



A snapshot of hospital cleanliness in England

Findings from the Healthcare Commission's rapid inspection programme

December 2005

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Introduction

The cleanliness of our hospitals provides a visible, tangible signal to patients, and to the public, about the quality of clinical care they may experience. It is, of course, only a signal, not a direct or absolute measure, but it is something that everybody can understand. It is not surprising that it is frequently used as a barometer for judging improvement overall in our healthcare services. Cleanliness is also interpreted as a key indicator of the attitude of staff and managers to patients in relation to the healthcare that they are providing them with.

A clean, tidy and well-maintained environment is a part of the decent standard of healthcare that patients have a right to expect. Although a clean and tidy environment will not in itself provide a sufficient guarantee that patients will not run the risk of contracting an infection as a result of their care, it is clear that a failure to maintain a clean environment can break the fundamental cycle for good control of infection. Dirty, poorly maintained facilities in clinical areas provide the environment in which the risks of infection can flourish. They can also undermine patients' confidence in the more sophisticated precautions that are needed to prevent infection. The 2005 report on our survey of patients included the comment: "The toilets in the public area of A&E were a disgrace – I've seen public toilets cleaner. With MRSA this causes me great concern." How can an organisation that tolerates dirty work surfaces and toilets be trusted to deliver the rigorous standards of hygiene in relation to clean hands and clinical practices that are essential for the

effective control of infection? Cleanliness is a pre-requisite for care that is safe and effective, not an end in itself.

Why we undertook this rapid inspection

The Healthcare Commission has become increasingly aware of heightened public concern about the cleanliness of hospitals, but understanding of the nature and extent of the problem has been hampered by the lack of a credible independent assessment of standards of cleanliness.

Much of the rise in concern about the cleanliness of hospitals has been driven by the prevalence of hospital-acquired infections and the assumption that poor hygiene must be contributing to this. It may also be the case that patients rightly now have higher expectations of what is an acceptable environment in which to provide and receive healthcare. The perception that a patient has of the standards of cleanliness in a hospital, whether they affect clinical care or not, can harm confidence in the care that they will receive.

In late 2004, the Chief Medical Officer asked the Healthcare Commission to carry out a review of cleanliness and control of infection in hospitals in England. In response to this request, the Commission decided to undertake a number of related pieces of work including a longer term, detailed review of hospital-acquired infections, which we will report on in 2006.

As well as the longer term review, we also decided to undertake a rapid inspection to obtain a quick 'snapshot' of cleanliness in hospitals. This report presents the findings of that inspection and provides some initial information about cleanliness in hospitals and where improvements can be made.

During the inspection, we looked at 99 hospitals in England, including NHS acute hospitals, independent acute hospitals, NHS mental health and community hospitals and independent mental health hospitals. The aim of the inspection was to:

- provide a snapshot of cleanliness in different types of organisation
- send a clear message to organisations that poor standards of cleanliness are not acceptable
- identify the next steps for healthcare organisations and those forming national policy

Existing information

The NHS

The two main sources of information for the public on cleanliness of hospitals are surveys of patients and data collected by the patient environment action teams. The patient environment action teams, until this year, were managed by NHS Estates. The process will now be managed by the National Patient Safety Agency.

Patient environment action teams (PEAT) carry out periodic reviews of hospitals, looking broadly at aspects of the environment provided for patients, including cleanliness and the quality of food. The assessments of cleanliness undertaken by the patient environment action teams are carried out through self-assessment at a time that has been agreed in advance. The PEAT reviews have reported progressive improvements in the scores for cleanliness of hospitals in England over the past few years.

The Healthcare Commission carries out annual surveys of NHS patients to discover their views on many aspects of their care, including the environment in which they are cared for. The results of these surveys have indicated that a small but significant proportion of patients did not believe that their hospital was sufficiently clean. For example, the results of the survey relating to impressions of the cleanliness of emergency departments over the previous two years are shown in the table 1. The difference between the views of patients and PEAT results indicate why the Commission has some concerns about the available information on cleanliness in NHS hospitals.

