

Further detail on the NHS Plan areas that auditors reviewed

This table lists the NHS Plan targets that the Audit Commission selected and asked auditors to review.

In addition, it lists extra review questions or statements – not listed in the NHS Plan itself, but drawn up by the Audit Commission – about issues that affect the achievement of NHS Plan targets. These extra questions and statements are marked with an asterisk (*).

Local Modernisation Review
* Did the LMR stage 2 action plans reflect the Year 1 implementation review risk assessments?
* Did the LMR stage 2 action plans get reflected in the Health Improvement Modernisation Programme?
* Did the LMR stage 2 action plans get reflected in the Service and Financial Framework?
PRIORITY AREA 1
Inpatient waits
Implement a maximum waiting time of 15 months by March 2002 for all inpatient waits.
Reduce the number of over 12 month waits by March 2002 for all inpatient waits.
Achieve a maximum wait of 12 months by March 2003 for all inpatient waits.
Reduce the number of 9 month inpatient waits.
* Capacity to improve.
Outpatient waits
Implement a maximum waiting time of 26 weeks by March 2002 for all outpatient waits.
Reduce the number of over 13 week waits by March 2002 for all outpatient waits.
Achieve a maximum wait of 21 weeks by March 2003 for all outpatient waits.
Reduce the number of 13 week outpatient waits.
* Capacity to improve.
Cancelled operations
Guarantee from April 2002 that, if a patient's operation is cancelled on the day of surgery for non-clinical reasons, the hospital must offer another binding date within a maximum of the next 28 days, or fund the patient's treatment at the time and hospital of the patient's choice.
Where a patient's operation is cancelled on the day of surgery, the trust will arrange to admit the patient within 28 days, or offer the patient the option of treatment at a hospital of their choice.
* Capacity to improve.
Booked admissions
By March 2001, every acute trust to be able to offer booking for some patients in at least two specialities.
By March 2003, 5 million patients to have benefited from the booked admissions programme.
By March 2003, reach a level of 80% booking of day cases.
Increase booking from and within general practice.
Significantly increase booking for inpatient elective admissions.

Significantly increase booking for outpatient admissions.
Where waiting lists are longer than 6 months, partial booking should be implemented, this should move to full booking as lists come down.
* Capacity to improve.
A&E waiting times
By March 2002, 75% of patients attending A&E to wait 4 hours or less from arrival to admission, transfer and discharge
By March 2003, 90% of patients to spend no more than 4 hours in A&E from arrival to admission, transfer and discharge.
* Capacity to improve.
NHS Direct and GP Out of Hours
By March 2003: All PCTs to have implementation plans for single telephone access, through NHS Direct.
By March 2003: All PCTs to have implementation plans for single telephone access, by patients to GP out-of-hours care.
By March 2003: 40% of PCTs to have operational systems.
* Capacity to improve.
Ambulance response times
By April 2002, 30 ambulance trusts to meet the target to respond to 75% of Category A calls within 8 minutes. By September 2002, 31 services to meet the target. By December 2002, all 32 services to meet the target.
* Capacity to improve.
Primary care access
By March 2002, 60% of patients to wait no more than 24 hours for an appointment with a health care professional.
By March 2002, 60% of patients to wait no more than 48 hours for an appointment with a GP.
By March 2003, ensure that 90% of patients who wish to do so can see a primary care professional within 1 working day.
By March 2003, ensure that 90% of patients who wish to do so can see a GP within 2 working days.
* Capacity to improve.
* Has Priority Area 1 been reflected in the LMR action plans?
* Are problems in Priority Area 1 affecting implementation of the National Service Frameworks?
PRIORITY AREA 2
Hospital cleanliness
From April 2001, all hospitals to invest to meet the standard of cleanliness set out in the Cleanliness Action Plan, and to routinely monitor patient's views on the cleanliness of hospitals.
Ensure all hospitals are clean by the end of 2001 and therefore are able to ensure that the rate of hospital acquired infection is reducing.
* Capacity to improve.
Maintenance backlog
The NHS will have cleared at least a quarter of its £3.1 billion maintenance backlog, accumulated through two decades of under investment by 2004.
* Capacity to improve.
Accommodation
Ensure that by December 2002, 95% of mixed sex accommodation has been eliminated.

