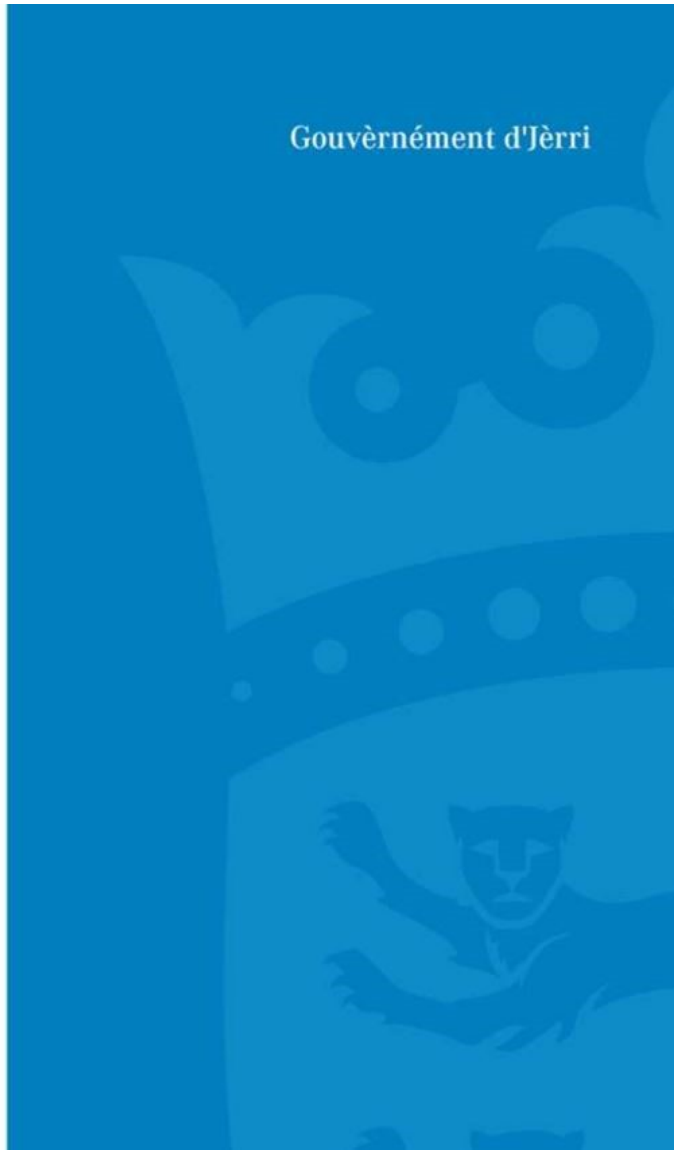
Health and Care Jersey

Quality and Performance Report
January 2025



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Health and Care Jersey

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 HCJ services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisations strategic and operational objectives.

HCJ uses 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.

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Health and Care Jersey

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

Patients waiting over 365 days for a 1st Appointment

There has been a slight increase in patients (43) waiting over 365 days for a 1st outpatient appointment, this is a direct result of clinic capacity being reduced to ensure consultants and senior medical staff availability to manage the emergency activity through A&E. As in last month's report, Gastroenterology has the largest number of patients waiting over 365 days with Spinal orthopaedic referrals and genetic testing also experiencing long waits. All three services have established actions to reduce the length of waits. All patients have been clinically triaged.

Positive action within the dermatology service has significantly reduced the long waits and reduced risk associated with patients waiting extended periods in this specialty. No clinical harm associated with the long waits has been reported to date.

Patients waiting over 365 days for elective procedure

The overall number of patients waiting more than a year for elective surgery has risen again in month (19). Orthopaedics and General Surgery remain the specialities with the highest number of patients waiting over 365 days. Reasons for the increase were discussed in last month's QPR, however, in addition, the volume of emergency patients admitted through A&E for both medicine and surgery has resulted in less bed capacity available for elective inpatients. The change in booking of theatre cases for January, ensuring a higher number of day cases rather than overnight bed requirements, pre-empted the likelihood of 'on the day' cancellations. Orthopaedics was disproportionately affected by this strategy as most joint surgery requires overnight stays resulting in less orthopaedic procedures taking place during January. But this strategy did reduce the number of patients cancelled on the day of procedure.

It is anticipated, through Q1, as emergency activity reduces, there will be an increase in elective procedures.

Elective Care Performance

Access to Diagnostics greater than 6 weeks

As discussed in the last QPR report, HCJ demand for diagnostic tests exceeds the capacity available with the main capacity issues being experienced in Ultrasound, CT and endoscopy procedures. During 2025, these specialties will be developing plans to improve the capacity available, together with reviewing pathways to identify and changes which may support reduction in demand. It is anticipated that an increase in capacity is likely to be required if Jersey is to meet the expected 6 week standard whilst HCJ continues to review efficiencies in these services.

New to Follow-up Ratio

The new to follow-up ratio remains within acceptable limits. As with all outpatient metrics, work will continue to enable reduction in these ratios through further improvement to systems and processes including implementation, this year, in PIFU (patient-initiated follow-up)

Did Not Attend and Was Not Brought rates

Both rates continue a downward trend meaning our communications with patients is improving; in the main, patients are receiving appropriate notification of appointments and reminders to attend. Further work is planned for 2025 to continue to reduce the DNA and WNB rate.

Elective Theatre Utilisation

Theatre utilisation remains consistently in the high 60%. This month the utilisation rate of 67% against a target of 85% is disappointing. As we move through the first quarter of this year, the lead clinician responsible for theatre usage will be completing a detailed review of the data associated with this metric and providing recommendations for implementation.

Theatre cancellations for non-medical reasons

Despite the limited bed availability over January, the number of cancellations due to lack of beds has reduced, this is an indication that the plan to reduce elective procedures requiring an overnight stay in January and increase day case surgery has supported on the day cancellation numbers as noted in the previous metric.

Escalations

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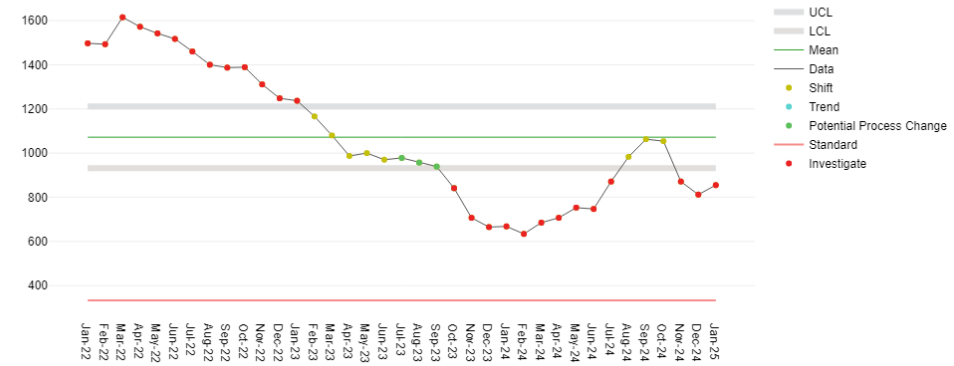
Elective Care Performance

Patients waiting for first outpatient appointment greater than 52 weeks

Latest value	Standard
855	<333

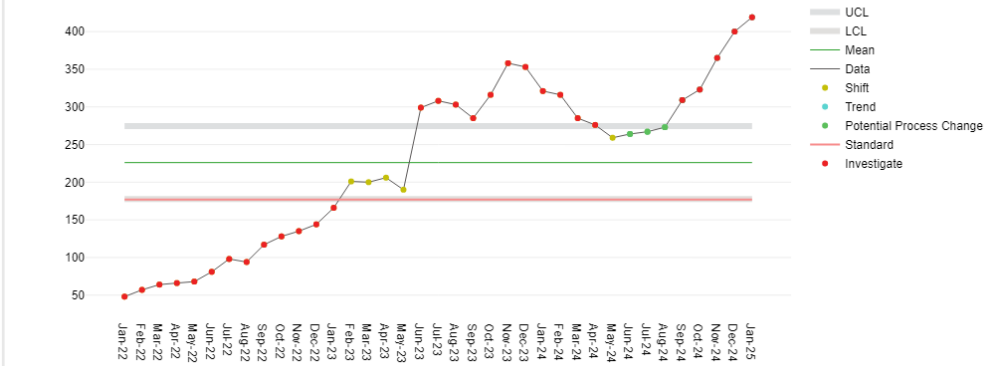


Definition
Number of patients who have been waiting for over 52 weeks for a first outpatient appointment at period end

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Standard set as per the Elective Access Policy

Patients on elective list greater than 52 weeks

Latest value	Standard
419	<177



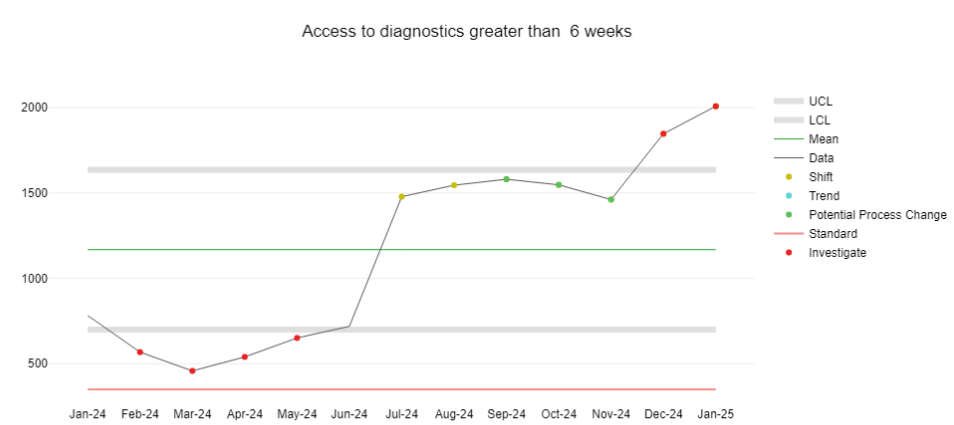
Definition
Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Standard set as per the Elective Access Policy

Elective Care Performance

Access to diagnostics greater than 6 weeks

Latest value	Standard
2007	<350

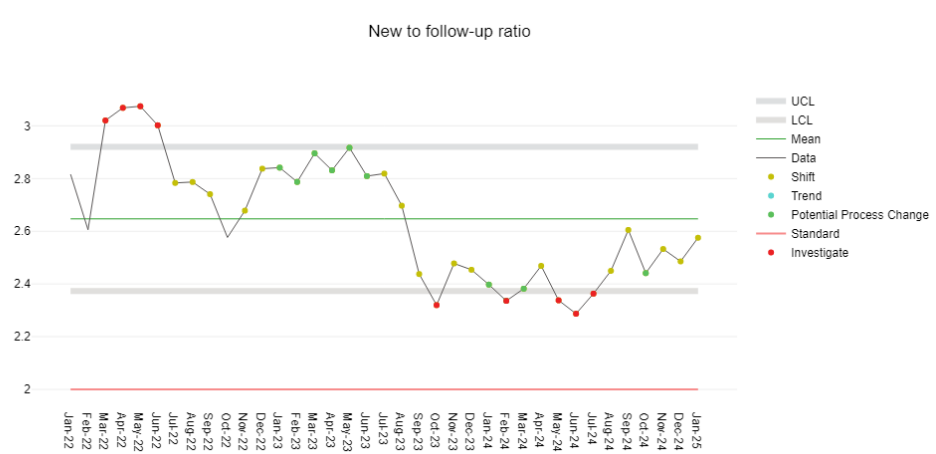


Definition
Number of patients waiting longer than 6 weeks for a first diagnostic appointment at period end. Data only available from January 2024. Indicator is being developed to include diagnostic investigations comparable to those monitored in the NHS DM01 return. Currently HCJ is unable to report on all of the diagnostic tests in DM01 due to technical system issues, but is working to include those at a future date. From July 2024, imaging tests recorded through CRIS have been included.