Table 1: Surveys of patients

Emergency departments overall (percentage)				
Responses of patients to questions on cleanliness	Very clean	Fairly clean	Not very clean	Not at all clean
2003 (59,155 responses)	49%	43%	6%	2%
2004 (55,339 responses)	45%	46%	7%	2%
Change	-4%	+3%	+1%	0%

The independent sector

In the independent healthcare sector (private and voluntary healthcare) the Healthcare Commission's inspectors make a visual check of cleanliness during the annual statutory inspection. During these inspections, organisations are monitored by reference to the Independent Health Care National Minimum Standards. These standards only apply to independent providers of healthcare and as a result, the information that is collected on the cleanliness of facilities is not comparable between the independent and NHS sectors. One aim of this rapid inspection was to get a picture of whether there is a need for further work to improve standards of cleanliness in hospitals and, if so, what that work should be, regardless of whether healthcare is provided by the NHS or independent providers.

How we carried out the rapid inspection

The Healthcare Commission carried out visits to 99 hospitals between July and early September 2005. The original sample for the rapid inspection was for 100 hospitals. Due to events that took place on July 7th 2005 and the disruption that this caused, 99 hospitals were finally visited. The names of the hospitals that the Commission selected to visit were kept confidential to ensure that the hospitals received no advance warning of our visits. The visits were unannounced to ensure that hospitals did not undertake any 'cleaning up' out of the ordinary before our inspectors arrived. Unfortunately, the data from one inspection was rendered unreliable due to an IT problem and had to be omitted from the results.

What was inspected?

Inspectors visited:

- 37 NHS acute hospitals (incorporating 72 wards, 64 outpatient areas, and 29 A&E areas)
- 11 independent acute hospitals (incorporating 18 wards and 11 outpatient areas)
- 33 NHS mental health and community hospitals (incorporating 60 wards and 20 outpatient areas)
- 17 independent mental health hospitals (incorporating 21 wards and 2 outpatient areas)

The Healthcare Commission's inspectors used a 'tool for inspection' based on the *Hospital cleaning guidelines* provided by the Department of Health. This tool records the cleanliness, according to a visual check, of a large number of items, such as curtains and blinds, beds, sinks, blood pressure monitors and bedpans. These inspections were carried out in two wards, outpatient areas and accident & emergency (A&E) departments in each hospital. Not all of the hospitals visited have A&E departments, so instead, a third ward was visited in such cases. In some of the smaller, independent hospitals, this means that we inspected the entire hospital.

In addition to the check of cleanliness, inspectors asked about the management and systems in place for cleaning. These included the following questions:

- is cleaning carried out in-house or contracted out?
- does the ward have a housekeeper: what role is played by the house keeper as part of the ward/department team?
- how is cleaning measured/audited/monitored by the hospital and are the results discussed with the director of facilities and fed back to staff?
- what sort of improvements have been made as a result of auditing or monitoring
- is there a detailed schedule of cleaning covering areas to be cleaned, how they are to be cleaned and how often?
- is there a 'rapid response team' which can be directed to areas requiring urgent cleaning?

A housekeeper in a hospital has the responsibility for managing the cleanliness and tidiness of a ward. Their exact duties differ from one place to another, but in general housekeepers are responsible for: cleaning, including overseeing, auditing, training and allocating staff; supplies, including ordering and stocking; and tidiness, including ensuring everything is in its proper place.

The sample of hospitals chosen for inspection

The sample of hospitals visited was constructed in a structured way in order to satisfy several requirements.

