# QUALITY AND PERFORMANCE REPORT
September 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.

## Acute & General

Month 9 saw slightly lower ED activity with similar impact on need for emergency admission.  Marginal increase in elective admissions is noted as our ring fenced elective ward came into effect at the end of September.  Patients requiring ongoing care in the community is higher this month with a system wide meeting taking place in October to identify issues to support flow from the hospital and external partners & stakeholders.  Our outpatient capacity & activity is stable with a minimal increase noted in the number of the overall OPA waiting list,  although we note a decrease in the length of time those waiting for acute specialities are waiting with a percentage decrease to those waiting over 90 days.  The Community dental waiting commission is set to commence in month with high street community dentists set to deliver activity with a trajectory being built as the commission process develops.  The diagnostic waiting list continues to decrease due to the actions being taken in endoscopy particularly.

The higher activity noted across the last couple of months in OPA has an impact on the elective waiting list taking it to 2230 however elective capacity has now been ring fenced which will support reduction in waiting list for surgery with further plans to develop a theatre admission lounge to drive elective efficiencies further.

ED metrics are being reviewed in accordance with international guidance to demonstrate higher triaged patients are seen in a suitable timeframe instead of a single metric so that performance to each triage category can be defined.  Good improvement in morning discharges is noted by virtue of an operational improvement project.

## Mental Health

Within mental health services our inpatient wards continue to operate with very high levels of occupancy, and significant pressures on beds. This continues to be in part due to a high number of inpatients who no longer require hospital care, but are experiencing delays in discharge and identifying appropriate community placements. Work continues to review and reduce this position, in partnership with community agencies.  Referrals to Jersey Talking Therapies have increased again in the month (to 100 new referrals in September) and this has resulted in increase in the number of clients waiting for assessment and the waiting time between assessment and treatment, although we continue to achieve our target of completing the assessment within 90 days. The service continues to seek to employ additional therapist capacity to help meet the level of demand.

## 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 Q3 2022.

## 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 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | On Month | YoY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JGH/Overdale Outpatient Referrals | 3256 | 3338 | 3539 | 2637 | 3147 | 3580 | 3885 | 3189 | 3482 | 3366 | 3238 | 3511 | 3340 | | 30738 | -5% | 3% |
| JGH/Overdale Outpatient Referrals - Under 18 | 274 | 324 | 328 | 225 | 389 | 509 | 467 | 345 | 348 | 380 | 331 | 335 | 301 | | 3405 | -10% | 10% |
| JTT Referrals (Opt-In) | 115 | 101 | 99 | 95 | 98 | 97 | 118 | 78 | 88 | 99 | 81 | 93 | 100 | | 852 | 8% | -13% |

## ACTIVITY

| Measure | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | On Month | YoY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Deliveries | 81 | 73 | 71 | 63 | 61 | 61 | 68 | 67 | 79 | 65 | 79 | 78 | 70 | | 628 | -10% | -14% |
| ED Attendances | 3465 | 3301 | 3031 | 2920 | 2823 | 2674 | 3156 | 3188 | 3668 | 3707 | 3742 | 3882 | 3515 | | 30355 | -9% | 1% |
| Emergency Admissions | 538 | 557 | 594 | 590 | 542 | 495 | 539 | 510 | 554 | 549 | 551 | 564 | 527 | | 4831 | -7% | -2% |
| Elective Admissions | 243 | 216 | 225 | 196 | 207 | 226 | 218 | 282 | 227 | 257 | 235 | 209 | 214 | | 2075 | 2% | -12% |
| Elective Day Cases | 667 | 584 | 685 | 645 | 580 | 601 | 671 | 560 | 603 | 555 | 611 | 601 | 593 | | 5375 | -1% | -11% |
| Stranded patients with LOS > 7 days | 133 | 136 | 127 | 143 | 148 | 135 | 148 | 135 | 132 | 151 | 145 | 131 | 151 | | 1276 | 15% | 14% |
| Outpatient Attendances | 18745 | 18708 | 20728 | 16807 | 18884 | 19354 | 22201 | 18549 | 20389 | 19691 | 18617 | 19118 | 18328 | | 174994 | -4% | -2% |

