

December 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	
Number of Prescriptions	Overall percentage of indications & durations recorded

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%	72%	
		Cardiology *	100%	100%	86%
		CTCC / CCU**	100%	100%	97%
		CTW *	100%	100%	93%
		6A *	100%	100%	
	PP	5D*	100%	95%	
		Theatres**	100%	100%	

N/A	N/A
10	100%
12	42%
10	100%
11	73%
8	100%
N/A	N/A

0	0	100%		N/A	0		41%	59%	0%
0	0	70%		100%	0		18%	82%	0%
1	0	100%		100%	0		84%	16%	0%
0	0	100%		100%	0		82%	18%	0%
0	0	100%		100%	0		96%	4%	0%
0	0	100%		90%	0		33%	67%	0%
0	0	N/A		N/A	0		100%	0%	0%

Fall on CTCCU: - minor injury occurred following fall.

ANNT: Reassessment to take place of all staff who undertake cannula, venepuncture and IV's.

Cleaning scores: Audits have not been completed in 3 areas, 1 of which has had consistently low scores and been subject to intense security. Issues raised with Carillion.

Antimicrobial: Addressed with clinical lead. Exploring the option of including a field in carevue to ensure compliance

Track & trigger: PDN will undertake training sessions will all staff on Cardiology and re-audits will continue

Staffing: active recruitment continues to fill vacancies. Staff moved across division to minimise risk and ensure patient safety.

Key
Poor
Fair
Good

No data collected/available

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

December Data C & W Quality Scorecard Board

CQC Outcomes			8	8	8	8	8
Division	Directorate	Ward	Hand Hygiene	ANTT Injectables	MRSA / MSSA post 48 hrs	C-Diff post 72 hrs	National Cleaning Overall Score

8	
Antimicrobial	
Number of Prescriptions	Overall percentage of indications & durations recorded

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		95%	100%		
	Ward	Overall				
	Toms *	95%	100%			
	Robins *	95%	91%			
	Childrens Ambulatory Care	70%	100%			
	HGH Childrens W *	95%	100%			
	Bel / Dray *	90%	100%			
	Kamrans **	88%	92%			96%
	Melanies *	100%	100%			93%
	Paediatric Critical Care					
	NNU**	90%	94%			95%
	SCBU**	95%	96%			95%
	PHDU**	95%	92%	1		
	PICU**	90%	95%			92%

10	50%
12	100%
20	75%
11	91%
12	100%
26	100%
16	100%

0	0	87%		92%	0		98%	2%	0%
0	0	81%		100%	0		95%	5%	0%
0	0			90%	0		94%	6%	0%
0	0	92%		90%	0		100%	0%	0%
0	0	100%		90%	0		93%	7%	0%
0	0	100%		100%	0		96%	4%	0%
0	0	100%		90%	0		95%	3%	2%
0	0				0		90%	8%	0%
0	0				N/A		100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%

ANTI-MICROBIAL PRESCRIBING - Re-audits undertaken by Matron . Discussed at Grand Round and Consultants meeting. Continue very close monitoring. Letter to be sent by Divisional Director

PEWS - highlighted importance to nursing team - further audits to monitor compliance by Matron

STAFFING: Escalated to on call Matron for support, staff moved to even out/reduce risk, wards combined (Kamran's/Mel's) and capacity reduced for the shifts concerned

MRSA - RCA meeting set up - is being investigated

Children's Ambulatory Care - poor hand hygiene score - predominantly medical, issues with number of Dr's visiting ward area because it covers so many specialities. Planning to do weekly audits and review.

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

December Data

CCTDP Quality Scorecard Board

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

8	
Antimicrobial	
Number of Prescriptions	Overall percentage

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

Critical Care, Theatres, Diagnostics & Pharmacy (6)	Anaes / CC / Th	AICU **	90%	100%	95%
		CICU **	80%	100%	
		HGH CICU **	88%	100%	
		HGH DCU *	100%		94%
		Th West Wing **	90%		
		Th JR **	87%	86%	91%
		Th HGH **	95%	90%	

9	100%
6	100%
8	63%

0	0		4		12		100%	0%	0%
0	0				3		100%	0%	0%
0	0				11		90%	10%	0%
0	0				0	#REF!	96%	4%	0%
0	0				0	#REF!	93%	7%	0%
0	0				0	#REF!	93%	7%	0%
0	0				0	#REF!	97%	3%	0%

2 newly acquired grade 2 pressure ulcers in critical care. These pressure ulcers were due to a confused patient wearing a spinal collar who due to his confusion would not keep his head still resulting in friction with the collar.

Hand hygiene scores continue to improve. Matron for CCTA undertaking hand hygiene audit with clinical director in theatres.