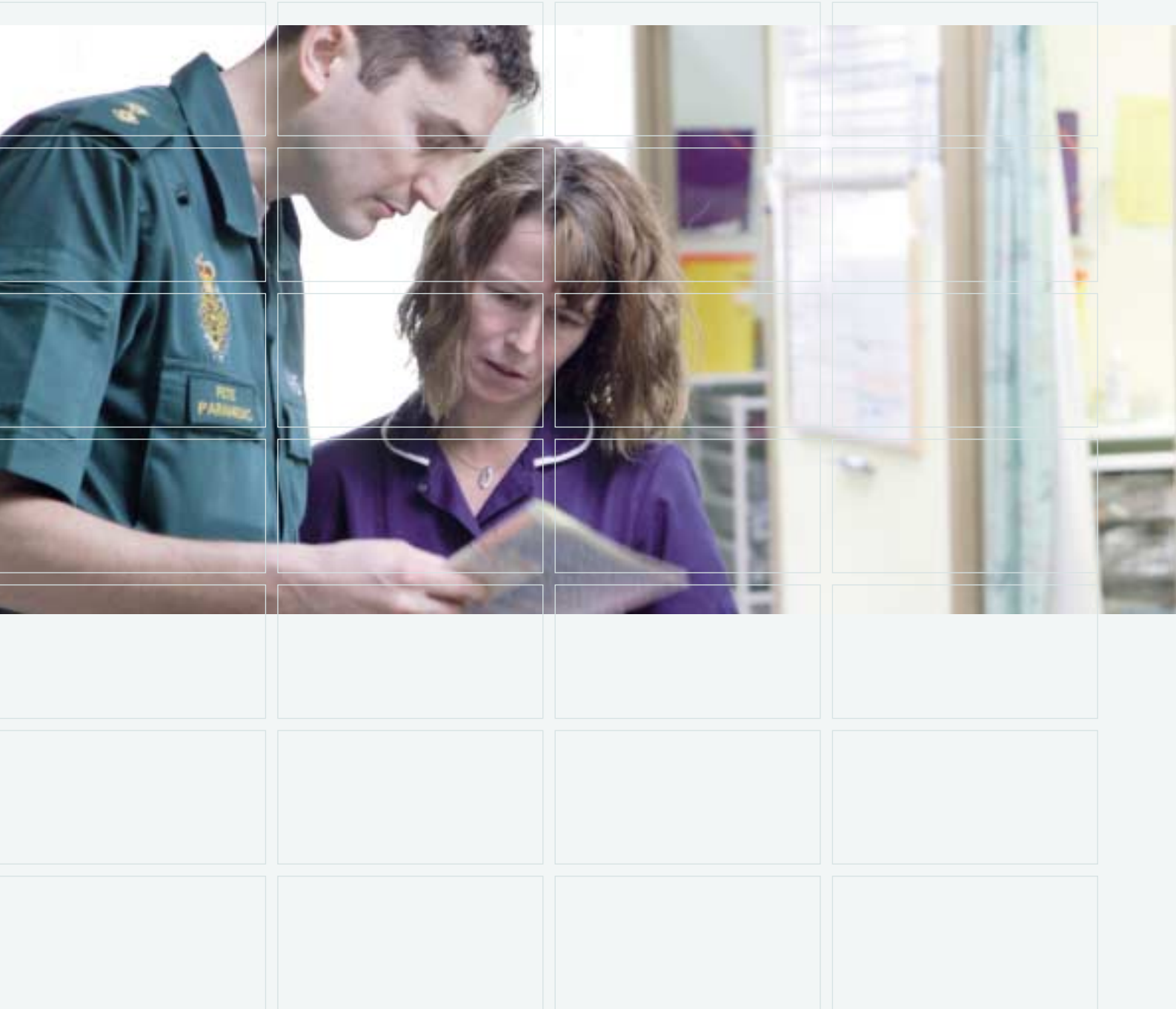
Firstly, using a combination of data from PEAT reviews and our most recent survey of patients, we identified 61 NHS hospitals with the worst scores for cleanliness to help clarify whether there are serious shortcomings in cleanliness. Secondly, we took 10 of the best performing NHS hospitals to measure what could be expected to be highest levels of performance and to identify some of the reasons for the difference between the best and the worst. This approach was used for acute and mental health NHS hospitals.

Data from the PEAT reviews and the survey of patients do not extend to independent hospitals so we were unable to take an equivalent sample. Therefore, in order to identify the levels



of cleanliness of these hospitals, we took a random sample of 28 independent acute and mental health hospitals.

Excluding very small establishments of less than 10 beds, the total sample inspected represented about 7% of all NHS and independent healthcare hospitals in England.



Findings

Scores

To present the results of the rapid inspection simply and effectively, the average scores for each hospital have been grouped into four bands. The maximum score achievable is 100%.

Therefore, the hospitals that were performing best with regard to cleanliness during our inspections appear in band 1 and the hospitals that were performing worst in regard to cleanliness during our inspections appear in band 4.

Band 1: hospitals with scores of between 91% and 100%

Hospitals that scored in this band show high standards of cleanliness across the board with only a few instances where cleanliness was below standard.

What would a band 1 hospital look like to patients and visitors?

A central London hospital visited by inspectors scored 97%. Inspectors checked two acute wards and an accident and emergency department. A patient in the acute ward would enjoy a visibly clean environment; the worst problems that they might see would be a dusty ventilation grill or maybe some dirt on a radiator in a bathroom. If they went into the kitchen on the ward they might see a toaster with crumbs in it. The accident and emergency department was also visibly clean, only being marked down for having careless storage of cleaning equipment. In a very busy, major hospital these are the only issues of cleanliness that a patient or visitor might encounter.

Band 2: hospitals with scores between 71% and 90%

Hospitals in this band could not be considered to be seriously dirty, but there is clearly room

for improvement. There may be isolated failures in cleanliness rather than a systemic problem. The hospitals need to address these issues.

