

Annual health check 2007/08

East Midlands regional briefing

(Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland)

Summary

The 23 NHS trusts in the East Midlands (eight acute and specialist trusts, nine primary care trusts, five mental health trusts and one ambulance trust) serve a population of 4.4 million people.

- This year three trusts in the East Midlands (13%) achieved the highest combined rating, “excellent” for quality of services and “excellent” for use of resources. Nationally 42 trusts out of 391 (11%) achieved this rating.
- No trusts in the East Midlands were rated “weak” for quality of services and “weak” for use of resources, compared to six nationally (2%).
- Quality of services: Overall the East Midlands has improved again this year, with the performance of eight trusts better than last year, 11 trusts remaining the same and four performing worse than last year.
- Use of resources: There has been a significant improvement in financial performance: this year 15 trusts were “excellent” or “good” for use of resources compared with 10 last year.
- Of the new primary care trusts formed on 1 October 2006, two achieved a rating of “good” for both quality of services and use of resources.
- The 2007/08 annual health check is based on performance between 1 April 2007 and 31 March 2008. For full results and explanation see www.healthcarecommission.org.uk (from 16 October 2008).

Of the 23 trusts in the East Midlands:

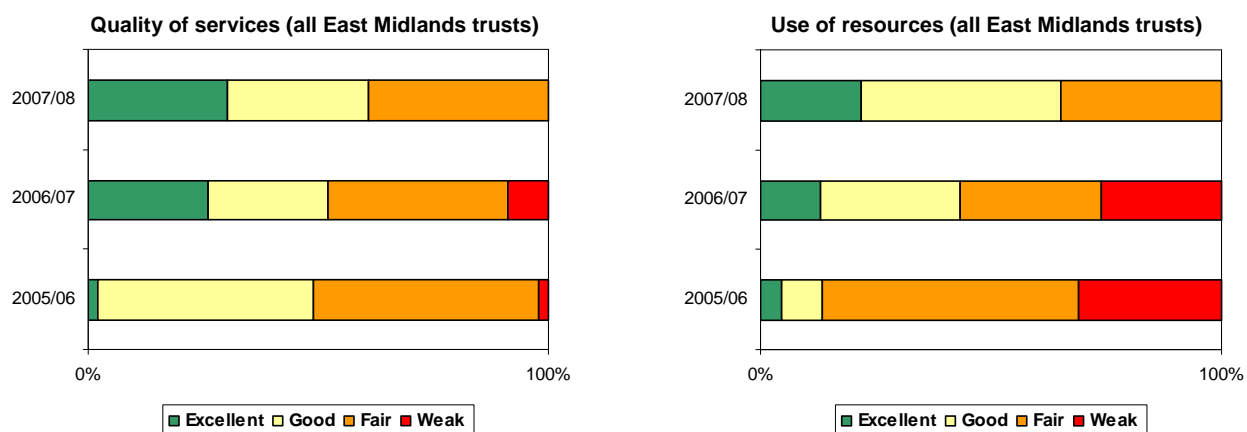
- Three were rated “**excellent**” for quality of services and “**excellent**” for use of resources (last year one).
- Three were rated “**excellent**” for quality of services and “**good**” for use of resources (last year four).
- Two were rated “**good**” for quality of services and “**excellent**” for use of resources (last year one).
- Zero were rated “**weak**” for use of resources (last year six).
- Zero were rated “**weak**” for quality of services (last year two).

Changes over three years

In its third year, the annual health check enables us to track continuing changes in performance. This year, 14 trusts (61%) in the East Midlands were either “excellent” or “good” for quality of services compared with 12 (52%) in 2006/07. No trusts were “weak” in 2007/08 compared with two (9%) in 2006/07.

Similar analysis on trusts' use of resources shows 15 trusts (65%) were "excellent" or "good" this year compared with 10 (43%) in 2006/07. No trusts were "weak" this year compared with six trusts (26%) last year.

Figure 1: Annual health check ratings in the East Midlands 2005/06 to 2007/08



Quality of services in the East Midlands

14 trusts (61%) were rated "excellent" or "good" for quality of services (last year 52%). Nationally 239 (61%) of NHS trusts were rated "excellent" or "good" this year. Nine trusts in the East Midlands (39%) were "fair" compared with 39% last year. No trusts in the East Midlands were "weak" compared with 9% last year.

Table 1: Quality of services

All East Midlands trusts	Excellent	Good	Fair	Weak
This year (total: 23)	7 (30%)	7 (30%)	9 (39%)	0 (0%)
2006/07 (total: 23)	6 (26%)	6 (26%)	9 (39%)	2 (9%)
2005/06 (total: 45)	1 (2%)	21 (47%)	22 (49%)	1 (2%)
Nationally (this year, total: 391)	100 (26%)	139 (36%)	132 (34%)	20 (5%)

Quality of services changes

- Eight trusts' performance improved since last year.
- Four trusts' performance was worse this year.
- 11 trusts' ratings have not changed since last year.

