

# Annual health check 2007/08

## South West regional briefing

(Devon, Cornwall, Somerset, Dorset, Gloucestershire, Wiltshire and the former county of Avon)

### Summary

The 40 NHS trusts in the South West NHS area (18 acute and specialist trusts, 14 primary care trusts, 6 mental health trusts and two ambulance trusts) serve a population of 5.1 million people.

- This year three trusts in the South West (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 the South West were rated “weak” for quality of services and “weak” for use of resources, compared to six nationally (2%).
- Quality of services: Overall trusts in the South West have improved again this year, with the performance of 24 trusts better than last year, 12 trusts remaining the same and four performing worse than last year.
- Use of resources: There has been a significant improvement in financial performance; this year 29 trusts were “excellent” or “good” for use of resources compared with 14 last year.
- Of the new primary care trusts formed on 1 October 2006, one achieved an “excellent” for quality of service and three achieved “good” for both quality of service 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 (after October 16) see <http://www.healthcarecommission.org.uk>

Of the 40 trusts in the South West:

- Three were “**excellent**” for quality of services and “**excellent**” for use of resources (last year one).
- Five were “**excellent**” for quality of services, and “**good**” for use of resources (last year two).
- Six were “**good**” for quality of services and “**excellent**” for use of resources (last year two).
- Zero were “**weak**” for use of resources (last year ten).
- Three were “**weak**” for quality of services (last year eight).

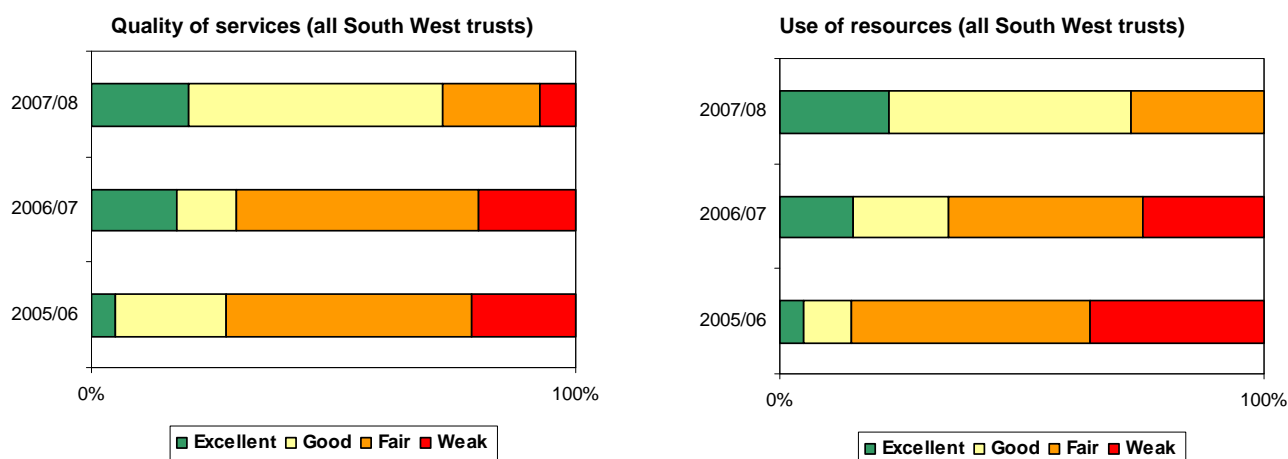
### Changes over three years

In its third year, the annual health check enables us to track continuing changes in performance. This year in the South West 29 trusts (73%) were rated either “excellent” or “good” for quality of services

compared with 12 (30%) in 2006/07. Only three trusts (8%) were rated as “weak” in 2007/08 compared with eight (20%) in 2006/07.

Similar analysis on trusts’ use of resources shows 29 trusts (73%) were rated either “excellent” or “good” this year compared with 14 (35%) in 2006/07. No trusts were rated “weak” this year compared with 10 (25%) last year.

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



## Quality of services in the South West

29 trusts (73%) were rated “excellent” or “good” for quality of services (last year 30%). Nationally 61% of NHS trusts were rated excellent or good this year.

Eight trusts (20%) were “fair” compared with 50% last year.

Three trusts (8%) were “weak” compared with 20% last year.

