

Annual health check 2007/08 - Performance of Walsall Teaching Primary Care Trust

Summary







Based on our assessment for 2007/08, Walsall Teaching Primary Care Trust provided an adequate quality of service to patients but failed to maintain the good standard of performance it achieved the previous year. For 2005/06 the trust provided an adequate standard of performance. It has been good at managing its finances and has made improvements on its adequate standard of the previous two years.

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










In a recent survey of trusts in England, patients rated this organisation as 'satisfactory' for mental health services and 'below average' for primary care services in terms of their overall experience.

Overall performance

The overall performance rating is made up of two parts: 'use of resources', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards and targets. The below tables summarise the three years of the annual health check.

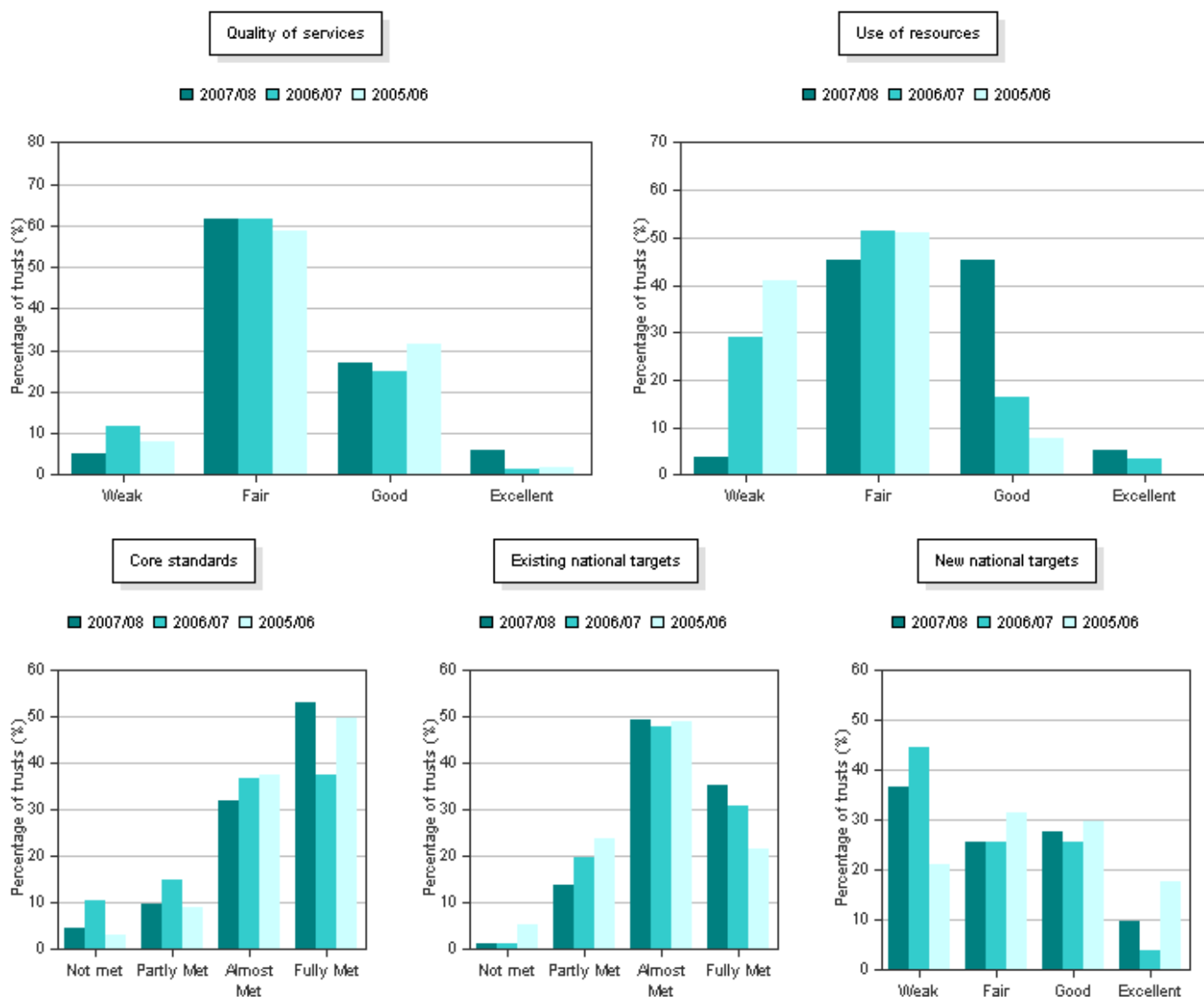
	2007/08	2006/07	2005/06
Quality of services			
Use of resources			

Components of quality of services

	2007/08	2006/07	2005/06
Core standards			
Existing national targets			
New national targets			

Overall performance of primary care trusts

The graphs below show the overall performance of all primary care trusts for the two parts of the overall performance ratings, as well as for the three components of quality of services, over the three years of the annual health check.



