

# Integrated Performance Report

September 2022

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# Contents

<b>Introduction</b>	3
<b>Executive Summary</b>	5
<b>Safe Summary</b>	6
• Serious Incidents	7
• Infection Control	8
• Falls	9
• Pressure Ulcers	9
• Medication Errors	10
<b>Effective Summary</b>	11
• Planned Care	12
• Theatres	13
• Mortality	14
• Wellbeing Services	15
• Dental UDAs	15
• Mental Health	16
• Adult Social Work	17
<b>Caring Summary</b>	18
• Complaints	19
<b>Responsive Summary</b>	20
• Waiting Lists (Secondary Care)	21
• Diagnostics	22
• A&E	23
• Ambulance	24
• Cancer	25
• IPCC	27
• Mental Health	28
<b>Well Led (People) Summary</b>	29
• Sickness	30
• Governance	31
<b>Well Led (Finance) Summary</b>	32
• Finance	33
<b>APPENDIX A</b>	34
• Example Service Area Summary	34

# Introduction - 1

## **New Integrated Performance Report (IPR) format**

With the inception of Manx Care's Performance Improvement & Management Service (PIMS) in August '22, a programme of work has been undertaken to develop and improve the content and format of the IPR. The aim of this work is to ensure that the IPR will provide a more meaningful sense of context for the levels of performance being achieved within the organisation. A more structured and concise format will give a clearer and greater sense of assurance that areas of challenge are being addressed efficiently and effectively, and that areas of good practice are being highlighted and learned from.

The development of the IPR will be an iterative process over the coming months, of which this report is the initial step. PIMS will 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.

Some of the key changes to the report are as follows:

## **Alignment to CQC recognised domains**

The key performance metrics have been 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. An example of such a summary can be found in Appendix A.

## **Structured narrative**

Supporting narratives for the performance indicators are now structured in a consistent format, setting 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

## **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 2021/22 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.

## **Key Performance Indicators (KPIs)**

PIMS are working with Care Group leads to review the KPIs and operational metrics that they are currently monitoring their performance against to ensure that they are aligned with the requirements of Manx Care's Required Outcome Framework (ROF), the DHS C's Single Oversight Framework (SOF) and the government's 'Our Island Plan'.

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.

# 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 currently 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 redevelop, 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 is due to extend until next year.

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

PIMS is working with the BI 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 BI have automated all of the required datasets.

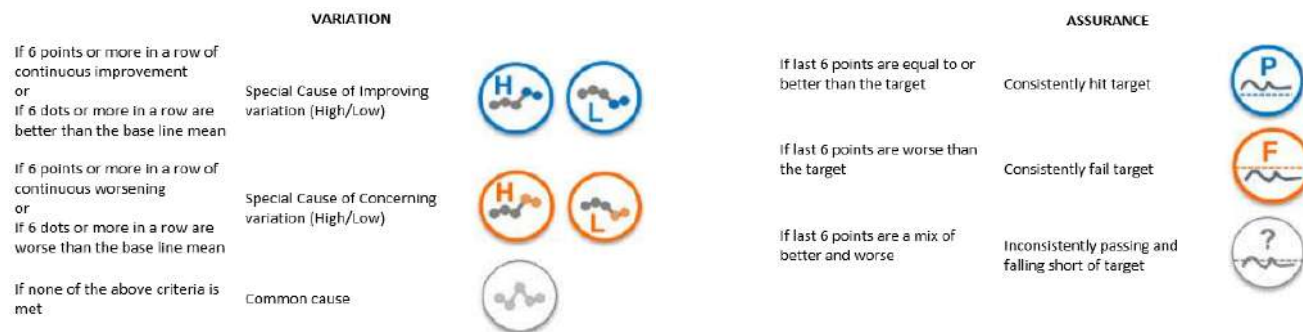
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work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

## Statistical Process Control (SPC) Charts

The report now includes greater use of Statistical Process Control (SPC) 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 distinguishing 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.

# Executive Summary

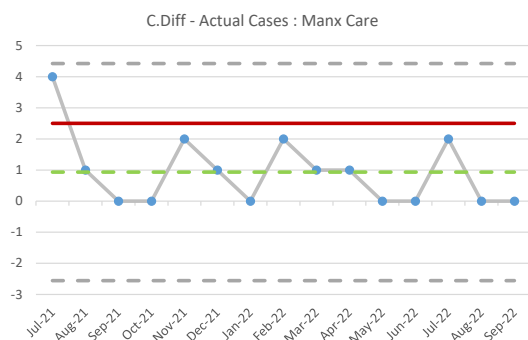
Domain	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> <li>Maintained 100% Duty of Candour since February 2022.</li> <li>C.Difficile and MRSA infection rates remain low.</li> </ul>	<ul style="list-style-type: none"> <li>Pressure Ulcers continue to track above the expected threshold. 17 reported in September against an average of only 7 per month during 2021/22. However, numbers of Grade 2+ are falling.</li> <li>Medication Errors continue to track above the expected threshold. 8 reported in September against an average of only 5 per month during 2021/22. Only 1 has resulted in harm.</li> </ul>
Effective	<ul style="list-style-type: none"> <li>Numbers of Hospital Deaths and Crude Mortality Rate both continue to fall.</li> <li>Dental Contractors on plan to provide required levels of Units of Dental Activity (UDAs).</li> </ul>	<ul style="list-style-type: none"> <li>102 patients now with Length of Stay (LOS) of 21 days or more. Reduced LOS from R&amp;R enhanced recovery pathways should begin to reduce overall LOS.</li> </ul>
Caring	<ul style="list-style-type: none"> <li>Maintained low levels of Re-opened Complaints.</li> <li>No Complaints were escalated for external review in September.</li> </ul>	<ul style="list-style-type: none"> <li>The number of Complaints responded to within the required timescales has remained low in September at 33%.</li> </ul>
Responsive	<ul style="list-style-type: none"> <li>The organisation's Admission Rate from the Emergency Department remains low.</li> <li>Inpatient and Daycase waiting list numbers are continuing to reduce as a result of the Restoration &amp; Recovery activity for Orthopaedics and Ophthalmology.</li> <li>Good Ambulance service performance against Category 2 - 5 response times despite increasing demand.</li> <li>Mental Health caseloads remain within expected levels.</li> </ul>	<ul style="list-style-type: none"> <li>Emergency care demand remains high and 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.</li> <li>An increase in two week wait referrals and specialist workforce shortages have impacted on Manx Care's ability to deliver timely access to cancer services.</li> <li>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.</li> <li>Access to routine diagnostics within 6 weeks remains challenging due to increasing demand exceeding current capacity.</li> <li>Category 1 Ambulance response times remain above threshold, and there were 14 handover time breaches in September.</li> </ul>
Well Led (People)		<ul style="list-style-type: none"> <li>Sickness absence remains high overall but has begun to decrease in recent months.</li> <li>There were 5 Data Breaches in September, but overall breach numbers have reduced for the second month in succession.</li> </ul>
Well Led (Finance)	<ul style="list-style-type: none"> <li>60% of CIP target delivered to date.</li> <li>Efficiency savings of £500k have also been delivered so far this year.</li> </ul>	<ul style="list-style-type: none"> <li>Operational overspend of (£2.1m) with the YTD position now being an overspend of (£4.9m). Costs have increased in the month by £0.5m.</li> <li>YTD Employee Costs are currently (£3.5m) over budget and only include a provision for a pay award at 2%. Excluding the impact of the pay award (over 2%), employee costs are expected to be (£4.6m) over budget by year end.</li> </ul>

## Safe Performance Summary

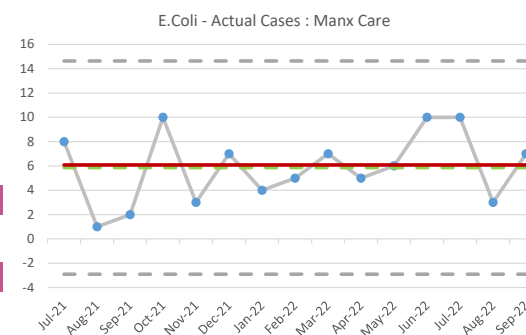
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Serious Incidents - No. of Incidents	Sep-22	3	3	15	< 40 PA		
SA002		Duty of Candour - application within 10 days (%)	Sep-22	100%	100%	-	> 98%		
SA003		Incidences of violence against service users	Sep-22	0	0	0	< 10 PA		
SA004		Incidences of violence against staff	Sep-22	0	3	15	< 10 PA		
SA005		VTE - % Assessments Completed	Sep-22	79%	85%	-	95%		
SA006		Never Events	Sep-22	0	0	0	0		
SA007		Total number of Inpatient Falls - Rate per 1,000 bed days	Sep-22	9	6.97	-	< 6.63		
SA008		Number of Inpatient Falls (with Harm) - Rate per 1,000 bed days	Sep-22	0.3	0.2	-	< 2		
SA009		Number of Falls - Adult Social Care	Sep-22	49	58	347	50		
SA010		Number of Falls (with Harm) - Adult Social Care	Sep-22	4	4	22	< 6		
SA011		Pressure Ulcers - Total incidence	Sep-22	17	19	112	< 204 PA		
SA012		Clostridium Difficile - Total number of acquired infections	Sep-22	0	1	3	< 30 PA		
SA013		MRSA - Total number of acquired infections	Sep-22	0	0	0	0		
SA014		E-Coli - Total number of acquired infections	Sep-22	7	7	41	< 73 PA		
SA015		Total number of Medication Errors	Sep-22	8	8	49	< 70 PA		
SA016		Number of Medication Errors (with Harm)	Sep-22	1	1	3	< 25 PA		



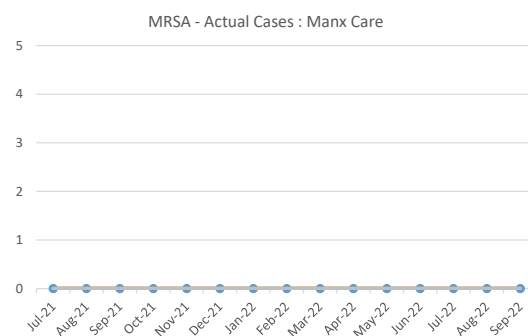
Safe	Infection Control	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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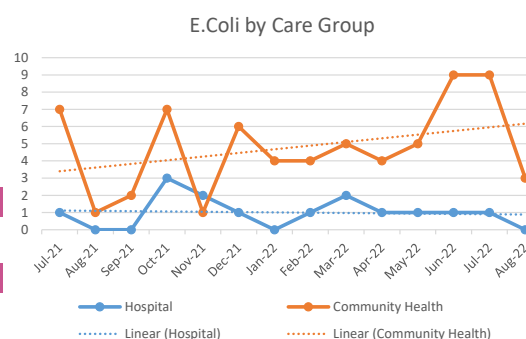
Reporting Date Sep-22	Performance 0	ROF # 3.1
Threshold < 30 PA	Mean 1	Benchmark 1
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Sep-22	Performance 7	ROF # 3.1
Threshold < 73 PA	Mean 7	Benchmark 5
(Lower value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		



