



## Performance rating 2008/09 - Newham Primary Care Trust

### Overall performance

The overall performance rating for PCTs is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of commissioning', which is an aggregated score of performance against national standards, existing commitments and national priorities. The quality of financial management ratings for the four years of the annual health check are shown below; as is the quality of commissioning rating for 2008/09. Because we have changed the way the ratings work this year, the quality of commissioning score for this year is not directly comparable with the quality of services scores from previous years.

	2008/09	2007/08	2006/07	2005/06
<b>Quality of Commissioning</b>		Previous years' quality ratings for PCTS are not directly comparable.		
<b>Quality of Financial Management</b>				

Based on our assessment for 2008/09, the quality of commissioning of services by Newham Primary Care Trust for its local population was 'fair'. The financial management rating for this organisation is 'fair', as this organisation has been assessed as performing adequately with regard to its financial arrangements and performance.

The trust was not one of those chosen to receive an inspection over the summer.

## Components of Quality of Commissioning:

	2008/09	2007/08	2006/07	2005/06
<b>Meeting core standards</b>		Previous years' core standards scores for PCTs are not directly comparable.		
<b>Existing commitments</b>				
<b>National priorities</b>				

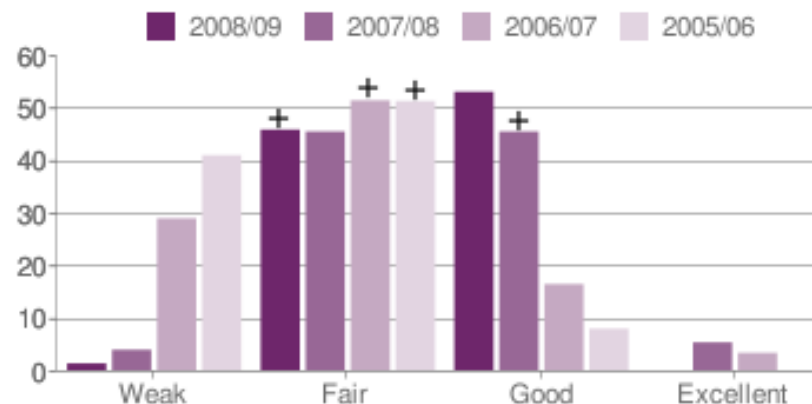
## Overall performance of primary care trusts - Commissioning services

Graphs 1-5 below show the percentage spread of results for the 2008/09 year for all primary care trusts for the quality of commissioning rating and its three components. Graph 2 below shows the performance of PCTs for the quality of financial management over all four years. The performance of Newham Primary Care Trust is indicated by +.

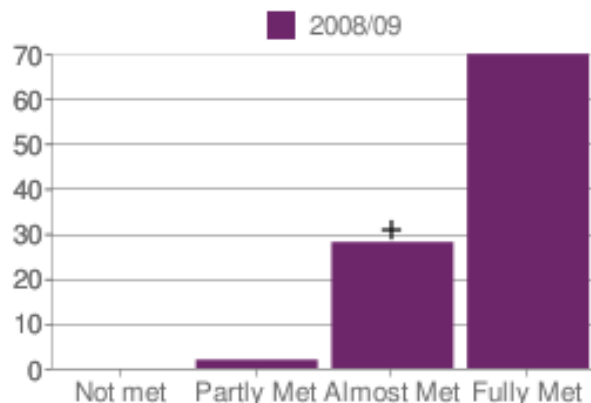
1. Quality of commissioning



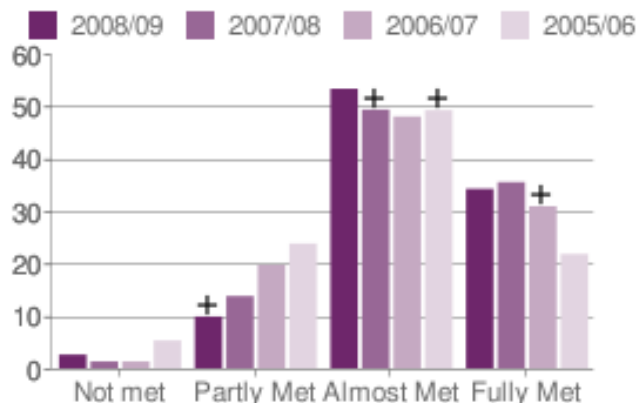
2. Quality of financial management



3. Commissioning standards



4. Existing commitments




























5. National priorities



Our 2008/09 assessment rated 392 trusts. Graphs and tables presented here relate to performance in the relevant assessment year i.e the spread of performance in 2005/6 is based on how the number of trusts that were assessed that year performed.

## Core standards performance - Commissioning services

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 performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Newham Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust commissions health services.