## WAITING LISTS

| Measure | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | On Month | YoY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Outpatient 1st Appointment Waiting List | 9098 | 9398 | 9215 | 8947 | 8762 | 8955 | 9122 | 9590 | 9757 | 9825 | 9813 | 9775 | 9815 | | 9815 | 0% | 8% |
| Outpatient 1st Appointment Waiting List - Acute | 7127 | 7401 | 7164 | 6866 | 6657 | 6649 | 6753 | 7245 | 7459 | 7542 | 7614 | 7625 | 7652 | | 7652 | 0% | 7% |
| Outpatient 1st Appointment Waiting List - Community | 1971 | 1997 | 2051 | 2081 | 2105 | 2306 | 2369 | 2345 | 2298 | 2283 | 2199 | 2150 | 2163 | | 2163 | 1% | 10% |
| Diagnostics Waiting List | 1354 | 1479 | 1508 | 1489 | 1368 | 1452 | 1405 | 1279 | 1241 | 1151 | 1106 | 1093 | 1055 | | 1055 | -3% | -22% |
| Elective Waiting List | 1742 | 1862 | 1804 | 1769 | 1942 | 1965 | 2062 | 2130 | 2130 | 2169 | 2181 | 2220 | 2230 | | 2230 | 0% | 28% |
| Elective Waiting List - Under 18 | 81 | 71 | 63 | 73 | 75 | 75 | 84 | 87 | 102 | 110 | 112 | 103 | 110 | | 110 | 7% | 36% |

# QUALITY AND PERFORMANCE SCORECARD

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

| CATEGORY | INDICATOR | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | STD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COVID-19** | | | | | | | | | | | | | | | | | |
| COVID-19 | Confirmed COVID-19 cases | 702 | 1107 | 3077 | 5514 | 11445 | 6659 | 8929 | 3105 | 858 | 3347 | 4060 | 912 | 1304 | | 40602 | NA |
| | New people tested for COVID-19 | 36871 | 26663 | 4948 | 5121 | 5104 | 1972 | 2122 | 1044 | 512 | 1081 | 1224 | 614 | 661 | | 14342 | NA |
| | Unique people tested for COVID-19 in month | 73763 | 66127 | 30116 | 31453 | 29612 | 14841 | 15808 | 8707 | 6173 | 8714 | 10199 | 5838 | 6645 | | | NA |
| **WOMEN, CHILDREN AND FAMILY CARE** | | | | | | | | | | | | | | | | | |
| Maternity | % deliveries by C-section (Planned & Unscheduled) | 42.7% | 45.3% | 46.5% | 38.8% | 41.0% | 41.9% | 47.1% | 43.3% | 40.5% | 40.9% | 39.2% | 44.9% | 33.3% | | 41.3% | NA |
| | % deliveries home birth (Planned & Unscheduled) | 7.4% | 1.4% | 0.0% | 4.8% | 4.9% | 4.9% | 5.9% | 1.5% | 7.6% | 6.2% | 5.1% | 0.0% | 7.1% | | 4.8% | NA |
| | % stillbirth rate | 1.2% | 1.3% | 0.0% | 0.0% | 1.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.3% | 0.0% | | 0.3% | <0.4% |
| | % 3rd degree perineal tear | 2.1% | 0.0% | 5.3% | 0.0% | 2.8% | 8.6% | 8.6% | 5.3% | 2.1% | 0.0% | 2.1% | 2.3% | 0.0% | | 3.3% | <=3.5% |
| | % primary postpartum haemorrhage >= 1500ml | 4.9% | 5.5% | 8.5% | 6.3% | 4.9% | 1.6% | 8.8% | 4.5% | 6.3% | 9.2% | 3.8% | 6.4% | 7.1% | | 5.9% | 3.30% |
| | % of women that have an induced labour | 23.5% | 24.7% | 33.8% | 28.6% | 24.6% | 27.9% | 27.9% | 22.4% | 30.4% | 27.7% | 26.6% | 25.6% | 31.4% | | 27.2% | R: >25% A: 20%-25% G: < 20% |
| | Average length of stay on maternity ward | 2.7 | 2.1 | 2.2 | 2.2 | 2.1 | 2.1 | 2.1 | 2.5 | 2.2 | 2.3 | 2.0 | 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 | 1.0 | 2.1 | 1.7 | 1.4 | 1.3 | 1.7 | 1.9 | 1.1 | 1.7 | 1.1 | 1.0 | 1.1 | | 1.4 | <=1.7 |
| | Was Not Brought Rate | 8.9% | 9.8% | 11.8% | 11.7% | 8.7% | 8.0% | 10.5% | 10.8% | 10.7% | 10.3% | 11.8% | 15.7% | 10.2% | | 10.8% | <9.8% |
| | Tooth extractions for patients <18 | 6 | 11 | 3 | 6 | 6 | 5 | 8 | 4 | 8 | 5 | 7 | 8 | 5 | | 56 | <25 |

