

QUALITY AND PERFORMANCE REPORT

June 2022

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.

SPONSORS:

Chief Nurse - Rose Naylor

Medical Director - Patrick Armstrong

Interim Director Clinical Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA:

HCS Informatics

TABLE OF CONTENTS

		PAGE
1.	Executive Summary	3
3.	Changes and Technical Notes	4
4.	Demand and Activity	5
5.	Quality & Performance Scorecard	6-11
6.	Exception Reports	12-18
7.	Appendix - Data Sources	19-24

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.

In relation to mental health & adult social care, we are currently in the process of reviewing the indicators that we report and intend to refresh this at the end of the year. Services continue to experience high levels of demand (and in some cases reduced staff capacity) which result in waiting times. These are closely monitored and, where necessary, recovery action plans developed. In relation to Jersey Talking Therapies we continue to see 95% of people referred within our target of 90 days, and are actively working to reduce the length of time people then wait for treatment (with a current target of 18 weeks).

Occupancy remains high in both working age and older adult wards, with a high level of patients (30%) in mental health beds identified as no longer needing to be in hospital. Work is being undertaken across the health & social care system to seek to resolve this.

Within acute and general hospital care areas we have seen referring activity plateau post a sharp return to business as usual in earlier months post Covid months. A detailed review of both outpatient and inpatient waiting lists has been conducted. There is evidence of reduced outpatient waiting lists across many specialities with some remaining specialities to be improved. These are subject to recovery plans which will be monitored weekly. The significant outlier continues to be the community dental waiting list which is being mitigated in the short term through a commission with primary care dental industry which will serve as proof of concept and underpin elements of an oral health strategy in development.

Inpatient elective activity is impacted by bed availability in some specialities due to emergency demand at times with the additional feature of higher than historic levels of medically fit for discharge patients within the acute bed base. A medically fit for discharge task force commenced to ensure all internal processes are maximised e.g. discharge planning alongside an operational improvement workstream to ensure bed capacity & flow are efficient. Day surgery activity remains high delivering inpatient waiting list recovery & mitigation of capacity issues as they arise. ED activity continues to grow with a stable conversion rate. Further analysis is on going to ensure the correct responses and actions will be in place as part of our winter planning response i.e. understanding of acuity & additional pathways.

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. The following changes have been made during Q2 2022.

Maternity

The standard on % home births has been removed - location of birth is mother's choice, so this is not considered appropriate.

Emergency (Unscheduled) Care

The Indicator 'Rate of Emergency readmission within 30 days of a previous inpatient discharge' now excludes AEC activity.

DEMAND (Referrals)

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-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	On Month	YoY
JGH/Overdale Outpatient Referrals	3934	3362	3042	3256	3338	3542	2649	3156	3580	3885	3190	3475	3340		20626	-4%	-15%
JGH/Overdale Outpatient Referrals - Under 18	356	327	265	274	324	328	225	389	509	467	344	348	380		2437	9%	7%
JTT Referrals (Opt-In)	116	94	103	115	101	100	95	98	97	118	78	88	99		578	13%	-15%

ACTIVITY

Measure	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	On Month	YoY
Deliveries	61	73	74	81	73	71	63	61	61	68	67	79	63		399	-20%	3%
ED Attendances	3369	3250	3193	3466	3301	3031	2919	2823	2674	3157	3188	3668	3707		19217	1%	10%
Emergency Admissions	549	543	529	538	557	594	589	541	495	539	510	551	548		3184	-1%	0%
Elective Admissions	305	246	299	241	214	220	181	194	212	205	264	200	232		1307	16%	-24%
Elective Day Cases	634	513	515	659	576	673	639	572	597	670	555	602	550		3546	-9%	-13%
Stranded patients with LOS > 7 days	130	137	138	133	136	127	143	148	135	148	135	132	151		849	14%	16%
Outpatient Attendances	20420	18634	18765	18740	18703	20706	16799	18873	19348	22184	18522	20357	19565		118849	-4%	-4%

WAITING LISTS

Measure	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9461	9290	9092	9086	9390	9206	8938	8744	8945	9109	9571	9757	9825		9825	1%	4%
Outpatient 1st Appointment Waiting List - Acute	7626	7421	7150	7115	7393	7155	6857	6639	6639	6740	7226	7459	7542		7542	1%	-1%
Outpatient 1st Appointment Waiting List - Community	1835	1869	1942	1971	1997	2051	2081	2105	2306	2369	2345	2298	2283		2283	-1%	24%
Diagnostics Waiting List	1348	1348	1390	1354	1479	1508	1489	1368	1452	1405	1279	1241	1151		1151	-7%	-15%
Elective Waiting List	1498	1639	1794	1742	1862	1804	1769	1942	1965	2062	2130	2130	2169		2169	2%	45%
Elective Waiting List - Under 18	69	74	73	81	71	63	73	75	75	84	87	102	110		110	8%	59%

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-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	STD
COVID-19																	
COVID-19	Confirmed COVID-19 cases	372	4769	963	702	1107	3077	5514	11445	6659	8929	3105	858	3347		34343	NA
	New people tested for COVID-19	21398	34275	38678	36874	26664	4951	5123	5107	1973	2119	1046	510	1082		11837	NA
	Unique people tested for COVID-19 in month	49540	72831	75404	73764	66124	30116	31450	29613	14838	15806	8707	6173	8714			NA
WOMEN, CHILDREN AND FAMILY CARE																	
Maternity	% deliveries by C-section (Planned & Unscheduled)	34.4%	24.3%	35.1%	42.7%	45.3%	46.5%	39.4%	41.0%	41.9%	47.8%	43.3%	40.5%	40.6%		42.5%	NA
	% deliveries home birth (Planned & Unscheduled)	6.6%	2.7%	5.4%	7.4%	1.4%	0.0%	4.8%	4.9%	4.9%	5.9%	1.5%	7.6%	6.3%		5.3%	NA
	% stillbirth rate	1.5%	0.0%	1.3%	1.2%	1.3%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%		0.2%	<0.4%
	% 3rd degree perineal tear	0.0%	5.4%	0.0%	2.1%	0.0%	5.3%	0.0%	2.8%	8.6%	8.6%	5.3%	2.1%	0.0%		4.4%	<=3.5%
	% primary postpartum haemorrhage >= 1500ml	3.3%	11.0%	6.8%	4.9%	5.5%	8.5%	6.3%	4.9%	1.6%	8.8%	4.5%	6.3%	9.5%		6.0%	3.30%
	% of women that have an induced labour	27.9%	31.5%	23.0%	23.5%	24.7%	33.8%	28.6%	24.6%	27.9%	27.9%	22.4%	30.4%	27.0%		26.8%	R: >25% A: 20%-25% G: <20%
	Average length of stay on maternity ward	2.2	2.3	2.5	2.7	2.1	2.2	2.2	2.1	2.1	2.1	2.5	2.2	2.3		2.2	R: >2.5 A: 2.3-2.5 G: <2.3
Children's Health	Average length of stay on Robin Ward	1.6	1.3	1.4	1.6	1.0	2.1	1.7	1.4	1.3	1.7	1.9	1.1	1.7		1.5	<=1.7
	Was Not Brought Rate	9.9%	14.9%	11.6%	9.9%	11.4%	14.1%	14.0%	12.9%	10.7%	13.3%	13.1%	12.7%	12.6%		12.6%	<9.8%
	Tooth extractions for patients <18	7	9	2	6	11	3	6	6	5	8	4	8	5		36	<25

