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Secondary Healthcare Contract

2023 Key Performance
Indicators

THE
MEDICAL
SPECIALIST
GROUP
LLP



Committee for
Health & Social Care

Foreword from Deputy Al Brouard, President of the Committee *for* Health & Social Care



As President for the Committee *for* Health & Social Care (HSC) welcome the publication of the annual report examining the key performance indicators of our contract with the Medical Specialist Group [MSG]. I want to start by thanking all of the dedicated staff involved in the delivery of healthcare across both organisations. We have significant challenges in delivering the services people need, with finite resources to do so, but ultimately the standard of health and care services we provide our community is higher when compared to many other jurisdictions. That should be celebrated while we also rightly examine where things are not of a standard we want, and challenge ourselves to improve, all while facing year-on-year increases in demand.

And that demand is the ultimate challenge hence the Government Work Plan focus on sustainable health and social care for the Bailiwick. Even this past year, we have seen the number of people referred to the services we provide in collaboration with the MSG grow and the facts are that we cannot control that demand. We cannot turn people away. We have long term transformation plans in place that will increase capacity so that we can help more people every day, with Phase 2 of Our Hospital Modernisation and the huge benefits that will realise including increasing our theatre capacity. But in the meantime, HSC and the MSG will continue to develop new initiatives seeking to meet that challenge.

There is an element here where we need to reshape what success looks like within the context I've described above. Last year more people were operated on than ever before, thanks largely to the creation of the de Havilland Unit in late 2022. This unit is dedicated to orthopaedic surgery and resulted in a huge reduction in the number of elective surgeries postponed due to a lack of bed space. Yet despite this undoubted success story, waiting lists remained relatively static. How can it be that we performed more surgery last year than ever before, yet couldn't reduce the waiting list? And this is because more and more people every year need our help.

The States has made a significant statement in committing to deliver Phase 2 of Our Hospital Modernisation. But investment in health and care must continue in the years ahead because quite simply the demand for our services is only going to increase. This is why I have also raised the challenge of successful recruitment to permanent roles because of the lack of staff accommodation. The delivery of health and social care is complex, expanding and we need all the pieces of the jigsaw to be aligned to support us to deliver high quality, safe and effective services.

We will continue to work in partnership with our colleagues in the MSG to deliver the best health and care we can.

Secondary Healthcare Contract: 2023 Key Performance Indicators

The purpose of this document is to report on the 2023 Key Performance Indicators (KPIs) in relation to 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.

Whilst the KPI definitions can and have been tweaked throughout the span of the Contract to ensure the continued adequacy and usefulness of the measures, a more substantial review has been undertaken in recent months which will feed into the design of the reporting requirements of the new Electronic Patient Record System.





Factors influencing the delivery of the Secondary Healthcare contract in 2023

Our Hospital Modernisation

The hospital modernisation programme continued throughout 2023 with Phase 1 of the programme (the new Critical Care Unit and post anaesthetic recovery unit) now visibly 'out of the ground'.

The capital investment into Phase 2, agreed by the States, will support the long-term sustainability of the delivery of health and social care for the Bailiwick and represents a generational investment in the Princess Elizabeth Hospital campus. Phase 2 will deliver essential facilities to respond to the needs of the ageing demographic, to meet future demands in high pressure areas and will provide for greater resilience of acute care services. The development will also help to drive more efficient working practices, enable better care pathways to be developed and support the mitigation and management of key clinical risks.

Until Phase 2 is completed, improvements to KPIs, in particular those relating to waiting times, are more challenging to meet.

Electronic Patient Record

A more modern and resilient Electronic Patient Record (EPR) solution will assist with the improved recording and reporting of information. This new solution will be vital to automate key processes.

It is anticipated that the new system will be rolled out towards the end of 2024. Once the EPR system is embedded we can expect the automation of process to improve compliance with inpatient discharge summaries and the discharge planning process.

Recruitment Difficulties

It has been widely reported in the local media the difficulties both HSC & MSG have had in securing key workers to deliver specialist roles within the health and care sector. National and global shortages of specialist roles continued to cause disruptions to the delivery of services and contributed to waiting list challenges.

As in 2022, HSC & MSG have had to rely on locum and agency staff throughout 2023 in order to deliver essential services. In an increasingly competitive market the MSG is trying out new ways of recruiting high quality consultants. In January 2024, the MSG took a stand at the Association of Anaesthetists' Winter Scientific conference as a way of promoting Guernsey and the MSG as destination for the consultants.

