Agenda Item No.2

NHS
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:		
Jon Wade Chief Operating Officer	Decision		High	Med	Low
	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				

Meeting Date: 29th May 2018
Report Title: Operational Performance

PURPOSE:

This Exception Report provides the Trust Board with a summary of the key operational performance against national standards highlighted for **Month 1, April 2018** (noting that cancer is reported 1 month in arrears – March 2018).

SUMMARY:

The Trust has remained under pressure for the 4 hour target during April.

The Board is reminded that the Trust is under scrutiny with our regulators regarding our 4 hour target. We continue to have Progress Review Meetings with our regulator NHSI and on all aspects of the Trust performance [Finance, Operational Performance, Quality & Workforce] and have maintained regular calls with NHSE on A&E performance.

Performance for April 2018

Performance delivery during February was challenging with the Trust failing to deliver on four core targets:-

- 18 week RTT 80.17%
- A & E four hour standard 81.29%
- Cancer 62 Day [February] 81.02%
- Diagnostics 7% of patients waiting over 6 weeks for a diagnostic test

1. 18 Week Referral To Treatment

The Trust achieved 80.17% in April against a target of 92%.

The ongoing issue of elective bed capacity has proved to be the most significant challenge during April, with only patients on cancer pathways and clinically urgent patients being treated during the first 3 weeks of the month. We continue to prioritise as a third tranche those patients that have waited over 40 weeks for their procedure.

The Trust fully restarted its elective programme on the 25th April and has successfully continued to run. This is a major step in the recovery of its RTT position will enable gradual progress to be made back to the recovery target.

Recovery trajectories have now been agreed with WNCCG and are detailed below. This ultimately achieves recovery at the end of this financial year.

2. Cancer

The Trust again marginally failed the 62 day cancer target in March with performance of 81.02% A number of new actions have been implemented above the remedial action plan during April and May:

- Weekly Cancer performance meetings – chaired by the Deputy COO
- Joint RAP developed with WNCCG to enable collaborative discussions in relation to performance
- Ongoing delays with tertiary centres – Being escalated to C.O.O
- Increasing capacity in several areas (particularly colorectal surgery) to clear breached patients and increased demand.

62 day RTT is below target due to efforts to clear backlog and build sustainable performance base. The forecast drop in performance in April does not appear to be realised and a number of breaches have rolled into May.

Actions have been taken in May to ensure breaches are treated in order to

Work continues on the Urology (Prostate) and Lung Transformation projects run by Macmillan West Norfolk and Norfolk & Waveney STP, with revenue and capital funding for the latter now confirmed.

The Trust has agreed the following recovery trajectory with NHSI and West Norfolk CCG:

Trajectory lines	01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
2018-19	Y1 M01	Y1 M02	Y1 M03	Y1 M04	Y1 M05	Y1 M06	Y1 M07	Y1 M08	Y1 M09	Y1 M10	Y1 M11	Y1 M12
	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	01/2019	02/2019	03/2019
Cancer 62 days - >62 days	18.5	16.5	11.5	10.5	10.5	9	9	10	8	8	8.5	9
Cancer 62 days - Total seen	62.5	75	64	71	74	65	64	67.5	57	54	58.5	64.5
Cancer 62 days - Performance %	70.40%	78.00%	82.03%	85.21%	85.81%	86.15%	85.94%	85.19%	85.96%	85.19%	85.47%	86.05%

The detail behind the remedial action plan are available to the Trust Board on request.

3. A&E 4 hour wait

The Trust did not achieve for April against the national target of 95%. The department remained challenged over the month but did see a modest improvement in 4 hour wait performance from 79.26% in March to 81.29% in April.

The Trust requested a visit from the Emergency Care Improvement Programme (ECIP) and they attended site on the 18th May 2018.

While a final report is awaited, immediate feedback was given and plans are currently being developed. Key points highlighted are below:

Comment	Response/Action
The Trust is "doing many of the right things", but is extremely reactive to pressures.	Encouraging to hear, but highlights the importance of decompressing the system.
Red-to-Green is not embedded across the hospital. Wards are confused how to implement it and there is patchy engagement on "unblocking" red days.	The Trust will relaunch Red-to-Green W/C 28th May, focusing on 3 wards. Once this is embedded, roll out across the hospital will begin.
Limited evidence of SAFER bundle being implemented. Trust should focus on the 'S' and 'R'.	Alongside Red-to-Green the Trust will also roll-out **S**enior review of all patients to happen by 12PM each day; and **R**eview all patients with an LOS >7 days by an MDT on the 3 wards carrying out Red-to-Green. Once embedded, this will be rolled out across the wider ward areas.
While not traditionally done, the Trust should try Red-to-Green on assessment units to help identify blockages.	This is currently being investigated with the view on rolling out early June.
RCAs should be completed on days when the Trust achieves 90%+ to understand what was different.	The Trust will enact this immediately.

Along with the actions outlined above, the below focus areas remain in place as outlined in last month's Board paper.

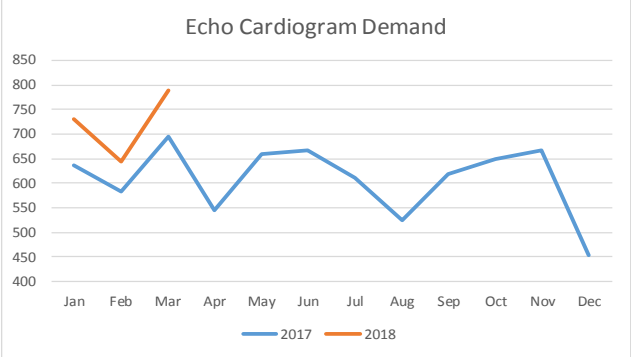
- **Support flow through MAU**
- Daily focus on establishing Rapid Assessment Beds (RAB) on MAU to ensure GP referrals to MAU can be accommodated without diverting via A&E (unless clinically necessary).
- Focus on streaming appropriate patient directly to base wards where appropriate, driven by the frailty team. Additional focus has been placed on the frailty pathway to support prompt transfer of appropriate patients to Windsor ward, either from MAU / Terrington or direct from ED.
- Focus on early discharge, including daily emphasis on the importance of early TTO requests to pharmacy.

- **Management and scrutiny of MFFDs and DTOCs**

- Joint work with the CCG on Discharge to Assess – challenging timelines agreed with working groups in place covering three identified pathways.
- Daily conference calls with partner organisations to facilitate rapid escalation and resolution of issues.
- Targeted support from West Norfolk CCG with on-site presence.

4. Diagnostic waiting times

Following performance of 7% in April (against a 1% target) the Trust has now successfully realigned its capacity to this target in May onwards. This has been particularly required for Echocardiogram, where demand has increased 10% year-on-year.



The Trust has also now seen all breach patients from the inherited DEXA service and anticipates zero breaches for May (150 breaches in April). The remains a significant risk of mechanical failure of the inherited DEXA machine. A business case for a new machine is in progress.

The current forecast for diagnostics in May is expected to be within the 1% target for the above areas.

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

- Note the Trust's operational performance for April and March 2018