

## Annual Health Check 2005/06

### 1. Introduction

On October 12<sup>th</sup> the Healthcare Commission released the results of the first annual health check for all NHS organisations in England. This paper outlines the results for Wirral Hospital NHS Trust, and gives an overview of systems being put in place to improve performance. More detailed information is available on the Healthcare Commission's website: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

### 2. Health Check Components

The annual rating is made up of a number of components, which the Healthcare Commission combines to produce scores for 'Quality of Services' and 'Use of Resources'.

- The Quality assessment comprises the declaration against the core standards, performance against existing and new national targets, and assessments from relevant Improvement Reviews conducted in-year.
- The Use of Resources score is based on the Auditors' Local Evaluation' (ALE) assessment, which considers financial management, financial reporting, value for money, internal control, and financial standing.

Organisations are assessed as 'Excellent', 'Good', 'Fair' or 'Weak' for each of the two measures.

### 3. Results

The results for Wirral Hospital NHS Trust were as follows:

	<b>Component</b>	<b>Score</b>
<b>Quality of Services</b>	Core Standards	Fully met
	Existing Targets	Fully met
	New Targets	Fair
	Admissions Management	Weak
	Children's Services	Fair
	Diagnostic Services	Fair
	Medicines Management	Good
<b>Overall quality score</b>		<b>Fair</b>
<b>Use of Resources</b>	Financial management	3
	Financial reporting	3
	Financial standing	4
	Value for money	3
	Internal Control	3
<b>Overall resources score</b>		<b>Good</b>

**Wirral Hospital Trust could not achieve an overall score of Good for quality of services because it received a score of Fair in new targets.**

Appendix 1 gives details of our performance against the areas that make up the score for quality. National results show the following:

	Excellent	Good	Fair	Weak
Quality of Services	4%	30%	52%	14%
Use of Resources	3%	12%	47%	37%

Out of 570 NHS organisations:

- Only two scored Excellent for both use of resources and quality (both of which were hospital Trusts)
- 33 organisations were Weak for both

Local results show that within the overall score of Fair for quality Wirral Hospital Trust had areas of relatively strong performance – particularly with regards to Core Standards, Existing Targets and Medicines Management:

	Wirral	Countess of Chester	Royal Liverpool & Broadgreen
Meeting Core Standards	Fully Met	Almost Met	Fully Met
Existing Targets	Fully Met	Almost Met	Almost Met
New Targets	Fair	Good	Good
Children Services	Fair	Good	N/A
Admissions Management	Weak	Fair	Weak
Diagnostic Services	Fair	Good	Good
Medicines Management	Good	Fair	Fair

#### 4. 2006/07 Annual Health Check

Systems are in place to improve performance in those areas which most impacted on our score as summarised below:

##### 4.1. New Targets

As shown in appendix 1 all targets were met with the exception of reducing rates of MRSA and data quality on ethnic grouping – as shown many Trusts did not meet these targets.

The Trust has taken immediate steps to implement improved data capture for recording ethnic grouping, though this does of course need to be sensitively handled as patients can feel uncomfortable about being asked to place themselves within a particular ethnic grouping.

The target for MRSA is for Trusts to achieve a year-on-year reduction from the level as at 2003/04. Wirral Hospitals Trust has comparatively low levels of MRSA compared to some Trusts and has found it a challenge to reduce these levels in line with the target. During August the Trust was visited by the national MRSA Improvement Team, who

were very positive about the Trusts Infection Control Team and the steps we have already taken. The Improvement Team made suggestions for areas where we needed to change the way we tackle MRSA and we have used the outcome of this experience to develop an Action Plan to reduce rates.

#### **4.2. Services for Children**

This review examined the quality of healthcare for children in hospital, based on the standards in the National Service Framework for Children, Young People and Maternity. The Trust is addressing the issues raised by the review through a multi-speciality action team. Improvements are already happening in many areas – for example the purpose-built children and young persons emergency care area which will be staffed by specialist nurses and is due to open in November.

