

Integrated Performance Report

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Integrated Performance Report (IPR) development

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

The development of the IPR is an iterative process being undertaken over the coming months. The Performance Improvement & Management Service (PIMS) remain responsive to feedback received from colleagues, the Board and the public with regard to the evolution of the content and format of this report.

Some of the key changes to this month's report are as follows:

• Integration of Maternity Dashboard

A number of the key performance indicators (KPIs) and supporting metrics currently reported separately in the Maternity Services Dashboard are being integrated into the IPR. As such, the Effective section of the report now contains reporting against an increased number of KPIs and performance metrics. Supporting narrative and trend analysis for the Maternity metrics will be included in future reports.

Other notes regarding the format of the IPR

• Red/Amber/Green (RAG) ratings for Reporting Month performance

The achieved performance against each KPI is colour coded to make it clearer whether or not the required standard has been achieved:



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



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



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

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

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

Alignment to CQC recognised domains

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

Safe - are our service users protected from abuse and avoidable harm.

Effective – does our care, treatment and support achieve good outcomes, help service users to maintain quality of life and is based on the best available evidence.

Caring – do staff involve and treat service users with compassion, kindness, dignity and respect.

Responsive - services are organised so that they meet service user needs.

Well Led - the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around service users' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

To ensure that the holistic view of a Service Area's performance is not lost, future iterations of the report will also include a Performance Summary for each Service Area. An example of such a summary can be found in Appendix A.

Structured narrative

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

Issue -> Remedial Action -> Recovery Trajectory

Key Performance Indicators (KPIs)

PIMS continue to work 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 DHSC's Single Oversight Framework (SOF) and the government's 'Our Island Plan'. Nominated leads within the Care Groups are being identified to be responsible for the delivery of each KPI.

Where existing reporting does not cover all of the requirements, PIMS are working with the Business Intelligence (BI) team and service area leads to develop the required measurement and reporting mechanisms and processes.

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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 re-develop, automate and validate the KPI reporting through the construct of datasets. This is a large task and involves spending time in and working with every service area within the department. The plan of works to develop an automated dataset for each area is due to extend until next year.

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

PIMS is working with the BI team to support the development of performance reporting in a format that aligns with the performance monitoring processes and requirements under the Performance & Accountability Framework. This currently involves an interim reporting process requiring some manual input until the BI team have automated all of the required datasets.

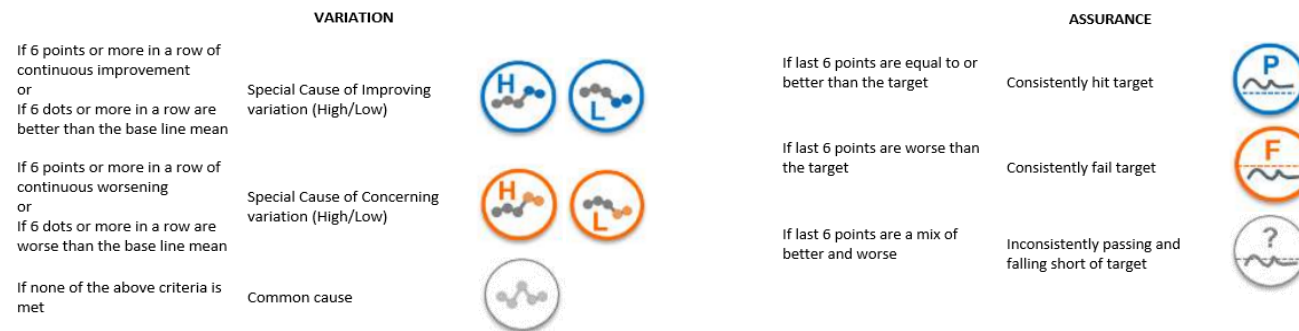
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work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

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

Statistical Process Control (SPC) Charts

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

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.

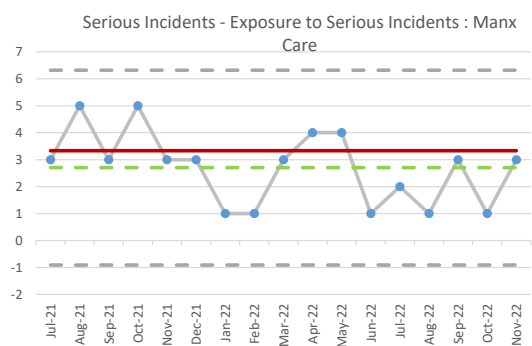
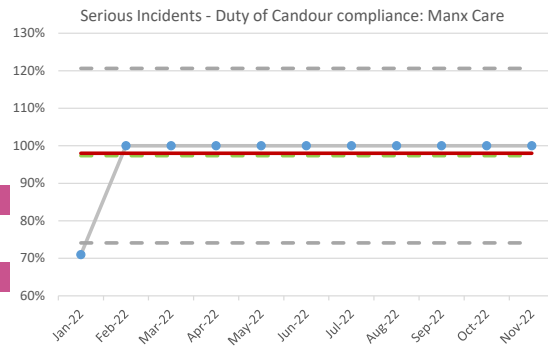
Executive Summary

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| Domain | Going Well | Cause for Concern |
|--------------------|---|--|
| Safe | <ul style="list-style-type: none"> Exposure to serious incidents remains lower than threshold and is further improving. 16-consecutive months without a Never Event. Maintained 100% Duty of Candour since February 2022. Exposure to the risk of Healthcare Associated Infections from alert organisms remains low for patients. Low numbers of Medication Errors and Falls that result in Harm. Positive achievement against Safety Thermometer. Good Hand Hygiene compliance. | <ul style="list-style-type: none"> 48-72 hr senior medical review of antibiotic prescription remains below threshold. However, this indicator has significantly improved during 2022. |
| Effective | <ul style="list-style-type: none"> Dental Contractors remain on plan to provide required levels of Units of Dental Activity (UDAs). Mental Health and Adult Social Care re-referral rates remain within expected levels. All Looked After Children reviews within Social Care completed within timescales. The majority of maternity indicators now being reported are meeting or exceeding the required standards. | <ul style="list-style-type: none"> Access to surgical bed base continues to challenge theatre efficiency and utilisation. Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. Completion rates of Hospital Learning From Death (LFD) reviews remain low. A low proportion of Complex Needs Reviews are being completed within timescale in Social Care. Compliance with Nutrition & Hydration standards remains below the required standard. High number of Hospital Deaths at Noble's in November, but remain within expected levels. |
| Caring | <ul style="list-style-type: none"> Manx Care has consistently met gender appropriate accommodation standards in the year to date. All standards under the new Complaint Regulations have been achieved in November. MCALS is responding to a high proportion of queries within the same day. Service user satisfaction was particularly high: 90% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. | |
| Responsive | <ul style="list-style-type: none"> Inpatient and Daycase waiting list numbers and waiting times are continuing to reduce as a result of the Restoration & Recovery activity for Orthopaedics and Ophthalmology. Good Ambulance service performance against Category 2 - 5 response times despite increasing demand. Mental Health caseloads remain within expected levels. The 6 hour Average Total Time in Emergency Department standard continues to be achieved. Performance is continuing to recover and improve against the Cancer Wait Time standards. | <ul style="list-style-type: none"> 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. There were 15 12-Hour Trolley Waits in November. 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. 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. Access to routine diagnostics within 6 weeks remains challenging due to increasing demand exceeding current capacity. Category 1 Ambulance response times remain above threshold, and there were 23 breaches of the 60 minute handover time in November. Low proportion of patients seen by Community Adult Therapy Services within timescales, although the 80% standard was achieved in November for those on a Routine pathway. |
| Well Led (People) | <ul style="list-style-type: none"> Sickness absence remains above the required threshold but has continued on an improvement trajectory since June, and is now at its lowest level since April '21. Data breaches are being reported robustly by staff enabling the continuous review and strengthening of the way the organisation manages and secures data subjects' information. | <ul style="list-style-type: none"> There were 11 Data Breaches in November. High number of Information Governance related requests being received. 11 Information Governance requests were not responded to within the required timescales in November. |
| Well Led (Finance) | <ul style="list-style-type: none"> 80% of CIP target delivered to date. Efficiency savings of £900k have also been delivered so far this year. | <ul style="list-style-type: none"> Operational overspend of (£2.6m) with the YTD position now being an overspend of (£8.8m). Costs increased in the month by £1.3m, mainly due to an increase in Tertiary spend of £0.9m. YTD Employee Costs are currently (£4.7m) over budget and are expected to be (£4.6m) over budget by year end. |

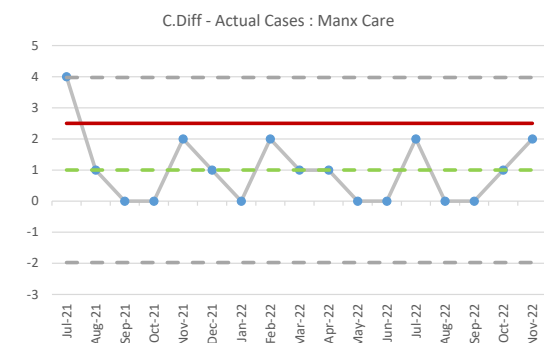
Safe Performance Summary

| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
|--------|-------------|--|-------------|--------|-------|------|-----|-----------|-----------|-----------|--------|-------------|---|-------------|--------|-------|------|-----|-----------|-----------|-----------|
| SA001 | | Exposure to Serious Incidents | Nov-22 | | 3 | 2 | 19 | < 40 PA | | | SA013 | | Harm Free Care Score (Safety Thermometer) - Adult | Nov-22 | | 98% | 98% | - | 95% | | |
| SA002 | | Duty of Candour - application within 10 days (%) | Nov-22 | | 100% | 100% | - | > 98% | | | SA014 | | Harm Free Care Score (Safety Thermometer) - Maternity | Nov-22 | | 100% | 100% | - | 95% | | |
| SA003 | | % Eligible patients having VTE risk assessment within 12 hours of decision to admit | Nov-22 | | 90% | 87% | - | 95% | | | SA015 | | Harm Free Care Score (Safety Thermometer) - Children | Nov-22 | | 100% | 96% | - | 95% | | |
| SA004 | | % Adult Patients (within general hospital) with VTE prophylaxis prescribed | Nov-22 | | 94% | 96% | - | 95% | | | SA016 | | Hand Hygiene Compliance | Nov-22 | | 97% | 97% | - | 96% | | |
| SA005 | | Never Events | Nov-22 | | 0 | 0 | 0 | 0 | | | SA017 | | 48-72 hr review of antibiotic prescription complete | Nov-22 | | 79% | 66% | - | >= 98% | | |
| SA006 | | Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix | Nov-22 | | 1.2 | 0.3 | - | < 2 | | | | | | | | | | | | | |
| SA007 | | Clostridium Difficile - Total number of acquired infections | Nov-22 | | 2 | 1 | 6 | < 30 PA | | | | | | | | | | | | | |
| SA008 | | MRSA - Total number of acquired infections | Nov-22 | | 0 | 0 | 0 | 0 | | | | | | | | | | | | | |
| SA009 | | E-Coli - Total number of acquired infections | Nov-22 | | 5 | 6 | 51 | < 72 PA | | | | | | | | | | | | | |
| SA010 | | No. confirmed cases of Klebsiella spp | Nov-22 | | 3 | 2 | 12 | - | | | | | | | | | | | | | |
| SA011 | | No. confirmed cases of Pseudomonas aeruginosa | Nov-22 | | 0 | 1 | 5 | - | | | | | | | | | | | | | |
| SA012 | | Exposure to medication incidents resulting in harm | Nov-22 | | 0 | 1 | 4 | <= 25 PA | | | | | | | | | | | | | |

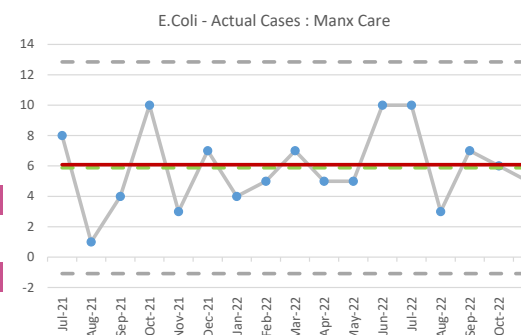
| Safe | | Serious Incidents | | Executive Lead | | Paul Moore | | Lead | | Paul Hurst; Sue Davis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------|--|--|-------------|------------|--------|--|-----|-----------------------|------|-----------|---------|---|---|---|-----------------------|--|--------------|---|-----------------------|--|-------------------------|---|--|--|--|----------------|-------------|-------|--------|--------|-----|-----------|------|-----------|-------|--------|-------|---|-----------------------|--|---|---|-----------------------|--|-------------------------|
|  <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>3</td><td>3.1</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>< 40 PA</td><td>2</td><td>3</td></tr></table> <p>(Lower value represents better performance)</p> <table><tr><td>-</td><td>Variation Description</td></tr><tr><td></td><td>Common cause</td></tr></table> <table><tr><td>+</td><td>Assurance Description</td></tr><tr><td></td><td>Consistently hit target</td></tr></table> | | | | Reporting Date | Performance | ROF # | Nov-22 | 3 | 3.1 | Threshold | Mean | Benchmark | < 40 PA | 2 | 3 | - | Variation Description | | Common cause | + | Assurance Description | | Consistently hit target |  <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>100.0%</td><td>3.1</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>> 98%</td><td>100.0%</td><td>90.3%</td></tr></table> <p>(Higher value represents better performance)</p> <table><tr><td>+</td><td>Variation Description</td></tr><tr><td></td><td>Special Cause of Improving variation (High)</td></tr></table> <table><tr><td>+</td><td>Assurance Description</td></tr><tr><td></td><td>Consistently hit target</td></tr></table> | | | | Reporting Date | Performance | ROF # | Nov-22 | 100.0% | 3.1 | Threshold | Mean | Benchmark | > 98% | 100.0% | 90.3% | + | Variation Description | | Special Cause of Improving variation (High) | + | Assurance Description | | Consistently hit target |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 3 | 3.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| < 40 PA | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | Variation Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Common cause | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| + | Assurance Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Consistently hit target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 100.0% | 3.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| > 98% | 100.0% | 90.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| + | Variation Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Special Cause of Improving variation (High) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| + | Assurance Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Consistently hit target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issues / Performance Summary | | | | Planned / Mitigation Actions | | | | Assurance / Recovery Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Serious Incidents:</p> <p>Serious incidents are managed through Manx Care's Serious Incident Review Group.</p> | | | | <p>Serious Incidents:</p> <ul style="list-style-type: none">• All incidents are investigated in accordance with the Manx Care Serious Incident framework. Learning from root cause analysis will be disseminated within the organisation, and required training delivered as appropriate. | | | | <p>Serious Incidents:</p> <ul style="list-style-type: none">• Forecast (29) remains within annual threshold (40). <p>Duty of Candour application within 10 days:</p> <ul style="list-style-type: none">• Across all Manx Care care groups compliance has been 100% this month. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Note - Benchmarks are the Manx Care monthly averages for 2021/22. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Safe | | Venous thromboembolism (VTE) | | Executive Lead | | Paul Moore | | Lead | | Paul Hurst; Sue Davis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|--|---|-----------------|------------|----|--|----|-----------------------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--|--|--|--|----------------|-------------|-------|--------|-------|-----|-----------|------|-----------|-------|-------|-------|---|-----------------------|--|--------------|---|-----------------------|--|--|--|--|--|--|-------|-----------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--|--|--|--|----------------|-------------|-------|--------|-------|-----|-----------|------|-----------|-------|-------|-------|---|-----------------------|--|--------------|---|-----------------------|--|--|
| <p>Patients having VTE risk assessment within 12 hours of decision to admit: Manx Care</p> <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Aug-21</td><td>98</td></tr><tr><td>Sep-21</td><td>62</td></tr><tr><td>Oct-21</td><td>98</td></tr><tr><td>Nov-21</td><td>98</td></tr><tr><td>Dec-21</td><td>98</td></tr><tr><td>Jan-22</td><td>95</td></tr><tr><td>Feb-22</td><td>95</td></tr><tr><td>Mar-22</td><td>78</td></tr><tr><td>Apr-22</td><td>70</td></tr><tr><td>May-22</td><td>82</td></tr><tr><td>Jun-22</td><td>90</td></tr><tr><td>Jul-22</td><td>90</td></tr><tr><td>Aug-22</td><td>98</td></tr><tr><td>Sep-22</td><td>82</td></tr><tr><td>Oct-22</td><td>90</td></tr><tr><td>Nov-22</td><td>90</td></tr></table> | | | | Month | Performance (%) | Aug-21 | 98 | Sep-21 | 62 | Oct-21 | 98 | Nov-21 | 98 | Dec-21 | 98 | Jan-22 | 95 | Feb-22 | 95 | Mar-22 | 78 | Apr-22 | 70 | May-22 | 82 | Jun-22 | 90 | Jul-22 | 90 | Aug-22 | 98 | Sep-22 | 82 | Oct-22 | 90 | Nov-22 | 90 | <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>90.3%</td><td>3.1</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>95.0%</td><td>87.1%</td><td>90.4%</td></tr></table> <p>(Higher value represents better performance)</p> <table><tr><td>+</td><td>Variation Description</td></tr><tr><td></td><td>Common cause</td></tr></table> <table><tr><td>-</td><td>Assurance Description</td></tr><tr><td></td><td>Inconsistently passing and falling short of target</td></tr></table> | | | | Reporting Date | Performance | ROF # | Nov-22 | 90.3% | 3.1 | Threshold | Mean | Benchmark | 95.0% | 87.1% | 90.4% | + | Variation Description | | Common cause | - | Assurance Description | | Inconsistently passing and falling short of target | <p>% Adult Patients (general hospital) VTE prophylaxis prescribed: Manx Care</p> <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Sep-21</td><td>62</td></tr><tr><td>Oct-21</td><td>98</td></tr><tr><td>Nov-21</td><td>98</td></tr><tr><td>Dec-21</td><td>98</td></tr><tr><td>Jan-22</td><td>98</td></tr><tr><td>Feb-22</td><td>98</td></tr><tr><td>Mar-22</td><td>98</td></tr><tr><td>Apr-22</td><td>95</td></tr><tr><td>May-22</td><td>95</td></tr><tr><td>Jun-22</td><td>98</td></tr><tr><td>Jul-22</td><td>98</td></tr><tr><td>Aug-22</td><td>98</td></tr><tr><td>Sep-22</td><td>90</td></tr><tr><td>Oct-22</td><td>95</td></tr><tr><td>Nov-22</td><td>95</td></tr></table> | | | | Month | Performance (%) | Sep-21 | 62 | Oct-21 | 98 | Nov-21 | 98 | Dec-21 | 98 | Jan-22 | 98 | Feb-22 | 98 | Mar-22 | 98 | Apr-22 | 95 | May-22 | 95 | Jun-22 | 98 | Jul-22 | 98 | Aug-22 | 98 | Sep-22 | 90 | Oct-22 | 95 | Nov-22 | 95 | <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>93.5%</td><td>3.1</td></tr></table> <table><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr><tr><td>95.0%</td><td>95.9%</td><td>94.3%</td></tr></table> <p>(Higher value represents better performance)</p> <table><tr><td>-</td><td>Variation Description</td></tr><tr><td></td><td>Common cause</td></tr></table> <table><tr><td>-</td><td>Assurance Description</td></tr><tr><td></td><td>Inconsistently passing and falling short of target</td></tr></table> | | | | Reporting Date | Performance | ROF # | Nov-22 | 93.5% | 3.1 | Threshold | Mean | Benchmark | 95.0% | 95.9% | 94.3% | - | Variation Description | | Common cause | - | Assurance Description | | Inconsistently passing and falling short of target |
| Month | Performance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 90.3% | 3.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95.0% | 87.1% | 90.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| + | Variation Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Common cause | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | Assurance Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inconsistently passing and falling short of target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Performance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 93.5% | 3.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95.0% | 95.9% | 94.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | Variation Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Common cause | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | Assurance Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Inconsistently passing and falling short of target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Issues / Performance Summary</p> <p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none">Whilst the figure of 90% for November is slightly below the 95% target performance remains above the average for the year so far which stands at 87%. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none">94% of patients had prophylaxis prescribed if appropriate, with performance remaining just below the target of 95%. YTD average is positive at over 95%. | | | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none">To continue to raise awareness with care groups. Clinical Directors addressing with junior doctors. | | | | <p>Assurance / Recovery Trajectory</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

