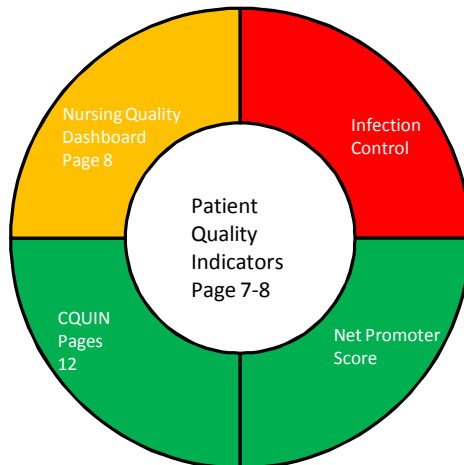
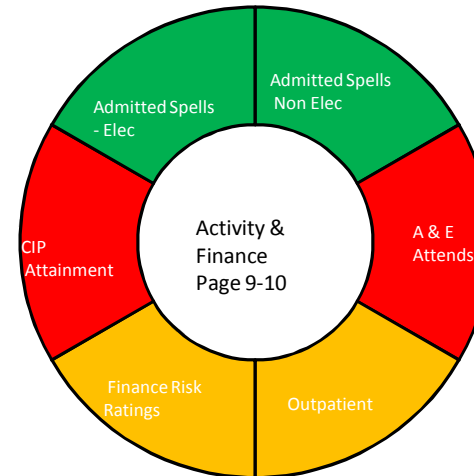
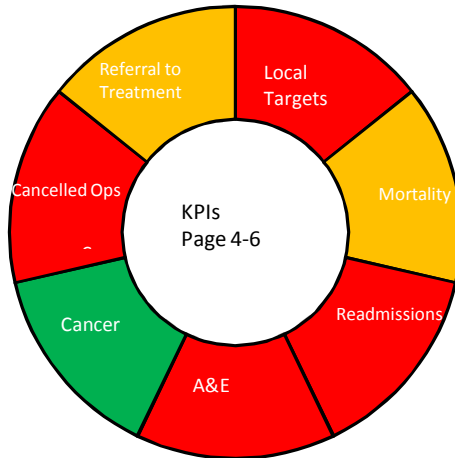


## Executive Summary: At a Glance Performance Assessment YTD December 2012



**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 December 2012

The Executive Summary focuses on exception reporting against the Trust's key performance indicators. 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 December and year to date trend analysis 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 and continues to outsource to the local independent sector whilst also running evening and weekend clinics and theatre lists in the challenged specialties. The Trust has drawn up a Recovery Plan at the request of NHS Hertfordshire and the SHA. Due to bed pressures the Trust reported a further breach of single sex accommodation in December. The number of discharge summaries sent electronically within 24 hours continues to fall short of expectations, often due to ward clerk unavailability to undertake the e-mailing. A bid has been put forward to automate this process. Turning ambulances around within fifteen minutes continues to be an issue due to continuing emergency pressures.

**A and E:-** the Service continues to be under significant pressure with the Trust missing the 95% target for the fourth month in a row and is now fractionally below the 95% for the year to date. A Recovery Plan has been drawn up at the request of NHS Hertfordshire and the SHA.

**Patient Experience:-** the incidence of cases has reduced significantly from November with only three that month and one in December. However, the Trust has now exceeded its maximum allowable number for the year and will incur financial penalties if any more than two more cases are reported.

**Nursing Quality Indicator Scorecard:-** there is a continued focus on falls. The Trust remains committed to eliminating avoidable pressure ulcers from January although there were 22 in the month.

**Contracting:-** The Trust continues to over-perform on its contracted levels for NHS Hertfordshire, reflecting growth in the volume of patients being referred to the Trust.

**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. The target for Dementia Screening is 90% for 3 consecutive months and the Trust has achieved over 90% for the last two months..

