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:		
David Stonehouse/ Charles Bruce	Decision	✓	High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Jonathan Wade	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Cancer performance paper & Integrated Report for current Board meeting		
CQC Domain: (safe, caring, effective, responsive, well-led)	All domains				

Meeting Date: **26 September 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 5 (august 2016)**. It sets out the key monitoring and remedial actions in place.

SUMMARY:

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

- Ambulance Handover Delays
- Cancer 62 Day - First Treatment
- Diagnostic waiting time target

A&E Emergency Flow – While A&E access target has been reported in previous months the Trust successfully achieved this target in August.

The Trust continues to perform well against our peers and Appendix 1 shows the latest weekly benchmarked position in our region.

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 **July's** position fell below the required standard with only **51.16**% of all ambulance handovers within the target of 15 minutes as compared to **June 53.38**%.

Cancer 62 Day First Treatment – Performance against the target was again narrowly missed in July with 82.48% of patients being treated within 62 days.

August is currently forecasted to achieve the target at 85.14%. However, there is a potential ½ breach which the trust is awaiting final confirmation from another centre. The final position should be known by the F&P committee and will be verbally updated.

Diagnostics

The Trust failed the 1% diagnostic target in August with a final position of 1.39%.

1. **Ambulance Handover Standard**

QEHKL continues to underperform against ambulance handover times at 46.69%. While this appears to be a deterioration on the previous month it should be noted that the proportion of patients waiting 1+ hours to be handed over has greatly reduced.

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
Remedial action for ambulance handover remains closely linked to the A&E 4 hour standard delivery actions. Improving flow through the organisation also improves the Trusts ability to off load ambulances in a timely fashion. Specifically, the following action remains in place.

- The A&E flow coordinator has now moved their main operational hub to the "M" area of the department. Although data is not yet available to measure the impact, the A&E team report an improved position where the welcome and initial assessment of ambulance patients is now undertaken in a quieter and focussed way, resulting in an improved patient experience and more clear separation of the Triage process from the wider flow of the department.

2. **Cancer 62 Day Referral to Treatment Standard**

Performance against the target was again narrowly missed in July with 82.48% of patients being treated within 62 days.

August is currently forecasted to achieve the target at 85.14%. However, there is a potential ½ breach which the trust is awaiting final confirmation of from another centre. The final position should be known by the F&P committee and will be verbally updated.

A review has been undertaken of the management of cancer services, particularly in light of recruitment issues into the cancer services manager post. The business support function will offer an enhanced support function to cancer services over the coming months. This support will cover both patient tracking and enhanced informatics support to help add an additional layer of grip to the area.

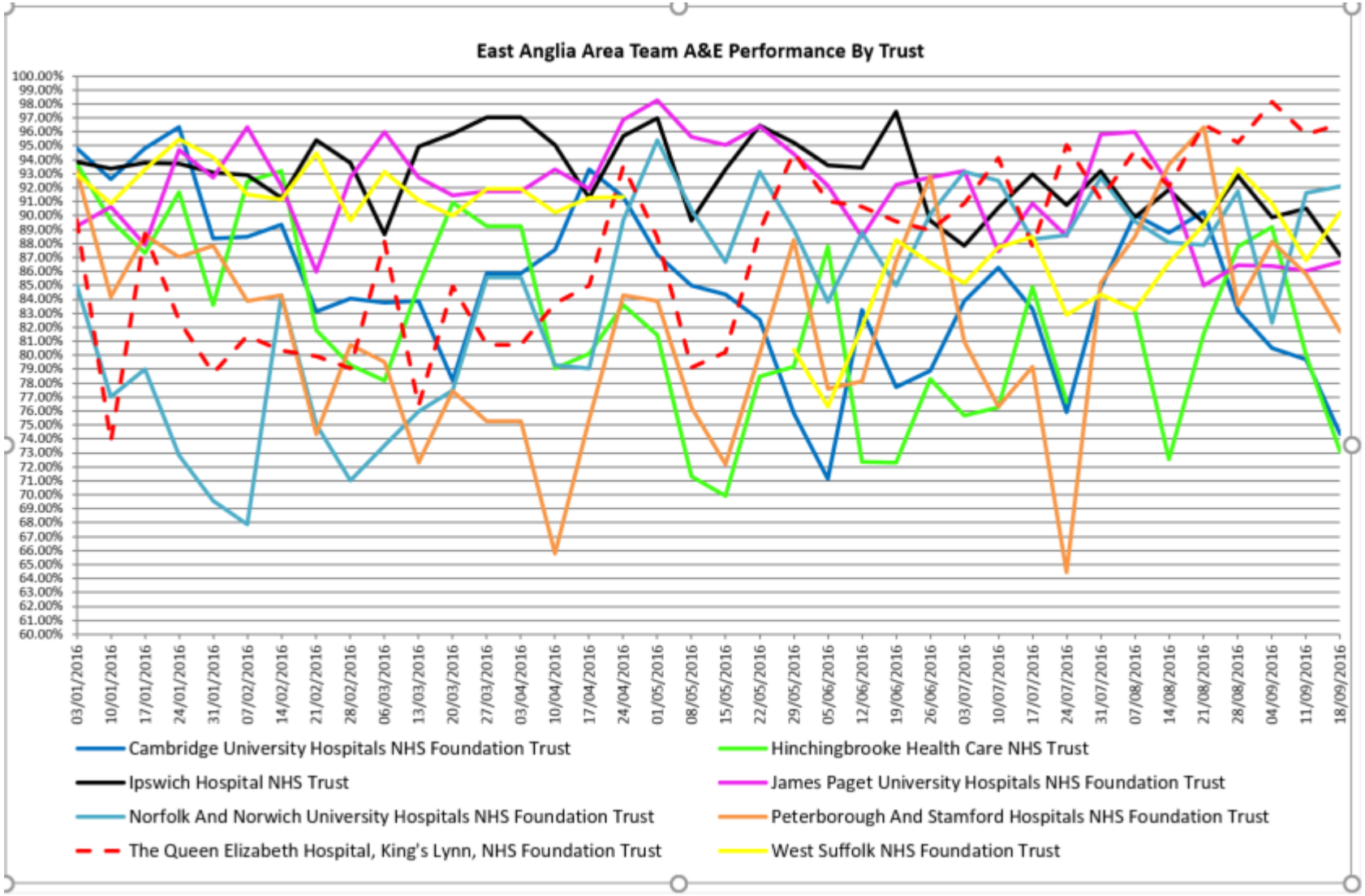
Operationally the service lines continue to be managed via the weekly Performance and Access meetings. Detailed information on breaches in September and October has been requested and will be able to be fed back verbally to the F&P committee.

3. **Diagnostics**

The diagnostic target was principally failed due to delays in echocardiography in August. A review has been completed in this area and it was found that a combination of annual leave with

both the Trust and our echocardiography additional capacity supplier (Ecotech) had resulted in a shortfall of capacity against demand. The patients who breached the target have now undergone their echocardiograms and the capacity constraints have been corrected. Latest forecasting information shows that this problem will not re-occur in September.

Appendix 1


East Anglia Area Team A&E Performance By Trust
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Cambridge University Hospitals NHS Foundation Trust
Hinchingbrooke Health Care NHS Trust
Ipswich Hospital NHS Trust
James Paget University Hospitals NHS Foundation Trust
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Peterborough And Stamford Hospitals NHS Foundation Trust
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West Suffolk NHS Foundation Trust