Health and Community Services

Quality and Performance Report August 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:

Interim 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

The new Electronic Patient Record (EPR) was successfully implemented in the last weekend of May but this has contributed to growth in the PTL for the following of reasons:

- Planned reduction in activity in the weeks immediately following implementation
- Embedding of new processes, specifically the interaction between A&E and follow-up activity in scheduled care, the requirement for clinicians to input into the EPR at point of care and the TCI process in theatres.
- Significant changes to the structure of reporting and the organisation of data, particularly in relation to the PTL, e.g. HCS no longer has the ability to suspend patients awaiting elective operations for social reasons, consequently these patients are now reported in the overall waiting list volume until a technical solution is realised.

Despite this the community dental commissioning scheme continues to deliver, the total waiting list volume has decreased by 58% since the pilot phase in October 2022. The additional waiting list funding has formalised into a programme of work that has commenced across several services. The endoscopy insourcing project is due to start on the 07th October, which will complete an additional 1664 JAG (Joint Advisory Group -GI Endoscopy) points of activity (approx. 800 patients) for 16 weekends. Additional lists have been completed in Ophthalmology, Echocardiography and Upper GI Surgery during August and several initiatives are in the planning and procurement phase.

Specialty outliers including Ophthalmology, Dermatology and Clinical Genetics have recovery plans in place that include additional sessions, pathway development and insourcing/outsourcing of clinical activity.
The Inpatient PTL remains static despite the decrease in clinical activity post EPR go live. The EPR is a Commissioning Data Set compliant system which offers granularity to datasets which were previously not available in the old system. This is supporting the scheduling and booking processes within TCI by predicting operation length per surgeon so that utilisation of lists is based upon actual performance and not opinion. Both theatre recruitment and inpatient bed capacity remain as limiting factors to increasing the rate of improvement delivery in inpatient elective care and remains a focus of both the waiting list and financial recovery programmes.

Emergency care: Overall, growth is noted in emergency attendances and admissions, however an improvement has been noted in the ED conversation rate with the quality indicator now being met. A continued increased in the number of patients delayed in hospital has been noted which has compounded Emergency Department patients with a stay greater than 10hours which has increased from 36 in July to 76 in August. To support redirection of emergency activity and following recommendations from the Royal College of Physicians and other visiting experts an expansion of SDEC (Same Day Emergency Care) is being explored. Winter plans are in development to support operational flow and delivery this includes implementation of the Red2Green initiative which will provide a greater understanding of internal and external delays within care pathways, implementation of a surgical hot clinic to facilitate re-direction of emergency activity and revitalisation of the golden patient initiative to increase the number of discharges which take place before midday.

Mental Health and Social Care Performance

Despite a significant increase in referrals to the mental health service (313 in August); Despite this, the service saw 84% of referrals within the target 7 days, and 90% of crisis referrals within the 4 hour target.

The waiting list for Jersey Talking Therapies has continued to significantly reduce (from 168 in April to 71 in August) although the percentage of clients who waited for more than 90 days for assessment has risen slightly above the <5% target in month (5.6%). The percentage waiting over 18 weeks for treatment has dropped to 34%. Waiting times for psychological / talking therapies and diagnostic assessment services remains a key challenge for the service, as a result of increased demand and limited staffing capacity.

Social care have seen a slight drop in service users with a completed physical health assessment, but have sustained improvement in the percentage of social care assessments completed and authorised within three weeks.

Quality and Safety

It is positive to note Hospital acquired pressure damage has decreased from 1.78 to 1.3 per 1000 bed days this is due to the continued work of the Tissue Viability team delivering training and education to staff and patients. There has been a decrease on the number of open complaints since the last report despite a slight increase in the number of complaints received a theme related to appointments information which has now been resolved. Quality indicators within infection control demonstrate no recorded hospital acquired infection for the month.

Regrettably August has seen a further increase in safety incidents relating to falls from 7 to 8.9 per 1000 bed days which remains above the national average of 6.63 per 1000 bed days. The level of harm has increased from 2.8 in July to 4.4 per 1000 bed days in August. The majority of patient sustained no or low harm with one patient reported as moderate harm. There is no one ward or clinical area experiencing recurrent falls. The rate of falls in hospital will be impacted by the number of delayed transfer of care patients. A new falls care bundle is being launched in addition to further training and education, investigation following a fall are now taking place in a timely fashion which allows organisational learning to take effect swiftly.

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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	3597	3440	3586	4104	3332	3837	3622	4812	3731	3802	4575	4267	4184		32830	-2%	16%
General and Acute Outpatient Referrals - Under 18	335	301	302	365	411	348	432	414	308	309	433	388	319		2951	-18%	-5%
Additions to Inpatient Waiting List	498	434	535	581	451	455	495	571	468	432	347	377	375		3520	-1%	-25%
Referrals to Mental Health Crisis Team	ND	ND	ND	52	91	87	83	90	91	93	113	104	104		765	0%	NA
Referrals to Mental Health Assessment Team	ND	ND	ND	139	201	237	215	271	187	229	249	232	313		1933	35%	NA
Referrals to Memory Service	31	33	21	33	30	57	43	56	43	29	27	27	18		300	-33%	-42%
Referrals to Jersey Talking Therapies	91	99	111	113	74	104	98	135	109	94	105	90	109		844	21%	20%

ACTIVITY

Measure	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	18087	17344	19057	21502	16596	19916	19315	21533	16712	17422	16872	15572	16045		145923	3%	-11%
Elective Admissions	209	221	240	230	163	213	233	335	315	267	179	166	146		1854	-12%	-30%
Elective Day Cases	601	592	685	700	532	629	615	701	428	583	549	514	545		4564	6%	-9%
Elective Regular Day Admissions	961	919	908	923	903	952	884	1064	932	1085	1058	1017	1032		8024	1%	7%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	291	292	274	277	268	316	240	245	180	162	160	150	147		1600	-2%	-49%
Emergency Department Attendances	3882	3515	3479	3394	3325	3270	2982	3501	3345	3547	3762	3671	3713		27791	1%	-4%
Emergency Admissions	566	529	583	588	571	579	502	571	555	627	591	553	544		4522	-2%	-4%
Admissions to Adult Mental Health unit (Orchard House)	22	16	14	11	8	16	13	15	10	9	12	15	14		104	-7%	-36%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	0	0	0	0	1	0	1	0	0	0	0	2	2		5	0%	NA
Maternity Deliveries	79	71	63	70	63	77	60	68	59	70	54	76	71		535	-7%	-10%