Increase in Activity

2023 was another busy year with 15,601 inpatient admissions (2022: 14,461). In addition, 20,998 new outpatient referrals were received (2022: 19,870). Theatre activity also increased with 4,640 procedures completed (2022: 4,321).

Waiting List Management

The waiting list position is reviewed jointly by colleagues from HSC and the MSG to ensure all is done to optimise capacity and minimise postponements and disruptions.

In 2023, HSC appointed Medinet to carry out nine weekend clinics for patients needing an endoscopy procedure across several specialities: gastroenterology, general surgery and bowel cancer screening patients. As a result, 508 patients had an endoscopy.

The de Haviland ward continued to provide protection to orthopaedic bed capacity resulting in a 22% reduction in cancellations of orthopaedic procedures. In 2023, there were 462 orthopaedic procedures delivered to patients admitted to the de Haviland ward.

An in-depth review of the waiting list position across all specialities was undertaken to identify further opportunities to address the backlog. However, securing the funds and resources to deliver waiting list initiatives remains a challenge.

Patient Feedback Survey

In Q4 of 2023, a new patient survey was rolled out for MSG and HSC Acute services. QR codes with a direct link to the questionnaire are available in the wards, PEH and MSG clinics and patient waiting areas. The initial analysis of feedback has been agreed for six months from commencement of the survey. It is anticipated that the 2024 publication of KPI results will include an overview of the initial data. The survey is primarily quantitative; however a free text box has been included for patients to provide additional comments.

1

Professional Compliance Measures



Up to date job plans
& job descriptions

Target: 100% 2023 Result: 100%



Completion of
Annual Appraisals

Target: 100% 2023 Result: 100%



Attendance in the Cancer
Multidisciplinary Team Meetings

Target: 70% 2023 Result: 91%



Attendance of Academic
Half Days (AHD)

Target: 100% 2023 Result: 74%

Attending 7 out of 12 AHDs



Attendance at
Contractual Meetings

Target: 70% 2023 Result: 79%



Compliance with inpatient
discharge summaries process

Target: 100% 2023 Result: 66%



Meet expected timings for
operating theatres

Target: 85% 2023 Result: 82%

Up to date job plans & job descriptions

Target: 100%

2023 Result: 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 2024, all job plans and job descriptions were in place for HSC and MSG Doctors/Consultants for the year 2023 (2022: 100%). A more in-depth review of the job plans is ongoing to ensure that they continue to be accurate and meet the island's requirements.

Completion of annual appraisals

Target: 100%

2023 Result: 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. Information available as at the end of January 2024 confirmed that 100% (2022: 98%) of annual appraisals had been completed.

Attendance in the cancer multidisciplinary team meetings

Target: 70%

2023 Result: 91%

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.

In 2023, a continued high attendance of 91% (2022: 92%) showed the importance of these meetings to clinicians.

Attendance of academic half days

Target: 100%

2023 Result: 74%

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 those 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. In 2023, 74% of HSC Doctors and MSG Consultants attended seven out of 12 AHDs (2022: 61%). In order to encourage attendance, AHDs are delivered in a hybrid manner so that consultants can attend virtually if they are unable to attend in person.



In addition, whilst theatre activity is reduced in order to enable Doctors to attend, this is not possible for the Emergency Department (ED). Excluding the ED Doctors from this measure would show an attendance rate of 87% for 2023 (2022: 71%).

Attendance at contractual meetings

Target: 70%

2023 Result: 79%

There are three main types of contractual meetings attended by professionals from multiple groups within all areas of both primary and secondary healthcare. These meetings cover contract management, governance and clinical services. Suitable alternative professional staff can also cover absences to maximise attendance.

Of the total of 28 contractual meetings held in 2022, the average percentage of attendance at those meetings was 79% (2022: 90%). Due to staff changes in Q2 of 2023, the percentage dropped in 2023; however, the KPI was still met comfortably.

Compliance with inpatient discharge summaries process

Target: 100%

2023 Result: 66%

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 only measures the percentage of compliance with the issue of the full discharge summaries.

In 2023, this KPI recorded a compliance rate of 66% (2022: 71%). Whilst the patient's GP generally receives the (handwritten) discharge summary soon after discharge as required, a backlog in typing contributed to the formal discharge summary not always being available within the required 17 days. In an environment where Consultants

aim to maximise patient facing time, often the administrative tasks are delayed.

