



INTEGRATED PERFORMANCE REPORT

September 2021

MANX CARE KPI REPORTING

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Manx Care KPI Reporting

Surgery, Theatres, Critical Care and Anaesthetics



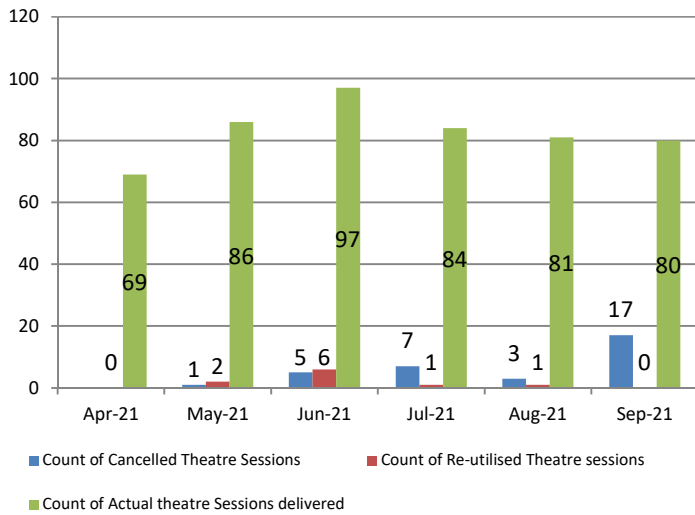
Care Group Reporting (September 2021)

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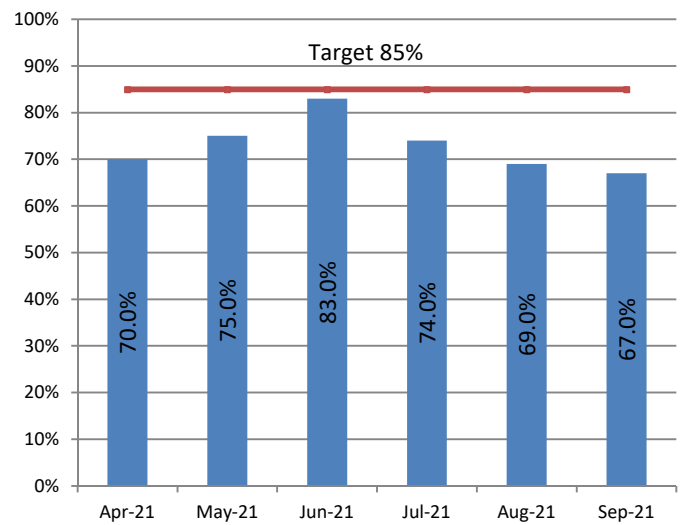
Theatre's KPI Dataset
Planned Care KPI Dataset

MAIN THEATRE INFORMATION - 2021-22

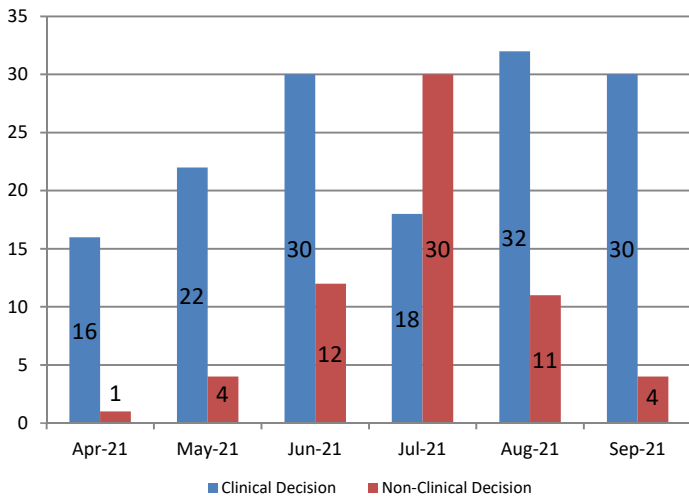
THEATRE SESSIONS
(EXCLUDES WEEKEND TRAUMA)



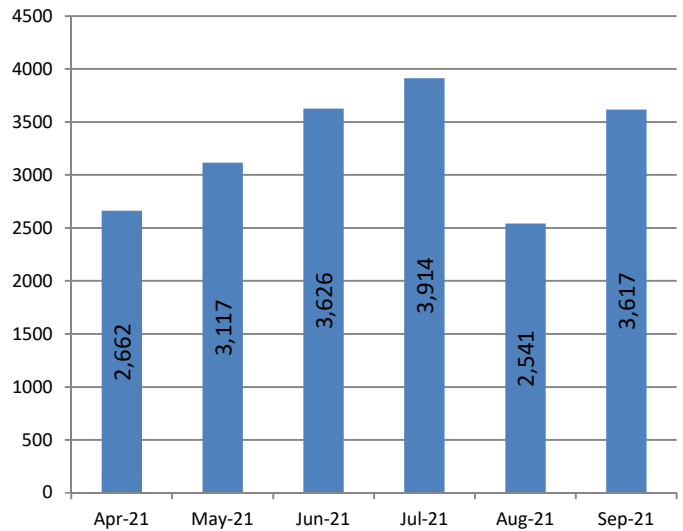
% UTILISATION
(EXCLUDES WEEKEND TRAUMA)



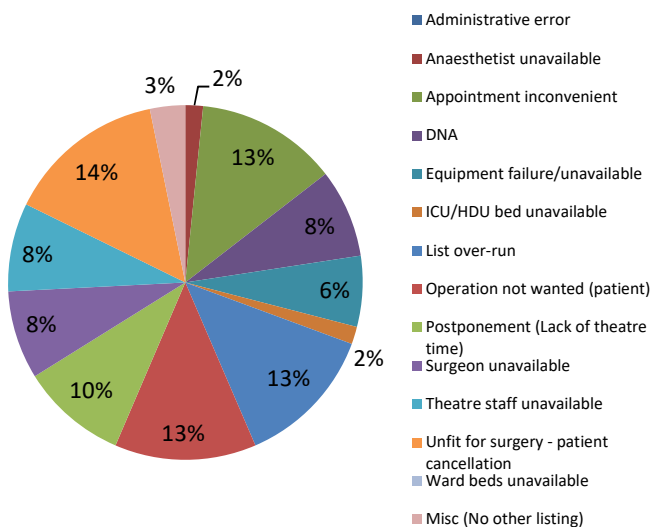
THEATRE CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



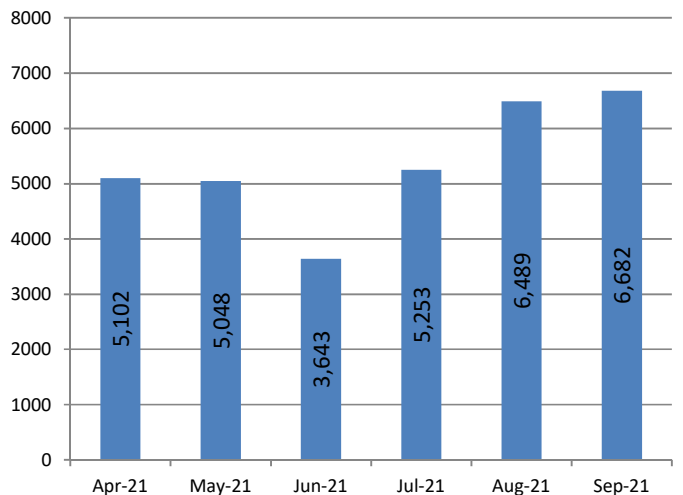
LATE STARTS IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



NON-CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)

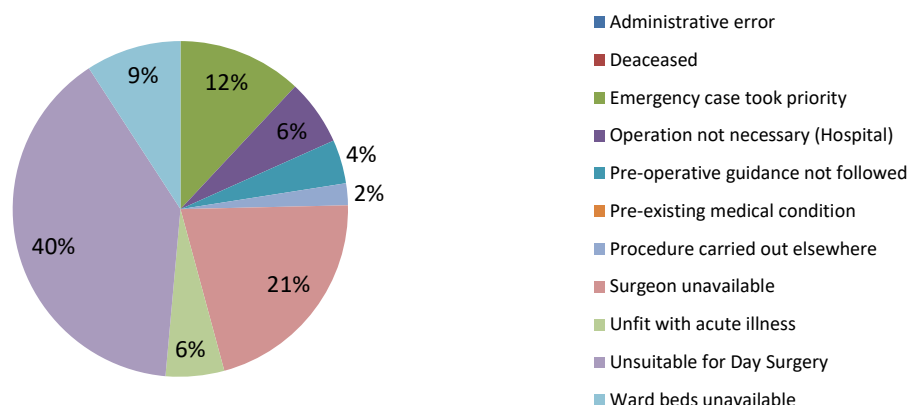


EARLY FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)

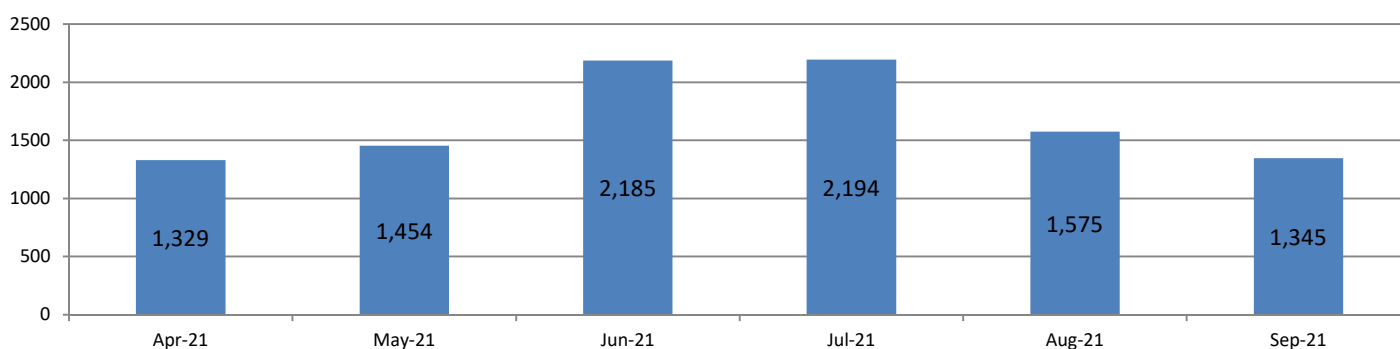


MAIN THEATRE INFORMATION - 2021-22

CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



LATE FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	733	714	(19)	(3%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	3,907	4,282	375	9%

Theatres Narrative - September 2021

Theatre Sessions:

The Care Group continued to deliver post COVID-19 theatre schedule until mid-September where sessions were 18 theatre sessions were cancelled in response to the unavailability of anaesthetists to support the operating lists which has resulted in a slight reduction to the theatre utilisation. Sickness and vacancies have limited the return to full theatre capacity however recruitment is in progress for substantive staff and there has been a recruitment drive for Agency staff which aim to increase activity in theatres from October 2021. A review of the current theatre schedule and staffing establishment is in progress and supported by Develop Consulting to ensure that we are utilising our current resources efficiently. During this period no sessions were re-utilised because the limiting factor on theatre activity was anaesthetic cover and therefore lists were not available for reuse.

MAIN THEATRE INFORMATION - 2021-22

Clinical Cancellation on the day of surgery:

Clinical Cancellations on the day have increased significantly in line with an increase in clinical decision cancellations. Progress has been made in improving surgical pathways of care to reduce clinical cancellations on the day sustainably. Support has been gained for the introduction of a Surgical Assessment Unit, Surgical Admissions unit (based on Day Procedures Suite) and these improvement projects are currently in the scoping phase of delivery.

Non- Clinical cancellation on the day of surgery:

Bed and workforce pressures have combined to severely impact elective activity in September resulting in 13 cancellations due to unavailability of ward beds, a combination of medical outliers on surgical wards and the re-allocation of staff from ward 12 (Elective Orthopaedic, ward) has led to regular cancellations throughout the month of September. Wards continue to focus on recruitment and a review of the current nursing establishment is in place. Processing time to advertise roles is impeding services ability to maintain safe staffing levels as well as a reduced ability to secure UK agency nursing staff.

Early Finishes and Late Starts

Late starts have increased in the month of September linked to anaesthetic staffing and the fluctuating bed state and last minute changes to lists required following non- clinical on the day cancellations. Early Finishes have equally increased in line with on the day non-clinical cancellations linked to bed and workforce pressures. Due to the significant period of time that specialities have focused on day case and local anaesthetics waiting lists there are limited patients left that can be seen when the hospital is unable to support inpatient elective activity.

Budget

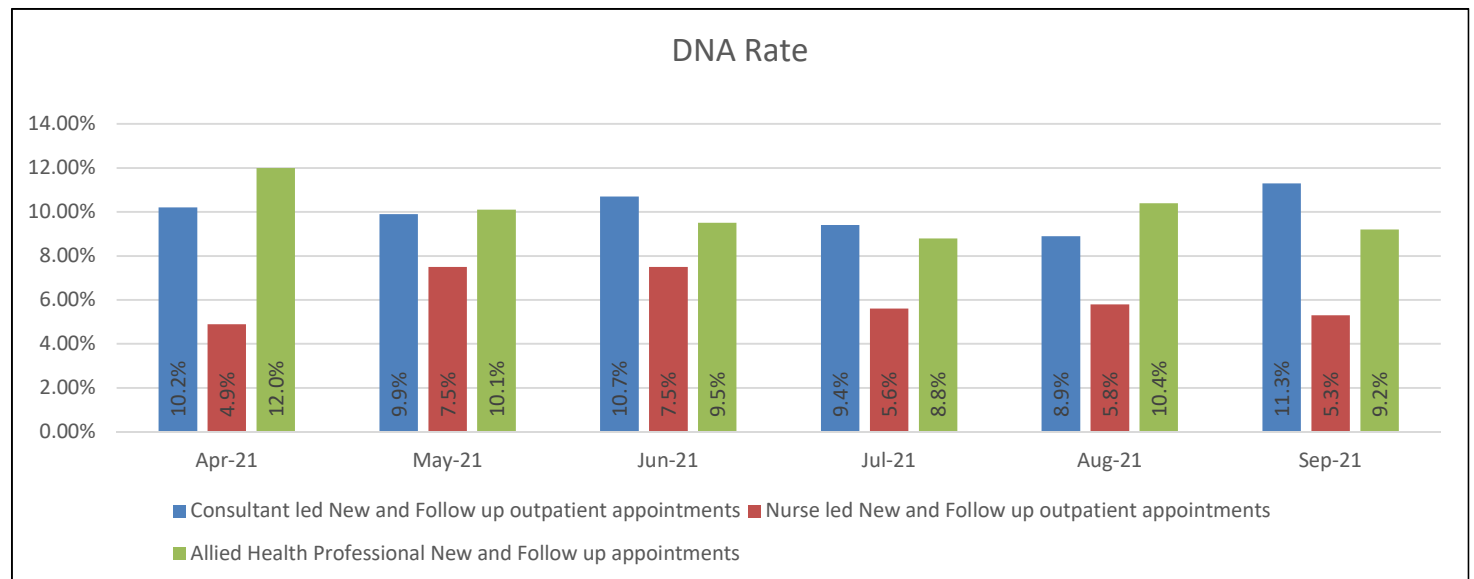
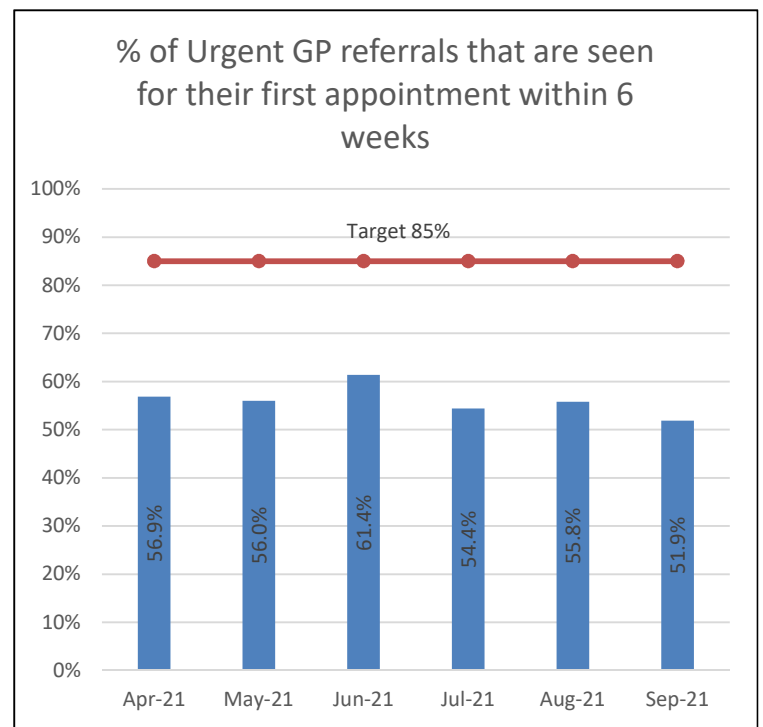
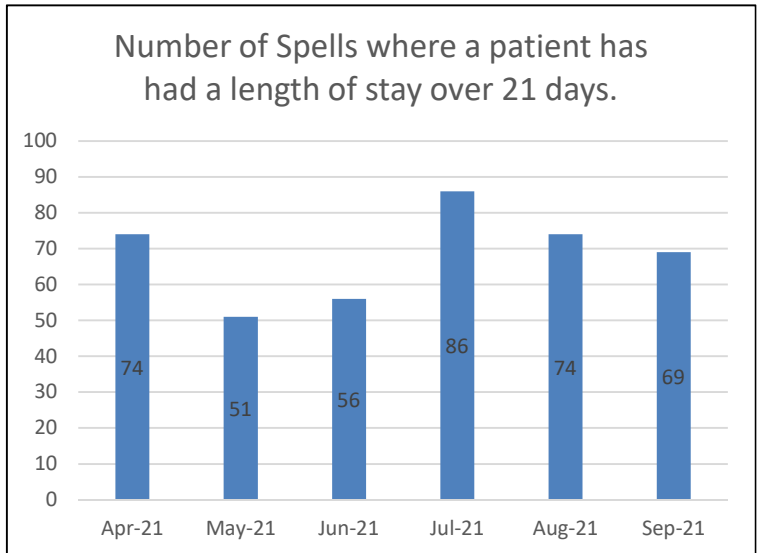
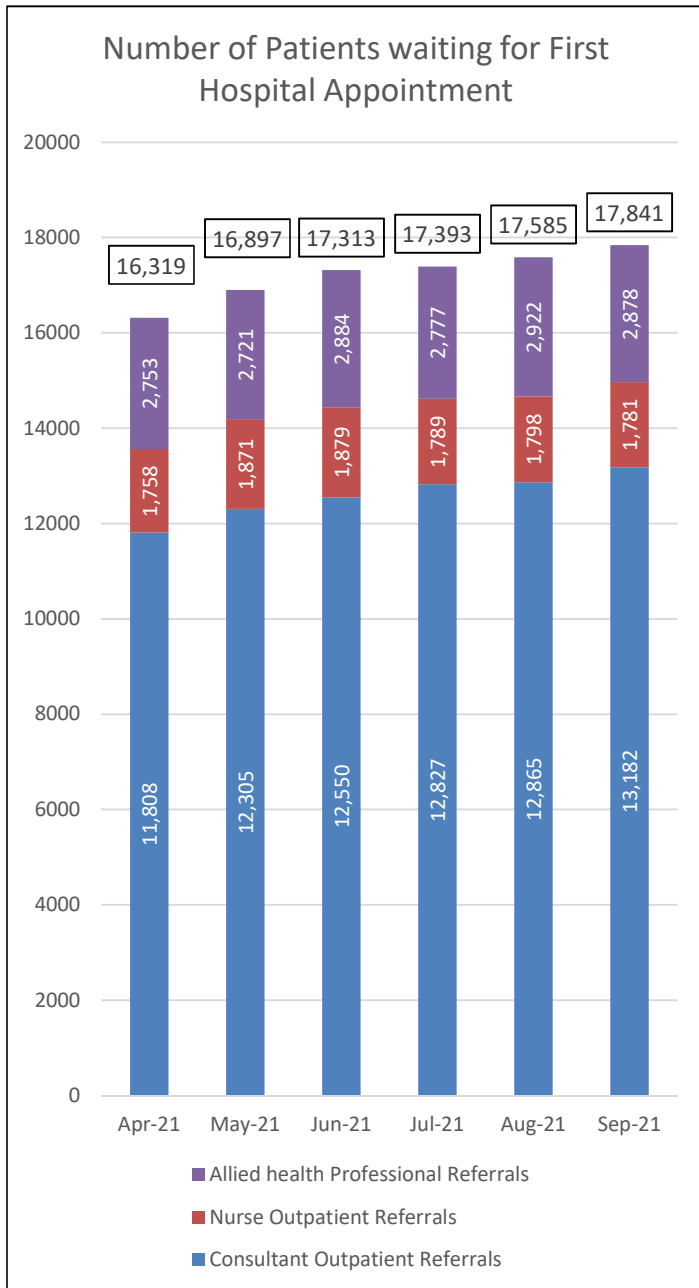
Due to the lack of activity the main theatres spend on non-pay consumables, is lower than budgeted for this year. Spend in Endoscopy consumables and equipment maintenance has however increased during August and September due to increase in the management of ERCP's and introduction of waiting list initiatives on Island and the associated costs involved in rental costs for equipment and accessories to manage these procedures. The overspend in Endoscopy should be partly mitigated by a usual annual tertiary spend of £250,000 for specialist ERCP services in the UK which are currently being provided on island.

