Health and Community Services

Quality and Performance Report November 2023

Government of Jersey

INTRODUCTION

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

PURPOSE

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

BACKGROUND

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

SPONSORS:

Interim Chief Nurse - Jessie Marshall

Medical Director - Patrick Armstrong

Chief Operating Officer - Acute Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA

HCS Informatics

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EXECUTIVE SUMMARY

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

General & Acute Performance

Overall volume on our 1st Outpatient Attendance (OPA) waiting list has grown in month due to an increase in the acute specialities due to growing demand in ENT, Dermatology in recent months and challenged capacity. Community waiting list continues to drop due to recovery plans in place e.g. Community Dental and Physiotherapy. However in all OPA lists (community & acute) the % of patients waiting over 90 days continues to decrease with recovery plans. As we go into 2024 the specialties of focus with waiting list recovery actions are Ophthalmology, ENT, T&O & Dermatology.

The diagnostic waiting list has reduced in size and for those waiting over 90 days due to Endoscopy & MRI recovery.

Elective inpatient (TCI) waiting list has reduced for those patients waiting over 90 days in recent months with further work to deliver improvement in Q1 with outsourcing and impact of additional capacity in acute bed base with the opening of Plemont ward and improvement actions in Medicine e.g. move and mobilisation of SDEC. A slight increase in the total number TCI is noted. Further detail in relation to waiting lists is provided in separate paper.

Emergency Department (ED) attendances and emergency admissions remain stable. Good median time to treatment has been maintained with a slight reduction in long waiters in ED. More focus will be directed to am discharges as part of the FRP as performance has fluctuated and metric will be planned to achieve in Q1.

Mental Health and Social Care Performance

Performance remains generally stable across mental health and adult social care, although it is noted that waiting times for psychological treatment (JTT) and memory assessment have increased.

Occupancy across mental health wards was high in November, resulting in some pressures on beds, with a significant increase in the number of people identified as being Delayed Transfers of Care (DToC). Work is underway with community providers and other partners - including housing - to seek to resolve this.

It is pleasing to note the increase in the percentage of people with a learning disability who have had a physical health check completed in the past year to 83%, achieving the KPI of 80% for the first time.

Quality & Safety

October saw an improvement in several quality metrics with none triggering an alert and all within expected measures.

During November, the patient experience team have been focused on clearing the backlog of overdue complaint cases. As such, 24 historically overdue complaints were closed in month, with 24 new complaints and 52 new PALS enquiries logged during the month. All complainants with open complaints and PALS enquiries were contacted during the month to apologies for delays and agree new completion timescales and dates, in accordance with the States of Jersey Feedback Policy, such that future reporting will be based on achieving these agreed completion dates, which will contribute to an improvement of the overall compliance rate moving forward. As of the end of November there were 47 open complaints (Stages 1, 2, and 3) of which 50% remained overdue the initial 5 day response rate, although each of these have now got an agreed timescale and response date in place.

A review is in progress on how HCS benchmarks Pressure Ulcer occurrence against best practice against comparable clinical areas. In October 2023 there were 16 cases of hospital acquired pressure damage, 14 of those were category 2. In November there 6 cases of hospital acquired pressure damage, demonstrating considerable improvement. In addition the Surgical Floor has had 62 days free of pressure damage and Samares 30 days. Compliance with pressure damage documentation has increased from 81% in October to 87.6% in November.

There has been a slight increase in the number of falls from 42 in October to 49 in November, 3 of those were assisted. Of the remainder 31 of those were unwitnessed, 2 of which resulted in moderate physical harm. Falls risk assessment documentation had been completed on 46 of the patients.

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	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	4104	3332	3837	3622	4812	3731	3787	4197	3945	3734	3836	4413	4324		44238	-2%	5%
General and Acute Outpatient Referrals - Under 18	365	411	348	432	414	308	307	433	369	320	386	436	425		4178	-3%	16%
Additions to Inpatient Waiting List	581	451	455	495	571	468	642	693	636	537	622	695	632		6446	-9%	9%
Referrals to Mental Health Crisis Team	52	91	87	83	90	91	93	113	104	100	93	84	108		1046	29%	108%
Referrals to Mental Health Assessment Team	139	201	237	215	272	187	229	249	234	321	229	274	261		2708	-5%	88%
Referrals to Memory Service	33	30	58	43	56	43	29	27	27	40	32	34	27		416	-21%	-18%
Referrals to Jersey Talking Therapies	113	74	104	98	134	109	94	105	90	110	120	125	120		1209	-4%	6%

ACTIVITY

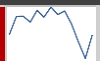
Measure	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	21502	16596	19916	19315	21533	16712	17424	16834	15704	16124	16894	18069	16813		195338	-7%	-22%
Elective Admissions	230	163	213	233	335	315	263	153	142	119	125	144	149		2191	3%	-35%
Elective Day Cases	700	532	629	615	701	428	583	549	513	545	529	722	702		6516	-3%	0%
Elective Regular Day Admissions	923	903	952	884	1064	932	1089	1085	1042	1059	1015	1062	948		11132	-11%	3%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	277	268	316	240	245	180	162	160	150	147	144	105	131		1980	25%	-53%
Emergency Department Attendances	3394	3325	3270	2982	3501	3345	3547	3762	3671	3714	3569	3309	3210		37880	-3%	-5%
Emergency Admissions	588	571	579	502	571	555	625	591	553	544	542	555	585		6202	5%	-1%
Admissions to Adult Mental Health unit (Orchard House)	11	8	16	13	15	10	9	12	15	14	13	12	10		139	-17%	-9%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	0	1	1	2	1	2	1	0	3	3	2	1	1		17	0%	NA
Maternity Deliveries	70	63	77	60	68	59	67	53	77	71	64	59	64		719	8%	-9%

WAITING LISTS

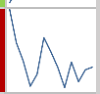
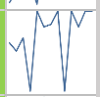
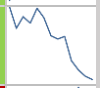
Measure	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9049	9245	9036	8571	9044	9296	9814	10917	12668	13077	13398	13162	13563		13563	3%	50%
Outpatient 1st Appointment Waiting List - Acute	7069	7247	7232	6807	7413	7860	8399	9875	11388	11793	12099	11926	12392		12392	4%	75%
Outpatient 1st Appointment Waiting List - Community	1980	1998	1804	1764	1631	1436	1415	1042	1280	1284	1299	1236	1171		1171	-5%	-41%
Diagnostics Waiting List	1027	992	955	908	1030	1025	1027	971	2400	2489	2548	2309	2286		2286	-1%	123%
Elective Waiting List	2186	2293	2409	2424	2385	2434	2375	2699	2723	2647	2720	2746	2790		2790	2%	28%
Elective Waiting List - Under 18	84	87	90	106	101	91	93	100	86	71	79	79	88		88	11%	5%
Jersey Talking Therapies Assessment Waiting List	150	145	138	117	159	167	147	133	97	66	121	100	126		126	26%	-16%

QUALITY AND PERFORMANCE SCORECARD

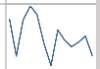
The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation's objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance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

