

January 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	Toms *	100%	100%		93%
		Robins *	100%	100%		
		Childrens Ambulatory Care	89%	100%		
		HGH Childrens W *	95%	100%		
		Bel / Dray *	92%	97%		89%
		Kamrans **	88%	97%		92%
	Melanies *	100%	98%			
	Paediatric Critical Care	NNU**	100%	94%		
		SCBU**	95%	100%		
		PHDU**	98%	100%		92%
		PICU**	96%	100%		92%

10	100%
10	100%
3	100%
20	90%
10	90%
9	100%
17	100%
14	100%

0	0	87%		87%	0		98%	2%	0%
0	1	90%		88%	0		98%	2%	0%
0	0				0		87%	13%	0%
0	0			100%	0		100%	0%	0%
0	0	100%		80%	0		98%	2%	0%
0	0	100%		100%	0		98%	2%	0%
0	0	100%		83%	0		100%	0%	0%
0	0				0		97%	2%	1%
0	0						100%	0%	0%
0	0				0		100%	0%	0%
0	0				0		100%	0%	0%

CLEANING SCORES: These were only done in 4 areas this month N/A = not available

ANTI-MICROBIAL - audit only took place where there were sufficient prescriptions (grey = insufficient prescriptions) PICU/PHDU is combined data

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

January 2013 data Gynae and Maternity 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 resourced

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

Gynae and Maternity	Gynae			
	JR Gynae*	100%	100%	93%
HGH Gynae*	100%	89%		
Gynae Theatres	90%	98%	94%	
Maternity	Maternity Theatres	41%		95%
	Delivery Suite / Obs	100%	100%	95%
	Spires Midwifery Led			96%
	Level 5	100%	50%	90%
	Level 6	100%	100%	92%
	Level 7			93%
	HGH Delivery Suite			
	HGH Post Natal Ward	100%	100%	

12	100%
4	100%
3	100%
10	80%
0	
0	
1	0%

0	0	50%		100%			100%	0%	0%
0	0			100%			100%	0%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%
0	0						96%	4%	0%
0	0						99%	1%	0%
0	0						93%	7%	0%
0	0	80%					99%	1%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%
0	0						100%	0%	0%

TRACK & TRIGGER: An improvement since Dec. Discussed at the sisters meeting and the decision made that a different B5 would do the audit each week to enable them to get a greater understanding of the requirements. This is to be highlighted in the monthly newsletter.

Medication Errors: 2 unrelated incidents occurred. A patient was given codeine which she was allergic to and which caused an asymptomatic rash. Medical staff informed, no harm to patient. A patient was given paracetamol in ED and then again on the ward; medical staff contacted, no harm to patient. In both incidents discussions took place with the nurse and both have identified their learning points.

Although shifts were 100% in Gynae theatres during January, there has been a high level of sickness which required changes to operating lists dependent on theatre and recovery staff available. Therefore all Theatres run safely in terms of staffing but some operations were cancelled. Extra lists are booked. The absence percentage consists of 2 current vacancies, 1.80 Mat leave and 2 wte long term sick in January plus ad hoc days from staff due to a flu illness. Data taken from MAPS. Despite the high absence rate all shifts were staffed at 100% due to loaning of staff from other areas, reduction in capacity and cancellation of lists.

High level of staff sickness in Maternity - There has been movement of staff for different areas to maintain minimum staffing levels

CLEANING SCORES: These were done in all but 3 areas (N/A = not available)

HH Maternity theatres: 41% re-audit 71% and weekly audits being undertaken until reaches compliance - latest available score = (90%) ANTT - L5 Action in place to address this and will be audited

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

January 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 **	55%	83%	92%
	Cardiology *	100%	100%		
	CTCC / CCU**	100%	100%		
	CTW *	94%	100%	95%	
	6A *	100%	100%	94%	
PP	5D*	68%	100%	93%	
Surg & Vasc	Theatres**	100%	100%		

6	83%
10	100%
10	80%
8	87%
1	100%

0	0	100%			0		27%	73%	0%
0	0	80%		100%	0		34%	39%	27%
0	0			100%	0	1	90%	9%	1%
0	0	100%		100%	0		87%	11%	2%
0	0	100%		90%	0		98%	2%	0%
0	0	100%			0		34%	66%	0%
0	0				0		100%	0%	0%

Hand hygiene and ANTT: Infection control team, PDN, Sister and senior nurse team undertaking weekly teaching and reassessment of all staff within CAS.

