Health and Community Services

Quality and Performance Report May 2023

Government of Jersey

INTRODUCTION

The Operations, Performance & Finance Committee obtains assurance that high standards of care are provided by Health and Community Services (HCS) and in particular, that adequate and appropriate governance structures are in place.

PURPOSE

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence to the committee that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives. Where performance is below standards, the committee will ensure that robust recovery plans are developed and implemented.

BACKGROUND

The Operations, Performance & Finance Committee has been established by the Health and Community Services Board and is authorised to investigate any activity within its terms of reference.

SPONSORS:

Associate Chief Nurse - Jessie Marshall

Medical Director - Patrick Armstrong

Director Clinical Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA

HCS Informatics

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EXECUTIVE SUMMARY

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

Please note:
On 26 May 2023 the Hospital Patient Administration System (PAS) was cut over from TrakCare to IMS Maxims. For month 5 reporting, all hospital indicators therefore only have data up to 26/05/2023. We are endeavouring to produce data for the remainder of month 5 by combining the data from the two systems and are aiming to include this when the month 6 report is produced.
Datix software used for feedback and incident reporting was unaffected by the switch to IMS Maxims on 26/05/2023. Therefore all Quality and Safety Indicators are reported for the full month of May 2023. Denominators (number of bed days) in Quality and Safety Indicators which are reported per 1,000 bed days have been pro-rated to reflect a full month of occupancy.

General & Acute Performance

May saw standard demand in General Acute Outpatient referrals and conversion to inpatient waiting list. Slight decrease in outpatient appointments is noted due to increased BH reducing normal capacity as well as the implementation of the new EPR. The increased referral activity observed in March specifically led to an increase in our Acute outpatient list which is being addressed by a return to normal capacity and recovery plans. Weekly speciality PTL meetings monitor for adequate recovery plans within the care groups or discussions/escalation to address via waiting list recovery plan. The community waiting list continues to reduce due to the community dental commission. Internally recovery activity for some specialities commence such as gynaecology and ophthalmology as part of our recovery plan.

Day surgery activity alongside inpatient elective admissions in May maintained through continued ring fencing of elective ward capacity. Work is underway to describe trajectories for this activity datasets built on theatre utilisation work as part of our financial recovery plan. The overall inpatient waiting list slightly reduced in May.

We are also currently reporting lower than average attendances to the Emergency Department in month. High numbers of medically fit for discharge remain in JGH capacity. Work is ongoing in regards to operational flow, discharge best practice, LOS and intermediate care capacity to respond to this, however the ongoing challenges of lack of capacity with the external private nursing and residential beds or ability to provide domiciliary care is recognised. The ED quality metrics are being reviewed against best practice guidance to describe areas of quality improvement.

Mental Health & Social Care Performance

Within mental health services, the key challenges are consistent with previous months - waiting times for psychological therapies and memory services, inpatient occupancy levels and delays in discharge. Work is ongong across the services to actively address these issues, which are consistent with many other (mental) health economies as a result of demand, capacity and workforce limitations. Whilst it is disappointing to note a reduction in month in the percentage of face to face crisis assessments that are being undertaken within 4 hours, the 77% position remains high compared to the period prior to the community model redesign, and it is particularly reassuring that the service is now consistently seeing all referals within 10 working days.

Within social care, some capacity and system / process issues are now being addressed by the leadership team to obtain an improvement in the key performance measures relating to authorisation of assessments by a designated senior and reviews of new support plans.

Quality & Safety

Infection Prevention and Control (IPAC) continues to demonstrate a low number of hospital aquired infection. Safety incidents relating to falls has increased from 39 in April to 43 in May, all were low or no harm. The number of falls within the inpatient wards will be impacted by current inpatients being medically fit for discharge patients. Hospital aquired Pressure damage continues to reduce due to continued education and training. Complaints are reported two months in arears, however number of complaints recieved during May demonstrates a continued downward trend with an increase in complaints resolved.

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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	3483	3367	3243	3514	3400	3516	4031	3299	3725	3537	4645	3681	3338		18926	-9%	-4%
General and Acute Outpatient Referrals - Under 18	349	380	331	335	301	302	364	411	348	432	414	308	278		1780	-10%	-20%
Additions to Inpatient Waiting List	436	501	474	498	434	535	582	451	456	496	571	468	410		2401	-12%	-6%
Referrals to Mental Health Crisis Team	ND	ND	ND	ND	ND	ND	52	91	87	83	90	92	98		450	7%	NA
Referrals to Mental Health Assessment Team	ND	ND	ND	ND	ND	ND	139	201	237	215	270	186	223		1131	20%	NA
Referrals to Memory Service	14	25	27	31	33	21	33	30	57	43	56	43	16		215	-63%	14%
Referrals to Jersey Talking Therapies	85	97	80	91	99	111	114	74	104	96	134	109	95		538	-13%	12%

ACTIVITY

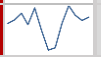
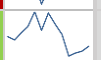
Measure	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	20420	19736	18705	19259	18599	20336	22944	17578	21239	20469	22977	17769	17103		99557	-4%	-16%
Elective Admissions	228	258	235	209	221	240	230	163	213	233	335	315	249		1345	-21%	9%
Elective Day Cases	603	554	611	601	592	685	700	532	629	615	701	428	533		2906	25%	-12%
Elective Regular Day Admissions	1003	934	893	961	919	908	923	903	952	884	1064	932	956		4788	3%	-5%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	350	373	330	291	292	274	277	268	316	240	245	180	143		1124	-21%	-59%
Emergency Department Attendances	3667	3707	3742	3882	3515	3479	3394	3325	3270	2982	3501	3345	2981		16079	-11%	-19%
Emergency Admissions	554	550	551	566	529	583	588	571	579	502	571	555	493		2700	-11%	-11%
Admissions to Adult Mental Health unit (Orchard House)	15	13	14	22	16	14	11	8	16	13	15	10	7		61	-30%	-53%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	2	6	6	11	5	3	11	7	5	4	4	5	10		28	100%	400%
Maternity Deliveries	79	65	79	78	70	62	70	60	75	60	67	59	62		323	5%	-22%