CATEGORY	INDICATOR	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	44.0%	43.5%	42.3%	42.1%	38.1%	38.1%	40.5%	40.2%	41.8%	42.5%	45.8%	47.4%	45.9%		45.9%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	33.0%	34.2%	34.5%	35.6%	30.6%	32.2%	35.0%	35.8%	39.4%	40.8%	44.9%	47.0%	45.7%		45.7%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	83.1%	77.2%	73.7%	67.3%	71.9%	70.0%	73.4%	81.7%	63.0%	58.3%	54.0%	51.7%	48.1%		48.1%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	49.8%	53.6%	55.4%	58.8%	49.6%	49.2%	50.6%	69.8%	70.8%	70.2%	69.2%	68.9%	65.4%		65.4%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	49.6%	50.0%	54.5%	57.8%	56.1%	55.1%	55.7%	58.1%	56.3%	58.0%	58.9%	58.9%	54.7%		54.7%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	2.7	2.8	2.8	2.8	2.9	2.8	2.9	2.9	2.9	2.8	2.6	2.5	2.7		2.8	2.0
	Outpatient Did Not Attend (DNA) Rate	8.2%	7.8%	7.5%	6.8%	6.9%	7.0%	7.4%	13.6%	14.3%	14.3%	15.0%	13.4%	11.4%		10.6%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	2.6	2.3	1.8	1.7	2.1	2.3	2.2	2.5	3.1	3.6	2.8	3.4	2.6		2.5	<3
	% of all elective admissions that were day cases	76%	81%	80%	79%	78%	75%	76%	75%	75%	80%	76%	78%	75%		77.0%	>80%
	% of all elective admissions that were private	25%	30%	30%	24%	29%	28%	30%	32%	28%	25%	28%	28%	28%		28.1%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	75.0%	69.1%	74.0%	73.1%	73.6%	78.4%	72.6%	60.4%	61.8%	59.7%	63.6%	66.0%	68.1%		67.3%	>85%
	Turnaround time as % of total session time	14.9%	14.7%	18.3%	19.0%	16.9%	14.7%	14.4%	11.3%	11.9%	11.2%	13.1%	12.5%	10.8%		13.7%	<15%

CATEGORY	INDICATOR	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	10	10	11	11	10	12	14	26	17	16	17	16	16		15	<11
	% Triaged within Target - Minor	53%	51%	51%	52%	54%	49%	43%	26%	43%	46%	44%	46%	47%		45%	>=90%
	% Triaged within Target - Major	63%	61%	60%	60%	64%	58%	56%	31%	42%	44%	46%	43%	45%		50%	>=90%
	Median Time from Arrival to commencing Treatment	39	40	38	41	38	44	41	60	40	37	33	32	29		39	<75
	% Commenced Treatment within Target - Minor	86%	84%	83%	86%	85%	82%	84%	78%	89%	89%	94%	94%	96%		87%	>=70%
	% Commenced Treatment within Target - Major	61%	61%	62%	64%	66%	63%	66%	53%	71%	70%	73%	73%	78%		67%	>=70%
	Median Total Stay in ED (mins)	148	160	158	148	149	160	156	173	149	146	146	153	150		153	<189
	Total patients in ED > 10 hours	27	69	45	19	55	39	54	58	36	76	72	51	46		551	<1
	ED conversion rate	17%	17%	17%	16%	16%	16%	16%	15%	14%	14%	15%	16%	17%		15%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	6.1	7.4	7.1	7.0	7.1	6.6	6.5	6.1	6.8	7.3	8.8	8.2	6.8		7.1	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	8%	7%	7%	9%	8%	8%	10%	14%	12%	15%	13%	13%	13%		11%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	97%	94%	97%	90%	95%	95%	89%	87%	89%	87%	92%	89%	ND		90%	<85%
	% of Inpatients discharged between 8am and noon	11%	11%	13%	11%	12%	11%	13%	13%	11%	13%	11%	14%	10%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	24.0	31.1	23.2	23.9	31.1	24.2	23.2	ND	ND	ND	57.8	47.7	32.6		32.9	<30
	Total Bed Days Medically Fit For Discharge	721	932	718	669	932	702	579	ND	ND	ND	1733	1480	978		7791	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	466	622	442	511	628	467	412	ND	ND	ND	ND	919	692		4071	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	11%	10%	10%	10%	9%	10%	13%	11%	8%	12%	10%	11%	9%		10%	<10%

CATEGORY	INDICATOR	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
MENTAL HEALTH																	
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	1.3%	0.0%	2.2%	1.7%	0.0%	2.4%	4.1%	3.0%	3.1%	3.0%	3.3%	3.0%	3.2%		3%	<5%
	% of clients who started treatment in period who waited over 18 weeks	64%	28%	61%	38%	47%	20%	38%	35%	59%	33%	45%	48%	56%		46%	<5%
	JTT Average waiting time to treatment (Days)	170	102	165	130	141	96	134	154	162	125	153	168	215		149	<=177
	% of eligible cases that have completed treatment and were moved to recovery	42%	62%	67%	44%	59%	64%	54%	91%	63%	44%	30%	73%	74%		59%	>50%
	% of eligible cases that have shown reliable improvement	71%	85%	78%	76%	71%	68%	77%	91%	75%	56%	78%	82%	85%		77%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	153	152	126	137	107	126	152	177	182	188	192	190	212		163	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	70.0%	77.1%	84.1%	93.0%	83.3%	87.3%	86.7%	98.5%	84.2%	82%	88%	78%	86%		86%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	96.8%	88.3%	83.8%	77.4%	80.4%	89.6%	86.0%	82.1%	77.2%	83%	79%	82%	82%		82%	>85%
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	57%	64%	100%	67%	56%	100%	92%	89%	84%	94%	87%	92%	82%		85%	>80%
	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	60%	50%	67%	0%	100%	80%	83%	100%	0%	100%	80%	100%	100%		82%	>80%
	Community Mental Health Team did not attend (DNA) rate	4.8%	6.6%	6.0%	5.3%	6.0%	7.1%	6.4%	7.0%	5.8%	7.0%	6.4%	6.7%	5.0%		6%	<10%
	Adult Acute Admissions per 100,000 population - Rolling 12 month	234	224	229	226	233	229	221	219	220	209	205	202	201		201	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	36%	50%	25%	31%	47%	40%	11%	50%	47%	43%	69%	50%	40%		42%	<37%
Inpatient Mental Health	Adult acute bed occupancy at midnight (including leave)	93%	91%	95%	88%	94%	99%	93%	89%	84%	86%	86%	84%	94%		90%	<88%
	Older Adult Admissions per 100,000 population - Rolling 12 month	376	380	369	379	363	342	362	361	384	353	377	406	375		375	<475
	Older adult acute bed occupancy (including leave)	91%	98%	99%	99%	99%	96%	89%	86%	93%	88%	85%	89%	93%		92%	<85%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health	16	14	15	14	13	13	15	ND	ND	ND	11	9	15		13.05	<13

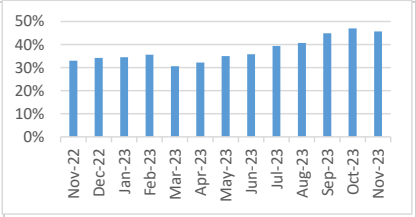
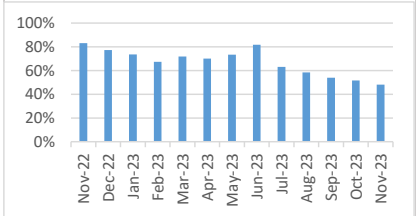
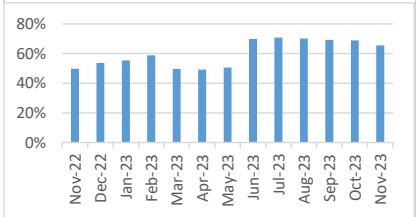
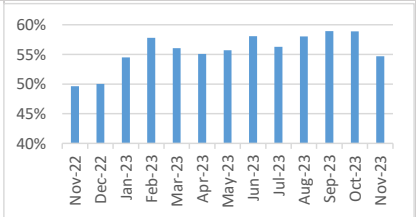
CATEGORY	INDICATOR	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
SOCIAL CARE																	
Learning Disability	Percentage of clients with a Physical Health check in the past year	69%	67%	69%	70%	69%	71%	72%	74%	76%	74%	75%	76%	83%		73%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	88%	90%	70%	83%	80%	73%	53%	86%	85%	84%	86%	93%	87%		80%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	65%	48%	38%	68%	70%	49%	47%	55%	65%	62%	61%	65%	57%		58%	>=80%

