

MARS Division Quality Metrics September 2012

CQC Outcomes		8	8	8	8		4	4 & 9	4	4	5	1	20	13				
Division	Directorate	Ward	Hand Hygiene	ANTT Injectables	National Cleaning Scores	Antimicrobial		Falls	Medication Incidents	Track and Trigger	Acquired Pressure Ulcers grade 2	Acquired Pressure Ulcers grade 3	Acquired Pressure Ulcers grade 4	Nutritional Assessments	Single Sex Breaches	SIRI's (Not Pressure Ulcers)	% shifts 'at risk staffing'	
						% Correct prescription	% End date included	Near miss/No harm	Minor Impact		Moderate Impact	Major/Extreme Impact	Near miss/No harm					Minor Impact
MARS	Orthopaedics	Day Surgery	100%		100%			0	0	0	0	0	0	100%	0	0	0%	
		Ward A	100%		100%			0	0	0	0	0	0	100%	0	0	0%	
		Ward B	100%	100%	100%			5	1	0	0	1	0	0	91%	1	0	0%
		Ward D	100%	100%	100%			3	0	0	3	0	0	0	91%	1	0	0%
		Ward E	100%	100%	100%			4	0	0	1	0	0	0	95%	0	0	0%
		Ward F	100%	100%	100%			1	0	0	1	0	0	0	96%	0	1	0%
		Recovery	92%	100%	100%			0	0	0	0	0	0	0	98%	0	0	0%
		Theatres	100%		100%			0	0	0	0	0	0	0	0	0	0	0%
		Outpatients/POAC	100%		100%			0	0	0	0	0	0	0	90%			0%
		R	OCE Ward	100%		100%			8	2	0	0	1	0	0	98%	0	0

Action Plan					
Ward/Department	Issue	Action	Lead	Review Date	Status
Ward F	Grade 3 Acquired Pressure Ulcer	Investigation underway; initial RCA tool identified some concerns relating to documentation.	Ria Betteridge, Tissue Viability Nurse Specialist	30-Oct-12	In progress
Recovery	Hand Hygiene 92%	Weekly audits until 100% achieved for 2 consecutive weeks, then revert back to bi-weekly	Eniola Dada, Recovery and HDU Manager	30-Oct-12	In progress
Wards B,D,F	Track And Trigger scores 90-95%	Weekly audits until 100% achieved for 2 consecutive weeks, then revert back to monthly	Ward Sisters	30-Oct-12	In progress
Ward F and OPD/POAC	Nutritional Assessments scores 90-95%	Weekly audits until 100% is achieved for 2 consecutive weeks, then revert back to monthly	Ward Sisters	30-Oct-12	In progress
Ward B, D	Grade 2 acquired pressure ulcers	RCA completed for Ward B, non-avoidable RCA in progress for Ward D	Ward Sisters	30-Oct-12	In progress
OCE, Ward B	Minor Impact Falls; risk assessments completed in all cases and care plans instigated	Divisional Falls Safety Group to review trends, risk assessment compliance and plan audit before end of this year	Kassim Javaid, Lead Consultant Osteoporosis and Fracture Service	30-Mar-13	Planned

The Key			
◆	Insufficient Data	Full Compliance	Target not met
◆	Insufficient Data	Target met but not fully compliant	Not applicable

Sept Data C, V & T Quality Scorecard Board

CQC Outcomes			8	8	8
Division	Directorate	Ward	Hand Hygiene	ANTT Injectables	National Cleaning Overall Score

8	
Antimicrobial	
% Correct prescription	% End date included

4	4 & 9	4	4	5	1	4 & 20	13		
Falls causing harm	Medication errors causing harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Grade 2/3/4 / Skin Integrity	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

Cardiac, Vascular and Thoracic (3)	Medicine	CAS **	91%	84%	
		Cardiology *	100%	100%	97%
	Surig & Vasc.	CTCC / CCU**	100%	100%	97%
		CTW *	89%	100%	91%
		6A *	100%	100%	94%
		5D*	100%	100%	93%
PP	Theatres**	100%	100%		

