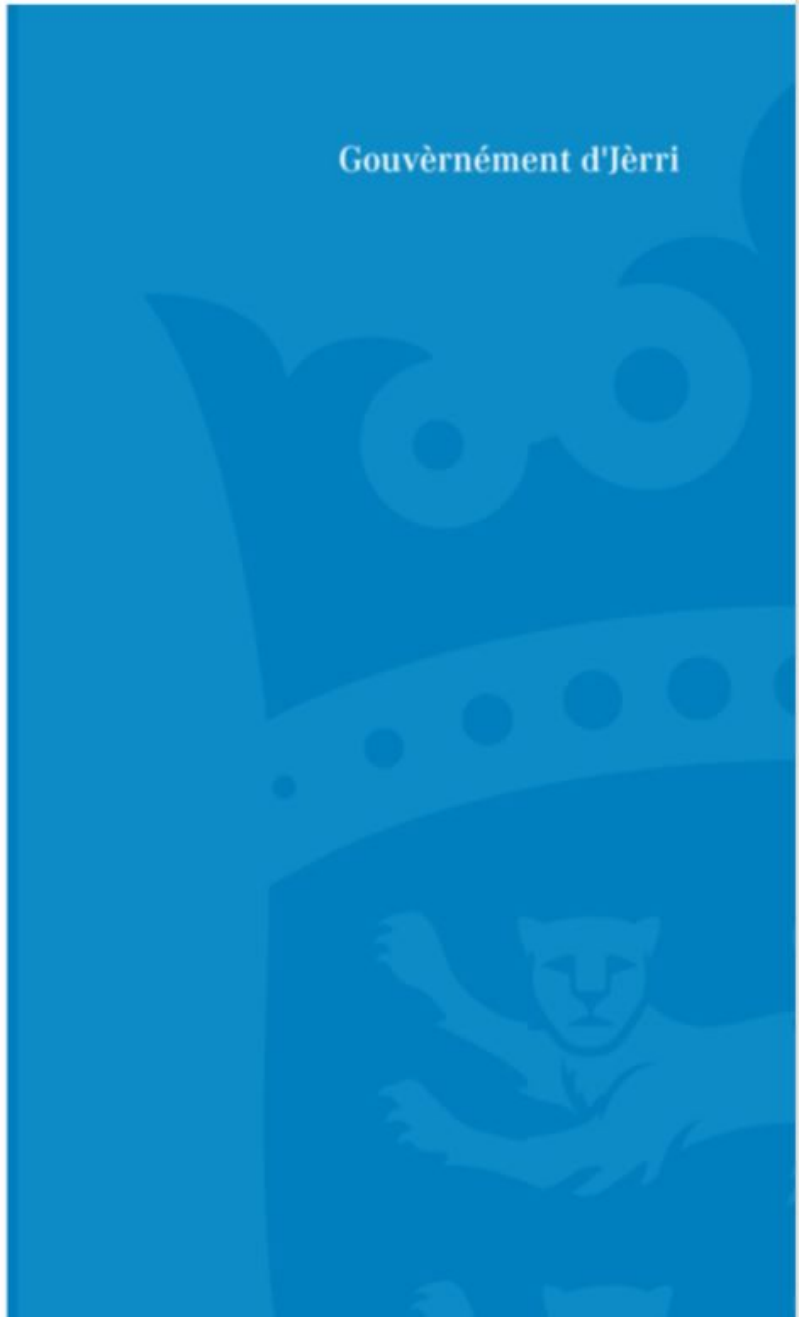
Health and Community Services

Quality and Performance Report
April 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

Outpatient new waits over 52 weeks

Work to reduce the amount of patient's waiting for an outpatient appointment for a new referral to below 52 weeks continues. Initiatives are in place across the most challenged specialties. In Ophthalmology the Cataract initiative now in place alongside additional activity on Island, will deliver a significant improvement by the end of June 2024. Dermatology remains compromised with plans still being drawn up to support the current long wait routine patients and a long-term sustainable solution being developed. Urgent dermatology referrals are being seen by the 2-week standard. Addressing these specialities will impact the performance metric in Q2. It is also noted that the overall new outpatient waiting list size continued to reduce namely 13,640 at M12 2023 to 13, 167 end of M4 which is now impacting the metric performance due to a smaller numerator. A key speciality to recover has been TIA outpatient appointments. This has been monitored at Medicine's Care Group performance review as an improving position.

Over the next couple of months, over 52-week waits were being forecast to increase in gastroenterology. However, with a new consultant starting in July and a short term WLI being planned prior to the new consultant starting as a mitigation we expect to mitigate this risk.

Our referral rate has steadied since the increase rates seen in February and March. Actions are in motion to mitigate these as best possible particularly in Community dental and physiotherapy as were key drivers of the increase observed.

Elective inpatient waits over 52 weeks

Patients waiting extended periods for their inpatient elective procedure has once again reduced for the 5th month in a row. This trend will continue until all over 52 week wait patients have been treated. General Surgery and Orthopaedics remain the specialties with the highest number of long waits. Initiatives in both services continue together with a theatre efficiency programme supporting improvement in utilisation.

Diagnostic waits over 6 weeks

There has been an increase in diagnostics waits in month. The completion of the recent endoscopy waiting list initiative which delivered additional capacity, reduced Dexa scanning capacity due to staff availability plus increased demand from specialities has impacted this metric. Plans are being developed to support a sustainable Dexa provision together with a short WLI to target the back log. Endoscopy waiting times were set to increase until the new gastroenterology consultant commences in July. However, a short internal WLI scheme is being worked up for endoscopy to prevent this.

The MRI waiting list reduction pilot scheme that delivered significant reduction in MRI waiting times at the end of 2023 (from 52 weeks to 7 weeks for routine patients) has now moved into a substantive implementation phase. There was a pilot scheme that assessed how increasing capacity to deliver improved access for private MRI activity, would support with providing funding for increased public capacity. We have commenced the recruitment into this model and would expect to have the full availability of this increased capacity in place by Q3. Waiting times have extended for routine patients to an average of 20 weeks, however we are confident that the newly formed enhanced service offer will move to a consistent position of improved access over the coming months and the board will observe the impact in this metric.

Elective Care Performance

Overall planned outpatient capacity in month was impacted by 2 bank holidays in Jersey for noting.

New to Follow-up ratio

Although there has been a slight increase in month, this is entirely expected due to an increased focus on seeing long wait follow-up patients. The ratio is currently acceptable across most specialties but will continue to be monitored with action taken to address unwarranted variation.

DNA Rate

The DNA rate reduced again last month to 10.2%, however this remains over the expected standard of 8%. The outpatient improvement working group has this standard as a key priority. The role out of the reviewed access policy and associated implementation plan will support further improvement.

Elective theatre utilisation

Theatre utilisation has improved for the 4th month in a row thanks to the continued efforts of our theatre improvement group. However, the current rate is significantly below the standard and work will continue over the summer to establish robust processes to improve theatre flow and efficiency. Some of the actions to deliver this are focusing on consistent improved theatre start times, booking to entirety of sessions and a theatre schedule review as examples.

Was not Brought rate

This rate continues to drop in line with the DNA rate.

Operations cancelled for non-clinical reasons

A slight increase in month of on the day cancellations for elective theatre is noted. This was due to some specific equipment issues which has been reviewed and resolved with actions to address. There was an unusual level of a specific orthopaedic procedure. The cancellation and DNA working group continue to make progress in eliminating theatre cancelations for administrative issues.

