

University Hospitals Coventry and Warwickshire NHS Trust Annual Report 2010/11

Looking Ahead – 2010/11 Performance

1. Historical Performance - 2009/10 Periodic Review

Each year the CQC undertake an independent assessment, known as the Annual Health Check (AHC), for both NHS and independent healthcare organisations. This reviewed performance and generated a rating for quality of services and the use of resources for each organisation based on a four-point scale of “excellent”, “good”, “fair” or “weak”. For the 2009/10 Periodic Review, the CQC had planned to alter these to “excellent”, “good”, “adequate” or “poor” in the same order of ranking.

Due to revisions to the NHS Operating Framework for 2010/11 the CQC did not publish aggregated scores for Trusts as had been done in previous years for the former AHC rating. Appendix 1 details UHCW’s performance against the 9 National Commitment indicators and 13 National Priority indicators that would have formed part of the 2009/10 Periodic Review if aggregated scores had been published by the CQC.

By replicating the scoring methodology that would have been used if aggregated scores had been published by the CQC, UHCW would have improved performance to excellent against the rating of “Quality of Services” and maintained the rating of good for “Use of Resources”. This would have been against a rating of good in the 2008/9 Annual Health Check for “Quality of Services” and “Use of Resources”.

Table 1 – Overall Ratings

	2009/10	2008/9	2007/8	2006/7	2005/6
Quality of Services	EXCELLENT	GOOD	GOOD	GOOD	EXCELLENT
Use of Resources	GOOD	GOOD	GOOD	POOR	ADEQUATE

Table 2 - Ratings for Quality of Services Components

	2009/10	2008/9	2007/8	2006/7	2005/6
National Commitments	EXCELLENT	GOOD	GOOD	EXCELLENT	EXCELLENT
National Priorities	EXCELLENT	EXCELLENT	GOOD	GOOD	EXCELLENT

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1.1 Use of Resources

The Trust score for “Use of Resources” is based on the Auditors’ Local Evaluation (ALE) assessment. Each Trust receives an individual score against the below five areas, on a scale of 1 to 4 (1 being the lowest and 4 the highest). The individual scores are aggregated into an overall score for ALE.

In 2009/10 the Trust would have retained its rating of ‘Good’ for the Use of Resources had the CQC published an aggregated score. The table below shows the Trust’s score against each area of assessment for the last four years:

Table 3 - Quality of Financial Management	2009/10	2008/09	2007/08	2006/07
1: Financial Reporting	3	2	2	2
2: Financial Management	3	3	3	2
3: Financial Standing	3	3	3	1
4: Internal Control	3	3	3	3
5: Value for Money	3	3	3	2
Overall Score	3	3	3	1

Table 3: ALE assessment

1.2 Quality of Services

The score for UHCW’s “Quality of Services” would have been formed by two components namely:

- Existing Commitments
- National Priorities

Formerly, for the AHC the CQC would have included compliance against the Core Standards as a third component.

1.2.1 Core Standards

UHCW was fully compliant with all the Core Standards by the end of the 2009/10 financial year.

1.2.2 National Commitments and National Priorities - Key achievements:

Key achievements have been:

- Improving performance to achieve the 4-hour waiting time in Accident and Emergency with year-end performance at 98.18%. This was 0.18% above the target of 98.00%.
- Improving performance to achieve both parts of the cancelled operations indicator. For part one, the percentage of cancelled operations for the end of the year was 0.76%. This was 0.04% below the target of 0.80%. For part two, the percentage of breaches against the 28-day standard for the end of the year was 2.98%. This was 2.02% below the target of 5.00%.

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- Improving performance to achieve the delayed transfers of care target with year-end performance at 2.98%. This was 0.52% below the target of 3.5%.
- Improving performance to achieve the stroke care indicator. For 2009/10 the end of year position for the percentage of stroke patients who spent more than 90% of their stay in hospital on a stroke unit was 62.20% against a target of 60.00%.
- Continued achievement of the MRSA target with only 11 MRSA bacteraemia against a year-end target of 30 bacteraemia.
- Continued achievement of the clostridium difficile target with 116 infections against a year-end target of 244 infections.
- Achievement of the admitted and non-admitted referral to treatment time target. Higher than 90% of admitted patients received their first definitive treatment within 18-weeks during every quarter of 2009/10 and higher than 95% of non-admitted patients were seen within 18-weeks during every quarter of 2009/10.

In 2009/10 UHCW underachieved against the smoking during pregnancy and breastfeeding initiation rates target. For part one, smoking rates during pregnancy, UHCW under achieved with year-end performance of 13.93%. This was 0.33% above the target of 13.60%. However, for part two, breast feeding initiation rates, UHCW achieved the target with year-end performance of 75.86%. This was 3.20% above the target of 72.66%. (The combined score for part one and part two was an overall score of underachieved.)

