

TRUST BOARD
27th January 2011

TITLE	Compliance Framework and Trust Operational Performance
EXECUTIVE SUMMARY	This paper reports on the Trust's performance against the Monitor Compliance Framework and other key service performance targets.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	The Trust Operational Performance Report includes data quality on ethnic groups.
LEGAL ISSUES	Compliance with performance standards set by the regulator is part of the requirement for the authorisation of Foundation Trusts.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	20 th January 2011
Decision:	For noting

TRUST BOARD
27th January 2011**OPERATIONAL PERFORMANCE****1 Introduction**

From April 2010 the Trust has re-focused its balanced scorecard on its four strategic objectives, in order to enable the Board to track progress against its key objectives. Service Performance (including performance against the Monitor Compliance Framework) is now reported separately. This report therefore focuses on:

- Performance against the Monitor Compliance Framework.
- Performance against key targets in the Annual Health check.
- Performance against Better Care, Better Value.
- Performance against key metrics set out in the Trust's contract with NHS Surrey.

The report focuses on exceptions, and actions to address these. In particular the report sets out for the Board, following its December meeting, greater detail on performance against the national A and E waiting standard, the pressures on the overall hospital system during the winter, and the action being taken both to alleviate winter pressures and improve A and E performance.

2 Performance Exceptions and Action Plans**2.1 Monitor Compliance Framework**

The Trust has scored itself green against the Monitor Compliance Framework for December 2010. This is a very strong performance, and performance in the majority of areas has now been stable for many months. The Trust also compares favourably to many existing Foundation Trusts. A recent review of overall performance in the Foundation Trust sector by Monitor highlighted increasing difficulty in delivering key cancer targets in many organisations. As the Board will see, the Trust continues to deliver very strongly in this area.

The Trust has assessed itself as green against the Compliance Framework based on the continued strong performance on healthcare acquired infections. Whilst the Trust has reached its trajectory of 5 MRSA cases, the national de minimis target for Monitor remains at 6 cases. Therefore, based on the length of time without a further MRSA case, and the detailed actions that have been taken and reported on to the Board, the Trust is predicting that there will be no further deterioration of performance in the year, and it is therefore able to assess itself as having achieved the target.

2.2 Care Quality Commission

The Board will see from the report that December saw a deteriorating position in terms of cancelled operations and re-booking within 28 days. This reflects emergency pressures on the Trust during the month, resulting in the cancellation of some routine elective surgery. In line with national guidance from the Chief Medical Officer the Trust has, during this difficult time, prioritised its most vulnerable patients, particularly those presenting with swine flu and emergency admissions. During this time the Trust has continued to offer elective surgery to all patients with cancer or a potential diagnosis of cancer, and has ensured a detailed discussion with each clinician before cancelling any routine elective surgery.

During January immediate pressures on the hospital have begun to ease, leading

to the gradual reintroduction of routine elective surgery. The Trust's approach has been in line with that of other Trusts across London and the South East.

2.3 Data Challenges

The Trust is pleased to report that performance against the fractured neck of femur target has been sustained during a very busy December, with over 90% of patients taken to surgery within 36 hours. This is a significant achievement by the clinical teams in trauma and orthopaedics and theatres.

2.4 A & E Performance

With the move to Foundation status, the Trust's performance in terms of A & E waiting times is now measured differently, and our performance assessment allows us to include in all performance at other Local Health Economy sites, including walk in centres. In addition, Monitor has reflected national changes in the target and now measures performance at the 95% standard.

However, the Trust has confirmed its commitment to sustaining the standard of 98% of patients presenting through A & E being seen within 4 hours, and has equally reiterated its commitment to achieving this standard at the St Peter's site alone. This continues to present a significant challenge to the Trust, and the Board will see that despite achieving the Monitor target for Q3, performance at the St Peter's site during December saw a significant dip down to 89%. This dip in A & E performance has also been accompanied by a continued rise in emergency admissions. A graph showing the deterioration in A & E performance during the year is set out at Appendix One.

