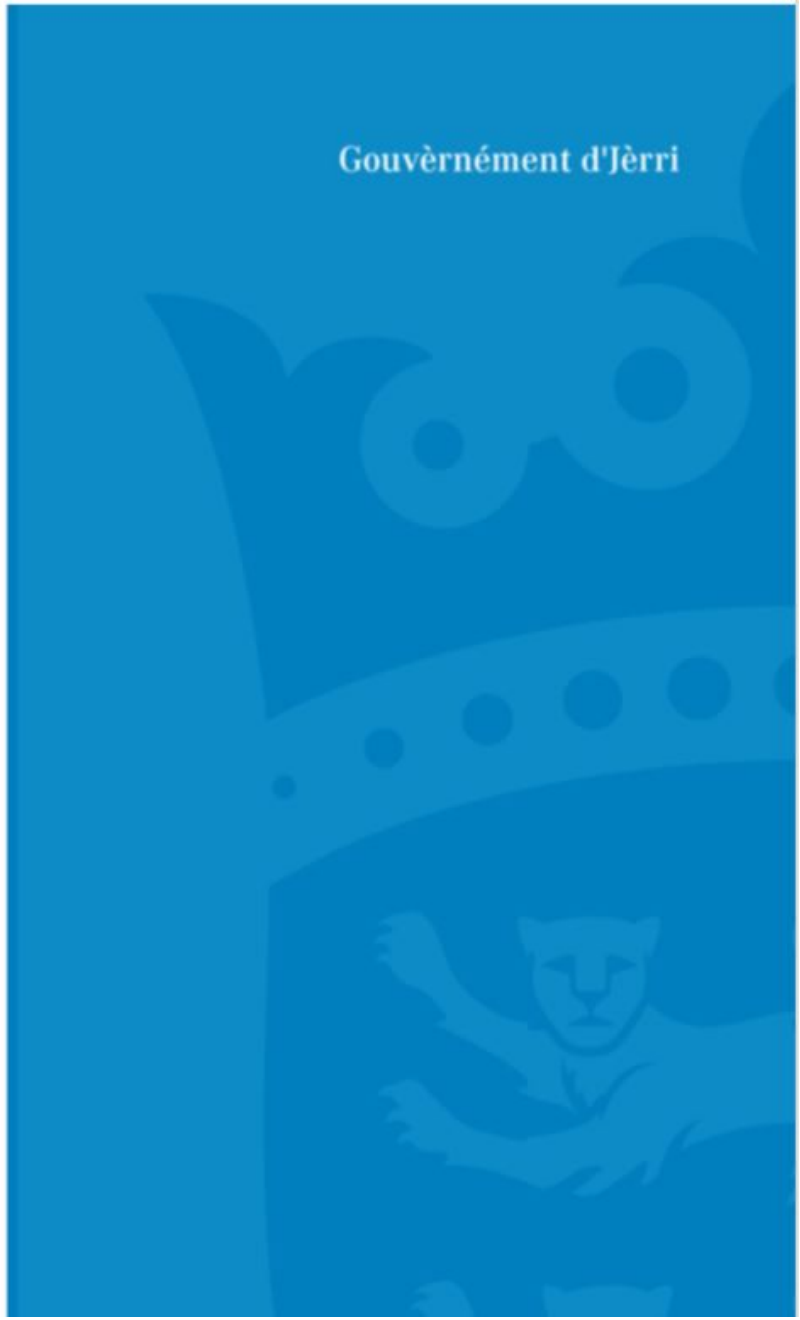
Health and Community Services

Quality and Performance Report
August 2024



Health and Community Services

INTRODUCTION

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence 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 organisations strategic and operational objectives.

For 2024 HCS has introduced Statistical Process Control (SPC) charts for the majority of its indicators which identify trends in the data and determine when something has changed. This allows investigation of the change, if the change is unexpected, or provides supportive evidence where service improvements have been implemented with positive effect. Please note that red dots on the SPC charts only denote such a change and they do not necessarily reflect deteriorating performance.

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

Health and Community Services

STATISTICAL PROCESS CONTROL (SPC) CHARTS

WHAT ARE SPC CHARTS?

A statistical process control system (SPC) is a method of controlling a process or method utilizing statistical techniques. Monitoring process behaviour, identifying problems in internal systems, and finding solutions to production problems can all be accomplished using SPC tools and procedures. SPC charts used to monitor key performance indicators:

- Help find and understand signals in real-time allowing you to react when appropriate
- Tell you when something is changing, but you have to investigate to find out what changed by asking the right questions at the right time
- Allow you to investigate the impact of introducing new ideas aimed at improving the KPI; the SPC chart will help confirm if the changes implemented have significantly impacted performance

HOW TO READ SPC CHARTS

Legend	Visual	Description
Mean		The mean is the sum of the outcomes, divided by the amount of values. This is used in determining if there is a statistically significant trend or pattern.
LCL		These are the Control limits (UCL = Upper Control Limit, LCL = Lower Control Limit) and are the standard deviations located above and below the centre line of an SPC chart. If the data points are within the control limits, it indicates that the variation is normal (common cause variation). If there are data points outside of these control limits then they are not within the expected 'normal variation' and indicates that a process change or one off incident may have occurred (special cause variation).
UCL		
Data		The data line connects the datapoints for the date range, allowing a visual representation of the performance of the indicator.
Shift		When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.
Trend		When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process.
Potential Process Change		On the moving range chart points which fall above the moving range process limit - grey line - are unusual and should be investigated.
Standard		In order for the standard to be achievable, it should sit within the control limits. Any standard set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.
Investigate		Points which fall outside the grey lines (control limits) are unusual and should be investigated. They represent variations beyond what is considered normal. This does not necessarily reflect deteriorating performance.

Elective Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

Patient Waiting over 365 days for first appointment

Patients waiting over 365 days for their first outpatient appointment, in the main, are within four specialities; dermatology, gastroenterology, ophthalmology and clinical genetics.

Each of these services has a developed plan to support the reduction in wait times with the expectation that Gastro and Clinical Genetic long waits will be significantly reduced by end of Q4.

Ophthalmology extended waits is as a direct result of lack of medical staff over the summer in this specialty with a locum who was due to commence in August, now not commencing until January. The contract to outsource cataract patients remains in place and continues to support ophthalmic capacity.

Within dermatology, the service is planning the procurement of an insourcing company to enable additional capacity to be delivered over a 24-week period

for routine dermatology referrals.

Patients waiting over 365 days for treatment

A slight increase in patients waiting over a year for surgery is as a direct result of planned theatre closure over the summer period for mandatory maintenance. With all theatres now fully operational again and the continued improvement in theatre capacity utilisation, it is anticipated additional activity will mitigate the lost sessions.

Access to diagnostics greater than 6 weeks

We continue to review the capacity within our diagnostic provision with a view to understanding how we can improve performance against this metric. The June to July movement is due to the addition of diagnostic modalities into data capture due to the development of system connectivity. As per our Data Improvement agenda, we are now able to include waiting times for a broader range of diagnostic tests. From July (month 7) the indicator now includes additional data for radiology imaging diagnostics, previously unable to be robustly reported (CT, MRI, Ultrasound) .

MRI has a developed and approved business case to increase capacity with recruitment well underway. The increase in wait times observed over spring and summer have now started to reduce again and waits on average for routine tests sit at 18 weeks.

Elective Care Performance

DEXA and Endoscopy diagnostic services both have fully developed plans to increase the capacity, with an anticipated reduction in patient waits being seen in Q4.

Further work is being undertaken within CT to develop the additional capacity required to meet the service demand.

Was Not Brought Rate

The WNB rate has significantly climbed over the summer months. Some of this increase is due to patients being away for holidays.

A planned change in process of the way patients are booked into clinics is being developed and should be implemented over the coming months. This will enable patients to choose a suitable appointment time rather than allocated a time suitable to HCS. This should have a positive impact on clinic utilisation by reducing DNA and WNB rates. It will also have a positive impact on patient experience.

Elective Theatre Utilisation

The theatre improvement work is starting to show an impact on utilisation with a significant utilisation rate increase over recent months. It is anticipated this improvement will continue and work is underway to increase the pace of improvement.

Cancellations on day of surgery

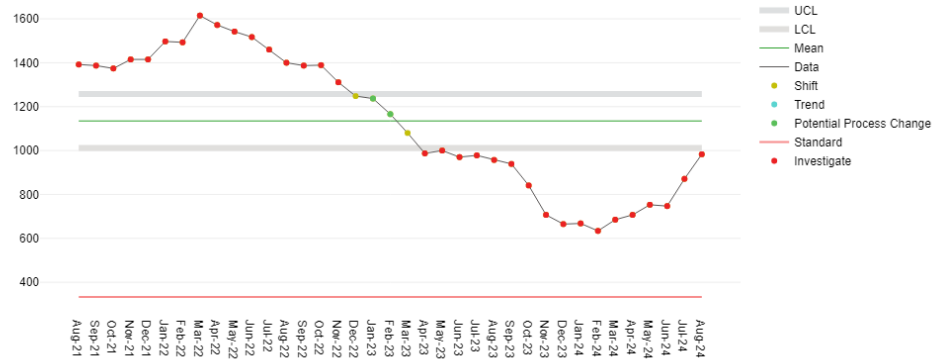
The rate of on the day cancellations has increased in month as a direct result of the breakdown failure of key ophthalmology equipment on a single day.