<b>Safety</b>	<b>2008/09</b>	<b>Governance</b>	<b>2008/09</b>
C01a - incidents - reporting and learning	 COMPLIANT	C07a and c - governance	 COMPLIANT
C01b - safety alerts	 COMPLIANT	C07b - honesty, probity	 COMPLIANT
C02 - safeguarding children	 COMPLIANT	C07e - discrimination	 COMPLIANT
C03 - NICE interventional procedures	 COMPLIANT	C08a - whistle-blowing	 COMPLIANT
C04a - infection control	 COMPLIANT	C08b - personal development	 COMPLIANT
C04b - safe use of medical devices	 COMPLIANT	C09 - records management	 COMPLIANT
C04c - decontamination	 NOT MET	C10a - employment checks	 COMPLIANT
C04d - medicines management	 COMPLIANT	C10b - professional codes of conduct	 COMPLIANT
C04e - clinical waste	 COMPLIANT	C11a - recruitment and training	 COMPLIANT
		C11b - mandatory training	 COMPLIANT
		C11c - professional development	 COMPLIANT
		C12 - research governance	 COMPLIANT
<b>Clinical and cost effectiveness</b>	<b>2008/09</b>		
C05a - NICE technology appraisals	 COMPLIANT		
C05b - clinical supervision	 COMPLIANT		
C05c - updating clinical skills	 COMPLIANT		
C05d - clinical audit and review	 COMPLIANT		
C06 - partnership	 COMPLIANT		

<b>Patient focus</b>	<b>2008/09</b>	<b>Accessible and responsive care</b>	<b>2008/09</b>
C13a - dignity and respect	● COMPLIANT	C17 - patient and public involvement	● COMPLIANT
C13b - consent	● COMPLIANT	C18 - equity, choice	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT		
C14a - complaints procedure	● COMPLIANT	<b>Care environment and amenities</b>	<b>2008/09</b>
C14b - complainants discrimination	● COMPLIANT	C20a - safe, secure environment	● COMPLIANT
C14c - complaints response	● COMPLIANT	C20b - privacy and confidentiality	● COMPLIANT
C15a - food provision	● COMPLIANT	C21 - clean, well designed environment	● COMPLIANT
C15b - food needs	● COMPLIANT		
C16 - accessible information	● COMPLIANT	<b>Public health</b>	<b>2008/09</b>
		C22a and c - public health partnerships	● COMPLIANT
		C22b - local health needs	● COMPLIANT
		C23 - public health cycle	● COMPLIANT
		C24 - emergency preparedness	● INSUFFICIENT ASSURANCE

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

## Existing commitments performance by indicator - Commissioning

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Category A calls (8 minute)	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Category A calls (19 minute)	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Category B calls (19 minute)	● FAILED	● UNDER ACHIEVED	● UNDER ACHIEVED	● FAILED
Revascularisation waiting times	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Commissioning of CR/HT	● ACHIEVED	● ACHIEVED	● ACHIEVED	● FAILED
Time to reperfusion	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE	● UNDER ACHIEVED
Delayed transfers of care	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Diabetic retinopathy screening	● UNDER ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Inpatient waiting times	● FAILED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Outpatient waiting times	● FAILED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Access to GUM clinics	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Commissioning of EIP	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

**Note:** Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

## National priorities performance by indicator - Commissioning

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary care	● FAILED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancer mortality rate	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Breast cancer screening	● FAILED	● FAILED	● UNDER ACHIEVED	● UNDER ACHIEVED
Breastfeeding initiation	● FAILED	● ACHIEVED	● ACHIEVED	DATA NOT RETURNED
Teenage conception rates	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Chlamydia screening	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED
Experience of patients	● POOR	● BELOW AVERAGE	● SATISFACTORY	NOT APPLICABLE
Drug users in effective treatment	● FAILED	● UNDER ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Incidence of C. difficile	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All age all cause mortality	● FAILED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
CVD mortality rate	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Commissioning CAMHS	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Immunisation	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Childhood obesity	● ACHIEVED	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Stroke care	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18 week referral to treatment times	DATA NOT RETURNED	● FAILED	NOT APPLICABLE	NOT APPLICABLE
Four week smoking quitters	● ACHIEVED	● ACHIEVED	● ACHIEVED	NOT APPLICABLE

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary dental services	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Pregnant women: 12 week appointment	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

**Note:** Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

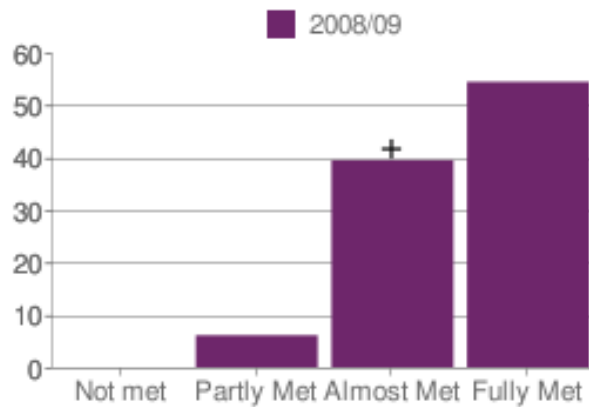
Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

## Performance of primary care trusts - providing services

	2008/09
Meeting core standards	



























The graph below shows the percentage spread of results for the 2008/09 year for all primary care trusts for the core standards relating to providing services. The performance of Newham Primary Care Trust is indicated by +.

