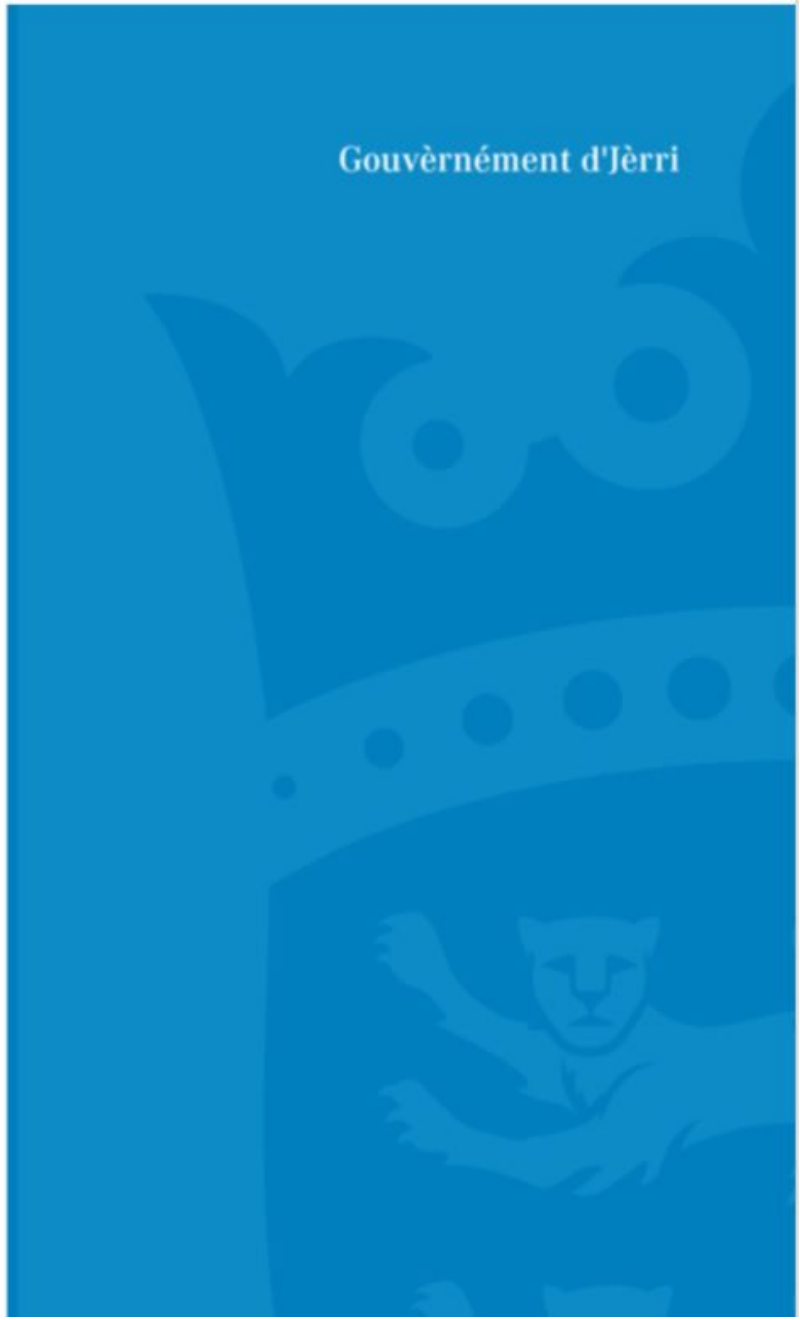
Health and Community Services

Quality and Performance Report December 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 52 weeks for first outpatient appointment

December is the 3rd month in a row that has seen a reduction in patients waiting over 52 weeks for their first outpatient appointment. This is directly attributable to the ongoing work in dermatology, to reduce the access times. Current 90th percentile is 42 weeks whereas on the 1st December it was 51 weeks, and 1st November was 66 weeks. The success story for dermatology is not however replicated across all specialties as yet but recovery actions are in development or being implemented in others. Long waits remain in gastroenterology with 90th percentile currently at 72 weeks which compares with 69 weeks on the 1st December and 66 weeks on the 1st November. This long wait for patients within gastro will continue to rise due to the lack of consultants to cover the service and the demand on the existing consultants to focus on inpatient ward areas as we continue to experience high demand for urgent and emergency admissions. As a mitigation additional outpatient capacity is being sought however funding will be the limiting factor when approving additional activity and would have to sit within vacancy. All referrals are clinically triaged and categorised as to urgency. Only urgent referrals are currently being allocated an appointment. It is anticipated that further recovery action will deliver further improvements to this metric in Q1.

Patients waiting over 52 weeks for elective procedure

Despite initial improvements in the first half of 2024, the elective theatre waiting list has increased for the last six months, unfortunately resulting in longer than usual waits for patients requiring a routine procedure. This increase is due to many factors. The annual theatre maintenance programme undertaken in August 2024 identified an issue with one of the theatre's ventilation systems, meaning that some theatre was unable to be used in the same way until assessment of the risk had taken place. Once this assessment was complete, the air handling ventilation system was deemed unsafe to maintain adequate clean air require to operate. To ensure there was adequate safe theatre capacity, the service was required to work in a different way. The decision was taken to reduce elective theatre capacity to ensure adequate capacity for emergency and urgent procedure. Whilst the theatre air handling system was being repaired, a further theatre went out of action due to a panel failure resulting in further loss of elective capacity. In addition to this, the two ophthalmic microscopes experienced a power surge resulting in both scopes failing at the same time. Whilst waiting for the fault to be located and repairs to be made, cataract procedures were unable to be undertaken on Island. Availability of equipment in this area is being reviewed to future proof.

It was not until December 2024 that all issues had been fully resolved, and during that time, almost a quarter of elective theatre capacity had been lost.

Since December 2024, the hospital has experienced an increase in requirement for urgent beds, as has been the case across the UK. This demand for acute beds has again restricted the elective programme of work and in line with winter surge, bed capacity could well be limited until March 2025.

Planning for Q2 elective activity is happening to support an increase in theatre cases and mitigate to some extent the loss of capacity during winter. Clinical productivity workstreams will continue to focus on productivity and efficiency gains.

Elective Care Performance

Access to diagnostics greater that 6 weeks

It is now recognised, through the recording, reporting and analysis of diagnostic capacity that there is insufficient resource to meet the current demand placed on Health Care Jersey.

Work to increase capacity and to understand demand, across the imaging and endoscopy services within the current allocated budget is the focus for 2025 given the funding constraints across the government.

All patients are clinically triaged with urgent patients being seen quickly and routine patients experiencing delays.

DNA and Was Not Brought rates

The DNA rate has again reduced in month and is now at its lowest since the implementation of the new digital epr was implemented 18 months ago. Work is ongoing to continue to reduce this level through enhanced communication with patients to ensure appointments times meet their requirements.

The was not brought rate (the number of patients who are dependent on someone else bringing them to their appointment, usually children or those with special needs) slightly rose in month, which is consistent with the fluctuations seen during holiday periods.

Elective Theatre List Utilisation

Theatre utilisation remains below 70% despite the improvement work undertaken over the last few months. A review of data capture processes and analytical reporting has now commenced alongside project work to continue the improvement but at a greater pace.

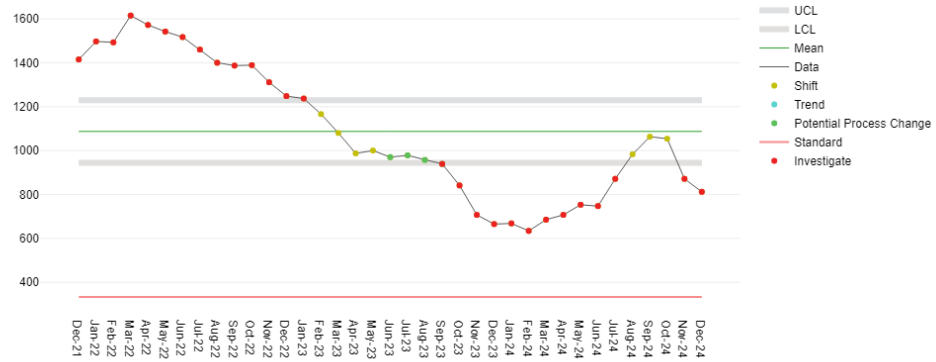
On the day theatre cancellations for non-medical reasons

A significant reduction in on the day cancellations was experienced in December. It is expected a rise in cancellations will be seen during January due to beds being required for emergency admissions through A&E.

