

NHS quality and risk profile

The Care Quality Commission's quality and risk profiles (QRPs) bring together information about a care providers and provide an estimate of risk of non-compliance against each of the 16 essential standards of quality and safety

		Risk Estimate:	
		Latest	Previous
Involvement and information			
Outcome 1	Respecting and involving people who use the service	As expected	Excellent
Outcome 2	Consent to care and treatment	As expected	As expected

Personalised care

Outcome 4	Care and welfare of people who use services	Excellent	Excellent
Outcome 5	Meeting nutritional needs	Excellent	Excellent
Outcome 6	Cooperating with other providers	As expected	As expected

Safeguarding and safety

Outcome 7	Safeguarding people who use services from abuse	As expected	As expected
Outcome 8	Cleanliness and infection control	As expected	As expected
Outcome 9	Management of medicines	As expected	Excellent
Outcome 10	Safety and suitability of premises	Excellent	Excellent
Outcome 11	Safety, availability and suitability of equipment	Insufficient data	Insufficient data

Suitability of staffing

Outcome 12	Requirements relating to workers	As expected	As expected
Outcome 13	Staffing	Insufficient data	Insufficient data
Outcome 14	Supporting staff	As expected	As expected

Quality and management

Outcome 16	Assessing and monitoring the quality of service provision	As expected	As expected
Outcome 17	Complaints	As expected	As expected
Outcome 21	Records	As expected	As expected

Source: CCQ

Never Events

No never events reported year to date

Source: Datix

Standard: None in year

Definitions: NPSA

CQUIN: Commissioning for Quality & Innovation

The 2011/12 Service Level Agreement has a number CQUIN schemes. A summary of the schemes is provided below.

Acute

CQUIN	Comment
VTE	See figures below
Patient Experience	Figures available at the end of the year
Enhanced Recovery Programme	Data to follow
COPD and Smoking Cessation	Data to follow
Discharge Planning	Data to follow
Out of ICU Cardiac Arrests	See figures below

Community

CQUIN	Comment
VTE	Sept 11 - 100%
Care Closer to Home	Data to follow
Long Term Conditions	Data to follow

VTE (Acute)

a) Risk assessment completed on admission. Standard: 90%

Sept 11 - 92.3%; YTD - 91.1%

b) Appropriate prophylaxis: Baseline to be confirmed

Out of ICU Cardiac Arrests

a) Number of out of ICU cardiac arrests. Standard <40 in year

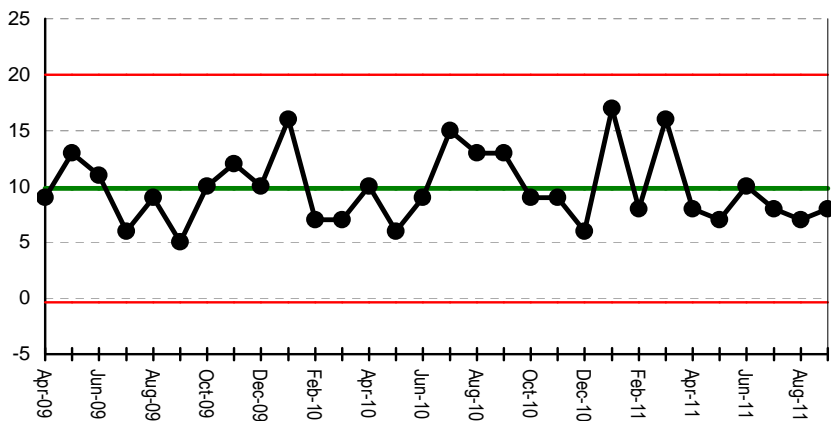
See chart below

b) Completed sets of 6 vital signs:

Q1 baseline - 67% missing at least one of the six vital signs

c) Patients admitted to Critical Care in under 90 mins: Baseline to be confirmed

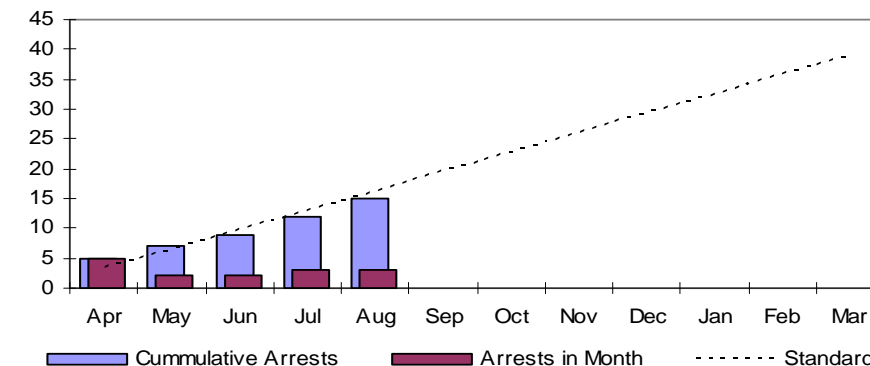
Number of VTE admissions



Based on primary diagnosis of DVT or PE

Source: UNIFY reporting

Number of Out of ICU cardiac arrests



Source: Monthly internal reporting

Overall Mortality Ratio

Summary Hospital-Level Mortality Indicator (SHMI)

April 2010 - March 2011 (NHS Information Centre; Experimental Statistics)

Trust	SHMI	Trust	SHMI
Whittington	0.67	Hillingdon	0.88
Barts and the London	0.69	Barnet and Chase Farm	0.89
University College London	0.72	South London Healthcare	0.90
Imperial College Healthcare	0.75	Guy's and St Thomas'	0.91
Royal Free Hampstead	0.77	Epsom and St Helier	0.91
St George's Healthcare	0.78	Whipps Cross	0.92
Chelsea and Westminster	0.78	North Middlesex	0.94
Newham	0.80	Lewisham	0.95
North West London	0.84	King's College	0.95
Kingston	0.86	Homerton	0.95
Ealing	0.87	Barking, Havering & Redbridge	0.96
West Middlesex	0.88	Croydon Health	1.05

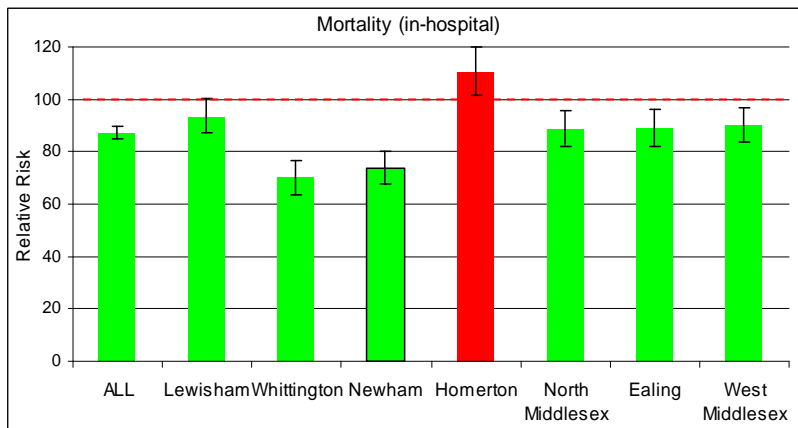
The SHMI is a ratio of the number of deaths in a Trust (in-hospital or within 30 days of discharge) divided by the expected number given the characteristics of patients treated by that Trust.

Green = no. of deaths lower than expected; Red = no. of deaths higher than expected

The Whittington has the lowest SHMI in England.