| CATEGORY | INDICATOR | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | STD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **WAITING LISTS/PATIENT TRACKING LIST (PTL)** | | | | | | | | | | | | | | | | | |
| Outpatients | % patients waiting >90 days for 1st outpatient appointment | 51.4% | 48.4% | 46.0% | 48.2% | 48.7% | 45.4% | 41.0% | 42.5% | 44.0% | 46.3% | 47.0% | 46.7% | 47.2% | | 47.2% | R:>35% A:25%-35% G:<25% |
| | % patients waiting >90 days for 1st OP appointment - Acute | 41.8% | 38.6% | 34.9% | 37.3% | 37.0% | 33.7% | 28.0% | 31.0% | 32.6% | 36.5% | 38.2% | 38.3% | 37.6% | | 37.6% | R:>35% A:25%-35% G:<25% |
| | % patients waiting >90 days for 1st OP appointment - Community | 86.1% | 84.6% | 84.5% | 84.1% | 85.7% | 79.3% | 78.2% | 77.8% | 81.0% | 78.6% | 77.5% | 76.3% | 81.0% | | 81.0% | R:>35% A:25%-35% G:<25% |
| Diagnostics | % patients waiting >90 days for diagnostics | 67.7% | 63.8% | 62.9% | 65.5% | 66.6% | 64.8% | 68.3% | 64.8% | 56.1% | 52.4% | 43.6% | 47.8% | 48.6% | | 48.6% | R:>35% A:25%-35% G:<25% |
| Elective Inpatients | % of patients waiting > 90 days for elective admissions | 43.1% | 44.0% | 42.6% | 45.1% | 47.0% | 49.6% | 50.7% | 52.7% | 54.5% | 55.2% | 56.4% | 54.3% | 57.4% | | 57.4% | R:>35% A:25%-35% G:<25% |
| **ELECTIVE (SCHEDULED) CARE** | | | | | | | | | | | | | | | | | |
| Outpatients | Outpatient Did not attend (DNA) Rate | 7.6% | 7.6% | 7.4% | 7.8% | 7.8% | 6.9% | 7.8% | 7.8% | 7.7% | 7.6% | 8.1% | 8.3% | 8.2% | | 7.8% | 8% |
| | New to follow-up ratio | 3.14 | 2.93 | 2.97 | 2.75 | 2.86 | 2.72 | 3.02 | 3.10 | 3.00 | 3.00 | 2.79 | 2.79 | 2.75 | | 2.89 | 2 |
| Inpatients | Acute elective length of stay | 2.1 | 1.8 | 2.3 | 2.8 | 2.2 | 2.3 | 1.8 | 2.4 | 1.7 | 2.7 | 2.5 | 2.2 | 1.7 | | 2.2 | R:>4 A:3-4 G:<3 |
| Theatres | Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations) | 74.0% | 77.9% | 72.7% | 65.3% | 58.8% | 67.4% | 71.5% | 65.1% | 65.5% | 72.2% | 71.0% | 68.2% | 67.9% | | 67.8% | 85% |

