

Annual health check 2007/08

South Central regional briefing

(Buckinghamshire, Berkshire, Oxfordshire, Hampshire, and Isle of Wight)

Summary

The 24 NHS trusts in South Central (10 acute and specialist trusts, nine primary care trusts, three mental health trusts, one learning disability trust and one ambulance trust) serve a population of 4 million people.

- This year two trusts in South Central (8%) 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 South Central were rated “weak” for quality of services and “weak” for use of resources, compared to six nationally (2%).
- Quality of services: Overall trusts in South Central have improved again this year, with the performance of 10 trusts better than last year, 11 trusts remaining the same and three 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, one 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 24 trusts in South Central:

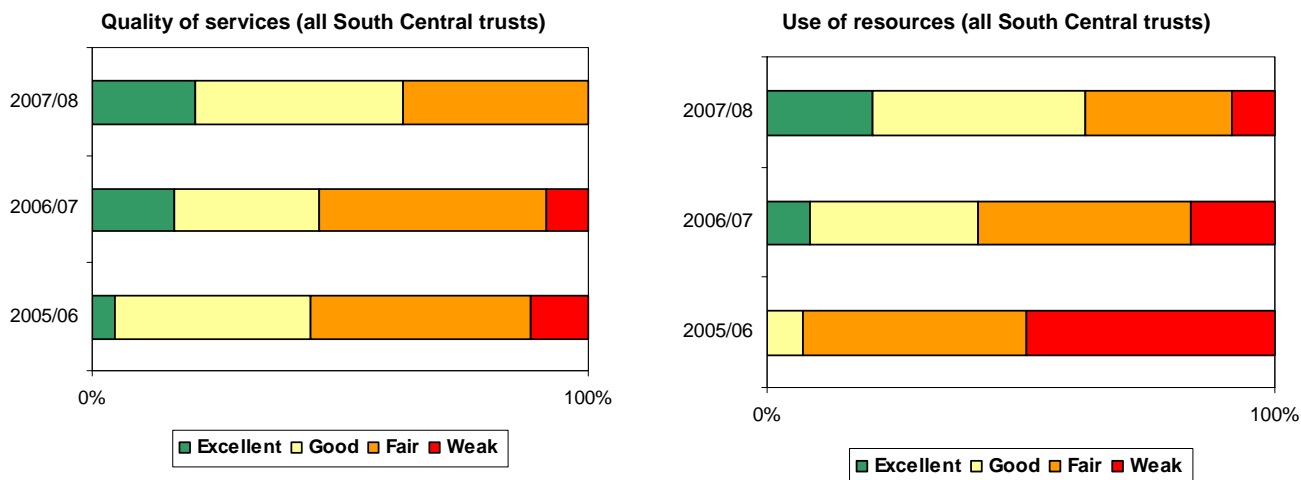
- Two were “**excellent**” for quality of services and “**excellent**” for use of resources (last year one).
- Two were “**excellent**” for quality of services, and “**good**” for use of resources (last year two).
- Three were “**good**” for quality of services and “**excellent**” for use of resources (last year zero).
- Two were “**weak**” for use of resources (last year four).
- Zero 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 15 trusts (63%) in the South Central area were either “excellent” or “good” for quality of services compared with 11 (46%) in 2006/07. No trusts were “weak” in 2007/08 compared with two (8%) in 2006/07.

Similar analysis on trusts' use of resources shows 15 trusts (63%) were "excellent" or "good" this year compared with 10 (42%) in 2006/07. Two trusts (8%) were "weak" this year compared with four trusts (17%) last year.

Figure 1: Annual health check ratings in the South Central area 2005/06 to 2007/08



Quality of services in the South Central area

15 trusts (63%) were rated "excellent" or "good" for quality of services (last year 46%). Nationally 61% of NHS trusts were rated excellent or good this year. Nine trusts (38%) were "fair" compared with 46% last year. No trusts were "weak" compared with 8% last year.