Reporting Date Sep-22	Performance 0	ROF # 3.1
Threshold 0	Mean 0	Benchmark 0
(Lower value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date Sep-22	Performance -	ROF # 3.1
Threshold -	Mean -	Benchmark -
(Lower value represents better performance)		
Variation Description		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>C.Diff:</b> <ul style="list-style-type: none"> <li>No cases in September.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>There were 7 cases this month. All were community associated.</li> <li>The sources of infection were urinary tract infections.</li> <li>One of the patients had a urinary catheter in situ.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>No cases in September.</li> </ul>	<b>E.Coli:</b> <ul style="list-style-type: none"> <li>Monitor and drive forward the recommendations of the urinary prevalence audit.</li> </ul>	<b>C.Diff:</b> <ul style="list-style-type: none"> <li>Last case was in July 22.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>Last case Feb 21.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>



Safe	Falls; Pressure Ulcers	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis																																				
<div>Falls Inpatient (Harm only) per 1,000 bed days : Manx Care</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>0.3</td><td>3.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&lt; 2</td><td>0.2</td><td>0.3</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>		Reporting Date	Performance	ROF #	Sep-22	0.3	3.1	Threshold	Mean	Benchmark	< 2	0.2	0.3	<div>Pressure Ulcers - Total incidences : Manx Care</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>17</td><td>3.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&lt; 204 PA</td><td>19</td><td>7</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>- Variation Description Special Cause of Concerning variation (High)</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>		Reporting Date	Performance	ROF #	Sep-22	17	3.1	Threshold	Mean	Benchmark	< 204 PA	19	7	<div>Pressure Ulcers - Grade 2 and above</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>11</td><td>3.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>15</td><td>-</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>Variation Description</div> <div>Assurance Description</div>		Reporting Date	Performance	ROF #	Sep-22	11	3.1	Threshold	Mean	Benchmark	-	15	-
Reporting Date	Performance	ROF #																																							
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Threshold	Mean	Benchmark																																							
-	15	-																																							
<div>Issues / Performance Summary</div> <div>Falls (with Harm):</div> <ul style="list-style-type: none"><li>• ASC; 4 moderate harm falls resulting in precautionary admissions to hospital in response to either suspected fractures, or possible head injuries for those on anti-coagulants.</li><li>• Inpatient; September figure of 0.33 within target of &lt;2 and same results have been achieved each month within YTD.</li></ul> <div>Pressure Ulcers:</div> <ul style="list-style-type: none"><li>• Social Care: 5 Pressure ulcers is the highest number ever recorded by a significant margin, but is still relatively low. One double entry as stage 1 that progressed to stage 2. There was one other pressure ulcer above stage 1; a DTI that is not currently causing significant problems.</li><li>• MUC&amp;AS – 4 pressure ulcers within this care group in September; one was grade 1 and therefore 3 were counted as we only list grade 2 or above.</li><li>• IWC&amp;F – 2 pressure ulcers within this care group in September.</li><li>• STCC&amp;A – 2 pressure ulcers within this care group in September.</li><li>• IC&amp;PCS: 4 pressure ulcers in September, 1 possibly hospital acquired, others community acquired.</li></ul>		<div>Planned / Mitigation Actions</div> <div>Falls (with Harm):</div> <ul style="list-style-type: none"><li>• Review staff compliance with physical health policies and falls risk assessments.</li></ul>		<div>Assurance / Recovery Trajectory</div> <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>																																					

Safe	Medication Errors	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis												
<div>Medication Errors : Manx Care</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>8</td><td>3.1</td></tr></table> <div>Threshold &lt; 70 PA (Lower value represents better performance)</div> <div>- Variation Description Common cause</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>		Reporting Date	Performance	ROF #	Sep-22	8	3.1	<div>Medication Errors (Harm only) : Manx Care</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>1</td><td>3.1</td></tr></table> <div>Threshold &lt; 25 PA (Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>		Reporting Date	Performance	ROF #	Sep-22	1	3.1		
Reporting Date	Performance	ROF #															
Sep-22	8	3.1															
Reporting Date	Performance	ROF #															
Sep-22	1	3.1															
<div>Issues / Performance Summary</div> <div>•IC&amp;PCS: 1 case whereby a patient did not receive a scheduled injection as the prescription was not received by the chemist.</div> <div>• IMHS: No medication errors with harm have been identified within September.</div> <div>• Social Care: Nil reported.</div> <div>• Across all hospital care groups; There were 12 medication errors in total this month however, none of those caused moderate or above harm.</div> <div>• 92% of the medication errors occurred in MUC&amp;AS. This finding has been fed back to the care group.</div>		<div>Planned / Mitigation Actions</div> <div>• IMHS: The inpatient unit have introduced medication checks during each handover between registered nurses to ensure that all medication has been signed for throughout the shift and to identify any errors which may have been made, to allow these to be rectified within a timely manner.</div> <div>• MUC&amp;AS; Findings re: high proportion of medication errors have been fed back to the care group.</div>		<div>Assurance / Recovery Trajectory</div> <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>													

Effective Performance Summary																			
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	DQ Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Sep-22	11.2%	11.0%	-	-			EF015		ASC - % of Re-referrals	Sep-22	14%	13%	-	10%		
EF002		Planned Care - Total Number of Cancelled Operations	Sep-22	359	265	1589	-			EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Sep-22	100%	75%	-	80%		
EF003		Theatres - Number of Cancelled Operations on Day	Sep-22	27	31	184	-			EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Sep-22	0%	8%	-	100%		
EF004		Theatres - Theatre Utilisation	Sep-22	74%	75%	-	85%			EF018		ASC - % of all Residential Beds Occupied	Sep-22	70%	80%	-	85%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Sep-22	102	100	-	-			EF019		CFSC - % Complex Needs Reviews held on time	Sep-22	45.8%	55.5%	-	85%		
EF006		Crude Mortality Rate	Sep-22	17	21	125	-			EF020		CFSC - % Total Child Protection Conferences held on time	Sep-22	75.0%	83.7%	-	90%		
EF007		Total Hospital Deaths	Sep-22	16	20	119	-			EF021		CFSC - % Total Initial Child Protection Conferences held on time	Sep-22	-	-	-	90%		
EF008		IPCC - West Wellbeing Contribution to reduction in ED attendance	Sep-22	-22%	2%	-	-5%			EF022		CFSC - % Child Protection Reviews held on time	Sep-22	30.2%	44.6%	-	90%		
EF009		IPCC - West Wellbeing Reduction in admission to hospital from locality	Sep-22	-46%	7%	-	-10%			EF023		CFSC - % Looked After Children reviews held on time	Sep-22	90.0%	87.9%	-	90%		
EF010		IPCC - % Dental contractors on target to meet UDA's	Sep-22	39.6%	-	-	30.0%												
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Sep-22	72.0	39.3	-	-												
EF012		MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	Sep-22	6	7	-	-												
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Jun-22	91.0%	82.7%	-	100%												
EF014		MH - % Re-referrals within 6 months	Sep-22	15.8%	17.1%	-	10-20 %												

Effective	Planned Care	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<p>Planned Care - Total No. Cancelled Operations</p>		<p>Reporting Date Sep-22 Performance 359 ROF # 4.3</p> <p>Threshold - Mean 265 Benchmark 321</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description</p>		<p>No. patients with Length of Stay (LOS) greater than 21 days</p>	
<p>Planned Care - Cancelled Operations by source</p>		<p>Reporting Date Sep-22 Performance - ROF # 4.3</p> <p>Threshold - Mean - Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description</p> <p>- Assurance Description</p>		<p>Average Length of Stay (ALOS) by site</p>	
<p>Issues / Performance Summary</p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Staffing pressures</li> <li>Closures of ward 12</li> <li>Re-enablement delays</li> <li>Lack of availability of residential and nursing care beds.</li> <li>The acuity of patients being admitted has increased for surgical patients driving longer lengths of stay in hospital. Given the overall pressure on beds for medical admissions coupled with reduction in number of surgical patients, the majority of beds in the hospital have been occupied by Medical and not Surgical patients.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.</li> <li>Spot purchasing of community beds</li> <li>Implementation of enhanced recovery pathways under the Restoration &amp; Recovery (R&amp;R) programme.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Significant improvements in the reduction of length of stays for both R&amp;R and BAU activity (e.g. orthopaedic hip &amp; knee ALOS from 3.6 down to 1.4 days) will start to deliver overall decreases in length of stay at both Noble's Hospital and Ramsey &amp; District Cottage Hospital.</li> <li>Reduced LOS on the R&amp;R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p>	

Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson
<p>Theatres - % Theatre Utilisation</p>		<p>Reporting Date Sep-22 Performance 74.4% ROF # 3.5</p> <p>Threshold 85.0% Mean 75.0% Benchmark 73.5%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Inconsistently passing and falling short of target</p>		<p>Theatres - No. of Cancelled Operations on Day</p>	
<p>Theatres - Delivered (vs Cancelled Sessions)</p>		<p>Reporting Date Sep-22 Performance 73 ROF # 3.5</p> <p>Threshold - Mean 62 Benchmark 65</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description</p> <p>- Assurance Description</p>		<p>Theatres - Cancelled Operations on Day by source</p>	
<p>Issues / Performance Summary</p> <ul style="list-style-type: none"> <li>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.</li> <li>Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.</li> <li>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 theatre BAU activity has been reduced.</li> </ul>		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> <li>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. Planning in progress for 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 &amp; Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency &amp; utilisation.</li> <li>Synaptik continue to support the waiting list initiatives for ophthalmic &amp; orthopaedic surgery through the provision of theatre teams, surgeons &amp; anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and Agency staff to sustain the BAU activity in 4 theatres</li> <li>Theatre staff will continue to support Maternity to mitigate the risk to mother and baby until the situation improves.</li> <li>Exploring use of single use instruments to reduce decontamination resource requirements.</li> <li>Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – approx 1.4 days.</li> <li>Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> <li>The implementation of a surgical admissions lounge.</li> <li>Synaptik support is anticipated to continue through to end of March 2023. Business casing is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.</li> <li>Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.</li> <li>Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.</li> <li>Exploration of Red to Green Criteria led discharge and assertive in-reach.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p>	