The implementation of the new Electronic Patient Record system will be important to automate some key processes which will result in a noticeable improved performance against this measure.

Meet expected timings for operating theatres

Target: 85%

2023 Result: 82%

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. Overruns also occur if cases are more

complex than originally anticipated. In addition, in order to maximise lists, more procedures are being listed. Examples are cataract lists which now include six patients where previously only four patients were listed.

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

In 2023, the year-end monthly average was 82% for this measure (2022: 81%). Efforts to maximise theatre capacity are ongoing and from September 2023 to the end of the year, the results for this measure were continuously in target.



2

Patient Safety & Experience

Hospital acquired infection rate

Target: 0

2023 Result: 5

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 2023 which is credit to the hygiene procedures in the hospital. There were only five Hospital Acquired Infections (2022: 5) recorded from a total of 15,601 admissions (2022: 14,461). Out of these infections two were categorised as 'unavoidable' and three infections were classed as 'avoidable' in accordance with the HSC Infection Control Policy.

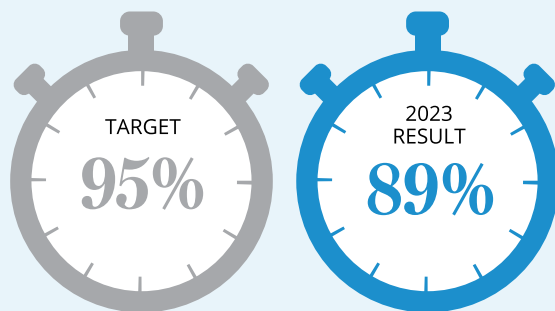


3

Waiting times



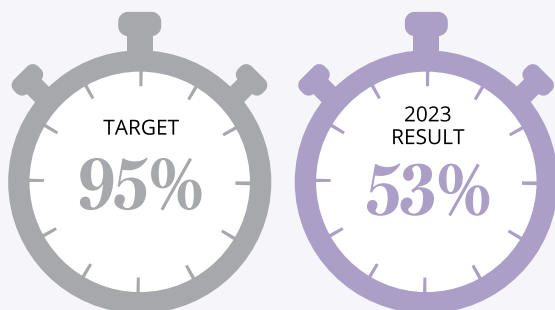
Emergency
Department
Waiting Times



Outpatient
Contract
Waiting Times



Inpatient
Contract
Waiting Times



Radiology
Waiting
Times



Emergency Department Waiting Times

Target: 95%

2023 Result: 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 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 ED 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 means that it may prove to be impossible to achieve this target.

This is also a measure monitored by NHS England. In November 2023 (the most recent NHS result publicly available), only 70% of NHS service users were admitted / discharged within four hours. In the UK, the 95% standard was last met in July 2015. As in previous years, in Guernsey, the monthly average for 2023 was 89% for this measure despite a 10% increase in attendances to 23,957 attendances (2022: 21,848).

Outpatient and Inpatient contract waiting times

Target: 95%

2023 Result: 61%

(Inpatients 53% / Outpatients 68%)

