Health and Community Services

Quality and Performance Report July 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

TABLE OF CONTENTS

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

Referrals and activity was representative of a standard month with little deviation from normal levels of referrals or emergency department attendances. Elective inpatient activity was typical, focus will be placed on increasing elective cases in the coming months as this element of waiting list recovery plan takes place post summer theatre scheduled maintenance.

It is pleasing to see the trend has been reverted on those patients who have waited over 90 days metric for inpatient care post reduced capacity in regards to the PAS implementation in M6. Waiting list recovery continues to focus on outpatient activity and especially those patients who have been waiting over 90 days. The overall metric is stable, influenced by the two component parts of general acute and community dental. The acute waiting time has been impacted post implementation of a new patient administration system (PAS) and will reduce with continued validation as the system is embedded/adapted as false referral activity data was initially captured. The evidence of the successful community dental commission continues to reduce waits for children. The waiting list recovery plan will focus on areas of challenge that will impact in Q3 & Q4 and include ophthalmology, general surgery & orthopaedic inpatient activity specifically cataract surgery, endoscopy insourcing will commence in October to reduce diagnostic waits with separate recovery focus on MRI, echo cardiogram and US tests.

The new PAS will provide improved capture of theatre activity and an improvement project is developing in regards to theatre utilisation sitting within our financial recovery programme. Overall occupancy is not indicative of current inpatient activity as is impacted by lower occupancy in areas such as maternity and paediatrics, with higher rates to recommended in medical and surgical wards. As part of a quality improvement initiative to peer review, bed modelling exercise has been conducted which will inform decisions in regards to this as part of BAU position and also winter planning which has commenced.

Some metrics have not been reported due to PAS implementation - these are indicators related to Medically Fit for Discharge and Delayed Transfers of Care where currently only snapshot data are currently available. Informatics have been working with the supplier to identify a fix and have introduced a workaround that will allow reporting from September/October (month 9 and 10).

The WNB rate is impacted for this reason and will be validated and corrected retrospectively. The Chief of service has been working with the ED clinical lead to review the ED metrics post the new PAS and has included benchmarking against UK best practice standards. Work is underway to ensure improved data capture.

Mental Health Performance

This month has seen a high number of admissions and significant bed pressures within the working age adult mental health ward (Orchard House), resulting in a high level of occupancy and the need to move some (clinically appropriate) patients to Cedar ward (older adult beds). This will be monitored by the leadership team to ensure effective use of beds, and that alternatives to admission (such as Home Treatment) and early discharge with intensive support (where clincially appropriate) are being fully utilised.

The service continues to experience an increase in waiting times for psychological therapies and diagnostic services (including the memory service) as previously reported. The wait for treatment (following assessment) in Jersey Talking Therapies has increased this month, whilst performance against outcome measures relating to recovery and sustained improvement remains very high. We are currently recruiting to our psychological therapies services, in order to support an improved position.

Quality & Safety

Safety incidents relating to falls has reduced from last month to 7.2 per 1000 bed days however this is still above the national average of 6.63 per 1000 bed days. That said the level of harm caused remains low and has reduced from 4.2 to 2.9 per 1000 bed days with the majority of patients sustaining no or low harm. The rate of falls in hospital will be impacted by current inpatients and would suggest that current rate of falls would be impacted by the number of medically fit for discharge patients.

Hospital acquired pressure damage acquired in care has reduced from 18 in June to 8 in July. All category 2 and above are reviewed by the tissue viability team to ensure accurate grading of pressure damage formulation of care plans and the use of appropriate pressure relieving devices in place. The use of medical devices was associated with two of the 8 incidents. There remains a focus on staff and patient education and training in the management and prevention of pressure damage.

Complaints are reported two months in arrears, number of complaints received during July was less than the previous month reducing from 41 to 36. Work is ongoing to reduce the number of open complaints which has resulted in a decrease in numbers, despite the number of complaints received remaining consistent. The number of compliments received has significantly increased from 62 to 82 for the month of July.

The number of Quality indicators within Infection Prevention and Control (IPAC) demonstrate a low number of hospital acquired infection.

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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	3282	3597	3440	3586	4104	3332	3837	3622	4812	3731	3802	4579	4278		25494	-7%	30%
General and Acute Outpatient Referrals - Under 18	331	335	301	302	365	411	348	432	414	308	308	434	388		2343	-11%	17%
Additions to Inpatient Waiting List	473	498	434	535	581	451	455	495	571	468	433	396	430		3248	9%	-9%
Referrals to Mental Health Crisis Team	ND	ND	ND	ND	52	91	87	83	90	91	94	114	104		663	-9%	NA
Referrals to Mental Health Assessment Team	ND	ND	ND	ND	139	201	237	215	271	187	229	247	224		1610	-9%	NA
Referrals to Memory Service	27	31	33	21	33	30	57	43	56	43	29	27	21		276	-22%	-22%
Referrals to Jersey Talking Therapies	80	91	99	111	114	74	104	98	135	109	94	105	90		735	-14%	13%