100%	80%
100%	91%
100%	60%
67%	53%
n/a	n/a

0	0	100%			0		13%	87%	0%
0	0	100%		100%	0		23%	77%	0%
0	0		1	100%	0	1	49%	50%	1%
1	0	100%		100%	0		78%	12%	10%
0	0	100%	1	90%	0		93%	3%	4%
0	0	100%		100%	0		35%	61%	4%
0	0					1	100%	0%	0%

Hand Hygiene: - poor compliance by medical staff. Clinical lead aware and to reiterate to junior doctors. Re audit in a week.

ANTT injectables: Discussed with staff involved. To readit in a week.

Cleaning scores: - CAS -no formal audit completed as weekly inspections carried out due to poor scores in previous two months.

Pressure ulcers: CTCCU- Grade 3 pressure sore on long term high risk patient, continues to deteriorate and likely to become grade 4, despite all appropriate measures taken.
6A - patient admitted with grade 4 pressure ulcer

Antimicrobial: Sister reinforced to nursing staff not to administer antimicrobials with incomplete prescriptions. Consultants reminded to check prescription charts during ward rounds.

SIRI: - CTTCU: - A cardiothoracic patient died during surgery; cause of death was due to mediastinal infection: Currently being investigated. Theatres: A patient died in theatres whilst undergoing a thoracic procedure. Currently being investigated.

Key
Poor
Fair
Good

National Cleaning Specification (%)				
V. High Risk	**	>95	90-95	<90
High Risk	*	>92	87-92	<87
Significant Risk		>85	80-85	<80

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below

Sept Data

EMTA Quality Scorecard Board

CQC Outcomes		8	8	8	8		4	4 & 9	4	4	5	1	4 & 20	13			
Division	Directorate	Ward	Hand Hygiene	ANTT Injections	National Cleaning Overall Score	Antimicrobial		Total No of Falls that did Harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Hospital acquired Grades 3/4	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'
						% Correct prescription	% End date included										
Emergency Medicine, Therapies & Ambulatory (7)	Emergency Medicine	JR ED **	100%	100%	93%			0	0	100%			0		94%	7%	0%
		JR EAU *	100%	100%	86%	60%	30%	0	0	100%		100%	0		98%	2%	0%
		HGH ED **	100%	100%	▲			0	0	100%			0		98%	2%	0%
		HGH EAU *	100%	100%	▲	79%	79%	0	0	100%		100%	1		93%	7%	0%
		7A *	90%	100%	95%	83%	67%	0	0	100%		100%	0		77%	22%	1%
		7B *	95%	100%	91%	▲	▲	0	0	100%	1	100%	0		75%	25%	0%
		7C *	95%	95%	92%	100%	90%	1	0	100%		100%	0		73%	18%	9%
		7D *	100%	100%	88%	100%	90%	1	0	100%		100%	0		58%	33%	8%
		7F*	87%	100%	92%	56%	56%	2	0	100%		100%	0		81%	18%	0%
		5C	Closed	Closed	Closed	Closed	Closed	0	0	Closed		Closed	0		0%	0%	0%
		5A *	100%	100%	93%	▲	▲	0	0	100%		100%	0		74%	18%	6%
		PAU *	100%	0%	93%	na	na	2	0				0		70%	18%	9%
		Oak *	100%	100%	95%	100%	100%	0	0	90%		95%	0		89%	10%	1%
	Laburnam *	100%	100%	95%	▲	▲	0	0	100%		95%	0		25%	75%	0%	
	Juniper *	100%	100%	N/A	92%	100%	0	0	100%		100%	0		48%	52%	0%	
	Level 4 *	85%	100%	91%	69%	54%	0	0	100%		100%	0		59%	41%	0%	
	ASU *	100%	100%	94%	90%	90%	0	0	95%		91%	1		52%	48%	0%	
	Ambulatory, Chest ID	John Warin **	86%	100%	94%	100%	89%	1	0	100%		91%	0		54%	39%	7%
		Geoffrey Harris *	100%	100%	na	100%	100%	0	0	100%		95%	0		5%	79%	16%
		Treatment Centre	100%	0%	N/A			0	0				0				
		Dermatology	100%	0%	92%			0	0								
		Immunology	100%	100%	94%			0	0								
		OCDEM Endocrine	100%	0%	N/A			0	0								
OCDEM Diabetes		N/A	0%	N/A			0	0									
Sleep Physiology		N/A	0%	N/A			0	0									
GUM		100%	0%	N/A			0	0									
Genetics		N/A	0%	91%			0	0									

