

# Annual health check 2007/08

## North West regional briefing

(Greater Manchester, Cumbria, Lancashire, Cheshire and Merseyside)

### Summary

The 63 NHS trusts in the North West (29 acute and specialist trusts, 24 primary care trusts, eight mental health trusts, one learning disability trust and one ambulance trust) serve a population of 6.9 million people.

- This year eight trusts in the North West (13%) 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 West were rated “weak” for quality of services and “weak” for use of resources, compared with six nationally (12%)
- Quality of services: Overall the North West has improved again this year, with the performance of 32 trusts better than last year, 22 trusts remaining the same and nine performing worse than last year.
- Use of resources: There has been a significant improvement in financial performance; this year 43 trusts were “excellent” or “good” for use of resources compared with 33 last year.
- Of the new primary care trusts formed on 1 October 2006, three achieved a rating of “excellent” for quality of services.
- 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 63 trusts in the North West:

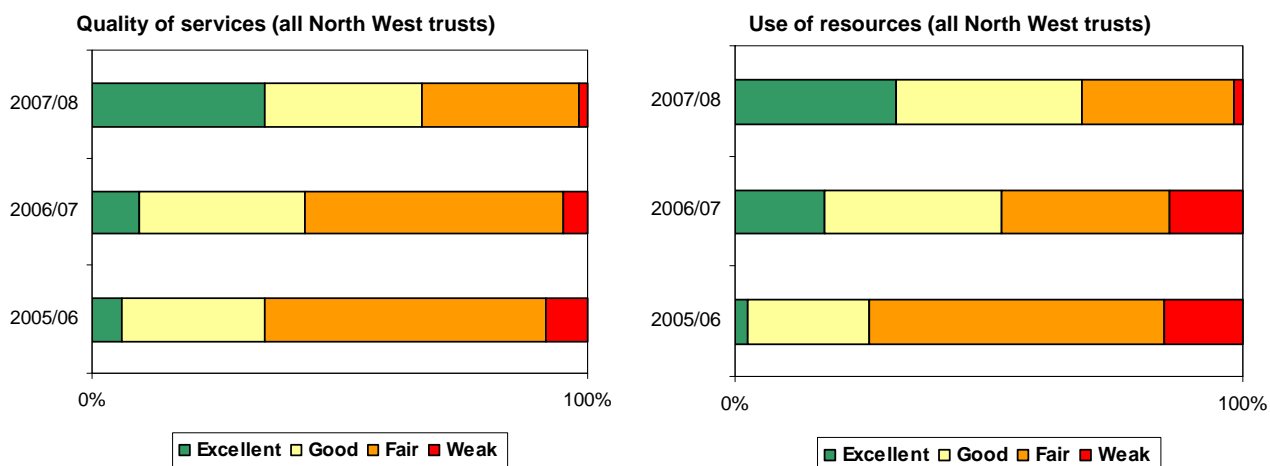
- Eight were rated “**excellent**” for quality of services and “**excellent**” for use of resources (last year two).
- 11 were rated “**excellent**” for quality of services, and “**good**” for use of resources (last year four).
- Eight were rated “**good**” for quality of services and “**excellent**” for use of resources (last year four).
- One was rated “**weak**” for use of resources (last year nine).
- One was rated “**weak**” for quality of services (last year three).

### Changes over three years

In its third year, the annual health check enables us to track continuing changes in performance. This year, 42 trusts (67%) in the North West were either “excellent” or “good” for quality of services compared with 27 (43%) in 2006/07. One trust (2%) was “weak” in 2007/08, compared with three trusts (5%) in 2006/07.

Similar analysis on trusts' use of resources shows 43 trusts (68%) were "excellent" or "good" this year compared with 33 (52%) in 2006/07. One trust (2%) was "weak" this year compared with nine trusts (14%) last year.

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



## Quality of services in the North West

42 trusts (67%) rated "excellent" or "good" for quality of services (last year 43%). Nationally 61% of NHS trusts were rated excellent or good this year. 20 trusts (32%) were "fair" compared with 52% last year. One trust was "weak" (2%) compared with 5% last year.

