

South Warwickshire Foundation Trust Clinical Quality Dashboard 2014/15

RAG rating key	
On target/assurance received	Green
Monitor only	Yellow
Not on target but assurance of actions in place	Orange
Not on target/assurance required	Red
Data omitted/report not received	Blue

QUALITY PERFORMANCE DATA																						
Local Number	Service Area	Area	Quality Requirement	Method of Measurement	Data or Report	Monthly or annual application of consequence	Thresholds	MA YTD	Quarter 1			Quarter 2			Quarter 3			Quarter 4		Current RAG Status	Notes as of 13.03.15	
									M1 Apr 14	M2 May 14	M3 Jun 14	M4 Jul 14	M5 Aug 14	M6 Sep 14	M7 Oct 14	M8 Nov 14	M9 Dec 14	M10 Jan 15	M11 Feb 15			
PATIENT SAFETY																						
		Duty of Candour	Duty of candour	Commissioners to be assured via Serious Incident reporting process. Evidence of communication with patient and/or carer included in RCA and action plans. To be discussed, by exception, within the Clinical Quality Review meetings.	Data	Monthly	Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	MA	0	0	0	0	0	0	0	0	0	0	0	0	No exceptions to report 10/3/2015	
4C94	Trust wide	Serious Incidents	Serious Incidents	Compliance with National and local framework report outlining exceptions to timeframes, standards of RCAs or action plans and monitoring implementation of actions identified from previous SIs.	Data and Report (by exception)	Monthly	100% compliance and learning shown	MA	7	6	11	11	5	11	20	11	12	12	11	0	No exceptions to report. Patient Safety Report provided on 10.03.15.	
		Never Events	Number of Never Events		Data	National	0	MA	0	0	0	0	0	0	0	0	0	0	0	0	No exceptions to report, KT provided Patient Safety Report on 10.02.15	
4C114	Trust wide	Medication Incidents	Improving reporting of medication related safety incidents as per NHS England planning guidance 2014/15	NLRS Data collection and reporting	Data and Report	Quarterly	Baseline from Q4 13/14. Increase to be agreed in Q1 14/15. Increase to be shown in Q4 14/15	QTR	62	54	50	49	70	58	48	63	60	45	46	0	Internal target: incident rate below 55	
4C95	Trust wide	Safety Alerts	Safety Alerts (Francis)	Exception reports of any alert beyond due timescales with action plan and timescales for implementation to be provided via exception report to CORG	Monthly assurance and Report (by exception)	Quarterly	Meet mandatory timescales for implementing central alerts. 100% compliance	MA	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	No exceptions	0	No exceptions to report, KT provided Patient Safety Report on 10.02.15.	
4C98	Trust wide	Safety webpage	Development within SWFT website a safety page following Francis recommendations (Francis)	On SWFT External website in an easy to access format the Trust to publish safety information and to be available to the local population by October. To include all available safety data	Report & monthly assurance from October	Annual (once in October)	Availability of external website	MA from October												0	12.03.15 KT confirmed the public facing website has been activated, CJ agreed to review this. CJ confirmed the site was available	
4C96	Acute	Safer Surgery Checklist	Safer Surgery Checklist – continued compliance	100% of safer surgery checklists (original or updated) to be completed for eligible patients	Data	Monthly	100%	MA	92.00%	97.00%	92.00%	89%	99%	96%	98%	99%	99%	99%	92%	99%		
4C97	Acute	Safer Surgery Checklist	Safer Surgery Checklist – full completion	100% compliance with full completion of each checklist	Data	Monthly	100%	MA	98%	99.50%	98.40%	99%	99%	99%	99%	99%	99%	99%	99%	99%	0	Gradual improvement in year noted. Lead Consultant held to account. 12.03.15 KT confirmed the sample size for the audit would be increased. To review methodology and discuss at next COR Meeting.
		VTE	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	Review of monthly Service Quality Performance Report	Data	Monthly	95%	MA	98%	98%	97.90%	97%	97%	98%	98%	98%	98%	98%	98%	97%		
HCAI																						
CB_A15	Trust wide	MRSA	Zero tolerance MRSA	Review of monthly Service Quality Performance Report	Data	Monthly	>0	Acute	0	0	0	0	0	0	0	0	0	0	0	0	0	
								Community	0	0	0	0	0	0	0	0	0	0	0	0	0	
								YTD total	0	0	0	0	0	0	0	0	0	0	0	0	0	
CB_A16	Trust wide	C.Diff	Minimise rates of Clostridium difficile	Review of monthly Service Quality Performance Report	Data	Annual	24	Acute	1	0	1	0	0	1	0	0	1	0	0	2	0	
								Community	0	0	0	1	0	1	0	1	0	0	0	0	0	
								Total YTD	1	0	2	3	3	5	5	6	7	6	5	0	0	
4C100	Trust wide	MSSA	Methicillin Sensitive Staphylococcus Aureus	Numbers of HCAI included in monthly Quality Technical Dashboard	Data	Monthly	Number Reporting	MA	2	2	0	0	0	1	1	0	0	0	0	0	N/A	
4C101	Trust wide	E Coli	Escherichia coli bacteraemia	Number of HCAI included in monthly Quality Technical Dashboard	Data	Monthly	Number Reporting	Acute	3	0	1	0	1	2	0	4	1	2	0	0	0	
								Community	0	0	0	0	1	1	0	0	0	0	0	0	0	
								Trustwide	3	0	1	3	2	3	0	4	5	2	2	0	0	
4C102	Acute	MRSA Screening	MRSA screening (oblique)	100%-All planned admissions to be screened (excluding paediatrics & ophthalmology). Monthly report to reflect % achieved, total number of patients who should have been screened and number of patients screened	Data	Monthly	100%-planned admissions	MA	98.00%	98.20%	98.00%	98.27%	97.80%	97.90%	98.38%	98.74%	98.23%	98.19%	98.13%	0	27 patients not screened	