No. of responses	-	739	571	718	2096	1161	1311	1187	1682	1650	943	1403	1503	1994	16219	
	CA013	FFT - Experience was Very Good or Good	80%	87.0%	92.0%	87.0%	85.0%	87.0%	90.0%	91.0%	91.0%	91.0%	91.0%	91.0%	92.0%	89.0%		
	CA014	FFT - Experience was neither Good or Poor	10%	5.0%	2.0%	4.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.0%	4.0%		
	CA015	FFT - Experience was Poor or Very Poor	<10%	8.0%	6.0%	8.0%	9.0%	9.0%	6.0%	5.0%	5.0%	5.0%	5.0%	6.0%	5.0%	7.0%		
	CA016	Manx Care Advice and Liaison Service contacts	-	839	589	636	517	649	621	655	704	958	620	880	689	705	8223	
	CA017	Manx Care Advice and Liaison Service same day response	80%	88.0%	89.0%	87.0%	91.0%	90.0%	91.0%	90.0%	89.0%	90.0%	91.0%	90.0%	93.0%	92.0%		
	CA007	Complaint acknowledged within 5 working days	98%	100.0%	100.0%	86.0%	100.0%	100.0%	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%	85.7%	100.0%	98.3%	100.0%	100.0%	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	7	4	1	4	2	4	2	1	2	27		
RESPONSIVE	RE058	Cons Led- OP Referrals		3502	2867	2887	3075	2846	2986	2812	3041	2857	2200	2864	2585	2715	33735	
	RE059	Nurse Led- OP Referrals		717	729	594	850	889	741	824	794	1056	640	1002	923	655	9697	
	RE060	AHP- OP Referrals		840	684	736	906	846	770	853	866	962	640	966	863	860	9952	
		RTT - Number of patients waiting for first hospital appointment		20618	20406	20189	20480	20191	20367	21180	21042	21335	20810	20452	20512	20372		
	RE001	No. patients waiting for first Consultant outpatient	< 15465	15380	15465	15500	15718	15703	15846	16562	16744	16973	16861	16610	16620	16619		
		No. waiting Over 52 weeks - to start consultant-led treatment	0	4792	4890	4927	5016	5247	5089	5289	5432	5602	5487	5361	5406	5660		
		Average Wait (weeks) - Ref to OP		49	47	47	47	49	48	48	49	47	48	48	49	49		
		Max wait (weeks) - Ref to OP		794	799	846	836	817	816	840	844	1017	1021	1025	1030	1034		
	RE0011	No. patients waiting for Nurse outpatient		1927	1519	1385	1540	1512	1449	1643	1623	1802	1657	1663	1744	1722		
	RE00111	No. patients waiting for AHP		3311	3422	3304	3222	2976	3072	2975	2675	2560	2292	2179	2148	2031		
	RE002	Number of patients waiting for Daycase procedure	< 2311	2622	2311	2264	2372	2334	2229	2291	2303	2254	2126	2016	1854	1738		
		Average Wait (weeks) - Daycase		40	41	42	43	43	45	43	44	45	45	49	46	39		
		Max wait (weeks) - Daycase		299	304	308	312	316	320	293	297	301	301	305	310	312		
		No. waiting Over 52 weeks - Inpatient (Daycase only)		717	624	609	635	617	602	607	601	604	580	573	496	387		
	RE003	Number of patients waiting for Inpatient procedure	< 554	570	554	553	551	534	505	530	497	464	432	447	445	449		
		Average Wait (weeks) - Inpatient		40	39	40	41	40	38	38	35	33	33	34	31	30		
		Max wait (weeks) - Inpatient		316	321	325	329	333	337	342	235	212	217	221	215	223		
		No. waiting Over 52 weeks - Inpatient (IP pathway only)		142	143	144	149	134	124	129	106	95	78	79	73	75		
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85%	55.7%	60.8%	55.0%	57.0%	60.0%	57.4%	42.4%	55.4%	48.6%	52.5%	46.4%	52.9%	51.8%		
	RE005	Diagnostics - % requests completed within 6 weeks		87.3%	84.7%	81.4%	86.7%	86.2%	86.6%	85.4%	85.4%	85.3%	88.4%	85.6%	88.2%	89.2%		
RE006	Diagnostics - % Current wait > 6 weeks		70%	73%	71%	70%	71%	74%	71%	68%	61%	64%	59%	59%	60%			
	Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8481	8256	7719	7545	7291	3541	4544	3846	3622	3955	3883	3871	4130			
	Diagnostics - % Current wait <= 6 weeks	99%	30%	27%	29%	30%	29%	26%	29%	32%	39%	36%	41%	41%	40%			
RE061	Diagnostics-% patients waiting 26 weeks or less	99%	N/A	N/A	59%	61%	63%	59%	59%	58%	67%	67%	69%	71%	73%			

