

Secondary Healthcare Contract: 2020 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 third year (2020) 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.

As in previous year's reporting, the KPI measures are reported over six 'themes' which collectively provide a detailed overview of the quality of services provided. It is important when looking for trends compared to previous years, that the impact of COVID-19 is factored in.

Both the Committee for Health & Social Care (HSC) and the Medical Specialist Group (MSG) are proud of the achievements made in such unprecedented times. Despite the pandemic, improvements have been achieved across a number of KPIs.

The impact of COVID-19

The Bailiwick response to the first wave of the COVID-19 pandemic had a profound impact on the delivery of health and social care services in 2020, with all aspects of operations impacted to a greater or lesser extent. The need to prioritise staff and resources to protect patients, manage the spread of the virus and support those who became infected was rightly at the forefront of the successful response strategy. The support of the public has been exceptional and has made a real difference to all that has been achieved during this unprecedented time and we are grateful for their continued support.

During the entire lockdown period, all 'Priority 1 & 2' surgical operations were delivered. This work involved the most critical and urgent casework, including cancer responses and trauma treatments. Additionally, MSG worked hard to provide their routine outpatient services during lockdown, often over the telephone, via technology or through the use of PPE if the appointments had to be conducted in person and continue to do so as we experience the second wave.

Thanks to islanders' excellent compliance with the lockdown provisions, we came out of lockdown faster than many other jurisdictions which meant that waiting list times at the end of 2020 were not as bad as they could have been.

Unfortunately, at the time of writing, we were required to return into lockdown and it is likely, therefore, that we will see the position worsen again. HSC and MSG thank patients once again for their understanding and seek to reassure the public that we will work to return to full capacity as soon as it is practicable and safe to do so

In terms of looking off island for additional capacity to support the Guernsey waiting list management (as has been undertaken in the past 18 months for orthopaedics for example), this is not felt to be viable at the present time owing to the pressures on the NHS and their own waiting lists which have lengthened considerably owing to the ongoing pandemic. This option will however remain under review.

To manage increasing patient demand on island, and to keep pace with the needs and requirements of our changing community, HSC are delivering a major 'Hospital Modernisation Programme' which, subject to States' approvals and another successful exit from lockdown, aims to break ground later this year, providing the facilities, services and capacity required by our community into the future.

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 2021, all job plans and job descriptions were in place and up to date for HSC and MSG Doctors/Consultants for the year 2020 (2019: 100%).

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 2021 confirms that 98% (2019: 96%) of annual appraisals had been completed.

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.

Despite the pandemic, MDTs for cancer patients continued to meet. Attendance was not always possible for safety reasons but remained in target and. Across 2020, this measure has achieved a median percentage of 75% (2019: 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. This year three AHD's were cancelled during April to June while doctors prioritised responses to the COVID-19 Pandemic. Despite this limited opportunity 42% of HSC Doctors and MSG Consultants attended seven (out of only nine) AHDs (2019: 52% attended seven out of 12 AHDs). Virtual AHDs have also been facilitated to ensure meetings could be held safely and to enable speakers from off island to present during this challenging year.

It should also be noted that some Doctors and Consultants did not attend an AHD in order to pursue other CPD opportunities which might have been more targeted to their specialities at that time.

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. At all meetings in 2020 all professional areas were represented by ensuring absent members or vacant posts were covered by suitable alternative professional staff.

Of the total of 22 contractual meetings held in 2020, the median percentage of attendance at those meetings was 74% (2019: 80%).

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 2020, this KPI recorded a compliance rate of 73%, an increase in performance from the 66% reported in 2019. This figure increased above 90% during the first wave of the COVID-19 pandemic but decreased when workloads increased and teams focussed on patient facing activities as business returned to normal. Work is ongoing between Medical Records and MSG to streamline processes as much as possible to further improve on this KPI.

In addition, the implementation of a more modern Electronic Patient Record System will be vital to automate some of the related processes to further advance the performance against this measure.

Patient Safety & Experience Measures

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), the number of 'Never Events' will be reported every three years, however no further detail on the nature of the cases will be provided. From 2018 to 2020, in total four 'Never Events' were reported. They were all fully investigated and lessons learnt identified and implemented.

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.

Numbers of hospital acquired infections were again very low in 2020. There were five hospital acquired infections (2019: 17) recorded from a total of 13,114 admissions, three of whom were inconclusive as to whether they might have already been acquired before admission. These infections (2019: 11) were all 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.

Guernsey does not employ Junior Doctors or have an Admissions Unit. If a Consultant is already undertaking surgery, is occupied with patients elsewhere or there is a delay in scanning out of hours, there may be a delay in decision making. Such unavoidable waits can impact upon closing an episode of care for an individual, which in turn impacts on the achievement of the target. Investigations have commenced to identify the biggest reason for delays in achieving this KPI. It is possible that, due to the issues outlined above, Guernsey may be prevented from ever meeting this target.

This is also a measure monitored by NHS England. Over the year 2020, 86.5% of NHS service users were being admitted / discharged within 4 hours. As in the previous year, in Guernsey, the median monthly average for 2020 was 89% for this measure.

While the average number of attendances each day fell to 32 during the first lockdown, measures such as rapid COVID-19 tests prior to admission, enhanced cleaning and other COVID-19 Safe practices have slightly increased the time which a patient may spend in the department prior to discharge.

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 six 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 2-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.

