Integrated Performance Report

Dec-23

Version: Final v1.0

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Introduction - 1

Integrated Performance Report (IPR) development

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

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

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

Notes regarding the format of the IPR

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

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

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

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

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

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

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

• Alignment to CQC recognised domains

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

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

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

• Structured narrative

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

Issue -> Remedial Action -> Recovery Trajectory

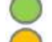
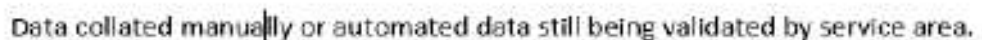
Introduction - 2

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

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

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

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


Data automated and validated.


Data currently unavailable or validation in initial stages only

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

VARIATION

Criteria	Category	Icon
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)	H / L
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)	H / L
If none of the above criteria is met	Common cause	

ASSURANCE

Criteria	Category	Icon
If last 6 points are equal to or better than the target	Consistently hit target	P
If last 6 points are worse than the target	Consistently fail target	F
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 organisationswithin 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.

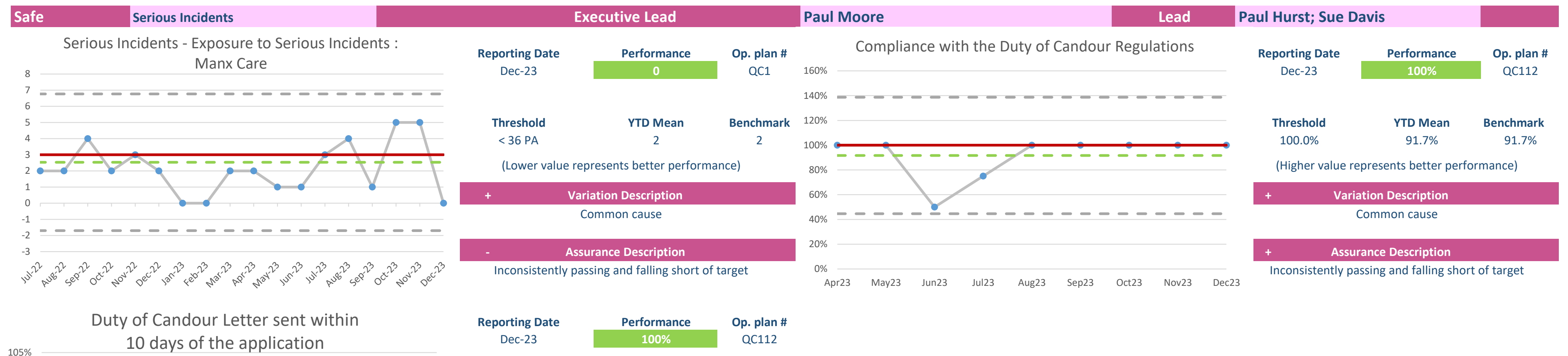
Executive Summary

	Going Well	Cause for Concern
Safe	• 29 consecutive months without a Never Event. • No Serious Incidents reported in December. • Zero cases of C.Diff reported. • Zero Medication Errors with Harm across Manx Care in December. • Numbers of Falls that resulted in Harm remain low and within the expected threshold. • Positive achievement against Safety Thermometer for Adults, Maternity and Children. • Performance of VTE prophylaxis exceeded the threshold with 96%. VTE risk assessment within 12 hours was 93% which is just belowthe 95% standard. • There were no cases of MRSA in December. • 100% of letters were sent in accordance with Duty of Candour Regulations.	• 7 cases of E.coli bacteraemia. However, this is the lowest level for 4 months. • 48-72 hr senior medical review of antibiotic prescription remains below the 98% threshold and decreased to 78% in December.
Effective	• 99% of Learning from Death reviews were completed within timescale which exceeds the target for the eleventh month in a row. • The Crisis Team continue to meet the 1 hour response time threshold for Emergency Department referrals. • Adult Social Care re-referral rates remain within expected levels. • The reported number of individuals receiving copies of their Wellbeing Partnership assessments was 95% in December, with the average monthly achievement now at 84%. • 100% of MARFs were completed on time during December.	• Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge. • Children (of age) participating in, or contributing to, their Complex Review decreased to 21% (from 71% in November) • No Initial Child Protection Conferences held on time were completed. 3 meetings were due and 0 were held in time, reasons for delayed meetings: Family unavailable - 3
Caring	• Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (91%). • Service user satisfaction remains high with 91% 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 December was 100%.	• 28 complaints were logged in December, but this remains within the expected threshold.
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. • Outpatient waiting list continued to decrease slightly in December but remains above the baseline. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • Good performance was maintained in the Ambulance service for Category 2 - 5 response times. • Mental Health caseloads remain within expected levels.	• The ED Performance against the 4 hour standard slightly decreased to 68% in December and remains below the required target. • Emergency care demand remains high and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing. • There were 41 12-Hour Trolley Waits. • 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 43 breaches of the 60 minute ambulance turnaround time in December. • The ED reached the highest Operational Pressures Escalation Level (OPEL), Level 4, in December for 1.5 days. • Cancer 28 Day performance in December was below the 75% threshold at 66%.
Well Led (People)	• Manx Care staff across all specialisations continue to demonstrate their commitment to their GDPR responsibilities and engage well with the Information Governance team and their responsibilities to handling data safely and correctly. A Data Protection Impact Assessment (DPIA) training course recently scheduled for Manx Care staff was significantly oversubscribed and has required a second course to be scheduled to meet the demand for places. • The trend of reduced rates of sickness absence, compared to previous years, has continued with December's rate at 6.1%.	• There were 13 Data Breaches reported in December. • As reported previously the number of Subject Access Requests and Freedom of Information Requests whilst varying from month to month still maintains an upward trend. The pressures from volume and complexity continue to make responding to requests within timescale very challenging.
Well Led (Finance)		• The operational result for November is an overspend of (£2.6m) with costs increasing by £1.2m compared to the previous month. The majority of this increase relates to drugs costs, changes to the Pharmaceutical contract and placement costs which were all expected. • YTD employee costs are (£4.3m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end.

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	Dec-23		0	2	22	< 36 PA		
SA002		Duty of Candour Letter sent within 10 days of the application	Dec-23		100%	87%	-	80%		
SA018		Compliance with the Duty of Candour Regulations	Dec-23		100%	92%	-	100%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Dec-23		93%	90%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Dec-23		96%	97%	-	95%		
SA005		Never Events	Dec-23		0	0	0	0		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Dec-23		0.2	0.3	-	< 2		
SA007		Clostridium Difficile - Total number of acquired infections	Dec-23		0	3	23	< 30 PA		
SA008		MRSA - Total number of acquired infections	Dec-23		0	0	1	0		
SA009		E-Coli - Total number of acquired infections	Dec-23		7	8	68	< 72 PA		
SA010		No. confirmed cases of Klebsiella spp	Dec-23	-	2	2	14	-		
SA011		No. confirmed cases of Pseudomonas aeruginosa	Dec-23	-	2	1	5	-		
SA012		Exposure to medication incidents resulting in harm	Dec-23		0	0	3	< 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	Dec-23		96%	97%	-	95%		
SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Dec-23		100%	99%	-	95%		
SA015		Harm Free Care Score (Safety Thermometer) - Children	Dec-23		99%	97%	-	95%		
SA016		Hand Hygiene Compliance	Dec-23		98%	98%	-	96%		
SA017		48-72 hr review of antibiotic prescription complete	Dec-23		78%	79%	-	>= 98%		
SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Dec-23		2	16	146	<= 17 (204 PA)		



Reporting Date	Performance	Op. plan #
Dec-23	0	QC1

Threshold	YTD Mean	Benchmark
< 36 PA	2	2

(Lower value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Inconsistently passing and falling short of target

Reporting Date	Performance	Op. plan #
Dec-23	100%	QC112

Threshold	YTD Mean	Benchmark
100.0%	91.7%	91.7%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Duty of Candour Letter sent within 10 days of the application

Reporting Date	Performance	Op. plan #
Dec-23	100%	QC112

Threshold	YTD Mean	Benchmark
80%	86.7%	86.67%

(Higher value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Inconsistently passing and falling short of target

Issues / Performance Summary

Serious Incidents:
Zero classified. No 72 hour reports were presented at SIRG during December. No SIs therefore declared. 22 SIs declared in total YTD.

Letter has been sent in accordance with Duty of Candour Regulations:
- 100% compliance.

Planned / Mitigation Actions

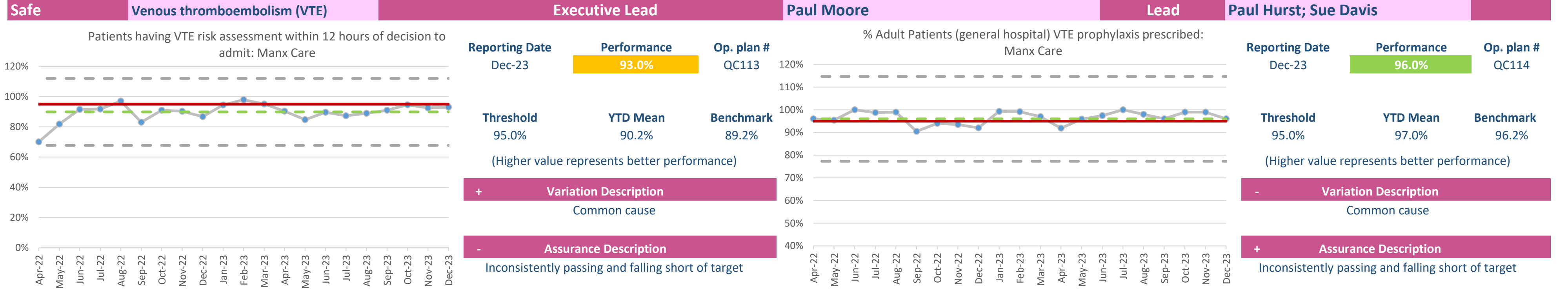
Serious Incidents:
- Continued monitoring via SIRG.

Letter has been sent in accordance with Duty of Candour Regulations:
- Continue to monitor .

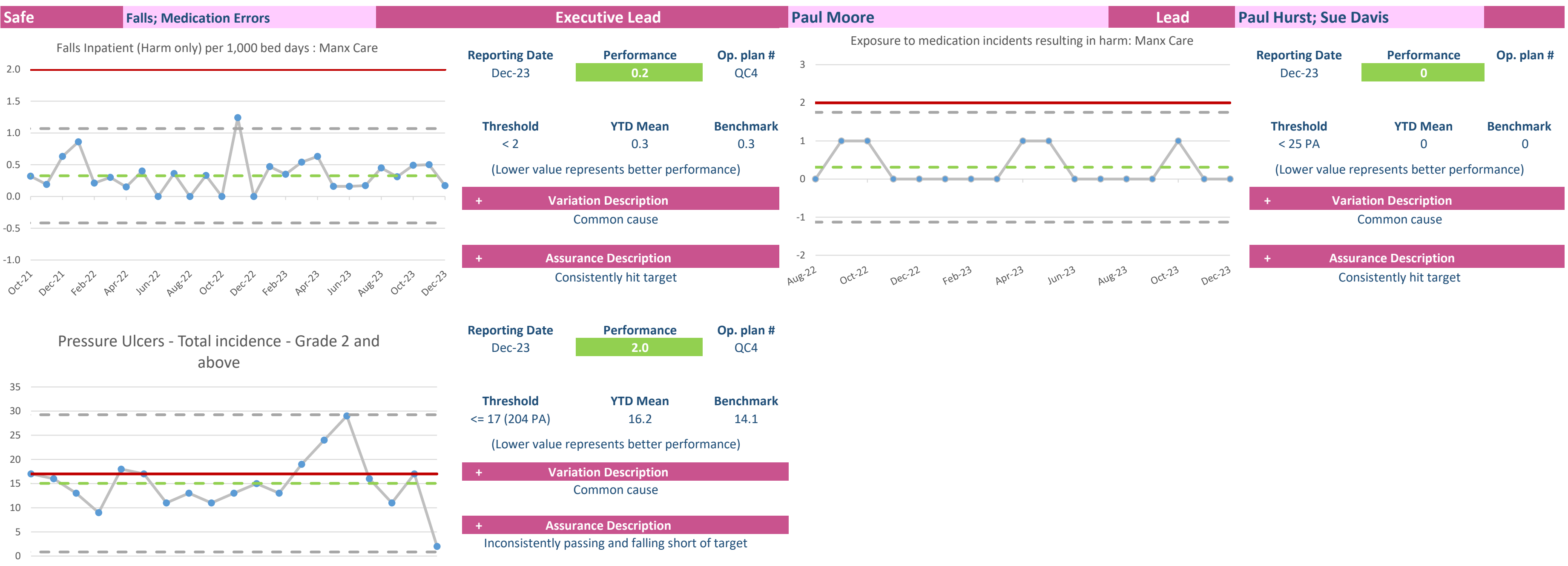
Assurance / Recovery Trajectory

Serious Incidents:
- Number of SIs reported for Manx Care on par with UK national average. High degree of confidence in reporting and management of SIs.

Letter has been sent in accordance with Duty of Candour Regulations:
- Performance remains strong..



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
VTE risk assessment within 12 hours: • 93.0% reported for December, which fell short of the target of 95%. Whilst the target is yet to be achieved in the current reporting year, 93% is the second highest YTD and indicates a positive trajectory. **VTE Prophylaxis:** • Excellent results for December - 96% VTE prophylaxis treatment was prescribed, exceeding our target of 95% for the eighth consecutive month.	**VTE risk assessment within 12 hours:** • The CQS Team continue to advise clinical staff aware of the requirement to complete risk assessments. **VTE Prophylaxis:** • The focus continues to remain on completing risk assessments within 12 hours of admission.	**VTE risk assessment within 12 hours:** • The CQS Team will continue to monitor performance in this area. **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.



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

Issues / Performance Summary

Inpatient Health Service Falls (with harm) per 1000 occupied bed days:
• 0.17% falls with harm, which is below the threshold of <2. YTD mean stands at 0.40; again below the threshold.

Medication Errors (with Harm):
• Zero medication errors with moderate and above harm reported in December, with just 3 cases reported YTD.

Pressure Ulcer incidence:
• There were only 2 pressure ulcers which met the criteria for reporting during December which is a significant decrease, albeit one which was somewhat anticipated following a revision of the indicator to focus on pressure ulcers occurring or deteriorating within our services.

13 PUs in total were reported across the services; 3 incidents were recorded as new or having deteriorated under Manx Care services. Of the new or deteriorating ulcers, 2 met the reporting threshold of category 2 or above, both being deep tissue injuries sustained to the heel during in-patient admissions. One of the patients was on EOL care. There were no reported new or deterioration incidents of category 3 or above. There were no new or deterioration incidents reported in community or social care.

Planned / Mitigation Actions

Inpatient Health Service Falls (with harm) per 1000 occupied bed days:
• All inpatient falls are reviewed to ensure that an appropriate risk assessment has taken place and to ensure that mitigation is in place.

Medication Errors (with Harm):
• Exposure to harm from medication errors remains low. Continue high vigilance and monitoring to ensure continued low exposure.

Pressure Ulcer incidence:
• Continued implementation of preventative measures and monitoring.

Assurance / Recovery Trajectory

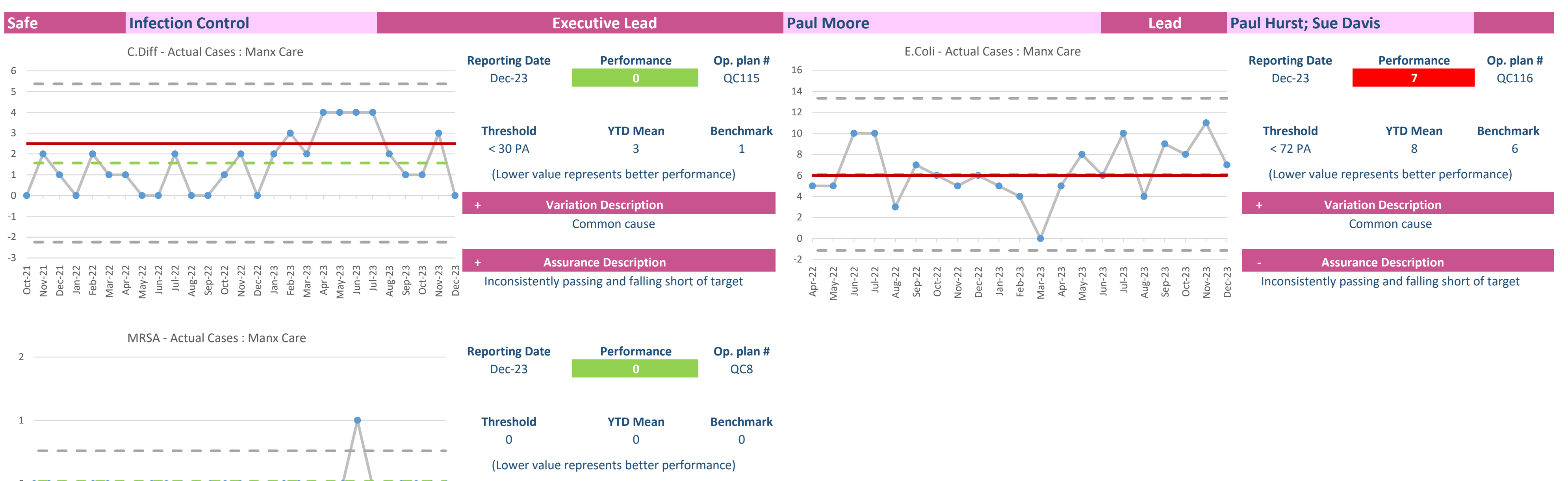
Inpatient Health Service Falls (with harm) per 1000 occupied bed days:
• This has consistently remained below target and monitoring will continue.

Medication Errors (with Harm):
• Reasonable assurance that errors leading to harm will remain low.

Pressure Ulcer incidence:
• The overall number of PUs this month is lower both for present on admission and new or deteriorating incidents.

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

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



Reporting Date	Performance	Op. plan #
Dec-23	0	QC115

Threshold	YTD Mean	Benchmark
< 30 PA	3	1

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

Reporting Date	Performance	Op. plan #
Dec-23	7	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 #
Dec-23	0	QC8

Threshold	YTD Mean	Benchmark
0	0	0

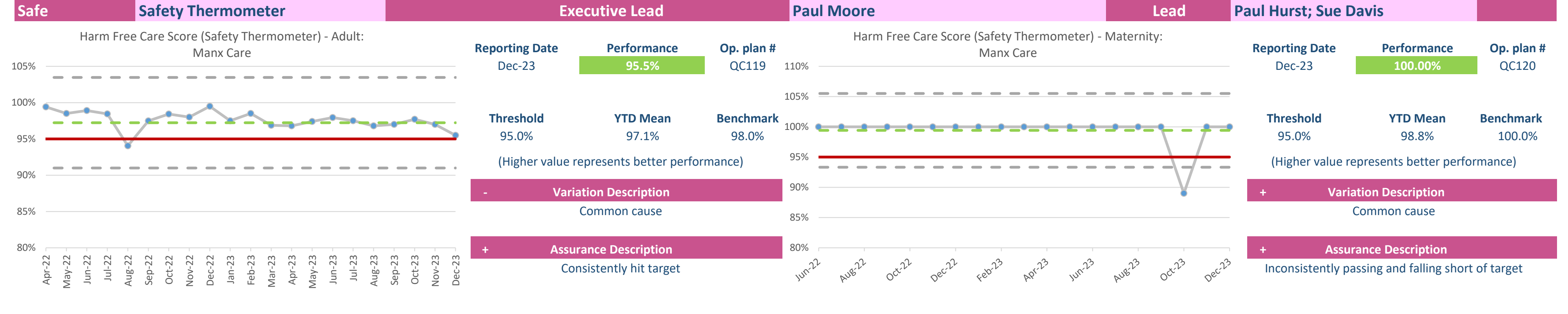
(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
C.Diff: • Zero cases reported for the first time this year. **E.Coli:** • 7 cases reported, which is the lowest for 4 months. **MRSA:** • Zero cases reported for sixth consecutive month. **Pseudomonas aeruginosa:** • 2 cases reported.	**MRSA:** • Surveillance and reporting to continue.	**MRSA:** • Trajectory remains stable/positive. Note - Benchmarks are the Manx Care monthly averages for 2022/23.

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



Adult

Reporting Date	Performance	Op. plan #
Dec-23	95.5%	QC119

Threshold	YTD Mean	Benchmark
95.0%	97.1%	98.0%

(Higher value represents better performance)

- Variation Description
Common cause

+ Assurance Description
Consistently hit target

Maternity

Reporting Date	Performance	Op. plan #
Dec-23	100.00%	QC120

Threshold	YTD Mean	Benchmark
95.0%	98.8%	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 #
Dec-23	98.5%	QC121

Threshold	YTD Mean	Benchmark
95.0%	96.8%	95.8%

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target

Issues / Performance Summary

Adult:
• 95.5% remains above the target of 95%; YTD average also exceeding target at 97%.

Maternity:
• 100% Maternity patients were kept harm free. Results for the YTD extremely positive with 8 out of 9 months exceeding the target.

Children:
• 98.5% of children were kept harm free, exceeding the target of 95% for 8 out of 9 months in this reporting year.

Planned / Mitigation Actions

Adult:
• Continue to maintain compliance.

Maternity:
• Continue to maintain compliance.

Children:
• Continue to maintain compliance.

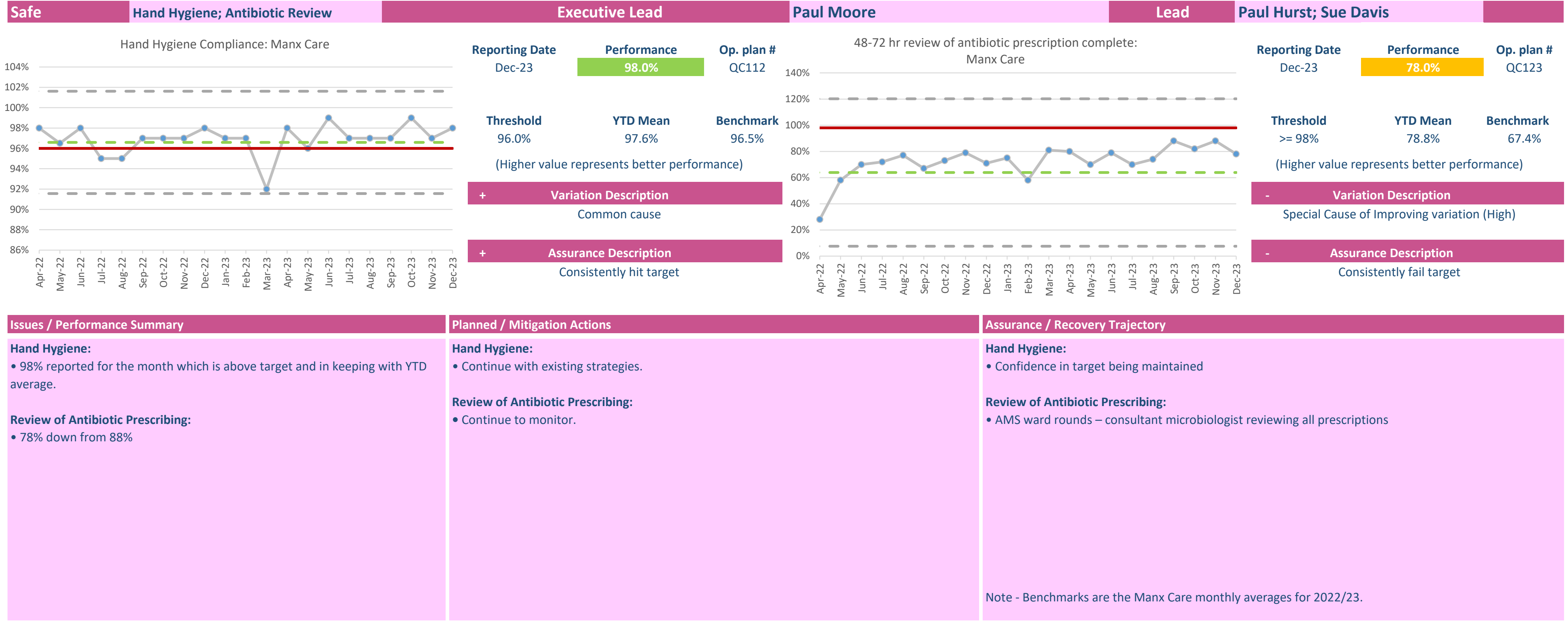
Assurance / Recovery Trajectory

Adult:
• High level of confidence that this level will be maintained.

Maternity:
• Confident that high level of compliance will be maintained.

Children:
• Confident that compliance will be maintained.

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 #
Dec-23	98.0%	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 #
Dec-23	78.0%	QC123

Threshold	YTD Mean	Benchmark
>= 98%	78.8%	67.4%

(Higher value represents better performance)

- Variation Description

Special Cause of Improving variation (High)

- Assurance Description

Consistently fail target

Issues / Performance Summary

Hand Hygiene:

• 98% reported for the month which is above target and in keeping with YTD average.

Review of Antibiotic Prescribing:

• 78% down from 88%

Planned / Mitigation Actions

Hand Hygiene:

• Continue with existing strategies.

Review of Antibiotic Prescribing:

• Continue to monitor.

Assurance / Recovery Trajectory

Hand Hygiene:

• Confidence in target being maintained

Review of Antibiotic Prescribing:

• AMS ward rounds – consultant microbiologist reviewing all prescriptions

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

Effective Performance Summary (page 1 of 2)

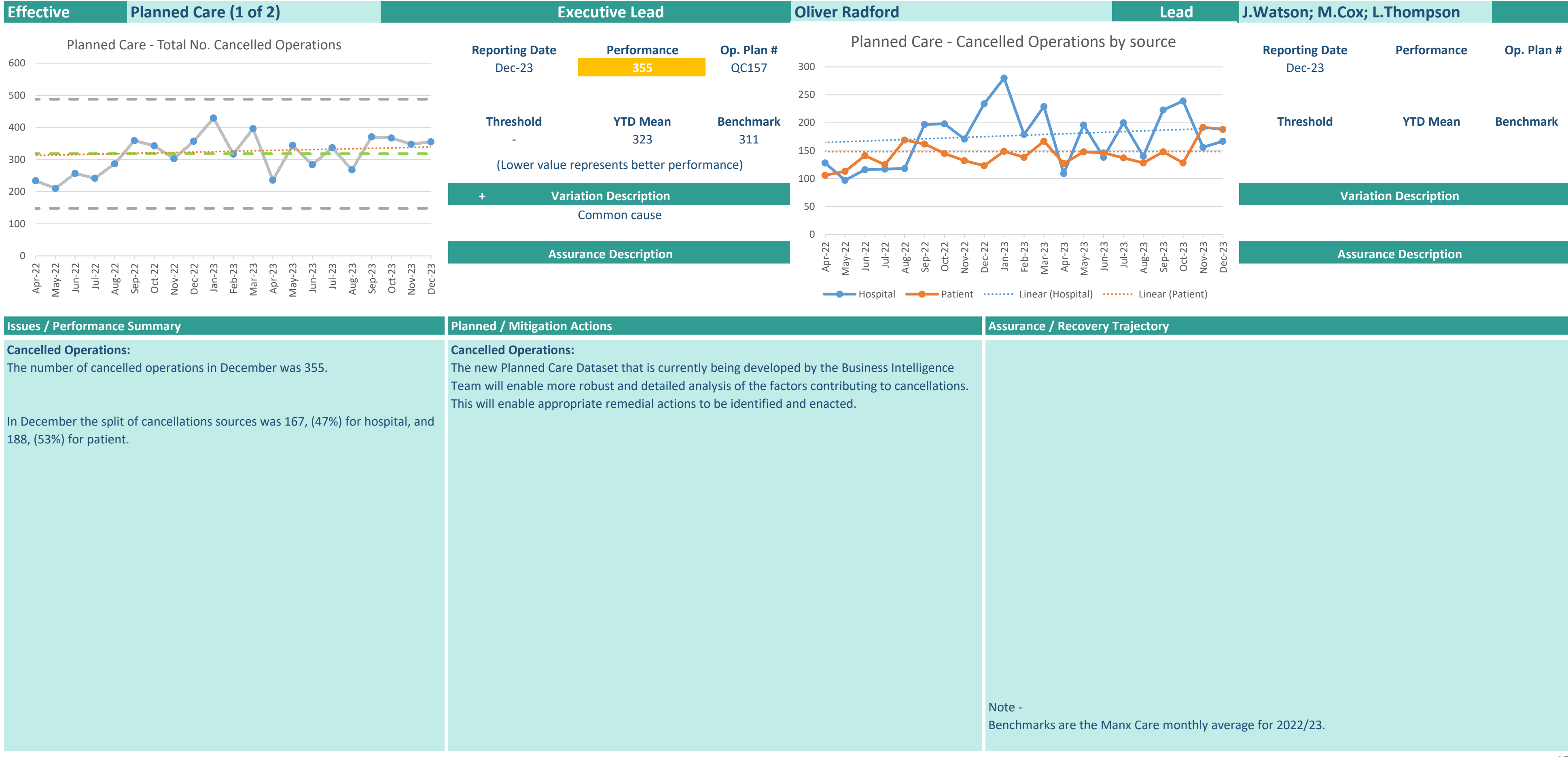
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Dec-23		17%	13%	-	5% by Apr '24		
EF067		Planned Care - DNA Rate - Hospital	Dec-23		11.9%	-	-	5%		
EF002		Planned Care - Total Number of Cancelled Operations	Dec-23		355	323	2910	-		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Dec-23	-	91	107	-	-		
EF050		Total Number of Inpatient discharges-Nobles	Dec-23	-	902	924	8315	-		
EF051		Total Number of inpatient discharges-RDCH	Dec-23	-	47	38	343	-		
EF003		Theatres - Number of Cancelled Operations	Dec-23		24	35	316	-		
EF004		Theatres - Theatre Utilisation	Dec-23		72%	76%	-	85%		
EF006		Crude Mortality Rate	Dec-23	-	22	23	271	-		
EF007		Total Hospital Deaths	Dec-23	-	20	23	279	-		
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Dec-23		99%	97%	-	80%		
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Dec-23		93%	96%	-	95%		
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Dec-23		6%	8%	-	-5%		
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Dec-23		33%	2%	-	-10%		
EF010		IPCC - % Dental contractors on target to meet UDA's	Dec-23		55%	-	-	96%		
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Dec-23	-	24	34	-	-		
EF064		MH - Number of patients with a length of stay - 0 days	Dec-23	-	1	1	8	-		

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	Dec-23	-	0	2	14	-		-
EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Dec-23	-	2	1	10	-		-
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Dec-23		100%	99%	-	90%		
EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Dec-23		100%	100%	-	75%		
EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Dec-23		100%	83%	-	75%		
EF026		MH - Crisis Team one hour response to referral from ED	Dec-23		85%	90%	-	75%		
EF063		ASC - No. of referrals	Dec-23	-	59	73	657	-		-
EF015		ASC - % of Re-referrals	Dec-23		5%	3%	-	<15%		
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Dec-23		24%	33%	-	80%		
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Dec-23		95%	84%	-	100%		
EF052		Referrals to Adult Safeguarding Team	Dec-23	-	90	98	883	-		-
EF053		Adult Safeguarding Alert	Dec-23	-	47	58	524	-		-
EF054		Discharges from Adult Safeguarding Team	Dec-23	-	110	97	872	-		-
EF055		Re-referrals to Adult Safeguarding Team	Dec-23	-	18	19	174	-		-
EF056		% MARFs Completed by Adult Safeguarding Team	Dec-23	-	100%	85%	-	-		-

