

QUALITY AND PERFORMANCE REPORT

September 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 & Performance Report is designed to provide assurance in relation to Health and Community Services' performance. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives.

The key areas of focus remain the assurance of patient care and safety as we continue with restoration and recovery to pre-pandemic levels and the continued development of our services.

1. Planned Care:

(i) Outpatients:

- There has been growth in the total number of patients on the outpatient PTL over the last quarter. This increase is directly attributable to community service pathways ie: dental and orthodontics.
- There has been a reduction in the number of patients awaiting their first outpatient appointment in acute services.
- When comparing the current waiting list to pre-pandemic levels, there has been a growth in the volume of patients awaiting community services and a reduction across acute care.

(ii) Inpatients:

- There has been growth in the overall number of patients awaiting inpatient treatment over the last quarter. This is attributable to reduced theatre activity caused by the annual scheduled theatre maintenance programme, staffing challenges and the impact of continued enhanced infection control requirements.
- When compared to pre-pandemic levels, there has been a growth in the diagnostic waiting list ie: endoscopy but a reduction in the elective waiting list.
- Growth in the diagnostic list is attributable to a reduction in the volume of patients receiving endoscopy procedures since the introduction of enhanced infection control requirements.

Assurance has been provided by the Clinical Care Groups that all patients continue to be dated in order of clinical priority followed by chronological order.

2. Emergency Care

Whilst there was an 8.5% increase in patients attending the Emergency Department in September, this did not result in an increase in the overall admission rate.

It is acknowledged that data quality issues remain within these 3 quality indicators. ED triage time, time to treatment and 10 hours stays data sets remain red, with all 3 areas deteriorating in month. The Emergency Department and Site Management services are developing options and reviewing escalation processes to identify what can be done to assist in improving performance in these fields.

3. Maternity

There has been an increase in month in both the elective and emergency c-section rate and also length of stay on the inpatient ward, both of which are directly linked to increased birth rate and complexity of deliveries.

Whilst there has been an improvement in the percentage of women experiencing post-partum haemorrhage, this remains in excess of the desired standard. The improvement programme is progressing and being managed through the intra-partum care group.

4. Mental Health and Social Care

Mental Health services have continued to experience operational and activity-based pressures across a number of services. This is demonstrated with an increase in admissions to Orchard House when compared to the previous month, as well as a high level of inpatient bed occupancy. There were 2 further admissions for persons under the age of 18 to the inpatient unit, and the level of admissions under mental health law application has been the highest in 2021. The older adult inpatient services have also continued to see pressure on bed occupancy and admission prevalence levels.

Jersey Talking Therapies has seen a reduction in the number of clients who are yet to have a first assessment by the end of the reporting period, but 3 standards remain RED. An improvement plan is being implemented by the newly appointed Lead Allied Health Professional and demand capacity modelling matched to clinician workforce has been completed.

Adult Social Care has seen a reduction in cases opened within 90 days as a percentage of all new cases.

The Quality & Risk and Operations, Performance & Finance Committees Delivery Group continue to monitor the performance of the quality and performance metrics across HCS services via exception reporting, with the development of action plans to deliver improvement as required.

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.

Changes have been made to the following indicators this month:















- The indicators 'UTC Attendances' and 'Total Attendances UTC+ED' have been removed as the Urgent Treatment Centre has been closed for over 13 months. Activity is now captured by the ED Attendances indicator.
- The indicator 'Number of medication errors resulting in harm' has been removed as data capture is not reliable. The intention is to replace this indicator with data sourced from the Electronic Prescribing and Medicines Administration system (EPMA).
- The indicator 'Number of serious incidents (SI) reported' has been removed as the policy defines serious incidents as those that are defined as such by the SI panel rather than incidents flagged by staff in the safety event administration system.
- The indicator 'Number of falls resulting in harm' now excludes employee falls in order to show patient harm only .
- The indicator 'Deliveries' has been corrected to show the count of deliveries rather than the count of births. E.g. The number of women giving birth rather than the number of babies being born.

Changes have been made to the following RAG Ratings / Standards this month:

- The standard for number of MRSA Bacteraemia has been set at 0.
- The standard for number of C-Diff cases has been set at 1 based on historic performance
- The standard for number of falls per 1000 bed days has been set at <6 based on historic performance
- The standard for number of falls resulting in harm has been set at <10 based on historic performance
- The standard for number of Cat 2 pressure ulcers acquired as an inpatient has been set at <8 based on historic performance
- The standard for number of Cat 3-4 pressure ulcers acquired as an inpatient has been set at 0 based on historic performance