Escalations

Elective Care Performance - SPC Charts

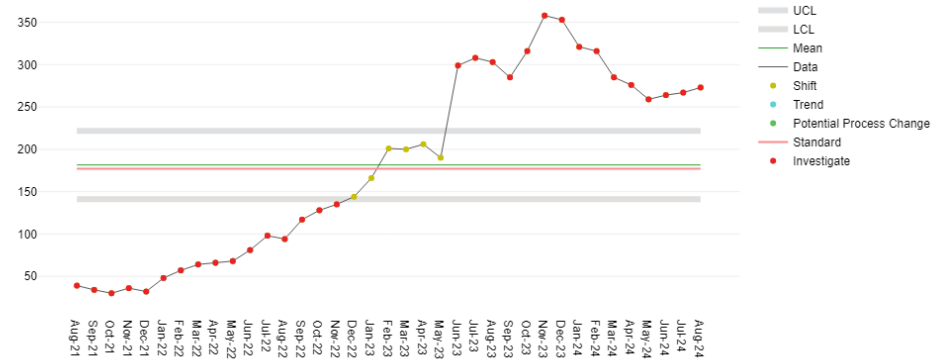
Latest value	Standard
983	<333

Patients waiting for first outpatient appointment Greater Than 52 weeks



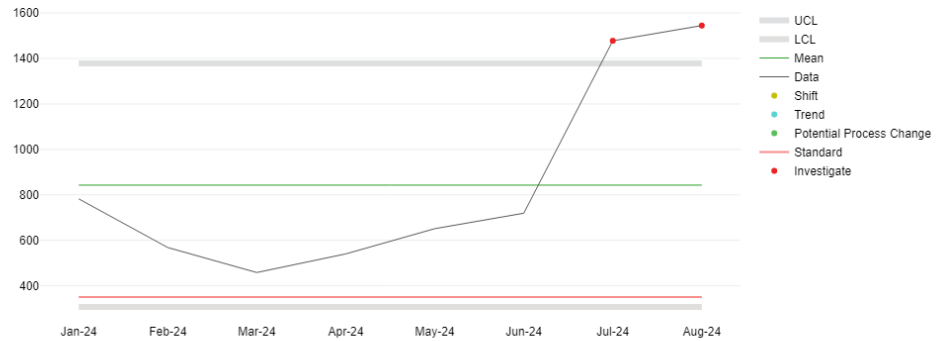
Latest value	Standard
273	<177

Patients on elective list Greater Than 52 weeks



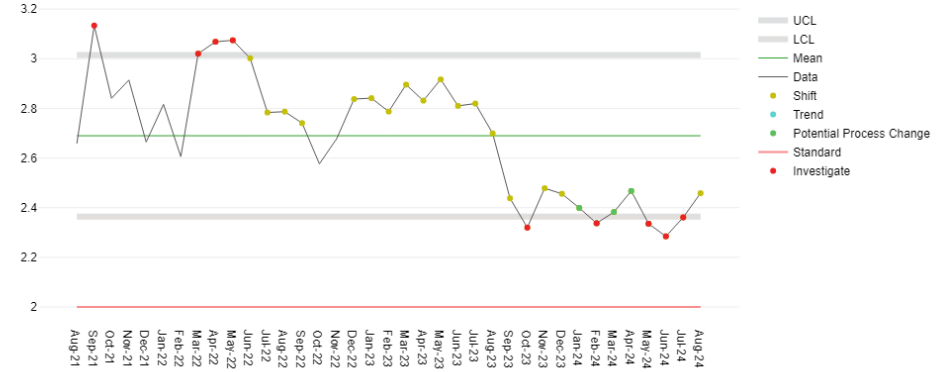
Latest value	Standard
1545	<350

Access to diagnostics Greater Than 6 weeks



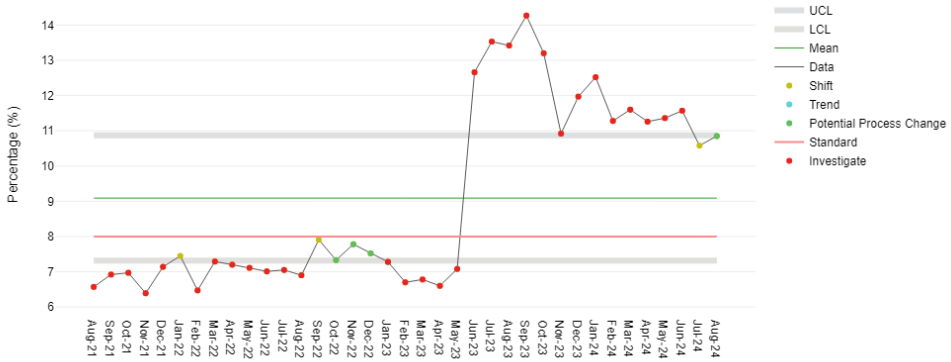
Latest value	Standard
2.46	2

New to follow-up ratio

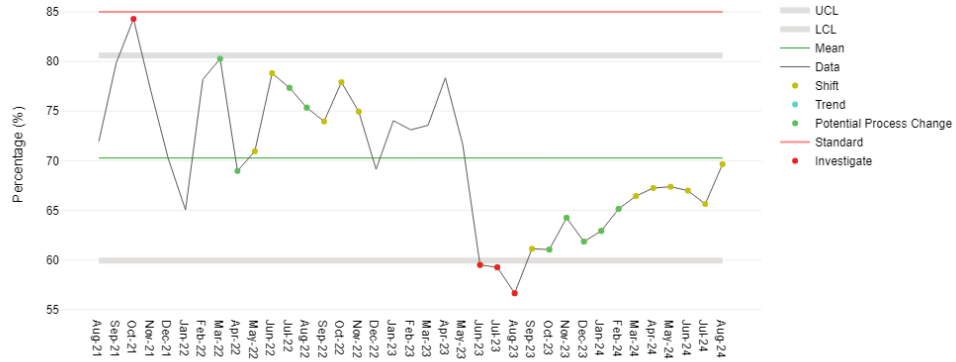


Elective Care Performance - SPC Charts

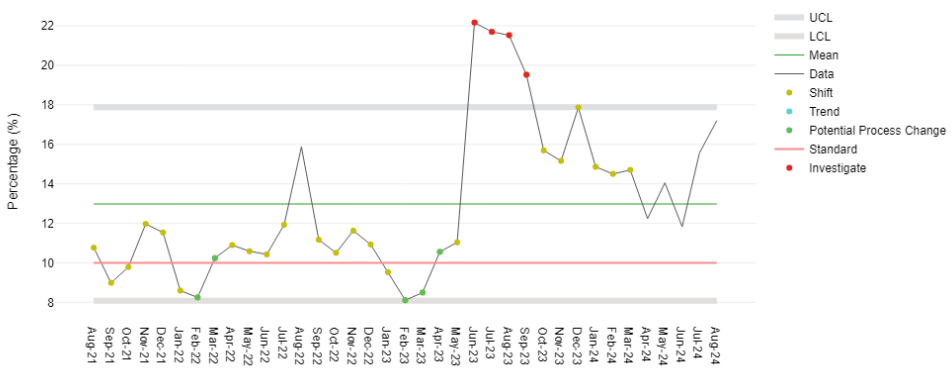
Latest value	Standard
10.8 %	<=8%



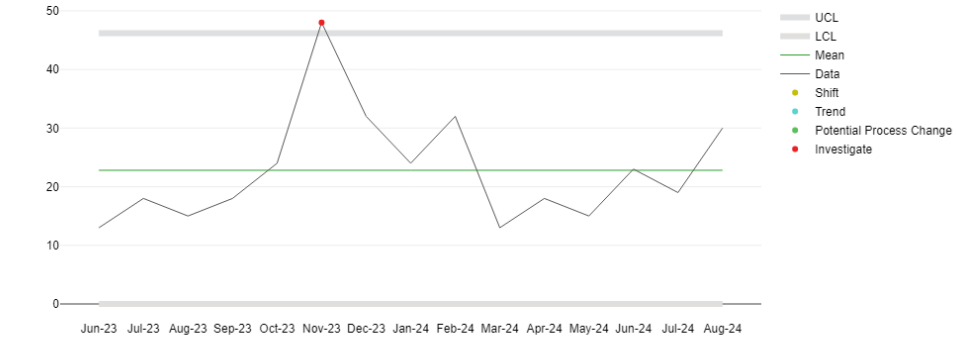
Latest value	Standard
69.7 %	>85%



Latest value	Standard
17.2 %	<=10%



Latest value	Standard
30	NA



Elective Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Patients waiting for first outpatient appointment Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients who have been waiting for over 52 weeks for a first Outpatient appointment at period end
Patients on elective list Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end.
Access to diagnostics Greater Than 6 weeks	Maxims Outpatient Waiting List Reports (OP001DM and IP009DM), Radiology (CRIS) Waiting List Report (Since July 2024)	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients waiting longer than 6 weeks for a first Diagnostic appointment at period end. Data only available from January 2024. Indicator is being developed to include diagnostic investigations comparable to those monitored in the NHS DM01 return. Currently HCS is unable to report on all of the diagnostic tests in DM01 due to technical system issues, but is working to include those at a future date. From July 2024, imaging tests recorded through CRIS have been included.
New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	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 (Adults Only)	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally	Percentage of public General & Acute outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient (>=18 years old) appointments where the patient did not attend. Denominator: the number of attended and unattended appointments (>=18 Years old). Excludes Private patients.
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))	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.
Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally	Percentage of JGH/Overdale/St Ewolds public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale/St Ewolds 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. Excludes Private patients.
Number of operations cancelled by the hospital on the day for Non-Medical Reasons	Hospital Electronic Patient Record (Maxims Theatres Cancellations report TH003DM and TCI Statuses IP0024DM)	Not Applicable	Count of the number of on the day cancellations by the hospital for non-clinical reasons in the reporting period.

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

In the month of August, we had 3,854 attendees through the Emergency Department which is static. 70.5% of these patients were seen within target time (<4hrs) this made up of 91.7% of the minor activity with patients being seen and treated within 4hrs but within the major patients was equivalent to 68.3%. Major patients take more resources, onwards referrals and care which takes time to organise. We are benchmarking slightly higher than that reported as achieved in England currently.

