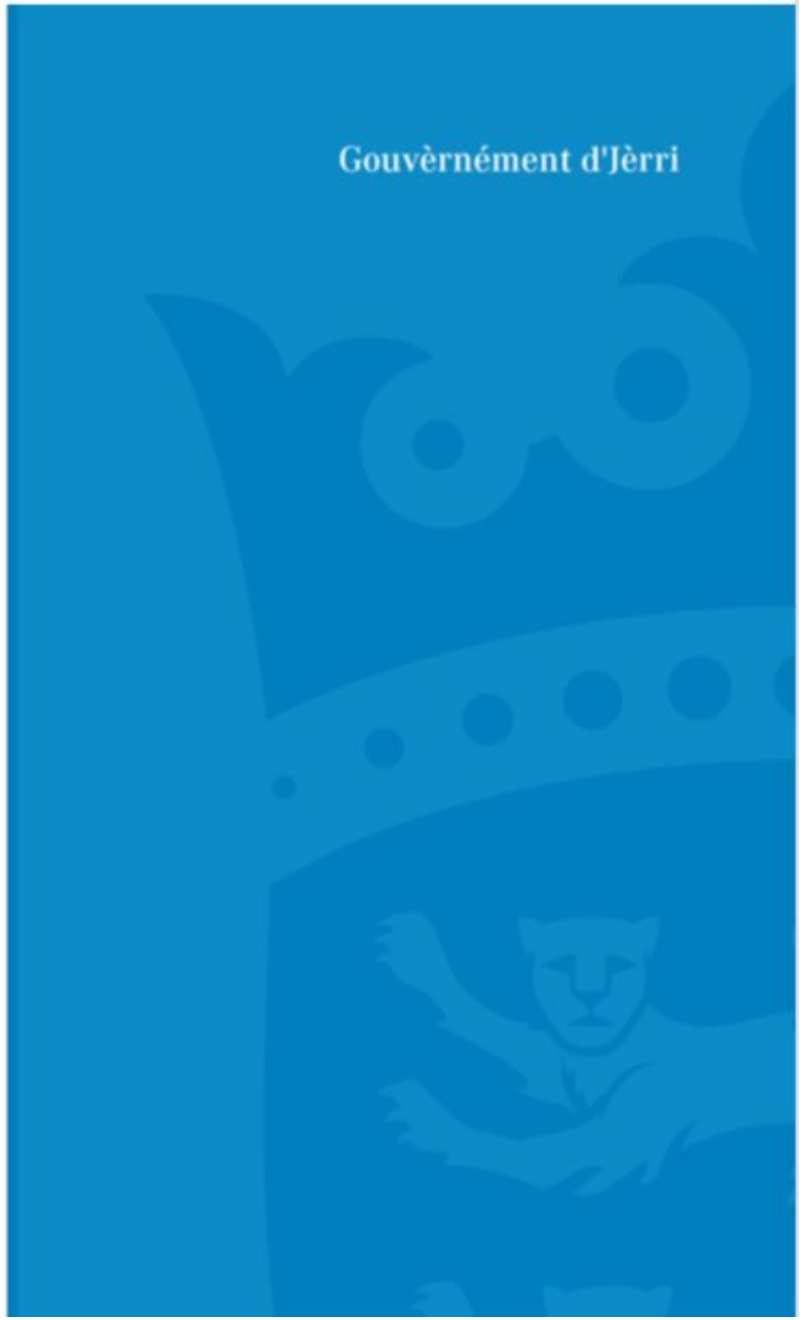
Health and Community Services

Quality and Performance Report
February 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

New Patients over 52 weeks for first appointment

A core number of services continue to have patients waiting over 52 weeks for a first outpatient appointment. These are, in the main, General Surgery (10), Ophthalmology (236), Orthopaedics (19), Dermatology (162), ENT (8), Clinical Genetics (173). Focus is being concentrated on these services to increase capacity to ensure these patients receive their first appointment as a priority over the next couple of months. Recovery plans will address the discrepancy between current performance & the trajectory to meet the phased standard, but the positive downward trend is noted.

Elective waiters over 52 weeks

There continues to be a downward trend in the number of patients waiting over 52 weeks for surgery. General Surgery (136), Orthopaedics (125) and ENT (35) remain the specialties with the highest number of patients waiting longer than 52 weeks for their elective procedure. WLI activity is being undertaken to reduce the long wait patients, additionally validation of the PTL and clinical review of the patients is happening to ensure accuracy of the number of patients waiting for treatment.

DM01 standard

The standard sets a trajectory to deliver the DM01 standard by year end as is a new performance metric and the resource requirement to deliver this is yet to be understood. The graph is showing total number of patients waiting over 6 weeks for a diagnostic test. There has been a reduction in month by just over 100 patients. Further work to develop this graph to accurately reflect part of the DM01 standard will be presented for April's data in May.

New to Follow-up

This ratio continues to reduce. Included in the data are those specialties who require high new to follow-up ratios due to the patient pathway, these include orthodontics, oncology and renal. The inclusion of these services is impacting the overall ratio. Most of the other services are showing a new to follow-up ratio below 2%.

DNA Rate & WNB Rate

The DNA and WNB rates continue to fall in line with improvement in communication methods with patients. As the outpatient improvement work gets underway, the DNA/WNB standards will be an early focus.

Theatre Utilisation

Theatre Utilisation is steadily improving. Theatre patient flow group will be established over the next month to identify blockers in efficiency through theatres including pre-operative processes to reduce near to or on the day cancellations. In addition, GIRFT will be visiting in April to review processes from an NHS perspective.

Elective Care Performance

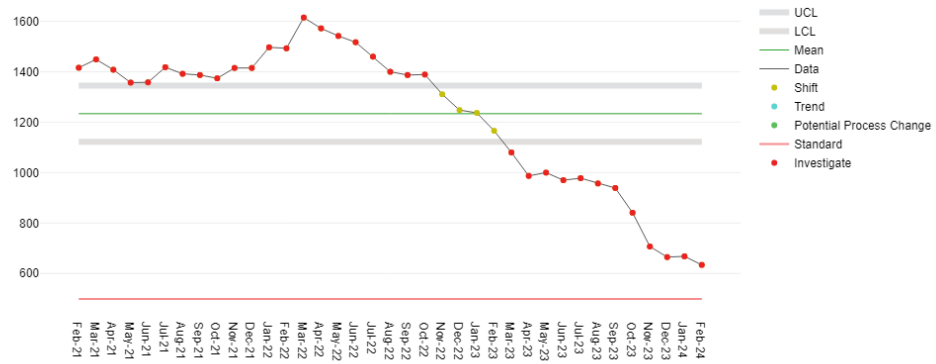
Cancelled Operations on the day

As winter pressures subside, the service has seen a fall in the number of operations cancelled on the day due to beds. This trend should continue into the summer, ensuring elective capacity is optimised. Additionally, the theatre flow group will be reviewing any administrative issues to cancelled on the day operations. Standard measures have been developed as part of the theatre utilisation dashboard to allow us to consistently monitor performance and actions to address.