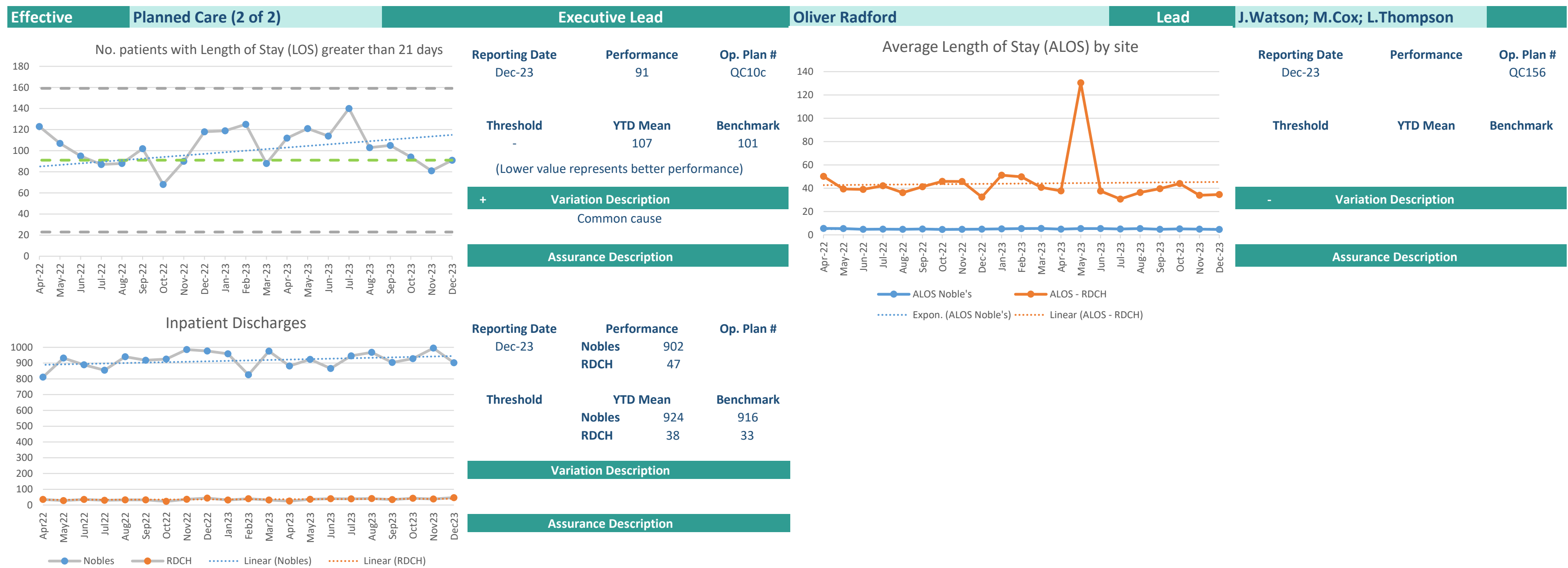
Effective Performance Summary (page 2 of 2)

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	Dec-23		188	154	1382	-		
EF019		CFSC - % Complex Needs Reviews held on time	Dec-23		67%	62%	-	85%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Dec-23		0%	71%	-	90%		
EF022		CFSC - % Child Protection Reviews held on time	Dec-23		100%	71%	-	90%		
EF023		CFSC - % Looked After Children reviews held on time	Dec-23		100%	96%	-	90%		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Dec-23		100%	88%	-	90%		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Dec-23		100%	99%	-	90%		
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Dec-23		21%	46%	-	79%		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Dec-23	-	47%	43%	-	-		
EF031		Maternity - Induction of Labour	Dec-23		29%	31%	-	< 30%		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Dec-23		1%	1%	-	< 3.5%		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Dec-23		2%	1%	-	< 2.6%		
EF034		Maternity - Unplanned Term Admissions To NNU	Dec-23	-	40%	-	-	-		
EF035		Maternity - Stillbirth Number / Rate	Dec-23		0	0.1	1.0	<4.4/1000		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	Dec-23	-	0	-	-	-		
EF037		Maternity - % Smoking At Booking	Dec-23	-	16%	9.2%	-	-		

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	Dec-23		6%	8%	-	< 18%		
EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Dec-23		67%	69%	-	> 80%		
EF040		Maternity - Breast Feeding Rate At Transfer Home	Dec-23		73%	-	-			
EF041		Maternity - Neonatal Mortality rate/1000	Dec-23		0	0	-			-
EF059		W&C - Paediatrics- Total Admissions	Dec-23		164	146	1023	-		-
EF060		W&C - NNU - Total number of Admissions	Dec-23		5	7	60	-		-
EF061		W&C - NNU - Avg. Length of Stay	Dec-23		13	9	61	-		-
EF062		W&C - NNU -Community follow up	Dec-23		8	5	41	-		-
EF068		Pharmacy - Total Prescriptions (No. of fees)	Oct-23		£137,848	£140,198	£981,383	-		-
EF069		Pharmacy - Chargable Prescriptions	Oct-23		£18,211	£18,525	£129,673	-		-
EF070		Pharmacy - Total Exempt Item	Oct-23		£135,824	£138,107	£966,748	-		-
EF071		Pharmacy - Chargeable Items	Oct-23		£17,940	£18,397	£128,781	-		-
EF072		Pharmacy - Net cost	Oct-23		£1,371,536	£1,449,070	£10,143,492	-		-
EF073		Pharmacy - Charges Collected	Oct-23		£69,092	£71,019	£497,134	-		-
EF081		IPCC - Dental - Additions	Dec-23		112	173	1,558	-		
EF082		IPCC - Dental - Allocations	Dec-23		0	41	369	-		
EF086		IPCC - Number of Sight Test	Nov-23		2649	2,274	18,189	-		
EF074		Total Number of OP & Dementia Beds Available	Dec-23		195	195	-	-		
EF075		Total Number of OP & Dementia Beds Occupied	Dec-23		128	110	-	-		
EF076		Total Number of LD Beds Available	Dec-23		85	83	-	-		
EF077		Total Number of LD Beds Occupied	Dec-23		69	70	-	-		


Effective
Planned Care (1 of 2)
Executive Lead
Oliver Radford
Lead
J.Watson; M.Cox; L.Thompson
Planned Care - Total No. Cancelled Operations
Reporting Date
Dec-23
Performance
355
Op. Plan #
QC157
Threshold
-
YTD Mean
323
Benchmark
311
(Lower value represents better performance)
+
Variation Description
Common cause
Assurance Description
Planned Care - Cancelled Operations by source
Hospital
Patient
Linear (Hospital)
Linear (Patient)
Reporting Date
Dec-23
Performance
Op. Plan #
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Issues / Performance Summary
Cancelled Operations:
The number of cancelled operations in December was 355.
In December the split of cancellations sources was 167, (47%) for hospital, and 188, (53%) for patient.
Planned / Mitigation Actions
Cancelled Operations:
The new Planned Care Dataset that is currently being developed by the Business Intelligence Team will enable more robust and detailed analysis of the factors contributing to cancellations. This will enable appropriate remedial actions to be identified and enacted.
Assurance / Recovery Trajectory
Note -
Benchmarks are the Manx Care monthly average for 2022/23.

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



Reporting Date	Performance	Op. Plan #
Dec-23	91	QC10c
Threshold	**YTD Mean**	**Benchmark**
-	107	101

(Lower value represents better performance)

+ Variation Description

Common cause

Assurance Description

Reporting Date	Performance		Op. Plan #
Dec-23	**Nobles**	902	
	RDCH	47	

Threshold	YTD Mean		Benchmark
	Nobles	924	916
	RDCH	38	33

Variation Description

Assurance Description

Reporting Date	Performance	Op. Plan #
Dec-23		QC156
Threshold	**YTD Mean**	**Benchmark**

- Variation Description

Assurance Description

Issues / Performance Summary

Length of Stay:

• The spike in average LOS for RDCH in May was due to a single patient with a very high length of stay being discharged .

• Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay.

• The acuity of patients being admitted has increased for some surgical patients driving longer lengths of stay in hospital.

• Access to surgical bed base continues to be a challenge - continuing high levels of medical patients (and their higher acuity) being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken.

• Regularly have 30–50 medical outliers in surgical beds – which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards.

• Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity.

Inpatient Discharges:

There were 949 discharges in December, slightly below the year to date average of 962, and December '22 (1,021). This demonstrates the consistent discharging of patients despite the challenges around patient flow.

Planned / Mitigation Actions

Length of Stay:

• Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.

• Spot purchasing of community beds

• Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme.

• Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate.

• Ward 12 is being used as an escalation ward when required – however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R & R for specific weeks – in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan.

Assurance / Recovery Trajectory

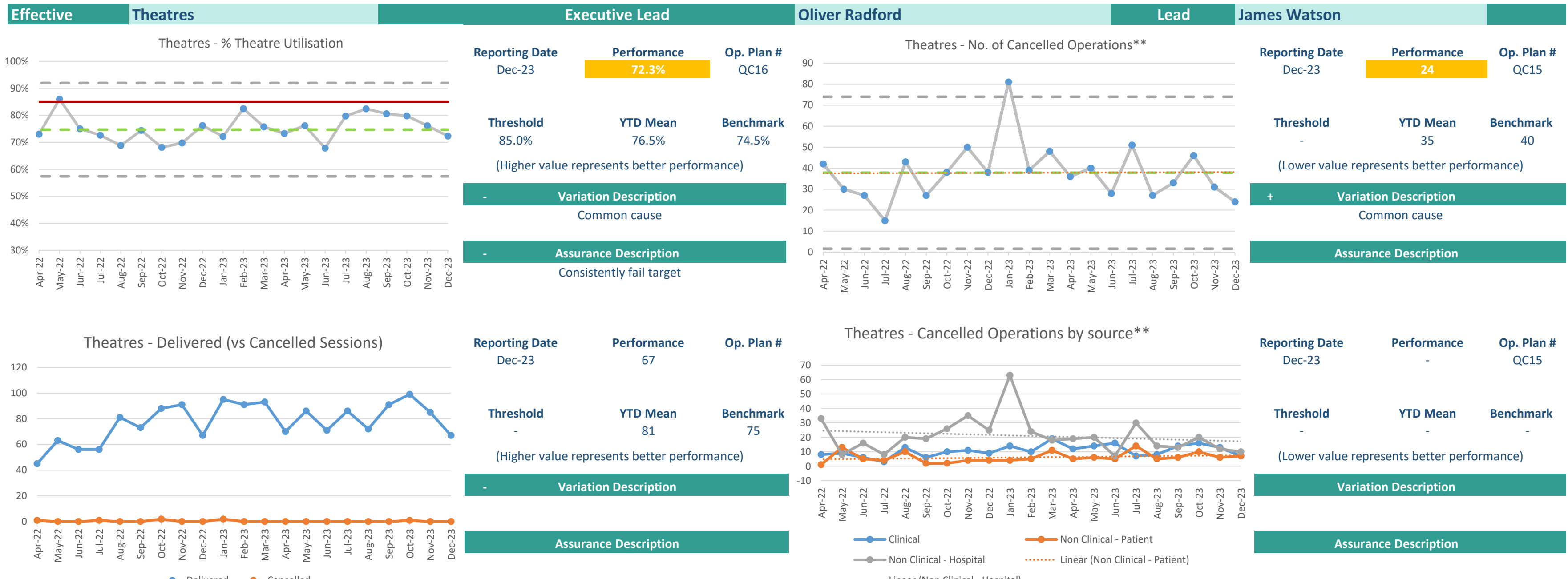
Length of Stay:

• Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.1 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital.

• Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).

• Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement.

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



Issues / Performance Summary

Theatre Utilisation:

• The number of theatre sessions delivered in December was 67.

•The number of cancelled operations decreased to 24 in December (year to date average is 36). Most common reasons were "Unfit for Surgery-Acute illness" (7), "Appointment Inconvenient" (4) and "Ward Beds Unavailable" (4).

• 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.

Planned / Mitigation Actions

• 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 orthopaedic and 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.

Assurance / Recovery Trajectory

• 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) which was conducted in October, resuts to be published December.

• 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.

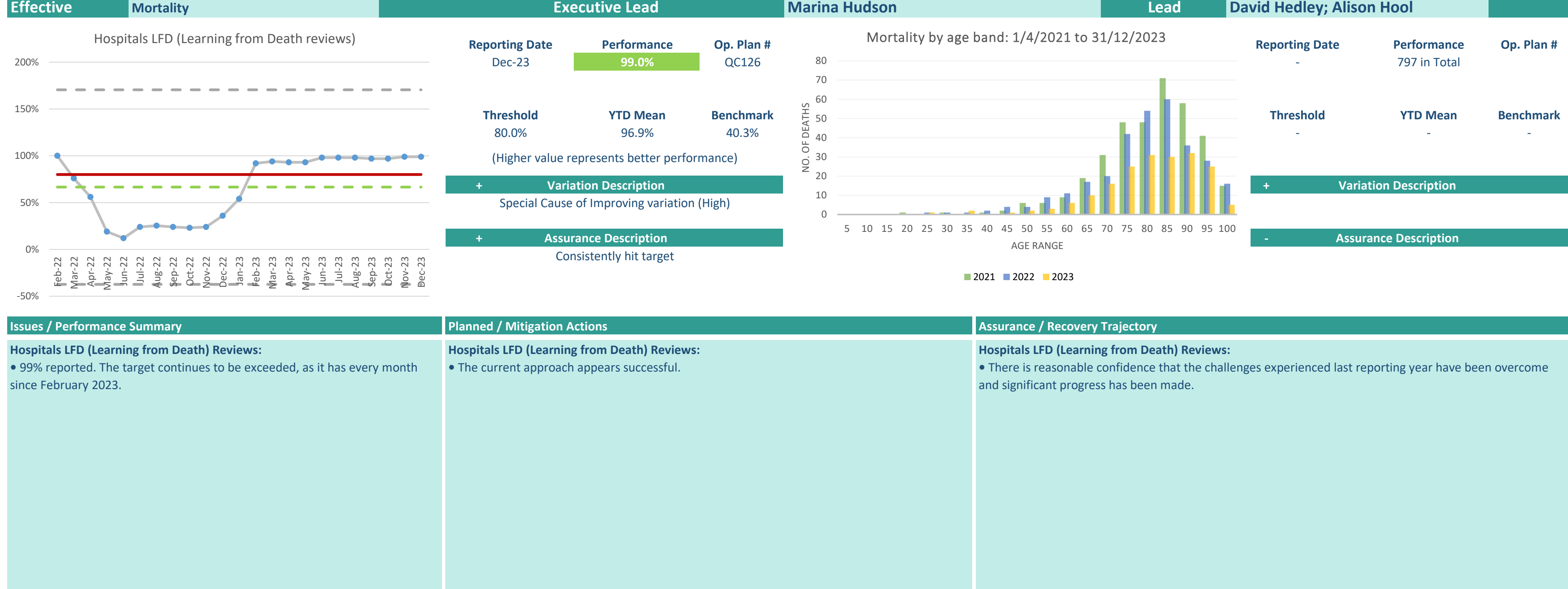
• Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.

• 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.

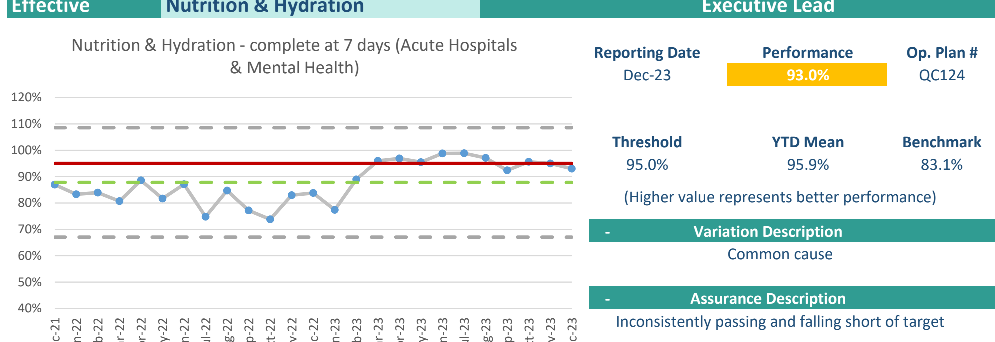
Note -

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Hospitals LFD (Learning from Death) Reviews: • 99% reported. The target continues to be exceeded, as it has every month since February 2023.	**Hospitals LFD (Learning from Death) Reviews:** • The current approach appears successful.	**Hospitals LFD (Learning from Death) Reviews:** • There is reasonable confidence that the challenges experienced last reporting year have been overcome and significant progress has been made. 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 #
Dec-23	93.0%	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

Nutrition & Hydration:
• 93% reported, marginally below the target of 95%. The target has been exceeded in 7 out of 9 reporting months YTD.

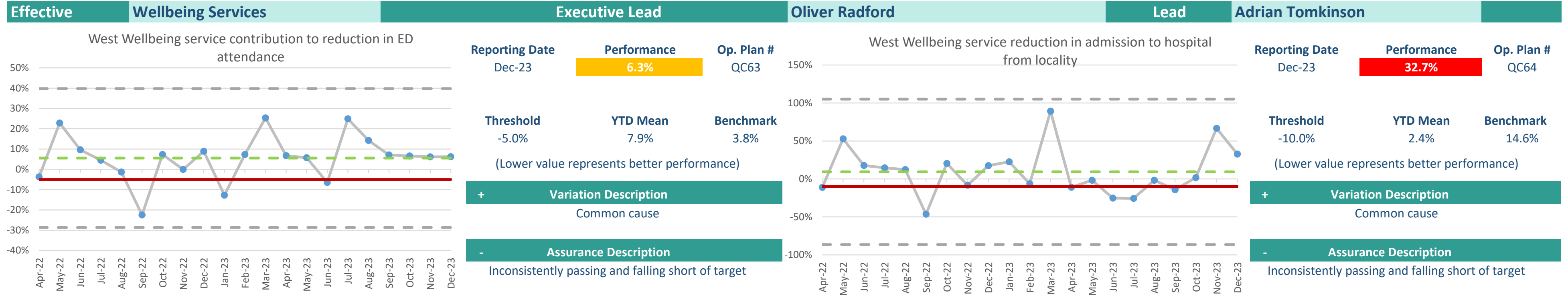
Planned / Mitigation Actions

Nutrition & Hydration:
• Missing assessments are highlighted to senior staff.

Assurance / Recovery Trajectory

Nutrition & Hydration:
• Progress will continue to be monitored.

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



Issues / Performance Summary

Wellbeing Services:

• The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation.
• Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute.
• Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E.
• Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service.

Planned / Mitigation Actions

Wellbeing Services:

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

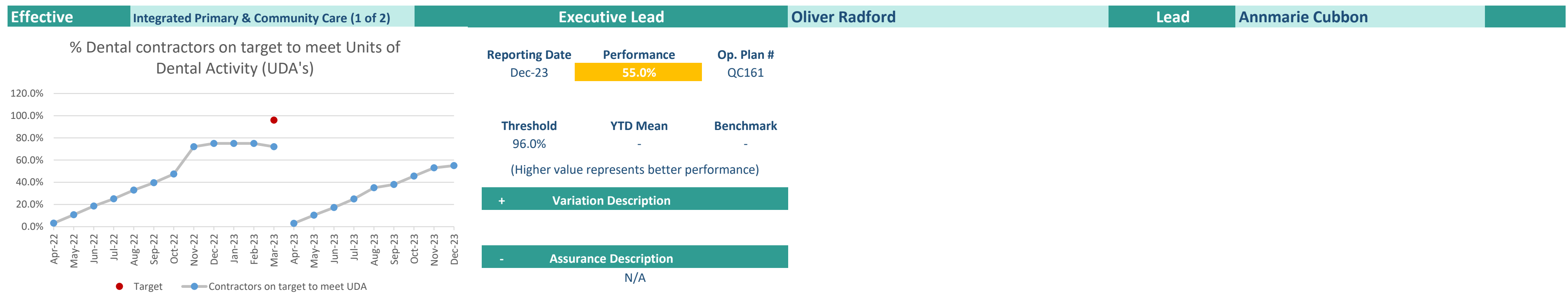
Assurance / Recovery Trajectory

Wellbeing Services:

• The service will look to refer more patients to third sector services, e.g. respite services as appropriate.
• Technical specification of 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 PIMS 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 #
Dec-23	55.0%	QC161

Threshold	YTD Mean	Benchmark
96.0%	-	-

(Higher value represents better performance)

+ Variation Description

- Assurance Description

N/A

Issues / Performance Summary

Dental Contractors:

• Hillside Dental practice became a salaried dental service as of 1st December. The new software provider had experienced a serious cyber-attack, which to date has still not been resolved. Alternative solutions are currently being looked into. The practice is providing emergency treatment only at this time.

Planned / Mitigation Actions

Dental Contractors:

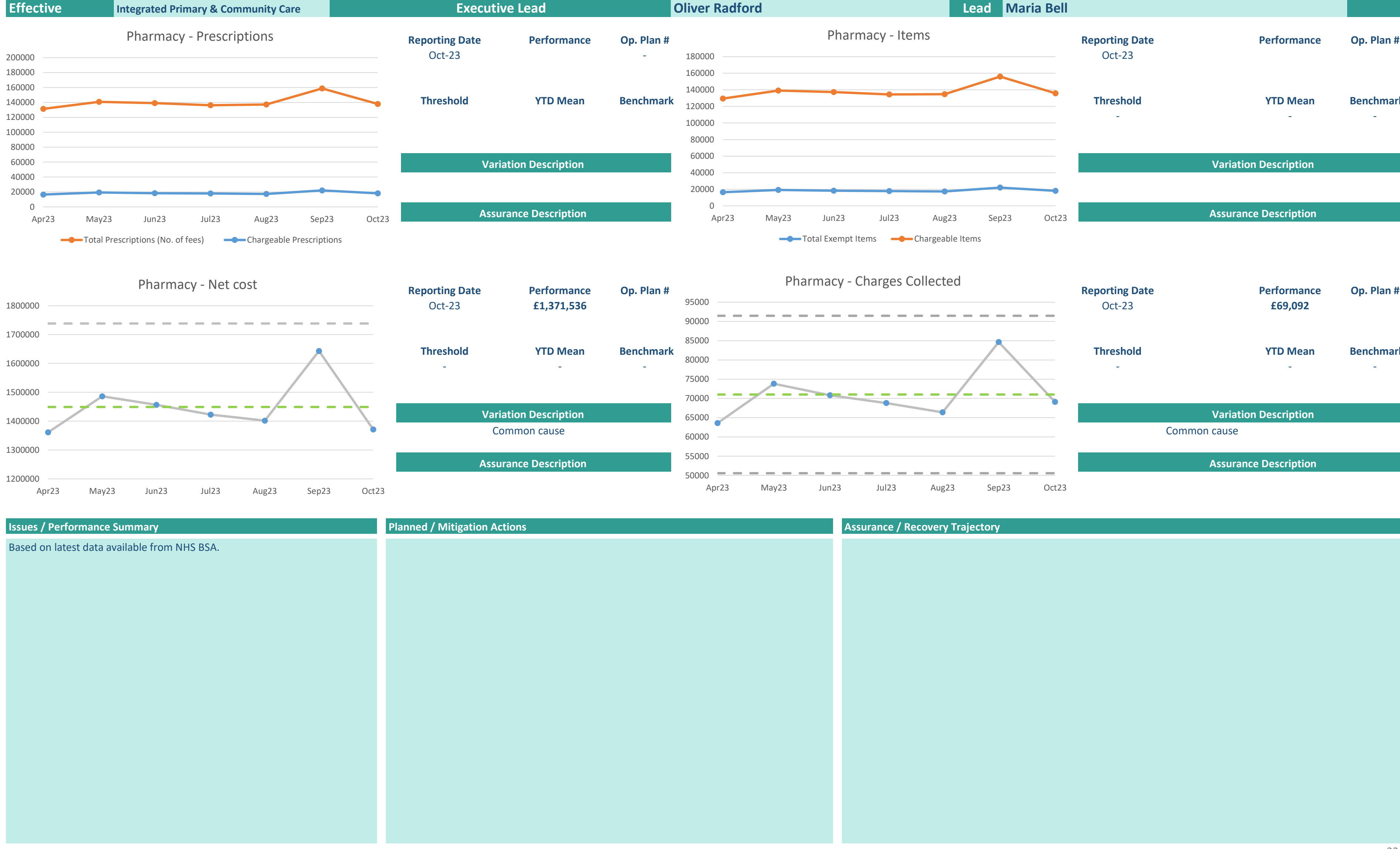
• The majority of contractors are on target to achieve their UDA delivery for the year.

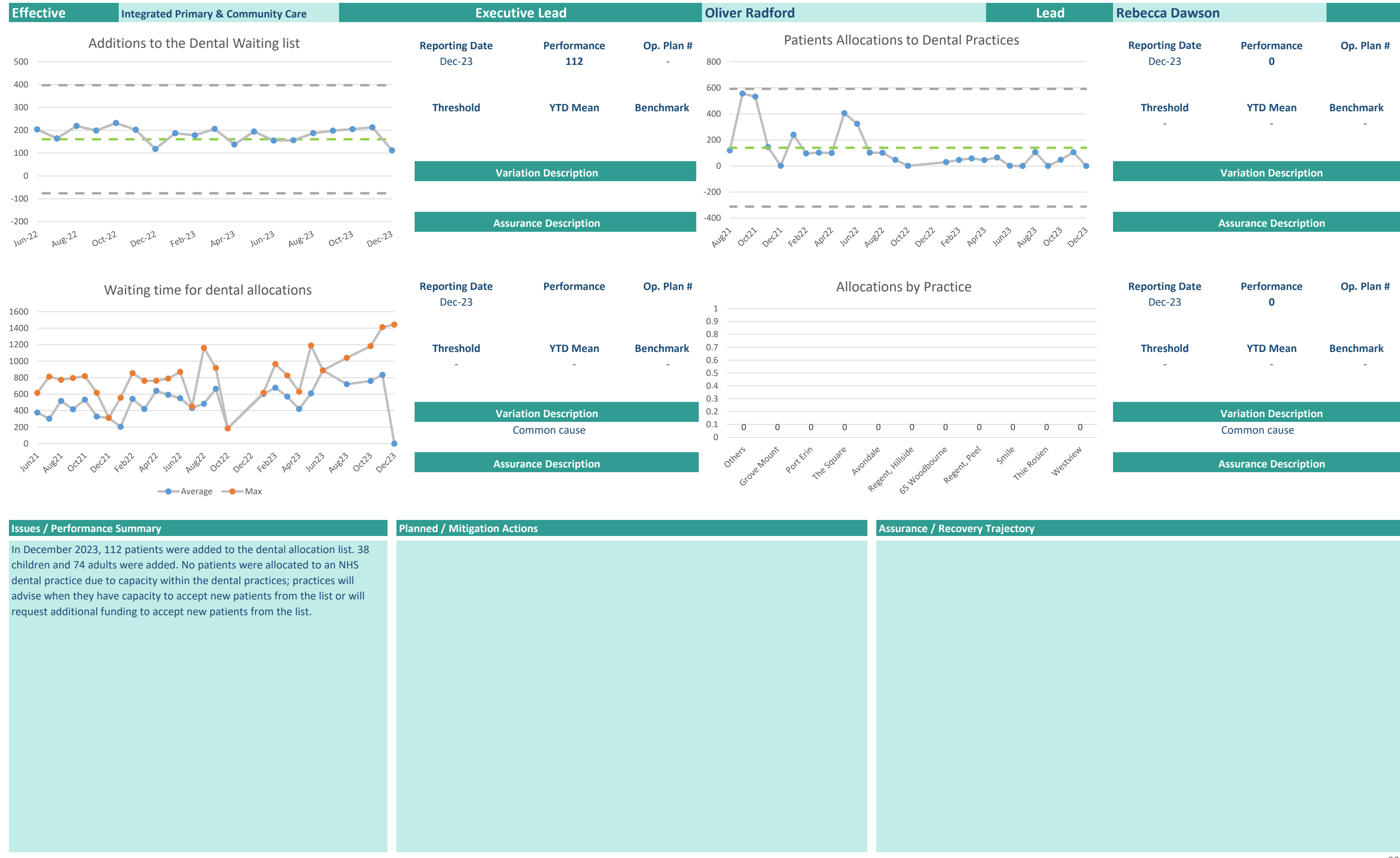
Assurance / Recovery Trajectory

Dental Contractors:

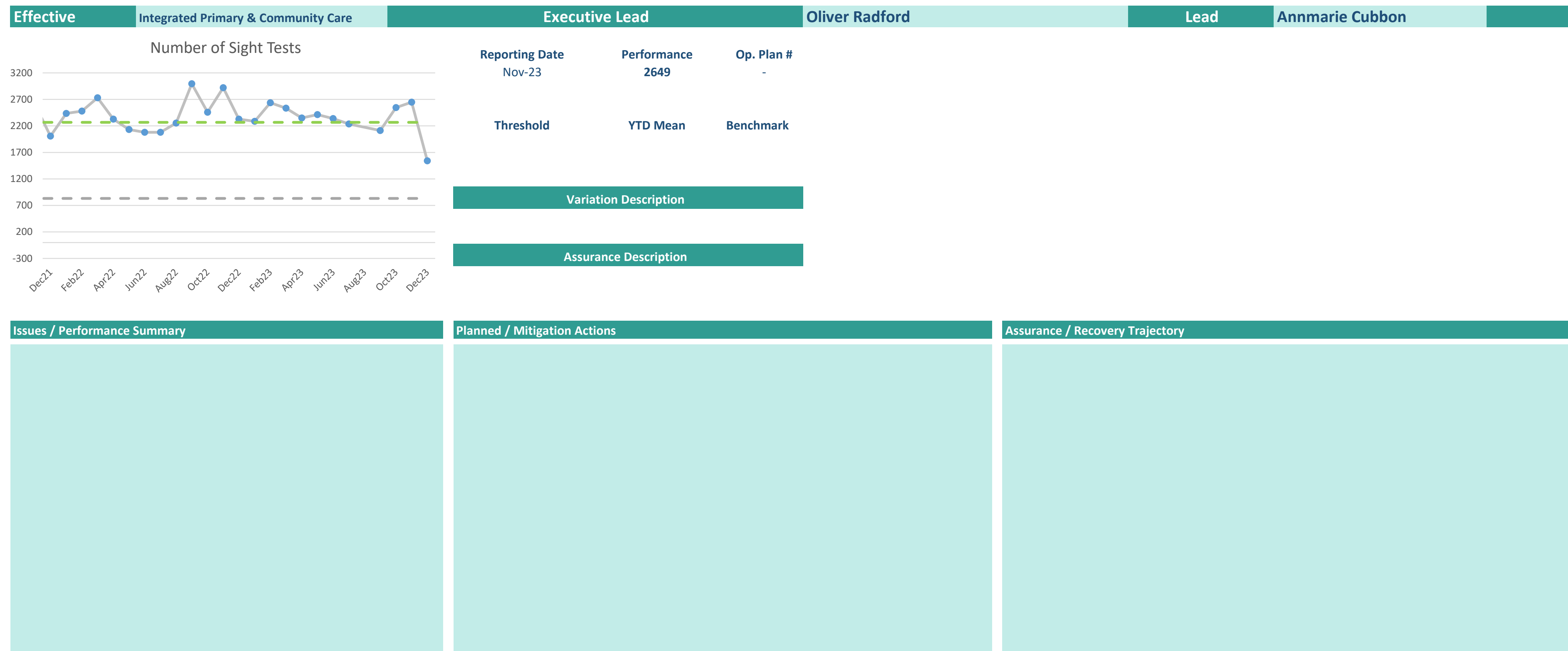
• Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial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

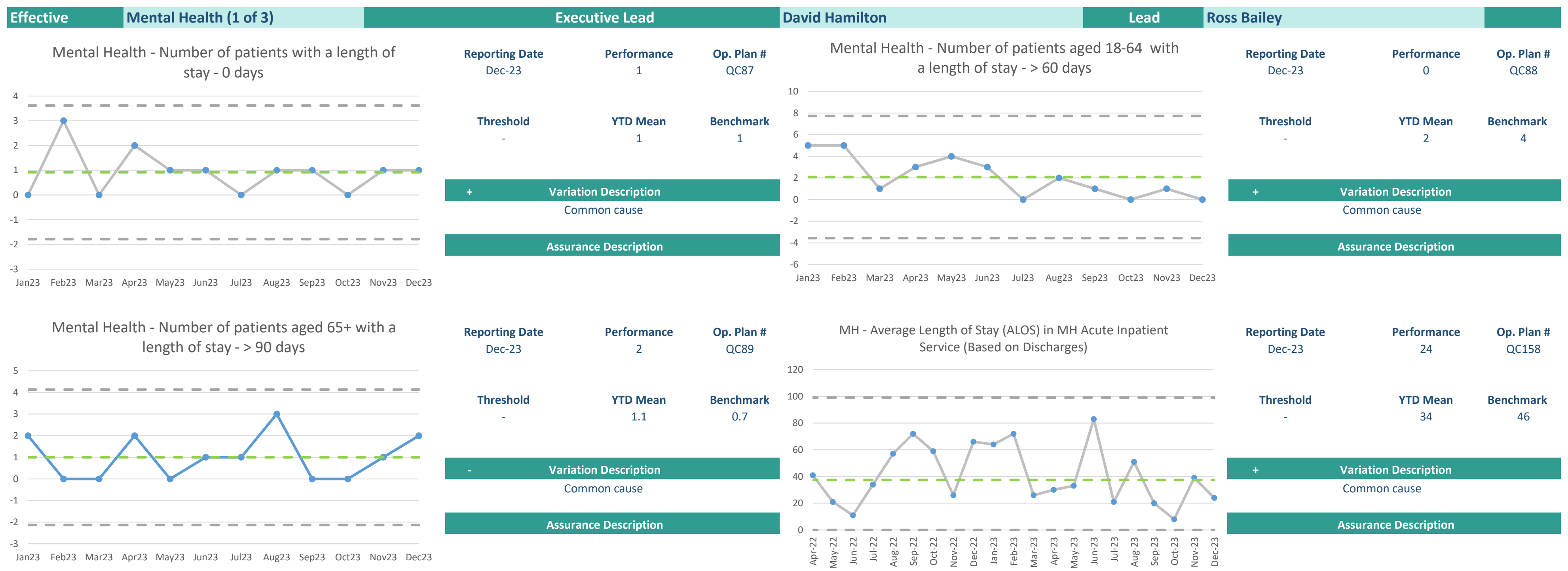
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.


Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Maria Bell
Pharmacy - Prescriptions
Total Prescriptions (No. of fees)
Chargeable Prescriptions
Reporting Date
Oct-23
Performance
Op. Plan #
-
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Pharmacy - Items
Total Exempt Items
Chargeable Items
Reporting Date
Oct-23
Performance
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Assurance Description
Pharmacy - Net cost
Reporting Date
Oct-23
Performance
£1,371,536
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Pharmacy - Charges Collected
Reporting Date
Oct-23
Performance
£69,092
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
Based on latest data available from NHS BSA.
Planned / Mitigation Actions
Assurance / Recovery Trajectory



Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Rebecca Dawson
Additions to the Dental Waiting list
Reporting Date
Dec-23
Performance
112
Op. Plan #
-
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Patients Allocations to Dental Practices
Reporting Date
Dec-23
Performance
0
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Assurance Description
Waiting time for dental allocations
Average
Max
Reporting Date
Dec-23
Performance
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Allocations by Practice
Others
Grove Mount
Port Erin
The Square
Avondale
Regent, Hillside
65 Woodbourne
Regent, Peel
Smile
Thie Rosien
Westview
Reporting Date
Dec-23
Performance
0
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
In December 2023, 112 patients were added to the dental allocation list. 38 children and 74 adults were added. No patients were allocated to an NHS dental practice due to capacity within the dental practices; practices will advise when they have capacity to accept new patients from the list or will request additional funding to accept new patients from the list.
Planned / Mitigation Actions
Assurance / Recovery Trajectory


Effective
Integrated Primary & Community Care
Executive Lead
Oliver Radford
Lead
Annmarie Cubbon
Number of Sight Tests
3200
2700
2200
1700
1200
700
200
-300
Dec21
Feb22
Apr22
Jun22
Aug22
Oct22
Dec22
Feb23
Apr23
Jun23
Aug23
Oct23
Dec23
Reporting Date
Nov-23
Performance
2649
Op. Plan #
-
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Issues / Performance Summary
Planned / Mitigation Actions
Assurance / Recovery Trajectory



Issues / Performance Summary

Average Length of Stay (ALOS):

• There was one patient on Harbour Ward who had a length of stay of 0 days. This is not of concern on an acute ward.

* ALOS for those aged 65+ over 90 days is also not cause for concern and evidences appropriate discharge of this patient group.

•ALOS for those patients aged 18-64 in December was 0, this is demonstrating prompt discharge planning from the unit.

For current inpatients, the ALOS is being appropriately monitored and within expected norms.

NHSE recognised standard measures are as follows:_

Number of patients aged 18-64 with a length of stay - > 60 days; Dec = 0

Number of patients aged 65+ with a length of stay - > 90 days; Dec = 2

Planned / Mitigation Actions

Continue to monitor and report against recognised NHSE standards.

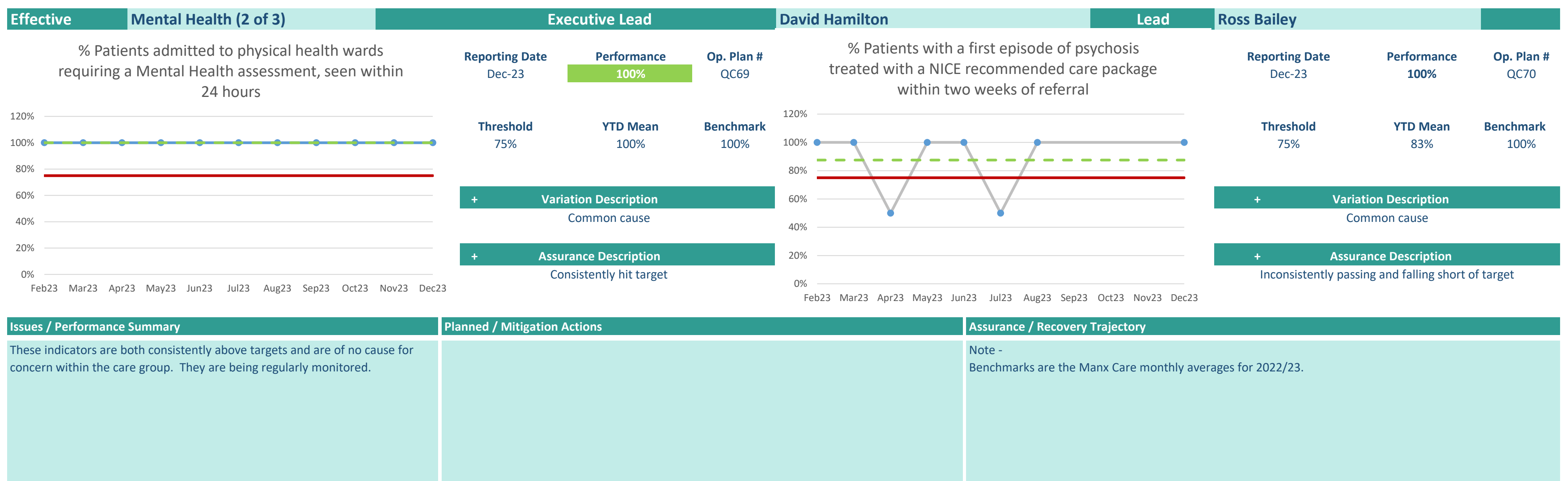
Assurance / Recovery Trajectory

Average Length of Stay (ALOS):

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

Note -

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



Issues / Performance Summary

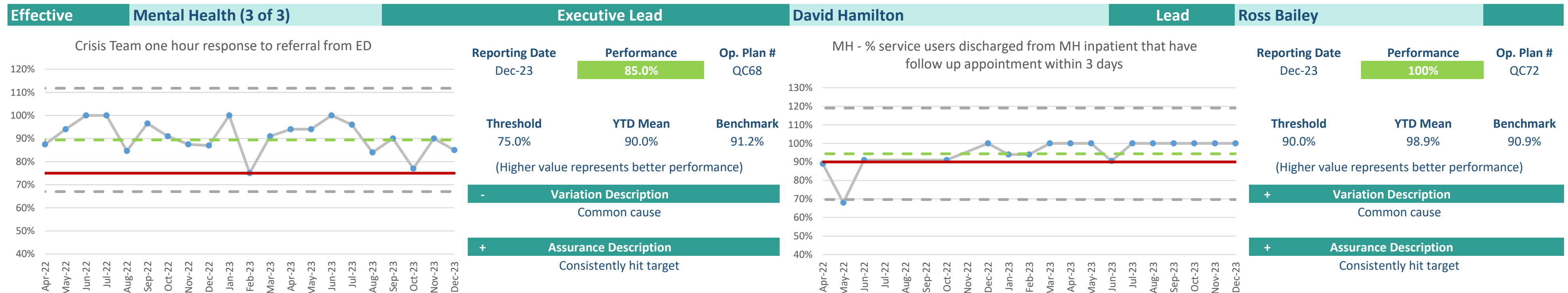
These indicators are both consistently above targets and are of no cause for concern within the care group. They are being regularly monitored.

Planned / Mitigation Actions

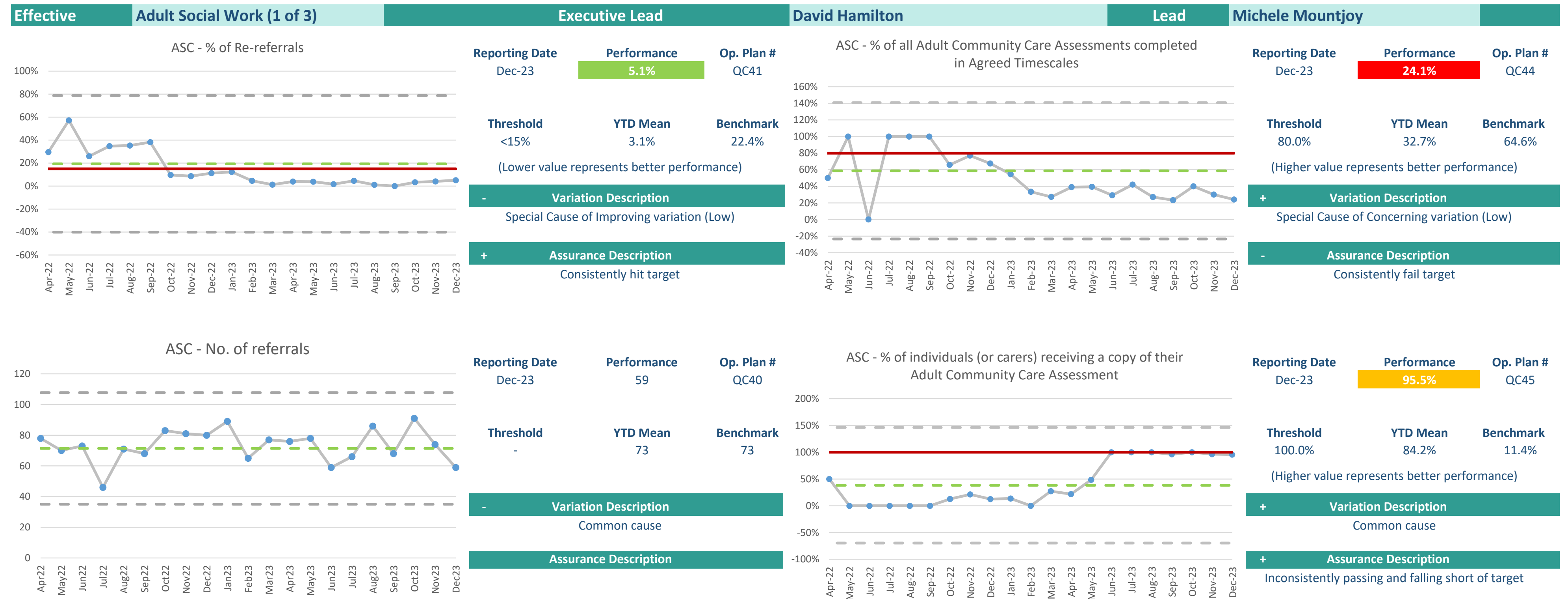
Assurance / Recovery Trajectory

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

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Crisis Team: • Performance was 85%, which exceeds the target of 75%. This target has been met for consistently for more than a year. 4 ED reviews did not meet the targeted one hour time frame due to workload pressures and demand on CRHTT services. **3 Day follow up:** • Excellent results - continued 100% compliance for 9 out of last 10 months; all 72 hour follows were completed within the time frame and documented within the patient record in RIO.	**Crisis Team:** To continue to monitor response times monthly. **3 Day follow up:** Reminders have been sent to operational managers as RiO documentation is not always be completed at the time of the event.	**Crisis Team:** • Target continues to be achieved monthly and service area is motivated to achieve 100% compliance. **3 Day follow up:** There is confidence that this target will be effectively maintained. Note - Benchmarks are the Manx Care monthly averages for 2022/23.



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

Issues / Performance Summary

Referrals:
The number of new referrals received in December decreased to 59.

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 December remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities. Areas of Adult Social Work are experiencing staffing pressures, which are planned to be mitigated by both agency and permanent recruitment.

Individuals receiving copy of Assessment:
• The assessment sharing level was 95.5% during December, slightly below the threshold.

Planned / Mitigation Actions

Assessments completed within timescales:-
An issue with the dashboard pull-through has been identified, where the first referral date keeps being referred to as the starting point for any reassessments. This means that the dashboard is incorrectly showing some assessments taking months or even years, where a service user has been assessed and re-assessed over a long period of time.

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 (a reduction of 90 down to approx. 25).

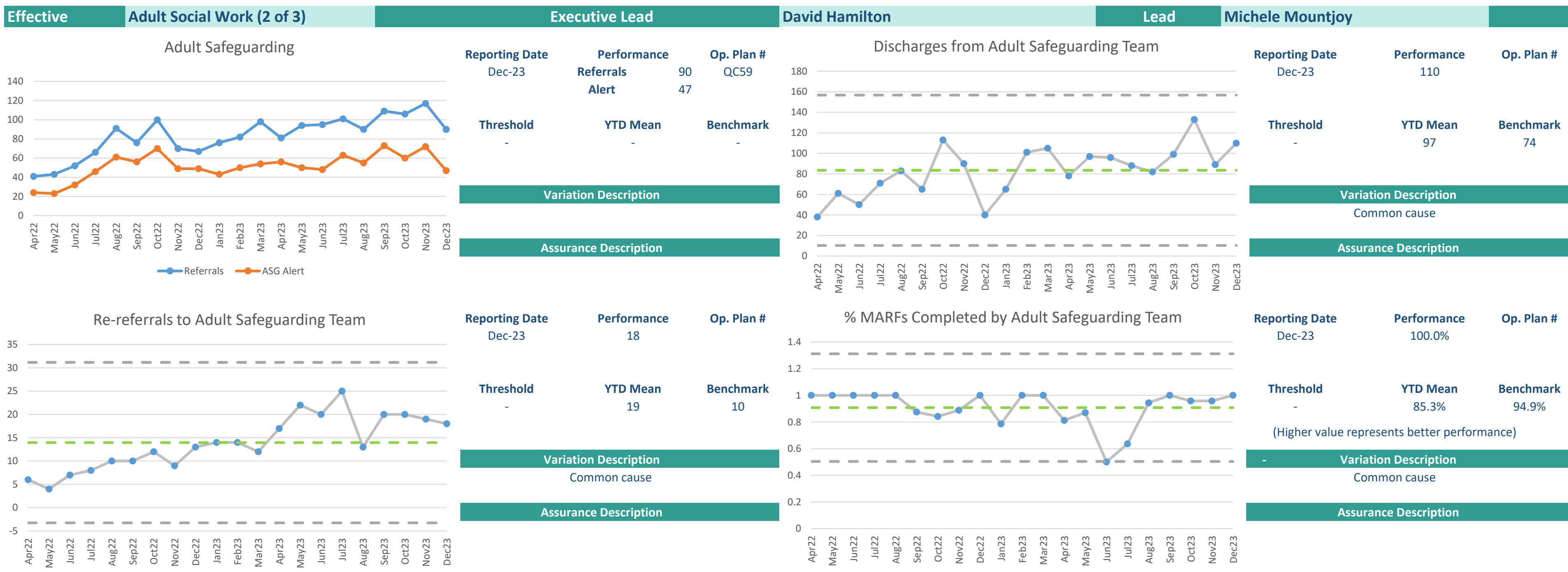
There has been some sickness absence within Adult Social Work which has affected completion of assessments, a number of staff have recently been supported back to work.

The completion of assessments in Learning Disabilities within 4 weeks isn't realistic due to the complexities and input of other professionals being required. Conversations have started with the DHSC around changing this metric to 6 weeks in the next financial year.

Assurance / Recovery Trajectory

Assessments completed within Timescales:
• The data capture issue around assessments is still being worked through in conjunction with the BI Team. This is proving to be complex to fix. The numbers are influenced by the Learning Disabilities Team, who are seeing an increased caseload both in terms of numbers and complexity of client needs. A request has been made to amend the timescale from 4 to 6 weeks in this service area.

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



Issues / Performance Summary

• 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 Manager is new to post and is in a 4-month secondment. A Senior Practitioner is now in post on a 4-month secondment. There is an existing vacancy for a safeguarding officer (social worker) and a further vacancy is about to exist owing to the resignation of a further safeguarding officer. The recruitment of permanent staff is underway but may not prove fruitful.

• 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.

• 23 out of 23 MARFs were completed within timescale during December 2023.

Planned / Mitigation Actions

• Referrals and ASG alerts methodology will be discussed with the B.I team.

• A Business Case for additional staffing resources is under consideration.

Assurance / Recovery Trajectory

The safeguarding 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	Michele Mountjoy

Average caseload per social worker

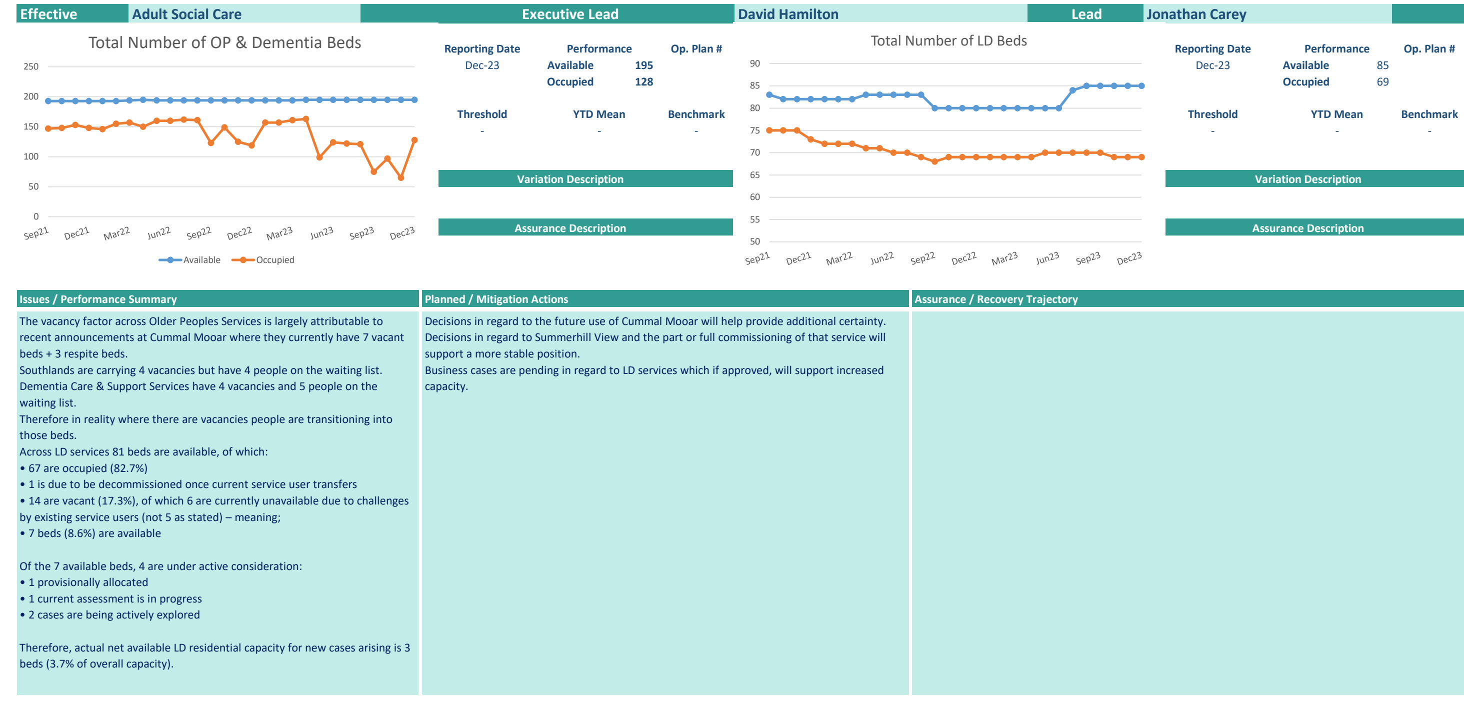
Reporting Date	Performance	Op. Plan #
Dec-23		

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 #
Dec-23	Available	195	
	Occupied	128	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Reporting Date	Performance		Op. Plan #
Dec-23	Available	85	
	Occupied	69	

Threshold	YTD Mean	Benchmark
-	-	-

Variation Description

Assurance Description

Issues / Performance Summary

The vacancy factor across Older Peoples Services is largely attributable to recent announcements at Cummal Mooar where they currently have 7 vacant beds + 3 respite beds.
Southlands are carrying 4 vacancies but have 4 people on the waiting list.
Dementia Care & Support Services have 4 vacancies and 5 people on the waiting list.
Therefore in reality where there are vacancies people are transitioning into those beds.
Across LD services 81 beds are available, of which:
• 67 are occupied (82.7%)
• 1 is due to be decommissioned once current service user transfers
• 14 are vacant (17.3%), of which 6 are currently unavailable due to challenges by existing service users (not 5 as stated) – meaning;
• 7 beds (8.6%) are available

Of the 7 available beds, 4 are under active consideration:
• 1 provisionally allocated
• 1 current assessment is in progress
• 2 cases are being actively explored

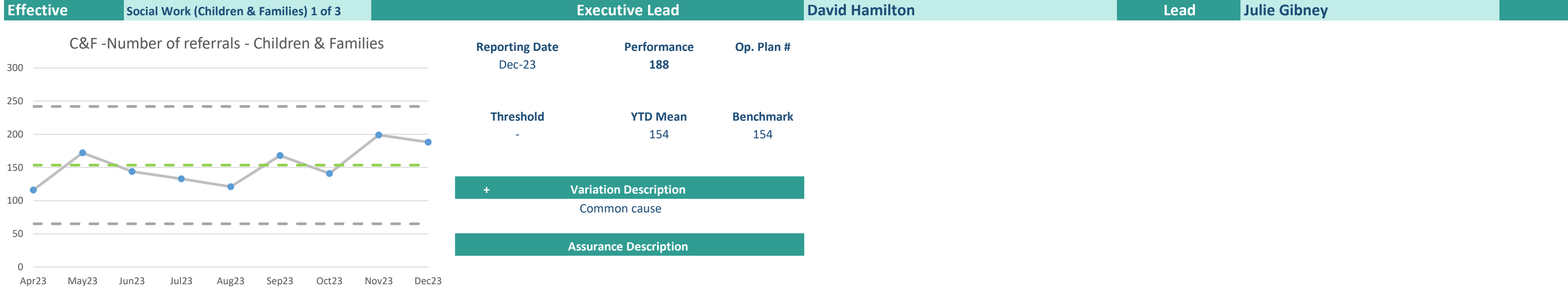
Therefore, actual net available LD residential capacity for new cases arising is 3 beds (3.7% of overall capacity).

Planned / Mitigation Actions

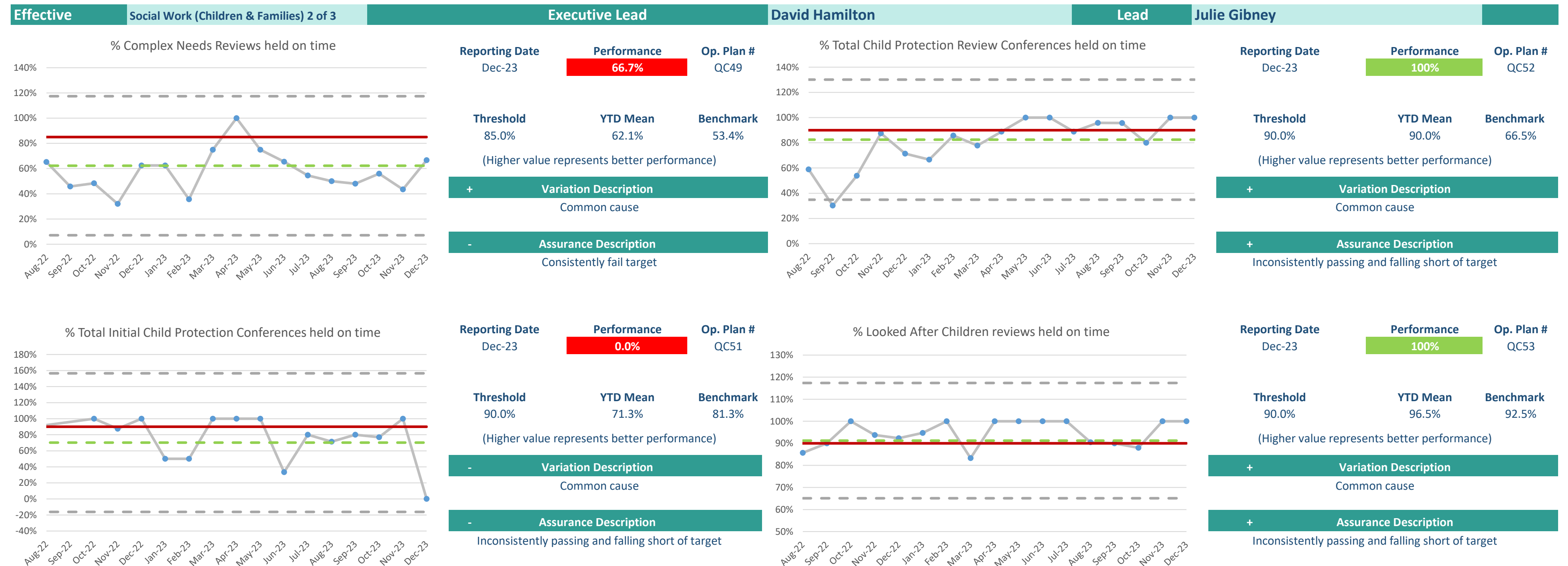
Decisions in regard to the future use of Cummal Mooar will help provide additional certainty.
Decisions in regard to Summerhill View and the part or full commissioning of that service will support a more stable position.
Business cases are pending in regard to LD services which if approved, will support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

Assurance / Recovery Trajectory

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



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



Issues / Performance Summary

Complex Needs Reviews held on time:

27 Reviews held and 18 were in timescale and 9 were out of timescale

Reasons for delayed meetings:

Family Unavailable – 1
Relevant Professional/Agency Unavailable - 1
Chairperson Unavailable – 3
Notification by Social Worker Staff: Out of Timescale - 4

Initial Child Protection Conferences held on time:

- 3 meetings were due and 0 were held in time

Reasons for delayed meetings:
Family unavailable - 3

Child Protection Review Conferences held on time:

- 9 RCPC's were held and 9 were on time

Looked After Children reviews held on time:

- 100% of reviews were held within the timescales in December.

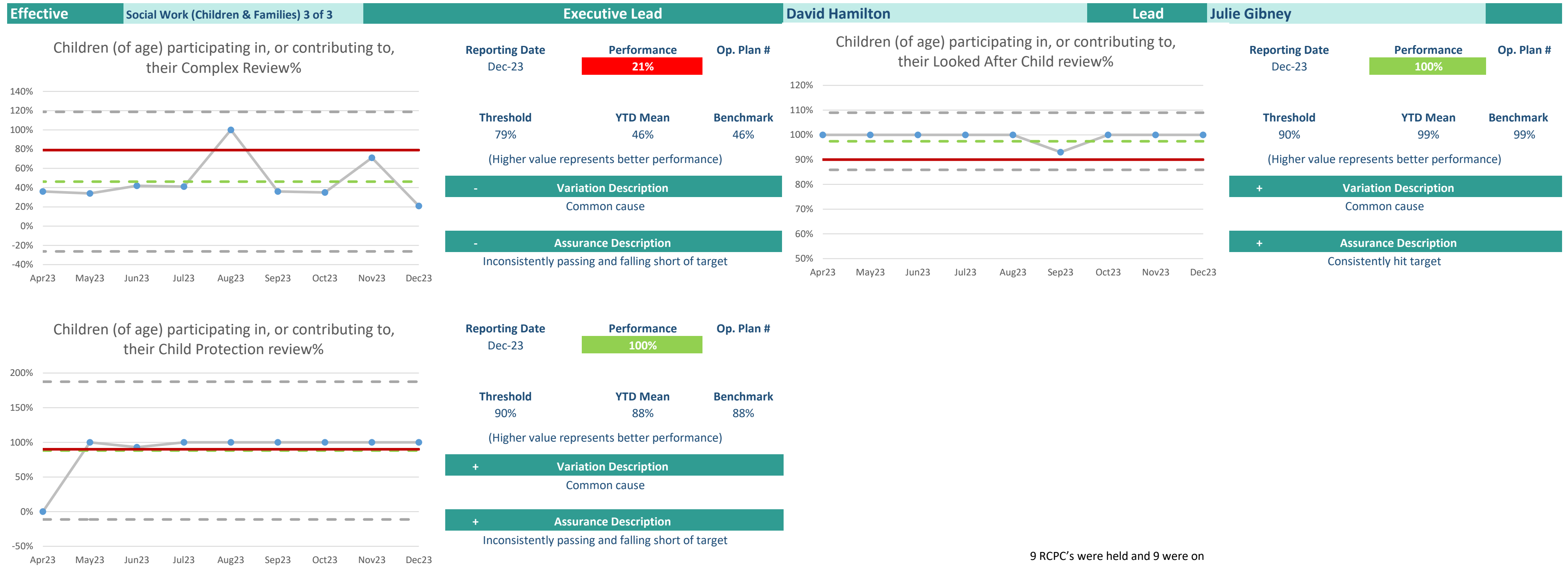
Planned / Mitigation Actions

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.

Assurance / Recovery Trajectory

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.