CATEGORY	INDICATOR	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	STD
WAITING LISTS/PATIENT TRACKING LIST (PTL)																	
Outpatients	% patients waiting >90 days for 1st outpatient appointment	39.9%	43.0%	44.8%	49.3%	46.4%	43.7%	46.4%	46.9%	43.6%	39.2%	40.9%	42.2%	44.1%		44.1%	R:>35% A:25%-35% G:<25%
	% patients waiting >90 days for 1st OP appointment - Acute	30.1%	32.8%	34.1%	39.2%	36.1%	32.1%	35.0%	34.6%	31.3%	25.6%	29.1%	30.4%	34.1%		34.1%	R:>35% A:25%-35% G:<25%
	% patients waiting >90 days for 1st OP appointment - Community	81.0%	83.1%	83.9%	86.0%	84.5%	84.4%	84.0%	85.7%	79.1%	77.8%	77.5%	80.2%	77.1%		77.1%	R:>35% A:25%-35% G:<25%
Diagnostics	% patients waiting >90 days for diagnostics	58.5%	62.8%	64.8%	67.7%	63.6%	62.9%	65.5%	66.6%	64.8%	68.3%	64.8%	55.9%	52.3%		52.3%	R:>35% A:25%-35% G:<25%
Elective Inpatients	% of patients waiting > 90 days for elective admissions	38.7%	39.4%	41.1%	43.1%	44.0%	42.6%	45.1%	47.0%	49.6%	50.7%	52.7%	54.5%	55.2%		55.2%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEDULED) CARE																	
Outpatients	Outpatient Did not attend (DNA) Rate	8.2%	9.7%	8.8%	9.1%	9.3%	9.9%	10.4%	10.6%	10.1%	10.8%	10.4%	10.2%	10.6%		10.5%	8%
	New to follow-up ratio	2.90	2.87	3.05	3.38	3.19	3.16	3.01	3.00	2.79	2.98	3.14	2.97	2.93		2.96	2
Inpatients	Acute elective length of stay	2.1	2.5	2.2	2.1	1.8	2.3	2.8	2.1	2.3	1.8	2.5	1.7	2.3		2.1	R:>4 A:3-4 G:<3
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	73.0%	70.3%	66.3%	74.0%	77.9%	72.4%	65.3%	58.8%	67.4%	71.5%	65.0%	65.5%	72.4%		67.3%	85%

CATEGORY	INDICATOR	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	STD
EMERGENCY (UNSCHEDULED) CARE																	
Emergency Department	Average time in ED (Mins)	168	171	166	173	165	167	182	180	175	170	183	177	167		175	<=240
	% triaged within 15 minutes of arrival	67.2%	66.9%	69.7%	60.9%	67.3%	68.0%	66.9%	68.3%	66.9%	65.6%	64.4%	59.0%	63.4%		64.3%	>90%
	% commenced treatment within 60 minutes	71.5%	66.9%	67.6%	60.1%	64.6%	68.5%	63.0%	64.2%	65.8%	63.0%	57.5%	56.5%	62.6%		61.3%	R:<70% A:70%-90% G:>90%
	Total patients in department > 10 hours	21	19	12	18	16	17	29	25	10	21	32	25	19		132	0
	ED conversion rate	15.3%	16.0%	16.0%	14.4%	15.8%	18.5%	19.9%	18.9%	17.4%	16.2%	15.9%	14.3%	14.3%		16.0%	R:>20% A:20%-15% G:<=15%
Emergency Inpatients	Non-elective acute length of stay	6.1	5.8	6.3	5.5	6.3	6.2	6.3	7.3	8.1	7.2	7.5	7.1	7.0		7.4	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	13.7%	11.8%	12.3%	9.9%	13.4%	10.4%	8.3%	9.6%	9.5%	12.6%	8.6%	10.9%	8.7%		10.0%	R:>17% A:15%-17% G:<15%
	Number of Bed days >7	1966	1597	1821	1618	1965	1794	1938	2305	2631	2356	2078	2215	2217		13802	R:>1800 A:1600-1800 G:<1600
	Number of patients medically fit at the end of reporting period	21	25	31	21	35	35	38	54	37	34	49	61	57		57	R:>30 A:25-30 G:<25
	% discharges before midday	16.7%	18.1%	14.4%	14.2%	12.2%	14.2%	13.3%	12.7%	12.3%	14.4%	11.6%	14.3%	18.0%		14.0%	R:<15% A:15%-20% G:>20%
	Acute bed occupancy at midnight (EL & NEL)	73.8%	62.8%	72.4%	64.6%	72.8%	79.4%	79.7%	79.7%	75.1%	75.9%	69.3%	71.6%	79.8%		75.1%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	12.6%	14.1%	11.8%	12.0%	11.8%	13.9%	16.3%	11.8%	15.0%	13.1%	11.0%	13.6%	11.4%		12.6%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE																	
Adult Acute (Orchard House)	Adult Acute Admissions per 100,000 population - Rolling 12 month	249.9	255.3	242.7	245.4	254.9	254.8	258.9	257.4	262.8	258.5	251.5	250.0	241.5		241.5	R:>300 A:240-300 G:<240
	Adult acute admissions patients < 18 years	4	1	0	2	1	0	1	1	0	1	0	0	0		2	0
	Adult acute bed occupancy at midnight	83.9%	77.9%	94.5%	90.0%	79.7%	90.2%	70.0%	79.2%	89.0%	94.0%	97.6%	84.4%	96.7%		90.1%	<88%
	Adult acute length of stay (including leave) -calculated from discharged patients	20	29	26	50	28	24	24	19	13	30	40	24	12		23	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	35.0%	41.2%	22.2%	46.7%	26.1%	18.8%	20.0%	33.3%	33.3%	40.0%	46.2%	12.5%	35.7%		32.5%	<37%
	% patients discharged with LOS >= 60 days	4.5%	12.5%	16.7%	27.3%	16.7%	0.0%	4.5%	8.3%	0.0%	15.4%	27.3%	10.0%	0.0%		10.3%	<14%
Older Adult Acute (Beech/Cedar)	Older Adult Admissions per 100,000 population - Rolling 12 month	114.1	98.7	108.3	113.7	113.6	119.1	123.2	124.5	117.5	116.0	118.7	111.7	113.0		113.0	R:>480 A:420-480 G:<420
	Older adult acute bed occupancy (including leave)	96.1%	91.8%	95.0%	91.2%	88.7%	88.6%	90.0%	90.6%	93.3%	87.4%	95.3%	97.5%	94.9%		93.2%	<85%
	Older adult acute length of stay (including leave)	88	30	370	41	17	60	76	298	167	74	291	154	317		243	<85 Days
Community Mental Health Services	CMHT did not attend rate	2.5%	3.7%	3.7%	4.2%	3.3%	2.9%	3.3%	3.6%	3.9%	4.4%	5.6%	4.4%	3.7%		4.2%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE (Continued)																	
Jersey Talking Therapies (JTT)	JTT - Count of clients waiting for assessment	158	165	197	211	174	164	154	145	119	144	141	108	120		120	R:>125 A:75-125 G:<75
	JTT - % of clients waiting for assessment who have waited over 90 days	3%	2%	7%	11%	5%	4%	6%	3%	2%	0%	0%	3%	5%		2.1%	<5%
	JTT - % of clients who attended an assessment who waited over 90 days	1%	0%	2%	9%	16%	5%	4%	8%	10%	3%	2%	1%	4%		4.8%	<5%
	JTT - % of clients who started treatment in month who waited over 18 weeks	47.4%	34.0%	42.9%	43.6%	40.0%	40.7%	12.0%	50.0%	48.4%	41.9%	52.2%	42.3%	26.8%		42.6%	<5%
Adult Social Care	Adult needs assessments closed within 30 days	89.2%	90.1%	73.2%	85.4%	84.4%	90.4%	87.3%	71.9%	68.4%	76.2%	83.1%	76.4%	79.7%		75.6%	>80%
	Social Care - Closure rate	100	78	86	98	95	81	76	55	110	54	42	165	138		564	NA
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	5.7%	18.7%	17.6%	8.1%	14.8%	10.1%	25.3%	11.3%	15.5%	8.7%	6.2%	13.6%	14.8%		11.7%	<4%

CATEGORY		INDICATOR	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	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	0	
	MSSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	2	0	1	1		4	0	
	E-Coli Bacteraemia	Hosp	0	2	0	0	0	2	0	0	0	0	1	0	1		2	0	
	Klebsiella Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
	Pseudomonas Bacteraemia	Hosp	0	0	0	1	0	0	0	0	0	0	0	0	0		0	0	
	C-Diff Cases	Hosp	0	2	2	2	0	0	0	1	1	0	1	3	2		8	1	
Safety	Number of falls per 1,000 bed days		4.0	4.0	3.8	3.1	5.5	4.2	3.3	5.0	5.7	4.6	4.1	6.3	4.4		5.0	<6	
	Number of falls resulting in harm (low/moderate/severe)		9	5	10	10	7	6	8	11	9	11	10	10	8		59	<10	
	Number of Safety Events		390	351	355	304	390	344	311	340	339	325	358	419	396		2177	NA	
	Number of cat 2 pressure ulcers acquired as an inpatient		9	11	9	7	8	5	12	15	10	10	7	16	11		69	<8	
	Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient		5	0	0	1	1	0	1	7	2	4	2	3	2		20	0	
	Number of serious incidents		0	2	2	3	0	0	1	2	4	5	5	2	0		18	0	
PATIENT EXPERIENCE																			
Complaints, Compliments and Comments	Total complaints received		44	37	26	31	33	25	30	21	39	24	18	22	26		150	NA	
	% of complaints responded to within 28 days		54.5%	59.5%	73.1%	45.2%	63.6%	52.0%	46.7%	61.9%	35.9%	33.3%	33.3%	Reported 2 months in arrears			40%	R: <80% A: 80%-90% G: >90%	
	Total compliments received		28	42	30	35	25	67	94	39	57	42	53	51	42		284	NA	
	Total comments received		9	6	7	10	36	52	25	16	32	27	47	58	30		210	NA	

