

2014/15 M11 Monitor Return

SUPPLEMENTARY AND EXCEPTION REPORTING COMMENTARY – Month 12 2014/15

GOVERNANCE

Discretionary Requirements and Enforcement Undertakings (Keogh Review)

S105 and S106 obligations have been part of our PRMs, and follow-up discussions with Monitor, these have been amended as a result of Monitors letter of 1st April 2015.

C Difficile Target

The Trust has had 67 cases to end of March 2015. Of the 4 cases reported in March no cases were a result of lapses in care.

HCAI update

There have been no MRSA bacteraemias

RTT 18 Weeks

March 2015:	Actual	Trajectory
– Admitted	78.96%	90.04%
– Non Admitted	90.91%	89.62%
– Incomplete	88.73%	93.13%

*March Indicative Figures – Validation cycle incomplete at point of production

- Recruitment to key clinical posts in ENT, Ophthalmology and Urology are in post (April)
- Increased volume of activity in key specialties representing a 12.1% increase in OP PODs (2927) and 8.8% in Day Case and Elective PODS (297) – Feb to Mar actual
- Missing outpatient outcomes and reconciliation information – completion 26.4.15 on plan

For the month of March 2015 the Trust failed to achieve all three RTT Standards, a significant contributory factor is recovering from the impact of the Winter pressures, managing the volume of over 18 week cohort and failure of the Independent Sector to deliver the intended support for elective capacity. This has been further compounded by senior Doctor sickness absence leave.

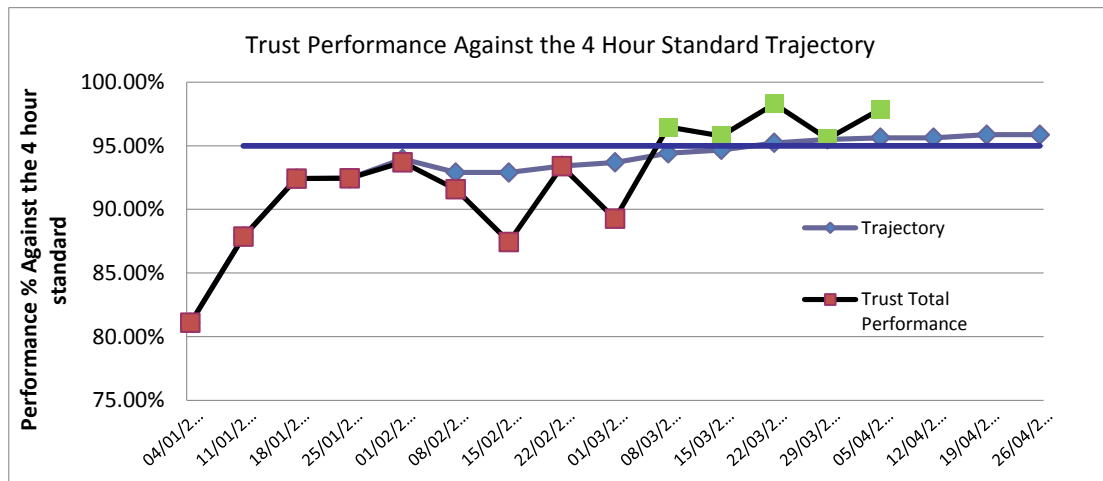
Work continues on clearing and sustaining the management of un-reconciled patient outcomes, overdue outpatient reviews and pathway validation. Until this work is completed, revised trajectories will be incomplete. As part of the on-going work an outpatient improvement group is being established.

This is also subject to the on-going issues with Medway PAS the highlights of which are detailed below.