Table 1: Quality of services

All South Central SHA trusts	Excellent	Good	Fair	Weak
This year (24 trusts)	5 (21%)	10 (42%)	9 (38%)	0 (0%)
2006/07 (24 trusts)	4 (17%)	7 (29%)	11 (46%)	2 (8%)
2005/06 (43 trusts)	2 (5%)	17 (40%)	19 (44%)	5 (12%)
Nationally (this year, total: 391)	100 (26%)	139 (36%)	132 (34%)	20 (5%)

Quality of services changes

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

Table 2a: Quality of services – trusts that have shown the most notable improvement in South Central

Trust name	This year	2006/07	2005/06
Oxford Radcliffe Hospitals NHS Trust	Excellent	Fair	Good

Table 2b: Quality of services – trusts that have shown the most notable decline in South Central

Trust name	This year	2006/07	2005/06
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Comparing South Central with the rest of England

In 2005/06, 56% of trusts in South Central were either “weak” or “fair” for quality of services. By 2007/08, this had reduced to 38%. It is one of four regions where no trust was weak.

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

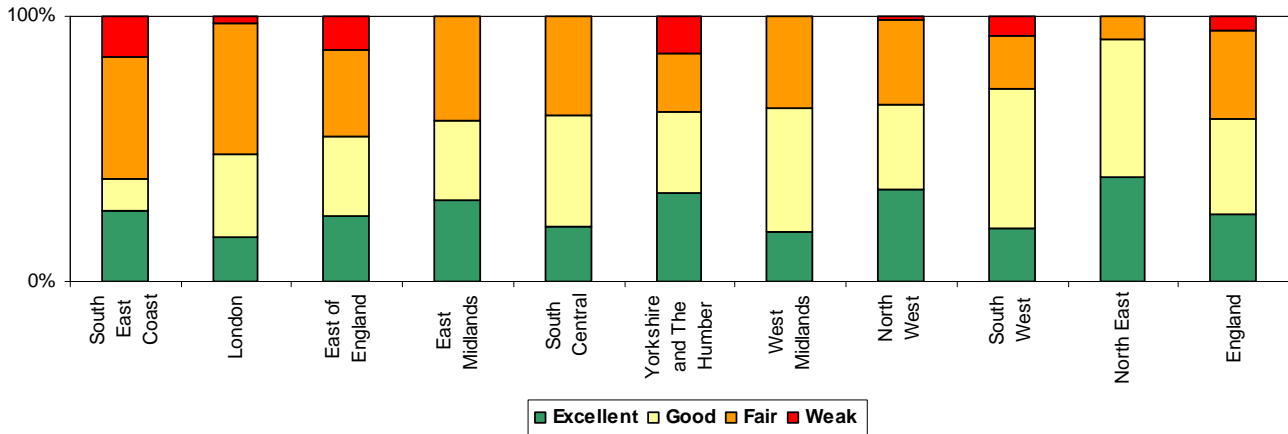
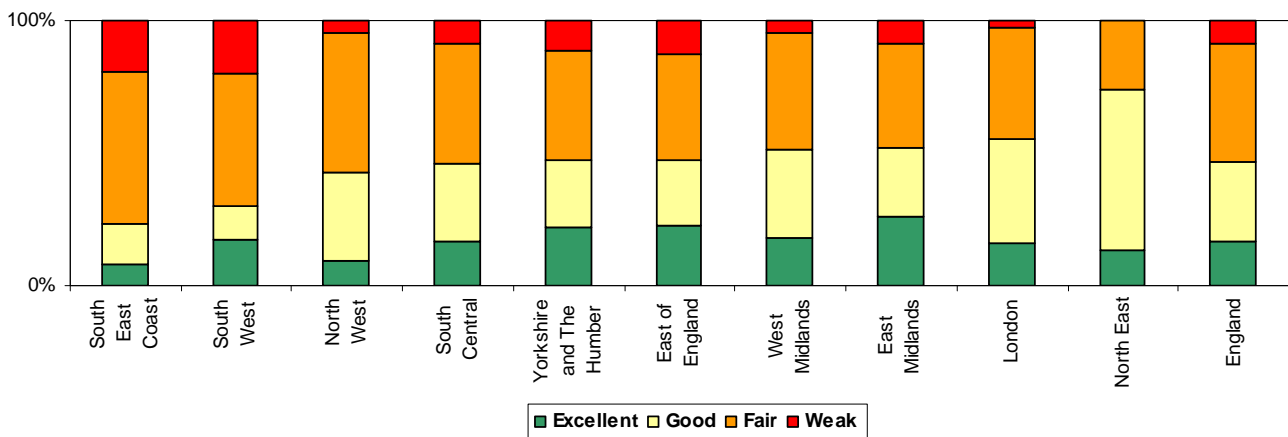