Issues / Performance Summary

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

Planned / Mitigation Actions

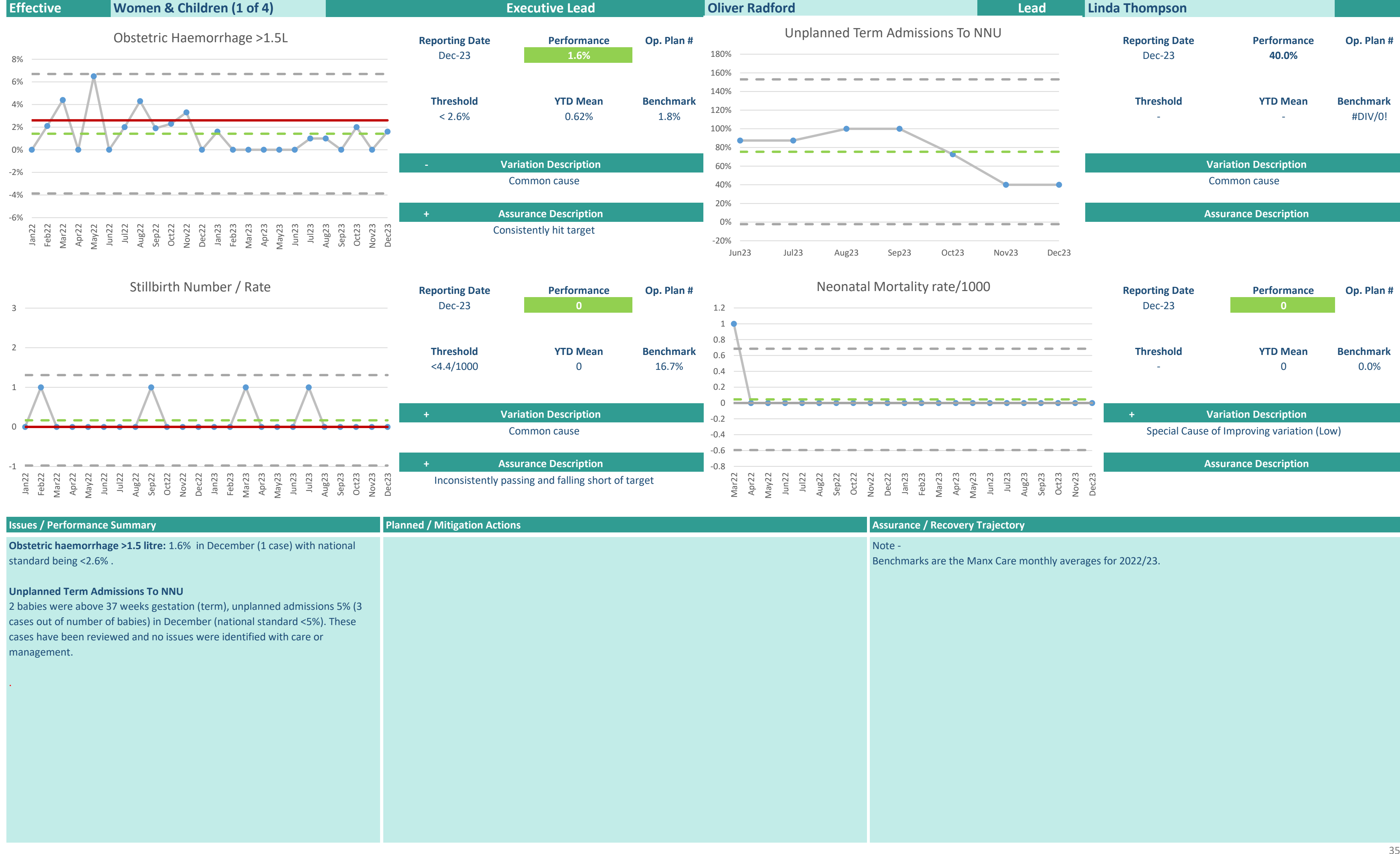
Please see previous page for supporting narrative.

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

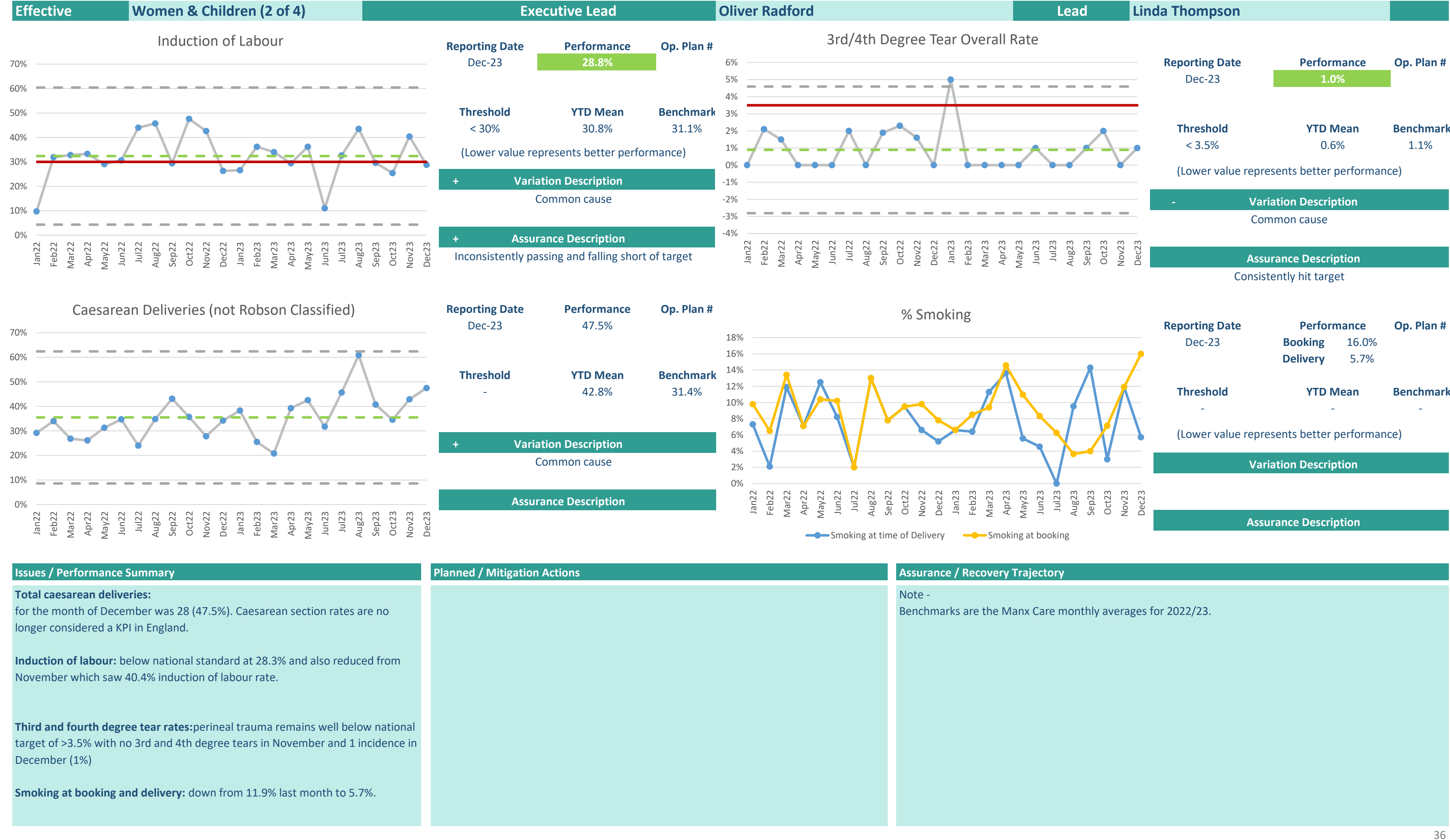
Assurance / Recovery Trajectory

Please see previous page for supporting narrative.

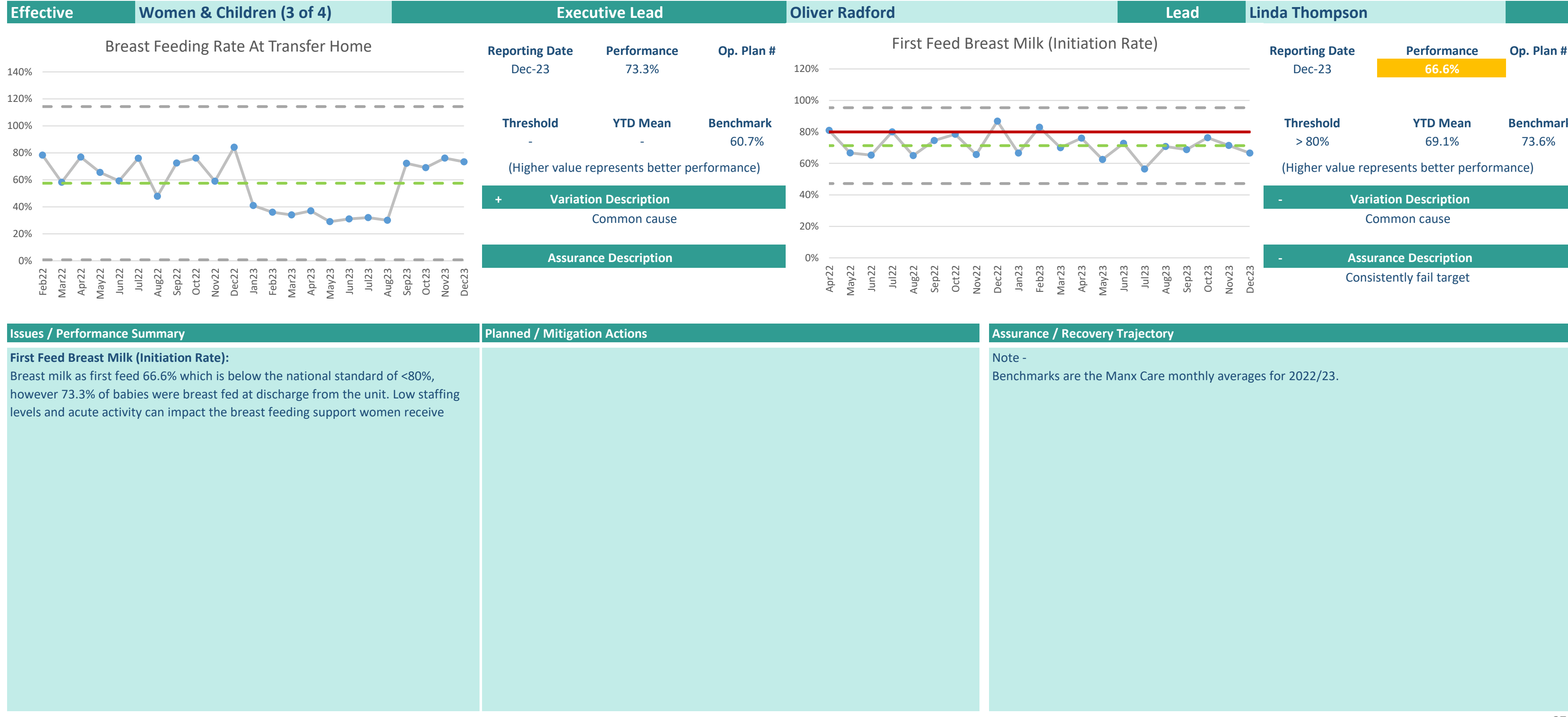
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Obstetric haemorrhage >1.5 litre: 1.6% in December (1 case) with national standard being <2.6% . **Unplanned Term Admissions To NNU** 2 babies were above 37 weeks gestation (term), unplanned admissions 5% (3 cases out of number of babies) in December (national standard <5%). These cases have been reviewed and no issues were identified with care or management. .		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
Dec-23
Performance
28.8%
Op. Plan #
Threshold
< 30%
YTD Mean
30.8%
Benchmark
31.1%
(Lower value represents better performance)
+ Variation Description
Common cause
+ Assurance Description
Inconsistently passing and falling short of target
3rd/4th Degree Tear Overall Rate
Reporting Date
Dec-23
Performance
1.0%
Op. Plan #
Threshold
< 3.5%
YTD Mean
0.6%
Benchmark
1.1%
(Lower value represents better performance)
- Variation Description
Common cause
Assurance Description
Consistently hit target
Caesarean Deliveries (not Robson Classified)
Reporting Date
Dec-23
Performance
47.5%
Op. Plan #
Threshold
-
YTD Mean
42.8%
Benchmark
31.4%
+ Variation Description
Common cause
Assurance Description
% Smoking
Smoking at time of Delivery
Smoking at booking
Reporting Date
Dec-23
Performance
Booking 16.0%
Delivery 5.7%
Op. Plan #
Threshold
-
YTD Mean
-
Benchmark
-
(Lower value represents better performance)
Variation Description
Assurance Description
Issues / Performance Summary
Total caesarean deliveries:
for the month of December was 28 (47.5%). Caesarean section rates are no longer considered a KPI in England.
Induction of labour: below national standard at 28.3% and also reduced from November which saw 40.4% induction of labour rate.
Third and fourth degree tear rates:perineal trauma remains well below national target of >3.5% with no 3rd and 4th degree tears in November and 1 incidence in December (1%)
Smoking at booking and delivery: down from 11.9% last month to 5.7%.
Planned / Mitigation Actions
Assurance / Recovery Trajectory
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.
36



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

Breast Feeding Rate At Transfer Home

Reporting Date	Performance	Op. Plan #
Dec-23	73.3%	

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 #
Dec-23	66.6%	

Threshold	YTD Mean	Benchmark
> 80%	69.1%	73.6%

(Higher value represents better performance)

- Variation Description

Common cause

- Assurance Description

Consistently fail target

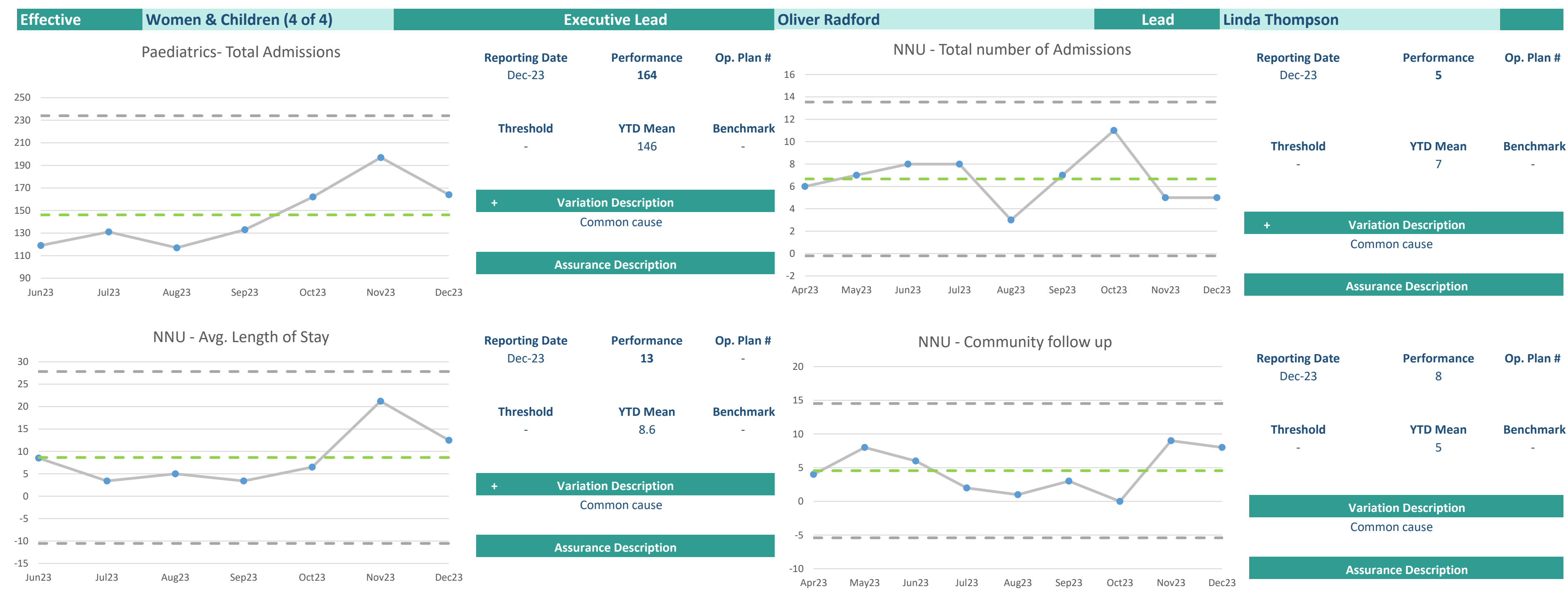
Issues / Performance Summary

First Feed Breast Milk (Initiation Rate):
Breast milk as first feed 66.6% which is below the national standard of <80%, however 73.3% of babies were breast fed at discharge from the unit. Low staffing levels and acute activity can impact the breast feeding support women receive

Planned / Mitigation Actions

Assurance / Recovery Trajectory

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



Issues / Performance Summary

- 2 babies were above 37 weeks gestation (term), unplanned admissions.
- 1 baby was admitted following preterm delivery at 36+1/40 for monitoring and feeding problems and safeguarding issues.
- Babies were admitted from labour ward/theatre and postnatal ward between 15 mins and 25hrs of age
- 1 x baby admitted with fetal haemorrhage requiring intensive care.
- 3 x babies required intravenous antibiotics.
- 1 x baby treated with IV antibiotics for 10 days for a pseudomonas positive swab and clinically unwell.
- 1 x baby repatriated, later found to have MRSA on admission swabs. Baby well, isolated.
- Staffing -1WTE sickness. Nursery nurse returned from sickness, no support staff. Staff working extra hours to fill gaps.

Band 6 neonatal nurse 1 x WTE started this month.
2 x ANNP's.

Planned / Mitigation Actions

- The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows.
- Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate.
- 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).

Assurance / Recovery Trajectory

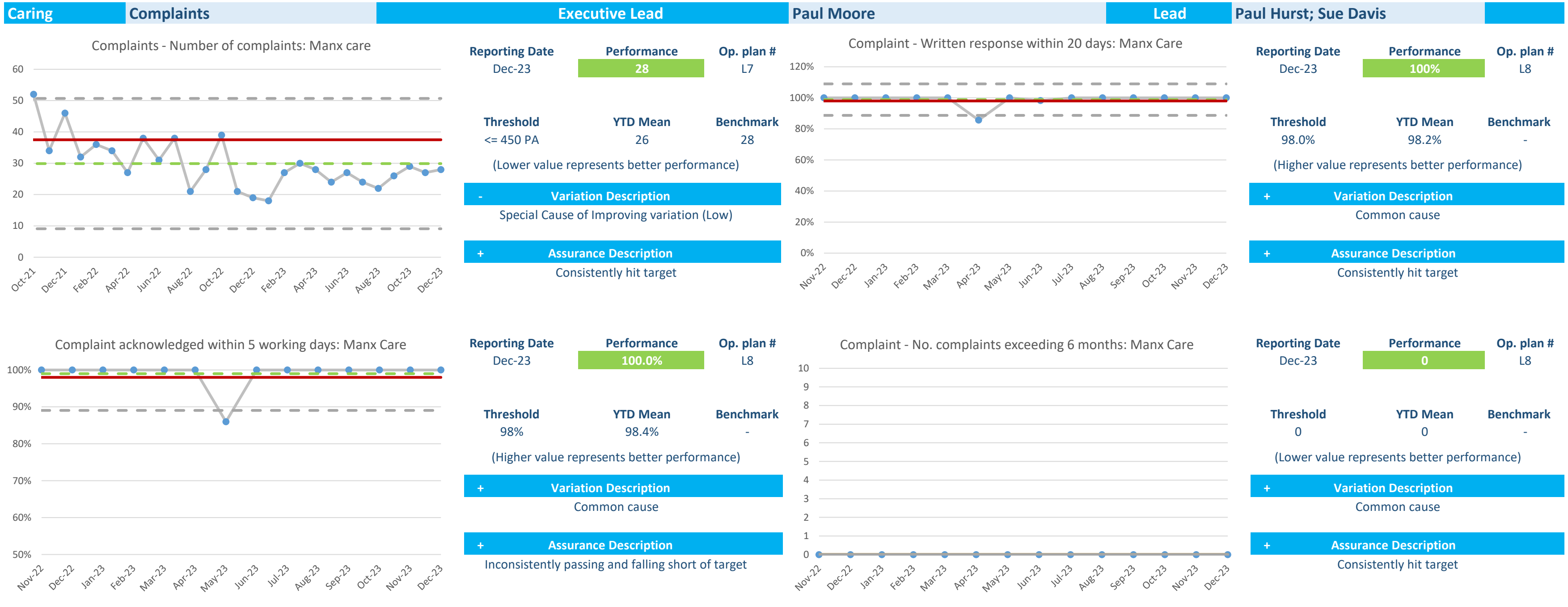
All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 center as soon as possible if required for ongoing care.

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	Dec-23		0	0	0	0		P
CA002		Complaints - Total number of complaints received	Dec-23		28	26	235	<= 450 PA	L	P
CA007		Complaint acknowledged within 5 working days	Dec-23		100%	98%	-	98%		?
CA008		Written response to complaint within 20 days	Dec-23		100%	98%	-	98%		P
CA010		No. complaints exceeding 6 months	Dec-23		0	0	0	0		P
CA011		No. complaints referred to HSCOB	Dec-23	-	4	2	22	-		

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	Dec-23	-	943	1,258	11,319	-		
CA013		FFT - Experience was Very Good or Good	Dec-23		91%	89%	-	80%		P
CA014		FFT - Experience was neither Good or Poor	Dec-23		4%	4%	-	10%		?
CA015		FFT - Experience was Poor or Very Poor	Dec-23		5%	6%	-	<10%		?
CA016		Manx Care Advice and Liaison Service contacts	Dec-23	-	620	661	5,949	-		
CA017		Manx Care Advice and Liaison Service same day response	Dec-23		91%	90%	-	80%		P



Issues / Performance Summary

Number of Complaints:

- 28 complaints were received across the care groups - 1 more than last month. 9 originated in Primary Care (6 of which involved GPs), 8 were received relating to Medicine and Urgent Care, 5 involved Surgery, Theatres & Critical Care, 2 originated in the Children & Families division, and one complaint each for Corporate, Integrated Diagnostics, Women & Children's and Mental health Services.

Acknowledged within 5 Days:

- 100% compliance - All complaints were acknowledged within 5 working days.

Written Response within 20 days:

- 100% compliance was demonstrated in December.

No. Complaints Exceeding 6 Months:

- Zero recorded.

No. complaints referred to HSCOB:

- 4 complaints were referred to the HSCOB in December. Manx Care received and acted upon one HSCOB report received in December – actions uploaded to website and shared with DHSC as per the Regulations. Actions also shared with QSE Committee.

Planned / Mitigation Actions

Number of Complaints:

- MCALS continue to be successful in keep the numbers to a manageable level by intervening early.

Acknowledged within 5 Days:

- Continue to monitor closely.

Written Response within 20 days:

- Continue to monitor closely.

No. Complaints Exceeding 6 Months:

- Continue to monitor closely.

No. complaints referred to HSCOB:

- We will await HSCOB reports in due course.

Assurance / Recovery Trajectory

Number of Complaints:

- No target, but trends will be monitored. Monthly average of complaints received appears to have stabilised at 26.

Acknowledged within 5 Days:

- High degree of confidence in target being met as there has been no negative deviation since introduction of the 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:

- We will continue to monitor the trends and continue to learn from their feedback to improve our responses and the care that we provide.

Note -
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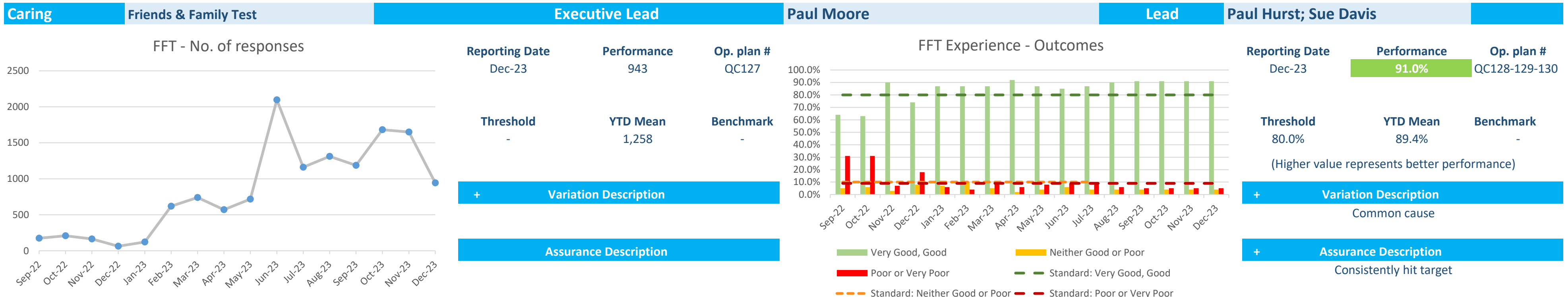


Issues / Performance Summary

FFT Total number of responses:

• A total of 943 surveys completed for December 2023. 11,319 surveys completed YTD.

• **FFT – Experience was very good or good:** 860 completed surveys rated experience as Very Good or Good equating to 91% against a target of 80%. Target exceeded for every month YTD (89%).

• **FFT – Experience was neither good or poor:** 33 completed 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:** 49 completed surveys rated experience as Poor or Very Poor, equating to 5% against a target of 10% or less. Again, performance for the year remains strong.

Planned / Mitigation Actions

FFT Total number of responses:

• Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey. Walk the Wards programme continued on the 15 December 2023 which included training of our new Public Reps who will provide added sessions to collect survey data from January 2024.

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

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

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

Assurance / Recovery Trajectory

FFT Total number of responses:

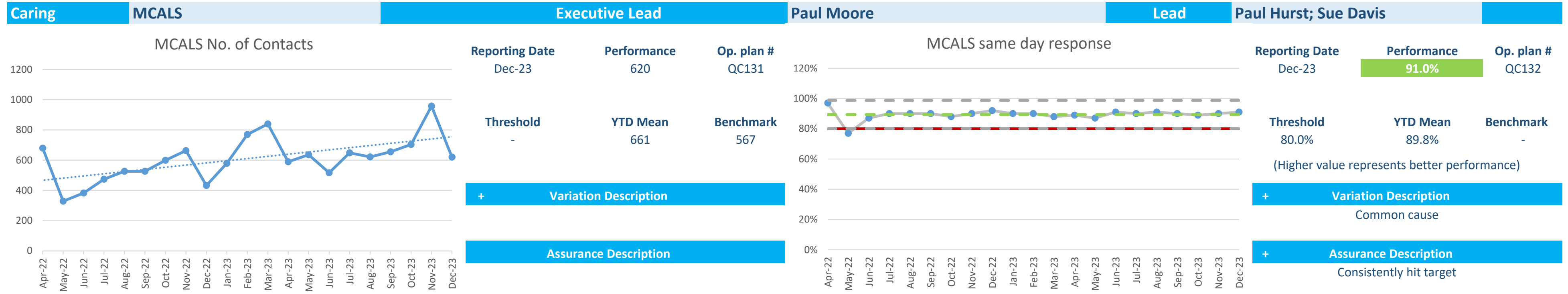
• Experience and Engagement and Public Reps Team continue to conduct monthly and extra walk rounds of the wards to collect surveys and speak to staff to encourage completion of surveys at discharge. Pre-paid envelopes are available to provide to service users who are inpatients and post boxes are accessible on all wards and outpatient departments including Primary Care based practices. Easy read version of survey launched in November and text message reminder service due for launch in the early part of 2024. There is a reasonable degree of confidence in increasing survey returns.

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

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

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

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



Issues / Performance Summary

Number of Contacts:

• 620 contacts received in December 2023, demonstrating a decrease of 338 contacts (35%) compared to November 2023. Access to appointments within dental care, ophthalmology orthopaedics and general surgery were the dominant themes. In person contacts remained steady in December with 176 contacts due to proactively seeking feedback in the community during drop in sessions across the island. Extra winter warm space hubs had been added as drop in sessions in December to reach seldom heard voices.

Same Day Response:

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

Planned / Mitigation Actions

Number of Contacts:

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

Same Day Response:

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

Assurance / Recovery Trajectory

Number of Contacts:

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

Same Day Response:

• Continued good performance in dealing with service user contacts.

Note -

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

Responsive Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Dec-23	-	2200	2841	25571	-		
RE056		Hospital Bed Occupancy	Dec-23	-	60.1%			92%		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Jan-24		16,610	16,198	-	< 15431		
RE002		RTT - No. patients waiting for Daycase procedure	Jan-24		2,016	2,250	-	< 2286		
RE003		RTT - No. patients waiting for Inpatient procedure	Jan-24		447	507	-	< 535		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Dec-23		53%	54%	-	85%		
RE061		Diagnostics-% patients waiting 26 weeks or less	Dec-23		67%	61%		99%		
RE005		Diagnostics - % requests completed within 6 weeks	Dec-23	-	88%	86%	86%	-		
RE006		Diagnostics - % Patients waiting over 6 weeks	Dec-23		64%	69%	-	1%		
RE007		ED - % 4 Hour Performance	Dec-23		68%	71%	71%	76% (95%)		
RE008		ED - % 4 Hour Performance (Non Admitted)	Dec-23	-	79%	81%	81%	-		
RE009		ED - % 4 Hour Performance (Admitted)	Dec-23	-	20%	23%	23%	-		
RE010		ED - Average Total Time in Emergency Department	Dec-23		279	260	-	360 mins		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Dec-23		26	26	-	15 mins		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Dec-23		71	68	-	60 mins		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Dec-23		23	15		60 mins		
RE013		ED - 12 Hour Trolley Waits	Dec-23		41	33	293	0		

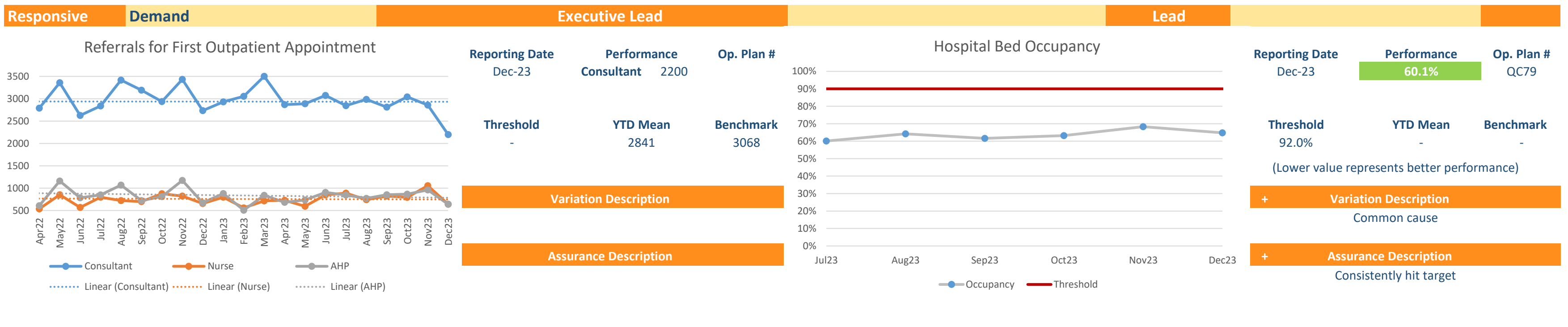
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Dec-23		19	19	-	15 mins		
RE015		Ambulance - Category 1 Mean Response Time	Dec-23		9	10	-	7 mins		
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Dec-23		52%	50%	-	100%		
RE034		Category 2 Response Time at 90th Percentile	Dec-23		33	30		40 mins		
RE035		Ambulance - Category 3 Response Time at 90th Percentile	Dec-23		53	48		120 mins		
RE036		Ambulance - Category 4 Response Time at 90th Percentile	Dec-23		64	78		180 mins		
RE037		Ambulance - Category 5 Response Time at 90th Percentile	Dec-23		95	80		180 mins		
RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Dec-23		252	192	-	0		
RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Dec-23		43	22	-	0		
RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Dec-23		71%	54%	-	80%		
RE031		IPCC - % of patients registered with a GP	Dec-23		4.0%	4.1%	-	5.0%		
RE081		IPCC - N. of GP appointments	Dec-23	-	30485	37101	333905	-		
RE027		IPCC - No. patients waiting for a dentist	Dec-23	-	4,648	4,105	-	-		
RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Dec-23	-	100%	99%	-	-		
RE075		Community Nursing Service response target met (7 days)- Routine	Dec-23	-	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	Dec-23		66%	65%	-	75%		?
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Dec-23		79%	79%	-	96%		F
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Dec-23		57%	48%	-	85%		F
RE064		No. on Cancer Pathway (All)	Dec-23	-	517	672	-	-		
RE065		No. on Cancer Pathway (2WW)	Dec-23	-	436	571	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Dec-23	-	30	88	-	-		
RE067		Cancer - Median Wait Time from the Referral Date to the Diagosis Date	Dec-23	-	27	15	-	-		
RE044		MH- Waiting list	Dec-23	-	1752	1666	11664	-		
RE045		MH- Appointments	Dec-23	-	5626	6396	57568	-		
RE046		MH- Admissions	Dec-23	-	22	18	162	-		
RE028		MH - No. service users on Current Caseload	Dec-23		5,305	5,225	-	4500 - 5500		P

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE051		Maternity Bookings	Dec-23	-	50	940	489			
RE052		Ward Attenders	Dec-23	-	275	-	-			
RE053		Gestation At Booking <10 Weeks	Dec-23	-	48%	34%	-			
RE030		W&C - % New Birth Visits within timescale	Dec-23	-	92%	89%	-	-		
RE032		Births per annum	Dec-23	-	451	246	-	-		
RE082		Meds Demand - N.patient interactions	Dec-23	-	3335	2630	23669	-		
RE083		Meds Overnight Demand	Dec-23	-	337	298	2681	-		
RE084		Meds - Face to face appointments	Dec-23	-	708	509	4584	-		
RE086		Meds - TUNA%	Dec-23	-	0.8%	1.4%	-	-		
RE088		Meds- DNA%	Dec-23	-	1.8%	1.9%	-	-		
RE089		Total Number of OP & Dementia Beds Available	Dec-23	-	195	195	-			
RE090		Total Number of OP & Dementia Beds Occupied	Dec-23	-	95	114	-			
RE092		Total Number of LD Beds Available	Dec-23	-	85	83	-			
RE093		Total Number of LD Beds Occupied	Dec-23	-	69	70	-			

Responsive	Demand	Executive Lead		Lead	



Reporting Date	Performance	Op. Plan #
Dec-23	Consultant 2200	
Threshold	**YTD Mean**	**Benchmark**
-	2841	3068

Variation Description

Assurance Description

Reporting Date	Performance	Op. Plan #
Dec-23	60.1%	QC79
Threshold	**YTD Mean**	**Benchmark**
92.0%	-	-

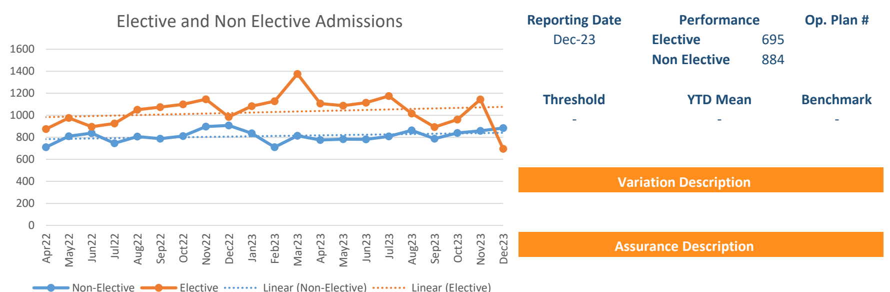
(Lower value represents better performance)

+ Variation Description

Common cause

+ Assurance Description

Consistently hit target



Reporting Date	Performance		Op. Plan #
Dec-23	Elective	695	
	Non Elective	884	
Threshold	**YTD Mean**		**Benchmark**
-	-		-

Variation Description

Assurance Description

Issues / Performance Summary

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have decreased in December to (2200) , 23% lower than November'23 and was about 19.5% lower than the number received in December'22.