Elective Care Performance - SPC Charts

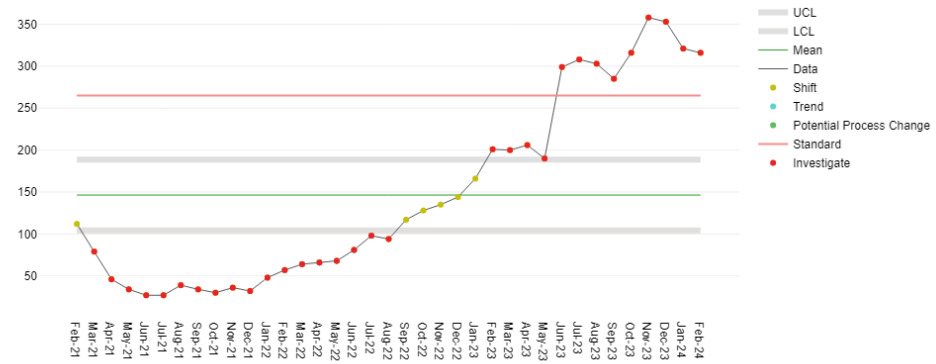
Latest value	Standard
634	<499

Patients waiting for first outpatient appointment Greater Than 52 weeks



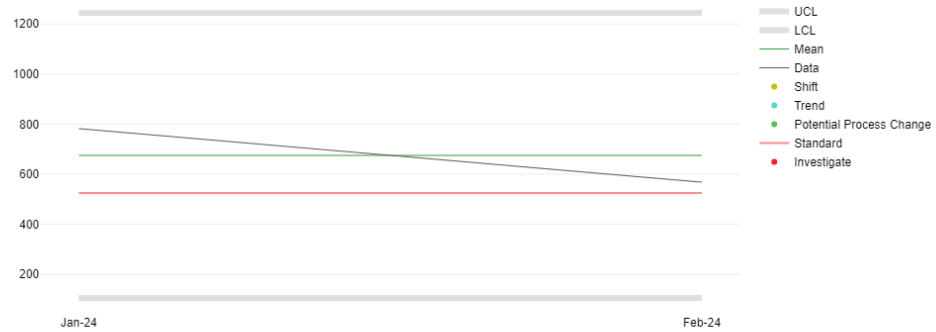
Latest value	Standard
316	<265

Patients on elective list Greater Than 52 weeks



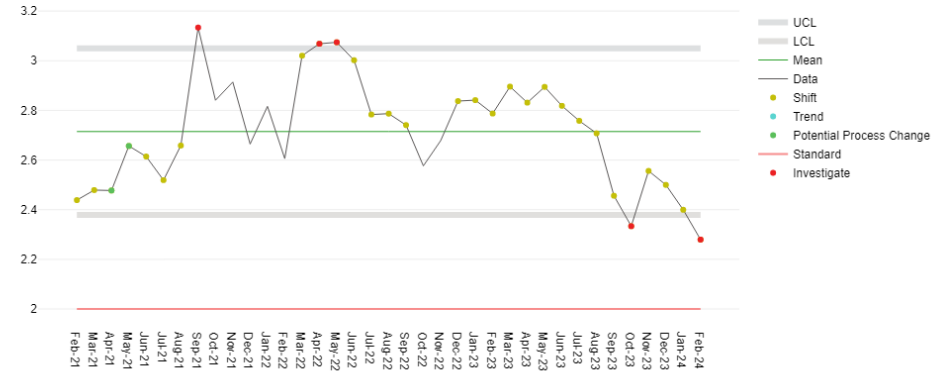
Latest value	Standard
568	<525

Access to diagnostics Greater Than 6 weeks



Latest value	Standard
2.28	2

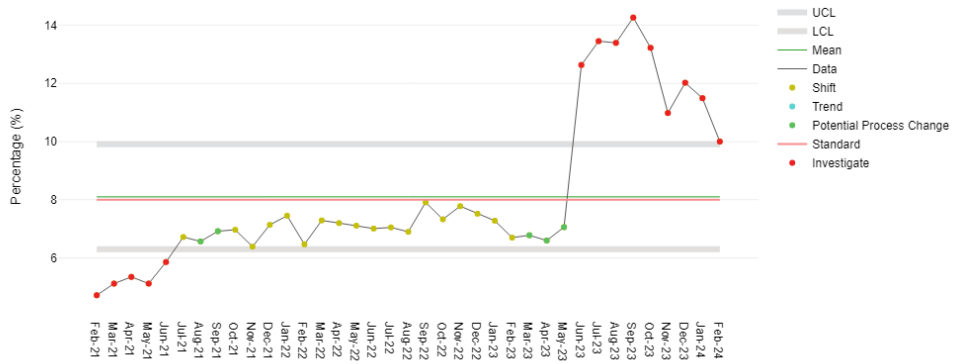
New to follow-up ratio



Elective Care Performance - SPC Charts

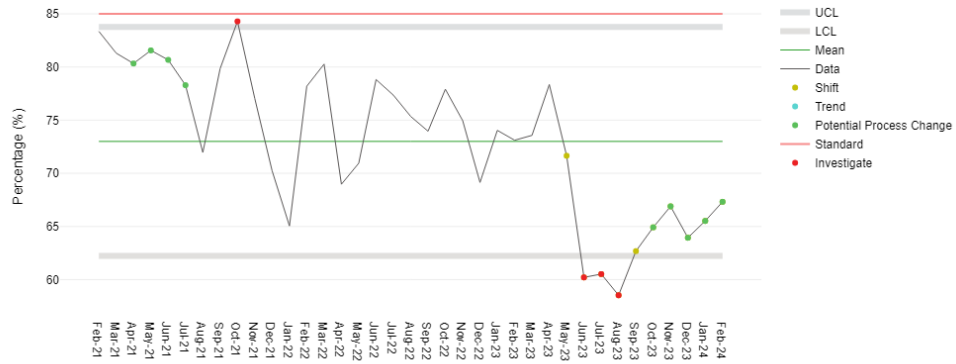
Latest value	Standard
10 %	<=8%

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



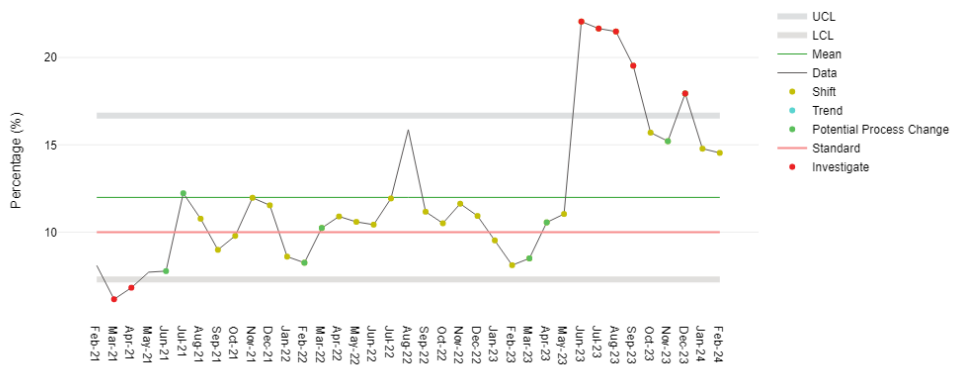
Latest value	Standard
67.3 %	>85%

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



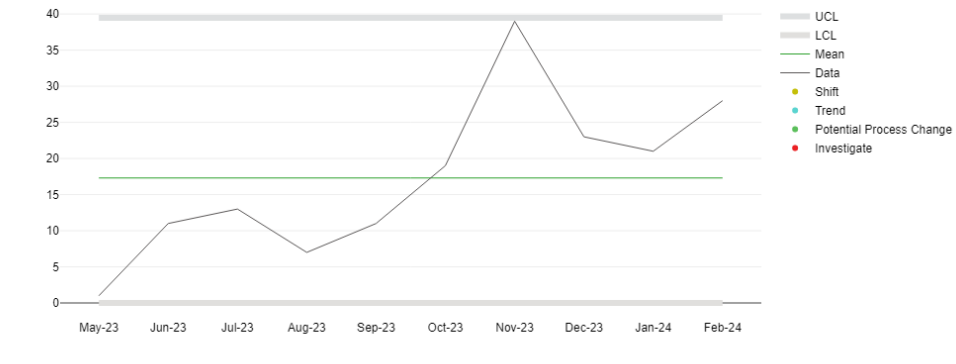
Latest value	Standard
14.5 %	<=10%

Was Not Brought Rate



Latest value	Standard
28	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.

Elective Care Performance

Additional Commentary / Deep Dive

The cataract off Island initiative commences at the end of March which will see a steady number of patients removed from the outpatient PTL.

Clinical Genetics remain an issue as patients continue to wait extended periods of time for their assessment. Additional capacity has been sought from Guys and St Thomas's pending the purchase and implementation of the Farrahs software.

Waiting Lists – Impact of moving to Maxims

The Maxims Electronic Patient Record (EPR) is a referral-based patient record system that allows patients to be tracked through an entire pathway from referral to treatment and post treatment care before being discharged from the consultant's care. Our previous Patient Administration System (PAS) (TrakCare) was an episode-based system, which means that each part of the pathway (outpatient activity, diagnostics, pre-assessment activity, inpatient activity, therapy input) was recorded separately – and sometimes a patient had multiple episodes for the same care pathway.

The new EPR requires the data to adhere to certain rules that were not mandated in the previous system. As with any data migration, there was therefore an element of data cleansing required to enable the data to migrate successfully. For pragmatic purposes, generally most acute hospital organisations migrate two years of data to any new EPR/PAS (based on best practice advice from the independent provider who supported the data migration) – however we took the view that we would migrate 2 full years of data and any additional months up to and including our Go Live date. The scope of data migration was therefore defined as any episode of care that was open at 1st January 2020 or any opened after that date (noting that as the Go live date moved twice, this became 3 full years plus 5 months).

