

# QUALITY AND PERFORMANCE REPORT

June 2021

## *INTRODUCTION*

The Operations, Performance & Finance Committee obtains assurance that high standards of care are provided by Health and Community Services (HCS) and in particular, that adequate and appropriate governance structures are in place.

## *PURPOSE*

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence to the committee that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives. Where performance is below standards, the committee will ensure that robust recovery plans are developed and implemented.

## *BACKGROUND*

The Operations, Performance & Finance Committee has been established by the Health and Community Services Board and is authorised to investigate any activity within its terms of reference.

**SPONSOR:** Group Director - Robert Sainsbury

**DATA:** HCS Informatics

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## EXECUTIVE SUMMARY

The Quality and Performance Report shows a range of key performance indicators used to provide assurance with regard to Health & Community Services (HCS) delivery of safe and effective services. The last 16 months have been particularly impacted by the COVID-19 pandemic, but despite this, HCS continues to provide a high quality service, achieving its standards in many areas:

- % deliveries home birth
- % 3rd degree perineal tear
- Average length of stay on maternity ward
- Tooth extractions for patients < 18
- Outpatient Did Not Attend (DNA) rate
- Acute elective average length of stay
- Average time in Emergency Department
- Acute emergency average length of stay
- % emergency admissions with 0 length of stay
- Acute bed occupancy at midnight (General Hospital)
- Adult acute bed occupancy at midnight (Mental Health)
- Adult acute length of stay (Mental Health)
- Adult acute admissions under Mental Health Law as a % of all Mental Health admissions
- Adult acute admissions - % discharged with length of stay >= 60 days
- Community Mental Health Team Did Not Attend (DNA) rate
- Adult Social Care Needs Assessments closed within 30 days
- Social Care Cases re-opened within 90 days as a % of all new cases

The report also highlights some areas of concern and exception reports are provided for each of these indicators. There remains significant focus and effort from the clinical and operational teams to support continuous development and improvement following the impact of the COVID-19 pandemic.

### 1) Emergency Care pathway

In June 2021, attendances to the Emergency Department continued to increase. Performance within this frontline department remained fairly consistent, however there was a deterioration in month in performance against 15 minute time to triage and also the number of patients waiting in the department for over 10 hours.

The departmental team are reviewing these metrics due to concerns about data quality however, that withstanding it is recognised that performance in both of these fields is challenged due to:

- surge patterns of attendances
- reconfigured staffing rotas linked to ongoing COVID-19 challenges
- the impact that reduced pre-10am discharges is having on patient flow.

A solution to this is currently being developed by the Care Group.

There is continued improvement against the emergency readmission rate across HCS however this is still marginally in excess of the ambition of 10%.

The winter plan is in the process of being completed with first draft for review internally in **September 2021**.

## 2) Scheduled Care pathway

Our continued focus on our urgent, soon and long-waiting patients is the priority for the operational teams to continue the positive performance and quality improvement, delivered through transformational change to patient pathways. Challenges exist across the scheduled care pathway linked to:

- reduced throughput linked to enhanced IPAC measures
- mismatches in capacity versus demand across some elective specialities
- backlogs caused by reduced activity during wave 1 and wave 2
- data quality issues within the waiting list data

In respect of outpatients, key challenges remain within Community Dental, Ophthalmology and General Surgery. Significant work is underway within Community Dental and Ophthalmology to create short term additional capacity to expedite treatment of long waiting patients, whilst developing a sustainable long term on-island solution. These programmes of work are being undertaken by the respective Care Groups and overseen through Executive led Task and Finish Groups. The Surgical Care Group are establishing a similar programme for General Surgery, with initial findings for review at their Care Group review in September 2021.

In respect of elective inpatient pathways, key challenges remain within Endoscopy, Ophthalmology, General Surgery and Trauma and Orthopaedics (T&O). The development of recovery plans (including improvement trajectories) are in progress for both Endoscopy and Ophthalmology, with capacity scheduled to increase in Quarter 3 2021 to treat our longest waiting patients. Capacity and demand analysis is currently being undertaken by HCS Business Intelligence team to support multi-disciplinary team discussions within General Surgery and T&O to understand current capacity requirements and to co-design realistic improvement trajectories in these fields (plans scheduled to be completed September 2021). Off-island tertiary activity continues to be constrained by the impact of COVID-19.

Data quality issues within the Patient Tracking List are being identified through the weekly activity and scheduling reviews. Alongside this, waiting list management processes are being scrutinised within HCS to ensure that appropriate rigour, review and ownership is applied across all sectors of HCS to assist in the safe, effective and timely treatment and management of our patients.