Effective	Mortality & Death Rates	Executive Lead	Lead
<p>Total Hospital Deaths : Manx Care</p>		<p>Crude Mortality Rate : Manx Care</p>	
<p>Reporting Date Sep-22</p> <p>Performance 16</p> <p>ROF # 3.6</p>		<p>Reporting Date Sep-22</p> <p>Performance 17</p> <p>ROF # 3.6</p>	
<p>Threshold -</p> <p>Mean 20</p> <p>Benchmark 27</p> <p>(Lower value represents better performance)</p>		<p>Threshold -</p> <p>Mean 21</p> <p>Benchmark 29</p> <p>(Lower value represents better performance)</p>	
<p>+ Variation Description Special Cause of Improving variation (Low)</p>		<p>+ Variation Description Common cause</p>	
<p>+ Assurance Description</p>		<p>+ Assurance Description</p>	
<p>Total Hospital Deaths by site</p>			
<p>Reporting Date Sep-22</p> <p>Performance -</p> <p>ROF # 3.6</p>			
<p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p>			
<p>+ Variation Description</p>			
<p>+ Assurance Description</p>			
<p>Issues / Performance Summary</p> <ul style="list-style-type: none"> <li>Both the Crude Mortality rate and number of Hospital Deaths has continued to reduce in September.</li> <li>Year to date, Noble's Hospital has seen a reduction of 22% against the same period in 2021/22.</li> </ul>		<p>Planned / Mitigation Actions</p>	
		<p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p>	















Effective	Wellbeing Services & Dental	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon																												
<div>West Wellbeing service contribution to reduction in ED attendance</div> <table><thead><tr><th>Month</th><th>Performance</th></tr></thead><tbody><tr><td>Apr-22</td><td>-5.0%</td></tr><tr><td>May-22</td><td>22.5%</td></tr><tr><td>Jun-22</td><td>10.0%</td></tr><tr><td>Jul-22</td><td>5.0%</td></tr><tr><td>Aug-22</td><td>0.0%</td></tr><tr><td>Sep-22</td><td>-22.5%</td></tr></tbody></table>			Month	Performance	Apr-22	-5.0%	May-22	22.5%	Jun-22	10.0%	Jul-22	5.0%	Aug-22	0.0%	Sep-22	-22.5%	<div>West Wellbeing service reduction in admission to hospital from locality</div> <table><thead><tr><th>Month</th><th>Performance</th></tr></thead><tbody><tr><td>Apr-22</td><td>-5.0%</td></tr><tr><td>May-22</td><td>50.0%</td></tr><tr><td>Jun-22</td><td>10.0%</td></tr><tr><td>Jul-22</td><td>5.0%</td></tr><tr><td>Aug-22</td><td>5.0%</td></tr><tr><td>Sep-22</td><td>-50.0%</td></tr></tbody></table>			Month	Performance	Apr-22	-5.0%	May-22	50.0%	Jun-22	10.0%	Jul-22	5.0%	Aug-22	5.0%	Sep-22	-50.0%
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<div>Reporting Date Sep-22</div> <div>Performance -22.5%</div> <div>ROF # 4.11.1</div>			<div>Reporting Date Sep-22</div> <div>Performance -46.5%</div> <div>ROF # 4.11.1</div>																														
<div>Threshold -5.0%</div> <div>Mean 1.6%</div> <div>Benchmark -</div> <div>(Lower value represents better performance)</div>			<div>Threshold -10.0%</div> <div>Mean 6.6%</div> <div>Benchmark -</div> <div>(Lower value represents better performance)</div>																														
<div>+ Variation Description Common cause</div>			<div>+ Variation Description Common cause</div>																														
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<div>% Dental contractors on target to meet Units of Dental Activity (UDA's)</div> <table><thead><tr><th>Month</th><th>Target</th><th>Contractors on target to meet UDA</th></tr></thead><tbody><tr><td>Apr-22</td><td>5.0%</td><td>5.0%</td></tr><tr><td>May-22</td><td>10.0%</td><td>10.0%</td></tr><tr><td>Jun-22</td><td>15.0%</td><td>20.0%</td></tr><tr><td>Jul-22</td><td>20.0%</td><td>25.0%</td></tr><tr><td>Aug-22</td><td>25.0%</td><td>30.0%</td></tr><tr><td>Sep-22</td><td>30.0%</td><td>35.0%</td></tr></tbody></table>			Month	Target	Contractors on target to meet UDA	Apr-22	5.0%	5.0%	May-22	10.0%	10.0%	Jun-22	15.0%	20.0%	Jul-22	20.0%	25.0%	Aug-22	25.0%	30.0%	Sep-22	30.0%	35.0%	<div>Reporting Date Sep-22</div> <div>Performance 39.6%</div> <div>ROF # 4.8.3</div>									
Month	Target	Contractors on target to meet UDA																															
Apr-22	5.0%	5.0%																															
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<div>Threshold 30.0%</div> <div>Mean -</div> <div>Benchmark -</div> <div>(Higher value represents better performance)</div>																																	
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Issues / Performance Summary			Planned / Mitigation Actions		Assurance / Recovery Trajectory																												
<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>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.</li><li>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.</li><li>Patients may be attending A&amp;E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&amp;E.</li><li>Concern re: metric with data collected on short term basis (6 months).</li></ul> <div>Dental Contractors:</div> <ul style="list-style-type: none"><li>At present contractors are above the 30% tolerance by the end of Q2.</li></ul>			<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>Service will raise awareness regarding the impact the lack of capacity in community services has on ED.</li><li>New frailty service identifying patients at an earlier stage.</li><li>Targeting of nursing homes specifically for falls.</li></ul> <div>Dental Contractors:</div> <ul style="list-style-type: none"><li>A review will be undertaken at the end of November to ensure the contractors are at 50% of their contracts.</li></ul>		<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>The service will look to refer more patients to third sector services, e.g. respite services as appropriate.</li><li>Need to review the technical specification of this metric during Q3 to ensure that the 6 month timescale is an appropriate indicator of the service's performance.</li><li>Impact of new frailty service to be reviewed in Q3.</li></ul> <div>Dental Contractors:</div> <ul style="list-style-type: none"><li>If contractors are under 50% of their contract at the end of November a conversation will be held to discuss actual UDAs delivered to date to inform any remedial actions required or adjustments to contracted levels for the rest of the financial year.</li></ul>																												

Effective	Mental Health	Executive Lead	Oliver Radford	Lead	Ross Bailey																						
<div>MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>72.0</td><td>4.7.7</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>39.3</td><td>31.3</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>+<div>Variation Description</div><div>Common cause</div></div> <div>Assurance Description</div>		Reporting Date	Performance	ROF #	Sep-22	72.0	4.7.7	Threshold	Mean	Benchmark	-	39.3	31.3	<div>MH - % service users discharged from MH inpatient that have follow up appointment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Jun-22</td><td>91.0%</td><td>4.7.6</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>100.0%</td><td>82.7%</td><td>93.3%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>+<div>Variation Description</div><div>Common cause</div></div> <div>-<div>Assurance Description</div><div>Inconsistently passing and falling short of target</div></div>		Reporting Date	Performance	ROF #	Jun-22	91.0%	4.7.6	Threshold	Mean	Benchmark	100.0%	82.7%	93.3%
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<div>MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>6</td><td>4.7.7</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>7</td><td>7</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>+<div>Variation Description</div><div>Common cause</div></div> <div>Assurance Description</div>		Reporting Date	Performance	ROF #	Sep-22	6	4.7.7	Threshold	Mean	Benchmark	-	7	7	<div>MH - % Re-referrals within 6 months</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Sep-22</td><td>15.8%</td><td>4.7.6</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>10-20%</td><td>17.1%</td><td>19.5%</td></tr></tbody></table> <p>(Lower value represents better performance)</p> <div>+<div>Variation Description</div><div>Common cause</div></div> <div>+<div>Assurance Description</div><div>Inconsistently passing and falling short of target</div></div>		Reporting Date	Performance	ROF #	Sep-22	15.8%	4.7.6	Threshold	Mean	Benchmark	10-20%	17.1%	19.5%
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Threshold	Mean	Benchmark																									
10-20%	17.1%	19.5%																									
<div>Issues / Performance Summary</div> <div>Average Length of Stay (ALOS):</div> <ul style="list-style-type: none"><li>ALOS has increased significantly over Q2, particularly within Harbour Suite.</li><li>Relatively small bed volume can have a significant impact on interpretation of data.</li></ul> <div>3 Day follow up:</div> <ul style="list-style-type: none"><li>Currently unable to report due to current revisions to counting and reporting via the BI team. High confidence of compliance however given historic reporting.</li></ul> <div>Length of Stay greater than 21 days:</div> <ul style="list-style-type: none"><li>The number of service users with a LOS of 21 days or more remains consistent with 2021/22.</li></ul> <div>Re-referrals:</div> <ul style="list-style-type: none"><li>Remain within the expected range.</li></ul>		<div>Planned / Mitigation Actions</div> <div>3 Day follow up:</div> <ul style="list-style-type: none"><li>Reporting of this metric to recommence in November '22.</li></ul>		<div>Assurance / Recovery Trajectory</div> <div>Note -</div> <div>Benchmarks are the Manx Care monthly averages for 2021/22.</div>																							



Effective	Adult Social Work	Executive Lead	Sally Shaw	Lead	Louise Hand
<p>ASC - % of Re-referrals</p>		<p>Reporting Date Sep-22 Performance 14.1% ROF # 4.10</p> <p>Threshold 10.0% Mean 13.0% Benchmark 16.8%</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		<p>ASC - % of all Adult Community Care Assessments completed in Agreed Timescales</p>	
<p>ASC - No. of Referrals</p>		<p>Reporting Date Sep-22 Performance 185 ROF # 4.10</p> <p>Threshold - Mean 188 Benchmark -</p> <p>+ Variation Description</p> <p>+ Assurance Description</p>		<p>ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment</p>	
<p>Issues / Performance Summary</p> <p><b>Re-Referrals:</b></p> <ul style="list-style-type: none"> <li>Issues have been identified regarding the process for the recording and reporting for this metric.</li> </ul> <p><b>Assessments completed within Timescales:</b></p> <ul style="list-style-type: none"> <li>All Wellbeing Partnership assessments completed within the required timescale in September.</li> </ul> <p><b>Individuals receiving copy of Assessment:</b></p> <ul style="list-style-type: none"> <li>Issues have been identified regarding the process for the recording and reporting for this metric.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>Re-Referrals:</b></p> <ul style="list-style-type: none"> <li>Reviewing the process for recording re-referrals on the system with each team to improve data accuracy.</li> <li>Working with the BI team to reconcile the reported data to the actual position - to ensure that the reported position is as accurate as possible.</li> </ul> <p><b>Assessments completed within Timescales:</b></p> <ul style="list-style-type: none"> <li>Team members have been reminded to complete the appropriate assessment related data sets on Wellbeing Partnership assessments to ensure continued accuracy of data.</li> </ul> <p><b>Individuals receiving copy of Assessment:</b></p> <ul style="list-style-type: none"> <li>Reviewing the process for recording re-referrals on the system with each team to improve data accuracy.</li> <li>Working with the BI team to reconcile the reported data to the actual position - to ensure that the reported position is as accurate as possible.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> <li>The work programme to improve data collection accuracy, and the ongoing work with the BI team to reconcile and validate the reported position is scheduled to be completed in Q3.</li> </ul>	

