QUALITY AND PERFORMANCE REPORT
December 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

Government of JERSEY

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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.

Emergency activity in Jersey General Hospital was broadly in line with previous months. Outpatient and Elective activity both decreased due to the Christmas holidays resulting in increases for the outpatient and elective inpatient waiting lists, this also impacted the percentage of patients waiting more than 90 days.

Forecasted outpatient activity for 'First Outpatient' appointments increases sharply from the week commencing 09/01/23. The reduction in patients waiting more than 90 days for community specialties is due to the dental scheme which continues to deliver, this also drove down the overall percentage of patients waiting more than 90 days for their first outpatient appointment. Over 400 patients have been seen via the scheme as of the end of December. As the scheme sees children aged 4-11, the Christmas holidays represented an opportunity to increase activity as children are off school. 96 children were seen in the week before Christmas. Despite this, community dental is a significant outlier for patients waiting more than 90 days. Ophthalmology is second and as such these are significant areas of focus for HCS in 2023.

The diagnostic waiting list continues to decrease following the successful implementation of the Fecal Immunochemical Testing (FIT) programme.

Within mental health services, inpatient occupancy remains high (91% in the acute adult service and 98% in older peoples wards) with an associated high level of delayed transfers of care. Jersey Talking Therapies continues to experience a high level of waiting (146 people at end of December) although the service continues to assess the vast majority of people within 90 days.

Within adult social care, 33% of cases have been reopened within 90 days (37 cases) – 59% of reopened cases were as a result of change in needs or requirement for reassessment, whilst 41% were reopened for administrative purposes only.

Quality indicators within IPAC demonstrate a low number of hospital acquired infection. Safety incidents relating to falls are tracking at a level that would suggest a reduction in falls overall is possible, however the harm caused is low in the majority of patients. The rate of falls in a hospital will be impacted by current inpatients and would suggest that current rate of falls would be impacted by the number of medically fit for discharge patients. Hospital acquired Pressure damage remains above the expected level & work continues to reduce this number through education and training. Complaints are reported two months in arrears however remain above expected levels when compared to other health care economies. Resolution time is above GOJ time scales. Work has commenced to reduce backlog and a new process to monitor has commenced with impact evident as we move into 2023.

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.

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	On Month	YoY
JGH/Overdale Outpatient Referrals	2637	3147	3580	3886	3190	3482	3367	3243	3513	3398	3516	4029	3279		41630	-19%	24%
JGH/Overdale Outpatient Referrals - Under 18	225	389	509	467	345	348	380	331	335	301	302	364	411		4482	13%	83%
JTT Referrals (Opt-In)	94	95	95	116	76	85	97	80	91	99	111	113	74		1132	-35%	-21%

ACTIVITY

Measure	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	On Month	YoY
Deliveries	54	61	61	68	67	79	65	79	78	70	62	70	60		820	-14%	11%
ED Attendances	2919	2822	2674	3157	3188	3668	3707	3742	3882	3515	3479	3395	3325		40554	-2%	14%
Emergency Admissions	530	542	495	539	509	554	550	551	566	529	583	587	569		6574	-3%	7%
Elective Admissions	176	207	226	219	282	228	258	235	209	221	240	224	162		2711	-28%	-8%
Elective Day Cases	624	579	601	670	560	603	554	611	601	592	685	700	532		7288	-24%	-15%
Stranded patients with LOS > 7 days	143	148	136	149	135	132	152	145	141	155	136	150	172		1751	15%	20%
Outpatient Attendances	16795	18876	19352	22200	18565	20407	19728	18697	19244	18572	20313	22889	17474		236317	-24%	4%

WAITING LISTS

Measure	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	8947	8762	8955	9122	9590	9757	9825	9813	9775	9815	9394	9049	9245		9245	2%	3%
Outpatient 1st Appointment Waiting List - Acute	6866	6657	6649	6753	7245	7459	7542	7614	7625	7652	7265	7069	7247		7247	3%	6%
Outpatient 1st Appointment Waiting List - Community	2081	2105	2306	2369	2345	2298	2283	2199	2150	2163	2129	1980	1998		1998	1%	-4%
Diagnostics Waiting List	1489	1368	1452	1405	1279	1241	1151	1106	1093	1055	1022	1027	992		992	-3%	-33%
Elective Waiting List	1769	1942	1965	2062	2130	2130	2169	2181	2220	2230	2157	2186	2293		2293	5%	30%
Elective Waiting List - Under 18	73	75	75	84	87	102	110	112	103	110	100	84	87		87	4%	19%