Our 2007/08 assessment rated 391 trusts, down from 394 trusts in 2006/7, and 570 trusts in 2005/6. Graphs and tables presented here relate to performance in the relevant assessment year i.e the spread of performance in 2005/6 is based on how the 570 trusts that were assessed that year performed.

Core standards performance

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 the information. The tables below present Walsall Teaching Primary Care Trust's performance in the seven key areas of health and healthcare over the three years of the annual health check.

Safety

	2007/08	2006/07	2005/06
C01a - incidents - reporting and learning	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C04a - infection control	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● ○ ● INSUFFICIENT ASSURANCE	● COMPLIANT	● COMPLIANT
C04c - decontamination	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04d - medicines management	● ● ● COMPLIANT	○ INSUFFICIENT ASSURANCE	● COMPLIANT
C04e - clinical waste	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT

Clinical and cost effectiveness

	2007/08	2006/07	2005/06
C05a - NICE technology appraisals	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05b - clinical supervision	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT







Governance

	2007/08	2006/07	2005/06
C07a and c - governance	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C07b - honesty, probity	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C07e - discrimination	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C08a - whistle-blowing	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C08b - personal development	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C09 - records management	● ○ ● INSUFFICIENT ASSURANCE	● COMPLIANT	● COMPLIANT
C10a - employment checks	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C10b - professional codes of conduct	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C11a - recruitment and training	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C11b - mandatory training	● ● ● COMPLIANT	● COMPLIANT	○ INSUFFICIENT ASSURANCE
C11c - professional development	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C12 - research governance	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT










Patient focus

	2007/08	2006/07	2005/06
C13a - dignity and respect	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C13b - consent	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C13c - confidentiality of information	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C14a - complaints procedure	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C14b - complainants discrimination	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C14c - complaints response	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C15a - food provision	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C15b - food needs	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C16 - accessible information	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT













Accessible and responsive care

	2007/08	2006/07	2005/06
C17 - patient and public involvement	 COMPLIANT	 COMPLIANT	 COMPLIANT
C18 - equity, choice	 COMPLIANT	 COMPLIANT	 COMPLIANT

Care environment and amenities

	2007/08	2006/07	2005/06
C20a - safe, secure environment	 COMPLIANT	 COMPLIANT	 COMPLIANT
C20b - privacy and confidentiality	 COMPLIANT	 COMPLIANT	 COMPLIANT
C21 - clean, well designed environment	 COMPLIANT	 COMPLIANT	 COMPLIANT

Public health




	2007/08	2006/07	2005/06
C22a and c - public health partnerships	 COMPLIANT	 COMPLIANT	 COMPLIANT
C22b - local health needs	 COMPLIANT	 COMPLIANT	 COMPLIANT
C23 - public health cycle	 COMPLIANT	 COMPLIANT	 COMPLIANT
C24 - emergency preparedness	 COMPLIANT	 COMPLIANT	 COMPLIANT

Existing national targets performance by indicator

Our assessment of existing national targets looks at whether this trust is maintaining the levels of service set through the Department of Health's 2003-2006 planning round. We use sets of performance indicators to measure the targets. In the 2007/08 annual health check we used a total of 36 indicators across the different trust types to measure performance against existing national targets. Most of those targets are measured by one performance indicator, with the remainder being measured by two indicators.

























































The levels of performance against the indicators for this trust are detailed below.

Indicators applicable to mental health services

	2007/08	2006/07	2005/06
Crisis resolution team implementation	 ACHIEVED	 ACHIEVED	 ACHIEVED

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

Indicators applicable to primary care trusts

	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	 ACHIEVED	 ACHIEVED	 ACHIEVED
Access to a GP	 UNDER ACHIEVED	 UNDER ACHIEVED	 ACHIEVED
Access to a primary care professional	 ACHIEVED	 ACHIEVED	 ACHIEVED
Category A calls meeting eight minute target	 ACHIEVED	 ACHIEVED	DATA NOT AVAILABLE
Category A calls meeting 19 minute target	 ACHIEVED	 ACHIEVED	DATA NOT AVAILABLE
Category B calls meeting 19 minute target	 ACHIEVED	 ACHIEVED	DATA NOT AVAILABLE
All cancers: two week wait	 ACHIEVED	 ACHIEVED	 ACHIEVED
Revascularisation: three month wait	 ACHIEVED	 ACHIEVED	 ACHIEVED
Commissioning a comprehensive child and adolescent mental health service	 ACHIEVED	 ACHIEVED	 ACHIEVED
Commissioning of crisis resolution services	 FAILED	 FAILED	 FAILED
Thrombolysis - 60 minute call to needle time	DATA NOT AVAILABLE	 ACHIEVED	 ACHIEVED
Delayed transfers of care	 ACHIEVED	 ACHIEVED	 ACHIEVED
PCT facilities in place to support choice	 UNDER ACHIEVED	 UNDER ACHIEVED	 ACHIEVED
All cancers: one month diagnosis to treatment	 ACHIEVED	 ACHIEVED	 ACHIEVED
All cancers: two month GP urgent referral to treatment	 ACHIEVED	 ACHIEVED	 ACHIEVED
Diabetic retinopathy screening	 ACHIEVED	 ACHIEVED	 FAILED
Inpatients waiting longer than 26 weeks	 ACHIEVED	 ACHIEVED	 ACHIEVED
Outpatients waiting longer than 13 weeks	 ACHIEVED	 ACHIEVED	 ACHIEVED
PCT booking	 UNDER ACHIEVED	 UNDER ACHIEVED	 UNDER ACHIEVED
Practice based registers - patients called for review	 ACHIEVED	 ACHIEVED	 FAILED