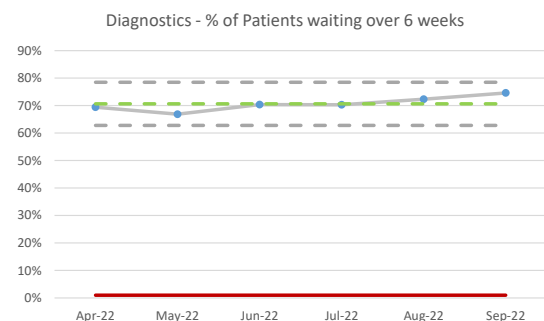
## Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accomodation - No. of Incidents	Sep-22	0	0	0	0		
CA002		Mixed Sex Accomodation - No. of Breaches	Sep-22	0	0	0	0		
CA003		Mental Health - Child admitted onto Adult Ward	Sep-22	0	0	1	0		
CA004		Complaints - Total number of complaints received	Sep-22	26	30	179	< 450 PA		
CA005		Complaints - % of all complaints responded to on time (within 20 days of receipt)	Sep-22	33%	48%	49%	80%		
CA006		Number of re-opened complaints (second response)	Sep-22	2	3	16	< 60 PA		
CA007		Complaints escalated for external review (IRB)	Sep-22	0	1	8	-		

Caring	Complaints	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Complaints - Number of complaints: Manx care</p>		<p>Reporting Date Sep-22</p> <p>Performance 26</p> <p>ROF # 3.2</p>	<p>Complaints - Reopened Complaints (2nd response ): Manx care</p>		<p>Reporting Date Sep-22</p> <p>Performance 2</p> <p>ROF # 3.2</p>
<p>Threshold &lt; 450 PA</p> <p>Mean 30</p> <p>Benchmark 37</p> <p>(Lower value represents better performance)</p>		<p>Threshold &lt; 60 PA</p> <p>Mean 3</p> <p>Benchmark 2</p> <p>(Lower value represents better performance)</p>		<p>Threshold &lt; 60 PA</p> <p>Mean 3</p> <p>Benchmark 2</p> <p>(Lower value represents better performance)</p>	
<p>+ Variation Description</p> <p>Common cause</p>		<p>+ Variation Description</p> <p>Common cause</p>		<p>+ Variation Description</p> <p>Common cause</p>	
<p>+ Assurance Description</p> <p>Inconsistently passing and falling short of target</p>		<p>+ Assurance Description</p> <p>Consistently hit target</p>		<p>+ Assurance Description</p> <p>Consistently hit target</p>	
<p>Complaints - Responded to within 20 days: Manx care</p>		<p>Reporting Date Sep-22</p> <p>Performance 33.0%</p> <p>ROF # 3.2</p>	<p>Complaints escalated for external review (IRB)</p>		<p>Reporting Date Sep-22</p> <p>Performance 0</p> <p>ROF # 3.2</p>
<p>Threshold 80%</p> <p>Mean 47.7%</p> <p>Benchmark 74.0%</p> <p>(Higher value represents better performance)</p>		<p>Threshold -</p> <p>Mean 1</p> <p>Benchmark 1</p> <p>(Lower value represents better performance)</p>		<p>Threshold -</p> <p>Mean 1</p> <p>Benchmark 1</p> <p>(Lower value represents better performance)</p>	
<p>- Variation Description</p> <p>Common cause</p>		<p>- Variation Description</p> <p>Common cause</p>		<p>+ Variation Description</p> <p>Common cause</p>	
<p>- Assurance Description</p> <p>Consistently fail target</p>		<p>- Assurance Description</p> <p>Consistently fail target</p>		<p>- Assurance Description</p> <p>Consistently fail target</p>	
<p>Issues / Performance Summary</p> <p><b>No. of Complaints:</b></p> <ul style="list-style-type: none"> <li>- IMHS x 4</li> <li>- Social Care x 1</li> <li>- Hospitals x 17</li> <li>- Other x 4</li> </ul> <p><b>Responded to within 20 Days:</b></p> <ul style="list-style-type: none"> <li>• IMHS: The function of holding letters and agreeing an extension with complainants to give adequate time to complete the investigation is not being utilised.</li> <li>• Social Care: Response completed ahead of the deadline.</li> <li>• Across all hospital care groups; 0% of complaints were responded to within 20 working days this month. This is due to staff absence and some of the team being requested to work clinical shifts.</li> </ul> <p><b>Reopened Complaints (2nd response):</b></p> <ul style="list-style-type: none"> <li>• IMHS: 0.</li> <li>• Social Care: Nil</li> <li>• STCC&amp;A: 2 re-opened complaints, 1 regarding waiting times, 1 unhappy with response.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>Responded to within 20 Days:</b></p> <ul style="list-style-type: none"> <li>• IMHS: A reminder has been given to all services area managers who manage these complaints.</li> <li>• CQS continue to complete weekly reviews of the open complaints and utilise Datix to remind staff of the need to complete this and the time scales in which we are required to respond to complainants.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <p><b>Responded to within 20 Days:</b></p> <ul style="list-style-type: none"> <li>• IMHS: Standing agenda item to be discussed between CQS and IMHS triumvirate.</li> </ul> <p><b>Reopened Complaints (2nd response):</b></p> <ul style="list-style-type: none"> <li>• The current system of reviewing complaint response letters via CQS and CEO is seen to be having a positive impact on the quality of the response letters being sent and ensuring a full investigation is completed to cover all aspects of the complaint.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for last 6 months of 2021/22.</p>	

Responsive Performance Summary																			
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	DQ Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Sep-22	14,581	14,057	-	-			RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Sep-22	46%	60%	-	93%		
RE002		RTT - No. patients waiting for Daycase procedure	Oct-22	2,958	3,161	-	-			RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Sep-22	75%	85%	-	96%		
RE003		RTT - No. patients waiting for Inpatient procedure	Oct-22	682	811	-	-			RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Sep-22	22%	36%	-	85%		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Sep-22	58%	58%	-	85%			RE020		CWT - % Two Week Wait (Breast Symptomatic)	Sep-22	32%	47%	-	93%		
RE005		Diagnostics - % requests completed within 6 weeks	Sep-22	85%	87%	86%	-			RE021		CWT - % 31 Day Subsequent Treatment (Surgical)	Sep-22	-	-	-	94%		
RE006		Diagnostics - % Patients waiting over 6 weeks	Sep-22	75%	71%	-	1%			RE022		CWT - % 31 Day Subsequent Treatment (Drugs)	Sep-22	75%	84%	-	98%		
RE007		A&E - % 4 Hour Performance	Sep-22	67%	70%	70%	95%			RE023		CWT - % 31 Day Subsequent Treatment (Radiotherapy)	Sep-22	-	83%	-	94%		
RE008		A&E - % 4 Hour Performance (Non Admitted)	Sep-22	76%	79%	79%	95%			RE024		CWT - % % patients urgent referral Cancer Screening Programme to First Treatment within 62 days	Sep-22	64%	90%	-	90%		
RE009		A&E - % 4 Hour Performance (Admitted)	Sep-22	13%	20%	20%	95%			RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Sep-22	65%	67%	-	75%		
RE010		A&E - Average Total Time in Emergency Department	Sep-22	258	261	-	360 mins			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Sep-22	42%	42%	-	80%		
RE011		A&E - Average number of minutes between Arrival and Triage (Noble's)	Sep-22	24	23	-	15 mins			RE027		IPCC - No. patients waiting for a dentist	Sep-22	2,086	1,904	-	-		
RE012		A&E - Wait time to see first Doctor in ED	Sep-22	190	188	-	180 mins			RE028		MH - No. service users on Current Caseload	Sep-22	4,690	4,945	-	4500 - 5500		
RE013		A&E - 12 Hour Trolley Waits	Sep-22	1	4	23	0			RE029		MH - Number of Discharges	Sep-22	537	548	-	650-667		
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Sep-22	19	20	-	15 mins			RE030		W&C - % New Birth Visits within timescale	Sep-22	80.8%	86.8%	-	-		
RE015		Ambulance - Category 1 Mean Response Time	Sep-22	10	10	-	7 mins												
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Sep-22	65%	55%	-	100%												