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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	% Change	
																On Month	YoY
Deliveries	74	75	60	72	83	69	75	81	77	61	73	74	81		674	9%	9%
ED Attendances	2815	2616	2526	1873	1999	2133	2779	2926	3297	3370	3251	3194	3466		26415	9%	23%
Emergency Admissions	500	559	521	449	479	476	565	505	558	577	562	558	596		4876	7%	19%
Elective Admissions	291	260	264	145	201	248	258	241	203	230	166	180	198		1925	10%	-32%
Day Cases	568	627	553	349	556	559	692	631	547	651	519	525	667		5347	27%	17%
Stranded patients with LOS > 7 days	122	143	121	148	132	140	151	137	121	130	137	137	133		1218	-3%	9%
JGH/Overdale Outpatient Referrals	3812	4111	3638	3144	3241	3689	4716	4235	4082	4440	3831	3428	3586		35248	5%	-6%
JGH/Overdale Outpatient Referrals - Under 18	338	352	298	293	290	351	539	352	343	396	358	298	289		3216	-3%	-14%
Adult Mental Health Outpatient Referrals	282	286	200	166	193	193	245	203	228	199	223	197	243		1924	23%	-14%
JTT/PATS Referrals	81	109	81	83	76	89	109	109	90	129	108	110	124		944	13%	53%
Outpatient Attendances	15397	15797	16084	13131	14935	15792	18808	16679	15818	17695	15922	16176	15942		147767	-1%	4%
OP 1st Appointment Waiting List	9405	9982	9787	9721	9315	8927	8964	9242	9587	9866	9671	9471	9637		9637	2%	2%
Elective Waiting List	2677	2484	2514	2652	2801	2749	2641	2598	2672	2808	2954	3154	3056		3056	-3%	14%
Elective Waiting List - Under 18	114	102	110	101	101	99	97	94	82	73	79	78	86		86	10%	-25%

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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD	
COVID-19																		
COVID-19	Confirmed COVID-19 cases	49	167	460	1737	373	59	11	5	9	369	4741	962	699		7228	NA	
	New people tested for COVID-19	31000	14715	14653	13933	7597	5229	4102	3899	10335	24136	38356	42888	38074		174616	NA	
	Unique people tested for COVID-19 in month	31000	20693	22873	26511	22996	17516	16885	17802	26680	49537	72828	75412	73751			NA	
WOMEN, CHILDREN AND FAMILY CARE																		
Maternity	% deliveries by C-section (Planned & Unscheduled)	29.1%	38.7%	33.8%	29.7%	39.8%	29.0%	33.3%	34.1%	33.8%	34.9%	24.7%	35.1%	43.2%		34.4%	R:>26% A:22%-26% G:<22%	
	% deliveries home birth (Planned & Unscheduled)	1.4%	2.7%	6.7%	2.8%	6.0%	10.1%	4.0%	2.5%	3.9%	6.6%	2.7%	5.4%	7.4%		5.3%	R:<2% A:2%-5% G:>5%	
	% stillbirth rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	1.3%	1.2%		0.4%	<0.4%
	% 3rd degree perineal tear	2.0%	8.5%	10.5%	8.0%	4.0%	2.0%	2.0%	1.9%	3.9%	0.0%	5.4%	0.0%	2.1%		2.5%	<=3.5%	
	% primary postpartum haemorrhage >= 1500	2.7%	1.3%	10.0%	11.1%	8.4%	11.6%	6.7%	8.6%	11.7%	3.3%	11.0%	6.8%	4.9%		8.2%	<=2.9%	
	% of women that have an induced labour	25.7%	29.3%	26.7%	27.8%	27.7%	24.6%	24.0%	35.8%	24.7%	27.9%	31.5%	23.0%	23.5%		27.0%	<29.4%	
	Average length of stay on maternity ward	2.5	2.2	2.4	3.0	2.1	2.5	2.8	2.4	2.3	2.2	2.2	2.3	2.5	2.7		2.4	R:>2.5 A:2.3-2.5 G:<2.3
Children's Health	Average length of stay on Robin Ward	2.2	2.3	1.7	1.9	3.6	1.5	1.6	3.2	1.7	1.6	1.3	1.4	1.6		1.9	TBC	
	Was Not Brought Rate	11.1%	10.1%	8.3%	11.4%	8.6%	8.5%	7.7%	8.2%	9.3%	9.7%	15.1%	11.7%	9.6%		9.8%	TBC	
	Tooth extractions for patients <18	3	3	3	3	5	4	10	4	9	7	9	2	6		56	<25	