WAITING LISTS

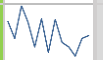
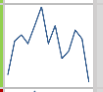
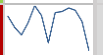
Measure	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9757	9825	9813	9775	9815	9394	9049	9245	9036	8571	9044	9296	9814		9814	6%	1%
Outpatient 1st Appointment Waiting List - Acute	7459	7542	7614	7625	7652	7265	7069	7247	7232	6807	7413	7860	8399		8399	7%	13%
Outpatient 1st Appointment Waiting List - Community	2298	2283	2199	2150	2163	2129	1980	1998	1804	1764	1631	1436	1415		1415	-1%	-38%
Diagnostics Waiting List	1241	1151	1106	1093	1055	1022	1027	992	955	908	1030	1025	1027		1027	0%	-17%
Elective Waiting List	2130	2169	2181	2220	2230	2157	2186	2293	2409	2424	2385	2434	2375		2375	-2%	12%
Elective Waiting List - Under 18	102	110	112	103	110	100	84	87	90	106	101	91	93		93	2%	-9%
Jersey Talking Therapies Assessment Waiting List	104	118	92	99	133	143	150	146	138	115	157	167	149		149	-11%	43%

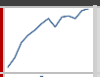
QUALITY AND PERFORMANCE SCORECARD

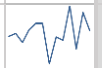
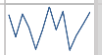
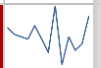
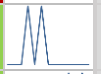
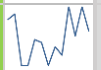
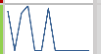
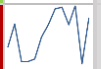
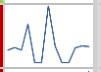
The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation's objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance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

CATEGORY	INDICATOR	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	44.0%	46.3%	47.0%	46.7%	47.2%	46.2%	44.0%	43.5%	42.3%	42.1%	38.1%	38.1%	40.5%		40.5%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	32.6%	36.5%	38.2%	38.3%	37.6%	35.2%	33.0%	34.2%	34.5%	35.6%	30.6%	32.2%	34.97%		35.0%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	81.0%	78.6%	77.5%	76.3%	81.0%	83.6%	83.1%	77.2%	73.7%	67.3%	71.9%	70.0%	73.4%		73.4%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	56.1%	52.4%	43.6%	47.8%	48.6%	48.1%	49.8%	53.6%	55.4%	58.8%	49.6%	49.2%	50.6%		50.6%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	54.5%	55.2%	56.4%	54.3%	57.4%	53.3%	49.6%	50.0%	54.5%	57.8%	56.1%	55.1%	55.7%		55.7%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	3.0	3.0	2.8	2.8	2.7	2.5	2.7	2.8	2.8	2.7	2.8	2.7	2.9		2.8	2.0
	Outpatient Did Not Attend (DNA) Rate	7.4%	7.3%	7.6%	7.8%	8.2%	7.6%	8.2%	7.8%	7.5%	6.8%	6.9%	7.0%	7.2%		7.1%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	1.7	2.7	2.5	2.2	1.9	2.5	2.6	2.3	1.8	1.7	2.1	2.3	1.9		2.0	<3
	% of all elective admissions that were day cases	82%	82%	77%	86%	81%	79%	76%	81%	80%	79%	78%	75%	76%		77.9%	>80%
	% of all elective admissions that were private	27%	31%	26%	22%	29%	25%	25%	30%	30%	24%	28%	28%	30%		27.9%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)	70.0%	77.1%	75.9%	72.8%	72.0%	75.3%	74.1%	66.6%	72.2%	72.2%	72.7%	77.9%	73.6%		73.5%	>85%
	Turnaround time as % of total session time	12.6%	17.8%	21.7%	15.7%	14.0%	13.1%	14.9%	14.7%	18.3%	19.0%	16.9%	14.7%	14.1%		16.9%	<15%

CATEGORY	INDICATOR	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	10	10	10	11	11	9	10	10	11	11	10	12	13		11	<11
	% Triaged within Target - Minor	51%	55%	57%	47%	51%	59%	53%	51%	51%	52%	54%	49%	44%		50%	>=90%
	% Triaged within Target - Major	67%	71%	68%	64%	64%	67%	63%	61%	60%	60%	64%	58%	59%		60%	>=90%
	Median Time from Arrival to commencing Treatment	47	41	42	43	44	43	39	40	38	41	38	44	39		40	<75
	% Commenced Treatment within Target - Minor	79%	82%	84%	80%	84%	83%	86%	84%	83%	86%	85%	82%	85%		84%	>=70%
	% Commenced Treatment within Target - Major	61%	67%	65%	64%	65%	63%	61%	61%	62%	64%	66%	63%	65%		64%	>=70%
	Median Total Stay in ED (mins)	154	141	142	141	142	153	148	160	158	148	149	160	156		154	<189
	Total patients in ED > 10 hours	25	19	15	18	29	12	27	69	45	19	55	39	49		207	<1
	ED conversion rate	14%	14%	14%	14%	15%	16%	17%	17%	17%	16%	16%	16%	16%		16%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	7.1	7.4	6.7	7.6	7.3	6.0	6.1	7.4	7.1	7.0	7.1	6.6	7.1		7.0	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	11%	9%	10%	10%	9%	11%	8%	7%	7%	9%	8%	8%	8%		8%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	73%	80%	77%	83%	87%	87%	91%	85%	89%	82%	85%	85%	82%		85%	<85%
	% of Inpatients discharged between 8am and noon	12%	15%	12%	12%	13%	10%	11%	11%	13%	11%	12%	11%	14%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	31.0	33.5	38.4	34.9	32.4	26.2	24.0	31.1	23.2	23.9	31.1	24.2	23.2		25.1	<30
	Total Bed Days Medically Fit For Discharge	992	1107	1191	1081	972	811	721	932	718	669	932	702	579		3600	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	ND	ND	487	691	582	578	466	622	442	511	628	467	412		2460	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	13%	11%	11%	13%	14%	14%	12%	12%	11%	13%	10%	13%	15%		12%	<10%

