

## Executive Summary: At a Glance Performance Assessment October 2012



**N.B. The current assessment of risk against key metrics will differ in some instances as the main colour is the dominant achievement. This is due to the summary incorporating a broad assessment of risk.**

**Executive Summary for October 2012**

The Executive Summary focuses on exception reporting. Where appropriate the individual schedules have comment boxes to provide additional information, analysis and details of remedial action where necessary.

**CHKS:-** see exception report on Page 3

**Key Performance Indicators:-** provides performance data for October and trend analysis over the previous 5 months together with a forecast for the end of the year outturn. The Trust continues to experience difficulties meeting the 18 week Referral to Treatment targets in certain specialties. The Trust continues to outsource to the local independent sector whilst also running evening and weekend clinics and theatre lists in the challenged specialties. Continued bed pressures and higher patient numbers than planned at Watford continue to result in an increase in late cancelled operations and a failure to turn all ambulances around within fifteen minutes.

**A and E:-** the Service continues to be under significant pressure with the Trust missing the 95% target for the third month in a row but the year to date figure is 95.1%

**Patient Experience:-** there were 8 cases of C-Diff infection during the month which brings the Trust total to 30 against a ceiling of 33 for the year. A detailed action plan has been drawn up following discussions with both the HPA and NHS Hertfordshire .

**Nursing Quality Indicator Scorecard:-** there is a continued focus on falls. There have been no avoidable Grade 4 pressure ulcers reported since April and only 3 Grade 3s for October, the lowest monthly figure for the last six months.

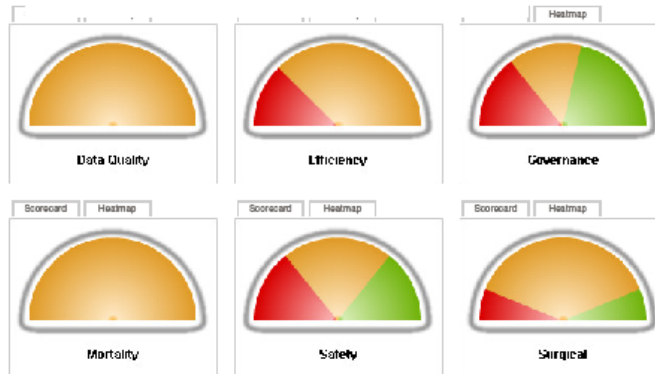
**Contracting:-** The Trust continues to over-perform on its contracted levels for NHS Hertfordshire. The dip in income reported in September was recovered in October as forecast due to an incorrect phasing between the two months. The increase in non-elective flows has been partially recognised by NHS Hertfordshire who have increased the threshold above which the Trust is only paid at 30% of tariff. The position against negotiated contract values is £7.3m (5.6%) over performance.

**CQUIN:-** The Trust can earn £5.4m of additional funding should it meet specific CQUIN targets to an agreed trajectory. The PCT has confirmed that the Trust has achieved its expected CQUIN for the first quarter. Holistic assessment for cancer and palliative care patients has been provided for Quarters 1 and 2. Many of the CQUINs are quarterly and the PCT will confirm the position for Quarter 2 in the next few weeks. The percentage of pre-term babies fed on mother's milk fluctuates because the numbers are comparatively small.

Paul Jenkins  
Director for Partnerships  
November 2012

► WHHT Dashboard

Trust overview



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**Comments:**

The Report covers the year from November 2011 to October 2012

**Efficiency:-** delayed discharges continue to be higher than the local target of 3.5%. A joint Trust/PCT/HCT review is in progress to test that each organisation is identifying delayed discharges in the same way and to determine if the current process can be improved. The co-location of the discharge teams will take place in December.

**Governance:-** Root Cause Analyses are done for all VTEs and DVTs that occur within the Trust and the findings are discussed at the monthly Thrombolytic Advisory Group. Re-admissions are being reviewed with the PCT on an ongoing basis.

**Surgical:-** The incidence of accidental laceration/puncture continues to remain higher than the peer group as does that of death pwithin 30 days of hip fracture.

