



Secondary Healthcare Contract

2022 Key Performance
Indicators

THE
MEDICAL
SPECIALIST
GROUP
LLP



Committee *for*
Health & Social Care

Secondary Healthcare Contract: 2022 Key Performance Indicators

The purpose of this document is to report on the 2022 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 first five years of the Contract to ensure the continued adequacy and usefulness of the measures, a more substantial review is currently underway and 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 2022

Continued Impact of COVID-19

During 2022 our health services continued to be impacted by COVID-19.

As the States of Guernsey continued to support measures to 'live responsibly with COVID' there were occasions throughout the year when business as usual, particularly in the hospital setting, was impacted to accommodate COVID requirements. For example, the year started with the decision to postpone elective procedures as the hospital was under significant staffing pressure due to a wave of Omicron infections.

Our Hospital Modernisation

The hospital modernisation programme continued throughout 2022 with Phase 1 of the programme (the new Critical Care Unit and post anaesthetic recovery unit) now visibly 'out of the ground'. The modernisation programme will provide HSC with additional capacity to meet current and predicted future patient demand. Until then improvements to KPIs, in particular those relating to waiting times, are more challenging to meet.



Electronic Patient Record

The current key patient record system TrakCare experienced some downtime in May of 2022 which resulted in some key information not being automatically available for reporting. As much as possible, this information was manually replaced within the system.

A more modern and resilient Electronic Patient Record (EPR) solution will assist with the improved recording and reporting of information. Key reporting processes will be completed towards the end of 2023, with continuing transformation into 2024. This new solution will be vital to automate key processes. As previously reported, without this new system 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

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 have caused disruptions to the delivery of services and contributed to waiting list challenges.

HSC & MSG have had to rely on locum and agency staff throughout 2022 in order to deliver essential services.

Waiting List Management

A positive step forward in 2022 was the decision to commission an off-island provider to travel to Guernsey to deliver endoscopy services over 4-day weekends on a regular basis to reduce the waiting list.

The tender process is ongoing, but it is hoped this initiative can be introduced by April 2023.

In addition, the opening of the de Havilland Ward ensured that orthopaedic beds are now safeguarded to reduce the postponement of orthopaedic procedures.

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.



1

Professional Compliance Measures



Up to date job plans
& job descriptions

Target: 100% 2022 Result: 100%



Completion of
Annual Appraisals

Target: 100% 2022 Result: 99%



Attendance in the Cancer
Multidisciplinary Team Meetings

Target: >70% 2022 Result: 92%



Attendance of Academic
Half Days (AHD)

Target: 100% 2022 Result: 61%

Attending 7 out of 12 AHDS



Attendance at
Contractual Meetings

Target: >70% 2022 Result: 90%



Compliance with inpatient
discharge summaries process

Target: 100% 2022 Result: 71%



Meet expected timings for
operating theatres

Target: >85% 2022 Result: 81%

Up to date job plans & job descriptions

Target: 100%

2022 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 2023, all job plans and job descriptions were in place and up to date for HSC and MSG Doctors/Consultants for the year 2022 (2021: 100%).

Completion of annual appraisals

Target: 100%

2022 Result: 99%

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 2023 confirmed that 99% (2021: 98%) of annual appraisals had been completed.

Attendance in the cancer multidisciplinary team meetings

Target: 70%

2022 Result: 92%

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 2022, a continued high attendance of 92% (2021: 95%) showed the importance of these meetings to clinicians.

Attendance of academic half days

Target: 100%

2022 Result: 61%

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 2022, 61% of HSC Doctors and MSG Consultants attended seven out of 12 AHDs (2021: 67%). In order to facilitate attendance, AHDs are 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. In addition, whilst theatre activity is reduced in order to enable Doctors to attend, this is not possible for the Emergency Department. Excluding the ED Doctors therefore from this measure would show an attendance rate of 71% for 2022.

Attendance at contractual meetings

Target: 70%

2022 Result: 90%

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. Absences can also be covered by suitable alternative professional staff to maximise attendance. Of the total of 27 contractual meetings held in 2022, the average percentage of attendance at those meetings was 90% (2021: 92%).

Compliance with inpatient discharge summaries process

Target: 100%

2022 Result: 71%

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 2022, this KPI recorded a compliance rate of 71% (2021: 62%).

