Agenda Item 9a

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Jon Wade Chief Operating Officer	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:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Responsive, safe, caring				

Meeting Date: 29th December 2018

Report Title: Performance Exception – updated trajectory

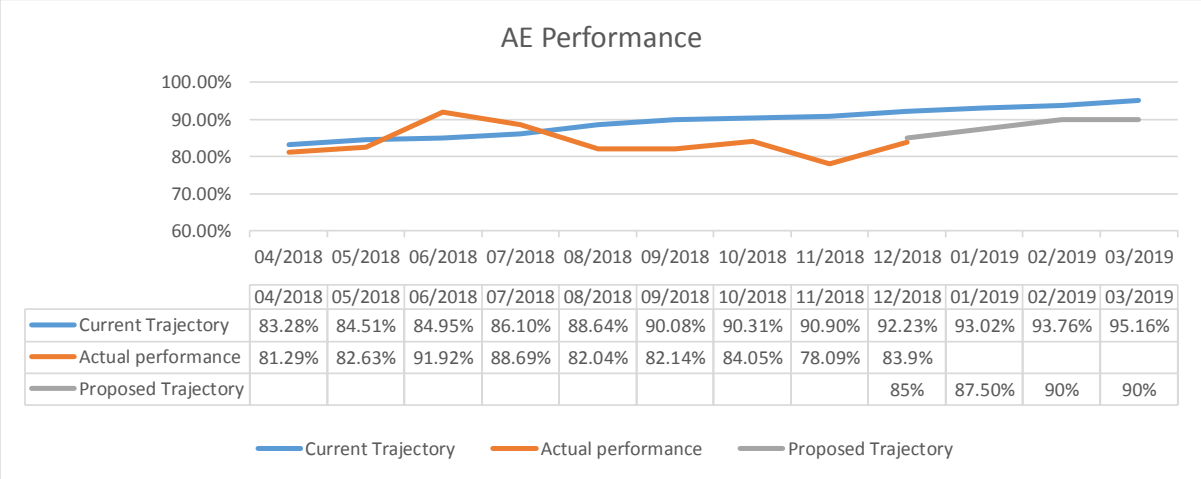
PURPOSE:					
In response to action number 47 of the November Public Board meeting – the Chief Operating Officer was asked to review the currently agreed trajectories for the key performance targets.					
SUMMARY:					
3 out of 4 key targets require an amendment to the agreed trajectories to reflect the latest operational position					
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 approve the updated trajectories.					

Background

During the November Board meeting the Chief Operating Officer was asked to provide a view on the realism of some of the performance trajectories outlined in the integrated performance report. Should the refreshed view below be accepted by Board, future IPRs will be updated to reflect these targets.

A&E trajectory

The Trust has always planned to be at 95% by the end of the financial year. While this remains the ambition, it is becoming increasingly unlikely to be achieved. This is a combination of winter pressures running into April 2019 and above forecasted demand (+13% in November). An updated trajectory is outlined below. The reason for an expected increase in performance (MTD 10th December = 83.9%) is the changes and initiatives outlined in the winter plan amendments presented to this Board.

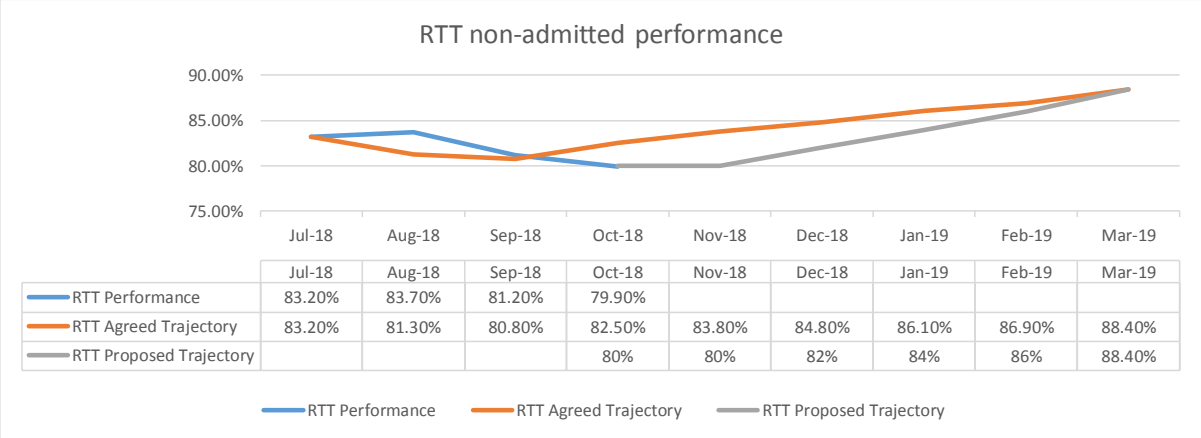


	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	01/2019	02/2019	03/2019
Current Trajectory	83.28%	84.51%	84.95%	86.10%	88.64%	90.08%	90.31%	90.90%	92.23%	93.02%	93.76%	95.16%
Actual performance	81.29%	82.63%	91.92%	88.69%	82.04%	82.14%	84.05%	78.09%	83.9%			
Proposed Trajectory									85%	87.50%	90%	90%

It should be noted that AE Type 1 performance of 90% would place the Trust in the upper quartile of performance for Type 1 A&E departments.

18 Week trajectory

The Trust has fallen behind in its expected RTT position due to the Board decision to suspend significant parts of the elective programme to support nurse staffing levels. Modelling does show that the same final position can be reached provided the Trust operates a 23 hour stay unit (proposed in the winter plan update) and take up to independent sector providers matches the initial take up rate. Therefore an amended trajectory on this basis is suggested below.



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Performance	83.20%	83.70%	81.20%	79.90%					
RTT Agreed Trajectory	83.20%	81.30%	80.80%	82.50%	83.80%	84.80%	86.10%	86.90%	88.40%
RTT Proposed Trajectory				80%	80%	82%	84%	86%	88.40%

Cancer 62 day trajectory

While cancer 62 day performance continues to improve and a significant decrease in the >62 day backlog, there is likely to be 2-3 months of <85% performance while the backlog continues to fall to a sustainable level of 15-20. The proposed trajectory is detailed below.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual	80.00%	79.66%	81.02%	72.80%	84.28%	89.73%	81.45%	80.42%	80.31%	85.94%	82.35%				
Trajectory												75.00%	65.93%	66.67%	85.37%

Diagnostic waits < 6 weeks

The operational teams are expecting to maintain performance (<1% of patients waiting 6 weeks or more) sustainably.