Additionally staff retirement and resignation means that theatres have been carrying vacancies that have not been covered by agency. This has not been addressed due to the current bed situation however requests for agencies have been **approved allowing the employment of agency throughout September** and the department hope to recover some lost activity in the early stages of Q3.

It is acknowledged that greater control is required across the Care Group on financial control, as such integration of finance business partners in to care group governance is in process. In addition to this a training and development plan is being developed to address the identified skills gap within the area of financial control within frontline services managers.

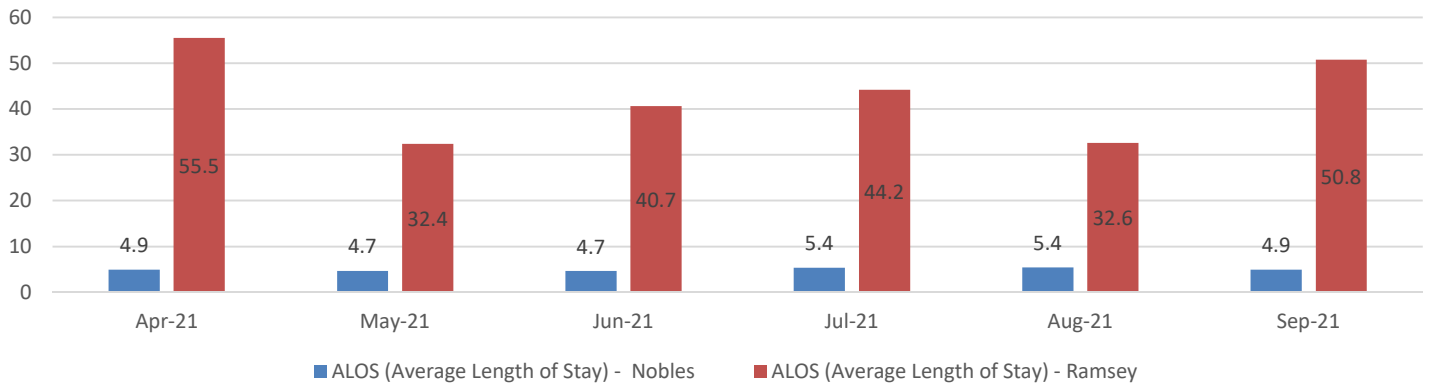
Agency spend has reduced this month due to lack of availability further compounding lack of activity able to be supported by main theatres. Work continues to secure agency staff whilst recruitment is ongoing. The anaesthetic staffing position is challenging and will represent a significant cost pressure for the care group for the remainder of this financial year.

Planned Care 2021-22



Planned Care 2021-22

Average Length of Stay (Days)



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,270	1,108	(162)	(15%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	7,174	6,407	(767)	(12%)

Hospital Planned Care Services - Narrative - September 2021

Number of patients waiting for a first appointment

The number of patients waiting for a first inpatient hospital appointment has continued to increase gradually indicating a slight discrepancy between capacity and demand. This is in part driven in year by a higher than normal annual leave burden carried over from the 1st year of the COVID-19 pandemic leading to a reduction in availability of clinical teams to deliver clinical activity. Work with Medefer designed to increase Manx Cares capacity for outpatient appointments is ongoing and pathways have been agreed with, Cardiology, Neurology, Gastroenterology, Respiratory, Pain clinic and ENT. Capacity issues have been identified within General Practice, diagnostics and allied healthcare professionals which Manx Care are working with Medefer to mitigate.

Did Not Attend Rate

Did not attend rates remain largely stable with an increase in DNAs for Consultant led appointments in September, this DNA rate is comparable to UK services with NHS England report between 8.5 & 10 % thought FY 19/20. The Clinical Administration Service groups is currently defining a piece of work identifying areas for improvement within our existing booking and notification services. This work will identify potential improvements to the DNA rate within planned care.

% of Urgent GP referrals seen within 6 weeks

% of Patients seen within 6 weeks of GP referral Demand for 2WW (Cancer) referrals has remained higher than baseline post COVID-19 surges and subsequent lockdowns. This has meant that more of our outpatient capacity has been focused on maintaining cancer waiting time targets impacting on our Urgent wait targets. An access policy is being developed within Manx Care that will improve the clarity of access pathways and improve the active management of demand and capacity within out outpatient clinics.

Planned Care 2021-22

Average Length of Stay

Average length of stay remains stable in Nobles of 5.4days and Ramsey has sustained a reduction in ALOS achieving 32.6 days in August. The sustained reduction is an indication is linked to appropriate use of criteria for patients being transferred to Martin ward reducing patients being moved that will become stranded whilst awaiting capacity in step down care facilities. This position is however being pressured daily by demand for inpatient beds on the nobles site and the need to make acute beds available for Emergency Admissions. A number of improvement programs are working to address this inclusive of the pilot of CHS supporting complex discharges, the recent launch of Medical Ambulatory Care and the propsed development of a Surgical Assessment Unit & Surgical Ambulatory Care.



Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service



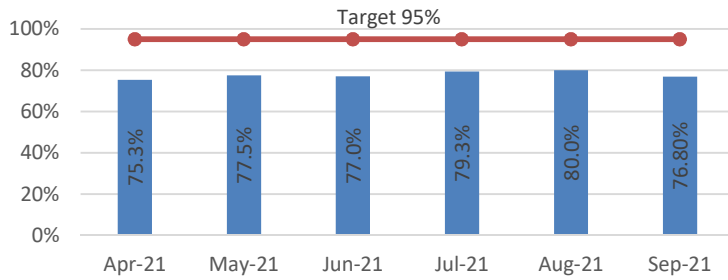
Care Group Reporting (September 2021)

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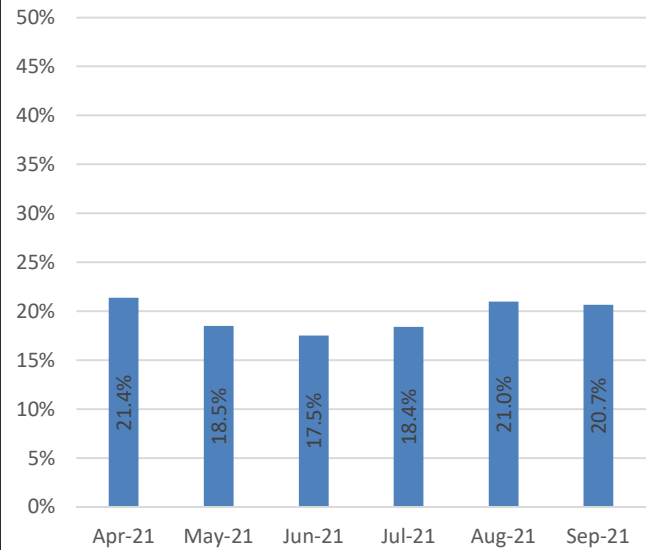
Urgent & Emergency Care KPI Dataset
Ambulance Service KPI Dataset

Urgent and Emergency Care -2021-22

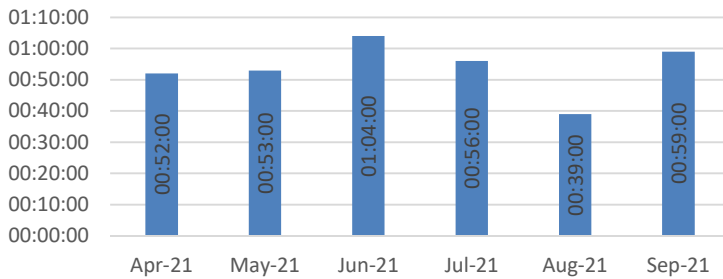
% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department (Nobles & Ramsey)



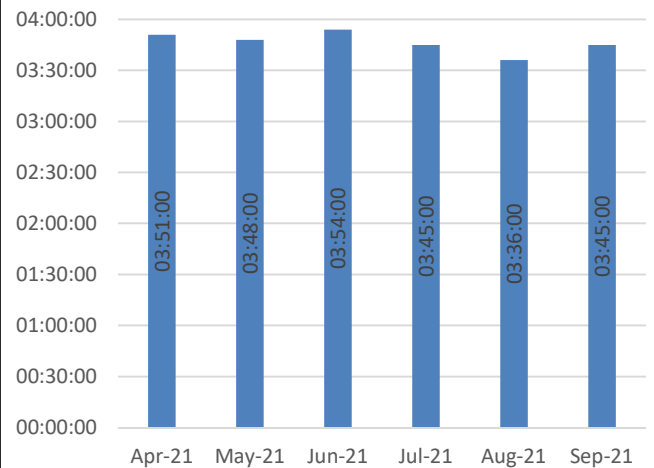
Nobles: AED Admission Rate



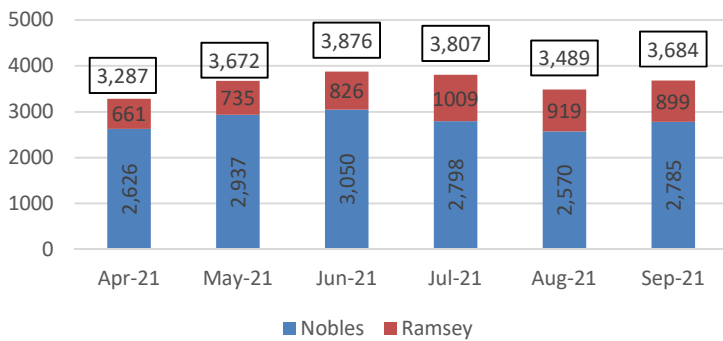
Average Minutes in Nobles AED (Time to see First Doctor)



Average Minutes in Nobles AED (Time in Department)



Number of Unplanned Attendances (Nobles & Ramsey)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	673	591	(82)	(14%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	3,618	3,279	(339)	(10%)

Urgent and Emergency Care -2021-22

Urgent & Emergency Care - Narrative - September 2021

MEDICINE

Number of patients awaiting first appointment

The number of patients awaiting their first appointment remains stable and comparable to the previous months. Allied Health Professionals and Nurse outpatients waiting times have decreased, however, Consultants waiting times such as Cardiology and Gastroenterology have slightly increased. Waiting times in Cardiology are expected to slightly increase further as we are losing one Cardiac Consultant in November, with a locum secured for 6 weeks (whilst recruitment takes place); this will mean some clinics will be cancelled. Medefor will begin virtual clinics in Cardiology, Respiratory and Gastroenterology within the next month, with Neurology starting at the beginning of next year.

DNA Rate

DNA rates for Consultant led clinics have increased by over 2% whilst nurse led clinics remain stable. Work is ongoing with the Patient Information Centre regarding the reminders sent to patients about their upcoming appointments as many appointments are booked months in advance. The late cancellations or failures to attend might be attributable to increased rates of Covid infections, however, if this were the case we would expect to commensurate increases in Nurse led clinics as well.

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

Urgent referrals seen within 6 weeks has decreased by 4%. Extra clinics have been provided in Medicine such as Neurology where a waiting time initiative has just taken place. As these figures aren't broken down between Medicine and Surgery it is hard to understand or account for the decrease. We are aware that Surgery have made a big push on bringing their waiting lists under control especially is breast cancer, so this will contribute to the positive performance.

Number of spells where patient has had length of stay longer the 21 days

The number of patients with a stay longer than 21 days is still decreasing compared to July and August. As there has been a substantial push on making sure that patients can be discharged at the earliest opportunity which has included a focus on improved support of daily ward rounds on all medical wards and surgical wards where there are medical outliers by consultants and Social Care colleagues.

Long length of Stay Board Rounds with Social Care representation along with the Geriatric Consultant, the Complex Discharge Co-ordinator and Occupational Therapy continue to be conducted every Wednesday with updates fed back to patients, their families and senior management.

CHS have now also started their work within Nobles with their main focus on tracking patients through their inpatient journey who enter the hospital with a frailty score between 4- 9 (Rockwood scoring system). They work closely with Patient Flow and other Manx Care stakeholders to provide effective discharges where possible for patients that are medically fit for discharge. The impact of their work is to be assessed monthly as part of the contract monitoring process.

Average Length of Stay

Average length of stay remains stable in Nobles and has decreased slightly from 5.4 to 4.9 days – still short of our target of 3 days. Unfortunately Ramsey District Cottage Hospital Average Length of Stay has significantly increased from 32.6 to 50.8 days. Reasoning for such a significant rise is due to the transfer of the complex patients from Nobles to Ramsey and the closure of some Nursing Homes due to Covid infection. Additionally, assessments for Nursing Homes only take place irregularly and often there can be a delay in assessment for homes which impact the ability to discharge patients to their care. The issue of unsupportive legislation remains.

Urgent and Emergency Care -2021-22

URGENT AND EMERGENCY CARE

% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department (Nobles & Ramsey)

The percentage of patients Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department decreased to 76.8% from 80% the previous month giving Nobles a breach compliance of 69.3%. The drop in performance can be attributed to the increase in attendances within the Emergency Department throughout September, as we saw 215 more patients compared to the previous month. This performance remains comparable to NHS England, where in September 2021 around 74% of patients were seen within 4 hours. However, with a lack of beds within the hospital is causing delays in admission this contributed significantly to driving up waiting times and affecting 4 hour performance figures as staff were nursing patients awaiting admission to hospital beds.

Nobles: AED Admission Rate

The admission rate remained stable compared to the previous month with 0.3% decrease. This is approximately 25% below the NHS England admission rate. The work being done with Medicine to provide ED in-reach and ensure senior clinical decision making is happening earlier, is avoiding admissions where it is safe and in the best interests of the patient to do so. The work undertaken in the Medical Ambulatory Care Unit and by the Ambulatory Emergency Clinic and Acute Oncology is also a significant contribution to keeping admission numbers low and ensuring ED deals only with those who need their attention the most and in enabling early discharge to their care from the hospital bed base. However, even with the focus on admission avoidance and early discharge, pressure on medical beds in the acute settings is constant and sustained. Manx Care have moved to the OPEL framework to evaluate hospital pressures on a four times daily basis. In the future the OPEL framework will be used to communicate these pressures, both internally (within Manx Care) and externally (to the public).

Average Minutes in Nobles AED (Time to see First Doctor)

There has been an increase of 20 minutes for average time to first see a doctor. This is a consequence of a higher attendance rate than that seen in previous months, coupled with the shortage of medical doctors; under current staffing pressures, the department is 2 doctors short on some shifts. The Service Manager and Clinical Director for ED are currently working on addressing the recruitment issues with jobs to be advertised immediately. We have also secured 3 more Locum doctors going into November that will bring stability to the doctor rota.

Average Minutes in Nobles AED (Time in Department)

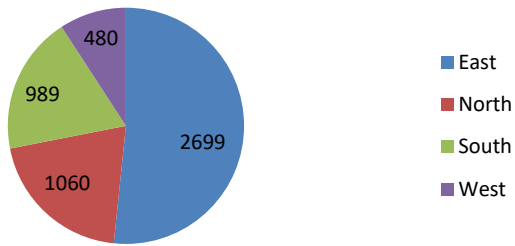
Despite seeing more attendances and the already articulated lack of medical doctor cover in the department, the average time patients were spending in the department within September has only slightly increased by 9 minutes. This mitigation of the impact of increased attendances and staff shortages can be attributed to the introduction of the AEC and AO clinics in MACU with medical doctors actively redirecting patients from the ED triage process that can be treated in the clinics and safely discharged. Also the ED in-reach by medical Consultants Monday to Friday 5- 8pm also has a positive impact on early decision making for patients.

Number of Unplanned Attendances (Nobles & Ramsey)

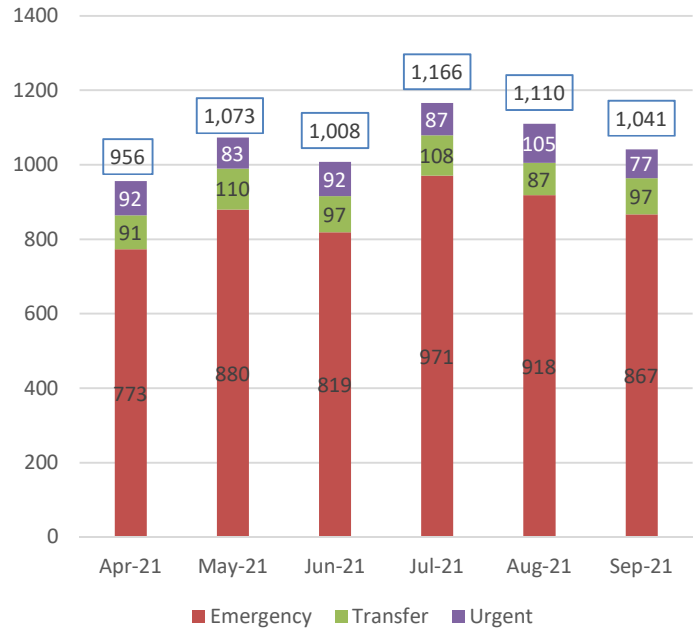
With an average increase of attendances of approx. 11 patients per day in the month of September this has meant that Ramsey and Nobles have seen an average of 123 patients per day. The Care Group continues to look at ways to mitigate this the rise in attendances and subsequent demand, including the use of medical specialties in-reach into the ED (to speed up senior clinical decision making) and the increased and sustained use of the Medical Ambulatory Care Unit and the Ambulatory Emergency Clinic, which has now also incorporated in to its facilities the Acute Oncology team as well. However, space (the real estate available to us for use) and staffing remains the rate limiting factor. These issues are being addressed. In the longer term Manx Care will seek to redefine patient pathways and ensure that clinical input is provided earlier in the patient journey to facilitate the more appropriate delivery care, in the most appropriate locations, but the most appropriate people. This is part of the ongoing transformation work.