2.6% (100) of the patients were in ED for >12 hours. This unfortunately is an increase on July and specific bed capacity was an issue. 14.2% were admitted, we continue to embed Red 2 Green (R2G) principles to assist with flow.

Inpatients movement out of hours for non-clinical reasons continue to remain below average at 14 compared to the average 19.67 and we will continue to work on this. As part of embedding learning from a serious incident, consistent focus is now evident within the operational bed meetings with monitoring of all non clinical transfers in and out of hours.

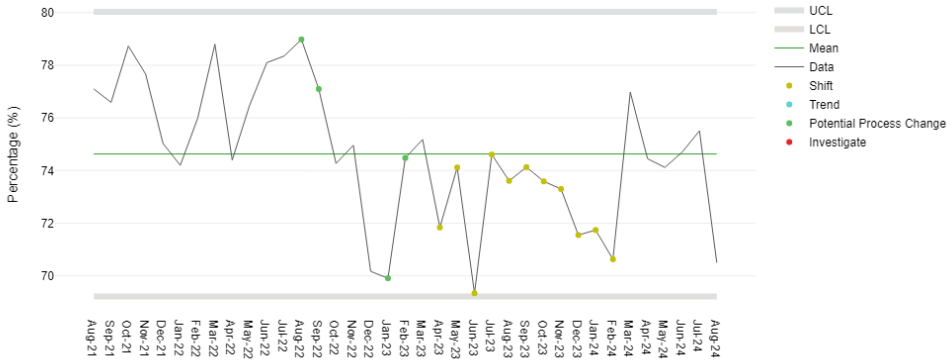
Minimal upwards change is noted to the emergency LOS rate this month and is being addressed through our response to the Royal College of Physicians' report and Operational flow work stream. It is important to note the indicator definition in that monthly performance in this metric could be representative of the in month discharge of a patient with a significant LOS due to requiring alternative discharge arrangements e.g. a nursing or residential bed. This metric is also affected by acuity and patient management. Further work in regards to the RCP Acute Medicine and Clinical Productivity workstream is showing considerable reductions in acute LOS at a ward level specifically AAU, Corbiere and Rozel wards.

Minimal deviation to current performance regarding rate of readmission is noted (less that 1% increase)

Emergency Care Performance - SPC Charts

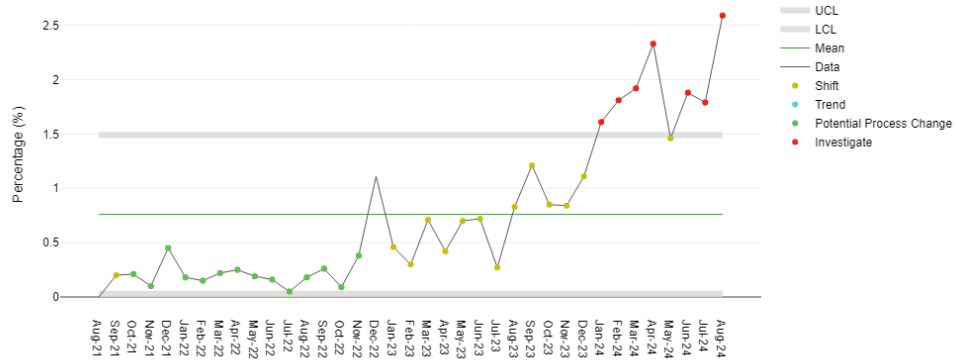
Latest value	Mean
70.5 %	74.6 %

% Patients in Emergency Department for less than or equal to 4 Hours



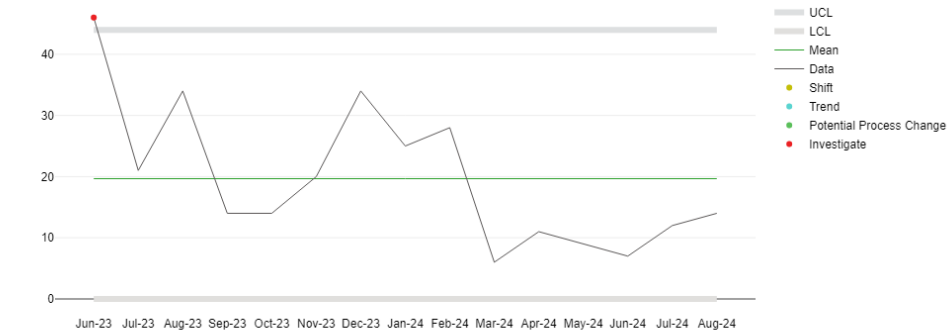
Latest value	Mean
2.6 %	0.8 %

% Patients in Emergency Department for more than 12 Hours



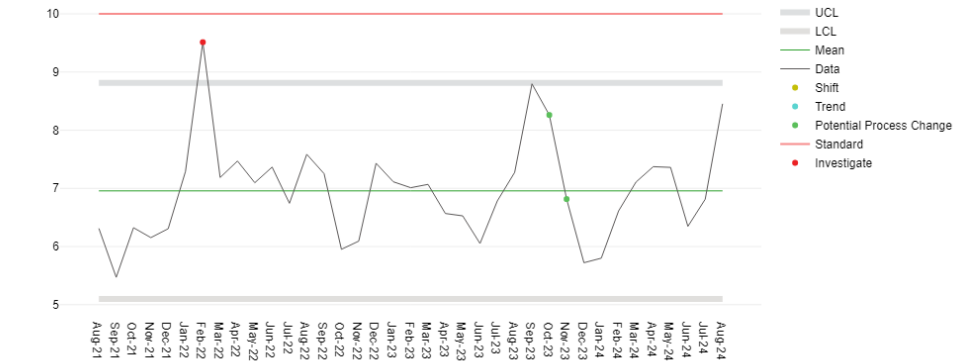
Latest value	Mean
14	19.67

Inpatient movements between 22:00 and 08:00 for non-clinical reasons



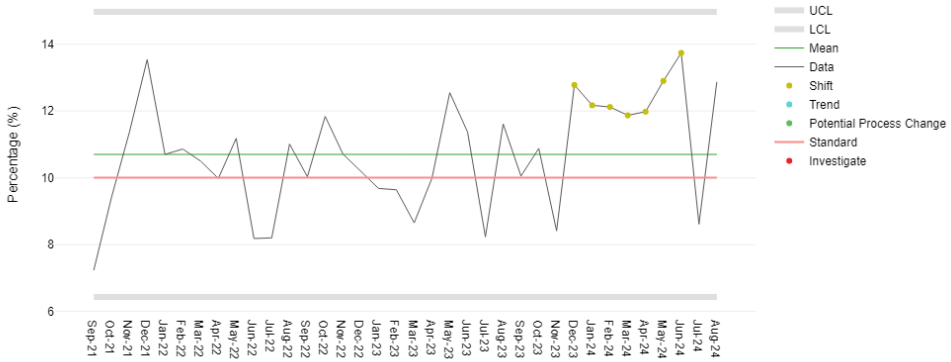
Latest value	Mean
8.45	6.96

Non-elective acute Length of Stay (LOS) (days)



Emergency Care Performance - SPC Charts

Latest value	Mean
12.9 %	10.7 %



Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Patients in Emergency Department for less than or equal to 4 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department less than or equal to 4 hours from arrival to departure or admission
% Patients in Emergency Department for more than 12 Hours	Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable	Percentage of patients in the Emergency department for more than 12 hours from arrival to departure or admission
Inpatient movements between 22:00 and 08:00 for non-clinical reasons	Hospital Electronic Patient Record (Maxims Inpatient Ward Movements report IP001DM)	Not Applicable	Count of inpatient moves within wards or between wards, between the hours of 22:00 and 08:00 for non-clinical reasons, in the reporting period.
Non-elective acute Length of Stay (LOS) (days)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	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.
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))	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/St Ewolds. 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

Maternity

Section Owner

Chief Nurse

Performance Narrative

Our caesarean rate in month was 51.7% (32/62), with 40% being elective. Biggest cohort continues to be in relation to the Robson Criteria group 5, women who had previous caesarean birth, single cephalic pregnancy and were at least 37 weeks' gestation. Patient choice continues to play a key part with our caesarean section rate which is in line with both UK national and international trends. There were 0 caesarean births at full dilatation or any with the Robson Criteria Group 1 which are primigravida women that went into spontaneous labour meaning all delivered vaginally.

Our induction rate remains consistent month on month but there was a drop to 18.33%, but we continue to ensure we are offering induction at the correct gestation due to the presenting clinical picture.

Apgar score (Appearance, Pulse, Grimace, Activity & Respiration) of below 7 at 5 minutes; there were 9 recorded on the dashboard in month which is a jump since beginning on 2024 (total 15 in year so far). All cases reviewed and in fact none were below 7 at 5 minutes they all had a score of either 9 or 10. Therefore this is a human input error, and all staff have been reminded of the importance of data entry on to Maxims where we get our indicators from monthly. This is an issue that will be resolved with the new EPR system that will be implemented in maternity in 2025.

There have been no major obstetric haemorrhages in month, all PPH discussed at weekly risk meeting; all well managed and good practice identified.

Escalations

Outcome of which maternity specific EPR system was planned for Friday 16th August but was put on hold as medical colleagues had not had any input and hadn’t attended either of the demos therefore hadn’t reviewed either system. Meeting was arranged with consultants and now a demo is being arranged and a site visit to units in UK that use the systems so a live demo can be undertaken. This has and will cause a delay to the replacement of a maternity specific system from Maxims.

