QUALITY AND PERFORMANCE REPORT

December 2022

INTRODUCTION

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

PURPOSE

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

BACKGROUND

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

SPONSORS:

Chief Nurse - Rose Naylor

Medical Director - Patrick Armstrong

Interim Director Clinical Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA:

HCS Informatics



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EXECUTIVE SUMMARY

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

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

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

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

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

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

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

CHANGES AND TECHNICAL NOTES

HCS Informatics use the most accurate data available at the time of publication. Data may change over time as systems are updated and data quality fixes are implemented.

DEMAND (Referrals)

These measures monitor demand and activity in Health & Community Services. The information is used to provide contextual information when planning services and interpreting the Quality and Performance indicators in the following sections of the report.

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

ACTIVITY

Measure	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	On Month	YoY
Deliveries	54	61	61	68	67	79	65	79	78	70	62	70	60	~W	820	-14%	11%
ED Attendances	2919	2822	2674	3157	3188	3668	3707	3742	3882	3515	3479	3395	3325	1	40554	-2%	14%
Emergency Admissions	530	542	495	539	509	554	550	551	566	529	583	587	569	WV	6574	-3%	7%
Elective Admissions	176	207	226	219	282	228	258	235	209	221	240	224	162	\sim	2711	-28%	-8%
Elective Day Cases	624	579	601	670	560	603	554	611	601	592	685	700	532	W	7288	-24%	-15%
Stranded patients with LOS > 7 days	143	148	136	149	135	132	152	145	141	155	136	150	172	wW	1751	15%	20%
Outpatient Attendances	16795	18876	19352	22200	18565	20407	19728	18697	19244	18572	20313	22889	17474	\sim	236317	-24%	4%

WAITING LISTS

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

QUALITY AND PERFORMANCE SCORECARD

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

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

CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
WAITING LISTS/P	ATIENT TRACKING LIST (PTL)																
2.0.0	% patients waiting >90 days for 1st outpatient appointment	48.2%	48.7%	45.4%	41.0%	42.5%	44.0%	46.3%	47.0%	46.7%	47.2%	46.2%	44.0%	43.5%		43.5%	R:>35% A:25%-35% G:<25%
Outpatients	% patients waiting >90 days for 1st OP appointment - Acute	37.3%	37.0%	33.7%	28.0%	31.0%	32.6%	36.5%	38.2%	38.3%	37.6%	35.2%	33.0%	34.2%	\bigvee	34.2%	R:>35% A:25%-35% G:<25%
	% patients waiting >90 days for 1st OP appointment - Community	84.1%	85.7%	79.3%	78.2%	77.8%	81.0%	78.6%	77.5%	76.3%	81.0%	83.6%	83.1%	77.2%	W	77.2%	R:>35% A:25%-35% G:<25%
Diagnostics	% patients waiting >90 days for diagnostics	65.5%	66.6%	64.8%	68.3%	64.8%	56.1%	52.4%	43.6%	47.8%	48.6%	48.1%	49.8%	53.6%		53.6%	R:>35% A:25%-35% G:<25%
Elective Inpatients	% of patients waiting > 90 days for elective admissions	45.1%	47.0%	49.6%	50.7%	52.7%	54.5%	55.2%	56.4%	54.3%	57.4%	53.3%	49.6%	50.0%		50.0%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEI	DULED) CARE																
•	Outpatient Did not attend (DNA) Rate	7.5%	7.5%	6.6%	7.6%	7.5%	7.4%	7.3%	7.5%	7.7%	8.1%	7.6%	8.0%	7.6%	_\\\	7.6%	8%
Outpatients	New to follow-up ratio	2.75	2.86	2.72	3.02	3.11	3.01	3.00	2.80	2.77	2.71	2.49	2.64	2.77	$\sqrt{\ }$	2.81	2
Inpatients	Acute elective length of stay	2.8	2.2	2.3	1.8	2.4	1.7	2.7	2.5	2.2	1.7	2.5	2.6	2.3	WV	2.2	R:>4 A:3-4 G:<3
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	69.0%	62.8%	71.8%	76.9%	69.8%	70.0%	77.1%	75.9%	72.8%	72.0%	75.4%	73.7%	66.6%	\mathcal{M}	72.4%	85%