Antimicrobial	Antimicrobial audits low on several AGM JRH wards, especially 7F. This has been discussed with the medical teams and ward sister is to police this more. Low score in EAU -JR Identified by sister that audit staff not assessing as other areas so the scores are inaccurate/subjective. This has been raised with the audit team to address.
Cleaning scores	Cleaning scores low on several AGM JRH wards, re-audited by matron and ICN and action plan on going. Issue around not having regular cleaners on wards raised with supervisors.
Pressure Ulcers	7B had one hospital acquired pressure ulcer where the patient was admitted with existing pressure damage and multiple comorbidities, deteriorated from grade 2 to 3 whilst on ward. Teaching programme and additional repose boots now in place.
Falls that caused harm	Falls on wards continually monitored. Flooring on PAU to be replaced as soon as possible. Risk assessment completed and on the risk register.
Single Sex Breaches	One single sex breach on the Stroke Unit, four patients affected as the result of miscommunication. Female patient moved from male bay after two hours. One single sex breach in Horton EAU, affecting four people. This breach was due to acute clinical care need of a patient in side room that urgently required observation area and no site capacity. This occurred for a limited period of time and patient was totally screened from other patients.

Key	
Poor	Red
Fair	Yellow
Good	Green

National Cleaning Specification (%)				
V. High Risk	**	>95	90-95	<90
High Risk	*	>92	87-92	<87
Significant Risk		>85	80-85	<80

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below

Sept Data

NTSS Quality Scorecard Board

CQC Outcomes			8	8	8
Division	Directorate	Ward	Hand Hygiene Combined	ANTT Injectables	National Cleaning Overall Score

8	
Antimicrobial	
% Correct prescription	% End date included

4	4 & 9	4	4	5	1	4 & 20	13		
Total No of Falls that did harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Grade 2/3/4/ Skin Integrity	Compliance with Nutritional Assessments	Single Sex Breaches	SIRTs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

Neuro, Trauma, Specialist Surgery (3)	Neuro	NICU **	90%	90%	100%
		Neurosciences IP *	100%	100%	85%
		Neurosciences OPD	100%		
	Trauma	2A *	10000%		
		3A *	100%	100%	
		Trauma OPD	97%		
	F Ward *	95%	100%		
	Specialist Surgery	SSIP *	100%	100%	90%
		Lichfield *	90%		92%
		SSOPD	100%		
		OPD Eye	100%		88%
		OMFS OPD	50%		

100%	100%
94%	100%
100%	100%
83%	58%
100%	88%

0	0	100%		90%	0		100%	0%	0%
1	0	100%		90%	0		75%	25%	0%
							100%	0%	0%
0	0	100%	2	90%	0		61%	33%	6%
0	0	100%		90%	0		63%	30%	7%
							100%	0%	0%
1	0	96%		93%	0		86%	14%	0%
0	0	100%		100%	0		80%	20%	0%
							63%	37%	0%
							85%	15%	0%
							50%	50%	0%
							43%	43%	14%

OMFS Hand Hygiene - Weekly audits reinstated by Matron Turner, agency staff reminded of hand hygiene procedure

antimicrobial 3A - Clinical Director meeting with medical staff and has also asked for individual patient data to review as compliance is achieved on 2A which is same medical teams.

2A pressure ulcers - trauma tissue viability nurse highlighting any learning points with the nursing team.