For Cancer Delivery we are in the process of developing a cancer strategy and delivery framework to facilitate our urgent pathways.

### **3. Maternity**

The Maternity Department has been busier in the first half of 2021 than in the same period in 2020 with 10% more deliveries year to date. The percentage of home births compares very favourably with other jurisdictions - for example the Office for National Statistics has provisionally reported 2.4% of live births in England & Wales in Q1 2021 took place at home - this compares to 5.3% for the year to date here and 6.6% in June. The Care Group has in place clinically led initiatives to investigate and reduce caesarean section rates and postpartum haemorrhage. Some performance measures have been set historically as aspirational stretch targets. These are being reviewed to ensure they are realistic, reflecting a safe and effective service.

### **4. Mental Health**

We continue to see an increase in admissions into the adult inpatient unit at Orchard House, and, in addition we have seen an increase in the number of admissions for persons under the age of 18. We believe this increase in activity is contributed by the pandemic, and, our crisis prevention service in Adult services and CAMHS community teams are focussing on community caseload to prevent further admissions and facilitate early discharge for inpatients. Overall bed occupancy within the inpatient unit remains slightly below 85%.

Improvements to the Quality and Performance Report continue with further changes and reviews scheduled for the third quarter of 2021, noting exception reports have been developed to support additional areas alongside the full QPR.

## CHANGES AND TECHNICAL NOTES

HCS Informatics use the most accurate data available at the time of publication. Data may change over time as systems are updated and data quality fixes are implemented. These changes are documented here.

Changes have been made to the following indicators this month:














-JTT/PATS indicators are under review due to identified data quality issues. Values are likely to change over time as system data is cleansed.

-ED Conversion Rate indicator now solely uses the ED dataset instead of combining inpatient and ED data for improved accuracy where the ED attendance occurs over midnight.

-Waiting List indicators now exclude Obstetrics as this specialty does not follow Referral To Treatment (RTT) pathways

## DEMAND AND ACTIVITY

These measures monitor demand and activity in Health & Community Services. The information is used to provide contextual information when planning services and interpreting the Quality and Performance indicators in the following sections of the report.

Measure	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	% Change	
																On Month	YoY
Deliveries	75	86	80	75	77	61	73	85	71	77	82	78	61		454	-22%	-19%
ED Attendances	1221	2393	3100	2816	2616	2526	1873	1999	2133	2780	2926	3297	3370		16505	2%	176%
UTC Attendances	2008	832	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND		0	NA	NA
Total Emergency Attendances (ED + UTC)	3229	3225	3100	2816	2616	2526	1873	1999	2133	2780	2926	3297	3370		16505	2%	4%
Emergency Admissions	554	543	542	500	559	521	449	479	476	564	501	558	579		3157	4%	5%
Elective Admissions	155	243	184	291	260	264	145	201	248	258	240	203	231		1381	14%	49%
Day Cases	491	562	391	568	627	553	349	556	559	692	631	547	651		3636	19%	33%
Stranded patients with LOS > 7 days	101	122	112	122	143	121	148	132	140	151	137	121	130		811	7%	29%
JGH/Overdale Outpatient Referrals	2880	3385	3015	3812	4110	3638	3143	3237	3687	4711	4233	4060	4299		24227	6%	49%
JGH/Overdale Outpatient Referrals - Under 18	274	364	245	338	352	298	293	289	350	537	352	342	391		2261	14%	43%
Adult Mental Health Outpatient Referrals	216	241	199	282	286	200	166	193	193	245	202	228	175		1236	-23%	-19%
CAMHS Referrals Received	54	47	39	57	75	92	67	52	85	98	70	80	86		471	8%	59%
JTT/PATS Referrals	7	77	60	81	109	81	83	76	89	109	109	90	129		602	43%	1743%


## DEMAND AND ACTIVITY (Continued)

Measure	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	% Change	
																On Month	YoY
Outpatient Attendances	13954	15032	12978	15694	16059	16247	13390	15199	16050	19064	16920	15994	17832		101059	11%	28%
OP 1st Appointment Waiting List	7561	8295	8727	9590	10188	10007	9931	9542	9150	9186	9492	9836	10089		10089	3%	33%
Elective Waiting List	2718	2530	2692	2677	2484	2514	2652	2801	2749	2641	2598	2672	2808		2808	5%	3%
Elective Waiting List - Under 18	144	130	125	114	102	110	101	101	99	97	94	82	73		73	-11%	-49%
CAMHS caseload at period end	729	749	743	740	777	781	799	805	832	871	892	905	893		893	-1%	22%



## QUALITY AND PERFORMANCE SCORECARD

The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation’s objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance in Jersey. Where performance is below standards, exception reports are provided. For some indicators, a standard is not considered applicable. Where a standard is currently reported as "TBC" this is because it is currently under review to ensure that all standards are realistic for Jersey.