ACTIVITY

Measure	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	17437	18087	17344	19057	21502	16596	19916	19315	21533	16712	17488	17672	16345		128981	-8%	-6%
Elective Admissions	235	209	221	240	230	163	213	233	335	315	267	179	166		1708	-7%	-29%
Elective Day Cases	611	601	592	685	700	532	629	615	701	428	583	549	514		4019	-6%	-16%
Elective Regular Day Admissions	893	961	919	908	923	903	952	884	1064	932	1085	1058	1017		6992	-4%	14%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	330	291	292	274	277	268	316	240	245	180	163	160	151		1455	-6%	-54%
Emergency Department Attendances	3742	3882	3515	3479	3394	3325	3270	2982	3501	3345	3547	3762	3671		24078	-2%	-2%
Emergency Admissions	551	566	529	583	588	571	579	502	571	555	627	591	553		3978	-6%	0%
Admissions to Adult Mental Health unit (Orchard House)	14	22	16	14	11	8	16	13	15	10	9	12	15		90	25%	7%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	6	11	5	3	11	7	5	4	4	5	6	6	11		41	83%	83%
Maternity Deliveries	79	78	70	62	70	60	75	60	67	59	67	53	69		450	30%	-13%

WAITING LISTS

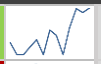
Measure	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9813	9775	9815	9394	9049	9245	9036	8571	9044	9296	9814	10917	12668		12668	16%	29%
Outpatient 1st Appointment Waiting List - Acute	7614	7625	7652	7265	7069	7247	7232	6807	7413	7860	8399	9875	11388		11388	15%	50%
Outpatient 1st Appointment Waiting List - Community	2199	2150	2163	2129	1980	1998	1804	1764	1631	1436	1415	1042	1280		1280	23%	-42%
Diagnostics Waiting List	1106	1093	1055	1022	1027	992	955	908	1030	1025	1027	971	2414		2414	149%	118%
Elective Waiting List	2181	2220	2230	2157	2186	2293	2409	2424	2385	2434	2375	2699	2730		2730	1%	25%
Elective Waiting List - Under 18	112	103	110	100	84	87	90	106	101	91	93	100	86		86	-14%	-23%
Jersey Talking Therapies Assessment Waiting List	92	99	133	143	150	146	138	117	160	168	148	134	97		97	-28%	5%

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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	47.0%	46.7%	47.2%	46.2%	44.0%	43.5%	42.3%	42.1%	38.1%	38.1%	40.5%	40.2%	41.8%		41.8%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	38.2%	38.3%	37.6%	35.2%	33.0%	34.2%	34.5%	35.6%	30.6%	32.2%	35.0%	35.8%	39.4%		39.4%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	77.5%	76.3%	81.0%	83.6%	83.1%	77.2%	73.7%	67.3%	71.9%	70.0%	73.4%	81.7%	63.0%		63.0%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	43.6%	47.8%	48.6%	48.1%	49.8%	53.6%	55.4%	58.8%	49.6%	49.2%	50.6%	69.8%	70.5%		70.5%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	56.4%	54.3%	57.4%	53.3%	49.6%	50.0%	54.5%	57.8%	56.1%	55.1%	55.7%	58.1%	56.4%		56.4%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	2.8	2.8	2.7	2.6	2.7	2.8	2.8	2.8	2.9	2.8	3.0	3.1	3.1		2.9	2.0
	Outpatient Did Not Attend (DNA) Rate	7.6%	7.8%	8.2%	7.6%	8.2%	7.8%	7.5%	6.8%	6.9%	7.0%	7.3%	11.2%	12.0%		8.3%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	2.5	2.2	1.9	2.5	2.6	2.3	1.8	1.7	2.1	2.3	2.2	2.5	3.1		2.2	<3
	% of all elective admissions that were day cases	77%	86%	81%	79%	76%	81%	80%	79%	78%	75%	76%	74%	73%		76.6%	>80%
	% of all elective admissions that were private	26%	22%	29%	25%	25%	30%	30%	24%	29%	28%	30%	31%	28%		28.4%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	75.9%	72.8%	72.0%	75.3%	74.1%	66.6%	72.2%	72.2%	72.7%	77.9%	65.4%	50.8%	49.6%		64.1%	>85%
	Turnaround time as % of total session time	21.7%	15.7%	14.0%	13.1%	14.9%	14.7%	18.3%	19.0%	16.9%	14.7%	13.3%	11.2%	12.4%		14.9%	<15%

