

Healthcare Commission



## **Performance indicator thresholds for existing national targets and new national targets 2006/2007**

**Note:** The Healthcare Commission retains the right to revise any of the published thresholds in the rare instance that issues come to light prior to publication of which we were previously unaware and that have a bearing on the validity of the published threshold. Any changes made would be communicated to organisations as soon as possible and have the intention of promoting fairness in the results of the assessment

### **Indicator thresholds**

A trust's performance against each indicator will be assessed as either 'achieved', 'underachieved' or 'failed'. This will be based on expected levels of performance using two defined thresholds – the high-level threshold distinguishes between 'achieved' and 'underachieved', the second, lower-level, threshold distinguishes between 'underachieved' and 'failed'.

The levels for 'achievement' are in almost all cases determined by the Government's policy, published to the NHS in advance in documents such as the *Priorities and Planning Framework*, *National Standards*, *Local Action* and *The NHS in England: the operating framework for 2006/7*. The thresholds, while challenging, reflect the expectations that have been clearly set out for the NHS.

### **Thresholds and the 2006/2007 Annual Health Check**

We are pleased to be able to publish the majority of the high-level thresholds for the existing national targets performance indicators to be used in the 2006/2007 annual health check. Most of the existing national targets have a clearly defined expectation of performance and the date by which this should be achieved. In the majority of cases we have obtained early cuts of the data and have analysed these to ensure that there are no emerging data issues of which we were not already aware. We are confident that these thresholds are robust, fair and take into account any relevant data issues.

We hope that this will help performance leads in their role of assessing the performance of their organisation and in assuring their trust board.

For a low number of indicators used for the assessment of existing national target performance and the full set of indicators used for assessment of the new national targets, we have not yet developed our high-level thresholds and we are unlikely to publish these in advance of publication of the rating in autumn 2007. In general, this is because the data on which we are reliant continue to present more complex issues. The Healthcare Commission is unwilling to determine an approach without fully understanding the complexity and impact of these issues on performance at a national level.

### **Principles**

The general principles used in determining the thresholds are:

- The actual target has been considered together with advice from data leads and from policy areas within the Department of Health on whether there are special factors that should be taken into account that have become apparent during the year, for example whether the quality of the data is so poor that only crude assessments can be made.
- Low activity is also taken into account through a series of 'low number rules'.

- The threshold for achievement is usually set as close as possible to the target allowing for rounding. For example, the target response time for ambulance trusts to meet category A calls within 8 minutes is 75%, so the threshold for ambulance trusts to 'achieve' the performance indicator is defined as 75% and above. A trust's value is rounded to the same decimal placing as the threshold and therefore the actual cut-off point to 'achieve' this performance indicator is 74.5% and above.
- Where an indicator is unchanged from the previous year then the threshold is kept the same or made tougher. Any changes to the way the target is measured, for example following revisions to an indicator construction, might lead to lower thresholds being applied. Where a threshold becomes tougher compared with the previous year, then this reflects that in the previous year there were circumstances that warranted a more generous threshold.
- Historical precedence – thus for long standing targets, the thresholds are usually unchanged. Using thresholds from previous years ensures that the NHS is assessed against as stable a system as feasible and that there are few surprises to the NHS in where we set the thresholds.

All thresholds are part of our 'criteria for assessment' and are therefore subject to Department of Health approval prior to publication. As with all other criteria for assessment, they are not subject to challenge via the extenuating circumstances or request for review of rating process.

#### Feedback

We welcome feedback from organisations, where, for example, you have become aware of emerging data issues that we may not yet have taken into account. Any such feedback, or queries regarding the thresholds, should be addressed to:

**Performance.indicators@healthcarecommission.org.uk**

**Existing national targets 2006/07 top level thresholds and rationales****AMBULANCE TRUSTS**

<b>Indicator short name</b>	<b>Achieved</b>
Category A calls meeting 19 minute target	>=95%
Category A calls meeting eight minute target	>=75%
Category B calls meeting national 19 minute target	>=95%
Thrombolysis - 60 minute call to needle time	>=68% in 2006/2007 OR 10% point improvement between 2004/2005 & 2006/2007 AND >=38% in 2006/2007

**MENTAL HEALTH TRUSTS**

<b>Indicator short name</b>	<b>Achieved</b>
Crisis resolution team implementation	2

**PRIMARY CARE TRUSTS**

<b>Indicator short name</b>	<b>Achieved</b>
Commissioning a comprehensive child and adolescent mental health service	3
Commissioning of crisis resolution/home treatment services	Performance consistent with target
Delayed transfers of care	<=3.5%
All cancers: one month diagnosis (decision to treat) to treatment	>=96%
All cancers: two month GP urgent referral to treatment	>=93%
All cancers: two week wait	>=97%
Category A calls meeting 19 minute target	>=95%
Category A calls meeting eight minute target	>=75%
Category B calls meeting national 19 minute target	>=95%
Number of inpatients waiting longer than the standard	<=0.10%
Number of outpatients waiting longer than the standard	<=0.10%
Patients waiting longer than three months for revascularisation	<=0.5%

Practice based registers - patients called for review	>=100% of plan
Thrombolysis - 60 minute call to needle time	>=68% in 2006/2007 OR 20% point improvement between 2003/2004 & 2006/2007 AND >=38% in 2006/2007
Total time in A&E: four hours or less	>=98%

### ACUTE AND SPECIALIST TRUSTS

Indicator short name	Achieved
All cancers: one month diagnosis (decision to treat) to treatment	>=97%
All cancers: two month GP urgent referral to treatment	>=94%
All cancers: two week wait	>=98%
Cancelled operations and those not admitted within 28 days	<=0.8% cancellations AND <=5% breaches of the 28 day standard
Convenience and choice - elective (inpatient and daycase) and outpatient booking	>=98% in part 1 (IP) AND >=98% in part 2 (OP)
Number of inpatients waiting longer than the standard	<=0.03%
Number of outpatients waiting longer than the standard	<=0.03%
Patients waiting longer than three months for revascularisation	<=0.10%
Thrombolysis - 60 minute call to needle time	>=68% in 2006/2007 OR 20% point improvement between 2003/2004 & 2006/2007 AND >=38% in 2006/2007
Total time in A&E: four hours or less	>=98%
Waiting times for rapid access chest pain clinic	>=98%
Delayed transfers of care	<=3.5%