There are a number of reasons for the downturn in performance, which has been replicated in NHS Trusts across the country. In overall terms the main reasons for attendance at A & E have not changed, and the top 10 diagnoses remain the same when mapped over the last 2 years. However there is of course seasonal variation within this, with a larger number of respiratory cases during peak winter months such as December. The Top 5 diagnoses for A & E attendances via ambulance for the last two years are shown at Appendix Two. Whilst the reasons for attendance have not changed, the total number of patients attending has continued to increase, along with the number of patients admitted following attendance. This may be related to complexity, and again further analysis by the Trust confirms that the number of patients presenting at A & E more than 4 times in the last year has increased significantly, with the increase being primarily in those aged over 75. This is set out at Appendix 3. Further information at Appendix 4 maps emergency admissions at Ashford and St Peter's compared to neighbouring Trusts, and confirms that the continued rise in emergency admissions is a challenge facing all Trusts.

In addition, overall pressure in the system during December and January has been exacerbated two further factors. The first of these is the number of patients presenting with swine flu. This created a particular pressure on intensive care beds in the Trust in late December and early January. The second additional factor was the long period of very cold weather in December which resulted in both an increase in complex admissions for respiratory problems, and a significant surge in fractures and trauma workload.

In response to these issues during December and January the Trust has taken a number of key actions both to improve A & E performance and address the continued rise in emergency admissions and overall demand. These include:

- the opening of significant additional capacity within the hospital (over 50 beds at peak times)

- the securing of additional community hospital capacity
- additional therapies and pharmacy support at weekends to improve discharge
- diversion of routine elective lists to trauma
- implementation of changes to weekend senior manager on call rota to ensure on site senior management presence at weekends
- implementation of buddy system between senior managers and wards on the site to improve understanding of blocks in the patient pathway and the actions needed to improve discharge

In the longer term the Trust also continues to work on key pathway changes and service redesign projects with colleagues in primary care to ensure that the root causes of the rise in emergency admissions are addressed. Key areas of focus for Q4 will be:

- further roll out of the nursing home project (consultant led ward rounds in nursing homes with high levels of A & E attendance) linked to a virtual ward
- implementation of meet and greet system supported by primary care at the A & E department at St Peter's
- A and E consultant sessions at the local walk in centres
- Implementation of the first 5 ambulatory care pathways with primary care.

Continued strengthening of the A & E clinical team by recruitment to outstanding vacancies for both consultant and middle grade staff.