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

New national targets performance by indicator

Our new national targets assessment looks at the targets outlined in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 - 2007/08*. As for existing national targets we use sets of indicators to measure performance against the targets. In the 2007/08 annual health check we used a total of 59 indicators to measure performance against the new national targets. Some new national targets are measured by one performance indicator, with others being measured by up to four indicators.















































































Indicator level performance for this trust is detailed below.

Indicators applicable to mental health services

	2007/08	2006/07	2005/06
Experience of patients	● ● ● SATISFACTORY	● SATISFACTORY	● SATISFACTORY
Support in the community	● ● ● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Drug misusers sustained in treatment	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Infection control	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Data quality on ethnic group	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Audit of suicide prevention	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Community mental health team integrated working	● ● ● ACHIEVED	● ACHIEVED	● UNDER ACHIEVED
Compliance with guidelines concerning obesity	● ● ● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Compliance with guidelines concerning schizophrenia	● ● ● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE

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

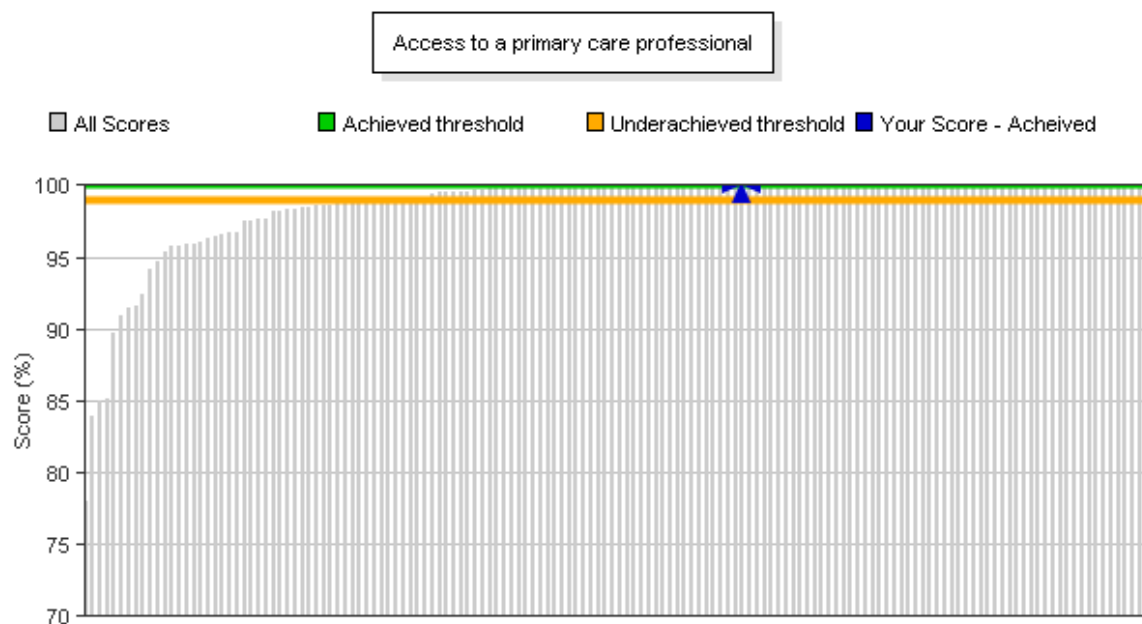
Indicators applicable to primary care trusts

