

QUALITY AND PERFORMANCE REPORT

March 2022

INTRODUCTION

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

PURPOSE

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

BACKGROUND

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

SPONSORS:

Chief Nurse - Rose Naylor

Medical Director - Patrick Armstrong

Interim Director Clinical Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA:

HCS Informatics

TABLE OF CONTENTS

| | | PAGE |
|----|---------------------------------|-------|
| 1. | Executive Summary | 3 |
| 3. | Changes and Technical Notes | 4 |
| 4. | Demand and Activity | 5 |
| 5. | Quality & Performance Scorecard | 6-9 |
| 6. | Exception Reports | 10-18 |
| 7. | Appendix - Data Sources | 19-24 |

EXECUTIVE SUMMARY

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

Activity

March saw a rise in emergency demand and patients with Covid in Jersey General Hospital and some impact from clinical covid demand. There is a correlating increase in our elective activity (outpatient & inpatient) with planned approach to maximising day case activity continuing as some surge capacity provision was required to be maintained to mitigate numbers of stranded patients currently. Covid activity and workforce impact was noted out in the nursing, residential & domiciliary sector.

Planned Care Summary

Non admitted pathways. The increase in the waiting list is driven by Community Dental speciality. The strategy to address this is the Covid social recovery commission. Good progress is evident in our outpatient waiting list with reduction in those persons waiting >90 days with a 13% increase in outpatient attendances which helped mitigate the 2% increase in the list overall.

Elective waiting list. There has been a minimal increase which is being driven through outpatient activity conversion (and the recent reduction in our 1st outpatient attendance PTL) as well as a reduction in inpatient elective capacity during the medical escalation period to meet our emergency demand including Covid.

Mental Health & Social Care

Occupancy across our mental health wards remains a challenge. The working age adult service has been particularly pressured this month, requiring us to temporarily increase bed capacity. Work is underway to address this, with a particular focus on the group of service users who no longer need to be in the ward but are awaiting an alternative placement / pathway. Our revised approach to monitoring length of stay shows that the average length of stay on the ward for patients who are yet to be discharged is 54 days.

Unfortunately the number of people waiting for an assessment with Jersey Talking Therapies has risen this month, reflecting a significant increase in the number of referrals this month (118 compared to an average 100 per month). Work is still ongoing to source additional clinical capacity for the team to address the waiting list.

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 Q1 2022.

Demand and Activity

The demand and activity indicator 'Outpatient 1st Appointment Waiting List' is now accompanied by sub-indicators with a breakdown by area:

- Outpatient 1st Appointment Waiting List - Acute
- Outpatient 1st Appointment Waiting List - Community

Waiting Lists/Patient Tracking List

A new indicator has been added to show the Diagnostics waiting list and these entries have been removed from the Outpatient and Inpatient waiting list indicators accordingly.

- Diagnostics Waiting List (This includes Colposcopy, DEXA Scanning and Endoscopy)

Elective (Scheduled) Care

The indicator 'Intra-session theatre utilisation rate' has been reviewed and replaced with 'Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)'. This gives more comprehensive coverage.

Mental Health

The indicators 'Acute admissions per 100,000 registered population' and 'Older Adult admissions per 100,000 registered population' now show a rolling 12 Month average to accommodate fluctuations caused by low patient numbers.

Following a system upgrade it is now possible to report Jersey Talking Therapies (JTT) and Psychological Assessment and Therapy Service (PATS) separately.

The report now contains the following Jersey Talking Therapies indicators:

- Count of clients who have not received an Assessment or Treatment
- % of patients waiting for assessment who have waited over 90 days
- % of clients who attended an assessment who waited over 90 days
- % of clients who started treatment in the month who waited over 18 weeks

And the following Psychological Assessment and Therapy Service indicators:

- Count of clients currently waiting for assessment
- % of patients waiting for assessment who have waited over 90 days
- PATS - % of clients who started treatment in the month who waited over 18 weeks

Infection Control and Patient Safety

The Infection Control section has been expanded to include indicators on number of MSSA, E-Coli, Klebsiella and Pseudomonas Bacteraemia. The standard for all new indicators has been set at 0 based on national standards.

Number of falls resulting in harm has been renamed to "Number of falls resulting harm (low/moderate/severe)" - no changes to the methodology or data definitions.

Number of cat 3-4 pressure ulcers acquired as an inpatient has been modified to include deep tissue injuries and renamed to 'Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient'. There is no change to the standard of 0.

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.

DEMAND (Referrals)

| Measure | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | On Month | YoY |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|----------|-----|
| JGH/Overdale Outpatient Referrals | 4201 | 3662 | 3635 | 3927 | 3330 | 3029 | 3248 | 3329 | 3522 | 2646 | 3139 | 3566 | 3851 | | 10556 | 8% | -8% |
| JGH/Overdale Outpatient Referrals - Under 18 | 462 | 312 | 300 | 349 | 295 | 252 | 266 | 316 | 307 | 219 | 377 | 498 | 451 | | 1326 | -9% | -2% |
| JTT Referrals (Opt-In) | 106 | 105 | 89 | 116 | 94 | 103 | 115 | 101 | 100 | 95 | 98 | 97 | 118 | | 313 | 22% | 11% |

ACTIVITY

| Measure | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | On Month | YoY |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|----------|------|
| Deliveries | 75 | 81 | 77 | 61 | 73 | 74 | 81 | 73 | 71 | 63 | 61 | 61 | 68 | | 190 | 11% | -9% |
| ED Attendances | 2779 | 2925 | 3297 | 3370 | 3250 | 3193 | 3465 | 3301 | 3031 | 2920 | 2823 | 2674 | 3157 | | 8654 | 18% | 14% |
| Emergency Admissions | 530 | 490 | 514 | 548 | 543 | 529 | 538 | 557 | 594 | 589 | 539 | 495 | 537 | | 1571 | 8% | 1% |
| Elective Admissions | 351 | 324 | 267 | 305 | 246 | 299 | 241 | 214 | 220 | 181 | 194 | 212 | 205 | | 375 | -3% | -42% |
| Elective Day Cases | 690 | 627 | 543 | 634 | 513 | 515 | 659 | 576 | 673 | 639 | 572 | 597 | 670 | | 1128 | 12% | -3% |
| Stranded patients with LOS > 7 days | 151 | 137 | 121 | 130 | 137 | 138 | 133 | 136 | 127 | 143 | 148 | 135 | 148 | | 431 | 10% | -2% |
| Outpatient Attendances | 21557 | 19245 | 18213 | 20410 | 18609 | 18748 | 18711 | 18691 | 20696 | 16786 | 18848 | 19284 | 22084 | | 42603 | 15% | 2% |

WAITING LISTS

| Measure | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | On Month | YoY |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|------|----------|------|
| Outpatient 1st Appointment Waiting List | 8631 | 8851 | 9177 | 9454 | 9279 | 9084 | 9044 | 9312 | 9114 | 8869 | 8637 | 8842 | 9015 | | 9015 | 2% | 4% |
| Outpatient 1st Appointment Waiting List - Acute | 6902 | 7039 | 7374 | 7619 | 7410 | 7142 | 7073 | 7315 | 7063 | 6788 | 6532 | 6536 | 6646 | | 6646 | 2% | -4% |
| Outpatient 1st Appointment Waiting List - Community | 1729 | 1812 | 1803 | 1835 | 1869 | 1942 | 1971 | 1997 | 2051 | 2081 | 2105 | 2306 | 2369 | | 2369 | 3% | 37% |
| Diagnostics Waiting List | 1178 | 1179 | 1303 | 1348 | 1348 | 1390 | 1354 | 1479 | 1508 | 1489 | 1368 | 1452 | 1405 | | 1405 | -3% | 19% |
| Elective Waiting List | 1507 | 1461 | 1412 | 1498 | 1639 | 1794 | 1742 | 1862 | 1804 | 1769 | 1942 | 1965 | 2062 | | 2062 | 5% | 37% |
| Elective Waiting List - Under 18 | 94 | 92 | 79 | 69 | 74 | 73 | 81 | 71 | 63 | 73 | 75 | 75 | 84 | | 84 | 12% | -11% |