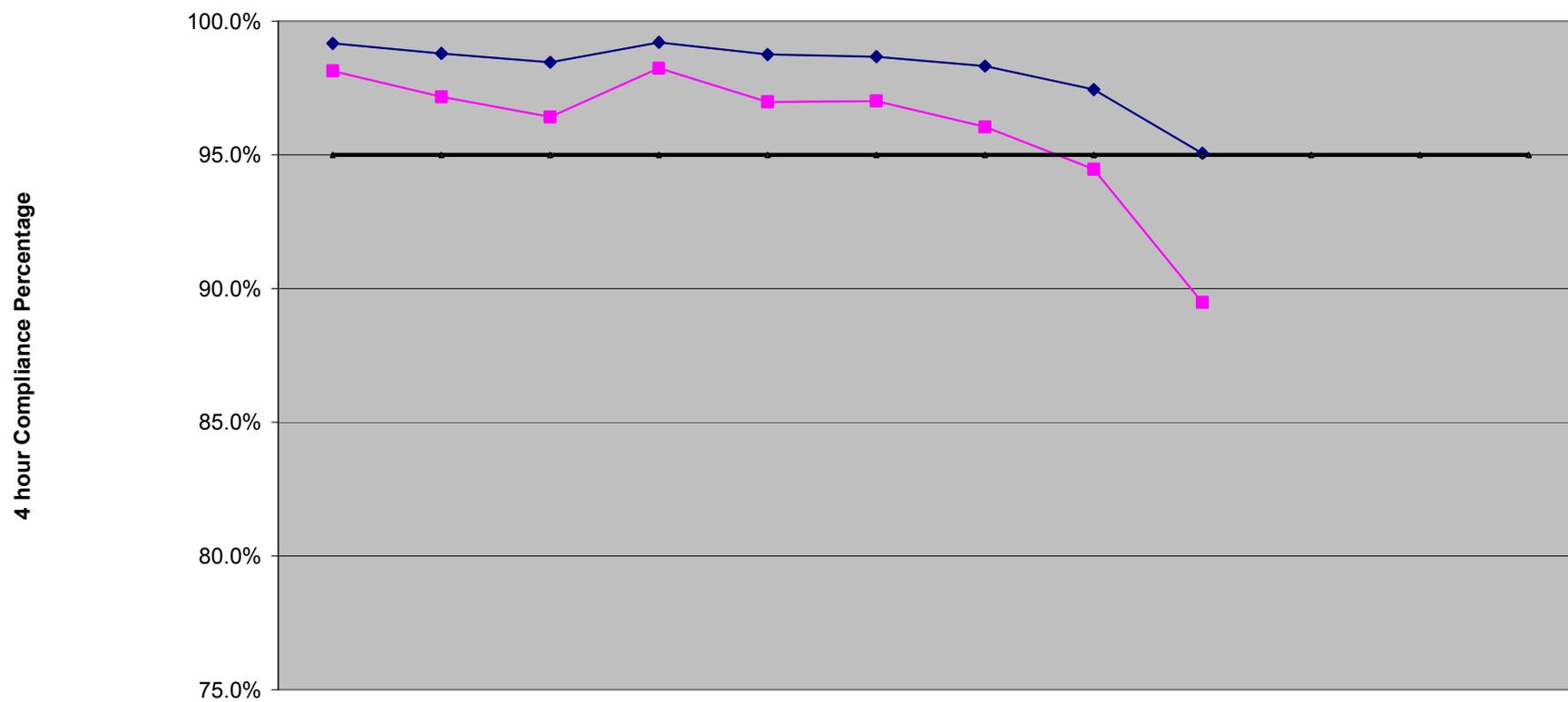
3 Conclusion

The Trust's performance remains very strong in a number of key areas, and benchmarks well with other Foundation Trusts in particular in terms of 18 weeks and cancer targets. Improvements in the management of fractured neck of femur patients have been sustained, despite high levels of demand in December. In line with other FTs across the country the Trust has faced significant pressure this winter in terms of emergency admissions and A & E performance. Immediate actions within the hospital to ensure a better match between demand and capacity have been taken, but addressing the longer term root causes of the problem will require sustained effort with health and social care partners.

Submitted by: Valerie Howell
Deputy Chief Executive

Date: 20th January 2011

LHE and SPH A&E Compliance by Month for 2010/11



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
LHE Compliance	99.2%	98.8%	98.5%	99.2%	98.8%	98.7%	98.3%	97.4%	95.1%			
SPH Compliance	98.1%	97.2%	96.4%	98.2%	97.0%	97.0%	96.0%	94.5%	89.5%			
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