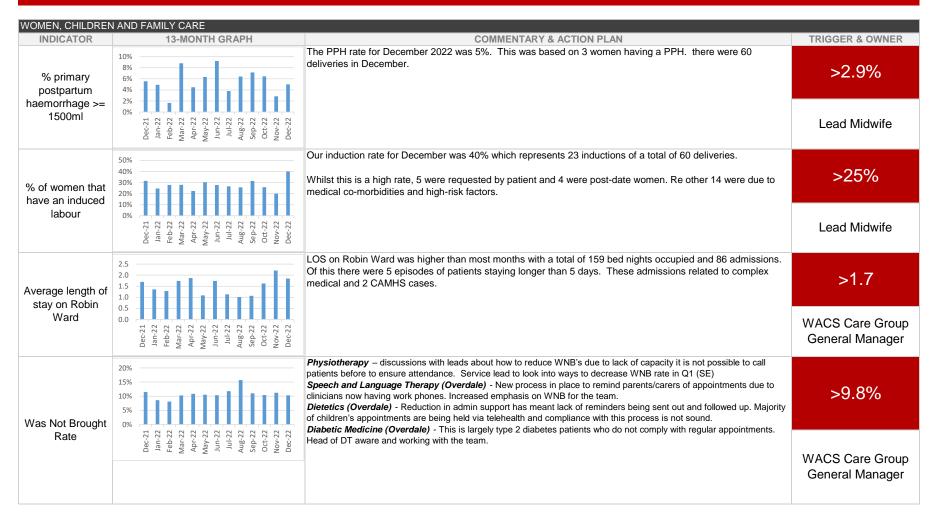
CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
EMERGENCY (UN	SCHEDULED) CARE																
	Average time in ED (Mins)	182	180	175	170	183	177	167	167	168	174	180	179	202		177	<=240
	% triaged within 15 minutes of arrival	66.9%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

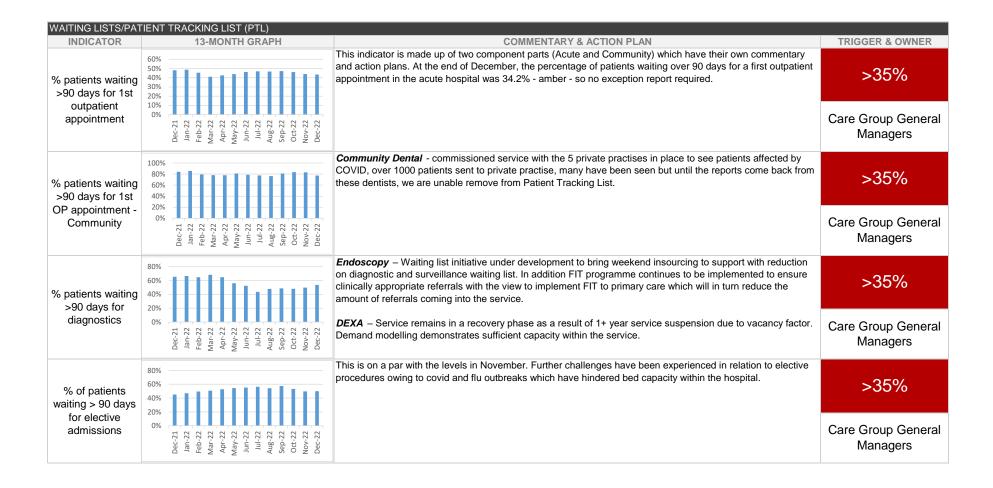
CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
MENTAL HEALTH	& SOCIAL CARE																
	Adult Acute Admissions per 100,000 population - Rolling 12 month	257.5	256.0	261.4	257.1	250.1	247.2	237.4	233.1	250.8	253.4	240.8	233.7	225.3	\sim	225.3	R:>300 A:240-300 G:<240
	Adult Acute admissions patients < 18 years	1	1	0	1	0	0	0	0	1	1	1	0	0	M	5	0
	Adult acute bed occupancy at midnight	70.0%	79.2%	89.0%	94.0%	97.6%	84.4%	96.7%	97.5%	92.6%	100.5%	92.5%	93.2%	91.2%	\\\\\	92.3%	<88%
Adult Acute (Orchard House)	Adult acute length of stay (including leave) -calculated from discharged patients	24	19	13	30	40	25	14	38	22	23	16	97	54	\mathcal{M}	29	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	21.4%	33.3%	33.3%	40.0%	46.2%	13.3%	38.5%	42.9%	36.4%	47.1%	64.3%	36.4%	50.0%	\sim	39.6%	<37%
	% patients discharged with LOS >= 60 days	4.5%	8.3%	0.0%	15.4%	27.3%	10.5%	0.0%	9.1%	7.7%	6.7%	7.7%	28.6%	41.7%	\sim	12.5%	<14%
Older Adult	Older Adult Admissions per 100,000 population - Rolling 12 month	123.2	124.5	117.5	116.0	118.7	111.7	111.6	111.5	108.6	100.3	96.1	101.5	102.8	4	102.8	R:>480 A:420-480 G:<420
Acute (Beech/Cedar)	Older adult acute bed occupancy (including leave)	90.0%	90.6%	93.3%	87.4%	95.3%	97.5%	94.9%	93.3%	95.9%	99.9%	97.6%	91.4%	98.3%		94.7%	<85%
(Deeci/Cedai)	Older adult acute length of stay (including leave)	76	298	167	74	291	154	317	23	69	353	72	64	44	MV	158	<85 Days
Community Mental Health Services	CMHT did not attend (DNA) rate	3.4%	3.6%	3.9%	4.3%	5.6%	4.4%	3.7%	4.7%	3.7%	4.2%	5.4%	4.0%	3.6%	\mathcal{M}	4.2%	R:>10% A:8%-10% G:<8%

