# 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** 



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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.

#### 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 1<sup>st</sup> 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	4	10556	8%	-8%
JGH/Overdale Outpatient Referrals - Under 18	462	312	300	349	295	252	266	316	307	219	377	498	451	W	1326	-9%	-2%
JTT Referrals (Opt-In)	106	105	89	116	94	103	115	101	100	95	98	97	118	$\mathcal{M}$	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	$\mathcal{M}$	190	11%	-9%
ED Attendances	2779	2925	3297	3370	3250	3193	3465	3301	3031	2920	2823	2674	3157	$\sim$	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	M	375	-3%	-42%
Elective Day Cases	690	627	543	634	513	515	659	576	673	639	572	597	670	M	1128	12%	-3%
Stranded patients with LOS > 7 days	151	137	121	130	137	138	133	136	127	143	148	135	148	$\bigvee$	431	10%	-2%
Outpatient Attendances	21557	19245	18213	20410	18609	18748	18711	18691	20696	16786	18848	19284	22084	W-V	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	$\sim$	9015	2%	4%
Outpatient 1st Appointment Waiting List - Acute	6902	7039	7374	7619	7410	7142	7073	7315	7063	6788	6532	6536	6646	$\sim$	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.

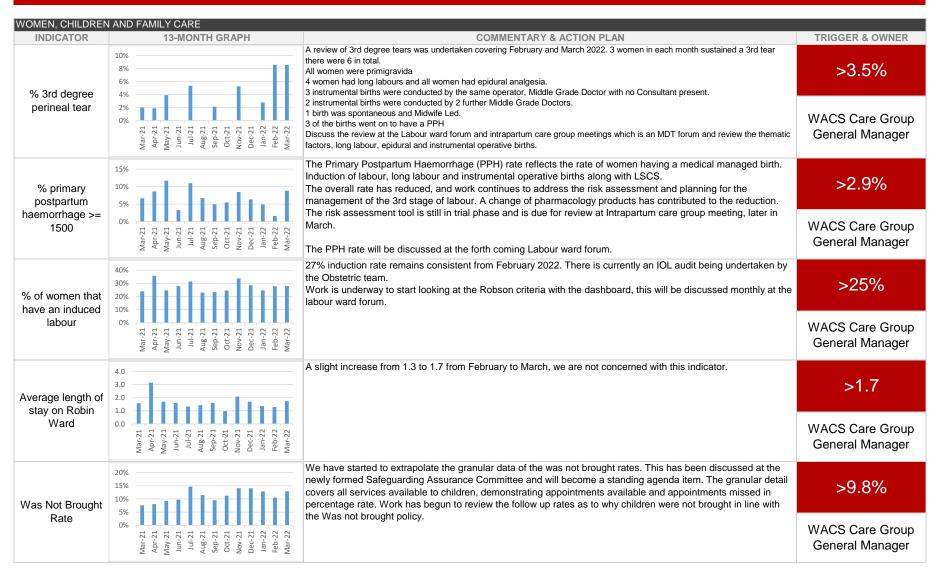
CATEGORY	INDICATOR	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TREND	YTD	STD
COVID-19	Confirmed COVID-19 cases	11	5	9	372	4769	963	702	1107	3077	5514	11446	6659	8931	^	27036	NA
COVID-19	New people tested for COVID-19	3512	3263	8360	21398	34270	38680	36874	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 CHILDRE	EN AND FAMILY CARE																
WOWEN, CHILDRE	% 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%	<b>M</b>	5.3%	R:<2% A:2%-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%	ML	0.5%	<0.4%
Maternity	% 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%	-WV	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%	$\sim$	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%	MN	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	M	2.1	R:>2.5 A:2.3-2.5 G:<2.3
	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	1.5	<=1.7
Children's Health	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%	$\nearrow \nearrow \nearrow$	12.1%	<9.8%
	Tooth extractions for patients <18	10	4	9	7	9	2	6	11	3	6	6	5	8	$\mathbb{W}$	19	<25
WAITING LISTS/PA	ATIENT TRACKING LIST (PTL)																
	% 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%
Outrationta	% 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%	$\sqrt{\gamma}$	25.1%	R:>35% A:25%-35% G:<25%
Outpatients	% 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	$\mathcal{M}$	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%