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
COVID-19																	
COVID-19	Confirmed COVID-19 cases	10	15	39	49	167	460	1735	373	59	11	5	9	363		820	NA
	New patients tested for COVID-19	5980	17937	35008	21750	10540	11460	11166	6576	4643	3569	3307	8418	21491		48004	NA
	Unique patients tested for COVID-19	5980	19964	41082	30997	20687	22870	26510	22992	17513	16884	17802	26672	49522			NA

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard	
WOMEN, CHILDREN AND FAMILY CARE																		
Maternity	% deliveries by C-section (Planned & Unscheduled)	37.8%	30.2%	35.9%	29.1%	38.7%	33.8%	30.6%	39.8%	29.0%	33.3%	34.6%	33.8%	35.5%		34.5%	R:>26% A:22%-26% G:<22%	
	% deliveries home birth (Planned & Unscheduled)	1.3%	0.0%	0.0%	1.3%	2.6%	6.6%	2.7%	5.9%	9.9%	3.9%	2.4%	3.8%	6.6%		5.3%	R:<2% A:2%-5% G:>5%	
	% 3rd degree perineal tear	6.7%	3.4%	2.0%	2.0%	8.5%	10.5%	8.0%	4.0%	2.0%	2.0%	1.9%	3.9%	0.0%		2.4%	<=3.5%	
	% primary postpartum haemorrhage >= 1500	2.7%	8.1%	11.3%	2.7%	1.3%	9.8%	11.0%	8.2%	11.3%	6.5%	8.5%	11.5%	3.3%		8.4%	<=2.9%	
	% of women that have an induced labour	32.0%	23.3%	40.0%	25.3%	28.6%	26.2%	27.4%	27.1%	23.9%	23.4%	35.4%	24.4%	27.9%		27.1%	<25%	
	Average length of stay on maternity ward	2.6	2.4	2.4	2.5	2.2	2.4	3.0	2.1	2.5	2.8	2.4	2.3	2.2		2.3	R:>2.5 A:2.3-2.5 G:<2.3	
Children's Health	Average length of stay on Robin Ward	1.5	3.4	1.3	2.2	2.3	1.7	1.9	3.6	1.5	1.6	3.2	1.7	1.6		2.1	TBC	
	Was Not Brought Rate	4.6%	6.9%	10.9%	11.1%	10.1%	8.3%	11.0%	8.4%	8.3%	7.6%	7.8%	9.2%	9.1%		8.4%	TBC	
	Tooth extractions for patients <18	1	2	4	3	3	3	3	5	4	10	4	9	7		39	<25	

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
<b>WAITING LISTS/PATIENT TRACKING LIST (PTL)</b>																	
Outpatients	% patients waiting >90 days for 1st appointment	71.5%	58.6%	51.6%	46.9%	44.8%	44.5%	49.2%	50.5%	47.9%	42.2%	39.5%	38.7%	40.2%		40.2%	R:>35% A:25%-35% G:<25%
	Total patients waiting >90 days without appointment date	3865	3525	3423	3489	3394	3442	3703	3514	3420	3136	3137	3188	3374		3374	NA
Elective Inpatients	% of patients waiting > 90 days for elective admissions	77.3%	72.9%	64.6%	60.1%	55.9%	48.8%	50.9%	51.8%	53.0%	49.0%	48.9%	49.5%	47.2%		47.2%	R:>35% A:25%-35% G:<25%
<b>ELECTIVE (SCHEDULED) CARE</b>																	
Outpatients	Outpatient Did not attend (DNA) Rate	4.4%	5.9%	8.5%	9.2%	9.1%	6.6%	7.4%	6.8%	6.2%	6.4%	6.6%	6.2%	6.8%		6.5%	8%
	New to follow-up ratio	4.73	4.34	4.10	4.22	4.01	3.73	3.70	3.18	2.77	2.70	2.72	2.93	2.91		2.85	2
Inpatients	Acute elective average length of stay	0.6	1.5	1.5	1.3	1.7	1.4	1.4	1.2	1.3	1.7	1.8	1.4	1.3		1.5	R:>4 A:3-4 G:<3
Theatres	Intra-session theatre utilisation rate	24.9%	63.4%	63.5%	67.9%	68.1%	69.6%	66.1%	72.5%	73.3%	71.8%	67.8%	71.5%	71.6%		71.4%	85%