Elective Care Performance - SPC Charts

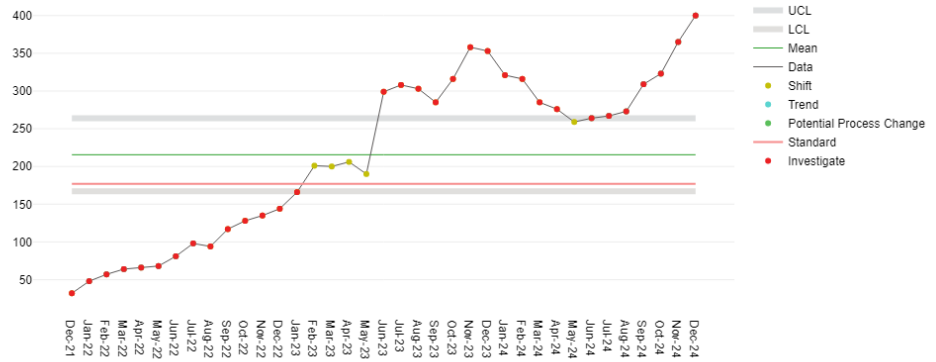
Latest value	Standard
812	<333

Patients waiting for first outpatient appointment Greater Than 52 weeks



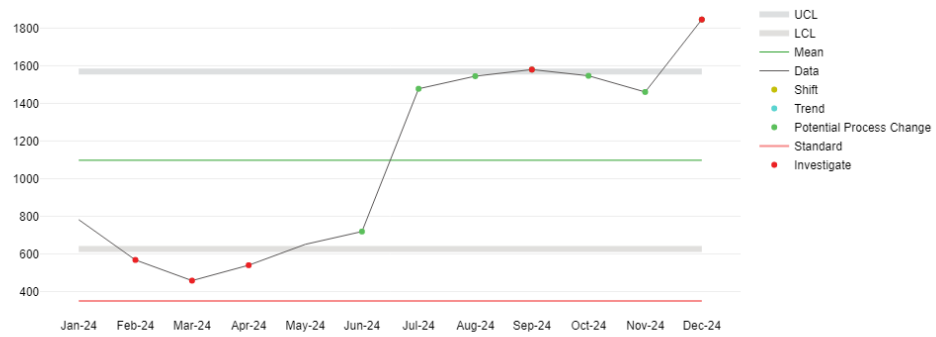
Latest value	Standard
400	<177

Patients on elective list Greater Than 52 weeks



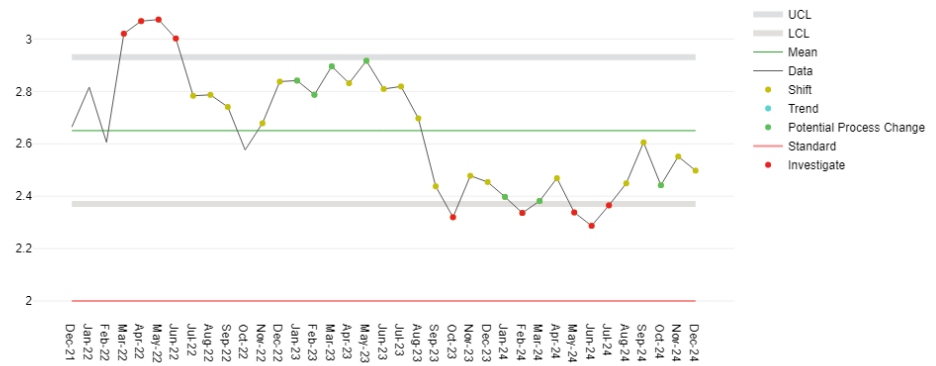
Latest value	Standard
1846	<350

Access to diagnostics Greater Than 6 weeks



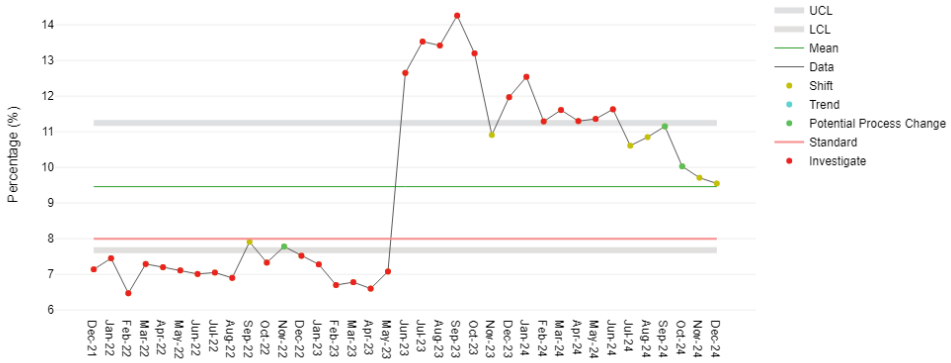
Latest value	Standard
2.5	2

New to follow-up ratio

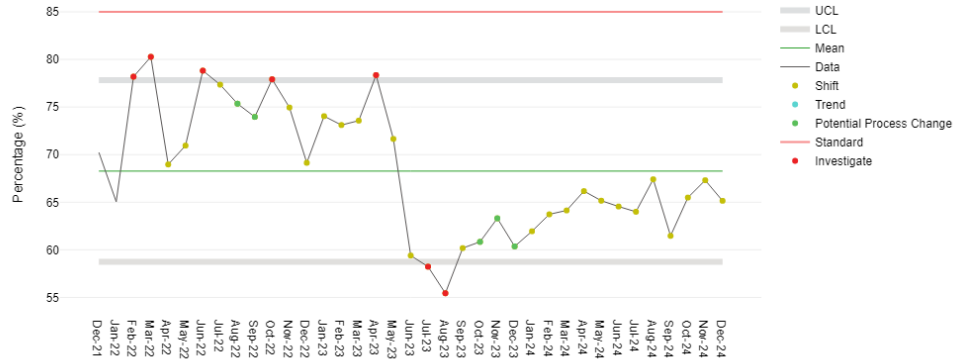


Elective Care Performance - SPC Charts

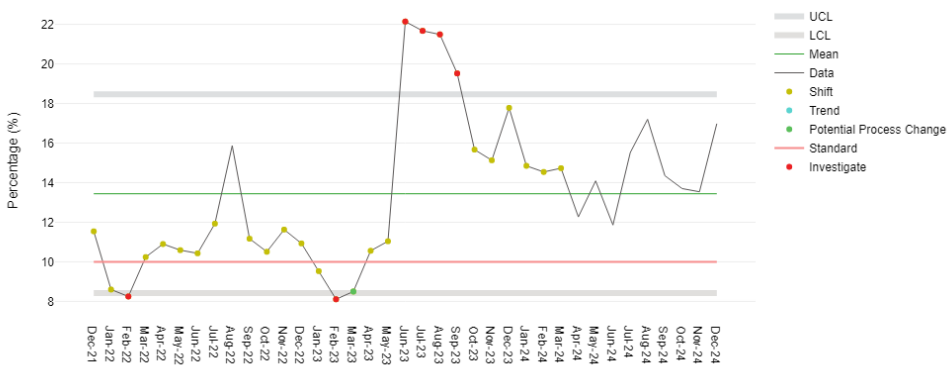
Latest value	Standard
9.6 %	<=8%



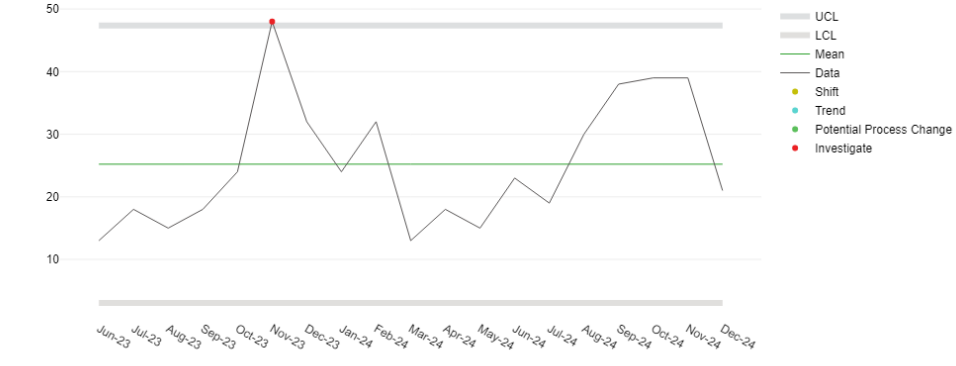
Latest value	Standard
65.2 %	>85%



Latest value	Standard
17 %	<=10%



Latest value	Standard
21	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

Emergency Department Attendance and Performance

* Attendees: December saw 3,555 attendees, a slight increase compared to November, and 212 more attendees than December 2023.
* 4-hour target compliance: Stable at 70.2%, with minors performing exceptionally at 92.9%, a steady improvement and above England's current reported benchmarks.
* 12-hour breaches: These remain consistent at 3.6%, with 88% of breaches linked to patients requiring admission where performance is linked to bed requirement.
* Admissions: 15.8% of ED attendees required admission, showing an increase from the previous month.

Operational Improvements and Initiatives

1. Red 2 Green (R2G):

a. Continued embedding of R2G principles to enhance patient flow.

b. Dedicated patient review days implemented ahead of Bank Holiday periods and as recovery measures.

2. Non-Clinical Patient Transfers:

a. Out-of-hours non-clinical transfers reduced significantly due to specific bed requests for clinical continuity.

b. Monitoring of all non-clinical transfers is now a standard part of operational bed meetings, as part of the response to learning from a serious incident.

Emergency Care Performance

Length of Stay (LOS) and Readmissions

* Emergency LOS:

Slight increase this month, with acuity and rise in presence of some respiratory infections in December. Progress in addressing recommendations from the Royal College of Physicians' (RCP) report is noted with reductions in acute LOS observed wards such as AAU, Corbiere, and Rozel wards, driven by the RCP Acute Medicine and Clinical Productivity workstream.

* 30-day readmissions: Slight increase to 14.5%, with further work required to understand drivers and mitigate risk.

Escalations and Winter Challenges

* December's performance reflects increasing challenges, with longer ED waits attributed to isolation needs, gender-specific bed availability, and general capacity constraints.

* Actions Underway:

Maintaining additional capacity.

R2G reviews on a line-by-line basis before each Bank Holiday.

Enhancing clinical productivity through length-of-stay activity.

Launching an externally supported clinical flow improvement strategy.

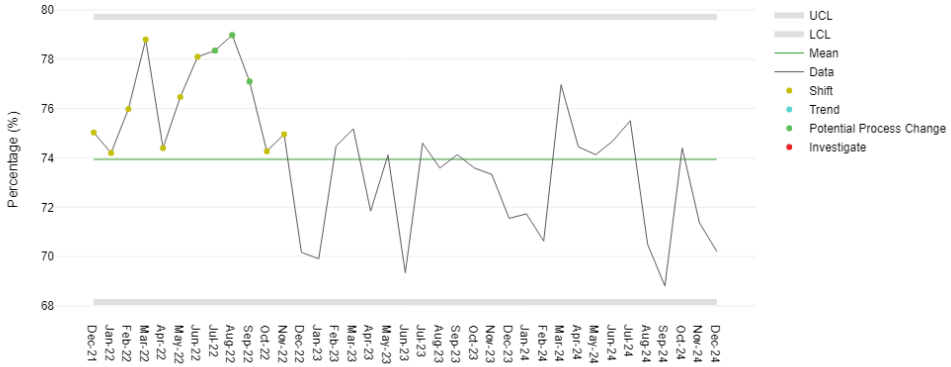
Conclusions

December has highlighted ongoing pressures within ED and inpatient services. However, the continued focus on operational efficiencies, embedding of R2G, and collaboration with external experts is providing a structured approach to manage winter challenges while supporting sustainable improvements in patient flow and care delivery.

