

2014/15 M9 Monitor Return

SUPPLEMENTARY AND EXCEPTION REPORTING COMMENTARY – Month 9 2014

GOVERNANCE

Discretionary Requirements and Enforcement Undertakings (Keogh Review)

S105 and S106 obligations are currently part of our PRMs, and follow-up discussions with Monitor.

C Difficile Target

The Trust has had 54 cases to end of December 2014.

HCAI update

There have been no MRSA bacteraemias

RTT 18 Weeks

For the month of December 2014 the Trust has achieved the RTT Admitted and Incomplete Pathways standard but failed the RTT Non-Admitted standard which is classified as failure of the standard for the quarter.

With regard to the specialties which are under achieving standards at a specialty level the CCG and Area Team have requested further recovery plans and trajectories. These are to include the month when sustained achievement would be in place and the patient volume utilisation of Independent Sector Providers being used to aid achievement. Weekly tracking of patients is being undertaken to expedite patient treatment and escalate potential issues where required. Monitoring of the agreed action plans has been activated by both the Trust and CCG to ensure actions are being met. An additional piece of work has commenced to assess the impact of the winter pressures and elective patient cancellations against performance. This position is subject to the ongoing issues with Medway PAS

A key risk at present relates to the change to Medway from 4 October. Despite intensive testing and workaround/patch agreement, there are on-going issues with DQ impacting on RTT and Diagnostic waiting time reporting. The Trust has increased resources to resolve these issues and has a comprehensive action plan to resolve this by the end of January 2015.

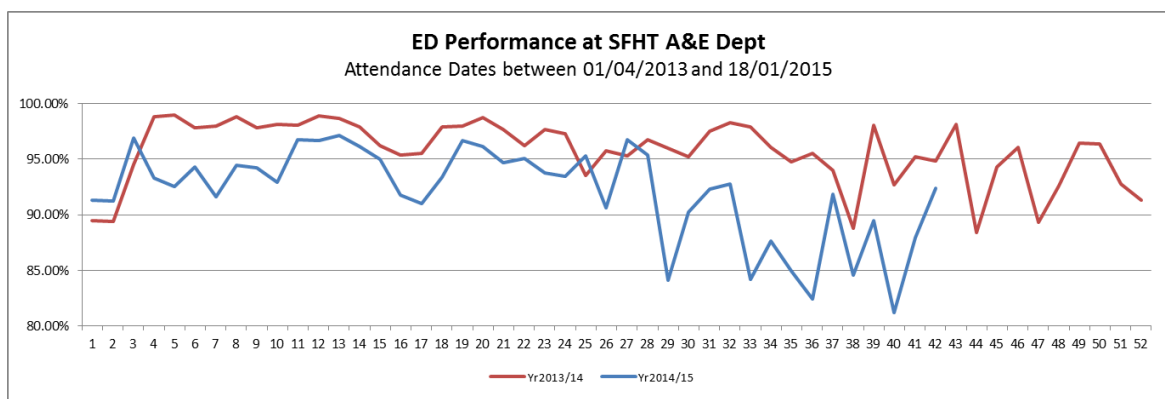
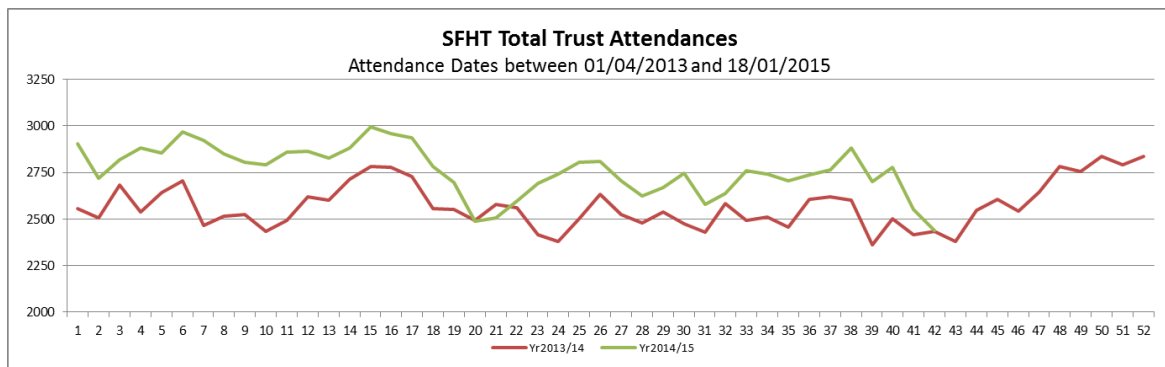
52 Weeks

There were no patients over 52 weeks at the end of December.

A&E 4 hour target

The Emergency Department Standard of 95% was not achieved in December 2014. Winter pressures on the emergency pathway that started in September have continued throughout the preceding months with December performance being 86.46%.

The graphs below provide both attendance and performance comparison from the previous year, clearly indicating the increase in patients attending ED and decline in performance against the national standard.



An urgent recovery plan has been subsequently constructed extending and bringing forward actions in and outside of the trust in order to reduce bed occupancy which will in-turn improve emergency pathway flow and 4-hour ED performance.

In collaboration with other Mid-Nottinghamshire health and social care agencies an extended Urgent Care Working Group and was convened to escalate system wide schemes that were constructed to have had positive impact on performance.

From the 29th December to the week ending 4th January 2015 the Trust reported 17 patients waiting over 12 hours in A&E from decision to admit to admission (trolley waits). All of the breaches were due to lack of beds within in the Trust. The Trust remains on black alert due to the pressure of emergency flow throughout the economy and immediate learning from the incidents has taken place, with escalation to Executive level for patients reaching 8 hours from Decision to Admit for resolution. There have been no further breaches of this standard since that period.

Cancer

In December the Trust is projecting achievement of 2WW Referral to 1st Appointment standard at 93.5% for the quarter; this is due to on-going specialty performance monitoring being undertaken along with additional outpatient capacity being planned in to manage the demand. This position is subject to the ongoing issues with Medway PAS.

2WW Breast Symptomatic is projected to achieve 96.5% Referral to 1st Appointment standard for the quarter, individual month improvement has been seen from October 2014.

For the month of December 2014 both 31 Day Surgery and 62 Day Screening are projected to fail the target. However, for Quarter 3 the Trust is projecting to achieve all other Cancer Waiting Time standards, this is still an unvalidated position with 62-Day Cancer targets being closely monitored. For breach patients Route Cause Analysis being undertaken to identify the reasons for these breaches which will be fed back through the Cancer Unit Management Board for action.

Board of Directors

Jacqui Tuffnell, Director of Operations left the organisation at the end of December, and Susan Barnett commenced at the Trust on 5th January as Interim Director of Operations. The substantive CFO, Paul Robinson, has confirmed his start date at the Trust, which is 23rd March 2015. Non-Executive Director Dr Gerry McSorley has resigned with 6 months' notice due to a relocation of residence. Gerry will leave the Trust at the end of May 2015. The Governors have approved the process for recruitment and appointment of a new NED.