Agenda Item No.2

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO TRUST BOARD

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:**		
Divisional Directors: **Andrew Evans** **Sarah Jones** **Lesley Deacon**	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Responsive				

Meeting Date: 30th January 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 9, December 2017** (noting that cancer is reported 1 month in arrears – November).

SUMMARY:

December has been a very challenging month for our Trust and we should recognise and thank our staff for how well they performed under immense pressure and provided care to our patients over this difficult time.

The board is reminded as a category 3 Trust there is a requirement via our regulators NHSI & NHSE to report weekly trajectories on our performance. 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 monthly calls with NHSE on AE performance.

Performance for December 2017

Performance delivery during December was challenging with the Trust failing to deliver on three core targets

- 18 week RTT 81.33%
- A & E four hour standard 86.9%
- Cancer 62 Day [November] 83.33%

18 weeks

We achieved an 81.33% RTT performance for December and have been driving Trust to achieve 92% by end of March 2018. Our trajectory for March is 92%, the operational teams are working closely with the consultants to utilise all capacity and ensure this is delivered.

RTT Recovery

A weekly Back to Black RTT Recovery continues led by the Chief Operating Officer to ensure specialities are held to account, demonstrate grip and control on their performance and activity. Progress in activity is demonstrable for some specialities, many are still under significant pressure to achieve their RTT and income plans. Operational support to drive clinical engagement in understanding the weekly activity tracker requires focus over the coming weeks to deliver the activity and associated income.

Mitigations to drive and improve performance
• Recovery action plans for all services deep dives for speciality's most at risk
• Clinicians running additional lists e.g. Super Saturdays
• Additional patients added to clinics, additional clinics run
• Back to Black weekly recovery meetings
• Weekly activity tracker to support teams in understanding gaps to pal to plan shared with all clinical leads and operational teams
• Operational support and ops to consultant discussion required to drive understanding of activity, tracker and associated income.

Our due work with NHS RTT Intensive Support Team [IST] is complete. The IST supported the Trust in October and progressed key processes and audits to support the Trust position. We wish to thank all staff for their engagement in this important piece of work.

Outputs from IST support
• Harm review policy and template supplied
• Self-assessment tool part complete and signed off by COO & Director of IT & Strategy
• Training strategy in progress and to be forwarded to IST
• Return visit in 6 months to check sustainability of work and process change

Cancer 62 Day

Cancer performance for November delivered a 62 week target of 83.33%. The December forecast position has improved by nearly 15% from previous forecast however this will impact on January performance as a small number of patients rolled over from December to become January breaches. Clinically complex patients requiring multiple MDT discussion and patients electing to cancel/delay diagnostics (for which no adjustment can be made) form the majority of this cohort. All efforts will be made to improve the January position by preventing further breaches and maximising the number of treatments

Rolling 3 months forecast

- December 2017 – 67 treatments, 10.5 breaches = 84.3%
- January 2018 – 67.5 treatments, 20 breaches = 70.4%
- February 2018 – 74.5 treatments, 11 breaches = 85.2%

Mitigations to drive and improve performance
• Daily snapshot meetings
• 48 hour turnaround on clinic cancer clinic letters
• Clinicians running additional lists to prevent breaches
• Weekly COO led ptl. to escalate issues

A&E
The Trust did not achieve for December against the national or local trajectory. The department remained challenged over the month and continues to be challenged in January.
A recovery plan is in train with oversight from our regulators. Of note to the Board the Trust experienced an increase of 5.89% attendances in this period of which we also experienced an 8% increase in major attendances so more patients who are more acute and require admission.

