

# Annual health check 2007/08

## North East regional briefing

(Northumberland, Tyne and Wear and County Durham and Tees Valley)

### Summary

The 23 NHS trusts in the North East (eight acute and specialist trusts, 12 primary care trusts, two mental health and one ambulance trust) serve a population of 2.6 million people.

- This year four trusts in the North East (17%) 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 North East were rated “weak” for quality of services and “weak” for use of resources, compared to six nationally (2%).
- Quality of services: Overall the North East has improved again this year, with the performance of 10 trusts better than last year, 11 trusts remaining the same and two performing worse than last year.
- Use of resources: There has been a significant improvement in financial performance: this year 17 trusts were “excellent” or “good” for use of resources compared with seven last year.
- Of the new primary care trusts formed on 1 October 2006, one achieved a rating of “good” for both quality of service 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](http://www.healthcarecommission.org.uk) (from 16 October 2008).

Of the 23 trusts in the North East:

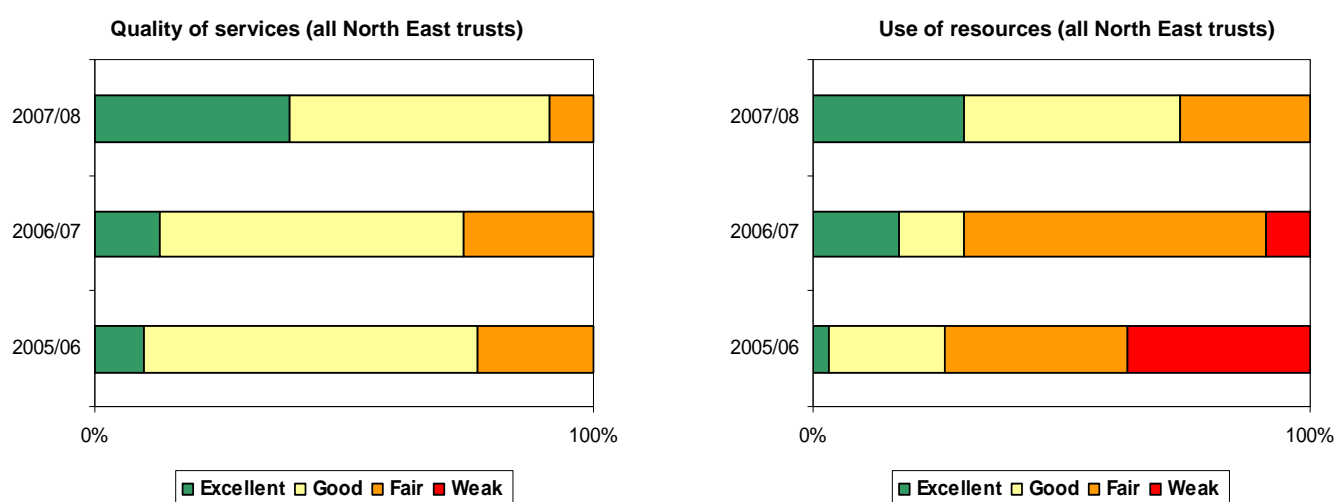
- Four were rated “**excellent**” for quality of services and “**excellent**” for use of resources (last year zero).
- Five were rated “**excellent**” for quality of services and “**good**” for use of resources (last year one).
- Three were rated “**good**” for quality of services and “**excellent**” for use of resources (last year three).
- Zero were rated “**weak**” for use of resources (last year two).
- Zero were rated “**weak**” for quality of services (last year zero).

### Changes over three years

In its third year, the annual health check enables us to track continuing changes in performance. This year, 21 trusts (91%) in the North East were either “excellent” or “good” for quality of services compared with 18 (78%) in 2006/07. No trusts were “weak” in either 2007/08 or 2006/07.

Similar analysis on trusts’ use of resources shows 17 trusts (74%) were “excellent” or “good” this year compared with seven (30%) in 2006/07. No trusts were “weak” this year compared with two trusts (9%) last year.

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



## Quality of services in the North East

21 trusts (91%) were rated “excellent” or “good” for quality of services (last year 78%). Nationally 61% of NHS trusts were rated excellent or good this year. Two trusts (9%) were “fair” compared with 22% last year. As for last year, no trusts in the North East were “weak” for quality of services.