Cleaning scores remain low - highlighted at divisional performance review for action.

Staffing OEH - New Charge nurse has commenced at the end of September.

Staffing OMFS OP - agency dental nurses have now been sourced.

Key
Poor
Fair
Good

National Cleaning Specification (%)				
V. High Risk	**	>95	90-95	<90
High Risk	*	>92	87-92	<87
Significant Risk		>85	80-85	<80

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below

Sept Data C & W Quality Scorecard Board

CQC Outcomes			8	8	8	8	8	8
Division	Directorate	Ward	Hand Hygiene	ANTT Injections	Saving Lives Catheter Care	MRSA / MSSA post 48 hrs	C-Diff post 72 hrs	National Cleaning Overall Score
					Catheter Insertion			
					Catheter on going care			

8	
Antimicrobial	
% Correct prescription	% End date included

4	4 & 9	4	4	5	1	4 & 20	13		
Total No of Accidents that did harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Grade 2/3/4 / Skin Integrity	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

Children's	Paediatrics	Toms *	98%	97%				92%
		Robins *	95%	93%				95%
		Childrens Ambulatory Care	100%	100%				92%
		HGH Childrens W *	93%	100%				95%
		Bel / Dray *	90%	100%				
		Kamrans **	96%	100%				
		Melanies *	92%	100%				92%
		NNU**	93%	89%				96%
	Paediatric Critical Care	SCBU**	100%	100%				
		PHDU**	94%	100%				
PICU**		92%	100%				95%	

100%	90%
91%	82%
100%	100%
100%	100%

0	0	100%		96%	0		95%	5%	0%
0	0	92%		100%	0		97%	3%	0%
0	0				0		97%	3%	0%
0	0	90%		100%	0		100%	0%	0%
0	0	100%		90%	0		92%	8%	0%
0	0	100%		100%	0		80%	20%	0%
0	0	100%		100%	0		87%	13%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%

Key
Poor
Fair
Good

National Cleaning Specification (%)				
V. High Risk	**	>95	90-95	<90
High Risk	*	>92	87-92	<87
Significant Risk		>85	80-85	<80

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below

Sept Data CCTDP Quality Scorecard Board

CQC Outcomes		8	8	8
Division	Directorate	Ward	Hand Hygiene	AMTT Injectables
				National Cleaning Overall Score

8	
Antimicrobial	
% Correct prescription	% End date included

4	4 & 9	4	4	5	1	4 & 20	13		
Total No of Falls that did harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Grade 2/3/4 / Skin Integrity	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

Critical Care, Theatres, Diagnostics & Areas / CC / Th	AICU **	88%	100%	96%
	CICU **	88%	100%	96%
	HGH CICU **	89%	100%	
	HGH DCU *	100%		93%
	Th West Wing **	89%	96%	90%
	Th JR **	88%	93%	94%
	Th HGH **	90%	100%	95%

100%	100%

0	0		1		6		100%	0%	0%
0	0		2		2		100%	0%	0%
0	0				9		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				1		100%	0%	0%
0	0				0		100%	0%	0%

Hand hygiene scores show improvement this month. Theatres are using the 'light box' to demonstrate the importance of good hand hygiene to medical and nursing staff in the upcoming month. Correspondence with staff to guide them how to approach visiting teams that do not comply with hand hygiene guidance appears to be successful.

All ODO staff within theatres have been reminding of their responsibilities regarding failures in cleaning scores this month. Senior sisters in theatres meeting with Carillion staff to discuss their failures and devise a plan to improve cleaning scores

3 pressure ulcers within critical care. 2 apparent on admission. 1 developed whilst in ICU. This patient had been incredibly unwell, on multiple inotropes, and was vasculitic. Developed sore despite 2-4 hourly turns on a dynamic mattress.

