



INTEGRATED PERFORMANCE REPORT

July 2021

MANX CARE KPI REPORTING

CONTENTS

Page:	Care Group/Service Area Dataset
3	Manx Care Management Accounts
13	Care Group 1 - Surgery, Theatres Critical Care & Anaesthetics
14	Theatres
17	Planned Care
20	Care Group 2 - Medicine, Urgent Care & Ambulance Service
21	Urgent Emergency Care
24	Ambulance Service
27	Care Group 3 - Integrated Diagnostics & Cancer Services
28	Integrated Cancer Services
30	Radiology
33	Pathology
36	Care Group 4 - Integrated Women's Children's and Families Services
37	Women & Family and Integrated Children's Services
38	Care Group 5 - Integrated Primary and Community Care
39	Integrated Community Services
40	Primary Care
42	Integrated Mental Health Services
43	Mental Health Dataset
45	Social Care Services
46	Children & Families Social Work Services
51	Adult Social Care Social Work Services
53	Adult Social Care Operational Services
55	Combined Care Quality Dataset
56	CQ - Hospital
58	CQ - Community



Manx Care Management Accounts

July 2021

Financial Advisory Service

Financial Position – 31st July 2021

COMPARISON TO BUDGET SUMMARY - 31ST JULY 2021												
	MONTH £'000				YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
TOTAL	24,121	22,422	(1,699)	(8%)	91,596	89,688	(1,908)	(2%)	274,112	269,064	(5,048)	(2%)
Income	(1,011)	(1,205)	(194)	(16%)	(3,889)	(4,821)	(932)	(19%)	(11,525)	(14,464)	(2,938)	(20%)
Employee Costs	14,253	14,029	(224)	(2%)	56,103	56,117	14	0%	169,642	168,350	(1,292)	(1%)
Other Costs	10,879	9,598	(1,281)	(13%)	39,382	38,393	(989)	(3%)	115,995	115,178	(817)	(1%)

Overview

- The July result has significantly changed the actual YTD overspend to (£1.9m) and the full year forecast, which is now expected to be (£5.0m) over budget.
- The movement in actuals from the prior month is (£1.5m) with the main change being in Tertiary Services where costs increased by (£1.2m) which was an overspend of (£0.9m) in the month for the service. The remaining movement was across the other Care Groups.
- Within Tertiary, activity has increased across most providers which is partly due to an increase in HDU/ICU/Critical Care costs. However, it is likely that some of the increase may be associated with elective recovery programmes underway in the UK which have specific funding allocated through NHS England. Therefore, IoM referrals in the system which have been delayed due to the Covid pandemic are likely to be included in this restoration activity. Further analysis of the quarter 1 costs and activity has commenced to agree a forecast position with providers and to look at any possible mitigation.
- The change in the Tertiary position has been reflected in the forecast along with other amendments. A reconciliation of the movement in the forecast position from last month of (£3.2m) is shown by Care Group below but the main changes are:
 - Adjustment to Tertiary based on activity levels for Q1 (£1.7m)
 - Increase in costs for Diagnostics & Cancer Services (£0.7m)
 - An increase to the amount of PPE usage (£0.5m)
 - One off cost in Corporate for an employee settlement (£0.3m)
- The YTD budget also includes an allocation for the 1% cost improvement target (£0.9m) as the full year CIP of (£2.7m) is currently phased equally across the year. The CIP report has been finalised and individual work streams have commenced but the majority of savings are not expected to start being realised until the second half of the year.

- Recovery of additional costs in relation to Covid will be explored with the assistance of the DHSC. These total £0.6m YTD and £1.4m is currently included in the forecast as no formal agreement is in place to cover these costs (apart from the approved business cases below). An exercise is currently being undertaken to capture any further expected costs relating to Covid in order to help frame the recovery of the expenditure.
- The full year budget includes a contingency of £4.9m which is held centrally within Corporate Services with the CIP target of (£2.7m) currently netting against this. The contingency budget has already been fully allocated and the additional cost pressures identified cannot be absorbed.
- Included within the actuals is a provision for a pay award increase of 1% (£0.5m). The PSC pay award has now been agreed with an uplift of 1% (backdated to April 21) and a one off payment of £500 per employee. The 1% uplift can be covered by the funding received as part of the 21/22 budget process but it is expected that the one off element will be covered by Treasury contingency and this part has not been included in the forecast. For other pay groups no agreements are in place and a 1% provision is included in the actuals and forecast.
- Excluded from the actuals above is Covid expenditure of £1.1m relating to testing (£0.5m) and the vaccination programme (£0.6m). Business cases for these have been previously approved to be recovered from a central contingency fund held by Treasury. Of the total funding approved for 21/22 there is £0.4m remaining for testing and £0.1m for vaccination costs which will all be utilised and cannot be used for the additional Covid costs identified.

Breakdown by Care Group / Type of Expenditure

COMPARISON TO BUDGET BY CARE GROUP - 31ST JULY 2021							
	YTD £'000				YTD VARIANCE BY TYPE £'000		
	Actual	Budget	Var (£)	Var (%)	Income	Employee	Other
TOTAL	91,596	89,688	(1,908)	(2%)	(932)	14	(989)
CLINICAL CARE GROUPS	78,824	76,297	(2,527)	(3%)	(348)	(571)	(1,609)
Medicine, Urgent Care & Ambulance Service	11,208	9,326	(1,882)	(20%)	9	(1,431)	(460)
Surgery, Theatres, Critical Care & Anaesthetics	12,018	11,777	(240)	(2%)	10	(367)	117
Integrated Cancer & Diagnostics Services	6,824	6,277	(547)	(9%)	(65)	28	(511)
Integrated Women, Children & Family Services	5,214	5,115	(99)	(2%)	0	(103)	5
Integrated Mental Health Services	7,484	7,187	(297)	(4%)	(3)	436	(730)
Integrated Primary Care & Community Services	16,588	16,553	(34)	(0%)	(93)	215	(157)
Integrated Social Care Services	12,754	13,474	721	5%	(206)	645	280
Tertiary Care Services	6,735	6,587	(148)	(2%)	0	6	(154)
SUPPORT & CORPORATE SERVICES	12,771	13,391	620	5%	(586)	586	621
Infrastructure & Hospital Operations	3,826	2,936	(891)	(30%)	(122)	(111)	(658)
Operations Services	6,445	6,787	342	5%	(461)	715	88
Nursing, Patient Safety & Governance Services	1,621	1,490	(131)	(9%)	(60)	(82)	11
Corporate Services	878	2,179	1,301	60%	57	64	1,180

Income

Income in Social Care which is generated from residential services in older persons and dementia care services is below the expected YTD target.

The variance in Primary Care is due to a reduction in income being received from contracted dental services due to less patients currently being seen because of Covid measures, this income has started to increase but will not meet the full year target set.

The Private Patient Unit (included with Operations Services) has a full year income target of (£1.7m). Although some income is being generated from consultations and diagnostics, the full year income target is a significant risk given the plan to use the PPU as a Covid outbreak ward. There are however associated savings within employee costs as there are also a number of funded vacant positions relating to the operation of the unit.

Continuing Covid measures are driving income deficit from the coffee shop and hospital shop which have restricted services.

Employee Costs

The significant overspend in Medicine is attributable to Agency and Bank staff usage in Emergency Medicine and in Medicine – Management, where a number of job descriptions in Gastroenterology and Respiratory Medicine are underway for advertising and Consultant grade and Speciality Doctor grade vacancies are a key focus. These factors will continue to impact Medicine until addressed.

As part of the 2021/22 budget process additional employee funding was allocated for the creation of the Manx Care management structure and the Primary Care at Scale project. As the recruitment process for a number of these posts is still ongoing, this is contributing to favourable variances within Mental Health, Operations Services and Corporate Services.

Half of the CIP target which is profiled equally across the year is included in employee costs within Corporate Services.

Other Costs (includes costs for Infrastructure, Transport, Supplies & Contracted Services)

Within Medicine the principal driver behind overspend is drug costs which are £0.3m over budget year to date, with the main overspend arising in Gastroenterology.

Integrated Cancer & Diagnostics Services continues to see budgetary pressure from high cost Cancer drugs leading to the unfavourable variance year to date, and this is expected to continue throughout 21/22.

In general drugs costs have risen across primary and secondary care due to availability and increasing costs. Mitigations are being put in place by the pharmacy teams for cost-containment within normal clinical practice and as part of the CIP workstreams.

The variance in Mental Health relates to UK placements with a YTD overspend of (£0.6m). There has been an extension to a couple of high cost specialist placements and a new high secure placement.

Hospital Operations continues to see a high usage of PPE, and this is expected to continue for the immediate future and has been reflected in the revised forecast. Manx Care is also providing PPE to a number of 3rd party bodies with no income recovery.

Although Tertiary is showing an overspend of (£0.1m) YTD, the previous month was an underspend of £0.7m and it's this change in activity that has caused the significant change in the monthly actuals and overall forecast position.

Half of the CIP target is included within supplies and is currently netted against the contingency budget, of which £2.9m is in other costs (net of the CIP target).

CIP

The CIP target for Year 1 has been set at £2.7m. Following the development of the Action Plan, the project is now in an accelerated delivery phase where intense work is underway to begin driving savings in the second half of the year. Four areas have been identified for delivering cash out savings, listed below.

Key Focus Area	Opportunity
Secondary Care Medicines	Biosimilar Switches
	Sugammadex
	Capsaicin patches
	DOACs (anticoagulant primary care rebate)
	Nobles Pharmacy Stockholding
	Blueteq High-cost Drug Management System
Primary Care Medicines	Reducing prescribing for Vitamin B Compound Strong, Oral Vit B 12, Bath and shower emollients and Eye preparations
	Low clinical value prescribing cessation
	Stoma Appliances
	Stopping 3rd party Ordering (Repeat Medication)
Procurement	NHS Supply Chain and supplier alignment on Non-Pay Spend
	Improved Contracting Arrangements
	Pilot stockholding reduction and centralised purchasing.
	Tertiary Care Transportation Contract Review
Workforce	Reduction in locum Spend
	Review of Agency Framework and On Call Unit Costs
	Maximum Use of Bank where possible

Manx Care Management Accounts – July 2021

In addition, two other value based workstreams have been undertaken in Elective and Non-Elective Care. Whilst these are likely to generate cash savings, these are difficult to quantify so the emphasis is on delivering better quality and efficiency.

Key Focus Area	Opportunity
Elective Care	Outpatient Efficiency Improvement
	Advice & Guidance to GPs
	Virtual Care Systems
	POLCV Review
	Inpatient – Day Case Review
Non-Elective Care	Ambulatory Care – Zero Length of Stay
	Frailty Service / Falls Prevention

For the purposes of this forecast, the full saving of £2.7m has been included in Corporate Services and is netting against the contingency budget. It is expected that CIP savings will begin to be delivered from Q3 onwards.

Manx Care Management Accounts – July 2021

Forecast

FORECAST BY CARE GROUP - 31ST JULY 2021								
	FY £'000				FY VARIANCE BY TYPE £'000			MOV'T FROM PRIOR MONTH
	Forecast	Budget	Var (£)	Var (%)	Income	Employee	Other	
TOTAL	274,112	269,064	(5,048)	(2%)	(2,938)	(1,292)	(817)	(3,169)
CLINICAL CARE GROUPS	236,919	228,890	(8,029)	(4%)	(1,122)	(3,016)	(3,891)	(2,163)
Medicine, Urgent Care & Ambulance Service	33,263	28,152	(5,110)	(18%)	28	(4,250)	(888)	(76)
Surgery, Theatres, Critical Care & Anaesthetics	36,252	35,332	(919)	(3%)	30	(1,299)	350	52
Integrated Cancer & Diagnostics Services	20,549	18,831	(1,719)	(9%)	(194)	7	(1,532)	(747)
Integrated Women, Children & Family Services	15,672	15,519	(153)	(1%)	0	(204)	51	88
Integrated Mental Health Services	22,351	21,562	(789)	(4%)	(9)	978	(1,758)	(104)
Integrated Primary Care & Community Services	49,521	49,310	(211)	(0%)	(276)	563	(499)	73
Integrated Social Care Services	39,598	40,422	824	2%	(701)	1,172	353	230
Tertiary Care Services	19,712	19,760	48	0%	0	16	32	(1,680)
SUPPORT & CORPORATE SERVICES	37,193	40,174	2,981	7%	(1,816)	1,723	3,074	(1,006)
Infrastructure & Hospital Operations	10,582	8,807	(1,776)	(20%)	(374)	105	(1,507)	(372)
Operations Services	19,672	20,360	688	3%	(1,433)	1,929	193	211
Nursing, Patient Safety & Governance Services	4,912	4,470	(442)	(10%)	(181)	(219)	(42)	(120)
Corporate Services	2,027	6,537	4,510	69%	172	(92)	4,430	(725)

As discussed above the forecast has been revised to a full year overspend of (£5.0m). The table below summarises the main reasons for the overspend:

FORECAST VARIANCE TO BUDGET BREAKDOWN	
DESCRIPTION	£'000
Closure of PPU	(826)
Loss of income in commercial units	(375)
Covid Costs	(1,627)
Drugs Costs (inc Primary & Secondary care)	(3,766)
High Cost Patients & UK Placements	(1,420)
One off employee costs	(600)
Additional employee costs due to recruitment/sickness (less delays on new service recruitment)	(1,334)
Contingency	4,900
Total Forecast Variance	(5,048)

Income

The current pressures in income are expected to continue. For the forecast it has been assumed that the Private Patient Unit does not fully reopen by the end of the financial year which results in an income variance against budget of (£1.5m). There will however be employee costs avoided of £0.7m meaning a net variance to budget of (£0.8m).

Income in other areas is based on current run rates and will continue to be monitored and updated if impacted by changes to Covid measures.

Employee Costs

Although Manx Care is currently underspending on employee costs some of this is due to timing and further costs are expected during the year - in particular in relation to recruitment for the transformation business cases and the changes to NJC terms & conditions. This overall underspend is masking the overspend relating to locum and agency staff, particularly in Medicine. Much of this is due to cover for vacant posts and recruitment efforts are being redoubled to fill as many of these as possible.

Other Costs

As discussed the Tertiary forecast has been revised based on activity data received for quarter 1 and also includes costs for potential high cost patients. Work is being undertaken to develop a funding model to cover these costs over the longer term. However, it may be necessary to seek in-year support from Treasury.

A detailed analysis of normal Tertiary activity is being undertaken to identify the likely levels and associated costs for the second half of the year. Some of these additional costs may be linked to restoration and recovery activities in the UK.

Within Mental Health Services the forecast is based on current UK placements including a couple of specialist placements and a new high secure placement.

The forecast in Hospital Operations has been updated to include the current usage in PPE as there is currently no existing business case to recover these costs from Treasury. A business case will be submitted to Treasury which will seek to recover these costs.

Financial Risks

- Pay Award – The 2021/22 pay award for all pay groups is still to be agreed. Included within the accounts and forecast is a provision for a 1% uplift which is the rate allocated as part of the budget process by the DHSC/Treasury to cover any agreed pay awards but negotiations are still ongoing.
- High Cost Patients/Placements – The current forecast is based on committed and known costs (e.g. transplants) but additional activity may be incurred and no contingency is included for this. Also the dates of returning patients may change which will mean an increase to the forecast position.
- Drugs Costs – Drugs costs have continued to rise significantly this year due to global economic pressures. In particular, cancer drug costs have risen dramatically. The CIP Plan will mitigate this somewhat but not entirely.
- CIP – The forecast assumes that the full saving of £2.7m is achieved. Due to the implementation time required for some of the work streams, the full year target may not be achieved.
- Covid Costs – The forecast has already been revised to include known costs for additional use of PPE but further costs are still to be quantified and a business case will need to be developed and approved to recover these costs from Treasury.
- Funding Requirements – whilst we are aware of £2.4m potential funding requirements, as we continue to review and develop services, further requirements are expected to emerge. At the moment, there is no additional funding available to meet these needs without seeking DHSC and Treasury support.



Manx Care KPI Reporting

Surgery, Theatres, Critical Care and Anaesthetics



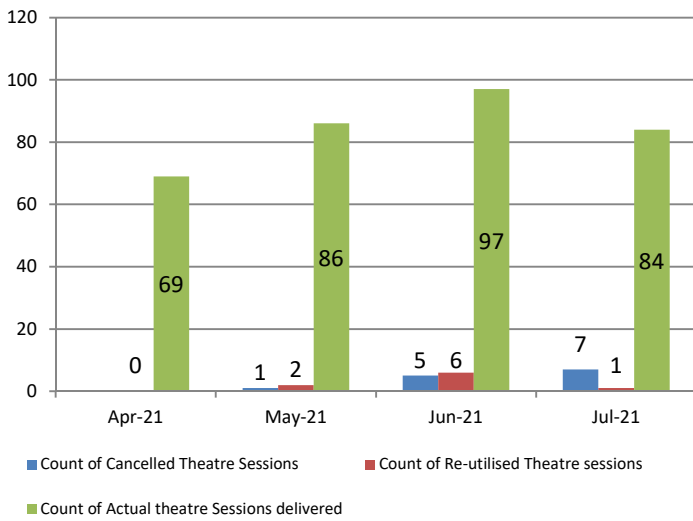
Care Group Reporting (July 2021)

Contents:

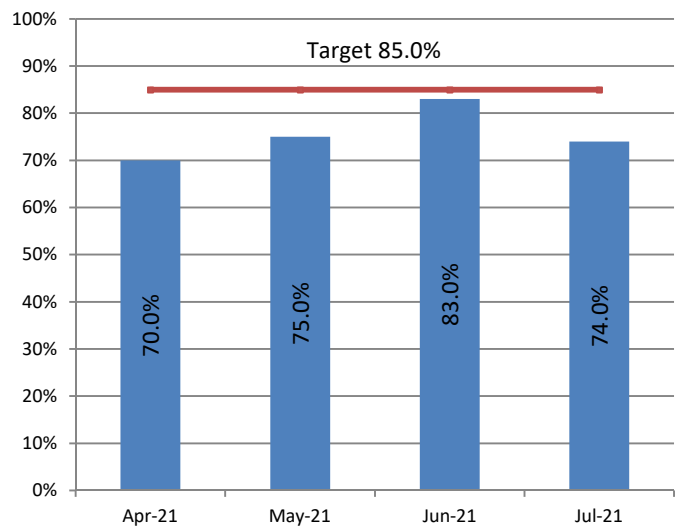
Theatre's KPI Dataset
Planned Care KPI Dataset

MAIN THEATRE INFORMATION - 2021-22

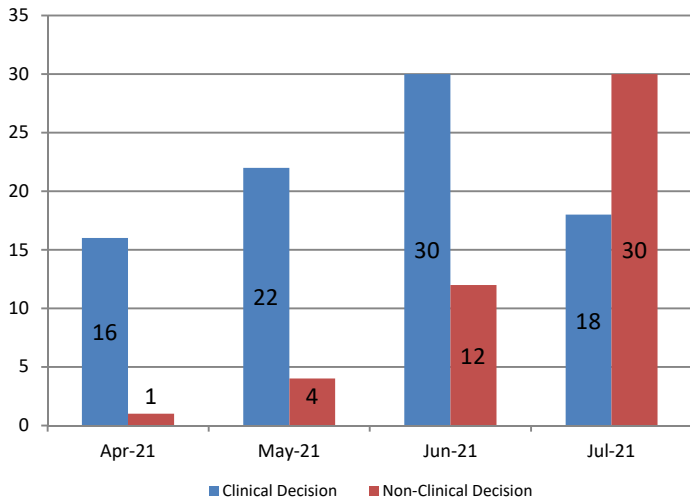
THEATRE SESSIONS
(EXCLUDES WEEKEND TRAUMA)



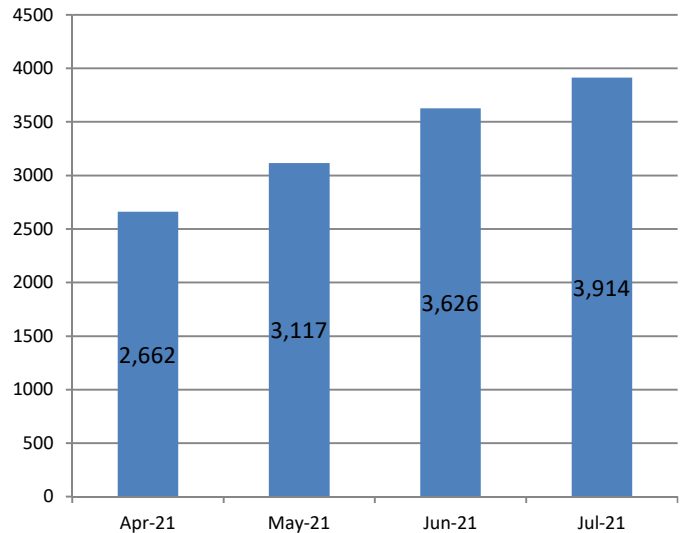
% UTILISATION
(EXCLUDES WEEKEND TRAUMA)



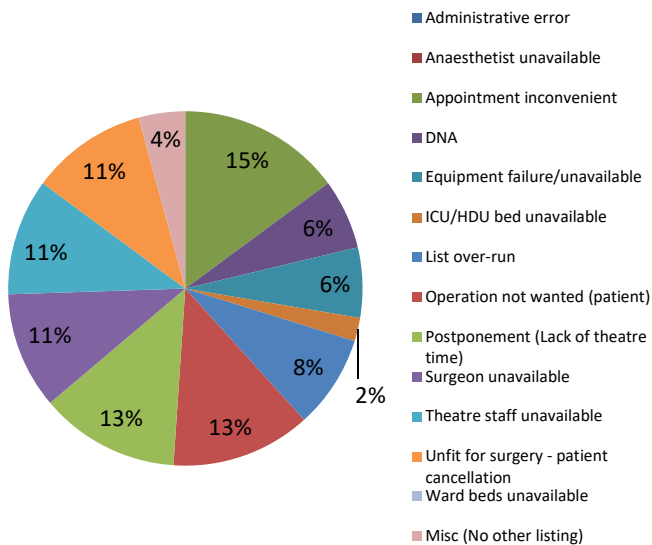
THEATRE CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



