

July 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 **	100%	100%	91%
	Cardiology *	100%	100%	97%	
	Surg & Vasc	CTCC / CCU**	100%	91%	96%
		CTW *	100%	100%	
	6A *	100%	100%	89%	
	PP	5D*	100%	100%	
	Theatres**	98%	100%		

92%	85%
69%	85%

0	0	90%			0		14%	86%	0%
0	0	90%		100%	0		70%	30%	0%
0	0		1	100%	0		50%	49%	1%
0	0	100%		100%	0		25%	67%	8%
0	0	90%		100%	0		94%	1%	3%
0	0	100%		100%	0		41%	56%	3%
0	0						100%	0%	0%

Action Plan

National Cleaning scores: CAS - Re-audit by Matron and infection control. All failures related to Carillion with exception of BP cuffs. At the time of re-audit, no rectifications had been made so escalated through Carillion management structure and monitored by unit Sister.

6A: On re-audit almost all failures had been corrected. All failing items were Carillion responsibilities and may be due to the ward's usual cleaner being on annual leave. The Matron has written to Carillion, highlighting the importance of this ward having a regular replacement cleaner.

Antimicrobial prescribing: Discussion held at CSU Directorate and Divisional meeting and reinforced to new F1s during induction.

Pressure Ulcers: Community acquired grade 2 pressure ulcer which developed into grade 3 in a high risk patient.

At risk staffing: staff moved across the division and temporary staff used to ensure patient safety.

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

July Data C & W Quality Scorecard Board

CQC Outcomes		8	8	8		8	8	8	
Division	Directorate	Ward	Hand Hygiene	ANTT Injectables	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	Paediatric Critical	Paediatrics		Ward						
				Hand Hygiene	ANTT Injectables	Catheter Insertion	Catheter on going care	MRSA / MSSA post 48 hrs	C-Diff post 72 hrs	National Cleaning Overall Score
		Toms *	100%	100%						93%
		Robins *	100%	94%						91%
		Childrens Ambulatory Care	95%	100%						92%
		HGH Childrens W *	100%	95%						95%
		Bel / Dray *	92%	100%						90%
		Kamrans **	98%	99%						95%
		Melanies *	100%	97%						92%
		NUU**	100%	99%						91%
		SCBU**	100%	100%						96%
		PHDU**	95%	100%						95%
		PICU**	98%	100%						95%

% Correct prescription	% End date included
85%	85%
82%	82%
87%	87%
n/a	n/a
100%	100%
100%	100%
100%	100%
100%	100%

0	0	100%		95%	0		100%	0%	0%
0	0	100%		90%	0		96%	4%	0%
0	0	N/A			0		50%	50%	0%
0	0	80%		100%	0		100%	1%	0%
0	0	100%		100%	0		96%	4%	0%
0	0	100%		90%	0		84%	16%	0%
0	0	80%		100%	1		94%	6%	0%
0	0	n/a			0		99%	1%	0%
0	0	n/a			0		100%	0%	0%
0	0	n/a			0		100%	0%	0%
0	0	n/a			0		100%	0%	0%

Action Plan

Staffing : Ambulatory Care - staffing optimal for 50% of the time and staff moved from other areas in CHOX as part of Summer Plans to manage safety at all other times

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

July Data

EMTA Quality Scorecard Board

CQC Outcomes					
Division	Directorate	Ward	8	8	8
			Hand Hygiene	AMTT Injectables	National Cleaning Overall Score
Emergency Medicine, Therapies & Ambulatory (7)	Emergency Medicine	JR ED **	86%	75%	96%
		JR EAU *	100%	100%	ND
		HGH ED **	92%	100%	94%
		HGH MAU *	100%	100%	ND
		7A *	100%	100%	93%
		7B *	100%	100%	94%
		7C *	100%	100%	91%
		7D *	100%	100%	ND
		7F*	100%	100%	92%
		5A *	100%	na	94%
		PAU *	100%	0%	92%
		Oak *	100%	89%	93%
		Laburnam *	100%	100%	ND
		Juniper *	100%	100%	ND
	Level 4 *	100%	100%	95%	
	ASU *	92%	100%	91%	
	Ambulatory, Chest, ID	John Warin **	95%	100%	95%
		Geoffrey Harris *	100%	100%	92%
		Treatment Centre	100%	100%	83%
		Dermatology	100%		92%
Immunology		100%	100%	NA	
OCDEM Endocrine		100%		NA	
OCDEM Diabetes		N/A		NA	
Sleep Physiology		N/A		NA	
GUM	100%		NA		
Genetics	N/A		NA		

