

November Data

EMTA Quality Scorecard Board

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

8	
Antimicrobial	
Number of Prescriptions	
Overall percentage of prescriptions recorded	

4	4 & 9	4	4	5	1	4 & 20	13		
Total No of Falls that caused Harm	Total No of medication errors that did harm	Compliance with Track and Trigger / EWS	Hospital acquired Pressure Ulcers Grade 3+ / Skin Integrity	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 **	100%	85%	87%
	JR EAU *	100%	100%	88%
	HGH ED **	100%	75%	▲
	HGH EAU *	100%	100%	94%
	7A *	100%	100%	93%
	7B *	100%	100%	93%
	7C *	100%	100%	Not audited
	7D *	100%	100%	90%
	Short stay / 71	95%	100%	Not audited
	5C	97%	100%	93%
	SA *	100%	100%	91%
	PAU *	100%	100%	na
	Oak *	100%	100%	NA
	Laburnam *	100%	100%	NA
	Juniper *	100%	100%	85%
Ambulatory, Chest, ID	Level 4 *	85%	100%	N/A
	ASU *	100%	100%	93%
	John Warin **	96%	100%	N/A
	Geoffrey Harris *	100%	100%	N/A
	Treatment Centre	100%		N/A
	Dermatology	100%		91%
	Immunology	100%		N/A
	OCDEM Endocrine	100%		N/A
	OCDEM Diabetes	100%		N/A
	Sleep Physiology	N/A		N/A
GUM	100%		91%	
Genetics	N/A		N/A	

11	64%
11	82%
10	80%
10	50%
14	50%
10	90%
10	90%
14	86%
n/a	n/a
7	57%
10	90%
11	73%
14	71%
10	80%
10	90%
8	63%
32	97%
15	100%

0	0	100%			0	#REF!	99%	0%	1%
0	0	100%		100%	0	#REF!	98%	2%	0%
0	0	100%			0	#REF!	99%	0%	1%
0	0	100%		100%	3	#REF!	85%	15%	0%
0	0	100%	1	80%	0	#REF!	70%	30%	0%
0	0	100%		100%	0	#REF!	52%	44%	4%
0	0	100%		94%	0	#REF!	77%	20%	3%
1	0	100%		100%	0	#REF!	84%	17%	0%
0	0	100%		100%	0	#REF!	65%	34%	1%
0	0	100%		100%	0	#REF!	100%	0%	0%
0	0				0	#REF!	75%	36%	0%
1	0				0	1	94%	6%	0%
0	0	100%		95%	0		100%	0%	%
0	0	92%		100%	0		81%	19%	0%
0	0	95%		100%	0		64%	36%	0%
0	0	100%	1	80%	0	#REF!	90%	10%	0%
1	0	100%		90%	0	#REF!	85%	15%	0%
0	0	90%		100%	0		73%	27%	0%
0	0	100%		100%	0		26%	70%	4%
0	0			#REF!	0				
0	0			#REF!					
0	0			#REF!					
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0	0			#REF!					
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Fall that caused harm	7D - One fall which resulted in a fractured NOF, the patient has made a good recovery post surgery. Action to focus on falls care plans and assessments in December.
Low cleaning scores	Juniper ward - Cleaning score below target for second month. Discussion with Head of facilities and estates. Walk around re audit and review of cleaning hours / procedures particularly at weekends. JR-ED scores very low, challenging audit results and awaiting re audit
Antimicrobial	Twice weekly meetings take place involving, pharmacy, infection control, microbiology across EMT to address this.
Hospital acquired pressure ulcers	There were two hospital acquired pressure ulcers, both of these being grade three. The one from the patient on Geratology was admitted with a grade 2 and deteriorated to a grade 3. All risk assessment had been carried out and all preventative measures had been taken. The Division are looking to appoint a part time band 6 TVN.
Single sex breaches	There were three locally reportable episodes of breaches during November. These occurred on EAU at the Horton. Two of the three patients needed cardiac monitoring and close observations and therefore were clinically justified. The third breach occurred at night and avoided waking all patients to re-order bays.
SIRI	C Difficile in part 1A of death certificate SIRI held on 13.12.12