CATEGORY	INDICATOR	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD
WAITING LISTS/PATIENT TRACKING LIST (PTL)																	
Outpatients	% patients waiting >90 days for 1st appointment	47.2%	45.2%	44.7%	49.4%	50.7%	48.0%	42.2%	39.4%	38.7%	40.1%	43.1%	44.9%	47.0%		47.0%	R:>35% A:25%-35% G:<25%
	Total patients waiting >90 days without appointment date	3446	3353	3391	3637	3449	3352	3072	3076	3125	3307	3334	3306	3683		3683	NA
Elective Inpatients	% of patients waiting > 90 days for elective admissions	60.1%	55.9%	48.8%	50.9%	51.8%	53.0%	49.0%	48.9%	49.5%	47.2%	49.1%	50.6%	53.1%		53.1%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEDULED) CARE																	
Outpatients	Outpatient Did not attend (DNA) Rate	9.4%	9.2%	6.6%	7.6%	6.9%	6.3%	6.5%	6.7%	6.4%	7.3%	8.6%	7.6%	7.9%		7.1%	8%
	New to follow-up ratio	4.21	4.01	3.70	3.65	3.14	2.73	2.66	2.70	2.88	2.90	2.87	3.04	3.37		2.90	2
Inpatients	Acute elective length of stay	1.3	1.7	1.4	1.4	1.2	1.3	1.7	1.8	1.4	1.3	1.2	1.2	1.4		1.4	R:>4 A:3-4 G:<3
Theatres	Intra-session theatre utilisation rate	67.9%	68.1%	69.6%	60.8%	72.5%	73.3%	71.8%	67.8%	71.5%	72.2%	70.6%	63.8%	68.5%		70.4%	85%

CATEGORY	INDICATOR	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD
EMERGENCY (UNSCHEDULED) CARE																	
Emergency Department	Average time in ED (Mins)	140	151	148	152	148	143	146	155	160	168	171	166	173		161	<=240
	% triaged within 15 minutes of arrival	74.2%	74.1%	77.1%	81.3%	81.2%	80.7%	76.5%	75.8%	72.2%	67.2%	66.9%	69.7%	60.9%		71.3%	>90%
	% commenced treatment within 60 minutes	75.5%	79.4%	81.1%	85.0%	83.9%	84.5%	81.9%	78.5%	70.8%	71.5%	66.9%	67.6%	60.1%		72.8%	R:<70% A:70%-90% G:>90%
	Total patients in department > 10 hours	7	11	3	10	10	4	14	10	10	21	19	12	18		118	0
	ED conversion rate	14.9%	19.6%	18.1%	21.6%	20.8%	19.5%	17.8%	16.1%	14.7%	15.3%	16.0%	16.0%	14.4%		16.4%	R:>20% A:20%-15% G:<=15%
Emergency Inpatients	Non-elective acute length of stay	4.8	5.5	5.0	7.2	6.4	5.7	5.6	6.3	5.3	5.8	5.6	5.9	4.9		5.7	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	15.4%	11.9%	11.7%	9.2%	10.0%	10.8%	11.5%	10.9%	11.9%	13.7%	11.8%	12.3%	10.2%		11.5%	R:>17% A:15%-17% G:<15%
	Number of Beddays >7	1453	1604	1148	1940	1601	1250	1715	1790	1582	1966	1597	1757	1618		14876	R:>1800 A:1600-1800 G:<1600
	Number of patients delayed at the end of each month	13	35	21	16	17	14	11	19	22	21	25	31	21		21	R:>30 A:25-30 G:<25
	% discharges before midday	12.5%	12.5%	11.2%	14.8%	14.4%	13.2%	13.1%	11.5%	14.1%	15.8%	17.4%	13.6%	13.6%		14.1%	R:<15% A:15%-20% G:>20%
	Acute bed occupancy at midnight (EL & NEL)	61.4%	62.0%	64.8%	62.7%	52.9%	63.1%	72.3%	68.0%	70.3%	68.0%	57.5%	66.4%	59.4%		63.8%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previously admitted discharge	10.5%	13.1%	10.8%	14.1%	12.5%	13.3%	14.2%	13.5%	11.9%	13.2%	13.4%	12.2%	10.3%		12.7%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE																	
Adult Acute (Orchard House)	Acute admissions per 100,000 registered population	18.1	22.3	22.3	20.9	19.4	16.6	18.0	24.9	23.5	27.7	23.5	12.5	20.8		20.8	R:>25 A:20-25 G:<20
	Adult acute admissions patients < 18 years	0	0	0	0	0	1	1	1	0	4	1	0	2		10	0
	Adult acute bed occupancy at midnight	71.3%	74.4%	76.4%	70.0%	82.0%	80.1%	71.0%	85.5%	70.6%	83.9%	77.9%	94.5%	90.0%		81.8%	<88%
	Adult acute length of stay (including leave)	33	8	31	13	25	20	52	14	31	20	29	26	50		31	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	15.4%	18.8%	18.8%	20.0%	21.4%	8.3%	23.1%	22.2%	35.3%	35.0%	41.2%	22.2%	46.7%		29.6%	<37%
	% patients discharged with LOS >= 60 days	23.8%	0.0%	12.5%	0.0%	7.7%	12.5%	25.0%	8.3%	6.7%	4.5%	12.5%	16.7%	27.3%		13.8%	<14%
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	31.7	31.7	15.9	21.1	30.9	36.0	41.1	41.1	36.0	30.9	30.9	66.9	51.4		365.1	R:>40 A:35-40 G:<35
	Older adult acute bed occupancy (including leave)	64.9%	45.1%	41.0%	79.7%	87.0%	75.1%	75.6%	83.3%	91.4%	96.1%	91.8%	95.0%	91.2%		86.9%	<85%
	Older adult acute length of stay (including leave)	85	66	106	185	92	256	116	57	33	88	30	370	41		144	<85 Days
Community Mental Health Services	CMHT did not attend rate	7.6%	7.2%	6.1%	6.5%	5.5%	6.1%	6.0%	6.5%	5.8%	6.3%	6.9%	7.0%	6.1%		6.2%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE (Continued)																	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT/PATS - Referrals yet to have a first assessment at the end of the reporting period	118	122	100	95	97	91	89	87	96	122	136	200	285		285	R:>125 A:75-125 G:<75
	JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period	102	102	84	74	72	69	65	62	61	59	56	62	78		78	R:>40 A:30-40 G:<30
Jersey Talking Therapies	JTT clients with assessment who are yet to have a first treatment at the end of the reporting period	539	502	443	426	416	375	328	296	295	271	242	214	175		175	R:>250 A:150-250 G:<150
	JTT clients with assessment yet to have a first treatment, who have been waiting over 18 weeks at the end of the reporting period	232	202	174	168	163	130	114	99	86	74	58	57	72		72	R:>100 A:50-100 G:<50
	JTT - % of total clients who Waited > 18 weeks to start treatment	67.6%	67.6%	37.5%	26.1%	22.7%	64.2%	27.3%	40.9%	40.0%	42.6%	30.0%	43.9%	42.9%		40.4%	<5%
Adult Social Care	Adult needs assessments closed within 30 days	74.8%	71.8%	69.8%	76.1%	86.7%	86.2%	86.1%	83.6%	86.9%	89.2%	90.1%	73.2%	85.4%		85.5%	>80%
	Social Care - Closure rate	83	90	31	102	71	84	79	49	76	100	78	86	98		721	NA
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	9.9%	12.0%	12.2%	9.6%	5.6%	6.3%	7.1%	17.0%	11.3%	5.8%	18.7%	17.8%	8.2%		10.7%	<4%