**Table 1: Quality of services**

All North West trusts	Excellent	Good	Fair	Weak
<b>This year (63 trusts)</b>	22 (35%)	20 (32%)	20 (32%)	1 (2%)
<b>2006/07 (63 trusts)</b>	6 (10%)	21 (33%)	33 (52%)	3 (5%)
<b>2005/06 (83 trusts)</b>	5 (6%)	24 (29%)	47 (57%)	7 (8%)
<b>Nationally</b> (this year, total: 391)	100 (26%)	139 (36%)	132 (34%)	20 (5%)

## Quality of services changes

- 32 trusts' performance improved since last year.
- Nine trusts' performance was worse this year.
- 22 trusts' ratings have not changed since last year.

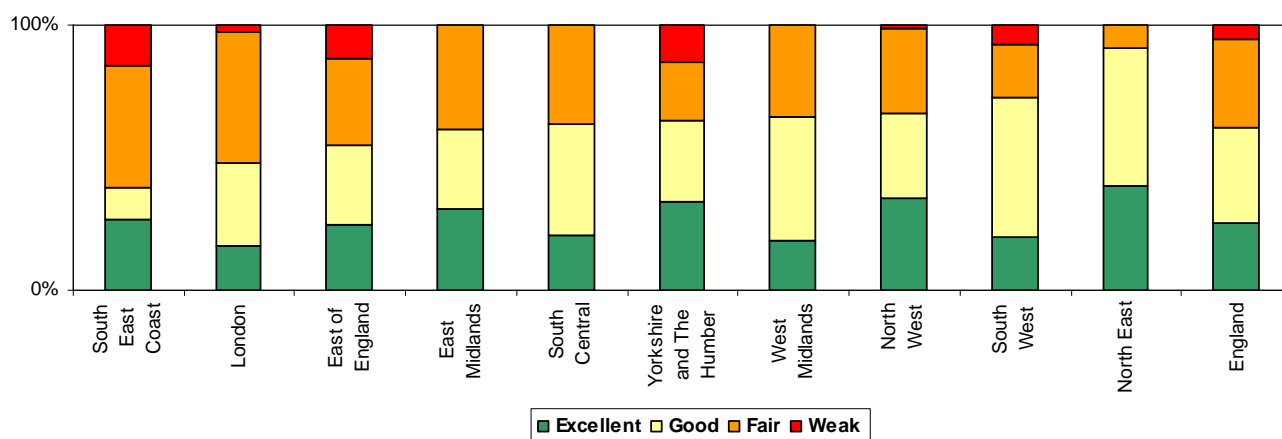
**Table 2: Quality of services – trusts that have shown the most notable improvement in the North West**

Trust name	This year	2006/07	2005/06
East Lancashire Hospitals NHS Trust	Excellent	Fair	Good
North Cumbria Acute Hospitals NHS Trust	Excellent	Fair	Good
Southport and Ormskirk Hospital NHS Trust	Excellent	Fair	Good
University Hospital of South Manchester NHS Foundation Trust	Excellent	Fair	Good
Calderstones NHS Trust	Excellent	Fair	Fair
5 Boroughs Partnership NHS Trust	Excellent	Fair	Fair
Lancashire Care NHS Foundation Trust	Excellent	Fair	Fair
Heywood, Middleton And Rochdale Primary Care Trust	Excellent	Fair	N/A
Liverpool Primary Care Trust	Excellent	Fair	N/A
Wirral Primary Care Trust	Excellent	Fair	N/A