**CHKS Dashboard Detail of areas with a Red Traffic Light**

<b>Report: WHHT Dashboard &gt; Efficiency</b> Hierarchy: Trust overview Site time period: <b>Nov 2011 to Oct 2012</b>		
Description	Change	Rating
Average Length of Stay (Spell)	Current period is 2% worse than previous period.	Amber
Delayed discharges (index)	Current period is 21% worse than previous period.	Amber
Outpatient DNA Rate	Current period is 5% worse than previous period.	Amber
Outpatient New to Follow-up Ratio	Current period is 2% better than previous period.	Red
<b>Report: WHHT Dashboard &gt; Governance</b> Hierarchy: Trust overview Site time period: <b>Nov 2011 to Oct 2012</b>		
Description	Change	Rating
% Emergency admissions via A&E with a los of 0-2 days	Current period is 7% worse than previous period.	Red
Discharge to usual place of residence within 56 days of emergency admission from there with a stroke	Current period is 12% better than previous period.	Amber
Elective IP - procedure not carried out - other than patient reason	Current period is 27% better than previous period.	Amber
Post operative pulmonary embolism or deep vein thrombosis	Current period is 11% worse than previous period.	Green
Readmission rate for Gynaecology	Current period is 22% worse than previous period.	Red
Retained instrument post operation	No change between current and previous period.	Green
Risk Adjusted Length of Stay Index 2012	Current period is 4% worse than previous period.	Green
<b>Report: WHHT Dashboard &gt; Safety</b> Hierarchy: Trust overview Site time period: <b>Nov 2011 to Oct 2012</b>		
Description	Change	Rating
% of patients with a fractured neck of femur that went to theatre within 24hours for repair of the fractured femur	Current period is 26% better than previous period.	Green
Complication Rate Attributed	Not applicable due to no data in the previous period.	Amber
Complication Rate Treated	Not applicable due to no data in the previous period.	Amber
Decubitus ulcer	Current period is 25% better than previous period.	Amber
Emergency readmissions within 28 days of discharge following hip fracture	Current period is 4% worse than previous period.	Red
Potential in hospital falls	Current period is 14% better than previous period.	Green
Rate of caesarean section deliveries	Current period is 0% better than previous period.	Red
<b>Report: WHHT Dashboard &gt; Surgical</b> Hierarchy: Trust overview Site time period: <b>Nov 2011 to Oct 2012</b>		
Description	Change	Rating
% of patients with a fractured neck of femur that went to theatre within 24hours for repair of the fractured femur	Current period is 26% better than previous period.	Green
Accidental puncture or laceration	Current period is 13% worse than previous period.	Amber
Complication Rate Attributed	Not applicable due to no data in the previous period.	Amber
Deaths in hospital within 30 days of emergency admission for hip fracture	Current period is 25% worse than previous period.	Red
Misadventure rate	Not applicable due to no data in the previous period.	Amber
Post operative wound infection	Current period is 9% better than previous period.	Amber
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 28% better than previous period.	Amber
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 8% worse than previous period.	Amber