Elective and Non Elective Admissions:
Elective Admissions have decreased by approximately 39.2% in December (695) against November (1144)

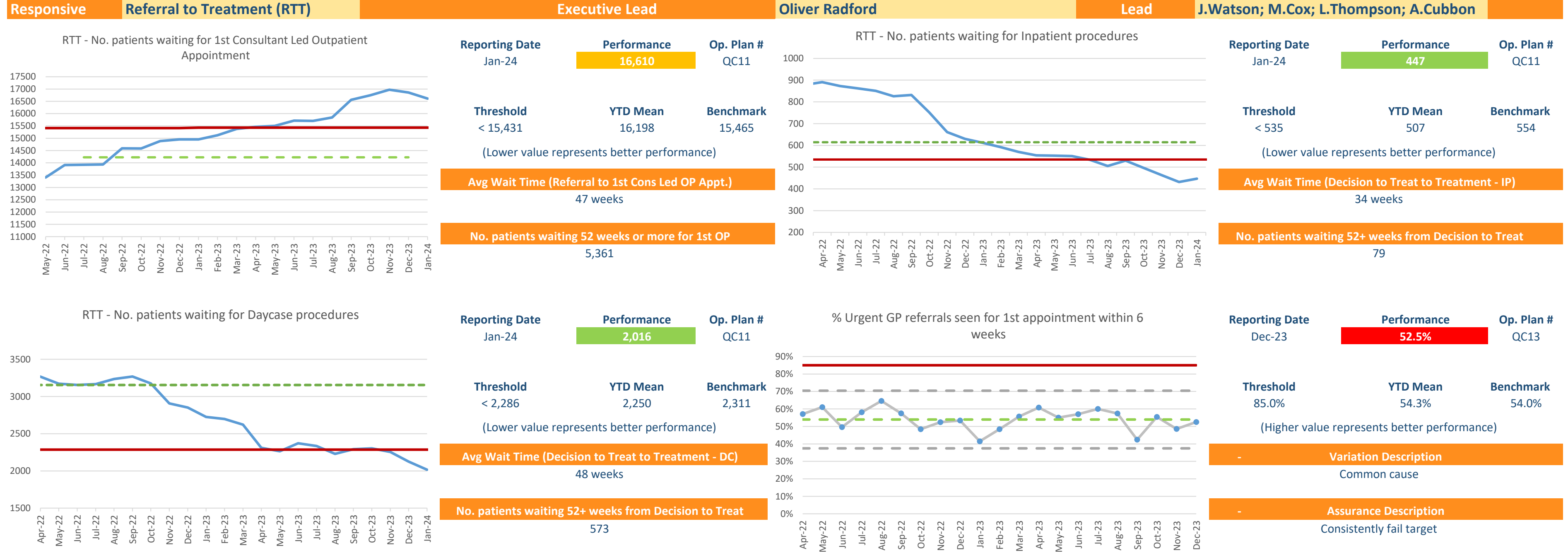
Non Elective admission numbers have slightly increased to 884 in November compared to 859 last month.

Planned / Mitigation Actions

Assurance / Recovery Trajectory

The methodolgy under-pinning the 'Hospital Bed Occupancy' metric is currently being reviewed to ensure that it aligns with the respective guidance, with the occupancy rates for 'acute adult admissions' and 'non acute / child' to be shown separately.

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 #
Jan-24	16,610	QC11
Threshold	**YTD Mean**	**Benchmark**
< 15,431	16,198	15,465

(Lower value represents better performance)

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

No. patients waiting 52 weeks or more for 1st OP
5,361

RTT - No. patients waiting for Inpatient procedures

Reporting Date	Performance	Op. Plan #
Jan-24	447	QC11
Threshold	**YTD Mean**	**Benchmark**
< 535	507	554

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
79

RTT - No. patients waiting for Daycase procedures

Reporting Date	Performance	Op. Plan #
Jan-24	2,016	QC11
Threshold	**YTD Mean**	**Benchmark**
< 2,286	2,250	2,311

(Lower value represents better performance)

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

No. patients waiting 52+ weeks from Decision to Treat
573

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

Reporting Date	Performance	Op. Plan #
Dec-23	52.5%	QC13
Threshold	**YTD Mean**	**Benchmark**
85.0%	54.3%	54.0%

(Higher value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target

Issues / Performance Summary

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

Planned / Mitigation Actions

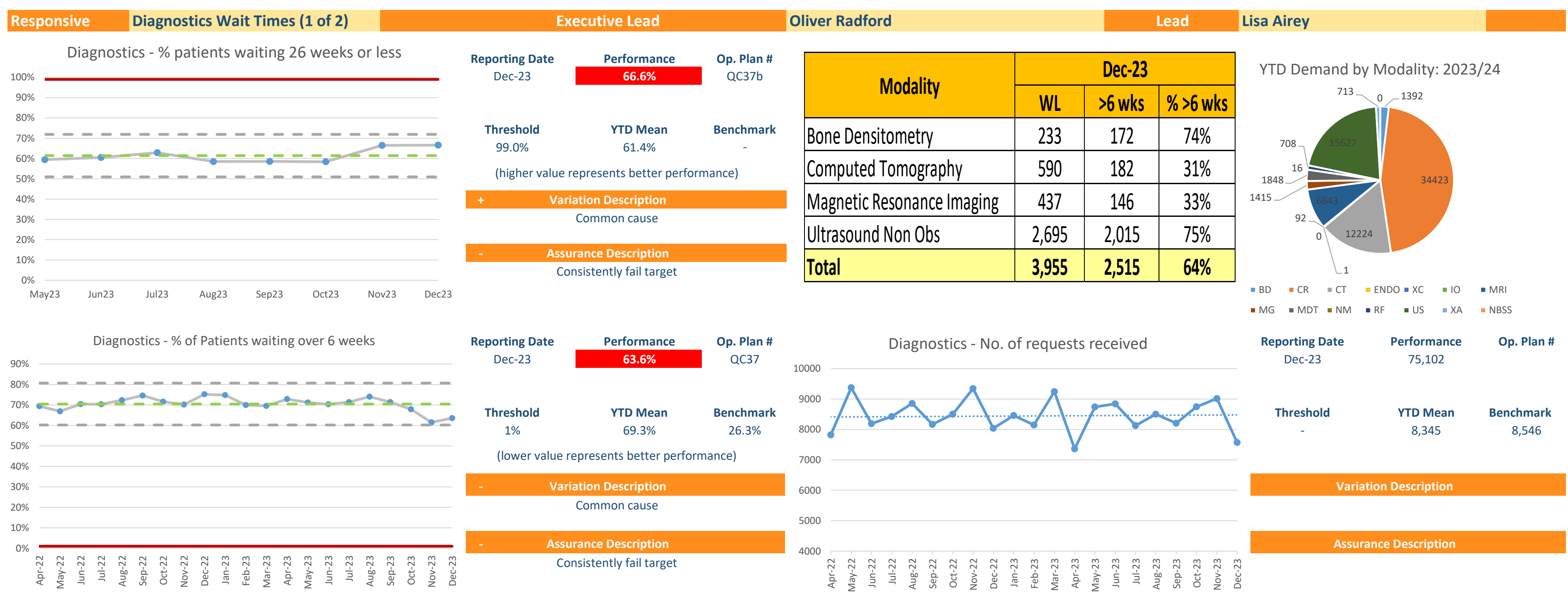
- R&R delivery (Nov'21 to Dec '23); 2,150 Ophthalmology procs in total; 42 Orthopaedic procs in Dec (955 in total); 30 GSU procs in Dec (447 in total); Other surgical specialties – 54 in total; 510 ENT OP attendances in total; Radiology – 90 Ultrasound scans in Dec (1,194 radiology scans in total); Mental Health – 299 referrals in total.
  - o Overall R&R has delivered about a 77% reduction in the Ophth DC waiting list.
  - o Overall R&R has delivered about a 43% reduction in orthopaedic DC/IP waiting lists.
  - o Overall there's been about a 42% reduction in the General Surgery DC/IP waiting lists.
- Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 23,100 referrals have been through technical validation and over 12,300 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 18% reduction in the outpatient waiting list. No patient is removed from the waiting list without clinical oversight.
- A dedicated programme of clinical validation has commenced, starting with Ophthalmology, with over 3,500 referrals reviewed to date, and almost 750 (21%) have been identified as can be either 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 across all specialties for consultant, nurse and Allied Health Practitioner (AHP) led elective services.

Assurance / Recovery Trajectory

- General Surgery R&R activity commenced in November '22.
- The additional diagnostic capacity commissioned for Cardiac CT scans achieved the target waiting list by December 2023.
- 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



Reporting Date	Performance	Op. Plan #
Dec-23	66.6%	QC37b

Threshold	YTD Mean	Benchmark
99.0%	61.4%	-

(higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Modality	Dec-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	233	172	74%
Computed Tomography	590	182	31%
Magnetic Resonance Imaging	437	146	33%
Ultrasound Non Obs	2,695	2,015	75%
Total	3,955	2,515	64%

Reporting Date	Performance	Op. Plan #
Dec-23	63.6%	QC37

Threshold	YTD Mean	Benchmark
1%	69.3%	26.3%

(lower value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	75,102	

Threshold	YTD Mean	Benchmark
-	8,345	8,546

Variation Description

Assurance Description

Issues / Performance Summary

- Overall demand continues to exceed capacity. Demand was 27.3% higher than capacity in December.
- Emergency Department (ED) 27.7%, Outpatient Department (OPD) 35.5% and General Practitioner (GP) 20.2% are the primary source of referrals. and there has been no significant change on the distribution compared to last month.
- Inpatient Referrals (784) remain high but slightly less than November. This equates to 13.2% of all requests.
- 48.9% of exams were reported within 2 hours, 9.2% have taken 97 hours or longer which is a decrease on last month.
- Of the 5949 exams, 50.8% were turned around on the same day (5.4% increase compared to last month) and, a further 34.4% in 1- 28 days (slightly lower than last month).

Planned / Mitigation Actions

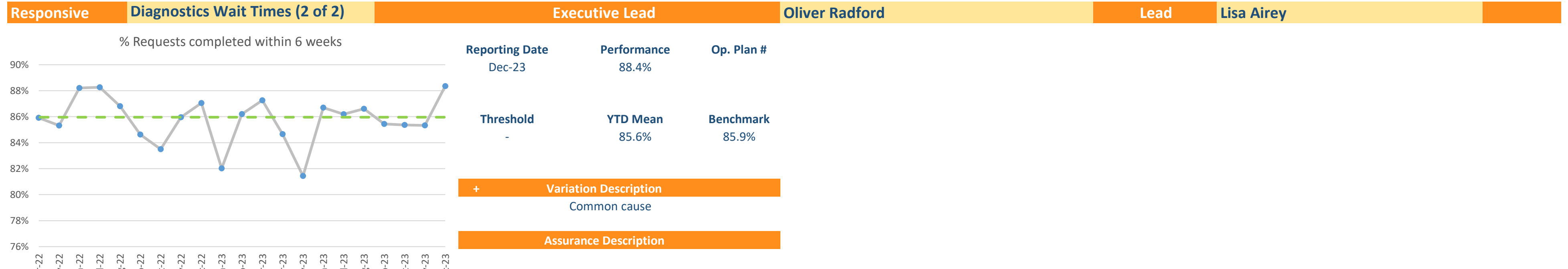
- Projects ongoing to increase capacity to reduce waiting times further.
- Engagement continues with third parties under the Restoration & Recovery (R&R) programme Phase 1 with regard to delivery of an insourced option to address high Cardiac CT and Ultrasound waiting times. The additional diagnostic 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.

Assurance / Recovery Trajectory

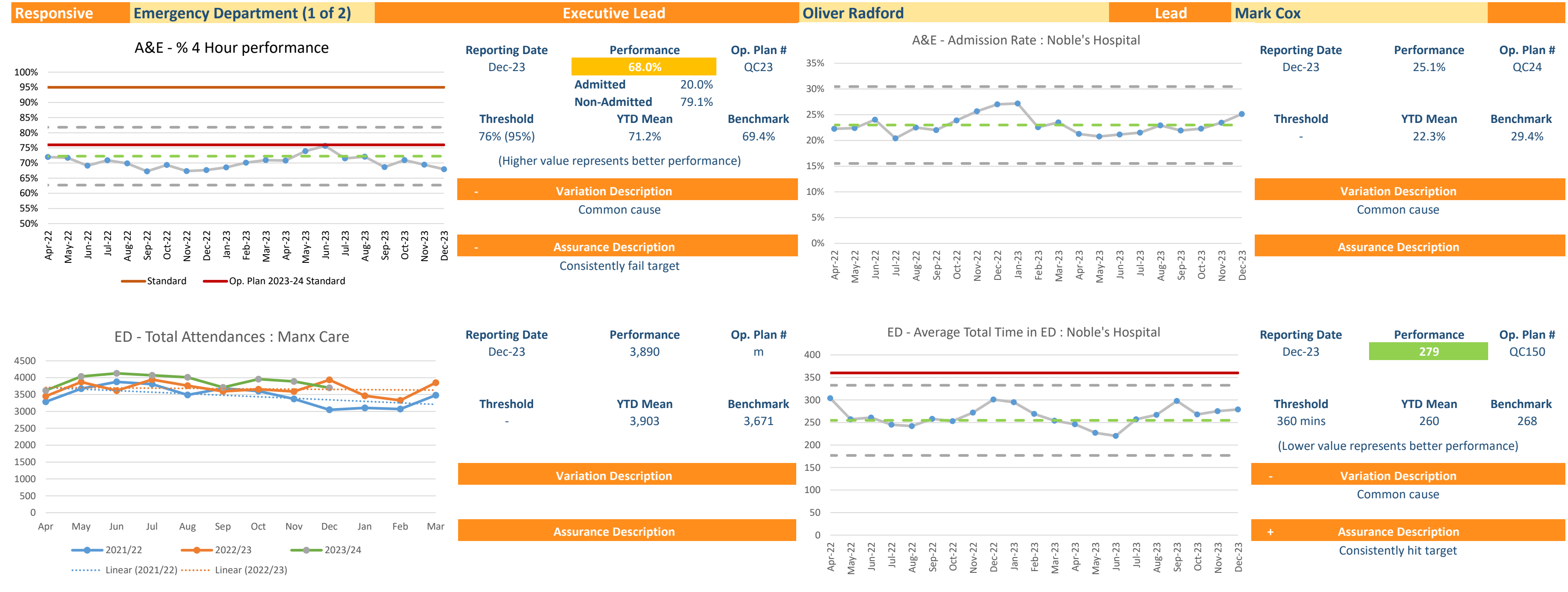
- Requirements for sustainable increased Radiology capacity being scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case.

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

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Requests completed within 6 weeks: 88.4% of requests completed in December were undertaken within 6 weeks. This was slightly higher than the average of 85.6% for the year so far.		



Issues / Performance Summary

- December's performance of 68% remained below the 95% threshold but slightly lower the UK's performance of 69.4%.
  - Admitted Performance: 20%;
  - Non Admitted Performance: 79.1%;
- 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 December, the average admission rate from Noble's ED of 25.1% was lower than that of the UK (29.4%).

Performance due to:

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

Planned / Mitigation Actions

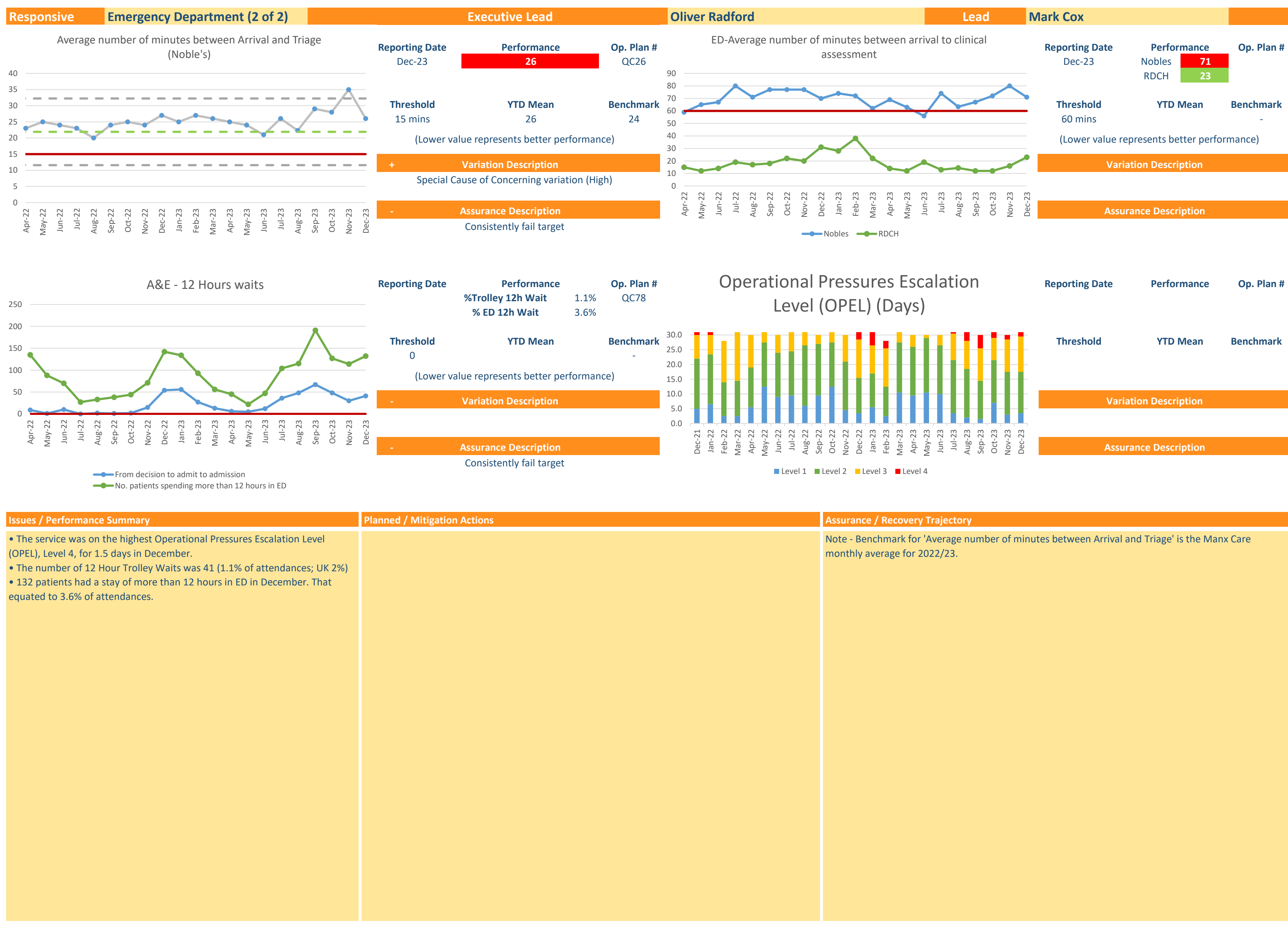
- Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.
- Work on accuracy of time stamps for triage and treatment at briefings.
- Development of Rapid Assessment by senior clinical staff
- Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.
- Two current non-emergency workstreams should also contribute to the improvement of performance within ED:

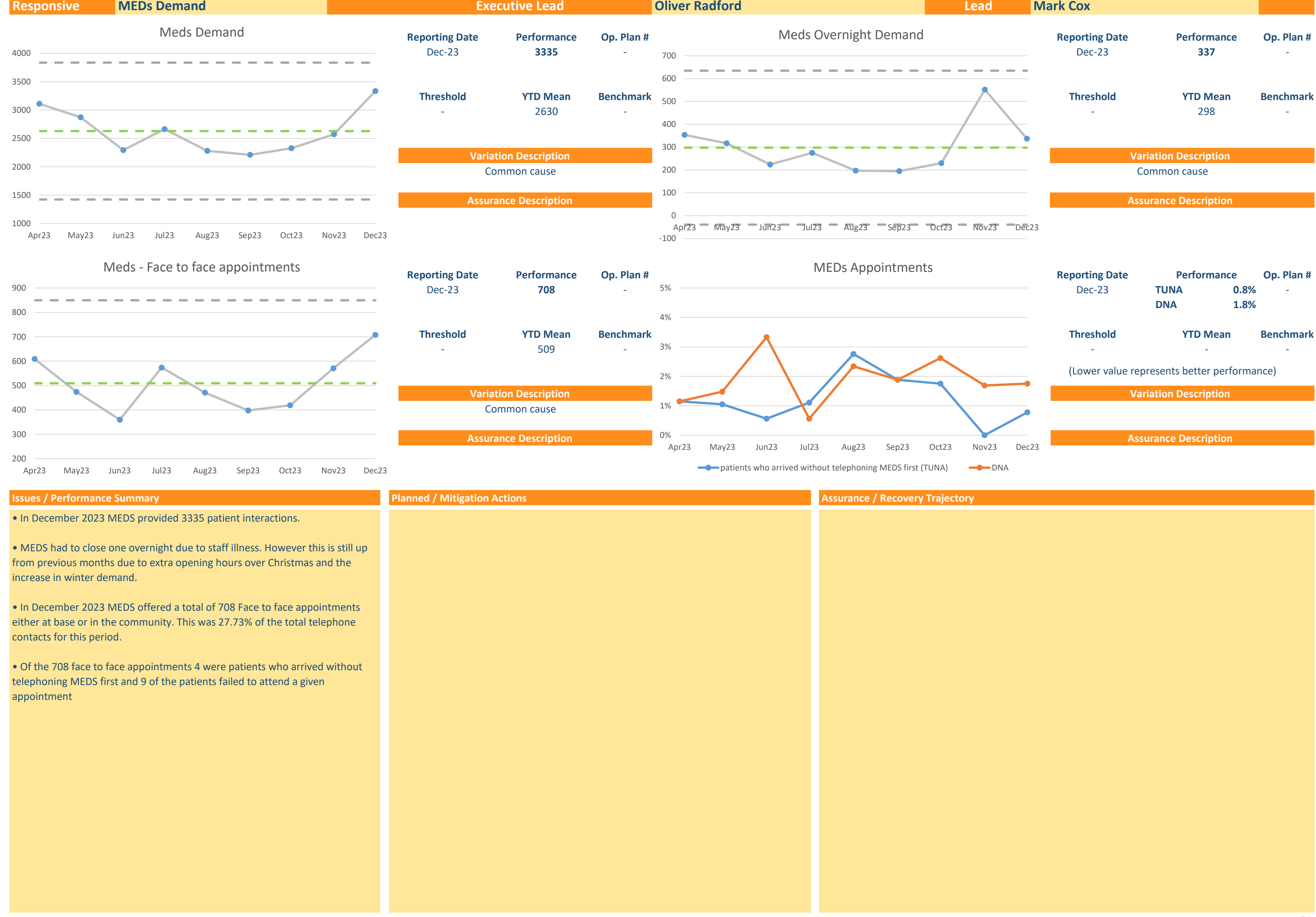
- Work streams around time of discharge
- Other work streams around exit block

Assurance / Recovery Trajectory

- Average total time in department remains within the required 360 minute standard.
- Expectation that performance will remain in line with the UK, but it should be noted that as expected the position has remained challenging over the period due to the additional seasonal pressures.
- 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 December' 23.
Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.


Responsive
Emergency Department (2 of 2)
Executive Lead
Oliver Radford
Lead
Mark Cox
Average number of minutes between Arrival and Triage (Noble's)
Reporting Date
Dec-23
Performance
26
Op. Plan #
QC26
Threshold
15 mins
YTD Mean
26
Benchmark
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
Nobles
RDCH
Reporting Date
Dec-23
Performance
Nobles 71
RDCH 23
Op. Plan #
Threshold
60 mins
YTD Mean
Benchmark
-
(Lower value represents better performance)
Variation Description
Assurance Description
A&E - 12 Hours waits
From decision to admit to admission
No. patients spending more than 12 hours in ED
Reporting Date
Performance
%Trolley 12h Wait 1.1%
% ED 12h Wait 3.6%
Op. Plan #
QC78
Threshold
0
YTD Mean
Benchmark
-
(Lower value represents better performance)
- Variation Description
- Assurance Description
Consistently fail target
Operational Pressures Escalation Level (OPEL) (Days)
Level 1
Level 2
Level 3
Level 4
Reporting Date
Performance
Op. Plan #
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description
Issues / Performance Summary
• The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 1.5 days in December.
• The number of 12 Hour Trolley Waits was 41 (1.1% of attendances; UK 2%)
• 132 patients had a stay of more than 12 hours in ED in December. That equated to 3.6% of attendances.
Planned / Mitigation Actions
Assurance / Recovery Trajectory
Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.



Issues / Performance Summary

- In December 2023 MEDS provided 3335 patient interactions.

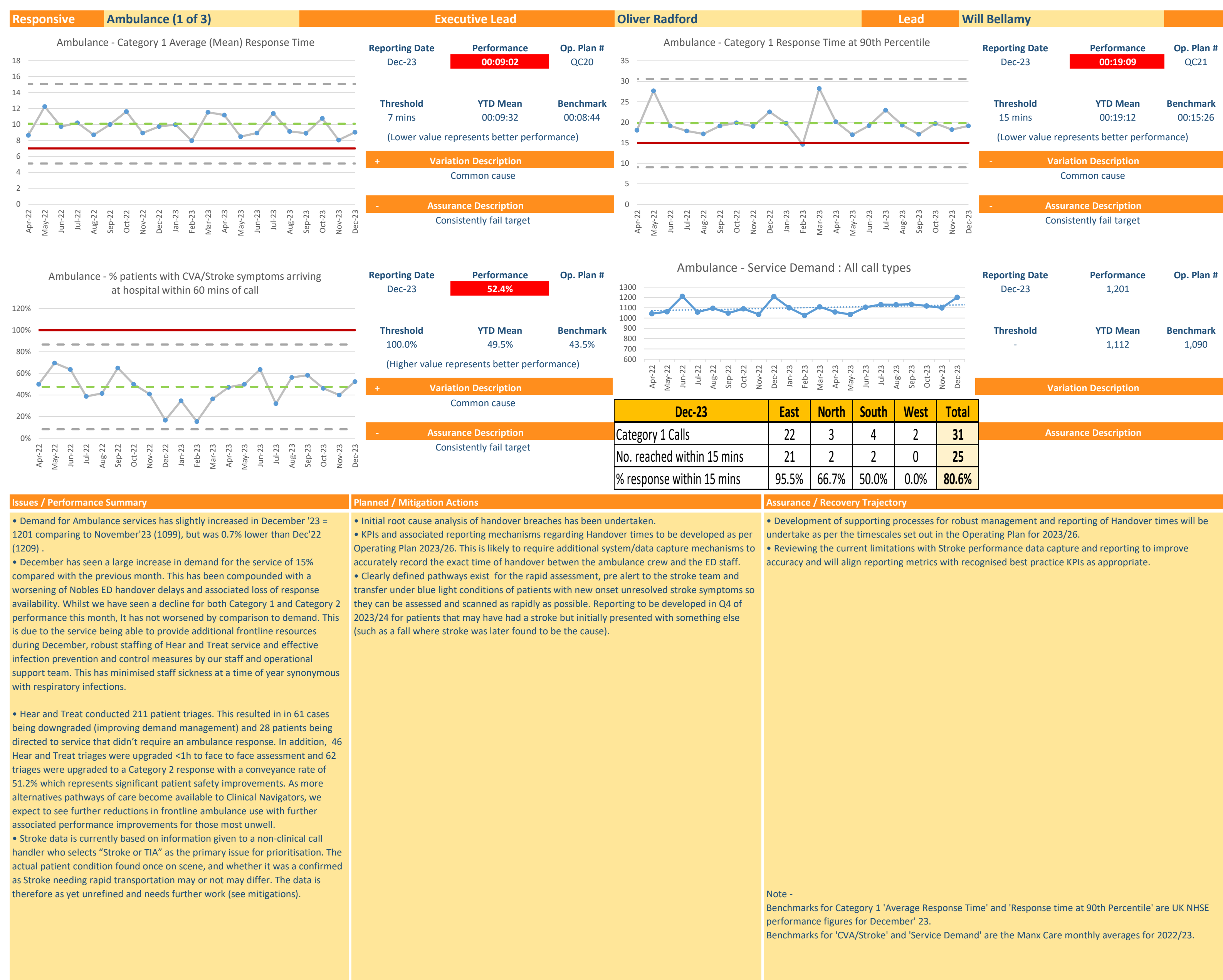
- MEDS had to close one overnight due to staff illness. However this is still up from previous months due to extra opening hours over Christmas and the increase in winter demand.