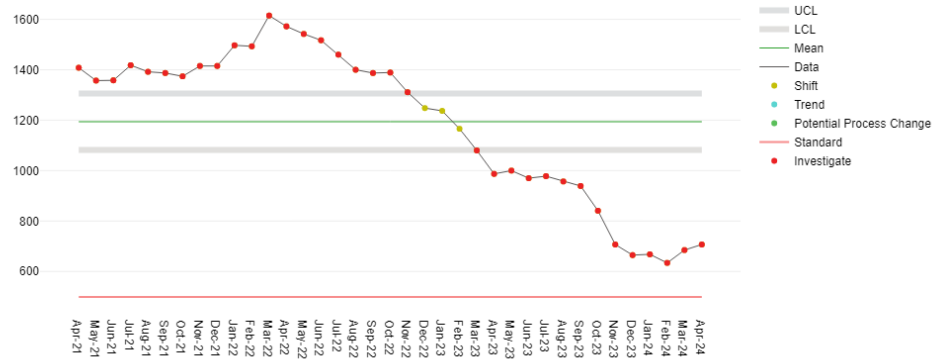
Escalations

No escalations

Elective Care Performance - SPC Charts

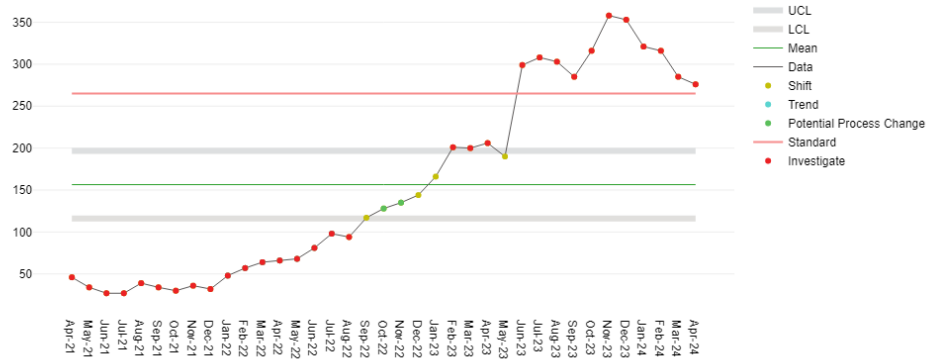
Latest value	Standard
707	<499

Patients waiting for first outpatient appointment Greater Than 52 weeks



Latest value	Standard
276	<265

Patients on elective list Greater Than 52 weeks

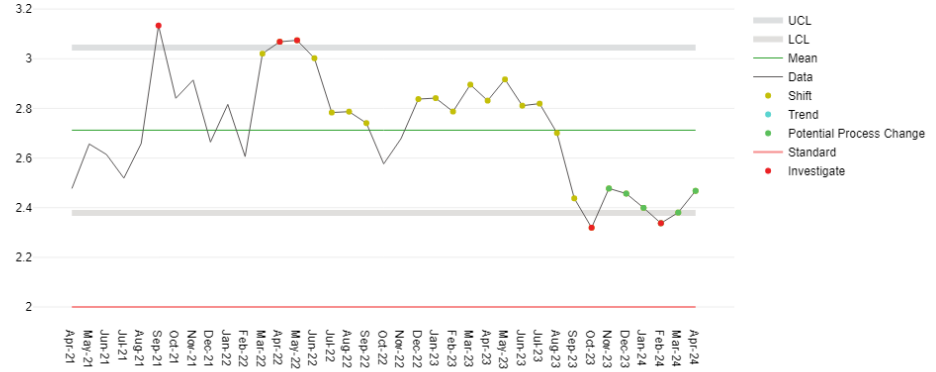


Latest value	Standard
540	<525

Access to diagnostics Greater Than 6 weeks

Latest value	Standard
2.47	2

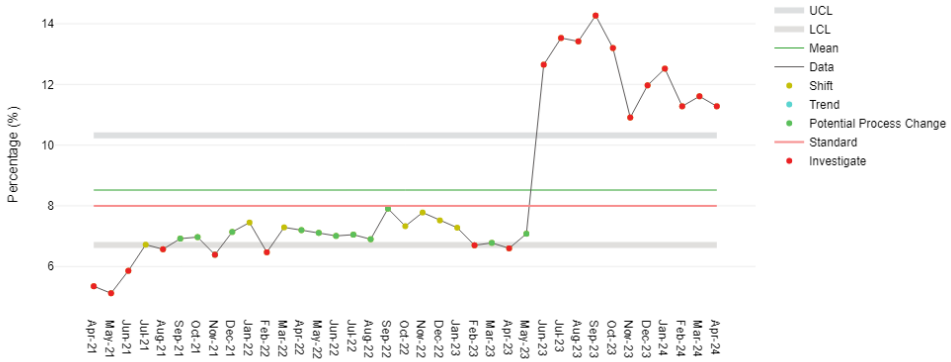
New to follow-up ratio



Elective Care Performance - SPC Charts

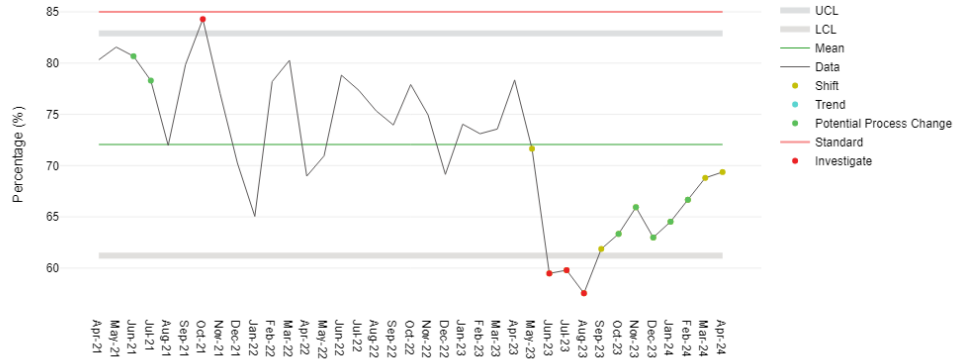
Latest value	Standard
11.3 %	<=8%

Outpatient Did Not Attend (DNA) Rate (Adults Only)



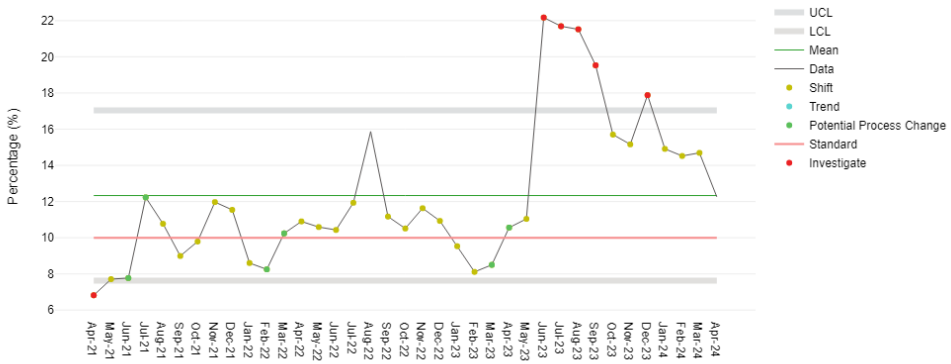
Latest value	Standard
69.4 %	>85%

Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)