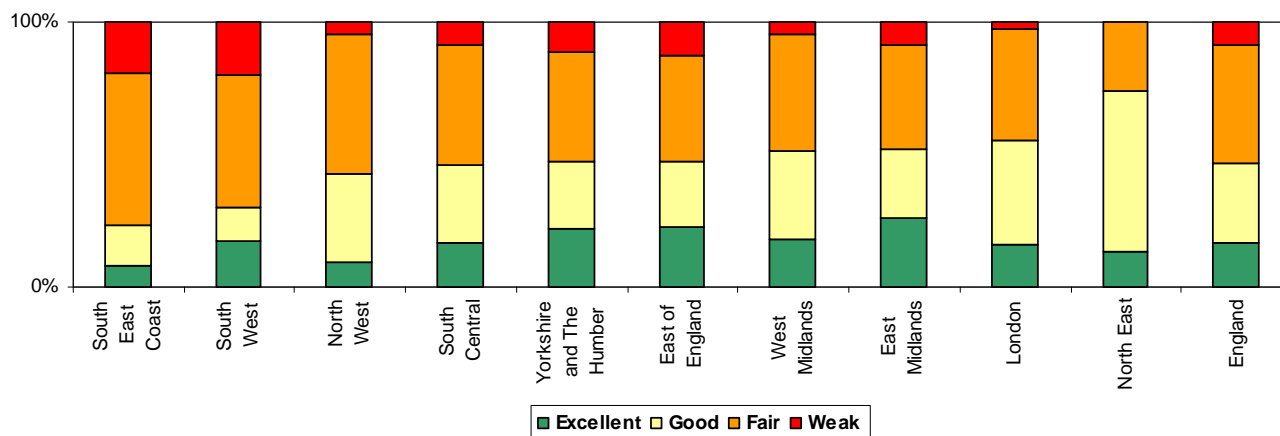
### Comparing the North West with the rest of England

In the first annual health check, 8% of trusts in the North West were “weak” for quality of services, and 57% 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 67% of trusts in the North West were either “good” or “excellent” (nationally 61%) and 33% 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 29 acute and specialist trusts in this area, 11 trusts, including five foundation trusts, received “excellent” for quality of services:

- Christie Hospital NHS Foundation Trust (“good” the previous year)
- Clatterbridge Centre for Oncology NHS Foundation Trust (“good” the previous year)
- East Lancashire Hospitals NHS Trust (“fair” the previous year)
- North Cumbria Acute Hospitals NHS Trust (“fair” the previous year)
- Royal Liverpool Children's NHS Trust (“excellent” the previous year)
- Salford Royal NHS Foundation Trust (“excellent” the previous year)
- Southport and Ormskirk Hospital NHS Trust (“fair” the previous year)
- St Helens and Knowsley Hospitals NHS Trust (“good” the previous year)
- Stockport NHS Foundation Trust (“good” the previous year)
- University Hospital of South Manchester NHS Foundation Trust (“fair” the previous year)
- Walton Centre for Neurology and Neurosurgery NHS Trust (“good” the previous year)