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.

| CATEGORY | INDICATOR | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | STD |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|----------------------------------|
| COVID-19 | | | | | | | | | | | | | | | | | |
| COVID-19 | Confirmed COVID-19 cases | 11 | 5 | 9 | 372 | 4769 | 963 | 702 | 1107 | 3077 | 5514 | 11446 | 6659 | 8931 | | 27036 | NA |
| | New people tested for COVID-19 | 3512 | 3263 | 8360 | 21398 | 34270 | 38680 | 36874 | 26669 | 4949 | 5123 | 5109 | 1976 | 2119 | | 9204 | NA |
| | Unique people tested for COVID-19 in month | 16888 | 17801 | 26682 | 49538 | 72829 | 75405 | 73761 | 66118 | 30109 | 31445 | 29611 | 14836 | 15805 | | | NA |
| WOMEN, CHILDREN AND FAMILY CARE | | | | | | | | | | | | | | | | | |
| Maternity | % deliveries by C-section (Planned & Unscheduled) | 32.9% | 34.1% | 33.8% | 34.4% | 24.7% | 35.1% | 42.7% | 45.9% | 46.5% | 39.4% | 41.0% | 41.9% | 48.5% | | 44.0% | NA |
| | % deliveries home birth (Planned & Unscheduled) | 4.0% | 2.5% | 3.9% | 6.6% | 2.7% | 5.4% | 7.4% | 1.4% | 0.0% | 4.8% | 4.9% | 4.9% | 5.9% | | 5.3% | R: <2% A: 20%-5% G: >5% |
| | % stillbirth rate | 0.0% | 0.0% | 0.0% | 1.5% | 0.0% | 1.3% | 1.2% | 1.4% | 0.0% | 0.0% | 1.6% | 0.0% | 0.0% | | 0.5% | <0.4% |
| | % 3rd degree perineal tear | 2.0% | 1.9% | 3.9% | 0.0% | 5.4% | 0.0% | 2.1% | 0.0% | 5.3% | 0.0% | 2.8% | 8.6% | 8.6% | | 6.6% | <=3.5% |
| | % primary postpartum haemorrhage >= 1500 | 6.7% | 8.6% | 11.7% | 3.3% | 11.0% | 6.8% | 4.9% | 5.5% | 8.5% | 6.3% | 4.9% | 1.6% | 8.8% | | 5.3% | 3.30% |
| | % of women that have an induced labour | 24.0% | 35.8% | 24.7% | 27.9% | 31.5% | 23.0% | 23.5% | 24.7% | 33.8% | 28.6% | 24.6% | 27.9% | 27.9% | | 26.8% | R: >25% A: 20%-25% G: <20% |
| | Average length of stay on maternity ward | 2.8 | 2.4 | 2.3 | 2.2 | 2.3 | 2.5 | 2.7 | 2.1 | 2.2 | 2.2 | 2.1 | 2.1 | 2.1 | | 2.1 | R: >2.5 A: 2.3-2.5 G: <2.3 |
| Children's Health | Average length of stay on Robin Ward | 1.6 | 3.2 | 1.7 | 1.6 | 1.3 | 1.4 | 1.6 | 1.0 | 2.1 | 1.7 | 1.4 | 1.3 | 1.7 | | 1.5 | <=1.7 |
| | Was Not Brought Rate | 7.6% | 8.1% | 9.3% | 9.7% | 14.7% | 11.5% | 9.5% | 11.2% | 14.1% | 14.0% | 12.8% | 10.5% | 12.9% | | 12.1% | <9.8% |
| | Tooth extractions for patients <18 | 10 | 4 | 9 | 7 | 9 | 2 | 6 | 11 | 3 | 6 | 6 | 5 | 8 | | 19 | <25 |
| WAITING LISTS/PATIENT TRACKING LIST (PTL) | | | | | | | | | | | | | | | | | |
| Outpatients | % patients waiting >90 days for 1st outpatient appointment | 41.7% | 39.2% | 38.5% | 40.0% | 43.0% | 44.8% | 49.5% | 46.7% | 44.1% | 46.5% | 47.0% | 43.5% | 38.9% | | 38.9% | R: >35% A: 25%-35% G: <25% |
| | % patients waiting >90 days for 1st OP appointment - Acute | 33.9% | 30.2% | 29.3% | 30.1% | 32.9% | 34.2% | 39.3% | 36.4% | 32.4% | 35.0% | 34.6% | 30.9% | 25.1% | | 25.1% | R: >35% A: 25%-35% G: <25% |
| | % patients waiting >90 days for 1st OP appointment - Community | 72.6% | 73.9% | 76.2% | 81.0% | 83.1% | 83.9% | 86.0% | 84.5% | 84.4% | 84.0% | 85.7% | 79.1% | 77.8% | | 77.8% | R: >35% A: 25%-35% G: <25% |
| | Total patients waiting >90 days without appointment date | 2977 | 2978 | 3024 | 3206 | 3222 | 3192 | 3605 | 3087 | 3140 | 3263 | 3220 | 3062 | 2942 | | 2942 | NA |
| Diagnostics | % patients waiting >90 days for diagnostics | 62.7% | 63.4% | 62.1% | 58.5% | 62.8% | 64.8% | 67.7% | 63.6% | 62.9% | 65.5% | 66.6% | 64.8% | 68.3% | | 68.3% | R: >35% A: 25%-35% G: <25% |
| Elective Inpatients | % of patients waiting > 90 days for elective admissions | 39.9% | 38.9% | 39.5% | 38.7% | 39.4% | 41.1% | 43.1% | 44.0% | 42.6% | 45.1% | 47.0% | 49.6% | 50.7% | | 50.7% | R: >35% A: 25%-35% G: <25% |