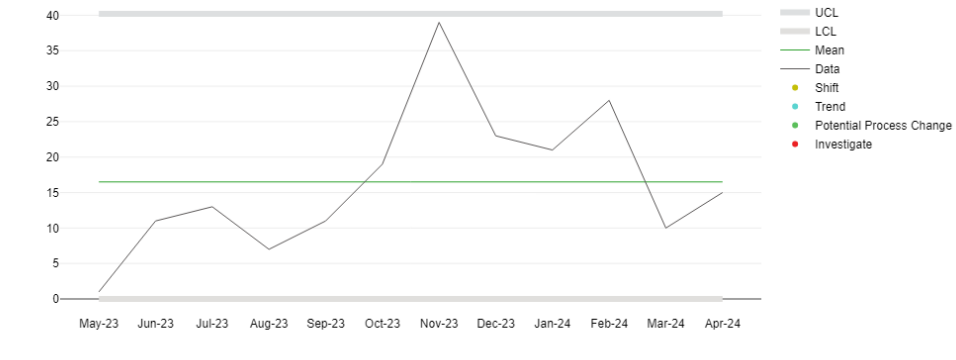
Latest value	Standard
12.3 %	<=10%

Was Not Brought Rate



Latest value	Standard
15	NA

Number of operations cancelled by the hospital on the day for Non-Medical Reasons



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), Cris report)	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. Diagnostic investigatations included are 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.
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))		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 based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included. 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

A slight decrease is noted in the 4-hour standard within the emergency department this month from 77% in M3 to 74.6% M4. ED attendances were within normal variance; therefore, performance appears impacted by flow into our emergency bed capacity. Standards have been maintained across our commenced treatment time, ED conversion rate and Average time in ED. In April we seen 2 P1s, 19 P2s, 82 P3s and 29 P4s.

Patients in the department for more than 12 hours increased due to the reasons described above. Of the 3554 ED attendances, 131 were in the department more than 12 hours. 92 were admitted and 39 were discharged from the department direct. Work is underway to ensure early validation of these breaches to support early patient flow within the department. We continue to embed Red2 Green principles. Noting our conversion rate being of an acceptable standard some of these are also to avoid admission. However, the main attributable causes are bed waits for gender and isolation requirements due IPAC outbreaks.

We still are seeing lower numbers of patients being moved out of hours for non-clinical reasons. However, work continues to ensure flow early to decrease this further.

Minimal 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.

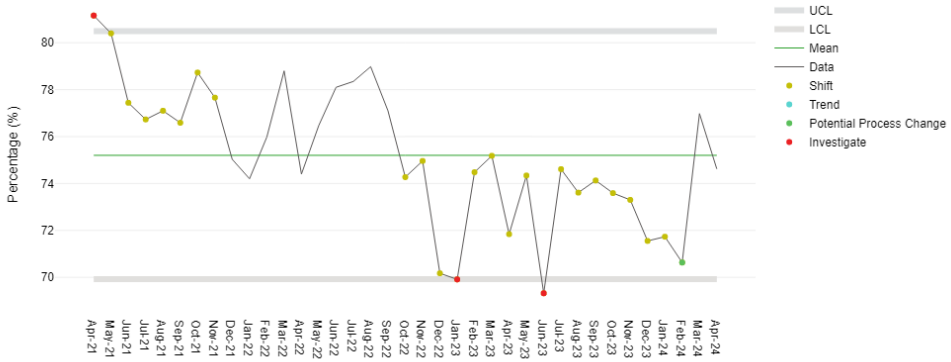
Rate of readmission is reducing slightly since the winter period. This is a marker of system effectiveness however understanding any opportunity to reduce this further will be an outcome of RCP Acute medicine. A deep dive into this metric has been conducted and taken to quality and risk assurance committee.

Escalations

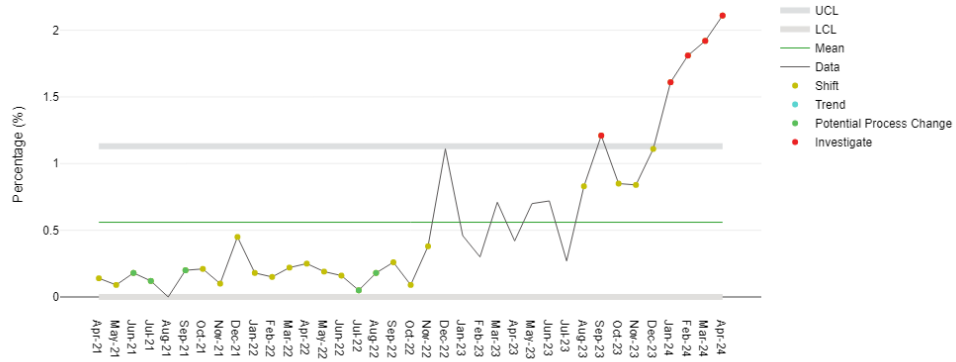
% Patients in ED for more than 12 hours-We continue to face challenges in relation to longer waits in ED with the main drivers of this including isolation, gender and general capacity. Actions being taken to address are maintaining additional capacity, R2G & length of stay activity in Clinical Productivity workstream.

Emergency Care Performance - SPC Charts

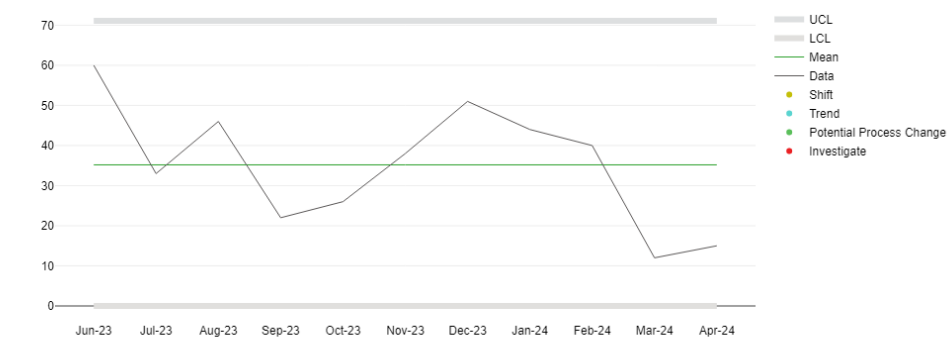
Latest value	Mean
74.6 %	75.2 %



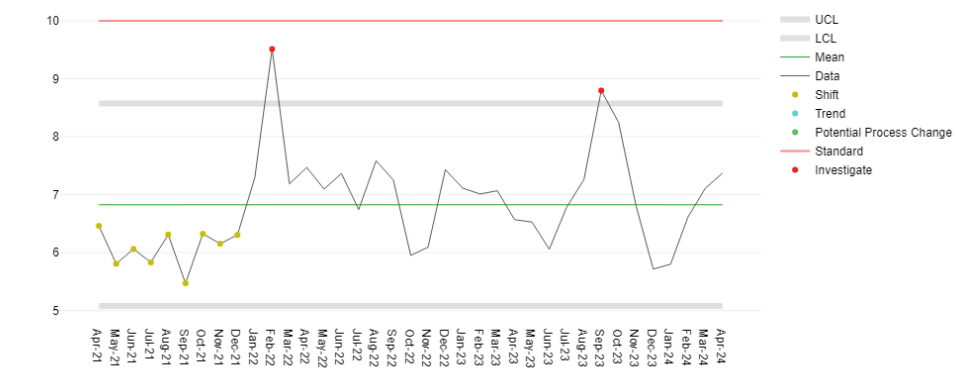
Latest value	Mean
2.1 %	0.6 %



Latest value	Mean
15	35.18

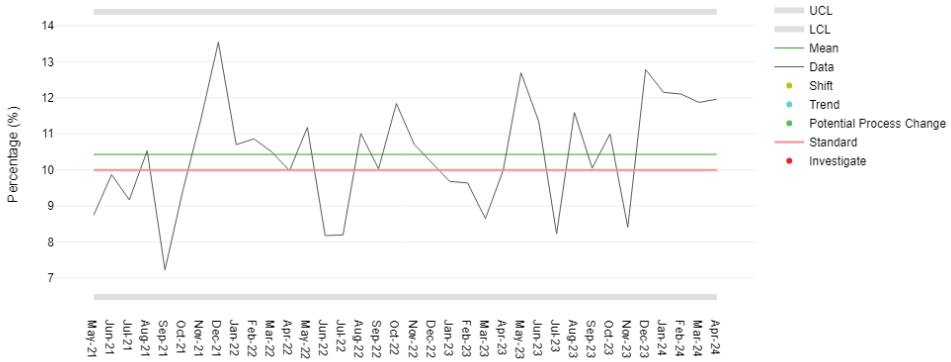


Latest value	Mean
7.37	6.83



Emergency Care Performance - SPC Charts

Latest value	Mean
12 %	10.4 %



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. 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

We continue to try and offer all pregnant people a booking appointment by the 10-week target as per NICE guidelines. We are in the process of developing a self-referral form so women have this option to inform the maternity department as early as possible when they find out there are pregnant. This is to ensure that women are given information relating to their baby's development stages, nutrition and screening available as early as possible.