CATEGORY	INDICATOR	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND	YTD	STD	
INFECTION CONTROL AND PATIENT SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
	C-Diff Cases	Hosp	0	2	2	0	3	2	1	1	0	0	2	2	2		13	> 1
Patient Safety	Number of falls per 1,000 bed days		6	5	4	7	2	6	4	4	4	4	5	4	4		4	<6
	Number of falls resulting in harm		4	15	8	11	14	11	11	7	9	9	5	10	10		86	<10
	Number of patient safety incidents		299	376	304	331	278	335	335	359	333	388	349	355	290		3022	NA
	Number of cat 2 pressure ulcers acquired as an inpatient		4	8	8	7	4	6	9	8	7	9	11	9	7		70	<8
	Number of cat 3-4 pressure ulcers acquired as an inpatient		2	0	0	0	3	0	0	1	2	0	0	0	0		6	0
PATIENT EXPERIENCE																		
Complaints, Compliments and Comments	Total complaints received		19	41	27	18	23	35	41	32	31	47	37	26	33		305	NA
	% of complaints responded to within 28 days		78.9%	58.5%	48.1%	66.7%	65.2%	62.9%	87.8%	65.6%	61.3%	51.1%	59.5%	Reported 2 months in arrears			65%	R:<80% A:80%-90% G:>90%
	Total compliments received		32	64	57	50	20	41	64	40	52	26	45	22	29		339	NA
	Total Comments Received		8	18	14	9	9	13	8	4	6	10	6	5	9		70	NA

EXCEPTION REPORTS

WOMEN, CHILDREN AND FAMILY CARE

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
<p>% deliveries by C-section (Planned & Unscheduled)</p>		<p>There was a high level of activity in maternity, with 81 deliveries in month of which 3 were sets of twins. 35 of the 81 deliveries were via c-section, with 19 elective and 16 emergency c-sections in month. This represents an increased rate of both emergency and elective c-sections in month, and whilst the c-section rate was high, this reflects the profile of the mothers presenting - e.g. older mothers (age 40+) and multiple pregnancies, both of which have higher risk factors.</p>	<p>>26%</p>
<p>% stillbirth rate</p>		<p>The still birth rate remains low with less than 5 occurrences in the year to date. Each occurrence is considered a serious incident and a review is undertaken to identify lessons learned to help prevent future occurrences</p>	<p>>0.4%</p>
<p>% primary postpartum haemorrhage >= 1500</p>		<p>There has been an improvement on the percentage of women experiencing PPH over the past 3 months. However this still remains in excess of the recognised quality standard. The Intrapartum Group is in situ and processing review and implementation of best practice guidance in order to reduce these figures.</p>	<p>>2.9%</p>
<p>Average length of stay on maternity ward</p>		<p>LOS on maternity ward has increased marginally in month and is a reflection of the higher than average c-section rate, linked to the increased complexity of the deliveries, including multiple pregnancies and mothers aged over 40.</p>	<p>>2.5</p>