Figure 2b: Quality of services 2006/07 – all trusts, by NHS region and nationally



Acute and specialist trusts – Regional trends and issues

Quality of services

Of the 10 acute and specialist trusts in this area, three trusts were “excellent” for quality of services:

- Basingstoke and North Hampshire NHS Foundation Trust
- Oxford Radcliffe Hospitals NHS Trust
- Portsmouth Hospitals NHS Trust

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

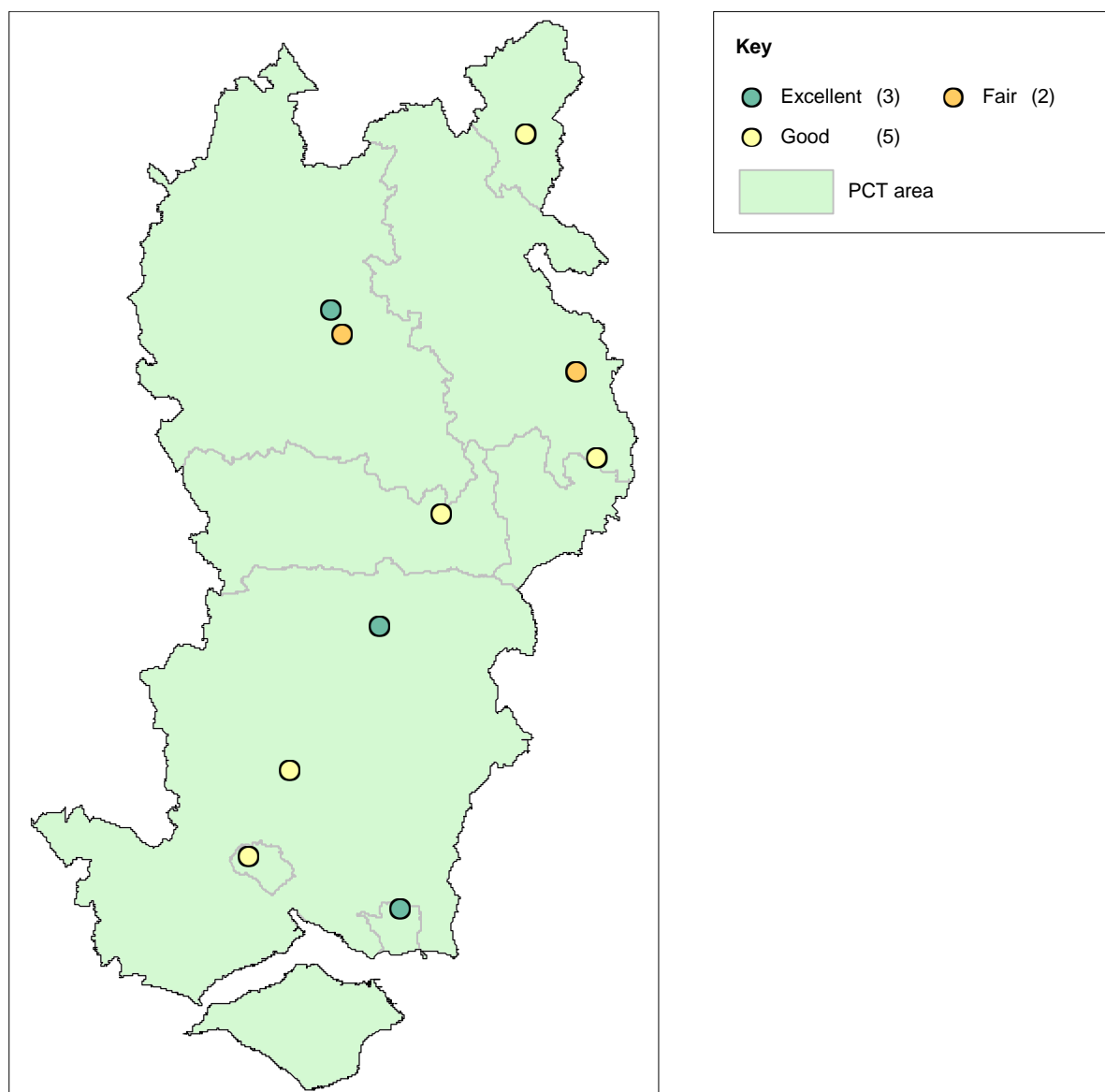
No acute and specialist trust was rated as “weak” in 2007/08.