Whilst operational improvements have been made to improve on the previous year's result, the implementation of a more modern Electronic Patient Record system will be important to automate some key processes which will result in a further improved performance against this measure.

Meet expected timings for operating theatres

Target: 85%

2022 Result: 81%

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 anticipated.

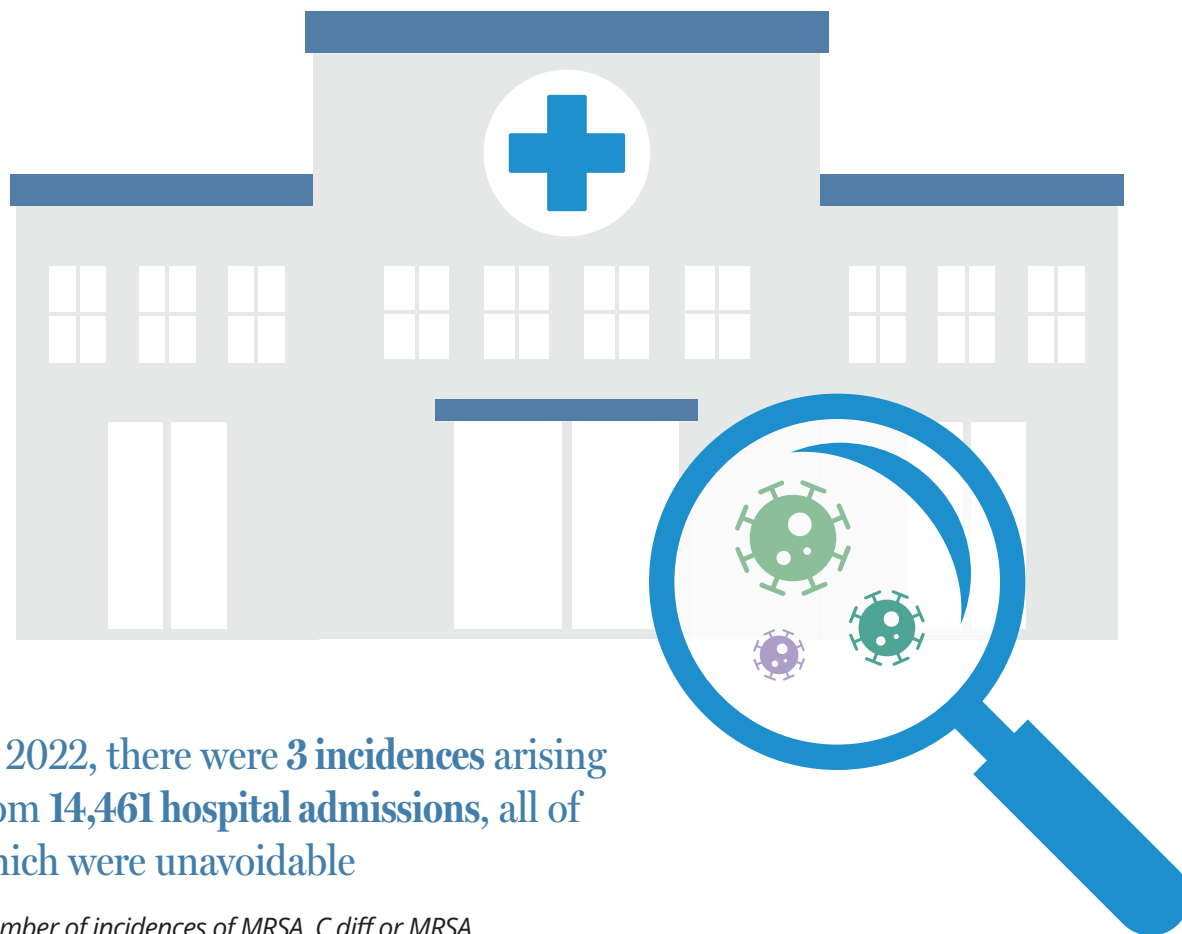
The Day Patient Unit (DPU) does not currently record start and finish times and are therefore not included within this report.

In 2022, the year-end monthly average was 81% for this measure (2021: 84%). Efforts to maximise theatre capacity are ongoing. In 2022 there has been a larger number of complex surgeries which resulted in theatre overruns and are the reason for the small decline in this measure. 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.