Paul Jenkins  
Director for Partnerships  
January 2013

## ► WHHT Dashboard

Trust overview



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### Comments:

**Data Quality:-** due to increased levels of activity combined with sickness issues within the Coding team, a backlog developed which is now being gradually caught up with. However, it should be noted that coding is complete by the freeze data and therefore income is not put at risk.

**Efficiency:-** the level of delayed discharges remains a problem. Despite cover arrangements put in place by Social Services over the Christmas period these did not prove to be sufficient to meet the requirements of the Trust.

**Governance:-** all Pulmonary embolisms are subject to Root Cause Analysis and review by the monthly Thrombolysis Advisory Group.

**Surgical:-** the Trust is working with NHS Hertfordshire to review mortality rates.

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

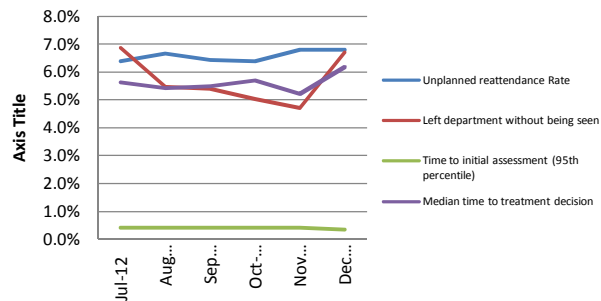
Report: WHHT Dashboard > Data Quality Hierarchy: Trust overview Site time period: Jan 2012 to Dec 2012		
Description	Change	Rating
% HRG U Groups (HRGv4)	Current period is over 200% worse than previous period.	Amber
% Uncoded FCEs	Current period is over 200% worse than previous period.	Red
Report: WHHT Dashboard > Efficiency Hierarchy: Trust overview Site time period: Jan 2012 to Dec 2012		
Description	Change	Rating
Average Length of Stay (Spell)	Current period is 2% worse than previous period.	Amber
Delayed discharges (index)	Current period is 15% worse than previous period.	Amber
Outpatient DNA Rate	Current period is 6% 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: Jan 2012 to Dec 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 4% better than previous period.	Red
Elective IP - procedure not carried out - other than patient reason	Current period is 14% better than previous period.	Amber
Post operative pulmonary embolism or deep vein thrombosis	Current period is 27% worse than previous period.	Amber
Readmission rate for Gynaecology	Current period is 16% 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 2% worse than previous period.	Green
Report: WHHT Dashboard > Mortality Hierarchy: Trust overview Site time period: Jan 2012 to Dec 2012		
Description	Change	Rating
Deaths in low mortality HRG 3.5	Current period is 44% better than previous period.	Amber
Risk adjusted mortality index 2012	Current period is 2% worse than previous period.	Red
Report: WHHT Dashboard > Safety Hierarchy: Trust overview Site time period: Jan 2012 to Dec 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 13% better than previous period.	Amber
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 22% better than previous period.	Amber
Emergency readmissions within 28 days of discharge following hip fracture	Current period is 12% better than previous period.	Amber
Potential in hospital falls	Current period is 22% better than previous period.	Green
Rate of caesarean section deliveries	Current period is 3% better than previous period.	Red
Report: WHHT Dashboard > Surgical Hierarchy: Trust overview Site time period: Jan 2012 to Dec 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 13% better than previous period.	Amber
Accidental puncture or laceration	Current period is 13% better 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 12% 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 1% better than previous period.	Amber
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 110% worse than previous period.	Amber
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 20% worse than previous period.	Red