EXCEPTION REPORTS

WOMEN, CHILDREN AND FAMILY CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
<p>% primary postpartum haemorrhage >= 1500ml</p>	<table border="1" style="display: none;"> <caption>Data for % primary postpartum haemorrhage >= 1500ml</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>3.5</td></tr> <tr><td>Jul-21</td><td>10.5</td></tr> <tr><td>Aug-21</td><td>7.5</td></tr> <tr><td>Sep-21</td><td>5.5</td></tr> <tr><td>Oct-21</td><td>5.5</td></tr> <tr><td>Nov-21</td><td>8.5</td></tr> <tr><td>Dec-21</td><td>6.5</td></tr> <tr><td>Jan-22</td><td>5.5</td></tr> <tr><td>Feb-22</td><td>2.5</td></tr> <tr><td>Mar-22</td><td>8.5</td></tr> <tr><td>Apr-22</td><td>5.5</td></tr> <tr><td>May-22</td><td>6.5</td></tr> <tr><td>Jun-22</td><td>9.5</td></tr> </tbody> </table>	Month	%	Jun-21	3.5	Jul-21	10.5	Aug-21	7.5	Sep-21	5.5	Oct-21	5.5	Nov-21	8.5	Dec-21	6.5	Jan-22	5.5	Feb-22	2.5	Mar-22	8.5	Apr-22	5.5	May-22	6.5	Jun-22	9.5	<p>% Primary postpartum haemorrhage >=1500 – 9.5%</p> <ul style="list-style-type: none"> · 63 Deliveries in total · 6 of those had a PPH of >=1500 <p>During the month of June of the 6 cases that incurred a PPH level of >=1500 were all high risk and there were complications during labour.</p>	<p>>2.9%</p>
Month	%																														
Jun-21	3.5																														
Jul-21	10.5																														
Aug-21	7.5																														
Sep-21	5.5																														
Oct-21	5.5																														
Nov-21	8.5																														
Dec-21	6.5																														
Jan-22	5.5																														
Feb-22	2.5																														
Mar-22	8.5																														
Apr-22	5.5																														
May-22	6.5																														
Jun-22	9.5																														
<p>% of women that have an induced labour</p>	<table border="1" style="display: none;"> <caption>Data for % of women that have an induced labour</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>25</td></tr> <tr><td>Jul-21</td><td>30</td></tr> <tr><td>Aug-21</td><td>22</td></tr> <tr><td>Sep-21</td><td>23</td></tr> <tr><td>Oct-21</td><td>22</td></tr> <tr><td>Nov-21</td><td>32</td></tr> <tr><td>Dec-21</td><td>28</td></tr> <tr><td>Jan-22</td><td>24</td></tr> <tr><td>Feb-22</td><td>25</td></tr> <tr><td>Mar-22</td><td>25</td></tr> <tr><td>Apr-22</td><td>22</td></tr> <tr><td>May-22</td><td>30</td></tr> <tr><td>Jun-22</td><td>27</td></tr> </tbody> </table>	Month	%	Jun-21	25	Jul-21	30	Aug-21	22	Sep-21	23	Oct-21	22	Nov-21	32	Dec-21	28	Jan-22	24	Feb-22	25	Mar-22	25	Apr-22	22	May-22	30	Jun-22	27	<p>% of women that have an induced labour – 27%</p> <ul style="list-style-type: none"> · 63 Deliveries in total · 17 of those were an induced labour <p>Great Britain Mean for Induction of Labour is 33% according to the National Maternity and Perinatal Audit. Benchmarking is underway to ensure we align our Jersey Maternity Dashboard to this audit. The number of women induced is reflective of the age and risk factors of the population.</p>	<p>>25%</p>
Month	%																														
Jun-21	25																														
Jul-21	30																														
Aug-21	22																														
Sep-21	23																														
Oct-21	22																														
Nov-21	32																														
Dec-21	28																														
Jan-22	24																														
Feb-22	25																														
Mar-22	25																														
Apr-22	22																														
May-22	30																														
Jun-22	27																														
<p>Was Not Brought Rate</p>	<table border="1" style="display: none;"> <caption>Data for Was Not Brought Rate</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>10</td></tr> <tr><td>Jul-21</td><td>15</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>10</td></tr> <tr><td>Oct-21</td><td>12</td></tr> <tr><td>Nov-21</td><td>14</td></tr> <tr><td>Dec-21</td><td>14</td></tr> <tr><td>Jan-22</td><td>12</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>13</td></tr> <tr><td>Apr-22</td><td>13</td></tr> <tr><td>May-22</td><td>13</td></tr> <tr><td>Jun-22</td><td>11.8</td></tr> </tbody> </table>	Month	%	Jun-21	10	Jul-21	15	Aug-21	12	Sep-21	10	Oct-21	12	Nov-21	14	Dec-21	14	Jan-22	12	Feb-22	10	Mar-22	13	Apr-22	13	May-22	13	Jun-22	11.8	<p>Was Not Brought Rate – 11.8%</p> <ul style="list-style-type: none"> · 1869 appts for >18s total · 220 of those were not attended <p>These numbers reflect all under 18 appointments across HCS. Within paed's there were 209 attendances and 32 DNA's in June. All DNA's are managed in accordance with the HCS Was Not Brought Policy.</p>	<p>>9.8%</p>
Month	%																														
Jun-21	10																														
Jul-21	15																														
Aug-21	12																														
Sep-21	10																														
Oct-21	12																														
Nov-21	14																														
Dec-21	14																														
Jan-22	12																														
Feb-22	10																														
Mar-22	13																														
Apr-22	13																														
May-22	13																														
Jun-22	11.8																														
			<p>Lead Midwife</p>																												
			<p>Lead Midwife</p>																												
			<p>WACS Care Group General Manager</p>																												

