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

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Karen Croker Interim Chief Operating Officer	Decision		High	Med	Low
	Discussion	√	√		
	Information	√			
LEAD MANAGERS:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Divisional Directors: Angela Bullivant Sarah Jones Karen Hansed Lesley Deacon	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: 28 March 2017
Report Title: Operational Performance Report – Exception Report

PURPOSE:

This Exception Report provides the Board with a summary of the key operational performance against national standards highlighted for **month 11, February 2017** (noting that cancer is reported 1 month in arrears – January).

SUMMARY:

Performance delivery during February has been challenging with the Trust failing to deliver the Cancer 62 Day (in line with forecast) and the A & E four hour standard. That said performance remains at a higher level than that seen elsewhere in the country.

Whilst the four hour standard of 95% was not achieved, this was missed by 4.36% with performance at 90.49%, an improvement on January. The predominant cause of 4 hour breaches due to delays in accessing beds compounded due to a rising number of emergency admissions (see 1 below).

Delivery against the 62 day cancer standard was not met in January at 83.74%. This was due to a number of patients choosing to delay treatment over the Christmas/new year period and a small number of cancellations of cancer patients surgery (4 patients cancelled during December/January who were treated in January).

Standards consistently delivering above the required level which have been achieved again in month:

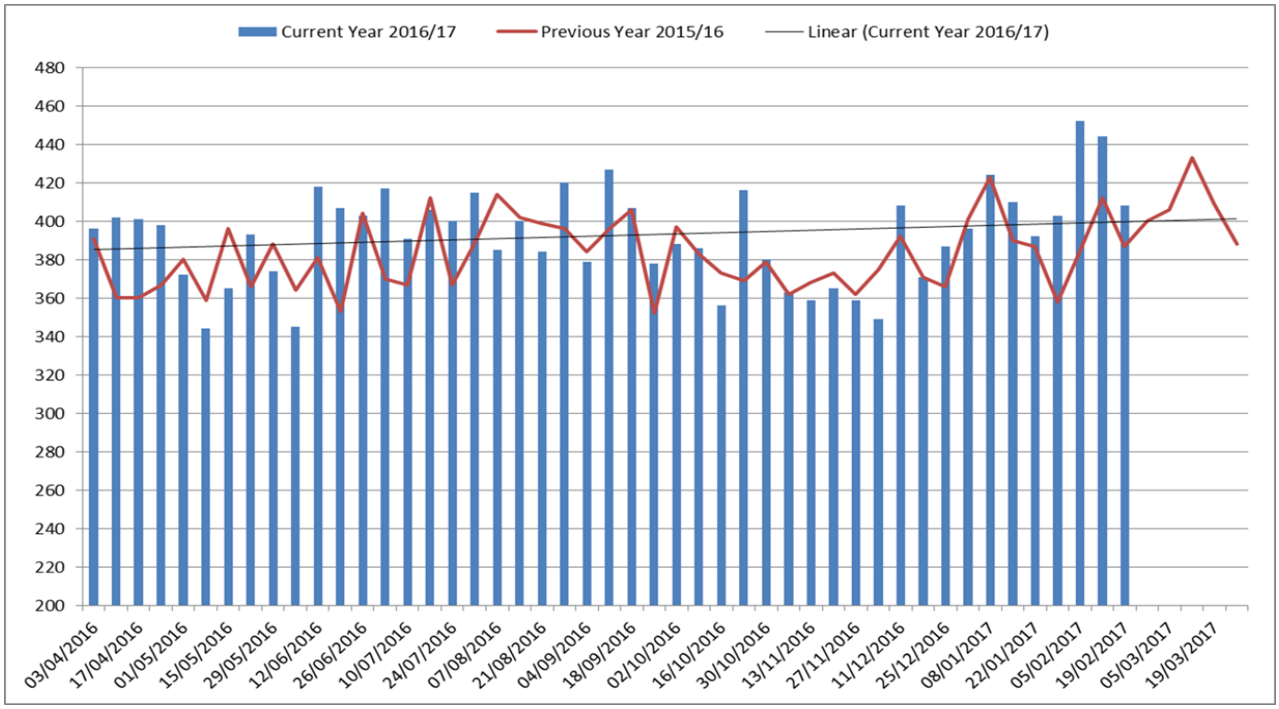
- RTT 18 weeks 92.77% (Standard 92%)
- Diagnostics 0.17% (standard 1%)
- Cancer two week waits, 31 day

1. Emergency Access Standards

Emergency care standard

		Compared to previous month
Emergency target	*95.00%*	
AE performance	90.49%	▲
QTD	88.30%	▼
YTD	90.64%	▼
Ambulance total	1457	▼
Ambulance between 30-60 mins (target 0)	191	▼
Ambulance over 60 mins (target 0)	84	▼
Ambulance %<=15 mins	22.72%	▼

Whilst delivery against the four hour standard falls short of the required 95% this is in the context of a rising demand of patients requiring emergency admission. During February significant peaks of demand were seen which made it operationally to meet demand despite opening escalation beds. This trend was discussed at the A & E Delivery Board in February and work is underway with West Norfolk CCG and partners to understand and address the ongoing growth pattern.



Whilst ED performance is consistently in the top quartile, the Trust continues to struggle to deliver the required performance against ambulance handovers. During February only 81% of ambulances were handed over within 30 minutes (a marginal improvement from 76% in January). During times of peak activity timely handover is challenging given cubicle and resus space within the Emergency Department. A date for representatives from the Emergency Care Improvement Programme (ECIP) is currently being organised for the earliest opportunity, the

ECIP team will review our current processes and suggest ways for rapid improvement building on lessons learned elsewhere in the country, the Divisional team are engaged with this work.

2. Cancer

Cancer standard

		Compared to previous month
2 week wait (target 93%)	97.30%	▲
31 day first treatment (target 96%)	98.10%	▼
31 day subsequent treatment surgery (target 94%)	98.08%	▼
31 day subsequent treatment drug (target 98%)	98.81%	▼
62 day first treatment (target 85%)	83.74%	▼
62 day screening treatment (target 90%)	100.00%	▶

The Trust achieved seven of the eight statutory cancer targets, failing the 62 day target as was forecast. The Cancer Steering Group is active and growing since its first meeting in January 2017. Delivery still remains fragile due to the high number of tertiary referrals for treatment, patient choice and capacity & planning challenges in particular specialities which is being addressed by Divisional teams.

The January position for 62 days reported a total of 10 breaches of the standard, 4 shared between tertiary centres. Of these 5 patients breached (Equating to 3 Breaches) by over 104 days, these were in Gynaecology, Head and Neck, Upper GI and Urology specialties. All 104 day breaches are subject to a harm review and review at the Cancer Steering Group.