

Integrated Performance Report

Aug-23

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Introduction - 1

Integrated Performance Report (IPR) development

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

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

• Key Performance Indicators (KPIs)

PIMS continue to work with the Care Group leads within Manx Care, and the DHSC to review the KPIs and operational metrics and standards that are currently being used to monitor and manage the organisation's performance. This is to ensure that they are aligned with the requirements of Manx Care's Operating Plan, the DHSC's Mandate to Manx Care and Single Oversight Framework (SOF) and the government's 'Our Island Plan'. Nominated leads within the Care Groups have been identified to be responsible for the delivery of each KPI. Where existing reporting does not cover all of the requirements, PIMS are working with the Business Intelligence (BI) team and service area leads to develop the required measurement and reporting mechanisms and processes.




• Additional Service Areas

The report now contains performance reporting for a number of additional service areas, including Pathology and the Manx Emergency Doctor Service (MEDS).

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 performance monitoring processes and requirements under the Performance & Accountability Framework. This currently involves an interim reporting process requiring some manual input until the BI team have automated all of the required datasets.

Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work or other issue means that the data is temporarily unavailable:

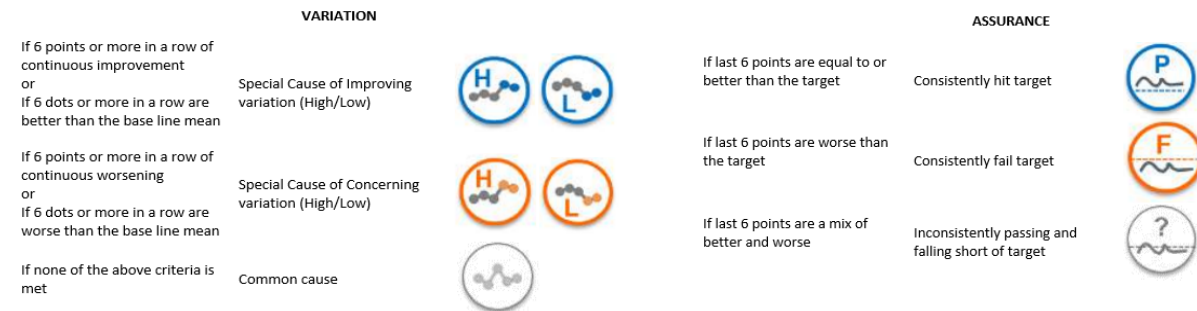
-  Data automated and validated.
-  Data collated manually or automated data still being validated by service area.
-  Data currently unavailable or validation in initial stages only

In this context 'Validation' means that the input, methodology/calculation and outputs for a given metric have been checked by both the Business Intelligence Team and Care Group leads and confirmed to be in accordance with the corresponding technical specification for that KPI. This is to ensure that the performance for that item is being measured and reported accurately. However, it is possible that unforeseen data quality issues may exist within the validated data. Manx Care has therefore implemented a Data Quality Working Group that will pro-actively look to identify and address any matters of quality or integrity within the data used for operational and reporting purposes.

Statistical Process Control (SPC) Charts

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

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



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

Benchmarking

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

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

Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed.

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

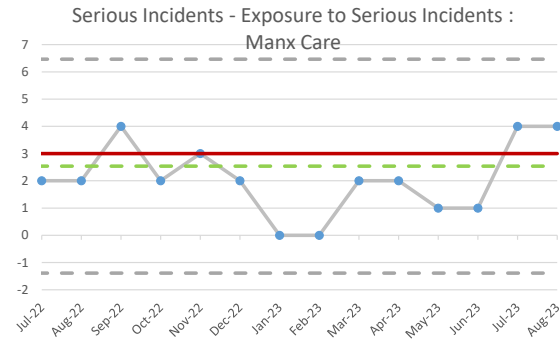
Executive Summary

	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> • 25 consecutive months without a Never Event. • Zero Medication Errors with harm across Manx Care in August. • 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 exceeded the threshold with 98%. VTE risk assessment within 12 hours slightly increased to 88.9% but remains below the standard. • There were no cases of MRSA in August. • 100% of letters were sent in accordance with Duty of Candour Regulations. • Two CDI cases which are both community associated. This is an improvement on the preceding four months. Risk factors amongst these cases have included antibiotic prescribing, age and the taking of proton pump inhibitors. • There have been 4 cases of E.Coli in August (below the threshold). 	<ul style="list-style-type: none"> • A total of 4 incidents were declared as SIRG as meeting the Serious Incident criteria in August. • 48-72 hr senior medical review of antibiotic prescription remains below threshold at 74%. • There were 29 Pressure Ulcers at Grade 2 or above in total reported across Manx Care, some of which may have been pre-existing rather than being acquired in care. The CQS Team are working with IC&PCS and Tissue Viability Nurses (TVN) to standardise recording of pressure ulcers to ensure correct alignment in Datix reporting and to ensure the narrative is accurate and informative.
Effective	<ul style="list-style-type: none"> • 98% of Learning from Death reviews were completed within timescale which exceeds the target for the seventh month in a row. • The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. • Nutrition & Hydration: 97.1% across all inpatient areas was completed within 7 days, and remains above the 95% standard for the fifth month in a row this reporting year. • 91% of Looked After Children reviews were completed within timescales. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments in August achieved the required threshold of 100% for the third month in a row. 	<ul style="list-style-type: none"> • Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. • The completion of Wellbeing Partnership assessments in August remained below the required threshold.
Caring	<ul style="list-style-type: none"> • Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (91%). • Service user satisfaction remained high for the seventh consecutive month: 90% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • 22 complaints logged, slightly decreased and remains below target. • Overall Manx Care compliance of complaints acknowledged within 5 days in August is 100%. 	
Responsive	<ul style="list-style-type: none"> • Inpatient and Daycase waiting list numbers and waiting times remain at the baseline 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. 	<ul style="list-style-type: none"> • Outpatients waiting list has slightly increased in August and remains above the baseline. • 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 has improved in recent months, but remains below the required target at 72.1%. • 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 48 12-Hour Trolley Waits, comparing to 36 in the previous month. • Demand for the Ambulance service remained similar to previous month in August, and Category 1 Ambulance response times (mean, at 90th percentile) remain above threshold. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. • There were 28 breaches of the 60 minute ambulance turnaround time in August (12 in July). • Cancer 28 Day performance increased significantly in August to 68%, but remained outside of the expected 75% threshold. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in August for 3 days.
Well Led (People)	<ul style="list-style-type: none"> • Manx Care continue to see positive engagement from staff across all areas in relation to GDPR responsibilities. The willingness of Manx Care staff to engage demonstrates their commitment to handling data safely and correctly. • The work Manx Care has been progressing to review and update its Joint Processing Agreements, Data Sharing Agreements and Data Processing Agreements has progressed well with standard templates and documented decision process for use across the organisation. This is progressing to final stages of review. As current agreements reach their renewal / review dates wherever possible the new template formats will be used. • The trend of reduced rates of sickness absence, compared to previous years, evidenced in the first quarter 23/24 has continued into months 5 and 6. However August has seen a rise to 6.6% over July's 6%. By comparison, the worktime lost due to sickness absence in August '22 was 7%. Recorded HR case work shows a significant rise in the areas of capability related to attendance and performance. However, this is more likely to indicate more proactive management of these areas rather than a sudden increase in the number of underperforming staff. 	<ul style="list-style-type: none"> • There were 11 Data Breaches in August. • 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 July there were 29 Subject Access Requests overdue for response, at the end of August this had decreased to 16. Unfortunately the number of overdue FOIs has increased to 23 at the end of August. This is partly due to delays in obtaining information required for requests and partly due to resource challenges. • Reported rates of Covid related absence remains low at 0.7% work-time lost in August, however this is an increase from July's 0.3% and accounts for the majority of the overall increase in work-days lost between July and August. Fairness at Work cases have increased but this does not appear to be indicative of an emerging issue.
Well Led (Finance)		<ul style="list-style-type: none"> • The full year forecast has also remained the same as reported in June (£27.2m), with £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m). • YTD Total staff costs are (£1.3m) over budget.

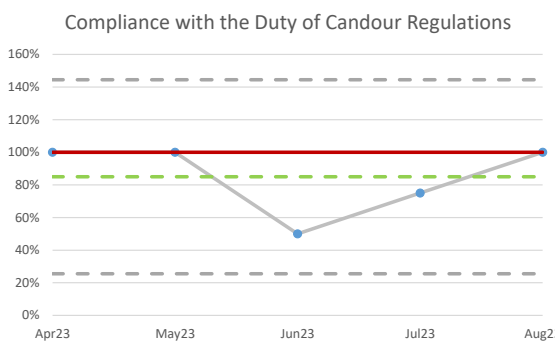
Safe Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Aug-23		4	2	12	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Aug-23		97%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	Aug-23		100%	76%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Aug-23		100%	100%	-	95%		
SA018		Compliance with the Duty of Candour Regulations	Aug-23		100%	85%	-	100%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Aug-23		100%	95%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Aug-23		89%	88%	-	95%			SA016		Hand Hygiene Compliance	Aug-23		97%	97%	-	96%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Aug-23		98%	97%	-	95%			SA017		48-72 hr review of antibiotic prescription complete	Aug-23		74%	75%	-	>= 98%		
SA005		Never Events	Aug-23		0	0	0	0			SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Aug-23		29	20	47	<= 17 (204 PA)		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Aug-23		0.5	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Aug-23		2	4	18	< 30 PA													
SA008		MRSA - Total number of acquired infections	Aug-23		0	0	1	0													
SA009		E-Coli - Total number of acquired infections	Aug-23		4	7	33	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Aug-23	-	2	2	8	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Aug-23	-	1	0	2	-													
SA012		Exposure to medication incidents resulting in harm	Aug-23		0	0	2	< 25 PA													

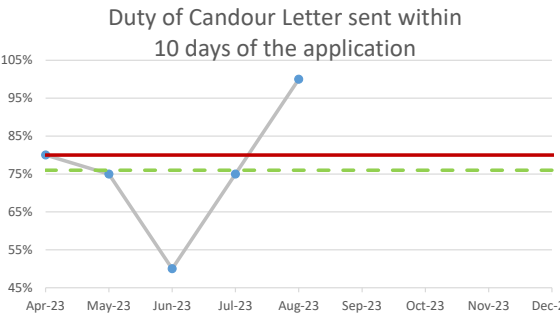
Safe **Serious Incidents** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Aug-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 #
Aug-23	100.0%	QC112
Threshold	YTD Mean	Benchmark
100.0%	85.0%	85.0%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Aug-23	100.0%	QC112
Threshold	YTD Mean	Benchmark
80%	76.0%	76.00%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary

Serious Incidents:
 4 SIs declared in August:-
 • IWC&F: 2
 • STCC&A: 1
 • IC&PCS: 1

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

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 :

- Close monitoring and surveillance to continue.

Assurance / Recovery Trajectory

Serious Incidents:

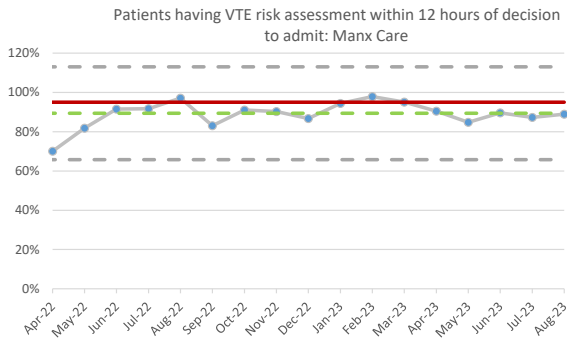
- 12 incidents have been declared as meeting the SI criteria YTD and this is within the end of year target of less than 36 and below the number (14) at the same point in time during 2022/2023.

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

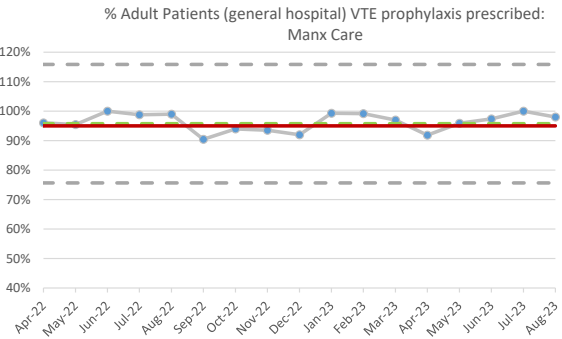
- Confident that ongoing performance will be in keeping with the DoC Regulations.

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

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



Reporting Date	Performance	Op. plan #
Aug-23	88.9%	QC113
Threshold	YTD Mean	Benchmark
95.0%	88.2%	89.2%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Aug-23	98.0%	QC114
Threshold	YTD Mean	Benchmark
95.0%	96.6%	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:

- Performance in August was similar to recent months at 88.89% and still below the target of 95%. Risk assessment forms have not been completed or signed in some cases.

VTE Prophylaxis:

- 98.0% achieved, which is above the target of 95%. This is the fourth consecutive month the target has been exceeded.

Planned / Mitigation Actions

VTE risk assessment within 12 hours:

- All care groups have been reminded through their governance meetings to complete the assessment form on all in- patients.

VTE Prophylaxis:

- Continue to monitor.

Assurance / Recovery Trajectory

VTE risk assessment within 12 hours:

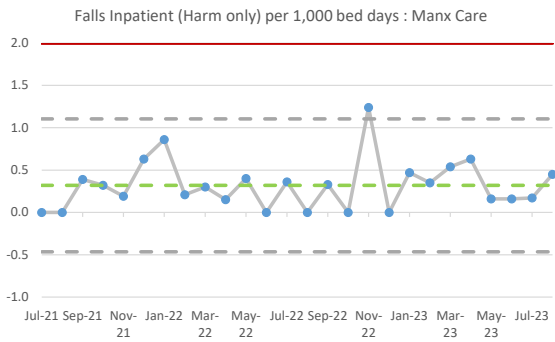
- There was a slight improvement over last month and the YTD average stands at 88%. This will continued to be monitored.

VTE Prophylaxis:

- Reasonably confident of this performance will continue as the YTD average is above target at 97%.

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

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

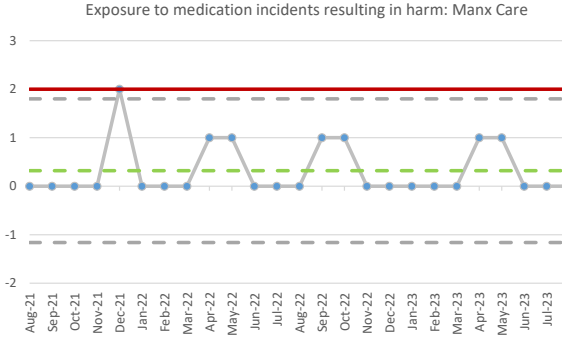


Reporting Date Aug-23 **Performance** 0.5 **Op. plan #** QC4

Threshold < 2 **YTD Mean** 0.3 **Benchmark** 0.3
(Lower value represents better performance)

- **Variation Description** Common cause

+ **Assurance Description** Consistently hit target

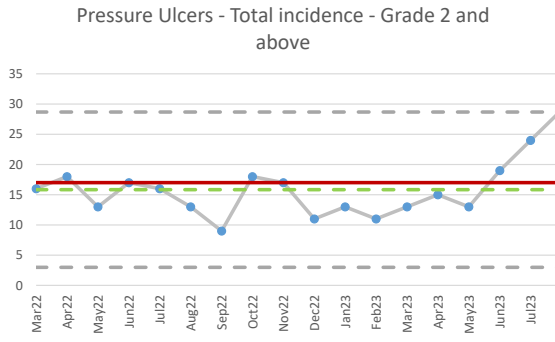


Reporting Date Aug-23 **Performance** 0 **Op. plan #**

Threshold < 25 PA **YTD Mean** 0 **Benchmark** 0
(Lower value represents better performance)

+ **Variation Description** Common cause

+ **Assurance Description** Consistently hit target



Reporting Date Aug-23 **Performance** 29.0 **Op. plan #** QC4

Threshold <= 17 (204 PA) **YTD Mean** 20.0 **Benchmark** 14.1
(Lower value represents better performance)

- **Variation Description** Common cause

- **Assurance Description** Inconsistently passing and falling short of target

Issues / Performance Summary

Falls (with Harm):

- Despite the high number of falls this month, the number of falls with harm remains low and below the threshold of 2.0 at 0.5 per 1000 bed days.

Medication Errors (with Harm):

- Zero errors with harm reported across Manx Care in August for the third consecutive month. 2 errors with harm reported YTD.

Pressure Ulcer incidence:

There were 29 Pressure Ulcers in total reported across Manx Care. This comprised of:

- 9 in IC&PCS, of which: 1 x Stage 3 (patient taken into care home with PU already in situ), 1 x DTI (palliative care pt). 1 x Unstageable (pressure relieving equipment in place and referred to TVN).
- 11 in STCC&A
- 9 in MUC&AS reported, majority community acquired and correctly recorded on discovery. 1 x Stage 1, 6 x Stage 2, 2 x Stage 3.

Planned / Mitigation Actions

Falls (with Harm):

- Continue with risk reduction activity to minimise harm.

Medication Errors (with Harm):

- Exposure to harm from medication errors remains low. Continue high vigilance and monitoring to ensure continued low exposure.

Pressure Ulcer incidence:

There is evidence of positive reporting, but sometimes the alignment in Datix to the correct area is incorrect. Whilst there is high confidence that pressure ulcers are being reported, the figures do not always show where these are occurring, and whether or not they were pre-existing or acquired whilst in care. The CQS Team to work with IC&PCS and Tissue Viability Nurses (TVN) to standardise recording of pressure ulcers to ensure correct alignment in Datix and to ensure the narrative is accurate and informative. TVNs to provide more detailed pressure ulcer narrative going forwards.

Assurance / Recovery Trajectory

Falls (with Harm):

- The targets for falls involving harm continue to be met and has done so since September 2021.

Medication Errors (with Harm):

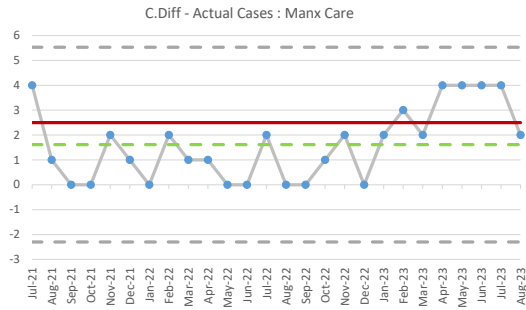
- Reasonable assurance that errors leading to harm will remain low.

Pressure Ulcer incidence:

The Executive Director of Nursing has asked the TVN's to provide in depth analysis of pressure ulcers, establishing if standards are being met consistently and highlighting and addressing any deficits in care. Until this is established, we cannot be confident the increase in pressure ulcer incidents is only due to increased reporting.

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

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



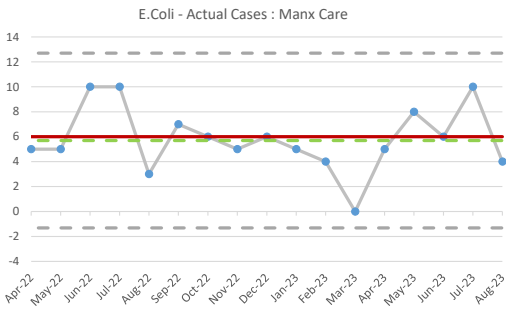
Reporting Date	Performance	Op. plan #
Aug-23	2	QC115

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



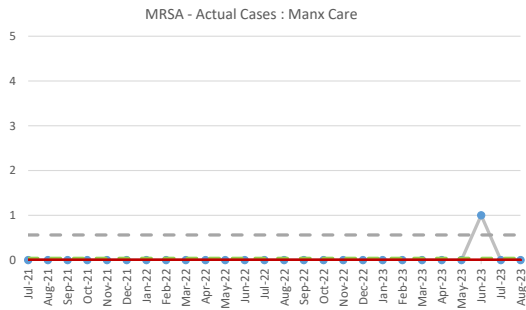
Reporting Date	Performance	Op. plan #
Aug-23	4	QC116

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



Reporting Date	Performance	Op. plan #
Aug-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

C.Diff:

- Two CDI cases which are both community associated. This is an improvement on the preceding four months. Risk factors amongst these cases have included antibiotic prescribing, age and the taking of proton pump inhibitors.

E.Coli:

- There have been 4 cases in August. Three cases were community associated and source of infection in two cases was urine (no urinary catheters were in situ) the third case is RIP and under review by the coroner. In the hospital associated case the source of infection is cellulitis.

MRSA:

- There have been no cases this month.

Pseudomonas aeruginosa:

- There has been one case in August this was community associated and the source of infection was a skin infection - Bullous Pemphigoid.

Planned / Mitigation Actions

C.Diff:

- RCA's are undertaken in all CDI cases. To continue to identify cases through the ICnet surveillance system.