	2007/08	2006/07	2005/06
Blood pressure	 FAILED	 ACHIEVED	 ACHIEVED
Cholesterol levels	 FAILED	 ACHIEVED	 ACHIEVED
Cancer mortality rate	DATA NOT AVAILABLE	DATA NOT RETURNED	 ACHIEVED
Implementation of NICE improving outcomes guidance	 FAILED	 ACHIEVED	 ACHIEVED
Breast cancer screening	 UNDER ACHIEVED	 ACHIEVED	 ACHIEVED
Care programme approach seven day follow up	 UNDER ACHIEVED	 ACHIEVED	 ACHIEVED
Smoking during pregnancy	 ACHIEVED	 ACHIEVED	 UNDER ACHIEVED
Breastfeeding initiation rates	 ACHIEVED	 ACHIEVED	 ACHIEVED
Smoking status of the population	 ACHIEVED	 ACHIEVED	 UNDER ACHIEVED
GP recording of body mass index	 ACHIEVED	 ACHIEVED	 ACHIEVED
Teenage conception rates	DATA NOT AVAILABLE	 ACHIEVED	 ACHIEVED
Access to genito-urinary medicine clinics within 48 hours	 ACHIEVED	DATA NOT AVAILABLE	 FAILED
Access to reproductive health services	 FAILED	 UNDER ACHIEVED	 FAILED
Experience of patients	 BELOW AVERAGE	 SATISFACTORY	NOT APPLICABLE
Emergency bed days	 ACHIEVED	 ACHIEVED	 ACHIEVED
Community matrons and additional case managers	 ACHIEVED	 ACHIEVED	 ACHIEVED
Very high intensity users	 UNDER ACHIEVED	 FAILED	 ACHIEVED
Waiting times for diagnostic tests	 ACHIEVED	 ACHIEVED	 ACHIEVED
Drug misusers in treatment	 ACHIEVED	 ACHIEVED	 ACHIEVED
Practice based registers	 ACHIEVED	 FAILED	 ACHIEVED
Drug misusers sustained in treatment	 ACHIEVED	 ACHIEVED	 ACHIEVED
Community equipment delivery	 UNDER ACHIEVED	 UNDER ACHIEVED	 ACHIEVED
Infection control	 ACHIEVED	 ACHIEVED	 ACHIEVED
Data quality on ethnic group	 ACHIEVED	 ACHIEVED	 ACHIEVED
Cardiovascular disease mortality	DATA NOT AVAILABLE	DATA NOT RETURNED	 ACHIEVED
Commissioning of early intervention in psychosis services	 ACHIEVED	 UNDER ACHIEVED	NOT APPLICABLE
Older people's mental health needs and services	 ACHIEVED	 ACHIEVED	NOT APPLICABLE
National child measurement programme data quality	 ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Referral to treatment time milestones	 ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Compliance with guidelines concerning obesity	 ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Four week smoking quitters	 ACHIEVED	 ACHIEVED	NOT APPLICABLE
Community development workers	 ACHIEVED	NOT APPLICABLE	NOT APPLICABLE

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








Focus on selected target indicator

The graph below shows how Walsall Teaching Primary Care Trust has performed in comparison with all other primary care trusts for the selected target indicator in 2007/08.



Summarised performance of other annual health check assessments

The following assessments have also been carried out during the first three years of the annual health check. Our reviews and studies look at whether NHS trusts are delivering high quality care and treatment, and achieving value for money.

	2007/08	2006/07	2005/06
Adult community mental health services			 FAIR
Substance misuse services			 FAIR
Tobacco control			 GOOD
Diabetes		 FAIR	
Hospital services for people with acute mental health problems		 FAIR	
Substance misuse service review 2006/2007		 EXCELLENT	
Urgent and emergency care	 FAIR PERFORMING		

Useful links and glossary

The documents below provide further information on the annual health check:

- [Performance ratings 2007/08 - including links to national overview report and regional summaries](#)
- [More information on core standards](#)
- [More information on existing national targets](#)
- [More information on new national targets](#)
- [Annual health check 2007/08 frequently asked questions](#)
- [Information on NHS patient surveys](#)

Glossary of terms:

Core standards

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

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

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

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

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

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

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

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

Existing and new national targets

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

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

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

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

Excellent: This score means that a trust performed well beyond the minimum requirements and the reasonable expectations for the new national targets assessment.

Good: This score means that a trust performed above the minimum requirements and the reasonable expectations for the new national targets assessment.

Fair: This score means that a trust performed in line with the minimum requirements and the reasonable expectations for the new national targets assessment.

Weak: This score means that a trust performed below the minimum requirements and the reasonable expectations for the new national targets assessment.

Achieved: This score means that a trust performed to a high level for this aspect of the targets assessment.

Underachieved: This score means that a trust performed below the required level for this aspect of the targets assessment.

Failed: This score means that a trust performed poorly for this aspect of the targets assessment.

Not applicable: This score means that this aspect of the targets assessment did not apply to this trust. As a result, this trust was not assessed against it.

Data not available: This score means that this aspect of the targets assessment did apply to this trust, but the relevant data were not available. This was not the fault of the trust, so it was not assessed against it.

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

Target: This is an expectation of the NHS set by Government, which is to be achieved by a specific date.

Indicator: This is what we use to measure performance against a target. Often this will be a one-to-one relationship (in other words, one target is measured by one indicator), but sometimes we use more than one indicator to assess performance against a target.

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

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

Quality of services assessment

Excellent: This score means that a trust received the highest score of either 'fully met' or 'excellent' for all applicable assessments that contribute to the overall quality of services score.