Table 2a: Quality of services – trust that has shown the most notable improvement in the East Midlands

Trust name	This year	2006/07	2005/06
Kettering General Hospital NHS Trust	Excellent	Fair	Fair

Comparing the East Midlands with the rest of England

In the first annual health check, 2% of trusts in the East Midlands were "weak" for quality of services, and 48% were "fair". The general performance across England has improved from the first year of the annual

health check, with this improvement also reflected in this region. This year 61% of trusts in the East Midlands were either “good” or “excellent” (nationally 61%) and 39% were “fair” or “weak” (nationally 39%).

Figure 2a: Quality of services 2007/08 – all trusts, by NHS region and nationally

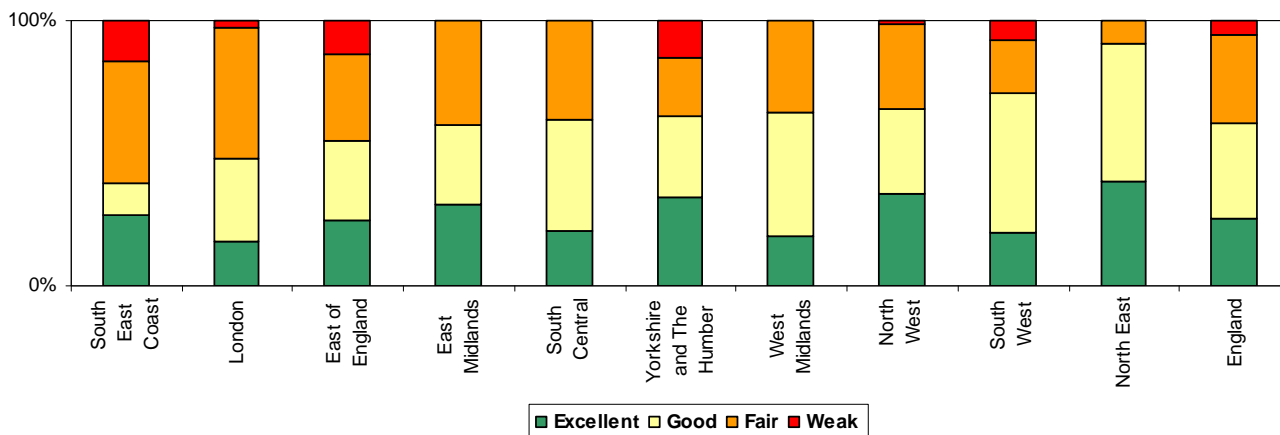
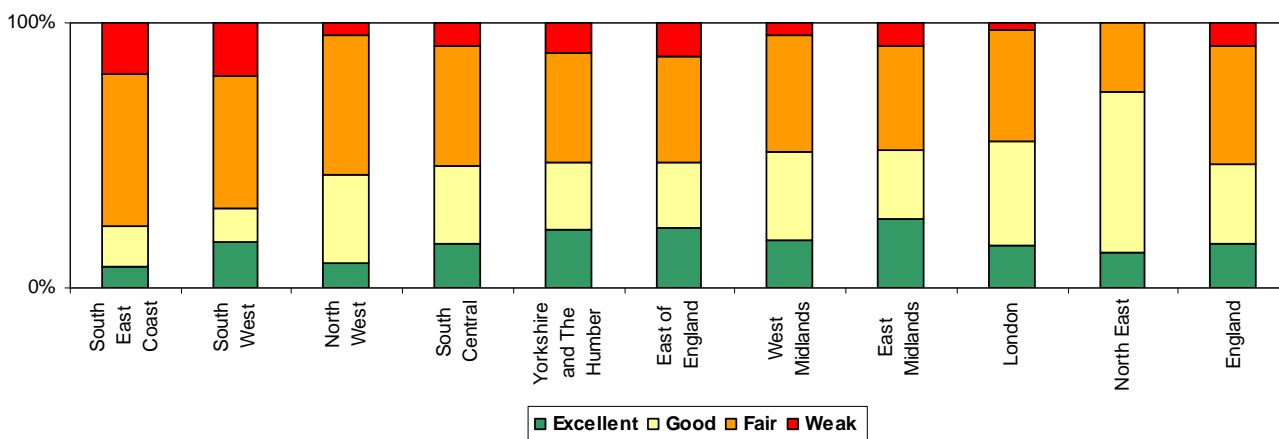


Figure 2b: Quality of services 2006/07 – all trusts, by NHS region and nationally



Acute and specialist trusts – Regional trends and issues

Quality of services

Of the eight acute and specialist trusts in this area, three trusts, including one foundation trust, received “excellent” for quality of services:

- Chesterfield Royal Hospital NHS Foundation Trust (“excellent” the previous year)
- University Hospitals of Leicester NHS Trust (“excellent” the previous year)
- Kettering General Hospital NHS Trust (up from “fair” the previous year)

Since last year, four trusts have improved in our quality of services assessment, three have remained the same and one has performed worse.