We have seen a decrease in induction of labour from 31.58% in March to 22.22%, this does fluctuate month on month; but we continue to ensure we are offering induction at the correct gestation due to the clinical presenting picture.

Caesarean section rate was 66.67% in month which is a significant increase from last month (40.35%). Of these there was an increase in elective caesarean section births to 37.04%, with the main Robson group being in one (primigravida mothers'). Patient choice continues to play a key part in the increasing caesarean section rate which is in line with both UK national and international benchmarks.

Further development of the maternity dashboard continues to enable us to have better oversight and to monitor the implementation of principles of clinical governance. It will be used to benchmark activity and monitor performance against the standards agreed locally for the maternity unit monthly.

Escalations

Implementation of a maternity specific EPR system to enable better capturing of data; options being reviewed and considered at present.

Maternity - Key Performance Indicators

Indicator	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	YTD
Total Births	59	71	58	80	72	67	58	66	59	67	51	58	55	231
Mothers with no previous pregnancy (Primips)	36	38								24	15	20	16	75
Mothers who have had a previous pregnancy (Multips)	23	25								26	19	30	28	103
Mothers with unknown previous pregnancy status		8								17	17	8	11	53
Bookings ≤10+0 Weeks										6	3	7	8	24
% of women that have an induced labour	23.73%	34.78%	22.81%	20.27%	27.78%	31.25%	17.24%	30.77%	38.98%	30.16%	24%	31.58%	22.22%	27.23%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	20	17	23	26	25	23	21	18	11	25	13	22	10	70
Number of Instrumental deliveries	9	8	6	5	12	4	5	5	4	7	3	5	2	17
% deliveries by C-section (Planned & Unscheduled)	44.07%	53.62%	31.58%	44.59%	44.44%	37.5%	46.55%	49.23%	45.76%	36.51%	52%	40.35%	66.67%	48.21%
% Elective caesarean section births	23.73%	26.87%	23.21%	23.94%	22.22%	21.88%	23.64%	27.69%	29.31%	23.81%	32%	16.07%	37.04%	26.91%
Number of Emergency Caesarean Sections at full dilatation	1	1	1	0	1	1	1	2	0	2	1	1	1	5
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)										2	3	0	8	13
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)										4	3	5	5	17
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 - will always be 100%)										3	3	2	5	13
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)										4	6	5	6	21
Number of deliveries home birth (Planned & Unscheduled)	5	3	4	2	4	2	3	3	0	2	3	1	1	7
Mothers who were current smokers at time of booking (SATOB)		1	3	4	0	1	4	3	2	7	7	3	4	21
Mothers who were current smokers at time of delivery (SATOD)		0	0	0	0	0	1	0	0	0	1	3	0	4

Maternity - Key Performance Indicators

Indicator	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	YTD
Number of Mothers who were consuming alcohol at time of booking		0	1	3	1	1	2	0	3	1	1	2	0	4
Number of Mothers who were consuming alcohol at time of delivery		0	0	0	0	0	0	0	0	7	4	6	2	19
Transfer of Mothers from Inpatients to Overseas	1	1	0	0	0	0	0	2	1	0	3	1	1	5
Number of births in the High dependency room / isolation room			1	0	0	1	0	0	0	1	1	0	0	2
Number of PPH Greater Than 1500mls	3	10	3	4	2	3	6	6	3	2	2	1	6	11
Number of 3rd & 4th degree tears – all births	0	0	3	1	1	2	2	1	0	2	2	1	0	5
% of babies experiencing shoulder dystocia during delivery			1.72%	2.5%	2.78%	1.49%	1.72%	0%	1.69%	0%	0%	0%	1.82%	0.43%
Number of babies that have APGAR score below 7 at 5 mins	1	1	0	0	0	1	0	1	0	0	1	0	1	2
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	1.79%	5.36%	0%	4%	2.7%	0%	4.55%	5%	6.9%	0%	3.7%	7.41%	3.85%	3.54%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	2	0	0	0	0	0	0	2	2	0	1	0	0	1
Transfer of Neonates from JNU	0	0	0	1	0	0	0	1	1	1	0	0	1	2
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	2	7	0	6	2	2	7	1	2	1	1	8	1	11

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 - will always be 100%)	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.

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
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	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)

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Performance across mental health services remains stable, with some improvement in waiting times for psychological treatment (initial assessment continues to achieve the target of 90 days – in 99% of cases this month). It is pleasing to note that 98% if people in crisis were seen within 4 hours in April, and 100% of people discharged from hospital were followed up within 72 hours (both working age and older adult services). We also continue to see an improvement in waiting lists for both memory assessment and autism assessment.

Escalations

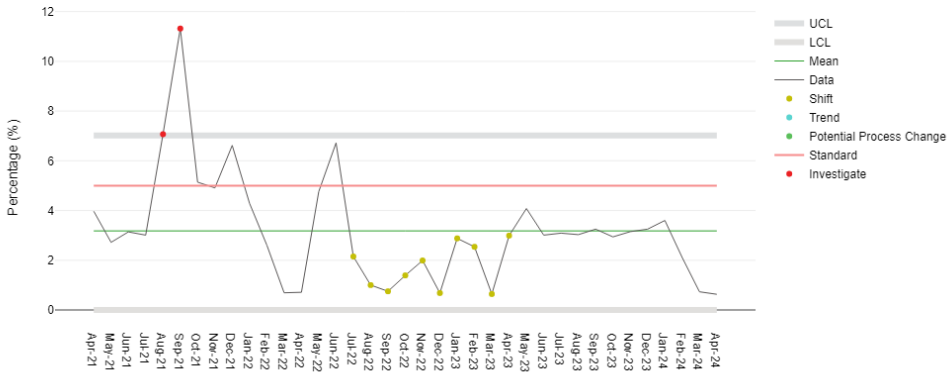
Completion of routine assessments within 10 days dropped to 69% this month (target 85%). This is unusual and has been examined in detail. 53 patients were not seen within the target 10 days – 19% of these related to service issues (delay), 60% related to service user choice / DNA and 21% related to other reasons (this is being explored further within the service).

The ADHD waiting list continues to grow, with an average wait of 399 days currently for patients that have been seen and a forecast wait of over 3 years for new referrals. A new senior practitioner is joining the team on a part time basis, with a specific focus on reviewing the waiting list and supporting the development of assessment capacity.