Maternity - Key Performance Indicators

Indicator	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	YTD
Total Births	72	67	58	66	59	67	51	58	56	53	69	59	62	475
Mothers with no previous pregnancy (Primips)						24	15	20	16	20	34	22	27	178
Mothers who have had a previous pregnancy (Multips)						26	19	30	28	24	25	30	32	214
Mothers with unknown previous pregnancy status						17	17	8	12	9	10	7	3	83
Bookings ≤10+0 Weeks						6	3	7	8	8	9	7	4	52
% of women that have an induced labour	28.17%	31.25%	17.24%	30.77%	38.98%	30.16%	24%	31.58%	22.22%	16.67%	19.4%	28.07%	18.33%	23.9%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	24	23	21	18	11	25	13	22	10	19	19	12	22	142
Number of Instrumental deliveries	12	4	5	5	4	7	3	5	2	3	7	4	6	37
% deliveries by C-section (Planned & Unscheduled)	45.07%	37.5%	46.55%	49.23%	45.76%	36.51%	54%	40.35%	66.67%	47.92%	52.24%	61.4%	51.67%	51.1%
% Elective caesarean section births	22.54%	21.88%	22.41%	27.69%	28.81%	23.81%	32%	15.79%	37.04%	27.08%	29.85%	35.09%	40%	30.04%
Number of Emergency Caesarean Sections at full dilatation	1	1	1	2	0	2	1	1	1	1	0	4	0	10
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)						2	3	0	8	2	7	7	0	29
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)						4	3	5	5	1	4	4	2	28
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour)						3	3	2	5	3	7	4	6	33
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)						4	6	5	6	4	4	10	10	49
Number of deliveries home birth (Planned & Unscheduled)	4	2	3	3	0	2	3	1	1	1	1	3	0	12
Mothers who were current smokers at time of booking (SATOB)	0	1	4	3	2	7	7	3	4	6	2	3	3	35
Mothers who were current smokers at time of delivery (SATOD)	0	0	0	0	0	0	0	2	0	2	2	3	6	15

Maternity - Key Performance Indicators

Indicator	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	YTD
Number of Mothers who were consuming alcohol at time of booking	1	1	2	0	3	1	1	2	0	0	0	0	0	4
Number of Mothers who were consuming alcohol at time of delivery	0	0	0	1	0	0	1	6	4	3	6	4	5	29
Breastfeeding Initiation rates	76.4%	77.6%	74.1%	75.8%	72.9%	79.1%	74.5%	65.5%	73.2%	69.8%	71%	79.7%	67.7%	72.63%
Transfer of Mothers from Inpatients to Overseas	0	0	0	2	1	0	3	1	1	0	1	0	1	7
Number of births in the High dependency room / isolation room	0	1	0	0	0	1	1	0	0	0	0	0	0	2
Number of PPH Greater Than 1500mls	2	3	6	6	3	2	2	1	6	0	1	3	1	16
Number of 3rd & 4th degree tears – all births	1	2	2	1	0	2	2	1	0	0	0	0	0	5
% of babies experiencing shoulder dystocia during delivery	2.78%	1.49%	1.72%	0%	1.69%	0%	0%	0%	1.79%	0%	4.35%	0%	0%	0.84%
% Stillbirths Greater Than 24 Weeks Gestation						0%	0%	0%	0%	0%	0%	0%	0%	0%
Neonatal Deaths at Less Than 28 days old						0	0	0	0	0	0	0	0	0
Number of babies that have APGAR score below 7 at 5 mins	0	1	0	1	0	0	1	0	1	1	1	2	9	15
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	0%	0%	9.09%	5%	6.9%	0%	3.7%	7.41%	3.85%	7.14%	2.78%	5.13%	2.56%	3.92%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	0	0	0	2	2	0	1	0	0	1	2	0	1	5
Transfer of Neonates from JNU	0	0	0	1	1	1	0	0	1	0	1	0	1	4
Preterm Births ≤27 Weeks (Live & Stillbirths)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Preterm Births ≤36+6 Weeks (Live & Stillbirths)	2	2	7	1	2	1	1	8	1	2	2	3	4	22
Neonatal Readmissions at Less Than 28 days old						11	4	4	5	5	6	4	5	44

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome. Includes live and stillbirth.
Mothers with no previous pregnancy (Primips)	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to first-time mothers. Includes live and stillbirth.
Mothers who have had a previous pregnancy (Multips)	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to mothers who have given birth at least once before. Includes live and stillbirth.
Mothers with unknown previous pregnancy status	Maternity Birth Registration Details Report	Indicator is for information only	Total number of births of any outcome to mothers with unknown previous pregnancy status. Includes live and stillbirth.
Bookings ≤10+0 Weeks	Maxims Deliveries Report (MT005)	Not Applicable	Number of women who attended their first pregnancy appointment where their gestation length was less than 70 days (10 weeks).
% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Standard set locally based on average (mean) of previous two years' data	Number of women that had an induced labour as a percentage of the total number of deliveries.
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	Maternity Delivery Details Report	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries
Number of Instrumental deliveries	Maternity Delivery Details Report	Not Applicable	Count of instrumental deliveries
% deliveries by C-section (Planned & Unscheduled)	Maternity Delivery Details Report	Indicator is for information only	Number of c-sections, planned and unplanned, as a percentage of the total number of deliveries.
% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Number of Elective Caesarean sections, divided by total number of deliveries
Number of Emergency Caesarean Sections at full dilatation	Hospital Electronic Patient Record (TrakCare Deliveries Report (MAT23A) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and no labour-inducing drugs needed.

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and labour was started artificially.
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and baby was delivered via elective caesarean section.
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)	Hospital Patient Administration System (Maxims, Caesarean Deliveries Report MT008DM)	Indicator is for information only	A woman who has previously given birth via caesarean section, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term.
Number of deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Indicator is for information only	Number of deliveries recorded as being at "Home", planned and unplanned
Mothers who were current smokers at time of booking (SATOB)	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as being smokers at their pregnancy booking appointment.
Mothers who were current smokers at time of delivery (SATOD)	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as being smokers on their delivery date.
Number of Mothers who were consuming alcohol at time of booking	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as consuming alcohol at their pregnancy booking appointment.
Number of Mothers who were consuming alcohol at time of delivery	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as consuming alcohol on their delivery date.
Breastfeeding Initiation rates	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT1A) & Maxims Maternity Report (MT001))	Not Applicable	Number of babies whose first feed is from the mother's breast

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Transfer of Mothers from Inpatients to Overseas	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of transfers of mothers out of Maternity inpatient wards to an off-island Healthcare facility.
Number of births in the High dependency room / isolation room	Maxims Deliveries Report (MT005)	Not Applicable	Number of births which took place in the High Dependancy Room / Isolation Room
Number of PPH Greater Than 1500mls	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Number of deliveries that resulted in a blood loss of over 1500ml
Number of 3rd & 4th degree tears – all births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Number of women who gave birth and sustained a 3rd or 4th degree perineal tear
% of babies experiencing shoulder dystocia during delivery	Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	Not Applicable	Total number of babies experiencing shoulder dystocia during delivery divided by the total number of births
% Stillbirths Greater Than 24 Weeks Gestation	Hospital Electronic Patient Record (Maxims Maternity Report (MT001))	Not Applicable	Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation)
Neonatal Deaths at Less Than 28 days old	Hospital Electronic Patient Record (Maxims Demographics Report (MP001DM) & Maxims Maternity Report (MT001))	Indicator is for information only	Number of deaths during the first 28 completed days of life
Number 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))	Indicator is for information only	Number of live births (only looking at singleton babies with a gestational length at birth between 259 and 315 days) that have APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Percentage of live births with a gestational age lower than the 3rd centile (3% of babies born at same gestational age will have a lower birth weight than them) delivered after 37 weeks and 6 days of pregnancy.
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Not Applicable	Number of births requiring admission to the Jersey Neonatal Unit at or above 37 weeks gestation
Transfer of Neonates from JNU	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Deliveries Report (MAT23A), Maxims Admissions Report (IP013DM) & Maxims Deliveries Report (MT005))	Indicator is for information only	Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility.
Preterm Births ≤27 Weeks (Live & Stillbirths)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Live babies born who were born at or before 27 weeks
Preterm Births ≤36+6 Weeks (Live & Stillbirths)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Indicator is for information only	Live babies born who were born before 37 weeks (less than or equal to 36+6 gestation)
Neonatal Readmissions at Less Than 28 days old	Hospital Electronic Patient Record (Maxims Discharges Report (IP013DM) & Maxims Maternity Report (MT001))	Indicator is for information only	Number of babies that were readmitted to Hospital within 28 days of their delivery date

Maternity

Additional Commentary / Deep Dive

Work commenced on the smoking in pregnancy work stream to ensure we have accurate data for women. Presently we are showing you data for 'Mothers who are currently smokers at time of booking (SATOB)' and 'Mothers who are currently smokers at time of delivery (SATOD)' but these are different cohorts of women (women who have just booked against women who have just delivered). To get a true reflection we should be look at the women who are delivering within month and reviewing this against the information we hold in relation to these women at the time of booking; i.e. did they stop during pregnancy. This is the same for consuming alcohol and we will address this also within this work stream.

Mental Health

Section Owner

Director Mental Health, Social Care & Community Services

Performance Narrative

Our mental health access KPI's remain above target (91% of all crisis referrals seen within 4 hours, and 87% of all referrals seen within 10 working days).

100% of all patients discharged (both working age and older adult) had a follow up contact within 3 days.

In relation to Jersey Talking Therapies (JTT), 97% of people were assessed within the target 90 days. 42% of people waited over 18 weeks for treatment – this is an improved position on recent months, with an associated reduced waiting time for treatment. The service received 150 new referrals in the month. Further recruitment is underway to support reduced waiting for treatment times.

Escalations

Waiting time for dementia assessment has now reduced to 53 days; this is a terrific achievement on behalf of the service over recent months.