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
COVID-19																	
COVID-19	Confirmed COVID-19 cases	5514	11443	6656	8929	3105	858	3347	4060	912	1304	1555	1233	2709		46111	NA
	New people tested for COVID-19	5120	5099	1977	2122	1045	512	1087	1226	615	662	675	529	827		16376	NA
	Unique people tested for COVID-19 in month	31453	29612	14842	15810	8706	6173	8715	10199	5838	6644	6988	6484	7916			NA
WOMEN, CHILDREN AND FAMILY CARE																	
Maternity	% deliveries by C-section (Planned & Unscheduled)	39.0%	41.0%	41.9%	46.5%	42.6%	40.5%	40.9%	38.8%	44.9%	33.3%	39.7%	44.3%	48.4%		41.8%	NA
	% deliveries home birth (Planned & Unscheduled)	3.7%	4.9%	4.9%	5.9%	1.5%	7.6%	6.2%	5.1%	0.0%	7.1%	4.8%	14.3%	3.3%		5.5%	NA
	% stillbirth rate	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	1.6%	0.0%	0.0%		0.4%	<0.4%
	% 3rd degree perineal tear	0.0%	2.8%	8.6%	8.6%	5.3%	2.1%	0.0%	2.1%	2.3%	0.0%	5.4%	5.1%	0.0%		3.4%	<=3.5%
	% primary postpartum haemorrhage >= 1500ml	5.6%	4.9%	1.6%	8.8%	4.5%	6.3%	9.2%	3.8%	6.4%	7.1%	6.5%	2.9%	5.0%		5.6%	3.30%
	% of women that have an induced labour	31.5%	24.6%	27.9%	27.9%	22.4%	30.4%	27.7%	26.6%	25.6%	31.4%	25.8%	20.0%	40.0%		27.4%	R: >25% A: 20%-25% G: < 20%
	Average length of stay on maternity ward	2.2	2.1	2.1	2.1	2.5	2.2	2.3	2.0	2.2	2.3	2.2	2.4	2.2		2.2	R:>2.5 A:2.3-2.5 G:<2.3
Children's Health	Average length of stay on Robin Ward	1.7	1.4	1.3	1.7	1.9	1.1	1.7	1.1	1.0	1.1	1.6	2.2	1.8		1.5	<=1.7
	Was Not Brought Rate	11.5%	8.6%	8.1%	10.3%	10.8%	10.5%	10.3%	11.8%	15.7%	11.0%	10.4%	11.2%	10.3%		10.8%	<9.8%
	Tooth extractions for patients <18	6	6	5	8	4	8	5	7	8	5	7	9	10		82	<25

CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
WAITING LISTS/PATIENT TRACKING LIST (PTL)																	
Outpatients	% patients waiting >90 days for 1st outpatient appointment	48.2%	48.7%	45.4%	41.0%	42.5%	44.0%	46.3%	47.0%	46.7%	47.2%	46.2%	44.0%	43.5%		43.5%	R:>35% A:25%-35% G:<25%
	% patients waiting >90 days for 1st OP appointment - Acute	37.3%	37.0%	33.7%	28.0%	31.0%	32.6%	36.5%	38.2%	38.3%	37.6%	35.2%	33.0%	34.2%		34.2%	R:>35% A:25%-35% G:<25%
	% patients waiting >90 days for 1st OP appointment - Community	84.1%	85.7%	79.3%	78.2%	77.8%	81.0%	78.6%	77.5%	76.3%	81.0%	83.6%	83.1%	77.2%		77.2%	R:>35% A:25%-35% G:<25%
Diagnostics	% patients waiting >90 days for diagnostics	65.5%	66.6%	64.8%	68.3%	64.8%	56.1%	52.4%	43.6%	47.8%	48.6%	48.1%	49.8%	53.6%		53.6%	R:>35% A:25%-35% G:<25%
Elective Inpatients	% of patients waiting > 90 days for elective admissions	45.1%	47.0%	49.6%	50.7%	52.7%	54.5%	55.2%	56.4%	54.3%	57.4%	53.3%	49.6%	50.0%		50.0%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEDULED) CARE																	
Outpatients	Outpatient Did not attend (DNA) Rate	7.5%	7.5%	6.6%	7.6%	7.5%	7.4%	7.3%	7.5%	7.7%	8.1%	7.6%	8.0%	7.6%		7.6%	8%
	New to follow-up ratio	2.75	2.86	2.72	3.02	3.11	3.01	3.00	2.80	2.77	2.71	2.49	2.64	2.77		2.81	2
Inpatients	Acute elective length of stay	2.8	2.2	2.3	1.8	2.4	1.7	2.7	2.5	2.2	1.7	2.5	2.6	2.3		2.2	R:>4 A:3-4 G:<3
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	69.0%	62.8%	71.8%	76.9%	69.8%	70.0%	77.1%	75.9%	72.8%	72.0%	75.4%	73.7%	66.6%		72.4%	85%

CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
EMERGENCY (UNSCHEDULED) CARE																	
Emergency Department	Average time in ED (Mins)	182	180	175	170	183	177	167	167	168	174	180	179	202		177	<=240
	% triaged within 15 minutes of arrival	66.9%	68.3%	66.9%	65.6%	64.4%	59.0%	63.4%	63.2%	54.5%	58.7%	64.3%	58.9%	56.8%		61.7%	>90%
	% commenced treatment within 60 minutes	63.0%	64.1%	65.8%	63.0%	57.5%	56.5%	62.6%	62.0%	58.1%	61.0%	59.8%	64.3%	62.7%		61.3%	R:<70% A:70%-90% G:>90%
	Total patients in department > 10 hours	29	25	10	21	32	25	19	15	18	29	12	27	69		302	0
	ED conversion rate	19.9%	18.9%	17.4%	16.2%	15.9%	14.3%	14.3%	14.0%	14.0%	14.9%	16.0%	17.0%	17.0%		15.7%	R:>20% A:20%-15% G:<=15%
Emergency Inpatients	Non-elective acute length of stay	6.3	7.3	9.5	7.2	7.5	7.1	7.4	6.7	7.6	7.3	6.0	6.1	7.3		7.2	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	8.1%	9.6%	9.5%	12.6%	8.6%	11.0%	8.7%	10.1%	10.1%	9.5%	10.6%	7.7%	7.2%		9.6%	R:>17% A:15%-17% G:<15%
	Number of Bed days >7	1938	2305	3360	2360	2078	2215	2394	2370	2591	2688	1932	2339	2492		29124	R:>1800 A:1600-1800 G:<1600
	Number of patients medically fit at the end of reporting period	38	54	37	34	49	61	57	51	53	49	50	52	39		39	R:>30 A:25-30 G:<25
	% discharges before midday	13.3%	12.7%	12.2%	14.4%	11.6%	14.3%	18.1%	14.1%	13.7%	15.4%	11.1%	12.1%	11.9%		13.5%	R:<15% A:15%-20% G:>20%
	Acute bed occupancy at midnight (EL & NEL)	82.4%	82.1%	77.4%	78.3%	71.2%	72.7%	79.8%	76.8%	83.1%	87.0%	87.1%	90.7%	85.3%		80.7%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	15.2%	11.4%	12.8%	12.6%	10.7%	12.9%	10.7%	10.8%	12.7%	13.8%	13.6%	12.0%	11.6%		12.1%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE																	
Adult Acute (Orchard House)	Adult Acute Admissions per 100,000 population - Rolling 12 month	257.5	256.0	261.4	257.1	250.1	247.2	237.4	233.1	250.8	253.4	240.8	233.7	225.3		225.3	R:>300 A:240-300 G:<240
	Adult Acute admissions patients < 18 years	1	1	0	1	0	0	0	0	1	1	1	0	0		5	0
	Adult acute bed occupancy at midnight	70.0%	79.2%	89.0%	94.0%	97.6%	84.4%	96.7%	97.5%	92.6%	100.5%	92.5%	93.2%	91.2%		92.3%	<88%
	Adult acute length of stay (including leave) -calculated from discharged patients	24	19	13	30	40	25	14	38	22	23	16	97	54		29	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	21.4%	33.3%	33.3%	40.0%	46.2%	13.3%	38.5%	42.9%	36.4%	47.1%	64.3%	36.4%	50.0%		39.6%	<37%
	% patients discharged with LOS >= 60 days	4.5%	8.3%	0.0%	15.4%	27.3%	10.5%	0.0%	9.1%	7.7%	6.7%	7.7%	28.6%	41.7%		12.5%	<14%
Older Adult Acute (Beech/Cedar)	Older Adult Admissions per 100,000 population - Rolling 12 month	123.2	124.5	117.5	116.0	118.7	111.7	111.6	111.5	108.6	100.3	96.1	101.5	102.8		102.8	R:>480 A:420-480 G:<420
	Older adult acute bed occupancy (including leave)	90.0%	90.6%	93.3%	87.4%	95.3%	97.5%	94.9%	93.3%	95.9%	99.9%	97.6%	91.4%	98.3%		94.7%	<85%
	Older adult acute length of stay (including leave)	76	298	167	74	291	154	317	23	69	353	72	64	44		158	<85 Days
Community Mental Health Services	CMHT did not attend (DNA) rate	3.4%	3.6%	3.9%	4.3%	5.6%	4.4%	3.7%	4.7%	3.7%	4.2%	5.4%	4.0%	3.6%		4.2%	R:>10% A:8%-10% G:<8%

CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE (Continued)																	
Jersey Talking Therapies (JTT)	Count of clients waiting for JTT assessment	151	140	114	143	140	104	118	92	99	134	143	149	146		146	R:>125 A:75-125 G:<75
	% of clients waiting for assessment who have waited over 90 days	6%	4%	2%	0%	0%	4%	6%	1%	0%	0%	1%	1%	0%		1.4%	<5%
	% of clients who attended an assessment who waited over 90 days	4%	8%	9%	3%	2%	1%	5%	11%	2%	0%	0%	1%	2%		3.9%	<5%
	% of clients who started treatment in month who waited over 18 weeks	12.0%	50.0%	48.4%	41.9%	52.0%	46.4%	26.8%	51.4%	50.9%	58.6%	60.3%	64.2%	27.8%		50.5%	<5%
Adult Social Care	Adult needs assessments closed within 30 days	87.0%	71.0%	70.0%	77.5%	83.1%	76.4%	79.7%	92.9%	90.9%	90.0%	93.3%	94.6%	93.3%		84.0%	>80%
	Social Care - Case Closures	71	55	110	54	42	165	138	38	83	72	334	613	211		1915	NA
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	22.5%	11.3%	15.5%	8.7%	6.2%	13.7%	15.0%	13.5%	19.4%	8.0%	18.1%	40.8%	33.0%		18.1%	<4%

CATEGORY	INDICATOR		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-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	2	0	1	1	1	0	0	0	1	1		7	0
	E-Coli Bacteraemia	Hosp	0	0	0	0	1	0	1	1	1	0	0	1	0		5	0
	Klebsiella Bacteraemia	Hosp	0	0	0	0	0	0	0	2	0	0	1	0	0		3	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	1		1	0
	C-Diff Cases	Hosp	0	1	1	0	1	3	2	0	0	1	2	0	0		11	1
Safety	Number of falls per 1,000 bed days		2.7	4.9	5.8	4.4	4.1	6.4	4.3	6.3	6.7	4.3	4.5	6.0	8.8		5.5	<6
	Number of falls resulting in harm (low/moderate/severe)		5	11	9	11	10	10	9	12	12	9	11	20	20		144	<10
	Number of Safety Events		277	341	343	326	358	424	414	407	411	395	396	401	393		4609	NA
	Number of cat 2 pressure ulcers acquired as an inpatient		10	15	10	10	7	16	10	15	9	17	12	11	8		140	<8
	Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient		1	7	2	4	2	3	2	3	6	2	4	6	3		44	0
	Number of serious incidents		1	3	3	4	3	4	1	0	3	2	0	2	1		26	NA
PATIENT EXPERIENCE																		
Complaints, Compliments and Comments	Total complaints received		27	21	39	25	19	22	27	20	39	30	40	61	33		376	NA
	% of complaints responded to within 28 days		48.1%	61.9%	35.9%	40.0%	26.3%	18.2%	40.7%	35.0%	33.3%	43.3%	40.0%	Reported 2 months in arrears			38%	R:<80% A:80%-90% G:>90%
	Total compliments received		93	41	58	43	54	51	43	45	38	45	55	81	99		653	NA
	Total comments received		19	16	32	27	47	58	32	22	27	26	6	42	24		359	NA

