



# INTEGRATED PERFORMANCE REPORT

**May 2021**

**MANX CARE KPI REPORTING**

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# **Manx Care Management Accounts**

## **May 2021**

Financial Advisory Service

## Financial Position – 31<sup>st</sup> May 2021

COMPARISON TO BUDGET SUMMARY - 31ST MAY 2021												
	YTD £'000				YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
<b>TOTAL</b>	<b>22,328</b>	<b>22,430</b>	<b>102</b>	<b>0%</b>	<b>44,861</b>	<b>44,844</b>	<b>(17)</b>	<b>(0%)</b>	<b>269,110</b>	<b>269,064</b>	<b>(46)</b>	<b>(0%)</b>
Income	(1,010)	(1,205)	(195)	(16%)	(1,823)	(2,411)	(588)	(24%)	(11,184)	(14,464)	(3,279)	(23%)
Employee Costs	13,790	14,037	247	2%	27,847	28,058	211	1%	169,559	168,350	(1,209)	(1%)
Other Costs	9,548	9,598	50	1%	18,836	19,196	360	2%	110,735	115,178	4,443	4%

### Overview

- The May result has reduced the YTD variance to an overspend of (£17k) with actuals reducing by £0.2m from April.
- There were a couple of adjustments in the month which contributed to the month's underspend. Due to delays in receiving Tertiary activity data from the NHS Trusts, April's spend was based on budget whereas the May actuals are based on the first month's data. This has resulted in a positive movement of £0.4m in the month. Part of a year-end provision for additional leave carried forward from 20/21 for £0.2m was also released in May where some of the cost was incurred in April.
- Income continues to be the main driver for the overspend and this is discussed further below.
- The YTD budget also includes an allocation for the 1% cost improvement target (£0.45m) as the full year CIP of (£2.7m) is currently phased equally across the year. Savings are not however expected to start being realised until the second half of the year as the programme is currently being finalised and implemented with the help of MIAA.
- The full year budget includes a contingency of £4.9m which is held centrally within Corporate Services. While savings are being finalised the CIP target is currently netting against this budget. It is expected that once the CIP is finalised target savings will be moved to the relevant operational areas to be monitored.
- Included within the actuals is a provision for a pay award increase of 1% (£0.3m) as no agreements are in place across all pay groups. The 1% provision is based on the funding received as part of the 2021/22 budget process.
- Excluded from the actuals above is Covid expenditure of £0.5m relating to testing (£0.2m) and the vaccination programme (£0.3m). Business cases for these have been previously approved to be recovered from a central contingency fund held by Treasury.

### Breakdown by Care Group / Type of Expenditure

**COMPARISON TO BUDGET BY CARE GROUP - 31ST MAY 2021**

	YTD £'000				YTD VARIANCE BY TYPE £'000		
	Actual	Budget	Var (£)	Var (%)	Income	Employee	Other
<b>TOTAL</b>	<b>44,861</b>	<b>44,844</b>	<b>(17)</b>	<b>(0%)</b>	<b>(588)</b>	<b>211</b>	<b>360</b>
<b>CLINICAL CARE GROUPS</b>	<b>38,689</b>	<b>38,139</b>	<b>(549)</b>	<b>(1%)</b>	<b>(258)</b>	<b>(214)</b>	<b>(77)</b>
Medicine, Urgent Care & Ambulance Service	5,374	4,627	(747)	(16%)	11	(521)	(237)
Surgery, Theatres, Critical Care & Anaesthetics	5,961	5,894	(67)	(1%)	2	(135)	65
Integrated Cancer & Diagnostics Services	3,266	3,128	(138)	(4%)	(29)	(15)	(94)
Integrated Women, Children & Family Services	2,578	2,502	(76)	(3%)	0	(84)	8
Integrated Mental Health Services	3,669	3,594	(75)	(2%)	(2)	261	(334)
Integrated Primary Care & Community Services	8,425	8,364	(61)	(1%)	(94)	76	(43)
Integrated Social Care Services	6,478	6,737	260	4%	(146)	198	207
Tertiary Care Services	2,938	3,293	356	11%	0	5	350
<b>SUPPORT &amp; CORPORATE SERVICES</b>	<b>6,172</b>	<b>6,705</b>	<b>533</b>	<b>8%</b>	<b>(330)</b>	<b>426</b>	<b>437</b>
Infrastructure & Hospital Operations	1,717	1,468	(249)	(17%)	(96)	4	(158)
Operations Services	3,188	3,402	214	6%	(232)	347	100
Nursing, Patient Safety & Governance Services	745	745	(0)	(0%)	(30)	24	7
Corporate Services	521	1,089	568	52%	29	51	489

## Income

Income in Social Care which is generated from residential services reached the expected month's target but due to the lower levels received in April overall income is still below budget.

The variance in 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.

The Private Patient Unit (included with Operations Services) has a full year income target of (£1.7m). Although some income is being generated from consultations and diagnostics, until the main unit opens this variance will continue. There are however associated savings within employee costs as there are also a number of funded vacant positions relating to the operation of the unit.

Hospital Operations continues to see a loss of income from the coffee shop and hospital shop which have restricted services due to Covid measures at Noble's.

## **Employee Costs**

The significant overspend in Medicine 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.

As part of the 2021/22 budget process additional employee funding was allocated for the creation of the Manx Care management structure and the Primary Care at Scale project. As the recruitment process for a number of these posts is still ongoing, this is contributing to favourable variances within Mental Health, Operations Services and Corporate Services.

Half of the CIP target which is profiled equally across the year is included in employee costs within Corporate Services.

## **Other Costs (includes costs for Infrastructure, Transport, Supplies & Contracted Services)**

Within Medicine the principal driver behind overspend is drug costs which are £170k over budget year to date, with £130k of the overspend arising in Gastroenterology with additional variances in Neurology, Respiratory Medicine and Ward 1 (AMU).

Integrated Cancer & Diagnostics Services continues to see budgetary pressure from high cost centre drugs leading to the unfavourable variance year to date, and this is expected to continue throughout 21/22. The variance 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 which has been reflected in the forecast.

Hospital Ops has incurred two months of PPE cost (including a catch up from April). We are working with Logistics to ascertain whether these costs should be borne by the utilising service rather than being ring-fenced in Operations. It is worth noting that the PPE has already been recovered from contingency in the 20/21 financial year, and that this is simply the consumption of the year end PPE stock carried forward into 21/22.

Half of the CIP target is included within supplies and is currently netted against the contingency budget, of which £2.9m is in other costs (net of the CIP target).

## **CIP**

The CIP target for Year 1 has been set at £2.7m. A full CIP Action Plan which has identified the following key areas of focus for Year 1 whilst beginning work towards savings for Year 2:

- Workforce
- Procurement
- Primary Care Medicines
- Secondary Care Medicines
- Elective and Tertiary Care
- Non-Elective & Emergency Care

For the purposes of this forecast, while the CIP is being finalised, the full saving of £2.7m has been included in Corporate Services and is netting against the contingency budget. When the forecast for CIP savings is finalised this will be reflected in the relevant Care Groups or service areas.

The year 1 target remains ambitious but achievable if work begins in earnest within the coming month to deliver 'quick wins'. This will allow time for further work to be done in other areas where investment may be required. It will also potentially release cash for investment in CIP initiatives in order to release those savings in Year 1 and lay the groundwork for Year 2 savings.

### Forecast

FORECAST BY CARE GROUP - 31ST MAY 2021							
	FY £'000				FY VARIANCE BY TYPE £'000		
	Forecast	Budget	Var (£)	Var (%)	Income	Employee	Other
TOTAL	269,110	269,064	(46)	(0%)	(3,279)	(1,209)	4,443
CLINICAL CARE GROUPS	233,279	228,836	(4,443)	(2%)	(1,275)	(2,645)	(522)
Medicine, Urgent Care & Ambulance Service	32,256	27,764	(4,492)	(16%)	64	(3,152)	(1,405)
Surgery, Theatres, Critical Care & Anaesthetics	35,963	35,364	(600)	(2%)	12	(1,004)	393
Integrated Cancer & Diagnostics Services	19,736	18,767	(970)	(5%)	(172)	(232)	(566)
Integrated Women, Children & Family Services	15,451	15,013	(438)	(3%)	0	(509)	71
Integrated Mental Health Services	21,555	21,562	7	0%	(13)	873	(853)
Integrated Primary Care & Community Services	50,552	50,184	(368)	(1%)	(293)	360	(435)
Integrated Social Care Services	39,440	40,422	982	2%	(874)	985	871
Tertiary Care Services	18,324	19,760	1,436	7%	0	33	1,403
SUPPORT & CORPORATE SERVICES	35,831	40,228	4,397	11%	(2,004)	1,436	4,965
Infrastructure & Hospital Operations	10,136	8,807	(1,330)	(15%)	(576)	116	(870)
Operations Services	19,967	20,414	447	2%	(1,417)	1,636	228
Nursing, Patient Safety & Governance Services	4,714	4,470	(244)	(5%)	(183)	(26)	(36)
Corporate Services	1,013	6,537	5,524	85%	172	(290)	5,642

The current full year forecast position based on the first two month's run rate and known adjustments is a small overspend.

### **Income**

As discussed above the current pressures in income are expected to continue. For this forecast it has been assumed that the Private Patient Unit does not fully reopen by the end of the financial year which results in an income variance against budget of (£1.5m). There will however be employee costs avoided of £0.7m meaning a net variance to budget of (£0.8m).

Income in other areas is based on current run rates and will continue to be monitored and updated if impacted by changes to Covid measures.

### **Employee Costs**

Although Manx Care is currently underspending on employee costs some of this is due to timing and further costs are expected during the year in particular in relation to recruitment for the transformation business cases.

### **Other Costs**

The Tertiary forecast is based on activity data received for April and also includes costs for potential high cost patients.

Within Mental Health Services the forecast reflects a reduction in contract costs due to 2 patients returning from high cost specialist placements in the UK by the end of July.

### **Financial Risks**

- Pay Award – The 2021/22 pay award for all pay groups is still to be agreed. Included within the accounts and forecast is a provision for a 1% uplift which is the rate allocated as part of the budget process by the DHSC/Treasury to cover any agreed pay awards but negotiations are still ongoing.
- Recovery & Restoration – A business case has been submitted to Treasury for the restoration & recovery of operational services for one off funding in year to address waiting lists. The forecast assumes that all these costs can be recovered but a decision on the business case is still to be made.
- High Cost Patients/Placements – The current forecast is based on committed and known costs (e.g. transplants) but additional activity may be incurred and no contingency is included for this. Also the dates of returning patients may change which will mean an increase to the forecast position.
- CIP – The forecast assumes that the full saving of £2.7m is achieved. Due to the CIP still being finalised and the implementation time required for some of the work streams, the full year target may not be achieved.
- Funding Requirements – whilst we are aware of £2.4m potential funding requirements, as we continue to review and develop services, further requirements are expected to emerge. At the moment, there is no additional funding available to meet these needs without seeking DHSC and Treasury support.



# **Manx Care KPI Reporting**

## **Surgery, Theatres, Critical Care and Anaesthetics**



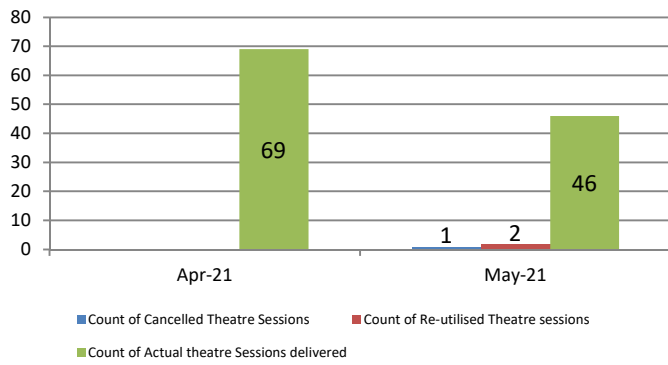
## **Care Group Reporting (May 2021)**

### **Contents:**

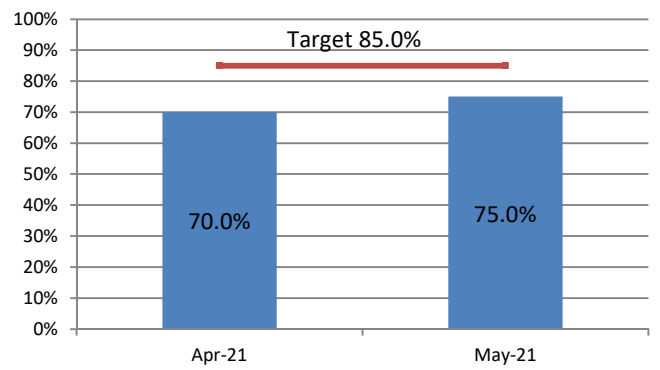
**Theatre's KPI Dataset  
Planned Care KPI Dataset**

# MAIN THEATRE INFORMATION - 2021-22

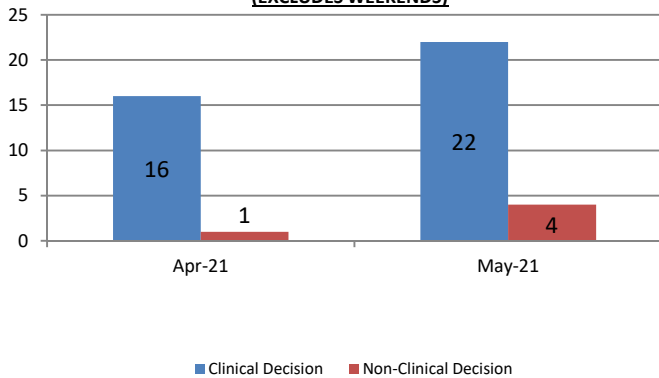
**THEATRE SESSIONS**  
(EXCLUDES WEEKEND TRAUMA)



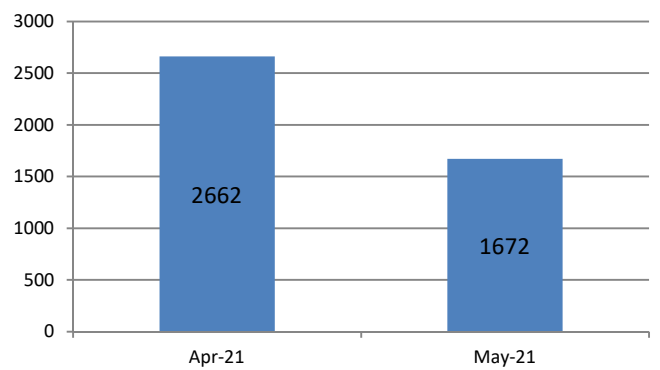
**% UTILISATION**  
(EXCLUDES WEEKEND TRAUMA)



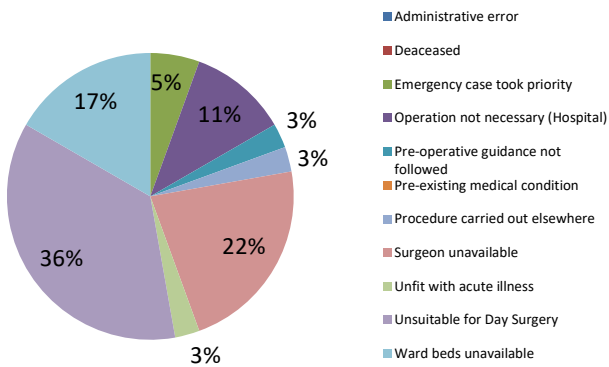
**THEATRE CANCELLATIONS ON DAY**  
(EXCLUDES WEEKENDS)



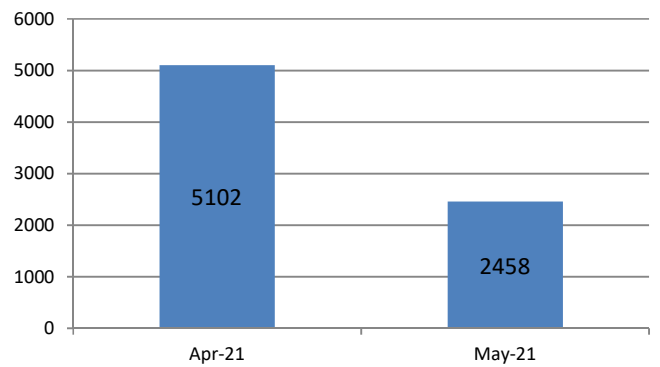
**LATE STARTS IN MINUTES**  
(EXCLUDES WEEKEND TRAUMA)



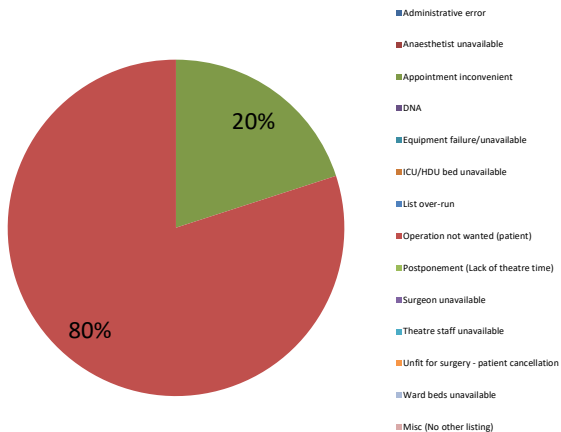
**CLINICAL CANCELLATIONS ON DAY**  
(EXCLUDES WEEKENDS)