New/First Outpatient PTL

As the new system is referral based, all activity must have a referral created in order to be able to book an appointment. This was not required in TrakCare where this referral step was often bypassed and an episode created to record the activity against – in this case we were unable to report a patient as being on the waiting list and unable to calculate the time from the referral being received to the patient being seen. The rigour of creating the referral in Maxims has led to an increase in the waiting list numbers as part of the Maxims EPR implementation – however the numbers much better reflect the actual number of patients waiting to be seen in secondary care.

There were a number of issues identified in the few weeks immediately after Go Live that further inflated the numbers briefly – but each of these has been systematically addressed with a full issues log documented in relation to the issue, including root cause analysis and any fixes applied.

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

An increase in patients remaining in the Emergency Department longer than 4 hours is noted, Internal Professional Standards are being developed to support patient flow within the Emergency Department and within HCS as Red2Green initiative monitoring was implemented. As a subset of this the number of patients staying in the department over 12 hours is noted, these were mainly attributable to bed waits, for gender and due to isolation requirements.

At the end of February, the Same Day Emergency Care Unit (SDEC) was co-located to the Acute Assessment Unit to allow the highest likelihood of the planned refurbishment of Bartlett to take place & a response to external peer review.

As the operating model is embedded, the unit is aiming to achieve 33% of the acute admissions take to be managed by SDEC alongside reducing length of stay and improving quality of care for patients by enabling care to be delivered same day.

Delayed transfer of care patients within the hospital on the QPR requires data quality issues to be reviewed however an executive taskforce meeting continues to occur weekly to review and support the wider discharge team with reducing the number of patients delayed in hospital. This is a stable but not insignificant level of capacity within both the JGH & Mental Health in patient units.

A continued improvement in the number of non-clinical transfers taking place out of hours is noted. The golden patient initiative and implementation of the SAFER care bundle aims to improve patient flow by supporting earlier discharge. By discharging earlier has enabled inpatient transfers to be undertaken earlier avoiding the out of hours period which impacts on patient experience.

Rate of emergency readmission within 30 days requires further review in 2024 and will be considered as part of the external physician support for the RCP improvement work.

The average length of stay is noted for February 2024 within SPC charts as within tolerance of the historic QPR standard. Implementation of the Red2Green initiative has enabled tracking of green & red day delays within the Jersey General Hospital. 45% of red days in the month of February were attributable to internal reasons.

The top 3 internal reasons for internal delays are:

- Awaiting Consultant Review
- Awaiting Physio Review
- Awaiting Social Worker Assessment

The top 3 external reasons for internal delays are:

- Awaiting Nursing Home Placement
- Awaiting Package of Care (New)
- Awaiting Residential Home Placement

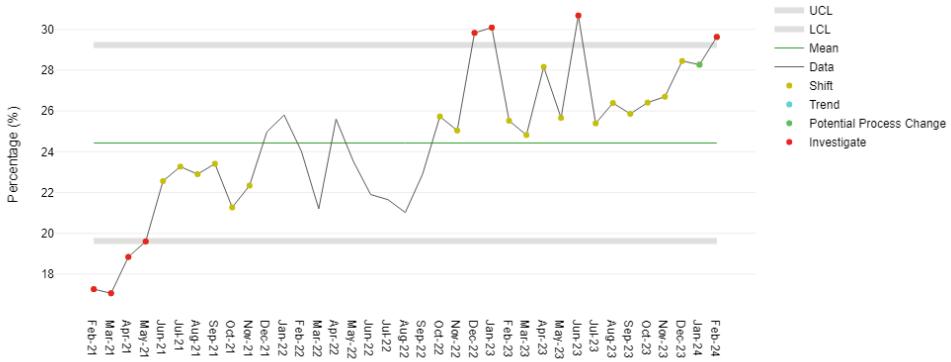
Emergency Care Performance

Escalations

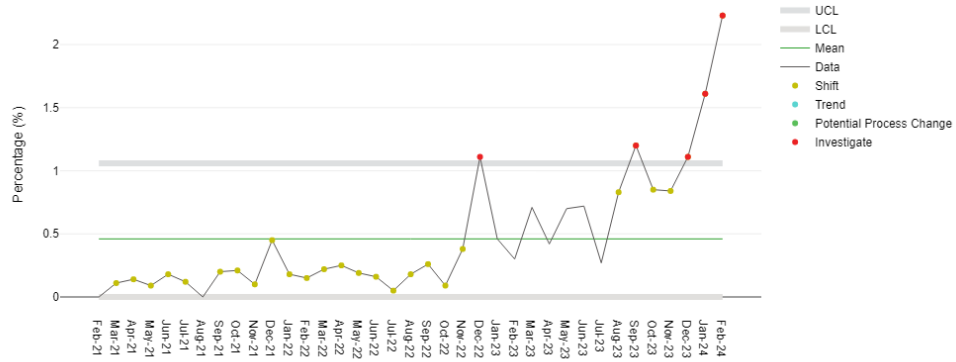
A significant increase in Emergency Department length of stay is noted, the main causes being isolation, gender and general capacity. Actions being taken to address are maintaining additional capacity, R2G & length of stay activity in Clinical Productivity workstream, embedding SDEC & ED processes for rapid de-escalation of the department alongside internal SOP.