Emergency Care Performance - SPC Charts

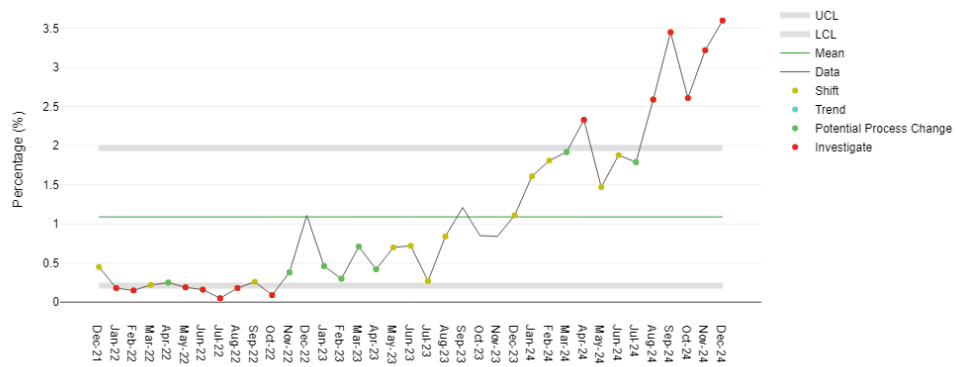
Latest value	Mean
70.2 %	73.9 %

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



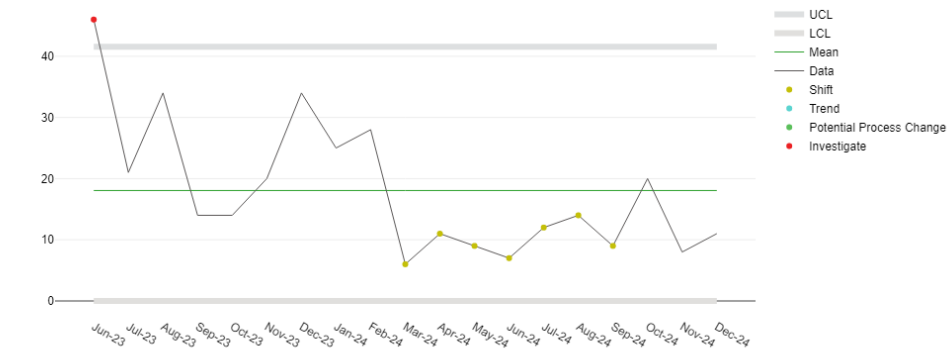
Latest value	Mean
3.6 %	1.1 %

% Patients in Emergency Department for more than 12 Hours



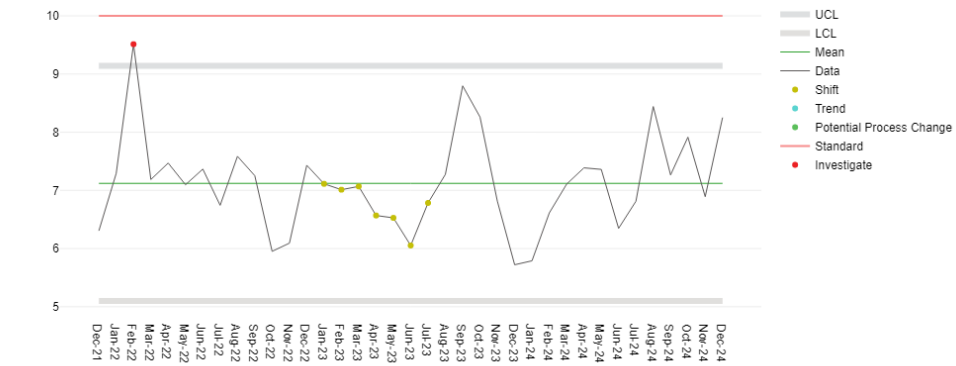
Latest value	Mean
11	18.05

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



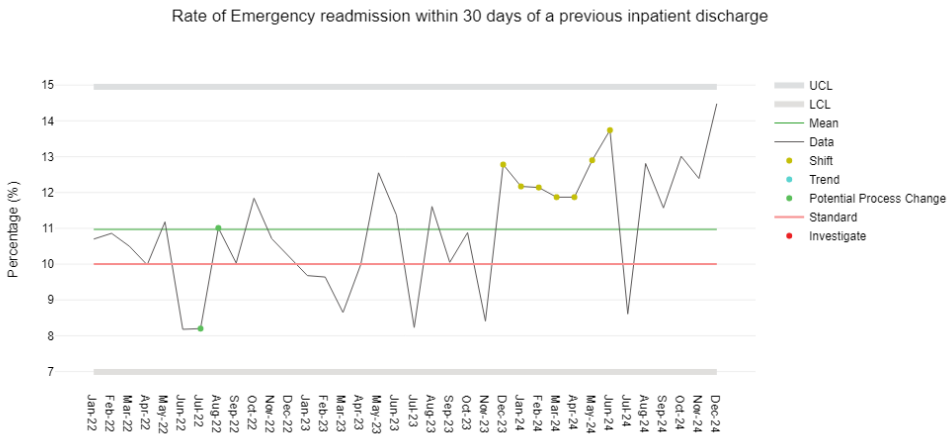
Latest value	Mean
8.25	7.12

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



Emergency Care Performance - SPC Charts

Latest value	Mean
14.5 %	11 %



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

Breastfeeding initiation rates remain strong, with 78.5% of mothers choosing to breastfeed.

Our caesarean rate in month has seen an increase to 50.79% (33/65), with 38.1% being elective which is an increase from previous month. Biggest cohort this month being in relation to the Robson Criteria group 2b, women who are primigravidae (first time mothers) with single pregnancy, at least 37 weeks' gestation who have chosen a caesarean birth prior to onset of labour and Robson group 5, women who have had a previous caesarean section birth. 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 no caesarean births at full dilatation.

Our induction rate remains relatively consistent month on month but has seen another decrease in month to 26.98%. We continue to ensure we are offering induction at the correct gestation due to the presenting clinical picture.

There were two major obstetric haemorrhages in month which were presented to SIRP and good practice identified, we continue to present and discuss all PPH/MOH at our weekly risk meeting. We continue to review all MOH/PPH using the NICHE tool and have presented in month that there has been a decrease in MOH /PPH from 2023 in 2024.

Escalations

Outcome of which maternity specific EPR system was presented in month, and the process continues in building the system specific to Jersey Maternity Units requirements, no date yet of expected ‘go live’ date.

A full review of the homebirth service has commenced and we have procured a bespoke training programme for midwives to attend, awaiting confirmation of date as the training is being provided by a UK company and they require to book the ferry to come to Jersey and the timetable has not been published for the period they are able to provide the training. Our Chief Officer is kept up to date with the review.

Maternity - Key Performance Indicators

Indicator	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	YTD
Total Births	59	68	51	58	56	53	69	59	62	53	67	62	65	723
Mothers with no previous pregnancy (Primips)		24	15	19	15	20	34	22	27	26	31	35	30	298
Mothers who have had a previous pregnancy (Multips)		26	19	30	29	25	25	31	32	25	27	23	33	325
Mothers with unknown previous pregnancy status		18	17	9	12	8	10	6	3	2	9	4	2	100
Bookings ≤10+0 Weeks		6	3	7	8	8	9	7	4	9	6	8	4	79
% of women that have an induced labour	38.98%	30.16%	24%	31.58%	22.22%	16.67%	19.4%	28.07%	18.33%	28.3%	38.46%	33.33%	26.98%	26.69%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	11	25	13	21	10	19	19	12	22	17	10	12	14	194
Number of Instrumental deliveries	4	7	3	5	2	3	7	4	6	4	6	8	5	60
% deliveries by C-section (Planned & Unscheduled)	45.76%	36.51%	54%	40.35%	66.67%	50%	52.24%	61.4%	51.67%	47.17%	46.15%	41.67%	50.79%	49.64%
