



Health and
Community Services

Quality and Performance Report
May 2024

Gouvernement d'Jèrri



Contents	Page Number
Introduction	1
Information on Statistical Process Control (SPC) Charts	2
Elective Care Performance - Performance Narrative & Escalations	3
Emergency Care Performance - Performance Narrative & Escalations	5
Maternity - Performance Narrative & Escalations	6
Maternity - Key Performance Indicators	7
Maternity - Indicator & Standard Definitions	9
Mental Health - Performance Narrative & Escalations	12
Social Care - Performance Narrative & Escalations	13
Quality & Safety - Performance Narrative & Escalations	14
Quality & Safety - Appendices	16

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









STATISTICAL PROCESS CONTROL (SPC) CHARTS

WHAT ARE SPC CHARTS?

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

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

HOW TO READ SPC CHARTS

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

Elective Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

Outpatient Waits over 52 weeks

For the 3rd month in a row, the over 52-week waits have risen. The main reason for this is capacity issues within 3 specialties mainly; these are Ophthalmology (212 patients), dermatology (246 patients), clinical genetics (122 patients) and gastroenterology (53 patients). All long wait referrals have been clinically reviewed with no clinical harm identified. Plans are in place to increase capacity and thus reduce the waiting list size and improve access to our services.

Ophthalmology – a Cataract initiative is underway which will run for 12 months to enable referred patients to be treated quickly off island, enabling other referred conditions to be seen and treated faster on Island.

Dermatology – A locum consultant to support the service has been approved to commence in June 2024 with a focus on seeing the long wait new and follow-up patients. This locum will be in place until a substantive consultant is in place. The locum will provide approximate capacity of 80 patient appointments per week. A short paper will be written for July's board to inform of the longer-term plans for dermatology sustainability.

Clinical Genetics – extension of the contract with Guys and St Thomas's hospital in the short term has been agreed until the service has been able to purchase and implement a screening tool for family history breast. This is likely to complete in Q3.

Gastroenterology – a new substantive consultant commences in July 2024 which will positively impact the waiting list position for these patients with impact expected to be seen through Q3.

In keeping with our year-end target, the standard for elective waits over 52 weeks has been lowered for Q2 (e.g. 50% by end of Q2) in line with the ambition to get to zero patients waiting by year end. On review, there is good confidence for this being achieved with the current >52 weeks cohort however risk is noted from the cohorts in the 181-365 section.

Elective Waits over 52 weeks

For the 6th month in a row, elective waits over 52 weeks have dropped. The specialties with the largest waits over 52 weeks are Trauma and Orthopaedics (86 patients) General Surgery (116 patients) and ENT (33 patients). Approximately 50 patients over 52-week waits are currently not fit for surgery or have electively decided to defer their treatment. Extra theatre lists and focus on theatre utilisation are the main areas of focus to reduce the long wait back log.

Elective Care Performance

Diagnostics greater than 6 weeks

As discussed in previous months, the diagnostics waits continue to rise due to capacity not meeting the demand on the services. The WLI scheme for endoscopy finished and since that point the waiting list has increased. The start of a substantive gastroenterologist in July will improve capacity in the long term. Imaging, in particular MRI and CT referrals remain high with little increase in capacity, thus increasing the waiting list times. The MRI initiative, as discussed in previous months, will be substantively implemented in Q3. Plans are being developed to improve access times for CT. The use of an external radiology reporting service is helping to support on site capacity through releasing the radiologists to perform the procedures and using off site teams to report.

New to follow-up ratio

Normal variation remains with the current rate at acceptable standard across all specialties

DNA rate

The DNA rate remains static, still above the standard, but work continues to reduce the incidents of DNAs

Elective theatre utilisation

The utilisation rate remains static again this month, however, continues to make fractional improvements over the last 5 months, from 62% in December 2023 to 68.6% currently. As the blended list approach is implemented throughout June and July, it is expected the utilisation rate will rise.

Escalations

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

Performance in the 4-hour standard showed a minimal decrease in month (0.4%) however the overall activity in May compared to April was 400 more ED attendances overall (this averaged across the month as an 8% increase daily in activity) and our ED performance has improved since Q1. We are benchmarking slightly higher than that reported as achieved in England currently.

Of the 3961 ED attendances, 71 were in the department over 12 hours, 69 were admitted and 2 were discharged from the department direct. We continue to embed Red 2 Green principles.

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

Minimal change is noted to the emergency LOS rate this month and is being addressed through our response to the Royal College of Physicians' report and Operational flow work stream.

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

Escalations

% Patients in ED for more than 12 hours-We continue to face challenges in relation to longer waits in ED with the main drivers of this including isolation, gender and general capacity. Actions being taken to address are maintaining additional capacity, R2G & length of stay activity in Clinical Productivity workstream supported by the external physician leading a clinical flow improvement strategy which will be implemented shortly.