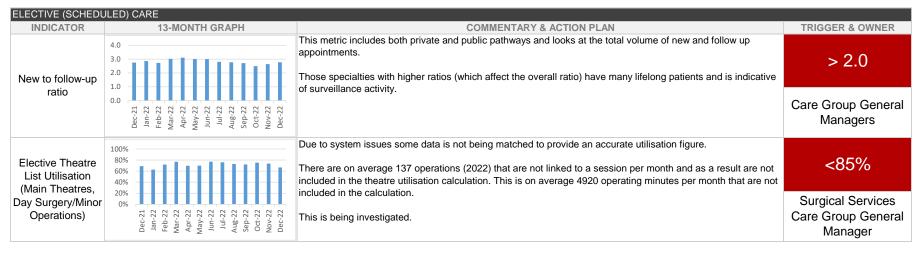
CATEGORY	INDICATOR	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
MENTAL HEALTH	& SOCIAL CARE (Continued)																
	Count of clients waiting for JTT assessment	151	140	114	143	140	104	118	92	99	134	143	149	146		146	R:>125 A:75-125 G:<75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

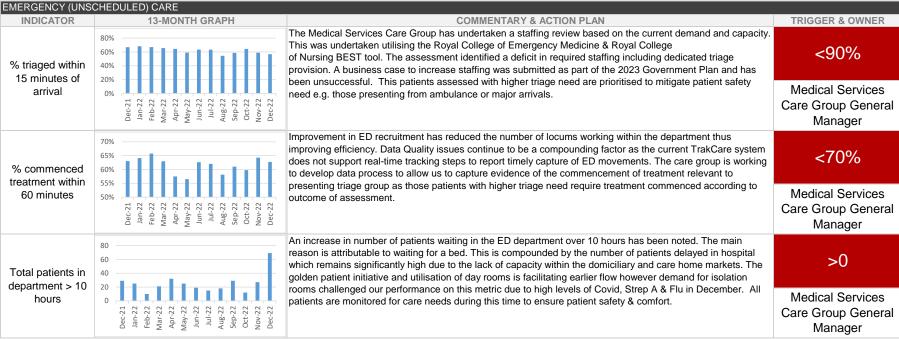
CATEGORY	INDICATOR		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	TREND	YTD	STD
INFECTION CONTI	ROL AND PATIENT SAFETY																	
	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	0	0	0	2	0	1	1	1	0	0	0	1	1	$\mathcal{N}_{\mathcal{L}}$	7	0
Infection	E-Coli Bacteraemia	Hosp	0	0	0	0	1	0	1	1	1	0	0	1	0	M	5	0
Control	Klebsiella Bacteraemia	Hosp	0	0	0	0	0	0	0	2	0	0	1	0	0		3	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	1		1	0
	C-Diff Cases	Hosp	0	1	1	0	1	3	2	0	0	1	2	0	0	$\sqrt{\Lambda}$	11	1
	Number of falls per 1,000 bed d	ays	2.7	4.9	5.8	4.4	4.1	6.4	4.3	6.3	6.7	4.3	4.5	6.0	8.8	M	5.5	<6
	Number of falls resulting in harm (low/moderate/severe)	n	5	11	9	11	10	10	9	12	12	9	11	20	20	~~\ [\]	144	<10
	Number of Safety Events		277	341	343	326	358	424	414	407	411	395	396	401	393		4609	NA
Safety	Number of cat 2 pressure ulcers acquired as an inpatient	5	10	15	10	10	7	16	10	15	9	17	12	11	8	λM	140	<8
	Number of cat 3-4 pressure ulcers tissue injuries acquired as inpatien		1	7	2	4	2	3	2	3	6	2	4	6	3	\bigwedge	44	0
	Number of serious incidents		1	3	3	4	3	4	1	0	3	2	0	2	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	26	NA
PATIENT EXPERIE	NCE																	
	Total complaints received		27	21	39	25	19	22	27	20	39	30	40	61	33		376	NA
Complaints, Compliments	% of complaints responded to w days	vithin 28	48.1%	61.9%	35.9%	40.0%	26.3%	18.2%	40.7%	35.0%	33.3%	43.3%	40.0%	Reported 2 mo	onths in arrears	1	38%	R:<80% A:80%-90% G:>90%
and Comments	Total compliments received		93	41	58	43	54	51	43	45	38	45	55	81	99		653	NA
	Total comments received		19	16	32	27	47	58	32	22	27	26	6	42	24		359	NA