**Table 1: Quality of services**

All South West trusts	Excellent	Good	Fair	Weak
<b>This year (40 trusts)</b>	8 (20%)	21 (53%)	8 (20%)	3 (8%)
<b>2006/07 (40 trusts)</b>	7 (18%)	5 (13%)	20 (50%)	8 (20%)
<b>2005/06 (61 trusts)</b>	3 (5%)	14 (23%)	31 (51%)	13 (21%)
<b>Nationally (this year, total: 391)</b>	100 (26%)	139 (36%)	132 (34%)	20 (5%)

## Quality of services changes

- 24 trusts’ performance improved since last year.
- Four trusts’ performance was worse this year.
- 12 trusts’ ratings have not changed since last year.

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

Trust name	This year	2006/07	2005/06
Royal United Hospital Bath NHS Trust	Good	Weak	Fair
Cornwall Partnership NHS Trust	Good	Weak	Weak
Northern Devon NHS Trust	Good	Weak	Weak
Dorset Primary Care Trust	Excellent	Fair	N/A

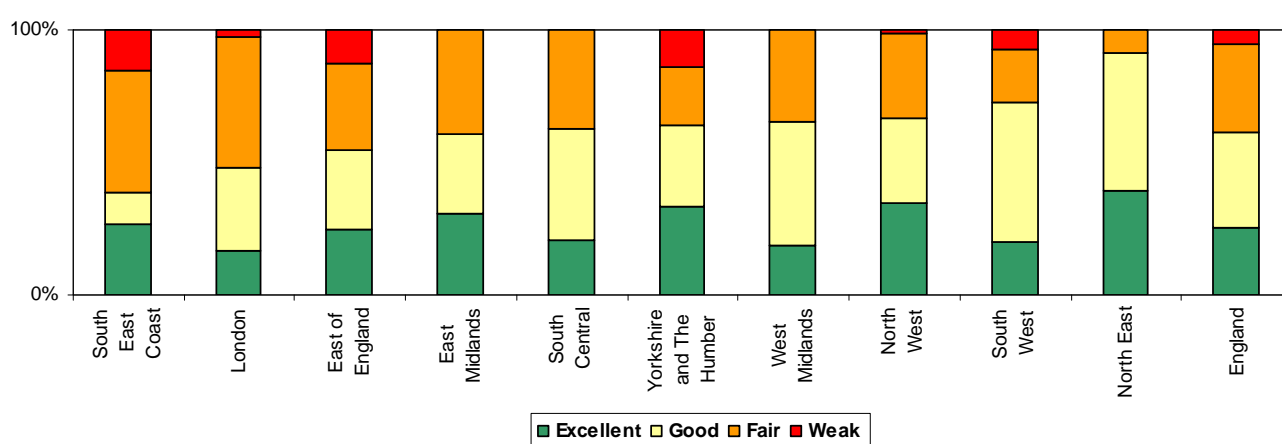
**Table 2b: Quality of services – trusts that have shown the most notable decline in the South West**

Trust name	This year	2006/07	2005/06
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	Fair	Excellent	Excellent

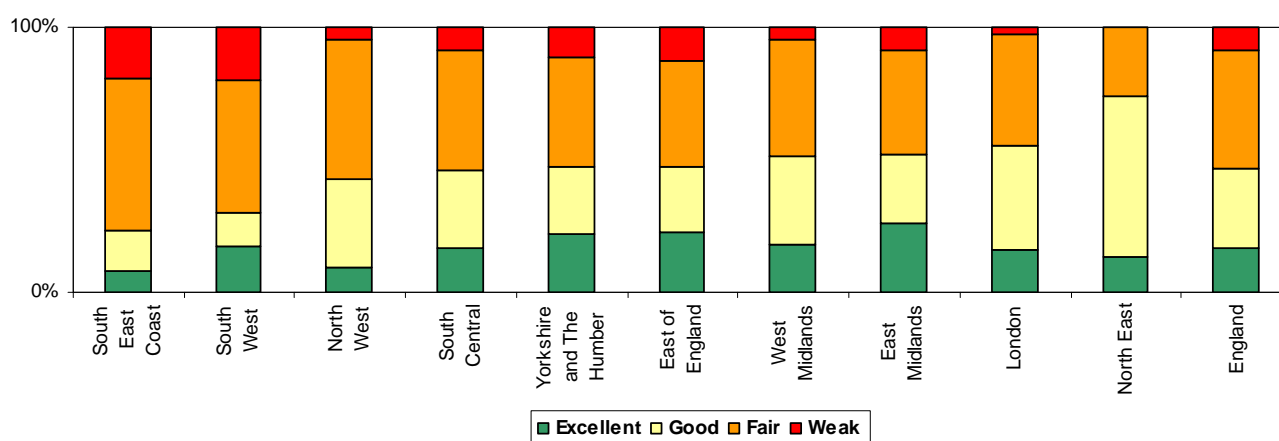
## Comparing the South West with the rest of England

In 2005/06, 72% of trusts in the South West were either “weak” or “fair” for quality of services. By 2007/08, this had reduced to 28%. Compared with previous years, the South West has experienced one of the biggest changes of any NHS region.