Performance Scorecard 5

KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RE007	A&E - % of ED attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at ED (Nobles and RDCH)	76%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%	71.0%	69.5%	68.0%	66.3%	67.3%	70.2%		
	A&E - 4 Hour Performance - Nobles		59.6%	61.7%	64.5%	66.5%	61.1%	60.8%	57.9%	60.6%	58.7%	57.2%	55.2%	56.3%	59.5%		
	A&E - 4 Hour Performance - RDCH		99.8%	99.9%	100.0%	99.6%	100.0%	99.9%	100.0%	99.9%	100.1%	99.7%	99.7%	100.0%	99.8%		
RE008	A&E - 4 Hour Performance (Non Admitted)	95%	80.8%	79.6%	82.1%	84.0%	80.6%	82.9%	78.8%	80.4%	79.3%	79.1%	76.6%	77.8%	79.6%		
RE009	A&E - 4 Hour Performance (Admitted)	95%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%	22.8%	22.6%	20.0%	18.0%	19.6%	21.5%		
	A&E - Admission Rate		16.8%	16.1%	15.2%	15.3%	15.7%	16.3%	16.3%	16.4%	17.4%	18.8%	17.6%	17.9%	16.1%		
RE0072	A&E - Admission Rate - Nobles		23.5%	21.3%	20.8%	21.2%	21.5%	22.9%	21.9%	22.3%	23.5%	25.1%	23.4%	24.0%	21.9%		
	A&E - Admission Rate - RDCH		0.2%	0.2%	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.1%		
RE010	A&E - Average Total Time in Emergency Department	360 mins	254	246	227	220	257	267	298	268	275	279	292	296	265		
RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	26	25	24	21	26	22	29	28	35	26	30	25	23		
RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	62	69	63	56	74	63	67	72	80	71	75	83	72		
RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	22	14	12	19	13	14	12	12	16	23	16	22	19		
RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	13	6	5	12	36	48	67	48	30	41	51	34	43	421	
RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	56	45	22	47	104	115	191	127	114	132	151	174	111	1333	
RE080	ED- Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	177	177	175	161	178	168	182	179	181	177	183	186	177		
RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	28	20	17	19	23	19	17	20	18	19	15	14	18		
RE0141	Total Number of Emergency Calls		1109	1059	1035	1105	1131	1130	1134	1118	1099	1201	1167	1058	1090	13327	
RE0142	Number of Category 1 Calls		33	25	46	43	41	38	46	24	28	31	37	26	22	407	
RE015	Ambulance - Category 1 Mean Response Time	7 mins	12	11	8	9	11	9	9	11	8	9	8	9	8		
RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	36.4%	47.1%	50.0%	63.6%	32.0%	56.3%	58.3%	46.2%	40.0%	52.4%	50.0%	55.6%	35.7%		
	Category 2 Mean Response Time	18 mins	16	14	16	13	13	11	16	12	13	15	12	11	13		
RE034	Category 2 Response Time at 90th Percentile	40 mins	36	31	38	29	27	25	33	24	26	33	25	23	30		
	Category 3 Mean Response Time	Monitor	22	20	20	19	24	17	20	22	24	22	19	17	0		
RE035	Category 3 Response Time at 90th Percentile	120 mins	57	42	51	39	53	37	47	48	61	53	44	38	52		
	Category 4 Mean Response Time	Monitor	25	30	35	20	37	26	44	33	36	32	37	29	47		
RE036	Category 4 Response Time at 90th Percentile	180 mins	54	76	82	63	74	56	121	84	78	64	97	69	93		
	Category 5 Mean Response Time	Monitor	42	40	36	31	35	32	35	33	30	46	34	30	39		
	Category 5 Response Time at 90th Percentile	180 mins	98	91	89	72	83	72	81	72	71	95	87	61	79		
	Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	142	154	161	181	166	189	240	191	198	252	238	228	188	2386	
	Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	8	13	10	17	12	28	31	24	22	43	35	33	23	291	
RE043	OPEL level 4 (Days)		0	0	0	0	1	3	5	2	2	2	2	2	2	19	
RE082	Meds Demand - N-patient interactions		N/A	3111	2872	2295	2664	2281	2211	2326	2574	3335	2464	2539	2881	31553	
RE083	Meds Overnight Demand		N/A	354	317	224	275	197	195	230	552	337	111	110	119	3021	
RE084	Meds - Face to face appointments		N/A	609	474	360	574	471	398	419	571	708	567	607	699	6457	
RE086	Meds - TUNAX		N/A	1.2%	1.1%	0.6%	1.1%	2.8%	1.9%	1.8%	1.27%	0.8%	1.4%	1.9%	1.9%		
RE088	Meds- DNAX		N/A	1.2%	1.5%	3.3%	0.6%	2.3%	1.9%	2.6%	1.7%	1.8%	1.2%	0.9%	0.9%		

Performance Scorecard 6

RESPONSIVE	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
	RE0171	Referrals received for all suspected cancers		416	368	455	445	375	455	422	487	423	311	405	379	438	4963	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96%	87.3%	76.0%	73.5%	82.4%	80.0%	83.8%	73.8%	71.2%	86.4%	79.4%	82.5%	73.3%	92.3%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85%	62.2%	21.1%	50.0%	54.0%	35.7%	63.6%	46.4%	51.9%	50.0%	57.1%	47.8%	37.8%	68.2%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via ZWW or Cancer Screening) to date of diagnosis	75%	60.3%	67.4%	63.7%	58.0%	57.3%	68.4%	65.3%	75.3%	64.6%	66.0%	69.2%	72.0%	78.7%		
	RE057	All Referrals received for all suspected cancers		502	434	537	514	460	558	502	599	501	364	472	443	497	5881	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	54.8%	60.9%	42.1%	56.0%	44.0%	44.6%	38.5%	62.1%	68.2%	71.2%	77.1%	71.2%	73.4%		
		% Urgent 1 - seen within 3 working days	80%	74.2%	69.8%	50.0%	71.5%	65.6%	54.1%	42.4%	50.0%	100.0%	NaN	100.0%	NaN	100.0%		
		% Urgent 2 - seen within 5 working days	80%	61.8%	73.7%	54.0%	67.7%	39.3%	50.0%	52.2%	69.8%	82.1%	89.2%	81.7%	69.7%	70.3%		
		% Soon 1 - seen within 15 working days	80%	34.9%	38.7%	21.7%	23.9%	32.6%	39.6%	16.4%	0.0%	0.0%	0.0%	0.0%	75.0%	100.0%		
	% Soon 2 - seen within 30 working days	80%	38.5%	70.0%	0.0%	100.0%	0.0%	0.0%	51.9%	69.5%	70.5%	70.1%	75.6%	70.4%	68.2%			
	% Routine - seen within 12 weeks	80%	40.0%	70.0%	87.5%	79.0%	50.0%	34.8%	42.9%	66.7%	56.0%	42.9%	73.2%	82.4%	100.0%			