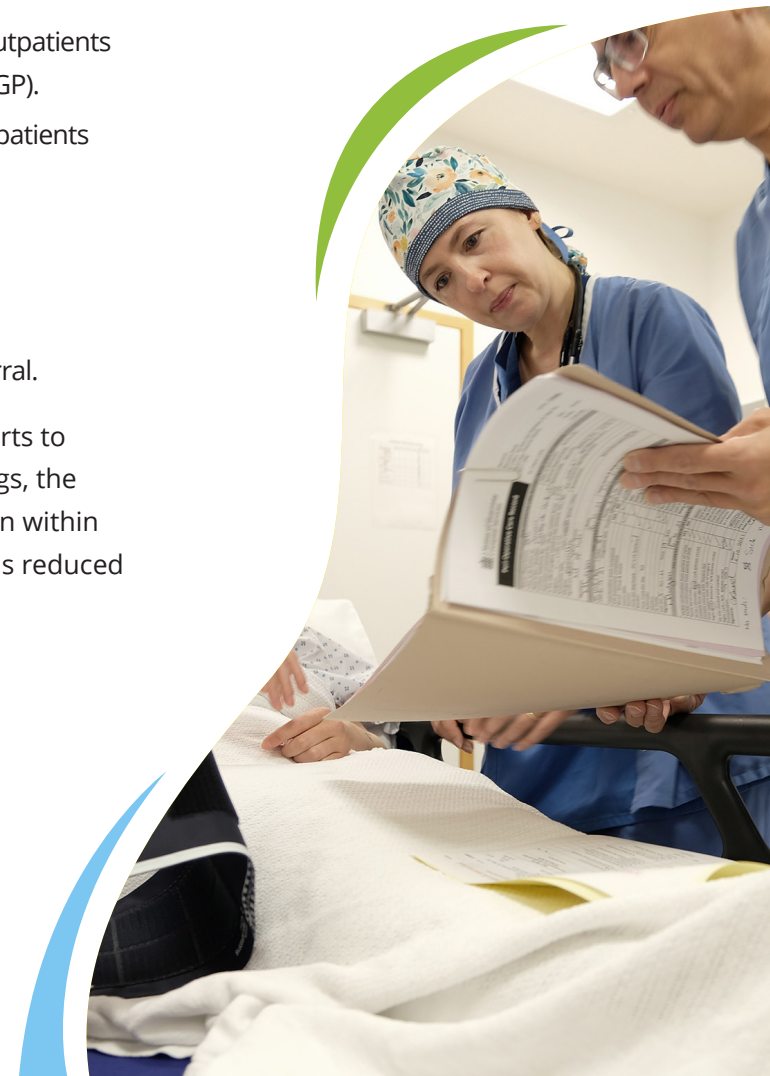
This KPI measures the percentage of patients referred to an MSG Consultant, HSC Doctor or visiting Consultant who

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.








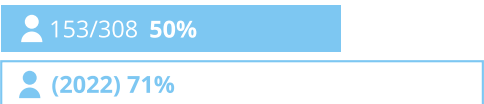
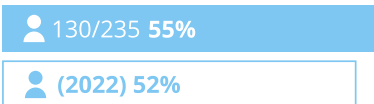

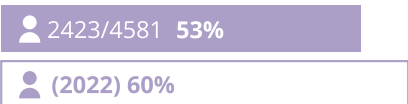
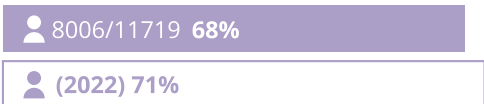



The SHC sets out expectations for patient elective waiting times as:

- * 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.

Despite the continued efforts to address waiting list backlogs, the percentage of patients seen within the target waiting times has reduced slightly.



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

Priority	Inpatient	Outpatient
 Emergency within 24 hrs		
 Urgent within 7 days		
 Cancer Referral 2 week wait		
 Routine 8 weeks		
 Grand Total		

Overall, 68% (2022: 71%) of patients were seen within the contractual waiting times for outpatient episodes in 2023. For inpatient episodes, 53% (2022: 61%) were seen within the contractual waiting times in 2023. The performance when considering both measures was 61% across 2023 (2022: 67%).

84% of routine patients were seen within three months of their referral

(Inpatients: 70%, Outpatients 89%) and 94% of routine patients were seen within six months of referral (Inpatients: 89%, Outpatients: 96%).

A review has taken place to investigate the deterioration in the results for urgent referrals. The specialities primarily affected are dermatology and gastroenterology and efforts are ongoing to increase capacity in both areas.

Although skin cancers are included in these and the cancer wait figures, we prioritise melanoma and higher risk Basal Cell Carcinomas in line with NICE guidance. The more common Squamous Cell Carcinomas are not subject to the 2-week wait according to NICE guidance, but are included in these figures. The inpatient cancer waiting times are further affected

by the reintroduction of the Bowel Cancer Screening programme whereby patients are added straight from the programme onto the inpatient waiting list. 100% of medical oncology patients had their inpatient admission within two weeks of being added to the inpatient waiting list.

Radiology Waiting Times

Target: 95%

2023 Result: 96%

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).

For data quality reasons and due to a system change, only the first items are reported in 2022.

In 2022, the six- and 8-week waiting times were met on average in 91% of the referrals (2021: 82%).

HSC is pleased to report that the waiting list backlog reported in 2021 has now been addressed and waiting times for key scans are now generally within target with some MRI scans even delivered within two weeks.