**Table 1: Quality of services**

All North East trusts	Excellent	Good	Fair	Weak
<b>This year (23 trusts)</b>	9 (39%)	12 (52%)	2 (9%)	0 (0%)
<b>2006/07 (23 trusts)</b>	3 (13%)	15 (65%)	5 (22%)	0 (0%)
<b>2005/06 (30 trusts)</b>	3 (10%)	20 (67%)	7 (23%)	0 (0%)
<b>Nationally (this year, total: 391)</b>	100 (26%)	139 (36%)	132 (34%)	20 (5%)

## Quality of services changes

- 10 trusts’ performance improved since last year.
- Two trusts’ performance was worse this year.
- 11 trusts’ ratings have not changed since last year.

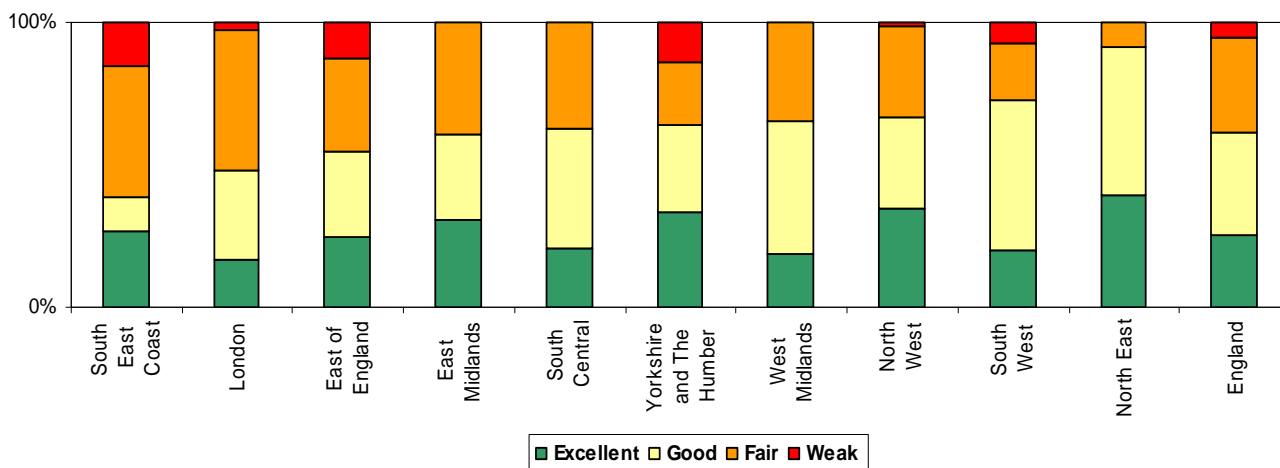
**Table 2: Quality of services – trust that has shown the most notable improvement in the North East**

Trust name	This year	2006/07	2005/06
County Durham and Darlington NHS Foundation Trust	Excellent	Fair	Good

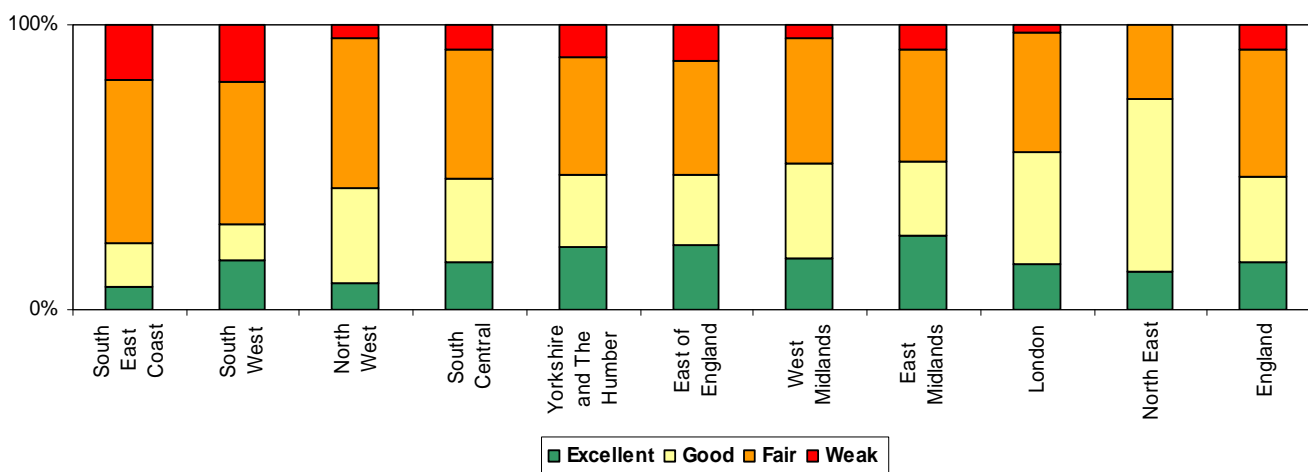
## Comparing the North East with the rest of England

