

Annual health check 2007/08

London regional briefing

(Greater London Area)

Summary

The 73 NHS trusts in the London NHS area (31 acute and specialist trusts, 31 primary care trusts, 10 mental health and one ambulance trust) serve a population of 7.5 million people.

- This year seven trusts in London (10%) 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.
- The Royal Marsden Hospital Foundation Trust has been “excellent” for both measures all three years, the only trust to achieve this distinction.
- Two trusts in London (3%) were rated “weak” for quality of services and “weak” for use of resources, compared to six nationally (2%).
- Quality of services: Overall ratings in London show a mixed picture with 17 trusts improving since last year, but 20 trusts performing worse than last year.
- Use of resources: There has been a significant improvement in financial performance; 44 trusts rated “excellent” or “good” for use of resources compared with 33 last year, with more than double the number of trusts receiving a rating of “excellent” compared to last year.
- There was one new acute trust formed in October 2007 that rated “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 73 trusts in London:

- Seven were “**excellent**” for quality of services and “**excellent**” for use of resources (last year three).
- Five were “**excellent**” for quality of services, and “**good**” for use of resources (last year eight).
- Seven were “**good**” for quality of services and “**excellent**” for use of resources (last year three).
- 11 were “**weak**” for use of resources (last year 22).
- Two were “**weak**” for quality of services (last year two).

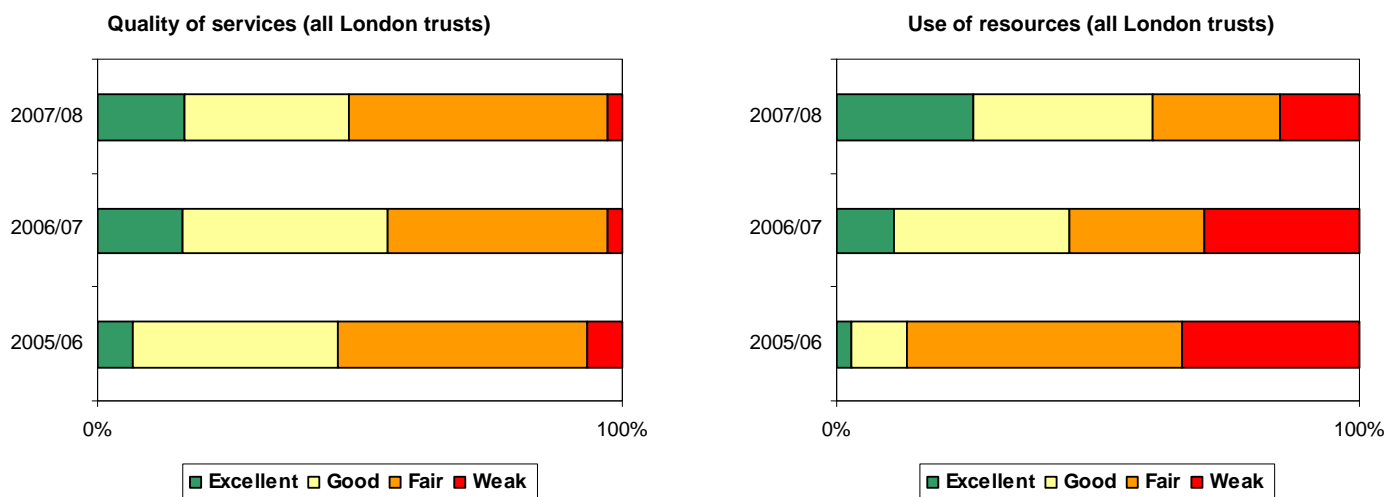
Changes over three years

In its third year, the annual health check enables us to track continuing changes in performance. This year, the percentage of trusts in London achieving “excellent” for the quality of their services has remained static compared to last year, at around 16%. However, the percentage of trusts achieving

“good” has fallen from 39% to 32% and the number of trusts who were “fair” for their quality of services has risen from 42% to 49%.

Analysis on trusts’ use of resources shows a steady improvement over the three years, with the percentage of “weak” trusts falling from 34% in 2005/06 to 15% in 2007/08. For the first time this year over half (60%) of trusts in London are achieving either “excellent” or “good”.

