



Health and
Community Services

Quality and Performance Report
June 2024

Gouvernement d'Jèrri



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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

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Chief Operating Officer - Acute Services - Claire Thompson

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HCS Informatics









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

Outpatients waiting over 52 weeks for 1st appointment

Patients waiting over 52 weeks for their first appointment continues to fall. All long wait patient referrals have been reviewed and we continue to allocate appointments based on clinical urgency as defined by the triaging consultant. The specialties where outpatient capacity does not meet the demands of referrals, and thus longer waits are experienced by the patients continue to be dermatology, ophthalmology, gastroenterology and ENT. However, all urgent referrals are being seen within an appropriate timescale.

A brief paper will be discussed at HCS Advisory Board to highlight the future for improved capacity and service redesign for dermatology to deliver improved access for patients in the longer term.

Elective inpatient waits over 52 weeks

Patients waiting over 52 weeks for their elective procedure have fallen again from the last report presented to the board. At the end of M4, the number of patients waiting over 52 weeks was 276, at the end of M6, the number of patients is 264. Orthopaedics and General Surgery continue to have the longest waits for our patients.

Diagnostic Waits over 6 weeks

Diagnostic waits continue to rise within endoscopy and MRI. As described previously, the successful pilot of the MRI increased capacity has now been adopted with recruitment to the newly funded posts continuing. Once this additional substantive capacity is in place, the waiting times for MRI will reduce. Within endoscopy, the waiting list initiative earlier in the year proved successful, however capacity has since reduced whilst we wait for the new substantive consultant to commence in post at the end of July. The planned WLI for endoscopy was unable to be progressed due to lack of clinical resource to undertake the procedures.

Elective Care Performance

New to Follow-up ratio

New to follow-up ratio remains at an acceptable rate across most specialties and continues to be monitored.

DNA rate

The DNA rate remains static at around 11% for the first half of the year. Ongoing work across outpatient improvement will ultimately support reductions in DNA rate, this includes process redesign and digital initiatives which have a longer-term implementation timescale.

Elective Theatre Utilisation

Theatre utilisation has improved for the 7th month in a row, however, remains below the acceptable standard. Ongoing theatre improvement work, process redesign, education and training continue to have positive impact. Further intensive work across Q3 will provide further improvements in utilisation.

Was Not Brought Rate

This rate is consistent with the DNA rate and forms part of the outpatient improvement work.

Operations Cancelled for Non-Clinical Reasons

Cancelled operation numbers continue to remain static. Reduction in cancellations form part of the theatre improvement work which is ongoing.

