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

REPORT TO THE BOARD (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Patricia Dunmore 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 January 2016**
Report Title: **Operational Performance – Exception Report**

PURPOSE:

To advise the Committee of concerns against national standards and the actions, monitoring and controls in place for improvement.

SUMMARY:

This Exception Report covers three areas:

- Cancer 62-day waits - performance variable and above required standard
- A&E / Emergency Flow – performance deteriorating and below the required standard
- Ambulance Turnaround Times - performance variable and below the required standard

The Trust has achieved the national target of 85% for cancer standards for the second consecutive month since April, reporting 86.1%.

The Trust's position to maintain emergency flow and achieve the 95% standard continues to be challenging. In December the standard was failed for the fourth successive month achieving 90.58%, resulting in a failure to achieve quarter 3 at 83.87%.

The Trust's position to off load ambulances and achieve the turnaround standard continues to be a challenge. December saw an improvement on the previous month's position, with just under 60% of all ambulances arriving offloaded within the target (59.77%).

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 and the Ambulance Turnaround Time target.

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

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

RECOMMENDATIONS:

The Committee is invited to:

- Note the report.
- Endorse the actions being taken to improve performance.

1. 62-DAY CANCER STANDARD

The QEHKL continues to achieve the standard. We are currently predicting the standard will be achieved again in December, resulting in an achievement of quarter 3.

Performance against trajectory

	Previous 6 months performance											
Month	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RAP%					80	80	81	83	85	85	85	85
Actual %	87	79	77	72.1	80.45	78.57	89.9	86.1	92 (UV)			

Actions Taken

Operational actions taken in the month:-

- Further revision of the PTL, adding RAG rating to predict potential breaches
- Revision and progression of RAP
- Focus on capacity
- Network cancer planning event

Concerns

Changes to the Histopathology service means that there is a delay in the return of histopathology results, with the timescale extending beyond that seen in previous months. This is currently being closely monitored and escalated as appropriate, at the present time there is an anticipation that this will impact on January and February's performance.

2. A&E EMERGENCY STANDARD

The QEHKL's position to maintain emergency flow and achieve the 95% standard continues to be challenging. In December the standard was failed for the fourth successive month achieving 90.58%, an improvement on the previous month's position by 4.91%. The Trust is disappointed to report that it did not achieve quarter 3, achieving 83.87%. The year to date performance currently stands at 92.67%, while this is disappointing it should be noted that this is still a better position at the end of quarter 3 than in the previous 3 years.

The diagnostic review into organisational flow has been completed giving further insight into the reasons for continued poor performance. The diagnostic looked at both internal and external factors and has made suggestions as to how we can work as a system to address the issues. This information will be shared with all our partner agencies later this month to give "One version of the truth".

Internally a focused piece of work will commence looking to deliver sustainable changes in order to unlock patient flow. This work will be spread across the 3 areas:-

- Front Door (Internal)
- Simple discharges (Internal)
- Complex discharges (Partnership working with external agencies)

3. AMBULANCE TURNAROUND TARGET

As previously reported the QEHKL continues to underperform against ambulance turnaround times. December saw an improvement in the standard with 59.77% of all ambulances being

turned around within the 15 minute target. This month's value of fines equates to £64,200 compared to £128,000 in the previous month.
The work to achieve the turnaround target will form part of the flow project detailed in the previous section.