% Elective caesarean section births	28.81%	23.81%	32%	15.79%	37.04%	27.08%	29.85%	35.09%	40%	26.42%	33.85%	30%	38.1%	30.85%
Number of Emergency Caesarean Sections at full dilatation	0	2	1	1	1	1	0	4	0	1	0	1	0	12
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)		2	3	0	7	2	7	7	0	4	5	2	4	43
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	3	3	3	3	40
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	2	7	2	6	50
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	9	5	2	5	70
Number of deliveries home birth (Planned & Unscheduled)	0	2	3	1	1	1	1	3	0	1	0	0	0	13
Mothers who were current smokers at time of booking (SATOB)	2	7	7	3	4	6	2	3	3	4	6	0	2	47
Mothers who were current smokers at time of delivery (SATOD)	0	0	1	3	0	2	2	3	6	3	3	4	4	31

Maternity - Key Performance Indicators

Indicator	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	YTD
Number of Mothers who were consuming alcohol at time of booking	3	1	1	2	0	0	0	0	0	0	0	0	2	6
Number of Mothers who were flagged as consuming alcohol after delivery	0	7	4	6	4	3	6	4	5	6	4	1	1	51
Breastfeeding Initiation rates	72.9%	77.9%	74.5%	65.5%	73.2%	69.8%	71%	79.7%	67.7%	79.2%	65.7%	71%	78.5%	72.75%
Transfer of Mothers from Inpatients to Overseas	1	0	3	1	1	0	1	0	1	2	3	0	0	12
Number of births in the High dependency room / isolation room	0	1	1	0	0	0	0	0	0	1	1	0	0	4
Number of PPH Greater Than 1500mls	3	2	2	1	6	0	1	3	1	0	1	3	2	22
Number of 3rd & 4th degree tears – all births	0	2	2	1	0	0	0	0	0	1	1	0	0	7
% of babies experiencing shoulder dystocia during delivery	1.69%	0%	0%	0%	1.79%	0%	4.35%	0%	0%	0%	2.99%	1.61%	1.54%	1.11%
% Stillbirths Greater Than 24 Weeks Gestation		0%	0%	0%	0%	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	0	0	0	0
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	0%	0%	3.7%	7.41%	3.85%	7.14%	2.78%	5.13%	2.56%	2.5%	6.67%	0%	2.38%	3.62%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	2	0	1	0	0	1	2	0	1	0	0	1	0	6
Transfer of Neonates from JNU	1	1	0	0	1	0	1	0	1	0	0	0	0	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	1	1	8	1	2	2	3	4	1	4	5	8	40
Neonatal Readmissions at Less Than 28 days old		11	4	4	5	5	6	4	5	9	5	11	5	74

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Maternity Birth Registration Details Report	Indicator is for information only	Total number of babies born (Excludes Miscarriages, Ectopic Pregnancies and Terminations of Pregnancy)
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 flagged as consuming alcohol after delivery	Maternity Smoking & Drinking Details Report	Indicator is for information only	Total number of mothers who were recorded as consuming alcohol after 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
% 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

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Jersey Talking Therapies (JTT) received an exceptionally high number of referrals in November (163) which impacted on waiting times for assessment and treatment in December. This was equally impacted by an increased level of sickness in the month.

Access targets (crisis and routine assessment) continue to be met, along with targets for follow-up on discharge from hospital.

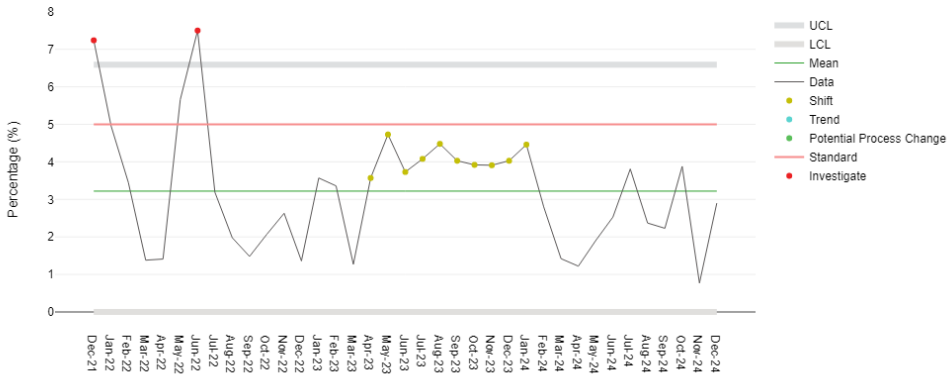
Escalations

We also saw an increase in waiting times for memory assessment, autism and ADHD assessments – these clinical teams are working to understand the increase and develop plans in response to this.