WAITING LISTS/PATIENT TRACKING LIST (PTL)			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting >90 days for 1st appointment		<p>Four specialities have high numbers and percentages of patients waiting more than 90 days for their first appointment and have shown significant increases in the volume of patients waiting compared to pre-pandemic levels: Community Dental Services, Orthodontics, Trauma & Orthopaedics and Physiotherapy (Acute). Assurance has been provided by all Care Groups that outpatients continue to be dated in order of clinical priority followed by chronological order, undertaking both administrative and clinical validation as appropriate. Any patient waiting more than 48 weeks for treatment will have a clinical harm review undertaken, with outputs reported and monitored through Clinical Harm Review Panel.</p>	<p>>35%</p> <p>Surgical Services Care Group General Manager</p>
% of patients waiting > 90 days for elective admissions		<p>This is driven by long waiters in Endoscopy, Trauma & Orthopaedics and Ophthalmology. Over-arching growth over the last quarter is directly attributable to reduced theatre activity, with lists lost due to the annual scheduled theatre maintenance programme. In addition to this, there were lists were lost over the period due to staffing challenges caused by COVID related sickness, other short-term sickness, vacancies, and annual leave. A significant improvement in staffing levels is anticipated with Main Theatres and DSU timetables planned to revert fully during November. The Endoscopy waiting list is expected to decrease from December following the implementation of FIT testing.</p>	<p>>35%</p> <p>Surgical Services Care Group General Manager</p>

ELECTIVE (SCHEDULED) CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
New to follow-up ratio		<p>The new to follow up ratio is higher this month than in the last few months. This is still being investigated as there were system issues extracting data, meaning late receipt of the information. This indicator is an important part of HCS activity - delivering more follow up appointments impacts on the capacity to deliver new appointments which in turn means longer waiting lists.</p>	<p>> 2.0</p> <p>Surgical Services Care Group General Manager</p>
Intra-session theatre utilisation rate		<p>A Task & Finish group is underway to aid service productivity. A slight improvement has been achieved in theatre utilisation rate in month.</p>	<p><85%</p> <p>Surgical Services Care Group General Manager</p>