| CATEGORY | INDICATOR | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | STD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **EMERGENCY (UNSCHEDULED) CARE** | | | | | | | | | | | | | | | | | |
| Emergency Department | Average time in ED (Mins) | 173 | 165 | 167 | 182 | 180 | 175 | 170 | 183 | 177 | 167 | 167 | 168 | 174 | | 173 | <=240 |
| | % triaged within 15 minutes of arrival | 60.9% | 67.3% | 68.0% | 66.9% | 68.3% | 66.9% | 65.7% | 64.4% | 59.0% | 63.4% | 63.2% | 54.5% | 58.7% | | 62.3% | >90% |
| | % commenced treatment within 60 minutes | 60.1% | 64.6% | 68.5% | 63.0% | 64.2% | 65.8% | 63.0% | 57.5% | 56.5% | 62.6% | 62.0% | 58.1% | 61.0% | | 61.0% | R:<70% A:70%-90% G:>90% |
| | Total patients in department > 10 hours | 18 | 16 | 17 | 29 | 25 | 10 | 21 | 32 | 25 | 19 | 15 | 18 | 29 | | 221 | 0 |
| | ED conversion rate | 14.4% | 15.8% | 18.5% | 19.9% | 18.9% | 17.4% | 16.2% | 15.9% | 14.3% | 14.3% | 14.0% | 14.0% | 14.9% | | 15.4% | R:>20% A:20%-15% G:<=15% |
| Emergency Inpatients | Non-elective acute length of stay | 5.5 | 6.3 | 6.2 | 6.3 | 7.3 | 8.1 | 7.2 | 7.5 | 7.1 | 7.1 | 6.7 | 7.0 | 7.2 | | 7.2 | R:>10 A:8-10 G:<8 |
| | % Emergency admissions with 0 length of stay | 9.9% | 13.4% | 10.4% | 8.3% | 9.6% | 9.5% | 12.6% | 8.6% | 11.0% | 8.7% | 10.1% | 10.1% | 9.5% | | 10.0% | R:>17% A:15%-17% G:<15% |
| | Number of Bed days >7 | 1618 | 1965 | 1794 | 1938 | 2305 | 2631 | 2356 | 2078 | 2215 | 2217 | 2370 | 2489 | 2770 | | 21431 | R:>1800 A:1600-1800 G:<1600 |
| | Number of patients medically fit at the end of reporting period | 21 | 35 | 35 | 38 | 54 | 37 | 34 | 49 | 61 | 57 | 51 | 53 | 49 | | 49 | R:>30 A:25-30 G:<25 |
| | % discharges before midday | 14.2% | 12.2% | 14.2% | 13.3% | 12.7% | 12.2% | 14.4% | 11.6% | 14.3% | 18.0% | 14.1% | 12.1% | 15.6% | | 13.9% | R:<15% A:15%-20% G:>20% |
| | Acute bed occupancy at midnight (EL & NEL) | 64.6% | 72.8% | 79.4% | 79.7% | 79.7% | 75.1% | 75.9% | 69.3% | 71.6% | 79.8% | 76.8% | 83.1% | 87.0% | | 77.3% | R:>85% A:80%-85% G:<80% |
| | Rate of Emergency readmission within 30 days of a previous inpatient discharge | 10.9% | 10.8% | 12.5% | 15.3% | 12.1% | 12.8% | 12.7% | 10.8% | 12.9% | 10.7% | 10.5% | 12.8% | 13.1% | | 12.0% | R:>10% A:8%-10% G:<8% |