#### **4.3. Admissions Management**

This review examined the efficiency and effectiveness with which the Trust used its beds. The review looked at the experiences of patients who are admitted to hospital for elective surgery (from a waiting list) or in an emergency. The Trust have developed an Action Plan to address the issues raised by this review. Actions have already been taken to address the areas where the Trust scored lowest. As shown in Appendix 1 many of the measures relate to the efficiency with which beds are used. The Trust has already put in place many success measures to reduce lengths of stay and improve the way we use our beds and we will build on this experience to make further improvements.

#### **4.4. Diagnostic Services**

The review of diagnostic services looked specifically at endoscopy, radiology and pathology services. It considered, among other things, how long people wait for the results of tests, the efficiency of diagnostic services and the way in which healthcare organisations ensure that the services they provide are accurate and appropriate. As shown at appendix 1 the Trust scored well on clinical quality and the experience of service users but scored less well for efficiency. An Action Plan has been developed to address the issues raised by this review.

**Gary Doherty**  
**Director of Strategic Development**  
**October 2006**

**APPENDIX 1****Existing Targets****Acute/Specialist**

Indicators	Level of performance	Trusts achieving indicator (%)
Total time in A&E: four hours or less	Achieved	93%
All cancers: two week maximum wait from urgent GP referral to first outpatient appointment	Achieved	98%
Patients seen at rapid access chest pain clinics within 14 days of referral by their GP	Achieved	79%
Patients waiting longer than three months for revascularisation (coronary artery bypass graft or percutaneous transluminal coronary angioplasty)	Not applicable	95%
Cancelled operations and patients not admitted within 28 days of cancellation	Achieved	37%
Thrombolysis: increasing the proportion of heart attack patients who receive thrombolysis within 60 minutes of calling for help	Achieved	47%
Delayed transfers of care	Achieved	84%
Convenience and choice: availability of required information about the organisation to help patients to use 'choose and book'	Achieved	100%
All cancers: one month maximum wait from diagnosis to treatment	Achieved	96%
All cancers: maximum two month wait from urgent GP referral to treatment	Underachieved	59%
Number of inpatients waiting longer than the standard time for their treatment	Achieved	83%
Number of outpatients waiting longer than the standard time for their appointment	Achieved	92%
Convenience and choice: booking of elective (inpatient and day case) and outpatient appointments	Achieved	90%

**New Targets****Acute/Specialist**

Indicators	Level of performance	Trusts achieving indicator (%)
Participation in audits	Achieved	97%
Completeness of hospital data on smoking during pregnancy and on initiation of breastfeeding	Achieved	84%
Process in place for identifying and managing obesity in secondary care	Achieved	64%
Percentage of patients getting access to genito-urinary medicine (GUM) clinics within 48 hours of contacting the clinic	Achieved	54%
Experience of patients: results of 2005 survey of inpatients	Satisfactory	88%
Change in hospital bed days (number of patients multiplied by length of stay) following emergency admissions	Achieved	89%
Patients waiting longer than 26 weeks for an MRI or CT scan at the end of March 2006	Achieved	94%
Number of MRSA infections compared with the planned reductions	Failed	53%
Proportion of data with useful ethnic group coding	Failed	62%
Does the trust comply with key elements of national guidelines on treating people who have self-harmed?	Achieved	68%
Smoke-free NHS: recording of smoking status and reducing smoking	Achieved	75%
Does the organisation have the right processes in place to help patients who misuse drugs?	Achieved	73%

## Childrens Services

The review examined the performance of healthcare organisations against six service areas:

Service Area	Score
Inpatient Care	Fair
Outpatients	Fair
Emergency services	Fair
Emergency care	Weak
Planned surgery	Fair
Day care	Good

## Admissions Management

Each area was given a score from 1 – 5 with 5 being high performance and 1 being low performance.

Service Area	Score
Appropriate use of beds	2.6
Efficiency – Medical Beds	3.0
Efficiency – Surgical Beds	2.0
Elective Access	1.6
Emergency Access	2.6

## Diagnostic Services

Each area was given a score from 1 – 5 with 5 being high performance and 1 being low performance.

Service Area	Score
Clinical Quality	3.4
Efficiency	2.0
Experiences of Service Users	3.5