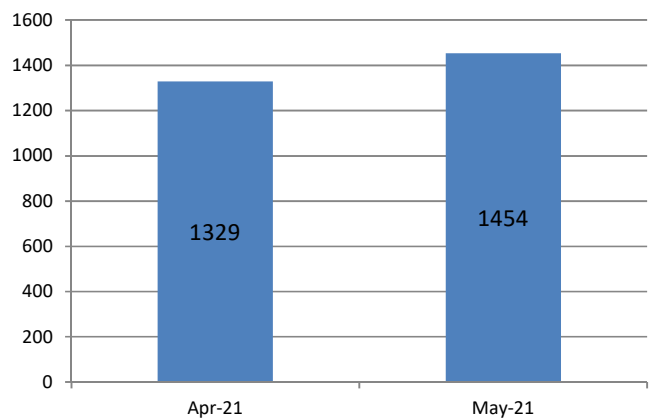
**EARLY FINISHES IN MINUTES**  
(EXCLUDES WEEKEND TRAUMA)



**NON-CLINICAL CANCELLATIONS ON DAY**  
(EXCLUDES WEEKENDS)



**LATE FINISHES IN MINUTES**  
(EXCLUDES WEEKEND TRAUMA)



## **MAIN THEATRE INFORMATION - 2021-22**

### Overall Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

Theatre Services	631	717	86	12%
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#### Theatres Narrative - May - 2021:

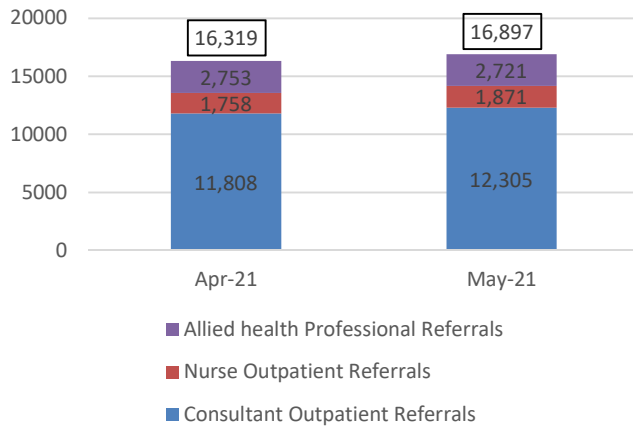
Similarly to April, the figures for May are inaccurate due to the Theatreman system going down and the team having to revert to paper.

This has resulted in recording being behind by at least one month due to having to input the data retrospectively.

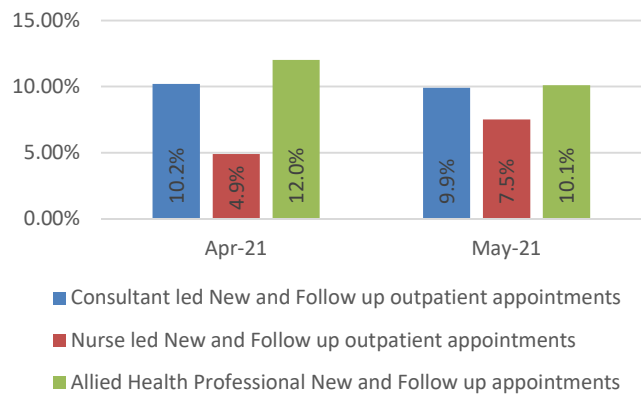
The team have now almost complete the retrospective data inputting for April 2021.

## Planned Care 2021-22

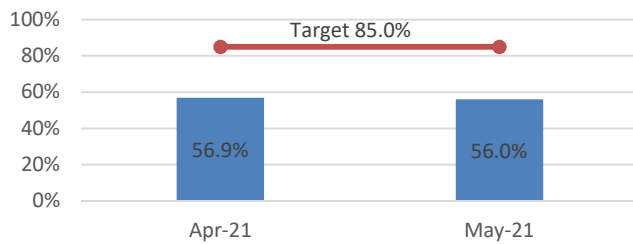
### Number of Patients waiting for First Hospital Appointment



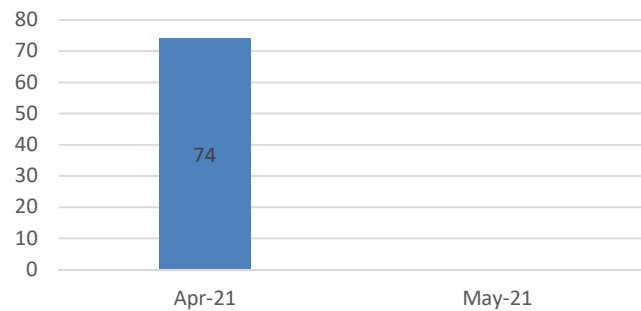
### DNA Rate



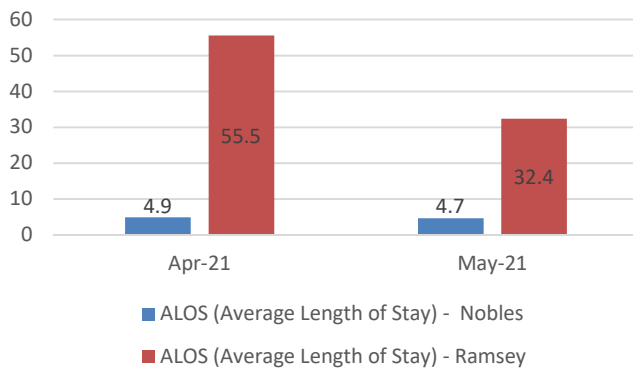
### % of Urgent GP referrals that are seen for their first appointment within 6 weeks



### Number of Spells where a patient has had a length of stay over 21 days.



### Average Length of Stay (Days)



### Overall Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,194	1,086	(108)	(10%)

## Planned Care 2021-22

### Hospital Planned Care Services - Narrative - May 2021

The data (as far as I can tell) does not distinguish between Surgical and Medical patients and areas of responsibility (these are two separate Care Groups areas of responsibility Care Groups 1 and 2 respectively) – the data presented could relate equally to Care Group 1 or to Care Group 2 and so it is difficult to respond with specific details as I am unsure that the figures relate directly to a particular area of responsibility – they seem to be hospital wide?

Likewise the budgetary figure is not one I readily recognise, is it drawn from the Care Group 2 financial reconciliation?

In general we are doing as we can collectively to understand the barriers to the delay in the discharge of patients and this includes work to determine whether patients are having 'red' or 'green' days\* in Point Prevalence studies (understanding what we have done each day to contribute to the potential recovery and discharge of the patient – managing the patient discharge pathway status) and managing discharges through the twice daily bed state meetings with the Patient Flow team. Bed occupancy is always at the forefront of our minds and the overarching need to ensure patients are in the best place for them, along with the requirement to ensure that beds are available to those who need them, when they need them.

Waiting times have been impacted by recent circumstances (Covid isolation regulations etc.), but the issue remains around capacity and (perceived or real) demand. We are doing what we can to triage historic Waiting Lists and a sample of one particular area revealed that a Waiting List had approximately 30% of patients on it that did not require specialist intervention and the referral should have been rejected outright – a further 10% on the list could have been managed via a GP appointment. The triage of Waiting Lists is now a priority.

\* **Green Day:** Green days are where a patient receives an intervention that supports their care pathway out of hospital and into the best setting for their needs. **Red Day:** Red days are defined as those days that fail to contribute to a patient's discharge from hospital.

The significant decrease in the Average Length of Stay in RDCH is in large part due to the efforts of Manx care in working with other government departments (AGC etc.) to relocate patients to other more appropriate locations.



# **Manx Care KPI Reporting**

## **Medicine, Urgent Care & Ambulance Service**

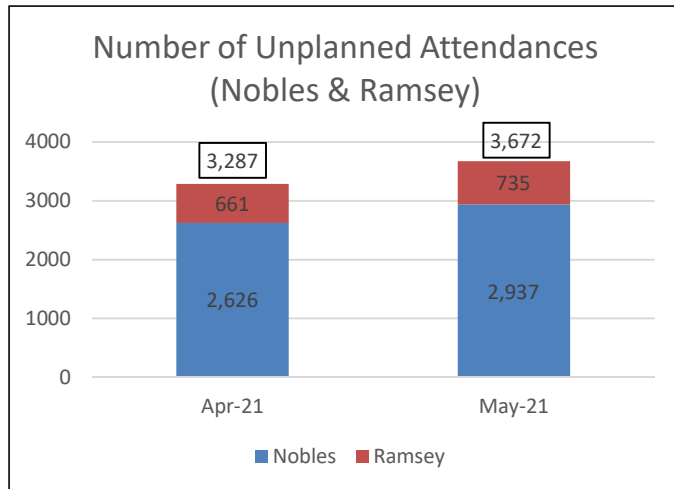
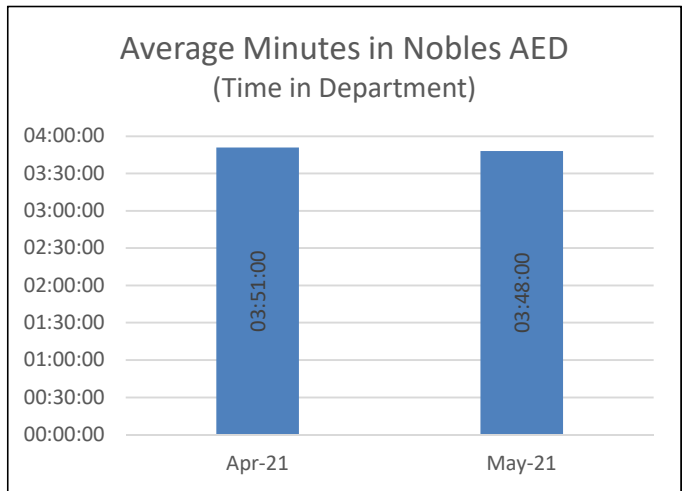
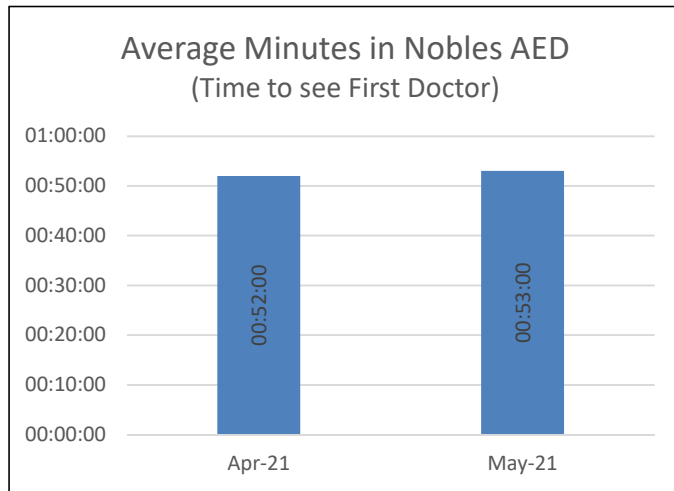
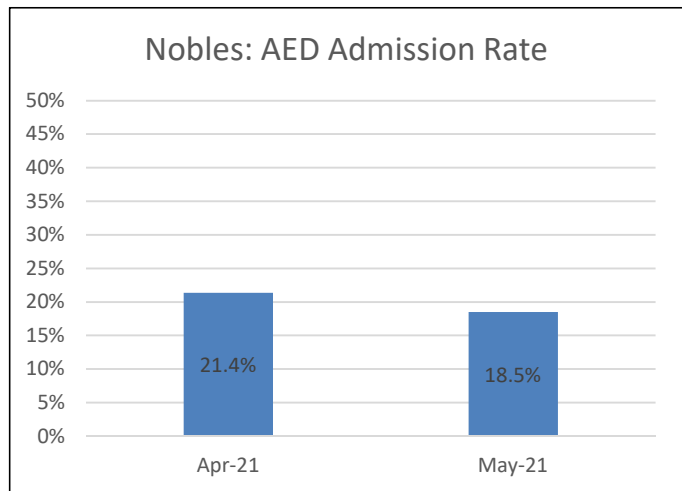
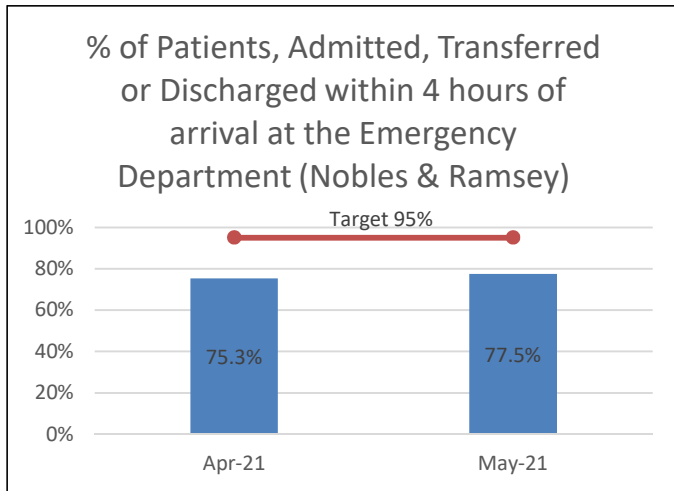


## **Care Group Reporting** (May 2021)

### **Contents:**

**Urgent & Emergency Care KPI Dataset**  
**Ambulance Service KPI Dataset**

## **Urgent and Emergency Care -2021-22**



Overall Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	510	476	(35)	(7%)

## **Urgent and Emergency Care -2021-22**

### **Urgent & Emergency Care - Narrative - May 2021**

The Emergency department have formed a digital working group bringing together the reporting KPI's for ED. This group will be sharing the performance data for ED care with Business Intelligence in the future, in order to reconcile and enhance the available management information. Dr Frazer and Dr Peden are leading on this issue and we will have some additional data for the PAR meeting.

As provided the scale of the graphs suggest larger variance than is the reality.

There has been a slight improvement in 4 hour discharge performance\*, even though there has been an increase of over 300 patients (and average of 10 more patients per day) when compared to the previous month. Significant improvement however, will only be achieved by the instigation or adoption of new pathways in the department such as: a Clinical Decision Unit, an Ambulatory Ward or and ED Admissions Ward. ED Pathways, staffing and the clinical space available to the department are subject to review and an Urgent and Emergency Care Integration Business Case will shortly be considered by the Health and Care Transformation Boards.

\* The 4 hr target is considered to be outdated and we would seek to introduce the datasets suggested by the Royal College of Emergency Medicine.

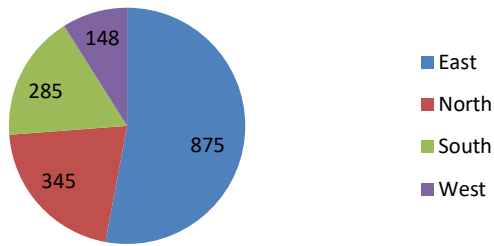
There has been a slight drop in admission rates which remain below NHS England comparable norms – this also should be viewed in light of the increased number of patients. The Medical Consultant in-reach until 8pm, from Monday to Friday has played a significant role reducing the admission rate due to a senior decision maker being in the department for those patients requiring medical treatment.

The average time to see a Doctor has increased by one minute – despite the increase in patient numbers month-on-month. Whilst the average time in the ED has dropped by 3 minutes month-on-month and remains below the 4 hour target.

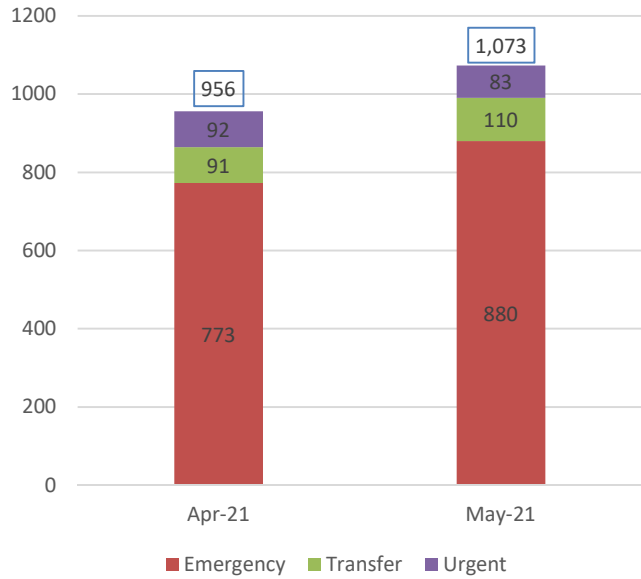
The budgetary overspend remains due to the spend on Locums and the 4 additional Nurses not currently in the ED budget allocation.