WAITING LISTS

Measure	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9775	9815	9394	9049	9245	9036	8571	9044	9296	9814	10917	12668	13239		13239	5%	35%
Outpatient 1st Appointment Waiting List - Acute	7625	7652	7265	7069	7247	7232	6807	7413	7860	8399	9875	11388	11944		11944	5%	57%
Outpatient 1st Appointment Waiting List - Community	2150	2163	2129	1980	1998	1804	1764	1631	1436	1415	1042	1280	1295		1295	1%	-40%
Diagnostics Waiting List	1093	1055	1022	1027	992	955	908	1030	1025	1027	971	2400	2489		2489	4%	128%
Elective Waiting List	2220	2230	2157	2186	2293	2409	2424	2385	2434	2375	2699	2730	2651		2651	-3%	19%
Elective Waiting List - Under 18	103	110	100	84	87	90	106	101	91	93	100	86	71		71	-17%	-31%
Jersey Talking Therapies Assessment Waiting List	99	133	143	149	145	138	117	160	168	148	134	97	71		71	-27%	-28%

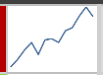
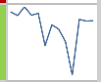
QUALITY AND PERFORMANCE SCORECARD

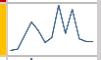
The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation's objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance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

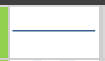
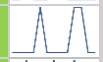
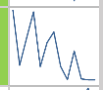
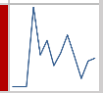
CATEGORY	INDICATOR	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	46.7%	47.2%	46.2%	44.0%	43.5%	42.3%	42.1%	38.1%	38.1%	40.5%	40.2%	41.8%	42.7%		42.7%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	38.3%	37.6%	35.2%	33.0%	34.2%	34.5%	35.6%	30.6%	32.2%	35.0%	35.8%	39.4%	41.1%		41.1%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	76.3%	81.0%	83.6%	83.1%	77.2%	73.7%	67.3%	71.9%	70.0%	73.4%	81.7%	63.0%	57.8%		57.8%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	47.8%	48.6%	48.1%	49.8%	53.6%	55.4%	58.8%	49.6%	49.2%	50.6%	69.8%	70.8%	70.2%		70.2%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	54.3%	57.4%	53.3%	49.6%	50.0%	54.5%	57.8%	56.1%	55.1%	55.7%	58.1%	56.4%	58.1%		58.1%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	2.8	2.7	2.6	2.7	2.8	2.8	2.8	2.9	2.8	2.9	2.9	2.9	2.7		2.9	2.0
	Outpatient Did Not Attend (DNA) Rate	7.8%	8.2%	7.6%	8.2%	7.8%	7.5%	6.8%	6.9%	7.0%	7.3%	11.7%	12.6%	12.3%		8.7%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	2.2	1.9	2.5	2.6	2.3	1.8	1.7	2.1	2.3	2.2	2.5	3.1	3.6		2.4	<3
	% of all elective admissions that were day cases	86%	81%	79%	76%	81%	80%	79%	78%	75%	76%	78%	76%	82%		78.1%	>80%
	% of all elective admissions that were private	22%	29%	25%	25%	30%	30%	24%	29%	28%	30%	32%	28%	24%		28.1%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	72.8%	72.0%	75.3%	74.1%	66.6%	72.2%	72.2%	72.7%	77.9%	68.2%	49.3%	50.5%	49.5%		62.3%	>85%
	Turnaround time as % of total session time	15.7%	14.0%	13.1%	14.9%	14.7%	18.3%	19.0%	16.9%	14.7%	13.9%	11.0%	13.0%	12.4%		14.7%	<15%

UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	11	11	9	10	10	11	11	10	12	14	26	17	16		15	<11
	% Triaged within Target - Minor	47%	51%	59%	53%	51%	51%	52%	54%	49%	43%	26%	43%	46%		45%	>=90%
	% Triaged within Target - Major	64%	64%	67%	63%	61%	60%	60%	64%	58%	56%	31%	42%	44%		52%	>=90%
	Median Time from Arrival to commencing Treatment	43	44	43	39	40	38	41	38	44	41	60	40	37		42	<75
	% Commenced Treatment within Target - Minor	80%	84%	83%	86%	84%	83%	86%	85%	82%	84%	78%	89%	89%		85%	>=70%
	% Commenced Treatment within Target - Major	64%	65%	63%	61%	61%	62%	64%	66%	63%	66%	53%	71%	70%		64%	>=70%
	Median Total Stay in ED (mins)	141	142	153	148	160	158	148	149	160	156	173	149	146		155	<189
	Total patients in ED > 10 hours	18	29	12	27	69	45	19	55	39	54	58	36	76		382	<1
	ED conversion rate	14%	15%	16%	17%	17%	17%	16%	16%	16%	16%	15%	14%	14%		15%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	7.6	7.3	6.0	6.1	7.4	7.1	7.0	7.1	6.6	6.5	6.1	6.8	7.3		6.8	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	10%	9%	11%	8%	7%	7%	9%	8%	8%	11%	14%	12%	15%		11%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	83%	87%	87%	91%	85%	89%	82%	85%	85%	81%	76%	77%	75%		81%	<85%
	% of Inpatients discharged between 8am and noon	12%	13%	10%	11%	11%	13%	11%	12%	11%	13%	13%	11%	13%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	34.9	32.4	26.2	24.0	31.1	23.2	23.9	31.1	24.2	36.2	ND	ND	ND		27.7	<30
	Total Bed Days Medically Fit For Discharge	1081	972	811	721	932	718	669	932	702	1100	ND	ND	ND		4121	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	691	582	578	466	622	442	511	628	467	554	ND	ND	ND		2602	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	14%	17%	15%	15%	13%	15%	15%	11%	14%	16%	18%	19%	18%		16%	<10%

