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

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Cíara Moore Chief Operating Officer	Decision		High	Med	Low
	Discussion	✓	✓		
	Information	✓			
LEAD MANAGERS:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Divisional Directors: Angela Bullivant Sarah Jones Karen Hansed Lesley Deacon	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Integrated Report for current Board meeting		
CQC Domain: (safe, caring, effective, responsive, well-led)	All domains				

Meeting Date: **30th May 2017**
Report Title: **Operational Performance Report – Exception Report**

PURPOSE:

This Exception Report provides the Board with a summary of the key operational performance against national standards highlighted for **month 1, April 2017** (noting that cancer is reported 2 month in arrears – March).

SUMMARY:

Performance delivery during April has been challenging with the Trust failing to deliver the Cancer 62 Day standard (in line with forecast) and the A & E four hour standard.

Whilst the four hour standard of 95% was not achieved, A&E performance for April achieved 91.3% above trajectory of 89.78% The predominant causes of 4 hour breaches were delays in accessing beds and high acuity.

The Trust has achieved all of the cancer performance targets for March (with exception of the 62 day target); the 62 day target for February was 81.25% compared to the target of 85%. The specialities with the highest number of breaches included Urology, Upper and Lower GI. The Division have been tasked with devising remedial action plans.

Standards consistently delivering above the required level which have been achieved again in month:

- RTT 18 weeks 92.64% YTD (Standard 92%)
- Diagnostics 0.58% YTD (standard 1%)
- Cancer two week waits, 31 day

1. Emergency Access Standards

Emergency care standard

Emergency target	*95.00%*	*Compared to previous month*
AE performance	91.31%	▲
QTD	91.31%	▲
YTD	91.31%	▲
Ambulance total	1697	▼
Ambulance between 30-60 mins (target 0)	176	▼
Ambulance over 60 mins (target 0)	83	▼
Ambulance %<=15 mins	26.52%	▲

Table 1: A&E Performance

	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual	91.2%											
STF Trajectory	89.78	90.5	90.3	91.4	91.0	91.7	92.0	92.1	92.6	93.5	94.0	95.1

The coming year 2017/18 will be challenging as regulators drive NHS Trusts to deliver 95% sooner than the planned trajectory. The Trust has commenced emulating practices demonstrated by other organisations to support A&E performance, these are outlined below.

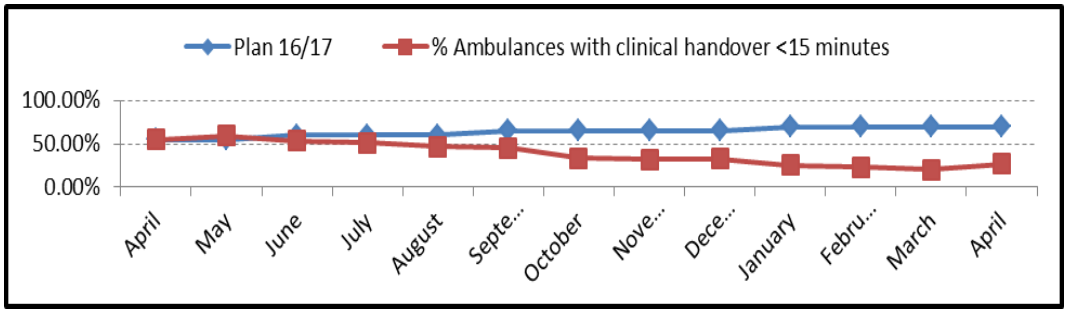
Ambulance Performance 2017/18

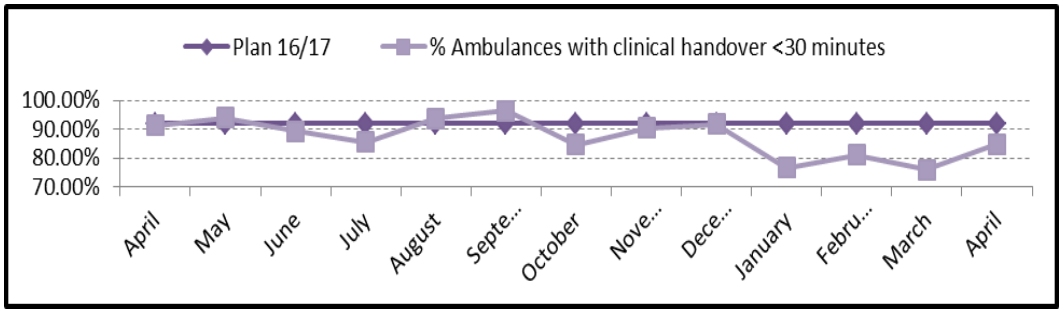
A review of ambulance performance in April showed a disappointing decline over the last six months of 16/17 in all metrics, particularly % ambulances with clinical handover < 15 minutes. This was predominantly due to surges in ambulance arrival times, lack of capacity in cubicle and resus areas. The Trust has commenced working towards improving this picture; a reset of managing the performance has commenced, linked to managing occupancy in the Trust to create flow. In day-to-day operations ambulances that reach 1 hour delays are escalated to the COO or the Duty Director during core hours after which escalation goes to Silver on-call.