## Ambulance Service 2021-22

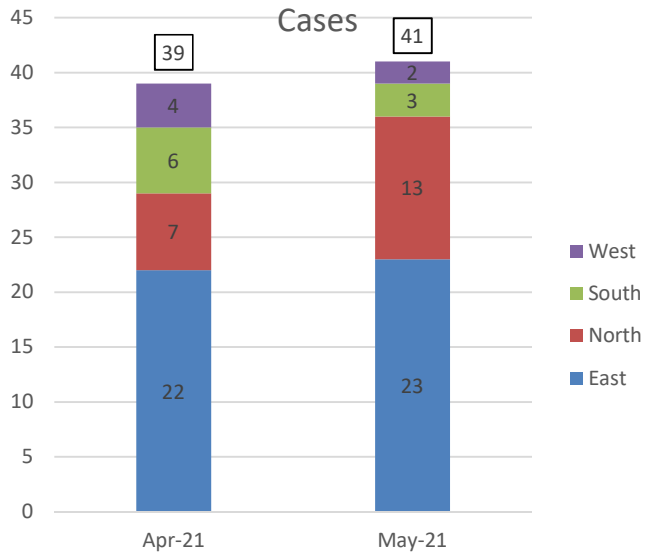
Number of Emergency Calls by Area



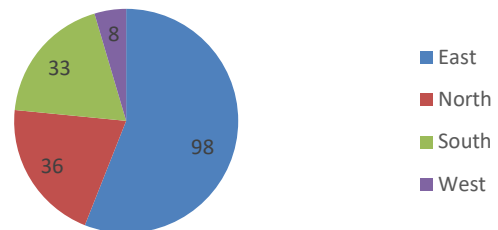
Number of Emergency Calls



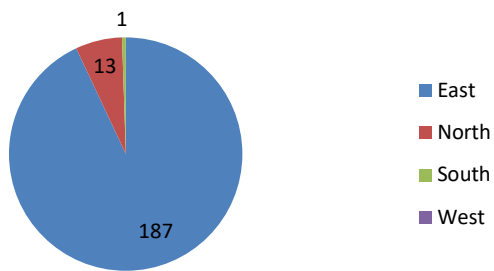
Number of Category 1 Number of Cases



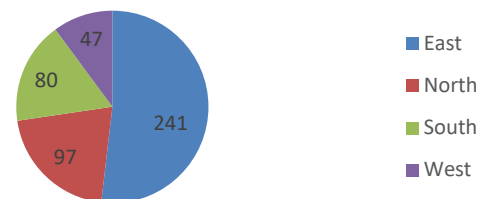
Number of Urgent Calls by Area



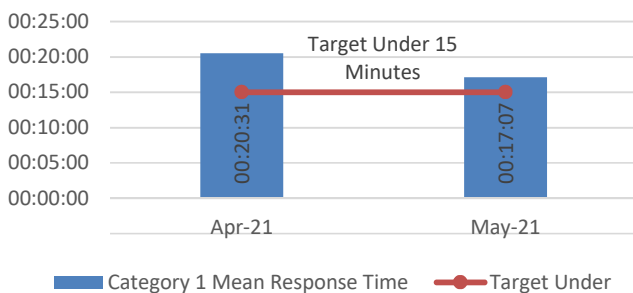
Number of Transfer Calls by Area



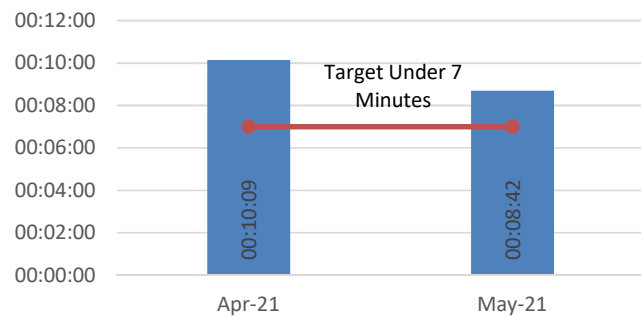
Number of Emergency Non Conveyance by Area



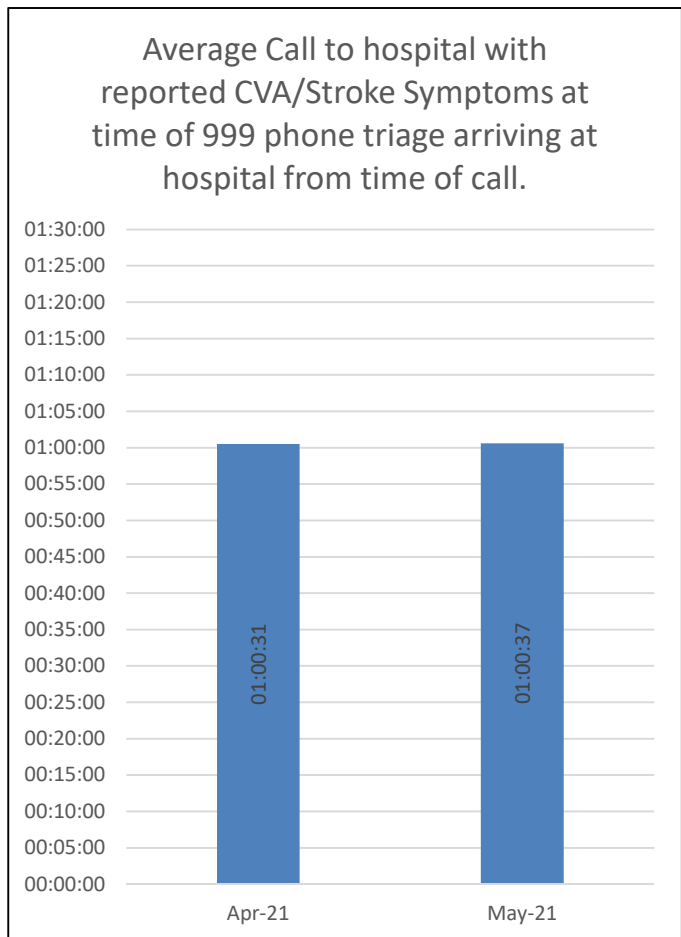
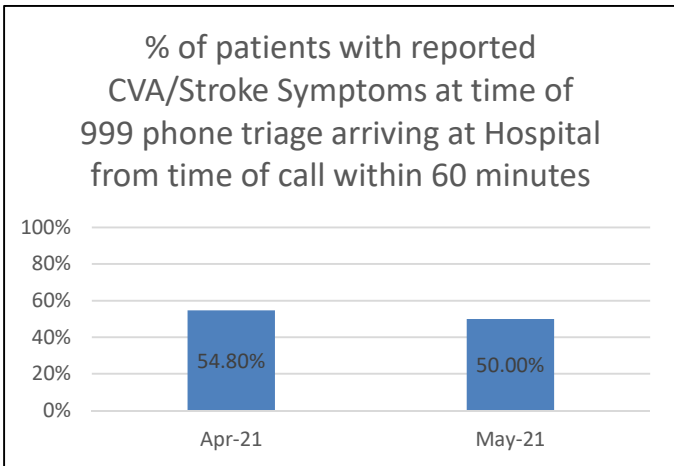
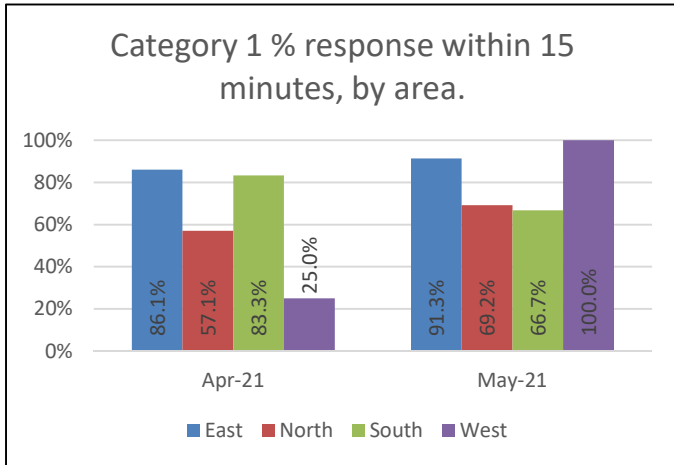
Category 1 Response Time at 90th Centile



Category 1 Mean Response Time



## Ambulance Service 2021-22



Overall Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	280	330	49	15%

### Ambulance Service Narrative - MAY 2021

A significant improvement in Cat 1 Response times this month although still below expected target. We believe this is directly related to the implementation of Pre Triage Questions as per NHSE within the ESJCR to rapidly and accurately identify Cat 1 cases during late April. We will have to monitor future data but have noted ESJCR performance for Cat 1 Dispatch within 30 seconds after gaining address has increased from 17.9% April 2021 to 36.6% May 2021. There still remains improvements required within ESJCR and continues to not be fully NHSE Ambulance Dispatch and Reporting Specification compliant



## **Manx Care KPI Reporting**

# **Integrated Diagnostics and Cancer Services**

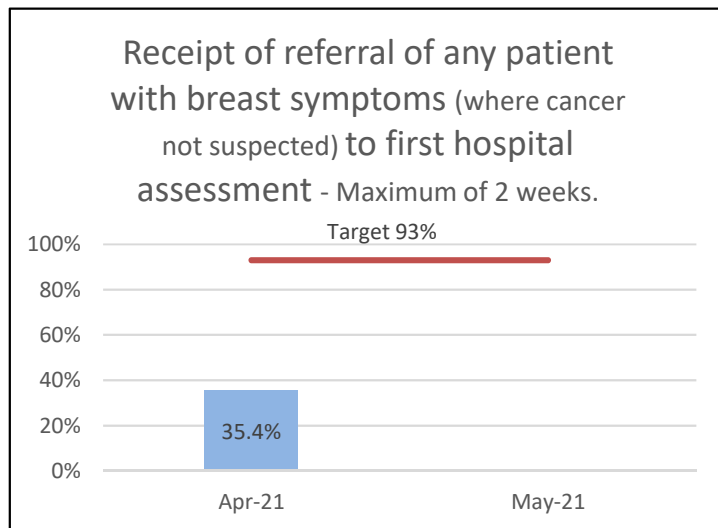
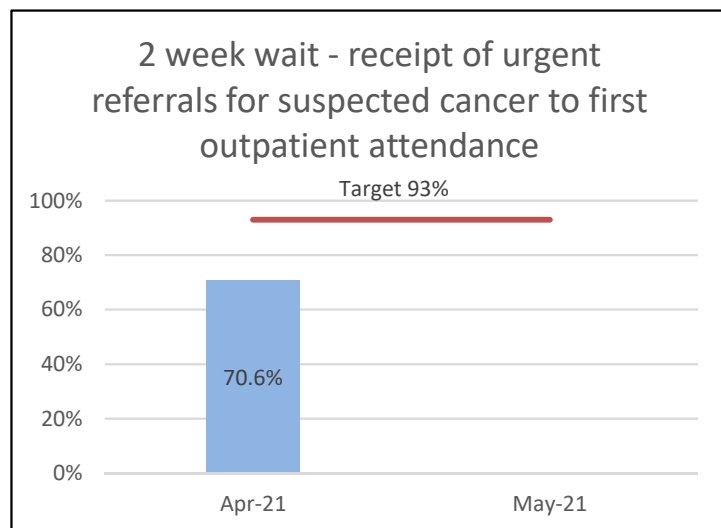


## **Care Group Reporting** **(May 2021)**

### **Contents:**

**Integrated Cancer Services KPI Dataset**  
**Radiology KPI Dataset**  
**Pathology KPI Dataset**

## Integrated Cancer Services 2021-2022



### Overall Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

Cancer Services	520	363	(157)	(43%)
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### Integrated Cancer Services - Narrative - May 2021

**Two Week Wait (2WW) - Receipt of urgent referrals for suspected cancer to first outpatient attendance** – April 2021 figure is **70.6%**. The equivalent UK standard is 93%

April 2021	
Tumour group	Average 2WW performance figure
Breast	35.4%
Colorectal	81.9%
Dermatology	95.7%
Gynaecology	59.2%
Haematology	100%
Head & Neck	96.0%
Lung	87.0%
Upper GI	90.6%
Urology	89.0%

## **Integrated Cancer Services 2021-2022**

### **Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment - Maximum of 2 weeks**

The Breast 2WW performance is used as an estimation of this figure – 35.4% - as these patients are seen in line with those referred on a 2WW pathway.

Average number of 2WW received per week continues to remain high:

<b>April 2021</b>	
<b>Tumour group</b>	<b>Weekly average number of 2WW for month</b>
Breast	13
Colorectal	9
Dermatology	11
Gynaecology	6
Haematology	1
Head & Neck	6
Lung	1
Other	0
Upper GI	6
Urology	7
<b>TOTAL</b>	<b>60</b>

### **Breast**

The overall 2WW position has deteriorated due to the backlog of breast referrals

The Breast 2WW position has not improved since the previous month. As of 6/5/21 there is a backlog of 95 patients without a date for first appointment at the one stop clinic. The Surgical and Radiology Teams are working together on possible solutions however more radical input is currently needed to ensure patients are seen.

A number of actions has been undertaken to address pent up demand, including:

An additional 12 slot clinic on 1<sup>st</sup> April, and additional clinic on 12<sup>th</sup> April

Patient Information Centre (PIC) directly contacting patients ahead of appointments to reduce DNA rate

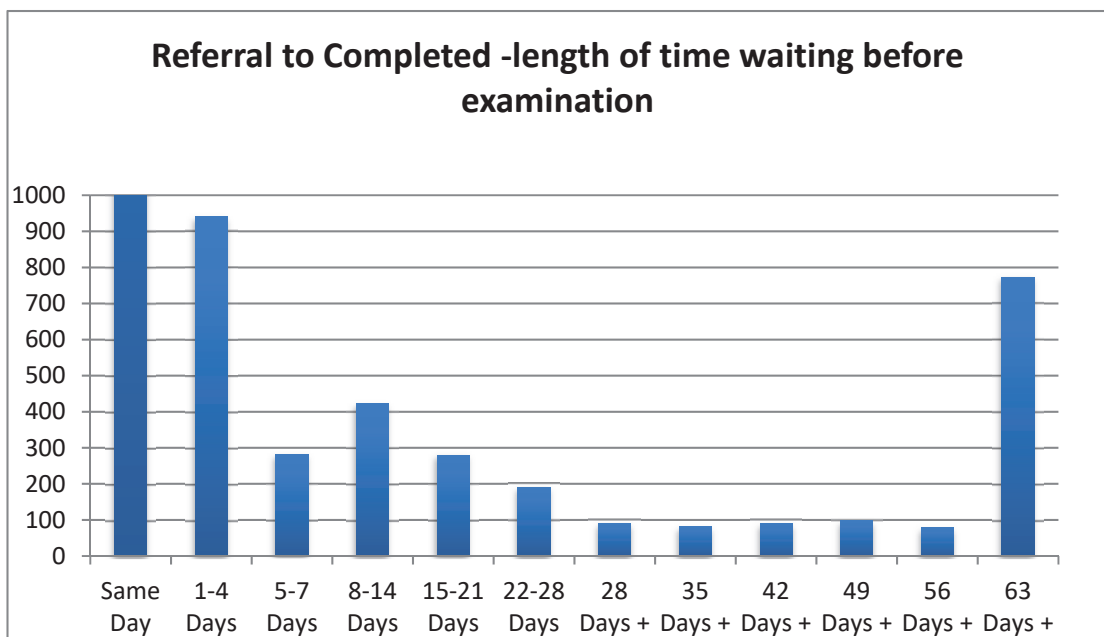
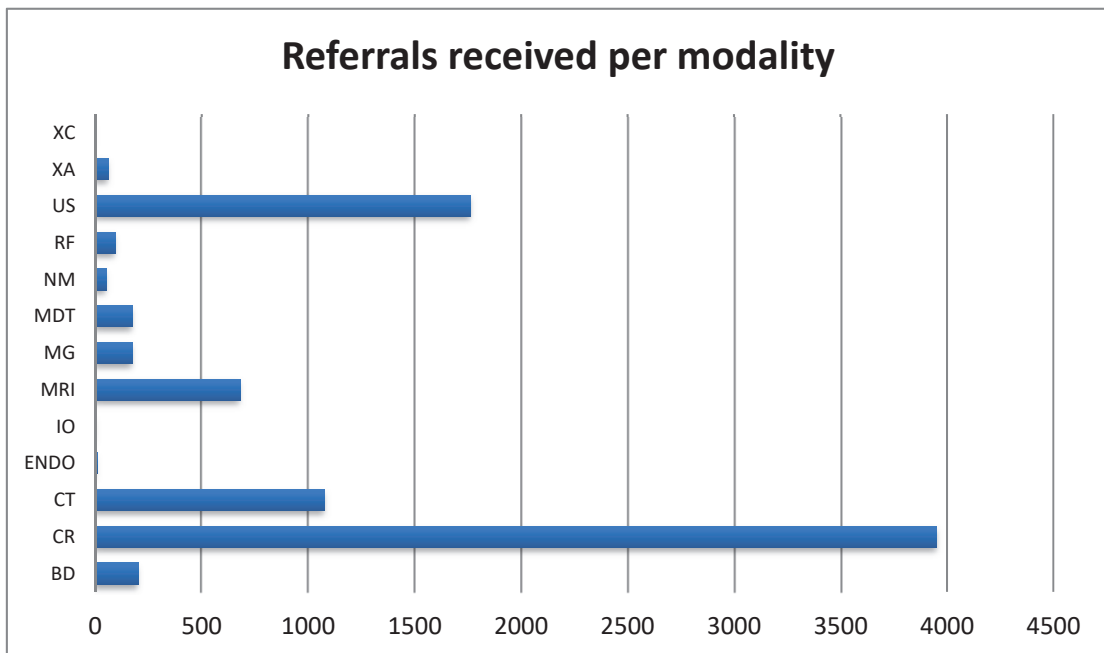
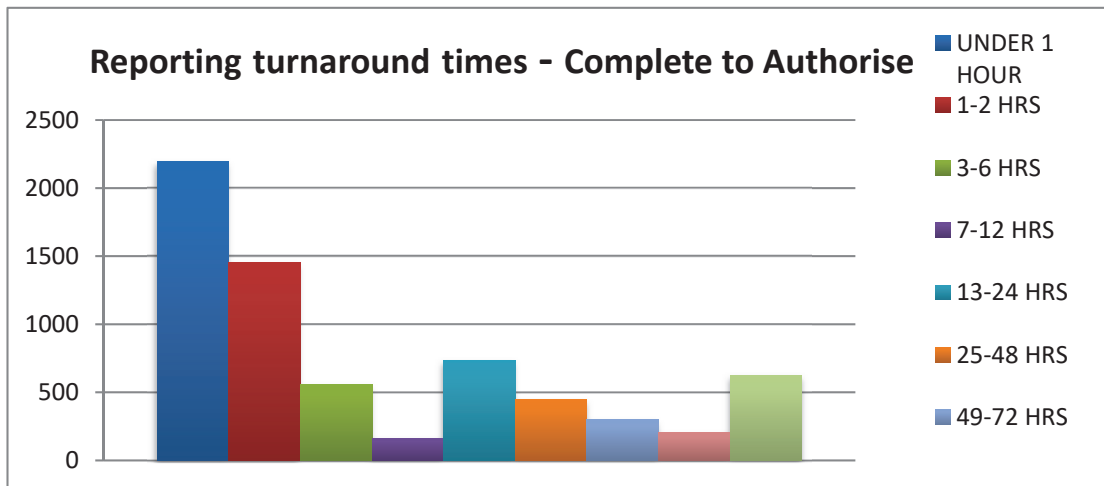
A third Breast Radiographer post had been vacant since the long term locum left in October 2020; however a new locum has taken up this post on 12/04/21 and will be with us until the permanent post has been recruited to.