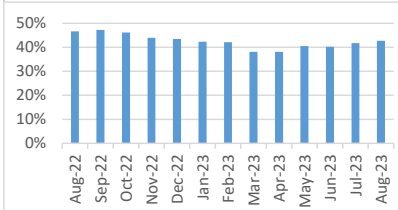
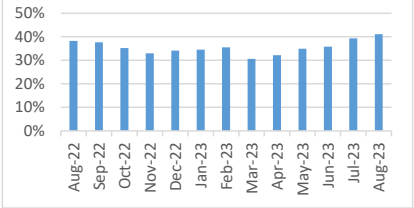
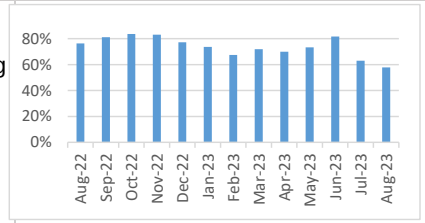
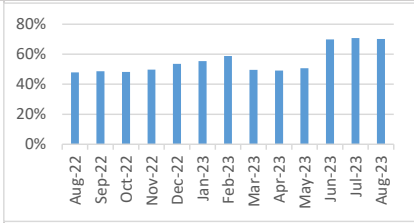
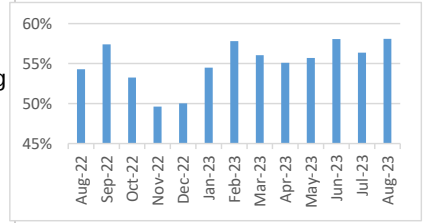
MENTAL HEALTH																
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	0.0%	0.0%	0.7%	1.3%	0.0%	2.2%	1.7%	0.0%	2.4%	4.1%	3.7%	4.1%	5.6%		3%	<5%
	% of clients who started treatment in period who waited over 18 weeks	51%	59%	59%	64%	28%	61%	38%	47%	20%	36%	35%	58%	34%		44%	<5%
	JTT Average waiting time to treatment (Days)	139	156	196	170	102	165	130	141	96	131	154	162	130		139	<=177
	% of eligible cases that have completed treatment and were moved to recovery	63%	50%	56%	42%	62%	67%	44%	57%	64%	54%	91%	63%	40%		59%	>50%
	% of eligible cases that have shown reliable improvement	89%	75%	92%	71%	85%	78%	76%	64%	68%	77%	91%	79%	60%		75%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	214	168	180	153	152	126	137	110	126	159	177	182	188		151	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	ND	ND	ND	70.0%	77.1%	84.4%	93.0%	85.2%	87.3%	87%	98%	84%	90%		89%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	ND	ND	ND	96.8%	88.4%	83.9%	77.0%	80.9%	89.5%	86%	83%	76%	84%		82%	>85%
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	ND	ND	ND	57%	55%	100%	67%	56%	100%	92%	89%	84%	94%		82%	>80%
	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	ND	ND	ND	60%	50%	67%	0%	100%	80%	83%	100%	0%	100%		78%	>20%
	Community Mental Health Team did not attend (DNA) rate	3.6%	4.4%	5.5%	4.0%	3.6%	4.0%	3.2%	3.8%	4.2%	4.4%	4.2%	3.5%	3.0%		4%	<10%
Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	252	253	241	234	224	229	226	233	229	221	219	220	209		209	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	36%	50%	64%	36%	50%	25%	31%	47%	40%	11%	50%	47%	36%		37%	<37%
	Adult acute bed occupancy at midnight (including leave)	93%	100%	92%	93%	91%	95%	88%	94%	99%	93%	89%	84%	89%		91%	<88%
	Older Adult Admissions per 100,000 population - Rolling 12 month	399	373	357	376	380	369	379	363	342	362	361	384	353		353	<475
	Older adult acute bed occupancy (including leave)	96%	100%	98%	91%	98%	99%	99%	99%	96%	89%	86%	93%	93%		94%	<85%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	12.4	19.8	19.4	16.2	14.2	15.4	13.6	12.8	12.9	14.8	ND	ND	ND		1389%	<13

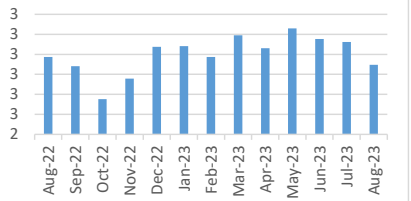
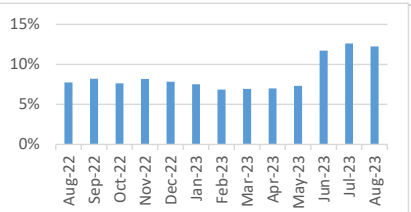
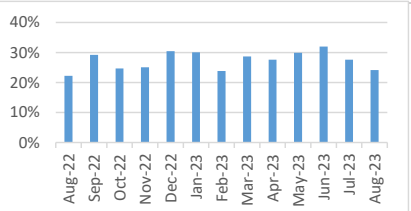
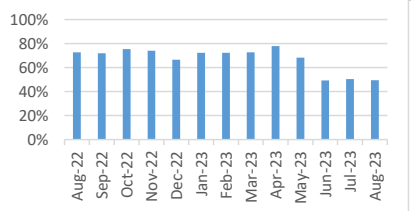
SOCIAL CARE																
Learning Disability	Percentage of clients with a Physical Health check in the past year	64%	65%	67%	69%	66%	69%	69%	69%	71%	72%	74%	76%	74%		72%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	90%	88%	93%	88%	90%	70%	83%	80%	73%	53%	86%	85%	85%		77%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	50%	75%	31%	62%	48%	38%	67%	70%	49%	45%	55%	64%	63%		57%	>=80%