Figure 1: Annual health check ratings in London 2005/06 to 2007/08



Quality of services in London

35 trusts (48%) were rated “excellent” or “good” for quality of services (last year 55%).

Nationally 61% of NHS trusts were rated “excellent” or “good” this year.

36 trusts (49%) were “fair” compared with 42% last year.

Two trusts were “weak” (3%) compared with 3% last year.

Table 1: Quality of services

All London trusts	Excellent	Good	Fair	Weak
This year (73 trusts)	12 (16%)	23 (32%)	36 (49%)	2 (3%)
2006/07 (74 trusts)	12 (16%)	29 (39%)	31 (42%)	2 (3%)
2005/06 (74 trusts)	5 (7%)	29 (39%)	35 (47%)	5 (7%)
Nationally (this year, total: 391)	100 (26%)	139 (36%)	132 (34%)	20 (5%)

Quality of services changes

- 17 trusts’ performance improved since last year.
- 20 trusts’ performance was worse this year.
- 35 trusts’ ratings have not changed since last year.
- One organisation came into existence in 2007, and so comparisons with last year’s results are not applicable.

Table 2: Quality of services – trusts that have shown the most notable decline in London area

Trust name	This year	2006/07	2005/06
Barts and The London NHS Trust	Fair	Excellent	Excellent
King's College Hospital NHS Foundation Trust	Fair	Excellent	Good

Comparing London with the rest of England

In the first annual health check, 7% of trusts in London were “weak” for quality of services, and 47% were “fair”. While the general performance across England has improved from the first year of the annual health check, improvement in London has been more modest than in some other regions. This year 48% of London trusts were either “good” or “excellent” (nationally 61%) and 52% were “fair” or “weak” (nationally 39%).

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

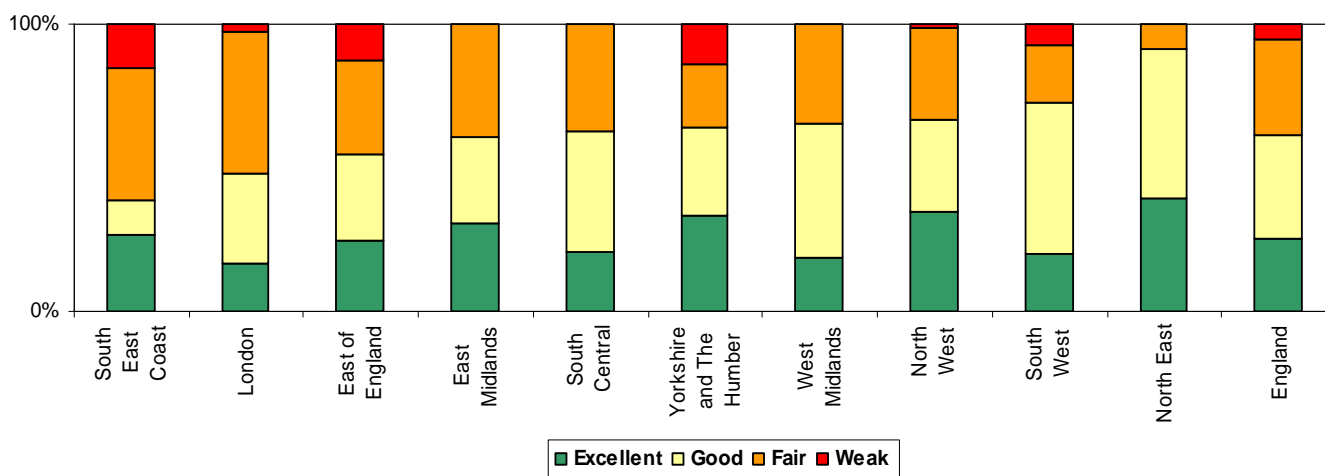
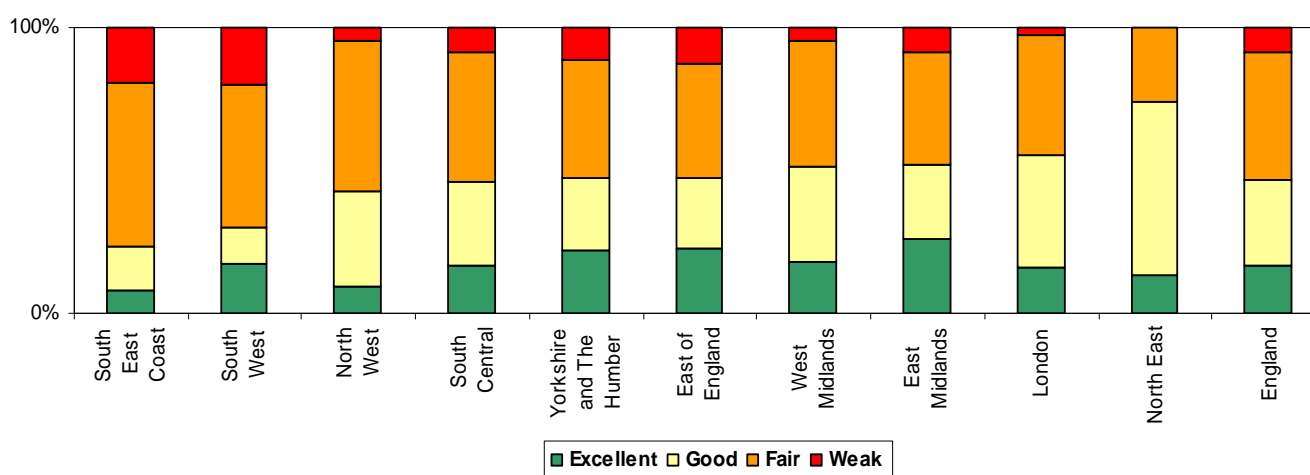