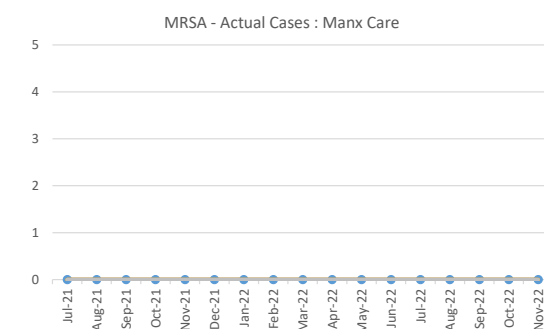
| Safe | | Falls; Medication Errors | | Executive Lead | | Paul Moore | | Lead | | Paul Hurst; Sue Davis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--|---|--|------------|-----|---|-----|-----------------------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|---|--|--|--|--|--|--|--|-------|--|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--|--|--|--|
| <div>Falls Inpatient (Harm only) per 1,000 bed days : Manx Care</div> <table><thead><tr><th>Month</th><th>Falls Inpatient (Harm only) per 1,000 bed days</th></tr></thead><tbody><tr><td>Jul-21</td><td>0.0</td></tr><tr><td>Aug-21</td><td>0.0</td></tr><tr><td>Sep-21</td><td>0.4</td></tr><tr><td>Oct-21</td><td>0.3</td></tr><tr><td>Nov-21</td><td>0.2</td></tr><tr><td>Dec-21</td><td>0.6</td></tr><tr><td>Jan-22</td><td>0.8</td></tr><tr><td>Feb-22</td><td>0.2</td></tr><tr><td>Mar-22</td><td>0.3</td></tr><tr><td>Apr-22</td><td>0.2</td></tr><tr><td>May-22</td><td>0.4</td></tr><tr><td>Jun-22</td><td>0.0</td></tr><tr><td>Jul-22</td><td>0.3</td></tr><tr><td>Aug-22</td><td>0.0</td></tr><tr><td>Sep-22</td><td>0.3</td></tr><tr><td>Oct-22</td><td>0.0</td></tr><tr><td>Nov-22</td><td>1.2</td></tr></tbody></table> | | | | Month | Falls Inpatient (Harm only) per 1,000 bed days | Jul-21 | 0.0 | Aug-21 | 0.0 | Sep-21 | 0.4 | Oct-21 | 0.3 | Nov-21 | 0.2 | Dec-21 | 0.6 | Jan-22 | 0.8 | Feb-22 | 0.2 | Mar-22 | 0.3 | Apr-22 | 0.2 | May-22 | 0.4 | Jun-22 | 0.0 | Jul-22 | 0.3 | Aug-22 | 0.0 | Sep-22 | 0.3 | Oct-22 | 0.0 | Nov-22 | 1.2 | <div>Reporting Date Nov-22</div> <div>Performance 1.2</div> <div>ROF # 3.1</div> <div>Threshold < 2</div> <div>Mean 0.3</div> <div>Benchmark 0.3</div> <div>(Lower value represents better performance)</div> <div>- Variation Description Special Cause of Concerning variation (High)</div> <div>+ Assurance Description Consistently hit target</div> | | | | <div>Exposure to medication incidents resulting in harm: Manx Care</div> <table><thead><tr><th>Month</th><th>Exposure to medication incidents resulting in harm</th></tr></thead><tbody><tr><td>Aug-21</td><td>0.0</td></tr><tr><td>Sep-21</td><td>0.0</td></tr><tr><td>Oct-21</td><td>0.0</td></tr><tr><td>Nov-21</td><td>0.0</td></tr><tr><td>Dec-21</td><td>2.0</td></tr><tr><td>Jan-22</td><td>0.0</td></tr><tr><td>Feb-22</td><td>0.0</td></tr><tr><td>Mar-22</td><td>0.0</td></tr><tr><td>Apr-22</td><td>1.0</td></tr><tr><td>May-22</td><td>1.0</td></tr><tr><td>Jun-22</td><td>0.0</td></tr><tr><td>Jul-22</td><td>0.0</td></tr><tr><td>Aug-22</td><td>0.0</td></tr><tr><td>Sep-22</td><td>1.0</td></tr><tr><td>Oct-22</td><td>1.0</td></tr><tr><td>Nov-22</td><td>0.0</td></tr></tbody></table> | | | | Month | Exposure to medication incidents resulting in harm | Aug-21 | 0.0 | Sep-21 | 0.0 | Oct-21 | 0.0 | Nov-21 | 0.0 | Dec-21 | 2.0 | Jan-22 | 0.0 | Feb-22 | 0.0 | Mar-22 | 0.0 | Apr-22 | 1.0 | May-22 | 1.0 | Jun-22 | 0.0 | Jul-22 | 0.0 | Aug-22 | 0.0 | Sep-22 | 1.0 | Oct-22 | 1.0 | Nov-22 | 0.0 | <div>Reporting Date Nov-22</div> <div>Performance 0</div> <div>ROF # 3.1</div> <div>Threshold ≤ 25 PA</div> <div>Mean 1</div> <div>Benchmark 0</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div> | | | |
| Month | Falls Inpatient (Harm only) per 1,000 bed days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 0.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 0.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 0.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 0.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 0.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 1.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Exposure to medication incidents resulting in harm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 2.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issues / Performance Summary | | | | Planned / Mitigation Actions | | | | Assurance / Recovery Trajectory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Falls (with Harm):</div> <ul style="list-style-type: none">There were 2 falls with harm across the Hospitals but the rate per bed day remained below the required threshold. YTD average has correspondingly increased but remains positive at only 0.3. | | | | <div>Falls (with Harm):</div> <ul style="list-style-type: none">Mitigations are in place to reduce likelihood of similar occurrences in future. | | | | <div>Medication Errors (with Harm):</div> <ul style="list-style-type: none">Across all care groups there were no medication errors with harm this month. <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | | | |
|---|-------------------------|-------------|---|-----------|-----|
| Reporting Date | Nov-22 | Performance | 2 | 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 | Nov-22 | Performance | 5 | ROF # | 3.1 |
| Threshold | < 72 PA | Mean | 6 | Benchmark | 5 |
| (Lower value represents better performance) | | | | | |
| + | Variation Description | | | | |
| | Common cause | | | | |
| + | Assurance Description | | | | |
| | Inconsistently passing and falling short of target | | | | |



| | | | | | |
|---|-------------------------|-------------|---|-----------|-----|
| Reporting Date | Nov-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 | | | | |

| Issues / Performance Summary | Planned / Mitigation Actions | Assurance / Recovery Trajectory |
|---|--|---|
| C.Diff: <ul style="list-style-type: none"> There have been two cases this month, one was community associated and the other hospital associated. The hospital associated case had high risk factors and had been given appropriate antibiotics which precipitated the Clostridium difficile infection (CDI). E.Coli: <ul style="list-style-type: none"> There have been five community associated cases identified this month. The sources include urinary tract infections without catheters, bowel perforation, tumour, and biliary issues. MRSA: <ul style="list-style-type: none"> 0 cases since Feb 2021. Klebsiella: <ul style="list-style-type: none"> There were three community associated cases in November, the sources were from urinary infections (no catheters) and a vascular device infection. | C.Diff: <ul style="list-style-type: none"> Root Cause Analyses (RCAs) continue to be undertaken to identify learning outcomes. Antimicrobial ward rounds continue to be undertaken within Nobles Hospital. The RCA for the community associated CDI is being undertaken at present. E.Coli: <ul style="list-style-type: none"> The sources of all infections have been identified. Task and finish group established for urinary catheters. The recommendations of the urinary prevalence audit are being driven forward. MRSA: <ul style="list-style-type: none"> Continue to undertake surveillance / Aseptic Non-Touch Technique (ANTT) champion updates. Klebsiella: <ul style="list-style-type: none"> The IPCT are investigating the origin of the vascular infection as the patient was attending oncology. | Klebsiella: <ul style="list-style-type: none"> The investigation including environmental and ANTT will be completed and action plan produced which will depend upon the findings of the investigation. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p> |

| Safe | Safety Thermometer | Executive Lead | Paul Moore | Lead | Paul Hurst; Sue Davis |
|---|--------------------|---|------------|---|-----------------------|
| <p>Harm Free Care Score (Safety Thermometer) - Adult: Manx Care</p> <p>Reporting Date: Nov-22, Performance: 98.0%, ROF #: 3.1</p> <p>Threshold: 95.0%, Mean: 97.9%, Benchmark: 96.3% (Higher value represents better performance)</p> <p>- Variation Description: Common cause</p> <p>+ Assurance Description: Inconsistently passing and falling short of target</p> | | <p>Harm Free Care Score (Safety Thermometer) - Maternity: Manx Care</p> <p>Reporting Date: Nov-22, Performance: 100.0%, ROF #: 3.1</p> <p>Threshold: 95.0%, Mean: 100.0%, Benchmark: 99.3% (Higher value represents better performance)</p> <p>+ Variation Description: Special Cause of Improving variation (High)</p> <p>+ Assurance Description: Consistently hit target</p> | | <p>Harm Free Care Score (Safety Thermometer) - Children: Manx Care</p> <p>Reporting Date: Nov-22, Performance: 100.0%, ROF #: 3.1</p> <p>Threshold: 95.0%, Mean: 96.2%, Benchmark: 98.9% (Higher value represents better performance)</p> <p>+ Variation Description: Common cause</p> <p>+ Assurance Description: Inconsistently passing and falling short of target</p> | |
| <p>Issues / Performance Summary</p> <p>Adult:</p> <ul style="list-style-type: none"> 98.0% of adult inpatients were kept free from harm. Standard achieved for 7 out of 8 reporting months YTD. <p>Maternity:</p> <ul style="list-style-type: none"> 100% of maternity patients were kept free from harm. <p>Children:</p> <ul style="list-style-type: none"> In November there was a return to 100% of children being kept harm free. | | <p>Planned / Mitigation Actions</p> | | <p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p> | |

| Safe | Hand Hygiene; Antibiotic Review | Executive Lead | Paul Moore | Lead | Paul Hurst; Sue Davis | | | | | | | | |
|--|---------------------------------|--|-------------|---------------------------------|-----------------------|-------|-----|----------------|-------------|-------|--------|-------|-----|
| <div><div>Hand Hygiene Compliance: Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>97.0%</td><td>3.1</td></tr></tbody></table><div><p>Threshold 96.0%</p><p>Mean 96.7%</p><p>Benchmark 95.6%</p><p>(Higher value represents better performance)</p></div><div><p>+ Variation Description Common cause</p></div><div><p>+ Assurance Description Inconsistently passing and falling short of target</p></div></div></div> <div><div>48-72 hr review of antibiotic prescription complete: Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>79.0%</td><td>3.1</td></tr></tbody></table><div><p>Threshold >= 98%</p><p>Mean 65.5%</p><p>Benchmark 34.5%</p><p>(Higher value represents better performance)</p></div><div><p>+ Variation Description Special Cause of Improving variation (High)</p></div><div><p>- Assurance Description Consistently fail target</p></div></div></div> | | Reporting Date | Performance | ROF # | Nov-22 | 97.0% | 3.1 | Reporting Date | Performance | ROF # | Nov-22 | 79.0% | 3.1 |
| Reporting Date | Performance | ROF # | | | | | | | | | | | |
| Nov-22 | 97.0% | 3.1 | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | |
| Nov-22 | 79.0% | 3.1 | | | | | | | | | | | |
| Issues / Performance Summary | | Planned / Mitigation Actions | | Assurance / Recovery Trajectory | | | | | | | | | |
| <div>Hand Hygiene:</div> <div><ul style="list-style-type: none">Hand hygiene compliance for both the WHO five moments of hand hygiene and the Bare Below the Elbow (BBE) audit remain above the required threshold at 97%.</div> <div>Review of Antibiotic Prescribing:</div> <div><ul style="list-style-type: none">Total number of reviews and compliance of antibiotic prescribing continue to increase steadily.</div> | | <div>Hand Hygiene:</div> <div><ul style="list-style-type: none">Work remains on going with the ADoNs to increase submission compliance. Continuing to raise awareness and education around the importance of the five moments of hand hygiene and Bare Below the Elbow.</div> <div>Review of Antibiotic Prescribing:</div> <div><ul style="list-style-type: none">To continue with Microbiology Ward rounds and offering advice.</div> | | | | | | | | | | | |
| Note - Benchmarks are the Manx Care monthly averages for 2021/22. | | | | | | | | | | | | | |

Effective Performance Summary

| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
|--------|-------------|--|-------------|--------|-------|------|------|---------------|-----------|-----------|--------|-------------|--|-------------|--------|-------|------|-------|-------------|-----------|-----------|
| EF001 | | Planned Care - DNA Rate (Consultant Led outpatient appointments) | Nov-22 | | 9% | 11% | - | 5% by Apr '23 | | | EF019 | | CFSC - % Complex Needs Reviews held on time | Nov-22 | | 32% | 48% | - | 85% | | |
| EF002 | | Planned Care - Total Number of Cancelled Operations | Nov-22 | | 303 | 279 | 2235 | - | | | EF021 | | CFSC - % Total Initial Child Protection Conferences held on time | Nov-22 | | 88% | 94% | - | 90% | | |
| EF003 | | Theatres - Number of Cancelled Operations on Day | Nov-22 | | 50 | 34 | 272 | - | | | EF022 | | CFSC - % Child Protection Reviews held on time | Nov-22 | | 88% | 94% | - | 90% | | |
| EF004 | | Theatres - Theatre Utilisation | Nov-22 | | 70% | 73% | - | 85% | | | EF023 | | CFSC - % Looked After Children reviews held on time | Nov-22 | | 94% | 92% | - | 90% | | |
| EF005 | | Length of Stay (LOS) - No. patients with LOS greater than 21 days | Nov-22 | | 90 | 95 | - | - | | | EF027 | | W&C - Births Per Annum | Nov-22 | | 544 | 367 | 2,938 | - | | |
| EF006 | | Crude Mortality Rate | Nov-22 | | 33 | 22 | 175 | - | | | EF028 | | W&C - Ward Attenders | Nov-22 | | 92 | 130 | 1,040 | - | | |
| EF007 | | Total Hospital Deaths | Nov-22 | | 38 | 22 | 176 | - | | | EF029 | | W&C - Gestation At Booking <10 Weeks | Nov-22 | | - | - | - | - | | |
| EF024 | | Mortality - Hospitals LFD (Learning from Death reviews) | Nov-22 | | 24% | 26% | - | 80% | | | EF030 | | W&C - Caesarean Deliveries (not Robson Classified) | Nov-22 | | 28% | 32% | - | - | | |
| EF008 | | ASC -West Wellbeing Contribution to reduction in ED attendance | Nov-22 | | 0% | 2% | - | -5% | | | EF031 | | W&C - Induction of Labour | Nov-22 | | 43% | 38% | - | < 30% | | |
| EF009 | | ASC - West Wellbeing Reduction in admission to hospital from locality | Nov-22 | | -8% | 6% | - | -10% | | | EF032 | | W&C - 3rd/4th Degree Tear Overall Rate | Nov-22 | | 1.6% | 1.0% | - | < 3.5% | | |
| EF010 | | IPCC - % Dental contractors on target to meet UDA's | Nov-22 | | 72% | - | - | 40% | | | EF033 | | W&C - Obstetric Haemorrhage >1.5L | Nov-22 | | 3.3% | 2.5% | - | < 2.6% | | |
| EF011 | | MH - Average Length of Stay (LOS) in MH Acute Inpatient Service | Nov-22 | | 26.0 | 40.1 | - | - | | | EF034 | | W&C - Unplanned Term Admissions To NNU | Oct-22 | | 4.7% | 5.5% | - | < 5% | | |
| EF012 | | MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days | Nov-22 | | 5 | 7 | - | - | | | EF035 | | W&C - Stillbirth Number / Rate (per 1,000) | Nov-22 | | 0.0 | 0.1 | 1.0 | < 4.4 | | |
| EF013 | | MH - % service users discharged from MH inpatient to have follow up appointment | Jun-22 | | 91% | 83% | - | 100% | | | EF036 | | W&C - Unplanned Admission To ITU – Level 3 Care | Oct-22 | | 0 | 0 | 1 | - | | |
| EF014 | | MH - % Re-referrals within 6 months | Nov-22 | | 15% | 17% | - | 10-20 % | | | EF037 | | W&C - % Smoking At Booking | Nov-22 | | 10% | 9% | - | - | | |
| EF015 | | ASC - % of Re-referrals | Nov-22 | | 5% | 11% | - | 10% | | | EF038 | | W&C - % Of Women Smoking At Time Of Delivery | Nov-22 | | 7% | 8% | - | < 18% | | |
| EF016 | | ASC - % of all Adult Community Care Assessments completed in Agreed Timescales | Nov-22 | | 77% | 74% | - | 80% | | | EF039 | | W&C - First Feed Breast Milk (Initiation Rate) | Nov-22 | | 66% | 72% | - | > 80% | | |
| EF017 | | ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment | Nov-22 | | 21% | 10% | - | 100% | | | EF040 | | W&C - Breast Feeding Rate At Transfer Home | Nov-22 | | 59% | 67% | - | <= 15% loss | | |
| EF018 | | ASC - % of all Residential Beds Occupied | Nov-22 | | 71% | 79% | - | 85% | | | EF041 | | W&C - Neonatal Mortality rate/1000 | Nov-22 | | - | - | - | - | | |
| EF025 | | Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health) | Nov-22 | | 83% | 81% | - | 95% | | | | | | | | | | | | | |
| EF026 | | MH - Crisis Team one hour response to referral from ED | Nov-22 | | 88% | 93% | - | 90% | | | | | | | | | | | | | |