Ambulance Service 2021-22

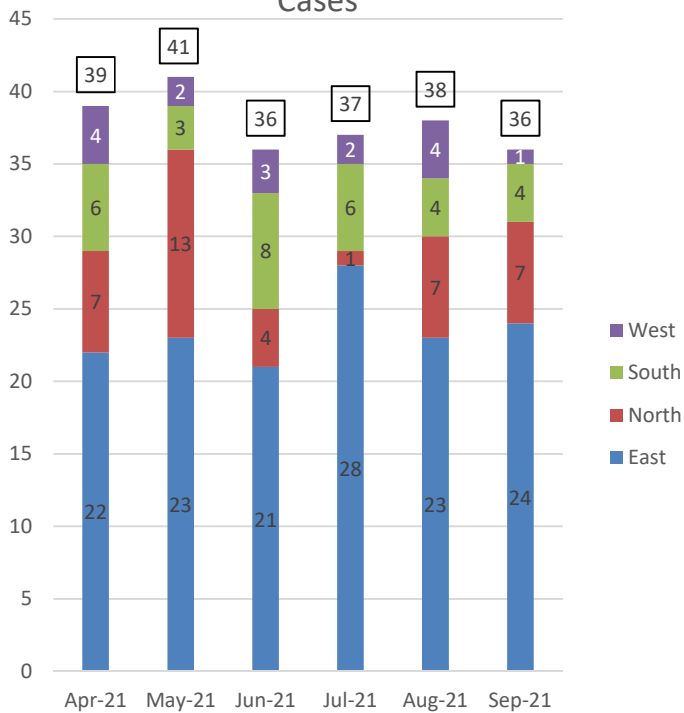
Number of Emergency Calls by Area



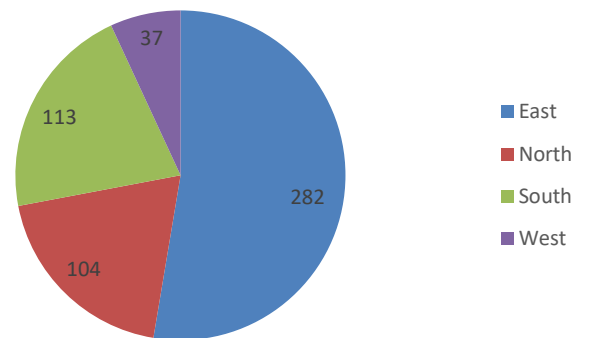
Number of Emergency Calls



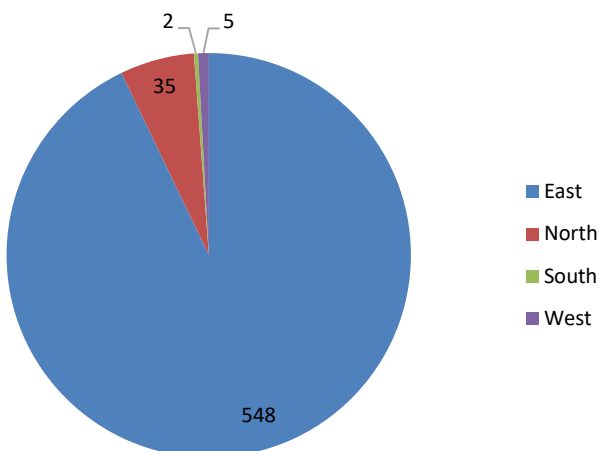
Number of Category 1 Number of Cases



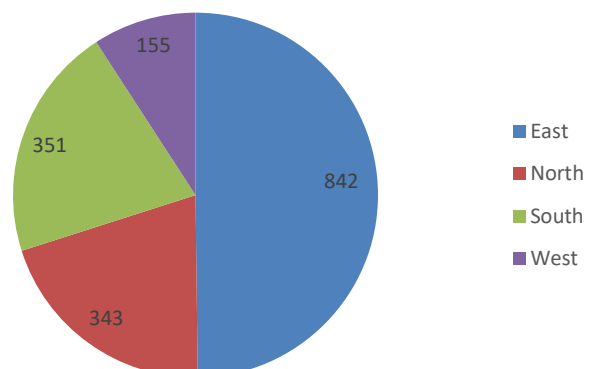
Number of Urgent Calls by Area



Number of Transfer Calls by Area

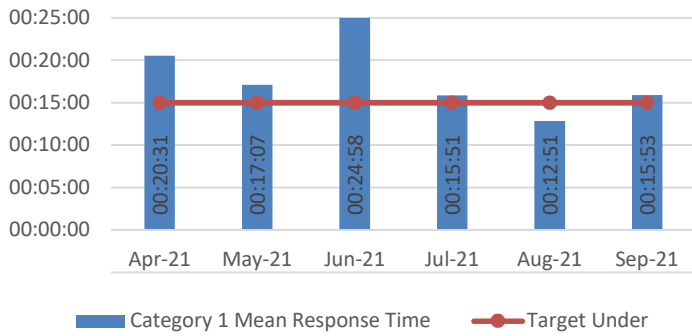


Number of Emergency Non Conveyance by Area

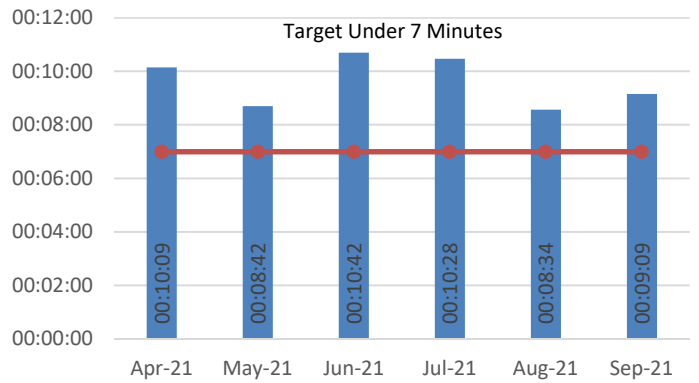


Ambulance Service 2021-22

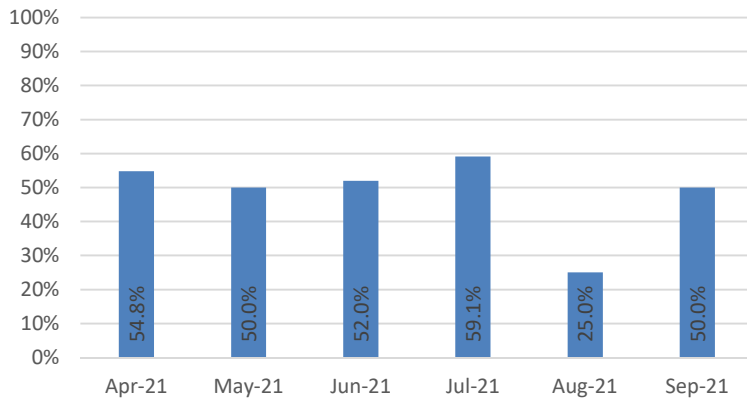
Category 1 Response Time at 90th Centile



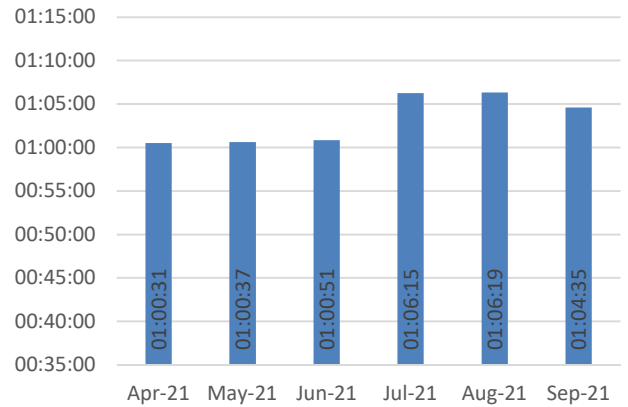
Category 1 Mean Response Time



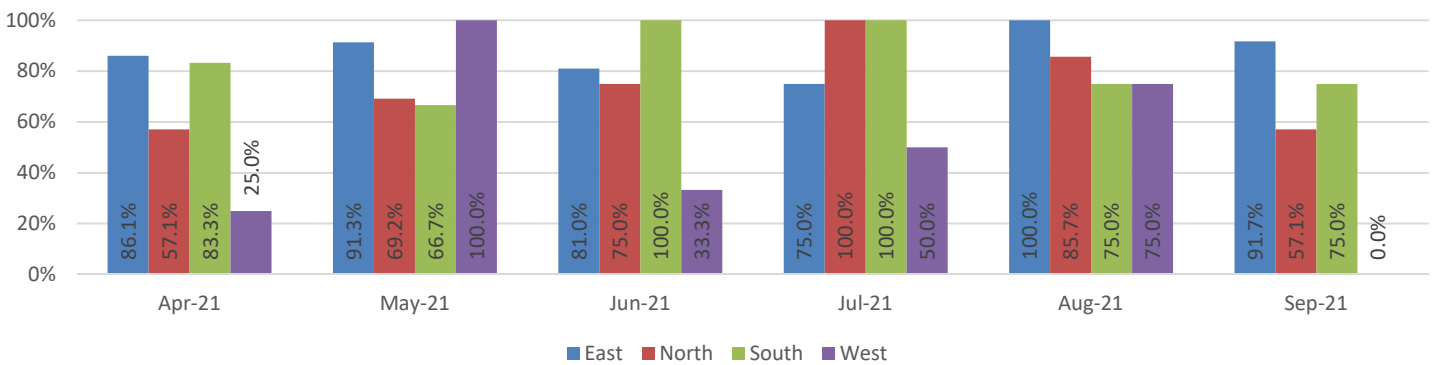
% of patients with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at Hospital from time of call within 60 minutes



Average Call to hospital with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at hospital from time of call.



Category 1 % response within 15 minutes, by area.



Ambulance Service 2021-22

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	288	330	42	13%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	1,845	1,979	133	7%

Ambulance Service Narrative - September 2021

The ambulance is currently suffering staffing difficulties; during September we were running 13.9% sickness and we were unable to cover several shifts 2.7% (12 shifts in total), this has caused delays in getting to patients.

The service is also seeing an increased number of patients that meet the Covid criteria which means the vehicle is taken out of service and requires full decontamination this again adds delays to the crew's availability.



Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services



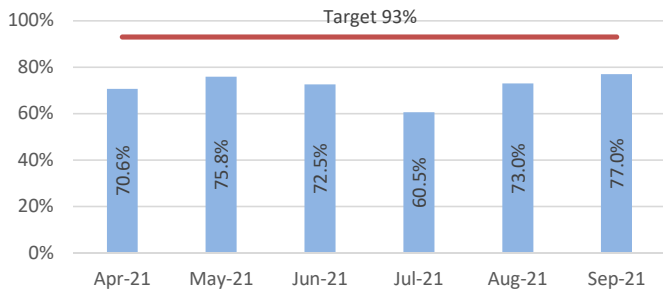
Care Group Reporting **(September 2021)**

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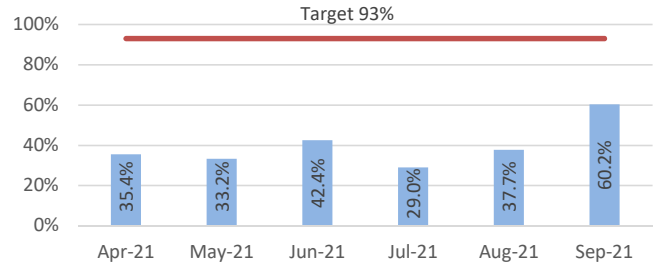
Integrated Cancer Services KPI Dataset
Radiology KPI Dataset
Pathology KPI Dataset

Integrated Cancer Services 2021-2022

2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance



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



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Cancer Services	563	353	(210)	(59%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Cancer Services	3,339	2,213	(1,126)	(51%)

Integrated Cancer Services - Narrative - September 2021

2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance

For September 2021, the overall monthly average for 2WW performance was **77.0%**.

Tumour Group	Performance
Breast	60.2%
Colorectal	71.9%
Dermatology	79.0%
Gynaecology	73.7%
Haematology	100.0%
Head & Neck	85.9%
Lung	79.3%
Upper GI	86.5%
Urology	81.4%

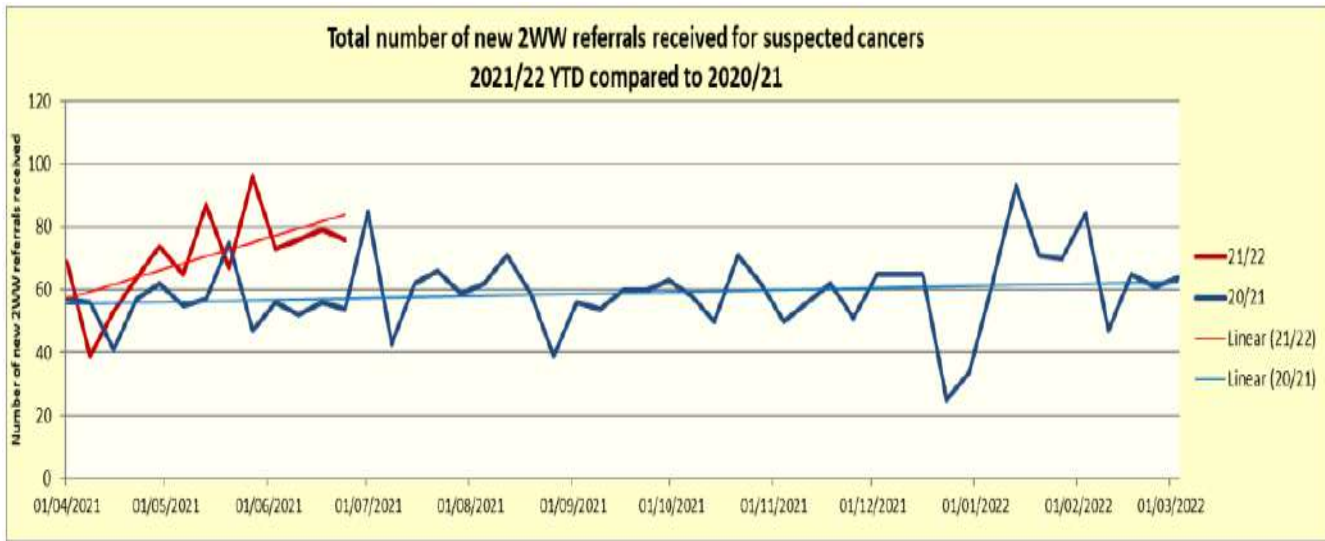
This KPI has been impacted by the volume of 2 week wait referral rates for specific tumour groups:

Tumour Group	Weekly average number of 2WW	
	August 2021	September 2021
Breast	15	14
Colorectal	13	10
Dermatology	14	19
Gynaecology	7	7
Haematology	1	1
Head & Neck	4	5
Lung	1	1
Upper GI	6	7
Urology	9	9
TOTAL	70	73

Integrated Cancer Services 2021-2022

The average number of referrals received in 2020/21 for all tumour groups was 59 per week. The recent monthly average 73 which is significantly higher and this has impacted on the breach position.

The graph below demonstrates the referral rates for 2021/22 year to date in comparison to 2020/21:



Other issues noted during July for the Cancer PTL meeting impacting on performance were:

Breast – The Isle of Man Breast team have continued to provide additional clinics locally throughout September. The clinics offered via Spire Murrayfield on the Wirral were cancelled due to poor take up and on-island provision. The Breast 2WW position continues to improve; although this was impacted by a cancelled clinic (Locum Consultant Radiologist's flight cancelled).

Additional Monday clinics have been secured from October - December with the return of the substantive Consultant Radiologist

Colorectal – Capacity report as issue at PTL meeting due to staff leave impacting on Outpatient capacity and Endoscopy capacity

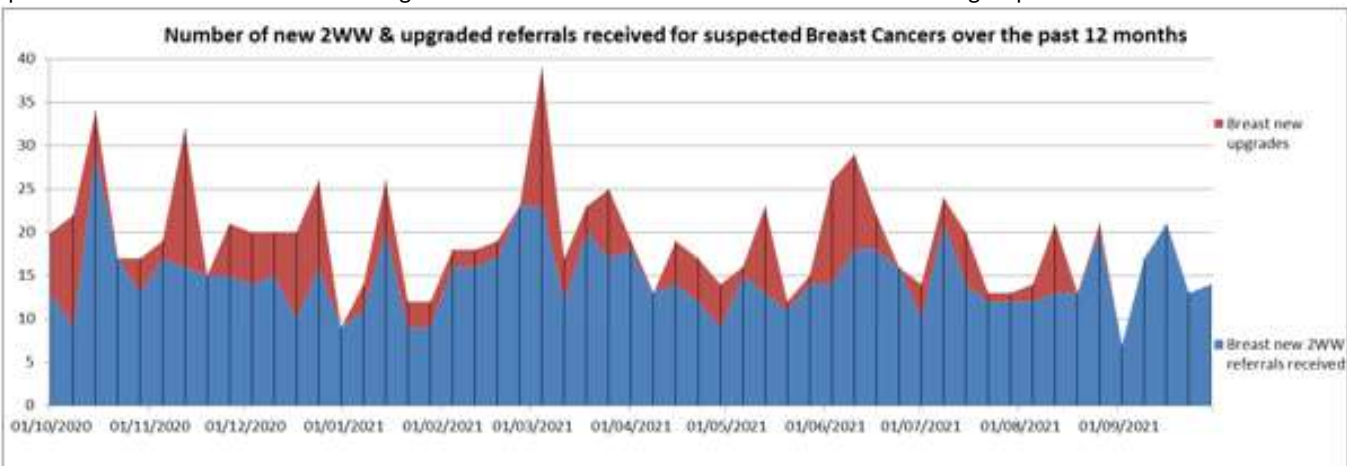
Dermatology – the continued high number of referrals is noted for Dermatology which has impacted on the breach position. The Dermatology team have provided additional clinics and moved other clinic appointments to accommodate the 2WW referrals wherever possible.

Gynaecology – Colposcopy clinic capacity continues to be a concern – the Care Group are reviewing capacity but limited by Outpatient capacity, nursing support and equipment for clinics.