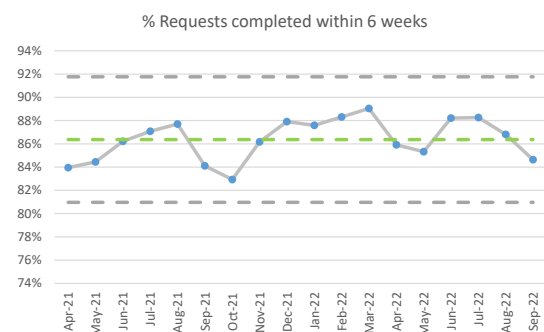
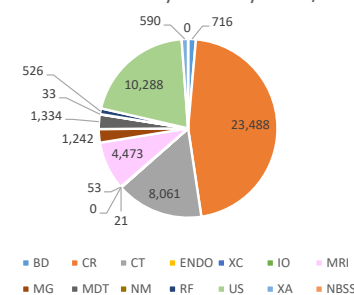
Responsive	Referral to Treatment (RTT)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<p>RTT - No. patients waiting for 1st Consultant Led Outpatient (OP) Appointment</p>			<p>RTT - No. patients waiting for Inpatient (IP) procedures</p>		
<p>Reporting Date Sep-22</p> <p>Performance 14,581</p> <p>ROF # 4.4.5</p>			<p>Reporting Date Oct-22</p> <p>Performance 682</p> <p>ROF # 4.4.5</p>		
<p>Threshold -</p> <p>(Lower value represents better performance)</p>			<p>Threshold -</p> <p>(Lower value represents better performance)</p>		
<p>Avg Wait Time (Referral to 1st Cons Led OP Appt.) 49 weeks</p>			<p>Avg Wait Time (Decision to Treat to Treatment - IP) 6 weeks</p>		
<p>No. patients waiting 52 weeks or more for 1st OP 4,508</p>			<p>No. patients waiting 52+ weeks from Decision to Treat 210</p>		
<p>RTT - No. patients waiting for Daycase (DC) procedures</p>			<p>% Urgent GP referrals seen for 1st Outpatient appointment within 6 weeks</p>		
<p>Reporting Date Oct-22</p> <p>Performance 2,958</p> <p>ROF # 4.4.5</p>			<p>Reporting Date Sep-22</p> <p>Performance 57.5%</p> <p>ROF # 4.4.5</p>		
<p>Threshold -</p> <p>(Lower value represents better performance)</p>			<p>Threshold 85.0%</p> <p>(Higher value represents better performance)</p>		
<p>Avg Wait Time (Decision to Treat to Treatment - DC) 7 weeks</p>			<p>+ Variation Description Common cause</p>		
<p>No. patients waiting 52+ weeks from Decision to Treat 1,181</p>			<p>- Assurance Description Consistently fail target</p>		
<p>Issues / Performance Summary</p> <ul style="list-style-type: none"> <li>Reduction in outpatient clinic capacity due to: <ul style="list-style-type: none"> <li>Staff vacancies, annual leave and other absences.</li> <li>Difficulties in recruiting locum cover</li> <li>Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.</li> </ul> </li> <li>Following the ease on Covid restrictions, GP practices are now seeing more patients face to face which has led to an overall increase in referrals.</li> <li>No. Patients waiting for 52 weeks or more per RTT pathway stage: <ul style="list-style-type: none"> <li>Ref to Outpatient: 4,508</li> <li>Decision to Treat to Definitive Treatment (Daycase): 1,181</li> <li>Decision to Treat to Definitive Treatment (Inpatient): 210</li> </ul> </li> </ul>		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> <li>Under Restoration &amp; Recovery (R&amp;R) programme, Medefor have conducted a site visit to reinvigorate the recovery program for Outpatient waiting lists for Cardiology, Respiratory and Gastroenterology services.</li> <li>Outpatient recovery plans are being developed to provide support to Dermatology, ENT, Pain Clinic and Orthopaedics (e.g. creation of a 3rd ENT outpatient clinic based in Ramsey to support the recovery).</li> <li>R&amp;R Phase 3 Business Case being developed which will include modelling of demand, capacity and sustainability of outpatient services and waiting lists across all specialties.</li> <li>Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes: <ul style="list-style-type: none"> <li>Waiting List Validation</li> <li>Patient Tracking List (PTL) meetings (non Cancer)</li> <li>Referral &amp; Booking</li> <li>RTT Rules and System implementation</li> <li>Harm Review</li> </ul> </li> </ul>		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> <li>The reinvigoration of the recovery programme with Medefor should deliver a significant improvement in outpatient performance between October 31 and the end of March 23.</li> <li>Recovery of ENT waiting times from November with the start of weekend clinics.</li> <li>Enhanced Waiting List Management programme commenced in July: <ul style="list-style-type: none"> <li>Enhanced Validation &amp; Consent process started in October 22.</li> <li>Pilot of PTL process for Orthopaedics to commence in Q3 2022/23.</li> </ul> </li> </ul> <p>Note - Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2021/22.</p> <p>The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '22. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.</p>	



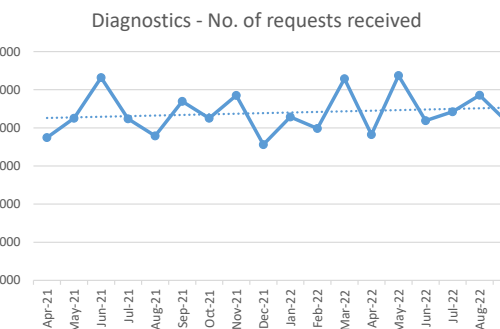
Reporting Date Sep-22	Performance 74.6%	ROF # 4.5.3
Threshold* 1%	Mean 70.6%	Benchmark 30.5%
(Lower value represents better performance)		
-	Variation Description Common cause	
-	Assurance Description *Consistently fail target	

Modality	Sep-22		
	WL	>6 wks	% >6 wks
Bone Densitometry	326	209	64%
Computed Radiography	690	323	47%
Computed Tomography	1,309	970	74%
Endoscopy	0	0	-
Intra-oral Radiography	5	4	80%
Magnetic Resonance Imaging	781	402	51%
Mammography	1,171	1,144	98%
Miscellaneous	0	0	-
Nuclear Medicine	35	30	86%
Radiofluoroscopy	88	60	68%
Ultrasound Breast	22	8	36%
Ultrasound Non Obs	3,145	2,493	79%
Ultrasound Obs	393	295	75%
X-ray Angiography	290	220	76%
Total	8,255	6,158	75%

YTD Demand by Modality: 2022/23

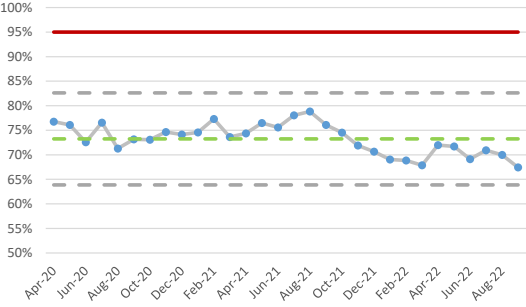
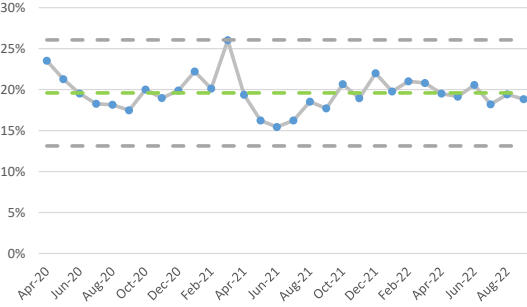
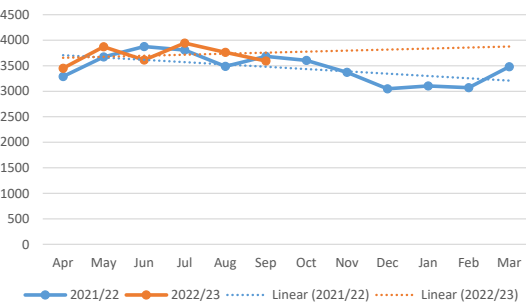
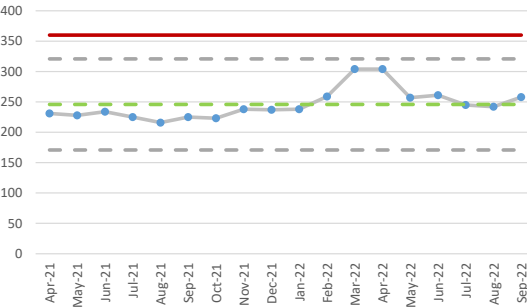


Reporting Date Sep-22	Performance 84.6%	ROF # 4.5.3
Threshold -	Mean 86.5%	Benchmark 86.3%
(Higher value represents better performance)		
-	Variation Description Common cause	
-	Assurance Description	

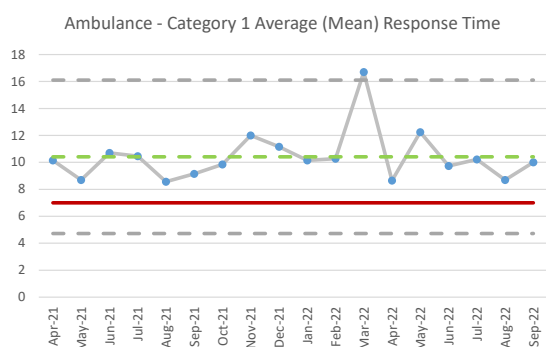


Reporting Date Sep-22	Performance 8,166	ROF # 4.5.3
Threshold -	Mean 8,471	Benchmark 8,356
Variation Description		
Assurance Description		

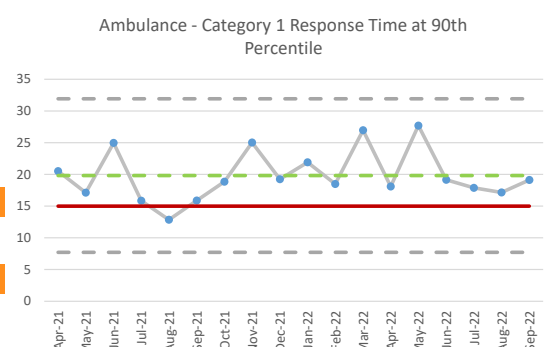
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> <li>Overall demand continues to exceed capacity, with demand for services continuing to increase.</li> <li>Emergency Department (ED), Outpatient Department (OPD) and General Practitioner (GP) are the primary source of referrals.</li> <li>39% of exams were reported within 2 hours (consistent with recent months), however 11% have taken 96 hours or longer which represents a deterioration.</li> <li>Of the 6,545 exams (includes all modalities), just under 48% were turned around on the same day and, a further 35% in 1-28 days.</li> <li>Cohort of exams (1,514) are currently on hold for a variety of reasons (including COVID).</li> </ul>	<ul style="list-style-type: none"> <li>Projects ongoing to increase capacity to reduce waiting times further.</li> <li>Engaging with third parties under the Restoration &amp; Recovery (R&amp;R) programme with regard to potential insourcing options to address high Cardiac CT waiting times.</li> <li>Waiting list validation process implemented in October. Will validate all aspects of the diagnostic waiting list - technical, administrative and clinical validation of the waiting list.</li> </ul>	<ul style="list-style-type: none"> <li>Requirements for sustainable increased Radiology capacity being scoped as part of the demand &amp; capacity element of the Phase 3 Restoration &amp; Recovery (R&amp;R) business case.</li> </ul> <p>* 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.</p> <p>Reporting of achievement against the 26 week threshold will be included in future reports.</p> <p>Note - Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for Aug' 22. Benchmarks for '% Requests &lt; 6 Weeks' and 'No. of requests received' are the Manx Care monthly</p>

