Health and Community Services

Quality and Performance Report March 2023

Government of Jersey

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:

Associate Chief Nurse - Jessie Marshall

Medical Director - Patrick Armstrong

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.

General & Acute Performance

March saw a significant increase in General Acute Outpatient referrals and work is ongoing to understand if this is likely to be sustained increase or whether will be self-resolving and was an anomaly. The specialties predominantly affected include Orthopaedics, ENT & Physiotherapy. An increased amount of outpatient appointments were delivered in month of 22,718 demonstrating ongoing activity in the care groups of Covid/waiting list recovery. This is replicated in our Day surgery activity being higher than average and also in inpatient elective admissions in March through continued ring fencing of elective ward capacity.

The Emergency Department also saw average attendances in month with a slight impact in increase to admissions required from this. Conversion rate was stable. High numbers of medically fit for discharge remain in JGH capacity. Work is ongoing in regards to operational flow, discharge best practice, LOS and intermediate care capacity to respond to this, however the ongoing challenges of lack of capacity with the external private nursing and residential beds or ability to provide domiciliary care is recognised.

Mental Health Performance

Following the implementation of the new community mental health model at the end of 2022, the service have significantlyimproved access to mentl health services, both for routine referrals (78% of people assessed within 10 working days year to date) and especially for crisis referrals (87% seen face to face within 4 hours years to date). This is despite a high volume of referrals - with March being particularly high for new referrals (270 to mental health assessment team and 134 for Jersey Talking Therapies).

The service continues to seek to address waiting times for treatment within psychological / talking therapies and within diagnostic assessment services, and continue to experience a high level of occupancy across the mental health wards (with 32% of beds occupied by people who no longer need to be in hospital, predominantly due to difficulty in locating community placements for people with dementia and complex needs). Work continues to seek to address this.

Quality & Safety

Quality indicators within Infection Prevention and Control (IPAC) demonstrate a low number of hospital acquired infection. Safety incidents relating to falls remains static, however the harm caused is low to 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 continues to reduce due to continued education and training. Complaints are reported two months in arrears, however number of complaints received during February and March demonstrates a downward trend with an increase in complaints resolved within GOJ time frame. Backlog of complaints identified in November 2022 has reduced by 80%.

DEMAND

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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	3886	3190	3482	3367	3243	3514	3400	3516	4031	3299	3725	3539	4617		11881	30%	19%
General and Acute Outpatient Referrals - Under 18	467	345	348	380	331	335	301	302	364	411	348	432	413		1193	-4%	-12%
Additions to Inpatient Waiting List	577	458	433	503	479	507	440	543	592	451	460	507	590		1557	16%	2%
Referrals to Mental Health Crisis Team	ND	ND	ND	ND	ND	ND	ND	ND	52	91	87	83	90		260	8%	NA
Referrals to Mental Health Assessment Team	ND	ND	ND	ND	ND	ND	ND	ND	139	201	237	215	270		722	26%	NA
Referrals to Memory Service	21	16	14	25	26	31	33	21	33	30	57	43	56		156	30%	167%
Referrals to Jersey Talking Therapies	116	76	85	97	80	91	99	111	114	74	104	95	134		333	41%	16%

ACTIVITY

Measure	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	22198	18582	20403	19731	18695	19247	18578	20321	22903	17546	21188	20415	22909		64512	12%	3%
Elective Admissions	219	282	228	258	235	209	221	240	230	163	213	233	336		782	44%	53%
Elective Day Cases	670	560	603	554	611	601	592	685	700	532	629	615	701		1945	14%	5%
Elective Regular Day Admissions	1057	939	1003	932	892	961	916	907	923	904	953	886	1067		2906	20%	1%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	284	253	350	373	330	291	292	274	277	268	316	240	245		801	2%	-14%
Emergency Department Attendances	3156	3187	3668	3707	3742	3882	3515	3478	3395	3325	3270	2982	3501		9753	17%	11%
Emergency Admissions	539	509	554	550	551	566	529	583	588	571	578	502	571		1651	14%	6%
Admissions to Adult Mental Health unit (Orchard House)	10	13	15	13	14	22	16	14	11	8	16	13	15		44	15%	50%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	7	9	2	6	6	11	5	3	11	7	5	4	4		13	0%	-43%
Maternity Deliveries	68	67	79	65	79	78	70	62	70	60	75	60	67		202	12%	-1%

WAITING LISTS

Measure	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9122	9590	9757	9825	9813	9775	9815	9394	9049	9245	9036	8571	9044		9044	6%	-1%
Outpatient 1st Appointment Waiting List - Acute	6753	7245	7459	7542	7614	7625	7652	7265	7069	7247	7232	6807	7413		7413	9%	10%
Outpatient 1st Appointment Waiting List - Community	2369	2345	2298	2283	2199	2150	2163	2129	1980	1998	1804	1764	1631		1631	-8%	-31%
Diagnostics Waiting List	1405	1279	1241	1151	1106	1093	1055	1022	1027	992	955	908	1030		1030	13%	-27%
Elective Waiting List	2062	2130	2130	2169	2181	2220	2230	2157	2186	2293	2409	2424	2385		2385	-2%	16%
Elective Waiting List - Under 18	84	87	102	110	112	103	110	100	84	87	90	106	101		101	-5%	20%
Jersey Talking Therapies Assessment Waiting List	143	140	104	118	92	99	133	143	150	146	138	114	156		156	37%	9%

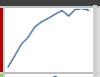
QUALITY AND PERFORMANCE SCORECARD

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-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	41.0%	42.5%	44.0%	46.3%	47.0%	46.7%	47.2%	46.2%	44.0%	43.5%	42.3%	42.1%	38.1%		38.1%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	28.0%	31.0%	32.6%	36.5%	38.2%	38.3%	37.6%	35.2%	33.0%	34.2%	34.5%	35.6%	30.6%		30.6%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	78.2%	77.8%	81.0%	78.6%	77.5%	76.3%	81.0%	83.6%	83.1%	77.2%	73.7%	67.3%	71.9%		71.9%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	68.3%	64.8%	56.1%	52.4%	43.6%	47.8%	48.6%	48.1%	49.8%	53.6%	55.4%	58.8%	49.6%		49.6%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	50.7%	52.7%	54.5%	55.2%	56.4%	54.3%	57.4%	53.3%	49.6%	50.0%	54.5%	57.8%	56.1%		56.1%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	3.0	3.1	3.0	3.0	2.8	2.8	2.7	2.5	2.6	2.8	2.8	2.7	2.8		2.8	2.0
	Outpatient Did Not Attend (DNA) Rate	7.6%	7.5%	7.4%	7.3%	7.5%	7.7%	8.2%	7.6%	8.1%	7.7%	7.5%	6.7%	6.8%		7.0%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	1.8	2.4	1.7	2.7	2.5	2.2	1.9	2.5	2.6	2.3	1.8	1.7	2.0		1.9	<3
	% of all elective admissions that were day cases	85%	85%	82%	82%	77%	86%	81%	79%	76%	81%	80%	79%	78%		79.0%	>80%
	% of all elective admissions that were private	30%	28%	27%	31%	26%	22%	29%	25%	25%	30%	30%	24%	28%		27.3%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	76.9%	69.8%	70.0%	77.1%	75.9%	72.8%	72.0%	75.3%	74.1%	66.6%	72.2%	72.2%	72.7%		72.4%	>85%
	Turnaround time as % of total session time	15.8%	14.6%	12.6%	17.8%	21.7%	15.7%	14.0%	13.1%	14.9%	14.7%	18.3%	19.0%	16.9%		18.0%	<15%