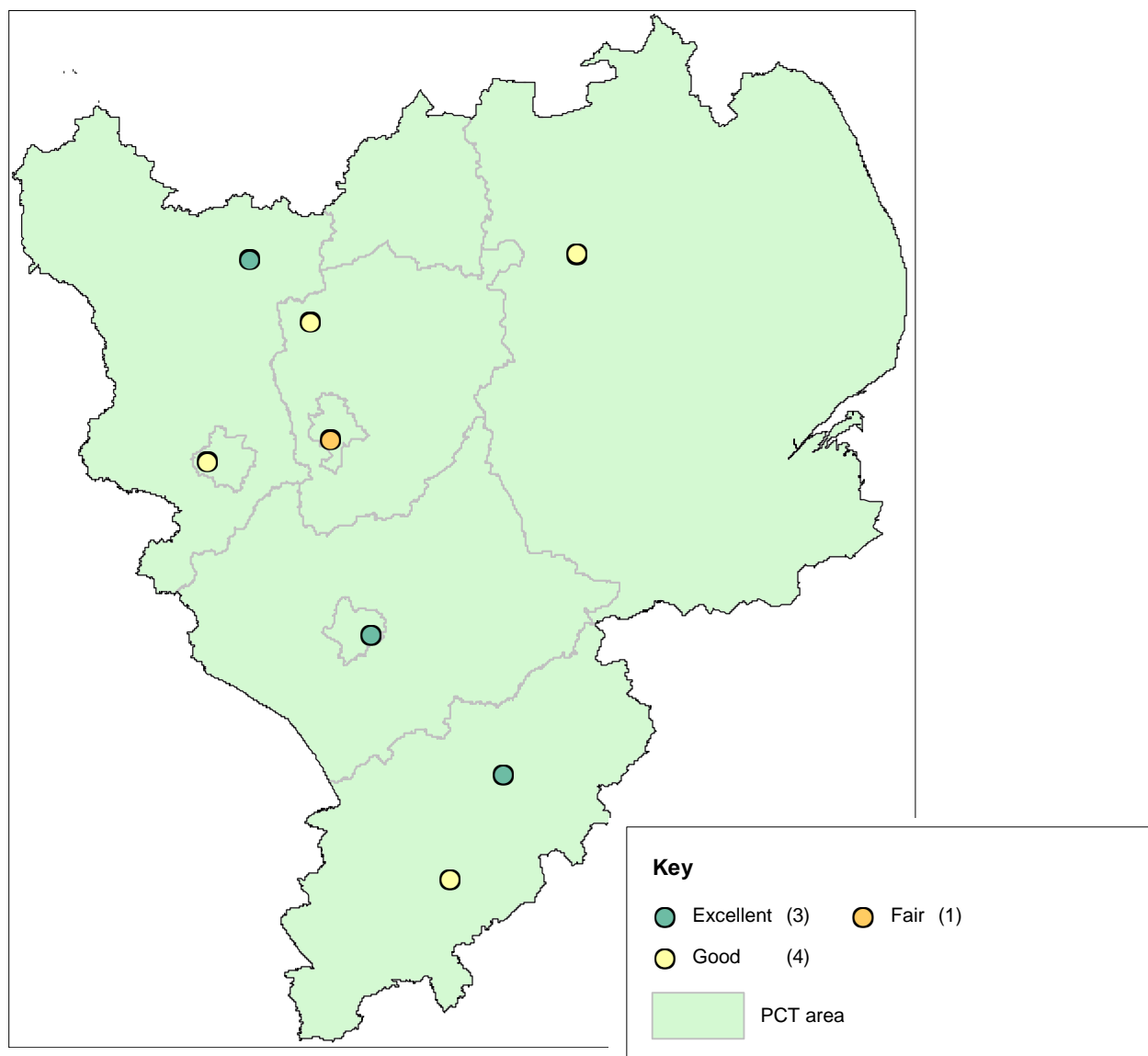
No acute trusts were “weak” in 2007/08.

Table 3: Quality of services – acute and specialist trusts

	East Midlands 2007/08	England	East Midlands 2006/07
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	Number	%	Number	%	Number	%
Excellent	3	38%	51	30%	2	25%
Good	4	50%	79	47%	2	25%
Fair	1	13%	32	19%	4	50%
Weak	0	0%	7	4%	0	0%
Total	8		169		8	

Figure 3: Quality of services – acute and specialist trusts



Core standards

Acute and specialist trusts are required to comply with 43 out of 44 parts of the 24 core standards. In the East Midlands, overall performance has improved slightly, with five of the eight trusts (63%) judged to have “fully met” the standards, up from four last year. This compares with 70% of acute and specialist trusts nationally achieving “fully met”. Two other trusts were judged to have “almost met” the standards, and the other trust “partly met”.

Targets

Acute and specialist trusts are required to meet existing national targets that cover basic elements of service such as waiting times and cancellations, and a further set of new national targets designed to

promote sustained improvements. The annual health check uses a set of indicators to assess performance against these targets.

Existing national targets

- All of the eight acute and specialist trusts performed well, with seven being “fully met” for existing national targets, and the remaining one being “almost met”

New national targets

- All of the eight acute and specialist trusts performed well, with five being “excellent” and three being “good” for new national targets

Primary care trusts – Regional trends and issues

Quality of services

Nationally 102 (67%) primary care trusts (PCTs) received “fair” or “weak” for quality of services.

