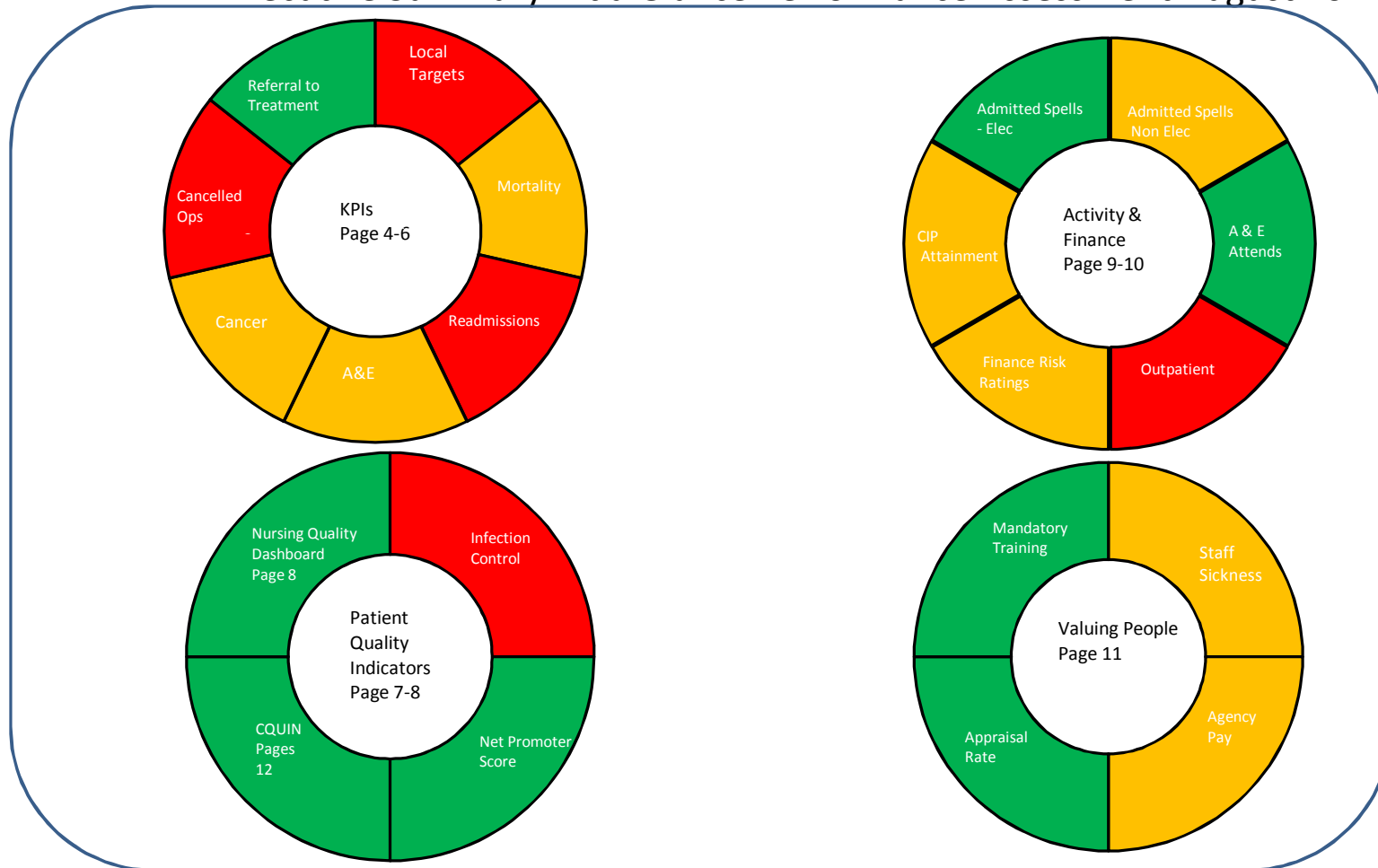


Executive Summary: At a Glance Performance Assessment August 2012



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

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

Key Performance Indicators:- provides performance data for August and trend analysis over the previous 5 months together with a forecast for the end of the year outturn. Continued bed pressures and higher patient numbers than planned at Watford continue to result in an increase in cancelled operations. A final decision is awaited from the PCT concerning the % of re-admissions that will not be funded. The Contract has a level of 12.5% supported by the audit of 2 weeks in January and July but this is a significantly lower rate than that identified by surrounding Trusts. Due to the continued activity pressures in A and E ambulance turnrounds in less than 15 minutes remain a problem but the Trust is working closely with East of England Ambulance Trust to improve the situation. However, it should be noted that all patients are assessed for their clinical priority on arrival.

A and E:- the Service continues to be under significant pressure with the Trust just missing the 95% target for the first time this year.

Nursing Quality Indicator Scorecard:- there is a continued focus on falls. There have been no avoidable Grade 4 pressure ulcers reported since April.

Contracting:- The Trust has admitted 179 more patients than were planned in the five months to August. This in turn has generated both significantly increased revenue but also attendant costs. The increase in elective patients is partially due to the need to ensure that all specialties are treated within 18 weeks as per the national standard. Whilst at the end of March the Trust had met this target overall, it had not achieved it for every specialty. As a result additional theatre lists have been run and patients outsourced and treated by our clinicians in the local private sector. The Trust has treated 215 fewer non-elective patients than its internal plan but 1,480 more than NHS Hertfordshire commissioned. This has created significant bed pressures for the Trust and high levels of emergency workload continues. The Trust makes a large loss on emergency over performance because it is paid at a marginal tariff of 30%. Work continues across the Health Economy to understand changes in patient flows and the overall growth in non-elective activity. The overall position is contract income of £5.5m (5.8%) over signed Contract values.