Interviews for this position are to be held on the 23/04/21.

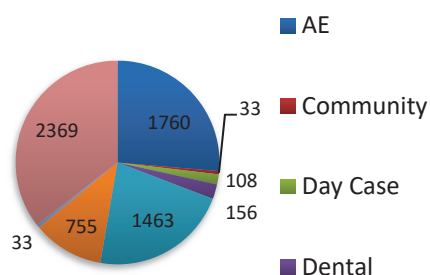
### **Gynaecology**

Colposcopy and PMB clinics continue to struggle with capacity, Business Officer from W&C is currently liaising with Consultant Team regarding the provision of additional clinics, and this includes the movement of clinics lost due to Public Holidays, such changes are expected to be adapted from May 2021.

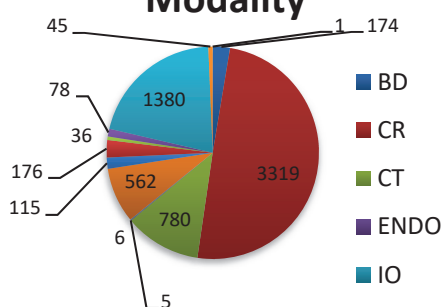
## Radiology Monthly Performance Dashboard -May 2021



### Referral source



### Activity per Modality



## RADIOLOGY NARRATIVE - May 2021

### Reporting turnaround times

The majority of exam continue to be reported within 1 hour, 9.4% take 97 hours or more.

### Referral to Completed

Of the 6677 exams, just over 50% were turned around on the same day and a further 33% in 1- 28 days. These figures include all exams across all modalities including those exams that have been on hold for a variety of reasons (including COVID) -there are projects ongoing to increase capacity to reduce waiting times further. The supplementary tabs on waiting times breaks this down further to show:

- All exams currently waiting by exam status (requested, vetted and on hold)
- All exams currently waiting by exam status (requested, vetted, on hold and scheduled) by exam priority
- All exams currently waiting as a % in terms of less than or greater than 6 weeks but not including scheduled or on hold exams

### Referral source

Demonstrates where the requests are being generated from within primary and secondary care with ED, OPD and GP being the primary source of referral.

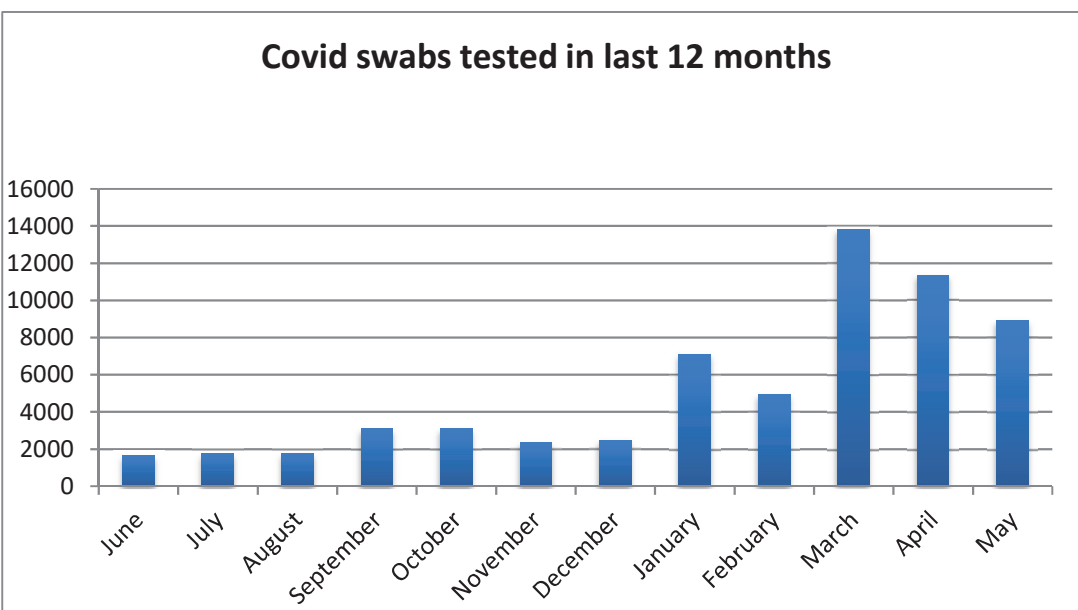
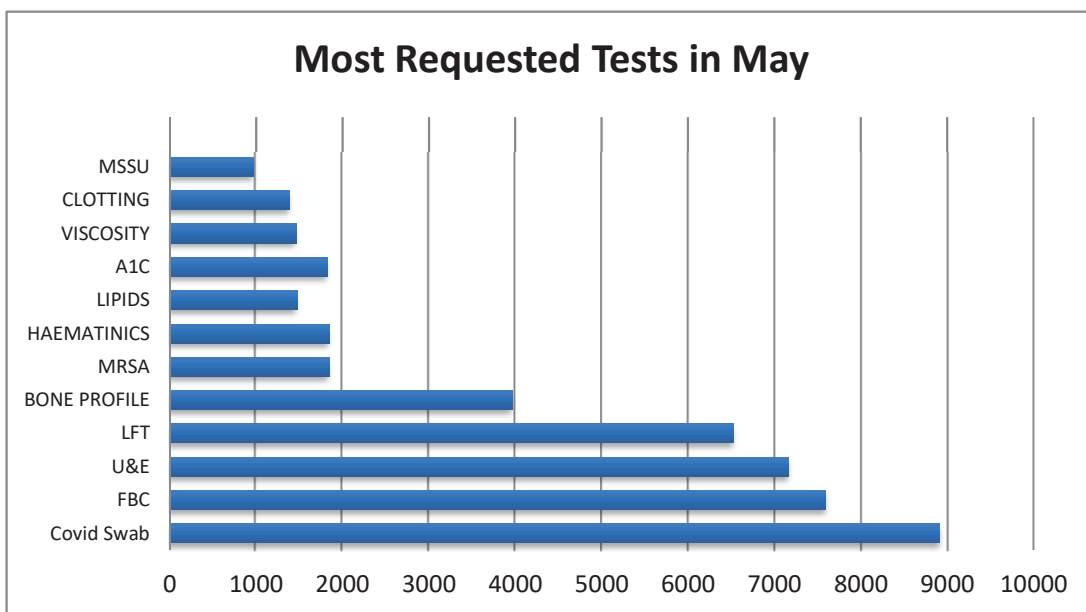
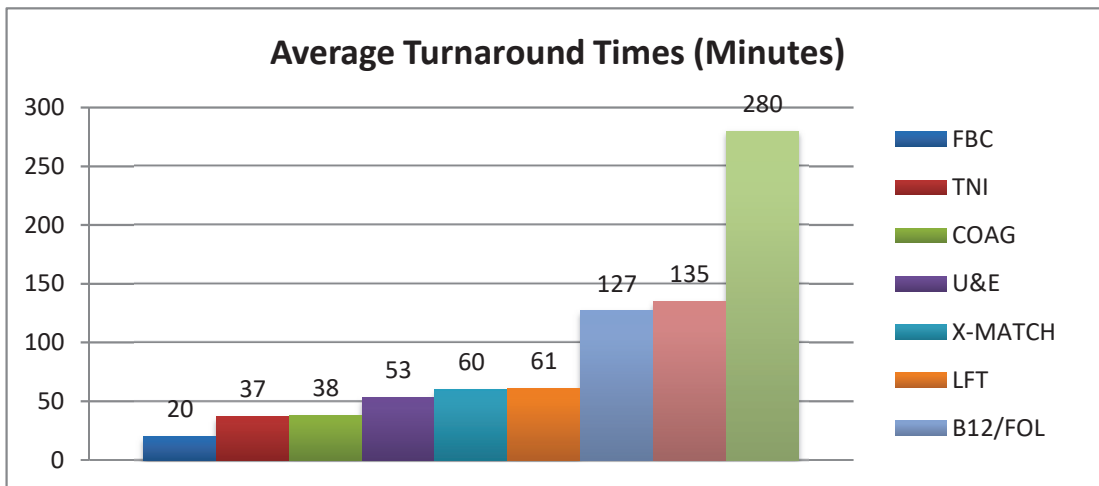
### Activity

Activity per modality within radiology for May 2021.

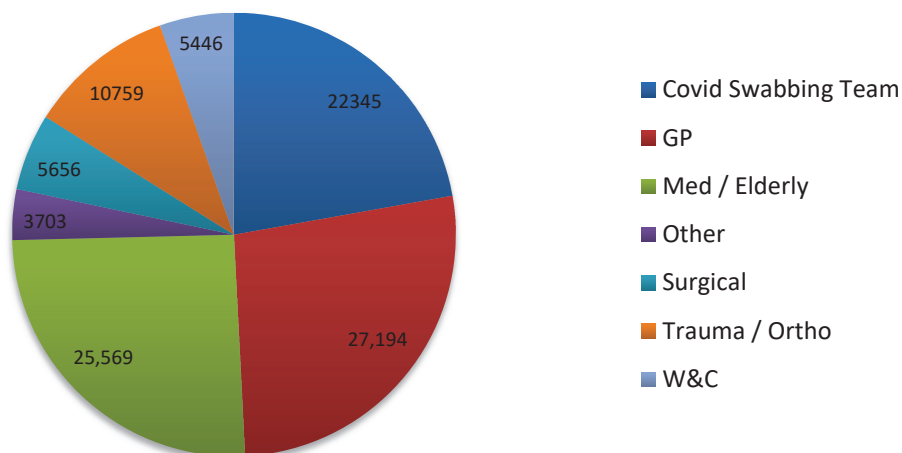
### Referrals received

Number of exams requested in April for each radiology modality.

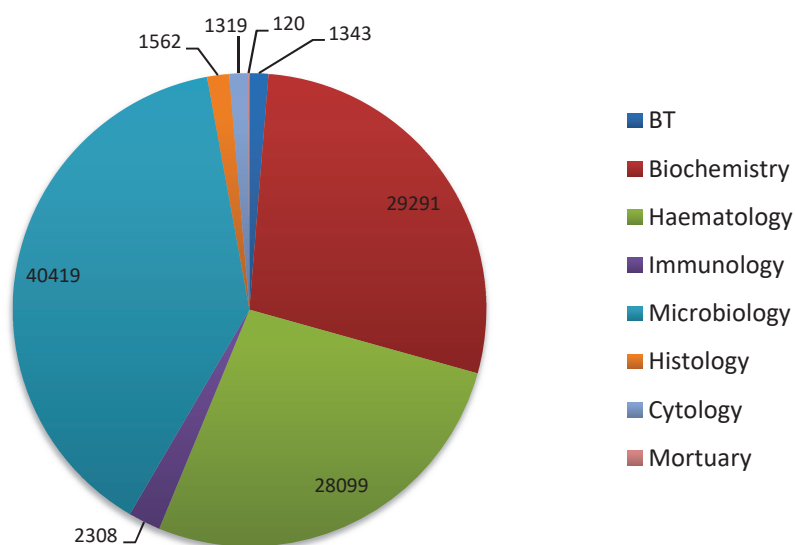
## Pathology Monthly Performance Dashboard -May 2021



### Source of Request (1st Quarter)



### Requests per Department



## **PATHOLOGY NARRATIVE - May 2021**

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards, should be completed and available in May / June. 5 out of 7 are complete.

Turnaround times audit for Histopathology completed showing an on-going improvement on times taken for a report to be produced and within RCPATH guidelines.

Haematology Audit completed for blood film referral and examination showing improved service and excellent compliance with standards.

Analytical EQA schemes - participation: BT = 8 schemes; Immunology = 18 schemes; Biochemistry = 16 schemes; Microbiology = 21 schemes; Haematology = 9 schemes; Histology = 5 schemes

Analytical Internal Quality Control monitoring, Nearly all analytes have routine IQC monitoring (often twice daily).

Quality of training for on-call laboratory staff. All on-call laboratory staff are up to date with training requirements.

Training – Biochemistry have just been re-validated by the IBMS for all aspects of BMS and support staff training.

All Biomedical Scientists are currently registered with the HCPC and so can evidence Continuous Professional Development.

PDPs are run on a rolling window around April / May. We aim to have all staff up to date by the end of May. Currently at 85% completed.