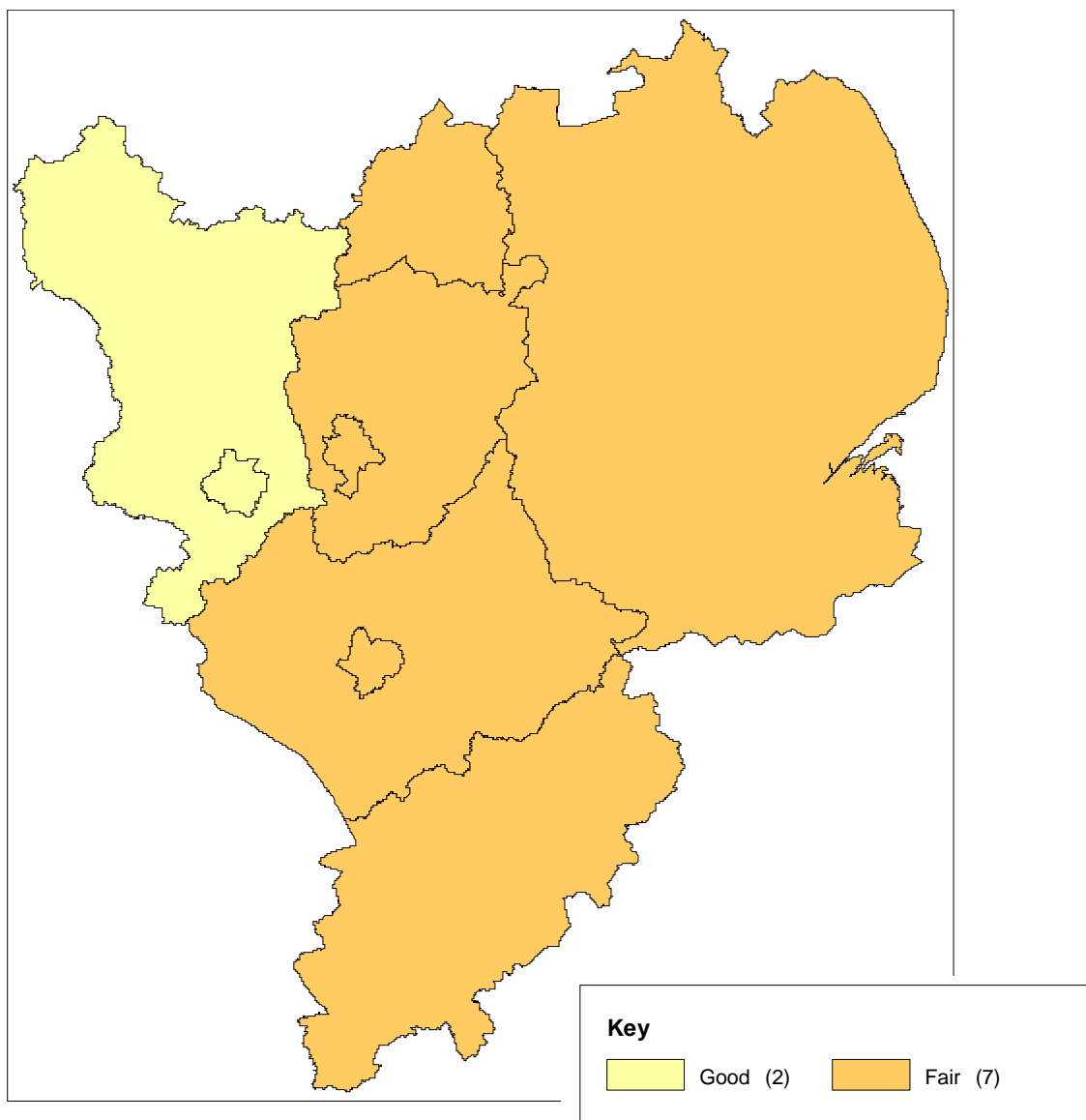
In the East Midlands, seven (78%) of the nine PCTs were “fair”, with the other two (22%) “good”. None were either “excellent” or “weak”. Seven of the nine PCTs came into existence on 1 October 2006, and therefore comparisons with the first year of the annual health check are not applicable.

Since last year, four PCTs have improved in our quality of services assessment, three have remained the same and two have performed worse.