| 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 Nov-22 Performance 303 ROF # 4.3</p> <p>Threshold - Mean 279 Benchmark 321</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p> | | <p>Reporting Date Nov-22 Performance 90 ROF # 4.3</p> <p>Threshold - Mean 95 Benchmark 69</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>Assurance Description</p> | |
| <p>Planned Care - Cancelled Operations by source</p> | | <p>Reporting Date Nov-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>Reporting Date Nov-22 Performance Noble's : 4.8 days RDCH : 45.8 days ROF # 4.3</p> <p>Threshold - Mean Noble's : 5 days RDCH : 42.5 days Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p> | |
| <p>Issues / Performance Summary</p> <p>Length of Stay:</p> <ul style="list-style-type: none"> Staffing pressures Closures of ward 12 Re-enablement delays Lack of availability of residential and nursing care beds. 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. | | <p>Planned / Mitigation Actions</p> <p>Length of Stay:</p> <ul style="list-style-type: none"> Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so. Spot purchasing of community beds Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme. | | <p>Assurance / Recovery Trajectory</p> <p>Length of Stay:</p> <ul style="list-style-type: none"> Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.3 days) will start to deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital. Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU). <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p> | |

| Effective | Theatres | Executive Lead | Oliver Radford | Lead | James Watson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|--|-----------------|--|--------------|---------------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|--------|------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|--------|------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|--------|------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|---|---|--------|----------|--------------|--------|------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|--------|------|--------|--------|----|------|--------|--------|----|--------|------|------|--------|----|----|--------|------|--------|--------|----|------|--------|--|--|--------|-------------|-----------|--------|-----------|--------|--------|----|----|--------|--------|----|--------|----|----|--------|----|----|--------|----|--------|---|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|---|
| <div><div>Theatres - % Theatre Utilisation</div><table border="1"><caption>Theatres - % Theatre Utilisation Data</caption><thead><tr><th>Month</th><th>Performance (%)</th><th>Threshold (%)</th><th>Mean (%)</th><th>Benchmark (%)</th></tr></thead><tbody><tr><td>Apr-21</td><td>70</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>May-21</td><td>75</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Jun-21</td><td>82</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Jul-21</td><td>75</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Aug-21</td><td>68</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Sep-21</td><td>65</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Oct-21</td><td>85</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Nov-21</td><td>75</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Dec-21</td><td>82</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Jan-22</td><td>70</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Feb-22</td><td>82</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Mar-22</td><td>70</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Apr-22</td><td>85</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>May-22</td><td>75</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Jun-22</td><td>72</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Jul-22</td><td>70</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Aug-22</td><td>75</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Sep-22</td><td>68</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Oct-22</td><td>70</td><td>85</td><td>73.5</td><td>73.5</td></tr><tr><td>Nov-22</td><td>69.8</td><td>85</td><td>73.5</td><td>73.5</td></tr></tbody></table></div> | | Month | Performance (%) | Threshold (%) | Mean (%) | Benchmark (%) | Apr-21 | 70 | 85 | 73.5 | 73.5 | May-21 | 75 | 85 | 73.5 | 73.5 | Jun-21 | 82 | 85 | 73.5 | 73.5 | Jul-21 | 75 | 85 | 73.5 | 73.5 | Aug-21 | 68 | 85 | 73.5 | 73.5 | Sep-21 | 65 | 85 | 73.5 | 73.5 | Oct-21 | 85 | 85 | 73.5 | 73.5 | Nov-21 | 75 | 85 | 73.5 | 73.5 | Dec-21 | 82 | 85 | 73.5 | 73.5 | Jan-22 | 70 | 85 | 73.5 | 73.5 | Feb-22 | 82 | 85 | 73.5 | 73.5 | Mar-22 | 70 | 85 | 73.5 | 73.5 | Apr-22 | 85 | 85 | 73.5 | 73.5 | May-22 | 75 | 85 | 73.5 | 73.5 | Jun-22 | 72 | 85 | 73.5 | 73.5 | Jul-22 | 70 | 85 | 73.5 | 73.5 | Aug-22 | 75 | 85 | 73.5 | 73.5 | Sep-22 | 68 | 85 | 73.5 | 73.5 | Oct-22 | 70 | 85 | 73.5 | 73.5 | Nov-22 | 69.8 | 85 | 73.5 | 73.5 | <div><div>Reporting Date Nov-22</div><div>Performance 69.8%</div><div>ROF # 3.5</div></div> <div><div>Threshold 85.0%</div><div>Mean 73.5%</div><div>Benchmark 73.5%</div></div> <div>(Higher value represents better performance)</div> <div>+<div>Variation Description Common cause</div></div> <div>-<div>Assurance Description Consistently fail target</div></div> | <div><div>Theatres - No. of Cancelled Operations on Day</div><table border="1"><caption>Theatres - No. of Cancelled Operations on Day Data</caption><thead><tr><th>Month</th><th>Performance</th><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>Apr-21</td><td>18</td><td>34</td><td>32</td><td>32</td></tr><tr><td>May-21</td><td>25</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Jun-21</td><td>42</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Jul-21</td><td>48</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Aug-21</td><td>42</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Sep-21</td><td>32</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Oct-21</td><td>20</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Nov-21</td><td>10</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Dec-21</td><td>18</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Jan-22</td><td>22</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Feb-22</td><td>55</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Mar-22</td><td>58</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Apr-22</td><td>42</td><td>34</td><td>32</td><td>32</td></tr><tr><td>May-22</td><td>30</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Jun-22</td><td>25</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Jul-22</td><td>15</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Aug-22</td><td>42</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Sep-22</td><td>25</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Oct-22</td><td>48</td><td>34</td><td>32</td><td>32</td></tr><tr><td>Nov-22</td><td>50</td><td>34</td><td>32</td><td>32</td></tr></tbody></table></div> | Month | Performance | Threshold | Mean | Benchmark | Apr-21 | 18 | 34 | 32 | 32 | May-21 | 25 | 34 | 32 | 32 | Jun-21 | 42 | 34 | 32 | 32 | Jul-21 | 48 | 34 | 32 | 32 | Aug-21 | 42 | 34 | 32 | 32 | Sep-21 | 32 | 34 | 32 | 32 | Oct-21 | 20 | 34 | 32 | 32 | Nov-21 | 10 | 34 | 32 | 32 | Dec-21 | 18 | 34 | 32 | 32 | Jan-22 | 22 | 34 | 32 | 32 | Feb-22 | 55 | 34 | 32 | 32 | Mar-22 | 58 | 34 | 32 | 32 | Apr-22 | 42 | 34 | 32 | 32 | May-22 | 30 | 34 | 32 | 32 | Jun-22 | 25 | 34 | 32 | 32 | Jul-22 | 15 | 34 | 32 | 32 | Aug-22 | 42 | 34 | 32 | 32 | Sep-22 | 25 | 34 | 32 | 32 | Oct-22 | 48 | 34 | 32 | 32 | Nov-22 | 50 | 34 | 32 | 32 | <div><div>Reporting Date Nov-22</div><div>Performance 50</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean 34</div><div>Benchmark 32</div></div> <div>(Lower value represents better performance)</div> <div>-<div>Variation Description Common cause</div></div> <div>Assurance Description</div> |
| Month | Performance (%) | Threshold (%) | Mean (%) | Benchmark (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 70 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 75 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 82 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 75 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 68 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 65 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 85 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 75 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 82 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 70 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 82 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 70 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 85 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 75 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 72 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 70 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 75 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 68 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 70 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 69.8 | 85 | 73.5 | 73.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Performance | Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 18 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 25 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 42 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 48 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 42 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 32 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 20 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 10 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 18 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 22 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 55 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 58 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 42 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 30 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 25 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 15 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 42 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 25 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 48 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 50 | 34 | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>Theatres - Delivered (vs Cancelled Sessions)</div><table border="1"><caption>Theatres - Delivered (vs Cancelled Sessions) Data</caption><thead><tr><th>Month</th><th>Delivered</th><th>Cancelled</th></tr></thead><tbody><tr><td>Apr-21</td><td>70</td><td>0</td></tr><tr><td>May-21</td><td>85</td><td>0</td></tr><tr><td>Jun-21</td><td>98</td><td>0</td></tr><tr><td>Jul-21</td><td>82</td><td>5</td></tr><tr><td>Aug-21</td><td>80</td><td>2</td></tr><tr><td>Sep-21</td><td>80</td><td>15</td></tr><tr><td>Oct-21</td><td>45</td><td>50</td></tr><tr><td>Nov-21</td><td>35</td><td>10</td></tr><tr><td>Dec-21</td><td>35</td><td>5</td></tr><tr><td>Jan-22</td><td>45</td><td>0</td></tr><tr><td>Feb-22</td><td>58</td><td>0</td></tr><tr><td>Mar-22</td><td>75</td><td>0</td></tr><tr><td>Apr-22</td><td>45</td><td>0</td></tr><tr><td>May-22</td><td>58</td><td>0</td></tr><tr><td>Jun-22</td><td>55</td><td>0</td></tr><tr><td>Jul-22</td><td>55</td><td>0</td></tr><tr><td>Aug-22</td><td>80</td><td>0</td></tr><tr><td>Sep-22</td><td>70</td><td>0</td></tr><tr><td>Oct-22</td><td>88</td><td>0</td></tr><tr><td>Nov-22</td><td>90</td><td>0</td></tr></tbody></table></div> | | Month | Delivered | Cancelled | Apr-21 | 70 | 0 | May-21 | 85 | 0 | Jun-21 | 98 | 0 | Jul-21 | 82 | 5 | Aug-21 | 80 | 2 | Sep-21 | 80 | 15 | Oct-21 | 45 | 50 | Nov-21 | 35 | 10 | Dec-21 | 35 | 5 | Jan-22 | 45 | 0 | Feb-22 | 58 | 0 | Mar-22 | 75 | 0 | Apr-22 | 45 | 0 | May-22 | 58 | 0 | Jun-22 | 55 | 0 | Jul-22 | 55 | 0 | Aug-22 | 80 | 0 | Sep-22 | 70 | 0 | Oct-22 | 88 | 0 | Nov-22 | 90 | 0 | <div><div>Reporting Date Nov-22</div><div>Performance 91</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean 69</div><div>Benchmark 65</div></div> <div>(Higher value represents better performance)</div> <div>Variation Description</div> <div>Assurance Description</div> | <div><div>Theatres - Cancelled Operations on Day by source</div><table border="1"><caption>Theatres - Cancelled Operations on Day by source Data</caption><thead><tr><th>Month</th><th>Clinical</th><th>Non Clinical</th></tr></thead><tbody><tr><td>Apr-21</td><td>15</td><td>0</td></tr><tr><td>May-21</td><td>20</td><td>5</td></tr><tr><td>Jun-21</td><td>30</td><td>10</td></tr><tr><td>Jul-21</td><td>18</td><td>30</td></tr><tr><td>Aug-21</td><td>30</td><td>5</td></tr><tr><td>Sep-21</td><td>30</td><td>5</td></tr><tr><td>Oct-21</td><td>2</td><td>15</td></tr><tr><td>Nov-21</td><td>10</td><td>2</td></tr><tr><td>Dec-21</td><td>15</td><td>5</td></tr><tr><td>Jan-22</td><td>50</td><td>5</td></tr><tr><td>Feb-22</td><td>48</td><td>5</td></tr><tr><td>Mar-22</td><td>15</td><td>15</td></tr><tr><td>Apr-22</td><td>15</td><td>10</td></tr><tr><td>May-22</td><td>20</td><td>5</td></tr><tr><td>Jun-22</td><td>12</td><td>5</td></tr><tr><td>Jul-22</td><td>40</td><td>5</td></tr><tr><td>Aug-22</td><td>20</td><td>5</td></tr><tr><td>Sep-22</td><td>35</td><td>5</td></tr><tr><td>Oct-22</td><td>48</td><td>5</td></tr><tr><td>Nov-22</td><td>48</td><td>5</td></tr></tbody></table></div> | Month | Clinical | Non Clinical | Apr-21 | 15 | 0 | May-21 | 20 | 5 | Jun-21 | 30 | 10 | Jul-21 | 18 | 30 | Aug-21 | 30 | 5 | Sep-21 | 30 | 5 | Oct-21 | 2 | 15 | Nov-21 | 10 | 2 | Dec-21 | 15 | 5 | Jan-22 | 50 | 5 | Feb-22 | 48 | 5 | Mar-22 | 15 | 15 | Apr-22 | 15 | 10 | May-22 | 20 | 5 | Jun-22 | 12 | 5 | Jul-22 | 40 | 5 | Aug-22 | 20 | 5 | Sep-22 | 35 | 5 | Oct-22 | 48 | 5 | Nov-22 | 48 | 5 | <div><div>Reporting Date Nov-22</div><div>Performance -</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean -</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div>Variation Description</div> <div>Assurance Description</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Delivered | Cancelled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 70 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 85 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 98 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 82 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 80 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 80 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 45 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 35 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 35 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 45 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 58 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 75 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 45 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 58 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 55 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 55 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 80 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 70 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 88 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 90 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Clinical | Non Clinical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 15 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 30 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 18 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 30 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 30 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 2 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 10 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 15 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 50 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 48 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 15 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 15 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 12 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 40 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 35 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 48 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 48 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Issues / Performance Summary</div> <div><ul style="list-style-type: none">Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists.Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity theatre BAU activity has been reduced.</div> | | <div>Planned / Mitigation Actions</div> <div><ul style="list-style-type: none">Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list.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 & Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency & utilisation.Synaptic continues to support the Restoration & Recovery (R&R) waiting list initiatives for ophthalmic & orthopaedic surgery through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and Agency staff to sustain the BAU activity in 4 theatres. The vacancy position has improved slightly with successful appointments recently made.Theatre staff continues to support Maternity to mitigate the risk to mother and baby until the situation improves.Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx 4.5 days to 1.3 days.Synaptic supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base.</div> | | <div>Assurance / Recovery Trajectory</div> <div><ul style="list-style-type: none">The implementation of a surgical admissions lounge which is in the project stages.Synaptic support is anticipated to continue through to end of March 2023 and beyond with the commencement of General Surgery in December 2022. Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.Exploration of Red to Green Criteria led discharge and assertive in-reach.<div>Note - Benchmarks are the Manx Care monthly average for 2021/22.</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Effective | Mortality & Death Rates | Executive Lead | Sree Andole | Lead | David Hedley; Alison Hool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--|-------------|--|---------------------------|----|-----|-----------|------|-----------|---|----|----|---|--|----------------|-------------|-------|--------|----|-----|-----------|------|-----------|---|----|----|--|--|----------------|-------------|-------|--------|---|-----|-----------|------|-----------|---|---|---|--|--|----------------|-------------|-------|--------|-------|-----|-----------|------|-----------|-------|-------|-------|
| <div><div>Total Hospital Deaths : Manx Care</div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>38</td><td>3.6</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>22</td><td>27</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>- Variation Description Common cause</div><div>Assurance Description</div></div> | | Reporting Date | Performance | ROF # | Nov-22 | 38 | 3.6 | Threshold | Mean | Benchmark | - | 22 | 27 | <div><div>Crude Mortality Rate : Manx Care</div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>33</td><td>3.6</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>22</td><td>29</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>- Variation Description Common cause</div><div>Assurance Description</div></div> | | Reporting Date | Performance | ROF # | Nov-22 | 33 | 3.6 | Threshold | Mean | Benchmark | - | 22 | 29 | <div><div>Total Hospital Deaths by site</div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>-</td><td>3.6</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>-</td><td>-</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>- Variation Description</div><div>Assurance Description</div></div> | | Reporting Date | Performance | ROF # | Nov-22 | - | 3.6 | Threshold | Mean | Benchmark | - | - | - | <div><div>Hospitals LFD (Learning from Death reviews)</div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>24.0%</td><td>3.6</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>80.0%</td><td>25.9%</td><td>88.0%</td></tr></tbody></table><p>(Higher value represents better performance)</p><div>- Variation Description Special Cause of Concerning variation (Low)</div><div>- Assurance Description Consistently fail target</div></div> | | Reporting Date | Performance | ROF # | Nov-22 | 24.0% | 3.6 | Threshold | Mean | Benchmark | 80.0% | 25.9% | 88.0% |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nov-22 | 24.0% | 3.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 80.0% | 25.9% | 88.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Issues / Performance Summary</div> <ul style="list-style-type: none">Both the Crude Mortality rate and number of Hospital Deaths have increased in November, but remain within expected levels of variance.Noble's Hospital had 32 deaths in November, which represents a 17% increase against the year to date average. | | <div>Planned / Mitigation Actions</div> <ul style="list-style-type: none">Heads of Care Quality & Safety are continuing to meet with the Assistant Medical Directors to discuss how the completion of Learning from Death Reviews (LFDs) can be improved as YTD average remains low at only 26%.Plan in place to improve compliance with completing level 1 reviews initially | | <div>Assurance / Recovery Trajectory</div> <div>Note - Benchmarks are the Manx Care monthly average for 2021/22.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Effective | Wellbeing Services; Dental | Executive Lead | Sally Shaw; Oliver Radford | Lead | Michele Mountjoy; Annmarie Cubbon | | | | | | | | | | | | | | | | | | | | | | |
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| <div>West Wellbeing service contribution to reduction in ED attendance</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>0.0%</td><td>4.11.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-5.0%</td><td>2.1%</td><td>-</td></tr></tbody></table> <p>(Lower 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 # | Nov-22 | 0.0% | 4.11.1 | Threshold | Mean | Benchmark | -5.0% | 2.1% | - | <div>West Wellbeing service reduction in admission to hospital from locality</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>-8.3%</td><td>4.11.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-10.0%</td><td>6.5%</td><td>-</td></tr></tbody></table> <p>(Lower 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 # | Nov-22 | -8.3% | 4.11.1 | Threshold | Mean | Benchmark | -10.0% | 6.5% | - |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 0.0% | 4.11.1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | -8.3% | 4.11.1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | |
| -10.0% | 6.5% | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>% Dental contractors on target to meet Units of Dental Activity (UDA's)</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>72.0%</td><td>4.8.3</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>40.0%</td><td>-</td><td>-</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>Variation Description</div> <div>+ Assurance Description Consistently hit target</div> | | Reporting Date | Performance | ROF # | Nov-22 | 72.0% | 4.8.3 | Threshold | Mean | Benchmark | 40.0% | - | - | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 72.0% | 4.8.3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40.0% | - | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Issues / Performance Summary</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation.Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute.Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E.Concern re: metric with data collected on short term basis (6 months). <div>Dental Contractors:</div> <ul style="list-style-type: none">At present contractors are above the 30% tolerance by the end of Q2. | | <div>Planned / Mitigation Actions</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">The service is raising awareness regarding the impact the lack of capacity in community services has on ED.New frailty service identifying patients at an earlier stage.Targeting of nursing homes specifically for falls. <div>Dental Contractors:</div> <ul style="list-style-type: none">A review was undertaken at the end of November to ensure the contractors were at 50% of their contracts. | | <div>Assurance / Recovery Trajectory</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">The service will look to refer more patients to third sector services, e.g. respite services as appropriate.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.Impact of new frailty service to be reviewed in Q3. <div>Dental Contractors:</div> <ul style="list-style-type: none">Of the 11 dental practices, 7 have currently delivered over 50% of their contract. One of the practices that has not delivered 50% is currently looking at reducing the remaining UDA delivery for the rest of the financial year and conversations will be had with the others over the next month to see if they also wish to reduce their current contract. | | | | | | | | | | | | | | | | | | | | | | | |

