

## **Secondary Healthcare Contract: 2021 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 fourth year (2021) 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 years' reporting, the measures are reported over six 'themes' which collectively provide a detailed overview of the quality of services provided.

Both the Committee for Health & Social Care (HSC) and the Medical Specialist Group (MSG) are proud of the achievements made despite the pandemic continuing for another year. It is important when looking for trends compared to previous years, that the impact of COVID-19 is factored in.

### **The impact of COVID-19**

The year 2021 started with a second lockdown in response to the COVID-19 pandemic, which had a profound impact on the delivery of health and social care services, with all aspects of services impacted to a greater or lesser extent. As in the previous year, 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.

HSC and MSG would like to express their thanks to all staff for their continued hard work in response to the pandemic and to minimise any impact on services.

During the lockdown period, the most urgent cases were prioritised as required. 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 using PPE if the appointments had to be conducted in person.

The support of the public has once again been exceptional and has made a real difference to all that has been achieved during this unprecedented time. We remain grateful for their continued support.

We recently found ourselves in the midst of the Omicron wave, which again forced HSC and MSG to postpone some elective activity.

### **The impact of Health Transformation**

The Hospital Modernisation Programme will provide HSC with the capacity to meet current and predicted future patient demand. When that capacity is available, improvements to KPIs, in particular to those relating to Waiting Times are expected.

A more modern Electronic Patient Record system will assist with the improved recording and reporting of information.

The introduction of an Electronic Patient Record system will be vital to automate some key processes. Until such system is in place, it is unlikely that the following KPI targets will be met although efforts are ongoing to streamline processes within existing systems as much as possible:

- Compliance with Inpatient Discharge Summaries
- Compliance with Discharge Planning process

## **Professional Compliance**

### ***Up to Date Job Plans & Job Descriptions***

***Target: 100% Actual: 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 2022, all job plans and job descriptions were in place and up to date for HSC and MSG Doctors/Consultants for the year 2021 (2020: 100%).

### ***Completion of Annual Appraisals***

***Target: 100% Actual: 98%***

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. Information available as at the end of January 2022 confirmed that 98% (2020: 98%) of annual appraisals had been completed.

### ***Attendance in the Cancer Multidisciplinary Team (MDT) Meetings***

***Target: 70% Actual: 95%***

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.

More clinicians were able to attend the scheduled meetings last year which resulted in an increase to 95% across 2021 from an average percentage of 75% the previous year.

### ***Attendance of Academic Half Days***

***Target: 100% Actual: 67%***

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. Despite the continuing pandemic, it was possible to continue to hold one AHD per month during 2021, although these were mostly delivered virtually. In 2021, 67% of HSC Doctors and MSG Consultants attended seven out of 12 AHDs (2020: 42% attended seven out of nine AHDs). In order to facilitate attendance, it is anticipated that AHDs will continue to be delivered in a hybrid manner even beyond the pandemic so that consultants can attend virtually if they are unable to attend in person.

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% Actual: 92%***

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 2021 all professional areas were represented by ensuring absent members or vacant posts were covered by suitable alternative professional staff.

Of the total of 25 contractual meetings held in 2021, the average percentage of attendance at those meetings was 92% (2020: 74%).

### ***Compliance with Inpatient Discharge Summaries Process***

***Target: 100% Actual: 62%***

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 2021, this KPI recorded a compliance rate of 62% (2020: 73%). This figure fluctuated throughout 2021 as patient activity had to be reduced to the pandemic and then increased when teams were able to focus again on patient facing activities.

The implementation of a more modern Electronic Patient Record system will be important to automate some key processes which will result in an improved performance against this

measure. In parallel to work on a new system, improvements have been made to the existing discharge summary processes to achieve interim improvements.

### ***Meet Expected Timings for Operating Theatres***

***Target: 85% Actual: 84%***

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 2021, the year-end monthly average was 84% for this measure. This is an improvement to 2020, where the monthly average performance was recorded at 78%. In 2021, an external review of the hospital's theatre management commended Guernsey's position on this measure which routinely stands above the UK average.

### **Patient Safety & Experience**

#### ***Hospital Acquired Infection Rate***

This KPI measures the number of infections for C. Diff., MRSA and MRSA Colonisations which patients have acquired in a hospital stay exceeding 48 hours (72 hours for C.diff). Infections recorded within 48 hours (or 72 hours for C.diff) are deemed to have been acquired in the community.