- In December 2023 MEDS offered a total of 708 Face to face appointments either at base or in the community. This was 27.73% of the total telephone contacts for this period.

- Of the 708 face to face appointments 4 were patients who arrived without telephoning MEDS first and 9 of the patients failed to attend a given appointment

Planned / Mitigation Actions

Assurance / Recovery Trajectory



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

Reporting Date	Performance	Op. Plan #
Dec-23	00:09:02	QC20
Threshold	**YTD Mean**	**Benchmark**
7 mins	00:09:32	00:08:44

(Lower value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	00:19:09	QC21
Threshold	**YTD Mean**	**Benchmark**
15 mins	00:19:12	00:15:26

(Lower value represents better performance)

- Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	52.4%	
Threshold	**YTD Mean**	**Benchmark**
100.0%	49.5%	43.5%

(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	1,201	
Threshold	**YTD Mean**	**Benchmark**
-	1,112	1,090

Variation Description

Assurance Description

Dec-23	East	North	South	West	Total
Category 1 Calls	22	3	4	2	31
No. reached within 15 mins	21	2	2	0	25
% response within 15 mins	95.5%	66.7%	50.0%	0.0%	80.6%

Issues / Performance Summary

• Demand for Ambulance services has slightly increased in December '23 = 1201 comparing to November'23 (1099), but was 0.7% lower than Dec'22 (1209) .

• December has seen a large increase in demand for the service of 15% compared with the previous month. This has been compounded with a worsening of Nobles ED handover delays and associated loss of response availability. Whilst we have seen a decline for both Category 1 and Category 2 performance this month, It has not worsened by comparison to demand. This is due to the service being able to provide additional frontline resources during December, robust staffing of Hear and Treat service and effective infection prevention and control measures by our staff and operational support team. This has minimised staff sickness at a time of year synonymous with respiratory infections.

• Hear and Treat conducted 211 patient triages. This resulted in in 61 cases being downgraded (improving demand management) and 28 patients being directed to service that didn't require an ambulance response. In addition, 46 Hear and Treat triages were upgraded <1h to face to face assessment and 62 triages were upgraded to a Category 2 response with a conveyance rate of 51.2% which represents significant patient safety improvements. As more alternatives pathways of care become available to Clinical Navigators, we expect to see further reductions in frontline ambulance use with further associated performance improvements for those most unwell.

• 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 may not differ. The data is therefore as yet unrefined and needs further work (see mitigations).

Planned / Mitigation Actions

• Initial root cause analysis of handover breaches has been undertaken.

• KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26. 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).

Assurance / Recovery Trajectory

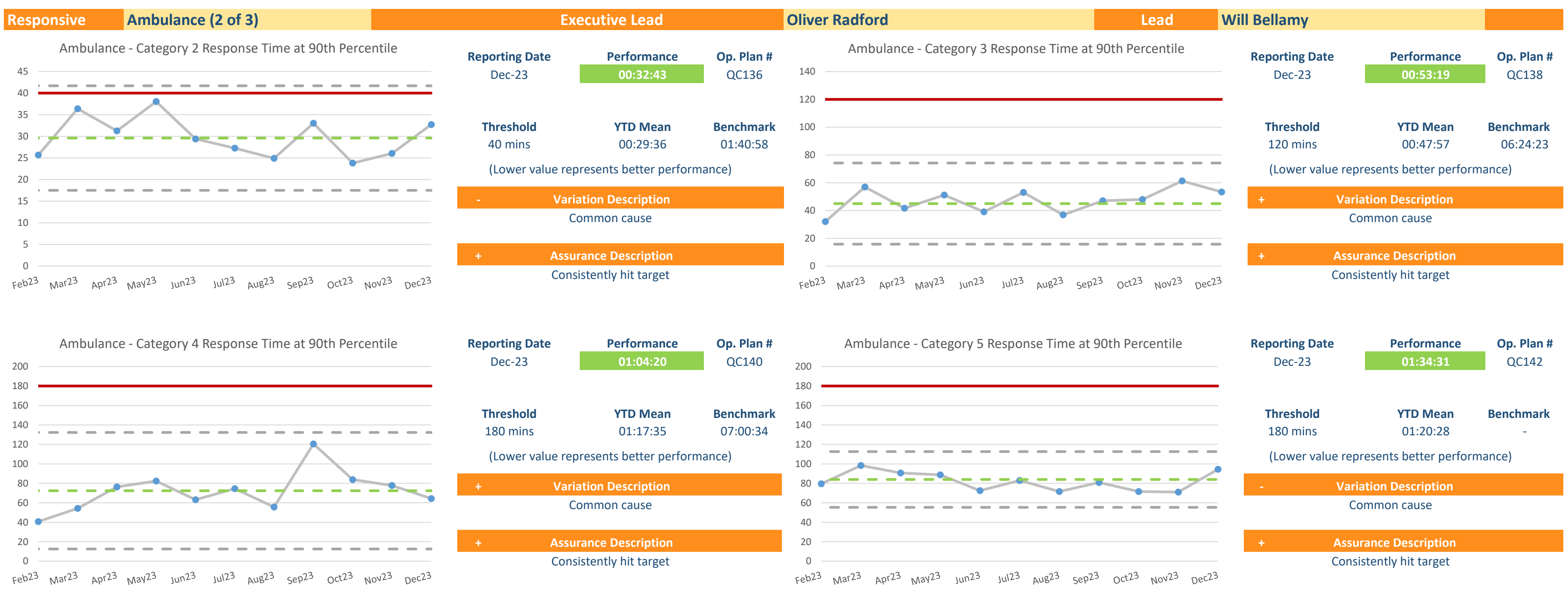
• Development of supporting processes for robust management and reporting of Handover times will be undertake as per the timescales set out in the Operating Plan for 2023/26.

• Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy and will align reporting metrics with recognised best practice KPIs as appropriate.

Note -

Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for December' 23.

Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary

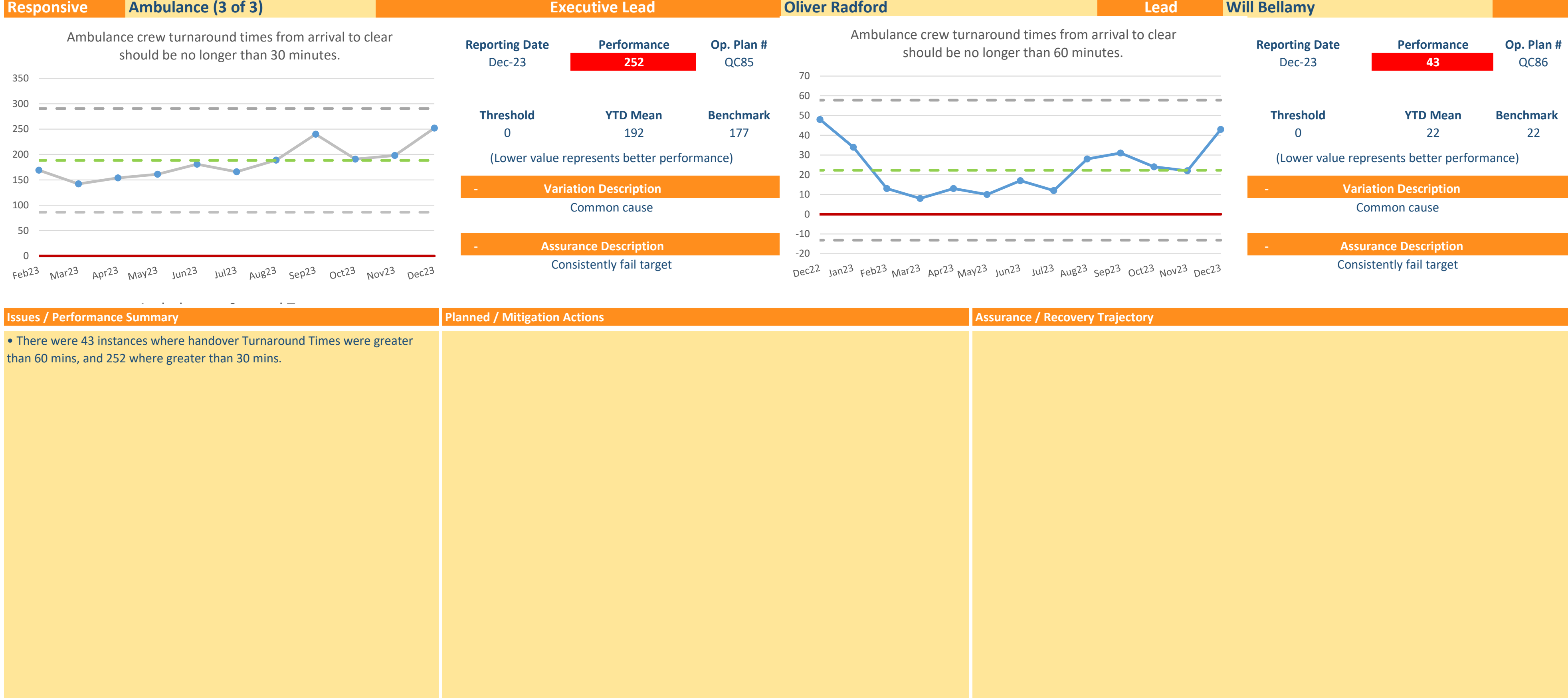
• We remain bench marking well against the categories (2,3,4 and 5) standards:
- Category 2; Standard < 40 mins; 90th percentile = 00:32:43
- Category 3; Standard < 120 mins; 90th percentile = 00:53:19
- Category 4; Standard < 180 mins; 90th percentile = 01:04:20
- Category 5; Standard < 180 mins; 90th percentile = 01:34:31

Planned / Mitigation Actions

Assurance / Recovery Trajectory

Note -
Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for November' 23.

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
• There were 43 instances where handover Turnaround Times were greater than 60 mins, and 252 where greater than 30 mins.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

Manx Care have moved to the new version of the National Cancer Waiting Time Guidance (version 12.0) from October 2023 (https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00654-national-cancer-waiting-times-monitoring-dataset-guidance-v12.pdf).

The IPR data has been aligned to the new reporting guidance from last month, with the reporting of the equivalent October 2023 data. Work is continuing with the Cheshire & Merseyside to understand future developments of the guidance and planning towards future expectations.

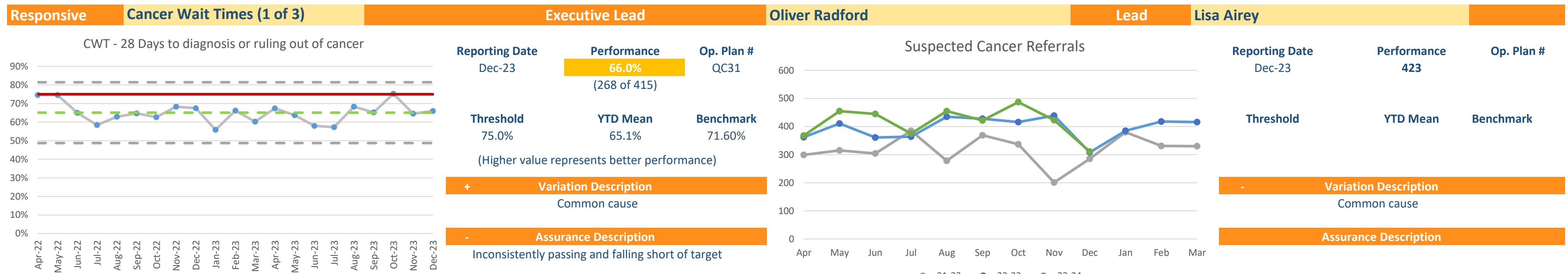
The new guidance has simplified the CWT reporting:
• 28 day FDS – target 75% (Receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer)
• 62 day RTT – target 85% (From receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer)
• 31 day DTT – target 96% (From Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer)
Manx Care's reporting will be aligned to this guidance.

The new guidance has removed the reporting of the 2 Week Wait (2WW) however following feedback from Cheshire & Merseyside Cancer Alliance, this will continue to be monitored closely by our clinical and operational teams in order to support the acheivement of the Faster Diagnostic Standard.

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

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

Best Practice Timed Pathways
The Best Practice Timed Pathways (BPTP) are being introduced for specific tumour groups. Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways, reduce variation, improve people's experience of care, and meet the Faster Diagnosis Standard (FDS). It will also ensure consistency between Manx Care's pathways and that of the Cancer Alliance pathways. Further work is needed to align with the BPTP pathways from the UK NHS.



Tumour Group	Suspected Cancer Referrals								
	Dec-23	Apr - Dec 2023	Apr - Dec 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24	Total 2022/23 (Apr 22-March 23)	Forecast Demand Growth
Breast	53	606	466	30.0%	67	53	808	635	27.2%
Colorectal	63	675	687	-1.7%	75	72	900	913	-1.4%
Dermatology	49	835	741	12.7%	93	87	1,113	995	11.9%
Gynaecology	38	397	347	14.4%	44	39	529	476	11.2%
Haematology	5	47	49	-4.1%	5	5	63	72	-13.0%
Head & Neck	25	328	325	0.9%	36	36	437	422	3.6%
Lung	10	107	99	8.1%	12	11	143	120	18.9%
Other	0	13	25	-	1	4	17	29	-40.2%
Upper GI	20	299	302	-1.0%	33	34	399	406	-1.8%
Urology	34	318	306	3.9%	35	36	424	432	-1.9%
Sub-Total	**297**	**3,625**	**3,347**	**8.3%**	**403**	**389**	**4,833**	**4,500**	**7.4%**

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

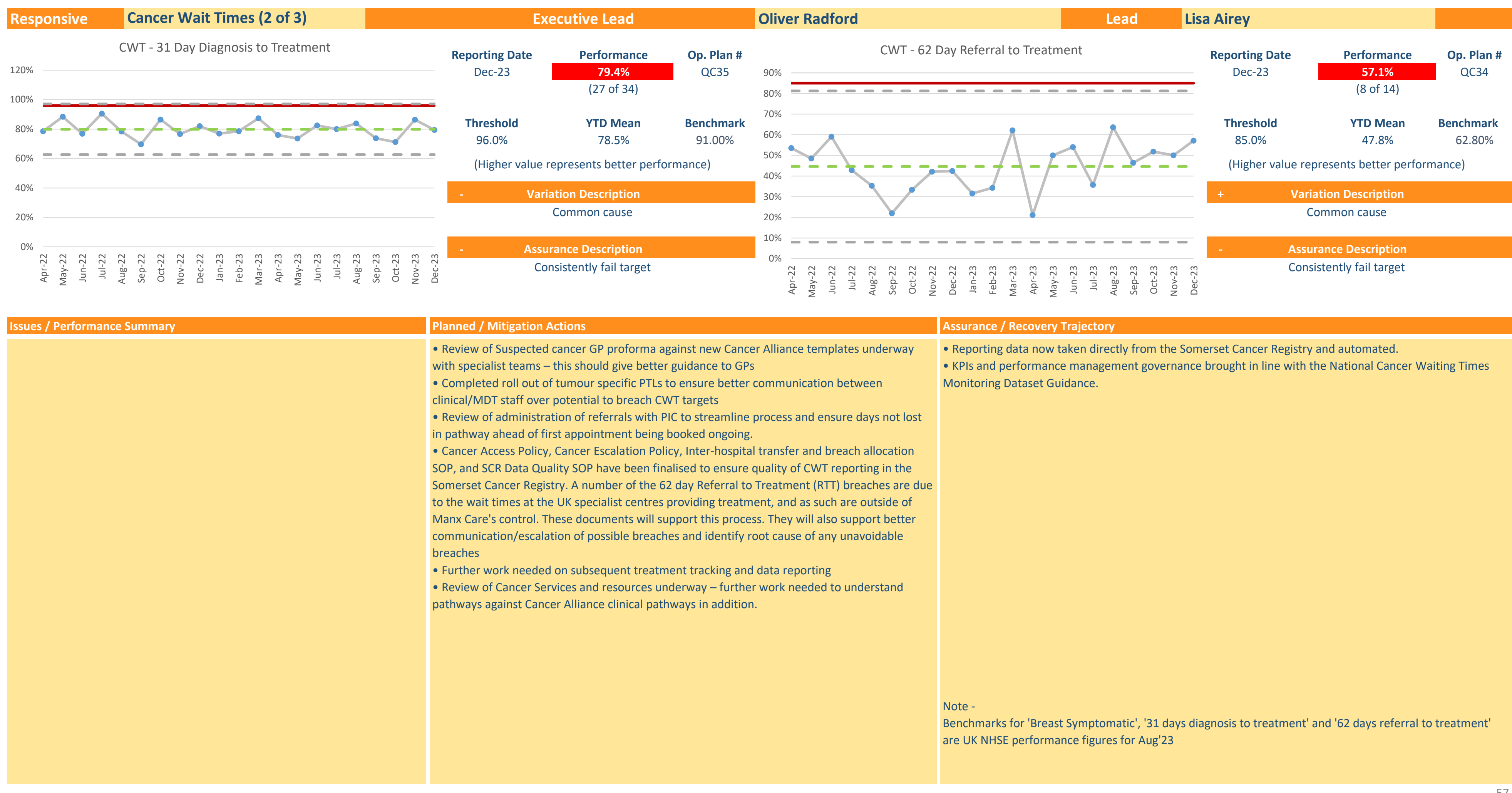
- The 28 Day standard was not achieved in December, with performance recovering slightly but still remaining below the 75% threshold at 66%. This was primarily driven by unavoidable staffing pressures within the Breast service (with escalation to Breast Governance Meeting) and also Urology administration capacity. 5% of breaches were due to patient choice
- 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
- 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 Operational/Escalation PTL
- 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

Planned / Mitigation Actions

- The review of our existing suspected cancer (GP referral) proformas with our specialist teams against the current Cheshire and Merseyside Cancer Alliance templates is moving at good pace. We have successfully reviewed and implemented revised forms for Gynaecology, Skin, and Sarcoma. Remaining specialist teams are currently reviewing their forms, and our ambition is to implement all revised forms by close of March 2024. The next GP Education event on the 13th March will be dedicated to Cancer Services, and include presentations by our specialist teams to GPs regarding the updated forms, and how we can develop our relationship further
- 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
- Moving Cancer Services into subsequent treatment tracking remains a firm ambition. A review of the additional workload this would generate Vs the staffing requirements to maintain this extended service will be commencing in January 2024. This review is also considering different ways of working and emerging AI / Digital systems to deliver greater efficiency within our workforce

Assurance / Recovery Trajectory

- Reporting data now taken directly from the Somerset Cancer Registry and automated
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance
- 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 at advert - Post-holder 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 Sarcom



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

Reporting Date	Performance	Op. Plan #
Dec-23	79.4% (27 of 34)	QC35

Threshold	YTD Mean	Benchmark
96.0%	78.5%	91.00%

(Higher value represents better performance)

- Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	57.1% (8 of 14)	QC34

Threshold	YTD Mean	Benchmark
85.0%	47.8%	62.80%

(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Issues / Performance Summary

Planned / Mitigation Actions

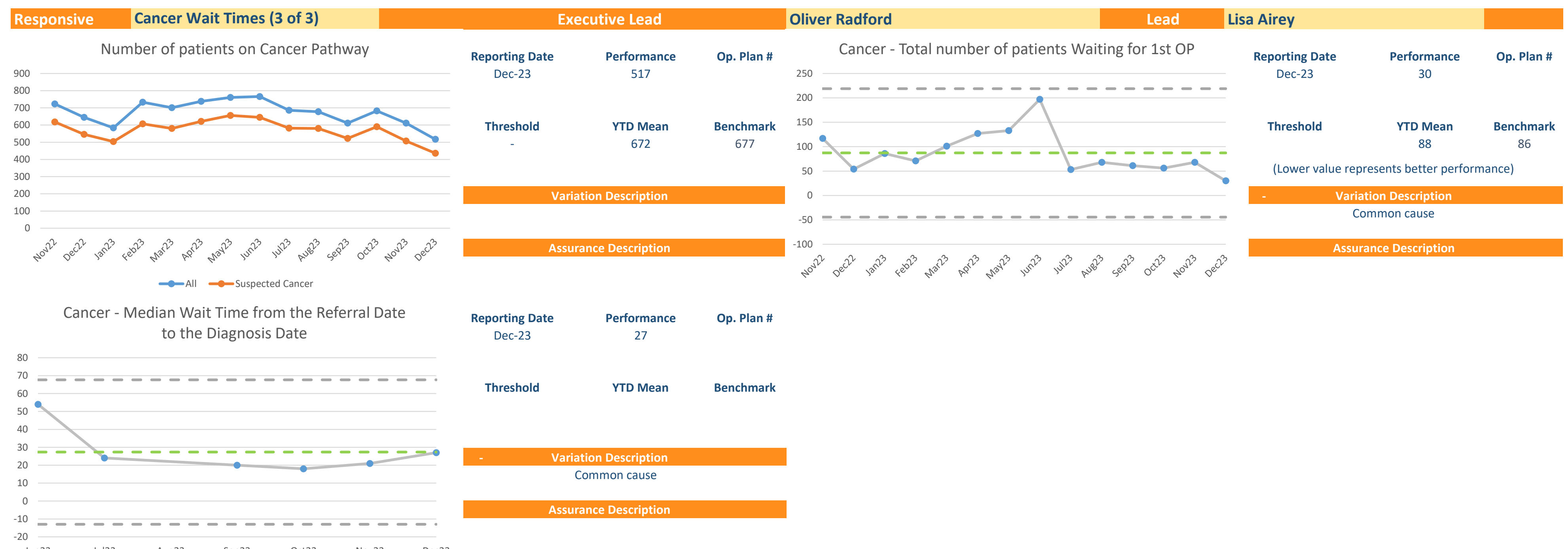
- Review of Suspected cancer GP proforma against new Cancer Alliance templates underway with specialist teams – this should give better guidance to GPs
- Completed roll out of tumour specific PTLs to ensure better communication between clinical/MDT staff over potential to breach CWT targets
- Review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

Assurance / Recovery Trajectory

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

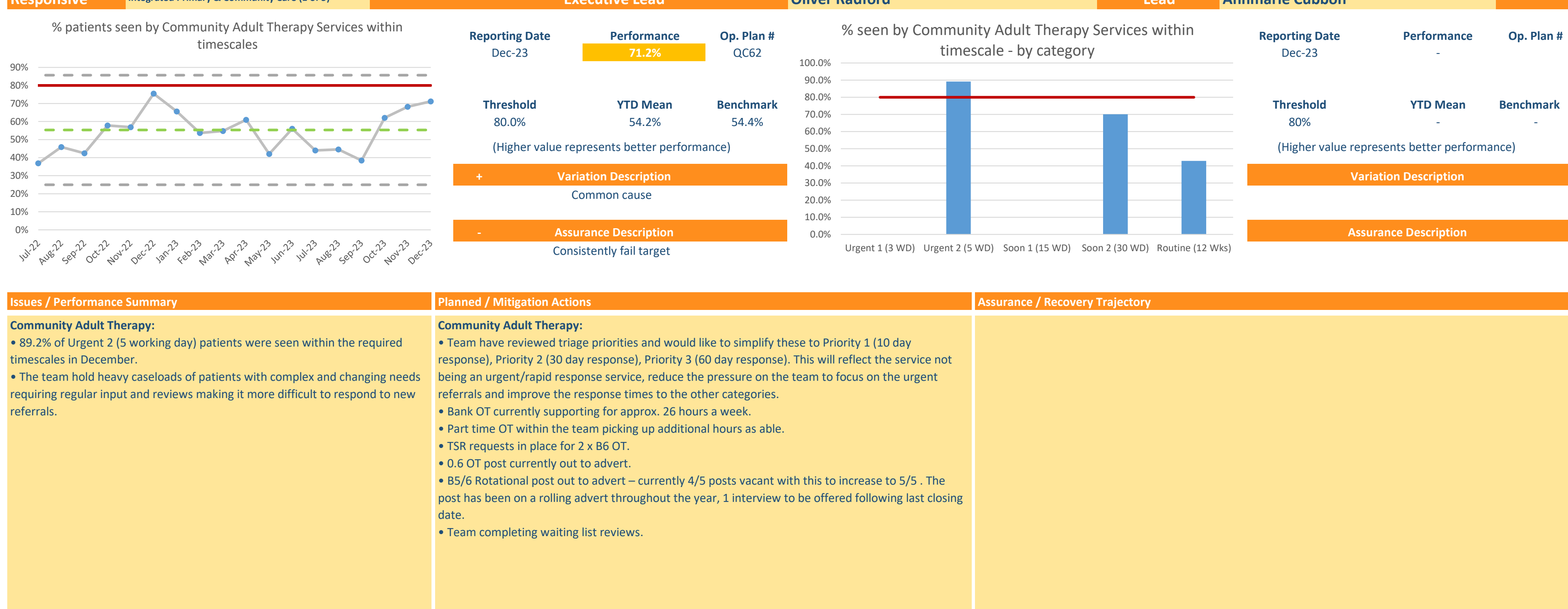
Note -
Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Aug'23

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Please see page 56 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**



Reporting Date	Performance	Op. Plan #
Dec-23	71.2%	QC62

Threshold	YTD Mean	Benchmark
80.0%	54.2%	54.4%

(Higher value represents better performance)

+ Variation Description

Common cause

- Assurance Description

Consistently fail target

Reporting Date	Performance	Op. Plan #
Dec-23	-	

Threshold	YTD Mean	Benchmark
80%	-	-

(Higher value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

Community Adult Therapy:

• 89.2% of Urgent 2 (5 working day) patients were seen within the required timescales in December.

• 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.

Planned / Mitigation Actions

Community Adult Therapy:

• Team have reviewed triage priorities and would like to simplify these 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.

• Bank OT currently supporting for approx. 26 hours a week.

• Part time OT within the team picking up additional hours as able.

• TSR requests in place for 2 x B6 OT.

• 0.6 OT post currently out to advert.

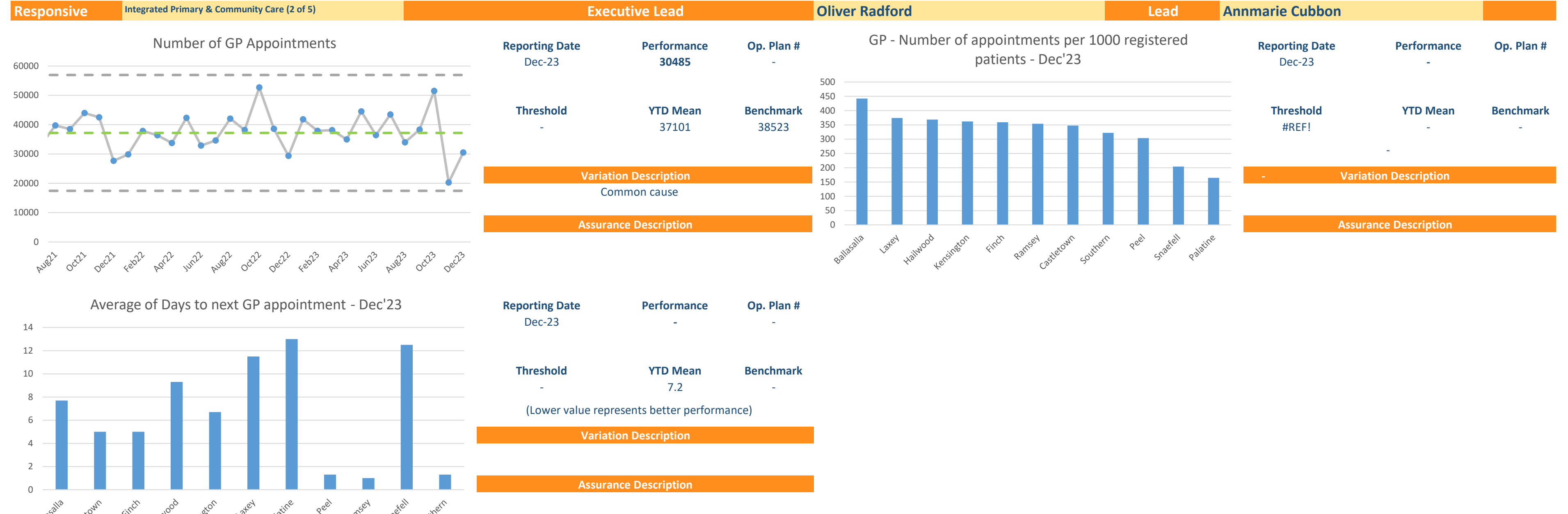
• B5/6 Rotational post out to advert – currently 4/5 posts vacant with this to increase to 5/5 . The post has been on a rolling advert throughout the year, 1 interview to be offered following last closing date.

• Team completing waiting list reviews.

Assurance / Recovery Trajectory

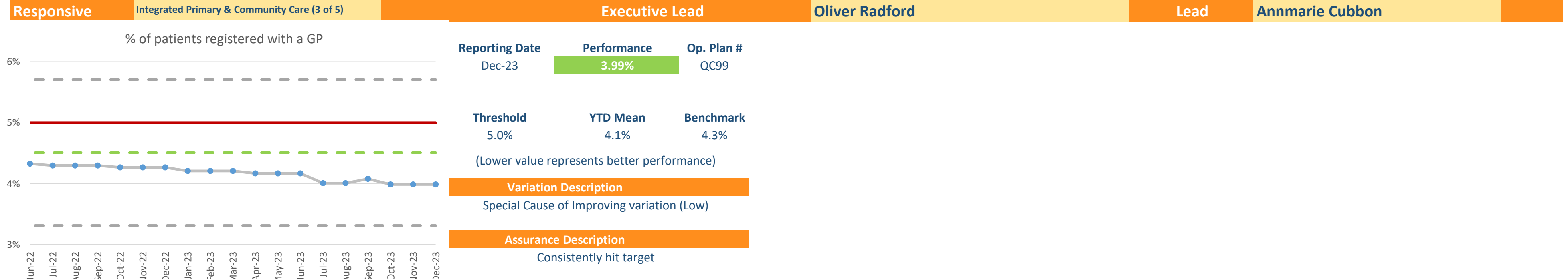
- Note:

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



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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 had been reducing, primarily due to the measures that the practices have put in place, but over the last few months we have seen these increase. Patients are still booking urgent on the day appointments and then failing to attend. Days to next appointment for Palatine and Snaefell have been high recently compared to other practices. Discussions are being held at the next contract review in January.	Q3 Contract reviews are due to take place shortly where a review of the appointment data is undertaken with a view to understanding any issues and to put plans in place to rectify areas of concern. 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, with another 2 due to commence in early 2024. These additional staff will assist the practices when they have scheduled leave, as they can be booked in advance. Practices with vacancies are currently 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. When all 5 Salaried GP's are in post this will assist practices with resilience and stability, complementing their existing establishment of staff. We also have the Winter planning assistance of 1 GP into Primary Care commencing 15th January 2024 to assist with capacity issues over the winter period.

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



Issues / Performance Summary

% of patients registered with a GP:

• % tolerance is currently at 3.99% which is in line with requirements.

Planned / Mitigation Actions

% 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.

Assurance / Recovery Trajectory

% of patients registered with a GP:

• The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. We continue to list cleanse and work with the practices to remove 'Ghost patients' to keep it under the 5% and movement has been made to reduce to 4%.