| Effective | Mental Health | Executive Lead | Sally Shaw | Lead | Ross Bailey |
|---|---------------|---|------------|---|-------------|
| <p>MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service</p> | | <p>Reporting Date Nov-22 Performance 26.0 ROF # 4.7.7</p> <p>Threshold - Mean 40.1 Benchmark 31.3</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p> | | <p>MH - % service users discharged from MH inpatient that have follow up appointment</p> | |
| <p>MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days</p> | | <p>Reporting Date Nov-22 Performance 5 ROF # 4.7.7</p> <p>Threshold - Mean 7 Benchmark 7</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p> | | <p>MH - % Re-referrals within 6 months</p> | |
| <p>Issues / Performance Summary</p> <p>Average Length of Stay (ALOS):</p> <ul style="list-style-type: none"> ALOS has reduced significantly in November, driven predominantly by the discharge of patients from Glen Suite who had lengths of stay of circa 365 days. Relatively small bed volume can have a significant impact on interpretation of data. <p>3 Day follow up:</p> <ul style="list-style-type: none"> Currently unable to report due to current revisions to counting and reporting via the BI team. <p>Length of Stay greater than 21 days:</p> <ul style="list-style-type: none"> The number of service users with a LOS of 21 days or more has reduced in November, and now represents an improvement against the 2021/22 position. <p>Re-referrals:</p> <ul style="list-style-type: none"> Remain within the expected range. | | <p>Planned / Mitigation Actions</p> <p>3 Day follow up:</p> <ul style="list-style-type: none"> Reporting of this metric to recommence in Q4. | | <p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p> | |

| Effective | Adult Social Work | Executive Lead | Sally Shaw | Lead | Michele Mountjoy |
|---|-------------------|--|------------|--|------------------|
| <p>ASC - % of Re-referrals</p> <p>ASC - No. of Referrals</p> | | <p>Reporting Date Nov-22 Performance 5.0% ROF # 4.10</p> <p>Threshold 10.0% Mean 11.1% Benchmark 16.8%</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Special Cause of Improving variation (Low)</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p> | | <p>Reporting Date Nov-22 Performance 76.9% ROF # 4.10</p> <p>Threshold 80.0% Mean 74.1% Benchmark 72.2%</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>Reporting Date Nov-22 Performance 140 ROF # 4.10</p> <p>Threshold - Mean 175 Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p> | | <p>Reporting Date Nov-22 Performance 21.2% ROF # 4.10</p> <p>Threshold 100.0% Mean 10.5% Benchmark 30.6%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Special Cause of Concerning variation (Low)</p> <p>- Assurance Description Consistently fail target</p> | |
| <p>Issues / Performance Summary</p> <p>The number of new referrals received in November 2022 was 140.</p> <p>Re-Referrals:</p> <ul style="list-style-type: none"> Re-referral rates are now within the expected threshold. There has been a change to the reporting methodology, with the ASAT team now no longer being included in the re-referral figures due to the fact that they act as a “front door” for all referrals received, which was resulting in a double count of re-referrals. There was 7 re-referrals in November, with the majority requiring a reassessment following a change in circumstances/ care needs. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The completion of Wellbeing Partnership assessments in November was slightly below the required threshold. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The number of individuals receiving copies of their Wellbeing Partnership assessments in November remained below the required threshold. | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> Processes are being continually reviewed to make them more streamlined. The Adult Generic Team have been fully staffed during most of November which has enabled staff to continue to focus on case closures. The Learning Disabilities Team have been without a Team Manager and Senior Practitioner for the whole of November and the Group Manager was supporting the team. A new Team manager has now been appointed, along with a new Senior Practitioner. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> Team members have been reminded to complete the appropriate assessment related data sets on Wellbeing Partnership assessments to ensure continued accuracy of data. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> Following a change in assessment type from FAC to Wellbeing Partnership, work ongoing with the BI team to reconcile and validate the reported data to ensure that the reported position accurately reflects the change in process. | | <p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Making Safeguarding personal (MSP) continues to be a positive area. Better recording of involvement with family and friends is being seen. Triage is working well in terms of collaborative decision making and MDT working. 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. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The number of assessments being shared with individuals and carers is depicted as artificially low. This low number is caused by a systems issue. Social Care are actively working with the Live Systems Team to resolve, with an improvement expected by the February 2023 IPR. | |

| Effective | Social Work (Children & Families) | Executive Lead | Sally Shaw | Lead | Julie Gibney | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div><div>% Complex Needs Reviews held on time</div><table border="1"><caption>% Complex Needs Reviews held on time</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr-21</td><td>28</td></tr><tr><td>May-21</td><td>50</td></tr><tr><td>Jun-21</td><td>45</td></tr><tr><td>Jul-21</td><td>100</td></tr><tr><td>Aug-21</td><td>100</td></tr><tr><td>Sep-21</td><td>60</td></tr><tr><td>Oct-21</td><td>45</td></tr><tr><td>Nov-21</td><td>65</td></tr><tr><td>Dec-21</td><td>100</td></tr><tr><td>Jan-22</td><td>90</td></tr><tr><td>Feb-22</td><td>65</td></tr><tr><td>Mar-22</td><td></td></tr><tr><td>Apr-22</td><td></td></tr><tr><td>May-22</td><td></td></tr><tr><td>Jun-22</td><td></td></tr><tr><td>Jul-22</td><td></td></tr><tr><td>Aug-22</td><td>65</td></tr><tr><td>Sep-22</td><td>45</td></tr><tr><td>Oct-22</td><td>48</td></tr><tr><td>Nov-22</td><td>32</td></tr></tbody></table></div> | | Month | Value | Apr-21 | 28 | May-21 | 50 | Jun-21 | 45 | Jul-21 | 100 | Aug-21 | 100 | Sep-21 | 60 | Oct-21 | 45 | Nov-21 | 65 | Dec-21 | 100 | Jan-22 | 90 | Feb-22 | 65 | Mar-22 | | Apr-22 | | May-22 | | Jun-22 | | Jul-22 | | Aug-22 | 65 | Sep-22 | 45 | Oct-22 | 48 | Nov-22 | 32 | <div><div>Reporting Date Nov-22</div><div>Performance 32.0%</div><div>ROF # 4.10.6</div></div> <div><div>Threshold 85.0%</div><div>Mean 47.9%</div><div>Benchmark 68.8%</div></div> <div>(Higher value represents better performance)</div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div>-</div><div>Assurance Description Inconsistently passing and falling short of target</div></div> | | <div><div>% Total Child Protection Review Conferences held on time</div><table border="1"><caption>% Total Child Protection Review Conferences held on time</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr-21</td><td>65</td></tr><tr><td>May-21</td><td>95</td></tr><tr><td>Jun-21</td><td>100</td></tr><tr><td>Jul-21</td><td>100</td></tr><tr><td>Aug-21</td><td>100</td></tr><tr><td>Sep-21</td><td>85</td></tr><tr><td>Oct-21</td><td>100</td></tr><tr><td>Nov-21</td><td>80</td></tr><tr><td>Dec-21</td><td>80</td></tr><tr><td>Jan-22</td><td>55</td></tr><tr><td>Feb-22</td><td>70</td></tr><tr><td>Mar-22</td><td></td></tr><tr><td>Apr-22</td><td></td></tr><tr><td>May-22</td><td></td></tr><tr><td>Jun-22</td><td></td></tr><tr><td>Jul-22</td><td></td></tr><tr><td>Aug-22</td><td>60</td></tr><tr><td>Sep-22</td><td>30</td></tr><tr><td>Oct-22</td><td>55</td></tr><tr><td>Nov-22</td><td>87.5</td></tr></tbody></table></div> | | Month | Value | Apr-21 | 65 | May-21 | 95 | Jun-21 | 100 | Jul-21 | 100 | Aug-21 | 100 | Sep-21 | 85 | Oct-21 | 100 | Nov-21 | 80 | Dec-21 | 80 | Jan-22 | 55 | Feb-22 | 70 | Mar-22 | | Apr-22 | | May-22 | | Jun-22 | | Jul-22 | | Aug-22 | 60 | Sep-22 | 30 | Oct-22 | 55 | Nov-22 | 87.5 | <div><div>Reporting Date Nov-22</div><div>Performance 87.5%</div><div>ROF # 4.10.6</div></div> <div><div>Threshold 90.0%</div><div>Mean 90.0%</div><div>Benchmark 84.4%</div></div> <div>(Higher 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> | |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 87.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>% Total Initial Child Protection Conferences held on time</div><table border="1"><caption>% Total Initial Child Protection Conferences held on time</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr-21</td><td>30</td></tr><tr><td>May-21</td><td>100</td></tr><tr><td>Jun-21</td><td>100</td></tr><tr><td>Jul-21</td><td>100</td></tr><tr><td>Aug-21</td><td>100</td></tr><tr><td>Sep-21</td><td>20</td></tr><tr><td>Oct-21</td><td>45</td></tr><tr><td>Nov-21</td><td>35</td></tr><tr><td>Dec-21</td><td>85</td></tr><tr><td>Jan-22</td><td>10</td></tr><tr><td>Feb-22</td><td>65</td></tr><tr><td>Mar-22</td><td></td></tr><tr><td>Apr-22</td><td></td></tr><tr><td>May-22</td><td></td></tr><tr><td>Jun-22</td><td></td></tr><tr><td>Jul-22</td><td></td></tr><tr><td>Aug-22</td><td></td></tr><tr><td>Sep-22</td><td></td></tr><tr><td>Oct-22</td><td>100</td></tr><tr><td>Nov-22</td><td>87.5</td></tr></tbody></table></div> | | Month | Value | Apr-21 | 30 | May-21 | 100 | Jun-21 | 100 | Jul-21 | 100 | Aug-21 | 100 | Sep-21 | 20 | Oct-21 | 45 | Nov-21 | 35 | Dec-21 | 85 | Jan-22 | 10 | Feb-22 | 65 | Mar-22 | | Apr-22 | | May-22 | | Jun-22 | | Jul-22 | | Aug-22 | | Sep-22 | | Oct-22 | 100 | Nov-22 | 87.5 | <div><div>Reporting Date Nov-22</div><div>Performance 87.5%</div><div>ROF # 4.10.6</div></div> <div><div>Threshold 90.0%</div><div>Mean 93.8%</div><div>Benchmark 63.3%</div></div> <div>(Higher value represents better performance)</div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div>-</div><div>Assurance Description Inconsistently passing and falling short of target</div></div> | | <div><div>% Looked After Children reviews held on time</div><table border="1"><caption>% Looked After Children reviews held on time</caption><thead><tr><th>Month</th><th>Value</th></tr></thead><tbody><tr><td>Apr-21</td><td>95</td></tr><tr><td>May-21</td><td>65</td></tr><tr><td>Jun-21</td><td>85</td></tr><tr><td>Jul-21</td><td>100</td></tr><tr><td>Aug-21</td><td>100</td></tr><tr><td>Sep-21</td><td>85</td></tr><tr><td>Oct-21</td><td>100</td></tr><tr><td>Nov-21</td><td>70</td></tr><tr><td>Dec-21</td><td>85</td></tr><tr><td>Jan-22</td><td>80</td></tr><tr><td>Feb-22</td><td>65</td></tr><tr><td>Mar-22</td><td></td></tr><tr><td>Apr-22</td><td></td></tr><tr><td>May-22</td><td></td></tr><tr><td>Jun-22</td><td></td></tr><tr><td>Jul-22</td><td></td></tr><tr><td>Aug-22</td><td>85</td></tr><tr><td>Sep-22</td><td>90</td></tr><tr><td>Oct-22</td><td>100</td></tr><tr><td>Nov-22</td><td>93.8</td></tr></tbody></table></div> | | Month | Value | Apr-21 | 95 | May-21 | 65 | Jun-21 | 85 | Jul-21 | 100 | Aug-21 | 100 | Sep-21 | 85 | Oct-21 | 100 | Nov-21 | 70 | Dec-21 | 85 | Jan-22 | 80 | Feb-22 | 65 | Mar-22 | | Apr-22 | | May-22 | | Jun-22 | | Jul-22 | | Aug-22 | 85 | Sep-22 | 90 | Oct-22 | 100 | Nov-22 | 93.8 | <div><div>Reporting Date Nov-22</div><div>Performance 93.8%</div><div>ROF # 4.10.6</div></div> <div><div>Threshold 90.0%</div><div>Mean 92.4%</div><div>Benchmark 86.0%</div></div> <div>(Higher value represents better performance)</div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div>+</div><div>Assurance Description Inconsistently passing and falling short of target</div></div> | |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 87.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 93.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Issues / Performance Summary</div> <div>Complex Needs Reviews held on time:</div> <div>• Only 32.0% of reviews were completed within the timescales in November.</div> <div>Initial Child Protection Conferences held on time:</div> <div>• 87.5% of conferences were held within the timescales in November.</div> <div>Child Protection Review Conferences held on time:</div> <div>• 87.5% of conferences were completed within the timescales in November.</div> <div>Looked After Children reviews held on time:</div> <div>• All reviews were held within the timescales in November.</div> | | <div>Planned / Mitigation Actions</div> <div>Complex Needs Reviews held on time:</div> <div>• The majority of Child with Complex Needs Reviews take place in respect of children with disabilities. The Disability Team has been impacted by staffing issues since July 2022, as has the Initial Response Team. Other factors that have negatively impacted this area of performance are the unavailability of family, the Chairperson's availability and notification by the child's Social Worker not being timely. The new Group Manager for IRT will have a particular focus on this area to ensure that these Complex Reviews are taking place when they should.</div> | | <div>Assurance / Recovery Trajectory</div> <div>• 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.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

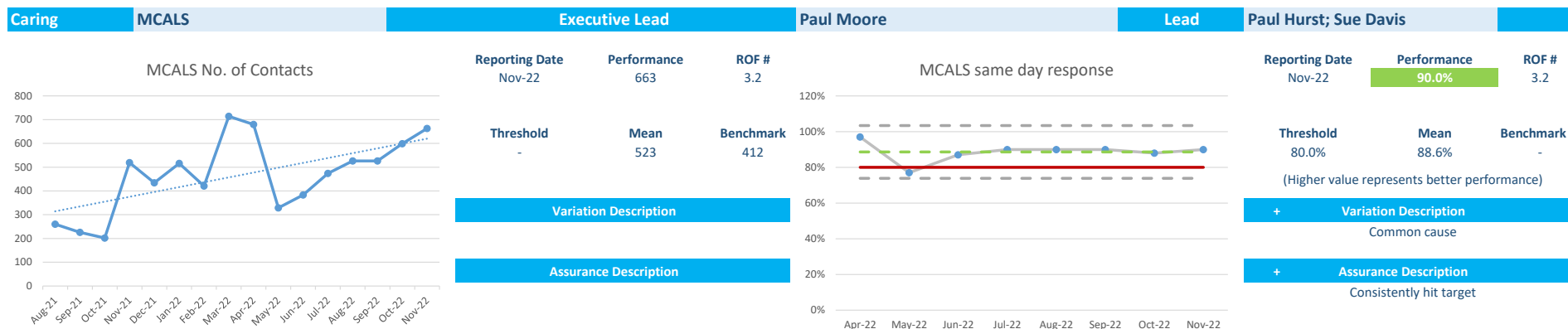
| Effective | Nutrition & Hydration; Crisis Team | Executive Lead | Paul Moore; Sally Shaw | Lead | Paul Hurst, Sue Davis; Ross Bailey |
|---|------------------------------------|---|------------------------|---|------------------------------------|
| <p>Nutrition & Hydration - complete at 7 days (Acute Hospitals & Mental Health)</p> | | <p>Reporting Date Nov-22</p> <p>Performance 83.0%</p> <p>ROF # 3.1</p> | | <p>Crisis Team one hour response to referral from ED</p> | |
| <p>Threshold 95.0%</p> <p>Mean 81.4%</p> <p>Benchmark 83.7%</p> <p>(Higher value represents better performance)</p> | | <p>Threshold 90.0%</p> <p>Mean 92.9%</p> <p>Benchmark 85.6%</p> <p>(Higher value represents better performance)</p> | | | |
| <p>+ Variation Description Common cause</p> | | | | <p>- Variation Description Common cause</p> | |
| <p>- Assurance Description Consistently fail target</p> | | | | <p>- Assurance Description Inconsistently passing and falling short of target</p> | |
| Issues / Performance Summary | | Planned / Mitigation Actions | | Assurance / Recovery Trajectory | |
| <p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Overall compliance has improved significantly in November to 83%, but remains below the target of 95%; YTD average is also below target at 81%. Due to significant challenges with staffing and prioritizing direct care. Main areas with issues are gynaecology and the surgical wards <p>Crisis Team:</p> <ul style="list-style-type: none"> 88% compliance with one hour response for ED referrals. | | <p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Head of CQS has contacted individual ward managers and senior Nurses in Nobles Hospital to explore the barriers to achieving compliance in this fundamental aspect of care. Ward managers and senior Nurses in Nobles Hospital have agreed to undertake hot spot audits to pick up compliance issues early, so they can be addressed within month. Physical health audits continue to take place on a monthly basis to ensure that MUST is being completed for all patients within Manannan Court. Executive Director of Nursing has held discussion at senior nurse nursing team. Increased focus on completion of MUST standards. Increased care group accountability applied to nutrition & hydration performance. | | <p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Head of CQS has request that ward managers with high performance liaise with peers to share how they are achieving this. Medical areas to share good practice of checking random notes with wider hospital | |

