1) Number of 4 week smoking quitters who attended NHS Stop Smoking Services

Smoking is a major cause of death and premature death, a major contributor to inequalities in health and is preventable. A 4 week quitter is a former smoker that has engaged with NHS Stop Smoking Services and has sustained 4 weeks of cessation of smoking. Stopping smoking is an essential component of the strategy to tackle underlying determinants of ill health and health inequalities.

The national ambitions in the NHS Smokefree Marketing Campaign Strategy 2012-2015 are:

- To reduce adult smoking prevalence in England to 18.5% or less by the end of 2015, equating to around 210,000 fewer smokers a year

- To reduce rates of regular smoking among 15-year-olds in England to 12% or less by the end of 2015

- To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth).

Latest available data is shown.

Further information is available at:
http://www.hscic.gov.uk/stopsmoking
http://www.rcn.org.uk/development/practice/patient_safety/rcn_programme/vte
www.smokefree.nhs.uk
2) National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools.

Some of the key findings in the 2011-12 report are as follows:

- In Reception, over a fifth (22.6%) of the children measured were either overweight or obese. In Year 6, this proportion was one in three (33.9%).

- The percentage of obese children in Year 6 (19.2%) was over double that of Reception year children (9.5%).

- In Reception, the proportion of obese children (9.5%) was similar in 2010/11 (9.4%). The proportion of overweight and obese children combined (22.6%) was also similar in 2010/11 (22.6%). The proportion of underweight children was lower in 2011/12 (0.9%) than in 2010/11 (1.0%).

- In Year 6, the proportion of obese children (19.2%) was higher than in 2010/11 (19.0%). The proportion of overweight and obese children combined (33.9%) was also higher than in 2010/11 (33.4%). The proportion of underweight children was lower than in 2010/11 (although rounded to one decimal place both are 1.3%)

Further information is available at:
http://www.hscic.gov.uk/ncmp

WHAT THIS MEANS: NELFT have lower rates of childhood obesity when compared to the England average

| Prevalence of Childhood Obesity 2011-12* |
|-----------------|-----------------|-----------------|----------|
|                 | England         | East of England SHA | London SHA | NELFT    |
| Reception Year  | 22.6%           | 8.6%              | 11.0%     | 10.7%    |
| Year 6          | 33.9%           | 17.2%             | 22.5%     | 22.7%    |

* 2012-13 national data will be published December 2013
3) Bed Occupancy Rate

Percentage occupancy is the percentage of available staffed beds occupied by inpatients within a specialty/significant facility over any period of time.

Evidence suggests that bed occupancy should be below 85% so as to avoid patients being exposed to risks.

It is also suggested that high rates of occupancy can affect the quality of care provided to patients and contribute to hospital acquired infections, in particular MRSA and Clostridium difficile (C.diff).

A high bed occupancy may potentially impact in several ways, including:
- increasing the proximity of patients and therefore the risk of direct and indirect patient-to-patient contact
- making it more difficult to clean thoroughly between patients or to leave beds ‘fallow’ (not in use)
- reducing the ability to isolate patients when there is an outbreak of infection
- increasing the frequency with which patients are moved around a hospital, thus increasing the risk of inappropriate mixing of high risk and low risk patients.

Possible options to reduce bed occupancy rates include the provision of care closer to home, where community health and social services are utilised to prevent avoidable hospital admissions.

Further information is available at: http://www.england.nhs.uk/statistics/bed-availability-and-occupancy/
4) Staff Sickness

To deliver high quality patient care, the NHS needs staff that are healthy, well and at work. Looking after the health and wellbeing of staff directly contributes to the delivery of quality patient care. Poor workforce health has high and far reaching costs to NHS organisations and ultimately patients.

The latest national published data shows that between October and December 2012 the average sickness absence rate for the NHS in England was 4.50%, an increase from the same period in 2011.

The North East SHA area had the highest average sickness absence rate at 5.03% and the London SHA area had the lowest average at 3.74%, for the same period.

Ambulance Staff were the staff group with the highest average sickness absence rate with an average of 6.88%. Nursing, Midwifery and Health Visiting Learners had the lowest average at 1.05%.

Amongst types of organisation, Ambulance Trusts had the highest average sickness absence rate with an average of 6.40%. Strategic Health Authorities had the lowest average with a rate of 2.75%.

The national annual sickness absence rate has fallen each year, from 4.40% in 2009-10 to 4.16% in 2010-11 to 4.12% in 2011-12.

Further information is available at:
http://www.nhsemployers.org
http://www.hscic.gov.uk

WHAT THIS MEANS: NELFT sickness rate has fallen by 1.4% in 2012-13 from the previous year, and almost equal to the London SHA rate which had the lowest average figure in England

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>East of England SHA</th>
<th>London SHA</th>
<th>NELFT</th>
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<tbody>
<tr>
<td>2009-10</td>
<td>4.4%</td>
<td>4.3%</td>
<td>3.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2010-11</td>
<td>4.2%</td>
<td>4.0%</td>
<td>3.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2011-12</td>
<td>4.1%</td>
<td>4.0%</td>
<td>3.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2012-13 *</td>
<td>4.2%</td>
<td>4.1%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

* Latest data April 2012 to December 2012