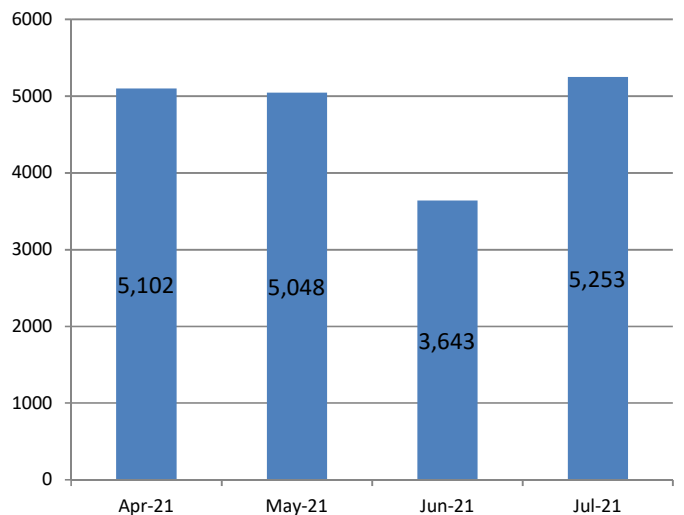
LATE STARTS IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



NON-CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)

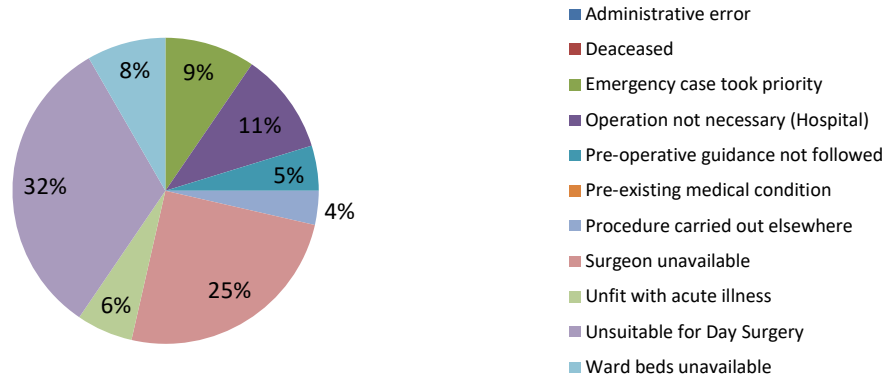


EARLY FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)

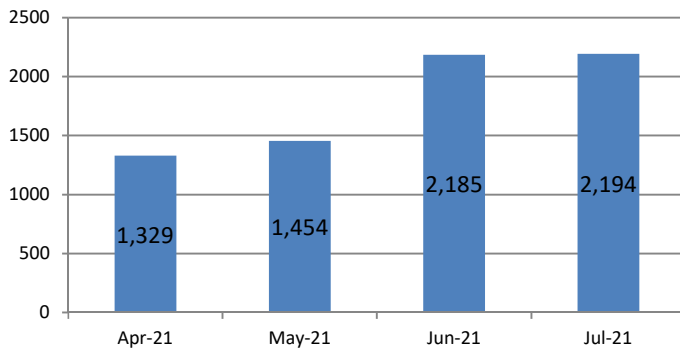


MAIN THEATRE INFORMATION - 2021-22

CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



LATE FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Theatre Services	678	714	36	5%

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Theatre Services	2,520	2,855	335	12%

MAIN THEATRE INFORMATION - 2021-22

Theatres Narrative - July - 2021:

In April the Computers on wheels within theatres that are used to operate the theatre management system (Theaterman) began to crash. The department hit a 50% failure before a solution was found to replace the COWs at a significant saving over the original devices. Due to the lack of systems the department reverted to paper and since April the theatre administration team have been working diligently to retrospectively enter theatre activity and can confirm that we are now reporting an accurate figure for July.

The theatre improvement program is progressing well through the safety face with a first attempt at AFPP accreditation scheduled for September 23rd. Following this the improvement program will begin to focus on productivity and its impact will be demonstrated in the KPIs currently included Main Theatres IPR

Theatre Sessions

The care group have been working hard to increase capacity following the last escalation of COVID related ICU capacity and loss of elective activity. Coordination of Pre-Assessment, Swabbing and Theatre Scheduling, all working above maximum capacity have supported a support return to normal activity. Key challenges have been limited the activity able to be delivered in main theatres including,

Availability of COVID-19 swabbing leading to on the day interruptions to lists whilst swabbing is delivered or patients being treated as COVID-19+ due to lack of swab

Higher than normal demand on hospital services leading to,

Availability of inpatient beds leading to 5 weeks of cancelled Orthopaedics

50% of remaining Surgical bed capacity taken up by medical outliers leading to cancellations of surgical patients

Limited availability of day cases due to significant focus on day case work throughout the pandemic

Work is required to understand the cancelled and reutilised session count figures as they do not reflect the current position of losing 4 orthopaedic lists a week between June and July.

Theatre Cancellation on the day

Cancellations have increased in line with bed pressures however the current report is indicating a greater proportion of on the day cancellations are linked to clinical decision then the unit agree with. This will be reviewed in time for the next reporting period. The unit believe that the majority of cancellations are due to bed pressures however an improvement project is currently being scoped reviewing our Pre Assessment process that should address any opportunities for improvement linked to cancellations from clinical decision.

Non- Clinical cancellation reasons

The unit has recently seen a rise in cancellation due to Anaesthetist availability which is linked to 4 consultants leaving the service and a failed recruitment drive that did not produce a suitable candidate for interview. The service is carrying 5.8 vacancies that have been covered by internal bank and Agency. In July we saw our agency support reduce to 2 and 3 more of our substantive consultants request light duties linked to a recent incident in the department. Adverts for the vacancies are currently live with interviews in October, all effort is being made to secure agency and support our substantive workforce.

Early Finishes and Late Starts

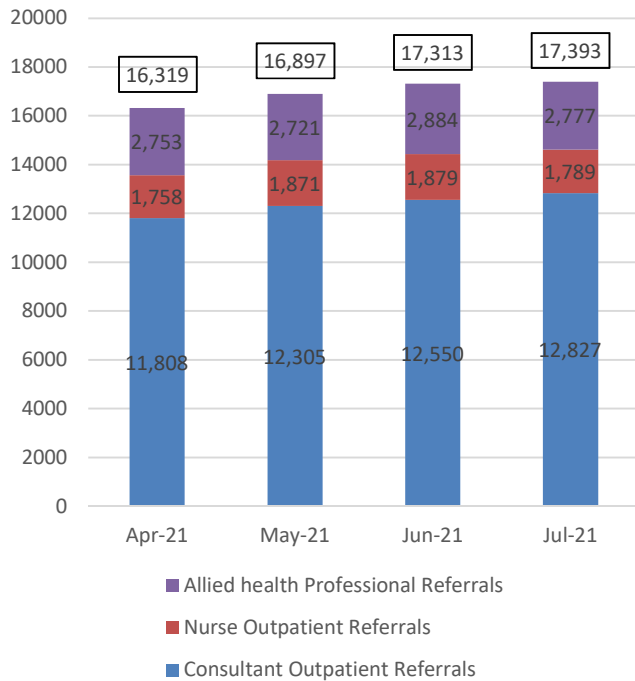
Early Finishes and late starts remain higher then acceptable, these will both be the main focus of the productivity phase of the Theatre Improvement Program. Work has started on Culture and Communication which should indirectly impact these measures and also set conditions for the successful deliver of the productivity phase of the program.

Budget

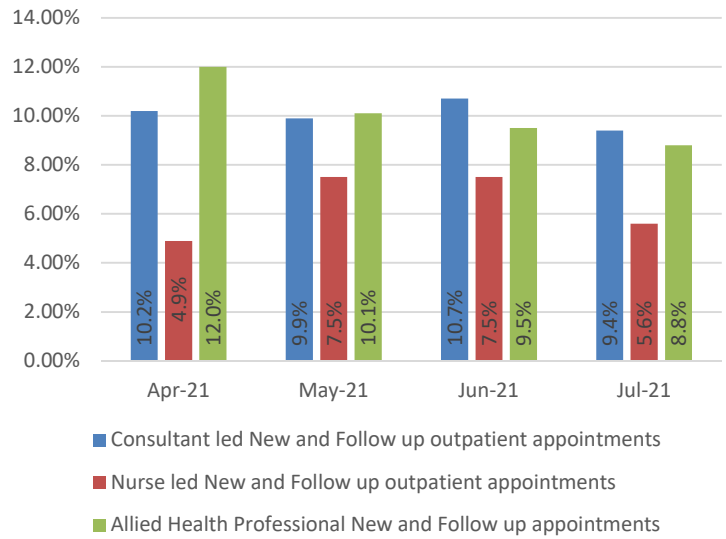
Due to the lack of activity the main theatre budget variable, non-pay consumables, is lower than budgeted for this year. Additionally staff retirement and resignation means that theatres has been carrying vacancies that have not been covered by agency. This has not been addressed due to the current bed situation however requests for agencies have been approved and the department hope to recover some lost activity in the early stages of Q3. A recent review of the budget with finance has highlighted some anomalies that need to be addressed moving forward to help improve the accuracy of reporting on the financial position for theatres. The care group is attempting to set up a weekly working group with HR & Finance to address these anomalies across the care group. In addition to this a skills gap has been identified as service level, the Care Group is currently scoping a finance training program for

Planned Care 2021-22

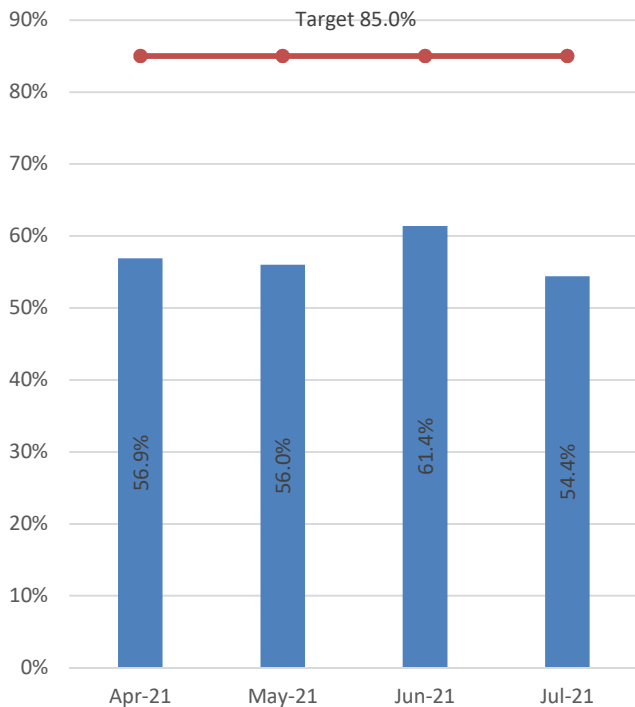
Number of Patients waiting for First Hospital Appointment



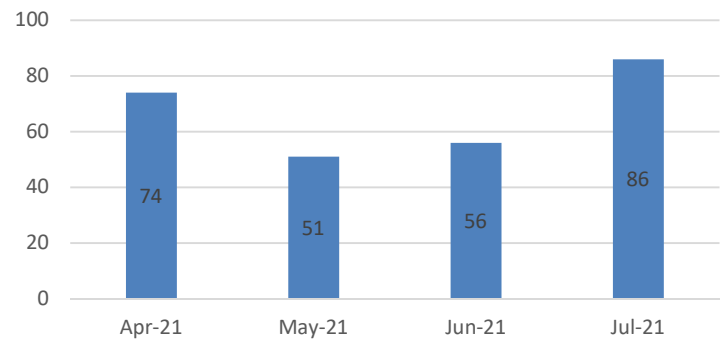
DNA Rate



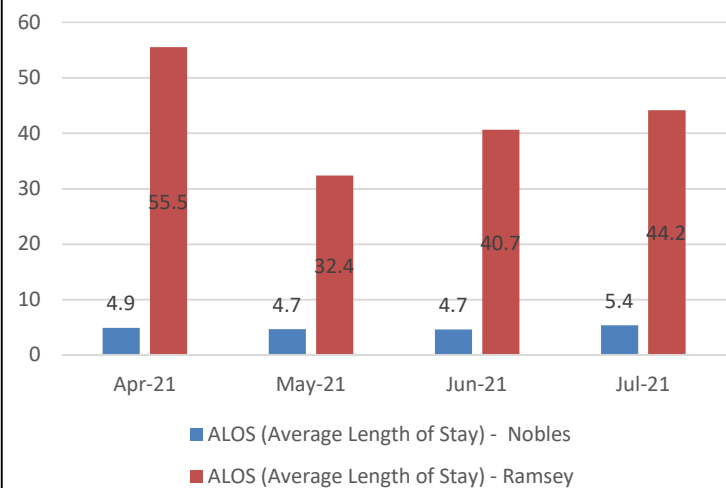
% of Urgent GP referrals that are seen for their first appointment within 6 weeks



Number of Spells where a patient has had a length of stay over 21 days.



Average Length of Stay (Days)



Planned Care 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,173	1,035	(138)	(13%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	4,752	4,226	(526)	(12%)

Hospital Planned Care Services - Narrative - July 2021

MEDICINE

Number of patients awaiting first appointment

The number of patients awaiting their first appointment remains stable and comparable to the previous month. A very limited number of clinics are being cancelled due to leave or sickness. Cardiology has seen a significant improvement in capacity with the permanent appointment of Dr Mark Hall, which has meant that no Cardiology clinics have been cancelled in recent weeks and in the future, with Mark's appointment, we have sufficient resilience to ensure continuity of service; prior to his arrival we were cancelling an average of 4 clinics per week.

Introductory meetings have now taken place for Cardiology, Neurology, Gastroenterology and Respiratory with the contracted provider Medefer; this is a waiting list reduction initiative, utilising contracted support from specialists to assist in waiting list review and virtual outpatient appointments. It is hoped that the engagement of Medefer will bring the Care Group's waiting times down significantly, although there remains the challenge of referral of patients back to GPs and their capacity to deal with the referrals and the diagnostic capacity required to support the waiting list reduction initiative.

DNA Rate

DNA rates have continued to decrease for the 4th month in a row which is encouraging.

% of Urgent GP referrals that are seen for their first appointment within 6 weeks

Urgent referrals are down 7% on last month and continue to trend downwards on a 4 month average, this is due to an increase in medical referrals to specialities. Work (as described above) is ongoing with Medefer to address the issue of waiting lists and outpatient appointments, as we expect to continue to see an increase in referrals due to impact of COVID.

Number of spells where patient has had length of stay longer the 21 days

The number of patients with a stay longer than 21 days has risen quite significantly in July compared to the 3 previous months. The vast majority of these patients are awaiting social care assessment or input, however due to COVID outbreaks in care settings, these care homes have been closed to admissions delaying patients transfer and their movement out of the acute or intermediate settings.

Long length of Board Rounds with Social Care representation along with the Geriatric Consultant, the Complex Discharge Co-ordinator and Occupational Therapy continue to be conducted every Wednesday with updates fed back to patients, their families and senior management.

Additionally, there is evidence that patients are presenting having delayed their seeking treatment due to COVID concerns, which means they are now presenting with more acute conditions and illnesses caused by their delay in seeking assistance.

Planned Care 2021-22

Average Length of Stay

Average length of stay has increased both at Noble's and Ramsey. The reasons for this increase are described above and centre on the number of patients awaiting to be assessed and transferred out to (currently closed to admission) care settings; this is increasing the average length of stay in the acute and intermediate settings. On a positive note, Care Homes and other care settings are now opening back up (week commencing 16th August) and so we expect to see Noble's and Ramsey ALOS decrease in the next month (September).



Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service

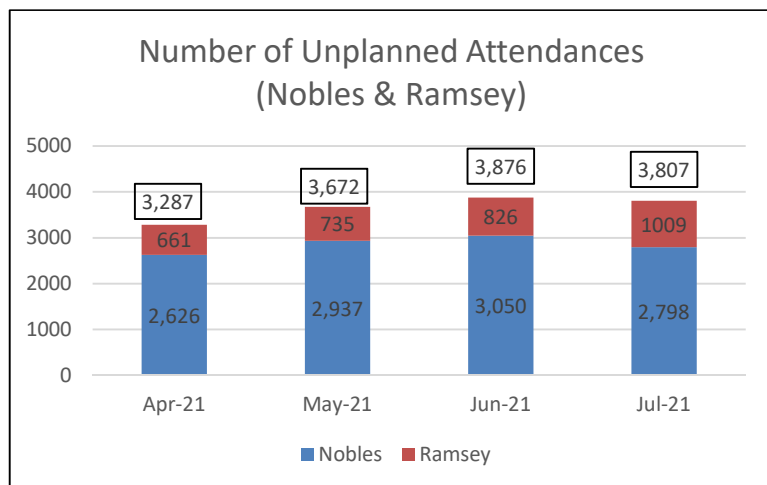
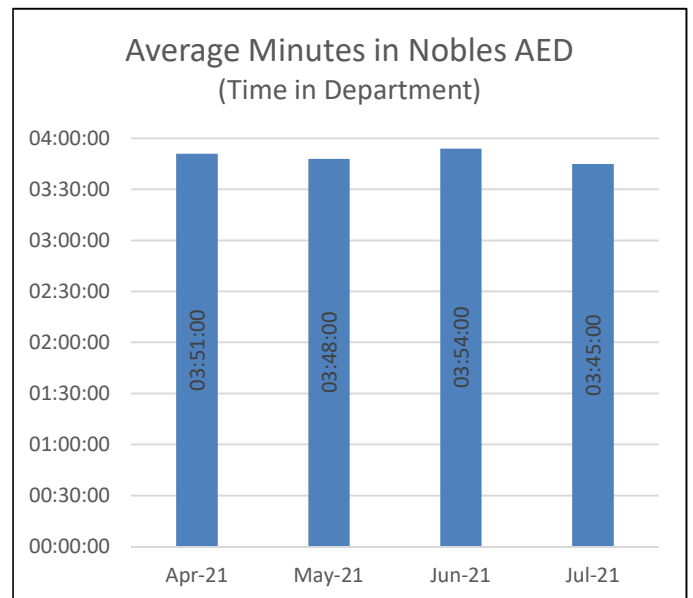
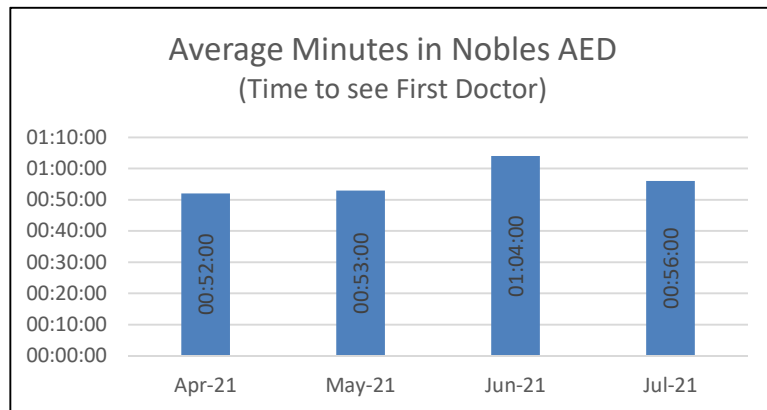
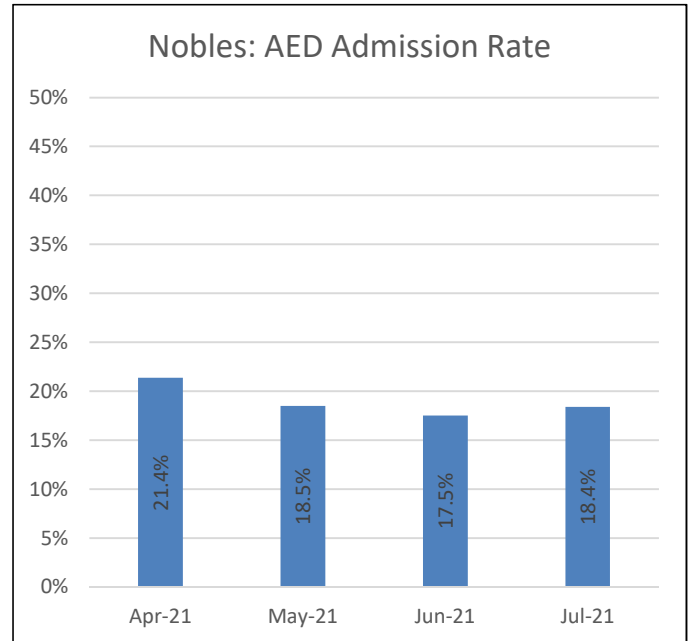
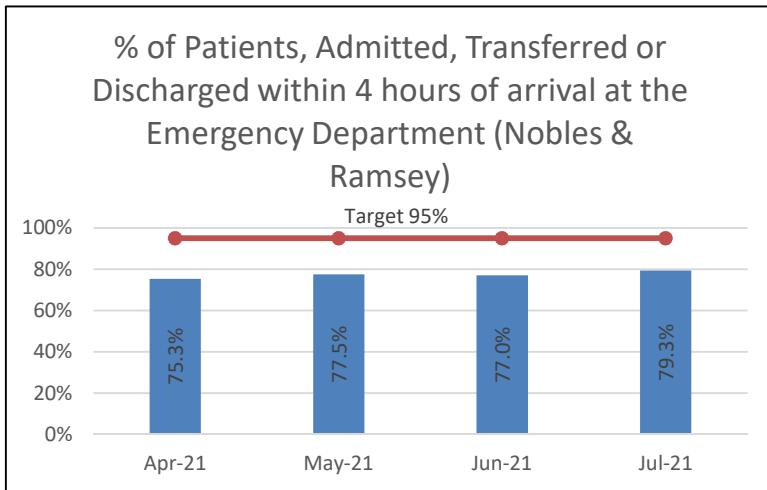


Care Group Reporting (July 2021)

Contents:

Urgent & Emergency Care KPI Dataset
Ambulance Service KPI Dataset

Urgent and Emergency Care -2021-22



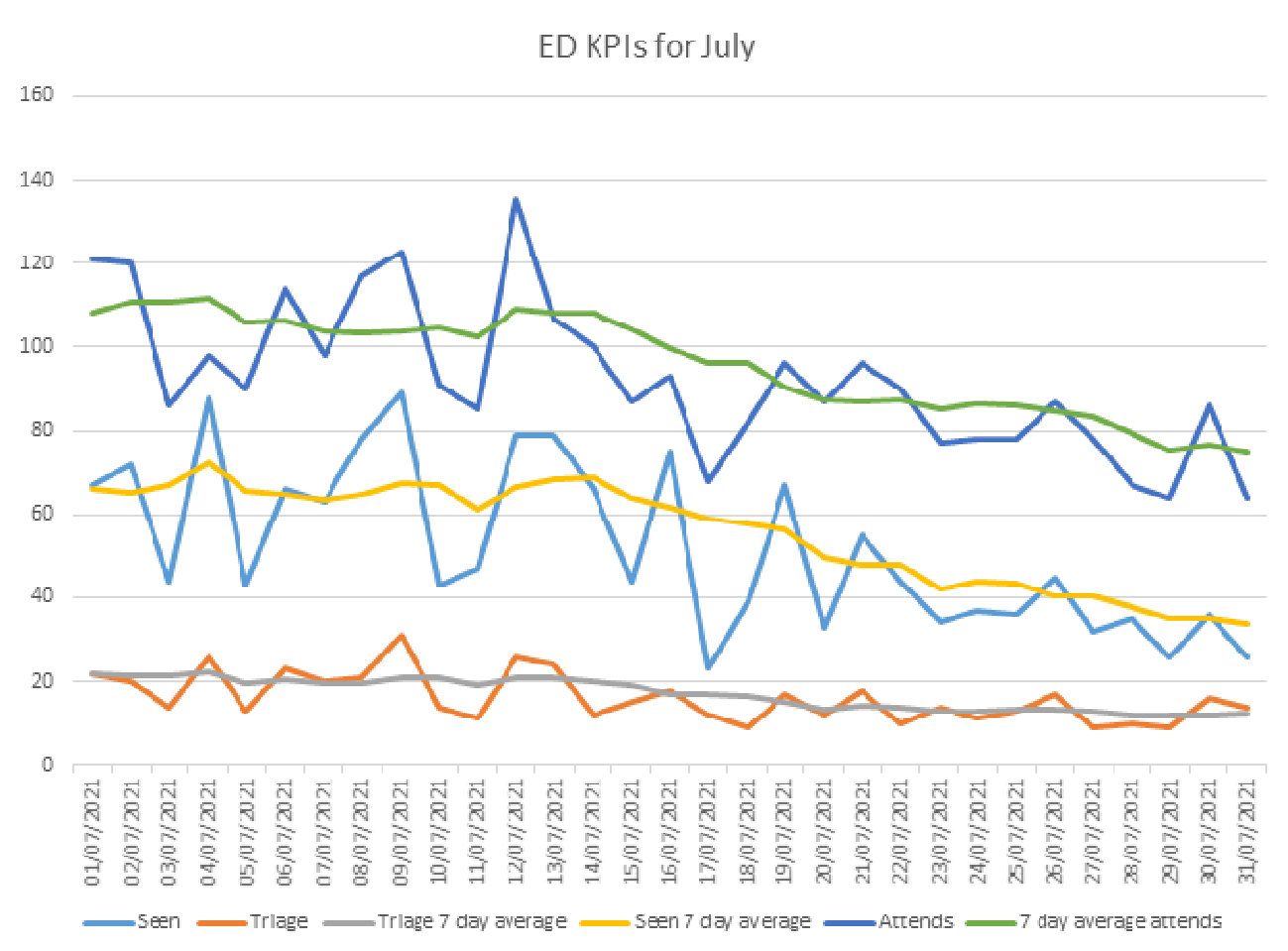
Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	571	568	(3)	(0%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	2,351	2,097	(254)	(12%)

Urgent and Emergency Care -2021-22

Urgent & Emergency Care - Narrative - July 2021

Emergency Department Attendances (locally collected data)

As the graph below shows the number of ED attendances gradually decreased during July from an average of 110 a day to just below 80. This helped result in a reduction in times to be triaged and seen. When our attendances drop below an average of 90 we see a greater improvement in both metrics.



% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department (Nobles & Ramsey)

The percentage of patients Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department increased to 79.3% a decrease of 2.3%, despite another significant increase in attendances. This performance remains comparable to NHS England, where in July 2021 77.7% of patients were seen within 4 hours. This is a positive result given the demands placed on the service by increasing attendance and ED staffing levels – but, as the Urgent and Emergency Care and Ambulance Service Clinical Director has made clear, it may not be sustainable in the long-term without further positive intervention and hard work.

Nobles: AED Admission Rate

The admission rate remains below NHS England averages (in July 2021 in NHS England 28.05% of patients that attended a type 1 major A&E department required admission to hospital), and is a reduction on previous months despite the significant and sustained increase in attendances. The work being done with Medicine to provide ED in-reach and ensure senior clinical decision making is happening earlier, is avoiding admissions where it is safe and in the best interests of the patient to do so. The work undertaken in the Medical Ambulatory Care Unit and by the Ambulatory Clinic are also a significant contribution to keeping admission numbers low and ensuring ED deals only with those who need their attention the most. However, even with the focus on admission avoidance, pressure on medical beds in the acute settings is constant and sustained. With a lack of beds causing delays in admission and driving up wait times and affecting 4 hour performance figures.

Urgent and Emergency Care -2021-22

Average Minutes in Nobles AED (Time to see First Doctor)

Another month-on-month increase in attendances has been mitigated by better staffing this month and has led to a decrease in time to see a doctor by 8 minutes.

Average Minutes in Nobles AED (Time in Department)

Despite several very long length of stay patients (overnighting in the ED on beds), due to the lack of admitting capacity caused by a shortage of beds across the acute settings AED was able to reduce the Average time in department by 9 Minutes

Number of Unplanned Attendances (Nobles & Ramsey)

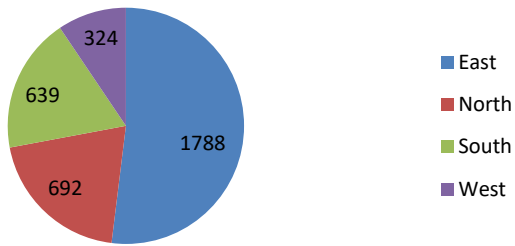
Another increase in average attendances of 7 patients per day in the month of July has seen an average of 122 patients per day being seen. This is a trend we are seeing continue in to August. We are continuing to look at ways to mitigate this, including the use of medical specialties in-reach into the ED (to speed up senior clinical decision making) and the increased and sustained use of the Medical Ambulatory Care Unit and the Ambulatory Clinic. However, space (the real estate available to us for use) and staffing remains a rate limiting factor.

Urgent and Emergency Care Summary:

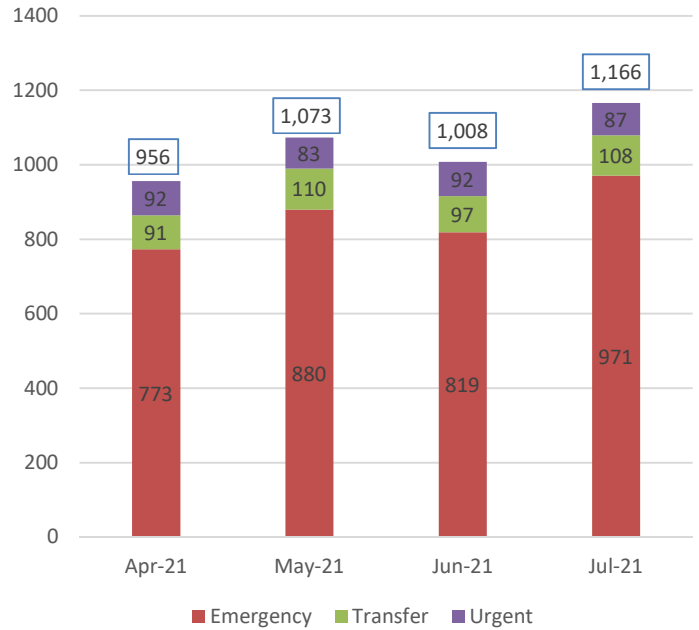
We are seeking to address some of the issues we face (staffing and appropriate skills mix etc.) via the Manx Care led Emergency Department Business Case. We are also awaiting the outcome of a hospital wide review of the use of the

Ambulance Service 2021-22

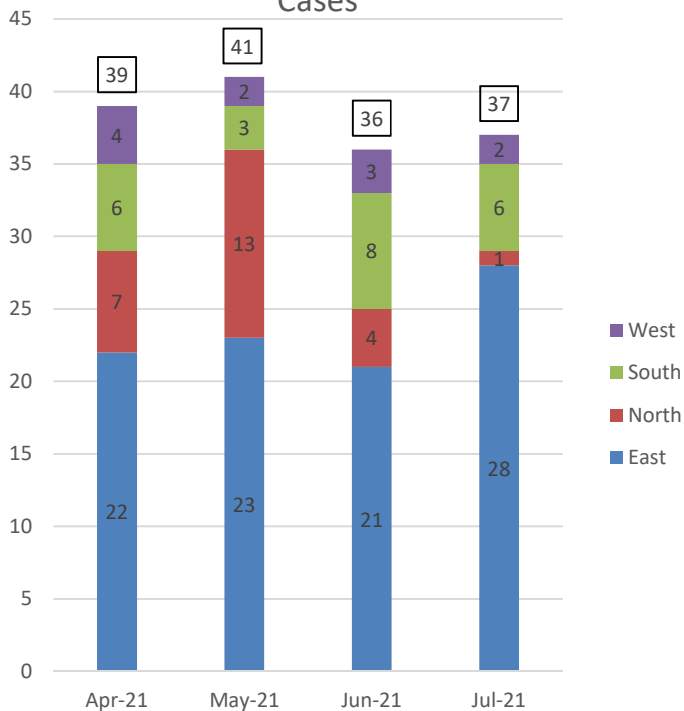
Number of Emergency Calls by Area



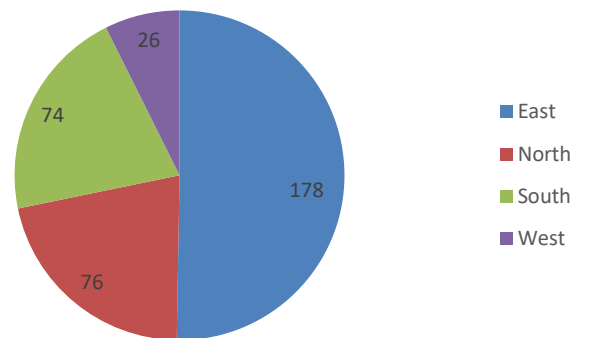
Number of Emergency Calls



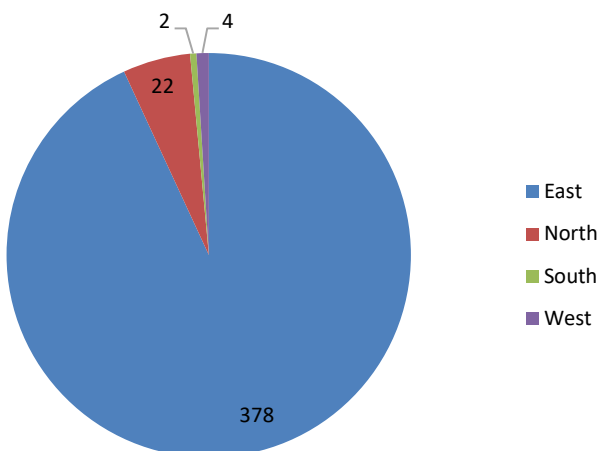
Number of Category 1 Number of Cases



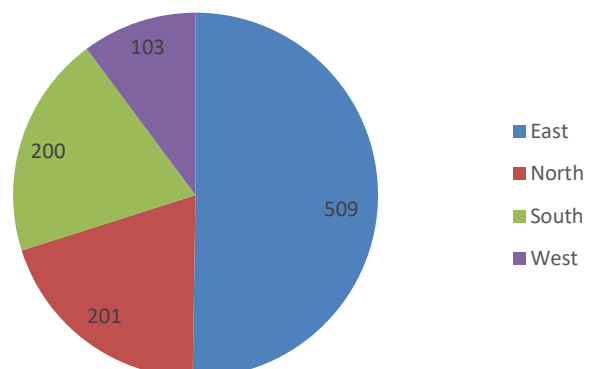
Number of Urgent Calls by Area



Number of Transfer Calls by Area

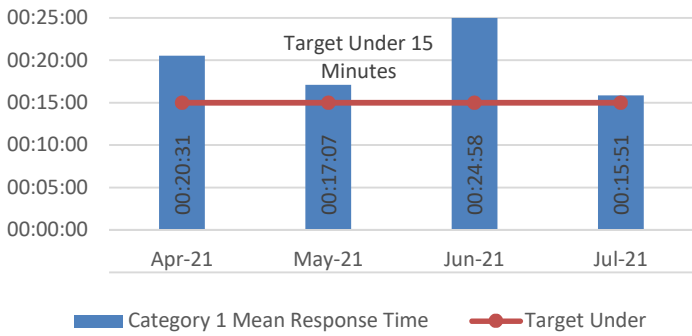


Number of Emergency Non Conveyance by Area

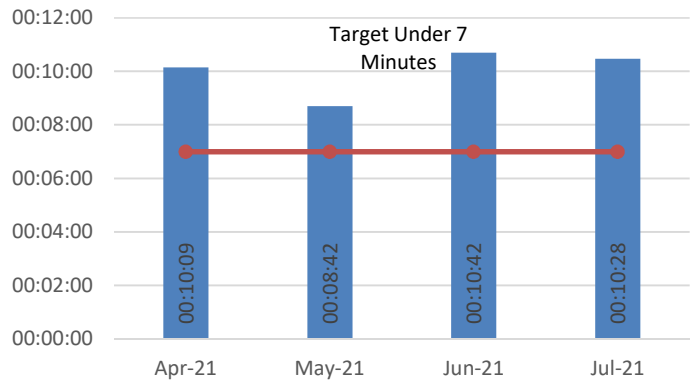


Ambulance Service 2021-22

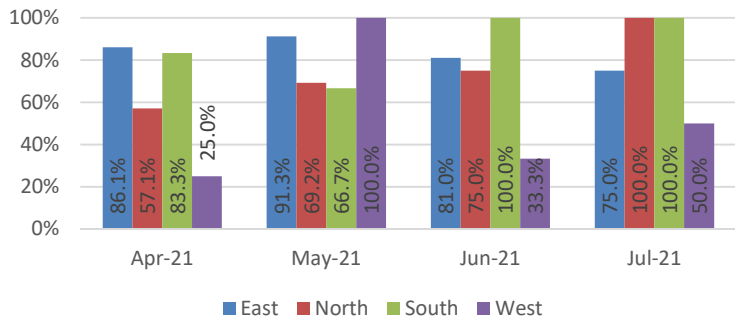
Category 1 Response Time at 90th Centile



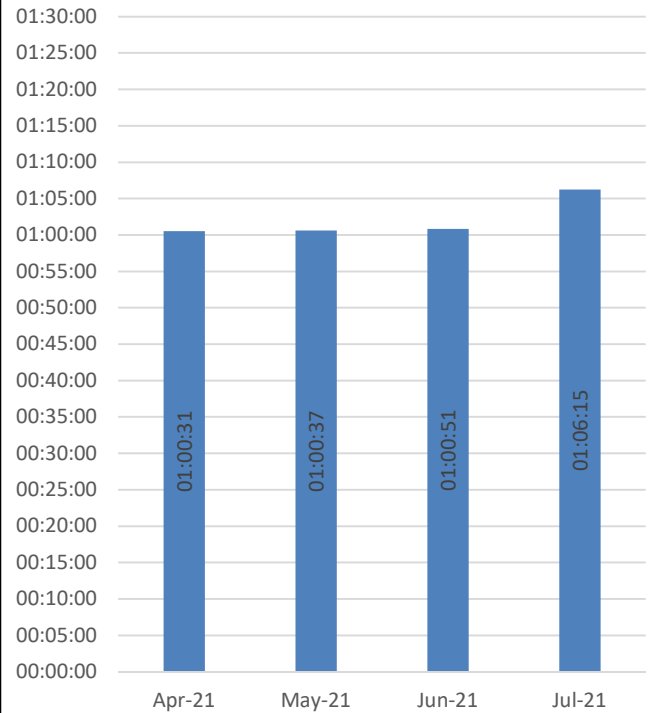
Category 1 Mean Response Time



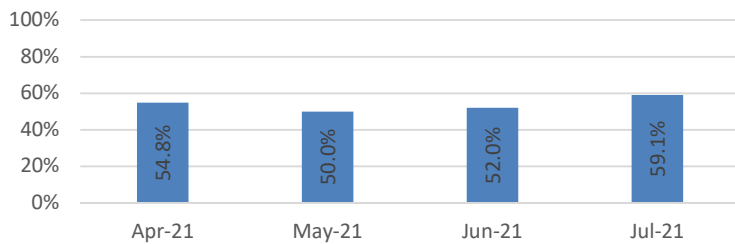
Category 1 % response within 15 minutes, by area.



Average Call to hospital with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at hospital from time of call.



% of patients with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at Hospital from time of call within 60 minutes



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	297	330	33	10%

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	1,235	1,319	84	6%

Ambulance Service 2021-22

Ambulance Service Narrative - July 2021

Cat 1 performance remains on par with last month with below expectation performance at 7 min mean standard but improvement at the 90th centile standard. This is positive given we have seen a large increase in 999 calls. 34.5% increase compared with July 2020 and 18.6% increase compared to last month.

This is set against a back drop of increased COVID positive patients within the community meaning increased vehicle decontamination and therefore increased vehicle turnaround time.

Infection Control policy has been altered to reduce vehicle decontamination requirements for non COVID symptomatic patients with travel history which has improved vehicle availability and therefore response times.

ESJCR dispatch time for CAT 1 remains poor and we had 22 cases with no on scene times which impacts performance data reporting. This will be discussed with ESJCR Management and ambulance staff



Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services

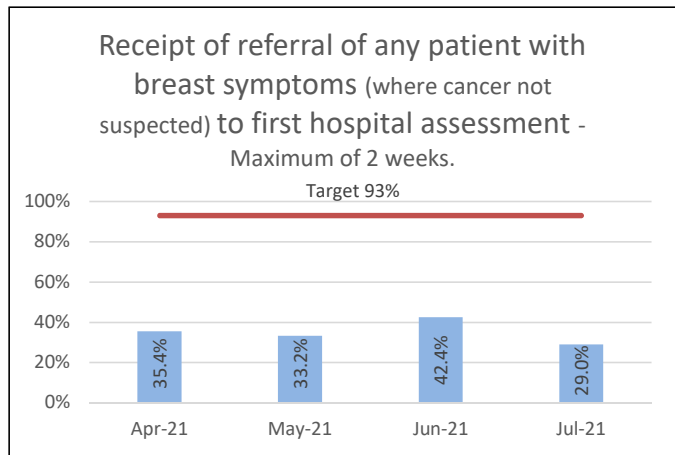
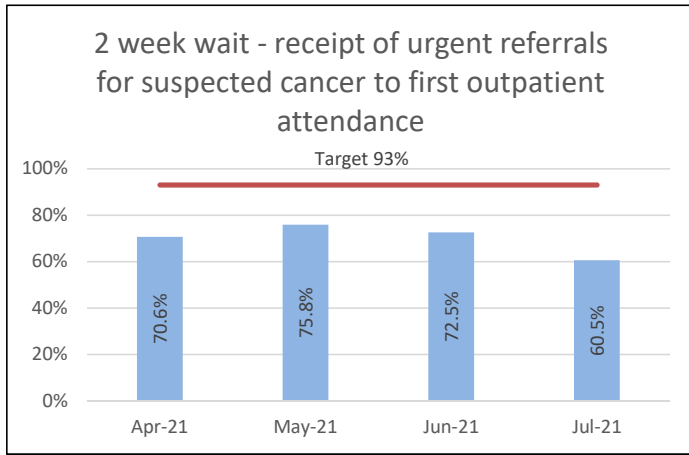


Care Group Reporting (July 2021)

Contents:

Integrated Cancer Services KPI Dataset
Radiology KPI Dataset
Pathology KPI Dataset

Integrated Cancer Services 2021-2022



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	662	368	(294)	(80%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	2,208	1,472	(736)	(50%)

Integrated Cancer Services - Narrative - July 2021

2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance

For July 2021, the overall monthly average for 2WW performance was 60.5%

Tumour Group	Performance
Breast	29.0%
Colorectal	74.6%
Dermatology	56.1%
Gynaecology	76.9%
Haematology	92.7%
Head & Neck	92.3%
Lung	96.4%
Upper GI	89.1%
Urology	81.3%

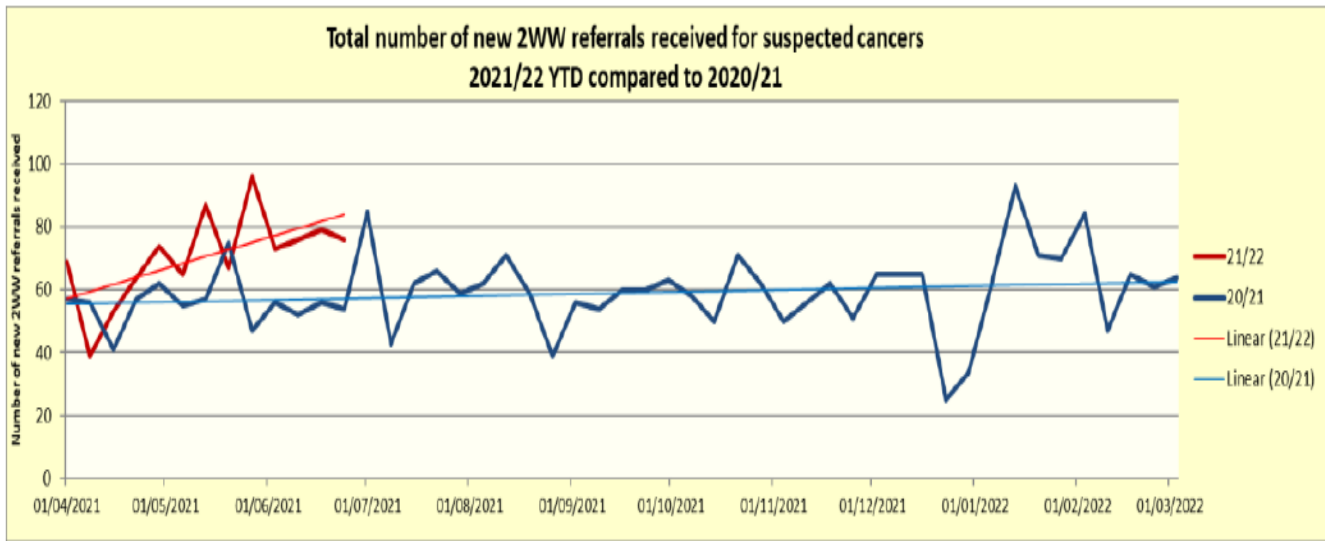
This KPI has been impacted by the volume of 2 week wait referral rates for specific tumour groups:

Tumour Group	Weekly average number of 2WW	
	June 2021	July 2021
Breast	17	14
Colorectal	12	15
Dermatology	18	19
Gynaecology	8	6
Haematology	1	1
Head & Neck	6	7
Lung	2	2
Upper GI	6	4
Urology	7	10
TOTAL	77	78

Integrated Cancer Services 2021-2022

The average number of referrals received in 2020/21 for all tumour groups was 59 per week. The recent monthly average 78 which is significantly higher and this has impacted on the breach position.