**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 18 acute and specialist trusts in this area, four trusts were “excellent” for quality of services:

- Yeovil District Hospital NHS Foundation Trust did so for the second consecutive year.

- Royal Devon and Exeter NHS Foundation Trust has steadily improved over the past three years, from “fair” in 2005/06 to “good” in 2006/07 to “excellent” in 2007/08.
- Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust both achieved “excellent” in 2007/08 after two years of being rated “good”.

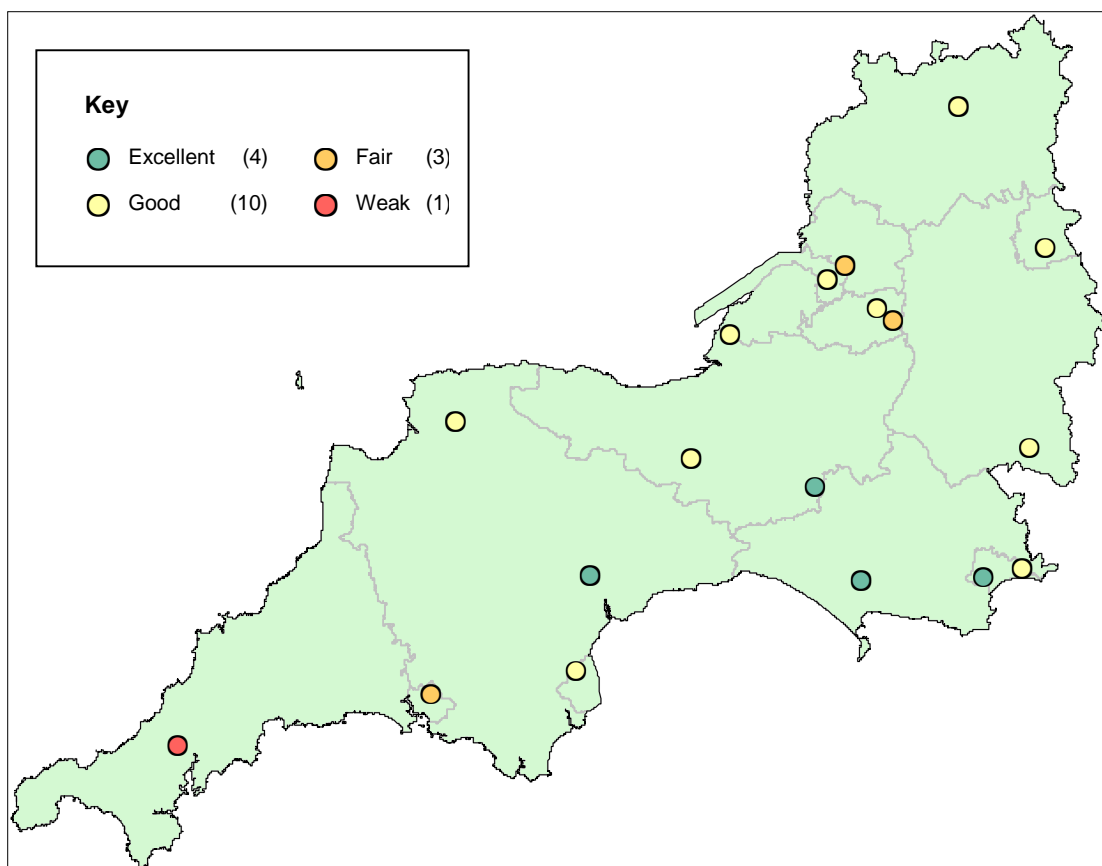
Since last year, 11 trusts have improved in our quality of services assessment, four have remained the same and three have performed worse.

Only one acute trust, Royal Cornwall Hospitals NHS Trust, was rated “weak”, as it was in 2005/06 and 2006/07. Nationally only two trusts have been weak for three consecutive years.