WAITING LISTS/PATIENT TRACKING LIST (PTL)																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% patients waiting >90 days for 1st outpatient appointment	<table border="1"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>40%</td></tr> <tr><td>Jul-21</td><td>42%</td></tr> <tr><td>Aug-21</td><td>45%</td></tr> <tr><td>Sep-21</td><td>48%</td></tr> <tr><td>Oct-21</td><td>45%</td></tr> <tr><td>Nov-21</td><td>45%</td></tr> <tr><td>Dec-21</td><td>45%</td></tr> <tr><td>Jan-22</td><td>45%</td></tr> <tr><td>Feb-22</td><td>42%</td></tr> <tr><td>Mar-22</td><td>40%</td></tr> <tr><td>Apr-22</td><td>40%</td></tr> <tr><td>May-22</td><td>40%</td></tr> <tr><td>Jun-22</td><td>39.4%</td></tr> </tbody> </table>	Month	Percentage	Jun-21	40%	Jul-21	42%	Aug-21	45%	Sep-21	48%	Oct-21	45%	Nov-21	45%	Dec-21	45%	Jan-22	45%	Feb-22	42%	Mar-22	40%	Apr-22	40%	May-22	40%	Jun-22	39.4%	<p>Surgical care group – The percentage of patients waiting over 90 days for 1st OP appointment for the surgical care group was 39.4% for the month of June which is an increase from 33.5%. This takes us to the Red category. We are working to identify the specialities where this increase has taken place.</p>	<p>>35%</p> <p>Care Group General Managers</p>
Month	Percentage																														
Jun-21	40%																														
Jul-21	42%																														
Aug-21	45%																														
Sep-21	48%																														
Oct-21	45%																														
Nov-21	45%																														
Dec-21	45%																														
Jan-22	45%																														
Feb-22	42%																														
Mar-22	40%																														
Apr-22	40%																														
May-22	40%																														
Jun-22	39.4%																														
% patients waiting >90 days for 1st OP appointment - Community	<table border="1"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>80%</td></tr> <tr><td>Jul-21</td><td>80%</td></tr> <tr><td>Aug-21</td><td>80%</td></tr> <tr><td>Sep-21</td><td>80%</td></tr> <tr><td>Oct-21</td><td>80%</td></tr> <tr><td>Nov-21</td><td>80%</td></tr> <tr><td>Dec-21</td><td>80%</td></tr> <tr><td>Jan-22</td><td>80%</td></tr> <tr><td>Feb-22</td><td>80%</td></tr> <tr><td>Mar-22</td><td>80%</td></tr> <tr><td>Apr-22</td><td>80%</td></tr> <tr><td>May-22</td><td>80%</td></tr> <tr><td>Jun-22</td><td>80%</td></tr> </tbody> </table>	Month	Percentage	Jun-21	80%	Jul-21	80%	Aug-21	80%	Sep-21	80%	Oct-21	80%	Nov-21	80%	Dec-21	80%	Jan-22	80%	Feb-22	80%	Mar-22	80%	Apr-22	80%	May-22	80%	Jun-22	80%	<p>This position is driven through the position of the Community Dental waiting list. A recovery plan is in progress which will direct appropriate activity to community dental capacity outside of HCS. The commercial process is well developed with activity commencing imminently subject to quality assurance sign off. An oral health strategy is in development to deliver long term recovery & sustainability of position.</p>	<p>>35%</p> <p>Care Group General Managers</p>
Month	Percentage																														
Jun-21	80%																														
Jul-21	80%																														
Aug-21	80%																														
Sep-21	80%																														
Oct-21	80%																														
Nov-21	80%																														
Dec-21	80%																														
Jan-22	80%																														
Feb-22	80%																														
Mar-22	80%																														
Apr-22	80%																														
May-22	80%																														
Jun-22	80%																														
% patients waiting >90 days for diagnostics	<table border="1"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>60%</td></tr> <tr><td>Jul-21</td><td>60%</td></tr> <tr><td>Aug-21</td><td>60%</td></tr> <tr><td>Sep-21</td><td>60%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>60%</td></tr> <tr><td>Dec-21</td><td>60%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>60%</td></tr> <tr><td>Mar-22</td><td>60%</td></tr> <tr><td>Apr-22</td><td>60%</td></tr> <tr><td>May-22</td><td>60%</td></tr> <tr><td>Jun-22</td><td>50%</td></tr> </tbody> </table>	Month	Percentage	Jun-21	60%	Jul-21	60%	Aug-21	60%	Sep-21	60%	Oct-21	60%	Nov-21	60%	Dec-21	60%	Jan-22	60%	Feb-22	60%	Mar-22	60%	Apr-22	60%	May-22	60%	Jun-22	50%	<p>The percentage of patients waiting over 90 days for a diagnostic procedure has reduced since the month of June. Endoscopy Surgery was 68.4% for the month of June which is a decrease from 73.9% (9.8 %) and Endoscopy Medicine has seen a small increase of 1.19% for the month of June. The percentage of patients waiting over 90 days for a DEXA Scan was 17% for the month of June which is a significant decrease from 34.8% in May. We are awaiting IMAS modelling to ensure we move away from the Red category. This takes us to the Red category for Diagnostics, we do expect to see a decrease with the FIT program moving into the next phase alongside the ongoing work with DEXA.</p>	<p>>35%</p> <p>Care Group General Managers</p>
Month	Percentage																														
Jun-21	60%																														
Jul-21	60%																														
Aug-21	60%																														
Sep-21	60%																														
Oct-21	60%																														
Nov-21	60%																														
Dec-21	60%																														
Jan-22	60%																														
Feb-22	60%																														
Mar-22	60%																														
Apr-22	60%																														
May-22	60%																														
Jun-22	50%																														
% of patients waiting > 90 days for elective admissions	<table border="1"> <caption>13-MONTH GRAPH Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>40%</td></tr> <tr><td>Jul-21</td><td>40%</td></tr> <tr><td>Aug-21</td><td>40%</td></tr> <tr><td>Sep-21</td><td>40%</td></tr> <tr><td>Oct-21</td><td>40%</td></tr> <tr><td>Nov-21</td><td>40%</td></tr> <tr><td>Dec-21</td><td>40%</td></tr> <tr><td>Jan-22</td><td>40%</td></tr> <tr><td>Feb-22</td><td>40%</td></tr> <tr><td>Mar-22</td><td>40%</td></tr> <tr><td>Apr-22</td><td>40%</td></tr> <tr><td>May-22</td><td>40%</td></tr> <tr><td>Jun-22</td><td>55%</td></tr> </tbody> </table>	Month	Percentage	Jun-21	40%	Jul-21	40%	Aug-21	40%	Sep-21	40%	Oct-21	40%	Nov-21	40%	Dec-21	40%	Jan-22	40%	Feb-22	40%	Mar-22	40%	Apr-22	40%	May-22	40%	Jun-22	55%	<p>There continues to be inpatient and discharge challenges which is having an impact on elective admissions. We are continuing to review and convert to day surgery where possible. Daily review are taking place to optimise elective surgery admissions. Bed base is now released to the surgical care group for TCIs- we are now working toward delivering arthroplasty procedures in T/O to ensure more use of the bed base. Forward planning of TCIs is made more difficult due to these current challenges.</p>	<p>>35%</p> <p>Care Group General Managers</p>
Month	Percentage																														
Jun-21	40%																														
Jul-21	40%																														
Aug-21	40%																														
Sep-21	40%																														
Oct-21	40%																														
Nov-21	40%																														
Dec-21	40%																														
Jan-22	40%																														
Feb-22	40%																														
Mar-22	40%																														
Apr-22	40%																														
May-22	40%																														
Jun-22	55%																														