| CATEGORY | INDICATOR | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | STD |
|-------------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-----------------------------------|
| ELECTIVE (SCHEDULED) CARE | | | | | | | | | | | | | | | | | |
| Outpatients | Outpatient Did not attend (DNA) Rate | 7.2% | 7.4% | 7.2% | 8.2% | 9.7% | 8.8% | 9.1% | 9.3% | 9.9% | 10.4% | 10.5% | 10.1% | 10.6% | | 11.7% | 8% |
| | New to follow-up ratio | 2.67 | 2.71 | 2.88 | 2.90 | 2.87 | 3.05 | 3.38 | 3.19 | 3.15 | 3.01 | 3.00 | 2.80 | 2.97 | | 2.92 | 2 |
| Inpatients | Acute elective length of stay | 2.6 | 2.7 | 1.9 | 2.1 | 2.5 | 2.2 | 2.1 | 1.8 | 2.3 | 2.8 | 2.1 | 2.3 | 1.8 | | 2.1 | R:>4 A:3-4 G:<3 |
| Theatres | Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations) | 74.6% | 72.9% | 74.5% | 73.0% | 70.3% | 66.3% | 74.0% | 77.9% | 72.4% | 65.3% | 58.8% | 67.4% | 71.5% | | 66.5% | 85% |
| EMERGENCY (UNSCHEDULED) CARE | | | | | | | | | | | | | | | | | |
| Emergency Department | Average time in ED (Mins) | 146 | 155 | 160 | 168 | 171 | 166 | 173 | 165 | 167 | 182 | 180 | 175 | 170 | | 175 | <=240 |
| | % triaged within 15 minutes of arrival | 76.5% | 75.8% | 72.2% | 67.2% | 66.9% | 69.7% | 60.9% | 67.3% | 68.0% | 66.9% | 68.3% | 66.9% | 65.6% | | 66.9% | >90% |
| | % commenced treatment within 60 minutes | 81.9% | 78.5% | 70.8% | 71.5% | 66.9% | 67.6% | 60.1% | 64.6% | 68.5% | 63.0% | 64.2% | 65.8% | 63.0% | | 64.2% | R:>70% A:70%-90% G:>90% |
| | Total patients in department > 10 hours | 14 | 10 | 10 | 21 | 19 | 12 | 18 | 16 | 17 | 29 | 25 | 10 | 21 | | 56 | 0 |
| | ED conversion rate | 17.8% | 16.1% | 14.7% | 15.3% | 16.0% | 16.0% | 14.4% | 15.8% | 18.5% | 19.9% | 18.9% | 17.4% | 16.2% | | 17.5% | R:>20% A:20%-15% G:<=15% |
| Emergency Inpatients | Non-elective acute length of stay | 6.0 | 6.5 | 5.8 | 6.1 | 5.8 | 6.3 | 5.5 | 6.3 | 6.2 | 6.3 | 7.3 | 8.1 | 7.2 | | 7.5 | R:>10 A:8-10 G:<8 |
| | % Emergency admissions with 0 length of stay | 11.5% | 11.0% | 11.9% | 13.7% | 11.8% | 12.3% | 9.9% | 13.4% | 10.4% | 8.3% | 9.4% | 9.5% | 12.7% | | 10.6% | R:>17% A:15%-17% G:<15% |
| | Number of Beddays >7 | 1715 | 1790 | 1582 | 1966 | 1597 | 1821 | 1618 | 1965 | 1794 | 1937 | 2305 | 2631 | 2356 | | 7292 | R:>1800 A:1600-1800 G:<1600 |
| | Number of patients delayed at the end of period | 11 | 19 | 22 | 21 | 25 | 31 | 21 | 35 | 35 | 38 | 54 | 37 | 34 | | 34 | R:>30 A:25-30 G:<25 |
| | % discharges before midday | 13.7% | 11.7% | 15.0% | 16.7% | 18.1% | 14.4% | 14.2% | 12.2% | 14.2% | 13.3% | 12.8% | 12.3% | 14.4% | | 13.2% | R:<15% A:15%-20% G:>20% |
| | Acute bed occupancy at midnight (EL & NEL) | 78.3% | 74.0% | 75.9% | 73.8% | 62.8% | 72.4% | 64.6% | 72.8% | 79.4% | 79.7% | 79.7% | 75.1% | 75.9% | | 77.0% | R:>85% A:80%-85% G:<80% |
| | Rate of Emergency readmission within 30 days of a previously admitted discharge | 14.0% | 13.7% | 10.7% | 12.8% | 13.3% | 11.9% | 11.9% | 12.1% | 14.1% | 16.2% | 12.0% | 14.3% | 11.6% | | 12.6% | R:>10% A:8%-10% G:<8% |

| CATEGORY | INDICATOR | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TREND | YTD | STD |
|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------------------------------|
| MENTAL HEALTH & SOCIAL CARE | | | | | | | | | | | | | | | | | |
| Adult Acute (Orchard House) | Adult Acute Admissions per 100,000 population - Rolling 12 month | 232.3 | 237.7 | 238.9 | 249.9 | 255.3 | 242.7 | 245.4 | 254.9 | 254.8 | 258.9 | 257.4 | 265.6 | 264.1 | | 264.1 | R:>300 A:240-300 G:<240 |
| | Adult acute admissions patients < 18 years | 1 | 1 | 0 | 4 | 1 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | | 3 | 0 |
| | Adult acute bed occupancy at midnight | 71.0% | 85.5% | 70.6% | 83.9% | 77.9% | 94.5% | 90.0% | 79.7% | 90.2% | 70.0% | 79.2% | 89.0% | 108.5% | | 91.8% | <88% |
| | Adult acute length of stay (including leave) | 52 | 14 | 31 | 20 | 29 | 26 | 50 | 28 | 24 | 24 | 19 | 12 | 30 | | 20 | <28 Days |
| | Adult acute admissions under the Mental Health Law as a % of all admissions | 23.1% | 22.2% | 35.3% | 35.0% | 41.2% | 22.2% | 46.7% | 26.1% | 18.8% | 20.0% | 33.3% | 29.4% | 33.3% | | 31.7% | <37% |
| | % patients discharged with LOS >= 60 days | 25.0% | 8.3% | 6.7% | 4.5% | 12.5% | 16.7% | 27.3% | 16.7% | 0.0% | 4.5% | 8.3% | 0.0% | 15.4% | | 8.1% | <14% |
| Older Adult Acute (Beech/Cedar) | Older Adult Admissions per 100,000 population - Rolling 12 month | 121.3 | 122.6 | 125.3 | 114.1 | 98.7 | 108.3 | 113.7 | 113.6 | 119.1 | 123.2 | 124.5 | 116.2 | 114.7 | | 114.7 | R:>480 A:420-480 G:<420 |
| | Older adult acute bed occupancy (including leave) | 75.6% | 83.3% | 91.4% | 96.1% | 91.8% | 95.0% | 91.2% | 88.7% | 88.6% | 90.0% | 90.6% | 93.3% | 87.4% | | 90.4% | <85% |
| | Older adult acute length of stay (including leave) | 116 | 65 | 33 | 88 | 30 | 370 | 41 | 17 | 60 | 76 | 298 | 167 | 74 | | 194 | <85 Days |
| Community Mental Health Services | CMHT did not attend rate | 3.8% | 2.7% | 2.9% | 2.5% | 3.7% | 3.7% | 4.2% | 3.3% | 2.9% | 3.3% | 3.6% | 3.9% | 4.2% | | 3.9% | R:>10% A:8%-10% G:<8% |
| Jersey Talking Therapies (JTT) | JTT - Count of clients waiting for assessment | 102 | 124 | 145 | 158 | 165 | 197 | 211 | 174 | 164 | 154 | 145 | 119 | 145 | | 145 | R:>125 A:75-125 G:<75 |
| | JTT - % of clients waiting for assessment who have waited over 90 days | 4% | 3% | 2% | 3% | 2% | 7% | 11% | 5% | 4% | 6% | 3% | 2% | 0% | | 1.7% | <5% |
| | JTT - % of clients who attended an assessment who waited over 90 days | 5% | 3% | 3% | 1% | 0% | 2% | 9% | 16% | 5% | 4% | 8% | 10% | 3% | | 7.1% | <5% |
| | JTT - % of clients who started treatment in month who waited over 18 weeks | 29.3% | 41.3% | 41.9% | 47.4% | 34.0% | 42.9% | 43.6% | 40.0% | 40.7% | 12.0% | 50.0% | 50.0% | 41.4% | | 47.4% | <5% |
| Adult Social Care | Adult needs assessments closed within 30 days | 85.3% | 82.8% | 86.9% | 89.2% | 90.1% | 73.2% | 85.4% | 84.4% | 90.4% | 87.3% | 71.9% | 68.4% | 76.2% | | 72.1% | >80% |
| | Social Care - Closure rate | 79 | 49 | 76 | 100 | 78 | 86 | 98 | 95 | 81 | 76 | 55 | 110 | 54 | | 219 | NA |
| | Social Care - Cases re-opened within 90 days as a percentage of all new cases | 7.1% | 17.0% | 11.1% | 6.7% | 18.7% | 17.6% | 8.1% | 14.8% | 10.1% | 25.3% | 11.3% | 15.5% | 8.7% | | 11.7% | <4% |