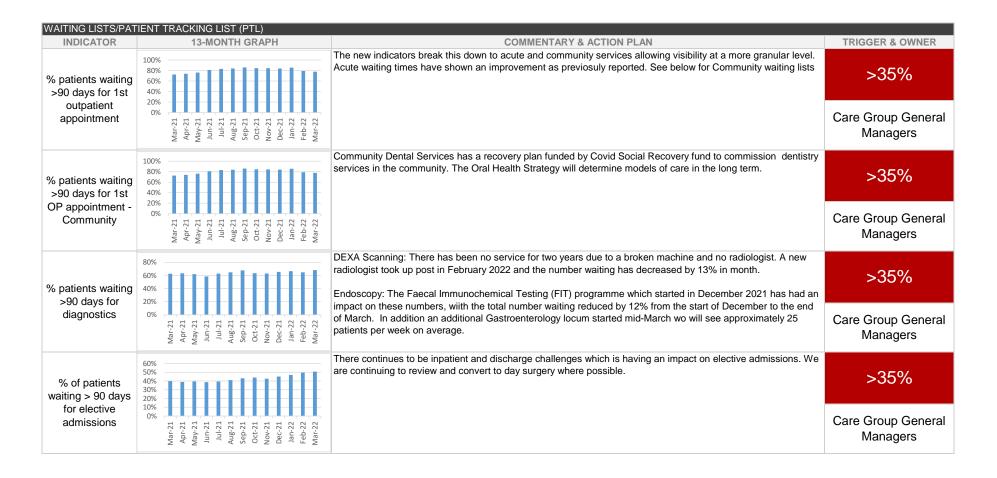
CATEGORY	INDICATOR	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TREND	YTD	STD
ELECTIVE (SCHE	DULED) CARE																
Outpatients	Outpatient Did not attend (DNA) Rate	7.2%	7.4%	7.2%	8.2%	9.7%	8.8%	9.1%	9.3%	9.9%	10.4%	10.5%	10.1%	10.6%		11.7%	8%
Outpatients	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	M	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%	$\searrow \bigvee$	66.5%	85%
EMERGENCY (UN	SCHEDULED) CARE																
	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%	J~	66.9%	>90%
Emergency Department	% 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	$\mathcal{N}$	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%	$\searrow $	17.5%	R:>20% A:20%-15% G:<=15%
	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%	<b>√</b> √√	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
Emergency Inpatients	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
mpatiento	% 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%	$\sqrt{\sim}$	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%	$\mathcal{M}$	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%	$\mathcal{M}$	12.6%	R:>10% A:8%-10% G:<8%

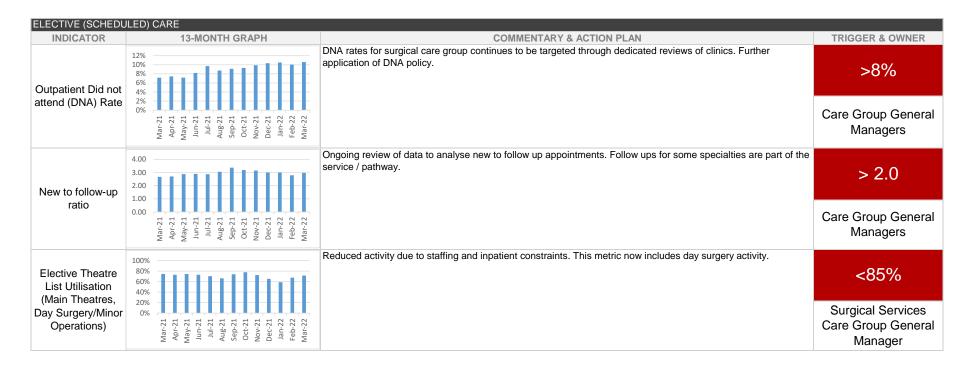
CATEGORY	INDICATOR	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TREND	YTD	STD
MENTAL HEALTH	& SOCIAL CARE																
	Adult Acute Admissions per 100,000 population - Rolling 12 month	232.3	237.7	238.9	249.9	255.3	242.7	245.4	254.9	254.8	258.9	257.4	265.6	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	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%	$\mathcal{M}$	91.8%	<88%
(Orchard House)	Adult acute length of stay (including leave)	52	14	31	20	29	26	50	28	24	24	19	12	30	$\mathbb{W}$	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%	Mr	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%	VW	8.1%	<14%
Older Adult	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	$\sqrt{}$	114.7	R:>480 A:420-480 G:<420
Acute (Beech/Cedar)	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%	$\sim$	90.4%	<85%
(beech/cedai)	Older adult acute length of stay (including leave)	116	65	33	88	30	370	41	17	60	76	298	167	74	$\mathcal{M}$	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%
	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
Jersey Talking Therapies	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%	$\mathcal{M}$	1.7%	<5%
(JTT)	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%	$\sqrt{M}$	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 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%	$\sim \sim \sim$	72.1%	>80%
Adult Social	Social Care - Closure rate	79	49	76	100	78	86	98	95	81	76	55	110	54		219	NA
Care	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%	VW	11.7%	<4%