Performance Scorecard 7

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance	
RESPONSIVE		IPCC - No. patients waiting for a dentist		2638	3509	3666	3872	3993	4042	4268	4415	4528	4648	4878	5092	5134			
	RE0271	IPCC - Longest time waiting for a dentist (weeks)		167	168	177	181	185	189	193	200	203	207	211		239			
		IPCC - Number patients seen by dentist within the year		53892	53697	53829	53089	53628	53778	54084	54025	53151	41895	57005	61008	65355			
	RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		4.2%	4.2%	4.2%	4.2%	4.0%	4.0%	4.1%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%			
		Average of Days to next GP appt - Ballasalla		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		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		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		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		5.8	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		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		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	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	1.3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0						
		Average of Days to next GP appt - Snaefell		10.3	16.8	13.0	4.5	15.5	12.0	20.0	17.0	23.5	12.5						
		Average of Days to next GP appt - Southern		1.3	1.5	2.0	1.0	1.8	2.0	1.3	1.0	1.5	1.3						
		RE081	IPCC - N. of GP appointments		31998	24715	29084	28790	25807	27687	29379	33554	32174	24384				255574	
		RE054	Did Not Attend Rate (GP Appointment)	-	3%	3%	3%	3%	2%	3%	3%	2%	3%	3%					
		RE074	Response by Community Nursing to Urgent / Non routine		N/A	100%	100%	100%	100%	100%	100%	94%	96%	100%	100%	100%	100%		
		RE075	Community Nursing Service response target met - Routine		N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
		RE028	MH - No. service users on Current Caseload	4500 - 5500	5030	5090	5093	5129	5211	5226	5285	5325	5359	5305	5315	5302	5330	62970	
	RE044	MH- Waiting list		N/A	N/A	N/A	1572	1637	1598	1654	1701	1750	1752	1702	1723	1768			
	RE071	Average caseload per social worker-Adult Generic Team	16 to 18	N/A	N/A	N/A	13.3	19.0	19.3	21.7	20.3	21.6	20.4	25.9	17.1	16.9			
	RE078	Average caseload per social worker-Adult Learning Disabilities	17 to 18	N/A	N/A	N/A	18.7	20.3	21.1	23.4	27.1	28.1	23.4	20.0	17.6	19.5			
	RE079	Average caseload per social worker-Older Persons Community Team	18 to 18	N/A	N/A	N/A	10.8	11.7	11.3	14.7	17.2	19.8	19.8	14.4	17.2	17.9			

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RESPONSIVE	REG00	W&C - % New Birth Visits within timescale		90.6%	96.0%	85.7%	86.0%	83.0%	89.4%	84.3%	90.4%	96.2%	91.7%	87.5%	94.4%	94.4%		
	REG02	Births per annum		588	54	103	144	191	237	293	348	391	451	501	545	587		
	REG01	Maternity Bookings		57	48	73	48	48	55	51	60	60	50	67	61	58		675
	REG02	Ward Attenders		196	196	159	146	270	244	44	309	230	275	221	196	220		2510
	REG03	Gestation At Booking <10 Weeks		26.3%	39.0%	21.9%	20.8%	29.2%	30.9%	33.9%	33.9%	45.0%	48.0%	46.3%	65.6%	60.3%		
	REG06	Adult General and Acute (G&A) bed occupancy	<=92%	N/A	N/A	N/A	N/A	60.1%	64.2%	61.6%	63.2%	68.3%	64.8%	65.4%	61.9%	61.7%		
	REG09	ASC - % of all Residential Beds Occupied	85% - 100%	84%	83%	83%	71%	69%	68%	52%	59%	48%	70%	59%	70%	73%		
	REG07	Respite bed occupancy	>=90%	79%	92%	80%	69%	70%	81%	65%	58%	73%	88%	48%	63%	63%		
		Total number of Service Users		262	250	250	212	134	134	162	181	153	220	176	0	0		
REG08	ASC-% of Service users with a PCP in Place	95.00%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	7.6%	5.9%	5.2%	5.5%	6.0%	6.6%	6.0%	7.0%	6.4%	6.1%	7.0%	6.2%	5.4%		
	WP002	Number of staff on long term sickness		83	65	82	69	91	94	82	63	116	88	82	68	88		
	WP004	Number of staff leavers		19	22	22	24	22	34	34	19	21	22	16	18	29		283
	WP005	Number of staff on disciplinary measures		5	5	7	8	9	11	10	6	11	11	10	6	9		103
	WP006	Number of suspended staff		1	1	1	1	1	4	4	4	5	4	4	3	4		36
	WP007	Number of Data Breaches	0	22	8	13	13	11	11	12	14	9	13	14	14	20		151
		Reported to ICO		21	8	13	13	13	11	4	4	1	2	0	0	0		80
	WP011	Number of Enforcement Notices from the ICO	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	4	32	39	76	27	39	33	29	29	33	41	47	35		460
	WP013	Staff 12 months turnover rate	10%	11.3%	11.0%	10.9%	10.4%	10.0%	9.4%	9.7%	9.4%	9.8%	10.1%	10.2%	10.0%	10.2%		
	WP015	Number of DSAR, AHR and FOI's overdue at month end		14	44	55	33	41	41	24	31	40	30	32	27	54		452
		Number of DSAR, AHR and FOI's Breaches		18	76	94	109	68	80	57	60	69	63	73	74	89		912
	WELLBEMPACT	WF001	% Progress towards Cost Improvement Target (CIP)	1.5%	170.0%	N/A	N/A	22.2%	26.7%	33.3%	76.0%	86.7%	91.1%	109.0%	122.2%	131.1%		
		WF002	Total Income (£)		-£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	-£1,290,649.95	-£1,317,607.85		-£14,420,506
		WF003	Total staff costs (£)		£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	£21,371,001.58	£18,699,973.83		£199,803,078
WF004		Total other costs (£)		£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	£12,928,918.18	£11,458,982.66		£140,760,647	
WF005		Agency staff costs (proportion %)		6.9%	7.8%	7.4%	6.2%	6.2%	4.7%	4.8%	5.8%	4.3%	5.1%	3.0%	4.0%			
WF007		Actual performance (£ 000)		£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	£31,534.0	£28,441.0			
WF008		budget (£ 000)		£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	£25,948.0	£25,948.0			
WF009		Actual performance against Budget (£ 000)		-£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	-£5,586.0	-£2,493.0			