Target to be less than 100

Against a Peer Group of similar London hospitals - 12 mths to Aug 2010

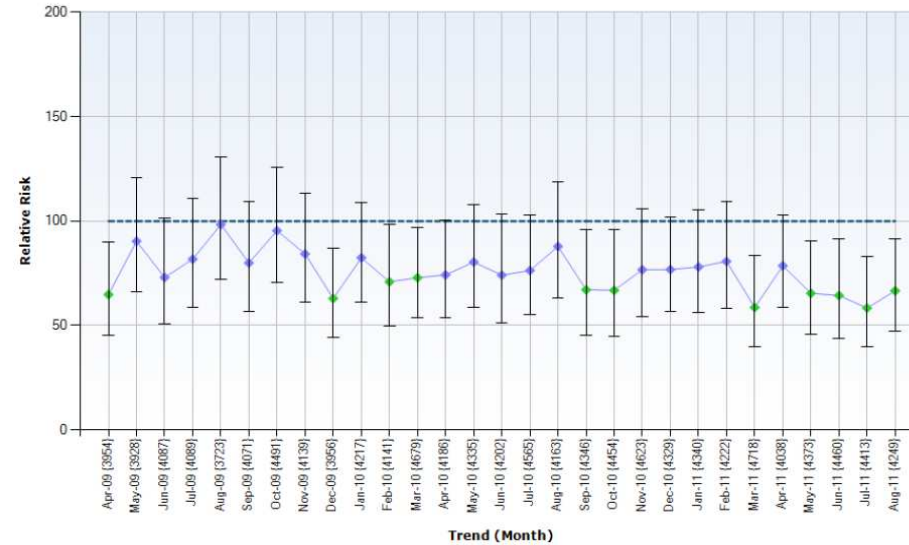


source: Dr Foster RTM 8.0

NB This mortality indicator is using a different methodology to the SHMI above

Mortality Rates over time

low is good

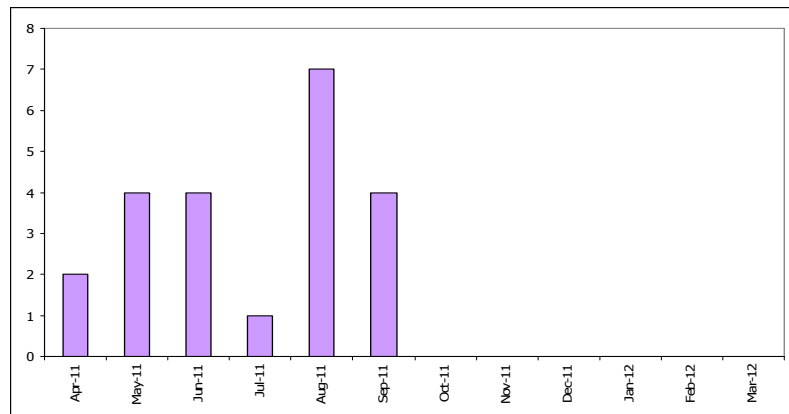


Source: Dr Foster RTM 8.0

target: to be Blue/Green rated

Pressure Ulcers (Grades 3 and 4)

low is good



Standard: NHSL patient safety express suggest 50% reduction (monitoring period to be agreed by the Quality and Safety Board)

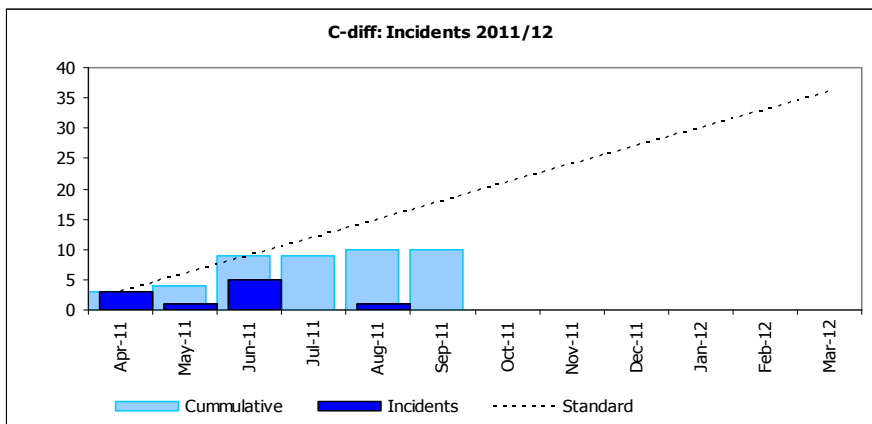
Figures include community services.