The graph below demonstrates the referral rates for 2021/22 year to date in comparison to 2020/21:



Other issues noted during July for the Cancer PTL meeting impacting on performance were:

Breast – Radiology and Surgical are continuing to provide options to support additional one-stop triple assessment clinics to manage the waiting times for first appointment. Additional appointment capacity has been secured at the Spire Murrayfield Hospital on the Wirral to support the capacity issues for the Breast one stop clinics. This has meant that appointments have moved forward for patients but this has not started to improve the breach position for July as patients had already breached the 14 day period. The Isle of Man Breast team are also working to secure additional clinics locally and discussing long term plan to increase clinic capacity on Island from October onwards.

Colorectal – Clinic capacity report as issue at PTL meeting due to staff leave impacting on Outpatient Capacity

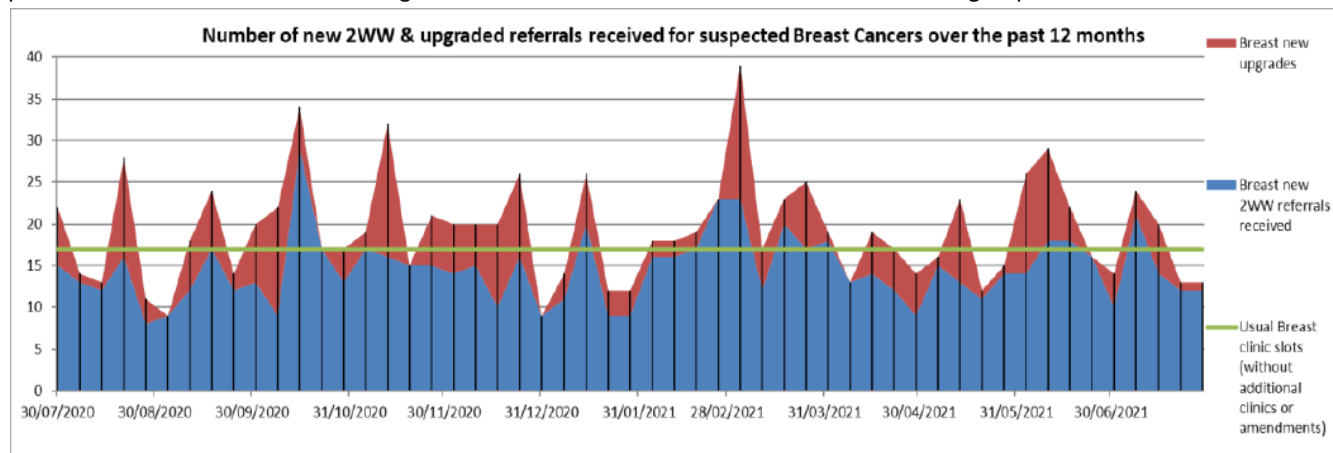
Dermatology – the continued high number of referrals is noted for Dermatology which has impacted on the breach position. The Dermatology team have provided additional clinics and moved other clinic appointments to accommodate the 2WW referrals.

Gynaecology – Additional Colposcopy clinic capacity has been provided during July to reduce the waiting time for clinics. Discussion with regards further capacity continues.

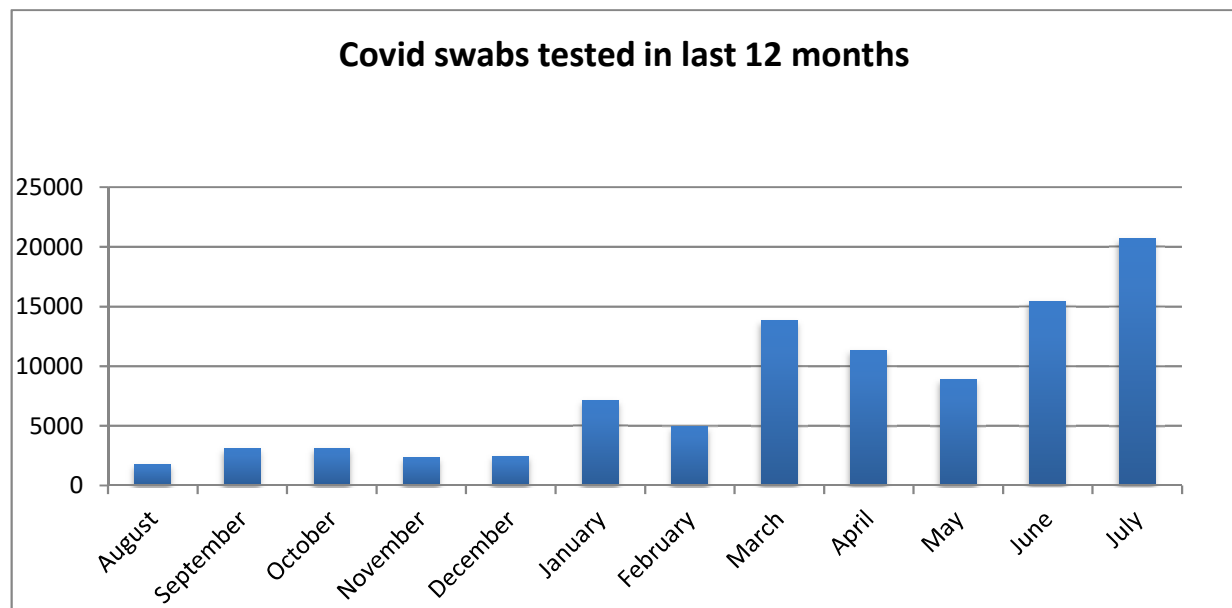
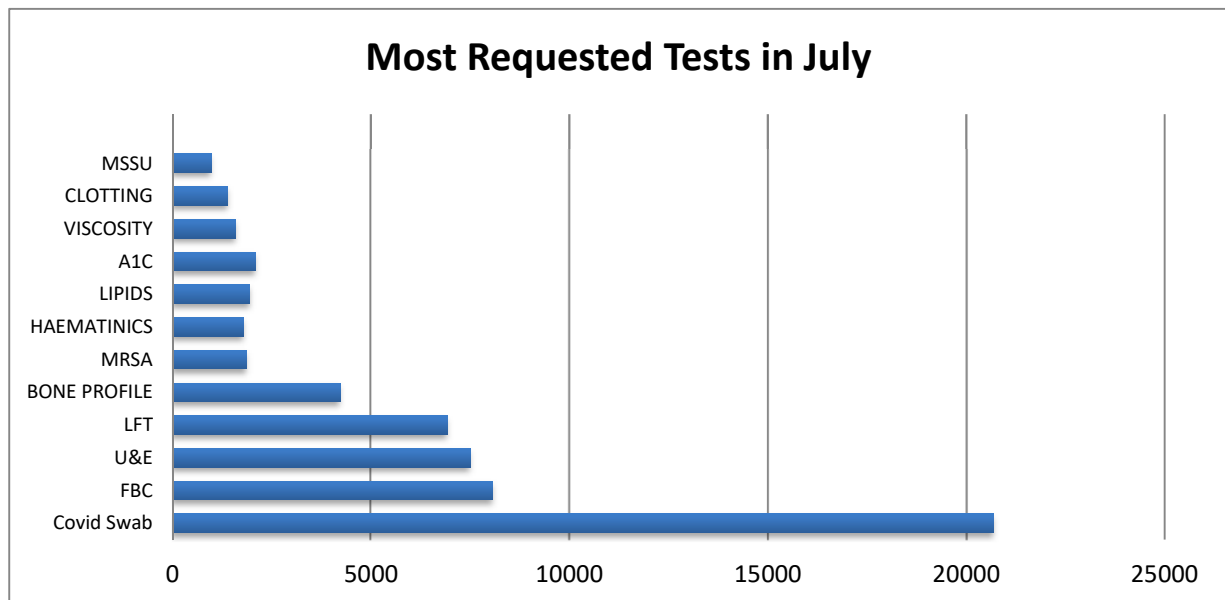
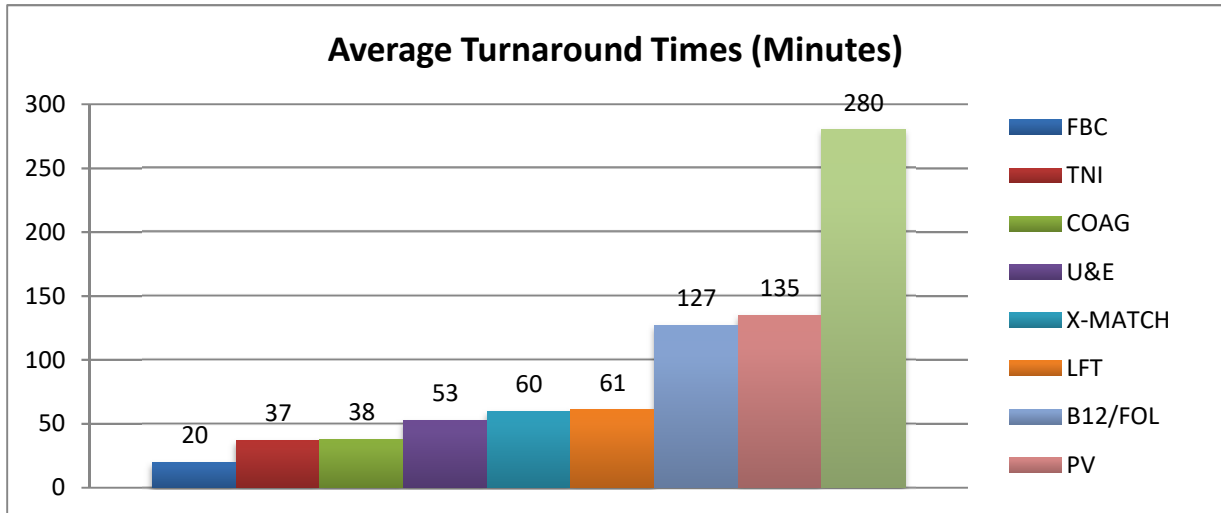
Upper GI – Clinic capacity report as issue at PTL meeting due to staff leave impacting on Outpatient Capacity

The Breast 2WW performance is used as an estimation of this figure as these patients are seen in line with those referred on a 2WW pathway – for July 2021 this is **29.0%**.

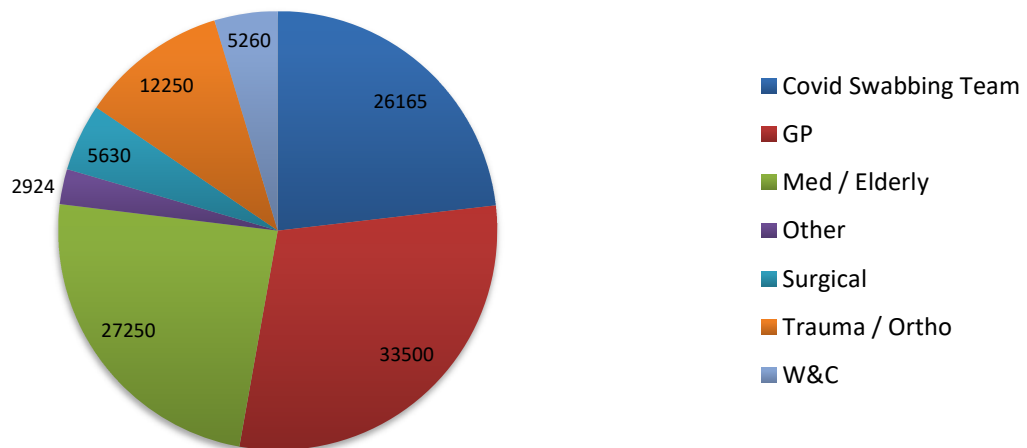
Both 2 week wait referrals and upgraded referrals (breast symptomatic referrals not on a cancer pathway) are seen in the one-stop triple assessment clinics – Symp1 or under 40s clinic. The combined number of referrals received has impacted on the performance of this KPI. The volume against the number of clinic slots is demonstrated in the group below:



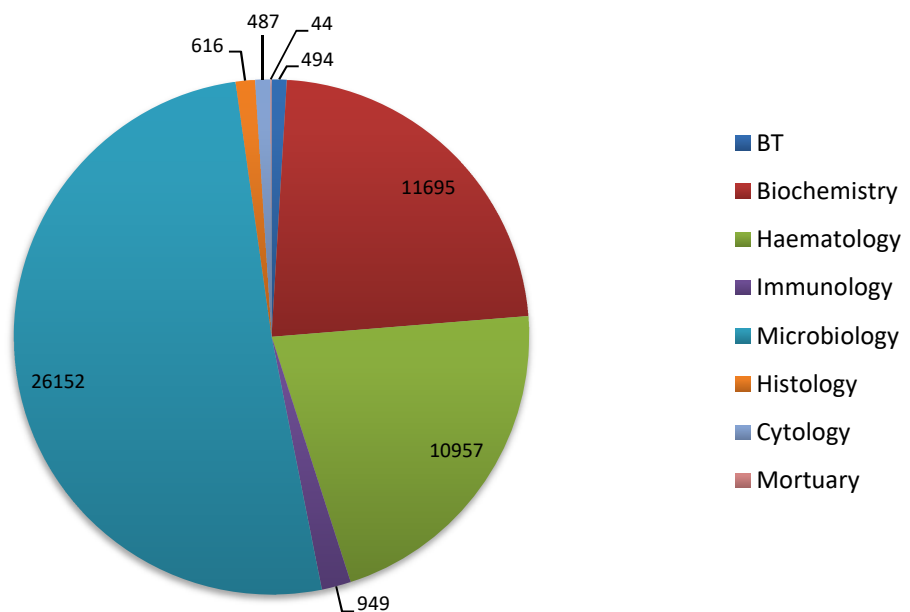
Pathology Monthly Performance Dashboard -July 2021



Source of Request (2nd Quarter)



Requests per Department (July)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	618	544	(74)	(14%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	2,113	2,176	63	3%

PATHOLOGY NARRATIVE - July 2021

Increase in Covid swabs carried out due to border relaxations.

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards, should be completed and available mid year. 5 out of 7 are complete.

Turnaround times audit for Histopathology completed showing an on-going improvement on times taken for a report to be produced and within RCPATH guidelines.

Analytical EQA schemes - participation: BT = 8 schemes; Immunology = 18 schemes; Biochemistry = 16 schemes; Microbiology = 21 schemes; Haematology = 9 schemes; Histology = 5 schemes

Analytical Internal Quality Control monitoring, Nearly all tests have routine IQC monitoring (often twice daily).

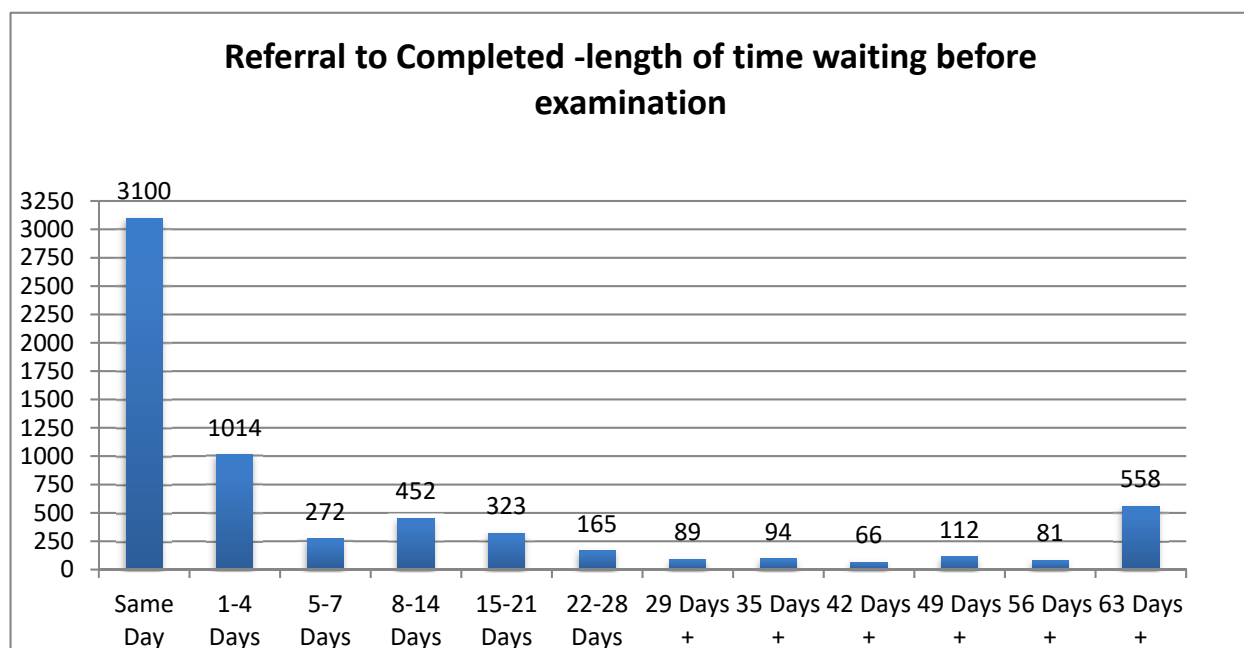
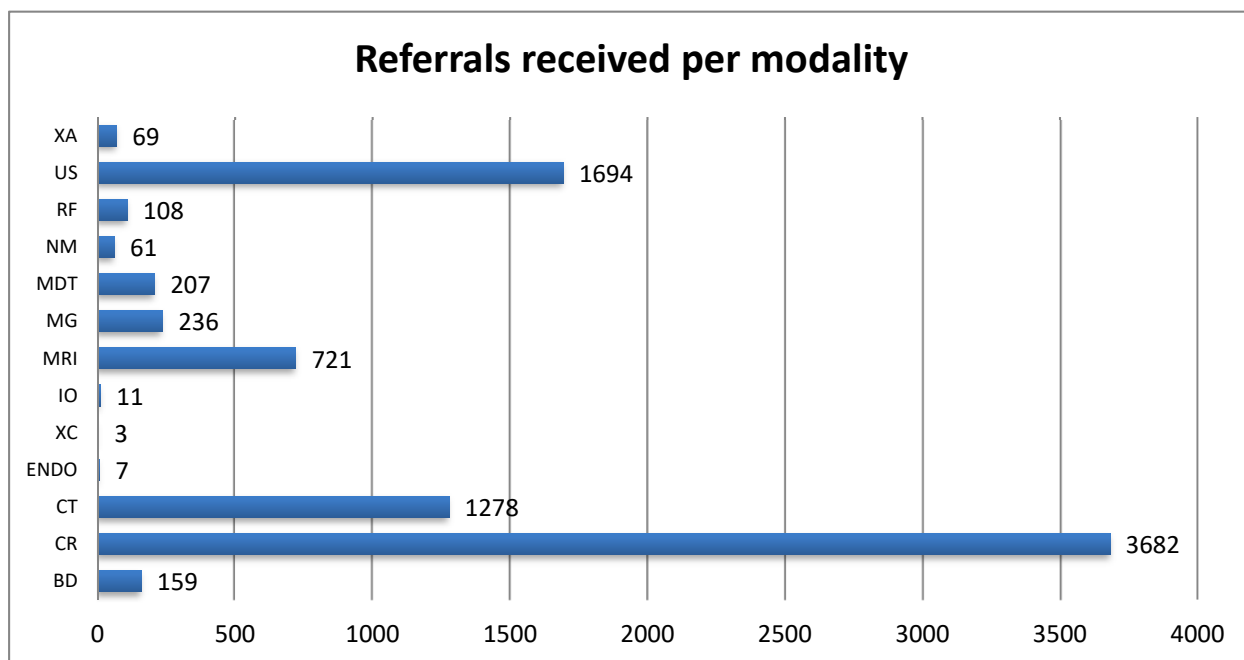
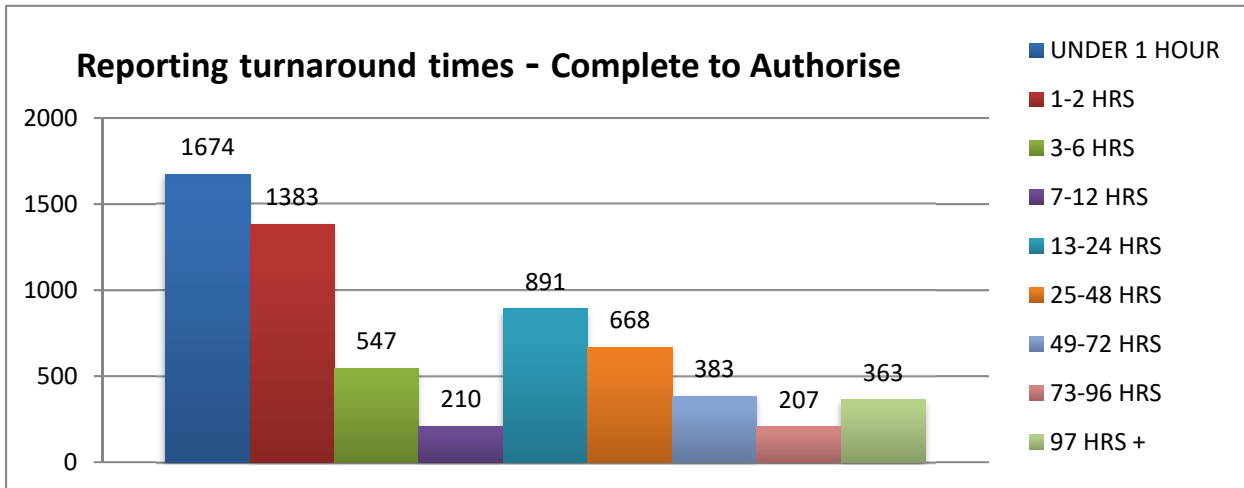
Quality of training for on-call laboratory staff. All on-call laboratory staff are up to date with training requirements.