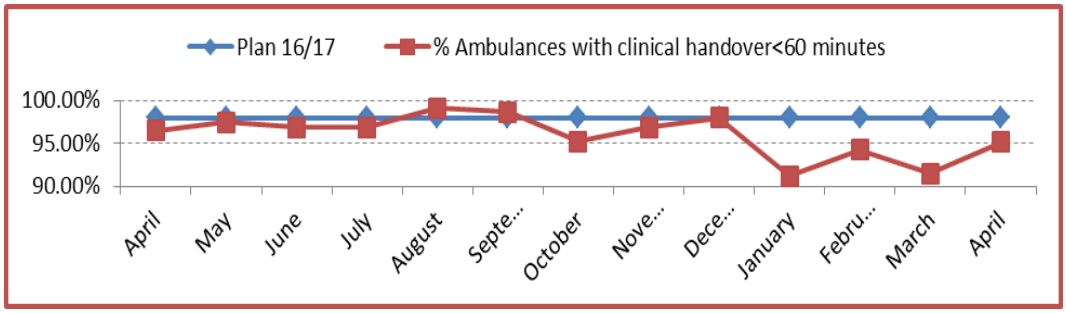
Table 2: Ambulance Performance

April Ambulance Performance Metrics

- 15 min improved 4%
- 30 min improved 9%
- 1 Hr improved 6%







Source: Information Team – A&E Metrics

Patient Flow

The Trust continues to see a reduction in length of stay through April in comparison to previous year's performance. Leverington the winter escalation ward was closed through most of April showing a favourable reduction in bed occupancy for the Trust.

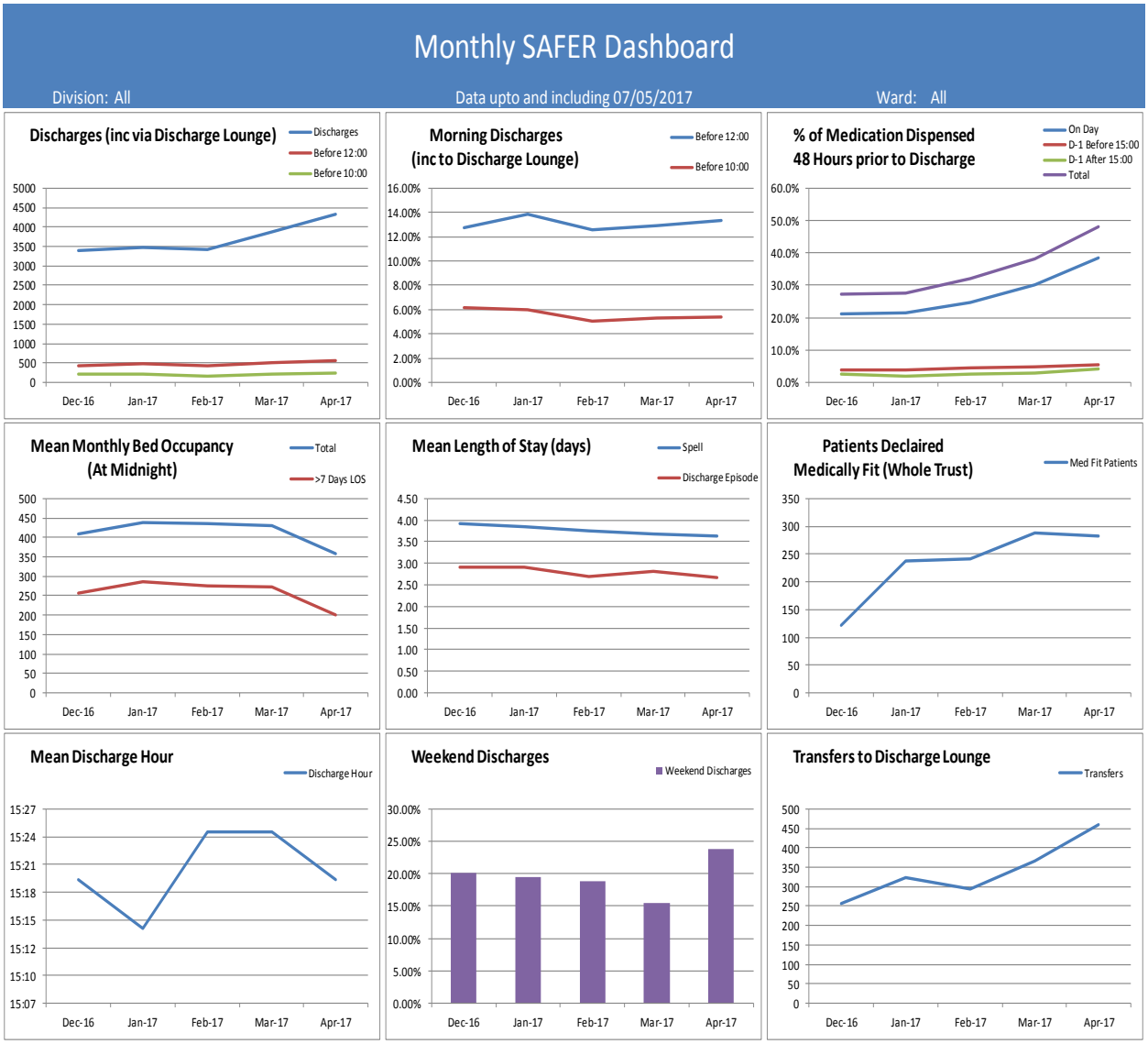
Mitigations to support Patient Flow

As outlined in the March report the Trust continues to focus on the following 8 key actions.