Healthcare Acquired Infections

Sep-11

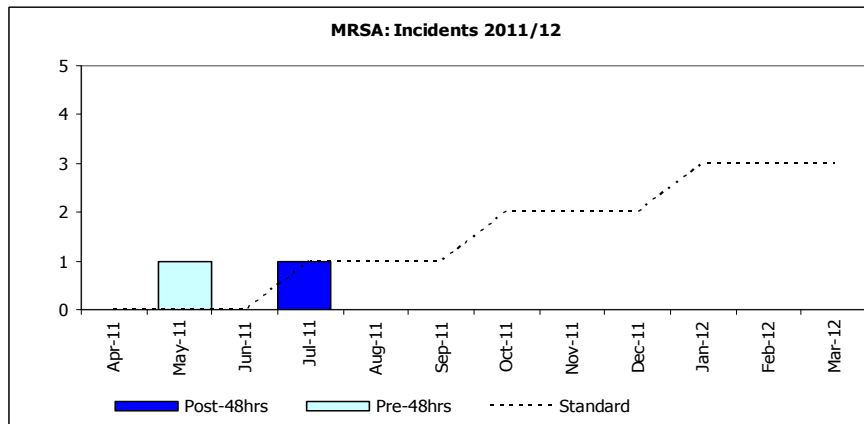
Clostridium difficile

Less than 36 in full year



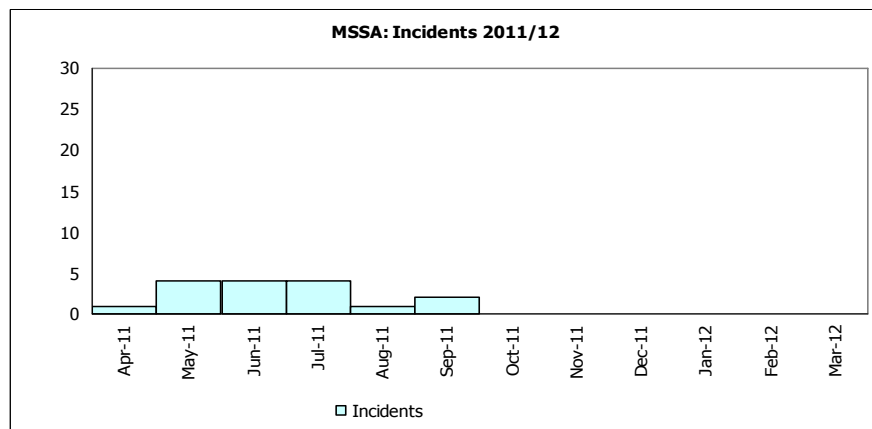
MRSA Bacteraemia

less than 3 post 48-hr, in full year



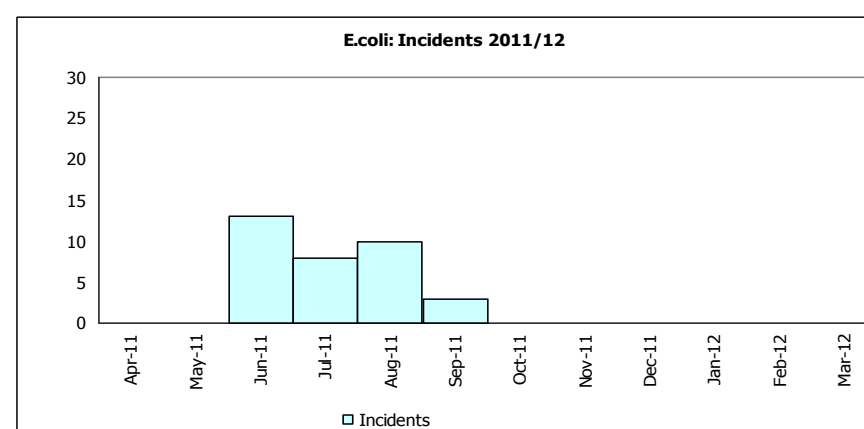
MSSA Bacteraemia

low is good



E.coli Bacteraemia

low is good

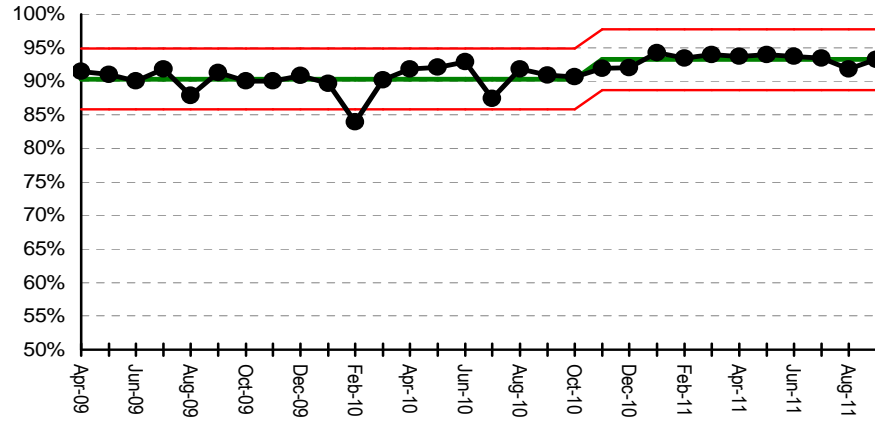


Standard: TBC

MRSA Colonisation Screening compliance (Acute)