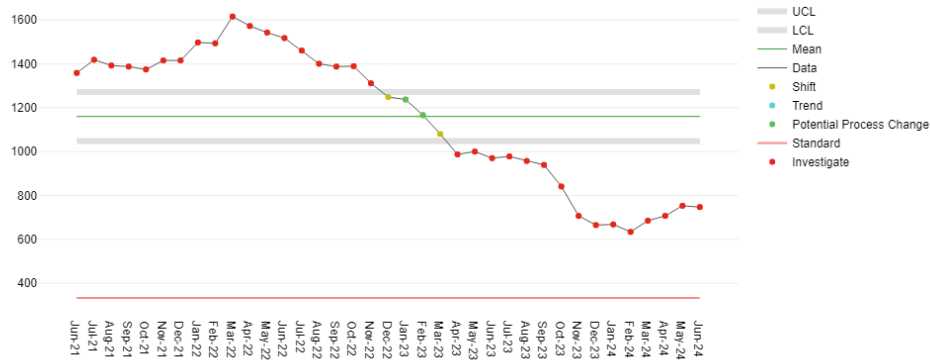
Escalations

No Escalations

Elective Care Performance - SPC Charts

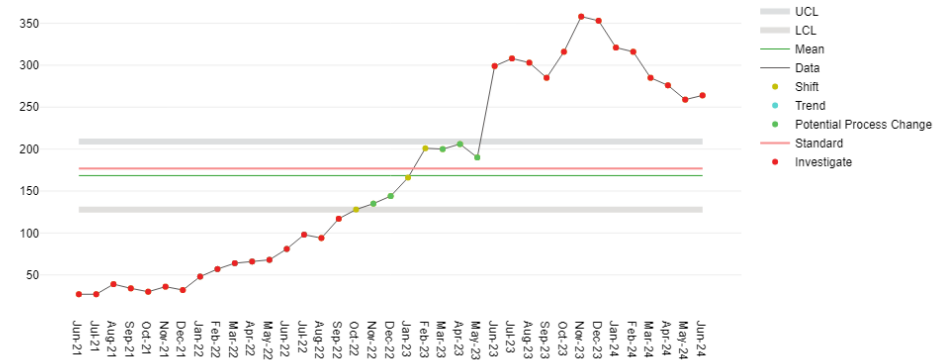
Latest value	Standard
747	<333

Patients waiting for first outpatient appointment Greater Than 52 weeks



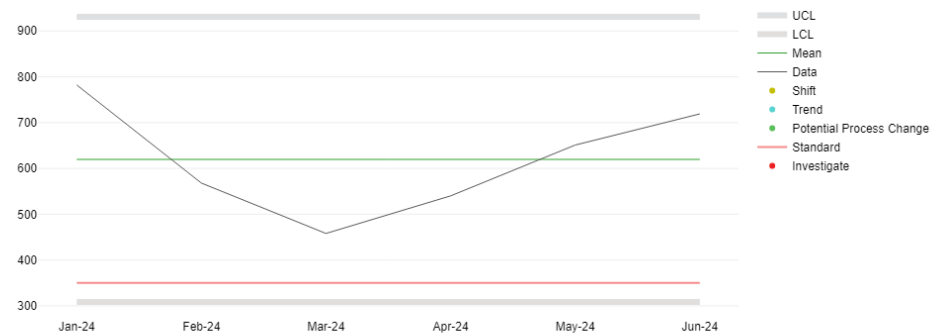
Latest value	Standard
264	<177

Patients on elective list Greater Than 52 weeks



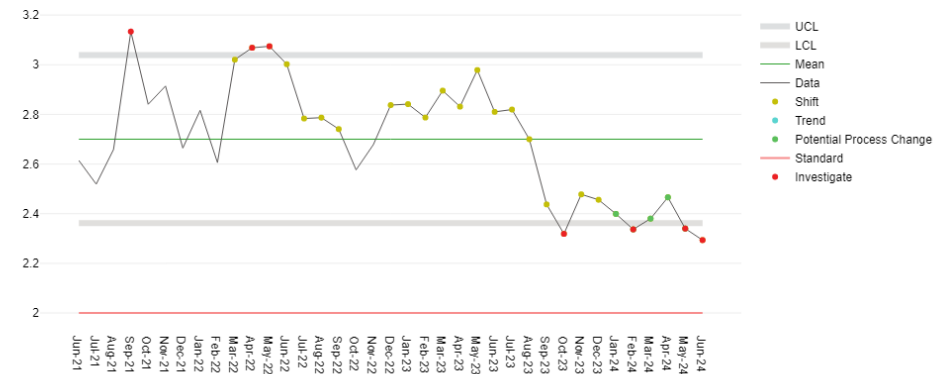
Latest value	Standard
719	<350

Access to diagnostics Greater Than 6 weeks

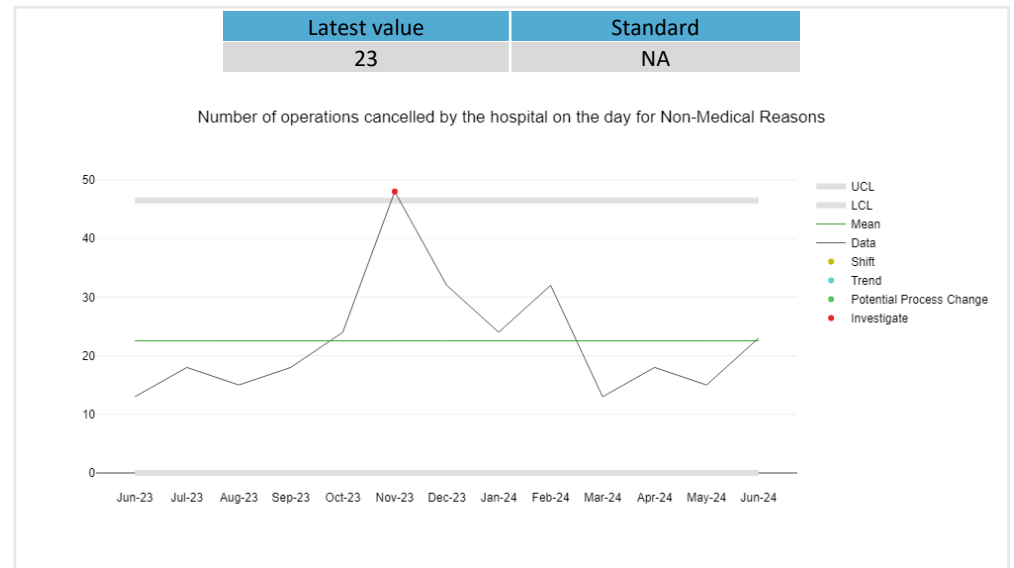
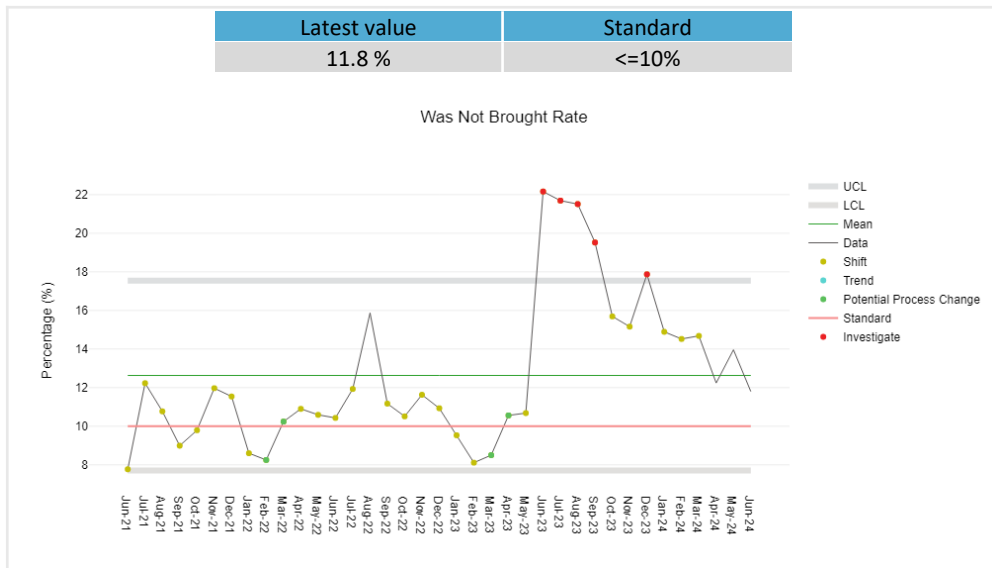
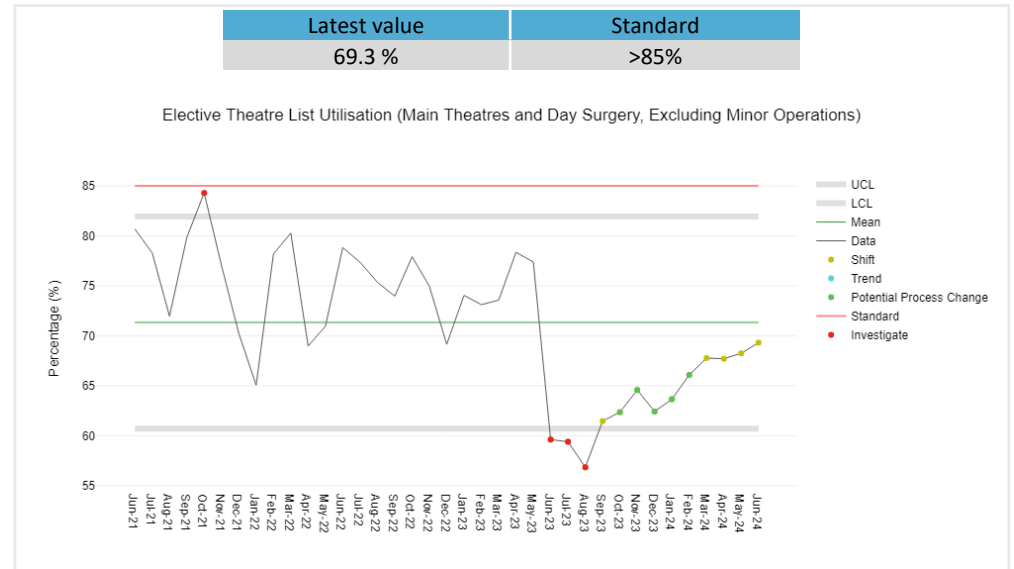
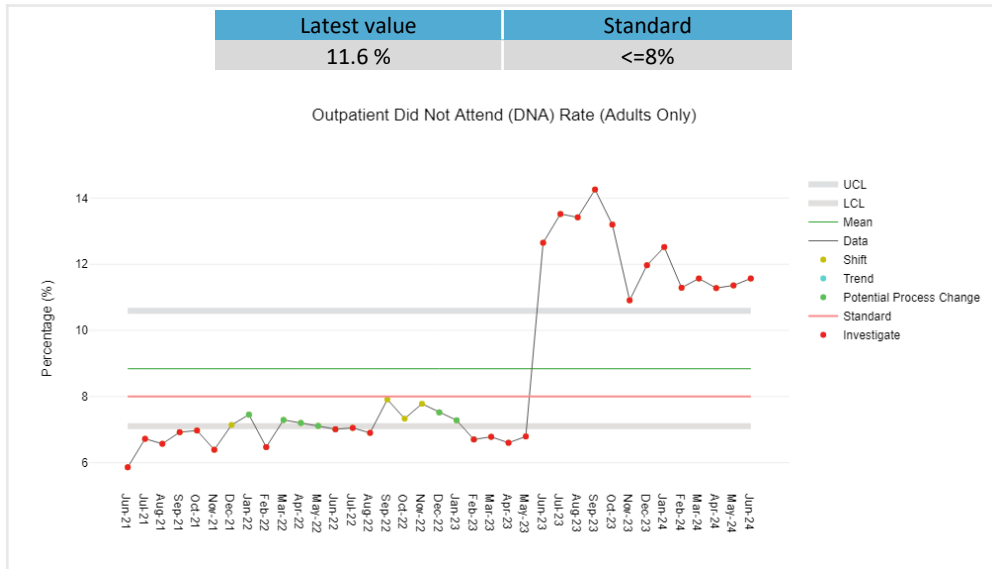


Latest value	Standard
2.29	2

New to follow-up ratio



Elective Care Performance - SPC Charts



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)	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients waiting longer than 6 weeks for a first Diagnostic appointment at period end. Data only available from January 2024. Indicator is being developed to include diagnostic investigations comparable to those monitored in the NHS DM01 return. Currently HCS is unable to report on all of the diagnostic tests in DM01 due to technical system issues, but is working to include those at a future date.
New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments, this being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
Outpatient Did Not Attend (DNA) Rate (Adults Only)	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally	Percentage of public General & Acute outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient (>=18 years old) appointments where the patient did not attend. Denominator: the number of attended and unattended appointments (>=18 Years old). Excludes Private patients.
Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	NHS Benchmarking- Getting It Right First Time 2024/25 Target	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.
Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally	Percentage of JGH/Overdale 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

An increase of 0.4% has been noted in patients waiting over 12 hours in the Emergency Department (ED) compared to the month of May. Out of 3992 who attended ED in June, 75 waited over 12 hours of which 40 were admitted and 35 were discharged. We continue to work on our flow improvement and embed Red2Green (R2G) principles.

We continue to face challenges in relation to longer waits in ED with the main drivers of this including isolation, ensuring same sex bays, and general capacity. As part of the Clinical Productivity workstream, actions to support the improvement of patient experience are included in the clinical flow improvement strategy.

We still are seeing low numbers of patients being moved out of hours for non-clinical reasons. We continue to prioritise bed movements earlier in the day.

Reduction in emergency length of stay has been noted in June compared to April and May due to the implementation of Long Length of Stay multi-disciplinary meetings. This is our continued response to the Royal College of Physicians report and operational workstream.

The emergency readmission rate has risen again in month. Analysis of the reasons shows no theme at this stage, however more in depth work to identify any actions is required.