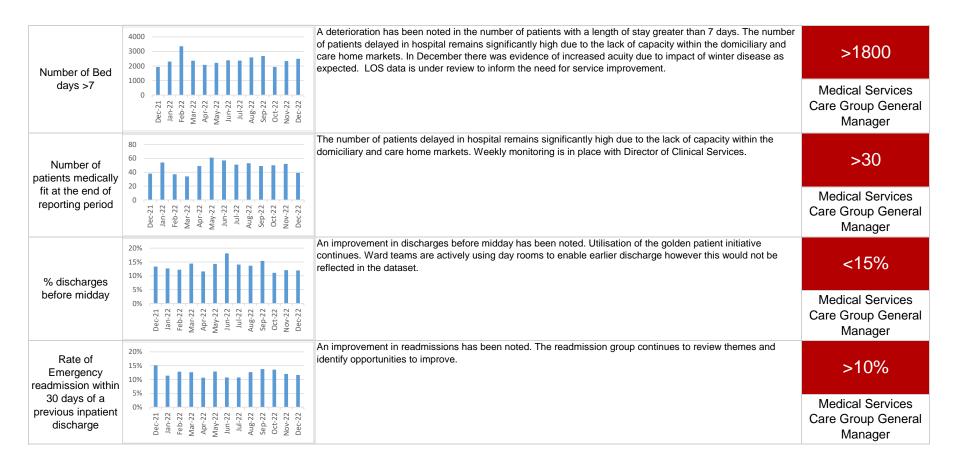
EXCEPTION REPORTS

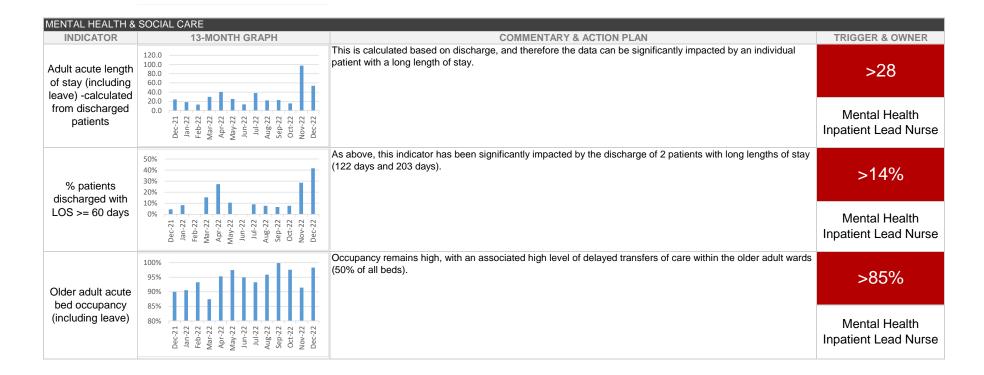


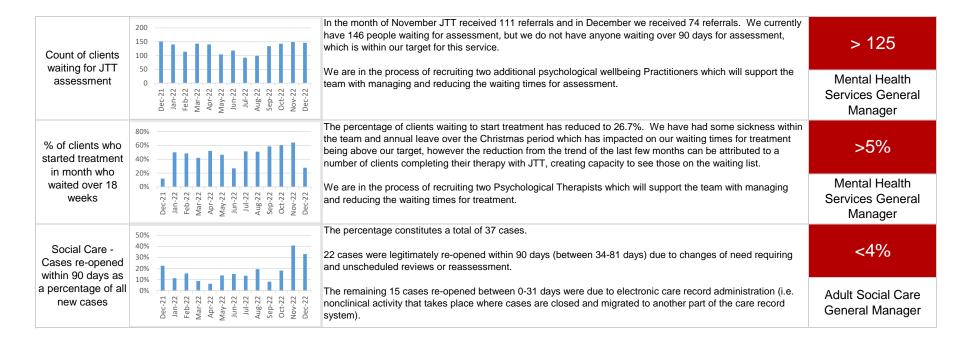


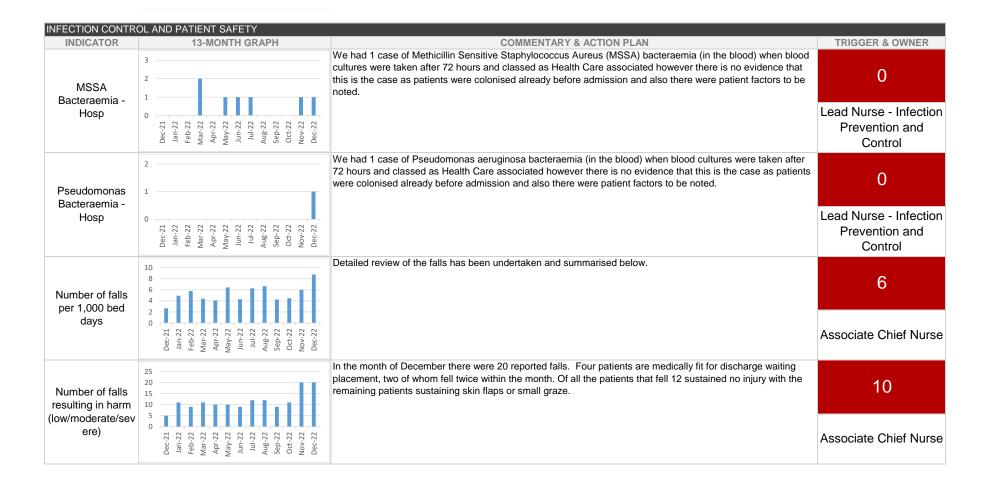


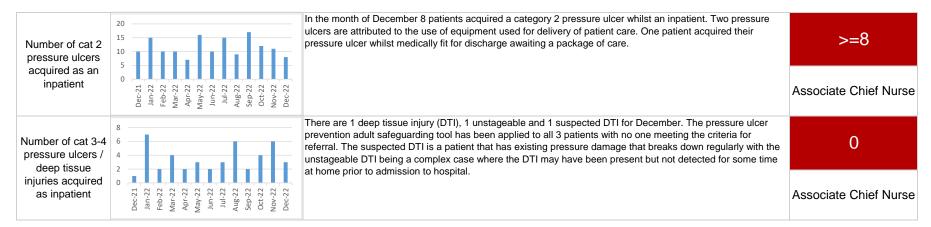


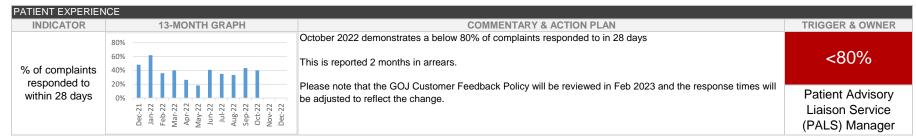












APPENDIX - DATA SOURCES

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
	Confirmed COVID-19 cases	Pathology Laboratory Testing Systems	Director of Testing & Tracing, SPPP	NA	
COVID-19	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	