Table 4: Quality of services – primary care trusts

	East Midlands 2007/08		England		East Midlands 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	9	6%	0	0%
Good	2	22%	41	27%	2	22%
Fair	7	78%	94	62%	5	56%
Weak	0	0%	8	5%	2	22%
Total	9		152		9	

Figure 4: Quality of services – primary care trusts



Core standards

Primary care trusts are required to comply with 43 out of 44 components of the core standards. This year, nationally 53% (81) of primary care trusts were scored “fully met” for the core standards assessment and 5% scored “not met”. In the East Midlands, 56% of primary care trusts (five) were scored as “fully met”. Leicestershire County and Rutland Primary Care Trust and Nottingham City Primary Care Trust both scored “partly met” on the assessment, with the other 22% of primary care trusts scoring “almost met”). Across the East Midlands, the standards with the lowest rates of compliance for PCTs were:

- C7e: “Healthcare organisations challenge discrimination, promote equality and respect human rights” (four trusts not full year compliant)
- C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably” (three trusts not full year compliant)

Targets

PCTs are required to meet existing national targets that cover basic elements of service, and a further set of new national targets designed to promote improvement in broader areas of public health and healthcare such as smoking cessation and reducing health inequalities. The annual health check uses a set of indicators to assess performance against these targets.

Existing national targets

- Seven of the nine PCTs were “fully met” for existing national targets, with the remaining two achieving “almost met”

New national targets

- None of the nine PCTs were “excellent”, while three were “good” for new national targets
- Five PCTs were “fair” for new national targets, while the remaining one, Lincolnshire Teaching Primary Care Trust, was “weak”

Mental health trusts – Regional trends and issues

Quality of services

In 2007/08, four of the five mental health trusts in the East Midlands were “excellent” for quality of services, with the other being “fair”. In 2006/07, four trusts were “excellent”, with one being “good”.

Table 5: Quality of services – mental health trusts

	East Midlands 2007/08		England		East Midlands 2006/07	
	Number	%	Number	%	Number	%
Excellent	4	80%	37	66%	4	80%
Good	0	0%	14	25%	1	20%
Fair	1	20%	4	7%	0	0%
Weak	0	0%	1	2%	0	0%
Total	5		56		5	

Core standards

Mental health trusts are required to comply with 41 out of 44 parts of the 24 core standards. This year, nationally 2% of mental health trusts were scored “not met” for the core standards assessment and 80% scored “fully met”. Four mental health trusts (80%) in the East Midlands were scored as “fully met”, and Leicestershire Partnership NHS Trust was judged to be “almost met” for this assessment. Across the East Midlands the standard with the lowest compliance for mental health trusts was:

- C7e: “Healthcare organisations challenge discrimination, promote equality and respect human rights.” (two trusts not full year compliant)

Targets

As part of the annual health check, the Healthcare Commission uses indicators to assess the performance of mental health trusts against national targets.

All five mental health trusts in the East Midlands were “fully met” for existing national targets.

For new national targets four trusts achieved “excellent”. Leicestershire Partnership NHS Trust performed less well, only achieving “fair”.

Ambulance trusts

Quality of services

The East Midlands Ambulance Service NHS Trust was formed on 1 July 2006. The organisation was “good” this year, the same as last year.

Table 6: Quality of services – ambulance trusts

	East Midlands 2007/08		England		East Midlands 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	2	18%	0	0%
Good	1	100%	5	45%	1	100%
Fair	0	0%	1	9%	0	0%
Weak	0	0%	3	27%	0	0%
Total	1		11		1	

Core standards

Ambulance trusts are required to comply with 39 out of 44 parts of the 24 core standards. Nationally six of the 11 ambulance trusts were scored as “fully met”. East Midlands Ambulance Service NHS Trust was found to be “fully met” for this assessment this year.

Targets

As part of the annual health check, the Healthcare Commission uses indicators to assess the performance of ambulance trusts against national targets.

East Midlands Ambulance Service NHS Trust was “almost met” for existing national targets and “excellent” for new national targets.

East Midlands use of resources

For the second successive year there has been a significant improvement in the NHS use of resources in the East Midlands, reflecting national trends.

The proportion of trusts that received a rating of either “excellent” or “good” has risen from 14% in the first year of the annual health check to 53% this year. In the first year of the annual health check, 31% of all trusts in the East Midlands were “weak” for use of resources. This year none were “weak”.

Use of resources – East Midlands

- Five were “excellent”
- 10 were “good”
- Eight were “fair”
- Zero were “weak”

Of the five trusts that were “excellent” for use of resources, four were foundation trusts, three were acute and specialist trusts, and two were mental health trusts.

Lincolnshire Teaching Primary Care Trust and Nottinghamshire County Teaching Primary Care Trust (both “good” up from “weak” last year) made the most significant improvements. Ten other trusts also improved including:

- Lincolnshire Partnership NHS Foundation Trust (“excellent” up from “good” last year)
- Northamptonshire Healthcare NHS Trust (“excellent” up from “good” last year)

Ten trusts had not changed since last year, and one worsened on use of resources:

- University Hospitals of Leicester NHS Trust (“fair” this year down from “good” last year)

Comparing the East Midlands with the rest of England

This year, the general performance has improved across England. The East Midlands has no trusts scoring “weak” on use of resources compared to the national figure of 5% of trusts. However, for trusts scoring “excellent” the East Midlands is slightly below performance nationally, where 24% of all trusts have scored “excellent”; 22% of trusts in the East Midlands scored “excellent”