The results for the Isle of Wight Primary Care Trust, which provides acute services, are included in the primary care trust section.

Table 3: Quality of services – acute and specialist trusts

	South Central 2007/08		England		South Central 2006/07	
	Number	%	Number	%	Number	%
Excellent	3	30%	51	30%	2	20%
Good	5	50%	79	47%	3	30%
Fair	2	20%	32	19%	3	30%
Weak	0	0%	7	4%	2	20%
Total	10		169		10	

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 South Central 70% of trusts (seven) were “fully met” in 2007/08 compared with 50% in 2006/07. Two

trusts scored “almost met”. Nuffield Orthopaedic Centre NHS Trust scored “partly met”; this trust scored “fully met” in 2006/2007. No trusts scored “not met” compared with one in 2006/07 and 2% of acute and specialist trusts nationally.

Standards with the lowest rates of full year compliance in this area included:

- C11b – “Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare: participate in mandatory training programmes” (four trusts not full year compliant)
- C7e – “Healthcare organisations challenge discrimination, promote equality and respect human rights” (three 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 10 acute and specialist trusts performed well, with all but one being “fully met” for existing national targets, and the remaining trust, Winchester and Eastleigh Healthcare NHS Trust, being “almost met”

New national targets

- Nine of the 10 acute and specialist trusts performed well, with four being “excellent” and five being “good” for new national targets
- Buckinghamshire Hospitals NHS Trust was only “fair” for new national targets

Primary care trusts – Regional trends and issues

Quality of services

Nationally 67% (102 trusts) of primary care trusts were “fair” or “weak” in 2007/08 compared with 74% in 2006/07. In South Central 67% of primary care trusts were in these categories, the same as in 2006/07. Since many primary care trusts were reconfigured in 2006, comparisons are only available over the last two years.

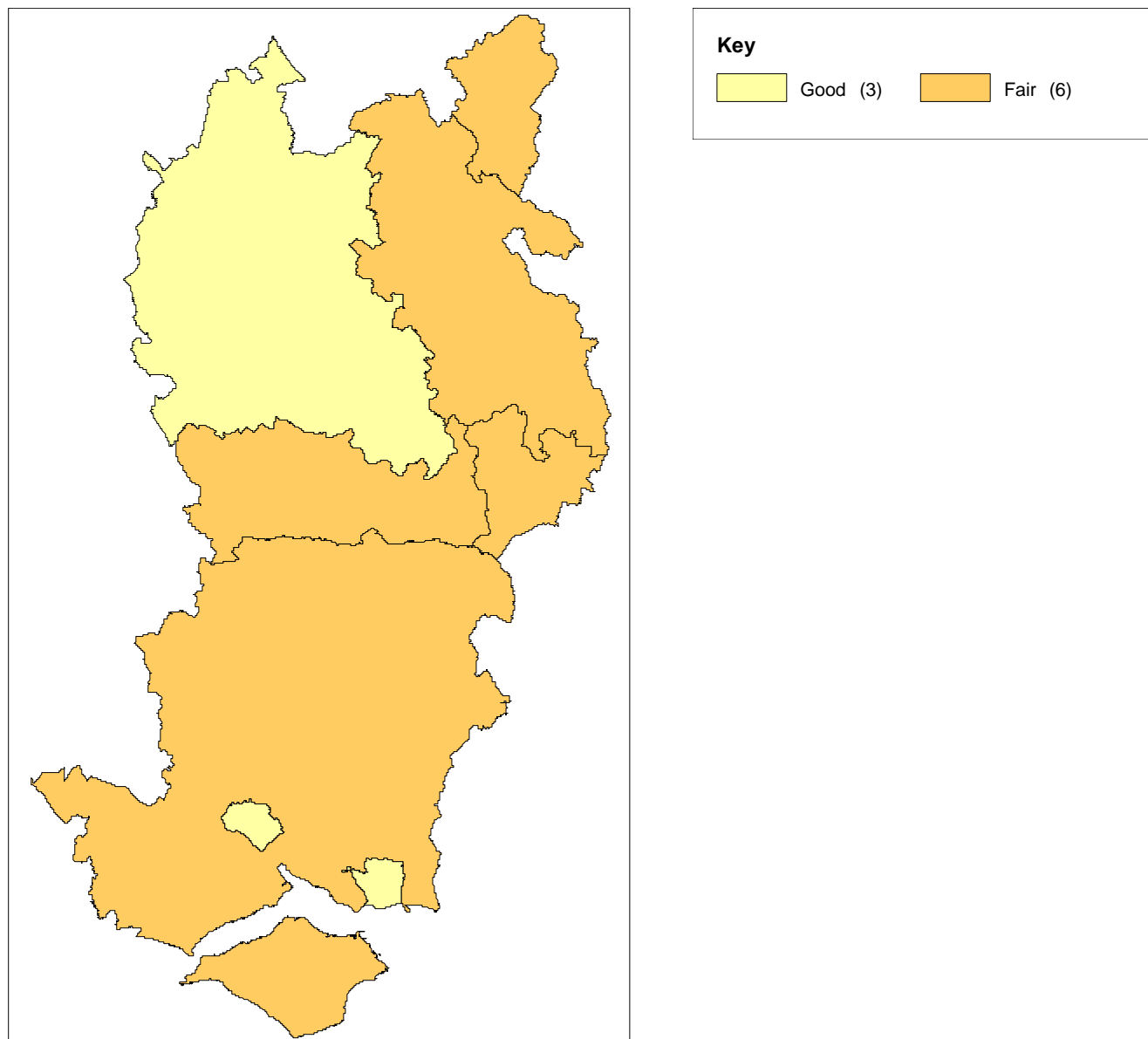
In 2007/08 no primary care trust in South Central was “excellent”. Conversely, there were also no “weak” PCTs.

