Integrated Performance Report

Mar-24

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

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

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

- **Key Performance Indicators (KPIs)**
A revised and improved version of the Integrated Performance Report (IPR) is being developed for the 2024/25 service year. The new look report will reflect the updated schedule of Mandate and Operating Plan KPIs, contain progress updates for each of the Mandate objectives, and the new format of the report will make it easier to discern the performance of each care group as a separate service area by having the reporting for all KPIs relating to a given care group shown within a single section of the report.

Notes regarding the format of the IPR

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

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

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

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

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

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

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

- **Alignment to CQC recognised domains**

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

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

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

- **Structured narrative**

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

Issue -> Remedial Action -> Recovery Trajectory

Introduction - 2

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

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

As each new dataset is developed, new reporting will replace the current reporting and eventually Manx Care will have a fully automated report.
PBI is continuing to progress the development of performance reporting in a format that aligns with the performance monitoring processes and requirements under the Performance & Accountability Framework. This currently involves an interim reporting process requiring some manual input until the BI team have automated all of the required datasets.

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

Data automated and validated.

Data collated manually or automated data still being validated by service area.

Data currently unavailable or validation in initial stages only

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

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

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

VARIATION

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

ASSURANCE

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

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

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

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

Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed.
Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narratives.

Executive Summary

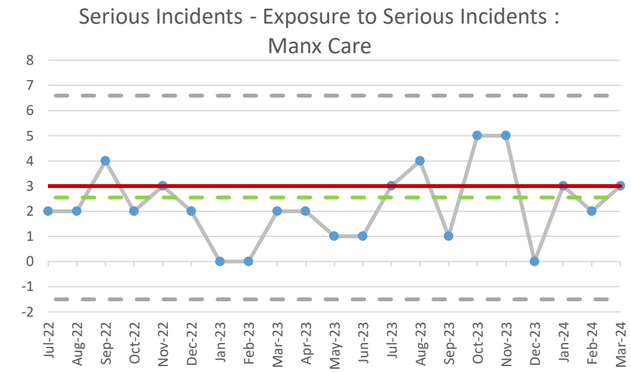
	Going Well	Cause for Concern
Safe	• 3 serious incidents in March, though the Year to Date (YTD) total of 30 remained within the annual threshold of < 36. • 2 cases of C.Diff reported, though the YTD total of 29 remained within the annual threshold of <30. • Only 1 Medication Error with Harm across Manx Care in March, and the YTD total of 4 was below the annual threshold of 25. • Numbers of Falls that resulted in Harm remained low and within the expected threshold. • Positive achievement against Safety Thermometer for Adults, Maternity and Children. • Performance of VTE prophylaxis exceeded the threshold with 99%, and VTE risk assessment within 12 hours was 90%. • There were no cases of MRSA but one case of Pseudomonas aeruginosa in March. • 100% of letters were sent in accordance with Duty of Candour Regulations. • There were 0 Never Events in March.	• 5 cases of E.coli bacteraemia. • 48-72 hr senior medical review of antibiotic prescription remains below the 98% threshold at 83% in March from 85% in February.
Effective	• 98% of Learning from Death reviews were completed within timescale with the target being exceeded for over 12 months now. • The Crisis Team continue to meet the 1 hour response time threshold for Emergency Department referrals with 81% in March. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments was 92% in March, with the average monthly achievement for the year at 87%.	• Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge. • Induction of labour was slightly above the national standard (30%) at 33%. YTD Mean 33%. • Complex Needs Reviews held on time increased 81.1% (YTD mean 58.6%) but remains slightly below the threshold of 85%.
Caring	• Manx Care has consistently met gender appropriate accommodation standards during the year. • MCALS is responding to a high proportion of queries within the same day (92%) • Service user satisfaction remains high with 89% of service users rating their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • Overall Manx Care compliance with the standard of complaints to be acknowledged within 5 days in March was 100%.	• 32 complaints were logged in March, but performance remained within the expected threshold for the year with 320 complaints against the annual threshold of 450.
Responsive	• Inpatient and Daycase waiting list numbers and waiting times remain below the baseline levels, primarily as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • Ambulance service for Category 2 - 5 response times remained within the standards. • Mental Health caseloads remain within expected levels. • Cancer 28 Day performance in March achieved the 75% threshold at 78.7%.	• The ED Performance against the 4 hour standard slightly increased to 70.2% in March but remained below the required target. • Emergency care demand remains high (6% increase year on year) and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing. • There were 43 12-Hour Trolley Waits, an increase from 34 last month. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. However, additional diagnostic activity is being undertaken under the auspices of the restoration & recovery programme. • There were 23 breaches of the 60 minute ambulance turnaround time, though this was an improvement compared to 33 in February. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in March for 1.5 days, the same as last month. • Ambulance - Category 1 Response Time at 90th Percentile increased to 18:00 mins in March 2024.
Well Led (People)	•Staff from across all areas of Manx Care continue to actively engage with the IG team for support across a range of topics including advice and guidance around data breaches, records management, data sharing, process change etc. The high levels of engagement which we see demonstrates the awareness staff across the organisation have about the importance of the correct treatment, storage and handling of data.	• The volume of requests for information, particularly Data Subject Access Requests remains high and presents a significant challenge for the Information Governance Team. Subject Access Requests can be complex and require significant resource in order to provide the records the data subject is entitled to, particularly where requests are large, for example whole of life and where engagement with Manx Care has been significant or complex. The processing of access requests in March was impacted by reduced staffing levels within the team. •There were 20 Data Breaches in March. All breaches are fully investigated in order that Manx Care can identify 'lessons learned' and improve our processes going forward.
Well Led (Finance)	• Progress towards Cost Improvement Target (CIP) was 131% in February.	• The operational result for February is an overspend (£2.5m). The spend in the month was higher than expected and due to this being the second consecutive month of increased costs. The forecast has been updated to reflect the risk of this continuing into March. • YTD employee costs are (£9.1m) over budget

Safe Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Mar-24		3	3	30	< 36 PA		
SA002		Duty of Candour Letter sent within 10 days of the application	Mar-24		80%	88%	-	80%		
SA018		Compliance with the Duty of Candour Regulations	Mar-24		100%	94%	-	100%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Mar-24		90%	91%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Mar-24		99%	98%	-	95%		
SA005		Never Events	Mar-24		0	0	1	0		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Mar-24		0.2	0.3	-	< 2		
SA007		Clostridium Difficile - Total number of acquired infections	Mar-24		2	2	29	< 30 PA		
SA008		MRSA - Total number of acquired infections	Mar-24		0	0	1	0		
SA009		E-Coli - Total number of acquired infections	Mar-24		5	8	90	< 72 PA		
SA010		No. confirmed cases of Klebsiella spp	Mar-24	-	3	2	20	-		
SA011		No. confirmed cases of Pseudomonas aeruginosa	Mar-24	-	1	1	6	-		
SA012		Exposure to medication incidents resulting in harm	Mar-24		1	0	4	< 25 PA		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA013		Harm Free Care Score (Safety Thermometer) - Adult	Mar-24		99%	97%	-	95%		
SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Mar-24		100%	99%	-	95%		
SA015		Harm Free Care Score (Safety Thermometer) - Children	Mar-24		98%	97%	-	95%		
SA016		Hand Hygiene Compliance	Mar-24		99%	98%	-	96%		
SA017		48-72 hr review of antibiotic prescription complete	Mar-24		83%	81%	-	>= 98%		
SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Mar-24		9	15	176	<= 17 (204 PA)		

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



Reporting Date	Performance	Op. plan #
Mar-24	3	QC1

Threshold	YTD Mean	Benchmark
< 36 PA	3	2

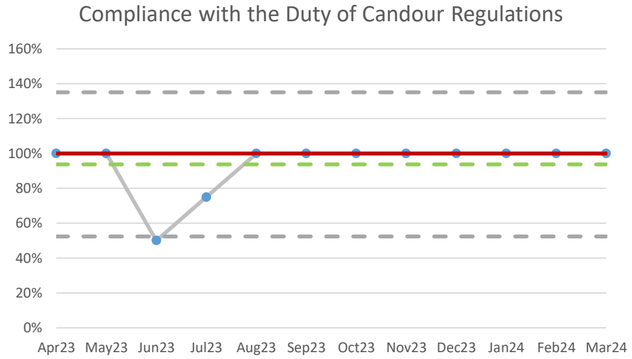
(Lower value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target



Reporting Date	Performance	Op. plan #
Mar-24	100%	QC112

Threshold	YTD Mean	Benchmark
100.0%	93.8%	93.8%

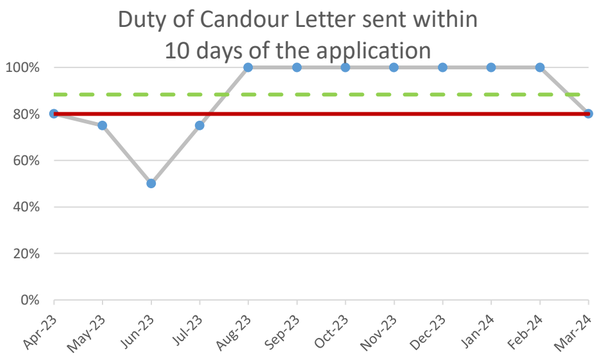
(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target



Reporting Date	Performance	Op. plan #
Mar-24	80%	QC112

Threshold	YTD Mean	Benchmark
80%	88.3%	88.33%

(Higher value represents better performance)

- Variation Description

Common cause

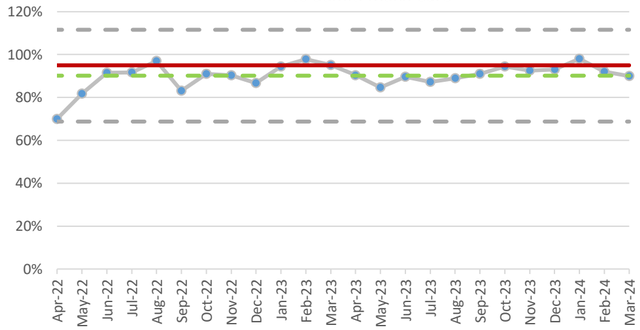
+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Serious Incidents: 3 Serious Incidents declared in March. One within M&UC, one for Surgical Care Group (Never Event reported last month and declared an SI at SIRG on 12 March 2024), and one for CMHSA. **Letter has been sent in accordance with Duty of Candour Regulations:** • 100% compliance. **Never Events** • No never events were reported this month.	**Serious Incidents:** • Continued monitoring via SIRG **Letter has been sent in accordance with Duty of Candour Regulations:** • Continue to monitor . **Never Events** • Continue to monitor via Datix and SIRG.	**Serious Incidents:** • Reasonably confident that the YTD target will be met. **Letter has been sent in accordance with Duty of Candour Regulations:** • Performance remains strong. **Never Events** • 1 never event this year.

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

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



Reporting Date	Performance	Op. plan #
Mar-24	90.0%	QC113

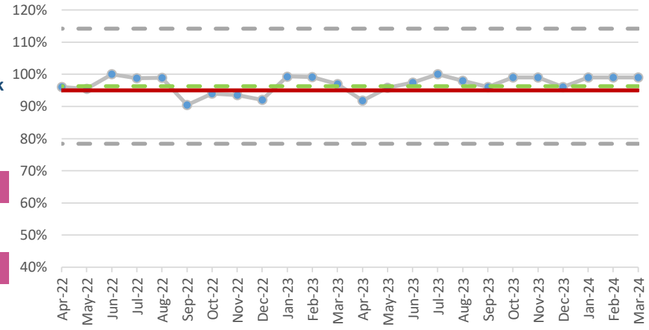
Threshold	YTD Mean	Benchmark
95.0%	91.0%	89.2%

(Higher value represents better performance)

-	Variation Description
	Common cause

-	Assurance Description
	Inconsistently passing and falling short of target

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



Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC114

Threshold	YTD Mean	Benchmark
95.0%	97.5%	96.2%

(Higher value represents better performance)

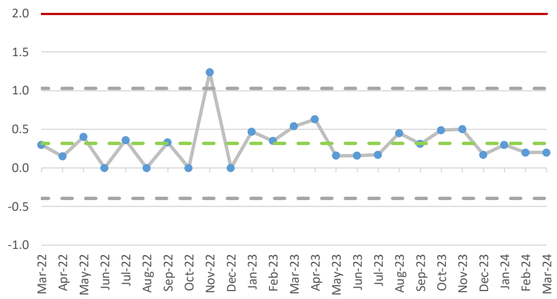
+	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
VTE risk assessment within 12 hours: • 90% for March which is slightly down on last month (92%). **VTE Prophylaxis:** • 99% of patients had prophylaxis treatment prescribed if this was appropriate.	**VTE risk assessment within 12 hours:** • Wards that were under target this month included Ward 7 and CCU but, it should be noted that the small numbers had a significant impact on their percentages. **VTE Prophylaxis:** • Continue to maintain compliance.	**VTE risk assessment within 12 hours:** • We will continue to monitor progress to improve compliance. **VTE Prophylaxis:** • There is a high level of confidence as performance remains consistently positive. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. plan #
Mar-24	0.2	QC4

Threshold	YTD Mean	Benchmark
< 2	0.3	0.3

(Lower value represents better performance)

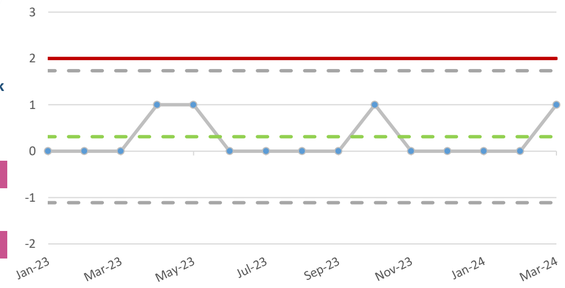
+	Variation Description

Common cause

+	Assurance Description

Consistently hit target

Exposure to medication incidents resulting in harm: Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	1	

Threshold	YTD Mean	Benchmark
< 25 PA	0	0

(Lower value represents better performance)

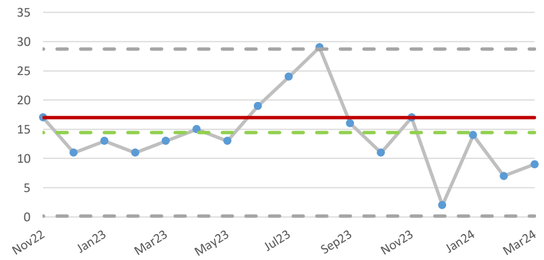
-	Variation Description

Common cause

+	Assurance Description

Consistently hit target

Pressure Ulcers - Total incidence - Grade 2 and above



Reporting Date	Performance	Op. plan #
Mar-24	9	QC4

Threshold	YTD Mean	Benchmark
<= 17 (204 PA)	14.7	14.1

(Lower value represents better performance)

-	Variation Description

Common cause

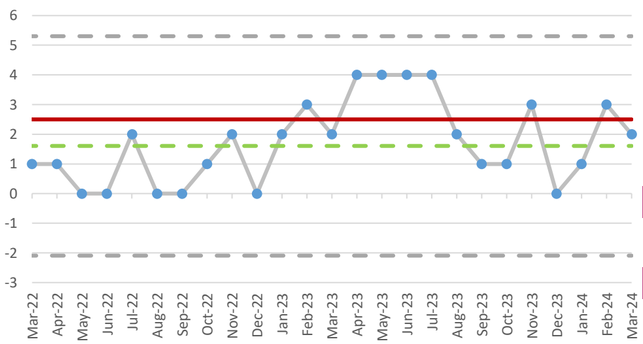
+	Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Inpatient Health Service Falls (with harm) per 1000 occupied bed days: • 0.17 per 1000 bed days. **Medication Errors (with Harm):** • 1 The patient developed an embolism following the prescription of medication, which was managed as an out-patient. This incident is still being reviewed, the patient was made aware of the contributing factors, but duty of Candour was not triggered per the care group. **Pressure Ulcer incidence:** • 9 new pressure ulcers were recorded as new or having deteriorated under Manx Care services, 8 were new incidents whilst one had deteriorated. Of these, 2 incidents were category 3 or unstageable. Included was a category 3 ulcer acquired on ward 11 for which an RCA investigation will be required. The incident was reported by the onward care setting. The unstageable incident relates to an EOL patient admitted with existing category 2 pressure damage. The wound deteriorated despite preventative measures being actioned. The remaining 7 pressure incidents were category 2. 4 occurred in the patient's own home and 1 in an older person's residential home. A theme of patient non-concordance is evident although appropriate preventative measures, education and escalation was actioned by the DNs. The remaining 2 category 2 ulcers occurred on AMU and ward 9. Datix investigation was completed by ward lead on AMU; identified patient independent and advice re repositioning provided. Ward 9 incident awaiting Datix investigation by ward lead, however, note skin damage noted on transfer to hospice for EOL care.	**Inpatient Health Service Falls (with harm) per 1000 occupied bed days:** • All inpatient falls that occur, continue to be subject to a review. This is to ensure that a suitable risk assessment has been completed and that any mitigation needed has been put into place. **Medication Errors (with Harm):** • A review of prescribing prophylaxis guidelines is being made to include a reminder that the dose of clexane may need to be adjusted to take in to account the patient's weight. **Pressure Ulcer incidence:** • TV continue to investigate category 3 and above incidents to identify any care delivery/ education deficits. Ward leads to maintain oversight that risk assessments and care plans are completed within expected timeframes via patient-track.	**Inpatient Health Service Falls (with harm) per 1000 occupied bed days:** • This has consistently remained below target. **Medication Errors (with Harm):** • Continued high vigilance and monitoring in this area to ensure that the numbers continue to remain low. **Pressure Ulcer incidence:** • No significant change in pressure ulcer incidence in relation to previous month and similar distribution of incidents across organisational settings. Currently no established baseline to measure performance against, however, KPIs due to be introduced to address this.

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

C.Diff - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	2	QC115

Threshold	YTD Mean	Benchmark
< 30 PA	2	1

(Lower value represents better performance)

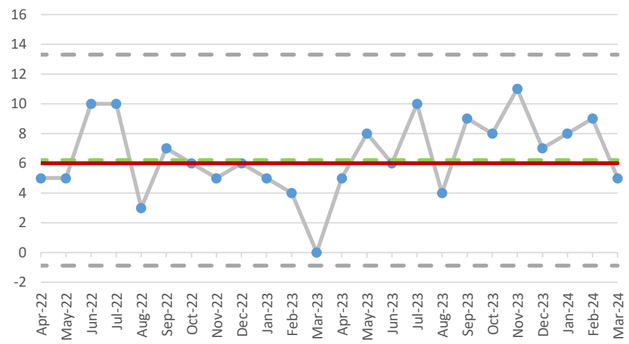
+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

E.Coli - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	5	QC116

Threshold	YTD Mean	Benchmark
< 72 PA	8	6

(Lower value represents better performance)

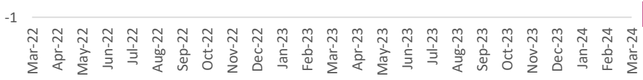
+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

MRSA - Actual Cases : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	0	QC8

Threshold	YTD Mean	Benchmark
0	0	0

(Lower value represents better performance)

+ Variation Description

Common cause

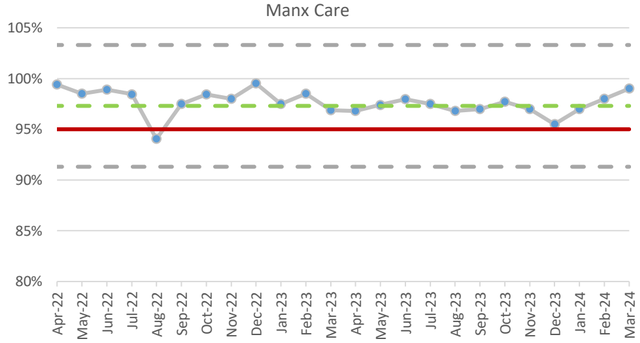
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
C.Diff: • There have been 2 cases this month. Potential causative factors include diverticulitis and increased alcohol intake. **E.Coli:** • There have been 5 cases this month. All cases were community associated. Potential sources of infection are urine and biliary. There was one case with a urinary catheter in situ. **MRSA:** • There have been no cases this month. **Pseudomonas aeruginosa:** • There have been 1 case this month. Potential source of infection was urine.	**C.Diff:** • RCA'S are in the process of being completed. CDI action plan is making satisfactory progress. **E.Coli:** • RCA'S are in the process of being completed with hospital associated cases. **MRSA:** • To continue to undertake surveillance. **Pseudomonas aeruginosa:** To continue to undertake surveillance.	**C.Diff:** • CDI cases for the year was 29 which meets the target of <30. **E.Coli:** • The number of cases are consistent with trends in the UK. **MRSA:** • Reasonable confidence that levels will be maintained. **Pseudomonas aeruginosa:** • Reasonable confidence that levels will remain low. There is no national threshold set. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC119

Threshold	YTD Mean	Benchmark
95.0%	97.3%	98.0%

(Higher value represents better performance)

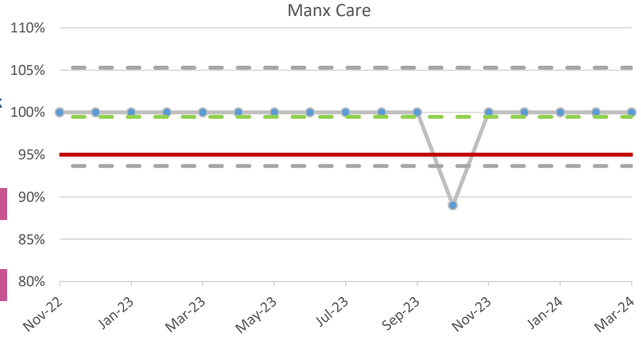
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

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



Reporting Date	Performance	Op. plan #
Mar-24	100.00%	QC120

Threshold	YTD Mean	Benchmark
95.0%	99.1%	100.0%

(Higher value represents better performance)

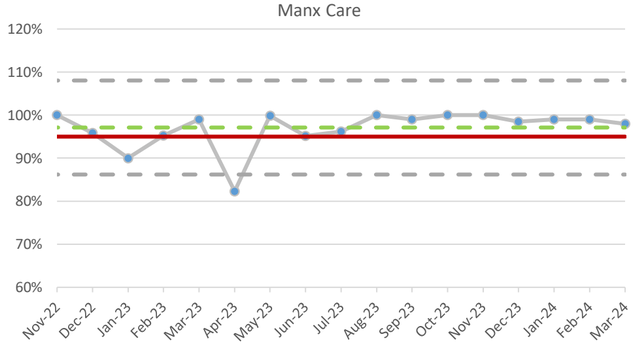
+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

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



Reporting Date	Performance	Op. plan #
Mar-24	98.0%	QC121

Threshold	YTD Mean	Benchmark
95.0%	97.2%	95.8%

(Higher value represents better performance)

- Variation Description

Common cause

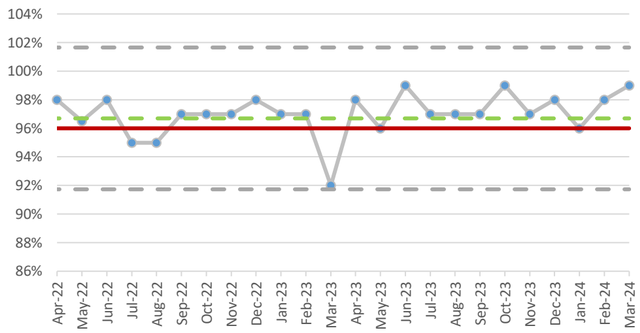
+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Adult: • 99% for March with a YTD average of 98%. **Maternity:** • 100% for Maternity patients in March. **Children:** • 98%.	**Adult:** • Continue to maintain compliance. **Maternity:** • Continue with activities to maintain compliance. **Children:** • Continue with activities to maintain compliance.	**Adult:** • High level of confidence that this level will be maintained. **Maternity:** • Performance exceeds the target. **Children:** • Performance exceeds the target. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Hand Hygiene Compliance: Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	99.0%	QC112

Threshold	YTD Mean	Benchmark
96.0%	97.6%	96.5%

(Higher value represents better performance)

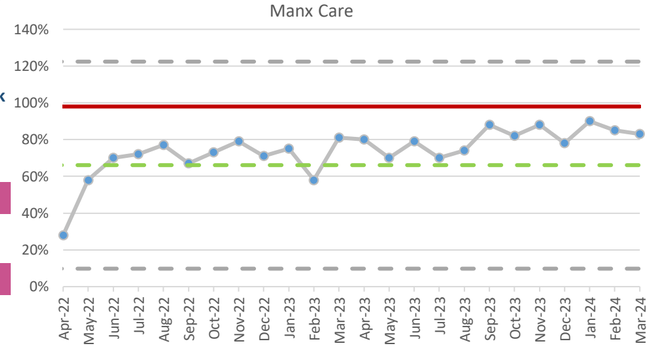
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

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



Reporting Date	Performance	Op. plan #
Mar-24	83.0%	QC123

Threshold	YTD Mean	Benchmark
>= 98%	80.6%	67.4%

(Higher value represents better performance)

- Variation Description

Special Cause of Improving variation (High)

- Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Hand Hygiene: • Over all compliance in hand hygiene is 99% (Bare Below the Elbow - 99% and the Five Moments of Hand Hygiene – 98%) **Review of Antibiotic Prescribing:** • 83% down from 85%	**Hand Hygiene:** • To continue to monitor audits results and provide additional training when needed. **Review of Antibiotic Prescribing:** • Continue to monitor.	**Hand Hygiene:** • Reasonable confidence that levels will be maintained. **Review of Antibiotic Prescribing:** • AMS ward rounds Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective Performance Summary (page 1 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Mar-24		15%	13%	-	5% by Apr '24		
EF067		Planned Care - DNA Rate - Hospital	Mar-24		12.0%	-	-	5%		
EF002		Planned Care - Total Number of Cancelled Operations	Mar-24		307	327	3927	-		
EF087		Number of patients (inpatient only) with a length of stay of 0 days	Mar-24		744	880.8	-	-		
EF088		Number of patients (inpatient only) with a length of stay > 7 days	Mar-24		197	219	-	-		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Mar-24	-	105	107	-	-		
EF050		Total Number of Inpatient discharges-Nobles	Mar-24	-	880	928	11139	-		
EF051		Total Number of inpatient discharges-RDCH	Mar-24	-	22	37	448	-		
EF003		Theatres - Number of Cancelled Operations	Mar-24		41	36	436	-		
EF004		Theatres - Theatre Utilisation	Mar-24		77%	77%	-	85%		
EF006		Crude Mortality Rate	Mar-24	-	22	23	271	-		
EF007		Total Hospital Deaths	Mar-24	-	25	23	279	-		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Mar-24		98%	97%	-	80%		
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Mar-24		97%	96%	-	95%		
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Mar-24		-7.2%	5%	-	-5%		
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Mar-24		20%	8%	-	-10%		
EF010		IPCC - % Dental contractors on target to meet UDA's	Mar-24		50%	-	-	96%		
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Mar-24	-	18	30	-	-		
EF064		MH - Number of patients with a length of stay - 0 days	Mar-24	-	1	1	10	-		

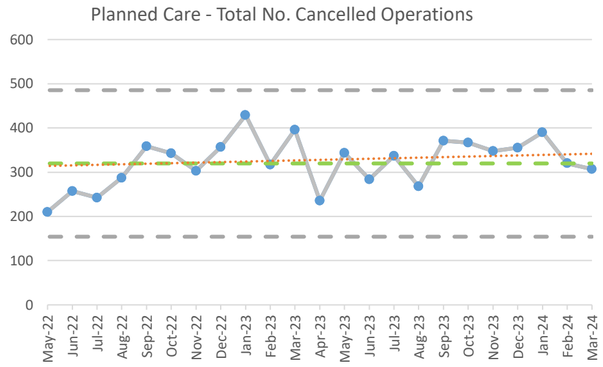
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Mar-24	-	0	1	15	-		-
EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Mar-24	-	2	1	14	-		-
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Mar-24		94%	97%	-	90%		
EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Mar-24		100%	100%	-	75%		
EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Mar-24		50%	79%	-	75%		
EF026		MH - Crisis Team one hour response to referral from ED	Mar-24		81%	89%	-	75%		
EF063		ASC - No. of referrals	Mar-24	-	105	77	918	-		-
EF015		ASC - % of Re-referrals	Mar-24		5%	4%	-	<15%		
EF016		ASC - % of all Wellbeing Partnership Assessments completed in Agreed Timescales	Mar-24		31%	31%	-	80%		
EF017		ASC - % of individuals (or carers) receiving a copy of their Wellbeing Partnership Assessment	Mar-24		92%	87%	-	100%		
EF052		Referrals to Adult Safeguarding Team	Mar-24	-	75	97	1165	-		-
EF053		Adult Safeguarding Alert	Mar-24	-	44	57	689	-		-
EF054		Discharges from Adult Safeguarding Team	Mar-24	-	86	97	1164	-		-
EF055		Re-referrals to Adult Safeguarding Team	Mar-24	-	13	18	219	-		-
EF056		% MARFs Completed by Adult Safeguarding Team	Mar-24	-	100%	89%	-	-		-
EF090		Number of discharges: Pre-10:00	Mar-24		120	124	620	-		
EF091		Number of discharges: Pre-16:00	Mar-24		841	916	4578	-		
EF092		Number of discharges: Weekend	Mar-24		238	231	1156	-		
EF093		Delayed transfers of care	Mar-24		12	18	88	-		

Effective Performance Summary (page 2 of 2)

