Agenda Item No.10b

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC) & ONWARD TO THE GOVERNORS' COUNCIL

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Ciara Moore Chief Operating Officer	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
Divisional Directors: **Andrew Evans** **Sarah Jones** **Karen Hansed** **Lesley Deacon**	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Responsive				

Meeting Date: 26 September 2017 & 3 October 2017

Report Title: Operational Performance

PURPOSE:

This Exception Report provides the Board with a summary of the key operational performance against national standards highlighted for **month 5, August 2017** (noting that cancer is reported 1 month in arrears – July).

SUMMARY:

The Board should note as a category 3 Trust there is new a requirement via our regulators NHSI & NHSE to report weekly trajectories on our performance.

We continue to have Progress Review Meetings with our regulator NHSI on all aspects of the Trust performance [Finance, Operational Performance, Quality & Workforce]and have monthly calls with NHSE on AE performance.

Performance for August 2017

Performance delivery during August continues to be challenging with the Trust failing to deliver on two core targets

- 18 week RTT 87.74%
- A & E four hour standard 89.8%

However the high focused recovery plan for Cancer has helped us achieve the 62 day cancer target for July 86.49%.

August is expected to achieve, however a healthy caution for September is still as we continue to embed the process due to the fragile nature of this target though we are on trajectory to achieve.

18 weeks
We are projecting an 88% RTT performance for September 2017.

Performance has been impacted upon due to several reasons

- Reduction in WLI uptake
- Cancelled theatre lists
- Rise in referrals in some specialities.
- Grip and control in specialities

RTT Recovery
A recovery plan has been put in place to bring the RTT back on track [Appendix 1]. TAs with the Cancer recovery plan there is a weekly meeting in place led by the Chief Operating Officer to ensure specialities are held to account and have grip and control on their performance and activity. This incorporates a four week rolling plan of performance, which gives oversight of activity and utilisation to ensure we are maximising our position. Long waiter patients will be given priority booking.

We have also done due diligence s and have NHS RTT Intensive Support Team [IST] to run a diagnostic on our processes. The IST are meeting with the Trust in September to support the Trust.

Cancer 62 Day
The recovery plan for 62 day cancer waits is working well. We are on track to achieve the trajectory of 85% for September however this still carries risk. We continue to be vigilant on this target.

A&E
The Trust did not achieve August A&E performance of 95% and disappointingly missed the local 91% trajectory. Currently for September performance is running at 91.%. A recovery plan is in train with oversight from our regulators.

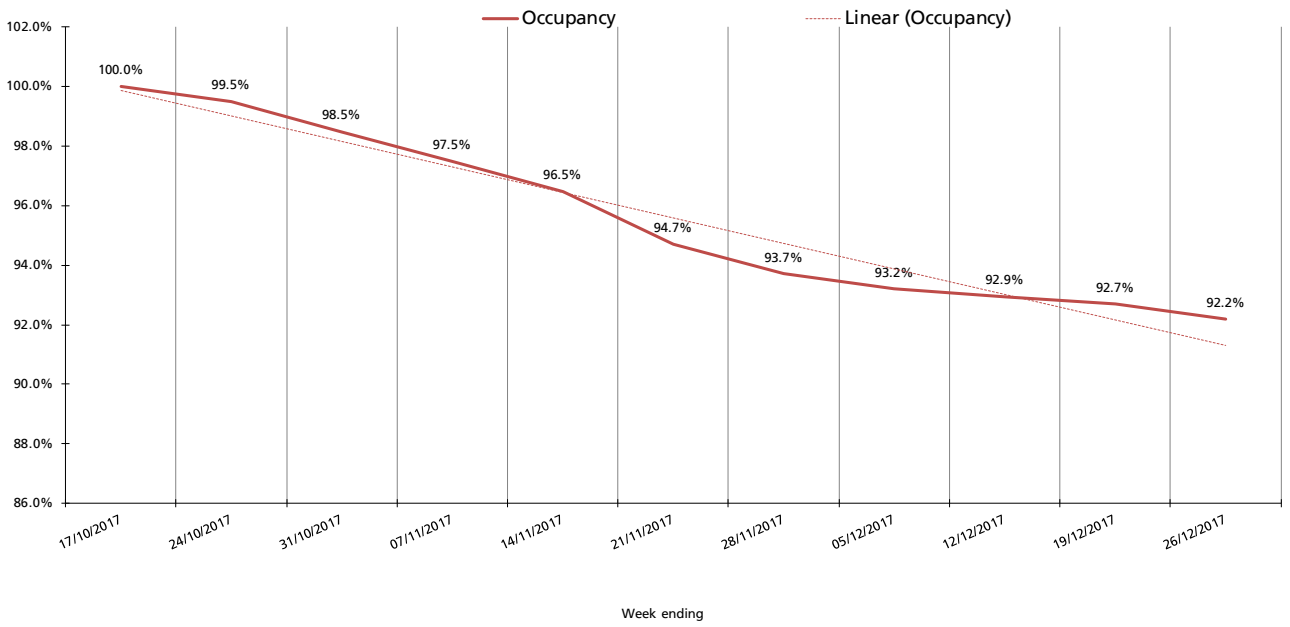
	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory Actual	90.5 91.2	90.5 91.0	90.3 83.5	91.4 84.24	91.0 89.8	91.7	92.0	92.1	92.6	93.5	94.0	95.1