E.Coli:

- RCA is undertaken in all hospital associated cases.

MRSA:

- To continue to monitor and undertake surveillance

Pseudomonas aeruginosa:

- RCA is undertaken in all hospital associated cases.

Assurance / Recovery Trajectory

C.Diff:

- The Infection Prevention and Control Team have produced a comprehensive CDI safety management plan aimed at identifying and tackling the risk factors associated with CDI prevalence.

E.Coli:

- There is no national target set. However there has been a decrease since last month. Surveillance continues to monitor and identify any commonality between cases.

MRSA:

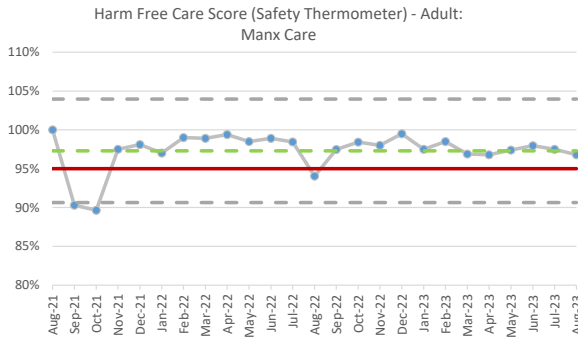
- Surveillance systems will provide early detection and isolation of cases.

Pseudomonas aeruginosa:

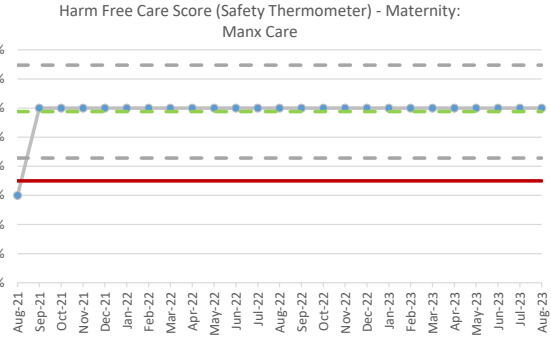
- There is no national target set. Surveillance continues to monitor and identify any commonality between cases.

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

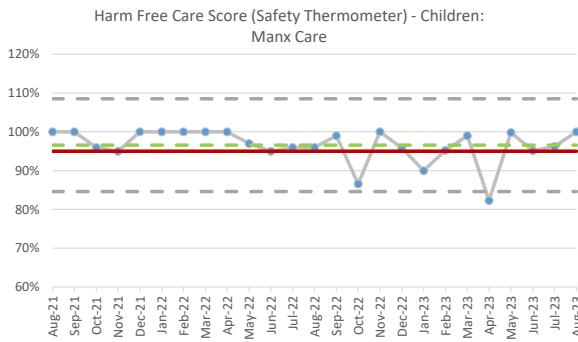
Safe **Safety Thermometer** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Aug-23	96.8%	QC119
Threshold	YTD Mean	Benchmark
95.0%	97.3%	98.0%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



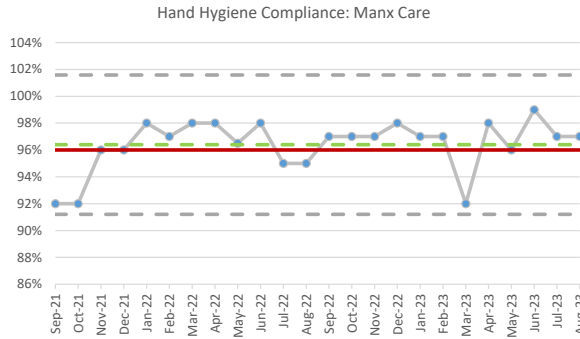
Reporting Date	Performance	Op. plan #
Aug-23	100.0%	QC120
Threshold	YTD Mean	Benchmark
95.0%	100.0%	100.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



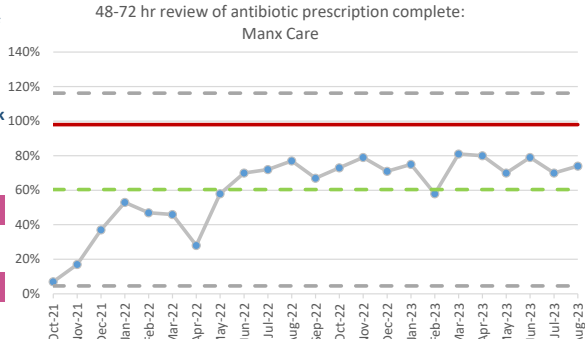
Reporting Date	Performance	Op. plan #
Aug-23	100.0%	QC121
Threshold	YTD Mean	Benchmark
95.0%	94.7%	95.8%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Adult:</p> <ul style="list-style-type: none"> 96.8% of patients were kept free from harm across Adult inpatient areas. Target achieved for 12 consecutive months. <p>Maternity:</p> <ul style="list-style-type: none"> 100% of Maternity patients were kept free from harm. <p>Children:</p> <ul style="list-style-type: none"> 100% of Children were kept free from harm. Target achieved for fourth consecutive month. 	<p>Adult:</p> <ul style="list-style-type: none"> Continued and sustained high level of performance throughout the year for adult in patient general areas. <p>Maternity:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. <p>Children:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. 	<p>Adult:</p> <ul style="list-style-type: none"> High level of confidence that high levels of compliance will continue. <p>Maternity:</p> <ul style="list-style-type: none"> Performance exceeds the target. <p>Children:</p> <ul style="list-style-type: none"> Reasonably confident of maintenance of high standards. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

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



Reporting Date	Performance	Op. plan #
Aug-23	97.0%	QC112
Threshold	YTD Mean	Benchmark
96.0%	97.4%	96.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Aug-23	74.0%	QC123
Threshold	YTD Mean	Benchmark
>= 98%	74.6%	67.4%
(Higher value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (High)		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary

Hand Hygiene:

- Compliance was met this month, as it has since April 2023. Hand hygiene for Bare Below the Elbows was 99% and the Five Moments of Hand Hygiene was 95%.

Review of Antibiotic Prescribing:

- 74 % up from 70%.

Planned / Mitigation Actions

Hand Hygiene:

- To continue to undertake hand hygiene monthly audits and provide training where compliance is not achieved.

Review of Antibiotic Prescribing:

- To continue to monitor.

Assurance / Recovery Trajectory

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

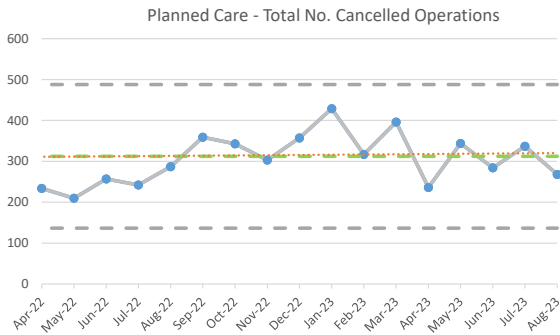
Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective Performance Summary (page 1 of 2)

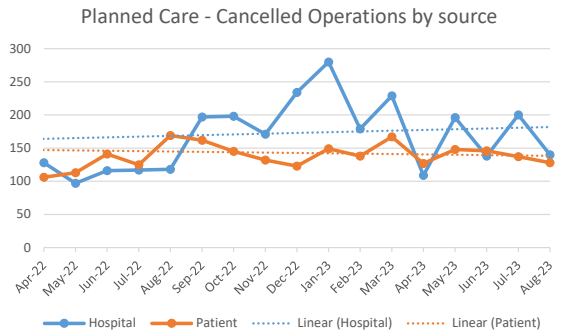
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Aug-23		15%	12%	-	5% by Apr '24			EF065		MH - Number of patients aged 18-64 with a length of stay -> 60 days	Aug-23	-	2	2	12	-		-
EF067		Planned Care - DNA Rate - Hospital	Aug-23		12.2%	-	-	5%			EF066		MH - Number of patients aged 65+ with a length of stay -> 90 days	Aug-23	-	3	1	7	-		-
EF002		Planned Care - Total Number of Cancelled Operations	Aug-23		268	294	1469	-			EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Aug-23		100.0%	98%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Aug-23	-	103	118	-	-			EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Aug-23		100%	100%	-	75%		
EF050		Total Number of inpatient discharges-Nobles	Aug-23	-	968	917	4586	-			EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Aug-23		100%	80%	-	75%		
EF051		Total Number of inpatient discharges-RDCH	Aug-23	-	41	74	181	-			EF026		MH - Crisis Team one hour response to referral from ED	Aug-23		84%	94%	-	75%		
EF003		Theatres - Number of Cancelled Operations on Day	Aug-23		27	36	182	-			EF063		ASC - No. of referrals	Aug-23	-	86	73	365	-		-
EF004		Theatres - Theatre Utilisation	Aug-23		82%	76%	-	85%			EF015		ASC - % of Re-referrals	Aug-23		1%	3%	-	<15%		
EF006		Crude Mortality Rate	Aug-23	-	20	23	271	-			EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Aug-23		27%	35%	-	80%		
EF007		Total Hospital Deaths	Aug-23	-	21	23	279	-			EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Aug-23		100%	74%	-	100%		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Aug-23		98%	96%	-	80%			EF052		Referrals to Adult Safeguarding Team	Aug-23	-	90	92	461	-		-
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Aug-23		97%	97%	-	95%			EF053		Adult Safeguarding Alert	Aug-23	-	55	54	272	-		-
EF008		ASC - West Wellbeing Contribution to reduction in ED attendance	Aug-23		14%	9%	-	-5%			EF054		Discharges from Adult Safeguarding Team	Aug-23	-	82	88	441	-		-
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Aug-23		-2%	-13%	-	-10%			EF055		Re-referrals to Adult Safeguarding Team	Aug-23	-	13	19	97	-		-
EF010		IPCC - % Dental contractors on target to meet UDA's	Aug-23		35%	-	-	96%			EF056		% MARFs Completed by Adult Safeguarding Team	Aug-23	-	94%	75%	-	-		-
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Aug-23	-	51.0	43.6	-	-													
EF064		MH - Number of patients with a length of stay - 0 days	Aug-23	-	1	1	5	-													

Effective Performance Summary (page 2 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF049		C&F - Number of referrals - Children & Families	Aug-23		121	137.2	686	-			EF038		Maternity - % Of Women Smoking At Time Of Delivery	Aug-23		10%	6.7%	-	< 18%		
EF019		CFSC - % Complex Needs Reviews held on time	Aug-23		50%	69%	-	85%			EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Aug-23		71%	67.7%	-	> 80%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Aug-23		71%	77%	-	90%			EF040		Maternity - Breast Feeding Rate At Transfer Home	Aug-23		30%	-	-	-		
EF022		CFSC - % Child Protection Reviews held on time	Aug-23		96%	77%	-	90%			EF041		Maternity - Neonatal Mortality rate/1000	Aug-23		0	0	-	-		
EF023		CFSC - % Looked After Children reviews held on time	Aug-23		90%	98%	-	90%			EF059		W&C - Paediatrics - Total Admissions	Aug-23		117	122	367	-		
EF044		C&F - Children (of age) participating in, or contributing to, their Child Protection review	Aug-23		100%	79%	-	90%			EF060		W&C - NNU - Total number of Admissions	Aug-23		3	6	32	-		
EF045		C&F - Children (of age) participating in, or contributing to, their Looked After Child review	Aug-23		100%	100%	-	90%			EF061		W&C - NNU - Avg. Length of Stay	Aug-23		5	6	17	-		
EF046		C&F - Children (of age) participating in, or contributing to, their Complex Review	Aug-23		100%	51%	-	79%			EF062		W&C - NNU -Community follow up	Aug-23		1	4	21	-		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Aug-23		61%	44.00%	-	-			EF068		Pharmacy - Total Prescriptions (No. of fe	Jun-23		£193,132	£155,091	£465,273	-		
EF031		Maternity - Induction of Labour	Aug-23		20%	22.32%	-	< 30%			EF069		Pharmacy - Chargeable Prescriptions	Jun-23		£18,377	£18,041	£54,122	-		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Aug-23		0%	0.20%	-	< 3.5%			EF070		Pharmacy - Total Exempt Item	Jun-23		£137,291	£135,275	£405,825	-		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Aug-23		1%	0.40%	-	< 2.6%			EF071		Pharmacy - Chargeable Items	Jun-23		£18,266	£17,928	£53,784	-		
EF034		Maternity - Unplanned Term Admissions To NNU	Aug-23		100%	-	-	-			EF072		Pharmacy - Net cost	Jun-23		£1,456,788	£1,434,689	£4,304,068	-		
EF035		Maternity - Stillbirth Number / Rate	Aug-23		0	0.2	1.0	<4.4/1000			EF073		Pharmacy - Charges Collected	Jun-23		£70,832	£69,411	£208,234	-		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	May-23		2	-	-	-													
EF037		Maternity - % Smoking At Booking	Aug-23		4%	8.8%	-	-													



Reporting Date	Performance	Op. Plan #
Aug-23	268	QC157
Threshold	YTD Mean	Benchmark
-	294	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

Cancelled Operations:
 The number of cancelled operations in August was (268), it's 20.5% lower than last month, and 6.7% lowerer than August'22.

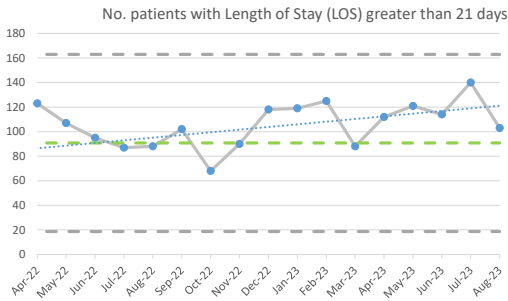
In August the split of cancellations sources was (140, 52.2%) for hospital, and (128, 51.1%) for patient.

Planned / Mitigation Actions

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

Assurance / Recovery Trajectory

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

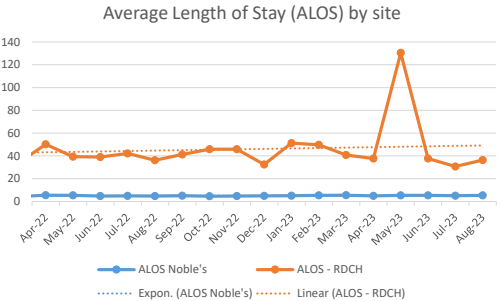


Reporting Date	Performance	Op. Plan #
Aug-23	103	QC10c
Threshold	YTD Mean	Benchmark
-	118	101

(Lower value represents better performance)

Variation Description
Common cause

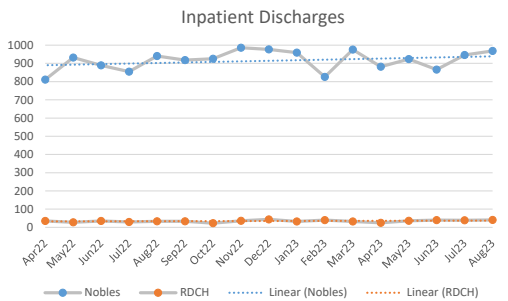
Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	103	QC156
Threshold	YTD Mean	Benchmark
-	118	101

Variation Description
Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	Nobles 968 RDCH 41	
Threshold	YTD Mean	Benchmark
	Nobles 917 RDCH 36	916 33

Variation Description

Assurance Description

Issues / Performance Summary

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 August (1009) slightly higher than August'22 (973). This demonstrates the consistent discharging of patients despite the challenges around patient flow.

Planned / Mitigation Actions

Length of Stay:

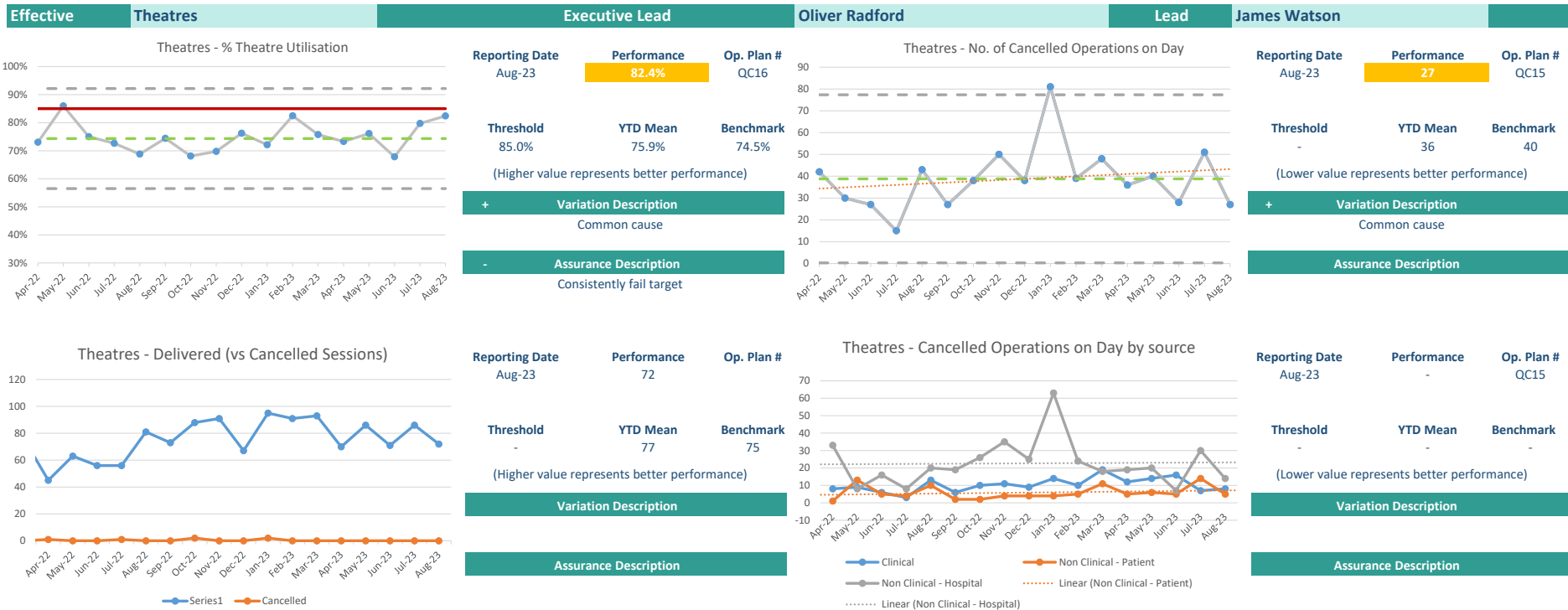
- Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.
- Spot purchasing of community beds
- Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme.
- Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate.
- Ward 12 is being used as an escalation ward when required - however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R & R for specific weeks - in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan.

Assurance / Recovery Trajectory

Length of Stay:

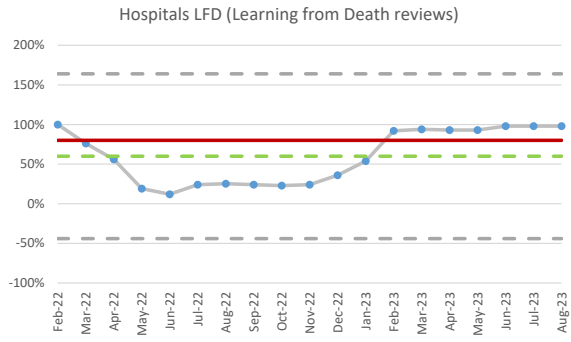
- Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.6 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital.
- Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).
- Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement.

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

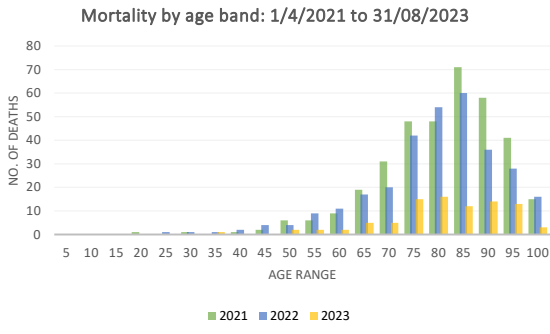


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Theatre Utilisation:</p> <ul style="list-style-type: none"> The number of theatre sessions delivered in August was (72). August saw an decrease in the number of cancelled operations on the day to 27. Most common reason was "Ward Beds Unavailable, miscellaneous and Operation Not Necessary". 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 	<ul style="list-style-type: none"> Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialities. 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 specialities 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 Agent 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 1.6 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. 	<ul style="list-style-type: none"> Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years - a peer review 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" Miscellaneous reasons can now be accessed through "Cancellation Patients by Speciality" Note - Benchmarks are the Manx Care monthly average for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Aug-23	98.0%	QC126
Threshold	80.0%	Benchmark
	YTD Mean	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 #
-	698 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 August which exceeds the target of 80%.