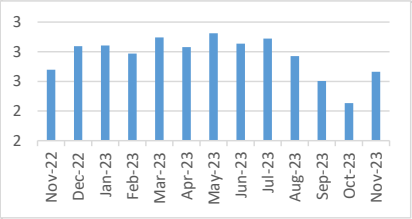
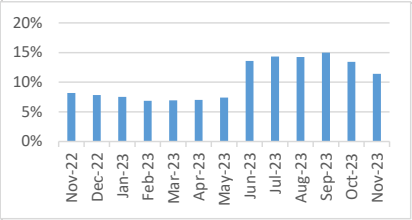
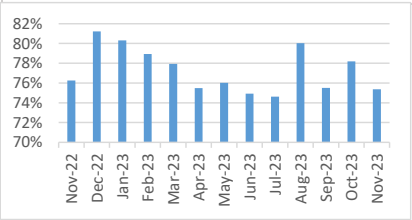
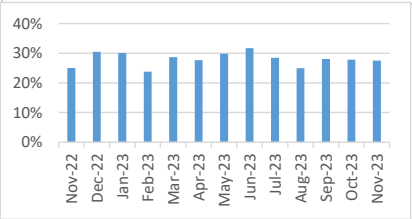
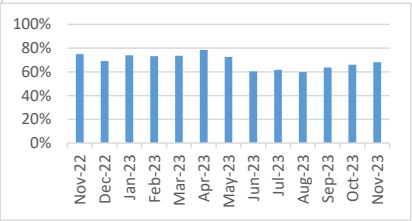
CATEGORY	INDICATOR	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
WOMEN'S AND CHILDREN'S SERVICES																	
Children	Was Not Brought Rate	11.6%	10.9%	9.5%	8.1%	8.5%	10.6%	11.0%	21.8%	21.9%	21.9%	21.2%	15.7%	15.2%		15.2%	<=10%
	Average length of stay on Robin Ward	2.21	1.85	1.35	1.56	2.93	1.73	2.74	1.50	1.38	1.39	1.44	1.43	1.90		1.8	<=1.65
	% deliveries home birth (Planned & Unscheduled)	14.3%	3.2%	7.8%	5.0%	11.8%	8.5%	4.5%	7.5%	2.6%	5.6%	3.1%	5.1%	4.7%		6.0%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	44.3%	28.3%	44.0%	50.0%	46.3%	33.9%	24.2%	39.6%	35.2%	32.4%	34.4%	37.0%	28.6%		36.8%	NA
	% Instrumental deliveries	4.3%	9.5%	9.1%	16.7%	7.4%	15.3%	11.9%	9.4%	6.5%	16.9%	6.3%	10.2%	7.8%		10.6%	NA
	% Emergency caesarean section births	15.7%	25.0%	25.3%	16.7%	16.4%	20.3%	27.3%	9.4%	31.0%	22.5%	15.6%	31.5%	22.2%		21.9%	NA
	% Elective caesarean section births	28.6%	26.7%	29.3%	16.7%	22.4%	23.7%	27.3%	26.4%	23.9%	22.5%	21.9%	24.1%	27.0%		24.2%	NA
	% of women that have an induced labour	20.0%	38.1%	14.3%	26.7%	20.6%	23.7%	35.8%	22.6%	19.5%	28.2%	28.1%	16.9%	28.1%		23.9%	=27.57%
Maternity	Number of stillbirths	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	Rate of Vaginal Birth After Caesarean (VBAC)	0.0%	9.1%	5.0%	28.6%	14.3%	28.6%	16.7%	0.0%	20.0%	37.5%	25.0%	11.1%	12.5%		16.2%	>15%
	% primary postpartum haemorrhage >= 1500ml	2.9%	4.8%	5.2%	3.3%	4.4%	5.1%	14.9%	3.8%	3.9%	2.8%	4.7%	10.2%	9.4%		6.1%	<=6.75%
	% 3rd & 4th degree tears – normal birth	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	2.9%	9.1%	3.7%		1.6%	<2.5%
	% of births less than 37 weeks	10.0%	12.7%	13.0%	10.0%	13.2%	3.4%	10.5%	0.0%	7.8%	2.8%	3.1%	13.6%	1.6%		7.4%	<=6.85%
	% births requiring Jersey Neonatal Unit admission	8.6%	11.1%	13.0%	10.0%	17.6%	5.1%	9.0%	3.8%	18.2%	11.3%	4.7%	16.9%	9.4%		11.1%	<=5.05%
	% of babies that have APGAR score below 7 at 5 mins	4.8%	2.0%	0.0%	0.0%	1.8%	1.8%	1.8%	0.0%	0.0%	0.0%	2.7%	0.0%	2.6%		1.1%	<=1.3%
	Average length of stay on maternity ward	2.44	2.20	1.86	2.07	2.21	2.15	2.33	1.43	1.74	1.45	1.58	1.61	1.61		1.80	<=2.28

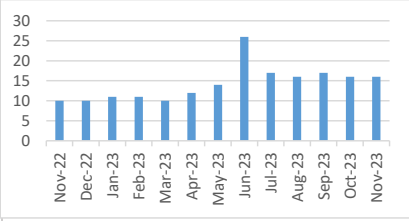
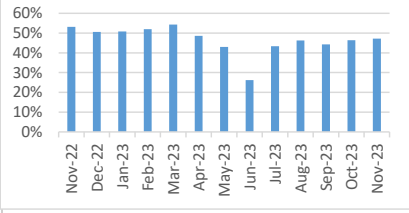
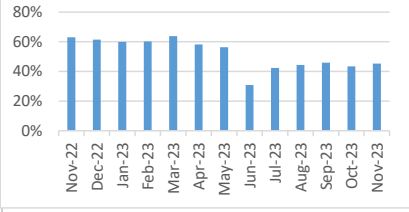
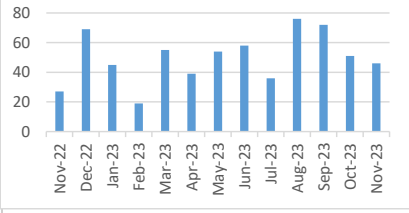
CATEGORY	INDICATOR		Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	TREND	YTD	STD
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	1	1	0	0	1	1	1	0	0	0	0	0	0		3	0
	E-Coli Bacteraemia	Hosp	1	0	0	0	0	1	1	0	1	0	1	0	1		5	0
	Klebsiella Bacteraemia	Hosp	0	0	0	1	1	0	0	0	0	0	0	0	0		2	0
	Pseudomonas Bacteraemia	Hosp	0	1	0	0	0	0	1	1	0	0	0	1	0		3	0
	C-Diff Cases	Hosp	0	0	1	2	1	1	2	1	1	0	1	2	2		14	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		3.1	3.0	2.5	2.6	3.1	3.0	4.4	4.1	2.9	4.7	2.8	3.8	2.8		3	NA
	Number of falls per 1,000 bed days		6.0	8.2	6.3	6.4	6.6	6.0	7.3	8.5	7.5	10.0	6.4	5.8	7.2		7	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		1.6	0.9	1.3	1.0	1.0	0.5	0.7	0.7	0.5	1.4	1.4	0.7	1.7		1.0	<0.40
	Number of serious incidents		2	1	2	3	4	7	5	9	4	5	3	5	0		47	NA
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		ND	ND	ND	ND	ND	ND	ND	11%	12%	32%	31%	24%	17%		21%	>95%
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		2.92	1.74	2.50	2.60	1.39	1.94	1.65	2.70	1.71	1.40	2.96	2.40	1.29		2.05	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		1.64	1.39	1.83	1.80	1.04	1.77	0.92	2.34	1.37	1.22	2.44	1.54	0.74		1.5	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		1.10	0.35	0.50	0.80	0.35	0.18	0.55	0.18	0.00	0.00	0.17	0.17	0.18		0.27	<0.60
Feedback	Number of comments received		29	25	15	8	17	12	27	25	35	22	33	48	50		292	NA
	Number of compliments received		53	96	76	95	60	70	58	63	83	49	182	97	69		902	NA
	Number of complaints received		53	29	55	43	34	35	24	43	36	43	28	40	22		403	NA
	% of all complaints closed in the period which were responded to within the target		54%	21%	31%	14%	21%	37%	21%	6%	18%	20%	20%	21%	0%		18.8%	>40%