Data Source	Standard Source
Maxims Outpatient Waiting List Reports (OP001DM and IP009DM), Radiology (CRIS) Waiting List Report (Since July 2024)	Standard set as per the Elective Access Policy

New to follow-up ratio

Latest value	Standard
2.58	2



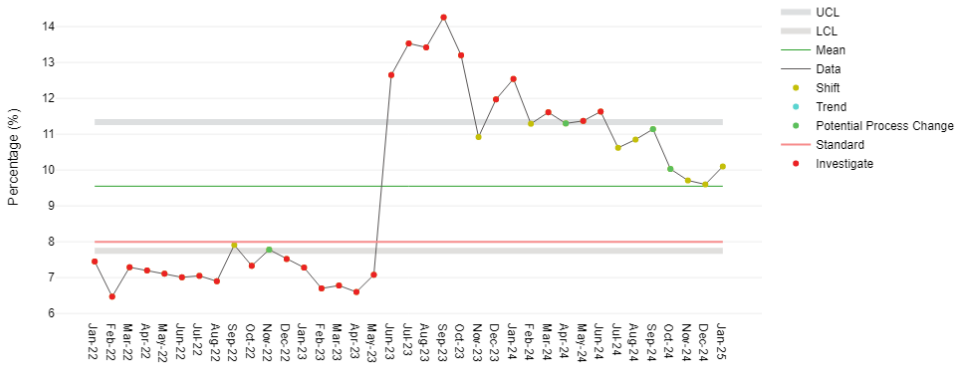
Definition
Rate of new (first) outpatient appointments to follow-up appointments, this being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally based on historic performance

Elective Care Performance

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

Latest value	Standard
10.1 %	<=8%

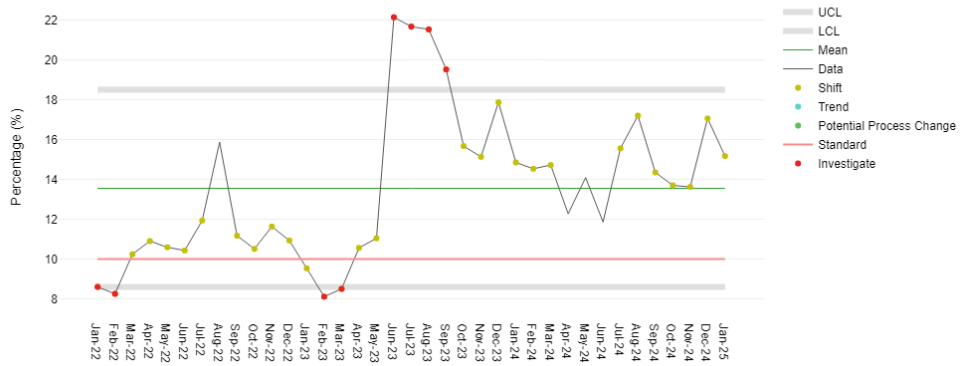


Definition
Percentage of JGH/Enid Quenault outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Excludes Private patients.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally based on historic performance

Was Not Brought Rate

Latest value	Standard
15.2 %	<=10%



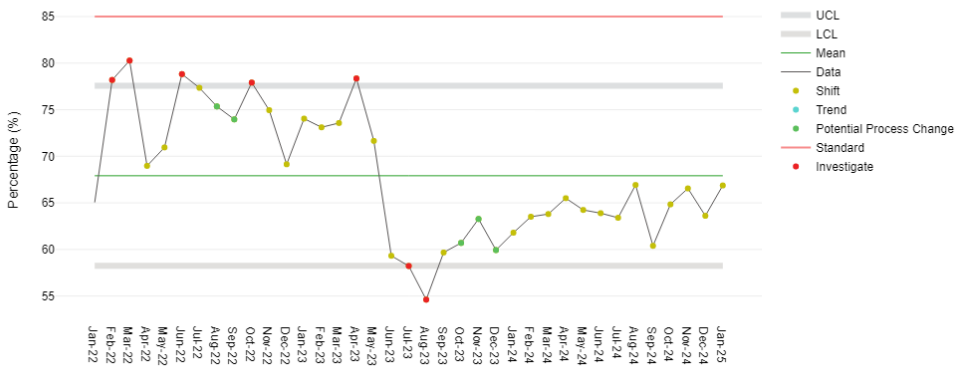
Definition
Percentage of JGH/Enid Quenault public outpatient appointments where the patient did not attend (was not brought). Under 18 year old patients only. All specialties included. Excludes Private patients.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP14DM))	Standard set locally based on historic performance

Elective Care Performance

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

Latest value	Standard
66.9 %	>85%

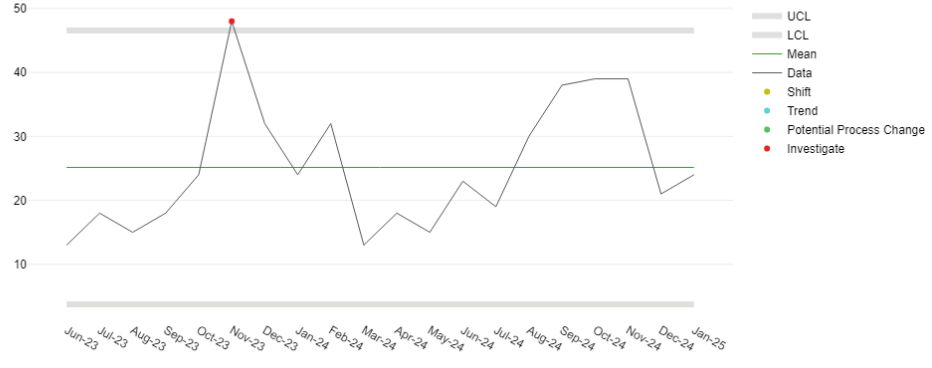


Definition
The percentage of booked theatre session time that is used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH016DM) & Maxims Session Booking Report (TH002DM))	NHS Benchmarking - Getting It Right First Time 2024/25 Target

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

Latest value	Standard
24	NA



Definition
Number of operations cancelled by the hospital on the day for non-medical reasons in the reporting period.

Data Source	Standard Source
Hospital Electronic Patient Record (Maxims Theatres Cancellations report TH003DM and TCI Statuses IP0024DM)	Not Applicable

Emergency Care Performance

Section Owner

Chief Operating Officer – Acute Services

Performance Narrative

Emergency Department Attendance and Performance

* Attendees: January recorded 3,626 attendees, reflecting a slight increase from December and 205 more than January 2024.

* 4-hour target compliance: Maintained at 68%, with minors performing exceptionally at 91%, exceeding England's current reported benchmarks.

* 12-hour breaches: Stable at 3.9%, with 97% of breaches attributed to patients requiring admission.

* Admissions: 16.6% of ED attendees required admission, marking an increase from the previous month.

Operational Improvements and Initiatives

1. Red 2 Green (R2G) Implementation:

a. Embedding of R2G principles continues to improve patient flow.

b. Dedicated patient review days are now scheduled ahead of Bank Holiday periods as a proactive recovery measure.

2. Non-Clinical Patient Transfers:

a. Significant reduction in out-of-hours non-clinical transfers due to specific bed requests aimed at maintaining clinical continuity.

b. Monitoring of all non-clinical transfers has become a standard practice in operational bed meetings, aligning with learnings from a serious incident.

Emergency Care Performance

Length of Stay (LOS) and Readmissions

* Emergency LOS:

o Currently amber, indicating progress in addressing recommendations from the Royal College of Physicians' (RCP) report.

o Notable reductions in acute LOS observed in AAU, Corbiere, and Rozel wards, driven by the RCP Acute Medicine and Clinical Productivity workstream.

* 30-day readmissions:

o Slight decrease to 11.6%. Further analysis is needed to identify underlying drivers and mitigate risks.

Escalations

Escalations and Winter Challenges

* January’s performance reflects ongoing challenges, particularly in managing longer ED waits due to:

o Isolation requirements.

o Gender-specific bed availability.

o General capacity constraints.

Actions Underway

* Maintaining additional capacity to accommodate increased patient flow.

* Line-by-line R2G reviews before each Bank Holiday to enhance operational efficiency.

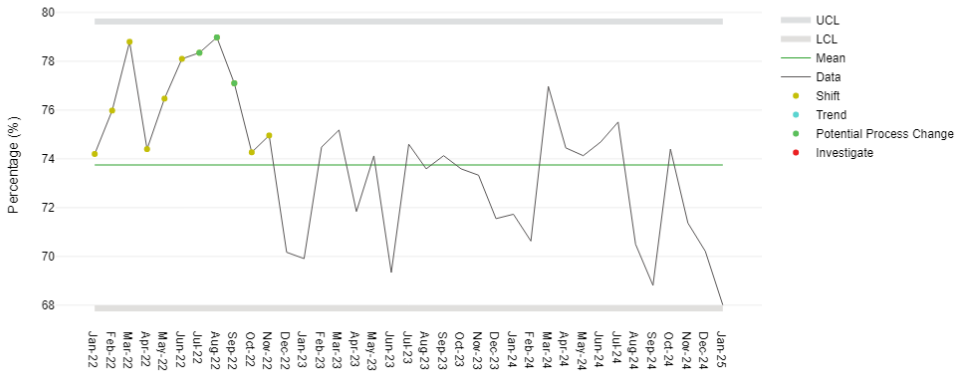
* Enhancing clinical productivity through targeted length-of-stay reduction initiatives.