CQUIN:- The Trust can earn 2.5% additional funding should it meet specific CQUIN targets to an agreed trajectory. In 2011-12, the Trust achieved 90% overall and is expecting to perform as well in 2012-13. The CQUINs for Patient Survey, Dementia screening and COPD are longer term targets based on final year end positions. Of the remainder the Trust has achieved its expected CQUIN income.

Jan Filochowski
Chief Executive
September 2012

► WHHT Dashboard

Trust overview



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Comments:

Data Quality:- due to continuing levels of sickness within the Coding team the turnaround of diagnostic and procedure coding has not been as good as in previous years. However, as at 17th September only 100 spells out of a total of 43,516 to the end of August had not been coded.

Efficiency:- delayed discharges continue to be higher than the national 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 outpatient follow up rate is deemed to be high but within this activity is Pre-Operative Assessment clinics that distort the position. Overall the Trust does not believe its rate to be excessive.

Safety:- the Trust caesarean rate has increased and is higher than its peer group. Our clinicians attribute this to a more complex case mix than for our peer group because we have specialists in foetal medicine.

Surgical:- The incidence of accidental laceration/puncture and of complications has increased and remains higher than the peer group

CHKS Dashboard Detail of areas with a Red Traffic Light

Report: WHHT Dashboard > Data Quality
 Hierarchy: Trust overview
 Site time period: Mar 2012 to Aug 2012

Description	Change	Rating
% HRG U Groups (HRGv4)	Current period is over 200% worse than previous period.	Amber
% Uncoded FCEs	Current period is over 200% worse than previous period.	Red

Report: WHHT Dashboard > Efficiency
 Hierarchy: Trust overview
 Site time period: Mar 2012 to Aug 2012

Description	Change	Rating
Average Length of Stay (Spell)	Current period is 1% worse than previous period.	Amber
Delayed discharges (index)	Current period is 15% worse than previous period.	Green
Outpatient DNA Rate	Current period is 7% worse than previous period.	Amber
Outpatient New to Follow-up Ratio	Current period is 2% better than previous period.	Red

Report: WHHT Dashboard > Governance
 Hierarchy: Trust overview
 Site time period: Mar 2012 to Aug 2012