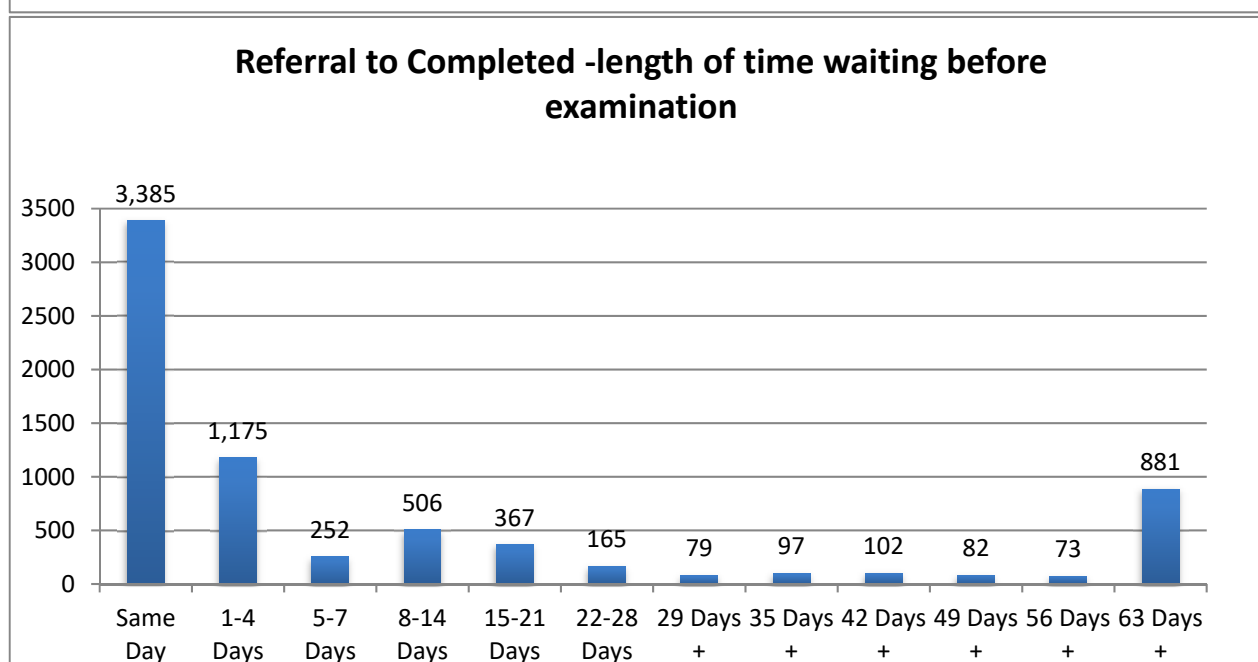
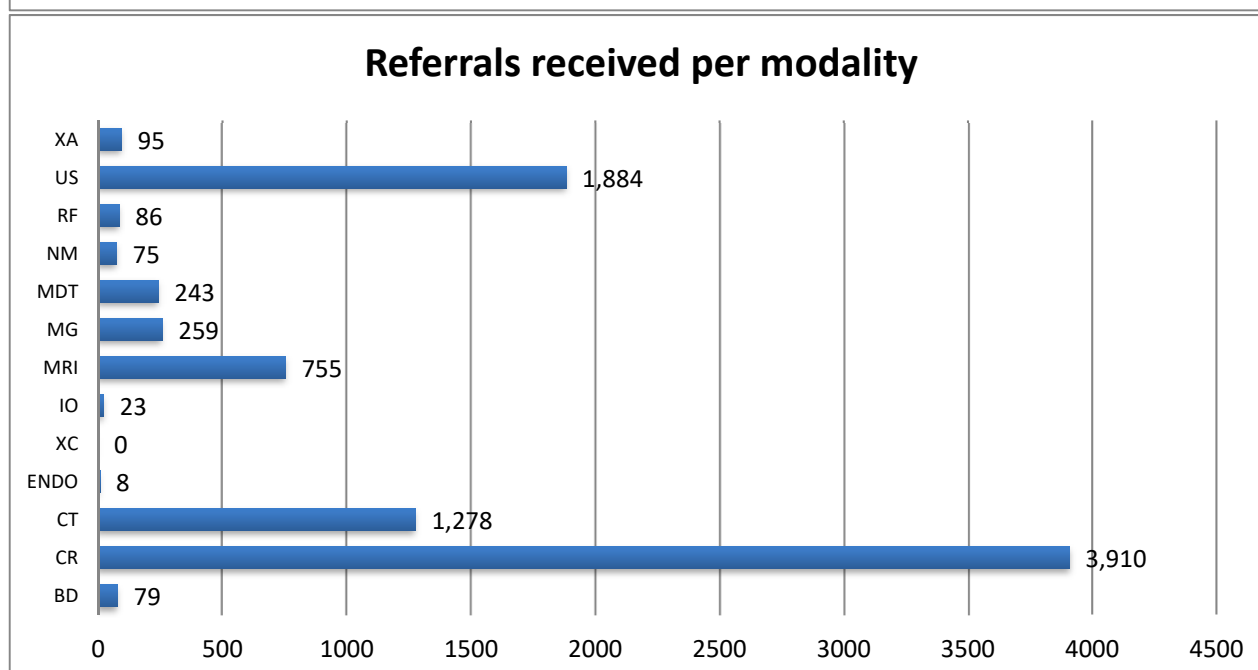
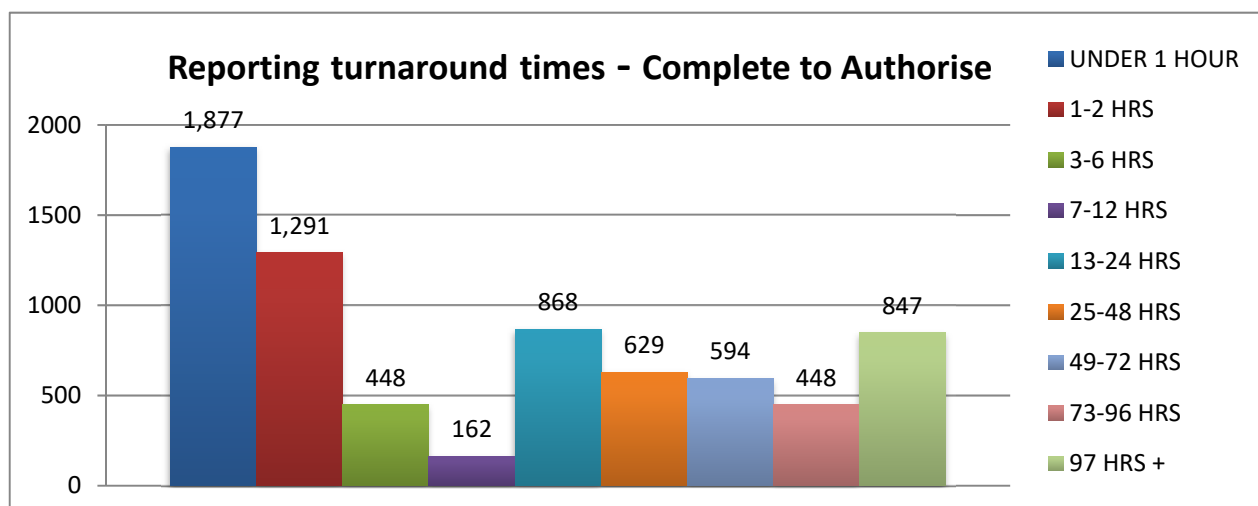
Upper GI – Capacity report as issue at PTL meeting due to staff leave impacting on Outpatient capacity and Endoscopy capacity

The Breast 2WW performance is used as an estimation of this figure as these patients are seen in line with those referred on a 2WW pathway – for September 2021 this is **60.2%**

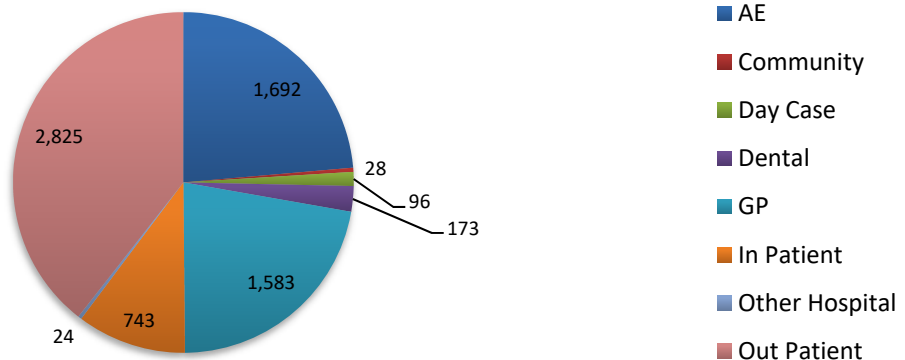
Both 2 week wait referrals and upgraded referrals (breast symptomatic referrals not on a cancer pathway) are seen in the one-stop triple assessment clinics – Symp1 or under 40s clinic. The combined number of referrals received has impacted on the performance of this KPI. The volume against the number of clinic slots is demonstrated in the group below:



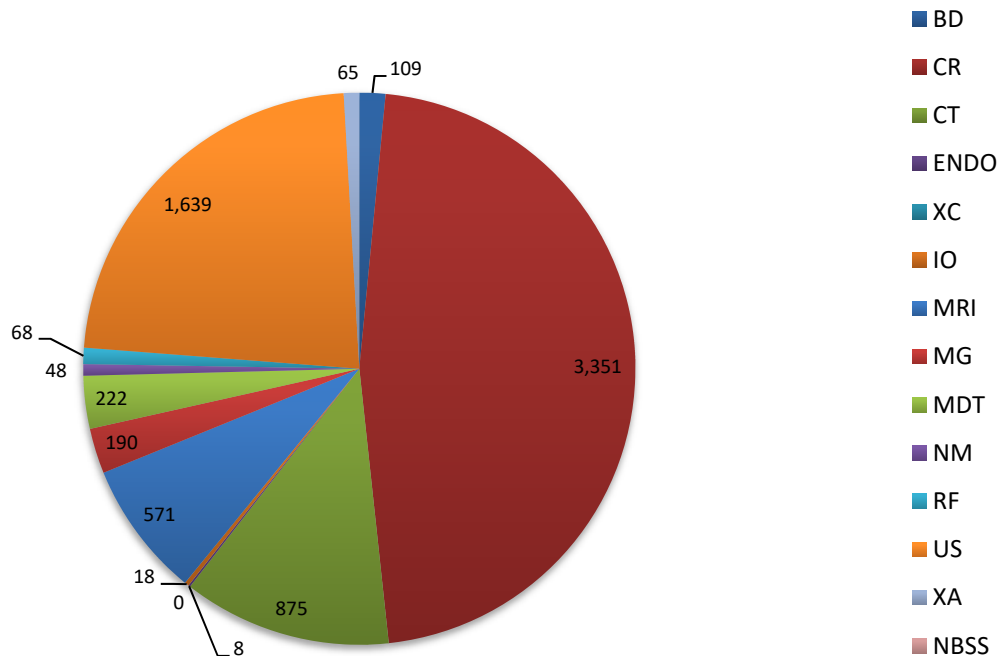
Radiology Monthly Performance Dashboard -September 2021



Referral source



Activity per Modality



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	570	484	(87)	(18%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	3,018	2,904	(114)	(4%)

RADIOLOGY NARRATIVE - September 2021

Reporting turnaround times

The majority of exam continue to be reported within 2 hours, 12% have taken 97 hours or more (further 4% regression on last month). It though of note that there was a 11% radiology services demand increase compared to last month.

Referral to Completed

Of the 7164 exams, just over 47% were turned around on the same day (5% decrease on last month) and, a further 34% in 1- 28 days which is slightly down on last month (+1%). 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 and there has been no significant change on the distribution compared to last month. There has been a noticable increase on referral from GP's (52% increase compared to August)

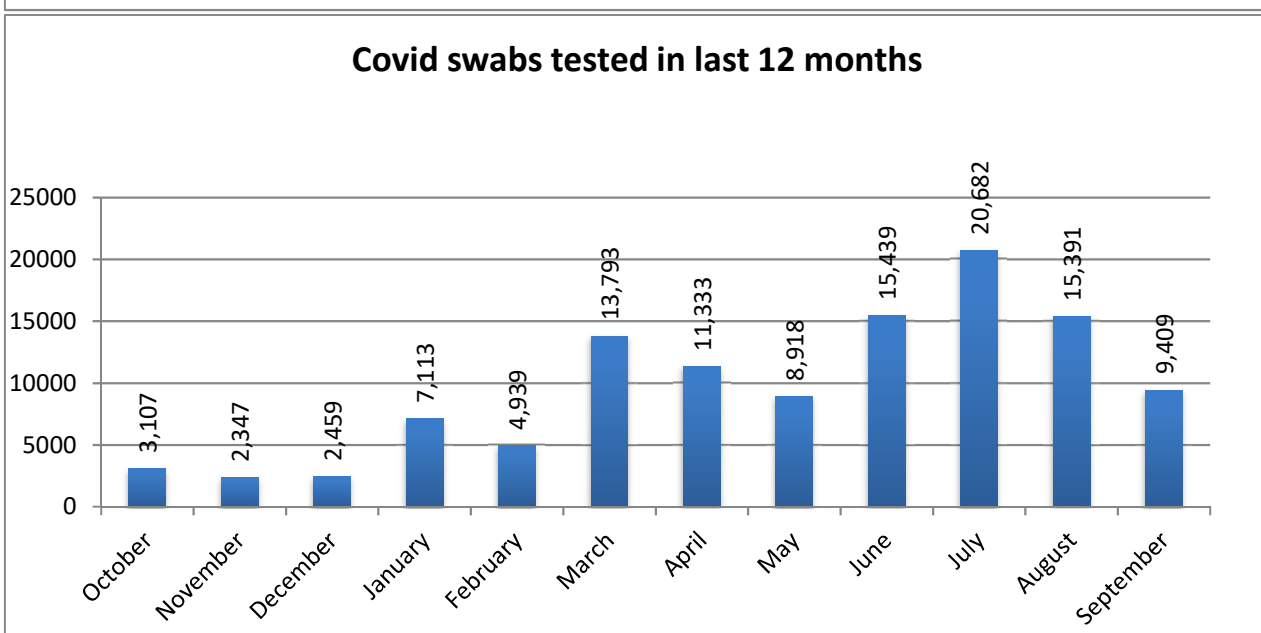
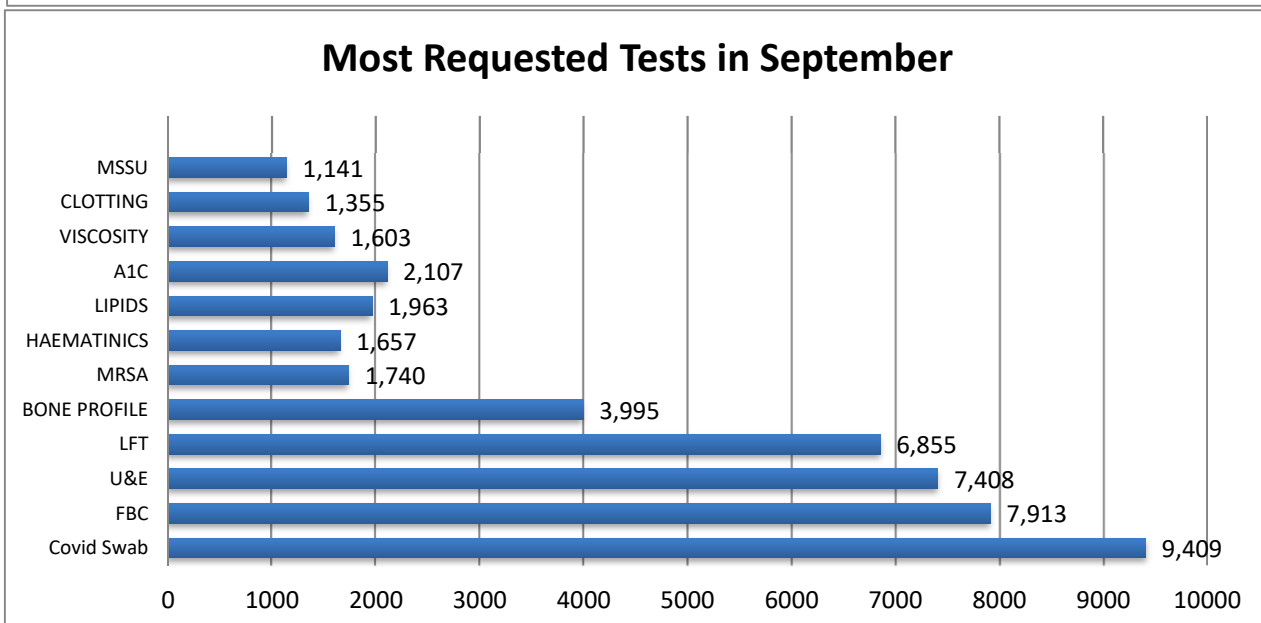
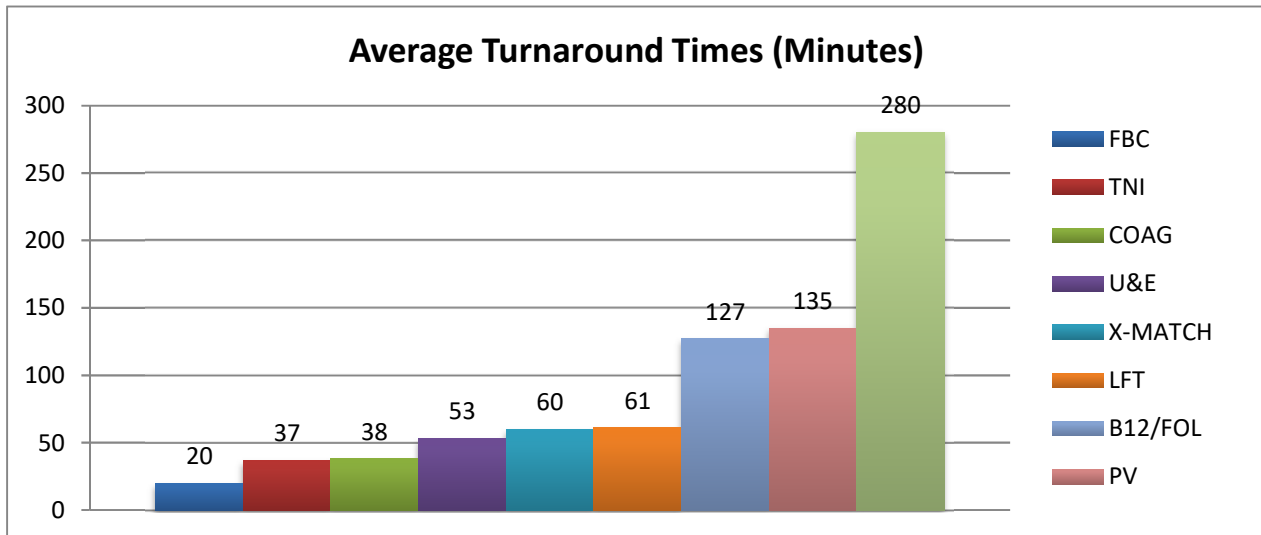
Activity

Activity per modality within radiology for July 2021. There has been no significant change in the distribution compared to last month.

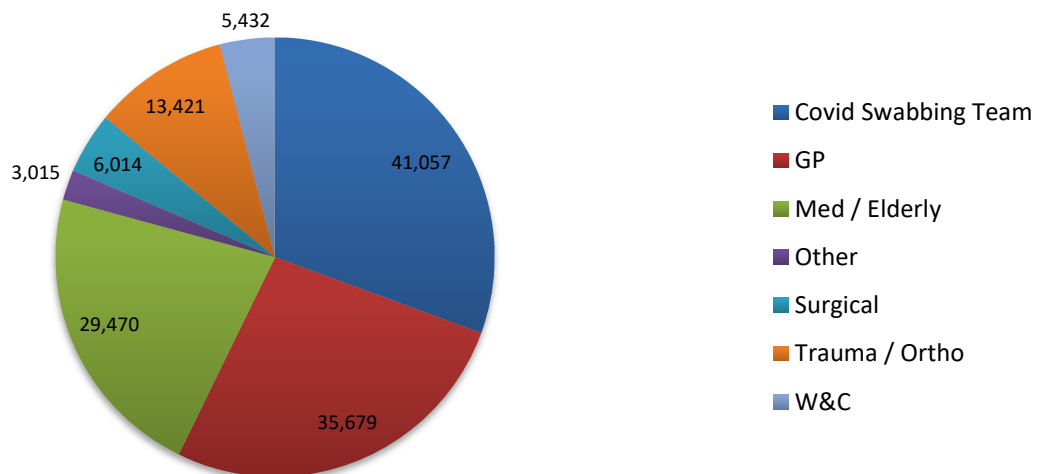
Referrals received

Number of exams requested in June for each radiology modality. MRI has seen the largerst demand increase compared to the previous month (+9.2%)

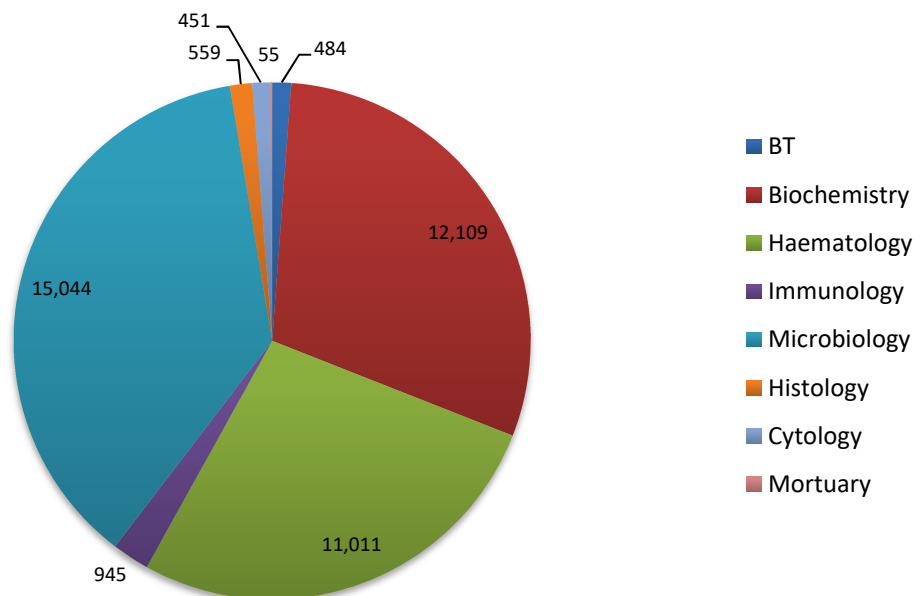
Pathology Monthly Performance Dashboard -September 2021



Source of Request (3rd Quarter)



Requests per Department (September)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	537	544	7	1%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	3,230	3,265	34	1%

PATHOLOGY NARRATIVE - September 2021

Covid – Numbers of standard PCR tests are falling but increased pressures to carry out Variant testing and send away sequencing.