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

	South West 2007/08		England		South West 2006/07	
	Number	%	Number	%	Number	%
Excellent	4	22%	51	30%	3	17%
Good	10	56%	79	47%	5	28%
Fair	3	17%	32	19%	7	39%
Weak	1	6%	7	4%	3	17%
<b>Total</b>	<b>18</b>		<b>169</b>		<b>18</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 South West 50% of trusts (nine) were judged to be “fully met” in 2007/08 compared with 61% in 2006/07

and 70% of acute trusts nationally. Only one trust, Royal Cornwall Hospitals NHS Trust, was scored as “not met”, compared with two in 2006/07. Nationally, 24% of acute trusts were scored as “almost met”, in this area 33% of trusts received this score.

Standards with the lowest rates of compliance for acute and specialist trusts in the South West included:

- C20b – “Healthcare services are provided in environments which promote effective care and optimise health outcomes by being: supportive of patient privacy and confidentiality”. (five trusts not full year compliant)
- C4b – “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.” (four trusts not full year compliant)
- C4a – “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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)”. (three trusts not full year compliant)
- 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.” (three trusts not full year compliant)
- 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.” (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 18 acute and specialist trusts performed well, with 13 being “fully met” for existing national targets, and the remaining five being “almost met”

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### New national targets

- 17 of the 18 acute and specialist trusts performed well, with eight being “excellent” and nine being “good” for new national targets
- Royal National Hospital for Rheumatic Diseases NHS Foundation 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 the South West 43% of primary care trusts were in these categories compared with 100% in 2006/07. Since many primary care trusts were reconfigured in 2006, comparisons are only available over the last two years.

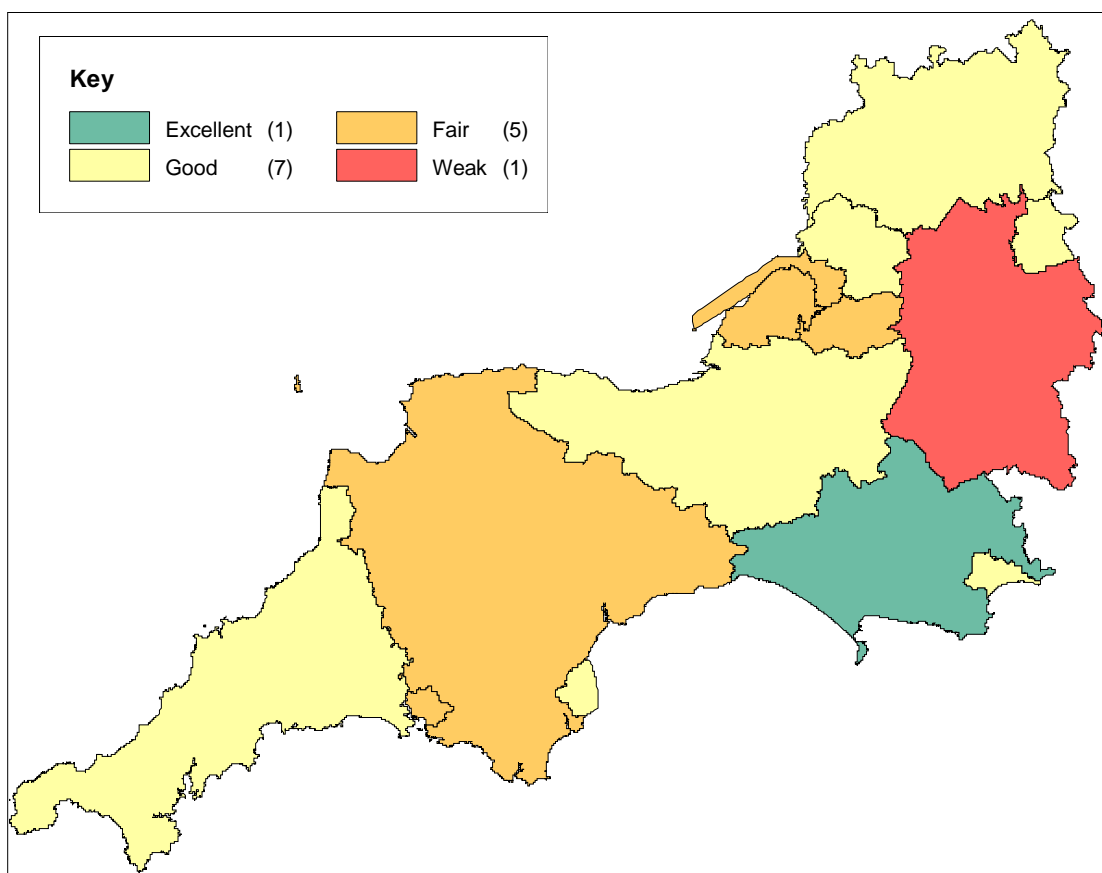
In 2007/08 Dorset Primary Care Trust was “excellent”, the first time a primary care trust in the South West has achieved this rating. Only one primary care trust, Wiltshire Primary Care Trust, was “weak”, compared with three in 2006/07. Wiltshire Primary Care Trust was also “weak” in 2006/07.