CATEGORY	INDICATOR	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	10	11	11	9	10	10	11	11	10	12	14	26	17		14	<11
	% Triaged within Target - Minor	57%	47%	51%	59%	53%	51%	51%	52%	54%	49%	43%	26%	43%		45%	>=90%
	% Triaged within Target - Major	68%	64%	64%	67%	63%	61%	60%	60%	64%	58%	56%	31%	42%		53%	>=90%
	Median Time from Arrival to commencing Treatment	42	43	44	43	39	40	38	41	38	44	41	60	40		43	<75
	% Commenced Treatment within Target - Minor	84%	80%	84%	83%	86%	84%	83%	86%	85%	82%	84%	78%	89%		84%	>=70%
	% Commenced Treatment within Target - Major	65%	64%	65%	63%	61%	61%	62%	64%	66%	63%	66%	53%	71%		63%	>=70%
	Median Total Stay in ED (mins)	142	141	142	153	148	160	158	148	149	160	156	173	149		156	<189
	Total patients in ED > 10 hours	15	18	29	12	27	69	45	19	55	39	54	58	36		306	<1
	ED conversion rate	14%	14%	15%	16%	17%	17%	17%	16%	16%	16%	16%	15%	14%		16%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	6.7	7.6	7.3	6.0	6.1	7.4	7.1	7.0	7.1	6.6	6.5	6.1	6.8		6.7	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	10%	10%	9%	11%	8%	7%	7%	9%	8%	8%	11%	14%	12%		10%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	77%	83%	87%	87%	91%	85%	89%	82%	85%	85%	79%	66%	69%		79%	<85%
	% of Inpatients discharged between 8am and noon	12%	12%	13%	10%	11%	11%	13%	11%	12%	11%	13%	13%	12%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	38.4	34.9	32.4	26.2	24.0	31.1	23.2	23.9	31.1	24.2	ND	ND	ND		14.6	<30
	Total Bed Days Medically Fit For Discharge	1191	1081	972	811	721	932	718	669	932	702	ND	ND	ND		3021	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	487	691	582	578	466	622	442	511	628	467	ND	ND	ND		2048	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	15%	14%	17%	15%	14%	13%	15%	16%	11%	14%	16%	18%	19%		16%	<10%

CATEGORY	INDICATOR	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
MENTAL HEALTH																	
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	1.1%	0.0%	0.0%	0.7%	1.3%	0.0%	2.2%	1.7%	0.0%	2.4%	4.1%	3.7%	4.1%		2%	<5%
	% of clients who started treatment in period who waited over 18 weeks	51%	51%	59%	59%	64%	28%	61%	38%	47%	20%	36%	35%	58%		46%	<5%
	JTT Average waiting time to treatment (Days)	159	139	156	196	170	102	165	130	141	96	131	154	162		140	<=177
	% of eligible cases that have completed treatment and were moved to recovery	100%	60%	50%	56%	42%	67%	67%	44%	57%	64%	54%	91%	73%		61%	>50%
	% of eligible cases that have shown reliable improvement	100%	90%	75%	92%	71%	92%	78%	76%	64%	68%	77%	91%	80%		75%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	166	214	168	180	153	152	126	137	110	126	159	177	182		145	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	ND	ND	ND	ND	70.0%	77.1%	84.4%	93.0%	85.2%	87%	87%	98%	84%		89%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	ND	ND	ND	ND	96.8%	88.4%	83.9%	77.0%	80.9%	89%	86%	83%	76%		82%	>85%
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	ND	ND	ND	ND	57%	55%	100%	67%	56%	100%	92%	89%	84%		64%	>80%
	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	ND	ND	ND	ND	60%	50%	67%	0%	100%	80%	83%	100%	0%		78%	>80%
	Community Mental Health Team did not attend (DNA) rate	4.7%	3.6%	4.4%	5.5%	4.0%	3.6%	4.0%	3.2%	3.8%	4.1%	4.4%	4.1%	3.5%		4%	<10%
Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	235	252	253	241	234	224	229	226	233	229	221	219	220		220	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	43%	36%	50%	64%	36%	50%	25%	31%	47%	40%	11%	50%	47%		37%	<37%
	Adult acute bed occupancy at midnight (including leave)	98%	93%	100%	92%	93%	91%	95%	88%	94%	99%	93%	89%	84%		97%	<88%
	Older Adult Admissions per 100,000 population - Rolling 12 month	411	399	373	357	376	380	369	379	363	342	362	361	384		384	<475
	Older adult acute bed occupancy (including leave)	93%	96%	100%	98%	91%	98%	99%	99%	99%	96%	89%	86%	93%		95%	<85%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	13	12	20	19	16	14	15	14	13	13	ND	ND	ND		ND	<13

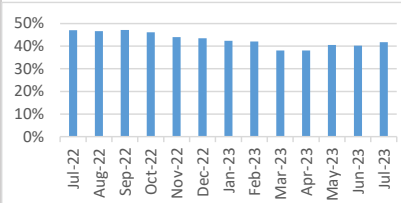
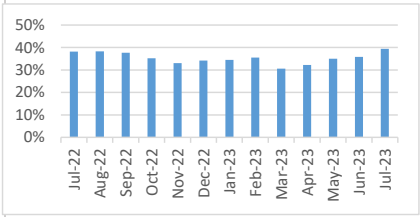
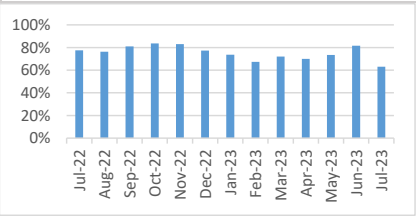
CATEGORY	INDICATOR	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
SOCIAL CARE																	
Learning Disability	Percentage of clients with a Physical Health check in the past year	62%	64%	65%	67%	69%	66%	69%	69%	69%	71%	72%	74%	76%		71%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	73%	90%	88%	93%	88%	90%	70%	83%	80%	73%	53%	86%	85%		76%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	57%	50%	75%	31%	62%	48%	38%	67%	70%	49%	45%	55%	64%		56%	>=80%