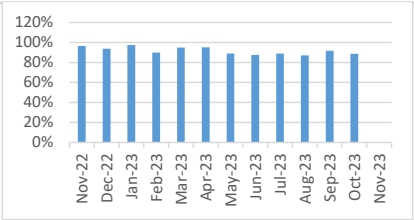
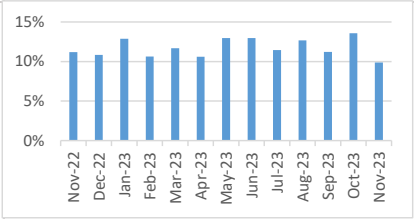
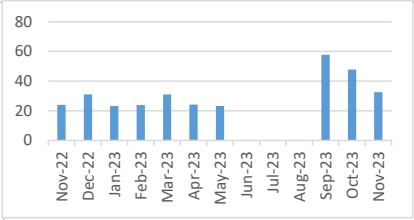
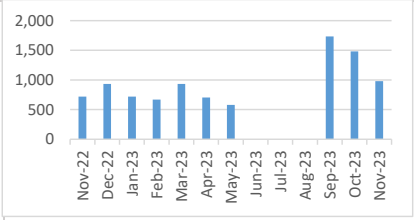
EXCEPTION REPORTS

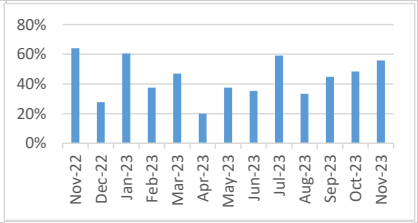
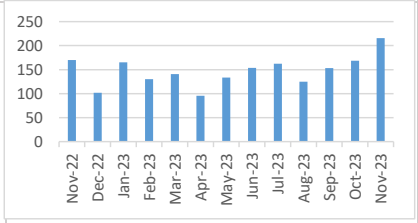
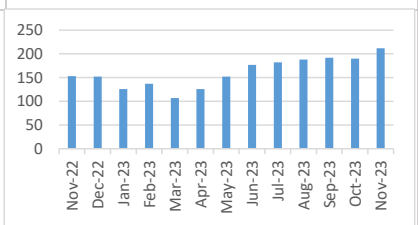
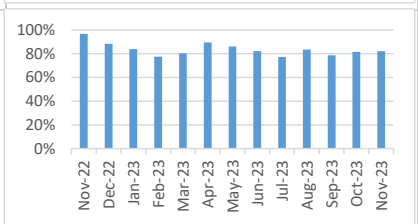
GENERAL AND ACUTE WAITING LISTS

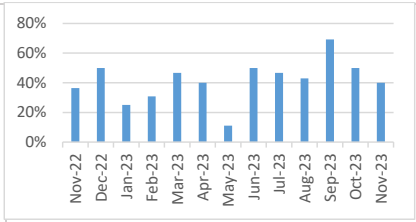
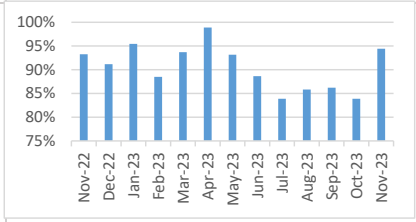
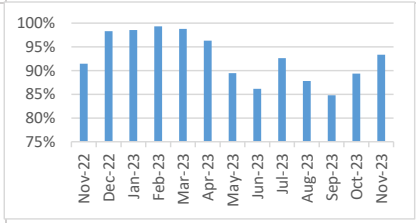
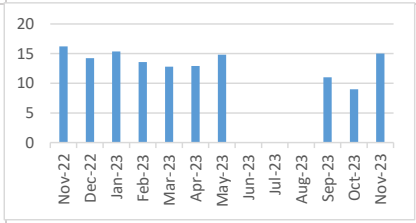
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting over 90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for 1st OP appointment - Acute		Dermatology, Ophthalmology, ENT and Trauma and Orthopaedics are the services with the highest number of patients waiting >90 days for a first outpatient appointment, within the surgical care group. Dermatolog - additional resources will be joining the service in the beginning of 2024 and further options are being investigated to increase capacity to meet the ever-growing demand for this service. Ophthalmology - clinical outsourcing service to commence 1st Quarter 2024. Trauma and Orthopaedics – extra clinical activity continues to reduce the waiting list.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for 1st OP appointment - Community		Work continues within PPI to proactively manage the PTL – we have seen a decrease in the number of patients waiting >90 days for an appointment but struggle with engagement with some of the longest waiters (especially in community dental) work to cleanse this data is ongoing to ensure it is a true reflection	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for diagnostics		Endoscopy remains an outlier in terms of diagnostic activity. Insourcing team has completed an 8 week block to support reduction. Another 8 week block is due to start in new year which will support a further reduction. Validation remains a challenge.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for elective admissions		HCS remains challenged across several specialties including Trauma and Orthopaedics, General Surgery, Ophthalmology, ENT and Gynaecology in relation to the % of patients waiting > 90 days. Additional ad-hoc activity has continued to take place as a part of the waiting list initiative.	>35% Chief Operating Officer - Acute Services