CATEGORY	INDICATOR	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
MENTAL HEALTH																	
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	3.8%	5.9%	1.1%	0.0%	0.0%	0.7%	1.3%	0.0%	2.2%	1.7%	0.0%	2.4%	3.4%		2%	<5%
	% of clients who started treatment in period who waited over 18 weeks	46%	27%	51%	51%	59%	59%	64%	28%	61%	38%	48%	22%	38%		45%	<5%
	JTT Average waiting time to treatment (Days)	131	105	159	139	159	196	170	102	165	130	144	94	137		134	<=177
	% of eligible cases that have completed treatment and were moved to recovery	52%	60%	100%	65%	50%	56%	38%	67%	67%	45%	62%	80%	55%		59%	>50%
	% of eligible cases that have shown reliable improvement	90%	80%	100%	90%	75%	92%	71%	92%	78%	75%	69%	80%	82%		76%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	281	153	73	124	146	135	223	179	123	133	61	204	161		136	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	ND	ND	ND	ND	ND	ND	71.4%	75.5%	86.3%	89%	85%	89%	77%		85%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	ND	ND	ND	ND	ND	ND	96.9%	86.0%	83.2%	74%	76%	86%	85%		80%	>85%
	Community Mental Health Team did not attend (DNA) rate	4.5%	3.6%	4.7%	3.6%	4.4%	5.5%	4.0%	3.7%	4.0%	3.2%	3.8%	4.1%	4.2%		4%	<10%
	Adult Acute Admissions per 100,000 population - Rolling 12 month	249	239	235	252	253	241	234	224	229	226	233	229	226		226	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	13%	39%	43%	36%	50%	64%	36%	50%	25%	31%	47%	40%	8%		30%	<37%
	Adult acute bed occupancy at midnight (including leave)	84%	97%	98%	93%	100%	92%	93%	91%	95%	88%	94%	99%	94%		94%	<88%
Inpatient Mental Health	% of Adult Acute discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	ND	ND	ND	ND	ND	ND	57%	55%	81%	44%	44%	83%	82%		66%	>80%
	Older Adult Admissions per 100,000 population - Rolling 12 month	413	412	411	399	373	357	376	380	369	379	363	342	381		381	<475
	Older adult acute bed occupancy (including leave)	97%	95%	93%	96%	100%	98%	91%	98%	99%	99%	99%	96%	90%		97%	<85%
	% of Older Adult discharges with a face to face contact from CMHT or Home Treatment Team within 3 days	ND	ND	ND	ND	ND	ND	60%	50%	67%	0%	100%	80%	83%		75%	>20%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	1	13	13	12	20	19	16	14	15	14	13	13	15		14	<13

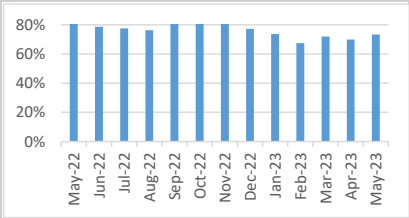
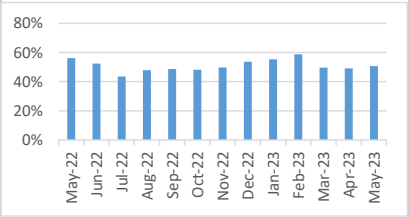
CATEGORY	INDICATOR	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
SOCIAL CARE																	
Learning Disability	Percentage of clients with a Physical Health check in the past year	55%	57%	62%	64%	65%	67%	69%	66%	69%	69%	69%	71%	72%		70%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	64%	80%	73%	90%	88%	93%	88%	90%	70%	83%	80%	73%	53%		72%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	72%	78%	57%	50%	75%	31%	58%	48%	38%	65%	73%	47%	45%		55%	>=80%

CATEGORY	INDICATOR	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
WOMEN'S AND CHILDREN'S SERVICES																	
Children	Was Not Brought Rate	10.6%	10.4%	11.9%	15.9%	11.2%	10.5%	11.6%	10.9%	9.5%	8.1%	8.5%	10.6%	10.7%		9.4%	<=10%
	Average length of stay on Robin Ward	1.09	1.74	1.13	1.01	1.07	1.62	2.21	1.85	1.35	1.56	2.93	1.73	2.99		2.1	<=1.65
	% deliveries home birth (Planned & Unscheduled)	7.6%	6.2%	5.1%	0.0%	7.1%	4.8%	14.3%	3.3%	8.0%	5.0%	11.9%	8.5%	4.8%		7.7%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	37.5%	40.6%	35.4%	38.0%	36.6%	38.1%	44.3%	27.0%	42.9%	50.0%	45.6%	33.9%	23.8%		39.4%	NA
	% Instrumental deliveries	10.1%	10.8%	8.9%	11.5%	12.9%	12.9%	4.3%	10.0%	9.3%	16.7%	7.5%	15.3%	11.3%		11.8%	NA
	% Emergency caesarean section births	26.3%	20.3%	26.6%	22.8%	16.9%	22.2%	28.6%	22.2%	27.3%	16.7%	20.6%	23.7%	27.0%		23.2%	NA
	% Elective caesarean section births	13.8%	18.8%	12.7%	21.5%	16.9%	17.5%	15.7%	23.8%	23.4%	16.7%	16.2%	20.3%	25.4%		20.5%	NA
	% of women that have an induced labour	30.4%	27.7%	26.6%	25.6%	31.4%	25.8%	20.0%	40.0%	14.7%	26.7%	20.9%	23.7%	35.5%		23.8%	=27.57%
	Number of stillbirths	0	0	0	1	0	1	0	0	0	0	0	0	0		0	0
Maternity	Rate of Vaginal Birth After Caesarean (VBAC)	22.2%	25.0%	0.0%	0.0%	12.5%	11.1%	0.0%	9.1%	5.0%	28.6%	14.3%	28.6%	16.7%		14.9%	>15%
	% primary postpartum haemorrhage >= 1500ml	6.3%	9.2%	3.8%	6.4%	7.1%	6.5%	2.9%	5.0%	5.3%	3.3%	4.5%	5.1%	14.5%		6.5%	<=6.75%
	% 3rd & 4th degree tears – normal birth	2.6%	0.0%	2.4%	2.9%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	<2.5%
	% of births less than 37 weeks	6.3%	10.1%	3.8%	3.8%	4.2%	7.9%	10.0%	12.7%	13.0%	10.0%	13.2%	3.4%	11.1%		10.4%	<=6.85%
	% deliveries requiring Jersey Neonatal Unit admission	11.3%	18.8%	6.3%	8.9%	11.3%	7.9%	10.0%	12.7%	11.7%	0.0%	0.0%	0.0%	0.0%		2.8%	<=5.05%
	% of babies that have APGAR score below 7 at 5mins	1.3%	1.5%	1.3%	3.9%	0.0%	0.0%	5.7%	1.7%	0.0%	0.0%	1.5%	1.7%	1.6%		0.9%	<=1.3%
	Average length of stay on maternity ward	2.18	2.25	2.02	2.17	2.30	2.15	2.44	2.20	1.86	2.07	2.21	2.15	2.56		2.15	<=2.28