EXCEPTION REPORTS

WOMEN, CHILDREN AND FAMILY CARE

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% primary postpartum haemorrhage >= 1500ml		The PPH rate for December 2022 was 5%. This was based on 3 women having a PPH. there were 60 deliveries in December.	>2.9% Lead Midwife
% of women that have an induced labour		Our induction rate for December was 40% which represents 23 inductions of a total of 60 deliveries. Whilst this is a high rate, 5 were requested by patient and 4 were post-date women. Re other 14 were due to medical co-morbidities and high-risk factors.	>25% Lead Midwife
Average length of stay on Robin Ward		LOS on Robin Ward was higher than most months with a total of 159 bed nights occupied and 86 admissions. Of this there were 5 episodes of patients staying longer than 5 days. These admissions related to complex medical and 2 CAMHS cases.	>1.7 WACS Care Group General Manager
Was Not Brought Rate		*Physiotherapy* – discussions with leads about how to reduce WNB's due to lack of capacity it is not possible to call patients before to ensure attendance. Service lead to look into ways to decrease WNB rate in Q1 (SE) *Speech and Language Therapy (Overdale)* - New process in place to remind parents/carers of appointments due to clinicians now having work phones. Increased emphasis on WNB for the team. *Dietetics (Overdale)* - Reduction in admin support has meant lack of reminders being sent out and followed up. Majority of children's appointments are being held via telehealth and compliance with this process is not sound. *Diabetic Medicine (Overdale)* - This is largely type 2 diabetes patients who do not comply with regular appointments. Head of DT aware and working with the team.	>9.8% WACS Care Group General Manager

WAITING LISTS/PATIENT TRACKING LIST (PTL)

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting >90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans. At the end of December, the percentage of patients waiting over 90 days for a first outpatient appointment in the acute hospital was 34.2% - amber - so no exception report required.	**>35%** Care Group General Managers
% patients waiting >90 days for 1st OP appointment - Community		*Community Dental* - commissioned service with the 5 private practises in place to see patients affected by COVID, over 1000 patients sent to private practise, many have been seen but until the reports come back from these dentists, we are unable remove from Patient Tracking List.	**>35%** Care Group General Managers
% patients waiting >90 days for diagnostics		*Endoscopy* – Waiting list initiative under development to bring weekend insourcing to support with reduction on diagnostic and surveillance waiting list. In addition FIT programme continues to be implemented to ensure clinically appropriate referrals with the view to implement FIT to primary care which will in turn reduce the amount of referrals coming into the service. *DEXA* – Service remains in a recovery phase as a result of 1+ year service suspension due to vacancy factor. Demand modelling demonstrates sufficient capacity within the service.	**>35%** Care Group General Managers
% of patients waiting > 90 days for elective admissions		This is on a par with the levels in November. Further challenges have been experienced in relation to elective procedures owing to covid and flu outbreaks which have hindered bed capacity within the hospital.	**>35%** Care Group General Managers