Radiology are concluding a multi-year, multi-million pound investment in their equipment to ensure islanders continue to receive an excellent service. The final phase of this work will see the installation of a latest generation MRI scanner which is about to be launched into service. The team have used a modular, temporary facility from the UK to ensure Radiology services could continue throughout this detailed and extensive upgrade programme.

Despite the period in which this new equipment was being commissioned with periods where key scanners were unavailable and despite the first lockdown, the average for the year was 77% (2019: 85%).

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.

72% (2019: 82%) of patients were seen within the contractual waiting times for outpatient episodes in 2020. For inpatient episodes, 62% (2019: 71%) were seen within the contractual waiting times in 2020. The performance when taking into account both measures was 69% across 2020 (2019: 75%). Specialities with the longest waiting times include orthopaedics, gastroenterology and ENT.

Many clinics were rearranged and as services moved from providing essential services only during the first wave of the pandemic, clinics were reorganised to maximize operations and admissions. 97% of routine patients have been seen within six months of referral.

Despite the first wave of the pandemic, all emergency priority patients (100%) were admitted within target as were those classed as urgent (96%). 61% of routine patients were admitted within the target time of eight weeks. 86% of routine patients were admitted in under six months. Meeting target times during the first wave of the pandemic was challenging as the Day Patient Unit closed to accommodate the HOT ICU and emergency and complex patients were reprioritised.

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 unexpected absences or delays.

During the first wave of the pandemic, some appointments were reorganised as clinics were moved to other locations or changed to telephone appointments, and some. As activity returned to normal, some clinics were rescheduled to maximise Consultant time for inpatient operations.

The 2020 average performance was 14% (2019: 12%).

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 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.

During 2020, 8% of paediatric patients failed to attend or cancelled at short notice. In terms of patient numbers, 470 of 6,039 appointments scheduled were not attended by the paediatric patient who had been booked. (2019: 10%)

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 has improved this year, which may be due to many staying closer to home this year during school holidays.

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 2020, our cancellation rate remained extremely low at an average rate of 1% (2019: 1%).

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

Target: <6%

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

The median average for 2020 was 5% (2019: 6%). In terms of patient numbers: 3,553 of the 70,777 appointments scheduled in 2020 were not attended by the patient.

There has been an improvement this year despite a number of cancellations being made because of patients self-isolating due to COVID-19.

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.

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.

In 2020, the year-end monthly average of clinic appointments that started at their expected time was 77% (2019: 71%). This KPI has improved from the previous year, particularly due to a focus on training for visiting services this year to enable positive changes in the way that those Consultants record clinic attendance data.

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 2020, the median monthly average for this measure was 151 days (2019: 195 days). Initiatives such as 'Red-to -Green' which identifies and addresses blocks to the transfer of care as early as possible so they can be more effectively managed and the "Get Well Dressed" campaigns have been introduced.

Measures that were put in place to manage COVID-19, in particular when the Bailiwick was in full lockdown, would have added to delayed transfer of care days. However, where possible we were able to discharge patients to care homes following receipt of a negative COVID-19 test result.

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 2020, with a median percentage of 7%, a slight increase on the 6% reported in the previous year.

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 2020 remains at 3 days per stay (2019: 3 days).

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: <2%

This KPI measures when the patient failed to attend for an admission to hospital or 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 being met with the median average for 2020 at 1% (2019: 1%).

In terms of patient numbers, there were 194 occasions (out of 15,610 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 give us the best opportunity to fill any spaces.

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 2020, this measure has improved with a median average of 7% (2019: 9%). This was achieved despite high numbers of admissions which were cancelled during March, when our Day Patient Unit was converted to a dedicated ICU for COVID-19 Patients and the rest of the hospital prepared to manage the pandemic.

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 2020 was 2% (2019: 2%).

Meet Expected Timings for Operating Theatres

Target: 85%

This measures the percentage of operating theatre sessions that start and finish 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 2020, the year-end monthly average was 78% for this measure. This is lower than 2019, where the monthly average performance had improved and was recorded at 85%. Theatre scheduling was disrupted during the first wave of the COVID-19 pandemic where PPE requirements and cleaning of operating rooms between cases and sessions increased in order to maintain patient safety.

Compliance with discharge planning process

Target <10%

This measures the percentage of patients who have a recorded estimated discharge date within 24 hours of their admission. Whilst discharge planning is undertaken for all patients, planning a service user's discharge from hospital should be started as soon as possible after they enter the service as this supports planning a safe ordered discharge/transfer of care by ensuring that family and/or carers and all health and social care agencies involved in the service users care post discharge are prepared to receive the service user.

In 2020, the median for this measure was 53%. There is work on-going to improve processes and ensure this information is recorded as close to admission as possible.

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 2020 with less than 0.5% being reported (2019: less than 0.5%).

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

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.

In 2020, there have been on average six referrals per months (2019: 9 referrals) where the correct procedure (93% of the instances) or policy (7% of the instances) had not been followed correctly.

Work continues to develop further guidance information and training, 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 2020, the percentage of responses who were “extremely likely” to recommend our service was 100% (2019: 89%).

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. Work is ongoing to review the process for collecting patient feedback on the care received and a revised survey will be implemented in 2021.

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 2020, 85% 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 an improvement to the 83% 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.

Where it has not been possible to fully resolve a complaint within 20 days, the complainant is contacted to explain the reasons for the delay.

The joint complaints policy has also been subject to a substantive review in 2020 and a revised version will be published in 2021.

Published 12 March 2021