8	
Antimicrobial	
% Correct prescription	% End date included
82%	45%
100%	100%
100%	91%
82%	82%
80%	80%
91%	82%
85%	69%
93%	93%
90%	80%
100%	94%
100%	86%
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	Hospital acquired 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'
0	0	100%			0		93%	7%	0%
1	0	100%		100%	0		73%	27%	0%
0	0	100%			0		100%	0%	0%
0	0	100%		100%	0		68%	32%	0%
1	0	100%		100%	0		57%	37%	6%
1	0	100%	1	100%	0		72%	27%	1%
0	0	100%		100%	0		71%	19%	10%
1	0	100%		100%	0		63%	27%	10%
0	0	100%		100%	0		70%	30%	0%
0	0				0		78%	14%	8%
0	0				0		80%	15%	5%
1	0	96%		100%	0		93%	7%	0%
0	0	92%		100%	0		88%	12%	0%
0	0	100%		100%	0		69%	31%	0%
0	0	100%		100%	0		85%	15%	0%
0	0	92%		94%	2		95%	5%	0%
0	0	100%		96%	0		57%	34%	9%
0	0	80%		100%	0		10%	75%	15%
0	0				0				
0	0								
0	0								
0	0								
0	0								
0	0								
0	0								
0	0								

Clinically Justifiable Single sex breaches: Stroke Unit (5B) - 2 single sex breaches affecting 8 patients to ensure patients received care in appropriate environment to receive specialist care.

Antimicrobial: EAU JR, Antimicrobial medical prescribing issue low end date data - To be reviewed in medical directorate and at medical governance, that ward manager has identified an audit error that would account for low scoring. 7F -This issue will be highlighted to the Clinical Lead and the next Unit meeting.

Pressure ulcers: 7B - 1 patient developed a pressure ulcer, grade 2 despite all pressure relief management in place

Key
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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

July 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	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

Neuro, Trauma, Specialist Surgery (3)	Neuro	NICU **	80%	100%	94%
		Neurosciences IP *	100%	100%	84%
		Neurosciences OPD	100%		not done
	Trauma	2A *	100%	100%	not done
		3A *	100%	100%	92%
		Trauma OPD	98%		not done
	Specialist Surgery	F Ward *	95%	100%	96%
		SSIP *	100%	100%	97%
		Lichfield *	100%	n/a	88%
		SSOPD	100%		no audit
		OPD Eye	100%		90%
	OMFS OPD	100%		not done	

100%	100%
100%	100%
100%	100%
100%	100%
70%	90%
100%	100%

0	0	100%		100%	1		100%	0%	0%
1	0	100%		100%	0		82%	15%	3%
							100%	0%	0%
0	0	100%	2	96%	0		59%	32%	9%
0	0	100%	4	90%	0		56%	42%	2%
							80%	20%	0%
0	0	96%	5	90%	0		81%	17%	2%
0	0	100%		90%	0		96%	4%	0%
							98%	2%	0%
							90%	10%	0%
							80%	20%	0%
							14%	36%	50%

Action Plan

Neurosciences - Fall - this is being investigated as an orange incident and a meeting has been arranged to review the case and this will be reported to the September Clinical Governance Committee.