AE Recovery
An action plan led by the Medical Director is in place to bring the AE performance back on track. This plan has oversight from our regulators and incorporates trajectories and expected plans to deliver a 95% target.

Recovery Trajectory
A weekly recovery trajectory will be reported to our regulators on AE, Bed Occupancy and DTOC performance.

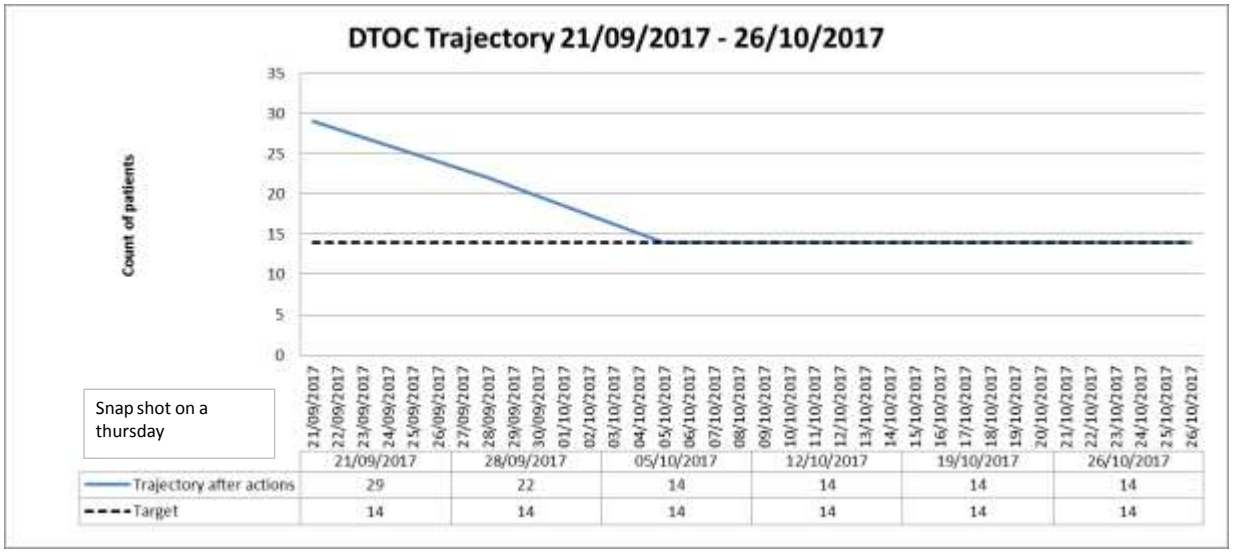
Week Ending	Recovery Trajectory by Week										
	17/10/2017	24/10/2017	31/10/2017	07/11/2017	14/11/2017	21/11/2017	28/11/2017	05/12/2017	12/12/2017	19/12/2017	26/12/2017
Total beds available	397	397	397	397	397	397	397	397	397	397	397
Expected occupancy to achieve trajectory of 92%	397	395	391	387	383	376	372	370	369	368	366
Occupancy	100.0%	99.5%	98.5%	97.5%	96.5%	94.7%	93.7%	93.2%	92.9%	92.7%	92.2%
Actual											

Excludes Marham ward,Woman and Children and Escalation.



