Integrated Performance Report

Jul-23

Version: Final v.2

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

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

- **Key Performance Indicators (KPIs)**
  PIMS continue to work with the Care Group leads within Manx Care, and the DHSC to review the KPIs and operational metrics and standards that are currently being used to monitor and manage the organisation's performance. This is to ensure that they are aligned with the requirements of Manx Care's Required Operating Plan, the DHSC's Mandate to Manx Care and Single Oversight Framework (SOF) and the government's 'Our Island Plan'. Nominated leads within the Care Groups are being identified to be responsible for the delivery of each KPI. Where existing reporting does not cover all of the requirements, PIMS are working with the Business Intelligence (BI) team and service area leads to develop the required measurement and reporting mechanisms and processes. A number of additional metrics are now included in the report, including: Pressure Ulcer incidence (Grade 2+), Mental Health average length of stay (ALOS) by service user category , Children participating in their Social Care reviews, and Ambulance Turnaround Times.

- **Integrated Care Women Children & Families Performance metrics**
  A number of the key performance indicators (KPIs) and supporting metrics regarding the services delivered by the Integrated Care Women Children & Families team are being integrated into the IPR. As such, the Effective and Responsive sections of the report now contain performance reporting against such areas as Maternity, Paediatrics and the Neonatal Unit (NNU). This development work is ongoing, and work is underway to expand the scope of reporting to include safeguarding and the community paediatric and sexual health teams. A programme of work to review the care group's Demand & Capacity and theatre planning requirements is also underway.

Notes regarding the format of the IPR

- **Red/Amber/Green (RAG) ratings for Reporting Month performance**
  The achieved performance against each KPI is colour coded to make it clearer whether or not the required standard has been achieved in the reporting month:

Achieved performance is equal to, or exceeds the required standard.

Achieved performance is 15% or less below the required standard.

Achieved performance is more than 15% below the required standard.

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

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

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

Safe - are our service users protected from abuse and avoidable harm.
Effective – does our care, treatment and support achieve good outcomes, help service users to maintain quality of life and is based on the best available evidence.
Caring – do staff involve and treat service users with compassion, kindness, dignity and respect.
Responsive - services are organised so that they meet service user needs.
Well Led - the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around service users' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

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

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

Issue -> Remedial Action -> Recovery Trajectory

Introduction - 2

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

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

As each new dataset is developed, new reporting will replace the current reporting and eventually Manx Care will have a fully automated report.
PIMS is working with the BI team to support the development of performance reporting in a format that aligns with the perform ance 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 manuall y (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work or other issue means that the data is temporarily unavailable:

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

In this context 'Validation' means that the input, methodology/calculation and outputs for a given metric have been checked by both the Business Intelligence Team and Care Group leads and confirmed tobe 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 impl emented a Data Quality Working Group that will pro-actively look to identify and address any matters of quality or integrity within the data used for operational and reporting purposes.

Statistical Process Control (SPC) Charts
The report uses Statistical Process Control (SPC) charts to enable greater analysis of trends and variation in performance. S PC 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 variatio ns in monthly performance.

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

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

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

The process for assigning the categories to each KPI is currently a manual one, but PIMS are currently working with the BI te am 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. Th is 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 ma tches 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 alignme nt 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 curr ently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchma rk methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narra tives.

Executive Summary

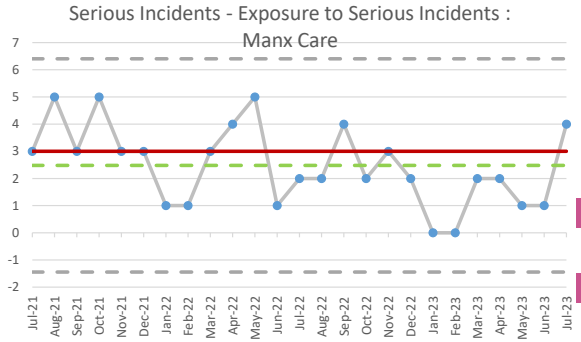
	Going Well	Cause for Concern
Safe	• 24-consecutive months without a Never Event. • Zero Medication Error with harm across Manx Care in July. • Numbers of Falls that resulted in Harm remain low and within the expected threshold. • Positive achievement against Safety Thermometer for Adults, Maternity and Children . • Compliance of hand hygiene was met this month. • Performance of VTE prophylaxis has gone up to 100%. However VTE risk assessment within 12 hours still below the target at 87.3%. • There was no cases of MRSA in July.	• A total of 4 incidents were declared at SIRG as meeting the SI criteria in July. • There have been 10 cases of E.coli in July. Nine cases were community associated and one case was hospital associated. In five of the community cases the source of infection was urine (three of these cases had a urinary catheter in situ). Other sources of infection were biliary, cellulitis, renal and pneumonia. In the Hospital associated case the potential source was bowel obstruction. • CDI cases are higher than the target of two cases per month for the forth month in a row. Three cases were community associated and risk factors included alcohol misuse, antibiotic prescribing, age, underlying conditions and the taking of proton pump inhibitors which reduces stomach acid. The risk factors in the hospital associated case (Mannanan Court) includes the use of antibiotics within the preceding three months. • 48-72 hr senior medical review of antibiotic prescription remains below threshold at 70%.
Effective	• 98% of Learning from Death reviews were completed within timescale which exceeds the target for the sixth month in a row. • The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. • Nutrition & Hydration: 98.8% across all inpatient areas was completed at 7 days, and that's above target of 95% for the forth month in a row in the reporting year. • 100% of Looked After Children reviews were completed within timescales. • Adult Social Care re-referral rates remain within expected levels.	• Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. • 55% of Complex needs reviews were held within the timescales in July.
Caring	• Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (90%). • Service user satisfaction remained high for the seventh consecutive month: 87% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • 24 complaints logged, slightly decreased and remains below target. • Overall Manx Care compliance of complaints acknowledged within 5 days in July is 100%.	
Responsive	• Inpatient and Daycase waiting list numbers and waiting times remain at lower levels as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • A good performance was maintained in Ambulance service for Category 2 - 5 response times. • Mental Health caseloads remain within expected levels.	• Outpatients waiting list has slightly increased in July. • Manx Care has seen a significant impact of Covid-19 on elective capacity, which has led to significant increases in waiting list sizes and wait times. • The ED Performance against the 4 hour standard remains below the required target at 71.5%. • Emergency care demand remains high and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing. • There were 36 12-Hour Trolley Waits, comparing to 12 in the previous month. • Demand for the Ambulance service increased in July, and Category 1 Ambulance response times (mean, at 90th percentile) still above threshold. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. • There were 12 breaches of the 60 minute handover time in June. This represents a 58% decrease in breaches against the previous month (19 in June). • Cancer Two Week Wait performance remains outside of the expected threshold. • The ED reached the level 4 of the highest Operational Pressures Escalation Level (OPEL) in July for 0.5 day.
Well Led (People)	• Manx Care continue to see positive engagement from staff across Manx Care in relation to GDPR responsibilities. The willingness of Manx Care staff to engage demonstrates their commitment to handling data safely and correctly. • Manx Care is currently reviewing its Joint Processing Agreements, Data Sharing Agreements and Data Processing Agreements with the aim of producing a library of standard templates across the organisation. The process of review and template production is estimated to take two months. As current agreements reach their renewal / review dates wherever possible the new template formats will be used.	• There were 11 Data Breaches in July. • As reported previously the number of Subject Access Requests and Freedom of Information Requests continues to show an upward trend and meeting the legal timeframes for responses continues to be challenging. At the end of June there were 20 Subject Access Requests overdue for response, at the end of July this had increased to 29 but fewer of the DSARs released in the month were outside of their target time which demonstrate the efforts being made to meet our obligations.
Well Led (Finance)		• The full year forecast is an overspend of (£27.2m) which is the same as reported last month. £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m). • YTD Total staff costs are 0.9m over budget.

Safe Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Jul-23		4	2	8	< 36 PA		
SA002		Duty of Candour Letter sent within 10 days of the application	Jul-23		75%	70%	-	80%		
SA018		Compliance with the Duty of Candour Regulations	Jul-23		75%	81%	-	100%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Jul-23		87%	88%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Jul-23		100%	96%	-	95%		
SA005		Never Events	Jul-23		0	0	0	0		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Jul-23		0.2	0.3	-	< 2		
SA007		Clostridium Difficile - Total number of acquired infections	Jul-23		4	4	16	< 30 PA		
SA008		MRSA - Total number of acquired infections	Jul-23		0	0	1	0		
SA009		E-Coli - Total number of acquired infections	Jul-23		10	7	29	< 72 PA		
SA010		No. confirmed cases of Klebsiella spp	Jul-23	-	2	2	6	-		
SA011		No. confirmed cases of Pseudomonas aeruginosa	Jul-23	-	1	0	1	-		
SA012		Exposure to medication incidents resulting in harm	Jul-23		0	1	2	< 25 PA		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA013		Harm Free Care Score (Safety Thermometer) - Adult	Jul-23		98%	97%	-	95%		
SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Jul-23		100%	100%	-	95%		
SA015		Harm Free Care Score (Safety Thermometer) - Children	Jul-23		96%	93%	-	95%		
SA016		Hand Hygiene Compliance	Jul-23		97%	98%	-	96%		
SA017		48-72 hr review of antibiotic prescription complete	Jul-23		70%	75%	-	>= 98%		
SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Jul-23		24	18	47	<= 17 (204 PA)		

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



Reporting Date	Performance	Op. plan #
Jul-23	4	QC1

Threshold	YTD Mean	Benchmark
< 36 PA	2	2

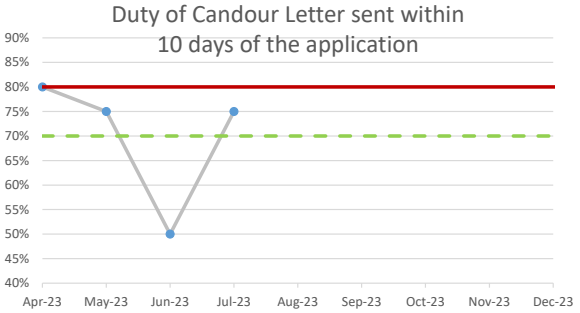
(Lower value represents better performance)

- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target



Reporting Date	Performance	Op. plan #
Jul-23	75.0%	QC112

Threshold	YTD Mean	Benchmark
80%	70.0%	70.00%

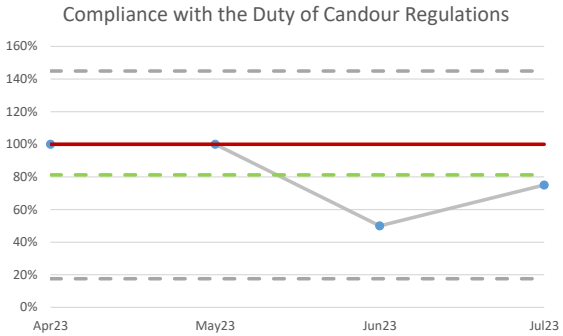
(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target



Reporting Date	Performance	Op. plan #
Jul-23	75.0%	QC112

Threshold	YTD Mean	Benchmark
100.0%	81.3%	81.3%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

Serious Incidents:

• A total of 4 incidents were declared at SIRG as meeting the SI criteria in July as follows:

• Surgery, Theatres, Critical Care & Anaesthetics x3

• Integrated Cancer & Diagnostic Services x 1

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

• There are several incident records which initially indicated that the DoC had been assessed as applying; however, following review it was clear the criteria for applying the DoC had not been met and so it was the 'spirit of candour' that had been applied. The incidents to which the DoC applied that fell within the scope of the reporting period in July was 4. Application of the DoC was delayed in respect of 1 incident.

Planned / Mitigation Actions

Serious Incidents:

• All incidents declared as SIs at SIRG have been entered on to the SI Tracker and are subject to monitoring and full investigation.

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

• A session was delivered at Manx Care's bi-monthly Safety Summit to promote the requirements of the DoC and particular highlight the importance of letters when the DoC is applied. This messaging will also be followed up via Manx Care's quarterly Safety & Learning Bulletin. Follow up with Community to ensure that incidents relating to Manx Care services are appropriately allocated so that the staff responsible for actioning are made aware.

Assurance / Recovery Trajectory

Serious Incidents:

• 8 incidents have been declared as meeting the SI criteria YTD and this is within the end of year target of less than 36. At the same point in time in 2022/2023 15 SIs had been declared, representing a significant decrease, yet incident reporting remains strong.

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

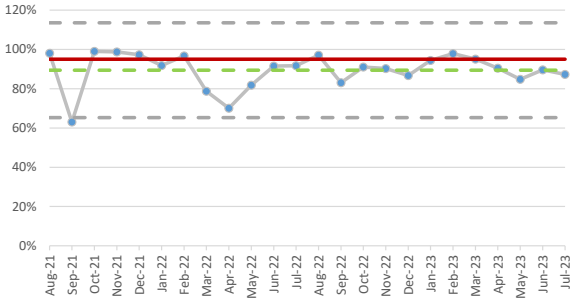
Letter has been sent in accordance with Duty of Candour Regulations :

• The level of understanding of the requirements of the DoC requires ongoing attention. Changes have been applied to the incident module in Datix during July making the system more intuitive for the reviewer, whislt at the same time enabling the CQS Team to closely monitor performance until staff are sufficiently upskilled.

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

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

Patients having VTE risk assessment within 12 hours of decision to admit: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	87.3%	QC113

Threshold	YTD Mean	Benchmark
95.0%	88.0%	89.2%

(Higher value represents better performance)

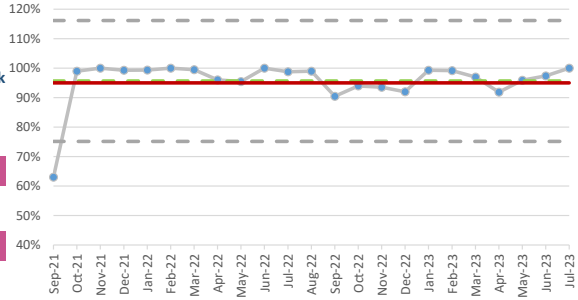
-	Variation Description

Common cause

-	Assurance Description

Inconsistently passing and falling short of target

% Adult Patients (general hospital) VTE prophylaxis prescribed: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	100.0%	QC114

Threshold	YTD Mean	Benchmark
95.0%	96.3%	96.2%

(Higher value represents better performance)

+	Variation Description

Common cause

+	Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

VTE risk assessment within 12 hours:

• VTE completion was 87.3% which is under the target of 95%. This is the fourth consecutive month that the target has been missed and the tenth time over the last year. Previous drops in Women and Children's have been addressed with 100% completion posted for July. However, consistency has been difficult to achieve. One issue noted on Ward 7 this month was the absence of a VTE risk assessment in the stroke bundle which appears to be an oversight. However, all of those without the assessment were already on prophylaxis.

VTE Prophylaxis:

• 100% of patients across adult inpatient wards had prophylaxis prescribed where appropriate.

Planned / Mitigation Actions

VTE risk assessment within 12 hours:

• Issues are being fed back to the individual areas. The Ward 7 documentation issue was fed back to the senior sister at the time and this is being addressed. The score exaggerates the risk slightly, but this will be looked at closely next month to ensure that documentation changes are made where necessary.

VTE Prophylaxis:

• To continue to monitor performance going forward.

Assurance / Recovery Trajectory

VTE risk assessment within 12 hours:

• This target required ongoing focus and showed some improvement in February and March 2023; however, since April a decline in performance has been demonstrated which is being raised with the care groups at their governance meetings and subject to further scrutiny at OCQG.

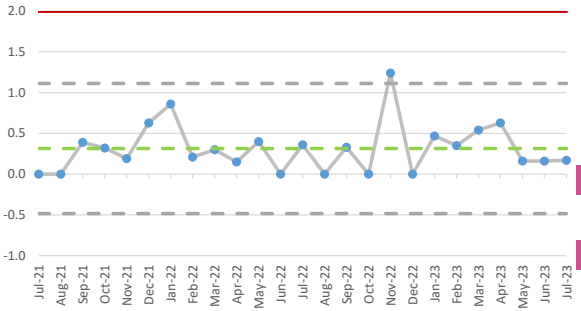
VTE Prophylaxis:

• This target requires ongoing focus but is on an upward trajectory overall since the beginning of monitoring and reporting.

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

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

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



Reporting Date	Performance	Op. plan #
Jul-23	0.2	QC4

Threshold	YTD Mean	Benchmark
< 2	0.3	0.3

(Lower value represents better performance)

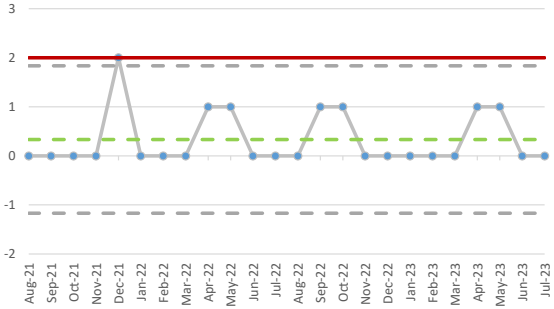
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Exposure to medication incidents resulting in harm: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	0	

Threshold	YTD Mean	Benchmark
< 25 PA	1	0

(Lower value represents better performance)

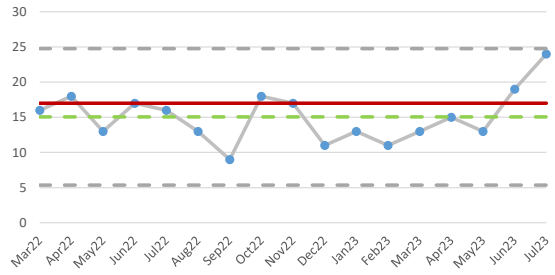
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Pressure Ulcers - Total incidence - Grade 2 and above



Reporting Date	Performance	Op. plan #
Jul-23	24.0	QC4

Threshold	YTD Mean	Benchmark
<= 17 (204 PA)	17.8	14.1

(Lower value represents better performance)

- Variation Description

Common cause

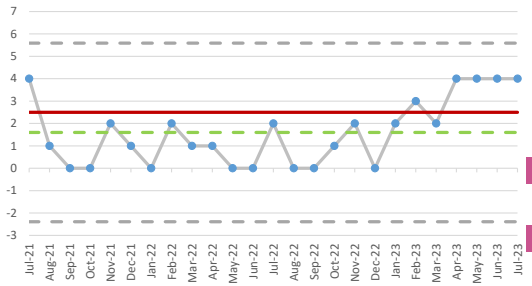
- Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Falls (with Harm): • The number of falls with harm remains low and continues to sit below the benchmark. There was one fall with harm during July. This occurred on Ward 6 and the Duty of Candour was applied. **Medication Errors (with Harm):** • Zero errors with harm reported across Manx Care in July.	**Falls (with Harm):** • Close review of falls with harm is being undertaken to ensure that high quality risk assessment and robust mitigations are being put in place. **Medication Errors (with Harm):** • Exposure to harm from medication errors remains low. Continue high vigilance and monitoring to ensure continued low exposure.	**Falls (with Harm):** • Prior to July, there has been a seven month trend of falls above the target and if this was to continue then one could reasonably expect the cases of harm to increase. **Medication Errors (with Harm):** • Reasonable assurance that errors leading to harm will remain low. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

C.Diff - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	4	QC115

Threshold	YTD Mean	Benchmark
< 30 PA	4	1

(Lower value represents better performance)

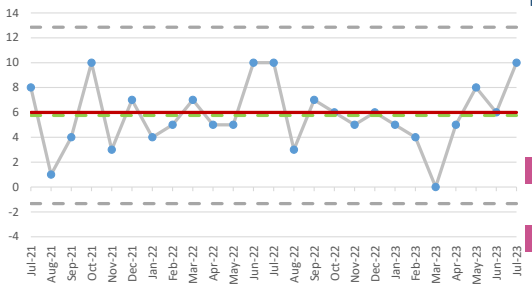
- Variation Description

Special Cause of Concerning variation (High)

- Assurance Description

Inconsistently passing and falling short of target

E.Coli - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	10	QC116

Threshold	YTD Mean	Benchmark
< 72 PA	7	6

(Lower value represents better performance)

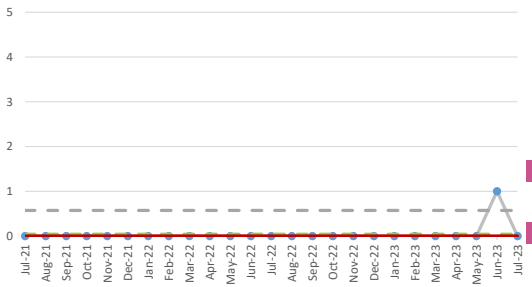
- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

MRSA - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	0	QC8

Threshold	YTD Mean	Benchmark
0	0	0

(Lower value represents better performance)

+ Variation Description

Common cause

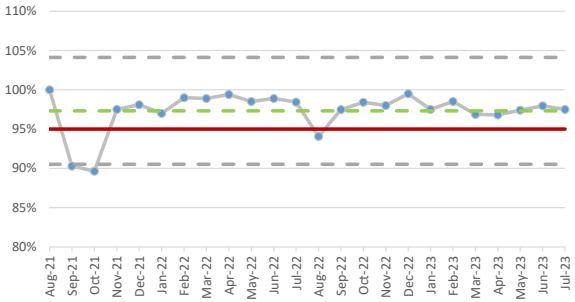
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
C.Diff: • CDI cases are higher than the target of two cases per month for the fourth consecutive month, There have been four cases. Three cases were community associated and risk factors included alcohol misuse, antibiotic prescribing, age, underlying conditions and the taking of proton pump inhibitors which reduces stomach acid. The risk factors in the hospital associated case (Mannanan Court) includes the use of antibiotics within the preceding three months. **E.Coli:** • There were ten cases in July. Nine cases were community associated and one case was hospital associated. In five of the community cases the source of infection was urine (three of these cases had a urinary catheter in situ). Other sources of infection were biliary, cellulitis, renal and pneumonia. In the Hospital associated case the potential source was bowel obstruction. **MRSA:** • There were no cases this month. **Pseudomonas aeruginosa:** • There has been one case in July this was community associated and the source of infection is urine no urinary catheter in situ.	**C.Diff:** • RCAs are undertaken in all CDI cases. To continue to identify any new cases via the ICNet surveillance system and escalate to DIPC, Lead Nurse and Consultant Microbiologist. A CDI review will be taking place on the 4th July to review antimicrobial stewardship (hospital and community), cleaning, decontamination of patient equipment and hand hygiene. **E.Coli:** • To continue to undertake surveillance. RCAs to be undertaken in all hospital associated cases. **MRSA:** • To continue to monitor and undertake surveillance. **Pseudomonas aeruginosa:** • Surveillance continues to monitor and identify any commonality	**C.Diff:** • There is no evidence that the hospital or associated cases are connected. **E.Coli:** • There is no national target set. Surveillance continues to monitor and identify any commonality between cases. **MRSA:** • One case has been reported this year. Surveillance systems will provide early detection and isolation of any cases. Post Infection Review is undertaken in all cases. **Pseudomonas aeruginosa:** • There is no national target set. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Harm Free Care Score (Safety Thermometer) - Adult: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	97.5%	QC119