* Launching an externally supported clinical flow improvement strategy to optimise patient throughput.

Emergency Care Performance

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

Latest value	Standard	Mean
68 %	NA	73.8 %

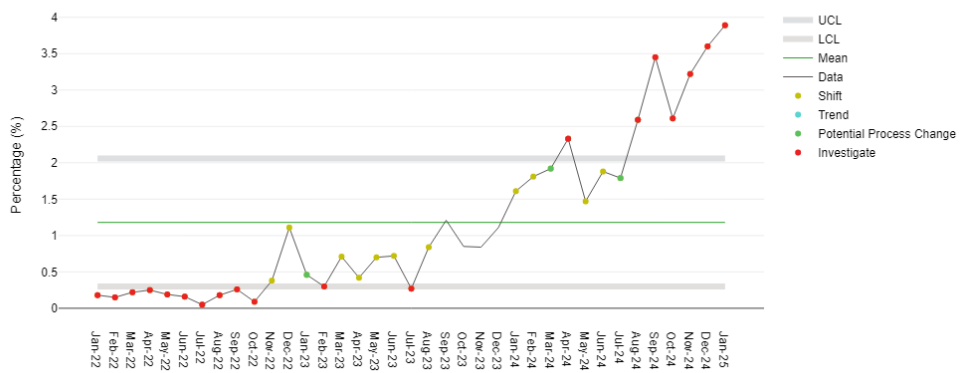


Definition
Percentage of patients in the Emergency department less than or equal to 4 hours from arrival to departure or admission

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable

% Patients in Emergency Department for more than 12 Hours

Latest value	Standard	Mean
3.9 %	NA	1.2 %



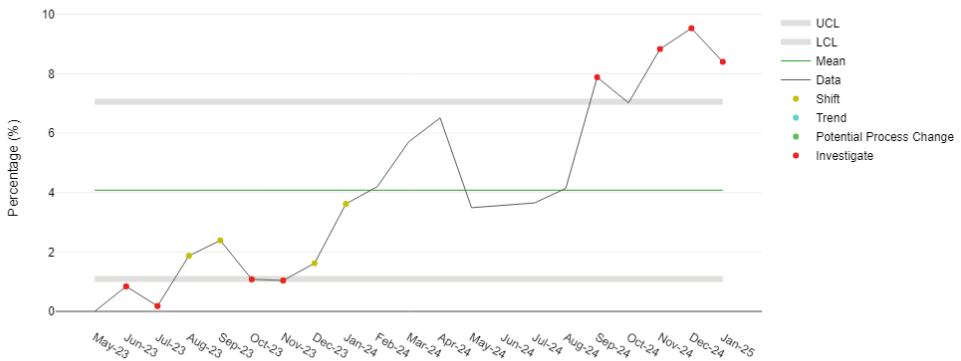
Definition
Percentage of patients in the Emergency department for more than 12 hours from arrival to departure or admission

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Emergency Department Attendances (ED5A) & Maxims Emergency Department Attendances (ED001DM))	Not Applicable

Emergency Care Performance

% of Patients in Emergency Department for more than 12 Hours from DTA

Latest value	Standard	Mean
8.4 %	NA	4.1 %

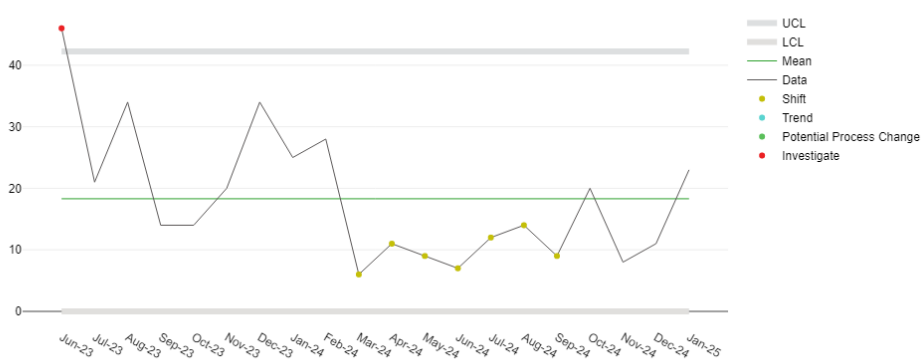


Definition
Percentage of Patients in Emergency Department for more than 12 Hours from DTA where a DTA has occurred

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Not Applicable

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

Latest value	Standard	Mean
23	NA	18.3



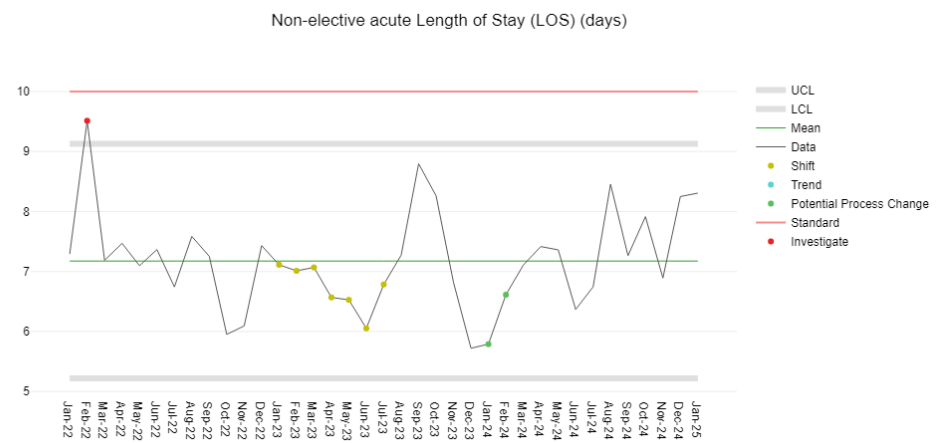
Definition
Number of inpatient moves within wards or between wards, between the hours of 22:00 and 08:00 for non-clinical reasons, in the reporting period.

Data Source	Standard Source
Hospital Electronic Patient Record (Maxims Inpatient Ward Movements report IP001DM)	Not Applicable

Emergency Care Performance

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

Latest value	Standard	Mean
8.31	<10	7.17

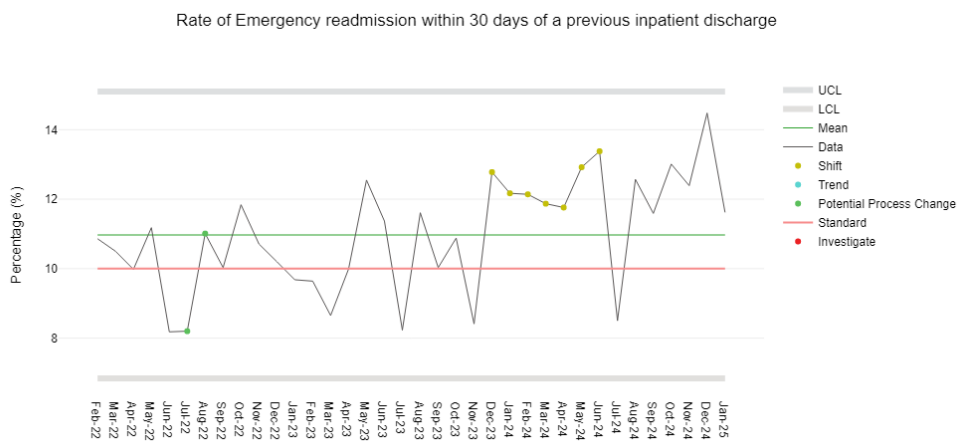


Definition
Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward & St Ewolds. 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.

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Generated based on historic performance

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

Latest value	Standard	Mean
11.6 %	<10%	11 %



Definition
Number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale/St Ewolds. Exclusions applied as per NHS definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Generated based on historic performance

Emergency Care Performance

Additional Commentary / Deep Dive

January highlighted ongoing pressures within ED and inpatient services. However, structured interventions such as R2G implementation, operational efficiencies, and external collaborations are providing a sustainable framework to manage winter challenges effectively. Continued focus on patient flow improvements will be crucial in mitigating pressures and delivering high-quality care.

Maternity

Section Owner

Chief Nurse

Performance Narrative

Our caesarean section rate for the month was 50.98% (26/51), with 41.18% being elective. The largest cohort, based on the Robson Criteria, falls under Group 5—women with a previous caesarean birth, a single cephalic pregnancy, and a gestation of at least 37 weeks. Patient choice remains a key factor influencing our caesarean section rate, aligning with both UK national and international trends. Notably, there were no caesarean births at full dilatation.

Our induction rate has remained stable month on month, though we observed a slight increase to 39.22%. This reflects our commitment to offering induction at the appropriate gestation based on individual clinical needs.

Breastfeeding initiation dipped slightly this month to 66.7%, yet the data continues to indicate that many mothers choose to breastfeed.

There were three major obstetric haemorrhages reported this month. Each case was reviewed by the Serious Incident Review Panel (SIRP), with all cases demonstrating effective management and good clinical practice. No further investigations were required, as all cases were thoroughly assessed using our NICHE tool.

Escalations

Implementation of a dedicated maternity-specific EPR system is pending, with the confirmed implementation date still awaited. This system will enhance data collection and reporting, improving overall service delivery.