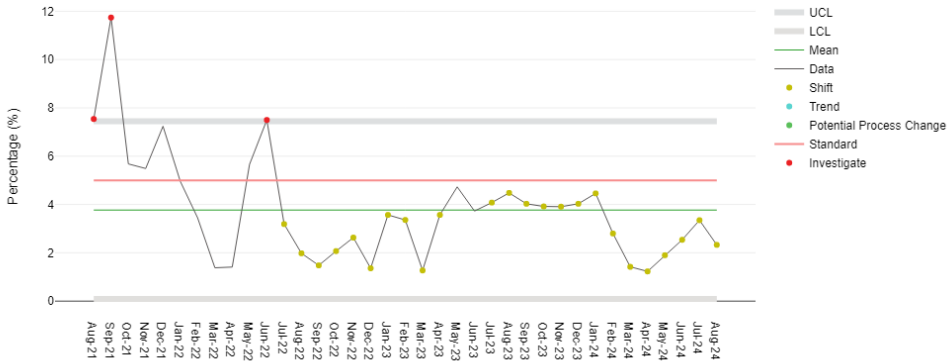
The waiting time for ADHD assessment continues to rise; this is addressed in a specific paper to the Board this month.

The waiting list & waiting time for specialist psychological assessment and treatment (not reported in the QPR, and predominantly due to vacancies) is a concern for the service; a meeting has been arranged with the service to explore this and develop a plan to address it.

Mental Health - SPC Charts

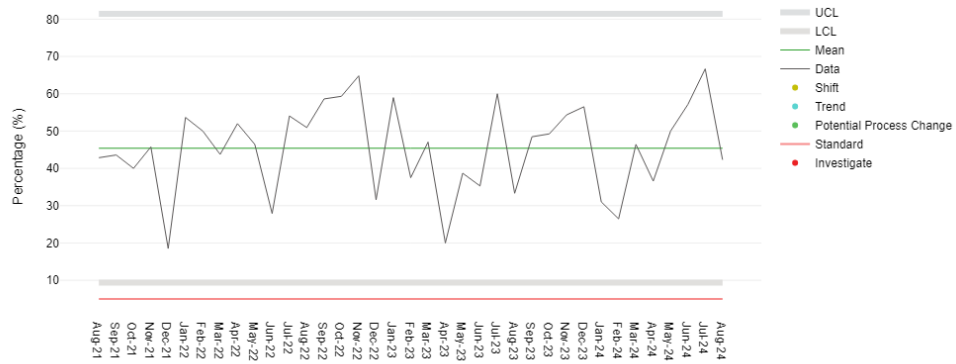
Latest value	Mean
2.3 %	3.8 %

JTT % of clients waiting for assessment who have waited over 90 days



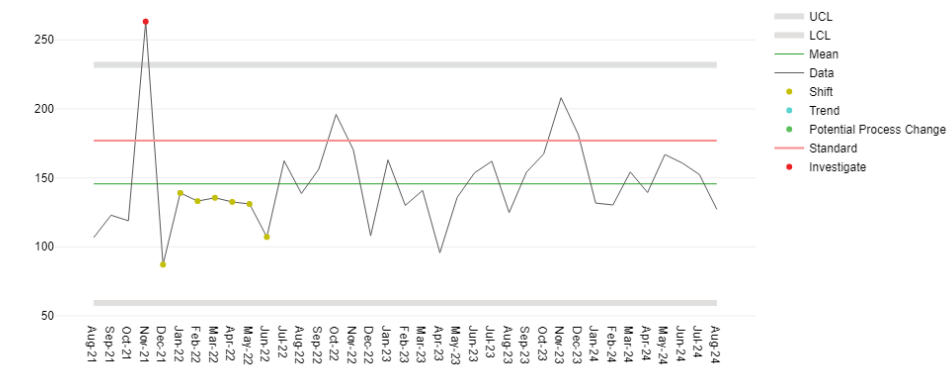
Latest value	Mean
42.3 %	45.4 %

JTT % of clients who started treatment in period who waited over 18 weeks



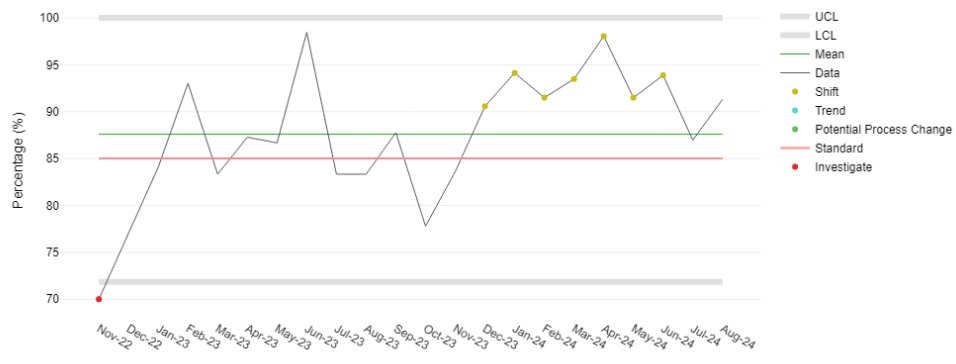
Latest value	Mean
127.2	145.62

JTT Average waiting time to treatment (Days)



Latest value	Mean
91.3 %	87.6 %

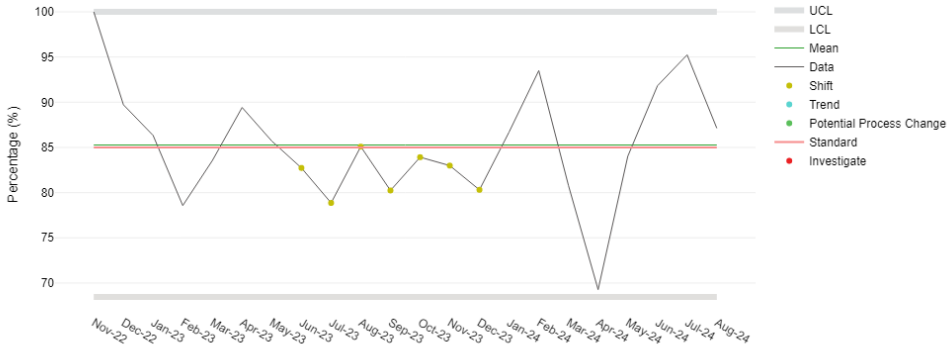
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

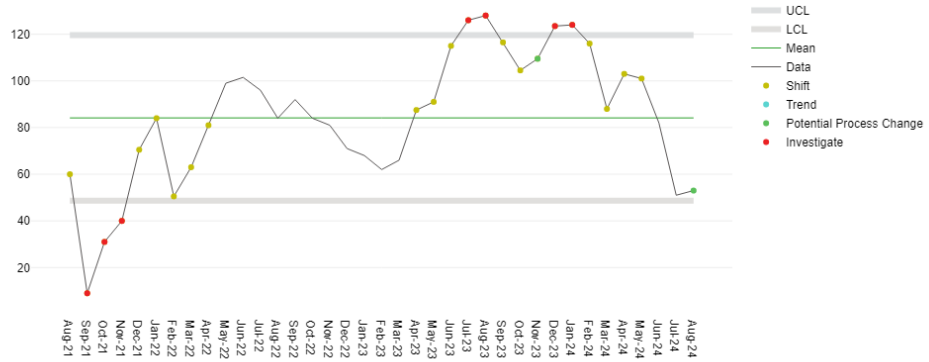
Latest value	Mean
87.1 %	85.3 %

% of referrals to Mental Health Assessment Team assessed in period within 10 working days



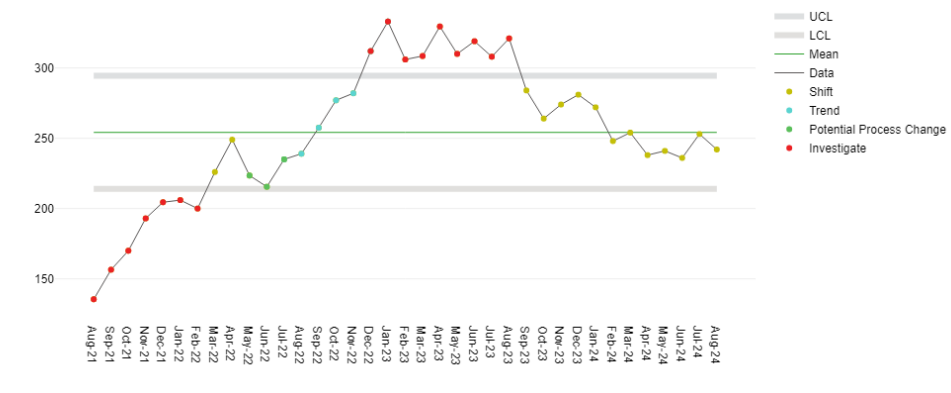
Latest value	Mean
53	84.14

Median wait of clients currently waiting for Memory Service Assessment (Days)



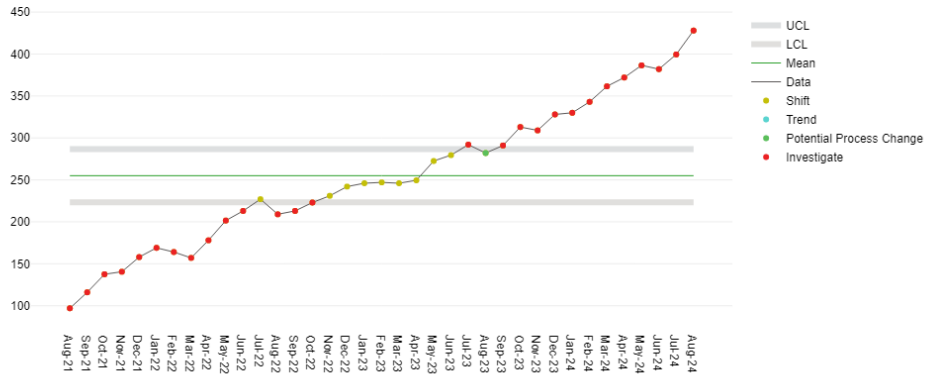
Latest value	Mean
242	254.16

Median wait of clients currently waiting for Autism Assessment (Days)