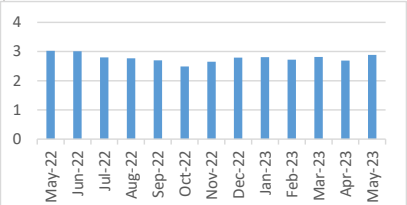
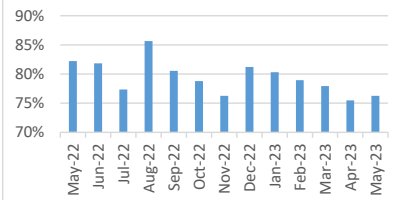
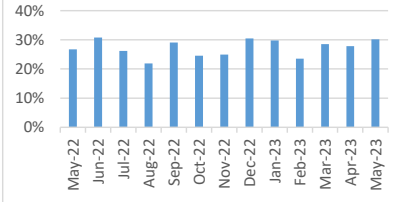
CATEGORY	INDICATOR		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TREND	YTD	STD
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	1	1	1	0	0	0	1	1	0	0	1	1	0		2	0
	E-Coli Bacteraemia	Hosp	0	1	1	1	0	0	1	0	0	0	0	1	1		2	0
	Klebsiella Bacteraemia	Hosp	0	0	2	0	0	1	0	0	0	1	1	0	0		2	0
	Pseudomonas Bacteraemia	Hosp	0	0	0	0	0	0	0	1	0	0	0	0	1		1	0
	C-Diff Cases	Hosp	3	2	0	0	1	2	0	0	1	2	1	1	2		7	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		1.5	0.8	1.2	1.2	1.2	1.2	2.8	3.1	2.3	2.8	2.9	2.8	4.0		3	NA
	Number of falls per 1,000 bed days		6.4	4.3	6.3	6.7	4.3	4.5	6.0	8.8	5.9	6.4	6.2	5.6	6.2		6	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		0.5	0.2	0.2	0.5	0.0	0.2	1.5	0.8	1.2	0.9	1.0	0.5	0.5		0.8	<0.40
	Number of serious incidents		4	1	0	3	2	0	3	1	0	2	3	3	0		8	NA
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		3.55	2.32	3.56	2.73	3.40	3.00	2.50	1.62	2.33	2.44	1.46	1.82	1.59		1.92	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		2.71	1.66	2.54	1.54	2.89	2.00	1.50	1.30	1.71	1.69	1.13	1.66	0.95		1.4	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		0.51	0.33	0.51	1.02	0.34	0.67	1.00	0.32	0.62	0.75	0.32	0.17	0.48		0.46	<0.60
Feedback	Number of comments received		58	32	22	27	27	18	29	25	15	8	17	13	26		79	NA
	Number of compliments received		51	44	52	45	50	69	53	96	76	95	60	69	54		354	NA
	Number of complaints received		22	28	20	40	34	49	51	29	55	43	34	36	25		193	NA
	% of all complaints closed in the period which were responded to within the target		ND	ND	ND	ND	ND	ND	54%	21%	31%	19%	23%	39%	24%		25.7%	>40%

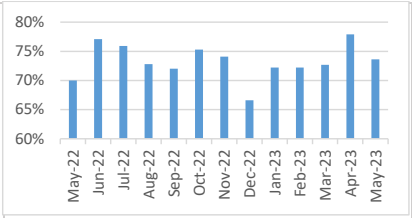
EXCEPTION REPORTS

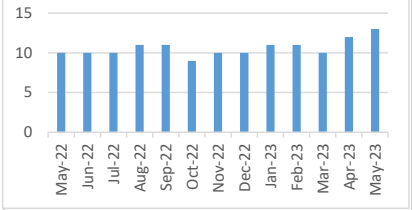
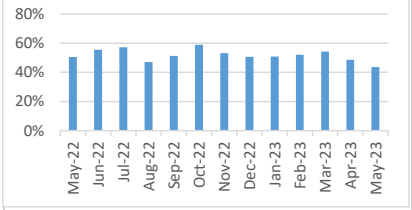
GENERAL AND ACUTE WAITING LISTS

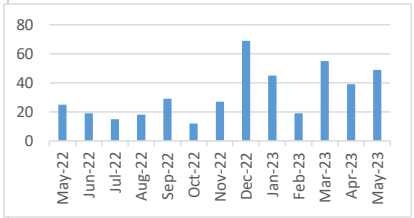
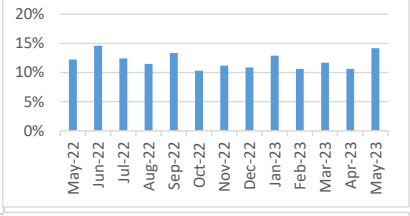
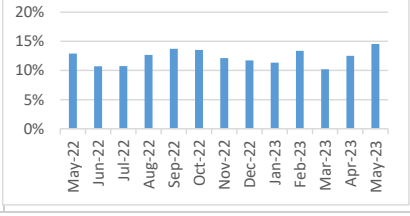
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting over 90 days for 1st outpatient appointment		Data snapshot taken as at 26th May 2023. This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans. At the end of May, the percentage of patients waiting over 90 days for a first outpatient appointment in the acute hospital was 35.0% - amber- so no exception report is required. However an increase in surgical care group specialties has been noted at 38.9%, up from 36.9% in April. **Specialty** / **Apr** / **May** / **% Change** Ophthalmology: 707 / 733 / 4% Trauma and Orthopaedics: 323 / 357 / 11% ENT: 230 / 306 / 33% Clinical Genetics: 312 / 301 / -4% Dermatology: 221 / 269 / 22% General Surgery: 60 / 98 / 63% **Ophthalmology:** More than 90% of patients waiting over the 90-day standard are for routine cataract assessment. The current wait is at 21 months for a first appointment. Waiting list recovery money has been allocated for an additional support from the independent sector for a one stop surgical assessment and day case pathway. The capability assessment has been live to the market during May and closed on the 31st. **Trauma and Orthopaedics:** Work is underway to unpick the hub model which will ensure all clinicians are seeing an equitable workload of patients. The profiles and slot lengths for new and follow-up patients will be aligned to national standards. In addition to this additional ad-hoc clinics will commence on Friday afternoons which will focus on reviewing 'new' patients only. **Clinical Genetics:** The Service level agreement to complete family history assessment on 180 patients is in place until September 2023. **General Surgery:** The majority of patients waiting > 90 days on the outpatient PTL have not returned FIT tests or are awaiting results post being sent a repeat test after failing to submit the first. The Waiting List Manager for surgery will lead on this project once in post in July 2023. **Dermatology:** capacity not meeting demand. Staff grade due to start on 10/07/2023. GP with specialist interest has been identified and is currently in the recruitment process. Middle grade identified and awaiting start date.	>35% Care Group General Managers
% patients waiting over 90 days for 1st OP appointment - Community		Data snapshot taken as at 26th May 2023 **Dental:** there has been a steady decline in the number of patients waiting over 90 days for new appointment due to the COVID recovery commissioned dental scheme with private practises. The dental department is seeing more new patients in house and a paper has been presented to ELT re continuing this improvement once the scheme finishes. The percentage of people waiting over 90 days slightly fluctuates month to month but the overall number waiting has reduced by 42% since the end of December. The % waiting over 90 days is impacted by patients who have been referred to the private clinics but who then DNA and are then returned to our waiting list to ensure compliance with Safeguarding and WNB policy.	>35% Care Group General Managers
% patients waiting over 90 days for diagnostics		Data snapshot taken as at 26th May 2023 **Endoscopy:** insourcing planning is underway expected to commence Q4 2023 removing all patients over 90 days. Current risk to delivery is capacity of labs to process additional samples and complete reporting. Meeting 29th June 2023 to confirm planning. Mobilisation group meeting regarding pre-assessment has commenced. Supplier aiming to visit asap but will delay until labs capacity confirmed on the 29th. BAU activity is impacted by 1 vacancy and 1 long term sick consultants. **DEXA Scanning:** A small number of patients awaiting DEXA scanning remain in the over 90 days category, a number of these patients have repeatedly DNA and at consultant request are to be offered one further appointment.	>35% Care Group General Managers