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF049		C&F -Number of referrals - Children & Families	Mar-24		128	153	1835	-		
EF019		CFSC - % Complex Needs Reviews held on time	Mar-24		81%	59%	-	85%		F
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Mar-24		67%	72%	-	90%		
EF022		CFSC - % Child Protection Reviews held on time	Mar-24		100%	72%	-	90%		
EF023		CFSC - % Looked After Children reviews held on time	Mar-24		95%	94%	-	90%		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Mar-24		33%	82%	-	90%		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Mar-24		89%	98%	-	90%	H	
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Mar-24		27%	47%	-	79%		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Mar-24	-	38%	42%	-	-		
EF031		Maternity - Induction of Labour	Mar-24		33%	33%	-	< 30%		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Mar-24		0%	1%	-	< 3.5%		P
EF033		Maternity - Obstetric Haemorrhage >1.5L	Mar-24		1%	1%	-	< 2.6%	L	
EF034		Maternity - Unplanned Term Admissions To NNU	Mar-24	-	2%	-	-	-		
EF035		Maternity - Stillbirth Number / Rate	Mar-24		0	0.1	1.0	<4.4/1000		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	Mar-24	-	0	-	-	-		
EF037		Maternity - % Smoking At Booking	Mar-24	-	13%	10.2%	-	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF038		Maternity - % Of Women Smoking At Time Of Delivery	Mar-24		4%	7%	-	< 18%		
EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Mar-24		86%	69%	-	> 80%		
EF040		Maternity - Breast Feeding Rate At Transfer Home	Mar-24		86%	-	-			
EF041		Maternity - Number of Neonatal Mortality	Mar-24		0	0.1	-		L	-
EF059		W&C - Paediatrics- Total Admissions	Mar-24		190	156	1561	-		-
EF060		W&C - NNU - Total number of Admissions	Mar-24		2	6	72	-		-
EF061		W&C - NNU - Avg. Length of Stay	Mar-24		23	10	95	-		-
EF062		W&C - NNU -Community follow up	Mar-24		5	5	57	-		-
EF068		Pharmacy - Total Prescriptions (No. of fees)	Jan-24		142,643	140,194	1,401,944	-		-
EF069		Pharmacy - Chargable Prescriptions	Jan-24		18,869	18,637	186,369	-		-
EF070		Pharmacy - Total Exempt Item	Jan-24		140,649	138,097	1,380,966	-		-
EF071		Pharmacy - Chargeable Items	Jan-24		18,427	18,424	184,239	-		-
EF072		Pharmacy - Net cost	Jan-24		£1,368,851	£1,420,504	£14,205,038	-		-
EF073		Pharmacy - Charges Collected	Jan-24		£71,367	£71,134	£711,343	-		-
EF081		IPCC - Dental - Additions	Mar-24		228	187	2,241	-		
EF082		IPCC - Dental - Allocations	Mar-24		4	32	379	-		
EF086		IPCC - Number of Sight Test	Feb-24		2763	2,210	24,312	-		
EF074		Total Number of OP & Dementia Beds Available	Mar-24		195	195	-	-		
EF075		Total Number of OP & Dementia Beds Occupied	Mar-24		138	113	-	-		
EF076		Total Number of LD Beds Available	Mar-24		84	84	-	-		
EF077		Total Number of LD Beds Occupied	Mar-24		67	69	-	-		

Effective	Planned Care (1 of 3)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson	



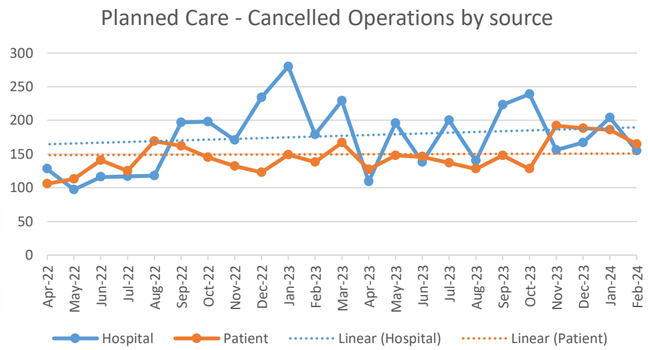
Reporting Date	Performance	Op. Plan #
Mar-24	307	QC157

Threshold	YTD Mean	Benchmark
-	327	311

(Lower value represents better performance)

+	Variation Description
	Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24		

Threshold	YTD Mean	Benchmark

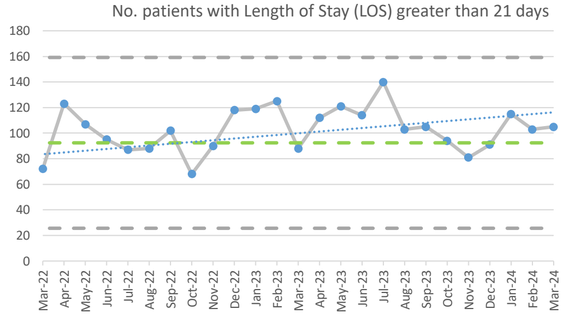
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Cancelled Operations: The number of cancelled operations in March was 307.	**Cancelled Operations:** The new Planned Care Dataset that is currently being developed by the Business Intelligence Team will enable more robust and detailed analysis of the factors contributing to cancellations. This will enable appropriate remedial actions to be identified and enacted.	Note - Benchmarks are the Manx Care monthly average for 2022/23.

Effective	Planned Care (2 of 3)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson	

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



Reporting Date	Performance	Op. Plan #
Mar-24	105	QC10c

Threshold	YTD Mean	Benchmark
-	107	101

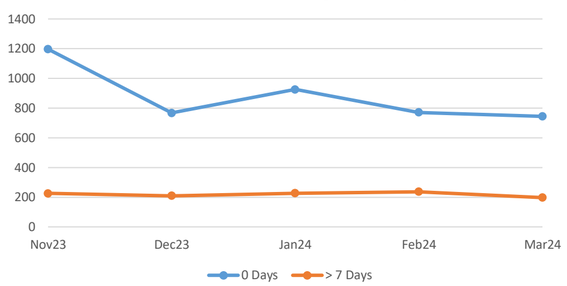
(Lower value represents better performance)

+	Variation Description

Common cause

Assurance Description

Planned Care- Length of stay



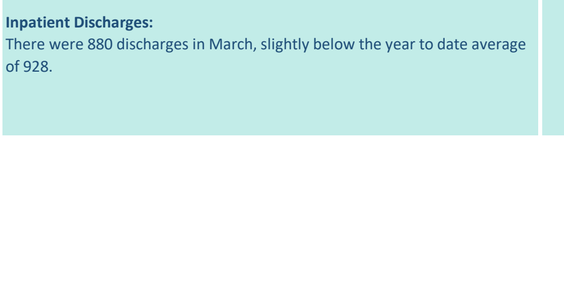
Reporting Date	Performance		Op. Plan #
Mar-24	0 days	744	QC156
	> 7 days	197	

Threshold	YTD Mean	Benchmark

-	Variation Description

Assurance Description

Inpatient Discharges



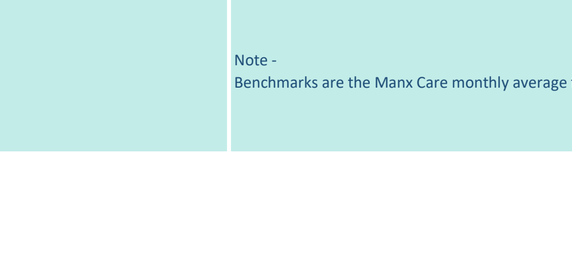
Reporting Date	Performance		Op. Plan #
Mar-24	Nobles	880	
	RDCH	22	

Threshold	YTD Mean		Benchmark
	Nobles	928	916
	RDCH	37	33

Variation Description

Assurance Description

Average Length of Stay (ALOS) by site



Reporting Date	Performance	Op. Plan #
Jan-00		QC156

Threshold	YTD Mean	Benchmark

-	Variation Description

Assurance Description

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

Length of Stay (LOS):

• The methodology regarding the no. of patients with a length of stay > 21 days is currently subject to review. The March split for the metric is:
No. discharged patients who had a LOS > 21 days = 57
No. patients still admitted with a LOS > 21 days = 48

• The spike in average LOS for RDCH in May was due to a single patient with a very high length of stay being discharged .
• Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay.
• The acuity of patients being admitted has increased for some surgical patients driving longer lengths of stay in hospital.
• Access to surgical bed base continues to be a challenge - continuing high levels of medical patients (and their higher acuity) being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken.
• Regularly have 30–50 medical outliers in surgical beds – which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards.
• Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity.

Inpatient Discharges:

There were 880 discharges in March, slightly below the year to date average of 928.

Length of Stay:

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

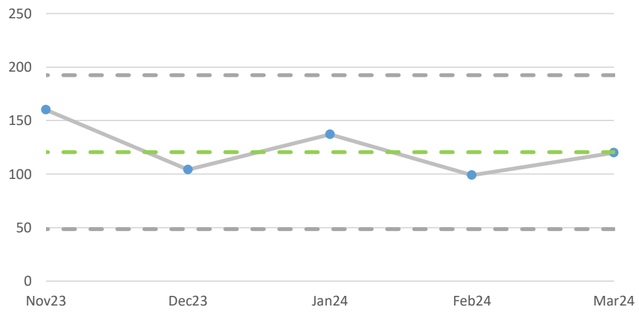
Length of Stay:

• Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.7 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital.
• Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).
• Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement.

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

Planned Care	Planned Care (3 of 3)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson	

Discharges - pre 10:00



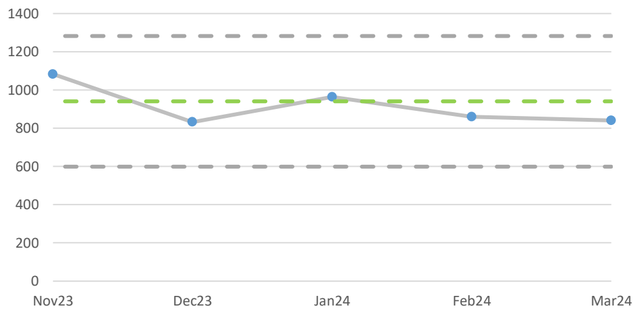
Reporting Date	Performance	Op. Plan #
Mar-24	120	
Threshold	**YTD Mean**	**Benchmark**
-	124	

- Variation Description

Common cause

Assurance Description

Discharges - weekend



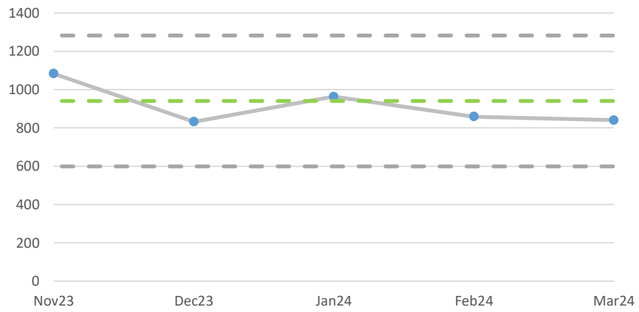
Reporting Date	Performance	Op. Plan #
Mar-24	238	
Threshold	**YTD Mean**	**Benchmark**
-	231	

- Variation Description

Common cause

Assurance Description

Discharges - pre 16:00



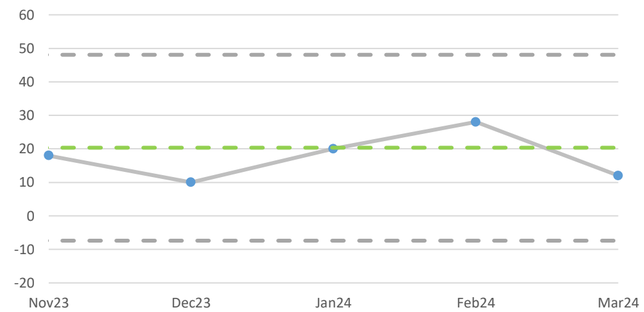
Reporting Date	Performance	Op. Plan #
Mar-24	841	
Threshold	**YTD Mean**	**Benchmark**
-	916	

- Variation Description

Common cause

Assurance Description

Delayed transfers of care (Hospital)



Reporting Date	Performance	Op. Plan #
Mar-24	12	
Threshold	**YTD Mean**	**Benchmark**
-	18	

- Variation Description

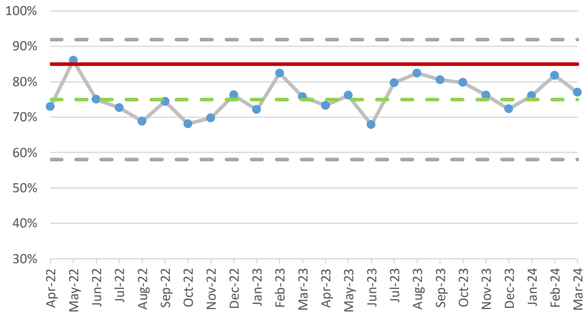
Common cause

Assurance Description

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

Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson	

Theatres - % Theatre Utilisation



Reporting Date	Performance	Op. Plan #
Mar-24	77.0%	QC16

Threshold	YTD Mean	Benchmark
85.0%	76.9%	74.5%

(Higher value represents better performance)

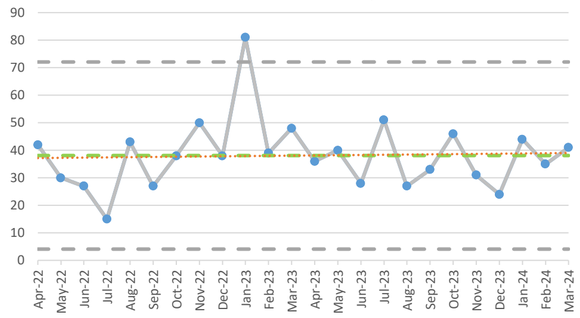
-	Variation Description

Common cause

-	Assurance Description

Consistently fail target

Theatres - No. of Cancelled Operations**



Reporting Date	Performance	Op. Plan #
Mar-24	41	QC15

Threshold	YTD Mean	Benchmark
-	36	40

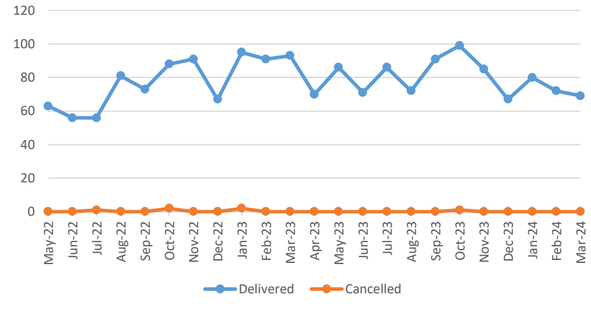
(Lower value represents better performance)

-	Variation Description

Common cause

Assurance Description

Theatres - Delivered (vs Cancelled Sessions)



Reporting Date	Performance	Op. Plan #
Mar-24	69	

Threshold	YTD Mean	Benchmark
-	79	75

(Higher value represents better performance)

-	Variation Description

Assurance Description

Theatres - Cancelled Operations by source**

Reporting Date	Performance	Op. Plan #
Mar-24	-	QC15

Threshold	YTD Mean	Benchmark
-	-	-

(Lower value represents better performance)

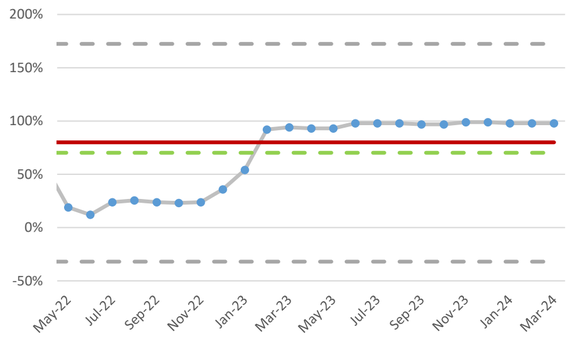
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Theatre Utilisation: • The number of theatre sessions delivered in March was 69. •The number of cancelled operations increased to 41 in March (year to date average is 36). Most common reasons were "Unfit for Surgery-Acute illness" (10). • 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. **This metric was previously being reported as 'cancellations on the day'. A review of the methodology for this metric has identified that the figure being reported includes all theatre cancellations, not just those that occur 'on the day'. The reporting methodology is currently being revised to include only those occuring 'on the day', and the figures will be updated accordingly in future reports. It is therefore anticipated that Manx Care's actual number of theatre cancellations on the day will be lower than has been reported. • Cancelled sessions figures are currently subject to data quality review to ensure accuracy	• Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialties. •Planning is progressing with regard to an admissions lounge where all surgical patients will be admitted, prepared for theatre and returned to a surgical ward post operatively. This will provide time for Bed Flow & Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency & utilisation. • Synaptik continues to support the Restoration & Recovery (R&R) waiting list initiatives for general surgical specialties through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive staff to sustain the BAU activity in theatres.	• Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years. A peer review was undertaken in September and provided assurance that standards were continuing to be met. AfPP were also engaged to perform a Staffing Establishment Review to confirm accurate staffing & skill mix to safely deliver 4 - 7 theatres (inclusive of maternity theatre).. • The implementation of a surgical admissions lounge which is in the project stages. • Synaptic support is anticipated to continue until March 2024 under Phase 2 of the R&R programme. • 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. • The Theatre team are undertaking monthly deep dive analysis of reasons/causes of hospital led cancellations on the day which is reported monthly through the CG1 Governance Structure. Note - Benchmarks are the Manx Care monthly average for 2022/23.

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

Hospitals LFD (Learning from Death reviews)



Reporting Date	Performance	Op. Plan #
Mar-24	98.0%	QC126

Threshold	YTD Mean	Benchmark
80.0%	97.2%	40.3%

(Higher value represents better performance)

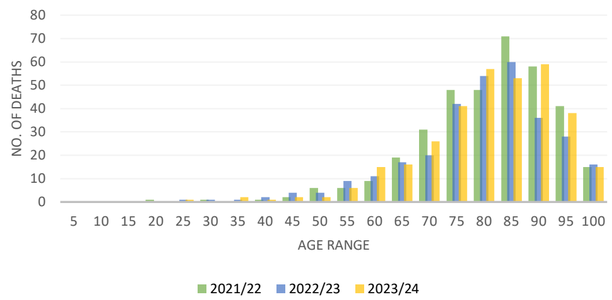
+ Variation Description

Special Cause of Improving variation (High)

+ Assurance Description

Consistently hit target

Mortality by age band: 01/04/2021 to 31/03/2024



Reporting Date	Performance	Op. Plan #
-	2021/22: 329 2022/23: 279 2023/24: 235	

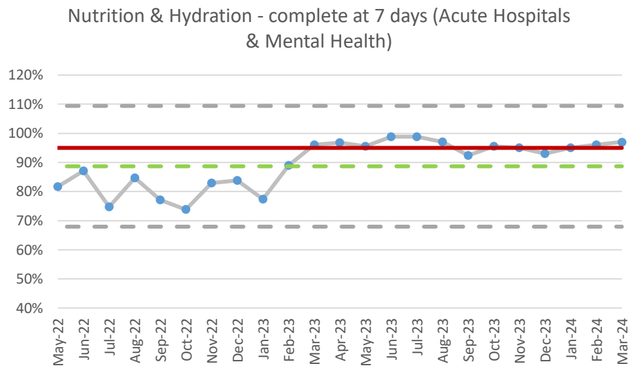
Threshold	YTD Mean	Benchmark
-	23	-

+ Variation Description

- Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Hospitals LFD (Learning from Death) Reviews: • 98% of level one reviews have been completed	**Hospitals LFD (Learning from Death) Reviews:** • Work ongoing to increase number of level 2 reviews	**Hospitals LFD (Learning from Death) Reviews:** • Reasonably confident that level 1 reviews will continue to be carried out. Note - Benchmarks are the Manx Care monthly average for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Mar-24	97.0%	QC124

Threshold	YTD Mean	Benchmark
95.0%	95.9%	83.1%

(Higher value represents better performance)

+ Variation Description

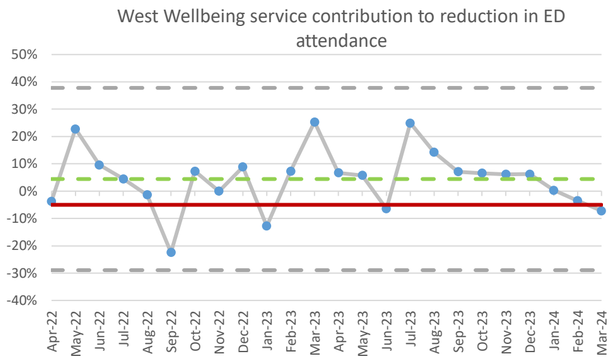
Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Nutrition & Hydration: • 97% across adult inpatients. The target has been exceeded in 10 out of 12 reporting months YTD.	**Nutrition & Hydration:** • Missing assessments are highlighted to senior staff.	**Nutrition & Hydration:** • Progress will continue to be monitored. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Wellbeing Services	Executive Lead	Oliver Radford	Lead	Adrian Tomkinson	



Reporting Date	Performance	Op. Plan #
Mar-24	-7.2%	QC63

Threshold	YTD Mean	Benchmark
-5.0%	5.1%	3.8%

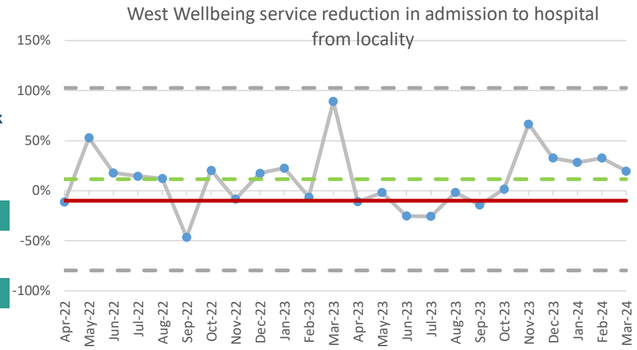
(Lower value represents better performance)

+	Variation Description

Common cause

+	Assurance Description

Consistently fail target



Reporting Date	Performance	Op. Plan #
Mar-24	19.6%	QC64

Threshold	YTD Mean	Benchmark
-10.0%	8.5%	14.6%

(Lower value represents better performance)

+	Variation Description

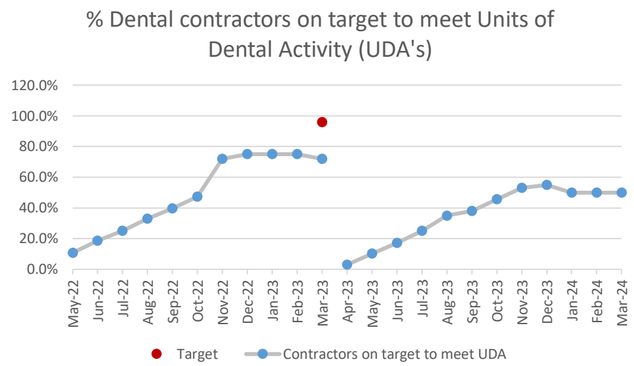
Common cause

-	Assurance Description

Inconsistently passing and falling short of target

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	50.0%	QC161

Threshold	YTD Mean	Benchmark
96.0%	-	-

(Higher value represents better performance)

- **Variation Description**

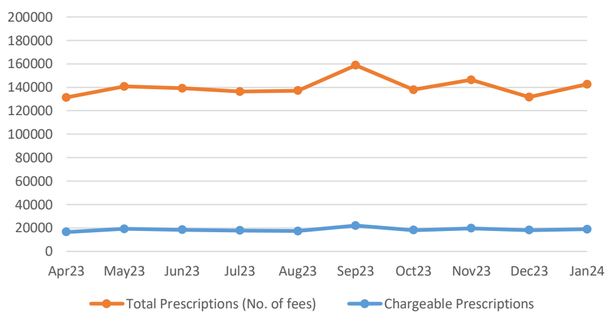
- **Assurance Description**

N/A

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Dental Contractors: • Figures still demonstrate that 4 out of 8 dental contractors are forecasted not to meet minimum target of 96% delivery. **Manx Care Dental Practices** • A new dental software solution for both practices has been agreed (Hillside and Community Dental Services). Implementation of the new software will be in June 2024.	**Dental Contractors:** • Issues raised within Manx Care and DHSC in terms of UDA values, individual contractor difficulties and service delivery.	**Dental Contractors:** • Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year end and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year with breach notices being issued for under-delivery. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Maria Bell	

Pharmacy - Prescriptions

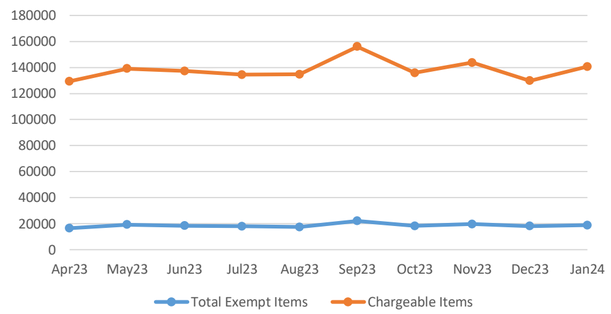


Reporting Date	Performance	Op. Plan #
Jan-24		-
Threshold	**YTD Mean**	**Benchmark**

Variation Description

Assurance Description

Pharmacy - Items

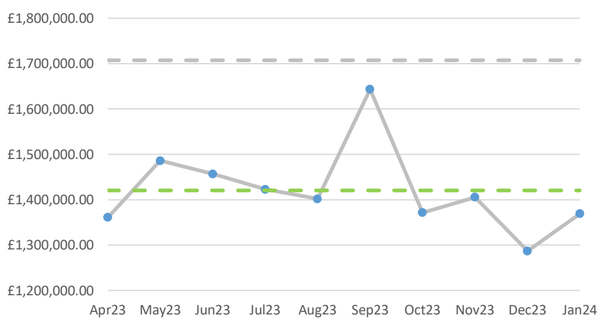


Reporting Date	Performance	Op. Plan #
Jan-24		
Threshold	**YTD Mean**	**Benchmark**
-	-	-

Variation Description

Assurance Description

Pharmacy - Net cost



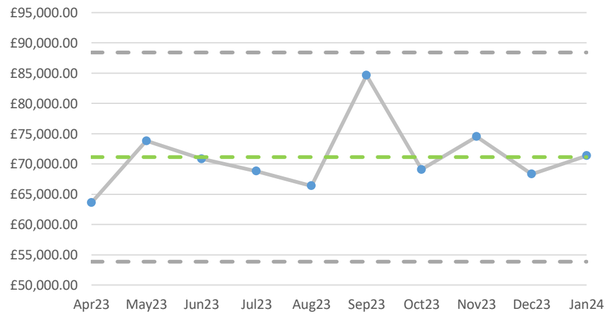
Reporting Date	Performance	Op. Plan #
Jan-24	**£1,368,851**	
Threshold	**YTD Mean**	**Benchmark**
-	-	-

Variation Description

Common cause

Assurance Description

Pharmacy - Charges Collected



Reporting Date	Performance	Op. Plan #
Jan-24	**£71,367**	
Threshold	**YTD Mean**	**Benchmark**
-	-	-

Variation Description

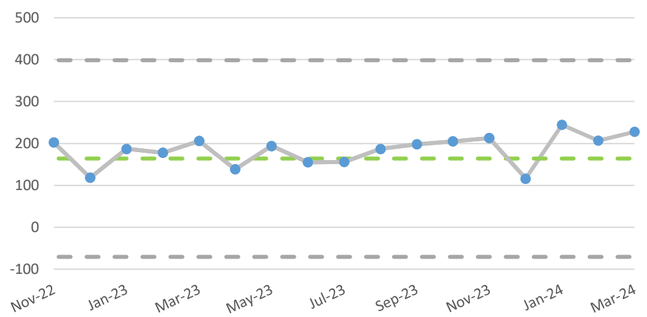
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Based on latest data available from NHS BSA.		