Pathology - compliance with Mandatory training: Fire 71%; Equality and Diversity 83%; Moving and Handling 96%; Infection Control 87%; Safeguarding Children 85%; Safeguarding Adults 85%



## Manx Care KPI Reporting

### Integrated Women's, Children's and Families Services



## Care Group Reporting (May 2021)

#### **Contents:**

**Women & Childrens Integrated Care KPI Dataset**

## Women Childrens Integrated Services 2021-22

### Overall Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

<b>Integrated Women, Children &amp; Family Services</b>	<b>1,235</b>	<b>1,251</b>	<b>16</b>	<b>1%</b>
Management & Support Services	54	76	22	29%
Women's Services	565	525	(41)	(8%)
Children's Services	486	485	(1)	(0%)
Community Services	130	165	36	22%

Women & Children's Integrated Services - Narrative - May 2021



# **Manx Care KPI Reporting**

## **Integrated Primary and Community Care**

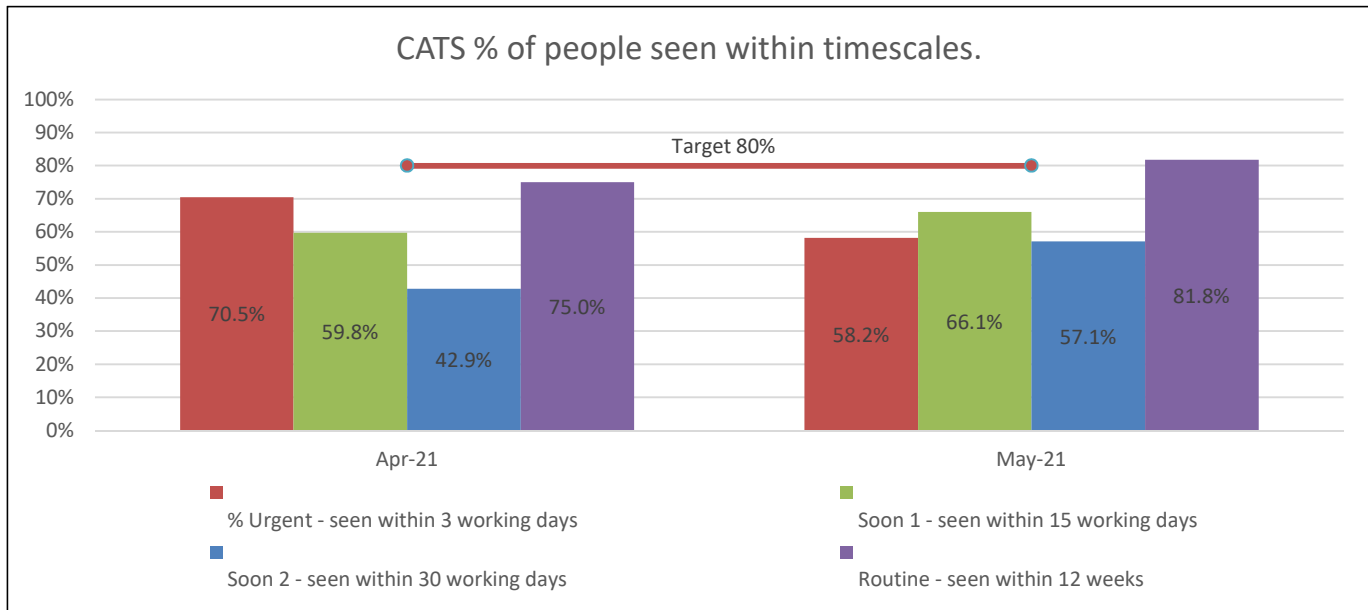
### **Care Group Reporting (May 2021)**

#### **Contents:**

**Integrated Community Services KPI Dataset**

**Primary Care Service KPI Dataset**

## Integrated Community Services 2021-22



### Overall Variance on Budget 2020-21

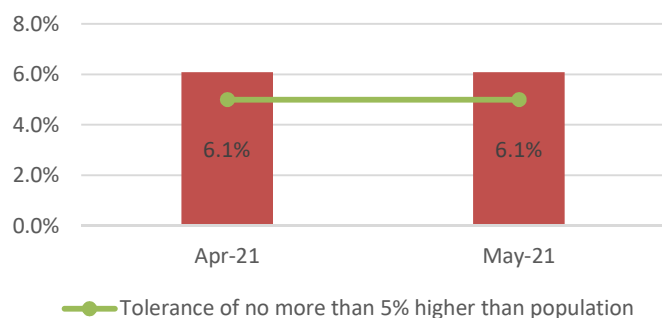
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	725	664	(61)	(9%)

### Integrated Community Services - Narrative - May 2021

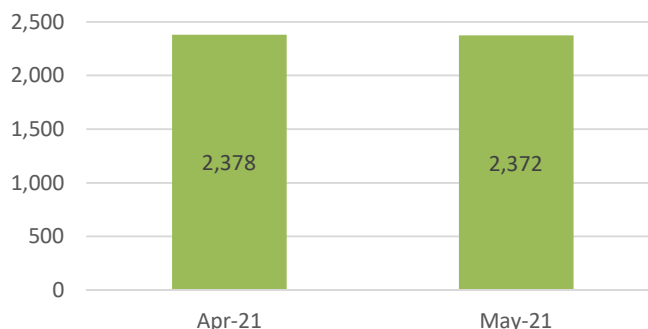
CATs is currently in the process and transferring Care Group between Care Groups.

## Primary Care - 2021-22

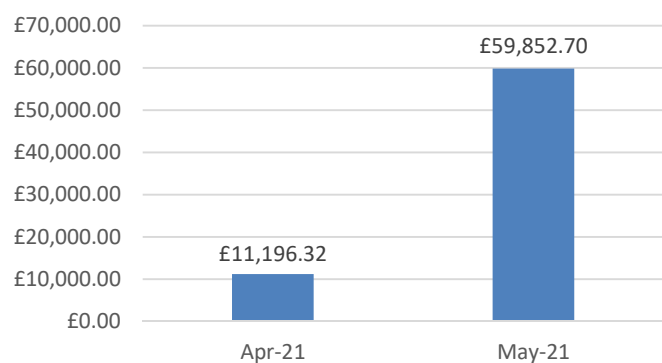
The % of patients registered with a GP  
(Permanent Registration)



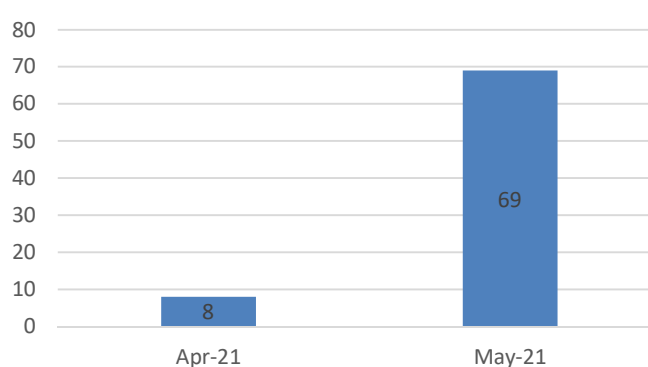
Number of patients waiting for a Dentist



Savings made by Pharmacy Optimisation Team



Total clinical interventions made  
(safe and cost effective)



Overall Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

Management & Support Services	132	158	26	16%
Primary Care Services	1,677	1,680	3	0%
Pharmaceutical Services	1,758	1,680	(78)	(5%)

### Primary Care Services - Narrative - May 2021

% of patients registered with a GP – covid letters have been an excellent way to identify any patients who no longer live on the IOM but who are still registered here. This will take 4 more months to go through an assurance process for de-registration but we should see this figure reducing in September / October.

Dental Waiting List – a plan is being drafted to show the reduction of the dental waiting list. This will be made available in the next few weeks.



# Manx Care KPI Reporting

## Integrated Mental Health Services



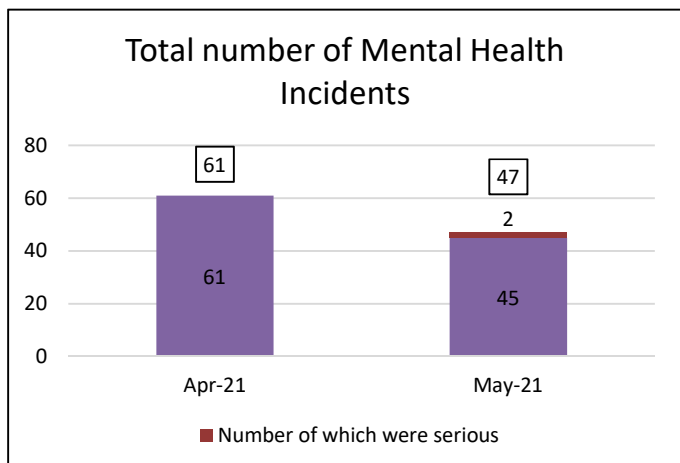
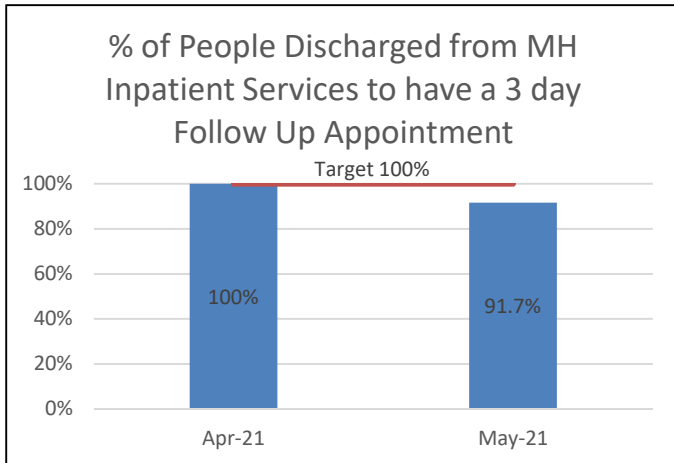
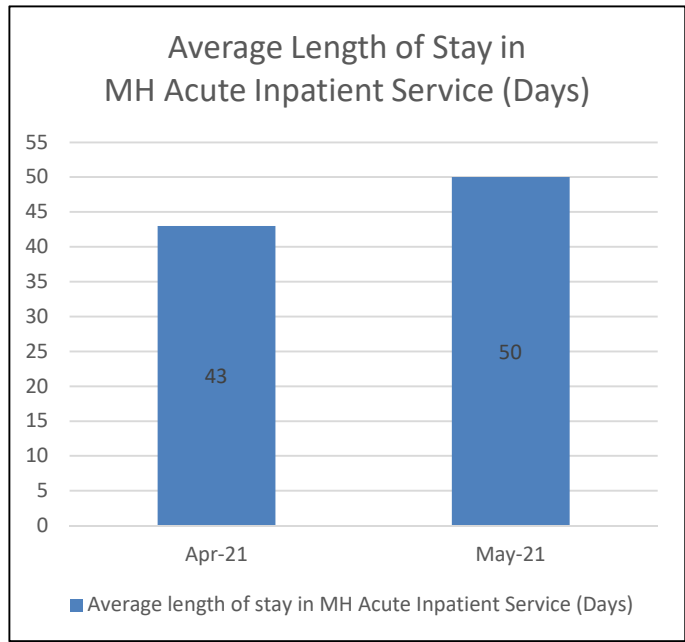
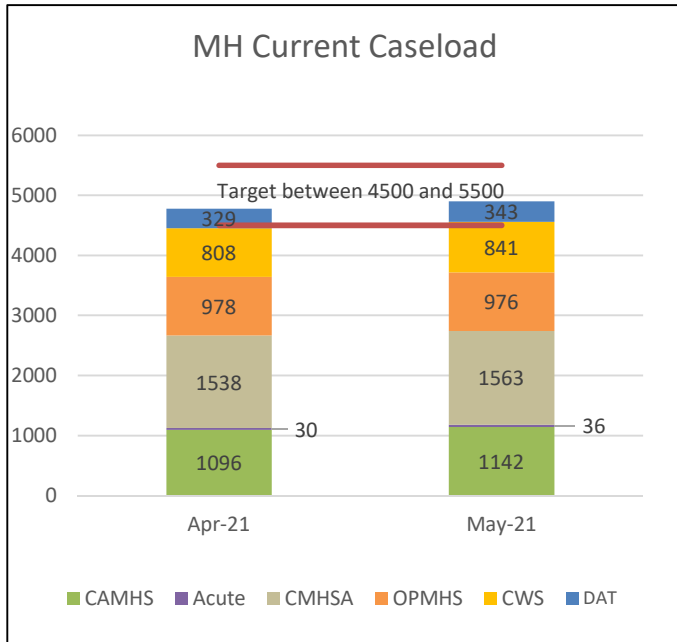
## Care Group Reporting

(May 2021)

### **Contents:**

**Integrated Mental Health Services KPI Dataset**

## Mental Health Services Dataset 2021-22



### Overall Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
<b>Integrated Mental Health Services</b>	<b>1,879</b>	<b>1,797</b>	<b>(82)</b>	<b>(5%)</b>
Management & Support Services	99	142	44	31%
Mental Health Services	1,217	1,299	81	6%
Nursing Care Placements (£115)	197	167	(31)	(18%)
UK Placements	366	189	(176)	(93%)

## **Mental Health Services Dataset 2021-22**

### **Mental Health Services - Narrative - May 2021**

**Referrals** – 27% increase in referrals when compared to April. Volume of new referrals continues to outpace discharges resulting in additional operational pressure. The MHS triumverate recognises that significant work is required to ensure that discharges are applied in a timely manner.

**Bed Occupancy** – Bed occupancy within Manannan court remains below 85% target in May. Emerging data available for June suggests however, that this bed occupancy may exceed target.

**Average Length Of Stay** – Increased by 16% when compared to April. The reported data relates to both the adult and elderly ward. It should be noted that the average LOS on the elderly ward is significantly higher, the major contributing factor being timely access to community nursing/Emi beds.

**3 day follow up** - lack of compliance relates to 1 discharged patient who was subject to review on day 4. In total there were 22 discharges from inpatient care in May. Whilst not compliant with MHS policy this remains compliant with the Required Outcomes Framework (4.5.6) which requires follow up within 7 days of discharge. The deviation from MHS policy will however be subject to Datix and investigated accordingly.

**Incidents** – 26% decrease in recorded incidents when compared to April. Of the 45 reported incidents 2 were recorded as moderate and 1 serious the relating to a reported patient death. No indication that cause of death is a suspected suicide, this is however, currently subject to review as per the MHS serious incident policy.

**Budget variance** – May report demonstrates a 5% negative variance (82k) with a YTD negative variance of 2% (75k). Whilst the FY forecast remains at 0% there remains vulnerability attributable to unanticipated and costly emergency tertiary care demands.



# Manx Care KPI Reporting

## Social Care Services

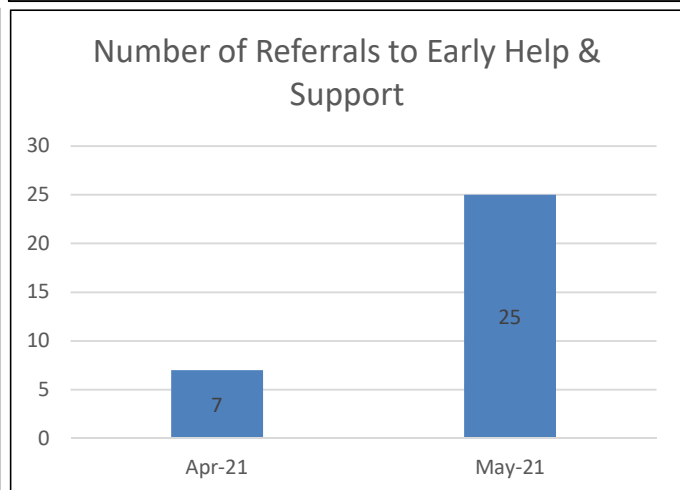
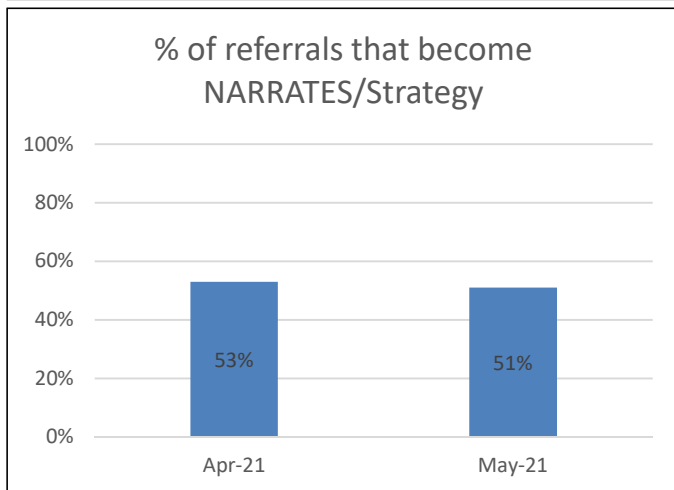
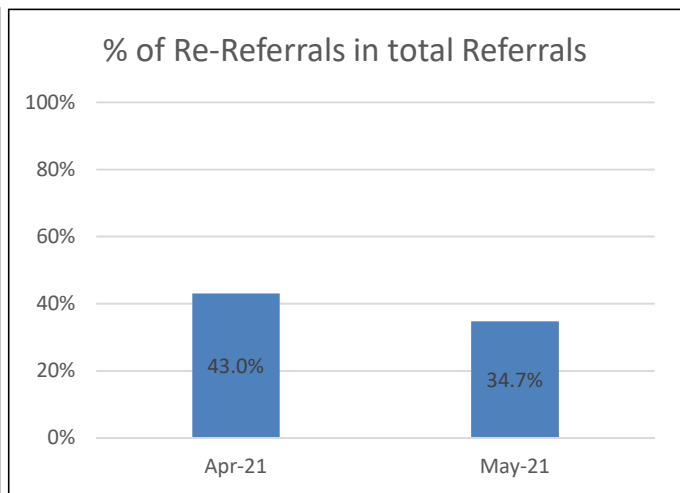
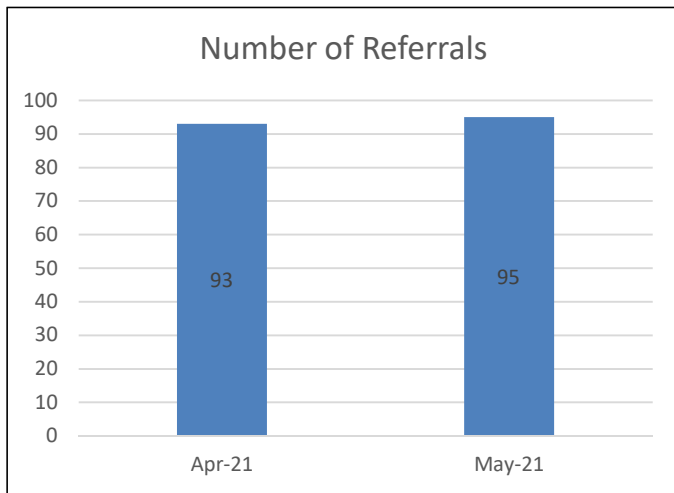
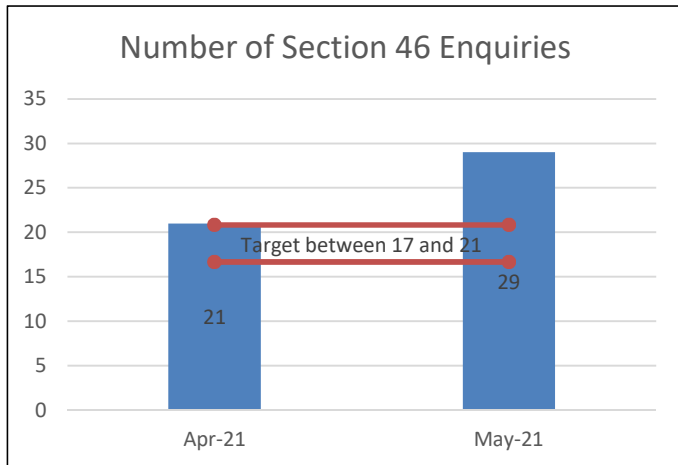