Caring Performance Summary

| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
|--------|-------------|--|-------------|--------|-------|------|-----|-----------|-----------|-----------|--------|-------------|--|-------------|--------|-------|-------|-------|-----------|-----------|-----------|
| CA001 | | Mixed Sex Accomodation - No. of Breaches | Nov-22 | | 0 | 0 | 0 | 0 | | | CA012 | | FFT - How was your experience? No. of responses | Nov-22 | - | 165 | 182 | 547 | - | | |
| CA002 | | Complaints - Total number of complaints received | Nov-22 | | 29 | 31 | 251 | <= 450 PA | | | CA013 | | FFT - Experience was Very Good or Good | Nov-22 | | 90% | 72% | - | 80% | | |
| CA007 | | Complaint acknowledged within 5 working days | Nov-22 | | 100% | 100% | - | 100% | | | CA014 | | FFT - Experience was neither Good or Poor | Nov-22 | | 3% | 5% | - | 10% | | |
| CA008 | | Written response to complaint within 20 days | Nov-22 | | 100% | 100% | - | 100% | | | CA015 | | FFT - Experience was Poor or Very Poor | Nov-22 | | 7% | 23% | - | <10% | | |
| CA010 | | No. complaints exceeding 6 months | Nov-22 | | 0 | 0 | 0 | 0 | | | CA016 | | Manx Care Advice and Liaison Service contacts | Nov-22 | - | 663 | 523 | 4,180 | - | | |
| CA011 | | No. complaints referred to HSCOB | Nov-22 | - | 0 | 0 | 0 | - | | | CA017 | | Manx Care Advice and Liaison Service same day response | Nov-22 | | 90.0% | 88.6% | - | 80% | | |

| Caring | Complaints | Executive Lead | Paul Moore | Lead | Paul Hurst; Sue Davis |
|--|------------|---|---|---|---|
| <p>Complaints - Number of complaints: Manx care</p> <p>Complaint acknowledged within 5 working days: Manx Care</p> | | <p>Reporting Date Nov-22</p> <p>Performance 29</p> <p>ROF # 3.2</p> <p>Threshold ≤ 450 PA</p> <p>Mean 31</p> <p>Benchmark 38</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p> | <p>Complaint - Written response within 20 days: Manx Care</p> | <p>Reporting Date Nov-22</p> <p>Performance 100.0%</p> <p>ROF # 3.2</p> <p>Threshold 100.0%</p> <p>Mean 100.0%</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p> | <p>Reporting Date Nov-22</p> <p>Performance 0</p> <p>ROF # 3.2</p> <p>Threshold 0.0%</p> <p>Mean 0</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p> |
| <p>Complaint - No. complaints exceeding 6 months: Manx Care</p> | | <p>Reporting Date Nov-22</p> <p>Performance 100.0%</p> <p>ROF # 3.2</p> <p>Threshold 100%</p> <p>Mean 100.0%</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently hit target</p> | <p>Complaint - No. complaints exceeding 6 months: Manx Care</p> | | |
| <p>Issues / Performance Summary</p> <p>November is the first full month of reporting under the new Complaint Regulations. So far there have been no issues or concerns to report with the change over to the new methodologies and processes.</p> <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> 100% compliance. Majority of complaints were acknowledged within one to two days of receipt. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> 100% compliance. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> 100% compliance. First full month of new Complaint Regulations so therefore no complaint will exceed 6 months until after April 2023. | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> CQS Team to continue to monitor daily performance to ensure compliance. | | <p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Any referral activity to the HSCOB will be monitored and reported. Heads of CQS Team to offer to meet with Chair of HSCOB to establish working relationship and points of contact. <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p> | |

| Caring | Friends & Family Test | Executive Lead | Paul Moore | Lead | Paul Hurst; Sue Davis |
|--|-----------------------|---|----------------------------------|---|--|
| <p>FFT - No. of responses</p> | | <p>Reporting Date Nov-22</p> <p>Performance 165</p> <p>ROF # 3.1</p> | <p>FFT Experience - Outcomes</p> | | <p>Reporting Date Nov-22</p> <p>Performance 90.0%</p> <p>ROF # 3.1</p> |
| | | <p>Threshold -</p> <p>Mean 182</p> <p>Benchmark -</p> | | | <p>Threshold 80.0%</p> <p>Mean 72.3%</p> <p>Benchmark -</p> |
| | | Variation Description | | | (Higher value represents better performance) |
| | | Assurance Description | | | + Variation Description Common cause |
| | | | | | - Assurance Description Inconsistently passing and falling short of target |
| Issues / Performance Summary | | Planned / Mitigation Actions | | Assurance / Recovery Trajectory | |
| <ul style="list-style-type: none"> The Manx Care Friends and Family Test (FFT) launched on 01 August 2022, and as at 30 November 2022 had resulted in 1,043 surveys completed. In November, 165 surveys were completed for the month, which was slightly below the average completion rate from the previous months. 90% of service users, carers and families reported services as good or very good, which represents a significant improvement on previous months. | | <ul style="list-style-type: none"> Drop in sessions will continue to be held in Q3 to educate staff and service users as to the usefulness of the survey as a tool for monitoring trends and implementing continuous improvement mechanisms. | | <ul style="list-style-type: none"> The anonymous feedback survey can be accessed via a QR code displayed on posters across Manx Care settings, and via a leaflet or paper copies which were widely distributed during the rollout in August. | |

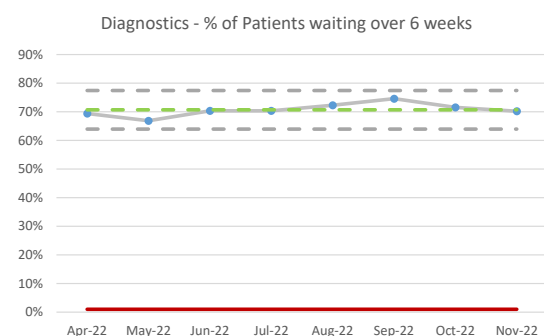


| KLOE Performance November for ALL Caregroups | % Target 80% |
|--|--------------|
| Caregroup One | 80% |
| Medicine and Urgent Care | 90% |
| Integrated Cancer and Diagnostics | 80% |
| Integrted Primary and Community | 89% |
| Integrated Women Children and Families | 89% |
| Integrated Mental Health Services | 83% |
| Patient Transfers | 100% |
| Social Care | 100% |
| Care Group Average | 89% |

| Issues / Performance Summary | Planned / Mitigation Actions | Assurance / Recovery Trajectory |
|--|---|---|
| <ul style="list-style-type: none"> 663 contacts received via MCALS; 361 emails, 285 phone-calls, 16 face to face contacts, and 1 letter. 10% increase in contacts received compared to October 2022. The top themes for November 2022 contacts via MCALS were: <ul style="list-style-type: none"> General appointment enquiries Access to treatment or drugs Waiting Lists Signposting Formal Complaint GP Concern In November, MCALS has provided a response to concerns and enquiries within 24 hours 90% of the time. The KLOE Target for MCALS is 80% of all contacts receive a response within 24 hours. | <ul style="list-style-type: none"> MCALS continues to provide excellent support in ensuring that low-level issues are resolved before they are allowed to escalate into formal complaints. Two face to face drop in sessions were held in Noble's Hospital Foyer in November which resulted in 16 face to face contacts. The Weekly Dashboard highlighting Key Performance Indicators, including themes, trends, compliments and MCALS compliance to the KLOE target for response times continues to be circulated weekly to Caregroup Leads. Monthly reports continue to be compiled which contain a deeper dive into themes and trends for the month continue to be distributed to Caregroup Leads. Quarterly Reviews continue to be undertaken where Caregroup Triumvirates are invited to review the MCALS and Manx Care Friends and Family Test data and dashboards. A broad You Said/We Did Poster has been developed and shared with Caregroup Triumvirates. A meeting has been held with Picker to scope out their national survey programmes to identify if Manx Care can gain a greater understanding of how to improve service user experience. | <ul style="list-style-type: none"> Action Plan Templates have been created where Caregroups will detail from November those areas for improvement in terms of the key negative themes for Q2 across feedback received via the Manx Care Friends and Family Test. By the end of Q3, You Said/We Did posters will be disseminated and shared with all Caregroups across Manx Care. Experience and Engagement Lead has commenced in post and a new Experience framework has been developed to address gaps in levels of feedback, specific feedback focus groups, service user feedback groups, including the setting up of a Technical Working Group to review viability of a text message feedback service and kiosk methods of receiving feedback from our service users, carers and families. The outreach across Manx Care will continue to be monitored via the survey and MCALS contacts. The development of a volunteer model is underway to secure a cost effective face to face model across the island based in our Wellbeing Centres and at Noble's Hospital Front foyer. 10 compliments have been received via MCALS in November 2022, which have been shared with Caregroup Leads and Service Managers. |

| Responsive Performance Summary | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|-------------|---|-------------|--------|--------|--------|-----|-----------|-----------|-----------|--------|-------------|---|-------------|--------|-------|-------|-----|-------------|-----------|-----------|
| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
| RE001 | | RTT - No. patients waiting for first Consultant Led Outpatient appointment | Nov-22 | - | 14,955 | 14,273 | - | - | | | RE017 | | CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks | Nov-22 | | 69% | 61% | - | 93% | | |
| RE002 | | RTT - No. patients waiting for Daycase procedure | Nov-22 | - | 2,852 | 3,116 | - | - | | | RE018 | | CWT - % patients decision to treat to first definitive treatment within 31 days | Nov-22 | | 84% | 85% | - | 96% | | |
| RE003 | | RTT - No. patients waiting for Inpatient procedure | Nov-22 | - | 630 | 786 | - | - | | | RE019 | | CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT) | Nov-22 | | 43% | 37% | - | 85% | | |
| RE004 | | RTT - % Urgent GP referrals seen for first appointment within 6 weeks | Nov-22 | | 52% | 56% | - | 85% | | | RE020 | | CWT - % Two Week Wait (Breast Symptomatic) | Nov-22 | | 63% | 48% | - | 93% | | |
| RE005 | | Diagnostics - % requests completed within 6 weeks | Nov-22 | - | 86% | 86% | 86% | - | | | RE021 | | CWT - % 31 Day Subsequent Treatment (Surgical) | Nov-22 | | - | - | - | 94% | | |
| RE006 | | Diagnostics - % Patients waiting over 6 weeks | Nov-22 | | 70% | 71% | - | 1% | | | RE022 | | CWT - % 31 Day Subsequent Treatment (Drugs) | Nov-22 | | - | 87% | - | 98% | | |
| RE007 | | A&E - % 4 Hour Performance | Nov-22 | | 67% | 70% | 70% | 95% | | | RE023 | | CWT - % 31 Day Subsequent Treatment (Radiotherapy) | Nov-22 | | - | 87% | - | 94% | | |
| RE008 | | A&E - % 4 Hour Performance (Non Admitted) | Nov-22 | - | 77% | 78% | 78% | - | | | RE024 | | CWT - % patients urgent referral Cancer Screening Programme to First Treatment within 62 days | Nov-22 | | - | 80% | - | 90% | | |
| RE009 | | A&E - % 4 Hour Performance (Admitted) | Nov-22 | - | 19% | 20% | 20% | - | | | RE025 | | CWT - % 28 Days to diagnosis or ruling out of cancer | Nov-22 | | 68% | 66% | - | 75% | | |
| RE010 | | A&E - Average Total Time in Emergency Department | Nov-22 | | 272 | 262 | - | 360 mins | | | RE026 | | IPCC - % patients seen by Community Adult Therapy Services within timescales | Nov-22 | | 57% | 48% | - | 80% | | |
| RE011 | | A&E - Average number of minutes between Arrival and Triage (Noble's) | Nov-22 | | 24 | 24 | - | 15 mins | | | RE027 | | IPCC - No. patients waiting for a dentist | Nov-22 | - | 2,528 | 2,035 | - | - | | |
| RE012 | | A&E - Wait time to see first Doctor in ED | Nov-22 | | 184 | 187 | - | 180 mins | | | RE031 | | IPCC - % of patients registered with a GP | Nov-22 | | 5.3% | 5.1% | - | 5.0% | | |
| RE013 | | A&E - 12 Hour Trolley Waits | Nov-22 | | 15 | 5 | 41 | 0 | | | RE028 | | MH - No. service users on Current Caseload | Nov-22 | | 4,733 | 4,890 | - | 4500 - 5500 | | |
| RE014 | | Ambulance - Category 1 Response Time at 90th Percentile | Nov-22 | | 19 | 20 | - | 15 mins | | | RE029 | | MH - Number of Discharges | Nov-22 | | 595 | 555 | - | 650-667 | | |
| RE015 | | Ambulance - Category 1 Mean Response Time | Nov-22 | | 9 | 10 | - | 7 mins | | | RE030 | | W&C - % New Birth Visits within timescale | Nov-22 | - | 91.9% | 87.7% | - | - | | |
| RE016 | | Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call | Nov-22 | | 41% | 52% | - | 100% | | | | | | | | | | | | | |

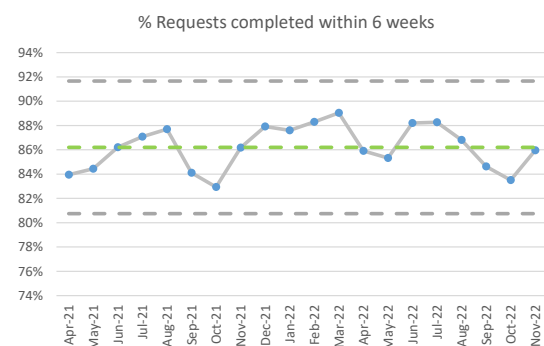
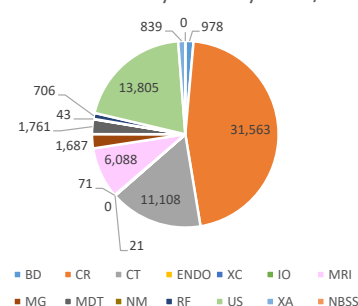
| Responsive | Referral to Treatment (RTT) | Executive Lead | Oliver Radford | Lead | J.Watson; M.Cox; L.Thompson |
|--|-----------------------------|----------------|--|------|-----------------------------|
| <p>RTT - No. patients waiting for 1st Consultant Led Outpatient (OP) Appointment</p> | | | <p>RTT - No. patients waiting for Inpatient (IP) procedures</p> | | |
| <p>Reporting Date Nov-22</p> <p>Performance 14,955</p> <p>ROF # 4.4.5</p> | | | <p>Reporting Date Nov-22</p> <p>Performance 630</p> <p>ROF # 4.4.5</p> | | |
| <p>Threshold -</p> <p>Mean 14,273</p> <p>Benchmark 13,405</p> <p>(Lower value represents better performance)</p> | | | <p>Threshold -</p> <p>Mean 786</p> <p>Benchmark 873</p> <p>(Lower value represents better performance)</p> | | |
| <p>Avg Wait Time (Referral to 1st Cons Led OP Appt.) 48 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 4,708</p> | | | <p>No. patients waiting 52+ weeks from Decision to Treat 183</p> | | |
| <p>RTT - No. patients waiting for Daycase (DC) procedures</p> | | | <p>% Urgent GP referrals seen for 1st appointment within 6 weeks</p> | | |
| <p>Reporting Date Nov-22</p> <p>Performance 2,852</p> <p>ROF # 4.4.5</p> | | | <p>Reporting Date Nov-22</p> <p>Performance 52.0%</p> <p>ROF # 4.4.5</p> | | |
| <p>Threshold -</p> <p>Mean 3,116</p> <p>Benchmark 3,171</p> <p>(Lower value represents better performance)</p> | | | <p>Threshold 85.0%</p> <p>Mean 56.0%</p> <p>Benchmark 53.6%</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 979</p> | | | <p>- Assurance Description Consistently fail target</p> | | |
| <p>Issues / Performance Summary</p> <ul style="list-style-type: none"> Reduction in outpatient clinic capacity due to: <ul style="list-style-type: none"> Staff vacancies, annual leave and other absences. Difficulties in recruiting locum cover Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity. Following the ease on Covid restrictions, GP practices are now seeing more patients face to face which has led to an overall increase in referrals. | | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> Under Restoration & Recovery (R&R) programme, Medefer conducted a site visit to reinvigorate the recovery program for Outpatient waiting lists for Cardiology, Respiratory and Gastroenterology services. ENT recovery plan commenced in November, including weekend clinics. Exploring creation of a 3rd ENT outpatient clinic based in Ramsey to further support the recovery. Outpatient recovery plans are being developed to provide support to Dermatology, Pain Clinic and Orthopaedics. R&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. Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. | | |
| | | | <p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> The reinvigoration of the recovery programme with Medefer should deliver a significant improvement in outpatient performance between by the end of March 23. Recovery of ENT waiting times from November with the start of weekend clinics. Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes: <ul style="list-style-type: none"> Waiting List Validation; Enhanced Validation & Consent process started in October '22. Patient Tracking List (PTL) meetings (non Cancer); Pilot of PTL process for Orthopaedics to commenced in November '22. Referral & Booking RTT Rules and System implementation; Manx Care RTT Rules Suite drafted. Harm Review | | |



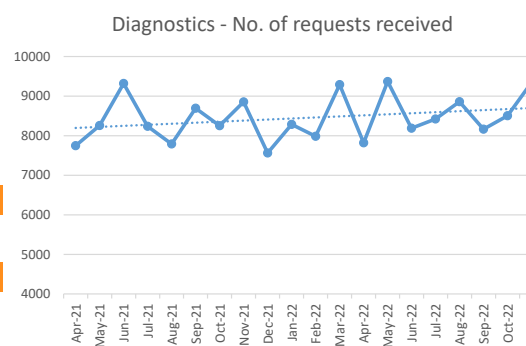
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|---|--------|-------------|-------|-----------|-------|
| Reporting Date | Nov-22 | Performance | 70.2% | ROF # | 4.5.3 |
| Threshold* | 1% | Mean | 70.6% | Benchmark | 27.5% |
| (Lower value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| - Assurance Description | | | | | |
| *Consistently fail target | | | | | |

| Modality | Nov-22 | | |
|----------------------------|--------|--------|----------|
| | WL | >6 wks | % >6 wks |
| Bone Densitometry | 413 | 330 | 80% |
| Computed Radiography | 747 | 258 | 35% |
| Computed Tomography | 1,399 | 928 | 66% |
| Endoscopy | 0 | 0 | - |
| Intra-oral Radiography | 6 | 4 | 67% |
| Magnetic Resonance Imaging | 900 | 439 | 49% |
| Mammography | 1,199 | 1,135 | 95% |
| Miscellaneous | 0 | 0 | - |
| Nuclear Medicine | 45 | 39 | 87% |
| Radiofluoroscropy | 68 | 41 | 60% |
| Ultrasound Breast | 33 | 6 | 18% |
| Ultrasound Non Obs | 2,921 | 2,212 | 76% |
| Ultrasound Obs | 380 | 296 | 78% |
| X-ray Angiography | 289 | 207 | 72% |
| Total | 8,400 | 5,895 | 70% |

YTD Demand by Modality: 2022/23



| | | | | | |
|--|--------|-------------|-------|-----------|-------|
| Reporting Date | Nov-22 | Performance | 86.0% | ROF # | 4.5.3 |
| Threshold | - | Mean | 86.1% | Benchmark | 86.3% |
| (Higher value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| - Assurance Description | | | | | |

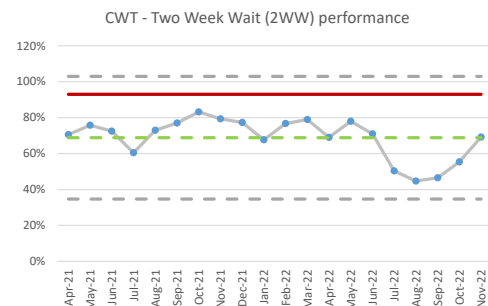


| | | | | | |
|-------------------------|--------|-------------|-------|-----------|-------|
| Reporting Date | Nov-22 | Performance | 9,343 | ROF # | 4.5.3 |
| Threshold | - | Mean | 8,471 | Benchmark | 8,356 |
| + Variation Description | | | | | |
| Common cause | | | | | |
| - Assurance Description | | | | | |