In the first annual health check, no trusts in the North East were “weak” for quality of services, and 23% 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 91% of trusts in the North East were either “good” or “excellent” (nationally 61%) and 9% 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, four trusts, all of which are foundation trusts, received “excellent” for quality of services:

- City Hospitals Sunderland NHS Foundation Trust (“good” the previous year)
- County Durham and Darlington NHS Foundation Trust (“fair” the previous year)
- South Tyneside NHS Foundation Trust (“good” the previous year)
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust (“good” the previous year)

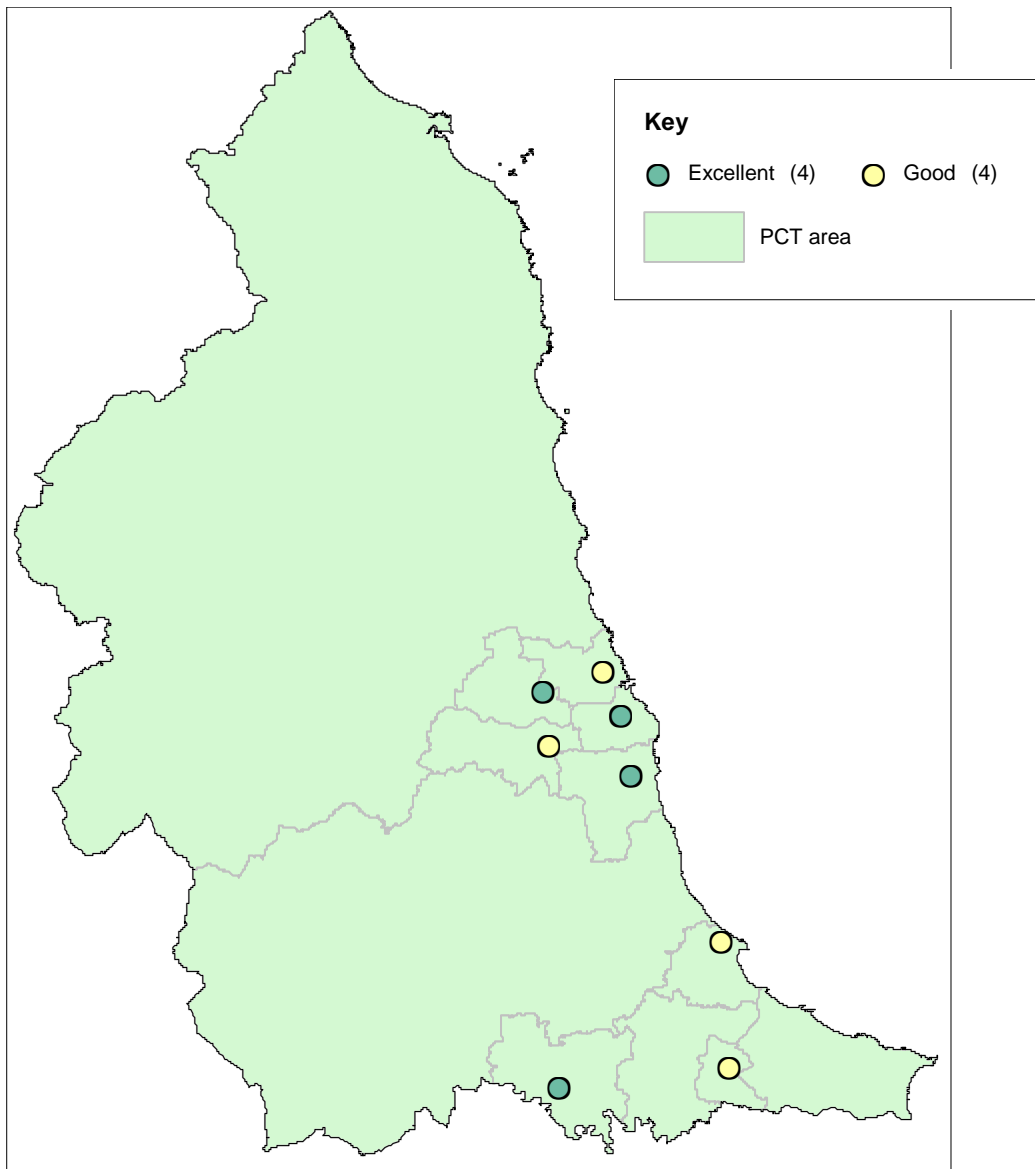
Since last year, five trusts have improved in our quality of services assessment, two have remained the same and one has performed worse.

