QUALITY AND PERFORMANCE REPORT

December 2021

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.

SPONSOR: Chief Nurse - Rose Naylor

Medical Director - Patrick Armstrong

Interim Chief Operating Officer - Hilary Lucas

DATA: HCS Informatics

Government of JERSEY

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EXECUTIVE SUMMARY

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

The key areas of focus remain the assurance of patient care and safety as we continue with restoration and recovery to pre-pandemic levels and the continued development of our services.

1. Planned Care:

(i) Outpatients:

Outpatient PTL	Q4 2019	Q4 2020	Q4 2021	% Change Q4 2019 to Q4 2021
Community	936	1449	2081	122%
Acute	8122	8187	7049	-13%
Total	**9058**	**9636**	**9130**	0.8%

There has been a reduction in the total number of patients awaiting their first appointment on the outpatient PTL over the last quarter.

When compared to pre-pandemic levels, the total number of people waiting for a first outpatient appointment is minimally higher (0.8%).

It is evident that there has been a reduction in the number of patients awaiting acute secondary services when compared to pre-pandemic levels, with the total number of patients awaiting their first appointment reducing by 13%. Analysis of referral and activity data has shown that the reduction in the acute secondary care waiting list is driven by increased activity during 2021 as opposed to a reduction in referrals.

Analysis of the community waiting list shows a significant (122%) increase in the volume of patients awaiting our community services (Dental services)

(ii) Inpatients:

Elective PTL	Q4 2019	Q4 2020	Q4 2021	% Change Q4 2019 to Q4 2021
Diagnostic WL	791	989	1378	74%
Elective WL	1958	1659	1769	-10%
Total	**2749**	**2648**	**3147**	14%

There has been growth in the number of patients awaiting inpatient treatment over the last quarter. This is linked to an increase in the relative number of additions to the waiting list associated with the increased outpatient activity.

Compared to pre-pandemic levels there has been an overall growth in the volume patients waiting of 14%. The elective waiting list at end 2021 is 10% lower than at the end of 2019 (pre-pandemic).

The diagnostic waiting list (endoscopy procedures) has increased by 74% between end of 2019 and end of 2021. This growth is linked to a reduction in the volume of activity during the immediate COVID response and subsequently, reduced throughput due to enhanced IPAC requirements. The rate of growth has slowed in the second half of 2021. It is anticipated that the introduction of the FIT programme and reviewing capacity by the clinical team will enable recovery to prepandemic levels within 2022.

There has been a 25% reduction in the number of under-18's on the elective waiting list in 2021.

Assurance has been provided by the Clinical Care Groups that all patients continue to be dated in order of clinical priority followed by chronological order.

2. Emergency Care

The number of patients attending the Emergency Department (ED) in December was lower than in previous months. Activity in quarter 4 was 7% less than in quarter 3. This is in line with trends seen in previous years in Jersey where we see an increase over the summer months linked to visitors to the island.

The conversion rate from ED attendance to inpatient admission was higher in quarter 4, reflecting more acutely unwell presentations attending the department over the winter months.

ED triage time, time to treatment and 10 hour stays data sets remain red, with all 3 areas deteriorating in month. The Emergency Department and Site Management services are developing options and reviewing escalation processes to identify what can be done to assist in improving performance in these fields.

It is acknowledged that data recording issues remain across the 3 Emergency Care quality indicators.

3. Maternity

The elective and emergency c-section rates have remained high throughout 2021. Through quarter 4, the length of stay on the maternity ward has remains below our standard.

Whilst there has been an improvement in the percentage of women experiencing post-partum haemorrhage, this remains in excess of the desired standard. The improvement programme is progressing and being managed through the intra-partum care group.

4. Mental Health and Social Care

Mental health services have continued to experience a high level of demand across a range of services.

Occupancy in the older peoples inpatient service remains high, with an increased number of service users who no longer need to be in hospital but have no clear discharge pathways (as a result of lack of appropriate available community provision). This is being jointly reviewed by the service and social care.

There has been one admission of a young person under the age of 18 which was clinically appropriate in the absence of any available alternative specialist bed.

Particular pressures and waiting times continue within the psychological therapies & Jersey Talking Therapies service as a result of high levels of demand, reduced staff capacity (due in part to vacancies, sickness and leave) and a backlog associated with the initial period of Covid-19. The mental health services are currently developing a recovery plan to address this.

Mental health services are also currently reviewing their Quality & Performance metrics as part of the wider service development plan.

Adult social care has seen a significant increase in the reported number of cases reopened within 90 days – this is being explored in detail by the service.

The Quality & Risk and Operations, Performance & Finance Committees continue to monitor the performance of the quality and performance metrics across HCS services via exception reporting, with the development of action plans to deliver improvement as required.

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.

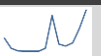
DEMAND AND ACTIVITY

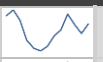
These measures monitor demand and activity in Health & Community Services. The information is used to provide contextual information when planning services and interpreting the Quality and Performance indicators in the following sections of the report.