Description	Change	Rating
% Emergency admissions via A&E with a los of 0-2 days	Current period is 6% 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 13% better than previous period.	Amber
Elective IP - procedure not carried out - other than patient reason	Current period is 4% better than previous period.	Amber
Post operative pulmonary embolism or deep vein thrombosis	Current period is 12% better than previous period.	Amber
Readmission rate for Gynaecology	Current period is 3% worse than previous period.	Amber
Readmissions 30 Days	Current period is 6% worse than previous period.	Amber
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

Report: WHHT Dashboard > Safety
 Hierarchy: Trust overview
 Site time period: Mar 2012 to Aug 2012

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 11% better than previous period.	Green
Complication Rate Attributed	Current period is 18% better than previous period.	Red
Complication Rate Treated	Current period is 3% better than previous period.	Amber
Decubitus ulcer	Current period is 29% better than previous period.	Amber
Emergency readmissions within 28 days of discharge following hip fracture	Current period is 15% better than previous period.	Amber
Potential in hospital falls	Current period is 13% better than previous period.	Amber
Rate of caesarean section deliveries	Current period is 1% worse than previous period.	Red
Readmissions 30 Days	Current period is 6% worse than previous period.	Amber

Report: WHHT Dashboard > Surgical
 Hierarchy: Trust overview
 Site time period: Mar 2012 to Aug 2012

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 11% better than previous period.	Green
Accidental puncture or laceration	Current period is 1% better than previous period.	Red
Complication Rate Attributed	Current period is 18% better than previous period.	Red
Deaths in hospital within 30 days of emergency admission for hip fracture	Current period is 20% better than previous period.	Amber
Misadventure rate	Current period is 8% better than previous period.	Amber
Post operative wound infection	Current period is 2% worse than previous period.	Amber
Rates of deaths in hospital within 30 days of Elective surgery	Current period is over 200% worse than previous period.	Amber
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 24% worse than previous period.	Amber