Maternity - Key Performance Indicators

Indicator	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	YTD
Total Births	51	58	56	53	69	59	62	53	67	62	65	51	51
Mothers with no previous pregnancy (Primips)	15	19	15	20	34	22	27	26	31	35	30	24	24
Mothers who have had a previous pregnancy (Multips)	19	30	29	25	25	31	32	25	27	23	33	26	26
Mothers with unknown previous pregnancy status	17	9	12	8	10	6	3	2	9	4	2	1	1
Bookings ≤10+0 Weeks	3	7	8	8	9	7	4	9	6	8	4	2	2
% of women that have an induced labour	24%	31.03%	22.22%	16.33%	19.4%	28.07%	18.33%	28.3%	38.46%	33.33%	28.57%	39.22%	39.22%
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	13	21	10	19	19	12	22	17	10	12	14	12	12
Number of Instrumental deliveries	3	5	2	3	7	4	6	4	6	8	5	4	4
% deliveries by C-section (Planned & Unscheduled)	54%	41.38%	66.67%	51.02%	52.24%	61.4%	51.67%	47.17%	46.15%	41.67%	50.79%	50.98%	50.98%
% Elective caesarean section births	32%	15.52%	37.04%	28.57%	29.85%	35.09%	40%	26.42%	33.85%	30%	38.1%	41.18%	41.18%
Number of Emergency Caesarean Sections at full dilatation	1	1	1	1	0	4	0	1	0	1	0	0	0
Number of women in Robson Group 1 cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour)	3	0	7	2	7	7	0	4	5	2	4	1	1
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)	3	5	5	1	4	4	2	3	3	3	3	7	7
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour)	3	2	5	3	7	4	6	2	7	2	6	2	2
Number of women in Robson Group 5 cohort (Previous caesarean birth, single cephalic pregnancy, at least 37 weeks' gestation)	6	5	6	5	4	10	10	9	5	2	5	8	8
Number of deliveries home birth (Planned & Unscheduled)	3	1	1	1	1	3	0	1	0	0	0	0	0
Mothers who were current smokers at time of booking (SATOB)	7	3	4	6	2	3	3	4	6	0	2	1	1
Mothers who were current smokers at time of delivery (SATOD)	1	3	0	2	2	3	6	3	3	4	4	3	3

Maternity - Key Performance Indicators

Indicator	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	YTD
Number of Mothers who were consuming alcohol at time of booking	1	2	0	0	0	0	0	0	0	0	2	0	0
Number of Mothers who were flagged as consuming alcohol after delivery	4	6	4	3	6	4	5	6	4	1	2	0	0
Breastfeeding Initiation rates	74.5%	65.5%	73.2%	69.8%	71%	79.7%	67.7%	79.2%	65.7%	71%	78.5%	66.7%	66.67%
Transfer of Mothers from Inpatients to Overseas	3	1	1	0	1	0	1	2	3	0	0	2	2
Number of births in the High dependency room / isolation room	1	0	0	0	0	0	0	1	1	0	0	0	0
Number of PPH greater than 1500mls	2	1	6	0	1	3	1	0	1	3	2	3	3
Number of 3rd & 4th degree tears – all births	2	1	0	0	0	0	0	1	1	0	0	0	0
% of babies experiencing shoulder dystocia during delivery	0%	0%	1.79%	0%	4.35%	0%	0%	0%	2.99%	1.61%	1.54%	1.96%	1.96%
% Stillbirths greater than 24 Weeks Gestation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Neonatal Deaths at Less Than 28 days old	0	0	0	0	0	0	0	0	0	0	0	0	0
% live births Less Than 3rd centile delivered greater than 37+6 weeks (detected & undetected SGA)	3.7%	7.41%	3.85%	6.9%	2.78%	5.13%	2.56%	2.5%	4.44%	0%	2.33%	5.88%	5.88%
Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation	1	0	0	1	2	0	1	0	0	1	0	1	1
Transfer of Neonates from JNU to an off-island facility	0	0	1	0	1	0	1	0	0	0	0	2	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)	1	8	1	2	2	3	4	1	4	5	8	3	3
Neonatal Readmissions at Less Than 28 days old	4	4	5	5	6	4	5	9	5	11	5	5	5

Maternity - Indicator & Standard Definitions

Indicator	Standard Source	Definition
Total Births	Indicator is for information only	Count of babies born, including those from multiple births (e.g., twins, triplets) and stillbirths. Excludes terminations, miscarriages, ectopic pregnancies, and births occurring off-island.
Mothers with no previous pregnancy (Primips)	Indicator is for information only	Number of births (live and stillbirths) to first-time mothers, excluding ectopic pregnancies, terminations, and miscarriages.
Mothers who have had a previous pregnancy (Multips)	Indicator is for information only	Number of births (live and stillbirths) excluding ectopic pregnancies, terminations, and miscarriages to mothers with a previous pregnancy.
Mothers with unknown previous pregnancy status	Indicator is for information only	Number of births (live and stillbirths) to mothers with unknown previous pregnancy status, excluding ectopic pregnancies, terminations, and miscarriages.
Bookings ≤10+0 Weeks	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	Standard set locally based on average (mean) of previous two years' data	Percentage of deliveries where labour was induced out of the total number of deliveries. (Numerator: Total induced labour deliveries / Denominator: Total deliveries).
Number of spontaneous vaginal births (including home births and breech vaginal deliveries)	Not Applicable	Count of spontaneous vaginal births, including home births and breech vaginal deliveries.
Number of Instrumental deliveries	Not Applicable	Count of deliveries assisted using instruments, including forceps or vacuum (ventouse), to aid vaginal birth.
% deliveries by C-section (Planned & Unscheduled)	Indicator is for information only	Percentage of C-section deliveries (planned and unplanned) out of the total number of deliveries. (Numerator: Total C-section deliveries / Denominator: Total deliveries).
% Elective caesarean section births	Indicator is for information only	Percentage of deliveries where birth was by planned (elective) caesarean section (Numerator: Elective C-section births / Denominator: Total deliveries).
Number of Emergency Caesarean Sections at full dilatation	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)	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.
Number of women in Robson Group 2a cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, induced labour)	Indicator is for information only	A woman who hasn't previously given birth, baby is bottom and feet up with their head down near the exit, or birth canal, facing the mother's back. Baby is at full term and labour was started artificially.
Number of women in Robson Group 2b cohort (Nulliparous, single cephalic pregnancy, at least 37 weeks' gesation, caesarean birth prior to onset of spontaneous labour)	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)	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)	Indicator is for information only	Count of deliveries recorded as occurring at home, including both planned and unplanned home births.

Maternity - Indicator & Standard Definitions

Indicator	Standard Source	Definition
Mothers who were current smokers at time of booking (SATOB)	Indicator is for information only	Number of mothers who were recorded as being smokers at their pregnancy booking appointment.
Mothers who were current smokers at time of delivery (SATOD)	Indicator is for information only	Number of mothers who were recorded as being smokers on their delivery date.
Number of Mothers who were consuming alcohol at time of booking	Indicator is for information only	Number of mothers who were recorded as consuming alcohol at their pregnancy booking appointment.
Number of Mothers who were flagged as consuming alcohol after delivery	Indicator is for information only	Number of mothers who were recorded as consuming alcohol after their delivery date.
Breastfeeding Initiation rates	Not Applicable	Percentage of babies born in the period whose first feed is from the mother's breast
Transfer of Mothers from Inpatients to Overseas	Indicator is for information only	Number of transfers of mothers out of the Maternity inpatient ward to an off-island Healthcare facility.
Number of births in the High dependency room / isolation room	Indicator is for information only	Number of births which took place in the High Dependancy Room / Isolation Room
Number of PPH greater than 1500mls	Indicator is for information only	Count of deliveries that resulted in a postpartum hemorrhage (PPH) with blood loss exceeding 1500ml
Number of 3rd & 4th degree tears – all births	Not Applicable	Number of women who gave birth and sustained a 3rd or 4th degree perineal tear
% of babies experiencing shoulder dystocia during delivery	Not Applicable	Number of babies experiencing shoulder dystocia during delivery divided by the total number of births
% Stillbirths greater than 24 Weeks Gestation	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	Indicator is for information only	Number of baby deaths within 28 days of their delivery date
% live births Less Than 3rd centile delivered greater than 37+ 6 weeks (detected & undetected SGA)	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	Not Applicable	Number of births requiring admission to the Jersey Neonatal Unit at or above 37 weeks gestation
Transfer of Neonates from JNU to an off-island facility	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)	Indicator is for information only	Babies born (live and stillbirths) who were born at or before 27 weeks
Preterm Births ≤36+6 Weeks (Live & Stillbirths)	Indicator is for information only	Count of babies (live and stillbirths) born at or before 36 weeks and 6 days of gestation.
Neonatal Readmissions at Less Than 28 days old	Indicator is for information only	Number of babies that were readmitted to Hospital within 28 days of their delivery date

Mental Health

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

Jersey Talking Therapies - The number of people waiting to start treatment over 18 weeks (79%) and the average wait time for treatment (217 days) have both risen in the month, to the highest number since 2022. This will be further explored with the team and service manager.

Access targets for mental health services continue to be met – Crisis 100% within 4 hours and 94% of routine referrals within 10 working days.

There continues to be some growth in waiting times for memory assessment, autism and ADHD assessment. Work with the ADHD service remains ongoing, including awaiting a start date for a new specialist worker in the team.

Escalations

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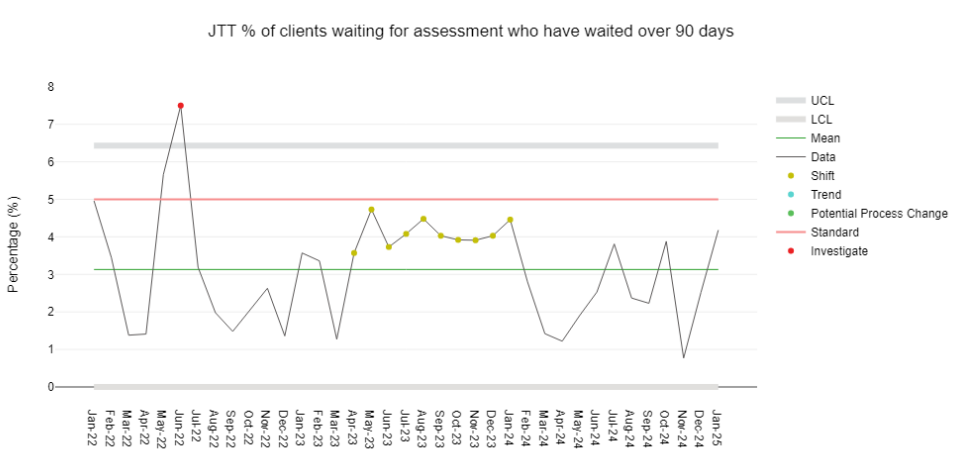
JTT % of clients waiting for assessment who have waited over 90 days

Latest value	Standard	Mean
4.2 %	<5%	3.1 %



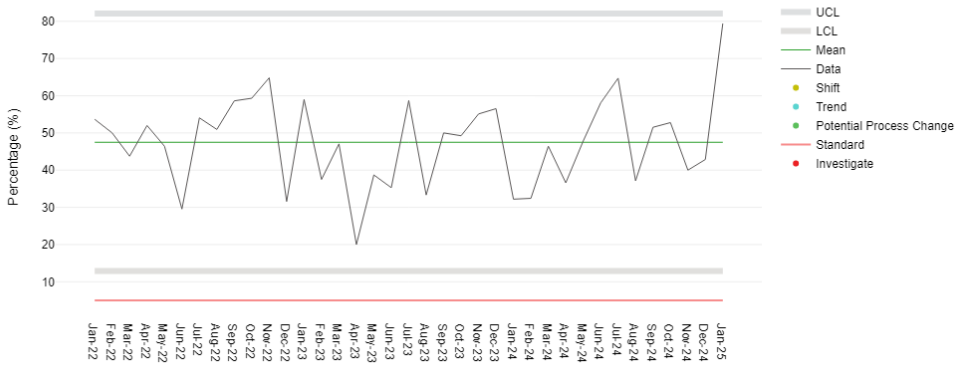
Definition
Number of Jersey Talking Therapy (JTT) clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment

Data Source	Standard Source
Patient Case Management Information System (PCMIS)	Improving Access to Psychological Therapies (IAPT) Standard

Mental Health

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

Latest value	Standard	Mean
79.4 %	<5%	47.5 %

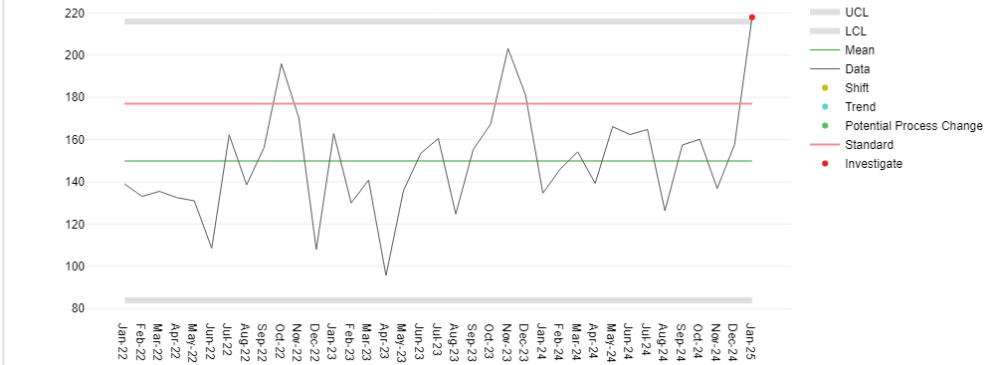


Definition
Percentage of Jersey Talking Therapy (JTT) clients commencing treatment in the period who had waited more than 18 weeks to commence treatment.

Data Source	Standard Source
Patient Case Management Information System (PCMIS)	Improving Access to Psychological Therapies (IAPT) Standard

JTT Average waiting time to treatment (Days)

Latest value	Standard	Mean
217.94	<=177	149.92



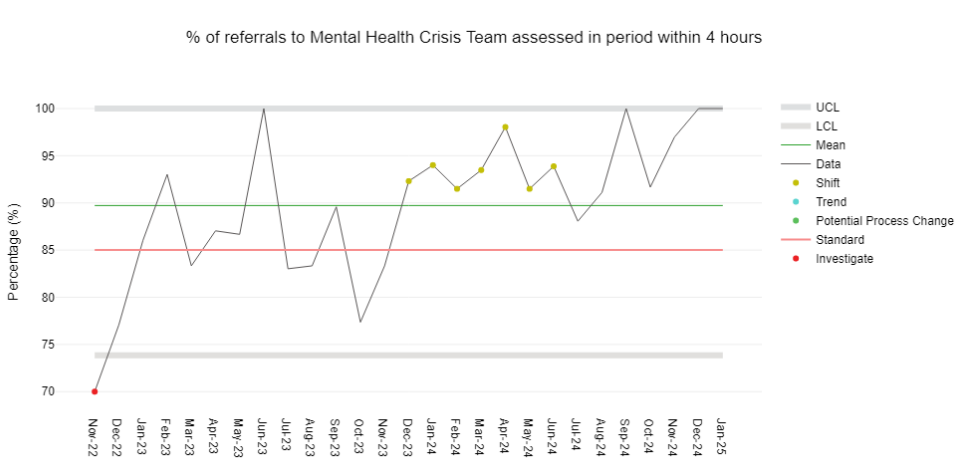
Definition
Average (mean) days waiting from Jersey Talking Therapy (JTT) referral to the first attended treatment session for patients commencing treatment in period

Data Source	Standard Source
Patient Case Management Information System (PCMIS)	Generated based on historic percentiles

Mental Health

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

Latest value	Standard	Mean
100 %	>85%	89.7 %

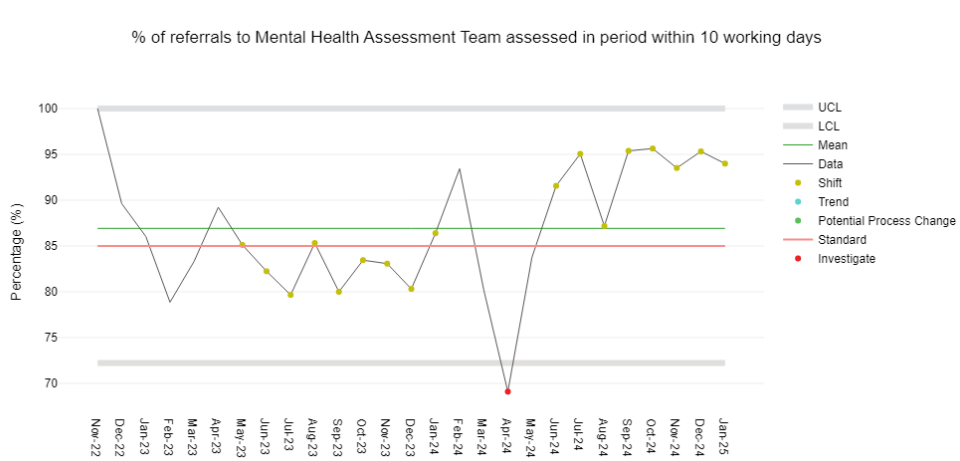


Definition
Percentage of Crisis Team referrals assesed within 4 hours

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Agreed locally by Care Group Senior Leadership Team

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

Latest value	Standard	Mean
94 %	>85%	86.9 %



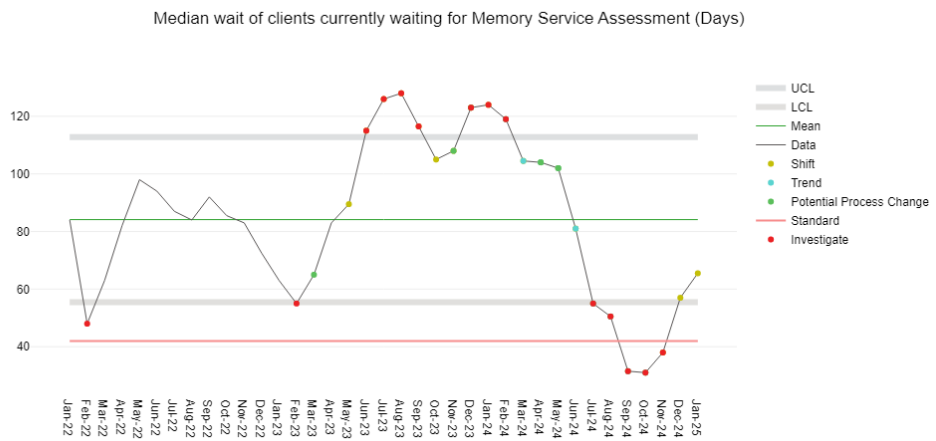
Definition
Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Agreed locally by Care Group Senior Leadership Team

Mental Health

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

Latest value	Standard	Mean
65.5	<=42	84.14

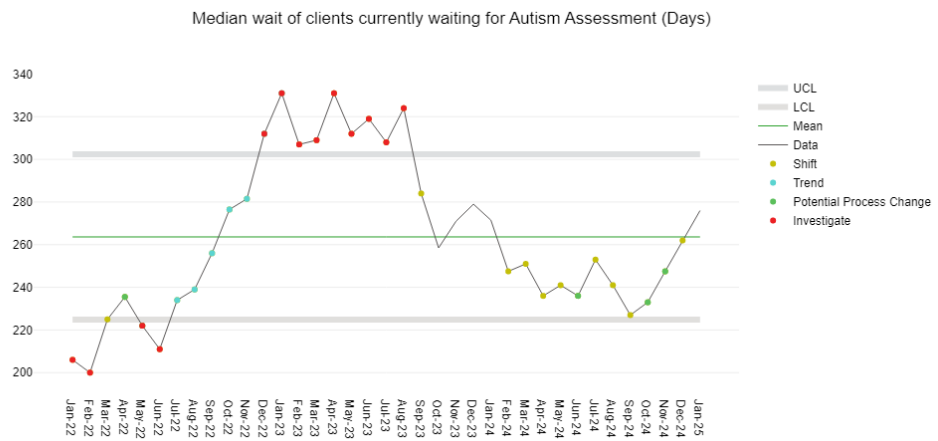


Definition
Memory Service Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Agreed locally by Care Group Senior Leaders

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

Latest value	Standard	Mean
276	NA	263.64



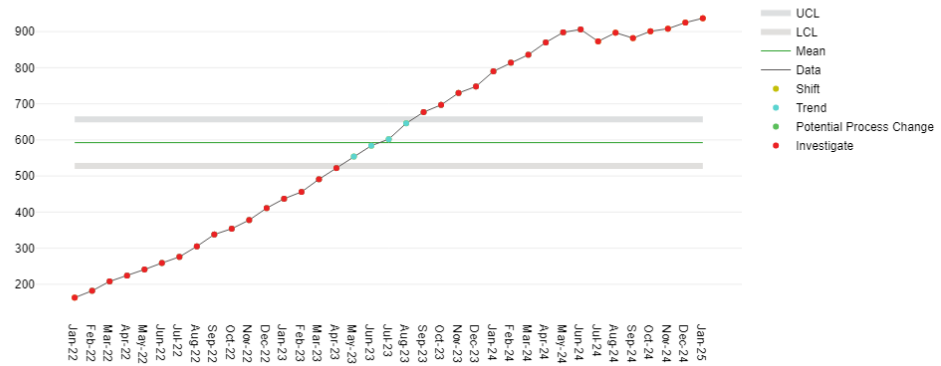
Definition
Autism Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Not Applicable