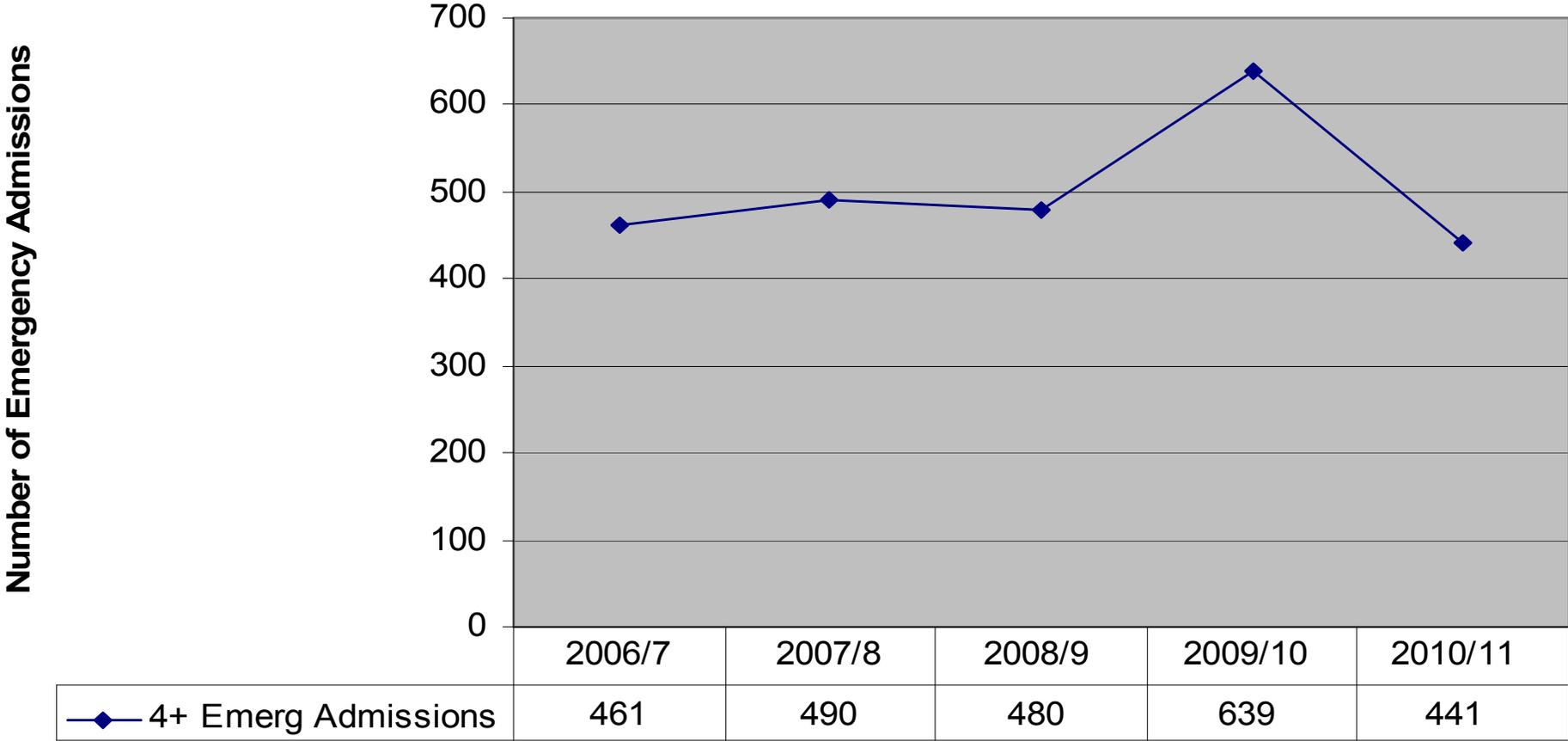
Top 6 Diagnosis for A&E Attendances via Ambulance

Diagnosis	2008/09												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2008/09
ABDOMINAL PAIN	165	201	176	167	177	173	185	176	185	175	178	213	2171
COLLAPSE ? CAUSE	139	112	119	106	131	166	165	119	200	182	163	175	1777
RESPIRATORY CONDITION	111	137	126	105	98	150	152	181	279	194	123	155	1811
CHEST PAIN ? CAUSE	94	135	136	117	119	140	152	127	132	144	134	158	1588
CARDIOVASCULAR	101	131	97	137	101	81	73	106	110	115	98	124	1274
FRACTURE - CLOSED	85	99	114	88	83	84	107	101	115	86	101	114	1177