## Key Performance Indicators

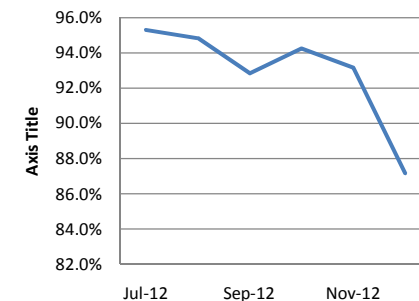
	TARGET	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Movement from last period	Forecast outcome	Comments
<b>Cancer</b>											
31 Day maximum wait for 2nd or subsequent treatment	>=96%	100%	100%	100%	100%	100%	100%	100%		100%	
62 Day max wait between 2WW referral and 1st treatment	>=85%	91%	91%	91%	94%	93%	92%	92%		90%	
62 day maximum wait from referral from screening to 1st treatment	>=90%	90%	100%	100%	94%	96%	100%	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%	97%	97%	99%	96%	97%	95%	97%		96%	
14 day max wait from urgent referral with breast symptoms to 1st appointment	>=93%	85%	94%	98%	93%	98%	95%	94%		93%	
Cancer - 31 day maximum wait from decision to treat to 1st treatment (all cancers)	>=96%	97%	99%	100%	100%	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%	98.2%	98.3%	97.7%	98.3%	97.9%	98.0%	98%		98%	
Maximum time of 18 wks from point of referral in aggregate by specialty (admitted)	>=90%	93.0%	91.2%	89.3%	87.8%	90.2%	92.0%	91%		92%	The Trust continues to fail the target at specialty level for Orthopaedics, ENT, Ophthalmology and Pain. A Recovery Plan has been implemented.
Admitted 95th Percentile	<=23weeks	19.67	21.30	22.11	23.40	21.76	21.22	21.22		20	
Pathway incomplete - 95th Percentile	<=28weeks	16.56	16.37	18.12	16.76	16.62	16.40	16.40		16	
Non-admitted 95th Percentile	<=18.3weeks	14.59	14.50	14.81	15.08	15.09	14.75	14.75		15	
Admitted (adj) Median	<=23weeks	10.42	10.72	11.47	11.56	10.51	10.51	10.51		9	
Non-admitted Median	<=28weeks	3.91	5.79	4.18	5.38	4.46	4.31	4.31		4	
Incomplete Median	<=18.3weeks	5.57	5.62	6.46	5.47	5.58	5.53	5.53		5	
<b>Cancelled Operations</b>											
Breaches of 28 day readmission guarantee as a percentage of cancelled operations	<=5%	10%	6%	4%	7%	5%	9%	7%		8%	Non-elective pressures at WGH continue to impact adversely on the achievement of this KPI
VTE Assessment of admissions	100%	98%	98%	96%	97%	95%	80%	97%		97%	There is a delay in coding where the percentage is determined but there is no reason to believe the figure will be lower than October
Single sex accommodation breaches	Nil	0	0	0	0	0	5				Bed pressures prevented the patient being treated in the correct sex bay.
<b>Readmissions</b>											
Following Elective Stay	no specific target agreed	86	79	75	98	89	74	535			There is still disagreement between the Trust and NHS Hertfordshire on the results of the readmission audits carried out earlier in the year
Following Emergency Stay	Approx 173	303	333	291	319	338	360	2119			As above
<b>Mortality</b>											
HSMR (Dr Fosters) Qtr update	<100	106			104					<100	The Trust uses the CHKS metric below.
SHMI (CHKS)	Trust	70	58	75	72	73	73	70		75	
	Peer	63	75	71	69	69	69	68			
<b>National Targets</b>											
Patients receiving NOF surgery within 48 hours of admission	100%	94%	86%	91%	94%	83%	87%	90%		96%	Overall emergency pressures caused delays for this group of patients
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%	1		1				100%		100%	Data 1 month in arrears
<b>Local Targets</b>											
Delayed Transfer of care - maintain at a minimum level	<=3.5%	4%	4%	5%	5%	4%	5%	5%		4%	A whole Economy group is working to improve performance against this metric. There was a lack of support from ACS over the Christmas period
Stroke Care - Patients that have spent >90% of their stay in hospital in a dedicated stroke unit	>=80%	87%	83%	82%	82%	81%	81%	83%		85%	
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Inpatient)	>=95%	33%	30%	29%	28%	30%	30%	30%		70%	The e-mailing of discharge summaries continues to be slower than expected and this will create a financial risk to the Trust in terms of penalties for non-compliance
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Daycases)	>=95%	37%	20%	22%	26%	39%	36%	29%		70%	As above
Smoking in pregnancy (% Known to Smoke)	No Target	11%	10%	7%	5%	9%	7%	9%		11%	
Breast feeding	No Target	75%	80%	79%	80%	76%	78%	76%		75%	
Ambulance Turnround in <15 Minute	85%	44%	37%	36%	35%	35%	28%	41%		60%	Joint working with the Ambulance service to improve turnround is on-going. But the emergency pressures are making this difficult to improve

