2013/14 M12 Monitor Return

SUPPLEMENTARY AND EXCEPTION REPORTING COMMENTARY

GOVERNANCE

Discretionary Requirements

The Trust has updated Monitor regularly through the PRM process providing updates on progress with the PwC and KPMG reviews of Board and Quality Governance and Financial Governance and associated action plans. The Board of Directors approved a Trust QGF score of 3.5 and at its March meeting confirmed a letter be sent to Monitor confirming that position. Further work progressing through the executive team it is anticipated will deliver for the Trust a score of 3 by the end of June. Formal confirmation will be sent to Monitor as requested in the last PRM letter.

Enforcement Undertakings - Keogh Review

The Trust reports monthly to Monitor as part of the PRM process and through the 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 was advised as part of the PRM process that the Trust had received a Warning Notice in September 2013. The CQC has written to the Trust since their inspection on 4th December to confirm that the CQC felt sufficient improvements had been made to enable the Warning Notice to be reduced to a minor Compliance Action. The CQC will be inspecting the Trust during w/c 21st April 2014.

C Difficile Target

There were 34 cases of C diff in 2013-14 against a trajectory of 25. Of these 31 were sporadic and 3 had evidence of cross infection which occurred in 3 episodes of increased incidence each involving 2 patients. Our reporting has been open. In one pair, clinical evidence on RCA suggested possible cross infection. In a second pair from the same ward, the positive specimens were 4 weeks apart but molecular typing confirmed the same strain and this was retrospectively called cross infection on this basis. In the third pair on two separate wards but with a very brief occupancy of a common side room on one, the positive stool samples were 2 weeks apart but the molecular typing confirmed the same strain in both and again this was retrospectively called cross infection. Our stool sampling rate is high compared to other trusts and the proportion of stool samples analysed for C diff high whilst the positivity rate per 100,000 bed days is low indicating a robust testing regime. All of the measures requested in the Duerden report have been implemented except for the dialogue around antibiotic stewardship in the community which is ongoing.

There has been 1 case in Q1 2014 against a trajectory of 37.

MRSA Bacteraemia

No cases occurred in the reporting period so there have been 3 cases of MRSA Bacteraemia, year to date as per previous reports.

RTT 18 Weeks

As highlighted in our M11 response, the Trust has now deliberately increased the number of breach patients being treated in March and has therefore breached the admitted and non-admitted pathways. Plans are in place to bring back the pathways for April and there is evidence of significant improvement of patients in the 12-17 week category being treated reducing the number of patients tipping over 18 weeks. The divisions have worked extremely hard to implement one-stop services and new leaner pathways to achieve 18 weeks. However, as indicated in our APR, we have placed the non-admitted pathway at risk because it is more volatile than the admitted pathway.

52 Weeks

The Trust has updated Monitor separately on the latest position and is now reporting the position weekly.

4 hour target

March performance was 93.96% with KMH only achieving 91.25% but Newark and PC24 both performing above 95%. The main issues with regard to the 4 hour target continue to be acuity with more resus patients presenting, volume of presentations between 3pm and midnight and discharge flow. The Trust has responded by increasing medical support at key times however this is limited to the availability of additional locum staff as all in-house resource has been deployed. The CCG are updated daily in relation to the issues the Trust has experienced with accessing the 'discharge to assess beds' and the arrangements for non-weight bearing are still not functioning as required. An emergency summit took place at the Urgent Care Working Group on 5 March as performance has been difficult to sustain and the flow issues in relation to lack of capacity in the community were acknowledged but no tangible changes have yet been offered to support the Trust. Full year performance was achieved at 95.66% however Q4 could not be recovered and only achieved 93.54. As detailed above in the 18 weeks update, increasing elective inpatients during March also impacted on 4 hour performance.

Community Paediatrics backlog

The Trust has a plan agreed with the CCG to clear the inherited backlog by June 2014 as indicated in the annex to the letter sent to Monitor on 13th September. The specialty has managed to secure a locum consultant and has recruited two additional nurse specialists to support the backlog however unexpected sickness absence and a resignation has impacted on the specialty and alternative plans are being put in place to support achieving the action plan agreed with the CCG. A positive addition to this position is the confirmation that the CCG have recognised the 30% increase in workload and will be increasing the block contract to reflect the cost of additional resources.

Outpatient follow up backlog

All phase 1 and 2 patients have been cleared and work is almost complete to ensure sufficient capacity for 2014/15 to ensure this situation does not reoccur. Capacity plans will be signed off as part of budget setting and the annual plan process.