Threshold	YTD Mean	Benchmark
95.0%	97.4%	98.0%

(Higher value represents better performance)

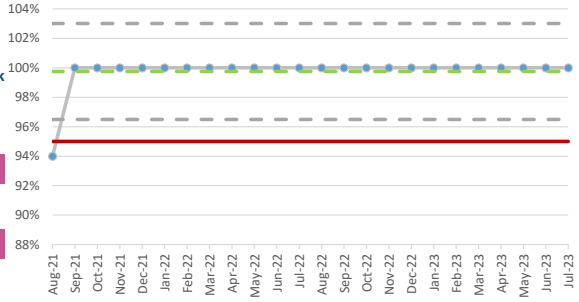
-	Variation Description

Common cause

+	Assurance Description

Consistently hit target

Harm Free Care Score (Safety Thermometer) - Maternity: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	100.0%	QC120

Threshold	YTD Mean	Benchmark
95.0%	100.0%	100.0%

(Higher value represents better performance)

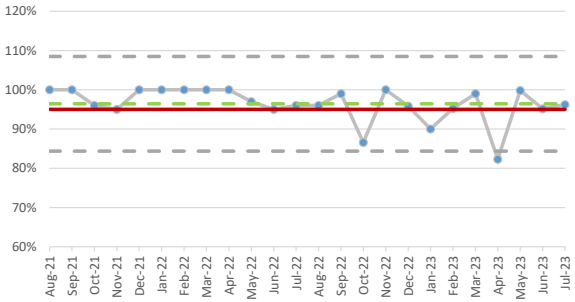
+	Variation Description

Common cause

+	Assurance Description

Consistently hit target

Harm Free Care Score (Safety Thermometer) - Children: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	96.2%	QC121

Threshold	YTD Mean	Benchmark
95.0%	93.4%	95.8%

(Higher value represents better performance)

+	Variation Description

Common cause

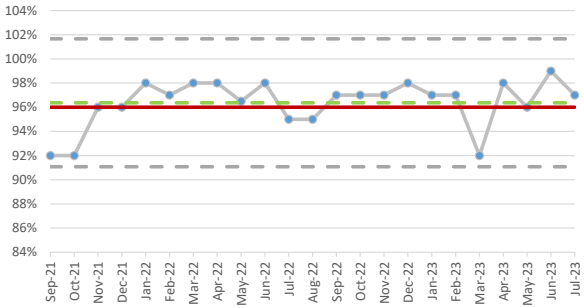
+	Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Adult: • 97.5% of patients were kept free from harm across Adult inpatient areas. Target achieved for 11 consecutive months. **Maternity:** • 100% of Maternity patients were kept free from harm. **Children:** • 96.2% of Children were kept free from harm. Target achieved for third consecutive month.	**Adult:** • Continued and sustained high level of performance throughout the year for adult in patient general areas. **Maternity:** • Continue with activities to maintain compliance. **Children:** • Continue with activities to maintain compliance.	**Adult:** • High level of confidence that high levels of compliance will continue. **Maternity:** • Performance exceeds the target. **Children:** • Reasonably confident of maintenance of high standards. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Hand Hygiene Compliance: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	97.0%	QC112

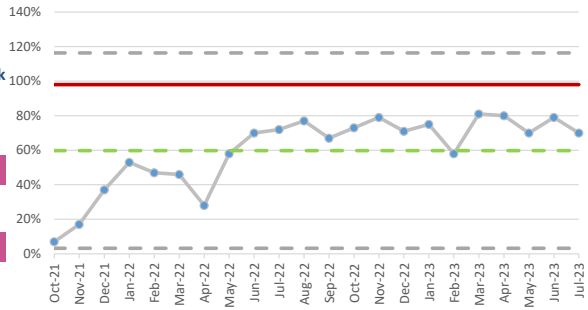
Threshold	YTD Mean	Benchmark
96.0%	97.5%	96.5%

(Higher value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Inconsistently passing and falling short of target

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



Reporting Date	Performance	Op. plan #
Jul-23	70.0%	QC123

Threshold	YTD Mean	Benchmark
>= 98%	74.8%	67.4%

(Higher value represents better performance)

-	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Hand Hygiene: • Compliance was met this month. Hand Hygiene for Bare Below the Elbow was 98% and the Five moments of Hand Hygiene was 96%. **Review of Antibiotic Prescribing:** • 70% .	**Hand Hygiene:** • To continue to undertake hand hygiene monthly audits and provide training where compliance is not met. **Review of Antibiotic Prescribing:** • To continue to monitor.	**Hand Hygiene:** • There is reasonable confidence that hand hygiene audits will remain compliant. **Review of Antibiotic Prescribing:** • AMS ward rounds, consultant microbiologist reviewing all prescriptions New drug chart to be trialled to make it easier for staff to review Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective Performance Summary (page 1 of 2)

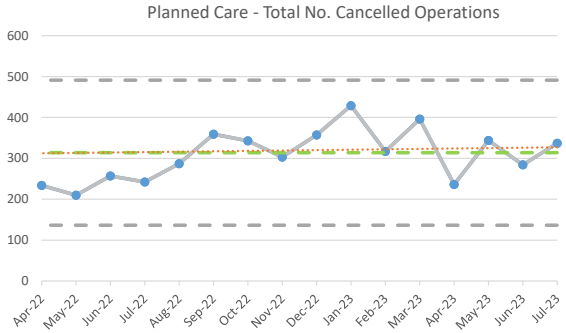
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Jul-23		12%	11%	-	5% by Apr '24		
EF067		Planned Care - DNA Rate - Hospital	Jul-23		9.5%	-	-	5%		
EF002		Planned Care - Total Number of Cancelled Operations	Jul-23		337	300	1201	-		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Jul-23	-	140	122	-	-		
EF050		Total Number of Inpatient discharges-Nobles	Jul-23	-	911	896	3583	-		
EF051		Total Number of inpatient discharges-RDCH	Jul-23	-	39	74	140	-		
EF003		Theatres - Number of Cancelled Operations on Day	Jul-23		51	39	155	-		
EF004		Theatres - Theatre Utilisation	Jul-23		74%	73%	-	85%		
EF006		Crude Mortality Rate	Jul-23	-	15	23	271	-		
EF007		Total Hospital Deaths	Jul-23	-	20	23	279	-		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Jul-23		98%	96%	-	80%		
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Jul-23		99%	98%	-	95%		
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Jul-23		25%	8%	-	-5%		
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Jul-23		-26%	-16%	-	-10%		
EF010		IPCC - % Dental contractors on target to meet UDA's	Jul-23		25%	-	-	96%		
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Jul-23		21.0	41.8	-	-		
EF064		MH - Number of patients with a length of stay - 0 days	Jul-23	-	0	1	4	-		
EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Jul-23	-	0	3	10	-		-
EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Jul-23	-	1	1	4	-		-
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Jul-23		100.0%	98%	-	90%		
EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Jul-23		100%	100%	-	75%		
EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Jul-23		50%	75%	-	75%		
EF026		MH - Crisis Team one hour response to referral from ED	Jul-23		96%	96%	-	75%		
EF063		ASC - No. of referrals	Jul-23	-	66	70	279	-		-
EF015		ASC - % of Re-referrals	Jul-23		5%	4%	-	<15%		
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Jul-23		42%	37%	-	80%		
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Jul-23		100%	68%	-	100%		
EF052		Referrals to Adult Safeguarding Team	Jul-23	-	101	93	371	-		-
EF053		Adult Safeguarding Alert	Jul-23	-	63	54	217	-		-
EF054		Discharges from Adult Safeguarding Team	Jul-23	-	88	90	359	-		-
EF055		Re-referrals to Adult Safeguarding Team	Jul-23	-	25	21	84	-		-
EF056		% MARFs Completed by Adult Safeguarding Team	Jul-23	-	64%	70%	-	-		-

Effective Performance Summary (page 2 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF049		C&F -Number of referrals - Children & Families	Jul-23		133	141.25	565	-		
EF019		CFSC - % Complex Needs Reviews held on time	Jul-23		55%	74%	-	85%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Jul-23		80%	78%	-	90%		
EF022		CFSC - % Child Protection Reviews held on time	Jul-23		89%	78%	-	90%		
EF023		CFSC - % Looked After Children reviews held on time	Jul-23		100%	100%	-	90%		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Jul-23		100%	73%	-	90%		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Jul-23		100%	100%	-	90%		
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Jul-23		41%	38%	-	79%		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Jul-23	-	46%	39.78%	-	-		
EF031		Maternity - Induction of Labour	Jul-23		15%	22.90%	-	< 30%		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Jul-23		0%	0.25%	-	< 3.5%		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Jul-23		1%	0.25%	-	< 2.6%		
EF034		Maternity - Unplanned Term Admissions To NNU	Mar-23	-	4%	-	-	-		
EF035		Maternity - Stillbirth Number / Rate	Jul-23		1	0.25	1.0	<4.4/1000		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	May-23	-	2	-	-	-		
EF037		Maternity - % Smoking At Booking	Jul-23	-	6%	10.0%	-	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF038		Maternity - % Of Women Smoking At Time Of Delivery	Jul-23		0%	5.9%	-	< 18%		
EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Jul-23		56%	66.9%	-	> 80%		
EF040		Maternity - Breast Feeding Rate At Transfer Home	Dec-22		84%	-	-			
EF041		Maternity - Neonatal Mortality rate/1000	Jul-23		0	0	-			-
EF059		W&C - Paediatrics- Total Admissions	Jul-23		131	125	250	-		-
EF060		W&C - NNU - Total number of Admissions	Jul-23		8	7	29	-		-
EF061		W&C - NNU - Avg. Length of Stay	Jul-23		3	6	12	-		-
EF062		W&C - NNU -Community follow up	Jul-23		2	5	20	-		-
EF068		Pharmacy - Total Prescriptions (No. of fe	Jun-23		193,132	155091	465,273	-		-
EF069		Pharmacy - Chargable Prescriptions	Jun-23		18,377	18041	54,122	-		-
EF070		Pharmacy - Total Exempt Item	Jun-23		137,291	135275	405,825	-		-
EF071		Pharmacy - Chargeable Items	Jun-23		18,266	17928	53,784	-		-
EF072		Pharmacy - Net cost	Jun-23		1,456,788	1434689	4,304,068	-		-
EF073		Pharmacy - Charges Collected	Jun-23		70,832	69411	208,234	-		-

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



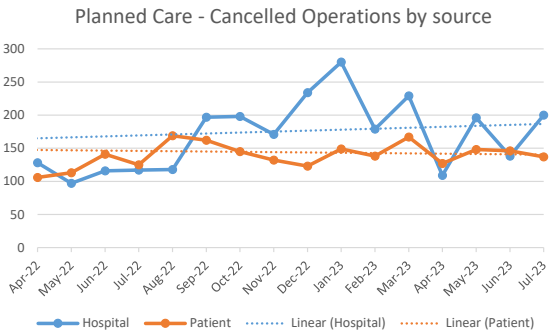
Reporting Date	Performance	Op. Plan #
Jul-23	337	QC157

Threshold	YTD Mean	Benchmark
-	300	311

(Lower value represents better performance)

-	Variation Description
	Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #

Threshold	YTD Mean	Benchmark

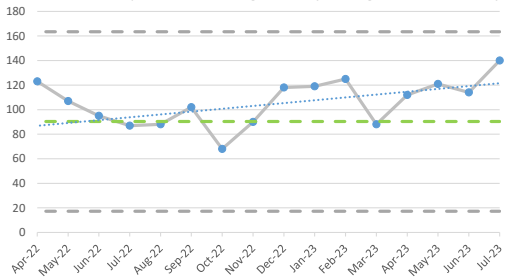
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Cancelled Operations: The number of cancelled operations in July was (337), it's 18.7% higher than last month, and 39.3% higher than July'22. In July the split of cancellations sources was (200, 59.3%) for hospital, and (137, 40.7%) for patient.	**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.	Note - Benchmarks are the Manx Care monthly average for 2022/23.

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

No. patients with Length of Stay (LOS) greater than 21 days



Reporting Date	Performance	Op. Plan #
Jul-23	**140**	QC10c
Threshold	**YTD Mean**	**Benchmark**
-	122	101

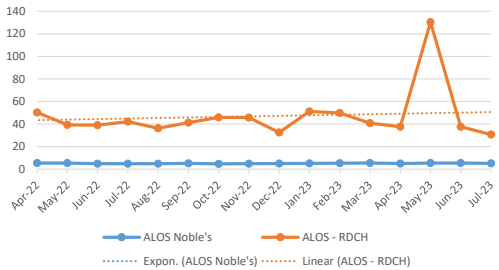
(Lower value represents better performance)

-	Variation Description

Common cause

Assurance Description

Average Length of Stay (ALOS) by site

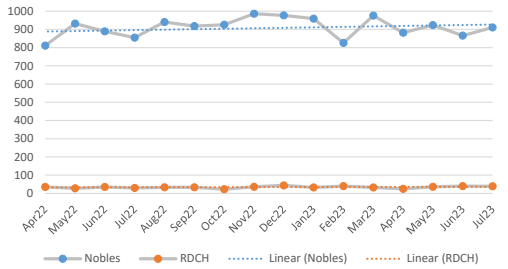


Reporting Date	Performance	Op. Plan #
		QC156
Threshold	**YTD Mean**	**Benchmark**

-	Variation Description

Assurance Description

Inpatient Discharges



Reporting Date	Performance	Op. Plan #
	Nobles 911	
	RDCH 39	
Threshold	**YTD Mean**	**Benchmark**
	Nobles 896	916
	RDCH 35	33

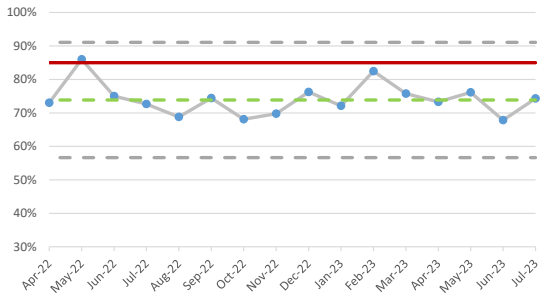
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Length of Stay: • The spike in average LOS for RDCH in May was due to a single patient with a very high length of stay being discharged . • Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay. • The acuity of patients being admitted has increased for some surgical patients driving longer lengths of stay in hospital. • Access to surgical bed base continues to be a challenge - continuing high levels of medical patients (and their higher acuity) being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken. • Regularly have 30–50 medical outliers in surgical beds – which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards. • Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity. **Inpatient Discharges:** Overall, discharge numbers continue on a slight upward trend, with discharges in July (950) slightly higher than July'22 (885). This demonstrates the consistent discharging of patients despite the challenges around patient flow.	**Length of Stay:** • Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so. • Spot purchasing of community beds • Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme. • Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate. • Ward 12 is being used as an escalation ward when required – however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R & R for specific weeks – in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan.	**Length of Stay:** • Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.3 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital. • Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU). • Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement. Note - Benchmarks are the Manx Care monthly average for 2022/23.

Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson	

Theatres - % Theatre Utilisation



Reporting Date	Performance	Op. Plan #
Jul-23	74.3%	QC16

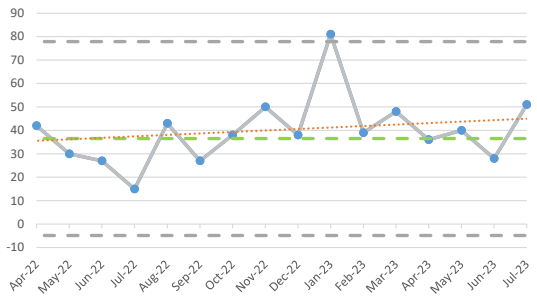
Threshold	YTD Mean	Benchmark
85.0%	72.9%	74.5%

(Higher value represents better performance)

+	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

Theatres - No. of Cancelled Operations on Day



Reporting Date	Performance	Op. Plan #
Jul-23	51	QC15

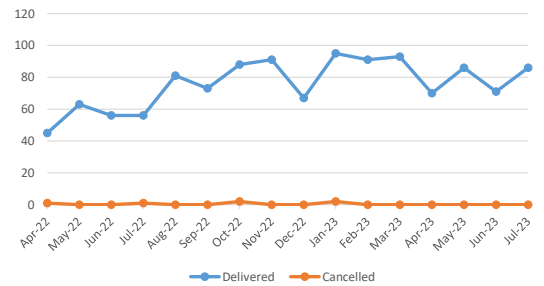
Threshold	YTD Mean	Benchmark
-	39	40

(Lower value represents better performance)

-	Variation Description
	Common cause

Assurance Description

Theatres - Delivered (vs Cancelled Sessions)



Reporting Date	Performance	Op. Plan #
Jul-23	86	

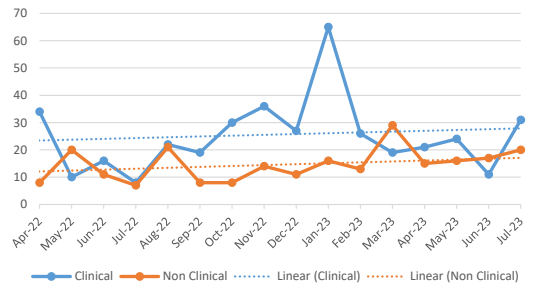
Threshold	YTD Mean	Benchmark
-	78	75

(Higher value represents better performance)

Variation Description

Assurance Description

Theatres - Cancelled Operations on Day by source



Reporting Date	Performance	Op. Plan #
Jul-23	-	QC15

Threshold	YTD Mean	Benchmark
-	-	-

(Lower value represents better performance)

Variation Description

Assurance Description

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

Theatre Utilisation:

• The number of theatre sessions delivered in July was (86).

•July saw an increase in the number of cancelled operations on the day to 48. Most common reason was "miscalleanous & unfit for surgery - acute illness". Appointment inconvientent for patient x 16 cancellations on the day.

• Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists.

• Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.

• Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity and reduce the impact to BAU three agency staff have been employed to back fill

• 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 ophthalmic, orthopaedic and general surgical specialties through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and staff to sustain the BAU activity in 4 theatres, three successful Agenct appointments have been made. The vacancy position is improving slightly with successful appointments being made.

• Theatre staff continue to support Maternity with the addition of 3 agency staff to mitigate the risk to mother and baby until the situation improves.

• Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx. 4.5 days to 1.3 days.

• Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base.

• Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years - a peer review is planned to take place in September 2023 to ensure that standards continue to be met.

• The implementation of a surgical admissions lounge which is in the project stages.

• Synaptic support is anticipated to continue until March 2024 under Phase 2 of the R&R programme.

• Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.

• Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.

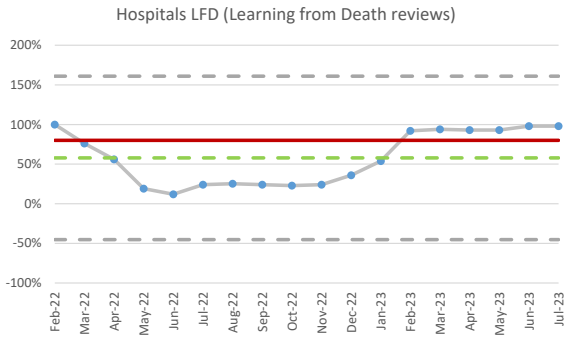
• Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.

• Exploration of Red to Green Criteria led discharge and assertive in-reach.