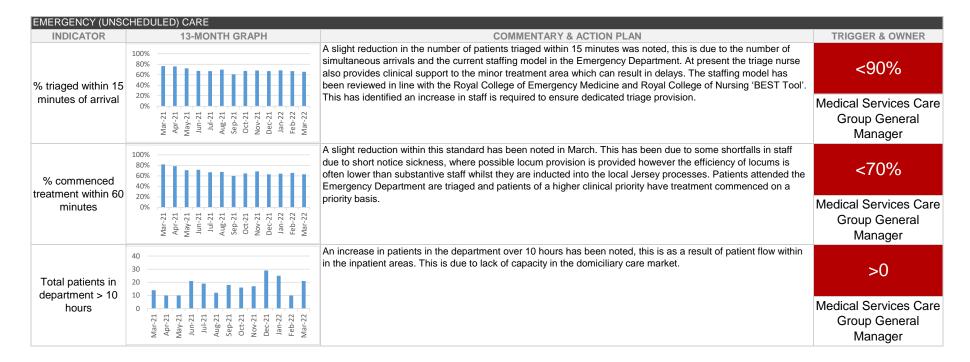
CATEGORY	INDICATOR		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TREND	YTD	STD
INFECTION CONTI	ROL AND PATIENT SAFETY																	
	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	3	0	1	0	0	0	0	0	0	0	0	0	1	<b>L</b>	1	0
Infection	E-Coli Bacteraemia	Hosp	0	3	0	0	2	0	0	0	2	0	0	0	0	$\Lambda$	0	0
Control	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	<b>\_\</b>	0	0
	C-Diff Cases	Hosp	1	1	0	0	2	2	2	0	0	0	1	1	0	$\sqrt{\Lambda}$	2	1
	Number of falls per 1,000 bed d	ays	4	4	3	4	4	4	3	6	4	3	5	6	5	$\sim$	5	<6
	Number of falls resulting in harm (low/moderate/severe)	า	11	7	9	9	5	10	10	7	6	8	11	9	10	$\bigvee\bigvee$	30	<10
0.4.4	Number of Safety Events		336	359	334	390	350	355	303	390	340	310	340	336	316	$\mathcal{M}_{\mathcal{N}}$	992	NA
Safety	Number of cat 2 pressure ulcers acquired as an inpatient	3	9	8	7	9	11	9	7	8	5	12	15	10	10	~\\\	35	<8
	Number of cat 3-4 pressure ulcers tissue injuries acquired as inpatien		0	2	5	5	0	0	1	1	0	1	7	2	4	$\bigwedge$	13	0
	Number of serious incidents		1	1	3	0	1	2	2	0	0	0	0	1	1	<b>√</b>	2	0
PATIENT EXPERIE	NCE															_		
	Total complaints received		40	32	31	45	37	26	31	33	25	30	21	38	14	M	73	NA
Complaints, Compliments	% of complaints responded to w days	rithin 28	92.5%	65.6%	64.5%	53.3%	59.5%	73.1%	41.9%	63.6%	48.0%	43.3%	57.1%	Reported 2 mg	onths in arrears	\\\\\	57%	R:<80% A:80%-90% G:>90%
and Comments	Total compliments received		60	34	52	29	42	30	35	25	67	93	31	48	39	mh	118	NA
	Total comments received		8	6	7	10	6	7	10	36	52	25	16	32	27		75	NA

