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:		
Sandy Spencer Chief Operating Officer (Interim)	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:**				
			Integrated Report for current Board meeting		
CQC Domain: (safe, caring, effective, responsive, well-led)	All domains				

Meeting Date: **26 July 2016**
Report Title: **Operational Performance Report – Exception Report**

PURPOSE:

This Exception Report provides the Trust Board with a summary of the key operational performance against national standards highlighted for **month 3 (June 2016)**. It sets out the key monitoring and remedial actions in place.

SUMMARY:

CANCER STANDARD – MAY PERFORMANCE

		Compared to Previous month
2 week wait (target 93%)	97.25%	▼
31 day first treatment (target 96%)	98.98 %	▼
31 day subsequent treatment surgery (target 94%)	100.00%	▶
31 day subsequent treatment drug (target 98%)	100.00%	▶
62 day first treatment (target 85%)	79.69 %	▼
62 day screening treatment (target 90%)	100%	▲

EMERGENCY CARE STANDARD – JUNE PERFORMANCE

Emergency target	*95.00%*	*Compared to Previous month*
June 16 performance	90.43%	▲
QTD	87.85%	▲
YTD	87.65%	▲
Ambulance total	1555	▼
Ambulance between 30-60 mins (target 0)	116	▼
Ambulance over 60 mins (target 0)	50	▼

This Exception Report highlights the 3 areas of concern against the standards:

- A&E / Emergency Flow and 4 Hour Standard
- Ambulance Handover Delays
- Cancer 62 Day - First Treatment

A&E Emergency Flow – QEHKL emergency flow performance continues to be challenging and unfortunately the Trust failed to meet the 4-hour standard of **95%** for the 10th consecutive month. However an improvement of over 4% has been achieved in **June 90.43**% as compared to **May 86.00%**, delivering a Q1 improvement of >1% at **87.85%.**

Performance across the region has also been very challenged with a high number of our LHE Trusts failing to meet the standard.

Ambulance Handover Delays - QEHKL's ability to receive ambulance handovers and achieve the standard of less than 15 minutes continues to be a significant challenge to the organisation (target **100**%). Disappointingly **June's** position fell below the required standard with only **53.38**% of all ambulance handovers within the target of 15 minutes as compared to **May 59.19**%. A contributory factor to this fall was the increase of ambulance arrivals to A&E **June** 1555 conveyances as compared to **May** 1436 conveyances.

Cancer 62 Day First Treatment – In **April**, QEHKL's validated position for the Cancer 62 Day indicator (target **85%**) was **86.05%** with all other cancer waiting time targets achieved. However it was highlighted in the last report that early indicators for **May** and **June** were of concern and predicted to fall short of the target in both months.

In **May**, QEHKL's validated position for the Cancer 62 Day indicator (target **85%**) was **79.69%** with all other cancer waiting time targets achieved. The Trust predicted forecast was just over **80**% and it is anticipated, due to further validation, that a performance of over **81%** will be achieved and demonstrated in the quarterly returns.

Whilst **June** is still predicted to fall below target with a prediction of **83%** the Trust continues to closely monitor this to ensure an improved trajectory to achieve the standard of **85%** in **July**.

1. **A&E 4-Hour Access Standard**

The QEHKL's ability to maintain emergency flow and achieve the 95% standard continues to be a challenge to the organisation. Whilst the standard was failed for the 10th consecutive month, the achievement in **June** of **90.43%** showed a good improvement from May's performance of **86.00%.** The new sit rep ***Good Morning QEH*** has been implemented and will be included in this report (Appendix 1). Early indicators for July's performance remain positive and show a continued improvement.

Remedial Actions

- The improvement in A&E 4-hr performance is suggestive of the initial positive impact of the Patient Flow Action Plan, however a direct link will only be established if the improvement is sustained going forwards.
    - Work continues to create bed capacity on the Medical & Surgical Assessment Units earlier in the day via a combination of the internal process on the unit and the earlier ward discharges.
    - The aim is for patients to be '*home for lunch*'.
    - The new format bed management meeting continues to evolve with the agenda focused to ensure the meeting gives the required information to allow predictive planning.

- The wards continue to be supported in their ability for a senior ward nurse to attend all the bed meetings. Plans are also at an advanced stage for the Medical Assessment Unit and Short Stay Unit to commence attending the meetings in July.