Figure 2b: Quality of services 2006/07 – all trusts, by NHS region and nationally



Acute and specialist trusts – Regional trends and issues

Quality of services

Of the 31 acute and specialist trusts in this area, four trusts achieved “excellent” for quality of services:

- Homerton University Hospital NHS Foundation Trust
- Royal Brompton and Harefield NHS Trust

- Royal Free Hampstead NHS Trust
- The Royal Marsden NHS Foundation Trust

The Royal Marsden NHS Foundation Trust has achieved “excellent” for their quality of services in all three years of the annual health check, and Royal Free Hampstead NHS Trust has been “excellent” for the last two years.

Since last year, seven trusts have improved in our quality of services assessment, 12 have remained the same and 11 have performed worse. Imperial College Healthcare NHS Trust was formed in October 2007 so no comparison is available.

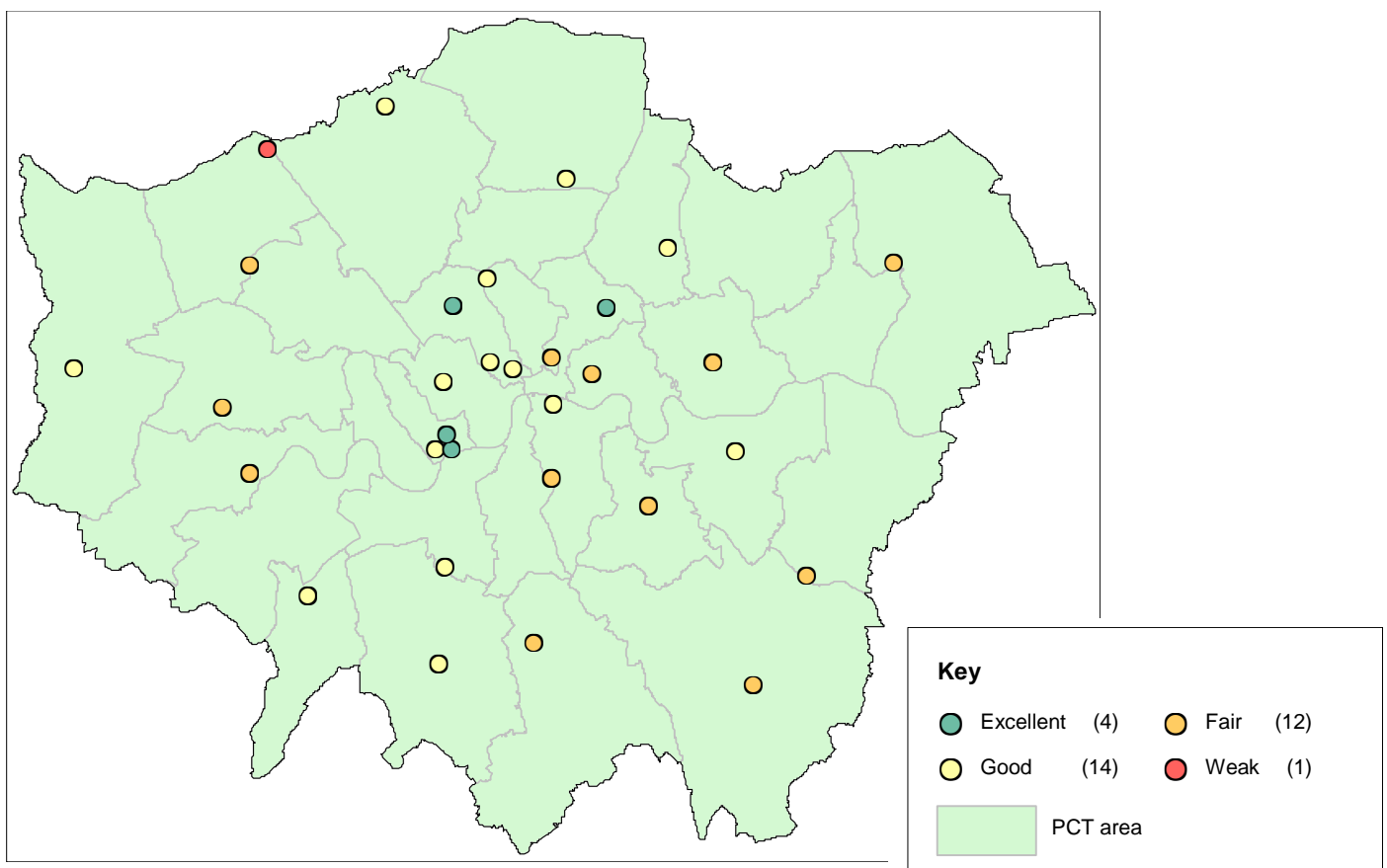
One acute trust was “weak”:

- Royal National Orthopaedic Hospital NHS Trust

Table 3: Quality of services – acute and specialist trusts

	London 2007/08		England		London 2006/07	
	Number	%	Number	%	Number	%
Excellent	4	13%	51	30%	7	22%
Good	14	45%	79	47%	15	47%
Fair	12	39%	32	19%	9	28%
Weak	1	3%	7	4%	1	3%
Total	31		169		32	

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 London, 65% of acute and specialist trusts were judged to have “fully met” the standards, compared to 70% of acute and specialist trusts nationally. Eleven trusts (35%) scored “almost met”, with no trusts in this area receiving a lower score than “partly met”.

Standards with the lowest rates of compliance for acute and specialist trusts in London included:

- C4c: “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well” (six trusts not full year compliant).
- C11b: “Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare: participate in mandatory training programmes” (five trusts not full year compliant).

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:

- 25 of the 31 acute and specialist trusts performed well, with 18 being “fully met” for existing national targets, and seven being “almost met”
- Five trusts were “partly met”, and one trust, Royal National Orthopaedic Hospital NHS Trust, was “not met” for existing national targets

New national targets:

- 21 of the 31 acute and specialist trusts performed well, with eight being “excellent” and 13 being “good” for new national targets
- Eight trusts were “fair”, and two trusts, Barts and The London NHS Trust and Moorfields Eye Hospital NHS Foundation Trust, were “weak” for new national targets