2

Patient Safety & Experience



In 2022, there were **3 incidences** arising from **14,461 hospital admissions**, all of which were unavoidable

(Number of incidences of MRSA, C.diff or MRSA Colonisations acquired after admission to hospital)

Hospital acquired infection rate

Target: 0

2022 Result: 3

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 2022 which is credit to the hygiene procedures in the hospital. There were only three Hospital Acquired Infections (2021: 5) recorded from a total of 14,461 admissions (2021: 14,463). These infections were all categorised as 'unavoidable' 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%

2022 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 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 2022 (the most recent NHS result publicly available), 69% of NHS service users were being admitted / discharged within four hours. In the UK, the 95% standard was last met in July 2015 and recently announced interim targets to achieve 76% by March 2024 are branded as ambitious. As in previous years, in Guernsey, the monthly average for 2022 was 89% for this measure.

Outpatient and Inpatient contract waiting times

Target: 95%

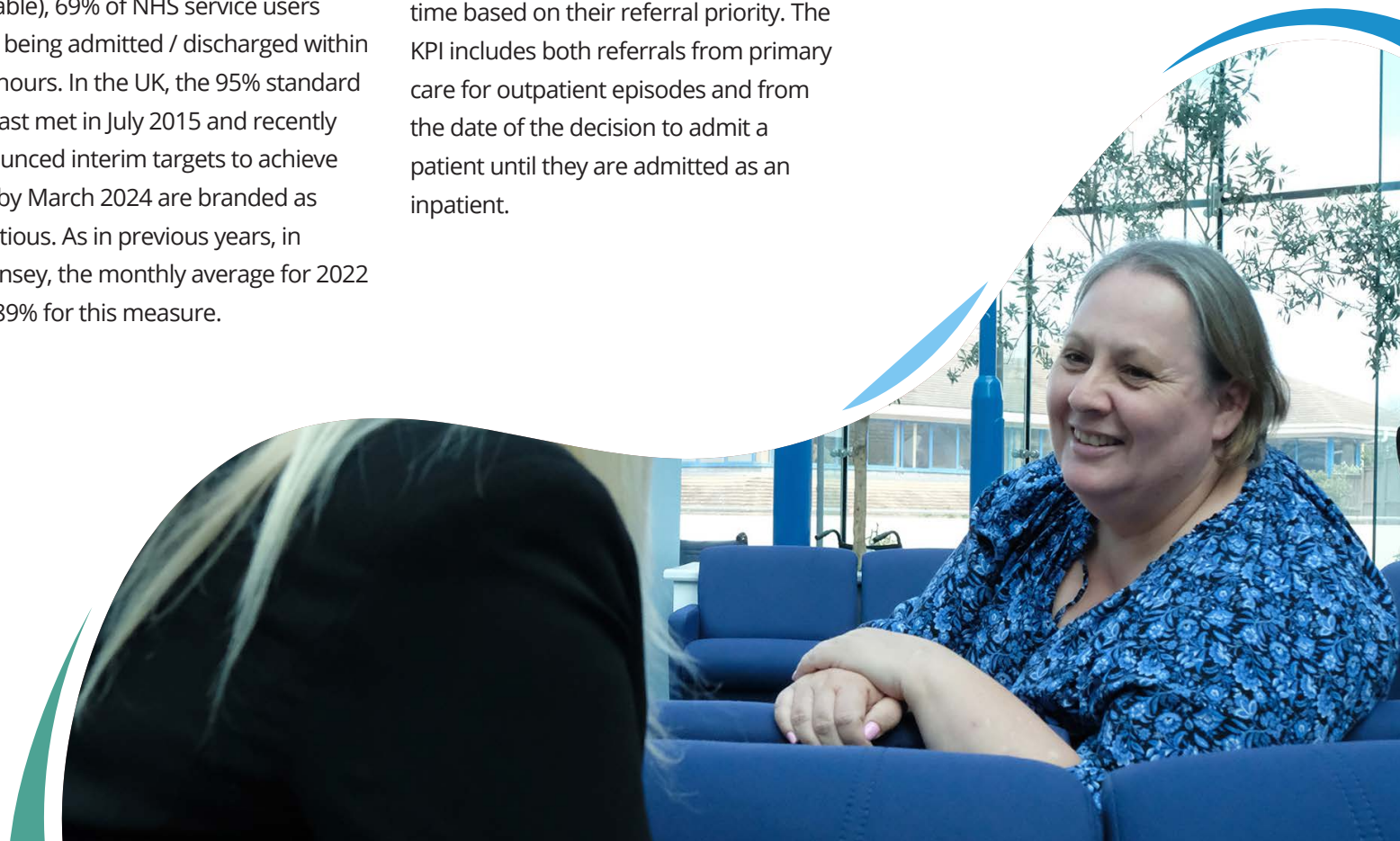
2022 Result: 67%

(Inpatients 61% / Outpatients 71%)