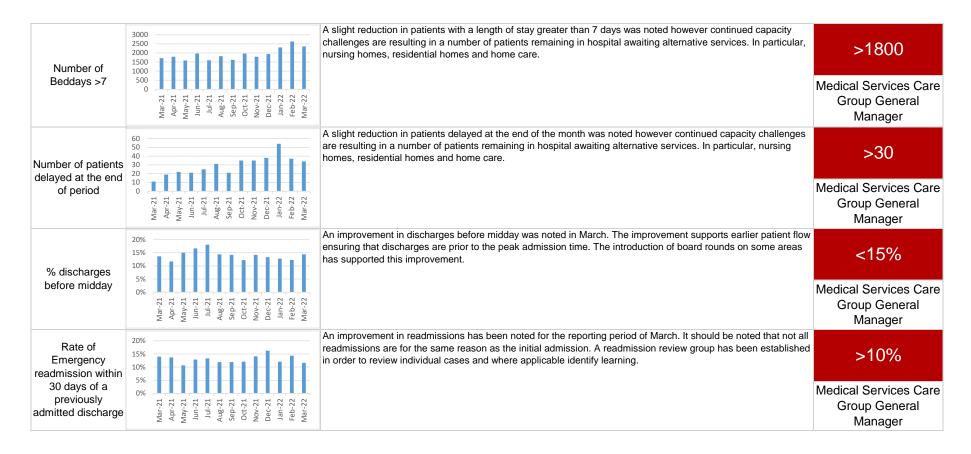
## **EXCEPTION REPORTS**

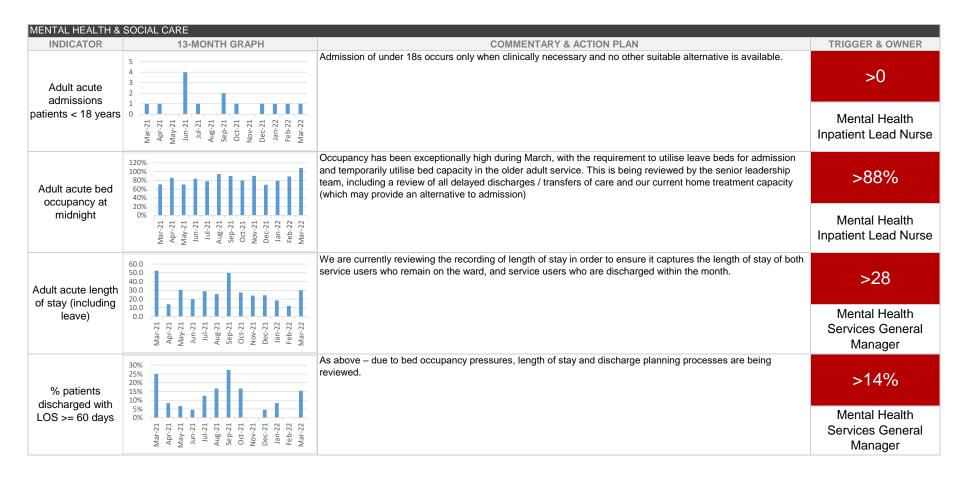


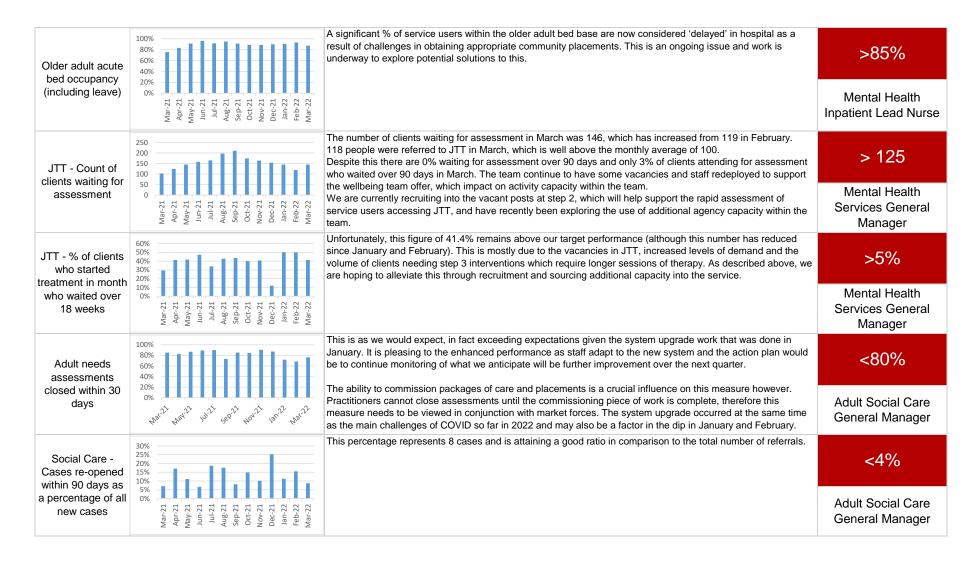


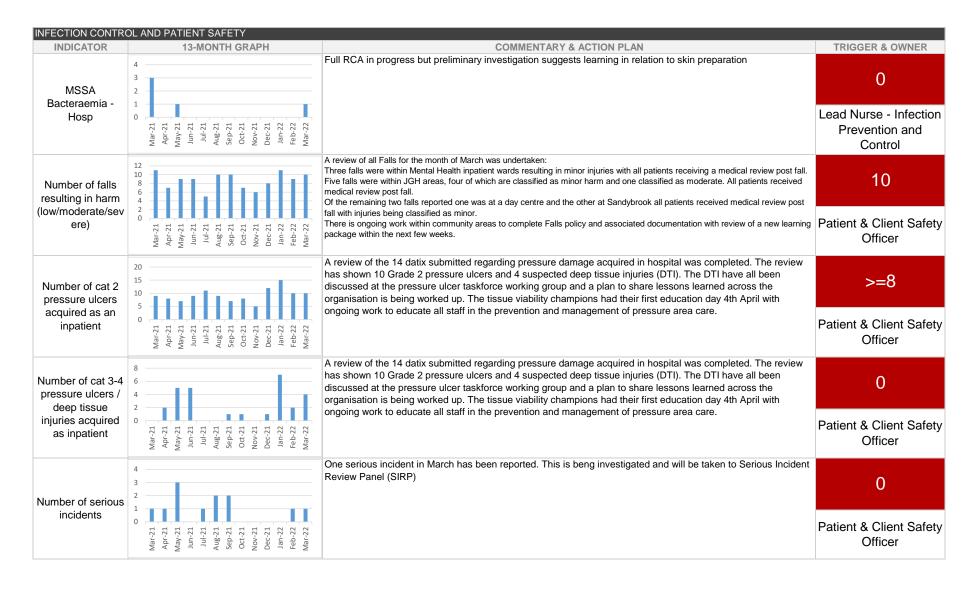


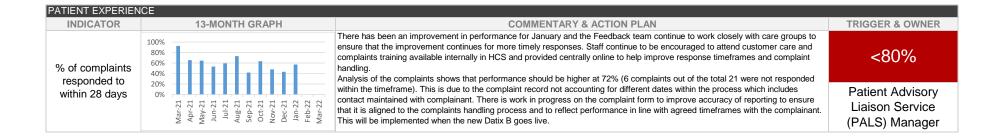












# APPENDIX - DATA SOURCES

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
	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	

JVILIN, CHILDIN	EN AND FAMILY CARE	COLIDOR	OWNED		CTANDADD TUDECUIOLD
	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
	% 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 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	WACS Care Group General Manager	<2%	
	% stillbirth rate	Maternity Delivery Details Report	WACS Care Group General Manager	>0.4%	
Maternity	% 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	
	Average length of stay on Robin Ward	Hospital Discharges Report	WACS Care Group General Manager	>1.7	
Children's Health	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>9.8%	Standard based on local peformance
	Tooth extractions for patients <18	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>25	

WAITING LISTS/PA	TIENT TRACKING LIST (PTL)				
	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
	% 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
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
Outpatients	% 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%			
	Non-elective acute length of stay	Hospital Discharges Report	Medical Services Care Group General Manager	>10			
Emergency Inpatients	% 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 &	INDICATOR	SOURCE	OWNER		STANDARD THRESHOLD
					STANDARD THRESHOLD Standard set historically based on NHS Benchmarking data. Latest available data showed Jersey at 252