	TARGET	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12		YTD	Movement from last period	Forecast outcome
<b>Accident and Emergency</b>											
Maintain 4hr maximum wait	>=95%	95.3%	94.8%	92.8%	94.2%	93.2%	87.2%		94.9%	↓	95%
Unplanned reattendance Rate	<=5%	6.4%	6.7%	6.4%	6.4%	6.8%	6.8%		6.6%	↔	6%
Left department without being seen	<=5%	6.9%	5.5%	5.4%	5.0%	4.7%	6.7%		5.6%	↑	5%
Time to initial assessment (95th percentile)	<=15mins	00:06	00:06	00:06	00:06	00:06	00:05		00:06	↓	00:05
Median time to treatment decision	<=60mins	01:21	01:18	01:19	01:22	01:15	01:29		01:19	↑	01:00

**A&E Clinical Quality Indicators**



**% <4hr breaches WGH A&E**



**Comments:**

The activity through A and E continues to increase being 4.9% above Plan at the end of December but is 6.3% above the same period last year. The continued increase has caused the Trust miss the 95% 4 hour turnaround target for the last five months and now for the year to date. A Recovery Plan has been drawn up and implemented at the request of NHS Hertfordshire and the SHA.

**Patient Experience**

	TARGET	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	Movement from last period	Forecast outcome
<b>Infection Control</b>										
Clostridium Difficile	33	7	4	4	8	3	1	34	↓	34
MRSA Bacteraemia	2	0	0	0	1	0	0	1	↔	2
MRSA Screening										
Elective	100%	98.5%	98.9%	98.9%	98.6%	98.7%	98.7%	98.70%	↔	98.5%
Emergency	100%	93.6%	94.6%	94.6%	94.7%	93.6%	94.8%	94.00%	↑	94%

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

TARGET	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
80%	63%	55%	68%	55%			61%

**Safety Thermometer**

<b>HA Pressure Ulcers</b>	PU Grade 1	9	4	2	1	3	3	13
	PU Grade 2	13	13	12	10	13	13	61
<i>Avoidable</i>	PU Grade 3	4	4	7	3	3	3	20
<i>Avoidable</i>	PU Grade 4	0	0	0	0	0	0	0
<b>All Falls (over 65 per 1000 bed days)</b>		2.27	4.56	3.8	4.39	2.63	3.92	
<b>Falls Resulting in Injury</b>		0.73	0.82	1.26	1	0.37	0.82	

**Net Promoter/Friends and Family Score**

END DATE	Week1	Week2	Week3	Week4	Week5
December					
<b>3.1 Total number of inpatients in period</b> (number of defined DISCHARGES within the period)	1355	1312	1275	1300	993
<b>3.2 Total number of responses in period</b> (number of NPS responses from cohort in 3.1)	325	267	277	278	204
<b>3.3 Number of promoters</b>	244	207	214	201	158
4.0 Net Promoter Score					
<b>4.1 Organisation NPS - weekly</b> (automatically populates from data entered above)	70	75	73	67	75
<b>Month Score</b>	72				
	Aug Score	Sept Score	Oct Score	Nov Score	Dec Score
	67	72	73	72	72

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
<b>Patients Admitted Within 4 Hrs to Stroke Ward</b>	86.9%	83.5%	82.4%	81.62%	81.25%	80.40%	84.9%
<b>Serious Incidents</b>	4	6	13	6	10	1	
<b>Never Events</b>	0	0	0	0	0	0	

**Comments:**

**C-Diff:**- there was 1 in December which put the Trust over its maximum allowance. However, the rate of incidence in the last two months has fallen.