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

Fair
Good

High Risk	*	>92	87-92 <87
Significant Risk		>85	80-85 <80

Amber	70 - 79%
Red	69% and below

November Data C & W Quality Scorecard Board

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

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

n=10	100%
n=9	80%
n=6	50%
n=8	70%
n=11	100%
n=29	100%
n=9	100%

0	0	89%		100%	0		97%	3%	0%
0	0	81%		92%	0		87%	13%	0%
0	0	N/A		N/A	0		97%	3%	0%
0	0	95%		92%	0		95%	5%	0%
0	0	100%		90%	0		79%	20%	1%
0	0	100%		90%	0		85%	15%	0%
0	0	87%		90%	0		94%	6%	0%
0	0	n/a			0		98%	2%	0%
0	0	n/a			n/a		98%	2%	0%
0	0	n/a			0		100%	0%	0%
0	0	n/a			0		100%	0%	0%

ANTIMICROBIAL PRESCRIBING Bellhouse Drayson: - Arrangements have been made for the IC nurses to undertake a regular slot in the SHO induction on AMP. Weekly audits will be taking place

Key
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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

November 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	ANTT 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*	90%							100%		90%			100%	0%	0%
		HGH Gynae*	100%									100%			100%	0%	0%
		Gynae Scrub	90%												100%	0%	0%
		Gynae A & R													100%	0%	0%
	Maternity	Delivery Suite / Obs	100%			95%			0	0					100%	0%	100%
		Maternity Theatres				95%			0	0							
		Spires Midwifery Led							0	0					99%	0%	1%
		Level 5	100%			93%			0	0					96%	0%	4%
		Level 6	100%			93%	100%	100%	0	0					97%	0%	3%
		Level 7							0	0					95%	0%	5%
		HGH Delivery Suite				95%			0	0					100%	0%	100%
		HGH Post Natal Ward	85%				50%	50%	0	0					100%	0%	100%

There were only 2 prescription charts on the Horton Post Natal Ward and 1 was fully complete. See action plan

Gynae Ward: there was one medication error where a patient was given 60mgs Codeine Phosphate while a morphine PCA was in situ. No harm came to the patient who was informed of the incident. The nurse was spoken with, was very distressed and written a reflective piece on the incident. She has gained definite learning from the incident.

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

November 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 **	82%	83%	94%
		Cardiology *	100%	100%	
	Surg & Vasc	CTCC / CCU**	100%	100%	96%
		CTW *	94%	100%	93%
		6A *	100%	100%	
	PP	5D*	100%	100%	94%
Theatres**		100%	100%		

100%	100%
75%	75%
70%	70%
86%	86%
100%	100%

0	0	100%		0		18%	82%	0%
1	0	100%	100%	0		96%	2%	2%
0	0		100%	0		56%	41%	3%
0	0	100%	100%	0		71%	20%	9%
0	0	100%	90%	0		94%	4%	2%
0	0	100%	90%	0		33%	67%	0%
0	0	N/A	N/A	0		100%	0%	0%

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

MARS Division Quality Metrics November 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			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'		
						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	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	99%	97%	100%		15	100%	1	0	0	0	2	0	0	0	97%	0	0	0	95%	0	1	0%
		Ward D	100%	100%	100%		5	60%	9	4	0	0	3	0	0	0	92%	0	0	0	100%	0	0	0%
		Ward E	100%	100%	100%		0	N/A	3	0	0	0	2	0	0	0	100%	0	0	0	100%	0	0	0%
		Ward F	100%	95%	100%		5	80%	4	0	1	0	2	0	0	0	96%	0	0	0	100%	0	0	0%
		Recovery	95%	98%	100%				0	0	0	0	3	0	0	0	98%	0	0	0		0	0	0%
		Theatres	98%		100%				0	0	0	0	3	0	0	0		0	0	0		0	0	0%
		Outpatients/POAC	100%		100%				0	0	0	0	0	0	0	0		0	0	0	100%		0	0%
	R	OCE Ward	98%		100%			12	100%	7	0	0	0	1	0	0	0	100%	0	0	0	100%	0	0