| CATEGORY | INDICATOR | | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-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 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | 1 | 0 |
| | E-Coli Bacteraemia | Hosp | 0 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | Klebsiella Bacteraemia | Hosp | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | Pseudomonas Bacteraemia | Hosp | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | C-Diff Cases | Hosp | 1 | 1 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | | 2 | 1 |
| Safety | Number of falls per 1,000 bed days | | 4 | 4 | 3 | 4 | 4 | 4 | 3 | 6 | 4 | 3 | 5 | 6 | 5 | | 5 | <6 |
| | Number of falls resulting in harm (low/moderate/severe) | | 11 | 7 | 9 | 9 | 5 | 10 | 10 | 7 | 6 | 8 | 11 | 9 | 10 | | 30 | <10 |
| | Number of Safety Events | | 336 | 359 | 334 | 390 | 350 | 355 | 303 | 390 | 340 | 310 | 340 | 336 | 316 | | 992 | NA |
| | Number of cat 2 pressure ulcers acquired as an inpatient | | 9 | 8 | 7 | 9 | 11 | 9 | 7 | 8 | 5 | 12 | 15 | 10 | 10 | | 35 | <8 |
| | Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient | | 0 | 2 | 5 | 5 | 0 | 0 | 1 | 1 | 0 | 1 | 7 | 2 | 4 | | 13 | 0 |
| | Number of serious incidents | | 1 | 1 | 3 | 0 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | | 2 | 0 |
| PATIENT EXPERIENCE | | | | | | | | | | | | | | | | | | |
| Complaints, Compliments and Comments | Total complaints received | | 40 | 32 | 31 | 45 | 37 | 26 | 31 | 33 | 25 | 30 | 21 | 38 | 14 | | 73 | NA |
| | % of complaints responded to within 28 days | | 92.5% | 65.6% | 64.5% | 53.3% | 59.5% | 73.1% | 41.9% | 63.6% | 48.0% | 43.3% | 57.1% | Reported 2 months in arrears | | | 57% | R:<80% A:80%-90% G:>90% |
| | Total compliments received | | 60 | 34 | 52 | 29 | 42 | 30 | 35 | 25 | 67 | 93 | 31 | 48 | 39 | | 118 | NA |
| | Total comments received | | 8 | 6 | 7 | 10 | 6 | 7 | 10 | 36 | 52 | 25 | 16 | 32 | 27 | | 75 | NA |

EXCEPTION REPORTS

WOMEN, CHILDREN AND FAMILY CARE

| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|-----------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--|--|
| <p>% 3rd degree perineal tear</p> | <table border="1" style="display: none;"> <caption>% 3rd degree perineal tear (13-month graph)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>2%</td></tr> <tr><td>Apr-21</td><td>2%</td></tr> <tr><td>May-21</td><td>4%</td></tr> <tr><td>Jun-21</td><td>5%</td></tr> <tr><td>Jul-21</td><td>5%</td></tr> <tr><td>Aug-21</td><td>2%</td></tr> <tr><td>Sep-21</td><td>2%</td></tr> <tr><td>Oct-21</td><td>2%</td></tr> <tr><td>Nov-21</td><td>5%</td></tr> <tr><td>Dec-21</td><td>2%</td></tr> <tr><td>Jan-22</td><td>3%</td></tr> <tr><td>Feb-22</td><td>8%</td></tr> <tr><td>Mar-22</td><td>8%</td></tr> </tbody> </table> | Month | Percentage | Mar-21 | 2% | Apr-21 | 2% | May-21 | 4% | Jun-21 | 5% | Jul-21 | 5% | Aug-21 | 2% | Sep-21 | 2% | Oct-21 | 2% | Nov-21 | 5% | Dec-21 | 2% | Jan-22 | 3% | Feb-22 | 8% | Mar-22 | 8% | <p>A review of 3rd degree tears was undertaken covering February and March 2022. 3 women in each month sustained a 3rd tear there were 6 in total. All women were primigravida 4 women had long labours and all women had epidural analgesia. 3 instrumental births were conducted by the same operator, Middle Grade Doctor with no Consultant present. 2 instrumental births were conducted by 2 further Middle Grade Doctors. 1 birth was spontaneous and Midwife Led. 3 of the births went on to have a PPH Discuss the review at the Labour ward forum and intrapartum care group meetings which is an MDT forum and review the thematic factors, long labour, epidural and instrumental operative births.</p> | <p>>3.5%</p> <p>WACS Care Group General Manager</p> |
| Month | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>% primary postpartum haemorrhage >= 1500</p> | <table border="1" style="display: none;"> <caption>% primary postpartum haemorrhage >= 1500 (13-month graph)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>7%</td></tr> <tr><td>Apr-21</td><td>8%</td></tr> <tr><td>May-21</td><td>12%</td></tr> <tr><td>Jun-21</td><td>3%</td></tr> <tr><td>Jul-21</td><td>11%</td></tr> <tr><td>Aug-21</td><td>7%</td></tr> <tr><td>Sep-21</td><td>5%</td></tr> <tr><td>Oct-21</td><td>5%</td></tr> <tr><td>Nov-21</td><td>8%</td></tr> <tr><td>Dec-21</td><td>6%</td></tr> <tr><td>Jan-22</td><td>5%</td></tr> <tr><td>Feb-22</td><td>2%</td></tr> <tr><td>Mar-22</td><td>9%</td></tr> </tbody> </table> | Month | Percentage | Mar-21 | 7% | Apr-21 | 8% | May-21 | 12% | Jun-21 | 3% | Jul-21 | 11% | Aug-21 | 7% | Sep-21 | 5% | Oct-21 | 5% | Nov-21 | 8% | Dec-21 | 6% | Jan-22 | 5% | Feb-22 | 2% | Mar-22 | 9% | <p>The Primary Postpartum Haemorrhage (PPH) rate reflects the rate of women having a medical managed birth. Induction of labour, long labour and instrumental operative births along with LSCS. The overall rate has reduced, and work continues to address the risk assessment and planning for the management of the 3rd stage of labour. A change of pharmacology products has contributed to the reduction. The risk assessment tool is still in trial phase and is due for review at Intrapartum care group meeting, later in March. The PPH rate will be discussed at the forth coming Labour ward forum.</p> | <p>>2.9%</p> <p>WACS Care Group General Manager</p> |
| Month | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 11% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>% of women that have an induced labour</p> | <table border="1" style="display: none;"> <caption>% of women that have an induced labour (13-month graph)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>25%</td></tr> <tr><td>Apr-21</td><td>35%</td></tr> <tr><td>May-21</td><td>28%</td></tr> <tr><td>Jun-21</td><td>25%</td></tr> <tr><td>Jul-21</td><td>32%</td></tr> <tr><td>Aug-21</td><td>25%</td></tr> <tr><td>Sep-21</td><td>25%</td></tr> <tr><td>Oct-21</td><td>25%</td></tr> <tr><td>Nov-21</td><td>35%</td></tr> <tr><td>Dec-21</td><td>28%</td></tr> <tr><td>Jan-22</td><td>25%</td></tr> <tr><td>Feb-22</td><td>28%</td></tr> <tr><td>Mar-22</td><td>28%</td></tr> </tbody> </table> | Month | Percentage | Mar-21 | 25% | Apr-21 | 35% | May-21 | 28% | Jun-21 | 25% | Jul-21 | 32% | Aug-21 | 25% | Sep-21 | 25% | Oct-21 | 25% | Nov-21 | 35% | Dec-21 | 28% | Jan-22 | 25% | Feb-22 | 28% | Mar-22 | 28% | <p>27% induction rate remains consistent from February 2022. There is currently an IOL audit being undertaken by the Obstetric team. Work is underway to start looking at the Robson criteria with the dashboard, this will be discussed monthly at the labour ward forum.</p> | <p>>25%</p> <p>WACS Care Group General Manager</p> |
| Month | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 32% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Average length of stay on Robin Ward</p> | <table border="1" style="display: none;"> <caption>Average length of stay on Robin Ward (13-month graph)</caption> <thead> <tr><th>Month</th><th>Average Length</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>1.5</td></tr> <tr><td>Apr-21</td><td>3.2</td></tr> <tr><td>May-21</td><td>1.8</td></tr> <tr><td>Jun-21</td><td>1.5</td></tr> <tr><td>Jul-21</td><td>1.5</td></tr> <tr><td>Aug-21</td><td>1.5</td></tr> <tr><td>Sep-21</td><td>1.5</td></tr> <tr><td>Oct-21</td><td>1.0</td></tr> <tr><td>Nov-21</td><td>2.0</td></tr> <tr><td>Dec-21</td><td>1.8</td></tr> <tr><td>Jan-22</td><td>1.5</td></tr> <tr><td>Feb-22</td><td>1.5</td></tr> <tr><td>Mar-22</td><td>1.8</td></tr> </tbody> </table> | Month | Average Length | Mar-21 | 1.5 | Apr-21 | 3.2 | May-21 | 1.8 | Jun-21 | 1.5 | Jul-21 | 1.5 | Aug-21 | 1.5 | Sep-21 | 1.5 | Oct-21 | 1.0 | Nov-21 | 2.0 | Dec-21 | 1.8 | Jan-22 | 1.5 | Feb-22 | 1.5 | Mar-22 | 1.8 | <p>A slight increase from 1.3 to 1.7 from February to March, we are not concerned with this indicator.</p> | <p>>1.7</p> <p>WACS Care Group General Manager</p> |
| Month | Average Length | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 3.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 1.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 2.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 1.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 1.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 1.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Was Not Brought Rate</p> | <table border="1" style="display: none;"> <caption>Was Not Brought Rate (13-month graph)</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>8%</td></tr> <tr><td>Apr-21</td><td>8%</td></tr> <tr><td>May-21</td><td>10%</td></tr> <tr><td>Jun-21</td><td>10%</td></tr> <tr><td>Jul-21</td><td>15%</td></tr> <tr><td>Aug-21</td><td>12%</td></tr> <tr><td>Sep-21</td><td>10%</td></tr> <tr><td>Oct-21</td><td>12%</td></tr> <tr><td>Nov-21</td><td>15%</td></tr> <tr><td>Dec-21</td><td>15%</td></tr> <tr><td>Jan-22</td><td>12%</td></tr> <tr><td>Feb-22</td><td>10%</td></tr> <tr><td>Mar-22</td><td>12%</td></tr> </tbody> </table> | Month | Percentage | Mar-21 | 8% | Apr-21 | 8% | May-21 | 10% | Jun-21 | 10% | Jul-21 | 15% | Aug-21 | 12% | Sep-21 | 10% | Oct-21 | 12% | Nov-21 | 15% | Dec-21 | 15% | Jan-22 | 12% | Feb-22 | 10% | Mar-22 | 12% | <p>We have started to extrapolate the granular data of the was not brought rates. This has been discussed at the newly formed Safeguarding Assurance Committee and will become a standing agenda item. The granular detail covers all services available to children, demonstrating appointments available and appointments missed in percentage rate. Work has begun to review the follow up rates as to why children were not brought in line with the Was not brought policy.</p> | <p>>9.8%</p> <p>WACS Care Group General Manager</p> |
| Month | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| WAITING LISTS/PATIENT TRACKING LIST (PTL) | | | |
|--|----------------|---|---|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
| % patients waiting >90 days for 1st outpatient appointment | | The new indicators break this down to acute and community services allowing visibility at a more granular level. Acute waiting times have shown an improvement as previously reported. See below for Community waiting lists | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>35%</div> <p>Care Group General Managers</p> |
| % patients waiting >90 days for 1st OP appointment - Community | | Community Dental Services has a recovery plan funded by Covid Social Recovery fund to commission dentistry services in the community. The Oral Health Strategy will determine models of care in the long term. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>35%</div> <p>Care Group General Managers</p> |
| % patients waiting >90 days for diagnostics | | <p>DEXA Scanning: There has been no service for two years due to a broken machine and no radiologist. A new radiologist took up post in February 2022 and the number waiting has decreased by 13% in month.</p> <p>Endoscopy: The Faecal Immunochemical Testing (FIT) programme which started in December 2021 has had an impact on these numbers, with the total number waiting reduced by 12% from the start of December to the end of March. In addition an additional Gastroenterology locum started mid-March we will see approximately 25 patients per week on average.</p> | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>35%</div> <p>Care Group General Managers</p> |
| % of patients waiting > 90 days for elective admissions | | There continues to be inpatient and discharge challenges which is having an impact on elective admissions. We are continuing to review and convert to day surgery where possible. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>35%</div> <p>Care Group General Managers</p> |