Since last year, 10 primary care trusts have improved in our quality of services assessment, four have remained the same and none have performed worse.

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

	South West 2007/08		England		South West 2006/07	
	Number	%	Number	%	Number	%
Excellent	1	7%	9	6%	0	0%
Good	7	50%	41	27%	0	0%
Fair	5	36%	94	62%	11	79%
Weak	1	7%	8	5%	3	21%
<b>Total</b>	<b>14</b>		<b>152</b>		<b>14</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 the South West seven primary care trusts (50%) were judged to be “fully met”. Wiltshire Primary Care Trust was scored as “not met” for this assessment for the second year. Two primary care trusts were scored as “partly met” Devon Primary Care Trust and North Somerset Primary Care Trust

The standards with the lowest level of full year compliance for primary care trusts in the South West were:

C11b – “Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes” (Five primary care trusts were not compliant for the full year)

C7e – “Healthcare organisations challenge discrimination, promote equality and respect human rights where four of the primary care trusts were not compliant for the full year” (Four primary care trusts were not compliant for the full year)

C4d – “Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely” (where four 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 14 PCTs were at least “almost met” for existing national targets, with seven of the 14 achieving “fully met”

### New national targets

- One of the 14 PCTs was “excellent” and a further nine were “good” for new national targets
- One PCT was “fair” for new national targets, while Bath and North East Somerset Primary Care Trust, Bristol Primary Care Trust, and Wiltshire Primary Care Trust were “weak”

## Mental health trusts – Regional trends and issues

### Quality of services

In the South West there are six mental health trusts. Two primary care trusts also provide mental health services, and their results are included in the above section on primary care trusts.

In 2007/08, three out of the six mental health trusts in the South West were “excellent” for their quality of services, with the other three trusts “good”. No trusts were “fair” or “weak”. In 2006/07 four trusts were “excellent” while one was “fair” and one was “weak”.

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

	South West 2007/08		England		South West 2006/07	
	Number	%	Number	%	Number	%
Excellent	3	50%	37	66%	4	67%
Good	3	50%	14	25%	0	0%
Fair	0	0%	4	7%	1	17%
Weak	0	0%	1	2%	1	17%
<b>Total</b>	<b>6</b>		<b>56</b>		<b>6</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”.

In the South West, five of the six mental health trusts (83%) were “fully met”. The remaining trust, Avon and Wiltshire Mental Health Partnership NHS Trust, was “almost met”.

The standards with the lowest level of full year compliance in the South West for mental health trusts were:

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” (four of the six trusts were compliant for the full year)

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” (four of the six trusts were compliant for the full year)

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

For new national targets four trusts achieved “excellent” and two were “good”, a slight improvement on last year when there were four “excellent” trusts, one “good” and one “fair” trust.

## Ambulance trusts

### Quality of services

Two ambulance trusts serve the South West SHA area. South Western NHS Ambulance Trust has shown an improvement on last year, moving from “fair” to “good”. Great Western Ambulance Service NHS Trust has remained “weak”.

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

	South West 2007/08		England		South West 2006/07	
	Number	%	Number	%	Number	%
Excellent	0	0%	2	18%	0	0%
Good	1	50%	5	45%	0	0%
Fair	0	0%	1	9%	1	50%
Weak	1	50%	3	27%	1	50%
<b>Total</b>	<b>2</b>		<b>11</b>		<b>2</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”. One of the two trusts in the South West was awarded “fully met” (South Western NHS Ambulance Trust) while the other, Great Western Ambulance Service NHS Trust, was “almost met”.