Since last year, one primary care trust has improved in our quality of services assessment, seven have remained the same and one has performed worse.

Table 4: Quality of services – primary care trusts

	South Central 2007/08		England		South Central 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	9	6%	0	0%
Good	3	33%	41	27%	3	33%
Fair	6	67%	94	62%	6	67%
Weak	0	0%	8	5%	0	0%
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 South Central three trusts (33%) were “fully met” and six trusts (67%) were “almost met”. No trusts received a score lower than “almost met”.

Standards with the lowest rates of full year compliance in this area 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 managed” (five primary care trusts were not compliant for the full year)

Targets

Primary care trusts 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

- All nine primary care trusts were at least “almost met” for existing national targets, with two of the nine achieving “fully met”

New national targets

- One of the nine primary care trusts was “excellent” and a further two were “good” for new national targets
- Four primary care trusts were “fair” for new national targets, while Berkshire West Primary Care Trust and Buckinghamshire Primary Care Trust were “weak”

Mental health trusts – Regional trends and issues

Quality of services

Two out of the three mental health trusts in South Central were “excellent” for their quality of services, with the third trust “good”. This is an improvement on last year when one trust was “excellent”, one was “good” and one was “fair”.

Table 5: Quality of services – mental health trusts

	South Central 2007/08		England		South Central 2006/07	
	Number	%	Number	%	Number	%
Excellent	2	67%	37	66%	1	33%
Good	1	33%	14	25%	1	33%
Fair	0	0%	4	7%	1	33%
Weak	0	0%	1	2%	0	0%
Total	3		56		3	

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”. Two trusts (67%) in South Central were “fully met” and one “almost met” in 2007/08, an improvement on 2006/07 where although two trusts were “fully met”, one was “partly 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.

All three mental health trusts in South Central were “fully met” for existing national targets, which was also the case in 2006/07.

For new national targets all three trusts achieved a rating of “excellent”, compared with one trust achieving “excellent” and two achieving “good” in 2006/07.

Ambulance trusts

Quality of services

South Central Ambulance Service NHS Trust was “good” for 2007/08, up from “fair” in 2006/07.

The results for the Isle of Wight Primary Care Trust, which provides ambulance services, are included in the primary care trust section.

Table 6: Quality of services – ambulance trusts

	South Central 2007/08		England		South Central 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	2	18%	0	0%
Good	1	100%	5	45%	0	0%
Fair	0	0%	1	9%	1	100%
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”. South Central Ambulance Service NHS Trust, was “almost met” for 2007/08, up from “partly met” in 2006/07.

Targets

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

South Central Ambulance Service NHS Trust achieved “almost met” for the existing national targets, and “excellent” for the new national targets.

