Secondary Healthcare Contract

2025 Key Performance Indicators

Medical Specialist Group

Committee *for* Health & Social Care

Foreword

from Deputy Dr. George Oswald, President of the Committee *for* Health & Social Care

“As President of the Committee *for* Health & Social Care (HSC), I am pleased to present this annual report evaluating the key performance indicators of our contract with the Medical Specialist Group. Before discussing the figures, I want to recognise the dedication of the many professionals across both organisations who work tirelessly to deliver healthcare services and care for islanders every day. Across our hospital, community services and specialist teams, staff continue to work with compassion, skill and professionalism, despite limited resources. I am also grateful to the patients and families who take the time to provide feedback, whether through compliments, comments or complaints, that feedback helps us learn, improve and recognise excellent care. A total of 1,565 compliments were received during 2025, up from 1,318 in 2024.

“This report shows that demand for healthcare services remains high, reflecting both the needs of our growing and ageing population and the increasing range of treatments that modern medicine can provide. Despite those pressures, there have been some encouraging improvements during the year.

“In 2025, inpatient admissions, and theatre procedures increased, and outpatient appointments were at a broadly similar level, while new referrals decreased by 9%.

“Most notably, the overall inpatient waiting list reduced, with particularly strong progress in gastroenterology and continued improvements in orthopaedics. These improvements are the result of sustained work by clinical and operational teams, including changes to referral pathways, investment in dedicated services and ongoing efforts to make the best possible use of available capacity.

“Gastroenterology delivered the strongest gains, with a 34% reduction in both the inpatient contract list and the total waiting list. The MSG undertook a comprehensive review of the endoscopy waiting list, including follow-up scopes and surveillance patients, to ensure appropriate prioritisation. Working with Primary Care the referral pathway has been refined so patients are directed to the most suitable investigation, and the endoscopy process has been reviewed to streamline processes and increase throughput.

“Since the opening of de Havilland ward in 2022, an establishment that has been approved for permanent funding from 2026, dedicated orthopaedic beds have increased procedure numbers and reduced postponing of elective surgery. Despite this, orthopaedic demand continues to grow. During 2025, the inpatient waiting list decreased by 11%, however the total orthopaedic waiting list increased by 8%.

“There have been positive developments beyond waiting list performance. The implementation of the new Electronic Patient Record system marks an important milestone in the modernisation of health and care services, improving how information is shared across teams and helping clinicians deliver more joined-up care. Early benefits are already being seen through improved efficiency and patient safety.

“There have also been wider examples of progress across Health & Social Care. During the year, work continued to strengthen mental health and wellbeing services with a continued focus on prevention and early intervention for children, young people and families including a new perinatal mental health pathway, expanded youth support services and strengthened partnership working. New facilities such as La Vieille Plage will help people with physical and learning disabilities to live more independently and receive care in environments designed around their needs.

“Prevention remains a key priority, with ongoing work across public health programmes, including vaccination programmes and the launch of a youth stop-vaping service, designed to reduce avoidable illness, support healthier lifestyles and protect future generations. A significant achievement during the year was the successful participation in a UK-wide pandemic preparedness exercise, which tested plans and strengthened partnership working across organisations.

"We recognise that challenges remain. Too many patients still wait longer than we would like for treatment, particularly in specialties experiencing sustained demand. Delayed transfers of care continue to place pressure on hospital capacity and reflect wider challenges across the health and care system. Addressing these issues will require continued collaboration across healthcare, social care and the wider community.

"While this report identifies areas where further improvement is needed, it also demonstrates the dedication of our staff and the positive impact of targeted efforts to improve services. Every statistic in this report represents an individual waiting for treatment, receiving care or supporting a loved one. Our focus remains on delivering safe, effective and compassionate services for islanders."

Foreword

from Dr Michelle Le Cheminant, Chair of the Medical Specialist Group

“Every number in this report is a person. Someone waiting for a diagnosis. Someone recovering from surgery. Someone supporting a parent, a partner or a child through illness. In a community the size of ours, where those who deliver care and those who receive it are often friends, neighbours and family, that is felt particularly keenly.

“Behind each measure sits new ways of working, innovation and a daily commitment to continuous improvement. Often the changes are small. A refined pathway, a new technique or drug, a redesigned process that the average patient may not even notice. But together they deliver care that is safer, faster and more comfortable. The challenges are real, but we are fortunate in the Bailiwick to have such a professional and dedicated healthcare community, both inside and outside the hospital.

“Outcomes, not throughput, are the measure we ultimately judge ourselves by. The reduction in the gastroenterology waiting list followed a careful clinical review of every patient on the list, refined referral criteria, and wider use of CT colonography for older and frailer patients for whom conventional colonoscopy is not the gentlest option. This is what tailoring the pathway to the patient looks like in practice.

“Numbers tell us how the system is performing. What matters is what those numbers mean for the individual patient. Whether they received the right treatment in time. Whether they returned home well. Whether they were spared unnecessary harm.

“The Emergency Department conversion rate illustrates something distinctive about how care is delivered here. At 10%, it sits at almost a third of the NHS England rate, because senior HSC emergency doctors work alongside MSG consultants on every shift. A senior clinical decision happens early. For the patient who does not need admission, that means going home the same day. For the patient who does, it means the right care without a detour. Most modern healthcare systems pass patients through layers of more junior decision-makers, each adding delay and duplication. The Bailiwick model is different, and the data reflects that difference.

“The number of formal complaints across HSC and MSG services rose by 27% in 2025, continuing a trend since 2023. Every complaint represents a moment where we fell short of what a patient or family hoped for, and each one is taken seriously on its own terms. At the system level, however, a rising number is not necessarily a worsening service. It can demonstrate a more responsive and accessible feedback culture, in which patients feel able to speak up and know they will be heard. Feedback improves care, provided the system learns from it and acts. In December 2025, MSG introduced touchscreen kiosks at its clinic sites, giving patients a way to share their experience immediately and anonymously. That data will appear in future reporting and will complement the formal complaints process with a day-by-day view of patient experience.

“The measure that matters most is not in this report. It is whether the person sitting opposite the consultant, who may be your neighbour, your colleague, or one day you, leaves feeling heard, treated with dignity, and given the care they need. That is what drives the MSG every day.”