| CATEGORY | INDICATOR | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | STD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MENTAL HEALTH & SOCIAL CARE** | | | | | | | | | | | | | | | | | |
| Adult Acute (Orchard House) | Adult Acute Admissions per 100,000 population - Rolling 12 month | 245.4 | 254.9 | 254.8 | 258.9 | 257.4 | 262.8 | 258.5 | 251.5 | 248.6 | 240.1 | 235.8 | 253.5 | 256.1 | | 256.1 | R:>300 A:240-300 G:<240 |
| | Adult acute admissions patients < 18 years | 2 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | | 4 | 0 |
| | Adult acute bed occupancy at midnight | 90.0% | 79.7% | 90.2% | 70.0% | 79.2% | 89.0% | 94.0% | 97.6% | 84.4% | 96.7% | 97.5% | 92.6% | 100.5% | | 92.3% | <88% |
| | Adult acute length of stay (including leave) - calculated from discharged patients | 50 | 28 | 24 | 24 | 19 | 13 | 30 | 40 | 25 | 12 | 38 | 22 | 23 | | 24 | <28 Days |
| | Adult acute admissions under the Mental Health Law as a % of all admissions | 46.7% | 26.1% | 18.8% | 20.0% | 33.3% | 33.3% | 40.0% | 46.2% | 13.3% | 35.7% | 42.9% | 36.4% | 47.1% | | 32.2% | <37% |
| | % patients discharged with LOS >= 60 days | 27.3% | 16.7% | 0.0% | 4.5% | 8.3% | 0.0% | 15.4% | 27.3% | 10.5% | 0.0% | 9.1% | 7.7% | 6.7% | | 9.3% | <14% |
| Older Adult Acute (Beech/Cedar) | Older Adult Admissions per 100,000 population - Rolling 12 month | 113.7 | 113.6 | 119.1 | 123.2 | 124.5 | 117.5 | 116.0 | 118.7 | 111.7 | 111.6 | 111.5 | 108.6 | 100.3 | | 100.3 | R:>480 A:420-480 G:<420 |
| | Older adult acute bed occupancy (including leave) | 91.2% | 88.7% | 88.6% | 90.0% | 90.6% | 93.3% | 87.4% | 95.3% | 97.5% | 94.9% | 93.3% | 95.9% | 99.9% | | 94.3% | <85% |
| | Older adult acute length of stay (including leave) | 41 | 17 | 60 | 76 | 298 | 167 | 74 | 291 | 154 | 317 | 23 | 69 | 353 | | 195 | <85 Days |
| Community Mental Health Services | CMHT did not attend rate | 4.2% | 3.3% | 2.9% | 3.3% | 3.6% | 3.9% | 4.4% | 5.6% | 4.4% | 3.7% | 4.7% | 3.6% | 4.1% | | 4.2% | R:>10% A:8%-10% G:<8% |

| CATEGORY | INDICATOR | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | TREND | YTD | STD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MENTAL HEALTH & SOCIAL CARE (Continued)** | | | | | | | | | | | | | | | | | |
| Jersey Talking Therapies (JTT) | JTT - Count of clients waiting for assessment | 211 | 174 | 163 | 153 | 144 | 119 | 144 | 141 | 108 | 120 | 95 | 100 | 140 | | 140 | R:>125 A:75-125 G:<75 |
| | JTT - % of clients waiting for assessment who have waited over 90 days | 11% | 5% | 4% | 6% | 3% | 2% | 0% | 0% | 3% | 5% | 1% | 0% | 0% | | 1.5% | <5% |
| | JTT - % of clients who attended an assessment who waited over 90 days | 9% | 16% | 5% | 4% | 8% | 9% | 3% | 2% | 1% | 4% | 10% | 4% | 0% | | 4.9% | <5% |
| | JTT - % of clients who started treatment in month who waited over 18 weeks | 43.6% | 40.0% | 40.7% | 12.0% | 50.0% | 48.4% | 41.9% | 52.0% | 46.4% | 26.8% | 52.8% | 52.9% | 61.1% | | 49.2% | <5% |
| Adult Social Care | Adult needs assessments closed within 30 days | 85.4% | 84.4% | 90.4% | 87.3% | 71.9% | 68.4% | 76.2% | 83.1% | 76.4% | 79.7% | 92.9% | 90.9% | 90.0% | | 80.5% | >80% |
| | Social Care - Closure rate | 98 | 95 | 81 | 76 | 55 | 110 | 54 | 42 | 165 | 138 | 38 | 82 | 71 | | 755 | NA |
| | Social Care - Cases re-opened within 90 days as a percentage of all new cases | 8.1% | 13.8% | 10.1% | 25.6% | 11.3% | 15.5% | 8.5% | 6.2% | 13.5% | 13.4% | 13.5% | 18.8% | 5.8% | | 11.9% | <4% |