Learning disability trusts

Quality of services

The one learning disability, Ridgeway Partnership NHS Trust, in South Central was “fair” for 2007/08, down from “excellent” in 2006/07.

Table 7: Quality of services – learning disability trusts

	South Central 2007/08		England		South Central 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	1	50%	1	100%
Good	0	0%	0	0%	0	0%
Fair	1	100%	1	50%	0	0%
Weak	0	0%	0	0%	0	0%
Total	1		2		1	

Core standards

Nationally one trust achieved “excellent”, one was “weak” and the Ridgeway Partnership NHS Trust was “fair”.

South Central SHA area use of resources

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

In 2005/06 91% of trusts in South Central were either “weak” or “fair” for use of resources. Last year there were 14 trusts in South Central (58%) that were “fair” or “weak”, and only two trusts (8%) “excellent”. However, this year there were only two trusts (8%) with “weak” and seven (29%) “fair”, with five trusts (21%) achieving “excellent”.

Use of resources – South Central

- Five were “excellent”
- 10 were “good”
- Seven were “fair”
- Two were “weak”

Of the five trusts that were “excellent” for use of resources, all were foundation trusts, four were acute and specialist trusts, and one was a mental health trust. The trust that made the most significant improvement, up from “fair” last year to “excellent”, was Heatherwood and Wexham Park Hospitals NHS Foundation Trust. It should be noted that the way in which we assessed this trust for use of resources differed from 2006/07 as the organisation achieved foundation trust status during 2007/08. Ten other trusts also improved and only two trusts fell back: Winchester and Eastleigh Healthcare NHS Trust from “fair” in 2006/07 to “weak” in 2007/08 and Southampton Primary Care Trust from “good” in 2006/07 to “fair” in 2007/08.

Comparing South Central with the rest of England

This year 8% (two) of trusts scored “weak” and only 29% “fair”, compared with 5% “weak” and 34% “fair” nationally. The number of trusts scoring “excellent” in South Central is at 21% only just below the national figure of 24% of trusts.