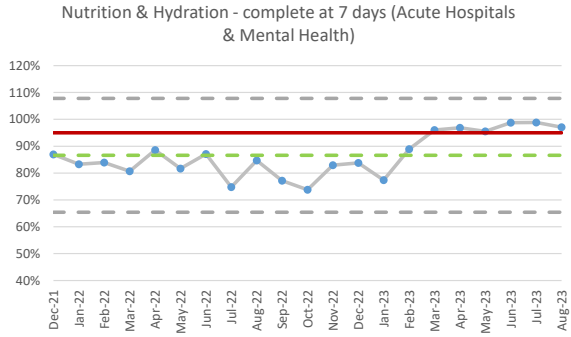
Hospitals LFD (Learning from Death) Reviews:

- Continued focus on compliance and work underway to establish a robust process for Level 2 reviews via the Medical Examiner roles in Manx Care. This is currently standing at 37 deaths requiring a level 2 review (8.3% of all deaths). Out of these, 2 (5.4%) have been undertaken.

Hospitals LFD (Learning from Death) Reviews:

- Reasonable assurance that high levels of compliance with level 1 reviews will continue.

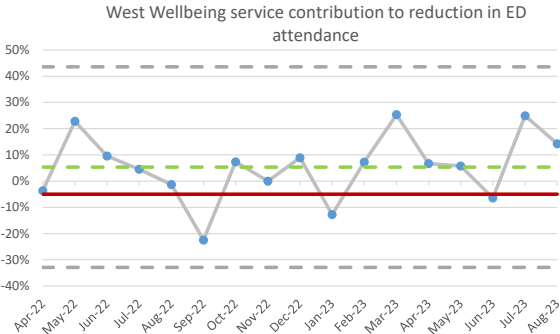
Note -
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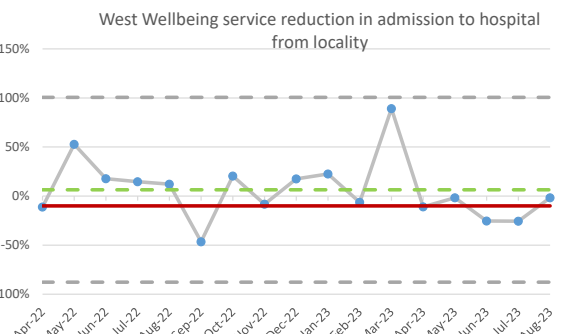
Reporting Date	Performance	Op. Plan #
Aug-23	97.1%	QC124
Threshold	YTD Mean	Benchmark
95.0%	97.4%	83.1%
(Higher value represents better performance)		
- Variation Description		
Special Cause of Improving variation (High)		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> The target was exceeded for the sixth month in a row. This is a real success story with performance drastically improved compared to six months prior where the target was missed. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> To continue monthly monitoring. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Reasonably confident that compliance Will continue to be achieved. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Wellbeing Services	Executive Lead	Oliver Radford	Lead	Adrian Tomkinson
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Reporting Date	Performance	Op. Plan #
Aug-23	14.2%	QC63
Threshold	YTD Mean	Benchmark
-5.0%	9.0%	3.8%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Aug-23	-1.8%	QC64
Threshold	YTD Mean	Benchmark
-10.0%	-13.1%	14.6%
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

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.

Planned / Mitigation Actions

Wellbeing Services:

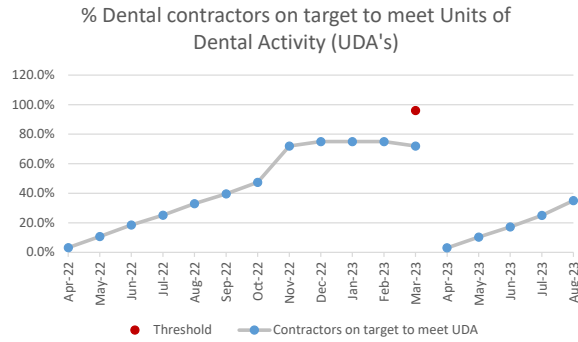
- The service is raising awareness regarding the impact the lack of capacity in community services has on ED.
- New frailty service identifying patients at an earlier stage.
- Targeting of nursing homes specifically for falls.

Assurance / Recovery Trajectory

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.



Reporting Date	Performance	Op. Plan #
Aug-23	35.0%	QC161
Threshold	YTD Mean	Benchmark
96.0%	-	-
(Higher value represents better performance)		
+ Variation Description		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary

Dental Contractors:

- 1 contractor is considering options available to them for 2023 -2024 in relation to their dental contract.

Planned / Mitigation Actions

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.

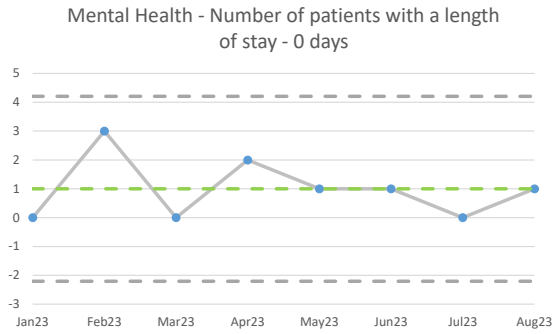
Assurance / Recovery Trajectory

Dental Contractors:

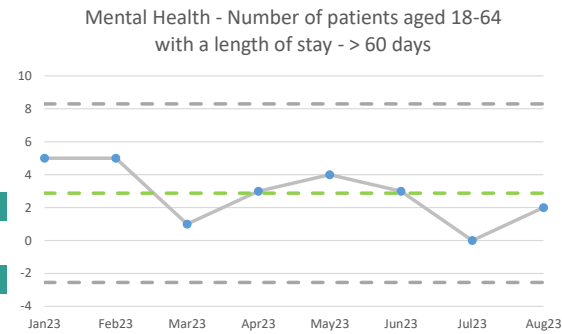
- Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year.

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

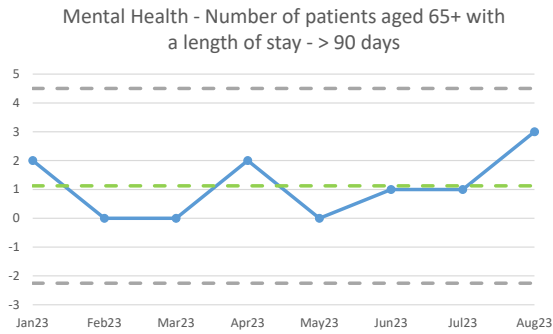
Effective **Mental Health (1 of 3)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



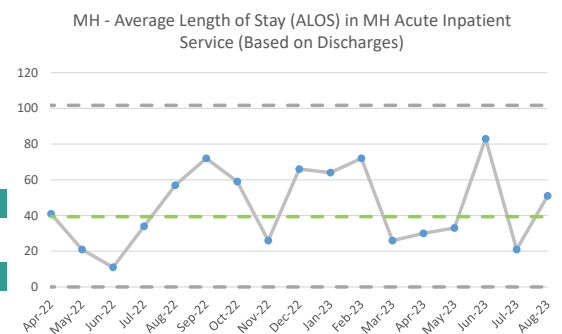
Reporting Date Aug-23	Performance 1	Op. Plan # QC87
Threshold -	YTD Mean 1	Benchmark 1
Variation Description Common cause		
Assurance Description		



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



Reporting Date Aug-23	Performance 3	Op. Plan # QC89
Threshold -	YTD Mean 1.4	Benchmark 0.7
Variation Description Common cause		
Assurance Description		



Reporting Date Aug-23	Performance 51	Op. Plan # QC158
Threshold -	YTD Mean 44	Benchmark 46
Variation Description Common cause		
Assurance Description		

Issues / Performance Summary

Average Length of Stay (ALOS):

- ALOS for those discharged in August has increased. The average length of stay for those discharged from Glen Suite was 114 days, and Harbour Suite 28 days.
- For current inpatients, the ALOS has decreased slightly, we continue to monitor.

NHSE standard measures are as follows: _

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

Planned / Mitigation Actions

Continue to monitor and report against NHSE standard.

Assurance / Recovery Trajectory

Average Length of Stay (ALOS):

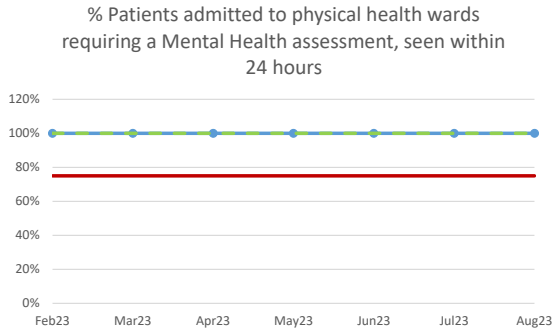
- The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis.

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

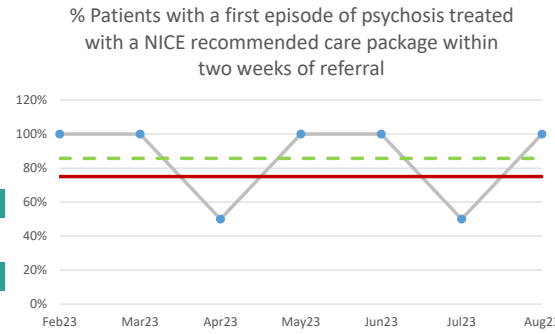
Number of patients aged 65+ with a length of stay - > 90 days

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**



Reporting Date Aug-23	Performance 100%	Op. Plan # QC69
Threshold 75%	YTD Mean 100%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Aug-23	Performance 100%	Op. Plan # QC70
Threshold 75%	YTD Mean 80%	Benchmark 100%
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

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

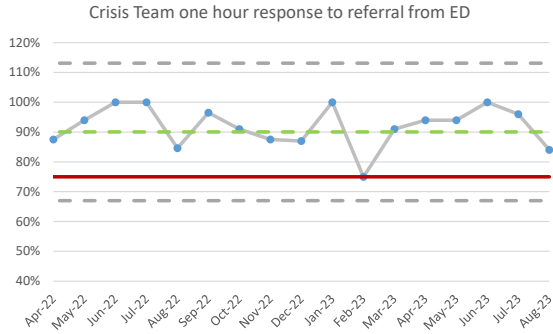
Patients Admitted to Physical Health Wards:
All patients requiring a Mental Health Assessment have continued to receive them within 24 hours, most are within 2 hours of notification.

First Episode of Psychosis Treated with NICE care package:
One person presented with first episode psychosis during the reporting period. The individual was seen and offered treatment consistent with NICE guidance within the two week standard.

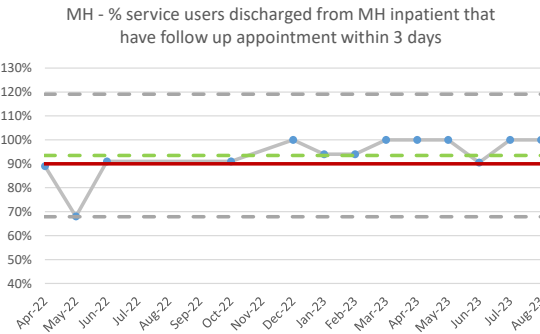
First Episode of Psychosis Treated with NICE care package:
The existing mandate descriptor is inconsistent with NHS England measure of performance of early intervention in psychosis. IMHS to work with the performance management team to discuss the validity of this indicator in its current format.

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

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



Reporting Date Aug-23	Performance 84.0%	Op. Plan # QC68
Threshold 75.0%	YTD Mean 93.6%	Benchmark 91.2%
(Higher value represents better performance)		
- Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Aug-23	Performance 100.0%	Op. Plan # QC72
Threshold 90.0%	YTD Mean 98.1%	Benchmark 90.9%
(Higher value represents better performance)		
- Variation Description Common cause		
+ Assurance Description Consistently hit target		

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

Crisis Team:

- Performance dropped slightly to 84% but remains above the target of 75%. In one case two patients were referred at the same time and had to be seen consecutively; this resulted in one waiting an additional 18 minutes. One patient waited for four hours due to there being no staff available for the assessment, one patient was seen after 2 hours and 30 minutes.

3 Day follow up:

- August's performance was 100% exceeding the threshold of 90%.

Crisis Team:

Service is consistently exceeding target and strives for 100%.

Crisis Team:

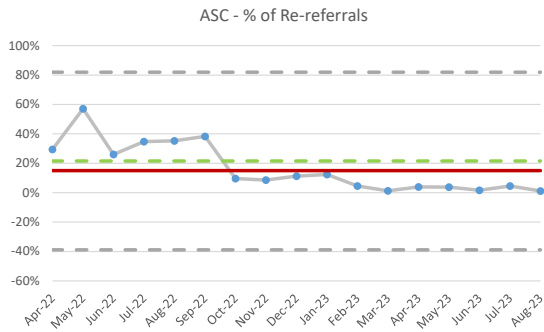
- Target being met consistently.

3 Day follow up:

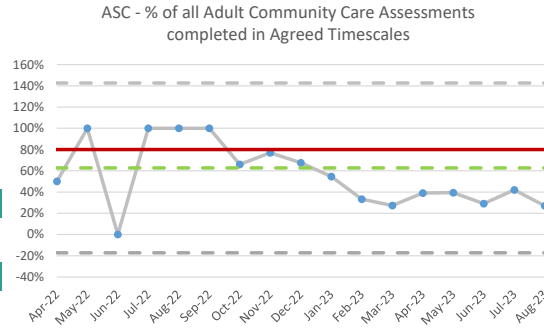
Local performance consistently outperforms NHS England which for Q4 was below the 80% standard at 74.5%

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

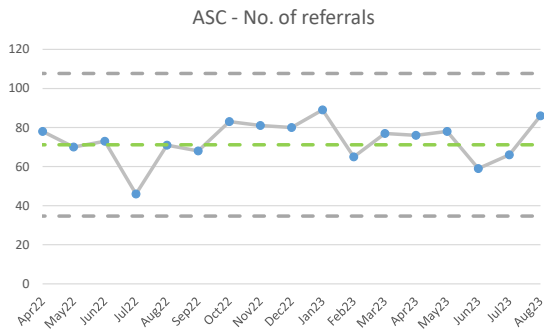
Effective **Adult Social Work** **Executive Lead** **David Hamilton** **Lead** **Michele Mountjoy**



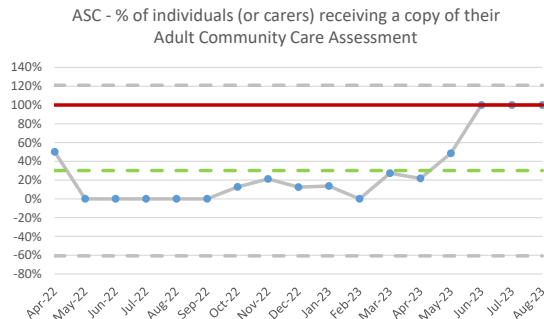
Reporting Date	Performance	Op. Plan #
Aug-23	1.2%	QC41
Threshold	YTD Mean	Benchmark
<15%	3.0%	22.4%
(Lower value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (Low)		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Aug-23	27.0%	QC44
Threshold	YTD Mean	Benchmark
80.0%	35.4%	64.6%
(Higher value represents better performance)		
- Variation Description		
Special Cause of Concerning variation (Low)		
- Assurance Description		
Consistently fail target		

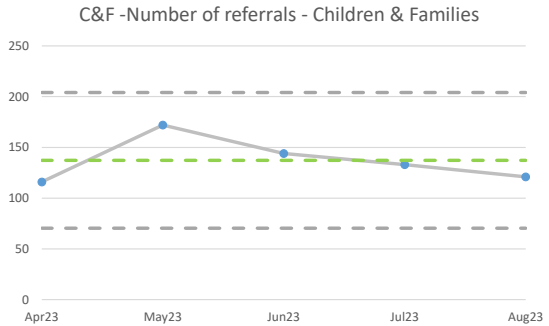


Reporting Date	Performance	Op. Plan #
Aug-23	86	QC40
Threshold	YTD Mean	Benchmark
-	73	73
- Variation Description		
Common cause		
+ Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	100.0%	QC45
Threshold	YTD Mean	Benchmark
100.0%	74.0%	11.4%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Referrals: The number of new referrals received in August was 86.</p> <p>Re-Referrals: • We have significantly reduced our re-referral rate to 1.2% in August, which is slightly lower than the last quarter (1.7%).</p> <p>Assessments completed within Timescales: • The completion of Wellbeing Partnership assessments in August remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities.</p> <p>Individuals receiving copy of Assessment: • The reported number of individuals receiving copies of their Wellbeing Partnership assessments in August achieved the required threshold of 100% for the third month in a row.</p>	<p>Assessments completed within timescales:- The Learning Disabilities Team were only able to complete 1 assessment to timescale during August out of a total of 13. This is due to complexities of the caseload, it often takes longer to complete assessments due to communication difficulties and/or lack of capacity. In AGT, 5 assessments were completed on time, 3 were reassessments of needs. There appear to be some technical issues around dates, meaning that some assessments are being incorrectly flagged as outside of timescale. This will be raised with the BI Team.</p> <p>The Older Peoples Community Team received 47 referrals, an increase of 10 on the previous month. 55 cases were closed, the cases awaiting allocation has decreased from 51 in July to 40 in August.</p>	<p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> • 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. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date	Performance	Op. Plan #
Aug-23	121	
Threshold	YTD Mean	Benchmark
-	137	137
+ Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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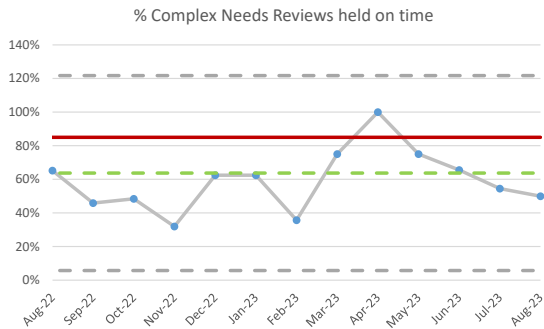
Referrals:
Referral levels have remained fairly static over this reporting year.

Planned / Mitigation Actions

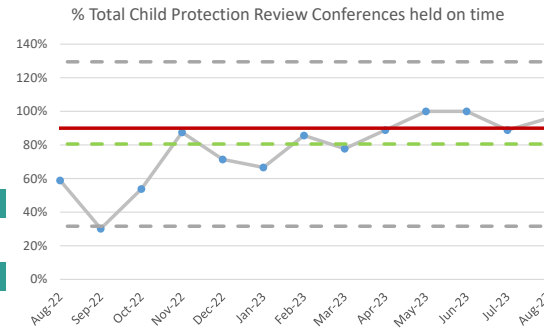
Referrals:
Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months.