Effective	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Rebecca Dawson	

Additions to the Dental Waiting list

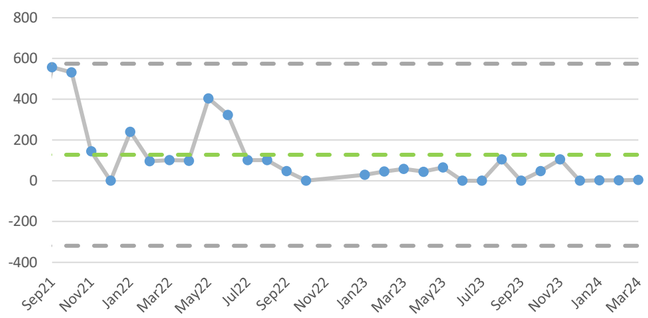


Reporting Date	Performance	Op. Plan #
Mar-24	228	-
Threshold	**YTD Mean**	**Benchmark**
	179	

Variation Description

Assurance Description

Patients Allocations to Dental Practices

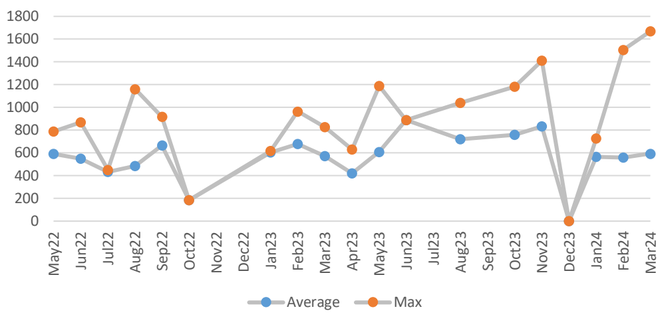


Reporting Date	Performance	Op. Plan #
Mar-24	4	
Threshold	**YTD Mean**	**Benchmark**
-	37	-

riation Descripti

urance Descript

Waiting time for dental allocations (days)



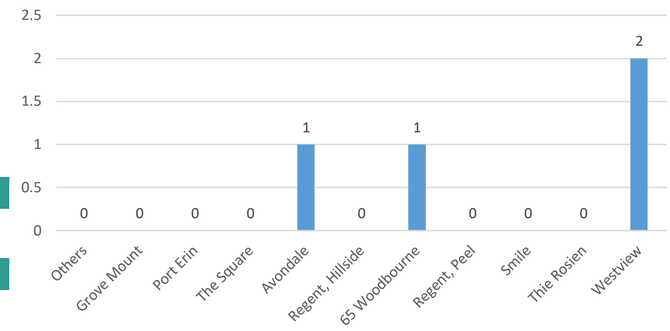
Reporting Date	Performance	Op. Plan #
Mar-24		
Threshold	**YTD Mean**	**Benchmark**
-	-	-

Variation Description

Common cause

Assurance Description

Allocations by Practice - Mar 2024



Reporting Date	Performance	Op. Plan #
Mar-24	4	
Threshold	**YTD Mean**	**Benchmark**
-	-	-

riation Descripti

Common cause

urance Descript

Issues / Performance Summary

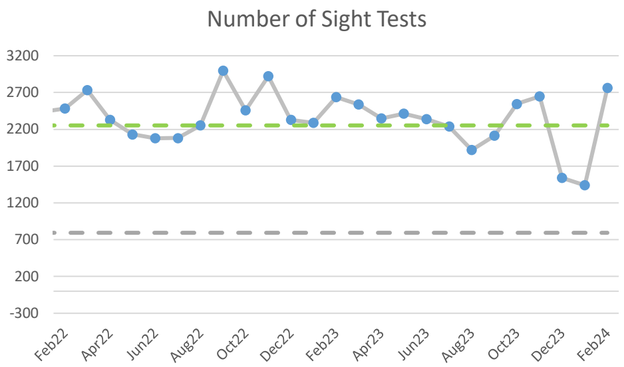
• In March 2024 228 patients were added to the dental waiting list. This takes waiting list to 5,134 patients waiting. However, following the completion of the waiting list sweep letters 1,092 patients failed to respond and are currently being removed from the waiting list. Therefore, the overall waiting list figure will reduce.
• Dental practices are not currently able to take on new patients.

Planned / Mitigation Actions

•Work is underway between the DHSC and Manx Care to look at dental contracting, funding of dental services and access to services.

Assurance / Recovery Trajectory

Effective	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon	



Reporting Date	Performance	Op. Plan #
Feb-24	**2763**	-
Threshold	**YTD Mean**	**Benchmark**

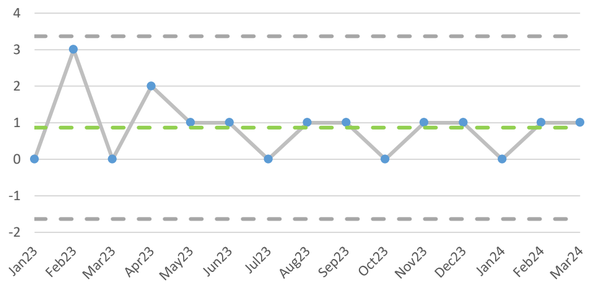
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Latest data available is February 2024		

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

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



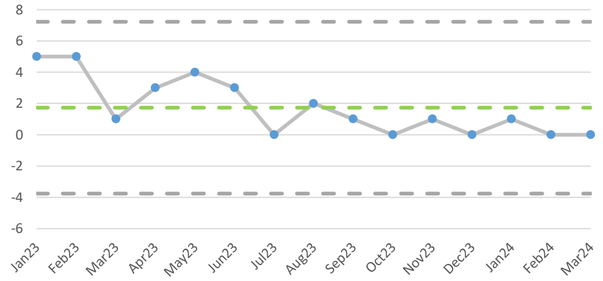
Reporting Date	Performance	Op. Plan #
Mar-24	1	QC87
Threshold	**YTD Mean**	**Benchmark**
-	1	1

- **Variation Description**

Common cause

Assurance Description

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



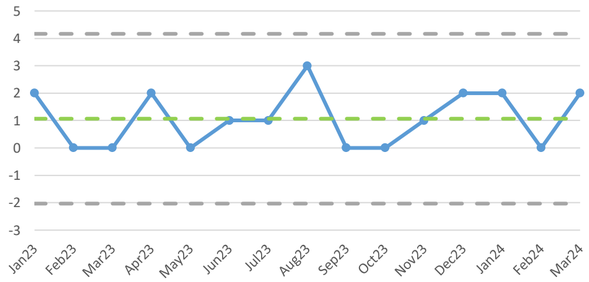
Reporting Date	Performance	Op. Plan #
Mar-24	0	QC88
Threshold	**YTD Mean**	**Benchmark**
-	1	4

+ **Variation Description**

Common cause

Assurance Description

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



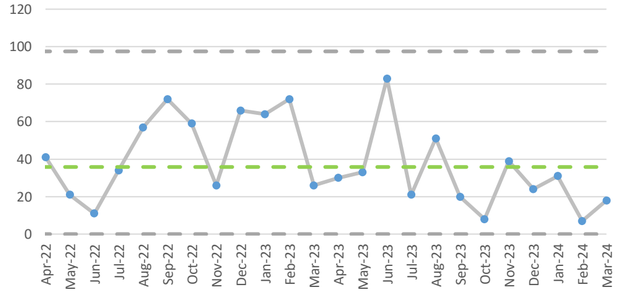
Reporting Date	Performance	Op. Plan #
Mar-24	2	QC89
Threshold	**YTD Mean**	**Benchmark**
-	1.2	0.7

- **Variation Description**

Common cause

Assurance Description

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



Reporting Date	Performance	Op. Plan #
Mar-24	18	QC158
Threshold	**YTD Mean**	**Benchmark**
-	30	46

- **Variation Description**

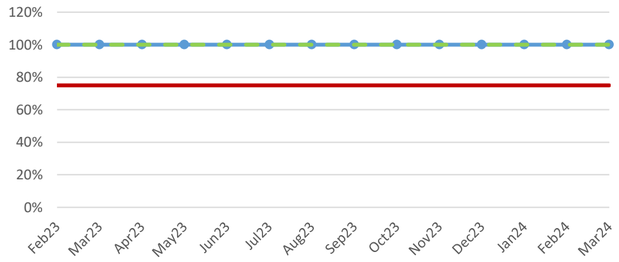
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Average Length of Stay (ALOS): * ALOS for those aged 65+ over 90 days is not cause for concern and evidences appropriate discharge of this patient group. For current inpatients, the ALOS is being appropriately monitored and within expected norms.	Continue to monitor and report against recognised NHSE standards. IMHS Management Team will monitor re-admissions to be further assured that discharges are appropriate. The care group have also made arrangements to report on delayed discharge for greater oversight of patient flow.	**Average Length of Stay (ALOS):** • The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	100%	QC69

Threshold	YTD Mean	Benchmark
75%	100%	100%

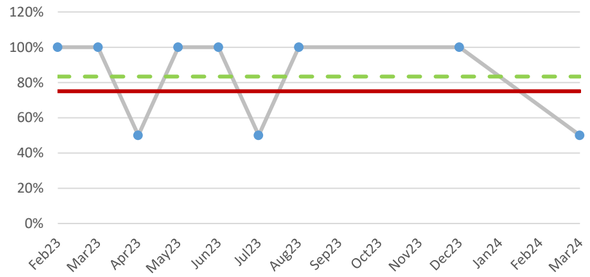
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

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



Reporting Date	Performance	Op. Plan #
Mar-24	50% (1 of 2)	QC70

Threshold	YTD Mean	Benchmark
75%	79%	100%

+ Variation Description

Common cause

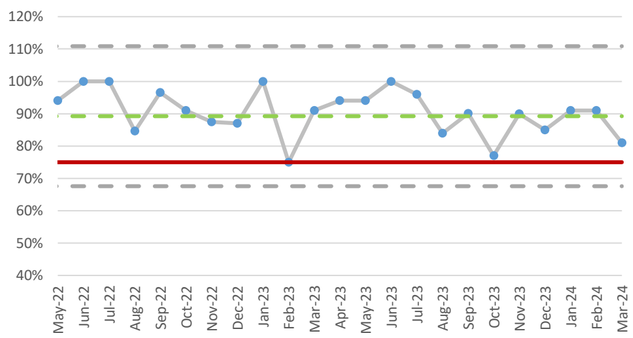
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
The 24 hour response to Nobles Hospital (non ED) by CRHTT in March was 100%. **Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral** There were two first episode psychosis presentations, one received NICE recommended interventions within 14 days whilst the other has just been referred for a CMHP at the community service for adults but there is no documented NICE recommended intervention documented in the clinical notes. This second person also has input from a private psychiatrist. As 1 from 2 have received NICE recommended intervention the response is 50%.	These indicators are both consistently above targets and are of no cause for concern within the care group. They are being regularly monitored. Small numbers (single figures) can distort % values.	Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Crisis Team one hour response to referral from ED



Reporting Date	Performance	Op. Plan #
Mar-24	81.0%	QC68

Threshold	YTD Mean	Benchmark
75.0%	89.4%	91.2%

(Higher value represents better performance)

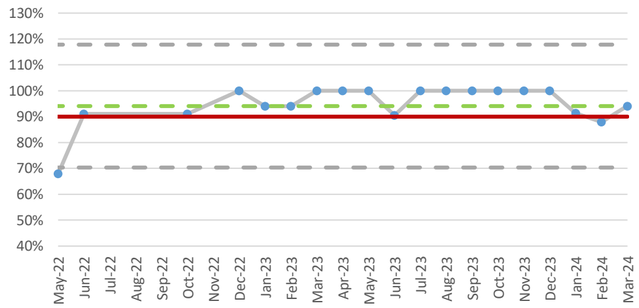
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

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



Reporting Date	Performance	Op. Plan #
Mar-24	94%	QC72

Threshold	YTD Mean	Benchmark
90.0%	97.0%	90.9%

(Higher value represents better performance)

+ Variation Description

Common cause

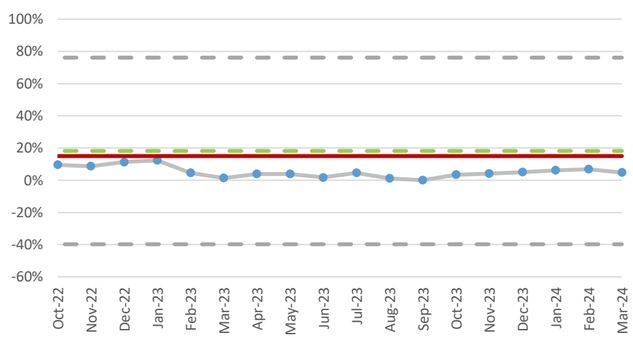
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Crisis Team: • Performance was 81%, which exceeds the target of 75% compliance. This target has been met consistently for more than a year. Six ED reviews did not meet the target, due to operational pressures and workload.	**Crisis Team:** • To continue to monitor performance and compliance.	**Crisis Team:** • Target continues to be achieved monthly; the service area remains motivated to ensure this is achieved. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Adult Social Work (1 of 3)	Executive Lead	David Hamilton	Lead	Bradley Chambers/Samantha Murphy	

ASC - % of Re-referrals



Reporting Date	Performance	Op. Plan #
Mar-24	4.8%	QC41

Threshold	YTD Mean	Benchmark
<15%	3.8%	22.4%

(Lower value represents better performance)

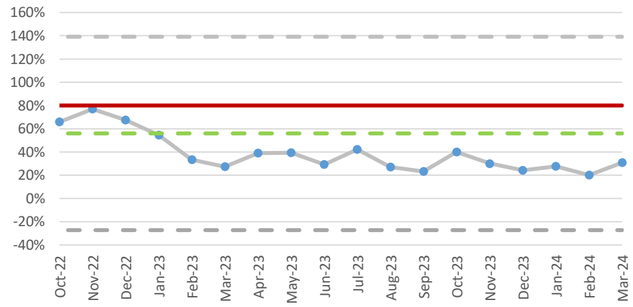
+ Variation Description

Special Cause of Improving variation (Low)

+ Assurance Description

Consistently hit target

ASC - % of all Wellbeing Partnership Assessments completed in Agreed Timescales



Reporting Date	Performance	Op. Plan #
Mar-24	30.8%	QC44

Threshold	YTD Mean	Benchmark
80.0%	31.0%	64.6%

(Higher value represents better performance)

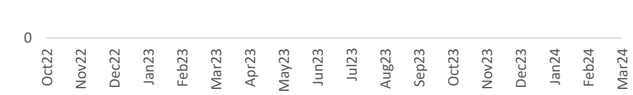
+ Variation Description

Special Cause of Concerning variation (Low)

- Assurance Description

Consistently fail target

ASC - No. of referrals



Reporting Date	Performance	Op. Plan #
Mar-24	105	QC40

Threshold	YTD Mean	Benchmark
-	77	73

- Variation Description

Common cause

Assurance Description

ASC - % of individuals (or carers) receiving a copy of their Wellbeing Partnership Assessment

Reporting Date	Performance	Op. Plan #
Mar-24	92.3%	QC45

Threshold	YTD Mean	Benchmark
100.0%	87.2%	11.4%

(Higher value represents better performance)

- Variation Description

Common cause

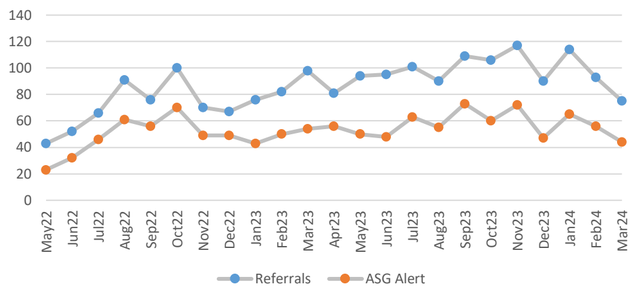
- Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Referrals: The number of new referrals received in March increased to 105 from 74 in March. 5 were homeless referrals, 5 were for review rather than assessment and 7 referrals were received from the Older Peoples Mental Health Service - their only Social Worker was away for 6-8 weeks, meaning that more referrals came to Adult Social Work. **Re-Referrals:** • The re-referral rate continues to be low, indicating good triage and assessment or signposting of incoming referrals. **Assessments completed within Timescales:** • The completion of Wellbeing Partnership assessments in March remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities. **Individuals receiving copy of Assessment:** • The assessment sharing level was 92.3% during March, slightly below the threshold. .	**Assessments completed within timescales:-** In January and February the OPCSWT lost 2 staff to secondment opportunities within the service. Vacancy backfill is now complete with agency staff. This has resulted in the waiting list growing, this is expected to reduce with the additonal capacity in place. The issue dashboard pull-through for assessment completion is still being worked through, the BI Team and Adult Social Work are working on separating out initial assessments from re-assessements, which is the root cause of inaccurate reporting. Adult Social Work have been manually collecting this data until the fix has been tested, this indicates that 35% of assessments were completed within timescale. The focus of Adult Social Work in recent months has been to improve the rate of assessment sharing, which continues to be a positive area. Waiting list volumes have been reduced in recent months, particularly within the Older Peoples Community Team. The completion of assessments in Learning Disabilities now has a target of 42 days for completion rather than 28. Whilst this may assist with assessments being completed to timescale, much of the work is long-term and therefore re-assessments. Accurate metrics will not be seen until initial assessments have been fully separated from re-assessments in the dashboard.	**Assessments completed within Timescales:** • Areas of Adult Social Work have experienced staffing pressures, which are in the early stages of being relieved by both agency recruitment and secondments. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Adult Social Work (2 of 3)	Executive Lead	David Hamilton	Lead	Bradley Chambers/Samantha Murphy	

Adult Safeguarding



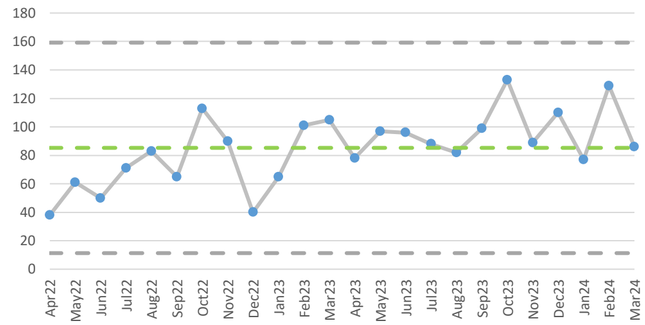
Reporting Date	Performance		Op. Plan #
Mar-24	Referrals	75	QC59
	Alert	44	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Discharges from Adult Safeguarding Team



Reporting Date	Performance	Op. Plan #
Mar-24	86	

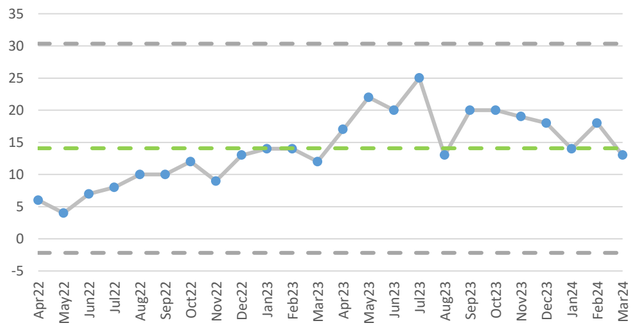
Threshold	YTD Mean	Benchmark
-	97	74

Variation Description

Common cause

Assurance Description

Re-referrals to Adult Safeguarding Team



Reporting Date	Performance	Op. Plan #
Mar-24	13	

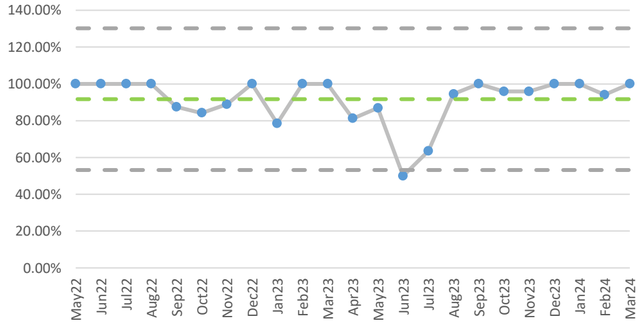
Threshold	YTD Mean	Benchmark
-	18	10

Variation Description

Common cause

Assurance Description

% MARFs Completed by Adult Safeguarding Team



Reporting Date	Performance	Op. Plan #
Mar-24	100.0%	

Threshold	YTD Mean	Benchmark
-	88.5%	94.9%

(Higher value represents better performance)

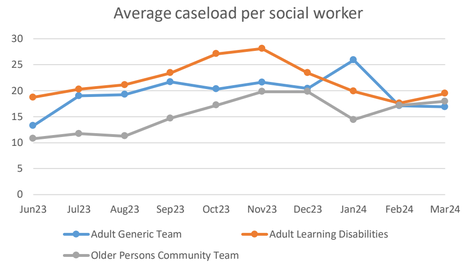
\+ **Variation Description**

Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• The number of alerts received continues to be high and increasing. The team can demonstrate a 30% increase in alerts when comparing 2022 to 2023 (to date). • Currently the Adult Safeguarding Team is depleted. The team is continuing to be supported by one agency staff member wtih the intention to recruit to a permanent position. • Discharges are likely to vary significantly month to month as each safeguarding alert must be processed individually, with some being discharged rapidly and others taking longer period of time (sometimes several months), owing to complexity and levels of risk. • Re-referral rates fluctuate somewhat but are broadly consistent across an annual period. The reasons for re-referrals are generally appropriate and as would be anticipated e.g., resident on resident physical abuse recurring, and necessitating multiple referrals. • MARFs are a means by which the police share concerns. These are appropriate but do not always meet thresholds for action to be taken by the Adult Safeguarding Team. • 22 out of 22 MARFs were completed within timescale during March 2024.	• Referrals and ASG alerts methodology will be discussed with the B.I team. • A Business Case for additional staffing resources is under consideration, it is hoped this additional resource can be factored into the final budget allocation for 2024/25.	The interim Safeguarding Team Manager has recently been appointed to the post substantively, which will provide stability to the team. is typically meeting its timescales for taking appropriate action e.g., convening planning meetings. Where there are delays these are occasional and usually at the request of the person at risk of harm. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Adult Social Work (3 of 3)	Executive Lead	David Hamilton	Lead	Bradley Chambers/Samantha Murphy	



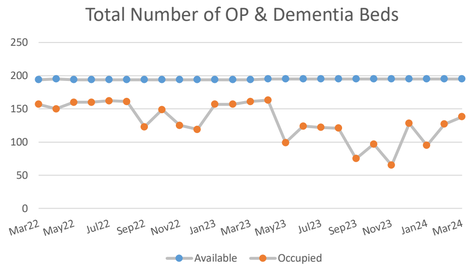
Reporting Date	Performance	Op. Plan #
Mar-24		
Threshold	**YTD Mean**	**Benchmark**
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
A general upward trajectory of caseloads held is contributed to by an increase in complexities we are seeing as well as turnover of staff and vacancy factor.	Social Worker recruitment is planned - permanent where possible and agency to fill in gaps. A business case for additional resource in Adult Safeguarding is under consideration.	

Effective	Adult Social Care	Executive Lead	David Hamilton	Lead	Jonathan Carey	

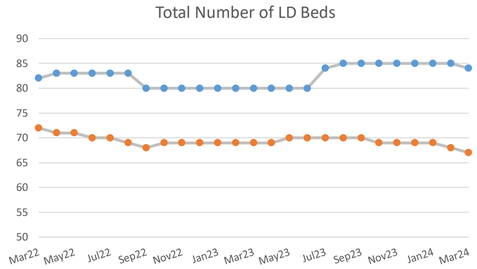


Reporting Date	Performance		Op. Plan #
Mar-24	Available	195	
	Occupied	138	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description



Reporting Date	Performance		Op. Plan #
Mar-24	Available	84	
	Occupied	67	

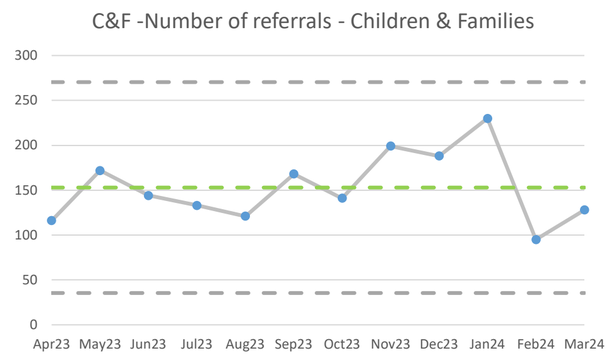
Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Although the position reflects 13 vacancies as beds are empty, the reality is that the service has only got 2 vacancies for potential new referrals at the moment due to various issues, e.g. being earmarked for flexi respite or assessment, compatibility with service user, or decommissioning of beds.		

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



Reporting Date	Performance	Op. Plan #
Mar-24	**128**	
Threshold	**YTD Mean**	**Benchmark**
-	153	153

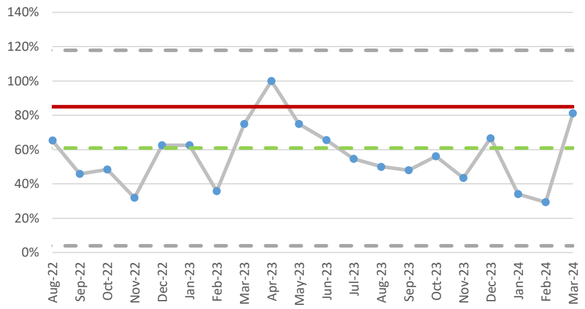
+	Variation Description
	Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Referrals: Referral levels have increased to 128 in March.		**Referrals:** Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

% Complex Needs Reviews held on time



Reporting Date	Performance	Op. Plan #
Mar-24	81.1%	QC49

Threshold	YTD Mean	Benchmark
85.0%	58.6%	53.4%

(Higher value represents better performance)

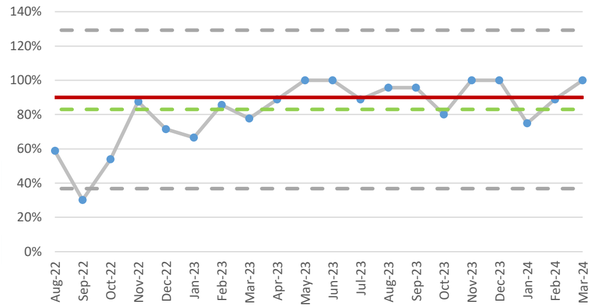
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

% Total Child Protection Review Conferences held on time



Reporting Date	Performance	Op. Plan #
Mar-24	100%	QC52

Threshold	YTD Mean	Benchmark
90.0%	90.0%	66.5%

(Higher value represents better performance)

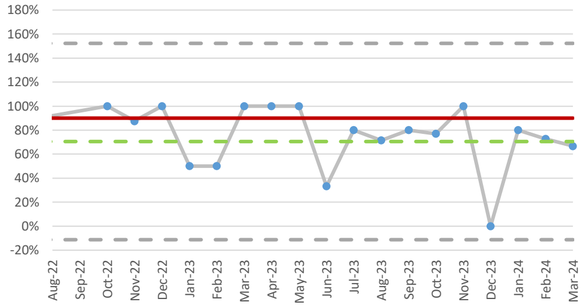
+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

% Total Initial Child Protection Conferences held on time



Reporting Date	Performance	Op. Plan #
Mar-24	66.7%	QC51

Threshold	YTD Mean	Benchmark
90.0%	71.8%	81.3%

(Higher value represents better performance)

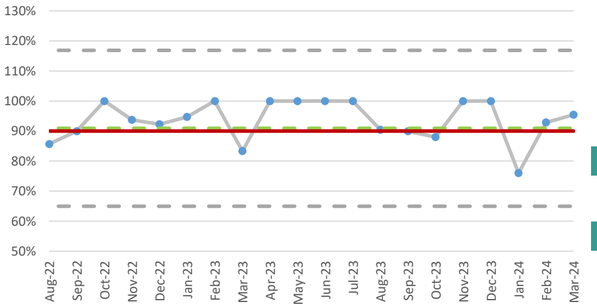
- Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

% Looked After Children reviews held on time



Reporting Date	Performance	Op. Plan #
Mar-24	95%	QC53

Threshold	YTD Mean	Benchmark
90.0%	94.4%	92.5%

(Higher value represents better performance)

+ Variation Description

Common cause

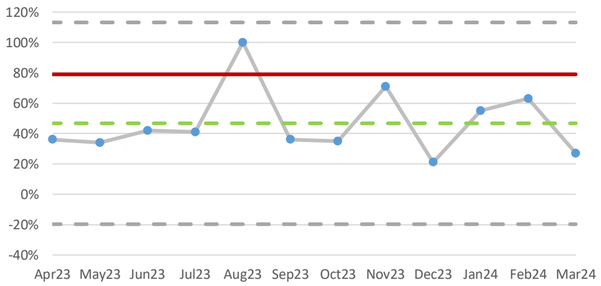
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Complex Needs Reviews held on time: 37 Reviews held and 30 were in timescale and 7 were out of timescale Reasons for delayed meetings: Family Unavailable – 3 Chairperson Unavailable - 2 Relevant Professional/Agency Unavailable – 1 System Error - 1 **Initial Child Protection Conferences held on time:** 13 meetings were due and 8 were held in time and 5 were out of timescale Reasons for delayed meetings: Procedurally Non-Compliant- 5 (one family) **Child Protection Review Conferences held on time:** 17 RCPC's were held and 17 were on time **Looked After Children reviews held on time:** • 95% of reviews were held within the timescales in March.	The Complex Needs Reviews are undertaken by the Children with Disabilities Team, the CWD has 107 children shared between 4 Social Workers. A watching brief is being kept on capacity generally within this team. These numbers mean that there are 98 children reviewed twice per year, creating 196 Reviews which need to be held within timescale and with the coordination of the Team Manager, the Social Worker, schools and the families themselves. This is often challenging as dates have to be manually altered, as CWCN meetings have to take place during term time. The CWD team are holding at least 200 reviews per annum between the 4 Social Workers, not including the network meetings are held between each review.	Additional agency staff have recently been engaged in the CWD team as a mitigation to the whole workload of this team, additional administrative resourcing is also now in place. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	27%	

Threshold	YTD Mean	Benchmark
79%	47%	47%

(Higher value represents better performance)

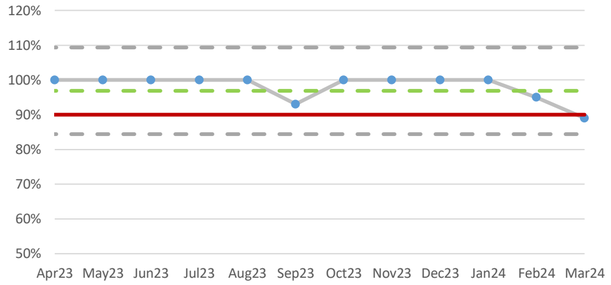
-	Variation Description

Common cause

-	Assurance Description

Inconsistently passing and falling short of target

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



Reporting Date	Performance	Op. Plan #
Mar-24	89%	

Threshold	YTD Mean	Benchmark
90%	98%	98%

(Higher value represents better performance)