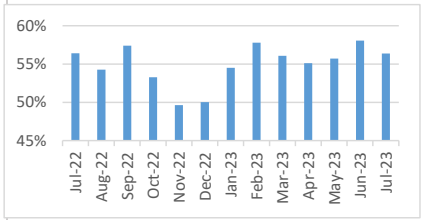
CATEGORY	INDICATOR	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
WOMEN'S AND CHILDREN'S SERVICES																	
Children	Was Not Brought Rate	11.9%	15.9%	11.2%	10.5%	11.6%	10.9%	9.5%	8.1%	8.5%	10.6%	10.9%	19.2%	19.2%		12.4%	<=10%
	Average length of stay on Robin Ward	1.13	1.01	1.07	1.62	2.21	1.85	1.35	1.56	2.93	1.73	2.74	1.50	1.38		1.9	<=1.65
	% deliveries home birth (Planned & Unscheduled)	5.1%	0.0%	7.1%	4.8%	14.3%	3.3%	8.0%	5.0%	11.9%	8.5%	4.5%	7.5%	2.9%		6.9%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	35.4%	38.5%	37.1%	38.7%	44.3%	28.3%	44.0%	50.0%	46.3%	33.9%	23.9%	39.6%	37.7%		39.3%	NA
	% Instrumental deliveries	8.9%	11.5%	12.9%	12.9%	4.3%	10.0%	9.3%	16.7%	7.5%	15.3%	11.9%	11.3%	8.7%		11.3%	NA
	% Emergency caesarean section births	12.7%	23.1%	17.1%	17.7%	15.7%	25.0%	25.3%	16.7%	16.4%	20.3%	31.3%	9.4%	34.8%		22.7%	NA
	% Elective caesarean section births	26.6%	23.1%	18.6%	24.2%	28.6%	26.7%	29.3%	16.7%	22.4%	23.7%	26.9%	26.4%	21.7%		24.0%	NA
	% of women that have an induced labour	26.6%	25.6%	31.4%	25.8%	20.0%	40.0%	14.7%	26.7%	20.9%	23.7%	35.8%	22.6%	23.2%		23.8%	=27.57%
Maternity	Number of stillbirths	0	1	0	1	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%	0.0%	25.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	37.5%		14.8%	>15%
	% primary postpartum haemorrhage >= 1500ml	3.8%	6.4%	7.1%	6.5%	2.9%	5.0%	5.3%	3.3%	4.5%	5.1%	13.4%	3.8%	1.4%		5.3%	<=6.75%
	% 3rd & 4th degree tears – normal birth	2.4%	2.9%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%		0.5%	<2.5%
	% of births less than 37 weeks	3.8%	3.8%	4.2%	7.9%	10.0%	12.7%	13.0%	10.0%	13.2%	3.4%	10.0%	0.0%	5.3%		8.2%	<=6.85%
	% births requiring Jersey Neonatal Unit admission	6.3%	6.3%	9.7%	6.3%	8.6%	11.1%	13.0%	10.0%	16.2%	5.0%	9.5%	1.9%	11.0%		9.9%	<=5.05%
	% of babies that have APGAR score below 7 at 5 mins	1.3%	3.9%	0.0%	0.0%	5.7%	1.7%	0.0%	0.0%	1.5%	1.7%	4.5%	0.0%	2.9%		1.6%	<=1.3%
	Average length of stay on maternity ward	2.02	2.17	2.30	2.15	2.44	2.20	1.86	2.07	2.21	2.15	2.33	1.43	1.74		1.96	<=2.28

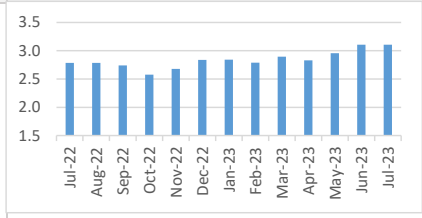
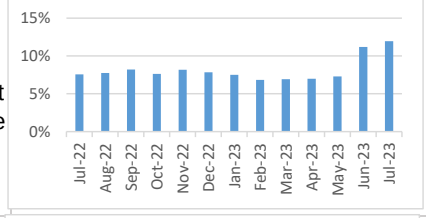
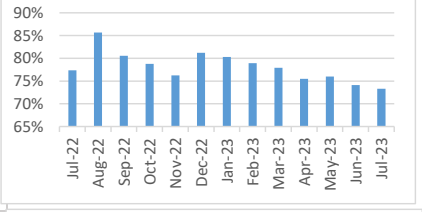
CATEGORY	INDICATOR		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TREND	YTD	STD
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	1	0	0	0	1	1	0	0	1	1	1	0	0		3	0
	E-Coli Bacteraemia	Hosp	1	1	0	0	1	0	0	0	0	1	1	0	1		3	0
	Klebsiella Bacteraemia	Hosp	2	0	0	1	0	0	0	1	1	0	0	0	0		2	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	0	1	0	0	0	0	1	1	0		2	0
	C-Diff Cases	Hosp	0	0	1	2	0	0	1	2	1	1	2	1	1		9	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		1.2	1.2	1.2	1.2	2.8	2.8	2.3	2.4	2.9	2.8	3.9	4.2	2.9		3	NA
	Number of falls per 1,000 bed days		6.3	6.7	4.3	4.5	5.5	7.6	5.9	6.0	6.2	5.6	6.5	8.6	7.2		7	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		0.2	0.5	0.0	0.2	1.5	0.8	1.2	0.9	1.0	0.5	0.7	0.7	0.5		0.8	<0.40
	Number of serious incidents		0	3	2	1	2	1	0	2	3	4	2	5	0		16	NA
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		3.56	2.73	3.40	3.00	2.50	1.62	2.33	2.44	1.46	1.82	1.46	2.93	1.85		2.02	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		2.54	1.54	2.89	2.00	1.50	1.30	1.71	1.69	1.13	1.66	0.81	2.38	1.35		1.5	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		0.51	1.02	0.34	0.67	1.00	0.32	0.62	0.75	0.32	0.17	0.49	0.18	0.17		0.39	<0.60
Feedback	Number of comments received		22	27	27	18	29	25	15	8	17	14	27	27	34		142	NA
	Number of compliments received		52	45	50	69	53	96	76	95	60	69	56	62	82		500	NA
	Number of complaints received		20	40	34	49	51	29	55	43	34	34	24	41	36		267	NA
	% of all complaints closed in the period which were responded to within the target		ND	ND	ND	ND	54%	21%	31%	17%	23%	35%	21%	6%	17%		20.3%	>40%