CATEGORY	INDICATOR	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	8	9	10	10	10	11	11	9	10	10	11	11	10		11	<11
	% Triaged within Target - Minor	60%	57%	51%	55%	57%	47%	51%	59%	53%	51%	51%	52%	54%		52%	>=90%
	% Triaged within Target - Major	70%	70%	67%	71%	68%	64%	64%	67%	63%	61%	60%	60%	64%		61%	>=90%
	Median Time from Arrival to commencing Treatment	40	46	47	41	42	43	44	43	39	40	38	41	38		40	<75
	% Commenced Treatment within Target - Minor	82%	81%	79%	82%	84%	80%	84%	83%	86%	84%	83%	86%	85%		85%	>=70%
	% Commenced Treatment within Target - Major	65%	59%	61%	67%	65%	64%	65%	63%	61%	61%	62%	64%	66%		64%	>=70%
	Median Total Stay in ED (mins)	143	155	154	141	142	141	142	153	148	160	158	148	149		153	<189
	Total patients in ED > 10 hours	21	32	25	19	15	18	29	12	27	69	45	19	55		119	<1
	ED conversion rate	16%	16%	14%	14%	14%	14%	15%	16%	17%	17%	17%	16%	16%		17%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	7.2	7.5	7.1	7.4	6.7	7.6	7.3	6.0	6.1	7.3	7.0	6.8	7.1		7.0	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	13%	9%	11%	9%	10%	10%	9%	11%	8%	7%	7%	9%	8%		8%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	78%	71%	73%	80%	77%	83%	87%	87%	91%	85%	89%	82%	85%		86%	<85%
	% of Inpatients discharged between 8am and noon	11%	11%	12%	15%	12%	12%	13%	10%	11%	11%	13%	11%	12%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	26.2	26.9	31.0	33.5	38.4	34.9	32.4	26.2	24.0	31.1	23.2	23.9	31.1		26.0	<30
	Total Bed Days Medically Fit For Discharge	811	833	992	1107	1191	1081	972	811	721	932	718	669	932		2319	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	ND	ND	ND	ND	487	691	582	578	466	622	442	511	628		1581	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	13%	11%	13%	11%	11%	13%	14%	14%	12%	12%	11%	13%	10%		12%	<10%

CATEGORY	INDICATOR	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
MENTAL HEALTH																	
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	0.0%	0.0%	3.8%	5.9%	1.1%	0.0%	0.0%	0.7%	1.3%	0.0%	2.2%	1.8%	0.0%		1.2%	<5%
	% of clients who started treatment in period who waited over 18 weeks	42%	52%	46%	27%	51%	51%	59%	59%	64%	28%	61%	38%	48%		49%	<5%
	JTT Average waiting time to treatment (Days)	132	133	131	105	159	139	159	196	170	102	165	132	142		146	<=177
	% of eligible cases that have completed treatment and were moved to recovery	63%	67%	52%	60%	100%	63%	50%	56%	40%	67%	67%	45%	62%		55%	>50%
	% of eligible cases that have shown reliable improvement	88%	100%	90%	80%	100%	89%	75%	92%	75%	92%	78%	75%	69%		74%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	57	131	281	153	73	124	146	135	223	179	123	133	61		106	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	ND	ND	ND	ND	ND	ND	ND	ND	71.4%	76%	86%	89%	85%		87%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	ND	ND	ND	ND	ND	ND	ND	ND	96.9%	86%	83%	74%	76%		78%	>85%
	Community Mental Health Team did not attend (DNA) rate	4.8%	6.3%	4.5%	3.6%	4.7%	3.6%	4.4%	5.5%	4.0%	3.7%	4.0%	3.2%	3.6%		4%	<10%
	Adult Acute Admissions per 100,000 population - Rolling 12 month	259	252	249	239	235	252	253	241	234	224	229	226	233		233	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	40%	46%	13%	39%	43%	36%	50%	64%	36%	50%	25%	31%	47%		34%	<37%
	Adult acute bed occupancy at midnight (including leave)	94%	98%	84%	97%	98%	93%	100%	92%	93%	91%	95%	88%	94%		93%	<88%
Inpatient Mental Health	% of Adult Acute discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	ND	ND	ND	ND	ND	ND	ND	ND	57%	55%	81%	56%	56%		66%	>58%
	Older Adult Admissions per 100,000 population - Rolling 12 month	430	439	413	412	411	399	373	357	376	380	369	379	363		363	<475
	Older adult acute bed occupancy (including leave)	87%	95%	97%	95%	93%	96%	100%	98%	91%	98%	99%	99%	99%		99%	<85%
	% of Older Adult discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	ND	ND	ND	ND	ND	ND	ND	ND	40%	100%	67%	0%	100%		60%	>20%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	3	2	1	13	13	12	20	19	16	14	15	14	13		14	<13

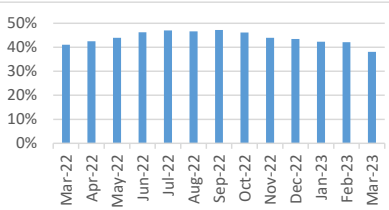
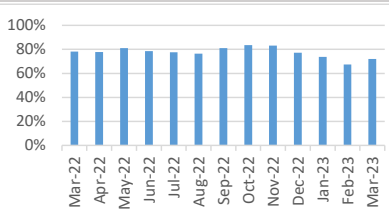
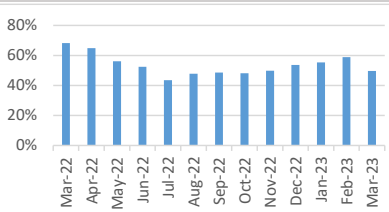
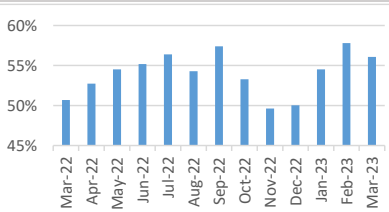
CATEGORY	INDICATOR	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
SOCIAL CARE																	
Learning Disability	Percentage of clients with a Physical Health check in the past year	45%	50%	55%	57%	62%	64%	65%	67%	69%	66%	69%	69%	69%		69%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	74%	50%	64%	80%	73%	90%	88%	93%	88%	90%	70%	83%	80%		79%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	100%	100%	71%	79%	57%	50%	78%	31%	57%	48%	36%	65%	72%		58%	>=80%

