



Performance rating 2008/09 - Newham University Hospital NHS Trust

Overall performance

The overall performance rating is made up of two parts: 'quality of financial management', 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, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

	2008/09	2007/08	2006/07	2005/06
Quality of Services				
Quality of Financial Management				

Based on our assessment for 2008/09, the quality of services provided by Newham University Hospital NHS Trust for its local population was 'good'. The financial management rating for this organisation is 'fair', as this organisation has been assessed as performing adequately with regard to its financial arrangements and performance.

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

Components of quality of services:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards				
Existing commitments				
National priorities				

Overall performance of acute trusts

The graphs below show the percentage spread of results for all acute trusts for quality of services and quality of financial management, as well as for the three components of quality of services, over all four years. The performance of Newham University Hospital NHS Trust is indicated by +.

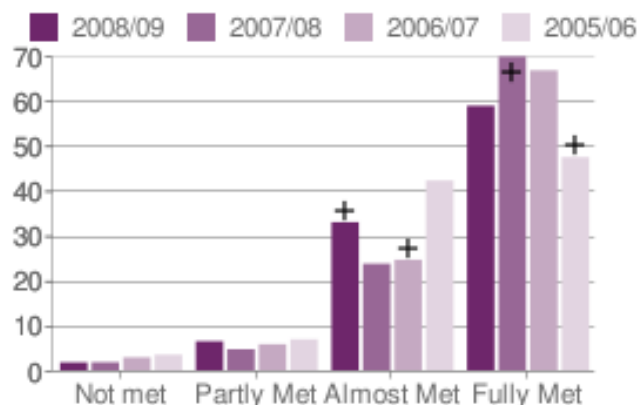
1. Quality of services



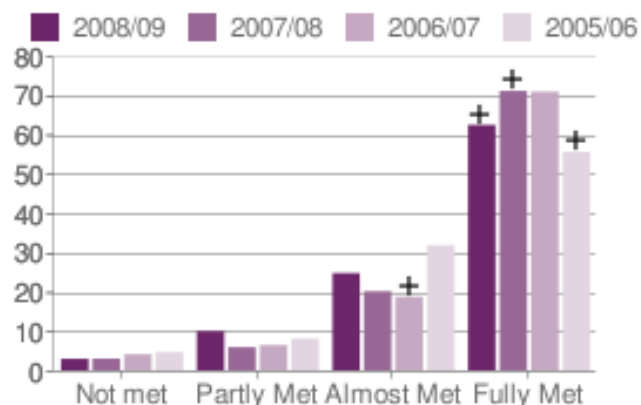
2. Quality of financial management



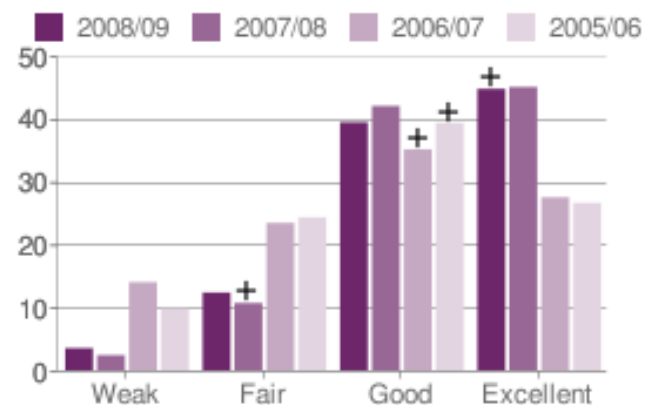
3. Standards



4. Existing commitments



5. National priorities



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 performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Newham University Hospital NHS Trust's performance in the seven key areas of health and healthcare over the last four years.

Safety	2008/09	2007/08	2006/07	2005/06
C01a - incidents - reporting and learning	● INSUFFICIENT ASSURANCE	● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	● COMPLIANT	● COMPLIANT	● INSUFFICIENT ASSURANCE
C04a - infection control	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04c - decontamination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04d - medicines management	● NOT MET	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04e - clinical waste	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Clinical and cost effectiveness	2008/09	2007/08	2006/07	2005/06
C05a - NICE technology appraisals	● COMPLIANT	● COMPLIANT	● COMPLIANT	● INSUFFICIENT ASSURANCE
C05b - clinical supervision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Governance	2008/09	2007/08	2006/07	2005/06
C07a and c - governance	● COMPLIANT	● NOT MET	● NOT MET	● COMPLIANT
C07b - honesty, probity	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07e - discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08a - whistle-blowing	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08b - personal development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C09 - records management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10a - employment checks	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10b - professional codes of conduct	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11a - recruitment and training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11b - mandatory training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11c - professional development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C12 - research governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Patient focus	2008/09	2007/08	2006/07	2005/06
C13a - dignity and respect	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13b - consent	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14a - complaints procedure	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14b - complainants discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14c - complaints response	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15a - food provision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15b - food needs	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C16 - accessible information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Accessible and responsive care	2008/09	2007/08	2006/07	2005/06
C17 - patient and public involvement	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C18 - equity, choice	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Care environment and amenities	2008/09	2007/08	2006/07	2005/06
C20a - safe, secure environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C20b - privacy and confidentiality	● NOT MET	● COMPLIANT	● COMPLIANT	● COMPLIANT
C21 - clean, well designed environment	● INSUFFICIENT ASSURANCE	● COMPLIANT	● COMPLIANT	● COMPLIANT

Public health	2008/09	2007/08	2006/07	2005/06
C22a and c - public health partnerships	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C22b - local health needs	● COMPLIANT	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C23 - public health cycle	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C24 - emergency preparedness	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

Existing commitments performance by indicator

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Waiting times for rapid access chest pain clinic	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Revascularisation waiting times	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancelled operations	● ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Time to reperfusion	NOT APPLICABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE	● UNDER ACHIEVED
Delayed transfers of care	● ACHIEVED	NOT APPLICABLE	● ACHIEVED	● ACHIEVED
Inpatient waiting times	● ACHIEVED	● ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Outpatient waiting times	● ACHIEVED	● UNDER ACHIEVED	● ACHIEVED	● ACHIEVED
Access to GUM clinics	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

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

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

National priorities performance by indicator

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Infant health: smoking & breastfeeding	● ACHIEVED	● ACHIEVED	● ACHIEVED	● UNDER ACHIEVED
Experience of patients	● SATISFACTORY	● BELOW AVERAGE	● POOR	● POOR
Incidence of C. difficile	● ACHIEVED	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Incidence of MRSA	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Stroke care	● ACHIEVED	NOT APPLICABLE	● UNDER ACHIEVED	NOT APPLICABLE
18 Week referral to treatment times	● ACHIEVED	● FAILED	NOT APPLICABLE	NOT APPLICABLE
Maternity HES: data quality	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Participation in heart disease audits	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Engagement in clinical audits	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

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

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

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 commitments and national priorities

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

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

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

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

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator 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.

Indicator: This is what we use to measure performance.

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 / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management 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.