

Appendix 1 – Quality Standards

Clinical Quality performance Indicator	Measurement Methodology	Progress/Threshold	Financial Penalty Yes/No	Risk Rating
MRSA Bacteraemia	As current	Existing target to be maintained. Threshold - 12	N	Amber
Clostridium Difficile	As current	20% reduction over 3 years – target to be based on 2007/8 Outturn	Y 0.2% of contract income for each 1% under achievement of target (up to a cap of 2%)	Amber
Wound infection rates	NiNNs Data (Needs to be extended – currently only collected for ortho)	To agree rolling programme by end of April. To work towards upper quartile performance (Medium Acute Trusts benchmark)	N	TBC
Nutrition and Diet	Six monthly audit reports – Essence of Care.	Pts to be assessed on admission re risk of malnutrition. Referrals to dietician	N	TBC
Number of patients answering 'excellent' or 'v good' when rating care received	Patient Surveys – National and Local	Improvement on 74% (2007/8 survey results)	N	Amber
Percentage of patients answering 'Yes definitely' when asked if involved as much as they would have liked in their care/treatment.	Patient Surveys – National and Local	Improvement on 58% (2007/8 survey results)	N	Amber

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Percentage of Patients answering 'yes' all the time' and 'yes definitely' to the question were you treated with respect and dignity.	Patient Surveys – National and Local	Improvement on 73% (2007/8 survey results)	N	Amber
Consistency of Practitioner Performance Whittington to report on standards of performance it expects from nursing and medical staff, and how it assesses and monitors these standards.	Annual discussion	Annual Discussion – for Consistency of Practitioner Performance Work towards upper quartile performance (medium acute trusts)	N	Green
Colorectal Surgery: % of patients with a tumour at resection margin	Baseline measurement to be undertaken over next 12 months		N	TBC
Avoidable Mortality	Undertake baseline measurement (against defined criteria)	Work towards upper quartile performance (medium acute trusts) Robust methodology to be agreed and developed by June 2008.	N	TBC
Serious Untoward Incidents	SUI report	To notify PCTs of all SUIs in line with NHS policy	N	Green

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Completeness of Trust coding for ethnicity of patients within inpatients, outpatients and ED.	Hospital Episode Statistics	90% of patients to have ethnicity recorded.	N	Green
Whittington to provide annual report on Race, Disability and Gender equality scheme and action plan	Annual report and action plan	Annual report and action plan. Single equality scheme and action plan under development	N	Green
Access to Midwifery Services by 12 completed weeks of pregnancy	Quarterly returns	40% of women to have seen a midwife or maternity healthcare professional by 12 weeks PCT to work with Trust to implement best practice models in line with 'maternity matters' including direct access to midwives.	N	TBC
Immunisation for Hep B for children born to heb B positive mothers	Annual return on uptake	Baseline research required to determine current performance – greater or equal to 90% completion rate	N	TBC
Immunisation of post partum rubella vaccination for women screened positive for rubella	Annual return on uptake	Greater than or equal to 90% completion rate	N	TBC