

<b>2008/09 ANNUAL HEALTH CHECK RATING</b>		Actual 2008/09 FY	2008/09 Target	CQC Threshold to Achieve	CQC Target score **	CQC Component score **	CQC Element score	
<b>QUALITY OF SERVICES ELEMENT - comprises 3 components:</b>								
<b>1. Core Standards - Compliance with 24 standards</b>	All 24 met (2 resolved year end)	<b>Fully met</b>	<b>24 met year end (&lt;4 during year)</b>	Fully met (subject to any third party input or inspection)	Worst case - <b>Almost met</b> Best case - <b>Fully met</b>			
<b>2. Existing Commitments (9 indicators apply)</b>								
Access to GUM clinic	100.0%	<b>100%</b>	<b>Not yet published</b>	Achieved	Worst case (ie 6 x Achieved, 1 x Underachieved, 2 x Failed = 20 pts) - <b>Partly met</b> Best case (ie 7 x Achieved, 1 x Underachieved, 1 x Failed = 23 pts) - <b>Almost met</b>			
% patients treated in A&E within 4 hours (inc. partnered Cambs MIU activity)	98.01%	<b>98%</b>	<b>&gt;= 98%</b>	Achieved				
Data quality on ethnic group	85.98% Apr-Dec 08 only (CQC method)	<b>100%</b>	<b>&gt;= 85%</b>	Achieved				
Rapid Access Chest Pain Clinic: % patients have appt within 2 weeks	100.0%	<b>100%</b>	<b>&gt;= 98%</b>	Achieved				
% patients not re-booked within 28 days	0.96%	<b>0%</b>	<b>&lt;= 5%</b>	Achieved				
% operations cancelled on or after the day of admission	0.73%	<b>0%</b>	<b>&lt;= 0.8%</b>	Achieved				
% of outpatients waiting 13 weeks or more at the end of each month (incl. Genetics breaches)	0.38%	<b>0%</b>	<b>&lt;= 0.03%</b>	Failed				
% of inpatients waiting 6 months or more at the end of each month	0.10%	<b>0%</b>	<b>&lt;= 0.03%</b>	Underachieved				
% patients received thrombolysis within 60 minutes of call to needle time	86.8% DQ complete	<b>68%</b>	<b>&gt;= 68%</b> <b>&gt;= 80% DQ</b>	Achieved				
% patients whose transfer of care was delayed	1.41% Apr-Sep 08 only (CQC method)	<b>Min level</b>	<b>Not yet published</b>	Achieved, Underachieved or Failed				
<b>3. National Priorities (13 indicators apply)</b>								
MRSA bacteraemia (20% reduction on 07/08 agreed with PCT)	29	<b>33</b>	<b>&lt;= Local plan ceiling</b>	Achieved	Worst case (ie Core standards = Almost met, Existing commitments = Partly met, National priorities = Weak) - <b>Fair</b> Best case (ie Core standards = Fully met, Existing commitments = Almost met, National priorities = Good) - <b>Good</b>			
Clostridium difficile infection (25% reduction on 07/08 agreed with PCT)	294	<b>300</b>	<b>&lt;= Local plan ceiling</b>	Achieved				
Cancer 2week Wait from urgent referral to first seen	99.9% Apr-Dec 08	<b>98%</b>	<b>Not yet published</b>	Achieved, Underachieved or Failed				
Cancer 2week Wait from urgent referral to first seen - NEW methodology	91.6% Jan-Mar 09	<b>TBC</b>	<b>Not yet published</b>					
Cancer 31day wait for first treatment from diagnosis	99.5% Apr-Dec 08	<b>98%</b>	<b>Not yet published</b>	Achieved, Underachieved or Failed				
Cancer 31day wait for first treatment from diagnosis - NEW methodology	94.8% Jan-Mar 09	<b>TBC</b>	<b>Not yet published</b>					
Cancer 31day wait for subsequent treatment - NEW commitment (excl. Radiotherapy until Dec 2010)	92.1% Jan-Mar 09	<b>TBC</b>	<b>Not yet published</b>					
Cancer 62day wait for first treatment from urgent referral	95.6% Apr-Dec 08	<b>95%</b>	<b>Not yet published</b>	Achieved, Underachieved or Failed				
Cancer 62day wait for first treatment from urgent referral - NEW commitment (incl. screening and consultant upgrades)	83.0% Jan-Mar 09	<b>TBC</b>	<b>Not yet published</b>					
Experience of patients	Factor 1 - 80.3 Factor 2 - 84.4 Factor 3 - 75.2 Factor 4 - 73.0 Factor 5 - 84.3	<b>na</b>	<b>2 std dev within 08/09 Nat Ave</b>	Achieved, Underachieved (Nat ave 78.6) (Nat ave 84.0) (Nat ave 74.7) (Nat ave 77.9) (Nat ave 74.0)		Worst case (ie 7 x Achieved, 2 x Underachieved, 4 x Failed = 25 pts) - <b>Weak</b> Best case (ie 12 x Achieved, 1 x Failed = 36 pts) - <b>Good</b>		
NHS staff satisfaction - 2008 Staff Survey	3.53 (Nat ave 3.46)	<b>na</b>	<b>2 std dev within 08/09 Nat Ave</b>	Achieved				
Engagement in clinical audits *	Yes x 5 No x 1	<b>na</b>	<b>Yes x 5 out of 6</b>	Achieved				
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation (08/09 vs 07/08)	Smoking 9.3% (9.0% 07/08) Breast 83.4% (83.7% 07/08)	<b>na</b>	<b>Better than 07/08 Nat Average</b>	Achieved				
Participation in heart disease audits	Yes x 2 (4 x na)	<b>na</b>	<b>Not yet published</b>	Achieved				
Maternity HES: DQ - % mandatory fields not complete	6.53% Apr-Dec 08 only (CQC method)	<b>na</b>	<b>Not yet published</b>	Failed (on data validation)				
Stroke care patients spend 90% stay on a Stroke Unit	80.0% (Nat median 56%)	<b>na</b>	<b>Not yet published</b>	Achieved				
Stroke care patients - 8 key indicators average from the National Sentinel Audit	80.3% (Nat median 72%)	<b>na</b>	<b>Not yet published</b>					
18 weeks from GP referral to hospital treatment - % admitted patients	92.7% Jan-Mar 09	<b>90%</b>	<b>Not yet published</b>	Achieved, Underachieved				
18 weeks from GP referral to hospital treatment - % non-admitted patients	97.1% Jan-Mar 09	<b>95%</b>	<b>Not yet published</b>					
18 weeks from GP referral to hospital treatment - % direct access audiology patients	99.8% Jan-Mar 09	<b>95%</b>	<b>Not yet published</b>					
<b>QUALITY OF FINANCIAL MANAGEMENT ELEMENT</b>								
<b>Monitor Financial Risk Rating</b>		<b>3</b>	<b>4</b>	<b>na</b>	<b>Good</b>	<b>Good</b>	<b>Good</b>	

\* Based on questionnaire (Y/N) style returns

\*\* NB Projections based on what is known so far via information released by CQC. [Target scores: Achieved = 3 pts, Underachieved = 2 pts, Failed = 0 pts]