

BOARD OF GOVERNORS

2009/10 PERIODIC REVIEW – NHS ASSESSMENT RATING

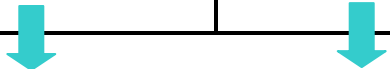

Report of the Director of Information Systems & Analysis and the Head of Performance Intelligence

1. Purpose

- 1.1 The Board is asked to receive this overview of our expected performance against the Care Quality Commission’s NHS Assessment for the financial year April 2009 to March 2010.

2. Overview – 2009/10 NHS Assessment

- 2.1 The following table highlights the key components of the NHS Assessment. Each area is reviewed in turn.

2009/10 framework of assessment		
Existing commitment indicators	National priority indicators	Monitor financial risk rating
		
Annual rating – Aggregated overall performance		Annual rating – Quality of financial management
<i>Service reviews/studies do not directly contribute to the 2009/10 rating, but will provide assurance against meeting the new registration requirements</i>		

- 2.2 **Assessment measures:** All components and element scores will be measured using the four-point scale ‘Excellent’, ‘Good’, ‘Adequate’ and ‘Poor’.
- 2.3 **Existing commitments:** Nine indicators similar to the existing national targets in previous years. Given the published thresholds set by the Care Quality Commission, we know that at least six indicators have been achieved, one underachieved and one failed. Therefore an ‘Excellent’ score is not possible for this component, irrespective of how we fare against the one remaining indicator.
 As things currently stand, at best a ‘Good’ score would apply for this component, and at worst an ‘Adequate’ score.

NB For the ‘patients thrombolysed within 60 minutes of call to needle time’ indicator, a ‘low numbers’ rule will be applied which will withdraw trusts treating a low number of eligible cases from the assessment. This low number has not been published as yet for 2009/10, but last year it was set at below 20 cases.

We more than achieved the target for this indicator at 100%, but this represents only 1 patient (due to the angioplasty service now established at Papworth). Therefore it is highly likely that the Trust will be exempt accordingly, and mean that only eight indicators will be assessed. As this narrows the points tolerance levels for each score, if this is confirmed in due course **the best score possible will be 'Adequate' even if we manage to underachieve the remaining DTOC indicator.**

- 2.4 **National priorities:** Thirteen indicators set to measure performance in key national areas during 2009/10. Only seven thresholds have been published, and the remaining six will not be released until the final ratings are published in October 2010. Therefore a great deal of uncertainty exists for this component, and accordingly we can only be certain that five indicators have been achieved at present. However, given our performance and using the thresholds that were applied last year where applicable, possible best and worst case scenarios can be illustrated. At best an 'Excellent' score would apply for this component, and at worst a 'Poor' score.

The Trust is currently querying the data quality checks being applied to the Cancer wait targets that imply we could potentially fail all 3 as a result. We will also know more when our cancer target data is released via phase 1 ratification on process. A verbal update on this position will be given at the Board of Directors as the information should be confirmed at this point.

- 2.5 **Annual rating – aggregated overall performance:** This aggregation is done using a straightforward rule, where it is the lower of the two component scores outlined above that governs the overall rating that is awarded. Again, using projections founded on information released to date by the Care Quality Commission, we highlight the two scenarios for the overall element score:

- Best case for Trust overall rating = 'Good/Adequate'
Existing commitments - 'Good/Adequate'
National priorities – 'Excellent'
- Worst case for Trust overall rating = 'Poor'
Existing commitments - 'Adequate'
National priorities – 'Poor'

- 2.6 **Access to healthcare for people with a learning disability:** This indicator will not contribute directly to any rating and hence will not be included in the scored assessment for 2009/10. However, the Care Quality Commission will publish it separately along side the results of the periodic review to ensure visibility.

The Trust was not fully compliant against the six criteria set out by the Care Quality Commission, and declared partial compliance for this indicator. Plans are in place to attain full compliance by the end of the 2010/11 financial year.

- 2.7 **Annual rating – quality of financial management element:** As a Foundation Trust, the quality of financial management element score will again be taken from the financial risk rating that will be agreed with Monitor in August 2010 (i.e. as part of the Trust's annual plan for 2010/11). If Monitor awards us a rating of three, an assessment of 'Good' would be achieved.

2.8 Appendix 1 summarises our actual performance against each component, and also outlines projected scores for the Trust based on information released by the Care Quality Commission to date.

3. Conclusion

3.1 The Board is asked to note the possible assessment scenarios for our 2009/10 NHS Assessment ratings to be published in October 2010.

- Best case for Trust aggregated overall performance rating = 'Good'
Existing commitments - 'Good'
National priorities – 'Excellent'
- Worst case for Trust aggregated overall performance rating = 'Poor'
Existing commitments - 'Adequate'
National priorities – 'Poor'
- Annual quality of financial management element - rating 3 / 'Good'
- Given this analysis, and subject to confirmation on the cancer data quality scores, the most likely rating assessment for the Trust will be:-
 - Annual rating – aggregated overall performance = **Adequate**
 - Annual rating – quality of financial management = **Good**