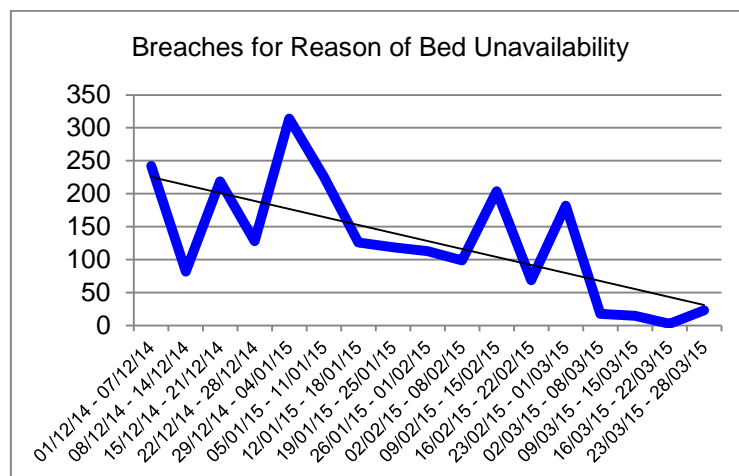
- Medway PAS implementation issues :
 - Policy alignment
 - Medway functionality
 - Data Quality
 - System Compatibility
 - Administration
 - Staffing

A & E 4 hour target

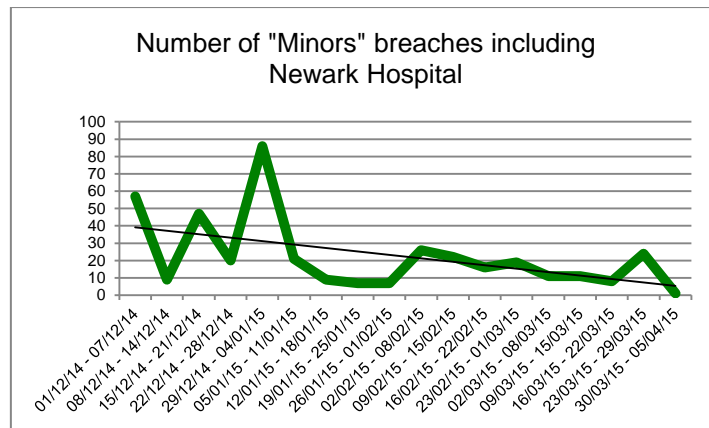
The Emergency Department Standard of 95% was achieved in March 2015. This marked improvement has exceeded the improvement trajectory sustainably each week from the 1st March and continues into April. Reviewing performance in recent years March performance traditionally is poor with only 1 in 5 previous years seeing such a significant step improvement in this period.



Examining the key reasons for this improvement confirms all three elements of the improvement plan are having an impact. The most significant area can be seen below as flow having improved and the number of breaches for bed unavailability therefore greatly reduced.



In addition to this within the ED itself improvements have led to reductions in the number of patients breaching the 4 hour standard who did not require inpatient care. The reduction in minors breaches although small in number demonstrate the impact of increased decision makers within the department as well as improvements in coordination, escalation and triage systems that have all been implemented in recent months.



Cancer 100 Day Waits

Any patient identified as an over 100 day wait is being actively progressed through their pathway by the clinical teams and the Trust is monitoring the outputs weekly with appropriate escalation. This position remains static at 8 at 31 March.

Cancer 62 Day Waits

Patients are actively flagged at 40 days to ensure maximum intervention for timely treatment. The internal escalation process has been reviewed and launched to ensure timely and appropriate intervention. Any patient over 62 day wait is being actively progressed through their pathway by the clinical team with weekly output monitoring. The Trust will fail the 62 day standard for the quarter but is expected to be compliant for March.

Further work is in progress to improve 4 clinical pathways with arrangements for the clinical teams to meet with their counterparts in Nottingham.

Board Composition

The CEO, Paul O'Connor resigned in March and Karen Fisher took up the post of Interim CEO.

Paul Robinson joined the Trust on 23rd March as substantive CFO following Margaret Ashworth's (Interim CEO) departure the previous week.

Karen Fisher continues in the short term to oversee strategic elements of HR.