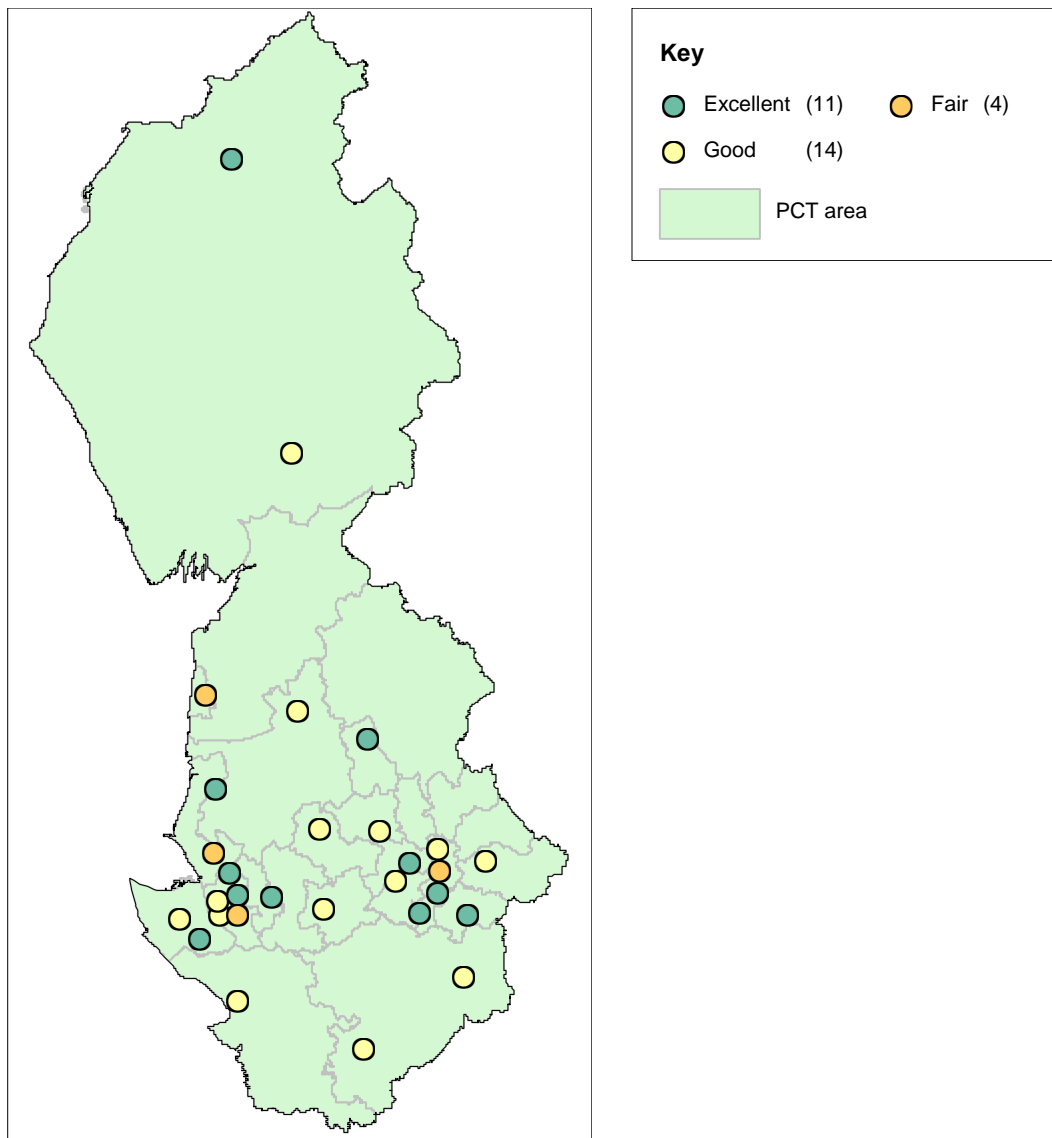
Since last year, 17 trusts have improved in our quality of services assessment, eight have remained the same and four have performed worse.

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

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

	North West 2007/08		England		North West 2006/07	
	Number	%	Number	%	Number	%
Excellent	11	38%	51	30%	3	10%
Good	14	48%	79	47%	13	45%
Fair	4	14%	32	19%	13	45%
Weak	0	0%	7	4%	0	0%
<b>Total</b>	<b>29</b>		<b>169</b>		<b>29</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 West, overall performance has improved, with 90% of trusts scoring “fully met” for this assessment, up from 83% in 2006/07. The other three trusts were scored “almost met” for the core standards assessment. Nationally, 70% of acute and specialist trusts scored “fully met” and 2% scored “not met”.

The standard with the lowest rate of compliance was:

- C4c: “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that (c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed” (five trusts not compliant for the full year)

### 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

- 28 of the 29 acute and specialist trusts performed well, with 22 being “fully met” for existing national targets and six being “almost met”
- The remaining one acute and specialist trust, Central Manchester and Manchester Children's University Hospitals NHS Trust, was “partly met” for existing national targets

### New national targets

- 26 of the 29 acute and specialist trusts performed well, with 14 being “excellent” and 12 being “good” for new national targets
- Two acute and specialist trusts were “fair” for new national targets and the remaining one, Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust, was “weak”