EMERGENCY (UNSCHEDULED) CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% triaged within 15 minutes of arrival		The percentage of patients triaged within 15 minutes saw a deterioration in the month of September. This was partially due to the number of simultaneous arrivals. Secondary to this, only patients who arrive by self-presentation should be included within this standard on the basis that ambulance arrivals are already triaged. The leadership team for medical services has implemented a data quality task & finish group to review all metrics within emergency medicine to ensure data is captured correctly and technical guidance for calculation of the standard is correct.	<p><90%</p> <p>Medical Services Care Group General Manager</p>
% commenced treatment within 60 minutes		The percentage of patients with treatment commenced within 60 minutes deteriorated in the month of September. Initial review has identified that records are not always produced contemporaneously, therefore although patients have treatment commenced within 60 minutes the time is not always immediately entered onto the system. The leadership team for medical services has implemented a data quality task & finish group to review all metrics within emergency medicine to ensure data is captured correctly and technical guidance for calculation of the standard is correct.	<p><70%</p> <p>Medical Services Care Group General Manager</p>
Total patients in department > 10 hours		Data quality validation continues to take place, improvements of figures reported in 2021 has been noted within this reporting period. In some incidents patients have had a prolonged stay within the Emergency Department whereby alternative arrangements are put in place to enable the patient to be safely discharged preventing unnecessary admission to hospital.	<p>>0</p> <p>Medical Services Care Group General Manager</p>
Rate of Emergency readmission within 30 days of a previously admitted discharge		There was a reduction in the readmission rate in September. It is noted that not all readmissions to hospital within 30 days will be for the same reason as the initial admission. A system to validate readmissions is being developed to identify admissions where the readmission is for the same reason as the initial and review to ensure that the Early Supported Discharge pathway are excluded from this calculation.	<p>>10%</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	<table border="1"> <caption>Adult acute admissions patients < 18 years</caption> <thead> <tr><th>Month</th><th>Admissions</th></tr> </thead> <tbody> <tr><td>Sep-20</td><td>0</td></tr> <tr><td>Oct-20</td><td>0</td></tr> <tr><td>Nov-20</td><td>0</td></tr> <tr><td>Dec-20</td><td>0</td></tr> <tr><td>Jan-21</td><td>0</td></tr> <tr><td>Feb-21</td><td>1</td></tr> <tr><td>Mar-21</td><td>1</td></tr> <tr><td>Apr-21</td><td>1</td></tr> <tr><td>May-21</td><td>0</td></tr> <tr><td>Jun-21</td><td>4</td></tr> <tr><td>Jul-21</td><td>1</td></tr> <tr><td>Aug-21</td><td>0</td></tr> <tr><td>Sep-21</td><td>2</td></tr> </tbody> </table>	Month	Admissions	Sep-20	0	Oct-20	0	Nov-20	0	Dec-20	0	Jan-21	0	Feb-21	1	Mar-21	1	Apr-21	1	May-21	0	Jun-21	4	Jul-21	1	Aug-21	0	Sep-21	2	<p>HCS and CYPES have developed a cross department group to review pathways. Where admission is necessary (there is no inpatient CAMHS facility) AMH mitigate potential risks by providing a chaperone, and daily input is sought from CAMHS services to provide therapeutic and psychiatrist input and review.</p> <p>The second meeting that occurred on 12/10/2021, is working on action cards for Orchard House for young people in crisis. There are stronger links with CAMHS and there are bi-weekly meetings looking at operational issues and bi-weekly meetings focusing on strategy development.</p>	<p>>0</p> <p>Mental Health Services General Manager</p>
Month	Admissions																														
Sep-20	0																														
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Month	Occupancy (%)																														
Sep-20	70																														
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Sep-20	25																														
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<p>Older adult acute admissions per 100,000 registered population</p>		<p>September's admissions per 100,000 population remain over target for September however have decreased since August coinciding with the seasonality for this indicator. There are staffing issues within OHCT which are undergoing recruitment process.</p>	<p>>40</p>
<p>Older adult acute bed occupancy (including leave)</p>		<p>There is a lack of community and private provision which is negatively impacting the occupancy of Older Adult wards.</p>	<p>>85%</p>
<p>JTT/PATS - Referrals yet to have a first assessment at the end of the reporting period</p>		<p>There has been a notable increase in the number of individuals referred to JTT or PATS who have not had a first assessment at the end of August. This increase is noted to have a number of contributory factors including increase in the number of cancellations and DNAs for JTT appointments (15% in July and August compared with an average of 7.5% in the 6 months preceding), staff annual leave and challenges in backfilling posts of staff who have been redeployed from JTT to the wellbeing team in the hospital. A multi-faceted action plan has been developed which includes reviewing IAPT guidance on clinical contacts, continuing to progress recruitment, re-booking DNA and cancellations and exploring available digital options.</p>	<p>> 125</p>
<p>JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period</p>		<p>It is evident that there has been an increase number of people who have waited for over 90 days at the point an individual receives their assessment from PATS or JTT. This relates to the reduction in contacts in the months of July and August within JTT and to a lesser degree PATS. A multi-faceted action plan has been developed which includes reviewing IAPT guidance on clinical contacts, continuing to progress recruitment, re-booking DNA and cancellations and exploring available digital options.</p>	<p>> 40</p>
<p>JTT - % of total clients who Waited > 18 weeks to start treatment</p>		<p>% of clients who are waiting over 18 weeks continues to exceed targets, plans are underway to improve waiting. This includes shortening assessment, to increase numbers above to be completed and clinicians are filling the spare slots which will enable treatment times to commence earlier. Caseloads are being regularly reviewed in supervision to discuss length of treatment.</p>	<p>>5%</p>
<p>Social Care - Cases re-opened within 90 days as a percentage of all new cases</p>		<p>Further analysis required as to causal factor. Possible factor is due to aging demographic and fluctuating needs therefore requiring reassessment of need. It is important to note that reassessment occurs for change in need, and needs may improve as well as increase.</p>	<p><4%</p>
			<p>Mental Health Services General Manager</p>

INFECTION CONTROL AND PATIENT SAFETY			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
C-Diff Cases - Hosp		<p>There have been 13 cases of C. Difficile infection in the hospital so far this year. Root Cause Analysis, carried out for all cases has found that none of the cases were due to cross-infection. They are antibiotic driven and review has shown that in 12 of the 13 cases, antibiotics have been prescribed appropriately. There is a continuous review of antibiotic use in the hospital through a joint pharmacy / microbiology exercise.</p> <p>HCS will continue with surveillance and RCAs for all cases.</p>	<p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">1</p> <p style="text-align: center;">Lead Nurse - Infection Prevention and Control</p>
Number of falls resulting in harm		<p>The impact of assessment has not been assessed at this time, however a Falls working group has been re-established to provide the following:</p> <ul style="list-style-type: none"> - Final feedback from re-established Falls group by 8th November then policy to be taken to PPRG meeting for ratification - Training session for all staff in management of Falls, application of the Falls policy, Falls care bundle and Falls incident Algorithm – will be provided by Doctor and Practice Development Nurse - Sub-group of Falls group looking at algorithm for patients at Sandybrook and St Saviours where out of hours service is provided by GPs - Job Description completed and evaluated for a Falls Practitioner – waiting funding confirmation 	<p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">>= 10</p> <p style="text-align: center;">Patient & Client Safety Officer</p>
PATIENT EXPERIENCE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% of complaints responded to within 28 days		<p>The impact of the interventions highlighted below has not yet been determined. A task and finish group has been established to:</p> <ul style="list-style-type: none"> - review process for managing all feedback and response times. - Provide Customer & Complaints training October 2021 to staff responsible for investigating complaints. - Customer service training has commenced in October with a rolling monthly training session to capture all staff. <p>A Patient Advisory & Liaison Service desk is in early development stage at the hospital outpatient department to deal with resolving low-level issues. Due to be completed end of October 2021.</p> <p>My experience survey has been rolled out to all inpatient wards with data collected reported monthly to care groups. My experience champions being established on each ward with training planned for December 2021.</p>	<p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;"><80%</p> <p style="text-align: center;">Patient Advisory Liaison Service (PALS) Manager</p>