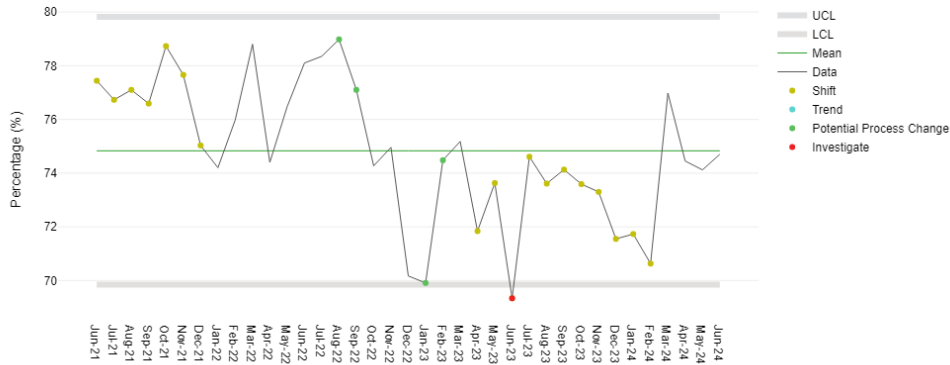
Escalations

No Escalations

Emergency Care Performance - SPC Charts

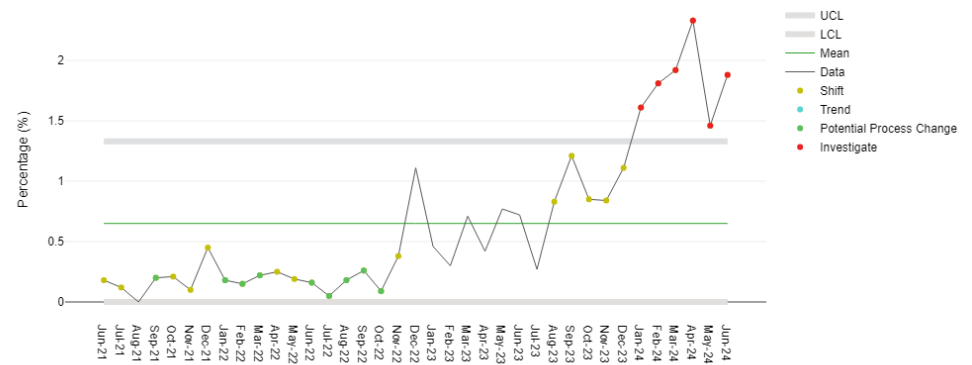
Latest value	Mean
74.7 %	74.8 %

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



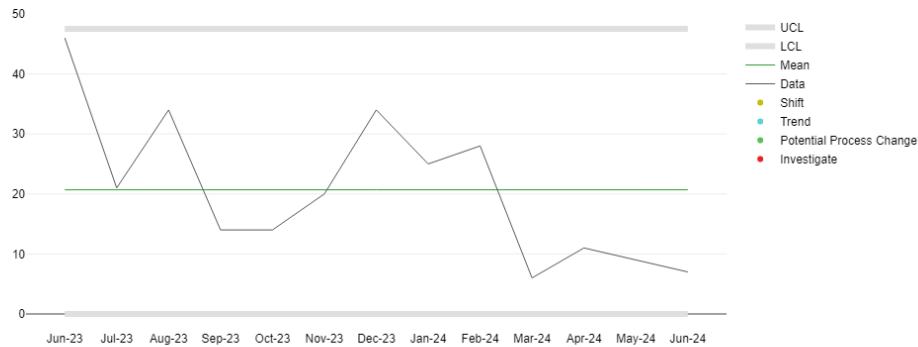
Latest value	Mean
1.9 %	0.7 %

% Patients in Emergency Department for more than 12 Hours



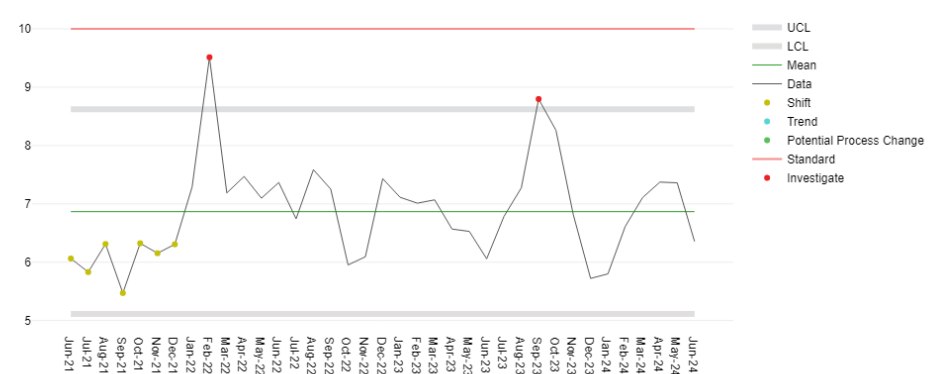
Latest value	Mean
7	20.69

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



Latest value	Mean
6.36	6.87

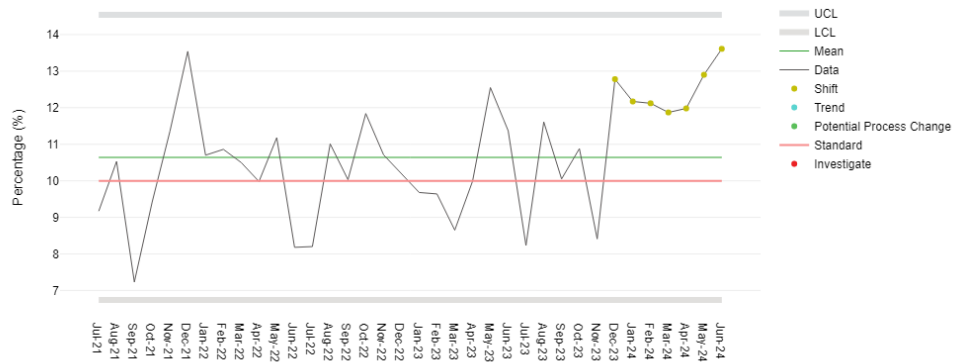
Non-elective acute Length of Stay (LOS) (days)



Emergency Care Performance - SPC Charts

Latest value	Mean
13.6 %	10.6 %

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 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 rehabilitation 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 Admissions 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

Our caesarean rate in month was 52.24% (36 /69), we saw an increase in our primigravida single pregnancies requesting (and having) a caesarean section, this being 14 out of the 36 women who had a caesarean in month. Patient choice continues to play a key part our caesarean section rate which is in line with both UK national and international trends. We had no caesarean births at full dilatation.

Our induction rate remains consistent month on month at 19.4%, which is evident that we are ensuring we are offering induction at the correct gestation due to the presenting clinical picture.

Breastfeeding initiation remains good at 71% with mothers choosing to breast feed. We are prepared for International Breastfeeding week on 1st-7th August 2024.

There has been an increase in shoulder dystocia in month, but these are all reviewed and are well managed with appropriate manoeuvres.

Maternity - Key Performance Indicators

Indicator	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	YTD
Total Births	58	80	72	67	58	66	59	67	51	58	56	53	69	354
Mothers with no previous pregnancy (Primips)								24	15	20	16	20	34	129
Mothers who have had a previous pregnancy (Multips)								26	19	30	28	23	25	151
Mothers with unknown previous pregnancy status								17	17	8	12	10	10	74
Bookings ≤10+0 Weeks								6	3	7	8	8	9	41
% of women that have an induced labour	23.21%	20.27%	27.78%	31.25%	17.24%	30.77%	38.98%	30.16%	24%	31.58%	22.22%	16.67%	19.4%	24.19%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	23	26	25	23	21	18	11	25	13	22	10	19	19	108
Number of Instrumental deliveries	6	5	12	4	5	5	4	7	3	5	2	3	7	27
% deliveries by C-section (Planned & Unscheduled)	30.36%	44.59%	44.44%	37.5%	46.55%	49.23%	45.76%	36.51%	52%	40.35%	66.67%	45.83%	52.24%	48.67%
% Elective caesarean section births	21.43%	22.97%	22.22%	21.88%	22.41%	27.69%	28.81%	23.81%	32%	15.79%	37.04%	27.08%	29.85%	27.43%
Number of Emergency Caesarean Sections at full dilatation	1	0	1	1	1	2	0	2	1	1	1	1	0	6
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)								2	3	0	8	2	7	22
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)								4	3	5	5	1	4	22
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, caesarean birth prior to onset of spontaneous labour)								3	3	2	5	3	7	23
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)								4	6	5	6	4	4	29
Number of deliveries home birth (Planned & Unscheduled)	4	2	4	2	3	3	0	2	3	1	1	1	1	9
Mothers who were current smokers at time of booking (SATOB)	2	4	0	1	4	3	2	7	7	3	4	6	2	29
Mothers who were current smokers at time of delivery (SATOD)	0	0	0	0	1	0	0	0	1	3	0	2	2	8

