

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)



KEY	
In month	Colours
Below target	→
At risk	→
On Target	→
No Target	→
	Direction
Improving	↑
No change	→
Worsening	↓

Trust Board Performance Report includes data for January 2013, unless stated otherwise

"Q" denotes information only available quarterly

WORKFORCE AND MANDATORY TRAINING

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Workforce	Vacancy Rates	<12%	14.2%	11.7%	12.6%	11.7%	12.6%	11.1%	11.1%	11.3%	11.7%	11.6%	12.0%
	Sickness Absence	<3%	2.8%	3.2%	3.1%	3.1%	2.8%	3.1%	3.5%	3.3%	3.2%	3.0%	3.1%
	Long Term Sick Leave	<1%	1.1%	1.3%	1.4%	1.3%	1.2%	1.2%	1.5%	1.3%	1.2%	1.2%	1.3%
	Turnover	<13% [2]	10.1%	8.9%	11.2%	11.1%	11.0%	10.8%	10.9%	11.0%	10.8%	10.9%	10.7%
	Staff in post	-	3662	3644	3606	3642	3607	3655	3651	3637	3640	3647	3639
	Stability Level	>80%	80.3%	83.8%	82.9%	83.4%	83.7%	83.6%	83.2%	86.9%	83.1%	87.1%	83.8%
	Appraisals recorded on ESR	90%	-	-	20%	20%	19%	20%	26%	29%	34%	45%	45%
	Number of case of bullying & harassment (cumulative)	0	1	1	1	1	1	3	3	4	4	5	5
	% of qualified to unqualified staff (nurses)	70:30	77/23	76/24	76/24	77/23	79/21	79/21	80/20	80/20	80/20	79/21	79/21
	Mandatory Training Compliance	90% by Dec	69%	69%	67%	68%	69%	70%	74%	79%	84%	84%	84%
	No. of staff activated on ESR	95%	6	638	652	665	680	687	698	711	724	731	731

[1] Bank & Agency spend has been removed - see Section 6 on Expenditure Performance of the Trust Board Finance report for figures and appropriate context of overall spend against budget

[2] Agreed change from <10% to <13% at January Trust Board

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

NATIONAL INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
ED Targets	Patients in A&E under 4 hours	95%	94.7%	93.8%	95.4%	95.2%	97.1%	94.0%	95.6%	95.3%	94.7%	94.5%	95.0%
18 Weeks RTT	Referral to Treatment - Admitted	90%	93.1%	92.8%	91.7%	92.5%	90.0%	90.3%	90.2%	90.3%	91.4%		
	Referral to Treatment - Non Admitted	95%	98.8%	98.8%	98.9%	99.0%	99.1%	98.4%	98.4%	98.7%	97.8%		
	Referral to Treatment - Incomplete	92%	91.7%	96.2%	92.2%	95.4%	95.2%	92.8%	92.7%	93.5%	92.1%		
	Diagnostic Waiting Times	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.8%	93.8%	99.3%
Cancer Access	14 days GP referrals - 1st Outpatients - [1]	93%	91.7%	93.6%	92.9%	92.6%	93.3%	92.2%	92.4%	92.7%	90.1%	-	92.4%
	14 days GP referrals - Breast symptoms - [1]	93%	95.6%	97.7%	90.7%	86.2%	94.3%	87.8%	87.1%	85.8%	87.2%	-	89.8%
	31 days to First Treatment - [1]	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%
	31 days to Second or Subsequent Treatment (surgery) - [1]	94%	[2]					[2]	100.0%	100.0%	100.0%	-	100.0%
	31 days to Second or Subsequent Treatment (drugs) - [1]	98%						100.0%	100.0%	100.0%	100.0%	-	100.0%
	62 days Referral to Treatment - [1]	85%	90.9%	78.4%	70.0%	85.3%	100.0%	90.0%	77.8%	93.9%	87.0%	-	85.5%
Fractured Neck of Femur	62 days Wait First Treatment from Cancer Screening - [1]	90%	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	-	100.0%
	Fractured Neck of Femur operated within <36 hours	85%	93.8%	100.0%	87.5%	100.0%	100.0%	87.5%	100.0%	91.7%	76.5%	85.7%	90.4%
	Fractured Neck of Femur operated within <48 hours	85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	88.2%	92.9%	96.5%
Cancelled Operations	Cancelled Operations as percentage of elective admissions	<0.8%	1.2%	0.2%	0.2%	0.2%	0.3%	0.7%	0.7%	1.0%	0.2%	0.4%	0.4%
	Cancelled Operations not rescheduled within 28 days	0	0	0	0	0	0	0	1	0	0	0	1
Single Sex Accom.	Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0
Transfer of Care	% of Inpatients with Delayed Transfer of Care	<3.5%	2.3%	1.2%	1.7%	2.0%	1.7%	3.5%	1.5%	2.1%	2.2%	3.7%	2.2%
Diagnostics	Cervical Cytology turnaround times within 14 days	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	[3]	100.0%
Maternity	% of women seen by HCP or midwife within 12 weeks and 6 days	90%	88.3%	88.9%	87.9%	90.5%	89.7%	96.6%	88.2%	90.1%	90.6%	86.6%	89.4%
	1:1 care in established labour	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%
	Breast Feeding at Birth	90%	90.0%	92.0%	91.6%	90.0%	91.0%	92.0%	92.9%	92.0%	92.9%	90.0%	92.0%
	Smoking during pregnancy at time of delivery	<17%	6.0%	8.0%	4.7%	6.0%	8.0%	8.0%	7.0%	6.0%	7.0%	8.0%	7.0%