• Care Group operational leads undertaking deep dive analysis of reasons/causes of hospital led cancellations on the day. Drop down box to be developed in Theatreman to capture reasons for "unfit for surgery - acute illness" Miscalleaneous reasons can now be accessed through " Cancellation Patients by Speciality"

Note -

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



Reporting Date	Performance	Op. Plan #
Jul-23	98.0%	QC126

Threshold	YTD Mean	Benchmark
80.0%	95.5%	40.3%

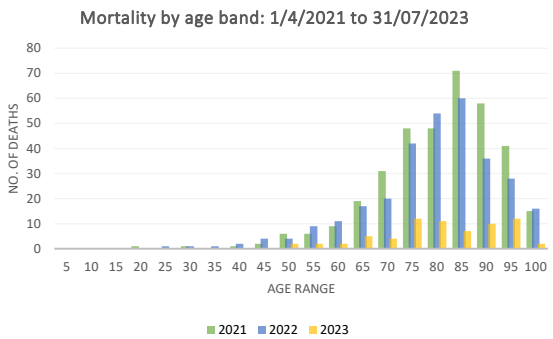
(Higher value represents better performance)

+ Variation Description

Special Cause of Improving variation (High)

+ Assurance Description

Consistently hit target



Reporting Date	Performance	Op. Plan #
-	677 in Total	

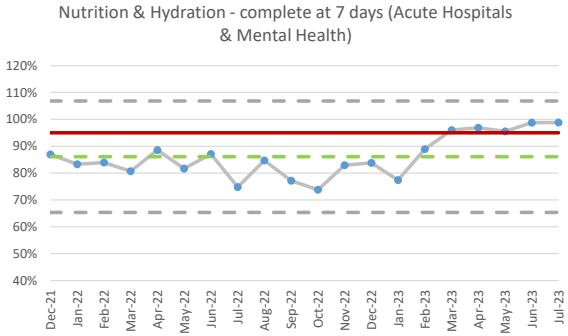
Threshold	YTD Mean	Benchmark
-	-	-

+ Variation Description

- Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Hospitals LFD (Learning from Death) Reviews: • 98% completed level 1 learning from death reviews in July which exceeds the target of 80%, remaining steady since February 23.	**Hospitals LFD (Learning from Death) Reviews:** • Continued focus on compliance and work underway to establish a robust process for Level 2 reviews via the Medical Examiner roles in Manx Care.	**Hospitals LFD (Learning from Death) Reviews:** • Reasonable assurance that high levels of compliance with level 1 reviews will continue.u Note - Benchmarks are the Manx Care monthly average for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Jul-23	98.9%	QC124

Threshold	YTD Mean	Benchmark
95.0%	97.5%	83.1%

(Higher value represents better performance)

+ Variation Description

Special Cause of Improving variation (High)

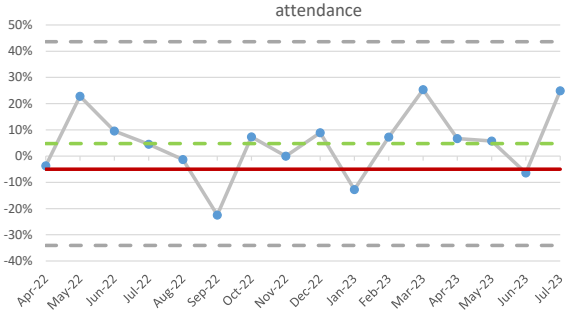
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Nutrition & Hydration: • 98.85% compliance recorded in July, in excess of target of 95%. This is the fifth consecutive month the target has been exceeded.	**Nutrition & Hydration:** • Missing assessments were brought to the attention of ward staff at the time of audit with several resolved at the time.	**Nutrition & Hydration:** • Performance has exceeded the target since March 2023. Current performance is an improvement on months prior to this where the score was frequently below 90%. This will continue to be monitored. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Wellbeing Services	Executive Lead	Oliver Radford	Lead	Adrian Tomkinson	

West Wellbeing service contribution to reduction in ED attendance



Reporting Date	Performance	Op. Plan #
Jul-23	24.9%	QC63

Threshold	YTD Mean	Benchmark
-5.0%	7.7%	3.8%

(Lower value represents better performance)

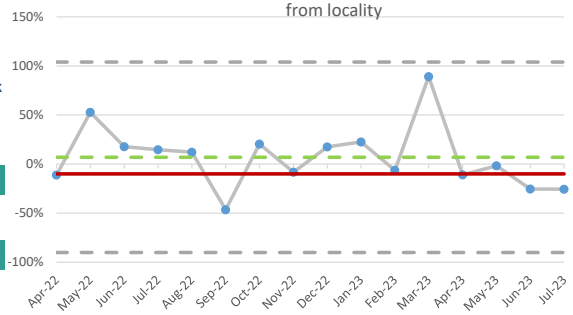
-	Variation Description

Common cause

-	Assurance Description

Inconsistently passing and falling short of target

West Wellbeing service reduction in admission to hospital from locality



Reporting Date	Performance	Op. Plan #
Jul-23	-25.6%	QC64

Threshold	YTD Mean	Benchmark
-10.0%	-15.9%	14.6%

(Lower value represents better performance)

+	Variation Description

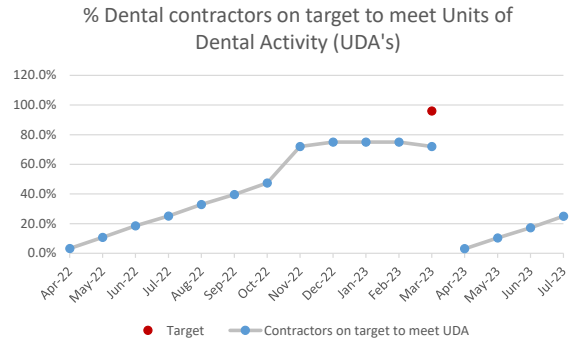
Common cause

+	Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Wellbeing Services: • The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation. • Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute. • Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E. • Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service.	**Wellbeing Services:** • The service is raising awareness regarding the impact the lack of capacity in community services has on ED. • New frailty service identifying patients at an earlier stage. • Targeting of nursing homes specifically for falls.	**Wellbeing Services:** • The service will look to refer more patients to third sector services, e.g. respite services as appropriate. • Technical specification of this metric has been reviewed. Will move to a 12 month timescale to ensure a more appropriate indication of the service's performance, and to better evidence the direct impact of the Wellbeing service on ED and hospital demand. • Impact of frailty service is being reviewed. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Jul-23	25.0%	QC161

Threshold	YTD Mean	Benchmark
96.0%	-	-

(Higher value represents better performance)

+ Variation Description

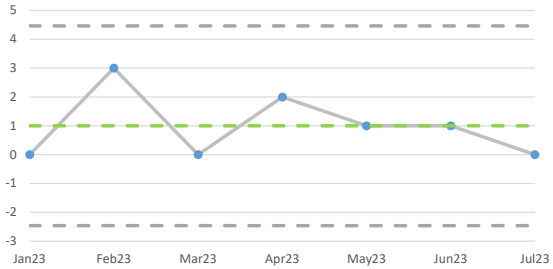
- Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Dental Contractors: • 1 contractor is considering options available to them for 2023 -2024 in relation to their dental contract.	**Dental Contractors:** • Quarterly reviews will be held to review contract delivery and discussions will be had with contractors in relation to contract reduction in year if they are not on track to fulfil their contract in full.	**Dental Contractors:** • Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Mental Health - Number of patients with a length of stay - 0 days



Reporting Date	Performance	Op. Plan #
Jul-23	0	QC87

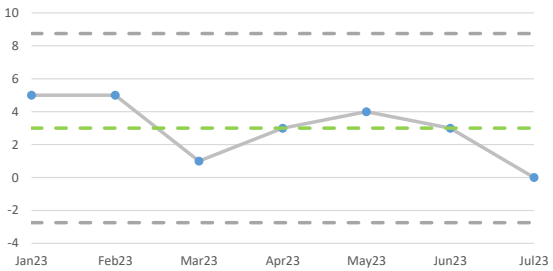
Threshold	YTD Mean	Benchmark
-	1	1

Variation Description

Common cause

Assurance Description

Mental Health - Number of patients aged 18-64 with a length of stay - > 60 days



Reporting Date	Performance	Op. Plan #
Jul-23	0	QC88

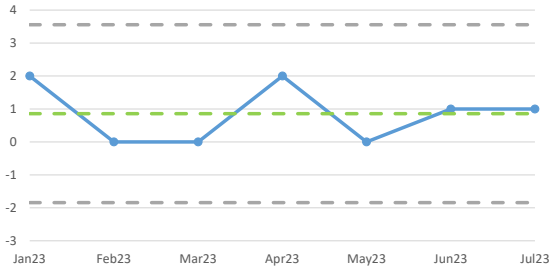
Threshold	YTD Mean	Benchmark
-	3	4

+ Variation Description

Common cause

Assurance Description

Mental Health - Number of patients aged 65+ with a length of stay - > 90 days



Reporting Date	Performance	Op. Plan #
Jul-23	1	QC89

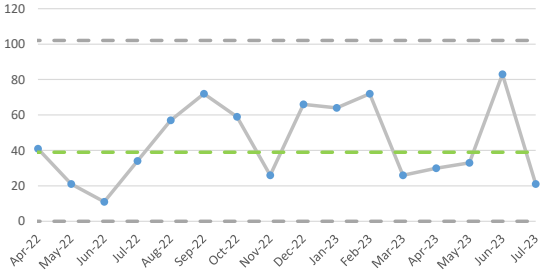
Threshold	YTD Mean	Benchmark
-	1.0	0.7

- Variation Description

Common cause

Assurance Description

MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service (Based on Discharges)



Reporting Date	Performance	Op. Plan #
Jul-23	21	QC158

Threshold	YTD Mean	Benchmark
-	42	46

- Variation Description

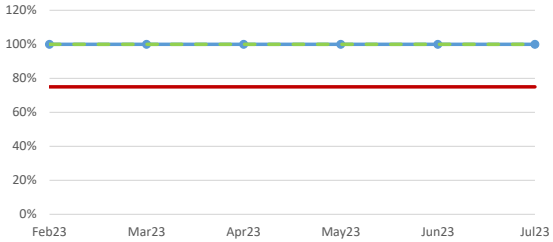
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Average Length of Stay (ALOS): • • ALOS for those discharged in July has decreased. The average length of stay fro those dicsharged from Glen Suite was 45 days, and Harbour Suite 13 days. • For current inpatients, the ALOS has increased slightly, we continue to monitor. **Number of patients aged 18-64 with a length of stay - > 60 days** **Number of patients aged 65+ with a length of stay - > 90 days**	**Average Length of Stay (ALOS):** **Number of patients aged 18-64 with a length of stay - > 60 days** **Number of patients aged 65+ with a length of stay - > 90 days**	**Average Length of Stay (ALOS):** • The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis. **Number of patients aged 18-64 with a length of stay - > 60 days** **Number of patients aged 65+ with a length of stay - > 90 days** UK report this as a rate per 100,000 of the population at 8.0 (based on a rolling quarter). Our performance is much better than the UK, (who have not meet the target for Q4), for this calendar year

Effective	Mental Health (2 of 3)	Executive Lead	David Hamilton	Lead	Ross Bailey	

% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours



Reporting Date	Performance	Op. Plan #
Jul-23	100%	QC69

Threshold	YTD Mean	Benchmark
75%	100%	100%

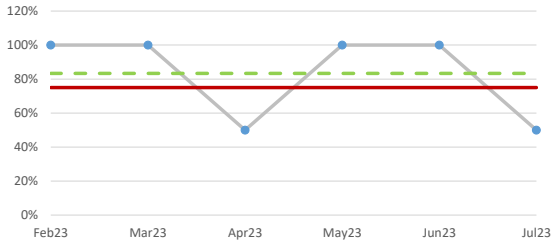
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral



Reporting Date	Performance	Op. Plan #
Jul-23	50%	QC70

Threshold	YTD Mean	Benchmark
75%	75%	100%

- Variation Description

Common cause

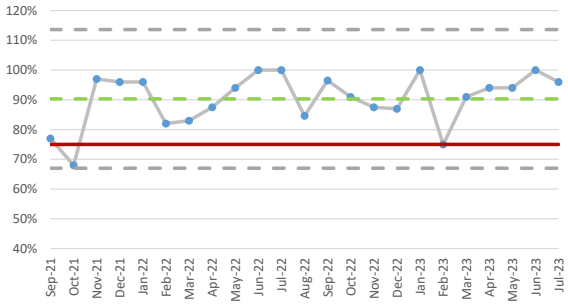
- Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Patients Admitted to Physical Health Wards: All patients requiring a Mental Health Assessment have continued to receive them within 24 hours, most are within 2 hours of notification. **First Episode of Psychosis Treated with NICE care package:** Two people presented with first episode psychosis both uncertain during July, however due to the nature of presentation, the clinical team were unable to determine if it represented a psychotic episode. Consequently the existing target was not achieved	**First Episode of Psychosis Treated with NICE care package:** The existing mandate descriptor is inconsistent with NHS England measure of performance of early intervention in psychosis. IMHS to work with the performance management team to discuss the validity of this indicator in its current format.	Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Crisis Team one hour response to referral from ED



Reporting Date	Performance	Op. Plan #
Jul-23	96.0%	QC68

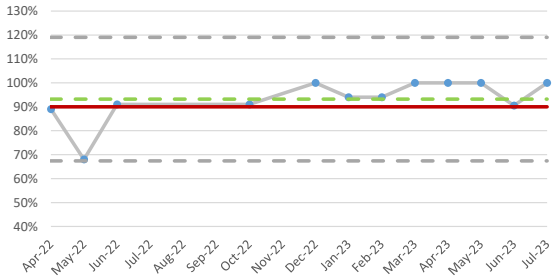
Threshold	YTD Mean	Benchmark
75.0%	96.0%	91.2%

(Higher value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target

MH - % service users discharged from MH inpatient that have follow up appointment within 3 days



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC72

Threshold	YTD Mean	Benchmark
90.0%	97.6%	90.9%

(Higher value represents better performance)

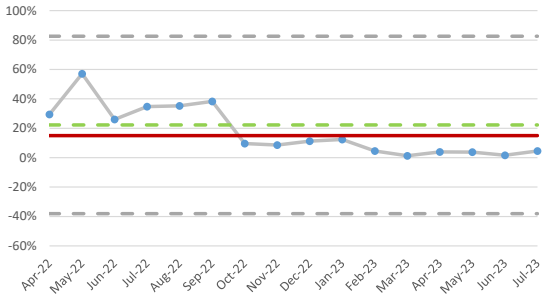
-	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Crisis Team: • 96% for July. Target exceeded. Whilst the performance continues to exceed NHS England performance, the CRHTT staffing difficulties prohibits a dedicated home treatment service. **3 Day follow up:** • July's performance was 100% exceeding the threshold of 90%.	**Crisis Team:** To continue to monitor and report monthly. To seek to establish a methodology of monitoring unmet need in home treatment	**Crisis Team:** • There were 27 referrals received from ED. Just one patient was seen outside the hour standard. **3 Day follow up:** Local performance consistently outperforms NHS England which for Q4 was below the 80% standard at 74.5% Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Adult Social Work	Executive Lead	David Hamilton	Lead	Michele Mountjoy

ASC - % of Re-referrals



Reporting Date	Performance	Op. Plan #
Jul-23	4.5%	QC41

Threshold	YTD Mean	Benchmark
<15%	3.5%	22.4%

(Lower value represents better performance)

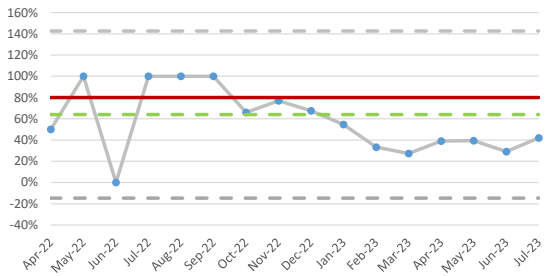
- Variation Description

Special Cause of Improving variation (Low)

+ Assurance Description

Consistently hit target

ASC - % of all Adult Community Care Assessments completed in Agreed Timescales



Reporting Date	Performance	Op. Plan #
Jul-23	42.1%	QC44

Threshold	YTD Mean	Benchmark
80.0%	37.5%	64.6%

(Higher value represents better performance)

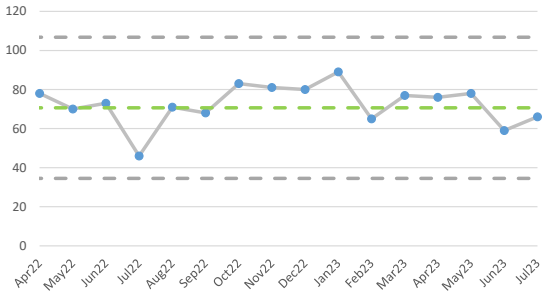
+ Variation Description

Special Cause of Concerning variation (Low)

- Assurance Description

Consistently fail target

ASC - No. of referrals



Reporting Date	Performance	Op. Plan #
Jul-23	66	QC40

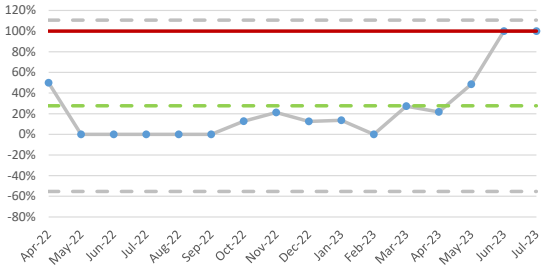
Threshold	YTD Mean	Benchmark
-	70	73

+ Variation Description

Common cause

Assurance Description

ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC45

Threshold	YTD Mean	Benchmark
100.0%	67.6%	11.4%

(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

Referrals:
The number of new referrals received in July was 66.

Re-Referrals:
• We have significantly reduced our re-referral rate to 4.5% in July, which is slightly higher than the last quarter (1.7%).

Assessments completed within Timescales:
• The completion of Wellbeing Partnership assessments in July increased but remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities.

Individuals receiving copy of Assessment:
• The reported number of individuals receiving copies of their Wellbeing Partnership assessments in July achieved the required threshold of 100% for the second month in a row.

Planned / Mitigation Actions

• Processes are being continually reviewed to make them more streamlined.

Assessments completed within Timescales:
• The Adult Social Work teams have had some relief to staffing pressures, with the Learning Disabilities Team particularly having made some recent improvements. With the improved staffing position, this is expected to further improve in July. Complexity of some assessments is still a factor, with specialist assessment required before an assessment can be completed, e.g. Parkinson's, SALT assessments.

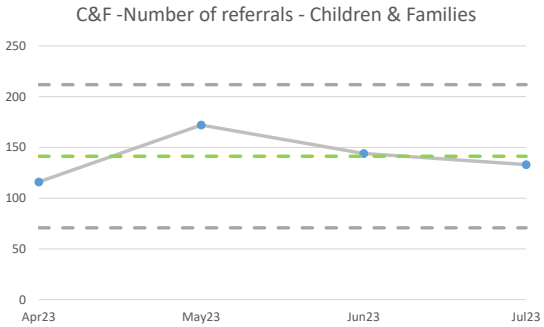
Individuals receiving copy of Assessment:
• The Interim Principal Social Worker organised a learning session with the team who achieved 'zero' in the sharing of assessments in April to support and help the team's understanding of the importance of this KPI. The team were completing and sharing assessments, however they were not completing this information in RiO for accurate data capture.
• Following the learning session, it is encouraging to note that this figure is now 100%.

Assurance / Recovery Trajectory

Assessments completed within Timescales:
• Overall completion of assessments in Adult Social Work, using the Wellbeing Partnership Assessment model, is expected to continually improve following progress in recruiting both agency and substantive social workers to the teams.
• The previously reported data capture issue has now been resolved.

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

Effective	Social Work (Children & Families) 1 of 3	Executive Lead	David Hamilton	Lead	Julie Gibney	



Reporting Date	Performance	Op. Plan #
Jul-23	**133**	

Threshold	YTD Mean	Benchmark
-	141	141

+ Variation Description

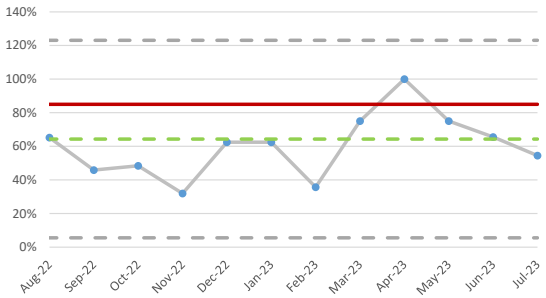
Common cause

Assurance Description

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

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

% Complex Needs Reviews held on time



Reporting Date	Performance	Op. Plan #
Jul-23	54.6%	QC49

Threshold	YTD Mean	Benchmark
85.0%	73.8%	53.4%

(Higher value represents better performance)

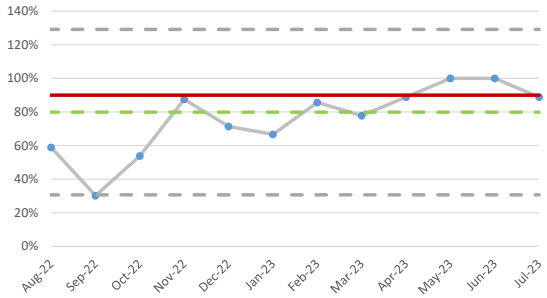
- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

% Total Child Protection Review Conferences held on time



Reporting Date	Performance	Op. Plan #
Jul-23	88.9%	QC52

Threshold	YTD Mean	Benchmark
90.0%	90.0%	66.5%

(Higher value represents better performance)

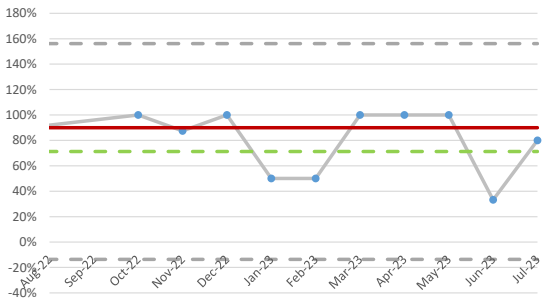
- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

% Total Initial Child Protection Conferences held on time



Reporting Date	Performance	Op. Plan #
Jul-23	80.0%	QC51

Threshold	YTD Mean	Benchmark
90.0%	78.3%	81.3%

(Higher value represents better performance)

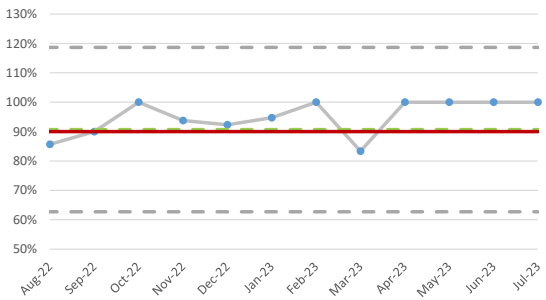
+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

% Looked After Children reviews held on time



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC53

Threshold	YTD Mean	Benchmark
90.0%	100.0%	92.5%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

Complex Needs Reviews held on time:
• These cases are predominantly held in the CWD (Children With Disabilities) Team where there are continuing staffing pressures. The manager of this team has oversight of this process and will be striving to improve performance in this area.

Initial Child Protection Conferences held on time:
• 80% of initial child protection conferences were held within timescale in July.

Child Protection Review Conferences held on time:
• 89% of conferences were completed within the timescales in July.

Looked After Children reviews held on time:
• 100% of reviews were held within the timescales in July.

Planned / Mitigation Actions

Complex Needs Process:
• The team that holds the majority of these cases is the Children With Disabilities team which has had significant staffing issues, with only 1 staff member for several months. This is now resolved and the manager has oversight of these meetings and will be striving to improve performance in this area. Performance has significantly improved in the CWD team overall, however it is recognised that the resource this team requires review.
• The holding of these reviews on time is a prioirity for the team manager in CWD, with additional capacity being put into the administrative role to better support this process.