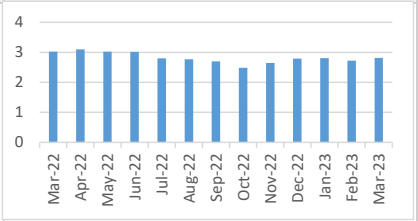
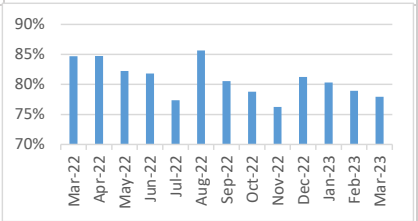
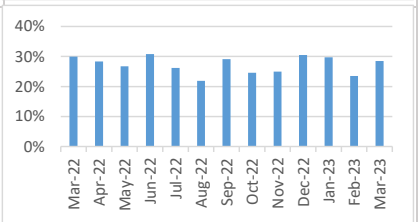
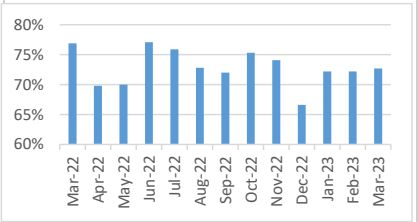
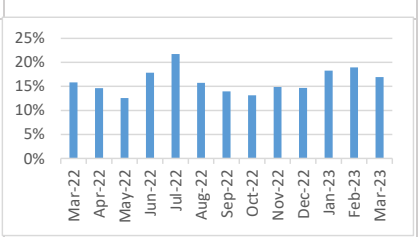
CATEGORY	INDICATOR	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
WOMEN'S AND CHILDREN'S SERVICES																	
Children	Was Not Brought Rate	10.3%	10.8%	10.5%	10.3%	11.8%	15.7%	11.1%	10.5%	11.3%	10.7%	9.6%	7.9%	8.3%		8.6%	<=10%
	Average length of stay on Robin Ward	1.74	1.87	1.09	1.74	1.13	1.01	1.07	1.62	2.21	1.85	1.35	1.56	2.93		2.0	<=1.65
	% deliveries home birth (Planned & Unscheduled)	5.9%	1.5%	7.6%	6.2%	5.1%	0.0%	7.1%	4.8%	14.3%	3.3%	8.0%	5.0%	11.9%		8.4%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	36.2%	39.7%	37.5%	40.6%	35.4%	38.0%	36.6%	38.1%	44.3%	27.0%	42.9%	50.0%	45.6%		45.9%	NA
	% Instrumental deliveries	20.6%	16.4%	10.1%	10.8%	8.9%	11.5%	12.9%	12.9%	4.3%	10.0%	9.3%	16.7%	7.5%		10.9%	NA
	% Emergency caesarean section births	18.8%	17.6%	26.3%	20.3%	26.6%	22.8%	16.9%	22.2%	28.6%	22.2%	27.3%	16.7%	20.6%		22.0%	NA
	% Elective caesarean section births	29.0%	25.0%	13.8%	18.8%	12.7%	21.5%	16.9%	17.5%	15.7%	23.8%	23.4%	16.7%	16.2%		19.0%	NA
	% of women that have an induced labour	27.9%	22.4%	30.4%	27.7%	26.6%	25.6%	31.4%	25.8%	20.0%	40.0%	14.7%	26.7%	20.9%		20.3%	=27.57%
Maternity	Number of stillbirths	0	0	0	0	0	1	0	1	0	0	0	0	0		0	0
	Rate of Vaginal Birth After Caesarean (VBAC)	0.0%	10.0%	22.2%	25.0%	0.0%	0.0%	12.5%	11.1%	0.0%	9.1%	5.0%	28.6%	14.3%		8.3%	>15%
	% primary postpartum haemorrhage >= 1500ml	8.8%	4.5%	6.3%	9.2%	3.8%	6.4%	7.1%	6.5%	2.9%	5.0%	5.3%	3.3%	4.5%		4.5%	<=6.75%
	% 3rd & 4th degree tears – normal birth	4.8%	3.7%	2.6%	0.0%	2.4%	2.9%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%		0.0%	<2.5%
	% of births less than 37 weeks	5.8%	2.9%	6.3%	10.1%	3.8%	3.8%	4.2%	7.9%	10.0%	12.7%	13.0%	10.0%	13.2%		12.2%	<=6.85%
	% deliveries requiring Jersey Neonatal Unit admission	11.6%	13.2%	11.3%	18.8%	6.3%	8.9%	11.3%	7.9%	10.0%	12.7%	11.7%	0.0%	0.0%		4.4%	<=5.05%
	% of babies that have APGAR score below 7 at 5mins	2.9%	0.0%	1.3%	1.5%	1.3%	3.9%	0.0%	0.0%	5.7%	1.7%	0.0%	0.0%	1.5%		0.5%	<=1.3%
	Average length of stay on maternity ward	2.15	2.46	2.18	2.25	2.02	2.17	2.30	2.15	2.44	2.20	1.84	2.07	2.21		2.02	<=2.28

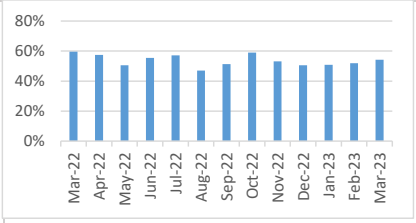
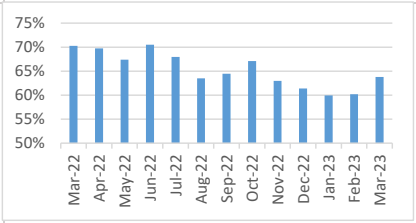
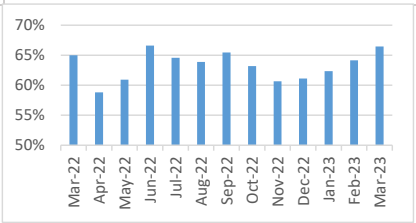
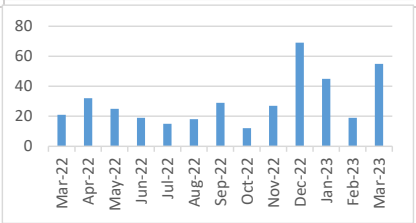
CATEGORY	INDICATOR		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TREND	YTD	STD
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	2	0	1	1	1	0	0	0	1	1	0	0	1		1	0
	E-Coli Bacteraemia	Hosp	0	1	0	1	1	1	0	0	1	0	0	0	0		0	0
	Klebsiella Bacteraemia	Hosp	0	0	0	0	2	0	0	1	0	0	0	1	1		2	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	1	0	0	0		0	0
	C-Diff Cases	Hosp	0	1	3	2	0	0	1	2	0	0	1	2	1		4	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		1.1	1.6	1.5	0.8	1.2	1.2	1.2	1.2	2.8	3.1	2.3	2.8	2.9		3	NA
	Number of falls per 1,000 bed days		4.4	4.1	6.4	4.3	6.3	6.7	4.3	4.5	6.0	8.8	5.9	6.4	6.2		6	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		0.5	0.2	0.5	0.2	0.2	0.5	0.0	0.2	1.5	0.8	1.2	0.9	1.0		1.1	<0.40
	Number of serious incidents		4	3	4	1	0	3	2	0	3	1	0	2	2		4	NA
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		2.64	1.78	3.55	2.32	3.56	2.73	3.40	3.00	2.50	1.79	2.33	2.44	1.46		2.06	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		1.76	1.24	2.71	1.66	2.54	1.54	2.89	2.00	1.50	1.30	1.71	1.69	1.13		1.5	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		0.70	0.36	0.51	0.33	0.51	1.02	0.34	0.67	1.00	0.49	0.62	0.75	0.32		0.56	<0.60
Feedback	Number of comments received		27	47	58	32	22	27	27	18	29	24	15	8	17		40	NA
	Number of compliments received		43	54	51	44	52	45	50	69	53	96	76	95	60		231	NA
	Number of complaints received		25	19	22	28	20	40	34	49	51	30	55	43	34		132	NA
	% of all complaints closed in the period which were responded to within the target		ND	ND	ND	ND	ND	ND	ND	ND	54%	21%	31%	19%	24%		24.6%	>40%

