



Secondary Healthcare Contract: 2019 Key Performance Indicators Supporting Information:

The purpose of this document is to provide additional information to support the publication of the Key Performance Indicators (KPIs) in relation to the second year (2019) of the Secondary Healthcare Contract (SHC).

The KPIs have been set to reflect high standards of practice and patient care and they encourage a culture of continual development, learning and improvement towards excellence. Where performance falls below the high thresholds set within a target, we continue to analyse why this is the case and implement improvements collectively.

The KPI measures are reported over six 'themes' which collectively provide a detailed overview of the quality of services provided.

Professional Compliance Measures

Up to Date Job Plans & Job Descriptions

Target: 100%

Job Plans describe how our Doctors and Consultants spend their working days whilst Job Descriptions contain the list of skills and competencies required from each professional. They are reviewed periodically to ensure that they reflect current working arrangements.

This indicator is measured in April of each year and reflects performance across the previous calendar year to that point. As at the end of January 2020, all job plans and job descriptions are expected to be in place and up to date for HSC and MSG Doctors/Consultants for the year 2019 (2018: 98%).

Completion of Annual Appraisals

Target: 100%

Annual appraisals are formal peer reviews undertaken with our Doctors and Consultants as part of revalidation with the General Medical Council. They ensure professional standards are maintained and can highlight personal development objectives to assist the individual in meeting their professional obligations.

This indicator is measured in April of each year and reflects performance across the previous calendar year to that point. Information available as at the end of January 2020 confirms that 96% (2018: 95%) of annual appraisals had been completed with the remaining three Doctors / Consultants expected to finalise their appraisals by the end of February 2020.

Attendance in the Cancer Multidisciplinary Team (MDT) Meetings

Target: 70%

It is recognised as best practice that patient care pathways are discussed and agreed at MDT meetings. These meetings bring together the blend of healthcare professionals with the necessary knowledge, skills and experience to ensure high quality diagnosis, treatment and care for patients.



As in the previous year, the median percentage of attendance achieved over 2019 was 77%.

Attendance of Academic Half Days

Target: 7 out of 12 AHDs

Continuous Professional Development (CPD) is crucial to healthcare providers as it allows a medical practitioner to learn and discover ways to further improve the patient care they deliver. It also enables medical practitioners to stay current with the latest developments within their specialty, addresses real-world challenges that medical practitioners face day to day and meets the regulator's revalidation requirements.

Academic Half Days (AHDs) are an ongoing programme of presentations, training and related sessions to support the CPD of both HSC and MSG Doctors and Consultants.

During 2019, 52% (2018: 50%) of HSC and MSG Consultants and Doctors attended seven out of the 12 AHDs which were provided. A further 14% attended six out of the 12 AHDs.

On average, 39 Consultants and Doctors attend each of the AHD sessions delivered. Analysis of the overall attendance figure has indicated that those who were unable to meet the required attendance target were generally dealing with emergencies or unscheduled medical events, or may have been on leave.

A review is also underway on how attendance at the events is actually recorded and how non-attendance is being monitored and followed up in a timely manner as both of these could be improved.

Attendance at Contractual Meetings

Target: 70%

There are three main types of contractual meetings attended by a number of professionals from multiple groups within all areas of both primary and secondary healthcare. These meetings cover contract management, governance and clinical services.

In 2019, all but one of the 26 meetings held were quorate.

Of the total contractual meetings held in 2019, the median percentage of attendance at those meetings was 80% (2018: 59.7%).

Compliance with Inpatient Discharge Summaries Process

Target: 100%

Once a patient is discharged from the inpatient care of either an MSG Consultant, HSC Doctor, or a visiting Consultant, HSC aims to send a discharge note to the patient's GP within 24 hours. This is then followed by a full discharge summary, care plan, details of investigations and findings within 17 days of discharge. This KPI currently only measures the percentage of compliance with the issue of the full discharge summaries.



In 2019, this KPI recorded a compliance rate of 66%, an increase in performance from the 63% reported the previous year. This has been achieved despite an increase in the number of clinics delivered.

Meet Expected Timings for Clinics

Target: >90%

This measures the percentage of clinic appointments that start at the scheduled time. The measure assists with the identification of any recurring issues that might be preventing the services from consistently meeting their schedule.

This measure was not recorded in 2018 whilst systems were introduced to capture the required data. In 2019, the year-end monthly average of clinic appointments that started at their expected time was 71% and work is ongoing to further improve the way that Consultants record clinic attendance data.

Meet Expected Timings for Operating Theatres

Target: 85%

This measures the percentage of operating theatre sessions that start at the scheduled time. The measure assists with the identification of any recurring issues that might be preventing the theatre team from consistently meeting their schedule.