| CATEGORY | INDICATOR | | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-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 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | | 5 | 0 |
| | E-Coli Bacteraemia | Hosp | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | | 4 | 0 |
| | Klebsiella Bacteraemia | Hosp | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | | 2 | 0 |
| | Pseudomonas Bacteraemia | Hosp | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | C-Diff Cases | Hosp | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 3 | 2 | 0 | 0 | 1 | | 9 | 1 |
| Safety | Number of falls per 1,000 bed days | | 3.1 | 5.5 | 4.2 | 3.3 | 5.0 | 5.7 | 4.6 | 4.1 | 6.3 | 4.4 | 6.4 | 6.7 | 4.1 | | 5.3 | <6 |
| | Number of falls resulting in harm (low/moderate/severe) | | 10 | 7 | 6 | 8 | 11 | 9 | 11 | 10 | 10 | 9 | 12 | 12 | 8 | | 92 | <10 |
| | Number of Safety Events | | 304 | 390 | 344 | 312 | 341 | 342 | 326 | 359 | 424 | 413 | 406 | 409 | 388 | | 3408 | NA |
| | Number of cat 2 pressure ulcers acquired as an inpatient | | 7 | 8 | 5 | 12 | 15 | 10 | 10 | 7 | 16 | 10 | 15 | 10 | 15 | | 108 | <8 |
| | Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient | | 1 | 1 | 0 | 1 | 7 | 2 | 4 | 2 | 3 | 2 | 3 | 6 | 2 | | 31 | 0 |
| | Number of serious incidents | | 3 | 0 | 0 | 1 | 2 | 4 | 5 | 5 | 2 | 1 | 0 | 3 | 0 | | 22 | NA |
| **PATIENT EXPERIENCE** | | | | | | | | | | | | | | | | | | |
| Complaints, Compliments and Comments | Total complaints received | | 30 | 33 | 25 | 30 | 21 | 39 | 24 | 18 | 22 | 27 | 19 | 39 | 26 | | 235 | NA |
| | % of complaints responded to within 28 days | | 43.3% | 63.6% | 52.0% | 46.7% | 61.9% | 35.9% | 37.5% | 27.8% | 18.2% | 33.3% | 26.3% | Reported 2 months in arrears | | | 35% | R:<80% A:80%-90% G:>90% |
| | Total compliments received | | 34 | 27 | 69 | 96 | 41 | 58 | 43 | 54 | 51 | 43 | 45 | 38 | 40 | | 413 | NA |
| | Total comments received | | 8 | 36 | 52 | 25 | 16 | 32 | 27 | 47 | 58 | 30 | 22 | 27 | 24 | | 283 | NA |

# EXCEPTION REPORTS

## WOMEN, CHILDREN AND FAMILY CARE

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| % primary postpartum haemorrhage >= 1500ml |  | The PPH rate has remained below 10%, this is reflective of the National picture.<br>Work remains on going regarding prevention, this data fluctuates according to complexity of individual risks. | >2.9%<br><br>Lead Midwife |
| % of women that have an induced labour |  | Induction of labour percentage is in line with National figures, this is multifaceted. There is an increase of women presenting diagnosed with Gestational Diabetes and medical comorbidities, IOL is recommended to reduce perinatal morbidity and mortality.<br>Waiting for the Informatic team to adjust the metric - this metric was agreed by the service at the start of the year and will be reviewed as part of the annual cyce of performance indicator reviews ready for 2023 reporting. | >25%<br><br>Lead Midwife |
| Was Not Brought Rate |  | Orthoptics continues to have a high WNB rate. Whilst the text service is being utilised it has been identified that some children referred from visual screening are not attending their appointments. It is suspected that this is due to the long routine wait between being referred and to being seen. That long wait will be reduced as a new orthoptist will be in post shortly. | >9.8%<br><br>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 OP appointment - Acute |  | ***Bariatric Medicine*** – Pathway redesign in progress between medicine & surgery to review formal establishment of both Tier 3/4 Services.<br>***Rheumatology –*** An increase in patients awaiting over 90 days is due to vacancy and absence factors within the service. Increase in Rheumatology provision via locums is planned for November with substantive recruitment planned.<br>***Gastroenterology*** – An increase noted associated with transfer of patients from Endoscopy to Clinic as a result of the FIT waiting list initiative. Vacancy factor remains a challenge with 1x consultant post remaining vacant.<br>***Clinical genetics*** – currently in discussions with Royal Marsden for action re: Clinical Genetics off-island. On island activity is continuing as per last month.<br>***Dermatology*** – Additional Clinics have commenced. Patients waiting for longer than 150 are being targeted for these appointments.<br>***Oral Surgery –*** This has reduced from 43% from the previous month to 38% in September.<br>***Trauma and Orthopaedics –*** This has reduced from the previous month and extra activity is planned to reduce further starting on 28th October for 8 weeks.<br>***Orthoptics –*** A new clinician will be commencing in post shortly pending final recruitment checks. | **>35%**<br><br>Care Group General Managers |
| % patients waiting >90 days for 1st OP appointment - Community |  | ***Orthodontics*** – there are currently 7 patients that have waited over 90 days that are without appointments | **>35%**<br><br>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 waiting list. In addition FIT programme continues to be implemented to ensure clinically appropriate referrals.<br><br>***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%**<br><br>Care Group General Managers |
| % of patients waiting > 90 days for elective admissions |  | Surgical Care Group – Bed pressures continue to impact on elective admissions. We are now utilising Sorel Ward for elective surgeries which is slowly improving our situation. | **>35%**<br><br>Care Group General Managers |