Introduction

The purpose of this document is to report on the 2025 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/service user care, and they encourage a cycle of continuous development, learning and improvement towards excellence. Where performance falls below the high thresholds set within a target, we continue to analyse why this is the case and implement improvements collectively.

The KPIs in this report fall into six themes and they are deliberately complementary. Waiting Times and Outpatient/Inpatient Measures speak to access and efficiency. Patient Safety & Experience and Professional Compliance speak to quality and standards. Patient Focus speaks to voice and appropriate place of care. No single theme tells the whole story. A system can be fast but unsafe, or safe but inaccessible, or efficient but unresponsive to patients. The discipline of reporting across all six themes is what allows commissioners, providers and the public to form a balanced judgement on the performance of the Secondary Healthcare Contract.

This will be the last report in this format as with the introduction of the new Electronic Patient Record System in the first quarter of 2026, the definitions of the measures and the format of the reporting are being reviewed. From 2027, it is the intention to move to more pro-active reporting rather than an annual snapshot.

How the Bailiwick Compares

The majority of the KPIs in this report are derived from, or closely aligned with, those widely used across the NHS. In some areas, such as Emergency Department Waiting Times and ED Conversion Rate, our performance significantly exceeds that of NHS England. In others, including Inpatient and Outpatient Waiting Times, our results are broadly comparable.

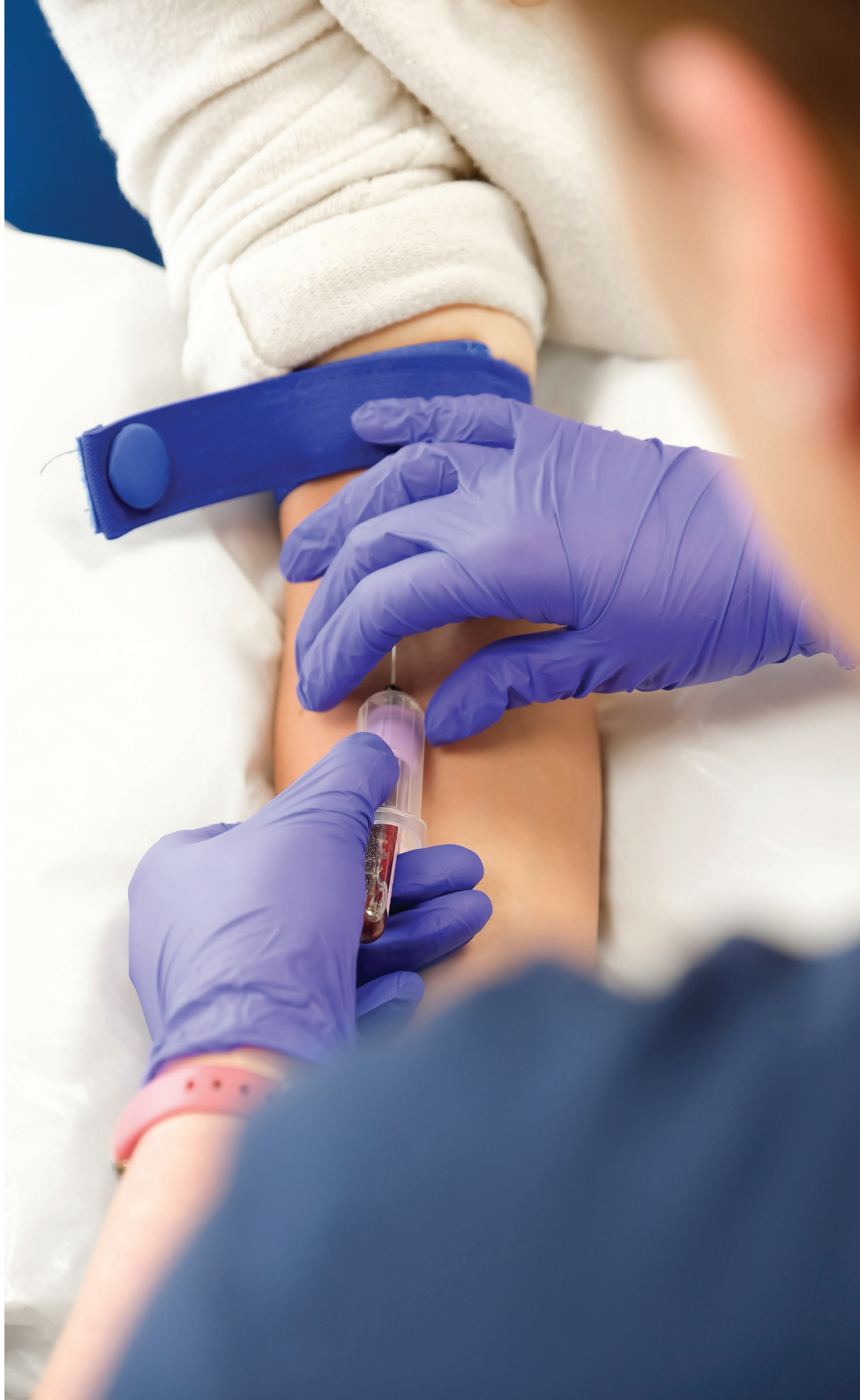
The Wider Context in 2025

Our Hospital Modernisation

The Our Hospital Modernisation (OHM) programme remains essential to meeting growing demand and ensuring the long-term sustainability of health and social care services. Completion of Phase 1 will provide modern facilities for staff and support increased surgical capacity with a new 12-bedded Critical Care Unit and a 10-bed Post Anaesthetic Care Unit. Both units will initially open with 8 and 7 beds respectively with the remaining beds available to open over the next decade as demand increases. The CCU includes modern single rooms with natural light and courtyard access to support recovery for some of our most vulnerable patients. Although the opening of these units was postponed in 2025, the existing units continue to operate safely, and HSC remains committed to opening the new facilities as soon as practicably possible.

Phase 2 of Our Hospital Modernisation is a major investment in the future of health and social care in the Bailiwick. It will provide the essential facilities we need to meet rising demand and support safer, more efficient care on the PEH campus.