[1] Finalised cancer access data is available 1 month in arrears of the current 7th working day reporting schedule Data available on the 25th working day following month end.

[2] Data available from Sept only. No cases for second/subsequent treatment (Surgery) in month.

[3] Cytology turnaround <14 days data is available 1 month in arrears of the current 7th working day reporting schedule Data available on the 14th working day following month end.

[4] No Amber RAG rating for National Targets

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

QUALITY INDICATORS - INTEGRATED CARE ORGANISATION

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Incident Reporting	Number of Serious Incidents	n/a	17	11	16	16	8	12	17	5	8	9	119
	Timeliness of external SI Report submission	Green							[1]				
	Incident Reporting Rates per 1000 beddays / contacts - [2]	[2]	3.2	3.2	3.5	3.6	3.0	3.5	3.3	4.2	3.9	3.7	3.5
	Number of Falls - [2]	[2]	35	20	25	26	23	27	26	33	30	39	284
	Number of Falls Causing Severe Harm - [2]	[2]	0	0	0	1	0	0	0	0	1	0	2
	Never Events	0	0	2	0	0	0	0	1	0	0	0	3
Clinical Effectiveness	Safety Alerts Compliance	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient Experience	Complaints Received	n/a	50	62	37	59	49	39	46	37	24	43	446
	Complaints Responded to within specified timeframe	80%	82.0%	66.1%	86.5%	62.7%	65.3%	64.1%	26.1%	40.5%	33.3%	[3]	60.1%