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
<b>EMERGENCY (UNSCHEDULED) CARE</b>																	
Ambulance	% of 999 calls requiring transport to ED	57.6%	59.7%	61.8%	57.8%	62.6%	59.0%	54.0%	61.2%	55.6%	62.8%	64.3%	61.4%	57.9%		60.5%	TBC
	Number of 999 calls attended	793	865	1017	823	853	835	848	744	802	842	858	917	973		5136	TBC
	Red 1 Mean average response time	07:14	06:28	07:07	05:40	07:19	08:00	07:00	05:16	08:25	07:26	06:56	06:20	06:51		06:52	TBC
	Red 2 Mean average response time	07:34	07:12	08:13	07:59	08:40	07:53	08:24	07:59	08:07	09:02	09:29	10:06	08:58		08:57	TBC
Emergency Department	Average time in ED (Mins)	114	124	138	140	151	148	152	148	143	148	158	163	170		157	<=240
	% triaged within 15 minutes of arrival	59.7%	66.7%	77.4%	74.2%	74.1%	77.1%	81.3%	81.2%	80.7%	76.5%	75.8%	72.2%	67.2%		74.7%	>90%
	% commenced treatment within 60 minutes	73.2%	77.7%	73.8%	75.5%	79.4%	81.1%	85.0%	83.9%	84.5%	81.9%	78.5%	70.8%	71.5%		77.6%	R:<70% A:70%-90% G:>90%
	Proportion of patients with DTA to departure within 60 minutes	18.6%	19.6%	18.2%	20.7%	16.8%	18.2%	15.9%	14.8%	14.1%	13.7%	12.6%	11.3%	15.4%		13.9%	TBC
	Total patients in department > 10 hours	8	20	5	7	11	3	10	10	4	26	24	28	16		108	0
	ED conversion rate	12.9%	13.3%	15.7%	14.9%	19.6%	18.1%	21.6%	20.8%	19.5%	17.8%	16.1%	14.7%	15.3%		16.9%	R:>20% A:15%-20% G:<15%
Emergency Inpatients	Average length of stay	3.9	4.7	5.2	4.8	5.5	5.0	7.2	6.4	5.7	5.6	6.3	5.3	5.8		5.8	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	22.9%	18.8%	15.1%	15.4%	11.9%	11.7%	9.2%	10.0%	10.8%	11.5%	10.9%	11.9%	13.7%		11.5%	R:>17% A:15%-17% G:<15%
	Number of Beddays >7	776	1319	1336	1453	1604	1148	1940	1601	1250	1715	1790	1582	1966		9904	TBC
	Number of patients delayed at the end of each month	13	8	21	13	35	21	16	17	14	11	19	22	21		21	TBC
	% discharges before midday	14.6%	14.0%	16.2%	12.8%	15.2%	13.1%	17.6%	15.9%	14.3%	13.7%	11.6%	15.4%	13.1%		14.0%	>25%
	Acute bed occupancy at midnight (EL & NEL)	54.0%	60.0%	64.3%	61.4%	62.0%	64.8%	62.7%	52.9%	63.1%	72.3%	68.0%	70.3%	68.0%		65.4%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previously admitted discharge	14.1%	14.0%	13.3%	10.5%	13.1%	10.8%	14.1%	12.5%	13.3%	14.1%	13.3%	11.5%	11.1%		12.6%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
<b>MENTAL HEALTH &amp; SOCIAL CARE</b>																	
Adult Acute (Orchard House)	Acute admissions per 100,000 registered population	16.7	20.9	25.1	18.1	22.3	22.3	20.9	19.4	16.6	18.0	24.9	23.5	24.9		127	R:>25 A:20-25 G:<20
	Adult acute admissions patients < 18 years	1	0	0	0	0	0	0	0	1	1	1	0	4		7	0
	Adult acute bed occupancy at midnight	89.5%	90.4%	80.0%	71.3%	74.4%	76.4%	70.0%	82.0%	80.1%	71.0%	85.5%	70.6%	83.9%		78.8%	<88%
	Adult acute length of stay (including leave)	26	52	13	33	8	31	13	25	20	52	14	31	20		27	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	58.3%	26.7%	5.6%	15.4%	18.8%	18.8%	20.0%	21.4%	8.3%	23.1%	22.2%	35.3%	33.3%		25.0%	<37%
	% patients discharged with LOS >= 60 days	9.1%	18.8%	0.0%	23.8%	0.0%	12.5%	0.0%	7.7%	12.5%	25.0%	8.3%	6.7%	4.5%		10.6%	<14%
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	74.0	95.2	31.7	31.7	31.7	15.9	21.1	30.9	36.0	41.1	41.1	36.0	46.3		231	R:>40 A:35-40 G:<35
	Older adult acute bed occupancy (including leave)	76.5%	78.7%	94.0%	64.9%	45.1%	41.0%	79.7%	87.0%	75.1%	75.6%	83.3%	91.4%	96.1%		84.6%	<85%
	Older adult acute length of stay (including leave)	45	67	61	85	66	106	185	92	256	116	57	33	88		128	<85 Days
Community Mental Health Services	CMHT did not attend rate	3.6%	4.0%	5.0%	7.6%	7.2%	6.1%	6.4%	5.5%	6.1%	6.0%	6.5%	5.8%	6.3%		6.0%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
<b>MENTAL HEALTH &amp; SOCIAL CARE (Continued)</b>																	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT/PATS - Referrals yet to have a first assessment at the end of the reporting	57	62	50	53	58	40	37	41	37	39	44	103	192		192	TBC
	JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period	57	53	41	38	38	24	16	16	15	14	15	15	16		16	TBC
Jersey Talking Therapies	JTT clients with assessment who are yet to have a first treatment at the end of the reporting period	549	491	451	412	378	319	304	292	263	238	236	214	169		169	TBC
	JTT clients with assessment yet to have a first treatment, who have been waiting over 18 weeks at the end of the reporting period	314	258	215	186	157	129	123	116	81	66	54	43	46		46	TBC
	JTT - % of total clients who Waited > 18 weeks to start treatment	100.0%	95.1%	90.9%	67.6%	67.6%	38.2%	26.1%	22.7%	64.2%	26.8%	41.9%	41.0%	43.4%		41.7%	<5%
Safeguarding	Number of safeguarding alerts / self-neglect referrals for adults	31	35	29	34	20	32	17	21	16	25	28	33	41		164	TBC
Adult Social Care	Adult needs assessments closed within 30 days	79.1%	65.8%	60.9%	74.8%	71.8%	69.8%	76.1%	86.7%	86.2%	86.1%	83.6%	86.9%	89.2%		86.4%	>80%
	Social Care - Closure rate	68	77	56	73	82	27	70	61	67	70	46	68	82		394	TBC
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	8.2%	12.5%	5.8%	8.1%	6.7%	2.1%	2.8%	1.6%	0.0%	2.4%	10.5%	0.0%	0.0%		2.2%	<4%