Mental Health - SPC Charts

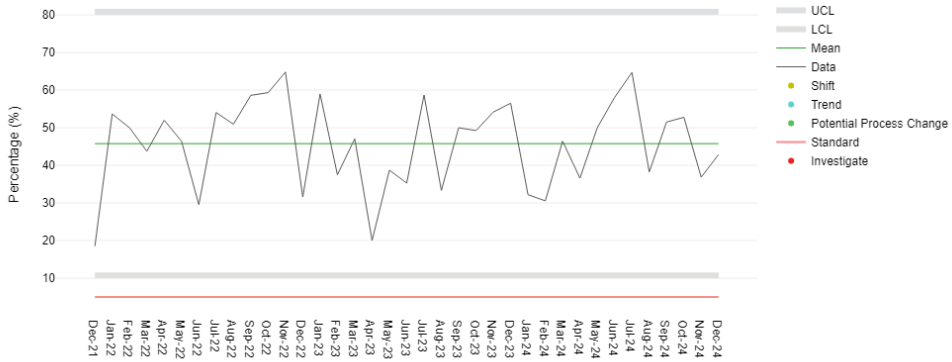
Latest value	Mean
2.9 %	3.2 %

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



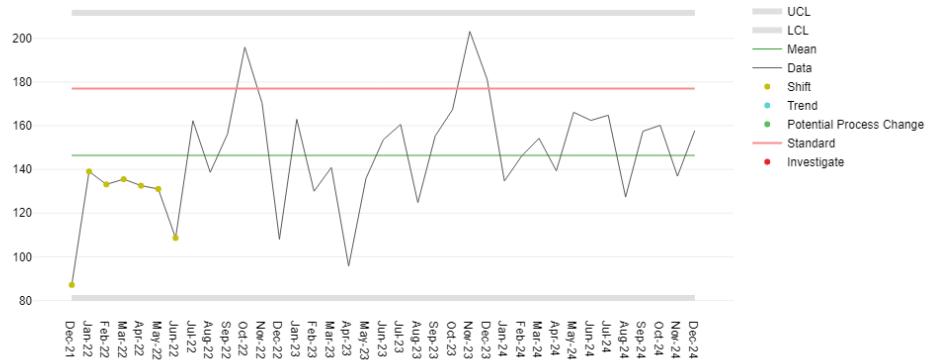
Latest value	Mean
42.9 %	45.8 %

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



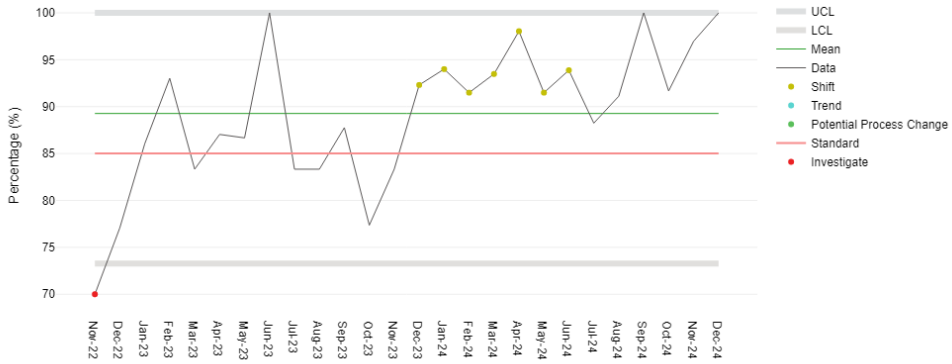
Latest value	Mean
157.77	146.41

JTT Average waiting time to treatment (Days)



Latest value	Mean
100 %	89.3 %

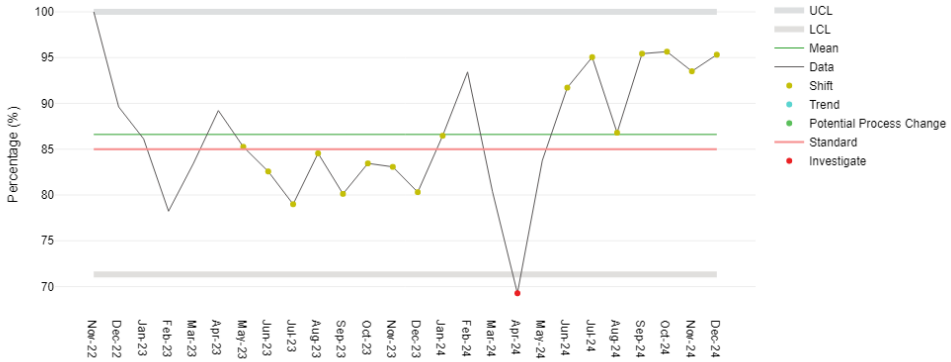
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