Phase 2A focuses on new hospital buildings, expanding theatre and surgical capacity, and creating modern maternity facilities. The latest cost estimate is many tens of millions above the £130m previously agreed by the States, so the Committee *for* Health & Social Care has accepted that the current plan is not affordable. Work is now centred on understanding what can realistically be delivered within the original budget and identifying the areas that must be prioritised to make the biggest difference for patients and staff.



Electronic Patient Record

Advances in technology and the management of patient records made it essential for HSC to modernise its Electronic Patient Record (EPR) systems. Updating longstanding systems ensures patient data is stored and used safely, efficiently and in a way that supports high-quality care.

The rollout of the new EPR programme began in 2025 with the upgrade of the RiO system for Child Health and Children & Family Community Services, delivering immediate improvements in data quality and staff experience. In February 2026, IMS MAXIMS was introduced into Acute, Mental Health and the MSG, while RiO was extended into Community and Adult Disability Services. These systems replace the end-of-life TrakCare platform with a modern, stable and more efficient way of working.

The EPR programme has been a significant and complex undertaking spanning several years. Phase 1, which replaces TrakCare, will complete in August 2026. Work is underway to assess Phase 2, including costs, benefits and value for money.

Once fully embedded, the new EPR system is expected to automate key processes, improving compliance with inpatient discharge summaries and strengthening discharge planning. The new system is expected to support more proactive, timely and meaningful reporting in future.

Recruitment Challenges

In 2025, HSC continued to operate within a challenging recruitment environment, particularly for specialist and hard-to-fill roles across health and care services. National and international workforce shortages in these areas, combined with ongoing keyworker accommodation pressures within Guernsey, have continued to influence recruitment activity throughout the year.

Despite these pressures, positive progress in recruitment efforts has been made during 2025 for non-specialist roles, with many acute areas now operating with a full staff complement. Reliance on agency and locum staff has reduced overall as a result compared with previous years, reflecting the positive recruitment activity and improved substantive staffing in a number of service areas.

While recruitment challenges remain in some specialist roles, the reduction in agency use and improved recruitment performance demonstrates continued progress towards a more sustainable workforce.

The MSG experienced the same recruitment challenges and are continually exploring innovative recruitment strategies. The MSG are also keen to encourage students to pursue careers in healthcare and maintain links with the Bailiwick throughout their career, exemplified through their Taste of Medicine programme, Medical Bursary scheme and support of the Guernsey Medic Network. This represents a long term but valuable strategy to promote local talent.

Increase in Activity

2025 continued to experience an increase to the demand on the health services with 18,715 inpatient admissions (2024: 16,083), however, the number of new outpatient referrals received decreased to 20,500 (2024: 22,605). Main theatre procedures increased with 4,988 procedures completed (2024: 4,666).

In the absence of additional capacity delivered through programmes such as the Our Hospital Modernisation programme, sustained growth in demand will continue to pose a significant challenge.

Waiting List Management

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

In February 2025, the ophthalmology waiting list initiative which had commenced in December 2024 came to an end, with a total of 90 cataract surgeries and 136 outpatient appointments having been completed by Newmedica. Alongside this, MSG recruited into the vacant substantive consultant positions within the ophthalmology team. Waiting lists for eye conditions are growing in line with an ageing population. MSG are exploring new ways of service delivery that in future years could better absorb and manage this growing demand. For example, as part of the 2026 budget additional funding for ophthalmology extended scope practitioners has been approved to free up consultant time in relation to intravitreal injections used to manage age related macular degeneration and related conditions.

In addition, MSG are looking to identify long term eye conditions that are better managed in the community rather than a hospital setting.

The de Havilland ward continued to provide dedicated orthopaedic beds. In 2025, there were 467 (2024: 488) orthopaedic procedures delivered to patients admitted to the de Havilland ward. Due to the impact of this initiative, during 2025, HSC approved the budget to make the ward a permanent establishment.

During 2025, the MSG also undertook an internal waiting list initiative in relation to endoscopy. Every patient on the list was reviewed; patients were re-prioritised by clinical need; referral criteria were refined so that patients are directed to the most appropriate test; and the endoscopy process itself was reviewed to increase throughput. The work delivered a 34% reduction in the gastroenterology inpatient waiting list.

As part of this initiative, wider use was made of CT colonography (sometimes called “virtual colonoscopy”), which is particularly suitable for older and frailer patients. The test uses a gentler preparation, requires no sedation, and is recognised in UK clinical guidance as the appropriate alternative where conventional colonoscopy is not suitable. As a result, there was an over 50% increase in this type of scan compared to 2024, going from 309 to 473. Funding has also been approved for a second consultant gastroenterologist starting in 2026 to manage the growing demand.

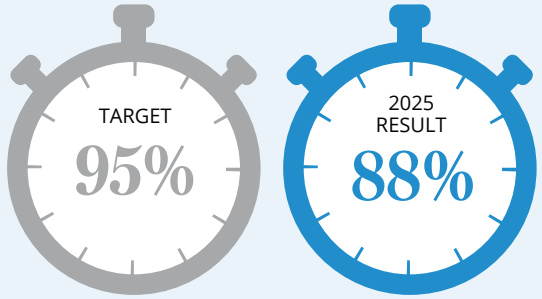
Investment into more capacity, buildings and resources should go hand in hand with a continued focus on streamlining existing processes, including clinical pathways, and waiting list reviews ensuring that each patient is directed to the most appropriate test or care setting for their clinical needs.

This is one example of a broader pattern of matching patients to the right pathway, rather than putting every patient through the same one. It has been a thread in the work that reduced the endoscopy waiting list during the year. The same principle of clinical prioritisation and tailored investigation is increasingly being applied in other specialties.

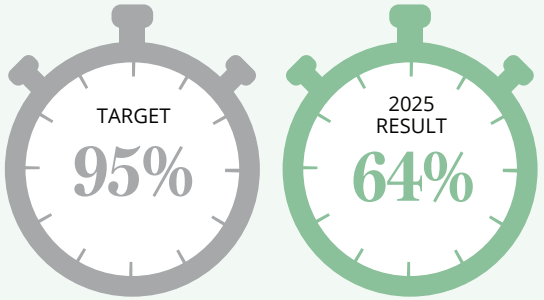
Prevention and early intervention remain one of the most significant opportunities to moderate longer-term demand across health and care services. Continued focus in this area through screening programmes, surveillance pathways and refined clinical referral criteria will be important to the long-term sustainability of the Bailiwick’s healthcare system.