Measure	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TREND	YTD	% Change On Month	% Change YoY
Deliveries	72	83	69	75	81	77	62	73	74	81	73	71	63		882	-11%	-13%
ED Attendances	1873	1999	2133	2780	2926	3297	3369	3251	3194	3467	3302	3031	2920		35669	-4%	56%
Emergency Admissions	449	479	476	565	505	558	578	562	558	595	616	659	619		6770	-6%	38%
Elective Admissions	145	201	248	258	241	203	230	167	180	197	162	164	127		2378	-23%	-12%
Day Cases	349	556	559	692	631	547	651	519	525	667	584	685	647		7263	-6%	85%
Stranded patients with LOS > 7 days	148	132	140	151	137	121	130	137	138	133	136	127	143		1625	13%	-3%
JGH/Overdale Outpatient Referrals	3144	3241	3690	4716	4234	4084	4440	3833	3435	3659	3807	3984	2918		46041	-27%	-7%
JGH/Overdale Outpatient Referrals - Under 18	293	290	351	539	352	343	396	360	298	292	360	361	246		4188	-32%	-16%
Adult Mental Health Outpatient Referrals	168	195	193	246	203	228	199	223	199	249	216	252	178		2581	-29%	6%
JTT Referrals	77	74	84	106	105	89	116	94	103	115	101	100	95		1182	-5%	23%
Outpatient Attendances	13155	14950	15806	18842	16713	15844	17715	15952	16231	16013	16027	17509	14275		195877	-18%	9%
Outpatient 1st Appointment Waiting List	9532	9068	8727	8770	8976	9303	9588	9425	9241	9238	9575	9407	9130		9130	-3%	-4%
Elective Waiting List	2652	2801	2749	2641	2598	2672	2808	2954	3154	3056	3242	3203	3147		3147	-2%	19%
Elective Waiting List - Under 18	101	101	99	97	94	82	73	79	78	86	76	67	76		76	13%	-25%

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.

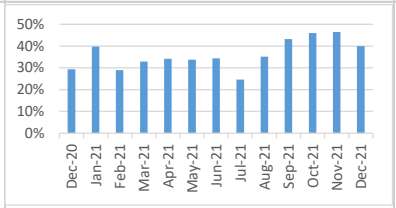
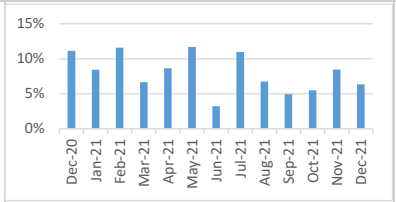
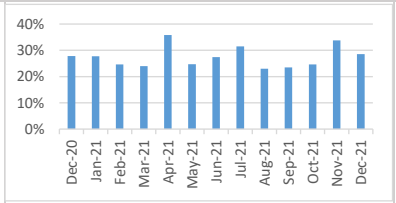
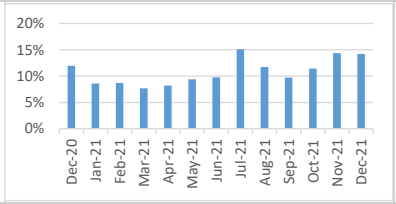
CATEGORY	INDICATOR	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TREND	YTD	STD
COVID-19																	
COVID-19	Confirmed COVID-19 cases	1737	373	59	11	5	9	372	4769	966	702	1108	3079	5518		16971	NA
	New people tested for COVID-19	10824	6450	4555	3509	3262	8357	21399	34272	38687	36875	26672	4956	5129		194123	NA
	Unique people tested for COVID-19 in month	26516	23000	17517	16886	17802	26680	49537	72828	75408	73754	66121	30108	31451			NA
WOMEN, CHILDREN AND FAMILY CARE																	
Maternity	% deliveries by C-section (Planned & Unscheduled)	29.3%	39.8%	29.0%	32.9%	34.1%	33.8%	34.4%	24.7%	35.1%	43.2%	45.9%	46.5%	40.0%		36.7%	R:>26% A:22%-26% G:<22%
	% deliveries home birth (Planned & Unscheduled)	2.8%	6.0%	10.1%	4.0%	2.5%	3.9%	6.5%	2.7%	5.4%	7.4%	1.4%	0.0%	4.8%		4.5%	R:<2% A:2%-5% G:>5%
	% stillbirth rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	1.3%	1.2%	1.4%	0.0%	0.0%		0.4%	<0.4%
	% 3rd degree perineal tear	8.0%	4.0%	2.0%	2.0%	1.9%	3.9%	0.0%	5.4%	0.0%	2.1%	0.0%	5.3%	0.0%		2.3%	<=3.5%
	% primary postpartum haemorrhage >= 1500	11.1%	8.4%	11.6%	6.7%	8.6%	11.7%	3.2%	11.0%	6.8%	4.9%	5.5%	8.5%	6.3%		7.8%	<=2.9%
	% of women that have an induced labour	27.8%	27.7%	24.6%	24.0%	35.8%	24.7%	27.4%	31.5%	23.0%	23.5%	24.7%	33.8%	28.6%		27.4%	R: >25% A: 20%-25% G: < 20%
	Average length of stay on maternity ward	3.0	2.1	2.5	2.8	2.4	2.3	2.2	2.3	2.5	2.7	2.1	2.2	2.2		2.3	R:>2.5 A:2.3-2.5 G:<2.3
Children's Health	Average length of stay on Robin Ward	1.9	3.6	1.5	1.6	3.2	1.7	1.6	1.3	1.4	1.6	1.0	2.1	1.7		1.8	<=1.7
	Was Not Brought Rate	12.0%	8.6%	8.7%	7.7%	8.2%	9.4%	9.7%	15.1%	11.7%	9.7%	11.4%	14.4%	14.2%		10.7%	<9.8%
	Tooth extractions for patients <18	3	5	4	10	4	9	7	9	2	6	11	3	6		76	<25