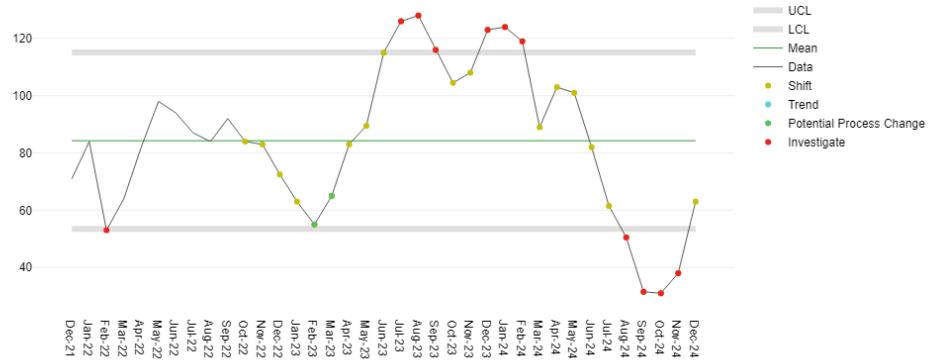
Latest value	Mean
95.3 %	86.6 %

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



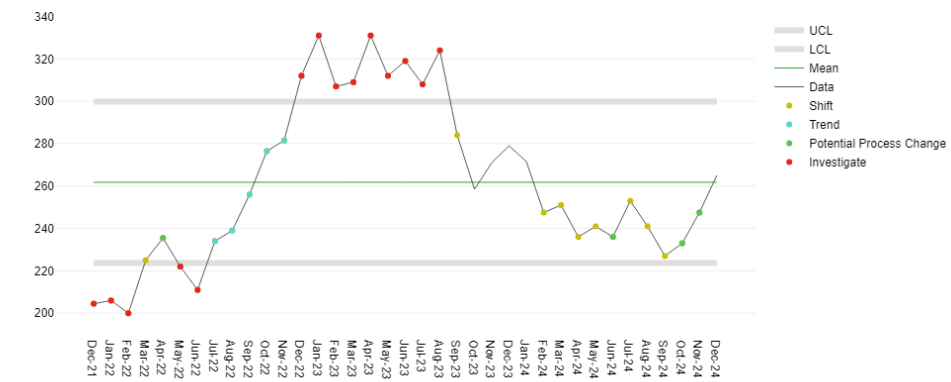
Latest value	Mean
63	84.27

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



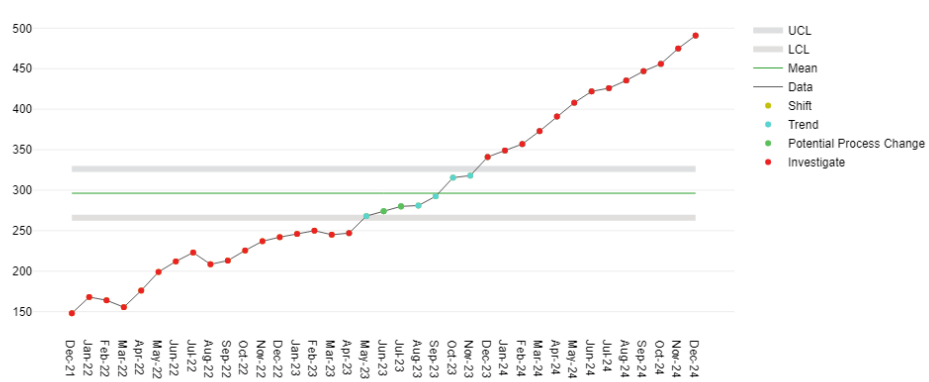
Latest value	Mean
265	261.78

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



Latest value	Mean
491	296.22

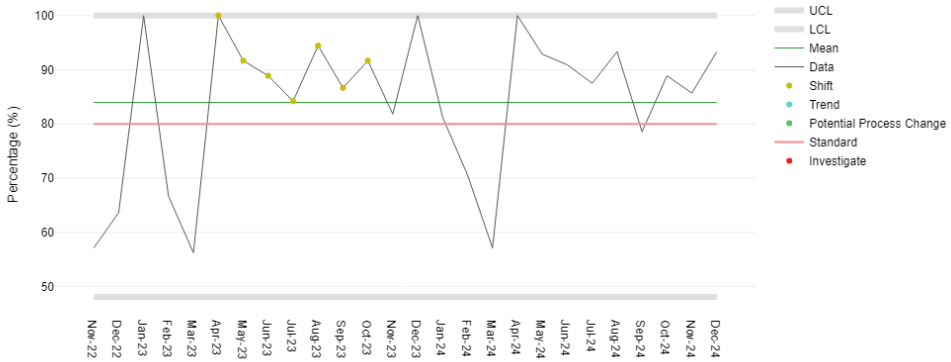
Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

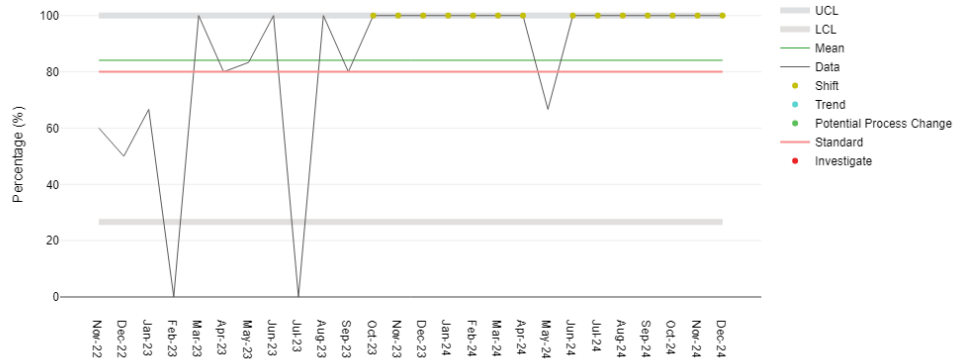
Latest value	Mean
93.3 %	84 %

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



Latest value	Mean
100 %	84.1 %

% 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	PCMIS	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	PCMIS	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)	PCMIS	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	Agreed locally by Care Group Senior Leaders	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
% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record & Community services electronic client record	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 & Community services electronic client record	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 Adult Mental Health & Social Care

Performance Narrative

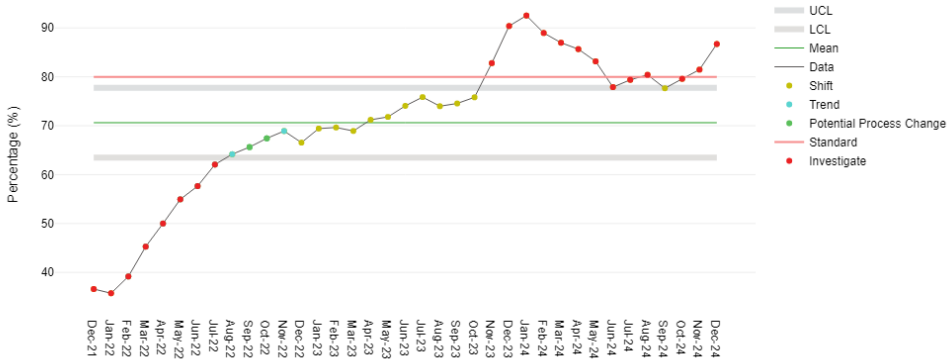
The service continues to improve their performance in relation to completion of annual physical health checks for people with a learning disability (86.7% in month). The significant dip in November in achievement against completion and authorisation of assessment within 3 weeks has been resolved following work by the leadership team, and the position in December was 100% compliance against target.

Escalations

Social Care - SPC Charts

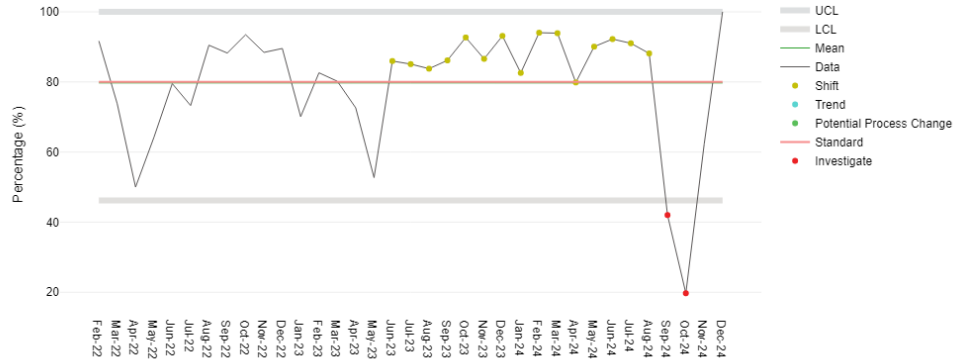
Latest value	Mean
86.7 %	70.6 %

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



Latest value	Mean
100 %	79.7 %

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

In December, two category 3 pressure ulcers were reported as acquired in care.

*One developed associated to device whilst receiving high flow oxygen

*One developed in a complex palliative patient

The first one is fully resolved and the second was unavoidable due to the medical complexities, learning was identified to improve future care.

Deep Tissue injuries (1):

Currently there are no patients in the hospital with a DTI, the one patient has been successfully discharged home with support from FNHC.

A total of 15 pressure ulcers inherited present before admission

For those admitted, there was no reported deterioration of these pressure ulcers

The tissue viability team remains committed to proactive prevention, timely intervention, and patient-centred care. All cases are reviewed at the monthly Pressure Ulcer meeting to identify learning and implement actions for continuous improvement.

Infection Prevention & Control Update

Healthcare associated Infections:

Two cases of C. difficile infection (CDI) were reported in December. Enhanced infection prevention and control measures are now in place, including routine pre-fogging decontamination followed by hydrogen peroxide vapour fogging.

Quality & Safety

In 2024, there have been 20 CDI cases compared to 15 in 2023. The 2023/24 NHS Standard Contract, released in July 2024, emphasizes the rising incidence of CDI and Gram-negative bloodstream infections in England.

Key preventative actions include:

* Enhanced staff training.

* Daily audits for hand hygiene and commode cleanliness.

* Proposal to track healthcare-associated infections (HCAIs) via the Datix system for timely reviews.

Root cause analyses (RCA) have been conducted for all cases, identifying cross-infection in one instance, with recurring themes of high antibiotic use, delayed sampling, and increased PPI/laxative use. All cases have been reviewed during antimicrobial stewardship rounds.

Positively, there were zero cases of MRSA, MSSA, E. coli, and Pseudomonas bacteraemia in December.