Primary care trusts – Regional trends and issues

Quality of services

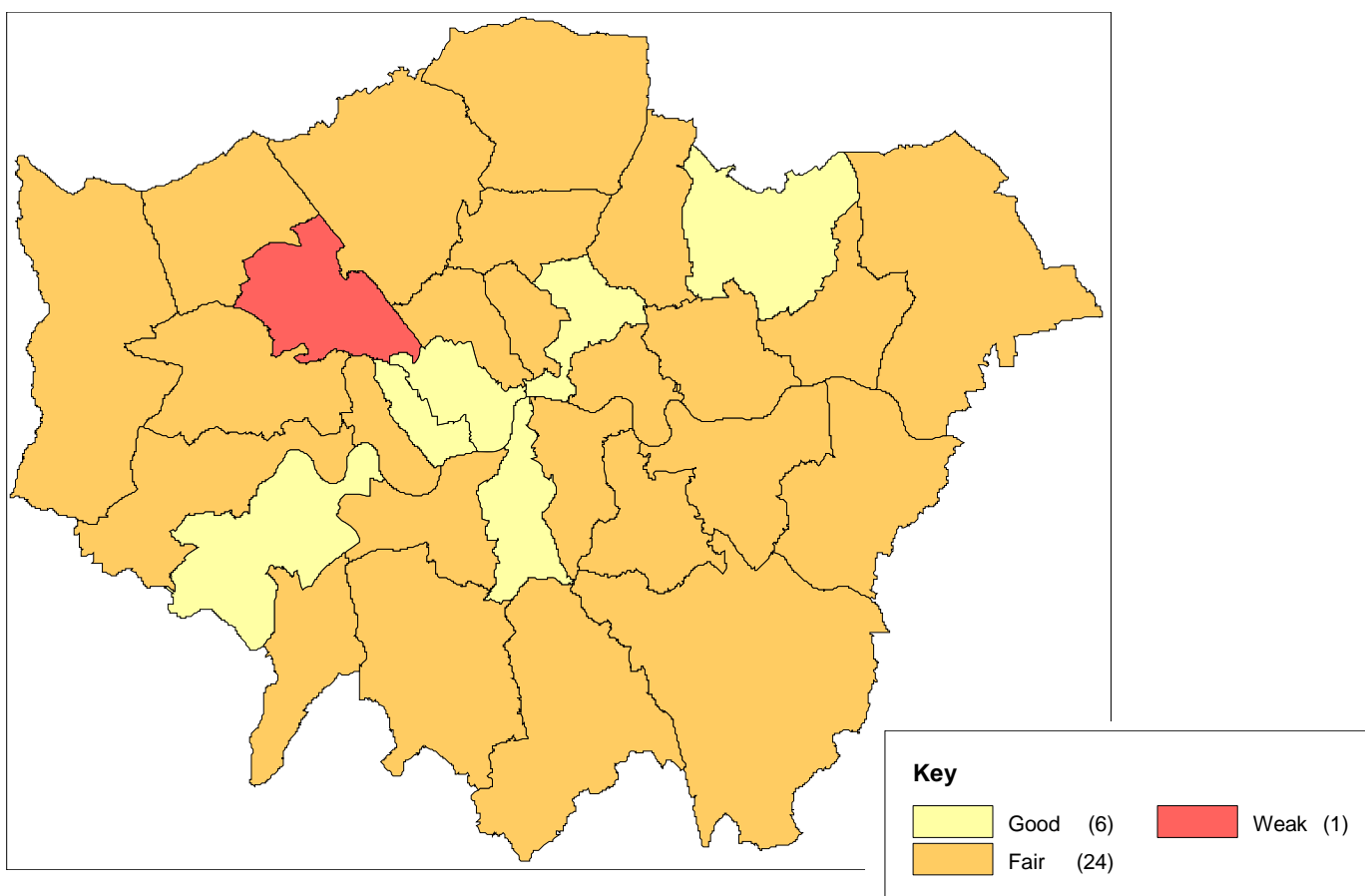
Nationally 67% (102) of primary care trusts were “fair” or “weak”. In London 25 PCTs (81%) were in these categories.

Since last year, five PCTs have improved in our quality of services assessment, 18 have remained the same and eight have performed worse.