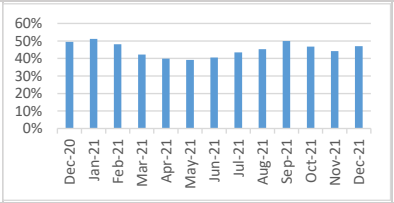
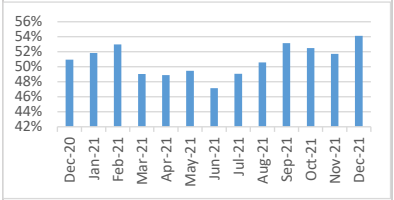
CATEGORY	INDICATOR	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TREND	YTD	STD
WAITING LISTS/PATIENT TRACKING LIST (PTL)																	
Outpatients	% patients waiting >90 days for 1st appointment	49.5%	51.1%	48.1%	42.2%	39.9%	39.1%	40.5%	43.5%	45.3%	49.9%	46.8%	44.2%	47.0%		47.0%	R:>35% A:25%-35% G:<25%
	Total patients waiting >90 days without appointment date	3579	3399	3303	3024	3029	3076	3257	3279	3256	3684	3148	3202	3353		3353	NA
Elective Inpatients	% of patients waiting > 90 days for elective admissions	50.9%	51.8%	53.0%	49.0%	48.9%	49.5%	47.2%	49.1%	50.6%	53.1%	52.5%	51.7%	54.1%		54.1%	R:>35% A:25%-35% G:<25%
ELECTIVE (SCHEDULED) CARE																	
Outpatients	Outpatient Did not attend (DNA) Rate	7.7%	6.9%	6.3%	6.4%	6.7%	6.4%	7.3%	8.7%	7.6%	8.1%	8.3%	8.6%	9.2%		7.5%	8%
	New to follow-up ratio	3.65	3.14	2.72	2.66	2.70	2.88	2.90	2.86	3.04	3.36	3.18	3.15	3.00		2.95	2
Inpatients	Acute elective length of stay	1.4	1.2	1.3	1.7	1.8	1.4	1.3	1.2	1.2	1.4	1.3	1.7	1.6		1.4	R:>4 A:3-4 G:<3
Theatres	Intra-session theatre utilisation rate	60.7%	73.0%	73.1%	72.7%	68.1%	72.3%	73.2%	70.4%	63.0%	68.5%	71.1%	66.5%	56.7%		69.2%	85%
EMERGENCY (UNSCHEDULED) CARE																	
Emergency Department	Average time in ED (Mins)	152	148	143	146	155	160	168	171	166	173	165	167	182		163	<=240
	% triaged within 15 minutes of arrival	81.3%	81.2%	80.7%	76.5%	75.8%	72.2%	67.2%	66.9%	69.7%	60.9%	67.3%	68.0%	66.9%		70.3%	>90%
	% commenced treatment within 60 minutes	85.0%	83.9%	84.5%	81.9%	78.5%	70.8%	71.5%	66.9%	67.6%	60.1%	64.6%	68.5%	63.0%		70.9%	R:<70% A:70%-90% G:>90%
	Total patients in department > 10 hours	10	10	4	14	10	10	21	19	12	18	16	17	29		180	0
	ED conversion rate	21.6%	20.8%	19.5%	17.8%	16.1%	14.7%	15.3%	16.0%	16.0%	14.4%	15.8%	18.5%	19.9%		16.8%	R:>20% A:20%-15% G:<=15%
Emergency Inpatients	Non-elective acute length of stay	7.2	6.4	5.7	5.6	6.3	5.3	5.8	5.6	6.0	5.0	5.7	5.5	6.0		5.7	R:>10 A:8-10 G:<8
	% Emergency admissions with 0 length of stay	9.2%	10.0%	10.8%	11.5%	10.9%	11.9%	13.7%	11.8%	12.3%	9.9%	13.3%	10.4%	8.3%		11.2%	R:>17% A:15%-17% G:<15%
	Number of Beddays >7	1940	1601	1250	1715	1790	1582	1966	1597	1821	1618	1965	1794	1937		20636	R:>1800 A:1600-1800 G:<1600
	Number of patients delayed at the end of period	16	17	14	11	19	22	21	25	31	21	35	35	38		38	R:>30 A:25-30 G:<25
	% discharges before midday	14.8%	14.4%	13.2%	13.1%	11.5%	14.1%	15.8%	17.4%	13.6%	13.7%	10.9%	12.8%	13.0%		13.6%	R:<15% A:15%-20% G:>20%
	Acute bed occupancy at midnight (EL & NEL)	66.5%	56.6%	66.9%	75.7%	71.5%	73.4%	71.4%	61.0%	70.0%	62.8%	72.8%	76.8%	77.2%		69.4%	R:>85% A:80%-85% G:<80%
	Rate of Emergency readmission within 30 days of a previously admitted discharge	14.6%	11.2%	12.4%	14.0%	13.7%	10.5%	12.5%	13.2%	11.9%	11.8%	11.8%	13.7%	13.0%		12.5%	R:>10% A:8%-10% G:<8%