Key Performance Indicators

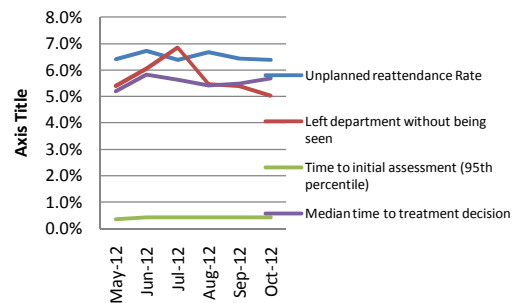
	TARGET	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD	Movement from last period	Forecast outcome	Comments
<b>Cancer</b>											
31 Day maximum wait for 2nd or subsequent treatment	>=96%	100%	100%	100%	100%	100%	100%	100%	↔	100%	
62 Day max wait between 2WW referral and 1st treatment	>=85%	90%	87%	91%	91%	94%	94%	91%	↕	90%	
62 day maximum wait from referral from screening to 1st treatment	>=90%	100%	100%	90%	100%	100%	94%	97%	↕	95%	
62 day wait from referral from consultant upgrade to 1st treatment	>=85%	100%	100%	100%	100%	100%	100%	100%	↔	100%	
14 day max wait from 2WW referral to 1st appointment	>=93%	98%	98%	97%	97%	99%	96%	97%	↕	96%	
14 day max wait from urgent referral with breast symptoms to 1st appointment	>=93%	93%	96%	85%	94%	98%	93%	93%	↕	93%	Patient choice continues to create problems in meeting this target.
Cancer - 31 day maximum wait from decision to treat to 1st treatment (all cancers)	>=96%	100%	98%	97%	99%	100%	100%	99%	↔	97%	
<b>Referral to Treatment Time (RTT)</b>											
Maximum time of 18 wks from point of referral in aggregate by specialty (non admitted)	>=95%	98.4%	98.2%	98.2%	98.3%	97.7%	97.8%	98%	↕	98%	
Maximum time of 18 wks from point of referral in aggregate by specialty (admitted)	>=90%	92.8%	92.6%	93.0%	91.2%	89.1%	88.6%	91%	↕	92%	
Admitted 95th Percentile	<=23weeks	20.07	19.97	19.67	21.30	22.11	23.40	21.33	↕	20	
Pathway incomplete - 95th Percentile	<=28weeks	15.27	16.54	16.56	16.37	18.12	16.76	16.52	↕	16	
Non-admitted 95th Percentile	<=18.3weeks	14.56	15.14	14.59	14.50	15.08	15.08	14.72	↔	15	
Admitted (adj) Median	<=23weeks	9.81	10.38	10.42	10.72	11.47	11.56	10.45	↕	9	
Non-admitted Median	<=28weeks	3.78	3.71	3.91	5.79	5.38	5.38	4.61	↔	4	
Incomplete Median	<=18.3weeks	4.67	5.70	5.57	5.62	6.46	5.47	5.53	↕	5	
<b>Cancelled Operations</b>											
Breaches of 28 day readmission guarantee as a percentage of cancelled operations	<=5%	0%	6%	10%	6%	4%	9%	7%	↕	8%	Non-elective pressures at WGH continue to impact adversely
VTE Assessment of admissions	100%	99%	98%	98%	98%	95%	91%	97%	↕	98%	VTE performance is assessed by the Coding Department and they are a bit behind due to sickness
Single sex accommodation breaches	Nil	0%	0%	0%	0%	0%	0%	0%	↔	0%	
<b>Readmissions</b>											
Following Elective Stay	no specific target agreed	57	73	86	79	75	101	535	↕		The PCT are currently reviewing the results of the joint audit of readmissions recently undertaken
Following Emergency Stay	Approx 173	294	292	303	333	295	331	2119	↕		As above
<b>Mortality</b>											
HSMR (Dr Fosters) Qtr update	<100	103			106		104		↕	<100	The Trust uses the CHKS metric below
SHMI (CHKS)	Trust Peer	63	84	70	58	75	72	70	↕	75	
		66	67	63	75	71	69	68			
<b>National Targets</b>											
Patients receiving NOF surgery within 48 hours of admission	100%	92%	94%	94%	86%	91%	93%	91%	↕	96%	
STEMI Patients receiving angioplasty within 90 minutes (Door to balloon)	100%	100%	100%	100%	100%	100%	100%	100%	↔	100%	
STEMI patients seen by specialist	100%	4	6	1			1	100%		100%	Data 1 month in arrears
<b>Local Targets</b>											
Delayed Transfer of care - maintain at a minimum level	<=3.5%	5%	4%	4%	4%	5%	5%	5%	↔	4%	A whole Economy working group is trying to improve performance against this metric
Stroke Care - Patients that have spent >90% of their stay in hospital in a dedicated stroke unit	>=80%	86%	89%	87%	83%	82%	82%	83%	↔	85%	Bed pressures caused a reduction in this KPI
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Inpatient)	>=95%	32%	29%	33%	30%	29%	28%	30%	↕	70%	Data is being provided at ward level to show where this target is not being met and asking Divisional managers to take forward
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Daycases)	>=95%	34%	38%	37%	20%	22%	26%	29%	↕	70%	As above
Smoking in pregnancy (% Known to Smoke)	No Target	8%	11%	11%	10%	7%	5%	9%	↕	11%	
Breast feeding	No Target	77%	80%	75%	80%	79%	80%	76%	↕	75%	
Ambulance Turnround in <15 Minute	85%	48%	43%	44%	37%	36%	35%	41%	↕	60%	Joint working with the Ambulance service to improve turnround is on-going.