Emergency Care Performance - SPC Charts

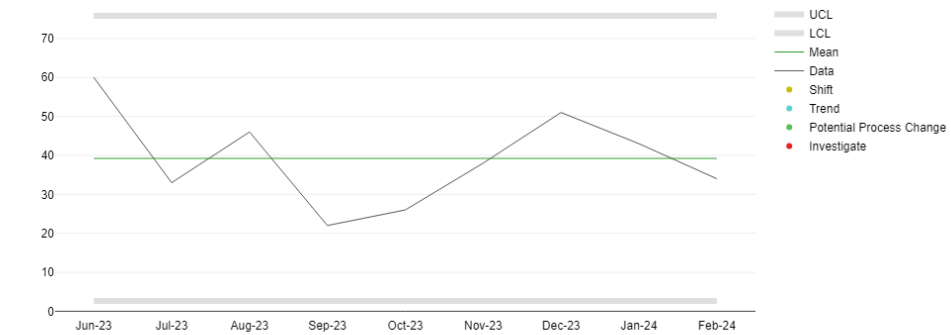
Latest value	Mean
29.6 %	24.4 %



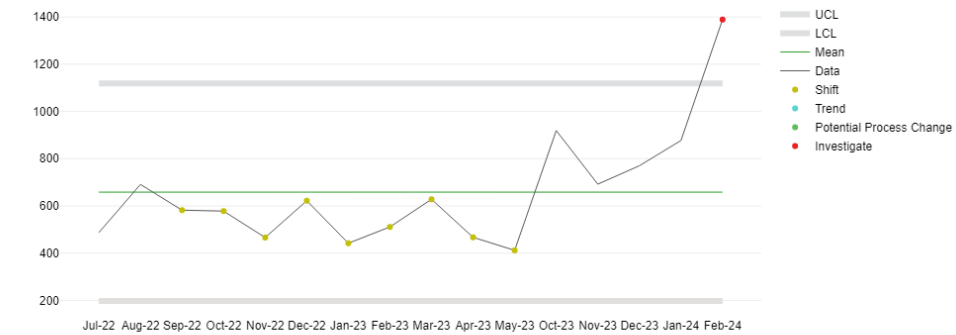
Latest value	Mean
2.2 %	0.5 %



Latest value	Mean
34	39.22



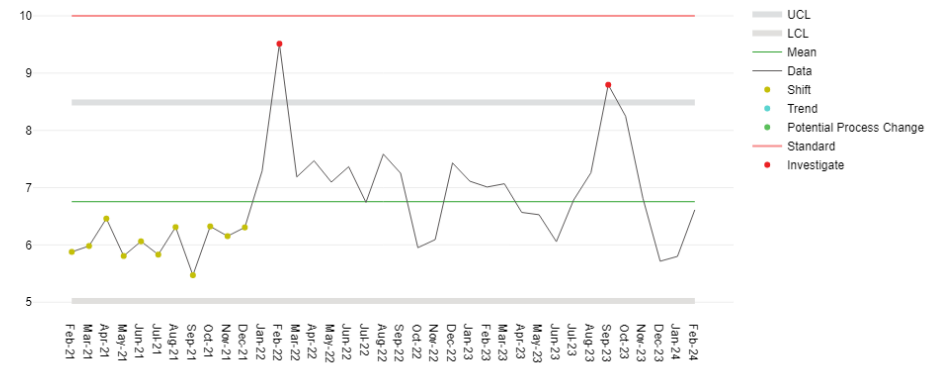
Latest value	Mean
1389	658.31



Emergency Care Performance - SPC Charts

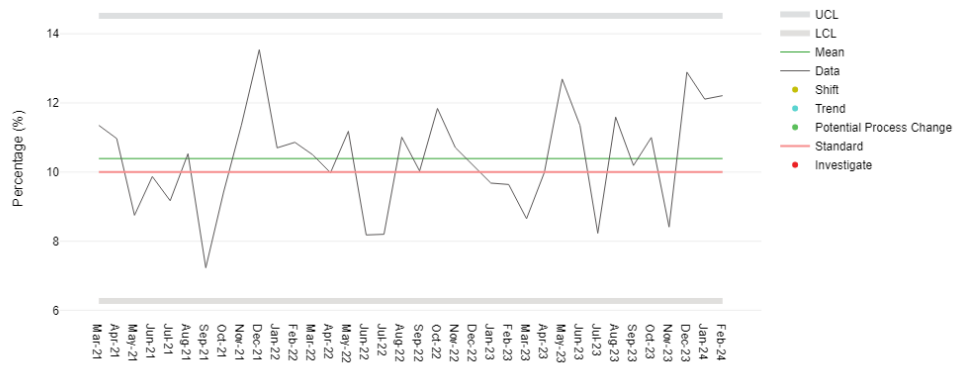
Latest value	Mean
6.61	6.76

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



Latest value	Mean
12.2 %	10.4 %

Rate of Emergency readmission within 30 days of a previous inpatient discharge



Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Patients in Emergency Department for more than 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 for more than 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.
Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Not Applicable	Count of bed days where the patient is marked as Delayed Transfer Of Care (DTOC) 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 are progressing with the work to offer all pregnant people a booking appointment by the 10-week target as per NICE guidelines. This is to ensure that women are given information relating to their baby's development stages, nutrition and screening available early.

We have seen a reduction in induction of labour from 30.3% in January to 26% in February, this does fluctuate month on month, and this is due to ensuring we are offering induction at the correct gestation due to the clinical picture.

Caesarean section rate is at 52% but we review this using the Robson criteria. The Robson criteria is a ten-group classification system as a global standard for assessing, monitoring and comparing CS rates at all levels.

Escalations

Plans are being put in place to review the indicators on the scorecard across WACs.

Maternity - Key Performance Indicators

Indicator	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	YTD
Total Births	60	68	59	68	53	75	71	64	58	64	59	63	50	113
Mothers with no previous pregnancy (Primips)	25	31	36	38								24	15	39
Mothers who have had a previous pregnancy (Multips)	35	37	23	25								26	19	45
Mothers with unknown previous pregnancy status												17	18	35
Bookings ≤10+0 Weeks												7	3	10
% of women that have an induced labour	26.67%	20.59%	23.73%	35.29%	22.64%	20%	28.17%	28.13%	17.24%	29.69%	35.59%	30.16%	26%	28.32%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	30	31	20	16	21	25	23	22	20	17	11	24	12	36
Number of Instrumental deliveries	10	5	9	8	5	5	12	4	5	5	4	7	3	10
% deliveries by C-section (Planned & Unscheduled)	33.33%	36.76%	44.07%	54.41%	33.96%	45.33%	45.07%	37.5%	46.55%	50%	44.07%	36.51%	52%	43.36%
% Elective caesarean section births	16.67%	22.39%	23.73%	26.87%	26.92%	23.94%	22.54%	21.88%	23.64%	26.56%	29.31%	23.81%	32.65%	27.68%
Number of Emergency Caesarean Sections at full dilatation	2	1	1	1	1	0	1	1	1	2	0	2	1	3
Number of deliveries home birth (Planned & Unscheduled)	3	8	5	3	4	2	4	2	3	3	0	2	3	5
Transfer of Mothers from Inpatients to Overseas	1	2	1	1	0	0	0	0	0	2	1	0	3	3
Number of births in the High dependency room / isolation room					1	0	0	1	0	0	0	1	1	2
Number of PPH Greater Than 1500mls	2	3	3	10	2	3	2	3	6	6	3	2	0	2
Number of 3rd & 4th degree tears – all births	1	1	0	0	2	1	1	2	2	1	0	2	2	4
Number of babies that have APGAR score below 7 at 5 mins	0	1	1	1	0	0	0	1	0	1	0	0	1	1
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	3.92%	3.7%	1.79%	5.45%	0%	0%	2.7%	2.7%	4.55%	5%	6.9%	0%	3.57%	1.64%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	1	4	2							2	2		1	1
Transfer of Neonates from JNU	0	0	0	0	0	1	0	0	0	1	1	1	0	1
Preterm Births ≤36+6 Weeks	6	9	2	7	0	6	2	2	7	1	2	1	1	2

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Total Births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	Total number of births of any outcome. Includes live and stillbirth.
Mothers with no previous pregnancy (Primips)	Maternity Birth Registration Details Report	Not Applicable	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	Not Applicable	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	Not Applicable	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	Not Applicable	Number of c-sections, planned and unplanned, as a percentage of the total number of deliveries.

Maternity - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	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))	Not Applicable	Number of Emergency Caesarean section births (This includes all Category 1 & 2 Caesarean Sections) where the mother's cervix is fully dilated
Number of deliveries home birth (Planned & Unscheduled)	Maternity Delivery Details Report	Not Applicable	Number of deliveries recorded as being at "Home", planned and unplanned
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))	Not Applicable	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))	Not Applicable	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
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))	Not Applicable	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))	Not Applicable	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))	Not Applicable	Number of transfers of babies out of the Jersey Neonatal Unit to an off-island Neonatal facility.
Preterm Births ≤36+6 Weeks	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Not Applicable	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

It is pleasing to note that waiting times for Jersey Talking Therapies (assessment and treatment) and Autism Assessment have further reduced in month. As reported previously, a recovery trajectory has been agreed for the Memory Assessment waiting time KPI and this will start to demonstrate effect in April / May.

In terms of access, the Crisis Team saw 91.7% of all referrals within 4 hours (exceeding the 85% target) and 93.5% of all routine referrals were seen within 10 working days.

Performance in relation to 72 hour follow up on discharge from hospital has dropped in month for working age adults to 71% (5 cases). This is being explored in detail to ensure that performance returns to the previous position. The older people's mental health teams achieved 100% against this KPI in month.

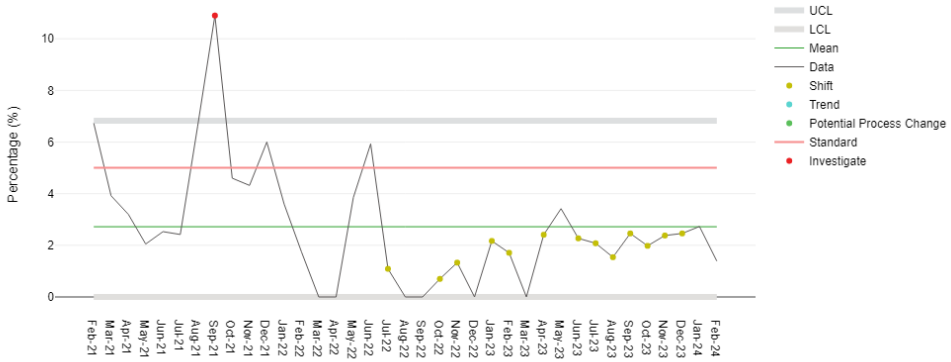
Escalations

As previously, a number of actions are in train to reduce the ADHD waiting list, which continues to deteriorate in month. A key aspect of this plan relates to the potential of shared care arrangements with Primary Care, which is currently being explored.