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

**Table 3: Quality of services – acute and specialist trusts**

	North East 2007/08		England		North East 2006/07	
	Number	%	Number	%	Number	%
Excellent	4	50%	51	30%	1	13%
Good	4	50%	79	47%	5	63%
Fair	0	0%	32	19%	2	25%
Weak	0	0%	7	4%	0	0%
<b>Total</b>	<b>8</b>		<b>169</b>		<b>8</b>	

**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 North East 88% (seven out of eight) acute and specialist trusts scored “fully met” on their core standards assessment, this compares to 70% of acute and specialist trusts nationally. South Tees Hospitals NHS Trust scored “almost met” on this assessment; this trust scored “fully met” in 2006/07. No trust in the North East scored below “almost met”.

Standards with the lowest rates of compliance for acute and specialist trust in North East included:

- C4a: “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 Methicillin-Resistant Staphylococcus Aureus (MRSA)” (two 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

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

### New national targets

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

## Primary care trusts – Regional trends and issues

### Quality of services

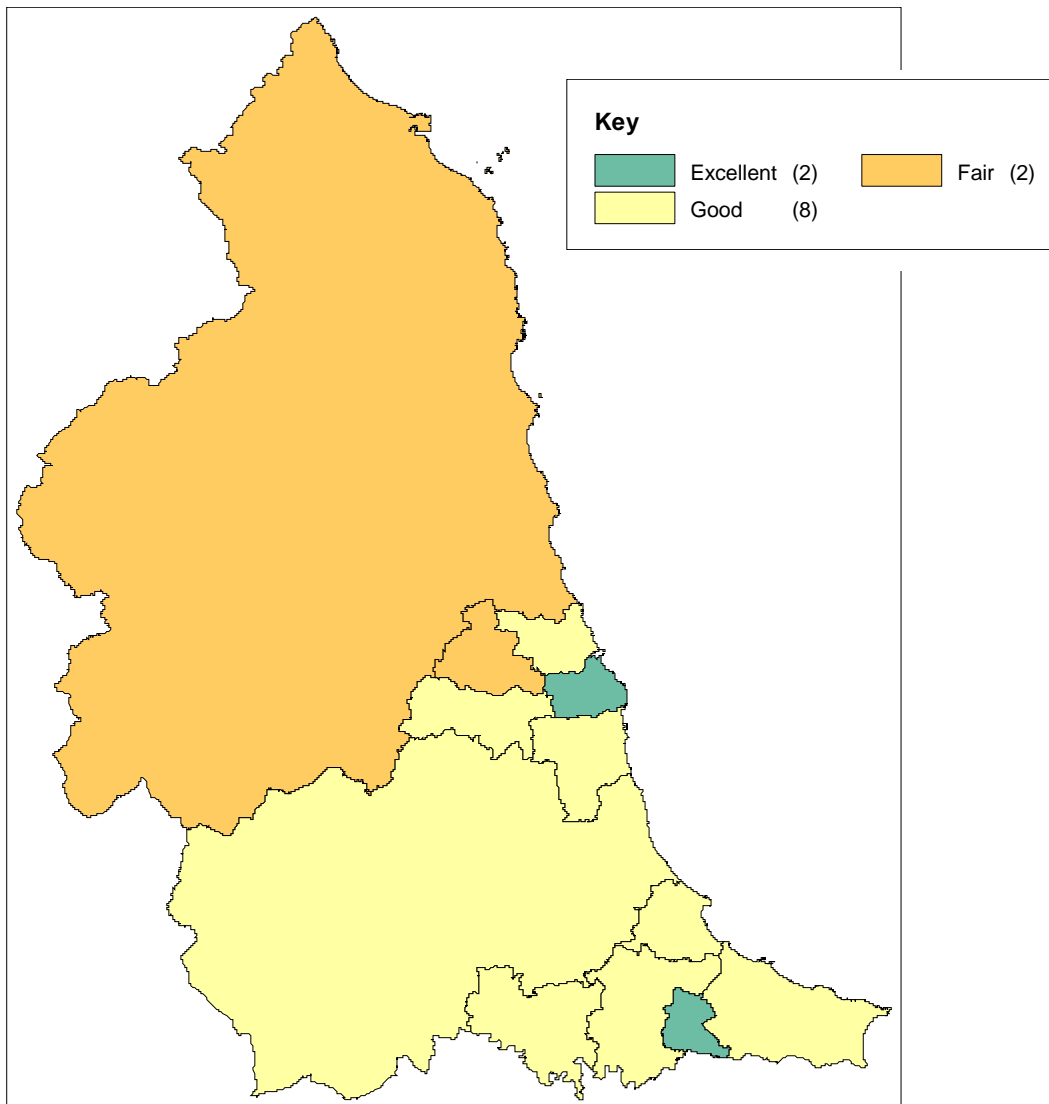
Nationally 67% (102) of primary care trusts (PCTs) received “fair” or “weak” for quality of services. In the North East, two (17%) of the 12 PCTs were “excellent”, eight (67%) were “good”, with the other two (17%) “fair”.

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

**Table 4: Quality of services – primary care trusts**

	North East 2007/08		England		North East 2006/07	
	Number	%	Number	%	Number	%
Excellent	2	17%	9	6%	1	8%
Good	8	67%	41	27%	8	67%
Fair	2	17%	94	62%	3	25%
Weak	0	0%	8	5%	0	0%
<b>Total</b>	<b>12</b>		<b>152</b>		<b>12</b>	