**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:**- The number of Grde 3 pressure ulcers remains higher than the Trust would wish especially as there is a target for no pressure ulcers Grade 2 and above from January.

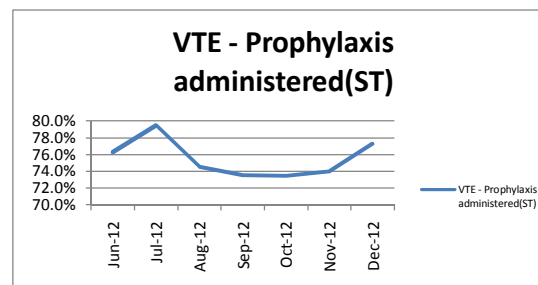
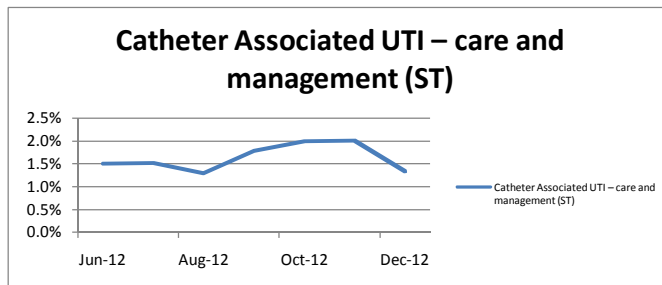
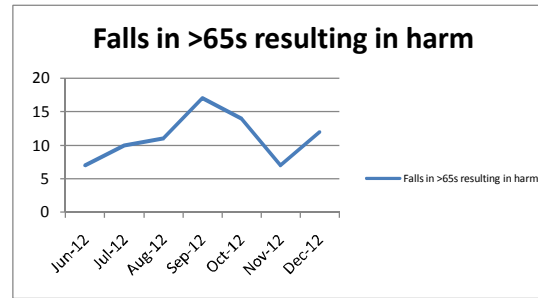
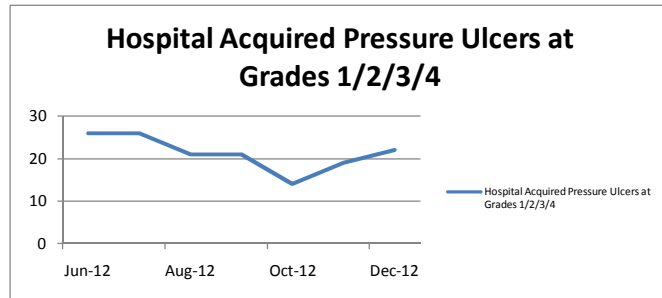
**Friends and Family score:**- this continues to remain steady in the low 70s but is comfortably above the target of 60% that triggers the CQUIN payment.

**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.

### Quality Nursing Indicator Report

	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-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	26	26	21	21	14	19	22
Falls in >65s resulting in harm	0	7	10	11	17	14	7	12
Catheter Associated UTI – care and management (ST)	0	1.5%	1.5%	1.3%	1.8%	2.0%	2.0%	1.3%
VTE - Prophylaxis administered(ST)		76.3%	79.5%	74.5%	73.5%	73.5%	74.0%	77.3%