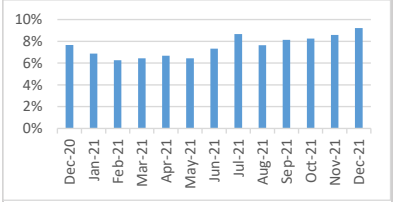
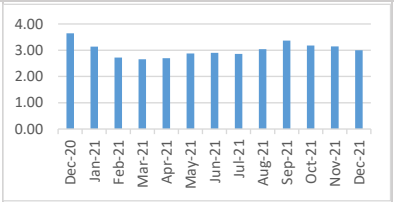
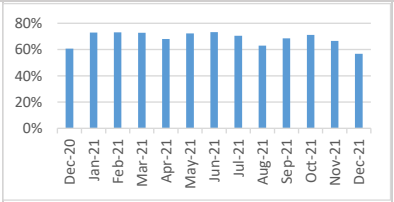
CATEGORY	INDICATOR	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TREND	YTD	STD
MENTAL HEALTH & SOCIAL CARE																	
Adult Acute (Orchard House)	Acute admissions per 100,000 registered population	20.9	18.0	15.2	18.0	24.9	23.5	27.7	23.5	12.5	20.8	31.8	22.2	19.4		21.5	R:>25 A:20-25 G:<20
	Adult acute admissions patients < 18 years	0	0	1	1	1	0	4	1	0	2	1	0	1		12	0
	Adult acute bed occupancy at midnight	70.0%	82.0%	80.1%	71.0%	85.5%	70.6%	83.9%	77.9%	94.5%	90.0%	79.7%	90.2%	70.0%		81.2%	<88%
	Adult acute length of stay (including leave)	13	27	21	52	14	31	20	29	26	50	28	24	24		30	<28 Days
	Adult acute admissions under the Mental Health Law as a % of all admissions	20.0%	23.1%	9.1%	23.1%	22.2%	35.3%	35.0%	41.2%	22.2%	46.7%	26.1%	18.8%	21.4%		28.0%	<37%
	% patients discharged with LOS >= 60 days	0.0%	8.3%	13.3%	25.0%	8.3%	6.7%	4.5%	12.5%	16.7%	27.3%	16.7%	0.0%	4.5%		12.2%	<14%
Older Adult Acute (Beech/Cedar)	Older adult acute admissions per 100,000 registered population	21.1	30.9	36.0	41.1	36.0	36.0	30.9	30.9	66.9	51.4	30.9	36.0	30.9		457.8	R:>40 A:35-40 G:<35
	Older adult acute bed occupancy (including leave)	79.7%	87.0%	75.1%	75.6%	83.3%	91.4%	96.1%	91.8%	95.0%	91.2%	88.7%	88.6%	90.0%		87.5%	<85%
	Older adult acute length of stay (including leave)	186	92	256	116	65	33	88	30	370	41	17	60	76		126	<85 Days
Community Mental Health Services	CMHT did not attend rate	6.5%	5.5%	6.1%	6.0%	6.5%	5.8%	6.4%	6.9%	7.1%	6.2%	5.1%	6.6%	6.3%		6.2%	R:>10% A:8%-10% G:<8%
Jersey Talking Therapies / Psychological Assessment & Therapy Service	JTT/PATS - Referrals yet to have a first assessment at the end of the reporting period	162	161	153	149	144	146	155	152	160	174	166	206	278		278	R:>125 A:75-125 G:<75
	JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period	139	136	131	125	119	112	106	101	103	105	98	97	106		106	R:>40 A:30-40 G:<30
Jersey Talking Therapies	Referrals yet to have a first treatment at the end of the reporting period	570	540	500	447	406	390	361	324	322	323	289	239	212		212	R:>250 A:150-250 G:<150
	JTT clients with assessment yet to have a first treatment, who have been waiting over 18 weeks at the end of the reporting period	227	205	177	159	146	132	118	96	84	85	69	74	102		102	R:>100 A:50-100 G:<50
	JTT - % of clients who started treatment in the month who waited over 18 weeks	27.3%	32.0%	63.2%	29.3%	41.3%	41.9%	47.4%	34.0%	42.9%	43.6%	40.0%	43.8%	12.0%		40.9%	<5%
Adult Social Care	Adult needs assessments closed within 30 days	76.1%	86.7%	86.2%	86.1%	83.6%	86.9%	89.2%	90.1%	73.2%	85.4%	85.3%	91.3%	88.6%		86.2%	>80%
	Social Care - Closure rate	102	71	84	79	49	76	100	78	86	98	95	81	76		973	NA
	Social Care - Cases re-opened within 90 days as a percentage of all new cases	9.6%	4.6%	6.3%	7.1%	17.0%	11.1%	6.7%	18.7%	17.6%	8.1%	14.8%	10.1%	25.9%		12.0%	<4%