Tract & trigger: Audit in cardiology graded as amber due to the trigger scores not being reset on some patients resulting in non compliance with protocol. All staff reminded in the communication book and at staff meetings to get scores changed by registrar.

SIRI: A patient death on CTCCU occurred following removal of swan ganz sheath. This is currently been investigated. Immediate actions have been to recirculate the removal of central line guideline and an initial review of incident revealed lack of hoist sling availability to return peri arrest patient to bed. This has been actioned and learning will be disseminated to division via senior nurse meeting.

Key
Poor
Fair
Good
N/A
Not 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

January 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)	Areas / CC / Th	AICU **	90%	100%		
		CICU **	92%	100%	97%	
		HGH CICU **	91%	90%	94%	
		HGH DCU *	90%			
		Th West Wing **	89%	88%		
		Th JR **	84%	89%		
		Th HGH **	92%	90%		

18	100%
8	100%
6	100%

0	0		2		12			
0	0		1		1			
0	0				6			
0	0				0			
0	1				0			
0	0				0			
0	0				0			

Pressure sores- 2 admitted from other areas to AICU/CICU. 1 acquired on unit small grade 2 sore to L cheek from nasal cannula, following patient being proned in theatre for prolonged period. All staff reminded of care for patients who are oedematous following proning

19 locally reportable single sex breaches due to patients remaining on critical care for longer than 4 hours window following decision to move to the ward.

Hand washing scores continue to improve with increased vigilance from the senior nursing staff

Cleaning audits are still not occurring regularly. Matron for CCTA to meet with Carillion before the end of February to discuss

No audits undertaken for ANTT in DCU Horton due to case mix of patients

1 medication incident in theatres currently being investigated as a divisional SIRI

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

January Data

EMTA Quality Scorecard Board

CQC Outcomes		8	8	8	
Division	Directorate	Ward	Hand Hygiene	ANTT Injectible	National Cleaning Overall Score
Emergency Medicine, Therapies & Ambulatory (7)	Emergency Medicine	JR ED **	90%	100%	91%
		JR EAU *	100%	100%	91%
		HGH ED **	100%	75%	89%
		HGH EAU *	100%	100%	
		7A *	100%	100%	
		7B *	100%	100%	91%
		7C *	100%	95%	95%
		7D *	100%	100%	92%
		SSW	100%	100%	89%
		5C	95%		
		5A *	100%	100%	
		PAU *	100%		94%
		Dak *	100%	100%	96%
		Laburnam *	100%	95%	
		Juniper *	100%	80%	
	Lined 4 *	100%	100%	80%	
	ASU *	100%	100%	92%	
	Ambulatory, Chest, ID	John Warin **	89%		87%
		Geoffrey Harris *	100%	100%	89%
		Treatment Centre	100%	100%	
		Dermatology	100%		91%
		Immunology	100%	100%	
		OCDEM Endocrine	100%		
		OCDEM Diabetes			
		Sleep Physiology			
		GUM	100%		
		Genetics			

