

2009/10 Care Quality Commission (CQC) NHS ASSESSMENT RATING	Actual 2009/10 FY						2009/10 Target						CQC Threshold to Achieve						CQC Indicator score **						CQC Component score **						CQC Element score																												
	AGGREGATED OVERALL ELEMENT - comprises 2 components:																																																										
1. Existing Commitments (9 indicators apply)																																																											
Access to GUM clinic	100.0%	100%	>= 98%	Achieved	Worst case (ie 5 x Achieved, 1 x Underachieved, 2 x Failed, 1 x Not Applicable = 17 pts) - Adequate Best case (ie 6 x Achieved, 2 x Underachieved, 1 x Failed = 22 pts) - Good																																																						
% patients treated in A&E within 4 hours (inc. partnered Cambs MIU activity)	97.9%	98%	>= 98%	Underachieved																																																							
Data quality on ethnic group	90.3% Apr-Dec 09 only (CQC method)	100%	>= 85%	Achieved																																																							
Rapid Access Chest Pain Clinic: % patients have appt within 2 weeks	99.5%	100%	>= 98%	Achieved																																																							
% patients not re-booked within 28 days	0.52%	0%	<= 5%	Achieved																																																							
% operations cancelled on or after the day of admission	0.73%	0%	<= 0.8%	Achieved																																																							
% of outpatients waiting 13 weeks or more at the end of each month (incl. Genetics breaches)	0.32%	0%	<= 0.03%	Failed																																																							
% of inpatients waiting 6 months or more at the end of each month	0.00%	0%	<= 0.03%	Achieved																																																							
% patients received thrombolysis within 60 minutes of call to needle time	100.0% (1 patient only)	68%	Not yet published	Achieved or Not Applicable																																																							
% patients whose transfer of care was delayed (DTCO)	4.02% Apr-Dec 09 only (CQC method)	Min level	Not yet published	Underachieved or Failed																																																							
2. National Priorities (13 indicators apply)																																																											
MRSA bacteraemia (20% reduction on 08/09 agreed with PCT)	20	24	<= Local plan ceiling	Achieved	Worst case (ie Existing commitments = Adequate, National priorities = Poor) - Poor Best case (ie Existing commitments = Good, National priorities = Excellent) - Good																																																						
Clostridium difficile infection (20% reduction on 08/09 agreed with PCT)	126	240	<= 1 std dev of Local plan ceiling	Achieved																																																							
Cancer 2week Wait from urgent referral to first seen - NEW methodology	93.3% 98.5% Breast (Jan-Mar 10)	93%	Not yet published	Achieved or Failed (on data quality)																																																							
Cancer 31day wait for treatment from diagnosis - NEW commitment	97.3% FDT 99.8% Drug 95.3% Surgery	96% 98% 94%	Not yet published	Achieved or Failed (on data quality)																																																							
Cancer 62day wait for first treatment from urgent referral - NEW commitment	85.4% Standard 90.1% Screening 93.4% Consultant	85% 90% 90%	Not yet published	Achieved or Failed (on data quality)																																																							
Patient experience	Selected questions TBC	N/A	2 std dev within 09/10 Nat Ave	Achieved or Underachieved																																																							
Job satisfaction key score - 2009 NHS Staff Survey	Selected questions TBC	N/A	2 std dev within 09/10 Nat Ave	Achieved or Underachieved																																																							
Engagement in clinical audits *	Yes x 6	Yes x 6	Yes x 5 (out of 6)	Achieved																																																							
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation (09/10 vs 08/09)	Smoking 8.1% (9.3% 08/09) Breast fed 83.7% (83.4% 08/09)	N/A	Not yet published	Achieved																																																							
Participation in heart disease audits	Part 1 - Yes x 2 (2 x na) Part 2 - Yes x 1 (3 x na)	N/A	Yes x 4 (out of 4) Yes x 3 (out of 4)	Achieved or Underachieved																																																							
Maternity data quality - % mandatory fields not complete	< 10% Validity OK Apr-Dec 09 only (CQC method)	N/A	<= 15%	Achieved																																																							
Stroke care patients spend 90% stay on a Stroke Unit	59.1%	70%	Not yet published	Underachieved or Failed																																																							
18 weeks from GP referral to hospital treatment - % admitted patients	92.3%	90%																																																									
18 weeks from GP referral to hospital treatment - % non-admitted patients	96.8%	95%	Not yet published	Achieved or Underachieved																																																							
18 weeks from GP referral to hospital treatment - % direct access audiology patients	99.0%	95%																																																									
18-week targets at specialty level (39) - % achieving the standard across admitted, non-admitted and direct access audiology patients	76.9% Jan-Mar 10	100%																																																									
QUALITY OF FINANCIAL MANAGEMENT ELEMENT																																																											
Monitor Financial Risk Rating	3	3	na	Good	Good	Good																																																					

* 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]