TARGET	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12		YTD	Movement from last period	Forecast outcome
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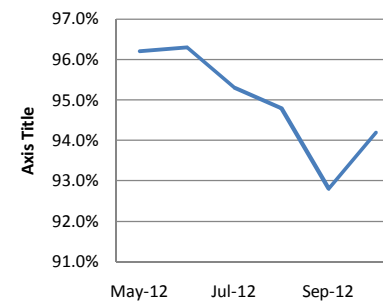
Accident and Emergency

Maintain 4hr maximum wait	>=95%	96.2%	96.3%	95.3%	94.8%	92.8%	94.2%		95.1%	↑	95%
Unplanned reattendance Rate	<=5%	6.4%	6.7%	6.4%	6.7%	6.4%	6.4%		5.7%	↔	6%
Left department without being seen	<=5%	5.4%	6.0%	6.9%	5.5%	5.4%	5.0%			↓	5%
Time to initial assessment (95th percentile)	<=15mins	00:05	00:06	00:06	00:06	00:06	00:06		05:30	→	00:05
Median time to treatment decision	<=60mins	01:15	01:24	01:21	01:18	01:19	01:22		01:18	↓	01:00

A&E Clinical Quality Indicators



% <4hr breaches WGH A&E



**Comments:**

The activity through A and E continues to increase being 6.5% above Plan at the end of October having been 5% above at the end of July. The continued increase has caused the Trust to slip below the 95% 4 hour turnround target for the last three months to 93.9%. The numbers leaving without treatment continues to fall.

**Patient Experience**

Infection Control	TARGET	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD	Movement from last period	Forecast outcome
Clostridium Difficile	33	2	4	7	4	4	8	30	↑	33
MRSA Bacteraemia	2	0	0	0	0	1	0	1	↔	2
MRSA Screening										
Elective	100%	98.7%	98.5%	98.9%	98.9%	98.6%	98.7%	98.70%	↕	98.5%
Emergency	100%	92.8%	93.6%	94.6%	94.6%	94.7%	93.6%	94.00%	↓	94%

**% of complaints responded to in-month within agreed deadline**

TARGET	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
80%	68%	56%	63%	55%			61%

**Safety Thermometer**

HA Pressure Ulcers	PU Grade 1	8	4	9	4	2	1	20
	PU Grade 2	16	18	13	13	12	10	66
	Avoidable PU Grade 3	4	4	4	4	7	3	22
	Avoidable PU Grade 4	0	0	0	0	0	0	0
Falls (over 65 per 100 bed days)		0.45	0.4	0.44	3.59	3.65	1.27	1.63

**Comments:**

C-Diff:- the incidence in October was disappointing and the Trust is now very close to its ceiling, after which financial penalties can be levied by our commissioners. Complaints:- the response time continues to be significantly longer than required. The problems continues to be a lack of comprehensive and timely responses from the Divisions. Complaints data is available two months in arrears.

Pressure Ulcers:- nursing staff continue to be educated to distinguish between tissue damage caused by moisture and as a result of pressure on the skin. The number of Grade 3 pressure ulcers deemed avoidable is the lowest so far this year.

Friends and Family score:- this continues to improve and the Trust should have no difficulty in maintaining a score of more than 60% of respondents being happy to recommend the Trust at their discharge so enabling the Trust to receive 100% of the CQUIN funding available.

Stroke Admissions:- the requirement to admit Stroke patients to a dedicated ward within 4 hours has proved a struggle over the last few months due to the pressure of emergency activity.