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

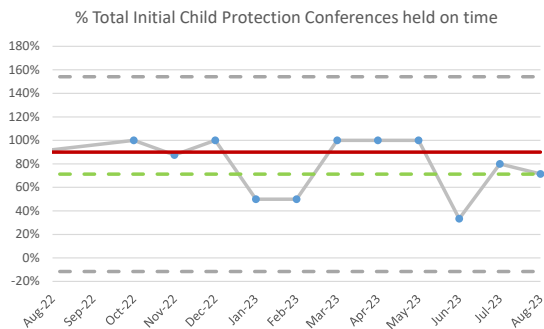
Effective	Social Work (Children & Families) 2 of 3	Executive Lead	David Hamilton	Lead	Julie Gibney
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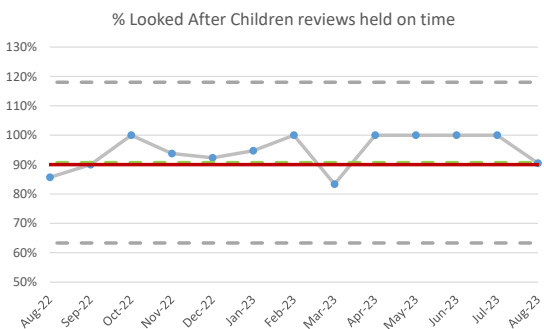
Reporting Date	Performance	Op. Plan #
Aug-23	50.0%	QC49
Threshold	YTD Mean	Benchmark
85.0%	69.0%	53.4%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Aug-23	95.8%	QC52
Threshold	YTD Mean	Benchmark
90.0%	90.0%	66.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

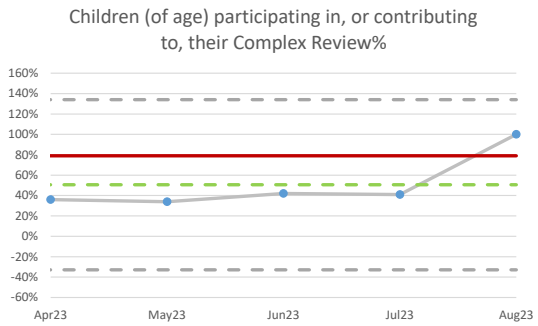


Reporting Date	Performance	Op. Plan #
Aug-23	71.4%	QC51
Threshold	YTD Mean	Benchmark
90.0%	76.9%	81.3%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Aug-23	90.5%	QC53
Threshold	YTD Mean	Benchmark
90.0%	98.1%	92.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Complex Needs Reviews held on time:</p> <ul style="list-style-type: none"> • August is always a difficult month to achieve this target due to school holidays. Children, parents or professionals often cannot make the original dates supplied. 8 reviews took place, 4 within timescale, 4 were out of time. One was out of time due to a professional being unavailable, 3 were due to the chairperson being unavailable. <p>Initial Child Protection Conferences held on time:</p> <ul style="list-style-type: none"> • 7 conferences took place, 5 were on time and 2 were out of timescale. Two conferences could not be held as the children were new born, conferences cannot take place until 6 weeks post-birth. <p>Child Protection Review Conferences held on time:</p> <ul style="list-style-type: none"> • 89% of conferences were completed within the timescales in August. <p>Looked After Children reviews held on time:</p> <ul style="list-style-type: none"> • 100% of reviews were held within the timescales in August. 	<p>Complex Needs Process:</p> <ul style="list-style-type: none"> • Improvements to the Complex Needs Process is expected from Quarter 2 onwards, following bolstering of staffing and administrative support. 	<p>Complex Needs Process:</p> <ul style="list-style-type: none"> • 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. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



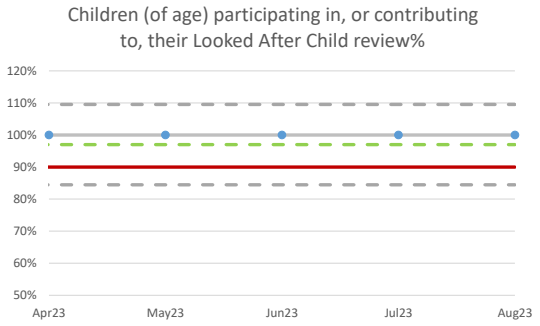
Reporting Date Aug-23 **Performance** 100% **Op. Plan #**

Threshold 79% **YTD Mean** 51% **Benchmark** 51%

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target



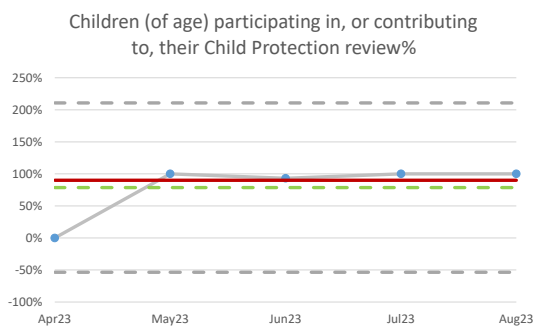
Reporting Date Aug-23 **Performance** 100% **Op. Plan #**

Threshold 90% **YTD Mean** 100% **Benchmark** 100%

(Higher value represents better performance)

+ Variation Description
Special Cause of Improving variation (High)

+ Assurance Description
Consistently hit target



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

Threshold 90% **YTD Mean** 79% **Benchmark** 79%

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

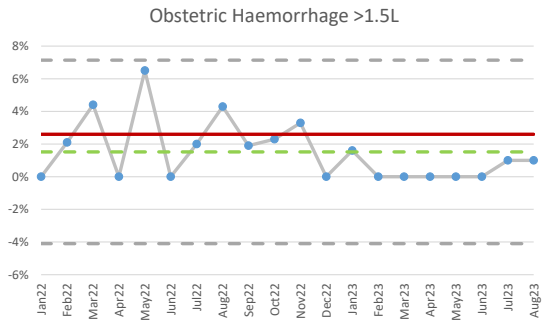
Issues / Performance Summary

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

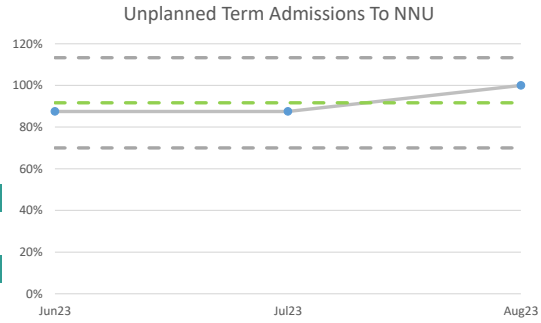
Planned / Mitigation Actions

Assurance / Recovery Trajectory

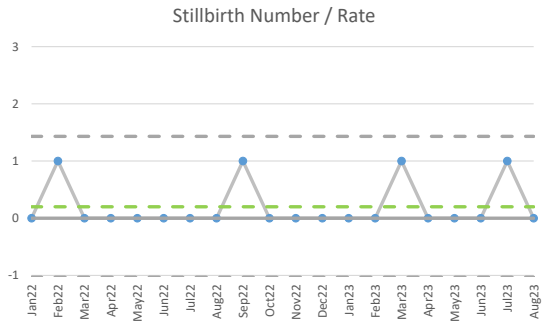
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



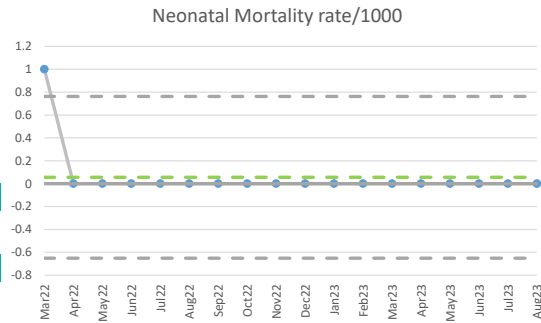
Reporting Date	Performance	Op. Plan #
Aug-23	1%	
Threshold	YTD Mean	Benchmark
< 2.6%	0.40%	1.8%
- Variation Description		
Special Cause of Improving variation (Low)		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Aug-23	100.0%	
Threshold	YTD Mean	Benchmark
-	-	#DIV/0!
- Variation Description		
Common cause		
+ Assurance Description		

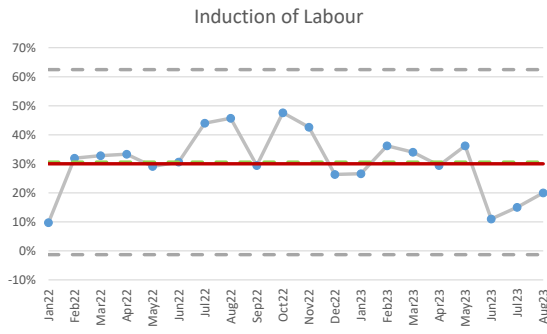


Reporting Date	Performance	Op. Plan #
Aug-23	0	
Threshold	YTD Mean	Benchmark
<4.4/1000	0.2	16.7%
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

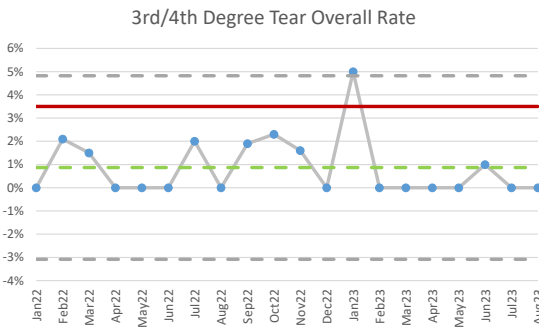


Reporting Date	Performance	Op. Plan #
Aug-23	0	
Threshold	YTD Mean	Benchmark
-	0	0.0%
+ Variation Description		
Special Cause of Improving variation (Low)		
+ Assurance Description		

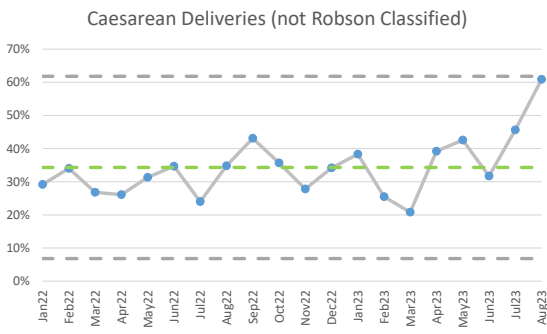
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Obstetric haemorrhage >1.5 litre: this is monitored via the maternity dashboard in order to identify cases of major haemorrhage and prompt a review of care and to identify and learning. There was 1 haemorrhage equal to or greater than 1.5 l reported in July.</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



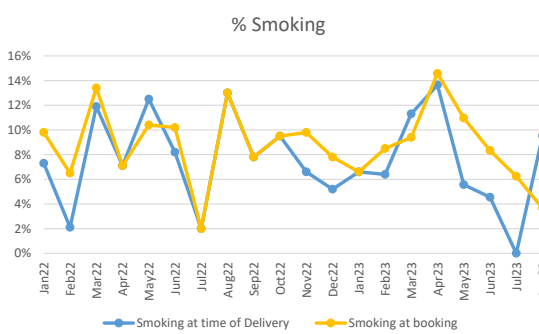
Reporting Date	Performance	Op. Plan #
Aug-23	20.0%	
Threshold	YTD Mean	Benchmark
< 30%	22.3%	24.3%
(Lower value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Aug-23	0.0%	
Threshold	YTD Mean	Benchmark
< 3.5%	0.2%	1.1%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Aug-23	60.9%	
Threshold	YTD Mean	Benchmark
-	44.0%	31.4%
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	Booking 3.6% Delivery 9.5%	
Threshold	YTD Mean	Benchmark
-	-	-
(Lower value represents better performance)		
- Variation Description		
Assurance Description		

Issues / Performance Summary

Total caesarean deliveries: for the month of August was 28 (60.8%) compared to 16 (35.6%) in August 2022. Caesarean section rates are no longer considered a KPI in England.

Induction of labour: 20 of births were as a result of induced labour. This figure is the same as August 2022.

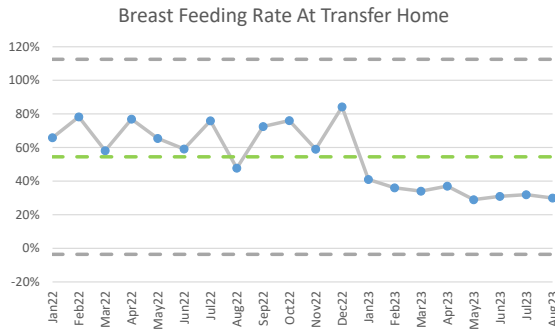
Third and fourth degree tear rates: the national standard of >3.5%. In August, there were no cases to report.

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. 9.5% of women in August were recorded as smoking at the time of delivery compared to 13.3% of women in August 2022.

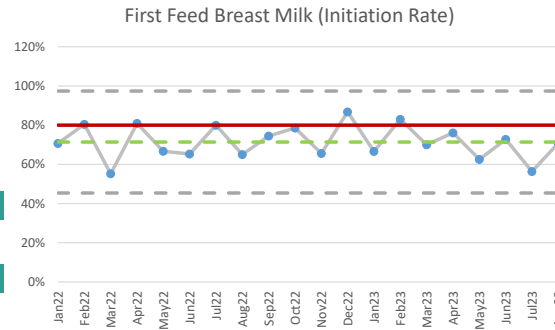
Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



Reporting Date	Performance	Op. Plan #
Aug-23	30.0%	
Threshold	YTD Mean	Benchmark
-	-	60.7%
(Higher value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	70.7%	
Threshold	YTD Mean	Benchmark
> 80%	67.7%	73.6%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		

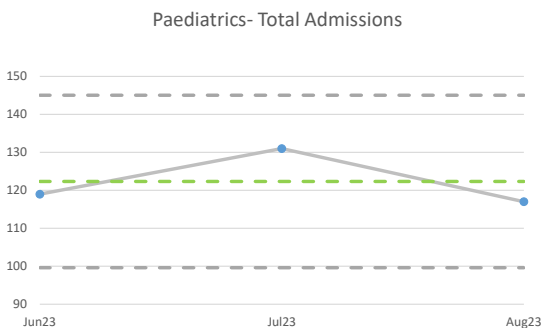
Issues / Performance Summary

First Feed Breast Milk (Initiation Rate):
 70.7% of babies received breastmilk as their first feed, this was up on last August which recorded 66.7% 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.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

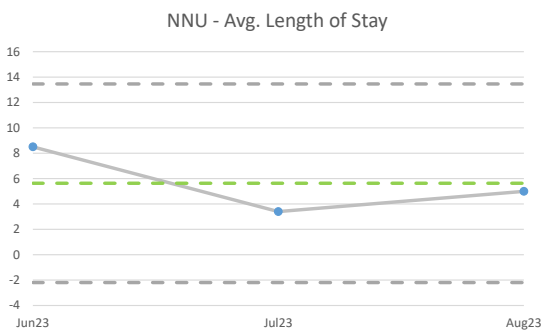
Note -
 Benchmarks are the Manx Care monthly averages for 2022/23.



Reporting Date	Performance	Op. Plan #
Aug-23	117	-
Threshold	-	-
YTD Mean	122	-

- Variation Description
Common cause

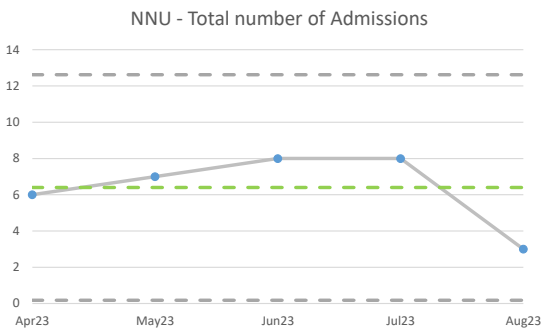
Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	5	-
Threshold	-	-
YTD Mean	5.6	-

- Variation Description
Common cause

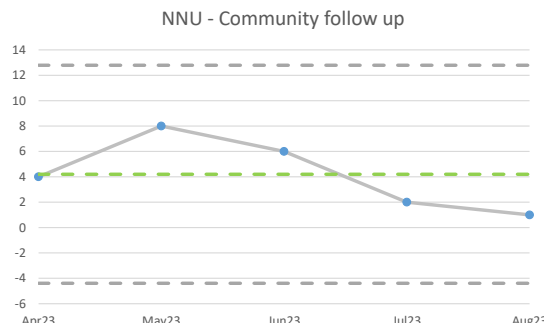
Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	3	-
Threshold	-	-
YTD Mean	6	-

+ Variation Description
Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	1	-
Threshold	-	-
YTD Mean	4	-

Variation Description
Common cause

Assurance Description

Issues / Performance Summary

In August 2023 the Neonatal Unit admitted 3 Babies and discharged 4 babies.

2 babies were over 37/40. 1 baby was below 37/40. All admissions were unplanned.

2 babies were admitted directly from labour ward/theatre between 24 – 60 minutes of age. 1 baby was admitted at 1 hr 40 minutes after birth from the postnatal ward.

Reason for admission was due to respiratory symptoms primarily in all cases. One baby needed mechanical respiratory support (NCpap) for 4 days, this increased his care level to High Dependency.

Planned / Mitigation Actions

The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows.

Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate.

Northwest neonatal Network aware of capacity issues, offering support & advice.

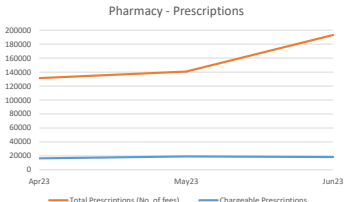
Embrace available to support transfer process when necessary.

Neonatal nurse transfer team now increased to two trained staff. An on call rota is managed to enable that a nurse is available as often as possible during the hours of 07.45- 20.15hrs. All transfers outside these hours are managed on a case by case basis.

Assurance / Recovery Trajectory

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

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

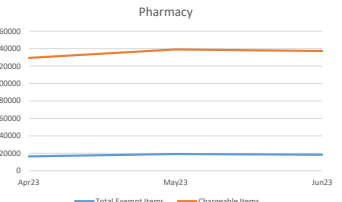


Reporting Date	Performance	Op. Plan #
Jun-23	-	-

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

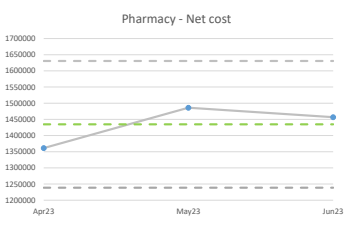


Reporting Date	Performance	Op. Plan #
Jun-23	-	-

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

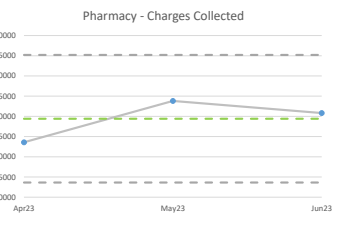


Reporting Date	Performance	Op. Plan #
Jun-23	£1,456,788	-

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description
Common cause

Assurance Description



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

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description
Common cause

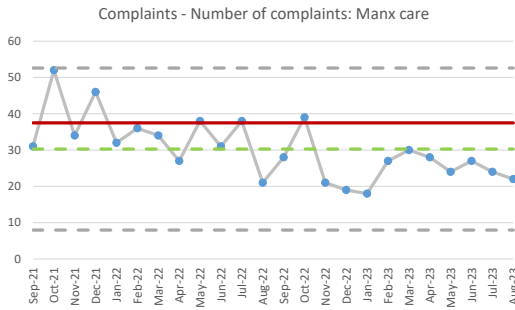
Assurance Description

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

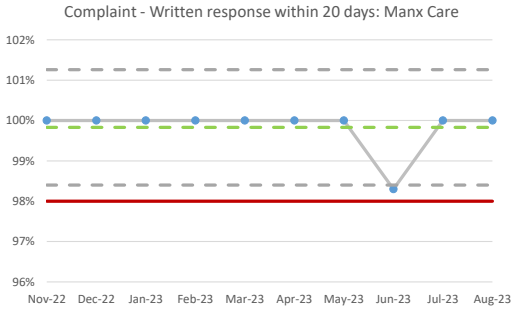
Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	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	Aug-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Aug-23	-	1,311	1,171	5,857	-		
CA002		Complaints - Total number of complaints received	Aug-23		22	26	125	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Aug-23		90%	88%	-	80%		
CA007		Complaint acknowledged within 5 working days	Aug-23		100%	97%	-	98%			CA014		FFT - Experience was neither Good or Poor	Aug-23		4%	4%	-	10%		
CA008		Written response to complaint within 20 days	Aug-23		100%	100%	-	98%			CA015		FFT - Experience was Poor or Very Poor	Aug-23		6%	8%	-	<10%		
CA010		No. complaints exceeding 6 months	Aug-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Aug-23	-	621	602	3,012	-		
CA011		No. complaints referred to HSCOB	Aug-23	-	4	2	11	-			CA017		Manx Care Advice and Liaison Service same day response	Aug-23		91.0%	89.6%	-	80%		

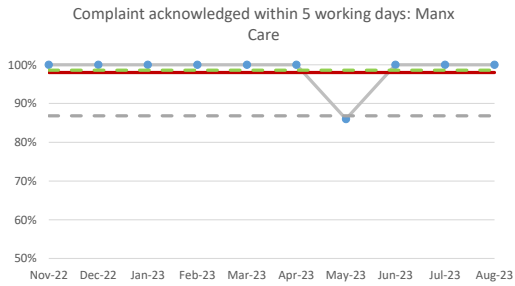
Caring **Complaints** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



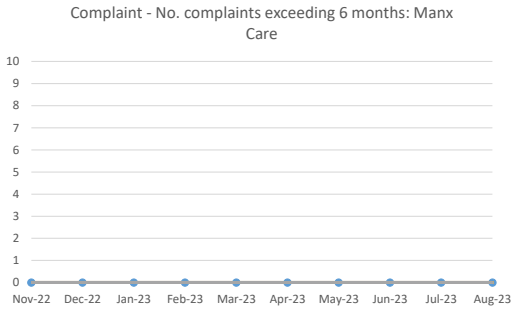
Reporting Date	Performance	Op. plan #
Aug-23	22	L7
Threshold	YTD Mean	Benchmark
<= 450 PA	26	28
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Aug-23	100.0%	L8
Threshold	YTD Mean	Benchmark
98.0%	99.7%	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. plan #
Aug-23	100.0%	L8
Threshold	YTD Mean	Benchmark
98%	97.2%	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Aug-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

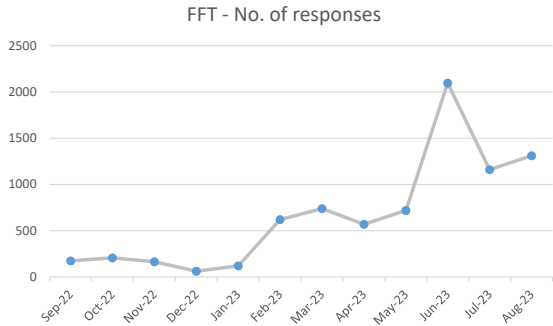
- Number of Complaints:**
- A total of 22 formal complaints were received/logged during August.
- Acknowledged within 5 Days:**
- 100% compliance.
- Written Response within 20 days:**
- 100% compliance. There were a total of 29 responses required in August. Of these, 76% received a full response within 20 days and 24% received a holding letter.
- No. Complaints Exceeding 6 Months:**
- Zero recorded.
- No. complaints referred to HSCOB:**
- 5 referred across Manx Care, 1 of which had previously been open and they requested more information. HSCOB have advised they have in excess of 40 IRB complaints under review.