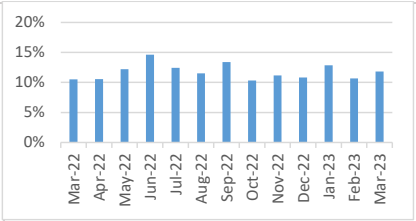
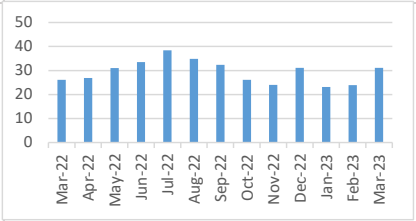
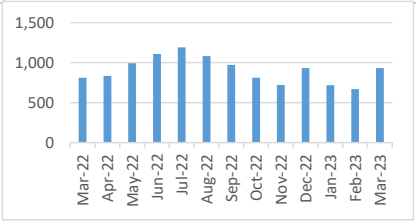
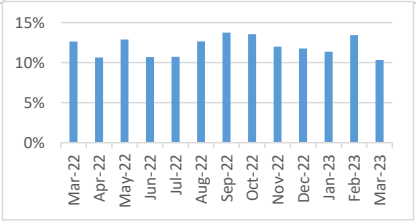
EXCEPTION REPORTS

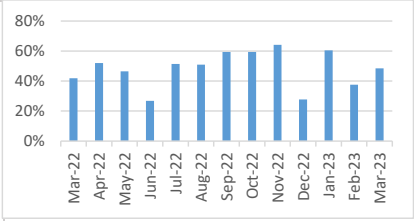
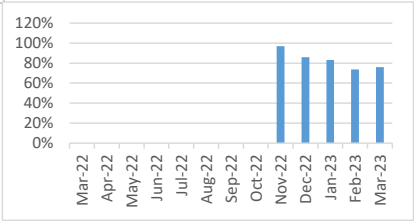
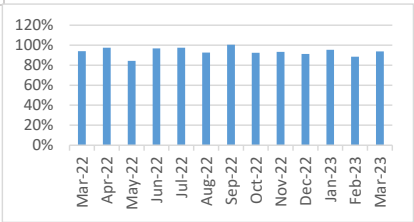
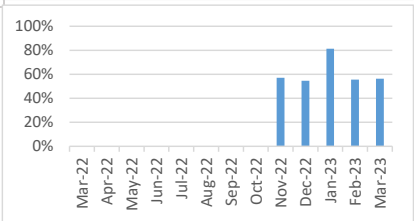
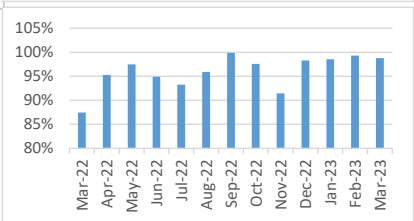
GENERAL AND ACUTE WAITING LISTS

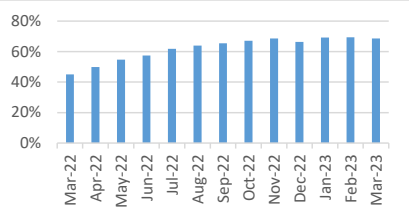
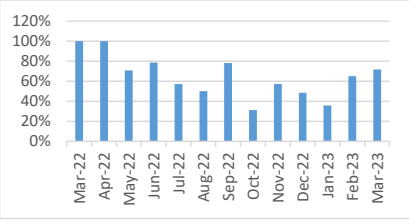
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting over 90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans. At the end of March, the percentage of patients waiting over 90 days for a first outpatient appointment in the acute hospital was 30.6% - amber- so no exception report is required. Waiting list recovery plans continue to focus on reducing waits to those waiting over 90 days and continuing the improvements delivered to date.	>35% Care Group General Managers
% patients waiting over 90 days for 1st OP appointment - Community		***Therapies*** : Increase in overall waiting list due to staffing issues, upload of overdue referrals and reduction of clinic utilisation in some areas. Ongoing work to reduce number of patients waiting over 90 days for first appointment. This is being addressed by training staff to provide additional capacity. ***Dental*** : PTL is decreasing weekly due to the commissioned dental scheme and has now decreased by over 600 patients in less than 6 months.	>35% Care Group General Managers
% patients waiting over 90 days for diagnostics		***Endoscopy Medicine*** – Over 90 days decreased by 28 patients in March due to additional Endoscopy Lists carried out by Locum Gastroenterologist. ***Endoscopy Surgical*** – Number of patients over 90 days has not reduced in March due to limited capacity. Endoscopy insourcing planning is underway expected to commence late Summer 2023 as a Waiting List initiative removing all patients over 90 days. ***DEXA Scanning*** – A small number of patients awaiting DEXA scanning remain in the over 90 days category, a number of these patients have repeatedly not attended their appointment and at consultant request are to be offered one further appointment.	>35% Care Group General Managers
% patients waiting over 90 days for elective admissions		There is a reduction in patients waiting over 90 days for surgical procedures from last month. Elective routine orthopaedic, ophthalmology and general surgery patients continue to wait longer due to the reduced number of surgical beds available to the surgical bed base, because of medically fit patients awaiting discharge. Waiting list recovery plans continue to focus on reducing waits to those waiting over 90 days which will reduce the percentage of patients in these specialties	>35% Care Group General Managers

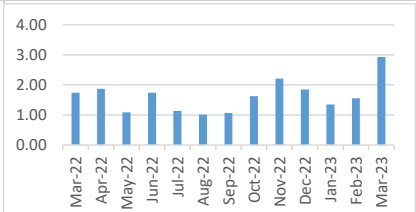
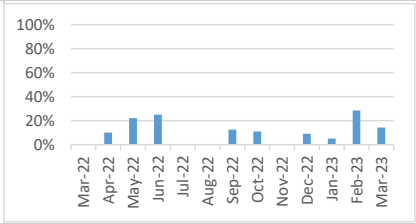
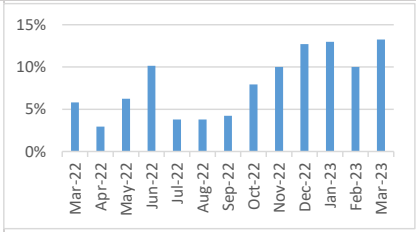
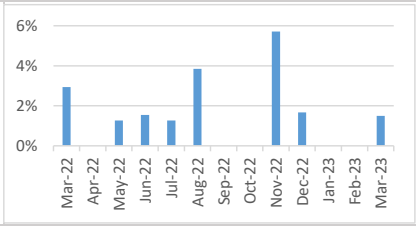
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		New to follow up ratio only looks at the amount of new appointments to follow up appointments, rather than following the patients journey. Those specialties with higher ratios (which affect the overall ratio) have many lifelong patients, who by virtue of the pathway are required to have continued or regular review. Monthly review of specialty new to follow-up ratios allows appropriate action to improve efficiencies.	> 2.0 Care Group General Managers
% of all elective admissions that were day cases		78% of all elective cases were day cases. We are working with all specialties to increase patient numbers through the Day Surgery Unit. We are benchmarking against best practice standards to inform improvement plans.	<80% Surgical Services Care Group General Manager
% of all elective admissions that were private		Elective surgical procedures for private patients across all specialties was 29% coming in under the agreed amount of 33%	<32% or >34% Surgical Services Care Group General Manager
Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)		Some data are not being matched to provide an accurate utilisation figure. There are on average 137 operations (2022) that are not linked to a session per month and as a result are not included in the theatre utilisation calculation. This is on average 4920 operating minutes per month that are not included in the calculation. This has been investigated and is unable to be changed until the new EPR system (Maxims) has been implemented, but will be addressed post this and improvements to theatre utilisation as part of the Financial Recovery Programme (FRP)	<85% Surgical Services Care Group General Manager
Turnaround time as % of total session time		Some data is not being matched to provide an accurate turnaround figure. Current information available does not separate different specialties which may need a longer turnaround time to support safe theatre practice. The new EPR system will allow better data capture so that turnaround can be better assessed and analysed at a specialty level to provide assurance of both safety, quality and productivity.	>=15% Surgical Services Care Group General Manager