<b>National Cleaning Overall Score</b>	Horton ED cleaning audit failed on dust. This is first external audit for three months, the main issue was collection of dust although the department challenged this due to not thick dust but fine plaster dust. Planned review of audit with ICT in February and internal weekly reviews continue with matron assurance standards to ensure compliance.  John Warin have raised complaints about the cleaning on the ward and escalated via the help desk. Supervisor carrying out daily visit and monthly walk rounds with matron and infection control. with Clinical lead has raised concerns with infection control and Mark Trumper.  Cleaning audits were not carried out in many areas across the Division in January.
<b>Antimicrobial</b>	Compliance with the antimicrobial prescriptions has improved across the Division in January. The sisters continue with their lead consultants to improve standards.
<b>Falls that caused Harm</b>	Fractured neck of Femur following a fall on SSW, all fall risk assessments up to date and actions implemented in accordance with OUH Trust Guidelines. No root cause identified.
<b>Single sex Breach</b>	There has been one clinically justified single sex breach on the JR stroke unit involving two female patients and one male. All alternative solutions had been explored including moving patients out of side wards. All three patients were consulted before mixing the bay and all three consented. The breach was resolved the following day when discharges took place.  There was one single sex breach in the Horton EAU affecting 5 patients in a bay, and the breach was resolved within 45 minutes. These were reported nationally
<b>Staffing</b>	John Warin Ward: 30% 'at risk staffing'. Incidence of at risk staffing is being reported via Datix. Ward sister is monitoring the impact on care quality closely and reporting concerns to the Matron. Geoffrey Harris Ward also has staffing challenges and this is being managed in the same way. Both areas taking outliers which increases the challenge of meeting all patient needs with reduced and agency staffing. SA and Short stay are recruiting but remain at 40-50% establishment but with a recruitment plan in place

Key
Poor
Fair
Good

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

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

January 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 **	90%	90%	
		Neurosciences IP *	93%	100%	87%
		Neurosciences OPD	100%		
	Trauma	2A *	95%	100%	
		3A *	95%	100%	93%
		Trauma OPD	96%		
		F Ward *	100%	100%	
	Specialist Surgery	SSIP *	92%	100%	
		Lichfield *	100%		
		SSOPD	100%		
		OPD Eye	100%		
		OMFS OPD	100%		

9	100%
10	100%
9	100%
8	100%
11	82%
8	100%

1	0			100%	0		100%	0%	0%
0	0	90%		95%	0		55%	27%	18%
0	0	90%	3	90%	0		100%	0%	0%
0	0	90%	2	90%	0		70%	21%	9%
							73%	24%	3%
							90%	10%	0%
1	0	95%	7	92%	0		74%	20%	6%
0	0	100%	1	90%	0		92%	7%	1%
							77%	23%	0%
							97%	3%	0%
							94%	6%	0%
							94%	6%	0%

Pressure ulcers 2A, 3A and F ward Trauma, 1 currently undergoing an RCA, Matron Langstaff expects it to demonstrate it was unavoidable. All others found on assessment on admission. Pressure ulcer SSIP - found on assessment on admission.

Fall NICU - RCA being undertaken and Matron will report back to Division and Risk. Fall on F ward - RCA demonstrated it was unavoidable as all reasonable actions had been undertaken.

Only 2 cleaning audits undertaken in January, Neurosciences is still under close observation by Matron Lee and her team.

Staffing has been a challenge in Neurosciences due to vacancies/sickness and the requirement to open more beds to support capacity within the OUH. Once beds are opened it is difficult to maintain staffing at agreed or even minimum levels if agency are unable to fill required posts. Matron has been asked by Divisional nurse to risk assess and place on risk register. Matron has also been asked to plan for covering shifts as far in advance as possible to maximise chances of agency filling the posts.

F ward has been required to open a further 3 beds to support capacity within the OUH, this leads to staffing occasionally falling below minimum at times when agency fail to fill required shifts.

2A and 3A have a significant vacancy rate. Divisional Nurse Carter has met with Matron Langstaff and recruitment manager to look at ways of improving the recruitment rate within Trauma.