Table 5: Quality of services – primary care trusts

	London 2007/08		England		London 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	9	6%	0	0%
Good	6	19%	41	27%	9	29%
Fair	24	77%	94	62%	21	68%
Weak	1	3%	8	5%	1	3%
Total	31		152		31	

Figure 4: Quality of services – primary care trusts



Core standards

PCTs 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 London 19 primary care trusts (61%) were “fully met”. Brent Teaching Primary Care Trust had the lowest performance in the area, scoring “not met” for this assessment.

Across London, the standards with the lowest rates of compliance for PCTs were:

- C4c: “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well” (13 trusts not full year compliant).
- 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” (six 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:

- None of the 31 PCTs are “fully met” for existing national targets, although 23 are “almost met”
- The remaining eight PCTs are “partly met”, with none of the PCTs being “not met” for existing national targets

New national targets:

- Only one of the 31 PCTs, Lambeth Primary Care Trust, is “excellent” for new national targets, with five being “good”
- Nine PCTs are “fair”, while the remaining 16 PCTs are all “weak” for new national targets

Mental health trusts – Regional trends and issues

Quality of services

Eight of the 10 mental health trusts in London were “excellent” for their quality of services, with the remaining two being “good”.

Table 5: Quality of services – mental health trusts

	London 2007/08		England		London 2006/07	
	Number	%	Number	%	Number	%
Excellent	8	80%	37	66%	5	50%
Good	2	20%	14	25%	4	40%
Fair	0	0%	4	7%	1	10%
Weak	0	0%	1	2%	0	0%
Total	10		56		10	

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”.

In London nine out of 10 trusts were “fully met”. South West London and St George's Mental Health NHS Trust scored “almost met” for this assessment.

Across London the standard with the lowest rate of compliance for mental health trusts was:

- C05b: “Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership” (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.

In London, six of the 10 mental health trusts achieved all the targets that they were assessed against. None of the remaining four trusts missed more than one target.

Ambulance trusts

Quality of services

London’s one ambulance trust achieved “good” for quality of services again this year.

Table 6: Quality of services – ambulance trusts

	London 2007/08		England		London 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	0.0%
Weak	0	0%	3	27%	0	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”. London’s one Ambulance service was scored as “fully met” for core standards in the year.

Targets

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

London’s one ambulance service achieved all but one of its targets.

London use of resources

The use of resources rating in London has shown significant improvement over the three years. 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 60% this year. This year 11 trusts or 15% are “weak” which is an improvement on performance in the first year of the annual health check when 34% of London trusts scored “weak”.

Use of resources – London

- 19 were “excellent”
- 25 were “good”
- 18 were “fair”
- 11 were “weak”

Of the 19 trusts that were “excellent” for use of resources, 12 were foundation trusts, of which seven were acute trusts and five mental health. Of these 19 “excellent” trusts, seven were also “excellent” last year and the Royal Marsden Hospital Foundation Trust has been “excellent” for all three years.

- 32 trusts in London improved on use of resources. Moorfields Eye Hospital NHS Foundation Trust and University College London Hospitals NHS Foundation Trust have made the most significant improvement up from “fair” last year to “excellent” this year.
- 11 of those trusts moved from “weak” to “fair” this year.
- 39 trusts had not changed since last year.
- One trust, Barking and Dagenham Primary Care Trust, was lower on use of resources:
- One trust came into existence in October 2007, and so no comparison can be made.

Comparing London with the rest of England

This year, the general performance has improved across England. The number of trusts scoring “weak” on use of resources in London (15%) is greater than the national of 5%. However, for trusts scoring “excellent” London is performing well with 26% compared to 24% of trusts nationally.

