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:		
Ciara Moore Chief Operating Officer	Decision		High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Associate Directors of Operations Andrew Evans David Resoli	**Strategic**				
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Responsive				

Meeting Date: 27th March 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 11, February 2018** (noting that cancer is reported 1 month in arrears – January).

SUMMARY:

The operational challenges faced by the Trust in January have continued into February. This has had an impact on the Trust ability to deliver in particular against its 18 week RTT recovery trajectory.

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 weekly and monthly calls with NHSE on A&E performance.

Performance for February 2018

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

- 18 week RTT 82.76%
- A & E four hour standard 69.17%
- Cancer 62 Day [January] 80%

1. 18 Week Referral To Treatment

The Trust achieved 82.76% in February against a target of 92%. This is a slight improvement in the position of 0.71% since January.

The key challenges contributing to this have been the shortage of elective beds, which have been used to accommodate surgical emergency patients and support flow through ED, and the displacement of the elective Admissions Unit [AU], formerly located on Leverington Ward, as this area has been used as a fully operational escalation ward since Q3.
In 2016/17, the AU operated as an extension to Day Surgery to ensure theatres were fully utilised. This has not been possible this year although day case surgery has been booked to main theatres where post op Day Surgery capacity allowed.

The surgical elective admissions during February have continued to be restricted to patients on a cancer pathway and those deemed clinically urgent by consultants. This clearly results in patients who are deemed non urgent in nature, many of whom have already waited for over 18 weeks for their procedure, to be cancelled. Patients who have waited a particularly long time, over 40 weeks from referral, have been prioritised as a second tranche behind the clinically urgent patients.

RTT Recovery

The operational teams have revised the RTT recovery trajectory and have submitted a plan to commissioners demonstrating that the 92% target will be achieved at Trust level by September 2018. Note that this will be at Trust level and not all specialities will achieve a non-admitted performance of 92% by that date. The commissioners are currently considering this.

Detailed plans have been drawn up at specialty level and will be monitored via the weekly tracker and review meetings to ensure operational grip is maintained.

FourEyes Insight have commenced work to implement the theatre productivity programme. To date good clinical engagement has been reported and the project is on track, although does rely on the full reinstatement of the elective programme.

The monthly recovery trajectory for 2018/19 is set out below:

	Plan 04/2018 Month 1	Plan 05/2018 Month 2	Plan 06/2018 Month 3	Plan 07/2018 Month 4	Plan 08/2018 Month 5	Plan 09/2018 Month 6	Plan 10/2018 Month 7	Plan 11/2018 Month 8	Plan 12/2018 Month 9	Plan 01/2019 Month 10	Plan 02/2019 Month 11	Plan 03/2019 Month 12
Referral to treatment Incompletes - >18 weeks	1813	1667	1516	1354	1212	989	979	970	968	965	962	960
Referral to treatment Incompletes - Total patients	12640	12673	12578	12526	12523	12386	12374	12356	12360	12340	12356	12385
Referral to treatment Incompletes - Performance %	85.66%	86.85%	87.95%	89.19%	90.32%	92.02%	92.09%	92.15%	92.17%	92.18%	92.21%	92.25%

2. Cancer

The Trust should recognise and congratulate staff as Q3 2017-18 achieved for all cancer targets including 62 day Referral to Treatment.

Five of Eight Cancer Targets achieved in January, the three that narrowly missed targets were 31 Day Subs Chemotherapy, 2WW Breast Symptomatic and 62 Day GP Referral to Treatment.

- Minor drops in performance for 31 Day Subs Chemotherapy and 2WW Breast Symptomatic largely represent patient choice over the Christmas period and are not expected to be repeated in February and beyond.

- The Trust should recognise the achievement of the 85% standard for 62 day cancer in four of the last seven months, with performance being maintained above 80% in all of the last seven months.