CATEGORY	INDICATOR		Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	TREND	YTD	Standard
<b>INFECTION CONTROL AND PATIENT SAFETY</b>																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	TBC
	C-Diff Cases	Hosp	1	1	1	0	2	2	0	2	2	1	1	0	0		6	TBC
Patient Safety	Number of falls per 1,000 bed days		6	4	5	6	5	4	7	2	6	4	4	4	5		4	TBC
	Number of falls resulting in harm		10	10	12	7	15	9	13	15	11	13	10	12	10		71	TBC
	Number of patient safety incidents		306	400	380	299	376	304	331	278	335	336	358	330	379		2016	TBC
	Number of medication errors resulting in harm		1	1	0	2	3	1	1	5	3	3	3	2	1		17	TBC
	Number of cat 2 pressure ulcers acquired as an inpatient		0	7	7	4	8	8	7	4	6	9	8	7	9		43	TBC
	Number of cat 3-4 pressure ulcers acquired as an inpatient		1	2	0	2	0	0	0	3	0	0	1	2	0		6	TBC
Number of serious incidents reported		0	1	1	0	0	0	0	0	0	0	0	0	0		0	TBC	
<b>PATIENT EXPERIENCE</b>																		
Complaints, Compliments and Comments	Total complaints received		35	34	30	21	41	27	18	23	35	41	32	31	47		209	NA
	% of complaints responded to within 28 days		60.0%	35.3%	46.7%	81.0%	58.5%	48.1%	66.7%	65.2%	62.9%	87.8%	65.6%	Reported 2 months in arrears			72%	R:<80% A:80%-90% G:>90%
	Total compliments received		48	20	23	36	64	57	50	20	41	64	40	49	15		229	NA
	Total Comments Received		16	11	17	8	18	14	9	9	13	8	4	6	9		49	NA

## EXCEPTION REPORTS

Exception reports are provided for all Quality and Performance indicators that are red against the agreed standard. They provide an explanation of the reasons underlying the performance and the proposed action plans to bring performance back on track.