**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”. Half the primary care trusts in this region scored “fully met”, with the remainder scoring “almost met” for their core standards assessment. Two primary care trusts had a decrease in performance compared to 2006/07.

### **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**

- 11 of the 12 PCTs were “fully met” for existing national targets, with the remaining one achieving “almost met”

### New national targets

- Four of the 12 PCTs were “excellent”, with six achieving “good” for new national targets
- One PCT was “fair” for new national targets, while the remaining one, Newcastle Primary Care Trust, was “weak”

## Mental health trusts – Regional trends and issues

### Quality of services

Northumberland, Tyne and Wear NHS Trust, and Tees, Esk and Wear Valleys NHS Trust were both “excellent” this year, with the former having also been “excellent” last year and the latter having been “good”.

**Table 5: Quality of services – mental health trusts**

	North East 2007/08		England		North East 2006/07	
	Number	%	Number	%	Number	%
Excellent	2	100%	37	66%	1	50%
Good	0	0%	14	25%	1	50%
Fair	0	0%	4	7%	0	0%
Weak	0	0%	1	2%	0	0%
<b>Total</b>	<b>2</b>		<b>56</b>		<b>2</b>	

### 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 the North East both mental health trusts scored “fully met”.

### Targets

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

Northumberland, Tyne and Wear NHS Trust, and Tees, Esk and Wear Valleys NHS Trust were both “fully met” for existing national targets, and “excellent” for new national targets.

## Ambulance trusts

### Quality of services

The North East Ambulance Service NHS Trust was formed on 1 July 2006. The organisation was “excellent” this year, up from “good” last year.