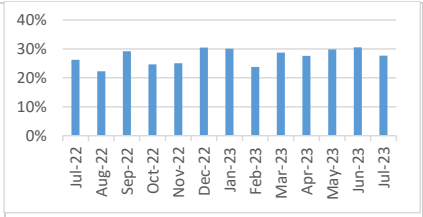
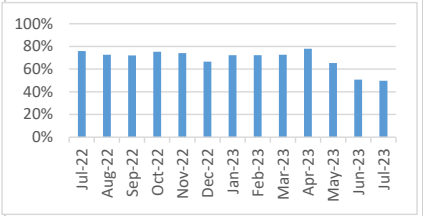
EXCEPTION REPORTS

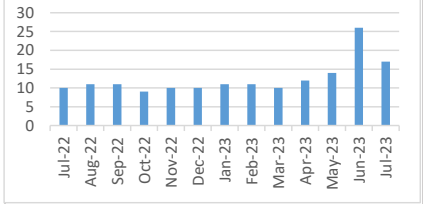
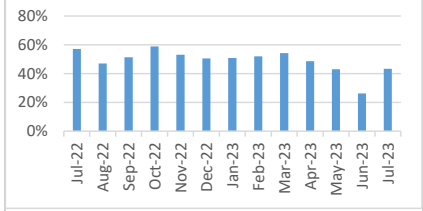
GENERAL AND ACUTE WAITING LISTS

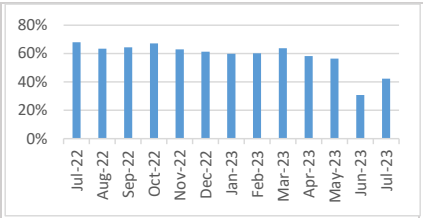
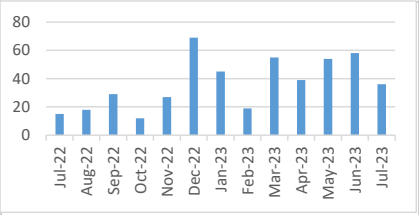
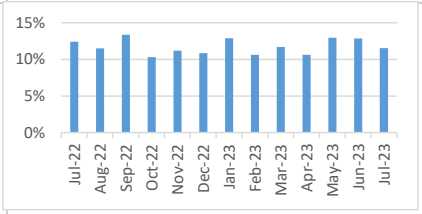
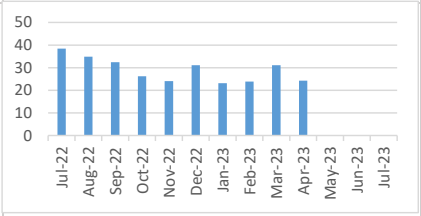
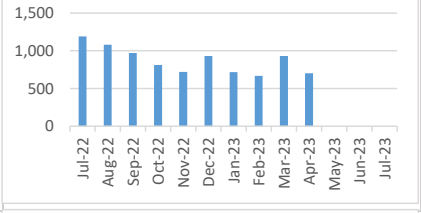
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting over 90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans.	>35% Head of Access
% patients waiting over 90 days for 1st OP appointment - Acute		Clinical Activity reduced in the weeks immediately following implementation of the new EPR. PTL meetings continue to escalate issues with pathways > 90 days for appointments in line with access policy standards (I.e. by clinical priority and then chronologically). Waiting list business case approved and aligned to specialties which remain greatest outlier in relation to patients waiting > 90 days. Ophthalmology and Clinical Genetics stand out, both with schemes in the initial planning phase. Returning to BAU practice post go-live from EPR, significant change to the organisation with many areas requiring further / support training in outpatients to complete all point of care data requirements. Continue to validate all lists post data migration and ensure waiting list are representative of pre-go live structure. Continue to validate any data migration corrections which appear on the list as extreme outliers in addition to new processes which have impacted the PTL in error.	>35% Head of Access
% patients waiting over 90 days for 1st OP appointment - Community		Waiting times continue to decrease across community dental due to the commissioned dental scheme seeing new patients. The scheme runs until the end of 2023 and has now been extended to include 2–3-year-olds who are being opted into the service and booked in for an appointment with one of the partner dentists. Recruitment issues with physiotherapy have meant waiting times have increased but 4 new starters due to commence in September and wait then expected to decrease.	>35% Head of Access
% patients waiting over 90 days for diagnostics		Step change between May and June 2023 is due to the surveillance patients for Dexa scanning and Colposcopy being included in this metrics. Work is underway with the EPR team to get patients onto to the right workflow. Endoscopy remains the significant challenge. The endoscopy insourcing project is on schedule to award to a supplier in August 2023 with a view to commencing activity in October 2023.	>35% Head of Access