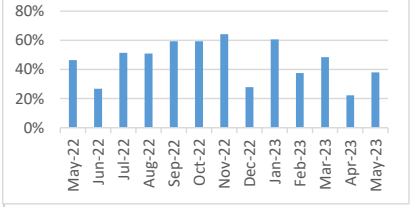
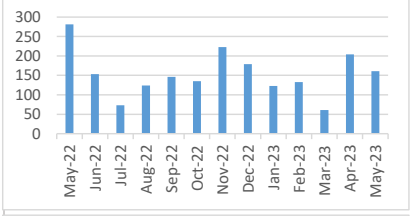
% patients waiting over 90 days for elective admissions		Data snapshot taken as at 26th May 2023 The key outliers in relation to this metric are Trauma and Orthopaedics, General Surgery, ENT and Ophthalmology. Specifically in General Surgery, patients on the Upper GI pathway are experiencing protracted delays to surgery. Additional resource via Waiting List Initiative payments has been sourced to focus on our longest waiting patients (Lap Choles) with the first additional operating list scheduled for 17/06/23. In T&O the greatest delays are for lower limb surgery with routine patients waiting up to 1 year for surgery since being listed. The ability to deliver BAU activity has stabilised due to the ringfencing of Sorel for elective activity, however additional funding has been approved to deliver an additional 166 operations via a combination of increased operating on-island and utilising the independent sector in the UK. The additional activity is currently in the planning phase. High Intensity Lists have been approved to focus on pooling operations listed for 30 mins or less to increase the average cases per session. Both Ophthalmology and ENT have been identified as areas where this can have significant impact. 12 cataract operations will be scheduled per Ophthalmology list whilst in ENT, planning is underway to schedule additional sessions focusing on a combination of longest waiters and removals of lesions. Dates are yet to be finalised in relation to when this activity will commence due to implementation of the new EPR.	>35% Care Group General Managers

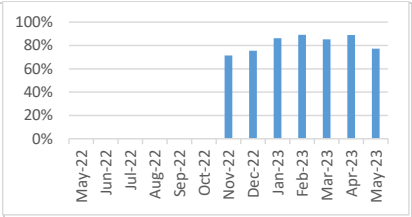
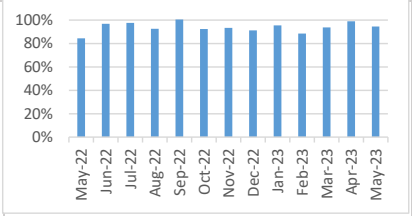
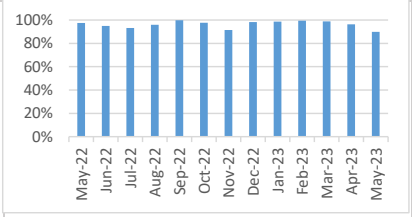
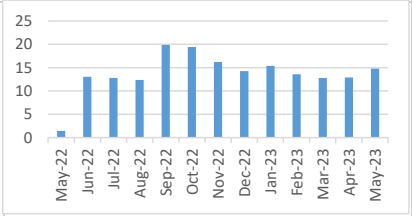
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		Month 5 data only up to 26th May **Surgical Care Group -** ratio is 2.43 (up from 2.27 April) The specialities that are above 2 are: Breast Surgery (5.15 - 299 FUP / 58 New); Orthodontics (6.73 – 222 FUP / 33 New); Ophthalmology (2.43 – 800 FUP / 328 New); Dermatology (2.41 – 243 FUP / 101 New); and Urology (4.48 – 314 FUP / 70 New) These services will continue to have patients that are required to continue for long periods and the patients will remain in these services on some occasions for several years. Further surgical pathway benchmarking will inform our improvement plan in this area.	> 2.0 Care Group General Managers
% of all elective admissions that were day cases		Month 5 data only up to 26th May Totality of activity in month was not able to be captured due to the EPR changeover. However the 4 month trend in not achieving the standard is noted. The Surgical Care Group are reviewing surgical pathways in line with British Association of Day Sugery (BADS) Directory of Procedures to ensure our approach to inpatient and day surgery is in keeping with best practice.	<80% Surgical Services Care Group General Manager
% of all elective admissions that were private		Month 5 data only up to 26th May Month 5 rate is 30%. Up to one third of elective procedures can be private. This data shows that 70% of procedures were public. When the public waiting list is as it is, this is an appropriate level.	<32% or >34% Surgical Services Care Group General Manager