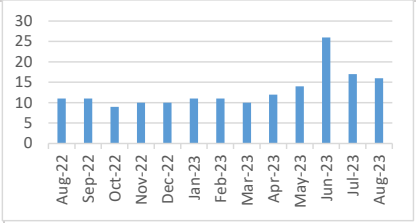
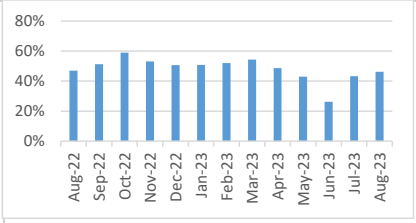
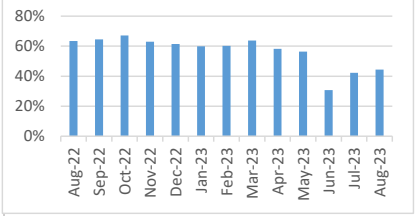
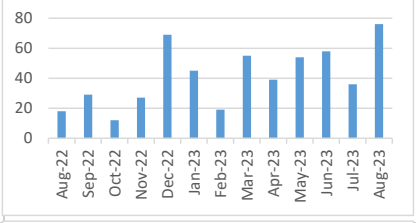
WOMEN'S AND CHILDREN'S SERVICES																
Children	Was Not Brought Rate	15.9%	11.2%	10.5%	11.6%	10.9%	9.5%	8.1%	8.5%	10.6%	11.0%	19.9%	19.8%	20.2%		13.4%	<=10%
	Average length of stay on Robin Ward	1.01	1.07	1.62	2.21	1.85	1.35	1.56	2.93	1.73	2.74	1.50	1.38	1.39		1.9	<=1.65
Maternity	% deliveries home birth (Planned & Unscheduled)	0.0%	7.0%	4.8%	14.3%	3.2%	7.8%	5.0%	11.8%	8.5%	4.3%	7.4%	2.6%	5.6%		6.5%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	38.5%	37.1%	38.7%	44.3%	28.3%	44.0%	50.0%	46.3%	33.9%	23.9%	39.6%	37.7%	32.4%		38.4%	NA
	% Instrumental deliveries	11.4%	12.7%	12.7%	4.3%	9.5%	9.1%	16.7%	7.4%	15.3%	11.4%	11.1%	7.9%	16.9%		11.8%	NA
	% Emergency caesarean section births	23.1%	17.1%	17.7%	15.7%	25.0%	25.3%	16.7%	16.4%	20.3%	31.3%	9.4%	34.8%	22.5%		22.6%	NA
	% Elective caesarean section births	23.1%	18.6%	24.2%	28.6%	26.7%	29.3%	16.7%	22.4%	23.7%	26.9%	26.4%	21.7%	22.5%		23.8%	NA
	% of women that have an induced labour	25.3%	31.0%	25.4%	20.0%	38.1%	14.3%	26.7%	20.6%	23.7%	34.3%	22.2%	21.1%	28.2%		23.7%	=27.57%
	Number of stillbirths	1	0	1	0	0	0	0	0	0	0	0	0	0		0	0
	Rate of Vaginal Birth After Caesarean (VBAC)	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	28.6%	66.7%		18.5%	>15%
	% primary postpartum haemorrhage >= 1500ml	6.3%	7.0%	6.3%	2.9%	4.8%	5.2%	3.3%	4.4%	5.1%	12.9%	3.7%	1.3%	2.8%		4.9%	<=6.75%
	% 3rd & 4th degree tears – normal birth	2.9%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%		0.4%	<2.5%
	% of births less than 37 weeks	3.8%	4.2%	7.9%	10.0%	12.7%	13.0%	10.0%	13.2%	3.4%	10.0%	0.0%	5.3%	2.8%		7.5%	<=6.85%
	% births requiring Jersey Neonatal Unit admission	6.3%	9.7%	6.3%	8.6%	11.1%	13.0%	10.0%	16.2%	5.0%	9.5%	1.9%	12.2%	7.0%		9.7%	<=5.05%
	% of babies that have APGAR score below 7 at 5 mins	3.9%	0.0%	0.0%	5.7%	1.7%	0.0%	0.0%	1.5%	1.7%	4.5%	0.0%	2.9%	0.0%		1.3%	<=1.3%
	Average length of stay on maternity ward	2.17	2.30	2.15	2.44	2.20	1.86	2.07	2.21	2.15	2.33	1.43	1.74	1.45		1.88	<=2.28

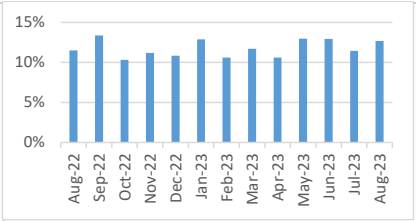
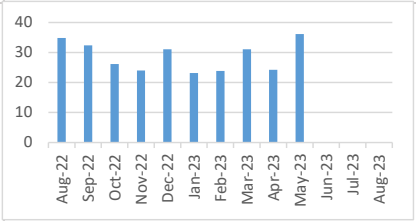
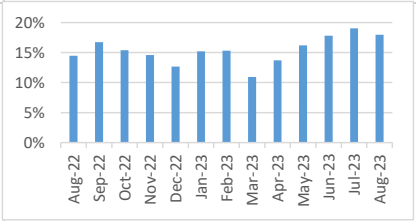
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	0	0	0	1	1	0	0	1	1	1	0	0	0		3	0
	E-Coli Bacteraemia	Hosp	1	0	0	1	0	0	0	0	1	1	0	1	0		3	0
	Klebsiella Bacteraemia	Hosp	0	0	1	0	0	0	1	1	0	0	0	0	0		2	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	1	0	0	0	0	1	1	0	0		2	0
	C-Diff Cases	Hosp	0	1	2	0	0	1	2	1	1	2	1	1	0		9	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		1.2	1.2	1.2	2.8	2.8	2.3	2.4	2.9	2.8	4.1	3.9	2.8	4.4		3	NA
	Number of falls per 1,000 bed days		6.7	4.3	4.5	5.5	7.6	5.9	6.0	6.2	5.6	6.9	8.0	7.0	8.9		7	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		0.5	0.0	0.2	1.5	0.8	1.2	0.9	1.0	0.5	0.7	0.7	0.5	1.3		0.9	<0.40
	Number of serious incidents		3	2	1	2	1	0	2	3	4	2	7	4	1		23	NA
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		ND	ND	ND	ND	ND	ND	ND	ND	ND	16%	7%	6%	15%		10%	>95%
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		2.73	3.40	3.00	2.50	1.62	2.33	2.44	1.46	1.82	1.55	2.74	1.78	1.30		1.92	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		1.54	2.89	2.00	1.50	1.30	1.71	1.69	1.13	1.66	0.86	2.23	1.29	1.14		1.5	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		1.02	0.34	0.67	1.00	0.32	0.62	0.75	0.32	0.17	0.52	0.17	0.16	0.16		0.35	<0.60
Feedback	Number of comments received		27	27	18	29	25	15	8	17	12	27	26	35	21		161	NA
	Number of compliments received		45	50	69	53	96	76	95	60	69	56	62	82	43		543	NA
	Number of complaints received		40	34	47	53	29	55	43	34	35	24	42	36	43		312	NA
	% of all complaints closed in the period which were responded to within the target		ND	ND	ND	54%	21%	31%	14%	23%	35%	21%	6%	17%	19%		19.8%	>40%