Delayed Transfers of Care Trajectory

To achieve National Trajectory (3.5%)



RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):					
Strategic / External	**Operational/ Organisational**	**Financial**	**Clinical**	**Legal/ Regulatory**	**Reputational / Patient Experience**
√	**√**	**√**	**√**	**√**	**√**

RECOMMENDATION/S:

The committee is asked to

- Note the Trust's operational performance for August 2017

Appendix 1

QEH - RTT Recovery Plan September 2017

Background

The Trust has for two months failed 18 weeks RTT target. However this recovery plan is not about numbers it is about patients who are experiencing lengthy waits.

The causes of which are as follows

- Reduction in WLI uptake
- Cancelled theatre lists
- Rise in referrals in some specialities.
- Grip and control in specialities

- A recovery plan is required to ensure that specialities gain grip and control of their activity and return to target.

- The recovery plan will be Executive led [COO]

- Support will be in place via the IST to act as guides and critical friends to ensure we have robust processes in place

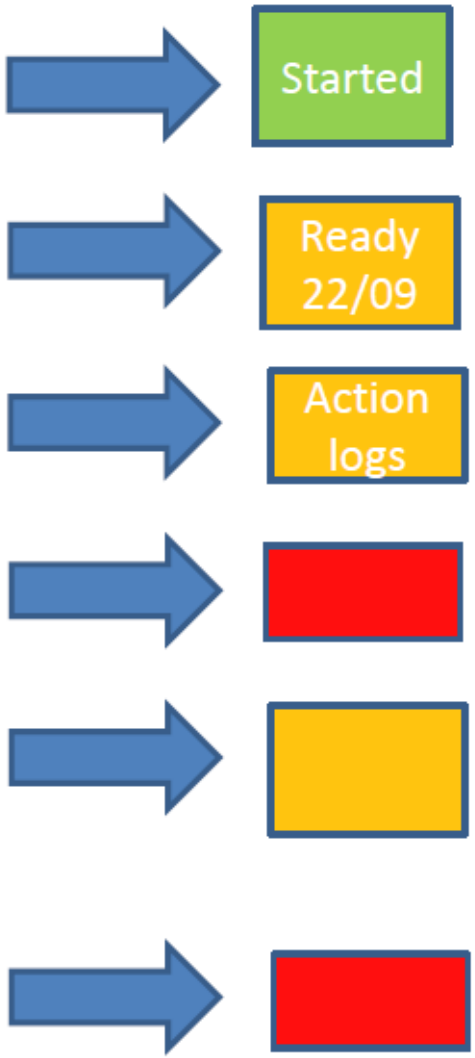
- This plan will be iterative and subject to change as the Trust progresses with recovery

QEH - RTT Recovery Plan September 2017

HIGH LEVEL PLAN	25-Aug	01-Sep	08-Sep	15-Sep	22-Sep	29-Sep
Commission IST Review						
Divisions to collate specaility by speciality review of backlog and capacity required to reduce						
Relaunch RTT within the organisation, 'back to basics' COO led PTL as for 62 day cancer						
Mapping with CIP plan the stepped improvement levels						
Develop and implement an elective care training strategy, including competency and compliance frameworks.						
Develop and agree the QEH approach to demand and capacity planning, ensuring the outputs are used for job plans and RTT recovery and trajectory plans.						
Agree pathway milestones with clinicians and commissioners.						
Complete the IST's data quality self-assessment tool to ensure we are on track						
Develop a standardised approach for clinical harm reviews for patients waiting 52 weeks plus.						
Review the clinic outcome process.						
Develop a clinical engagement strategy, led by the medical director						