Latest value	Mean
428	254.99

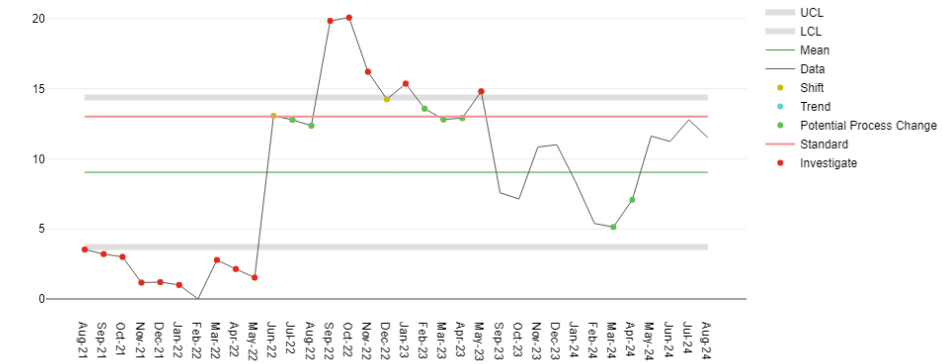
Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

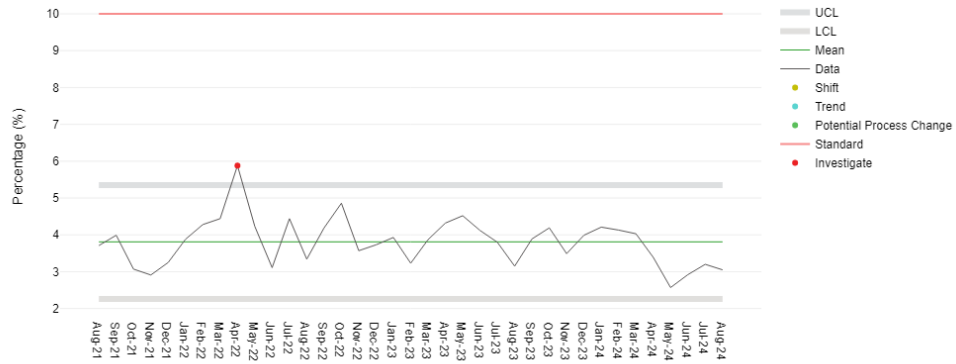
Latest value	Mean
11.52	9.03

Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards



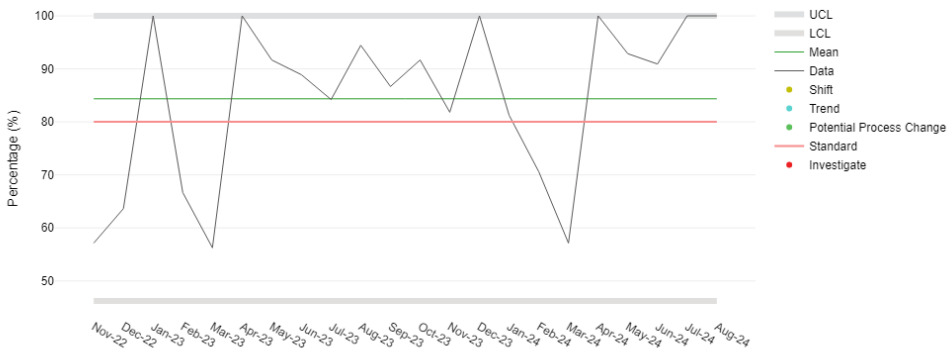
Latest value	Mean
3.1 %	3.8 %

Community Mental Health Team Did Not Attend (DNA) rate



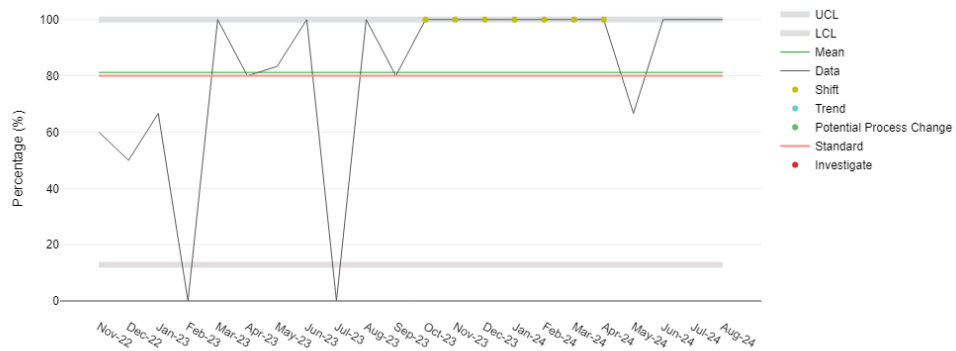
Latest value	Mean
100 %	84.4 %

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



Latest value	Mean
100 %	81.2 %

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



Mental Health - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
JTT % of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	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
JTT % of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients commencing treatment in the perios who had waited 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	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	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	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
Median wait of clients currently waiting for Memory Service Assessment (Days)	Community services electronic client record system	Not Applicable	Memory Service Assessment Median Waiting times from date of referral to last day of reporting period

Mental Health - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Median wait of clients currently waiting for Autism Assessment (Days)	Community services electronic client record system	Not Applicable	Autism Assessment Median Waiting times from date of referral to last day of reporting period
Median wait of clients currently waiting for ADHD Assessment (Days)	Community services electronic client record system	Not Applicable	ADHD Assessment Median Waiting times from date of referral to last day of reporting period
Community Mental Health Team Did Not Attend (DNA) rate	Community services electronic client record system	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
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))	Generated based on historic percentiles	Average (mean) number of Mental Health inpatients marked as Medically Fit For Discharge each day at 8am
% 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	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from Mental Health Inpatient Unit with an Adult Mental Health Specialty' 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 'Mental Health Inpatient Unit with an Adult Menatl Health Specialty'
% 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	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

Social Care

Section Owner

Director Mental Health, Social Care & Community Services

Performance Narrative

Learning Disabilities Clients Physical Health Checks

In month position of 80.5% achievement is a positive increase from previous month returns to compliance against target (80% of service users having an annual health check). Work is ongoing to further improve the position (with some of the previous month's position relating to staff absence).

Assessments Authorised and Completed within 3 weeks (ASCT)

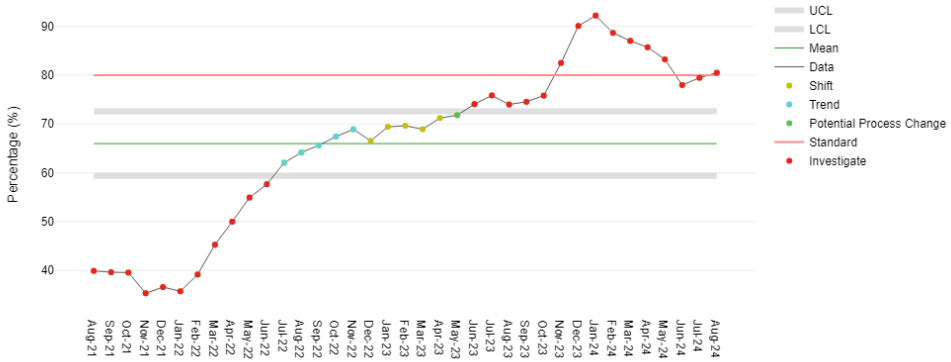
Achievement of 88% remains well above the target of 80%, indicative of good customer care for clients who have care and support needs.

Escalations

Social Care - SPC Charts

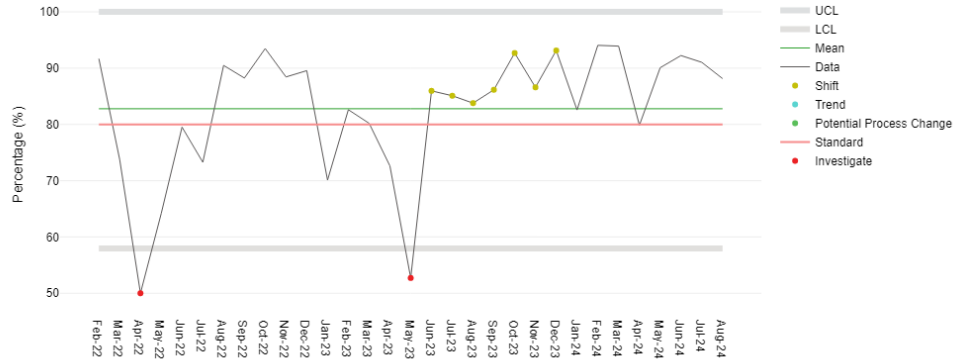
Latest value	Mean
80.5 %	66 %

Percentage of Learning Disability Service clients with a Physical Health check in the past year



Latest value	Mean
88.1 %	82.8 %

Percentage of Assessments completed and authorised within 3 weeks (ASCT)



Social Care - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Percentage of Learning Disability Service clients with a Physical Health check in the past year	Community services electronic client record system	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.
Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	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

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Complaints:

In August 2024, 15 new complaints were received across all care groups, a 65% decrease from August 2023 (43 complaints). The team continues to encourage de-escalation at the ward level, working directly with patients and relatives to resolve concerns before they escalate to formal complaints.

Compliments:

A total of 111 compliments were recorded in August 2024, marking a 101% increase compared to August 2023 (55). Efforts are ongoing to ensure that all compliments from patients and relatives are captured in Datix, ensuring relevant staff receive recognition.

PALS:

The Patient Advice and Liaison Service (PALS) relaunched in June 2024 with a media campaign, leading to a significant rise in interactions, from 22 in July 2023 to 144 in July 2024 (a 554% increase).