All Biomedical Scientists are currently registered with the HCPC and so can evidence Continuous Professional Development.

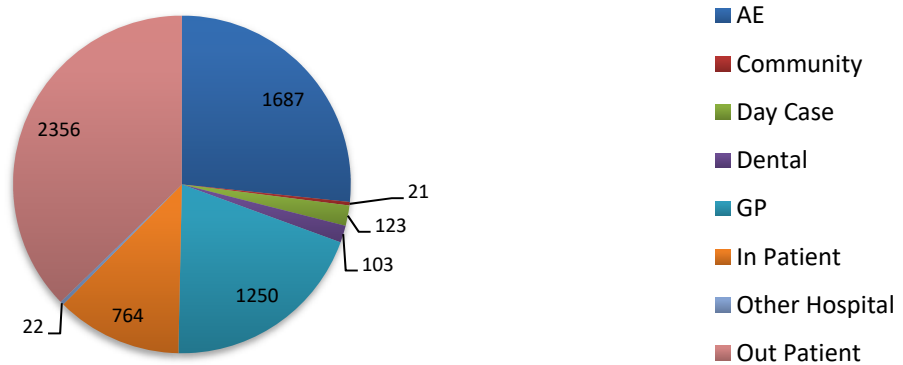
PDPs are run on a rolling window around April / May. We aim to have all staff up to date by the end of May. Currently only one member of staff without PDP.

Pathology - compliance with Mandatory training: Fire 89%; Equality and Diversity 89%; Moving and Handling 85%; Infection Control 92%; Safeguarding Children 68%; Safeguarding Adults 89%

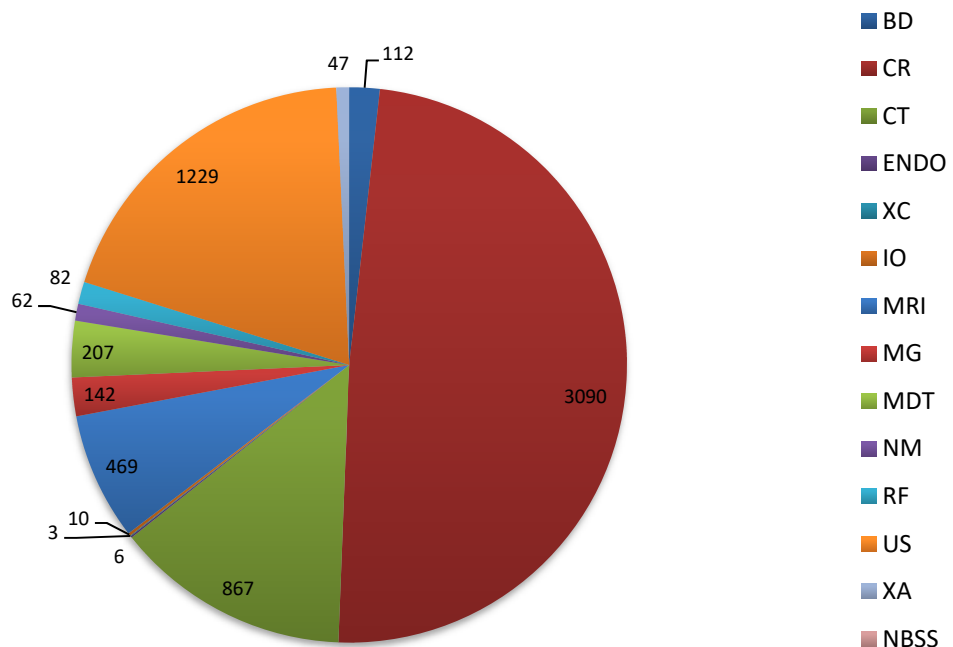
Radiology Monthly Performance Dashboard -July 2021



Referral source



Activity per Modality



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	497	484	(13)	(3%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	1,909	1,936	27	1%

RADIOLOGY NARRATIVE - JULY 2021

Reporting turnaround times

The majority of exams continue to be reported within 2 hours, 5.7 % have taken 97 hours or more (3.2% improvement on last month).

Referral to Completed

Of the 6326 exams, just over 49% were turned around on the same day (2% increase on last month) however, a further 35% in 1- 28 days which is the same as last month. These figures include all exams across all modalities including those exams that have been on hold for a variety of reasons (including COVID) -there are projects ongoing to increase capacity to reduce waiting times further. The supplementary tabs on waiting times breaks this down further to show:

- All exams currently waiting by exam status (requested, vetted and on hold)
- All exams currently waiting by exam status (requested, vetted, on hold and scheduled) by exam priority
- All exams currently waiting as a % in terms of less than or greater than 6 weeks but not including scheduled or on hold exams

Referral source

Demonstrates where the requests are being generated from within primary and secondary care with ED, OPD and GP being the primary source of referral and there has been no significant change on the distribution compared to last month.

Activity

Activity per modality within radiology for July 2021. There has been significant change in the distribution compared to last month.

Referrals received

Number of exams requested in June for each radiology modality. Of note, symptomatic mammography has seen the largest increase in demand this month of 26.8% but this is likely due to the extra clinics.



Manx Care KPI Reporting

Integrated Women's, Children's and Families Services



Care Group Reporting (July 2021)

Contents:

Women & Childrens Integrated Care KPI Dataset

Women Childrens Integrated Services 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	1,315	1,301	(14)	(1%)
Management & Support Services	59	83	23	28%
Women's Services	551	525	(26)	(5%)
Children's Services	552	485	(67)	(14%)
Community Services	153	208	55	26%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	5,214	5,115	(99)	(2%)
Management & Support Services	208	331	123	37%
Women's Services	2,202	2,099	(103)	(5%)
Children's Services	2,245	1,941	(304)	(16%)
Community Services	559	744	185	25%

Women & Children's Integrated Services - Narrative - July 2021

We have a 99k variance year to date and a forecast variance which is marginally over the FY budget. Staff shortages and agency costs particularly within Children's Services has had a significant impact on this year's budget. Women's Services is forecasting 5% over FY, Children's Services £16% over. We have business cases on the horizon, colleagues returning to work and vacancies being filled which hopefully will reduce employee/agency costs in the coming months.



Manx Care KPI Reporting

Integrated Primary and Community Care

Care Group Reporting (July 2021)

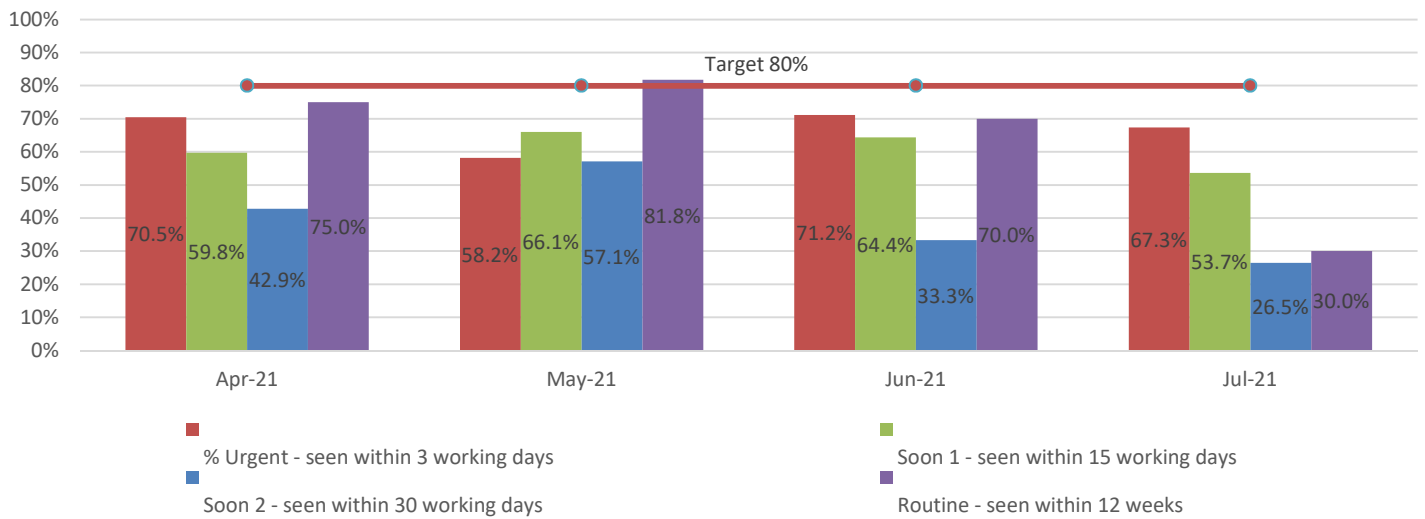
Contents:

Integrated Community Services KPI Dataset

Primary Care Service KPI Dataset

Integrated Community Services 2021-22

CATS % of people seen within timescales.



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	679	664	(15)	(2%)

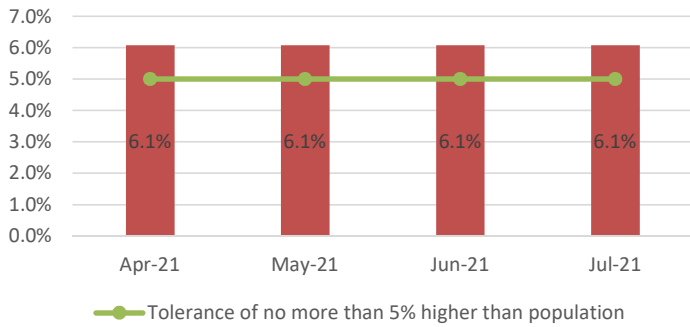
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	2,611	2,655	44	2%

Integrated Community Services - Narrative - July 2021

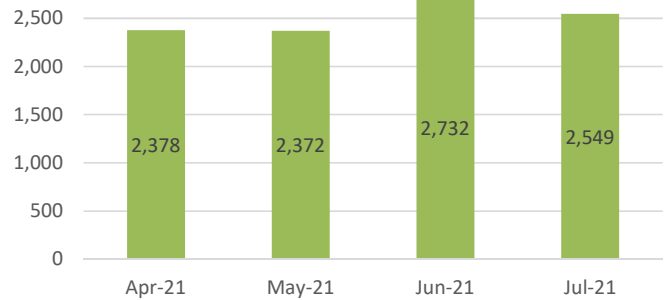
CATs is currently in the process of transferring between Care Groups, and as a service it no longer sits within Integrated Primary and Community Care.

Primary Care - 2021-22

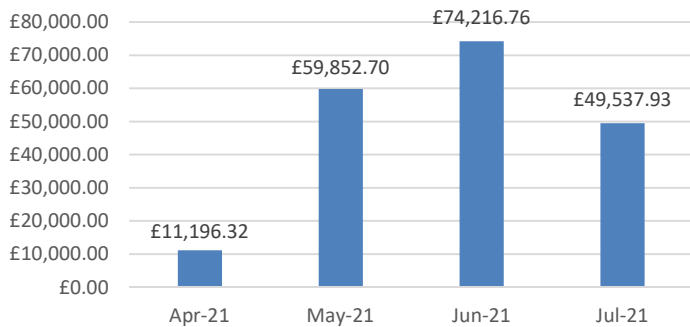
The % of patients registered with a GP
(Permanent Registration)



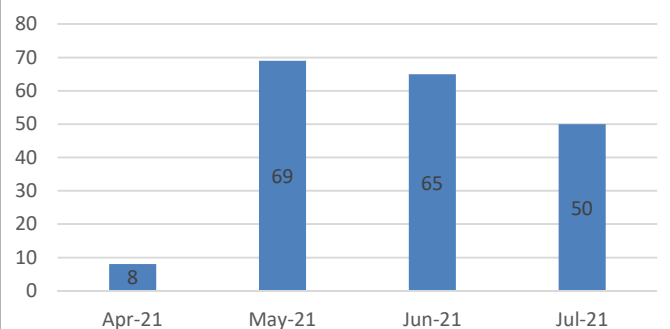
Number of patients waiting for a
Dentist



Savings made by Pharmacy Optimisation
Team



Total clinical interventions made (safe
and cost effective)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	130	158	28	18%
Primary Care Services	1,566	1,592	27	2%
Pharmaceutical Services	1,740	1,680	(60)	(4%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	570	632	62	10%
Primary Care Services	6,491	6,545	53	1%
Pharmaceutical Services	6,916	6,722	(194)	(3%)

Primary Care - 2021-22

Primary Care Services - Narrative - July 2021

% of patients registered with a GP

As with June's narrative we are working through an assurance process for de-registration and expect to see this figure reducing in September/October.

Number of patients waiting for a dentist

We can expect this number to start to drop now with some allocations being made within the next few weeks and ongoing allocations to one of the practices who still have approximately 1,000 patients to take. As contract visits take place and agreements made for patients to be taken the plan for the waiting list will be finalised. There is work going on with the contract visits and the KPIs around access – so this is an encouragement to take patients.

Savings made by Pharmacy Optimisation Team

The savings for the month of July were slightly down on June and this represents staff holidays and absence related to Covid isolations during this time.

It is expected that savings will continue on the same trajectory for the next month (August) as staff take holidays.

Total clinical interventions made (safe and cost effective)

Clinical interventions are slightly down and this is due to the same reasons as above; the interventions are carried out when staff are physically attending and working with the GP surgeries and can access carehomes and Learning Disability homes, and access has been restricted in July.

The team has been asked to monitor the response time and actions from the GP surgeries as many of the surgeries are struggling with staff, and this may affect their ability to carry out the medicines optimisation tasks allocated by the team.

Finanaces

The differential in Management & Support Services is down to staffing vacancies.



Manx Care KPI Reporting

Integrated Mental Health Services



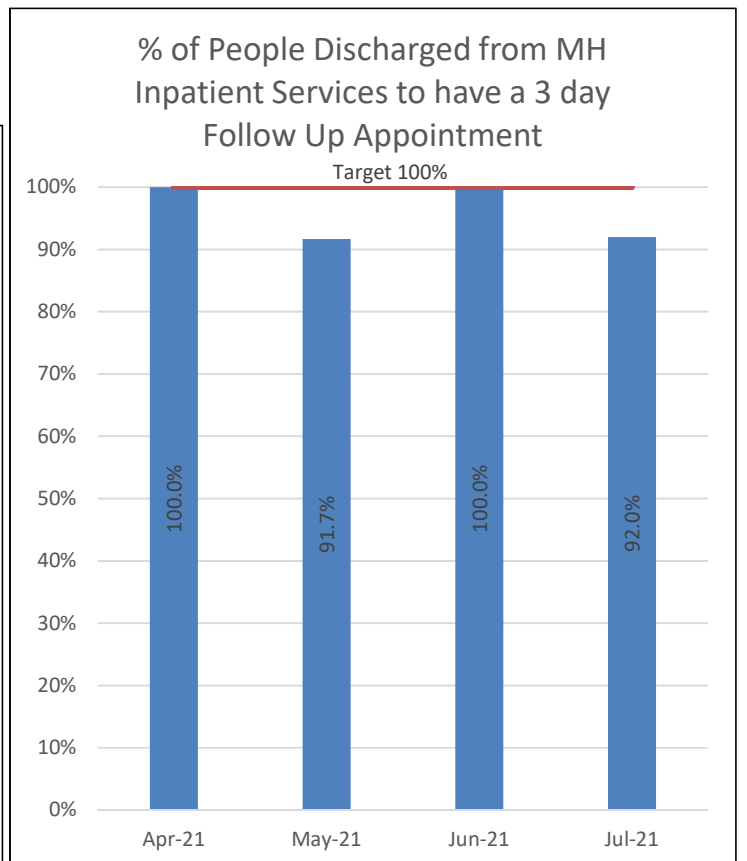
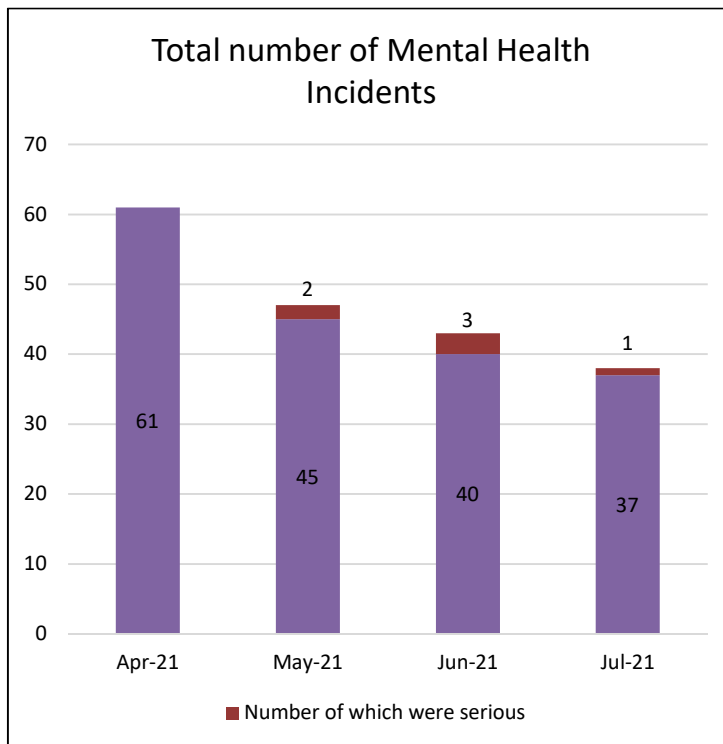
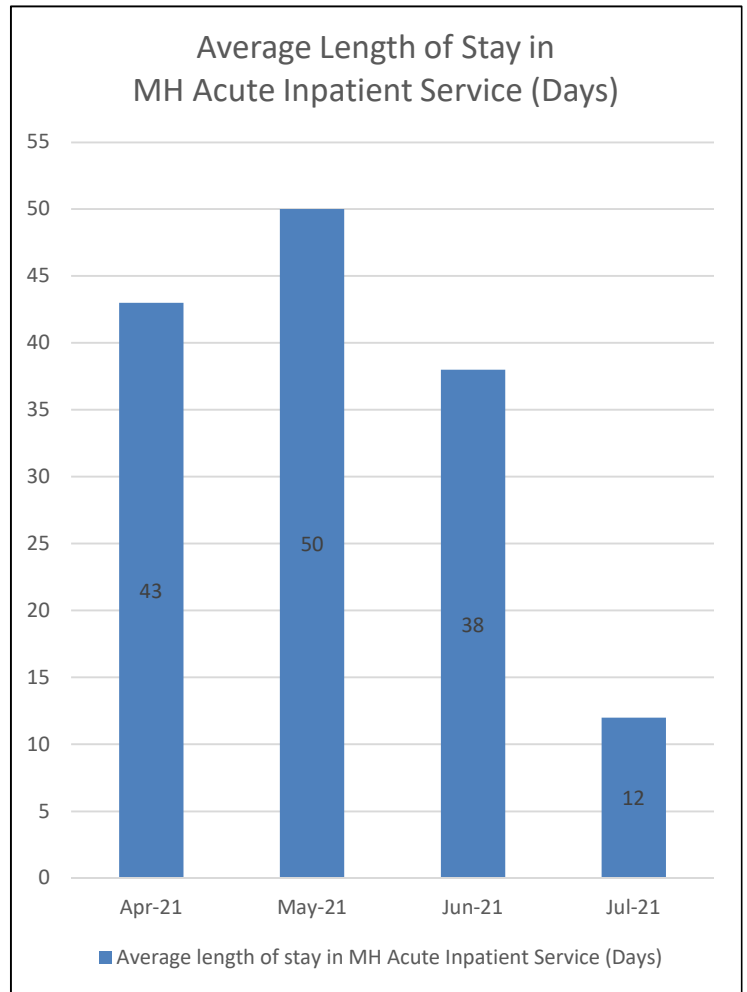
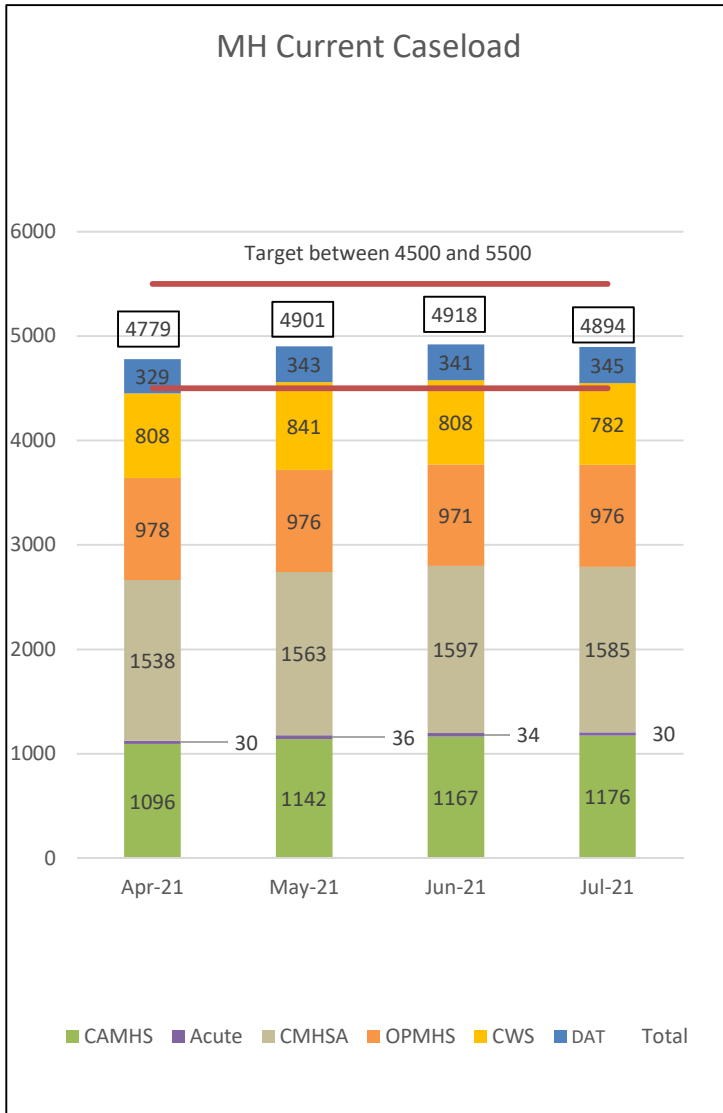
Care Group Reporting

(July 2021)

Contents:

Integrated Mental Health Services KPI Dataset

Mental Health Services Dataset 2021-22



Mental Health Services Dataset 2021-22

Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	1,916	1,797	(119)	(7%)
Management & Support Services	120	142	22	15%
Mental Health Services	1,276	1,299	23	2%
Nursing Care Placements (s115)	157	167	9	6%
UK Placements	363	189	(173)	(91%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	7,484	7,187	(297)	(4%)
Management & Support Services	430	569	139	24%
Mental Health Services	4,880	5,194	314	6%
Nursing Care Placements (s115)	831	667	(164)	(25%)
UK Placements	1,343	757	(586)	(77%)

Mental Health Services - Narrative - July 2021

Caseloads – MHS caseload of 4894 remains relatively consistent with previous reporting period (0.4% decrease). Drug and Alcohol Services and the Older Persons Mental health Service has experienced a very small increase in caseload volume (1.1% and . 0.5 % respectively). The MHS caseload for July remains broadly consistent with the previous quarterly average.