Key
Poor
Fair

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

Antimicrobial Prescribing	
Green	80% or more
Amber	70 - 79%

December Data Gynae and Maternity Quality Scorecard Board

CQC Outcomes			8	8	8	8		4	4 & 9	4	4	5	1	4 & 20	13			
Division	Directorate	Ward	Hand Hygiene	ANIT Injectables	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 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'	
Gynae and Maternity	Gynae	JR Gynae*	100%	100%	90%	11%	100%	0	0	90%	90%	0		100%	0%	0%		
		HGH Gynae*	89%					0	0		100%	0		100%	0%	0%		
		Gynae Scrub	97%		92%			0	0			0		100%	0%	0%		
		Gynae A & R		98%				0	0			0		100%	0%	0%		
		Maternity Theatres						0	0					0%	0%	0%		
	Maternity	Delivery Suite / Obs	100%						0	0					1	99%	1%	0%
		Spires Midwifery Led							0	0	90%					100%	0%	0%
		Level 5	100%		93%		0		0	0						95%	5%	0%
		Level 6	100%				10	100%	0	0						96%	4%	0%
		Level 7					0		0	0						97%	3%	0%
		HGH Delivery Suite			92%		1		1	0						100%	0%	0%
		HGH Post Natal Ward	100%				4	75%	0	0						100%	0%	0%

TRACK & TRIGGER: Auditing of MEOWS charts is being piloted and issues with the tool and interpretation of results is being addressed through refinement of the tool and training

FALLS Post natal woman attempting to stand and reach bedside table whilst getting out of bed fell and sustained a broken leg.

CLEANING SCORES There 2 areas audited by the corporate team in Women's in December. HH Audits of HH will commence in February and will be reported in March metric

SIRI - Twin pregnancy, labour was induced at 37 weeks, breech extraction of twin 2, good Apgar's and cord gases at delivery, deteriorated aged 4 hours and sadly died

Cleaning scores: cleaning scores for the ward and gynae theatres are just below Trust target. Re audit has taken place and issues have been corrected. The infrastructure of the building makes full compliance difficult. Patients have commented on the cleanliness of the environment.

MSSA x1 case: identified on patient who had been operated on in BPAS and was admitted to the gynae ward unwell and pyrexial. BPAS have been informed and are investigating.

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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

December 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 Injectables	National Cleaning Overall Score	Number of Prescriptions	Overall percentage of indications & durations recorded	Total No of Falls that caused Harm	Total No of medication errors that did harm	Compliance with Track and Trigger/ EWS	Pressure Ulcers Grade 3/4 / Skin Integrity Hospital acquired	Compliance with Nutritional Assessments	Single Sex Breaches	SIRIs Not Incl Pressure Ulcers	% shifts 'agreed staffing'	% shifts 'minimum staffing'	% shifts 'at risk staffing'	
Emergency Medicine, Therapies & Ambulatory (7)	Emergency Medicine	JR ED **	88%	100%	91%			0	0	100%			0		97%	3%	0%	
		JR EAU *	100%	100%	♣	10	50%	0	0	100%		100%		0		93%	7%	0%
		HGH ED **	100%	100%	♣			0	0	100%				0		95%	5%	0%
		HGH EAU *	100%	100%	♣	5	60%	0	0	100%		100%		0		61%	39%	0%
		7A *	100%	100%	90%	8	88%	1	0	96%		75%		0		70%	16%	14%
		7B *	100%	100%	91%	8	38%	0	0	100%		100%		0		79%	17%	4%
		7C *	100%	95%	♣	11	73%	0	0	100%		95%		0		67%	29%	4%
		7D *	100%	100%	92%	10	60%	0	0	100%		85%		0		71%	28%	1%
		SSW	100%	0%	♣	15	73%	0	0	100%		90%		0		48%	41%	11%
		5C	100%	0%	♣	♣	♣	0	0	100%		85%		0		90%	10%	0%
		5A *	100%	100%	♣	7	29%	0	0					0		74%	25%	1%
		PAU *	100%	100%	92%			0	0	100%		100%		0		93%	7%	0%
		Oak *	100%	100%	98%	13	92%	0	0	100%		95%		0		80%	16%	4%
		Laburnam *	100%	100%	♣	15	67%	0	0	80%		100%		0		69%	30%	1%
		Juniper *	100%	100%	87%	13	92%	0	0	90%		90%		0		61%	37%	2%
		Level 4 *	100%	100%	♣	9	89%	0	0	100%		85%		0		85%	15%	0%
		ASU *	100%	100%	92%	4	75%	0	0	90%		88%		0		98%	2%	0%
	Ambulatory, Chest, ID	John Warin **	90%	100%	86%	12	75%	0	0	100%		96%		0		59%	39%	2%
		Geoffrey Harris *	100%	100%	81%	14	100%	0	0	100%		90%		0		25%	68%	7%
		Treatment Centre	♣		♣									0				
		Dermatology	100%		91%													
		Immunology	100%	100%	♣													
		OCDEM Endocrine	100%	100%	♣													
		OCDEM Diabetes	♣		♣													
		Sleep Physiology	♣		♣													
		GUM	100%		♣													
		Genetics	♣		♣													

