

SUPPLEMENTARY AND EXCEPTION REPORTING COMMENTARY

GOVERNANCE

Discretionary Requirements

The Trust has updated Monitor regularly through the PRM process

Enforcement Undertakings - Keogh Review

The Trust reports monthly to Monitor as part of the PRM and NHS Choices process, involving as required, Mr Mike Shewan the Trust's Improvement Director. The MOU regarding the buddying arrangements was concluded to Monitor's satisfaction at the end of February and leads are progressing work with Newcastle counterparts.

Care Quality Commission (CQC)

Monitor are appraised of the current situation with regard to our CQC Final Report and Special Measures recommendation.

Board of Directors

Dr Andrew Haynes' appointment with the Trust as Medical Director (since October) became substantive on 1st July and biographical information has previously been supplied. Fran Steele, CFO, will leave the Trust at the end of July and interim CFO, Margaret Ashworth will join the Trust on 1st August, initially for a period of 5 months while the Trust seeks to appoint substantively. Margaret has a wealth of experience within a number of interim roles across the NHS, commercial sector, Whitehall and public sector. She is currently working at the Royal College of GPs as Interim Executive Director, Planning and Resources.

C Difficile Target

There were 5 cases in M3 bringing the total to 16 against a target of 37 for the year with 1 case identified as cross infection year to date. Additional actions taken to address concerns regarding the increasing numbers are as follows:

- MD bulletin and Safety Bulletin circulated
- Nurses Forum discussion with C diff day 13.8.14
- External expert review 21.07.14
- Single room use, had gel use and antibiotic use audits
- Antibiotic stewardship programme with GP

HCAI update

In the period there have been:

- 0 cases of MSSA
- 9 cases of E Coli

MRSA

In the period there have been no cases of MRSA

RTT 18 Weeks

New requirement to 'clear' long waiters on RTT performance, which as explained to Monitor at the PRM in July, has affected the timing of our recovery.

- Achieved Q1 for admitted & incompletes, not achieved non-admitted
- Capacity plan submitted along with trajectories
- Will take performance down in July and August
- Capacity to deliver
- Team coordinating delivery
- Pathway improvement and increased scrutiny of PTL

Key risks: PAS – Go live October 2014
Capacity not realised
External capacity
Continuing growth in referrals across the board

52 Weeks

There were 3 patients over 52 weeks at the end of June. 2 patients cannot be taken off the PTL until July as they have requested a pause in their treatment which was agreed by the clinicians. Once treated, the patient information updates and is no longer classified as an over 52 week. The third patient had been understood to have been treated however on review of clinical correspondence this was a biopsy, at the time of writing we are awaiting clinical confirmation that no treatment is required to close this pathway. We are not projecting any over 52 week patients in July as all those paused will have been treated.

A&E 4 hour target

June performance as notified at the PRM was much improved, achieving 95.96% overall. Additional medical support within ED late evening along with improved use of discharge lounge early morning to enable early flow has supported the position. Focus is on King's Mill site is to ensure that it achieves as a stand alone (94.2% in June) to ensure this position sustains. July is a predicted difficult month and there have been challenging days to date however recovery has been good. A key issue is sustaining the late evening medical support. Sustained achievement remains dependent on the wider health community delivering significant changes to pathways. The Trust provided an update to Monitor in relation to the change to case mix and in particular the increase in Majors attendances which are then not admitted. This is providing an indication that admission avoidance within the community is not working effectively at present. Changes have also been made to the trauma pathway in June which also had an impact and the Trust is carefully monitoring to assess if this was exceptional. The Trust notified Monitor at the PRM that with the anticipated sustained pressure in July there was a risk to achievement for July and Q2.

Community Paediatrics backlog

The specialty has not had any further issues impacting on September delivery.

Orthodontics

As described at the PRM -

- All new referrals now redirected to Chesterfield Royal Hospital
- All remaining patients who have not commenced treatment have plans
- Executive team reviewing sustainability of service as clinician now resigned

Cancer – 2ww

Whilst subject to validation the Trust is likely to breach Q1 for 2ww, achieving 92.3% which was a potential risk highlighted to the Board of Directors at its June meeting because of the large number of patient choice refusals at the beginning of the quarter. The outcome of data analysis was not available at the timing of July PRM. The Trust has seen over a 25% increase in referrals for 2ww for suspected cancer and in April we saw the highest number of patient choice refusals. The impact of managing the gateway backlog ASIs along with the knock on impact of 'fitting in' those patients who refused to attend in April has caused sufficient operational issues to cause the Trust to breach the target. Current July performance is 94.3% evidencing that the position has improved and further work is being undertaken to ensure there is sufficient capacity to achieve the target across all specialties.

Keogh

Of the actions outstanding, 2 have been fully assured, internally, in July by the Executive lead: Complaints and Fluid management, with a further 2 to be fully assured, internally, later in the year: Organisational Learning and Board Development. NHS choices have been updated with the July monthly update.