Mental Health - SPC Charts

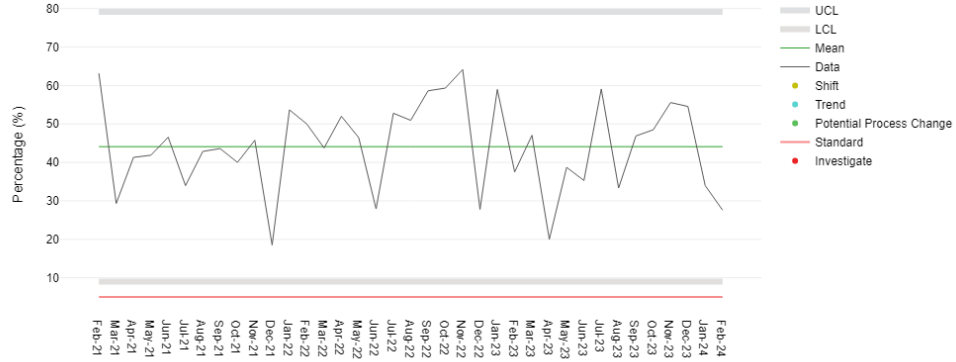
Latest value	Mean
1.4 %	2.7 %

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



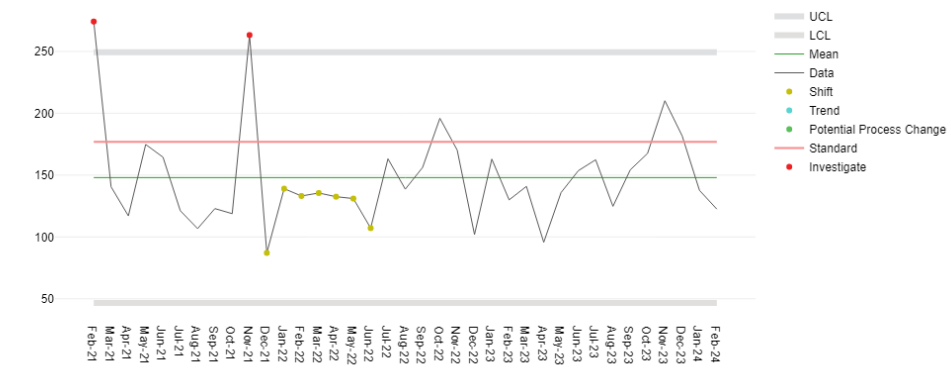
Latest value	Mean
27.6 %	44.1 %

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



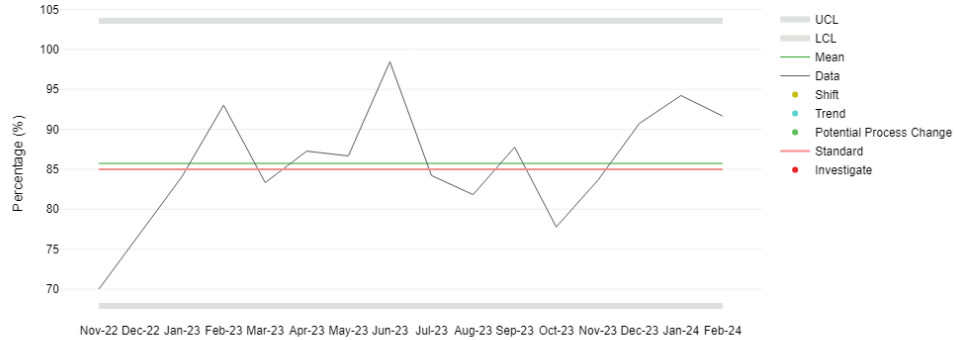
Latest value	Mean
122.52	147.99

JTT Average waiting time to treatment (Days)



Latest value	Mean
91.7 %	85.7 %

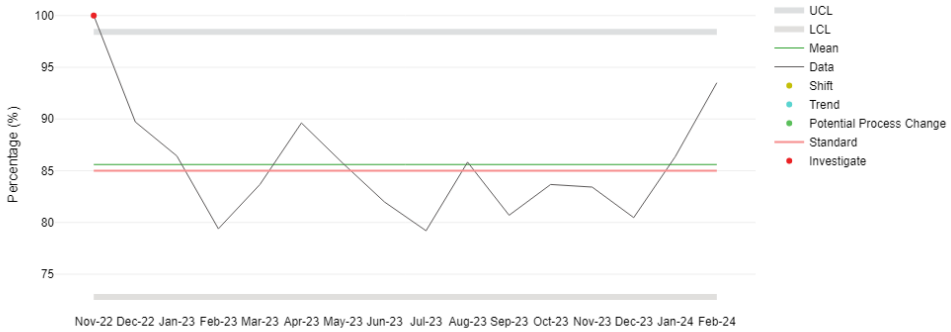
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

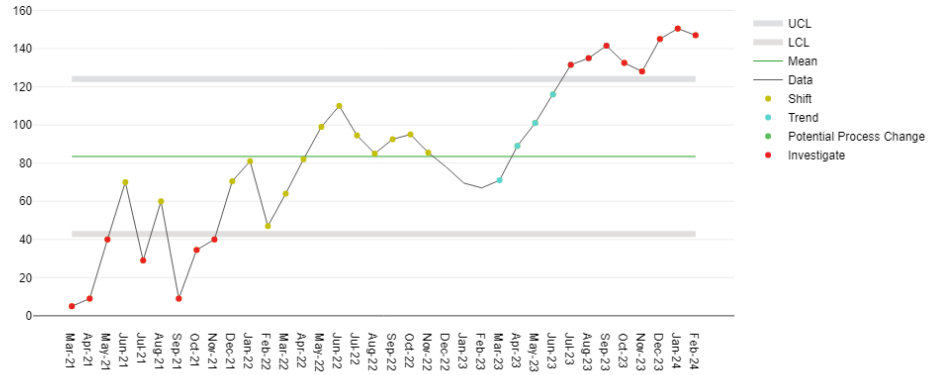
Latest value	Mean
93.5 %	85.6 %

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



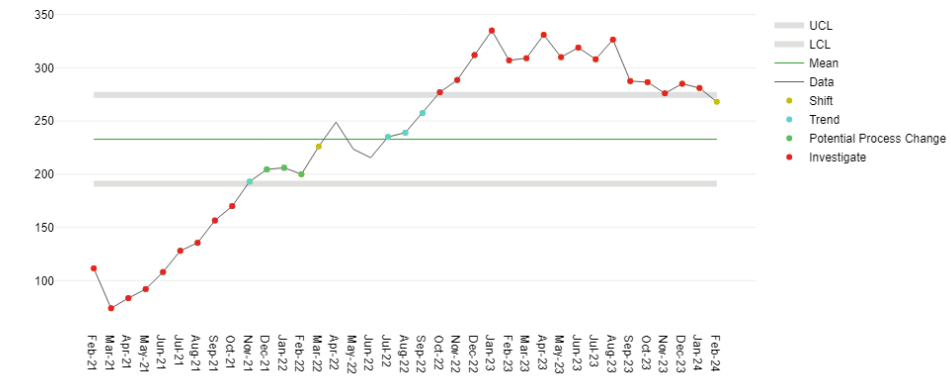
Latest value	Mean
147	83.47

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



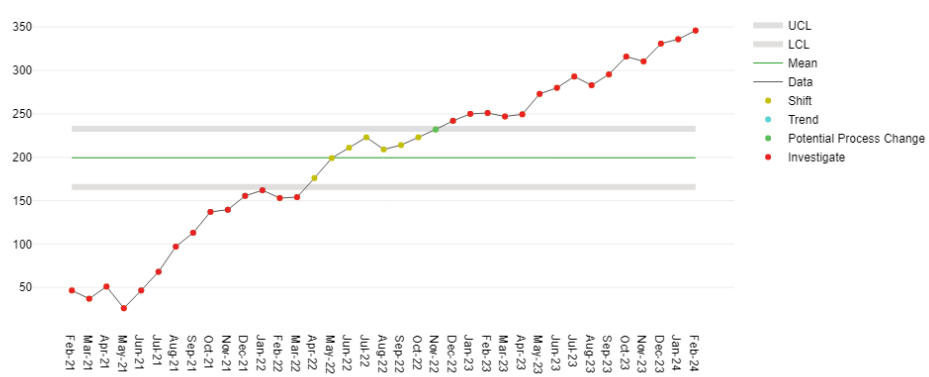
Latest value	Mean
268	232.84

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



Latest value	Mean
346	199.36

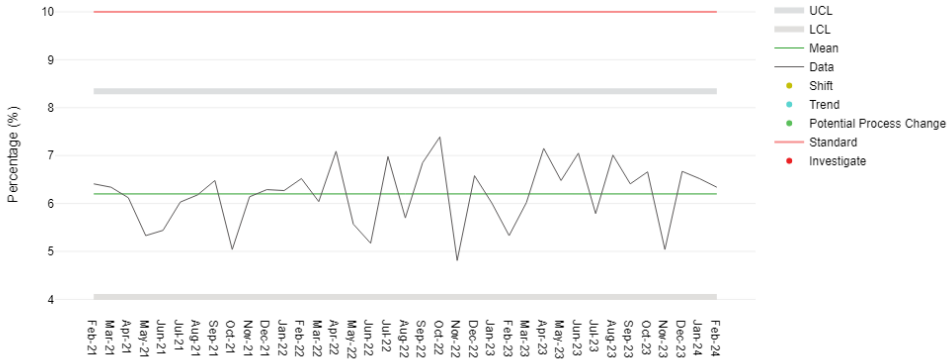
Median wait of clients currently waiting for ADHD Assessment (Days)