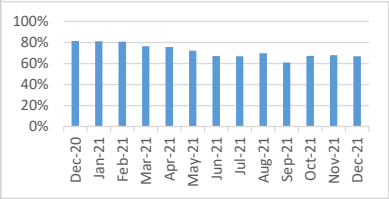
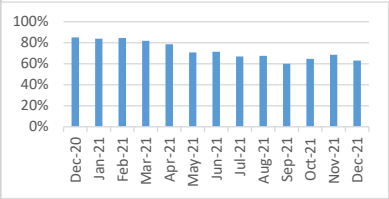
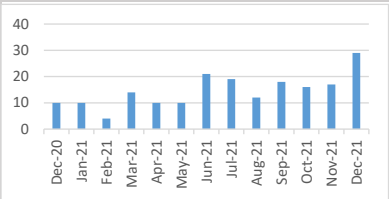
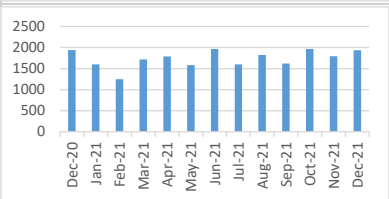
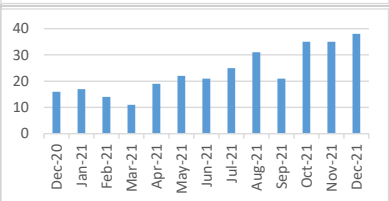
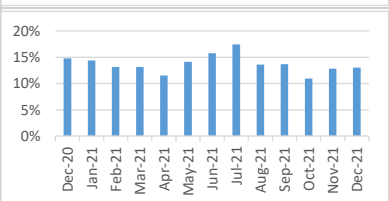
CATEGORY	INDICATOR		Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TREND	YTD	STD
INFECTION CONTROL AND PATIENT SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	C-Diff Cases	Hosp	0	3	2	1	1	0	0	2	2	2	0	0	0		13	> 1
Safety	Number of falls per 1,000 bed days		7	1	5	4	4	3	4	4	4	3	6	4	3		4	<6
	Number of falls resulting in harm		11	14	11	11	7	9	9	5	10	10	7	6	8		107	<10
	Number of Safety Events		331	278	336	336	360	334	390	350	355	302	385	336	301		4063	NA
	Number of cat 2 pressure ulcers acquired as an inpatient		7	4	6	9	8	7	9	11	9	7	8	5	14		97	<8
	Number of cat 3-4 pressure ulcers acquired as an inpatient		0	3	0	0	1	2	0	0	0	0	0	0	0		6	0
PATIENT EXPERIENCE																		
Complaints, Compliments and Comments	Total complaints received		18	23	35	41	32	31	47	37	26	32	35	28	28		395	NA
	% of complaints responded to within 28 days		66.7%	69.6%	62.9%	90.2%	65.6%	64.5%	53.2%	59.5%	73.1%	40.6%	60.0%	Reported 2 months in arrears			64%	R:<80% A:80%-90% G:>90%
	Total compliments received		46	21	41	65	40	52	28	46	35	36	23	70	94		551	NA
	Total comments received		9	9	14	8	6	7	10	6	7	10	36	52	23		188	NA