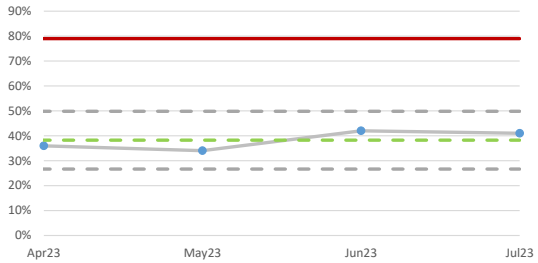
Assurance / Recovery Trajectory

Complex Needs Process:
• A potential data quality/timing issue has been identified with the historically reported performance for this metric and the service area and BI Team are actively working to resolve these issues.

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

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

Children (of age) participating in, or contributing to, their Complex Review%



Reporting Date	Performance	Op. Plan #
Jul-23	41%	

Threshold	YTD Mean	Benchmark
79%	38%	38%

(Higher value represents better performance)

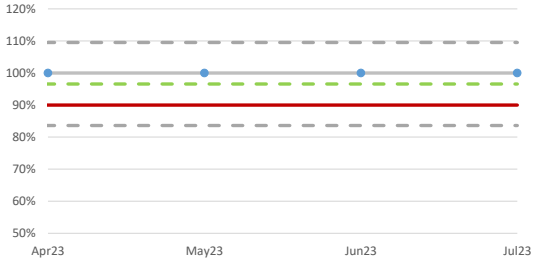
- Variation Description

Common cause

- Assurance Description

Consistently fail target

Children (of age) participating in, or contributing to, their Looked After Child review%



Reporting Date	Performance	Op. Plan #
Jul-23	100%	

Threshold	YTD Mean	Benchmark
90%	100%	100%

(Higher value represents better performance)

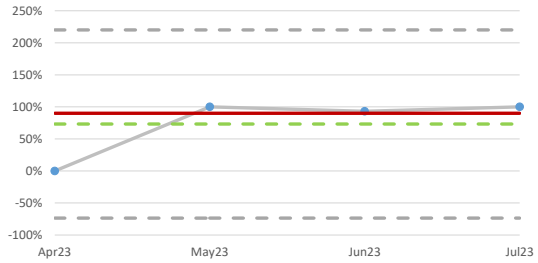
+ Variation Description

Special Cause of Improving variation (High)

+ Assurance Description

Consistently hit target

Children (of age) participating in, or contributing to, their Child Protection review%



Reporting Date	Performance	Op. Plan #
Jul-23	100%	

Threshold	YTD Mean	Benchmark
90%	73%	73%

(Higher value represents better performance)

+ Variation Description

Common cause

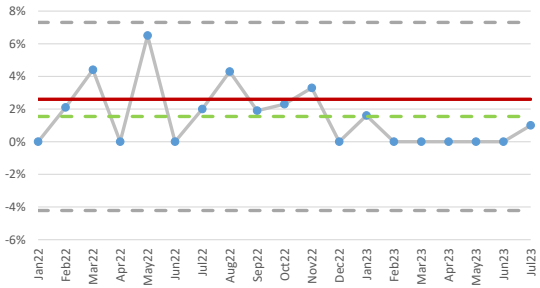
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Obstetric Haemorrhage >1.5L



Reporting Date	Performance	Op. Plan #
Jul-23	1%	

Threshold	YTD Mean	Benchmark
< 2.6%	0.25%	1.8%

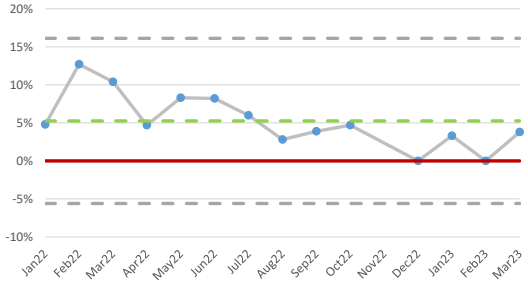
- **Variation Description**

Special Cause of Improving variation (Low)

+ **Assurance Description**

Consistently hit target

Unplanned Term Admissions To NNU



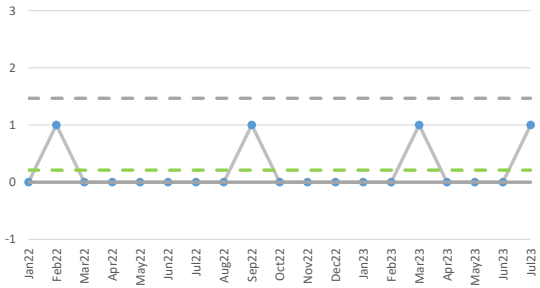
Reporting Date	Performance	Op. Plan #
Mar-23	-	

Threshold	YTD Mean	Benchmark
-	-	4.2%

Variation Description

Assurance Description

Stillbirth Number / Rate



Reporting Date	Performance	Op. Plan #
Jul-23	1	

Threshold	YTD Mean	Benchmark
<4.4/1000	0.25	16.7%

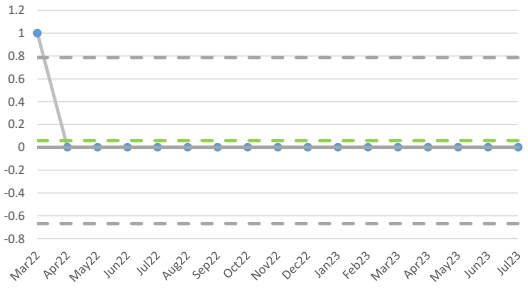
- **Variation Description**

Common cause

+ **Assurance Description**

Inconsistently passing and falling short of target

Neonatal Mortality rate/1000



Reporting Date	Performance	Op. Plan #
Jul-23	0	

Threshold	YTD Mean	Benchmark
-	0	0.0%

+ **Variation Description**

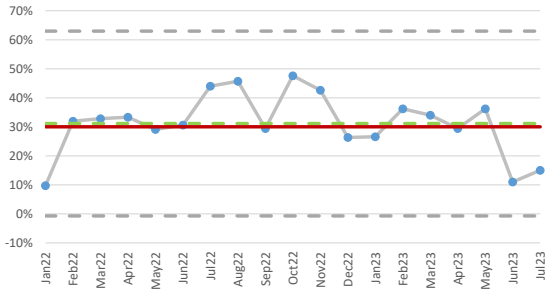
Special Cause of Improving variation (Low)

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Obstetric haemorrhage >1.5 litre: this is monitored via the maternity dashboard in order to identify cases of major haemorrhage and prompt a review of care and to identify and learning. There was 1 haemorrhage equal to or greater than 1.5 l reported in July. **Smoking at booking and delivery:** All women are asked regarding their smoking status and receive carbon monoxide testing at the booking appointment. Women who smoke are offered smoking cessation support. There were no women in July that were recorded as smoking at the time of delivery compared to 2% of women in July 2022.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Induction of Labour



Reporting Date	Performance	Op. Plan #
Jul-23	15.0%	

Threshold	YTD Mean	Benchmark
< 30%	22.9%	25.1%

(Lower value represents better performance)

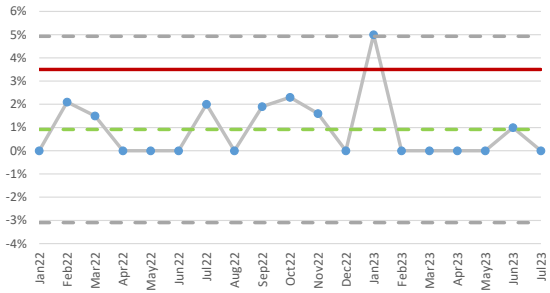
- Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

3rd/4th Degree Tear Overall Rate



Reporting Date	Performance	Op. Plan #
Jul-23	0.0%	

Threshold	YTD Mean	Benchmark
< 3.5%	0.3%	1.1%

(Lower value represents better performance)

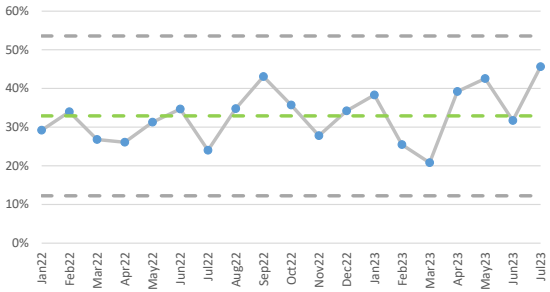
+ Variation Description

Common cause

Assurance Description

Consistently hit target

Caesarean Deliveries (not Robson Classified)



Reporting Date	Performance	Op. Plan #
Jul-23	45.7%	

Threshold	YTD Mean	Benchmark
-	39.8%	31.4%

- Variation Description

Common cause

Assurance Description

% Smoking

Reporting Date	Performance	Op. Plan #
Jul-23	Booking 6.3%	
	Delivery 0.0%	

Threshold	YTD Mean	Benchmark
-	-	-

(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

Total caesarean deliveries:
for the month of July 45.65% (year to date average 35.4%) Caesarean section rates are no longer considered a KPI in England.

Induction of labour: 31.25% of births were as a result of induced labour. This figure is down from last July which had 42% of births induced.

Third and fourth degree tear rates: the national standard of >3.5%. in July there were no cases to report.

Smoking at booking and delivery: All women are asked regarding their smoking status and receive carbon monoxide testing at the booking appointment. Women who smoke are offered smoking cessation support. There were no women in July that were recorded as smoking at the time of delivery compared to 2% of women in July 2022.

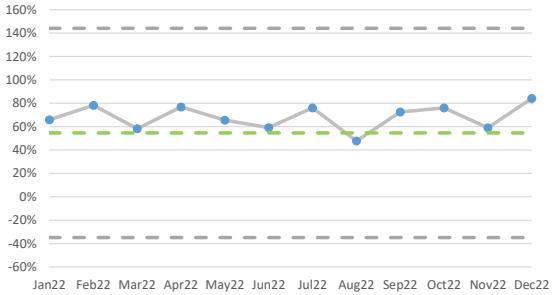
Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

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

Breast Feeding Rate At Transfer Home



Reporting Date	Performance	Op. Plan #
Dec-22	84.2%	

Threshold	YTD Mean	Benchmark
-	-	51.4%

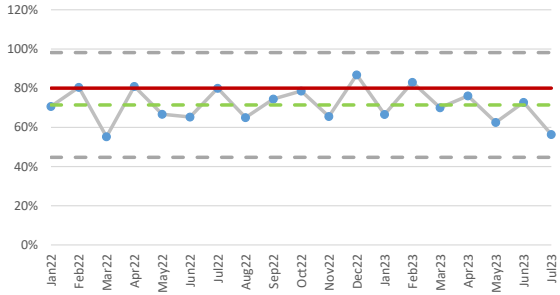
(Higher value represents better performance)

+	Variation Description

Common cause

Assurance Description

First Feed Breast Milk (Initiation Rate)



Reporting Date	Performance	Op. Plan #
Jul-23	56.4%	

Threshold	YTD Mean	Benchmark
> 80%	66.9%	73.6%

(Higher value represents better performance)

-	Variation Description

Common cause

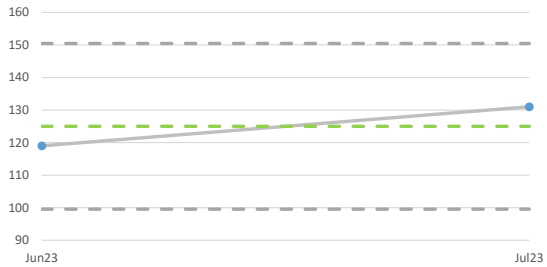
-	Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
First Feed Breast Milk (Initiation Rate): 56.4% of babies received breastmilk as their first feed, this was down on last July which recorded 65.8% of babies received breastmilk as their first feed. We will continue to support women to feed their babies in the best way for both the baby and the family. The Midwives remain committed to establishing breast feeding for those women who wish to and the infant feeding team have a daily presence on the Maternity unit.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Paediatrics- Total Admissions



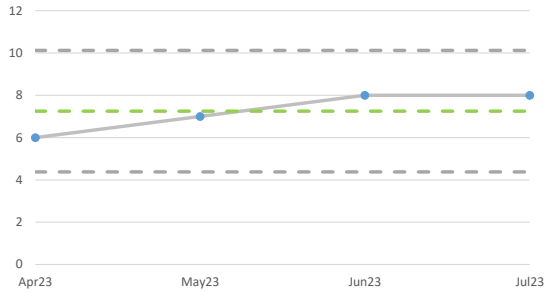
Reporting Date	Performance	Op. Plan #
Jul-23	131	

Threshold	YTD Mean	Benchmark
-	-	-

- Variation Description
Common cause

Assurance Description

NNU - Total number of Admissions



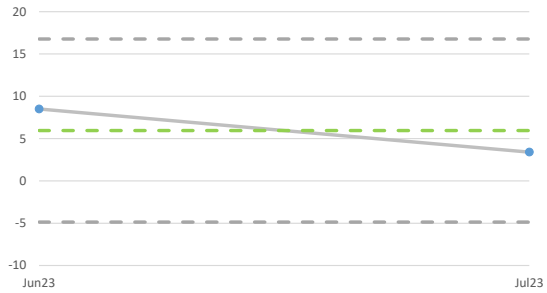
Reporting Date	Performance	Op. Plan #
Jul-23	8	

Threshold	YTD Mean	Benchmark
-	-	-

- Variation Description
Common cause

Assurance Description

NNU - Avg. Length of Stay



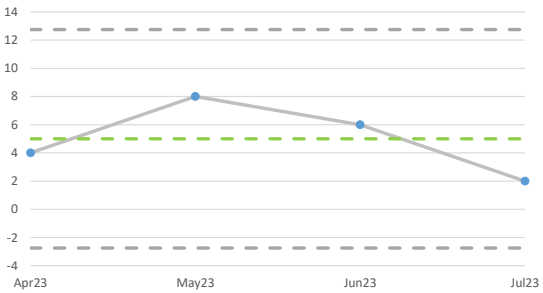
Reporting Date	Performance	Op. Plan #
Jul-23	3	

Threshold	YTD Mean	Benchmark
-	-	-

+ Variation Description
Common cause

Assurance Description

NNU - Community follow up



Reporting Date	Performance	Op. Plan #
Jul-23	2	

Threshold	YTD Mean	Benchmark
-	-	-

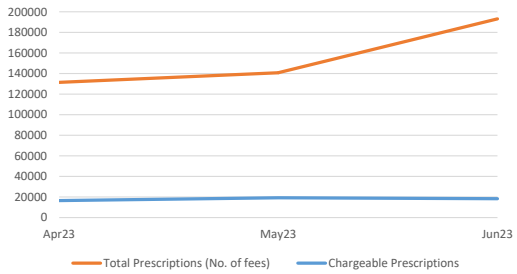
Variation Description
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
In July 2023 the Neonatal Unit admitted 8 Babies. One was a planned repatriation for ongoing care of a previously preterm baby. 6 babies were over 37/40. 1 baby was below 37/40. All admissions were unplanned. 4 babies were admitted directly from labour ward/theatre. 3 babies were admitted up to 7.5hrs after birth from the postnatal ward. Reason for admission varied with respiratory symptoms and hypothermia being the more frequent reason. NNU had capacity to accept all admissions	The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows. Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate. Northwest neonatal Network aware of capacity issues, offering support & advice. Embrace available to support transfer process when necessary.	All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 centre as soon as possible if required for ongoing care. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Integrated Primary & Community Care (1 c	Executive Lead	Oliver Radford	Lead	Lisa Airey, Sara Hupburn

Pharmacy - Prescriptions



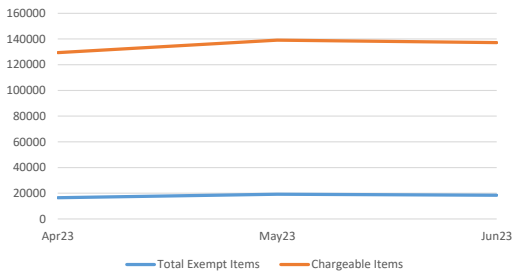
Reporting Date	Performance	Op. Plan #
Jun-23		-

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

Pharmacy



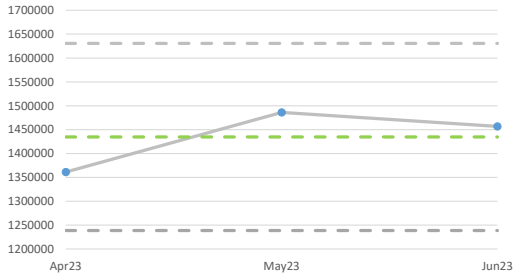
Reporting Date	Performance	Op. Plan #
Jun-23		

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Pharmacy - Net cost



Reporting Date	Performance	Op. Plan #
Jun-23	**1,456,788**	

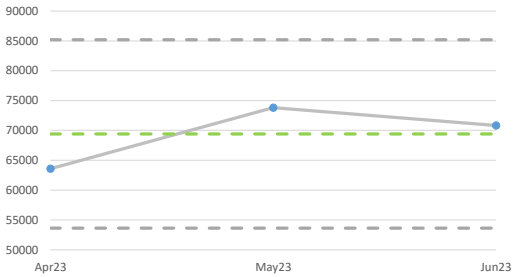
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Common cause

Assurance Description

Pharmacy - Charges Collected



Reporting Date	Performance	Op. Plan #
Jun-23	**70,832**	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Common cause

Assurance Description

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

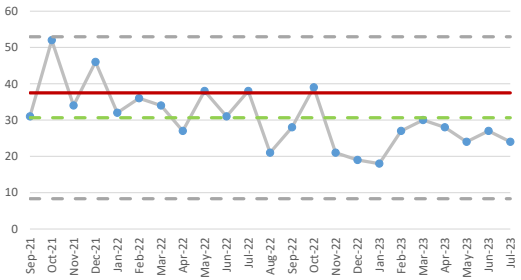
Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Jul-23		0	0	0	0		
CA002		Complaints - Total number of complaints received	Jul-23		24	26	103	<= 450 PA		
CA007		Complaint acknowledged within 5 working days	Jul-23		100%	97%	-	98%		
CA008		Written response to complaint within 20 days	Jul-23		100%	100%	-	98%		
CA010		No. complaints exceeding 6 months	Jul-23		0	0	0	0		
CA011		No. complaints referred to HSCOB	Jul-23	-	7	2	7	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA012		FFT - How was your experience? No. of responses	Jul-23	-	1,161	1,137	4,546	-		
CA013		FFT - Experience was Very Good or Good	Jul-23		87%	88%	-	80%		
CA014		FFT - Experience was neither Good or Poor	Jul-23		4%	4%	-	10%		
CA015		FFT - Experience was Poor or Very Poor	Jul-23		9%	8%	-	<10%		
CA016		Manx Care Advice and Liaison Service contacts	Jul-23	-	649	598	2,391	-		
CA017		Manx Care Advice and Liaison Service same day response	Jul-23		90.0%	89.3%	-	80%		

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

Complaints - Number of complaints: Manx care



Reporting Date	Performance	Op. plan #
Jul-23	24	L7

Threshold	YTD Mean	Benchmark
<= 450 PA	26	28

(Lower value represents better performance)

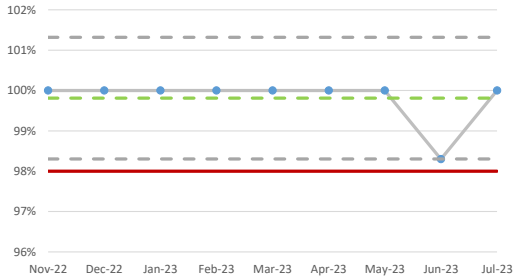
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Complaint - Written response within 20 days: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	100.0%	L8

Threshold	YTD Mean	Benchmark
98.0%	99.6%	-

(Higher value represents better performance)

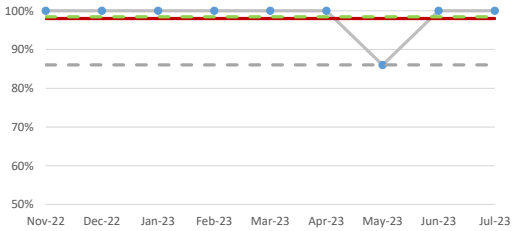
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Complaint acknowledged within 5 working days: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	100.0%	L8

Threshold	YTD Mean	Benchmark
98%	96.5%	-

(Higher value represents better performance)

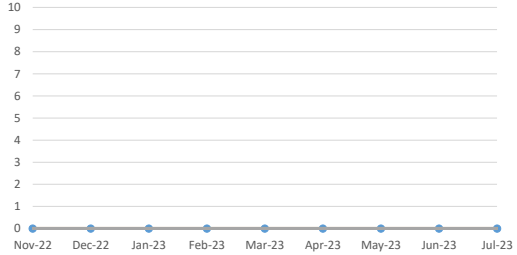
+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Complaint - No. complaints exceeding 6 months: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	0	L8

Threshold	YTD Mean	Benchmark
0	0	-

(Lower value represents better performance)

+ Variation Description

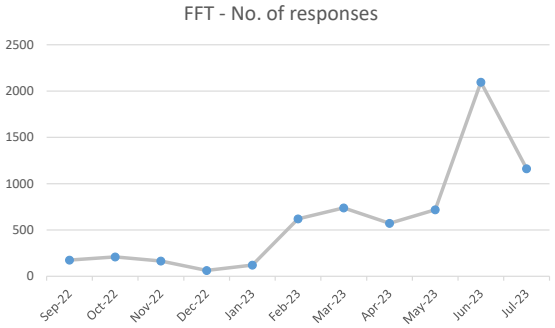
Common cause

+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Number of Complaints: • A total of 24 formal complaints were received/logged. **Acknowledged within 5 Days:** • 100% compliance. **Written Response within 20 days:** • 100% compliance. **No. Complaints Exceeding 6 Months:** • Zero recorded. **No. complaints referred to HSCOB:** • 7 referred across Manx Care, 2 of which had previously been open to the IRB. HSCOB have advised they have in excess of 40 IRB complaints under review.	**Number of Complaints:** • All complaints logged and managed as per the Regulations. **Acknowledged within 5 Days:** • Continue to monitor closely. **Written Response within 20 days:** • Continue to monitor closely. **No. Complaints Exceeding 6 Months:** • Continue to monitor closely. **No. complaints referred to HSCOB:** • Records and complaint files have been requested by the HSCOB; however CQS Team have questioned correct application of the Regulations with the DHSC in respect of consent to share to ensure compliance with GDPR.	**Number of Complaints:** • Decrease on same time last year of 38%. **Acknowledged within 5 Days:** • High degree of confidence in target being met. **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:** Confident Regulations will be applied correctly and working relationship with HSCOB will be positive. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

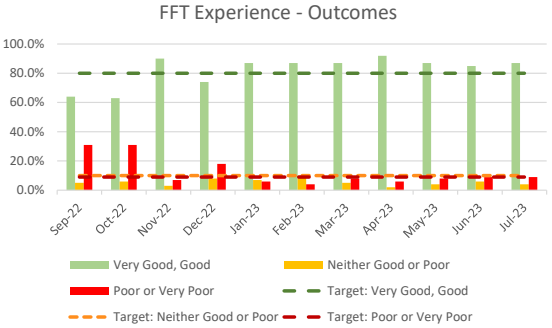
Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis



Reporting Date	Performance	Op. plan #
Jul-23	1,161	QC127
Threshold	**YTD Mean**	**Benchmark**
-	1,137	-

Variation Description

Assurance Description



Reporting Date	Performance	Op. plan #
Jul-23	87.0%	QC128-129-130
Threshold	**YTD Mean**	**Benchmark**
80.0%	87.8%	-

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Issues / Performance Summary

FFT Total number of responses:

• A total of 1,161 surveys completed for July 2023 and this includes surveys from Patient Transfers, which are increasing in the number of returns.