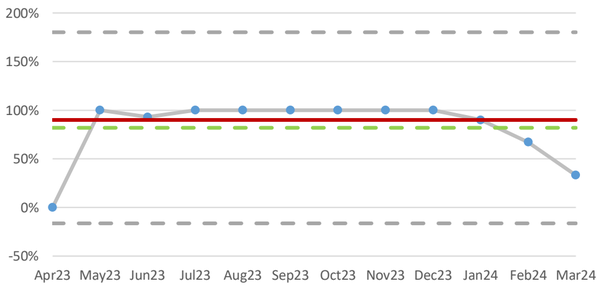
-	Variation Description

Common cause

+	Assurance Description

Consistently hit target

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



Reporting Date	Performance	Op. Plan #
Mar-24	33%	

Threshold	YTD Mean	Benchmark
90%	82%	82%

(Higher value represents better performance)

-	Variation Description

Common cause

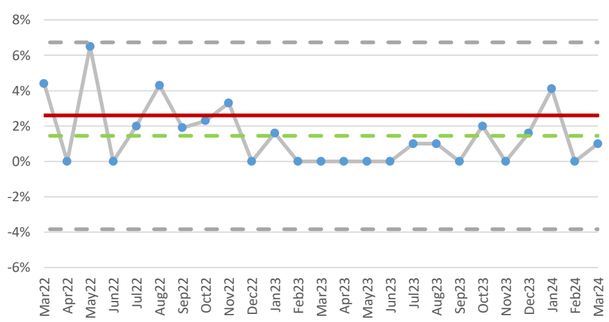
-	Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Participation in conferences for Looked After Children has a designated worker to encourage and develop participation, and therefore this metric is usually high. There is no specific role to provide this in CWCN and work continues to develop participation in this area, especially in the CWD team.	Please see Issues / Performance Summary for supporting narrative. Note - Benchmarks are the Manx Care monthly averages for 2022/23.	Please see Issues / Performance Summary for supporting narrative. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Obstetric Haemorrhage >1.5L



Reporting Date	Performance	Op. Plan #
Mar-24	1.0%	

Threshold	YTD Mean	Benchmark
< 2.6%	0.89%	1.8%

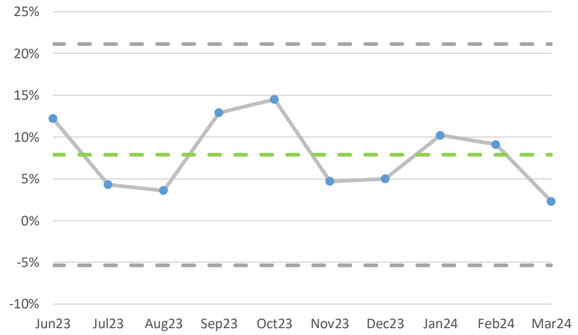
- **Variation Description**

Common cause

+ **Assurance Description**

Consistently hit target

Unplanned Term Admissions To NNU



Reporting Date	Performance	Op. Plan #
Mar-24	2.3%	

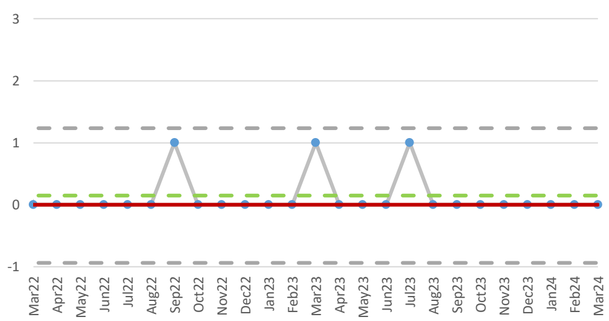
Threshold	YTD Mean	Benchmark
-	-	

Variation Description

Common cause

Assurance Description

Stillbirth Number / Rate



Reporting Date	Performance	Op. Plan #
Mar-24	0	

Threshold	YTD Mean	Benchmark
<4.4/1000	0	16.7%

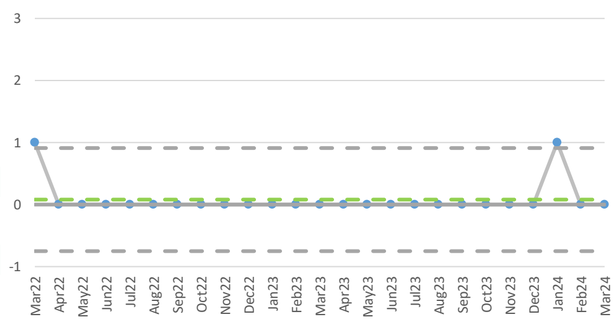
+ **Variation Description**

Common cause

+ **Assurance Description**

Inconsistently passing and falling short of target

Neonatal Mortality



Reporting Date	Performance	Op. Plan #
Mar-24	0	

Threshold	YTD Mean	Benchmark
-	0.1	0

+ **Variation Description**

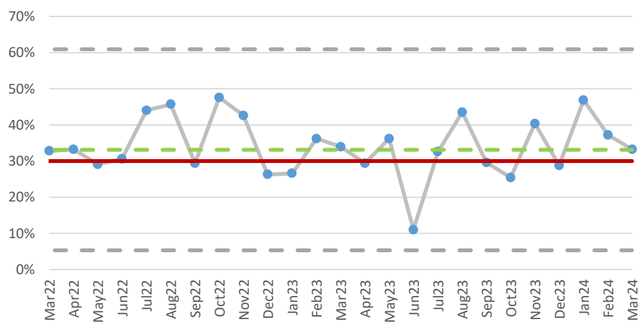
Special Cause of Improving variation (Low)

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Obstetric haemorrhage >1.5L • One PPH occurred in March, up from zero in February. **Unplanned Term Admissions To NNU** • One unplanned admission to NNU. .		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Induction of Labour



Reporting Date	Performance	Op. Plan #
Mar-24	33.3%	

Threshold	YTD Mean	Benchmark
< 30%	32.9%	32.9%

(Lower value represents better performance)

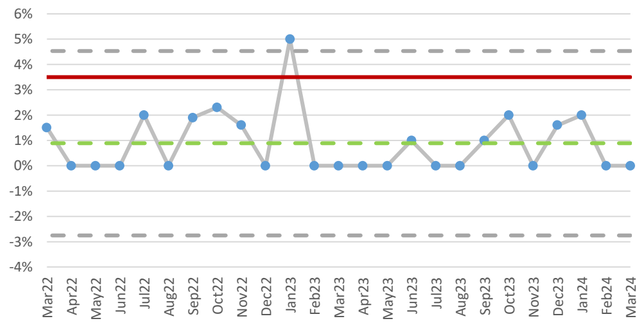
+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

3rd/4th Degree Tear Overall Rate



Reporting Date	Performance	Op. Plan #
Mar-24	0.0%	

Threshold	YTD Mean	Benchmark
< 3.5%	0.6%	1.1%

(Lower value represents better performance)

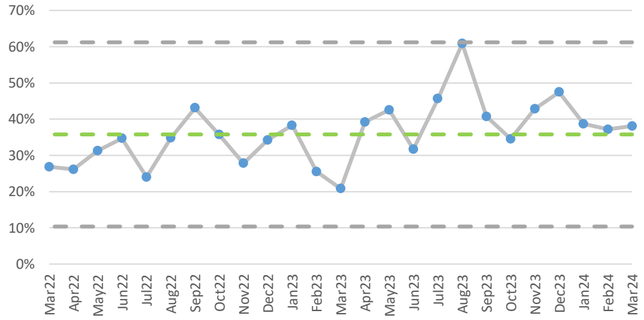
+ Variation Description

Common cause

Assurance Description

Consistently hit target

Caesarean Deliveries (not Robson Classified)



Reporting Date	Performance	Op. Plan #
Mar-24	38.1%	

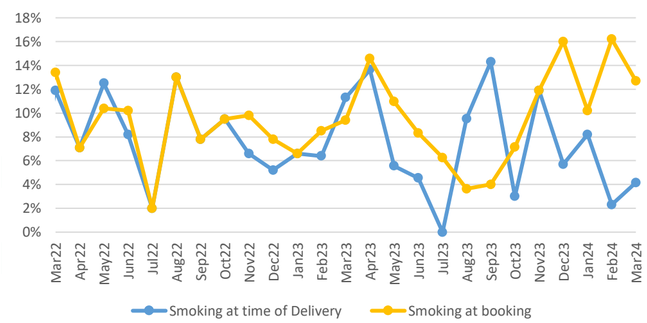
Threshold	YTD Mean	Benchmark
-	41.6%	31.4%

+ Variation Description

Common cause

Assurance Description

% Smoking



Reporting Date	Performance		Op. Plan #
Mar-24	Booking	12.7%	
	Delivery	4.2%	

Threshold	YTD Mean	Benchmark
-	-	-

(Lower value represents better performance)

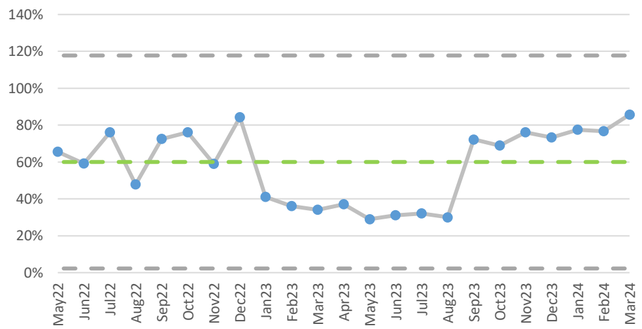
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Total caesarean deliveries: • It was 38.1% in March. Caesarean section rates are no longer considered a KPI in England. **Induction of labour:** Induction of labour above national standard at 33.3%. **Third and fourth degree tear rates:** 3rd and 4th degree perineal trauma remains well below national target of >3.5% with 0 tears in March. **Smoking at booking and delivery:** up to 4.0% from 3.0% last month.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Breast Feeding Rate At Transfer Home



Reporting Date	Performance	Op. Plan #
Mar-24	85.7%	

Threshold	YTD Mean	Benchmark
-	-	60.7%

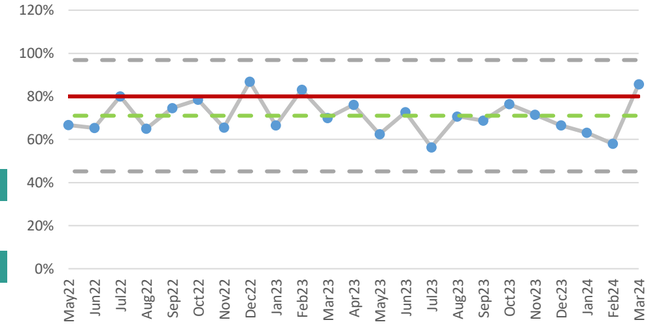
(Higher value represents better performance)

+ Variation Description

Common cause

Assurance Description

First Feed Breast Milk (Initiation Rate)



Reporting Date	Performance	Op. Plan #
Mar-24	85.7%	

Threshold	YTD Mean	Benchmark
> 80%	69.1%	73.6%

(Higher value represents better performance)

+ Variation Description

Common cause

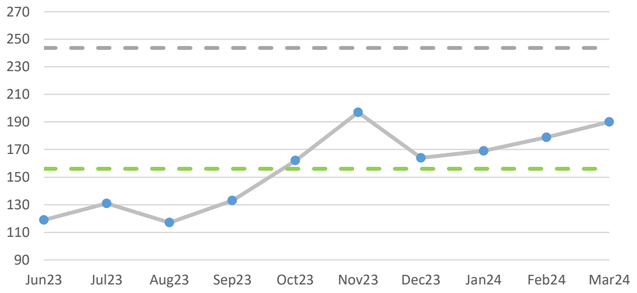
+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
First Feed Breast Milk (Initiation Rate): 90.4% of women intended to breastfeed, with 85.7% discharged home breastfeeding.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

Paediatrics- Total Admissions

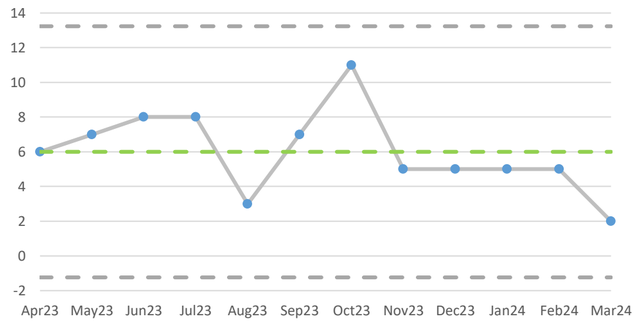


Reporting Date	Performance	Op. Plan #
Mar-24	**190**	
Threshold	**YTD Mean**	**Benchmark**
-	156	-

+ Variation Description
Common cause

Assurance Description

NNU - Total number of Admissions

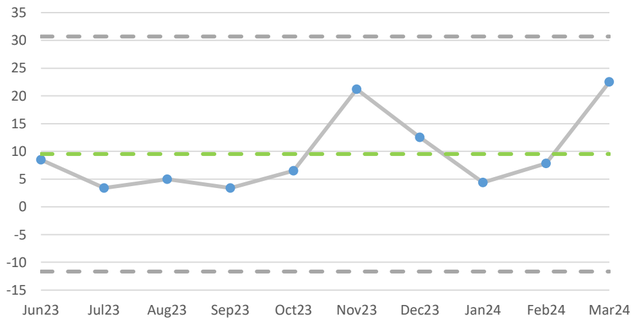


Reporting Date	Performance	Op. Plan #
Mar-24	**2**	
Threshold	**YTD Mean**	**Benchmark**
-	6	-

+ Variation Description
Common cause

Assurance Description

NNU - Avg. Length of Stay

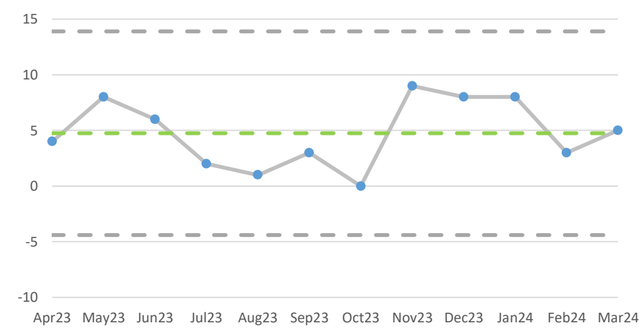


Reporting Date	Performance	Op. Plan #
Mar-24	**23**	-
Threshold	**YTD Mean**	**Benchmark**
-	9.5	-

+ Variation Description
Common cause

Assurance Description

NNU - Community follow up



Reporting Date	Performance	Op. Plan #
Mar-24	5	
Threshold	**YTD Mean**	**Benchmark**
-	5	-

Variation Description
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• 1 baby was above 37 weeks gestation (term), unplanned admission with hypothermia & poor feeding. • 1 baby was admitted at 36+3 weeks, hypoglycaemic and consequently took time to initiate full oral feeds. • Both babies were admitted from postnatal ward between 17 hrs and 18hrs of age. • 2 x babies required intravenous antibiotics. • Staffing -3 members of staff had sickness absence (1x WTE long term) 1 x 0.6 WTE on maternity leave. No support staff. Staff working extra hours to fill gaps. • Band 6 neonatal nurse 2.2 x WTE agency required to maintain minimum staffing. 2 x ANNP's.	• The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows. • Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate. • Lead nurse/ANNP attending obstetric hand over most days. • Improving communication between maternity unit and neonatal unit with ANNP performing NIPE's and liaising with NNU staff any cause for concern. • Early communication with obstetric team regarding high risk ladies and early transfer to a tertiary unit, where possible. • Northwest neonatal Network aware of capacity issues, offering support & advice. • Embrace available to support transfer process when necessary. • Neonatal nurse transfer team now increased to two trained staff. An on call rota is managed to enable that a nurse is available as often as possible during the hours of 07.45- 20.15hrs. All transfers outside these hours are managed on a case by case basis. • The Neonatal Unit nursing team take part in the on call rota to provide support at high acuity times, although this isn't consistently filled due to reduced staffing levels (staff already doing extras as well as on calls).	All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 center as soon as possible if required for ongoing care. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

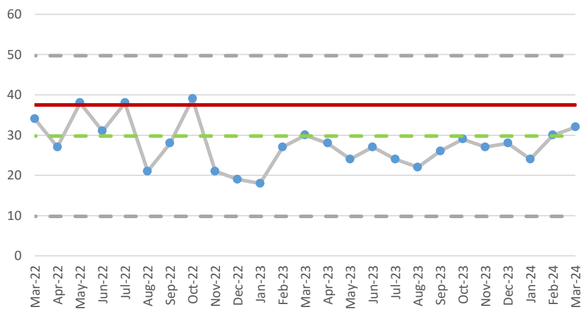
Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Mar-24		0	0	0	0		
CA002		Complaints - Total number of complaints received	Mar-24		32	26	321	<= 450 PA		
CA007		Complaint acknowledged within 5 working days	Mar-24		100%	99%	-	98%		
CA008		Written response to complaint within 20 days	Mar-24		100%	99%	-	98%		
CA010		No. complaints exceeding 6 months	Mar-24		0	0	0	0		
CA011		No. complaints referred to HSCOB	Mar-24	-	2	2	27	-		

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA012		FFT - How was your experience? No. of responses	Mar-24	-	1,994	1,352	16,219	-		
CA013		FFT - Experience was Very Good or Good	Mar-24		89%	90%	-	80%		
CA014		FFT - Experience was neither Good or Poor	Mar-24		4%	4%	-	10%		
CA015		FFT - Experience was Poor or Very Poor	Mar-24		7%	6%	-	<10%		
CA016		Manx Care Advice and Liaison Service contacts	Mar-24	-	705	685	8,223	-		
CA017		Manx Care Advice and Liaison Service same day response	Mar-24		92%	90%	-	80%		

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

Complaints - Number of complaints: Manx care



Reporting Date	Performance	Op. plan #
Mar-24	32	L7

Threshold	YTD Mean	Benchmark
<= 450 PA	26	28

(Lower value represents better performance)

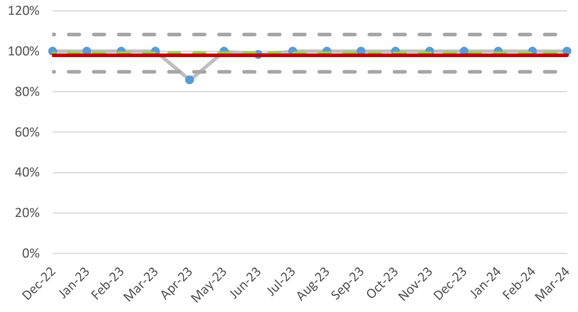
- Variation Description

Common cause

+ Assurance Description

Consistently hit target

Complaint - Written response within 20 days: Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	100%	L8

Threshold	YTD Mean	Benchmark
98.0%	98.7%	-

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Complaint acknowledged within 5 working days: Manx Care

Reporting Date	Performance	Op. plan #
Mar-24	100%	L8

Threshold	YTD Mean	Benchmark
98%	98.8%	-

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Complaint - No. complaints exceeding 6 months: Manx Care

Reporting Date	Performance	Op. plan #
Mar-24	0	L8

Threshold	YTD Mean	Benchmark
0	0	-

(Lower value represents better performance)

+ Variation Description

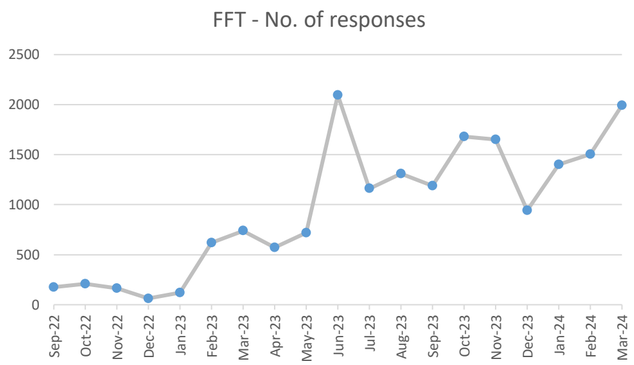
Common cause

+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Number of Complaints: • 32 complaints received in total, but one complaint was withdrawn. This marks a 7% increase from last month. This was the highest monthly figure so far this year. **Acknowledged within 5 Days:** • All complaints were acknowledged within the target of 5 working days. **Written Response within 20 days:** • 100% compliance was shown in March. **No. Complaints Exceeding 6 Months:** • No complaints have exceeded 6 months. **No. complaints referred to HSCOB:** • 2 complaints were referred to the HSCOB in March.	**Number of Complaints:** • Continued support from MCALS helps to intervene at an early stage, thus reducing the number of formal complaints. **Acknowledged within 5 Days:** • Continue to ensure compliance. **Written Response within 20 days:** • Continue to monitor closely. **No. Complaints Exceeding 6 Months:** • Continue to monitor closely. **No. complaints referred to HSCOB:** • Requested information provided to HSCOB within 30-day target. To await reports and findings.	**Number of Complaints:** • Continue to monitor trends. Continue to ensure learning is disseminated and followed through by care groups. **Acknowledged within 5 Days:** • High degree of confidence in target being met. No deviation from deadline since the introduction of the new regulations in October 2022 **Written Response within 20 days:** • Reasonable degree of confidence in target being met. **No. Complaints Exceeding 6 Months:** • Reasonable degree of confidence in target being met. **No. complaints referred to HSCOB:** • Continue to provide thorough responses, which answer all questions, ensuring local resolution has been met. Continue to learn from feedback to improve this area of service. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

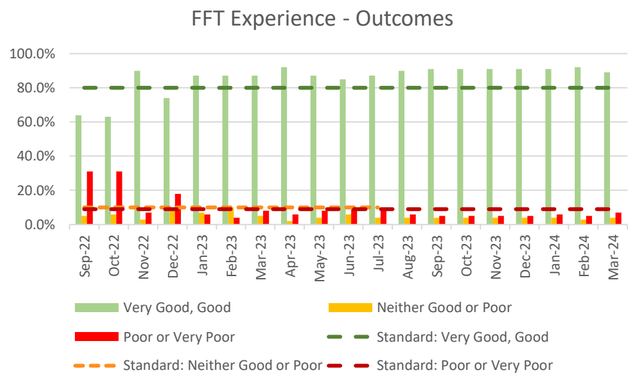
Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis	



Reporting Date	Performance	Op. plan #
Mar-24	1,994	QC127
Threshold	**YTD Mean**	**Benchmark**
-	1,352	-

\+ Variation Description

Assurance Description



Reporting Date	Performance	Op. plan #
Mar-24	89.0%	QC128-129-130
Threshold	**YTD Mean**	**Benchmark**
80.0%	89.8%	-

(Higher value represents better performance)

\+ Variation Description

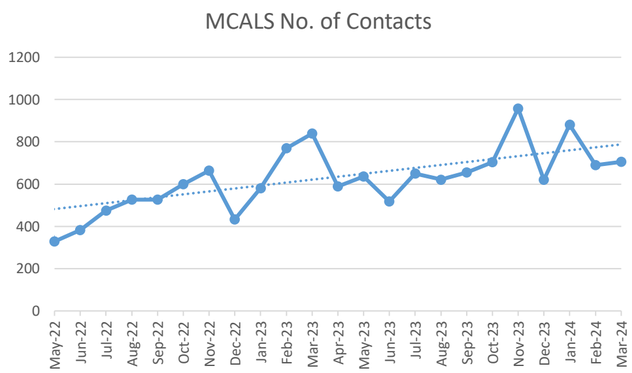
Common cause

\+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
FFT Total number of responses: • A total of 1994 surveys completed for March 2024. 15379 surveys completed YTD. • **FFT – Experience was very good or good:** Surveys rated experience as Very Good or Good equating to 89% against a target of 80%. Target exceeded for every month YTD (89%). • **FFT – Experience was neither good or poor:** Surveys rated experience as Neither Good nor Poor equating to 4% against a target of 10% or less. Again, performance for the year remains strong. • **FFT – Experience was poor or very poor:** Surveys rated experience as Poor or Very Poor, equating to 7% against a target of 10% or less. Again, performance for the year remains strong.	**FFT Total number of responses:** • Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey. Walk the Wards programme continued in March 2023 • **FFT – Experience was very good or good:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. • **FFT – Experience was neither good or poor:** Experience and Engagement Team, MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month. • **FFT – Experience was poor or very poor:** Consistently achieving under the 10% target which is a positive indicator	**FFT Total number of responses:** • Text message reminder service launched in March. There is a good degree of confidence in increasing survey returns as shown this month with 589 more surveys (30% increase) being completed compared to February and previous months. • **FFT – Experience was very good or good:** Reasonable degree of confidence that reporting targets will continue to be met. • **FFT – Experience was neither good or poor:** Reasonable degree of confidence that reporting targets will continue to be met. • **FFT – Experience was poor or very poor:** Monthly dashboards and quarterly review meetings with all care group triumvirates are held to report feedback. Poor feedback is reported in the themes and trends as well as the anonymous commentary and care groups develop action plans within their governance groups to target poor feedback. Trends are monitored monthly via dashboards for care groups and drilled down further to team level to highlight positive and negative themes. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

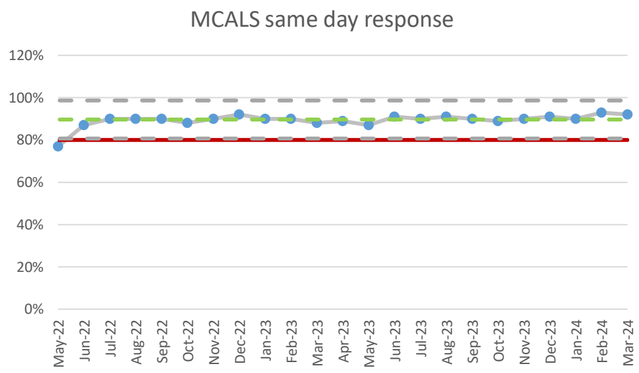
Caring	MCALS	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis	



Reporting Date	Performance	Op. plan #
Mar-24	705	QC131
Threshold	**YTD Mean**	**Benchmark**
-	685	567

+ Variation Description

Assurance Description



Reporting Date	Performance	Op. plan #
Mar-24	92.0%	QC132
Threshold	**YTD Mean**	**Benchmark**
80.0%	90.3%	-

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Number of Contacts: • 705 contacts received in March 2024. Access to appointments within GP Practices, Dental care, ophthalmology orthopaedics and general surgery were the dominant themes. In person contacts remained steady in March with 212 contacts due to proactively seeking feedback in the community during drop-in sessions across the island. **Same Day Response:** • In March, MCALS had resolved all contacts within 24 hours 95% of the time against a Key Line of Enquiry Target of 80%.	**Number of Contacts:** • MCALS will continue to provide excellent support in ensuring that, where possible, service user issues are addressed. **Same Day Response:** • MCALS will continue to provide excellent support in ensuring that, where possible, service user issues are addressed as promptly as possible.	**Number of Contacts:** • Continued good performance in dealing with service user contacts and confident this will continue. **Same Day Response:** • Continued good performance in dealing with service user contacts. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Mar-24	-	2715	2811	33735	-		
RE056		Hospital Bed Occupancy	Apr-24	-	91.1%			92%		P
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Apr-24		16,547	16,268	-	< 15431	H	?
RE002		RTT - No. patients waiting for Daycase procedure	Apr-24		1,801	2,174	-	< 2286	L	?
RE003		RTT - No. patients waiting for Inpatient procedure	Apr-24		440	497	-	< 535	L	?
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Mar-24		52%	53.4%	-	85%		F
RE061		Diagnostics-% patients waiting 26 weeks or less	Mar-24		73%	64.1%		99%		F
RE005		Diagnostics - % requests completed within 6 weeks	Mar-24	-	89%	86.1%	86%	-		
RE006		Diagnostics - % Patients waiting over 6 weeks	Mar-24		60%	66.9%	-	1%		F
RE007		ED - % 4 Hour Performance	Mar-24		70%	70.4%	70%	76% (95%)		F
RE008		ED - % 4 Hour Performance (Non Admitted)	Mar-24	-	80%	80.1%	80%	-		
RE009		ED - % 4 Hour Performance (Admitted)	Mar-24	-	22%	22.1%	22%	-		
RE010		ED - Average Total Time in Emergency Department	Mar-24		265	266	-	360 mins		P
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Mar-24		23	26	-	15 mins	H	F
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Mar-24		72	70	-	60 mins		?
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Mar-24		19	16		60 mins		P
RE013		ED - 12 Hour Trolley Waits	Mar-24		43	35	421	0		F

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Mar-24		18	18	-	15 mins		?
RE015		Ambulance - Category 1 Mean Response Time	Mar-24		8	9	-	7 mins		F
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Mar-24		36%	49%	-	100%		F
RE034		Category 2 Response Time at 90th Percentile	Mar-24		30	29		40 mins		P
RE035		Ambulance - Category 3 Response Time at 90th Percentile	Mar-24		52	47		120 mins		P
RE036		Ambulance - Category 4 Response Time at 90th Percentile	Mar-24		93	80		180 mins		P
RE037		Ambulance - Category 5 Response Time at 90th Percentile	Mar-24		79	79		180 mins		P
RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Mar-24		188	199	-	0		F
RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Mar-24		23	24	-	0		F
RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Mar-24		73%	59%	-	80%		F
RE031		IPCC - % of patients registered with a GP	Mar-24		-	4.0%	-	5.0%	L	P
RE081		IPCC - N. of GP appointments	Mar-24	-	-	28,397	255,574	-		
RE027		IPCC - No. patients waiting for a dentist	Mar-24	-	5,134	4,337	-	-		
RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Mar-24	-	100%	99%	-	-		
RE075		Community Nursing Service response target met (7 days)- Routine	Mar-24	-	100%	100%	-	-		