8 key actions	
1	**FRONT DOOR:** Following recent ambulance delays in handover all ambulances reaching 1 hour wait to be escalated to COO with mitigation and plan [Mon to Fri 8-4 after which escalation to Silver on call after hours and weekends].
2	**FRONT DOOR:** CUH process for managing ED target obtained and shared with team, engaged Clinical Medical Lead, meeting planned within next week to discuss how QEH could implement. Forthcoming meeting with the Medical Director, COO and clinical leads to take forward improving the patient pathway through ED to ward.
3	**FRONT DOOR:** CUH process for managing breaches shared with team, daily forensic reviews of why breaches are occurring to get to the root cause to commence next week to include operational, clinical and nursing leads. Daily meeting led by the CEO now in place.

4	**IN HOSPITAL:** Manual daily patient by patient review over this week and next to ensure we are capturing all internal constraints. The SAFER dashboard is now available to all Divisions and wards weekly and monthly [Table 3].
5	**IN HOSPITAL:** Utilisation of IT to help drive EDDs and reduce constraints in the Trust would be an advantage - poor IT system within organisation; however we have identified some elements such as bed board and ready-for-discharge. Two wards are progressing with this pilot Windsor & West Raynham.
6	**IN HOSPITAL:** 100 day red green challenge launched - good performance on Windsor ward following trial, now rolling out across the organisation. Improved discharges, reductions in MFFD [Table 3]
7	**IN HOSPITAL:** Focus on discharge lounge usage
8	**IN HOSPITAL:** 7 day 'stranded patient' data sent daily to Divisional and Clinical leads, robust process required to manage these patients. Current meeting following platinum call will be changed to take place before the call to reduce duplication of discussion and proactively escalate potential upcoming patients who are 48 hours MFFD

Table 3: SAFER/R2G dashboard



Highlights of SAFER & 100 Day Challenge for Red2Green

1. Created SAFER / Red2Green metrics dashboard can be split by division and ward
2. 100 day challenge commenced 4th April 2017 yielding good results - 200 staff trained
3. Transfers to discharge lounge improving from 250 Dec to 400+ in April
4. Bed occupancy reduced as Leverington winter escalation closed & reduced other bed capacity as available.
5. LOS reduced by 0.5 to date in April.
6. Weekend discharges improved for April.

Focus for May & June

Focus in May on time of discharge; while beds are coming up they are released too late in the day, with the average time for discharge 3:30pm. The Trust needs to improve discharges through the day - this will be achieved through a Pre-10 and Pre-12 discharge rest.

Bed modelling plans from all Divisions to support for 85% occupancy underway and a paper will be brought to Executives at the end of May 2017.

On June 26th Prof Brian Dolan 2 day Lean & Leadership Course & TODAY course to support embedding Red2Green, the Last 1000days & end PJ paralysis.

2. Cancer

Cancer standard

		Compared to previous month
2 week wait (target 93%)	95.82%	▲
31 day first treatment (target 96%)	98.92%	▼
31 day subsequent treatment surgery (target 94%)	100.00%	▶
31 day subsequent treatment drug (target 98%)	100.00%	▶
62 day first treatment (target 85%)	80.83%	▲
62 day screening treatment (target 90%)	100.00%	▶

The Trust has achieved all of the cancer performance targets with exception of the 62 day target. The 62 day target for February was 80.23% compared to the target of 85%. The specialities with the highest number of breaches included Urology, Upper & Lower GI and Lung. There are weekly reviews via our PANDA meeting to support management of this. This will be raised at the next PANDA meeting week commencing 24th April 2017.

Action plans to support Cancer Targets are underway.

Urology

- Urology job planning in progress and this will include a capacity review
- Extended list for urology to accommodate 2 nephrectomies per list when needed
- Additional ad-hoc capacity in place to reduce the 2ww

Colorectal

- Now booking 2ww appointments at 7 days
- Meeting arranged to discuss annual leave cover arrangements and capacity

General

- Support managers are emailing cancer PPC all annual leave as requested.

Lung

- Decision making process within the MDT have been reviewed and discussed with the consultants to enhance the existing processes.

3. RTT

We have achieved April RTT 92.64%.

We have reinstated the PandA meetings jointly chaired by the COO and the Director for Strategy and Information. This meeting is well attended and support is given to those specialities that are experiencing difficulty in managing their demand.

The COO and teams are undergoing a deep dive review of all specialities through May and June. We have also received reports back following the NHSI visits on the 9th May all recommendations are currently being reviewed and will be reviewed at the weekly PANDA meeting to maintain grip and pace.