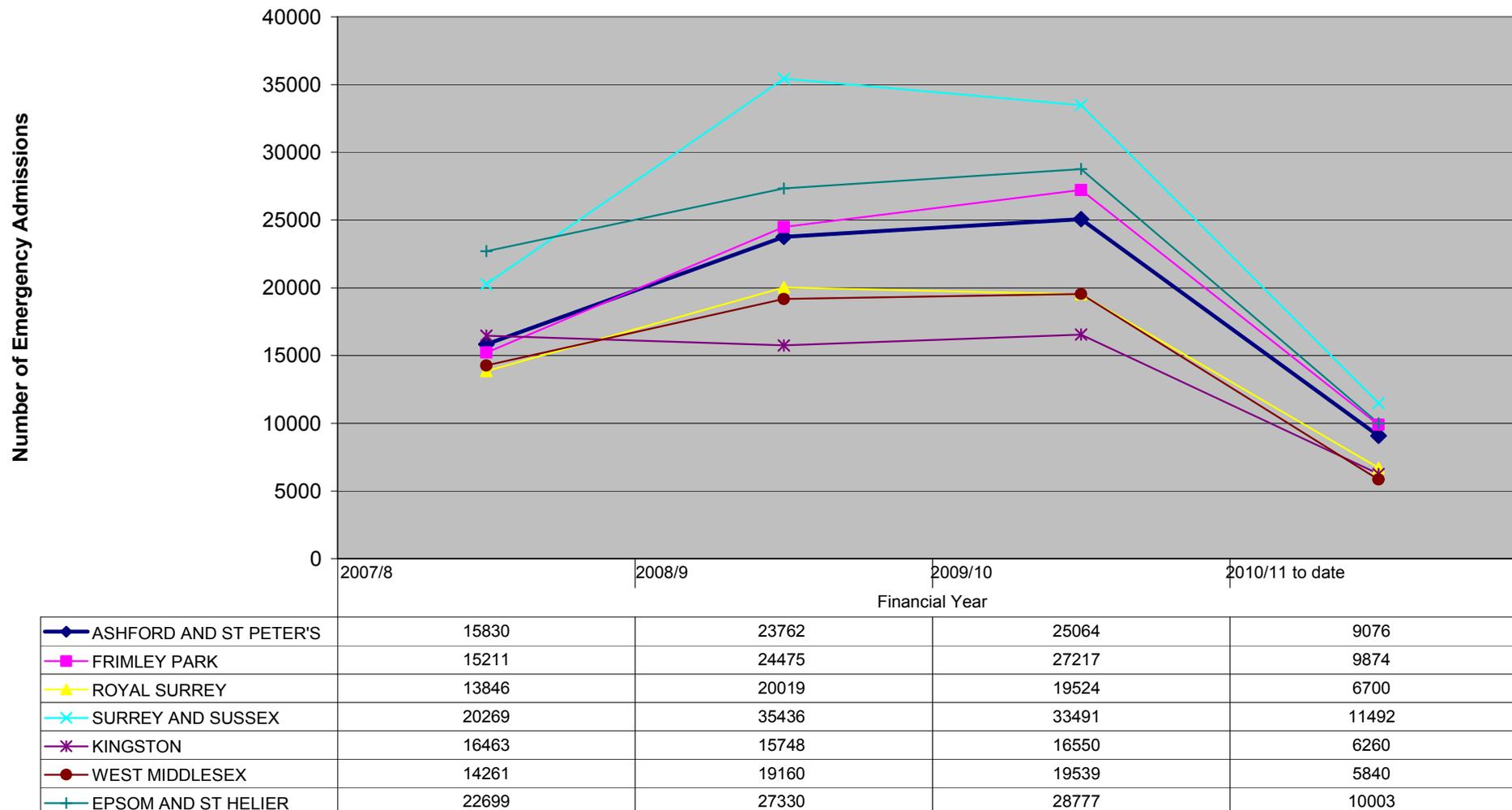
Diagnosis	2009/10												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2009/10
ABDOMINAL PAIN	173	194	202	209	195	225	198	177	202	199	159	207	2340
COLLAPSE ? CAUSE	161	181	171	188	211	197	208	158	161	189	178	168	2171
RESPIRATORY CONDITION	157	128	119	123	93	165	159	194	172	221	165	162	1858
CHEST PAIN ? CAUSE	118	141	148	130	122	109	138	149	115	117	127	167	1581
CARDIOVASCULAR	117	85	75	87	81	97	131	122	155	123	113	130	1316
FRACTURE - CLOSED	91	105	105	88	103	106	95	101	149	118	98	101	1260