## 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.

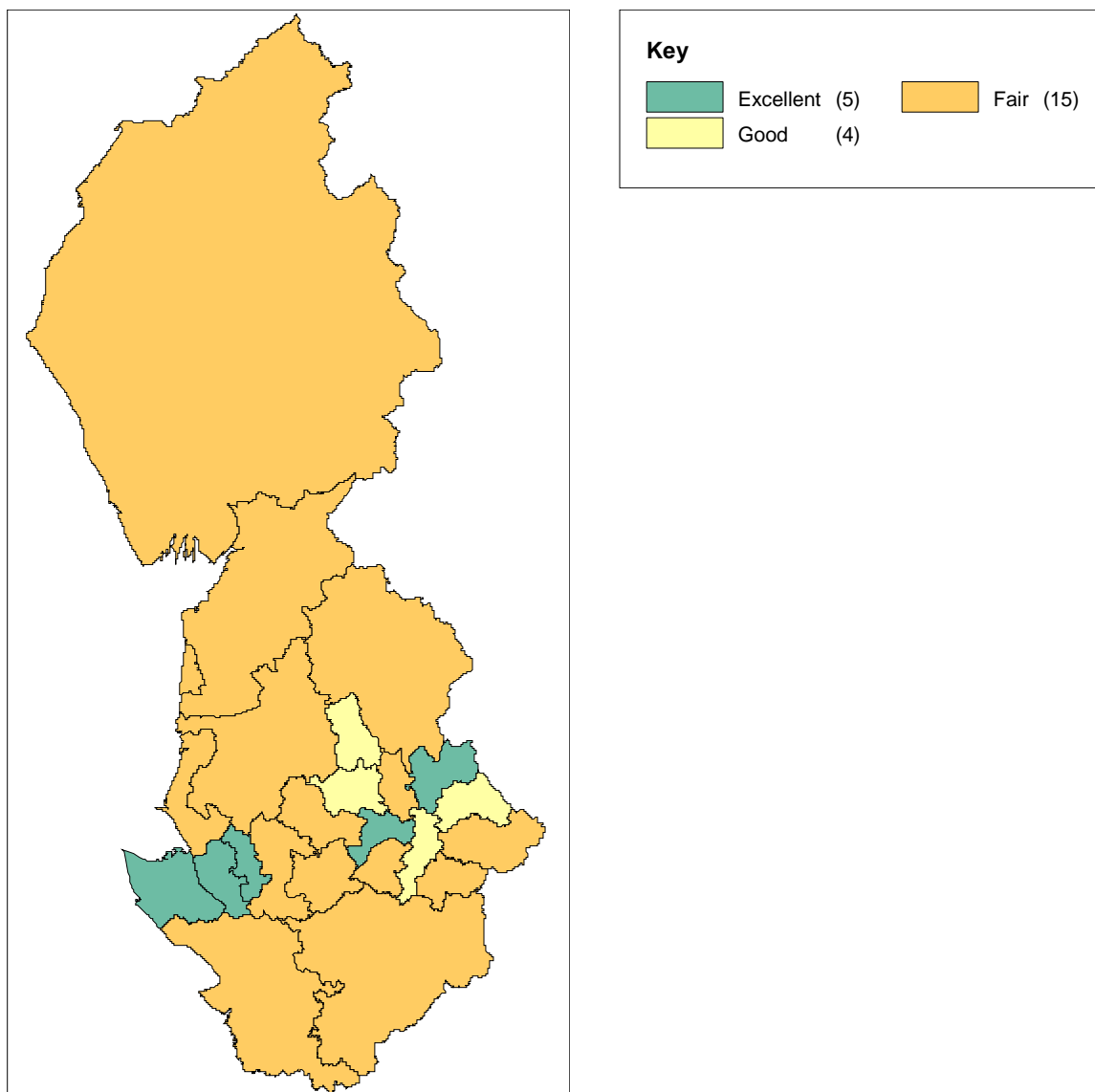
In the North West, five (21%) of the 24 PCTs were “excellent”, four (17%) were “good”, with the other 15 (63%) “fair”.

Since last year, 11 PCTs have improved in our quality of services assessment, 10 have remained the same and three have performed worse.