**Friends and Family Score**

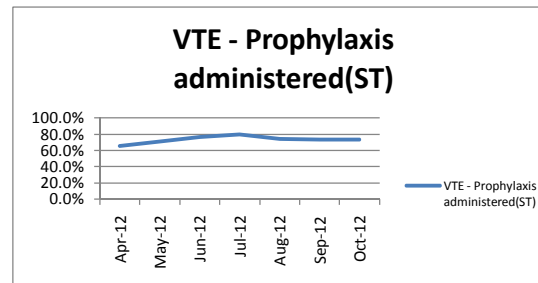
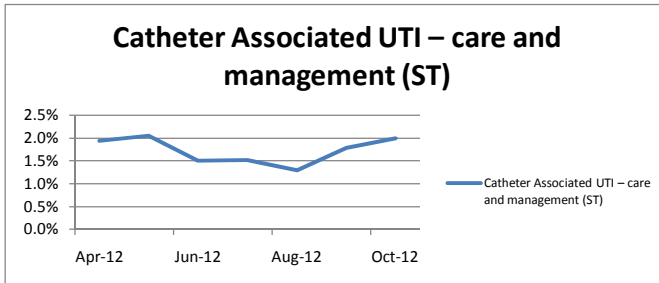
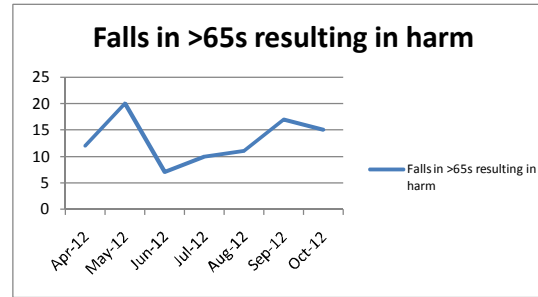
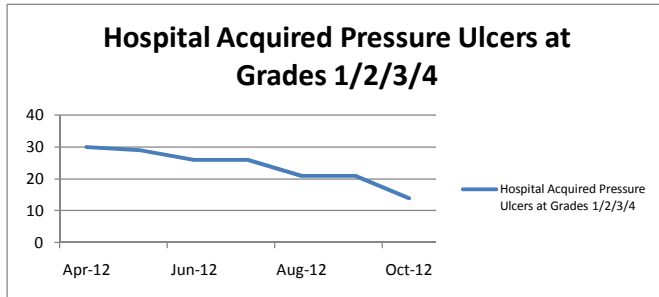
END DATE	Week1	Week2	Week3	Week4	Week5
W/c 30/09/2012 to W/e 27/10/2012					
3.1 Total number of inpatients in period (number of defined DISCHARGES within the period)	1062	1063	1213	1121	
3.2 Total number of responses in period (number of NPS responses from cohort in 3.1)	285	333	350	371	
3.3 Number of promoters	226	254	265	297	
4.0 Net Promoter Score					
4.1 Organisation NPS - weekly (automatically populates from data entered at the end of each week)	74	70	73	77	
Month Score	73				
	June Score	July Score	Aug Score	Sept Score	Oct Score
	58	62	67	72	73

	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
Patients Admitted Within 4 Hrs to Stroke Ward	85.7%	88.7%	86.9%	83.5%	82.4%	81.62%	84.9%
Serious Incidents	5	7	4	6	13		
Never Events	0	0	0	0	0	0	

### Quality Nursing Indicator Report

	Target	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Hospital Acquired Pressure Ulcers at Grades 1/2/3/4	50% reduction in 1&2 grades. Zero tolerance to grade 3 & 4 Avoidable Pressure Ulcers. 2012	30	29	26	26	21	21	14
Falls in >65s resulting in harm	0	12	20	7	10	11	17	15
Catheter Associated UTI – care and management (ST)	0	2.0%	2.1%	1.5%	1.5%	1.3%	1.8%	2.0%
VTE - Prophylaxis administered(ST)		65.6%	71.0%	76.3%	79.5%	74.5%	73.5%	73.5%

ST = Safety Thermometer



#### Comments:

**Pressure Ulcers:-** The Trust remains committed to support the ambition to eliminate avoidable pressure ulcers by December. The SSKIN bundles for prevention and treatment are in place alongside the patient information leaflet.