Maternity - Key Performance Indicators

Indicator	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	YTD
Number of Mothers who were consuming alcohol at time of booking	1	3	1	1	2	0	3	1	1	2	0	0	0	4
Number of Mothers who were consuming alcohol at time of delivery	0	0	0	0	0	1	0	7	4	6	4	3	4	28
Breastfeeding Initiation rates	81%	73.8%	76.4%	77.6%	74.1%	75.8%	72.9%	79.1%	74.5%	65.5%	73.2%	69.8%	71%	72.32%
Transfer of Mothers from Inpatients to Overseas	0	0	0	0	0	2	1	0	3	1	1	0	1	6
Number of births in the High dependency room / isolation room	1	0	0	1	0	0	0	1	1	0	0	0	0	2
Number of PPH Greater Than 1500mls	3	4	2	3	6	6	3	2	2	1	6	0	1	12
Number of 3rd & 4th degree tears – all births	3	1	1	2	2	1	0	2	2	1	0	0	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%	1.79%	0%	4.35%	1.13%
% Stillbirths Greater Than 24 Weeks Gestation								0%	0%	0%	0%	0%	0%	0%
Neonatal Deaths at Less Than 28 days old								0	0	0	0	0	0	0
Number of babies that have APGAR score below 7 at 5 mins	0	0	0	1	0	1	0	0	1	0	1	1	1	4
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	0%	4%	2.7%	0%	9.09%	5%	3.45%	0%	3.7%	7.41%	3.85%	7.14%	2.78%	3.95%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	0	0	0	0	0	2	2	0	1	0	0	1	2	4
Transfer of Neonates from JNU	0	1	0	0	0	1	1	1	0	0	1	0	1	3
Preterm Births ≤27 Weeks (Live & Stillbirths)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Preterm Births ≤36+6 Weeks (Live & Stillbirths)	0	6	2	2	7	1	2	1	1	8	1	2	2	15
Neonatal Readmissions at Less Than 28 days old								11	4	4	5	5	4	33

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

Maternity - Indicator & Standard Definitions

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

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Access to mental health services remains good, with 98% of people being seen for assessment by Jersey Talking Therapies (JTT) well within the target period (90 days), 94% of people in crisis being seen within 4 hours and 92% of all routine referrals assessed within 10 working days. Waiting lists for memory assessment and autism assessment continue to drop. Waits for psychological treatment and ADHD assessment remain the key challenges for mental health services.

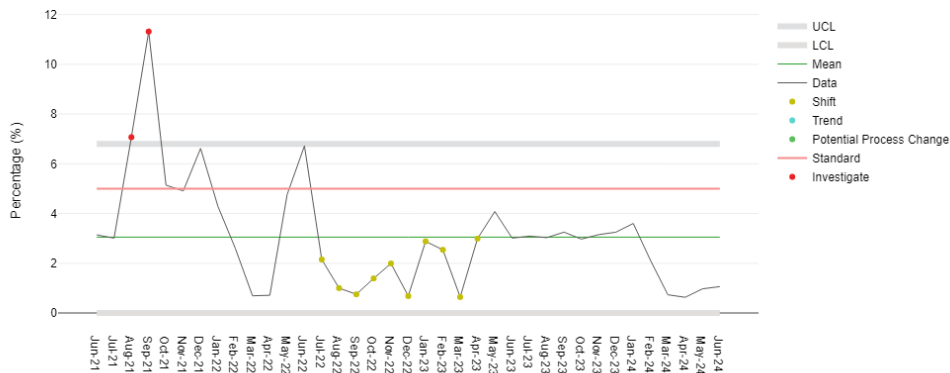
Escalations

The ADHD waiting list is in the process of being reviewed and we have introduced an additional self screening assessment to help speed up the assessment process. JTT have 2 new staff starting shortly, which we hope will alleviate the waiting time for treatment ; in addition a new model of psychological group interventions is being developed across mental health services.

Mental Health - SPC Charts

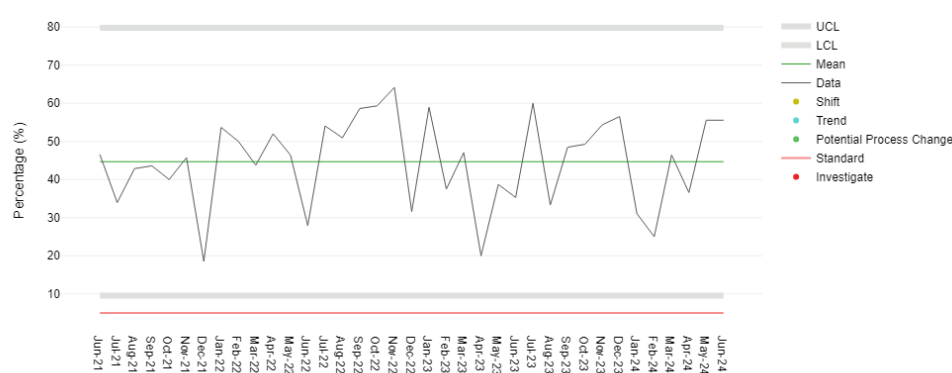
Latest value	Mean
1.1 %	3.1 %

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



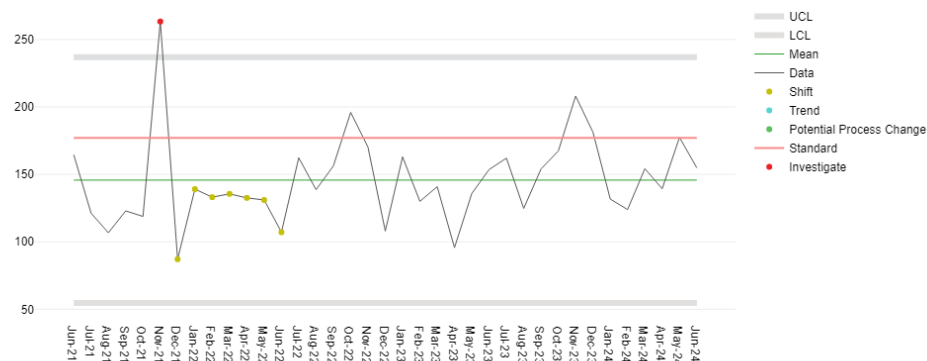
Latest value	Mean
55.6 %	44.7 %

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



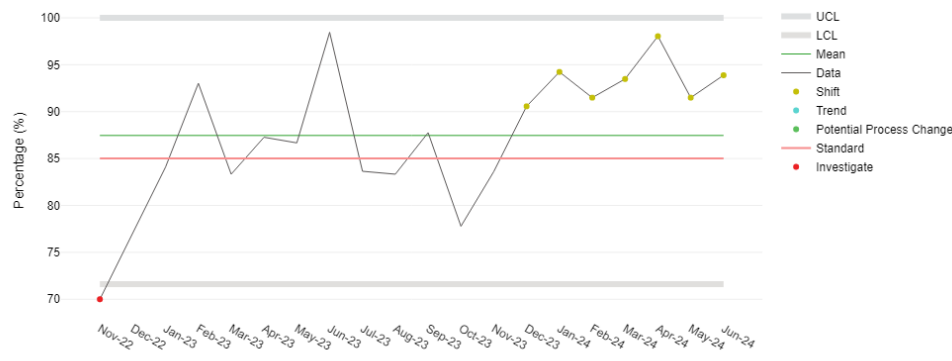
Latest value	Mean
154.89	145.73

JTT Average waiting time to treatment (Days)



Latest value	Mean
93.9 %	87.5 %

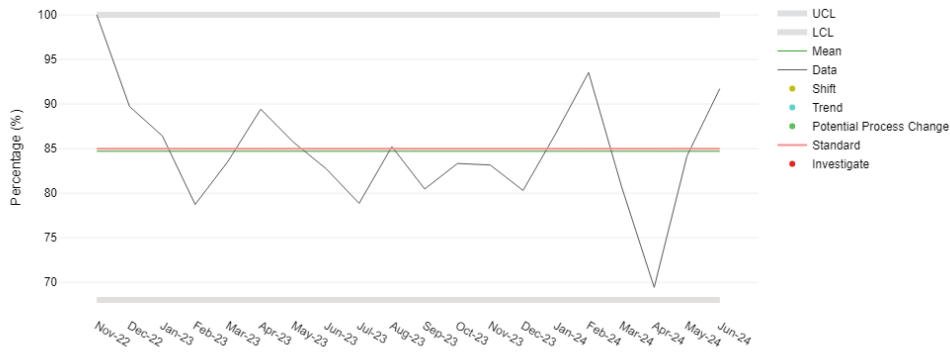
% of referrals to Mental Health Crisis Team assessed in period within 4 hours



