

**Existing National Targets: 12 targets applicable to WHHT with 14 associated indicators.****ATTACHMENT 2**

	<b>Perf. 2006 - 07</b>	<b>Perf. to Jan 08</b>	<b>Perf. in Jan 08</b>	<b>Perf. Targeted (March 08)</b>	<b>Notes</b>
Maintain a maximum wait of 31 days from diagnosis to treatment for all cancers	Achieved (100%)	99.9%	100%	ACHIEVE	Satisfactory performance to date. Monitor / sustain.
Maintain a maximum wait of 62 days from urgent GP referral to treatment for all cancers	Achieved (98.4%)	99.3%	100%	ACHIEVE	Satisfactory performance to date. Monitor / sustain.
Maintain a maximum wait of 14 days from urgent GP referral to first outpatient appointment for all cancers	Achieved (99.9%)	100%	100%	ACHIEVE	Satisfactory performance to date. Monitor / sustain.
(i) Cancelled operations on the day of, or after, admission	Failed (2.8% breaches)	3.9%	4.1%	FAIL	The two indicators are combined to relate to a single target for assessment purposes. Neither indicator is achievable within the current year. Admissions planning now more closely linked with bed capacity. Progress chaser post now established.
(ii) (ii) Maintain a maximum wait of 28 days for patients whose operation is cancelled	Failed (19% breaches)	18%	11%		
(i) Up to date provider Information on nhs.uk	N/A	Yes		ACHIEVE	The two indicators are combined to relate to a single target for assessment purposes. Trust utilisation of C&B satisfactory.
(ii) Choose & Book slot utilisation					
Maintain delayed transfers of care at a minimal level	Failed (6.1% breaches)	5.9%	6.5%	FAIL	Current performance escalated to exec level. Joint task group established with PCT. Delivery of target not feasible in current year.
Maintain a maximum wait of 26 weeks for inpatients	Achieved (0.01%)	99.99%	99.01%	ACHIEVE	2 orthopaedic breaches, high dependency patients at WGH. Additional bed capacity established 11 Feb.

Maintain a maximum wait of 13 weeks for outpatients	Achieved (0.01%)	100%	100%	ACHIEVE	Satisfactory performance to date. Monitor / sustain.
Maintain a maximum wait of 13 weeks for revascularisation	Failed (47.8% breaches)	100%	100%	ACHIEVE	Monitoring system revised from 2006-07. 100% since Feb 07.
Thrombolysis – 60 min door to needle time	Trusts with a high %age of eligible cases treated through primary angioplasty are deemed to achieve the target as long as they maintain / exceed their 2005/6 achievement and also achieve at least 38%.			ACHIEVE	Threshold for qualification not yet determined, but current primary angioplasty rates >90%. Monitor / sustain.
Maintain the 4 hour wait in A&E	Achieved (98.0%)	97.5%	98.6%	UNDERACHIEVE	Some fall in performance over Xmas/N Year. Full delivery of target not feasible this year. External Utilisation Review completed.
Maintain a max wait of 14 days for Rapid Access Chest Pain Clinics	Underachieved (96.7%)	99.3%	100%	ACHIEVE	Monitoring system revised from 2006-07. Monitor / sustain.

**New National Targets: 13 targets applicable to WHHT with 14 associated indicators.**

	<b>Perf. 2006 - 07</b>	<b>Perf. to Jan 08</b>	<b>Perf. in Jan 08</b>	<b>Perf. Targeted (March 08)</b>	<b>Notes</b>
GUM clinics - patients offered an appointment to be seen within 2 working days	Achieved (57.0%)	93.1%	92.7%	ACHIEVE	Proportion to increase with time and achieve 100% by 2008. Audit of all breaches now undertaken.
C Difficile data quality	N/A			ACHIEVE	Trust is required to submit data through the year, and agree a target with local commissioners for 2008-09. Data quality reviewed. Satisfactory perf. to date. Monitor / sustain.
Ethnic monitoring	Failed (37.8%)	68.1%	75.5%	UNDERACHIEVE	Daily monitoring of key areas. Full delivery of target not feasible.