Figure 5a: Use of resources 2007/08 – all trusts, by NHS region and nationally

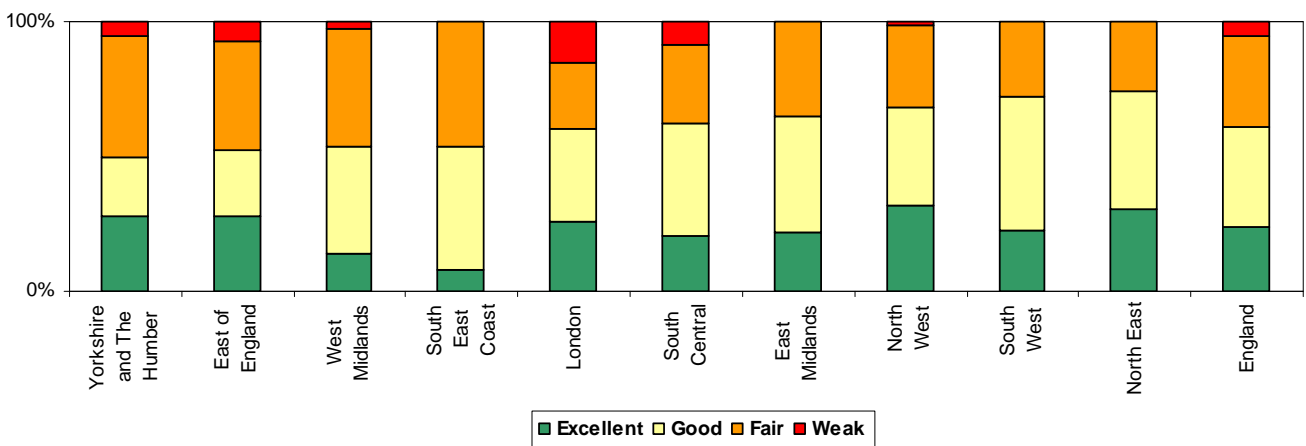


Figure 5b: Use of resources 2006/07 – all trusts, by NHS region and nationally

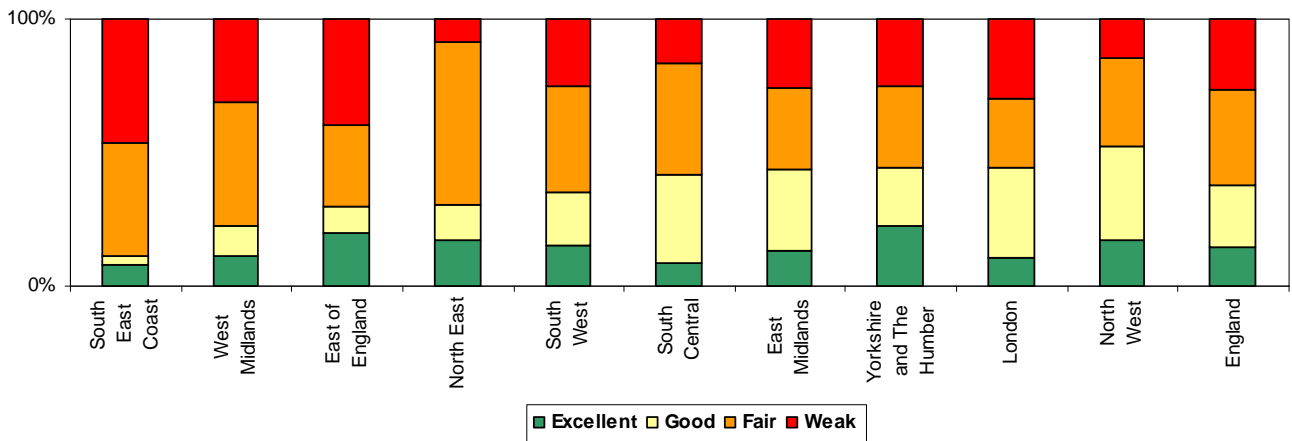


Table 7: East Midlands use of resources

Use of resources		East Midlands 2007/08		England		East Midlands 2006/07	
		Number	%	Number	%	Number	%
Ambulance	Excellent	0	0%	0	0%	0	0%
	Good	0	0%	4	36%	0	0%
	Fair	1	100%	6	55%	1	100%
	Weak	0	0%	1	9%	0	0%
Total		1		11		1	
Acute and Specialist	Excellent	3	38%	67	40%	3	38%
	Good	2	25%	41	24%	2	25%
	Fair	3	38%	49	29%	1	13%
	Weak	0	0%	12	7%	2	25%
Total		8		169		8	
Mental Health	Excellent	2	40%	19	34%	0	0%
	Good	2	40%	28	50%	3	60%
	Fair	1	20%	8	14%	2	40%
	Weak	0	0%	1	2%	0	0%
Total		5		56		5	
PCT	Excellent	0	0%	8	5%	0	0%
	Good	6	67%	69	45%	2	22%
	Fair	3	33%	69	45%	3	33%
	Weak	0	0%	6	4%	4	44%
Total		9		152		9	
Learning Disability	Excellent	0	0%	0	0%	0	0%
	Good	0	0%	2	100%	0	0%
	Fair	0	0%	0	0%	0	0%
	Weak	0	0%	0	0%	0	0%
Total		0		2		0	