Table 7: London use of resources

Use of resources		London 2007/08		England		London 2006/07	
		Number	%	Number	%	Number	%
Ambulance	Excellent	0	0%	0	0%	0	0%
	Good	1	100%	4	36%	1	100%
	Fair	0	0%	6	55%	0	0%
	Weak	0	0%	1	9%	0	0%
Total		1		11		1	
Acute and Specialist	Excellent	9	29%	67	40%	4	13%
	Good	7	23%	41	24%	9	28%
	Fair	7	23%	49	29%	5	16%
	Weak	8	26%	12	7%	14	44%
Total		31		169		32	
Mental Health	Excellent	5	50%	19	34%	2	20%
	Good	5	50%	28	50%	5	50%
	Fair	0	0%	8	14%	3	30%
	Weak	0	0%	1	2%	0	0%
Total		10		56		10	
PCT	Excellent	5	16%	8	5%	2	6%
	Good	12	39%	69	45%	10	32%
	Fair	11	35%	69	45%	11	35%
	Weak	3	10%	6	4%	8	26%
Total		31		152		31	
Learning Disabilities	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	

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

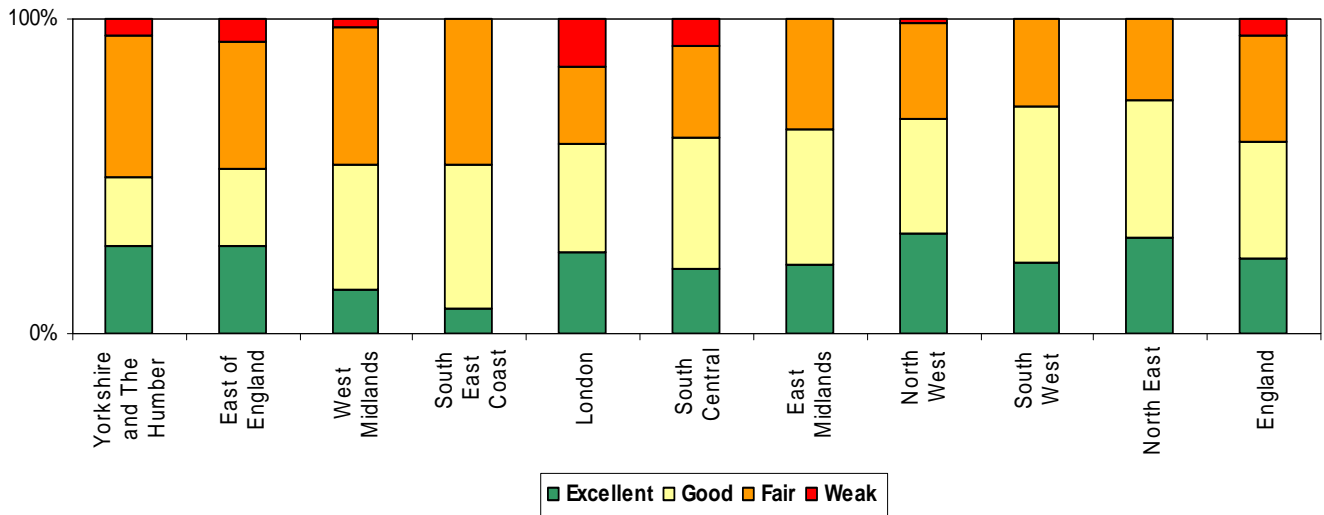
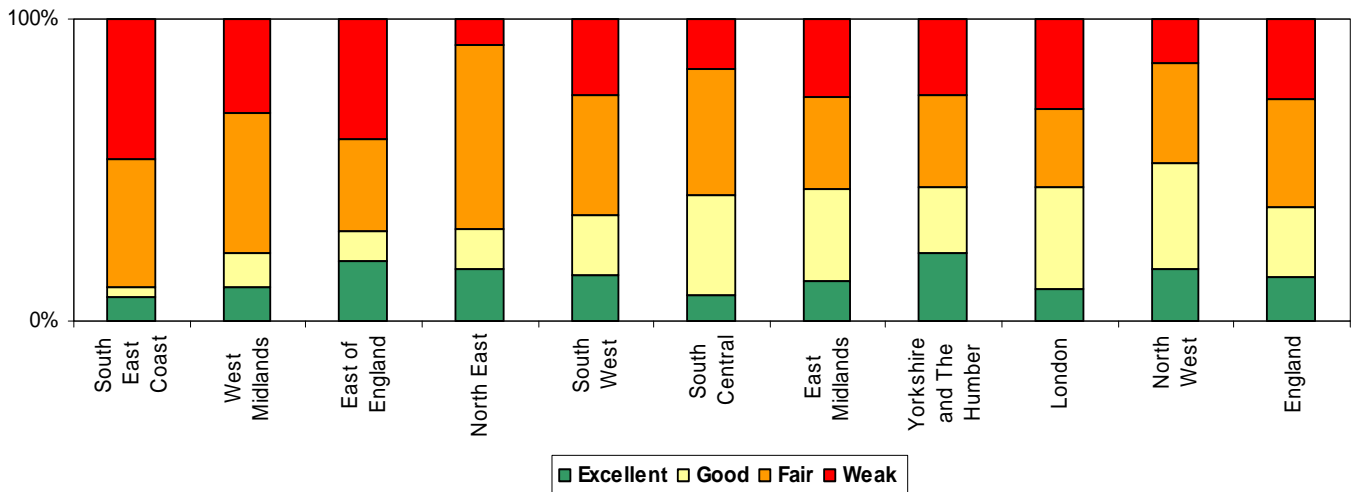