Key Performance Indicators

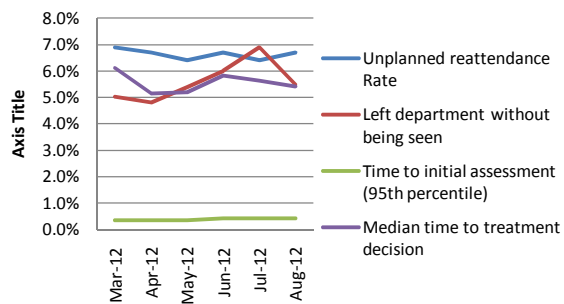
	TARGET	Mar-12	Apl-12	May-12	Jun-12	Jul-12	Aug-12	YTD	Movement from last period	Forecast outcome	Comments
Cancer											
31 Day maximum wait for 2nd or subsequent treatment	>=96%	100%	100%	100%	100%	100%	100%	100%	↔	100%	
62 Day max wait between 2WW referral and 1st treatment	>=85%	88%	90%	87%	91%	91%	90%	90%	↔	90%	
62 day maximum wait from referral from screening to 1st treatment	>=90%	100%	100%	100%	90%	100%	100%	98%	↔	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%	98%	97%	97%	99%	98%	↔	96%	
14 day max wait from urgent referral with breast symptoms to 1st appointment	>=93%	90%	93%	96%	85%	94%	98%	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%	99%	100%	98%	97%	99%	100%	99%	↑	97%	
Referral to Treatment Time (RTT)											
Maximum time of 18 wks from point of referral in aggregate by specialty (non admitted)	>=95%	98.7%	97.9%	98.4%	98.2%	98.2%	98.3%	98%	↔	98%	
Maximum time of 18 wks from point of referral in aggregate by specialty (admitted)	>=90%	91.3%	90.9%	92.8%	92.6%	93.0%	91.2%	91%	↔	92%	
Admitted 95th Percentile	<=23weeks		21.49	20.07	19.97	19.67	21.30		↔	20	
Pathway incomplete - 95th Percentile	<=28weeks	16.40	14.96	15.27	16.54	16.56	16.37		↔	16	
Non-admitted 95th Percentile	<=18.3weeks	14.20	14.20	14.56	15.14	14.59	14.50		↔	15	
Admitted (adj) Median	<=23weeks	10.10	9.20	9.81	10.38	10.42	10.72	10.05	↔	9	
Non-admitted Median	<=28weeks	2.85	3.23	3.78	3.71	3.91	5.79	4.37	↔	4	
Incomplete Median	<=18.3weeks	5.14	5.16	4.67	5.70	5.57	5.62	5.36	↔	5	
Cancelled Operations											
Breaches of 28 day readmission guarantee as a percentage of cancelled operations	<=5%	14%	13%	0%	6%	10%	6%	7%	↓	8%	Non-elective pressures at WGH continue to impact adversely although the additional beds in August have improved the position
VTE Assessment of admissions	100%	98%	98%	97%	98%	97%	97%	97%	↔	98%	Short-stay admissions occasionally missec
Single sex accommodation breaches	Nil	0%	0%	0%	0%	0%	0%	0%	↔	0%	
Readmissions											
Following Elective Stay	no specific target agreed		64	57	73	86	77	357	↓		The PCT are currently reviewing the results of the joint audit of readmissions recently undertaken
Following Emergency Stay	Approx 173		271	294	292	304	356	1517	↑		As above
Mortality											
		11/12 Q1		11/12 Q2		11/12 Q3					
HSMR (Dr Fosters) Qtr update	<100	101	103			106			↑	<100	The data is now very out of date and an update is awaited. The Trust uses the CHKS metric below.
SHMI (CHKS)	Trust Peer	72 71	75 69	63 66	84 67	70 63	58 75	70 68	↓	75	
National Targets											
Patients receiving NOF surgery within 48 hours of admission	100%	94%	91%	92%	94%	94%	87%	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%	6	2	4	6	1		100%		100%	Data 1 month in arrears
Local Targets											
Delayed Transfer of care - maintain at a minimum level	<=3.5%	5%	5%	5%	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%	90%	85%	86%	94%	83%	68%	83%	↓	85%	Bed pressures caused a reduction in this KPI
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Inpatient)	>=95%	33%	28%	32%	29%	33%	30%	30%	↓	70%	There is a project group in place to determine how to improve this poor performance. Pilot phase started w/c 9th July but as yet there is no major improvement, although emergency pressures have not helped.
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Daycases)	>=95%	41%	41%	34%	38%	37%	20%	34%	↓	70%	As above
Smoking in pregnancy (% Known to Smoke)	No Target	10%	10%	8%	11%	11%	10%	10%	↓	11%	
Breast feeding	No Target	74%	76%	76%	80%	75%	79%	77%	↑	75%	
Ambulance Turnround in <15 Minute	85%		42%	48%	43%	44%	38%	43%	↓	60%	Joint working with the Ambulance service to improve turnround is on-going.

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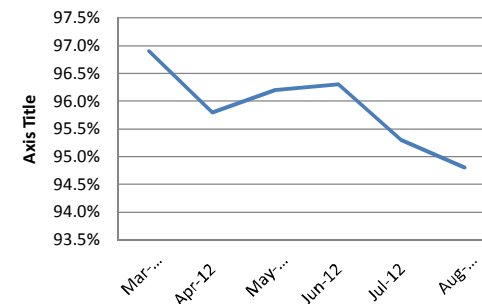
Accident and Emergency

Maintain 4hr maximum wait	>=95%	96.9%	95.8%	96.2%	96.3%	95.3%	94.8%		95.7%	↓	95%
Unplanned reattendance Rate	<=5%	6.9%	6.7%	6.4%	6.7%	6.4%	6.7%		6.6%	↕	6%
Left department without being seen	<=5%	5.0%	4.8%	5.4%	6.0%	6.9%	5.5%		5.8%	↓	5%
Time to initial assessment (95th percentile)	<=15mins	00:05	00:05	00:05	00:06	00:06	00:06		05:30	→	00:05
Median time to treatment decision	<=60mins	01:28	01:14	01:15	01:24	01:21	01:18		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 5% above Plan at the end of July but now 6.0% above plan at the end of August. The increase in August caused the Trust to just slip below the 95% 4 hour turnround target but remains above that target for the year. Whilst there has been a reduction in the numbers leaving without treatment, those returning have increased.