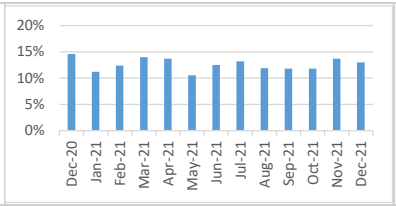
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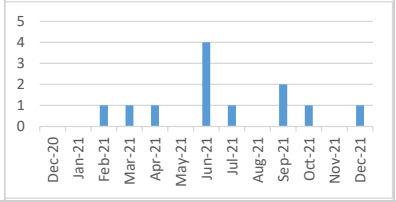
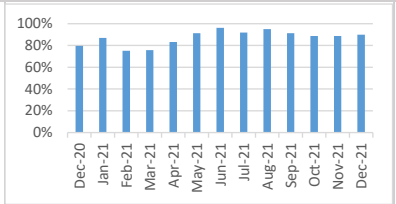
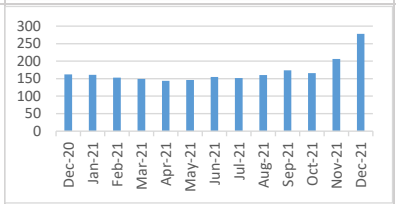
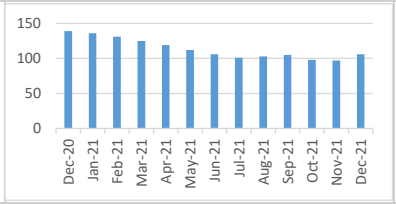
WOMEN, CHILDREN AND FAMILY CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% deliveries by C-section (Planned & Unscheduled)		The combined (elective and emergency) c-section rate for December was 40%. The average section rate for 2021 was 36%. A review of c-sections in month has indicated that a large proportion of women (67%) who had not had a baby before (primigravida) and were induced, resulted in emergency c-sections. A deep dive is underway to understand the factors contributing to this increase. In addition, 9 women delivered in December who had had a previous section. Of these, 8 (89%) resulted in a repeat section. There is a VBAC clinic in place to counsel women, and further review is underway into ways to reduce repeat c-sections.	>26% WACS Care Group General Manager
% primary postpartum haemorrhage >= 1500		The PPH rate for December was 6%. The average PPH rate for 2021 was 7.7%. A risk assessment tool is being trialled, which includes the use of Syntometrine as opposed to Oxytocin alone, if women are deemed to be more at risk of PPH. An increased PPH rate is a recognised side effect of a change in pharmacology which is being seen throughout the UK.	>2.9% WACS Care Group General Manager
% of women that have an induced labour		The percentage of women having an induced labour in December was 29%. The average for 2021 was 27% A Labour Ward Forum is being established and will commence in February 2022. This will focus on induction of labour in order for us to achieve the desired 25% cap.	>25% WACS Care Group General Manager
Was Not Brought Rate		The WNB rate in December was 14%. This was higher than desirable. It was managed in line with the WNB policy with appropriate follow up.	>9.8% WACS Care Group General Manager

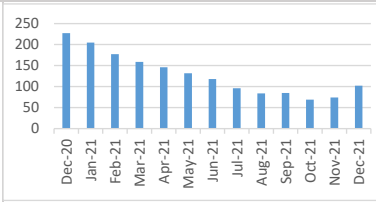
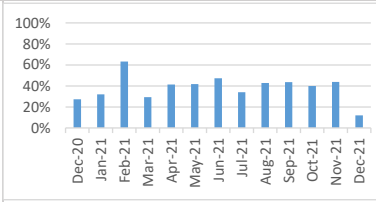
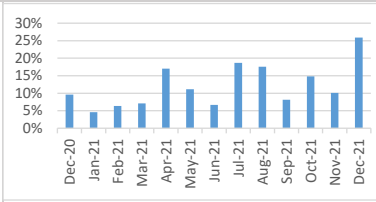
WAITING LISTS/PATIENT TRACKING LIST (PTL)			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% patients waiting >90 days for 1st appointment		Analysis demonstrates that 84% of patients awaiting community dental and orthodontic servicesand 35% of patients awaiting acute services are waiting over 90 days. Challenges within community dental services are being addressed through a Task and Finish programme which includes measures to increase capacity but also manage demand appropriately. Assurance has been provided through the Care Groups that patients are dated in order of clinical priority.	>35% Care Group General Managers
% of patients waiting > 90 days for elective admissions		Challenges continue within elective services, in particular Trauma & Orthopaedics, Ophthalmology and General Surgery. This is linked to reduced activity in Quarter 4 due to the impact of the latest wave of COVID on theatre capcity and staffing. Assurance has been provided by the Care Groups that patients are booked in order of clinical priority.	>35% Care Group General Managers

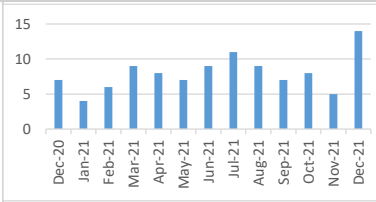
ELECTIVE (SCHEDULED) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Outpatient Did not attend (DNA) Rate		DNA rates for clinics are being reviewed and targeted as required through the Care Groups. The elecetive access policy is being finalised, including HCS' DNA Policy, for ratification prior to launch in 2022.	>8% Care Group General Managers
New to follow-up ratio		New to follow up ratios are being analysed across HCS and benchmarked to identify opportunities from best practice.	> 2.0 Care Group General Managers
Intra-session theatre utilisation rate		Reduced activity due to staffing and inpatient constraints. There are data quality issues in this metric as it does not currently include day surgery and minor ops activity.	<85% Surgical Services Care Group General Manager