## Care Group Reporting (May 2021)

### **Contents:**

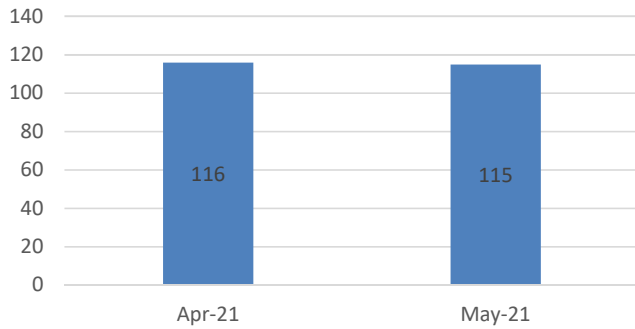
**Children & Families Social Work Service KPI Dataset**  
**Adult Social Care Social Work Service KPI Dataset**  
**Adult Social Care Operational Services KPI Dataset**

## Children Families Social Care - 2021-22

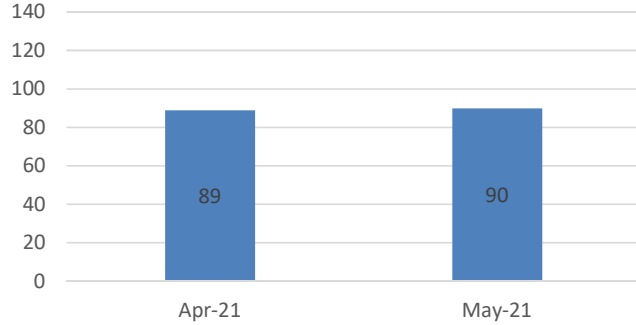


## **Children Families Social Care - 2021-22**

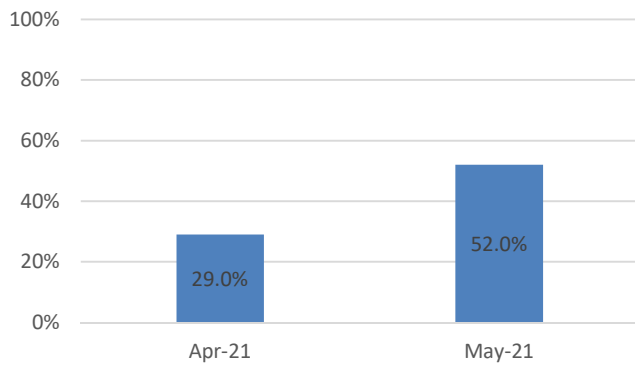
Number of Open Child Protection cases



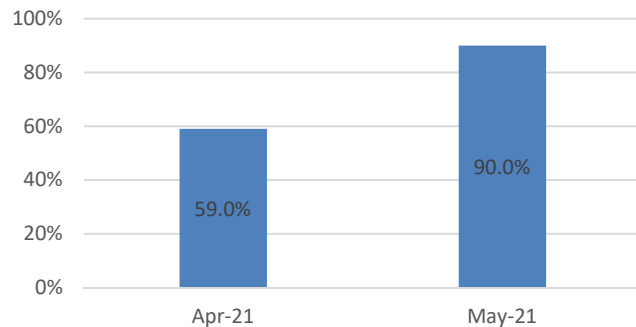
Number of Looked After Children Open Cases



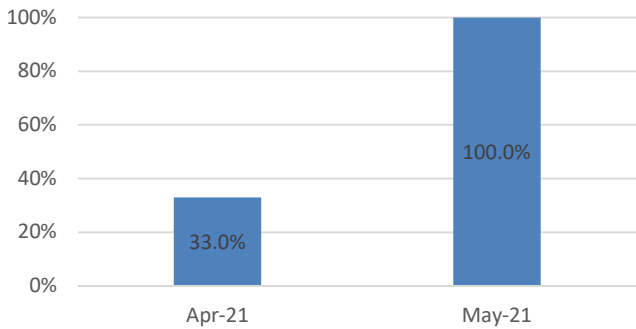
% Complex Reviews held on time



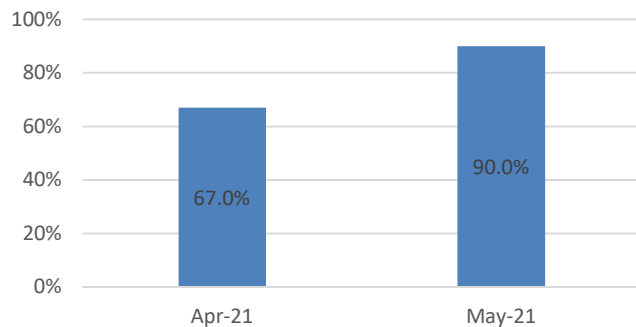
% of Child Protection Conferences held on time



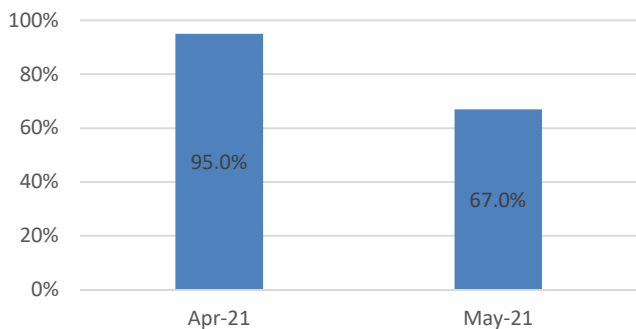
% of Initial Child Protection Conferences held on time



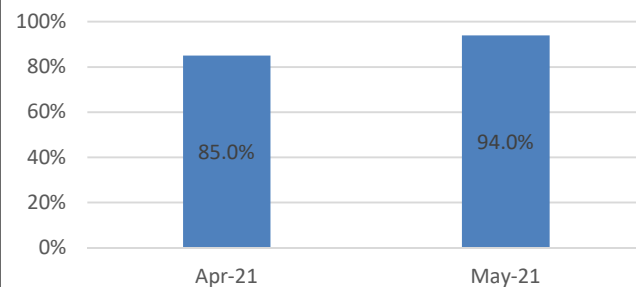
% Child Protection Reviews held on time



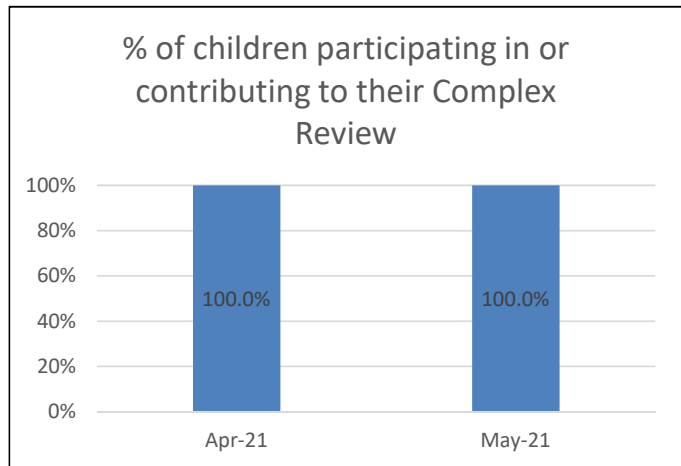
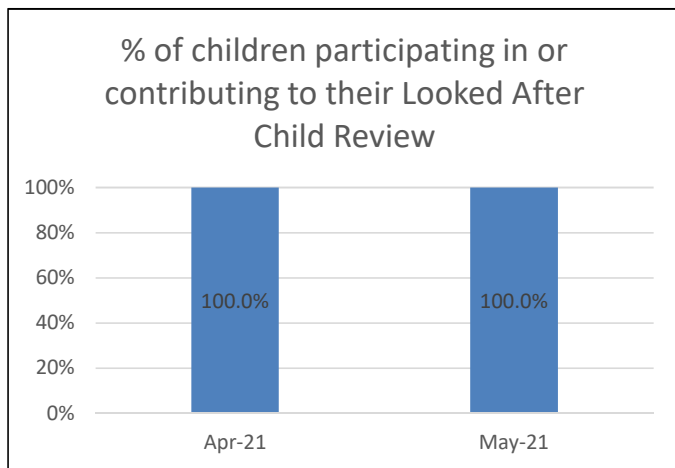
% of Looked After Children Reviews on time



% of children participating in or contributing to their Child Protection Review



## Children Families Social Care - 2021-22



### Overall Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

<b>Children &amp; Family Services</b>	<b>1,174</b>	<b>1,327</b>	<b>154</b>	<b>12%</b>
Management & Support Services	75	91	16	18%
Children & Family Services	822	906	84	9%
Children & Family Social Work	276	330	53	16%

#### Children & Families - Narrative - May 2021

##### **S46 Enquiries:**

Annual target. Monthly target range between 17 - 21. In 2020/21 the monthly average was 28. An audit of Sec 46 Enquiries took place in May and a system for better triage of referrals before decision making has been agreed. It is anticipated that this number may reduce and/or the transition rate between Section 46 inquiries and those that become subject of a CP plan will become more consistent in numbers.

##### **Rate of S46 Enquiries:**

Annual target. Monthly target range 0.9 - 1.2. 2020/21 monthly average was 1.6.

##### **% Supervisions due that were completed:**

1 Supervision not undertaken due to a staff member being on sick leave.

##### **Average Caseload Per SW:**

There were 418 cases being worked in May. The average caseload is 15 when based on the service's establishment (27.5), and 20 based on current staffing numbers (20.5) which reflect 5 vacancies and 2 workers on sick leave.

It should be noted that these figures represent the overall case numbers only, and do not reflect the caseload capacity of the individual workers which is based on their role and level of experience. When this is factored in the capacity in the context of available experienced Social Workers, the felt experience is more pressured. We are actively seeking to recruit agency Social Workers to get closer to establishment.

##### **Referrals to Children's Social Care:**

Annual target. Monthly target range between 74 - 78. In 2020/21 the monthly average was 93. Although the volume of referrals in May was higher than the target, it was in line with levels received in the previous year.

## **Children Families Social Care - 2021-22**

### **Re-referrals to Children's Social Care:**

The high level of re-referrals remains a concern for the service, although the position did improve in May, it remains outside of target range and the numbers fluctuate. Audits undertaken last month indicate that better triage of referrals is required prior to decision to allocate for assessment or to close. There is evidence that some referrals are being made to Social Care when they may be better served within Early Help. Social Workers need to better record the families understanding of the referral and of what they understood in respect of consent when agencies are referring to Social Care (a number of families when contacted decline a service within the voluntary aspects of the SW service provision). Actions have been agreed from the audit which include further discussion with Police colleagues in particular regarding use of Early Help and better recording by the SW when referral received re families understanding of consent at point of referral (i.e did the agency making the referral confirm that they could refuse consent if not CP). Better triage will ensure we have a good understanding of what the issues are according to the family and referring agency so that the most appropriate course of action can be discussed and agreed with all concerned. Over the next 3 months we would anticipate a reduction in referrals (increase in Early Help referrals) and more synergy in number terms at each stage of the process (i.e those progressing to referral subsequently progressing to an assessment and then onto a plan. This would indicate consent better informed and threshold for a service more appropriately identified).

### **% of Referrals that become NARRATES/Strategy:**

The service continues to review the conversion rates at each stage of the pathways across the whole system in order to fully understand the drivers for the low conversion rate between each process. The audit last month indicated that there are some threshold issues from referring agencies (particularly Police) and a need for better triage. As noted actions have been agreed in respect of this and we will continue to monitor but anticipate a better conversion rate moving forward though this may take 2-3 months to impact.

### **Number of Referrals to Early Help and Support:**

Annual target. Monthly target range between 21 - 25. During lockdown periods this service has been closed temporarily to protect the provision of statutory duties and critical services. The service fully recommenced in May. This number may increase over the next few months as the actions from the statutory part of the service roll out

### **Child Protection:**

There has been a steady increase in CP numbers since March 2020, which is likely in part impacted by the periods of lockdown. During those periods, for reasons of safety children were not stepped down from CP plans and meetings were prioritised and agreed with families where they could take place virtually. The service will undertake further review of the CP case numbers in August once the Senior IRO is back in post.

### **% Complex Reviews on Time:**

Complex Needs reviews were not considered a critical function for the service during the lockdown period and were therefore deprioritised during April. The service has now recommenced these meetings and is catching up with any rescheduled reviews. This should be back on track by the end of June.

### **% of LAC Reviews on Time:**

This represents an anomaly in the usual performance in this area. This equates to 5 children, and further exploration is taking place in respect of this. The findings will be provided in next month's reporting.

### **% Pathway Plans in Place**

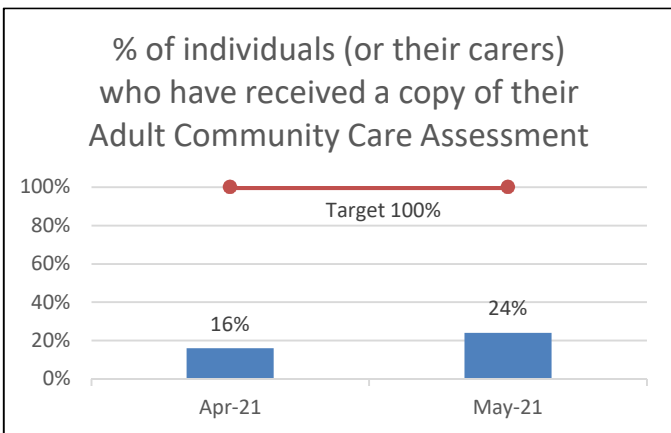
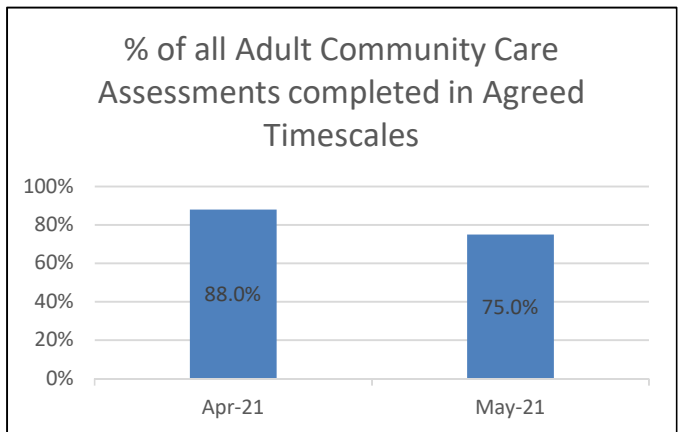
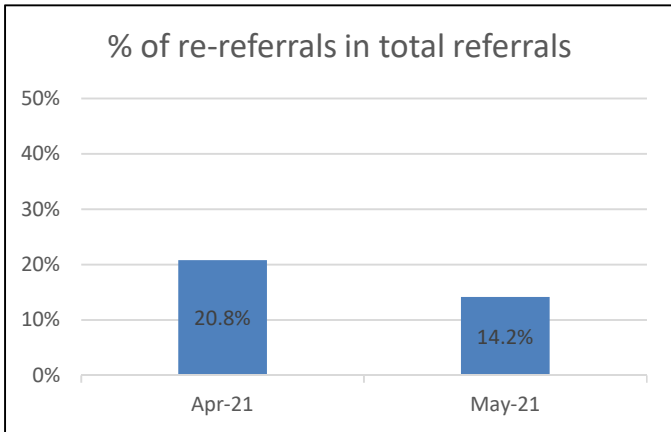
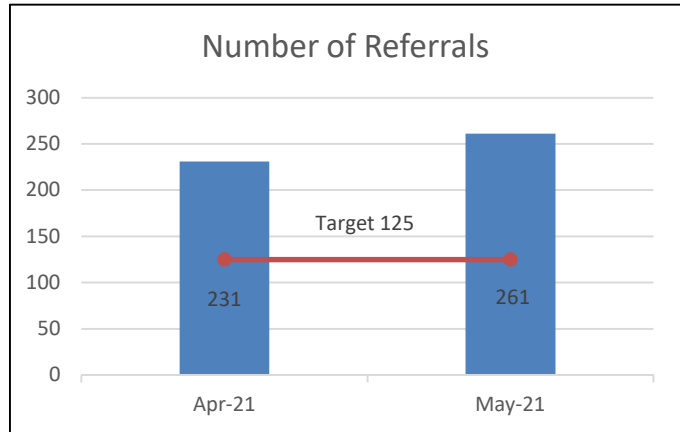
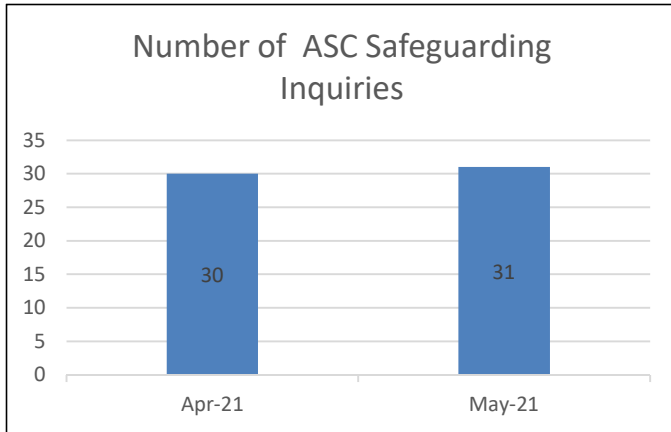
The shortfall equates to 4 young people, 1 of whom only became eligible for a pathway plan during May. Timescales were in place to complete the outstanding plans but the SW is currently on long term sick leave which has impacted on these timescales. This is being monitored and will be reallocated to another SW if necessary but there is a balance as to what is in the child's best interest in respect of established relationship.