Patient Experience

Infection Control	TARGET	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD	Movement from last period	Forecast outcome
Clostridium Difficile	33	3	1	2	4	7	4	18	↓	33
MRSA Bacteraemia	2	0	0	0	0	0	0	0	→	2
MRSA Screening										
Elective	100%	98.4%	98.4%	98.6%	98.7%	98.5%	98.9%	98.60%	↑	98.5%
Emergency	100%	92.7%	93.1%	94.1%	92.8%	93.6%	94.6%	93.60%	↑	94%

% of complaints responded to in-month within agreed deadline

TARGET	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
80%	59%	54%	68%	56%	63%		60%

Safety Thermometer

HA Pressure Ulcers	PU Grade 1	1	5	8	4	9	4	30
	PU Grade 2	24	23	16	18	13	13	83
Avoidable	PU Grade 3	2	0	4	4	4	4	16
Avoidable	PU Grade 4	0	0	0	0	0	0	0
Falls (over 65 per 100 bed days)		0.25	1	0.45	0.4	0.44	3.59	1.18

Comments:

C-Diff in August whilst above the trajectory was significantly better than in July. However, there remains a real risk that the annual maximum number of 33 could be exceeded and trigger a significant financial penalty from NHS Hertfordshire.

Response time to complaints continues to be significantly longer than required. Lack of comprehensive and timely responses from the Divisions is the problem. Complaints data is available 1 month in arrears.

Nursing staff continue to be educated to distinguish between tissue damage caused by moisture and as a result of pressure on the skin.

The Net Promoter score is now reported weekly and also at ward level. It inevitably fluctuates but the year end target of 60 should be achieved enabling the Trust to receive 100% of the CQUIN funding available.

A drive to ensure that stroke patients go direct to the Stroke Unit and not AAU had significantly improved performance from March but due to activity pressures in July and again in August performance has slipped.

Friends and Family Score

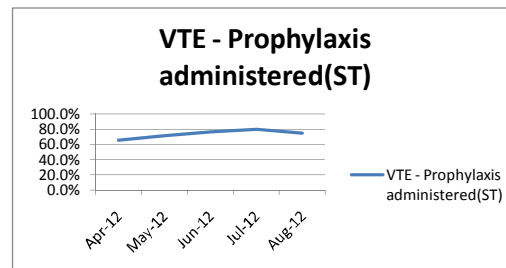
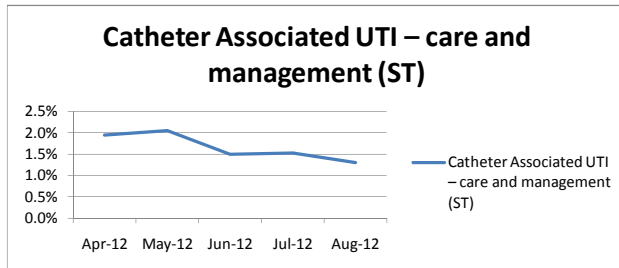
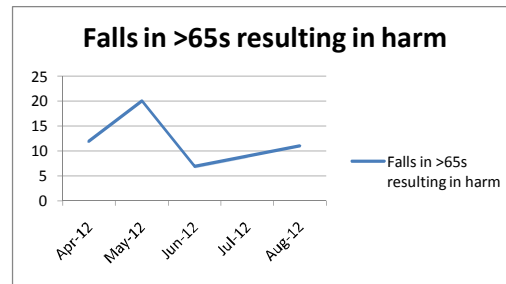
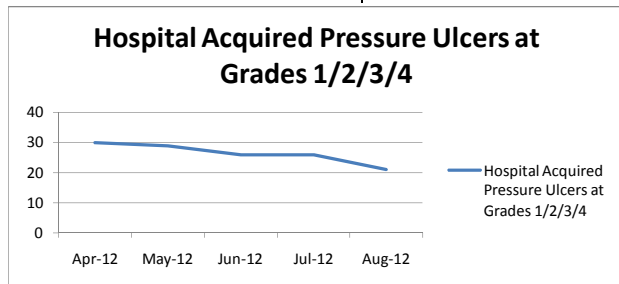
END DATE	Week1	Week2	Week3	Week4	Week5
W/c 29/07/2012 to W/e 25/08/2012					
3.1 Total number of inpatients in period (number of defined DISCHARGES within the period)	1347	1333	1373	1085	
3.2 Total number of responses in period (number of NPS responses from cohort in 3.1)	286	435	356	454	
3.3 Number of promoters	185	334	249	347	
4.0 Net Promoter Score					
4.1 Organisation NPS - weekly (automatically populates from data entered above)	59	72	62	72	
Month Score	67				
	April Score	May Score	June Score	July Score	Aug Score
	50	46	58	62	67