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	Meeting Date:	09.05.24
		Enclosure Number:	

Meeting:	Manx Care Board Meeting		
Report Title:	Management Accounts		
Authors:	Jackie Lawless, Director of Finance, Performance and Delivery		
Accountable Director:	Jackie Lawless, Director of Finance, Performance and Delivery		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	FP&C	02.05.24	

Summary of key points in report			
The management accounts for March 2024 provide detail of the current financial position of Manx Care.			
Recommendation for the Committee to consider			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard	
IG Governance Toolkit	<input type="checkbox"/>		
Others (pls specify)	<input type="checkbox"/>		
Impacts and Implications?	YES or NO	If yes, what impact or implication	
Patient Safety and Experience	<input type="checkbox"/>		
Financial (revenue & capital)	<input type="checkbox"/>		
OD/Workforce including H&S	<input type="checkbox"/>		
Equality, Diversity & Inclusion	<input type="checkbox"/>		
Legal	<input type="checkbox"/>		



Manx Care Management Accounts

March 2024

Financial Advisory Service

Manx Care Management Accounts – March 2024

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 MARCH 2024										
	MONTH £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)		
OPERATIONAL	26,880	25,246	(1,633)	(6%)	327,092	302,975	(24,117)	(8%)	289	(169)
Income	(1,490)	(1,281)	209	16%	(15,910)	(15,368)	542	4%	172	(6)
Employee Costs	18,140	16,469	(1,671)	(10%)	208,360	197,639	(10,721)	(5%)	(188)	(707)
Other Costs	10,229	10,058	(171)	(2%)	134,642	120,704	(13,938)	(12%)	305	543
2023/24 PAY AWARD	487	0	(487)	-	7,004	0	(7,004)	-	100	305
TOTAL - OPERATIONAL	27,367	25,246	(2,121)	-	334,096	302,975	(31,121)	-	389	135
APPROVED RESERVE CLAIMS	819	0	(819)	-	6,321	0	(6,321)	-	(320)	133
High Cost Patients / Care Packages	337	0	(337)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	950	0	(950)	-	0	0
Recovery College	63	0	(63)	-	107	0	(107)	-	(60)	(60)
Vaccine Service	340	0	(340)	-	1,225	0	(1,225)	-	(260)	192
TOTAL SPEND (Exc R&R)	28,186	25,246	(2,940)	(12%)	340,417	302,975	(37,442)	(12%)	69	268
RESTORATION & RECOVERY	296	700	404	58%	10,283	10,300	17	0%	(110)	17
TOTAL	28,482	25,946	(2,536)	(10%)	350,699	313,275	(37,425)	(12%)	(41)	285

Overview

- The full year operational result was an overspend of (£31.1m) with further spend of (£6.3m) being covered by the DHSC reserve. Additional costs of £4.2m (not shown in the table above) were covered by fund claims. The full set of accounts is in Appendix 4.

Manx Care Management Accounts – March 2024

- The final position was an improvement of £0.3m to last month's forecast where some of the risks around the year-end stock take and pay award arrears did not materialise.
- Fund claim applications for the Legal Fee Reserve & the HTF are still to be approved by Treasury, but for the purposes of these accounts it is assumed that these costs are recovered from the relevant fund.
- To date, £7m in CIP cash out savings have been delivered, which have been reflected in the forecast. £1.5m 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.
- Further detail on the operational movement to last month is provided in Table 1 & the full year variance in Table 2.
- Spend increased by £34.7m 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 contributed to the operational overspend of £22.7m. Appendix 2 compares spend by Care Group in 22/23 against actual spend for 23/24 with additional detail provided in Appendix 3.