Diagnosis	2010/11 to date												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2010/11
ABDOMINAL PAIN	212	235	224	215	219	188	182	178	165				1818
COLLAPSE ? CAUSE	159	180	177	206	156	151	166	157	237				1589
RESPIRATORY CONDITION	167	164	141	151	122	167	179	164	267				1522
CHEST PAIN ? CAUSE	126	132	131	112	153	131	137	141	134				1197
CARDIOVASCULAR	110	129	133	125	112	130	118	141	117				1115
FRACTURE - CLOSED	102	143	98	112	112	108	135	118	158				1086

Emergency Admissions at ASPH where the patient had 4 or more emergency admissions within the year



Annual Emergency Admissions extracted from the Weekly SITREPS



Monitor Compliance Framework

December 2010

Monitor Compliance Framework - Q3

The service performance element of the governance risk ratings



Acute targets - national requirements	Monitoring	Threshold	Weighting	Oct Actual	Nov Actual	Dec Actual	Q3 Total	YTD Total	Weighting
Clostridium Difficile	Quarterly	46	1.0	0	3	3	6	30	0.0
MRSA	Quarterly	5	1.0	0	0	0	0	5	0.0
Cancer: 31-day wait for surgery treatments	Quarterly	94.0 %	1.0	100 %	100 %	100 %	100 %	100 %	0.0
Cancer: 31-day wait for anti cancer drug treatments	Quarterly	98.0 %		100 %	100 %	100 %	100 %	100 %	0.0
Cancer: 62-day wait from urgent GP referral to treatment	Quarterly	85.0 %	1.0	89.02 %	96.55 %	87.14 %	90.90 %	93.53 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	100 %	100.00 %	98.70 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Oct Actual	Nov Actual	Dec Actual	Q3 Total	YTD Total	Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.98 %	98.98 %	97.37 %	98.44 %	99.14 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	96.72 %	98.31 %	98.35 %	97.79 %	98.42 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		94.53 %	94.56 %	96.23 %	95.11 %	95.91 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	100 %	99.60 %	100.00 %	99.86 %	99.01 %	0.5
LHE A&E 4 hr wait	Quarterly	95.0 %	0.5	98.23 %	97.44 %	95.06 %	96.91 %	98.23 %	0.0
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	100 %	100 %	100 %	100 %	0.0

Monitor Compliance Framework Score:	0.5
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Trust Operational Performance Report

December 2010

Trust Operational Performance Report

Care Quality Commission																	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	100.00 %	97.18 %	100.00 %	98.84 %	97.75 %	100.00 %	100.00 %	100.00 %	100.00 %	98.99 %	98.98 %	97.37 %	99.14 %	96.00 %	3.10 %	↓	G
Cancer: 31-day wait for drug treatments	100.00 %	97.94 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	↔	G
Cancer: 31-day wait for surgery treatments	N/A	N/A	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	94.00 %	6.00 %	↔	G
62 days urgent referral to treatment of all cancers	98.70 %	86.49 %	93.10 %	93.26 %	94.57 %	96.05 %	97.83 %	94.32 %	91.84 %	89.02 %	96.55 %	87.14 %	93.53 %	85.00 %	8.50 %	↓	G
2 week GP referral to 1st outpatient	96.47 %	97.04 %	98.12 %	99.55 %	99.20 %	97.93 %	98.53 %	98.22 %	99.05 %	96.72 %	98.31 %	98.35 %	98.42 %	93.00 %	5.40 %	↑	G
2 week GP referral to 1st outpatient breast symptoms	N/A	N/A	N/A	95.33 %	98.08 %	96.11 %	93.97 %	97.30 %	96.52 %	94.53 %	94.56 %	96.23 %	95.91 %	93.00 %	2.90 %	↑	G
62 day referral to treatment from screening	N/A	N/A	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	90.91 %	100.00 %	100.00 %	100.00 %	98.70 %	90.00 %	8.70 %	↔	G
Cancelled Operations	0.81 %	0.85 %	0.39 %	0.76 %	0.69 %	0.50 %	0.93 %	0.75 %	0.93 %	0.87 %	0.62 %	1.30 %	0.82 %	0.80 %	0.00 %	↓	G
28 Day Guarantee	0.00 %	0.00 %	0.00 %	0.00 %	5.26 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	9.09 %	1.59 %	5.00 %	-3.40 %	↓	G
Delayed Transfers of care	2.84 %	4.70 %	3.75 %	1.73 %	2.08 %	1.80 %	1.54 %	2.01 %	2.24 %	2.10 %	2.48 %	1.99 %	2.00 %	3.50 %	-1.50 %	↑	G
Thrombolysis call to needle	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	68.00 %	32.00 %	↔	G
LHE A&E < 4Hours	97.98 %	99.23 %	99.25 %	99.17 %	98.79 %	98.46 %	99.20 %	98.75 %	98.68 %	98.32 %	97.44 %	95.06 %	98.23 %	98.00 %	0.20 %	↓	G
RACPC	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	↔	G
48 hours GUM access	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	↔	G