APPENDIX - DATA SOURCES

DEMAND AND ACTIVITY			
INDICATOR	SOURCE		
Deliveries	Maternity Delivery Details Report		
ED Attendances	Emergency Department Attendances Report		
Emergency Admissions	Hospital Inpatient Admissions Report		
Elective Admissions	Hospital Inpatient Admissions Report		
Day Cases	Hospital Inpatient Admissions Report		
Stranded patients with LOS > 7 days	Hospital Discharges Report		
JGH/Overdale Outpatient Referrals	Hospital Inpatient Waiting List Report		
JGH/Overdale Outpatient Referrals - Under 18	Hospital Inpatient Waiting List Report		
Adult Mental Health Outpatient Referrals	Hospital Inpatient Waiting List Report		
JTT/PATS Referrals	JTT & PATS electronic client record system		
Outpatient Attendances	Hospital Outpatient Attendances Report		
OP 1st Appointment Waiting List	Hospital Outpatient Waiting List Report		
OP Follow-Up Waiting List	Hospital Outpatient Waiting List Report		
Elective Waiting List	Hospital Inpatient Waiting List Report		
Elective Waiting List - Under 18	Hospital Inpatient Waiting List Report		

COVID-19					
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD	
COVID-19	Confirmed COVID-19 cases	Pathology Laboratory Testing Systems	Director of Testing & Tracing, JHA	NA	
	New people tested for COVID-19	Daily Xaily Drpically i	Director of Testing & Tracing, JHA	NA	
	Unique people tested for COVID-19 in month	Pathology Laboratory Testing Systems	Director of Testing & Tracing, JHA	NA	

WOMEN, CHILDREN AND FAMILY CARE					
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD	
Maternity	% deliveries by C-section (Planned & Unscheduled)	Maternity Delivery Details Report	WACS Care Group General Manager	>26%	
	% deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	WACS Care Group General Manager	<2%	
	% stillbirth rate	Maternity Delivery Details Report	WACS Care Group General Manager	>0.4%	
	% 3rd degree perineal tear	Maternity Delivery Details Report	WACS Care Group General Manager	>3.5%	
	% primary postpartum haemorrhage >= 1500	Maternity Delivery Details Report	WACS Care Group General Manager	>2.9%	
	% of women that have an induced labour	Maternity Delivery Details Report	WACS Care Group General Manager	>25%	
	Average length of stay on maternity ward	Hospital Discharges Report	WACS Care Group General Manager	>2.5	
Children's Health	Average length of stay on Robin Ward	Hospital Discharges Report	WACS Care Group General Manager	TBC	Standard under review
	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	TBC	Standard under review
	Tooth extractions for patients <18	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>25	

WAITING LISTS/PATIENT TRACKING LIST (PTL)					
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD	
Outpatients	% patients waiting >90 days for 1st appointment	Hospital Outpatient Waiting List Report	Surgical Services Care Group General Manager	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
	Total patients waiting >90 days without appointment date	Hospital Outpatient Waiting List Report	Surgical Services Care Group General Manager	NA	
Elective Inpatients	% of patients waiting > 90 days for elective admissions	Hospital Inpatient Waiting List Report	Surgical Services Care Group General Manager	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks

ELECTIVE (SCHEDULED) CARE					
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD	
Outpatients	Outpatient Did not attend (DNA) Rate	Hospital Outpatient Attendances Report	Surgical Services Care Group General Manager	>8%	Standard set locally
	New to follow-up ratio	Hospital Outpatient Attendances Report	Surgical Services Care Group General Manager	> 2.0	Standard set locally
Inpatients	Acute elective length of stay	Hospital Discharges Report	Surgical Services Care Group General Manager	>4	Standard set locally
Theatres	Intra-session theatre utilisation rate	Hospital Procedure & Theatre Reports	Surgical Services Care Group General Manager	<85%	Standard set historically based on NHS Benchmarking data. Latest available report shows mean operating theatre utilisation of 76.47% in 2019/20 for those organisations that submitted data