• **FFT – Experience was very good or good:** 1,014 completed surveys rated experience as Very Good or Good equating to 87% against a target of 80%.

• **FFT – Experience was neither good or poor:** 47 completed surveys rated experience as Neither Good nor Poor equating to 4% against a target of 10% or less.

• **FFT – Experience was poor or very poor:** 100 completed surveys rated experience as Poor or Very Poor, equating to 9% against a target of 10% or less.

Planned / Mitigation Actions

FFT Total number of responses:

• Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey.

• **FFT – Experience was very good or good:** MCALS and service leads to continue to encourage and promote engagement with the survey.

• **FFT – Experience was neither good or poor:** MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month.

• **FFT – Experience was poor or very poor:** Consistently achieving under the 10% target which is a positive indicator

Assurance / Recovery Trajectory

FFT Total number of responses:

• Experience and Engagement Team continue to conduct monthly walk rounds of the wards to collect surveys and speak to staff to encourage completion of surveys at discharge. Pre-paid envelopes are available to provide to service users who are inpatients and post boxes are accessible on all wards and outpatient departments including Primary Care based practices. There is a reasonable degree of confidence in increasing survey returns.

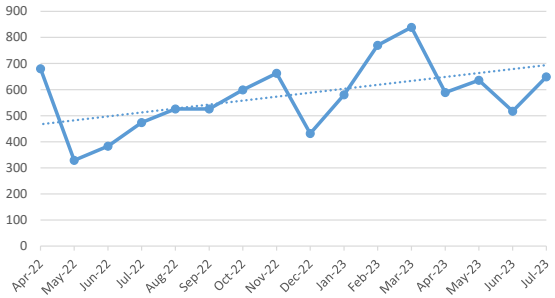
• **FFT – Experience was very good or good:** Reasonable degree of confidence that reporting targets will continue to be met.

• **FFT – Experience was neither good or poor:** Reasonable degree of confidence that reporting targets will continue to be met.

• **FFT – Experience was poor or very poor:** Monthly dashboards and quarterly review meetings with all care group triumvirates are held to report feedback. Poor feedback is reported in the themes and trends as well as the anonymous commentary and care groups develop action plans within their governance groups to target poor feedback. Trends are monitored monthly via dashboards for care groups and drilled down further to team level to highlight positive and negative themes.

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

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

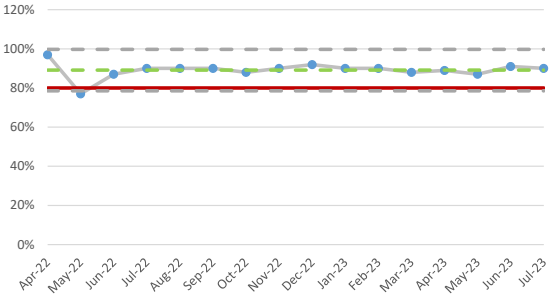


Reporting Date	Performance	Op. plan #
Jul-23	649	QC131

Threshold	YTD Mean	Benchmark
-	598	567

Variation Description

Assurance Description



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

Threshold	YTD Mean	Benchmark
80.0%	89.3%	-

(Higher value represents better performance)

\- **Variation Description**

Common cause

\+ **Assurance Description**

Consistently hit target

Issues / Performance Summary

Number of Contacts:

• 649 contacts received in July 2023, demonstrating an increase of 132 contacts compared to June 2023. Contact rate during the week of 24th July increased by 20% due to planned strike action on the 25th July and concerns about impact on service user care. MCALS extended its opening hours for telephone and email contact from 8am-5pm for 3 days in July to support service users with enquiries and concerns about planned strike action.

Same Day Response:

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

Planned / Mitigation Actions

Number of Contacts:

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

Same Day Response:

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

Assurance / Recovery Trajectory

Number of Contacts:

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

Same Day Response:

• Continued good performance in dealing with service user contacts.

Note -

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

Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Jul-23	-	2846	2967	11675	-		
RE056		Hospital Bed Occupancy	Jul-23	-	60.1%			92%		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Jul-23		15,846	15,692	-	< 15431		
RE002		RTT - No. patients waiting for Daycase procedure	Jul-23		2,229	2,300	-	< 2286		
RE003		RTT - No. patients waiting for Inpatient procedure	Jul-23		505	536	-	< 535		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Jul-23		60%	58%	-	85%		
RE061		Diagnostics-% patients waiting 26 weeks or less	Jul-23		63%	61%		99%		
RE005		Diagnostics - % requests completed within 6 weeks	Jul-23	-	86%	85%	85%	-		
RE006		Diagnostics - % Patients waiting over 6 weeks	Jul-23	-	71%	71%	-	1%		
RE007		ED - % 4 Hour Performance	Jul-23		72%	73%	73%	95%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Jul-23	-	81%	82%	82%	-		
RE009		ED - % 4 Hour Performance (Admitted)	Jul-23	-	23%	27%	27%	-		
RE010		ED - Average Total Time in Emergency Department	Jul-23		257	238	-	360 mins		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Jul-23		26	24	-	15 mins		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Jul-23		74	66	-	60 mins		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Jul-23		13	14.5		60 mins		
RE013		ED - 12 Hour Trolley Waits	Jul-23		36	15	59	0		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Jul-23		23	20	-	15 mins		
RE015		Ambulance - Category 1 Mean Response Time	Jul-23		11	10	-	7 mins		
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Jul-23		32%	48%	-	100%		
RE034		Category 2 Response Time at 90th Percentile	Jul-23		27	31		40 mins		
RE035		Ambulance - Category 3 Response Time at 90th Percentile	Jul-23		53	46		120 mins		
RE036		Ambulance - Category 4 Response Time at 90th Percentile	Jul-23		74	74		180 mins		
RE037		Ambulance - Category 5 Response Time at 90th Percentile	Jul-23		83	84		180 mins		
RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Jul-23		166	166	-	0		
RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Jul-23		12	13	-	0		
RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Jul-23		44%	51%	-	80%		
RE031		IPCC - % of patients registered with a GP	Jul-23		5.5%	5.5%	-	5.0%		
RE081		IPCC - N. of GP appointments	Jul-23	-	43448	39845	159380	-		
RE054		Did Not Attend Rate (GP Appointment)	Jul-23	-	0	3%		-		
RE027		IPCC - No. patients waiting for a dentist	Jul-23	-	3,993	3,760	-	-		
RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Jul-23	-	100%	100%	-	-		
RE075		Community Nursing Service response target met (7 days)- Routine	Jul-23	-	100%	100%	-	-		

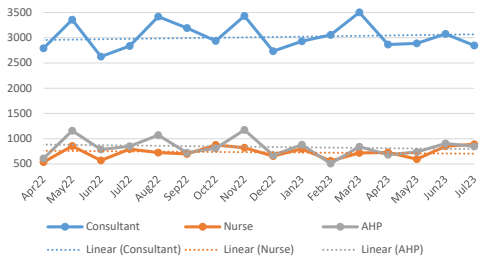
Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assuranc
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Jul-23		57%	62%	-	75%		
RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Jul-23		34%	41%	-	93%		
RE020		CWT - % Two Week Wait (Breast Symptomatic)	Jul-23		0%	8%	-	93%		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Jul-23		83%	80%	-	96%		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within	Jul-23		27%	33%	-	85%		
RE064		No. on Cancer Pathway (All)	Jul-23	-	686	738	-	-		
RE065		No. on Cancer Pathway (2WW)	Jul-23	-	582	626	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Jul-23	-	53	128	-	-		
RE067		Cancer - Median Wait Time for the 2WW referrals (Days)	Jul-23	-	18	18	-	-		
RE044		MH- Waiting list	Jul-23	-	1637	1605	3209	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assuranc
RE045		MH- Appointments	Jul-23	-	6093	6496	25984	-		
RE046		MH- Admissions	Jul-23	-	11	18	70	-		
RE028		MH - No. service users on Current Caseload	Jul-23		5,211	5,131	-	4500 - 5500		
RE051		Maternity Bookings	Jul-23	-	48	564	217			
RE052		Ward Attenders	Mar-23	-	196	-	-			
RE053		Gestation At Booking <10 Weeks	Jul-23	-	29%	28%	-			
RE030		W&C - % New Birth Visits within timescale	Jul-23	-	83%	88%	-	-		
RE032		Births per annum	Jul-23	-	191	123	-	-		

Responsive	Demand	Executive Lead		Lead	

Referrals for First Outpatient Appointment



Reporting Date	Performance		Op. Plan #
Jul-23	Consultant	2846	

Threshold	YTD Mean	Benchmark
-	2919	3068

Variation Description

Assurance Description

Hospital Bed Occupancy

Reporting Date	Performance	Op. Plan #
Jul-23	60.1%	QC79

Threshold	YTD Mean	Benchmark
92.0%	-	-

(Lower value represents better performance)

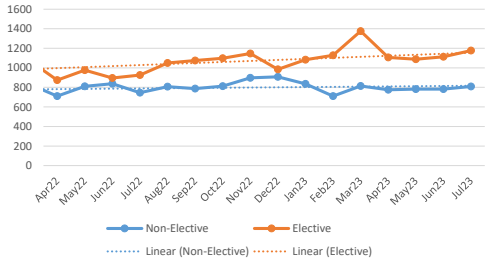
Variation Description

Common cause

+ Assurance Description

Consistently hit target

Elective and Non Elective Admissions



Reporting Date	Performance		Op. Plan #
Jul-23	Elective	1176	
	Non Elective	809	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

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

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have remained at a high level into 2023/24. The number of referrals received in July (2846) was about 0.3% higher than the number received in July'22.

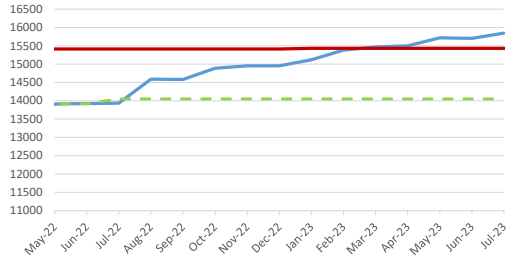
Elective and Non Elective Admissions:
Elective Admissions have increased by approximately 5.6% in July (1176) against June (1114).

Non Elective admission numbers have remained fairly static over the opening quarter, with 809 in July compared to 782 last month.

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

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

RTT - No. patients waiting for 1st Consultant Led Outpatient Appointment



Reporting Date	Performance	Op. Plan #
Jul-23	15,846	QC11

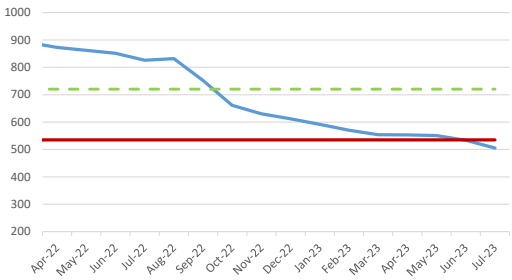
Threshold	YTD Mean	Benchmark
< 15,431	15,692	15,500

(Lower value represents better performance)

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

No. patients waiting 52 weeks or more for 1st OP
5,089

RTT - No. patients waiting for Inpatient procedures



Reporting Date	Performance	Op. Plan #
Jul-23	505	QC11

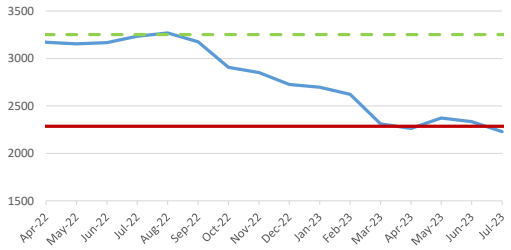
Threshold	YTD Mean	Benchmark
< 535	536	553

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
124

RTT - No. patients waiting for Daycase procedures



Reporting Date	Performance	Op. Plan #
Jul-23	2,229	QC11

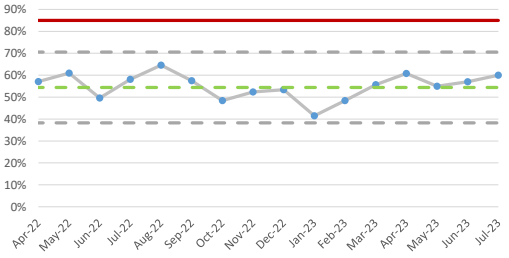
Threshold	YTD Mean	Benchmark
< 2,286	2,300	2,264

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
602

% Urgent GP referrals seen for 1st appointment within 6 weeks



Reporting Date	Performance	Op. Plan #
Jul-23	60.0%	QC13

Threshold	YTD Mean	Benchmark
85.0%	58.2%	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:
  - Impact of RCN industrial action on 25th July (see separate sheet for further information)
  - Staff vacancies, annual leave and other absences.
  - Difficulties in recruiting locum cover
  - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.
- Following the ease on Covid restrictions, GP practices have been seeing more patients face to face which has led to an overall increase in referrals.
- Many outpatient pathways require considerable diagnostic intervention to enable their progression.

Planned / Mitigation Actions

- R&R delivery (Nov'21 to July 23); 168 Ophthalmology procs; 2,150 in total; 36 Orth procs (716 in total); 66 GSU procs (189 in total); Other surgical specialties – 0 procs (54 in total); 46 ENT OP attendances (510 in total); Radiology – 124 scans 0 CT, 124 US (591 in total); Mental Health – 10 service users (193 in total)
  - o Overall there has been about an 83% reduction in the Ophth DC waiting list.
  - o Overall there's been about a 31% reduction in orthopaedic DC/IP waiting lists.
  - o General Surgery IP waiting list reduced by about 32%, DC waiting list has decreased by 2%.
- Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 15,000 referrals have been through technical validation and over 6,400 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the validation to date, there will have been a 7% reduction in the outpatient waiting list. No patient is removed from the waiting list without a clinical decision being made.
- ENT recovery plan commenced in November, including weekend outpatient clinics.
- Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression.
- Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required.
- Restoration &Recovery (R&R) Phase 3 Business Case has been developed which includes modelling of demand, capacity and sustainability of outpatient services and waiting lists across 10 specialties. This is being expanded to cover all specialties.

Assurance / Recovery Trajectory

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

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

Responsive	Industrial Action Report	Executive Lead	Oliver Radford

Overview

On 25th July, the Isle of Man branch of the Royal College of Nursing (RCN) conducted its first ever 12 -hour walkout. The branch consists of over 500 members, including nurses and health care assistants supporting Manx Care's healthcare services.

CCM Integrated Care WC&F
Elective programmes for gynaecology were cancelled - both theatres and outpatient clinics, along with planned secual health clinic and non-urgent community work (except safeguarding). Community paediatrics priortised urgent patients. Infant feeding offered a redu ced service.

Care Group 1
Direct impact on delivery of care for outpatients, endosocpy and theatres (as detailed below). Overall there were 16 outpatient clinics cancelled, equating to 189 appointments. This was also a substantial increase to the Patient Information Centre's workload t o contact patients and cancel/rebook appointments.

Care Group 2
The closure of the Minor Injuries Unit (MIU) and Minor Ambulatory Care Unit (MACU) contributed to an increase in attendance activity and therefore extended clinical access waiting. This situation will have likely caused delays in access to critical care. In par ticular, all non-cancer or dialysis related OPAs were cancelled, as detailed below. .

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Care Group 2
The closure of the Minor Injuries Unit (MIU) and Minor Ambulatory Care Unit (MACU) contributed to an increase in attendance activity and therefore extended clinical access waiting. This situation will have likely caused delays in access to critical care. In particular, a ll non-cancer or dialysis related OPAs were cancelled, as detailed below. .

RCN Industrial Action Impact Assessment: Closed, Reduced, and Cancelled Services

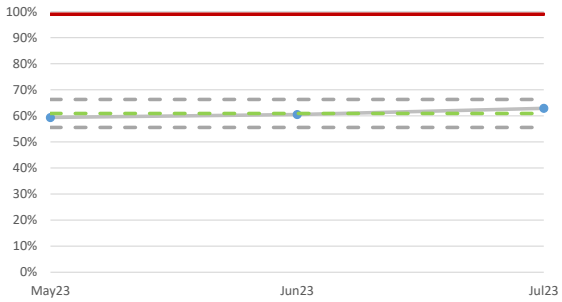
Service	Impact	Estimated Recovery Rating	Commentary
Endoscopy (excluding urgent 2-week wait pathway)	Appointments cancelled		Increase in waiting time
Elective theatre sessions	Sessions cancelled		NCEPOD /Trauma list staffed with derogation
GUM Clinic at Noble's Hospital	Appointments cancelled		Increase in waiting time
Fertility Clinic and Family Planning services	Closed		Increase in waiting time
Blood Clinic at Ramsey Cottage Hospital	Closed		Increased attendance at Nobles. Significant increase in attendance at RCH the following day.
Hospital outpatient appointments	Appointments cancelled		Reduction in service - some virtual appointments went ahead. Increase in waiting time. Some OP sessions were derogated, whilst others were staffed with Non RCN staffing.
Community Nursing Team Clinics, including Griah Drop in Clinic	Appointments cancelled		There have been no reports of deficit to care of the patients
School nursing	Reduced service		Unable to predict impact
Children's community nursing	Reduced service		There have been no reports of deficit to care of the patients
Nurse-led clinics at Diabetes Centre	Appointments cancelled		Access to ward attenders via ED, with these patients being seen later in the week
Therapies outpatient appointments	Appointments cancelled		Cardiac Rehab exercise class cancelled
Minor Injuries and Illnesses Unit (MIU), Ramsey	Closed		Increased attendance at Nobles. Significant increase in attendance at MIU the following day

RCN Industrial Action Impact Assessment: Other Essential Services

Service	Impact	Increased risk to patient	Commentary
Inpatient services at Noble's Hospital	Increase in waiting list time for elective theatre slots		Increase in waiting list time for elective theatre slots and non-Oncology medical procedures and investigations.
Mental Health Crisis Team	Unknown		Patients waiting for support from this service may escalate their behaviour.
Emergency Department at Noble's Hospital	Increase in access waiting times		Increase in attendance activity due to closure of MIU and MACU
Maintenance of urgent cancer services	Priority 1 Derogation		Potential breach of 2 week waits.
In-patient Mental Health services at Manannan Court	Unknown		Reduced inpatient support may mean patients escalate their behaviour.
Patient Information Centre	Increase in appointments to cancel/rearrange		Significant workload increase with short notice cancellation of clinics and rebooking of appointments, including substantial increase in phone calls.

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

Diagnostics - % patients waiting 26 weeks or less



Reporting Date	Performance	Op. Plan #
Jul-23	62.9%	QC37b

Threshold*	YTD Mean	Benchmark
99.0%	60.9%	-

(higher value represents better performance)

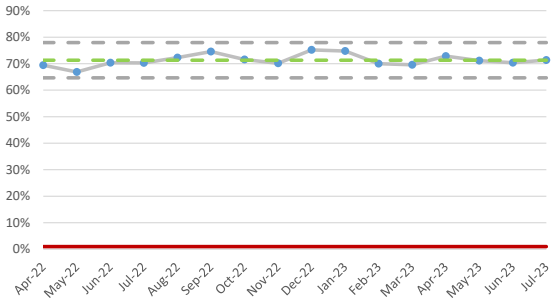
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Diagnostics - % of Patients waiting over 6 weeks



Reporting Date	Performance	Op. Plan #
Jul-23	71.4%	QC37

Threshold	YTD Mean	Benchmark
1%	71.4%	25.9%

(lower value represents better performance)

- Variation Description

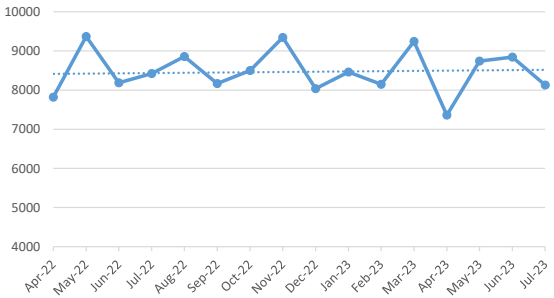
Common cause

- Assurance Description

Consistently fail target

Modality	Jul-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	169	52	31%
Computed Radiography	667	309	46%
Computed Tomography	851	440	52%
Endoscopy	0	0	-
Intra-oral Radiography	0	0	-
Magnetic Resonance Imaging	580	256	44%
Mammography	1,119	1,096	98%
Miscellaneous	50	13	26%
Nuclear Medicine	19	16	84%
Radiofluoroscopy	69	54	78%
Ultrasound Breast	22	5	23%
Ultrasound Non Obs	3,001	2,347	78%
Ultrasound Obs	424	339	80%
X-ray Angiography	320	278	87%
Total	**7,291**	**5,205**	**71%**

Diagnostics - No. of requests received



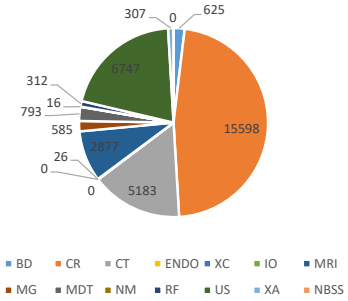
Reporting Date	Performance	Op. Plan #
Jul-23	33,069	

Threshold	YTD Mean	Benchmark
-	8,267	8,546

Variation Description

Assurance Description

YTD Demand by Modality: 2023/24



Issues / Performance Summary

- Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 23.6% higher than capacity in July.
- Emergency Department (ED) 26.2%, Outpatient Department (OPD) 35.2% and General Practitioner (GP) 21.5% are the primary source of referrals. and there has been no significant change on the distribution compared to last month.
- Inpatient referrals(796) remain high but slightly less than June. This equates to 12% of all requests.
- 39% of exams were reported within 2 hours, 13% have taken 97 hours or longer which is a decrease on last month.
- Of the 6574 exams, just under 46.8% were turned around on the same day (1.2% decrease compared to last month) and, a further 34.2% in 1- 28 days (slightly higher than last month).