Planned / Mitigation Actions

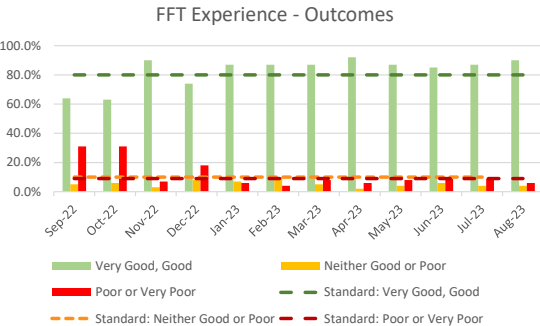
- Number of Complaints:**
- All complaints logged and managed as per the Regulations.
- Acknowledged within 5 Days:**
- Continue to monitor closely.
- Written Response within 20 days:**
- Continue to monitor closely.
- No. Complaints Exceeding 6 Months:**
- Continue to monitor closely.
- No. complaints 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.

Assurance / Recovery Trajectory

- Number of Complaints:**
- These complaints continue to be addressed per our process through the Care groups and services.
- 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.



Reporting Date	Performance	Op. plan #
Aug-23	1,311	QC127
Threshold	YTD Mean	Benchmark
-	1,171	-
- Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Aug-23	90.0%	QC128-129-130
Threshold	YTD Mean	Benchmark
80.0%	88.2%	-
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary

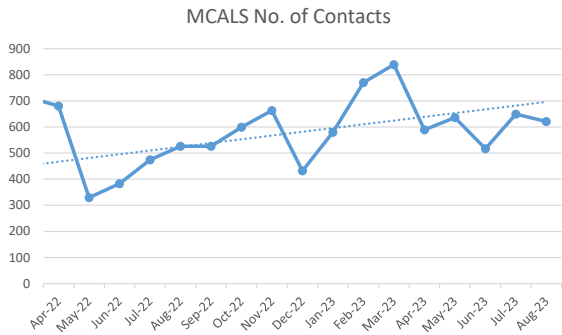
- FFT Total number of responses:**
- A total of 1,311 surveys completed for August 2023 which is an increase of 142 surveys (11%) compared to July 2023.
 - FFT – Experience was very good or good:** 1,184 completed surveys rated experience as Very Good or Good equating to 90% against a target of 80%.
 - FFT – Experience was neither good or poor:** 44 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:** 83 completed surveys rated experience as Poor or Very Poor, equating to 6% 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, including active recruitment of public reps to support inpatients to take surveys at the bedside.
 - FFT – Experience was very good or good:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey.
 - FFT – Experience was neither good or poor:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month.
 - FFT – Experience was poor or very poor:** Consistently achieving under the 10% target which is a positive indicator

Assurance / Recovery Trajectory

- FFT Total number of responses:**
- Experience and Engagement 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.

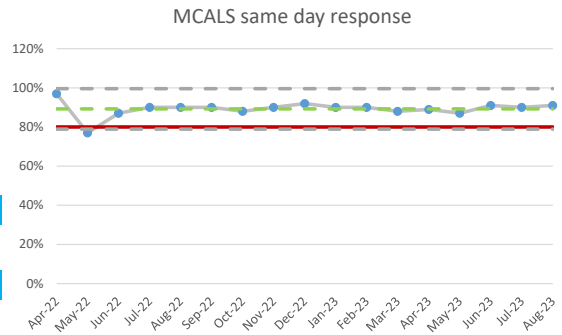


Reporting Date	Performance	Op. plan #
Aug-23	621	QC131

Threshold	YTD Mean	Benchmark
-	602	567

Variation Description

Assurance Description



Reporting Date	Performance	Op. plan #
Aug-23	91.0%	QC132

Threshold	YTD Mean	Benchmark
80.0%	89.6%	-

(Higher value represents better performance)

+ Assurance Description

Consistently hit target

Issues / Performance Summary

Number of Contacts:

- 621 contacts received in August 2023, demonstrating a decrease of 28 contacts (4%) compared to July 2023. There was one bank holiday in August where the MCALS office was closed.

Same Day Response:

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

Planned / Mitigation Actions

Number of Contacts:

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

Same Day Response:

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

Assurance / Recovery Trajectory

Number of Contacts:

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

Same Day Response:

- Continued good performance in dealing with service user contacts.

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

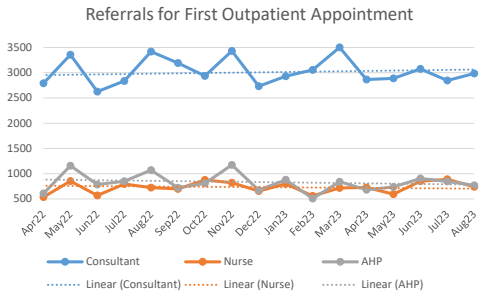
Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
RE058		Cons Led- OP Referrals	Aug-23	-	2986	2967	14661	-			RE014		Ambulance - Category 1 Response Time at 90th Percentile	Aug-23		19	20	-	15 mins			
RE056		Hospital Bed Occupancy	Aug-23	-	60.1%			92%			RE015		Ambulance - Category 1 Mean Response Time	Aug-23		9	10	-	7 mins			
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Aug-23		15,846	15,799	-	< 15431			RE016		Ambulance - % patients with CV/Stroke symptoms arriving at hospital within 60 mins of call	Aug-23		56%	50%	-	100%			
RE002		RTT - No. patients waiting for Daycase procedure	Aug-23		2,229	2,300	-	< 2286			RE034		Category 2 Response Time at 90th Percentile	Aug-23		25	30		40 mins			
RE003		RTT - No. patients waiting for Inpatient procedure	Aug-23		505	538	-	< 535			RE035		Ambulance - Category 3 Response Time at 90th Percentile	Aug-23		37	44		120 mins			
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Aug-23		57%	58%	-	85%			RE036		Ambulance - Category 4 Response Time at 90th Percentile	Aug-23		56	70		180 mins			
RE061		Diagnostics-% patients waiting 26 weeks or less	Aug-23		59%	60%		99%			RE037		Ambulance - Category 5 Response Time at 90th Percentile	Aug-23		72	81		180 mins			
RE005		Diagnostics - % requests completed within 6 weeks	Aug-23	-	87%	85%	85%	-			RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Aug-23		189	170		0			
RE006		Diagnostics - % Patients waiting over 6 weeks	Aug-23		74%	72%	-	1%			RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Aug-23		28	16	-	0			
RE007		ED - % 4 Hour Performance	Aug-23		72%	73%	73%	76% (95%)			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Aug-23		45%	50%	-	80%			
RE008		ED - % 4 Hour Performance (Non Admitted)	Aug-23	-	83%	82%	82%	-			RE031		IPCC - % of patients registered with a GP	Jul-23		4.0%	4.1%	-	5.0%			
RE009		ED - % 4 Hour Performance (Admitted)	Aug-23	-	17%	25%	25%	-			RE081		IPCC - N. of GP appointments	Aug-23	-	26720	37220	186100	-			
RE010		ED - Average Total Time in Emergency Department	Aug-23		267	243	-	360 mins			RE054		Did Not Attend Rate (GP Appointment)	Aug-23	-	3.2%	3%		-			
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Aug-23		22	24	-	15 mins			RE027		IPCC - No. patients waiting for a dentist	Aug-23	-	4,042	3,816	-	-			
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Aug-23		63	65	-	60 mins			RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Aug-23	-	100%	100%	-	-			
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Aug-23		14	14		60 mins			RE075		Community Nursing Service response target met (7 days)- Routine	Aug-23	-	100%	100%	-	-			
RE013		ED - 12 Hour Trolley Waits	Aug-23		48	21	107	0														

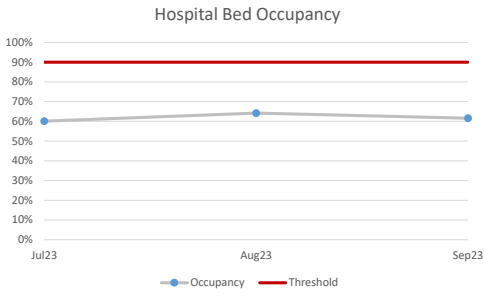
Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Aug-23		68%	63%	-	75%			RE051		Maternity Bookings	Aug-23	-	55	1174	272	-		
RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Aug-23		57%	45%	-	93%			RE052		Ward Attenders	Aug-23	-	244	-	-	-		
RE020		CWT - % Two Week Wait (Breast Symptomatic)	Aug-23		100%	27%	-	93%			RE053		Gestation At Booking <10 Weeks	Aug-23	-	31%	28%	-	-		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Aug-23		88%	82%	-	96%			RE030		W&C - % New Birth Visits within timescale	Aug-23	-	89%	88%	-	-		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Aug-23		50%	36%	-	85%			RE032		Births per annum	Aug-23	-	237	146	-	-		
RE064		No. on Cancer Pathway (All)	Aug-23	-	678	726	-	-			RE082		Meds Demand - N.patient interactions	Aug-23	-	2281	2644.6	13223	-		
RE065		No. on Cancer Pathway (2WW)	Aug-23	-	580	617	-	-			RE083		Meds Overnight Demand	Aug-23	-	197	273.4	1367	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Aug-23	-	68	116	-	-			RE084		Meds - Face to face appointments	Aug-23	-	471	497.6	2488	-		
RE067		Cancer - Median Wait Time for the 2WW referrals (Days)	Aug-23	-	14	16	-	-			RE086		Meds - TUNA%	Aug-23	-	2.8%	1.3%	-	-		
RE044		MH- Waiting list	Aug-23	-	1598	1602	4807	-			RE088		Meds - DNA%	Aug-23	-	2.3%	1.8%	-	-		
RE045		MH- Appointments	Aug-23	-	6156	6428	32140	-			RE089		Total Number of OP & Dementia Beds Available	Aug-23	-	195	195	-	-		
RE046		MH- Admissions	Aug-23	-	25	19	95	-			RE090		Total Number of OP & Dementia Beds Occupied	Aug-23	-	121	126	-	-		
RE028		MH - No. service users on Current Caseload	Aug-23		5,226	5,150	-	4500 - 5500			RE092		Total Number of LD Beds Available	Aug-23	-	85	82	-	-		
											RE093		Total Number of LD Beds Occupied	Aug-23	-	70	70	-	-		

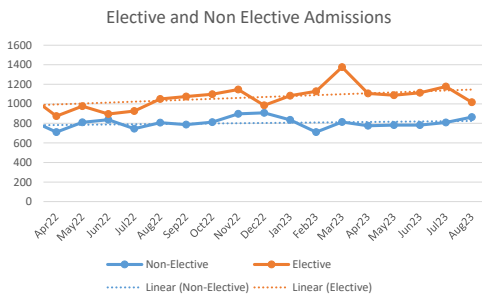
Responsive Demand Executive Lead Lead



Reporting Date	Performance	Op. Plan #
Aug-23	Consultant 2986	
Threshold	YTD Mean 2932	Benchmark 3068
Variation Description		
Assurance Description		



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



Reporting Date	Performance	Op. Plan #
Aug-23	Elective 1016 Non Elective 864	
Threshold	YTD Mean -	Benchmark -
Variation Description		
Assurance Description		

Issues / Performance Summary

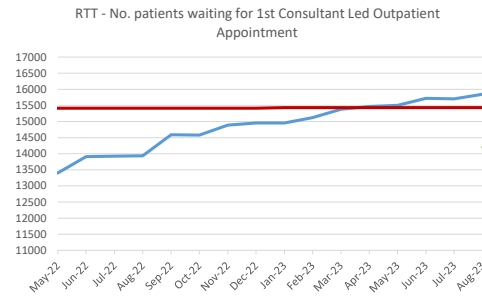
Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have remained at a high level into 2023/24. The number of referrals received in August (2986) was about 13.2% lower than the number received in August'22.

Elective and Non Elective Admissions:
Elective Admissions have decreased by approximately 13.6% in August (1016) against July (1176).
Non Elective admission numbers have remained fairly static over the opening quarter, with 864 in July compared to 809 last month.

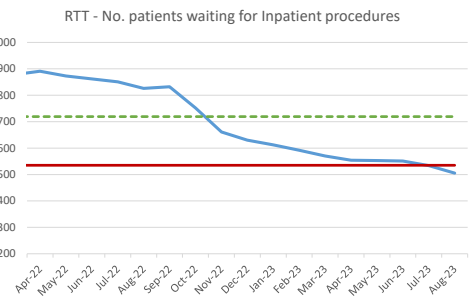
Planned / Mitigation Actions

Assurance / Recovery Trajectory

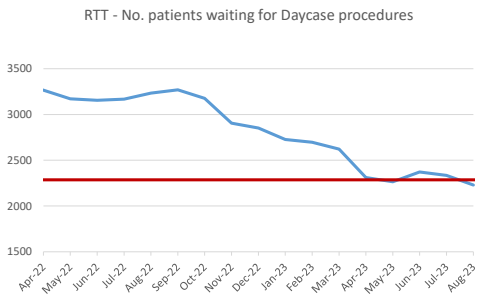
Note - Benchmarks are the Manx Care monthly averages for 2022/23.



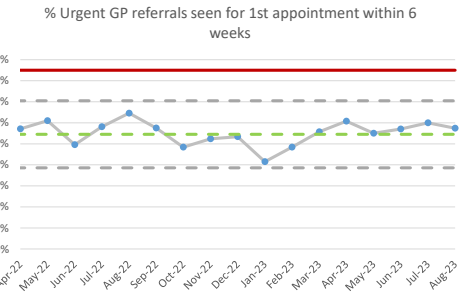
Reporting Date	Performance	Op. Plan #
Aug-23	15,846	QC11
Threshold	YTD Mean	Benchmark
< 15,431	15,799	15,465
(Lower value represents better performance)		
Avg Wait Time (Referral to 1st Cons Led OP Appt.)		
47 weeks		
No. patients waiting 52 weeks or more for 1st OP		
5,089		



Reporting Date	Performance	Op. Plan #
Aug-23	505	QC11
Threshold	YTD Mean	Benchmark
< 535	538	554
(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		



Reporting Date	Performance	Op. Plan #
Aug-23	2,229	QC11
Threshold	YTD Mean	Benchmark
< 2,286	2,300	2,311
(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		



Reporting Date	Performance	Op. Plan #
Aug-23	57.4%	QC13
Threshold	YTD Mean	Benchmark
85.0%	58.0%	54.0%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		

Issues / Performance Summary

- Reduction in outpatient clinic capacity due to:
 - Staff vacancies, annual leave and other absences.
 - Difficulties in recruiting locum cover
 - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.
- 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.

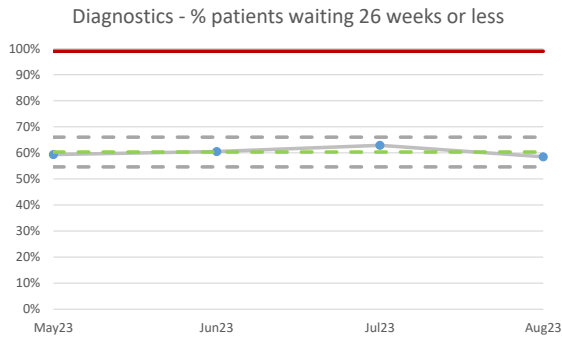
Planned / Mitigation Actions

- R&R delivery (Nov'21 to August '23): 0 Ophthalmology procs; 2,150 in total; 36 Orth procs (752 in total); 53 GSU procs (242 in total); Other surgical specialties – 0 procs (54 in total); 0 ENT OP attendances (510 in total); Radiology – 115 scans 22 CT, 93 US (706 in total); Mental Health – 12 referrals (236 in total)
- Overall there has been about a 77% reduction in the Ophth DC waiting list.
- Overall there's been about a 38% reduction in orthopaedic DC/IP waiting lists.
- General Surgery IP waiting list reduced by about 48%, 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 15,250 referrals have been through technical validation and over 7,600 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 14% 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

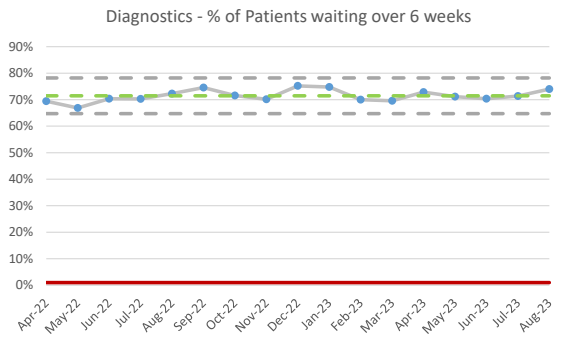
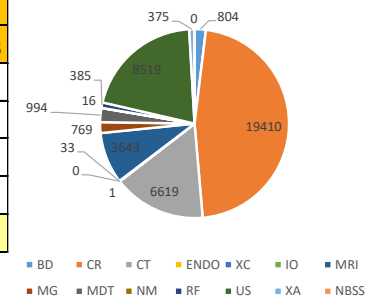
Note -
Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23.
The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using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



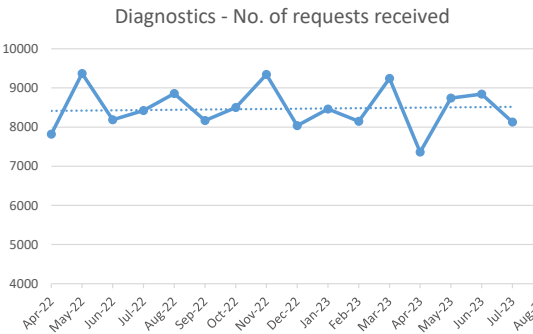
Reporting Date	Performance	Op. Plan #
Aug-23	58.5%	QC37b
Threshold*	YTD Mean	Benchmark
99.0%	60.3%	-
(higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		

Modality	Aug-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	56	1	2%
Computed Tomography	407	143	35%
Magnetic Resonance Imaging	253	73	29%
Ultrasound Non Obs	2,825	2,404	85%
Total	3,541	2,621	74%

YTD Demand by Modality: 2023/24



Reporting Date	Performance	Op. Plan #
Aug-23	74.0%	QC37
Threshold	YTD Mean	Benchmark
1%	72.0%	25.9%
(lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	41,568	QC37
Threshold	YTD Mean	Benchmark
-	8,314	8,546
Variation Description		
-		
Assurance Description		
-		

Issues / Performance Summary

- Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 26.6% higher than capacity in August.
- Emergency Department (ED) 26.2%, Outpatient Department (OPD) 36.2% and General Practitioner (GP) 19.9% are the primary source of referrals. and there has been no significant change on the distribution compared to last month.
- Inpatient referrals(886) remain high and slightly more than July. This equates to 13.2% of all requests.
- 46.9% of exams were reported within 2 hours, 15.6% have taken 97 hours or longer which is an increase on last month.
- Of the 6715 exams, 66% were turned around on the same day (19% increase compared to last month) and, a further 35.6% in 1- 28 days (slightly higher than last month).

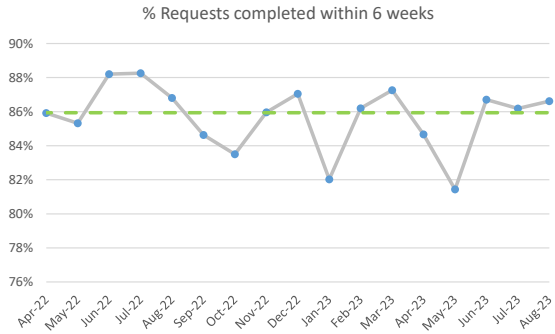
Planned / Mitigation Actions

- 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 -
 Benchmarks 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.



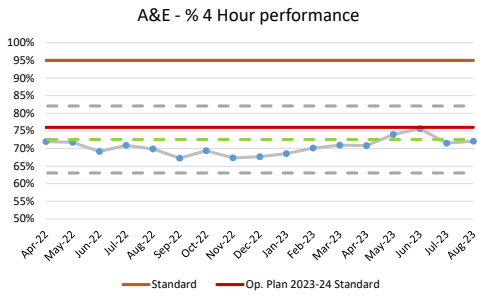
Reporting Date	Performance	Op. Plan #
Aug-23	86.6%	
Threshold	YTD Mean	Benchmark
-	85.1%	85.9%

Variation Description
- Common cause

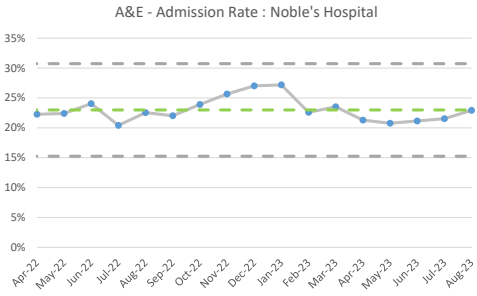
Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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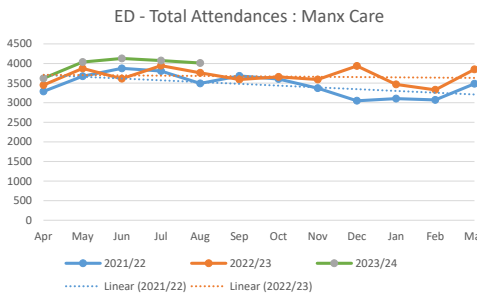
% Requests completed within 6 weeks:
Approximately 86.2% of requests completed in August were undertaken within 6 weeks. This was slightly higher than the average of 85.1% for the year so far.