ELECTIVE (SCHEDULED) CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
Outpatient Did not attend (DNA) Rate	<table border="1"> <caption>Outpatient Did not attend (DNA) Rate (Estimated)</caption> <thead> <tr><th>Month</th><th>Rate (%)</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>7.5</td></tr> <tr><td>Jul-21</td><td>9.5</td></tr> <tr><td>Aug-21</td><td>8.5</td></tr> <tr><td>Sep-21</td><td>9.0</td></tr> <tr><td>Oct-21</td><td>9.5</td></tr> <tr><td>Nov-21</td><td>10.0</td></tr> <tr><td>Dec-21</td><td>10.5</td></tr> <tr><td>Jan-22</td><td>10.0</td></tr> <tr><td>Feb-22</td><td>10.5</td></tr> <tr><td>Mar-22</td><td>10.5</td></tr> <tr><td>Apr-22</td><td>10.0</td></tr> <tr><td>May-22</td><td>10.0</td></tr> <tr><td>Jun-22</td><td>10.5</td></tr> </tbody> </table>	Month	Rate (%)	Jun-21	7.5	Jul-21	9.5	Aug-21	8.5	Sep-21	9.0	Oct-21	9.5	Nov-21	10.0	Dec-21	10.5	Jan-22	10.0	Feb-22	10.5	Mar-22	10.5	Apr-22	10.0	May-22	10.0	Jun-22	10.5	<p>All outpatient managers in the surgical division continue to monitor and review DNA rates through validation, work with receptionists and patient contact.</p> <p>Dermatology has been added to the surgical care group, the highest DNA rate.</p> <p>Orthoptist requires validation due to limited admin support.</p>	<p>>8%</p> <p>Care Group General Managers</p>
Month	Rate (%)																														
Jun-21	7.5																														
Jul-21	9.5																														
Aug-21	8.5																														
Sep-21	9.0																														
Oct-21	9.5																														
Nov-21	10.0																														
Dec-21	10.5																														
Jan-22	10.0																														
Feb-22	10.5																														
Mar-22	10.5																														
Apr-22	10.0																														
May-22	10.0																														
Jun-22	10.5																														
New to follow-up ratio	<table border="1"> <caption>New to follow-up ratio (Estimated)</caption> <thead> <tr><th>Month</th><th>Ratio</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>2.8</td></tr> <tr><td>Jul-21</td><td>2.8</td></tr> <tr><td>Aug-21</td><td>3.0</td></tr> <tr><td>Sep-21</td><td>3.2</td></tr> <tr><td>Oct-21</td><td>3.0</td></tr> <tr><td>Nov-21</td><td>3.0</td></tr> <tr><td>Dec-21</td><td>2.8</td></tr> <tr><td>Jan-22</td><td>2.8</td></tr> <tr><td>Feb-22</td><td>2.8</td></tr> <tr><td>Mar-22</td><td>2.8</td></tr> <tr><td>Apr-22</td><td>3.0</td></tr> <tr><td>May-22</td><td>2.8</td></tr> <tr><td>Jun-22</td><td>2.8</td></tr> </tbody> </table>	Month	Ratio	Jun-21	2.8	Jul-21	2.8	Aug-21	3.0	Sep-21	3.2	Oct-21	3.0	Nov-21	3.0	Dec-21	2.8	Jan-22	2.8	Feb-22	2.8	Mar-22	2.8	Apr-22	3.0	May-22	2.8	Jun-22	2.8	<p>The overall rate for the surgical division is 2.5. Some specialties require higher levels of follow up activity due to appropriate treatment for their conditions.</p> <p>Within the surgical division there are specialties that require follow up appointments because of their particular disease.</p>	<p>> 2.0</p> <p>Care Group General Managers</p>
Month	Ratio																														
Jun-21	2.8																														
Jul-21	2.8																														
Aug-21	3.0																														
Sep-21	3.2																														
Oct-21	3.0																														
Nov-21	3.0																														
Dec-21	2.8																														
Jan-22	2.8																														
Feb-22	2.8																														
Mar-22	2.8																														
Apr-22	3.0																														
May-22	2.8																														
Jun-22	2.8																														
Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	<table border="1"> <caption>Elective Theatre List Utilisation (Estimated)</caption> <thead> <tr><th>Month</th><th>Utilisation (%)</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>70</td></tr> <tr><td>Jul-21</td><td>75</td></tr> <tr><td>Aug-21</td><td>65</td></tr> <tr><td>Sep-21</td><td>75</td></tr> <tr><td>Oct-21</td><td>80</td></tr> <tr><td>Nov-21</td><td>70</td></tr> <tr><td>Dec-21</td><td>65</td></tr> <tr><td>Jan-22</td><td>60</td></tr> <tr><td>Feb-22</td><td>65</td></tr> <tr><td>Mar-22</td><td>70</td></tr> <tr><td>Apr-22</td><td>65</td></tr> <tr><td>May-22</td><td>65</td></tr> <tr><td>Jun-22</td><td>70</td></tr> </tbody> </table>	Month	Utilisation (%)	Jun-21	70	Jul-21	75	Aug-21	65	Sep-21	75	Oct-21	80	Nov-21	70	Dec-21	65	Jan-22	60	Feb-22	65	Mar-22	70	Apr-22	65	May-22	65	Jun-22	70	<p>There is a data quality issue in TrakCare relating to sessions being recorded. Utilisation is highly affected by the bed availability.</p>	<p><85%</p> <p>Surgical Services Care Group General Manager</p>
Month	Utilisation (%)																														
Jun-21	70																														
Jul-21	75																														
Aug-21	65																														
Sep-21	75																														
Oct-21	80																														
Nov-21	70																														
Dec-21	65																														
Jan-22	60																														
Feb-22	65																														
Mar-22	70																														
Apr-22	65																														
May-22	65																														
Jun-22	70																														