1 Waiting Times

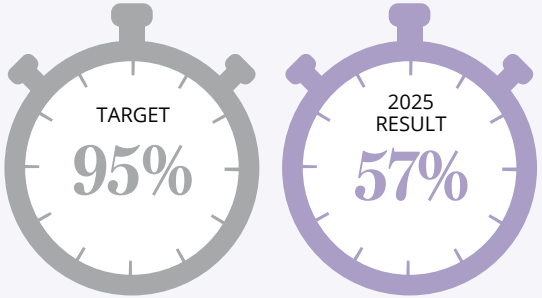
Emergency Department Waiting Times



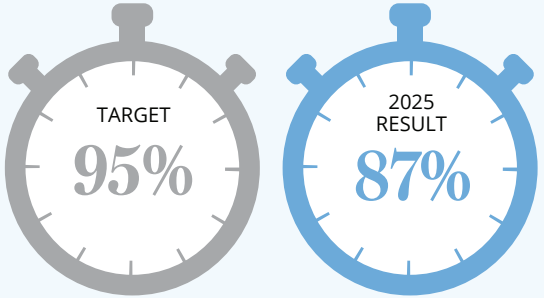
Outpatient Contract Waiting Times



Inpatient Contract Waiting Times



Radiology Waiting Times



Waiting Times

These series of KPIs try to answer the common question of "will I be seen in time?" Waiting times are the most visible measure of any healthcare system and the most keenly felt by patients and families living with uncertainty about a diagnosis or treatment.

The three KPIs in this theme, Emergency Department four-hour waits, Outpatient and Inpatient Contract waiting times graded by clinical priority (from 24-hour emergency through to 8-week routine), and Radiology waiting times are drawn directly from past and established NHS benchmarks, with a deliberately more demanding 95% standard that the NHS itself has struggled to achieve for over a decade.

Together they tell a story not only of access, but of capacity. They expose where demand has outstripped the system's ability to respond and where targeted interventions such as the 2025 endoscopy waiting list review or the Newmedica cataract initiative are bending the curve. While performance against the 95% standard remains stretched in several categories, the picture is more nuanced than the headline figures suggest, and these measures provide the evidence base for prioritising future capacity investment, service redesign and include Phase 2 of the Hospital Modernisation programme.

Emergency Department Waiting Times

Target: 95% Actual: 88%

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 December 2025 (the most recent NHS result publicly available), only 74% of NHS service users were admitted / discharged within four hours. In the UK, the 95% standard was last met in July 2015. In Guernsey, the monthly average for 2025 was 88% for this measure (2024: 89%), only a small decline in this measure despite a 4% increase in attendances to 25,079 (2024: 24,153 attendances).

Outpatient and Inpatient Contract Waiting Times

Target: 95% Actual: 61% (Inpatients: 57%/Outpatients: 64%)

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-Week Referral (cancers, angina)

Due to the continued efforts to address waiting list backlogs, the percentage of patients seen within the target waiting times is improving.

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

Priority	Inpatient	Outpatient
Emergency within 24 hrs	7/7* **100%**	101/107 **94%**
	(2024 **91%**)	(2024 **98%**)
Urgent within 7 days	115/274 **42%**	108/313 **35%**
	(2024 **46%**)	(2024 **40%**)
2 week wait	111/165 **67%**	539/1003 **54%**
	(2024 **61%**)	(2024 **55%**)
Routine 8 weeks	2593/4534 **57%**	7039/10672 **66%**
	(2024 **54%**)	(2024 **66%**)
Grand Total	2826/4980 **57%**	7787/12095 **64%**
	(2024 **54%**)	(2024 **66%**)

* This number relates to patients added to an inpatient waiting list. The majority of emergency admissions will be direct from Emergency Department or Outpatients and do not require a waiting list.

Overall, 64% (2024: 66%) of patients were seen within the contractual waiting times for outpatient episodes in 2025. For inpatient episodes, 57% (2024: 54%) were seen within the contractual waiting times in 2025. The performance when considering both measures was 61% across 2025 (2024: 62%).

Although skin cancers are included in these 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 Bowel Cancer Screening programme whereby patients are added straight from the programme onto the inpatient waiting list. 100% of medical oncology patients (2024: 100%) had their inpatient admission within two weeks of being added to the inpatient waiting list.

Despite the measures showing that the targets have not been met the continuing efforts to address backlogs alongside increasing demand need to be acknowledged. As at the end of 2025, the inpatient waiting list included 2,184 patients (1,847 contract patients). This is a 1% reduction in comparison to the end of 2024, where 2,207 patients were waiting for an inpatient admission (1,819 contract patients).

80% of routine patients were seen within three months of their referral (2024: 78%) (Inpatients: 73%, Outpatients: 83%) and 94% of routine patients were seen within six months of referral (2024: 93%) (Inpatients: 90%, Outpatients: 95%).

A new Waiting List Management Policy is in the process of being completed which will be implemented over a period of time to ensure it achieves its objectives fully.

Radiology Waiting Times

Target: 95% Actual: 87%

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 two-week wait (where the first verified report for a patient following a cancer pathway is available within two weeks of the patient's referral for examination).
- 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, which took place in December 2024, only the first two items are reported in 2025.

Radiology's compliance with the secondary care targets during 2025 showed varied results but pleasingly finished the year strongly.

Overall demand increased for Radiology services by 2% to total almost 61,000 examinations delivered in 2025. Positive results were seen in CT and MRI scanning across the whole year, but Radiology often struggled to keep up with the demand for Ultrasound, Fluoroscopy and Nuclear Medicine during significant parts of the year.

- In the Ultrasound modality, the team was reduced in staffing by a quarter for most of the year reducing the capacity to promptly see patients within target. Pleasingly, the team returned to full strength during the Autumn, and this is reflected in the positive results seen at year end. Given that roughly 1,000 Ultrasound appointments are required per month, this was a great effort by all concerned to meet the target.
- Fluoroscopy and Interventional Radiology similarly was affected by staff availability, with specialists reducing their employed time due to phased retirement. The number of patients in this area is very low compared to other imaging modalities and staff specialism is equally low in availability.
- Nuclear Medicine experienced difficulties with supply chain issues for several weeks during the year.