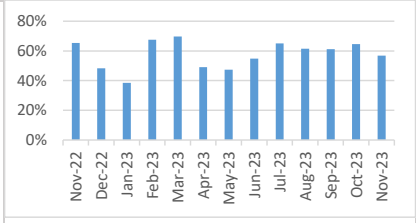
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		This is monitored at a specialty level as some services have lifelong patients.	> 2.0 Chief Operating Officer - Acute Services
Outpatient Did Not Attend (DNA) Rate		The move to Enid Quenault and Maxims led to a large increase in DNA's - work to improve this rate is underway and targeted scheme are working well. There has been a decrease in the DNA rate now that the text service has been re-activated. It is still higher than pre-Maxims. Now that Maxims is embedded and processes are becoming better refined, it is anticipated that this will continue to decline.	>8% Chief Operating Officer - Acute Services
% of all elective admissions that were day cases		We continue to monitor cases that can be converted to day cases to assist with our elective bed management.	<80% Chief Operating Officer - Acute Services
% of all elective admissions that were private		This is subjected to the limitations of separate listing, and the listing of private patients is subject to the requirement of the individual clinicians.	<32% or >34% Chief Operating Officer - Acute Services
Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)		68.2% is an increase on the previous month of 66.0%. The data quality continues to be targeted to ensure that timestamps are completed in a timely fashion to ensure that the correct efficiencies are calculated. Bed pressures continue to have an impact on theatre activity.	<85% Chief Operating Officer - Acute Services

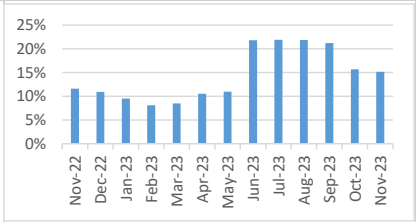
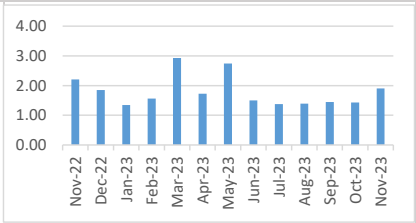
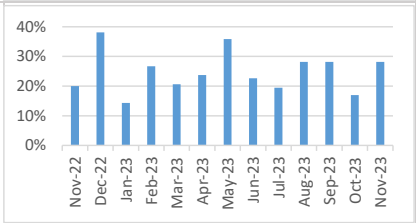
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Median Time from Arrival to Triage		Time to triage remains static. Work continues to address the training and staffing issue triage. Lead Nurse, Clinical lead and practice development nurse are working collaboratively surrounding to address the improvements needed.	>10 Chief Operating Officer - Acute Services
% Triaged within Target - Minor		Slight improvement noted. This is part of the practice developments nurses portfolio to continue to drive the improvements in conjunction with the clinical lead and lead nurse.	<90% Chief Operating Officer - Acute Services
% Triaged within Target - Major		Majors patients are seen on arrival or within 10 minutes however nurses completing triage also start with IV cannula and blood tests as well as doing any urgent clinical interventions that are necessary, thus entering clinical triage data on MAXIMS retrospectively. Therefore the data has not been recorded correctly, to mitigate this we are looking at developing a more accurate quality indicators to reflect current patient care in the department.	<90% Chief Operating Officer - Acute Services
Total patients in ED > 10 hours		November seen a reduction in patients waiting 10 hours or more. There was an improvement in bed availability and patient flow which supported the reduction. However not all patients waiting 10 hours or more need admission and they can be trying to support admission avoidance.	>0 Chief Operating Officer - Acute Services

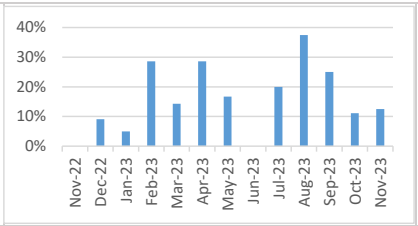
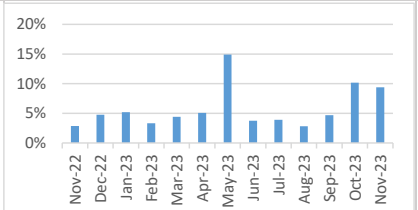
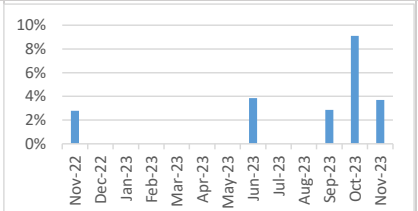
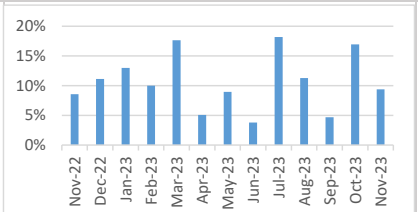
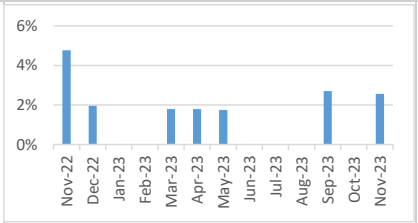
Acute bed occupancy at midnight (Elective & Non-Elective)		There is an issue with the system that means occupancy reporting over the month is not accurate. Decision taken to suspend reporting this indicator until the system fix is applied (currently expected in early January)	>85% Chief Operating Officer - Acute Services
% of Inpatients discharged between 8am and noon		The percentage of patients discharged before midday has reduced in November. The golden patient initiative has been relaunched which aims to increase the number of patients discharged before midday whereby clinical areas identify these patients to the Operations Centre the day before anticipated discharge.	15% Chief Operating Officer - Acute Services
Average daily number of patients Medically Fit For Discharge (MFFD)		The number of medically fit patients has improved in the month of November. A regular review meeting has been established to review delayed patients in hospital to support their discharge plans. In addition the relaunch of the Red2Green initiative will support the identification of delays which will be addressed through the daily operations meetings.	>30 Chief Operating Officer - Acute Services
Total Bed Days Medically Fit For Discharge		The number of medically fit patients has improved in the month of November. A regular review meeting has been established to review delayed patients in hospital to support their discharge plans. In addition the relaunch of the Red2Green initiative will support the identification of delays which will be addressed through the daily operations meetings.	>910 Chief Operating Officer - Acute Services

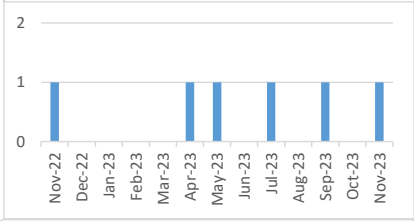
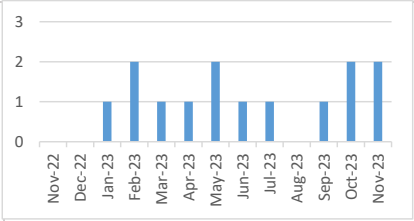
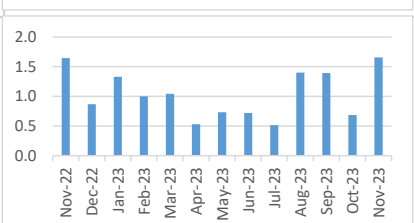
MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients who started treatment in period who waited over 18 weeks		In November the number of new referrals to JTT was 120, and the waiting list has increased to 126. The service remains within the KPI for waiting time for assessment, but 56% of people starting treatment in month had waited beyond the 18 week target. A new Senior Psychological therapist has joined the team and we are in the process of recruiting additional step 2 practitioners, which will increase capacity and have a positive impact on waiting times for treatment.	>5% Director Mental Health & Adult Social Care
JTT Average waiting time to treatment (Days)			>177 Director Mental Health & Adult Social Care
Memory Service - Average Time to assessment (Days)		Unfortunatley the average time to assessment has further increased to 212 days. The Mental Health Senior Leadership team are meeting with the service to agree an improvement trajectory, which may require a reallocation of resources.	>138 Director Mental Health & Adult Social Care
% of referrals to Mental Health Assessment Team assessed in period within 10 working days		Performance remains at 82% against a target of 85% ; as previously, reasons for delayed assessment include service user choice and difficulties in making contact with the service user following referral.	<85% Mental Health Care Group Manager