Responsive		Accident & Emergency		Executive Lead		Oliver Radford		Lead		Mark Cox					
<div>A&amp;E - % 4 Hour performance : Manx Care</div> 				<div>Reporting Date Sep-22</div> <div>Performance 67.4%</div> <div>ROF # 4.2.1</div> <div>Threshold 95.0%</div> <div>Mean 70.2%</div> <div>Benchmark 71.0%</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Special Cause of Concerning variation (Low)</div> <div>- Assurance Description Consistently fail target</div>				<div>A&amp;E - Admission Rate : Noble's Hospital</div> 				<div>Reporting Date Sep-22</div> <div>Performance 18.8%</div> <div>ROF # 4.2.1</div> <div>Threshold -</div> <div>Mean 19.3%</div> <div>Benchmark 27.2%</div> <div>+ Variation Description Common cause</div> <div>Assurance Description</div>			
<div>A&amp;E - Total Attendances : Manx Care</div> 				<div>Reporting Date Sep-22</div> <div>Performance 3,761</div> <div>ROF # 4.2.1</div> <div>Threshold -</div> <div>Mean 3,706</div> <div>Benchmark 3,458</div> <div>Variation Description</div> <div>Assurance Description</div>				<div>A&amp;E - Average Total Time in ED : Noble's Hospital</div> 				<div>Reporting Date Sep-22</div> <div>Performance 258</div> <div>ROF # 4.2.1</div> <div>Threshold 360 mins</div> <div>Mean 261</div> <div>Benchmark 238</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>			
Issues / Performance Summary				Planned / Mitigation Actions				Assurance / Recovery Trajectory							
<p>Performance slightly below UK 4 hour performance of 71.0%. Due to:</p> <ul style="list-style-type: none"><li>• Lack of ED observation space (Clinical Decision Unit space)</li><li>• Lack of physical space to see patients</li><li>• Relatively new Ambulatory Emergency Care capability.</li><li>• Limited Same Day Emergency Care (SDEC) capability.</li><li>• Delays in transfer of patients to in-patient wards due to a lack of available beds.</li><li>• Staffing availability (particularly nursing) and sickness.</li><li>• Elderly case mix.</li><li>• Lack of urgent surgical pathway.</li></ul> <p>Certain patient groups are managed actively in the department beyond 4 hours if it is in their interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation.</p> <p>This is reflected in lower admission rate from ED of 18.8% for Noble's Hospital against the UK rate of 27.2%</p>				<ul style="list-style-type: none"><li>• Recruiting to all grades of doctor in ED (including 2 ED consultants).</li><li>• Had agreement to the funding required to facilitate the additional employment of an ED Consultant in the evenings (covered by locums whilst advertising for 2 permanent ED Consultant posts to facilitate this cover on an enduring basis).</li><li>• A business case for safer medical staffing is being completed.</li><li>• Review of GIRFT Programme National Specialty Report (Emergency Medicine) and alignment with processes and metrics as appropriate (e.g. monitoring against 6 Hour standards for admitted patients and use of Summary ED Indicator Table (SEDIT) methodology.</li><li>• Review of ED demand, acuity and complexity – identify if any increase in what would previously have been GP activity.</li><li>• Introduction of rapid assessment as staffing levels allow. Policy written.</li><li>• Work on accuracy of time stamps at briefings.</li><li>• Work streams around time of discharge – Non EM work stream.</li><li>• Other work streams around exit block - Non EM work stream.</li><li>• Facilities review in progress re CDU</li><li>• Introduction of new computing hardware and upgrade to windows 10</li></ul>				<ul style="list-style-type: none"><li>• Expectation that performance will remain in line with the UK, with some improvement in some metrics in Q4, but it should be noted that the position is likely to deteriorate over the winter period due to the additional seasonal pressures.</li><li>• Average total time in department remains well within the required 360 minute standard.</li><li>• Result of increase to Nursing Staffing availability and reducing sickness levels.</li><li>• ED recruitment has been successful with 5 Band 6 Nurses recruited to, and 6 Band 5 Nurses. In addition to this 5 TSRs for agency nurses have been approved to bridge the gap for new recruits beginning in the dept.</li><li>• Secured funding to make improvements to the infrastructure. In the planning stages at present.</li></ul> <p>Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for Sep' 22. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2021/22.</p>							

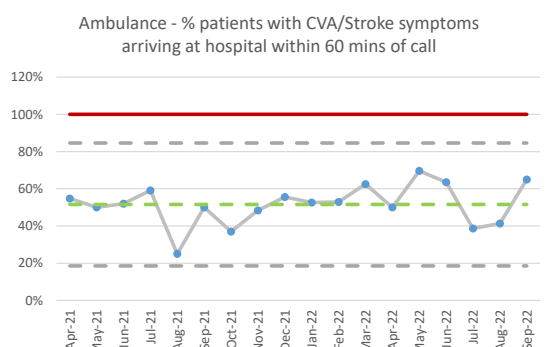
Responsive	Ambulance	Executive Lead	Oliver Radford	Lead	Will Bellamy
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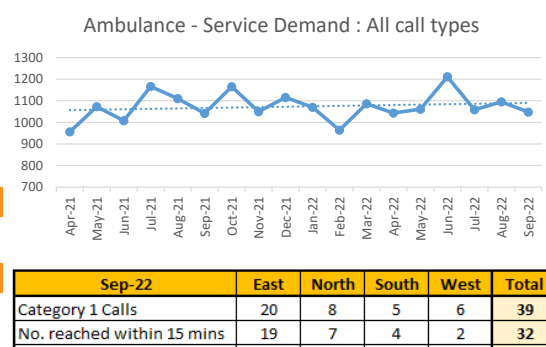
Reporting Date	Performance	ROF #
Sep-22	00:10:00	4.2.7
Threshold	Mean	Benchmark
7 mins	00:09:55	00:09:19
(Lower value represents better performance)		
-	Variation Description	
	Common cause	
-	Assurance Description	
	Consistently fail target	



Reporting Date	Performance	ROF #
Sep-22	00:19:07	4.2.7
Threshold	Mean	Benchmark
15 mins	00:19:51	00:16:38
(Lower value represents better performance)		
-	Variation Description	
	Common cause	
-	Assurance Description	
	Consistently fail target	



Reporting Date	Performance	ROF #
Sep-22	65.0%	4.2.7
Threshold	Mean	Benchmark
100.0%	54.7%	50.0%
(Higher value represents better performance)		
+	Variation Description	
	Common cause	
-	Assurance Description	
	Consistently fail target	



Reporting Date	Performance	ROF #
Sep-22	1,048	4.2.7
Threshold	Mean	Benchmark
-	1,086	1,067
Variation Description		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> <li>Demand for Ambulance services has increased in 2022/23. The average number of calls per month are 2% higher than in the previous year.</li> <li>Category 1 Performance standards remain adrift from the required 7 minute key performance indicator. However, we remain bench marking well against the other category standards: <ul style="list-style-type: none"> <li>Category 2; Standard &lt; 40 mins; 90th percentile Sep = 00:30:39.</li> <li>Category 3; Standard &lt; 120 mins; 90th percentile Sep = 00:34:52.</li> <li>Category 4; Standard &lt; 180 mins; 90th percentile Sep = 01:04:23.</li> <li>Category 5; Standard &lt; 180 mins; 90th percentile Sep = 01:33:46.</li> </ul> </li> <li>CQC have advised that Category 1 'See and Treat' proportion (17.95%) is high in comparison to UK (approx. 1%).</li> <li>There were 14 instances where handover Turnaround Times were greater than 60 mins.</li> </ul>	<ul style="list-style-type: none"> <li>Business case being submitted to DHSC to have Clinical presence in control room.</li> <li>Root cause analysis of handover breaches to be undertaken.</li> <li>Review and develop process for management of ambulance handovers to ensure it is robust.</li> <li>KPIs and associated reporting mechanisms regarding Handover and Turnaround times to be developed as per Required Outcome Framework (ROF).</li> </ul>	<ul style="list-style-type: none"> <li>Business case being submitted to DHSC by 31st Oct.</li> <li>Root cause analysis of handover breaches, with development of supporting processes and reporting to be completed by end Q4.</li> </ul> <p>Note - Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for Sep' 22. Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2021/22.</p>



Responsive

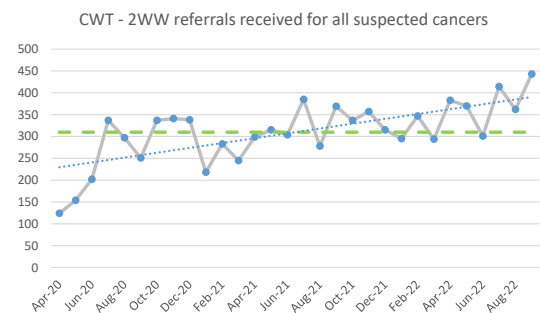
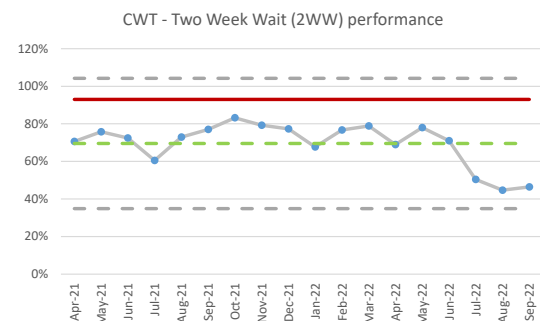
Cancer Wait Times (1 of 2)

Executive Lead

Oliver Radford

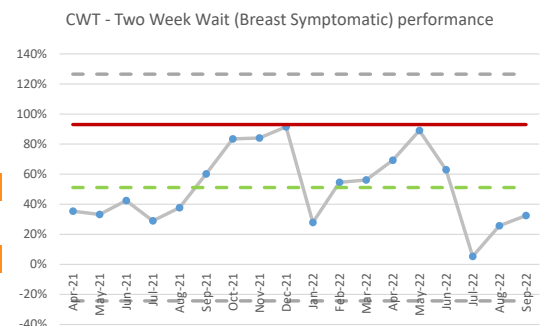
Lead

Lisa Airey



Reporting Date	Performance	ROF #
Sep-22	46.5%	4.6.4
Threshold	Mean	Benchmark
93.0%	59.9%	75.6%
(Higher value represents better performance)		
-	Variation Description	Common cause
-	Assurance Description	Consistently fail target

Reporting Date	Performance	ROF #
Sep-22	443	4.6.4
Threshold	Mean	Benchmark
-	379	325
	Variation Description	
	Assurance Description	



Reporting Date	Performance	ROF #
Sep-22	32.4%	4.6.4
Threshold	Mean	Benchmark
93.0%	47.4%	70.9%
(Higher value represents better performance)		
-	Variation Description	Common cause
-	Assurance Description	Consistently fail target

Tumour Group	Avg Weekly 2WW Referrals	
	Sep-22	2021/22 Avg
Breast	17	16
Colorectal	14	14
Dermatology	21	16
Gynaecology	10	7
Haematology	1	1
Head & Neck	8	6
Lung	1	2
Other	0	1
Upper GI	9	6
Urology	8	8
Total	89	77





















Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>2 Week Wait (2WW) Performance:</b></p> <ul style="list-style-type: none"><li>Continued high number of referrals on a 2WW pathway. 17% increase in monthly referrals in 2022/23 against monthly average for 2021/22.</li><li>Difficulty in recruitment of specialist staff.</li><li>Lack of specialist staff impacted on Outpatient and Endoscopy capacity for colorectal/upper GI/Gynaecology referrals.</li><li>Lack of Dermatologist on IOM has led to redesign of service – patient pathway is progressing but this has significantly impacted on 2WW performance.</li><li>Volatility of percentages due to small numbers</li></ul> <p><b>2WW Breast Symptomatic:</b></p> <ul style="list-style-type: none"><li>Lack of specialist staff has impacted on One-stop clinic availability</li><li>Volatility of percentages due to small numbers</li></ul>	<ul style="list-style-type: none"><li>Reporting data now taken directly from the Somerset Cancer Registry and automated.</li><li>KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li><li>Reviewing increased referrals weekly at Patient Tracking List (PTL) meeting and flagging issues with relevant teams re: capacity. PTL has also discussed planning for expected peaks in referrals.</li><li>Locum requests have been approved but currently having difficulties with recruitment with specialist staff.</li><li>Consultant Dermatologist job is with the Royal College for review ahead of re-advertisement.</li><li>Cancer service transformation workshops have been held to identify service improvements such as a rapid access diagnostic service. Supporting business cases are being developed to identify the resource and costs requirements of implementing such services.</li><li>Weekly PTL meetings being enhanced; cancer specific PTL updates held with clinical teams to improve comms re: actions needed to advance patients to next step in their pathways.</li><li>Specialist staff recruited to support 2WW Breast Symptomatic pathway.</li></ul>	<ul style="list-style-type: none"><li>Expected improvement in performance following recruitment.</li><li>Manx Care is already undertaking a number of remedial actions to address the demand related pressures in the short term, and is undertaking further analysis of the demand and capacity of these services which will inform the longer term restoration &amp; recovery and transformational work-streams for cancer services.</li><li>These actions and the outcomes of the demand &amp; capacity review will be used to support the formulation of a detailed service-wide remedial/transformational action plan by the end of 2022/23, to be enacted in 2023/24.</li></ul> <p>Note - Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Aug 22. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2021/22.</p>

Responsive		Cancer Wait Times (2 of 2)		Executive Lead		Oliver Radford		Lead		Lisa Airey																					
<div>CWT - 62 Day Referral to Treatment</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>22.0%</td><td>4.6.4</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>85.0%</td><td>35.6%</td><td>61.9%</td></tr></table> <p>(Higher value represents better performance)</p> <div>+Variation Description Common cause</div> <div>-Assurance Description Consistently fail target</div>				Reporting Date	Performance	ROF #	Sep-22	22.0%	4.6.4	Threshold	Mean	Benchmark	85.0%	35.6%	61.9%	<div>CWT - 31 Day Diagnosis to Treatment</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>74.5%</td><td>4.6.4</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>96.0%</td><td>84.6%</td><td>92.1%</td></tr></table> <p>(Higher value represents better performance)</p> <div>-Variation Description Common cause</div> <div>-Assurance Description Consistently fail target</div>				Reporting Date	Performance	ROF #	Sep-22	74.5%	4.6.4	Threshold	Mean	Benchmark	96.0%	84.6%	92.1%
Reporting Date	Performance	ROF #																													
Sep-22	22.0%	4.6.4																													
Threshold	Mean	Benchmark																													
85.0%	35.6%	61.9%																													
Reporting Date	Performance	ROF #																													
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Threshold	Mean	Benchmark																													
96.0%	84.6%	92.1%																													
<div>CWT - 62 Day Screening to Treatment</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>63.6%</td><td>4.6.4</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>90.0%</td><td>90.1%</td><td>68.5%</td></tr></table> <p>(Higher value represents better performance)</p> <div>-Variation Description Common cause</div> <div>-Assurance Description Inconsistently passing and falling short of target</div>				Reporting Date	Performance	ROF #	Sep-22	63.6%	4.6.4	Threshold	Mean	Benchmark	90.0%	90.1%	68.5%	<div>CWT - 28 Days to diagnosis or ruling out of cancer</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Sep-22</td><td>64.7%</td><td>4.6.4</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>75.0%</td><td>66.7%</td><td>69.5%</td></tr></table> <p>(Higher value represents better performance)</p> <div>+Variation Description Common cause</div> <div>-Assurance Description Consistently fail target</div>				Reporting Date	Performance	ROF #	Sep-22	64.7%	4.6.4	Threshold	Mean	Benchmark	75.0%	66.7%	69.5%
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Issues / Performance Summary		Planned / Mitigation Actions				Assurance / Recovery Trajectory																									
<ul style="list-style-type: none"><li>Performance for these pathways has been impacted by the delays to the first appointment.</li><li>Impact on capacity of the Oncology Day Unit where tertiary providers are advising complex treatments for patients that may take up to 6 hours to administer at a time.</li><li>Volatility of percentages due to small numbers</li><li>Some data recording issues have been identified for second and subsequent treatment(s)</li></ul>		<ul style="list-style-type: none"><li>Reporting data now taken directly from the Somerset Cancer Registry and automated.</li><li>KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li><li>The detailed breach information obtained via the Patient Tracking List (PTL) meetings will be analysed by the clinical teams using a tumour site by tumour site break down to understand the performance against this indicator.</li><li>A remedial action plan with corresponding timescales will be produced as part of the site by site review being undertaken by the clinical teams.</li><li>Data recording issues for second and subsequent treatments are being addressed via a review of how the team works and the processes involved to ensure more timely and accurate data capture.</li></ul>				<ul style="list-style-type: none"><li>Site by Site Remedial action plan to be implemented by the end of Q4. For 31 Day, re-design of how team works will lead to improved data capture, but may have resource implications that would require sustained investment.</li><li>Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans by the end of Q4.</li></ul> <div>Note - Benchmarks are UK NHSE performance figures for Aug' 22.</div>																									

Responsive	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
<p>% patients seen by Community Adult Therapy Services within timescales</p>		<p><b>Reporting Date</b> Sep-22</p> <p><b>Performance</b> 42.5%</p> <p><b>ROF #</b> 4.8</p>		<p><b>Reporting Date</b> Sep-22</p> <p><b>Performance</b> 2,086</p> <p><b>ROF #</b> 4.8.3</p>	
<p><b>Threshold</b> 80.0%</p> <p><b>Mean</b> 41.7%</p> <p><b>Benchmark</b> 57.2%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 1,904</p> <p><b>Benchmark</b> 1,994</p> <p>(Lower value represents better performance)</p>			
<p><b>+ Variation Description</b> Common cause</p>		<p><b>- Assurance Description</b> Consistently fail target</p>		<p><b>+ Variation Description</b></p>	
<p>% seen by Community Adult Therapy Services within timescale - by category</p>		<p><b>Reporting Date</b> Sep-22</p> <p><b>Performance</b> -</p> <p><b>ROF #</b> 4.8</p>		<p><b>Reporting Date</b> Sep-22</p> <p><b>Performance</b> 142</p> <p><b>ROF #</b> 4.8.3</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 132</p> <p><b>Benchmark</b> 113</p> <p>(Lower value represents better performance)</p>			
<p><b>+ Variation Description</b> Common cause</p>		<p><b>- Assurance Description</b> Consistently fail target</p>		<p><b>- Variation Description</b> Special Cause of Concerning variation (High)</p>	
<p><b>- Assurance Description</b> Consistently fail target</p>		<p><b>+ Variation Description</b></p>		<p><b>- Assurance Description</b></p>	
<p><b>Issues / Performance Summary</b></p> <p><b>Community Adult Therapy:</b></p> <ul style="list-style-type: none"> <li>Referral Rates remain high with professionals rarely able to progress those referrals which are categorised as 'soon 2' or 'routine', as the other categories taking priority.</li> <li>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.</li> <li>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.</li> </ul> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>There are approximately 200 patients being added to the dental allocation list on a monthly basis. Even though allocations have been made on a regular basis, 1011 since April 2022, 1187 have been added to the list.</li> <li>With the cost of living rising, there is the potential for a significant increase of people being added to the dental allocation list on a monthly basis going forward.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>Community Adult Therapy:</b></p> <ul style="list-style-type: none"> <li>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'.</li> </ul> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>Work with dental providers to see if there is the potential to cleanse their patient list to see if there is further capacity.</li> <li>Review the budget for dental services to see if there is further capacity with the budget to increase units of dental activity.</li> <li>Cleanse the dental allocation list to contact all those waiting longer than 6-12 months to see whether patients still require an NHS dentist, whether they have made alternative arrangements for their dental care or whether they have left the island.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>Update and review figures once dental allocation list cleansed.</li> </ul> <p>Note -</p> <p>Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2021/22.</p> <p>Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '22.</p>	

Responsive	Mental Health	Executive Lead	Oliver Radford	Lead	Ross Bailey
<p>MH - No. service users on Current Caseload</p>		<p>Reporting Date Sep-22</p> <p>Performance 4,690</p> <p>ROF # 4.7</p>	<p>MH - Discharges (vs Referrals)</p>		<p>Reporting Date Sep-22</p> <p>Performance 537</p> <p>ROF # 4.7</p>
<p>Threshold 4500 - 5500</p> <p>Mean 4,945</p> <p>Benchmark -</p> <p>(Value within range represents better performance)</p>		<p>-</p> <p>Variation Description Common cause</p>	<p>Threshold 650-667</p> <p>Mean 548</p> <p>Benchmark 556</p> <p>(Value within range represents better performance)</p>		<p>+</p> <p>Variation Description Common cause</p>
<p>+</p> <p>Assurance Description Consistently hit target</p>			<p>-</p> <p>Assurance Description Inconsistently passing and falling short of target</p>		
<p>MH - Caseload by service</p>		<p>Reporting Date Sep-22</p> <p>Performance -</p> <p>ROF # -</p>			
<p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p>					
<p>-</p> <p>Variation Description</p>					
<p>+</p> <p>Assurance Description</p>					
<p>Issues / Performance Summary</p> <p><b>Caseload:</b></p> <ul style="list-style-type: none"> <li>Caseload remains within the expected range.</li> <li>Revisions made to how the caseload is counted from Jul '22 as part of the ongoing data and reporting work with the BI team. The caseload is now a count of individual patients; previously a patient may have been counted more than once if they had a referral open to multiple teams.</li> </ul> <p><b>Discharges:</b></p> <ul style="list-style-type: none"> <li>Year to date have remained at similar level to 2021/22.</li> <li>On average, referrals are down by roughly 9% per month when compared to 201/22.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>3 Day follow up:</b></p> <ul style="list-style-type: none"> <li>Reporting of this metric to recommence in November '22.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	









## Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Aug-22	6.9%	8.5%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Aug-22	83	91	-	-		
WP003		Workforce - % Staff not on permanent contract	-	-	-	-	-		
WP004		Workforce - Number of staff leavers	Aug-22	31	20	99	-		
WP005		Workforce - Number of staff on disciplinary measures	Aug-22	9	7	41	-		
WP006		Workforce - Number of suspended staff	Aug-22	1	1	5	-		
WP007		Governance - Number of Data Breaches	Sep-22	5	14	86	0		
WP008		Governance - Number of Subject Access Requests (SAR)	Sep-22	31	43	259	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Sep-22	9	9	51	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Sep-22	12	9	52	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Sep-22	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Sep-22	2	1	7	-		