In 2025, the 6- and 8-week waiting times were achieved on a median average of 90% of the referrals (2024: 95%).

As can be seen below an imaging exam and associated report was generated within the 8-week target/KPI on average 93% of the time (just under the target/KPI of 95%).

Type of scan	Year total
CT	97%
Fluoroscopy	92%
MRI	96%
Nuclear Med	94%
Ultrasound	87%
Total Department Median Average	**93%**

2 Patient Safety & Experience

This measure tries to address the common question from patients of “will I be safe in your care?” Patient safety is the foundation of any healthcare service. Without it, every other measure loses meaning.

Hospital Acquired Infection Rate

Target: 0 **Actual: 7**

The Hospital Acquired Infection rate is reported here as an indicator of the infection prevention culture across inpatient wards, capturing C. difficile and MRSA cases acquired more than 48 hours into an admission (72 hours for C. difficile). The target of zero is intentionally aspirational. Infections recorded within 48 hours (or 72 hours for C.diff) are deemed to have been acquired in the community.

While absolute numbers will fluctuate year on year in a small jurisdiction, what matters is the trend over time and the proportionate response when cases occur. Seven cases recorded across 18,715 admissions in 2025, approximately one per 2,670 admissions, places Guernsey’s rate very low by comparison with NHS England, where both MRSA bloodstream infections and C. difficile cases are at post-pandemic peaks. Two of these were classed as unavoidable.

The KPI exists to make visible the otherwise invisible daily discipline of ward and infection prevention teams, which is something to be proud of, and to ensure complacency does not creep in when absolute numbers are small.

3 Outpatient Measures

Organisation Cancelled Outpatient Appointment Rate

Target: **Less than 10%**

2025 Result: **15%**

Organisation Initiated Radiology Cancellation Rate

Target: **Less than 10%**

2025 Result: **Less than 0.4%**

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

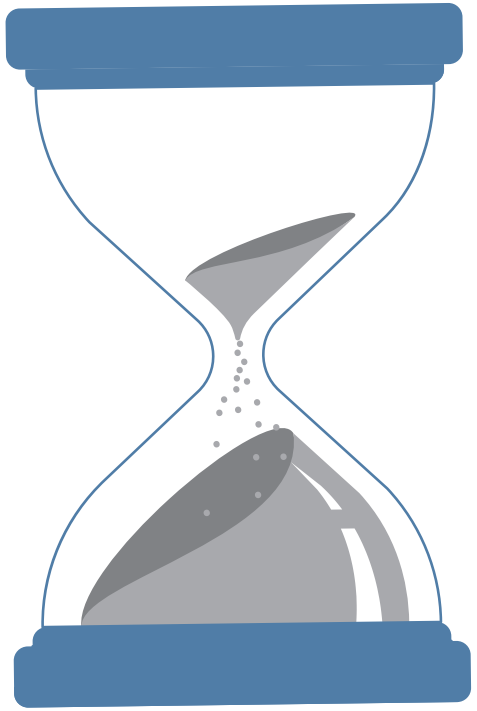
Target: **Less than 6%**

2025 Result: **6%**

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

Target: **Less than 11%**

2025 Result: **10%**



Meet Expected Timings for Clinics

Target: **More than 90%**

2025 Result: **80%**

Outpatient Measures

Outpatient services are the highest-volume point of contact between patients and the hospital. More than 86,000 adult and 7,000 paediatric appointments were scheduled (82,419 actually took place) in 2025 alone and small percentage shifts in this theme translate into thousands of patient interactions.

These measures track the operational discipline behind that volume. They include the rate at which the organisation cancels or moves appointments, the rate at which patients fail to attend or cancel at short notice (reported separately for adults and children to recognise different drivers), the proportion of radiology appointments cancelled, and whether clinics start at their expected time. Read together, they reveal where the system flows and where it stutters.

High organisation-initiated cancellations can signal capacity strain or when a service is reliant on a single consultant doing multiple jobs. High patient non-attendance rates point to communication, reminder systems, or wider patient circumstances. Clinic punctuality reflects scheduling discipline. These are also the measures most amenable to operational improvement, and they directly affect both patient experience and the productivity of every other part of the service.

Organisation Cancelled Outpatient Appointment Rate

Target: Less than 10% **Actual: 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.

Especially in specialities where there are single consultants, there may be some cancellations when the consultant is unable to provide the clinic for whatever reason, e.g. due to unexpected absences or delays.