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
Patients Admitted Within 4 Hrs to Stroke Ward	90.3%	85.4%	86.1%	93.6%	82.7%	68.2%	83.20%
Serious Incidents	9	5	5	7	4	6	27
Never Events	0	0	0	0	0	0	0

Quality Nursing Indicator Report

	Target	Apr-12	May-12	Jun-12	Jul-12	Aug-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
Falls in >65s resulting in harm	0	12	20	7	9	11
Catheter Associated UTI – care and management (ST)	0	2.0%	2.1%	1.5%	1.5%	1.3%
VTE - Prophylaxis administered(ST)		65.6%	71.0%	76.3%	79.5%	74.5%

ST = Safety Thermometer



Comments:

Pressure Ulcers:- there have been no Grade 4 avoidable ulcers reported since April. The Tissue Viability team work with ward staff weekly to validate skin damage. The Trust remains committed to eliminating all avoidable Grades 2-4 pressure ulcers by December.

Falls:- hourly ward rounds, flexible sure-grip slippers and remote monitoring have all contributed to keeping down the level of falls.

CAUTI:- the Continence team monitor the level of catheterisation and prompt staff to remove at the earliest opportunity.

VTE Prophylaxis:- the new drug charts will support the need to review whether such prescribing is appropriate.

Finance Risk Ratings
Aug-12

	Metric	Weight	5	4	3	2	1	Risk rating	Forecast
								vtd	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	5	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	3	3
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3
Overall Rating	Overall Rating							3	3
CIP Achievement									

Comments:

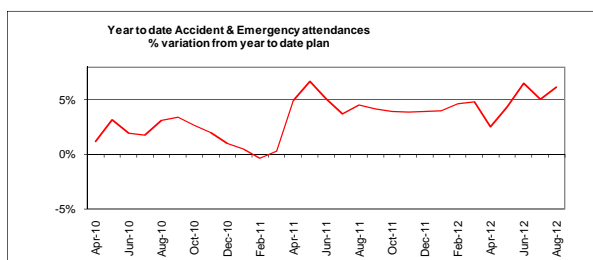
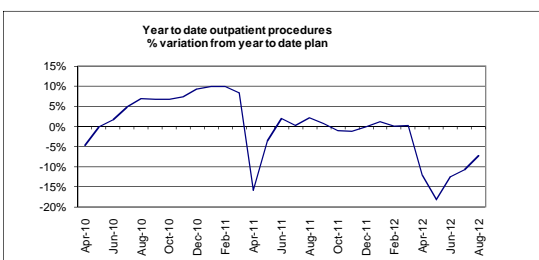
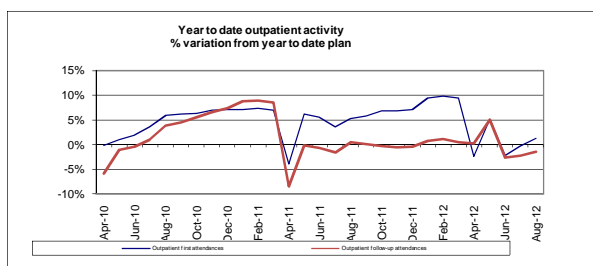
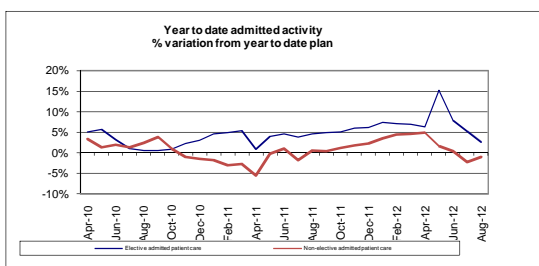
An overall FRR of 3, the minimum requirement to achieve FT status, was achieved in July and sustained in August. EBITDA and I&E surplus margin ratios, the metrics underpinning the FRR performance in Months 1 and 2, have achieved the level required to score a 3 (consistent with M3). CIP performance is considered to be "red" for both year to date and year end forecast. The year to date value for "green" categorised schemes is £6.5m, with a forecast delivery of £10.2m against the target of £11.9m. This is an improvement of £1.6m from last month.

Aug-12

Contractual Risk Rating

Activity Performance

	YTD Plan	YTD Actual	Variance Number	Variance %
Admitted spells - elective	15,574	15,968	394	2.5%
Admitted spells - non-elective	19,685	19,470	-215	-1.1%
A&E Attendances	41,044	43,585	2,541	6.2%
Outpatient procedures	14,312	13,272	-1,040	-7.3%
Outpatient attendances - new	48,410	49,035	625	1.3%
Outpatient attendances - follow up	106,356	104,782	-1,574	-1.5%



	At end July	At end August	Movement	%
IP 11+ weeks	453	512	59	11.5%
Diagnostics 6+ weeks	1	0	-1	
OP 5+ weeks	2063	2531	468	18.5%

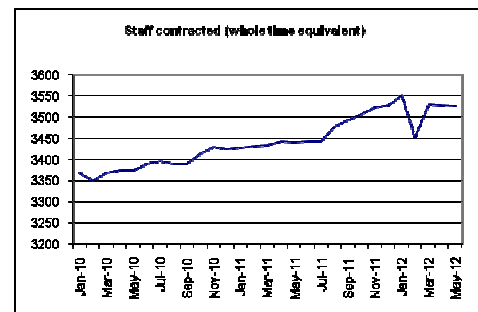
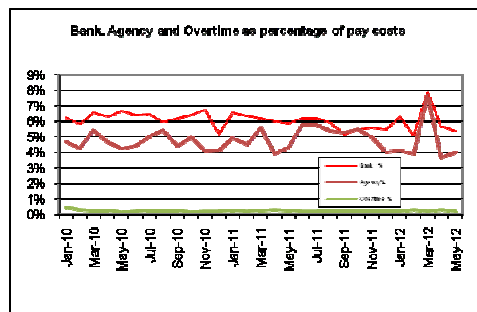
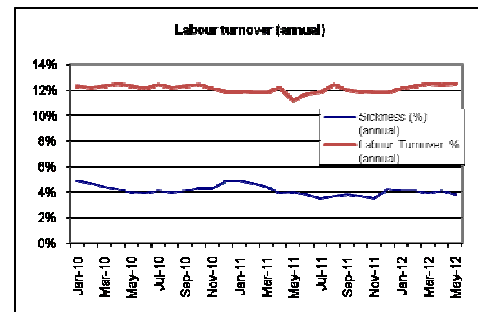
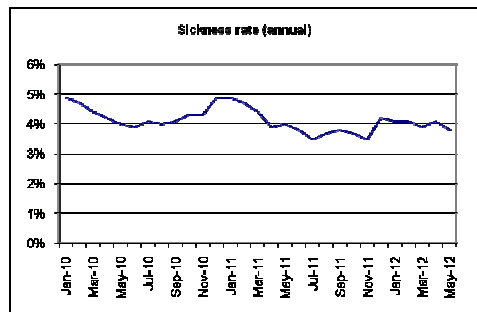
Comments:

The Trust has planned for expected activity above that contracted for by its commissioners. Whilst overall the Trust is under-performing on planned levels for non-elective, it is 1,480 spells above its contracted activity for NHS Hertfordshire. Elective admissions are 2.5% above plan, which when compared with last month reveals that the Trust did not meet planned levels during August. Despite running additional lists the emergency pressures continues to impact adversely on elective admissions to the Watford site and requires some work to be done outside the Trust by our clinicians. In all but elective admissions, the Trust did more work than planned in August. The catch up referred to in previous months in respect of outpatient work has commenced although under-recording in April, May and June will not be recoverable. The shortfall in outpatient follow up attendances is because NHS Hertfordshire over-commissioned General Surgery by some 4,300 attendances despite this being pointed out by the Trust before the SLA was signed.

Valuing People

	Jan	Feb	March	April	May	June	July	Aug	
Workforce	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	
Contracted	3550.9	3541	3,529.80	3,528.50	3,525.90	3537.2	3540.2	3,537.0	
Total costs	13,964	13,766	14,951	13,833	14,286	14,240	14,441	14,009	
Overtime % Pay	0.2%	0.3%	0.2%	0.3%	0.2%	0.3%	0.2%	0.2%	
Bank % Pay	6.3%	5.1%	7.9%	5.7%	5.4%	6.8%	6.7%	6.0%	
Agency % Pay	4.1%	3.9%	7.7%	3.7%	4.0%	3.5%	4.7%	4.2%	
Appraisal Rate	82.0%	90.0%	93.0%	93.0%	91.0%	88.0%	87.0%	84.0%	
Turnover Rate	12.1%	12.3%	12.5%	12.4%	12.5%	12.5%	12.5%	12.3%	
Sickness Rate	4.1%	4.1%	3.9%	4.1%	3.8%	4.1%	4.2%	4.2%	
Vacancy rate (%)	7.3%	4.5%	4.5%	7.0%	7.2%	6.4%	4.2%	7.2%	
Statutory Training	72.0%	74.3%	7460.0%	73.0%	73.0%	73.0%	73.0%	73.0%	
Mandatory Training	68.0%	69.9%	71.4%	73.0%	73.0%	73.0%	75.0%	75.0%	

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



Comments:

The emergency pressures in August together with the opening of additional beds have affected bank and agency costs. Sickness levels have remained the same but remain above the targeted reduction. Although appraisal rates have dropped recently, over the next few months we will be targeting areas of low compliance to ensure the Trust target is met. Statutory and Mandatory training rates remain over 70% and are on target.

Acute CQUINS

Goal no	Description of goal	Indicator Value	Indicator weighting	Trajectory Value	Apr-12	May-12	Jun-12	Jul-12	Aug-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%	97%	97%	98%
2	Patient Survey	£242k	5%	Survey results of >68% - 30% payment >69% result - 50% payment						75%
3	Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting	£242k	5%	90% Screened etc in 3 consecutive months						75%
4	Implementation of national dementia CQUIN for patients aged 60 and over following admission to hospital	£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	
					5.84	6.3	6.18	4.96	7.8	
					3.08	1.26	2	1.52	2.11	
					4.55	4.72	4.67	6.06	5.37	
				0.49	0.31	0.17	1.65	0.65	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					75%
7	Net Promoter	£485k	10%		50%	46%	58%	62%	67%	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.	Work under way to ensure holistic needs assessments are done at appropriate stages in patients pathways. However discussions continue with the PCT as to the validity of this CQUIN to acute care					75%
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.					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	Expected Value
5	Implement routine use of specialised services clinical dashboards	£12k	20%							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%	67%	71%	100%