EMERGENCY (UNSCHEDULED) CARE					
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD	
Emergency Department	Average time in ED (Mins)	Emergency Department Attendances Report	Medical Services Care Group General Manager	>240	
	% triaged within 15 minutes of arrival	Emergency Department Attendances Report	Medical Services Care Group General Manager	<90%	
	% commenced treatment within 60 minutes	Emergency Department Attendances Report	Medical Services Care Group General Manager	<70%	
	Total patients in department > 10 hours	Emergency Department Attendances Report	Medical Services Care Group General Manager	>0	
	ED conversion rate	Emergency Department Attendance Report	Medical Services Care Group General Manager	>20%	
Emergency Inpatients	Non-elective acute length of stay	Hospital Discharges Report	Medical Services Care Group General Manager	>10	
	% Emergency admissions with 0 length of stay	Hospital Inpatient Admissions Report	Medical Services Care Group General Manager	>17%	
	Number of Beddays >7	Hospital Discharges Report	Medical Services Care Group General Manager	1800	Standard set based on historic performance locally
	Number of patients delayed at the end of each month	Hospital Current Inpatients Report	Medical Services Care Group General Manager	30	Standard set based on historic performance locally
	% discharges before midday	Hospital Discharges Report	No owner identified	No standard identified	
	Acute bed occupancy at midnight (EL & NEL)	Hospital Bed Utilisation Report	Medical Services Care Group General Manager	>85%	
	Rate of Emergency readmission within 30 days of a previously admitted discharge	Hospital Inpatient Admission & Discharge Reports	Medical Services Care Group General Manager	>10%	

MENTAL HEALTH & SOCIAL CARE					
	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
Adult Acute (Orchard House)	Acute admissions per 100,000 registered population	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>25	Standard set historically based on NHS Benchmarking data.
	Adult acute admissions patients < 18 years	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>0	Standard set historically based on NHS standards
	Adult acute bed occupancy at midnight	Hospital Bed Utilisation Report	Mental Health Services General Manager	>88%	Royal College of Psychiatry Standard is 85% excluding leave
	Adult acute length of stay (including leave)	Hospital Discharges Report	Mental Health Services General Manager	>28	
	Adult acute admissions under the Mental Health Law as a % of all admissions	Hospital Inpatient Admission & Mental Health Articles Reports	Mental Health Services General Manager	>37%	
	% patients discharged with LOS >= 60 days	Hospital Discharges Report	Mental Health Services General Manager	>14%	
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>40	
	Older adult acute bed occupancy (including leave)	Hospital Bed Utilisation Report	Mental Health Services General Manager	>85%	Royal College of Psychiatry Standard is 85% excluding leave
	Older adult acute length of stay (including leave)	Hospital Discharges Report	Mental Health Services General Manager	>85	Standard set historically based on NHS Benchmarking data.
Community Mental Health Jersey Talking Therapies / Psychological Assessment & Therapy Service	CMHT did not attend rate	Community services electronic client record system	Mental Health Services General Manager	>10%	
Jersey Talking Therapies	JTT/PATS - Referrals yet to have a first assessment at the end of the reporting	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
	JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90	JTT & PATS electronic client record system	Mental Health Services General Manager	> 40	Standard set based on historic performance locally
	JTT clients with assessment who are yet to have a first treatment at the end of the	JTT & PATS electronic client record system	Mental Health Services General Manager	> 250	Standard set based on historic performance locally
	JTT clients with assessment yet to have a first treatment, who have been waiting	JTT & PATS electronic client record system	Mental Health Services General Manager	> 100	Standard set based on historic performance locally
	JTT - % of total clients who Waited > 18 weeks to start treatment	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	
Adult Social Care	Adult needs assessments closed within 30 days	Community services electronic client record system	Adult Social Care General Manager	<80%	Standard set based on historic performance locally
	Social Care - Closure rate	Community services electronic client record system	Adult Social Care General Manager	NA	
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	Community services electronic client record system	Adult Social Care General Manager	<4%	

INFECTION CONTROL AND PATIENT SAFETY						
INDICATOR			SOURCE	OWNER	STANDARD THRESHOLD	
Infection Control	MRSA Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0	Standard based on 2020/21 average from Public Health England and applied to local number of beddays.
	C-Diff Cases - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	1	Standard based on 2020/21 average from Public Health England and applied to local number of beddays.
Patient Safety	Number of falls per 1,000 bed days		Datix Safety Events & Hospital Bed Utilisation Reports	Patient & Client Safety Officer	6	Standard set based improvement compared to historic performance
	Number of falls resulting in harm		Datix Safety Events Report	Patient & Client Safety Officer	>= 10	Standard set based improvement compared to historic performance
	Number of patient safety incidents		Datix Safety Events Report	Patient & Client Safety Officer	NA	
	Number of cat 2 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Patient & Client Safety Officer	8	Standard set based improvement compared to historic performance
	Number of cat 3-4 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Patient & Client Safety Officer	0	Standard set based improvement compared to historic performance

PATIENT EXPERIENCE						
INDICATOR			SOURCE	OWNER	STANDARD THRESHOLD	
Complaints, Compliments and Comments	Total complaints received		Datix Complaints Received Report	Patient Advisory Liaison Service (PALS) Manager	NA	
	% of complaints responded to within 28 days		Datix Complaints Received Report	Patient Advisory Liaison Service (PALS) Manager	<80%	
	Total compliments received		Datix Complaints Received Report	Patient Advisory Liaison Service (PALS) Manager	NA	
	Total Comments Received		Datix Complaints Received Report	Patient Advisory Liaison Service (PALS) Manager	NA	