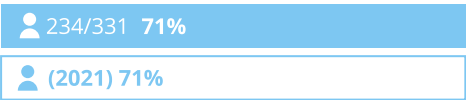
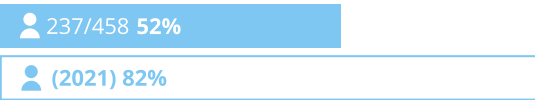

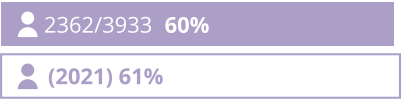
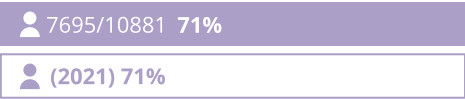



This KPI measures the percentage of patients referred to an MSG Consultant, HSC Doctor or visiting Consultant who were seen within the agreed waiting time based on their referral priority. The KPI includes both referrals from primary care for outpatient episodes and from the date of the decision to admit 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 to secondary healthcare 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, 71% (2021: 71%) of patients were seen within the contractual waiting times for outpatient episodes in 2022. For inpatient episodes, 61% (2021: 61%) were seen within the contractual waiting times in 2022. The performance when considering both measures was 67% across 2022 (2021: 67%).

The cancer referral 2 week wait for outpatients has reduced to 52% in 2022 (2021: 82%). This KPI is being

reviewed to ensure it is appropriate with the number and range of urgency of referrals under this KPI. In the UK for example, a move has been made to record cancer referrals against a KPI recording the numbers who started treatment within 31 days from decision to treat and 62 days from receipt of an urgent GP referral for suspected cancer to first definitive treatment.

Unfortunately, the third COVID-19 wave at the beginning of the year resulted

in staff shortages and subsequent further postponements of surgeries and provided a further setback to addressing the waiting list backlogs. The specialities with the longest waiting times continue to be orthopaedics and gastroenterology. The newly opened de Havilland Ward with ring-fenced orthopaedic beds is already making a large impact and prevents postponements of orthopaedic surgeries due to the unavailability of

hospital beds. For the gastroenterology backlog, a dedicated waiting list initiative is currently being sourced with the intention to address the backlog over a number of additional weekend clinics starting by April 2023.

83% of routine patients were seen within three months of their referral (Inpatients: 76%, Outpatients 86%) and 94% of routine patients were seen within six months of referral (Inpatients: 91%, Outpatients: 96%).



Radiology Waiting Times

Target: 95%

2022 Result: 91%

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.

4 Outpatient Measures



Organisation Cancelled Outpatient Appointment Rate

Target: **Less than 10%**

2022 Result: **14%**



Organisation Initiated Radiology Cancellation Rate

Target: **Less than 10%**

2022 Result: **Less than 0.4%**



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

Target: **Less than 6%**

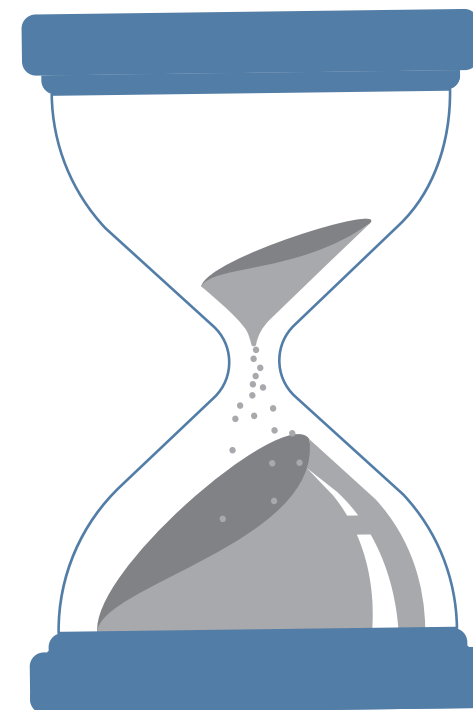
2022 Result: **6%**



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

Target: **Less than 11%**

2022 Result: **11%**



Meet Expected Timings for Clinic

Target: **More than 90%**

2022 Result: **79%**

Organisation Cancelled Outpatient Appointment Rate

Target: Less than 10%

2022 Result: 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 the previous two years, the 2022 average result was 14%.

