

2015/16 M2 Monitor Return
SUPPLEMENTARY AND EXCEPTION REPORTING COMMENTARY – Month 2 2015/16

C Difficile Target

The Trust has had 8 incidents of C-diff during May 5 of which are a result of lapses in care and 2 avoidable cases due to cross infections.

HCAI update

There have been no MRSA bacteraemias

RTT 18 Weeks

For May (2015) the Trust is showing under-achievement against all three RTT standards (Admitted, Non-Admitted and Incomplete Pathways). This is classified as failure of the standard for the whole quarter.

Standard	May -15* Reported performance
Admitted Patient Care (90% of patients treated within 18 weeks)	78.84%
Non Admitted Patient Care (95% of patients treated within 18 weeks)	93.30%
Incomplete Pathways (92% of patients complete pathway within 18 weeks)	91.36%

A failure to initiate the required level of capacity to manage overdue review appointments is a significant contributory factor. Validation of 18 week RTT pathways has also been less intense during this period as administration teams address patients that have not had their appointments reconciled and or their outcomes recorded electronically.

Despite these issues significant progress has been made to recover both the incomplete and non-admitted pathways. Actions are in progress to clear all long waiting patients. Although some specialties continue to struggle achieving the standards at specialty level, and particular challenges remain in ENT/MaxFax and Paediatric Dermatology due to the tertiary withdrawal of key consultant posts at NUH.

Additional work is in progress to improve access through Endoscopy pathways and the continuation of managing consultant sickness in Orthopaedic services.

Work is nearing completion to clear and sustain the management of un-reconciled patient outcomes, overdue outpatient review and pathway validation. In light of this a refreshed trajectory is in development for submission by the end of June.

The Outpatient Improvement Programme Board is now established with clear core work streams in operation. Amalgamation of existing improvement work in clinical administration and clinical capacity management is contributing to the clearing of backlog and data quality required to deliver the June trajectories. Other work streams are focussing on areas such as:

- Policy Alignment
- Medway System Functionality Issues
- Data Quality
- System Compatibility
- Administration

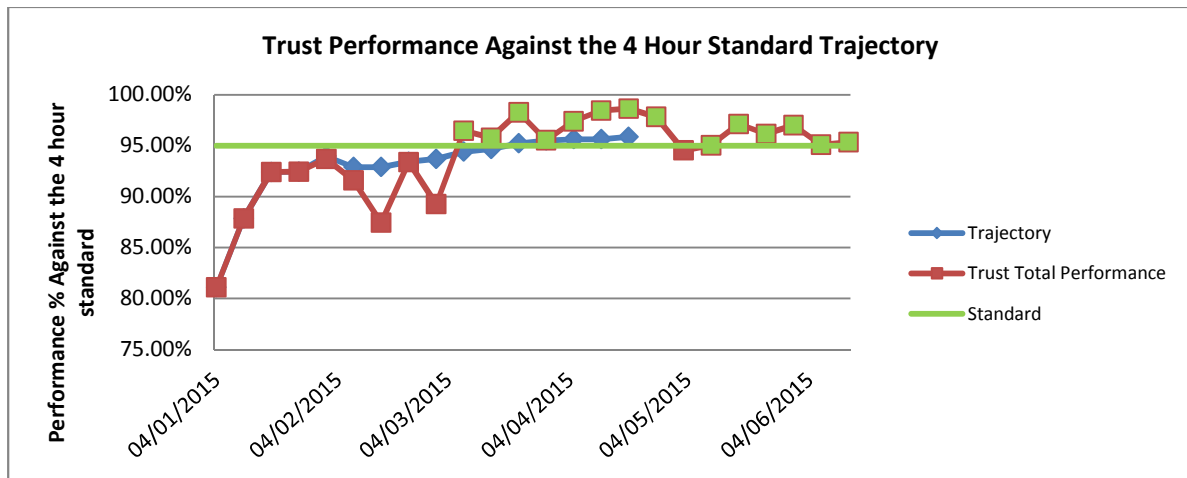
- Staffing

The Trust reported one patient waiting over 52 weeks on an incomplete pathway at the end of May. A root cause analysis has been completed identifying that a clock stop event had incorrectly been inputted into the system earlier within the pathway. When found this was corrected and the actual wait for the patient was recorded as 68 weeks. The patient has subsequently been seen, treated and found to have come no harm as a result of the delay.

A & E 4 hour target

ED

The on-going improvement plan with the focus on early discharge, admission avoidance and length of stay has allowed for the sustained achievement throughout May. (96.31%)



Cancer

In May 2015 the Trust is projecting achievement of all of the cancer indicators including 2 week wait.

The Trust has appointed an experienced interim Cancer Programme Director to undertake a diagnostic appraisal of cancer services which will include process (management of patients on pathways and escalation processed), governance and assurance relating to Cancer Waiting Times performance monitoring.

Cancer 100 Day Waits

Any patient identified as waiting >100 days is being actively progressed through their pathway by the clinical teams and the Trust is continuing to monitor the outputs weekly. Processes relating to escalation are being reviewed as part of the overall cancer services programme. There are currently 11 patients where pathways are over 100 days. Of these 11 patients, 7 are cervical screening patients who are pregnant on suspected Gynaecology pathways – these patients/pathways are being reviewed with the MDT Clinical Lead.

Board Composition

The Trusts board succession plan was submitted to Monitor 12th June. Graham Briggs was appointed as interim HR Director in May 2015. Neal Gossage was appointed as Non-Executive Director and joined the trust at the end of May following Gerry McSorley's departure. From the 1st June 2015 Tim Reddish has taken on the role of Senior Independent Director and Peter Marks the role of Vice Chairman.