Care Quality Commission																	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
C.Diff	4	1	2	3	3	1	9	5	3	0	3	3	30	46	-16	↔	G
MRSA Bacteraemia (Hospital)	0	0	1	2	2	0	1	0	0	0	0	0	5	5	0	↔	G
Data Quality on Ethnic Group	87.50 %	86.49 %	86.62 %	87.55 %	86.94 %	85.13 %	89.92 %	91.14 %	91.23 %	88.25 %	88.11 %	89.62 %	88.65 %	85.00 %	3.70 %	↑	G
Smoking During Pregnancy	8.60 %	11.70 %	6.00 %	8.30 %	8.90 %	8.20 %	8.40 %	8.40 %	4.40 %	7.60 %	7.80 %	8.20 %	7.80 %	8.20 %	-0.40 %	↓	G
Breastfeeding Initiation	80.50 %	78.70 %	83.70 %	83.00 %	83.50 %	85.60 %	81.20 %	81.60 %	82.70 %	83.00 %	83.20 %	81.30 %	82.80 %	80.70 %	2.10 %	↓	G
18 weeks RTT - admitted	93.28 %	92.28 %	93.46 %	93.29 %	96.23 %	95.77 %	95.10 %	94.85 %	93.02 %	93.47 %	93.05 %	93.30 %	94.23 %	90.00 %	4.20 %	↑	G
18 weeks RTT - non-admitted	97.51 %	97.79 %	97.86 %	98.23 %	98.55 %	98.15 %	97.92 %	97.96 %	97.77 %	97.86 %	98.61 %	99.10 %	98.24 %	95.00 %	3.20 %	↑	G
Audiology Diagnostics > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↑	G
Maternity - Data Quality Indicator	94.18 %	94.58 %	94.62 %	94.63 %	95.12 %	96.24 %	97.25 %	97.00 %	95.70 %	96.52 %	96.45 %	96.78 %	96.19 %	N/A	N/A	↑	

PCT																	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Complaints - % Actioned within 25 Days	100.00 %	95.45 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	95.00 %	100.00 %	86.00 %	100.00 %	97.88 %	80.00 %	17.90 %	↑	G
SUI - RCA within 60 Days	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	N/A	0.00 %	↔	G
A&E Attendances Resulting In Admission	25.38 %	26.55 %	23.86 %	25.21 %	20.48 %	19.83 %	24.12 %	22.36 %	23.39 %	21.90 %	18.68 %	21.21 %	21.91 %	23.45 %	-1.50 %	↓	G
Pressure Ulcers	8	16	10	9	7	16	4	6	12	5	2	11	72	153	-52.90 %	↓	G
Access to midwifery/Maternity services(Rpt Qtly)	85.00 %	85.70 %	91.90 %	85.00 %	90.50 %	89.90 %	88.20 %	90.00 %	86.50 %	90.75 %	92.23 %	93.26 %	89.55 %	80.00 %	9.60 %	↑	G
Caesarean Section Rate	29.40 %	28.30 %	22.60 %	29.70 %	26.50 %	25.00 %	24.00 %	27.20 %	26.20 %	19.50 %	24.20 %	24.40 %	25.00 %	25.00 %	0.00 %	↓	G