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

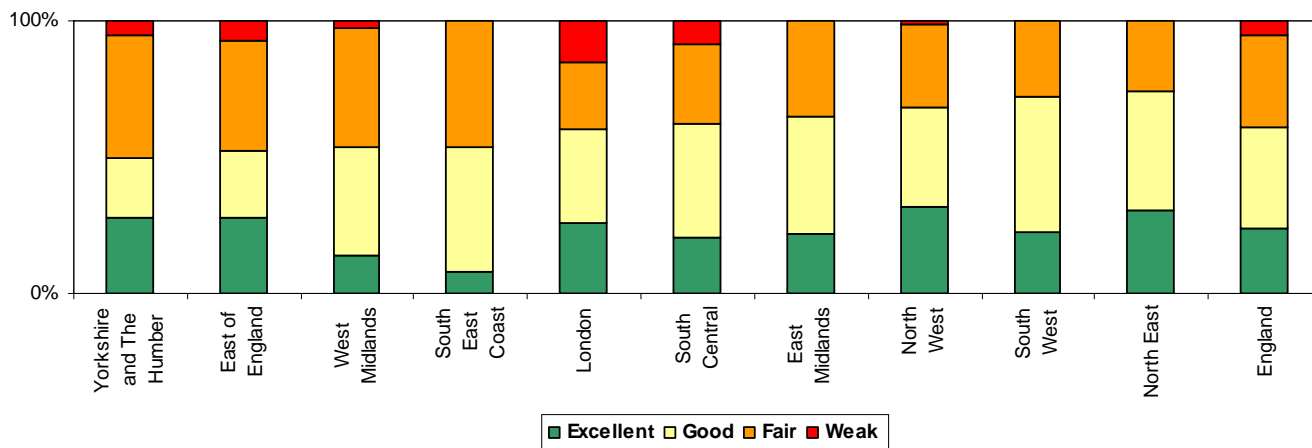


Figure 5b: Use of resources 2006/07 – all trusts, by NHS region

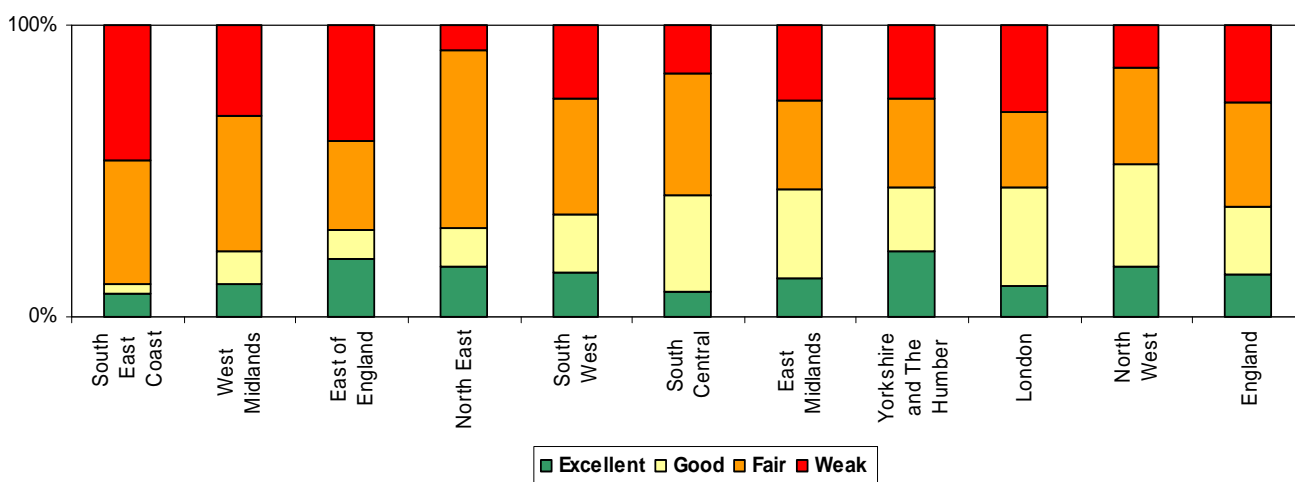


Table 8: South Central use of resources

Use of resources		South Central 2007/08		England		South Central 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	4	40%	67	40%	2	20%
	Good	4	40%	41	24%	3	30%
	Fair	1	10%	49	29%	4	40%
	Weak	1	10%	12	7%	1	10%
Total		10		169		10	
Mental Health	Excellent	1	33%	19	34%	0	0%
	Good	2	67%	28	50%	3	100%
	Fair	0	0%	8	14%	0	0%
	Weak	0	0%	1	2%	0	0%
Total		3		56		3	
PCT	Excellent	0	0%	8	5%	0	0%
	Good	3	33%	69	45%	1	11%
	Fair	5	56%	69	45%	5	56%
	Weak	1	11%	6	4%	3	33%
Total		9		152		9	
Learning Disability	Excellent	0	0%	0	0%	0	0%
	Good	1	100%	2	100%	1	100%
	Fair	0	0%	0	0%	0	0%
	Weak	0	0%	0	0%	0	0%
Total		1		2		1	

Appendices

List of Organisations in South Central NHS area

Acute and Specialist Trusts:

- Basingstoke and North Hampshire NHS Foundation Trust
- Buckinghamshire Hospitals NHS Trust
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- Milton Keynes Hospital NHS Foundation Trust
- Nuffield Orthopaedic Centre NHS Trust
- Oxford Radcliffe Hospitals NHS Trust
- Portsmouth Hospitals NHS Trust
- Royal Berkshire NHS Foundation Trust
- Southampton University Hospitals NHS Trust
- Winchester and Eastleigh Healthcare NHS Trust

Primary Care Trusts in existence prior to October 2006:

- Milton Keynes Primary Care Trust
- Portsmouth City Teaching Primary Care Trust
- Southampton City Primary Care Trust
- Isle Of Wight NHS Primary Care Trust

Primary Care Trusts created as a result of reorganisations in October 2006:

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- Berkshire East Primary Care Trust
- Berkshire West Primary Care Trust
- Buckinghamshire Primary Care Trust
- Hampshire Primary Care Trust
- Oxfordshire Primary Care Trust

Mental Health Trusts:

- Berkshire Healthcare NHS Foundation Trust
- Hampshire Partnership NHS Trust
- Oxfordshire And Buckinghamshire Mental Health Partnership NHS Trust

Learning Disability Trust:

- Ridgeway Partnership NHS Trust

Ambulance Trust:

- South Central 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.