Mental Health - SPC Charts

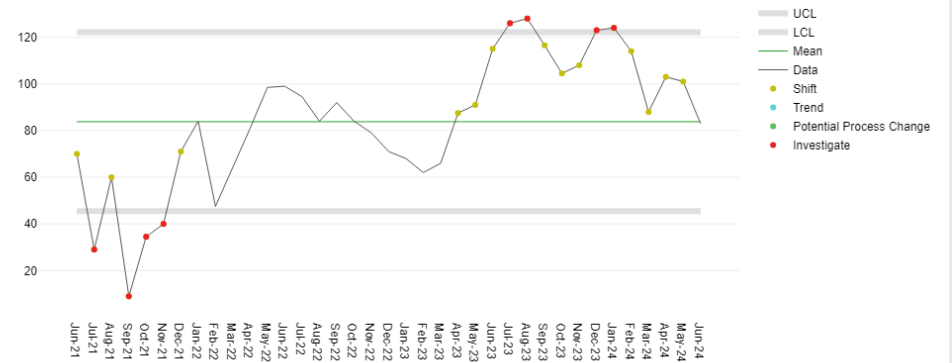
Latest value	Mean
91.7 %	84.7 %

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



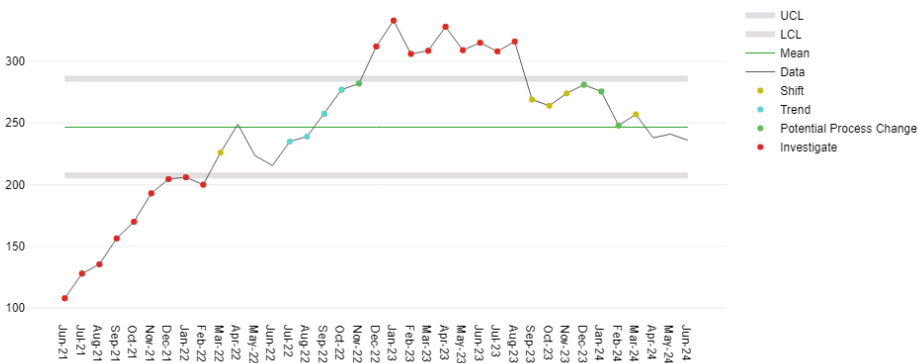
Latest value	Mean
83	83.8

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



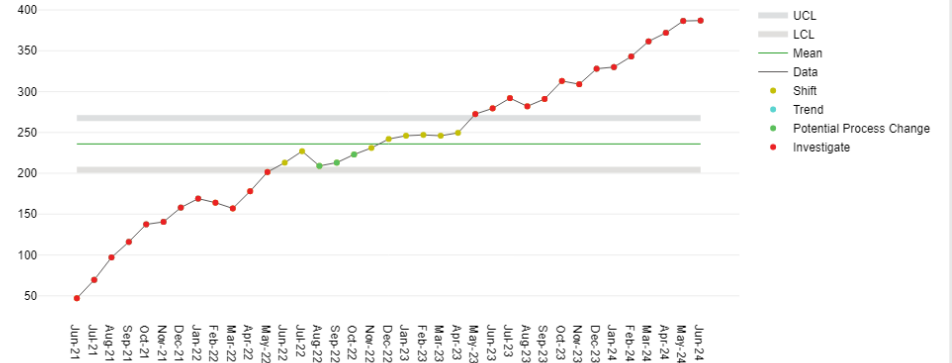
Latest value	Mean
236	246.62

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

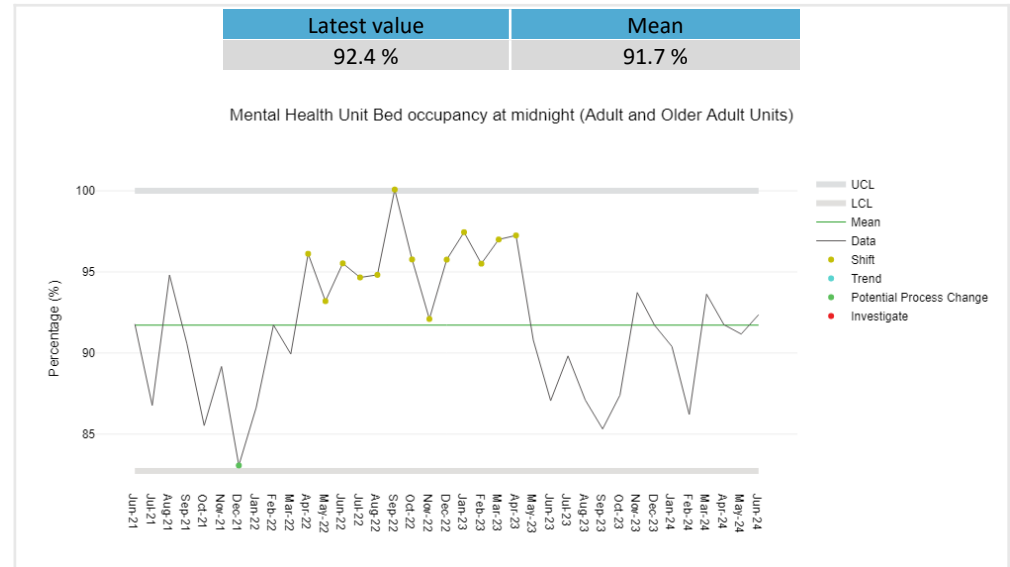
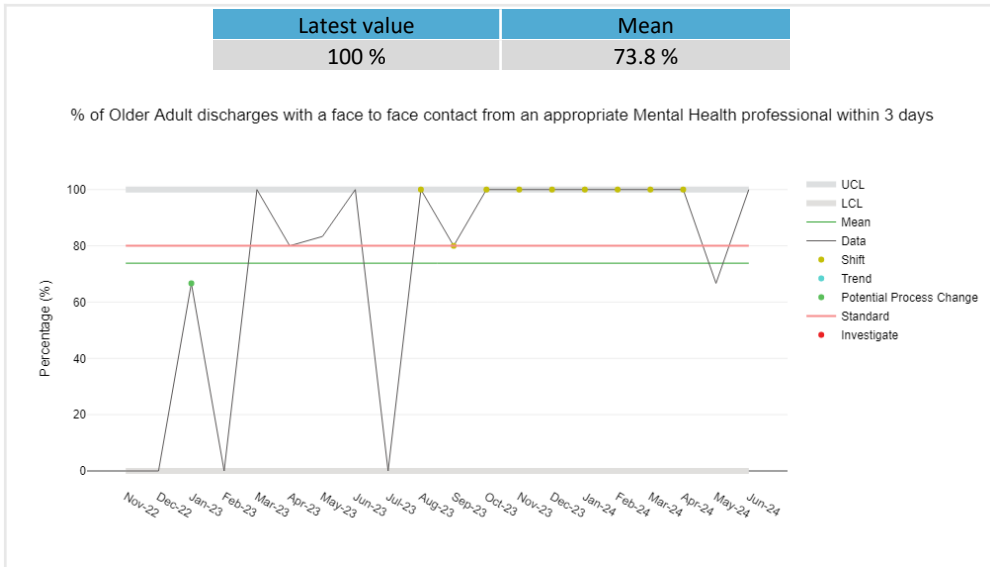
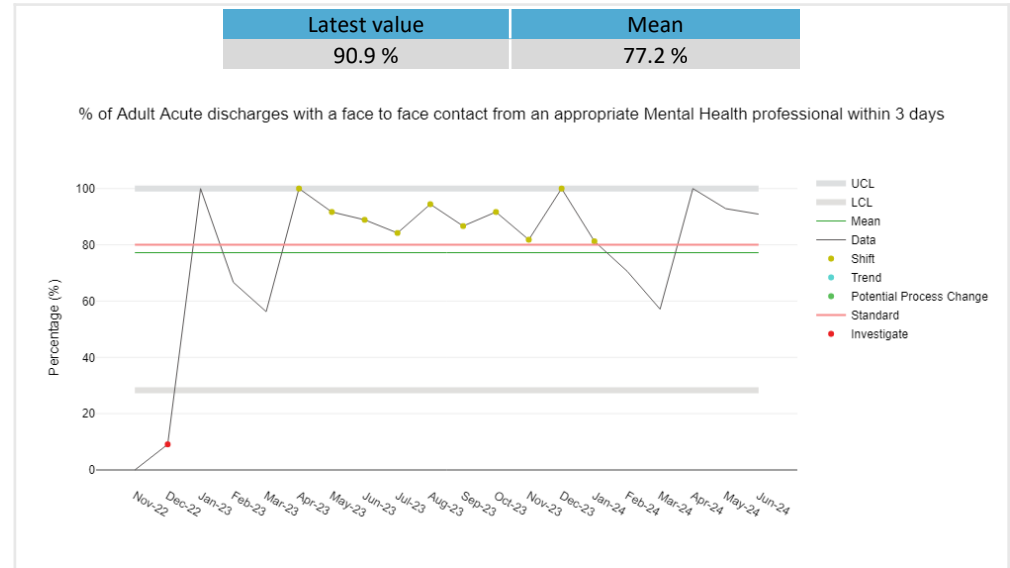
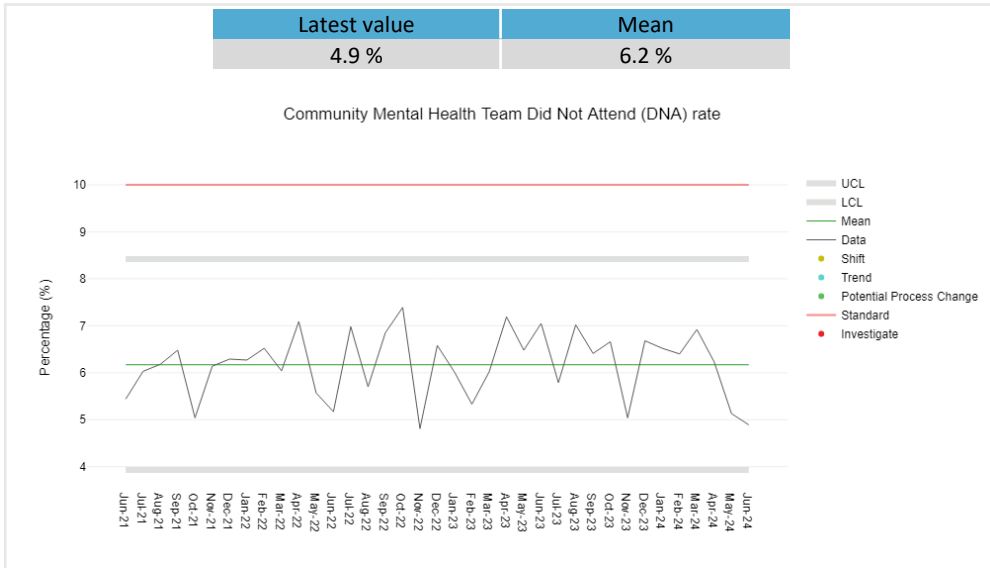