Action Plan

Ward/Department	Issue	Action	Lead	Review Date	Status
Ward D /Ward F	Antimicrobial prescribing audit results on Ward D was <80%;	Raised with teams involved via clinical	Clinical	31-Dec-12	Completed
BIU	Nutritional Assessment 95%	Weekly audit until 100% achieved for 2	Louise Flaxman,	31-Dec-12	In progress
BIU	1 SIRI: Post-72 hours C difficile case noted in part A of a death	Root cause analysis and case review	Bridget Atkins,	31-Dec-12	In progress
Ward D	4 falls with a minor impact, 2 of these falls related to the same	Review of all cases and report on	Lucy Wood,	31-Dec-12	Completed
Ward D	92% Track and Trigger Score	Weekly audits until 100% achieved for	Lucy Wood,	31-Dec-12	In progress
Ward F	1 fall with moderate impact- patient insisted on using comode	Falls assessment and care plan were	Sue Sadler,	31-Jan-13	Planned

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

November Data

NTSS Quality Scorecard Board

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

8
Antimicrobia
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 **	95%	100%	94%
	Neurosciences IP *	90%	100%	84%
	Neurosciences OPD	100%		
Trauma	2A *	100%	100%	
	3A *	95%	100%	
	Trauma OPD	100%		
	F Ward *	100%	100%	
Specialist Surgery	SSIP *	100%	100%	
	Lichfield *	90%		
	SSOPD	100%		87%
	OPD Eye	100%		
	OMFS OPD	100%		

100%
75%
90%
100%
80%
91%

0	0			100%	0		94%	4%	2%
0	0	100%		100%	0		76%	10%	13%
							0%	0%	0%
0	0	90%	2	90%	0		78%	20%	2%
0	0	95%		90%	0		76%	18%	4%
							100%	0%	0%
2	0	98%	3	90%	0		79%	21%	0%
0	1	100%		90%	0		94%	6%	0%
							61%	38%	1%
							95%	5%	0%
							70%	30%	0%
							95%	5%	0%

Cleaning remains closely monitored, all identified shortfalls are now being reported through the helpdesk. .

Pressure ulcers 2A - all steps taken to prevent cat 2 ulcer formation. F ward - 3 ulcers identified on admission.

Medication error - Medical and nursing team to be made aware of insulin types and those to be continued when a patient is placed on sliding scale. Sister to ensure all nurses have undertaken insulin e-learning & liaise with Consultant teams to raise awareness & for this to be discussed at Speciality governance meetings in December

F ward fall - matron assessed incident unavoidable falls, skin abrasion as result of fall.

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

November 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 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'

Critical Care, Theatres, Diagnostics & Pharmacy (6)	Anaes / CC / Th	AICU **	89%	100%	
		CICU **	91%	100%	95%
		HGH CICU **	92%	93%	
		HGH DCU *	100%		90%
		Th West Wing **	72%		
		Th JR **	69%	83%	89%
		Th HGH **	91%	93%	95%

100%	
100%	
40%	

0	0		3		6		100%	0%	0%
0	0		2		0		100%	0%	0%
0	0				12		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%

All pressure ulcers on critical care grade 2 and all acquired prior to admission

No cleaning audits undertaken for CCU @HH and AICU. Densie Pawley emailed to enquire why this is the case

Unusual result for antimicrobial correct prescription in CCU as it is usually more compliant. Pharmacist contacted by deputy matron to discuss results and formulate action plan

Hand hygiene continues to be challenging within theatres. Dr John Stevens will be sending a letter to all anaesthetic consultants, details of which will be cascaded to their teams, detailing what is acceptable hand hygiene practice. Sisters within theatres are working with infection control to set up hand hygiene information station with use of UV light box to present the importance to staff. Matron for CCTA to undertake audits with sisters in theatres this month and challenge persistent offenders.

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
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Red	69% and below