WOMEN, CHILDREN AND FAMILY CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
<p><b>% deliveries by C-section (Planned &amp; Unscheduled)</b></p>	<table border="1" style="display: none; margin: 5px auto;"> <caption>% deliveries by C-section (Planned &amp; Unscheduled)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>38</td></tr> <tr><td>Jul-20</td><td>30</td></tr> <tr><td>Aug-20</td><td>35</td></tr> <tr><td>Sep-20</td><td>28</td></tr> <tr><td>Oct-20</td><td>38</td></tr> <tr><td>Nov-20</td><td>32</td></tr> <tr><td>Dec-20</td><td>30</td></tr> <tr><td>Jan-21</td><td>40</td></tr> <tr><td>Feb-21</td><td>28</td></tr> <tr><td>Mar-21</td><td>32</td></tr> <tr><td>Apr-21</td><td>32</td></tr> <tr><td>May-21</td><td>32</td></tr> <tr><td>Jun-21</td><td>35</td></tr> </tbody> </table>	Month	%	Jun-20	38	Jul-20	30	Aug-20	35	Sep-20	28	Oct-20	38	Nov-20	32	Dec-20	30	Jan-21	40	Feb-21	28	Mar-21	32	Apr-21	32	May-21	32	Jun-21	35	<p>There has been a slight increase in births YTD.</p> <p>We have consultant presence on labour ward and have increased our frequency of discussions around choice of birth; especially those who request a C-section. We are also increasing our public health messaging to inform people of the benefits and risks of elective C-sections. Please note that the future reporting will provide a further breakdown of those women requiring emergency and elective C-sections and that all of these undertake senior clinical review. We are committed to reducing this in line with national standards.</p>	<p>&gt;26%</p> <p>WACS Care Group General Manager</p>
Month	%																														
Jun-20	38																														
Jul-20	30																														
Aug-20	35																														
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<p><b>% primary postpartum haemorrhage &gt;= 1500</b></p>	<table border="1" style="display: none; margin: 5px auto;"> <caption>% primary postpartum haemorrhage &gt;= 1500</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-20</td><td>3</td></tr> <tr><td>Jul-20</td><td>8</td></tr> <tr><td>Aug-20</td><td>11</td></tr> <tr><td>Sep-20</td><td>3</td></tr> <tr><td>Oct-20</td><td>1</td></tr> <tr><td>Nov-20</td><td>10</td></tr> <tr><td>Dec-20</td><td>11</td></tr> <tr><td>Jan-21</td><td>8</td></tr> <tr><td>Feb-21</td><td>11</td></tr> <tr><td>Mar-21</td><td>6</td></tr> <tr><td>Apr-21</td><td>8</td></tr> <tr><td>May-21</td><td>11</td></tr> <tr><td>Jun-21</td><td>3</td></tr> </tbody> </table>	Month	%	Jun-20	3	Jul-20	8	Aug-20	11	Sep-20	3	Oct-20	1	Nov-20	10	Dec-20	11	Jan-21	8	Feb-21	11	Mar-21	6	Apr-21	8	May-21	11	Jun-21	3	<p>We have got a targeted clinically led group set up to focus and review the contributing factors to our PPH rates. The group are developing interventions to reduce PPH.</p>	<p>&gt;2.9%</p> <p>WACS Care Group General Manager</p>
Month	%																														
Jun-20	3																														
Jul-20	8																														
Aug-20	11																														
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Month	%																														
Jun-20	32																														
Jul-20	22																														
Aug-20	40																														
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Feb-21	25																														
Mar-21	22																														
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WAITING LISTS/PATIENT TRACKING LIST (PTL)																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% patients waiting >90 days for 1st appointment	<table border="1"> <caption>13-MONTH GRAPH: % patients waiting &gt;90 days for 1st appointment</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>70%</td></tr> <tr><td>Jul-20</td><td>55%</td></tr> <tr><td>Aug-20</td><td>50%</td></tr> <tr><td>Sep-20</td><td>48%</td></tr> <tr><td>Oct-20</td><td>45%</td></tr> <tr><td>Nov-20</td><td>45%</td></tr> <tr><td>Dec-20</td><td>48%</td></tr> <tr><td>Jan-21</td><td>50%</td></tr> <tr><td>Feb-21</td><td>45%</td></tr> <tr><td>Mar-21</td><td>42%</td></tr> <tr><td>Apr-21</td><td>40%</td></tr> <tr><td>May-21</td><td>40%</td></tr> <tr><td>Jun-21</td><td>40%</td></tr> </tbody> </table>	Month	Percentage	Jun-20	70%	Jul-20	55%	Aug-20	50%	Sep-20	48%	Oct-20	45%	Nov-20	45%	Dec-20	48%	Jan-21	50%	Feb-21	45%	Mar-21	42%	Apr-21	40%	May-21	40%	Jun-21	40%	Patients waiting over 90 days without an appointment remains a focus of the Surgical Care Group. COVID Recovery Funding confirmed – Plans under development for those specialities needing assistance to undertake additional outpatient clinics.	>35%
Month	Percentage																														
Jun-20	70%																														
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Jun-20	80%																														
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ELECTIVE (SCHEDULED) CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
New to follow-up ratio	<table border="1"> <caption>13-MONTH GRAPH: New to follow-up ratio</caption> <thead> <tr> <th>Month</th> <th>Ratio</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>4.5</td></tr> <tr><td>Jul-20</td><td>4.2</td></tr> <tr><td>Aug-20</td><td>4.0</td></tr> <tr><td>Sep-20</td><td>4.2</td></tr> <tr><td>Oct-20</td><td>3.8</td></tr> <tr><td>Nov-20</td><td>3.5</td></tr> <tr><td>Dec-20</td><td>3.5</td></tr> <tr><td>Jan-21</td><td>3.2</td></tr> <tr><td>Feb-21</td><td>2.8</td></tr> <tr><td>Mar-21</td><td>2.5</td></tr> <tr><td>Apr-21</td><td>2.5</td></tr> <tr><td>May-21</td><td>2.5</td></tr> <tr><td>Jun-21</td><td>2.5</td></tr> </tbody> </table>	Month	Ratio	Jun-20	4.5	Jul-20	4.2	Aug-20	4.0	Sep-20	4.2	Oct-20	3.8	Nov-20	3.5	Dec-20	3.5	Jan-21	3.2	Feb-21	2.8	Mar-21	2.5	Apr-21	2.5	May-21	2.5	Jun-21	2.5	The Surgical Care Group is systematically reviewing each surgical speciality to ensure that follow up appointments are of benefit to the patient and that these appointments are undertaken within current best practice and or the relevant Royal College guidance.	>2
Month	Ratio																														
Jun-20	4.5																														
Jul-20	4.2																														
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Intra-session theatre utilisation rate	<table border="1"> <caption>13-MONTH GRAPH: Intra-session theatre utilisation rate</caption> <thead> <tr> <th>Month</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>25%</td></tr> <tr><td>Jul-20</td><td>65%</td></tr> <tr><td>Aug-20</td><td>65%</td></tr> <tr><td>Sep-20</td><td>68%</td></tr> <tr><td>Oct-20</td><td>68%</td></tr> <tr><td>Nov-20</td><td>68%</td></tr> <tr><td>Dec-20</td><td>65%</td></tr> <tr><td>Jan-21</td><td>72%</td></tr> <tr><td>Feb-21</td><td>72%</td></tr> <tr><td>Mar-21</td><td>70%</td></tr> <tr><td>Apr-21</td><td>70%</td></tr> <tr><td>May-21</td><td>72%</td></tr> <tr><td>Jun-21</td><td>75%</td></tr> </tbody> </table>	Month	Rate	Jun-20	25%	Jul-20	65%	Aug-20	65%	Sep-20	68%	Oct-20	68%	Nov-20	68%	Dec-20	65%	Jan-21	72%	Feb-21	72%	Mar-21	70%	Apr-21	70%	May-21	72%	Jun-21	75%	Theatre Utilisation remains below the industry standard target of 85%. The Surgical Care Group management team have set up a Task and Finish group to identify and address the issues that affect the Theatre Utilisation target being met.	<85%
Month	Rate																														
Jun-20	25%																														
Jul-20	65%																														
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Jun-21	75%																														