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  
Dec-12

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

**Comments:**

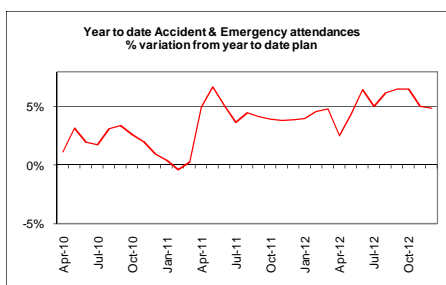
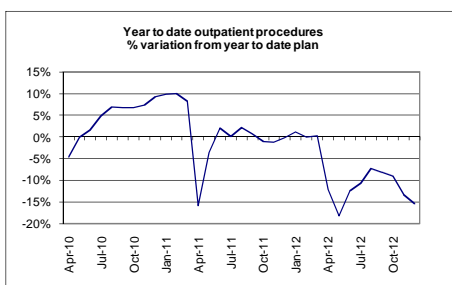
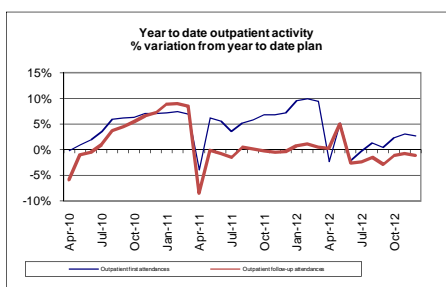
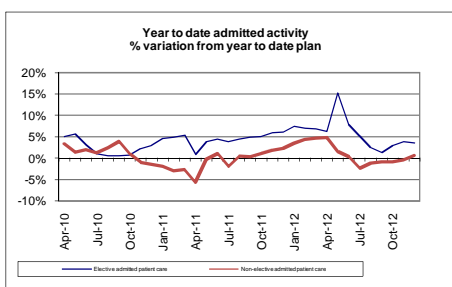
The Trust continues to maintain an overall rating of "3" which is the minimum acceptable to achieve Foundation Trust. The achievement of the CIP target continues to be rated red for both year to date and year end forecast.

Dec-12

## Contractual Risk Rating

### Activity Performance

	YTD Plan	YTD Actual	Variance Number	Variance %
Admitted spells - elective	28,181	29,181	1,000	3.6%
Admitted spells - non-elective	35,633	35,867	234	0.7%
A&E Attendances	74,163	77,802	3,639	4.9%
Outpatient procedures	27,864	23,588	-4,276	-15.3%
Outpatient attendances - new	86,669	88,959	2,290	2.6%
Outpatient attendances - follow up	193,046	190,821	-2,225	-1.2%



#### Patients waiting

IP 11+ weeks  
Diagnostics 6+ weeks  
OP 5+ weeks

	At end November	At end December	Movement	%
IP 11+ weeks	437	525	88	16.8%
Diagnostics 6+ weeks	32	34	2	5.9%
OP 5+ weeks	2122	2868	746	26.0%

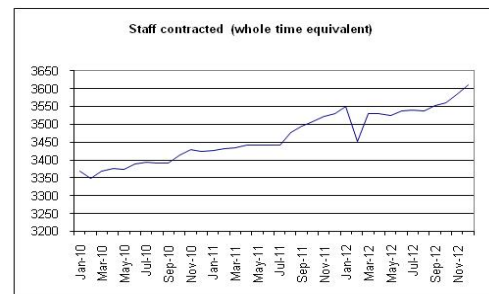
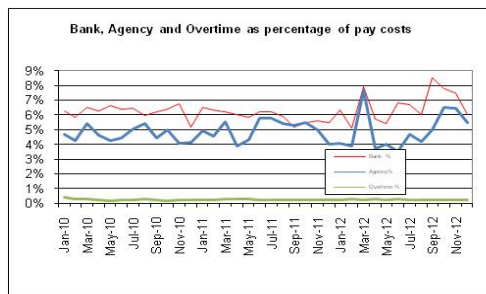
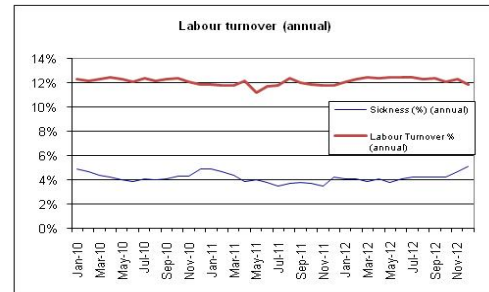
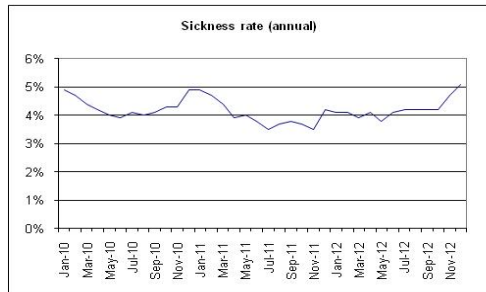
#### Comments:

The Trust had higher than expected non-elective admissions in December and has now exceeded its internal plan for the first time this 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	Nov	Dec
Workforce	WTE	WTE	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	3,586.2	3,610.0
<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>	<b>14,820</b>	<b>14,465</b>
Overtime % Pay	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Bank % Pay	5.7%	5.4%	6.8%	6.7%	6.0%	8.5%	7.8%	7.5%	6.0%
Agency % Pay	3.7%	4.0%	3.5%	4.7%	4.2%	5.0%	6.5%	6.4%	5.5%
Appraisal Rate	93.0%	91.0%	88.0%	87.0%	84.0%	81.0%	85.0%	84.0%	85.0%
Turnover Rate	12.4%	12.5%	12.5%	12.5%	12.3%	12.4%	12.1%	12.3%	11.9%
Sickness Rate	4.1%	3.8%	4.1%	4.2%	4.2%	4.2%	4.2%	4.7%	5.1%
Vacancy rate (%)	7.0%	7.2%	6.4%	4.2%	7.2%	3.3%	4.7%	4.9%	5.8%
Statutory Training	73.0%	73.0%	73.0%	73.0%	73.00%	76.0%	73.0%	73.4%	73.4%
Mandatory Training	73.0%	73.0%	73.0%	75.0%	75.0%	74.0%	75.0%	74.0%	74.0%

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



### Comments:

Appraisal rate has improved at 85% but sickness has risen to 5.1% which is the highest it has been in the last 9 months. We are in discussions with a company that provides an initial point of contact when staff phone in sick, an approach that has proved quite successful in London. Our main concern continues to be the high levels of agency pay although this has reduced in December. Given 70% of bookings arise from vacancy levels we have focussed on reducing our vacancy rates which have risen recently because of opening new beds. We are fast tracking the recruitment of nurses in particular and are tracking progress to ensure that it reduces our levels of bank and agency use. Our approval process for temporary staffing spend has recently changed and a project has started to use the e-rostering system more effectively. As a result we now have a weekly monitoring meeting with Matrons and Heads of Service who are challenged and held to account retrospectively and prospectively for their roster management and subsequent bank and agency usage.

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	Nov-12	Dec-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%	96%	97%	95%	80%	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 setting	£242k	5%	90% Screened etc in 3 consecutive months							97%	97%		75%
		Dementia case finding		90% patients screened in any 3 consecutive months										
		Dementia risk assessment		90% screening in the same 3 consecutive months as 3A							91%	91%		
		Dementia referral		90% screening in the same 3 consecutive months as 3A and 3B							100%	100%		
4	Implementation of national dementia CQUIN for patients aged 60 and over following admission to	£485k	10%	75% screening in any 3 consecutive months of relevant patients aged 60-75							98%	99%		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 5.84 3.08 4.55 0.49	635 6.3 1.26 4.72 0.31	599 6.18 2 4.67 0.17	726 4.96 1.52 6.06 1.65	615 7.8 2.11 5.37 0.65	616 6.2 0.97 4.06 0.65	599 5.51 1.34 5.34 0.17	593 5.73 1.18 6.07 0.67	598 6.52 4.18 5.52 0.67	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					Barnet Community Trust are providing a respiratory discharge nurse from 1st September				75%
7	Net Promoter	£485k	10%		50%	46%	58%	62%	67%	72%	73%	71%	72%	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.			HSMR process agreed. Two pathways agreed, data collection and action plans to be implemented.			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%		48%		90%			98%				
				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		83%							
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	Nov-12	Dec-12	
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%	56%	75%	40%	33%	60%	28%	100%