Better Care Better Value

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	80.78 %	81.71 %	81.59 %	80.42 %	81.59 %	82.70 %	81.63 %	83.28 %	81.79 %	82.00 %	84.50 %	82.27 %	82.29 %	81.50 %	0.80 %	↓	G
BADS Procedures	90.22 %	89.40 %	89.42 %	89.01 %	90.97 %	92.04 %	91.60 %	92.01 %	86.35 %	85.08 %	90.34 %	88.68 %	88.48 %	85.00 %	3.50 %	↓	G
Inpatients Admitted before Day of Operation	8.40 %	5.11 %	4.32 %	6.92 %	10.67 %	4.83 %	5.85 %	10.35 %	9.09 %	8.50 %	4.78 %	4.79 %	7.31 %	10.00 %	-2.70 %	↓	G
Emergency LOS	5.78	6.29	5.45	4.70	4.92	4.96	4.71	5.00	4.80	5.69	5.32	6.18	4.84	4.80	0.80 %	↓	A

Local																	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	18.71 %	13.81 %	13.34 %	10.12 %	10.38 %	10.57 %	10.63 %	10.86 %	10.90 %	10.72 %	10.14 %	12.49 %	10.60 %	8.80 %	20.50 %	↓	R
*A&E < 4Hours (SPH Only)	95.95 %	98.52 %	98.54 %	98.13 %	97.17 %	96.08 %	98.24 %	96.98 %	97.01 %	96.04 %	94.46 %	89.48 %	95.97 %	98.00 %	-2.00 %	↓	R
12Hour Trolley Wait	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	N/A	↔	G
Outliers	21	13	15	35	34	48	49	29	22	30	55	67	42	N/A	N/A	↓	
Theatre Utilisation	N/A	N/A	N/A	80.00 %	83.00 %	N/A	N/A	N/A	N/A	78.50 %	78.10 %	81.30 %	79.30 %	**79.20%	0.10 %	↑	G

DNA calculation excludes special package of care as for the SLA.

The new theatre system is under implementation.

* National A&E target is 95% and Trust internal A&E target is 98%.

** 10/11 Plan = Outturn Oct-Dec 2009/10.

Data Challenges																	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.63	1.67	1.64	1.60	1.62	1.58	1.62	1.74	1.68	1.68	1.73	1.70	1.70	2.00	-15.00 %	↑	G
Inpatient Readmission On Day Of Discharge	9	5	10	12	6	1	10	12	7	3	3	4	58	N/A	N/A	↓	G
OP (New appointment only) Non GP/GDP Referral	23.38 %	22.61 %	24.23 %	23.19 %	23.22 %	23.55 %	24.02 %	22.04 %	25.88 %	25.96 %	25.34 %	25.15 %	24.26 %	25.00 %	-0.70 %	↑	G
Stroke Pts - 90% time on Stroke Unit	76.47 %	85.20 %	97.70 %	92.68 %	97.44 %	94.12 %	97.67 %	92.86 %	97.30 %	93.02 %	97.00 %	81.00 %	93.00 %	80.00 %	13.00 %	↓	G
**Fractured NOF Operated on with in 36 hrs (%)	37.84 %	51.22 %	54.22 %	61.90 %	61.90 %	51.85 %	86.20 %	76.50 %	83.40 %	81.40 %	93.50 %	90.90 %	88.60 %	85.00 %	3.60 %	↓	G
Stroke Care - CQUIN Scanning with in 24 hrs	90.60 %	91.30 %	92.10 %	97.70 %	100.00 %	79.40 %	100.00 %	96.00 %	100.00 %	100.00 %	94.00 %	96.00 %	96.00 %	100.00 %	-4.00 %	↑	A
Stroke Care - CQUIN Scanning with in 3 hrs	81.30 %	78.30 %	76.30 %	88.60 %	88.90 %	70.60 %	93.00 %	81.00 %	76.00 %	78.00 %	61.29 %	86.00 %	81.00 %	80.00 %	1.00 %	↑	G
Stroke Care - CQUIN Scanning with in 1 hr	N/A	N/A	N/A	77.30 %	88.90 %	64.70 %	93.00 %	33.00 %	32.00 %	34.00 %	26.00 %	42.00 %	50.00 %	50.00 %	0.00 %	↑	G

**YTD shows achievement of 88.6% in Q3.