Appendices

List of organisations in East Midlands NHS area

Acute and specialist trusts:

- Chesterfield Royal Hospital NHS Foundation Trust
- Derby Hospitals NHS Foundation Trust
- Kettering General Hospital NHS Trust
- Northampton General Hospital NHS Trust
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- University Hospitals of Leicester NHS Trust

Primary care trusts in existence prior to October 2006:

- Bassetlaw Primary Care Trust
- Nottingham City Primary Care Trust

Primary care trusts created as a result of reorganisations in October 2006:

- Derby City Primary Care Trust
- Derbyshire County Primary Care Trust
- Leicester City Primary Care Trust
- Leicestershire County And Rutland Primary Care Trust
- Lincolnshire Teaching Primary Care Trust
- Northamptonshire Teaching Primary Care Trust
- Nottinghamshire County Teaching Primary Care Trust

Mental health trusts:

- Derbyshire Mental Health Services NHS Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Trust
- Nottinghamshire Healthcare NHS Trust

Ambulance trust:

- East Midlands Ambulance Service NHS Trust

Ratings

There are two parts to every trust's rating. One part is quality of services, which includes performance against core standards and national targets. The other is use of resources, which looks at financial management and value for money.

For quality of services the scores are:

- Excellent: It achieved consistently good results across our assessment.
- Good: It performed well across our assessment, but there remains room for improvement.
- Fair: It performed adequately across our assessment, but there is room for improvement.
- Weak: It failed to meet a significant number of basic requirements and there is a lot of room for improvement.

For use of resources for non-foundation trusts:

- Excellent: It was assessed as performing strongly. Arrangements appear to be operating effectively and financial targets have been met for at least the past two years.
- Good: It performed well and financial targets have been met for at least the past two years.
- Fair: It performed adequately with regard to its financial arrangements.
- Weak: It failed to demonstrate that it had adequate arrangements for managing its finances. Areas for improvement were identified.

For use of resources for foundation trusts:

- Excellent: a foundation trust performed strongly and is considered a relatively low financial risk.
- Good: its financial performance was assessed as good, with a low to medium level of financial risk.

- Fair: it had an acceptable level of financial performance, with a medium level of financial risk.
- Weak: It had the highest level of financial risk and demonstrated a poor level of financial performance.

Core standards

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the annual health check, we ask all trusts to assess their performance against the core standards and to publicly declare this information. Our assessment of a trust's performance against the core standards is supplemented with feedback from a variety of local stakeholders.

There are 24 core standards covering the minimum standards that must apply to all NHS healthcare providers. The core standards are made up of seven key areas:

- Safety – is it safe for patients?
- Clinical and cost effectiveness – is it providing treatment in line with national guidelines and in the most effective way?
- Governance – is it well run?
- Patient focus – does it organise its services around the needs and preferences of patients?
- Accessible and responsive care – is it easy to get the care that is needed without unreasonable delays?
- Care environment and amenities – is the place where patients are treated well designed and maintained?
- Public health – does it improve, promote and protect the health of local people?

Core standards – Safety

C1 Healthcare organisations protect patients through systems that:

- a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and
- b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

C2 Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

C3 Healthcare organisations protect patients by following NICE Interventional Procedures guidance.

C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:

- a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;
- b) all risks associated with the acquisition and use of medical devices are minimised;
- c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;
- d) medicines are handled safely and securely; and
- e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Core standards – Clinical and cost effectiveness

C5 Healthcare organisations ensure that:

- a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;
- b) clinical care and treatment are carried out under supervision and leadership;
- c) clinicians continuously update skills and techniques relevant to their clinical work; and
- d) clinicians participate in regular clinical audit and reviews of clinical services.

C6 Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Core standards – Governance

C7 Healthcare organisations:

- a) apply the principles of sound clinical and corporate governance;
- b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
- c) undertake systematic risk assessment and risk management;
- d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
- e) challenge discrimination, promote equality and respect human rights; and
- f) meet the existing performance requirements set out in the annex.

C8 Healthcare organisations support their staff through:

- a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and
 - b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.
- C9 Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.
- C10 Healthcare organizations:
- a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and b) require that all employed professionals abide by relevant published codes of professional practice.
- C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:
- a) are appropriately recruited, trained and qualified for the work they undertake;
 - b) participate in mandatory training programmes; and
 - c) participate in further professional and occupational development commensurate with their work throughout their working lives.
- C12 Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

Core standards – Patient focus

- C13 Healthcare organisations have systems in place to ensure that:
- a) staff treat patients, their relatives and carers with dignity and respect;
 - b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and
 - c) staff treat patient information confidentially, except where authorised by legislation to the contrary.
- C14 Healthcare organisations have systems in place to ensure that patients, their relatives and carers:
- a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;
 - b) are not discriminated against when complaints are made; and
 - c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.
- C15 Where food is provided, healthcare organisations have systems in place to ensure that:
- a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and
 - b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.
- C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Core standards – Accessible and responsive care

- C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
- C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
- C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Core standards – Care environment and amenities

- C20 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:
- a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and b) supportive of patient privacy and confidentiality.
- C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and nonclinical areas that meet the national specification for clean NHS premises.