Numbers of Hospital Acquired Infections were again very low in 2021 which is credit to the hygiene procedures in the hospital as well as the antibiotic prescribing and pre-admission testing requirements. There were five Hospital Acquired Infections (2020: 5) recorded from a total of 14,463 admissions (2020: 13,114). These infections were all categorised as 'unavoidable' in accordance with the HSC Infection Control Policy.

### **Waiting Times**

#### ***Emergency Department Waiting Times***

***Target: 95% Actual: 89%***

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 which should take no more than four hours. 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 accessing diagnostics out of hours, there may be a delay in decision making. In addition, the Emergency Department may also be the first point of call for mental health patients who often require a longer assessment time than patients seeking assistance for physical issues. Such unavoidable waits can impact upon closing an episode of care for an individual, which in turn means that Guernsey may be prevented from ever meeting this target.

This is also a measure monitored by NHS England. In November 2021 (the most recent NHS result publicly available), 74% of NHS service users were being admitted / discharged within four hours. In the UK, the 95% standard was last met in July 2015. As in the previous two years, in Guernsey, the monthly average for 2021 was 89% for this measure.

### ***Outpatient and Inpatient contract waiting times***

***Target: 95% Actual: 67% (Inpatients: 61%/Outpatients: 71%)***

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.

The waiting time results for the different types of referrals were as follows:

<b>Priority</b>	<b>Inpatients within contract</b>	<b>Outpatients within contract</b>
Emergency within 24 hrs	89%	96%
Urgent within 7 days	80%	54%
Cancer Referral 2 week wait	71%	82%
Routine 8 Weeks	59%	71%

Overall, 71% (2020: 72%) of patients were seen within the contractual waiting times for outpatient episodes in 2021. For inpatient episodes, 61% (2020: 62%) were seen within the contractual waiting times in 2021. The performance when considering both measures was 67% across 2021 (2020: 69%). The specialities with the longest waiting times continue to be orthopaedics and gastroenterology and work is ongoing to maximise local capacity to address the backlog. It should be noted that Guernsey has not been able to commission services from the UK to address any backlog in 2020 and 2021 due to the COVID-19 pandemic.

Unfortunately, the Omicron wave has resulted in further postponements of elective work. However, Guernsey can be proud that proportionally the backlog is significantly lower than the equivalent in the UK, although we appreciate that long waiting times are frustrating for those patients waiting for their appointments and admissions, and all staff are working hard to reduce the backlog.

94% of routine patients have been seen within six months of referral (Inpatients: 87%, Outpatients: 97%).

### ***Radiology Waiting Times***

***Target: 95% Actual: 65%***

This KPI measures the four 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 patient's 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).
- Inpatient report turnaround (patients examined while on an inpatient ward where the first verified report is carried out within 24 hours).

In 2021, the six- and 8-week waiting times were met on average in 82% of the referrals. The 24-hour and 2-week targets were met on average in 46% of the cases. Overall, the target waiting times were met in 65% of all cases (2020: 77%).

The demand for radiology services has increased exponentially which has resulted in the service being met routinely with a demand that exceeds the capacity. This is particularly noticeable in respect of the demand for MRIs.

Additional investment is required to recruit an additional radiologist and to increase the operational hours of the service to improve on these results.

### **Outpatient Measures**

#### ***Organisation Cancelled Outpatient Appointment Rate***

***Target: <10% Actual: 14%***

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.

In order to maximise Consultant time for inpatient operations, outpatient appointments may be rearranged if an additional theatre slot becomes available.

As in 2020, the 2021 average result was 14%.

### ***Organisation Initiated Radiology Cancellation Rate***

***Target: <10% Actual: 0.5%***

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 2021, our cancellation rate again remained extremely low at an average rate of less than 1% (2020: 0.6%).

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

***Target: <6% Actual: 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 average for 2021 was 6% (2020: 5%). In terms of patient numbers: 3,945 of the 77,475 (2020: 3,553 of the 70,777) appointments scheduled in 2021 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.

### ***Failure to Attend and Short Notice Patient Cancellation Outpatient Rate - Children***

***Target: <11% Actual: 8%***

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.