Mental Health

Number of clients currently waiting for ADHD Assessment

Latest value	Standard	Mean
937	NA	592.43

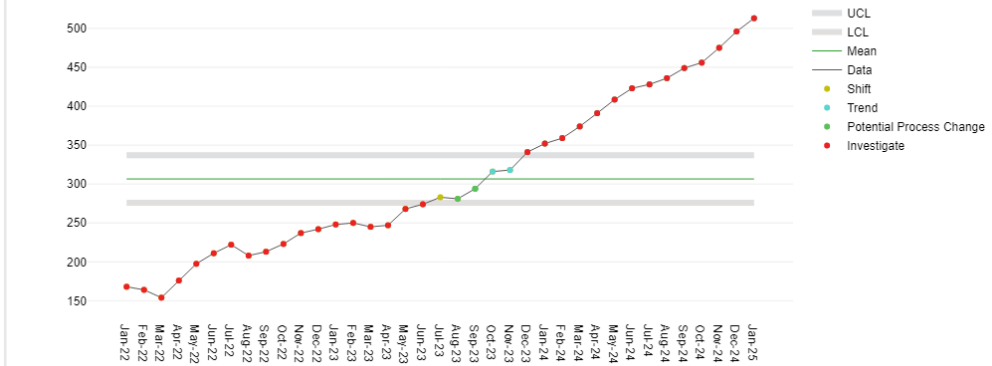


Definition
Number of clients waiting for ADHD assessment

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Not Applicable

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

Latest value	Standard	Mean
513	NA	306.51



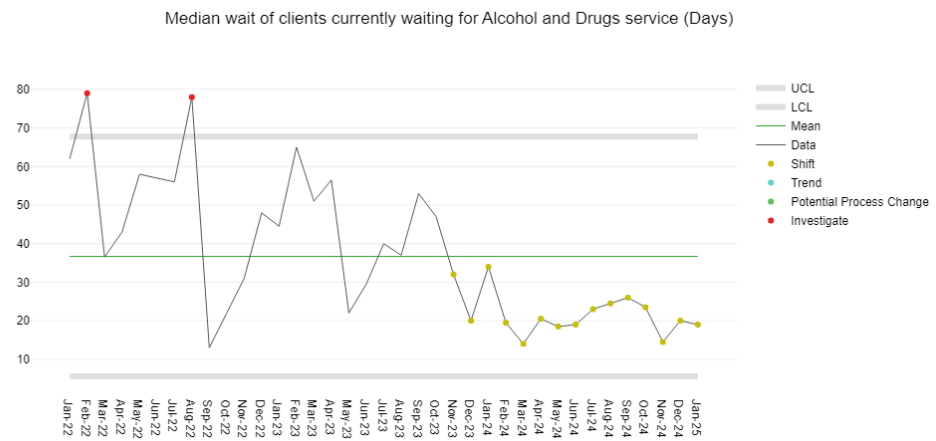
Definition
ADHD Assessment Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Not Applicable

Mental Health

Median wait of clients currently waiting for Alcohol and Drugs service (Days)

Latest value	Standard	Mean
19	NA	36.68

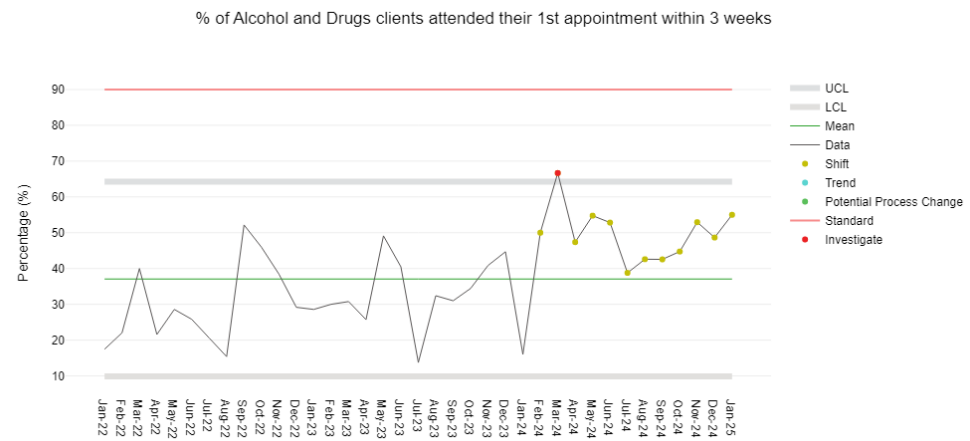


Definition
Alcohol and Drugs Median Waiting times from date of referral to last day of reporting period for people on waiting list at period end

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Report WLS6B & Maxims Report OP2DM)	Not Applicable

% of Alcohol and Drugs clients attended their 1st appointment within 3 weeks

Latest value	Standard	Mean
55 %	>85%	37.1 %



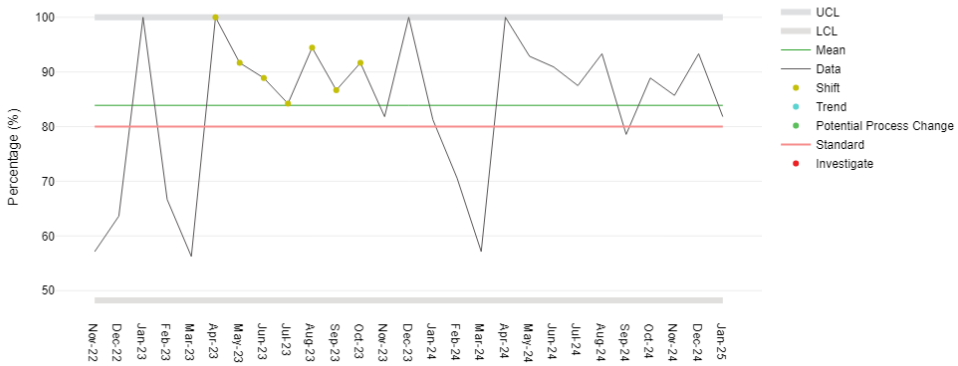
Definition
% of clients who waited less than 3 weeks for their first attended appointment, who were seen in reporting period

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Report WLS6B & Maxims Report OP2DM)	Agreed locally by Care Group Senior Leaders

Mental Health

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

Latest value	Standard	Mean
81.8 %	>80%	83.9 %

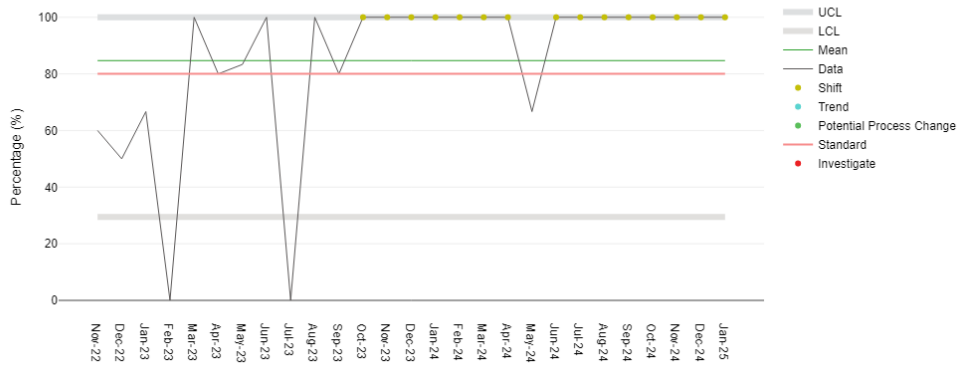


Definition
Percentage of patients discharged from Mental Health Inpatient Unit with an Adult Mental Health Specialty' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Reports ATD9P & ATD5L and Maxims Report IP013DM) & Community services electronic client record system (Care Partner)	National standard evidenced from Royal College of Psychiatrists

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

Latest value	Standard	Mean
100 %	>80%	84.7 %

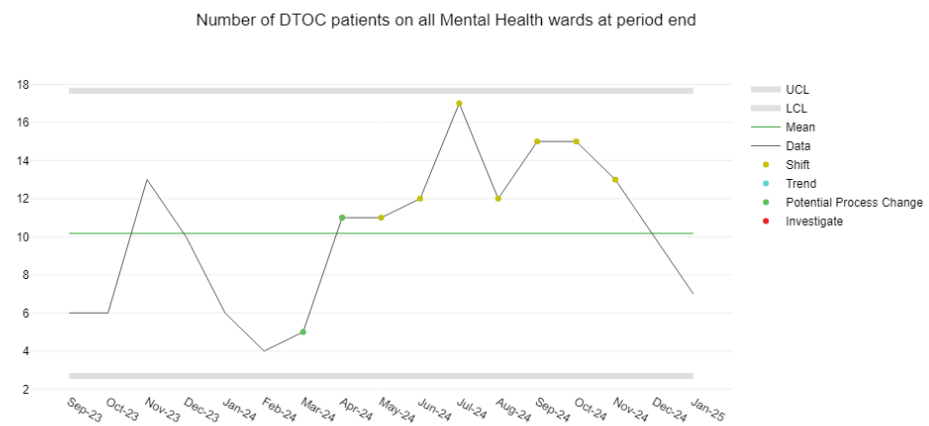


Definition
Percentage of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Reports ATD9P & ATD5L and Maxims Report IP013DM) & Community services electronic client record system (Care Partner)	National standard evidenced from Royal College of Psychiatrists

Number of DTOC patients on all Mental Health wards at period end

Latest value	Standard	Mean
7	NA	10.18



Definition
Number of patients who are recorded as Delayed Transfer of Care (DTOC) on the last day of the reporting period

Data Source	Standard Source
Hospital Electronic Patient Record (Maxims Report IP020DM)	Not Applicable

Social Care

Section Owner

Director Adult Mental Health & Social Care

Performance Narrative

The percentage of assessments completed and authorised within 3 weeks has been an area of particular focus. Addressing the concerns of the pattern resulting from staffing challenges in Autumn 2024 led a 100% success rate in December 2024. This measure is returning to normal ranges we would expect. Whilst it has reduced, we would not necessarily expect it to remain at 100%. This requires ongoing monitoring to ensure maintenance at the 80% success rate or above.

Escalations

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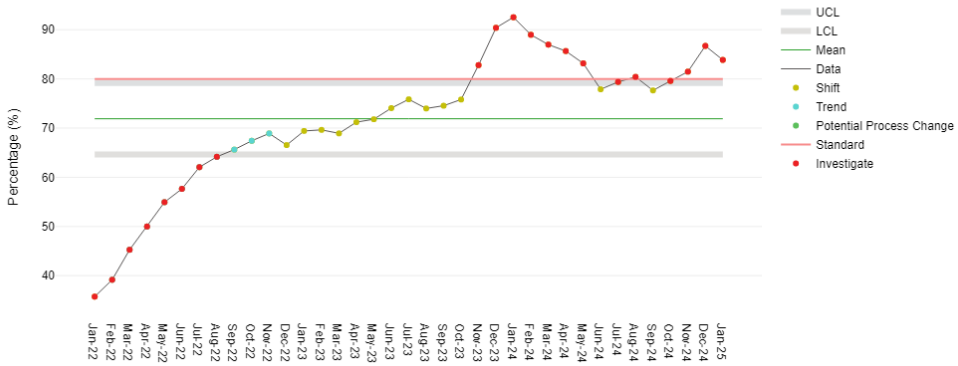
Social Care

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

Latest value	Standard	Mean
83.9 %	>80%	71.9 %

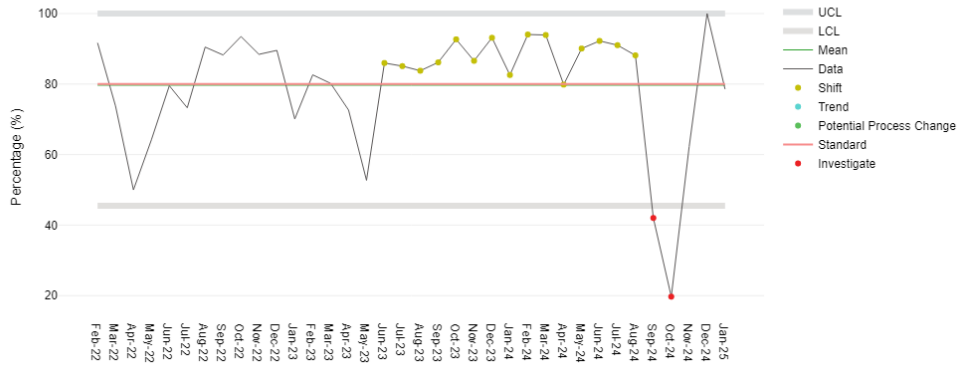


Definition
Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year.