Good: This score means that a trust received at least the second highest score of either 'almost met' or 'good' for all applicable assessments that contribute to the overall quality of services score.

Fair: This score means that a trust has performed adequately, in that it has not received the lowest score of 'not met' for either core standards or existing national targets. However, it has not performed sufficiently well across the applicable assessments that contribute to the overall quality of services score to score any higher.

Weak: This score means that a trust received the lowest score of 'not met' for either core standards or existing national targets.

Use of resources assessment

Excellent: This score means that a trust performed very well. Management arrangements operated effectively, and financial targets were met for at least the last two years.

Good: This score means that a trust performed well in regard to its financial arrangements, and met its financial targets for at least the last two years.

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

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

BRIEFING NOTE

TO: Health Scrutiny Sub-Panel
DATE: 17 November 2008.

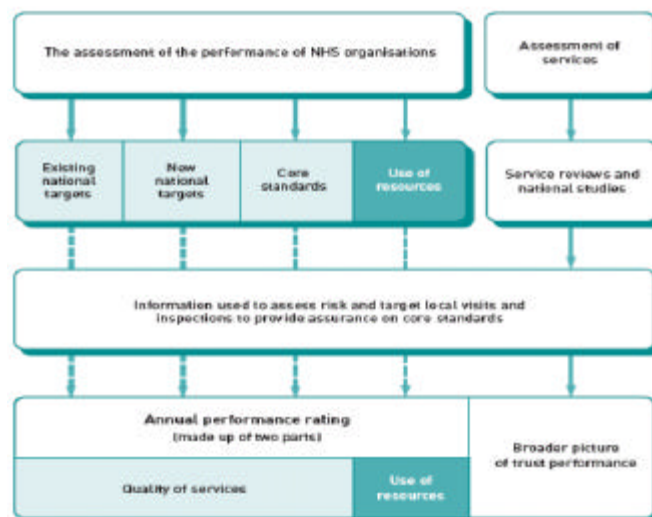
RE: Walsall Hospitals NHS Trust: Annual Health Check 2007/08

Purpose

To update the Sub Committee on the outcome of the Trusts position in relation to the Annual Health Check for 2007/08

The Process

The Annual Health Check is an aggregated position to show how Health Care organisations have performed in relation to Quality of Services and Use of Resources












The Outcome

The Trust received a Good rating for Quality of Services and Fair for use of resources.

	2007/08	2006/07	2005/06
Quality of services			
Use of resources			

Quality of Services is made up of three elements: Core standards, Existing Targets and New National Targets. The Trust made a self declaration for the Core Standards equating to fully compliant on 41 of the 44 standards and “Insufficient Assurance” for the remaining 3. The table below therefore reflects that the Trust almost met the Core Standards element and was assessed as fully met for Existing national Targets and Excellent for New National Targets

	2007/08	2006/07	2005/06
Core standards			
Existing national targets			
New national targets			

The Trust is currently determining the declaration to be made for this financial year in relation to the Core Standards and submits data on a monthly basis for the New and Existing Targets.

Recommendation

That, subject to any comments Members may wish to make, the Annual Health Check rating for Walsall Hospitals for 2007/8 be noted.

Author

Sue Bailey
Head of Performance
01922 721172 Ext 6080
Sue.bailey@walsalhospitals.nhs.uk

Annual health check 2007/08 - Performance of Walsall Hospitals NHS Trust

Summary







Based on our assessment for 2007/08, and for the third year running, Walsall Hospitals NHS Trust continued to provide a good quality of service to patients. It has continued to manage its finances adequately for the last three years.

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










In a recent survey of trusts in England, patients rated this organisation as 'below average' in terms of their overall experience.

Overall performance

The overall performance rating is made up of two parts: 'use of resources', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards and targets. The below tables summarise the three years of the annual health check.