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Table 1 – Operational Movement to Prior Month

Movement to Prior Month	£'000	
Income	172	Additional income received in the month with final reconciliations completed for year-end.
Employee Costs	(188)	Movements in a number of areas but includes an increase in agency costs in the month.
Other Costs	305	Movements across a number of Care Groups but includes year-end adjustments for stock and bad debt provisions.
Total	289	

Table 2 - Operational FY Variance to Budget

FY Variance to Budget	£'000	
Other Income	542	One off income for services & donations that would not normally be included in the budget have been received in year.
Employee Costs	(10,721)	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	(3,205)	Actual activity is higher than budget with any high cost patients covered by reserve funding.
Other Costs	(10,733)	The majority of the efficiency targets are being held in non-pay and the year-end position reflects the savings that have been achieved in year by the Care Groups.
Total	(24,117)	

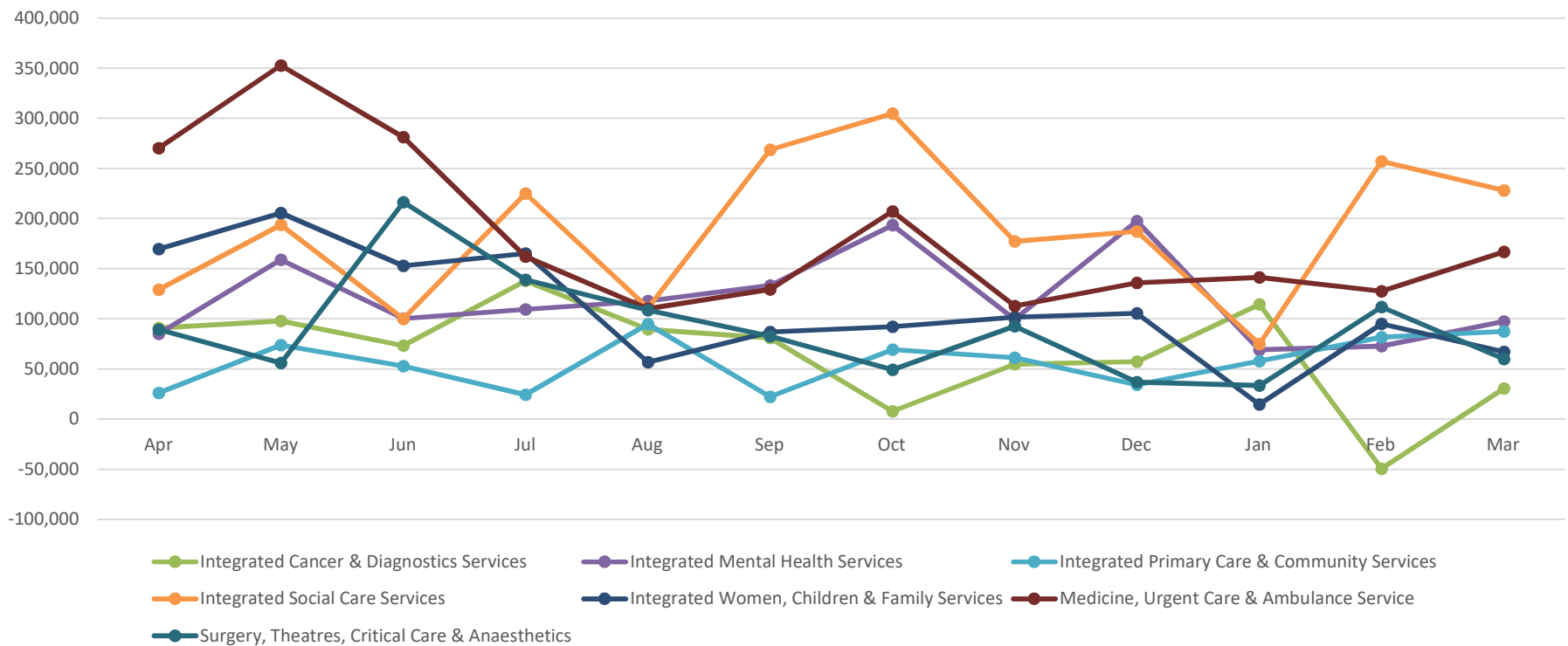
Manx Care Management Accounts – March 2024

Employee Costs

FY employee costs are (£10.7m) over budget. Agency spend contributed to this overspend and reducing it was a factor in improving the financial position. The total agency spend YTD of £11.1m is broken down across Care Groups below. The Care Groups with the largest spend are Social Care (£2.3m), Medicine (£2.2m) and Mental Health (£1.4m), where spend is primarily incurred to cover existing vacancies in those areas.