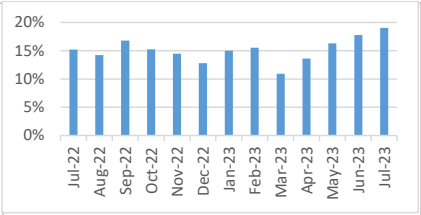
% patients waiting over 90 days for elective admissions		The new EPR has had the greatest impact in the TCI process where lots of change has been implemented in a short period of time. HCS is maintaining a core level of activity, but this will be further impacted during August due to theatre closures. The waiting list business case has been approved and all elective operating schemes are in the initial planning phases. This is targeted at HCS's outliers in relation to the > 90 day standard, specifically lower limb surgery and upper GI surgery. Working with the informatics teams to make the scheduling and booking process data led in relation to target utilisations and scheduling based upon how long operations actually take to do and not an estimation from the TCI form of estimated operation length brackets. E.G a cataract operation on average takes 28 mins but TCI card is often ticked as 30-60 mins.	>35% Head of Access

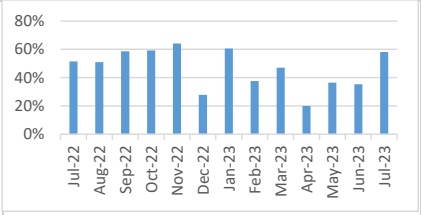
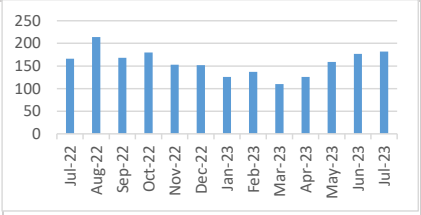
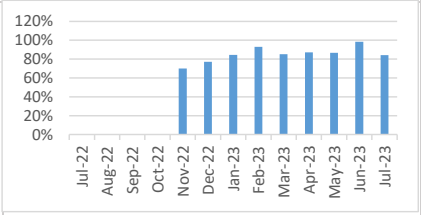
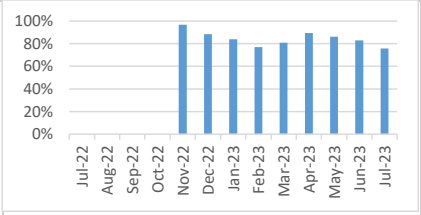
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		In relation to the New to follow up ratio, we manage through individual departments the follow ups to see if it meets expectations of national standards/ department expectations.	> 2.0 Care Group General Managers
Outpatient Did Not Attend (DNA) Rate		Challenges around the data for the DNA. Admin challenges around discharge or not seen. Increase since introduction of Maxims- asked teams with a high rate to have a scrutiny on them to understand rise.	>8% Care Group General Managers
% of all elective admissions that were day cases		Monitoring to ensure the delivery of all patients who can be day cases are day cases.	<80% Surgical Services Care Group General Manager

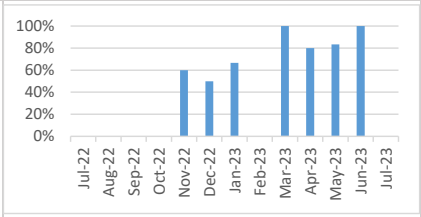
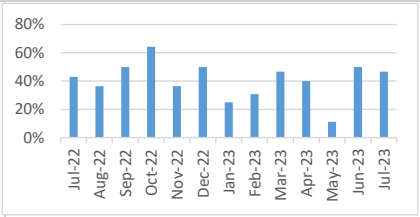
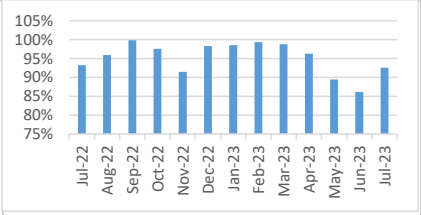
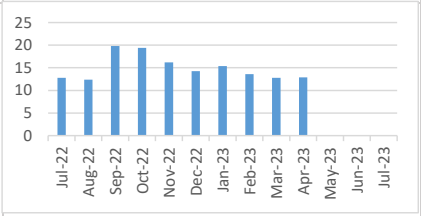
% of all elective admissions that were private		Delivery of 27% of private patient activity. This is subjected to the limitation of separate list, and the listing of private patients is down to the clinicians.	<32% or >34% Surgical Services Care Group General Manager
Elective Theatre List Utilisation (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. This has now been combatted by the introduction of a completed utilisation data and cancellation report which will be delivered to Director of Clinical Services weekly.	<85% Surgical Services Care Group General Manager