What would a band 2 hospital look like to patients and visitors?

In an independent hospital in the north west, a mental health ward scored 81%. While equipment used in caring for patients was visibly clean and some areas such as toilets were very clean, patients and visitors would notice a general shabbiness, with paintwork in need of cleaning, stained curtains and dirty venetian blinds, dust behind radiators, on ledges and high surfaces, and on fire extinguishers. Inspectors saw dirty buckets and mop heads that needed changing. In this hospital, out of the sight of most patients, a 'dirty utility area' (the room on a hospital's ward where waste, including human waste, is disposed of) was in a poor state of cleanliness at the time of the visit and matters were raised with the nurse in charge. In short, a patient or visitor might see the sort of conditions that at home might prompt a spring clean, some redecoration and some specific matters requiring attention.

Band 3: scores of between 51% and 70%

In this band, there is more likelihood that the hospital has a systemic problem in managing its cleaning services, or has underlying problems with maintaining and refurbishing

its facilities. The lack of cleanliness is widespread and standards are unsatisfactory for an environment in which clinical care is being provided.

What would a band 3 hospital look like to patients and visitors?

An acute London hospital scored 60%. Patients and visitors would see many dusty surfaces, damaged paintwork, stains on walls, signs of spillages and lime scale deposits in baths and toilets. They might find that equipment used with patients, such as bedpans and commodes, were not as clean as they should be and there would be other problems that combine to leave a generally poor standard of cleanliness, such as chewing gum on the floor of a consulting room and dirty cleaning equipment. In short, band 3 represents a standard that many people would find unacceptable in their own homes.

Band 4: scores of 50% and below

There are serious, widespread problems in relation to cleanliness in these hospitals. The Healthcare Commission has serious

concerns about the cleaning services and improvements need to be made immediately. There are very few hospitals in this category.

What would a band 4 hospital look like to patients and visitors?

A mental health hospital in the south west scored just 36%. Patients and visitors would experience an unacceptably dirty environment. Inspectors found problems in many of the areas that they checked. For example, they found floors marked with cigarette burns, stains on the chairs, stains on the table from coffee cups, food on the floor, walls with extensive graffiti, a ventilation grill thick with dust and dirt, splashes staining a ceiling, cobwebs and spiders on the ceiling of a toilet and cobwebs on high surfaces, dusty switches, sockets and windows, windows in need of cleaning, dirty equipment used in caring for patients, a dirty toilet, urine stains around a toilet and limescale on the floor, limescale around bath taps and in the bath, mildew and stains from bodily fluids on the bottom of a hoist chair.

The numbers of hospitals in each band are presented in table 2 below.

Each of the hospitals that the Healthcare Commission inspected has received a detailed report of the results to help them make improvements. A summary of the results is presented at the end of this report.

Table 2: the number of hospitals in each of the four cleanliness bands

Band	Total	NHS acute hospitals	Independent acute hospitals	NHS mental health and community hospitals	Independent mental health hospitals
Band 1	33 hospitals	11 hospitals	7 hospitals	11 hospitals	4 hospitals
Band 2	43 hospitals	22 hospitals	4 hospitals	11 hospitals	6 hospitals
Band 3	16 hospitals	4 hospitals	0 hospitals	5 hospitals	7 hospitals
Band 4	6 hospitals	0 hospitals	0 hospitals	6 hospitals	0 hospitals

The perceptions that patients had of the cleanliness of the hospitals

As part of this rapid inspection, it was also important to understand the perceptions that patients have about the cleanliness of hospitals where they are receiving treatment and care. Initially, we decided to try to capture these views by having our inspectors ask patients 'on the spot' to complete a brief questionnaire, while we were undertaking the visit. This asked a small sample of patients the same two questions about cleanliness that are part of our national survey of patients.

Due to the time it took to complete each visit, we became aware that we were not able to obtain a very large number of responses using this approach. Therefore, we decided to explore other means of getting the views of patients about cleanliness. We undertook a pilot study with a private organisation that provides information technology at the bedsides of patients and allows them to respond online to questionnaires. This pilot was undertaken in a random sample of 50 acute NHS hospitals using the same two questions. The organisation that carried out the bedside survey does not provide this IT in independent hospitals or in NHS mental health hospitals.