Pressure Ulcers Trauma wards - 1 category 4 ulcer which patient was admitted with. All other ulcers were category 2, of which 5 were discovered on admission and 5 developed whilst admitted. Trauma Tissue Viability Nurse has reviewed the cases and is incorporating them as case studies into the Trauma teaching Schedule.

Staffing OMFS OPD - this is a small team, whilst they are waiting for recruited staff to start Sister is monitoring closely and will report back any concerns to Matron.

Cleaning audits are discussed in the infection control section of the quality paper. The Divisional Nurse attended the latest audit on neurosciences and is monitoring closely with Carillion and infection control. Matron is addressing concerns with Carillion managers regarding Lichfield.

One clinically justified single sex breach on NICU due to delay in discharge to the ward and patient acuity improved

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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

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	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'

July Data

CCTDP 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		
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 & Anaes / CC / Th	AICU **	84%	75%	96%
	CICU **	81%	75%	97%
	HGH CICU **	86%	100%	94%
	HGH DCU *	N/A		N/A
	Th West Wing **	78%	N/A	96%
	Th JR **	77%	74%	95%
	Th HGH **	N/A	N/A	N/A

100%	100%
100%	100%

0	0		1	100%	10		100%	0%	0%
0	0		2	100%	2		100%	0%	0%
0	0			100%	13		100%	0%	0%
0	0			100%	0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%

Action Plan

Deputy Matron attending new medical staff induction to highlight importance of hand hygiene in critical care.

ANTT low due to agency staff not being aware of the required best practice. ANTT demonstrated and taught to all new agency staff on unit.

Pressure ulcers : two in AICU/CICU from patients admitted with grade 2 sores.

One in CICU grade 2 sore in corner of mouth due to Endo Tracheal Tube (ETT). Staff reminded of importance in changing sides of ETT during change of tapes.

Clinically Justified single sex breaches are reported internally and to the PCT- due to short delays in transferring from a specialised environment to a ward environment

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

MARS Quality Metrics July 2012

CQC Outcomes				8	8	8	8		4	4 & 9	4	4	5	1	4 & 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	SIRT'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	Moderate Impact	Major/Extreme Impact									
MARS	Orthopaedics	Day Surgery	100%		100%			0	0	0	0	1	0	0	0		0	0	0	100%	0	0	0%	
		Ward A	100%		100%			0	0	0	0	0	0	0	0		0	0	0	100%	0	0	0%	
		Ward B	93%	96%	100%	100%	81%		3	0	0	0	3	0	0	0	90.00%	0	0	0	88.00%	0	0	0%
		Ward D	100%	100%	100%			1	0	0	0	1	0	0	0	92.00%	0	0	0	100.00%	0	0	0%	
		Ward E	100%	100%	100%			1	1	0	0	1	0	0	0	93.00%	0	0	0	90.00%	0	0	0%	
		Ward F	87%	100%	100%											89.00%	1	0	0	86.00%	0	0	0%	
		Recovery	100%	98%	100%											97.00%	0	0	0				0%	
		Theatres	93%		100%												0	0	0				0%	
		Outpatients/POAC	100%		100%												0	0	0	92.00%			0%	
		OCE Ward	80%		100%												0	2	0	0	88.00%	0	0	0%

Action Plan					
Ward/Department	Issue	Action	Lead	Review Date	Status
Ward F	87% Overall Hand Hygiene compliance; this includes:100% compliance for nursing staff; 73% compliance for doctors; 83% compliance for AHP.	Discuss poor compliance in the medical and therapy teams with the Clinical Director and therapy team leaders; try to obtain names of individual involved; re-audit weekly until 100 achieved and maintained for 2 consecutive weeks	Vicky Wren, Ward F Sister	31-Aug-12	In progress
OCE Ward	80% Overall Hand Hygiene compliance; this includes:80% compliance for nursing staff; 100% compliance for doctors; 100% compliance for AHP.	Raise poor compliance at ward meetings and NRS Governance; weekly audits until 100% compliance achieved and maintained for 2 consecutive weeks	Sue Hunt, Ward Sister	31-Aug-12	In progress