Patient Experience Report

Complaints

In December, 16 new complaints were received across Health and Community Services. Each complaint was systematically categorised to ensure efficient tracking, prompt resolution, and the identification of potential trends for improvement. No consistent themes or specific areas of concern were noted. All 16 complaints were classified as stage 1, with 14 of them resolved within the month. The remaining 2 complaints have agreed-upon timeframes for resolution

Compliments

In December 2024, 147 compliments were logged in the Datix system, marking a substantial increase from the 86 compliments recorded in December 2023. This consistent positive trend reflects our teams' dedication to providing high-quality, compassionate care. Collaboration with wards and departments ensures that all patient and family compliments are documented in Datix, providing valuable feedback and well-deserved recognition for staff

Patient Advice and Liaison Service (PALS)

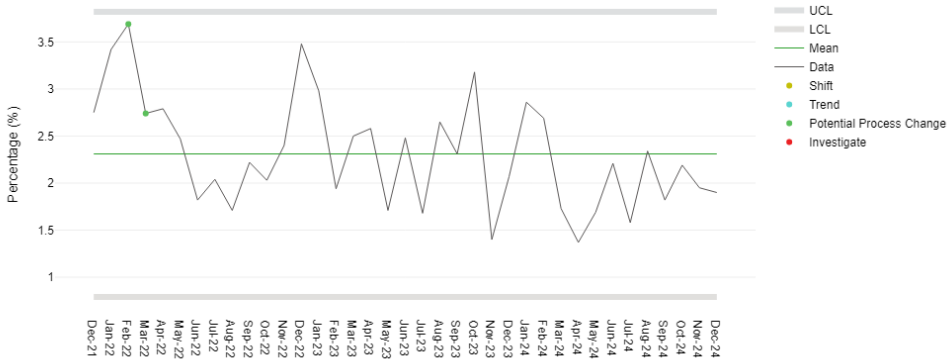
The Patient Advice and Liaison Service (PALS) saw a steady rise in engagement, with logged interactions at 92 in December 2024. This growth throughout 2024 highlights PALS' effectiveness in supporting more patients and families, promoting open communication, and addressing concerns promptly. The increased interaction levels demonstrate the team's critical role in enhancing patient experience and trust across our services

Tendable audit tool is now in place, which includes a real time question for the patient experience this will be led by the new appointed Patient Experience Manager. Addressing concerns in real time.

Quality & Safety - SPC Charts

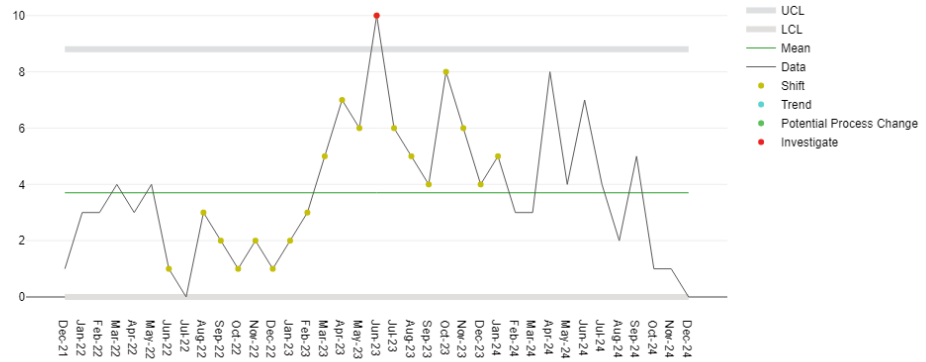
Latest value	Mean
1.9 %	2.3 %

Crude Mortality Rate (JGH, Overdale, St Ewolds and Mental Health)



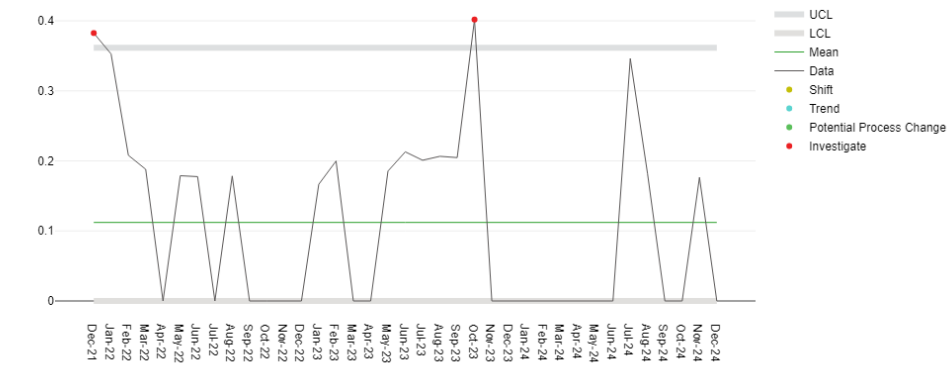
Latest value	Mean
0	3.7

Number of serious incidents



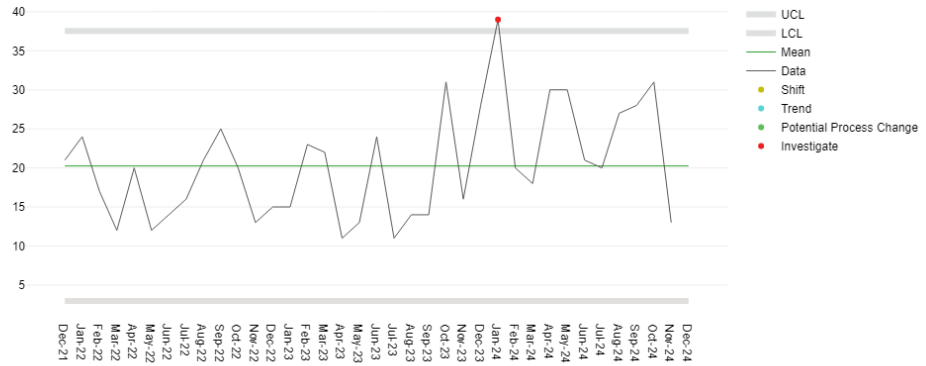
Latest value	Mean
0	0.11

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



Latest value	Mean
	20.25

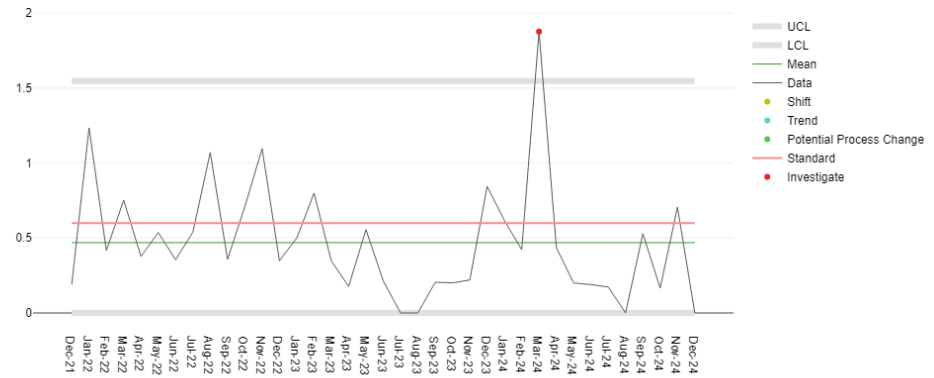
Number of pressure ulcers present upon inpatient admission