Mental Health - SPC Charts

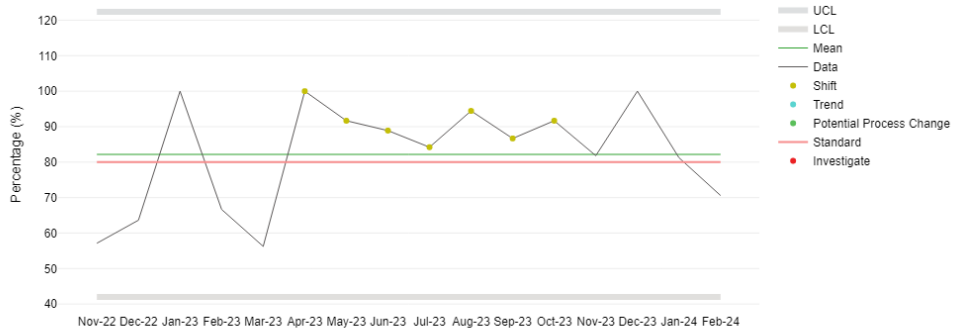
Latest value	Mean
6.3 %	6.2 %

Community Mental Health Team Did Not Attend (DNA) rate



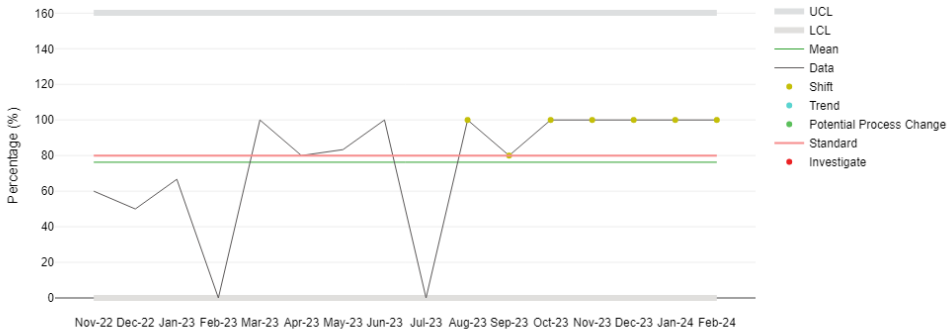
Latest value	Mean
70.6 %	82.2 %

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



Latest value	Mean
100 %	76.3 %

% 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

Mental Health

Additional Commentary / Deep Dive

Unfortunately due to data quality issues, we are not able to report upon Delayed Transfers of Care this month for mental health services. This is currently being rectified by the information team and the service.

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Physical Health Checks – Learning Disabilities

Attainment of 89% a little lower than the previous month. However, achievement has consistently exceeded the 80% target since November 2023, due to the concerted efforts of the Learning Disability Nurse Team. We will continue to closely monitor activity to ensure that it maintains levels above target.

Adult Social Care Team - Assessment within 3 weeks

Noting up-turn in performance in February 2024 compared to January 2024. Now exceeding the 80% target at 94% attainment.

The team are achieving above 80% target, indicative of good customer care for clients who have care and support needs. We will continue to closely monitor activity to ensure that it maintains levels above target.

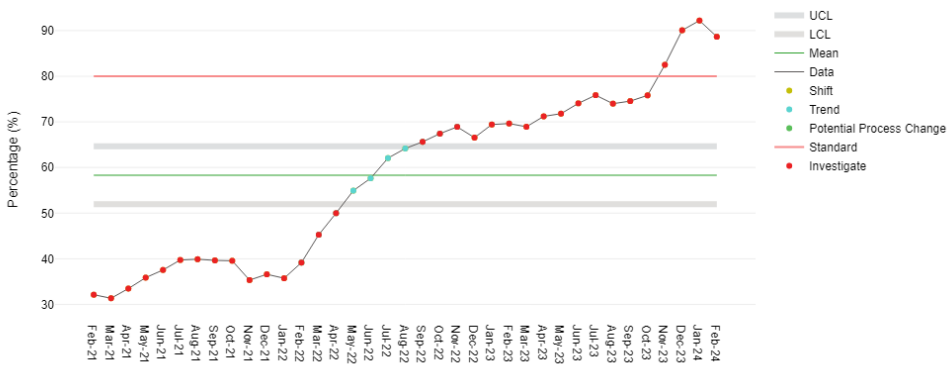
Escalations

No escalations for either of above

Social Care - SPC Charts

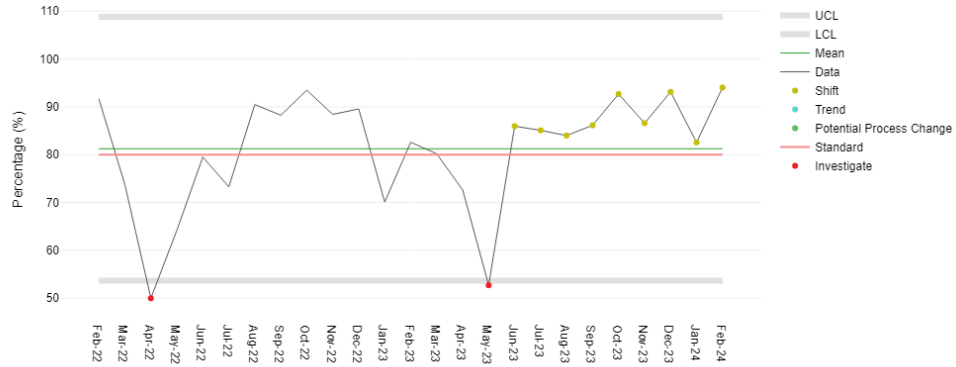
Latest value	Mean
88.7 %	58.3 %

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



Latest value	Mean
94 %	81.2 %

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

Pressure Ulcers.

There continues to be a decrease in hospital acquired pressure ulcers from 19 in January to 11 in February, two of which have been classified as deep tissue injury. The deep tissue injury pressure damage will be discussed at the monthly pressure ulcer meeting to review learning and implement any lessons learned.

A deep dive was undertaken on January data of those patients who had pressure ulcers on admission to hospital. It is reassuring to note that there were no identified trends.

Patient Experience.

Complaints

It is February 2024, a total of 24 new complaints were received across all care groups, this is a decrease of 19 complaints (44%) compared to February 2023.

Work continues with care groups to reduce the number of open complaints, improve response times, and move towards early resolution. The Patient Advice and Liaison team continue to manage patient enquiries and signpost patients to appropriate services.

Compliments:

A total of 171 compliments were logged on the Datix system, this is an increase of 72.2% compared to February 2023. The patient experience team continue to work with wards and departments to ensure that patient and relative compliments are captured and recorded to ensure that individual staff and teams receive the feedback and recognition.

Work is ongoing to update the Patient Advice and Liaison Service webpage to ensure accessibility to all members of the public.