Planned / Mitigation Actions

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

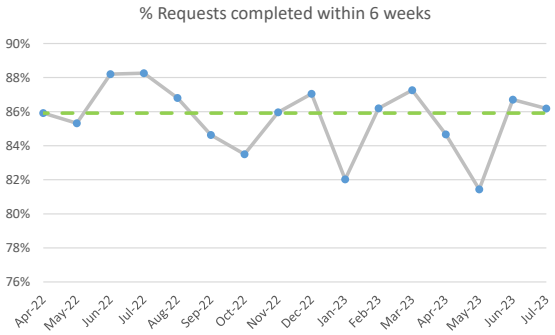
Assurance / Recovery Trajectory

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

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

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

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



Reporting Date	Performance	Op. Plan #
Jul-23	86.2%	

Threshold	YTD Mean	Benchmark
-	84.7%	85.9%

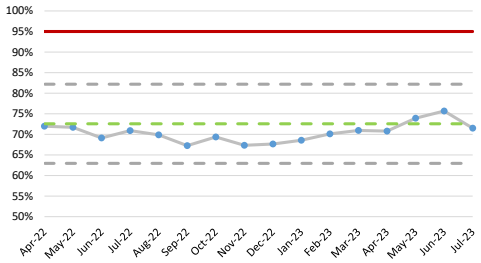
-	Variation Description
	Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Requests completed within 6 weeks: Approximately 86.7% of requests completed in July were undertaken within 6 weeks. This was slightly higher than the average of 84% for the year so far.		

Responsive	Emergency Department (1 of 2)	Executive Lead	Oliver Radford	Lead	Mark Cox

A&E - % 4 Hour performance



Reporting Date	Performance	Op. Plan #
Jul-23	71.5%	QC23
	Admitted 23.2%	
	Non-Admitted 80.6%	

Threshold	YTD Mean	Benchmark
95.0%	73.0%	74.0%

(Higher value represents better performance)

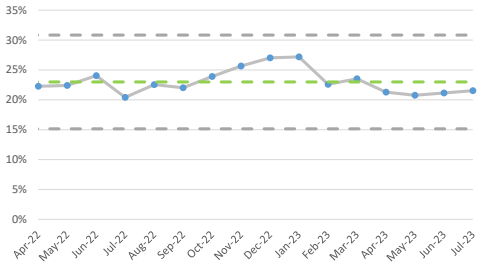
-	Variation Description

Common cause

-	Assurance Description

Consistently fail target

A&E - Admission Rate : Noble's Hospital



Reporting Date	Performance	Op. Plan #
Jul-23	21.5%	QC24

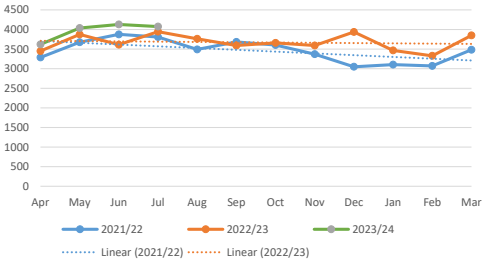
Threshold	YTD Mean	Benchmark
-	21.2%	28.4%

Variation Description

Common cause

Assurance Description

ED - Total Attendances : Manx Care



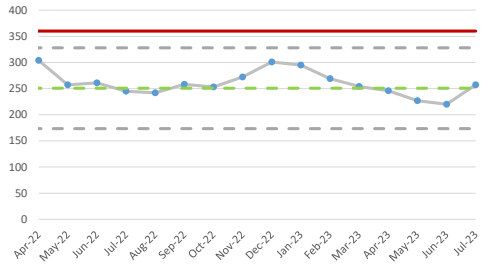
Reporting Date	Performance	Op. Plan #
Jul-23	4,072	

Threshold	YTD Mean	Benchmark
-	3,964	3,671

Variation Description

Assurance Description

ED - Average Total Time in ED : Noble's Hospital



Reporting Date	Performance	Op. Plan #
Jul-23	257	QC150

Threshold	YTD Mean	Benchmark
360 mins	238	268

(Lower value represents better performance)

-	Variation Description

Common cause

+	Assurance Description

Consistently hit target

Issues / Performance Summary

• July's performance of 71,5% remained below the 95% threshold and below the UK's performance of 74%.
  • Admitted Performance: 23.2%;
  • Non Admitted Performance: 80.6%;
• 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 July, the average admission rate from Noble's ED of 21.5% was lower than that of the UK (28.4%).

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

Planned / Mitigation Actions

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

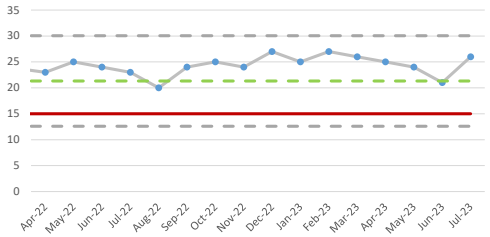
Assurance / Recovery Trajectory

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

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

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

Average number of minutes between Arrival and Triage (Noble's)



Reporting Date	Performance	Op. Plan #
Jul-23	26	QC26

Threshold	YTD Mean	Benchmark
15 mins	24	24

(Lower value represents better performance)

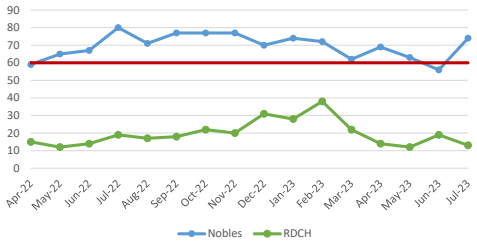
-	Variation Description

Special Cause of Concerning variation (High)

-	Assurance Description

Consistently fail target

ED-Average number of minutes between arrival to clinical assessment



Reporting Date	Performance		Op. Plan #
Jul-23	Nobles	74	
	RDCH	13	

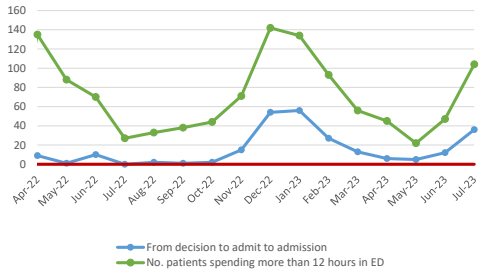
Threshold	YTD Mean	Benchmark
60 mins		-

(Lower value represents better performance)

Variation Description

Assurance Description

A&E - 12 Hours waits



Reporting Date	Performance		Op. Plan #
	%Trolley 12h Wait	0.9%	QC78
	% ED 12h Wait	2.6%	

Threshold	YTD Mean	Benchmark
0		-

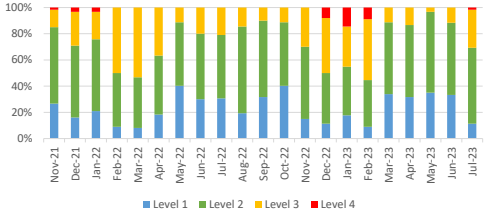
(Lower value represents better performance)

-	Variation Description

-	Assurance Description

Consistently fail target

Operational Pressures Escalation Level (OPEL)



Reporting Date	Performance	Op. Plan #

Threshold	YTD Mean	Benchmark

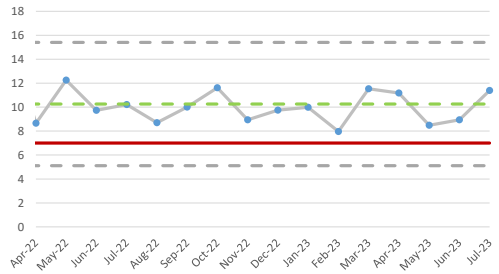
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 0.5 day in July. • The number of 12 Hour Trolley Waits was 36 (0.9% of attendances; UK 1.1%) • 104 patients had a stay of more than 12 hours in ED in July. That equated to 2.6% of attendances.		Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.

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

Ambulance - Category 1 Average (Mean) Response Time



Reporting Date	Performance	Op. Plan #
Jul-23	00:11:23	QC20

Threshold	YTD Mean	Benchmark
7 mins	00:10:00	00:08:21

(Lower value represents better performance)

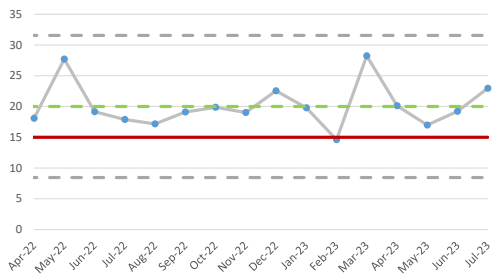
Variation Description

Common cause

Assurance Description

Consistently fail target

Ambulance - Category 1 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Jul-23	00:22:58	QC21

Threshold	YTD Mean	Benchmark
15 mins	00:19:49	00:14:59

(Lower value represents better performance)

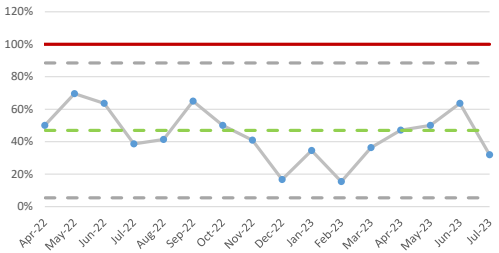
Variation Description

Common cause

Assurance Description

Inconsistently passing and falling short of target

Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call



Reporting Date	Performance	Op. Plan #
Jul-23	32.0%	

Threshold	YTD Mean	Benchmark
100.0%	48.2%	43.5%

(Higher value represents better performance)

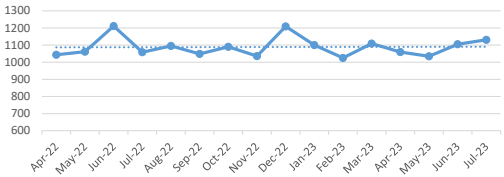
Variation Description

Common cause

Assurance Description

Consistently fail target

Ambulance - Service Demand : All call types



Reporting Date	Performance	Op. Plan #
Jul-23	1,131	

Threshold	YTD Mean	Benchmark
-	1,083	1,090

Variation Description

Assurance Description

Jul-23	East	North	South	West	Total
Category 1 Calls	22	9	4	6	41
No. reached within 15 mins	20	6	3	4	33
% response within 15 mins	90.9%	66.7%	75.0%	66.7%	80.5%

Issues / Performance Summary

- Demand for Ambulance services has slightly increased in July '23 = 1131, comparing to [July '22 = 1058];
The number of calls is approximately 6.9% higher than in the previous year.
- The service is facing staffing pressures both in terms of recruitment and long term sickness / modified duties. Steps are being taken to resolve with recent paramedic recruitment advert receiving a number of applicants. Interviews and assessments are scheduled for August 2023.
- CQC have advised that 'See and Treat' proportion (26.6%) is lower than the UK (approx. 4%).
- 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

- Clinical Navigator Soft Launch phase has commenced with volunteer existing ambulance staff involved. They have received IMAS training package and have commenced ad-hoc, mentored navigation shifts within ESJCR.
- A full time (LTA) and Bank Clinical Navigator has been appointed and is being trained. The service is moving to 7 days per week , day time only provision once all staff are in place.
- Initial root cause analysis of handover breaches has been undertaken.
- KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26.
- Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed in 2023/24 for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).
- Clinical Navigation / Hear and Treat continues to build with recruitment for full time posts now finished. A bank provision has also been created. New team member training is currently underway and we envisage Hear and Treat to be in robust operation 365 daytime only at the end of September 2023.

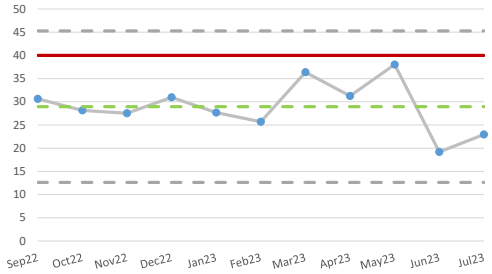
Assurance / Recovery Trajectory

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

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

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

Ambulance - Category 2 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Jul-23	00:27:15	QC136

Threshold	YTD Mean	Benchmark
40 mins	00:31:29	01:07:53

(Lower value represents better performance)

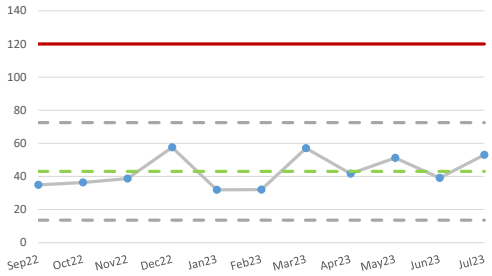
- Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 3 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Jul-23	00:53:02	QC138

Threshold	YTD Mean	Benchmark
120 mins	00:46:15	04:21:53

(Lower value represents better performance)

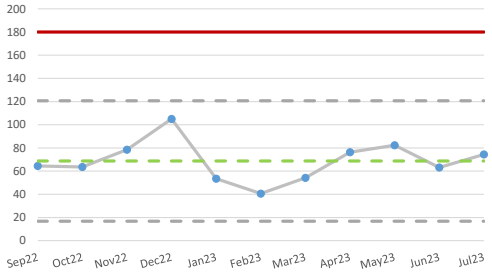
- Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 4 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Jul-23	01:14:28	QC140

Threshold	YTD Mean	Benchmark
180 mins	01:14:04	05:32:05

(Lower value represents better performance)

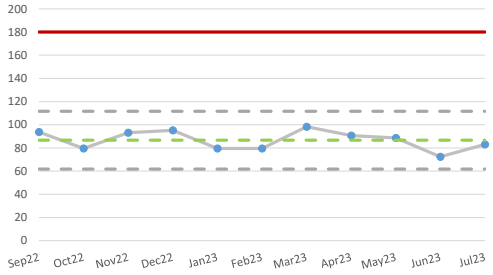
- Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 5 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Jul-23	01:22:58	QC142

Threshold	YTD Mean	Benchmark
180 mins	01:23:40	-

(Lower value represents better performance)

- Variation Description

Common cause

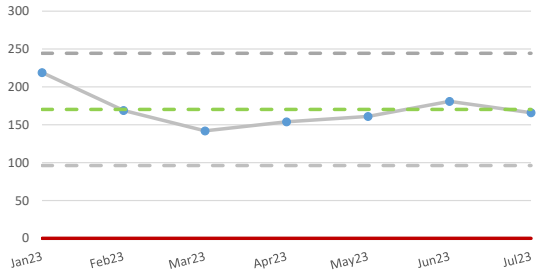
+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• We remain bench marking well against the categories (2,3,4 and 5) standards: - Category 2; Standard < 40 mins; 90th percentile = 00:27:15 - Category 3; Standard < 120 mins; 90th percentile = 00:53:02 - Category 4; Standard < 180 mins; 90th percentile = 01:14:28 - Category 5; Standard < 180 mins; 90th percentile = 01:22:58		Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for June' 23.

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

Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.



Reporting Date	Performance	Op. Plan #
Jul-23	166	QC85

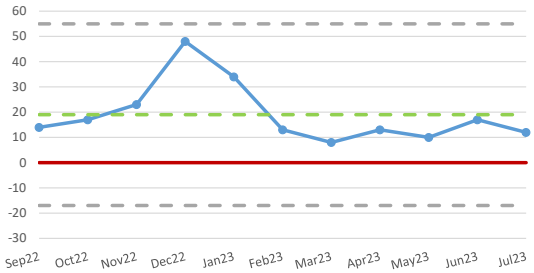
Threshold	YTD Mean	Benchmark
0	166	177

(Lower value represents better performance)

+	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.



Reporting Date	Performance	Op. Plan #
Jul-23	12	QC86

Threshold	YTD Mean	Benchmark
0	13	22

(Lower value represents better performance)

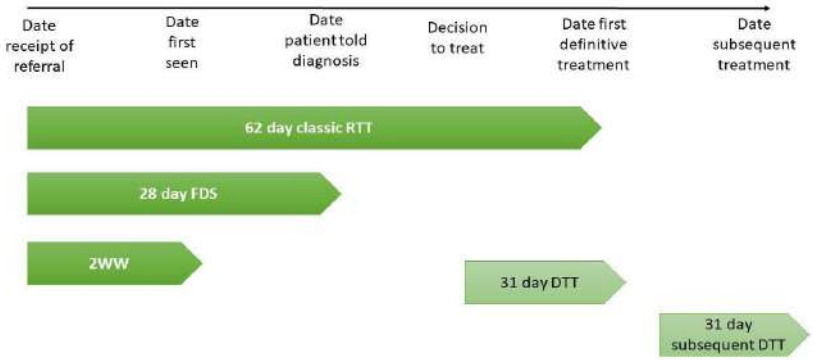
+	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• There were 12 instances where handover Turnaround Times were greater than 60 mins, and 166 where greater than 30 mins.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Cancer Waiting Times Reporting – Refocussing onto the Diagnostic Target

Over recent years, there had a strong focus on the 2 week wait (2WW) Cancer Waiting Times (CWT) target. This is the time from the receipt of referral of a suspected cancer to the first appointment (outpatient or diagnostic). Unfortunately the 2WW target on its own is often used as a barometer of CWT performance; however this does not reflect the performance of the whole cancer pathway.



The CWT reporting needs to reflect the whole of the cancer pathway in order to understand the overall performance and the patient experience.

Work is underway within Manx Care to align our CWT reporting to the UK NHS National Cancer Waiting Times Monitoring Dataset Guidance. Currently the UK NHS have published version 11.1^ in April 2023 and with the support of Manx Care's BI team, our reporting is in line with this guidance. We are also working with the Cheshire & Merseyside Cancer Alliance to understand future developments of the guidance and planning towards future expectations.

Faster Diagnosis Standard

The CWT guidance has more recently included the new 28 day Faster Diagnosis Standard (FDS). This aim of this target is to:

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

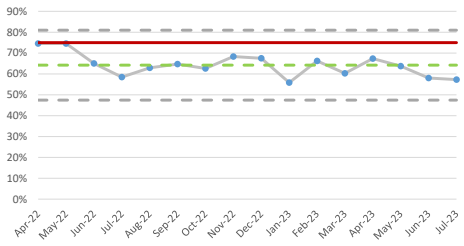
The 28 day FDS gives a fuller indication of the first part of the suspected cancer pathway rather than using the 2WW performance alone. It reflects not only the first appointment, but also that the diagnostic work has been completed and most importantly that the patient has been informed of a cancer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

Best Practice Timed Pathways

Cheshire & Merseyside Cancer Alliance are working on a future development expected as part of the National CWT Monitoring Guidance. This is the Best Practice Timed Pathways (BPTP) – and these are being introduced for specific tumour groups. Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways, reduce variation, improve people's experience of care, and meet the Faster Diagnosis Standard (FDS). It will also ensure consistency between Manx Care's pathways and that of the Cancer Alliance pathways.

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

CWT - 28 Days to diagnosis or ruling out of cancer



Reporting Date	Performance	Op. Plan #
Jul-23	57.3% (221 of 386)	QC31

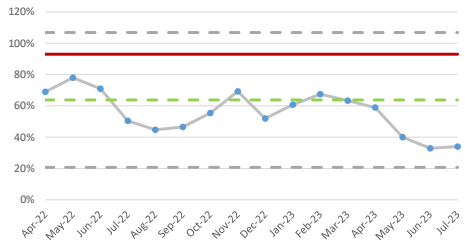
Threshold	YTD Mean	Benchmark
75.0%	61.6%	72.00%

(Higher value represents better performance)

- Variation Description: Common cause

- Assurance Description: Consistently fail target

CWT - Two Week Wait (2WW) performance



Reporting Date	Performance	Op. Plan #
Jul-23	34.0% (144 of 424)	QC29

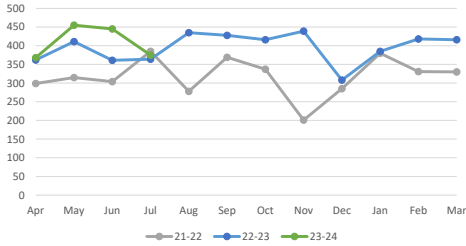
Threshold	YTD Mean	Benchmark
93.0%	41.5%	83.90%

(Higher value represents better performance)

+ Variation Description: Common cause

- Assurance Description: Consistently fail target

2WW referrals received for all suspected cancers



Reporting Date	Performance	Op. Plan #
Jul-23		

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

Tumour Group	2WW Referrals								
	Jul-23	Apr - July 2023	Apr - July 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24	Total 2022/23 (Apr 22-March 23)	Forecast Demand Growth
Breast	57	262	212	23.6%	65	53	782	635	23.1%
Colorectal	69	303	285	6.3%	78	76	927	913	1.5%
Dermatology	96	398	320	24.4%	99	40	1,190	995	19.6%
Gynaecology	40	170	150	13.3%	42	38	506	476	6.3%
Haematology	3	15	20	-25.0%	2	6	31	72	-56.9%
Head & Neck	34	153	125	22.4%	38	35	457	422	8.3%
Lung	11	42	46	-8.7%	11	10	130	120	8.3%
Other	1	9	14	-	1	2	17	29	-41.4%
Upper GI	27	109	119	-8.4%	30	34	349	406	-14.0%
Urology	34	129	125	3.2%	34	36	401	432	-7.2%
Sub-Total	**372**	**1,590**	**1,416**	**12.3%**	**199**	**35**	**4,790**	**4,500**	**6.4%**

**Tumour Group	Monthly number of	
	Jul-23	12 month Avg.
Breast symptomatic (non-suspected cancer)	1	11

*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

- Increased number of referrals for suspected cancer continue to impact on performance due to capacity
- All suspected cancers continue to be monitored against Cancer Waiting Times (CWT) targets by operational PTL and tumour specific PTLs
- Administration delays noted as impacting on patient pathway – currently being investigated
- Some delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS)
- Capacity for Endoscopy and Outpatient appointments due to lack of staff to cover clinics noted at PTL
- Impact of previous month's Bank Holidays and increased referrals have also impacted on outpatient capacity. Additional clinics have been accommodated where possible – these can be limited by availability of specialist staff or outpatient area
- Volatility of percentages due to small numbers, especially for some targets

Planned / Mitigation Actions

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

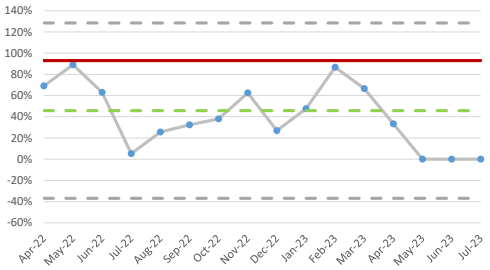
Assurance / Recovery Trajectory

- Reporting data now taken directly from the Somerset Cancer Registry and automated.
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.
- Review of Cancer Services underway

Note -
Benchmarks for '2WW Performance' and '28 days to diagnosis' are UK NHSE performance figures for Q4 22-23.
Benchmark for '2WW referrals received' is the Manx Care monthly average for 2022/23.