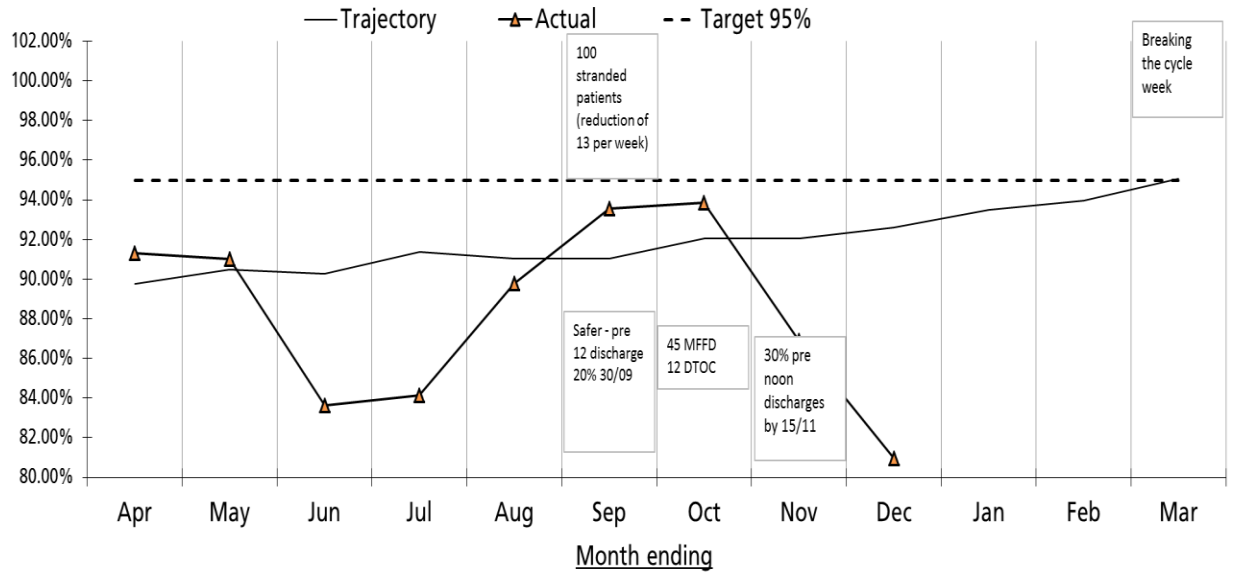
Table 1

	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory Actual	90.5 91.2	90.5 91.0	90.3 83.5	91.4 84.24	91.0 89.8	91.7 93.55	92.0 93.84	92.1 86.9	92.6 80.9	93.5	94.0	95.1

AE Recovery
This plan has oversight from our regulators and incorporates trajectories and expected plans to deliver a 95% target by the end of March 2018. NHSE have stepped down our ECIST support to work in Trusts that are more challenged. However the emergency department continue to drive the initiatives planned.

Ambulance handovers continue to be challenging. The emergency department are working closely with EEAST to ensure timely handovers. There is also an agreed local load levelling initiative in place where when Trusts have a surge in activity EEAST divert ambulances to a Trust that is less at risk.

Mitigations to drive and improve performance
Focus on patients with a LOS of 21 days + these patients account for 50% average of bed days
Continue daily 10:30 point prevalence
Focus on pre midday discharge
Promote SAFER bundle as part of the quality accounts but also as the right thing to do



Winter Plan

The Trust is hosting bi weekly internal winter resilience meetings and is moving to weekly system winter resilience meetings with our partners.

We also ran with our system partners a SAFER start to 2018 from the 3rd January 2018.

Developments to support flow

The Trust has developed an inpatient tracker which is reviewied at the opertaional 10:30 am daily meeting , Monday to Friday. For the first time the Trust has at two points in the day complete visibility on what every patient in the Trust is waiting which enables the operations centre to support wards and expedite discharges or unplug issues eg waiting TTOs, Senior review or diagnostics.

This data has helped the Trust focus on key areas within our control such as an at a glance age profile, Lentgh of Stay [LOS] snapshot and reports on our top resaons for delays,stranded and super stranded -patients with a LOS over 21 days plus [Appendix 1]

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 Trusts operational performance for December 2018