Mental Health - SPC Charts

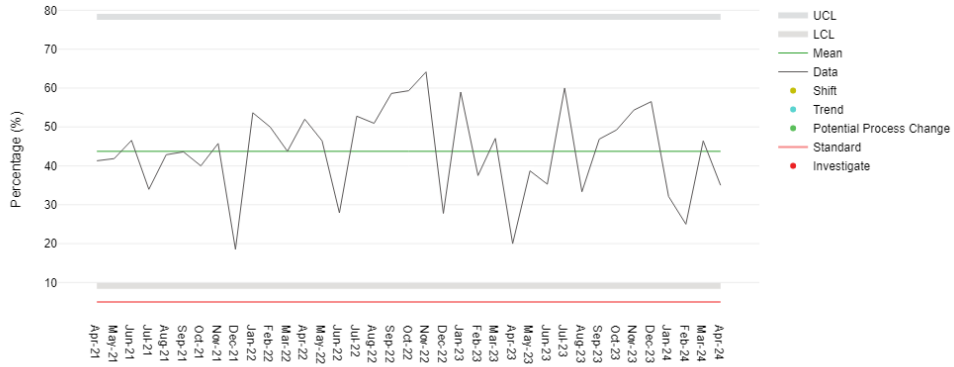
Latest value	Mean
0.6 %	3.2 %

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



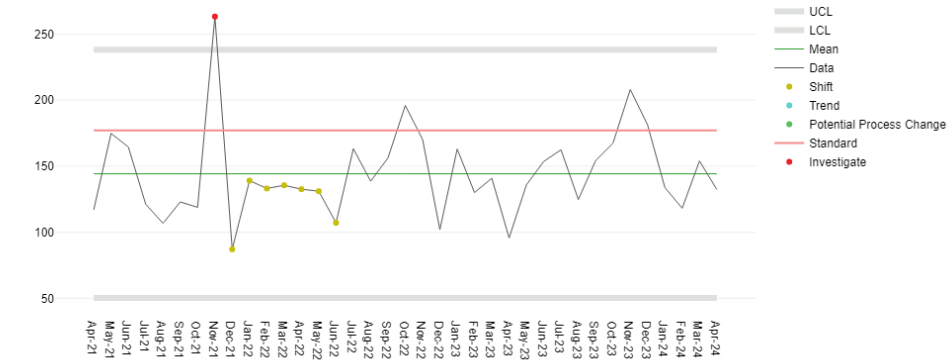
Latest value	Mean
35 %	43.7 %

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



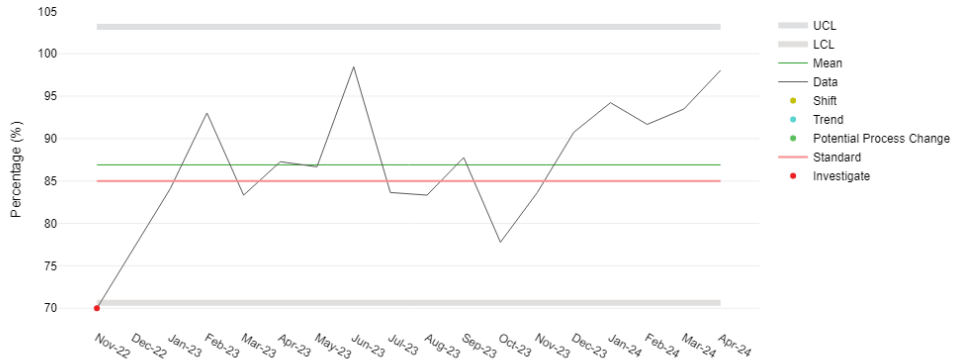
Latest value	Mean
132.41	144.23

JTT Average waiting time to treatment (Days)



Latest value	Mean
98 %	86.9 %

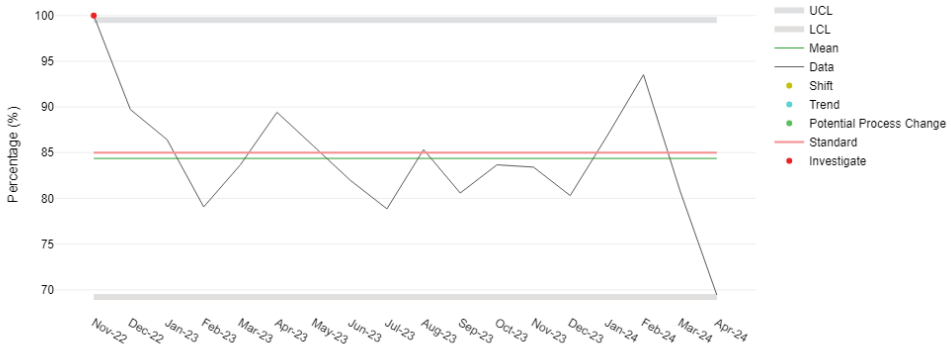
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