Problem drug users	Failed (1)	Annual self assessment process		ACHIEVE	Trust required to provide appropriate patient information and working protocols for screening & referral of patients. Review of current arrangements in hand.
Reduce average number of bed days occupied by emergency patients	Achieved (-8.1%)	-5.0%	-34.2%	UNDERACHIEVE	Provisional figures for January – likely to reduce.
Patient experience - survey results	Achieved (73.6%)			FAIL	Results of one off annual survey by HCC received.
(i) Smoking in pregnancy	Achieved (15.2%)	13.0%	13.1%	ACHIEVE	The two indicators are combined to relate to a single target for assessment purposes. Breast-feeding co-ordinator now in post.
(ii) Breast feeding	Achieved (67.9%)	75.4%	77.1%		
MRSA bacteraemias	Failed (56% excess above trajectory)	127% excess above trajectory	5 (233% over trajectory)	FAIL	4 pre-48 hour and 1 post 48-hour breaches in Jan 08. Annual target exceeded.
Obesity: compliance with NICE guidance 43	N/A	Annual self assessment process		ACHIEVE	Trust must have plans in place, in its role as an employer, for development of public health policies to prevent and manage obesity.
Participation in audits relating to cardiovascular disease	Achieved (4)			ACHIEVE	Trust must take part in national data collection / audit exercises. Checked & OK.
18 week RTT Milestones - to ensure by 2008 that nobody waits more than 18 weeks from GP referral to hospital treatment.	N/A	Indicators under development by HCC		FAIL / UNDERACHIEVE	Current WHHT performance improving. Data cleansing to be completed end January 2008. Capacity plans reviewed.
Compliance with NICE guidelines concerning self harm patients in A&E	Failed (0)			UNDERACHIEVE	Substantially compliant but timescales preclude achievement of target for year.

Waiting times for diagnostic tests - to ensure by 2008 that nobody waits more than 18 weeks from GP referral to hospital treatment.	Achieved (99.9%)	89.7%	99.6%	UNDERACHIEVE	Audiology ‘backlog’ of 1,100 assessments in Q1 & Q2 now cleared, but full achievement of target based on 2006-07 no longer feasible.
	Figs above show performance against 2006-07 target – current year target under development by HCC				

### **Core Standards – standards not compliant in 2006 – 07**

	<b>Perf. 2006-07</b>	<b>Perf. (Jan 08)</b>	<b>Anticipated full year perf. March 2008</b>	<b>Notes</b>
C10a: Employment checks	Non- compliant	Compliant	Compliant	Satisfactory performance to date. Monitor / sustain.
C20b: Environments that support patient privacy & confidentiality	Non- compliant	Non- compliant	Non-compliant	Non- compliant due to mixed sex cohorted bays for MRSA and C Difficile bays. This position is unlikely to change during the current year, but is justifiable on clinical grounds.
C22a&c: Demonstrably improve public health & co-operate in local partnership arrangements with regard to public health	Non- compliant	Non- compliant	Compliant	Trust representation at relevant Local Strategic Partnerships and arrangements now in place for representation at Crime & Disorder Forums.
C23: Systemic & managed health promotion programmes are in place	Non- compliant	Non- compliant	Non-compliant	Draft Policy to go to Trust Board in February '08 for ratification. Action plan in place to implement strategy, which will then lead to general compliance.

**Core Standards – assessed as compliant for 2006-07 but now non-compliant**

	<b>Perf. 2006-07</b>	<b>Perf. (Jan 08)</b>	<b>Anticipated full year perf. March 2008</b>	<b>Actions</b>
C4c: all reusable medical devices are properly decontaminated prior to use and the risks associated with decontamination facilities and processes are well managed	Compliant	Non-compliant	Non-compliant	Policies & procedures require updating. Consortium approach to reprovision requires progressing.  Action Plan in place.
C7e: Health Care Organisations challenge discrimination, promote equality and respect human rights	Compliant	Non-compliant	Non-compliant	Impact assessments not in place for most of year. Impact assessments now form part of both Policy Development Framework and Patient Information Policy. The Patients Panel in both respects will undertake these. HR is making arrangements to have standard statements in respect of equality and diversity published on to the Trust's internet.