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Generated based on historic performance

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

Latest value	Standard	Mean
78.6 %	>=80%	79.7 %



Definition
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

Data Source	Standard Source
Community services electronic client record system (Care Partner)	Generated based on historic performance

Quality & Safety

Section Owner

Medical Director / Chief Nurse

Performance Narrative

Complaints

In January, 12 new complaints were received across Health and Community Jersey, categorised for efficient tracking and resolution. The ongoing reduction in formal complaints demonstrates a commitment to prompt issue resolution and continuous improvement.

Key themes identified:

* Attitude & Behaviour

* Appointments

Care groups are actively working to address these areas, ensuring measurable improvements.

Compliments

A total of 156 compliments were logged in Datix, reflecting a significant increase from 117 in January 2024. This growth underscores the dedication of teams in providing high-quality, compassionate care.

Top areas receiving compliments:

* Jersey Talking Therapies (JTT)

* Rozel Ward

* Day Surgery Unit (DSU)

Efforts continue to ensure all patient and family feedback is documented effectively.

Quality & Safety

Patient Advice and Liaison Service (PALS)

PALS recorded 126 interactions in January 2025, a sharp increase from 57 in January 2024, demonstrating the growing reliance on their support. The team collaborates closely with care groups to ensure timely and accurate responses to service user inquiries, enhancing patient and family experience.

Infection Prevention & Control Update

* No cases of C. difficile were reported in January.

* No MRSA, MSSA, or Klebsiella bacteraemia were recorded.

* One Pseudomonas and one E. coli bacteraemia were attributed to a single ward.

Pressure Ulcers

* Acquired in Care: Four suspected deep tissue injuries were identified and continuously monitored. However, none showed signs of deep tissue evolution. Upon further investigation, two cases were found to be unrelated to pressure injuries, while one was reclassified as a Category 1 pressure ulcer.

* Inherited: There were 29 pressure ulcers present before admission, with no further deterioration observed during hospital stay.

The Tissue Viability Nurse (TVN) team is working with the Electronic Patient Records (EPR) team to integrate pressure ulcer surveillance, improving monitoring and tracking of healing progress.

This report highlights the organisation’s continued commitment to patient safety, service improvement, and high-quality care delivery.

Escalations

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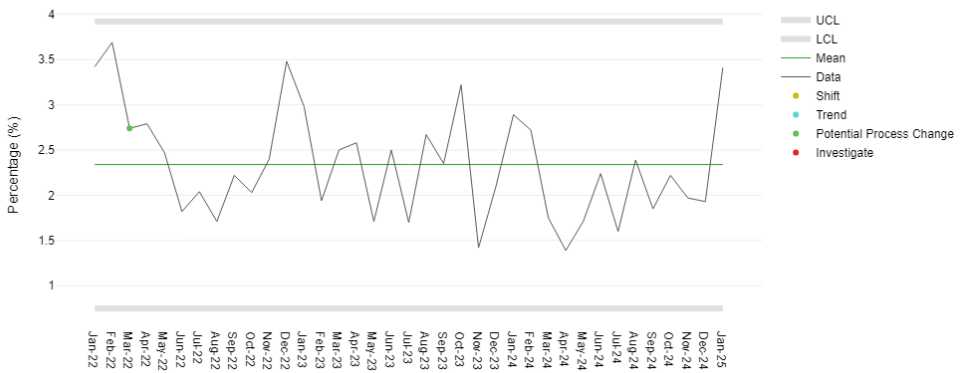
Quality & Safety

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

Latest value	Standard	Mean
3.4 %	NA	2.3 %

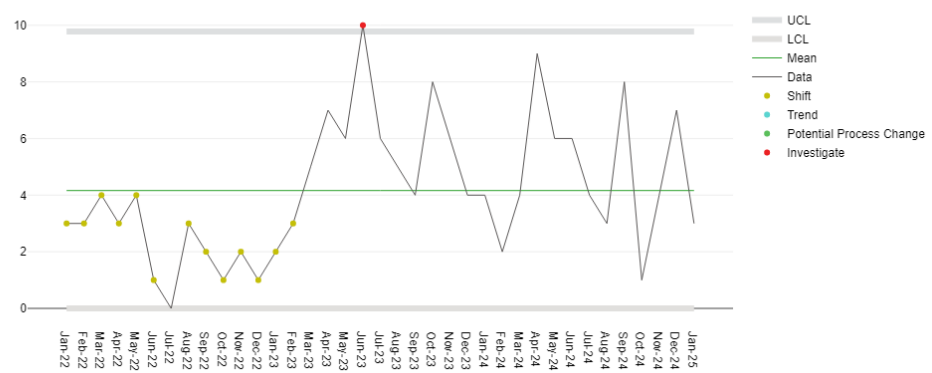


Definition
A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given period and expresses this as a proportion of the number of people admitted for care in that hospital over the same period. The crude mortality rate can then be articulated as the number of deaths for every 100 patients admitted.

Data Source	Standard Source
Hospital Electronic Patient Record Inpatient Discharges (TrakCare Report ATD9P & Maxims Report IP013DM)	Not Applicable

Number of serious incidents

Latest value	Standard	Mean
3	NA	4.16



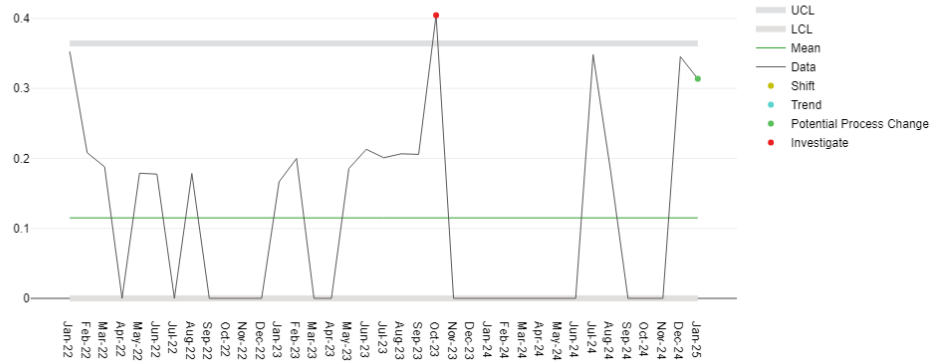
Definition
Number of safety events recorded in Datix where the event is marked as a 'Serious Incident' in the period

Data Source	Standard Source
HCJ Incident Reporting System (Datix)	Not Applicable

Quality & Safety

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

Latest value	Standard	Mean
0.31	NA	0.12

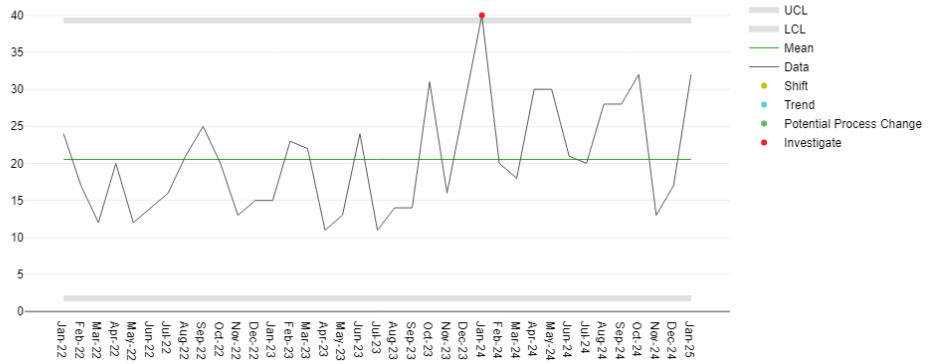


Definition
Number of inpatient falls with moderate or severe harm recorded where approval status is not "Rejected" per 1000 occupied bed days

Data Source	Standard Source
Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Not Applicable

Number of pressure ulcers present upon inpatient admission

Latest value	Standard	Mean
32	NA	20.54



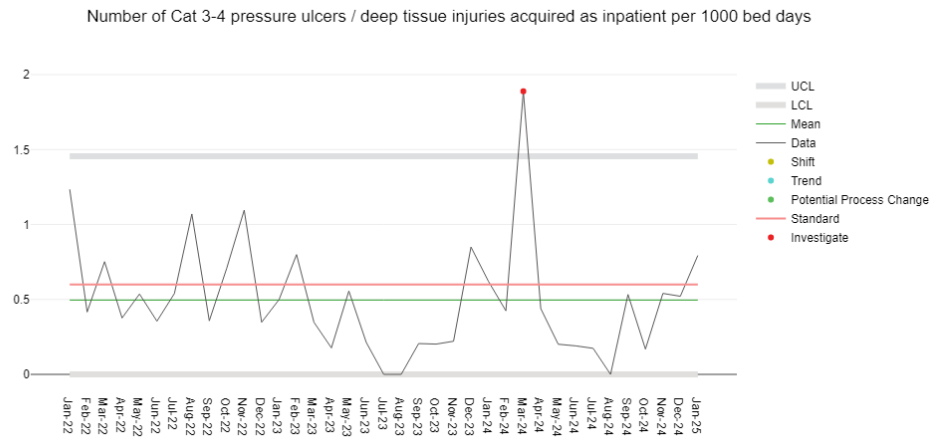
Definition
Number of pressure ulcers upon inpatient admission to any HCJ inpatient unit where the approval status is not recorded as "Rejected". All pressure ulcers under sub-category "present before admission" but excluding those recorded as "present before admission from other ward".