Organisation Initiated Radiology Cancellation Rate

Target: Less than 10%

2022 Result: 0.4%

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 2022, our cancellation rate again remained extremely low at an average rate of less than 1% (2021: 0.5%).

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

Target: Less than 6%

2022 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 2022 was 6% (2021: 6%). In terms of patient numbers: 4,635 of the 78,251 (2021: 3,945 of the 77,475) appointments scheduled in 2022 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: Less than 11%

2022 Result: 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.

In 2022, 11% of paediatric patients (2021: 8%) failed to attend or cancelled at short notice. In terms of patient numbers, 670 of 6,425 (2021: 476 of 5,844) 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.

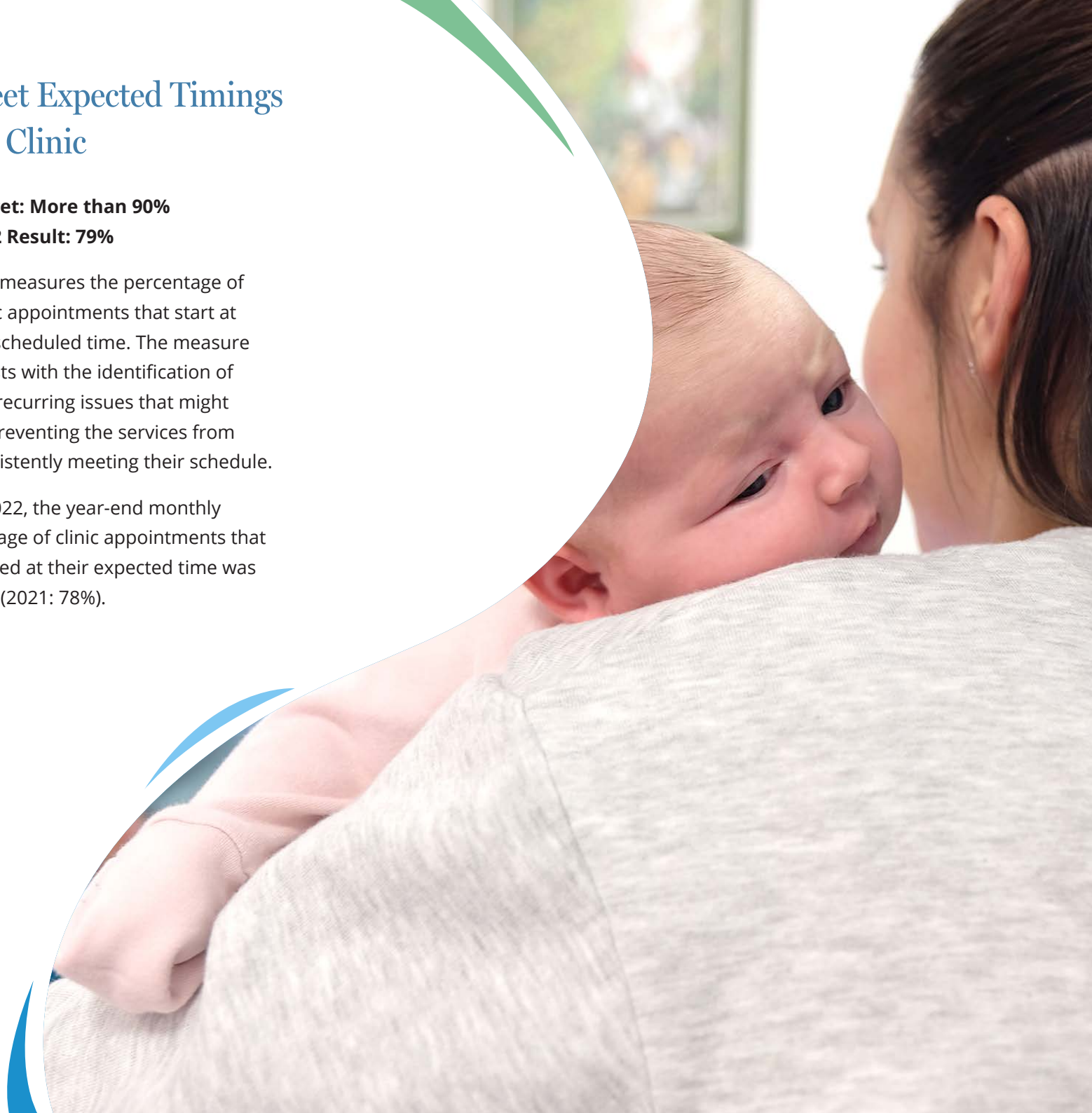
Meet Expected Timings for Clinic

Target: More than 90%

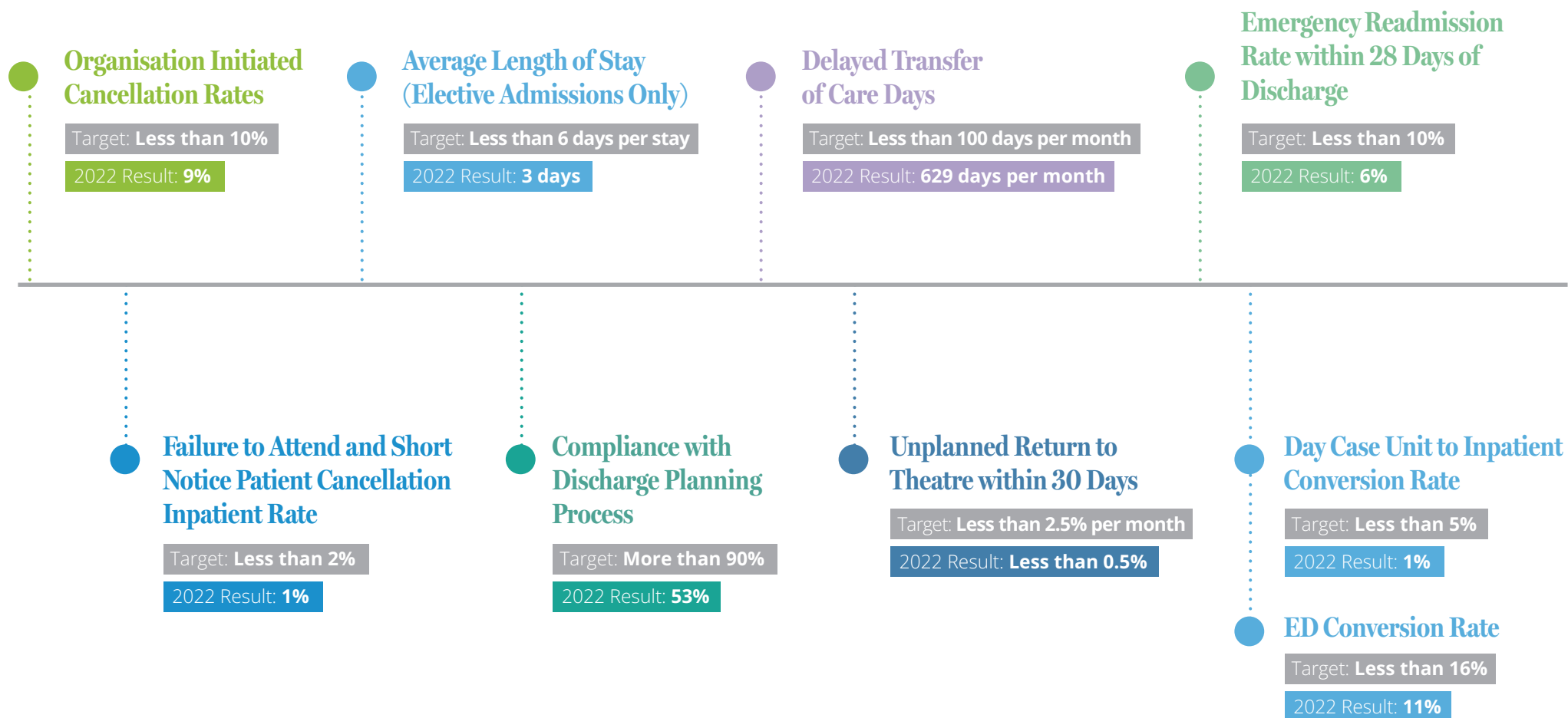
2022 Result: 79%

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 2022, the year-end monthly average of clinic appointments that started at their expected time was 79% (2021: 78%).



