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|  <p>manx care Kiarail Vannin</p> | <p>SUMMARY REPORT</p> | Meeting Date: | 27/7/21 |
| | | Enclosure Number: | 7 |

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| Meeting: | Manx Care Public Board | | |
| Report Title: | Integrated Performance Report May 2021 – Executive Summary | | |
| Authors: | Oliver Radford/Jackie Lawless/Sally Shaw | | |
| Accountable Director: | Oliver Radford/Jackie Lawless/Sally Shaw | | |
| Other meetings presented to or previously agreed at: | Committee | Date Reviewed | Key Points/ Recommendation from that Committee |
| | | | |

Summary of key points in report

The Integrated Performance Report (IPR) continues to be a ‘work in progress’ to present data accurately and provide assurance to the Board, its subcommittees and the organisation as a reliable reflection of Manx Care’s Care Group performance.

The May IPR is an improvement in quality however a new set of guidelines have been provide to Care Group Triumvirates around provision of narrative so that each care group set of indicators have the same content and style, providing succinct description of performance for each dataset, any reason for variance and action to bring performance back in line to expectations, along with an idea of timescale for action.

This executive summary will provide an overview of key metrics within the Care Groups for the purposes of assurance to the board.

Surgery, Theatres, Critical Care & Anaesthetics

- Main Theatre Information
 - Reduction in Theatre Sessions by 33% - significant increase in theatre list cancellation in May due to increased medical outliers due to excess non-elective demand. Lists combined to avoid wastage of theatre time, hence increased utilisation and reduced late starts.
 - Cancellations on the day also increased due to last minute patient cancellations due to bed unavailability
 - Ongoing data quality issues, as well as improved productivity and safety culture being worked on by Develop Consulting led project. The Develop team have been on site since the 28th June following relaxation of border restrictions.
- Planned Care
 - Number of patients awaiting first appointment has risen by 578 in month due to demand outstripping supply – significant increase in referrals being due to an appreciable increase in referrals from GPs and internal referrals which is also linked to significant increase in GP demand – this is likely to be due to delayed presentations at GP following Covid lockdowns. Additional funding secured via Treasury to help reduce outpatient backlog has secured 10,000 appointments via virtual outpatient clinic provider. Outpatient access improvement

project to commence in August to ensure demand = capacity permanently to avoid us sliding backwards in terms of performance.

- Length of stay has stabilised within Noble's and reduced in Ramsey following discharge of some long term patients.
- There is a data error with the number of spells where a patient has had a day of over 21 days – the figure shows 0 however should be less to the April 21 figure given discharges of some long stay patients.
- There is a small overspend YTD (£67k) primarily driven by bank and overtime spend in Surgery of (£359k) offset by underspends in the other areas of the Care Group.

Medicine, Urgent Care & Ambulance Service

- Urgent Care
 - ED performance remains steady however attendances have increased by 10.4% due to increased non-elective demand across the whole urgent care system (ED, MIU, MEDS and GP practices). The same demand is being seen in the Urgent Care system in the UK and this is thought to be in reaction to significantly reduced attendances during the lockdown periods.
 - ED 4h performance remains static however around 20% less than the UK target – this is mainly due to lack of space to see patients in the ED during busy periods. Project to redevelop and expand ED is underway following allocation of capital funds.
 - The significant overspend in Medicine (£525k) is attributable to Agency and Bank staff usage in Emergency Medicine (with funding currently being sought via Transformation) and in Medicine – Management, where a number of job descriptions in Gastroenterology and Respiratory Medicine are underway for advertising in June and Consultant grade and Speciality Doctor grade vacancies are a key focus to be addressed. These factors will continue to impact Medicine until addressed.
 - There is also overspend (£170k) on drug costs within Medicine with (£130k) of the overspend arising in Gastroenterology and additional variances in Neurology, Respiratory Medicine and Ward 1 (AMU).
- Ambulance Service
 - Category 1 performance has improved in month however remain above 7 minute target. There is no ability to immediately respond to a Cat 1 call if all four ambulances are busy. Often Duty Officer responds if no ambulances are available however Duty Officer is based in Douglas therefore unable to reach extremities of island within 7 minutes. Recruitment of Community First Responders ongoing with training sessions to be held in August 2021 to increase island coverage for immediate response.
 - Category 1 (life threatening) Response Times by locality remain variable however good performance for the West of the island in month. Improvements in Control Room protocols will allow early identification of Category 1 through pre-triage questions which will gain crews valuable time to respond.
 - Ongoing in depth analysis of CVA performance by patient report form review to ensure that the data presented is accurate