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

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

January Data S & O Quality Scorecard Board

CQC Outcomes			8	8	8
Division	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'

Surgery & Oncology (6)	In Patient Wards	Oncology Ward **	100%	99%	91%
		Haematology **	82%	100%	90%
		Sobell *	92%	100%	88%
		SEU D & Triage*	100%	100%	92%
		SEU E	89%	100%	88%
		SEU F *	89%	98%	91%
		5F *	100%	92%	92%
		HGH E Ward *	95%	100%	
		UGI *	90%	93%	91%
		Colorectal *	100%	98%	
	Clinical Areas	Jane Ashley *	87%	97%	
		Urology *	100%	100%	90%
		Transplant **	90%	96%	
		Renal Ward **	95%	100%	90%
		Oxford Man Unit*	100%	100%	
		Oxford Tarver Dialysis*	100%	100%	
		Stoke Mandeville *	100%	100%	
		Milton Keynes *	95%	100%	
		Swindon *	100%	100%	
		Wycombe *	100%	100%	
Th Churchill **	100%	100%			
Th TDA / DCU *	100%				
Oncology Treatment	100%	92%			
Brody Centre HGH	100%	100%			
Triage	80%	100%			
Research	95%	100%			
JR Endoscopy **	95%	100%			
HGH Endoscopy **	100%	90%	94%		

10	100%
50	88%
8	100%
8	100%
8	100%
7	100%
12	100%
9	100%
9	89%
7	100%
10	60%
10	90%
24	100%
10	70%

0	0	90%		90%	0		70%	28%	2%
1	0	100%		90%	0		85%	15%	0%
0	0	N/A		90%	0		70%	30%	0%
0	0	100%		90%	0		31%	63%	6%
0	0	100%		100%	0		63%	37%	0%
1	0	100%		100%	0		75%	25%	0%
0	0	90%	1	90%	0		80%	15%	5%
0	0	100%		100%	0		90%	10%	0%
0	0	100%		90%	0		100%	0%	0%
0	0	100%	1	100%	0		90%	10%	0%
0	0	100%		80%	0		85%	15%	0%
1	0	80%		90%	0		70%	30%	0%
0	0	100%		92%	0		90%	10%	0%
0	0	100%		100%	0		25%	57%	18%
0	0				0		77%	23%	0%
0	0				0		100%	0%	0%
1	0				0		100%	0%	0%
0	0				0		57%	43%	0%
0	0				0		100%	0%	0%
0	0				0		90%	10%	0%
0	0				0		95%	5%	0%
0	0				0		90%	10%	0%
0	0				0				
0	0				0				
0	0				0				
0	0				0				
0	0				0		20%	44%	36%
0	0				0		73%	21%	6%

Nutritional Assessments: The focus on assessment on admission is proving successful as results continue to improve this month.

Renal Ward Staffing: Carrying a 30% vacancy rate with poor response to advertising. Currently considering bed closures to mitigate risks.

National cleaning scores: several clinical areas have failed this month - there are nursing elements however this is primarily an issue with contracted cleaners: this is being followed up by the ward sister and matron.

Anti microbial prescribing:the results have continued to improve this month - the challenge will be to maintain this compliance once the junior doctors rotate in February and the ward pharmacists and consultant ward rounds will continue to focus on this issue..

Key
Poor
Fair
Good

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

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



MARS Division Quality Metrics January 2013																								
CQC Outcomes			8	8	8	8		4			4	4	5	1	20	13								
Division	Directorate	Ward	Hand Hygiene	ANTT Injectables	National Cleaning Scores	Number of prescriptions	Overall percentage of indications & durations recorded	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'			
								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	90%	0	0	0%			
		Ward A	93%		100%			0	0	0	1	0	0	0	100%	0	0	100%	0	0	0%			
		Ward B	100%	98%	100%		21	100%	1	1	0	0	2	0	0	0	0	0	91%	1	0	0%		
		Ward D	100%	100%	100%		6	67%	1	1	0	0	2	0	0	97%	0	0	0	100%	0	0	0%	
		Ward E	100%	99%	100%		9	100%	0	0	0	1	0	0	0	99%	0	0	0	100%	0	0	0%	
		Ward F	100%	100%	100%		9	89%	0	0	0	1	1	0	0	98%	0	0	0	100%	0	0	0%	
		Recovery	100%	100%	100%				0	0	0	1	1	0	0	98%	0	0	0		0	0	0%	
		Theatres	96%		100%				0	0	0	1	0	0	0		0	0	0		0	0	0%	
		Outpatients/POAC	100%		100%				0	0	0	0	1	0		0	0	0	100%		0	0	0%	
		R	OCE Ward	100%		100%		4	100%	9	1	0	0	0	0	0	99%	0	0	0	100%	0	0	0%