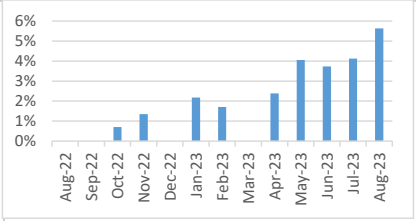
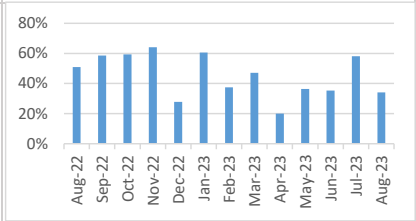
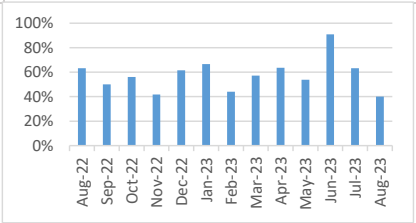
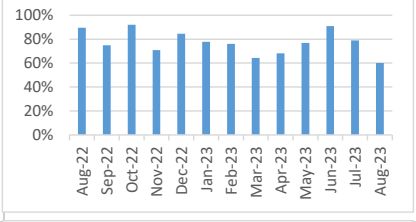
EXCEPTION REPORTS

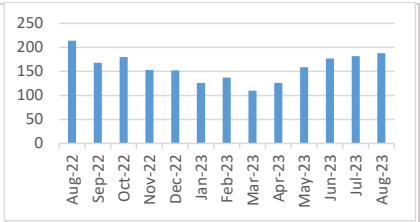
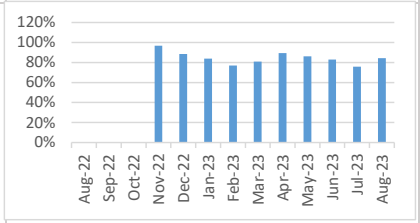
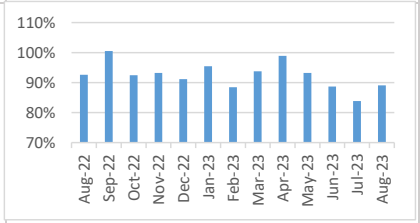
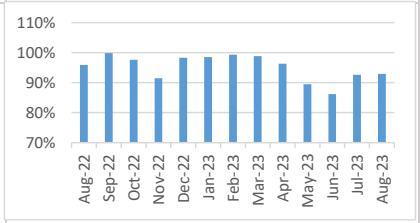
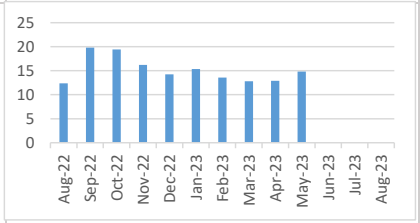
GENERAL AND ACUTE WAITING LISTS			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% patients waiting over 90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans.	>35% Head of Access
% patients waiting over 90 days for 1st OP appointment - Acute		HCS has two significant outliers in relation to the % of patients waiting over 90 days for a first outpatient appointment: Ophthalmology and Clinical Genetics. Both have recovery plans funded which are in the planning phase as of August 2023 post market engagement. Mobilisation is expected in the final quarter of 2023. HCS remains committed to timely access for all patients, and post implementation of the EPR is focusing on booking patients by clinical priority and then chronologically.	>35% Head of Access
% patients waiting over 90 days for 1st OP appointment - Community		The commissioned dental scheme continues to deliver a reduction in the total and % of patients waiting over 90 days. An additional 200 patients were pulled into the scheme and HCS awaits the outcomes from the private providers. The majority of patients waiting over 90 days either did not attend appointments in the community or opted out of the scheme. The HCS dental department is focusing on seeing these patients with their capacity to see 15 new patients each week. The scheme runs until the end of 2023. Staffing within the physiotherapy department is improving and waiting times are improving in line with this.	>35% Head of Access
% patients waiting over 90 days for diagnostics		The step change between May and June of 2023 is a migration issue within Maxims that is being addressed with the EPR team. Surveillance patients who need a repeat diagnostic as specified (in 1,3,5,10 years time) have merged onto this list which is impacting the metric. The main challenge continues to be endoscopy. The endoscopy insourcing project is on schedule to commence scoping on the 7th October 2023 at weekends. Pre-assessment commenced in August 2023. It is anticipated that this metric will begin to improve by the end of October 2023.	>35% Head of Access
% patients waiting over 90 days for elective admissions		HCS remains challenged across a number of specialties including Trauma and Orthopaedics, General Surgery, Ophthalmology, ENT and Gynaecology in relation to the % of patients waiting over 90 days. Theatre utilisation has decreased since the implementation of the new EPR which has been further compounded by annual theatre maintenance in August. HCS is seeking to improve the use of business as usual activity with the support of the change team, with a particular focus on improved scheduling / cases per session. HCS is funded to complete additional ad-hoc activity through a variety of initiatives across all specialties. In August 2023 the first additional sessions took place for cataract surgery. Additional plans are in train to provide more activity over the coming months.	>35% Head of Access