Our performance against specific targets for 2005/06 – 2009/10 is detailed in Appendix 1.

2. NHSLA Risk Management Standards

The NHS Litigation Authority administers the Clinical Negligence Scheme for Trusts (CNST) and the Risk Pooling Schemes for Trusts (RPST).

Risk Management Standards are issued annually for both the acute Trust and the Maternity Services and the Trust is assessed against the standards every 2 years (at level 1) or every 3 years (at levels 2 or 3).

Membership of the schemes is voluntary for NHS organisations in England and Trusts may receive a discount on their scheme contributions where they can demonstrate compliance with the relevant standards. The discounts are 10% for each level achieved, which equates to approximately £0.5 million per level per annum for the Acute and Maternity standards respectively.

The Trust maintained its level 1 status for the acute standards in September 2010 and maintained its level 2 status for the Maternity standards in December 2009. The next assessments will be in 2012.

3. 2010/11 Performance

During 2010/11, the Care Quality Commission confirmed that they would not be publishing an overall assessment of NHS providers on their performance in 2010/11. However, UHCW continued to monitor performance during 2010/11 against the National Commitments and Priorities targets that formed the 2009/10 'Periodic Review'. The Trust improved and maintained performance against a number of standards and targets.

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3.1 Core Standards and Registration

UHCW was fully compliant with all the Core Standards for 2009/10. Core standards were replaced by registration from 1st April 2010. UHCW has been registered from 1 April 2010 with no conditions against its compliance.

3.2 National Commitment and National Priority Indicators

The 'Periodic Review' was an independent assessment undertaken by the Care Quality Commission that generated a rating based on a four-point scale of "Excellent", "Good", "Adequate" or "Poor". The table below shows that for 2010/11 UHCW would have achieved a rating of Adequate against the National Commitment targets and Excellent against the National Priorities targets. Appendix 1 shows UHCW's performance against each of these targets.

National Commitments	National Priorities
Adequate	Excellent

The Care Quality Commission have confirmed that they do not intend to publish a similar 'Periodic Review' rating for UHCW for 2011/12.

Key achievements:

- The Trust has maintained its excellent record of achieving waiting time targets ensuring a maximum wait of:
 - o 26 weeks for inpatient treatment,
 - o 13 weeks for outpatient appointments,
 - o 13 weeks for revascularisation,
 - o 2 weeks for rapid access chest pain clinics
 - o 6 weeks for diagnostics
 - o 18 weeks for 90% of admitted patients, 95% of non-admitted patients, and patients directly accessing Audiology
 - o 2 weeks for cancer from GP referral to first outpatient appointment
 - o 31 days for cancer from diagnosis to treatment
 - o 62 days for cancer from GP referral to treatment
- The Trust has continued to strive for improvements in infection control and as at January 2011 has continued to exceed targets to reduce MRSA and C-Difficile rates.

Quality of Financial Management (Use of Resources)

Following the abolition of the Auditors' Local Evaluation assessment, the use of resources assessment now concentrates audit review on the following two key areas:

- o Securing financial resilience
- o Prioritising resources within tighter budgets.

Rather than being scored, the Trust's performance is subject to an audit opinion reported within the annual accounts.

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For 2010/11 the Trust received a satisfactory audit opinion in relation to its arrangements for securing economy, efficiency and effectiveness.

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Quality Account

The Department of Health requires all NHS Trusts to produce a Quality Account. In 2009/2010 UHCW published its first Quality Account that described the quality of services we deliver. By putting this information in the public domain we are offering our approach to quality up for scrutiny, debate and reflection.

Our first Account reported where we were doing well in 2009/2010 and demonstrated our commitment to continuous evidence based quality improvement, but also where we need to improve. The Trust Board, after reviewing information from various sources and listening to our patients' feedback agreed three priorities for Quality Improvement. These were infection prevention and control, effective discharge from hospital and improving information to patients. A review of Quality Accounts undertaken by the West Midlands Quality Observatory, part of the Strategic Health Authority found UHCW's first account to have used data and patient stories effectively in communicating our vision for Quality Improvement. The review also found the document to be very readable and accessible to the public.

UHCW's Quality Account 2010/2011 will be published on 30 June 2011 and will detail how the Trust has performed in meeting these priorities and list our quality improvement priorities for 2011/2012.