## Targets

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

South Western NHS Ambulance Trust achieved “almost met” for the existing national targets while Great Western NHS Ambulance Trust was “not met”, underachieving all four targets.

Both trusts achieved “excellent” for the new national targets.

## South West use of resources

Reflecting national trends there has been a significant improvement in the NHS use of resources in the South West, for the second successive year. In the first year of the annual health check, 85% of all trusts in the South West were “weak” or “fair” for use of resources, for 2007/2008 11 trusts (28%) were “fair” and none were “weak”. There has also been an increase in the number of excellent trusts with 23% scoring excellent compared to 15% in 2006/2007

The newer primary care trusts continue to have the biggest challenge and although no primary care trusts were “weak” there were also none rated “excellent” (compared with 5% of all PCTs nationally).

### Use of resources – the South West

- Nine were “excellent”
- 20 were “good”
- 11 were “fair”
- Zero was “weak”

Of the nine trusts that were “excellent” for use of resources, all were foundation trusts, seven were acute and specialist trusts, and two were mental health trusts.

Gloucestershire Partnership NHS Foundation Trust and Devon Primary Care Trust made the most significant improvements, up from “fair” and “weak” respectively last year to “excellent” and “good” this year. Twenty five other trusts also improved and only one, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, slipped back from “good” in 2006/07 to “fair” in 2007/08.

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

This year there were no trusts scoring “weak” and only 30% “fair”, compared with 5% “weak” and 34% “fair” nationally. The number of trusts scoring “excellent” in the South West is at 23% only just below the national figure of 24%.