Latest value	Mean
387	235.91

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



Mental Health - SPC Charts



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 period 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 assessed 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 assessed 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 Unit Bed occupancy at midnight (Adult and Older Adult Units)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP027DM))	Not Applicable	Percentage of Mental Health inpatient beds occupied at the midnight census. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave where the bed is retained on Maxims. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census.

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

It is pleasing to see the Number of assessments completed and authorised continuing to perform strongly (92% against an 80% target), especially given the current pressures in adult social care.

The reduction in Learning Disability health checks completed (to 78%, below the 80% target) is attributable to staff leave across the summer months; this will be reviewed by the service with a view to reinstating the previous levels of achievement.

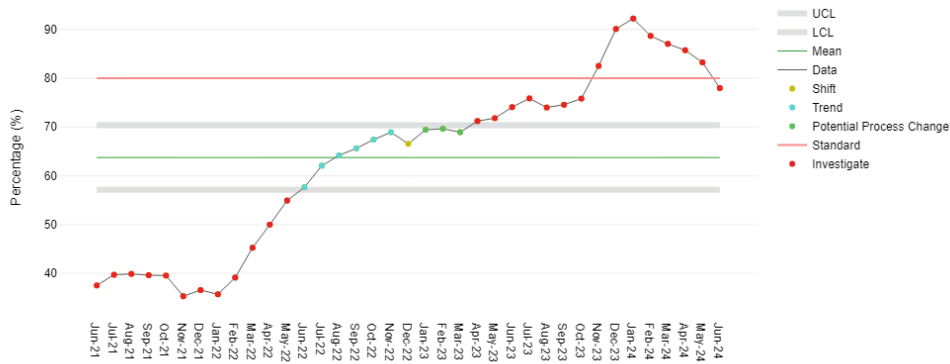
Escalations

There are no escalations arising from these issues.

Social Care - SPC Charts

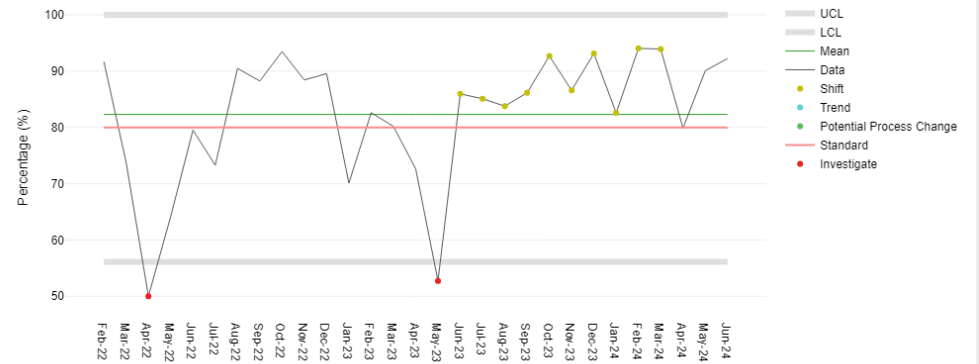
Latest value	Mean
78 %	63.7 %

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



Latest value	Mean
92.2 %	82.3 %

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



Social Care - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Percentage of Learning Disability Service clients with a Physical Health check in the past year	Community services electronic client record system	Generated based on historic performance	Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year. Numerator: Number of LD clients who have had a physical wellbeing assessment in the 12 months prior to period end. Denominator: Total number of clients with an open LD involvement within the period.
Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	Generated based on historic performance	Number of FACE Support Plan and Budget Summary opened in the ASCT centre of care that are opened then closed within 3 weeks, divided by the total number of FACE Support Plan and Budget Summary opened in the ASCT centre of care more than 3 weeks ago

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Complaints/Compliments/PALS

In June 2024, 15 new complaints were received across all care groups, marking a 66.6% decrease from the 45 complaints in June 2023. The team is actively encouraging the use of de-escalation processes on wards and resolving issues at the point of contact to prevent escalation to formal complaints. During the same month, 96 compliments were logged on the Datix system, a 50% increase from June 2023's 64 compliments. Efforts are being made to ensure that patient and relative compliments are recorded and recognized. Additionally, the Patient Advice and Liaison Service (PALS) was relaunched in June 2024 with a media campaign, resulting in an increase in interactions from 27 in June 2023 to 87 in June 2024.

Tissue Viability

There has been one deep tissue injury, where the patient is actively managed by the Tissue Viability Team. Despite having the capacity to understand, the patient has chosen not to adhere to medical advice and is fully aware of the associated risks.

We continue to see effective early identification and reporting of pressure damage. Educational sessions on the prevention and treatment of pressure damage remain well attended.

Infection Prevention & Control Update

Healthcare associated Infections:

There has been one C. difficile infection identified in the hospital in June and this is currently under review as there are potential links with two previous cases on the same ward. Enhanced infection prevention and control measures have been implemented and root cause analysis investigations are underway.

There have been no MRSA bacteraemia's and the incidence of MSSA bacteraemia has remained low with one klebsiella bacteraemia identified linked to a Hickmann line.

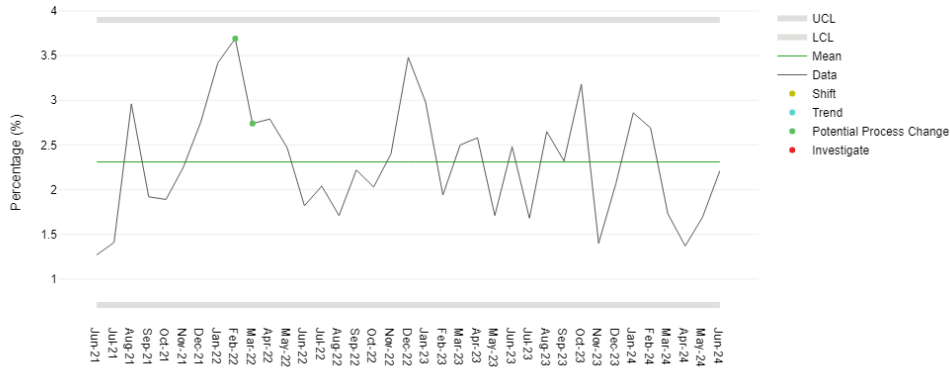
Escalations

No Escalations

Quality & Safety - SPC Charts

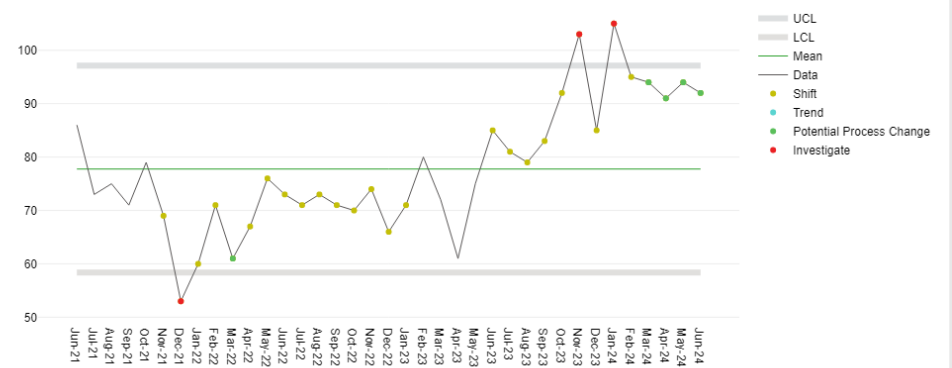
Latest value	Mean
2.2 %	2.3 %

Crude Mortality Rate (JGH, Overdale and Mental Health)