,	EN 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 of an individual basis, allowing women to opt for a planned Caesarean section even if not for a medical reason. GOJ will continue to monitor the percentage of deliveries by C-section but will no longer set a standard.
	% deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Lead Midwife	<2%	
	% stillbirth rate	Maternity Delivery Details Report	Lead Midwife	>0.4%	
	% 3rd degree perineal tear	Maternity Delivery Details Report	Lead Midwife	>3.5%	
	% primary postpartum haemorrhage >= 1500ml	Maternity Delivery Details Report	Lead Midwife	>2.9%	
	% of women that have an induced labour	Maternity Delivery Details Report	Lead Midwife	>25%	
	Average length of stay on maternity ward	Hospital Discharges Report	Lead Midwife	>2.5	
Children's Health	Average length of stay on Robin Ward	Hospital Discharges Report	WACS Care Group General Manager	>1.7	Standard set based on improving local historic performance
	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>9.8%	Standard set based on improving local historic performance
	Tooth extractions for patients <18	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>25	

WAITING LISTS/PATIENT TRACKING LIST (PTL)							
	INDICATOR		OWNER		STANDARD THRESHOLD		
	% patients waiting >90 days for 1st outpatient appointment	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks		
Outpatients	% patients waiting >90 days for 1st OP appointment - Acute	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks		
	% patients waiting >90 days for 1st OP appointment - Community	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks		
Diagnostics	% patients waiting >90 days for diagnostics	Hospital Outpatient & Inpatient Waiting List Reports	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks		
Elective Inpatients	% of patients waiting > 90 days for elective admissions	Hospital Inpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks		

ELECTIVE (SCHEDULED) CARE							
	INDICATOR		OWNER		STANDARD THRESHOLD		
Outpatients	Outpatient Did not attend (DNA) Rate	Hospital Outpatient Attendances Report	Care Group General Managers	>8%	Standard set locally		
Outpatients	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		

MERGENCY (UNS	SCHEDULED) 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%	
	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	
Emergency	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
Inpatients	% 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 &	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
	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	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
(Orchard House)	Adult acute length of stay (including leave) -calculated from discharged	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>28	
	Adult acute admissions under the Mental Health Law as a % of all	Hospital Inpatient Admission & Mental Health Articles Reports	Mental Health Services General Manager	>37%	
	% patients discharged with LOS >= 60 days	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>14%	
Older Adult	Older adult acute admissions per 100,000 registered population	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>40	
Acute	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
(Beech/Cedar)	Older adult acute length of stay (including leave)	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>85	Standard set historically based on NHS Benchmarking data.
Community Mental Health Services	CMHT did not attend (DNA) rate	Community services electronic client record system	Mental Health Services General Manager	>10%	
	Count of clients waiting for JTT assessment	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
Jersey Talking Therapies / Psychological	% 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
Assessment & Therapy Service	% of clients who attended an assessment who waited over 90 days	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	% of clients who started treatment in month who waited over 18 weeks	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	Adult 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
Adult Social Care	Social Care - Case Closures	Community services electronic client record system	Adult Social Care General Manager	NA	
	Social Care - Cases re-opened within 90 days as a percentage of all new	Community services electronic client record system	Adult Social Care General Manager	<4%	

INFECTION CONTROL AND PATIENT SAFETY								
	INDICATOR			OWNER		STANDARD THRESHOLD		
	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			
Infection	E-Coli Bacteraemia - Hosp	Hosp	Infection Control Monthly Figures Report	Lead Nurse - Infection Prevention and Control	0			
Control	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.		
	Number of falls per 1,000 bed days		Datix Safety Events & Hospital Bed Utilisation Reports	Associate Chief Nurse	6	Standard set based on improvement compared to historic performance		
	Number of falls resulting in harm (low/moderate/severe)		Datix Safety Events Report	Associate Chief Nurse	10	Standard set based on improvement compared to historic performance		
Detient Cofety	Number of Safety Events		Datix Safety Events Report	Associate Chief Nurse	NA			
Patient Safety	Number of cat 2 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Associate Chief Nurse	>=8			
	Number of cat 3-4 pressure ulcers / deep tissue injuries acquired as		Datix Safety Events Report	Associate Chief Nurse	0	Standard set based on improvement compared to historic performance		
	Number of serious incidents		Datix Safety Events Report	Patient & Client Safety Officer	0	Standard set based on improvement compared to historic performance		

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