

Executive Summary – Integrated Performance Report

1. Introduction

Manx Care has developed an Integrated Performance Report which will be refined and developed over the course of the next few months to ensure that all metrics are fully aligned to the Manx Care Required Outcomes Framework and respond to the Mandate and that data quality is improved.

This Integrated Performance Report cover the period of March 2021.

2. Urgent and Emergency Care

2.1 ED Performance for March 21 was 74% against the 95% standard. This is consistent with previous months. The Emergency Department operates separate pathways for suspected Covid patients which does impact on the overall space availability with the department and flow through the department. Work is progressing to to develop the business case to improve the physical layout of the Emergency Department and also to create a Same Day Emergency Care ambulatory facility which will reduce the overcrowding within the Emergency Department and reduce the number of zero and 1 day length of stay patients. A revision of the Hospitals Escalation Protocols and creation of a Full Capacity Protocol for the Hospital has also been completed and is due to be considered by Executive Management Committee at the end of May.

2.2 Conversion rate to admission increased slightly in March which was attributed to suspected and confirmed Covid cases.

2.3 Category 1 Ambulance response times remained at 10 minutes against the 7 minute standard. Work continues to improve the data quality and recording of ambulance response times and the Manchester Triage System (MTS) has been implemented in the Emergency Services Joint Control Room (ESJCR) which will support clinician decision making and the ability to signpost into other, more appropriate services.

3. Planned Care

3.1 Due to the circuit break and response to Covid 19, all theatre activity that took place in March was either emergency or clinically urgent, hence overall theatre utilisation was low. Additionally, Theatre Recovery was temporarily converted into a 'white' non covid Critical Care Unit during March in response to the number of Covid admissions received which required the conversion of the Critical Care Unit to a Covid unit.

3.2 All planned activity was restored from week commencing 19th April with a plan for restoration and recovery in place, monitored by the Bronze command arrangements. A business case to increase restoration and recovery activity has been submitted to the DHSC for consideration as of 21st May.

3.3 Since April, the Executive Team has also commenced work to establish an Access Policy for Manx Care which will govern how its waiting lists are managed which will include clear guidance on how the waiting list are clinically prioritised and clinically validated to ensure full accuracy and transparency of the waiting list. A priority for Manx Care is to reduce the number of patients waiting over 52 weeks for treatment and speciality levels plans are in development to support this work.

4. Cancer Care

4.1 Performance against the 2WW Cancer Standard was 79% in March, which is a slight improvement on previous months, however the main area of concern was Breast 2 WW with only 56% of patient being seen within 2 weeks in the month of March. Additional clinics have been scheduled during May to address the backlog of referrals and additional clinics are planned each month from June to meet the sustained increase in demand for the service. Manx Care has approved and funded the appointment of an additional Breast Radiologist and training of additional breast radiographers which will provide increased resilience to the service going forward. An Improvement plan and trajectory is in place which will be overseen by the Executive Team.

5. Diagnostic Services

5.1 Approximately 80% of referrals for diagnostic imaging are seen within 6 weeks and reporting turnaround times remain good with the 90% of images reported within 48 hours. There are a number of projects to reduce waiting times in Radiology ongoing which are being monitored by the Executive Team.

5.2 March saw high numbers of covid testing in Pathology with an average turnaround time for PCR testing of 280 minutes, which is excellent performance. The Pathology Department extended their working hours during March to respond to the increased level of testing that was required during the March outbreak.

6. Primary Care and Community Services

6.1 Community services performance has been impacted by some staff shielding during March and some service users declining services into their homes during the lock down period. Work to restore activity has commenced and some additional therapy resources has been allocated to the team to assist in improving access times to services. All service users waiting for services are risk assessed on a regular basis by the District Nursing team.

6.2 The number of patient waiting to access a dentist has increased however a plan is in place to address this over the next quarter.

7. Mental Health Services

7.1 Inpatient Bed occupancy within Mental Health Services was at 74% with an average length of stay of 63 days in the month of March.

7.2 100% of patients discharged from Mental Health Services had a follow-up appointment within the required timescale.

7.3 The service had 3 medication errors in March which were all deemed to be no harm and there were no serious incidents

8. Social Care

8.1 There were a higher number of Section 46 enquiries in Children and Families Social Care in March which is being audited by the service. Referrals to the service in March were lower than usual which is felt to be due to the circuit break and children being less visible within the usual systems and communities. This will be kept under review by the team and overseen by the Executive Director of Social Care.

8.2 Within Adult Social Care there were 203 new referrals in the month indicating a high referral rate compared with previous months. Good performance was achieved with Fair Access to Care Services (FACS) assessments during the month however there is reported poor performance around FACS being shared with the service user / families which is being investigated further by the service.

9. Care Quality

9.1 There were no MRSA Bacteraemia infections in March and 1 case of Clostridium Difficile. An RCA has been completed on the case by the Infection Prevention and Control team and lessons learned distributed for action.

9.2 There was 1 serious incident declared in March which is currently being investigated.

Teresa Cope, Chief Executive

23rd May 2021.