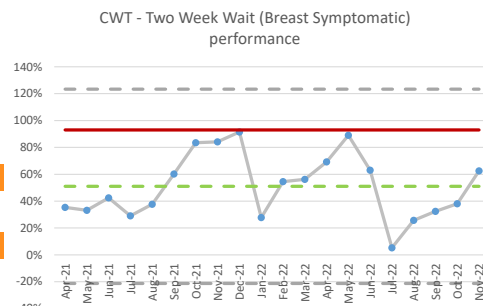
| Issues / Performance Summary | Planned / Mitigation Actions | Assurance / Recovery Trajectory |
|--|--|--|
| <ul style="list-style-type: none">Overall demand continues to exceed capacity, with demand for services continuing to increase.2% increase in YTD demand against the same period last year. CT is the area currently seeing the biggest increase in demand (12%).Emergency Department (ED), Outpatient Department (OPD) and General Practitioner (GP) are the primary source of referrals.Inpatient referrals continue to rise.43% of exams were reported within 2 hours (consistent with recent months), however 25% have taken 96 hours or longer which represents a further deterioration of 10% against the previous month. Due to a decrease in reporting staff for a 3 week period.Of the 6,911 exams (includes all modalities), just under 48% were turned around on the same day and, a further 35% in 1-28 days (similar performance to previous month).Cohort of exams (1,638) are currently on hold for a variety of reasons (including COVID). | <ul style="list-style-type: none">Projects ongoing to increase capacity to reduce waiting times further.Engaging with third parties under the Restoration & Recovery (R&R) programme with regard to potential insourcing options to address high Cardiac CT and Ultrasound waiting times.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.Bone Densitometry service restarted in November having been suspended from July to October. | <ul style="list-style-type: none">Requirements for sustainable increased Radiology capacity being scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case. <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. 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 Oct' 22. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2021/22.</p> |

| Responsive | Accident & Emergency | Executive Lead | Oliver Radford | Lead | Mark Cox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|--|----------------|---|----------|-------|-------|-----------|------|-----------|-------|-------|-------|----------------|-------------|-------|--------|-------|-------|-----------|------|-----------|----------|-------|-------|--|--|--|-------------|---|--------|-------|-------|-----------|------|-----------|---|-------|-------|----------------|-------------|-------|--------|-----|-------|-----------|------|-----------|----------|-----|-----|--|--|--|--|---|--|
| <div><div>A&E - % 4 Hour performance : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>67.2%</td><td>4.2.1</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>95.0%</td><td>69.7%</td><td>68.9%</td></tr></tbody></table><p>(Higher value represents better performance)</p><div>+ Variation Description Special Cause of Concerning variation (Low)</div><div>- Assurance Description Consistently fail target</div></div></div> <div><div>A&E - Admission Rate : Noble's Hospital</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>21.6%</td><td>4.2.1</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>20.1%</td><td>19.5%</td></tr></tbody></table><div>- Variation Description Common cause</div><div>Assurance Description</div></div></div> <tr><td colspan="2"><div><div>A&E - Total Attendances : Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>3,761</td><td>4.2.1</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>3,685</td><td>3,458</td></tr></tbody></table><div>Variation Description</div><div>Assurance Description</div></div></div><div><div>A&E - Average Total Time in ED : Noble's Hospital</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>272</td><td>4.2.1</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>360 mins</td><td>262</td><td>238</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>+ Variation Description Common cause</div><div>+ Assurance Description Consistently hit target</div></div></div><tr><td colspan="2"><div>Issues / Performance Summary</div><div><ul style="list-style-type: none">November's performance of 67.2% was below the 95% threshold but was relatively on par with the UK's performance of 68.9%.<ul style="list-style-type: none">Admitted Performance: 18.6%;Non Admitted Performance: 77.2%;The service was on OPEL 4 escalation level for 2 days in November.High number of 12 Hour Trolley Waits: 15 (0.4% of attendances; UK 1.9%)<p>Performance due to:</p><ul style="list-style-type: none">Lack of ED observation space (Clinical Decision Unit space)Lack of physical space to see patientsLack of Ambulatory Emergency Care capability and capacity.Limited Same Day Emergency Care (SDEC) capability.Delays in transfer of patients to in-patient wards due to a lack of available beds.Staffing availability (particularly nursing) and sickness.Elderly case mix.Lack of urgent surgical pathway.<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 etc.</p><p>However, in November, the average admission rate from ED of 22% was roughly the same as that of the UK (20%).</p></div></td><td colspan="2"><div>Planned / Mitigation Actions</div><div><ul style="list-style-type: none">New staff are being recruited to positions in ED, both doctors and nurses - this includes two new ED Consultants, which were advertised in November and will interview in January '23.The newly appointed Lead Nurse for ED has returned from a visit to the UK, where she observed the operation of 2 separate Emergency Departments in the Liverpool area prior to taking up her post.Locum consultants in place within ED to ensure consultant presence 16h per dayA business case for safer medical staffing is being completed.Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.Review of ED demand, acuity and complexity – identify if any increase in what would previously have been GP activity.Introduction of Acute Physician Inreach service so that senior decisions around admission/ambulation/discharge for medical referrals can be made within ED.Work on accuracy of time stamps for triage and treatment at briefings.Work streams around time of discharge – Non EM work stream.Other work streams around exit block - Non EM work stream.Facilities review in progress re CDUReview of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.</div></td><td colspan="2"><div>Assurance / Recovery Trajectory</div><div><ul style="list-style-type: none">Average total time in department remains well within the required 360 minute standard.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.Development of Winter Plan for 22/23 to reduce impact on ED - requires investment.Forthcoming application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which will develop diversionary pathways away from ED and invest in community servicesResult of increase to Nursing Staffing availability and reducing sickness levels.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.Secured funding to make improvements to the infrastructure. In the planning stages at present.<p>Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for Nov' 22. 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| Nov-22 | 67.2% | 4.2.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95.0% | 69.7% | 68.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | 20.1% | 19.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - | 3,685 | 3,458 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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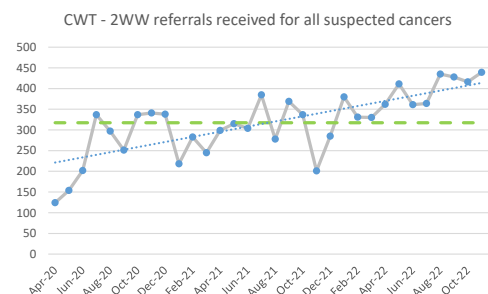
| Responsive | Ambulance | Executive Lead | Oliver Radford | Lead | Will Bellamy | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|--|----------------|---|--------------|--------|------|-------|-------|------|-------|------------------|----|---|---|---|----|----------------------------|----|---|---|---|----|---------------------------|-------|-------|--------|-------|-------|
| <p>Ambulance - Category 1 Average (Mean) Response Time</p> <p>Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call</p> | | <p>Reporting Date Nov-22 Performance 00:08:56 ROF # 4.2.7</p> <p>Threshold 7 mins Mean 00:10:01 Benchmark 00:09:26</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p> | | <p>Reporting Date Nov-22 Performance 00:19:01 ROF # 4.2.7</p> <p>Threshold 15 mins Mean 00:19:45 Benchmark 00:16:51</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Special Cause of Improving variation (Low)</p> <p>- Assurance Description Consistently fail target</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>Reporting Date Nov-22 Performance 40.9% ROF # 4.2.7</p> <p>Threshold 100.0% Mean 52.4% Benchmark 50.0%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p> | | <p>Ambulance - Service Demand : All call types</p> <table border="1"> <thead> <tr> <th>Nov-22</th><th>East</th><th>North</th><th>South</th><th>West</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Category 1 Calls</td><td>23</td><td>4</td><td>5</td><td>2</td><td>34</td></tr> <tr> <td>No. reached within 15 mins</td><td>20</td><td>3</td><td>5</td><td>1</td><td>29</td></tr> <tr> <td>% response within 15 mins</td><td>87.0%</td><td>75.0%</td><td>100.0%</td><td>50.0%</td><td>85.3%</td></tr> </tbody> </table> | | Nov-22 | East | North | South | West | Total | Category 1 Calls | 23 | 4 | 5 | 2 | 34 | No. reached within 15 mins | 20 | 3 | 5 | 1 | 29 | % response within 15 mins | 87.0% | 75.0% | 100.0% | 50.0% | 85.3% |
| Nov-22 | East | North | South | West | Total | | | | | | | | | | | | | | | | | | | | | | | | |
| Category 1 Calls | 23 | 4 | 5 | 2 | 34 | | | | | | | | | | | | | | | | | | | | | | | | |
| No. reached within 15 mins | 20 | 3 | 5 | 1 | 29 | | | | | | | | | | | | | | | | | | | | | | | | |
| % response within 15 mins | 87.0% | 75.0% | 100.0% | 50.0% | 85.3% | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Issues / Performance Summary</p> <ul style="list-style-type: none"> Demand for Ambulance services has increased slightly in 2022/23. YTD 2021/22 = 8,568; YTD 2022/23 = 8,642; The average number of calls per month is approximately 1% higher than in the previous year. Category 1 Performance standards remain adrift from the required 7 minute key performance indicator. We are hampered in this area by geography, resource availability and access to care (only one hospital on Island). However, we remain bench marking well against the other category standards. : <ul style="list-style-type: none"> Category 2; Standard < 40 mins; 90th percentile = 00:27:31. Category 3; Standard < 120 mins; 90th percentile = 00:38:44. Category 4; Standard < 180 mins; 90th percentile = 01:18:30. Category 5; Standard < 180 mins; 90th percentile = 01:33:06. CQC have advised that Category 1 'See and Treat' proportion (20.59%) is high in comparison to UK (approx. 1%). There were 23 instances where handover Turnaround Times were greater than 60 mins. | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> Business case has been submitted to DHSC to have Clinical presence in control room (Hear & Treat). Initial root cause analysis of handover breaches has been undertaken. Headline findings are: <ul style="list-style-type: none"> Delays increase and peak between 3pm to 6pm Fridays are when the highest 30 min breaches occur Sundays are when the least 30 min breaches occur both in count and percentage terms Falls and Sick Person (low acuity but in need of a bed) patients may experience longer delays Turnaround times for complex cases (e.g. Cardiac Arrest / Chest pain) can legitimately be longer as crews have more to do before coming clear Review and develop process for management of ambulance handovers to ensure it is robust. KPIs and associated reporting mechanisms regarding Handover and Turnaround times to be developed as per Required Outcome Framework (ROF). | | <p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Business case submitted to DHSC in October. Development of supporting processes for robust management and reporting of Handover and Turnaround times to be completed by end Q4. <p>Note - Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for Nov' 22. Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2021/22.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |



| Reporting Date | Performance | ROF # |
|--|-------------|-----------------|
| Nov-22 | 69.3% | 4.6.4 |
| Threshold | 93.0% | Benchmark 77.8% |
| (Higher value represents better performance) | | |
| + Variation Description | | |
| Common cause | | |
| - Assurance Description | | |
| Consistently fail target | | |



| Reporting Date | Performance | ROF # |
|--|-------------|-----------------|
| Nov-22 | 62.5% | 4.6.4 |
| Threshold | 93.0% | Benchmark 75.7% |
| (Higher value represents better performance) | | |
| + Variation Description | | |
| Common cause | | |
| - Assurance Description | | |
| Consistently fail target | | |



| Reporting Date | Performance | ROF # |
|-----------------------|-------------|---------------|
| Nov-22 | 428 | 4.6.4 |
| Threshold | Mean 402 | Benchmark 318 |
| Variation Description | | |
| Assurance Description | | |

| Tumour Group | 2WW Referrals | | | | | | | |
|--------------|---------------|-------------------|-------------------|-----------------------|----------------------|----------------------|-------------------|---------------|
| | Nov-22 | Apr - Nov 2022/23 | Apr - Nov 2021/22 | Year on Year Increase | Monthly Avg. 2022/23 | Monthly Avg. 2021/22 | *Forecast 2022/23 | Total 2021/22 |
| Colorectal | 112 | 615 | 519 | 18.5% | 77 | 65 | 923 | 771 |
| Dermatology | 75 | 679 | 592 | 14.7% | 85 | 74 | 1,019 | 846 |
| Gynaecology | 36 | 319 | 233 | 36.9% | 40 | 29 | 479 | 359 |
| Haematology | 13 | 49 | 31 | 58.1% | 6 | 4 | 74 | 55 |
| Head & Neck | 38 | 329 | 228 | 44.3% | 41 | 29 | 494 | 335 |
| Lung | 41 | 96 | 68 | 41.2% | 12 | 9 | 144 | 119 |
| Other | 7 | 38 | 24 | 58.3% | 5 | 3 | 57 | 29 |
| Upper GI | 40 | 276 | 209 | 32.1% | 35 | 26 | 414 | 306 |
| Urology | 46 | 267 | 297 | -10.1% | 33 | 37 | 401 | 426 |
| Sub-Total | 408 | 2,668 | 2,201 | 21.2% | 334 | 275 | 4,002 | 3,246 |

| **Tumour Group | Monthly number of | |
|---|-------------------|---------------|
| | Nov-22 | 12 month Avg. |
| Breast | 70 | 66 |
| Breast symptomatic (non-suspected cancer) | 35 | 22 |
| Sub-Total | 105 | 88 |

*Forecast is straight line 12ths only - based on actuals plus avg referrals per month received Apr - Nov 2022.
 **Monthly referral figures for Breast and Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.
 Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.























| Issues / Performance Summary | Planned / Mitigation Actions | Assurance / Recovery Trajectory |
|--|---|--|
| 2 Week Wait (2WW) Performance: <ul style="list-style-type: none"> 723 patients on a cancer pathway. 618 on a 2WW pathway. Continued high number of referrals. 20% increase in monthly referrals in Nov against monthly average for previous 12 months. Difficulty in recruitment of specialist staff. Lack of specialist staff impacted on Outpatient and Endoscopy capacity for colorectal/upper GI/Gynaecology referrals. Lack of Dermatologist on IOM has led to redesign of service - patients are seen in a preparation clinic and clinically reviewed by remote Consultant Dermatologist due to lack of locum availability locally currently. This does not count as first appointment for 2WW target but the patients have been seen and the patient pathway is progressing. Volatility of percentages due to small numbers The 93% standard allows 7% for patient choice - currently we are seeing a greater percentage of patient choice breaches. For Nov '22: Reason for Breach - Hospital: 82% Reason for Breach - Patient Choice: 18% 2WW Breast Symptomatic: <ul style="list-style-type: none"> Lack of specialist staff has impacted on One-stop clinic availability Clinic cancellations due to lack of specialist staff cover at short notice. Volatility of percentages due to small numbers | 2 Week Wait (2WW) Performance: <ul style="list-style-type: none"> 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. Consultants recruited within Breast Surgery/Radiology, Plastics, Respiratory Medicine, Colorectal Surgery and Staff Grade in Haemato-Oncology which will improve the resilience of service delivery within these tumour groups. Consultant Dermatologist post has had Royal College approval and second Consultant Breast Surgeon post with the Royal College for review ahead of re-advertisement. The Dermatology team are working with a GP with Specialist Interest to provide additional face to face clinics for those on a 2WW pathway to improve the patient experience and 2WW performance. Significant investment in Cancer Tracking and MDT Coordination Workforce including introduction of a Team Manager post, 4 additional MDT Coordinator/Cancer Trackers. Locum requests have been approved but currently having difficulties with recruitment with specialist staff. Specialist staff recruited to support 2WW Breast Symptomatic pathway. Additional clinics have been provided for Colorectal and Gynaecology to reduce the waiting times. 2WW Breast Symptomatic: <ul style="list-style-type: none"> Breach position is continuing to improve with clinic capacity back to capacity. Additional clinics were provided to minimise the impact on the breach position. | <ul style="list-style-type: none"> Reporting data now taken directly from the Somerset Cancer Registry and automated. KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance. 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. Expected improvement in performance following recruitment. 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. 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 & recovery and transformational work-streams for cancer services. These actions and the outcomes of the demand & 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. <p>Note - Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Oct' 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>Nov-22</td><td>42.9%</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>36.9%</td><td>60.3%</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 # | Nov-22 | 42.9% | 4.6.4 | Threshold | Mean | Benchmark | 85.0% | 36.9% | 60.3% | <div>CWT - 31 Day Diagnosis to Treatment</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>84.4%</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>84.5%</td><td>92.0%</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 # | Nov-22 | 84.4% | 4.6.4 | Threshold | Mean | Benchmark | 96.0% | 84.5% | 92.0% | <div>CWT - 62 Day Screening to Treatment</div> <table><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr><tr><td>Nov-22</td><td>-</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>80.1%</td><td>67.1%</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 # | Nov-22 | - | 4.6.4 | Threshold | Mean | Benchmark | 90.0% | 80.1% | 67.1% | <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>Nov-22</td><td>68.3%</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>66.4%</td><td>68.5%</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 # | Nov-22 | 68.3% | 4.6.4 | Threshold | Mean | Benchmark | 75.0% | 66.4% | 68.5% |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 42.9% | 4.6.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85.0% | 36.9% | 60.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 84.4% | 4.6.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96.0% | 84.5% | 92.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | - | 4.6.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90.0% | 80.1% | 67.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 68.3% | 4.6.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75.0% | 66.4% | 68.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Issues / Performance Summary</div> <ul style="list-style-type: none">Generally performance is continuing to improve for all CWT targets.Performance for these pathways has been impacted by the delays to the first appointment.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.Volatility of percentages due to small numbers at Tumour Group level.Some data recording issues have been identified for second and subsequent treatment(s) | | | | <div>Planned / Mitigation Actions</div> <ul style="list-style-type: none">Reporting data now taken directly from the Somerset Cancer Registry and automated.KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.The detailed breach information obtained via the Patient Tracking List (PTL) meetings is being analysed by the clinical teams using a tumour site by tumour site break down to identify the root causes of breaches to get a detailed understanding of the performance against these indicators.Significant investment in Oncology workforce including Associate Director of Nursing for Cancer Services, strengthening the Chemotherapy and Infusion Unit nurse establishment, increasing establishment within Acute Oncology including development of a Systematic Anti Cancer Therapy CNS role.Securing of Macmillan funding for a Gynae Cancer Clinical Nurse Specialist and Care Coordinator post, and replacement of key CNS posts within Haemato-Oncology and Lung CancerA remedial action plan with corresponding timescales will be produced as part of the site by site review being undertaken by the clinical teams.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. | | | | <div>Assurance / Recovery Trajectory</div> <ul style="list-style-type: none">Site by Site Remedial action plan to be implemented by the end of Q4. <p>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.</p> <ul style="list-style-type: none">Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans by the end of Q4. <p>Note - Benchmarks are UK NHSE performance figures for Oct' 22.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