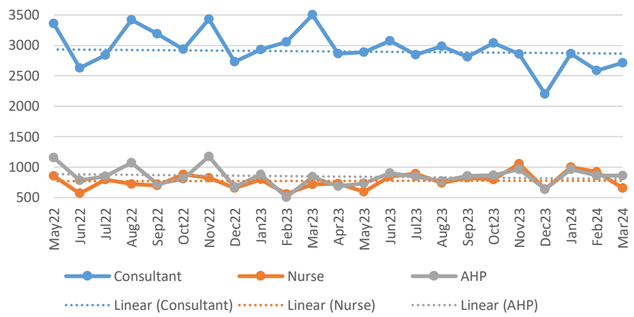
Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Mar-24		79%	67%	-	75%		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Mar-24		92%	80%	-	96%		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Mar-24		68%	49%	-	85%		
RE064		No. on Cancer Pathway (All)	Mar-24	-	571	641	-	-		
RE065		No. on Cancer Pathway (2WW)	Mar-24	-	487	545	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Mar-24	-	124	86	-	-		
RE067		Cancer - Median Wait Time from the Referral Date to the Diagosis Date	Mar-24	-	14	15	-	-		
RE044		MH- Waiting list	Mar-24	-	1768	1686	16857	-		
RE045		MH- Appointments	Mar-24	-	6729	6564	78767	-		
RE046		MH- Admissions	Mar-24	-	29	20	242	-		
RE028		MH - No. service users on Current Caseload	Mar-24		5,330	5,248	-	4500 - 5500		

KPI ID	B.I. Status	KPI Description	.atest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE051		Maternity Bookings	Mar-24	-	58	805	675			
RE052		Ward Attenders	Mar-24	-	220	-	-			
RE053		Gestation At Booking <10 Weeks	Mar-24	-	60%	40%	-			
RE030		W&C - % New Birth Visits within timescale	Mar-24	-	94%	90%	-	-		
RE032		Births per annum	Mar-24	-	587	320	-	-		
RE082		Meds Demand - N.patient interactions	Mar-24	-	2881	2629	31553	-		
RE083		Meds Overnight Demand	Mar-24	-	119	252	3021	-		
RE084		Meds - Face to face appointments	Mar-24	-	699	538	6457	-		
RE086		Meds - TUNA%	Mar-24	-	1.9%	1.5%	-	-		
RE088		Meds- DNA%	Mar-24	-	0.9%	1.7%	-	-		

Responsive | **Demand** | **Executive Lead** | **Lead**

Referrals for First Outpatient Appointment

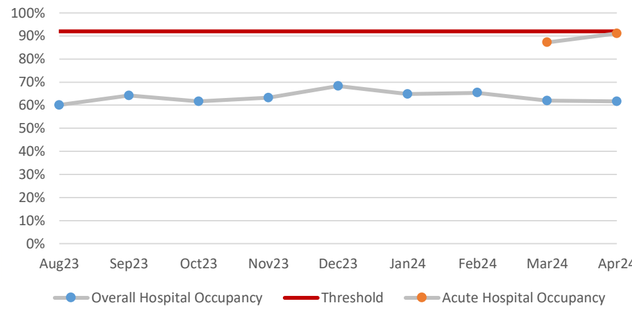


Reporting Date	Performance		Op. Plan #
Mar-24	**Consultant**	2715	
Threshold	**YTD Mean**		**Benchmark**
-	2811		3068

Variation Description

Assurance Description

Adult General and Acute (G&A) bed occupancy



Reporting Date	Performance	Op. Plan #
Apr-24	91.1%	QC79
Threshold	**YTD Mean**	**Benchmark**
92.0%	-	-

(Lower value represents better performance)

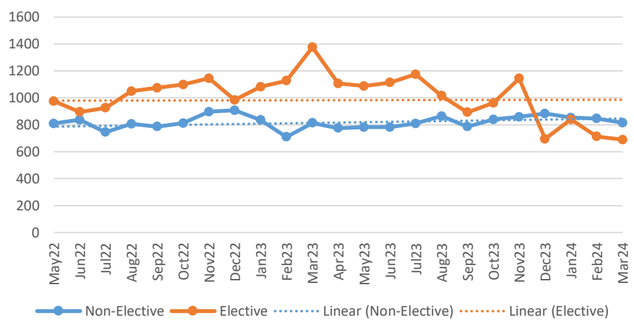
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Elective and Non Elective Admissions



Reporting Date	Performance		Op. Plan #
Mar-24	**Elective**	690	
	Non Elective	816	
Threshold	**YTD Mean**		**Benchmark**
-	-		-

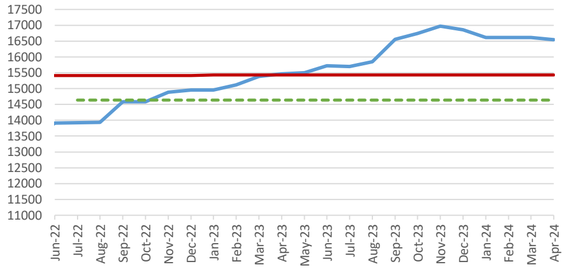
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Referrals for First Outpatient Appointment: Referral levels for Consultant led services increased in March to 2715, compared to 2585 in February. **Hospital Bed Occupancy** Overall Hospital occupancy is 61.7% Acute Adult Occupancy was 91.1% and Non Acute/ Child Occupancy was 22.8% **Elective and Non Elective Admissions:** Elective Admissions have decreased by approximately 3.2% in March (690) against February (713). Non Elective admission numbers have slightly decreased to 816 compared to 847 last month.		

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

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



Reporting Date	Performance	Op. Plan #
Apr-24	16,547	QC11

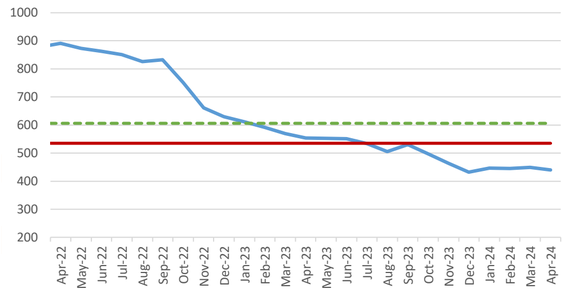
Threshold	YTD Mean	Benchmark
< 15,431	16,268	15,465

(Lower value represents better performance)

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

No. patients waiting 52 weeks or more for 1st OP
5,671

RTT - No. patients waiting for Inpatient procedures



Reporting Date	Performance	Op. Plan #
Apr-24	440	QC11

Threshold	YTD Mean	Benchmark
< 535	497	554

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
62

RTT - No. patients waiting for Daycase procedures

Reporting Date	Performance	Op. Plan #
Apr-24	1,801	QC11

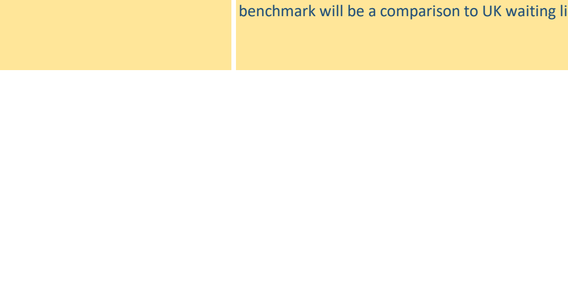
Threshold	YTD Mean	Benchmark
< 2,286	2,174	2,311

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
359

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



Reporting Date	Performance	Op. Plan #
Mar-24	51.8%	QC13

Threshold	YTD Mean	Benchmark
85.0%	53.4%	54.0%

(Higher value represents better performance)

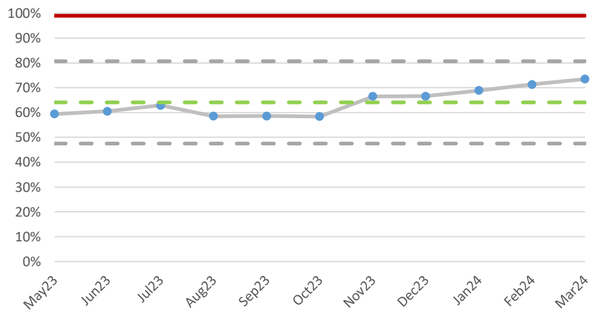
- **Variation Description**
Common cause

- **Assurance Description**
Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• Reduction in outpatient clinic capacity due to: - Staff vacancies, annual leave and other absences. - Difficulties in recruiting locum cover - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity. • Many outpatient pathways require considerable diagnostic intervention to enable their progression.	• Phase 2 of the Restoration & Recovery programme concluded at the end of March 2024. • R&R delivery (November '21 to March '24); 2,150 Ophthalmology procs in total; 955 Orthopaedic procs in total; 14 GSU procs in March (515 in total); Other surgical specialties – 54 in total; 1,224 outpatient attendances in total; Radiology – 103 Ultrasound scans in March (1,470 radiology scans in total); Mental Health – 320 referrals in total; 458 endoscopic procedures. o Overall R&R has delivered about a 85% reduction in the Ophthalmology daycase waiting list. o Overall R&R has delivered about a 47% reduction in orthopaedic daycase/inpatient waiting lists. o Overall there's been about a 54% reduction in the General Surgery daycase/inpatient waiting lists. • Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 26,000 referrals have been through technical validation and over 13,600 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the technical and administrative validation to date, there will have been a 22% reduction in the outpatient waiting list. No patient is removed from the waiting list without clinical oversight. • The programme of clinical validation has continued across a number of specialties, with over 1,700 referrals reviewed to date, with over 1,000 identified as being approprate to either be discharged or removed from the lists following this detailed clinical review. • Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required. • Restoration &Recovery (R&R) Phase 3 Business Case has been developed which includes modelling of demand, capacity and sustainability of waiting list volumes for elective secondary care services covering all specialties for consultant, nurse and Allied Health Practitioner (AHP) led elective services, radiology and Community Mental Health Services for Adults(CMHSA). This phase of the programme is intended to address the significant volume of patients awaiting outpatient appointments.	• Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes: - Waiting List Validation; started in October '22. - Patient Tracking List (PTL) meetings (non Cancer); - Referral & Booking (initial focus on partial booking and patient initiated follow ups) - Referral To Treatment (RTT) Rules and System implementation; - Reducing patient Did Not Attend (DNA) rates; - Harm Review Note - Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23. The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.

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

Diagnostics - % patients waiting 26 weeks or less



Reporting Date	Performance	Op. Plan #
Mar-24	73.5%	QC37b

Threshold	YTD Mean	Benchmark
99.0%	64.1%	-

(higher value represents better performance)

+ Variation Description

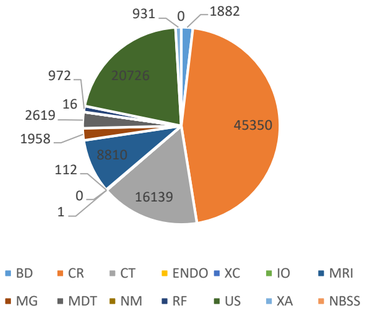
Common cause

- Assurance Description

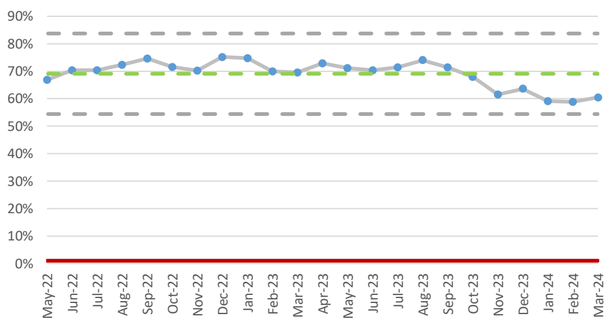
Consistently fail target

Modality	Mar-24		
	WL	>6 wks	% >6 wks
Bone Densitometry	157	58	37%
Computed Tomography	758	261	34%
Magnetic Resonance Imaging	418	121	29%
Ultrasound Non Obs	2,797	2,056	74%
Total	**4,130**	**2,496**	**60%**

YTD Demand by Modality: 2023/24



Diagnostics - % of Patients waiting over 6 weeks



Reporting Date	Performance	Op. Plan #
Mar-24	60.4%	QC37

Threshold	YTD Mean	Benchmark
1%	66.9%	20.8%

(lower value represents better performance)

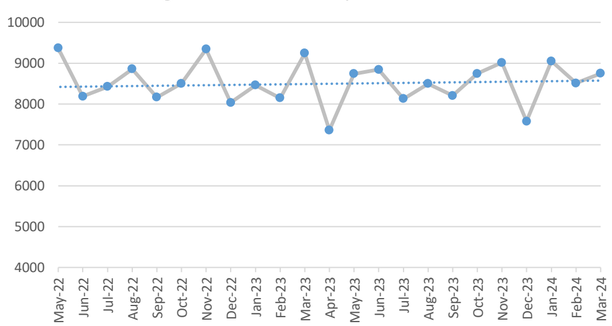
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Diagnostics - No. of requests received



Reporting Date	Performance	Op. Plan #
Mar-24	101,413	

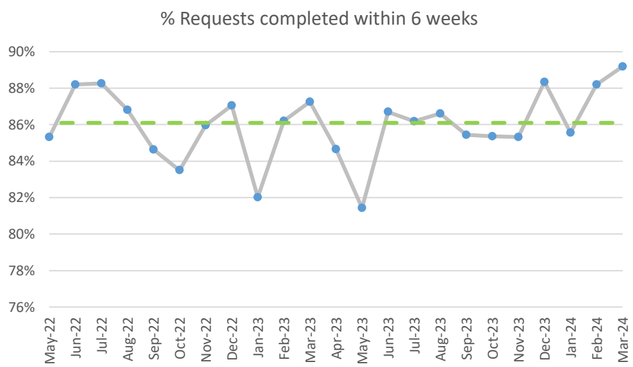
Threshold	YTD Mean	Benchmark
-	8,451	8,546

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• Overall demand continues to exceed capacity. Demand was 27.7% higher than capacity in March. • Emergency Department (ED) 26.1%, Outpatient Department (OPD) 37.5% and General Practitioner (GP) 21.4% remain the primary source of referrals, and there has been no significant change on the distribution compared to last month. • Inpatient Referrals (746). This equated to 10.9% of all requests. • 57.5% of exams were reported within 2 hours, 15.7% have taken 97 hours or longer. • Of the 6,854 exams, 48.4% were turned around on the same day, and a further 36.4% in 1- 28 days.	• Over the last 2 years, we have been working to reduce our waiting times in these areas through a combination of waiting list initiatives, synaptik/R&R support, worklist efficiency adjustments and overtime. We are now able to identify potential 'breachers' quicker and where possible appoint routine referrals within 6 weeks. • Projects ongoing to increase capacity to reduce waiting times further. • Engagement continues with third parties under the Restoration & Recovery (R&R) with regard to delivery of an insourced option to address high Ultrasound waiting times. The additional diagnostic capacity commissioned for Cardiac CT scans achieved the target waiting list by the end of December 2023. • Waiting list validation process implemented, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.	• Requirements for sustainable increased Radiology capacity has been scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case. * Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24. Note - Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for February 2024. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Mar-24	89.2%	

Threshold	YTD Mean	Benchmark
-	86.1%	85.9%

+ Variation Description

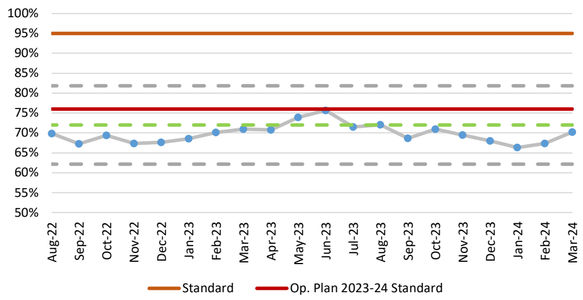
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Requests completed within 6 weeks: 89.2% of requests completed in March were undertaken within 6 weeks. This is slightly above the average of 86.1% for the year so far.		

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

A&E - % 4 Hour performance



Reporting Date	Performance		Op. Plan #
Mar-24	70.2%		QC23
	Admitted	21.5%	
	Non-Admitted	79.6%	
Threshold	**YTD Mean**		**Benchmark**
76% (95%)	70.4%		74.2%

(Higher value represents better performance)

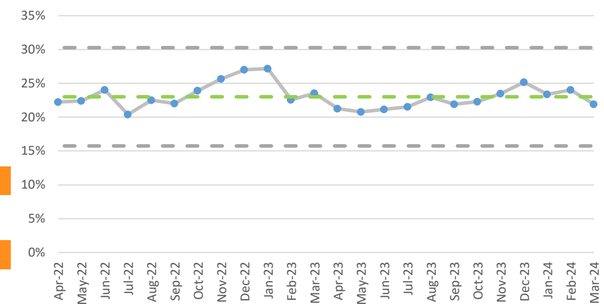
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

A&E - Admission Rate : Noble's Hospital



Reporting Date	Performance	Op. Plan #
Mar-24	21.9%	QC24
Threshold	**YTD Mean**	**Benchmark**
-	22.5%	28.7%

Variation Description

Common cause

Assurance Description

ED - Total Attendances : Manx Care

Reporting Date	Performance	Op. Plan #
Mar-24	3,972	
Threshold	**YTD Mean**	**Benchmark**
-	3,893	3,671

Variation Description

Assurance Description

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

Reporting Date	Performance	Op. Plan #
Mar-24	265	QC150
Threshold	**YTD Mean**	**Benchmark**
360 mins	266	268

(Lower value represents better performance)

+ Variation Description

Common cause

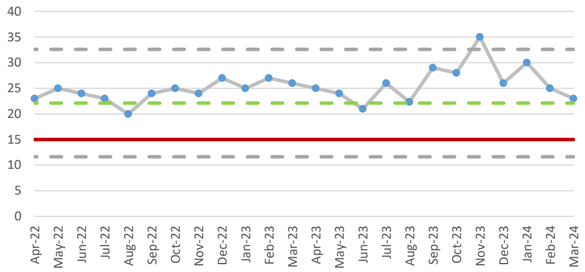
+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• ED Attendances YTD are 6% higher than same period last year. • March's performance of 70.2% remained below the 95% threshold but slightly lower the UK's performance of 74.2%. • Admitted Performance: 21.5%; • Non Admitted Performance: 79.6%; • Certain patient groups are managed actively in the department beyond 4 hours if it is in their clinical interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc. In March, the average admission rate from Noble's ED of 21.9%, slightly lower than 24% in February, and was lower than that of the UK (28.7%). Performance due to: • Lack of ED observation space (Clinical Decision Unit space) • Lack of physical space to see patients • Lack of Ambulatory Emergency Care capability and capacity. • Limited Same Day Emergency Care (SDEC) capability. • Delays in transfer of patients to in-patient wards due to a lack of available beds. • Staffing availability (particularly nursing) and sickness. • Elderly case mix. • Lack of organisational Pathways for example back pain , optician, DVT, dental.	• Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment. • Work on accuracy of time stamps for triage and treatment at briefings. • Development of Rapid Assessment by senior clinical staff • Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics. • Two current non-emergency workstreams should also contribute to the improvement of performance within ED: - Work streams around time of discharge - Other work streams around exit block	• Average total time in department remains within the required 360 minute standard. • Expectation that performance will remain in line with the UK, but it should be noted that as expected the position has remained challenging over the period due to the additional seasonal pressures. • Work is ongoing regarding the Healthcare Transformation Funding and the development of diversionary pathways away from ED and investment in community services. • Development work continues regarding the establishment of the Ambulatory Assessment and Treatment Unit (AATU) service. • Result of increase to Nursing Staffing availability and reducing sickness levels. • Secured funding to make improvements to the infrastructure. Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for March' 24. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	23	QC26

Threshold	YTD Mean	Benchmark
15 mins	26	24

(Lower value represents better performance)

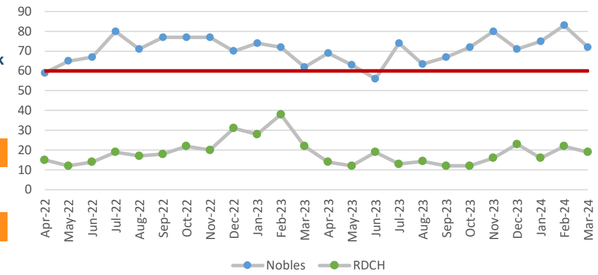
+ Variation Description

Special Cause of Concerning variation (High)

- Assurance Description

Consistently fail target

ED-Average number of minutes between arrival to clinical assessment



Reporting Date	Performance		Op. Plan #
Mar-24	Nobles	72	
	RDCH	19	

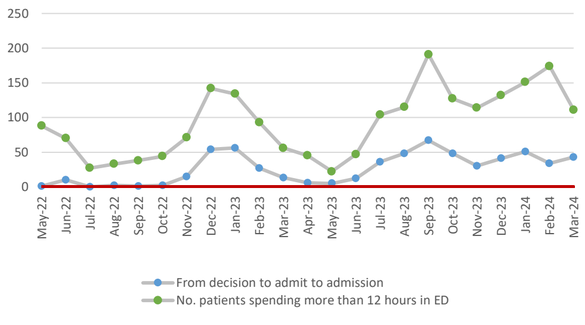
Threshold	YTD Mean	Benchmark
60 mins		-

(Lower value represents better performance)

Variation Description

Assurance Description

A&E - 12 Hours waits



Reporting Date	Performance		Op. Plan #
	%Trolley 12h Wait	1.1%	QC78
	% ED 12h Wait	2.8%	

Threshold	YTD Mean	Benchmark
0		-

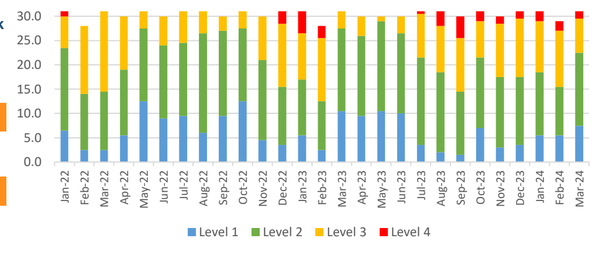
(Lower value represents better performance)

- Variation Description

- Assurance Description

Consistently fail target

Operational Pressures Escalation Level (OPEL) (Days)



Reporting Date	Performance	Op. Plan #

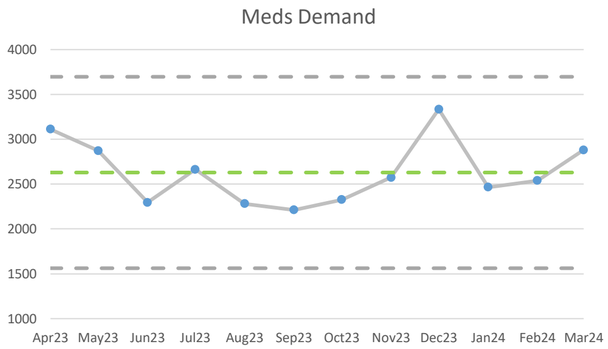
Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 1.5 days in March • The number of 12 Hour Trolley Waits was 43 (1.1% of attendances; UK 1.8%) • 111 patients had a stay of more than 12 hours in ED in March. That equated to 2.8% of attendances.		Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.

Responsive	MEDs Demand	Executive Lead	Oliver Radford	Lead	Mark Cox	

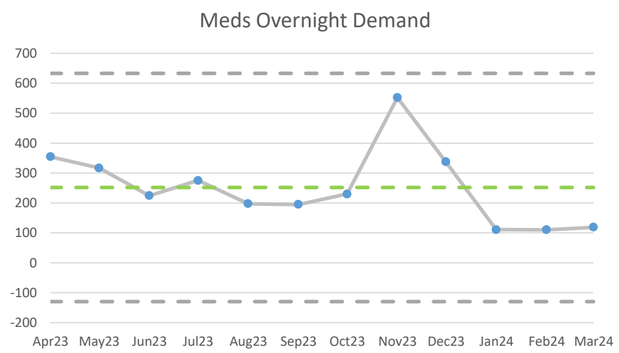


Reporting Date	Performance	Op. Plan #
Mar-24	**2881**	-
Threshold	**YTD Mean**	**Benchmark**
-	2629	-

Variation Description

Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	**119**	-
Threshold	**YTD Mean**	**Benchmark**
-	252	-

Variation Description

Common cause

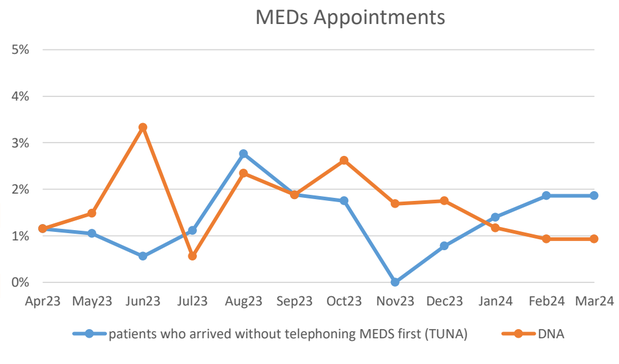
Assurance Description

Reporting Date	Performance	Op. Plan #
Mar-24	**699**	-
Threshold	**YTD Mean**	**Benchmark**
-	538	-

Variation Description

Common cause

Assurance Description



Reporting Date	Performance		Op. Plan #
Mar-24	**TUNA**	**1.9%**	-
	DNA	**0.9%**	
Threshold	**YTD Mean**		**Benchmark**
-	-		-

(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

• In March 2024 MEDS provided 2881 patient interactions. This number is significantly up from February due to the Easter Bank Holidays and being a longer month.

• In March 2024 MEDS offered a total of 699 Face to face appointments either at base or in the community. This was 32.89% of the total telephone contacts for this period.

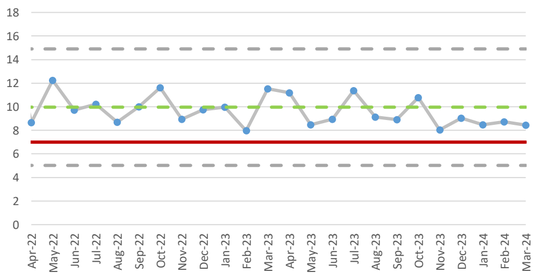
• Of the 699 face to face appointments 14 were patients who arrived without telephoning MEDS first and 4 of the patients failed to attend given appointment.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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

Ambulance - Category 1 Average (Mean) Response Time



Reporting Date	Performance	Op. Plan #
Mar-24	00:08:27	QC20

Threshold	YTD Mean	Benchmark
7 mins	00:09:18	00:08:20

(Lower value represents better performance)

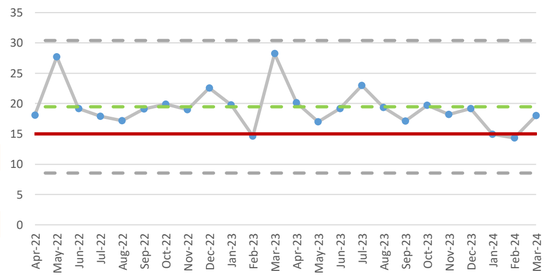
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Ambulance - Category 1 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Mar-24	00:18:00	QC21

Threshold	YTD Mean	Benchmark
15 mins	00:18:20	00:14:48

(Lower value represents better performance)

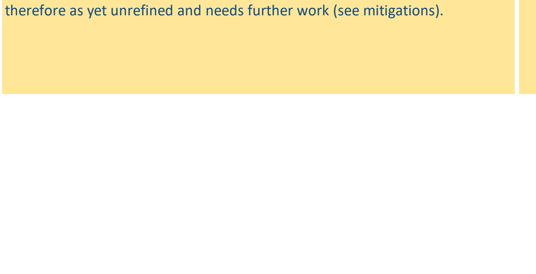
- Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

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



Reporting Date	Performance	Op. Plan #
Mar-24	35.7%	

Threshold	YTD Mean	Benchmark
100.0%	48.9%	43.5%

(Higher value represents better performance)

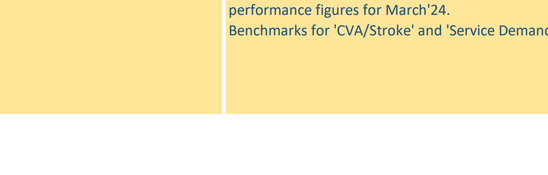
- Variation Description

Common cause

- Assurance Description

Consistently fail target

Ambulance - Service Demand : All call types



Reporting Date	Performance	Op. Plan #
Mar-24	1,090	

Threshold	YTD Mean	Benchmark
-	1,111	1,090

Variation Description

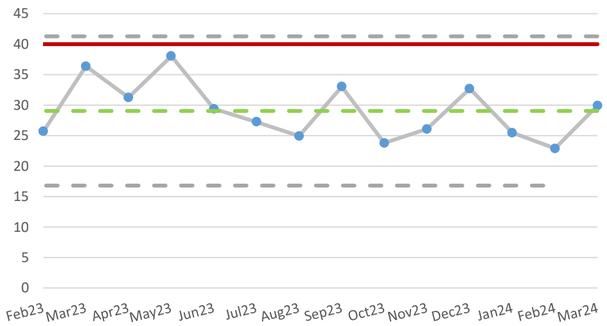
Assurance Description

Mar-24	East	North	South	West	Total
Category 1 Calls	10	6	5	1	**22**
No. reached within 15 mins	10	5	3	1	**19**
% response within 15 mins	100.0%	83.3%	60.0%	100.0%	**86.4%**

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• March continued to place pressure on our service with continued high levels of demand. We were however able to make slight improvement in Category 1 performance but still remains adrift of the sub 7 minutes target. The service is currently undertaking critical annual update training for all our staff. This has meant we have been unable to put addition resource on duty, with occasions of reduced ambulance cover. Of positive note is a marked reduction in the delays experienced in handing over patients to ED. We continue to work closely with colleagues across Nobles to effectively support demand both entering and exiting the hospital. • As of April 1st 2024, we are de-escalating our ambulance response timeframes for Hear and Treat activities to closer align with NHSE Services and the triage system provider recommendations. From a data perspective it means “Upgrade <1hr” will change to <2hr response. Depending on the original call category, it may no longer be classed as an upgrade for relevant cases. We have also moved Face to Face later outcomes into the urgent side of our demand. This has, in effect, appropriately removed those cases from the “999” side of our demand. We can see the start of this in the March 2024 data where “999” activity looks level but “urgent” activity has increased. This is primarily due to the clinical navigators turning what would have been 999 demand into urgent demand with associated benefits for overall service demand management and performance, ensuring we can get to those most in need first. • Stroke data is currently based on information given to a non-clinical call handler who selects “Stroke or TIA” as the primary issue for prioritisation. The actual patient condition found once on scene, and whether it was a confirmed as Stroke needing rapid transportation may or not may differ. The data is therefore as yet unrefined and needs further work (see mitigations).	• Root cause analysis of handover breaches has been undertaken. • KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26. This is likely to require additional system/data capture mechanisms to accurately record the exact time of handover betwen the ambulance crew and the ED staff. • Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed in Q4 of 2023/24 for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).	• Development of supporting processes for robust management and reporting of Handover times will be undertake as per the timescales set out in the Operating Plan for 2023/26. • Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy and will align reporting metrics with recognised best practice KPIs as appropriate. Note - Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for March'24. Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.