Fluoroscopy and Nuclear Medicine did not meet the individual target/ KPI's with scores of 87% and 58%

respectively during 2023, and this was caused by the unavailability of local Radiologists specialised in these areas being available during 2023. There is an international shortage of Interventional Radiologists with roughly 40% of posts permanently vacant in the UK. A new Radiologist has joined Radiology recently who will positively help the Fluoroscopy service improve in 2024 but the Nuclear Medicine continues to rely on external resources which will be challenging again in 2024.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
CT	98%	99%	100%	98%	97%	98%	97%	94%	96%	97%	98%	97%	97%
Fluoroscopy	69%	65%	62%	95%	95%	96%	100%	97%	87%	77%	100%	100%	87%
MRI	99%	98%	98%	98%	97%	98%	99%	97%	97%	99%	98%	99%	98%
Nuclear Medicine	75%	100%	20%	30%	0%	27%	60%	67%	75%	100%	100%	44%	58%
Ultrasound	100%	99%	100%	99%	99%	99%	98%	99%	98%	98%	99%	100%	99%
Total Department Average	98%	98%	98%	98%	98%	97%	98%	97%	97%	98%	99%	97%	98%

4 Outpatient Measures



Organisation Cancelled Outpatient Appointment Rate

Target: **Less than 10%**

2023 Result: **15%**



Organisation Initiated Radiology Cancellation Rate

Target: **Less than 10%**

2023 Result: **Less than 0.3%**



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

Target: **Less than 6%**

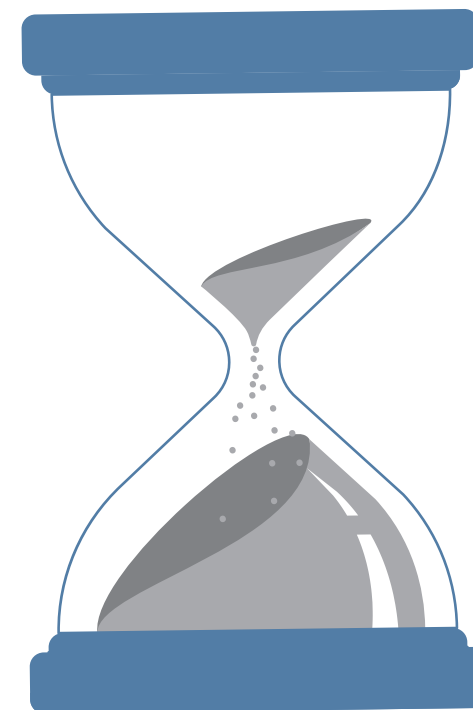
2023 Result: **6%**



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

Target: **Less than 11%**

2023 Result: **10%**



Meet Expected Timings for Clinic

Target: **More than 90%**

2023 Result: **77%**

Organisation Cancelled Outpatient Appointment Rate

Target: Less than 10%

2023 Result: 15%

This measure 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.

The 2023 average result was 15%.

Also, in 2023, COVID-19 continued to have an impact on our health services with 2% of all cancellations attributed to the virus (2022: 10%).

Organisation Initiated Radiology Cancellation Rate

Target: Less than 10%

2023 Result: 0.3%

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 2023, our cancellation rate again remained extremely low at an average rate of less than 1% (2022: 0.4%).

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

Target: Less than 6%

2023 Result: 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 2023 was 6% (2022: 6%). In terms of patient numbers: 4,849 of the 82,139 (2022: 4,635 of the 78,251) appointments scheduled in 2023 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 continue to 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: Less than 11%

2023 Result: 10%

This KPI measures when paediatric 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.

In 2023, 10% of paediatric patients (2022: 11%) failed to attend or cancelled at short notice. In terms of patient numbers, 740 of 7,152 (2022: 670 of 6,425) 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