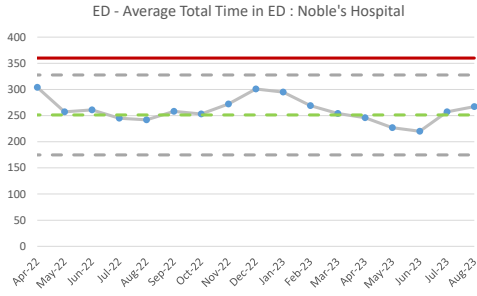
Reporting Date	Performance	Op. Plan #
Aug-23	72.1%	QC23
	Admitted 16.8%	
	Non-Admitted 82.9%	
Threshold	YTD Mean 72.8%	Benchmark 73.0%
(Higher value represents better performance)		
+ Variation Description: Common cause		
- Assurance Description: Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	22.9%	QC24
Threshold	-	
YTD Mean 21.5% Benchmark 29.0%		
+ Variation Description: Common cause		
- Assurance Description: Common cause		



Reporting Date	Performance	Op. Plan #
Aug-23	4,011	QC150
Threshold	-	
YTD Mean 3,974 Benchmark 3,671		
+ Variation Description: Common cause		
- Assurance Description: Consistently hit target		



Reporting Date	Performance	Op. Plan #
Aug-23	267	QC150
Threshold	360 mins	
YTD Mean 243 Benchmark 268		
(Lower value represents better performance)		
- Variation Description: Common cause		
+ Assurance Description: Consistently hit target		

Issues / Performance Summary

- August's performance of 72.1% remained below the 95% threshold and below the UK's performance of 73%.
 - Admitted Performance: 16.8%;
 - Non Admitted Performance: 82.9%;
- 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 August, the average admission rate from Noble's ED of 22.9% was lower than that of the UK (29%).

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.

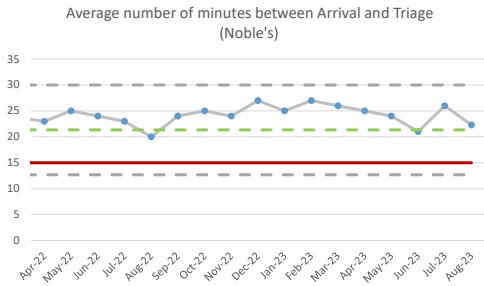
Planned / Mitigation Actions

- New staff are being recruited to positions in ED, both doctors and nurses, however doctor positions are proving problematic 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

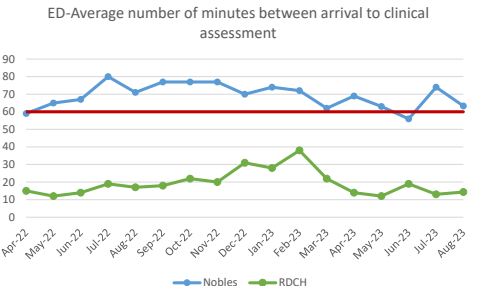
Assurance / Recovery Trajectory

- 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.

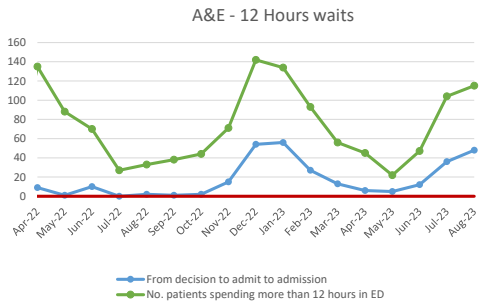
Note -
Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for August' 23. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.



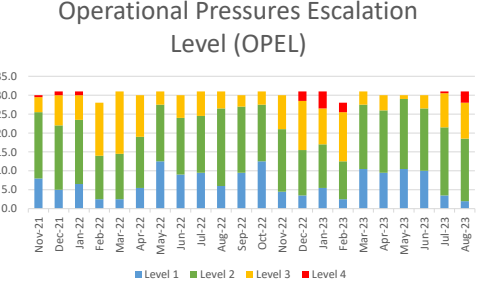
Reporting Date	Aug-23	Performance	22	Op. Plan #	QC26
Threshold	15 mins	YTD Mean	24	Benchmark	24
(Lower value represents better performance)					
+ Variation Description					
Special Cause of Concerning variation (High)					
- Assurance Description					
Consistently fail target					



Reporting Date	Aug-23	Performance	Nobles: 63 RDCH: 14	Op. Plan #	-
Threshold	60 mins	YTD Mean	-	Benchmark	-
(Lower value represents better performance)					
Variation Description					
Assurance Description					



Reporting Date	Aug-23	Performance	%Trolley 12h Wait: 1.2% % ED 12h Wait: 2.9%	Op. Plan #	QC78
Threshold	0	YTD Mean	-	Benchmark	-
(Lower value represents better performance)					
- Variation Description					
- Assurance Description					
Consistently fail target					



Reporting Date	Aug-23	Performance	-	Op. Plan #	-
Threshold	0	YTD Mean	-	Benchmark	-
(Lower value represents better performance)					
Variation Description					
Assurance Description					

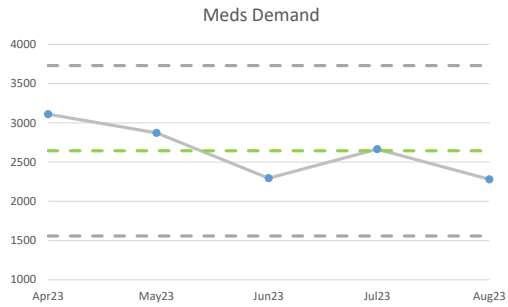
Issues / Performance Summary

- The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 3 days in August.
- The number of 12 Hour Trolley Waits was 48 (1.2% of attendances; UK 1.4%)
- 115 patients had a stay of more than 12 hours in ED in August. That equated to 2.9% of attendances.

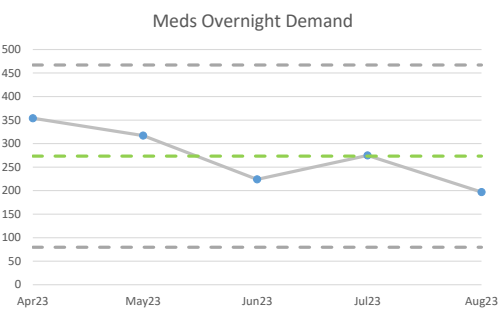
Planned / Mitigation Actions

Assurance / Recovery Trajectory

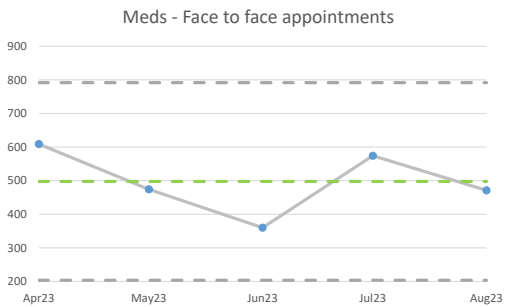
Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.



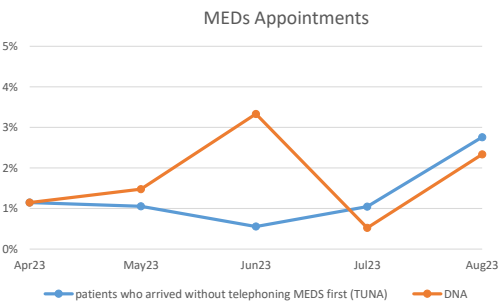
Reporting Date	Performance	Op. Plan #
Aug-23	2281	-
Threshold	-	-
YTD Mean	2645	Benchmark
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	197	-
Threshold	-	-
YTD Mean	273	Benchmark
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	471	-
Threshold	-	-
YTD Mean	498	Benchmark
Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jan-00	TUNA 2.8% DNA 2.3%	-
Threshold	-	-
YTD Mean	-	Benchmark
(Lower value represents better performance)		
Variation Description		
Assurance Description		

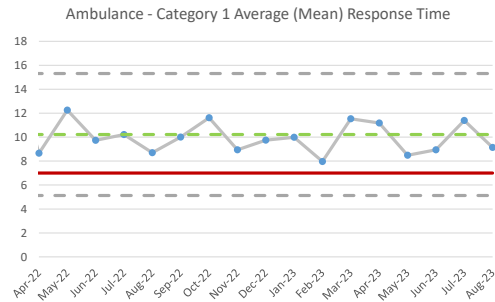
Issues / Performance Summary

- In August 2023 MEDS provided 2281 patient interactions.
- In August 2023 MEDS offered a total of 471 Face to face appointments either at base or in the community. This was 27% of the total telephone contacts for this period.
- Of the 471 face to face appointments 11 were patients who arrived without telephoning MEDS first and 11 of the patients failed to attend their given appointment.

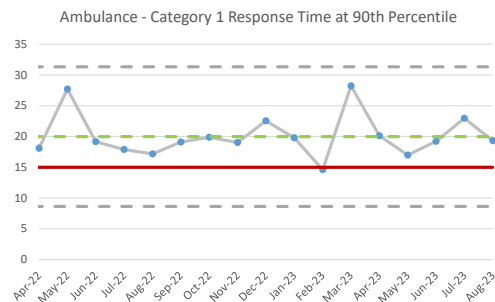
Planned / Mitigation Actions

Assurance / Recovery Trajectory

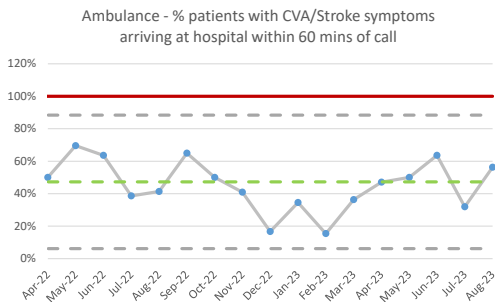
Responsive **Ambulance (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**



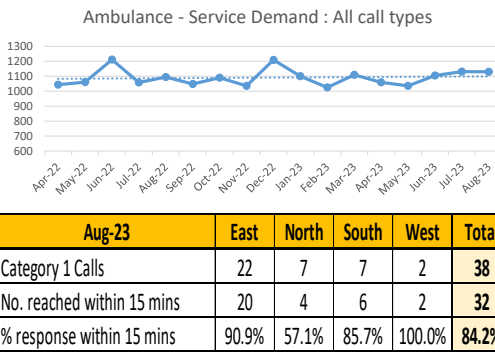
Reporting Date	Performance	Op. Plan #
Aug-23	00:09:08	QC20
Threshold	YTD Mean	Benchmark
7 mins	00:09:49	00:08:17
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	00:19:20	QC21
Threshold	YTD Mean	Benchmark
15 mins	00:19:43	00:14:46
(Lower value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	56.3%	
Threshold	YTD Mean	Benchmark
100.0%	49.8%	43.5%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	1,130	
Threshold	YTD Mean	Benchmark
-	1,092	1,090

+ Variation Description					
Common cause					
- Assurance Description					
Consistently fail target					

Aug-23	East	North	South	West	Total
Category 1 Calls	22	7	7	2	38
No. reached within 15 mins	20	4	6	2	32
% response within 15 mins	90.9%	57.1%	85.7%	100.0%	84.2%

Issues / Performance Summary

- Demand for Ambulance services has slightly increased in August '23 = 1130, comparing to [August '22 = 1095]; The number of calls is approximately 3.2% higher than in the previous year.
- August has seen an improvement in both Category 1 and Category 2 performance. This can be attributed to factors within our control such as stronger staffing levels for the month, Increased staffing and resource levels for Manx Grand Prix (with additional mutual aid assistance from WAST) and increased Clinical Navigations shifts undertaken this month vs previous months as new staff take up their full time positions. Improvements or decline can also come about due to factors which are challenging to control such as the location of high priority patients comparable to available resources within close proximity, whether 999 call volume demand is compressed or spread out over a given timeframe and hospital turnaround times.
- 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

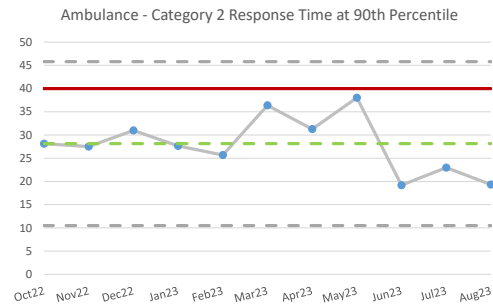
- Clinical Navigator Soft Launch phase has commenced with volunteer existing ambulance staff involved. They have received IMAS training package and have commenced ad-hoc, mentored navigation shifts within ESJCR.
- A full time (LTA) and Bank Clinical Navigator has been appointed and is being trained. 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 August '23.
 Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.

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



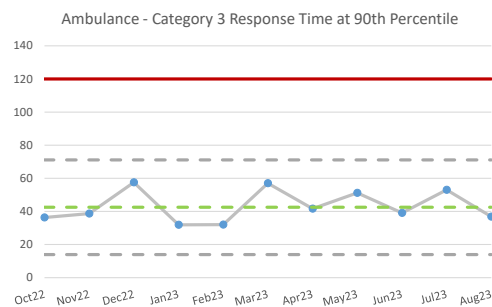
Reporting Date	Performance	Op. Plan #
Aug-23	00:24:55	QC136

Threshold	YTD Mean	Benchmark
40 mins	00:30:10	01:07:21

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



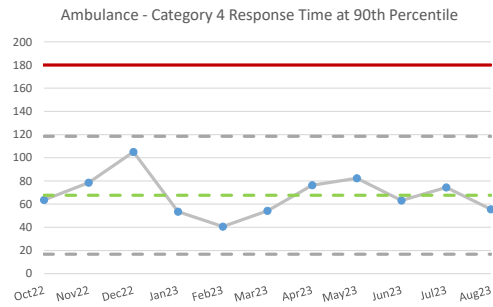
Reporting Date	Performance	Op. Plan #
Aug-23	00:36:52	QC138

Threshold	YTD Mean	Benchmark
120 mins	00:44:22	04:09:35

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



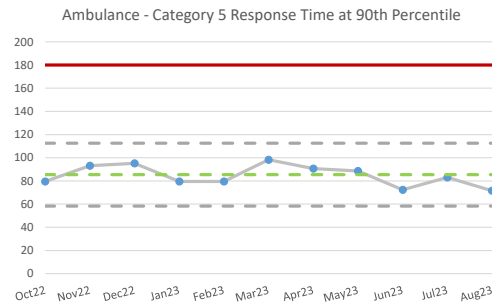
Reporting Date	Performance	Op. Plan #
Aug-23	00:55:34	QC140

Threshold	YTD Mean	Benchmark
180 mins	01:10:22	05:00:31

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



Reporting Date	Performance	Op. Plan #
Aug-23	01:11:33	QC142

Threshold	YTD Mean	Benchmark
180 mins	01:21:15	-

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target

Issues / Performance Summary

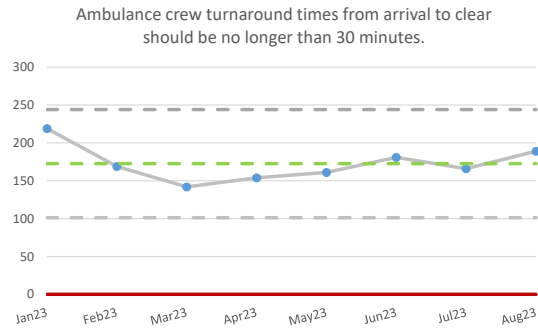
- We remain bench marking well against the categories (2,3,4 and 5) standards:
- Category 2; Standard < 40 mins; 90th percentile = 00:24:55
- Category 3; Standard < 120 mins; 90th percentile = 00:36:52
- Category 4; Standard < 180 mins; 90th percentile = 00:55:34
- Category 5; Standard < 180 mins; 90th percentile = 01:11:33

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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**



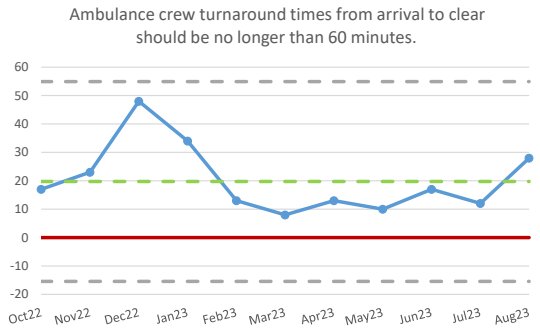
Reporting Date	Performance	Op. Plan #
Aug-23	189	QC85

Threshold	YTD Mean	Benchmark
0	170	177

(Lower value represents better performance)

-	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target



Reporting Date	Performance	Op. Plan #
Aug-23	28	QC86

Threshold	YTD Mean	Benchmark
0	16	22

(Lower value represents better performance)

-	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

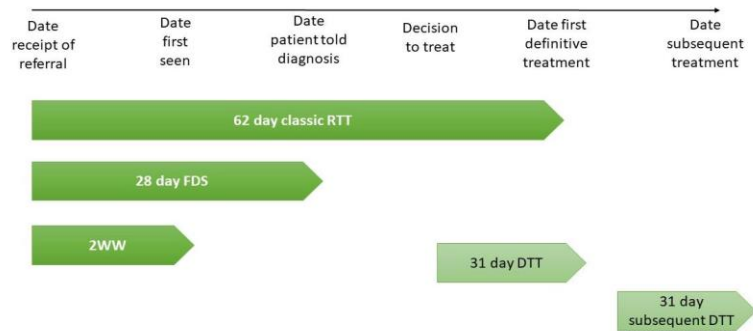
Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

- There were 28 instances where handover Turnaround Times were greater than 60 mins, and 189 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^A 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.

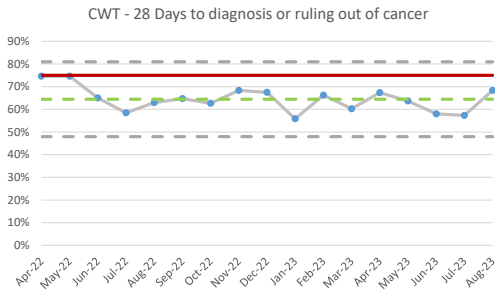
Best Practice Timed Pathways

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.

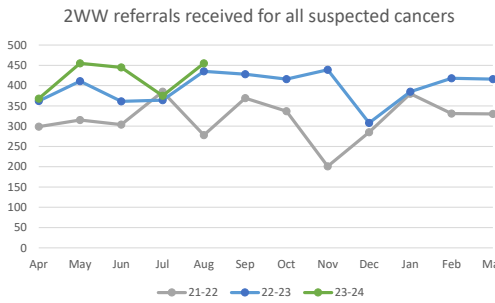
The UK are moving to a new version of the National Cancer Waiting Time Guidance (version 12.0) from October 2023 (<https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00654-national-cancer-waiting-times-monitoring-dataset-guidance-v12.pdf>). The new guidance has simplified the CWT reporting:

- 28 day FDS – target 75% (Receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer)
- 62 day RTT – target 85% (From receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer)
- 31 day DTT – target 96% (From Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer)

Responsive Cancer Wait Times (1 of 3)

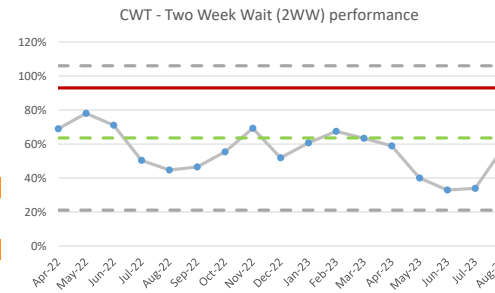


Reporting Date	Performance	Op. Plan #
Aug-23	68.4% (285 of 417)	QC31
Threshold	YTD Mean	Benchmark
75.0%	62.9%	74.00%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



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

Executive Lead Oliver Radford



Reporting Date	Performance	Op. Plan #
Aug-23	57.5% (254 of 442)	QC29
Threshold	YTD Mean	Benchmark
93.0%	44.7%	77.50%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Tumour Group	2WW Referrals								
	Aug-23	Apr - August 2023	Apr - August 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	73	335	256	30.9%	67	53	934	635	47.1%
Colorectal	88	391	369	6.0%	80	76	1,115	913	22.1%
Dermatology	114	512	424	20.8%	102	40	1,432	995	43.9%
Gynaecology	43	213	195	9.2%	43	38	598	476	25.7%
Haematology	5	20	27	-25.9%	2	6	35	72	-51.0%
Head & Neck	33	186	173	7.5%	37	35	521	422	23.4%
Lung	15	57	56	1.8%	13	10	174	120	45.0%
Other	3	12	19	-	2	2	34	29	15.9%
Upper GI	37	146	163	-10.4%	31	34	427	406	5.1%
Urology	37	166	154	7.8%	36	36	494	432	14.3%
Sub-Total	448	2,038	1,836	11.0%	408	35	5,763	4,500	28.1%

**Tumour Group	Monthly number of	
	Aug-23	12 month Avg.
Breast symptomatic (non-suspected cancer)	4	6

*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

- Continued high number of suspected cancer referrals across tumour groups is impacting on capacity.
- All suspected cancers continue to be monitored against Cancer Waiting Times (CWT) targets by operational PTL and tumour specific PTLs
- Delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS) and communication with MDT to stop the clock as soon as diagnosis is communicated.
- Capacity for Endoscopy and Outpatient appointments due to lack of staff to cover clinics noted at PTL
- Volatility of percentages due to small numbers, especially for some targets

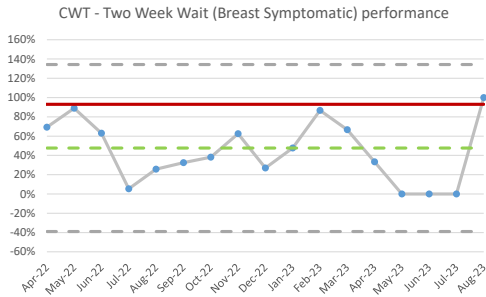
Planned / Mitigation Actions

- 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.