| ELECTIVE (SCHEDULED) CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|-----------------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|------|--------|------|--------|------|--------|------|--------|------|---|--|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Did not attend (DNA) Rate | <table border="1"> <caption>Outpatient Did not attend (DNA) Rate Data</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>7.0</td></tr> <tr><td>Apr-21</td><td>7.5</td></tr> <tr><td>May-21</td><td>7.5</td></tr> <tr><td>Jun-21</td><td>8.0</td></tr> <tr><td>Jul-21</td><td>9.0</td></tr> <tr><td>Aug-21</td><td>8.5</td></tr> <tr><td>Sep-21</td><td>9.0</td></tr> <tr><td>Oct-21</td><td>9.5</td></tr> <tr><td>Nov-21</td><td>10.0</td></tr> <tr><td>Dec-21</td><td>10.5</td></tr> <tr><td>Jan-22</td><td>10.0</td></tr> <tr><td>Feb-22</td><td>10.0</td></tr> <tr><td>Mar-22</td><td>10.5</td></tr> </tbody> </table> | Month | Rate (%) | Mar-21 | 7.0 | Apr-21 | 7.5 | May-21 | 7.5 | Jun-21 | 8.0 | Jul-21 | 9.0 | Aug-21 | 8.5 | Sep-21 | 9.0 | Oct-21 | 9.5 | Nov-21 | 10.0 | Dec-21 | 10.5 | Jan-22 | 10.0 | Feb-22 | 10.0 | Mar-22 | 10.5 | DNA rates for surgical care group continues to be targeted through dedicated reviews of clinics. Further application of DNA policy. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>8%</div> <p>Care Group General Managers</p> |
| Month | Rate (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 8.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 9.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 8.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 9.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 9.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 10.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 10.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New to follow-up ratio | <table border="1"> <caption>New to follow-up ratio Data</caption> <thead> <tr> <th>Month</th> <th>Ratio</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>2.5</td></tr> <tr><td>Apr-21</td><td>2.8</td></tr> <tr><td>May-21</td><td>2.8</td></tr> <tr><td>Jun-21</td><td>2.8</td></tr> <tr><td>Jul-21</td><td>2.8</td></tr> <tr><td>Aug-21</td><td>3.0</td></tr> <tr><td>Sep-21</td><td>3.2</td></tr> <tr><td>Oct-21</td><td>3.2</td></tr> <tr><td>Nov-21</td><td>3.0</td></tr> <tr><td>Dec-21</td><td>3.0</td></tr> <tr><td>Jan-22</td><td>2.8</td></tr> <tr><td>Feb-22</td><td>2.8</td></tr> <tr><td>Mar-22</td><td>2.8</td></tr> </tbody> </table> | Month | Ratio | Mar-21 | 2.5 | Apr-21 | 2.8 | May-21 | 2.8 | Jun-21 | 2.8 | Jul-21 | 2.8 | Aug-21 | 3.0 | Sep-21 | 3.2 | Oct-21 | 3.2 | Nov-21 | 3.0 | Dec-21 | 3.0 | Jan-22 | 2.8 | Feb-22 | 2.8 | Mar-22 | 2.8 | Ongoing review of data to analyse new to follow up appointments. Follow ups for some specialties are part of the service / pathway. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">> 2.0</div> <p>Care Group General Managers</p> |
| Month | Ratio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 2.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 3.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 3.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 3.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 3.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 3.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 2.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations) | <table border="1"> <caption>Elective Theatre List Utilisation Data</caption> <thead> <tr> <th>Month</th> <th>Utilisation (%)</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>75</td></tr> <tr><td>Apr-21</td><td>75</td></tr> <tr><td>May-21</td><td>75</td></tr> <tr><td>Jun-21</td><td>70</td></tr> <tr><td>Jul-21</td><td>65</td></tr> <tr><td>Aug-21</td><td>75</td></tr> <tr><td>Sep-21</td><td>75</td></tr> <tr><td>Oct-21</td><td>75</td></tr> <tr><td>Nov-21</td><td>75</td></tr> <tr><td>Dec-21</td><td>65</td></tr> <tr><td>Jan-22</td><td>60</td></tr> <tr><td>Feb-22</td><td>70</td></tr> <tr><td>Mar-22</td><td>75</td></tr> </tbody> </table> | Month | Utilisation (%) | Mar-21 | 75 | Apr-21 | 75 | May-21 | 75 | Jun-21 | 70 | Jul-21 | 65 | Aug-21 | 75 | Sep-21 | 75 | Oct-21 | 75 | Nov-21 | 75 | Dec-21 | 65 | Jan-22 | 60 | Feb-22 | 70 | Mar-22 | 75 | Reduced activity due to staffing and inpatient constraints. This metric now includes day surgery activity. | <div style="background-color: red; color: white; text-align: center; padding: 5px;"><85%</div> <p>Surgical Services Care Group General Manager</p> |
| Month | Utilisation (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| EMERGENCY (UNSCHEDULED) CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|-----------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|---|--|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % triaged within 15 minutes of arrival | <table border="1"> <caption>Data for % triaged within 15 minutes of arrival</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>75</td></tr> <tr><td>Apr-21</td><td>75</td></tr> <tr><td>May-21</td><td>70</td></tr> <tr><td>Jun-21</td><td>65</td></tr> <tr><td>Jul-21</td><td>65</td></tr> <tr><td>Aug-21</td><td>65</td></tr> <tr><td>Sep-21</td><td>60</td></tr> <tr><td>Oct-21</td><td>65</td></tr> <tr><td>Nov-21</td><td>65</td></tr> <tr><td>Dec-21</td><td>65</td></tr> <tr><td>Jan-22</td><td>65</td></tr> <tr><td>Feb-22</td><td>65</td></tr> <tr><td>Mar-22</td><td>65</td></tr> </tbody> </table> | Month | % | Mar-21 | 75 | Apr-21 | 75 | May-21 | 70 | Jun-21 | 65 | Jul-21 | 65 | Aug-21 | 65 | Sep-21 | 60 | Oct-21 | 65 | Nov-21 | 65 | Dec-21 | 65 | Jan-22 | 65 | Feb-22 | 65 | Mar-22 | 65 | <p>A slight reduction in the number of patients triaged within 15 minutes was noted, this is due to the number of simultaneous arrivals and the current staffing model in the Emergency Department. At present the triage nurse also provides clinical support to the minor treatment area which can result in delays. The staffing model has been reviewed in line with the Royal College of Emergency Medicine and Royal College of Nursing 'BEST Tool'. This has identified an increase in staff is required to ensure dedicated triage provision.</p> | <p><90%</p> <p>Medical Services Care Group General Manager</p> |
| Month | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % commenced treatment within 60 minutes | <table border="1"> <caption>Data for % commenced treatment within 60 minutes</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>80</td></tr> <tr><td>Apr-21</td><td>75</td></tr> <tr><td>May-21</td><td>70</td></tr> <tr><td>Jun-21</td><td>65</td></tr> <tr><td>Jul-21</td><td>65</td></tr> <tr><td>Aug-21</td><td>65</td></tr> <tr><td>Sep-21</td><td>60</td></tr> <tr><td>Oct-21</td><td>60</td></tr> <tr><td>Nov-21</td><td>65</td></tr> <tr><td>Dec-21</td><td>60</td></tr> <tr><td>Jan-22</td><td>65</td></tr> <tr><td>Feb-22</td><td>65</td></tr> <tr><td>Mar-22</td><td>65</td></tr> </tbody> </table> | Month | % | Mar-21 | 80 | Apr-21 | 75 | May-21 | 70 | Jun-21 | 65 | Jul-21 | 65 | Aug-21 | 65 | Sep-21 | 60 | Oct-21 | 60 | Nov-21 | 65 | Dec-21 | 60 | Jan-22 | 65 | Feb-22 | 65 | Mar-22 | 65 | <p>A slight reduction within this standard has been noted in March. This has been due to some shortfalls in staff due to short notice sickness, where possible locum provision is provided however the efficiency of locums is often lower than substantive staff whilst they are inducted into the local Jersey processes. Patients attended the Emergency Department are triaged and patients of a higher clinical priority have treatment commenced on a priority basis.</p> | <p><70%</p> <p>Medical Services Care Group General Manager</p> |
| Month | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total patients in department > 10 hours | <table border="1"> <caption>Data for Total patients in department > 10 hours</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>15</td></tr> <tr><td>Apr-21</td><td>10</td></tr> <tr><td>May-21</td><td>10</td></tr> <tr><td>Jun-21</td><td>20</td></tr> <tr><td>Jul-21</td><td>18</td></tr> <tr><td>Aug-21</td><td>12</td></tr> <tr><td>Sep-21</td><td>18</td></tr> <tr><td>Oct-21</td><td>15</td></tr> <tr><td>Nov-21</td><td>15</td></tr> <tr><td>Dec-21</td><td>28</td></tr> <tr><td>Jan-22</td><td>25</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>20</td></tr> </tbody> </table> | Month | Count | Mar-21 | 15 | Apr-21 | 10 | May-21 | 10 | Jun-21 | 20 | Jul-21 | 18 | Aug-21 | 12 | Sep-21 | 18 | Oct-21 | 15 | Nov-21 | 15 | Dec-21 | 28 | Jan-22 | 25 | Feb-22 | 10 | Mar-22 | 20 | <p>An increase in patients in the department over 10 hours has been noted, this is as a result of patient flow within in the inpatient areas. This is due to lack of capacity in the domiciliary care market.</p> | <p>>0</p> <p>Medical Services Care Group General Manager</p> |
| Month | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|--|--|---|
| <p>Number of Beddays >7</p> | | <p>A slight reduction in patients with a length of stay greater than 7 days was noted however continued capacity challenges are resulting in a number of patients remaining in hospital awaiting alternative services. In particular, nursing homes, residential homes and home care.</p> | <p>>1800</p> <p>Medical Services Care Group General Manager</p> |
| <p>Number of patients delayed at the end of period</p> | | <p>A slight reduction in patients delayed at the end of the month was noted however continued capacity challenges are resulting in a number of patients remaining in hospital awaiting alternative services. In particular, nursing homes, residential homes and home care.</p> | <p>>30</p> <p>Medical Services Care Group General Manager</p> |
| <p>% discharges before midday</p> | | <p>An improvement in discharges before midday was noted in March. The improvement supports earlier patient flow ensuring that discharges are prior to the peak admission time. The introduction of board rounds on some areas has supported this improvement.</p> | <p><15%</p> <p>Medical Services Care Group General Manager</p> |
| <p>Rate of Emergency readmission within 30 days of a previously admitted discharge</p> | | <p>An improvement in readmissions has been noted for the reporting period of March. It should be noted that not all readmissions are for the same reason as the initial admission. A readmission review group has been established in order to review individual cases and where applicable identify learning.</p> | <p>>10%</p> <p>Medical Services Care Group General Manager</p> |