QUALITY INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Infection Prevention & Control	MRSA Bacteraemia Cases	1 (year)	1	0	0	0	0	0	0	0	0	1	2
	C.DIFF Cases	21 (year)	1	1	0	1	2	1	1	2	2	0	11
	E Coli Cases - [2]	[2]	1	1	1	1	1	1	2	1	2	1	12
	MSSA Bacteraemia Cases - [2]	[2]	0	0	1	0	0	0	0	0	0	0	1
	MRSA Screening - Elective Inpatients	95%	98.5%	96.7%	95.8%	96.4%	95.4%	96.8%	92.9%	96.6%	100.0%	[4]	96.4%
	Hand Hygiene Audit	95%	95.6%	92.2%	99.4%	97.3%	96.5%	100.0%	98.6%	99.4%	98.1%	98.1%	97.5%
Incident Reporting	Pressure Ulcers - grade 3/4 (80% reduction from 2010/11 baseline)	3/yr	1	2	0	1	1	1	2	0	0	1	9
	VTE Assessment	95%	95.4%	95.1%	96.7%	95.3%	95.6%	95.8%	95.1%	97.1%	95.0%	[4]	95.7%
	VTE Incidence - Hospital Acquired	[2]	4	1	4	4	1	3	[4]				17
	Appropriate Prophylaxis for VTE	90%	82.7%	65.8%	95.2%	95.1%	99.2%	98.4%	94.4%	93.4%	[4]		90.5%
	Post Operative Sepsis	AE	0	0	1	0	0	0	0	0	[5]		1
	Post Operative Sepsis - Hips	AE	0	0	0	0	0	0	0	0	[5]		0
	Post Operative Sepsis - Knees	AE	0	0	1	0	0	0	0	0	[5]		1
	Deaths After Surgery	AE	1	1	2	0	0	3	1	0	[5]		8
	Deaths in Low Risk Conditions	AE	0	0	2	1	0	3	1	0	[5]		7
	Deaths After Bariatric Surgery	AE	0	0	0	0	0	0	0	0	[5]		0
Hospital Level Mortality Indicator - Summary		<100	81.0	80.8	91.0	80.5	74.0	62.6	58.5	66.5			72.5
Clinical Effectiveness [7]	Emergency Admission Rate for LTC	[6]	152	149	127	157	141	172	187	166	147	1398	
	Emergency Admission Rate Paediatric (asthma, epilepsy, diabetes)	[6]	10	15	7	27	10	17	14	12	6	[6]	118
	Emergency Admission for VTE	[6]	2	6	8	8	9	19	9	7	5	73	
Patient Experience [8]	Friends & Family Test - Inpatient Coverage	15%	New measure from November 2012							12.4%	10.3%	14.0%	12.2%
	Friends & Family Test - Inpatient Response (% likely to recommend)	[7]	New measure from November 2012							89.5%	82.6%	85.7%	86.2%
	Friends & Family Test - Emergency Department Coverage	15%	New measure from November 2012							1.4%	0.1%	1.1%	0.9%
	Friends & Family Test - Emergency Department Response (% likely to recommend)	[7]	New measure from November 2012							53.8%	33.3%	52.9%	52.3%
	Cleanliness Audit	>95%	96.1%	97.1%	97.1%	98.1%	97.3%	96.7%	97.8%	97.2%			