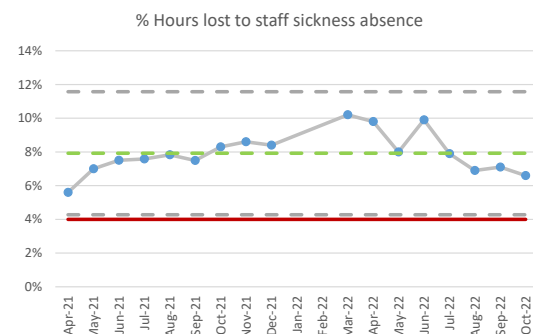
| Responsive | | Integrated Primary & Community Care | | Executive Lead | | Oliver Radford | | Lead | | Annmarie Cubbon | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|-------------------------------------|--|---|-------------|----------------|--------|---|-----|-----------------|------|-----------|-------|-------|-------|---|--|--|--|----------------|-------------|-------|--------|-------|-------|-----------|------|-----------|---|-------|-------|
| <div><div>% patients seen by Community Adult Therapy Services within timescales</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>56.9%</td><td>4.8</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>80.0%</td><td>48.0%</td><td>57.2%</td></tr></tbody></table><div>(Higher value represents better performance)</div><div>-Variation DescriptionCommon cause</div><div>-Assurance DescriptionConsistently fail target</div></div></div> | | | | Reporting Date | Performance | ROF # | Nov-22 | 56.9% | 4.8 | Threshold | Mean | Benchmark | 80.0% | 48.0% | 57.2% | <div><div>No. patients waiting for a Dentist (GDP)</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>2,528</td><td>4.8.3</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>2,035</td><td>1,994</td></tr></tbody></table><div>(Lower value represents better performance)</div><div>-Variation Description</div><div>-Assurance Description</div></div></div> | | | | Reporting Date | Performance | ROF # | Nov-22 | 2,528 | 4.8.3 | Threshold | Mean | Benchmark | - | 2,035 | 1,994 |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 56.9% | 4.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80.0% | 48.0% | 57.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 2,528 | 4.8.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | 2,035 | 1,994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>% seen by Community Adult Therapy Services within timescale - by category</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>-</td><td>4.8</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>-</td><td>-</td></tr></tbody></table><div>(Higher value represents better performance)</div><div>-Variation Description</div><div>-Assurance Description</div></div></div> | | | | Reporting Date | Performance | ROF # | Nov-22 | - | 4.8 | Threshold | Mean | Benchmark | - | - | - | <div><div>IPCC - Longest time waiting for General Dental Practitioner (Weeks)</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Nov-22</td><td>142</td><td>4.8.3</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>136</td><td>113</td></tr></tbody></table><div>(Lower value represents better performance)</div><div>-Variation DescriptionSpecial Cause of Concerning variation (High)</div><div>-Assurance Description</div></div></div> | | | | Reporting Date | Performance | ROF # | Nov-22 | 142 | 4.8.3 | Threshold | Mean | Benchmark | - | 136 | 113 |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | - | 4.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting Date | Performance | ROF # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 142 | 4.8.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Threshold | Mean | Benchmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | 136 | 113 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>Issues / Performance Summary</div><div><div>Community Adult Therapy:</div><ul style="list-style-type: none">The complexity of patients being seen remains high, with therapists needing to spend longer with each patient and consequently being able to see fewer patients each week.Reduction of inpatient beds in Hospice from (10 to 3) has impacted the team as they are now getting referrals for palliative and end of life patients, which of course may be intensely time-consuming.80% of Routine patients were seen within the required timescales in November.<div>Dental:</div><ul style="list-style-type: none">In November 198 patients were added to the dental allocation list.</div></div> | | | | <div><div>Planned / Mitigation Actions</div><div><div>Community Adult Therapy:</div><ul style="list-style-type: none">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'.<div>Dental:</div><ul style="list-style-type: none">Work with dental providers to see if there is the potential to cleanse their patient list to see if there is further capacity.Review the budget for dental services to see if there is further capacity with the budget to increase units of dental activity.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.Currently cross checking allocations that were recently made where letters had been returned to the Department as patients had either moved address or left the island. Once checked, these patients will be backfilled from the dental allocation list and allocated accordingly.<div>This process continued in November and a further 600 allocations are due to be made over the coming month.</div></div></div> | | | | <div><div>Assurance / Recovery Trajectory</div><div><div>Dental:</div><ul style="list-style-type: none">Will update and review allocation list figures once dental allocation list cleansed.<div>Note -</div><div>Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2021/22.</div><div>Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '22.</div></div></div> | | | | | | | | | | | | | | | | | | | | | | | |

| Responsive | Mental Health | Executive Lead | Sally Shaw | Lead | Ross Bailey |
|---|---------------|---|------------|--|-------------|
| <p>MH - No. service users on Current Caseload</p> <p>MH - Caseload by service</p> | | <p>Reporting Date Nov-22</p> <p>Performance 4,733</p> <p>ROF # 4.7</p> <p>Threshold 4500 - 5500</p> <p>Mean 4,890</p> <p>Benchmark -</p> <p>(Value within range represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p> | | <p>MH - Discharges (vs Referrals)</p> <p>Reporting Date Nov-22</p> <p>Performance 595</p> <p>ROF # 4.7</p> <p>Threshold 650-667</p> <p>Mean 555</p> <p>Benchmark 556</p> <p>(Value within range represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p> | |
| <p>Issues / Performance Summary</p> <p>Caseload:</p> <ul style="list-style-type: none"> Caseload remains within the expected range. 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. <p>Discharges:</p> <ul style="list-style-type: none"> Year to date have remained at similar level to 2021/22. On average, referrals are down by roughly 8% per month when compared to the same period in 201/22. | | <p>Reporting Date Nov-22</p> <p>Performance -</p> <p>ROF # -</p> <p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description</p> | | <p>Planned / Mitigation Actions</p> <p>3 Day follow up:</p> <ul style="list-style-type: none"> Reporting of this metric to recommence in December '22. | |
| | | | | <p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p> | |

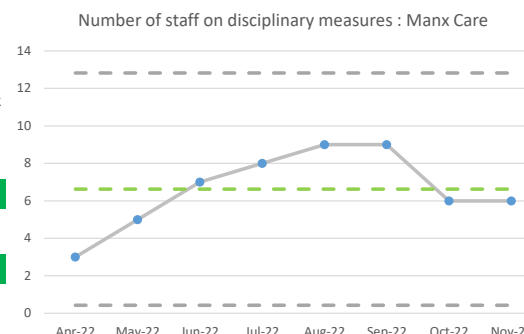
Well Led (People) Performance Summary

| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
|--------|---|---|-------------|---|-------|------|-----|-----------|---|---|
| WP001 |  | Workforce - % Hours lost to staff sickness absence | Oct-22 |  | 6.6% | 8.0% | - | 4.0% |  |  |
| WP002 |  | Workforce - Number of staff on long term sickness | Nov-22 | - | 66 | 86 | - | - |  | |
| WP003 |  | Workforce - % Staff not on permanent contract | - | - | - | - | - | - | | |
| WP004 |  | Workforce - Number of staff leavers | Oct-22 | - | 24 | 20 | 139 | - | | |
| WP005 |  | Workforce - Number of staff on disciplinary measures | Nov-22 | - | 6 | 7 | 53 | - |  | |
| WP006 |  | Workforce - Number of suspended staff | Nov-22 | - | 0 | 1 | 6 | - |  | |
| WP007 |  | Governance - Number of Data Breaches | Nov-22 |  | 11 | 13 | 105 | 0 |  |  |
| WP008 |  | Governance - Number of Subject Access Requests (SAR) | Nov-22 | - | 41 | 44 | 352 | - | | |
| WP009 |  | Governance - Number of Access to Health Record Requests (AHR) | Nov-22 | - | 3 | 4 | 28 | - | | |
| WP010 |  | Governance - Number of Freedom of Information (FOI) Requests | Nov-22 | - | 10 | 10 | 77 | - | | |
| WP011 |  | Governance - Number of Enforcement Notices from the ICO | Nov-22 | - | 0 | 0 | 0 | - | | |
| WP012 |  | Governance - Number of SAR, AHR and FOI's not completed within their target | Nov-22 | - | 11 | 6 | 45 | - |  | |

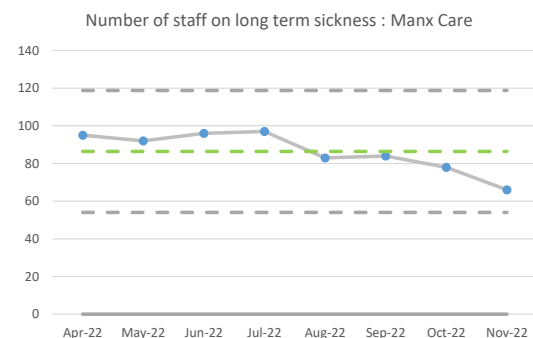
| Well Led | Sickness Absence & Discipline | Executive Lead | Anne Corkill | Lead | Hannah Leighton |
|----------|-------------------------------|----------------|--------------|------|-----------------|
|----------|-------------------------------|----------------|--------------|------|-----------------|



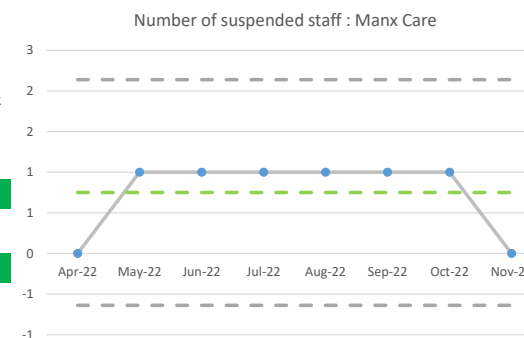
| | | | | | |
|---|--------|-------------|------|-----------|------|
| Reporting Date | Oct-22 | Performance | 6.6% | ROF # | 5.1 |
| Threshold | 4.0% | Mean | 8.0% | Benchmark | 7.9% |
| (Lower value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| - Assurance Description | | | | | |
| Consistently fail target | | | | | |



| | | | | | |
|---|--------|-------------|---|-----------|-----|
| Reporting Date | Nov-22 | Performance | 6 | ROF # | 5.1 |
| Threshold | - | Mean | 7 | Benchmark | - |
| (Lower value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| Assurance Description | | | | | |



| | | | | | |
|---|--------|-------------|----|-----------|-----|
| Reporting Date | Nov-22 | Performance | 66 | ROF # | 5.1 |
| Threshold | - | Mean | 86 | Benchmark | - |
| (Lower value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| Assurance Description | | | | | |













| | | | | | |
|---|--------|-------------|---|-----------|-----|
| Reporting Date | Nov-22 | Performance | 0 | ROF # | 5.1 |
| Threshold | - | Mean | 1 | Benchmark | - |
| (Lower value represents better performance) | | | | | |
| + Variation Description | | | | | |
| Common cause | | | | | |
| Assurance Description | | | | | |

| Issues / Performance Summary | Planned / Mitigation Actions | Assurance / Recovery Trajectory |
|--|---|---------------------------------|
| <ul style="list-style-type: none"> Worktime lost in October '22 by sickness category: <ul style="list-style-type: none"> Stress, Anxiety & Depression - 2.1% Musculoskeletal - 1.2% Cough, Cold & Flu - 0.5% Covid-19 - 0.4% Other sickness - 2.4% Worktime lost in October '22 by Area: <ul style="list-style-type: none"> Infrastructure - 8.7% Integrated Social Care Services - 7.5% Medicine, Urgent Care & Ambulance Services - 7.3% Integrated Primary & Community Care Services - 6.9% Surgery, Theatres, Critical Care & anaesthetics - 6.5% Integrated Mental Health Services - 5.8% Integrated Women, Children & Families - 5.8% Integrated Cancer & Diagnostic Services - 4.7% Support & Corporate Services - 2.6% | <ul style="list-style-type: none"> Wellbeing initiatives being developed at organisational and care group level. Working with Change Coaches to look at local level actions re wellbeing – targeted around return to work after absence. CARE for Managers training which will involve tools for managing staff (e.g. performance management and managing absence) | |

| Well Led | Governance | Executive Lead | Simon Collins | Lead | Gaye Miller |
|---|------------|---|---|---|---|
| <p>Governance - Number of Data Breaches : Manx Care</p> <p>Governance - Information requests by type : Manx Care</p> | | <p>Reporting Date Nov-22</p> <p>Performance 11</p> <p>ROF # 7.1</p> <p>Threshold 0</p> <p>Mean 13</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p> | <p>Governance - SAR, AHR and FOI's not completed within timescale : Manx Care</p> | | <p>Reporting Date Nov-22</p> <p>Performance 11</p> <p>ROF # 7.1</p> <p>Threshold -</p> <p>Mean 6</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description</p> |
| | | <p>Reporting Date Nov-22</p> <p>Performance -</p> <p>ROF # 7.1</p> <p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p> | | | |
| <p>Issues / Performance Summary</p> <p>Data Breaches:</p> <ul style="list-style-type: none"> There were 11 Data Breaches in November, but levels have remained below the average for the year to date. 15 data subjects were affected by the breaches (1 investigation being still being carried out). The breaches in November relate to : <ul style="list-style-type: none"> 2 x Lack of resources - staff shortages. 7 x Failure to follow policy - policy not followed/policy updated since breach 2 x Awaiting investigation report to be finalised Where a breach has occurred, the Data Subjects affected are contacted by telephone, with follow up by letter. If the service area could not telephone the data subject, they are still informed of the breach via letter. The investigations are in early stages. Mitigation\root cause analysis will be established upon their completion. Key breach themes this year have included; <ul style="list-style-type: none"> Confidentiality Email Info sent to incorrect individual <p>Requests completed within Timescale:</p> <ul style="list-style-type: none"> 15 reviews are still in progress in November. | | <p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> Weekly meeting of Remediation Group to implement the ICO Remedial Plan. Recruiting an Audit and Assurance Officer who will look at the mitigations provided in the data breach investigation reports. Data breach training will form part of the IG training roll out. Where breaches have occurred, the Information Governance team work with the service area to review the Lessons learned and improve the area's internal process as appropriate. | | <p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Staff are actively encouraged to report any data breaches should one occur, and therefore consideration should be given to the number of breaches being reported also representing a positive reflection of the increased reporting by staff as it ensures that Manx Care is continuously reviewing and strengthening the way the organisation manages and secures data subjects' information. IG training roll out is due to take place over the next few months. | |

Well Led (Finance) Performance Summary

| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance |
|--------|---|--|-------------|---|-------------|-------------|-----|---------------------|---|---|
| WF001 |  | % Progress towards Cost Improvement Target (CIP) | Oct-22 |  | 80% | - | 80% | 100% (equiv. 1%) | |  |
| WF002 |  | Total income (£) | Oct-22 | - | -£1,189,570 | -£1,152,293 | - | - |  | |
| WF003 |  | Total staff costs (£) | Oct-22 | - | £15,870,578 | £15,776,757 | - | - |  | |
| WF004 |  | Total other costs (£) | Oct-22 | - | £12,588,824 | £11,355,517 | - | - | | |
| WF005 |  | Agency staff costs (proportion %) | Oct-22 | - | 9.3% | 8.9% | - | - |  | |

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APPENDIX A - Care Group 1 Performance Summary (Example)

| SAFE | | | | | | | | | | | | EFFECTIVE | | | | | | | | | | | |
|-------------------|-----------------------|--|-------------|-----------------------|-------|------|-----|-----------|-----------|-----------|--|--------------------|-----------------------|---|-------------|-----------------------|-------|------|-----|-----------|-----------|-----------|--|
| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | |
| CG1001 | <input type="radio"/> | Serious Incidents declared | Nov-22 | <input type="radio"/> | | | | | | | | CG1007 | <input type="radio"/> | Number of Cancelled Operations on Day (non-clinical reason) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1002 | <input type="radio"/> | Never Events | Nov-22 | <input type="radio"/> | | | | | | | | CG1008 | <input type="radio"/> | No. of patients cancelled on the day of surgery who are not re-booked within 28 days | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1003 | <input type="radio"/> | Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days | Nov-22 | <input type="radio"/> | | | | | | | | CG1009 | <input type="radio"/> | Theatre Utilisation | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1004 | <input type="radio"/> | No. of Medication Errors (with Harm) | Nov-22 | <input type="radio"/> | | | | | | | | CG1010 | <input type="radio"/> | DNA Rate (Consultant Led outpatient appointments) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1005 | <input type="radio"/> | Inpatient Pressure Ulcers (per 1,000 bed days) | Nov-22 | <input type="radio"/> | | | | | | | | CG1011 | <input type="radio"/> | No. patients with LOS greater than 21 days | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1006 | <input type="radio"/> | Sepsis - % Inpatients receiving antibiotic within 60 mins | Nov-22 | <input type="radio"/> | | | | | | | | CG1012 | <input type="radio"/> | % of Clinical Letters to GP completed within 10 days | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1013 | <input type="radio"/> | Mortality - % completion Hospitals Learning from Death reviews (LFDs) | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1014 | <input type="radio"/> | Total Hospital Deaths | Nov-22 | <input type="radio"/> | | | | | | | |
| CARING | | | | | | | | | | | | RESPONSIVE | | | | | | | | | | | |
| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | |
| CG1015 | <input type="radio"/> | Mixed Sex Accommodation - No. of Breaches | Nov-22 | <input type="radio"/> | | | | | | | | CG1024 | <input type="radio"/> | RTT - No. patients waiting for first Consultant Led Outpatient appointment | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1016 | <input type="radio"/> | Total No. Complaints Received | Nov-22 | <input type="radio"/> | | | | | | | | CG1025 | <input type="radio"/> | No. patients waiting > 17 weeks for 1st Outpatient appointment | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1017 | <input type="radio"/> | Complaint acknowledged within 5 working days | Nov-22 | <input type="radio"/> | | | | | | | | CG1026 | <input type="radio"/> | RTT - No. patients waiting for Daycase procedure | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1018 | <input type="radio"/> | Written response to complaint within 20 days | Nov-22 | <input type="radio"/> | | | | | | | | CG1027 | <input type="radio"/> | No. patients waiting > 35 weeks from Decision to Treat to Daycase Treatment | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1019 | <input type="radio"/> | % Complaints resolved within 20 days | Nov-22 | <input type="radio"/> | | | | | | | | CG1028 | <input type="radio"/> | RTT - No. patients waiting for Inpatient procedure | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1020 | <input type="radio"/> | Manx Care Advice & Liaison Service (MCALS) contacts | Nov-22 | <input type="radio"/> | | | | | | | | CG1029 | <input type="radio"/> | No. patients waiting > 35 weeks from Decision to Treat to Inpatient Treatment | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1021 | <input type="radio"/> | FFT - % Experience was Very Good or Good | Nov-22 | <input type="radio"/> | | | | | | | | CG1030 | <input type="radio"/> | RTT - % Urgent GP referrals seen for first appointment within 6 weeks | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1022 | <input type="radio"/> | FFT - % Experience was neither Good or Poor | Nov-22 | <input type="radio"/> | | | | | | | | CG1031 | <input type="radio"/> | CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1023 | <input type="radio"/> | FFT - % Experience was Poor or Very Poor | Nov-22 | <input type="radio"/> | | | | | | | | CG1032 | <input type="radio"/> | CWT - % patients decision to treat to first definitive treatment within 31 days | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1033 | <input type="radio"/> | CWT - 31 day wait until subsequent treatments | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1034 | <input type="radio"/> | CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT) | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1035 | <input type="radio"/> | CWT - % Faster Diagnosis within 28 days | Nov-22 | <input type="radio"/> | | | | | | | |
| | | | | | | | | | | | | CG1036 | <input type="radio"/> | % Outpatient Follow Up activity volume | Nov-22 | <input type="radio"/> | | | | | | | |
| WELL LED (PEOPLE) | | | | | | | | | | | | WELL LED (FINANCE) | | | | | | | | | | | |
| KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | | KPI ID | B.I. Status | KPI Description | Latest Date | R.A.G. | Value | Mean | YTD | Threshold | Variation | Assurance | |
| CG1037 | <input type="radio"/> | Hours lost to staff sickness absence | Nov-22 | <input type="radio"/> | | | | | | | | CG1046 | <input type="radio"/> | Budget Position (variance to date) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1038 | <input type="radio"/> | Number of staff on long term sickness | Nov-22 | <input type="radio"/> | | | | | | | | CG1047 | <input type="radio"/> | % Progress towards Cost Improvement Target (CIP) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1039 | <input type="radio"/> | Staff Turnover | Nov-22 | <input type="radio"/> | | | | | | | | CG1048 | <input type="radio"/> | Total staff costs (£) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1040 | <input type="radio"/> | Number of staff not on permanent contract (%) | Nov-22 | <input type="radio"/> | | | | | | | | CG1049 | <input type="radio"/> | Total other costs (£) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1041 | <input type="radio"/> | Number of staff on disciplinary measures | Nov-22 | <input type="radio"/> | | | | | | | | CG1050 | <input type="radio"/> | Agency staff costs (proportion %) | Nov-22 | <input type="radio"/> | | | | | | | |
| CG1042 | <input type="radio"/> | Completion of Mandatory Training (%) | Nov-22 | <input type="radio"/> | | | | | | | | | | | | | | | | | | | |
| CG1043 | <input type="radio"/> | % PDRs completed | Nov-22 | <input type="radio"/> | | | | | | | | | | | | | | | | | | | |
| CG1044 | <input type="radio"/> | % Medical Appraisals | Nov-22 | <input type="radio"/> | | | | | | | | | | | | | | | | | | | |
| CG1045 | <input type="radio"/> | Number of Data Breaches | Nov-22 | <input type="radio"/> | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|------------------------------|--------------------------|--|
|  <div>  <p>manx care</p> <p>Kiarail Vannin</p> </div> | <p>SUMMARY REPORT</p> | Meeting Date: 10/01/2023 | |
| | | Enclosure Number: | |