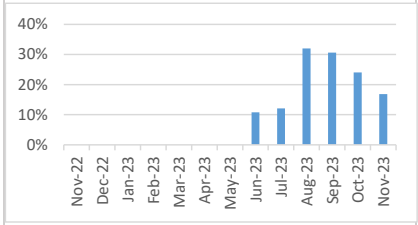
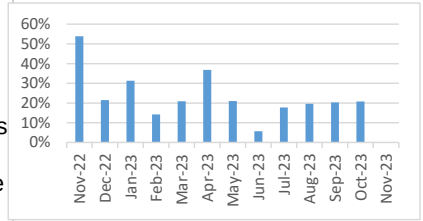
Adult acute admissions under the Mental Health Law as a % of all admissions		This indicator demonstrates the nature and degree of the mental illness at the time of admission.	>37% Director Mental Health & Adult Social Care
Adult acute bed occupancy at midnight (including leave)		Occupancy across mental health sevice wards was high during the month of November, despite significant work by the Home Treatment Team to both avoid admission and facilitate early disharge when clinically possible. This is in part due to the significant increase in the number of people assessed as being Delayed Transfers of Care (ie no longer needing to be in hospital but unable to be discharged).	>88% Director Mental Health & Adult Social Care
Older adult acute bed occupancy (including leave)			>85% Director Mental Health & Adult Social Care
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards		The number of Medically Fit for Discharge (MFFD) significantly increased in November. This is due to difficulties in obtaining community placements / packages of care or housing. The community mental health teams continue to work closely with the ward teams to improve the patient flow, including liaison with CLS colleagues and community providers.	>13 Director Mental Health & Adult Social Care

SOCIAL CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		The percentage of initial reviews within 6 weeks is recovering but lower still than desired. The Adult Social Care Team (ASCT) is currently in consultation with Adult Mental Health regarding bolstering of the review function in Adult Social Care care group. ASCT continue to review clients post Hospital discharge where the requirement for a face-to-face review is needed.	<80% Director Mental Health & Adult Social Care

WOMEN'S AND CHILDREN'S SERVICES			
Was Not Brought Rate		WNB continues to reduce, we anticipate further reductions during the next quarter due to text reminder being reintroduced. Regular feedback given to any specific areas that are higher WNB to review.	>9.8% Chief Operating Officer - Acute Services
Average length of stay on Robin Ward		There were an increased number of patients admitted to the ward that required a longer than average length of stay on account of their condition (CAMHS services)	>1.65 Chief Operating Officer - Acute Services
% of women that have an induced labour		In November 18 women had their labour induced. Induction of labour is recommended where it is considered that the health of mother or baby may be compromised should the pregnancy continue. While this month the rate is 28% for the last year the rate is 23.9% which is within national average in UK which ranges from 25 35%	>25% Chief Nurse

Rate of Vaginal Birth After Caesarean (VBAC)		VBAC is a choice that mothers may wish to opt for. A mother who has had a previous caesarean section (C/S) do have the option of considering a VBAC or an elective C/S.	< 25% Chief Nurse
% primary postpartum haemorrhage >= 1500ml		Significant work in form of education training and review of policies has been on going in respect of Managment of PPH.	>3.3% Chief Nurse
% 3rd & 4th degree tears – normal birth		Three mothers sustained a 3/4th degree tear. Appropriate repair and follow up was undertaken. Year to date the 3/4th degree tear incident is 1.6% which is below national rate of 6.1% for first time mothers and 1.7% subsequent pregnancies	>2.5% Chief Nurse
% births requiring Jersey Neonatal Unit admission		In November there were two full term babies who were admitted to the JNU that required cooling and transfer to the tertiary unit in Portsmouth These two cases are being investigated currently.	>5.05% Chief Nurse
% of babies that have APGAR score below 7 at 5 mins		As mentioned above two babies required therapeutic cooling and are reason for increased rate.	>0.6% Chief Nurse

QUALITY AND SAFETY			
E-Coli Bacteraemia - Hosp		Although the annual hospital alert organism bacteraemia rates are about 50% of those seen in England and Wales efforts to reduce these continue. It is unclear if target of 0 E coli bacteraemia rate per month is realistic (< 6-8 per year more realistic but difficult to represent)	0 Chief Nurse
C-Diff Cases - Hosp		Hospital C.Difficle rates are a function of carriage antibiotic use and cross infection. Cross infection is now a rare contributor because of adherence to policies. Optimizing antibiotic use inside and outside the hospital remains a priority.	1 Chief Nurse
Number of falls per 1,000 bed days		There has been a slight increase in the number of falls from 42 in October to 49 in November, 3 of those were assisted falls. Of the remainder 31 of those were unwitnessed, 2 of which resulted in moderate physical harm. Falls risk assessment documentation had been completed on 46 of the patients.	6 Chief Nurse
Number of medication errors across HCS resulting in harm per 1000 bed days		Medication errors are now tracked through a care group governance reviews which occur for surgery, medicine and WACS In Surgery there have been 7, 6 with no harm one with low harm this one relating to administration. In Medicine there have been 14, 9 no harm and 5 low harm again these relate to administration. In WACS there have been 3, 1 of these is no harm and 2 are low harm relating to administration. There is no discernible pattern and no stand out area of poor practice.	> 0.40 Medical Director

% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		Medical Director's Office has investigated this trend in discussion with the Care Groups. Data on VTE assessment is pulled from Maxims and this data with respect to the recording of assessment in Maxims is correct. However, all Care Groups having reviewed and discussed this trend with the Medical workforce believe the prescribing of prophylaxis to be far better than this trend would suggest. A dashboard has been developed to identify in real time the VTE assessment status of current hospital inpatients, cross referenced against thromboprophylactic medications prescribed through the EPMA, allowing the identification of patients who need to be assessed, or undergo a medications review. A focussed piece of work is being undertaken to mandate the prescribing of prophylaxis within EPMA. However, a further piece of work needs to occur to educate medical colleagues in evidencing that an assessment has occurred by recording it within Maxims.	>97% Medical Director
% of all complaints closed in the period which were responded to within the target		November saw a reduction in the number of complaints received, although there was an increase in the number of PALS enquiries. During the month, 24 complaints and 52 PALS enquiries were logged. This reduction in the number of formal complaints has been partially due to more rigorous vetting and classification of feedback in month to ensure that those cases which can be dealt with promptly (such as those relating to appointments, waiting lists, and advice etc.), are prioritised to ensure compliance with response timescales. In addition to the feedback received in relation to issues raised by patients and families, we also logged 69 compliments during the month of November which is a consistent level of positive feedback. 24 historically overdue complaints were closed in November, and all new complaints logged had timescales agreed with the complainant where applicable, many of which were over the target 5 days response time due to the complexity of the issues raised. Future reporting will be based on the agreed target completion dates as per the States of Jersey Feedback Policy requirements.	<40% Chief Nurse

CHANGES AND TECHNICAL NOTES

As part of our commitment to enhancing the quality of our services, we have developed performance indicators to track our progress and provide greater transparency into our operations. These indicators enable us to better monitor our performance towards achieving our objectives and make informed decisions about the future of our services.
However, please note these indicators may be subject to change in future versions of this report as we strive to refine our approach and respond to the changing needs of the community. We remain dedicated to providing accurate and insightful performance data and therefore use the most accurate data available at the time of publication.