- There has been a renewed focus on the a key *driver* of the pathway being the maintenance of sufficient capacity being created and maintained on the Assessment Units to meet actual and predicted demand. Insufficient Assessment Unit capacity and any arrival of GP referral diverts to A&E (unless for a clinical reason) are now taken as an escalation trigger and marker that the system is beginning to feel pressure and allows for surge planning.

- Additional Consultant and Junior Dr cover have been reassigned for weekends. This has enhanced a more consistent delivery of Acute Physician in-reach to A&E and the ability to provide senior opinion in proactive clinical decision making on both the emergency floor and in the review of medical outliers.

- Many days at the end of June were challenging in terms of performance and capacity and in terms of escalation processes. With the assistance of performance colleagues, hot debriefs were held that significantly showed that the peak of attendances to A&E has now consistently shifted from late morning (circa 11am) to early evening (circa 6pm). In light of this a review of staffing patterns, operational support, escalation triggers and timely planning has been given greater emphasis.

2. Ambulance Handover Standard

QEHKL continues to underperform against ambulance handover times and there has been further in-month deterioration in June compared to May. June's position is below the required standard with only **53.38**% of all ambulance handovers within the target of 15 minutes as compared to May which was 59.19%.

This continues to be due to a combination of patient flow surge and pinch-points of multiple ambulances arriving within a short space of time and an increase in ambulance attendances. This causes a knock-on clinical capacity challenge for both the A&E department and the ambulance service in their availability of vehicles to meet pre-hospital response requirements.

Remedial Action

- Modified flow and procedure charts for the ambulance arrivals area are now prominently displayed.

- A new Standard Operating Procedure for the A&E flow coordinator has been developed and the work area relocated. Although data is not yet available to measure the impact, the A&E team report the relocation area has helped in the welcome and initial assessment of ambulance patients allowing the handover to be undertaken in a quieter and focussed way. This has in turn resulted in an improved patient experience and more clear separation of the Ambulance Triage process from the wider flow of the department.

3. Cancer 62 Day Referral to Treatment Standard

The Trust is predicting one of the highest numbers of patient treatments for June, with treatments moved in to July, which will influence the forecast for June's performance to be improved to circa **83%**.

On-going issues however remain and actions continue in the tumour site pathways.

Speciality	Issues identified	Actions taken
Respiratory	Staffing levels Doctors	Business case for the 5th Consultant was agreed, however it was noted that recruitment would be challenging. A separate discussion is taking place regarding a model for a nurse consultant / specialist role. The department is currently experiencing a spike in 2WW referrals; however being managed by extending and putting on additional clinics. During annual leave the consultant team have a 'buddy' system to support continuity of service, to ensure that 2WW capacity is not compromised.
Colorectal	Inpatient theatre capacity in July due to annual leave	Proactive additional list identification with an estimate of patients who may require surgery to be scheduled to fill those lists. To meet with the cancer lead to discuss the application of buddy system cover sickness and leave.
Head & Neck	Capacity at NNUH and QEH long term sickness	Continuing to manage flexibly with locum consultant in place. Meeting weekly with clinicians to ensure patients on the cancer pathway have clear treatment plans.
Skin	Outpatient capacity issues for 2ww patients	Increased number of slots for 2ww patients available from July. All empty slots will be filled with routine new patients.
Urology	Best practice guidelines	Clinicians have agreed that the MRI before TRUS biopsy for high risk patient (best practice guidelines) will commence in August.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

There is a substantial financial risk and reputational risk associated with underperformance against the 4 hour wait to be seen standard, the ambulance turnaround time target and the 62 day referral to treatment standard.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓	✓	✓

RECOMMENDATIONS:

The Board is asked to note the contents of the Exception Report Month 3 (June 2016).