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

Ambulance - Category 2 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Mar-24	00:29:55	QC136

Threshold	YTD Mean	Benchmark
40 mins	00:28:44	01:11:51

(Lower value represents better performance)

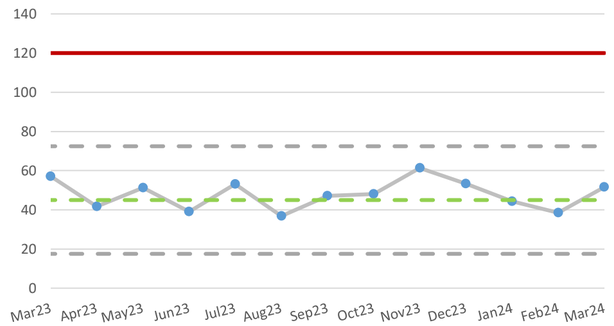
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 3 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Mar-24	00:51:36	QC138

Threshold	YTD Mean	Benchmark
120 mins	00:47:10	04:52:42

(Lower value represents better performance)

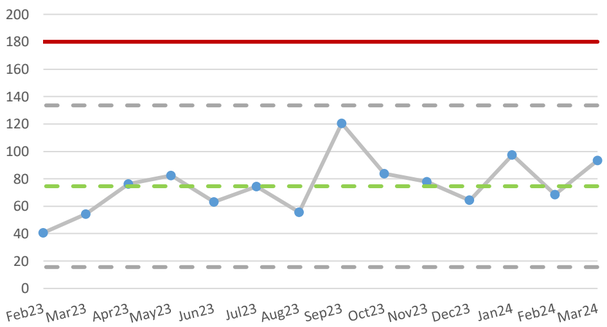
- Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 4 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Mar-24	01:33:20	QC140

Threshold	YTD Mean	Benchmark
180 mins	01:19:48	06:02:39

(Lower value represents better performance)

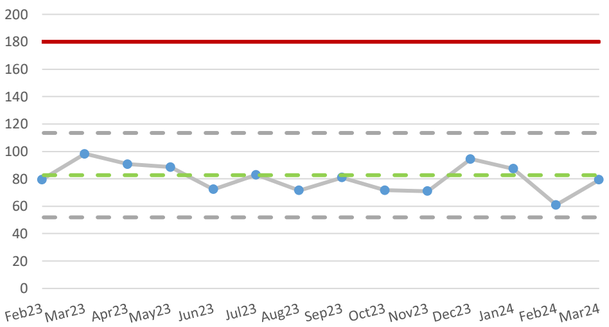
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

Ambulance - Category 5 Response Time at 90th Percentile



Reporting Date	Performance	Op. Plan #
Mar-24	01:19:22	QC142

Threshold	YTD Mean	Benchmark
180 mins	01:19:20	-

(Lower value represents better performance)

+ Variation Description

Common cause

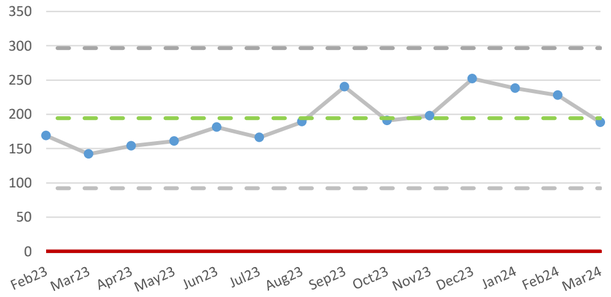
+ Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• We remain bench marking well against the categories (2,3,4 and 5) standards: - Category 2; Standard < 40 mins; 90th percentile = 00:13:12 - Category 3; Standard < 120 mins; 90th percentile = 00:51:36 - Category 4; Standard < 180 mins; 90th percentile = 01:33:20 - Category 5; Standard < 180 mins; 90th percentile = 01:19:22		Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for March'24.

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	188	QC85

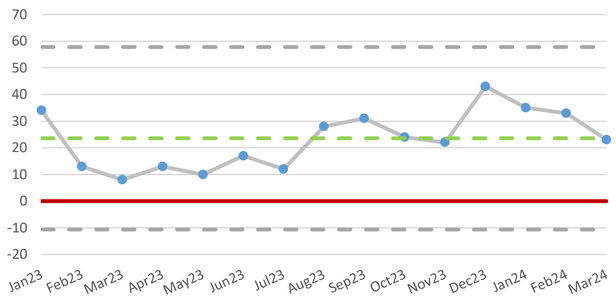
Threshold	YTD Mean	Benchmark
0	199	177

(Lower value represents better performance)

+	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

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



Reporting Date	Performance	Op. Plan #
Mar-24	23	QC86

Threshold	YTD Mean	Benchmark
0	24	22

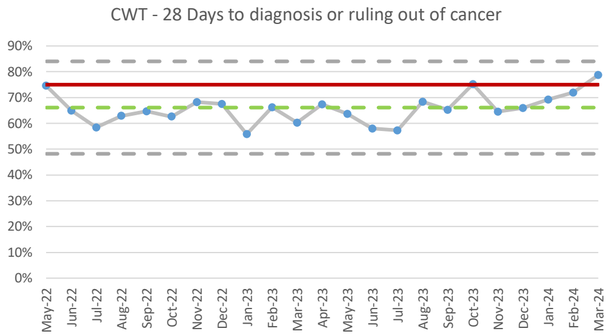
(Lower value represents better performance)

+	Variation Description
	Common cause

-	Assurance Description
	Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• There were 23 instances where handover Turnaround Times were greater than 60 mins, and 188 where greater than 30 mins.		

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



Reporting Date	Performance	Op. Plan #
Mar-24	78.7% (270 of 343)	QC31
Threshold	**YTD Mean**	**Benchmark**
75.0%	67.1%	78.1%

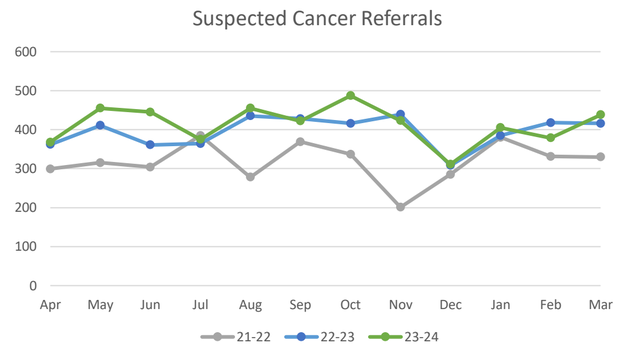
(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target



Reporting Date	Performance	Op. Plan #
Mar-24	438	
Threshold	**YTD Mean**	**Benchmark**

- Variation Description

Common cause

Assurance Description

Tumour Group	Suspected Cancer Referrals					
	Mar-24	Apr 23 - Mar 24	Apr 22 - Mar 23	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23
Breast	76	802	635	26.3%	7	53
Colorectal	64	878	913	-3.8%	8	72
Dermatology	68	1028	995	3.3%	9	87
Gynaecology	64	559	476	17.4%	5	39
Haematology	5	63	72	-12.5%	1	5
Head & Neck	51	447	422	5.9%	4	36
Lung	16	148	120	23.3%	1	11
Other	5	23	29	-	0	4
Upper GI	32	403	406	-0.7%	4	34
Urology	49	446	432	3.2%	4	36
Sub-Total	**430**	**4,797**	**4,500**	**6.6%**	**436**	**378**

**Tumour Group	Monthly number of	
	Mar-24	12 month Avg.
Breast symptomatic (non-suspected cancer)	8	8

*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 23 - Mar 24.

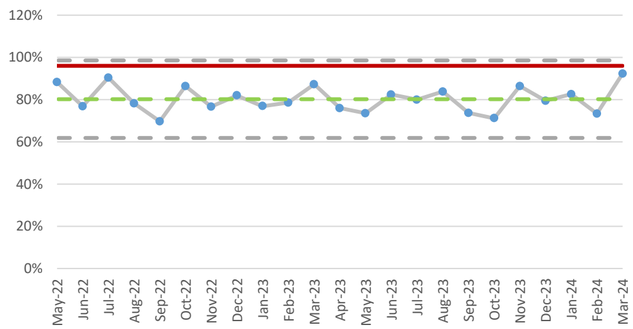
**Monthly referral figures for Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.

Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms – cancer not suspected' category in line with UK reporting.

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• Performance for the 28 Day FDS target has improved since November 2023 and achieved the 75% threshold at 78.7% in March. The mean wait time is currently 23 days and the median waiting time is currently 14 days. • Continued high number of suspected cancer referrals across tumour groups is impacting on capacity • All suspected cancers continue to be monitored against Cancer Waiting Times (CWT) targets by weekly tumour specific PTLs and escalated in line with the Cancer Escalation Policy • Although the 2 Week Wait standard is no longer reported, this continues to be monitored as an internal metric at the Cancer PTLs to ensure timely access to first appointment and aid achievement of the 28 day target • Delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS) and communication with MDT to stop the clock as soon as diagnosis is communicated • Volatility of percentages due to small numbers, especially for some targets	• The ongoing review of our existing suspected cancer (GP referral) proformas with our specialist teams against the current Cheshire and Merseyside Cancer Alliance templates is reaching it's conclusion. Further to successfully reviewing and implementing revised forms for Gynaecology, Skin, and Sarcoma, we have now reviewed and implemented Breast, Lung, Haematology, Upper GI, Colorectal, ENT, Oral, and Urology. Remaining specialist teams are currently reviewing their forms, and our ambition is to implement the remaining revised forms by close of May 2024. On Wednesday 13 March, Primary Care and Cancer Services jointly held an education session for the Island's GP's and Primary Care clinicians. This session was solely dedicated to Cancer, with a focus on the roll out of the new Urgent Suspected Cancer Referral (2WW) forms. Presentations were provided by clinicians from Noble's Hospital, the Cancer Services team and the Primary Care Network - not only in relation to the roll out of the new forms but also the Acute Oncology Advice and Guidance Service, GP Safety-netting, The Cancer Academy and the 28-Day Faster Diagnosis Standard (FDS). • Weekly tumour specific PTLs for all tumour groups to ensure robust communication and resolvement/escalation of patient level delays between MDT Team and Business Managers, supporting improvement in CWT Targets • Review of administration of referrals with PIC to streamline process and ensure days not lost in pathway ahead of first appointment being booked is ongoing • Cancer Operational and Access Policy, Cancer Escalation Policy, Inter-hospital transfer and breach allocation SOP, Cancer MDT Policy and SCR Data Quality SOP have all been finalised and ratified at the Operational Clinical Quality Group (OCQG) on 12th December 2023. These policies are a comprehensive package of how Manx Care (and it's external relations) operate and deliver a safe and effective cancer service for our patients, and ensure cancer is recognised as an operational priority to support the delivery of all CWTs	• Reporting data now taken directly from the Somerset Cancer Registry (SCR) and is automated • KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance • With effect January 2024 Cancer Services now has weekly tumour specific PTLs in place for all tumour groups • New post of Cancer Information Reporting and Live Systems Officer is has now been appointed and commenced work. Post-holder was an existing Cancer MDT Co-ordinator ('home grown'). They will be dedicated support for cancer data, analysis and reporting (both internal and external) to not only identify areas of operational improvement for patient delays and CWTs but also provide current, meaningful and clear cancer information for the general public of the Isle of Man. This post will link strongly with Manx Care Performance and Improvement, Business Intelligence, and the Public health Directorate for both operational and strategic reporting packages • Revised suspected cancer proformas now implemented for Gynaecology, Skin and Sarcoma Breast, Lung, Haematology, Upper GI, Colorectal, ENT, Oral, and Urology • Data: Cancer Outcomes and Services Dataset (COSD) has now transitioned to electronic portal submission, and away from e-mail submissions, in-line with UK Trusts • Data: Data towards the 2020 Cancer Intelligence Report published by the Public Health Directorate has now started to be transmistted to the team from the National Disease Registration Service (NDRS) Note - Benchmark for the 28 Day standard is the UK NHSE performance figures for Feb'24.

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

CWT - 31 Day Diagnosis to Treatment



Reporting Date	Performance	Op. Plan #
Mar-24	92.3%	QC35
	(48 of 52)	

Threshold	YTD Mean	Benchmark
96.0%	79.6%	91.1%

(Higher value represents better performance)

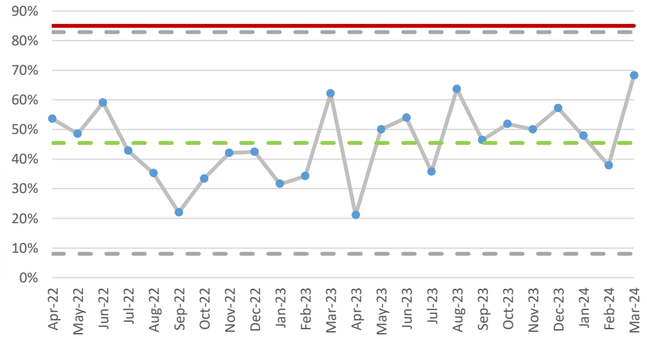
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

CWT - 62 Day Referral to Treatment



Reporting Date	Performance	Op. Plan #
Mar-24	68.2%	QC34
	(15 of 22)	

Threshold	YTD Mean	Benchmark
85.0%	48.6%	63.9%

(Higher value represents better performance)

- Variation Description

Common cause

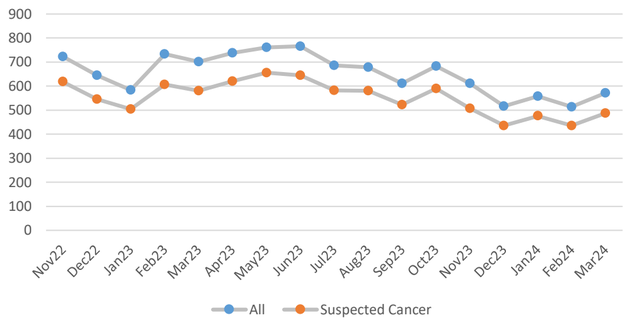
- Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see page 55 for supporting narrative.		Note - Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Feb'24

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

Number of patients on Cancer Pathway



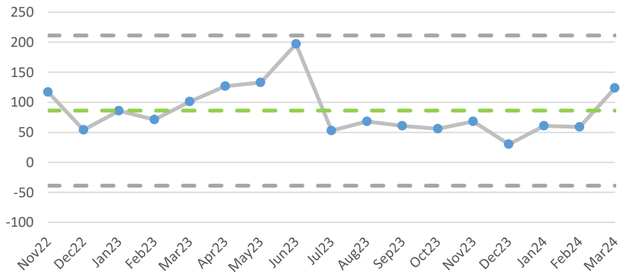
Reporting Date	Performance	Op. Plan #
Mar-24	571	

Threshold	YTD Mean	Benchmark
-	641	677

Variation Description

Assurance Description

Cancer - Total number of patients waiting for first appointment



Reporting Date	Performance	Op. Plan #
Mar-24	124	

Threshold	YTD Mean	Benchmark
	86	86

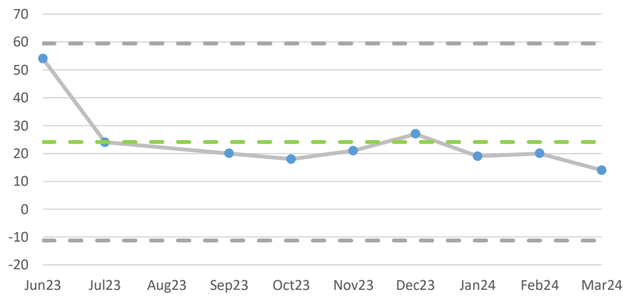
(Lower value represents better performance)

- **Variation Description**

Common cause

Assurance Description

Cancer - Median Wait Time from the Referral Date to the Diagnosis Date



Reporting Date	Performance	Op. Plan #
Mar-24	14	

Threshold	YTD Mean	Benchmark

- **Variation Description**

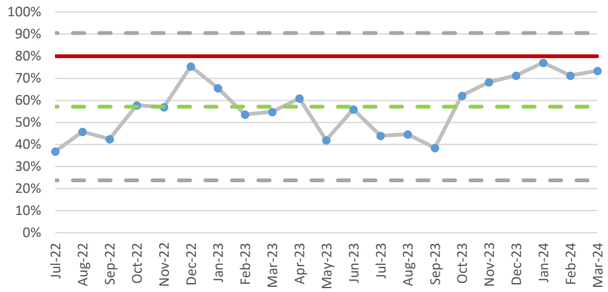
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see page 55 for supporting narrative. Number of patients on a cancer pathway is based on the figure at the close of the month to give a guide to activity - the amount varies throughout the month. The number of patients awaiting first appointment is based on the figure reported at the last Operational Cancer PTL of the month to give a guide to activity - the number waiting varies throughout the month.		

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

% patients seen by Community Adult Therapy Services within timescales



Reporting Date	Performance	Op. Plan #
Mar-24	73.4%	QC62

Threshold	YTD Mean	Benchmark
80.0%	59.1%	54.4%

(Higher value represents better performance)

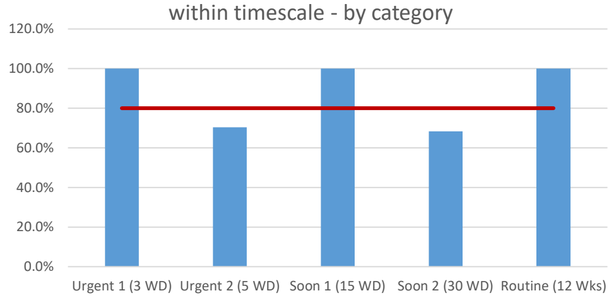
+ Variation Description

Common cause

- Assurance Description

Consistently fail target

% seen by Community Adult Therapy Services within timescale - by category



Reporting Date	Performance	Op. Plan #
Mar-24	-	

Threshold	YTD Mean	Benchmark
80%	-	-

(Higher value represents better performance)

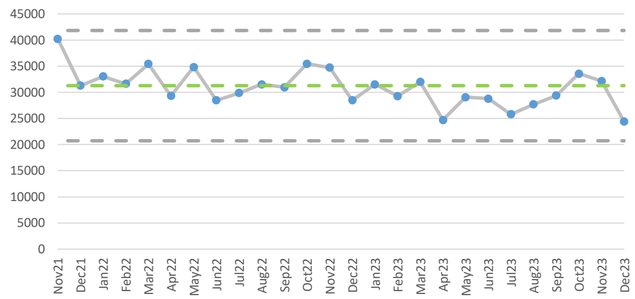
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Community Adult Therapy: • The team hold heavy caseloads of patients with complex and changing needs requiring regular input and reviews making it more difficult to respond to new referrals.	**Community Adult Therapy:** • Team have reviewed triage priorities and the Mandate 2024/25 has reflected this with the new metrics (starting April-24) simplified to Priority 1 (10 day response), Priority 2 (30 day response), Priority 3 (60 day response). This will reflect the service not being an urgent/rapid response service, reduce the pressure on the team to focus on the urgent referrals and improve the response times to the other categories. These proposed changes will be reflected in reporting for 2024/25. • Team completing waiting list reviews.	- Note: Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.

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

Number of GP Appointments



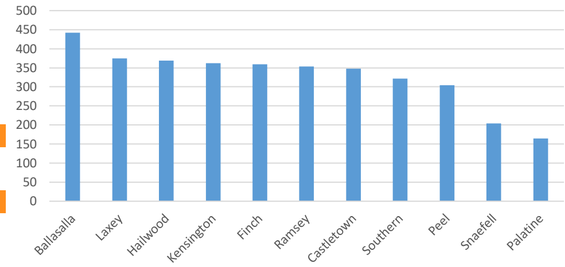
Reporting Date	Performance	Op. Plan #
Dec-23	**24384**	-
Threshold	**YTD Mean**	**Benchmark**
-	28397	31375

Variation Description

Common cause

Assurance Description

GP - Number of appointments per 1000 registered patients - Dec 2023



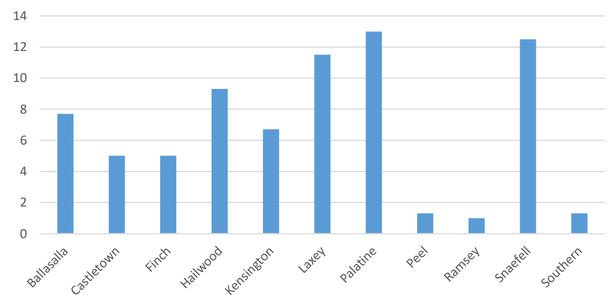
Reporting Date	Performance	Op. Plan #
Dec-23	-	
Threshold	**YTD Mean**	**Benchmark**
	-	-

-

Variation Description

Assurance Description

Average of Days to next GP appointment - Dec 2023



Reporting Date	Performance	Op. Plan #
Dec-23	-	-
Threshold	**YTD Mean**	**Benchmark**
-	7.2	-

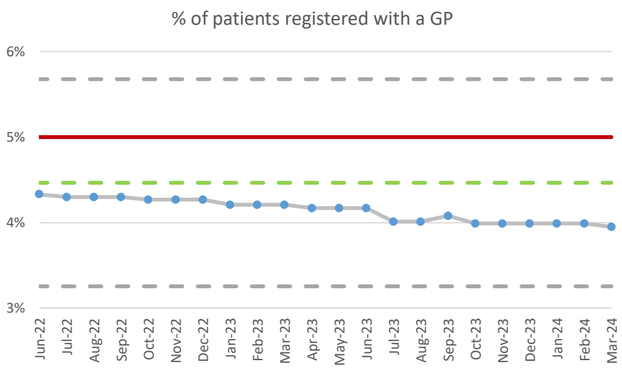
(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
The GP data and reporting is currently under review and is not available for inclusion in the IPR at this time. The new suite of dashboards and reports are due to be signed off in May 2024, with reporting of GP service performance to recommence following sign off. The number of GP appointments fluctuates each month and is dependent on capacity and demand. Demand remains high at the moment, especially with seasonal illnesses. DNA rates continue to be an issue, despite the work undertaken by practices to increase patients awareness on how to cancel an appointment. Days to next appointment have formed part of a wider piece of work around appointment data reporting. The new dashboard is complete but has some teething issues that are currently being worked on before the data can be considered publishable.	Q3 Contract reviews took place in Jan / Feb. We discuss appointment data and review any issues and areas of concern. We review list sizes and GP capacity. Use of EMIS / AccurX / website / email / phone are all ways patients have access for cancelling, appointments. The practices also write to repeat offenders. Manx Care, Primary Care Services has employed 2 new salaried locum GP's, complementing the single one in employment. We did have 2 more due to commence in April but 1 has decided not to accept. These additional staff will assist the practices when they have scheduled leave, as they can be booked in advance. Practices with vacancies are currently actively recruiting.	Winter planning additional support / appointment to vacancies and additional salaried GP support will assist in improving capacity. Practices utilise reminder texts to patients when an appointment is booked, 2 days before the appointment and a day before the appointment. Some patients can receive up to 5 texts in total to remind them of an upcoming appointment. With 4 Salaried GP's now in post this will assist practices with resilience and stability, complementing their existing establishment of staff. We have also recently had the Winter planning assistance of 1 GP into Primary Care who commenced 15th January 2024 to 31/3/2024 to assist with capacity issues over the winter period. We are also out to interest for Virtual GPs.

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



Reporting Date	Performance	Op. Plan #
Mar-24	3.99%	QC99

Threshold	YTD Mean	Benchmark
5.0%	4.0%	4.3%

(Lower value represents better performance)

Variation Description

Special Cause of Improving variation (Low)

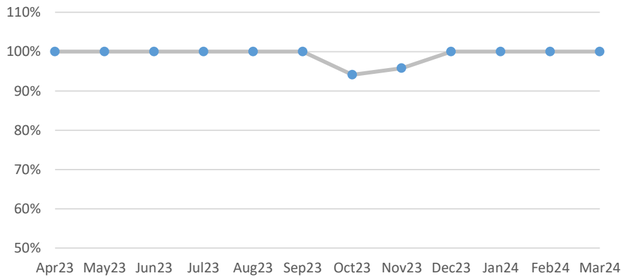
Assurance Description

Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% of patients registered with a GP: • % tolerance is currently in line with requirements.	**% of patients registered with a GP:** • List cleansing is conducted monthly / quarterly and annually. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system. • The GP Contracts manager, at the contract review meetings discusses list sizes, suggesting ways that the patients lists can be kept accurate and up to date and also to utilise every opportunity such as ensuring that any returned mail is marked on the patients record, to reduce the lists further.	**% of patients registered with a GP:** • The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and we have consistently hit 4% which is the new target. • We will continue to review the % on a monthly / quarterly basis, working to the list cleansing timetable and with practices accordingly. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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

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



Reporting Date	Performance	Op. Plan #
Mar-24	**100%**	QC61

Threshold	YTD Mean	Benchmark
-	99.2%	-

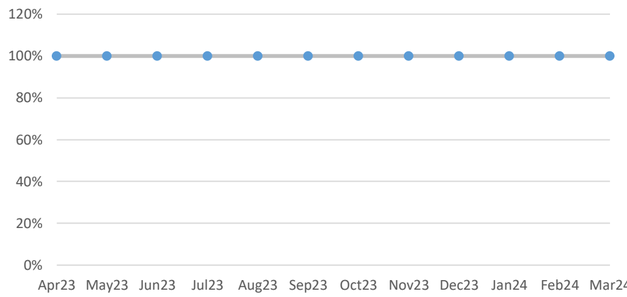
(Higher value represents better performance)

+ Variation Description

Common cause

Assurance Description

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



Reporting Date	Performance	Op. Plan #
Mar-24	**100.0%**	QC62

Threshold	YTD Mean	Benchmark
-	100%	-

(Higher value represents better performance)

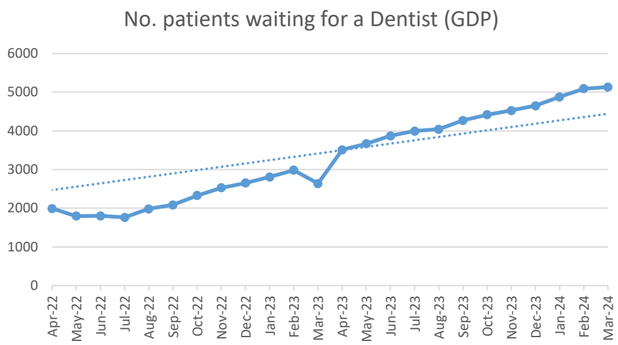
+ Variation Description

Common cause

Assurance Description

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

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

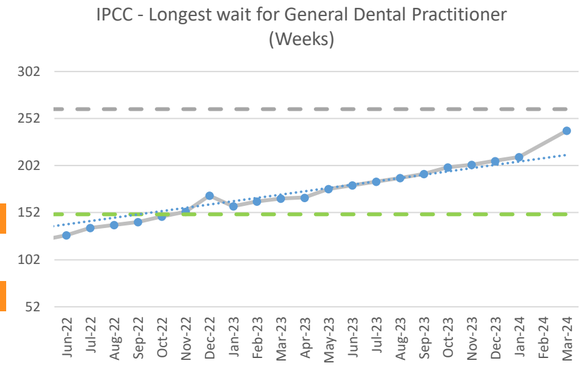


Reporting Date	Performance	Op. Plan #
Mar-24	5134	
Threshold	**YTD Mean**	**Benchmark**
-	4337	826

(Lower value represents better performance)

- **Variation Description**

Assurance Description



Reporting Date	Performance	Op. Plan #
	239	
Threshold	**YTD Mean**	**Benchmark**
		168

Variation Description

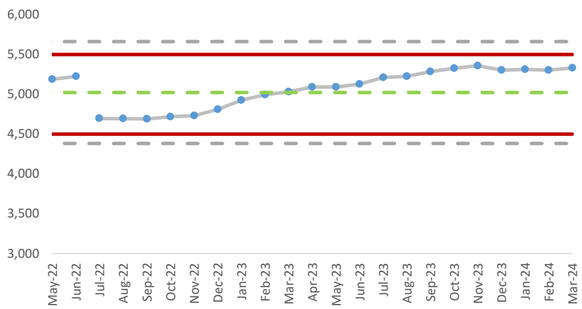
Special Cause of Concerning variation (High)

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Dental: • 5,134 patients were waiting for a dentist in March.		Note - Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.