Figure 5b: Use of resources 2006/07 – all trusts, by NHS region and nationally



Appendices

List of organisations in London NHS area

Acute and Specialist trusts:

- Barking, Havering and Redbridge Hospitals NHS Trust
- Barnet and Chase Farm Hospitals NHS Trust
- Barts and The London NHS Trust
- Bromley Hospitals NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Ealing Hospital NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Great Ormond Street Hospital For Children NHS Trust
- Guy's and St Thomas' NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust (*created from merger of Hammersmith Hospitals and St Mary's NHS Trusts*)
- King's College Hospital NHS Foundation Trust
- Kingston Hospital NHS Trust
- Mayday Healthcare NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Newham University Hospital NHS Trust
- North Middlesex University Hospital NHS Trust
- North West London Hospitals NHS Trust
- Queen Elizabeth Hospital NHS Trust
- Queen Mary's Sidcup NHS Trust
- Royal Brompton and Harefield NHS Trust
- Royal Free Hampstead NHS Trust
- Royal National Orthopaedic Hospital NHS Trust
- St George's Healthcare NHS Trust
- The Hillingdon Hospital NHS Trust
- The Lewisham Hospital NHS Trust
- The Royal Marsden NHS Foundation Trust
- The Whittington Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- West Middlesex University Hospital NHS Trust
- Whipps Cross University Hospital NHS Trust

Primary care trusts:

- Barking and Dagenham Primary Care Trust
- Barnet Primary Care Trust
- Bexley Care Trust
- Brent Teaching Primary Care Trust
- Bromley Primary Care Trust
- Camden Primary Care Trust
- City and Hackney Teaching Primary Care Trust
- Croydon Primary Care Trust
- Ealing Primary Care Trust
- Enfield Primary Care Trust
- Greenwich Teaching Primary Care Trust
- Hammersmith and Fulham Primary Care Trust
- Haringey Teaching Primary Care Trust
- Harrow Primary Care Trust
- Havering Primary Care Trust
- Hillingdon Primary Care Trust
- Hounslow Primary Care Trust
- Islington Primary Care Trust
- Kensington and Chelsea Primary Care Trust
- Kingston Primary Care Trust
- Lambeth Primary Care Trust

- Lewisham Primary Care Trust
- Newham Primary Care Trust
- Redbridge Primary Care Trust
- Richmond and Twickenham Primary Care Trust
- Soutwark Primary Care Trust
- Sutton and Merton Primary Care Trust
- Tower Hamlets Primary Care Trust
- Waltham Forest Primary Care Trust
- Wandsworth Primary Care Trust
- Westminster Primary Care Trust

Mental health trusts:

- Barnet, Enfield and Haringey Mental Health NHS Trust
- Camden and Islington NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- North East London Mental Health NHS Trust
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- Tavistock and Portman NHS Foundation Trust
- West London Mental Health NHS Trust

Ambulance trust:

- London 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.