EMERGENCY (UNSCHEDULED) CARE																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
% triaged within 15 minutes of arrival	<table border="1"> <caption>% triaged within 15 minutes of arrival</caption> <thead> <tr><th>Month</th><th>Value (%)</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>68</td></tr> <tr><td>Jul-21</td><td>68</td></tr> <tr><td>Aug-21</td><td>70</td></tr> <tr><td>Sep-21</td><td>62</td></tr> <tr><td>Oct-21</td><td>68</td></tr> <tr><td>Nov-21</td><td>68</td></tr> <tr><td>Dec-21</td><td>68</td></tr> <tr><td>Jan-22</td><td>68</td></tr> <tr><td>Feb-22</td><td>68</td></tr> <tr><td>Mar-22</td><td>65</td></tr> <tr><td>Apr-22</td><td>62</td></tr> <tr><td>May-22</td><td>58</td></tr> <tr><td>Jun-22</td><td>65</td></tr> </tbody> </table>	Month	Value (%)	Jun-21	68	Jul-21	68	Aug-21	70	Sep-21	62	Oct-21	68	Nov-21	68	Dec-21	68	Jan-22	68	Feb-22	68	Mar-22	65	Apr-22	62	May-22	58	Jun-22	65	An improvement in triage within 15 minutes has been noted in month. The Medical Services Care Group has undertaken a staffing review based on the current demand and capacity. This was undertaken utilising the Royal College of Emergency Medicine & Royal College of Nursing BEST tool. The assessment identified a deficit in required staffing, a business case to increase staffing has been submitted as part of the 2023 Government Plan.	<p><90%</p> <p>Medical Services Care Group General Manager</p>
Month	Value (%)																														
Jun-21	68																														
Jul-21	68																														
Aug-21	70																														
Sep-21	62																														
Oct-21	68																														
Nov-21	68																														
Dec-21	68																														
Jan-22	68																														
Feb-22	68																														
Mar-22	65																														
Apr-22	62																														
May-22	58																														
Jun-22	65																														
% commenced treatment within 60 minutes	<table border="1"> <caption>% commenced treatment within 60 minutes</caption> <thead> <tr><th>Month</th><th>Value (%)</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>70</td></tr> <tr><td>Jul-21</td><td>65</td></tr> <tr><td>Aug-21</td><td>65</td></tr> <tr><td>Sep-21</td><td>60</td></tr> <tr><td>Oct-21</td><td>60</td></tr> <tr><td>Nov-21</td><td>65</td></tr> <tr><td>Dec-21</td><td>60</td></tr> <tr><td>Jan-22</td><td>60</td></tr> <tr><td>Feb-22</td><td>60</td></tr> <tr><td>Mar-22</td><td>60</td></tr> <tr><td>Apr-22</td><td>55</td></tr> <tr><td>May-22</td><td>55</td></tr> <tr><td>Jun-22</td><td>60</td></tr> </tbody> </table>	Month	Value (%)	Jun-21	70	Jul-21	65	Aug-21	65	Sep-21	60	Oct-21	60	Nov-21	65	Dec-21	60	Jan-22	60	Feb-22	60	Mar-22	60	Apr-22	55	May-22	55	Jun-22	60	An improvement in the time to commence has been noted in month. Due to current vacancies a high number of locum doctors are currently being utilised in the Emergency Department, this does result in an inefficiency factor whilst the doctors become accustomed to the Jersey systems. A recruitment campaign has been successful with substantive staff expected in Q3/4 of 2022	<p><70%</p> <p>Medical Services Care Group General Manager</p>
Month	Value (%)																														
Jun-21	70																														
Jul-21	65																														
Aug-21	65																														
Sep-21	60																														
Oct-21	60																														
Nov-21	65																														
Dec-21	60																														
Jan-22	60																														
Feb-22	60																														
Mar-22	60																														
Apr-22	55																														
May-22	55																														
Jun-22	60																														
Total patients in department > 10 hours	<table border="1"> <caption>Total patients in department > 10 hours</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>20</td></tr> <tr><td>Jul-21</td><td>18</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>18</td></tr> <tr><td>Oct-21</td><td>15</td></tr> <tr><td>Nov-21</td><td>18</td></tr> <tr><td>Dec-21</td><td>28</td></tr> <tr><td>Jan-22</td><td>25</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>22</td></tr> <tr><td>Apr-22</td><td>32</td></tr> <tr><td>May-22</td><td>25</td></tr> <tr><td>Jun-22</td><td>20</td></tr> </tbody> </table>	Month	Value	Jun-21	20	Jul-21	18	Aug-21	12	Sep-21	18	Oct-21	15	Nov-21	18	Dec-21	28	Jan-22	25	Feb-22	10	Mar-22	22	Apr-22	32	May-22	25	Jun-22	20	<p>A slight decrease in stays over 10 hours has been reported, category analysis identified the following reasons:</p> <ul style="list-style-type: none"> -Awaiting Isolation Facility = 5% -Awaiting Medical Bed = 26% -Awaiting Mental Health = 21% -Awaiting Radiology = 5% -Awaiting Transport 5% -Clinically Unstable = 16% -Deviation from ED Protocol = 21% 	<p>>0</p> <p>Medical Services Care Group General Manager</p>
Month	Value																														
Jun-21	20																														
Jul-21	18																														
Aug-21	12																														
Sep-21	18																														
Oct-21	15																														
Nov-21	18																														
Dec-21	28																														
Jan-22	25																														
Feb-22	10																														
Mar-22	22																														
Apr-22	32																														
May-22	25																														
Jun-22	20																														
Number of Bed days >7	<table border="1"> <caption>Number of Bed days >7</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>2000</td></tr> <tr><td>Jul-21</td><td>1500</td></tr> <tr><td>Aug-21</td><td>1800</td></tr> <tr><td>Sep-21</td><td>1800</td></tr> <tr><td>Oct-21</td><td>1800</td></tr> <tr><td>Nov-21</td><td>1800</td></tr> <tr><td>Dec-21</td><td>1800</td></tr> <tr><td>Jan-22</td><td>2200</td></tr> <tr><td>Feb-22</td><td>2500</td></tr> <tr><td>Mar-22</td><td>2200</td></tr> <tr><td>Apr-22</td><td>2000</td></tr> <tr><td>May-22</td><td>2200</td></tr> <tr><td>Jun-22</td><td>2200</td></tr> </tbody> </table>	Month	Value	Jun-21	2000	Jul-21	1500	Aug-21	1800	Sep-21	1800	Oct-21	1800	Nov-21	1800	Dec-21	1800	Jan-22	2200	Feb-22	2500	Mar-22	2200	Apr-22	2000	May-22	2200	Jun-22	2200	A slight improvement has been noted in the number of patients with a length of stay greater than 7 days. The number of patients delayed in hospital remains significantly high due to the lack of capacity within the domiciliary and care home markets. A discharge taskforce has been established to review both internal and community processes and capacity to support a reduction in the number of delays in hospital.	<p>>1800</p> <p>Medical Services Care Group General Manager</p>
Month	Value																														
Jun-21	2000																														
Jul-21	1500																														
Aug-21	1800																														
Sep-21	1800																														
Oct-21	1800																														
Nov-21	1800																														
Dec-21	1800																														
Jan-22	2200																														
Feb-22	2500																														
Mar-22	2200																														
Apr-22	2000																														
May-22	2200																														
Jun-22	2200																														
Number of patients medically fit at the end of reporting period	<table border="1"> <caption>Number of patients medically fit at the end of reporting period</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>20</td></tr> <tr><td>Jul-21</td><td>25</td></tr> <tr><td>Aug-21</td><td>30</td></tr> <tr><td>Sep-21</td><td>35</td></tr> <tr><td>Oct-21</td><td>35</td></tr> <tr><td>Nov-21</td><td>35</td></tr> <tr><td>Dec-21</td><td>35</td></tr> <tr><td>Jan-22</td><td>50</td></tr> <tr><td>Feb-22</td><td>35</td></tr> <tr><td>Mar-22</td><td>35</td></tr> <tr><td>Apr-22</td><td>50</td></tr> <tr><td>May-22</td><td>55</td></tr> <tr><td>Jun-22</td><td>55</td></tr> </tbody> </table>	Month	Value	Jun-21	20	Jul-21	25	Aug-21	30	Sep-21	35	Oct-21	35	Nov-21	35	Dec-21	35	Jan-22	50	Feb-22	35	Mar-22	35	Apr-22	50	May-22	55	Jun-22	55	A slight improvement has been noted in the number of patients delayed however remains significantly higher than pre-pandemic levels. The number of patients delayed in hospital remains significantly high due to the lack of capacity within the domiciliary and care home markets. A discharge taskforce has been established to review both internal and community processes and capacity to support a reduction in the number of delays in hospital.	<p>>30</p> <p>Medical Services Care Group General Manager</p>
Month	Value																														
Jun-21	20																														
Jul-21	25																														
Aug-21	30																														
Sep-21	35																														
Oct-21	35																														
Nov-21	35																														
Dec-21	35																														
Jan-22	50																														
Feb-22	35																														
Mar-22	35																														
Apr-22	50																														
May-22	55																														
Jun-22	55																														
Rate of Emergency readmission within 30 days of a previous inpatient discharge	<table border="1"> <caption>Rate of Emergency readmission within 30 days of a previous inpatient discharge</caption> <thead> <tr><th>Month</th><th>Value (%)</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>12</td></tr> <tr><td>Jul-21</td><td>14</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>12</td></tr> <tr><td>Oct-21</td><td>12</td></tr> <tr><td>Nov-21</td><td>14</td></tr> <tr><td>Dec-21</td><td>16</td></tr> <tr><td>Jan-22</td><td>12</td></tr> <tr><td>Feb-22</td><td>15</td></tr> <tr><td>Mar-22</td><td>13</td></tr> <tr><td>Apr-22</td><td>11</td></tr> <tr><td>May-22</td><td>13</td></tr> <tr><td>Jun-22</td><td>11</td></tr> </tbody> </table>	Month	Value (%)	Jun-21	12	Jul-21	14	Aug-21	12	Sep-21	12	Oct-21	12	Nov-21	14	Dec-21	16	Jan-22	12	Feb-22	15	Mar-22	13	Apr-22	11	May-22	13	Jun-22	11	A slight decrease in readmissions was noted for in June 2022. A readmissions working group has been established to review cases and identify learning where applicable. It should be noted that readmission data can include patient re-presenting with a different issue to the original presentation. HCS24 are preparing to undertake post discharge follow-up calls which will provide additional assurance of appropriate discharges and ability to troubleshoot.	<p>>10%</p> <p>Medical Services Care Group General Manager</p>
Month	Value (%)																														
Jun-21	12																														
Jul-21	14																														
Aug-21	12																														
Sep-21	12																														
Oct-21	12																														
Nov-21	14																														
Dec-21	16																														
Jan-22	12																														
Feb-22	15																														
Mar-22	13																														
Apr-22	11																														
May-22	13																														
Jun-22	11																														

MENTAL HEALTH & SOCIAL CARE			
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
Adult acute bed occupancy at midnight		Occupancy remains high within our acute adult beds; this is due to level of demand and some delayed transfers of care, as a result of people waiting for placements in the community.	<p>>88%</p> <p>Mental Health Inpatient Lead Nurse</p>
Older adult acute bed occupancy (including leave)		As with previous months, occupancy remains high across older adult mental health beds, with a significant number of patients (30%) identified as no longer needing to be in hospital but awaiting an appropriate placement in the community. Work is being undertaken across the mental health and social care systems to seek to address this issue.	<p>>85%</p> <p>Mental Health Inpatient Lead Nurse</p>
Older adult acute length of stay (including leave)		This indicator relates to length of stay on discharge from the ward, and will therefore vary depending upon the length of stay of each individual patient. We are currently reviewing how we report length of stay to give a more overarching & consistent understanding of this.	<p>>85</p> <p>Mental Health Inpatient Lead Nurse</p>
JTT - % of clients who started treatment in month who waited over 18 weeks		The percentage of clients starting treatment this month who waited over 18 weeks was 26.3% which has reduced from 42.3% in May, and this is a continuation of the trend over the last three months as a result of the service prioritising this. We continue to have two staff seconded to other areas and some vacancies within the service, which we are actively seeking to backfill to reduce the waiting list further.	<p>>5%</p> <p>Mental Health Services General Manager</p>
Adult needs assessments closed within 30 days		This would appear to be within normal variances, although the social care team continue to closely monitor this.	<p><80%</p> <p>Adult Social Care General Manager</p>
Social Care - Cases re-opened within 90 days as a percentage of all new cases		In relation to this measure this relates to 12 cases, of which 9 were reopened to simply add a duty casenote. 1 was reopened to add a casenote confirming closure, 1 was erroneous, 1 was genuinely reopened – for a change in circumstances (increased care needs).	<p><4%</p> <p>Adult Social Care General Manager</p>