### **Ramsey Resource Centre:**

Ramsey Respite Centre had a phased return to service once the covid lockdown period had ended. The centre returned to full service provision on Monday 17th May.

**Braddan Hub:** Due to the recent covid lockdown, the Hub was still on a phased return to service in the first week of May, with normal services resuming on Monday 10th May.

## ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22



**Overall Variance on Budget 2020-21**

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	279	290	11	4%

## **ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22**

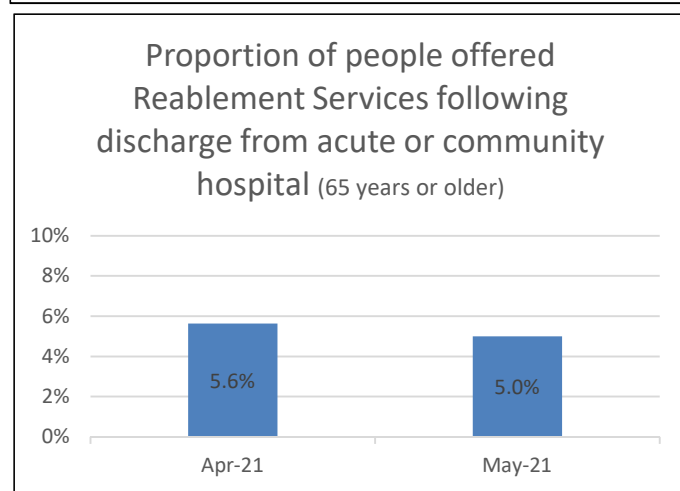
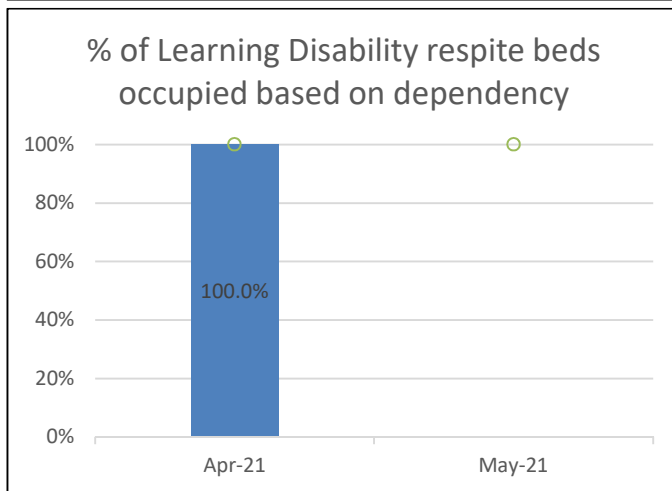
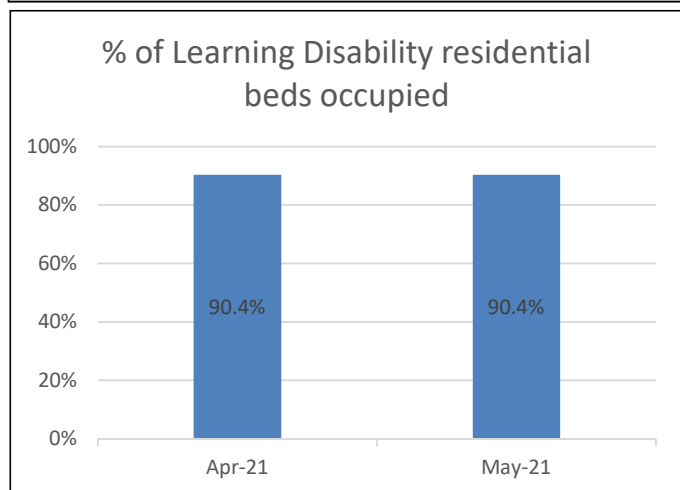
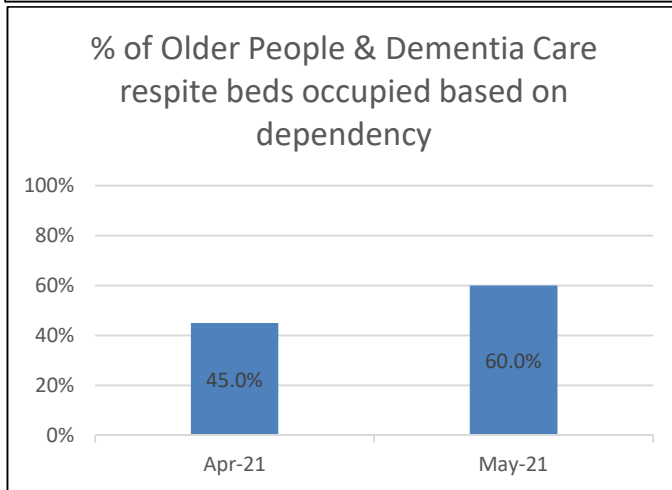
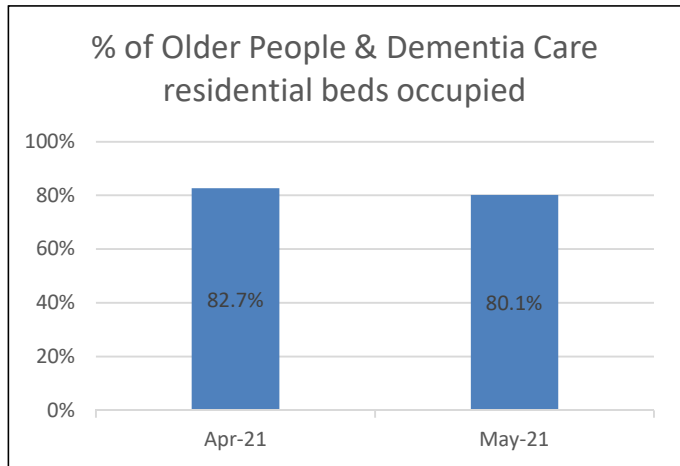
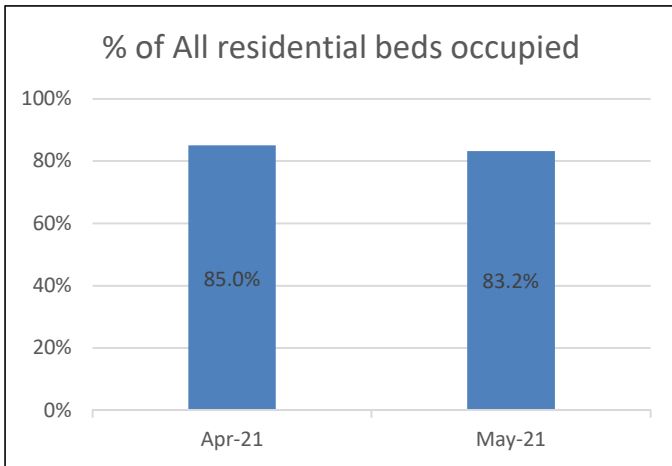
### **Adult Social Care - Social Work Service - Narrative - May 2021**

The level of safeguarding enquiries is positive as it evidences awareness of safeguarding issues. Hospital enquiries are low and ongoing training and education is further planned, positive structure changes in the hospital are occurring to re-inforce this. The increase in referrals is to be expected as we return to business as normal following COVID restrictions. The number of re-referrals has reduced which is promising, continued analysis of this indicator will increase awareness and understanding of the issues.

Assessment timescales have suffered this month, in part due to a high number of staff absences. There is some improvement in the number of assessments shared with service users and their carers, Team Managers are working to continually re-inforce the importance of this and it is expected this figure will continue to improve.

A meeting has been arranged with Business Intelligence Colleagues to improve awareness of the data and how it is collected, this should assist with improved data quality over the coming months.

## **Adult Social Care - Operational Services - 2021-22**



## Adult Social Care - Operational Services - 2021-22

% of people still at home 91 days  
after discharge from hospital into  
reablement services  
(Q4 Indicator Only)



*Please note: This indicator is only collected for the fourth quarter of each year, as part of a review process.*

### Overall Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
<b>Adult Social Care Services</b>	<b>1,682</b>	<b>1,722</b>	<b>41</b>	<b>2%</b>
Management & Support Services	13	16	3	16%
Learning Disability Services	738	761	23	3%
Older Person Services	930	945	15	2%

### Adult Social Care - Operational Services - Narrative - May 2021

- Due to the ongoing situation with the Corrin Home it has been necessary to maintain some capacity in regard to beds in Older Peoples Services in the event of either planned or emergency placements being required. Work continues at pace and will hopefully see a resolution in June.
- The 10% variance on the overall budget is linked largely to a fall in income which could in part be attributable to the vacancies being held. The 150k income deficit in April is of concern and will be monitored closely over the first quarter to ensure projected revenue is in accordance with receipts.



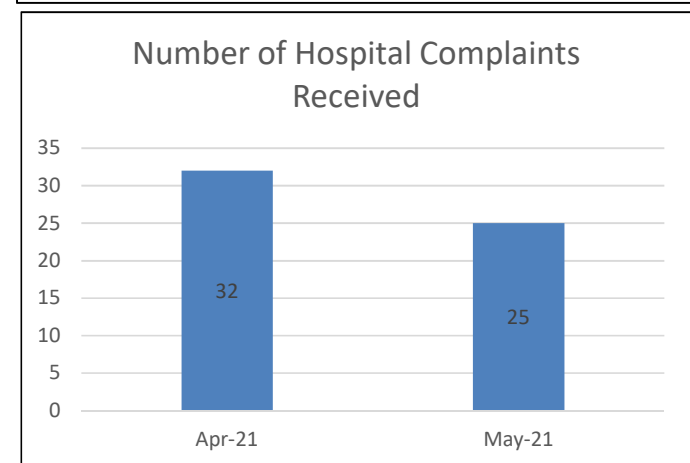
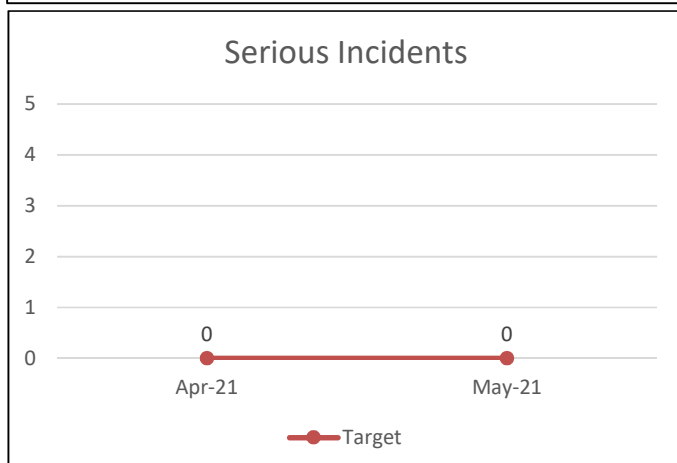
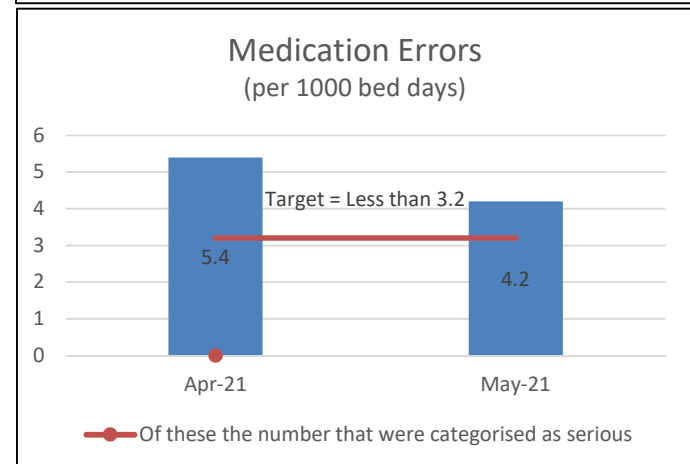
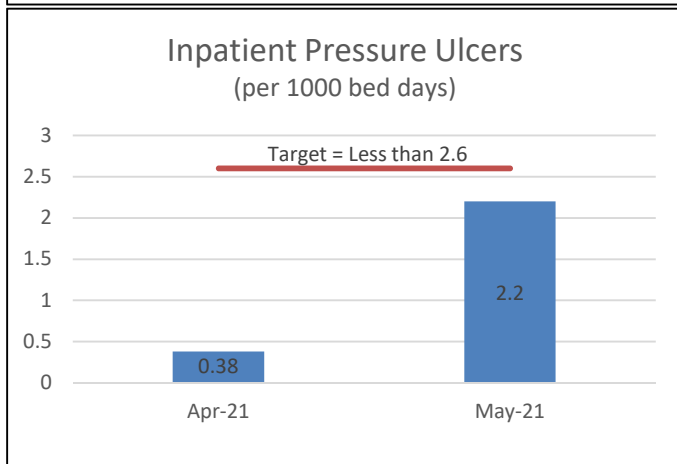
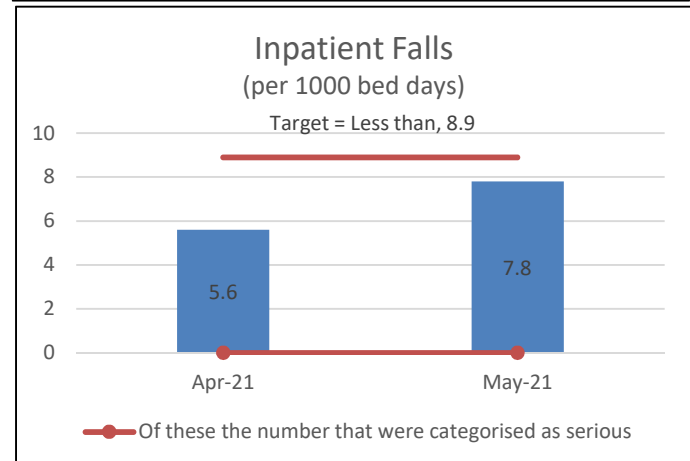
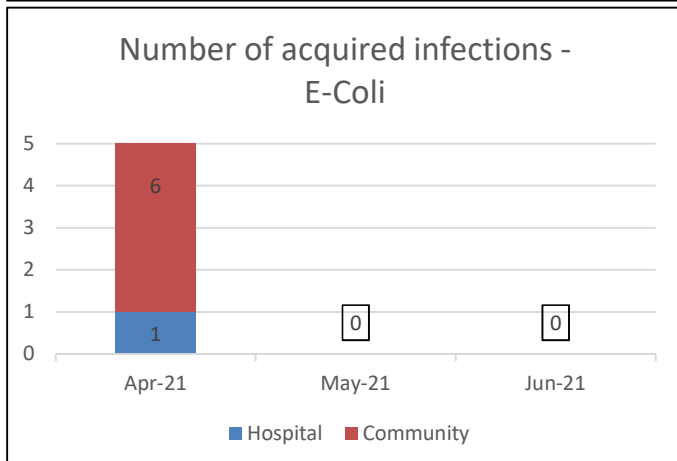
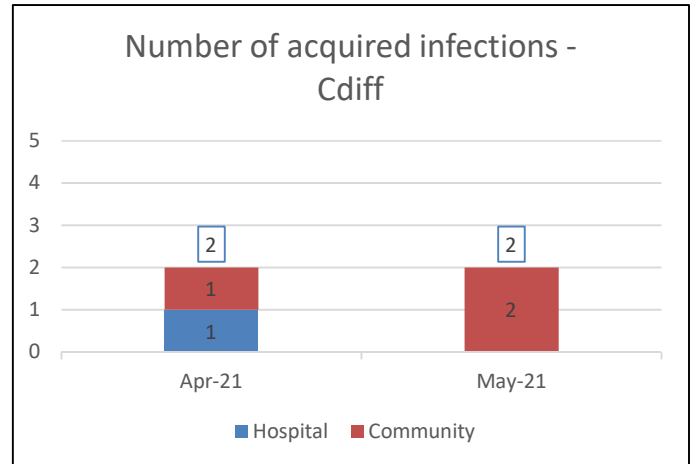
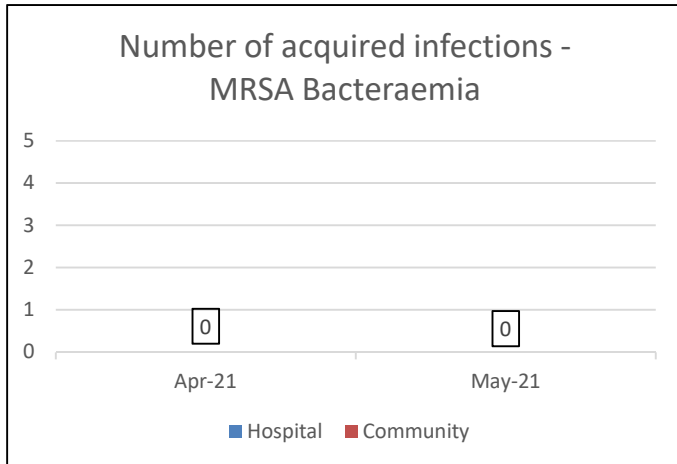
# **Manx Care KPI Reporting**