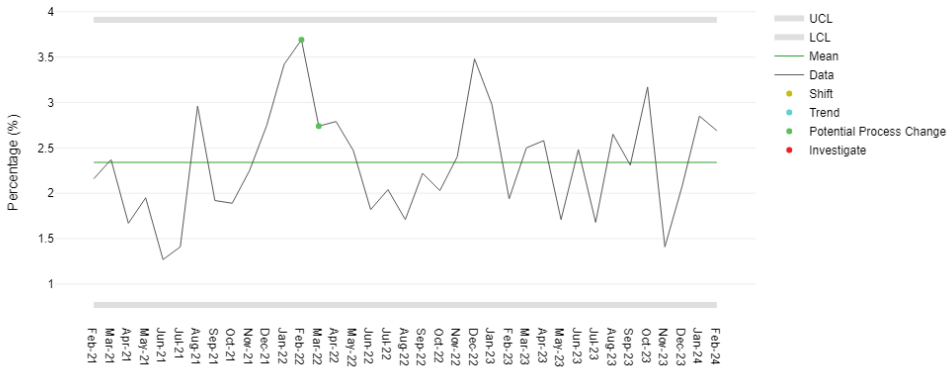
IPAC (infection prevention and control)

There continues to be low levels of infection across HCS. February has seen some incidences of C-Difficile infection early indications from root cause analysis notes there is no evidence of cross infection.

Quality & Safety - SPC Charts

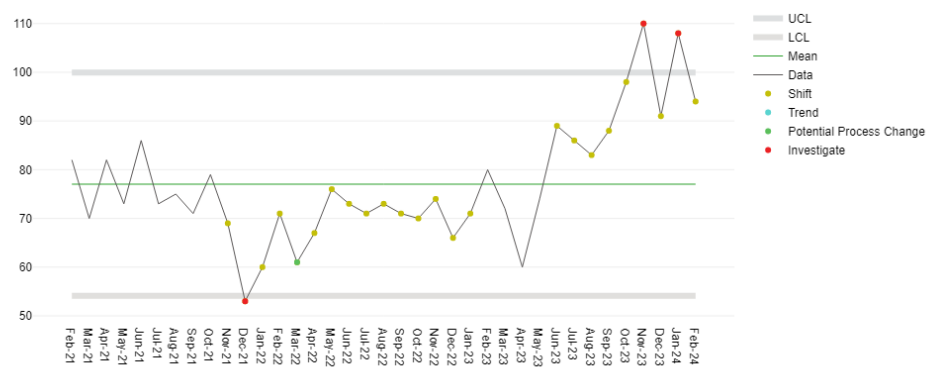
Latest value	Mean
2.7 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



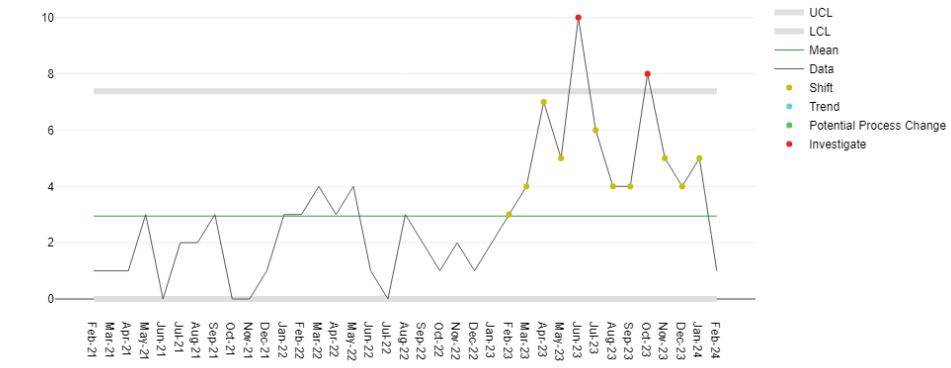
Latest value	Mean
94	77.03

Patient Safety Events per 1000 bed days



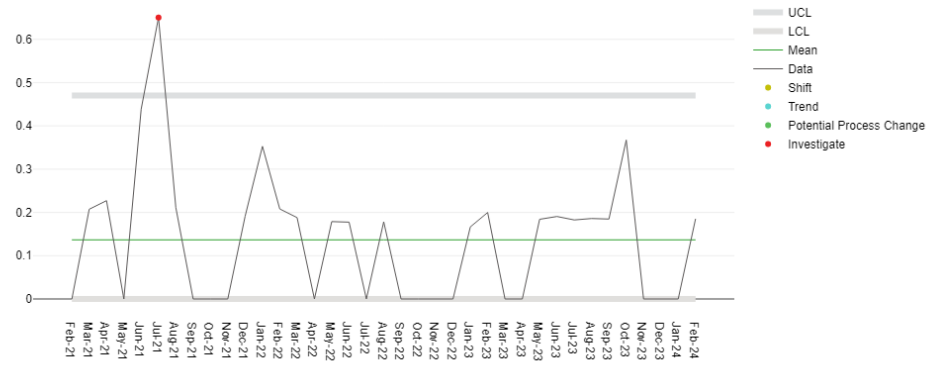
Latest value	Mean
1	2.95

Number of serious incidents



Latest value	Mean
0.19	0.14

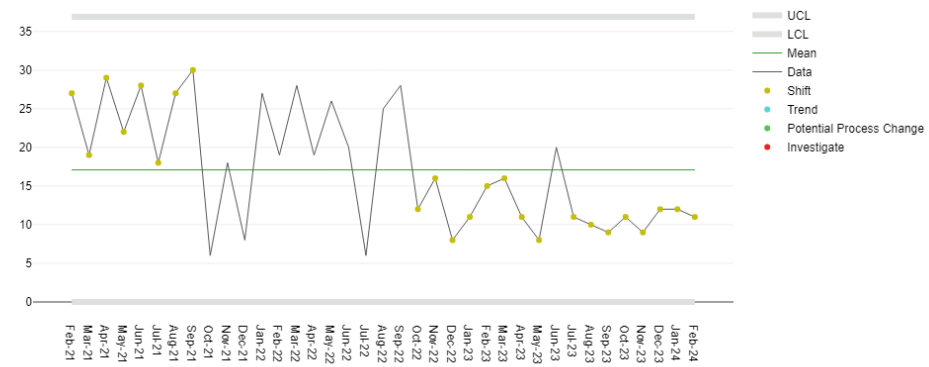
Number of falls resulting in harm (moderate/severe) per 1,000 bed days