ELECTIVE (SCHEDULED) CARE

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
New to follow-up ratio		This metric includes both private and public pathways and looks at the total volume of new and follow up appointments. Those specialties with higher ratios (which affect the overall ratio) have many lifelong patients and is indicative of surveillance activity.	> 2.0 Care Group General Managers
Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)		Due to system issues some data is not being matched to provide an accurate utilisation figure. There are on average 137 operations (2022) that are not linked to a session per month and as a result are not included in the theatre utilisation calculation. This is on average 4920 operating minutes per month that are not included in the calculation. This is being investigated.	<85% Surgical Services Care Group General Manager

EMERGENCY (UNSCHEDULED) CARE

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% triaged within 15 minutes of arrival		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 including dedicated triage provision. A business case to increase staffing was submitted as part of the 2023 Government Plan and has been unsuccessful. This patients assessed with higher triage need are prioritised to mitigate patient safety need e.g. those presenting from ambulance or major arrivals.	<90% Medical Services Care Group General Manager
% commenced treatment within 60 minutes		Improvement in ED recruitment has reduced the number of locums working within the department thus improving efficiency. Data Quality issues continue to be a compounding factor as the current TrakCare system does not support real-time tracking steps to report timely capture of ED movements. The care group is working to develop data process to allow us to capture evidence of the commencement of treatment relevant to presenting triage group as those patients with higher triage need require treatment commenced according to outcome of assessment.	<70% Medical Services Care Group General Manager
Total patients in department > 10 hours		An increase in number of patients waiting in the ED department over 10 hours has been noted. The main reason is attributable to waiting for a bed. This is compounded by the number of patients delayed in hospital which remains significantly high due to the lack of capacity within the domiciliary and care home markets. The golden patient initiative and utilisation of day rooms is facilitating earlier flow however demand for isolation rooms challenged our performance on this metric due to high levels of Covid, Strep A & Flu in December. All patients are monitored for care needs during this time to ensure patient safety & comfort.	>0 Medical Services Care Group General Manager

Number of Bed days >7		A deterioration 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. In December there was evidence of increased acuity due to impact of winter disease as expected. LOS data is under review to inform the need for service improvement.	**>1800** Medical Services Care Group General Manager
Number of patients medically fit at the end of reporting period		The number of patients delayed in hospital remains significantly high due to the lack of capacity within the domiciliary and care home markets. Weekly monitoring is in place with Director of Clinical Services.	**>30** Medical Services Care Group General Manager
% discharges before midday		An improvement in discharges before midday has been noted. Utilisation of the golden patient initiative continues. Ward teams are actively using day rooms to enable earlier discharge however this would not be reflected in the dataset.	**<15%** Medical Services Care Group General Manager
Rate of Emergency readmission within 30 days of a previous inpatient discharge		An improvement in readmissions has been noted. The readmission group continues to review themes and identify opportunities to improve.	**>10%** Medical Services Care Group General Manager

MENTAL HEALTH & SOCIAL CARE

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
Adult acute length of stay (including leave) -calculated from discharged patients		This is calculated based on discharge, and therefore the data can be significantly impacted by an individual patient with a long length of stay.	**>28** Mental Health Inpatient Lead Nurse
% patients discharged with LOS >= 60 days		As above, this indicator has been significantly impacted by the discharge of 2 patients with long lengths of stay (122 days and 203 days).	**>14%** Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Occupancy remains high, with an associated high level of delayed transfers of care within the older adult wards (50% of all beds).	**>85%** Mental Health Inpatient Lead Nurse

Count of clients waiting for JTT assessment		In the month of November JTT received 111 referrals and in December we received 74 referrals. We currently have 146 people waiting for assessment, but we do not have anyone waiting over 90 days for assessment, which is within our target for this service. We are in the process of recruiting two additional psychological wellbeing Practitioners which will support the team with managing and reducing the waiting times for assessment.	**> 125** Mental Health Services General Manager
% of clients who started treatment in month who waited over 18 weeks		The percentage of clients waiting to start treatment has reduced to 26.7%. We have had some sickness within the team and annual leave over the Christmas period which has impacted on our waiting times for treatment being above our target, however the reduction from the trend of the last few months can be attributed to a number of clients completing their therapy with JTT, creating capacity to see those on the waiting list. We are in the process of recruiting two Psychological Therapists which will support the team with managing and reducing the waiting times for treatment.	**>5%** Mental Health Services General Manager
Social Care - Cases re-opened within 90 days as a percentage of all new cases		The percentage constitutes a total of 37 cases. 22 cases were legitimately re-opened within 90 days (between 34-81 days) due to changes of need requiring and unscheduled reviews or reassessment. The remaining 15 cases re-opened between 0-31 days were due to electronic care record administration (i.e. nonclinical activity that takes place where cases are closed and migrated to another part of the care record system).	**<4%** Adult Social Care General Manager