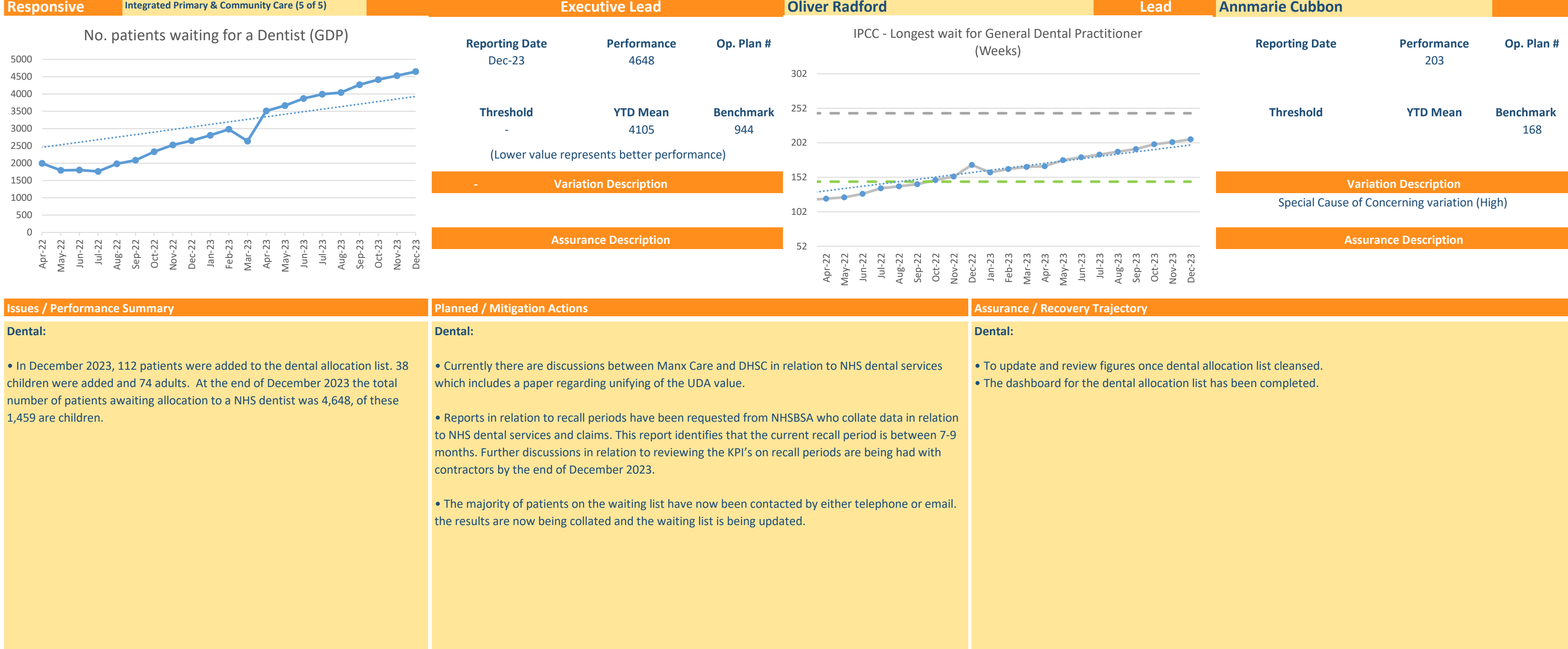
• We will continue to review the % on a monthly / quarterly basis, working to the list cleansing timetable and with practices accordingly.

We have recently been advised of several multiple occupancy properties that we are currently reviewing for accuracy.

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
101%
100%
99%
98%
97%
96%
95%
94%
93%
92%
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Reporting Date
Dec-23
Performance
100%
Op. Plan #
QC61
Threshold
-
YTD Mean
99.4%
Benchmark
-
(Higher value represents better performance)
+
Variation Description
Common cause
Assurance Description
Community Nursing Service response target met (7 days) - Routine
120%
100%
80%
60%
40%
20%
0%
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Reporting Date
Dec-23
Performance
100.0%
Op. Plan #
QC62
Threshold
-
YTD Mean
100%
Benchmark
-
(Higher value represents better performance)
+
Variation Description
Common cause
Assurance Description
Issues / Performance Summary
Community Nursing Service response target met (7 days) - Routine
• This response standards continues to be fully met.
Response by Community Nursing to Urgent / Non routine within 24h
• The response was 100% within the 24 hours timescale in December.
Planned / Mitigation Actions
Assurance / Recovery Trajectory



Issues / Performance Summary

Dental:

• In December 2023, 112 patients were added to the dental allocation list. 38 children were added and 74 adults. At the end of December 2023 the total number of patients awaiting allocation to a NHS dentist was 4,648, of these 1,459 are children.

Planned / Mitigation Actions

Dental:

• Currently there are discussions between Manx Care and DHSC in relation to NHS dental services which includes a paper regarding unifying of the UDA value.

• Reports in relation to recall periods have been requested from NHSBSA who collate data in relation to NHS dental services and claims. This report identifies that the current recall period is between 7-9 months. Further discussions in relation to reviewing the KPI's on recall periods are being had with contractors by the end of December 2023.

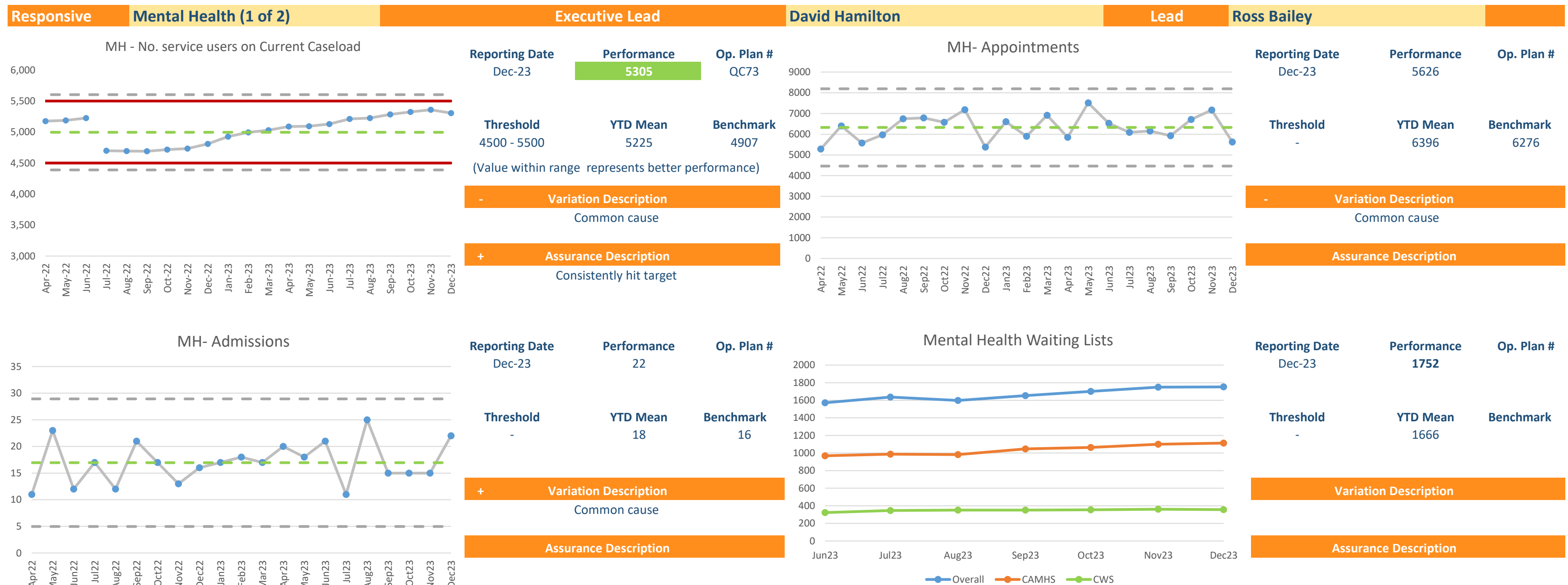
• The majority of patients on the waiting list have now been contacted by either telephone or email. the results are now being collated and the waiting list is being updated.

Assurance / Recovery Trajectory

Dental:

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

Note -
Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.



Issues / Performance Summary

Current Caseload:
Caseload remains within the expected range with a slight decrease 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 have increased in December to 22.

Planned / Mitigation Actions

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

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

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

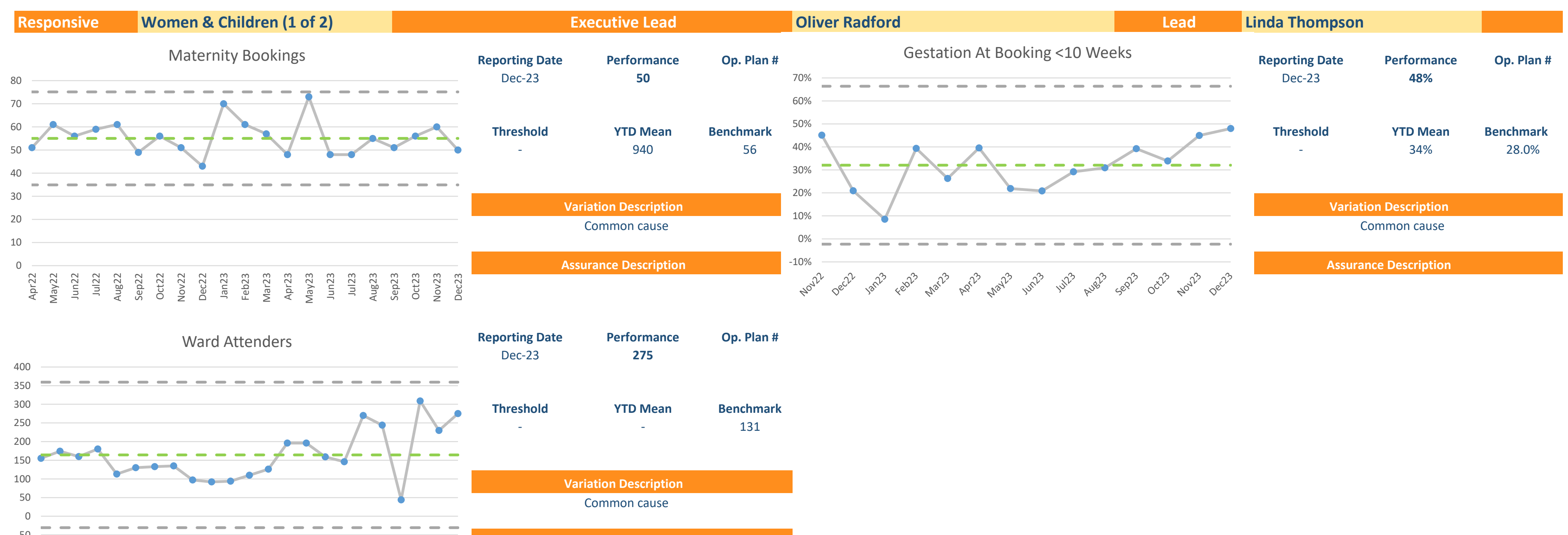
MH Waiting Lists:
The intention is to report on referral to treatment times, we areworking with the performance team to establish a clear methodology and the scope for RTT reporting.

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's.

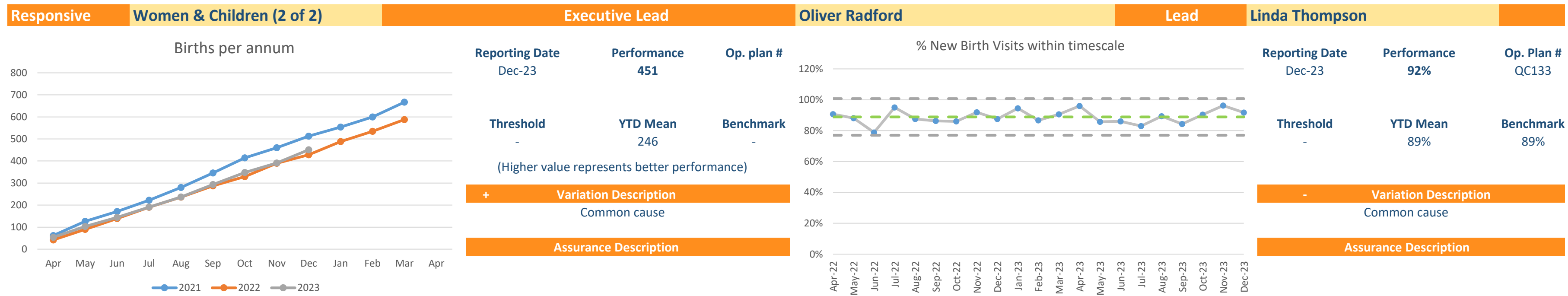
Assurance / Recovery Trajectory

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

MH 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 there will be no wait for low to moderate psychological therapies at the start of 2024



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Maternity bookings **Gestation<10 weeks at booking:** Gestation at booking continues to be a concern with only 48% of booked women booking before 10 weeks. **Booking:** A total of 50 women have booked for care in December'23 (were 43 in December'22).		



Issues / Performance Summary

In December 2023 we received **41** Antenatal referrals into the department.

New Birth Visits

We completed a total of **48** visits. Out of these visits, **44** were completed within the timeframe of 14 days and **4** were not completed within timeframe.

Exception Data
2 infants were admitted to children's ward and one was cancelled at parental request.

Breach Data
1 breaches in December due to human error.

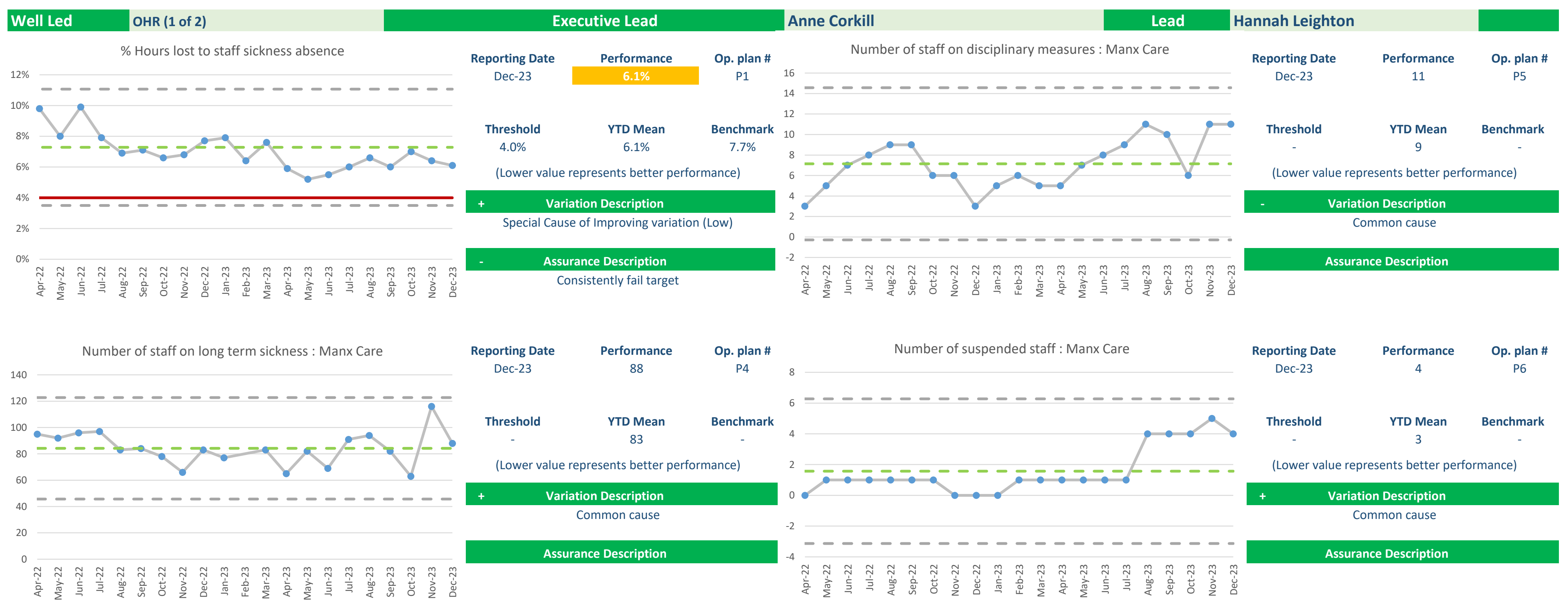
In December **36** women were assessed as Universal, **7** as Universal Plus and **2** as Universal Partnership Plus at their New Birth Visit.

Planned / Mitigation Actions

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

Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Dec-23		6.1%	6.1%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Dec-23	-	88	83	-	-		
WP004		Workforce - Number of staff leavers	Dec-23	-	22	24	220	-		
WP005		Workforce - Number of staff on disciplinary measures	Dec-23	-	11	9	78	-		
WP006		Workforce - Number of suspended staff	Dec-23	-	4	3	25	-		
WP013		Staff 12 months turnover rate	Dec-23		10.1%	10.1%	-	10%		
WP014		Training Attendance rate	Dec-23		61.0%	62.2%	-	90%		
WP007		Governance - Number of Data Breaches	Dec-23		13	11	103	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Dec-23	-	33	54	486	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Dec-23	-	1	3	23	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Dec-23	-	6	10	90	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Dec-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Dec-23		33	37	337	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Dec-23		30	38	339	-		



Issues / Performance Summary

• Worktime lost in December '23 by sickness category:

Stress, Anxiety & Depression - 1.6%
Cough, Cold & Flu - 0.8%
Musculoskeletal - 1.1%
Covid-19 - 0.6%
Other sickness - 2%

• Worktime lost in December'23 by Area:

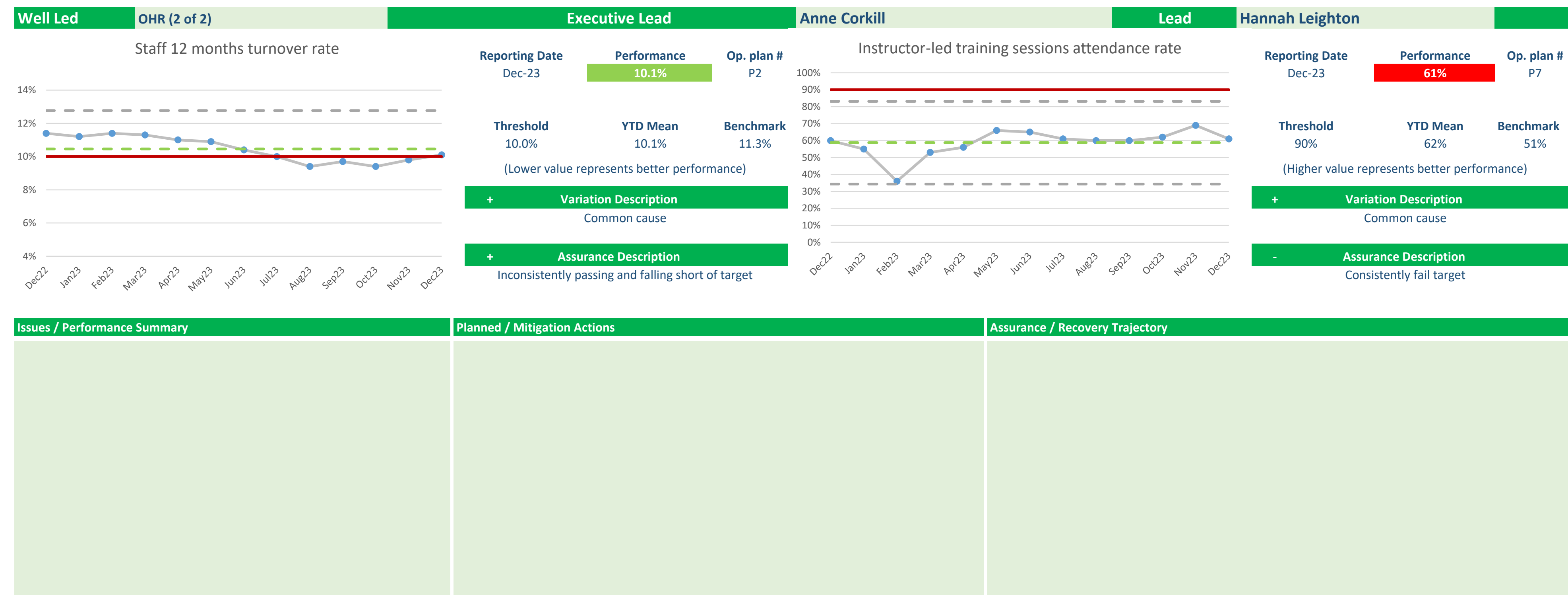
Integrated Social Care Services - 6.7%
Medicine, Urgent Care & Ambulance Services - 5.9%
Integrated Mental Health Services -
Infrastructure - 9.6%
Integrated Primary & Community Care Services - 6.2%
Integrated Cancer & Diagnostic Services - 3.2%
Women, Children & Families - 4.3%
Surgery, Theatres, Critical Care & Anaesthetics - 7.7%

Planned / Mitigation Actions

• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.
• The decision to suspend staff which may occasionally be necessary is normally taken in consultation with HR to ensure the measures are appropriate and proportionate.

Assurance / Recovery Trajectory

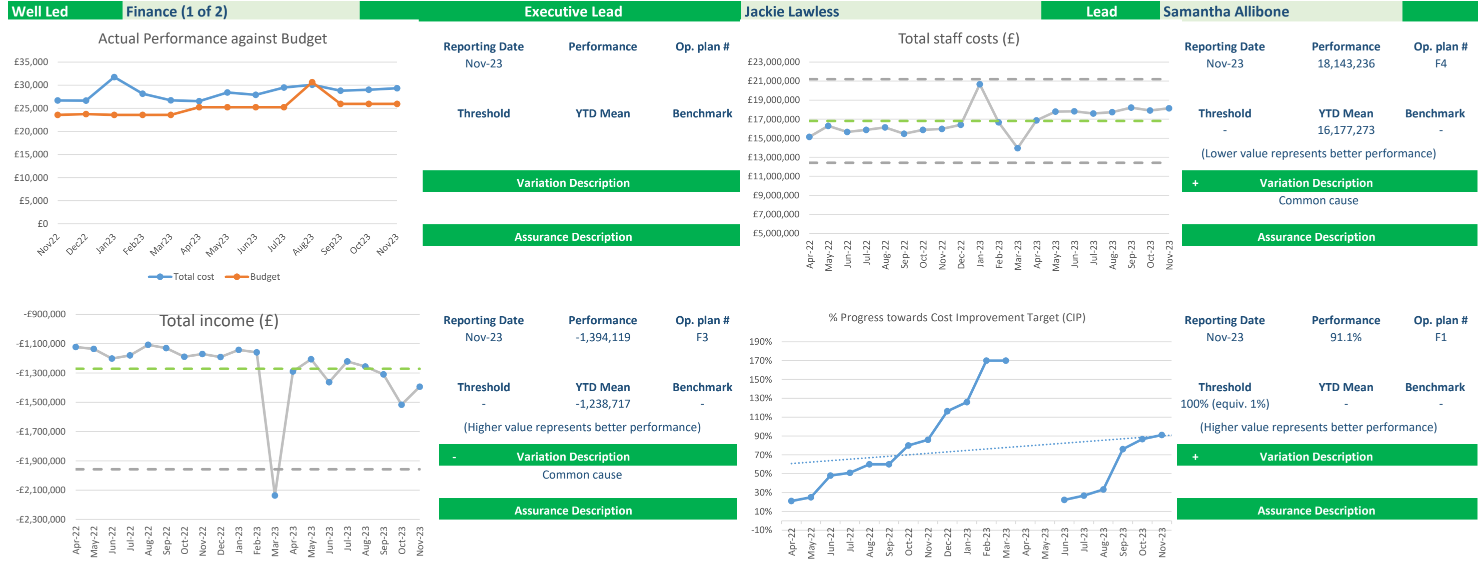
• Absence rates, including bradford factor reports and trends data are monitored at a care group level. Effective absence management relies on a proactive approach by managers as well as they use of appropriate information and support provided by OHR. Absence is also impacted by staff engagement and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


Well Led
OHR (2 of 2)
Executive Lead
Anne Corkill
Lead
Hannah Leighton
Staff 12 months turnover rate
14%
12%
10%
8%
6%
4%
Dec22
Jan23
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Reporting Date
Dec-23
Performance
10.1%
Op. plan #
P2
Threshold
10.0%
YTD Mean
10.1%
Benchmark
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
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Dec22
Jan23
Feb23
Mar23
Apr23
May23
Jun23
Jul23
Aug23
Sep23
Oct23
Nov23
Dec23
Reporting Date
Dec-23
Performance
61%
Op. plan #
P7
Threshold
90%
YTD Mean
62%
Benchmark
51%
(Higher value represents better performance)
+ Variation Description
Common cause
- Assurance Description
Consistently fail target
Issues / Performance Summary
Planned / Mitigation Actions
Assurance / Recovery Trajectory

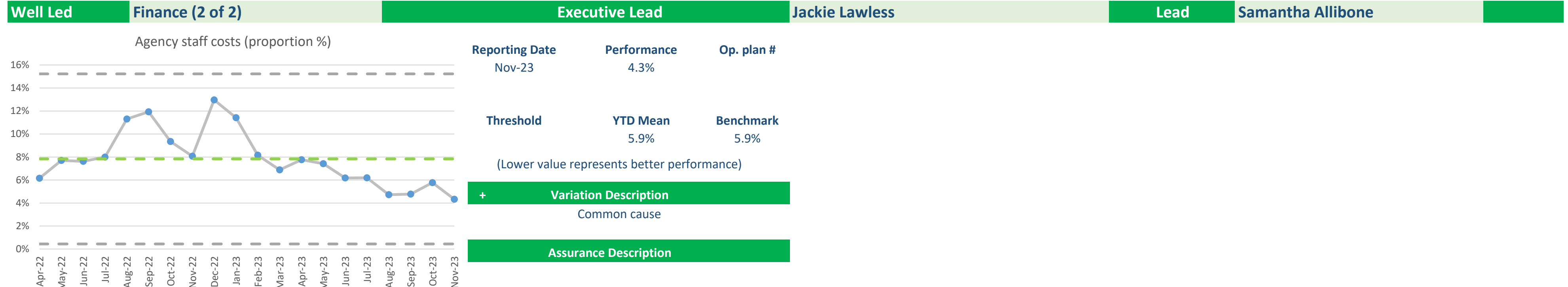
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Breaches – Total: 13 Reported to the Commissioner: 1 Data Subjects informed: 4 Data Subjects Not Informed: 9 (7 x low risk to the patient, 2 x clinical decision not to inform) Types of breach Email: 2 Written Communication: 4 Confidentiality: 6 Correspondence: 1	• Manx Care notifies to the ICO all breaches which they are required to notify, but the Manx Care DPO fully investigates all breaches or suspected breaches which have been reported to them. The DPO will conduct a full internal investigations with the relevant service areas and will continue to work with the IG Risk and Quality Assurance Manager to ensure any improvements and remedial actions identified are progressed. In December Manx Care had 13 breaches, but only 1 met the criteria of being reportable to the ICO. Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared with the incorrect GP.	• Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO and it is encouraging that staff across Manx Care are confident to report data breaches and that such events are used as an opportunity to learn and 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 and FOI 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.

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)	Nov-23		91%	-	336%	100% (equiv. 1%)		
WF002		Total income (£)	Nov-23	-	-£1,394,119	-£1,238,717	-£10,555,652	-		
WF003		Total staff costs (£)	Nov-23	-	£18,143,236	£16,177,273	£142,107,159	-		
WF004		Total other costs (£)	Nov-23	-	£13,050,900	£11,886,589	£103,254,203	-		
WF005		Agency staff costs (proportion %)	Nov-23	-	4.3%	5.9%	-	-		
WF009		Actual performance against Budget	Nov-23		-3,403	-£4,401	-£20,215	-		



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
% Progress towards Cost Improvement Target (CIP): • To date, the CIP plan has delivered £5.1m in savings, of which £4.1m are cash out. Overall, delivery at November stands at 80% of target. These savings have been reflected in the forecast. However, many are serving to hold existing cost pressures in check and avoiding costs. The original target of £9.6m has been reduced to reflect the challenges to delivery on a number of projects. However, it still exceeds the £4.5m target included in the budget. • Spend is expected to increase by £28.8m compared to the prior year, whilst funding has increased by just £20m creating a gap of £8.8m. The year-end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £17.9m. • An additional cost of £1.4m has been included in the fund claims which relates to additional funding agreed to cover the backdated pay for the 22/23 MPTC/NJC pay award. This was agreed from the Treasury Contingency Fund. **Total income (£):** • The operational result for November is an overspend of (£2.6m) with costs increasing by £1.2m compared to the previous month. The majority of this increase relates to drugs costs, changes to the Pharmaceutical contract and placement costs which were all expected. **Total staff costs (£):** • YTD employee costs are (£4.3m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total Agency spend YTD of £7.2m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.6m), Social Care (£1.5m) and Women & Children (£1.0m), 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. • The Commercial Opportunities target is unlikely to be met in this year but is expected to deliver in full in 24/25. Infrastructure savings are expected from Q4. Tertiary savings are also expected to recover during Q4. Mental Health savings have not been reported for November so these figures are expected to increase in the next reporting cycle. The procurement target is under pressure due to continued price increases eroding the savings expected from switching to NHS Supply Chain. The efficiency target of £825k has ben exceeded with efficiencies of £976k reported so far and further savings expected to the end of the year. **Total income (£):** • The forecast has been updated for cost pressures that were previously identified as risks and have now materialised meaning that the forecast is now an overspend of (£31.6m). These additional costs have all been included in business cases to the DHSC for approval from the Reserve Fund and the requested claim against this fund is now £6.4m. • If all the business cases are approved from the Reserve Fund the operational forecast would reduce to (£25.2m). **Total staff costs (proportion %):** • Although agency costs are continuing to reduce bank costs have been gradually increasing which means that overall costs are tracking higher than last year but within expected trends. Bank costs have reduced by £200k since last month, bringing them closer to prior year levels. 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):** • As CIP plans are implemented the forecast is being adjusted by Care Group to reflect the actual spend reductions achieved, however as not all CIP work streams impact the run rate there are remaining savings of £1.0m included in the forecast centrally (which is included as a risk). To date, £4.3m in cash out savings have been delivered, which have been reflected in the forecast. £976k in efficiencies have also been delivered but these do not impact the forecast. **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 (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.