- Performance had been forecast to significantly drop in February as a result of 62 day backlog clearance however due to a greater than planned number of breach patients being rolled into March this performance dip is forecast to occur one month later. This forecast performance dip is necessary to clear remaining backlog and ensure full and sustainable recovery in April.

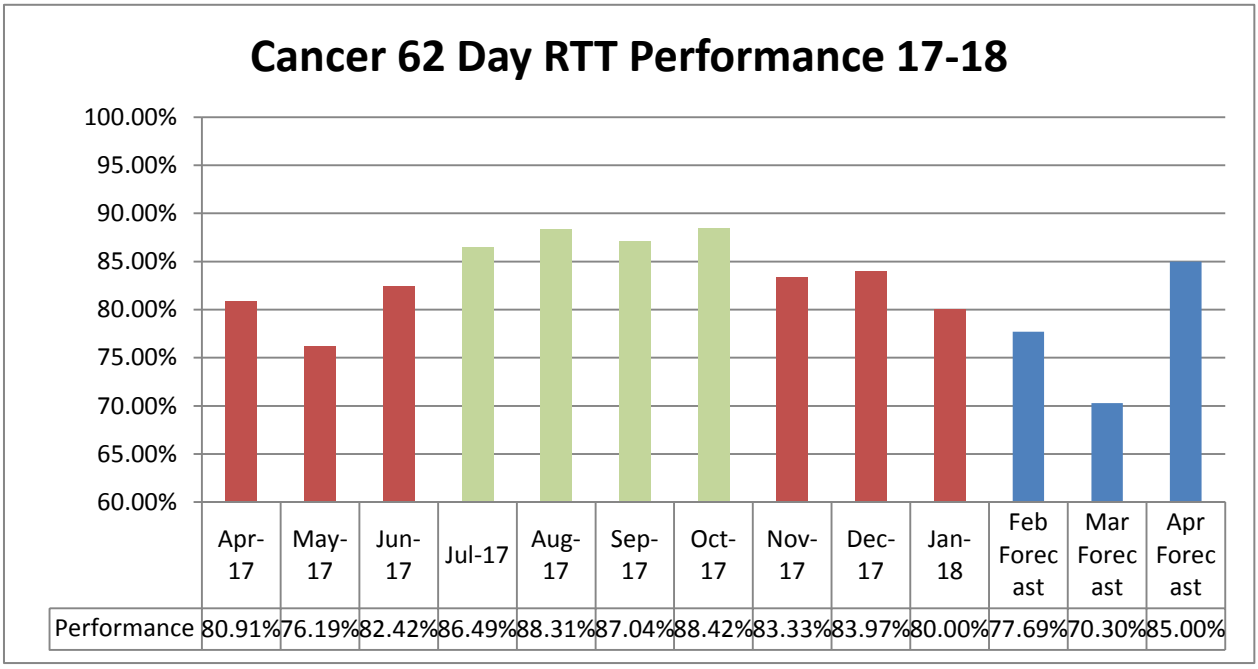
- Work continues on the Urology (Prostate) and Lung Transformation projects run by Macmillan West Norfolk and Norfolk & Waveney STP, with revenue and capital funding for the latter now confirmed.

Thanks to the continued hard work put in by clinical and operational teams the 62 day backlog has continued to decrease to 26 (net of patients to come off pathway and those treated). Cancer Services have continued to focus on 62 day backlog reduction and embedding escalation processes within operational teams to minimise breaches into April and ensure that the 85% standard is achieved.

We have used the opportunity of a request from our CCG partners to provide a Remedial Action Plan as a result of not achieving the 85% standard in November and December to capture all the remaining issues with each pathway and detail this into a single source. This will ensure our recovery is both rapid and sustainable which will be key as February and March have seen sharp increases the number of incoming suspected cancer referrals.

Engaging in this RAP process with our regulators and system partners within the STP including primary care will ensure that our pathways provide equitable access to cancer services at QEH and that sustained 62 day performance becomes business as usual.