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

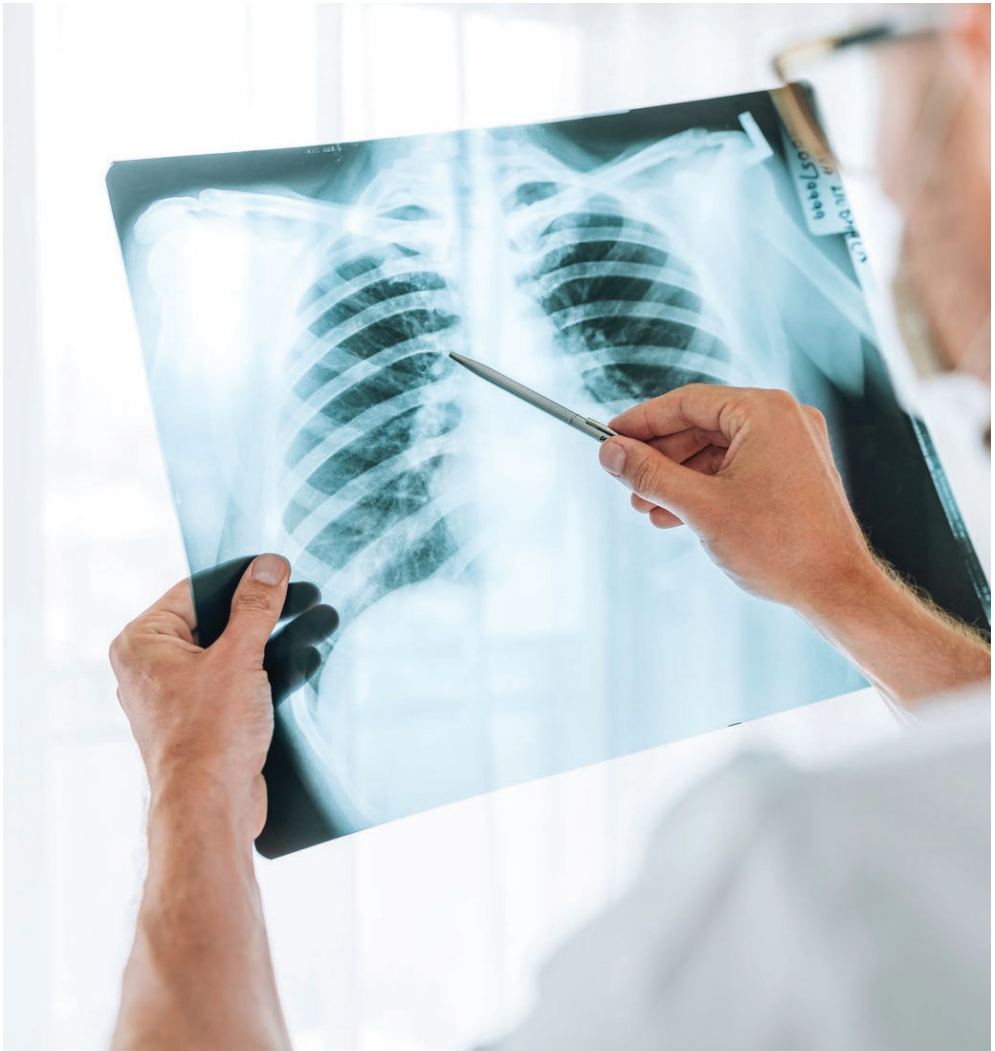
The 2025 average result was 15% (2024: 14%).

Organisation Initiated Radiology Cancellation Rate

Target: Less than 10% **Actual: 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 2025, our cancellation rate again remained extremely low at an average rate of 0.4% (2024: 0.6%).



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

Target: Less than 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.

As in the previous year, the average for 2025 was 6%. In terms of patient numbers: 4,765 of the 82,419 (2024: 5,039 of the 84,862) appointments scheduled in 2025 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% **Actual: 10%**

This KPI measures when paediatric patients were not brought to their appointment or when their parent/guardian 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 2025, 10% of paediatric patients (2024: 10%) failed to attend or cancelled at short notice. In terms of patient numbers, 719 of 7,218 (2024: 722 of 6,997) 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 Clinics

Target: More than 90% **Actual: 80%**

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 2025, the year-end monthly average of clinic appointments that started at their expected time was 80% (2024: 78%). In terms of patient numbers, 47,563 of 58,923 were seen within 30 minutes of arriving for their appointment (2024: 48,012 of 60,158).

Whilst the target does not seem to be met, for 732 appointments the relevant doctor had omitted to record the information. In addition, sometimes this information is filled in retrospectively. Therefore, this is also an area monitored through patient feedback surveys and to date this has not been identified as an area of concern.

4 Inpatient Measures

Organisation Initiated Cancellation Rates

Target: **Less than 10%**

Actual: **7%**

Average Length of Stay (Elective Admissions Only)

Target: **Less than 6**

Actual: **3 days**

Delayed Transfer of Care Days

Target: **Less than 100 days per month**

Actual: **298 days per month**

Emergency Readmission Rate within 28 Days of Discharge

Target: **Less than 10%**

Actual: **7%**

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: **Less than 2%**

Actual: **1%**

Unplanned Return to Theatre within 30 Days

Target: **Less than 2.5% per month**

Actual: **Less than 0.5%**

Day Case Unit to Inpatient Conversion Rate

Target: **Less than 5%**

Actual: **1%**

ED Conversion Rate

Target: **Less than 16%**

Actual: **10%**

Inpatient Measures

Inpatient services consume the health system's most expensive resources. These include beds, theatres, anaesthetic capacity, and post-operative nursing. This theme exists to evidence how efficiently and safely those resources are being used. The KPIs span the full inpatient pathway. They include organisation-initiated cancellations before admission, patient-initiated short-notice cancellations, average elective length of stay, delayed transfers of care once patients are medically fit to leave, unplanned returns to theatre within 30 days as a surgical safety signal, day-case to inpatient conversion as a marker of pre-operative assessment quality, and ED conversion and 28-day emergency readmission rates as indicators of admission decision-making and discharge robustness.

The critical measure in 2025 remains Delayed Transfers of Care, which at a monthly median of 298 days continues to sit well above the 100-day target, and yet it shows the most sustained improvement since 2021. Taken together, these indicators reveal not just hospital performance but the health of the whole health and social care system, because inpatient flow depends on primary care, community services and social care capacity working in concert with the acute hospital.

Organisation Initiated Inpatient Cancellation Rate

Target: Less than 10% Actual: 7%

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. Sometimes procedures are moved forward so a cancellation under this measure might also be in the patient's favour.

In 2025, the average for this measure reduced to 7% (2024: 8%), which demonstrates the continued efforts of all staff to optimise inpatient capacity.

Failure to Attend and Short Notice Patient Cancellation Inpatient Rate

Target: Less than Less than 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 233 occasions out of 21,454 (2024: 248 occasions out of 19,244) 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 having 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 2025 with the average being 1%.

Average Length of stay (Elective admissions only)

Target: Less than 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 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 2025 remained the same as in 2024 at 3 days per stay. This also shows that management of the elective workload does not contribute to the bed capacity issues and the delayed transfer of care measure.

Delayed Transfer of Care Days

Target: Less than 100 days per month Actual: 298 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 2021. Pressure for long-term care is across all care sectors and is not unique to Guernsey – it is reflected at a national level in the UK 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 298 days (2024: 338 days) highlights the severity of the problem. Excluding patients in a similar position on the rehabilitation ward, on average there were 17 patients in hospital awaiting the appropriate discharge across the year; by the end of 2025 this had reduced to nine patients (end of 2024: 18 patients). While the position remains well above target, there was a significant drop year-on-year from 338 to 298 monthly median days and from 18 to nine patients at year-end. This is the most positive sustained movement on this measure since 2021. 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% Actual: 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 2025 with less than 0.5% being reported (2024: less than 0.5%).

