



## Secondary Healthcare Contract Key Performance Indicators (KPI) Measures

Summary for the operating period 2018.  
(for more detailed information see the supporting information document)

### Indicators are reported across 6 themes:

1. Professional Compliance
2. Patient Safety & Experience
3. Waiting Times
4. Outpatient Measures
5. Inpatient Measures
6. Patient Focus



# 1

# Professional Compliance Measures

Target 100%



96.1% of HSC and MSG Consultants and Doctors had received an appraisal for the operational year 2018. The reason that a 100% appraisal rate has not been achieved relates to unavoidable absences.

Up to Date Job Plans & Job Descriptions

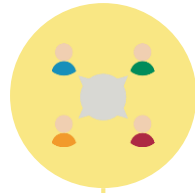
100% of job plans and job descriptions for HSC and MSG Consultants and Doctors were in place for the operational year 2018.

Completion of Annual Appraisals



Target 100%

Target 70%



During 2018, 50% of HSC and MSG Consultants and Doctors attended seven out of the 12 AHDs that were run. Those who were unable to meet this target may have been dealing with emergencies or unscheduled events, or may have been on leave.

Attendance in the Cancer Multidisciplinary Team Meetings

Across 2018, this measure has consistently exceeded the agreed target, achieving a median percentage of 76.5% attendance.

Attendance of Academic Half Days (AHDs)



Target 7 out of 12 AHDs

Target 70%



During 2018, an average 63.2% of documentation was processed within 24 hours of patient discharge. Work continues to ensure the Medical Records Team are fully staffed to improve performance against the stated target.

Attendance at Contractual Meetings

There are three different groups who support the management of the Secondary Healthcare contract. These groups collectively reached a median percentage of 59.7% attendance in 2018.

One of the three meeting groups (the Clinical Reference Group) has a very wide membership reflecting the broad agenda it covers. This means it is not always appropriate for every member of the group to attend every meeting, which in turn reduces performance against this measure.

Compliance with Inpatient Discharge Summaries Process



Target 100%

Target 85%



Meet Expected Timings for Operating Theatres

Monthly performance has been improving with the average for 2018 standing at 70.8%. Scheduled times can be impacted by emergencies that a Consultant/Doctor must attend given that Guernsey does not have junior doctors. Over-runs are also possible if cases are more complex than originally planned.

# Patient Safety & Experience Measures

## Venous Thromboembolism (VTE) Risk Assessment Rate Target: 95%

This measure is audited monthly. We have seen a rise in compliance across 2018 from 36% in quarter 1 2018 to 84.8% in quarter 4 2018.



## Never Events

Never Events are serious incidents that are preventable because national guidance or safety measures are available and should have been implemented to stop the incident from happening. They are an important part of an open (no blame) culture and reporting them is associated with better patient outcomes. They are fully investigated so we can learn from them to help improve the care we provide.

To protect patient confidentiality (owing to their very small incidence rate in Guernsey), Never Events will be reported every three years.

## Hospital Acquired Infections Rate

In 2018, there were 6 incidences arising from 3,456 hospital admissions. Of these, 5 were classed as 'unavoidable' in accordance with the HSC Infection Control Policy.

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## Waiting Time Measures - Target 95%

### Emergency Department Waiting Times

#### Target: 4 hours

The average performance for 2018 is 91.2% against a target of 95% or more of our service users being admitted and discharged within 4 hours of arrival.

This is also a UK measured target where 88.1% of UK service users were admitted and discharged within 4 hours between January and September 2018. The average over that same period in Guernsey was 90.1%.



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### Radiology Waiting times

#### Targets: 24 hours, 2, 6 or 8 weeks

In 2018, this measure has improved overall from 63.7% in April 2018 to 83% by year end. The average for the year was 76.8%. The service is delivered by a small team of highly skilled professionals and any absence of these key staff, as occurred early in 2018, directly impacts on the performance that can be achieved.