Sandy Spencer
Chief Operating Officer (Interim)
20 July 2016

Appendix 1

Good Morning QEH

		ED Actvity					Ambulance Activity			Medical					Surgical					Trust								
Day	Date	Total Attends	IN HRS Minors Type 1 Breaches (08:00-20:00)	OOH HRS Minors Type 1 Breaches (20:00-08:00)	Total Breaches	Perf %	Ambulance attends >30 mins	Ambulance attends >60 mins	Ambulance attends Total	NEL Medical admits	NEL Medical Disch <12:00	NEL Medical Disch 12:00-16:00	NEL Medical Disch >16:00	NEL Medical Disch Total	NEL Surgical admits	NEL Surgical Disch <12:00	NEL Surgical Disch 12:00-16:00	NEL Surgical Disch >16:00	NEL Surgical Disch Total	Total NEL Admits Med and Sur	Total NEL Disch Med and Sur	Total Disch via Discharge Lounge	Cancelled OPS	Leverington Escalation beds open	Rudham Escalation beds open	Medical Outliers	MSfT	DTOC
Mon	04/07/16	178	3	2	22	87.64%	4	5	47	61	5	38	21	64	13	1	6	6	13	74	77	13	2	0	0	31	39	18
Tue	05/07/16	185	0	1	7	96.22%	4	0	59	66	16	28	29	73	20	2	10	4	16	86	89	14	0	0	0	26	34	13
Wed	06/07/16	156	0	0	5	96.79%	2	0	44	66	9	34	29	72	16	3	13	7	23	82	95	16	1	0	0	20	38	16
Thu	07/07/16	182	0	0	0	100.00%	1	0	68	67	9	28	34	71	16	3	9	3	15	83	86	14	0	0	3	21	42	12
Fri	08/07/16	169	1	0	7	95.86%	7	1	52	59	11	37	27	75	20	1	10	10	21	79	96	11	0	0	0	21	44	12
Sat	09/07/16	212	4	0	29	86.32%	20	2	62	34	4	12	7	23	15	3	4	7	14	49	37	0	0	0	0	21	44	12
Sun	10/07/16	214	2	1	6	97.20%	5	0	56	46	3	15	8	26	17	0	4	8	12	63	38	0	0	0	0	21	44	12
WE 10/07/16		**1296**	**10**	**4**	**76**	**94.14%**	**43**	**8**	**388**	**399**	**57**	**192**	**155**	**404**	**117**	**13**	**56**	**45**	**114**	**516**	**518**	**68**	**3**			**161**	**285**	**95**
Mon	11/07/16	197	1	6	28	85.79%	15	6	65	72	6	41	20	67	45	2	11	7	20	117	87	21	2	0	1	30	41	11
Tue	12/07/16	178	7	6	55	69.10%	16	15	53	62	9	33	18	60	50	2	11	2	15	112	75	25	6	0	5	31	49	14
Wed	13/07/16	189	0	0	37	80.42%	9	5	68	66	15	40	21	76	37	8	8	7	23	103	99	35	1	0	1	31	54	17
Thu	14/07/16	189	3	3	5	97.35%	12	3	56	58	7	22	20	49	32	5	13	4	22	90	71	9	0	10	5	30	43	15
Fri	15/07/16	149	1	0	8	94.63%	7	5	63	66	7	47	18	72	37	3	10	7	20	103	92	21	0	13	0	29	48	18
Sat	16/07/16	209	0	4	17	91.87%	13	6	64	50	3	17	11	31	16	1	8	1	10	66	41	1	0	13	0	29	48	18
Sun	17/07/16	207	0	0	11	94.69%	5	0	59	36	6	20	13	39	14	2	5	4	11	50	50	9	0	13	0	29	48	18
WE 17/07/16		**1318**	**12**	**19**	**161**	**87.78%**	**77**	**40**	**428**	**410**	**53**	**220**	**121**	**394**	**231**	**23**	**66**	**32**	**121**	**641**	**515**	**121**	**9**			**209**	**331**	**111**
Mon	18/07/16	173	1	0	5	97.11%	0	0	58	59	3	36	24	63	15	2	8	6	16	74	79	12	2	8	0	28	48	22
Tue	19/07/16	180	0	0	5	97.22%	9	1	69	61	9	27	7	43	14	2	16	3	21	75	64	15	0	9	5	23	47	19

	Qtr 4	2015/16
Attends	14900	59903
Breaches	2832	6131
Perf %	80.99%	89.77%

	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Feb-2017	Mar-2017
Attends	4853	5494	5174	3542								
Breaches	622	769	495	310								
Month	87.18%	86.00%	90.43%	91.25%								
Qtr	87.85%			91.25%								
YTD 16/17	87.65%											

Key for ED Performance
- <90%
- 90-94.999%
- >=95%

Key for Ambulance

	>30 mins	>60 mins
	>2 Pts	>0 Pts
	<=2	0

Key for Medical and Surgical Discharges >16:00
- >8

Key for Trust
- >19 Medically safe for transfer
- >21 Delayed transfers of care
- >10 Medical Outliers

Unvalidated postion