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

	North West 2007/08		England		North West 2006/07	
	Number	%	Number	%	Number	%
Excellent	5	21%	9	6%	0	0%
Good	4	17%	41	27%	6	25%
Fair	15	63%	94	62%	15	63%
Weak	0	0%	8	5%	3	13%
<b>Total</b>	<b>24</b>		<b>152</b>		<b>24</b>	

**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 this region, 71% or primary care trusts (17) were scored “fully met”. Two trusts (21%) were judged to be “partly met”, while no trusts were judged to be “not met”. Across the North West, the standards with the lowest rates of compliance were:

- C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that (b) all risks associated with the acquisition and use of medical devices are minimised (four trusts were not fully compliant throughout the year)
- C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that (c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed (five trusts were not fully compliant throughout the year)
- C7e: Healthcare organisations (e) challenge discrimination, promote equality and respect human rights (five trusts were not fully compliant throughout the year)
- 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 (five trusts were not fully compliant throughout the year)

- 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 non-clinical areas that meet the national specification for clean NHS premises (four trusts were not fully compliant throughout the 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

- 10 of the 24 PCTs were “fully met” for existing national targets and 12 were “almost met”
- The remaining two PCTs, Ashton, Leigh and Wigan Primary Care Trust, and Warrington Primary Care Trust were “partly met” for existing national targets

### New national targets

- Five of the 24 PCTs were “excellent”, with a further five achieving “good” for new national targets
- Six PCTs were “fair” for new national targets, while eight were “weak”

## Mental health trusts – Regional trends and issues

### Quality of services

In 2007/08, five of the eight mental health trusts in the North West were “excellent” for quality of services, with two being “good” and one being “weak”. In 2006/07, three trusts were “excellent”, two were “good” and three were “fair”.

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

	North West 2007/08		England		North West 2006/07	
	Number	%	Number	%	Number	%
Excellent	5	63%	37	66%	3	38%
Good	2	25%	14	25%	2	25%
Fair	0	0%	4	7%	3	38%
Weak	1	13%	1	2%	0	0%
<b>Total</b>	<b>8</b>		<b>56</b>		<b>8</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”.

Six mental health trusts (75%) in the North West were scored as “fully met” and one was “almost met”. Manchester Mental Health and Social Care Trust was scored as “not met” for this assessment, this trust scored “fully met” in 2006/2007.

## 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 eight mental health trusts in the North West were “fully met” for existing national targets.

For new national targets seven trusts achieved “excellent”, with the remaining one achieving “good”.

## Ambulance trusts

### Quality of services

The North West Ambulance Service NHS Trust was formed on 1 July 2006. The organisation was “fair” this year, having also been “fair” last year.

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

	North West 2007/08		England		North West 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	2	18%	0	0%
Good	0	0%	5	45%	0	0%
Fair	1	100%	1	9%	1	100%
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 West Ambulance Service NHS Trust were found to be “partly met” for this assessment, this trust was judged to be “almost met” in 2006/2007.

North West Ambulance Service NHS Trust had its declaration amended in three standards:

- 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)”
- C5c: “Health care organisations ensure that (c) clinicians continuously update skills and techniques relevant to their clinical work.”
- 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.”

It had already declared “ongoing not met” in C13b: “Healthcare organisations have systems in place to ensure that: (b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.”

## Targets

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

North West Ambulance Service NHS Trust was “almost met” for existing national targets and “excellent” for new national targets.

## North West use of resources

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

In the first year of the annual health check, 16% of all trusts in the North West were rated “weak” for use of resources. This year, one was rated “weak”. The proportion of trusts that received a rating of either “excellent” or “good” has risen from 27% in the first year of the annual health check to 68% this year.

### Use of resources – North West

- 20 were “excellent”
- 23 were “good”
- 19 were “fair”
- One was “weak”

