Agenda Item No.3

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

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

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				

Meeting Date: 25th September 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 5, August 2018** (noting that cancer is reported 1 month in arrears – July 2018).

SUMMARY:

The Trust has seen significant intense pressures in AE and a high acuity across the hospital during August which heavily impacted on flow. The Trust achieved 82.04%.

The Trust again achieved the diagnostic 6 weeks target and so is not detailed in this report.

The Board is reminded that the Trust is under scrutiny with our regulators regarding our 4 hour target. 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 regular calls with NHSE on A&E performance.

Performance for August (and July Cancer) 2018

Performance delivery during August was challenging with the Trust failing to deliver on three core targets:-

- 18 week RTT 83.7%
- A & E four hour standard 88.69%
- Cancer 62 day 81.3%

1. 18 Week Referral To Treatment

The Trust achieved 83.7% in July against a national target of 92% and a recovery trajectory of 85%.

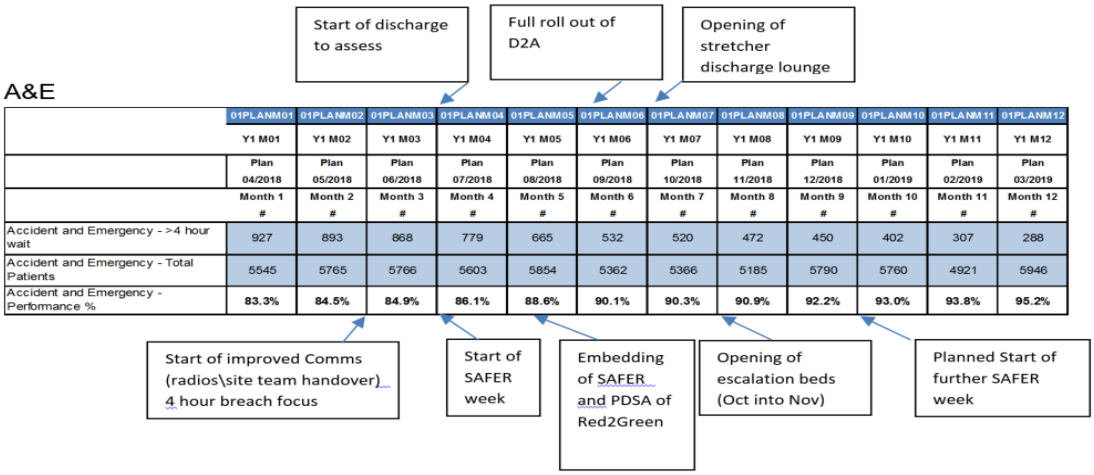
The improvement in performance has continued in August but is below the recovery trajectory. This was driven by the cancellation of some elective patients in the last week of toward the end of July and into August. This was required to maintain emergency flow in the face of significant pressures on the hospital.

The Trust has jointly developed a West Norfolk system RTT recovery with West Norfolk CCG.
The primary outcome of this plan is to ensure that the 2018/19 planning guidance (that less patients are on the waiting list at the end of the year than the start of the year) is met. This plan has a revised recovery trajectory and forecasts a lower performance (88%) in March 2019 than is currently being aimed for. The Trust will still drive to met the 92% in March 2019, but there will be no contractual sanctions from commissioners provided the planning guidance referenced above is met.

2. A&E 4 hour wait

The Trust performance of waiting time within A&E, dropped to 82.04% in August. The Trust experienced significant pressures for the month resulting in a lower achievement than expected. The Trust attendances have increased 6.3% (an additional 357 attendances) from August 2017 to August 2018). This has had a significant impact on the department and the wider hospital. The increased attendances have resulting admissions have impacted on flow and the ability of the department to treatment patients when flow is restricted. The performance was below the recovery trajectory of 88.64% for the first time this year.

The trajectory below also overlays the actions that have been taken or planned for future months.



A&E

	01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12
	Y1 M01	Y1 M02	Y1 M03	Y1 M04	Y1 M05	Y1 M06	Y1 M07	Y1 M08	Y1 M09	Y1 M10	Y1 M11	Y1 M12
	Plan 04/2018	Plan 05/2018	Plan 06/2018	Plan 07/2018	Plan 08/2018	Plan 09/2018	Plan 10/2018	Plan 11/2018	Plan 12/2018	Plan 01/2019	Plan 02/2019	Plan 03/2019
	Month 1 #	Month 2 #	Month 3 #	Month 4 #	Month 5 #	Month 6 #	Month 7 #	Month 8 #	Month 9 #	Month 10 #	Month 11 #	Month 12 #
Accident and Emergency - >4 hour wait	927	893	868	779	665	532	520	472	450	402	307	288
Accident and Emergency - Total Patients	5545	5765	5766	5603	5854	5362	5366	5185	5790	5760	4921	5946
Accident and Emergency - Performance %	**83.3%**	**84.5%**	**84.9%**	**86.1%**	**88.6%**	**90.1%**	**90.3%**	**90.9%**	**92.2%**	**93.0%**	**93.8%**	**95.2%**

The pressures experienced in August have continued into September.

2. Cancer

The Trust failed to meet the 62 day standard with performance of 81.3% against the 85% target.

The Trust has also engaged (at no cost) the NHS Improvement Cancer support team to validate and test the process being implemented by the team. This will give the executive and non-executive teams assurance around the work being carried out. This will be completed at the

end of September 2018.

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 Trust's operational performance for August and July 2018