**Table 6: Quality of services – ambulance trusts**

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

## 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”. North East’s one ambulance service scored “fully met” for its core standards assessment for 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.

North East Ambulance Service NHS Trust was “fully met” for existing national targets, as well as being “excellent” for new national targets.

## North East use of resources

The use of resources rating in North East has shown significant improvement over the three years. The proportion of trusts that received a achieving either “excellent” or “good” has risen from 27% in the first year of the annual health check to 74% this year. In 2007/2008 year no trust received a score of “weak” which is an improvement on performance in the first year of the annual health check when 37% of trusts in the North East scored “weak”.

### Use of resources – North East

- Seven were “excellent”
- 10 were “good”
- Six were “fair”
- None were “weak”

Of the seven trusts that were “excellent” for use of resources, all seven were foundation trusts and all were acute trusts.

Of the seven “excellent” trusts, four were also “excellent” last year and the South Tyneside NHS Foundation Trust has been “excellent” for all three years.

North Tees and Hartlepool NHS Foundation Trust made the most significant improvement up from “fair” last year to “excellent” this year and 13 other trusts have also improved since last year.

Nine trusts had not changed since last year and no trusts were worse than the previous year.

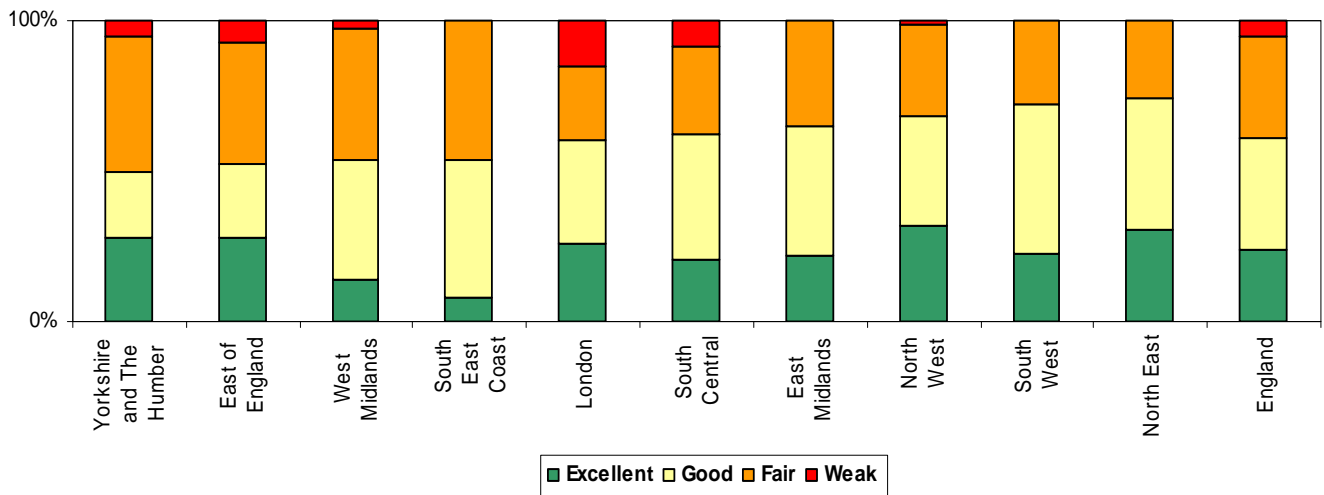
## Comparing the North East with the rest of England

This year, the general performance has improved across England. The number of trusts scoring “weak” on use of resources nationally is 5%, there were no weak trusts in the North East. In addition, for trusts scoring “excellent” the North East is performing well with 30% compared to the national figure of 24% of trusts scoring “excellent”.