EMERGENCY (UNSCHEDULED) CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% triaged within 15 minutes of arrival		An reduction in the number of patients triaged within 15 minutes of arrival was reported for the month of June. The Medical Services Care Group has noted potential data quality issues and is actively working with the service to address these. The reduction in performance is also compounded by increased attendances with simultaneous arrivals.	<p><b>&lt;90%</b></p> <p>Medical Services Care Group General Manager</p>
Total patients in department > 10 hours		An increase in the number of patients remaining in the department over 10 hours in the department has been reported. Data quality issues have been detected within the data set whereby patients who have already left the department are not recorded as discharged in a timely way. Additionally, a deterioration in the number of patients discharged before midday has resulted in longer lengths of stay in the Emergency Department for patients awaiting a bed.	<p><b>&gt;0</b></p> <p>Medical Services Care Group General Manager</p>
% discharges before midday		A deterioration has been noted a patient flow working group is being established to review system delays which may impact upon patient flow and timely discharge. A new discharge policy is also being developed to support clinical staff in managing safe and effective patient discharges.	<p><b>&lt;25%</b></p> <p>Medical Services Care Group General Manager</p>
Rate of Emergency readmission within 30 days of a previously admitted discharge		An improvement in the readmissions rate has been noted. The medical model has improved consultant presence across the medical wards ensuring increased senior decision maker presence.	<p><b>&gt;10%</b></p> <p>Medical Services Care Group General Manager</p>