Table 3: responses to the 'on the spot' questionnaire

Questions	Number of responses	Very clean	Fairly clean	Not very clean	Not at all clean
1. In your opinion, how clean is the hospital?	398	60%	32%	5%	3%
2. In your opinion, how clean are the toilets in the hospital?	349	58%	30%	8%	4%

Table 4: responses to the pilot bedside survey

Questions	Number of responses	Very clean	Fairly clean	Not very clean	Not at all clean
1. In your opinion, how clean is the hospital?	5,411	37%	46%	12%	5%
2. In your opinion, how clean are the toilets in the hospital?	5,200	32%	47%	15%	7%

The results from the two surveys in tables 3 and 4 represent a different sample of hospitals and cannot be compared directly. We can still see, however, that overall, patients rate hospitals as clean rather than unclean: 92% in the 'on the spot' questionnaire rated the hospital as either 'very clean' or 'fairly clean'. In the bedside survey 83% rated the hospital as either 'very clean' or 'fairly clean'. The percentages rating the toilets as either 'very clean' or 'fairly clean' were 88% and 94% respectively.

The differences in the responses between the two approaches for capturing information are interesting. It may be that patients felt more inclined to give positive responses when asked face-to-face than the anonymity provided by an

electronic questionnaire at their bedside. The need to be reasonably comfortable in using information technology to use the bedside system may also mean that there are differences in the responses and this may reflect differences in the demographic characteristics of the respondents⁵. Both of these possibilities could be affecting the responses. The Healthcare Commission will be undertaking further analysis to ensure that we understand the factors that affect responses to surveys of patients. Demographic differences include those concerning age (younger people, for example, may feel less intimidated by the technology than older people).



Conclusions

Due to the structure and the small size of the sample that we used during the inspection, we are cautious about the conclusions that we draw from the results. In particular, the fact that we selected a sample of the best and the worst performers from the NHS means that we cannot take the results from these and apply generally to the NHS as a whole. Similarly, the small sample of independent hospitals, and the variety of different kinds of hospital in this sector, means that these results should not be taken to represent the sector as a whole. In short, we present a 'snapshot', which is valuable both in its own right and for use as possible questions for further work.

Bearing in mind these caveats, we highlight the issues that have emerged from our rapid inspection.

1. There was firm evidence that high standards of cleanliness are being achieved in a proportion of hospitals in both the NHS and independent sectors (33 out of 98 hospitals we visited were in band one).

The results of the rapid inspection are grouped towards the high end of performance, revealing good levels of cleanliness. For example 45 of the 93 individual wards in both NHS and independent acute hospitals that were inspected scored over 90%, putting them in band 1. The methods used for selecting the NHS and independent hospitals that we visited were different and were weighted more towards NHS premises that we suspected had poorer standards of cleanliness. Nevertheless, using a statistical test based on average scores, the results of the inspection show no significant difference between the cleanliness of acute hospitals in the NHS and in the independent

healthcare sector. A more broad-based or less weighted sample would, however, be needed before firmer conclusions could be drawn.

2. Too many hospitals failed to perform as well as they could (43 out of 98 hospitals that we visited were in band two).

Patients should be able to expect the highest level of cleanliness wherever they are treated. It is possibly unreasonable to expect that all trusts in the country will score 100% all of the time. Nevertheless, increasing numbers of patients are likely to be dissatisfied with an environment that in some cases may be clean, in that it poses no risk to patients, but also rather shabby.

We think more hospitals should aim to be at the higher end of band 1. Our results suggest that this should be achievable.

3. There was clear evidence of poor standards of cleanliness in a significant proportion of hospitals (22 out of 98 hospitals that we visited were in bands three and four, which suggest systemic problems with cleanliness).

Whereas we state that hospitals in band 2 have room for improvement, bands 3 and 4 indicate unsatisfactory cleanliness. It is a matter of concern that 11% of acute wards scored 70% or less. The problems in these hospitals need to be addressed immediately and we are working with these hospitals to ensure that improvements are made.

4. Overall, standards were markedly poorer in mental health hospitals compared to acute hospitals (mental health hospitals made up all six hospitals in the bottom band four and 18 out of the 22 hospitals in bands three and four).

The Healthcare Commission's results show that in both the NHS and independent healthcare sector, standards of cleanliness can be much worse for people who use mental health services than they are for patients in acute hospitals. In some cases, the standards are very bad. In addition, NHS mental health hospitals were found to be worse than those in the independent sector. All of the hospitals in band 4 – the worst scoring organisations – are NHS mental health hospitals.