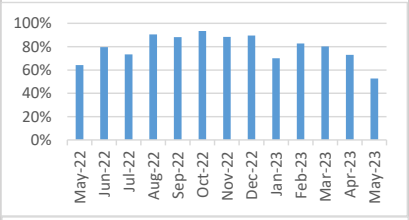
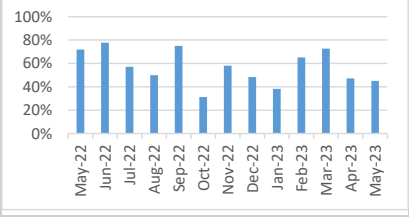
Elective Theatre List Utilisation (Main Theatres, Day Surgery/Minor Operations)		Month 5 data only up to 26th May The data issue regarding sessional data not being matched to theatre data is still an issue with this metric meaning that it is not a true representation of utilisation. The new Theatre module available via the EPR upgrade will improve data capture. Theatre utilisation is a key workstream of our Financial Recovery Plan (FRP)	<85% Surgical Services Care Group General Manager

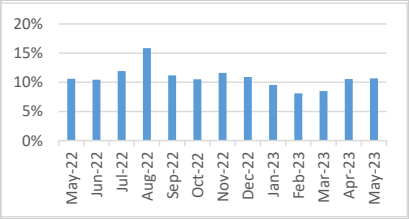
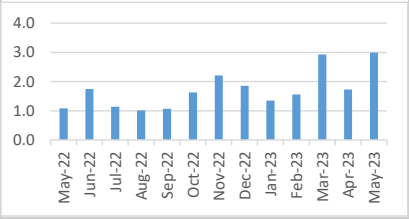
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Median Time from Arrival to Triage		Month 5 data only up to 26th May There has been a slight increase in the median time to triage. The care group is reviewing the ED indicators alongside best practice from NHS England / Royal College of Emergency Medicine. Performance will be monitored closely following the introduction of the new EPR to ensure that the expetced improvements in data capture are realised.	>10 Medical Services Care Group General Manager
% Triaged within Target - Minor		Month 5 data only up to 26th May The care group is reviewing the ED indicators alongside best practice from NHS England / Royal College of Emergency Medicine. Performance will be monitored closely following the introduction of the new EPR to ensure that the expetced improvements in data capture are realised.	90% Medical Services Care Group General Manager
% Triaged within Target - Major		Month 5 data only up to 26th May The care group is reviewing the ED indicators alongside best practice from NHS England / Royal College of Emergency Medicine. Performance will be monitored closely following the introduction of the new EPR to ensure that the expetced improvements in data capture are realised.	90% Medical Services Care Group General Manager
% Commenced Treatment within Target - Major		Month 5 data only up to 26th May The care group alongside ED are going to be reviewing data from next month to see if there has been an improvement with the introduction of maxims	90% Medical Services Care Group General Manager

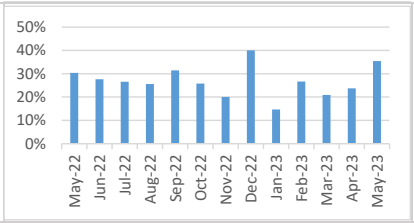
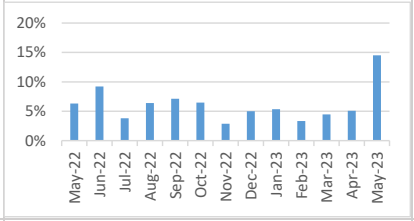
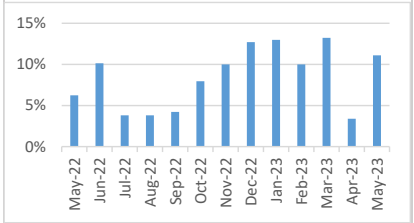
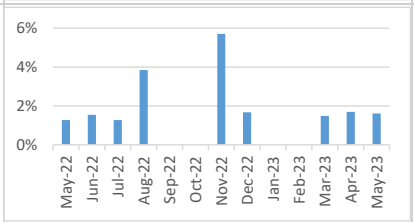
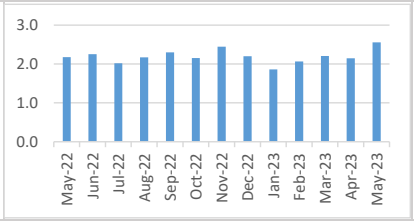
Total patients in ED > 10 hours		Month 5 data only up to 26th May Slight increase noted in relation to 10-hour breaches Reasons - Bed capacity/Patient flow - Appropriate delays for admission avoidance - Delay in specialty reviews. We will be continuing to monitor this position and how we can reduce the numbers down. These metrics are shared at ED governance meetings in order to formalise and gain traction on actions required. Project improvement capacity has been identified via the FRP work with KPMG.	>0 Medical Services Care Group General Manager
% of Inpatients discharged between 8am and noon		Month 5 data only up to 26th May Slight increase noted in our discharge profile. Care group is working on flow and discharge throughout the wards to improve the discharge earlier in the day this in turn will support less late night moves and avoid capacity issues in ED. Morning discharges is part of the patient flow work being undertaken with support from KPMG	15% Medical Services Care Group General Manager
Rate of Emergency readmission within 30 days of a previous inpatient discharge		Month 5 data only up to 26th May Slight increase noted on 30 days readmission. Work will be undertaken to understand this and the care group will be reviewing these readmissions to ascertain if they were clinically appropriate. A previous deep dive did not identify this metric as an area of concern.	>10% Medical Services Care Group General Manager