| MENTAL HEALTH & SOCIAL CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|-----------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|-----|--|--|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult acute admissions patients < 18 years | <table border="1"> <caption>Adult acute admissions patients < 18 years (13-month graph)</caption> <thead> <tr><th>Month</th><th>Admissions</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>1</td></tr> <tr><td>Apr-21</td><td>1</td></tr> <tr><td>May-21</td><td>0</td></tr> <tr><td>Jun-21</td><td>4</td></tr> <tr><td>Jul-21</td><td>1</td></tr> <tr><td>Aug-21</td><td>0</td></tr> <tr><td>Sep-21</td><td>2</td></tr> <tr><td>Oct-21</td><td>1</td></tr> <tr><td>Nov-21</td><td>0</td></tr> <tr><td>Dec-21</td><td>1</td></tr> <tr><td>Jan-22</td><td>1</td></tr> <tr><td>Feb-22</td><td>1</td></tr> <tr><td>Mar-22</td><td>1</td></tr> </tbody> </table> | Month | Admissions | Mar-21 | 1 | Apr-21 | 1 | May-21 | 0 | Jun-21 | 4 | Jul-21 | 1 | Aug-21 | 0 | Sep-21 | 2 | Oct-21 | 1 | Nov-21 | 0 | Dec-21 | 1 | Jan-22 | 1 | Feb-22 | 1 | Mar-22 | 1 | Admission of under 18s occurs only when clinically necessary and no other suitable alternative is available. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>0</div> <p>Mental Health Inpatient Lead Nurse</p> |
| Month | Admissions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult acute bed occupancy at midnight | <table border="1"> <caption>Adult acute bed occupancy at midnight (13-month graph)</caption> <thead> <tr><th>Month</th><th>Occupancy (%)</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>70</td></tr> <tr><td>Apr-21</td><td>85</td></tr> <tr><td>May-21</td><td>75</td></tr> <tr><td>Jun-21</td><td>80</td></tr> <tr><td>Jul-21</td><td>85</td></tr> <tr><td>Aug-21</td><td>90</td></tr> <tr><td>Sep-21</td><td>95</td></tr> <tr><td>Oct-21</td><td>90</td></tr> <tr><td>Nov-21</td><td>95</td></tr> <tr><td>Dec-21</td><td>75</td></tr> <tr><td>Jan-22</td><td>85</td></tr> <tr><td>Feb-22</td><td>90</td></tr> <tr><td>Mar-22</td><td>110</td></tr> </tbody> </table> | Month | Occupancy (%) | Mar-21 | 70 | Apr-21 | 85 | May-21 | 75 | Jun-21 | 80 | Jul-21 | 85 | Aug-21 | 90 | Sep-21 | 95 | Oct-21 | 90 | Nov-21 | 95 | Dec-21 | 75 | Jan-22 | 85 | Feb-22 | 90 | Mar-22 | 110 | Occupancy has been exceptionally high during March, with the requirement to utilise leave beds for admission and temporarily utilise bed capacity in the older adult service. This is being reviewed by the senior leadership team, including a review of all delayed discharges / transfers of care and our current home treatment capacity (which may provide an alternative to admission) | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>88%</div> <p>Mental Health Inpatient Lead Nurse</p> |
| Month | Occupancy (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult acute length of stay (including leave) | <table border="1"> <caption>Adult acute length of stay (including leave) (13-month graph)</caption> <thead> <tr><th>Month</th><th>Length of Stay</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>55</td></tr> <tr><td>Apr-21</td><td>15</td></tr> <tr><td>May-21</td><td>30</td></tr> <tr><td>Jun-21</td><td>20</td></tr> <tr><td>Jul-21</td><td>30</td></tr> <tr><td>Aug-21</td><td>25</td></tr> <tr><td>Sep-21</td><td>50</td></tr> <tr><td>Oct-21</td><td>30</td></tr> <tr><td>Nov-21</td><td>25</td></tr> <tr><td>Dec-21</td><td>25</td></tr> <tr><td>Jan-22</td><td>15</td></tr> <tr><td>Feb-22</td><td>10</td></tr> <tr><td>Mar-22</td><td>30</td></tr> </tbody> </table> | Month | Length of Stay | Mar-21 | 55 | Apr-21 | 15 | May-21 | 30 | Jun-21 | 20 | Jul-21 | 30 | Aug-21 | 25 | Sep-21 | 50 | Oct-21 | 30 | Nov-21 | 25 | Dec-21 | 25 | Jan-22 | 15 | Feb-22 | 10 | Mar-22 | 30 | We are currently reviewing the recording of length of stay in order to ensure it captures the length of stay of both service users who remain on the ward, and service users who are discharged within the month. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>28</div> <p>Mental Health Services General Manager</p> |
| Month | Length of Stay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % patients discharged with LOS >= 60 days | <table border="1"> <caption>% patients discharged with LOS >= 60 days (13-month graph)</caption> <thead> <tr><th>Month</th><th>%</th></tr> </thead> <tbody> <tr><td>Mar-21</td><td>25</td></tr> <tr><td>Apr-21</td><td>10</td></tr> <tr><td>May-21</td><td>5</td></tr> <tr><td>Jun-21</td><td>5</td></tr> <tr><td>Jul-21</td><td>12</td></tr> <tr><td>Aug-21</td><td>15</td></tr> <tr><td>Sep-21</td><td>28</td></tr> <tr><td>Oct-21</td><td>15</td></tr> <tr><td>Nov-21</td><td>5</td></tr> <tr><td>Dec-21</td><td>5</td></tr> <tr><td>Jan-22</td><td>10</td></tr> <tr><td>Feb-22</td><td>5</td></tr> <tr><td>Mar-22</td><td>15</td></tr> </tbody> </table> | Month | % | Mar-21 | 25 | Apr-21 | 10 | May-21 | 5 | Jun-21 | 5 | Jul-21 | 12 | Aug-21 | 15 | Sep-21 | 28 | Oct-21 | 15 | Nov-21 | 5 | Dec-21 | 5 | Jan-22 | 10 | Feb-22 | 5 | Mar-22 | 15 | As above – due to bed occupancy pressures, length of stay and discharge planning processes are being reviewed. | <div style="background-color: red; color: white; text-align: center; padding: 5px;">>14%</div> <p>Mental Health Services General Manager</p> |
| Month | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|--|---|--|
| <p>Older adult acute bed occupancy (including leave)</p> | | <p>A significant % of service users within the older adult bed base are now considered 'delayed' in hospital as a result of challenges in obtaining appropriate community placements. This is an ongoing issue and work is underway to explore potential solutions to this.</p> | <p>>85%</p> <p>Mental Health Inpatient Lead Nurse</p> |
| <p>JTT - Count of clients waiting for assessment</p> | | <p>The number of clients waiting for assessment in March was 146, which has increased from 119 in February. 118 people were referred to JTT in March, which is well above the monthly average of 100. Despite this there are 0% waiting for assessment over 90 days and only 3% of clients attending for assessment who waited over 90 days in March. The team continue to have some vacancies and staff redeployed to support the wellbeing team offer, which impact on activity capacity within the team. We are currently recruiting into the vacant posts at step 2, which will help support the rapid assessment of service users accessing JTT, and have recently been exploring the use of additional agency capacity within the team.</p> | <p>> 125</p> <p>Mental Health Services General Manager</p> |
| <p>JTT - % of clients who started treatment in month who waited over 18 weeks</p> | | <p>Unfortunately, this figure of 41.4% remains above our target performance (although this number has reduced since January and February). This is mostly due to the vacancies in JTT, increased levels of demand and the volume of clients needing step 3 interventions which require longer sessions of therapy. As described above, we are hoping to alleviate this through recruitment and sourcing additional capacity into the service.</p> | <p>>5%</p> <p>Mental Health Services General Manager</p> |
| <p>Adult needs assessments closed within 30 days</p> | | <p>This is as we would expect, in fact exceeding expectations given the system upgrade work that was done in January. It is pleasing to the enhanced performance as staff adapt to the new system and the action plan would be to continue monitoring of what we anticipate will be further improvement over the next quarter.</p> <p>The ability to commission packages of care and placements is a crucial influence on this measure however. Practitioners cannot close assessments until the commissioning piece of work is complete, therefore this measure needs to be viewed in conjunction with market forces. The system upgrade occurred at the same time as the main challenges of COVID so far in 2022 and may also be a factor in the dip in January and February.</p> | <p><80%</p> <p>Adult Social Care General Manager</p> |
| <p>Social Care - Cases re-opened within 90 days as a percentage of all new cases</p> | | <p>This percentage represents 8 cases and is attaining a good ratio in comparison to the total number of referrals.</p> | <p><4%</p> <p>Adult Social Care General Manager</p> |