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

MH - No. service users on Current Caseload



Reporting Date	Performance	Op. Plan #
Mar-24	5330	QC73
Threshold	**YTD Mean**	**Benchmark**
4500 - 5500	5248	4907

(Value within range represents better performance)

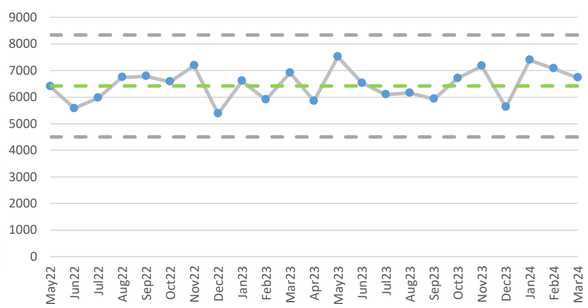
+ Variation Description

Common cause

+ Assurance Description

Consistently hit target

MH- Appointments



Reporting Date	Performance	Op. Plan #
Mar-24	6729	
Threshold	**YTD Mean**	**Benchmark**
-	6564	6276

+ Variation Description

Common cause

Assurance Description

MH- Admissions

Reporting Date	Performance	Op. Plan #
Mar-24	29	
Threshold	**YTD Mean**	**Benchmark**
-	20	16

- Variation Description

Common cause

Assurance Description

Mental Health Waiting Lists

Reporting Date	Performance	Op. Plan #
Mar-24	**1768**	
Threshold	**YTD Mean**	**Benchmark**
-	1686	

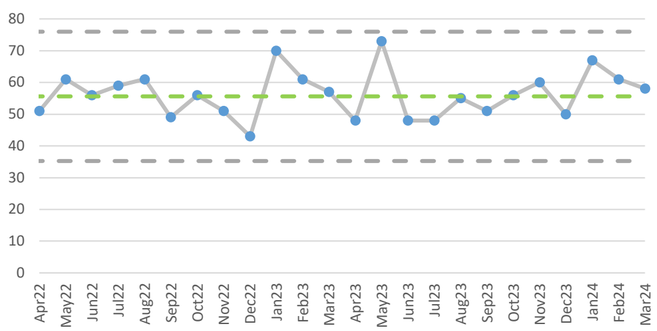
Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Current Caseload: Caseload remains within the expected range with a decrease of 15 this month. However, it should be noted that the caseload is significantly higher locally than you would expect within the English NHS. This is particularly evident within CAMHS, whose caseload is some 4 times higher than you would expect per 100 thousand population equivalend in England. This range is benchmarked upon historic demand. MH Admissions to Manannan Court: Admissions in March remained at 29,	**Current Caseload:** Business case for additional staff in CAMHS is progressing to treasury. **MH Appointments:** Operational Managers are able to view DNA rates via their reporting dashboard and can take action if negative trends or areas of concerns are identified. **MH Admissions to Manannan Court:** Continue to monitor the impact of succesful recuitment in community services on inpatient admissions. **MH Waiting Lists:** The intention is to report on referral to treatment times, we areworking with the performance team to establish a clear methodology and the scope for RTT reporting. **Reduction in waiting list volume's for CAMHS mental health services** The business case to treasury suggests options to reduce waiting lists, with the assistance of partnership arrangements with third sector providers and shared care agreements with GP'	**Current Caseload:** IMHS continue to be the main contributing department to the implementation of iThrive on the island. Successful embedding of this initiative should ensure that services other than entry to IMHS are available to children and their families, this should over time reduce demand on the service now and in the future. **MH Waiting Lists** Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate) Successful recruitment to difficult to recruit to posts, following a "grow your own" initiative, will ensure that waits for low to moderate psychological therapies will be greatly reduced during 2024

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

Maternity Bookings



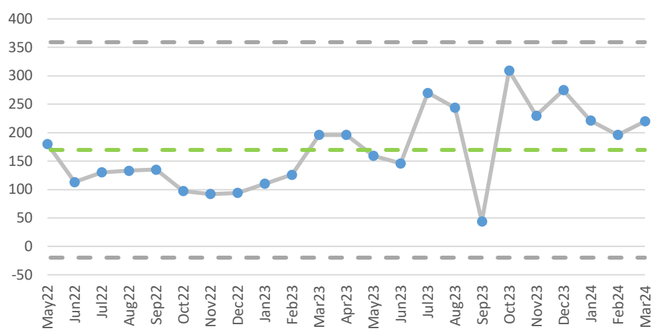
Reporting Date	Performance	Op. Plan #
Mar-24	**58**	
Threshold	**YTD Mean**	**Benchmark**
-	805	56

Variation Description

Common cause

Assurance Description

Ward Attenders



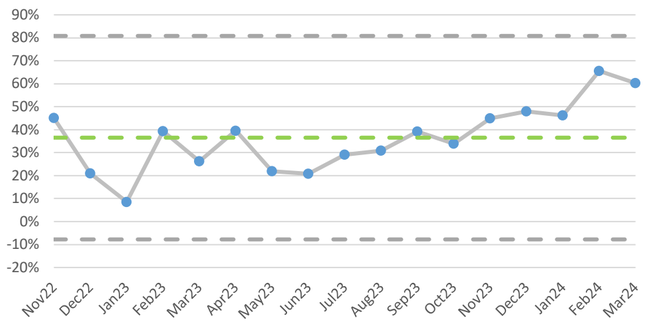
Reporting Date	Performance	Op. Plan #
Mar-24	**220**	
Threshold	**YTD Mean**	**Benchmark**
-	-	131

Variation Description

Common cause

Assurance Description

Gestation At Booking <10 Weeks



Reporting Date	Performance	Op. Plan #
Mar-24	**60%**	
Threshold	**YTD Mean**	**Benchmark**
-	40%	28.0%

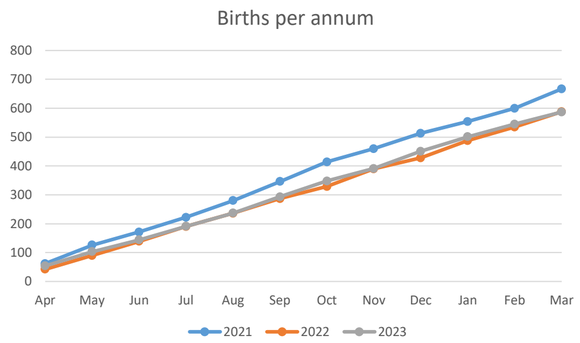
Variation Description

Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Maternity bookings **Gestation<10 weeks at booking:** Gestation at booking is continuing to improve from June 2023. Current performance 60%. **Booking:** A total of 58 women have booked for care in March (57 in March 23).		

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

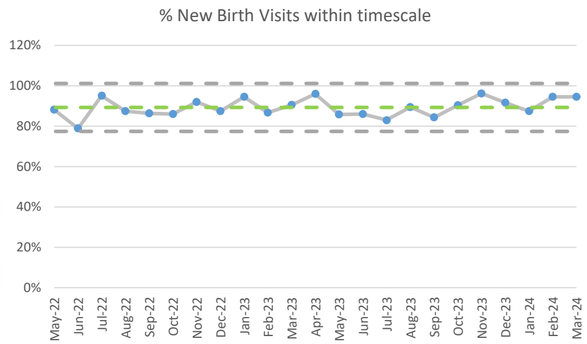


Reporting Date	Performance	Op. plan #
Mar-24	**587**	
Threshold	**YTD Mean**	**Benchmark**
-	320	-

(Higher value represents better performance)

+	Variation Description
	Common cause

Assurance Description



Reporting Date	Performance	Op. Plan #
Mar-24	**94%**	QC133
Threshold	**YTD Mean**	**Benchmark**
-	90%	89%

-	Variation Description
	Common cause

Assurance Description

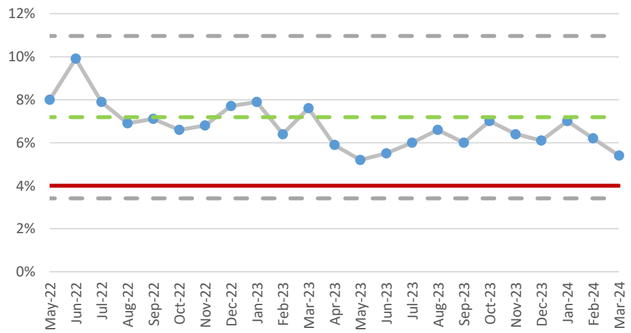
Issues / Performance Summary	Planned / Mitigation Actions	
In March 2024 we received 56 Antenatal referrals into the department. **New Birth Visits** The Health Visiting Team completed a total of 54 visits. Out of these visits, 51 were completed within the timeframe of 14 days and 3 were not completed within timeframe during March. Our overall compliance was 99%. There was 2 exceptions and 1 breaches.		

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	Mar-24		5.4%	6.1%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Mar-24	-	88	82	-	-		
WP004		Workforce - Number of staff leavers	Mar-24	-	29	24	283	-		
WP005		Workforce - Number of staff on disciplinary measures	Mar-24	-	9	9	103	-		
WP006		Workforce - Number of suspended staff	Mar-24	-	4	3	36	-		
WP013		Staff 12 months turnover rate	Mar-24		10.2%	10.1%	-	10%		
WP014		Training Attendance rate	Mar-24		58.0%	61.5%	-	90%		
WP007		Governance - Number of Data Breaches	Mar-24		20	13	151	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Mar-24	-	69	57	689	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Mar-24	-	4	3	32	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Mar-24	-	12	10	124	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Mar-24	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Mar-24		35	38	460	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Mar-24		54	38	452	-		

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

% Hours lost to staff sickness absence



Reporting Date	Performance	Op. plan #
Mar-24	5.4%	P1

Threshold	YTD Mean	Benchmark
4.0%	6.1%	7.7%

(Lower value represents better performance)

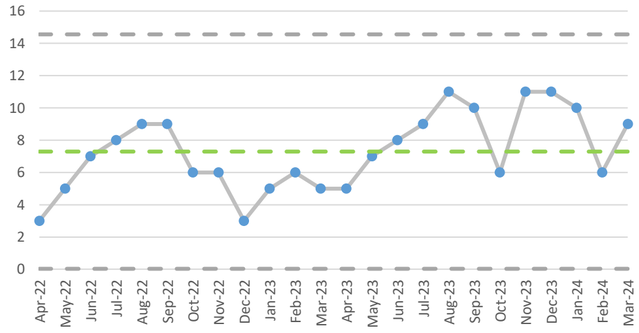
+ Variation Description

Special Cause of Improving variation (Low)

- Assurance Description

Consistently fail target

Number of staff on disciplinary measures : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	9	P5

Threshold	YTD Mean	Benchmark
-	9	-

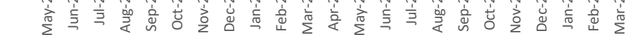
(Lower value represents better performance)

- Variation Description

Common cause

Assurance Description

Number of staff on long term sickness : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	88	P4

Threshold	YTD Mean	Benchmark
-	82	-

(Lower value represents better performance)

- Variation Description

Common cause

Assurance Description

Number of suspended staff : Manx Care

Reporting Date	Performance	Op. plan #
Mar-24	4	P6

Threshold	YTD Mean	Benchmark
-	3	-

(Lower value represents better performance)

- Variation Description

Common cause

Assurance Description

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

• Worktime lost in March 24 by sickness category:

Stress, Anxiety & Depression	- 1.5%
Cough, Cold & Flu	- 0.9%
Musculoskeletal	- 1.0%
Covid-19	- 0.1%
Other sickness	- 2.1%

• Worktime lost in March 24 by Area:

Integrated Social Care Services	- 5.8%
Medicine, Urgent Care & Ambulance Services	- 4.3%
Integrated Mental Health Services	-
Infrastructure	- 7.3%
Integrated Primary & Community Care Services	- 5.4%
Integrated Cancer & Diagnostic Services	- 2.7%
Women, Children & Families	- 5.7%
Surgery, Theatres, Critical Care & Anaesthetics	- 7.8%

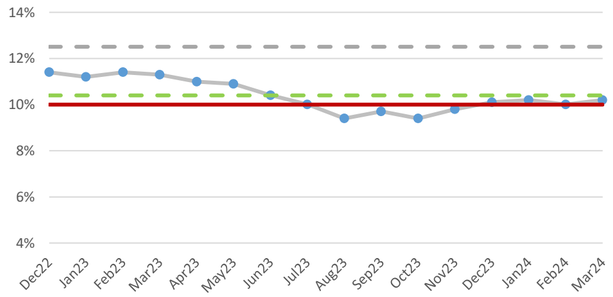
• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.

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

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

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

Staff 12 months turnover rate



Reporting Date	Performance	Op. plan #
Mar-24	10.2%	P2

Threshold	YTD Mean	Benchmark
10.0%	10.1%	11.3%

(Lower value represents better performance)

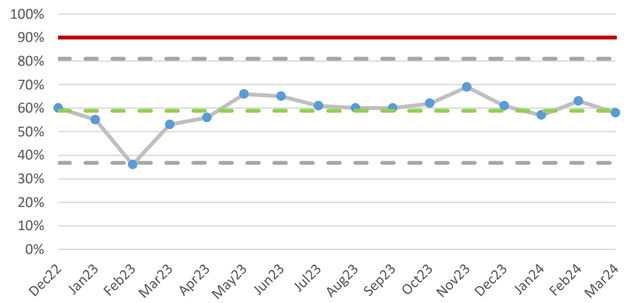
-	Variation Description

Common cause

+	Assurance Description

Inconsistently passing and falling short of target

Instructor-led training sessions attendance rate



Reporting Date	Performance	Op. plan #
Mar-24	58%	P7

Threshold	YTD Mean	Benchmark
90%	62%	51%

(Higher value represents better performance)

-	Variation Description

Common cause

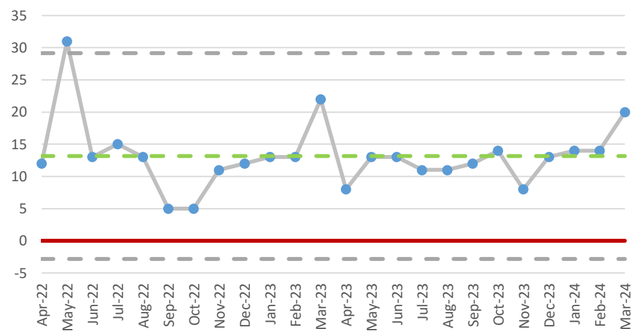
-	Assurance Description

Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
NB. Turnover = Leavers/number of staff at start of period. Bank and casual staff excluded. Agency staff also currently excluded. OHR are developing data collection processes.		

Well Led	Governance	Executive Lead	Simon Collins	Lead	Jennifer Maynard	

Governance - Number of Data Breaches : Manx Care



Reporting Date	Performance	Op. plan #
Mar-24	20	L1

Threshold	YTD Mean	Benchmark
0	13	-

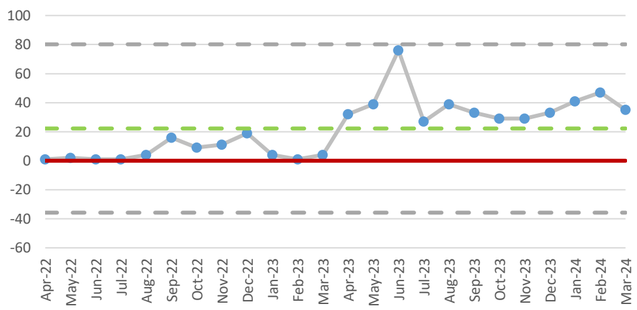
- Variation Description

Common cause

- Assurance Description

Consistently fail target

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



Reporting Date	Performance	Op. plan #
Mar-24	35	L6

Threshold	YTD Mean	Benchmark
0	38	-

(Lower value represents better performance)

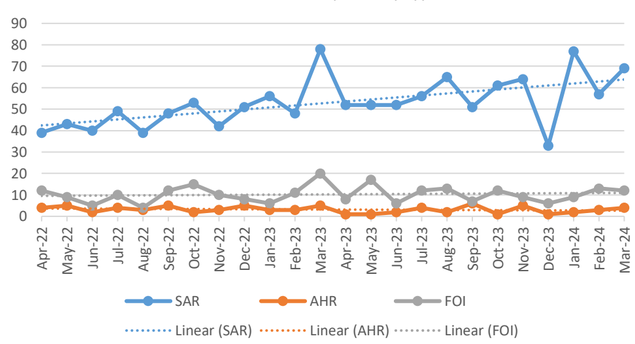
- Variation Description

Common cause

- Assurance Description

Consistently fail target

Governance - Information requests by type : Manx Care



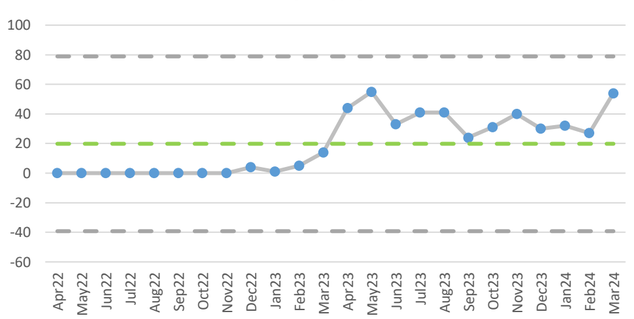
Reporting Date	Performance	Op. plan #
Mar-24	-	L2-3-4

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

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



Reporting Date	Performance	Op. plan #
Mar-24	54	-

Threshold	YTD Mean	Benchmark
-	38	20

(Lower value represents better performance)

+ Variation Description

Common cause

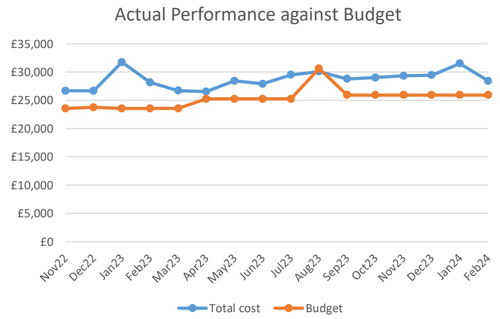
Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Total: 20 Reported to the Commissioner: 3 Data Subjects informed: 8 Data Subjects Not Informed: 12 (1 x clinical decision not to inform, 11 x low risk to data subject) Types of breach Email: 4 Written Communication: 5 Confidentiality: 11	• Manx Care notifies to the ICO all breaches which they are required to notify. All breaches (and suspected breaches) are fully investigated by the Manx Care DPO. The DPO will conduct a full internal investigations with the relevant service areas to establish the details of the breach / suspected breach and conduct a root cause analysis exercise to establish . Recommended improvements and changes will be identified and the DPO and IG Risk and Quality Assurance Manager will work together with relevant service areas to ensure any improvements and remedial actions identified are progressed. Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared with the incorrect GP	• Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Evidence indicates that staff across Manx Care are confident to report data breaches and that such events are used as an opportunity to learn, improve and to strengthening the way the organisation manages and secures data subjects' information. There is a continued upward trend in the number of DSAR, FOI, Police and Court requests being received by Manx Care. The Information Governance team continues to face a significant challenge in responding to these requests within the legal timeframes. Longer term this pressure is likely to remain high. Additionally, there is a significant impact on resources in care groups and service areas due to their involvement in providing clinical redaction reviews and information for FOI requests. Manx Care continues to review policies and processes. It is recognised that an effective governance structure is based on continual improvements and reviews.

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)	Feb-24		131%	-	698%	100% (equiv. 1%)		
WF002		Total income (£)	Feb-24	-	-£1,317,608	-£1,238,717	-£14,420,506	-		
WF003		Total staff costs (£)	Feb-24	-	£18,699,974	£16,177,273	£199,803,078	-		
WF004		Total other costs (£)	Feb-24	-	£11,458,983	£11,886,589	£140,760,647	-		
WF005		Agency staff costs (proportion %)	Feb-24	-	4.0%	5.4%	-	-		
WF009		Actual performance against Budget	Feb-24		-2,493	-£4,401	-£31,785	-		

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

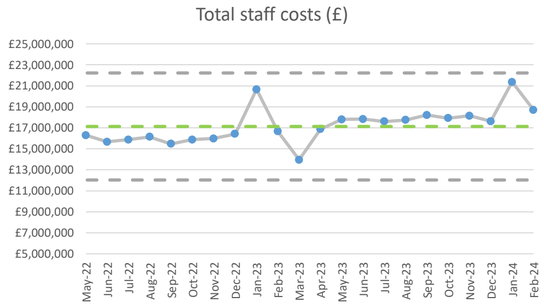


Reporting Date	Performance	Op. plan #
Feb-24		

Threshold	YTD Mean	Benchmark

Variation Description

Assurance Description



Reporting Date	Performance	Op. plan #
Feb-24	£18,699,974	F4

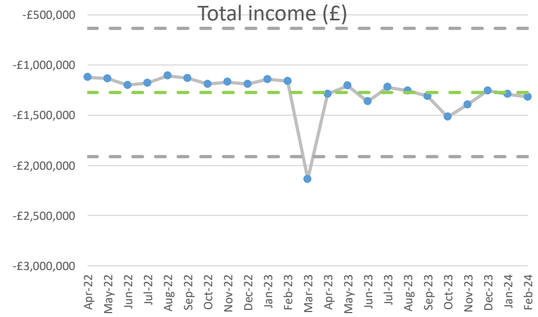
Threshold	YTD Mean	Benchmark
-	£16,177,273	-

(Lower value represents better performance)

- **Variation Description**

Common cause

Assurance Description



Reporting Date	Performance	Op. plan #
Feb-24	-£1,317,608	F3

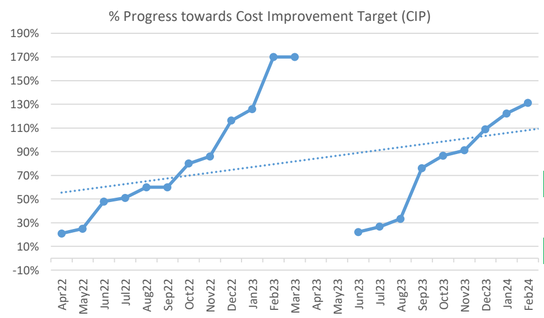
Threshold	YTD Mean	Benchmark
-	-£1,238,717	-

(Higher value represents better performance)

- **Variation Description**

Common cause

Assurance Description



Reporting Date	Performance	Op. plan #
Feb-24	131.1%	F1

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

(Higher value represents better performance)

+ **Variation Description**

Assurance Description

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

% Progress towards Cost Improvement Target (CIP):
• To date, the CIP plan has delivered £7.3m in savings, of which £5.9m are cash out. Overall, delivery at February stands at 97%. These savings have been reflected in the forecast. However, many are serving to hold existing cost pressures in check and avoiding costs rather than reducing the forecast further.
• Spend is expected to increase by £34.9m compared to the prior year, whilst funding has increased by just £20m creating a gap of £13.6m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £22.7m.

Total income (£):
• The operational result for February is an overspend of (£2.5m). The spend in the month was higher than expected and due to this being the second consecutive month of increased costs. The forecast has been updated to reflect the risk of this continuing into March.

Total staff costs (£):
• YTD employee costs are (£9.1m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position. The total agency spend YTD of £10.3m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£2.0m), Social Care (£2.0m) and Mental Health (£1.4m), where spend is primarily incurred to cover existing vacancies in those areas.

% Progress towards Cost Improvement Target (CIP):
• There are currently 69 projects expected to deliver savings in this year, many of which will also deliver savings in 24/25. A further 27 projects are under development for delivery in 24/25 with additional projects expected to be added in the coming months.
• The Restoration & Recovery programme is showing an overspend on an YTD basis but this is due to activity & invoice timing. Actuals and the forecast for this project are closely monitored to ensure that the programme will be delivered within the funding allocated.

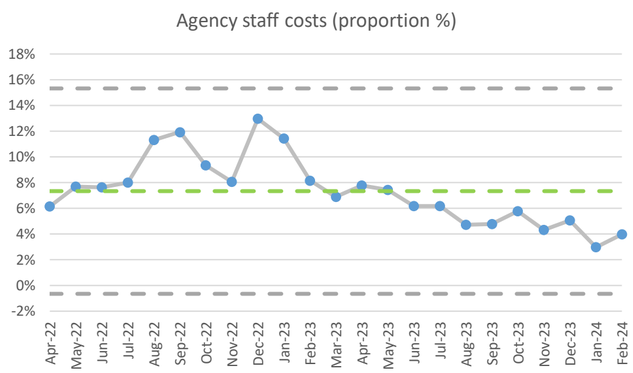
Total income (£):
• Spend is expected to increase by £34.9m compared to the prior year, whilst funding has increased by just £20m creating a gap of £13.6m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £22.7m.
• The remaining Reserve Fund business cases have been approved by the DHSC with the claim now expected to be £6.5m. This means the operational forecast is expected to be an overspend of £31.3m.

Total staff costs (proportion %):
• Although agency costs are continuing to reduce bank costs have been gradually increasing overall costs are tracking higher than last year but within expected trends.
Bank costs in January increased due to arrears payments for MPTC & NJC. Agency costs continue to be lower than in 21/22. Bank rates have increased this year due to pay awards which is partly contributing to the rising cost but bank is also being used as a less expensive alternative to agency to cover vacancies and gaps in rotas.

% Progress towards Cost Improvement Target (CIP):
• To date, the CIP plan has delivered £7.3m in savings, of which £5.9m are cash out. Overall, delivery at February stands at 97%. These savings have been reflected in the forecast. However, many are serving to hold existing cost pressures in check and avoiding costs rather than reducing the forecast further.
• The Restoration & Recovery programme is showing an overspend on an YTD basis but this is due to activity & invoice timing. Actuals and the forecast for
this project are closely monitored to ensure that the programme will be delivered within the funding allocated.

Total income (£):
• Of the forecast overspend, £7.3m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast is 6% (in line with pay offers). For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.