INFECTION CONTROL AND PATIENT SAFETY																															
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER																												
MSSA Bacteraemia - Hosp	<table border="1"> <caption>MSSA Bacteraemia - Hosp Data</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>0</td></tr> <tr><td>Jul-21</td><td>0</td></tr> <tr><td>Aug-21</td><td>0</td></tr> <tr><td>Sep-21</td><td>0</td></tr> <tr><td>Oct-21</td><td>0</td></tr> <tr><td>Nov-21</td><td>0</td></tr> <tr><td>Dec-21</td><td>0</td></tr> <tr><td>Jan-22</td><td>0</td></tr> <tr><td>Feb-22</td><td>0</td></tr> <tr><td>Mar-22</td><td>2</td></tr> <tr><td>Apr-22</td><td>0</td></tr> <tr><td>May-22</td><td>1</td></tr> <tr><td>Jun-22</td><td>1</td></tr> </tbody> </table>	Month	Cases	Jun-21	0	Jul-21	0	Aug-21	0	Sep-21	0	Oct-21	0	Nov-21	0	Dec-21	0	Jan-22	0	Feb-22	0	Mar-22	2	Apr-22	0	May-22	1	Jun-22	1	Awaiting completion of root cause analysis from patient teams	<div style="background-color: red; color: white; text-align: center; padding: 5px;">0</div> Lead Nurse - Infection Prevention and Control
Month	Cases																														
Jun-21	0																														
Jul-21	0																														
Aug-21	0																														
Sep-21	0																														
Oct-21	0																														
Nov-21	0																														
Dec-21	0																														
Jan-22	0																														
Feb-22	0																														
Mar-22	2																														
Apr-22	0																														
May-22	1																														
Jun-22	1																														
E-Coli Bacteraemia - Hosp	<table border="1"> <caption>E-Coli Bacteraemia - Hosp Data</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>0</td></tr> <tr><td>Jul-21</td><td>2</td></tr> <tr><td>Aug-21</td><td>0</td></tr> <tr><td>Sep-21</td><td>0</td></tr> <tr><td>Oct-21</td><td>0</td></tr> <tr><td>Nov-21</td><td>2</td></tr> <tr><td>Dec-21</td><td>0</td></tr> <tr><td>Jan-22</td><td>0</td></tr> <tr><td>Feb-22</td><td>0</td></tr> <tr><td>Mar-22</td><td>0</td></tr> <tr><td>Apr-22</td><td>1</td></tr> <tr><td>May-22</td><td>0</td></tr> <tr><td>Jun-22</td><td>1</td></tr> </tbody> </table>	Month	Cases	Jun-21	0	Jul-21	2	Aug-21	0	Sep-21	0	Oct-21	0	Nov-21	2	Dec-21	0	Jan-22	0	Feb-22	0	Mar-22	0	Apr-22	1	May-22	0	Jun-22	1	Awaiting completion of root cause analysis from patient teams	<div style="background-color: red; color: white; text-align: center; padding: 5px;">0</div> Lead Nurse - Infection Prevention and Control
Month	Cases																														
Jun-21	0																														
Jul-21	2																														
Aug-21	0																														
Sep-21	0																														
Oct-21	0																														
Nov-21	2																														
Dec-21	0																														
Jan-22	0																														
Feb-22	0																														
Mar-22	0																														
Apr-22	1																														
May-22	0																														
Jun-22	1																														
C-Diff Cases - Hosp	<table border="1"> <caption>C-Diff Cases - Hosp Data</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>0</td></tr> <tr><td>Jul-21</td><td>2</td></tr> <tr><td>Aug-21</td><td>2</td></tr> <tr><td>Sep-21</td><td>2</td></tr> <tr><td>Oct-21</td><td>0</td></tr> <tr><td>Nov-21</td><td>0</td></tr> <tr><td>Dec-21</td><td>0</td></tr> <tr><td>Jan-22</td><td>1</td></tr> <tr><td>Feb-22</td><td>1</td></tr> <tr><td>Mar-22</td><td>0</td></tr> <tr><td>Apr-22</td><td>1</td></tr> <tr><td>May-22</td><td>3</td></tr> <tr><td>Jun-22</td><td>2</td></tr> </tbody> </table>	Month	Cases	Jun-21	0	Jul-21	2	Aug-21	2	Sep-21	2	Oct-21	0	Nov-21	0	Dec-21	0	Jan-22	1	Feb-22	1	Mar-22	0	Apr-22	1	May-22	3	Jun-22	2	There were 3 cases of C-diff in ICU, extensive review of cleaning, decontamination, Hand hygiene and review of antimicrobial prescribing has taken place within an RCA. Department deep cleaned extensively in all areas and no further cases. RCA awaiting review confirmation of root cause with ICU team.	<div style="background-color: red; color: white; text-align: center; padding: 5px;">1</div> Lead Nurse - Infection Prevention and Control
Month	Cases																														
Jun-21	0																														
Jul-21	2																														
Aug-21	2																														
Sep-21	2																														
Oct-21	0																														
Nov-21	0																														
Dec-21	0																														
Jan-22	1																														
Feb-22	1																														
Mar-22	0																														
Apr-22	1																														
May-22	3																														
Jun-22	2																														
Number of cat 2 pressure ulcers acquired as an inpatient	<table border="1"> <caption>Number of cat 2 pressure ulcers Data</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>10</td></tr> <tr><td>Jul-21</td><td>12</td></tr> <tr><td>Aug-21</td><td>10</td></tr> <tr><td>Sep-21</td><td>8</td></tr> <tr><td>Oct-21</td><td>8</td></tr> <tr><td>Nov-21</td><td>5</td></tr> <tr><td>Dec-21</td><td>12</td></tr> <tr><td>Jan-22</td><td>15</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>10</td></tr> <tr><td>Apr-22</td><td>8</td></tr> <tr><td>May-22</td><td>15</td></tr> <tr><td>Jun-22</td><td>12</td></tr> </tbody> </table>	Month	Cases	Jun-21	10	Jul-21	12	Aug-21	10	Sep-21	8	Oct-21	8	Nov-21	5	Dec-21	12	Jan-22	15	Feb-22	10	Mar-22	10	Apr-22	8	May-22	15	Jun-22	12	We have seen a reduction in the number of pressure damage acquired in hospital from 16 in May to 11 in June. This is due to support being given to staff through the TVN and ward champions to improve compliance in the use of SSKIN bundles, repositioning charts, MUST compliance and teaching sessions from both TVN and Nutritional nurse specialist. The focus is on Early/Regular Inspection means Early Detection	<div style="background-color: red; color: white; text-align: center; padding: 5px;">>=8</div> Patient & Client Safety Officer
Month	Cases																														
Jun-21	10																														
Jul-21	12																														
Aug-21	10																														
Sep-21	8																														
Oct-21	8																														
Nov-21	5																														
Dec-21	12																														
Jan-22	15																														
Feb-22	10																														
Mar-22	10																														
Apr-22	8																														
May-22	15																														
Jun-22	12																														
Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient	<table border="1"> <caption>Number of cat 3-4 pressure ulcers Data</caption> <thead> <tr><th>Month</th><th>Cases</th></tr> </thead> <tbody> <tr><td>Jun-21</td><td>5</td></tr> <tr><td>Jul-21</td><td>0</td></tr> <tr><td>Aug-21</td><td>0</td></tr> <tr><td>Sep-21</td><td>1</td></tr> <tr><td>Oct-21</td><td>1</td></tr> <tr><td>Nov-21</td><td>0</td></tr> <tr><td>Dec-21</td><td>1</td></tr> <tr><td>Jan-22</td><td>7</td></tr> <tr><td>Feb-22</td><td>2</td></tr> <tr><td>Mar-22</td><td>4</td></tr> <tr><td>Apr-22</td><td>2</td></tr> <tr><td>May-22</td><td>3</td></tr> <tr><td>Jun-22</td><td>2</td></tr> </tbody> </table>	Month	Cases	Jun-21	5	Jul-21	0	Aug-21	0	Sep-21	1	Oct-21	1	Nov-21	0	Dec-21	1	Jan-22	7	Feb-22	2	Mar-22	4	Apr-22	2	May-22	3	Jun-22	2	A reduction of DTI from 3 in May to 2 in June is again influenced by raising the profile of good documentation, regular nutrition rounds and Early/Regular Inspection meaning Early Detection	<div style="background-color: red; color: white; text-align: center; padding: 5px;">0</div> Patient & Client Safety Officer
Month	Cases																														
Jun-21	5																														
Jul-21	0																														
Aug-21	0																														
Sep-21	1																														
Oct-21	1																														
Nov-21	0																														
Dec-21	1																														
Jan-22	7																														
Feb-22	2																														
Mar-22	4																														
Apr-22	2																														
May-22	3																														
Jun-22	2																														