Key
Poor
Fair
Good

National Cleaning Specification (%)			
V. High Risk	**	>95	90-95
High Risk	*	>92	87-92
Significant Risk		>85	80-85

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below

Sept Data S & O Quality Scorecard Board

CQC Outcomes			8	8	8
Division		Ward	Hand Hygiene	ANTT Injectables	National Cleaning Overall Score

Surgery & Oncology (6)	In Patient Wards	Oncology Ward **	100%	99%	94%
		Haematology **	87%	100%	100%
Sobell *	100%	100%	93%		
SEU D & Triage*	92%	90%	92%		
SEU E	90%	90%			
SEU F *	84%	90%			
5F *	100%	90%			
HGH E Ward *	97%	97%			
UGI *	88%	98%	85%		
Colorectal *	9800%	100%	93%		
Jane Ashley *	100%	100%	100%		
Urology *	100%	98%			
Transplant **	90%	91%	89%		
Renal Ward **	86%	90%	96%		
Clinical Areas	Oxford Man Unit*	100%	100%		
	Oxford Tower Dialysis*	100%	100%	92%	
Stoke Mandeville *	100%	100%			
Milton Keynes *	100%	90%			
Swindon *	100%	100%			
Wycombe *	100%	100%			
Th Churchill **	84%	95%	88%		
Th TDA / DCU *					
Oncology Treatment	85%	90%	NA		
Brody Centre HGH	90%	100%	95%		
Triage	100%	100%	89%		
Research	100%	90%	89%		
JR Endoscopy **	90%	95%	93%		
HGH Endoscopy **	100%	90%			

8	
Antimicrobial	
% Correct prescription	% End date included

★	★
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
80%	70%
60%	60%
100%	62%
73%	100%
91%	55%
80%	65%
100%	100%
100%	100%

4	4 & 9	4	4	5	1	4 & 20	13		
Total No of Falls that did harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Pressure Ulcers Grade 2/3/4/ Skin Integrity	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIS Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

2	0	100%	1	100%	0		80%	14%	6%
0	0	100%		80%	0		76%	21%	3%
0	0			85%	0		42%	56%	2%
0	0	100%		80%	0		83%	10%	7%
0	0	100%		80%	0		80%	17%	3%
0	0	100%		80%	0		72%	27%	1%
0	0	100%		85%	0		61%	35%	4%
0	0	99%	1	100%	0		85%	15%	0%
0	0	100%		100%	0		66%	29%	5%
0	0	90%		100%	0		94%	5%	0%
0	0	90%		85%	0		91%	8%	0%
1	0	80%	1	90%	0		81%	18%	1%
0	0	86%		95%	0		63%	31%	6%
0	0	90%		100%	0		38%	57%	5%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		94%	6%	0%
0	0				0		80%	20%	0%
0	0				0		95%	5%	0%
0	0				0		95%	5%	0%
0	0				0		100%	0%	0%
0	0				0		85%	15%	0%
0	0				0				
0	0				0				
0	0				0				
0	0				0		62%	28%	10%
0	0				0		69%	19%	12%

Actions

- Nutritional Assessments: A further month-on-month improvement and the Matrons continue to work closely with ward sisters and nursing teams by auditing results regularly and feeding back results and actions via team meetings.
- Ward cleaning scores: No significant improvements again this month as clinical areas continue to fail for cleaning by G4S or Carillion whilst nursing and estates pass their elements of the assessments. Action: Matrons continue to lead each ward re-audit and feedback immediately to staff all issues raised. Overall cleaning on is wards being monitored and follow up with G4S and Carillion is via the Infection Control Team.
- Hand hygiene results are improving however matrons and ward sisters are actively monitoring ANTT results and HH to drive up standard. Focus now on challenging unacceptable practice to educate staff.
- Anti-microbial results: Results have improved moderately this month and all clinical areas are working with the new junior doctors who started at the beginning of August reminding them of the importance of documenting the indication and duration of prescription for all antimicrobials on the drug chart.

Key
Poor
Fair
Good

National Cleaning Specification (%)				
V. High Risk	**	>95	90-95	<90
High Risk	*	>92	87-92	<87
Significant Risk		>85	80-85	<80

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%
Red	69% and below