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards, should be completed and available mid-year. 5 out of 7 are complete.

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 tests 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.

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 only one member of staff without PDP.

Compliance with Mandatory training: Fire 79%; Equality and Diversity 87%; Moving and Handling 87%; Infection Control 82%; Safeguarding Children 82%; Safeguarding Adults 92%



Manx Care KPI Reporting

Integrated Women's, Children's and Families Services



Care Group Reporting **(September 2021)**

Contents:

Women & Childrens Integrated Care KPI Dataset

Women Childrens Integrated Services 2021-22

Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	1,486	1,301	(185)	(14%)
Management & Support Services	115	83	(32)	(39%)
Women's Services	584	525	(59)	(11%)
Children's Services	629	488	(141)	(29%)
Community Services	157	205	48	23%
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	8,000	7,716	(285)	(4%)
Management & Support Services	391	496	106	21%
Women's Services	3,302	3,148	(154)	(5%)
Children's Services	3,332	2,917	(415)	(14%)
Community Services	976	1,154	178	15%

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

Overall Integrated Women, Children & Families has a variance of £185k compared to budget. Our overspend is almost exclusively in employee costs (£175k). The majority of this is in Children's Services as a consequence of vacancies and agency costs, and winter pressures and activity levels. We are looking at remodelling the Paediatric service to ensure safe staffing levels and to reduce agency costs. With regards to Women's Services we hope to see employee costs decrease come January. We've had to utilise agency staff to cover absenteeism at SD level and at Consultant level.

We have identified a number of discrepancies within the budget attached to employee costs and therefore expect the variance to reduce significantly.



Manx Care KPI Reporting

Integrated Primary and Community Care

Care Group Reporting (September 2021)

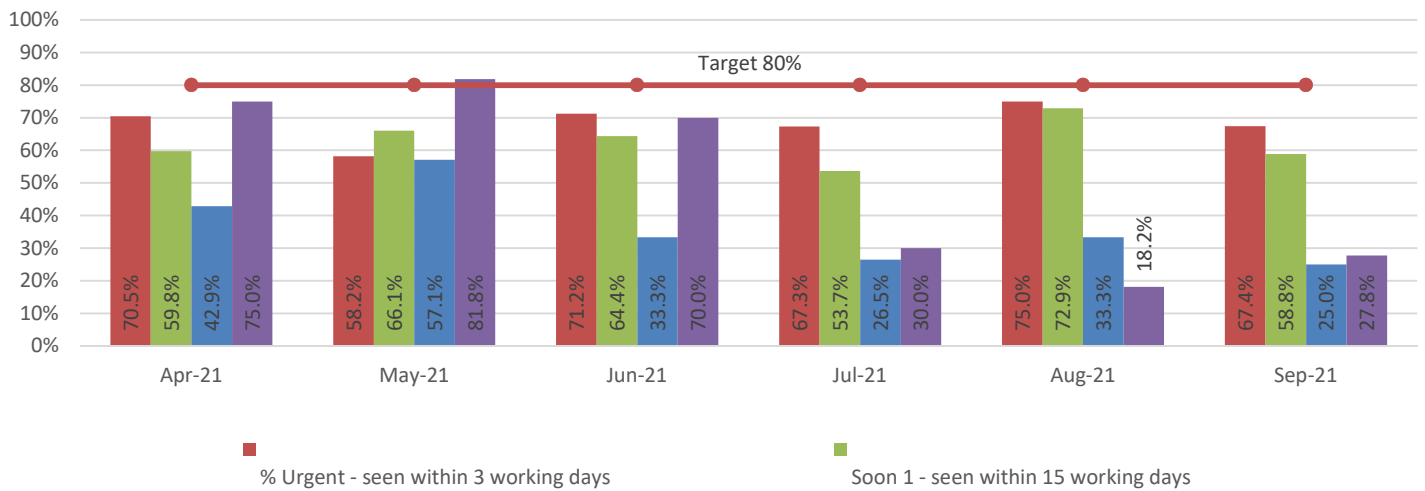
Contents:

Integrated Community Services KPI Dataset

Primary Care Service KPI Dataset

Integrated Community Services 2021-22

CATS % of people seen within timescales.



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	693	664	(29)	(4%)

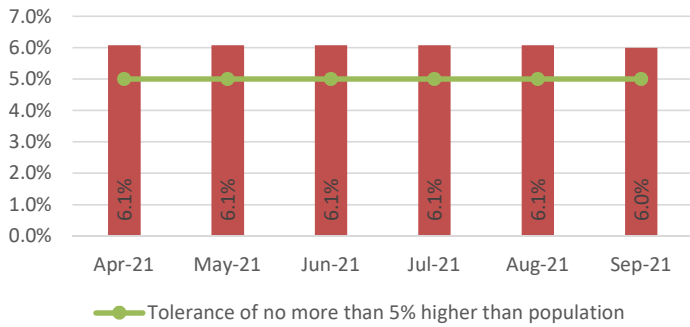
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	3,953	3,982	29	1%

Integrated Community Services - Narrative - September 2021

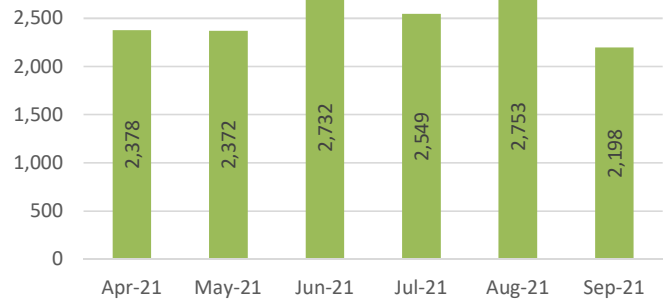
- Number of Urgent and Soon 1 referrals remain high, reducing capacity for routine work
- Complexity within community remains high secondary to suspended orthopaedic activity and reduced hospice beds.

Primary Care - 2021-22

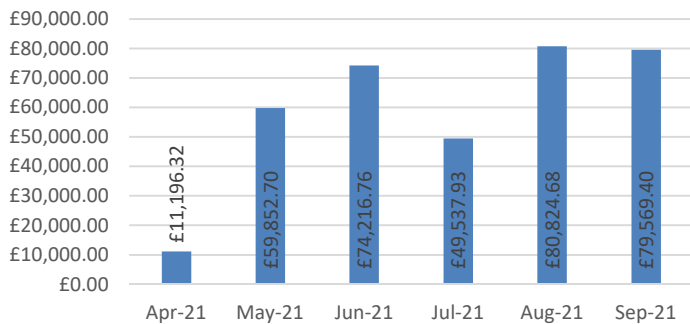
The % of patients registered with a GP
(Permanent Registration)



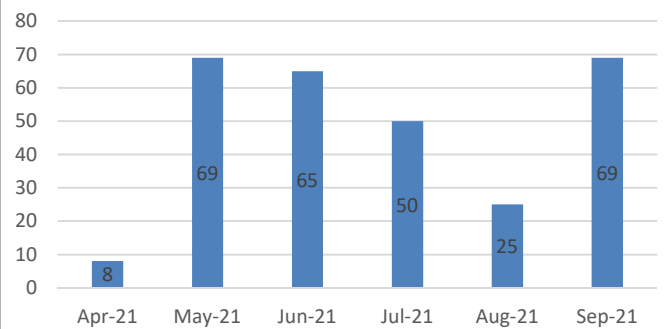
Number of patients waiting for a
Dentist



Savings made by Pharmacy Optimisation
Team



Total clinical interventions made (safe
and cost effective)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	104	158	54	34%
Primary Care Services	1,603	1,592	(10)	(1%)
Pharmaceutical Services	1,749	1,680	(69)	(4%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	832	948	116	12%
Primary Care Services	9,648	9,729	82	1%
Pharmaceutical Services	10,320	10,082	(238)	(2%)

Primary Care - 2021-22

Primary Care Services - Narrative - September 2021

% of patients registered with a GP

As reported in August, we can see the figure has slightly reduced as expected. Once the 2021 Census figures are realised this % is likely to drop significantly and certainly below the 5% tolerance.

Number of patients waiting for a dentist

As reported in August we have seen a significant reduction in patients waiting for allocation due to allocations being made in September. We can still expect this number to drop although the number of patients being added to the list does continue to rise. Primary Care Services are collecting waiting list data in a different format which has helped to remove any ambiguity regarding numbers of those waiting and those who have been allocated a place, to ensure reporting is clear and precise going forward. There is still work going on with the dental contracts and KPIs around access.

Savings made by Pharmacy

Cost-saving work, again, seems to be progressing well with a level savings compared to last month.

There is now a risk to the savings programme and the safety work as we will have a vacancy in our team of GP pharmacy staff – of the five posts, one is now vacant.

It should be noted and has been raised to management that due to CIP work and patient facing work, the patient safety audits are now on hold.

Total clinical interventions made

Staff have been instructed to add all clinical and cost-saving interventions at the point of entry, therefore the clinical interventions have increased appropriately this month to a level I would expect.



Manx Care KPI Reporting

Integrated Mental Health Services



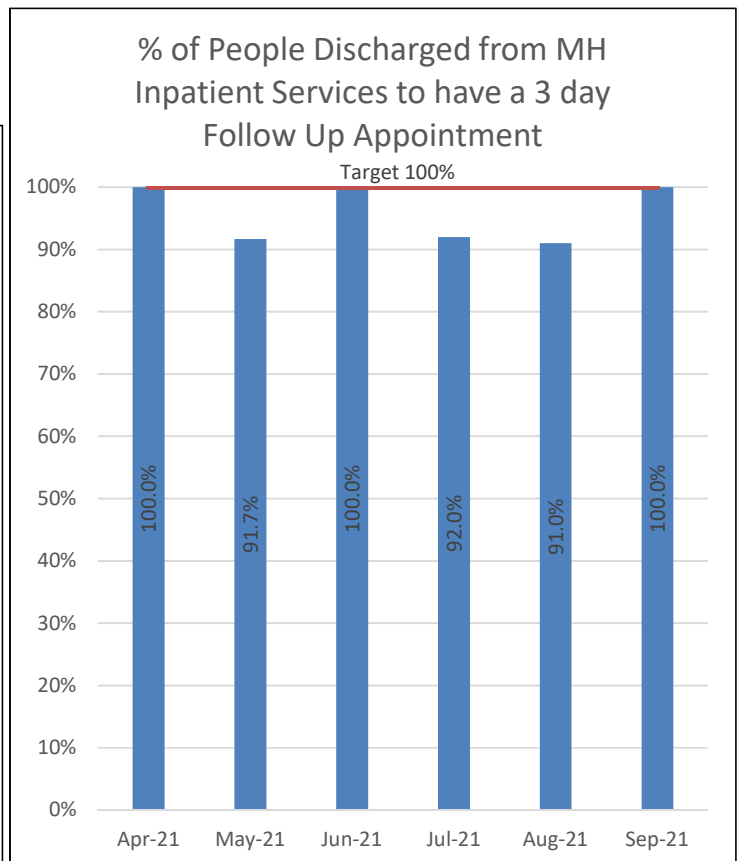
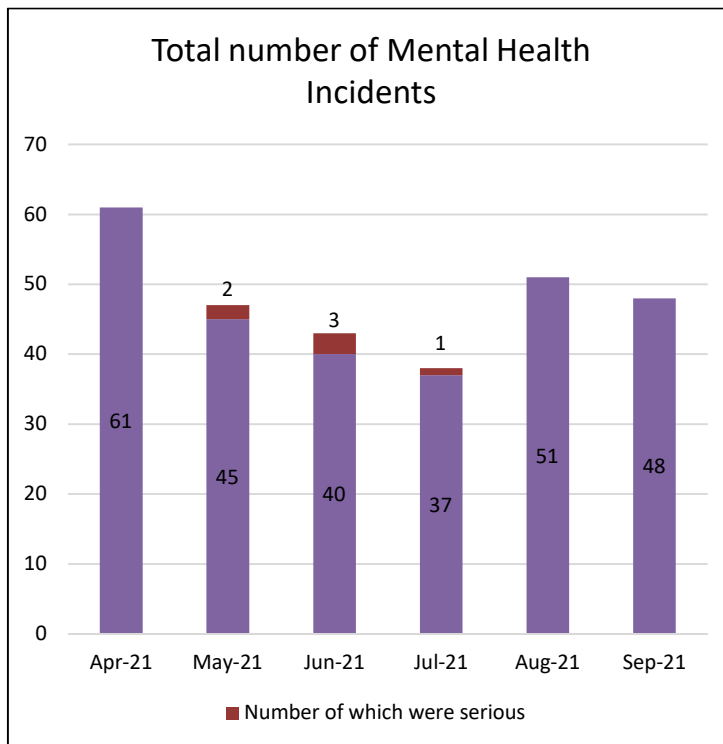
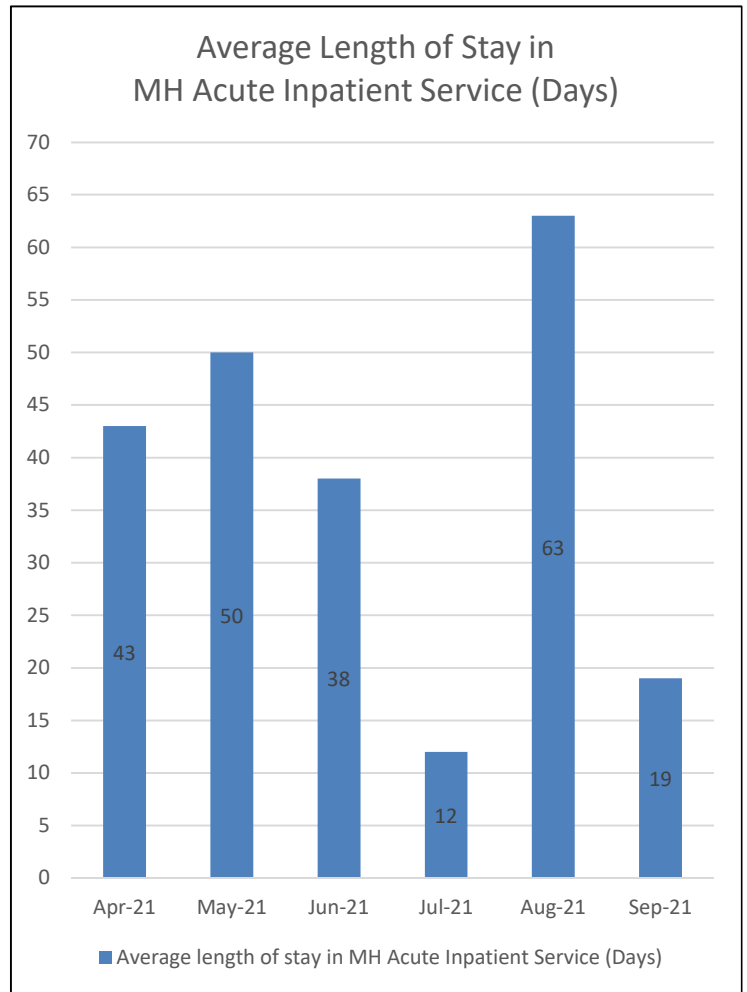
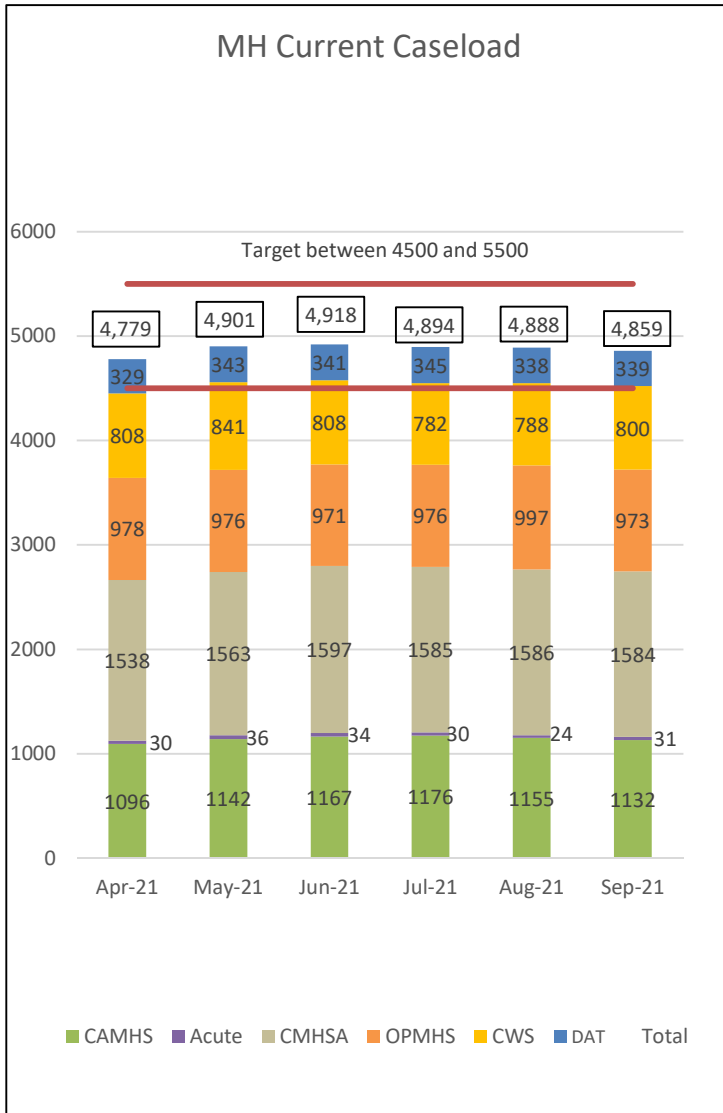
Care Group Reporting

(September 2021)

Contents:

Integrated Mental Health Services KPI Dataset

Mental Health Services Dataset 2021-22



Mental Health Services Dataset 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	1,839	1,797	(42)	(2%)
Management & Support Services	115	142	27	19%
Mental Health Services	1,229	1,299	70	5%
Nursing Care Placements (s115)	211	167	(44)	(27%)
UK Placements	284	189	(95)	(50%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	11,222	10,781	(441)	(4%)
Management & Support Services	650	854	203	24%
Mental Health Services	7,302	7,792	489	6%
Nursing Care Placements (s115)	1,268	1,000	(268)	(27%)
UK Placements	2,002	1,136	(866)	(76%)

Mental Health Services - Narrative - September 2021

Caseloads – MHS caseload of 4859 remains relatively consistent with previous reporting period (0.59% decrease) and the quarterly average.