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

CWT - Two Week Wait (Breast Symptomatic) performance



Reporting Date	Performance	Op. Plan #
Jul-23	0.0% (0 of 1)	QC30

Threshold	YTD Mean	Benchmark
93.0%	8.3%	72.20%

(Higher value represents better performance)

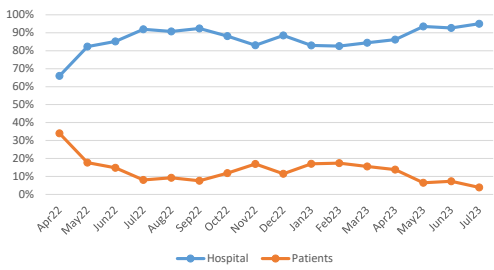
-	Variation Description

Common cause

-	Assurance Description

Consistently fail target

Cancer - 2WW Breaches



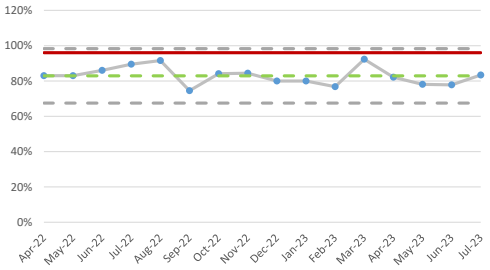
Reporting Date	Performance	Op. Plan #

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

CWT - 31 Day Diagnosis to Treatment



Reporting Date	Performance	Op. Plan #
Jul-23	83.3% (40 of 48)	QC35

Threshold	YTD Mean	Benchmark
96.0%	80.3%	90.80%

(Higher value represents better performance)

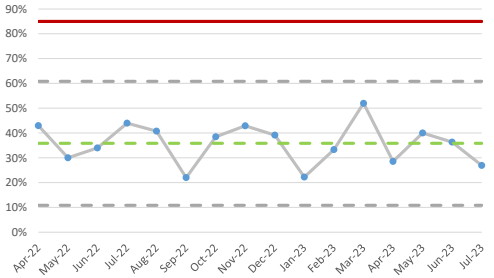
+	Variation Description

Common cause

-	Assurance Description

Consistently fail target

CWT - 62 Day Referral to Treatment



Reporting Date	Performance	Op. Plan #
Jul-23	26.9% (7 of 26)	QC34

Threshold	YTD Mean	Benchmark
85.0%	33.0%	59.10%

(Higher value represents better performance)

-	Variation Description

Common cause

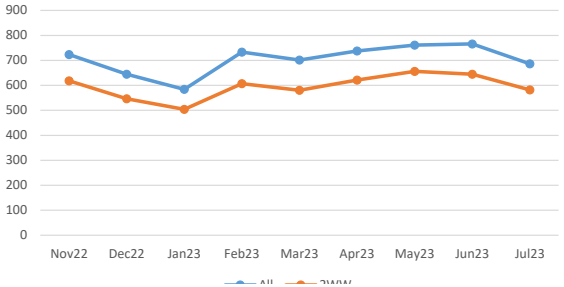
-	Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• The 93% 2WW standard allows 7% for patient choice – inJuly there has been a slightly lower percentage of patient choice breaches. For July'23: Reason for Breach - Hospital: 95% Reason for Breach - Patient Choice: 4%		Note - Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Q4 22-23

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

Number of patients on Cancer Pathway



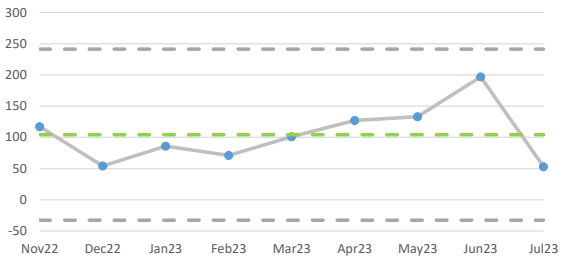
Reporting Date	Performance	Op. Plan #
Jul-23	686	

Threshold	YTD Mean	Benchmark
-	738	677

Variation Description

Assurance Description

Cancer - Total number of patients Waiting for 1st OP



Reporting Date	Performance	Op. Plan #
Jul-23	53	

Threshold	YTD Mean	Benchmark
	128	86

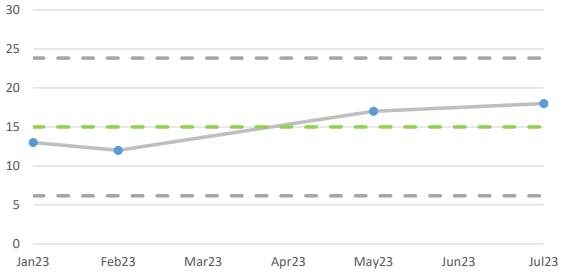
(Lower value represents better performance)

Variation Description

Common cause

Assurance Description

Cancer - Median Wait Time for the 2WW referrals (Days)



Reporting Date	Performance	Op. Plan #
Jul-23	18	

Threshold	YTD Mean	Benchmark

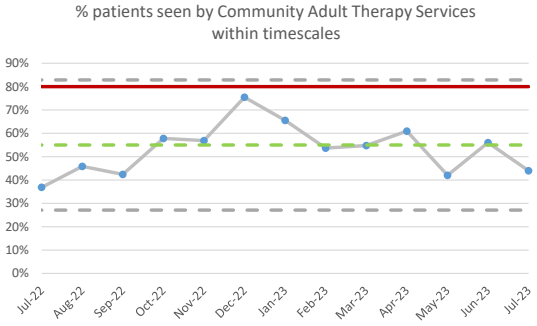
- **Variation Description**

Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see page 50 for supporting narrative.		

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



Reporting Date	Performance	Op. Plan #
Jul-23	44.0%	QC62

Threshold	YTD Mean	Benchmark
80.0%	50.7%	54.4%

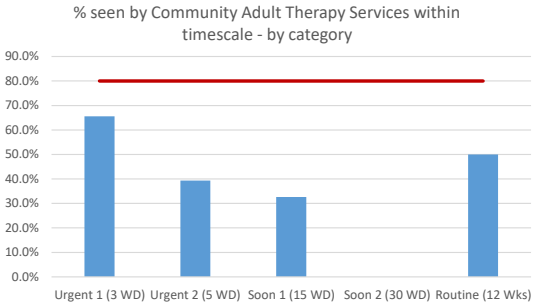
(Higher value represents better performance)

Variation Description

Common cause

Assurance Description

Consistently fail target



Reporting Date	Performance	Op. Plan #
Jul-23	-	

Threshold	YTD Mean	Benchmark
80%	-	-

(Higher value represents better performance)

Variation Description

-

Assurance Description

-

Issues / Performance Summary

Community Adult Therapy:

• 65.6% of Urgent 1 (3 working day) and ;39.3% of Urgent 2 (5 working day) patients were seen within the required timescales in July.

• The complexity of patients being seen remains high, with therapists needing to spend longer with each patient and consequently being able to see fewer patients each week.

• Reduction of inpatient beds in Hospice from (10 to 3) has impacted the team as they are now getting referrals for palliative and end of life patients, which of course may be intensely time-consuming.

Planned / Mitigation Actions

Community Adult Therapy:

• Recording and reporting of Urgent referrals split into 2 categories from July '22; 'Urgent 1 - Seen within 3 working days' and 'Urgent 2 - Seen within 5 working days'.

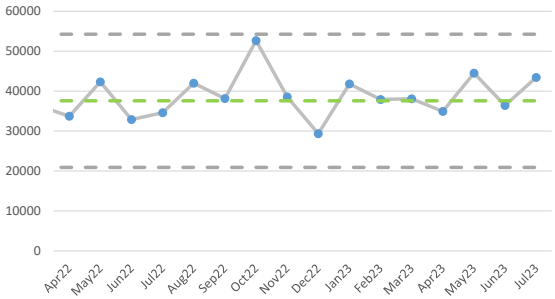
• Following successful focus on response times for the Urgent categories, scope has been widened to the other urgencies.

Assurance / Recovery Trajectory

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

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

Number of GP Appointments



Reporting Date	Performance	Op. Plan #
Jul-23	**43448**	-

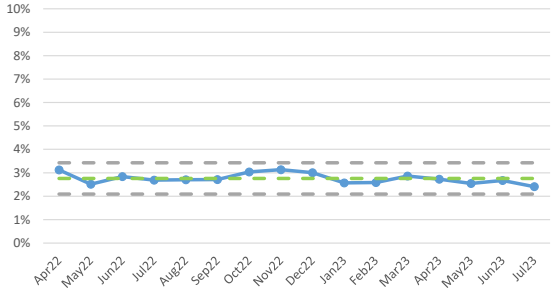
Threshold	YTD Mean	Benchmark
-	39845	38523

-	Variation Description

Common cause

Assurance Description

DNA Rate - GP Appointments



Reporting Date	Performance	Op. Plan #
Jul-23	**2.4%**	QC151

Threshold	YTD Mean	Benchmark
-	2.6%	2.8%

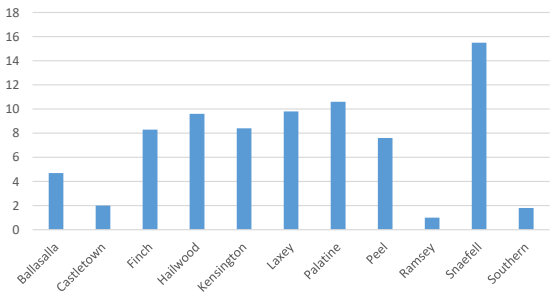
(Lower value represents better performance)

+	Variation Description

Common cause

Assurance Description

Average of Days to next GP appointment - July'23



Reporting Date	Performance	Op. Plan #
Jul-23	-	-

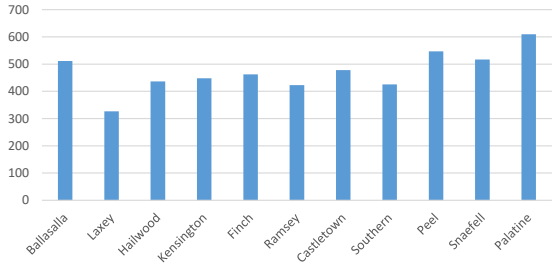
Threshold	YTD Mean	Benchmark
-	7.2	-

(Lower value represents better performance)

Variation Description

Assurance Description

GP - Number of appointments per 1000 registered patients



Reporting Date	Performance	Op. Plan #
Jul-23	-	

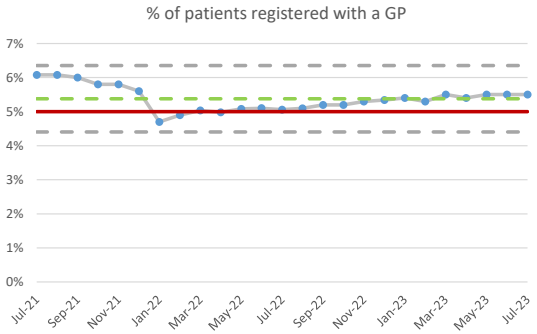
Threshold	YTD Mean	Benchmark
-	-	

Variation Description

Assurance Description

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

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



Reporting Date	Performance	Op. Plan #
Jul-23	5.5%	QC99

Threshold	YTD Mean	Benchmark
5.0%	5.5%	5.2%

(Lower value represents better performance)

Variation Description

Common cause

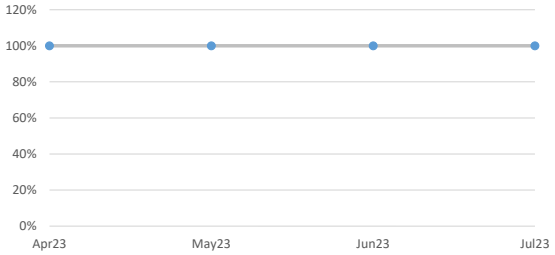
Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% of patients registered with a GP: • Remains above the 5% tolerance.	**% of patients registered with a GP:** • List cleansing is fully operational, with monthly / quarterly and annual checking. 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 has also discussed with practices in making contact with any patients on their list who haven't been into the practice in the last 3-5 years to establish if they are still on the Island, in order to reduce the lists further.	**% 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. Whilst we can continue to list cleanse and work with the practices to remove 'Ghost patients' to bring it back under 5% we are working to a 2021 Census figure and have also received a number of Ukrainian guests who have registered since the Census. • We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Responsive	Integrated Primary & Community Care (4 of 5)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon

Response by Community Nursing to Urgent / Non routine within 24h



Reporting Date	Performance	Op. Plan #
Jul-23	**100%**	QC61

Threshold	YTD Mean	Benchmark
-	100.0%	-

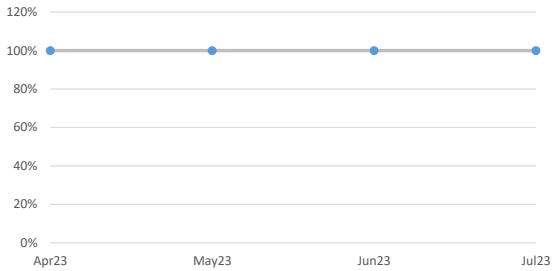
(Higher value represents better performance)

+ Variation Description

Common cause

Assurance Description

Community Nursing Service response target met (7 days) - Routine



Reporting Date	Performance	Op. Plan #
Jul-23	**100.0%**	QC62

Threshold	YTD Mean	Benchmark
-	100%	-

(Higher value represents better performance)

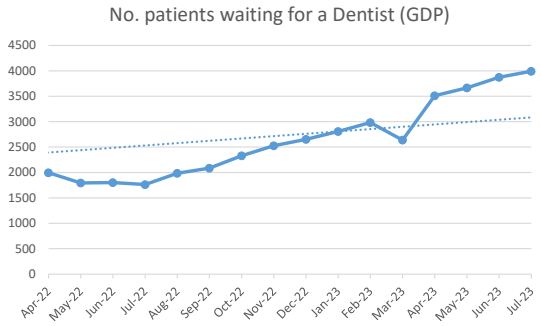
+ Variation Description

Common cause

Assurance Description

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

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



Reporting Date	Performance	Op. Plan #
Jul-23	3993	

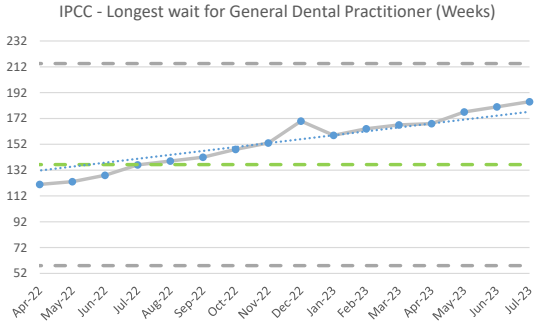
Threshold	YTD Mean	Benchmark
-	3760	1004

(Lower value represents better performance)

Variation Description

-

Assurance Description



Reporting Date	Performance	Op. Plan #
	181	

Threshold	YTD Mean	Benchmark
		168

Variation Description

Special Cause of Concerning variation (High)

Assurance Description

Issues / Performance Summary

Dental:

• In July 2023 156 patients were added to the dental allocation list. At the end of July 2023 the total number of patients awaiting allocation to a NHS dentist was 3,993.

Planned / Mitigation Actions

Dental:

• To explore options by end of September 2023 with dental contracting regarding unifying the UDA value across the new dental contracts and increasing capacity by introducing a new KPI to cleanse patient lists on a quarterly basis for providers to take new patients from the list regularly.

• To look at options of increasing the capacity if the UDA value increases on the new dental contract and encourage recall periods to be expanded to allow for more patients to be seen and patients to be taken from the waiting list.

• Work underway to cleanse the dental waiting list. Letters have been sent to all patients who do not have an email address and work is ongoing to email all other patients on the dental allocation list who have been on the waiting list for more than 6 months (all patients added on or before 31st January 2023) requesting a response to notify Manx Care if they still wish to remain on the list. Information in relation to responses will be collated and recorded accordingly and an update will be provided once complete.

Assurance / Recovery Trajectory

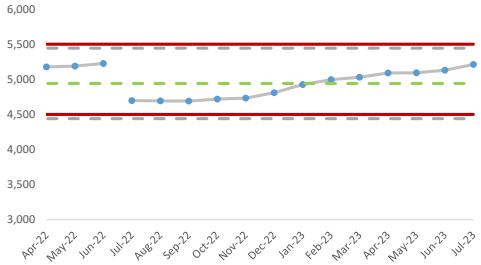
Dental:

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

Note -
Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2022/23.
Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.

Responsive	Mental Health (1 of 2)	Executive Lead	David Hamilton	Lead	Ross Bailey	

MH - No. service users on Current Caseload



Reporting Date	Performance	Op. Plan #
Jul-23	5211	QC73

Threshold	YTD Mean	Benchmark
4500 - 5500	5131	4907

(Value within range represents better performance)

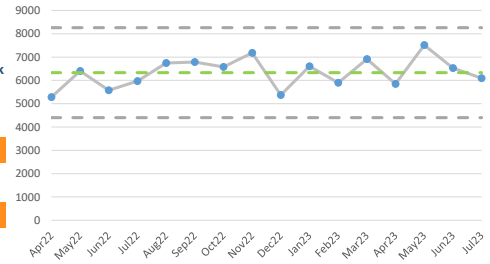
-	Variation Description

Common cause

+	Assurance Description

Consistently hit target

MH- Appointments



Reporting Date	Performance	Op. Plan #
Jul-23	6093	

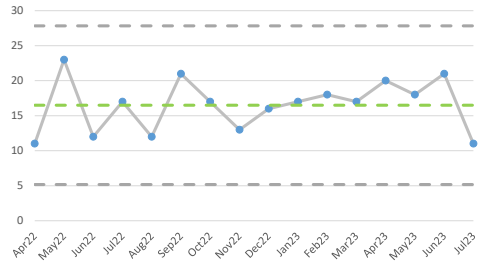
Threshold	YTD Mean	Benchmark
-	6496	6276

+	Variation Description

Common cause

Assurance Description

MH- Admissions



Reporting Date	Performance	Op. Plan #
Jul-23	11	

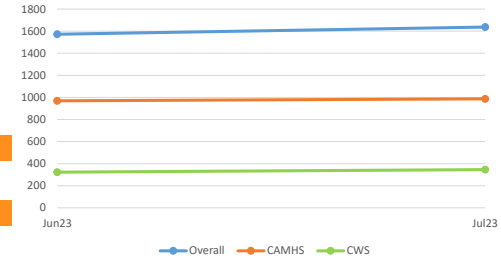
Threshold	YTD Mean	Benchmark
-	18	16

+	Variation Description

Common cause

Assurance Description

Mental Health Waiting Lists



Reporting Date	Performance	Op. Plan #
Jul-23	**1637**	

Threshold	YTD Mean	Benchmark
-	1605	

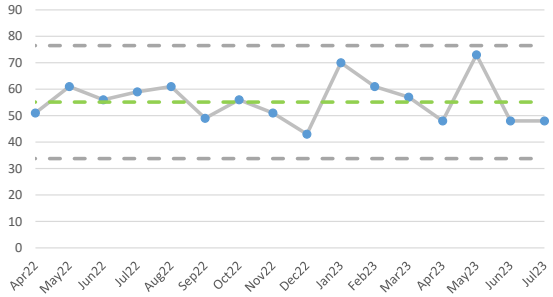
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Current Caseload: Caseload remains within the expected range and continues to steadily increase. It is significantly higher locally than you would expect within the English NHS. Particularly within CAMHS, whose caseload is some 4 times higher than you would expect per 100 thousand population equivalend in England. This range is benchmarked upon historic demand.	**Current Caseload:** Business case for additional staff in CAMHS is progressing to treasury.	**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 Appointments: The DNA rate for the service remains below 10% at 9.06%	**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 Appointments**
MH Admissions to Manannan Court: Admissions in July have halved, a contributing factor to this could be the successful recruitment to a number of vacancies within the community teams. 11 Patients were also successfully discharged during July.	**MH Admissions to Manannan Court:** Continue to monitor the impact of succesful recuitment in community services on inpatient admissions.	**MH Admissions to Manannan Court:**
MH Waiting Lists: Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate) There are 356 Adults waiting, the average days waiting is at 260.52	**MH Waiting Lists:** The intention is to report on referral to treatment times, we areworking with the performance team to establish a clear methodology and the scope for RTT reporting.	**MH Waiting Lists**
Reduction in waiting list volume's for CAMHS mental health services There are 976 children waiting, the average days waiting is 334.5, however those where there is a significant risk of harm are triaged & assessed within 24 hours.	**Reduction in waiting list volume's for CAMHS mental health services** The business case to treasury suggests options to reduce waiting lists, with the assistance of partnership arrangements with third sector providers and shared care agreements with GP's.	**Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate)** Completion of in house development programme for 9 staff, should ensure that the service are able to recruit to number of difficult to recruit to posts in October. There is then expected to be a postiive impact on waiting lists as a direct result of this programme.

