

Trust Board – February 2013

Performance Report

PURPOSE	To update the Board on progress against the Monitor Compliance Framework, DH Operating Standards, contractual standards and local performance measures; and to present exception reports outlining action taken and next steps for indicators that are either 'red' in month, or at risk year to date.
PREVIOUSLY CONSIDERED BY	Finance & Performance Committee
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 checked="" type="checkbox"/> For discussion <input type="checkbox"/> For information <input type="checkbox"/>
DIRECTOR:	Director of Operations
PRESENTED BY:	Director of Operations
AUTHOR:	Associate Director of Operations
DATE:	12 th February 2013

PERFORMANCE REPORT

1. Monitor Compliance Framework (MCF) and SHA Provider Management Regime

All MCF standards were delivered in January, apart from;

- i. A&E Maximum Waiting time of four hours from 'Arrival to Discharge or Admission'

Year to date	96.0 %
January 2013	93.5%
Quarter 4 (as of 13/02/2013)	94.09 %
February 2013 (as of 13/02/2013)	95.31%

To achieve compliance with the 95% for Q4, we need to ensure there are fewer than 12 breaches per day across the Trust.

- ii. Clostridium Difficile, 2 cases have been reported for January with a year to date position of 12 against a target of 14.

The failure of the 2 standards gives the Trust a Monitor Compliance Framework Quarterly Risk rating of **Amber/Green** and an SHA provider management regime monthly governance risk rating of **Amber/Red**.

2. Department of Health Operating Framework measures

All Department of Health Operating Framework measures have been delivered for January. However, headline performance masks the following;

- i. Sub Specialties not yet achieving T&O Admitted pathway but on trajectory.
- ii. Delay Transfer of Care (DToC) now at 3.6% (108 DToCs for January) against a target of 3.5%

3. Trust Clinical Efficiency (KPIs)

All Trust clinical efficiencies were delivered in the month of January apart from;

- i. New to follow up outpatient appointment ratio flagging **red** with an in month score of 2.38. An exception report is provided.

4. Key Contract requirements

All Key Contract Indicators met for January with the exception of;

- i. Admissions to a stroke bed <4 hours from Arrival at A&E – 42.1%

An exception report is provided as part of the pack.

5. Local priorities

Local priority indicators not meeting expected targets are;

- MRSA Emergency Screening flagging at 89.65% against a target of 90% and
- Patients with high risk TIA seen and scanned/treated within 24 hours -15.8%

Exception reports are included as part of the pack

6. Transforming Inpatient Management programme (TIMP)

Headlines coming out of the TIMP programme;

- i. Needs refocusing and enhanced attendance
- ii. The need to review one year on against the ECIST recommendations
- iii. Propose a baseline and set targets for wards daily discharge rates
- iv. Proposal to establish Ward Throughput Scorecard (e.g. Discharges, Discharges before 13:00, Discharge Lounge usage, Length of Stay, Weekend Discharge).
- v. Discharge Lounge improve facilities, “pull through” focus and extended opening hours
- vi. Enhanced visibility and actions for broader set of DToCs (e.g. IC delays, Self Funders, Tertiary transfers, Continuing Care and Social Services)

7. Re-Admissions (within 28days)

In June 2012 a Health System audit was completed to obtain a baseline re-admission rate. The audit demonstrated 42% of readmissions were avoidable. The 42% was further broken down by the actions of any health or social care organisation to which the readmission could have been avoided by;

- i. Trust 22%
- ii. Recording errors 7% (action plan put in place to address)
- iii. Community, Primary and Social Care partners 13%

Re-admissions are reported two months in arrears. The current position of 9.8% equates to 278 patients (Note: - total admissions = 2829) ENHT reported 10.5% in October 2012. At the same time last year the readmission rate was 16.2% run rate.

To help reduce the rate further a combined action plan is required between the Acute, Community, SOC, SEN and Primary Care. The Operating Framework for the NHS in England 2012/13 states that Commissioners are required to develop local plans in “conjunction and agreement” with providers. “Commissioners should work with local providers; GP, local authorities and Local Involvement Networks (LINKs) to ensure those initiatives are understood and used by their patients” (Ref: The Operating Framework for the NHS in England 2012/13, Point 2.25, Page 17). The action plan requires further joint agreement.

Part of the contractual arrangements is for a second audit. The Readmissions Group, chaired by Dr Rachel Quail and including local GPs, has identified the sample of patients to be

audited who were discharged in week 28 (9 -15 July 2012) and week 49 (3 Dec – 9 Dec 2012). The audit will be carried out during February and reported back to the Finance & Performance Committee in March.

8. Key Performance Indicators for 2013 -14

In anticipation of changes to the Monitor Risk Assessment Framework and the NHS Outcomes Framework for 2013/14 now would seem an appropriate time to review the detail of the Trust level floodlight indicators and Divisional indicators to map both frameworks to inform the Trust Board and relevant committees for reporting purposes during 2013/14.

To focus on the reporting arrangements for 2013/14 the NHS Outcomes Framework are split into five domains which set out the high level national outcomes that we should be aiming to improve, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities.

The five domains suggested by the NHS Outcomes Framework are:

- **Domain 1** – preventing people from dying prematurely
 - Reducing premature mortality from the major causes of death
 - Cancer survival 1 & 5 years
- **Domain 2** – enhancing quality of life for people with long term conditions
 - Reducing time spent in hospital by people with long term conditions
- **Domain 3** – helping people to recover from episodes of ill health or following injury
 - Emergency readmissions within 30 days of discharge from hospital
- **Domain 4** – ensuring that people have a positive experience of care and
 - Improving patients experience of A&E services
 - Improving patient experience of outpatient care
- **Domain 5** – treating and caring for people in a safe environment; and protecting them from avoidable harm.
 - Reducing the incidence of avoidable harm
 - Admission of full term babies to neonatal care