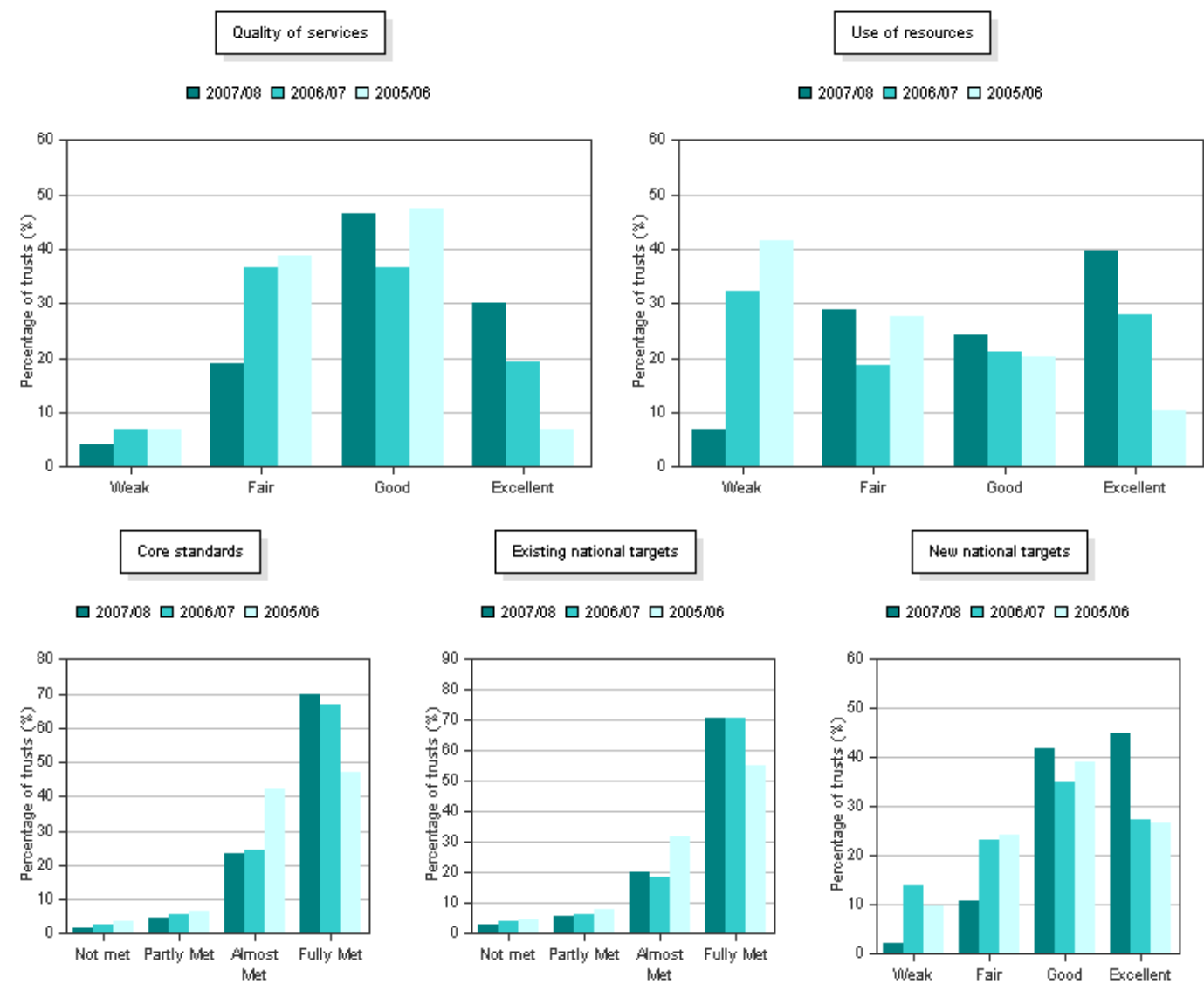
	2007/08	2006/07	2005/06
Quality of services			
Use of resources			

Components of quality of services

	2007/08	2006/07	2005/06
Core standards			
Existing national targets			
New national targets			

Overall performance of acute trusts

The graphs below show the overall performance of all acute and specialist trusts for the two parts of the overall performance ratings, as well as for the three components of quality of services, over the three years of the annual health check.



Core standards performance

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 the information. The tables below present Walsall Hospitals NHS Trust's performance in the seven key areas of health and healthcare over the three years of the annual health check.





































Safety

	2007/08	2006/07	2005/06
C01a - incidents - reporting and learning	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04a - infection control	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● ○ ● INSUFFICIENT ASSURANCE	● COMPLIANT	● COMPLIANT
C04c - decontamination	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04d - medicines management	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C04e - clinical waste	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
































Clinical and cost effectiveness

	2007/08	2006/07	2005/06
C05a - NICE technology appraisals	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05b - clinical supervision	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● ● ● COMPLIANT	● COMPLIANT	● COMPLIANT







Governance

	2007/08	2006/07	2005/06
C07a and c - governance	 COMPLIANT	 COMPLIANT	 COMPLIANT
C07b - honesty, probity	 COMPLIANT	 COMPLIANT	 COMPLIANT
C07e - discrimination	 COMPLIANT	 COMPLIANT	 COMPLIANT
C08a - whistle-blowing	 COMPLIANT	 COMPLIANT	 COMPLIANT
C08b - personal development	 COMPLIANT	 COMPLIANT	 COMPLIANT
C09 - records management	 COMPLIANT	 COMPLIANT	 COMPLIANT
C10a - employment checks	 COMPLIANT	 COMPLIANT	 COMPLIANT
C10b - professional codes of conduct	 COMPLIANT	 COMPLIANT	 COMPLIANT
C11a - recruitment and training	 COMPLIANT	 COMPLIANT	 COMPLIANT
C11b - mandatory training	 COMPLIANT	 COMPLIANT	 COMPLIANT
C11c - professional development	 COMPLIANT	 COMPLIANT	 COMPLIANT
C12 - research governance	 COMPLIANT	 COMPLIANT	 COMPLIANT