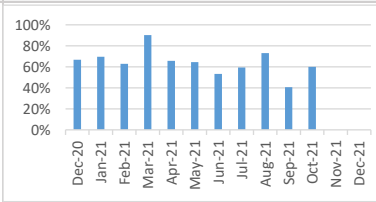
EMERGENCY (UNSCHEDULED) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% triaged within 15 minutes of arrival		The number of patients triaged within 15 minutes did not significantly improve for the reporting period. It is noted that simultaneous arrivals do result in difficulties in this standard being achieved within the current workforce model for the Emergency Department. The Care Group is undertaking a BEST review of the Emergency Department staffing in line with Royal College of Emergency Medicine & Royal College of Nursing guidance.	<70% Medical Services Care Group General Manager
% commenced treatment within 60 minutes		A reduction in the number of patients commencing treatment within 60 minutes was noted, this was compounded by an increase in short term sickness. Temporary workforce was secured however this was not available for all shifts. The Care Group is undertaking a BEST review of the Emergency Department staffing in line with Royal College of Emergency Medicine & Royal College of Nursing guidance.	<70% Medical Services Care Group General Manager
Total patients in department > 10 hours		An increase for this indicator was noted in December 2021, this was compounded by an increasing number of COVID-19 hospital admissions which do require additional logistical arrangements to be in place to enable safe and effective admission process to take place including cohort arrangements. Other examples included patients who had a prolonged Emergency Department stay to support the patient in a safe discharge home preventing unnecessary admission to hospital.	>0 Medical Services Care Group General Manager
Number of Beddays >7		A continued increase in the number of patients with a length of stay greater than 7 days was noted in December this was due to a lack of capacity within the domiciliary home care market & care home market. A discharge support team has been implemented to support patients with short term care at home whilst awaiting capacity with a mainstream provider.	1800 Medical Services Care Group General Manager
Number of patients delayed at the end of period		A continued increase in the number of patients delayed was noted in December this was due to a lack of capacity within the domiciliary home care market & care home market. A discharge support team has been implemented to support patients with short term care at home whilst awaiting capacity with a mainstream provider.	30 Medical Services Care Group General Manager
% discharges before midday		The number of discharges before midday has remained stable for December 2021. Medical Services has a 2022 priority to implement the SAFER Care Bundle which will improve the performance for earlier discharge.	> 15% Medical Services Care Group General Manager

Rate of Emergency readmission within 30 days of a previously admitted discharge		An improvement in the readmission rate was noted in December, the care group is refining the readmission review process to identify learning whereby patient a patient is readmitted. It should be noted that this indicator does include patients readmitted for reasons other than their original presentation.	>10% Medical Services Care Group General Manager

MENTAL HEALTH & SOCIAL CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Adult acute admissions patients < 18 years		Admission of one young person in December. Work with CAMHS is ongoing.	>0 Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Length of Stay (LOS) remains red for December, this appears to be on trend for the year with only 4 months below benchmark. Increased LOS is due to lack of community packages or placements for Mental Health.	>85% Mental Health Inpatient Lead Nurse
JTT/PATS - Referrals yet to have a first assessment at the end of the reporting period		Increased waiting time for assessment and treatment as a result of high levels of demand, reduced staffing capacity (vacancies, sickness and leave) and a developed backlog. Service are in the process of developing a detailed recovery plan.	> 125 Mental Health Services General Manager
JTT/PATS - Referrals yet to have a first assessment who have been waiting over 90 days at the end of the reporting period		Increased waiting time for assessment and treatment as a result of high levels of demand, reduced staffing capacity (vacancies, sickness and leave) and a developed backlog. Service are in the process of developing a detailed recovery plan.	> 40 Mental Health Services General Manager

JTT clients with assessment yet to have a first treatment, who have been waiting over 18 weeks at the end of the reporting period		Increased waiting time for assessment and treatment as a result of high levels of demand, reduced staffing capacity (vacancies, sickness and leave) and a developed backlog. Service are in the process of developing a detailed recovery plan.	> 100 Mental Health Services General Manager
JTT - % of clients who started treatment in the month who waited over 18 weeks		As a result of staff focussing on this area, the service have positively reduced the % of people who waited over 18 weeks for treatment	>5% Mental Health Services General Manager
Social Care - Cases re-opened within 90 days as a percentage of all new cases		This sudden and significant increase in cases reopened is being examined in detail by the service in order to properly understand this and identify the contributory factors, in order to address this	<4% Adult Social Care General Manager

INFECTION CONTROL AND PATIENT SAFETY			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Number of cat 2 pressure ulcers acquired as an inpatient		During December we witnessed an increase in the reporting of the number of pressure ulcers developed in care compared to November, this may be due to staff being actively encouraged to submit a datix incident by the Tissue viability nurse. Educational events are planned throughout the first half of 2022 to raise awareness of pressure ulcer care, improve documentation and implementation of measures to reduce number of pressure ulcers developed and deteriorated in care. Reporting from point of admission in ED has improved. Targeted training is being developed for Beauport ward who have the highest number of pressure ulcers developed/deteriorated whilst in care.	> 7 Patient & Client Safety Officer

PATIENT EXPERIENCE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of complaints responded to within 28 days		There is continued improvement in responding to complaints in a timely manner. The impact of the interventions highlighted below has not yet been determined - •Customer care & communication skills training has commenced in October 2021 with rolling monthly training sessions to help address some of the themes from complaints. •A Patient Advice & Liaison Service (PALS) desk has been set up at the hospital outpatient department to deal with queries and resolving low-level issues. Action plan - Reinstate the task and finish group supported by the Improvement team to review complaints process and response times	<80% Patient Advisory Liaison Service (PALS) Manager