5 Inpatient Measures



Organisation Initiated Inpatient Cancellation Rate

Target: Less than 10%

2022 Result: 9%

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 2022, the average for this measure was 9% (2021: 8%), which is a slight deterioration to the previous year. This was mainly caused by the postponements required at the beginning of the year during the third Covid-19 wave. In addition, the well documented bed capacity issues resulted in some additional postponements. However, due to the efforts of all staff to maximise inpatient capacity, the total outcome for the year remains within target.

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: Less than 2%

2022 Result: 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 229 occasions out of 17,640 (2021: 225 occasions out of 18,132) 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 again in 2022 with the average being 1% as in the previous year.

Average Length of stay (Elective admissions only)

Target: Less than 6 days

2022 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 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 2022 remained at 3 days per stay (2021: 3 days). This also shows that the management of the elective workload does not contribute to the bed capacity issues and thus the delayed transfer of care measure below.

Compliance with Discharge Planning Process

Target: More than 90%

2022 Result: 53%

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 2022, the average for this measure was 53% (2021: 54%). 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

2022 Result: 629 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 steady increase has been noted since 2021. 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.

In 2022 as well as in the previous year, the bed capacity issues due to the delayed transfer of care for patients were highlighted on several occasions. The monthly median average for this measure of 629 days (2021: 387 days) highlights the severity of the problem. Excluding patients in a similar position on the rehabilitation ward, there were 15 patients in hospital awaiting the appropriate discharge at the end of 2022.

Unplanned Return to Theatre within 30 Days

Target: Less than 2.5%

2022 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 2022 with less than 0.5% being reported (2021: less than 0.5%).



Day Case Unit to Inpatient Conversion Rate

Target: Less than 5%

2022 Result: 1%

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 needs to be accepted as the major contributor to 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

very low day care unit to inpatient conversion rate demonstrates the value of day patient surgery.

Following a successful pilot early in 2022, the Day Patient Unit has increased its opening hours three days a week from 7 am to 11 pm to enable more day patient cases to be completed each week. As a result, 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 2022 was well within target at 1% (2021: 2%).

ED Conversion Date

Target: Less than 16%

2022 Result: 11%

This measure was 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 2022, 11% of service users (2021: 11%) who attended the Emergency Department were subsequently admitted as inpatients.

Emergency Readmission Rate within 28 Days of Discharge

Target: Less than 10%

2022 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 2022, with an average percentage of 6% (2021: 7%). This shows that despite the well documented bed capacity issues, patients were not discharged inappropriately.

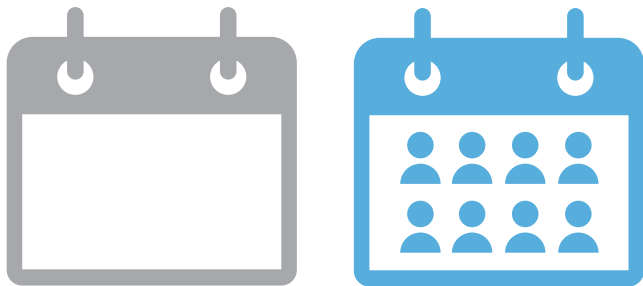
6

Patient Focus



Off-Island Activity

Target: 0 per month 2022 Result: 8 per month



Complaints Procedure

Target: More than 75% 2022 Result: 79%



Off-Island Activity

Target: 0 per month

2022 Result: 8 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 2022, there have been, on average, eight referrals per month (2021: four referrals) where the correct procedure or policy had not been followed correctly. Whilst this represents an increase, 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 2022, 73% of complaints (70 out of 96 complaints) raised were successfully resolved within this target, 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.

No more than 5% of the formal complaints should be reopened. In 2022, 3% of complainants 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 2022, 79% of complaints (250 out of 317) were completed within that timeframe.





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