Scheduled times can be impacted greatly by emergencies that a Consultant/Doctor may have to attend given that Guernsey does not have Junior Doctors. Over-runs also occur if cases are more complex than originally planned.

The Day Patient Unit (DPU) does not currently record start and finish times and are therefore not included within this report.

In 2018, the year-end monthly average was 71% for this measure. In 2019, the monthly average performance had improved and was recorded at 85%.

Patient Safety & Experience Measures

Venous Thromboembolism (VTE) Risk Assessment Rate

Target: >95%

Venous Thromboembolism is a condition in which a blood clot forms, most often in the deep veins of the leg, groin or arm and travels in the circulation, lodging in the lungs. VTE is largely preventable in the hospital setting and this KPI measures, through monthly audits, the percentage of patients aged 18+ who have had a VTE risk assessment completed within 24 hours of their admission to hospital. This assessment allows the appropriate prophylaxis to be administered to patients who require it.

The median average for 2019 was 83% which is an improvement on the 2018 result of 68%. Further improvement of this measure will be an area of focus in 2020.



Never Events

Never Events are serious clinical incidents in specific areas or situations as defined by NHS England (<https://improvement.nhs.uk/resources/never-events-policy-and-framework/>). They are an important part of an open (just) culture and reporting them is associated with better patient outcomes. They are fully investigated so we can learn from them to help improve the care we provide.

To protect patient confidentiality (owing to their very small incidence rate in Guernsey), Never Events will be reported every three years and therefore will be next reported in 2021 to cover the period 2018, 2019 and 2020.

Hospital Acquired Infection Rate

This KPI measures the number of infections for E.coli, C. Diff., MRSA and MSSA which patients have acquired in a hospital stay exceeding 48 hours. Infections recorded within 48 hours are deemed to have been acquired in the community.

In 2019, there were 17 hospital acquired infections (2018: 6) recorded from a total of 15,451 admissions. Out of these, 11 infections (2018: 5) were categorised as 'unavoidable' in accordance with our Infection Control Policy.

Waiting Time Measures

Waiting Times – Emergency Department

Target: 95%

This measure looks at the time from checking in at the Emergency Department (ED) reception to the time a patient is either admitted or discharged. The achievement of this KPI can therefore involve professionals beyond the ED service itself.

Patients in Guernsey are seen very quickly by a healthcare professional when they attend ED but they may need to see a specialist Consultant before a decision can be made about how to progress or conclude that patient's care. If that Consultant is already undertaking surgery or is occupied with patients elsewhere, there may be a delay in decision making, particularly as Guernsey does not employ Junior Doctors. Such unavoidable waits can impact upon closing an episode of care for an individual which in turn impacts on the achievement of the target.

This is also a UK measured target. In December 2019, 79.8% of NHS service users were being admitted / discharged within 4 hours. In Guernsey, 90% of patients were admitted / discharged in that month. As in the previous year, the median monthly average for 2019 was 91% for this measure.

It should be noted that ED have maintained a stable monthly performance against a backdrop of an increase in ED attendances of 8.4% from 2018 to 2019 (with around 19,500 attendances in 2019).



Radiology Waiting Times

Target: 95%

This KPI measures the three target timeframes the radiology service operates in respect of its examinations:

- referral to examinations within 6 weeks (where patients attend their appointment within six weeks of their referral for a radiology examination),
- 8 week referral to report (where the first verified report is available within eight weeks of the patients referral for examination),
- cancer two week wait (where the first verified report for a patient following a cancer pathway is available within two weeks of the patient's referral for examination).

In addition, there is a requirement for inpatient reports to be turned around within 24 hours.

The average for the year was 85%. This is an improvement on the 2018 result of 77% despite the fact that some delays were caused earlier in 2019 when the CT scanner was replaced. In addition, whilst there have been fewer radiography and ultrasound examinations in 2019, more cross-sectional imaging and interventional studies are performed. These are more complex and thus more time consuming exams and include a 600% increase in cardiac CT and virtual colons examinations, more third trimester obstetric ultrasound scanning and a sharp increase in breast imaging and intervention.

Waiting Times – Outpatients and Inpatients

Target: 95%

This KPI measures the percentage of patients referred to an MSG Consultant, HSC Doctor or visiting Consultant who were seen within the agreed waiting time based on their referral priority. The KPI includes both referrals from primary care for outpatient episodes and from the date of the decision to admit a patient until they are admitted as an inpatient.

The SHC sets out expectations for patient elective waiting times as:

- 8-week Routine for Outpatients (following referral by GP).
- 8-week Routine for Inpatients (following outpatient appointment).
- 7 Days Urgent.
- 24 Hours Emergency.
- 2 Weeks Cancer Referral.

82% (2018: 77%) of patients were seen within the contractual waiting times for outpatient episodes in 2019. For inpatient episodes, 71% (2018: 84%) were seen within the contractual waiting times in 2019. The performance when taking into account both measures was 75 % across 2019 (2018: 80%).