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Appendix 1 UHCW performance against specific targets 2005/06 – 2010/11

National Commitment performance by indicator:

Indicators	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	Achieved 97.16%	Achieved 98.18%	Under achieved 97.45%	Failed 96.46%	Achieved 98.01%	Achieved 98.59%
Cancelled operations	Under-achieved	Achieved	Under achieved	Achieved	Achieved	Achieved
1. % of cancelled operations	0.88%	0.76%	0.90%	0.57%	0.66%	0.34%
2. % of those not admitted within 28 days	4.56%	2.56%	4.57%	3.96%	0.7%	1.56%
Inpatients waiting longer than 26 week standard	Achieved 0	Achieved 0	Achieved 0	Achieved 0	Achieved 0	Achieved 0
Number of outpatients waiting longer than 13 weeks	Achieved 0.03%	Achieved 0.000%	Achieved 0.019%	Achieved 0.004%	Achieved 0	Achieved 0
A maximum 2 week wait for Rapid access chest pain clinic.	Achieved 100%	Achieved 100%	Achieved 100%	Achieved 100%	Achieved 100%	Achieved 100%
A three month maximum wait for Revascularisation	Achieved 0	Achieved 0	Achieved 0	Achieved 0	Achieved 0	Achieved 0
Time to reperfusion for patients who have had a heart attack (Thrombolysis <60 minutes)	Achieved (thrombolysis excluded – low numbers)	Achieved (thrombolysis excluded – low numbers)	Achieved 80.09%	Achieved 72.55%	Achieved 68.85%	Achieved 70.89%
Data quality on ethnic group	Achieved 97.98%	Achieved 97.01%	Achieved 95.36%	Achieved 93.27%	Achieved 96.37%	Achieved 92.02%
Delayed transfers of care	Failed 5.83%	Achieved 2.98%	Under achieved 3.62%	N/A	Achieved 0.80%	0.77%

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National Priority performance by indicator:

Indicators	2010/11	2009/10	2008/09			2007/08	2006/07	2005/06
Incidence of Clostridium difficile	Achieved 104	Achieved 116	Achieved 147			*Achieved	N/A	N/A
Incidence of MRSA bacteraemia	Achieved 4	Achieved 11	Achieved 23			Achieved 38	Achieved 52	Achieved 70
18 Week referral to treatment times:	Achieved	Achieved	Achieved					
	Mar	Q4	Jan	Feb	Mar			
1.1 90% admitted patients <18 wks	93.02%	93.44%	90.79%	91.14%	91.34%	Failed 78.23%	N/A	N/A
1.2 Admitted data completeness	95.44%	97.48%		95.70%				
Average	96.60%		96.05%	98.09%	96.18%			
2.1 95% Non-admitted patients <18 wks	81.15%		90.38%	94.85%	110.14%			
2.1 Non-admitted data completeness	100.00%							
3.1 95% Direct access audiology patients seen <18 wks	122.71%							
3.2 Direct access audiology data completeness								
All cancers: two week wait from urgent GP referral to first outpatient appointment	Achieved 94.52%	Achieved 94.01%	Achieved 99.69%			Achieved 100%	Achieved 99.83%	Achieved 99.84%

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Indicators	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
All cancers: one month maximum wait from diagnosis to Treatment	Achieved 99.74%	Achieved 99.87%	Achieved 99.86%	Achieved 99.89%	Achieved 98.78%	Achieved 98.26%
All cancers: two month maximum wait from GP urgent referral to treatment	Achieved 88.05%	Achieved 89.20%	Achieved 96.74%	Achieved 97.91%	Achieved 95.66%	Under achieved 88.76%
**Experience of patients	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory
**NHS Staff satisfaction (score)	Satisfactory	Satisfactory	Satisfactory	N/A	N/A	N/A
Infant health & Inequalities:	Under-achieved	Under-achieved	Achieved	Achieved	Under achieved	Achieved
Smoking during pregnancy	15.03%	13.93%	13.60%	16.69%	17.2%	19.43%
breastfeeding initiation	76.19%	75.86%	77.10%	70.66%	63.87%	64.45%
Stroke Care:	Achieved	Achieved	Underachieved	N/A	Under achieved	N/A
1. % of patients that have spent 90% of their stay in hospital on a stroke unit.	80.03%	62.20%	56.76%		51%	
2. An unweighted average of scores for the 8 key indicators from the Sentinel Audit.	N/A	N/A	82.10%			
*Engagement in clinical audits	Achieved	Achieved	Achieved	N/A	N/A	N/A
*Participation in heart disease audits	Achieved	Achieved	Achieved	Achieved	Under achieved	Achieved
Maternity Hospital Episode Statistics: data quality indicator	Achieved	Achieved 5.04%	Achieved 4.93%	N/A	N/A	N/A

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* No data is available as these indicators are measured via a special data collection which usually involves yes/no questions.

** Performance measured by the NHS Inpatient or staff Survey, Satisfactory is the highest score awarded to Trusts.

N/A - Not applicable, the indicator was not measured as part of the Periodic Review