### 1. Providing standards



## Standards performance - Providing

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 performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Newham Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust provides health services.

<b>Safety</b>	<b>2008/09</b>	<b>Governance</b>	<b>2008/09</b>
C01a - incidents - reporting and learning	 COMPLIANT	C07a and c - governance	 COMPLIANT
C01b - safety alerts	 COMPLIANT	C07b - honesty, probity	 COMPLIANT
C02 - safeguarding children	 COMPLIANT	C07e - discrimination	 COMPLIANT
C03 - NICE interventional procedures	 COMPLIANT	C08a - whistle-blowing	 COMPLIANT
C04a - infection control	 COMPLIANT	C08b - personal development	 COMPLIANT
C04b - safe use of medical devices	 COMPLIANT	C09 - records management	 COMPLIANT
C04c - decontamination	 NOT MET	C10a - employment checks	 COMPLIANT
C04d - medicines management	 COMPLIANT	C10b - professional codes of conduct	 COMPLIANT
C04e - clinical waste	 COMPLIANT	C11a - recruitment and training	 COMPLIANT
		C11b - mandatory training	 COMPLIANT
		C11c - professional development	 COMPLIANT
		C12 - research governance	 COMPLIANT
<b>Clinical and cost effectiveness</b>	<b>2008/09</b>		
C05a - NICE technology appraisals	 COMPLIANT		
C05b - clinical supervision	 COMPLIANT		
C05c - updating clinical skills	 COMPLIANT		
C05d - clinical audit and review	 COMPLIANT		
C06 - partnership	 COMPLIANT		

<b>Patient focus</b>	<b>2008/09</b>	<b>Accessible and responsive care</b>	<b>2008/09</b>
C13a - dignity and respect	● COMPLIANT	C17 - patient and public involvement	● COMPLIANT
C13b - consent	● COMPLIANT	C18 - equity, choice	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT		
C14a - complaints procedure	● COMPLIANT	<b>Care environment and amenities</b>	<b>2008/09</b>
C14b - complainants discrimination	● COMPLIANT	C20a - safe, secure environment	● COMPLIANT
C14c - complaints response	● COMPLIANT	C20b - privacy and confidentiality	● COMPLIANT
C15a - food provision	● COMPLIANT	C21 - clean, well designed environment	● COMPLIANT
C15b - food needs	● COMPLIANT		
C16 - accessible information	● COMPLIANT	<b>Public health</b>	<b>2008/09</b>
		C22a and c - public health partnerships	● COMPLIANT
		C22b - local health needs	● COMPLIANT
		C23 - public health cycle	● COMPLIANT
		C24 - emergency preparedness	● INSUFFICIENT ASSURANCE

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

## Glossary of terms:

### Core standards

**Fully met:** This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

**Almost met:** This score means that a trust met almost all of the core standards set by Government.

**Partly met:** This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

**Not met:** This score means that a trust did not meet several of the core standards set by Government.

**Compliant:** This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

**Insufficient assurance:** This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

**Not met:** This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

**Declaration adjusted / Qualification:** This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

### Existing commitments and national priorities

**Fully met:** This score means that a trust performed consistently well for the existing commitments assessment.

**Almost met:** This score means that a trust performed well for many aspects of the existing commitments assessment.

**Partly met:** This score means that a trust performed poorly for some aspects of the existing commitments assessment.

**Not met:** This score means that a trust generally performed poorly for the existing commitments assessment.

**Excellent:** This score means that a trust performed consistently well for the national priorities assessment.

**Good:** This score means that a trust performed well for many aspects of the national priorities assessment.

**Fair:** This score means that a trust performed poorly for some aspects of the national priorities assessment.

**Weak:** This score means that a trust generally performed poorly for the national priorities assessment.

**Achieved:** This score means that a trust performed to a high level for this performance indicator.

**Underachieved:** This score means that a trust performed below the required level for this performance indicator.

**Failed:** This score means that a trust performed poorly for this performance indicator.

**Not applicable:** This score means that this performance indicator did not apply to this trust.

**Data not available:** This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

**Data not returned:** This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

**Indicator:** This is what we use to measure performance.

**Indicator construction:** This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

**Scoring threshold:** This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

## **Quality of services / Quality of commissioning assessment**

**Excellent:** This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

**Good:** This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

**Fair:** This score means that a trust performed adequately in terms of the overall quality score.

**Weak:** This score means that a trust performed poorly in terms of the overall quality score.

## **Quality of financial management assessment**

**Excellent:** This score means that a trust performed very well in regard to its financial arrangements.

**Good:** This score means that a trust performed well in regard to its financial arrangements.

**Fair:** This score means that a trust performed adequately in regard to its financial arrangements.

**Weak:** This score means that a trust performed poorly in regard to its financial arrangements.