Well Led	Sickness Absence & Discipline	Executive Lead	Anne Corkill	Lead	Hannah Leighton																																		
<div><div>% Hours lost to staff sickness absence</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>6.9%</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>4.0%</div><div>Mean</div><div>8.5%</div><div>Benchmark</div><div>7.9%</div></div><div>(Lower value represents better performance)</div><div><div>+</div><div>Variation Description</div><div>Common cause</div></div><div><div>-</div><div>Assurance Description</div><div>Consistently fail target</div></div></div></div> <div><div>Number of staff on disciplinary measures : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>9</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>-</div><div>Mean</div><div>7</div><div>Benchmark</div><div>-</div></div><div>(Lower value represents better performance)</div><div><div>-</div><div>Variation Description</div><div>Common cause</div></div><div><div></div><div>Assurance Description</div><div></div></div></div></div> <tr><td colspan="2"><div><div>Number of staff on long term sickness : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>83</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>-</div><div>Mean</div><div>91</div><div>Benchmark</div><div>-</div></div><div>(Lower value represents better performance)</div><div><div>+</div><div>Variation Description</div><div>Common cause</div></div><div><div></div><div>Assurance Description</div><div></div></div></div></div><div><div>Number of suspended staff : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>1</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>-</div><div>Mean</div><div>1</div><div>Benchmark</div><div>-</div></div><div>(Lower value represents better performance)</div><div><div>+</div><div>Variation Description</div><div>Common cause</div></div><div><div></div><div>Assurance Description</div><div></div></div></div></div><tr><td colspan="2">Issues / Performance Summary</td><td colspan="2">Planned / Mitigation Actions</td><td colspan="2">Assurance / Recovery Trajectory</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr></td></tr>		Reporting Date	Performance	ROF #	Aug-22	6.9%	5.1	Reporting Date	Performance	ROF #	Aug-22	9	5.1	<div><div>Number of staff on long term sickness : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>83</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>-</div><div>Mean</div><div>91</div><div>Benchmark</div><div>-</div></div><div>(Lower value represents better performance)</div><div><div>+</div><div>Variation Description</div><div>Common cause</div></div><div><div></div><div>Assurance Description</div><div></div></div></div></div> <div><div>Number of suspended staff : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Aug-22</td><td>1</td><td>5.1</td></tr></tbody></table><div><div>Threshold</div><div>-</div><div>Mean</div><div>1</div><div>Benchmark</div><div>-</div></div><div>(Lower value represents better performance)</div><div><div>+</div><div>Variation Description</div><div>Common cause</div></div><div><div></div><div>Assurance Description</div><div></div></div></div></div> <tr><td colspan="2">Issues / Performance Summary</td><td colspan="2">Planned / Mitigation Actions</td><td colspan="2">Assurance / Recovery Trajectory</td></tr> <tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr>		Reporting Date	Performance	ROF #	Aug-22	83	5.1	Reporting Date	Performance	ROF #	Aug-22	1	5.1	Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory							
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Well Led	Governance	Executive Lead	Richard Wild	Lead	Gaye Miller		
<div><div>Governance - Number of Data Breaches : Manx Care</div><div></div></div>		<div><div>Reporting Date Sep-22</div><div>Performance 5</div><div>ROF # 7.1</div></div> <div><div>Threshold 0</div><div>Mean 14</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div>+</div><div>Variation Description Common cause</div></div> <div><div>-</div><div>Assurance Description Consistently fail target</div></div>		<div><div>Governance - SAR, AHR and FOI's not completed within timescale : Manx Care</div><div></div></div>		<div><div>Reporting Date Sep-22</div><div>Performance 2</div><div>ROF # 7.1</div></div> <div><div>Threshold -</div><div>Mean 1</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div></div><div>Assurance Description</div></div>	
<div><div>Governance - Information requests by type : Manx Care</div><div></div></div>		<div><div>Reporting Date Sep-22</div><div>Performance -</div><div>ROF # 7.1</div></div> <div><div>Threshold -</div><div>Mean -</div><div>Benchmark -</div></div> <div></div> <div><div></div><div>Variation Description</div></div> <div><div></div><div>Assurance Description</div></div>					
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory			
<div>Data Breaches:</div> <ul style="list-style-type: none"><li>The number of Data Breaches has continued to reduce in September, and they are now at their lowest level in 2022/23 to date.</li><li>There were 5 data breaches in Sept, over 3 care areas:<ul style="list-style-type: none"><li>Noble's Hospital x 2</li><li>Mental Health x 2</li><li>Community Health x 1</li></ul></li><li>Key breach themes this year have included;<ul style="list-style-type: none"><li>Confidentiality</li><li>Email</li><li>Info sent to incorrect individual</li></ul></li></ul> <div>Requests completed within Timescale:</div> <ul style="list-style-type: none"><li>2 requests were not completed within the required timescales in September:<ul style="list-style-type: none"><li>Access to Health Record Request (AHR) x 1</li><li>Data Subject Access Request (DSAR) x 1</li></ul></li></ul>							

## Well Led (Finance) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Aug-22	60%	-	60%	1%		
WF002		Total income (£)	Aug-22	-£1,107,601	-£1,149,296	-	-		
WF003		Total staff costs (£)	Aug-22	£16,129,293	£15,819,066	-	-		
WF004		Total other costs (£)	Aug-22	£11,778,127	£11,092,270	-	-		
WF005		Agency staff costs (proportion %)	Aug-22	11.3%	8.2%	-	-		



Well Led	Finance	Executive Lead	Jackie Lawless	Lead	Samantha Allibone
<p><b>% Progress towards Cost Improvement Target (CIP)</b></p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> 60.0%</p> <p><b>ROF #</b> 6.1</p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> £16,129,292.93</p> <p><b>ROF #</b> 6.1</p>	
<p><b>Threshold</b> 1.0%</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		<p><b>Variation Description</b></p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> £15,819,065.79</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>	
<p><b>Variation Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>+ Variation Description</b> Common cause</p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Total income (£)</b></p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> -£1,107,601.39</p> <p><b>ROF #</b> 6.1</p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> 11.3%</p> <p><b>ROF #</b> 6.1</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -£1,149,295.88</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		<p><b>+ Variation Description</b> Common cause</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 8.2%</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>	
<p><b>Variation Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>- Variation Description</b> Common cause</p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Total staff costs (£)</b></p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> -£1,107,601.39</p> <p><b>ROF #</b> 6.1</p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> 11.3%</p> <p><b>ROF #</b> 6.1</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -£1,149,295.88</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		<p><b>+ Variation Description</b> Common cause</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 8.2%</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>	
<p><b>Variation Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>- Variation Description</b> Common cause</p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Agency staff costs (proportion %)</b></p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> 11.3%</p> <p><b>ROF #</b> 6.1</p>		<p><b>Reporting Date</b> Aug-22</p> <p><b>Performance</b> 11.3%</p> <p><b>ROF #</b> 6.1</p>	
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<p><b>Variation Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>- Variation Description</b> Common cause</p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Issues / Performance Summary</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>The CIP target for 22/23 has been set at £4.3m, which is reflected in the forecast. This is made up of the 1% efficiency target of £2.7m plus an additional £1.5m as part of the agreed growth funding.</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>Operational overspend of (£2.1m) with the YTD position now being an overspend of (£4.9m). Costs have increased in the month by £0.5m</li> </ul> <p><b>Total staff costs (£):</b></p> <ul style="list-style-type: none"> <li>YTD Employee Costs are currently (£3.5m) over budget and only include a provision for a pay award at 2%. Excluding the impact of the pay award (over 2%), employee costs are expected to be (£4.6m) over budget by year end.</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>YTD £5.9m, increasing by £0.1m from July's actuals.</li> <li>Spend is tracking closely against last year, and showing a small improvement during July and August against last year.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>To date, £2.6m of cash-out savings have been delivered, representing 60% of the total target of £4.3m. Efficiency savings of £500k have also been delivered so far this year.</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>DHSC hold a Reserve Fund of £6.5m that is not shown as part of Manx Care's financials. Applications to this fund are currently being finalised and until approved, all cost pressures (actual and forecast) will be held in Manx Care's figures. These pressures are currently forecast at £3.0m and cover the loss of PPU income (due to the ward being used for restoration work), high cost placements, additional requirements for TT/Grand Prix including off-island activity and the Information Commissioners fine.</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>A key focus this year is on recruitment activity to address the 20% vacancy rate across the organisation. Care Groups have been asked to produce recruitment plans to address key vacancies and there is a project underway to drive international nurse recruitment.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>Additional support from DHSC and Transformation has been agreed to deliver these savings. This resource should allow more of the £7.3m originally identified to be delivered in-year and allow additional measures identified totaling £5m to be put into effect as soon as possible.</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>Should the £3.0m be approved from the Reserve Fund, the overspend position will reduce to £6.5m. Additional CIP opportunities and mitigations have been identified to address this position and discussions are underway to secure additional resource to support delivery of these savings and achieve a balanced position by year end.</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>The CIP programme will provide oversight and co-ordination to support delivery of the recruitment plans. As these start to take effect, we will expect to see spend on temporary resource such as Bank &amp; Agency as a proportion of total spend to reduce.</li> </ul>	

APPENDIX A - Example Service Area Performance Summary

SAFE										EFFECTIVE									
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
MHS001		Serious Incidents - No. of Incidents								MHE001		Service Area specific KPI							
MHS002		Total number of Inpatient Falls - Rate per 1,000 bed days								MHE002		Service Area specific KPI							
MHS003		Number of Inpatient Falls (with Harm) - Rate per 1,000 bed days								MHE003		Service Area specific KPI							
MHS004		Total number of Medication Errors								MHE004		Service Area specific KPI							
MHS005		Number of Medication Errors (with Harm)								MHE005		Service Area specific KPI							
CARING										RESPONSIVE									
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
MHC001		Complaints - Total number of complaints received								MHR001		Service Area specific KPI							
MHC002		Complaints - % of all complaints responded to on time (within 20 days of receipt)								MHR002		Service Area specific KPI							
MHC003		Number of re-opened complaints (second response)								MHR003		Service Area specific KPI							
MHC004		Complaints escalated for external review (IRB)								MHR004		Service Area specific KPI							
MHC005		Service Area specific KPI								MHR005		Service Area specific KPI							
WELL LED (PEOPLE)										WELL LED (FINANCE)									
KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	Value	Mean	YTD	Threshold	Variation	Assurance
MHP001		Hours lost to staff sickness absence								MHF001		% Progress towards Cost Improvement Target (CIP)							
MHP002		Number of staff not on permanent contract (%)								MHF002		Total income (£)							
MHP003		Number of staff on disciplinary measures								MHF003		Total staff costs (£)							
MHP004		Completion of Mandatory Training (%)								MHF004		Total other costs (£)							
MHP005		Number of Data Breaches								MHF005		Agency staff costs (proportion %)							
MHP006		Service Area specific KPI								MHF006		Total of all approved in year additional funding (£)							