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| **ELECTIVE (SCHEDULED) CARE** | | | |
| Outpatient Did not attend (DNA) Rate |  | The DNA rate includes all patients including all under 18-year-olds which are looked at above in the WNB rate. Orthoptics remains one of the highest as described above in the WNB. We are currently undertaking an internal review of the subspecialties to further understand the situation. | **>8%**<br><br>Care Group General Managers |
| New to follow-up ratio |  | We are currently undertaking a review of the subspecialties to determine if the bench marking is appropriate. | **> 2.0**<br><br>Care Group General Managers |
| Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations) |  | We are still restricted by bed capacity however, we are looking at working in different ways to reduce last minute cancellations such as treating patients in DSU where appropriate | **<85%**<br><br>Surgical Services Care Group General Manager |

| EMERGENCY (UNSCHEDULED) CARE | | | |
|---|---|---|---|
| **INDICATOR** | **13-MONTH GRAPH** | **COMMENTARY & ACTION PLAN** | **TRIGGER & OWNER** |
| % triaged within 15 minutes of arrival |  | An improvement in triage within 15 minutes has been noted, 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. | **<90%**<br><br>Medical Services Care Group General Manager |
| % commenced treatment within 60 minutes |  | A slight reduction in the time to commence has been noted, 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. 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. | **<70%**<br><br>Medical Services Care Group General Manager |
| Total patients in department > 10 hours |  | 29 reported 10-hour breaches. The operations centre continues to actively monitor the site position and respond to long stays within the Emergency Department. For September 2022:<br>4x Awaiting Clinical Review<br>4x Awaiting Mental Health<br>4x Clinical Condition<br>5x Deviation from ED protocol<br>6x Awaiting Bed<br>1x Awaiting Transport<br>1x Awaiting Radiology | **>0**<br><br>Medical Services Care Group General Manager |
| Number of Bed days >7 |  | A continued 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. 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. | **>1800**<br><br>Medical Services Care Group General Manager |
| Number of patients medically fit at the end of reporting period |  | A slight improvement has been noted in the number of patients delayed. 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. Sector wide meeting held on 12/10/22 to review issues. | **>30**<br><br>Medical Services Care Group General Manager |

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| Acute bed occupancy at midnight (EL & NEL) |  | Hospital occupancy has increased one factor is due to the number of patients delayed in hospital remaining significantly high due to the lack of capacity within the domiciliary and care home markets. Surge & escalation beds have been triggered. | >85%<br><br>Medical Services Care Group General Manager |
| Rate of Emergency readmission within 30 days of a previous inpatient discharge |  | A slight increase in readmissions was noted. 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. | >10%<br><br>Medical Services Care Group General Manager |