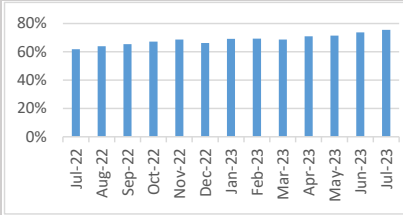
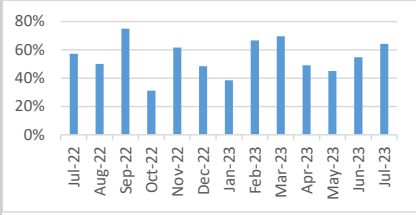
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Median Time from Arrival to Triage		Triage is an ongoing issue due to training and staffing, we have now recruited a Practice Development Nurse who will be addressing the improvements. 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.	>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.	90% Medical Services Care Group General Manager

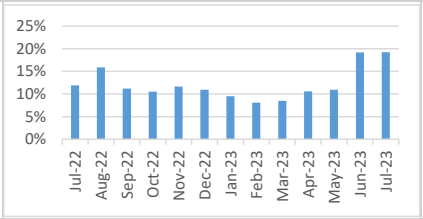
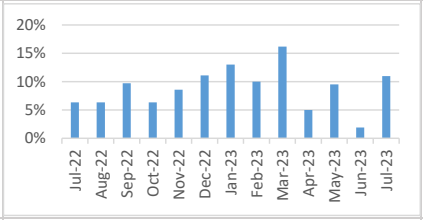
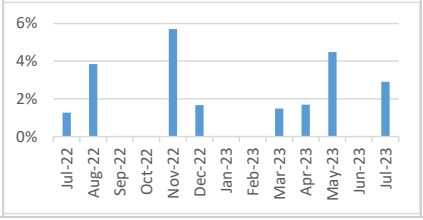
% Triaged within Target - Major		Majors patients are seen on arrival or within 10 minutes however nurses completing triage also start with IV cannula and blood tests as well as doing any urgent clinical interventions that are necessary, thus entering clinical triage data on MAXIMS retrospectively. Therefore the data has not been recorded correctly, to mitigate this we are looking at developoing a more accurate quality indicators to reflect current patient care in the department	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, 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		On AAU doctors now start an hour earlier to facilitate early discharges, however the % of inpatients discharged within the time range is impacted by availability within the community in both nursing and residential care home settings causing a delay in the discharging of patients that are MFFD. Discharge workstreams are looking to address the high number of delayed discharges.	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
Total Bed Days Medically Fit For Discharge		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	>910 Care Group General Managers

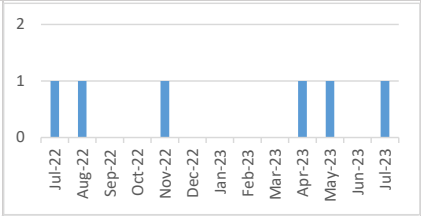
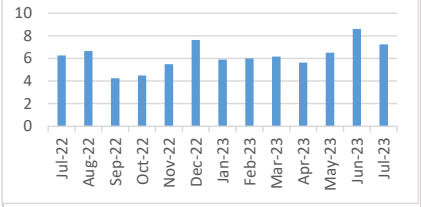
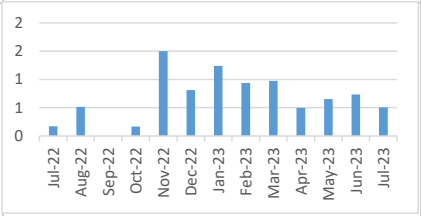
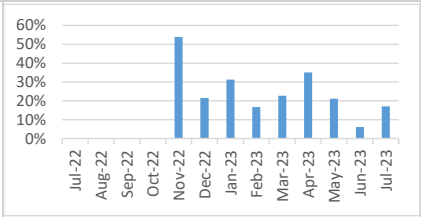
Rate of Emergency readmission within 30 days of a previous inpatient discharge		At present the readmission review process has been suspended however due to the increase this is under review. The medicine care group has added to their governance meeting for Sept this as a priority for discussion.	>10% Medical Services Care Group General Manager

MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients who started treatment in period who waited over 18 weeks		In July the percentage of clients waiting over 18 weeks for treatment increased from 35 % to 58% with an average waiting time of 162 days. We continue to have a high demand for the service and have recently had staff sickness and annual leave, which has impacted on waiting ties for treatment. We have recently recruited a new Senior Psychological Therapist and several staff have returned from leave, which will have an impact on waiting times in the next few months.	>5% Lead Allied Health Professional Mental Health
Memory Service - Average Time to assessment (Days)		The average waiting time for the memory service has slightly increased this month. The service plan to review the current operating arrangements and seek to identify an improvement trajectory in this area.	>138 Lead Nurse - Mental Health
% of referrals to Mental Health Crisis Team assessed in period within 4 hours		The crisis team continue to receive over 100 referrals a month, and have narrowly missed the 85% target this month (achieving 84%). We continue to monitor each case where we do not achieve the target 4 hour response time.	<85% Mental Health Care Group Manager
% of referrals to Mental Health Assessment Team assessed in period within 10 working days		As previously, the team manager reviews each month every referral where we do not achieve the target 10 day assessment. This is frequently due to patient choice, or to the patient not being contactable within the 10 day period.	<85% Mental Health Care Group Manager

% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days		This 0% represents one case only where the time target for follow up was not met.	<80% Mental Health Inpatient Lead Nurse
Adult acute admissions under the Mental Health Law as a % of all admissions		MHL dentation admissions in July reflects the nature and degree of the illness and risks surrounding admission.	>37% Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Bed occupancy pressures this month on Orchard House has lead to outliners on Cedar ward (older adult) - this is reflected in the older adult occupancy level.	>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. As this was implemented in early August, the first full month that will be able to be calculated is September	>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		Slow but steady progress continues towards the 80% target, with a 76% attainment level achieved in July - a 2% increase on the previous month. The shortfall of clinic space suitably located for the client group continues to be explored but remains unresolved.	>=80% Social Care Care Group General Manager
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		This measure continues to see an improvement. This should be further supported by a recent change to include a review after any change of existing of service, not just the commencement of a new one. It is thought this was leading to a misrepresentation in this data.	>=80% Social Care Care Group General Manager

WOMEN'S AND CHILDREN'S SERVICES			
Was Not Brought Rate		Review of the data to focus on higher rate areas for analysis. Discussion with teams to ensure DNA policy is being followed. Increase since introduction of Maxims and administration systems, further training being provided.	>9.8% General Manager Womens, Childrens & Family Care Group
% births requiring Jersey Neonatal Unit admission		This percentage equates to 12 admissions which included admissions for prematurity, and reasons that required treatment, extra monitoring and observations. These admissions were for varying lengths of time.	>10.1% Lead Midwife
% of babies that have APGAR score below 7 at 5 mins		2 babies had Apgar's below 7, they both made a good recovery and were discharged home.	>0.6% Lead Midwife

QUALITY AND SAFETY			
E-Coli Bacteraemia - Hosp		RCA currently in progress	0 Director of Infection Prevention and Control
Number of falls per 1,000 bed days		47 Falls were reported in July of these 30 were reported as no harm, 18 low harm and 1 moderate harm. This equates to 7 per 1000 bed days (national average of 6.63 per 1000 bed days). The moderate harm fall occurred on a mental health ward as a result of a witnessed fall during the night. The nurse was monitoring the patient but could not attend to them quickly enough to prevent the fall. The patient made a full recovery following a laceration to the forehead. The staff have implemented close observations for the patient. 13 patients were assessed as on medication that can contribute to falls, with 9 patients wearing inappropriate footwear. There has been a marked improvement in the investigation of Falls incidents with 33 incidents investigated within the allocated timeframe.	6 Associate 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 all complaints closed in the period which were responded to within the target		There has been a marked increase in the number of complaints resolved within the target timeframe. This percentage remains below the target agreed however it is showing some improvement for month 7. There continues to be an effort to improve the resolution of complaints and there is ongoing support from the patient experience team to support the care groups with improving the process. The target set is unlikely to be met consistently due to the nature of healthcare complaints.	<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).

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 patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% 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	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

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

Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital 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
	% 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'
	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
	% 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	>80%	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital 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

Maternity	% 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.
	Number of stillbirths	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Lead Midwife	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	Associate Chief Nurse	NA	No Standard Set	Number of inpatient falls with harm recorded where approval status is not "Rejected" per 1000 occupied bed days
	Number of falls per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Associate Chief Nurse	<6	Standard based on historic performance	Rate of recorded inpatient falls per 1000 bed days. Numerator: Number of inpatient falls recorded in the period where the approval status is not "Rejected". Denominator: Number of occupied bed days in the period in General Hospital, Overdale and Acute Mental Health wards
	Number of medication errors across HCS resulting in harm per 1000 bed days		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)	Associate Chief Nurse	NA	Standard removed 2022-09-28 per Q&R Committee instruction	Number of safety events recorded in Datix in the period where the event is marked as a 'Serious Incident'

Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Associate Chief Nurse	<2.87	Standard set locally based on improvement compared to historic performance	Number of inpatient pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days	Hosp	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Associate Chief Nurse	<1.96	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 2 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Associate Chief Nurse	<0.60	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
Feedback	Number of complaints received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"
	Number of compliments received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
	Number of comments received		HCS Feedback Management System (Datix)	Head of Patient Experience	NA	Not Applicable	Number of comments received in the period where approval status is not "Rejected"
	% of all complaints closed in the period which were responded to within the target		HCS Feedback Management System (Datix)	Head of Patient Experience	>40%	Response time standards are those in GoJ Feedback Policy which does not set achievement targets, so target set locally	Percentage of all complaints closed in the period responded to within the target time as set by GoJ Feedback Policy. Numerator: Number of all closed complaints in the period, responded to within the target. Denominator: Number of complaints closed in the period.