Integrated Diagnostics & Cancer

- Cancer Services
 - Many tumour site services reporting lack of compliance with 2 week wait target however of concern are breast and gynaecology – on the whole this is due to an increase in referral demand as well as some areas struggling to catch up following Covid lockdown disruption
 - Additional breast clinics have been established using the on island team however an external provider has been commissioned to provide 80 assessment slots in an off island independent hospital to supplement demand whilst demand equilibrates

- Additional clinics within gynae have been established for the medium term to allow full assessment of ongoing demand
- Diagnostics
 - Majority of radiographic examinations are completed with 4 days of referral however long waits are present within Ultrasound and MRI scan. Additional locum staff are being sought within Ultrasound to allow recruitment to take place (following regrading of the Ultrasonographer team which should improve recruitment). Additional weekend sessions for MR continue to manage the waiting list however capacity restricted by operating capacity of current MR scanner.
 - Within Pathology, substantial demand remains within Microbiology around Covid-19 testing which is requiring a large amount of additional hours worked by the Microbiology teams to ensure 12h turnaround of all tests to be reported to 111.
 - Non-Covid demand within Pathology remains high due to the non-elective demand being experienced across the hospital and increased GP demand, however agreed turnaround times are continuing to be met.
 - Integrated Cancer & Diagnostics Services continues to see budgetary pressure from high cost centre drugs leading to the unfavourable variance year to date of (£138k) and this is expected to continue throughout 21/22.

Integrated Women's, Children's & Families

No operational performance measures are included in May's IPR as the Care Group are reviewing their performance management framework. The new framework will be included in June's IPR.

Integrated Primary & Community Care

- Community Adult Therapy Service
 - Improving position in terms of response to routine referrals however urgent referrals remain a challenge. Agency locum support sustained to the service and recruitment to vacancies (including one additional post in the establishment) ongoing.
- Primary Care
 - Slight reduction in patients waiting to be placed on an NHS dentist list – review around NHS dental provision to be commenced in late 2021, focussing on remuneration framework for dentists who undertake NHS work.
 - Recommencement of Pharmacy Service into Care Homes has significantly improved the numbers of interventions to improve medicines optimisation within care homes as well as reduced overall medications bill to Manx Care
 - The small overspend (£51k) Primary Care is due to a reduction in income being received from contracted dental services due to less patients currently being seen because of Covid measures, this income is expected to increase but will not meet the full year target set.

Integrated Mental Health Services

- 27% increase in referrals when compared to April across most services. Funding secured to outsource some long waiter referrals to on island external provider to help reduce CBT backlog.
- Reduction in performance around 3 day follow up following inpatient discharge being investigated and action plan developed.
- Ongoing lack of availability of capacity within residential or nursing care for those with dementia or other age related mental health issues is contributing to increased length of stay in Manannan Court, predominantly on the Older Persons Mental Health Inpatient Unit
- Small overspend (£75k) in Mental Health relates to UK placements, although there has been a re-profiling of beds within the block bed contract and a couple of high cost specialist placements are expected to end in June & July.