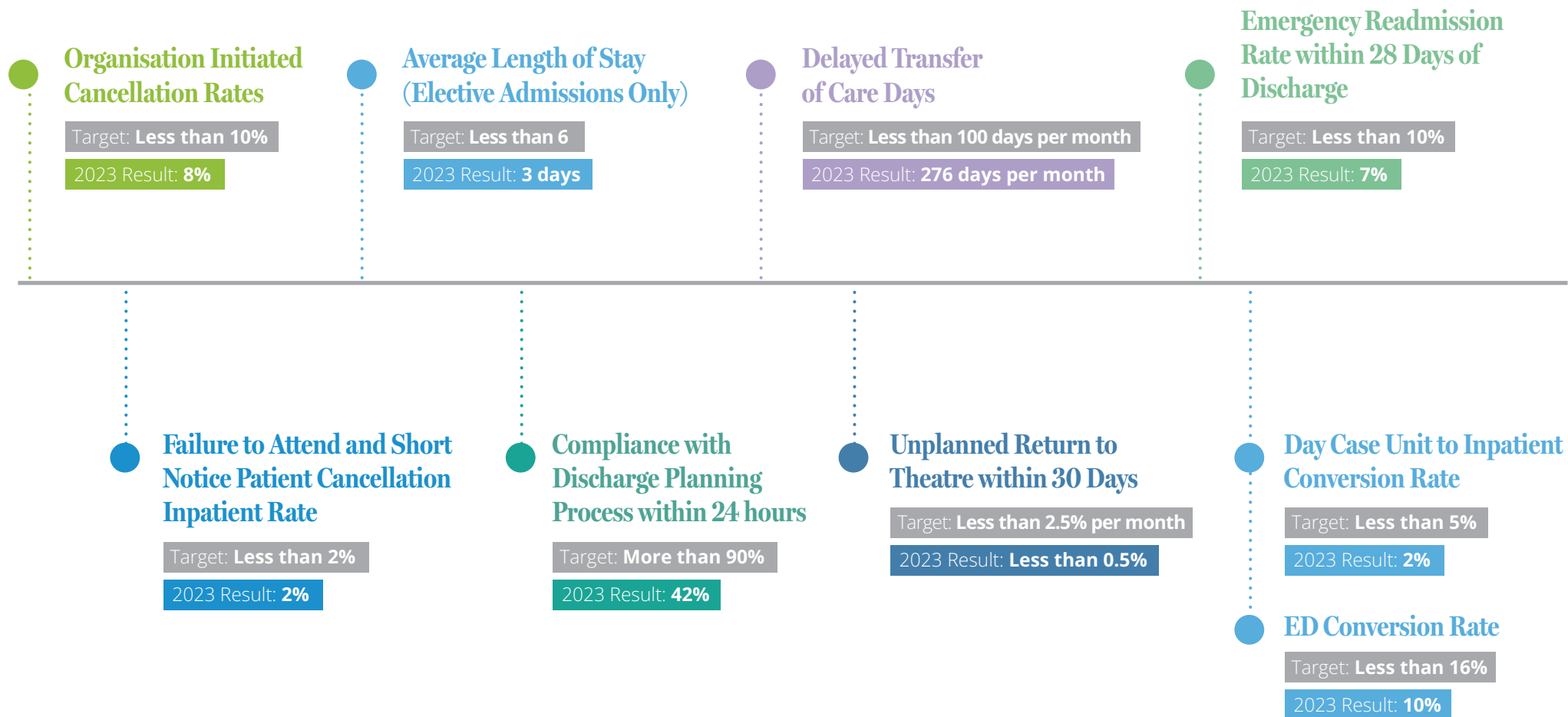
Target: More than 90%

2022 Result: 77%

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 2023, the year-end monthly average of clinic appointments that started at their expected time was 77% (2022: 79%). In terms of patient numbers, 45,503 of 58,993 were seen within 30 minutes of arriving for their appointment.

5 Inpatient Measures



All statistics are explained in detail in the following pages.

Organisation Initiated Inpatient Cancellation Rate

Target: Less than 10%

2023 Result: 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 2023, the average for this measure was 8% (2022: 9%), which is a slight improvement to the previous year demonstrating the continued efforts of all staff to maximise inpatient capacity.

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: Less than 2%

2023 Result: 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.

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 262 occasions out of 18,735 (2022: 229 occasions out of 17,640) 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 or patient missed their pre-admission investigations, 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 for helping to achieve this target again in 2023 with the average being the 2%.

Average Length of stay (Elective admissions only)

Target: Less than 6 days

2023 Result: 3 days

This KPI measures the average time in days that elective patients stay at the Princess Elizabeth Hospital. The length of stay is a well-accepted indicator of hospital efficiency with a shorter stay being more efficient, as it makes beds available more quickly, reduces the cost per patient and enables 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 2023 remained at 3 days per stay (2022: 3 days). This also shows that the management of the elective workload does not contribute to the bed capacity issues and the delayed transfer of care measure.