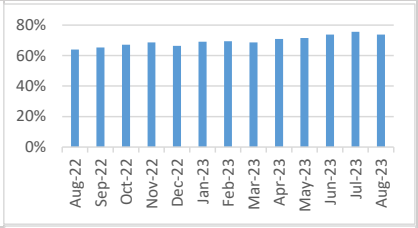
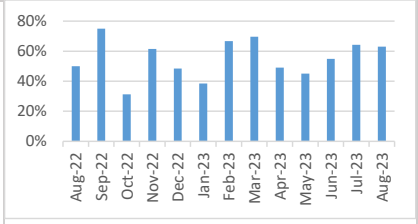
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		In relation to the New to follow up- we manage through individual departments the follow ups to see if it meets expectations of national standards/ department expectations. This is subject to monthly oversight at speciality level at (CGPR) Care Group Performance Reviews and rates are being benchmarked and considered as part of the Outpatient workstream of the FRP Clinical Productivity to realise efficiency gains. More detail will be provided in the future.	> 2.0 Care Group General Managers
Outpatient Did Not Attend (DNA) Rate		Work continues within therapies, community dental and screening – resource has been allocated to call patients before their appointment to ensure attendance. An increase of DNA has been noted since the introduction of Maxims- teams with a high rate were asked to review them to understand rise. It has now been identified that text messages were not being sent to patients for their appointments post go live which has now been rectified which should impact this metric which will be subject to ongoing monitoring.	>8% Care Group General Managers
% of all elective admissions that were private		Delivery of 30% of private patient elective activity. This is subjected to the limitations of separate listing, and the listing of private patients is subject to the requirement of the individual clinicians. The collection of this metric & associated standard needs to be considered as part of our theatre utilisation and private patient strategy. Bed availability continues to limit the scheduling of private elective activity post the decision to ring fence Sorel ward as an elective area to deliver reduction to public waiting lists post impact of Covid.	<32% or >34% Surgical Services Care Group General Manager
Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)		Theatre staff not using Maxims correctly and not filling in the time stamps as these fields are not mandatory. Additionally this metric does contain areas such as MOPS (Minor Ops) & therefore procedures that do not have recovery or anaesthetic time & is affecting data percentage. However this is being addressed by the introduction of a completed utilisation data and cancellation report which will be delivered to Director of Clinical Services weekly. Furthermore at the 6-4-2 planning meetings utilisation is being scrutinised and additional activity is able to be booked to address short falls in the utilisation planned. Improvement is expected next month.	<85% Surgical Services Care Group General Manager

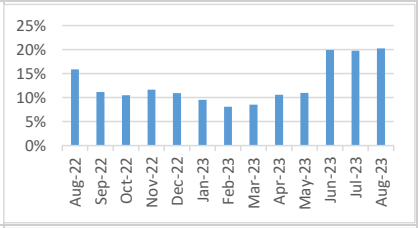
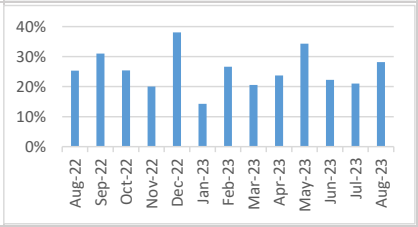
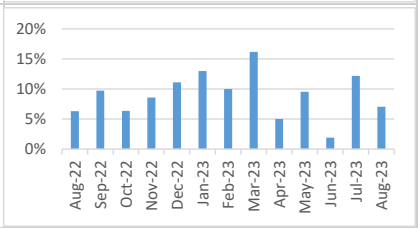
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Median Time from Arrival to Triage		Triage is an ongoing issue due to training and staffing, we have now recruited a Practice Development Nurse who will be able to provide training to develop staff to increase those able to triage. ED nursing staff template has not been changed although the Staffing Review performed last year described additional workforce could improve performance in this area. The impact of the training will be assessed to inform further actions.	>10 Medical Services Care Group General Manager
% Triaged within Target - Minor		Triage is an ongoing issue due to training and staffing, we have now recruited a Practice Development Nurse who will be addressing the improvements. ED nursing staff template has not been changed despite the Staffing Review done last year which recommended a 50% increase in Grade 4s and same for HCAs. Mitigation to clinical quality has been addressed through improvements to medical rosters to drive improvements in this metric.	90% Medical Services Care Group General Manager
% Triaged within Target - Major		Majors patients are seen on arrival or within 10 minutes however nurses completing triage also start with IV cannula and blood tests as well as doing any urgent clinical interventions that are necessary, thus entering clinical triage data on MAXIMS retrospectively. The departmental SOP describes that all P1 patients are met with required clinical team however we are looking to utilise learning from other hospitals with the use of COW's e.g. to drive improved timely electronic notification.	90% Medical Services Care Group General Manager
Total patients in ED > 10 hours		This data contains data quality issues as not all notes are recorded in real time. Some patient data will be accurate and are due to awaiting an inpatient bed or to discharge from ED, however this is compounded by the high number of delayed discharge patients. Discharge workstreams are looking to address the high number of delayed discharges to resolve the data quality issue we are looking at flow in the hospital as well as ensuring appropriate staffing (nursing and medical) to allow contemporaneous discharges on MAXIMs.	>0 Medical Services Care Group General Manager

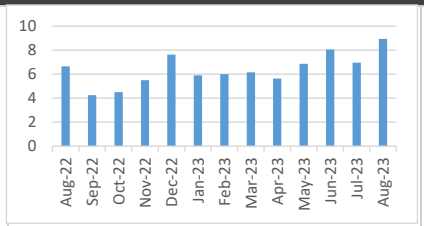
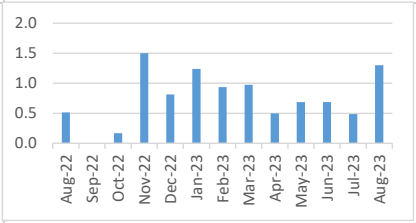
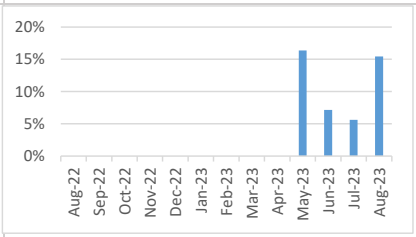
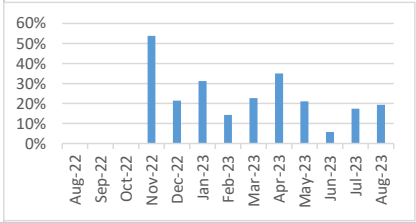
% of Inpatients discharged between 8am and noon		An improvement in the number of patients discharged before midday has been noted. Implementation of the Red2Green initiative in September & October will support identification of delays and enable teams to troubleshoot how patient flow can be improved. As part of winter planning the golden patient initiative will be restarted and monitored through the operations meetings	15% Medical Services Care Group General Manager
Average daily number of patients Medically Fit For Discharge (MFFD)		Snapshot only data available from new Patient Administration System currently. Informatics have been working with the supplier to identify a fix. In the meantime we have introduced a workaround method to store the snapshots to be able to calculate these indicators. As this was implemented in early August, the first full month that will be able to be calculated is September	>30 Care Group General Managers
Rate of Emergency readmission within 30 days of a previous inpatient discharge		At present the re-admission review process has been suspended however due to the increase this is under review. The medicine care group has added this as a priority for discussion to their governance meeting for September . Recent deep dive work has shown however we benchmark well against the UK and was submitted to scrutiny at assurance meetings with additional external review from the Lead Medical Director from the change team.	>10% Medical Services Care Group General Manager

MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients waiting for assessment who have waited over 90 days		The waiting times for those waiting assessment who have waited over 90 days has risen for the first time this year above our KPI to 5.8%. The service is currently recruiting to a PWP post and reduced rates of annual leave will have an impact on this waiting time for assessment and treatment at Step 2.	>5% Lead Allied Health Professional Mental Health
% of clients who started treatment in period who waited over 18 weeks		The average waiting time to commence treatment has reduced from 162 days to 130 daysthis month, and the percentage of clients waiting over 18 weeks to start treatment has reduced from 54% in July to 34% in August. The percentage of clients waiting to start treatment remains above the KPI. The service has recently had staff return from long term sickness, and a new senior psychological practitioner starts next month, which will have a positive impact on waiting times for treatment.	>5% Lead Allied Health Professional Mental Health
% of eligible cases that have completed treatment and were moved to recovery		A referral has moved to recovery if they were defined as a clinical case at the start of their treatment and not as a clinical case at the end of treatment, our target for this KPI is 50% and for August the data shows this has fallen below our target. This data is currently being reviewed.	<50% Lead Allied Health Professional Mental Health
% of eligible cases that have shown reliable improvement		A referral has shown reliable improvement if 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. This data is currently being reviewed.	<75% Lead Allied Health Professional Mental Health

Memory Service - Average Time to assessment (Days)		Waiting time from referral to assessment has increased slightly in month to 188 days. The service continues to explore opportunities to increase medical capacity within the service, in order to reduce diagnostic waiting time.	>138 Lead Nurse - Mental Health
% of referrals to Mental Health Assessment Team assessed in period within 10 working days		Despite a significant increase in referrals this month, the service assessed 84% of these within 10 working days (against a target of 85%). As reported previously, service user choice and availability impacts upon achievement of this target.	<85% Mental Health Care Group Manager
Adult acute bed occupancy at midnight (including leave)		Occupancy (including patients on leave) remains high within both the acute adult and older people's mental health wards, despite assertive home treatment being provided as an alternative to admission or to facilitate early discharge.	>88% Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Occupancy (including patients on leave) remains high within both the acute adult and older people's mental health wards, despite assertive home treatment being provided as an alternative to admission or to facilitate early discharge.	>85% Mental Health Inpatient Lead Nurse
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards		Snapshot only data available from new Patient Administration System currently. Informatics have been working with the supplier to identify a fix. In the meantime we have introduced a workaround method to store the snapshots to be able to calculate these indicators. alongside a local collection of this data. It is anticipated this data will be available next month.	>13 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		Staff on leave throughout August as well as service user's non-attendance shows a 2% reduction from previous month. The service continue to work on this KPI, including seeking additional clinical space.	>=80% Social Care Care Group General Manager
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		Although an improved picture generally, this plateauing is caused by high demands upon the hospital discharge service, leading to delays in initial reviews following hospital discharge. Staffing resource is being moved to support this function in both the short and longer term.	>=80% Social Care Care Group General Manager

WOMEN'S AND CHILDREN'S SERVICES			
Was Not Brought Rate		The was not brought in rate has now for the last 3 months been over 19% . HCA now contacts all parents/patients the day before the appointment to remind them This will be monitored for effectiveness and sustainability.	>9.8% General Manager Womens, Childrens & Family Care Group
% of women that have an induced labour		August's induction of labour rate was 28.2% - an increase from Julys which was 21.1%. The average induction of labour rate this year is 23.7% . Decisions regarding induction of labour are taken by middle grade or consultant medical staff.	>25% Lead Midwife
% births requiring Jersey Neonatal Unit admission		The rate of admissions to the JNU was 7% in August and for the year to date is 9.5% August had a higher the average instrumental delivery rate of 16.9% (increase from average for the year of 11.8%) This has attributed to the increased admission.	>5.05% Lead Midwife

QUALITY AND SAFETY			
Number of falls per 1,000 bed days		There were 66 falls reported in August which equates to 8.9 per 1000 bed days (national average of 6.63 per 1000 bed days). This is partly due to the delayed transfer of care patients and the movement of patients within HCS to a more appropriate environment. 37 patient falls were reported as no harm, 28 low harm and 1 as moderate harm where the patient underwent surgery following diagnosis of a fractured hip. Work on the falls policy and care bundles is underway with pilot sites identified for the first quarter of 2024 following completion of the production of post falls management care bundle and staff education in quarter four of 2023	6 Interim Chief Nurse
Number of medication errors across HCS resulting in harm per 1000 bed days		There has been an increase in the number of reported drug errors. Interrogation through the Medicines Optimisation Committee suggests that there has been better reporting. There is no significant increase in patients receiving the wrong medication, however incidents relating to the spillage or wastage of medications had increased and had been reported.	> 0.40 Medical Director
% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		New data capture post Maxims go live in May Investigation into performance - historically VTE risk assessment was performed on EPMA, now Maxims will be utilised. On Maxims this isn't a mandatory field so has intermittently impacted performance. In Month, a snapshot audit has been performed and shows improved performance across clinical areas of average of 65%. The outliers have been informed to ensure on going monitoring and actions taken to address. Further developments of Maxims such as an individual patient flag until risk assessment completed, as well as the VTE icon that will be visible on the patient electronic white boards soon to be implemented in the clinical areas as examples are other steps being taken to improve performance.	>97% Medical Director
% of all complaints closed in the period which were responded to within the target		August has seen an increased number of complaints registered from 36 to 44, with care being referenced in 16 complaints. Further analysis of complaints classified as care has been undertaken with 9 complaints relating to failure to carry out care, 4 delayed diagnoses with the remaining relating to medical care, procedure, and medication problems. Lessons learned from completed investigations will be analysed and shared across care groups. Temporary additional support has been put into the patient experience team to investigate complaints that are outside of the required timescale which has resulted in 58 complaints being closed in the month of August. Work is ongoing to reduce the number of open complaints and improve response times.	<40% Head of Patient Experience