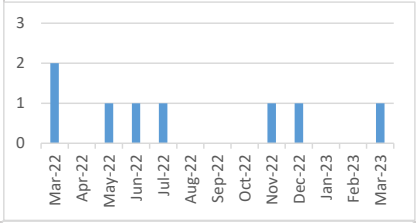
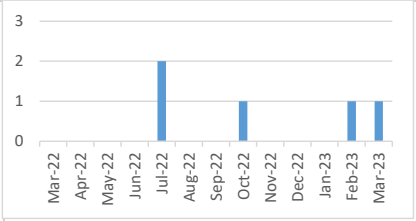
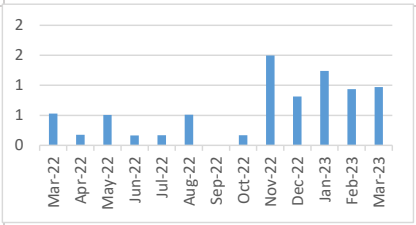
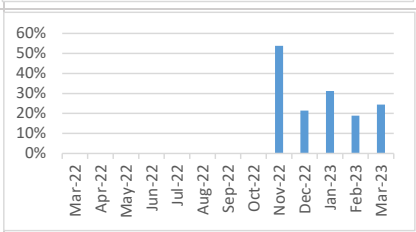
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% Triaged within Target - Minor		All metrics are being reviewed and will be discussed through ED governance forum and lead by the Clinical Lead. This metric is a new addition to the QPR based on best practice standards, however data collection process is being implemented to provide assurance that it is representative of the care provided.	90% Medical Services Care Group General Manager
% Triaged within Target - Major		All metrics are being reviewed and will be discussed through ED governance forum and lead by the Clinical Lead. This metric is a new addition to the QPR based on best practice standards, however data collection process is being implemented to provide assurance that it is representative of the care provided.	90% Medical Services Care Group General Manager
% Commenced Treatment within Target - Major		All metrics are being reviewed and will be discussed through ED governance forum and lead by the Clinical Lead. This metric is a new addition to the QPR based on best practice standards, however data collection process is being implemented to provide assurance that it is representative of the care provided.	90% Medical Services Care Group General Manager
Total patients in ED > 10 hours		Significant increase noted in relation to this. We saw a surge in admissions throughout March where the following elements contributed to this increase -Bed capacity/Patient flow -Appropriate delays for admission avoidance -Delay in specialty reviews. We will be continuing to monitor this position and how we can reduce the numbers down. These metrics will be shared at ED governance meetings in order to formalise and gain traction on actions required and is a feature of an operational flow improvement plan.	>0 Medical Services Care Group General Manager

% of Inpatients discharged between 8am and noon		The Operations Centre with the inpatient areas implemented the golden patient initiative in 2022 to improve the number of patients being discharged before midday. Though an improvement was noted towards the end of 2022 by teams actively using their day rooms to enable earlier discharges, this has not become custom and practice. Transport restrictions of 11:00 & 14:00 pick up also continues to hinder AM discharges. TTA been left in draft or not completed the day before also means patients leaving at 11:00 often get moved to 14:00. The above are features of the operational flow improvement plan.	15% Medical Services Care Group General Manager
Average daily number of patients Medically Fit For Discharge (MFFD)		We have seen an increase in admissions in March which has contributed to the increase in MFFD. Meetings have been set up by intermediate care to assess and monitor the discharge plans from a therapy and social perspective.	>30 Care Group General Managers
Total Bed Days Medically Fit For Discharge		We have seen an increase in admissions in March which has contributed to the increase in MFFD. Meetings have been set up by intermediate care to assess and monitor the discharge plans from a therapy and social perspective.	>910 Care Group General Managers
Rate of Emergency readmission within 30 days of a previous inpatient discharge		A drop has been noted in our readmission rate. A detailed review of this metric has been presented at the Quality & Risk Assurance meeting where benchmarking data was considered to provide assurance on this aspect of performance.	>10% Medical Services Care Group General Manager

MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients who started treatment in period who waited over 18 weeks		Whilst the Jersey Talking Therapies service continues to complete an initial assessment for nearly all people referred within 90 days (98.8% year to date), the waiting time for treatment to commence remains higher than we would like - with 48% of people having waited longer than 18 weeks in March (and 49% YTD). The service has recently recruited to two posts, and are introducing more therapy groups which we anticipate will have a positive impact on waiting times for treatment - although it should be noted that the service received an exceptionally high number of new referrals in March (134).	>5% Lead Allied Health Professional Mental Health
% of referrals to Mental Health Assessment Team assessed in period within 10 working days		This metric(which was introduced in November 2022 as part of the community service redesign) relates to all routine referrals into adult menal health services, with an aim of ensuring these are seen within 10 working days. The target is not yet being consistently met due to volume of referrals and a percentage of service users wishing to organise an appointment outside of these timescales (or not responding at all to appointments offered). This is reviewed in detail each month and we continue to make tweaks to operating arrangements in order to achieve this target.	<85% Mental Health Care Group Manager
Adult acute bed occupancy at midnight (including leave)		Occupancy within the working age adult inpatient mental health service (Orchard House) remains high, at 94% in March.	>88% Mental Health Inpatient Lead Nurse
% of Adult Acute discharges with a face to face contact from CMHT or Home Treatment Team within 3 days		This metric relates to face to face follow up contact within 72 hours for people who are discharged from inpatient mental health care, recognising that this is a potentially high risk period of transition. There have been a number of recording issues for this metric have been worked through with the teams. Members of the mental health leadership team review the detailed data for this metric each month, in order to establish when follow up has not been achieved and why, and to drive consistent achievement of this key measure.	<58% Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Occupancy within older adult mental health beds remains high at 99%. As with previous months, the wards continue to have a high level of delayed transfer for patients with dementia who require community based nursing or residential homes. The service continues to seek to address this in collaboration with partners.	>85% Mental Health Inpatient Lead Nurse

SOCIAL CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Percentage of clients with a Physical Health check in the past year		The number of planned health assessments completed continues to be impacted by staff deployment response to increases in acute needs for learning disability clients, and the diversity of the role of the community learning disability nurses. The service recognise however that performance against this indicator has remained relatively static, and are therefore exploring ways of increasing health checks to achieve the 80% target.	>=80% Social Care Care Group General Manager
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		This metric relates to the period between a support plan being agreed, and then the plan being implemented and reviewed within 6 weeks. There are a number of factors which may impact on this being achieved, including delay in the support plan being implemented (provider availability or change of plan) and the review being completed and signed off within the 6 week period. The leadership team are looking at this metric in more detail, in order to understand what is driving the current level of performance (and therefore which may need to change to improve this).	>=80% Social Care Care Group General Manager