As in the previous year, in 2021, 8% of paediatric patients failed to attend or cancelled at short notice. In terms of patient numbers, 476 of 5,844 (2020: 470 of 6,039) appointments scheduled were not attended by the paediatric patient who had been booked.

HSC and MSG are grateful for notice to be given as much as possible if a patient is unable to meet their appointment time as it is very difficult to fill a vacant slot if an appointment is cancelled at short notice.

### ***Meet Expected Timings for Clinic***

***Target: >90% Actual: 78%***

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 2021, the year-end monthly average of clinic appointments that started at their expected time was 78% (2020: 77%).

### **Inpatient Measures**

#### ***Organisation Initiated Inpatient Cancellation Rate***

***Target: <10% Actual: 8%***

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 2021, the average for this measure was 8% (2020: 7%), which is a slight deterioration to the previous year. This was mainly caused by the postponements required during the second lockdown and due to the bed capacity issues in the second half of the year. Due to the efforts of all staff to maximise inpatient capacity, the cancellation rate has not increased back to the levels seen in previous years and the outcome remains within the target.

#### ***Failure to Attend and Short Notice Patient Cancellation Inpatient Rate***

***Target: <2% Actual: 1%***

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.

Particularly in light of all the efforts to maximise inpatient capacity, it is important that this measure is as low as possible. In terms of patient numbers, there were 225 occasions out of 18,132 (2020: 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 having a recent COVID-19 diagnosis or 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.

HSC and MSG would like to thank the public that this target has been achieved with the average for 2021 being 1% (2020: 1%).

### ***Average Length of stay (Elective admissions only)***

**Target: <6 days Actual: 3 days**

This KPI measures the 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 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 average in 2021 remained at 3 days per stay (2020: 3 days). This also shows that the management of the elective workload does not contribute to the delayed transfer of care measure below.

### ***Compliance with Discharge Planning Process***

**Target >90% Actual: 54%**

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 discharge from hospital should be started as soon as possible after they enter the service. This supports the planning of 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 2021, the average for this measure was 54% (2020: 53%) which represents a slight improvement as work continues to streamline the processes. In addition, the new Electronic Patient Record System will automate some of the key processes to meet this measure.

### ***Delayed Transfer of Care Days***

**Target: <100 days per month Actual: 387 days**

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 2021, the bed capacity issues due to the delayed transfer of care for patients were highlighted on several occasions. The monthly average for this measure of 387 days (2020: 151 days) highlights the severity of the problem.

### ***Unplanned Return to Theatre within 30 Days***

***Target: <2.5% Actual: less than 0.5%***

This KPI measures the percentage of unplanned returns to theatre within 30 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 again remained very low in 2021 with less than 0.5% being reported (2020: less than 0.5%).

### ***Day Case Unit to Inpatient Conversion Rate***

***Target: <5% Actual: 2%***

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 admission, making best use of overall resources and allowing the patient to recover in their own home.

The average for 2021 was 2% (2020: 2%).

### ***ED Conversion Rate***

***Target: <16% Actual: 11%***

This measure was newly introduced in 2021 and records the percentage of attenders at the Emergency Department who have been subsequently admitted as an inpatient. Increasing emergency admissions can limit the hospital's capacity to undertake routine elective care.

In 2021, 11% of service users who attended the Emergency Department were subsequently admitted as inpatients.

### ***Emergency Readmission Rate within 28 Days of Discharge***

***Target: <10% Actual: 7%***

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 useful as possible. When the new Electronic Patient Record System is in place, it is anticipated that the episodes of care will be matched more effectively.

HSC and MSG are proud that this target was again achieved throughout 2021, with an average percentage of 7% (2020: 7%). This shows that despite the well documented bed capacity issues, patients were not discharged inappropriately.

## **Patient Focus**

### ***Off-Island Activity***

***Target: 0 per month Actual: 4 per month***

Off-island referrals are carefully monitored 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 2021, there have been, on average, four referrals per months (2020: six referrals) where the correct procedure or policy had not been followed correctly.

### ***Complaints Procedure***

***Target: 75% Actual: 96%***

This is the percentage of formal complaints that are resolved within 20 operational days as set out within the joint HSC/MSG Complaints Policy. In 2021, 96% of complaints raised were successfully resolved within this target (2020: 86%), with the balance relating to complex complaints which took longer to investigate and resolve.

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.

*Published February 2022*