## MENTAL HEALTH & SOCIAL CARE

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| Adult acute admissions patients < 18 years |  | Orchard house offers admissions to under 18s who are in crisis and need support to keep them safe. During the month of September there was one admission; LOS 4 days | >0<br><br>Mental Health Inpatient Lead Nurse |
| Adult acute bed occupancy at midnight |  | Orchard house has had to use an expansion bed due to high level of admissions. There are delays in discharge which attribute to the occupancy rate this month. | >88%<br><br>Mental Health Inpatient Lead Nurse |

| | | | |
|---|---|---|---|
| Adult acute admissions under the Mental Health Law as a % of all admissions |  | Orchard House has experienced an increase in patients detained under mental health law, this relates to the increased acuity in individuals presentation. | **>37%**<br><br>Mental Health Services General Manager |
| Older adult acute bed occupancy (including leave) |  | Both Beech and Cedar ward are experiencing high levels of admission and delays in discharging back to the community settings or care packages at home. | **>85%**<br><br>Mental Health Inpatient Lead Nurse |
| Older adult acute length of stay (including leave) |  | Cedar ward discharged twenty people in this period; two patients with extended LOS over 356 days. | **>85**<br><br>Mental Health Inpatient Lead Nurse |
| JTT - Count of clients waiting for assessment |  | In September JTT received 100 referrals to the service, which is an increase in line with trends that referrals to JTT increase in the autumn and winter months. We currently have 140 people on our waiting list, however in the month of September we did not have any clients waiting over 90 days for assessment and there were no clients who attended assessments who had waited over 90 days. | **> 125**<br><br>Mental Health Services General Manager |
| JTT - % of clients who started treatment in month who waited over 18 weeks |  | Unfortunately, our waiting list for treatment has increased to 64.7% of our clients who started treatment in September waited over 18 weeks.<br>This can be attributed to redeployment of two staff, two vacancies and reduced caseloads due to sickness. We have recently advertised for trainee PWP posts and we are readvertising our vacant posts. | **>5%**<br><br>Mental Health Services General Manager |

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| Social Care - Cases re-opened within 90 days as a percentage of all new cases |  | There are low levels of re-referrals this month, 40% are due to data inputting errors rather than true re-referral for service. The new referral form (PTL) introduction is anticipated to eliminate data quality errors. | **<4%**<br><br>Adult Social Care General Manager |

**INFECTION CONTROL AND PATIENT SAFETY**

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| Number of cat 2 pressure ulcers acquired as an inpatient |  | Targeted training with the pressure ulcer champions has led to better reporting of pressure damage acquired in hospital. The tissue viability team have introduced the safety cross for pressure ulcer monitoring to promote good practice and real time visible data.<br>National Stop the pressure week 14th – 19th November is planned with the focus on joining the four Nations approach to reduce variation in practice. The drive is to introduce purpose T pressure ulcer risk assessment to replace current assessment tools. | **>=8**<br><br>Patient & Client Safety Officer |
| Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient |  | Targeted training with the pressure ulcer champions has led to better recognition and reporting of deep tissue injuries in hospital. Datix B will have the RCA (Root Cause Analysis) attached which must be completed before the datix incident report can be submitted.<br>Combined work is underway with the tissue viability team and the Nutrition team to ensure nutrition screening is completed for all patients admitted to hospital with defined care plans for those requiring additional nutritional support. | **0**<br><br>Patient & Client Safety Officer |

**PATIENT EXPERIENCE**

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
|---|---|---|---|
| % of complaints responded to within 28 days |  | Analysis of the complaints shows that performance should be reported at 43% (8 complaints out of the total 19 were responded within the timeframe). 58% (11) 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.<br><br>Staff have been informed and encouraged to attend customer care and complaints training available across GoJ to help improve response timeframes, complaint handling and an improved patient experience.<br><br>During October, there has been targeted work on replying/closing complaints that should have been answered to in time period May-September, with the aim of this being completed by November. This has included the PALS Manager having weekly meetings with individuals responsible for investigating/responding to complaints and supporting writing responses. | **<80%**<br><br>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 | NA | |
| | % 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% | 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% | 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% | 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 | 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 Services General Manager | >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 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 | |