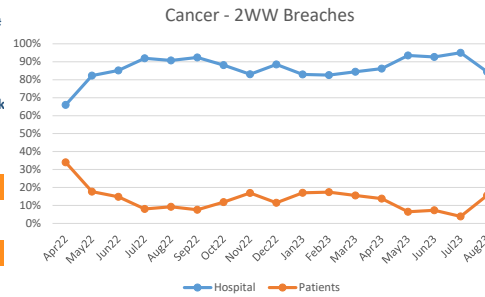
Assurance / Recovery Trajectory

- 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

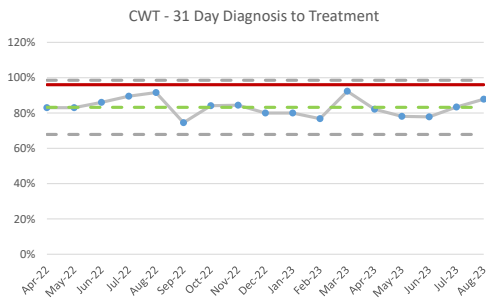
Note -
 Benchmarks for '2WW Performance' and '28 days to diagnosis' are UK NHSE performance figures for Q4 22-23. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2022/23.



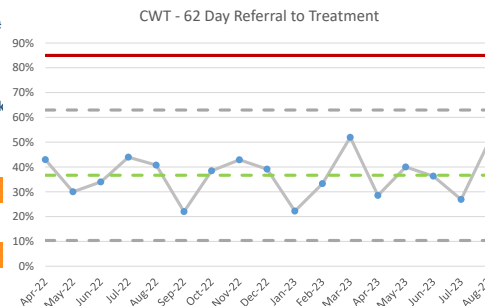
Reporting Date	Performance	Op. Plan #
Aug-23	100.0% (1 of 1)	QC30
Threshold	YTD Mean	Benchmark
93.0%	26.7%	72.20%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Aug-23	50.0% (11 of 22)	QC34
Threshold	YTD Mean	Benchmark
85.0%	36.4%	59.10%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	87.8% (36 of 41)	QC35
Threshold	YTD Mean	Benchmark
96.0%	81.8%	90.80%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	50.0% (11 of 22)	QC34
Threshold	YTD Mean	Benchmark
85.0%	36.4%	59.10%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		

Issues / Performance Summary

- The 93% 2WW standard allows 7% for patient choice – in August there has been a higher percentage of patient choice breaches.

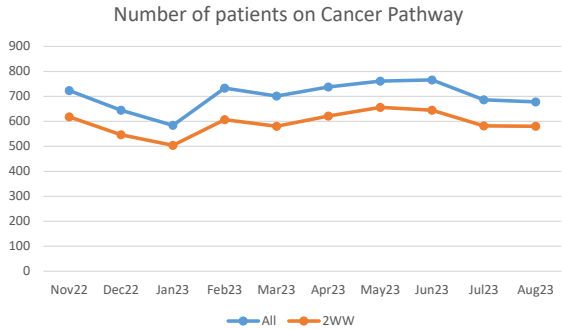
For August'23:
Reason for Breach - Hospital: 84.4%
Reason for Breach - Patient Choice: 15.6%

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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**



Reporting Date
Aug-23

Performance
678

Op. Plan #

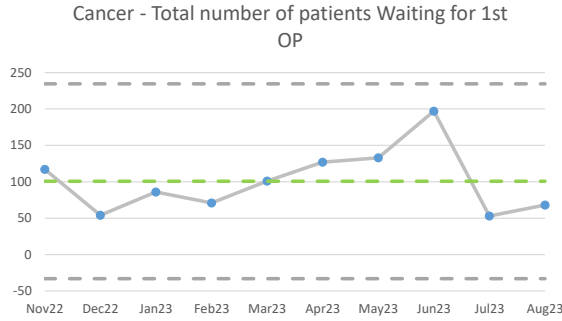
Threshold
-

YTD Mean
726

Benchmark
677

Variation Description

Assurance Description



Reporting Date
Aug-23

Performance
68

Op. Plan #

Threshold

YTD Mean
116

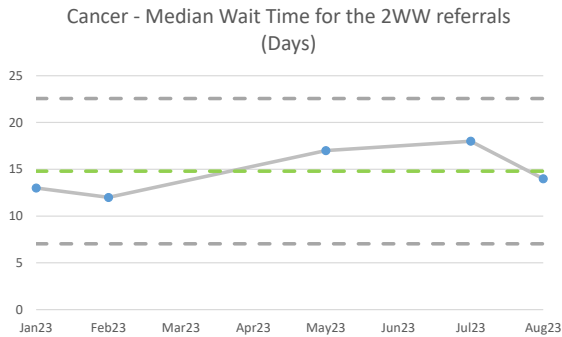
Benchmark
86

(Lower value represents better performance)

Variation Description

Common cause

Assurance Description



Reporting Date
Aug-23

Performance
14

Op. Plan #

Threshold

YTD Mean

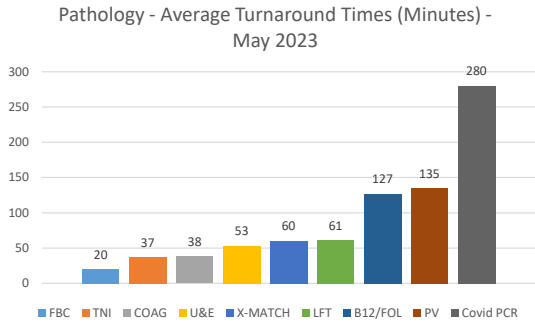
Benchmark

+ Variation Description
Common cause

Assurance Description

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

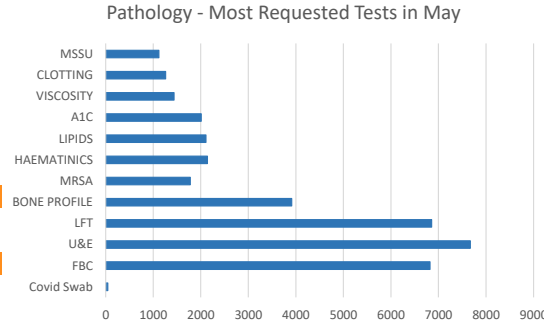
Please see page 50 for supporting narrative.



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

Variation Description

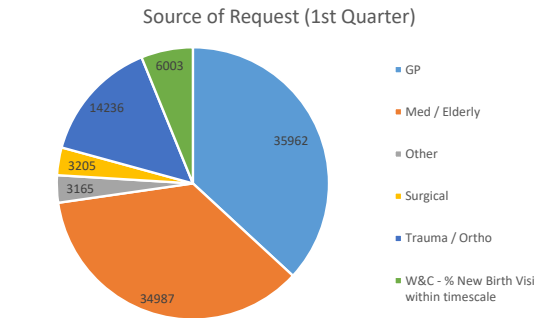
Assurance Description



Reporting Date	Performance	Op. Plan #
May-23	37167	-
Threshold	YTD Mean	Benchmark
-	#DIV/0!	-

Variation Description

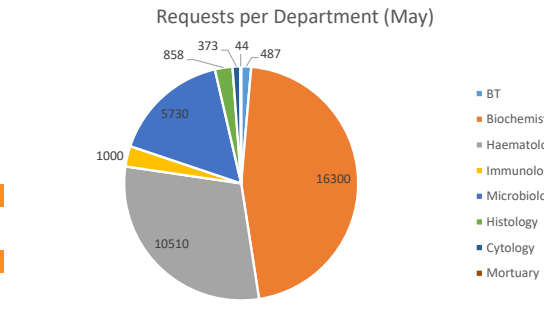
Assurance Description



Reporting Date	Performance	Op. Plan #
May-23	91555	-
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
May-23	35302	-
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards are completed annually for all laboratories.

Analytical EQA schemes - participation: BT = 8 schemes; Immunology = 18 schemes; Biochemistry = 16 schemes; Microbiology = 21 schemes; Haematology = 9 schemes; Histology = 5 schemes. No poor performance notifications received.

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

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

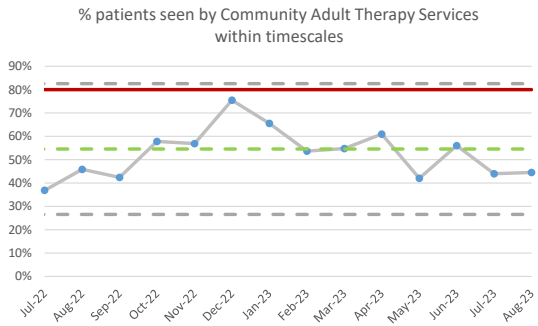
All Biomedical Scientists are currently registered with the HCPC and so can evidence Continuous Professional Development. PDPs are run on a rolling window around April / May. All staff have regular PDP.

Compliance with Mandatory training: Equality & Diversity – 89%, Safer manual handling – 89%, Infection Prevention and Control – 92%, Safeguarding Children – 90%, Safeguarding Adults – 83%, Fire – 92%

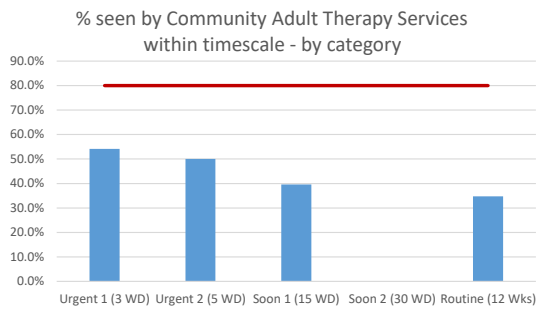
Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



Reporting Date	Performance	Op. Plan #
Aug-23	44.6%	QC62
Threshold	YTD Mean	Benchmark
80.0%	49.5%	54.4%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Aug-23	-	-
Threshold	YTD Mean	Benchmark
80%	-	-
(Higher value represents better performance)		
+ Variation Description		
- Assurance Description		

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

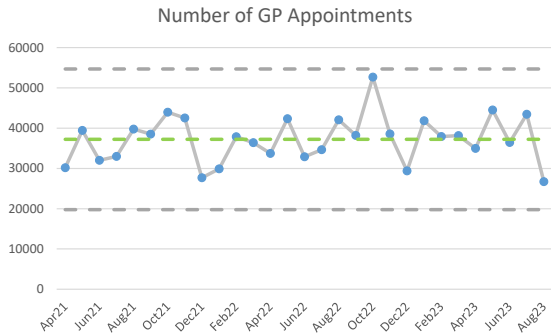
Community Adult Therapy:

- 54.1% of Urgent 1 (3 working day) and ;50% of Urgent 2 (5 working day) patients were seen within the required timescales in August.
- 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.
- Some staffing issues, particularly within OTs. Currently only 1 rotational available to cover the hospital.

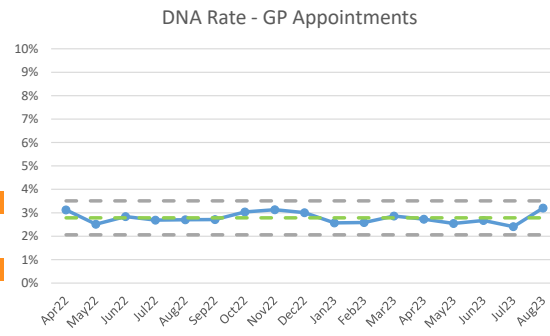
Community Adult Therapy:

- 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.
- Recruitment is ongoing. Manx Care's 'People Strategy' to inform challenges in recruitment of specialist staff.

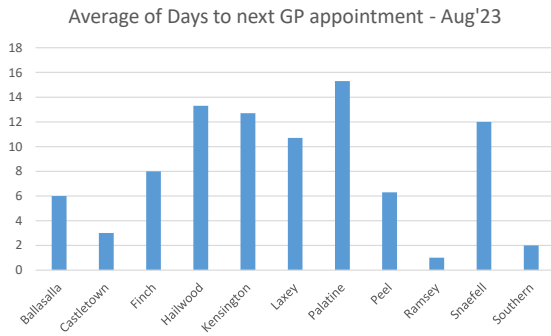
- Note:
Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.



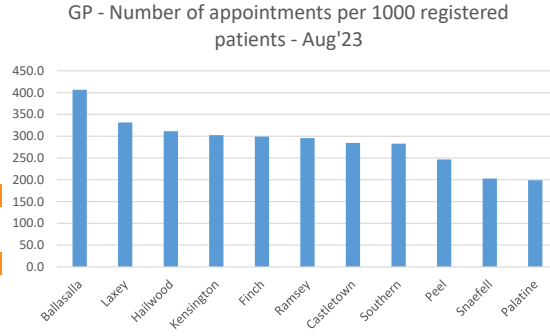
Reporting Date	Performance	Op. Plan #
Jul-23	26720	-
Threshold	-	-
YTD Mean	37220	-
Benchmark	-	38523
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	3.2%	QC151
Threshold	-	-
YTD Mean	2.7%	-
Benchmark	-	2.8%
Variation Description		
Common cause		
Assurance Description		

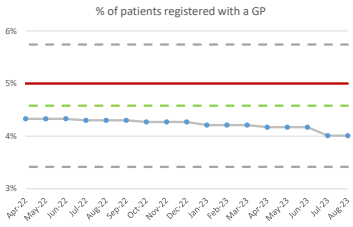


Reporting Date	Performance	Op. Plan #
Aug-23	-	-
Threshold	-	-
YTD Mean	7.2	-
Benchmark	-	-
Variation Description		
(Lower value represents better performance)		
Assurance Description		



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

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



Reporting Date	Performance	Op. Plan #
Jul-23	4.0%	QC99
Threshold	YTD Mean	Benchmark
5.0%	4.1%	4.3%
(Lower value represents better performance)		
Variation Description		
Special Cause of Improving variation (Low)		
Assurance Description		
Consistently hit target		

Issues / Performance Summary

% of patients registered with a GP:

- % tolerance has been updated to reflect the rise in population (based on known information on patients who have moved from the UK / left to the UK / immigrants / births / deaths etc) The data now shows a tolerance of just over 4% as at July 2023.

Planned / Mitigation Actions

% 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.

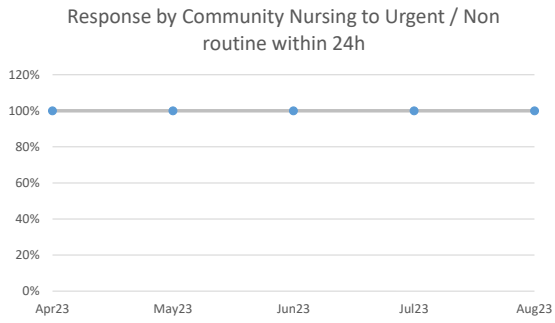
Assurance / Recovery Trajectory

% of patients registered with a GP:

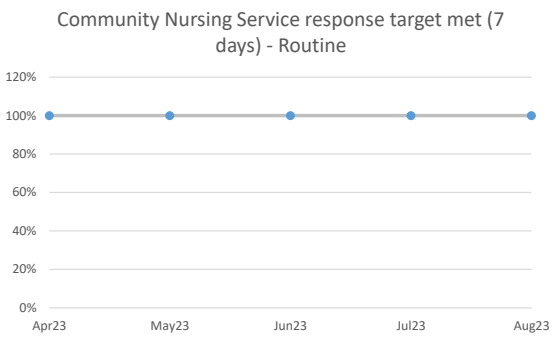
- The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and movement has been made to reduce to 4%.
- We will continue to review the % on a monthly / quarterly basis, working to the list cleansing timetable and with practices accordingly.

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

Responsive	Integrated Primary & Community Care (4 of 5)	Executive Lead	Oliver Radford	Lead	Annamarie Cubbon
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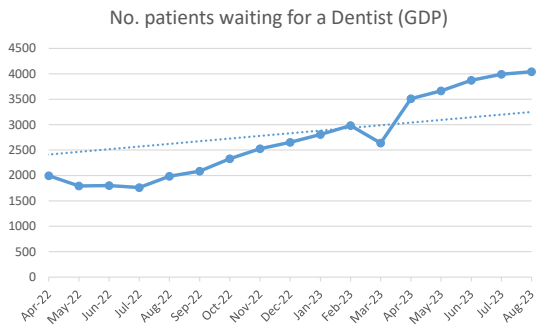
Reporting Date Aug-23	Performance 100%	Op. Plan # QC61
Threshold -	YTD Mean 100.0%	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



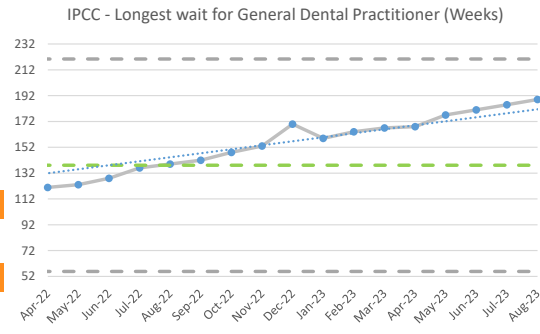
Reporting Date Aug-23	Performance 100.0%	Op. Plan # QC62
Threshold -	YTD Mean 100%	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Both Community Nursing response standards continue to be fully met.		
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Reporting Date Aug-23	Performance 4042	Op. Plan #
Threshold -	YTD Mean 3816	Benchmark 945
(Lower value represents better performance)		
Variation Description		
Assurance Description		



Reporting Date Aug-23	Performance 189	Op. Plan #
Threshold -	YTD Mean 168	Benchmark 168
(Lower value represents better performance)		
Variation Description Special Cause of Concerning variation (High)		
Assurance Description		

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

- In August 2023 156 patients were added to the dental allocation list. 106 patients were allocated to a NHS dental practice. At the end of August 2023 the total number of patients awaiting allocation to a NHS dentist was 4,042.

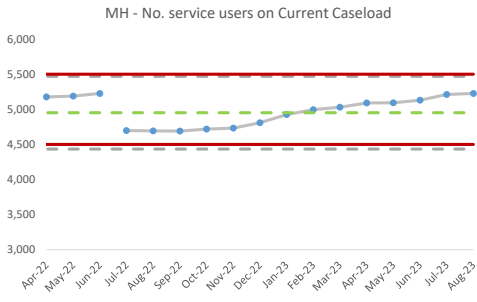
Dental:

- 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.

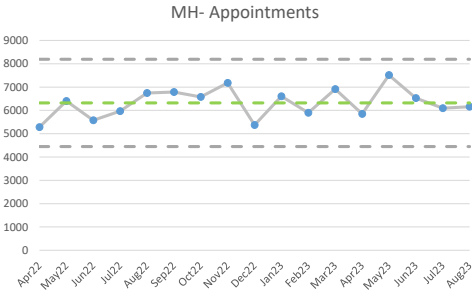
Dental:

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

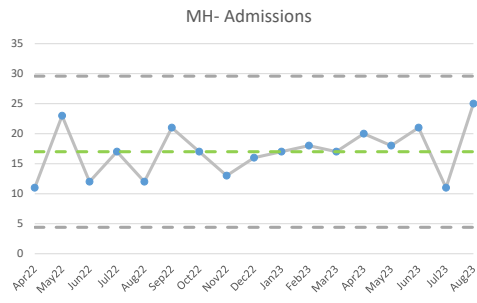
Note -
Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2022/23.
Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.