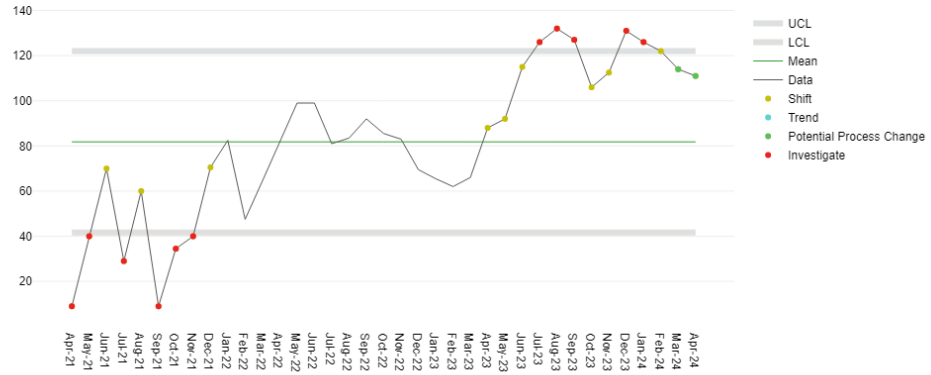
Latest value	Mean
69.4 %	84.4 %

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



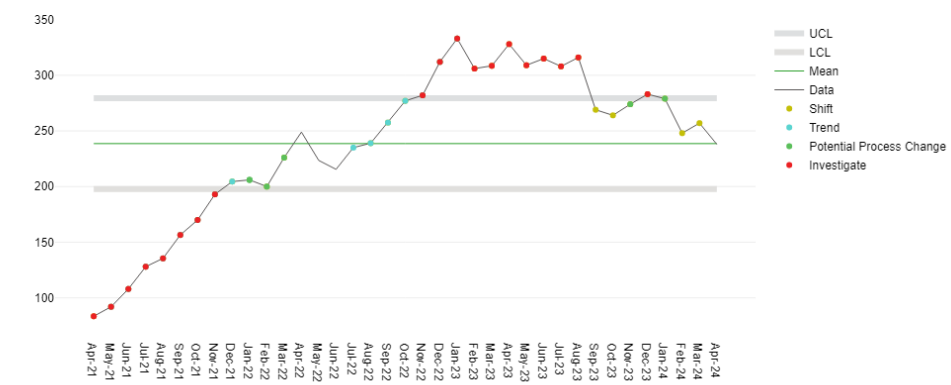
Latest value	Mean
111	81.81

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



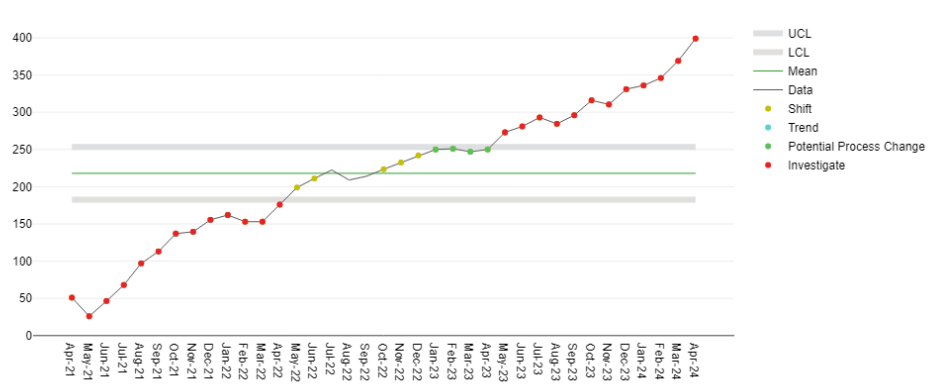
Latest value	Mean
238	238.62

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



Latest value	Mean
399	217.95

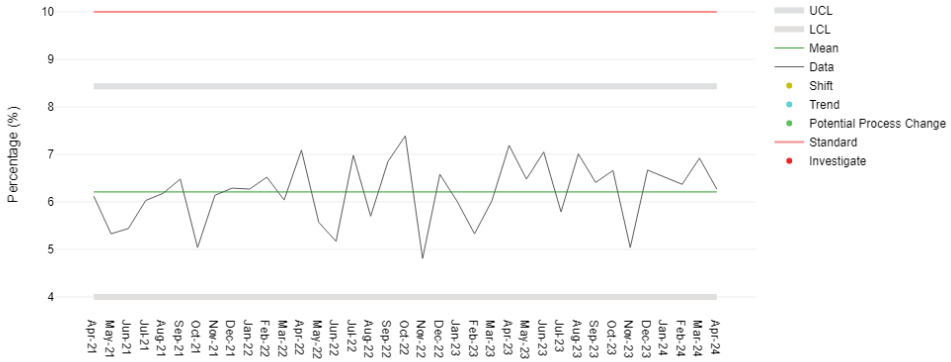
Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

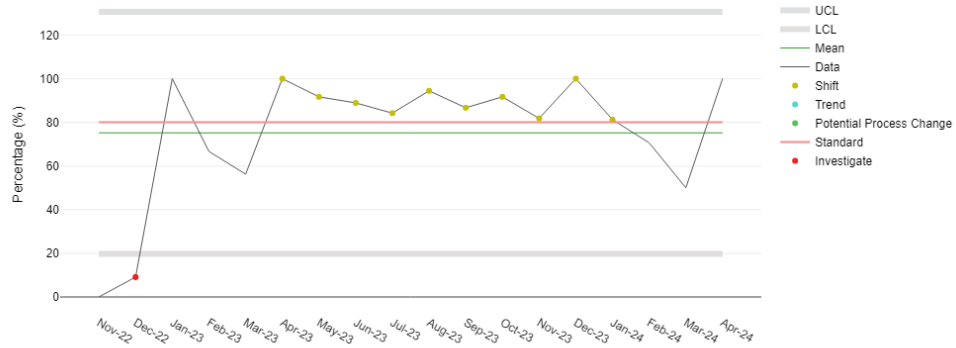
Latest value	Mean
6.3 %	6.2 %

Community Mental Health Team Did Not Attend (DNA) rate



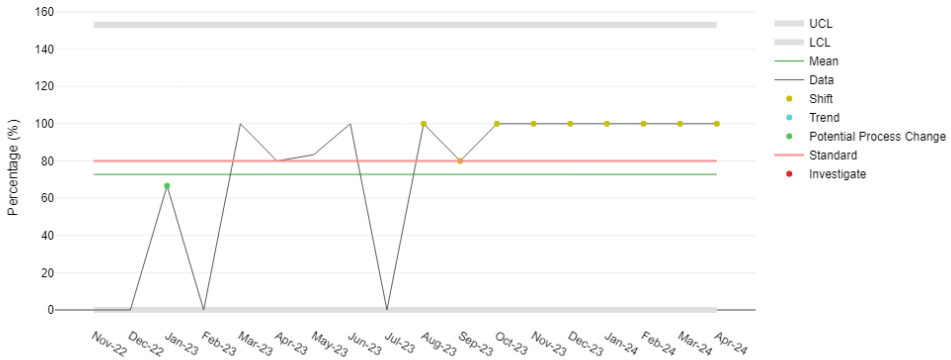
Latest value	Mean
100 %	75.2 %

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



Latest value	Mean
100 %	72.8 %

% 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
% 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 Adult Mental Health & Social Care

Performance Narrative

Both measures continue to achieve above the target. The variance seen is due to local factors – predominantly annual leave but is consistently under review to ensure the meeting of targets is maintained.

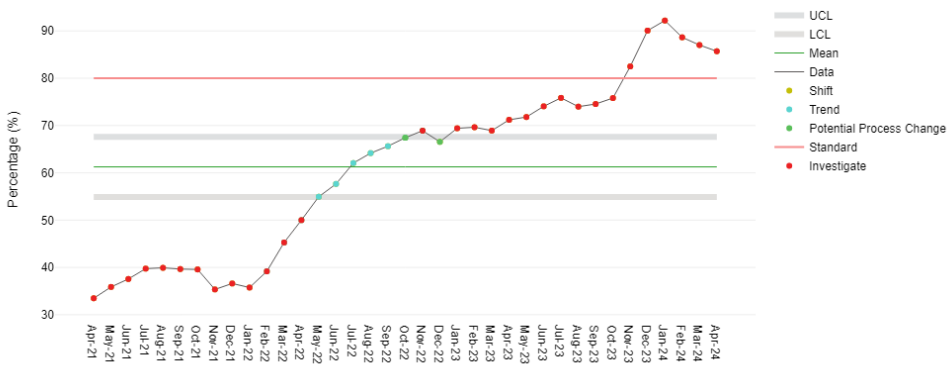
Escalations

None

Social Care - SPC Charts

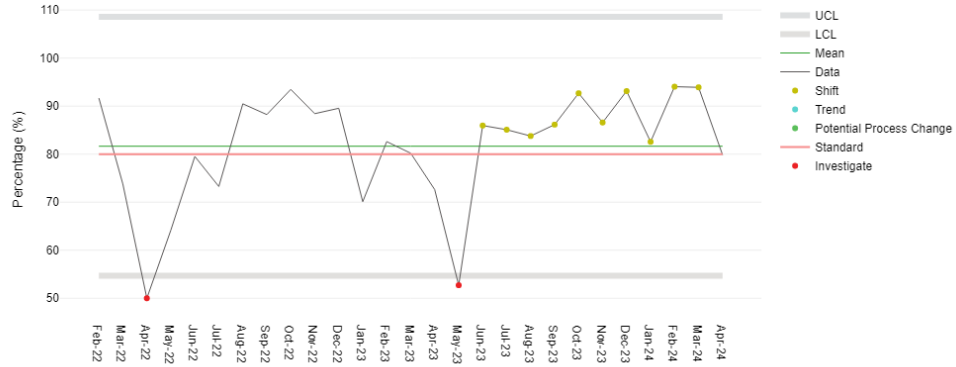
Latest value	Mean
85.7 %	61.3 %

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



Latest value	Mean
79.8 %	81.7 %

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

The patient advice and liaison service continue to work positively with enquires from the public with support from the care groups. The service has a media plan to launch in June 2024 highlighting the support they can provide.

Falls

It is encouraging to note that we have had 0 falls resulting in with moderate/severe harm in April.

IPaC

We continue to see low levels of infection within HCS. The new appearance and uniform policy due to be ratified in the comings weeks, which will further strengthen the IPaC principles of bare below the elbows and hand washing.