MENTAL HEALTH & SOCIAL CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
Adult acute admissions patients < 18 years		An increase in admissions of under 18s to the adult acute unit has been noted in 2021. An action card is at final draft stage, outlining actions required and HCS executive oversight where admission is being sought. HCS has highlighted the issue to CYPES under which CAMHS services sit. Where admission is necessary (no inpatient CAMHS facility), AMH mitigate potential risks by providing chaperone, and daily input from CAMHS services is sought to provide therapeutic and psychiatrist input and review.	<p>&gt;0</p> <p>Mental Health Services General Manager</p>
Older adult acute admissions per 100,000 registered population		Admissions for Older Adult assessment are noted to be higher than National Benchmarking standards per 100K population, showing a trend consistent with previous years. Recruitment to vacant posts within the Older Adult Community team remains a high priority, and a review of service provision and pathways has commenced.	<p>&gt;40</p> <p>Mental Health Services General Manager</p>
Older adult acute bed occupancy (including leave)		Occupancy in older adult admission areas is noted to be higher than Nation MH benchmarking standard of 85%. This is an upward trend to previous years, due in part to a temporary reduction in the number of beds available for occupancy whilst building developments are underway at the St Saviours site. Recruitment to older adult community mental health posts remains a priority. A review of Beech admissions is in process to ensure that data for acute assessment patients is separately captured to those who are receiving continuing mental health nursing care.	<p>&gt;85%</p> <p>Mental Health Services General Manager</p>
Older adult acute length of stay (including leave)		Length of stay within the older adult acute units is reported as higher than National MH benchmarking standard. Excluding 2020 (unusual year due to CV19) this demonstrates progress on 2018 and 2019 reported average LoS, however remains above target. Review of service provision and pathways within Older adult mental health community based teams is underway, and weekly multi-disciplinary reviews are in place.	<p>&gt;85</p> <p>Mental Health Services General Manager</p>
JTT - % of total clients who Waited > 18 weeks to start treatment		The percentage of people waiting for treatment within Step 2 and 3 JTT services is reported as significantly higher than the standard derived from UK IAPT services. A plan is in place to recover the position which includes recruitment to backfill posts, ongoing caseload monitoring and allocation, and a review of the pathway through the service to identify potential efficiencies.	<p>&gt;5%</p> <p>Mental Health Services General Manager</p>

PATIENT EXPERIENCE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% of complaints responded to within 28 days	<table border="1"> <caption>13-MONTH GRAPH Data</caption> <thead> <tr> <th>Month</th> <th>% of complaints responded to within 28 days</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>60%</td></tr> <tr><td>Jul-20</td><td>35%</td></tr> <tr><td>Aug-20</td><td>45%</td></tr> <tr><td>Sep-20</td><td>80%</td></tr> <tr><td>Oct-20</td><td>60%</td></tr> <tr><td>Nov-20</td><td>50%</td></tr> <tr><td>Dec-20</td><td>65%</td></tr> <tr><td>Jan-21</td><td>65%</td></tr> <tr><td>Feb-21</td><td>60%</td></tr> <tr><td>Mar-21</td><td>85%</td></tr> <tr><td>Apr-21</td><td>85%</td></tr> <tr><td>May-21</td><td>65%</td></tr> <tr><td>Jun-21</td><td>65%</td></tr> </tbody> </table>	Month	% of complaints responded to within 28 days	Jun-20	60%	Jul-20	35%	Aug-20	45%	Sep-20	80%	Oct-20	60%	Nov-20	50%	Dec-20	65%	Jan-21	65%	Feb-21	60%	Mar-21	85%	Apr-21	85%	May-21	65%	Jun-21	65%	<p>Responding to complaints within the timeframe is a priority for the Feedback team and is regularly monitored to ensure that we are providing a timely response. There has been an improvement in performance with the support being provided by the Feedback team and Care groups adopting a more practical early resolution approach.</p>	<p><b>&lt;80%</b></p>
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			<p>Patient Advisory Liaison Service (PALS) Manager</p>																												