APPENDIX - DATA SOURCES

DEMAND AND ACTIVITY			
INDICATOR	SOURCE		
Deliveries	Maternity Delivery Details Report		
ED Attendances	Emergency Department Attendances Report		
Emergency Admissions	Hospital Inpatient Admissions Report		
Elective Admissions	Hospital Inpatient Admissions Report		
Day Cases	Hospital Inpatient Admissions Report		
Stranded patients with LOS > 7 days	Hospital Discharges Report		
JGH/Overdale Outpatient Referrals	Hospital Inpatient Waiting List Report		
JGH/Overdale Outpatient Referrals - Under 18	Hospital Inpatient Waiting List Report		
Adult Mental Health Outpatient Referrals	Hospital Inpatient Waiting List Report		
JTT Referrals	JTT & PATS electronic client record system		
Outpatient Attendances	Hospital Outpatient Attendances Report		
Outpatient 1st Appointment Waiting List	Hospital Outpatient Waiting List Report		
OP Follow-Up Waiting List	Hospital Outpatient Waiting List Report		
Elective Waiting List	Hospital Inpatient Waiting List Report		
Elective Waiting List - Under 18	Hospital Inpatient Waiting List Report		

COVID-19					
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD	
COVID-19	Confirmed COVID-19 cases	Pathology Laboratory Testing Systems	Director of Testing & Tracing, JHA	NA	
	New people tested for COVID-19	Pathology Laboratory Testing Systems	Director of Testing & Tracing, JHA	NA	
	Unique people tested for COVID-19 in month	Pathology Laboratory Testing Systems	Director of Testing & Tracing, JHA	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	>26%	
	% 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	Standard under review
	Was Not Brought Rate	Hospital Outpatient Attendances Report	WACS Care Group General Manager	>9.8%	Standard under review
	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 appointment	Hospital Outpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks
	Total patients waiting >90 days without appointment date	Hospital Outpatient Waiting List Report	Surgical Services Care Group General Manager	NA	
Elective Inpatients	% of patients waiting > 90 days for elective admissions	Hospital Inpatient Waiting List Report	Care Group General Managers	>35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks

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

EMERGENCY (UNSCHEDULED) CARE					
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD	
Emergency Department	Average time in ED (Mins)	Emergency Department Attendances Report	Medical Services Care Group General Manager	>240	
	% triaged within 15 minutes of arrival	Emergency Department Attendances Report	Medical Services Care Group General Manager	<90%	
	% commenced treatment within 60 minutes	Emergency Department Attendances Report	Medical Services Care Group General Manager	<70%	
	Total patients in department > 10 hours	Emergency Department Attendances Report	Medical Services Care Group General Manager	>0	
	ED conversion rate	Emergency Department Attendance Report	Medical Services Care Group General Manager	>20%	
Emergency Inpatients	Non-elective acute length of stay	Hospital Discharges Report	Medical Services Care Group General Manager	>10	
	% Emergency admissions with 0 length of stay	Hospital Inpatient Admissions Report	Medical Services Care Group General Manager	>17%	
	Number of Beddays >7	Hospital Discharges Report	Medical Services Care Group General Manager	1800	Standard set based on historic performance locally
	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%	
	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	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)	Acute admissions per 100,000 registered population	Hospital Inpatient Admissions Report	Mental Health Services General Manager	>25	Standard set historically based on NHS Benchmarking data.
	Adult acute admissions patients < 18 years	Hospital Inpatient Admissions Report	Mental Health Inpatient Lead Nurse	>0	Standard set historically based on NHS standards
	Adult acute bed occupancy at midnight	Hospital Bed Utilisation Report	Mental Health Services General Manager	>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 Services General Manager	>85	Standard set historically based on NHS Benchmarking data.
Community Mental Health	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/PATS - Referrals yet to have a first assessment at the end of the reporting	JTT & PATS electronic client record system	Mental Health Services General Manager	> 125	Standard set based on historic performance locally
	JTT/PATS - Referrals yet to have a first assessment who have been waiting	JTT & PATS electronic client record system	Mental Health Services General Manager	> 40	Standard set based on historic performance locally
Jersey Talking Therapies	Referrals yet to have a first treatment at the end of the reporting period	JTT & PATS electronic client record system	Mental Health Services General Manager	> 250	Standard set based on historic performance locally
	JTT clients with assessment yet to have a first treatment, who have been waiting	JTT & PATS electronic client record system	Mental Health Services General Manager	> 100	Standard set based on historic performance locally
	JTT - % of clients who started treatment in the month who waited over 18 weeks	JTT & PATS electronic client record system	Mental Health Services General Manager	>5%	
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.
	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 imprvoement compared to historic performance
	Number of falls resulting in harm		Datix Safety Events Report	Patient & Client Safety Officer	10	Standard set based imprvoement compared to historic performance
	Number of cat 2 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Patient & Client Safety Officer	> 7	Standard set based imprvoement compared to historic performance
	Number of cat 3-4 pressure ulcers acquired as an inpatient		Datix Safety Events Report	Patient & Client Safety Officer	0	Standard set based imprvoement 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	