Average Length of Stay – July has witnessed a significant decrease in ALS (12 days) when compared to the previous quarterly average (43.6). It should be recognised however that the small inpatient numbers impact significantly on the data.

3 Day follow up- MHS remains compliant with ROF 4.5.6 (MHS follow up within 7 days post discharge). The Care group target of 100% follow up within 3 days however, was not achieved due to one patient cancelling the scheduled 3 day follow up appointment due to physical illness. The review was however undertaken on day 4 following discharge.

Incidents – The theme of reduced numbers of reported incidents continues with 37 reported in July, this representing a reduction of 23% when compared to the previous quarterly average. 1 incident was recorded as moderate, this relating to a deliberate overdose and 1 incident relating to a death by suspected suicide. The suspected suicide is subject to both the MHS SOP for Serious Incidents and Sudden Deaths and the Public Health Suicide Rapid Response.

Finance – Awaiting report



Manx Care KPI Reporting

Social Care Services

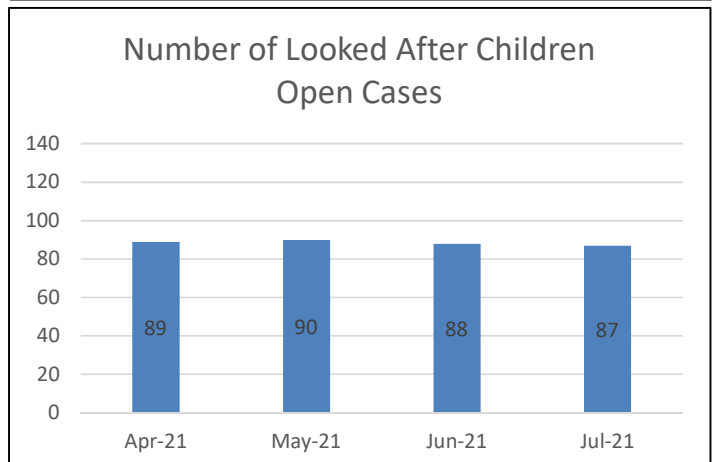
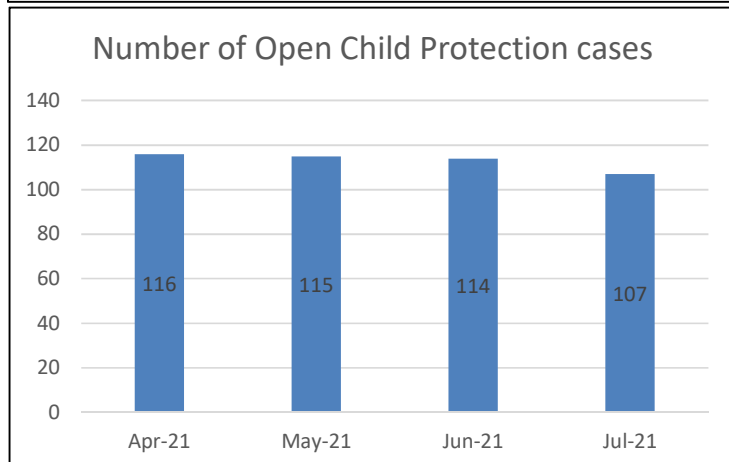
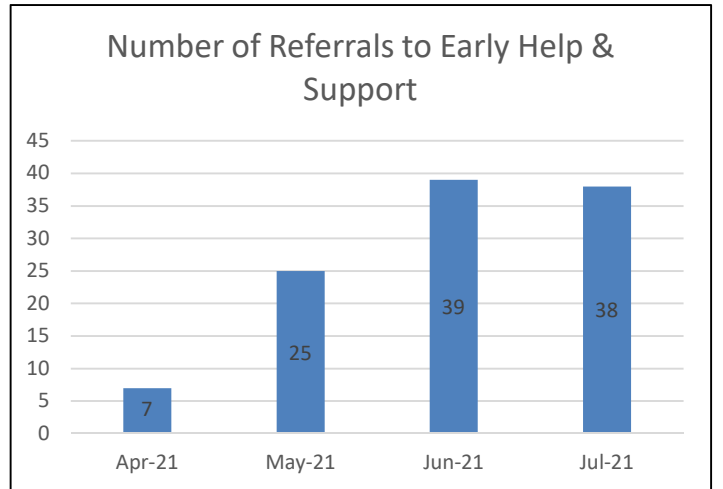
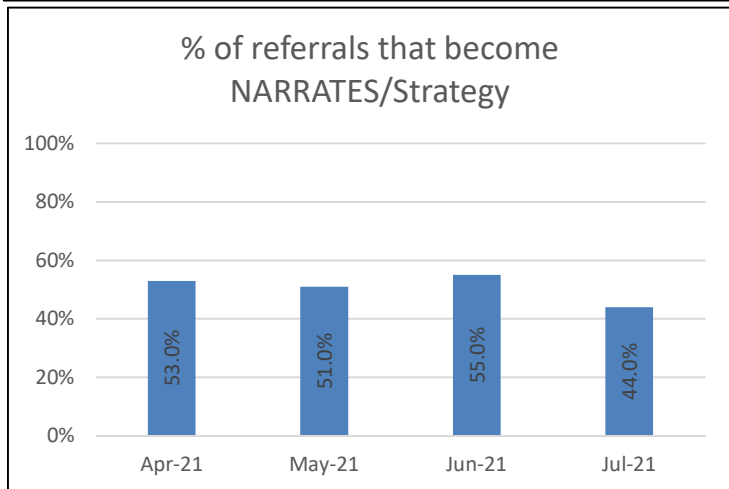
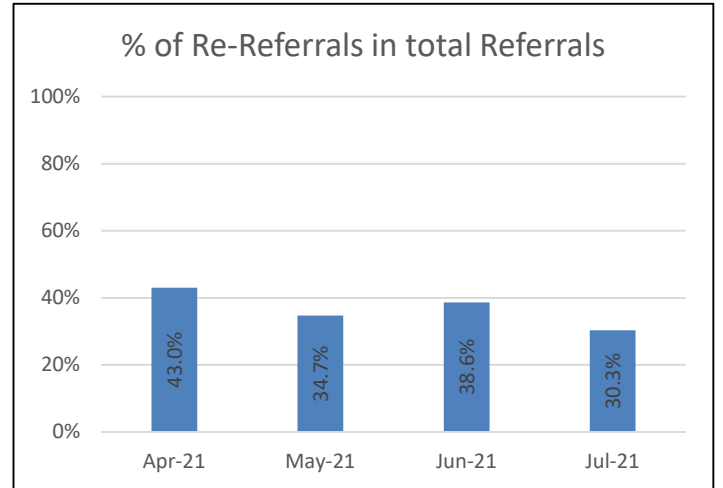
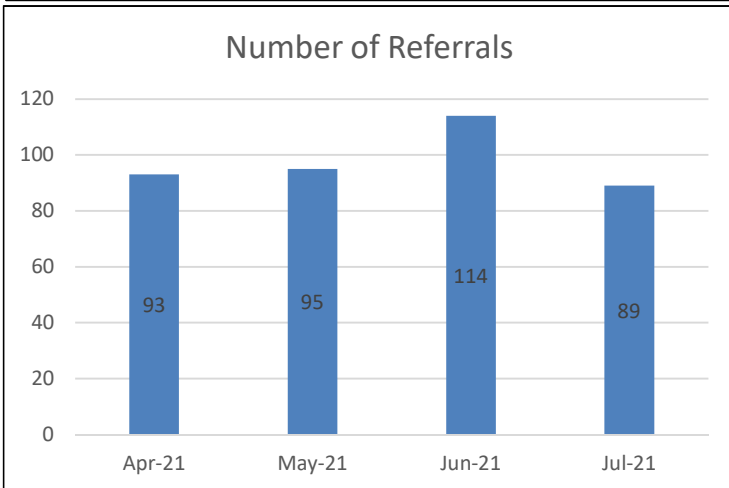
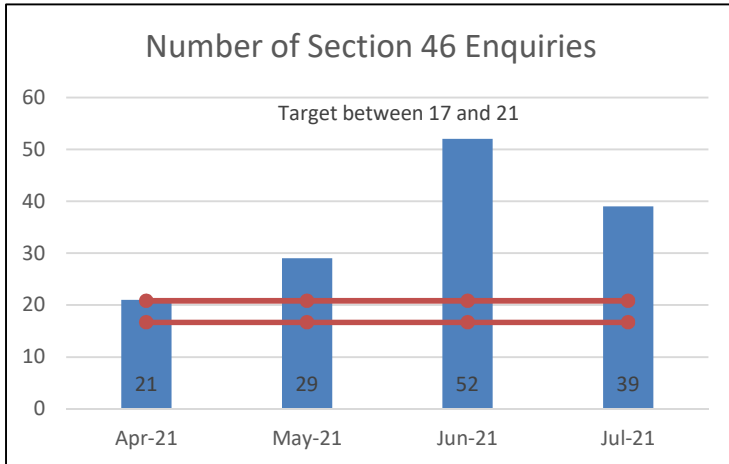


Care Group Reporting (July 2021)

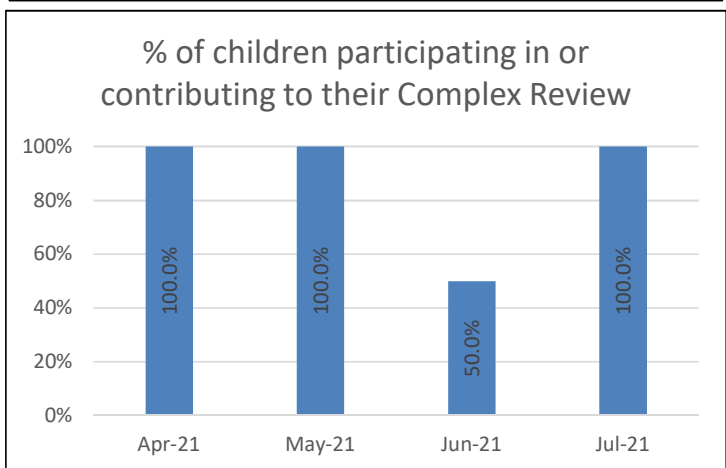
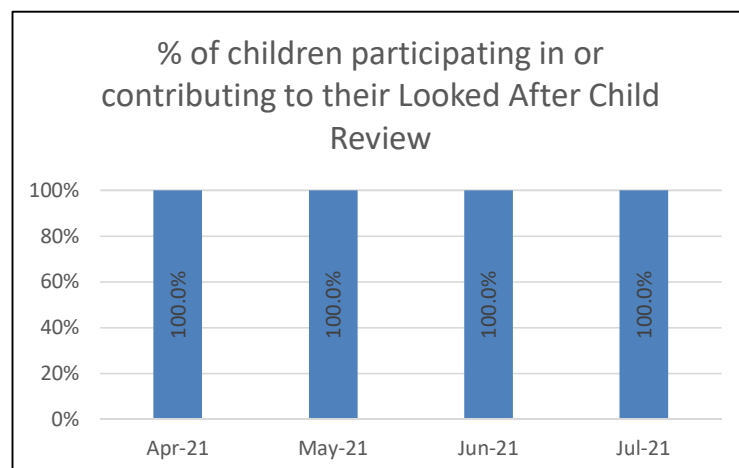
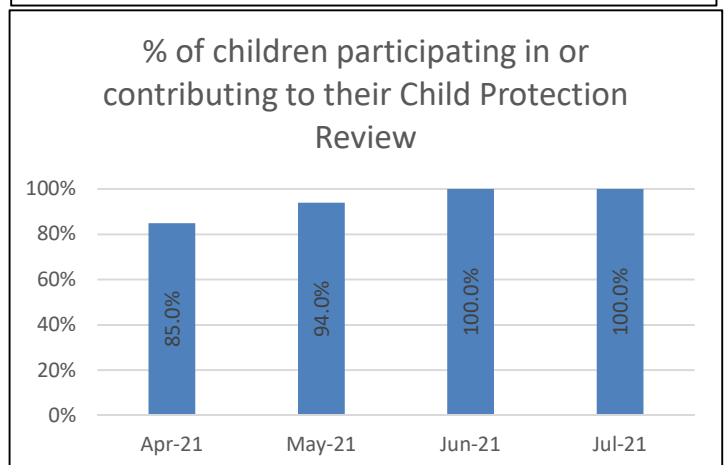
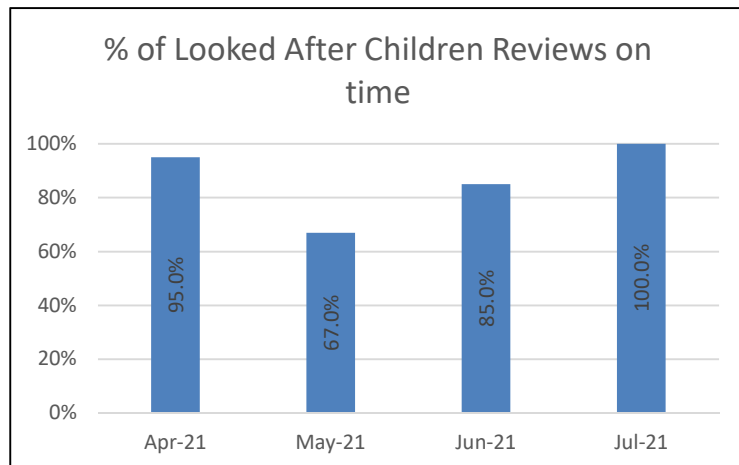
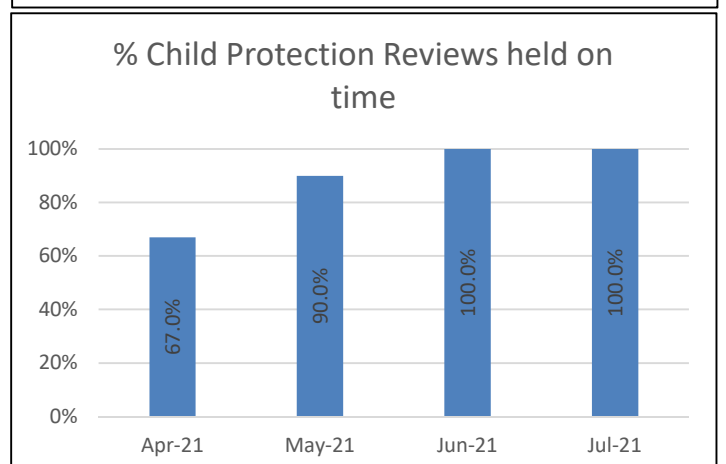
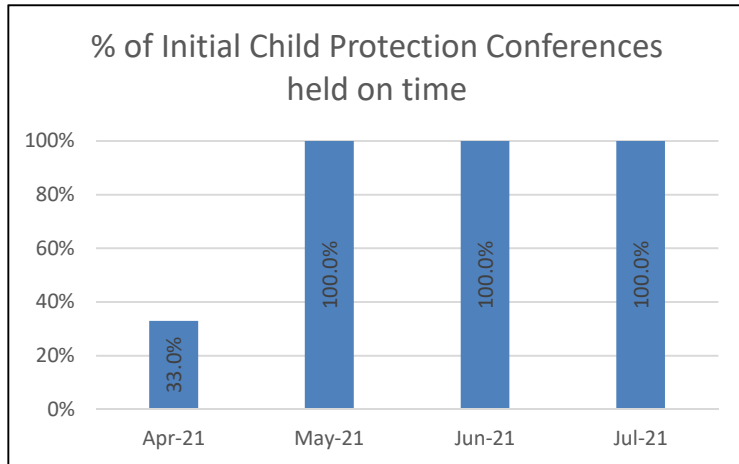
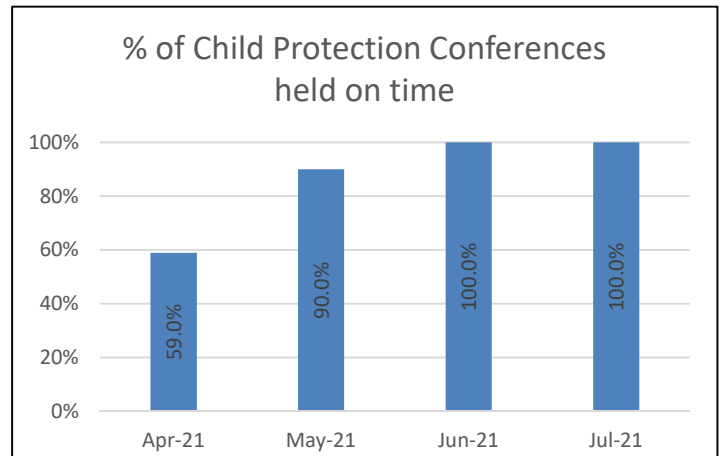
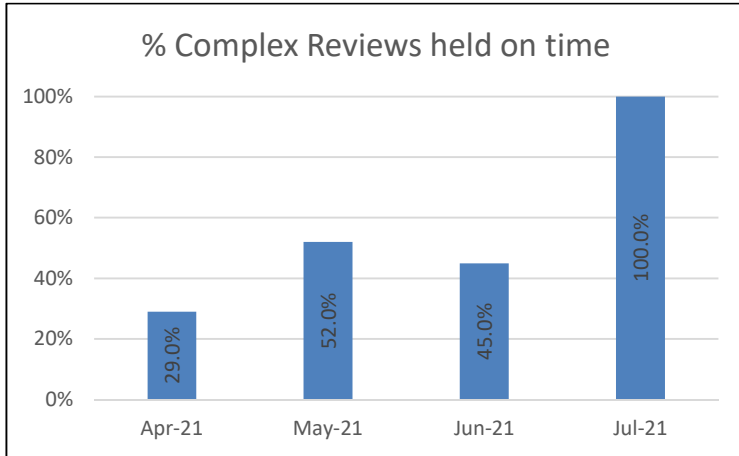
Contents:

Children & Families Social Work Service KPI Dataset
Adult Social Care Social Work Service KPI Dataset
Adult Social Care Operational Services KPI Dataset

Children Families Social Care - 2021-22



Children Families Social Care - 2021-22



Children Families Social Care - 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	1,179	1,327	149	11%
Management & Support Services	64	91	27	30%
Children & Family Services	811	906	95	11%
Children & Family Social Work	304	330	26	8%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	4,703	5,310	607	11%
Management & Support Services	259	366	107	29%
Children & Family Services	3,300	3,625	324	9%
Children & Family Social Work	1,144	1,319	175	13%

Children & Families - Narrative - July 2021

S46 Enquiries:

Annual target. Monthly target range between 17 - 21. Whilst an audit of Sec 46 Enquiries took place in May and a system for better triage of referrals before decision making/status has been agreed, June saw a significant increase/spike in Section 46 enquiries. This was most prominent within IRT with the new referrals in June. Whilst the numbers have reduced in July they are still above previous months across the service. We will continue to monitor this and if the higher rate continues further auditing will take place to determine whether this reflects a threshold issue or an increase in complexity. The conversion rates between processes remain of concern. However, when you look at action taken (outcomes) following the Section 46 enquiry only 21% progressed to an ICPC in June; in July this figure was 41%. 59% were still outcomed to a CWCN plan or were referred to another agency, No Further Action or continue with current process following Sec 46. It is too early to establish that the higher conversion from Sec 46 enquiry to ICPC is as a result of better triage of referral (previous action) and whether the conversion will continue to improve but this will be monitored over the next couple of months. We need to be confident that a statutory process is not being used where an alternative could have been utilised. A mechanism should have been set up through August to track and review decision making in this area to provide further analysis but management capacity has been impacted this month due to sickness of both the Team manager and Group manager within IRT. This needs to be monitored and further review undertaken by Group Managers to ensure we are assessing and intervening at an appropriate level.

% Supervisions due that were completed:

Only 3 out of 9 workers in IRT received formal supervision in June in IRT - this related to sickness of the Team Manager. For a short period the impact in IRT is minimal as the nature of the work in IRT requires regular management oversight at this point in the overall process. The manager will be off sick until the end of July. 2 supervisions did not occur in Care Management as both workers were off sick.