Although the waiting time performance has slightly decreased, it is important to note that the total number of elective inpatients receiving treatment has significantly increased between 2018 and 2019. Elective inpatients receiving their treatment in 2018 totalled 6,936, whereas inpatients receiving their treatment in 2019 totalled 7,739 (an increase of 803 patients or 11.6%).

Outpatient Measures

Organisation Cancelled Outpatient Appointment Rate

Target: <10%

This is the percentage of outpatient appointments which are cancelled or rearranged by HSC or MSG. It does not include appointments which are cancelled due to an administrative error if the patient was not aware of the error but it does include changing of appointment times.

It should be noted that a cancelled appointment can include changes made in the best interests of the patient, such as changing an appointment to an earlier time/date. In addition, especially in specialities where there are single consultants, there may also be some cancellations when the consultant is unable to provide the clinic for whatever reason, e.g. due to travel delays.

Some cancellations were also necessary in order to support the orthopaedic inpatient waiting list as some outpatient clinics needed to be rearranged if a theatre list became available at relative short notice.

The 2019 average performance was 12% which represents an improvement on the 14% recorded in the previous year (because in this measure the lower result, the better).

Failure to Attend and Short Notice Patient Cancellation Paediatric Outpatient Rate-Paediatrics.

Target: <11%

This KPI measures when patients did not attend (DNA) their appointment or when the patient has cancelled their appointment with less than 24 hours' notice.

Children have a different target from adults due to the reliance on parents/guardians to assist them in meeting their appointment.

As in the previous year, during 2019, 10% of paediatric patients failed to attend or cancelled at short notice. In terms of patient numbers, 620 of 6,756 appointments scheduled were not attended by the paediatric patient who had been booked.

It is very difficult to fill an appointment slot if someone cancels their appointment at short notice and as such, DNAs increase the costs incurred by HSC and MSG.

This measure seems to be affected by seasonal changes with higher short-notice cancellations and DNA rates occurring around school holiday times for example. Both HSC & MSG understand that changes in normal routines during school holidays can result in appointments



being missed or patients being double booked with holidays off -island etc. but ask that that contact is made as soon as possible to discuss issues so that the service can remain as efficient as possible.

Organisation Initiated Radiology Cancellation Rates

Target: <10%

This KPI measures the percentage of booked attendances for Radiology investigations which were cancelled prior to the patient attendance but does not include referrals to walk in services.

In 2019, our cancellation rate remained extremely low at an average rate of 1% (2018: 1%).

Failure to Attend and Short Notice Patient Cancellation Outpatient Rate –Adults

Target: <6%

This KPI measures when patients have failed to attend their outpatient appointment or when the patient has cancelled their outpatient appointment with less than 24 hours' notice.

The median average for 2019 was 6% (2018: 6%). In terms of patient numbers: 4,751 of the 74,885 appointments scheduled in 2019 were not attended by the patient.

It is difficult to fill an appointment slot at short notice, and whilst both HSC and MSG understand that sometimes circumstances prevent patients from attending their appointment, we ask that contact is made as soon as patients become aware of a change in their circumstances to maintain the efficiency of the overall service.

Inpatient Measures

Delayed Transfer of Care Days

Target: <100 days per month

This KPI measures the number of days in aggregate that patients stay in hospital after they are considered fit for discharge. In some cases, a patient may need further help at home or admittance to a nursing / care home, but they do not need the level of care provided by an acute care hospital ward. Delayed transfers of care therefore reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients. Delays can sometimes be caused by an inability to secure a nursing / care home bed or because a patient is awaiting a review by the Needs Assessment Panel to assess their ongoing care needs.

In 2019, the median monthly average for this measure was 195 days (2018: 91 days). In response to this result, a new initiative called 'Red-to -Green' has been introduced in which identifies and addresses blocks to the transfer of care as early as possible so they can be more effectively managed. A significant contributor to the decline of performance in this measure in 2019 was the closure of residential homes in the islands. This sector remains critical to effectively manage the capacity required to meet ongoing need.



Emergency Readmission Rate Within 28 Days of Discharge

Target: <10%

This KPI measures the percentage of incidences where the same person is admitted to the Princess Elizabeth Hospital as an emergency within 28 days of the last time they left following a stay at the hospital. It should be noted that if a person is readmitted for an issue unrelated to their previous episode of care, they would still be counted within this KPI and so detailed analysis of data will continue in future years to ensure the measure remains as effective as possible.

This target was again achieved throughout 2019, with a median percentage of 6%, an improvement on the 7% reported in the previous year.