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	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
SAFE	SA001	Serious Incidents declared	<3 < 36 PA	3	2	0	0	2	2	1	1	3	4	1	5	5	0	22	
	SA002	Duty of Candour letter has been sent within 10 days of incident	80%	N/A	N/A	N/A	N/A	N/A	80.00%	75.00%	50.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	SA018	Letter has been sent in accordance with Duty of Candour Regulations	100%	N/A	N/A	N/A	N/A	N/A	100.00%	100.00%	50.00%	75.00%	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%	90.30%	86.68%	94.39%	97.85%	95.06%	90.41%	84.73%	89.60%	87.30%	88.89%	91.00%	94.50%	92.50%	93.00%		
	SA004	% Adult Patients (within general hospital) who had VTE prophylaxis prescribed if appropriate	95%	93.53%	92.00%	99.30%	99.17%	97.00%	91.87%	95.87%	97.40%	100.00%	98.00%	96.00%	99.00%	99.00%	96.00%		
	SA005	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	SA006	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	<2	1.24	0	0.47	0.35	0.54	0.63	0.16	0.16	0.17	0.45	0.31	0.49	0.5	0.17		
	SA019	Pressure Ulcers - Total incidence - Grade 2 and above	<= 17 (204 PA)	17	11	13	11	13	15	13	19	24	29	16	11	17	2	146	
	SA007	Clostridium Difficile - Total number of acquired infections	< 30 PA	2	0	2	3	2	4	4	4	4	2	1	1	3	0	23	
	SA008	MRSA - Total number of acquired infections	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
	SA009	E-Coli - Total number of acquired infections	< 72 PA	5	6	5	4	0	5	8	6	10	4	9	8	11	7	68	
	SA010	No. confirmed cases of Klebsiella spp	-	3	0	0	0	0	0	3	1	2	2	2	0	2	2	14	
	SA011	No. confirmed cases of Pseudomonas aeruginosa	-	0	1	0	0	0	0	0	0	1	1	1	0	0	2	5	
	SA012	Number of Medication Errors (with Harm)	< 25 PA	0	0	0	0	0	1	1	0	0	0	0	1	0	0	3	
	SA013	Harm Free Care Score (Safety Thermometer) - Adult	95%	98.0%	99.5%	97.5%	98.5%	96.9%	96.8%	97.4%	98.0%	97.5%	96.8%	97.0%	97.7%	97.0%	95.5%		
	SA014	Harm Free Care Score (Safety Thermometer) - Maternity	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.0%	100.0%	100.0%		
	SA015	Harm Free Care Score (Safety Thermometer) - Children	95%	100.0%	95.8%	90.0%	95.2%	99.0%	82.3%	99.8%	95.2%	96.2%	100.0%	99.0%	100.0%	100.0%	98.5%		
	SA016	Hand Hygiene Compliance	96%	97.0%	98.0%	97.0%	97.0%	92.0%	98.0%	96.0%	99.0%	97.0%	97.0%	97.0%	99.0%	97.0%	98.0%		
	SA017	48-72 hr review of antibiotic prescription complete	98%	79.0%	71.0%	75.0%	58.0%	81.0%	80.0%	70.0%	79.0%	70.0%	74.0%	88.0%	82.0%	88.0%	78.0%		
EFFECTIVE	EF067	Planned Care - DNA - Hospital	5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.7%	12.2%	10.2%	9.4%	11.0%	11.9%		
	EF001	Planned Care - DNA Rate (Consultant Led outpatient appointments)	5%	8.6%	9.4%	9.7%	7.9%	12.0%	11.9%	11.1%	10.4%	11.9%	14.8%	11.5%	11.2%	13.3%	16.7%		
		Planned Care - DNA Rate (Nurse Led outpatient appointments)		5.9%	5.9%	4.2%	4.8%	6.0%	7.4%	7.1%	4.8%	5.1%	8.2%	6.6%	5.4%	6.8%	5.8%		
		Planned Care - DNA Rate (AHP Led outpatient appointments)		10.4%	9.8%	10.0%	9.4%	11.0%	11.3%	9.5%	10.1%	9.0%	11.4%	10.2%	10.0%	9.8%	10.4%		
	EF002	Planned Care - Total Number of Cancelled Operations		303	357	429	317	396	236	344	284	337	268	371	367	348	355	2910	
		Hospital cancelled		171	234	280	179	229	109	196	138	200	140	223	239	156	167	1568	
		Patient cancelled		132	123	149	138	167	127	148	146	137	128	148	128	192	188	1342	
	EF005	Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	90	118	119	125	88	112	121	114	140	103	105	94	81	91	961	
		Average Length of Stay (ALOS) - Nobles	-	5	5	5	5	6	5	5	5	5	5	5	5	5	5		
		Average Length of Stay (ALOS) - RDCH	-	46	33	51	50	41	38	130	38	31	36	40	44	34	35		
		Total Number of discharges	-	1022	1021	991	866	1008	907	960	906	985	1009	938	971	1033	949	4767	
	EF050	Total Number of Inpatient discharges-Nobles	-	986	977	959	826	976	882	924	866	946	968	904	928	995	902	4586	
	EF051	Total Number of inpatient discharges-RDCH	-	36	44	32	40	32	25	36	40	39	41	34	43	38	47	181	

Performance Scorecard 2

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
EFFECTIVE	EF003	Theatres - Number of Cancelled Operations on Day		50	38	81	39	48	36	40	28	51	27	33	46	31	24	316	
		Theatres - Number of Cancelled Operations on Day - Clinical		11	9	14	10	19	12	14	16	7	8	14	16	13	7	107	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Patient		4	4	4	5	11	5	6	5	14	5	6	10	6	7	64	
		Theatres - Number of Cancelled Operations on Day - Non clinical - Hospital		35	25	63	24	18	19	20	7	30	14	13	20	12	10	145	
	EF004	Theatres - Theatre Utilisation %	85%	69.8%	76.3%	72.1%	82.5%	75.8%	73.3%	76.2%	67.8%	79.7%	82.4%	80.6%	79.8%	76.2%	72.3%		
	EF006	Crude Mortality Rate		32.72	29.28	22.48	20.23	24.24	16.47	15.37	12.75	15.25	19.63	18.81	24.68	19	21.76		
	EF007	Total Hospital Deaths		38	32	21	23	27	18	18	13	20	21	22	30	27	20	189	
	EF024	Mortality - Hospitals LFD (Learning from Death reviews)	80.00%	24%	36%	54%	92%	94%	93%	93%	98%	98%	98%	97%	97%	99%	99%		
	EF008	West Wellbeing Contribution to reduction in ED attendance	10% per 12 months	0.0%	8.9%	-12.7%	7.3%	25.3%	6.7%	5.8%	-6.4%	24.9%	14.2%	7.1%	6.6%	6.2%	6.3%		
	EF009	West Wellbeing Reduction in admission to hospital from locality	5% per 12 months	-8.3%	17.5%	22.6%	-6.4%	89.2%	-10.9%	-1.8%	-25.3%	-25.6%	-1.8%	-14.3%	1.6%	66.7%	32.7%		
	EF011	MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (Discharged)	-	26	66	64	72	26	30	33	83	21	51	20	8	39	24		
	EF013	MH - % service users discharged from MH inpatient to have follow up appointment	90%	0.0%	100.0%	94.0%	94.0%	100.0%	100.0%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	EF064	Number of patients with a length of stay - 0 days (Mental Health)	-	N/A	N/A	0	3	0	2	1	1	0	1	1	0	1	1	8	
	EF065	MH - Number of patients aged 18-64 with a length of stay - > 60 days	-	N/A	N/A	5	5	1	3	4	3	0	2	1	0	1	0	14	
	EF066	MH - Number of patients aged 65+ with a length of stay - > 90 days	-	N/A	N/A	2	0	0	2	0	1	1	3	0	0	1	2	10	
	EF047	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	N/A	N/A	N/A	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%	N/A	N/A	N/A	100%	100%	50%	100%	100%	50%	100%	-	-	0%	100%		
	EF026	Crisis Team one hour response to referral from ED	75%	88%	87%	100%	75%	91%	94%	94%	100%	96%	84%	90%	77%	90%	85%		
	EF015	ASC - % of Re-referrals	<15%	8.6%	11.3%	12.4%	4.6%	1.3%	3.9%	3.8%	1.7%	4.5%	1.2%	0.0%	3.3%	12%	16%		
	EF063	ASC - No. of referrals		81	80	89	65	77	76	78	59	66	86	68	91	74	59	657	
	EF016	ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	80%	77%	68%	55%	33%	27%	39%	39%	29%	42%	27%	23%	40%	30%	24%		
	EF017	ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	100%	21%	13%	14%	0%	27%	22%	48%	100%	100%	100%	96%	100%	96%	95%		

Performance Scorecard 3

EFFECTIVE

KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
EF019	CFSC - % Complex Needs Reviews held on time	85%	32.0%	62.5%	62.5%	35.7%	75.0%	100.0%	75.0%	65.5%	54.6%	50.0%	48.0%	56.0%	43.5%	66.7%		
EF021	CFSC - % Total Initial Child Protection Conferences held on time	90%	87.5%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	33.3%	80.0%	71.4%	80.0%	76.9%	100.0%	0.0%		
EF022	CFSC - % Child Protection Reviews held on time	90%	87.5%	71.4%	66.7%	85.7%	77.8%	88.9%	100.0%	100.0%	88.9%	95.8%	95.7%	80.0%	100.0%	100.0%		
EF023	CFSC - % Looked After Children reviews held on time	90%	93.8%	92.3%	94.7%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	90.5%	90.0%	88.0%	100.0%	100.0%		
EF049	C&F -Number of referrals - Children & Families		N/A	N/A	N/A	N/A	N/A	116	172	144	133	121	168	141	199	188	1382	
EF044	C&F -Children (of age) participating in, or contributing to, their Child Protection review	90%	N/A	N/A	N/A	N/A	N/A	0.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
EF045	C&F -Children (of age) participating in, or contributing to, their Looked After Child review	90%	N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%		
EF046	C&F -Children (of age) participating in, or contributing to, their Complex Review	79%	N/A	N/A	N/A	N/A	N/A	36.0%	34.0%	42.0%	41.0%	100.0%	36.0%	35.0%	71.0%	21.0%		
EF025	Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	83%	84%	77%	89%	96%	97%	96%	99%	99%	97%	92%	96%	95%	93%		
EF010	% Dental contractors on target to meet UDA's	96%	72%	75%	75%	75%	72%	3%	10%	17%	25%	35%	38%	46%	53%	55%		
EF068	Pharmacy - Total Prescriptions (No. of fees)		N/A	N/A	N/A	N/A	N/A	£131,397	£140,744	£139,132	£136,305	£137,200	£158,757	£137,848			£981,383	
EF069	Pharmacy - Chargable Prescriptions		N/A	N/A	N/A	N/A	N/A	£16,509	£19,236	£18,377	£17,909	£17,376	£22,055	£18,211			£129,673	
EF070	Pharmacy - Total Exempt Item		N/A	N/A	N/A	N/A	N/A	£129,409	£139,125	£137,291	£134,446	£134,685	£155,968	£135,824			£966,748	
EF071	Pharmacy - Chargeable Items		N/A	N/A	N/A	N/A	N/A	£16,410	£19,108	£18,266	£17,909	£17,224	£21,924	£17,940			£128,781	
EF072	Pharmacy - Net cost		N/A	N/A	N/A	N/A	N/A	£1,361,186	£1,486,094	£1,456,788	£1,422,861	£1,401,718	£1,643,309	£1,371,536			£10,143,492	
EF073	Pharmacy - Charges Collected		N/A	N/A	N/A	N/A	N/A	£63,586	£73,816	£70,832	£68,792	£66,370	£84,646	£69,092			£497,134	
EF030	Caesarean Deliveries (not Robson Classified)		28%	34%	38%	26%	21%	39%	43%	32%	46%	61%	41%	35%	43%	47%		
EF031	Induction of Labour	< 30%	43%	26%	27%	36%	34%	29%	36%	11%	33%	44%	30%	25%	40%	29%		
EF032	3rd/4th Degree Tear Overall Rate	< 3.5%	2%	0%	5%	0%	0%	0%	0%	1%	0%	0%	1%	2%	0%	1%		
EF033	Obstetric Haemorrhage >1.5L	< 2.6%	3%	0%	2%	0%	0%	0%	0%	0%	1%	1%	0%	2%	0%	2%		
EF034	Unplanned Term Admissions To NNU		0%	0%	0%	0%	0%	0%	0%	88%	88%	100%	100%	73%	40%	40%		
EF035	Stillbirth Number / Rate		0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	
EF036	Unplanned Admission To ITU – Level 3 Care		0	0	0	0	0	0	2	0	1	0	1	0	0	0	4	
EF037	% Smoking At Booking		10%	8%	7%	9%	9%	15%	11%	8%	6%	4%	4%	7%	12%	16%		
EF038	% Of Women Smoking At Time Of Delivery	< 18%	7%	5%	7%	6%	11%	14%	6%	5%	0%	10%	14%	3%	12%	6%		
EF039	First Feed Breast Milk (Initiation Rate)	> 80%	66%	87%	67%	83%	70%	76%	63%	73%	56%	71%	69%	76%	71%	67%		
EF040	Breast Feeding Rate At Transfer Home		59%	84%	41%	36%	34%	37%	29%	31%	32%	30%	72%	69%	76%	73%		
EF041	Neonatal Mortality rate/1000		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
EF059	W&C - Paediatrics- Total Admissions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	119	131	117	133	162	197	164	1023	
EF060	W&C - NNU - Total number of Admissions		N/A	N/A	N/A	N/A	N/A	6	7	8	8	3	7	11	5	5	60	
EF061	W&C - NNU - Avg. Length of Stay		N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.5	3.4	5.0	3.4	6.5	21.2	12.5		
EF062	W&C - Community follow up		N/A	N/A	N/A	N/A	N/A	4	8	6	2	1	3	0	9	8	41	

Performance Scorecard 4

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	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	0	
	CA002	Complaints - Total number of complaints received	-	21	19	18	27	30	28	24	27	24	22	26	29	27	28	235	
	CA012	FFT - How was your experience? No. of responses	-	165	63	121	620	739	571	718	2096	1161	1311	1187	1682	1650	943	11319	
	CA013	FFT - Experience was Very Good or Good	80%	90.0%	74.0%	87.0%	87.0%	87.0%	92.0%	87.0%	85.0%	87.0%	90.0%	91.0%	91.0%	91.0%	91.0%		
	CA014	FFT - Experience was neither Good or Poor	10%	3.0%	8.0%	7.0%	10.0%	5.0%	2.0%	4.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		
	CA015	FFT - Experience was Poor or Very Poor	<10%	7.0%	18.0%	6.0%	4.0%	8.0%	6.0%	8.0%	9.0%	9.0%	6.0%	5.0%	5.0%	5.0%	5.0%		
	CA016	Manx Care Advice and Liaison Service contacts	-	663	432	580	770	839	589	636	517	649	621	655	704	958	620	5949	
	CA017	Manx Care Advice and Liaison Service same day response	80%	90.0%	92.0%	90.0%	90.0%	88.0%	89.0%	87.0%	91.0%	90.0%	91.0%	90.0%	89.0%	90.0%	91.0%		
	CA007	Complaint acknowledged within 5 working days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	CA008	Written response within 20 days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	98.3%	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	0	
	CA011	No. complaints referred to HSCOB	-	0	0	0	0	0	0	0	0	7	4	1	4	2	4	22	
RESPONSIVE	RE058	Cons Led- OP Referrals		3432	2734	2932	3056	3502	2867	2887	3075	2846	2986	2812	3041	2857	2200	25571	
	RE059	Nurse Led- OP Referrals		823	656	798	559	717	729	594	850	889	741	824	794	1056	640	7117	
	RE060	AHP- OP Referrals		1174	672	880	508	840	684	736	906	846	770	853	866	962	640	7263	
		RTT - Number of patients waiting for first hospital appointment		20674	20837	20825	21025	20618	20406	20189	20480	20191	20367	21180	21042	21335	20810		
	RE001	No. patients waiting for first Consultant outpatient	< 15465	14887	14955	14952	15119	15380	15465	15500	15718	15703	15846	16562	16744	16973	16861		
		No. waiting Over 52 weeks - to start consultant-led treatment	0	4508	4708	4806	5006	4792	4890	4927	5016	5247	5089	5289	5432	5602	5487		
		Average Wait (weeks) - Ref to OP		49	48	49	51	49	47	47	47	49	48	48	48	49	47		
		Max wait (weeks) - Ref to OP		791	794	798	790	794	799	846	836	817	816	840	844	1017	1021		
	RE0011	No. patients waiting for Nurse outpatient		2252	2193	2167	2218	1927	1519	1385	1540	1512	1449	1643	1623	1802	1657		
	RE00111	No. patients waiting for AHP		3535	3559	3684	3688	3311	3422	3304	3222	2976	3072	2975	2675	2560	2292		
	RE002	Number of patients waiting for Daycase procedure	< 2311	2906	2852	2726	2697	2622	2311	2264	2372	2334	2229	2291	2303	2254	2126		
		Average Wait (weeks) - Daycase		45	44	43	42	40	41	42	43	43	45	43	44	45	45		
		Max wait (weeks) - Daycase		450	452	291	295	299	304	308	312	316	320	293	297	301	301		
		No. waiting Over 52 weeks - Inpatient (Daycase only)		1022	979	879	787	717	624	609	635	617	602	607	601	604	580		
	RE003	Number of patients waiting for Inpatient procedure	< 554	661	630	612	592	570	554	553	551	534	505	530	497	464	432		
		Average Wait (weeks) - Inpatient		40	39	40	38	40	39	40	41	40	38	38	35	33	33		
		Max wait (weeks) - Inpatient		300	303	308	312	316	321	325	329	333	337	342	235	212	217		
		No. waiting Over 52 weeks - Inpatient (IP pathway only)		198	183	165	155	142	143	144	149	134	124	129	106	95	78		
	RE004	% Urgent GP referrals seen for first appointment within 6 weeks	85%	52.4%	53.4%	41.5%	48.4%	55.7%	60.8%	55.0%	57.0%	60.0%	57.4%	42.4%	55.4%	48.6%	52.5%		
	RE005	Diagnostics - % requests completed within 6 weeks		86.0%	87.0%	82.0%	86.2%	87.3%	84.7%	81.4%	86.7%	86.2%	86.6%	85.4%	85.4%	85.3%	88.4%		
	RE006	Diagnostics - % Current wait > 6 weeks		70%	75%	75%	70%	70%	73%	71%	70%	71%	74%	71%	68%	61%	64%		
		Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)		8400	8234	7683	8089	8481	8256	7719	7545	7291	3541	4544	3846	3622	3955		
		Diagnostics - % Current wait <= 6 weeks	99%	30%	25%	25%	30%	30%	27%	29%	30%	29%	26%	29%	32%	39%	36%		
	RE061	Diagnostics-% patients waiting 26 weeks or less	99%	N/A	N/A	N/A	N/A	N/A	N/A	59%	61%	63%	59%	59%	58%	67%	67%		

Performance Scorecard 5

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	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%	67.3%	67.7%	68.6%	70.1%	71.0%	70.8%	73.9%	75.7%	71.5%	72.1%	68.7%	71.0%	69.5%	68.0%		
		A&E - 4 Hour Performance - Nobles		55.6%	53.1%	55.4%	58.5%	59.6%	61.7%	64.5%	66.5%	61.1%	60.8%	57.9%	60.6%	58.7%	57.2%		
		A&E - 4 Hour Performance - RDCH		99.8%	99.2%	98.9%	99.6%	99.8%	99.9%	100.0%	99.6%	100.0%	99.9%	100.0%	99.9%	100.1%	99.7%		
	RE008	A&E - 4 Hour Performance (Non Admitted)	95%	77.2%	78.5%	79.6%	79.6%	80.8%	79.6%	82.1%	84.0%	80.6%	82.9%	78.8%	80.4%	79.3%	79.1%		
	RE009	A&E - 4 Hour Performance (Admitted)	95%	24.9%	20.1%	21.2%	21.4%	22.5%	25.3%	29.0%	29.4%	23.2%	16.8%	16.9%	22.8%	22.6%	20.0%		
		A&E - Admission Rate		18.8%	18.4%	18.9%	16.1%	16.8%	16.1%	15.2%	15.3%	15.7%	16.3%	16.3%	16.4%	17.4%	18.8%		
	RE0072	A&E - Admission Rate - Nobles		25.7%	27.0%	27.2%	22.6%	23.5%	21.3%	20.8%	21.2%	21.5%	22.9%	21.9%	22.3%	23.5%	25.1%		
		A&E - Admission Rate - RDCH		0.2%	0.3%	0.0%	0.3%	0.2%	0.2%	0.3%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%		
	RE010	A&E - Average Total Time in Emergency Department	360 mins	272	301	295	269	254	246	227	220	257	267	298	268	275	279		
	RE011	A&E - Average number of minutes between Arrival and Triage (Noble's)	15 mins	24	27	25	27	26	25	24	21	26	22	29	28	35	26		
	RE012	Average number of minutes between arrival to clinical assessment-Nobles	60 mins	77	70	74	72	62	69	63	56	74	63	67	72	80	71		
	RE033	ED - Average number of minutes between arrival to clinical assessment-Ramsey	60 mins	20	31	28	38	22	14	12	19	13	14	12	12	16	23		
	RE013	A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	15	54	56	27	13	6	5	12	36	48	67	48	30	41	293	
	RE0131	Number of patients exceeding 12 hours in Nobles Emergency Department	0	71	142	134	93	56	45	22	47	104	115	191	127	114	132	897	
	RE080	ED- Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	180 min	184	181	181	176	177	177	175	161	178	168	182	179	181	177		
	RE014	Ambulance - Category 1 Response Time at 90th Percentile	15 mins	19	23	20	15	28	20	17	19	23	19	17	20	18	19		
	RE0141	Total Number of Emergency Calls		1036	1209	1100	1025	1109	1059	1035	1105	1131	1130	1134	1118	1099	1201	10012	
	RE0142	Number of Category 1 Calls		34	50	37	32	33	25	46	43	41	38	46	24	28	31	322	
	RE015	Ambulance - Category 1 Mean Response Time	7 mins	9	10	10	8	12	11	8	9	11	9	9	11	8	9		
	RE016	Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	40.9%	16.7%	34.6%	15.4%	36.4%	47.1%	50.0%	63.6%	32.0%	56.3%	58.3%	46.2%	40.0%	52.4%		
		Category 2 Mean Response Time	18 mins	N/A	N/A	13	12	16	14	16	13	13	11	16	12	13	15		
	RE034	Category 2 Response Time at 90th Percentile	40 mins	28	31	28	26	36	31	38	29	27	25	33	24	26	33		
		Category 3 Mean Response Time	Monitor	N/A	N/A	15	16	22	20	20	19	24	17	20	22	24	22		
	RE035	Category 3 Response Time at 90th Percentile	120 mins	39	58	32	32	57	42	51	39	53	37	47	48	61	53		
		Category 4 Mean Response Time	Monitor	N/A	N/A	22	19	25	30	35	20	37	26	44	33	36	32		
	RE036	Category 4 Response Time at 90th Percentile	180 mins	79	105	53	41	54	76	82	63	74	56	121	84	78	64		
		Category 5 Mean Response Time	Monitor	N/A	N/A	33	31	42	40	36	31	35	32	35	33	30	0		
		Category 5 Response Time at 90th Percentile	180 mins	93	95	80	80	98	91	89	72	83	72	81	72	71	95		
		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	0	N/A	N/A	219	169	142	154	161	181	166	189	240	191	198	252	1732	
		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	0	23	48	34	13	8	13	10	17	12	28	31	24	22	43	200	
	RE043	OPEL level 4 (Days)		0	3	5	3	0	0	0	0	1	3	5	2	2	2	13	
	RE082	Meds Demand - N.patient interactions		N/A	N/A	N/A	N/A	N/A	3111	2872	2295	2664	2281	2211	2326	2574	3335	23669	
	RE083	Meds Overnight Demand		N/A	N/A	N/A	N/A	N/A	354	317	224	275	197	195	230	552	337	2681	
	RE084	Meds - Face to face appointments		N/A	N/A	N/A	N/A	N/A	609	474	360	574	471	398	419	571	708	4584	
	RE086	Meds - TUNA%		N/A	N/A	N/A	N/A	N/A	1.2%	1.1%	0.6%	1.1%	2.8%	1.9%	1.8%	1,27%	0.8%		
	RE088	Meds- DNA%		N/A	N/A	N/A	N/A	N/A	1.2%	1.5%	3.3%	0.6%	2.3%	1.9%	2.6%	1.7%	1.8%		

Performance Scorecard 6

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
RESPONSIVE	RE0171	Referrals received for all suspected cancers		439	308	385	418	416	368	455	445	375	455	422	487	423	311	3741	
	RE018	CWT - % patients decision to treat to first definitive treatment within 31 days	96%	76.6%	82.0%	76.9%	78.6%	87.3%	76.0%	73.5%	82.4%	80.0%	83.8%	73.8%	71.2%	86.4%	79.4%		
	RE019	CWT - Maximum 62 days from referral for suspected cancer to first treatment	85%	42.1%	42.4%	31.6%	34.3%	62.2%	21.1%	50.0%	54.0%	35.7%	63.6%	46.4%	51.9%	50.0%	57.1%		
	RE025	CWT - Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	68.3%	67.5%	55.8%	66.2%	60.3%	67.4%	63.7%	58.0%	57.3%	68.4%	65.3%	75.3%	64.6%	66.0%		
	RE057	All Referrals received for all suspected cancers		537	397	483	489	502	434	537	514	460	558	502	599	501	364	4469	
	RE026	IPCC - % patients seen by Community Adult Therapy Services within timescales	80%	56.9%	75.5%	65.6%	53.7%	54.8%	60.9%	42.1%	56.0%	44.0%	44.6%	38.5%	62.1%	68.2%	71.2%		
		% Urgent 1 - seen within 3 working days	80%	55.2%	82.6%	78.6%	86.7%	74.2%	69.8%	50.0%	71.5%	65.6%	54.1%	42.4%	50.0%	100.0%	NaN		
		% Urgent 2 - seen within 5 working days	80%	61.5%	76.2%	77.2%	68.4%	61.8%	73.7%	54.0%	67.7%	39.3%	50.0%	52.2%	69.8%	82.1%	89.2%		
		% Soon 1 - seen within 15 working days	80%	54.6%	78.4%	47.7%	26.7%	34.9%	38.7%	21.7%	23.9%	32.6%	39.6%	16.4%	0.0%	0.0%	0.0%		
		% Soon 2 - seen within 30 working days	80%	41.2%	44.4%	38.5%	9.1%	38.5%	70.0%	0.0%	100.0%	0.0%	0.0%	51.9%	69.5%	70.5%	70.1%		
		% Routine - seen within 12 weeks	80%	80.0%	69.0%	46.2%	62.5%	40.0%	70.0%	87.5%	79.0%	50.0%	34.8%	42.9%	66.7%	56.0%	42.9%		

Performance Scorecard 7

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
RESPOSIVE		IPCC - No. patients waiting for a dentist		2528	2651	2808	2983	2638	3509	3666	3872	3993	4042	4268	4415	4528	4648		
	RE0271	IPCC - Longest time waiting for a dentist (weeks)		153	170	159	164	167	168	177	181	185	189	193	200	203	207		
		IPCC - Number patients seen by dentist within the year		55102	54404	54238	54924	53892	53697	53829	53089	53628	53778	54084	54025	53151	0		
	RE031	The % of patients registered with a GP (PERMANENT REGISTRATION)		4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.2%	4.2%	4.0%	4.0%	4.1%	4.0%	4.0%	4.0%		
		Average of Days to next GP appt - Ballasalla		9.8	10.0	13.3	9.0	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		5.3	6.0	2.6	4.0	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		6.0	8.3	5.0	7.5	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		6.3	4.0	5.4	8.5	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		4.5	5.5	4.6	4.0	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		3.5	7.8	7.2	5.8	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		1.0	7.5	1.8	4.5	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		10.0	9.3	10.2	6.0	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		1.3	1.0	1.0	1.0	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		18.0	18.3	19.8	17.3	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		1.0	2.0	1.0	1.0	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		38565	29373	41822	37919	38127	34968	44528	36436	43448	33995	38294	51488	20263	30485	333905	
	RE054	Did Not Attend Rate (GP Appointment)	-	3%	3%	3%	3%	3%	3%	3%	3%	2%	3%	3%	2%	3%	3%		
	RE074	Response by Community Nursing to Urgent / Non routine		N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	95%	100%		
	RE075	Community Nursing Service response target met - Routine		N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	RE028	MH - No. service users on Current Caseload	4500 - 5500	4733	4809	4926	4995	5030	5090	5093	5129	5211	5226	5285	5325	5359	5305	47023	
	RE044	MH- Waiting list		N/A	N/A	N/A	N/A	N/A	N/A	N/A	1572	1637	1598	1654	1701	1750	1752		
	RE071	Average caseload per social worker-Adult Generic Team	16 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.3	19.0	19.3	21.7	20.3	21.6	20.4		
	RE078	Average caseload per social worker-Adult Learning Disabilities	17 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	18.7	20.3	21.1	23.4	27.1	28.1	23.4		
	RE079	Average caseload per social worker-Older Persons Community Team	18 to 18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10.8	11.7	11.3	14.7	17.2	19.8	19.8		

Performance Scorecard 8

	KPI ID	Indicator	OP. Plan Threshold	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD 2023-24	YTD Performance
RESPONSIVE	RE030	W&C - % New Birth Visits within timescale		91.9%	87.5%	94.4%	86.7%	90.6%	96.0%	85.7%	86.0%	83.0%	89.4%	84.3%	90.4%	96.2%	91.7%		
	RE032	Births per annum		390	428	488	535	588	54	103	144	191	237	293	348	391	451		
	RE051	Maternity Bookings		51	43	70	61	57	48	73	48	48	55	51	56	60	50	489	
	RE052	Ward Attenders		92	94	110	126	196	196	159	146	270	244	44	309	230	275	1873	
	RE053	Gestation At Booking <10 Weeks		45.1%	20.9%	8.6%	39.3%	26.3%	39.6%	21.9%	20.8%	29.2%	30.9%	39.2%	33.9%	45.0%	48.0%		
	RE056	Adult General and Acute (G&A) bed occupancy	<=92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60.1%	64.2%	61.6%	63.2%	68.3%	64.8%		
	RE069	ASC - % of all Residential Beds Occupied	85% - 100%	71%	69%	82%	68%	84%	83%	83%	71%	69%	68%	52%	59%	48%	70%		
	RE070	Respite bed occupancy	>= 90%	50%	79%	96%	81%	79%	92%	80%	69%	70%	81%	65%	58%	73%	88%		
		Total number of Service Users		207	207	252	204	262	250	250	212	134	134	162	181	153	220		
	RE068	ASC-% of Service users with a PCP in Place	95.00%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
WELL LED (PEOPLE)	WP001	% Hours lost to staff sickness absence	4.0%	6.8%	7.7%	7.9%	6.4%	7.6%	5.9%	5.2%	5.5%	6.0%	6.6%	6.0%	7.0%	6.4%	6.1%		
	WP002	Number of staff on long term sickness		66	83	77	0	83	65	82	69	91	94	82	63	116	88		
	WP004	Number of staff leavers		22	16	17	17	19	22	22	24	22	34	34	19	21	22	220	
	WP005	Number of staff on disciplinary measures		6	3	5	6	5	5	7	8	9	11	10	6	11	11	78	
	WP006	Number of suspended staff		0	0	0	1	1	1	1	1	1	4	4	4	5	4	25	
	WP007	Number of Data Breaches	0	11	12	13	13	22	8	13	13	11	11	12	14	8	13	103	
		Reported to ICO		11	12	13	13	21	8	13	13	13	11	11	4	4	1	78	
	WP011	Number of Enforcement Notices from the ICO	0	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	11	19	4	1	4	32	39	76	27	39	33	29	29	33	337	
	WP013	Staff 12 months turnover rate	10%	N/A	11.4%	11.2%	11.4%	11.3%	11.0%	10.9%	10.4%	10.0%	9.4%	9.7%	9.4%	9.8%	10.1%		
	WP015	Number of DSAR, AHR and FOI's overdue at month end		0	4	1	5	14	44	55	33	41	41	24	31	40	30	339	
		Number of DSAR, AHR and FOI's Breaches		11	23	5	6	18	76	94	109	68	80	57	60	69	63	676	
WELL LED (FINANCE)	WF001	% Progress towards Cost Improvement Target (CIP)	1.5%	86.0%	116.3%	126.0%	170.0%	170.0%	N/A	N/A	22.2%	26.7%	33.3%	76.0%	86.7%				
	WF002	Total income (£)		-£1,169,900.12	-£1,190,786.72	-£1,141,775.07	-£1,159,261.20	-£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		-£10,555,652	
	WF003	Total staff costs (£)		£15,981,427.72	£16,412,712.32	£20,671,098.02	£16,664,824.49	£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		£142,107,159	
	WF004	Total other costs (£)		£11,884,585.72	£11,462,989.50	£12,235,734.20	£12,660,798.15	£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		£103,254,203	
	WF005	Agency staff costs (proportion %)		8.1%	13.0%	11.4%	8.2%	6.9%	7.8%	7.4%	6.2%	6.2%	4.7%	4.8%	5.8%	4.3%			
	WF007	Actual performance (£ 000)		£26,696.0	£26,685.0	£31,765.0	£28,166.0	£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			
	WF008	budget (£ 000)		£23,571.0	£23,751.0	£23,571.0	£23,571.0	£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			
	WF009	Actual performance against Budget (£ 000)		-£3,125.0	-£2,934.0	-£8,194.0	-£4,595.0	-£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			