Abolish all Nightingale wards for older people by April 2004.
Abolish mixed sex wards in 95% of NHS Trusts by December 2002.
* Capacity to improve.
Patient advocacy and liaison services
By April 2002, an NHS-wide Patient Advocacy and Liaison Service will be established in every trust, beginning with every major hospital with an annual national budget of around £10 million.
* Capacity to improve.
Patient surveys
Annual patient satisfaction surveys are carried out and results reported in a patient prospectus.
* Capacity to improve.
* Has Priority Area 2 been reflected in the LMR action plans?
PRIORITY AREA 3
CHD
To put in place systems and arrangements to enable the organisation to deliver its responsibilities in respect of the CHD NSF.
Health and Social Care Organisations will work together through the CHD Local Implementation Team.
* Capacity to improve.
CHD Tracers
Ensure that 75% of eligible patients receive thrombolysis within 20 minutes of arrival at hospital by April 2003.
Cut waiting times for CHD at all stages of the patient journey in an emergency, through maximum 2 week waits for rapid access chest pain clinics by April 2003.
Cut waiting times for CHD at all stages of the patient journey in an emergency, through falling waits for diagnostic angiography.
Cut waiting times for CHD at all stages of the patient journey in an emergency, through falling waits for revascularisation.
Cancer
To put in place systems and arrangements to enable the organisation to deliver its responsibilities in respect of the Cancer Plan.
Health and Social Care organisations will work together through the Cancer Local Implementation Team.
* Capacity to improve.
Cancer Tracers
During 2002/03 reach 100,000 smokers successfully quitting at the 4 week stage through NHS smoking cessation services, focusing on manual socio-economic groups.
By December 2002 reach a maximum two month wait for urgent GP referral to treatment for breast cancer, deliver on existing maximum waits and set realistic but challenging local targets to cut waiting times to diagnosis and treatment, drawing on the experience of the Cancer Collaborative.
Mental Health
To put in place systems and arrangements to enable the organisation to deliver its responsibilities in respect of the Mental Health NSF.
Health and Social Care organisations will work together through the Mental Health Local Implementation Team.
* Capacity to improve.

Mental Health Tracers
Health and Social Care organisations will implement the Mental Health LMR Action Plans.
Older People
Health and Social Care organisations to work together through the Older People's NSF Local Implementation Team.
* Capacity to improve
Health and Social Care organisations will implement the Older People's NSF LMR Action Plans.
Older People Tracers
Emergency admissions to grow at less than 2% and no growth in readmissions within 28 days of discharge since March 2001.
Reduce the number of acute beds blocked by delayed discharge by 20% by March 2003, compared with April 2002.
* Has Priority Area 3 been reflected in the LMR action plans.
PRIORITY AREA 4
Management capacity
* Has the discussion of management capacity with the audited body identified any key areas for concern? (past performance)
* Has the discussion of management capacity with the audited body identified any key areas for concern? (current performance)
* Capacity to improve.
Nurse and doctor recruitment
Recruit 20,000 extra nurses by 2005.
Recruit 10,000 extra doctors by 2005.
* Capacity to improve.
PMS contracts
Extend year on year the number of locally agreed Personal Medical Service contracts for primary care, building on the expectation of one third of GPs on local contracts by April 2002.
* Capacity to improve
New contracts for consultants, GPs and other staff
New contracts for consultants
* Capacity to improve
New contracts for GPs.
* Capacity to improve
New contracts for other NHS staff.
* Capacity to improve
More flexible arrangements for employment.
* Capacity to improve
Improved childcare.
* Capacity to improve
Support for clinical teams.

* Capacity to improve
* Has Priority Area 4 been reflected in the LMR action plans.
* Are problems in Priority Area 4 affecting the National Service Frameworks?
FINANCIAL AND PERFORMANCE MANAGEMENT
* Did the audited body achieve financial balance in March 2002?
* If yes, has financial balance been achieved using non-recurrent funding?
* Since this area was reviewed last year, has achievement of financial balance:
* Is the audited body expected to achieve financial balance in March 2003?
* Capacity to improve
* What has the organisation's performance in the past towards achievement of statutory duties and targets been like?
* What has the organisation's performance towards achieving sound financial management been like?
* Have previous recovery plans to recover deficits been successful?
* Is the organisation currently in deficit?
* If yes, is the recovery plan in place robust enough to correct the current situation?
* What is the trust board's understanding of the critical role that good financial management plays in the successful management of the body?
* What is the relationship between the audited body, its commissioners and its local partners in the local health economy?
* What are the arrangements to ensure growth monies are not used to fund existing problems like?
* What are the arrangements to satisfy the audited body that it has an effective system of internal financial control like?
* What are the financial and business planning and budget-setting processes in place to achieve financial targets like?
* What are the monitoring and management information systems in place to maintain internal financial control like?
* Is there a recognised local performance management system operating in the health body aimed at delivering continuous service improvement? (past performance)
* Is there a recognised local performance management system operating in the health body aimed at delivering continuous service improvement? (current performance)
* Capacity to improve
* What is the statement of the organisation's strategy, core objectives, vision, priorities and targets?
* What are the arrangements in place to develop action plans to meet key strategic targets?
* What is the statement which links resources to the priorities and objectives of the organisation?
* Is regular monitoring of performance from both a provider and commissioner perspective taking place?
* Are arrangements in place to ensure performance is used to inform change?
* Is the Board's leadership in pursuit of its strategic business objectives?