Agency Spend by Care Group

Monthly Agency Spend by Care Group

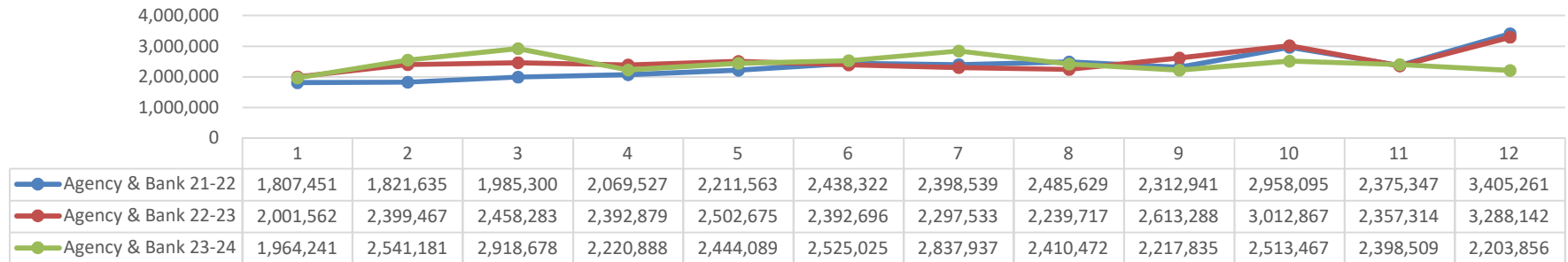


Manx Care Management Accounts – March 2024

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	CY Total	CY Month Mov't
Total Agency £'000	958.8	1,320.20	1,100.40	1,089.30	836.9	870.3	1,033.90	785.9	893.3	634.6	745.1	846.7	11,115.2	-101.8
Corporate Services	63.8	42.6	26.8	-28.6	13.5	19.4	-6.2	13.3	39.2	41.6	-9.5	21.9	237.8	-31.4
Infra & Hospital Ops	20.3	29.5	24.4	23.1	26.7	27.9	21.8	22.7	25.6	23	18.7	16.1	279.8	2.6
Int Cancer & Diag	90.9	97.8	73.4	137.9	89.6	80.9	7.8	54.8	57.2	114.5	-49.4	30.7	786.1	-80.1
Int Mental Health	85.1	159	100.2	109.5	117.7	133.2	193.5	99.6	197.5	69.2	72.9	97.5	1,434.9	-24.6
P/Care & Comm	26.3	73.8	52.9	24.3	94.8	22.4	61.6	61.4	34.3	58	81.7	87.5	679.0	-5.8
Int Social Care	129.2	193.7	99.9	224.9	110.8	268.7	304.7	177.3	187.3	74.9	257.2	228.1	2,256.7	29.1
Women & Children	169.7	205.6	153	165.1	56.9	86.9	92.1	101.7	105.5	14.7	95	67.1	1,313.3	27.9
Med, U/Care & Amb	270.2	352.8	281.2	162.2	110.2	129.5	207.3	112.9	135.8	141.4	127.6	166.9	2,198.0	-39.3
Nursing, P/S & Gov	0.4	9.7	12.3	11.1	12.4	18.8	3.2	0	1.7	1.1	0.5	1.4	72.6	-0.9
Operations Services	13.8	99.7	59.8	120.9	95.6	-2.4	95.5	48.4	65.1	59.2	37.0	68.9	761.5	-31.9
Sur, Theatres, Critical	89.2	56	216.3	139	108.6	82.8	49.3	92.7	36.9	33.5	111.8	60.0	1,076.1	51.8
Tertiary Care Services	0	0	0	0	0	2.2	3.3	1.2	7.1	3.6	1.4	0.6	19.4	0.8

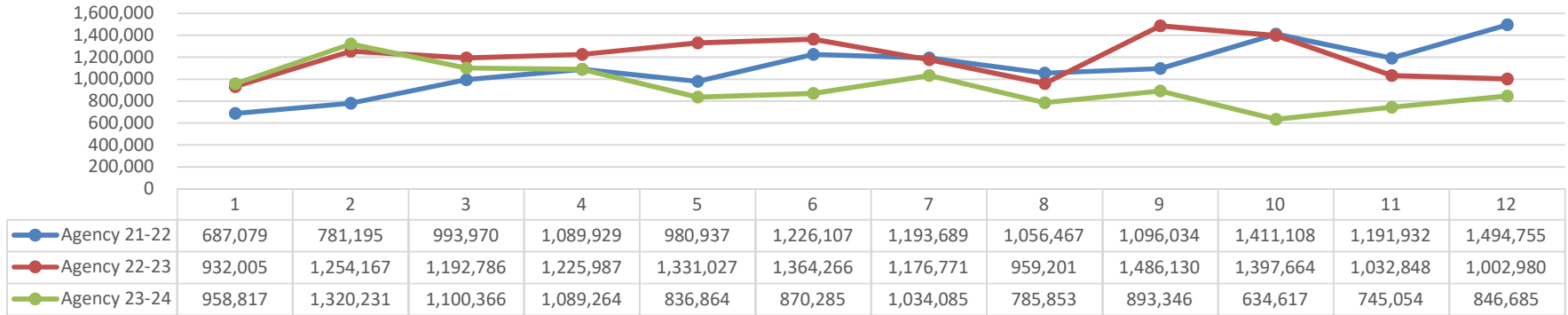
The graphs below compare agency and bank spend to 2022/23 & 2021/22:

Total Bank & Agency Spend YoY

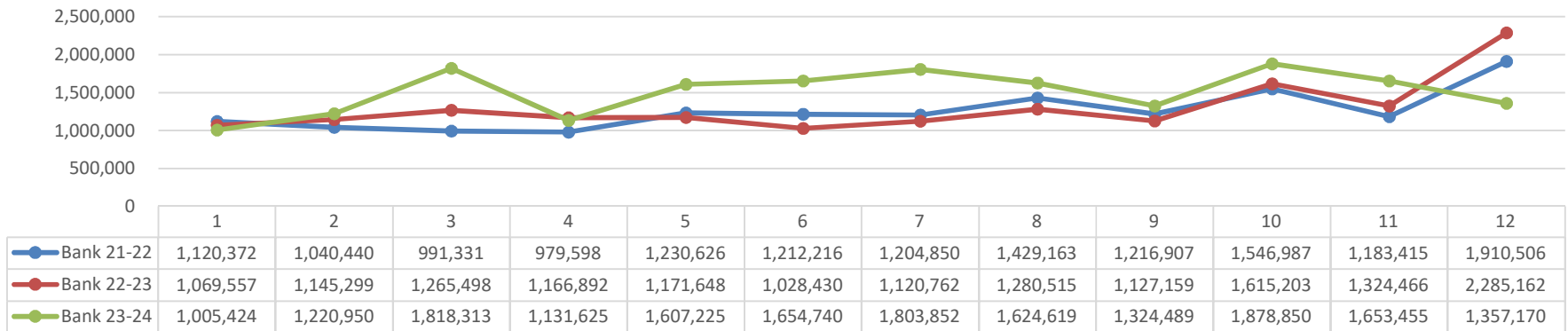


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Agency Spend YoY



Bank Spend YoY



Although agency costs reduced bank costs gradually increased although there was not a spike in March which has been seen in previous years. Overall costs tracked 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 £8.5m in savings, of which £7m are cash out. Delivery at March exceeds the target of £7.5m and stands at 114%. These savings have been reflected in the forecast.

The efficiency target of £825k has now been exceeded with delivery of £1.5m to date.

Total Savings March '24			
Workstream	Target	Delivered	RAG
Commercial Opportunities	64,000	7,961	12%
Elective Care	921,001	1,217,480	132%
Infrastructure	30,000	50,825	169%
Mental Health	665,000	665,000	100%
Non Elective Care	1,700,200	2,184,936	129%
Primary Care Medicines	335,000	400,353	120%
Procurement	333,247	379,550	114%
Secondary Care Medicines & Radiology	684,971	971,425	142%
Social Care	597,717	1,195,943	200%
Tertiary	1,130,836	286,000	25%
Workforce	1,000,000	1,176,428	118%
Grand Total	7,461,972	8,535,902	114%

Manx Care Management Accounts – March 2024

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

OPERATIONAL COSTS BY CARE GROUP - 31 MARCH 2024																
	FY ACTUALS & FORECAST BY MONTH £'000												AVG RUN RATE	FY £'000		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		FY	Actual	Budget
TOTAL BY CARE GROUP	26,548	28,435	27,911	27,926	28,933	28,057	27,778	28,977	28,434	30,975	28,255	28,186	28,368	340,417	302,975	(37,442)
CLINICAL CARE GROUPS	23,734	25,284	24,819	24,478	25,549	24,979	24,807	25,540	25,332	25,187	25,240	25,139	25,007	300,088	284,257	(15,829)
Med, Urgent Care & Amb	3,511	3,704	3,998	3,669	3,562	3,350	3,986	3,717	3,495	3,987	3,933	3,974	3,741	44,886	37,406	(7,481)
Sur, Theatres, Critical Care	3,122	3,430	3,493	3,260	3,484	3,648	3,559	3,422	3,514	3,390	3,716	2,963	3,417	41,002	38,441	(2,561)
Int Cancer & Diagnostics Services	1,962	2,101	2,004	2,192	2,129	2,052	2,107	2,249	1,996	1,727	1,851	2,437	2,067	24,806	24,423	(383)
Int Women, Children & Family	1,701	1,474	1,590	1,660	1,569	1,557	1,619	1,606	1,592	1,638	1,701	1,519	1,602	19,226	17,426	(1,800)
Int Mental Health Services	2,167	2,330	2,276	2,134	2,267	2,381	2,401	2,643	2,343	2,344	2,295	2,408	2,333	27,991	27,817	(175)
Int Primary Care & Comm	5,007	5,272	4,948	4,775	5,191	4,880	4,970	5,485	5,055	5,208	4,947	4,885	5,052	60,623	62,413	1,791
Integrated Social Care Services	4,220	4,779	4,360	4,701	4,497	4,802	4,645	4,903	4,517	4,601	4,797	4,643	4,622	55,465	53,448	(2,017)
Tertiary Care Services	2,045	2,193	2,149	2,087	2,849	2,309	1,519	1,515	2,820	2,292	1,999	2,309	2,174	26,088	22,883	(3,205)
SUPPORT & CORPORATE SERVICES	2,815	3,151	3,092	3,448	3,384	3,078	2,971	3,437	3,102	5,787	3,015	3,047	3,361	40,327	18,718	(21,608)
Infrastructure & Hospital Ops	701	782	809	860	1,044	828	842	900	796	884	950	686	840	10,082	9,423	(659)
Operations Services	659	790	533	712	669	581	804	783	595	927	421	1,159	719	8,632	8,044	(588)
Nursing, Patient Safety & Gov	267	309	313	336	314	306	378	405	364	358	358	449	346	4,157	4,562	405
Medical Director Services & Ed	240	224	337	302	311	300	(73)	484	278	289	299	123	259	3,114	2,828	(286)
Corporate Services	352	454	448	478	380	386	295	333	402	2,774	350	181	569	6,832	4,704	(2,127)
Pay Award	596	592	509	710	616	627	674	482	617	505	587	487	584	7,004	0	(7,004)
Central CIP	0	0	144	50	50	50	50	50	50	50	50	(37)	42	507	(5,791)	(6,298)
DHSC Reserve Adjustments*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(6,321)	(6,321)
Contingency Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,268	1,268
Average Monthly Spend	26,548	27,492	27,632	27,705	27,951	27,969	27,941	28,071	28,111	28,397	28,384	28,368				