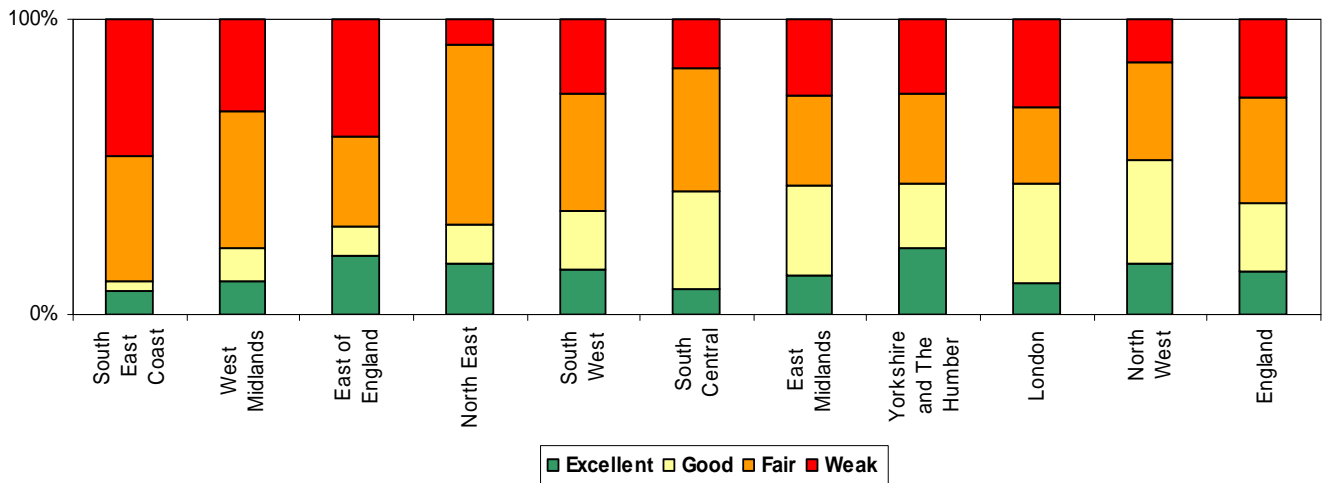
**Table 7: North East use of resources**

Use of resources		North East 2007/08		England		North East 2006/07	
		Number	%	Number	%	Number	%
<b>Ambulance</b>	Excellent	0	0%	0	0%	0	0%
	Good	1	100%	4	36%	0	0%
	Fair	0	0%	6	55%	1	100%
	Weak	0	0%	1	9%	0	0%
<b>Total</b>		<b>1</b>		<b>11</b>		<b>1</b>	
<b>Acute and Specialist</b>	Excellent	7	88%	67	40%	4	50%
	Good	0	0%	41	24%	2	25%
	Fair	1	13%	49	29%	2	25%
	Weak	0	0%	12	7%	0	0%
<b>Total</b>		<b>8</b>		<b>169</b>		<b>8</b>	
<b>Mental Health</b>	Excellent	0	0%	19	34%	0	0%
	Good	2	100%	28	50%	1	50%
	Fair	0	0%	8	14%	1	50%
	Weak	0	0%	1	2%	0	0%
<b>Total</b>		<b>2</b>		<b>56</b>		<b>2</b>	
<b>PCT</b>	Excellent	0	0%	8	5%	0	0%
	Good	7	58%	69	45%	0	0%
	Fair	5	42%	69	45%	10	83%
	Weak	0	0%	6	4%	2	17%
<b>Total</b>		<b>12</b>		<b>152</b>		<b>12</b>	
<b>Learning Disabilities</b>	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%
<b>Total</b>		<b>0</b>		<b>2</b>		<b>0</b>	

**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 North East NHS Area

#### Acute and Specialist trusts:

- City Hospitals Sunderland NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tees Hospitals NHS Trust
- South Tyneside NHS Foundation Trust
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust

#### Primary care trusts in existence prior to October 2006:

- Darlington Primary Care Trust
- Gateshead Primary Care Trust
- Hartlepool Primary Care Trust
- Middlesbrough Primary Care Trust
- Newcastle Primary Care Trust
- North Tees Teaching Primary Care Trust
- North Tyneside Primary Care Trust
- Northumberland Care Trust
- Redcar And Cleveland Primary Care Trust
- South Tyneside Primary Care Trust
- Sunderland Teaching Primary Care Trust

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

- County Durham Primary Care Trust
- Redcar and Cleveland Primary Care Trust

#### Mental health trusts:

- Northumberland, Tyne and Wear NHS Trust
- Tees, Esk and Wear Valleys NHS Trust

#### Ambulance trusts:

- North East 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.