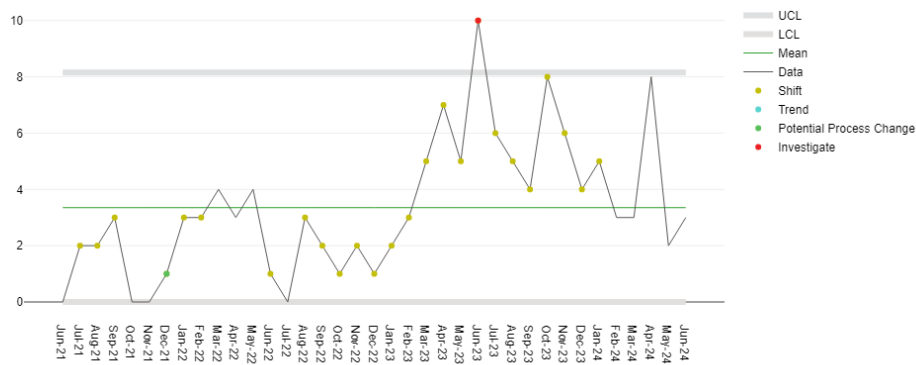
Latest value	Mean
92	77.76

Patient Safety Events per 1000 bed days



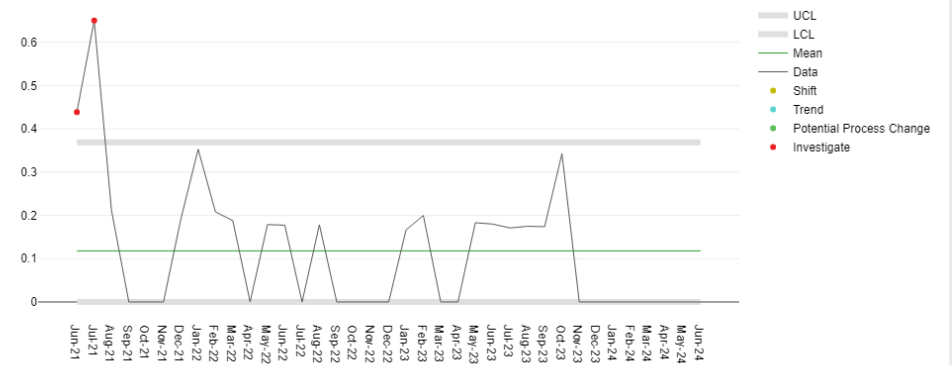
Latest value	Mean
3	3.35

Number of serious incidents



Latest value	Mean
0	0.12

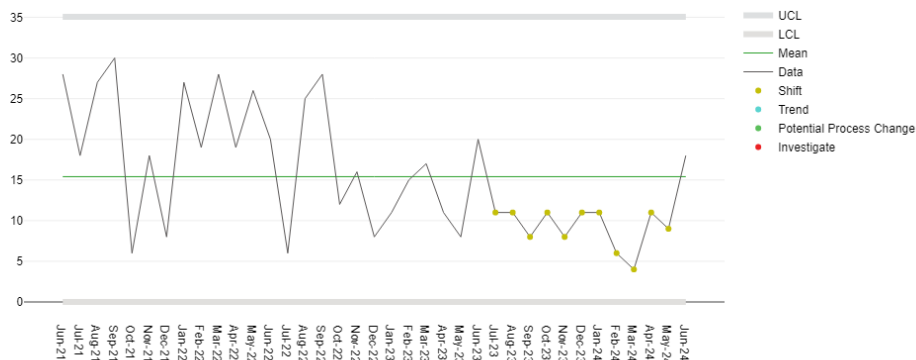
Number of falls resulting in harm (moderate/severe) per 1,000 bed days