### Inpatient Contract Waiting Times

#### Targets: 24 hours, 7 days, 2 or 8 weeks

Including orthopaedic patients, 83.7% of inpatients were seen within the contractual waiting time targets during 2018.

A specific project is underway jointly between HSC and MSG to improve inpatient waiting times for orthopaedic inpatients.



### Outpatient Contract Waiting Times

#### Targets: 24 hours, 7 days, 2 or 8 weeks

Including orthopaedic patients, 76.5% of outpatients were seen within the contractual waiting time targets during 2018.

Following a waiting list initiative to bring orthopaedic outpatient waiting times into contract, these have improved from 68.8% of outpatients being seen within contract in January to 89.1% in December 2018.



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## Outpatient Measures

### Organisation Cancelled Outpatient Appointment Rate.

Target: less than 10%

The average for 2018 was 13.5%. However, 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.

### Failure to attend and Short Notice Patient Cancellation Rate – Paediatrics.

Target: less than 11%

The average failure to attend / patient cancellation rate for Paediatrics in 2018 was 10.2%. Non attendance directly costs HSC and MSG in terms of lost time and re-arrangements.

### Organisation Initiated Radiology Cancellation Rates.

Target: less than 10%

Data on this measure has been recorded since August 2018 and has been at or below 1% for every month to the end of December 2018.

### Failure to attend and Short Notice Patient Cancellation Rate – Adults.

Target: less than 6%

The average failure to attend / cancellation rate for adult outpatient appointments was 6.1% in 2018.

HSC and MSG are working together to investigate steps that could be taken to improve attendance rates for both inpatients and outpatients.



# Inpatient Measures

## Delayed Transfer of Care Days

### Target: less than 100 days/month

This measure was introduced in July 2018 and has achieved a median average of 91 days across all patients whose discharge from hospital was delayed.

## Emergency Readmission Rate Within 28 Days of Discharge

### Target: less than 10%

This measure was consistently achieved during 2018, with a median average of 6.5%.

## Return to Theatre within 28 days

### Target: less than 2.5%

The data has been reported since July 2018 and shows the number of returns to be very low, not being more than 0.3% per month.

## Day Case Unit to Inpatient Conversion Rate. Target: less than 5%

The median average for 2018 was 1.7% for cases that were booked as day cases but required hospitalisation overnight due to unforeseen circumstances.

## Average Length of Stay (elective admissions only) – Target: less than 6 days

The median average across the year was 3.9 days per stay and other than in January and February when the health care system generally experiences higher demand (due to winter pressures), performance in this area has achieved the target.

## Failure to Attend and Short Notice Patient Cancellation Inpatient Rate. Target: less than 2%

The median average for 2018 was 2.8%. Non attendance directly costs HSC and MSG in terms of lost time and re-arrangements.

## Organisation Initiated Cancellation Rates Target: less than 10%

This data was reported for the first time in April 2018 and has been consistently within target since, attaining a median average of 8.8% for the year.



# Patient Focus Measures

## Off-Island Activity

The number of referrals which were not in line with the correct policies and procedures have significantly reduced during 2018 compared to previous years with an average of 9 out of around 140 referrals per month (6%). The Off-Island Team continue to work with colleagues within both HSC and MSG to further improve performance.

## Family & Friends Test

This is a recognised national measure which identifies the percentage of service users who respond “extremely likely” to the following question: “How likely are you to recommend this service to friends and family if they needed similar care or treatment?”

Of those respondents who chose to answer this question across 2018, the percentage of responses who were “extremely likely” to recommend our service was 75%. A further 18% responded that they were “likely” to recommend our service.

Monitoring of these responses provides a meaningful and essential source of information for identifying gaps and developing an effective action plan for quality improvement within secondary healthcare services in Guernsey.

## Complaints Procedure

52.3% of complaints were successfully resolved within 20 days, with the balance relating to complex complaints which take longer to investigate and resolve.