WOMEN'S AND CHILDREN'S SERVICES			
Average length of stay on Robin Ward		No concerns regarding an increase in length of stay on Robin ward this is based on clinical need. The increase is due to a long-term admission.	>1.75 Lead Nurse for Children
Rate of Vaginal Birth After Caesarean (VBAC)		Next birth after LSCS is associated with maternal choice, all births after LSCS had complications that meant LSCS was the most appropriate delivery method.	< 25% Lead Midwife
% of births less than 37 weeks		There has been an increase in births before 37 weeks gestation. Some of these are spontaneous and unavoidable, some are clinically indicated, Twins, IUG. All preterm deliveries are as a result of a planned MDT approach and based on clinical need.	>10% Lead Midwife
% of babies that have APGAR score below 7 at 5mins		Overall Year To Date (YTD) standard is met. In March, a baby was born without a Health Care Professional (HCP) present (community delivery) so APGAR was not able to be recorded. Any circumstance of a baby born with APGAR below 7 at 5 minutes would be subject to datix reporting and subsequent review to ensure all learning is identified and embedded.	>0.6% Lead Midwife

QUALITY AND SAFETY			
MSSA Bacteraemia - Hosp		RCA being completed	0 Director of Infection Prevention and Control
Klebsiella Bacteraemia - Hosp		RCA being completed	0 Director of Infection Prevention and Control
Number of medication errors across HCS resulting in harm per 1000 bed days		Medication errors are reviewed monthly at Care Group Performance Reviews (CGPRs) to review as part of Safety Incident review to gain assurance to address any themes.	> 0.40 Medical Director
% of all complaints closed in the period which were responded to within the target		Continue to sit below the target of resolution of complaints within 5 working days. The target has been set by GOJ however would not be considered a suitable time frame for Healthcare complaints average length of time to resolve is around 24 days during Q1 of 2023. The development of a new HCS complaint handling policy will allow for the suitable resolution timeframe.	<40% Head of Patient Experience

CHANGES AND TECHNICAL NOTES

As part of our commitment to enhancing the quality of our services, we have developed new performance indicators to track our progress and provide greater transparency into our operations. These indicators enable us to better monitor our performance towards achieving our objectives and make informed decisions about the future of our services.

However, please note these indicators may be subject to change in future versions of this report as we strive to refine our approach and respond to the changing needs of the community. We remain dedicated to providing accurate and insightful performance data and therefore use the most accurate data available at the time of publication.

APPENDIX - DATA SOURCES

DEMAND		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Referrals	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period. This specifically excludes Mental Health specialties
General and Acute Outpatient Referrals - Under 18	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period for patients under 18 years of age (at time of referral). This specifically excludes Mental Health specialties
Referrals to Mental Health Crisis Team	Community services electronic client record system	Number of referrals into the Crisis Team Centre of Care in the reporting period
Referrals to Mental Health Assessment Team	Community services electronic client record system	Number of referrals into the Assessment Team Centre of Care in the reporting period
Referrals to Memory Service	Community services electronic client record system	Number of referrals into the Memory Assessment Service Centre of Care in the reporting period
Referrals to Jersey Talking Therapies	JTT & PATS electronic client record system	Number of referrals received by Jersey Talking Therapies in the reporting period
Additions to Inpatient Waiting List	Hospital Patient Administration System (TrakCare, Inpatient Listings Report WLT11A)	Number of new additions to the inpatient waiting list for all care groups

ACTIVITY		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Attendances	Hospital Patient Administration System (TrakCare, Inpatient Report BKG1A)	Number of General & Acute public outpatient appointments attended in the period
Elective Admissions	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Number of General & Acute public elective inpatient admissions in the period
Elective Day Cases	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Number of General & Acute Elective Day Case admissions in the period
Elective Regular Day Admissions	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Number of JGH/Overdale Elective Regular Day Admissions in the period. A regular day admission is a planned series of admissions for broadly similar ongoing treatment, for example, chemotherapy or renal dialysis.
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L, ED Report ED5A)	Number of Ward Attenders and non-elective AEC admissions in the period. Ward attenders includes visitors to a ward who received covid swabbing in the Emergency Department. E.g. Maternity birth partners
Emergency Department Attendances	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Number of attendances to Emergency Department in period
Emergency Admissions	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Number of emergency inpatient admissions to General & Acute Hospital in the period
Admissions to Adult Mental Health unit (Orchard House)	Hospital Inpatient Admissions Report	Number of admissions to Orchard House
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	Hospital Inpatient Admissions Report	Number of Older Adult inpatient admissions in the period
Maternity Deliveries	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Number of on-Island maternity deliveries in the period. Note that the birth of twins/triplets would count as one delivery

WAITING LISTS - ACTIVITY		
INDICATOR	SOURCE	DEFINITION
Outpatient 1st Appointment Waiting List	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Number of patients on the Outpatient first appointment waiting list at period end
Outpatient 1st Appointment Waiting List - Acute	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Number of patients waiting for a first Acute Outpatient appointment at period end
Outpatient 1st Appointment Waiting List - Community	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Number of patients waiting for a first Community Outpatient appointment at period end
Elective Waiting List	Hospital Patient Administration System (TrakCare, Inpatient Listings Report WLT11A)	Number of patients on the Inpatient elective waiting list at period end
Elective Waiting List - Under 18	Hospital Patient Administration System (TrakCare, Inpatient Listings Report WLT11A)	Number of patients under 18 years of age on the elective inpatient waiting list at period end
Diagnostics Waiting List	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B & Inpatient Listings Report WLT11A)	Number of patients waiting for a first Diagnostic appointment at period end
Jersey Talking Therapies Assessment Waiting List	JTT & PATS electronic client record system	Number of JTT cients which match the services eligibility criteria waiting for their first assessment at the end of reporting period

GENERAL AND ACUTE WAITING LISTS						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Care Group General Managers	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the outpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the outpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the outpatient waiting list at period end.
	% patients waiting over 90 days for 1st OP appointment - Acute	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Care Group General Managers	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Acute Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
	% patients waiting over 90 days for 1st OP appointment - Community	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B)	Care Group General Managers	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Community Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
Inpatients	% patients waiting over 90 days for diagnostics	Hospital Patient Administration System (TrakCare, Outpatient Waiting List Report WLS6B & Inpatient Listings Report WLT11A)	Care Group General Managers	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Diagnostic waiting list who have been waiting more than 90 days since referral at period end
Diagnostics	% patients waiting over 90 days for elective admissions	Hospital Patient Administration System (TrakCare, Inpatient Listings Report WLT11A)	Care Group General Managers	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the elective inpatient waiting list at period end.