Maternity

Section Owner

Chief Nurse

Performance Narrative

In total we had 52% of babies born vaginally, either spontaneously or by instrumental delivery, which is an increase from 33% last month. We have seen an increase in spontaneous vaginal births with 43% of babies born, including babies born in our birthing pools which were officially opened in month.

Our induction of labours has decreased to 17.9% as has our caesarean section rate from 67% to 48%. These do fluctuate month on month; we are ensuring we are offering induction at the correct gestation due to the clinical presenting picture and reduction from last month. We review all caesarean sections using the Robson criteria and there have been no underlying concerns. Patient choice continues to play a key part our caesarean section rate which is in line with both UK national and international trends.

There have been no major obstetric haemorrhages in month.

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

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	YTD
Total Births	58	80	72	67	58	66	59	67	51	58	56	53	285
Mothers with no previous pregnancy (Primips)								24	15	20	16	20	95
Mothers who have had a previous pregnancy (Multips)								26	19	30	28	23	126
Mothers with unknown previous pregnancy status								17	17	8	12	10	64
Bookings ≤10+0 Weeks								6	3	7	8	8	32
% of women that have an induced labour	22.81%	20.27%	27.78%	31.25%	17.24%	30.77%	38.98%	30.16%	24%	31.58%	22.22%	17.39%	25.56%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	23	26	25	23	21	18	11	25	13	22	10	18	88
Number of Instrumental deliveries	6	5	12	4	5	5	4	7	3	5	2	3	20
% deliveries by C-section (Planned & Unscheduled)	31.58%	44.59%	44.44%	37.5%	46.55%	49.23%	45.76%	36.51%	52%	40.35%	66.67%	47.83%	48.15%
% Elective caesarean section births	23.21%	23.94%	22.22%	21.88%	23.64%	27.69%	29.31%	23.81%	32%	16.07%	37.04%	26.67%	26.87%
Number of Emergency Caesarean Sections at full dilatation	1	0	1	1	1	2	0	2	1	1	1	1	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	15
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)								4	3	5	5	1	18
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	16
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)								4	6	5	6	4	25
Number of deliveries home birth (Planned & Unscheduled)	4	2	4	2	3	3	0	2	3	1	1	1	8
Mothers who were current smokers at time of booking (SATOB)	3	4	0	1	4	3	2	7	7	3	4	0	21
Mothers who were current smokers at time of delivery (SATOD)	0	0	0	0	1	0	0	0	1	3	0	0	4

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	YTD
Number of Mothers who were consuming alcohol at time of booking	1	3	1	1	2	0	3	1	1	2	0	0	4
Number of Mothers who were consuming alcohol at time of delivery	0	0	0	0	0	0	0	7	4	6	2	0	19
Breastfeeding Initiation rates	81%	73.8%	76.4%	77.6%	74.1%	75.8%	72.9%	79.1%	74.5%	65.5%	73.2%	64.2%	71.58%
Transfer of Mothers from Inpatients to Overseas	0	0	0	0	0	2	1	0	3	1	1	0	5
Number of births in the High dependency room / isolation room	1	0	0	1	0	0	0	1	1	0	0	0	2
Number of PPH Greater Than 1500mls	3	4	2	3	6	6	3	2	2	1	6	0	11
Number of 3rd & 4th degree tears – all births	3	1	1	2	2	1	0	2	2	1	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%	0.35%
% Stillbirths Greater Than 24 Weeks Gestation								0%	0%	0%	0%	0%	0%
Neonatal Deaths at Less Than 28 days old								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	3
% live births Less Than 3rd centile delivered Greater Than 37+6 weeks (detected & undetected SGA)	0%	4%	2.7%	0%	4.55%	5%	6.9%	0%	3.7%	7.41%	3.85%	3.45%	3.52%
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
Transfer of Neonates from JNU	0	1	0	0	0	1	1	1	0	0	1	0	2
Preterm Births ≤27 Weeks (Live & Stillbirths)	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	1	12
Neonatal Readmissions at Less Than 28 days old								11	4	4	5	5	29

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

Assessment for psychological therapies (JTT) continues to be within the target 90 days for 99% of cases. Unfortunately there has been an increase to 169 days to then commence treatment, primarily due to unplanned staffing absence.

The Crisis and Assessment Team (CAT) continue to see over 90% of crisis referrals within 4 hours. Routine assessments to mental health services have returned to in excess of 80% of people being seen within 10 days (84% in month). We saw a reduction in month in follow-up from discharge within 72 hours (to 66%) by the older adult CMHT, but this represents 1 of 3 discharges where the follow up was not achieved within the target timescale.

Escalations

Continuing growth within the ADHD waiting list, resulting in an average wait of 399 days for people seen in month and an anticipated wait of > 3 years for people referred today; However work has now commenced on reviewing the waiting list and increasing diagnostic capacity as planned.

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

The measure "Percentage of assessments completed and authorised within 3 weeks" is performing strongly. Above target and improved upon the previous month.

Escalations

There are no issues for escalation arising.

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Complaints:

In May 2024, a total of 15 new complaints were received across all care groups, representing a 37.5% decrease (9 fewer complaints) compared to May 2023, which saw 24 complaints.