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

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

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

For indicators related to Medically Fit for Discharge and Delayed Transfers of Care (DTOC), only snapshot data are currently available directly from new Patient Administration System. Informatics continue to work with the supplier to identify a fix. In the meantime we have introduced a workaround method to store the snapshots to be able to calculate these indicators. As this was implemented in early August, the first full month able to be calculated was September (month 9). Unfortunately the fix did not fully work for DTOC indicator, so this can only be reported from October (month 10).

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

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

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

Theatre Utilisation Rate has now been fully reviewed following the implementation of Maxims and the indicator updated to reflect the improved data availability. In addition the standard has been revised based on NHS GIRFT Benchmarks.

Acute Bed Occupancy has been reviewed to ensure it aligns with the NHS definition used for the standard KH03 return.

APPENDIX - DATA SOURCES

DEMAND		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Referrals	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period. This specifically excludes Mental Health specialties
General and Acute Outpatient Referrals - Under 18	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period for patients under 18 years of age (at time of referral). This specifically excludes Mental Health specialties
Referrals to Mental Health Crisis Team	Community services electronic client record system	Number of referrals into the Crisis Team Centre of Care in the reporting period
Referrals to Mental Health Assessment Team	Community services electronic client record system	Number of referrals into the Assessment Team Centre of Care in the reporting period
Referrals to Memory Service	Community services electronic client record system	Number of referrals into the Memory Assessment Service Centre of Care in the reporting period
Referrals to Jersey Talking Therapies	JTT & PATS electronic client record system	Number of referrals received by Jersey Talking Therapies in the reporting period
Additions to Inpatient Waiting List	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of new additions to the inpatient waiting list for all care groups

ACTIVITY		
INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Attendances	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Number of General & Acute public outpatient appointments attended in the period
Elective Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute public elective inpatient admissions in the period
Elective Day Cases	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute Elective Day Case admissions in the period
Elective Regular Day Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of JGH/Overdale Elective Regular Day Admissions in the period. A regular day admission is a planned series of admissions for broadly similar ongoing treatment, for example, chemotherapy or renal dialysis.
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Emergency Department Report (ED5A), Maxims Admissions & Discharge Report (IP13DM) & Maxims Emergency Department Report (ED1DM))	Number of Ward Attenders and non-elective AEC admissions in the period. Ward attenders includes visitors to a ward who received covid swabbing in the Emergency Department. E.g. Maternity birth partners
Emergency Department Attendances	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Number of attendances to Emergency Department in period

Emergency Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of emergency inpatient admissions to General & Acute Hospital in the period
Admissions to Adult Mental Health unit (Orchard House)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions & Discharges Report (IP013DM))	Number of admissions to Orchard House
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Number of Older Adult inpatient admissions in the period
Maternity Deliveries	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Number of on-Island maternity deliveries in the period. Note that the birth of twins/triplets would count as one delivery

WAITING LISTS - ACTIVITY		
INDICATOR	SOURCE	DEFINITION
Outpatient 1st Appointment Waiting List	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients on the Outpatient first appointment waiting list at period end
Outpatient 1st Appointment Waiting List - Acute	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Acute Outpatient appointment at period end
Outpatient 1st Appointment Waiting List - Community	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Community Outpatient appointment at period end
Elective Waiting List	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients on the Inpatient elective waiting list at period end
Elective Waiting List - Under 18	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients under 18 years of age on the elective inpatient waiting list at period end
Diagnostics Waiting List	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Diagnostic appointment at period end
Jersey Talking Therapies Assessment Waiting List	JTT & PATS electronic client record system	Number of JTT cients which match the services eligibility criteria waiting for their first assessment at the end of reporting period

GENERAL AND ACUTE WAITING LISTS						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the outpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the outpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the outpatient waiting list at period end.
	% patients waiting over 90 days for 1st OP appointment - Acute	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Acute Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
	% patients waiting over 90 days for 1st OP appointment - Community	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Community Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
Inpatients	% patients waiting over 90 days for diagnostics	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Diagnostic waiting list who have been waiting more than 90 days since referral at period end
Diagnostics	% patients waiting over 90 days for elective admissions	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the elective inpatient waiting list at period end.

PLANNED (ELECTIVE) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	2.0	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments. This being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
	Outpatient Did Not Attend (DNA) Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	<8%	Standard set locally	Percentage of public General & Acute outpatient appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient appointments where the patient did not attend. Denominator: the number of attended and unattended appointments
Elective Inpatients	Acute elective Length of Stay (LOS)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<3	Standard set locally	Average (mean) Length of Stay (LOS) in days of all elective inpatients discharged in the period from a Jersey General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% of all elective admissions that were day cases	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	Chief Operating Officer - Acute Services	>80%	Standard set locally	Percentage of elective admissions for surgery that are managed as day cases (with same day discharge). Numerator: Number of elective surgical day case admissions both public and private. Denominator: Total surgical elective admissions
	% of all elective admissions that were private	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	Chief Operating Officer - Acute Services	>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 and Day Surgery, Excluding Minor Operations)	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	Chief Operating Officer - Acute Services	>85%	NHS Benchmarking- Getting It Right First Time 2024/25 Target	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.
	Turnaround time as % of total session time	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	Chief Operating Officer - Acute Services	<15%	Standard set locally	Numerator: Sum of the time duration between successive patients within a single theatre session Denominator: Total theatre session duration. This is reported for all operation lists containing multiple operations (Public and Private) to take account of mixed lists.

UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Emergency Department (ED)	Median Time from Arrival to Triage	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<11	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and triage time
	% Triaged within Target - Minor	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=90%	Generated based on historic performance	Percentage of P4, P5 patients triaged within 15 mins
	% Triaged within Target - Major	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=90%	Generated based on historic performance	Percentage of P1, P2,P3 patients triaged within 15 mins
	Median Time from Arrival to commencing Treatment	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<75	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and time patient was seen
	% Commenced Treatment within Target - Minor	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P4 120 mins, P5 240 mins
	% Commenced Treatment within Target - Major	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P1 1 min, P2 15 mins, P3 60 mins
	Median Total Stay in ED (mins)	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<189	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival and discharge from ED
	Total patients in ED > 10 hours	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<1	Standard set locally - zero tolerance to ensure all long stays in ED are investigated	Number of ED attendances in the period where total stay in department is greater than 10 hours
	ED conversion rate	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<20%	Generated based on historic performance	Percentage of ED attendances that resulted in an inpatient admission. Numerator: Total ED attendances that resulted in an inpatient admission. Denominator: Total ED attendances.