PLANNED (ELECTIVE) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	New to follow-up ratio	Hospital Patient Administration System (TrakCare, Inpatient Report BKG1A)	Care Group General Managers	2.0	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments. This being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
	Outpatient Did Not Attend (DNA) Rate	Hospital Patient Administration System (TrakCare, Inpatient Report BKG1A)	Care Group General Managers	<8%	Standard set locally	Percentage of public General & Acute outpatient appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient appointments where the patient did not attend. Denominator: the number of attended and unattended appointments
Elective Inpatients	Acute elective Length of Stay (LOS)	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Surgical Services Care Group General Manager	<3	Standard set locally	Average (mean) Length of Stay (LOS) in days of all elective inpatients discharged in the period from a Jersey General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a patient with a 100 day LOS, discharged in January, will have all 100 days counted in January
	% of all elective admissions that were day cases	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Surgical Services Care Group General Manager	>80%	Standard set locally	Percentage of elective admissions for surgery that are managed as day cases (with same day discharge). Numerator: Number of elective surgical day case admissions both public and private. Denominator: Total surgical elective admissions
	% of all elective admissions that were private	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Surgical Services Care Group General Manager	>32% and <34%	Based on clinical job plans	Number of private elective admissions divided by the total number of elective admissions
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	Hospital Patient Administration System (TrakCare, Theatres Activity Report OPT7B)	Surgical Services Care Group General Manager	>85%	NHS Benchmarking- Getting It Right First Time 2024/25 Target	Sum of knife to skin time divided by the sum of theatre session duration (as a percentage). This is reported for all operations (Public and Private) to take account of mixed lists.
	Turnaround time as % of total session time	Hospital Patient Administration System (TrakCare, Theatres Activity Report OPT7B)	Surgical Services Care Group General Manager	<15%	Standard set locally	Numerator: Sum of the time duration between successive patients within a single theatre session Denominator: Total theatre session duration. This is reported for all operation lists containing multiple operations (Public and Private) to take account of mixed lists.

UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Emergency Department (ED)	Median Time from Arrival to Triage	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	<11	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and triage time
	% Triaged within Target - Minor	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	>=90%	Generated based on historic performance	Percentage of P4, P5 patients triaged within 15 mins
	% Triaged within Target - Major	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	>=90%	Generated based on historic performance	Percentage of P1, P2,P3 patients triaged within 15 mins
	Median Time from Arrival to commencing Treatment	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	<75	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and time patient was seen
	% Commenced Treatment within Target - Minor	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P4 120 mins, P5 240 mins
	% Commenced Treatment within Target - Major	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P1 1 min, P2 15 mins, P3 60 mins
	Median Total Stay in ED (mins)	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	<189	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival and discharge from ED
	Total patients in ED > 10 hours	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	<1	Standard set locally - zero tolerance to ensure all long stays in ED are investigated	Number of ED attendances in the period where total stay in department is greater than 10 hours
	ED conversion rate	Hospital Patient Administration System (TrakCare, ED Report ED5A)	Medical Services Care Group General Manager	<20%	Generated based on historic performance	Percentage of ED attendances that resulted in an inpatient admission. Numerator: Total ED attendances that resulted in an inpatient admission. Denominator: Total ED attendances.

Emergency Inpatients	Non-elective acute Length of Stay (LOS)	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Medical Services Care Group General Manager	<10	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January
	% Emergency admissions with 0 Length of Stay (Same day discharge)	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Medical Services Care Group General Manager	<17%	Generated based on historic performance	Percentage of emergency (non-elective) inpatient admissions that were discharged the same day. Numerator: Total ED attendances that were discharged the same day. Denominator: Total ED attendances.
	Acute bed occupancy at midnight (Elective & Non-Elective)	Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Medical Services Care Group General Manager	<85%	Generated based on historic performance	Percentage of beds occupied at the midnight census, JGH and Overdale. Numerator: Number of beds occupied by a patient at midnight in the period. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	% of Inpatients discharged between 8am and noon	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Medical Services Care Group General Manager	>=15%	Generated based on historic performance	% of Inpatients discharged from General & Acute wards between 8am and Noon. Excluding private patients, self discharges and deceased patients. Numerator: Patients discharged between 8am and 12 noon in period. Denominator: Total patients discharged in period
	Average daily number of patients Medically Fit For Discharge (MFFD)	Hospital Patient Administration System (TrakCare, Current Inpatient Report ATD49)	Care Group General Managers	<30	Generated based on historic performance	Average (mean) number of inpatients marked as Medically Fit each day at 8am, JGH/Overdale only
	Total Bed Days Medically Fit For Discharge	Hospital Patient Administration System (TrakCare, Current Inpatient Report ATD49)	Care Group General Managers	<910	Generated based on historic performance	Sum of bed days in period of patients marked as Medically Fit
	Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Patient Administration System (TrakCare, Current Inpatient Report ATD49)	Care Group General Managers	NA	Not Applicable	Sum of bed days in period of patients marked as Delayed Transfer Of Care (DTOC)
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Medical Services Care Group General Manager	<10%	Generated based on historic performance	Numerator: Emergency readmissions within 30 days of a previous qualifying discharge. Denominator: Total number of emergency admissions (excluding cancer, maternity and day units as per NHS definition: https://digital.nhs.uk/data-and-information/publications/statistical/ccg-outcomes-indicator-set/june-2020/domain-3-helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-ccg/3-2-emergency-readmissions-within-30-days-of-discharge-from-hospital)

MENTAL HEALTH						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Jersey Talking Therapies	% of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment
	% of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients waiting more than 18 weeks to commence treatment. Numerator: Number of JTT clients beginning treatment who waited longer than 18 weeks from referral date. Denominator: Total number of JTT clients beginning treatment in the period
	JTT Average waiting time to treatment (Days)	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<=177	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
	% of eligible cases that have completed treatment and were moved to recovery	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	>50%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that completed treatment and were moved to recovery (defined as a clinical case at the start of their treatment and are no longer defined as a clinical case at the end of their treatment), divided by the total number of JTT referrals which match the services eligibility criteria
	% of eligible cases that have shown reliable improvement	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	>75%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that showed reliable improvement (there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition), divided by the total number of JTT referrals which match the services eligibility criteria
Community Mental Health	Memory Service - Average Time to assessment (Days)	Community services electronic client record system	Lead Nurse - Mental Health	<138	Generated based on historic percentiles	Average (mean) days waiting from the date of referral to the assessment date for all those who have been referred and assessed under the Memory Assessment Service centre of care
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
	Community Mental Health Team did not attend (DNA) rate	Community services electronic client record system	Lead Nurse - Mental Health	<10%	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked

Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Mental Health Inpatient Lead Nurse	<255	NHS Benchmarking Network 2021/22 upper quartile. For green (<240) this reflects an improvement on GOJ 2021 performance.	Number of admissions to 'Orchard House' in the past 12 months from the reporting month for every 100,000 population
	Adult acute admissions under the Mental Health Law as a % of all admissions	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L) & Mental Health Articles Report	Mental Health Inpatient Lead Nurse	<37%	Jersey has a much lower rate than NHS Benchmarking Network. Standard is based on local historic benchmarking	Number of 'Orchard House' admissions under a formal Mental Health article, divided by total number of admissions to 'Orchard House'
	Adult acute bed occupancy at midnight (including leave)	Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Mental Health Inpatient Lead Nurse	<88%	Generated based on historic performance	Percentage of beds occupied at the midnight census, Orchard House. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	% of Adult Acute discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L) & Community services electronic client record system	Mental Health Inpatient Lead Nurse	>58%	Generated based on historic percentiles	Number of patients discharged from 'Orchard House' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours divided by the total number of discharges from 'Orchard House'
	Older Adult Admissions per 100,000 population - Rolling 12 month	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L)	Mental Health Inpatient Lead Nurse	<475	Jersey is an extreme outlier in the NHS Benchmarking Network. Standard set based on improving 2021 performance toward the NHS Benchmarking Network mean	Number of admissions to 'Older Adults' units, in the past 12 months from reporting month, for every 100,000 population
	Older adult acute bed occupancy (including leave)	Hospital Bed Utilisation Report	Mental Health Inpatient Lead Nurse	<85%		Percentage of beds occupied at the midnight census, Beech and Cedar Wards. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	% of Older Adult discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	Hospital Patient Administration System (TrakCare, Inpatient Report ATD5L) & Community services electronic client record system	Mental Health Inpatient Lead Nurse	>20%	Generated based on historic percentiles	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Patient Administration System (TrakCare, Current Inpatient Report ATD49)	Mental Health Inpatient Lead Nurse	<13	Generated based on historic percentiles	Average (mean) number of Mental Health inpatients marked as Medically Fit each day at 8am