| | | | |
|--|---|---------------|--|
| Meeting: | Board of Directors | | |
| Report Title: | CQC Update Report | | |
| Authors: | Paul Linehan | | |
| Accountable Director: | Paul Moore, Executive Director of Nursing | | |
| Other meetings presented to or previously agreed at: | Committee | Date Reviewed | Key Points/ Recommendation from that Committee |
| | N/A | N/A | N/A |

| | | | |
|--|-------------------------------------|-------------|-------------------------------------|
| Purpose of the report | | | |
| <p>The purpose of this report is to update Members on the status of inspections and to enable the Board to have a deeper understanding of the issues that have come to light following inspections. The Board are also invited to note the analysis, effects and concerns and the specific proposed actions arising from the atypical methodology and reporting programme adopted for the inspection of Manx Care.</p> | | | |
| Recommendation for the Committee to consider: | | | |
| Consider for Action | <input checked="" type="checkbox"/> | Approval | <input type="checkbox"/> |
| Assurance | <input type="checkbox"/> | Information | <input checked="" type="checkbox"/> |
| | | | |

1.1 Purpose

- 1.2 The purpose of this report is to update Members on the status of CQC inspections and reporting for and to enable the Board to have a deeper understanding of the issues that have come to light following CQC inspections and publications of reports (and draft reports received to date).

2. Update on CQC inspection and reporting schedule

Key Data - Inspections, Factual Accuracy Checking (FACs¹) and publication of reports:

- Across Manx Care a total of 96² CQC inspection been compiled; 55 reports have been completed and published, 13 GP reports have been completed and are scheduled for publication in mid-January 2023; and 28 draft reports are in the Factual Accuracy Checking phase of the quality assurance process prior to their publication on the DHSC website.
- A further 2 CQC inspection reports (Adult Mental Health inpatients/Older Peoples Mental Health inpatient services are scheduled for inspection in January 2023 (date to be confirmed).

3. Summary of Key Findings Following Inspections - December 2022)

- 3.1 Positive themes emerging from the CQC inspections reflect a supportive working culture with effective intra/inter-team communication and the provision of person-centred care and patient choice and kindness.
- 3.2 Areas for improvement include staffing; mandatory training; risk management, medicines management; quality assurance mechanisms; health & safety management; recruitment & hiring; information systems/ Business Intelligence functions: and safeguarding processes.

4. Summary & Recommendation

- 4.1 The Board will read with a degree of optimism the kindness, compassion and concern for people using our services by our frontline colleagues, and also with a degree of concern the volume of quality, safety and compliance matters that will need to be addressed by Manx Care. These initial findings illustrate a strong commitment amongst frontline staff to do the best for those using our services; but are struggling due to culture, organisational maturity and governance processes in Manx Care. This illustrates the scale of the task that lies ahead to raise standards of practice. The Board will recognise this is Manx Care's baseline assessment that had been planned to be completed prior to establishing Manx Care in April 2021, had it not been for the Covid pandemic. CQC are helpfully illustrating the compound effect of a wide range of legacy issues which continue to have impact across the system, as well as drawing attention to shared services which are not yet meeting standards expected by CQC. Given the volume of inspections reports and associated escalations of issues and concerns requiring improvement action(s), the Board are invited to:
- a) Note the initial findings and areas of focus for CQC inspectors. This level of scrutiny is new to the Isle of Man and most Manx Care staff and may be associated with a high degree of anxiety amongst the wider community.

¹ Note -The FACs process allows Manx Care to challenge the content of the draft reports on points of accuracy and to some extent on the assumptions, conclusions and recommendations made by the CQC specialist advisors. However, the CQC are not bound by feedback received from Manx Care during the FAC process and can choose to fully accept; partially accept; or reject feedback.

² Scheduled Inspection of mental inpatient services (January 2023) excluded from total of 96 completed inspection

- b) For purpose of allaying public and staff concerns that may arise following publication of multiple reports a coordinated and effective communication campaign should be aligned to publication of the next tranche of CQC reports. The communications plan should include specific information on the CQC inspection model applied in the IOM; limitation on narrative style in CQC reports; and the implication and the distortional effects of negative amplification related to the issuance multiple (96) individual reports.
- c) Take full account of the initial findings outlined above, noting that further intelligence will flow from reports due for issue in the next 4/5 weeks to help build the Board's understanding the matters to be addressed. In the likely event the list of issues highlighted will evolve further, the Board are invited to consider reserving its judgement on the precise actions to take and in what priority until all inspections have concluded and reports are published.

5. Action/Decision Required

5.1 We invite the Board to:

- (a) note the assurance;
- (b) recognise the sheer volume of reports released to Manx Care in November and December 2022 to review is overwhelming, unreasonable and taking some time to FAC and report back to CQC and DHSC;
- (c) note our intention is to take account of all findings on a sector basis. Our action plans will therefore be comprised of a plan to respond to the findings in social care, acute care, mental health and community & primary care; and
- (d) Manx Care is working with partners to support and assist with handling communications following the upcoming release of primary care inspection reports.

Restoration & Recovery : Phase Two

Progress Report - December 2022



Author(s): Alan Wilson, Interim Deputy Director of Operations
Tracy Kelly, Senior Liaison Nurse
Alistair Huckstep, Head of Performance & Improvement
Executive: Oliver Radford, Director of Operations

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R&R Phase 2 - Progress Summary

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As required by the 18th October 2022 Tynwald amendment to the Restoration & Recovery (R&R) Phase 2 Increasing Elective Capacity business case Manx Care have prepared this report detailing the activity and related costs for the period 01/09/2022 to 31/11/2022.

In addition we have included a reconciliation for the transitional phase from Phase 1 of the Restoration & Recovery programme to Phase 2 Restoration & Recovery which occurred between 01/08/22 and 31/08/22.

Going forward Manx Care will report progress against the business case on a quarterly basis with the next report covering the period 01/12/2022- 28/02/2023.

Table 1 on page 4 details the Phase 2 activity and spend for the reporting period, along with associated Care, Quality and Safety measures.

As intimated in the narrative supporting the activity projections described on p17 of the business case, the delivery of the activity in accordance with those initial timescales is subject to various factors including the availability of staff and equipment. It is therefore relevant to articulate that the activity levels delivered in this first quarter were intentionally lower than the planned levels stated, as for most of the period 01/08/2022 to 18/10/2022 Manx Care were working within the £5M funding envelope granted by CoMin. Activity therefore had to be planned accordingly to ensure that no break in the service provision of R&R related services or over-spend occurred over the period of 01/08/2022 to 13/12/2022. The aforementioned timeframes were dictated by the contractual terms of Manx Care's agreement with Synaptik and the associated 8 week decommissioning period that would have resulted should Tynwald have declined the full R&R business case on the 18th of October 2022.

As we move forward in the knowledge that the R&R phase 2 business case has been approved in full, Manx Care are negotiating a considerable increase in capacity with Synaptik that will be articulated in the next quarterly report. An example of this increased capacity is that from Feb 23 we are planning to run a 'Diamond' model that will facilitate additional weekend elective activity; within April 23 four Synaptik Ophthalmologists working consecutively over 4 weeks to undertake over 400 cataract operations. That represents a significant increase on the 90 being delivered on average per month to date. It should also be noted that the planned acquisition of new ophthalmic equipment at the end of September 2022 has enabled an increase in the average number of cataract procedures undertaken per day from 12 to 15. It is therefore anticipated that the monthly spend relating to Support Services will also increase in line with the increase in capacity and activity throughput.

R&R Progress Tracker

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Table 1. below sets out the actual R&R activity undertaken and corresponding spend during the reporting period.

Table 1a lists those items that have been identified as potentially requiring funding via the Contingency element of the business case. The accrual value shown is the estimated cost in totality.

Table 1. Phase 2 Activity & Finance Tracker

| Specialty | Performance Metrics | | Aug | Sep | Oct | Nov | Total |
|-----------------------------|------------------------|----------------------------------|--------------|--------------|--------------|--------------|--------------|
| Ophthalmology (Daycase) | Activity | Plan | 182 | 176 | 176 | 182 | 716 |
| | | Actual | 62 | 75 | 129 | 105 | 371 |
| | Finance | Plan (£) | 200,922.88 | 194,299.05 | 194,299.05 | 200,922.88 | 790,443.85 |
| | | Actual (£) | 68,446.25 | 82,797.89 | 142,412.37 | 115,917.04 | 409,573.56 |
| | Care, Quality & Safety | Avg Length of Stay (days) | 0 | 0 | 0 | 0 | 0 |
| | | Cancellations (clinical reasons) | 2 | 0 | 3 | 6 | 11 |
| | | Re-admissions* | 0 | 0 | 0 | 0 | 0 |
| | | Surgical Site Infections | 0 | 0 | 0 | 0 | 0 |
| | | Post Operative Deaths | 0 | 0 | 0 | 0 | 0 |
| Orthopaedics (Inpatient) | Activity | Plan | 75 | 71 | 71 | 74 | 291 |
| | | Actual | 52 | 61 | 65 | 50 | 228 |
| | Finance | Plan (£) | 763,823.90 | 723,086.62 | 723,086.62 | 753,639.58 | 2,963,636.72 |
| | | Actual (£) | 529,584.57 | 621,243.44 | 661,980.71 | 509,215.93 | 2,322,024.64 |
| | Care, Quality & Safety | Avg Length of Stay (days) | 1.5 | 1.3 | 1.2 | 1.2 | 1.3 |
| | | Cancellations (clinical reasons) | 3 | 0 | 1 | 3 | 7 |
| | | Re-admissions* | 0 | 1 | 0 | 0 | 1 |
| | | Surgical Site Infections | 0 | 0 | 0 | 0 | 0 |
| | | Post Operative Deaths | 0 | 0 | 0 | 1 | 1 |
| General Surgery (Inpatient) | Activity | Plan | 57 | 55 | 55 | 57 | 224 |
| | | Actual** | - | - | - | - | - |
| | Finance | Plan (£) | 311,494.49 | 300,564.86 | 300,564.86 | 311,494.49 | 1,224,118.69 |
| | | Actual (£)** | 0.00 | 0.00 | 0.00 | 16,500.00 | 16,500.00 |
| | Care, Quality & Safety | Avg Length of Stay (days) | - | - | - | - | - |
| | | Cancellations (clinical reasons) | - | - | - | - | - |
| | | Re-admissions* | - | - | - | - | - |
| | | Surgical Site Infections | - | - | - | - | - |
| | | Post Operative Deaths | - | - | - | - | - |
| Support Services | | Plan (£)*** | 366,438.89 | 366,438.89 | 366,438.89 | 366,438.89 | 1,465,755.56 |
| | | Actual (£) | 23,760.39 | 23,591.91 | 23,591.91 | 23,760.39 | 94,704.60 |
| Project Operational Costs | | Plan (£)*** | 10,422.22 | 10,422.22 | 10,422.22 | 10,422.22 | 41,688.89 |
| | | Actual (£) | 16,100.00 | 15,400.00 | 14,700.00 | 15,400.00 | 61,600.00 |
| Contingency**** | | Plan (£)*** | 225,893.22 | 225,893.22 | 225,893.22 | 225,893.22 | 903,572.89 |
| | | Actual (£) | 17,476.74 | 20,558.78 | 33,361.10 | 27,671.18 | 99,067.80 |
| Total Spend | | Plan (£) | 1,878,995.59 | 1,820,704.86 | 1,820,704.86 | 1,868,811.28 | 7,389,216.58 |
| | | Actual (£) | 655,367.95 | 763,592.01 | 876,046.09 | 708,464.54 | 3,003,470.60 |

*re-admissions due to clinical reason related to R&R procedure undertaken.

**procedures scheduled to start w/c 05/12/2022. Pre-assessed 31 patients for General Surgery under the R&R programme in November.

***plan assumes delivery of total business case value over 9 month period.

****contingency spend includes: increased consumable costs; ophthalmic equipment; RDCH scoping exercise

Note - Quarterly Finance figures currently in reconciliation process at time of producing report.

Learning

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What has been challenging?

- There has been 1 post operative death, which occurred in November 2022. This is currently subject to a Coroner's Inquest as per due process.
- Theatres and ward Healthcare Professionals (HCPs) have been affected by Covid 19. At times it has affected the ward and theatre staffing levels but has not resulted in any cancellation of lists with minimum disturbance to patient care as Synaptik were able to bring replacement staff on island.
- One list was cancelled on Friday 21st October due to a sickness bug affecting the Synaptik Theatre team. A decision was made by Nobles senior managers to cancel the list as it was deemed unsafe to continue without the correct personnel.
- To date there have been four incidents recorded on Nobles Datix system involving the Synaptik Team in Theatre. Given the volume of patients having been treated over the period from Feb-Oct 2022 the number of incidents are low and all have been addressed in an appropriate manner in accordance with the applicable policies.
- Out of the cohort of patients having undergone Arthroplasty only 1 of these patients have returned with post-op complications.

What has gone well?

- Close collaboration between Noble's and Synaptik senior staff at operational level.
- Having experienced HCPs who can commit to each phase of the project.
- Establishing a team lead Advanced Nurse Practitioner (ANP) on each shift.
- Acting on daily feedback reports to maintain communication.
- Reduced lengths of stay for arthroplasty patients (from 4-5 days down to an average of 1.3 days).
- Reduced waiting times for Noble's patients for arthroplasty and cataract surgery.
- The 48 hour call-out process has meant that Manx Care have been able to schedule in 'Short Notice' patients where a patient has informed the organisation that they are unable to attend their scheduled procedure. Any cancelling patients have subsequently been booked on to a later list.

Patient Experience

- Patient experience has been positive throughout this project. The ward has received several thank you cards and letters praising the team for their standard of care throughout their patient stay.
- Some comments received to date;
 - "The care they received was beyond excellent. They said from start to finish they felt respected and at ease.
 - "Patient expressed her heartfelt thanks to the Scottish team who performed a cataract procedure last week. The patient stated that her experience as a patient in their care, from start to finish was nothing short of being excellent."

What we will take forward...

- Continue close collaboration between Noble's and Synaptik senior staff at operational level.
- Advanced notice of planned scheduled lists to ensure appropriate experienced HCPs.
- Establish planned weekly meetings at Clinical operational level.
- Maintain open communications between Noble's and Synaptik.
- Regular visits by Synaptik senior staff.

1.1 Background and Purpose

This report updates the Manx Care Board on Equality Diversity and Inclusion (ED&I) activities following the establishment of an ED&I forum in October 2022 and development of an EDI Plan for the remainder of 2022/23.

Since the establishment of Manx Care in April 2021, there has been an acknowledgement of the poor baseline position regarding EDI and consequently EDI has been incorporated into the annual work plan for the Workforce and Culture team. Additionally, the low baseline position has been highlighted by the Care Quality Commission (CQC) in their Inspections.

2. ED&I Forum

The inaugural meeting of the Equality Diversity and Inclusion forum was held on the 17th October, chaired by the Chief Executive.

The Workforce and Culture team had previously held a number of focus groups to help identify some of the key priorities for the group to take forward. Those priorities included development and implementation of a zero tolerance to abuse policy; setting up employee resource network groups and reviewing signage across the organisation. Terms of Reference for the group have been agreed and the group includes an external ED&I specialist advisor who will assist with advice on the staff engagement progress, policies, legislation and compliance.

The forum is keen to establish a clear baseline from which Improvement can be measured and therefore has committed to undertake this baseline using the **Equality Delivery System (EDS) 2022** standards and **NHS Workforce Race Equality Standard**.

EDS, which was first used in the UK NHS in 2011, is system that helps NHS organisations in the UK improve the services that they provide for their local communities and provide better working environments, free from discrimination for those working within the NHS. WRES is requirement for all NHS organisations to ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workforce. Whilst EDS and WRES are not mandated requirements within the Isle of Man, the data collection requirements and standards identified within the EDS and WRES should create a useful baseline from which Improvement actions can be identified, delivered and monitored and inform the Manx Care ED&I Strategy. The baseline information is due to be completed by the end of January 2023 and considered by the forum in February.

A Non Executive Director Champion for ED&I have been identified by the Manx Care Board, who is Sarah Pinch, Vice Chair and the Chief Executive and Executive Medical Director are both Executive Champions.

ED&I champions are being sought from across the organisation and a role profile has been developed for the champions. Recruitment of EDI champions will commence in January 2023 following some initial organisation wide communications in December which raised awareness of ED&I and confirmed Manx Care continued commitment to this agenda. One such example of the

communication issued has been to raise awareness and encourage staff to complete sensitive information on the People Information Programme (PIP) system.

3 ED&I Training

Learning Education and Development (LEaD) have recently updated their training modules on ED&I and ED&I has been identified as one of the priorities to be taken forward across government by the 'Great Place to Work' Programme. A comprehensive training programme is due to be launched during quarter 4 of 2022/23 which Manx Care will be able to access.

4. ED&I Strategy

The forum has committed to draft a 3 year ED&I strategy for the organisation to be published from April 2023. The draft strategy is scheduled to go to the People Committee for consideration in March 2023 with ratification by the Manx Care Board in April 2023. The Chief Executive Officer will lead on the development of the ED&I strategy.

The ED&I strategy is planned to be formally launched during ED&I week which will be 2nd week in May 2023.

**Teresa Cope,
Chief Executive
30th December 2022**