Antimicrobial prescriptions

Compliance with the antimicrobial prescriptions is low across all the AGM wards with 7B and 5a particularly. Sisters are discussing with their lead consultants to improve standards. Divisional action is also being taken.

Falls

A patient on 7A fell and fractured his hip the RCA is on-going. Unfortunately the patient died post operatively.

National cleaning score

A walk round is scheduled to address the cleaning concerns within the Ambulatory Directorate.

Nutritional assessment score

Low nutritional assessment score on 7A - Staff will hold a meeting to identify how we can improve compliance with MUST

♣ Audits not conducted

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 Division Quality Metrics December 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	SIRT's (Not Pressure Ulcers)	% shifts 'at risk staffing'			
						Number of prescriptions	Overall percentage of indications & durations recorded	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	0	0	0		0	0	0	100%	0	0	0%		
		Ward A	100%		100%			0	0	0	0	0	0		0	0	0	100%	0	0	0%			
		Ward B	100%	97%	100%		22	95%	1	1	0	0	2	0	0	0	83%	0	0	0	97%	0	0	0%
		Ward D	100%	100%	100%		6	67%	2	1	1	0	5	0	0	0	96%	0	0	0	100%	0	0	0%
		Ward E	100%	▲	100%		7	43%	0	0	0	1	0	0	0	97%	0	0	0	94%	0	0	0%	
		Ward F	100%	95%	100%		6	50%	3	0	0	3	0	1	0	98%	0	0	0	100%	0	0	0%	
		Recovery	100%	98%	100%				0	0	0	0	0	0	0	99%	0	0	0		0	0	0%	
		Theatres	95%		100%				0	0	0	2	0	0	0		0	0	0			0	0%	
		Outpatients/POAC	100%		100%				1	0	0	0	0	0	0		0	0	0	100%		0	0%	
		R	OCE Ward	100%		100%		8	100%	10	1	0	0	4	0	0	0	100%	0	0	0	92%	0	0

Action Plan					
Ward/Department	Issue	Action	Lead	Review Date	Status
Ward B/D/E/F	Antimicrobial prescribing results did not meet target in Orthopaedics. 8 out of 10 non-compliant prescriptions were written by clinicians in the Hip and Knee Service.	Raised directly with the clinicians who wrote non-compliant prescriptions. Clinical Lead will raise this at Joint Reconstruction CIG meeting.	Adrian Taylor, Consultant Orthopaedic Surgeon	31-Jan-13	Planned
Ward E	ANTT audit not completed due to Ward Closure by 3rd week of December and failure to bring audit date forward due to an oversight. This has now been addressed.	Discussed with ward sister and contingency plan is now in place to ensure audits are brought forward if ward is closing in the future.	Sue Wheeler, Matron	03-Jan-13	Completed
Ward D	4 falls; 2 no harm events, 1 fall leading to minor injury and one fall leading to fractured hip. Two of the falls relate to the same patient who fell off the bed in the first incident but did not harm himself; risk assessments were completed and care plan was in place when he fell and fractured the hip.	Root cause analysis underway.	Lucy Wood, Ward Sister	31-Jan-13	In progress
BIU & OCE	Falls with minor impact- BIU incident related to a patient mobilising with crutches who fell backwards and acquired superficial skin injury; risk assessment was completed on admission; risks of incontinence and balance problems were noted; review by therapy department and closer supervision was in place. Post-fall care plan was implemented. OCE fall relates to patient assessed at high risk due to history of falls, incontinence and severe cognitive and balance problems; care plan was in place but family member who was visiting helped patient out of bed for a walk and patient fell. Since the incident, relatives were asked to consult staff before getting patient out of bed.	Review of risk assessments and care plans	Chad Zuriekat, Clinical Governance Practitioner	04-Jan-13	Completed
BIU	83% Track and Trigger Audit	Daily audits until 90-95% is achieved for 3 consecutive days, then weekly audits until 100% for 2 weeks before reverting back to monthly	Louise Flaxman, BIU Sister	31-Jan-13	In progress
Ward E/ OCE	94% and 92% Nutritional Assessment Audits	Weekly audits until 100% compliance achieved for 2 consecutive weeks before reverting back to monthly	Sharon Brown & Sue Hunt, Ward Sisters	31-Jan-13	In progress