Quality & Safety - SPC Charts

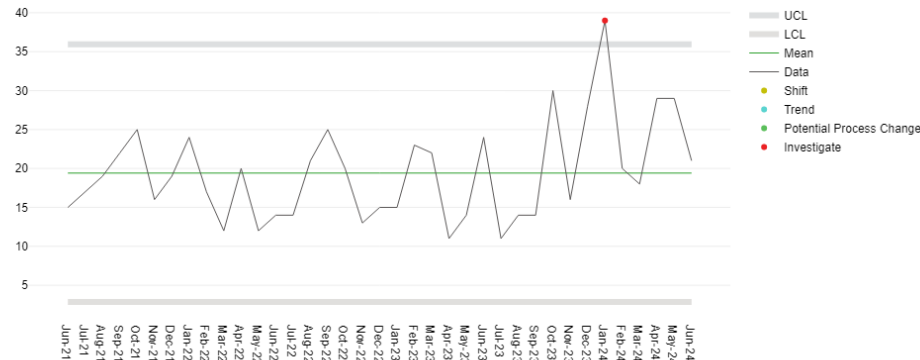
Latest value	Mean
18	15.41

Patient safety incidents with moderate/severe harm/death



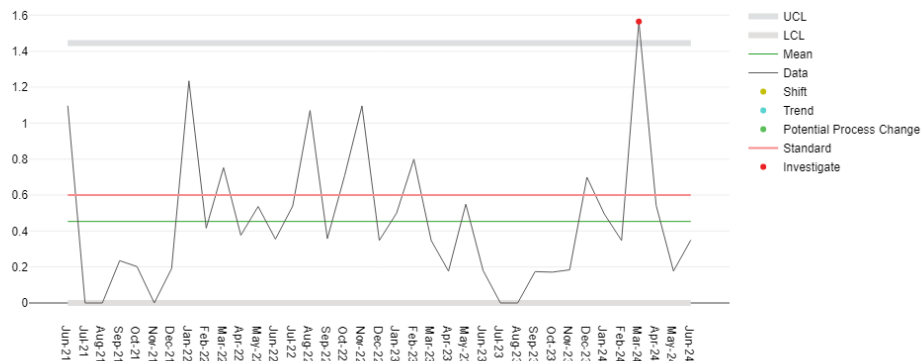
Latest value	Mean
21	19.41

Number of pressure ulcers present upon inpatient admission



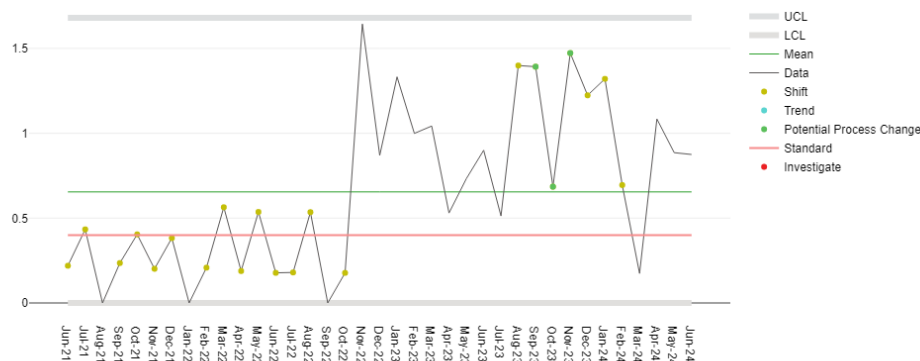
Latest value	Mean
0.35	0.45

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

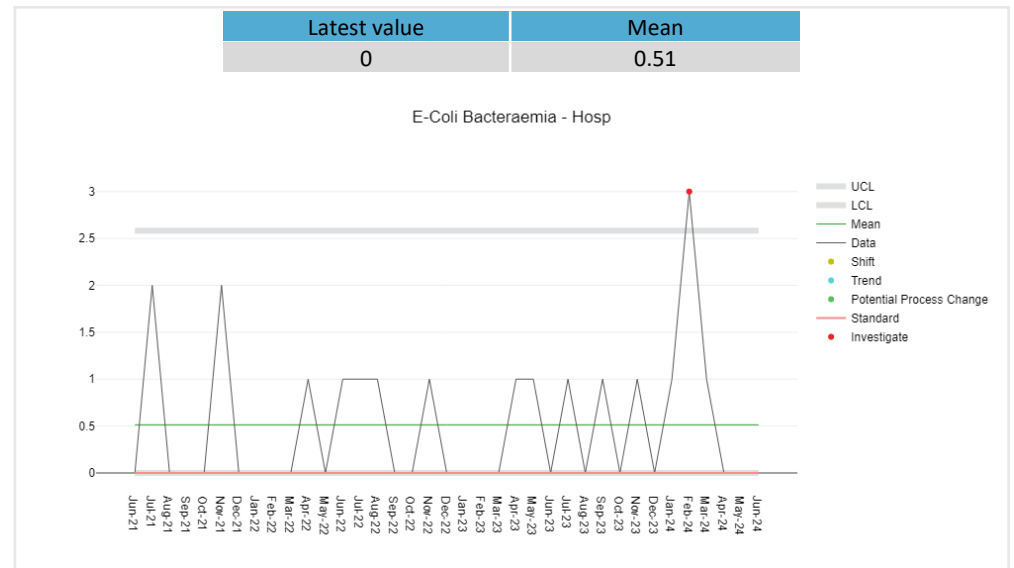
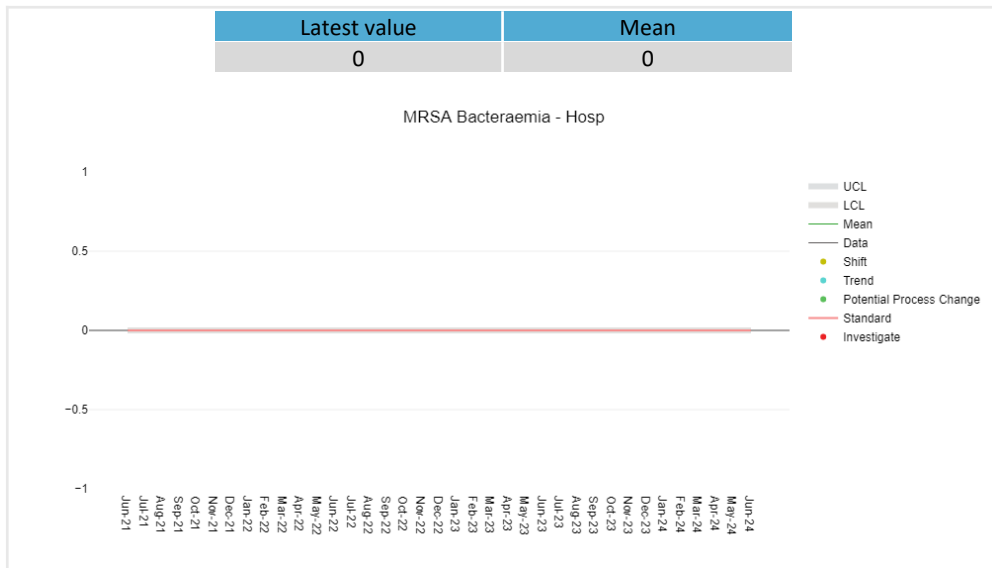
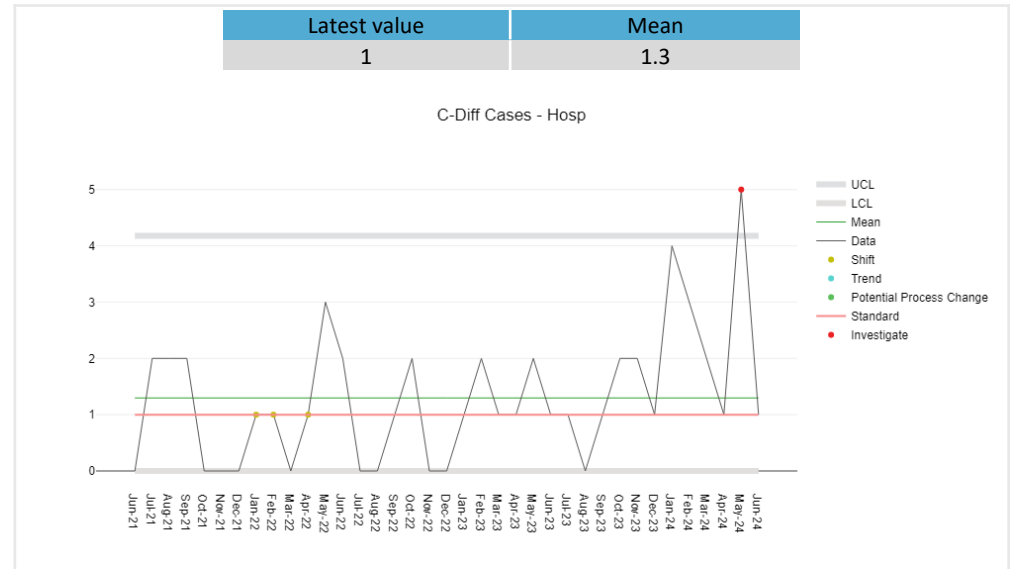
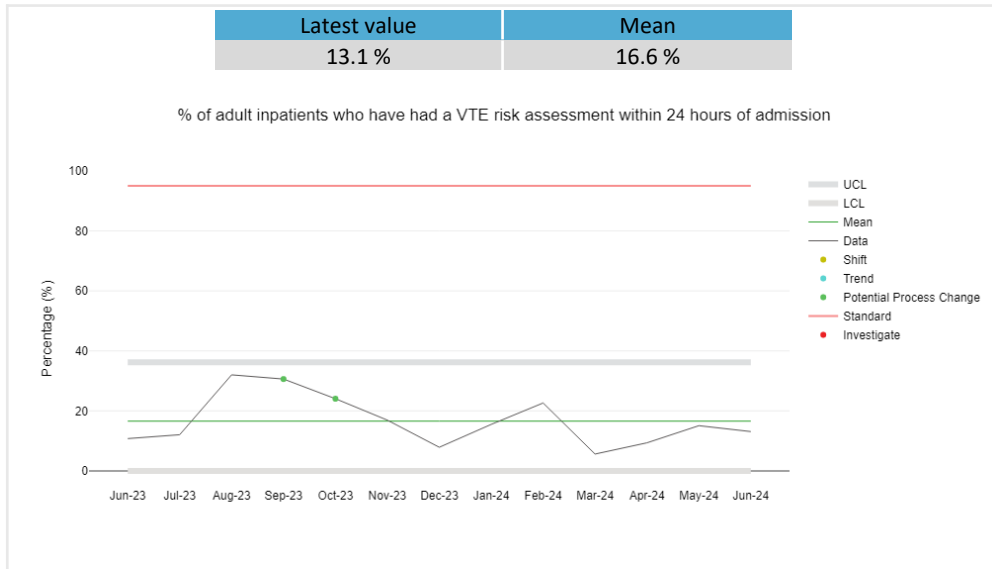


Latest value	Mean
0.87	0.65

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



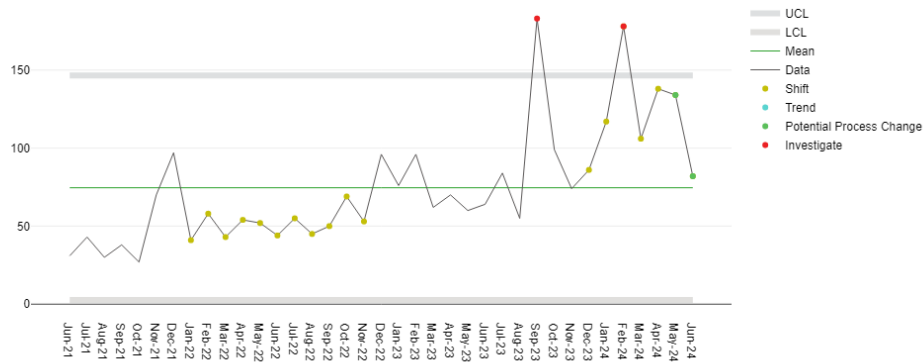
Quality & Safety - SPC Charts



Quality & Safety - SPC Charts

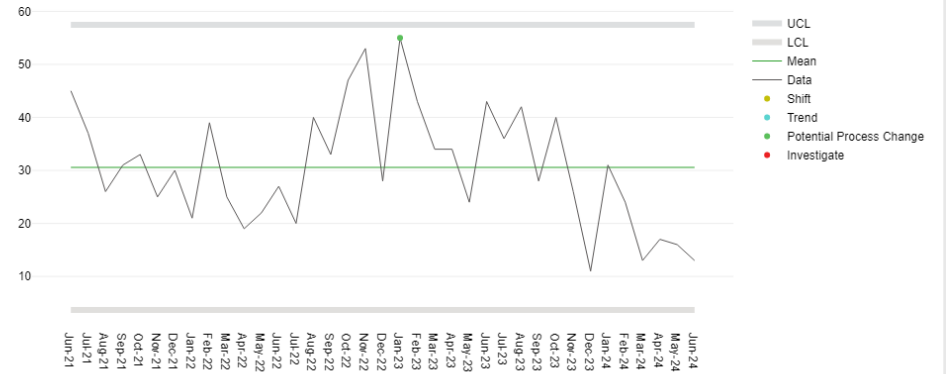
Latest value	Mean
82	74.59

Number of compliments received



Latest value	Mean
13	30.57

Number of complaints received



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 admission" 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"