Average Length of Stay – Significant reduction in Sept ALS compared to Aug (69% decrease). As indicated previously the current methodology applied and relatively small cohort does not provide significant insight.

3 Day follow up- MHS remains 100% compliant with ROF 4.5.6 (MHS follow up within 7 days post discharge). The service also achieved 100% compliance with the care group target of 3 days follow up post discharge, The Care group target is considered best practice

Incidents – Decrease of 3 incidents (5.8%) when compared to the previous reporting period. The volume of incidents remains however broadly consistent with the previous quarterly average. All incidents are “no or low harm”. The overwhelming majority of incidents emanate from Manannan Court.

Finance – The Aug financial summary forecasts a final year negative variance of 957k (4%), this has reduced from the Aug summary which forecasted a 5% overspend against the existing budget. The overspend is directly attributable to the ongoing demand for Sec 115 aftercare and specialist off island tertiary care. The MHS triumvirate are working closely with both clinical teams and the commissioning and contracts team to mitigate the forecasted tertiary care and Sec 115 spend. The conclusion of the existing block contract in March 2022 will however, have a significant positive impact on spend in 22/23.



Manx Care KPI Reporting

Social Care Services

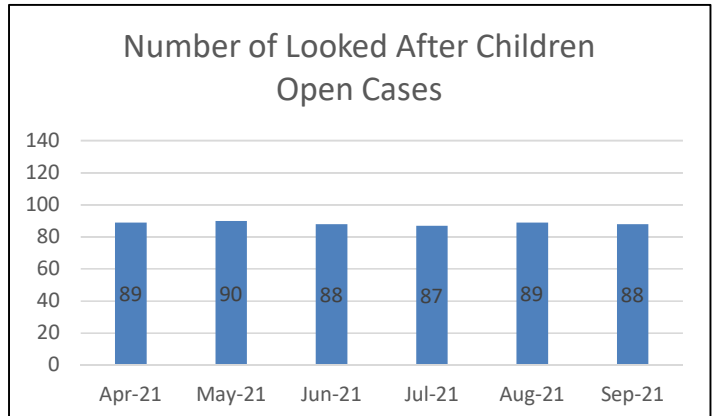
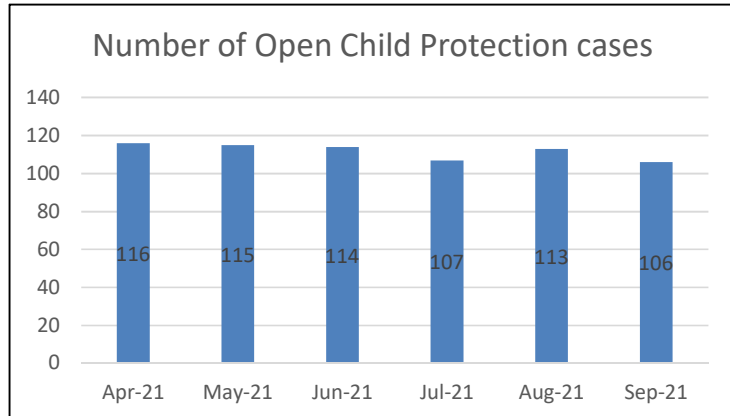
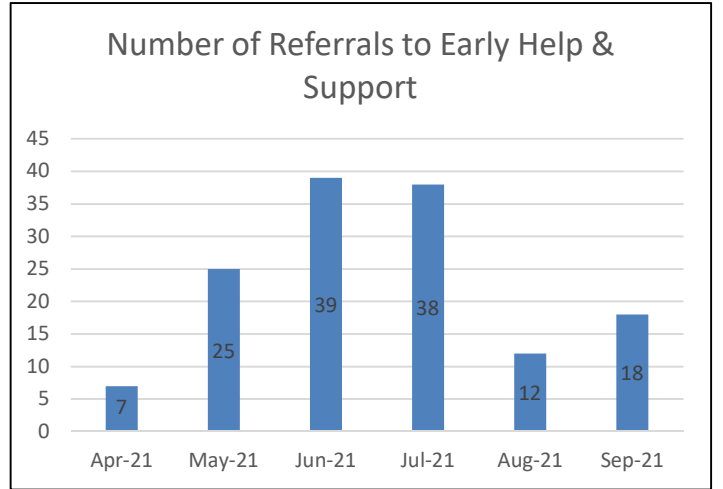
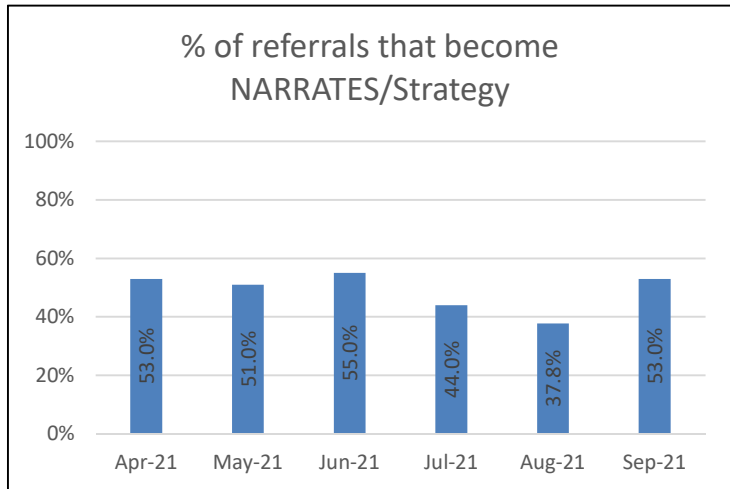
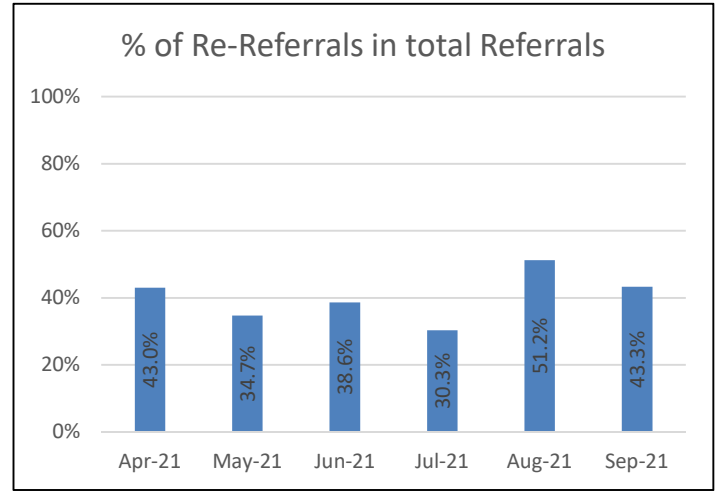
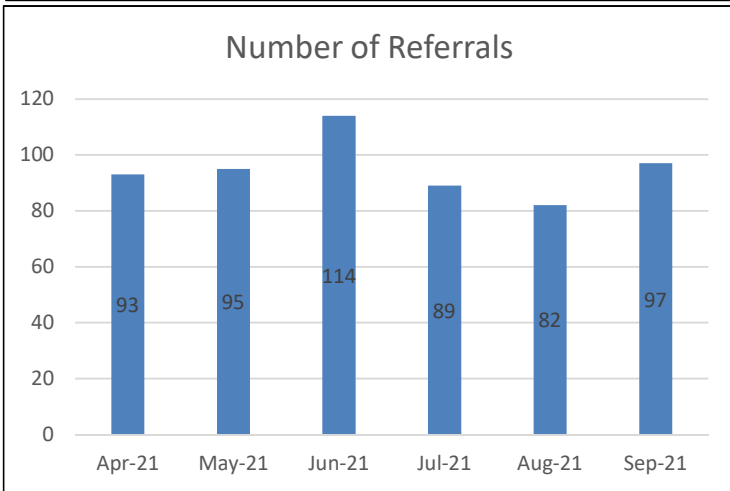
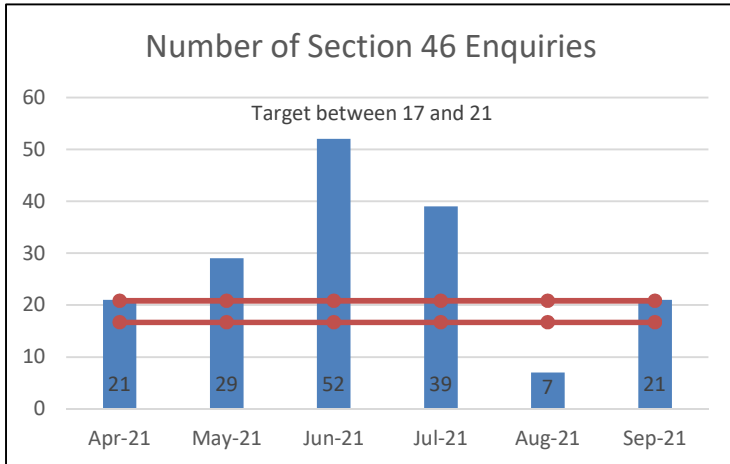


Care Group Reporting (September 2021)

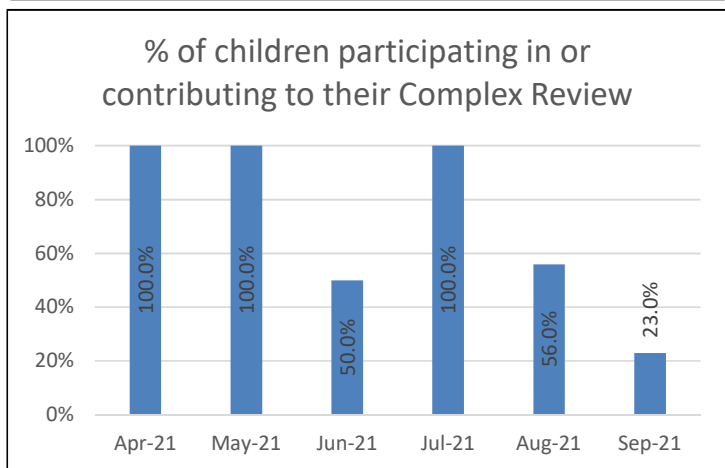
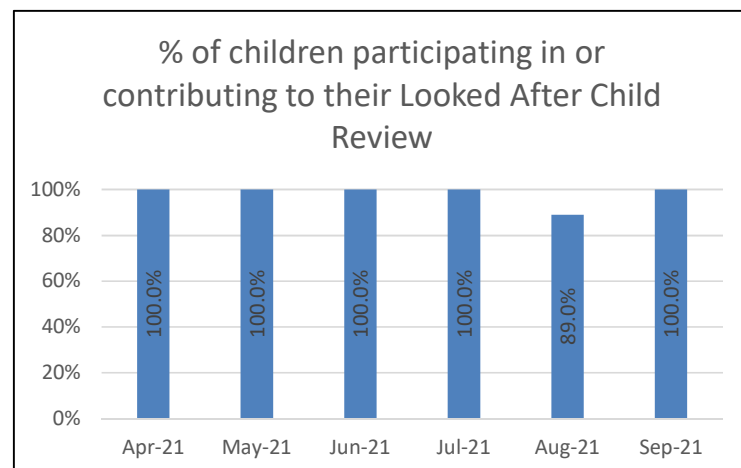
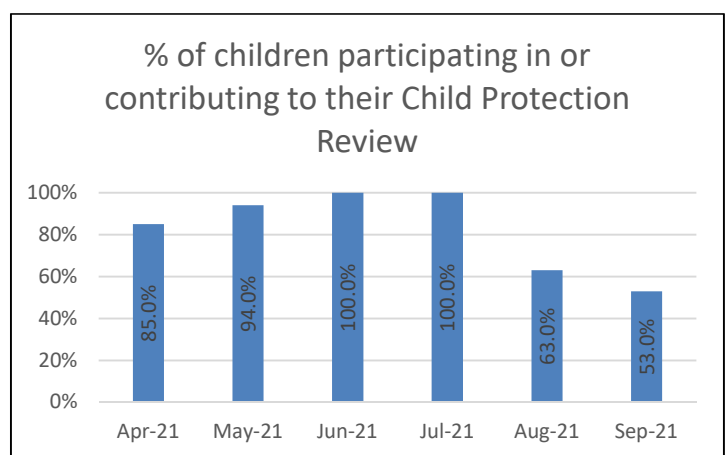
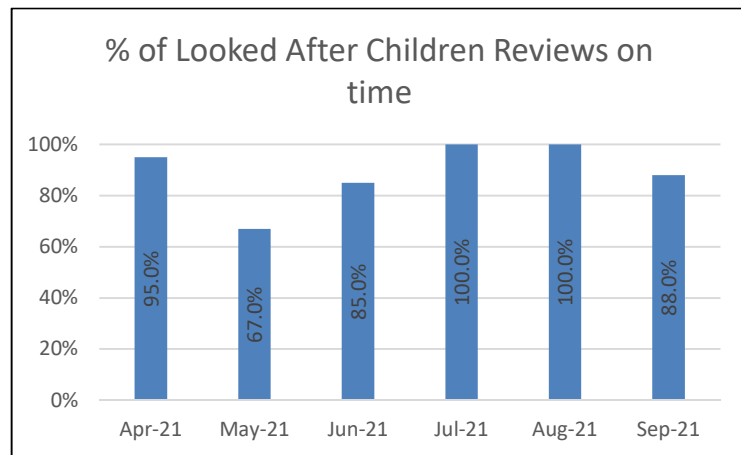
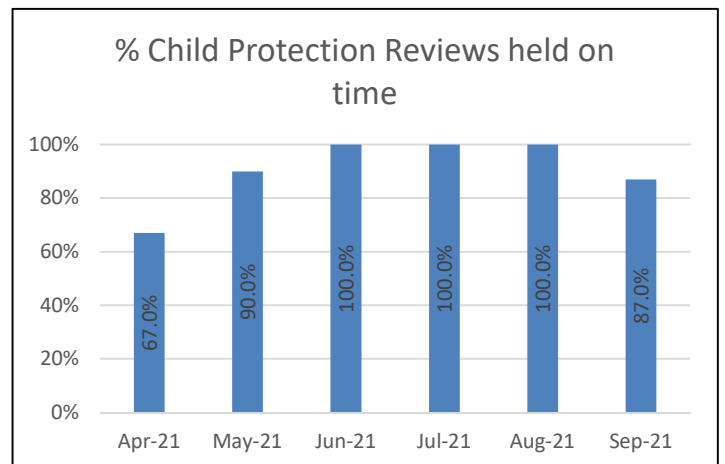
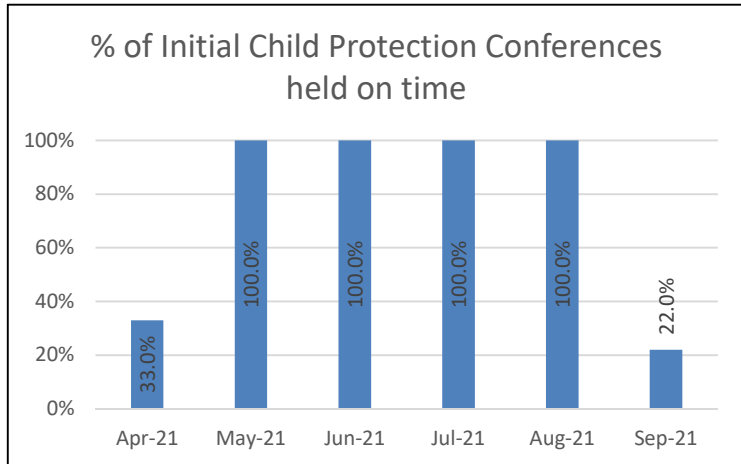
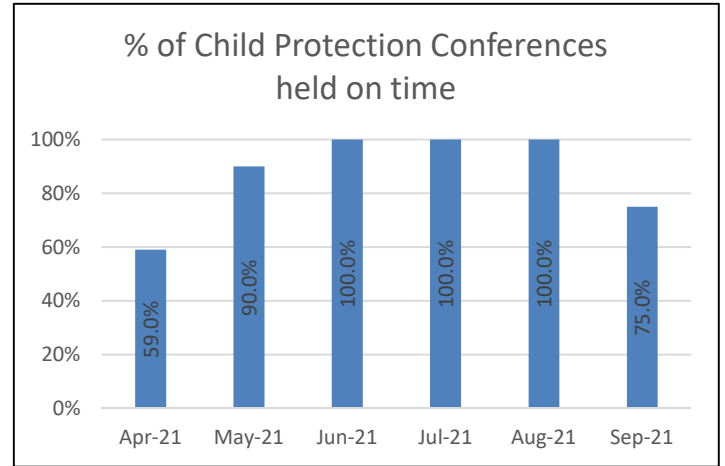
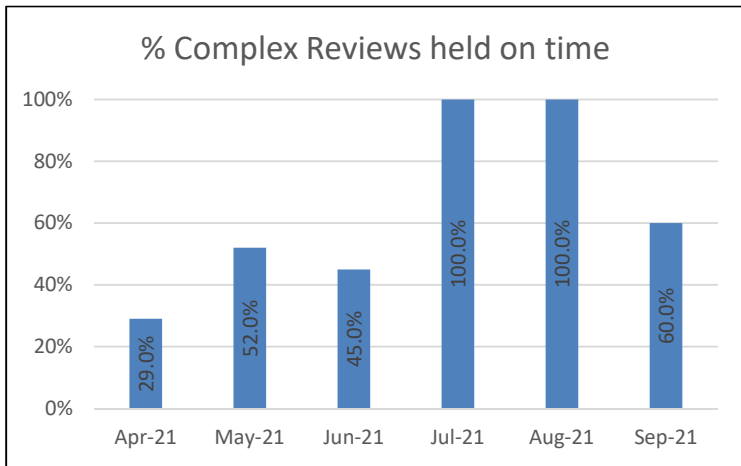
Contents:

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

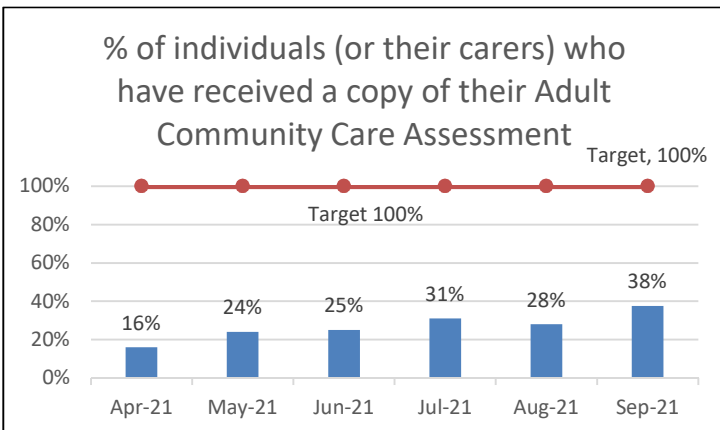
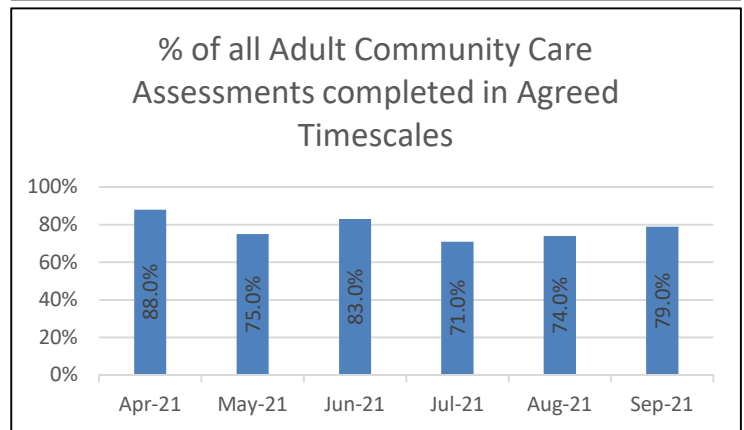
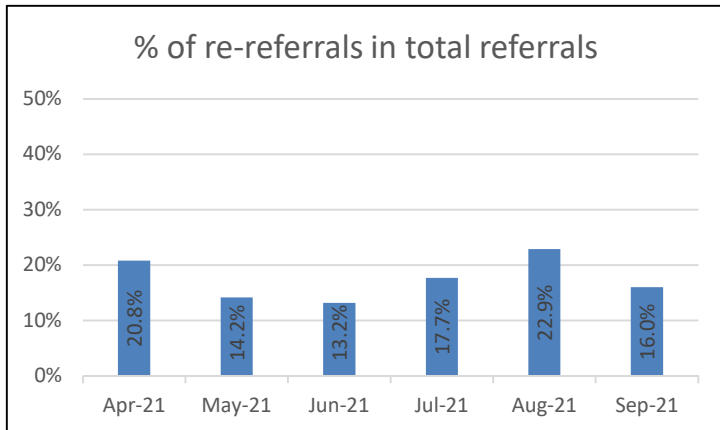
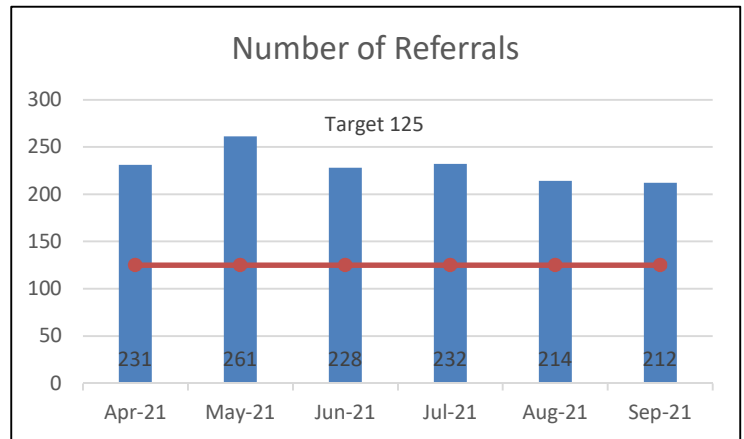
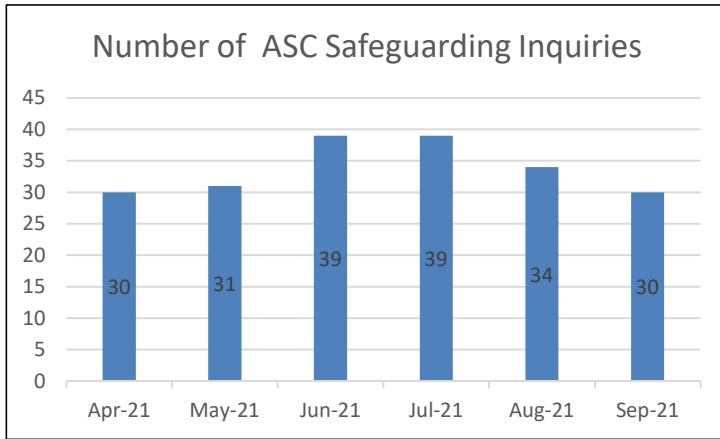


Children Families Social Care - 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	1,225	1,327	103	8%
Management & Support Services	78	91	13	14%
Children & Family Services	856	906	51	6%
Children & Family Social Work	291	330	39	12%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	7,150	7,965	814	10%
Management & Support Services	422	549	126	23%
Children & Family Services	4,980	5,437	457	8%
Children & Family Social Work	1,748	1,979	231	12%

Children & Families - Narrative - September 2021

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22



Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	269	290	21	7%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	1,619	1,740	120	7%

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

Adult Social Work Narrative – September 2021

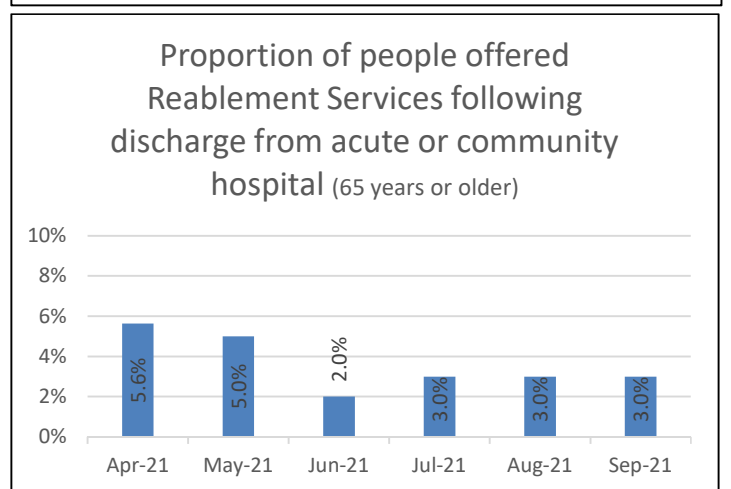
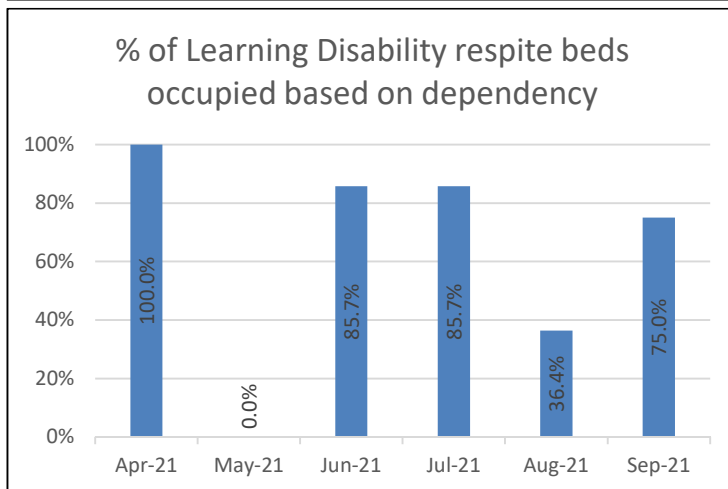
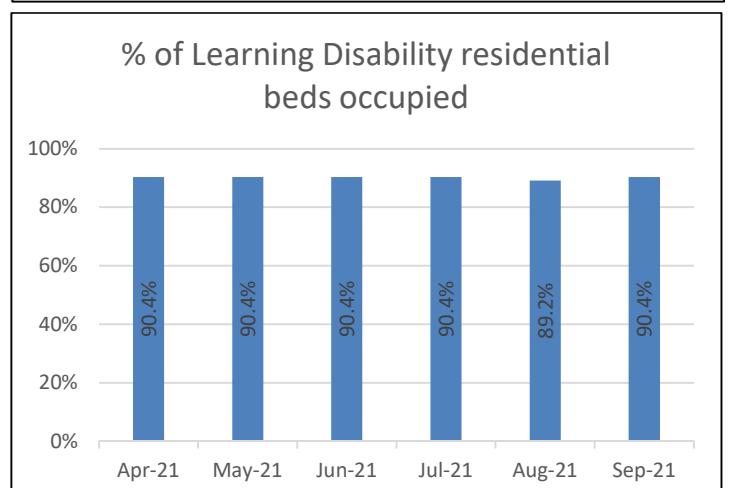
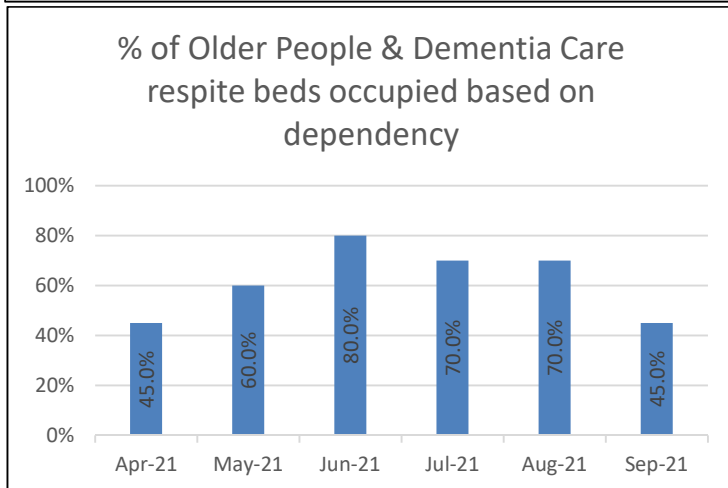
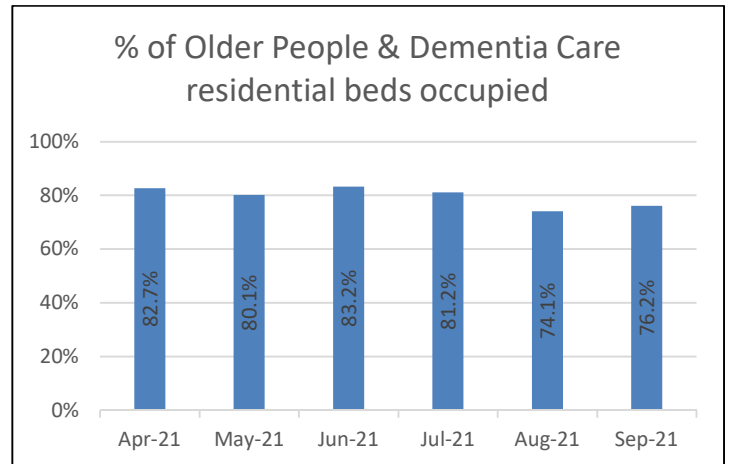
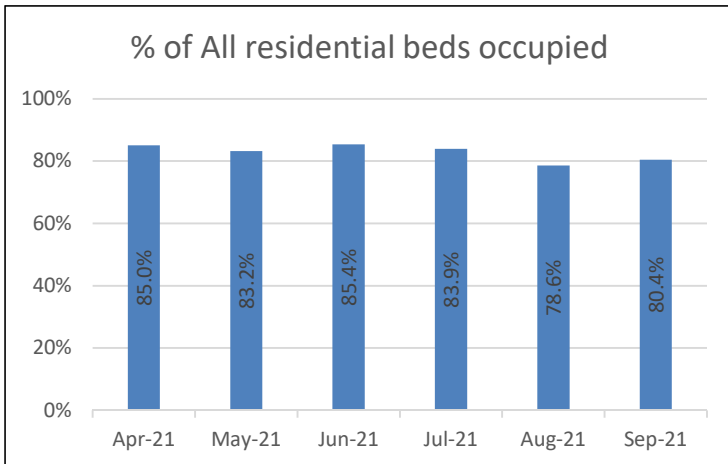
No. of adult safeguarding referrals – 30, of these 23 were concerns relating to individuals, 1 was information and advice and 6 were Multi Agency Referral Forms from the police. We still need to develop our systems to advise how many went to case conference/ prosecution etc.)

Referrals – The monthly statistics show 212 referrals into adult social care however due to current processes it could be that referrals are getting counted twice and our process of reporting needs streamlining to be considered an accurate representation.

% of adults assessments being completed on time – Adult social care do not currently have embedded timeframes for the completion of assessments, therefore I am unable to run this report from Rio. My view is that we need to build in dates of 28 days to completion of assessment from date of referral, also 60 and 90 days from referral and monitor these accordingly.

The number of people having received a copy of their assessment - This is unacceptably low, and discussions to try and identify why have taken place with team members. It is also acknowledged that this is possibly a data inputting compliance issue rather than a lack of sharing assessments. I would expect to see an increase in this metric going forwards.

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.

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	1,965	1,722	(243)	(14%)
Management & Support Services	21	16	(5)	(32%)
Learning Disability Services	741	761	20	3%
Older Person Services	1,203	945	(257)	(27%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	10,713	10,333	(380)	(4%)
Management & Support Services	92	96	4	5%
Learning Disability Services	4,477	4,565	88	2%
Older Person Services	6,144	5,672	(472)	(8%)

Adult Social Care - Operational Services - Narrative - September 2021

The significant Covid outbreak in Reayrt Ny Baie was declared over on 28 August 2021, although there was a further two weeks of restricted visiting whilst the necessary deep clean and covid protocols were updated/actioned. On 13 September 2021 an outbreak was declared in Southlands Resource Centre, the restrictions seen at Reayrt Ny Baie were not used at Southlands, with all but the affected units remaining open to visits with a heightened vigilance and management of Covid protocols. This outbreak was declared over on 5th October 2021. We currently have an outbreak in Cummal Mooar Resource Centre declared on 25 October 2021 and all but the affected unit are restricting visiting, or residents leaving the home, again extra vigilance, and Covid protocols are in place, and LFT surveillance is ongoing as it is in all ALD and OPS homes, dementia units and service areas. All decisions were made following IPC and clinical guidance, whilst balancing the wellbeing of our residents and protecting our staffing levels.

Adult Social Care - Operational Services - 2021-22

We also have a Covid outbreak in one of our Adult Learning Disability Homes where three of the four residents tested positive, all are doing well with two having completed their ten day isolation period. This and the outbreaks previously mentioned have impacted considerably, adversely affecting staffing levels which were already problematic. We have reduced some services to manage and maintain safe staffing levels across services on a temporary basis. At the moment the only service directly affected by these reductions is ALD respite which has been reduced temporarily to free up staff. There is little to no flex in Adult Social Care services in staffing numbers and being able to maintain safe/minimum staffing levels has been an ongoing challenge, which has wider implications for our regulatory obligations.

We are currently finalising an updated Manx Care Residential Homes and Community Homes Visiting Policy which will outline future responses to outbreaks in line with PHE guidance.



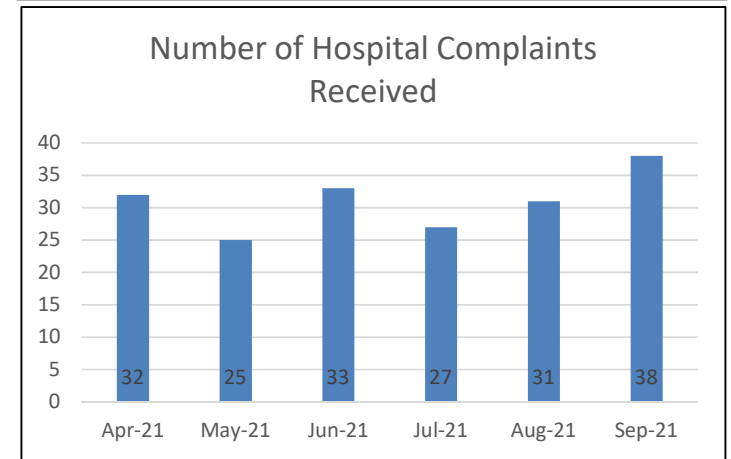
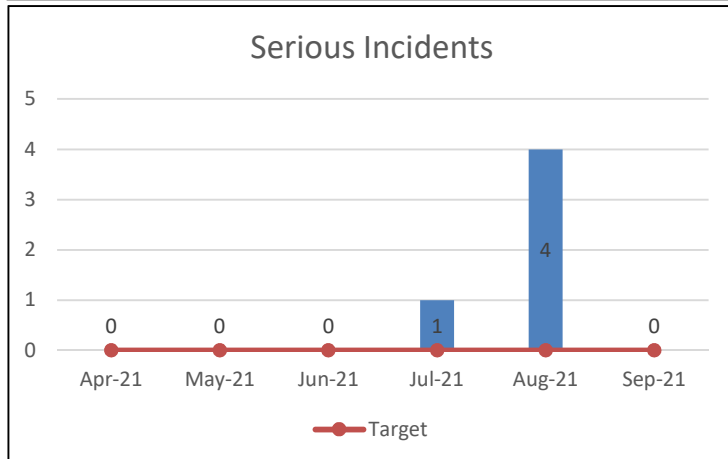
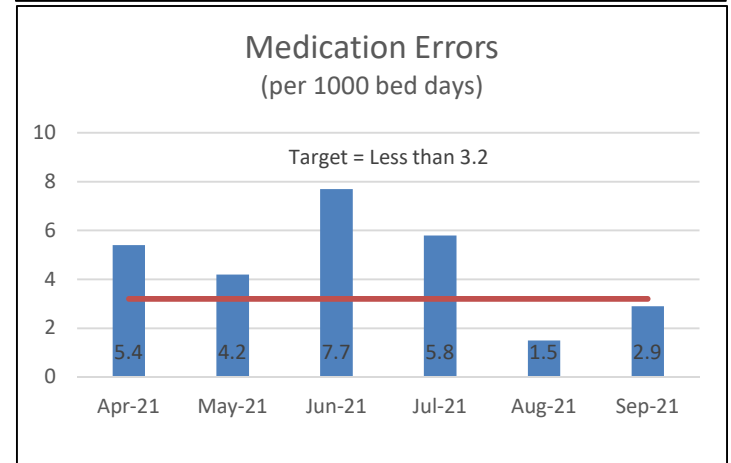
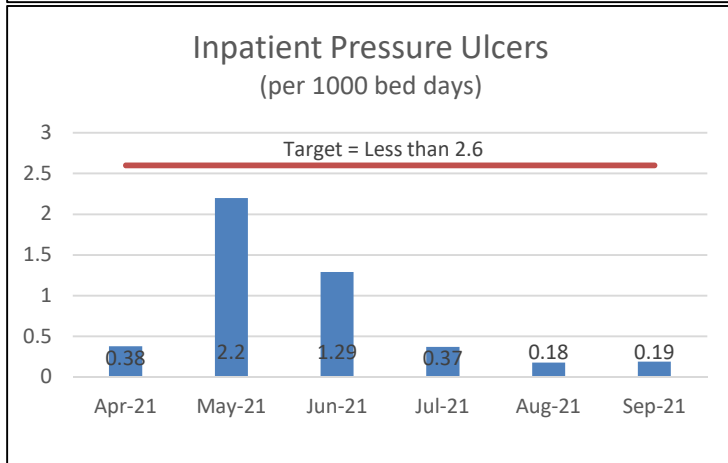
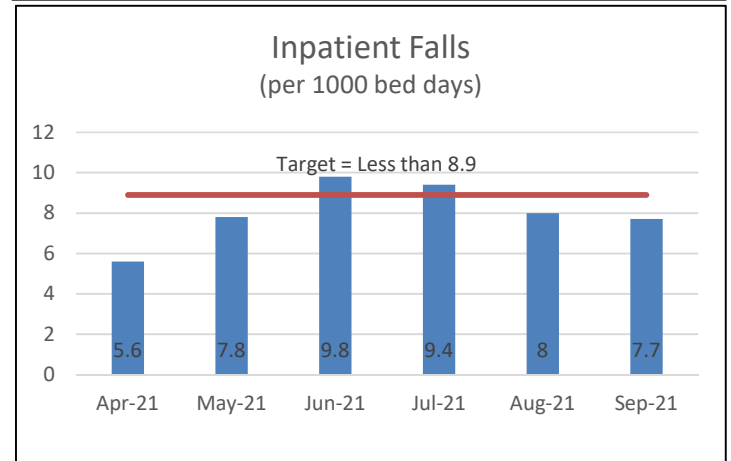
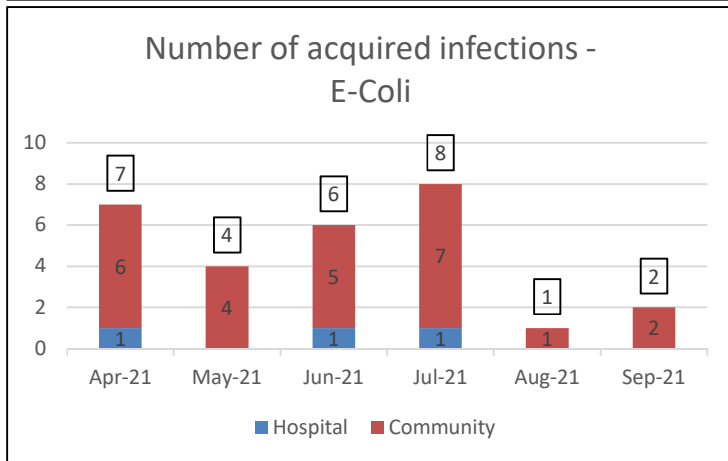
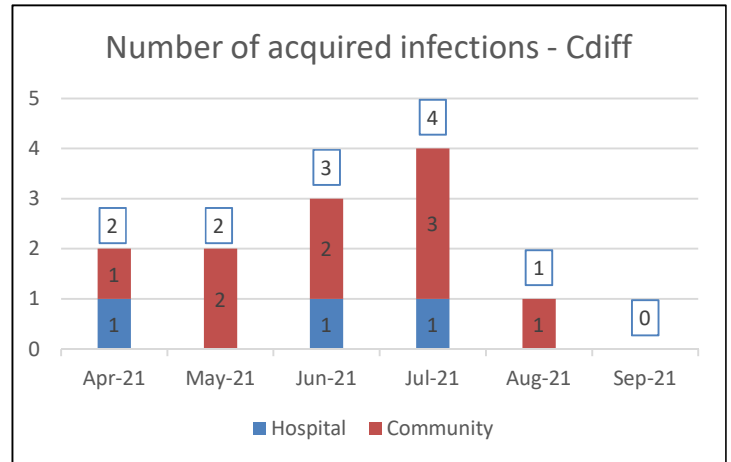
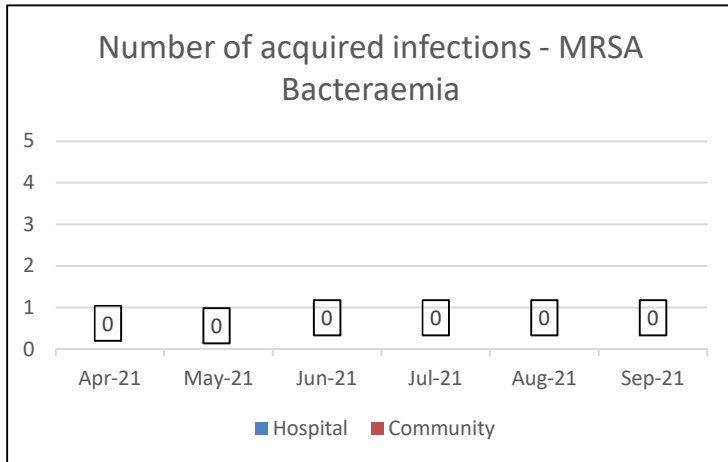
Manx Care KPI Reporting