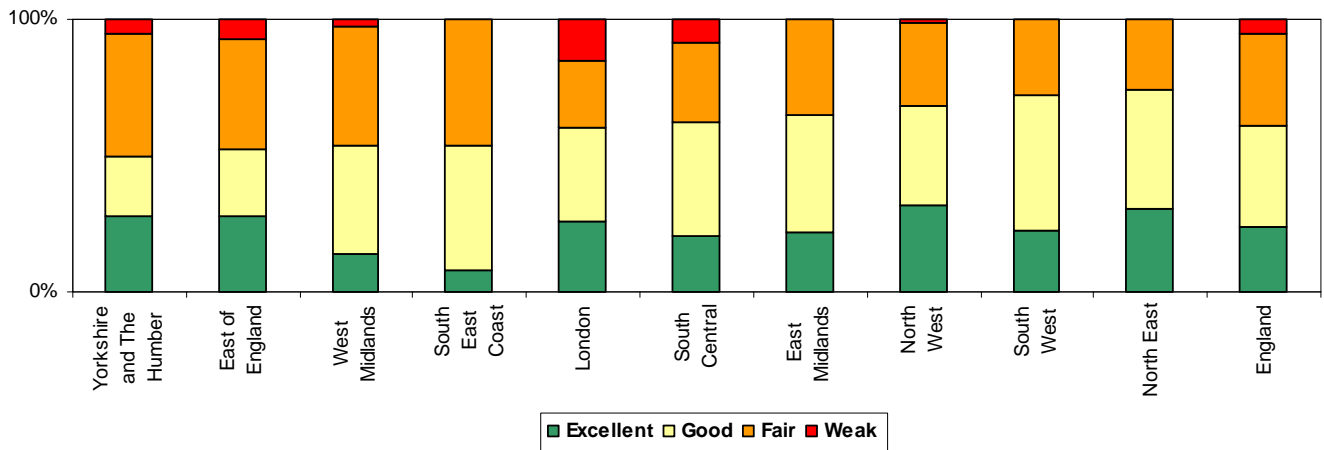
Of the 20 trusts that were “excellent” for use of resources, 15 were foundation trusts, two were acute and specialist trusts, and three were primary care trusts.

26 trusts improved on their score last year and the remaining 37 remained the same.

## Comparing the North West with the rest of England

This year, the general performance has improved across England. The number of trusts scoring “weak” on use of resources in the North West (16%) is greater than the national figure of 5%. However, for trusts scoring “excellent” the North West is performing well with 32% compared to 24% of trusts nationally.