SOCIAL CARE						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Learning Disability	Percentage of clients with a Physical Health check in the past year	Community services electronic client record system	Social Care Care Group General Manager	>80%	Generated based on historic performance	Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year. Numerator: Number of LD clients who have had a physical wellbeing assessment in the 12 months prior to period end. Denominator: Total number of clients with an open LD involvement within the period.
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	Social Care Care Group General Manager	>=80%	Generated based on historic performance	Number of FACE Support Plan and Budget Summary opened in the ASCT centre of care that are opened then closed within 3 weeks, divided by the total number of FACE Support Plan and Budget Summary opened in the ASCT centre of care more than 3 weeks ago
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	Community services electronic client record system	Social Care Care Group General Manager	>=80%	Generated based on historic performance	Percentage of Support Plan Reviews in the ASCT Centre of Care (only counting those that follow a FACE Support Plan) that were opened within 6 weeks of closing a FACE Support Plan in the ASCT Centre of Care

WOMENS AND CHILDRENS SERVICES						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Children	Was Not Brought Rate	Hospital Patient Administration System (TrakCare, Inpatient Report BKG1A)	General Manager Womens, Childrens & Family Care Group	<=10%	Standard set locally based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included.
	Average length of stay on Robin Ward	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Lead Nurse for Children	<=1.65	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay in days of all patients discharged in the period from Robin Ward, including leave days

Maternity	% deliveries home birth (Planned & Unscheduled)	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Percentage of deliveries home births (Planned & Unscheduled) out of the total number of deliveries in the period. Numerator: Number of deliveries recorded as being at "Home" (regardless of whether they were 'planned' or 'unplanned') in the period. Denominator: number of deliveries in the period.
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	Maternity Delivery Details Report	Lead Midwife	NA	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries didivded by total number of deliveries
	% Instrumental deliveries	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Instrumental deliveries divided by total number of deliveries
	% Emergency caesarean section births	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Emergency Caesarean sections, divided by total number of deliveries
	% Elective caesarean section births	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
	% of women that have an induced labour	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=27.57%	Standard set locally based on average (mean) of previous two years' data	Percentage of women that have an induced labour in the period. Numerator: Number of women that had an induced labour. Denominator: number of deliveries.
	Number of stillbirths	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	0.0%	Stanadard set locally based on historic performance	Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation)
	Rate of Vaginal Birth After Caesarean (VBAC)	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	>15%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, standard set to match the NHS National value of 15%.	Number of Vaginal Births after Caesarean (VBAC) divided by the total number of Births after Caesarean

	% primary postpartum haemorrhage >= 1500ml		Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=6.75%	NHS National Value is 3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that resulted in a blood loss of over 1500ml out of the total number of deliveries in the period. Numerator: Number of deliveries that resulted in a blood loss of over 1500ml. Denominator: number of deliveries
	% 3rd & 4th degree tears – normal birth		Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<2.5%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, we have set the standard to match the NHS National value of 2.5%.	Number of women who had a vaginal birth (not instrumental) and sustained a 3rd or 4th degree perineal tear as percentage of all normal births
	% of births less than 37 weeks		Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=6.85%	NHS National Value is 6.3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Number of live babies who were born before 37 weeks (less than or equal to 36 weeks + 6 days gestation) divided by total number of live births
	% deliveries requiring Jersey Neonatal Unit admission		Hospital Patient Administration System (TrakCare, Inpatient Reports ATD5L & ATD5PA, Maternity Deliveries Report MAT23A)	Lead Midwife	<=5.05%	Standard set locally based on average (mean) of previous two years' data	Number of deliveries requiring admission to the Jersey Neonatal Unit, divided by total number of deliveries
	% of babies that have APGAR score below 7 at 5mins		Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=1.3%	NHS National Value is 1.2%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
	Average length of stay on maternity ward		Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Lead Midwife	<=2.28	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay for all patients discharged in the period from the Maternity Ward
QUALITY AND SAFETY							
	INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Infection Control	MRSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
	MSSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Methicillin-Susceptible Staphylococcus Aureus (MSSA) cases in the hospital in the period, reported by the IPAC team
	E-Coli Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
	Klebsiella Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Klebsiella bacteraemia cases in the hospital in the period, reported by the IPAC team
	Pseudomonas Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Pseudomonas bacteraemia cases in the hospital in the period, reported by the IPAC team
	C-Diff Cases - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	1	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team

Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		HCS Incident Reporting System (Datix) & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Associate Chief Nurse	NA	No Standard Set	Number of inpatient falls with harm recorded where approval status is not "Rejected" per 1000 occupied bed days
	Number of falls per 1,000 bed days		Datix Safety Events & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)s	Associate Chief Nurse	<6	Standard based on historic performance	Rate of recorded inpatient falls per 1000 bed days. Numerator: Number of inpatient falls recorded in the period where the approval status is not "Rejected". Denominator: Number of occupied bed days in the period in General Hospital, Overdale and Acute Mental Health wards
	Number of medication errors across HCS resulting in harm per 1000 bed days		HCS Incident Reporting System (Datix) & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Medical Director	<0.40	Standard set locally based on improvement compared to historic performance	Number of medication errors across HCS (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this
	Number of serious incidents		HCS Incident Reporting System (Datix)	Associate Chief Nurse	NA	Standard removed 2022-09-28 per Q&R Committee instruction	Number of safety events recorded in Datix in the period where the event is marked as a 'Serious Incident'
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		HCS Incident Reporting System (Datix) & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Associate Chief Nurse	<2.87	Standard set locally based on improvement compared to historic performance	Number of inpatient pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days	Hosp	HCS Incident Reporting System (Datix) & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Associate Chief Nurse	<1.96	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 2 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		HCS Incident Reporting System (Datix) & Hospital Patient Administration System (TrakCare, Ward Utilisation Report ATD3Z)	Associate Chief Nurse	<0.60	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
Feedback	Number of complaints received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"
	Number of compliments received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
	Number of comments received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of comments received in the period where approval status is not "Rejected"
	% of all complaints closed in the period which were responded to within the target		HCS Feedback Management System (Datix)	Head of Patient Experience	>40%	Response time standards are those in GoJ Feedback Policy which does not set achievement targets, so target set locally	Percentage of all complaints closed in the period responded to within the target time as set by GoJ Feedback Policy. Numerator: Number of all closed complaints in the period, responded to within the target. Denominator: Number of complaints closed in the period.