Care Quality Services (September 2021)

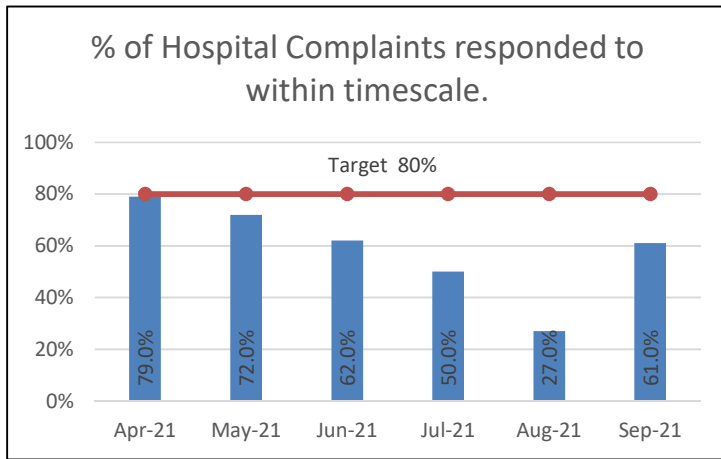
Contents:

Hospital Care Quality Reporting
Community Care Quality Reporting

Hospital Care Quality Indicators - 2021-22



Hospital Care Quality Indicators - 2021-22

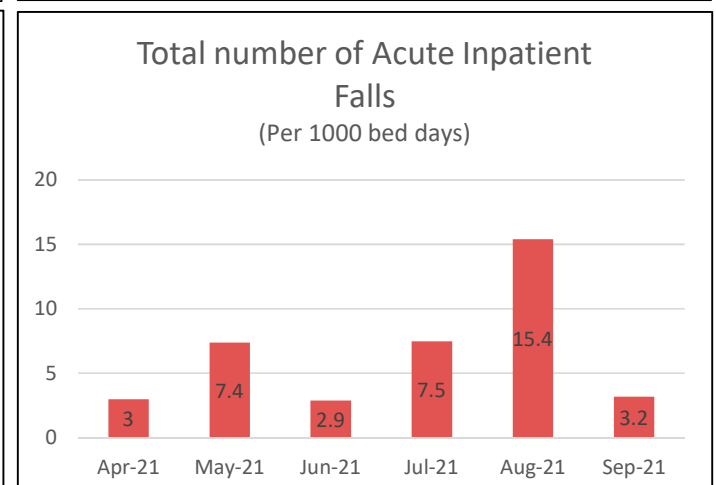
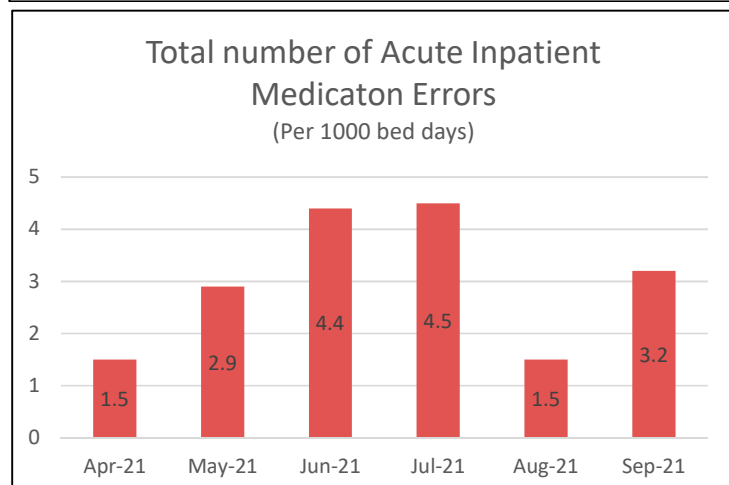
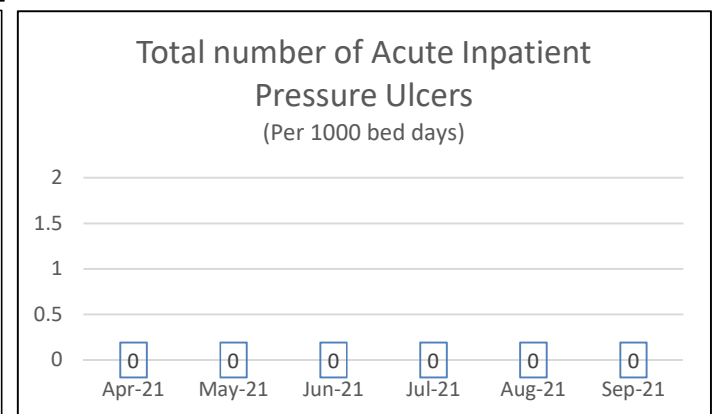
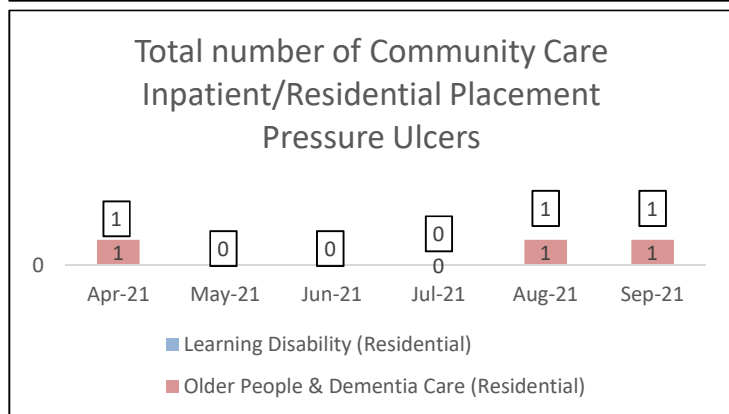
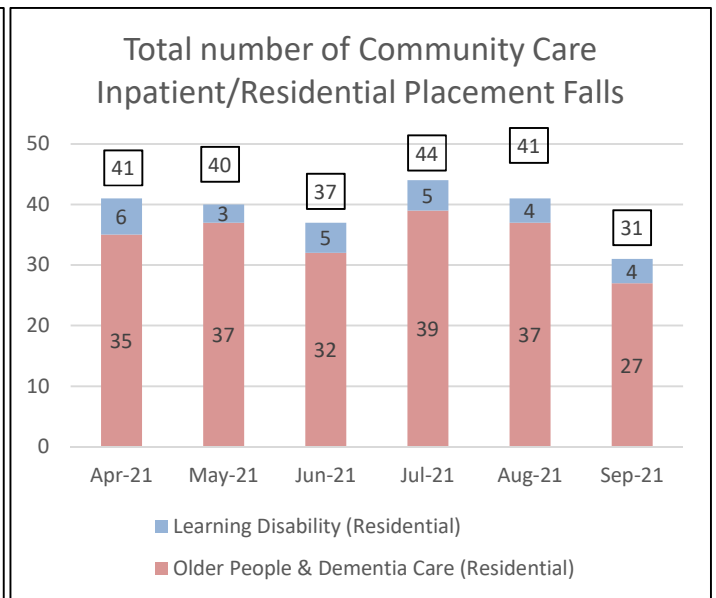
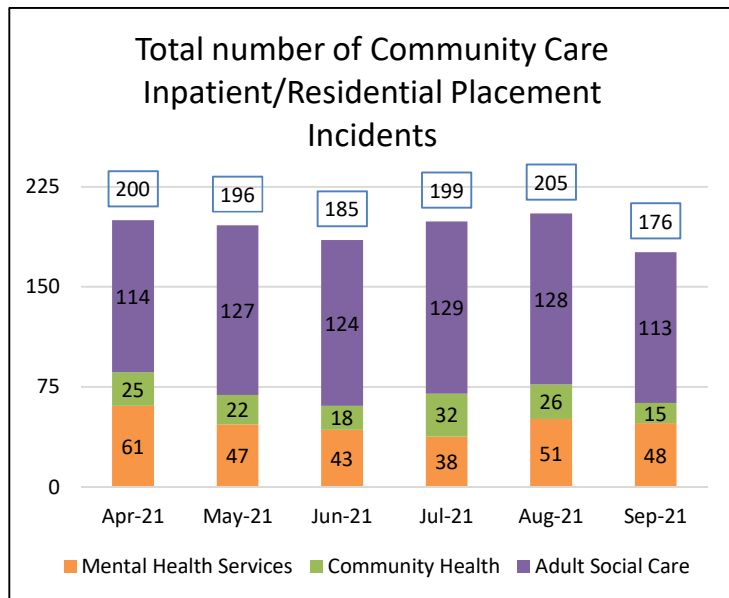
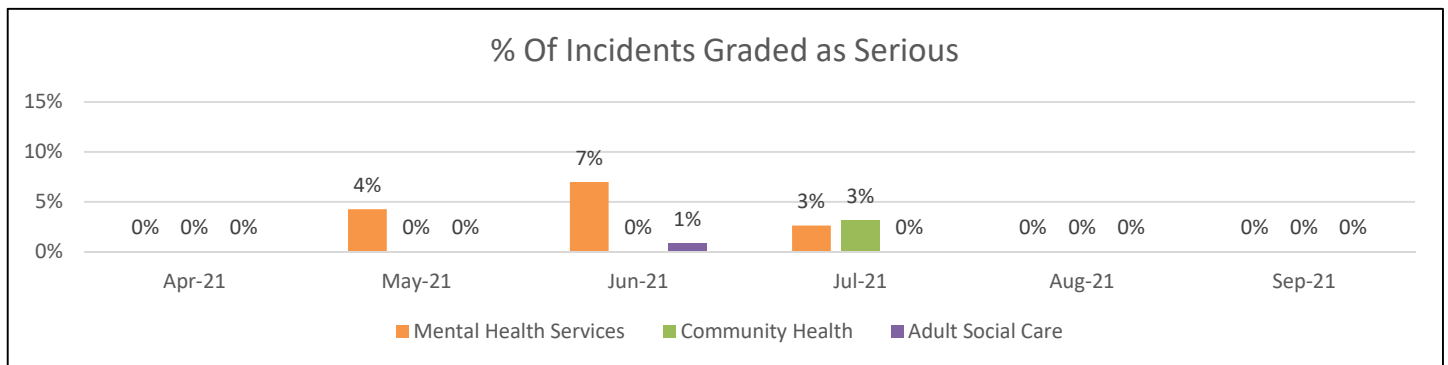


Hospital Care Quality - Narrative - September 2021

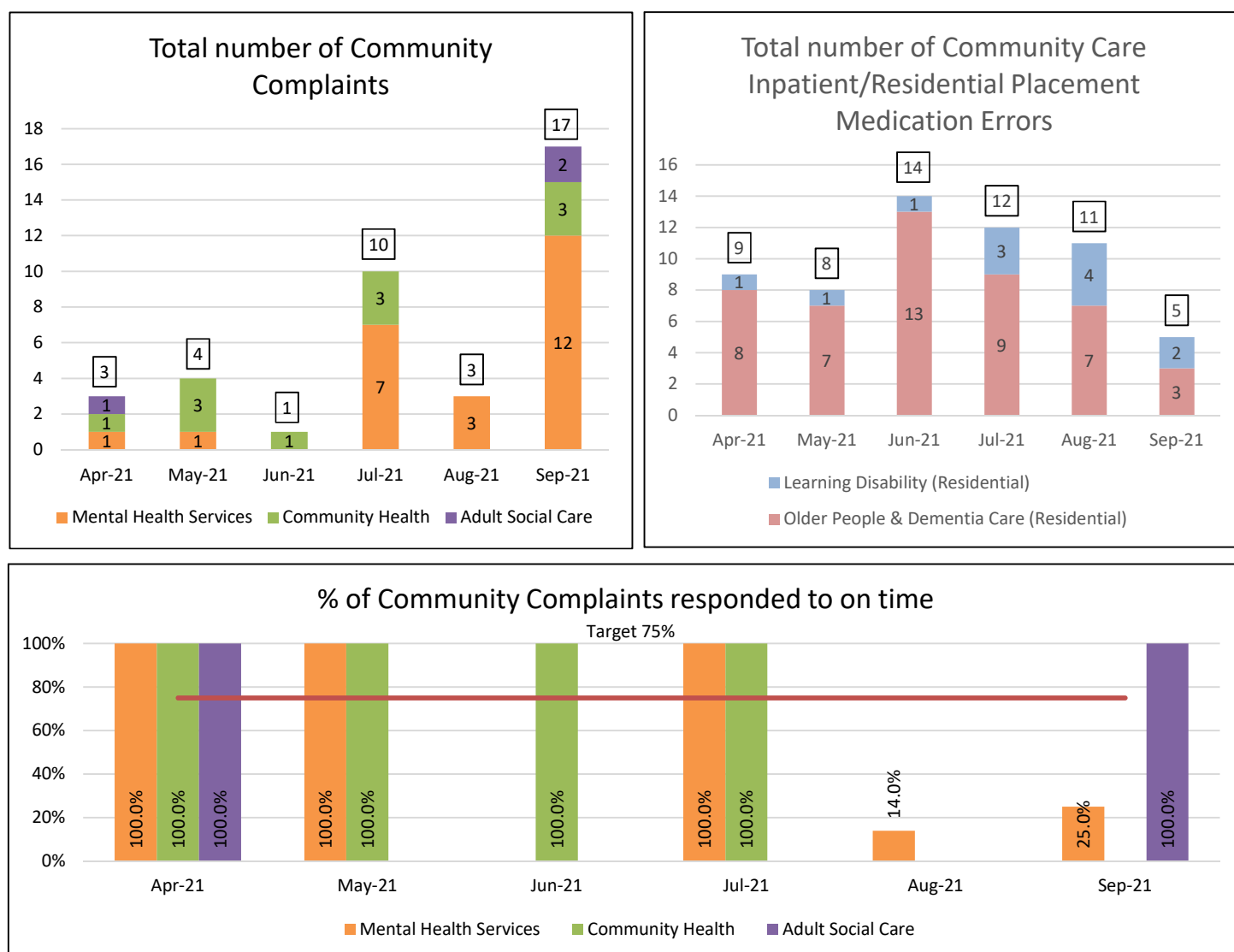
E-Coli Infections - 1 patient RIP non attributed to E.Coli bacteraemia. 1 patient admitted with urinary sepsis; long term catheter in situ.

Complaints - Response times affected by change in process plus case managers and clinicians on annual leave

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 - September 2021

FALLS

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

2 falls reported in month, resulting in no harm/low harm. Falls / Mobility risk assessments are subject to monthly audit to ensure compliance. No falls were categorised as causing severe harm / meeting the criteria for a serious incident.

Older People & Dementia Care (Residential):

Of the 27 falls in residential settings 26 were no/low harm. The other fall was unwitnessed and took place in the garden. It was originally recorded as low harm, but was upgraded to moderate as the service user was assessed as requiring stitches to their lip. The service user was agitated and did not receive stitches at the time. A follow up call by the doctor the next day confirmed an infection for which anti biotics were prescribed. It was deemed too late to stitch the wound at this stage.

Learning Disability (Residential):

3 of the 4 falls reported were no/low harm. The other fall was unwitnessed and took place in the service user's bedroom early morning. This was a fall from bed resulting in a cut to the head which required staples. No long term impact has been noted. The investigation identified that the bed had recently been changed to one that had been in use previously, but was being used in a different room. A temporary side was introduced as an interim measure, and the bed has since been replaced.

MEDICATION ERRORS

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

No errors resulted in harm or involved high risk medications

Older People & Dementia Care (Residential):

All residential errors reported as no harm. One did involve warfarin, and was discussed with the medical staff leading this aspect of care. Other notable medication involved were pregablin and co-codamol. There were also 2 errors in the community. The response to medication errors was as detailed in the ASC medication policy.

Learning Disability (Residential):

All residential errors reported as no harm. No high risk medications involved. There was also a further error in the respite unit; again not high risk.

INCIDENTS

Mental Health Services:

All incidents reported as no harm or low harm.

Adult Social Care:

61% of incidents were no harm. 22% were low harm. Of the moderate+ incidents, more than 2/3rds related to illness and/or covid. All deaths over the period were expected.

COMPLAINTS

Mental Health Services:

Six complaints related to CAMHS, mainly concerned with access to services/waiting times. Five complaints relating to the CMHSA and one for the Harbour Suite at Manannan Court.

Adult Social Care:

Complaint received in relation to a best interest process and the conduct of a social worker who was involved.

Community:

Third complaint received at end of Sept and is, therefore, still open.