Patient focus

	2007/08	2006/07	2005/06
C13a - dignity and respect	 COMPLIANT	 COMPLIANT	 COMPLIANT
C13b - consent	   INSUFFICIENT ASSURANCE	 COMPLIANT	 COMPLIANT
C13c - confidentiality of information	 COMPLIANT	 COMPLIANT	 COMPLIANT
C14a - complaints procedure	 COMPLIANT	 COMPLIANT	 COMPLIANT
C14b - complainants discrimination	 COMPLIANT	 COMPLIANT	 COMPLIANT
C14c - complaints response	 COMPLIANT	 COMPLIANT	 COMPLIANT
C15a - food provision	 COMPLIANT	 COMPLIANT	 COMPLIANT
C15b - food needs	 COMPLIANT	 COMPLIANT	 COMPLIANT
C16 - accessible information	   INSUFFICIENT ASSURANCE	 COMPLIANT	 COMPLIANT












Accessible and responsive care

	2007/08	2006/07	2005/06
C17 - patient and public involvement	 COMPLIANT	 COMPLIANT	 COMPLIANT
C18 - equity, choice	 COMPLIANT	 COMPLIANT	 COMPLIANT

Care environment and amenities

	2007/08	2006/07	2005/06
C20a - safe, secure environment	 COMPLIANT	 COMPLIANT	 COMPLIANT
C20b - privacy and confidentiality	 COMPLIANT	 COMPLIANT	 COMPLIANT
C21 - clean, well designed environment	 COMPLIANT	 COMPLIANT	 INSUFFICIENT ASSURANCE

Public health

	2007/08	2006/07	2005/06
C22a and c - public health partnerships	 COMPLIANT	 COMPLIANT	 COMPLIANT
C22b - local health needs	NOT APPLICABLE	 COMPLIANT	 COMPLIANT
C23 - public health cycle	 COMPLIANT	 COMPLIANT	 COMPLIANT
C24 - emergency preparedness	 COMPLIANT	 COMPLIANT	 COMPLIANT

Existing national targets performance by indicator

Our assessment of existing national targets looks at whether this trust is maintaining the levels of service set through the Department of Health's 2003-2006 planning round. We use sets of performance indicators to measure the targets. In the 2007/08 annual health check we used a total of 36 indicators across the different trust types to measure performance against existing national targets. Most of those targets are measured by one performance indicator, with the remainder being measured by two indicators.

The levels of performance against the indicators for this trust are detailed below.

Indicators

	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
All cancers: two week wait	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Rapid access chest pain clinic: two week wait	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Revascularisation: three month wait	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancelled operations and those not admitted within 28 days	● ● ● UNDER ACHIEVED	● ACHIEVED	● ACHIEVED
Thrombolysis - 60 minute call to needle time	DATA NOT AVAILABLE	● ACHIEVED	● ACHIEVED
Information in place to support choice	● ● ● UNDER ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
All cancers: one month diagnosis to treatment	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
All cancers: two month GP urgent referral to treatment	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Inpatients waiting longer than 26 weeks	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Outpatients waiting longer than 13 weeks	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED

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

New national targets performance by indicator

Our new national targets assessment looks at the targets outlined in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 - 2007/08*. As for existing national targets we use sets of indicators to measure performance against the targets. In the 2007/08 annual health check we used a total of 59 indicators to measure performance against the new national targets. Some new national targets are measured by one performance indicator, with others being measured by up to four indicators.

Indicator level performance for this trust is detailed below.