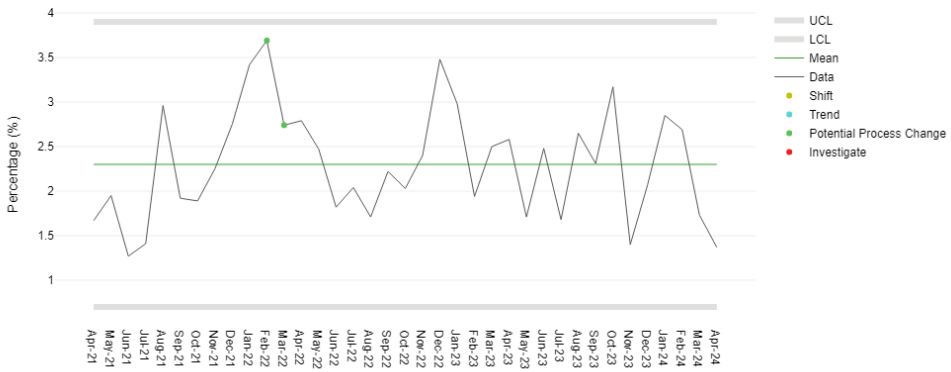
Escalations

No escalations

Quality & Safety - SPC Charts

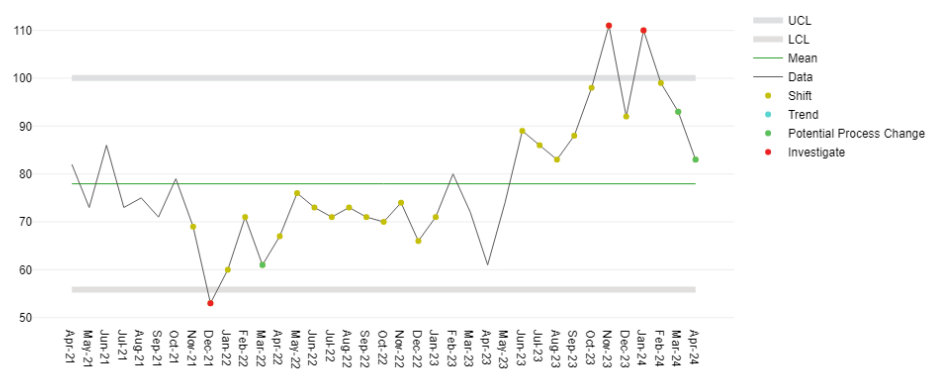
Latest value	Mean
1.4 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



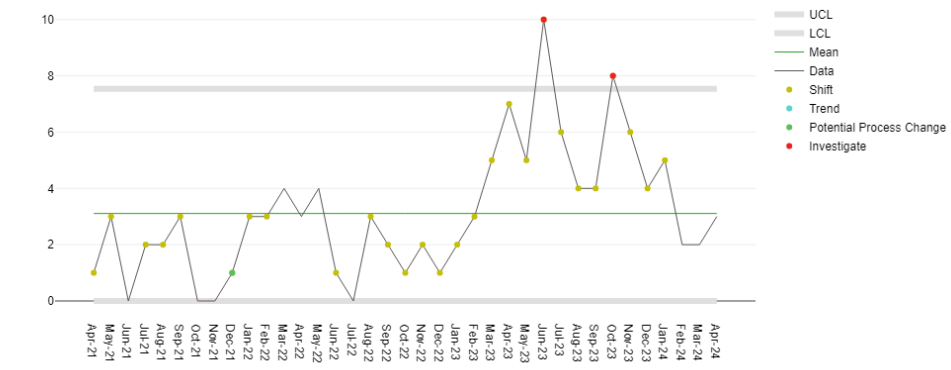
Latest value	Mean
83	77.95

Patient Safety Events per 1000 bed days



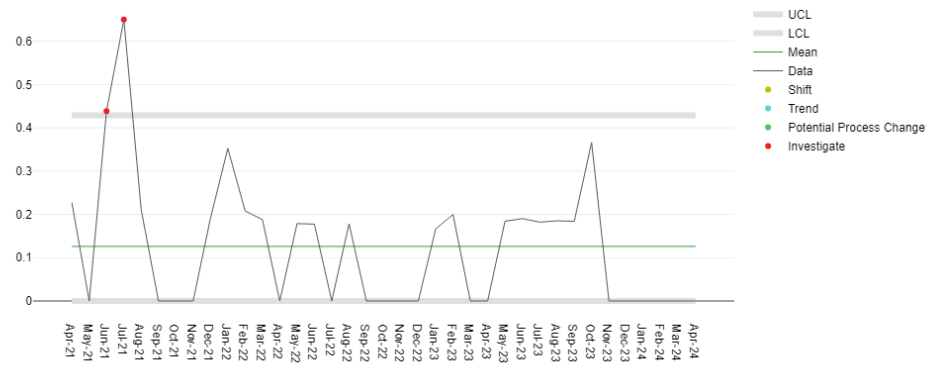
Latest value	Mean
3	3.11

Number of serious incidents



Latest value	Mean
0	0.13

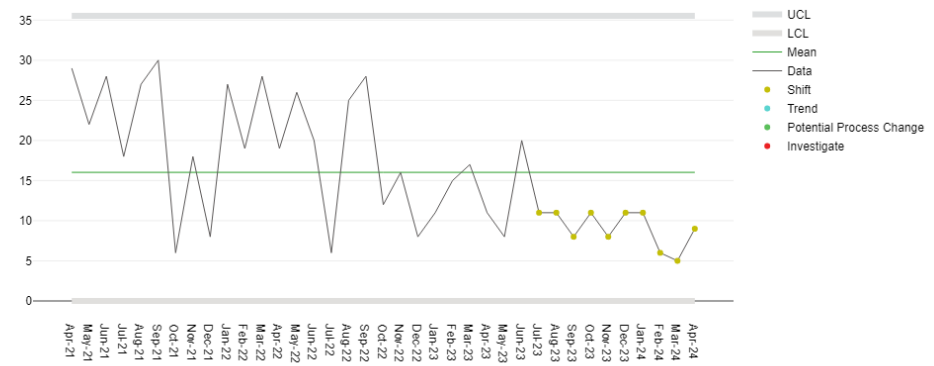
Number of falls resulting in harm (moderate/severe) per 1,000 bed days