The causes for this are probably complex, but may include the fact that there are different

needs in relation to the care for different groups of patients. In general terms, there are differences in the environmental priorities between a clinical environment (such as an acute surgical ward) and an environment such as a mental health ward. In some cases, cleaning staff may refrain from cleaning some patients' rooms under instruction from clinical staff. This may, in turn be the result of a patient's request in a mental health hospital.

Mental health hospitals are not dealing with pre or post-operative patients who may have reduced immunity to infection. In the context of mental healthcare, the therapeutic concern is more one of treating patients with dignity and respect, and of creating an environment in which patients can be looked after effectively. However, we would still expect people who use mental health services to be cared for in a safe and clean environment.

Another factor explaining the lower standards of cleanliness in mental health hospitals may be low morale and poor levels of staffing. The Department of Health recently launched an extensive national programme to improve in-patient mental health services. It may be that these are not yet producing the required results as regards cleanliness. If so, we expect them to do so as a matter of urgency.

In spite of this, it is worth noting that there are a number of both NHS and independent sector mental health hospitals in band 1. This indicates that high standards of cleanliness are

possible in the mental health sector and we believe that more organisations could be performing at higher levels. It is essential that the human rights of all patients and people who use services are respected and that they are all treated in appropriate surroundings.

5. Good management of cleaning goes beyond simple indicators.

We asked a series of questions about the management and systems in place for cleaning. Of the responses we received, nearly all indicated that: they have a housekeeper role within their cleaning services; they audit their cleaning services regularly and feed results back to staff; responsibilities for cleaning are identified and there are schedules for cleaning. These responses did not differ between clean and unclean hospitals.

Furthermore, a statistical test on the results of this rapid inspection show no significant difference between hospitals that use in-house cleaning services and those that contract out their cleaning services. This is in spite of perceptions of staff that contracted out services produce poorer results, as we reported in March of this year in our Acute Hospital Portfolio Review of Facilities Management. This suggests that it is not the arrangement itself that guarantees adequate cleaning, rather it is the way in which services are managed that is crucial.

How the results compare with previous data

Scores from the reviews of patient environment action teams

This rapid inspection used a different tool for measuring cleanliness from that used by PEAT, so it is not appropriate to make direct, detailed comparisons of the two sets of results. In general, there are hospitals that scored highly on both measures and some that score low on both. There are no hospitals that gained a high PEAT score (assessed in early 2005) that scored low on our rapid inspections. This helps to confirm that the 10 NHS hospitals that we identified as high performers based on both PEAT and the results of the surveys of patients, which we included in our sample, are confirmed by this rapid inspection as indeed having high standards of cleanliness. However, there are some hospitals that received a low PEAT score, but scored high on our inspection. This is perhaps encouraging and should not be a surprise, as the purpose of PEAT is to generate improvements in the environment experienced by patients. What is needed is to align the best of the PEAT process for carrying out reviews with the approach that we used for these rapid inspections.

Hospital-acquired infections

It is not possible to correlate our findings on the cleanliness of acute hospitals with rates of infection in hospitals for a number of reasons. The pattern of infections is very complex, with

Conclusions continued

the greatest risks being experienced by patients being treated in certain departments (for example, intensive care, cancer and renal dialysis units). We deliberately avoided, for this first programme of rapid inspections, selecting wards in areas where intensive treatment of very ill patients was taking place. Moreover, there are significant regional variations representing different levels of underlying risk of certain infections across the country. In addition, the NHS hospitals in the sample were individual establishments, not trusts that might operate over a number of sites.

What happens next

As a result of the programme of rapid inspections, the Healthcare Commission will now use the experience gained and the information collected, to:

- Carry out further inspections of the hospitals that we have rated as performing poorly to ensure that the actions agreed with local management as being necessary to improve standards have been implemented successfully.
- Carry out further unannounced visits of this nature in the future. This will allow us to inspect different samples of healthcare facilities as well as to gauge information on trends and overall improvement. However, hospitals, and indeed all healthcare organisations, should adopt good practice in relation to cleanliness for their own sake and not for the sake of passing inspections. We will also ensure that we listen to and respond to the concerns of patients and the public, and use our resources to seek to ensure that people can have confidence in the standards of cleanliness that they will find in hospitals.
- Keep cleanliness high on the agenda of all people working in hospitals, whether senior executives or staff doing a myriad of jobs. We will do so by maintaining our focus on the area in our regulatory work, for example, by emphasising cleanliness as a priority in our 'spot check' inspections under the new annual health check for NHS organisations.
- Work with the Department of Health and the National Patient Safety Agency to improve further the reviews carried out by the patient environment action teams, particularly to ensure that the data collected each year on cleanliness in hospitals is consistent and routinely available, and that we build on the evidence of best practice.
- Use these results in our more detailed longer-term review of healthcare associated infection that we will undertake early in 2006. This will be an opportunity to investigate further the association between performance in relation to cleanliness and the prevention and control of infection.