Recovery trajectory:



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb Forecast	Mar Forecast	Apr Forecast
Performance	80.91%	76.19%	82.42%	86.49%	88.31%	87.04%	88.42%	83.33%	83.97%	80.00%	77.69%	70.30%	85.00%

3. A&E

The Trust did not achieve for February against the national or local trajectory. The department remained challenged over the month however there has been some improvement in performance during March. As at 19th March the monthly performance was 79.89%.

Within the Cambridgeshire and Peterborough locality, the year to date data as at 17th March shows our performance to be the second highest from six Trusts, only Addenbrookes performing better.

Key issues

As reported in the last operational performance report there are four key areas of focus:

Ambulance handover

- There has been a system wide agreement following an EEAST safety summit, that Trusts will put in place plans to allow ambulance crews to leave A&E departments within 30 minutes of arrival. This will ensure that the risk to patients in the community through ambulance delays at hospitals is reduced.
- Ambulance handover protocol introduced on 26th February, whereby improved escalation gives early visibility of delays and ensures timely actions can be taken.
- Flexible use of space to accommodate patients who are waiting for a bed, when a bed is expected to be available within one hour.
- Employment of our own paramedic from 10:00 to 22:00 to facilitate rapid ambulance turnaround.

Streaming to specialty

- Streaming to specialty – the criteria has been agreed for wards to accept direct admissions from A&E rather than through MAU. This will help prevent MAU becoming a bottleneck.

Unblock MAU as a bottleneck

- 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).
- RAB to be operationalised by 10:00 each day.

Management and scrutiny of MFFDs and DTOCs with joint CEO oversight [QEH & WNCCG]

- Joint work with the CCG on Discharge to Assess with a facilitated system wide workshop on the 23rd March 2018

Other actions to support all of the above

- Pre12Discharge focus on medical wards led by Dr Zaheer Babar
- Hot clinics and GP phone
- Introduction of Patient Navigator role {breach buster] we are in the process of recruiting to posts, role undertaken temporarily by an operational team member.
- Daily A&E huddle introduced from 19th march 2018. These take place with key A&E and operational staff at 8.45 and 16.45 to review key issues that may affect performance.

- Continued focus on primary care streaming. A summary of recent activity is set out in the table below:

Date	06/03/2018	07/03/2018	08/03/2018	09/03/2018	10/03/2018	11/03/2018	12/03/2018	13/03/2018	14/03/2018	15/03/2018	16/03/2018	17/03/2018	18/03/2018
Clinician	Doctor	Doctor	Nurse	Doctor	Doctor	Nurse	Doctor	Dr and Nurse	Dr and Nurse	Doctor	Dr and Nurse	Doctor	Doctor
Pts Seen	20	19	11	18	16	12	17	27	26	13	23	11	16
Pts referred in to hosp	4	3	2	2	3	1	1	5	4	3	5	1	1

- Primary care streaming runs 10.00-22.00 daily and remains a 'pull through' service with suitable patients identified from the EDIS screen by the clinician after booking in rather than 'streamed' by a nurse at the front door. Current establishment is 1 wte 8a nurse and 1 wte band 7 nurse supported by bank middle grade doctors, funded by winter monies. Although clinicians see patients identified as those who could have been seen in Primary care setting they also extend the parameters to see and treat suitable minor A&E patients.

The 4 hour wait recovery trajectory as agreed with NHSI is set out below:

Recovery Trajectory									
Week Ending	04/02/2018	11/02/2018	18/02/2018	25/02/2018	04/03/2018	11/03/2018	18/03/2018	25/03/2018	01/04/2018
RAP	70.64%	69.54%	66.40%	69.71%	73.40%	76.09%	80.82%	**84.28%**	**90.08%**
Breaches	360	378	414	352	290	297	188	190	130
Attendances	1226	1241	1232	1162	1109	1234	1220	1209	1310
Actual	70.64%	69.54%	66.40%	69.71%	73.85%	76.16%	85.06%	84.28%	90.08%

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 February 2018