Day Case Unit to Inpatient Conversion Rate

Target: Less than 5% Actual: 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.

With more cases moved from inpatient admission to the day patient unit to optimise the utilisation of HSC's main theatre capacity, 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 case 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, making best use of overall resources and allowing the patient to recover in their own home.

The average for 2025 was again well within target at 1% (2024: 1%).

ED Conversion Rate

Target: Less than 16% **Actual: 10%**

This measure was introduced in 2021 and records the percentage of attendees 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 2025, 10% of service users (2024: 11%) who attended the Emergency Department were subsequently admitted as inpatients. In comparison, in the NHS England, approximately 23% of patients were admitted to hospital after attending ED in December 2025.

Emergency Readmission Rate within 28 Days of Discharge

Target: Less than 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. With new Electronic Patient Record system in place, it is anticipated that the episodes of care will be matched more effectively.

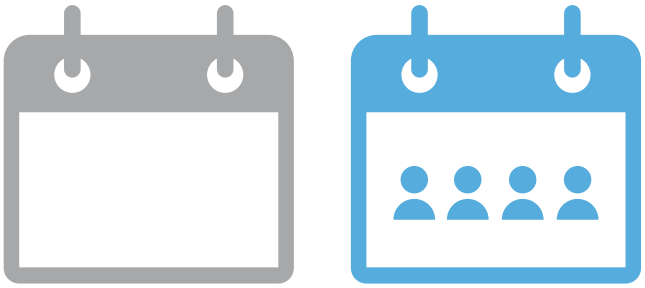
HSC and MSG are proud that this target was again achieved throughout 2025, with an average percentage of 7% (2024: 7%). This shows that despite the well documented bed capacity issues; patients were not discharged inappropriately.

5 Patient Focus

Off-Island Activity

Target: **0 per month**

2025 Result: **4 per month**



Complaints Procedure

Target: **More than 75%**

2025 Result: **57%**

Target: **More than 75%**

2025 Result: **57%**

Patient Focus

This indicator tries to answer the common question of “can I have my voice heard?” This theme is about respecting the patient as an active participant in their care rather than a recipient of services. It comprises Off-Island Activity, which monitors referrals sent outside the Bailiwick to ensure that on-island provision is properly used and HSC Commissioning Policies are followed, and the Complaints Procedure, which directly answers the question of whether patients can be heard. The complaints measure is intentionally orientated toward responsiveness rather than volume.

An organisation that hears few complaints is not necessarily one that is performing well, it may simply be one that is hard to complain to. The 27% rise in formal complaints in 2025 is, on balance, read as a sign of a more accessible and trusted feedback system, particularly when combined with the touchscreen patient experience kiosks introduced at MSG clinic sites in December 2025. Off-island activity, meanwhile, protects both patient interest (treatment as close to home as is clinically safe) and contract integrity. Together, these measures answer whether the system is open, whether it listens, and whether it acts on what it hears.

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 HSC Commissioning Policies.

In 2025, there have been, on average, four referrals out of an average of 198 referrals per month (2024: 9 referrals out of an average of 178 monthly 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% **Actual: 57%**

This is the percentage of formal complaints that are resolved within 20 operational days as was set out within the joint HSC/MSG Complaints Policy.

This measure recognises the importance of responding to formal complaints in a timely manner. However, from 2026, this measure will assess the response rate against a target response time of 30 days in line with NHS complaint procedures in order to continue to provide that the complaints are appropriately investigated despite an increase in number.

Not only can an appropriate complaints process 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.

In 2025, 57% of complaints (107 out of 189 complaints) raised were successfully resolved within the 20 operational days target (compared to 62% in 2024). With the balance relating to complex complaints which took longer to investigate and resolve.

Formal complaints rose 27% on 2024. HSC and MSG have actively encouraged patients to raise concerns where they have them, including through new accessible channels. The increase is best read as evidence of a more responsive complaints system on the Bailiwick rather than a deterioration in care. More feedback improves care, provided the system learns from it.

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

In addition, 100% of informal complaints should be resolved within five operational days. In 2025, 76% of informal complaints (244 out of 318) were completed within that timeframe.

No more than 5% of complaints (formal and informal) should be reopened. In 2025, 8 complainants equalling 2% were dissatisfied with the outcome of their complaint.

6 Professional Compliance Measures

Up to Date Job Plans & Job Descriptions

Target: **100%** | Actual **100%**

Completion of Annual Appraisals

Target: **100%** | Actual **99%**

Attendance in the Cancer Multidisciplinary Team Meetings

Target: **70%** | Actual: **93%**

Attendance of Academic Half Days (AHD)

Target: **100%** | Actual **55%**

Attending 7 out of 12 AHDS

Attendance at Contractual Meetings

Target: **70%** | Actual: **77%**

Compliance with Inpatient Discharge Summaries Process

Target: **100%** | Actual: **83%**

Meet Expected Timings for Operating Theatres

Target: **85%** | Actual: **72%**

Professional Compliance

This theme captures the professional and contractual obligations on consultants and supporting staff across both HSC and MSG. The underlying architecture that ensures clinical practice meets recognised standards and that the contract operates with discipline and accountability.

These KPIs cover up-to-date job plans and job descriptions, annual appraisals (which underpin medical revalidation), attendance at cancer Multi-Disciplinary Team meetings (a core quality requirement in modern oncology pathways), attendance at academic half-days for continuing professional development, attendance at contractual meetings, and compliance with the inpatient discharge summary process.

While these can read as “input” measures rather than patient-facing outcomes, they are in fact determinants of safe, high-quality care: an un-appraised consultant, a poorly defined job plan, a missed MDT, or a late discharge summary each create downstream risk for patients and for primary care colleagues.

Strong performance in this theme demonstrates the professional governance maturity of the organisation and provides assurance to the commissioner, to regulators and to the public that the system is being run as it should be.

Up to Date Job Plans & Job Descriptions

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

Job Plans describe how HSC and MSG 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. By the end of January 2026, job plans and job descriptions for all MSG and HSC Doctors’ and Consultants providing services under the Secondary Healthcare Contract were in place and up to date.