Emergency Inpatients	Non-elective acute Length of Stay (LOS)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<10	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% Emergency admissions with 0 Length of Stay (Same day discharge)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<17%	Generated based on historic performance	Percentage of emergency (non-elective) inpatient admissions that were discharged the same day. Numerator: Total ED attendances that were discharged the same day. Denominator: Total ED attendances.
	Acute bed occupancy at midnight (Elective & Non-Elective)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Chief Operating Officer - Acute Services	<85%	Generated based on historic performance	Percentage of beds occupied at the midnight census, JGH and Overdale. Numerator: Number of beds occupied by a patient at midnight in the period. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	% of Inpatients discharged between 8am and noon	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	>=15%	Generated based on historic performance	% of inpatients discharged from General & Acute wards between 8am and Noon. Excluding private patients, self discharges and deceased patients. Numerator: Patients discharged between 8am and 12 noon in period. Denominator: Total patients discharged in period
	Average daily number of patients Medically Fit For Discharge (MFFD)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	<30	Generated based on historic performance	Average (mean) number of inpatients marked as Medically Fit each day at 8am, JGH/Overdale only
	Total Bed Days Medically Fit For Discharge	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	<910	Generated based on historic performance	Sum of bed days in period of patients marked as Medically Fit
	Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	NA	Not Applicable	Sum of bed days in period of patients marked as Delayed Transfer Of Care (DTOC)
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Chief Operating Officer - Acute Services	<10%	Generated based on historic performance	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

MENTAL HEALTH						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Jersey Talking Therapies	% of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	<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	Director Mental Health & Adult Social Care	<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	Director Mental Health & Adult Social Care	<=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	Director Mental Health & Adult Social Care	>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	Director Mental Health & Adult Social Care	>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	Director Mental Health & Adult Social Care	<138	Generated based on historic percentiles	Average (mean) days waiting from the date of referral to the assessment date for all those who have been referred and assessed under the Memory Assessment Service centre of care
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	Director Mental Health & Adult Social Care	>80%	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from 'Orchard House' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours divided by the total number of discharges from 'Orchard House'

	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	Director of Mental Health Services	>80%	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units
	Community Mental Health Team did not attend (DNA) rate	Community services electronic client record system	Director Mental Health & Adult Social Care	<10%	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked
Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Director Mental Health & Adult Social Care	<255	NHS Benchmarking Network 2021/22 upper quartile. For green (<240) this reflects an improvement on GOJ 2021 performance.	Number of admissions to 'Orchard House' in the past 12 months from the reporting month for every 100,000 population
	Adult acute admissions under the Mental Health Law as a % of all admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), Maxims Admissions Report (IP013DM) & Mental Health Articles Report)	Director Mental Health & Adult Social Care	<37%	Jersey has a much lower rate than NHS Benchmarking Network. Standard is based on local historic benchmarking	Number of 'Orchard House' admissions under a formal Mental Health article, divided by total number of admissions to 'Orchard House'
	Adult acute bed occupancy at midnight (including leave)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Director Mental Health & Adult Social Care	<88%	Generated based on historic performance	Percentage of beds occupied at the midnight census, Orchard House. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	Older Adult Admissions per 100,000 population - Rolling 12 month	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Director Mental Health & Adult Social Care	<475	Jersey is an extreme outlier in the NHS Benchmarking Network. Standard set based on improving 2021 performance toward the NHS Benchmarking Network mean	Number of admissions to 'Older Adults' units, in the past 12 months from reporting month, for every 100,000 population
	Older adult acute bed occupancy (including leave)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Director Mental Health & Adult Social Care	<85%		Percentage of beds occupied at the midnight census, Beech and Cedar Wards. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Electronic Patient Record (TrakCare Current Inpatient Report (ATD49) & Maxims Current Inpatient Report (IP020DM))	Director Mental Health & Adult Social Care	<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	Director Mental Health & Adult Social Care	>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	Director Mental Health & Adult Social Care	>=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	Director Mental Health & Adult Social Care	>=80%	Generated based on historic performance	Percentage of Support Plan Reviews in the ASCT Centre of Care (only counting those that follow a FACE Support Plan) that were opened within 6 weeks of closing a FACE Support Plan in the ASCT Centre of Care

WOMENS AND CHILDRENS SERVICES						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Children	Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	<=10%	Standard set locally based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included.
	Average length of stay on Robin Ward	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	Chief Operating Officer - Acute Services	<=1.65	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay in days of all patients discharged in the period from Robin Ward, including leave days
	% deliveries home birth (Planned & Unscheduled)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Percentage of deliveries home births (Planned & Unscheduled) out of the total number of deliveries in the period. Numerator: Number of deliveries recorded as being at "Home" (regardless of whether they were 'planned' or 'unplanned') in the period. Denominator: number of deliveries in the period.
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries didivded by total number of deliveries
	% Instrumental deliveries	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Instrumental deliveries divided by total number of deliveries
	% Emergency caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Emergency Caesarean sections, divided by total number of deliveries
	% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
	% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=27.57%	Standard set locally based on average (mean) of previous two years' data	Percentage of women that have an induced labour in the period. Numerator: Number of women that had an induced labour. Denominator: number of deliveries.

Maternity	Number of stillbirths		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	0	Stanadard set locally based on historic performance	Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation)
	Rate of Vaginal Birth After Caesarean (VBAC)		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	>15%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, standard set to match the NHS National value of 15%.	Number of Vaginal Births after Caesarean (VBAC) divided by the total number of Births after Caesarean
	% primary postpartum haemorrhage >= 1500ml		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=6.75%	NHS National Value is 3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that resulted in a blood loss of over 1500ml out of the total number of deliveries in the period. Numerator: Number of deliveries that resulted in a blood loss of over 1500ml. Denominator: number of deliveries
	% 3rd & 4th degree tears – normal birth		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<2.5%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, we have set the standard to match the NHS National value of 2.5%.	Number of women who had a vaginal birth (not instrumental) and sustained a 3rd or 4th degree perineal tear as percentage of all normal births
	% of births less than 37 weeks		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=6.85%	NHS National Value is 6.3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Number of live babies who were born before 37 weeks (less than or equal to 36 weeks + 6 days gestation) divided by total number of live births
	% births requiring Jersey Neonatal Unit admission		Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Movements Report (ATD5PA), TrakCare Deliveries Report (MAT23A), Maxims Discharges Report (IP013DM), Maxims Movements Report (IP001DM) & Maxims Deliveries Report (MT005))	Chief Nurse	<=5.05%	Standard set locally based on average (mean) of previous two years' data	Number of births requiring admission to the Jersey Neonatal Unit, divided by total number of births
	% of babies that have APGAR score below 7 at 5 mins		Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	Chief Nurse	<=1.3%	NHS National Value is 1.2%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
	Average length of stay on maternity ward		Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	Chief Nurse	<=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	Chief Nurse	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	Chief Nurse	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	Chief Nurse	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	Chief Nurse	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	Chief Nurse	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	Chief Nurse	1	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team

Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	NA	No Standard Set	Number of inpatient falls with harm recorded where approval status is not "Rejected" per 1000 occupied bed days
	Number of falls per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<6	Standard based on historic performance	Rate of recorded inpatient falls per 1000 bed days. Numerator: Number of inpatient falls recorded in the period where the approval status is not "Rejected". Denominator: Number of occupied bed days in the period in General Hospital, Overdale and Acute Mental Health wards
	Number of medication errors across HCS resulting in harm per 1000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Medical Director	<0.40	Standard set locally based on improvement compared to historic performance	Number of medication errors across HCS (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted.
	Number of serious incidents		HCS Incident Reporting System (Datix)	Chief Nurse	NA	Standard removed 2022-09-28 per Q&R Committee instruction	Number of safety events recorded in Datix in the period where the event is marked as a 'Serious Incident'
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		Hospital Electronic Patient Record (Maxims Report IP026DM)	Medical Director	>95%	NHS Operational Standard	Percentage of all inpatients (17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Numerator: Number of eligible inpatients that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Denominators: Number of all inpatients that are eligible for a VTE assessment.
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<2.87	Standard set locally based on improvement compared to historic performance	Number of inpatient pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days	Hosp	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<1.96	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 2 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	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)	Chief Nurse	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)	Chief Nurse	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)	Chief Nurse	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)	Chief Nurse	>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.