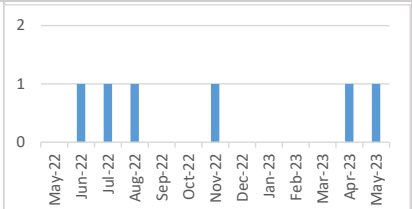
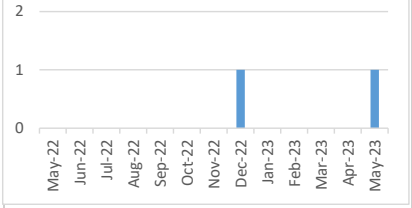
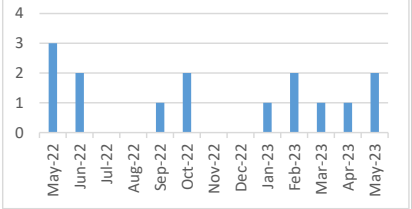
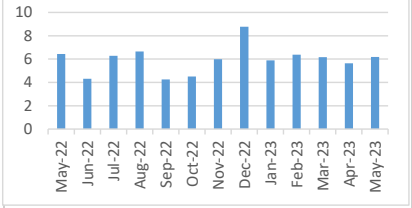
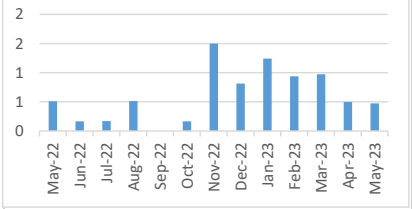
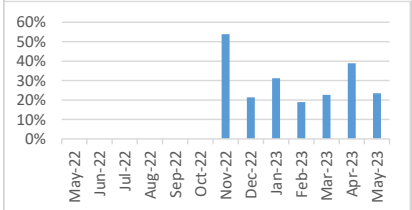
MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients who started treatment in period who waited over 18 weeks		Whilst the service continues to achieve the KPI of referral to assessment within 90 dats, meeting our target of referral to treatment within 18 weeks remains a challenge. This is in part due to both level of demand and capacity within the team; we are currently recruiting into posts which is hoped will reduce the waiting length for treatment to compete.	>5% Lead Allied Health Professional Mental Health
Memory Service - Average Time to assessment (Days)		Demand for the memory assessment service continues to signifcantly outstrip available diagnostic capacity within the team. Work is underway to prioritise those on the waiting list for the longest period, and the Mental Health Senior Leadership Team plan to undertake a review jointly with the team in the next 2 months to develop a formal improvement trajectory in relation to waiting times.	>138 Lead Nurse - Mental Health

% of referrals to Mental Health Crisis Team assessed in period within 4 hours		The Crisis assessment service achieved the face to face assessment within 4 hours target in 77% of cases; this is predominantly as a result of capacity within the team, demand and some service user choice. The team are reviewing / streamlining referral processes with a view to addressing this, and the team manager is reviewing the length of time & reasons for each case that was not seen within 4 hours.	<85% Mental Health Care Group Manager
Adult acute bed occupancy at midnight (including leave)		Month 5 data only up to 26th May Ward occupancy remains high across the mental health wards; This particularly relates to ongoing challenges in obtaining appropriate supported accomodation on discharge, and some gaps in the community rehabilitation pathway for people with serious mental illness. This will be addressed by the rehab pathway review which is due to commence in July.	>88% Mental Health Inpatient Lead Nurse
Older adult acute bed occupancy (including leave)		Month 5 data only up to 26th May Ward occupancy remains high across the mental health wards; This relates to ongoing challenges in obtaining appropriate supported accomodation on discharge and, particularly within the older adult pathway, significant challenges in obtaining nursing or residential placements to move on from hospital. Work continues to explore opportunities to address this.	>85% Mental Health Inpatient Lead Nurse
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards		Month 5 data only up to 26th May As above, delays in discharge from mental health wards relate to - Delays in obtaining community care packages - Nursing placements for people living with dementia and complex needs - Residential placements for people living with serious mental illness. - Gaps in the mental health rehabilitation pathway on island.	>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 71% attainment level achieved in May. The service are currently exploring consistent access to a suitable clinic environment in order to further progress the capacity for undertaking physical health checks.	>=80% Social Care Care Group General Manager
Percentage of Assessments completed and authorised within 3 weeks (ASCT)		Assessments associated with the Long-Term Care Benefit Scheme are generally being completed on time by social workers. However, the ongoing dip in performance correlates to an ongoing capacity / resource issue in the senior authorisation (Approved Registered Practitioners process), some redirection of resources to support hospital discharge processes, and unplanned staff absence. This is being reviewed in detail by the Social Care leadership team in order to address these issues and improve performance.	>=80% Social Care Care Group General Manager
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		The service is consistently struggling to achieve this KPI, which relates to support plans being reviewed within 6 weeks of agreement. Detailed analysis undertaken shows this frequently relates to the care package being delayed in starting (for example delay in hospital discharge, delays in commencement of packages or provider unavailability) together with some internal system/process issues which are being addressed. The leadership team have developed a plan to address this and it is anticipated performance will improve going forward.	>=80% Social Care Care Group General Manager

WOMEN'S AND CHILDREN'S SERVICES			
Was Not Brought Rate		Month 5 data only up to 26th May This data includes all data across HCS for young people under 18. The speciatlies with higher WNB rates are Community Dental, Paediatrics and Orthoptics. Work is underway to identify themes and areas of concern within certain departments. This will include administration of appointments and identifying areas for improvement, alongside assurance for safeguarding policy compliance.	>9.8% WACS Care Group General Manager
Average length of stay on Robin Ward		Month 5 data only up to 26th May No concerns regarding an increased length of stay on Robin ward. The increase in the average is due to a long term admission.	>1.65 Lead Nurse for Children

% of women that have an induced labour		Month 5 data only up to 26th May National Maternity and Perinatal audit shows induction of labour rates of 33.3% . Induction of labour is commonly offered where there are concerns that a problem could worsen if a pregnancy were to continue beyond a certain point. Decisions may be multifactorial. A sprint audit is due to be published later in 2023 by the NMPA and it will be an opportunity to benchmark local practices against national recommendations.	>25% Lead Midwife
% primary postpartum haemorrhage >= 1500ml		Month 5 data only up to 26th May A thematic review of all primary post partum haemorrhages that have occurred in 2023 is being carried out. This audit is being broadened to ensure it is multi-professional and is compliant with audit standards. Following this, any learning /recommendations for practice will be enacted and monitored at Maternity Improvement Group.	>3.3% Lead Midwife
% of births less than 37 weeks		Month 5 data only up to 26th May There has been an increase in births before 37 weeks gestation. Some of these are spontaneous and some are clinically indicated. All planned preterm births are as a result of a multidisciplinary approach.	>10% Lead Midwife
% of babies that have APGAR score below 7 at 5mins		Month 5 data only up to 26th May Any circumstance of a baby born with APGAR below 7 at 5 minutes would be subject to Datix reporting and subsequent review to ensure all learning is identified and learning embedded into practice.	>0.6% Lead Midwife
Average length of stay on maternity ward		Month 5 data only up to 26th May The length of stay will be affected by the complexity of some maternity admissions. This will include social as well as medical complexities resulting in a slightly longer stay on the ward.	>2.5 Lead Midwife