**Fall's:-** The new 72 hour Care Record was launched on 1st October incorporating hourly rounding. This should contribute towards reducing the incidence of fall's.

**CAUTI's:-** Ongoing auditing is in place to monitor the number of urinary catheters in ward areas and prompt staff to ensure timely removal.

**VTE Prophylaxis:-** The revised medication charts supports the need to regularly review whether appropriate prophylaxis is prescribed.



Finance Risk Ratings  
Oct-12

	Metric	Weight	5	4	3	2	1	Risk rating	Forecast
								ytd	rating 12/13
Underlying Performance	EBITDA margin %	25%	11	9	5	1	<1	3	3
Achievement of Plan	EBITDA achieved %	10%	100	85	70	50	<50	3	5
Financial Efficiency	Net Return after financing %	20%	>3	2	-0.5	-5	<-5	3	4
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	3
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3
Overall Rating	Overall Rating							3	3
CIP Achievement									

**Comments:**

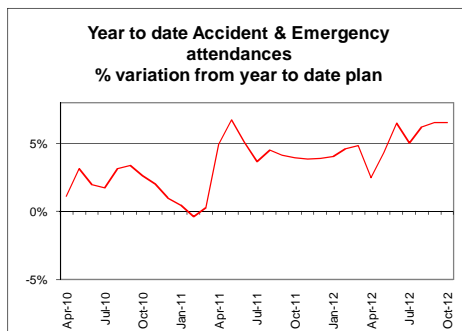
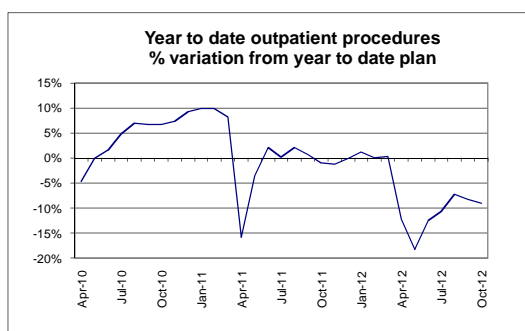
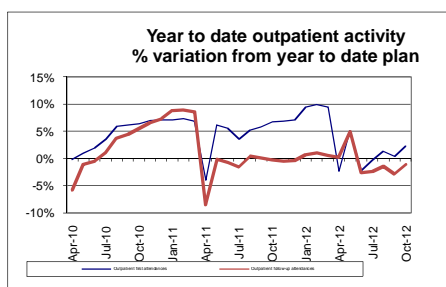
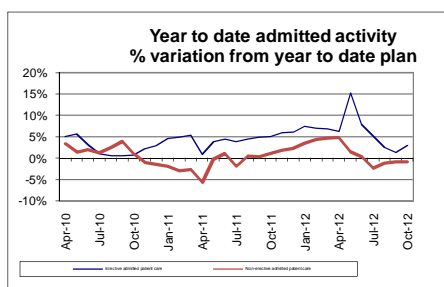
The Trust continues to maintain an overall rating of "3" which is the minimum acceptable to achieve Foundation Trust. The achievement of the CIP target continues to be rated red for both year to date and year end forecast.

Oct-12

**Contractual Risk Rating**

**Activity Performance**

	YTD Plan	YTD Actual	Variance Number	Variance %
Admitted spells - elective	21,940	22,589	649	3.0%
Admitted spells - non-elective	27,811	27,559	-252	-0.9%
A&E Attendances	57,653	61,415	3,762	6.5%
Outpatient procedures	21,164	19,248	-1,916	-9.1%
Outpatient attendances - new	67,739	69,321	1,582	2.3%
Outpatient attendances - follow up	150,347	148,700	-1,647	-1.1%



Patients waiting	At end	At end	Movement	%
	September	October		
IP 11+ weeks	501	558	57	10.2%
Diagnostics 6+ weeks	29	35	6	17.1%
OP 5+ weeks	2364	2170	-194	-8.9%

