The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Jon Wade Chief Operating Officer	Discussion	✓	✓		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Responsive, safe, caring				

Meeting Date: 29th January 2019

Report Title: Performance Exception – Winter update

PURPOSE:					
To highlight to the Public Board the progress made against our winter objectives.					
SUMMARY:					
Good progress is being made and this is resulting in strong December performance. Concerns raised against discharge project (mitigation in place being led by the COO). Elective surgery remains as planned at the QEH site.					
RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):					
Strategic / External	**Operational/ Organisational**	**Financial**	**Clinical**	**Legal/ Regulatory**	**Reputational / Patient Experience**
✓	✓	✓	✓	✓	✓
RECOMMENDATION/S:					
The Board is asked to approve the winter progress					

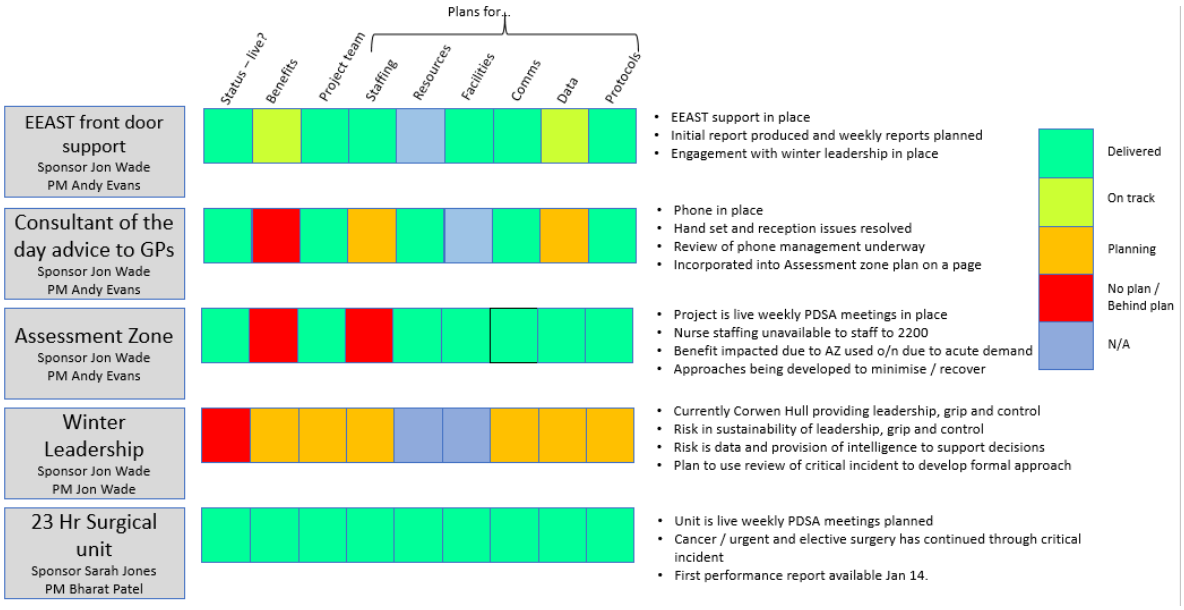
Background

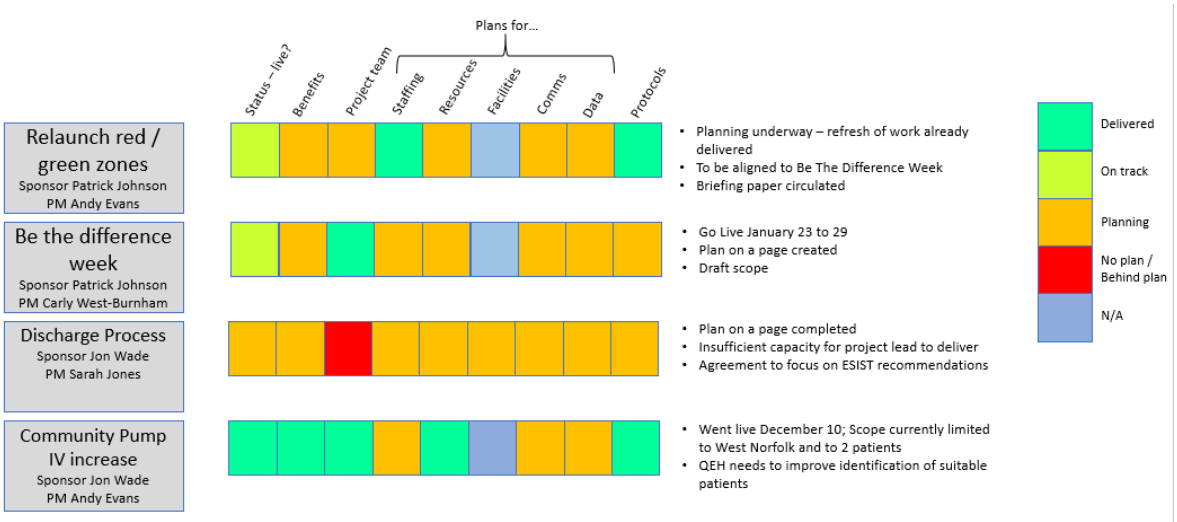
With winter demand now being seen across all areas of the Trust, this paper outlines the progress with our winter schemes and a general update on emergency care.

Scheme update

Through December our high impact schemes were developed and implementation started. The finance and activity committee received a detailed update on the schemes on the 22nd January 2019. This satisfied the committee that progress was being made, particularly around the governance.

The latest summary position of the projects is detailed below:





While good progress is being made, specific attention is being paid to the discharge process project as this is considerably behind plan. As this is a key project for the success of winter the COO will be working directly with ECIST and the operations team to bring this back on track during January.

Urgent Care

The Trust achieved treating 84% of patients in less than 4 hours in December. Comparing AE department (type 1) performance, the Trust came 54th in the country out of 134 A&E departments. When adding in type 2 and type 3 performance (walk-in centres and single speciality hospitals) the Trust came 122nd out of 227 units. This is an improved position on last year where the Trust achieved 80%. Ambulance handover times improved in December and hit an average time of 20mins (vs a 15min target) across the New Year.

January to date has seen a further increase in both acuity and demand. The Trust is maintaining a strong position against this demand providing high quality care to our patients with significantly fewer emergency care beds open (between 33-50, depending on time). This allows us to ensure safe staffing is in place across all of our wards. Several schemes are supporting this including the assessment zone and the consultant of the day advice to GPs.

Elective care

The Surgical Extended Recovery Unit (SERU) has been fully operational for 1 week at the time of writing this report. In this time 46 patients have been through the extended recovery area. Of these, 8 would not have been able to be operated on in day surgery at all and have solely been operated on because of the extended recovery area.

Using our latest information, due to the opening of the SERU and offering patients shorter waiting times by using some capacity with the independent sector the Trust is forecasting =<1 52 week breaches in January and February, and zero 52 week breaches from March onwards.

There has been no requirement to source any additional capacity from Norwich or Cambridge for our cancer patients.