QUALITY AND SAFETY			
E-Coli Bacteraemia - Hosp		RCA in progress	0 Director of Infection Prevention and Control
Pseudomonas Bacteraemia - Hosp		RCA in progress	0 Director of Infection Prevention and Control
C-Diff Cases - Hosp		RCA in progress	1 Director of Infection Prevention and Control
Number of falls per 1,000 bed days		Month 5 data – actual bed days to 26th May and pro-rated for remainder of month. There has been 43 falls in the month of May which is an increase of 4 on the previous month. Rates per 1000 bed days are currently 6.2% an increase of 0.2% on the previous month. All were low or no harm. Of the falls reported there were no trends relating to individual wards, time of day or staff shortages. Of all those reported 2 patients had no risk assessment completed this has been raised to the ward teams.	6 Associate Chief Nurse
Number of medication errors across HCS resulting in harm per 1000 bed days		Month 5 data – actual bed days to 26th May and pro-rated for remainder of month	> 0.40 Medical Director
% of all complaints closed in the period which were responded to within the target		Currently complaint response time remains outside of target set by GOJ of 5 days. The nature of healthcare complaints means that the response time on average will exceed 5 days.	<40% Head of Patient Experience

CHANGES AND TECHNICAL NOTES

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

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

On 26 May 2023 the Hospital Patient Administration System (PAS) was cut over from TrakCare to IMS Maxims. For month 5 reporting, all hospital indicators therefore only have data up to 26/05/2023. We are endeavouring to produce data for the remainder of month 5 by combining the data from the two systems and are aiming to include this when the month 6 report is produced.

Datix software used for feedback and incident reporting was unaffected by the switch to IMS Maxims on 26/05/2023. Therefore all Quality and Safety Indicators are reported for the full month of May 2023. Denominators (number of bed days) in Quality and Safety Indicators which are reported per 1,000 bed days have been pro-rated to reflect a full month of occupancy.

RAG status for the Mental Health indicator "% of Adult Acute discharges with a face to face contact from CMHT or Home Treatment Team within 3 days" has been updated to reflect the national standard of 80% - evidence from the Royal College of Psychiatrists

APPENDIX - DATA SOURCES

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

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

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

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

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

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

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

MENTAL HEALTH						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Jersey Talking Therapies	% of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment
	% of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients waiting more than 18 weeks to commence treatment. Numerator: Number of JTT clients beginning treatment who waited longer than 18 weeks from referral date. Denominator: Total number of JTT clients beginning treatment in the period
	JTT Average waiting time to treatment (Days)	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	<=177	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
	% of eligible cases that have completed treatment and were moved to recovery	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	>50%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that completed treatment and were moved to recovery (defined as a clinical case at the start of their treatment and are no longer defined as a clinical case at the end of their treatment), divided by the total number of JTT referrals which match the services eligibility criteria
	% of eligible cases that have shown reliable improvement	JTT & PATS electronic client record system	Lead Allied Health Professional Mental Health	>75%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that showed reliable improvement (there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition), divided by the total number of JTT referrals which match the services eligibility criteria

Community Mental Health	Memory Service - Average Time to assessment (Days)	Community services electronic client record system	Lead Nurse - Mental Health	<138	Generated based on historic percentiles	Average (mean) days waiting from the date of referral to the assessment date for all those who have been referred and assessed under the Memory Assessment Service centre of care
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
	Community Mental Health Team did not attend (DNA) rate	Community services electronic client record system	Lead Nurse - Mental Health	<10%	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked

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

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

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

Maternity	% deliveries home birth (Planned & Unscheduled)	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Percentage of deliveries home births (Planned & Unscheduled) out of the total number of deliveries in the period. Numerator: Number of deliveries recorded as being at "Home" (regardless of whether they were 'planned' or 'unplanned') in the period. Denominator: number of deliveries in the period.
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	Maternity Delivery Details Report	Lead Midwife	NA	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries didivded by total number of deliveries
	% Instrumental deliveries	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Instrumental deliveries divided by total number of deliveries
	% Emergency caesarean section births	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Emergency Caesarean sections, divided by total number of deliveries
	% Elective caesarean section births	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	NA	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
	% of women that have an induced labour	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=27.57%	Standard set locally based on average (mean) of previous two years' data	Percentage of women that have an induced labour in the period. Numerator: Number of women that had an induced labour. Denominator: number of deliveries.
	Number of stillbirths	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	0.0%	Stanadard set locally based on historic performance	Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation)
	Rate of Vaginal Birth After Caesarean (VBAC)	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	>15%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, standard set to match the NHS National value of 15%.	Number of Vaginal Births after Caesarean (VBAC) divided by the total number of Births after Caesarean
	% primary postpartum haemorrhage >= 1500ml	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=6.75%	NHS National Value is 3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that resulted in a blood loss of over 1500ml out of the total number of deliveries in the period. Numerator: Number of deliveries that resulted in a blood loss of over 1500ml. Denominator: number of deliveries

	% 3rd & 4th degree tears – normal birth	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<2.5%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, we have set the standard to match the NHS National value of 2.5%.	Number of women who had a vaginal birth (not instrumental) and sustained a 3rd or 4th degree perineal tear as percentage of all normal births
	% of births less than 37 weeks	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=6.85%	NHS National Value is 6.3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Number of live babies who were born before 37 weeks (less than or equal to 36 weeks + 6 days gestation) divided by total number of live births
	% deliveries requiring Jersey Neonatal Unit admission	Hospital Patient Administration System (TrakCare, Inpatient Reports ATD5L & ATD5PA, Maternity Deliveries Report MAT23A)	Lead Midwife	<=5.05%	Standard set locally based on average (mean) of previous two years' data	Number of deliveries requiring admission to the Jersey Neonatal Unit, divided by total number of deliveries
	% of babies that have APGAR score below 7 at 5mins	Hospital Patient Administration System (TrakCare, Deliveries Report MAT23A)	Lead Midwife	<=1.3%	NHS National Value is 1.2%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
	Average length of stay on maternity ward	Hospital Patient Administration System (TrakCare, Inpatient Report ATD9P)	Lead Midwife	<=2.28	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay for all patients discharged in the period from the Maternity Ward

QUALITY AND SAFETY							
INDICATOR			SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Infection Control	MRSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
	MSSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Methicillin-Susceptible Staphylococcus Aureus (MSSA) cases in the hospital in the period, reported by the IPAC team
	E-Coli Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
	Klebsiella Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Klebsiella bacteraemia cases in the hospital in the period, reported by the IPAC team
	Pseudomonas Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	0	Standard based on historic performance	Number of Pseudomonas bacteraemia cases in the hospital in the period, reported by the IPAC team
	C-Diff Cases - Hosp	Hosp	Infection Prevention and Control Team Submission	Director of Infection Prevention and Control	1	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team

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