Children Families Social Care - 2021-22

Average Caseload Per SW:

The average caseload is 15 when based on the service's establishment (27.5). Actual staffing numbers is 20 which reflect 4 vacancies and 3 workers on sick leave (and the 5 covering Team Manager responsibilities) and this makes average caseload size 21 Social Worker.

It should be noted that these figures represent the overall case numbers only, and do not reflect the caseload capacity of the individual workers which is based on their role and level of experience. When this is factored in the capacity in the context of available experienced Social Workers, the felt experience is more pressured. 2 of the 3 on long term sick will continue to be absent with no known return date at this time. A permanent worker is due to commence early September. Capacity continues to be reviewed monthly.

Referrals to Children's Social Care:

Annual target. Monthly target range between 74 - 78. In 2020/21 the monthly average was 93. Audits in May identified threshold issues relating to referrals from agencies that would have been better served in Early Help. Work in respect of conversions between process continue both in understanding and in determining status and further discussions have taken place with Police colleagues in regard to the Early Help service where appropriate. A further audit of referrals should take place in 4 months (Oct) together with the re referrals. This should seek to assure further that the threshold issue is not within the IRT service and to consider the effectiveness of discussion with multi agency colleagues re referral routes and thresholds.

Re-referrals to Children's Social Care:

The high level of re-referrals remains a concern for the service. Whilst the numbers are reduced in July, the monthly rate in this area is inconsistent and remains outside of target range. Audits undertaken in May indicated that better triage of referrals was required prior to decision to allocate for assessment or to close. There is evidence that some referrals are being made to Social Care when they may be better served within Early Help (if these referrals are made again they also count as a re referral). Social Workers need to better record the families understanding of the referral and of what they understood in respect of consent when agencies are referring to Social Care (a number of families when contacted decline a service within the voluntary aspects of the SW service provision suggesting informed consent may not have been sought by agencies to refer). Actions have been agreed from the audit and discussion with Police colleagues have taken place regarding use of Early Help. Better triage should ensure we have a good understanding of what the issues are according to the family and referring agency so that the most appropriate course of action can be discussed and agreed with all concerned. Over the next 3 months we would anticipate a reduction in referrals (increase in Early Help referrals) and more synergy in number terms at each stage of the process (i.e those progressing to referral subsequently progressing to an assessment and then onto a plan). This would indicate consent better informed and threshold for a service more appropriately identified). This should be audited again in 4 months (Oct).

% of Referrals that become NARRATES/Strategy:

The service continues to review the conversion rates at each stage of the pathways across the whole system in order to fully understand the drivers for the low conversion rate between each process. The audit last month indicated that there are some threshold issues from referring agencies (particularly Police) and a need for better triage. As noted actions have been agreed in respect of this and we will continue to monitor but anticipate a better conversion rate moving forward though this may take 2-3 months to impact. Development work with managers (by Oct) in respect of better triage and purpose of Strategy meetings should also be planned when capacity allows as there is some evidence that better triage prior to decision to undertake a Strategy Meeting may be required. This connects to the commentary and conversion rates in Section 46.

Number of Referrals to Early Help and Support:

Annual target. Monthly target range between 21 - 25. During lockdown periods this service has been closed temporarily to protect the provision of statutory duties and critical services. The service fully recommenced in May. This number may increase over the next few months as the actions from the statutory part of the service make an impact. Increase in referral rates in June can also be anticipated as schools tend to refer in anticipation of the summer holiday, this increase has also continued in July but it is too early to determine whether this has been an impact from better triage of referrals within the statutory part of C&F.

Children Families Social Care - 2021-22

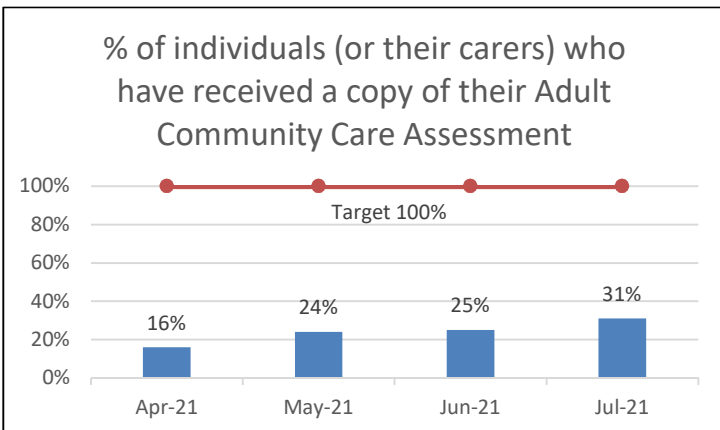
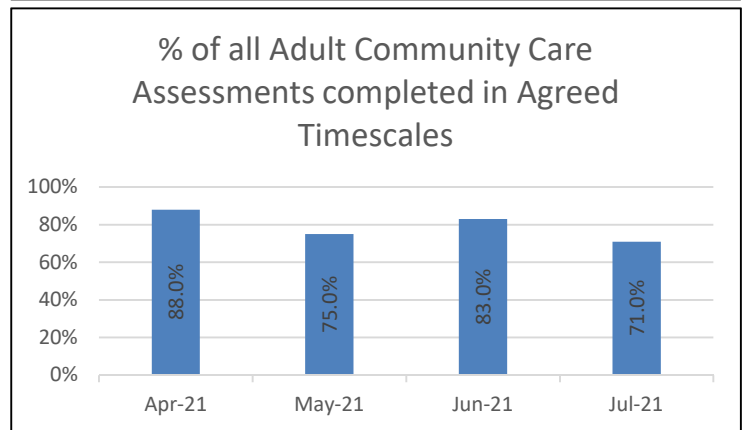
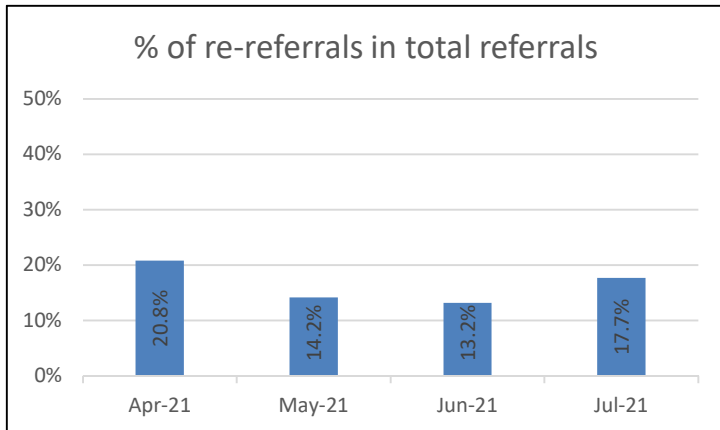
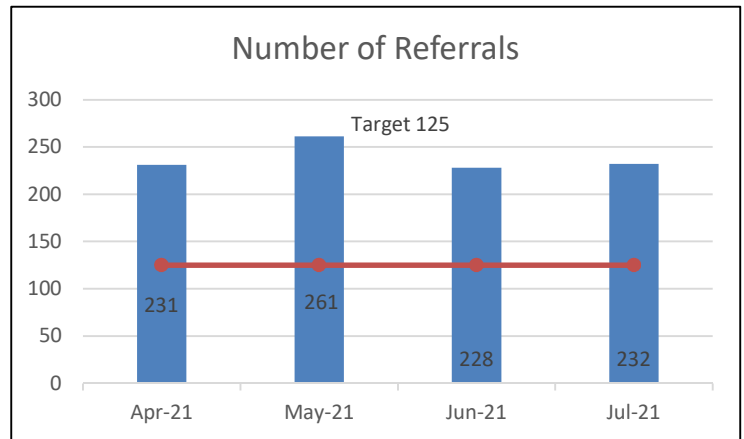
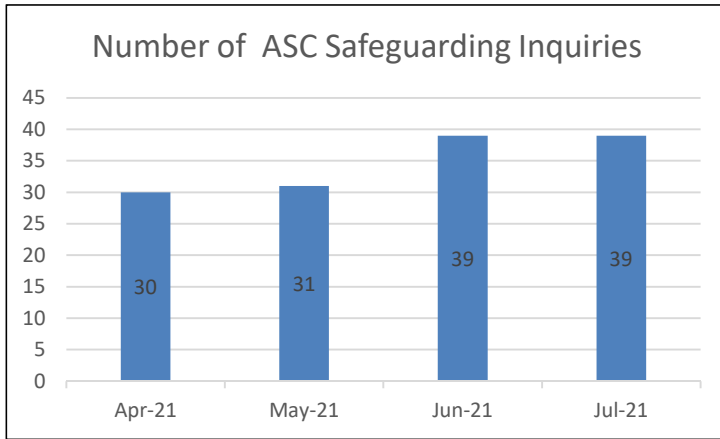
Child Protection:

There has been a steady increase in CP numbers since March 2020, which is likely in part impacted by the periods of lockdown. During those periods, for reasons of safety children were not stepped down from CP plans and meetings were prioritised and agreed with families where they could take place virtually. Whilst the numbers have reduced slightly in June and July, they may rise again in August following the numbers of Sec 46 enquiries resulting in ICPC. An audit of children open on a CP plan for more than 2 years has been undertaken (there are 6 children and this could indicate drift - feedback will be provided to HSSWS this month and actions agreed) and a multi agency audit of a dip sample of children is scheduled for September this is an appropriate action to test thresholds.

% Pathway Plans in Place

June's percentage of 95% was inaccurate and has been amended to reflect the correct figure of 85%. There were 20 children eligible for PWP, 17 of which had PWP (parts 1 and 2); the remaining 3 had part 1 but not part 2 PWP. July's percentage of 86% is based on there being 21 children eligible for PWP, 18 of which have PWP (parts 1 and 2); the remaining 3 have part 1

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22



Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	266	290	24	8%
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	1,048	1,160	111	10%

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

Adult Social Care - Social Work Service - Narrative - July 2021

Safeguarding inquiries: Thirty seven referrals have been raised within safeguarding. Twenty four of these related to safeguarding concerns and all were discussed within the IRD hub. Nine cases progressed to stage 2 enquiry.

Five referrals received information and advice and eleven police concerns were received.

New Referrals: Hospital social work team – There were forty nine referrals in July, three of these were received by the hospital team having previously been pending on the community social work teams list but were admitted to hospital while waiting. A further three people had previously declined social work intervention and were re-referred on readmission to hospital. Two referrals were as a result of an administrative error.

Learning disability team – Stable referrals but data is not reflective of internal referrals from other teams.

Community social work team – There was a slight decrease in referrals during July, down to forty one from forty seven in June. This has given an opportunity for the team to work on a backlog of referrals built up as a consequence of the restrictions in place due to the Covid pandemic. Unallocated cases are decreasing and the team is on track to reduce this further over the next four weeks.

There has been a significant increase in requests for carer's assessments which is encouraging.

ASAT/Adult generic team - Stable volume of referrals (127 ASAT, eleven AGT).

Re-Referrals: Hospital social work team - Further work is required on the definition and timeframe counted regarding re-referrals.

Learning disability team – Data does not appear to be reflective of actual re-referrals.

Community social work team – Re-referrals are recorded as eight, however investigation has indicated there were only two.

ASAT/Adult generic team – Slightly on the increase for ASAT at Twenty four (21 in May and 13 in June) - 1 has reallocated to AGT

% of all FACS completed in Agreed Timescales: Hospital social work team – Further work is required on the data extraction as the number of completed and shared FACS does not reflect the experience of the senior's within the team. The low numbers of FACS completed also do not correlate with caseload activity. Team members have been reminded to complete the appropriate data sets on FACS to ensure accurate data can be gathered.

Learning disability team – The low rate for the team is due to the number of team members taking annual leave and sickness which impacts on the ability to complete tasks within timescales.

Community social work team – Arrangements have been made to look at this in further detail as it is felt that the current figures do not reflect the team's experience. All people requiring a FACS assessment are completed and shared with service users.

ASAT/Adult generic team - The rate recorded currently states eight. The low rate is reflective of the increase in the number of people taking annual leave and sickness and being under resourced which impacts upon ability to complete tasks in desired timeframes at present.

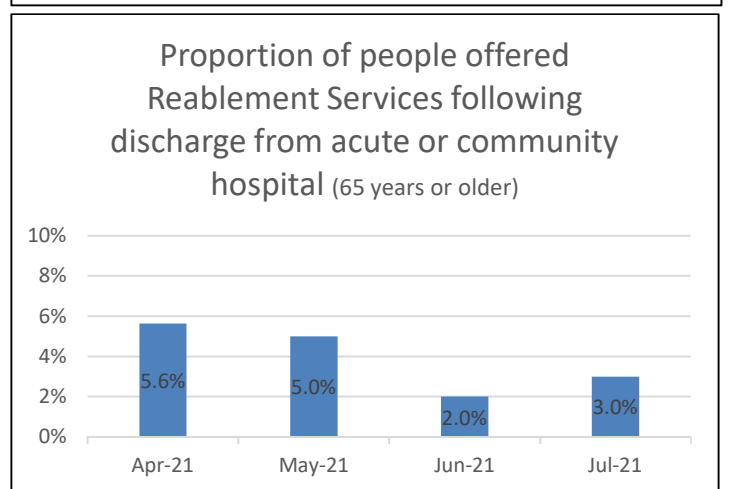
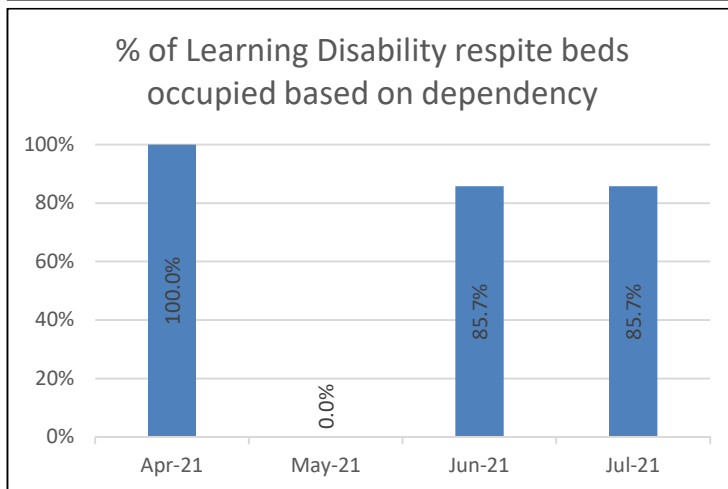
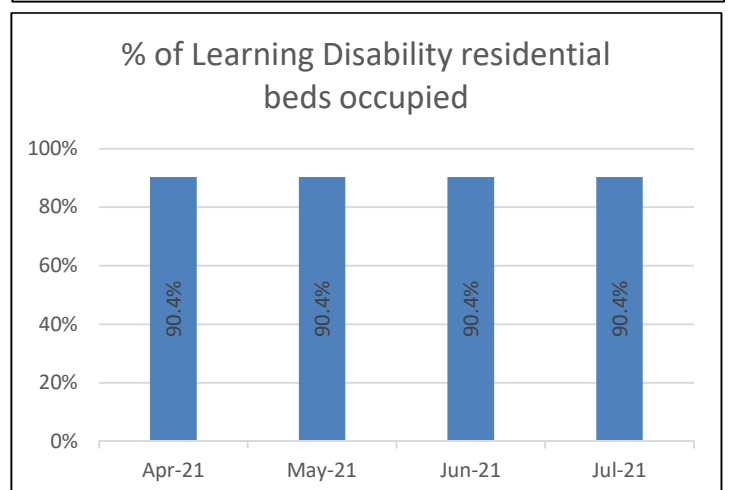
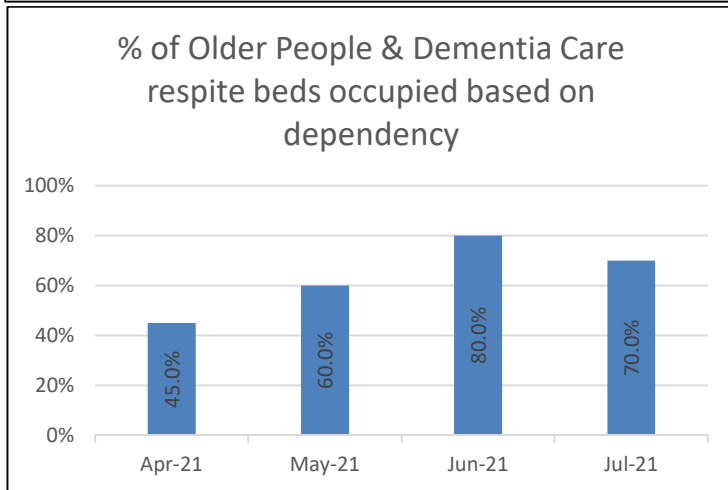
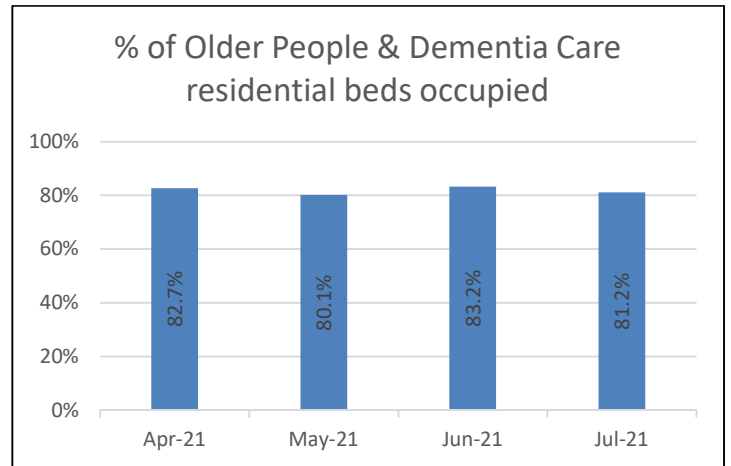
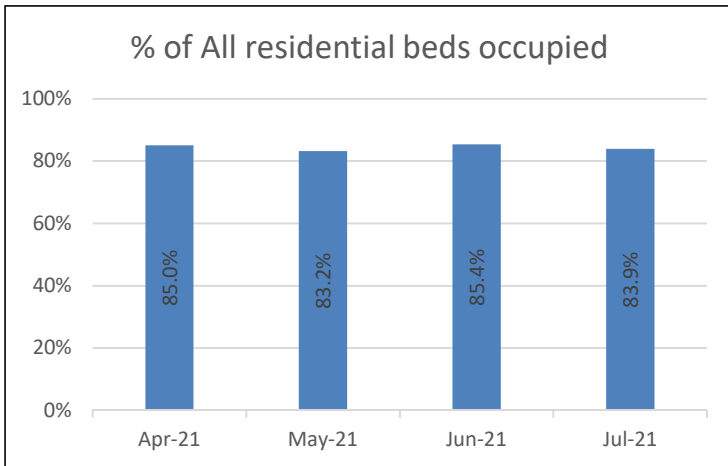
% of individuals who have received a copy of their FAC assessments: Hospital social work team – As above.

Learning disability team – Low due to factors cited above. Also it is felt that this is not reflective of practitioner experience.

Community social work team – As above.

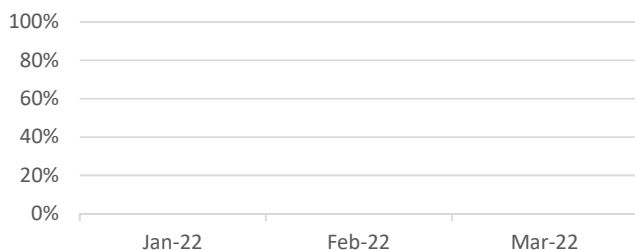
ASAT/Adult generic team - Currently recorded as 3. This continues to be addressed at team meetings in order to improve statistics

Adult Social Care - Operational Services - 2021-22



Adult Social Care - Operational Services - 2021-22

% of people still at home 91 days
after discharge from hospital into
reablement services
(Q4 Indicator Only)



Please note: This indicator is only collected for the fourth quarter of each year, as part of a review process.

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	1,547	1,722	176	10%
Management & Support Services	15	16	1	7%
Learning Disability Services	705	761	56	7%
Older Person Services	827	945	118	13%
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	6,904	6,889	(15)	(0%)
Management & Support Services	55	64	9	14%
Learning Disability Services	2,950	3,044	94	3%
Older Person Services	3,899	3,781	(118)	(3%)

Adult Social Care - Operational Services - Narrative - July 2021

the budget is beginning to show signs of recovery following some early year overspend which were largely attributable to a response to Covid outbreak and under occupancy in Care Homes.

Occupancy levels in Care Homes will now start to increase as the measures imposed during Covid outbreak are starting to be lifted and are recommencing.