Completion of Annual Appraisals

Target: 100% **Actual: 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 2026 confirmed that 99% (2024: 98%) of annual appraisals had been completed. One HSC doctor retired in February 2026, resulting in the rate being slightly below target at year-end.

Attendance in the Cancer Multidisciplinary Team (MDT) Meetings

Target: 70% **Actual: 93%**

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 2025, a continued high attendance of 93% (2024: 92%) showed the importance of these meetings to clinicians.

Attendance of Academic Half Days

Target: 100% **Actual: 55%**

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 2025, 55% of HSC Doctors and MSG Consultants attended seven out of 12 AHDs (2024: 67%). In 2025, AHDs returned to being held in person whereas they had been hybrid meetings previously. Given the reduction in this measure, further changes to the format and governance of the AHDs are planned from 2026 to increase the attendance rate.

It is not always possible to take down clinical activity to enable attendance. In particular, while elective theatre activity is reduced to enable Doctors to attend, this is not possible for the Emergency Department (ED) and other emergency cover. Excluding the ED Doctors from this measure would show an attendance rate of 66% for 2025 (2024: 87%). Additionally, on occasion, some teams will take advantage of activity being reduced in order to undertake alternative training specific to their specialty and this does not currently count towards the AHD attendance rate.

Attendance at Contractual Meetings

Target: More than 70% **Actual: 77%**

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 25 contractual meetings held in 2025, the average percentage of attendance at those meetings was 77% (2024: 80%).

Compliance with Inpatient Discharge Summaries Process

Target: 100% **Actual: 83%**

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 2025, this KPI recorded an improved compliance rate of 83%, the best performance in five years (62%, 71%, 66%, 75%, 83%).

The improvement was achieved by clinical and administrative teams working differently with the systems they already had. Dictation workflows were streamlined, secretarial capacity was directed to the backlog, and MSG invested in an AI-supported digital dictation tool that helps consultants prepare summaries faster.

Meet Expected Timings for Operating Theatres

Target: 85% Actual: 72%

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. Doctors may have another commitment prior to attending theatre which might cause a late arrival. Over-runs also occur if cases are more complex than originally anticipated. In addition, to maximise lists, more procedures are being listed. One such example is cataract lists which now include seven 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 2025, the year-end monthly average was 72% for this measure (2024: 75%), continuing a multi-year decline (84% in 2021, 81% in 2022, 82% in 2023, 75% in 2024). The reasons include single-handed specialty cover without the use of more junior clinicians, theatre lists deliberately structured to maximise throughput, and cases proving more complex than anticipated. A Theatre Optimisation Steering Group was established in 2025 to address this, and improvement is expected during 2026.

Five-year trends, 2021 to 2025

This report marks the end of this format and of some of the KPIs originally developed in 2017. Healthcare has progressed rapidly and there are new tools for measuring care.

Looking back across five years, these indicators give a glimpse into the dedication of HSC and MSG teams. There is much to be proud of, especially compared with other healthcare systems on the UK mainland and elsewhere. It is a true example of value and delivery in public services for the Bailiwick.

Measure	Target (> means more than, < means less than)	2021	2022	2023	2024	2025
Up to date job plans & job descriptions	100%	100%	100%	100%	100%	**100%**
Completion of annual appraisals	100%	98%	99%	100%	98%	**99%**
Attendance in cancer MDT meetings	>70%	95%	92%	91%	92%	**93%**
Attendance of Academic Half Days	100%	67%	61%	74%	67%	**55%**
Attendance at contractual meetings	>70%	92%	90%	79%	80%	**77%**
Compliance with inpatient discharge summaries	100%	62%	71%	66%	75%	**83%**
Compliance with discharge planning process	>90%	54%	53%	42%	46%	**n/r***
Meet expected timings for clinics	>90%	78%	79%	77%	78%	**80%**
Meet expected timings for operating theatres	>85%	84%	81%	82%	75%	**72%**
Waiting times: Referrals to Consultants	>95%	67%	67%	61%	62%	**61%**
Waiting times: Emergency Department	>95%	89%	89%	89%	89%	**88%**
Radiology waiting times	>95%	65%	91%	96%	95%	**87%**
Average length of stay (planned admissions	<6 days	3	3	3	3	**3**
Emergency readmission within 28 days	<10%	7%	6%	7%	7%	7%
Delayed transfer of care (median days/month)	<100	387	629	276	338	**298**
Organisation cancelled OP appointments	<10%	14%	14%	15%	14%	**15%**

Measure	Target (> means more than, < means less than)	2021	2022	2023	2024	2025
Organisation initiated inpatient cancellations	<10%	8%	9%	8%	8%	**7%**
Organisation initiated radiology cancellations	<10%	<1%	<0.4%	<0.3%	<0.6%	**<0.4%**
ED conversion rate	<16%	11%	11%	10%	11%	**10%**
Unplanned return to theatre within 30 days	<2.5%	<0.5%	<0.5%	<0.5%	<0.5%	**<0.5%**
Did Not Attend — paediatric outpatients	<11%	8%	11%	10%	10%	**10%**
Did Not Attend — adult outpatients	<6%	6%	6%	6%	6%	**6%**
Did Not Attend — inpatients	<2%	1%	1%	2%	1%	**1%**
Day Case to inpatient conversion	<5%	2%	1%	2%	1%	**1%**
Hospital Acquired Infection Rate	0	5	3	5	4	**7**
Off-island referrals flagged for scrutiny	0/month	4	8	5	9	**4**
Complaints procedure (formal, within 20 days)	>75%	96%	79%	79%	62%	**57%**

* n/r: not separately reported in 2025; measure under review for the new reporting framework.

Looking ahead

This report marks a transition point in how performance information is reported and used across Health & Social Care and, as such, will be the last annual KPI report in this format.

As digital systems and healthcare services evolve, there is an opportunity to further develop the performance framework so that it provides a more meaningful picture of the care being delivered to islanders.

Over time, the ambition is to make performance information more accessible and available more frequently, providing a timelier view of service delivery and trends across the health and care system.

There is also an opportunity to broaden the focus of future reporting. While activity and waiting time measures will remain important, greater emphasis is expected to be placed on clinical outcomes, patient experience and the quality of care, helping to create a more rounded understanding of health service performance.

Medical Specialist Group

Committee *for* Health & Social Care

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