Quality & Safety - SPC Charts

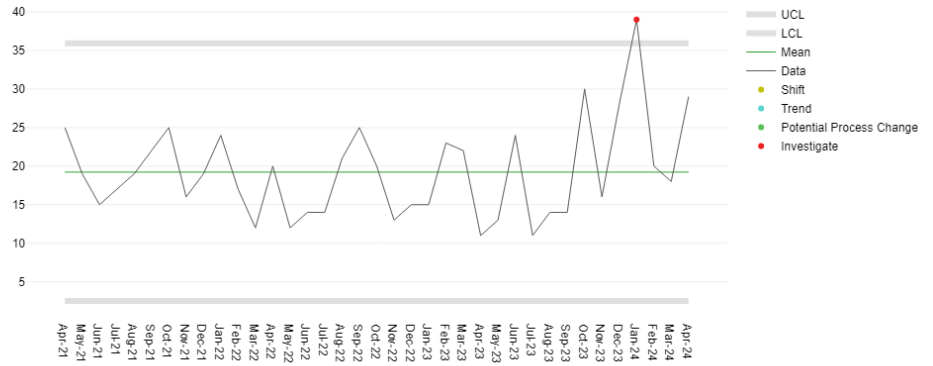
Latest value	Mean
9	16.03

Patient safety incidents with moderate/severe harm/death



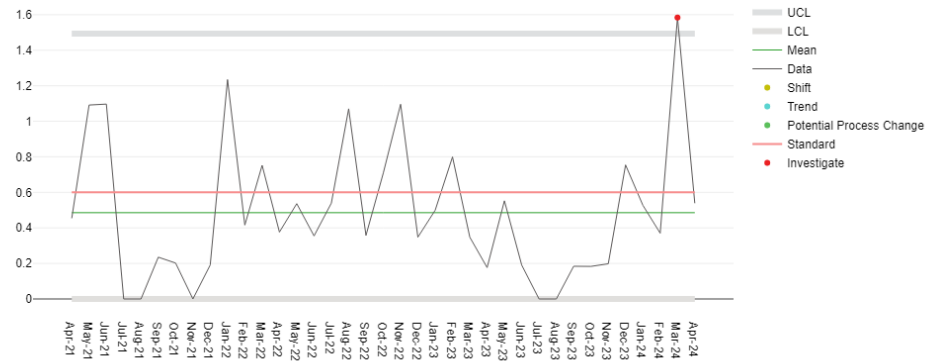
Latest value	Mean
29	19.22

Number of pressure ulcers present upon inpatient admission



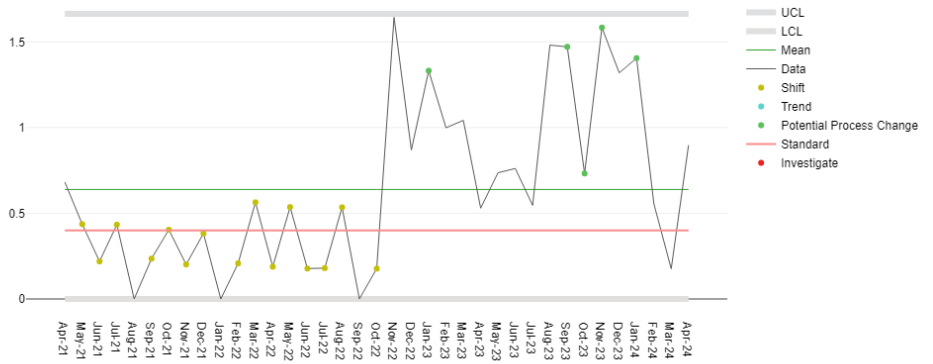
Latest value	Mean
0.54	0.49

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



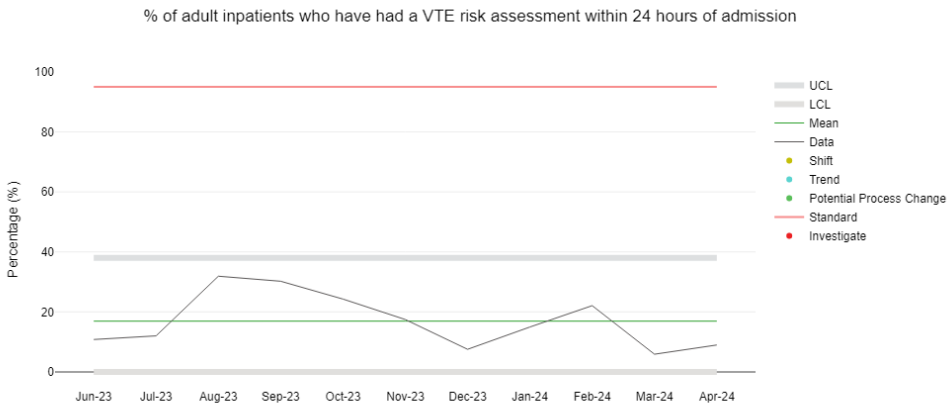
Latest value	Mean
0.9	0.64

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

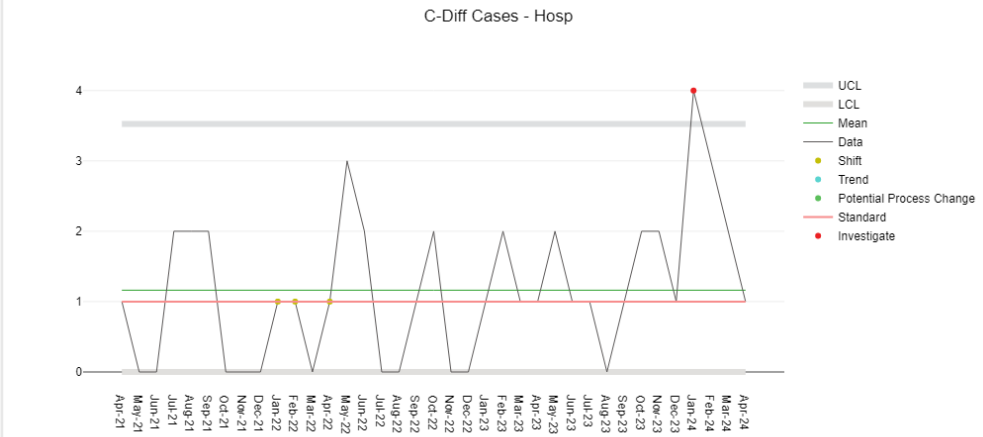


Quality & Safety - SPC Charts

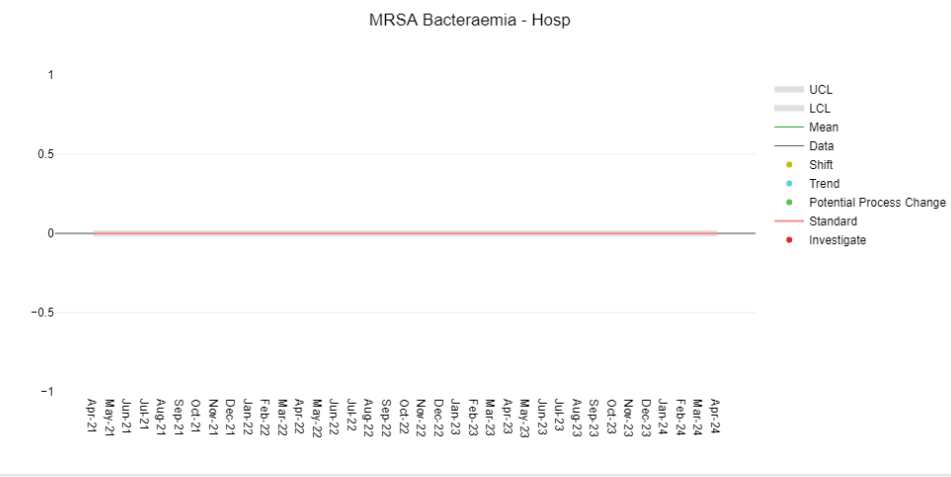
Latest value	Mean
9 %	16.9 %



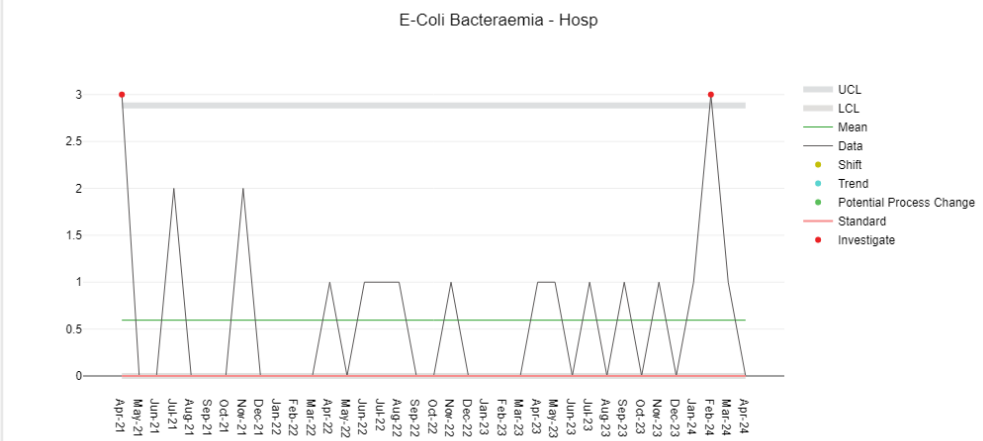
Latest value	Mean
1	1.16



Latest value	Mean
0	0



Latest value	Mean
0	0.59



Quality & Safety - SPC Charts

Latest value	Mean
126	70.46

Latest value	Mean
16	31.46

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"