Summary results for all hospitals included in the rapid inspection

Detailed results for individual hospitals can be found on the Healthcare Commission's website at: www.healthcarecommission.org.uk

Band 1 (between 91% and 100%)		
Name	Trust type	Score
John Radcliffe Hospital, Oxford	NHS acute hospital	99%
Royal Berkshire Hospital	NHS acute hospital	99%
Royal Berkshire Hospital (Battle Unit)	NHS acute hospital	97%
Chelsea & Westminster Hospital	NHS acute hospital	97%
York District General Hospital	NHS acute hospital	96%
Radcliffe Infirmary, Oxford	NHS acute hospital	94%
Westmorland General Hospital	NHS acute hospital	94%
Kent & Sussex Hospital, Tunbridge Wells	NHS acute hospital	94%
University Hospital, Aintree	NHS acute hospital	93%
West Cumberland Hospital, Whitehaven	NHS acute hospital	93%
Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry	NHS acute hospital	92%
Essex Nuffield Hospital, Brentwood	Independent acute hospital	100%
BUPA Roding Hospital, Ilford	Independent acute hospital	98%
National Centre for Cosmetic Surgery, Oldbury	Independent acute hospital	93%
The Wellington Hospital, London	Independent acute hospital	93%
Rowley Hall Hospital, Stafford	Independent acute hospital	93%
Capio Oaklands Hospital, Salford	Independent acute hospital	93%
South Cheshire Private Hospital, Leighton	Independent acute hospital	92%
Alderney Hospital, Poole	NHS mental health and community hospital	98%
The Friary Community Hospital & Health Clinic (Richmond Community Hospital)	NHS mental health and community hospital	98%
Oxleas House, Queen Elizabeth Hospital, Woolwich	NHS mental health and community hospital	97%
Chorley & South Ribble District General Hospital	NHS mental health and community hospital	97%
Rutland Unit, Leicester Partnership NHS Trust	NHS mental health and community hospital	96%
Manor House, Buckinghamshire Mental Health NHS Trust	NHS mental health and community hospital	94%
Royal Bolton Hospital	NHS mental health and community hospital	94%
Homerton Hospital, Mental Health Unit	NHS mental health and community hospital	93%
Millbrook Mental Health Unit, Sutton-in-Ashfield	NHS mental health and community hospital	93%
Avenue Clinic, North Warwickshire PCT	NHS mental health and community hospital	91%
Elgar Unit, Newton Hospital	NHS mental health and community hospital	91%
Harriet Tubman House, Birmingham	Independent mental health hospital	100%
The Aspens, Mexborough, South Yorkshire	Independent mental health hospital	99%
Priory Clinic, Nottingham	Independent mental health hospital	96%
Capio Nightingale Hospitals Chelsea, London	Independent mental health hospital	95%

Band 2 (between 71% and 90%)		
Name	Trust type	Score
Victoria Central Hospital, Wirral	NHS acute hospital	90%
Chase Farm Hospital	NHS acute hospital	90%
North Tyneside General Hospital	NHS acute hospital	89%
Pilgrim Hospital, Boston	NHS acute hospital	89%
Royal Marsden Hospital, London	NHS acute hospital	88%
Whipps Cross University Hospital	NHS acute hospital	88%
Cromer Hospital	NHS acute hospital	87%
Maidstone District General Hospital	NHS acute hospital	87%
West Suffolk Hospital	NHS acute hospital	86%
Edith Cavell Hospital, Peterborough	NHS acute hospital	85%
Kingston Hospital, Kingston upon Thames	NHS acute hospital	85%
St Thomas' Hospital, London	NHS acute hospital	83%
Haltwhistle War Memorial Hospital	NHS acute hospital	83%
New Cross Hospital, Wolverhampton	NHS acute hospital	80%
St Bartholomews Hospital, London	NHS acute hospital	80%
London Chest Hospital	NHS acute hospital	78%
Southend Hospital	NHS acute hospital	78%
Salisbury District Hospital	NHS acute hospital	78%
Diana, Princess of Wales Hospital, Grimsby	NHS acute hospital	76%
Queen Mary's Hospital, Sidcup	NHS acute hospital	76%
St Albans City Hospital	NHS acute hospital	76%
Mount Vernon Hospital, Northwood, Middlesex	NHS acute hospital	73%
Capio Pinehill Hospital, Hitchin	Independent acute hospital	88%
Alexandra Private Hospital, Chesterfield	Independent acute hospital	87%
BMI Chelsfield Park Hospital	Independent acute hospital	78%
Harley Street Clinic, London	Independent acute hospital	75%
Clifton House, Selby & York Primary Care Trust	NHS mental health and community hospital	89%
Selby War Memorial Hospital	NHS mental health and community hospital	89%
Woodbury Unit, North East London Mental Health NHS Trust	NHS mental health and community hospital	89%
St Catherine's Hospital, Doncaster	NHS mental health and community hospital	88%
Royal Lancaster Infirmary	NHS mental health and community hospital	87%
Peter Hodgkinson Centre, Lincoln County Hospital	NHS mental health and community hospital	85%
Lytham Hospital, Lancashire	NHS mental health and community hospital	83%
St Michael's Hospital, Warwick	NHS mental health and community hospital	81%
St Ann's Hospital, London	NHS mental health and community hospital	79%
Rushden Hospital, Northamptonshire	NHS mental health and community hospital	77%
Marlborough House, Buckinghamshire Mental Health NHS Trust	NHS mental health and community hospital	72%