| INFECTION CONTROL AND PATIENT SAFETY | | | |
|--|----------------|---|--|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER |
| MSSA Bacteraemia - Hosp | | Full RCA in progress but preliminary investigation suggests learning in relation to skin preparation | <p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">0</p> <p>Lead Nurse - Infection Prevention and Control</p> |
| Number of falls resulting in harm (low/moderate/severe) | | <p>A review of all Falls for the month of March was undertaken: Three falls were within Mental Health inpatient wards resulting in minor injuries with all patients receiving a medical review post fall. Five falls were within JGH areas, four of which are classified as minor harm and one classified as moderate. All patients received medical review post fall. Of the remaining two falls reported one was at a day centre and the other at Sandybrook all patients received medical review post fall with injuries being classified as minor. There is ongoing work within community areas to complete Falls policy and associated documentation with review of a new learning package within the next few weeks.</p> | <p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">10</p> <p>Patient & Client Safety Officer</p> |
| Number of cat 2 pressure ulcers acquired as an inpatient | | A review of the 14 datix submitted regarding pressure damage acquired in hospital was completed. The review has shown 10 Grade 2 pressure ulcers and 4 suspected deep tissue injuries (DTI). The DTI have all been discussed at the pressure ulcer taskforce working group and a plan to share lessons learned across the organisation is being worked up. The tissue viability champions had their first education day 4th April with ongoing work to educate all staff in the prevention and management of pressure area care. | <p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">>=8</p> <p>Patient & Client Safety Officer</p> |
| Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient | | A review of the 14 datix submitted regarding pressure damage acquired in hospital was completed. The review has shown 10 Grade 2 pressure ulcers and 4 suspected deep tissue injuries (DTI). The DTI have all been discussed at the pressure ulcer taskforce working group and a plan to share lessons learned across the organisation is being worked up. The tissue viability champions had their first education day 4th April with ongoing work to educate all staff in the prevention and management of pressure area care. | <p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">0</p> <p>Patient & Client Safety Officer</p> |
| Number of serious incidents | | One serious incident in March has been reported. This is being investigated and will be taken to Serious Incident Review Panel (SIRP) | <p style="text-align: center; background-color: red; color: white; font-weight: bold; font-size: 24px;">0</p> <p>Patient & Client Safety Officer</p> |