## **Care Quality Services (May 2021)**

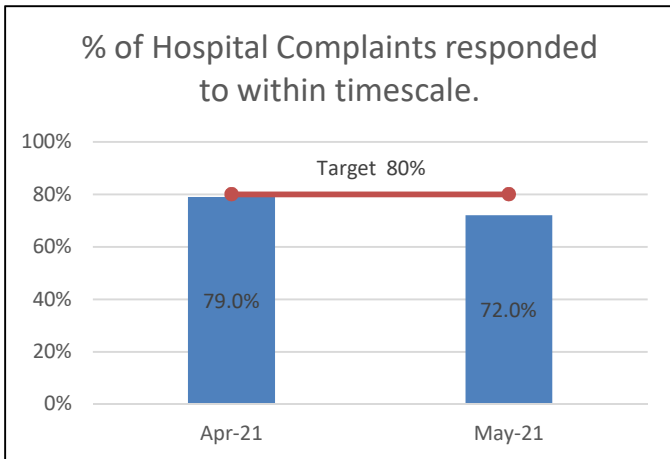
### **Contents:**

**Hospital Care Quality Reporting**  
**Community Care Quality Reporting**

## Hospital Care Quality Indicators - 2021-22



## Hospital Care Quality Indicators - 2021-22



### Hospital Care Quality - Narrative - May 2021

**Ecoli Infections** - Work in progress to identify indepth data gathering around the causes

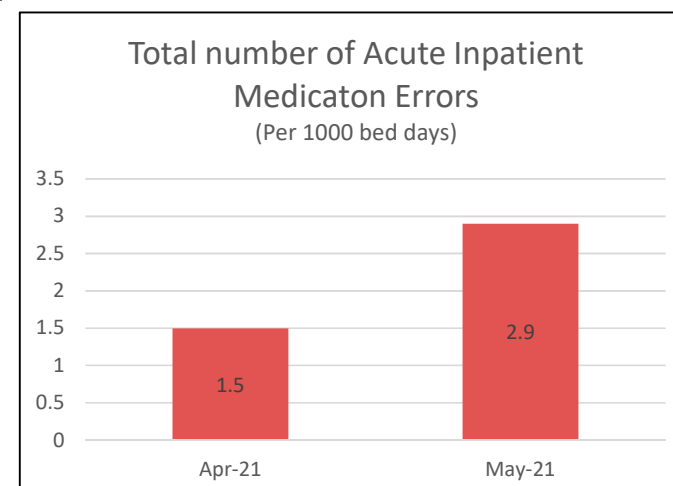
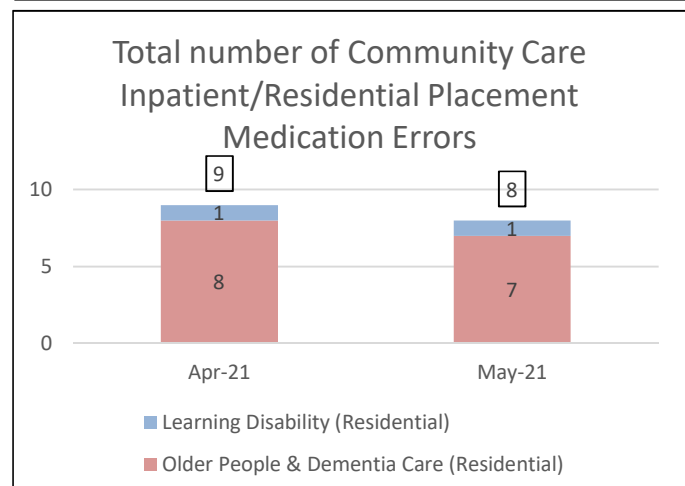
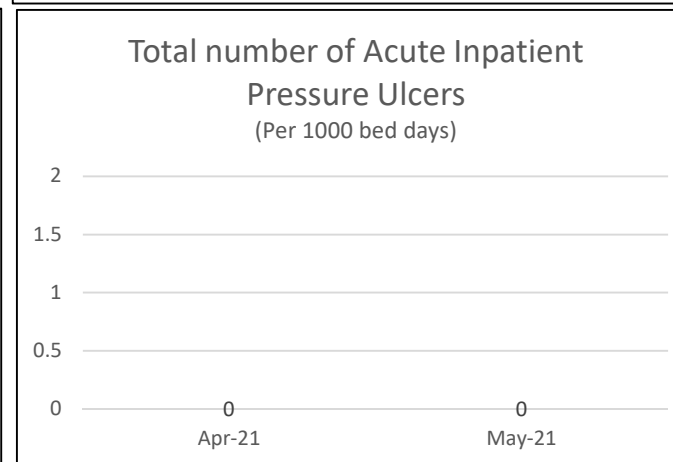
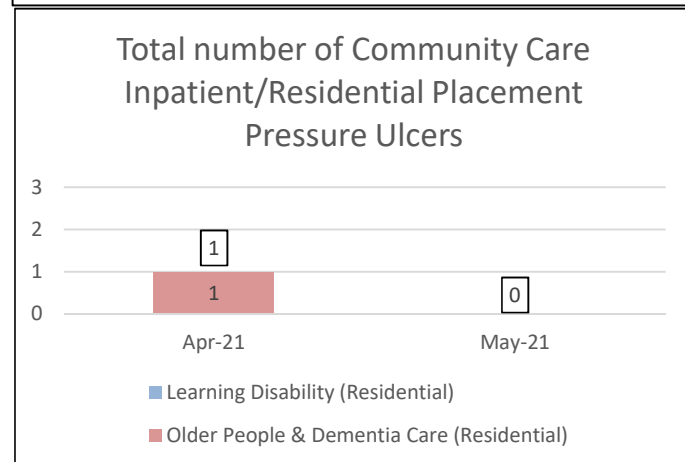
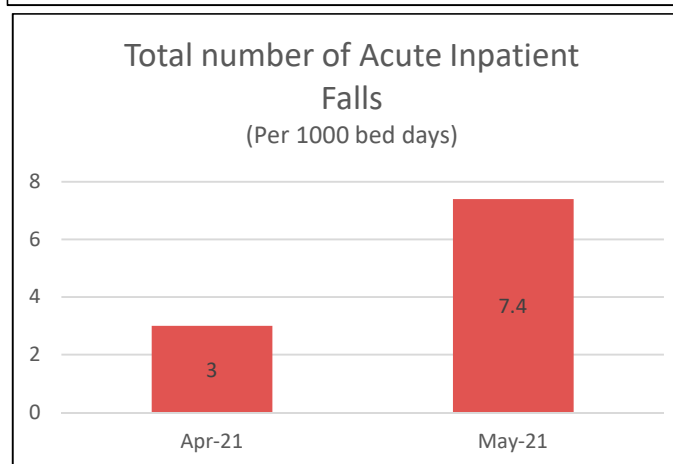
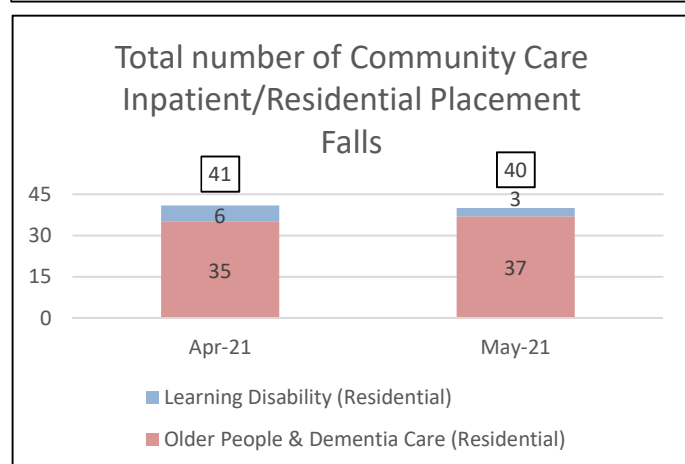
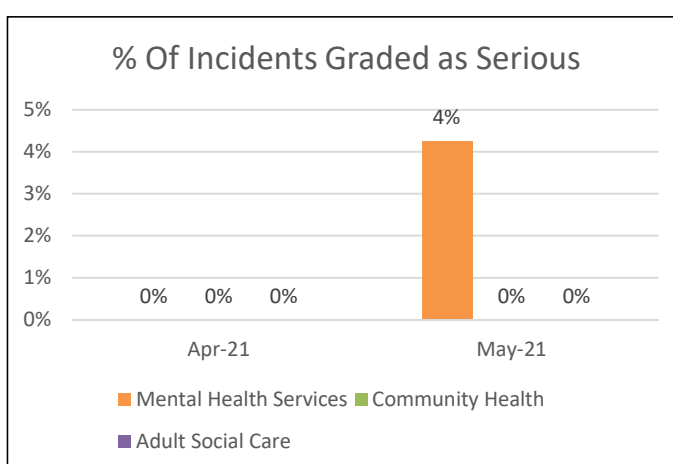
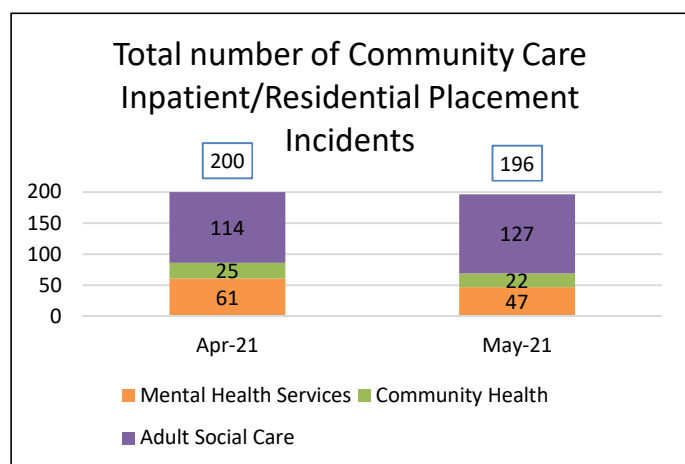
**Cdiff Infections** - RCA's are scheduled in June

**Inpatient Falls** - Options are being explored to increase volume on Wander alarms.

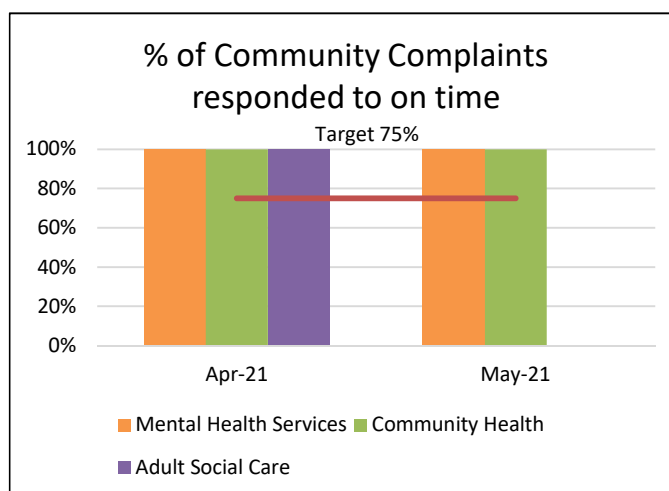
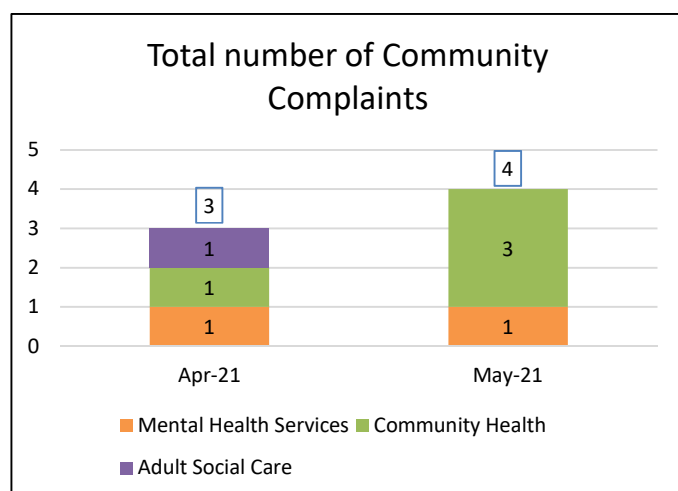
**Complaints** - Work ongoing with care groups to improve response times and quality of complaint responses.

**Medication Errors** - Membership of the medication safety group is almost finalised. Aim to have first meeting in July

## Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022



## Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022



### Care Quality Narrative - May 2021

#### FALLS

##### **Total Number of Acute Inpatient Falls (Per 1000 Bed Days):**

All falls occurred in the Glen Suite and were recorded as 'no harm'

##### **Older People & Dementia Care (Residential):**

Records reflect only service user falls in residential settings. In addition there were 5 community falls (4 SU 1 staff), 2 Day service falls (1 SU 1 visitor) and 1 staff fall in residential. Of those recorded 76% were no harm, 16% low harm and 8% moderate harm.

Although no fall was recorded as serious, 1 fall did result in hospitalisation, and the patient later died (although not in the reporting period). It is not believed there will be an inquest, but if this changes it will be captured in next month's figures.

##### **Learning Disability (Residential):**

1 of the recorded falls took place whilst being supported off site.

#### MEDICATION ERRORS

##### **Total Number of Acute Inpatient Medication Errors (Per 1000 Bed Days):**

Inpatient errors recorded as 'no harm'. In addition, 1 error reported in community (CAMHS); harm recorded as 'moderate / short term' related to non-compliance with blood screening linked to prescribed medication.

##### **Older People & Dementia Care (Residential):**

Additionally 2 community errors. All errors recorded as no harm.

#### INCIDENTS

##### **Mental Health Services:**

91% of incidents recorded as 'no harm' or 'low harm'. 85% of incidents occurred at Inpatient Service.

Unexpected death of 2 community patients reported. Cause of death of CMHSA patient is suspected suicide. Cause of death for 17 year old CAMHS patient unknown. Both being coordinated by CQS Team and treated as SIs until more information is known. Duty of Candour applied. Liaison ongoing with Coroner of Inquests.

##### **Community:**

Most frequently reported category is 'Medication - other' - pertaining to lack of medication availability at the prison due to problems with supply or GP prescribing.

## **Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022**

### **Adult Social Care:**

Falls account for 38% of incidents, with verbal/physical aggression, illness, accidents and medication errors completing the top 5 categories which account for 84% of all incidents. 75% of incidents recorded as no harm, and 93% of incidents recorded as no/low harm.

Whilst no serious incidents were recorded during this period, there was one expected death. In addition there was a fall resulting in hospitalisation which may have contributed to or caused a death in June; if so this will feature next month.

### **COMPLAINTS**

#### **Mental Health Services:**

Alleged breach of confidentiality by the Crisis Team. Under investigation by CQS Team. Complaint acknowledged within 2 working days as per standards. Under investigation.

#### **Community:**

1. CATS: Access to Services. Patient unhappy at having to wait for assessment to drive car. Currently under investigation.
2. Diabetes Service: Access to Services. Patient unhappy at having appointment cancelled at last minute. Currently under investigation.
3. Prison Healthcare: Care Delivery. Patient had medication changed after trying to 'pouch' drugs against prison policy. Unhappy at this decision being made and not properly being informed of the same. Complaint partly upheld as staff should have formally advised patient of changes. Procedure changed and letters will be issued to patients in future.