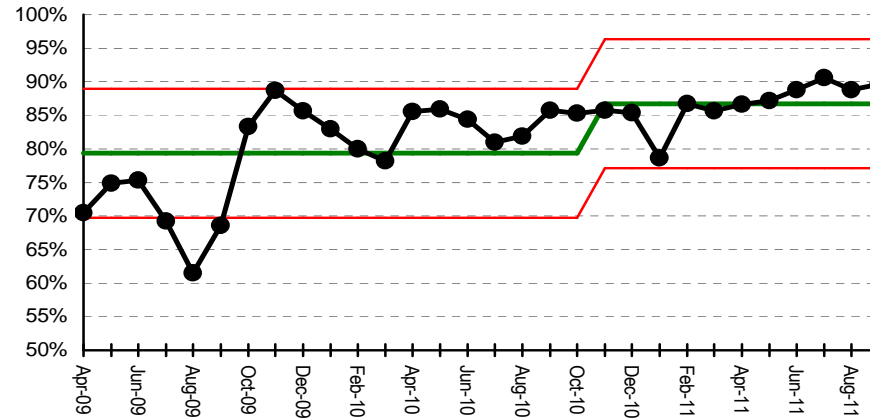
Emergency Patients

high is good



Elective Patients

high is good



Source: PAS and Sunquest ICE
NB Y range starts at 50%

Acute Patient Safety Indicators

Indicator	Observed	Expected	Observed rate/K	Expected rate/K
Deaths in low-risk diagnosis groups*	8	17.7	0.35	0.76
Deaths after surgery	16	19.7	104.58	129.06
Post-operative sepsis	1	2	2.79	5.61

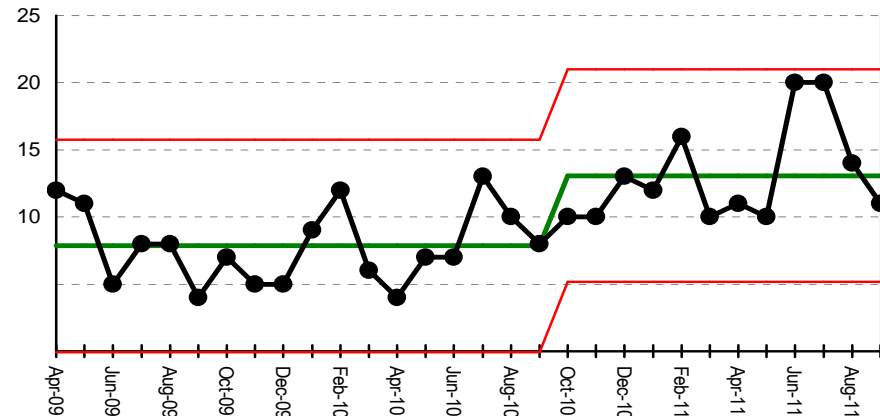
Key

- A red bar signifies an indicator for which the lower end of the 95% confidence interval is above the national average.
- A green bar signifies an indicator for which the higher end of the 95% confidence interval is below the national average.
- A blue bar signifies an indicator for which the relative risk equals the national average value within 95% confidence.

* For indicators marked with an asterisk expected values are derived from the national average crude rate and are not casemix adjusted.

source: Dr Foster Sept 10 - Aug 11

Acute Adverse Incidents

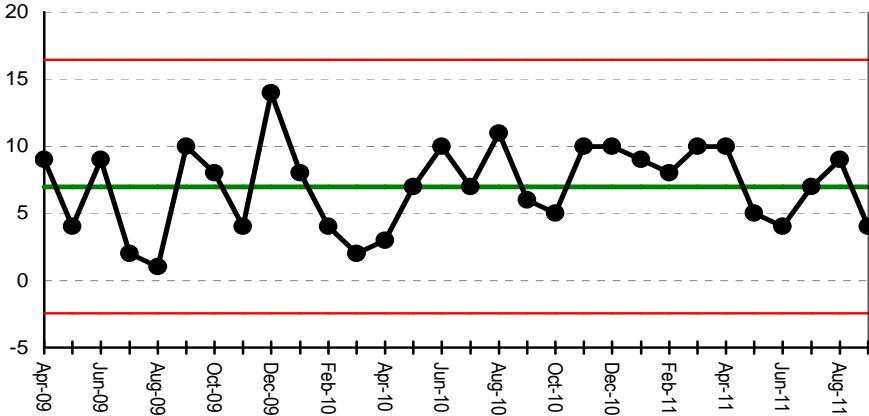


source: pre-July 09: Safeguard, July 09 onwards: Datix

Target: To increase incident reporting to be in the top quartile of national benchmark performance

Moderate & Severe Incidents and Death Indicators

Haringey



Islington