Approach to Recovery

- **Regular (weekly) Review**-Recovery plans and trajectories will be reviewed on a weekly basis in a COO led meeting (weekly) to ensure they are on track and can be delivered
- **Recovery Trajectory**-Plans should relate to a Recovery Trajectory which defines numerically how the problem will be recovered. These need to be operationally realistic.
- **Quantative**-Each action will quantify the effect that it will have on the problem.
- **Risk Assessment**-All actions will be assessed for risk of delivery. Contingency plans will be developed for any high risk actions. Long wiatres will require clinical oversight and risk assessment
- **Open & Transparent**-The Operational Teams working with clinical teams will be required to present an honest picture. If the desired outcome cannot be delivered in timeframes this will be noted, actioned and mitigation put in place to support recovery
- **Highlight Supporting Processes** –To deliver the recovery plan we will be required to review, implement and embed changes to the current management, PTL meetings and booking processes to address with the delivery of the trajectories



Objectives

- Review all patients currently on the ASI list to ensure that their RTT clock start date is equal to the date the patient attempted to book their appointment. Verify that all ASIs have had a clock start triggered via PAS and are visible on the PTL.
- Working with clinical leads for each specialty and overseen by the medical director, undertake clinical harm reviews for all applicable patients (based on a clinical risk stratification analysis led by clinicians).
- Populate the IST's data quality self-assessment tool (DQ SAT) to understand the level of compliancy against key elective care data quality indicators. Review the outputs of the DQ SAT against the acceptable parameters and take remedial action as agreed with the IST.
- Update the trust's access policy following a score of '1' from the M&E regional access policy review in autumn 2016. Ensure all aspects from the feedback are incorporated and that the policy is signed off by clinicians, commissioners and patient representatives.
- Develop and implement an elective care training strategy to address how the trust will assure itself that staff are both competent and compliant in national elective care standards and rules.

The QEH RTT Objectives [IST]

No	Theme	Trust objective / IST recommendation	IST support	Outputs / measures	Completion date	IST lead	Progress review
1	Operational Management	Review all patients currently on the ASI list to ensure that their RTT clock start date is equal to the date the patient attempted to book their appointment. Verify that all ASIs have had a clock start triggered via PAS and are visible on the PTL.	Critical review of the trust's draft ASI validation process. Provide advice and guidance regarding the ASI validation process.	Documented validation process reflecting best practice		Lynn Neat	
2	Operational Management	Working with clinical leads for each specialty and overseen by the medical director, undertake clinical harm reviews for all applicable patients (based on a clinical risk stratification analysis led by clinicians).	Provide examples and advice regarding clinical harm review processes. Critical review of the trust's clinical harm review process and provide feedback.	Documented harm review which reflects national guidance and best practice.		Lynn Neat	
3	Data Quality	Populate the IST's data quality self-assessment tool (DQ SAT) to understand the level of compliancy against key elective care data quality indicators. Review the outputs of the DQ SAT against the acceptable parameters and take remedial action as agreed with the IST.	Review and feedback on the completed data quality self-assessment tool.	Completed data qaulity self assessment tool and report from the IST.		Lynn Neat	
4	Access Policy	Update the trust's access policy following a score of '1' from the M&E regional access policy review in autumn 2015. Ensure all aspects from the feedback are incorporated and that the policy is signed off by clinicians, commissioners and patient representatives.	Critical review of draft policy with feeedback to the trust.	Acces policy consistent with national rules and best practice signed off by the trust, clinicians, commissioners and patient representatives.		Lynn Neat	
5	Training & Expertise	Develop and implement an elective care training strategy to address how the trust will assure itself that staff are both competent and compliant in national elective care standards and rules.	Provide examples and templates. Critical review of the trust's draft strategy and provide feedback to the trust.	Documented elective care strategy signed off by the trust.		Lynn Neat	