Tissue Viability

In August 2024, there were 6 reported incidents of hospital-acquired pressure damage within our care.

Of these, 3 were confirmed as category 2 pressure ulcers. Notably, 1 of these ulcers resolved (healed) during the same hospital admission, with no reported deterioration in the remaining 2 cases.

The other 3 incidents relate to one patient. A thorough root cause analysis revealed that these incidents were unavoidable due to the patient's complex comorbidities and non-concordance with the recommended care plans and risk reduction interventions. The patient continues to be closely monitored and supported by a multidisciplinary team.

Quality & Safety

Infection Prevention & Control

In August 2024 Healthcare Associated Infections:

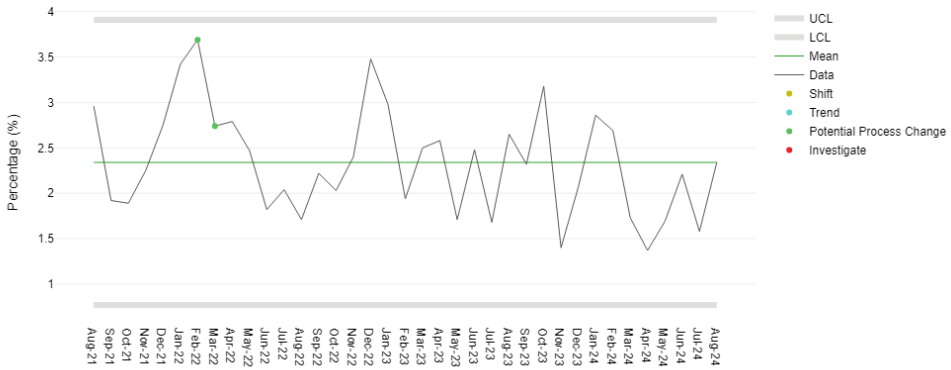
There have been no cases of C. difficile infection identified in the hospital in August. There have been 13 so far this year in comparison to 15 last year. Enhanced infection prevention and control measures and root cause analysis have been implemented for each case.

There have been no MRSA bacteraemia's and one MSSA bacteraemia in August, investigation underway.

Quality & Safety - SPC Charts

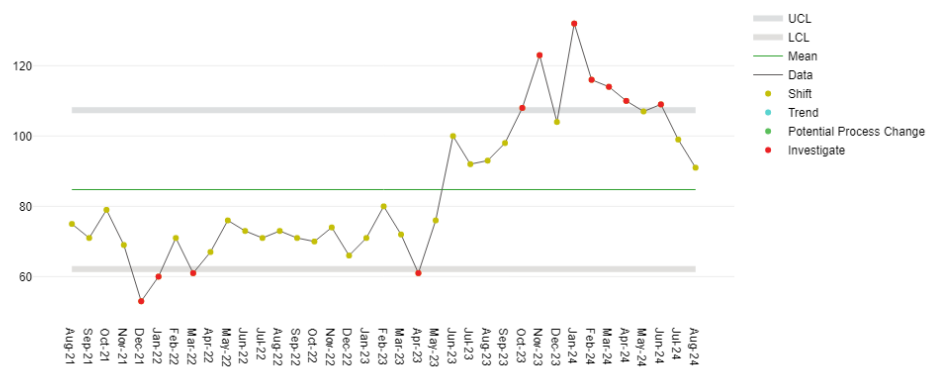
Latest value	Mean
2.3 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



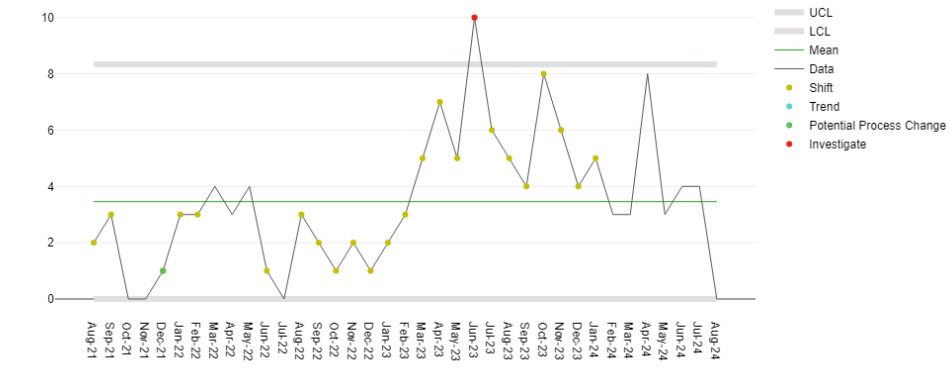
Latest value	Mean
91	84.76

Patient Safety Events per 1000 bed days



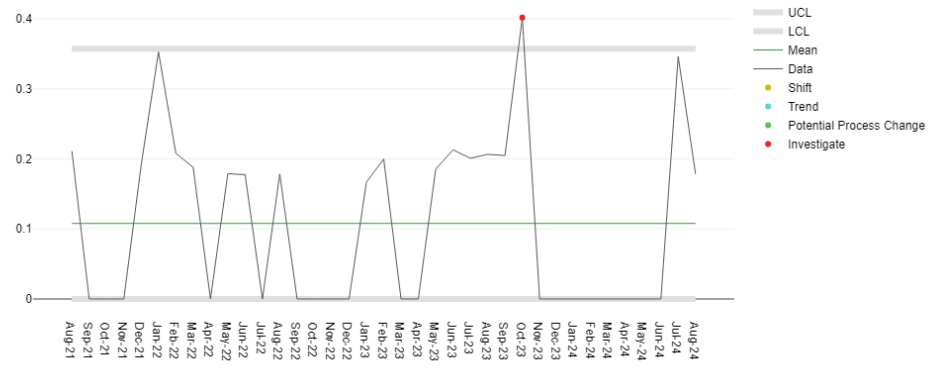
Latest value	Mean
0	3.46

Number of serious incidents



Latest value	Mean
0.18	0.11

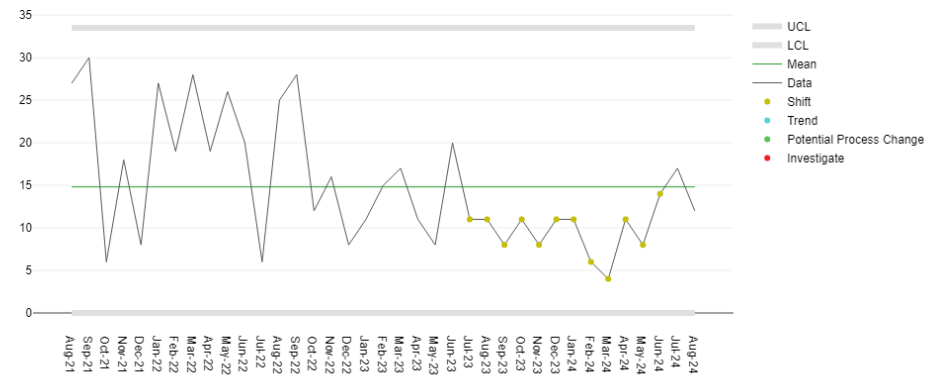
Number of falls resulting in harm (moderate/severe) per 1,000 bed days