Core standards – Public Health

- C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) cooperating with each other and with local authorities and other organisations; b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and

c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.

Targets

Acute and specialist trusts

As part of the annual health check, we use 11 indicators to assess acute and specialist trusts against the Department of Health's "existing national targets".

- All cancers: one month diagnosis (decision to treat) to treatment
- All cancers: two month GP urgent referral to treatment
- All cancers: two week wait
- Cancelled operations and those not admitted within 28 days
- Convenience and choice – provider information on nhs.uk and availability of slots
- Number of inpatients waiting longer than the standard
- Number of outpatients waiting longer than the standard
- Patients waiting longer than three months for revascularisation
- Thrombolysis - 60 minute call to needle time
- Total time in A&E: four hours or less
- Waiting times for rapid access chest pain clinic

To assess whether an acute or specialist trust is making and sustaining improvements in the care it provides, we use 13 indicators to look at its performance against the Department of Health's new national targets.

- Access to GUM clinics
- Clostridium difficile data quality
- Data quality on ethnic group
- Drug misusers: information, screening and referral
- Emergency bed days
- Experience of patients
- Infant health & inequalities: smoking during pregnancy and breastfeeding initiation
- MRSA Bacteraemia
- Obesity: compliance with NICE guidance 43
- Participation in audits
- Referral to treatment times milestones
- Self harm: compliance with NICE guidelines
- Waiting times for diagnostic tests

Primary care trusts (PCTs)

As part of the Healthcare Commission's annual health check, we use 20 indicators to assess the performance of primary care trusts against the existing national targets.

- Access to a GP
- Access to a primary care professional
- All cancers: one month diagnosis (decision to treat) to treatment
- All cancers: two month GP urgent referral to treatment
- All cancers: two week wait
- Category A calls meeting 19 minute target
- Category A calls meeting eight minute target
- Category B calls meeting national 19 minute target
- Commissioning a comprehensive child and adolescent mental health service
- Commissioning of crisis resolution/home treatment services
- Convenience and choice - PCT booking
- Convenience and choice - PCT facilities in place to support choice
- Delayed transfers of care
- Diabetic retinopathy screening
- Number of inpatients waiting longer than the standard

- Number of outpatients waiting longer than the standard
- Patients waiting longer than three months for revascularisation
- Practice based registers - patients called for review
- Thrombolysis - 60 minute call to needle time
- Total time in A&E: four hours or less

To assess whether a primary care trust is making and sustaining improvements we use 32 indicators to assess the performance against the new national targets.

- Access to GUM clinics
- Access to reproductive health services
- Blood pressure
- Breast cancer screening
- Cancer mortality rate
- Cardiovascular disease mortality
- Cholesterol levels
- Commissioning of early intervention in psychosis services
- Community equipment
- Community development workers
- Community matrons & additional case managers
- CPA 7-Day follow up and suicide audit
- Data quality on ethnic group
- Drug misusers in treatment
- Drug misusers sustained in treatment
- Emergency bed days
- Experience of patients
- Four week smoking quitters
- GP recording of body mass index (BMI) status
- Improving cancer services
- Infant health & inequalities: breastfeeding initiation rates
- Infant health & inequalities: smoking during pregnancy
- Infection control
- National Child Measurement Programme (NCMP): data quality
- Number of very high intensity users
- Obesity: compliance with NICE guidance 43
- Older people's mental health: assessment of needs and services
- Practice-based registers
- Referral to treatment times milestones
- Smoking status among the population aged 16 and over
- Teenage conception rates
- Waiting times for diagnostic tests

Mental health trusts

As part of the Healthcare Commission's annual health check, we use one indicator to assess the performance of mental health trusts against the existing national targets.

- Crisis resolution team implementation

We use nine indicators to assess the performance of mental health trusts against the new national targets.

- Audit of suicide prevention
- CMHT integration (older people)
- Data quality on ethnic group
- Drug misusers sustained in treatment
- Experience of patients
- Infection control
- Obesity: compliance with NICE guidance 43
- Schizophrenia: improvement towards compliance with NICE guidelines
- Support in the community

Ambulance trusts

As part of the Healthcare Commission's annual health check, we use four indicators to assess the performance of ambulance trusts against the existing national targets.

- Category A calls meeting 19 minute target
- Category A calls meeting eight minute target
- Category B calls meeting national 19 minute target

- Thrombolysis - 60 minute call to needle time

We use five indicators to assess the performance of ambulance trusts against the new national targets.

- Emergency response to stroke and transient ischaemic attack
- Infection control
- Obesity: compliance with NICE guidance 43
- Participation in audits
- Self harm: compliance with NICE and JRCALC guidelines

Hybrid trusts

Hybrid trusts are healthcare organisations that provide more than one type of function, for example, primary care trusts that also provide mental health services. Their assessment is based on all of the indicators for each function they deliver.