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

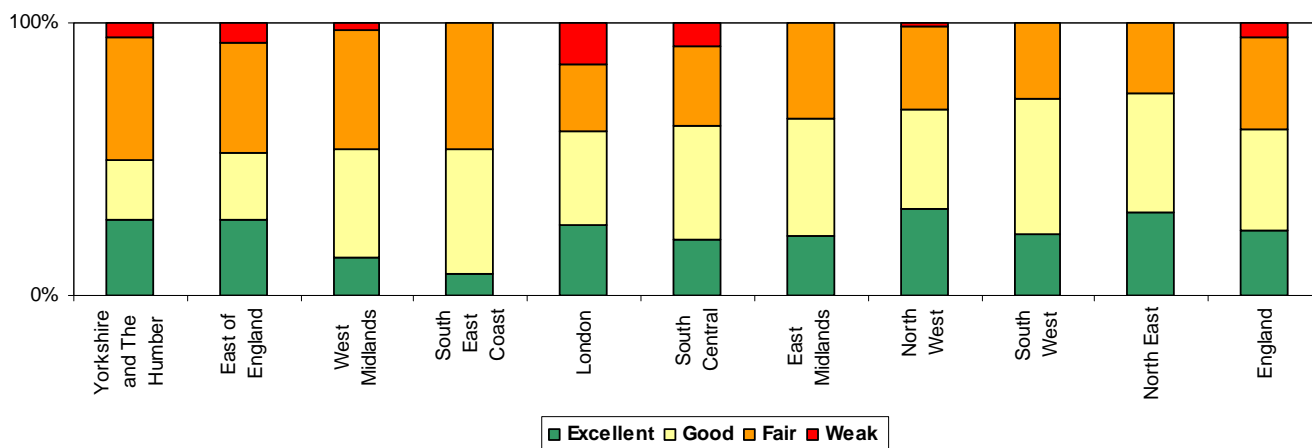


Figure 5b: Use of resources 2006/07 – all trusts, by NHS region

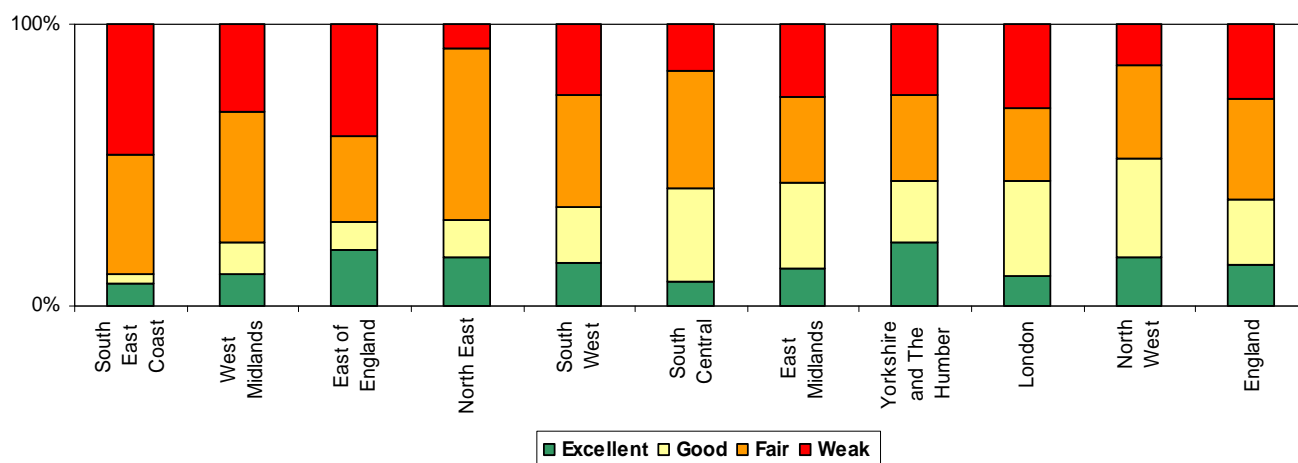


Table 7: South West use of resources

Use of resources		South West 2007/08		England		South West 2006/07	
		Number	%	Number	%	Number	%
<b>Ambulance</b>	Excellent	0	0%	0	0%	0	0%
	Good	1	50%	4	36%	0	0%
	Fair	1	50%	6	55%	1	50%
	Weak	0	0%	1	9%	1	50%
<b>Total</b>		<b>2</b>		<b>11</b>		<b>2</b>	
<b>Acute and Specialist</b>	Excellent	7	39%	67	40%	6	33%
	Good	5	28%	41	24%	4	22%
	Fair	6	33%	49	29%	3	17%
	Weak	0	0%	12	7%	5	28%
<b>Total</b>		<b>18</b>		<b>169</b>		<b>18</b>	
<b>Mental Health</b>	Excellent	2	33%	19	34%	0	0%
	Good	3	50%	28	50%	1	17%
	Fair	1	17%	8	14%	4	67%
	Weak	0	0%	1	2%	1	17%
<b>Total</b>		<b>6</b>		<b>56</b>		<b>6</b>	
<b>PCT</b>	Excellent	0	0%	8	5%	0	0%
	Good	11	79%	69	45%	3	21%
	Fair	3	21%	69	45%	8	57%
	Weak	0	0%	6	4%	3	21%
<b>Total</b>		<b>14</b>		<b>152</b>		<b>14</b>	
<b>Learning Disability</b>	Excellent	0	0%	0	0%	0	0%
	Good	0	0%	2	100%	0	0%
	Fair	0	0%	0	0%	0	0%
	Weak	0	0%	0	0%	0	0%
<b>Total</b>		<b>0</b>		<b>2</b>		<b>0</b>	

## Appendices

### List of Organisations in South West NHS area

#### Acute and Specialist Trusts:

- Dorset County Hospital NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Northern Devon Healthcare NHS Trust
- Plymouth Hospitals NHS Trust
- Poole Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- Royal National Hospital for Rheumatic Diseases NHS Foundation Trust
- Royal United Hospital Bath NHS Trust
- Salisbury NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- Swindon and Marlborough NHS Trust
- Taunton and Somerset NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- United Bristol Healthcare NHS Trust
- Weston Area Health NHS Trust
- Yeovil District Hospital NHS Foundation Trust

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

- Plymouth Teaching Primary Care Trust
- Bath and North East Somerset Primary Care Trust
- North Somerset Primary Care Trust
- South Gloucestershire Primary Care Trust
- Swindon Primary Care Trust
- Torbay Care Trust

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

- Dorset Primary Care Trust
- Bournemouth And Poole Teaching Primary Care Trust
- Bristol Primary Care Trust
- Cornwall And Isles Of Scilly Primary Care Trust
- Devon Primary Care Trust
- Gloucestershire Primary Care Trust
- Somerset Primary Care Trust
- Wiltshire Primary Care Trust

#### Mental Health Trusts:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Cornwall Partnership NHS Trust
- Devon Partnership NHS Trust
- Dorset Healthcare NHS Foundation Trust
- Gloucestershire Partnership NHS Foundation Trust
- Somerset Partnership NHS and Social Care Trust

#### Ambulance Trusts:

- Great Western Ambulance Service NHS Trust
- South Western 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:**

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- 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 in 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.