Adult Acute (Orchard House)	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>300	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	Hospital Inpatient Admission & Mental Health Articles Reports	Mental Health Services General Manager	>37%	
	% patients discharged with LOS >= 60 days	Hospital Discharges Report	Mental Health Services General Manager	>14%	
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>40	
	Older adult acute bed occupancy (including leave)	Hospital Bed Utilisation Report	Mental Health Inpatient Lead Nurse	>85%	Royal College of Psychiatry Standard is 85% excluding leave
	Older adult acute length of stay (including leave)	Hospital Discharges Report	Mental Health Inpatient Lead Nurse	>85	Standard set historically based on NHS Benchmarking data.
Community Mental Health Services	CMHT did not attend rate	Community services electronic client record system	Mental Health Services General Manager	>10%	
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT - Count of clients waiting for assessment	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
	JTT - % of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	JTT - % of clients who attended an assessment who waited over 90 days	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
	JTT - % of clients who started treatment in month who waited over 18 weeks	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	Standard set based on historic performance locally
Adult Social Care	Adult needs assessments closed within 30 days	Community services electronic client record system	Adult Social Care General Manager	<80%	Standard set based on historic performance locally
	Social Care - Closure rate	Community services electronic client record system	Adult Social Care General Manager	NA	
	Social Care - Cases re-opened within 90 days as a percentage of all new	Community services electronic client record system	Adult Social Care General Manager	<4%	

NFECTION CONTR	OL 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		