

## Whittington Health Trust Board

5 March 2014

<b>Title:</b>	Trust Board Performance Report March 2014 (January data)		
<b>Agenda item:</b>		<b>Paper</b>	
<b>Action requested:</b>	For discussion and information		
<b>Executive Summary:</b>	<p>The Trust Board Performance Report is designed to assure the Board that performance is on track within the organisation and, where performance is under agreed levels, what the service/division/organisation is undertaking to rectify.</p> <p>Key headlines</p> <p>As improvements are being implemented deterioration in performance will be seen following the introduction of new practices. This is due to clearing backlog or longer response times. Areas such as complaints, Did Not Attend (DNAs) and first to follow-up ratios will be included in this.</p> <p>We are still having ongoing issues with our ability to report some indicators because of the current functionality limitations of EPR (Electronic Patient Record). We are working closely with our system provider to rectify this. This issue has effected Referral to Treatment (RTT) reporting, Emergency Department clinical quality indicators, delayed transfers of care data, 30 day emergency readmissions information and activity data (slides 17-20, 23, 32-33 and 63).</p> <ul style="list-style-type: none"> <li>• Diagnostic waits (slide 21) performance continues to achieve the threshold, for the fourth consecutive month.</li> <li>• Reduction in the number of cancelled operations (slide 22).</li> <li>• Emergency department waits was over 95% for the fourth consecutive month (slide 23).</li> <li>• Achieving five out of six national cancer targets for November (slides 24 to 29).</li> <li>• Delivered 100% compliance since September 2013, for Genito-Urinary Medicine.</li> <li>• Breastfeeding and smoking has met the target (slide 44).</li> <li>• Patient Satisfaction (Friends &amp; Family) coverage across both ED and inpatients is improving (slide 50).</li> <li>• The number of complaints has increased for January, however percentage responded to within 25 days has</li> </ul>		

	worsened (slide 56).  Detailed action plans for the following three board indicators are included for discussion - theatre utilisation, DNAs and complaints.								
<b>Summary of recommendations:</b>									
<b>Fit with WH strategy:</b>		All five strategic aims							
<b>Reference to related / other documents:</b>									
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>									
<b>Date paper completed:</b>		21/02/2014							
<b>Author name and title:</b>		Caroline Angel, Head of Performance			<b>Director name and title:</b>		Sally Batley, Director of Improvement, Performance & Information		
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>			<b>Quality Impact Assessment complete?</b>			<b>Financial Impact Assessment complete?</b>	