PTO for notes

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

QUALITY INDICATORS - COMMUNITY SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Infection Prevention & Control	Dentistry Compliance with Infection Control Standard	90%	95%			96%			95%			Q	95%
Incident Reporting	Pressure Ulcers - grade 3/4 (30% reduction from 2011/12 baseline)	21/yr	5	4	7	8	4	3	6	4	2	6	49
Patient Experience	Friends & Family Test (Net Promoter Score) [8]	[8]	Under development										
	Dentistry - Patient Involvement	90%	90%	95%	92%	90%	98%	95%	97%	87%	99%	94%	93%
	Dentistry - Patient Experience	90%	97%	90%	100%	98%	92%	100%	100%	95%	98%	97%	98%
Clinical Effectiveness	Respiratory - number of admissions avoided	25 / Qtr	9	3	3	18	13	8	8	9	12	14	97
	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	60%	57%	83%	42%	80%	80%	69%	61%	65%	64%	52.2%	65.3%
	Diabetes - % of patients reporting confidence in managing their condition	85%	100%	60%	100%	100%	71%	73%	100%	90%	81%	70.0%	84.5%
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	80%	90%	90%	88%	90%	86%	85%	89%	83%	83%	85.8%	87.0%
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	80%	85%	83%	84%	87%	86%	85%	85%	80%	83%	84.9%	84.3%
	Rehab Intermediate Care - % of patients with self-directed goals set	70%	60%	75%	60%	71%	78%	73%	77%	74%	70%	71.4%	71.0%
	Rehab Intermediate Care - % of patients with improved or maintained function	70%	75%	71%	67%	76%	80%	77%	90%	81%	91%	86.7%	79.4%
	MSK - % of patients who have completed the Patient Specific Functional Scale	40%	2%	13%	14%	27%	47%	63%	45%	57%	63%	66.7%	39.8%
	MSK - % of patients completing their treatment on discharge	40%	48%	48%	38%	37%	38%	39%	40%	35%	35%	33.1%	39.1%
	CAMHS - % of Cases where mental health problems resolved or improved	60%	73%			71%			67%			Q	71%
	CAMHS - % of Cases where severity of mental health at end of treatment is normal	80%	89%			87%			87%			Q	88%
	% of new patients with an HIV test within preceding 90 days	60%	84.9%	84.1%	83.0%	85.1%	83.3%	83.0%	82.7%	85.1%	87.1%	88.5%	85.5%
	% of women 18 to 25 years old attending for contraception given LARC	20%	28.4%	28.7%	25.5%	30.3%	31.5%	29.4%	28.1%	30.7%	29.3%	24.7%	27.8%
	% of new male patients who had an STI screen who were under 25 years	20%	29.6%	30.2%	33.9%	31.1%	29.9%	30.3%	34.6%	28.6%	27.4%	32.8%	30.3%
	% of new female patients who had an STI screen who were under 25 years	20%	45.5%	45.8%	46.7%	46.5%	43.2%	48.2%	46.3%	45.4%	46.4%	46.4%	45.9%

[1] Data is produced quarterly as a RAG rating the from NHS London Organisational Health Intelligence report.

[2] Targets are not yet established - see exception report for detail

[3] Complaints response times data is available 1 month in arrears of the current 7th working day reporting schedule Data available 25th working day following month end.

[4] MRSA and VTE screening data available 1 month in arrears of the current reporting schedule data derived from coding of clinical records, completed 10th day following month end. Hospital acquired VTE incidence requires detailed audit.

[5] Derived from the most recent available Dr Foster Intelligence N.B The target for these indicators is a relative risk target: i.e. 'As Expected' (AE) or better.

[6] Clinical effectiveness data available 1 month in arrears: data derived from coding of clinical records, completed 10th day following month end.

[7] In line with national guidance, the Friends and Family test has replaced the Net Promoter Score from November 2012. The target for this test is due to be released by the DoH from April 2013. Due to technical issues, community data was not available for November 2012.

[8] Cleaning audit scores for November and December combined will be presented on the January Performance Report

[9] See end of exception report for proposed action re this target

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

NATIONAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Health Visiting	Prevalence of breast feeding at 6-8 weeks	74%	76.0%			73.0%			[2]				74%
	New Birth Visits - Islington	95% <=14 days	51.4%	55.8%	57.9%	67.5%	78.9%	78.6%	80.0%	87.3%	89.1%	[1]	71.9%
	New Birth Visits - Haringey	95% <=14 days	18.8%	22.8%	21.6%	41.0%	70.5%	83.5%	73.6%	78.6%	91.7%	[1]	55.3%
Child Health	% of Immunisation - Islington	80%	88.5%			89.3%			[2]				88.9%
	% of Immunisation - Haringey	80%	88.5%			87.3%			[2]				87.9%
Community Sexual Health	GUM: Patients offered appointment within 2 days	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% positivity for all Chlamydia Screening	5%	13.5%	10.6%	7.6%	14.8%	8.9%	7.3%	7.1%	9.0%	10.5%	6.6%	9.4%
	% of chlamydia screens that are males <25 years old	[3]	12.5%	7.1%	11.1%	12.1%	11.3%	11.1%	12.6%	10.8%	10.4%	12.6%	11.2%
	% of chlamydia screens that are females <25 years old	[3]	46.0%	47.9%	46.5%	28.4%	26.9%	30.0%	29.6%	28.5%	28.6%	28.5%	32.0%
Primary Care Psychology	IAPT - Number entering psychological therapies	[4]	466			251	348	325	354	404	257	373	2778
	IAPT - Number moving off sick pay and benefits	90 per year	23			13	9	19	9	15	11	22	121
Stop Smoking	Actual 4 Week Quitters	952 for Qtr 1 & 2	594			432			[2]				1026
Dental	Units of Dental Activity	90% of contract	99%	127%	99%	129%	111%	103%	109%	103%	82%	86%	107.0%
	Contacts	90% of contract	92%	122%	96%	146%	116%	95%	123%	116%	84%	85%	112.0%
Drugs & Alcohol	% of Treatment Starts	80%	-	-	100%	100%	100%	90%	82%	83%	100%	100.0%	94.0%
	% of treatment Reviews	80%	-	-	100%	96%	100%	92%	83%	80%	81%	93.5%	91.0%