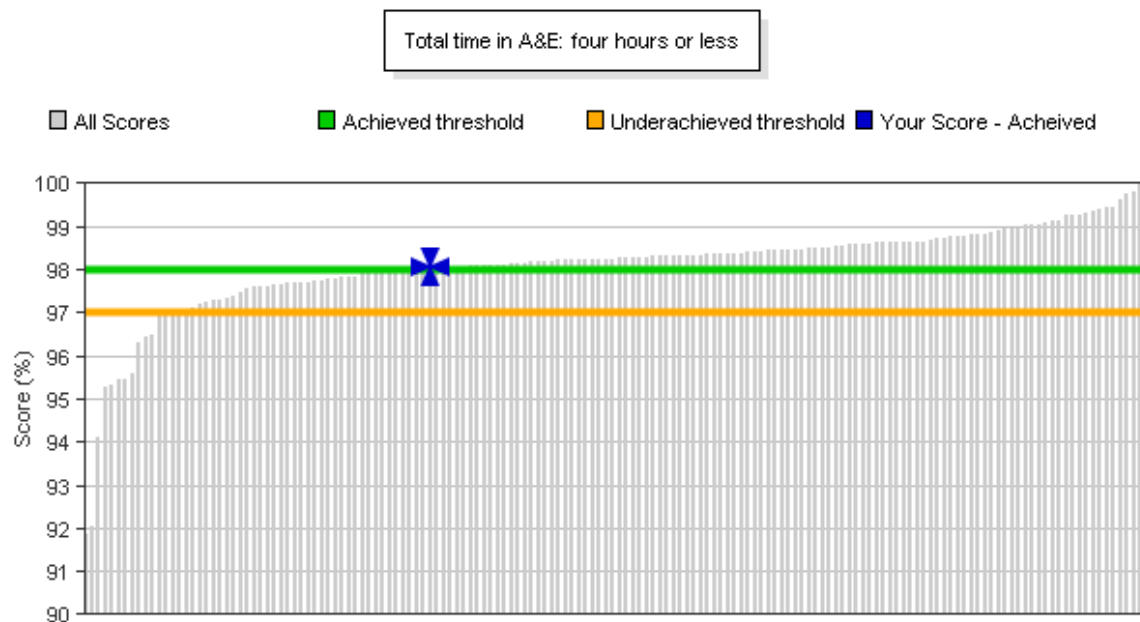
Indicators

	2007/08	2006/07	2005/06
Participation in audits	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Smoking during pregnancy and breastfeeding initiation	● ● ● ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Access to genito-urinary medicine clinics within 48 hours	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Experience of patients	● ● ● BELOW AVERAGE	● BELOW AVERAGE	● SATISFACTORY
Emergency bed days	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Waiting times for diagnostic tests	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Clostridium difficile data quality	● ● ● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
MRSA bacteraemia	● ● ● ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED
Data quality on ethnic group	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Compliance with guidelines concerning self harm	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Information, screening and referral for drug misusers	● ● ● ACHIEVED	● ACHIEVED	● ACHIEVED
Referral to treatment time milestones	● ● ● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Compliance with guidelines concerning obesity	● ● ● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE

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






Focus on selected target indicator

The graph below shows how Walsall Hospitals NHS Trust has performed in comparison with all other acute trusts for the selected target indicator in 2007/08.



Summarised performance of other annual health check assessments

The following assessments have also been carried out during the first three years of the annual health check. Our reviews and studies look at whether NHS trusts are delivering high quality care and treatment, and achieving value for money.

	2007/08	2006/07	2005/06
Admissions management			 GOOD
Diagnostic services			 FAIR
Medicines management			 FAIR
Services for children in hospital			 FAIR
Maternity		 BETTER PERFORMING	

Useful links and glossary

The documents below provide further information on the annual health check:

- [Performance ratings 2007/08 - including links to national overview report and regional summaries](#)
- [More information on core standards](#)
- [More information on existing national targets](#)
- [More information on new national targets](#)
- [Annual health check 2007/08 frequently asked questions](#)
- [Information on NHS patient surveys](#)

Glossary of terms:

Core standards

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

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

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

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

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

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

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

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

Existing and new national targets

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

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

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

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

Excellent: This score means that a trust performed well beyond the minimum requirements and the reasonable expectations for the new national targets assessment.

Good: This score means that a trust performed above the minimum requirements and the reasonable expectations for the new national targets assessment.

Fair: This score means that a trust performed in line with the minimum requirements and the reasonable expectations for the new national targets assessment.

Weak: This score means that a trust performed below the minimum requirements and the reasonable expectations for the new national targets assessment.

Achieved: This score means that a trust performed to a high level for this aspect of the targets assessment.

Underachieved: This score means that a trust performed below the required level for this aspect of the targets assessment.

Failed: This score means that a trust performed poorly for this aspect of the targets assessment.

Not applicable: This score means that this aspect of the targets assessment did not apply to this trust. As a result, this trust was not assessed against it.

Data not available: This score means that this aspect of the targets assessment did apply to this trust, but the relevant data were not available. This was not the fault of the trust, so it was not assessed against it.

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

Target: This is an expectation of the NHS set by Government, which is to be achieved by a specific date.

Indicator: This is what we use to measure performance against a target. Often this will be a one-to-one relationship (in other words, one target is measured by one indicator), but sometimes we use more than one indicator to assess performance against a target.

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

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

Quality of services assessment

Excellent: This score means that a trust received the highest score of either 'fully met' or 'excellent' for all applicable assessments that contribute to the overall quality of services score.

Good: This score means that a trust received at least the second highest score of either 'almost met' or 'good' for all applicable assessments that contribute to the overall quality of services score.

Fair: This score means that a trust has performed adequately, in that it has not received the lowest score of 'not met' for either core standards or existing national targets. However, it has not performed sufficiently well across the applicable assessments that contribute to the overall quality of services score to score any higher.

Weak: This score means that a trust received the lowest score of 'not met' for either core standards or existing national targets.

Use of resources assessment

Excellent: This score means that a trust performed very well. Management arrangements operated effectively, and financial targets were met for at least the last two years.

Good: This score means that a trust performed well in regard to its financial arrangements, and met its financial targets for at least the last two years.

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

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