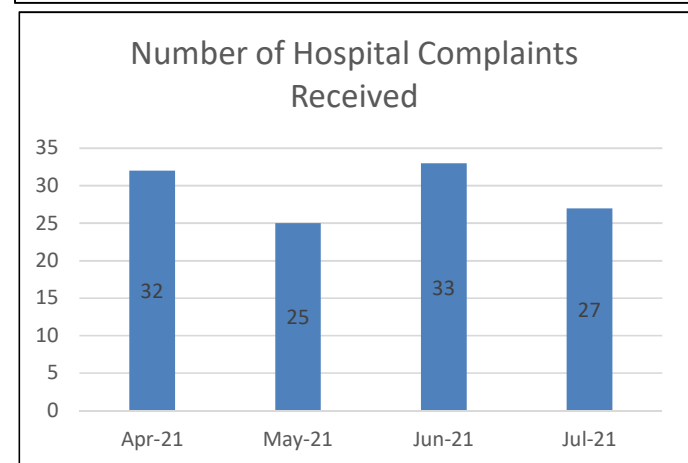
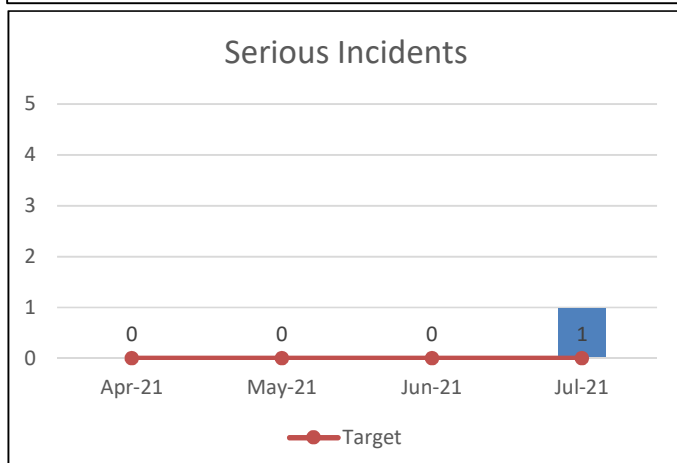
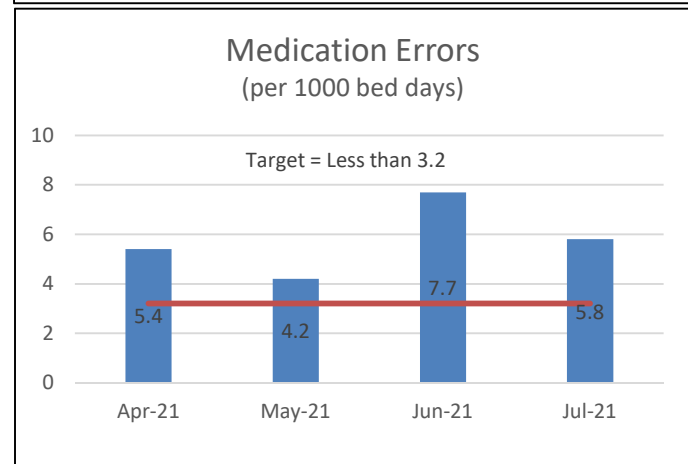
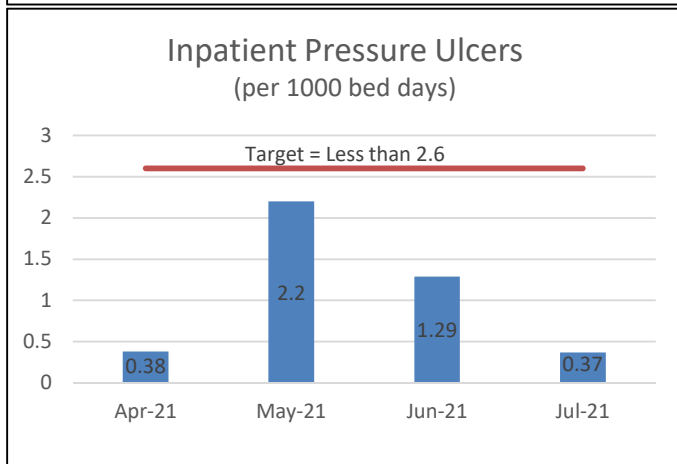
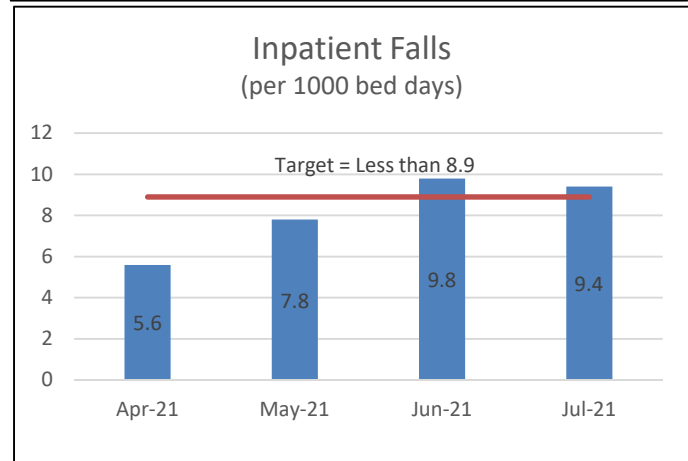
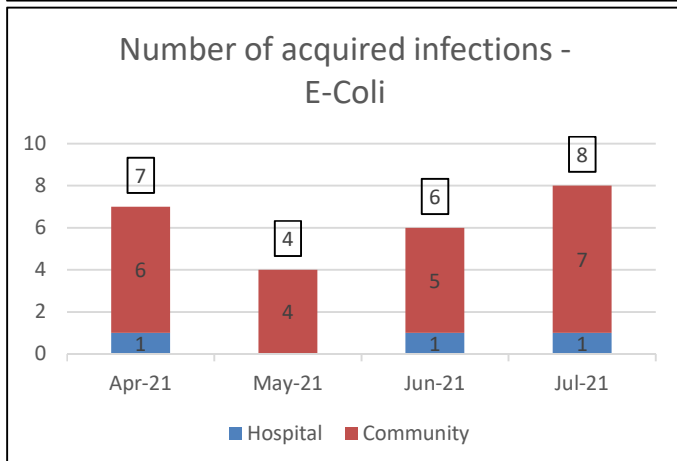
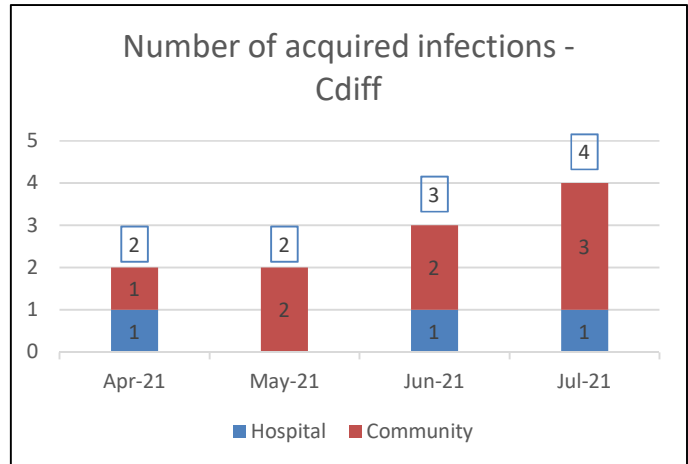
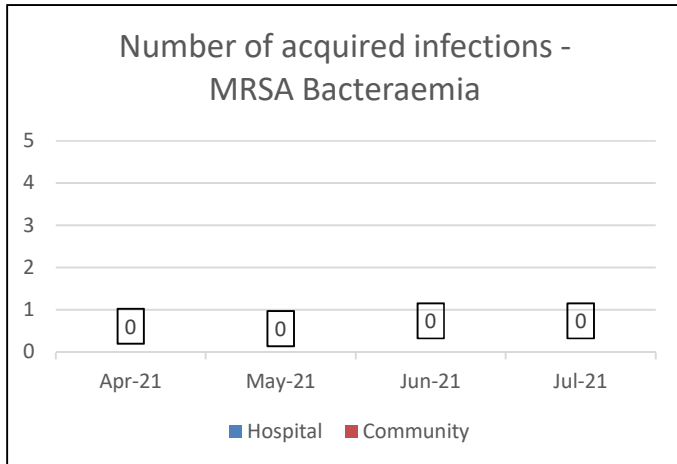
Manx Care KPI Reporting

Care Quality Services (July 2021)

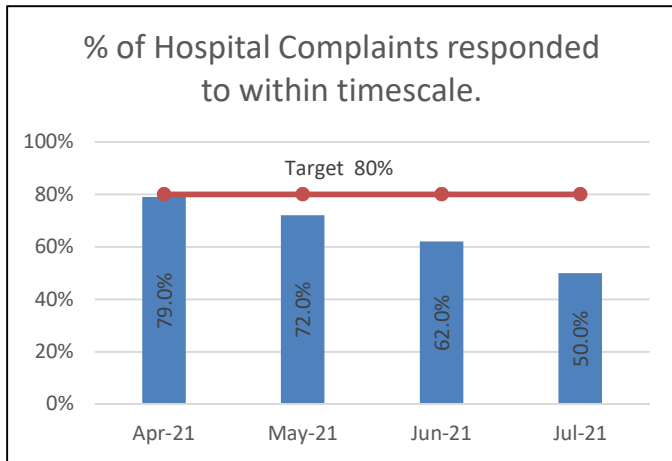
Contents:

Hospital Care Quality Reporting
Community Care Quality Reporting

Hospital Care Quality Indicators - 2021-22



Hospital Care Quality Indicators - 2021-22



Hospital Care Quality - Narrative - July 2021

Cdiff Infections - Hospital cases are related to antimicrobial prescribing, PPI use and inpatient movement. Community; RCAs meeting have been arranged or taken place. The overriding factor for Clostridium difficile infection is antimicrobial prescribing.

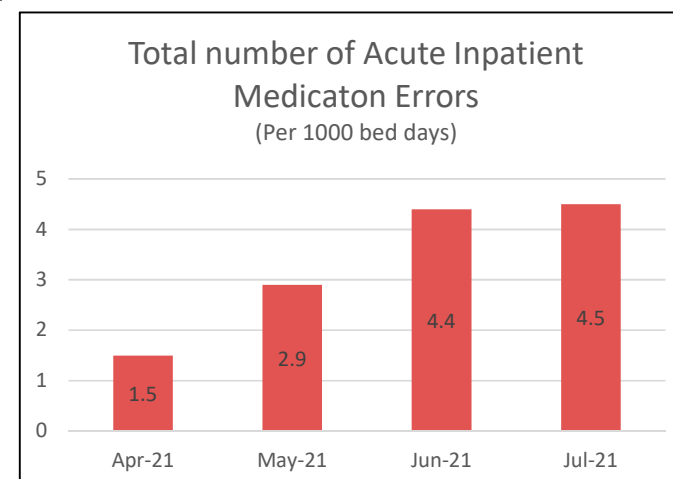
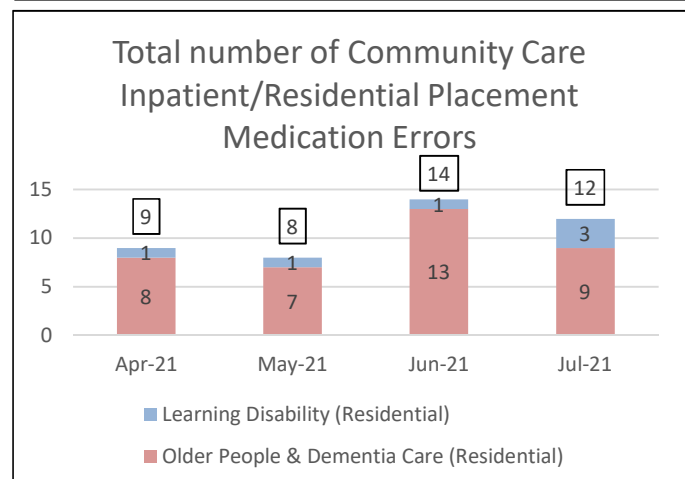
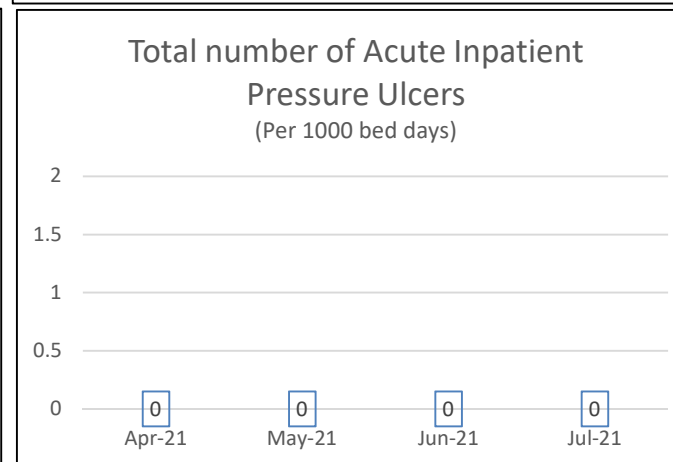
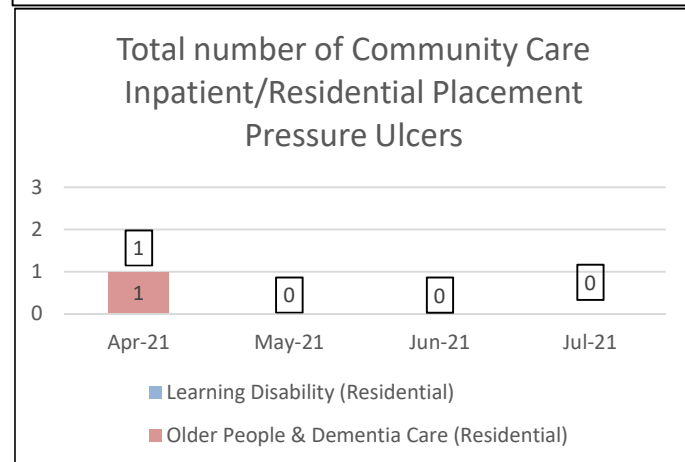
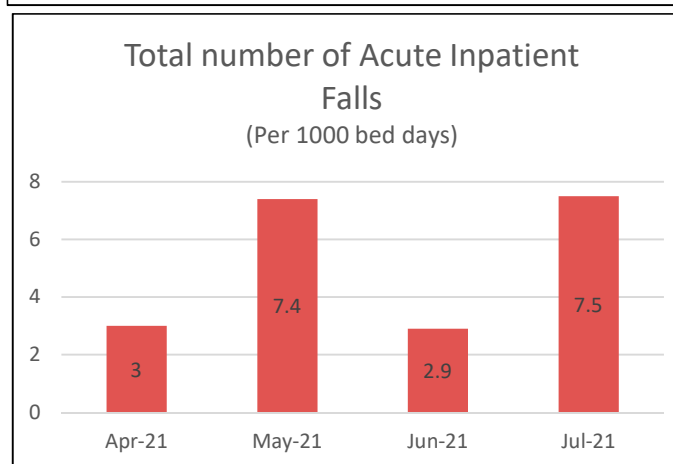
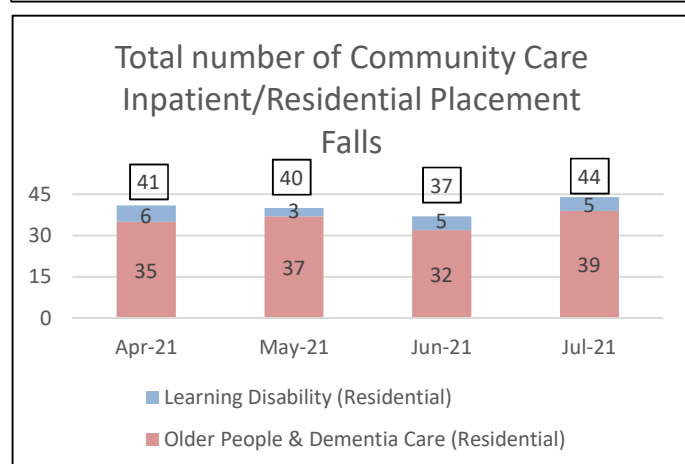
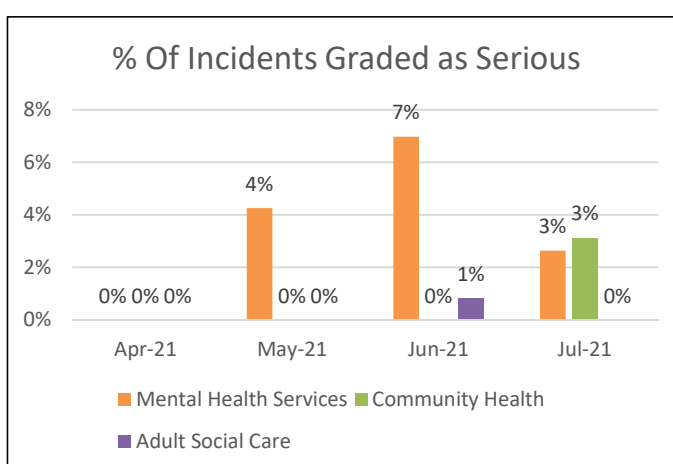
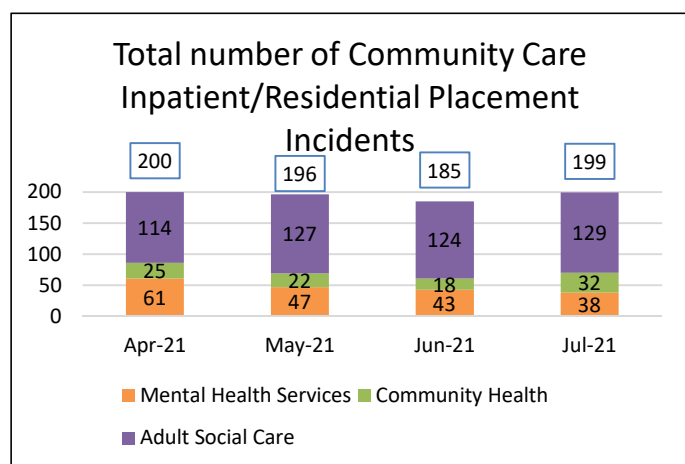
Inpatient Falls - Ongoing work through the transformation programme with MIAA to improve pathways include reduction of harm from falls

Complaints - The CQS team continue to work hard with the care groups to improve the quality and responsiveness of complaints

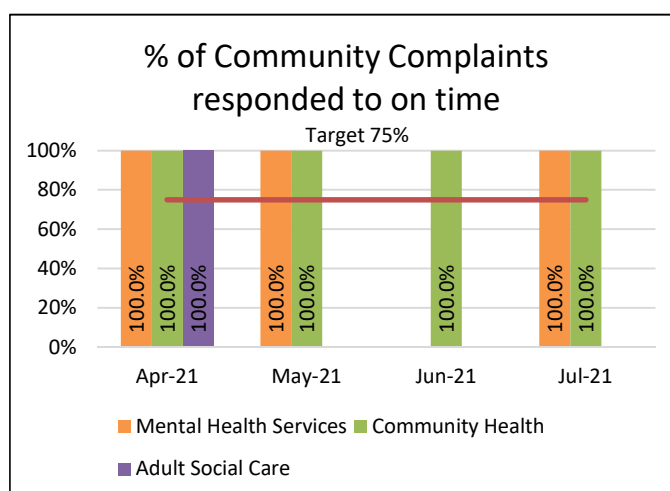
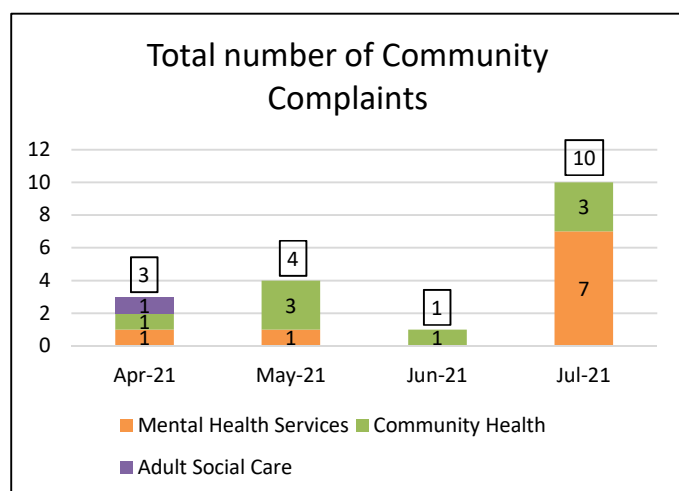
Medication Errors - Training sessions emphasising good prescribing practice have been held with the new Doctors during induction sessions. Sessions on further pharmaceutical topics are planned.

Serious Incidents - Never event (retained swab)

Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022



Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022



Care Quality Narrative - July 2021

FALLS

Total Number of Acute Inpatient Falls (Per 1000 Bed Days):

5 falls in Glen Suite (4 of which were unobserved). Only one resulted in harm - a superficial cut.

Older People & Dementia Care (Residential):

The majority of the recorded falls occurred within the residential setting, although one resident fell a short distance from the site having left the unit on foot, and another fell whilst in the community without support. More than 91% of falls resulted in low or no harm. Of the remaining, all were graded as moderate with no serious falls this month. It should be noted that a fall originally recorded as moderate harm last month did result in a death in hospital this month, but does not feature in the fall stats as the death was recorded as a separate incident, and is addressed below.

Learning Disability (Residential):

All of the recorded falls were low or no harm, and each took place at a different site. No one site had more than 1 fall recorded over the month.

MEDICATION ERRORS

Total Number of Acute Inpatient Medication Errors (Per 1000 Bed Days):

3 medication incidents reported - one duplicate prescription in DAT, two Harbour suite incidents = one wrong dose prescription and one spelling error in a prescription.

Older People & Dementia Care (Residential):

In contrast to previous months where the majority of errors occurred at Cummal Mooar, this month there were no errors reported at Cummal Mooar. Those reported

Learning Disability (Residential):

All LD errors related to a single meds round.

INCIDENTS

Mental Health Services:

19 no harm; 12 no harm (prevented incident); 5 low, 1 moderate (patient intentional overdose); 2 deaths (1 physical health complications, 1 suspected suicide)

Suspected suicide has been reviewed by Serious Incident panel and is currently subject to a Level 2 investigation.

Community:

Serious Incident involving lack of home care service for a community patient on IV therapy, resulting in irregular prescribing and supply of equipment. Incident is a Near Miss but reported as an SI due to ongoing risk which is currently being addressed.

Adult Social Care:

The number, category and location of incidents is broadly in keeping with previous months. Falls remains the main source of both incidents and harm.

Although not specified as a Serious Incident, it is important to highlight an outbreak of COVID 19 at Reayrt Ny Baie.

COMPLAINTS

Adult Social Care:

3 relating to CAMHS; 3 to CMHSA and one 1 to Community Wellbeing Service. 3 from patients; 4 from a 3rd party. 5 complaints concern access to services/waiting times; 1 concerns alleged poor communication and 1 dissatisfaction with change of care coordinator.

Community:

Complaint from patient at prison complaining about a delay in receiving his prescribed medication. Community is also part of a multi-service complaint being coordinated by Noble's. Wasn't sure if it should be included as it will already be on Noble's stats. July: 2 x complaints from prison (one re: prescribing, one re: DNR request): neither upheld. 1 x complaint from Endocrinology/diabetes re: failure to respond to patient's concerns re: treatment. Complaint upheld.