[1] New Birth Visits are reported 1 months in arrears of the current 7th working day reporting schedule Data is available on the 14th working day after the end of the month

[2] This data is available quarterly

[3] There is currently no national target set for this indicator -see exception report for update

[4] Target was due to be released in October 2012

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

LOCAL INDICATORS - ACUTE

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Inpatient	Consultant 7 Day Ward Rounds	Y	N	N	N	N	N	N	N	N	N	N	N
	Consultant presence every day 8am - 8pm (Acute Medicine)	Y	N	N	N	N	N	N	N	Y	Y	N	N
	Discharge Before 11am - Surgery / Medicine	40% by Mar '13	27.1%	31.7%	20.2%	25.4%	26.0%	28.7%	25.6%	23.4%	19.4%	20.9%	24.8%
	Average Length of Stay - Medicine - [1]	[1]	7.9	8.2	7.1	8.3	7.3	7.3	7.0	6.9	7.1	6.9	7.3
	Bed Days - Medicine - [1]	[1]	4754	4953	4031	4979	4456	4527	4880	4918	4648	4898	46720
	Average Length of Stay - Surgery - [1]	[1]	4.8	4.8	4.0	4.0	3.2	3.1	3.7	3.8	4.9	4.3	4.1
	Bed Days - Surgery - [1]	[1]	1954	2155	1732	1902	1405	1395	1725	1766	1845	1890	17920
	Theatre Session Utilisation	95%	77.0%	77.2%	85.4%	86.9%	80.8%	83.5%	83.8%	82.2%	90.5%	83.2%	82.8%
Outpatients	Number of First Appointments - [2]	[2]	4906	5922	4826	5528	5077	4763	6092	5677	4382	5620	52793
	Number of Follow-Up Appointments - [2]	[2]	12736	15046	11406	13299	13047	11686	13974	12953	9611	13031	126789
	DNA Rates - First Appointments	8%	13.1%	13.9%	14.6%	14.3%	17.1%	14.8%	13.5%	14.0%	16.1%	15.2%	14.6%
	DNA Rates - Follow-Up Appointments	8%	15.5%	15.4%	16.1%	15.6%	16.2%	16.4%	16.0%	15.3%	16.6%	15.4%	15.8%
	Hospital Cancellation Rate - First Appointments	2%	3.7%	3.7%	4.3%	3.6%	4.6%	5.5%	3.6%	3.2%	4.3%	4.1%	4.0%
	Hospital Cancellation Rate - Follow-up Appointments	2%	6.5%	5.2%	7.8%	8.1%	7.0%	8.2%	5.6%	6.1%	6.4%	6.2%	6.7%
	% Waiting less than 30 minutes in clinic	90%	84.5%	83.6%	84.0%	85.9%	87.7%	85.8%	87.2%	85.7%	88.0%	85.0%	85.7%
Data Quality - Acute	NHS Number Completeness - Acute	99%	97.2%	97.3%	96.7%	96.9%	96.5%	97.3%	97.2%	96.4%	95.7%	95.7%	96.7%
	Outcomes not recorded - Acute	<0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%	0.4%	0.0%

[1] LOS and Bed day targets are dependent upon modelling work - see exception report for an update

[2] Targets are not yet established - see exception report for detail

[3] Consultant with no elective work on call 7 days (General Surgery) removed as now part of the rota.