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-21</td><td>55%</td></tr> <tr><td>Jul-21</td><td>60%</td></tr> <tr><td>Aug-21</td><td>70%</td></tr> <tr><td>Sep-21</td><td>45%</td></tr> <tr><td>Oct-21</td><td>65%</td></tr> <tr><td>Nov-21</td><td>50%</td></tr> <tr><td>Dec-21</td><td>45%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>35%</td></tr> <tr><td>Mar-22</td><td>30%</td></tr> <tr><td>Apr-22</td><td>35%</td></tr> <tr><td>May-22</td><td>35%</td></tr> <tr><td>Jun-22</td><td>35%</td></tr> </tbody> </table>	Month	% of complaints responded to within 28 days	Jun-21	55%	Jul-21	60%	Aug-21	70%	Sep-21	45%	Oct-21	65%	Nov-21	50%	Dec-21	45%	Jan-22	60%	Feb-22	35%	Mar-22	30%	Apr-22	35%	May-22	35%	Jun-22	35%	<p>Analysis of the complaints shows that performance should be reported at 45% (8 complaints out of the total 18 were responded within the timeframe). 55% (10) of complaints did not meet the timeframe due to delay in initial action/investigation of the complaint and/or a delay in completing the response by the care group. Staff continue to be encouraged to attend customer care and complaints training available internally in HCS and provided centrally online to help improve response timeframes, complaint handling and an improved patient experience. Monthly quality assurance checks are undertaken across GoJ on complaints received as a peer to peer sample check which includes the criteria - Quality of communication with complainant, Policy adherence and Procedural adherence. HCS had the best overall average performance across GoJ for Q2 of 86%.</p>	<p><80%</p>
		Month	% of complaints responded to within 28 days																												
Jun-21	55%																														
Jul-21	60%																														
Aug-21	70%																														
Sep-21	45%																														
Oct-21	65%																														
Nov-21	50%																														
Dec-21	45%																														
Jan-22	60%																														
Feb-22	35%																														
Mar-22	30%																														
Apr-22	35%																														
May-22	35%																														
Jun-22	35%																														
			<p>Patient Advisory Liaison Service (PALS) Manager</p>																												

APPENDIX - DATA SOURCES

WAITING LISTS, DEMAND AND ACTIVITY			
INDICATOR	SOURCE		
Outpatient 1st Appointment Waiting List	Hospital Outpatient Waiting List Report		
Outpatient 1st Appointment Waiting List - Acute	Hospital Outpatient Waiting List Report		
Outpatient 1st Appointment Waiting List - Community	Hospital Outpatient Waiting List Report		
Diagnostics Waiting List	Hospital Outpatient & Inpatient Waiting List Reports		
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		
JGH/Overdale Outpatient Referrals	Hospital Inpatient Waiting List Report		
JGH/Overdale Outpatient Referrals - Under 18	Hospital Inpatient Waiting List Report		
JTT Referrals (Opt-In)	JTT & PATS electronic client record system		
Deliveries	Maternity Delivery Details Report		
ED Attendances	Emergency Department Attendances Report		
Emergency Admissions	Hospital Inpatient Admissions Report		
Elective Admissions	Hospital Inpatient Admissions Report		
Elective Day Cases	Hospital Inpatient Admissions Report		
Stranded patients with LOS > 7 days	Hospital Discharges Report		
Outpatient Attendances	Hospital Outpatient Attendances Report		

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

WOMEN, CHILDREN AND FAMILY CARE					
	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
Maternity	% deliveries by C-section (Planned & Unscheduled)	Maternity Delivery Details Report	Lead Midwife	NA	National Institute for Health and Care Excellence (NICE) guidance (published 2021) is to treat each case on an individual basis, allowing women to opt for a planned Caesarean section even if not for a medical reason. GOJ will continue to monitor the percentage of deliveries by C-section but will no longer set a standard.
	% deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Lead Midwife	<2%	
	% stillbirth rate	Maternity Delivery Details Report	Lead Midwife	>0.4%	
	% 3rd degree perineal tear	Maternity Delivery Details Report	Lead Midwife	>3.5%	
	% primary postpartum haemorrhage >= 1500ml	Maternity Delivery Details Report	Lead Midwife	>2.9%	
	% of women that have an induced labour	Maternity Delivery Details Report	Lead Midwife	>25%	
	Average length of stay on maternity ward	Hospital Discharges Report	Lead Midwife	>2.5	
Children's Health	Average length of stay on Robin Ward	Hospital Discharges Report	WACS Care Group General Manager	>1.7	Standard under review
	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>9.8%	Calculated from averages rather than any benchmarked data
	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 outpatient appointment	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	No comparable indicator in NHS. Standard set locally
	% patients waiting >90 days for 1st OP appointment - Acute	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
	% patients waiting >90 days for 1st OP appointment - Community	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	
	Total patients waiting >90 days without appointment date	Hospital Outpatient Waiting List Report	Surgical Services Care Group General Manager	NA	
Diagnostics	% patients waiting >90 days for diagnostics	Hospital Outpatient & Inpatient Waiting List Reports	Care Group General Managers	>35%	No comparable indicator in NHS. Standard set locally
Elective Inpatients	% of patients waiting > 90 days for elective admissions	Hospital Inpatient Waiting List Report	Care Group General Managers	>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	Care Group General Managers	>8%	Standard set locally
	New to follow-up ratio	Hospital Outpatient Attendances Report	Care Group General Managers	> 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 prior to inpatient admission	Emergency Department Attendances Report	Medical Services Care Group General Manager	>0	Standard under review
	ED conversion rate	Emergency Department Attendance Report	Medical Services Care Group General Manager	>20%	
	% Unplanned returns within 72 hours	Emergency Department Attendances Report	Medical Services Care Group General Manager	>3%	
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 Bed days >7	Hospital Discharges Report	Medical Services Care Group General Manager	>1800	
	Number of patients medically fit at the end of reporting period	Hospital Current Inpatients Report	Medical Services Care Group General Manager	>30	Standard set based on historic performance locally
	% discharges before midday	Hospital Discharges Report	Medical Services Care Group General Manager	<15%	Standard set based on historic performance locally
	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 previous inpatient 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)	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>300	Standard set historically based on NHS Benchmarking data. Latest available data showed Jersey at 252 admissions per 100,000 population in 2020 compared to the national mean of 212 and median of 217 in 2020/21 (NHS uses UK Financial years)
	Adult acute admissions patients < 18 years	Hospital Inpatient Admissions Report	Mental Health Inpatient Lead Nurse	>0	Standard set historically based on NHS standards
	Adult acute bed occupancy at midnight	Hospital Bed Utilisation Report	Mental Health Inpatient Lead Nurse	>88%	Royal College of Psychiatry Standard is 85% excluding leave
	Adult acute length of stay (including leave) - calculated from discharged patients	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 Inpatient Lead Nurse	>85%	Royal College of Psychiatry Standard is 85% excluding leave
	Older adult acute length of stay (including leave)	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>85	Standard set historically based on NHS Benchmarking data.
Community Mental Health Services	CMHT did not attend rate	Community services electronic client record system	Mental Health Services General Manager	>10%	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT - Count of clients waiting for assessment	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
	JTT - % of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	JTT - % of clients who attended an assessment who waited over 90 days	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	JTT - % of clients who started treatment in month who waited over 18 weeks	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
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	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.
	MSSA Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0	
	E-Coli Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0	
	Klebsiella Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0	
	Pseudomonas Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0	
	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 on improvement compared to historic performance
	Number of falls resulting in harm (low/moderate/severe)		Datix Safety Events Report	Patient & Client Safety Officer	10	Standard set based on improvement compared to historic performance
	Number of Safety Events		Datix Safety Events Report	Patient & Client Safety Officer	NA	Standard under review
	Number of cat 2 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Patient & Client Safety Officer	>=8	Standard under review
	Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as		Datix Safety Events Report	Patient & Client Safety Officer	0	Standard set based on improvement compared to historic performance
	Number of serious incidents		Datix Safety Events Report	Patient & Client Safety Officer	0	Standard set based on 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	