Quality & Safety - SPC Charts

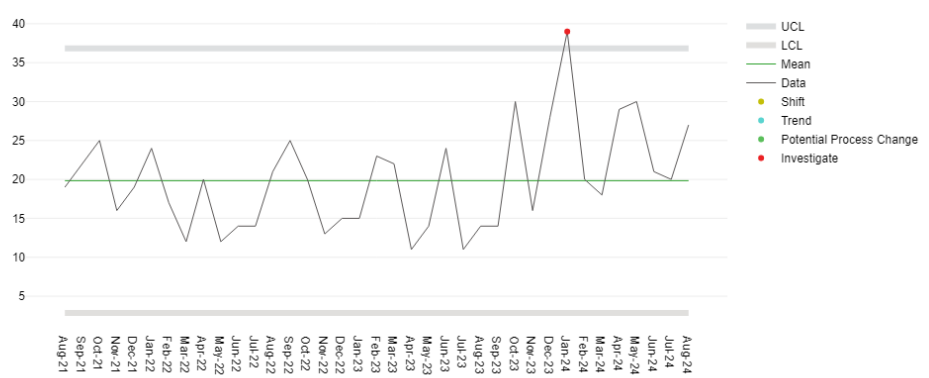
Latest value	Mean
12	14.81

Patient safety incidents with moderate/severe harm/death



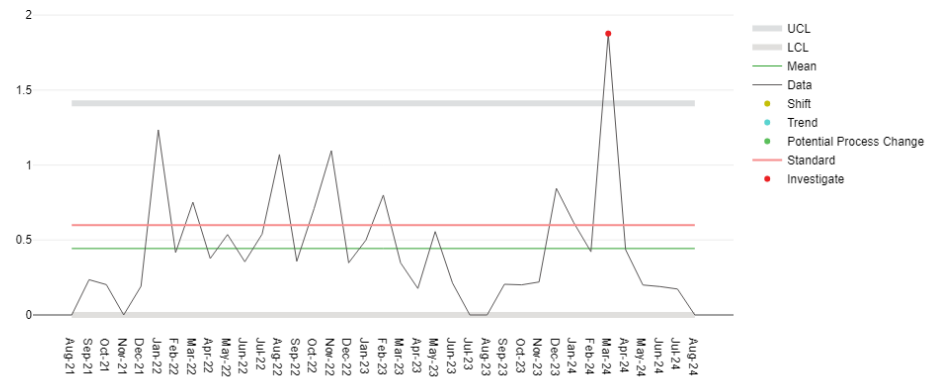
Latest value	Mean
27	19.84

Number of pressure ulcers present upon inpatient admission



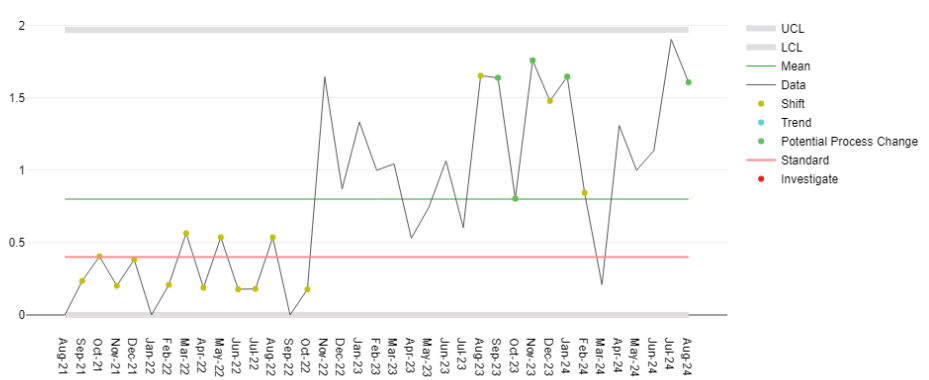
Latest value	Mean
0	0.44

Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days



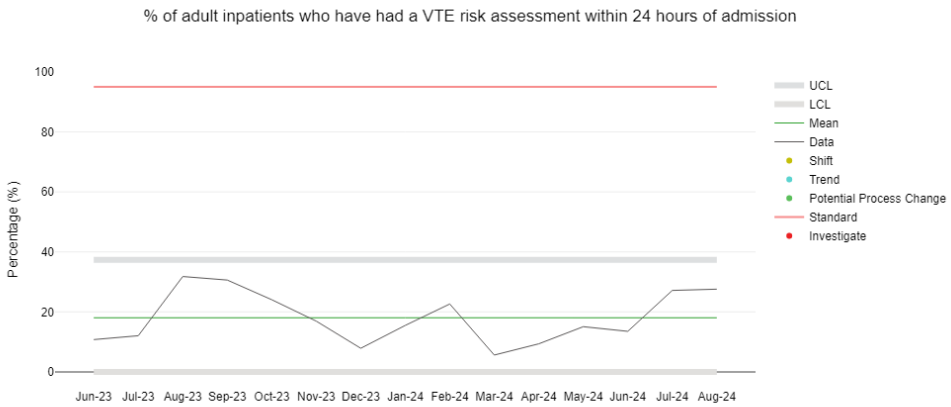
Latest value	Mean
1.61	0.8

Number of medication errors across HCS resulting in harm per 1000 bed days

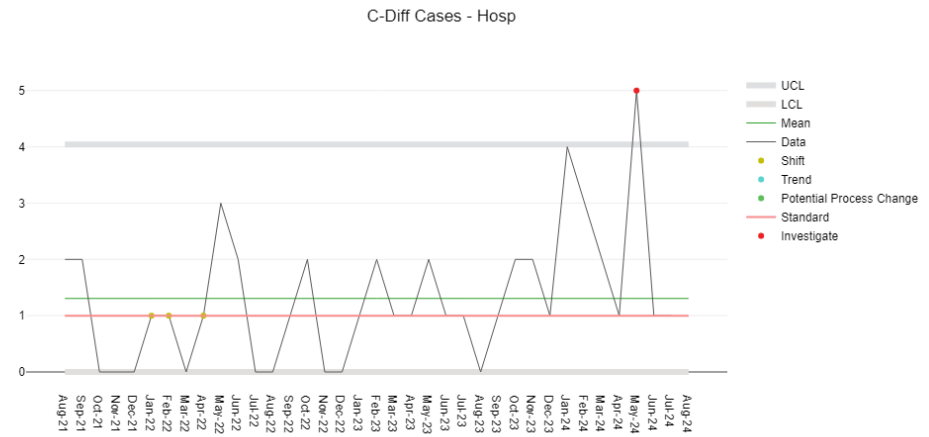


Quality & Safety - SPC Charts

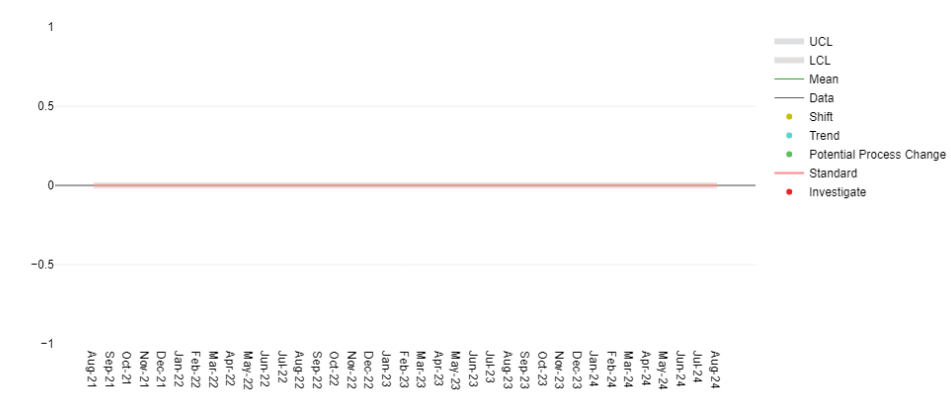
Latest value	Mean
27.6 %	18.1 %



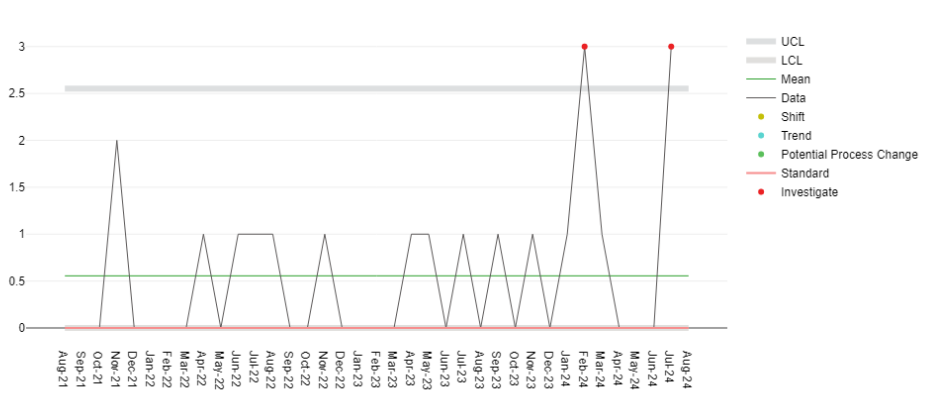
Latest value	Mean
	1.31



Latest value	Mean
	0

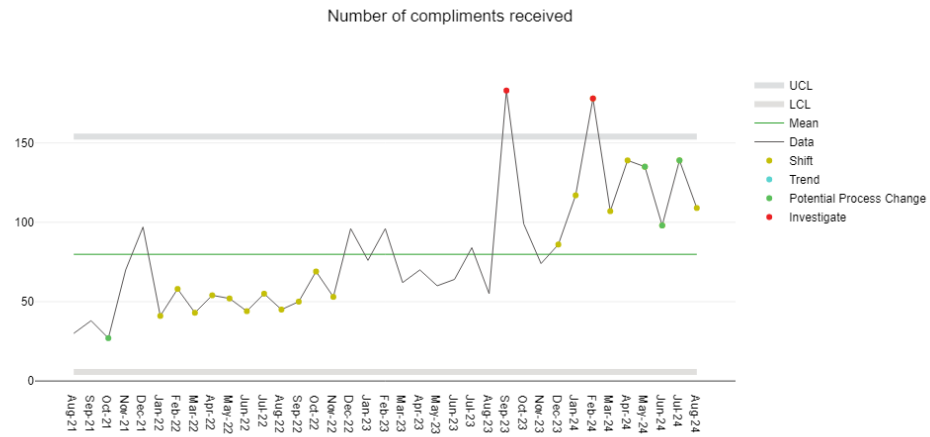


Latest value	Mean
	0.56



Quality & Safety - SPC Charts

Latest value	Mean
109	79.81



Latest value	Mean
15	29.16

Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Crude Mortality Rate (JGH, Overdale and Mental Health)	Hospital Electronic Patient Record (TrakCare Inpatient Discharges Report (ATD9P) Maxims Inpatient Discharges Report (IP013DM))	Not Applicable	A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given period and expresses this as a proportion of the number of people admitted for care in that hospital over the same period. The crude mortality rate can then be articulated as the number of deaths for every 100 patients admitted.
Patient Safety Events per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Not Applicable	Number of patient safety events reported where approval status is not "Rejected" per 1,000 bed days
Number of serious incidents	HCS Incident Reporting System (Datix)	Not Applicable	Number of safety events recorded in Datix where the event is marked as a 'Serious Incident' in the period
Number of falls resulting in harm (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	Not Applicable	Number of inpatient falls with moderate or severe harm recorded where approval status is not "Rejected" per 1000 occupied bed days
Patient safety incidents with moderate/severe harm/death	HCS Incident Reporting System (Datix)	Not Applicable	Number of patient safety events recorded with moderate, severe or fatal harm recorded where approval status is not "rejected"
Number of pressure ulcers present upon inpatient admission	HCS Incident Reporting System (Datix)	Not Applicable	Datix incidents in the month recording a pressure sore upon inpatient admission. All pressure ulcers recorded as "present before admsission" but excluding those recorded as "present before admission from other ward".
Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	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

Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of medication errors across HCS resulting in harm per 1000 bed days	HCS Incident Reporting System (Datix), Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	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.
% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	Hospital Electronic Patient Record (Maxims Report IP026DM)	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.
C-Diff Cases - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team
MRSA Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
E-Coli Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
Number of compliments received	HCS Feedback Management System (Datix)	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
Number of complaints received	HCS Feedback Management System (Datix)	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"