CHANGES AND TECHNICAL NOTES

As part of our commitment to enhancing the quality of our services, we have developed 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.

The Hospital Patient Administration System was replaced at the end of May. There are significant differences between the two systems, the business processes and the data that are available to the Informatics Team. As far as possible we have attempted to ensure consistency and integrity in the indicators - and have noted where changes in the system have caused changes in the indicators.

General and Acute Outpatient Attendances - in month 6 report, the methodology has been updated following the implementation of the new system which identified some previous over-counting. The back series has therefore been revised to ensure full comparability with the recent data points.

Elective Regular Day Admissions - these are recorded differently in the new patient administration system. A different methodology is therefore in use to count these from month 6 onwards, meaning the pre/post system changeover are not wholly comparable.

For indicators related to Medically Fit for Discharge and Delayed Transfers of Care, only snapshot data are currently available from new Patient Administration System. Informatics have been working with the supplier to identify a fix. In the meantime we have introduced a workaround method to store the snapshots to be able to calculate these indicators. As this was implemented in early August, the first full month that will be able to be calculated is September (month 9).

Community Mental Health Services indicators in relation to follow up within 3 days of discharge have been reviewed. This has resulted in a name change on the indicator to better reflect the service provided. These are now labelled:

% of Adult Acure discharges with a face to face contact from an appropriate Mental Health professional within 3 days

% of Older Adult Acure discharges with a face to face contact from an appropriate Mental Health professional within 3 days

APPENDIX - DATA SOURCES

DEMAND		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Referrals	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	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 Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of new additions to the inpatient waiting list for all care groups

ACTIVITY		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Attendances	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Number of General & Acute public outpatient appointments attended in the period
Elective Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute public elective inpatient admissions in the period
Elective Day Cases	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute Elective Day Case admissions in the period
Elective Regular Day Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	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 Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Emergency Department Report (ED5A), Maxims Admissions & Discharge Report (IP13DM) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Number of attendances to Emergency Department in period

Emergency Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of emergency inpatient admissions to General & Acute Hospital in the period
Admissions to Adult Mental Health unit (Orchard House)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions & Discharges Report (IP013DM))	Number of admissions to Orchard House
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Number of Older Adult inpatient admissions in the period
Maternity Deliveries	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients on the Outpatient first appointment waiting list at period end
Outpatient 1st Appointment Waiting List - Acute	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Acute Outpatient appointment at period end
Outpatient 1st Appointment Waiting List - Community	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Community Outpatient appointment at period end
Elective Waiting List	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients on the Inpatient elective waiting list at period end
Elective Waiting List - Under 18	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients under 18 years of age on the elective inpatient waiting list at period end
Diagnostics Waiting List	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Head of Access	<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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Head of Access	<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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Head of Access	<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 Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Head of Access	<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 Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Head of Access	<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 Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	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 Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	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 Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	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. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation
	% of all elective admissions that were day cases	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	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 Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	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 Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	Surgical Services Care Group General Manager	>85%	NHS Benchmarking- Getting It Right First Time 2024/25 Target	Sum of touch 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 Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	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 Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	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. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% Emergency admissions with 0 Length of Stay (Same day discharge)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	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 Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	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 Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	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 Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	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 Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	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 Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	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 Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	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
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	Mental Health Inpatient Lead Nurse	>80%	National standard evidenced from Royal College of Psychiatrists	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'

	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & 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
	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 Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	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 Electronic Patient Record (TrakCare Admissions Report (ATD5L), Maxims Admissions Report (IP013DM) & 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 Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	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
	Older Adult Admissions per 100,000 population - Rolling 12 month	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	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 Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	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
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Electronic Patient Record (TrakCare Current Inpatient Report (ATD49) & Maxims Current Inpatient Report (IP020DM))	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 Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	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 Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	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
	% deliveries home birth (Planned & Unscheduled)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Lead Midwife	NA	Not Applicable	Number of Instrumental deliveries divided by total number of deliveries
	% Emergency caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Lead Midwife	NA	Not Applicable	Number of Emergency Caesarean sections, divided by total number of deliveries
	% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Lead Midwife	NA	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
	% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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.

Maternity	Number of stillbirths		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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 Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	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
	% births requiring Jersey Neonatal Unit admission		Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Movements Report (ATD5PA), TrakCare Deliveries Report (MAT23A), Maxims Discharges Report (IP013DM), Maxims Movements Report (IP001DM) & Maxims Deliveries Report (MT005))	Lead Midwife	<=5.05%	Standard set locally based on average (mean) of previous two years' data	Number of births requiring admission to the Jersey Neonatal Unit, divided by total number of births
	% of babies that have APGAR score below 7 at 5 mins		Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	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 Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	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		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Interim 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		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Interim 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		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	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 indicator is considered valuable, this limitation is accepted.
	Number of serious incidents		HCS Incident Reporting System (Datix)	Interim 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'
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		Electronic Prescribing and Medicines Administration (EPMA) & Hospital Electronic Patient Record (Maxims Report IP026DM)	Medical Director	>95%	NHS Operational Standard	Percentage of all inpatients (excluding paediatrics and maternity, but including mental health and long term care) that have a VTE assessment recorded through the EPMA within 24 hours of admission. Numerator: Number of eligible inpatients that have a VTE assessment recorded through the EPMA within 24 hours of admission. Denominators: Number of all inpatients that are eligible for a VTE assessment.
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Interim 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	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Interim 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		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Interim 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.