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

December Data

NTSS Quality Scorecard Board

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

8	
Antimicrobial	
Number of Prescriptions	Overall percentage of indications & durations recorded

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 **	88%	100%	94%
		Neurosciences IP *	92%	93%	92%
		Neurosciences OPD	100%		
	Trauma	2A *	90%	100%	93%
		3A *	90%	100%	
		Trauma OPD	98%		
		F Ward *	100%	100%	
	Specialist Surgery	SSIP *	100%	100%	
		Lichfield *	100%	n/a	
		SSOPD	100%		
		OPD Eye	100%		86%
		OMFS OPD	100%		83%

10	100%
20	90%
10	100%
11	100%
2	50%
1	100%

1	0	100%		100%	0		90%	10%	0%
2	0	93%		93%	0		64%	30%	6%
0	0	100%		100%	0		100%	0%	0%
0	0	100%		100%	0		74%	13%	13%
0	0	90%	1	90%	0		80%	19%	1%
0	0	98%	3	90%	0		100%	0%	0%
0	0	92%		100%	0		73%	25%	2%
							90%	8%	2%
							76%	24%	0%
							98%	2%	0%
							80%	20%	0%
							90%	5%	5%

Pressure Ulcers 2A and F ward - not hospital acquired as identified on admission.

Antimicrobial prescribing F ward - audit only included 2 prescriptions.

Fall on Neurosciences and NICU, currently being investigated by the ward managers. 2 falls on Neurosciences RCAs being undertaken and reviewed by DN and Risk falls resulted in patients sustaining fractures. When reviewed by Risk meetings will be held if required to look at any learning. Fall on NICU where a patient sustained a graze to head. RCA recieved and is currently under review.

National Cleaning Scores - Where no audit was undertaken in December the scorecard is left white.

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

December 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%	100%	95%
		Haematology **	81%	100%	92%
		Sobell *	100%	100%	
		SEU D & Triage*	96%	100%	90%
		SEU E	99%	100%	
		SEU F *	91%	100%	
		5F *	94%	100%	
		HGH E Ward *	98%	100%	
		UGI *	90%	100%	
		Colorectal *	90%	100%	
		Jane Ashley *	100%	100%	
		Urology *	100%	100%	
		Transplant **	90%	100%	
		Renal Ward **	90%	100%	
		Clinical Areas	Oxford Man Unit*	100%	100%
	Oxford Tarver Dialysis*		100%	100%	93%
	Stoke Mandeville *		100%	100%	
	Milton Keynes *		90%	90%	
	Swindon *		100%	100%	
	Wycombe *		100%	97%	
	Th Churchill **		85%	100%	
	Th TDA / DCU *		100%		
	Oncology Treatment		96%	100%	
	Brody Centre HGH		100%	100%	94%
	Triage		100%	100%	92%
	Research		88%	96%	92%
	JR Endoscopy **		94%	100%	89%
	HGH Endoscopy **		100%	100%	

8	
Antimicrobial	
Number of Prescriptions	Overall percentage of indications & durations

10	77%
35	92%
4	100%
5	100%
5	100%
6	100%
6	100%
5	50%
8	80%
10	100%
8	80%
6	43%
35	100%
10	91%

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'

1	0	100%		93%	0		66%	30%	4%
1	0	100%		90%	0		85%	15%	0%
2	0	na		96%	0		68%	32%	0%
0	0	100%		100%	0		62%	38%	0%
0	0	100%		100%	0		72%	28%	0%
0	0	100%		100%	0		68%	32%	0%
0	0	80%		100%	0		70%	18%	12%
0	0	100%		100%	0		84%	10%	6%
0	0	100%		85%	0		92%	8%	0%
0	0	90%		90%	0		85%	15%	0%
0	0	100%		80%			100%	0%	0%
0	0	100%		90%	0		76%	21%	5%
0	0	90%		90%	0		67%	24%	9%
0	0	90%		100%	0		33%	55%	12%
0	0						95%	5%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%
0	0						97%	3%	0%
0	0						82%	18%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%
0	0								
0	0								
0	0								
0	0								
0	0								
0	0						58%	32%	10%
0	0						70%	24%	6%

Actions

- Nutritional Assessments: Matrons continue to work closely with ward sisters and nursing teams by auditing results regularly and feeding back results and actions via team meetings. The results have improved this month.
- Anti-microbial results: Results have deteriorated this month. The clinical teams will focus their efforts to communicate the importance of documenting the indication and duration of prescription for all antimicrobials on the drug chart to ensure that these results improve.

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