Whittington Health Integrated Dashboard - February 2013 (January 2013 Data)

LOCAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
Access	DNA Rates - Community Adult Service	10%	8.6%	8.3%	9.8%	11.0%	10.3%	10.4%	10.2%	10.5%	10.1%	10.7%	8.5%
	DNA Rates - Community Children Services	10%	12.7%	11.6%	11.7%	12.0%	11.7%	9.0%	6.9%	10.1%	12.9%	10.6%	9.1%
	Community Average Waiting Times - Adults	6wks	4.1	4.0	4.1	3.8	3.3	3.7	3.4	4.0	3.2	3.2	3.6
	Community Average Waiting Times - Children	18 wks	14.0	15.0	14.0	13.0	11.0	14.0	14.0	14.3	12.7	13.3	13.6
Data Quality	NHS Number Completeness - Community	99%	99.8%	99.9%	99.9%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.8%
	Outcomes not recorded - Community	<0.5%	0.6%	0.6%	1.2%	1.0%	0.8%	1.2%	0.9%	1.2%	2.1%	[2]	1.0%

SLA INDICATORS

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
	Outpatient Follow-up Ratio - % excess follow-ups	<1%	29.8%	28.4%	26.4%	25.3%	29.5%	32.1%	25.3%	27.6%	27.4%	24.9%	27.6%
	Consultant to Consultant Activity (Upper Quartile) - % excess firsts	<1%	2.9%	2.0%	2.5%	1.4%	1.8%	1.7%	2.1%	3.0%	2.5%	2.7%	2.3%
	Emergency Readmissions - from original elective admissions	[1]	33	39	31	31	49	23	40	34	29		309
	Emergency Readmissions - from original emergency admissions	[1]	178	190	202	195	178	186	205	176	186	[2]	1696
	Excess Beddays [3] [4]	SLA Plan = 100%	89.2%	107.0%	82.0%	95.0%	97.8%	143.0%	69.7%	86.3%	68.1%		90.6%

CQUIN 2012/13

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD
CQUINS [5]	VTE 24 Hr Risk Assessment	70% in Q4	15.8%	17.9%	17.4%	19.4%	25.0%	26.5%	20.8%	45.1%	53.0%	[8]	[6]
	NHS Safety Thermometer for Acute	100%	-	-	-	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	[6]
	NHS Safety Thermometer for Community	100%	-	-	-	95.1%	87.8%	86.7%	98.3%	100.0%	99.8%	100.0%	[6]
	Smoking advice	70% in Q4	-	-	-	38.0%	46.0%	53.0%	54.0%	55.0%	62.0%	[8]	[6]
	COPD Care Bundle	85%	94.4%	100.0%	93.8%	94.4%	94.4%	100.0%	100.0%	93.8%	100.0%	[8]	[6]

[1] Target to be set at end of year based on actual performance in preparation for post block contract.

[2] Emergency readmissions and excess bed day data is available 1 month in arrears of the current reporting schedule of the 7th working day: the data is derived from the coding of clinical records, completed on the 10th day following month. Outcomes not recorded also reported in arrears.

[3] Excess Bed days is now reported as percentage of SLA Plan target - where as close to 100% is most desirable.

[4] Please note that excess bed days in Sept was high as two children with very long lengths of stay were discharged in month. Underlying performance has not changed markedly.

[5] Four CQUINS have not been included in this report as they are too early in implementation phase to report.

[6] YTD not applicable. The target is for an individual month's completeness so a YTD figure would be misleading.

[7] Please note that VTE Risk Assessment and Appropriate Prophylaxis for VTE are also CQUINS but are reported in the Quality Indicators (acute) section above.

[8] Data available only 1 month in arrears of the current reporting schedule

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