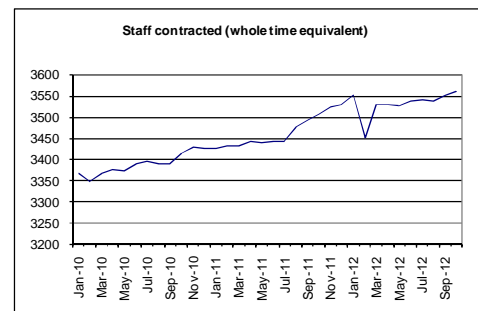
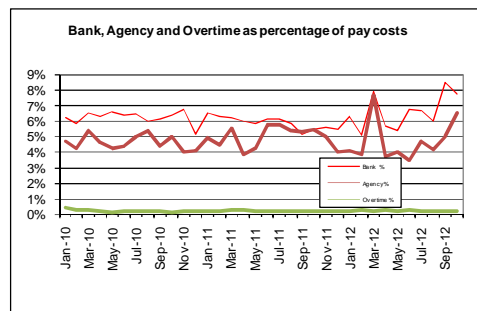
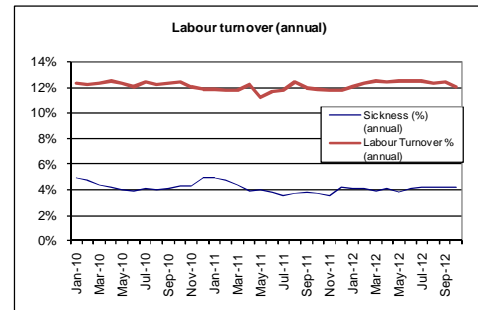
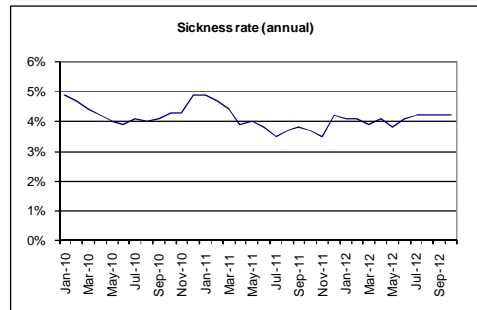
**Comments:**

The Trust is slightly below its internal plan for non-elective admitted spells due to a slight over-estimate of the impact of opening additional beds earlier in the year. Whilst elective spells are above the Trust plan, certain specialties continue to struggle to treat patients within 18 weeks of referral requiring weekend working and outsourcing to the local independent sector to get back on track. The under-performance on outpatient follow up attendances is due to over-commissioning in error by NHS Hertfordshire which they do recognise.

### Valuing People

	April	May	June	July	Aug	Sept	Oct
Workforce	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Contracted	3,528.5	3,525.9	3537.2	3540.2	3,537.0	3,552.4	3,560.6
<b>Total costs</b>	<b>13,833</b>	<b>14,286</b>	<b>14,240</b>	<b>14,441</b>	<b>14,009</b>	<b>14,728</b>	<b>14,935</b>
Overtime % Pay	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%
Bank % Pay	5.7%	5.4%	6.8%	6.7%	6.0%	8.5%	7.8%
Agency % Pay	3.7%	4.0%	3.5%	4.7%	4.2%	5.0%	6.5%
Appraisal Rate	93.0%	91.0%	88.0%	87.0%	84.0%	81.0%	85.0%
Turnover Rate	12.4%	12.5%	12.5%	12.5%	12.3%	12.4%	12.1%
Sickness Rate	4.1%	3.8%	4.1%	4.2%	4.2%	4.2%	4.2%
Vacancy rate (%)	7.0%	7.2%	6.4%	4.2%	7.2%	3.3%	4.7%
Statutory Training	73.0%	73.0%	73.0%	73.0%	73.00%	76.0%	76.0%
Mandatory Training	73.0%	73.0%	73.0%	75.0%	75.0%	74.0%	74.0%

	Target	Data Quality
		H
		H
		H
		H
	<3%	H
	100%	M
	<12%	H
	<3.5%	H
	5%	M
		M
	80%	M



#### Comments:

Appraisal rate has improved at 85% and sickness has remained at 4.2%. Our main concern continues to be the high levels of agency pay and this is a key area of focus currently in the Trust. A project has started to use the e-rostering system more effectively and the approval process for temporary staffing spend has recently changed. However, our main drive has been to address our vacancy rates which with the opening of new beds have risen recently. We are fast tracking recruitment of nurses in particular and are tracking progress to ensure that it reduces our levels of bank and agency use.

