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: **24 November 2015**
Report Title: **Operational Performance – Exception Report**

PURPOSE:

To advise the Board of emerging areas of under-performance 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 below required standard
- A&E / Emergency Flow – performance deteriorating and below the required standard
- Ambulance Turnaround Times - performance deteriorating and below the required standard

The area of greatest variability and under-performance continues to be cancer waits, specifically the 62-day wait until first treatment. The under-performance against the national target of 85% continues, with the Trust reporting 78.57%, which is a deterioration on the August position.

The QEHKL's position to maintain emergency flow and achieve the 95% standard continues to be challenging. In October the standard was failed for the second successive month achieving 87.33%, a deteriorating position.

The QEHKL's position to off load ambulances and achieve the turnaround standard continues to be a challenge with a deterioration for the fourth successive month with just over half (52.08%) of all ambulances arriving offloaded within the target.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

There is a significant risk associated with the non-delivery of the 62 day cancer target, with the potential delay in treatment and the organisational reputational risk.

There is a substantial financial risk and reputational risk associated with under-performance 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 Board is invited to: • Note the report. • Endorse the actions being taken to improve performance.					

1. 62-DAY CANCER STANDARD

As previously reported, QEHKL are not in a position to sustainably deliver the required standard for Cancer 62 Day Waits. Whilst the standard was achieved in April, this was due to long waiters for tertiary centres being cancelled and therefore treated in subsequent months. This has led to QEHKL failing the standard from May onwards.

QEHKL did not achieve the agreed recovery trajectory of 80% in September, with performance of only 78.6%.

However, QEHKL are initially reporting that October performance has exceeded both the recovery trajectory of 81%, and the national standard of 85%.

It should be noted that as the number of treatments related to this pathway are small (approximately 60 per month), a single breach of the standard can make the difference between successfully achieving the standard and not.

Performance against trajectory.

	Previous 5 months performance					Current Month	Point of Recovery					
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**	88 unconfirmed					

Breech analysis by tumour site for September

	Avoidable QEH	Avoidable – Tertiary	Avoidable System Wide	Unavoidable QEH	Unavoidable Tertiary	Unavoidable System wide
Breast						
Haematology	3.0					
Head and Neck		0.5		0.5		
Lung		0.5				1.0
Upper GI				1.0		
Urology	4.5	1				
Gynaecology		0.5				
Colorectal	1.0			1.0		
CUP / Gynae						1.0

Actions Taken

QEHKL have employed a Cancer Manager who has reviewed the existing Patient Tracker Lists (PTLs) and RAP. She has identified the need for more robust monitoring of time spent at specific stages of the pathway, and site specific Navigation Teams in order to remove unnecessary delays from the clinical decision making process. A revised RAP was tabled by QEHKL and discussed with CCG clinical representatives at a meeting on 4th November. The CCG are currently reviewing the RAP in more detail ahead of sign-off at the next ECOG meeting. The PTL have now been RAG rated for earlier indication of patients with the potential to breach.

There is, however, still a risk to the TPP recovery trajectory, as they need to undertake a laboratory re-fit in order to get CPT accreditation. QEHKL are discussing the impact of this further with the provider and will reflect any changes to the recovery trajectory in the revised RAP. Currently, the remedial trajectory remains as December 2015.

QEHKL have also produced revised proformas for the 2 week pathway following publication of NICE guidance in June. A meeting is being scheduled for senior GPs to review these.

The first Cancer Board took place, the purpose of this meeting is to seek assurance from all sites of the systems and processes in place to ensure delivery of the service in a timely manner.

2. **A&E EMERGENCY STANDARD**

The QEHKL continues to have difficulties with flow and has failed to achieve the 95% standard for the past seven weeks. It is anticipated that the standard for November will not be achieved, performance currently stands at 88.13%. This is extremely disappointing especially after the good performance in the first two quarters of the year. The year to date performance currently stands at 93.71% and whilst this would be an overall failure of the standard it would be a significant improvement on the last 4 years.

At the QEHKL we recognise that the achievement of the 4 hour emergency standard involves the contribution of the whole of the local health care system. A "Breaking the Cycle "event was held during October with our partner agencies and although performance improved slightly this has not been maintained. A deep dive by the Medical Division has identified a number of factors that are contributing to the lack of flow:-

- Higher than average ambulance conveyances.
- Gaps in the GP out of hour's service.
- Increasing numbers of patients with hospital stay of over 10 days.
- Delays in discharge.
- Lack of community capacity.

Over the coming weeks, we will be working on all of these areas to improve our position, external support has been agreed.

3. **AMBULANCE TURNAROUND TARGET**

As previously reported, the QEHKL has shown deterioration in ambulance turnaround times for the fourth month in succession. All delays over the period of 30 minutes incur a penalty fine. This month's value of fines equates to £121,600 compared to £49,400 last month.

The failure to turnaround ambulances within the given time frame is linked to patient flow. A remedial action plan was developed last year to address this issue. Progress was made across the following areas:-

- Recording and validating data
- Creation of a seated area in ED
- Doubling-up in cubicles when appropriate and safe to do so
- Discussion of the ambulance status at each bed meeting
- Improved staff awareness
- Recruitment of senior nurses in the ED

Currently the QEHKL has potential fines of £375,600 YTD till end of October 15 which compares to £382,500 against the same period last year (a marginal variance of £7k). The QEHKL developed a trajectory in February of this year that forecast £464,000 in fines for months 1- 7, we are therefore ahead of our trajectory for the YTD, although the months of September and October were particularly poor in terms of performance. During the period April-Oct 2015 QEHKL had a total of 11,684 ambulance attendances compared with 10,532 for the same period in 2014 (an increase of 1,152 ambulances = 11%, which equates to approximately 165 ambulances per month).

Further actions to be taken:-

- Redesign of the AEC pathway
- Revision of the MAU
- Improved use of escalation beds