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



Reporting Date	Performance	Op. plan #
Feb-24	4.0%	

Threshold	YTD Mean	Benchmark
	5.4%	5.4%

(Lower value represents better performance)

+ Variation Description

Common cause

Assurance Description

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

Performance Scorecard 1

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
SAFE	SA001	Serious Incidents declared	<3 < 36 PA	2	2	1	1	3	4	1	5	5	0	3	2	3	30	
	SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	80.00%	75.00%	50.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		
	SA018	Letter has been sent in accordance with Duty of Candour Regulations	100%	N/A	100.00%	100.00%	50.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	SA003	Eligible patients having VTE risk assessment within 12 hours of decision to admit	95%	95.06%	90.41%	84.73%	89.60%	87.30%	88.89%	91.00%	94.50%	92.50%	93.00%	98.00%	92.00%	90.00%		
	SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95%	97.00%	91.87%	95.87%	97.40%	100.00%	98.00%	96.00%	99.00%	99.00%	96.00%	99.00%	99.00%	99.00%		
	SA005	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
	SA006	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	<2	0.54	0.63	0.16	0.16	0.17	0.45	0.31	0.49	0.5	0.17	0.3	0.2	0.2		
	SA019	Pressure Ulcers - Total incidence - Grade 2 and above	<= 17 (204 PA)	13	15	13	19	24	29	16	11	17	2	14	7	9	176	
	SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	2	4	4	4	4	2	1	1	3	0	1	3	2	29	
	SA008	MRSA - Total number of acquired infections	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
	SA009	E-Coli - Total number of acquired infections	< 72 PA	0	5	8	6	10	4	9	8	11	7	8	9	5	90	
	SA010	No. confirmed cases of Klebsiella spp	-	0	0	3	1	2	2	2	0	2	2	2	1	3	20	
	SA011	No. confirmed cases of Pseudomonas aeruginosa	-	0	0	0	0	1	1	1	0	0	2	0	0	1	6	
	SA012	Number of Medication Errors (with Harm)	< 25 PA	0	1	1	0	0	0	0	1	0	0	0	0	1	4	
	SA013	Harm Free Care Score (Safety Thermometer) - Adult	95%	96.9%	96.8%	97.4%	98.0%	97.5%	96.8%	97.0%	97.7%	97.0%	95.5%	97.0%	98.0%	99.0%		
	SA014	Harm Free Care Score (Safety Thermometer) - Maternity	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	SA015	Harm Free Care Score (Safety Thermometer) - Children	95%	99.0%	82.3%	99.8%	95.2%	96.2%	100.0%	99.0%	100.0%	100.0%	98.5%	99.0%	99.0%	98.0%		
	SA016	Hand Hygiene Compliance	96%	92.0%	98.0%	96.0%	99.0%	97.0%	97.0%	97.0%	99.0%	97.0%	98.0%	96.0%	98.0%	99.0%		
	SA017	48-72 hr review of antibiotic prescription complete	98%	81.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%	82.0%	88.0%	78.0%	90.0%	85.0%	83.0%		
EFFECTIVE	EF067	Planned Care - DNA - Hospital	5%	N/A	N/A	N/A	N/A	8.7%	12.2%	10.2%	9.4%	11.0%	11.9%	12.2%	11.1%	12.0%		
	EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5%	12.0%	11.9%	11.1%	10.4%	11.9%	14.8%	11.5%	11.2%	13.3%	16.7%	15.2%	14.0%	14.8%		
		Planned Care - DNA Rate (Nurse Led outpatient appointments)		6.0%	7.4%	7.1%	4.8%	5.1%	8.2%	6.6%	5.4%	6.8%	5.8%	8.2%	7.7%	7.1%		
		Planned Care - DNA Rate (AHP Led outpatient appointments)		11.0%	11.3%	9.5%	10.1%	9.0%	11.4%	10.2%	10.0%	9.8%	10.4%	9.8%	8.6%	11.4%		
	EF002	Planned Care - Total Number of Cancelled Operations		396	236	344	284	337	268	371	367	348	355	390	320	307	3927	
		Hospital cancelled		229	109	196	138	200	140	223	239	156	167	204	155	185	2112	
		Patient cancelled		167	127	148	146	137	128	148	128	192	188	186	165	122	1815	
	EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	88	112	121	114	140	103	105	94	81	91	115	103	105	1284	
		Average Length of Stay (ALOS) - Nobles	-	6	5	5	5	5	5	5	5	5	5	5	4	3		
		Average Length of Stay (ALOS) - RDCH	-	41	38	130	38	31	36	40	44	34	35	35	43	35		
		Total Number of discharges	-	1008	907	960	906	985	1009	938	982	1039	973	995	991	902	4767	
	EF050	Total Number of Inpatient discharges-Nobles	-	976	882	924	866	946	968	904	939	1001	926	955	948	880	4586	
	EF051	Total Number of inpatient discharges-RDCH	-	32	25	36	40	39	41	34	43	38	47	40	43	22	181	

Performance Scorecard 2

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
EFFECTIVE	EF003	Theatres - Number of Cancelled Operations on Day		48	36	40	28	51	27	33	46	31	24	44	35	41	436	
		Theatres - Number of Cancelled Operations on Day - Clinical		19	12	14	16	7	8	14	16	13	7	16	13	16	152	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		11	5	6	5	14	5	6	10	6	7	3	8	12	87	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		18	19	20	7	30	14	13	20	12	10	25	14	13	197	
	EF004	Theatres - Theatre Utilisation %	85%	75.8%	73.3%	76.2%	67.8%	79.7%	82.4%	80.6%	79.8%	76.2%	72.3%	76.1%	81.8%	77.0%		
	EF006	Crude Mortality Rate		24.24	16.47	15.37	12.75	15.25	19.63	18.81	24.68	19	21.76	38.07	31.71	22.4		
	EF007	Total Hospital Deaths		27	18	18	13	20	21	22	30	27	20	41	39	25	294	
	EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	94%	93%	93%	98%	98%	98%	97%	97%	99%	99%	98%	98%	98%		
	EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	25.3%	6.7%	5.8%	-6.4%	24.9%	14.2%	7.1%	6.6%	6.2%	6.3%	0.4%	-3.5%	-7.2%		
	EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	89.2%	-10.9%	-1.8%	-25.3%	-25.6%	-1.8%	-14.3%	1.6%	66.7%	32.7%	28.3%	32.7%	19.6%		
	EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)	-	26	30	33	83	21	51	20	8	39	24	31	7	18		
	EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	#####	100.0%	91.4%	88.0%	94.1%		
	EF064	Number of patients with a length of stay - 0 days (Mental Health)	-	0	2	1	1	0	1	1	0	1	1	0	1	1	10	
	EF065	MH - Number of patients aged 18-64 with a length of stay - > 60 days	-	1	3	4	3	0	2	1	0	1	0	1	0	0	15	
	EF066	MH - Number of patients aged 65+ with a length of stay - > 90 days	-	0	2	0	1	1	3	0	0	1	2	2	0	2	14	
	EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	EF048	% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75%	100%	50%	100%	100%	50%	100%	-	-	-	100%	-	-	-		
	EF026	Crisis Team one hour response to referral from ED	75%	91%	94%	94%	100%	96%	84%	90%	77%	90%	85%	91%	91%	81%		
	EF015	ASC - % of Re-referrals	<15%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%	3.3%	4.1%	5.1%	6.1%	16%	13%		
	EF063	ASC - No. of referrals		77	76	78	59	66	86	68	91	74	59	82	74	105	918	
	EF016	ASC - % of all Wellbeing Partnership Assessments completed in Agreed Timescales	80%	27%	39%	39%	29%	42%	27%	23%	40%	30%	24%	28%	20%	31%		
	EF017	ASC - % of individuals (or carers) receiving a copy of their Wellbeing Partnership Assessment	100%	27%	22%	48%	100%	100%	100%	96%	100%	96%	95%	96%	100%	92%		

Performance Scorecard 3

EFFECTIVE

KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85%	75.0%	100.0%	75.0%	65.5%	54.6%	50.0%	48.0%	56.0%	43.5%	66.7%	34.0%	29.4%	81.1%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90%	100.0%	100.0%	100.0%	33.3%	80.0%	71.4%	80.0%	76.9%	100.0%	0.0%	80.0%	72.7%	66.7%		
EF022	CFSC - % Child Protection Reviews held on time	90%	77.8%	88.9%	100.0%	100.0%	88.9%	95.8%	95.7%	80.0%	100.0%	######	75.0%	88.9%	100.0%		
EF023	CFSC - % Looked After Children reviews held on time	90%	83.3%	100.0%	100.0%	100.0%	100.0%	90.5%	90.0%	88.0%	100.0%	######	76.0%	92.9%	95.5%		
EF049	C&F -Number of referrals - Children & Families		N/A	116	172	144	133	121	168	141	199	188	230	95	128	1835	
EF044	C&F -Children (of age) participating in, or contributing to, their Child Protection review	90%	N/A	0.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	######	90.0%	67.0%	33.0%		
EF045	C&F -Children (of age) participating in, or contributing to, their Looked After Child review	90%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	######	100.0%	95.0%	89.0%		
EF046	C&F -Children (of age) participating in, or contributing to, their Complex Review	79%	N/A	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%	35.0%	71.0%	21.0%	55.0%	63.0%	27.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	96%	97%	96%	99%	99%	97%	92%	96%	95%	93%	95%	96%	97%		
EF010	% Dental contractors on target to meet UDA's	96%	72%	3%	10%	17%	25%	35%	38%	46%	53%	55%	50%	50%	50%		
EF068	Pharmacy - Total Prescriptions (No. of fees)		N/A	131397	140744	139132	136305	137200	158757	137848	146299	######	142643			£1,401,944	
EF069	Pharmacy - Chargable Prescriptions		N/A	16509	19236	18377	17909	17376	22055	18211	19690	18137	18869			£186,369	
EF070	Pharmacy - Total Exempt Item		N/A	129409	139125	137291	134446	134685	155968	135824	143793	######	140649			£1,380,966	
EF071	Pharmacy - Chargeable Items		N/A	16410	19108	18266	17909	17224	21924	17940	19273	17758	18427			£184,239	
EF072	Pharmacy - Net cost		N/A	£1,361,186	£1,486,094	£1,456,788	£1,422,861	£1,401,718	£1,643,309	£1,371,536	£1,405,662	######	£1,368,851			£14,205,038	
EF073	Pharmacy - Charges Collected		N/A	£63,586	£73,816	£70,832	£68,792	£66,370	£84,646	£69,092	£74,520	######	£71,367			£711,343	
EF030	Caesarean Deliveries (not Robson Classified)		21%	39%	43%	32%	46%	61%	41%	35%	43%	47%	39%	37%	38%		
EF031	Induction of Labour	< 30%	34%	29%	36%	11%	33%	44%	30%	25%	40%	29%	47%	37%	33%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	0%	0%	0%	1%	0%	0%	1%	2%	0%	2%	2%	0%	0%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	0%	0%	0%	0%	1%	1%	0%	2%	0%	2%	4%	0%	1%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	12%	4%	4%	13%	15%	5%	5%	10%	9%	2%		
EF035	Stillbirth Number / Rate		1	0	0	0	1	0	0	0	0	0	0	0	0	1	
EF036	Unplanned Admission To ITU – Level 3 Care		0	0	2	0	1	0	1	0	0	0	1	0	0	5	
EF037	% Smoking At Booking		9%	15%	11%	8%	6%	4%	4%	7%	12%	16%	10%	16%	13%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	11%	14%	6%	5%	0%	10%	14%	3%	12%	6%	8%	2%	4%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	70%	76%	63%	73%	56%	71%	69%	76%	71%	67%	63%	58%	86%		
EF040	Breast Feeding Rate At Transfer Home		34%	37%	29%	31%	32%	30%	72%	69%	76%	73%	78%	77%	86%		
EF041	Neonatal Mortality rate/1000		0	0	0	0	0	0	0	0	0	0	1	0	0	1	
EF059	W&C - Paediatrics- Total Admissions		N/A	N/A	N/A	119	131	117	133	162	197	164	169	179	190	1561	
EF060	W&C - NNU - Total number of Admissions		N/A	6	7	8	8	3	7	11	5	5	5	5	2	72	
EF061	W&C - NNU - Avg. Length of Stay		N/A	N/A	N/A	8.5	3.4	5.0	3.4	6.5	21.2	12.5	4.4	7.8	22.5		
EF062	W&C - Community follow up		N/A	4	8	6	2	1	3	0	9	8	8	3	5	57	

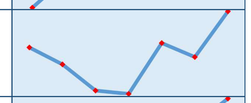
Performance Scorecard 4

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
CARE	CA001	Mixed Sex Accomodation - No. of Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CA002	Complaints - Total number of complaints received	-	30	28	24	27	24	22	26	29	27	28	24	30	32	321	
	CA012	FFT - How was your experience? No. of responses	-	739	571	718	2096	1161	1311	1187	1682	1650	943	1403	1503	1994	16219	
	CA013	FFT - Experience was Very Good or Good	80%	87.0%	92.0%	87.0%	85.0%	87.0%	90.0%	91.0%	91.0%	91.0%	91.0%	91.0%	92.0%	89.0%		
	CA014	FFT - Experience was neither Good or Poor	10%	5.0%	2.0%	4.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.0%	4.0%		
	CA015	FFT - Experience was Poor or Very Poor	<10%	8.0%	6.0%	8.0%	9.0%	9.0%	6.0%	5.0%	5.0%	5.0%	5.0%	6.0%	5.0%	7.0%		
	CA016	Manx Care Advice and Liaison Service contacts	-	839	589	636	517	649	621	655	704	958	620	880	689	705	8223	
	CA017	Manx Care Advice and Liaison Service same day response	80%	88.0%	89.0%	87.0%	91.0%	90.0%	91.0%	90.0%	89.0%	90.0%	91.0%	90.0%	93.0%	92.0%		
	CA007	Complaint acknowledged within 5 working days	98%	100.0%	100.0%	86.0%	100.0%	100.0%	100.0%	100.0%	100.0%	######	100.0%	100.0%	100.0%	100.0%		
	CA008	Written response within 20 days	98%	100.0%	85.7%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	######	100.0%	100.0%	100.0%	100.0%		
	CA010	No. complaints exceeding 6 months	98%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CA011	No. complaints referred to HSCOB	-	0	0	0	0	7	4	1	4	2	4	2	1	2	27	
RESPONSIVE	RE058	Cons Led- OP Referrals		3502	2867	2887	3075	2846	2986	2812	3041	2857	2200	2864	2585	2715	33735	
	RE059	Nurse Led- OP Referrals		717	729	594	850	889	741	824	794	1056	640	1002	923	655	9697	
	RE060	AHP- OP Referrals		840	684	736	906	846	770	853	866	962	640	966	863	860	9952	
		RTT - Number of patients waiting for first hospital appointment		20618	20406	20189	20480	20191	20367	21180	21042	21335	20810	20452	20512	20372		
	RE001	No. patients waiting for first Consultant outpatient	< 15465	15380	15465	15500	15718	15703	15846	16562	16744	16973	16861	16610	16620	16619		
		No. waiting Over 52 weeks - to start consultant-led treatment	0	4792	4890	4927	5016	5247	5089	5289	5432	5602	5487	5361	5406	5600		
		Average Wait (weeks) - Ref to OP		49	47	47	47	49	48	48	48	49	47	48	48	49		
		Max wait (weeks) - Ref to OP		794	799	846	836	817	816	840	844	1017	1021	1025	1030	1034		
	RE0011	No. patients waiting for Nurse outpatient		1927	1519	1385	1540	1512	1449	1643	1623	1802	1657	1663	1744	1722		
	RE00111	No. patients waiting for AHP		3311	3422	3304	3222	2976	3072	2975	2675	2560	2292	2179	2148	2031		
	RE002	Number of patients waiting for Daycase procedure	< 2311	2622	2311	2264	2372	2334	2229	2291	2303	2254	2126	2016	1854	1738		
		Average Wait (weeks) - Daycase		40	41	42	43	43	45	43	44	45	45	49	46	39		
		Max wait (weeks) - Daycase		299	304	308	312	316	320	293	297	301	301	305	310	312		
		No. waiting Over 52 weeks - Inpatient (Daycase only)		717	624	609	635	617	602	607	601	604	580	573	496	387		
	RE003	Number of patients waiting for Inpatient procedure	< 554	570	554	553	551	534	505	530	497	464	432	447	445	449		
		Average Wait (weeks) - Inpatient		40	39	40	41	40	38	38	35	33	33	34	31	30		
		Max wait (weeks) - Inpatient		316	321	325	329	333	337	342	235	212	217	221	215	223		
		No. waiting Over 52 weeks - Inpatient (IP pathway only)		142	143	144	149	134	124	129	106	95	78	79	73	75		
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85%	55.7%	60.8%	55.0%	57.0%	60.0%	57.4%	42.4%	55.4%	48.6%	52.5%	46.4%	52.9%	51.8%		
	RE005	Diagnostics - % requests completed within 6 weeks		87.3%	84.7%	81.4%	86.7%	86.2%	86.6%	85.4%	85.4%	85.3%	88.4%	85.6%	88.2%	89.2%		
	RE006	Diagnostics - % Current wait > 6 weeks		70%	73%	71%	70%	71%	74%	71%	68%	61%	64%	59%	59%	60%		
		Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8481	8256	7719	7545	7291	3541	4544	3846	3622	3955	3883	3871	4130		
		Diagnostics - % Current wait <= 6 weeks	99%	30%	27%	29%	30%	29%	26%	29%	32%	39%	36%	41%	41%	40%		
	RE061	Diagnostics-% patients waiting 26 weeks or less	99%	N/A	N/A	59%	61%	63%	59%	59%	58%	67%	67%	69%	71%	73%		

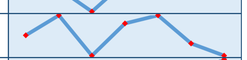
Performance Scorecard 5

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RESPONSIVE	RE007	A&E - % of ED attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at ED (Nobles and RDCH)	76%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%	71.0%	69.5%	68.0%	66.3%	67.3%	70.2%		
		A&E - 4 Hour Performance - Nobles		59.6%	61.7%	64.5%	66.5%	61.1%	60.8%	57.9%	60.6%	58.7%	57.2%	55.2%	56.3%	59.5%		
		A&E - 4 Hour Performance - RDCH		99.8%	99.9%	100.0%	99.6%	100.0%	99.9%	100.0%	99.9%	#####	99.7%	99.7%	100.0%	99.8%		
	RE008	A&E - 4 Hour Performance (Non Admitted)	95%	80.8%	79.6%	82.1%	84.0%	80.6%	82.9%	78.8%	80.4%	79.3%	79.1%	76.6%	77.8%	79.6%		
	RE009	A&E - 4 Hour Performance (Admitted)	95%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%	22.8%	22.6%	20.0%	18.0%	19.6%	21.5%		
		A&E - Admission Rate		16.8%	16.1%	15.2%	15.3%	15.7%	16.3%	16.3%	16.4%	17.4%	18.8%	17.6%	17.9%	16.1%		
	RE0072	A&E - Admission Rate - Nobles		23.5%	21.3%	20.8%	21.2%	21.5%	22.9%	21.9%	22.3%	23.5%	25.1%	23.4%	24.0%	21.9%		
		A&E - Admission Rate - RDCH		0.2%	0.2%	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%	0.1%		
	RE010	A&E - Average Total Time in Emergency Department	360 mins	254	246	227	220	257	267	298	268	275	279	292	296	265		
	RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	26	25	24	21	26	22	29	28	35	26	30	25	23		
	RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	62	69	63	56	74	63	67	72	80	71	75	83	72		
	RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	22	14	12	19	13	14	12	12	16	23	16	22	19		
	RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	13	6	5	12	36	48	67	48	30	41	51	34	43	421	
	RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	56	45	22	47	104	115	191	127	114	132	151	174	111	1333	
	RE080	ED- Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	177	177	175	161	178	168	182	179	181	177	183	186	177		
	RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	28	20	17	19	23	19	17	20	18	19	15	14	18		
	RE0141	Total Number of Emergency Calls		1109	1059	1035	1105	1131	1130	1134	1118	1099	1201	1167	1058	1090	13327	
	RE0142	Number of Category 1 Calls		33	25	46	43	41	38	46	24	28	31	37	26	22	407	
	RE015	Ambulance - Category 1 Mean Response Time	7 mins	12	11	8	9	11	9	9	11	8	9	8	9	8		
	RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	36.4%	47.1%	50.0%	63.6%	32.0%	56.3%	58.3%	46.2%	40.0%	52.4%	50.0%	55.6%	35.7%		
		Category 2 Mean Response Time	18 mins	16	14	16	13	13	11	16	12	13	15	12	11	13		
	RE034	Category 2 Response Time at 90th Percentile	40 mins	36	31	38	29	27	25	33	24	26	33	25	23	30		
		Category 3 Mean Response Time	Monitor	22	20	20	19	24	17	20	22	24	22	19	17	0		
	RE035	Category 3 Response Time at 90th Percentile	120 mins	57	42	51	39	53	37	47	48	61	53	44	38	52		
		Category 4 Mean Response Time	Monitor	25	30	35	20	37	26	44	33	36	32	37	29	47		
	RE036	Category 4 Response Time at 90th Percentile	180 mins	54	76	82	63	74	56	121	84	78	64	97	69	93		
		Category 5 Mean Response Time	Monitor	42	40	36	31	35	32	35	33	30	46	34	30	39		
		Category 5 Response Time at 90th Percentile	180 mins	98	91	89	72	83	72	81	72	71	95	87	61	79		
		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	142	154	161	181	166	189	240	191	198	252	238	228	188	2386	
		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	8	13	10	17	12	28	31	24	22	43	35	33	23	291	
	RE043	OPEL level 4 (Days)		0	0	0	0	1	3	5	2	2	2	2	2	2	19	
	RE082	Meds Demand - N.patient interactions		N/A	3111	2872	2295	2664	2281	2211	2326	2574	3335	2464	2539	2881	31553	
	RE083	Meds Overnight Demand		N/A	354	317	224	275	197	195	230	552	337	111	110	119	3021	
	RE084	Meds - Face to face appointments		N/A	609	474	360	574	471	398	419	571	708	567	607	699	6457	
	RE086	Meds - TUNA%		N/A	1.2%	1.1%	0.6%	1.1%	2.8%	1.9%	1.8%	1,27%	0.8%	1.4%	1.9%	1.9%		
	RE088	Meds- DNA%		N/A	1.2%	1.5%	3.3%	0.6%	2.3%	1.9%	2.6%	1.7%	1.8%	1.2%	0.9%	0.9%		

Performance Scorecard 6

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RESPONSIVE	RE0171	Referrals received for all suspected cancers		416	368	455	445	375	455	422	487	423	311	405	379	438	4963	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96%	87.3%	76.0%	73.5%	82.4%	80.0%	83.8%	73.8%	71.2%	86.4%	79.4%	82.5%	73.3%	92.3%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85%	62.2%	21.1%	50.0%	54.0%	35.7%	63.6%	46.4%	51.9%	50.0%	57.1%	47.8%	37.8%	68.2%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	60.3%	67.4%	63.7%	58.0%	57.3%	68.4%	65.3%	75.3%	64.6%	66.0%	69.2%	72.0%	78.7%		
	RE057	All Referrals received for all suspected cancers		502	434	537	514	460	558	502	599	501	364	472	443	497	5881	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	54.8%	60.9%	42.1%	56.0%	44.0%	44.6%	38.5%	62.1%	68.2%	71.2%	77.1%	71.2%	73.4%		
		% Urgent 1 - seen within 3 working days	80%	74.2%	69.8%	50.0%	71.5%	65.6%	54.1%	42.4%	50.0%	#####	NaN	100.0%	NaN	100.0%		
		% Urgent 2 - seen within 5 working days	80%	61.8%	73.7%	54.0%	67.7%	39.3%	50.0%	52.2%	69.8%	82.1%	89.2%	81.7%	69.7%	70.3%		
		% Soon 1 - seen within 15 working days	80%	34.9%	38.7%	21.7%	23.9%	32.6%	39.6%	16.4%	0.0%	0.0%	0.0%	0.0%	75.0%	100.0%		
		% Soon 2 - seen within 30 working days	80%	38.5%	70.0%	0.0%	100.0%	0.0%	0.0%	51.9%	69.5%	70.5%	70.1%	75.6%	70.4%	68.2%		
		% Routine - seen within 12 weeks	80%	40.0%	70.0%	87.5%	79.0%	50.0%	34.8%	42.9%	66.7%	56.0%	42.9%	73.2%	82.4%	100.0%		

Performance Scorecard 7

	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RESPOSIVE		IPCC - No. patients waiting for a dentist		2638	3509	3666	3872	3993	4042	4268	4415	4528	4648	4878	5092	5134		
	RE0271	IPCC - Longest time waiting for a dentist (weeks)		167	168	177	181	185	189	193	200	203	207	211		239		
		IPCC - Number patients seen by dentist within the year		53892	53697	53829	53089	53628	53778	54084	54025	53151	41895	57005	61008	65355		
	RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		4.2%	4.2%	4.2%	4.2%	4.0%	4.0%	4.1%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		
		Average of Days to next GP appt - Ballasalla		13.0	13.7	5.8	7.0	4.7	6.0	6.3	7.8	8.0	7.7					
		Average of Days to next GP appt - Castletown		4.3	5.0	7.0	4.5	2.0	3.0	2.3	4.3	3.5	5.0					
		Average of Days to next GP appt - Finch		7.8	6.7	6.0	8.0	8.3	8.0	5.5	5.3	5.5	5.0					
		Average of Days to next GP appt - Hailwood		7.0	10.0	9.0	10.5	9.6	13.3	6.0	4.3	9.5	9.3					
		Average of Days to next GP appt - Kensington		5.8	10.5	4.0	8.0	8.4	12.7	11.0	9.0	9.5	6.7					
		Average of Days to next GP appt - Laxey		8.5	10.5	8.0	6.8	9.8	10.7	9.0	10.5	9.5	11.5					
		Average of Days to next GP appt - Palatine		4.3	10.3	1.0	1.0	10.6	15.3	10.0	13.5	14.0	13.0					
		Average of Days to next GP appt - Peel		9.3	9.3	6.0	5.8	7.6	6.3	1.0	1.0	1.0	1.3					
		Average of Days to next GP appt - Ramsey		1.0	1.3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0					
		Average of Days to next GP appt - Snaefell		10.3	16.8	13.0	4.5	15.5	12.0	20.0	17.0	23.5	12.5					
		Average of Days to next GP appt - Southern		1.3	1.5	2.0	1.0	1.8	2.0	1.3	1.0	1.5	1.3					
	RE081	IPCC - N. of GP appointments		31998	24715	29084	28790	25807	27687	29379	33554	32174	24384				255574	
	RE054	Did Not Attend Rate (GP Appointment)	-	3%	3%	3%	3%	2%	3%	3%	2%	3%	3%					
	RE074	Response by Community Nursing to Urgent / Non routine		N/A	100%	100%	100%	100%	100%	100%	94%	96%	100%	100%	100%	100%		
	RE075	Community Nursing Service response target met - Routine		N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	RE028	MH - No. service users on Current Caseload	4500 - 5500	5030	5090	5093	5129	5211	5226	5285	5325	5359	5305	5315	5302	5330	62970	
	RE044	MH- Waiting list		N/A	N/A	N/A	1572	1637	1598	1654	1701	1750	1752	1702	1723	1768		
	RE071	Average caseload per social worker- Adult Generic Team	16 to 18	N/A	N/A	N/A	13.3	19.0	19.3	21.7	20.3	21.6	20.4	25.9	17.1	16.9		
	RE078	Average caseload per social worker- Adult Learning Disabilities	17 to 18	N/A	N/A	N/A	18.7	20.3	21.1	23.4	27.1	28.1	23.4	20.0	17.6	19.5		
	RE079	Average caseload per social worker- Older Persons Community Team	18 to 18	N/A	N/A	N/A	10.8	11.7	11.3	14.7	17.2	19.8	19.8	14.4	17.2	17.9		

Performance Scorecard 8

Version: Final v3.0	KPI ID	Indicator	OP. Plan Threshold	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD 2023-24	YTD Performance
RESPONSIVE	RE030	W&C - % New Birth Visits within timescale		90.6%	96.0%	85.7%	86.0%	83.0%	89.4%	84.3%	90.4%	96.2%	91.7%	87.5%	94.4%	94.4%		
	RE032	Births per annum		588	54	103	144	191	237	293	348	391	451	501	545	587		
	RE051	Maternity Bookings		57	48	73	48	48	55	51	56	60	50	67	61	58	675	
	RE052	Ward Attenders		196	196	159	146	270	244	44	309	230	275	221	196	220	2510	
	RE053	Gestation At Booking <10 Weeks		26.3%	39.6%	21.9%	20.8%	29.2%	30.9%	39.2%	33.9%	45.0%	48.0%	46.3%	65.6%	60.3%		
	RE056	Adult General and Acute (G&A) bed occupancy	<=92%	N/A	N/A	N/A	N/A	60.1%	64.2%	61.6%	63.2%	68.3%	64.8%	65.4%	61.9%	61.7%		
	RE069	ASC - % of all Residential Beds Occupied	85% - 100%	84%	83%	83%	71%	69%	68%	52%	59%	48%	70%	59%	70%	73%		
	RE070	Respite bed occupancy	>= 90%	79%	92%	80%	69%	70%	81%	65%	58%	73%	88%	48%	65%	63%		
		Total number of Service Users		262	250	250	212	134	134	162	181	153	220	176	0	0		
	RE068	ASC-% of Service users with a PCP in Place	95.00%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	7.6%	5.9%	5.2%	5.5%	6.0%	6.6%	6.0%	7.0%	6.4%	6.1%	7.0%	6.2%	5.4%		
	WP002	Number of staff on long term sickness		83	65	82	69	91	94	82	63	116	88	82	68	88		
	WP004	Number of staff leavers		19	22	22	24	22	34	34	19	21	22	16	18	29	283	
	WP005	Number of staff on disciplinary measures		5	5	7	8	9	11	10	6	11	11	10	6	9	103	
	WP006	Number of suspended staff		1	1	1	1	1	4	4	4	5	4	4	3	4	36	
	WP007	Number of Data Breaches	0	22	8	13	13	11	11	12	14	8	13	14	14	20	151	
		Reported to ICO		21	8	13	13	13	11	11	4	4	1	2	0	0	80	
	WP011	Number of Enforcement Notices from the ICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	WP012	Number of DSAR, AHR and FOI's not completed within their target	0	4	32	39	76	27	39	33	29	29	33	41	47	35	460	
	WP013	Staff 12 months turnover rate	10%	11.3%	11.0%	10.9%	10.4%	10.0%	9.4%	9.7%	9.4%	9.8%	10.1%	10.2%	10.0%	10.2%		
	WP015	Number of DSAR, AHR and FOI's overdue at month end		14	44	55	33	41	41	24	31	40	30	32	27	54	452	
		Number of DSAR, AHR and FOI's Breaches		18	76	94	109	68	80	57	60	69	63	73	74	89	912	
WELL LED (FINANCE)	WF001	% Progress towards Cost Improvement Target (CIP)	1.5%	170.0%	N/A	N/A	22.2%	26.7%	33.3%	76.0%	86.7%	91.1%	109.0%	#####	131.1%			
	WF002	Total income (£)		-£2,136,829.00	-£1,289,366.95	-£1,205,889.53	-£1,363,058.62	-£1,220,692.80	-£1,256,106.57	-£1,309,283.30	-£1,517,134.68	-£1,394,119.46	-£1,256,596.46	#####	-£1,317,607.85		-£14,420,506	
	WF003	Total staff costs (£)		£13,959,910.00	£16,872,849.17	£17,794,223.57	£17,822,473.03	£17,602,014.00	£17,743,480.14	£18,213,529.79	£17,915,352.77	£18,143,236.48	£17,624,943.48	#####	£18,699,973.83		£199,803,078	
	WF004	Total other costs (£)		£14,906,339.00	£12,333,621.23	£13,965,735.52	£12,377,178.61	£13,156,152.00	£13,621,544.61	£12,102,126.42	£12,646,943.85	£13,050,900.26	£13,118,543.95	#####	£11,458,982.66		£140,760,647	
	WF005	Agency staff costs (proportion %)		6.9%	7.8%	7.4%	6.2%	6.2%	4.7%	4.8%	5.8%	4.3%	5.1%	3.0%	4.0%			
	WF007	Actual performance (£ 000)		£26,729.0	£26,549.0	£28,435.0	£27,911.0	£29,509.0	£30,100.0	£28,814.0	£29,030.0	£29,351.0	£29,439.0	#####	£28,441.0			
	WF008	budget (£ 000)		£23,572.0	£25,248.0	£25,248.0	£25,248.0	£25,248.0	£30,648.0	£25,948.0	£25,948.0	£25,948.0	£25,948.0	#####	£25,948.0			
	WF009	Actual performance against Budget (£ 000)		-£3,157.0	-£1,301.0	-£3,187.0	-£2,663.0	-£4,261.0	£548.0	-£2,866.0	-£3,082.0	-£3,403.0	-£3,491.0	#####	-£2,493.0			