Acute CQUINS

Goal no	Description of goal	Indicator Value	Indicator weighting	Trajectory Value	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Expected Value	
1	% of all adult patients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	£242k	5%	Minimum 93% rising to 100% for full payment	99%	99%	98%	98%	98%	95%	91%	98%	
2	Patient Survey	£242k	5%	Survey results of >68% - 30% payment >69% result - 50% payment >70% result - 70% payment >71% result - 100% payment								75%	
3	Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital	£242k	5%	90% Screened etc in 3 consecutive months								75%	
				Dementia case 90% patients screened in any 3 consecutive months									
				Dementia risk 90% screening in the same 3 consecutive months as 3A									
				Dementia 90% screening in the same 3 consecutive months as 3A and 3B									
4	Implementation of national dementia CQUIN for patients aged 60 and over following	£485k	10%	75% screening in any 3 consecutive months of relevant patients aged 60-75								75%	
5	Monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance)	£242k	5%	Three consecutive quarterly submissions of monthly survey data for all relevant patients and settings using NHS Safety Thermometer will trigger full payment of the CQUIN	616	635	599	726	615	616	599		
					5.84	6.3	6.18	4.96	7.8	6.2	5.51		
					3.08	1.26	2	1.52	2.11	0.97	1.34		
					4.55	4.72	4.67	6.06	5.37	4.06	5.34		
					0.49	0.31	0.17	1.65	0.65	0.65	0.17	100%	
6	Implementation of appropriate COPD discharge	£485k	10%	75% by end 2012-13, 95% by end 2013-14	Barnet Community Trust are providing a respiratory discharge nurse from 1st September					Data will be available from Barnet Community Trust at the end of October	Report now provided and discharge processes working well from October	75%	
7	Net Promoter	£485k	10%		50%	46%	58%	62%	67%	72%	73%	100%	
8	Reducing Hospital mortality.	£485k	10%	5% Overall reduction in HSMR with no single point above the upper control limit; and 4 consecutive points each less than the last (a downward trend) or an average HSMR =/ <100.	HSMR process agreed. Two pathways agreed, data collection and action plans to be implemented.								100%
9	To increase understanding of the importance of the caring role of people with a learning disability and improve carers experience of services	£485k	10%		Focus groups with carers held							100%	
10	To improve outcomes for patients following a stroke	£485k	10%	Q1 - agreement of tools and delivery of any staff training (Heart and Stroke network will support) Q2 - completion of training & 25% patients discharged are assessed Q3 - 50% patients discharged are assessed Q4 - 80% of patients discharged are assessed and year end evaluation of tools carried out	Assessment tool agreed. Staff training almost complete.							75%	
11	To improve the care of patients who are on a cancer or palliative care/pathway End of Life	£485k	10%	Both holistic needs assessment targets and (for patients within the last 12 months of life) Advance Care Plan targets must be met to achieve the CQUIN.	48%			90%					
12	Increase the healthy lifestyle brief intervention advice given to patients by NHS staff	£485k	10%	Q1 - 25% for confirming the board & implementation leads, achieving staff training & submitting agreed implementation plan Quarters 2,3,4 - 25% each for giving brief intervention advice to 50% of patients and referring relevant patients to levels above.	Board and implementation leads agreed. Implementation plan submitted and agreed. Staff training commenced.			Numbers compared to footfall are low				75%	

Specialist Commissioning re NICU

Goal no	Description of goal	Indicator Value	Indicator weighting	Trajectory Value	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Expected Value
5	Implement routine use of specialised services clinical dashboards	£12k	20%	The Specialist Commissioners are unlikely to have drafts available before Q4								100%
7	Increase the percentage of preterm babies fed on mother's milk at discharge	£24k	50%	Last year average 59.75%	75%	81%	60%	63%	100%	0% (3 patients only)	33%	100%