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

Maternity Bookings



Reporting Date	Performance	Op. Plan #
Jul-23	**48**	

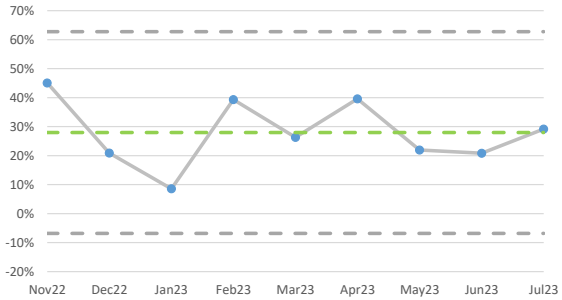
Threshold	YTD Mean	Benchmark
-	564	56

Variation Description

Common cause

Assurance Description

Gestation At Booking <10 Weeks



Reporting Date	Performance	Op. Plan #
Jul-23	**29%**	

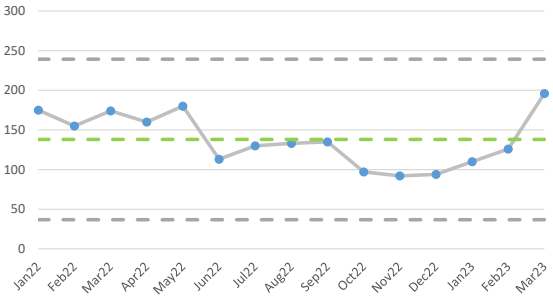
Threshold	YTD Mean	Benchmark
-	28%	28.0%

Variation Description

Common cause

Assurance Description

Ward Attenders



Reporting Date	Performance	Op. Plan #
Mar-23	**196**	

Threshold	YTD Mean	Benchmark
-	-	131

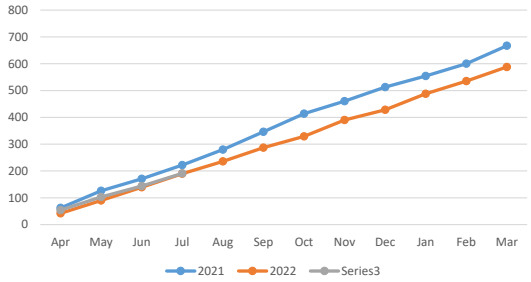
Variation Description

Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Gestation<10 weeks at booking: 29.1% compared with 49.1% last July. The work to implement a self-referral process for women is ongoing and once implemented the compliance with this KPI should improve.		

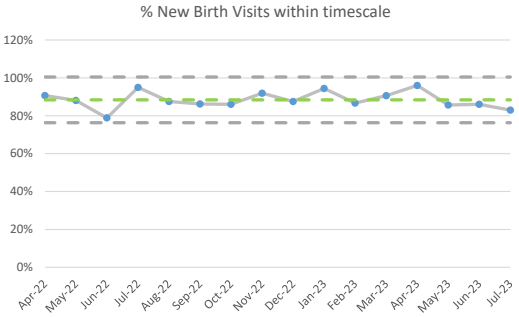
Responsive	Women & Children (2 of 2)	Executive Lead	Oliver Radford	Lead	Linda Thompson	



Reporting Date	Performance	Op. plan #
Jul-23	**191**	
Threshold	**YTD Mean**	**Benchmark**
-	123	-

(Higher value represents better performance)

+	Variation Description
	Common cause
	Assurance Description



Reporting Date	Performance	Op. Plan #
Jul-23	**83%**	QC133
Threshold	**YTD Mean**	**Benchmark**
-	88%	89%

-
Common cause
Assurance Description

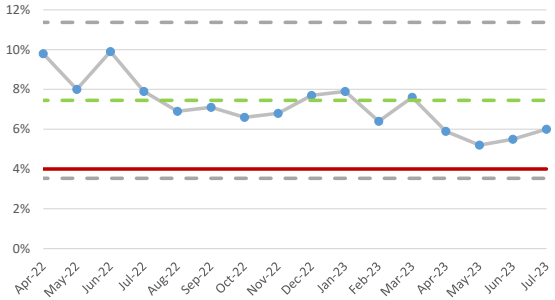
Issues / Performance Summary	Planned / Mitigation Actions	
Total births- July 47 births (46 live births) compared to 51 live births in July 2022. A total of 406 women have booked for care during 2023 compared with 394 women at the same point in 2022. In July 2023 we received **49 Antenatal referrals** into the department. We conducted 47 New Birth visits, 39 of which were within timeframe of up to 14 days and 8 were out of timeframe of 15 days and over. **Percentage** Within timeframe – 83% Out of Timeframe – 17% Compliance: 96% **Exception Data** Parents forgot we were due to visit, conducted at day 15. Parent Requested we reschedule visit, visit conducted at day 16. Parent Requested we reschedule visit, visit conducted at day 15. Parent Requested we reschedule visit, visit conducted at day 16. Parent Requested we reschedule visit, visit conducted at day 20. **Breach Data** One visit was booked for day 15 due to staffing and bank holiday's. One visit was conducted at day 15 as the Health Visitor had incorrectly calculated the date. One visit was conducted at day 20, no reason given. We have a number of vacancies within the service which is contributing to the small breaches.		Verbal offer made to 2 Health Visitors following a successful recruitment drive. We also have newly qualified Health Visitors who will commence September time. With the establishment increasing as of September we expect all new birth visits to be conducted within timeframe where within our control.

Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Jul-23		6.0%	5.7%	-	4.0%		F
WP002		Workforce - Number of staff on long term sickness	Jul-23	-	91	77	-	-		
WP004		Workforce - Number of staff leavers	Jul-23	-	22	23	90	-		
WP005		Workforce - Number of staff on disciplinary measures	Jul-23	-	9	7	29	-		
WP006		Workforce - Number of suspended staff	Jul-23	-	1	1	4	-		
WP013		Staff 12 months turnover rate	Jul-23		10.0%	10.6%	42.3%	10%		?
WP014		Training Attendance rate	Jul-23		61.0%	62.0%	248.0%	90%		F
WP007		Governance - Number of Data Breaches	Jul-23		11	11	45	0		F
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Jul-23	-	56	53	212	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Jul-23	-	4	2	8	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Jul-23	-	12	11	43	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Jul-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Jul-23		27	44	174	0		F
WP015		Number of DSAR, AHR and FOI's overdue at month end	Jul-23		41	43	173	-		

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

% Hours lost to staff sickness absence



Reporting Date	Performance	Op. plan #
Jul-23	6.0%	P1

Threshold	YTD Mean	Benchmark
4.0%	5.7%	7.7%

(Lower value represents better performance)

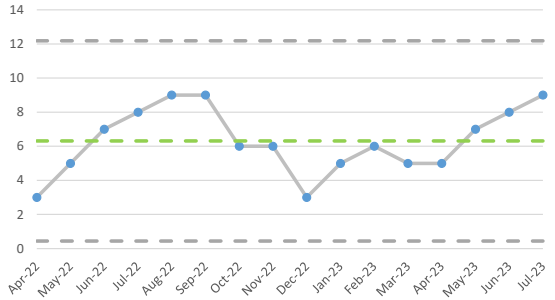
-	Variation Description

Common cause

-	Assurance Description

Consistently fail target

Number of staff on disciplinary measures : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	9	P5

Threshold	YTD Mean	Benchmark
-	7	-

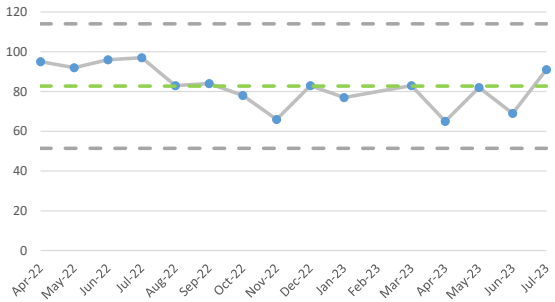
(Lower value represents better performance)

-	Variation Description

Common cause

Assurance Description

Number of staff on long term sickness : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	91	P4

Threshold	YTD Mean	Benchmark
-	77	-

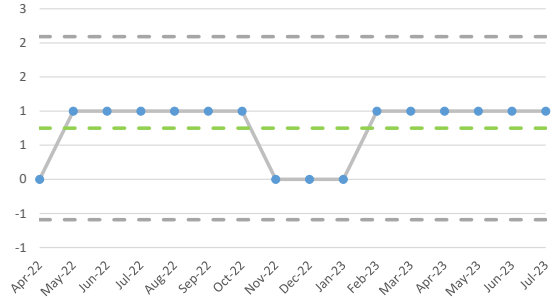
(Lower value represents better performance)

-	Variation Description

Common cause

Assurance Description

Number of suspended staff : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	1	P6

Threshold	YTD Mean	Benchmark
-	1	-

(Lower value represents better performance)

-	Variation Description

Common cause

Assurance Description

Issues / Performance Summary

• Worktime lost in July '23 by sickness category:

Stress, Anxiety & Depression	- 1.7%
Cough, Cold & Flu	- 0.4%
Musculoskeletal	- 1.2%
Covid-19	- 0.3%
Other sickness	- 2.4%

• Worktime lost in July'23 by Area:

Integrated Social Care Services	- 6.7%
Medicine, Urgent Care & Ambulance Services	- 5.6%
Integrated Mental Health Services	-
Infrastructure	- 8%
Integrated Primary & Community Care Services	- 5.7%
Integrated Cancer & Diagnostic Services	- 4.1%
Women, Children & Families	- 4.7%
Surgery, Theatres, Critical Care & Anaesthetics	- 6.3%

Planned / Mitigation Actions

• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.

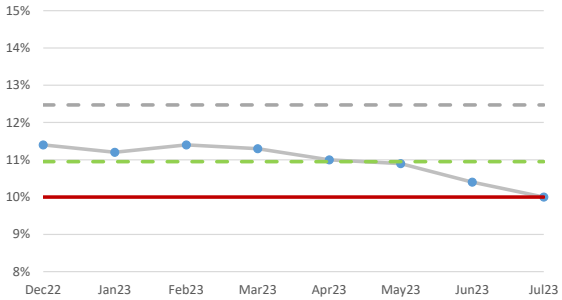
• The decision to suspend staff which may occasionally be necessary is normally taken in consultation with HR to ensure the measures are appropriate and proportionate.

Assurance / Recovery Trajectory

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

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

Staff 12 months turnover rate



Reporting Date	Performance	Op. plan #
Jul-23	10.0%	P2

Threshold	YTD Mean	Benchmark
10.0%	10.6%	11.3%

(Lower value represents better performance)

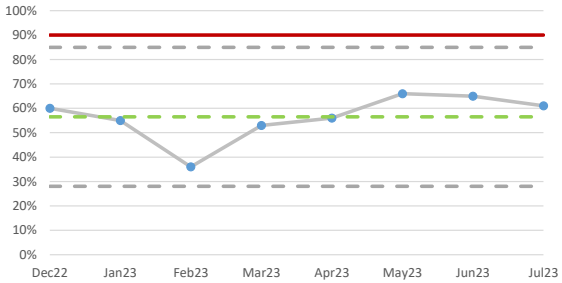
+	Variation Description

Common cause

-	Assurance Description

Inconsistently passing and falling short of target

Training Attendance Rate



Reporting Date	Performance	Op. plan #
Jul-23	61%	P7

Threshold	YTD Mean	Benchmark
90%	62%	51%

(Higher value represents better performance)

-	Variation Description

Common cause

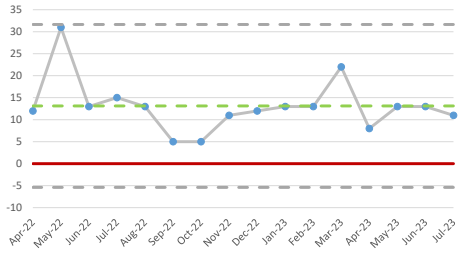
-	Assurance Description

Consistently fail target

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

Well Led	Governance	Executive Lead	Simon Collins	Lead	Jennifer Maynard	

Governance - Number of Data Breaches : Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	11	L1

Threshold	YTD Mean	Benchmark
0	11	-

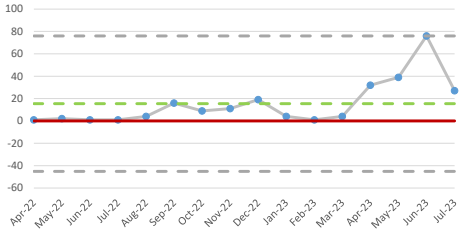
\+ Variation Description

Common cause

\- Assurance Description

Consistently fail target

Governance - DSAR, AHR and FOI's not completed within their target: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	27	L6

Threshold	YTD Mean	Benchmark
0	44	-

(Lower value represents better performance)

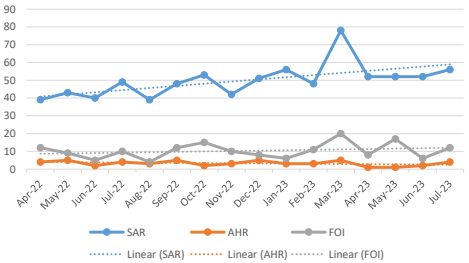
\+ Variation Description

Common cause

\- Assurance Description

Consistently fail target

Governance - Information requests by type : Manx Care



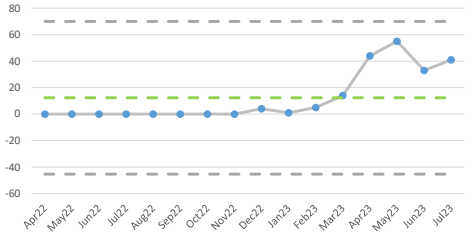
Reporting Date	Performance	Op. plan #
Jul-23	-	L2-3-4

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Governance - DSAR, AHR and FOI's overdue at month end: Manx Care



Reporting Date	Performance	Op. plan #
Jul-23	41	-

Threshold	YTD Mean	Benchmark
-	43	12

(Lower value represents better performance)

\- Variation Description

Common cause

Assurance Description

Issues / Performance Summary

• **Total Breaches** : 11 in July

Data Subjects informed: 4

Data Subjects Not Informed: 7. [Breaches identified as low or no risk to the data subject i.e. email had been deleted without reading; draft clinical letter breach deemed no risk to the data subject as the clinical letters had been sent out and there was no impact on their clinical care]

• **Types of breach**
Email: 7
Written Communication: 2
Confidentiality: 2

Planned / Mitigation Actions

• Manx Care continues to report all incidents reported to the Manx Care DPO as breaches to the ICO

• Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared with the incorrect GP

• Any incident reported to the Manx Care DPO as a breach is fully investigated and the Information Governance team work closely with the relevant service area and the Risk and Quality Assurance Manager to ensure any improvements and remedial actions are incorporated into Standard Operating Procedures and adherence to procedures is monitored.

Assurance / Recovery Trajectory

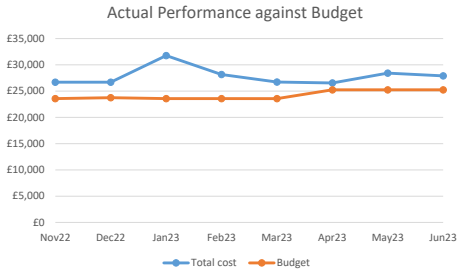
• Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Staff reporting breaches to the Manx Care DPO is a positive reflection of the awareness amongst staff of the responsibility for good information governance. Willingness by staff to report ensures that Manx Care is continuously reviewing and strengthening the way the organisation manages and secures data subjects' information.

• The increasing number of DSAR and FOI requests being received by Manx Care is presenting the Information Governance team with a significant challenge in responding to these requests within the legal timeframes. Longer term this pressure is likely to remain high and the IG team are actively exploring ways to increase efficiency and resourcing. All actions will progress the department in its aim of improving efficiencies, processes and clearer reporting. IG are currently looking at all processes and identifying improvements, some can be made now and are actively being addressed, others are longer term. Steps which will be taken will include: improving the digital solutions used to manage and monitor requests; improving data gathering to identify the areas across Manx Care where resource issues are impacting on response times and improving the visibility of the work required to respond to requests, the reporting of a simple total of requests does not allow demonstration of the increasing scope and complexity of requests.

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)	Jun-23		22%	-	22%	100% (equiv. 1%)		
WF002		Total income (£)	Jun-23	-	-£1,363,059	-£1,238,717	-£3,858,315	-		
WF003		Total staff costs (£)	Jun-23	-	£17,822,473	£16,177,273	£52,489,546	-		
WF004		Total other costs (£)	Jun-23	-	£12,377,179	£11,886,589	£38,676,535	-		
WF005		Agency staff costs (proportion %)	Jun-23	-	6%	9.1%	-	-		
WF009		Actual performance against Budget	Jun-23		-2,663	-£4,401	-£7,151	-		

Well Led	Finance (1 of 2)	Executive Lead	Jackie Lawless	Lead	Samantha Allibone	



Reporting Date	Performance	Op. plan #
Jun-23		

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

Reporting Date	Performance	Op. plan #
Jun-23	17,822,473	F4

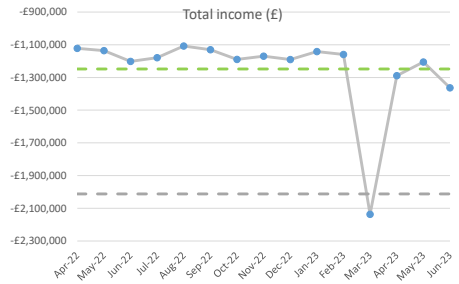
Threshold	YTD Mean	Benchmark
-	16,177,273	-

(Lower value represents better performance)

- **Variation Description**

Common cause

Assurance Description



Reporting Date	Performance	Op. plan #
Jun-23	-1,363,059	F3

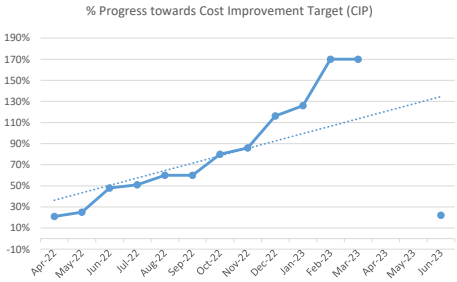
Threshold	YTD Mean	Benchmark
-	-1,238,717	-

(Higher value represents better performance)

- **Variation Description**

Common cause

Assurance Description



Reporting Date	Performance	Op. plan #
Jun-23	22.2%	F1

Threshold	YTD Mean	Benchmark
100% (equiv. 1%)	-	-

(Higher value represents better performance)

- **Variation Description**

Assurance Description

Issues / Performance Summary

% Progress towards Cost Improvement Target (CIP):

• The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m).

• Spend is expected to increase by £24.4m compared to the prior year, whilst funding has increased by £20m.

Total income (£):

• The operational result for June is an overspend of (£1,639k) which is a reduction of £531k from the prior month. As actuals in May were higher than normal due to a catch up of costs from the prior month, the reduction in spend this month brings the YTD position more in line with expectations.

Total staff costs (£):

• YTD year employee costs are (£0.9m) over budget.

• Agency spend is contributing to this overspend and reducing this is a factor in improving the fianancial postion by the year end. The total spend YTD of £3.4m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£0.9m), Women & Children (£0.5m) and Social Care (£0.4m), where spend is primarily incurred to cover existing vacancies in those areas.

• The prior year overspend (including DHSC Reserve Claims and Pay Award Claims) was £22.8m. Additional funding of £20m has been awarded for 23/24. If costs remained static, that would mean an overspend position of £2.8m this year, however, based on current projections, costs are expected to increase by £24.4m (7%).

• Increases in Operations Services (46%) and Nursing (29%) are due mainly to service developments and additional funding for nursing staff.

Planned / Mitigation Actions

% Progress towards Cost Improvement Target (CIP):

• As part of the calculations for the current forecast it is assumed that the CIP set out in the mandate is fully achieved this year (£4.5m) but no further savings are included. To date, £1m in cash out savings have been delivered, along with £354k in efficiencies. As CIP plans develop and crystallise, the forecast will be adjusted to reflect actual spend reductions achieved. If these savings cannot be achieved in year or do not impact the current run rate then the forecast overspend for Manx Care could be up to £27.2m.

Total income (£):

• The full year forecast is an overspend of (£27.2m) which is the same as reported last month. £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m).

Total staff costs (proportion %):

• Costs in some Care Groups are rising more slowly which reflect the impact of recruitment and other cost saving initiatives. Most notable are Medicine (4%) , Surgery (4%) and Tertiary Care (2%).

Assurance / Recovery Trajectory

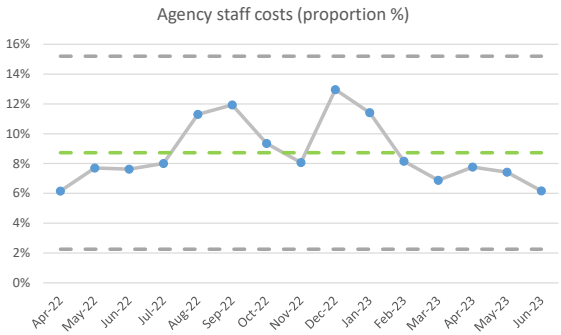
% Progress towards Cost Improvement Target (CIP):

• Due to the expected outturn additional mitigations are being explored as part of a financial planning exercise which will see the Care Groups prepare plans on ways to address the financial gap. All Care Groups have been given an efficiency target within their budgets and initial reports have been collated which will include any financial implications as well as the impact on erformance & quality. These are being reviewed and If applicable will form part of an expanded CIP or will be additional mitigations that can be implemented in year.

Total income (£):

• Of this overspend £7.2m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.

Well Led	Finance (2 of 2)	Executive Lead	Jackie Lawless	Lead	Samantha Allibone	



Reporting Date	Performance	Op. plan #
Jun-23	6.2%	

Threshold	YTD Mean	Benchmark
	7.1%	9.1%

(Lower value represents better performance)

+	Variation Description
	Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see 'Total staff costs (£):' section on the previous page.		