Manx Care Management Accounts – March 2024

Appendix 2 - Summary by Care Group: Comparison to Prior Year (Excluding R&R Costs)

OPERATIONAL COSTS BY CARE GROUP - 31 MARCH 2024							
	FY £'000				PY** £'000		
	Actual	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)
TOTAL BY CARE GROUP	340,417	302,975	(37,442)	(12%)	305,754	(34,662)	(10%)
CLINICAL CARE GROUPS	300,088	284,257	(15,831)	(6%)	275,591	(24,497)	(8%)
Medicine, Urgent Care & Amb Service	44,886	37,406	(7,481)	(20%)	42,039	(2,847)	(6%)
Surgery, Theatres, Critical Care & Anaes	41,002	38,441	(2,561)	(7%)	38,899	(2,103)	(5%)
Integrated Cancer & Diagnostics Services	24,806	24,423	(383)	(2%)	22,766	(2,040)	(8%)
Int Women, Children & Family Services	19,226	17,426	(1,800)	(10%)	17,553	(1,674)	(9%)
Integrated Mental Health Services	27,991	27,817	(175)	(1%)	25,260	(2,731)	(10%)
Int Primary Care & Community Services	60,623	62,413	1,791	3%	56,100	(4,523)	(7%)
Integrated Social Care Services	55,465	53,448	(2,017)	(4%)	48,705	(6,760)	(12%)
Tertiary Care Services	26,088	22,883	(3,205)	(14%)	24,269	(1,819)	(7%)
SUPPORT & CORPORATE SERVICES	40,327	18,718	(21,610)	(115%)	30,163	(10,164)	(25%)
Infrastructure & Hospital Operations	10,082	9,423	(659)	(7%)	9,185	(897)	(9%)
Operations Services	8,632	8,044	(588)	(7%)	5,590	(3,043)	(35%)
Nursing, Patient Safety & Gov Services	4,157	4,562	405	9%	3,572	(585)	(14%)
Medical Director Services & Education	3,114	2,828	(286)	(10%)	2,857	(256)	(8%)
Corporate Services	4,443	4,704	261	6%	4,100	(343)	(8%)
23/24 Pay Award (Above 2%)	7,004	0	(7,004)	>(100%)	6,906	(99)	(1%)
Central CIP	506	(5,791)	(6,297)	(109%)	0	(506)	100%
DHSC Reserve Adjustments*	0	(6,321)	(6,321)	(100%)	0	0	0%
Contingency Adjustments	2,389	1,268	(1,120)	(88%)	(2,046)	(4,434)	(217%)

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

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

Manx Care Management Accounts – March 2024

Appendix 3 - Commentary on Movements to Prior Year

The £34.7m 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	10.8	Of the total increase £7.0m relates to a cost pressure for the forecast of 6% pay increases where only a 2% budget was allocated.
Other Employee Costs	11.7	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	10.5	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	2.8	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 – March 2024

Appendix 4 – Manx Care Accounts & Fund Claims

MANX CARE FINANCIAL SUMMARY - 31 MARCH 2024										
	MONTH £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)		
OPERATIONAL	26,880	25,246	(1,633)	(6%)	327,092	302,975	(24,117)	(8%)	289	(169)
Income	(1,490)	(1,281)	209	16%	(15,910)	(15,368)	542	4%	172	(6)
Employee Costs	18,140	16,469	(1,671)	(10%)	208,360	197,639	(10,721)	(5%)	(188)	(707)
Other Costs	10,229	10,058	(171)	(2%)	134,642	120,704	(13,938)	(12%)	305	543
2023/24 PAY AWARD	487	0	(487)	-	7,004	0	(7,004)	-	100	305
TOTAL - OPERATIONAL	27,367	25,246	(2,121)	-	334,096	302,975	(31,121)	-	389	135
APPROVED RESERVE CLAIMS	819	0	(819)	-	6,321	0	(6,321)	-	(320)	133
High Cost Patients / Packages	337	0	(337)	-	4,039	0	(4,039)	-	0	0
S115 Aftercare	79	0	(79)	-	950	0	(950)	-	0	0
Recovery College	63	0	(63)	-	107	0	(107)	-	(60)	(60)
Vaccine Service	340	0	(340)	-	1,225	0	(1,225)	-	(260)	192
RESTORATION & RECOVERY	296	700	404	-	10,283	10,300	17	-	(110)	17
TOTAL	28,482	25,946	(2,536)	(10%)	350,699	313,275	(37,425)	(12%)	(41)	285
FUND CLAIMS	246	0	(246)	-	4,174	0	(4,174)	-	192	1,032
Contingency Fund	39	0	(39)	-	1,476	0	(1,476)	-	0	0
Legal Fee Reserve	0	0	0	-	346	0	(346)	-	346	0
Seized Assets Fund	0	0	0	-	15	0	(15)	-	15	0
Medical Indemnity	33	0	(33)	-	1,923	0	(1,923)	-	(17)	577
Transformation Fund	174	0	(174)	-	414	0	(414)	-	(151)	456
MANDATE INCOME	(28,729)	(25,946)	2,782	11%	(354,873)	(313,275)	41,599	13%	(152)	(1,318)
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0

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Fund Claims	
Contingency Fund	Costs relating to the 2022/23 pay award
Legal Fee Reserve	Legal fees that are in excess of the budget allocated in Manx Care
Seized Assets Fund	Recovery of costs relating to the setup of the Multi Agency Safeguarding Hub
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.