Compliance with Discharge Planning Process within 24 hours

Target: More than 90%

2023 Result: 42%

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 2023, the average for this measure was 42% (2022: 53%). It is anticipated that the new Electronic Patient Record System will automate some of the key processes to enable the organisations to meet this measure.

Delayed Transfer of Care Days

Target: Less than 100 days per month
2023 Result: 276 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.

Delayed transfers of care have been an issue for several years, but a noticeable increase has been noted since 2022. Following discussions with community colleagues and private care providers, it is evident that

pressure for long-term care is across all care sectors and is not unique to Guernsey – it is reflected at a national level too.

Since 2021, the bed capacity issues due to the delayed transfer of care for patients have been highlighted on several occasions. The monthly median average for this measure of 276 days (2022: 629 days) highlights the severity of the problem. Excluding patients in a similar position on the rehabilitation ward, there were 14 patients in hospital awaiting the appropriate discharge at the end of 2023 (2022: 15 patients). This continues to be an important issue for HSC to address as part of their work towards implementing the Supported Living and Ageing Well Strategy.

Unplanned Return to Theatre within 30 Days

Target: Less than 2.5%
2023 Result: 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 2023 with less than 0.5% being reported (2022: less than 0.5%).



Day Case Unit to Inpatient Conversion Rate

Target: Less than 5%

2023 Result: 2%

Day patient surgery, as opposed to elective inpatient surgery, is a key tool for HSC as it works hard to:

- reduce expanding waiting lists,
- reduce the secondary impact of COVID-19 (relating to conditions associated with delayed surgery or treatment),
- provide an environment that enables patients to attend the hospital with confidence, and
- meet patient's preferences for day surgery over inpatient care.

Day patient surgery has a key role to play in the future of surgical services. According to the British Association of Day Surgery, it improves patient satisfaction, is highly cost-effective,

improves efficiency and reduces the demand on inpatient beds. The low day care unit to inpatient conversion rate demonstrates the value of day patient surgery.

With longer opening hours within the Day Patient Unit, patients are experiencing a quicker recovery with less disruption to home life and a reduced risk of hospital acquired infections.

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 2023 was well within target at 2% (2022: 1%).

ED Conversion Date

Target: Less than 16%

2023 Result: 10%

This measure was introduced in 2022 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 2023, 10% of service users (2022: 11%) who attended the Emergency Department were subsequently admitted as inpatients. In the NHS England, in November 2023, 25% of patients were admitted to hospital after attending ED.

Emergency Readmission Rate within 28 Days of Discharge

Target: Less than 10%

2023 Result: 6%

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 2023, with an average percentage of 7% (2022: 6%). This shows that despite the well documented bed capacity issues, patients were not discharged inappropriately.

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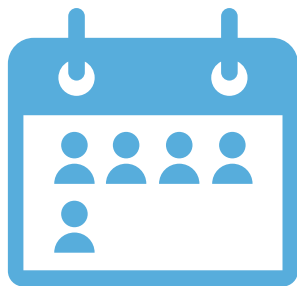
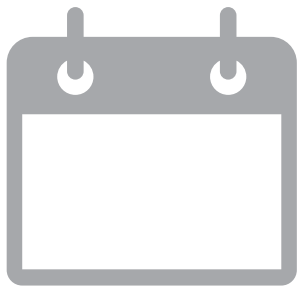
Patient Focus



Off-Island Activity

Target: 0 per month

2023 Result: 5 per month



Complaints Procedure

Target: More than 75%

2023 Result: 79%



Off-Island Activity

Target: 0 per month

2023 Result: 5 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 2023, there have been, on average, five referrals per month (2022: 8 referrals) where the correct procedure or policy had not been followed correctly. Most of these instances were of a procedural nature and the referrals were subsequently approved.

Complaints Procedure

Target: More than 75%

2022 Result: 79%

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 2023, 77% of complaints (72 out of 94 complaints) raised were successfully resolved within this target, with the balance relating to complex complaints which took longer to investigate and resolve (2022: 73% - 70 out of 96 complaints).

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 complaints provide important learning opportunities for

HSC and the MSG. These can 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.

No more than 5% of the formal complaints should be reopened. In 2023, 3% of complainants (2022: 3%) were dissatisfied with the outcome of their complaint and submitted such a request.

In addition, 100% of informal complaints should be resolved within five operational days. In 2023, 84% of complaints (215 out of 257) were completed within that timeframe (2022: 79% - 250 out of 317).





Committee *for*
Health & Social Care

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