Unplanned Return to Theatre within 28 Days

Target: <2.5%

This KPI measures the percentage of unplanned returns to theatre within 28 days of a procedure being performed by a Consultant or Doctor. It excludes any planned returns which are supporting an ongoing course of treatment but includes returns for surgical procedures on the same site. Returns may include occasions where there is an unexpected complication, or where a surgeon considers it to be in the best interest of the patient.

The number of returns under these circumstances remained low in 2019 with less than 0.5% being reported (2018: less than 0.3%).

Work is ongoing to improve the identification and recording of unplanned returns to theatre.

Day Case Unit to Inpatient Conversion Rate

Target: <5%

This KPI measures the number of patients who have been admitted as a day patient, but who have needed to stay overnight after their day patient procedure due to unforeseen circumstances. It is good practice to offer a range of appropriate procedures as a day case admissions, making best use of overall resources and allowing the patient to recover in their own home.

The median average for 2019 was 2% (2018: 2%).

Average Length of stay (Elective admissions only)

Target: <6 days

This KPI measures the (mean) average time in days that elective patients stay at the Princess Elizabeth Hospital. The length of stay is considered to be a well-accepted indicator of hospital efficiency with a shorter stay being considered to be more efficient, as it makes beds available more quickly, reducing the cost per patient and enabling more patients to be treated. It is not in a patient's interest to be in hospital when they would be better recovering at home, but



there is a balance to be achieved as stays that are too short may reduce the quality of care and diminish patient outcomes.

The median average in 2019 was 3 days per stay (2018: 4 days). The main reason for the improvement in this measure is the removal of the calculation of the length of stay of rehabilitation patients for this measure on the basis that such patients often have unavoidable lengths of stay in respect of the provision of their care.

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: <2%

This KPI measures when the patient has failed to attend for an admission to hospital or has cancelled their admission with less than 24 hours' notice. It is very difficult to fill an appointment slot if a cancellation occurs at short notice and as such increases the costs incurred by HSC and MSG. It also means another patient who could have been treated earlier has to wait longer.

This target is now being met with the median average for 2019 at 1% (2018: 3%).

In terms of patient numbers, there were 250 occasions (out of 18,456 scheduled admissions) when individuals did not attend for their treatment or cancelled at short notice. Some of these occurrences were due to the patient being too unwell to have their procedure, but whilst both HSC and MSG understand that sometimes circumstances prevent patients from attending at short notice, we ask that contact is made as soon as possible in such circumstances to maintain overall efficiency.

Organisation Initiated Inpatient Cancellation Rates

Target: <10%

This KPI measures inpatient admissions which have been unavoidably cancelled by HSC or MSG and includes occurrences when the patient came into hospital but the procedure could not be undertaken.

In 2019, the median average for this measure remained at 9%.

Patient Focus Measures

Off-Island Activity

Off-island referrals are carefully monitored in order to identify opportunities to improve on-island provision and to ensure that there are no inappropriate referrals.

This measure provides information about the number of referrals made by Consultants (both from MSG as well as Visiting Consultants) or Doctors to HSC's Off-Island Team which required further scrutiny because:

- the agreed referral process has not been followed,
- the treatment is available on island,
- the referral does not comply with the HSC Commissioning Policy.



As in 2018, there have been on average 9 referrals per months where the correct procedure or policy had not been followed. This performance needs to be understood against a backdrop of increasing referrals from 140 per month in 2018 to 160 per month in 2019.

Work is ongoing to develop further guidance information, in particular for new and visiting consultants to ensure that they are familiar with the policy and procedure requirements of HSC.

Family & Friends Test

The Family and Friends Test is a nationally recognised feedback tool that asks the following question to service users: *“How likely are you to recommend this service to friends and family if they needed similar care or treatment?”* When combined with supplementary follow-up questions, this provides a mechanism to highlight both good and poor patient experience and allows us to benchmark against the UK average.

Of those respondents who chose to answer this question in 2019, the percentage of responses who were “extremely likely” to recommend our service was 70% (2018: 75%). A further 19% (2018: 18%) responded that that they were “likely” to recommend our service.

Monitoring of these responses provides a meaningful and essential source of information for identifying gaps and developing an effective action plan for ongoing quality improvement within secondary healthcare services in Guernsey.

Complaints Procedure

This is the percentage of formal complaints that are completed within 20 operational days as set out within the joint HSC/MSG Complaints Policy. In 2019, 83% of complaints raised were successfully resolved within 20 days, with the balance relating to complex complaints which took longer to investigate and resolve. This is a considerable improvement to the 52% reported in the previous year.

This measure recognises the importance of responding to formal complaints in a timely manner. Not only can this help to put the patient’s mind at rest but it can also lead to the identification of potential service problems, help identify risks, prevent them reoccurring and highlight opportunities for change.

The joint complaints process was also reviewed at the end of 2019 and further improvements to the procedure and this measure are anticipated for 2020.

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