Action Plan					
Ward/Department	Issue	Action	Lead	Review Date	Status
Ward A	93% Compliance Hand Hygiene Audit	Weekly audits until 100% is achieved for 2 consecutive weeks, then revert back to bi-weekly	Gloria Bone, Ward Sister	28-Feb-13	In progress
Ward D/ Ward F	67% Compliance with antimicrobial prescribing guidelines on ward D and 89% compliance on Ward F; the majority of non-compliant prescriptions were in the joint reconstruction service in orthopaedics.	Individual prescribers have been identified and matter raised with them via clinical leads; results were widely communicated to all clinical teams within the division for discussion at clinical governance meetings	Adrian Taylor, Consultant Orthopaedic Surgeon	31-Jan-13	Completed
BIU, Ward D & OCE	1 Fall leading to minor harm in each ward.	Review of 3 cases completed; falls prevention strategies were implemented so far as reasonably practicable; risk assessments completed and care plans instigated. All 3 areas scored 100% compliance in monthly falls risk assessment audit.	Chad Zuriekat, Clinical Governance Practitioner	05-Feb-13	Completed
BIU	Grade 2 acquired pressure ulcer	Root Cause Analysis and action plan to be presented at NCIG	Louise Flaxman, Ward Sister	28-Feb-13	In progress
BIU	91% Track and Trigger Audit	Weekly audits until 100% is achieved for 2 consecutive weeks, then revert back to monthly	Louise Flaxman, BIU Sister	28-Feb-13	In progress
Day Surgery	91% Complaint Nutritional Assessment Audit	Weekly audits until 100% is achieved for 2 consecutive weeks, then revert back to monthly	Gloria Bone, Ward Sister	28-Feb-13	In progress

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

Please remember to add months to top lines and save as area and month, i.e. JR Surgery Jan

**Nursing Quality Metrics**

Quality KPI	Target	Notes
Hand Hygiene	100%	Hands are decontaminated appropriately in a minimum of 20 observations
ANTT	100%	Aseptic-non-touch-technique is achieved in a minimum of 10 observations
National Cleaning Scores		See OXNET weblink
Falls that did harm	0	Number of falls causing harm to patients.
Medication Errors that did harm	0	Number of medication errors that caused harm to the patient.
Compliance with Track and Trigger	100%	Audit 10 charts a month using Track & Trigger audit tool.
Pressure Ulcers all pressure ulcers 1-4	0	Report all Pressure Ulcers.
Hospital acquired pressure ulcers	0	Report Hospital acquired pressure ulcers
Nutrition Assessment	95%	Audit 10 sets of notes for completion of nutritional (MUST) assessment and that it is up to date
SIRI	0	Excludes pressure ulcers, as these have already been included in pressure ulcer column
Anti - microbial		The data is recorded as numerators and denominators reflecting the number of prescriptions with an antimicrobial and the total number/ percentage where both indication and duration have been recorded on the drug chart.
Staffing		Each ward has it's agreed staffing, minimum staffing level and at risk staffing level agreed. These columns should represent the percentage of shifts throughout the month that were in each level
		Grey shading indicates that this element is not relevant for the area
		Clear box, indicated the information was not available, e.g. National Cleaning scores are not completed for all areas every month
Actions need to include any reds, repeat ambers and rationale for white boxes, i.e. why wasn't undertaken and plan to resolve this.		