

Trust Board – January 2013

Performance Report

PURPOSE	To update the Trust Board on: - Progress against Monitor Compliance Framework, DH Operating Standards, Contractual standards and local performance measures - Exception reports outlining action taken and next steps are provided for indicators that are either 'red' in month, or at risk year to date
PREVIOUSLY CONSIDERED BY	Finance & Performance Committee 23 rd January 2013
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. To improve continuously the quality of all aspects of our services <input type="checkbox"/> 2. To consolidate acute services for complex or serious conditions onto a single site <input type="checkbox"/> 3. To work with colleagues in primary care to expand local access to specialist acute services <input type="checkbox"/> 4. To maintain the pre-eminence of Mount Vernon as a tertiary Cancer Centre, and to provide more cancer care locally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings, SHA Governance risk Rating, Contractual performance
Healthcare/ National Policy (includes CQC/Monitor)	Achievement of Monitor , CQC, DH Operating Framework and other national and local performance standards
CRR/Board Assurance Framework *	<input checked="" type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
ACTION REQUIRED *	For approval <input type="checkbox"/> For decision <input type="checkbox"/> For discussion <input checked="" type="checkbox"/> For information <input type="checkbox"/>
DIRECTOR:	Director of Operations
PRESENTED BY:	Director of Operations
AUTHOR:	Associate Director of Operations
DATE:	23 rd January 2013

PERFORMANCE REPORT

To the Trust Board – January 2013

The performance scorecard and associated exception reports are provided as part of the supporting information pack.

Monitor Compliance Framework (MCF) and SHA Provider Management Regime

All MCF standards were delivered in December, apart from the A&E Maximum Waiting time of four hours from Arrival to Discharge or Admission (91.3%), which subsequently led to the failure of the quarterly (94.57%) standard, giving the Trust a Monitor Compliance Framework Quarterly Risk rating of Amber/Green and an SHA provider management regime monthly governance risk rating of Amber/Green.

Department of Health Operating Framework measures

All Department of Health Operating Framework measures delivered in the month of December.

Trust Clinical Efficiency (KPIs)

All Trust clinical efficiencies delivered in the month of December.

Key Contract requirements

All Key Contract Indicators met for December with the exception of, admissions to a stroke bed from arrival, and patients with high risk TIA seen and scanned/treated within 24 hours. Exceptions reports are provided as part of the pack.

Local priorities

The only other indicators exception reporting includes MRSA Emergency Screening. Performance for the screening of non elective patients, 91.6%.

Performance Exception reports

Exception reports are provided for the Monitor Compliance framework measures for Operating Framework measures for the:

- Maximum Waiting time of four hours from Arrival to Discharge or Admission

Exception reports are provided for the following Contract indicators:

- Stroke Admissions <4-hours Admissions to a stroke bed from Arrival at A&E.
- Stroke care, patients with high risk TIA seen and scanned/treated within 24 hours.
- Trauma & orthopaedics – 18 weeks performance, as reported in previous Board papers the service will deliver from February.

Exception reports are provided for the following local priorities:

- MRSA Emergency Screening

Transforming Inpatient Management programme (TIMP)

The Transforming Inpatient Management Board continues to meet weekly, with all work streams progressing well.

- Improving Flow in the Emergency department - trial of mobile DARTing (a multi-agency rapid assessment and discharge team, comprising medical, therapies and social care input) to be undertaken through January to improve the time to off load from the ambulance. The work stream will also be commencing see and treat for minor injuries in adults and paediatrics with an expected outcome of improving waiting times and maintain flow through the minor areas of the ED.
- Performance visibility is provided for all work streams with a performance dashboard approach with agreed Key Performance Indicators and trajectories.
- Long length of Stay - Therapy trial will be commenced in AAU and SAU in January with 50% of the Therapies team being based in the two departments to prevent delays in patients being discharged as a result of not accessing the right equipment at home. The trial will assess if focusing resources earlier in patient pathways will ensure shorter length of stays.

Readmissions

Work continues on the prevention of readmissions via a smaller working group and as part of TIMP.

The Practice Navigators are proving to be a success in the prevention of readmissions: they have prevented 35 admissions a week to the Trust since December 2012. Patients attending the Emergency Department as a result of a fall are now having a full falls screen assessment in real time and arrangements made with support from the community to get them back home. The frail patient whose condition is compromised as a result of their illness are also being seen by the navigators in the ED and due to their knowledge and contacts are able to get patients back out to their homes with support from the relevant services.

As a knock-on effect the recording of readmissions has also improved and with the second audit due to take place in January, it is expected to demonstrate how much of an improvement has been made.