**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**

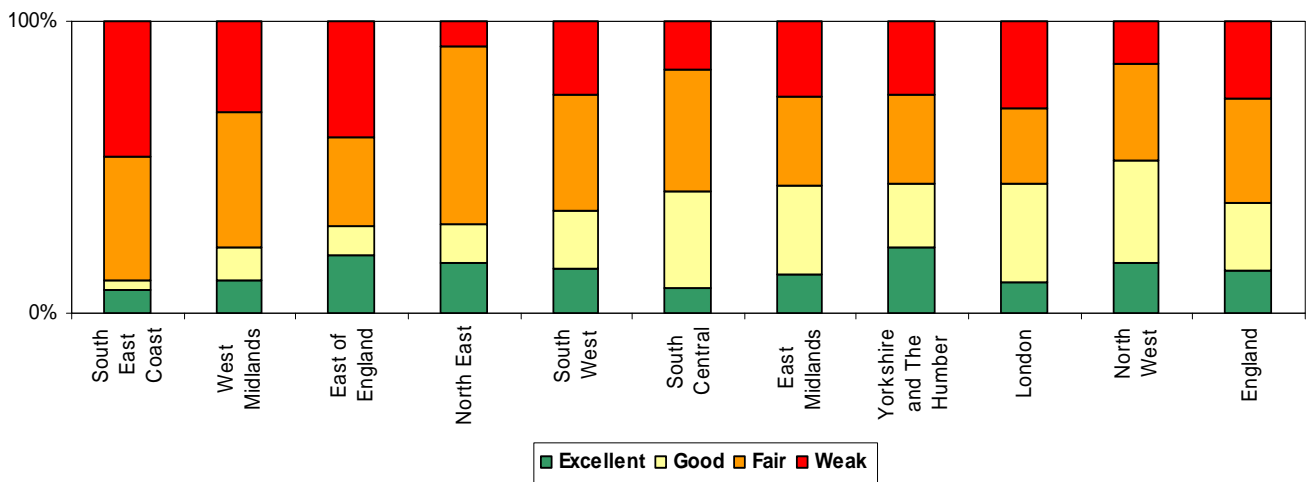


Table 7: North West use of resources

Use of resources		North West 2007/08		England		North West 2006/07	
		Number	%	Number	%	Number	%
<b>Ambulance</b>	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%
<b>Total</b>		<b>1</b>		<b>11</b>		<b>1</b>	
<b>Acute and Specialist</b>	Excellent	14	48%	67	40%	8	28%
	Good	9	31%	41	24%	12	41%
	Fair	5	17%	49	29%	3	10%
	Weak	1	3%	12	7%	6	21%
<b>Total</b>		<b>29</b>		<b>169</b>		<b>29</b>	
<b>Mental Health</b>	Excellent	3	38%	19	34%	0	0%
	Good	3	38%	28	50%	4	50%
	Fair	2	25%	8	14%	4	50%
	Weak	0	0%	1	12%	0	0%
<b>Total</b>		<b>8</b>		<b>56</b>		<b>8</b>	
<b>PCT</b>	Excellent	3	13%	8	5%	3	13%
	Good	10	42%	69	45%	5	21%
	Fair	11	46%	69	45%	13	54%
	Weak	0	0%	6	4%	3	13%
<b>Total</b>		<b>24</b>		<b>152</b>		<b>24</b>	
<b>Learning Disabilities</b>	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%
<b>Total</b>		<b>1</b>		<b>2</b>		<b>1</b>	

## Appendices

### List of organisations in North West NHS area

#### Acute and Specialist Trusts:

- Aintree University Hospitals NHS Foundation Trust
- Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust
- Bolton Hospitals NHS Trust
- Central Manchester and Manchester Children's University Hospitals NHS Trust
- Christie Hospital NHS Foundation Trust
- Clatterbridge Centre for Oncology NHS Foundation Trust
- Countess of Chester Hospital NHS Foundation Trust
- East Cheshire NHS Trust
- East Lancashire Hospitals NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mid Cheshire Hospitals NHS Trust
- North Cheshire Hospitals NHS Trust
- North Cumbria Acute Hospitals NHS Trust
- Pennine Acute Hospitals NHS Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Royal Liverpool Children's NHS Trust
- Salford Royal NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- St Helens and Knowsley Hospitals NHS Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Cardiothoracic Centre - Liverpool NHS Trust
- Trafford Healthcare NHS Trust
- University Hospitals of Morecambe Bay NHS Trust
- University Hospital of South Manchester NHS Foundation Trust
- Walton Centre for Neurology and Neurosurgery NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Trust

#### Primary Care Trusts in existence prior to October 2006:

- Ashton, Leigh and Wigan Primary Care Trust
- Blackburn with Darwen Primary Care Trust
- Blackpool Primary Care Trust
- Bolton Primary Care Trust
- Bury Primary Care Trust
- Knowsley Primary Care Trust
- Oldham Primary Care Trust
- Salford Primary Care Trust
- Stockport Primary Care Trust
- Tameside and Glossop Primary Care Trust
- Warrington Primary Care Trust

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

- Central And Eastern Cheshire Primary Care Trust
- Central Lancashire Primary Care Trust
- Cumbria Teaching Primary Care Trust
- East Lancashire Teaching Primary Care Trust
- Halton And St Helens Primary Care Trust
- Heywood, Middleton And Rochdale Primary Care Trust
- Liverpool Primary Care Trust
- Manchester Primary Care Trust
- North Lancashire Teaching Primary Care Trust
- Sefton Primary Care Trust
- Trafford Primary Care Trust

- Western Cheshire Primary Care Trust
- Wirral Primary Care Trust

#### **Mental Health Trusts:**

- 5 Boroughs Partnership NHS Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cumbria Partnership NHS Foundation Trust
- Greater Manchester West Mental Health NHS Foundation Trust
- Lancashire Care NHS Foundation Trust
- Manchester Mental Health and Social Care Trust
- Mersey Care NHS Trust
- Pennine Care NHS Trust

#### **Ambulance Trust:**

- North West 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.