Quality & Safety - SPC Charts

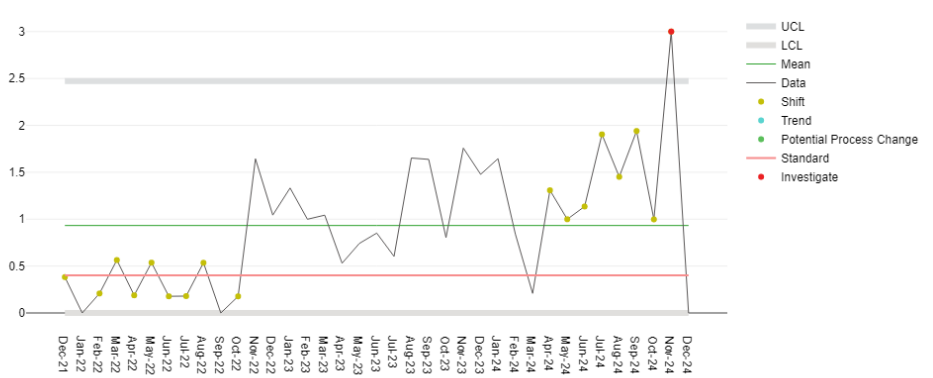
Latest value	Mean
0	0.47

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



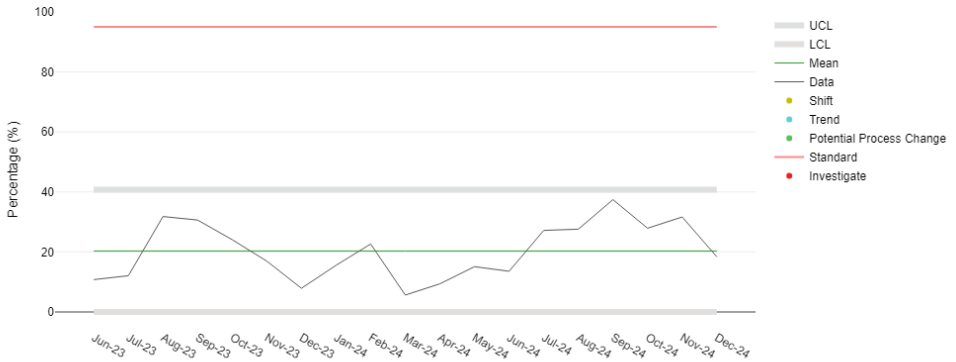
Latest value	Mean
0	0.93

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



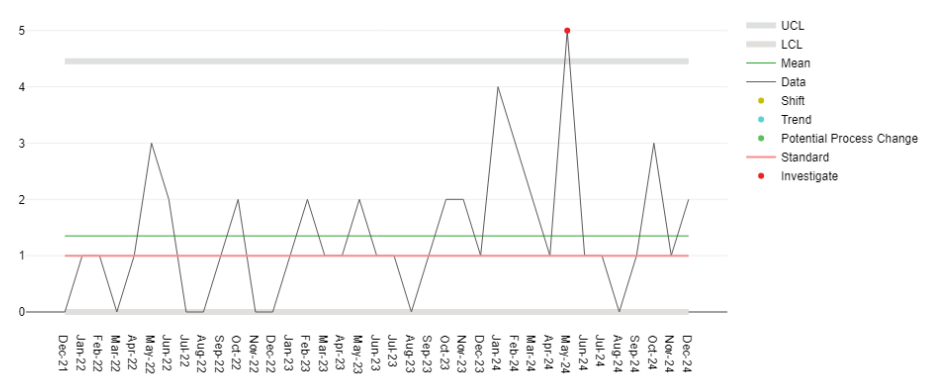
Latest value	Mean
18.4 %	20.3 %

% of adult inpatients who have had a VTE risk assessment within 24 hours of admission



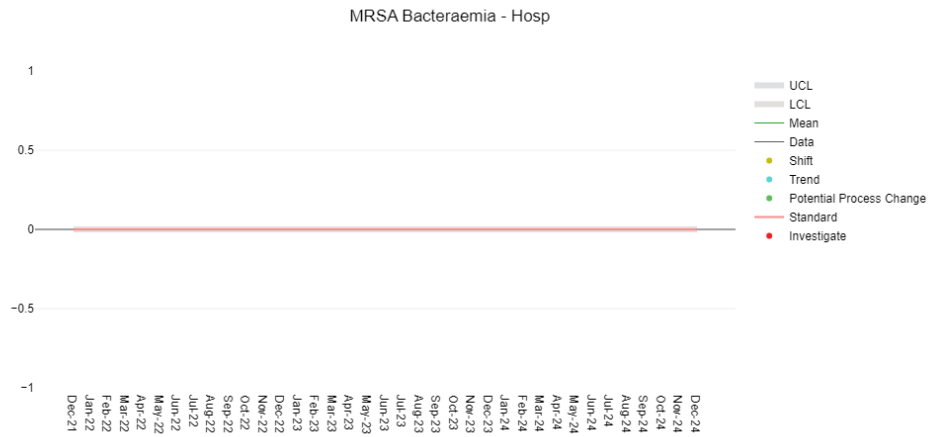
Latest value	Mean
2	1.35

C-Diff Cases - Hosp

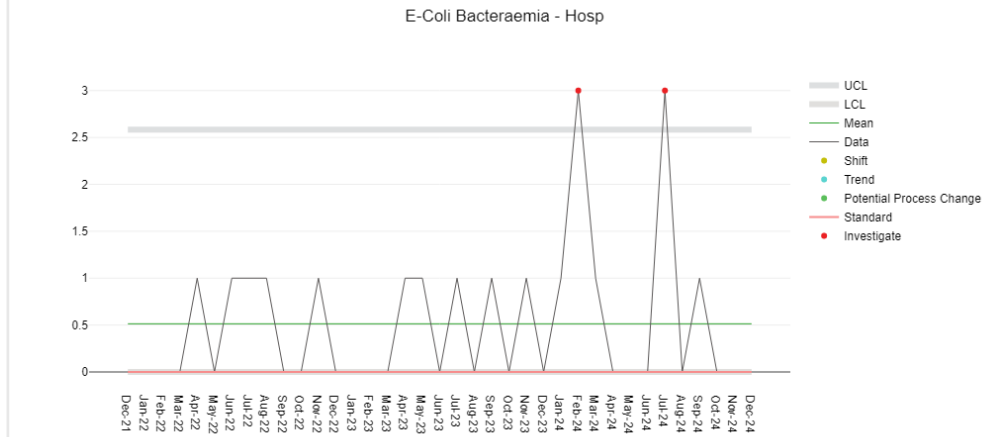


Quality & Safety - SPC Charts

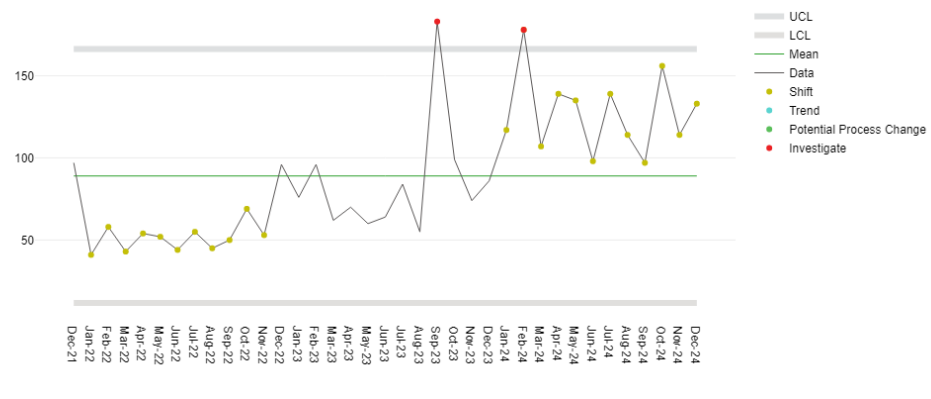
Latest value	Mean
0	0



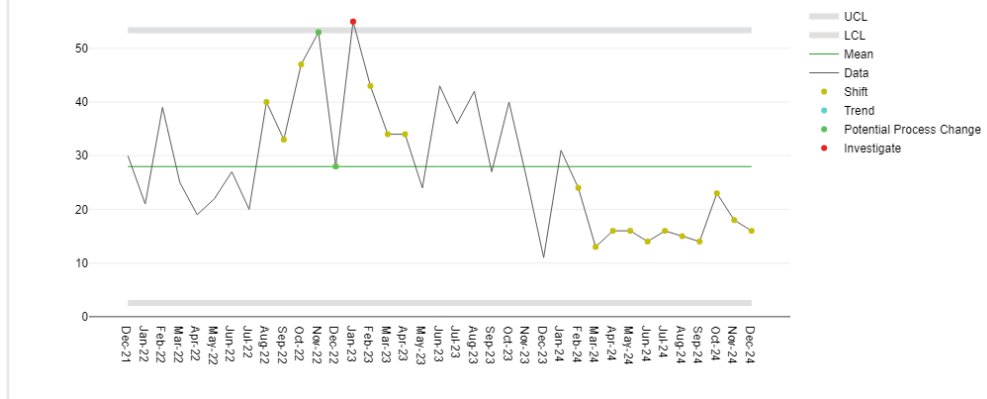
Latest value	Mean
0	0.51



Latest value	Mean
133	89



Latest value	Mean
16	27.97



Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Crude Mortality Rate (JGH, Overdale, St Ewolds 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.
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
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"