The team is actively encouraging patients and relatives to use the de-escalation process on wards and working at the point of contact to find resolutions that prevent concerns, comments, and queries from escalating to formal complaints. As of the end of May, there were 21 official complaints open, categorized as follows: 16 at stage one, 2 at stage two, and 3 at stage three.

Compliments:

In May 2024, a total of 134 compliments were logged in the Datix system, marking a significant increase of 123% compared to May 2023, which had 60 compliments. The team is collaborating with wards and departments to ensure that patient and relative compliments are captured and recorded in Datix, so the relevant individuals and teams receive appropriate feedback and recognition.

Patient Advice and Liaison Service (PALS):

The Patient Advice and Liaison Service will be relaunched in June 2024 with a media campaign to highlight the services and support the team can provide. The campaign will include new uniforms, posters, and leaflets, which will be available at all HCS sites.

Infection Control –

There have been three cases of C. difficile infection identified in the hospital in May with two of the cases linked to one 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 case identified in one ward linked to a peripheral vascular access device.

Quality & Safety

Pressure damage

It is regrettable that there was one deep tissue injury reported in May. A root cause analysis has identified that the use of anti-embolic stockings was the cause of the pressure damage. In response, further teaching sessions have been implemented, along with the practice of intentional rounding, to prevent future occurrences.

Escalations

Table 1: Healthcare associated infections 2023-2024

Pathogen	Hospital		Community	
	Cases up until 31.05.2024	2023 Total Cases	Cases up until 31.05.2024	2023 Total Cases
<i>C.difficile</i>	11	15	5	19
MRSA	0	0	0	0
MSSA	1	4	4	15
<i>E.coli</i>	5	5	18	48
<i>Klebsiella</i>	1	1	0	5
<i>Pseudomonas aeruginosa</i>	0	4	2	8

Fig 1: *C. difficile* associated infections JGH Jan-May 2024

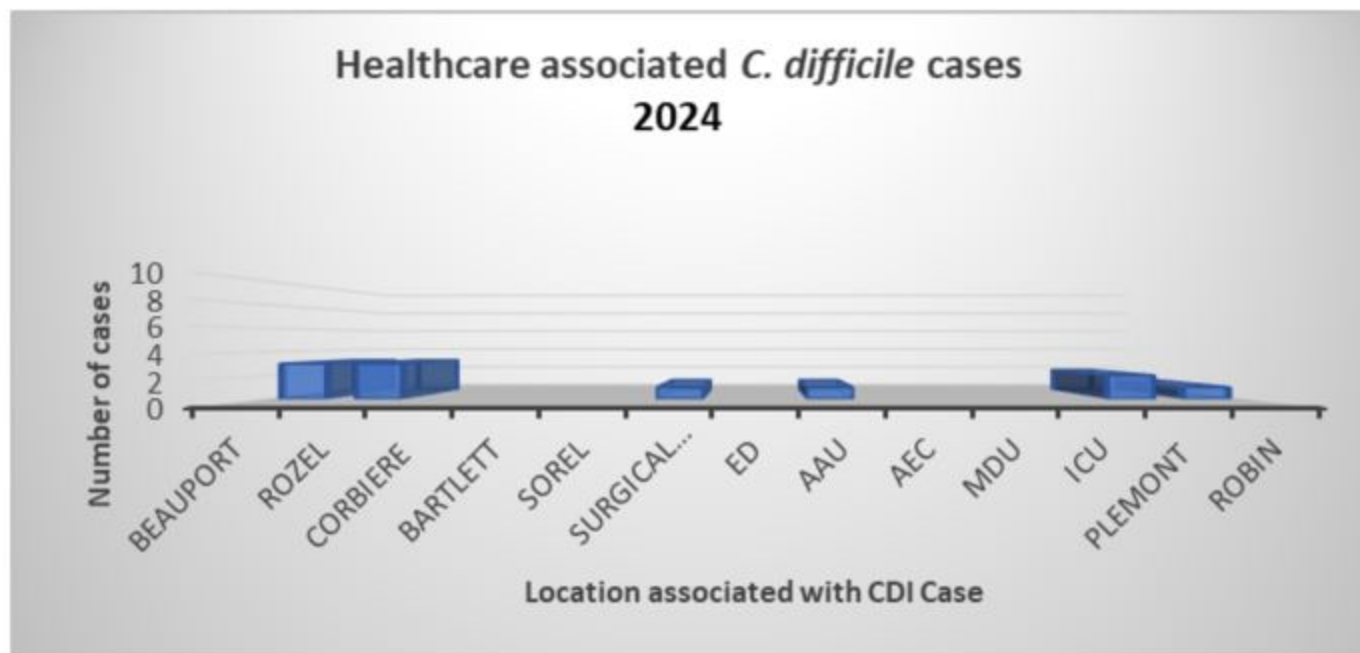


Fig 2: Pressure Ulcers -Developed or Deteriorated by Incident Date and Code