Data Source	Standard Source
HCJ Incident Reporting System (Datix)	Not Applicable

Quality & Safety

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

Latest value	Standard	Mean
0.79	<0.60	0.5

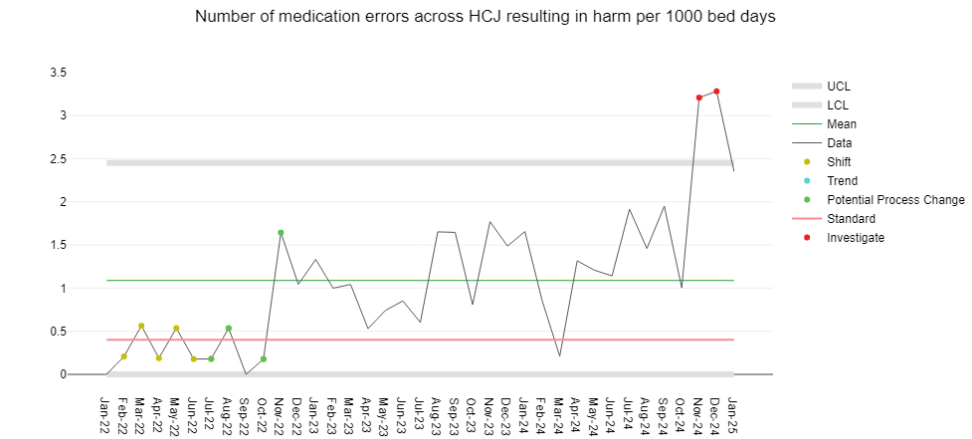


Definition
Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days

Data Source	Standard Source
HCJ 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 HCJ resulting in harm per 1000 bed days

Latest value	Standard	Mean
2.35	<0.40	1.09



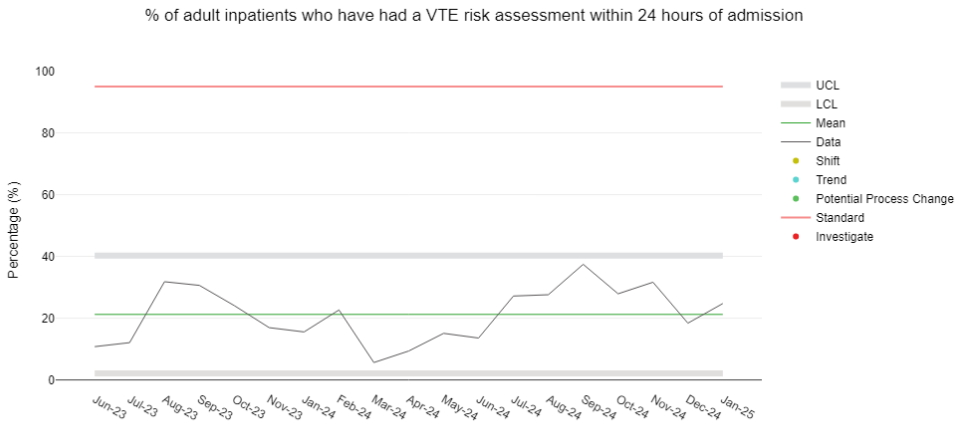
Definition
Number of medication errors across HCJ (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted.

Data Source	Standard Source
HCJ 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

Quality & Safety

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

Latest value	Standard	Mean
24.7 %	>95%	21.2 %

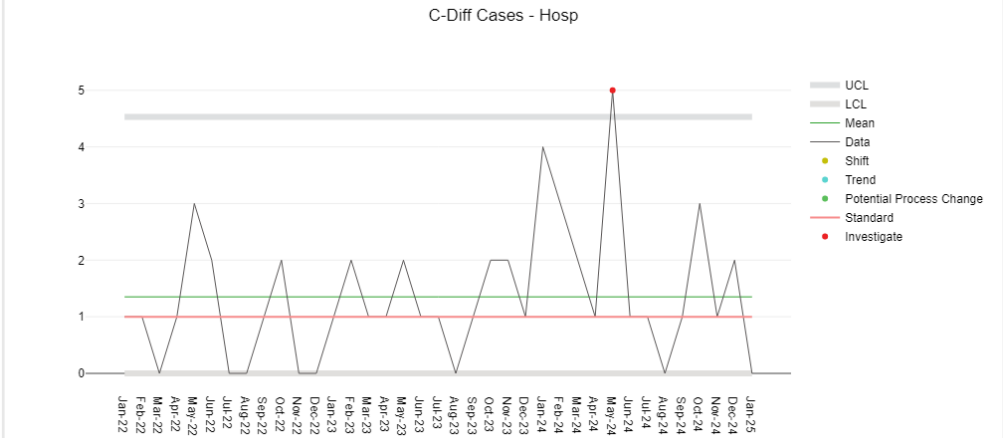


Definition
Percentage of all inpatients (aged 17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission.

Data Source	Standard Source
Hospital Electronic Patient Record (Maxims Report IP026DM)	NHS Operational Standard

C-Diff Cases - Hosp

Latest value	Standard	Mean
0	1	1.35



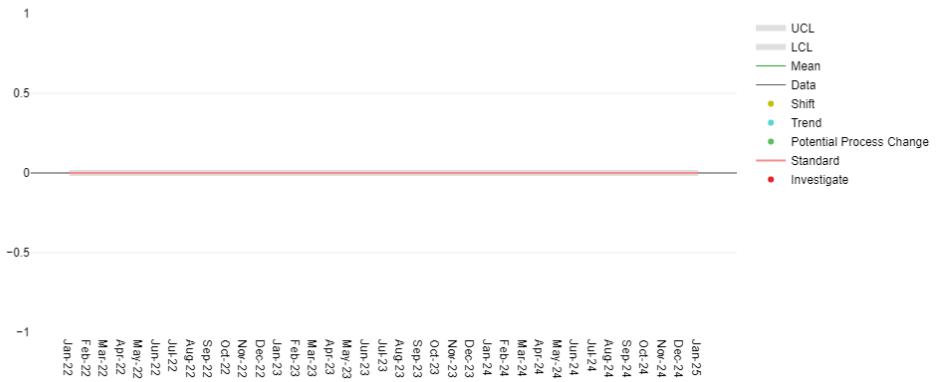
Definition
Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team

Data Source	Standard Source
Infection Prevention and Control Team Submission	Standard based on historic performance (2020)

Quality & Safety

MRSA Bacteraemia - Hosp

Latest value	Standard	Mean
0	0	0

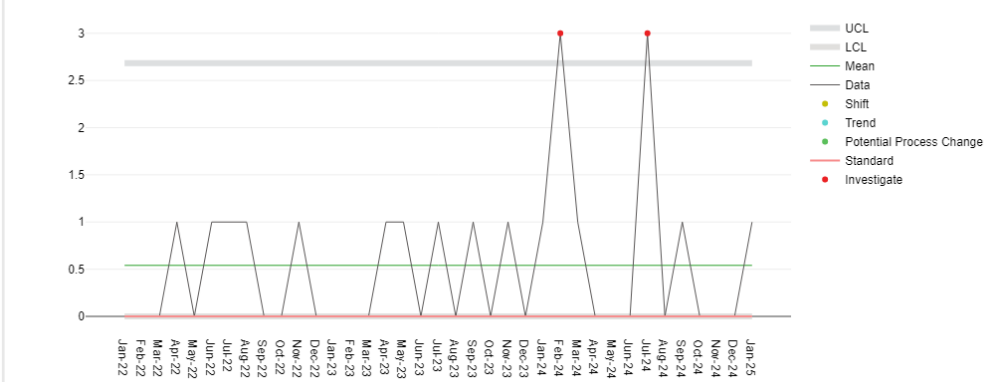


Definition
Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team

Data Source	Standard Source
Infection Prevention and Control Team Submission	Standard based on historic performance

E-Coli Bacteraemia - Hosp

Latest value	Standard	Mean
1	0	0.54



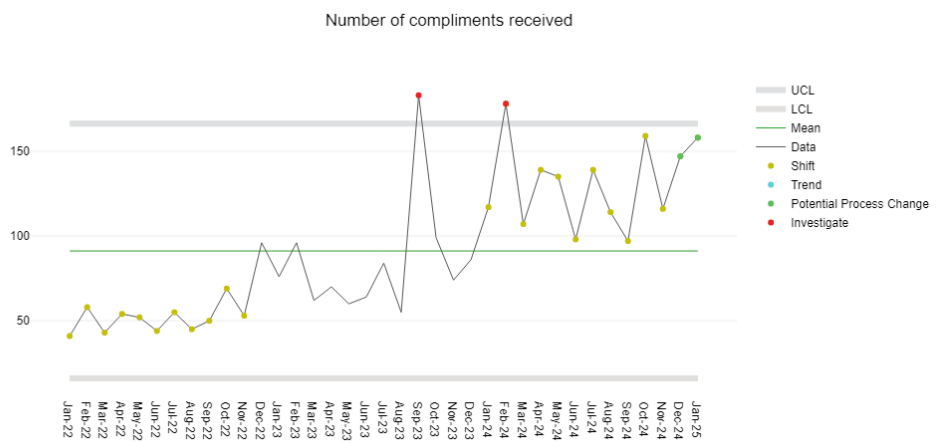
Definition
Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team

Data Source	Standard Source
Infection Prevention and Control Team Submission	Standard based on historic performance

Quality & Safety

Number of compliments received

Latest value	Standard	Mean
158	NA	91.16

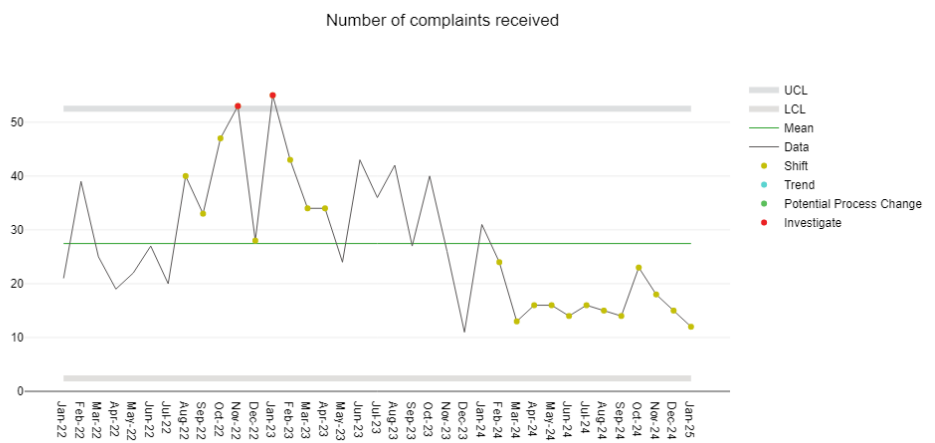


Definition
Number of compliments received in the period where the approval status is not "rejected"

Data Source	Standard Source
HCJ Feedback Management System (Datix)	Not Applicable

Number of complaints received

Latest value	Standard	Mean
12	NA	27.46



Definition
Number of formal complaints received in the period where the approval status is not "Rejected"

Data Source	Standard Source
HCJ Feedback Management System (Datix)	Not Applicable