Quality & Safety - SPC Charts

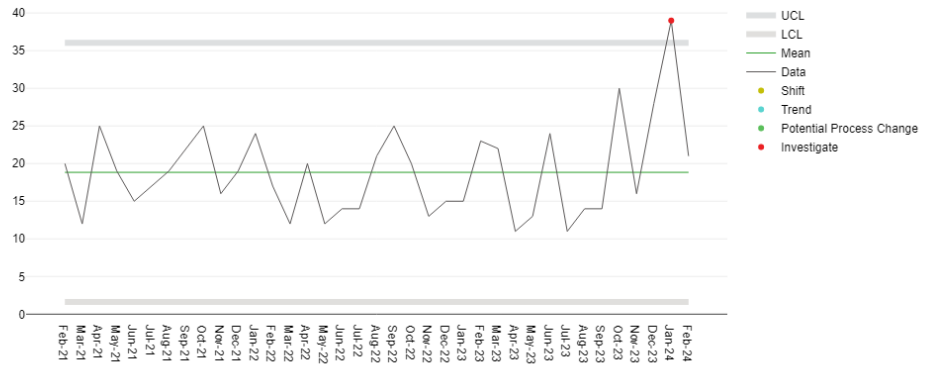
Latest value	Mean
11	17.08

Patient safety incidents with moderate/severe harm/death



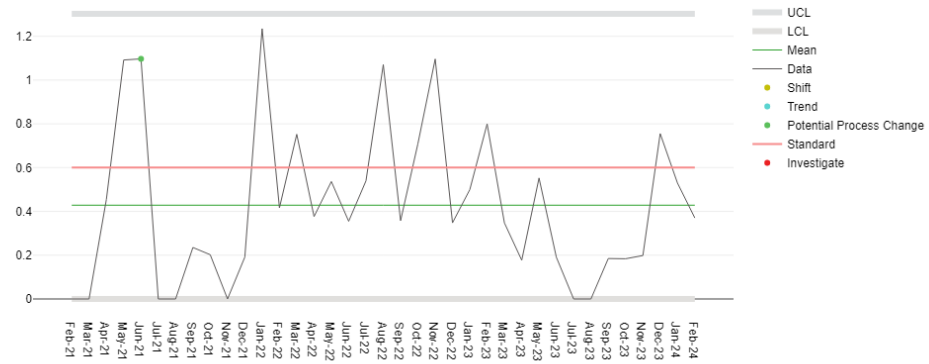
Latest value	Mean
21	18.84

Number of pressure ulcers present upon inpatient admission



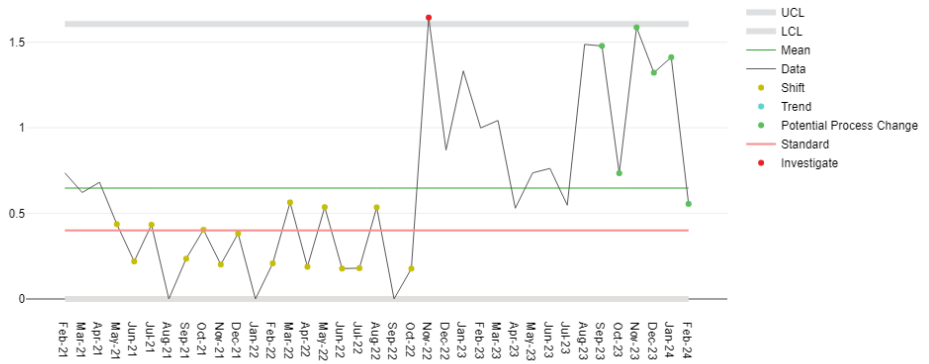
Latest value	Mean
0.37	0.43

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



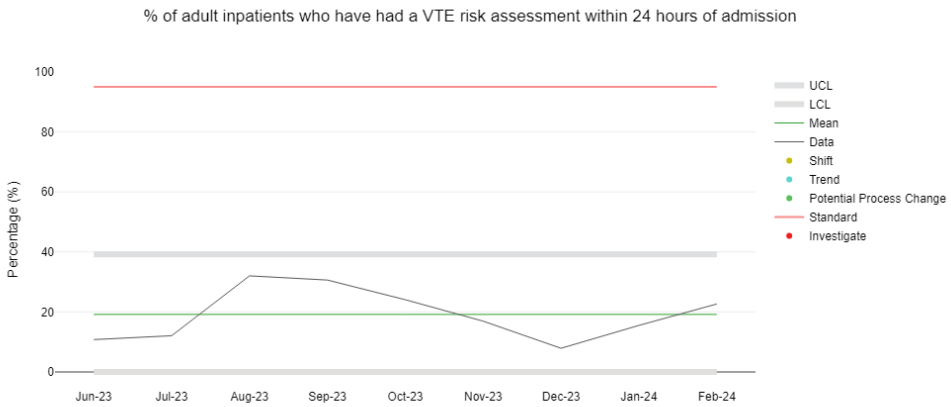
Latest value	Mean
0.56	0.65

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

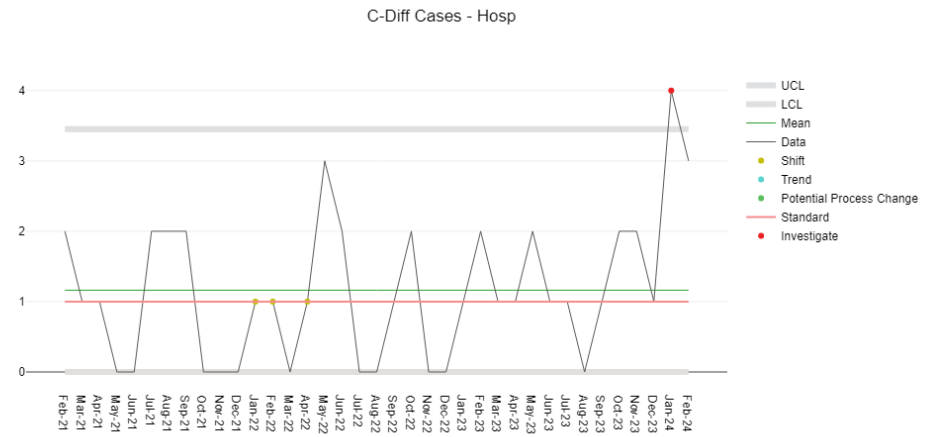


Quality & Safety - SPC Charts

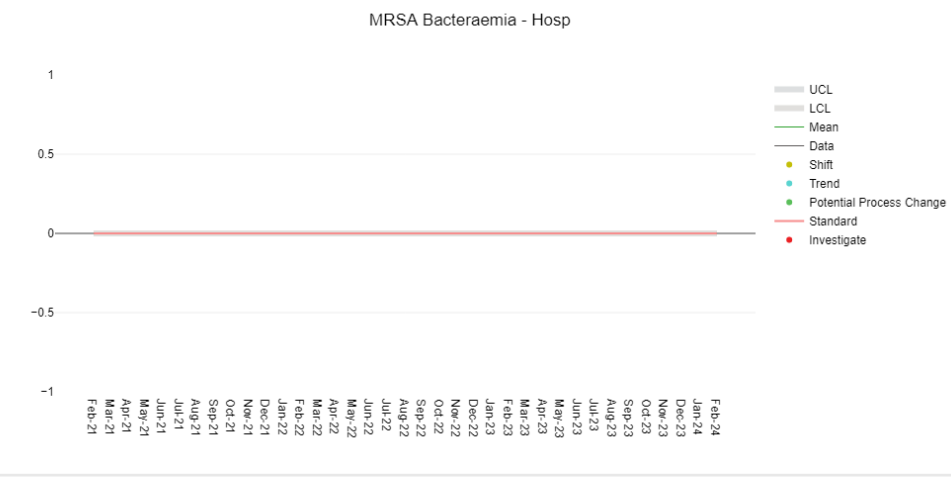
Latest value	Mean
22.7 %	19.2 %



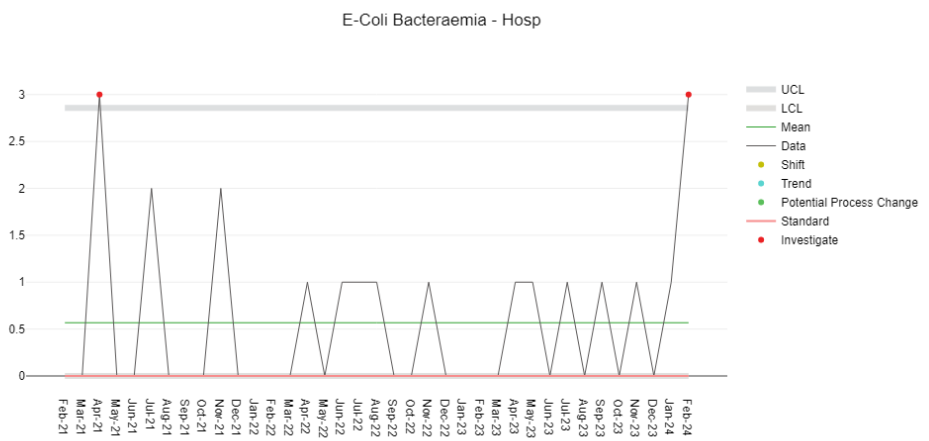
Latest value	Mean
3	1.16



Latest value	Mean
0	0

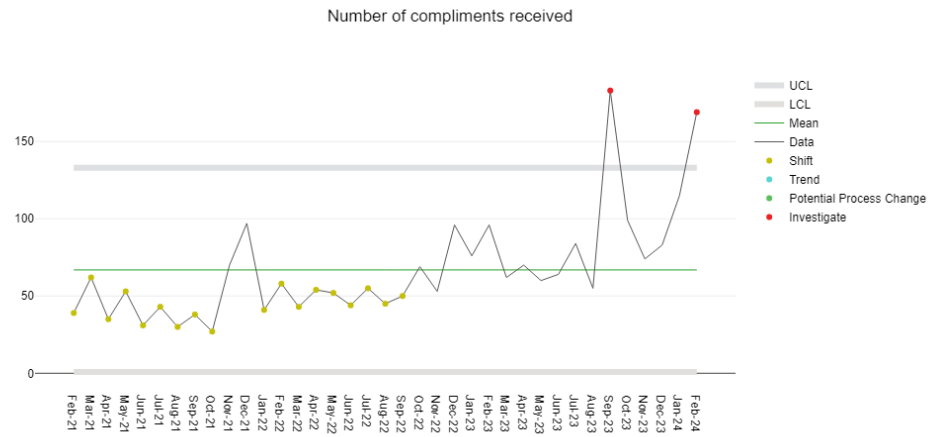


Latest value	Mean
3	0.57



Quality & Safety - SPC Charts

Latest value	Mean
169	66.89



Latest value	Mean
24	32.81

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"