INFECTION CONTROL AND PATIENT SAFETY			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
MSSA Bacteraemia - Hosp		We had 1 case of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia (in the blood) when blood cultures were taken after 72 hours and classed as Health Care associated however there is no evidence that this is the case as patients were colonised already before admission and also there were patient factors to be noted.	**0** Lead Nurse - Infection Prevention and Control
Pseudomonas Bacteraemia - Hosp		We had 1 case of Pseudomonas aeruginosa bacteraemia (in the blood) when blood cultures were taken after 72 hours and classed as Health Care associated however there is no evidence that this is the case as patients were colonised already before admission and also there were patient factors to be noted.	**0** Lead Nurse - Infection Prevention and Control
Number of falls per 1,000 bed days		Detailed review of the falls has been undertaken and summarised below.	**6** Associate Chief Nurse
Number of falls resulting in harm (low/moderate/severe)		In the month of December there were 20 reported falls. Four patients are medically fit for discharge waiting placement, two of whom fell twice within the month. Of all the patients that fell 12 sustained no injury with the remaining patients sustaining skin flaps or small graze.	**10** Associate Chief Nurse

INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
Number of cat 2 pressure ulcers acquired as an inpatient		In the month of December 8 patients acquired a category 2 pressure ulcer whilst an inpatient. Two pressure ulcers are attributed to the use of equipment used for delivery of patient care. One patient acquired their pressure ulcer whilst medically fit for discharge awaiting a package of care.	>=8 Associate Chief Nurse
Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient		There are 1 deep tissue injury (DTI), 1 unstageable and 1 suspected DTI for December. The pressure ulcer prevention adult safeguarding tool has been applied to all 3 patients with no one meeting the criteria for referral. The suspected DTI is a patient that has existing pressure damage that breaks down regularly with the unstageable DTI being a complex case where the DTI may have been present but not detected for some time at home prior to admission to hospital.	0 Associate Chief Nurse

PATIENT EXPERIENCE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of complaints responded to within 28 days		October 2022 demonstrates a below 80% of complaints responded to in 28 days This is reported 2 months in arrears. Please note that the GOJ Customer Feedback Policy will be reviewed in Feb 2023 and the response times will be adjusted to reflect the change.	<80% Patient Advisory Liaison Service (PALS) Manager

APPENDIX - DATA SOURCES

WAITING LISTS, DEMAND AND ACTIVITY			
INDICATOR	SOURCE		
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		
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		

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 set based on improving local historic performance
	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>9.8%	Standard set based on improving local historic performance
	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%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
	% 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%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
Diagnostics	% patients waiting >90 days for diagnostics	Hospital Outpatient & Inpatient Waiting List Reports	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
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	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 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	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>28	
	Adult acute admissions under the Mental Health Law as a % of all	Hospital Inpatient Admission & Mental Health Articles Reports	Mental Health Services General Manager	>37%	
	% patients discharged with LOS >= 60 days	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>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 (DNA) rate	Community services electronic client record system	Mental Health Services General Manager	>10%	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	Count of clients waiting for JTT assessment	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
	% 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
	% 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
	% 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 - Case Closures	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	Associate Chief Nurse	6	Standard set based on improvement compared to historic performance
	Number of falls resulting in harm (low/moderate/severe)		Datix Safety Events Report	Associate Chief Nurse	10	Standard set based on improvement compared to historic performance
	Number of Safety Events		Datix Safety Events Report	Associate Chief Nurse	NA	
	Number of cat 2 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Associate Chief Nurse	>=8	
	Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as		Datix Safety Events Report	Associate Chief Nurse	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	