Band 2 Continued (between 71% and 90%)		
Name	Trust type	Score
Doulton Lodge, Sleaford	Independent mental health hospital	86%
Park Lodge Independent Hospital, Stockport	Independent mental health hospital	81%
Ann Moss Domus, Rotherhithe	Independent mental health hospital	79%
John Munroe, Rudyard, Staffordshire	Independent mental health hospital	79%
The Westminster, Windermere House, Kingston-upon-Hull	Independent mental health hospital	77%
Sedgley House, Wolverhampton	Independent mental health hospital	77%

Band 3 (between 51% and 70%)		
Name	Trust type	Score
Hillingdon Hospital	NHS acute hospital	63%
Barnet Hospital	NHS acute hospital	62%
Royal Free Hospital, London	NHS acute hospital	60%
Hemel Hempstead General Hospital	NHS acute hospital	57%
There are no independent acute hospitals in band 3	Independent acute hospital	-
Riverside Centre, Hillingdon Hospital	NHS mental health and community hospital	61%
The Fermoy Unit, West Norfolk Primary Care Trust	NHS mental health and community hospital	57%
Mental Health Block, Horsham Hospital	NHS mental health and community hospital	56%
Windsor House Day Hospital, Mersey Care NHS Trust	NHS mental health and community hospital	53%
Diana, Princess of Wales Hospital, Psychiatric Unit, Grimsby	NHS mental health and community hospital	51%
Granville Park Domus, Lewisham	Independent mental health hospital	70%
Middleton St George Hospital, Darlington	Independent mental health hospital	69%
St Paul's Hospital, Colchester	Independent mental health hospital	64%
Sherwood Lodge Nursing Home, Weston-Super-Mare	Independent mental health hospital	64%
Redlands Nursing Home, Totnes	Independent mental health hospital	61%
Rowan House, Norwich	Independent mental health hospital	60%
Tariro House, London	Independent mental health hospital	55%

Band 4 (50% and below)		
Name	Trust type	Score
There are no NHS acute hospitals in band 4	NHS acute hospital	-
There are no independent acute hospitals in band 4	Independent acute hospital	-
St Lukes Hospital, Camden and Islington Mental Health and Social Care Trust	NHS mental health and community hospital	48%
Dove Ward, West Sussex Health and Social Care NHS Trust	NHS mental health and community hospital	48%
Minsmere House, Ipswich Hospital	NHS mental health and community hospital	45%
Campbell Centre, Milton Keynes Primary Care Trust	NHS mental health and community hospital	41%
Daleham House, Camden and Islington Mental Health and Social Care Trust	NHS mental health and community hospital	39%
Barrow Hospital, Bristol	NHS mental health and community hospital	36%
There are no independent mental health hospitals in band 4	Independent mental health hospital	-

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.
મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.

GUJARATI

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ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੈਲਿਫੋਨ ਨੰਬਰ 0845 601 3012 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

PUNJABI

यह जानकारी बिनती करने पर अन्य रूप में और भाषाओं में मिल सकती है।
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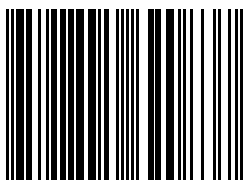
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