Social Care Services

- Number of Section 46 Enquiries appears to have dramatically risen from April and certainly above target range. Spikes like this could be for many reasons, such as having two or three households with larger number of siblings in, as the referral would be counted for each child within the family, not as a family. However if we look at the number of referrals that have gone on to become NARRATES/Strategy, these have remain at a stable rate.
- It is pleasing to see that the % of initial child protection case conferences held on time returning to 100% but we need to understand the drop in reviews for looked after children.
- The high level of re referrals remains a concern although a slightly better position than April. Work is Audits undertaken of these files indicate that better triage of referrals is required prior to a allocation for assessment or to close.
- There has been a steady increase in CP since March 202 which is likely, in part, to be associated with lock down
- Safeguarding referrals for adults remains relatively steady. Hospital inquiries remains low but training and new post within the structure will support improvements within this area.
- Sharing of assessments with individuals is not acceptable. Work will be undertaken with all adult social work teams now we have the Principal Social Worker post back filled.
- The need to undertake work in respect of the Corrin Care home has impacted on several areas including number of referrals and assessments being completed on time, and bed capacity in operational services.
- The 10% variance on the overall social care operational services budget is linked to a fall in income which is likely to be linked to the 'held vacancies' to support the Corrin Home situation.

Glossary

| Term | Definition |
|-------------------------------------|--|
| % Utilisation | Calculated based on numbers of minutes where patient is occupying theatre over total number of minutes available within theatre – applies to open theatre sessions only, therefore not counted if session is cancelled |
| Patients Awaiting First Appointment | Although most referrals are from a GP to a Consultant, some Clinical Nurse Specialists and Allied Health Professionals (such as Therapists, Clinical Physiologists) accept referrals |
| DNA Rate | Did Not Attend rate – in UK averages ~5-8% |
| Spell | Episode of care |
| AED Admission Rate | % of patients that attend ED that get admitted – in UK is ~25% |
| Category One Ambulance Call | An immediate response to a life threatening condition, such as cardiac or respiratory arrest |
| OPD | Outpatient Department |
| CATS | Community Adult Therapy Service |
| CVA | Cerebrovascular Accident – other name for Stroke |

Radiology Modality Abbreviations

| Abbreviation | Full Name |
|--------------|-----------------------------|
| XC | External Camera Photography |
| XA | X Ray Angiography |
| US | Ultrasound |

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| RF | Radio Fluoroscopy |
| NM | Nuclear Medicine |
| MDT | Multidisciplinary Team discussion |
| MG | Mammography |
| MRI | Magnetic Resonance Imaging |
| IO | Intra Oral Radiography |
| ENDO | Endoscopy under radiographic control |
| CT | Computed Tomography (CT Scan) |
| CR | Computed Radiography (plain film) |
| BD | Bone Densitometry |

Pathology Abbreviations

| Abbreviation | Full Name |
|--------------|--|
| BT | Blood Transfusion |
| MSSU | Mid stream sample of urine – to measure micro-organisms in urinary tract |
| Clotting | Measurement of clotting of the blood |
| Viscosity | Measurement of viscosity of blood |
| A1C | Test for type 1 or type 2 diabetes |
| Lipids | Measurement for lipids in blood for example cholesterol, triglycerides and low density lipoprotein |
| Haematinics | Measurement of Iron, Vitamin B12 and Folate in the blood |
| MRSA | Test for Multi Resistant Staphylococcus Aureus which is a common hospital acquired infection |
| Bone Profile | Test for Calcium, Phosphate, Albumin and Alkaline phosphatase in blood |
| LFT | Liver function test |
| U&E | Test for levels of urea & electrolytes in the blood |
| FBC | Test to determine levels of all elements of the blood (red blood cells, white blood cells, platelets etc |
| Covid Swab | Test for presence of Covid-19 following naso-pharyngeal swab |

Social Care Abbreviations

| Abbreviation | Full Name |
|----------------------|--|
| Section 46 Enquiries | This relates to child protection and section 46 of the Children’s and Young Person Act 2001 is the part of the act that covers the area. |
| NARRATES | Needs Assessment, Robust Risks Analysis and Timely Effective Support |

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

It is recommended that the Board :

Note the contents of the May Integrated Performance Report and provide any feedback around content or format to either the main document or executive summary.

| Is this report relevant to compliance with any key standards? YES OR NO | | State specific standard |
|---|-----------|------------------------------------|
| Data Security and Protection Toolkit | No | |
| Others (pls specify) | No | |
| Impacts and Implications? | YES or NO | If yes, what impact or implication |
| Patient Safety and Experience | Yes | |
| Financial (revenue & capital) | Yes | |
| Workforce & Culture including H&S | No | |
| Equality, Diversity & Inclusion | No | |
| Legal | No | |