| PATIENT EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--|------|
| INDICATOR | 13-MONTH GRAPH | COMMENTARY & ACTION PLAN | TRIGGER & OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of complaints responded to within 28 days | <table border="1"> <caption>13-MONTH GRAPH Data</caption> <thead> <tr> <th>Month</th> <th>% of complaints responded to within 28 days</th> </tr> </thead> <tbody> <tr><td>Mar-21</td><td>90%</td></tr> <tr><td>Apr-21</td><td>65%</td></tr> <tr><td>May-21</td><td>65%</td></tr> <tr><td>Jun-21</td><td>55%</td></tr> <tr><td>Jul-21</td><td>60%</td></tr> <tr><td>Aug-21</td><td>70%</td></tr> <tr><td>Sep-21</td><td>45%</td></tr> <tr><td>Oct-21</td><td>60%</td></tr> <tr><td>Nov-21</td><td>50%</td></tr> <tr><td>Dec-21</td><td>45%</td></tr> <tr><td>Jan-22</td><td>60%</td></tr> <tr><td>Feb-22</td><td>55%</td></tr> <tr><td>Mar-22</td><td>55%</td></tr> </tbody> </table> | Month | % of complaints responded to within 28 days | Mar-21 | 90% | Apr-21 | 65% | May-21 | 65% | Jun-21 | 55% | Jul-21 | 60% | Aug-21 | 70% | Sep-21 | 45% | Oct-21 | 60% | Nov-21 | 50% | Dec-21 | 45% | Jan-22 | 60% | Feb-22 | 55% | Mar-22 | 55% | <p>There has been an improvement in performance for January and the Feedback team continue to work closely with care groups to ensure that the improvement continues for more timely responses. Staff continue to be encouraged to attend customer care and complaints training available internally in HCS and provided centrally online to help improve response timeframes and complaint handling.</p> <p>Analysis of the complaints shows that performance should be higher at 72% (6 complaints out of the total 21 were not responded within the timeframe). This is due to the complaint record not accounting for different dates within the process which includes contact maintained with complainant. There is work in progress on the complaint form to improve accuracy of reporting to ensure that it is aligned to the complaints handling process and to reflect performance in line with agreed timeframes with the complainant. This will be implemented when the new Datix B goes live.</p> | <80% |
| | | Month | % of complaints responded to within 28 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-21 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 65% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-21 | 55% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-21 | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-21 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-21 | 45% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-22 | 55% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 55% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Patient Advisory Liaison Service (PALS) Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPENDIX - DATA SOURCES

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

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

| WOMEN, CHILDREN AND FAMILY CARE | | | | | |
|---------------------------------|---|--|---------------------------------|-------|--|
| | INDICATOR | SOURCE | OWNER | | STANDARD THRESHOLD |
| Maternity | % deliveries by C-section (Planned & Unscheduled) | Maternity Delivery Details Report | WACS Care Group General Manager | 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 | WACS Care Group General Manager | <2% | |
| | % stillbirth rate | Maternity Delivery Details Report | WACS Care Group General Manager | >0.4% | |
| | % 3rd degree perineal tear | Maternity Delivery Details Report | WACS Care Group General Manager | >3.5% | |
| | % primary postpartum haemorrhage >= 1500 | Maternity Delivery Details Report | WACS Care Group General Manager | >2.9% | |
| | % of women that have an induced labour | Maternity Delivery Details Report | WACS Care Group General Manager | >25% | |
| | Average length of stay on maternity ward | Hospital Discharges Report | WACS Care Group General Manager | >2.5 | |
| Children's Health | Average length of stay on Robin Ward | Hospital Discharges Report | WACS Care Group General Manager | >1.7 | |
| | Was Not Brought Rate | Hospital Outpatient Attendances Report | WACS Care Group General Manager | >9.8% | Standard based on local 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% | |
| | Total patients waiting >90 days without appointment date | Hospital Outpatient Waiting List Report | Surgical Services Care Group General Manager | NA | |
| Diagnostics | % patients waiting >90 days for diagnostics | Hospital Outpatient & Inpatient Waiting List Reports | Care Group General Managers | >35% | No comparable indicator in NHS. Standard set locally |
| Elective Inpatients | % of patients waiting > 90 days for elective admissions | Hospital Inpatient Waiting List Report | Care Group General Managers | >35% | Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks |

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

| EMERGENCY (UNSCHEDULED) CARE | | | | | |
|------------------------------|---|--|---|-------|--|
| | INDICATOR | SOURCE | OWNER | | STANDARD THRESHOLD |
| Emergency Department | Average time in ED (Mins) | Emergency Department Attendances Report | Medical Services Care Group General Manager | >240 | |
| | % triaged within 15 minutes of arrival | Emergency Department Attendances Report | Medical Services Care Group General Manager | <90% | |
| | % commenced treatment within 60 minutes | Emergency Department Attendances Report | Medical Services Care Group General Manager | <70% | |
| | Total patients in department > 10 hours | 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% | |
| | % Unplanned returns within 72 hours | Emergency Department Attendances Report | Medical Services Care Group General Manager | >3% | |
| Emergency Inpatients | Non-elective acute length of stay | Hospital Discharges Report | Medical Services Care Group General Manager | >10 | |
| | % Emergency admissions with 0 length of stay | Hospital Inpatient Admissions Report | Medical Services Care Group General Manager | >17% | |
| | Number of Beddays >7 | Hospital Discharges Report | Medical Services Care Group General Manager | >1800 | |
| | Number of patients delayed at the end of 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 previously admitted discharge | Hospital Inpatient Admission & Discharge Reports | Medical Services Care Group General Manager | >10% | |

| MENTAL HEALTH & SOCIAL CARE | | | | | |
|---|--|---|--|--------------|--|
| | INDICATOR | SOURCE | OWNER | | STANDARD THRESHOLD |
| Adult Acute (Orchard House) | 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 | Admission of under 18s occurs only when clinically necessary and no other suitable alternative is available. |
| | 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) | Hospital Discharges Report | Mental Health Services General Manager | >28 | |
| | Adult acute admissions under the Mental Health Law as a % of all % patients discharged with LOS >= 60 days | Hospital Inpatient Admission & Mental Health Articles Reports Hospital Discharges Report | Mental Health Services General Manager Mental Health Services General Manager | >37% >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 | |