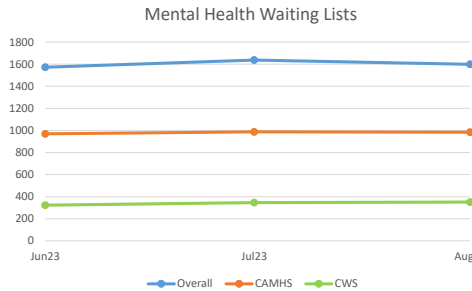
Reporting Date	Performance	Op. Plan #
Aug-23	5226	QC73
Threshold	YTD Mean	Benchmark
4500 - 5500	5150	4907
(Value within range represents better performance)		
- Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date	Performance	Op. Plan #
Aug-23	6156	
Threshold	YTD Mean	Benchmark
-	6428	6276
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	25	
Threshold	YTD Mean	Benchmark
-	19	16
- Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	1598	
Threshold	YTD Mean	Benchmark
-	1602	
- Variation Description		
Assurance Description		

Issues / Performance Summary

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 equivalent in England. This range is benchmarked upon historic demand.

MH Appointments:
The DNA rate for the service remains below 10% at 9.06%

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 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

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.

Planned / Mitigation Actions

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

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

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

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

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

Assurance / Recovery Trajectory

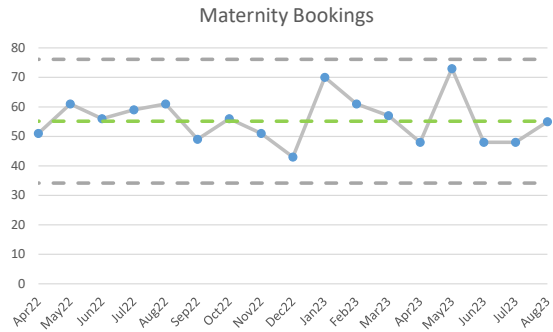
Current Caseload:
IMHS continue to be the main contributing department to the implementation of iThrive on the island. Successful embedding of this initiative should ensure that services other than entry to IMHS are available to children and their families, this should over time reduce demand on the service now and in the future.

MH Appointments

MH Admissions to Manannan Court:

MH Waiting Lists
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 positive impact on waiting lists as a direct result of this programme.

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



Reporting Date
Aug-23

Performance
55

Op. Plan #
-

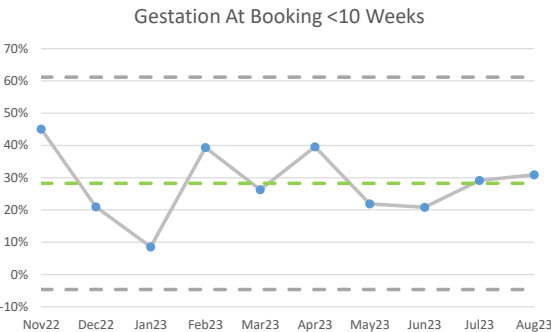
Threshold
-

YTD Mean
1174

Benchmark
56

Variation Description
Common cause

Assurance Description



Reporting Date
Aug-23

Performance
31%

Op. Plan #
-

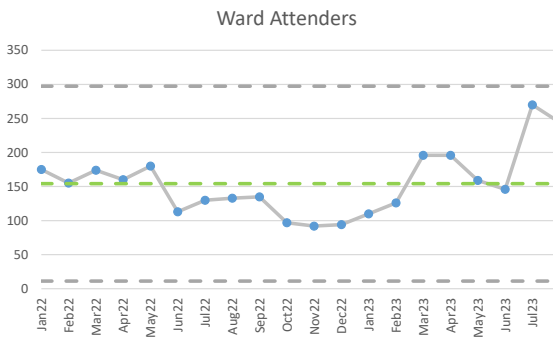
Threshold
-

YTD Mean
28%

Benchmark
28.0%

Variation Description
Common cause

Assurance Description



Reporting Date
Aug-23

Performance
244

Op. Plan #
-

Threshold
-

YTD Mean
-

Benchmark
131

Variation Description
Common cause

Assurance Description

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

Maternity bookings

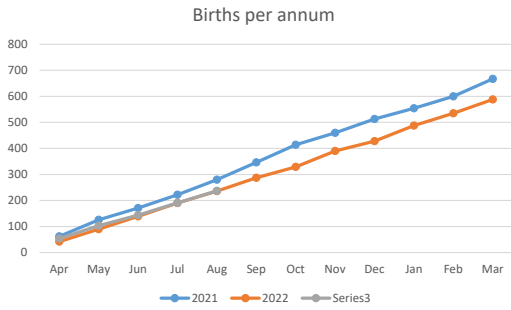
Gestation<10 weeks at booking: 17 (30.9%) compared with 27 (44.3%) last August. The work to implement a self-referral process for women is ongoing and once implemented the compliance with this KPI should improve.

Booking: A total of 55 women have booked for care in August compared with 61 women at the same time in 2022.

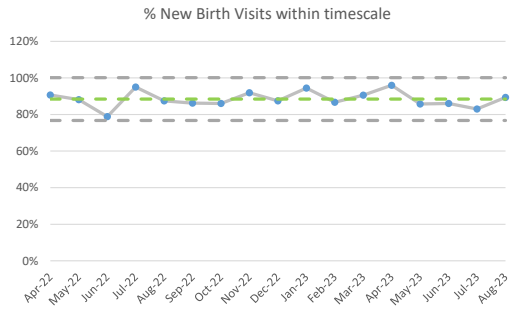
Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



Reporting Date	Performance	Op. plan #
Aug-23	237	
Threshold	YTD Mean	Benchmark
-	146	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Aug-23	89%	QC133
Threshold	YTD Mean	Benchmark
-	88%	89%
+ Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary

Total births in August was 46. The same amount of births occurred in August 2022.

In August 2023 we received 47 **Antenatal referrals** into the department.

We completed a total of 47 visits. Out of these visits, 42 were completed within the timeframe of 14 days and 5 were not completed on time.

Percentage
 Within timeframe – 89%
 Out of Timeframe – 11%

Exception Data
 The five visits were booked within timescale, four were changed due to parental availability.

Breach Data
 One visit was accidentally booked for a bank holiday.

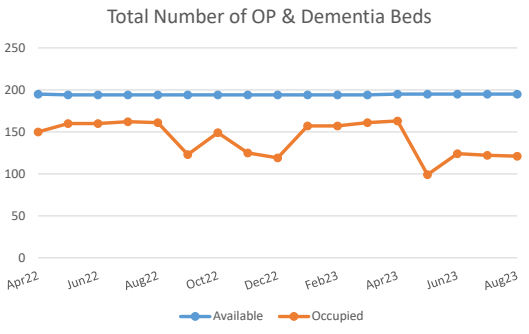
In August, 39 women were assessed as Universal, 8 as Universal Plus and 0 as Universal Partnership Plus at their New Birth Visit

Planned / Mitigation Actions

Assurance

With the establishment increasing as of September we expect all new birth visits to be conducted within timeframe where within our control.

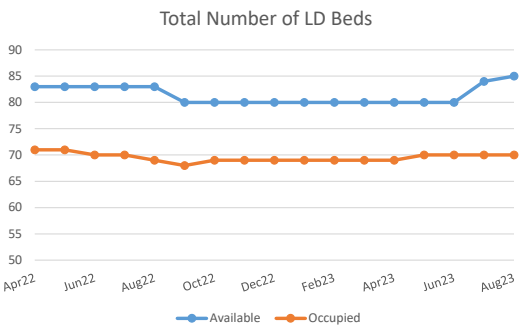
Responsive **Adult Social Care** **Executive Lead** **David Hamilton** **Lead** **Jonathan Carey**



Reporting Date	Performance	Op. Plan #
Aug-23	Available 195 Occupied 121	-
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description



Reporting Date	Performance	Op. Plan #
Aug-23	Available 85 Occupied 70	-
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary

The vacancy factor across Older Peoples Services is largely attributable to recent announcements at Cummal Moorar where they currently have 7 vacant beds + 3 respite beds. Southlands are carrying 4 vacancies but have 4 people on the waiting list. Dementia Care & Support Services have 4 vacancies and 5 people on the waiting list. Therefore in reality where there are vacancies people are transitioning into those beds. Across Learning Disability Services of the 86 beds available - 4 are in decommissioned home (CQC Recommendation) - 5 are currently unavailable due to the challenges presented by existing service users (Douglas & Ramsey) The remaining beds are largely identified for people in transition to residential services and as such, services are operating at 86% of available capacity.

Planned / Mitigation Actions

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

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	Aug-23		6.6%	5.8%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Aug-23	-	94	80	-	-		
WP004		Workforce - Number of staff leavers	Aug-23	-	34	25	124	-		
WP005		Workforce - Number of staff on disciplinary measures	Aug-23	-	11	8	40	-		
WP006		Workforce - Number of suspended staff	Aug-23	-	4	2	8	-		
WP013		Staff 12 months turnover rate	Aug-23		9.4%	10.3%	51.7%	10%		
WP014		Training Attendance rate	Aug-23		60.0%	61.6%	308.0%	90%		
WP007		Governance - Number of Data Breaches	Aug-23		11	11	56	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Aug-23	-	65	55	277	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Aug-23	-	2	2	10	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Aug-23	-	13	11	56	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Aug-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Aug-23		39	43	213	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Aug-23		41	43	214	-		

Well Led

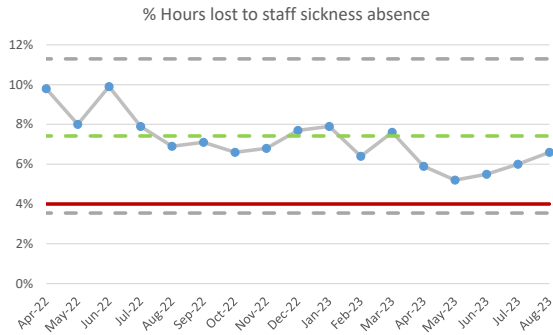
OHR (1 of 2)

Executive Lead

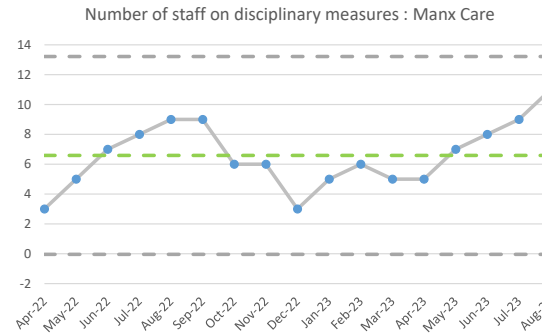
Anne Corkill

Lead

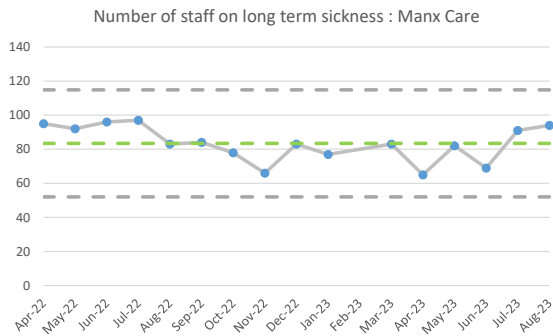
Hannah Leighton



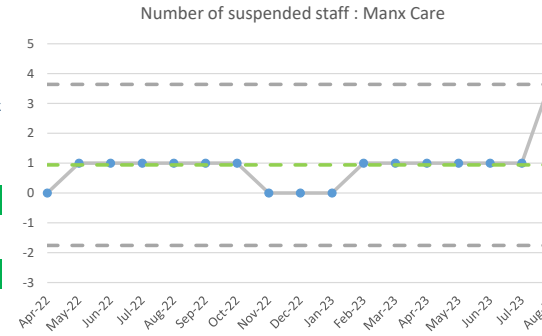
Reporting Date	Performance	Op. plan #
Aug-23	6.6%	P1
Threshold	4.0%	Benchmark
	YTD Mean 5.8%	7.7%
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Aug-23	11	P5
Threshold	-	Benchmark
	YTD Mean 8	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Aug-23	94	P4
Threshold	-	Benchmark
	YTD Mean 80	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Aug-23	4	P6
Threshold	-	Benchmark
	YTD Mean 2	-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary

- **Worktime lost in August '23 by sickness category:**
- Stress, Anxiety & Depression - 1.9%
- Cough, Cold & Flu - 0.3%
- Musculoskeletal - 1.3%
- Covid-19 - 0.7%
- Other sickness - 2.5%

- **Worktime lost in August '23 by Area:**
- Integrated Social Care Services - 7.2%
- Medicine, Urgent Care & Ambulance Services - 4.9%
- Integrated Mental Health Services -
- Infrastructure - 13%
- Integrated Primary & Community Care Services - 5.8%
- Integrated Cancer & Diagnostic Services - 4.6%
- Women, Children & Families - 6.3%
- Surgery, Theatres, Critical Care & Anaesthetics - 6.6%

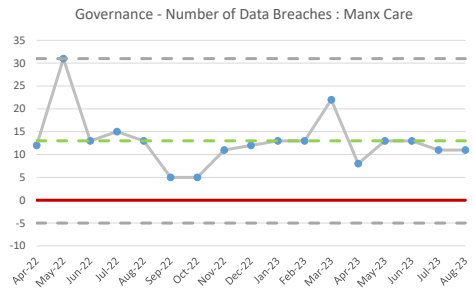
Planned / Mitigation Actions

- 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.

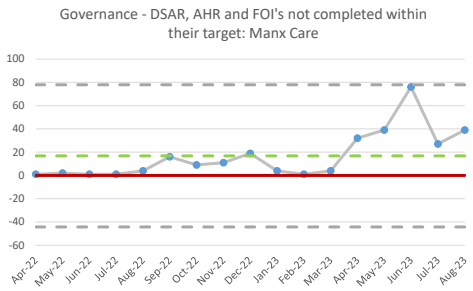
Assurance / Recovery Trajectory

- 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.

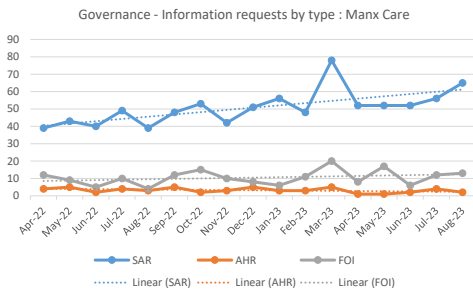
Well Led **Governance** **Executive Lead** **Simon Collins** **Lead** **Jennifer Maynard**



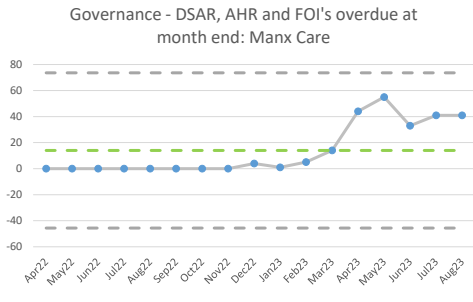
Reporting Date	Performance	Op. plan #
Aug-23	11	L1
Threshold	0	Benchmark
	YTD Mean 11	-
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. plan #
Aug-23	39	L6
Threshold	0	Benchmark
	YTD Mean 43	-
- Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. plan #
Aug-23	-	L2-3-4
Threshold	-	Benchmark
	YTD Mean -	-
- Variation Description		
- Assurance Description		



Reporting Date	Performance	Op. plan #
Aug-23	41	-
Threshold	-	Benchmark
	YTD Mean 43	14
- Variation Description Common cause		
- Assurance Description		

Issues / Performance Summary

- Total Breaches : 11 in August**

Data Subjects informed: 5

Data Subjects Not Informed: 63 (est) [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: 4
Written Communication: 4
Confidentiality: 3










Planned / Mitigation Actions

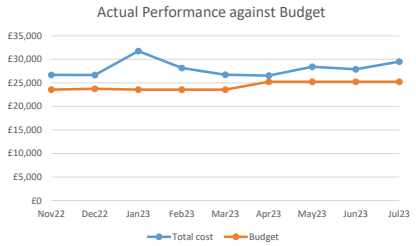
- Manx Care continues to report all incidents reported to the Manx Care DPO as breaches to the ICO
- Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared 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

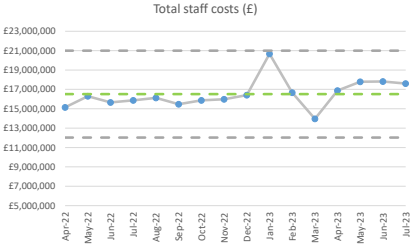
- Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Staff reporting breaches to the Manx Care DPO is a positive reflection of the awareness amongst staff of the responsibility for good information governance. Willingness by staff to report ensures 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. The IG Team are actively exploring ways to increase efficiency and resourcing. Initial proposals have been made regarding some areas of efficiency and these will be explored further with the appropriate committees within Manx Care. 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

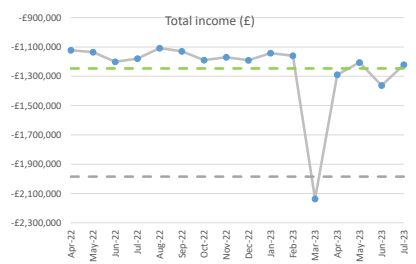
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Jul-23		27%	-	49%	100% (equiv. 1%)		
WF002		Total income (£)	Jul-23	-	-£1,220,693	-£1,238,717	-£5,079,008	-		
WF003		Total staff costs (£)	Jul-23	-	£17,602,014	£16,177,273	£70,091,560	-		
WF004		Total other costs (£)	Jul-23	-	£13,156,152	£11,886,589	£51,832,687	-		
WF005		Agency staff costs (proportion %)	Jul-23	-	6%	9.1%	-	-		
WF009		Actual performance against Budget	Jul-23		-4,261	-£4,401	-£11,412	-		



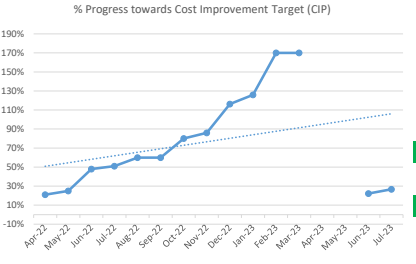
Reporting Date	Performance	Op. plan #
Jul-23		
Threshold	YTD Mean	Benchmark
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jul-23	17,602,014	F4
Threshold	YTD Mean	Benchmark
	16,177,273	-
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jul-23	-1,220,693	F3
Threshold	YTD Mean	Benchmark
	-1,238,717	-
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jul-23	26.7%	F1
Threshold	YTD Mean	Benchmark
100% (equiv. 1%)	-	-
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 just £20m creating a gap of £4.4m. The year end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £14.9m.

Total income (£):

- The operational result for July is an overspend of (£1,657k) which is the same variance reported as the previous month.

Total staff costs (£):

- The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m).
- Agency costs are now starting to track lower than last year and bank costs which did increase in June have reduced to expected levels. This means that the combined costs are now similar to last year and more in line with the expected trend.
- YTD employee costs are (£1.3m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total spend YTD of £3.4m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.1m), Women & Children (£0.7m) and Social Care (£0.6m), 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). To date, £1.2m in cash out savings have been delivered, which have also been reflected in the forecast. £459k in efficiencies have also been delivered but these do not impact the forecast. As CIP plans develop and crystallise, the forecast will be adjusted by Care Group to reflect actual spend reductions achieved, however £4.5m of savings are already included in the forecast centrally, along with £1.2m in the Care Groups. If the CIP delivers the full target of £10m, then it could improve the position by up to £4.3m. However, if the CIP 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 has also remained the same as reported in June (£27.2m), with £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%).

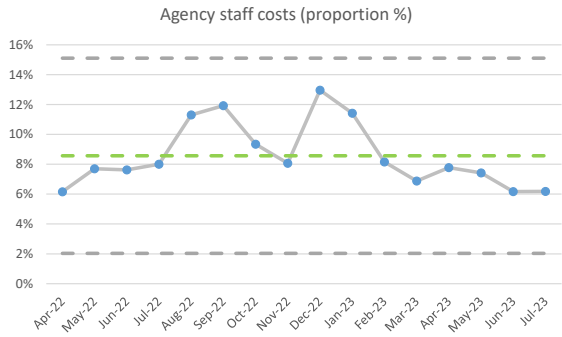
Assurance / Recovery Trajectory

% Progress towards Cost Improvement Target (CIP):

- Due to the expected outturn additional mitigations are being explored as part of a financial planning exercise in which the Care Groups have prepared 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 include financial implications as well as the impact on performance & 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.



Reporting Date	Performance	Op. plan #
Jul-23	6.2%	
Threshold	YTD Mean	Benchmark
	6.9%	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.		