Quality & Safety Governance Summary Report Jan-2017

(2016/17 Financial Year)

The Right Care	Period	Target	Actual	Past 12 Month Trend Oldest -> Most Recent
Unplanned Readmissions	Dec	10.30%	10.10%	
Hospital Acquired BSI	Jan	0	6	
Falls per Bed Day	Jan	0	0.0038	

Quality Markers	Period	Target	Actual
Age 75+ Patients Assessed for Falls Risk	2016 Q3	> 90%	92%
Age 75+ Patients At Risk of Fall with Care Plan	2016 Q3	90%	77%
Hand Hygiene Moment Compliance	2016 Q3	> 80%	81%
CLAB Insertion Bundle Utilisation	2014 Q4	> 90%	72%
Perioperative Harm Checklist Utilisation	2015 Q2	> 90%	95%

Surgical Site Infection	Timely Antibiotics	> = 2g Cephazolin	Skin Preparation
	98%	98%	100%

By the Right Person	Period	Target	Actual	Past 12 Month Trend Oldest -> Most Recent
Nursing Clinical Hours per Patient Day	Jan	6.14	6.44	
Nursing Clinical Variance HPPD %	Jan	10%	12%	
Appraisals Completed and Recorded	Jan	90.0%	74.4%	

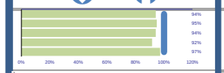
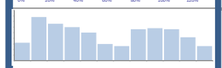
In the Right Way	Period	Target	Actual	Past 12 Month Trend Oldest -> Most Recent
Serious Adverse Events	Jan	0	2	
Compliments	Jan	28	28	
Complaints	Jan	0	31	
Responded to Within 20 Days (Dec-2016)		95%	100%	

At the Right Time	Target	Actual	Trend (Data as at 10-Feb-2014)
ESPI 1: Referrals Processed Within 10 Days	> 90%	93.5%	
ESPI 2: FSA Wait + 4 Months	< 1.5%	2.8%	
ESPI 5: Access to Treatment	< 4%	1.0%	
Theatre Cancellations	0	22	

2016-17 Q1	Target	Actual	Trend
ED Stays < 6 Hours	> 95%	96%	

In the Right Place	Period	Target	Actual	Past 12 Month Trend Oldest -> Most Recent
Average Length of Stay (Days)	Jan	A 2.37 E 1.59	3.61	
Virtual: Practical FSA Percentage	Jan	7.77%	14.98%	
Outliers	Jan	0.0%	11.8%	
Day Stay Ward Overnight	Jan	0	0	

How to Read:

Symbol/abbreviation	*Denotes:*
Green	*Favourable to Target/Plan*
Amber	*Caution: Variance to Target/Plan*
Red	*Issue or Unfavourable to Target/Plan*
	Month by Month Trend, Oldest -> Most Recent
	Down/No-change/Up on Previous Month
	*Actual (%) Position Against Plan (100%)*
	*Month by Month Trend, Oldest -> Most Recent*
var	*Variance*

	Section	Measure	Definition
1	**The Right Care**	Unplanned Readmissions	*The percentage of unplanned re-admissions for the reporting month, raw and unstandardised, IDF excluded.*
2		Hospital Acquired Blood Stream Infections	*The number of positive blood cultures in Inpatients hospitalised for more than 48 hours, or related to a hospital health-care associated device or procedure. Target = 0.*
3		Falls per Bed Day	*The number of hospital inpatient falls per patient bed-day, including Mental Health, excluding DSS and Community. Target = 0.*
4		Age 75+ Patients Assessed for Falls Risk	*The percentage of patients age 75 and above assessed for risk of falling.*
5		Hand Hygiene Moment Compliance	*The percentage of care provision staff observed to comply with World Health Organisation standards for hand hygiene practice.*
6		CLAB Insertion Bundle Utilisation	*The percentage of occasions when an insertion bundle was utilised (to prevent Central Line Associated Bacteremia).*
7		Perioperative Harm Checklist Utilisation	*The percentage of operations where all three parts of the surgical checklist were utilised.*
8		Surgical Site Infection - Antibiotic at Right Time	*The percentage of surgeries with antibiotic administration in the hour before first incision.*
9		Surgical Site Infection - Right Antibiotic, Dose	*The percentage of hip and knee replacement surgeries utilising recommended antibiotic prophylaxis.*
10		Surgical Site Infection - Right Skin Antisepsis	*The percentage of surgeries with appropriate skin antisepsis.*
11	**At the Right Time**	ESPI 1 - Referrals Processed Within 10 Days	*The percentage of patient referrals acknowledged and processed within ten business days of receipt. Aggregate percentage is reported, rather than per MoH definition '90% of Services above 90%'.*
12		ESPI 2 - FSA Wait +4 Months	*The percentage of patients waiting longer than four months for their first specialist assessment.*
13		ESPI 5 - Access to Treatment	*The percentage of patients given a commitment to treatment, but not treated within six months.*
14		Theatre Cancellations	*The number of cancelled theatre appointments (excluding endoscopies), for the reporting month.*
15		ED Stays < 6 Hours	*The percentage of Emergency Department patients admitted, discharged, or transferred from Emergency Department within six hours.*
16	**By the Right Person**	Nursing Hours per Patient per Day	*The number of nursing hours per day expended on bedside patient care.*
		Nursing Clinical Variance HPPD %	*The number of departments with positive (>20% green, 0-20% amber) and negative (<0% red) clinical variance hours per patient day.*
17		Appraisals Completed and Recorded	*The percentage of employee appraisals due in the reporting period that were completed and recorded. Target = 90%.*
18	**In the Right Way**	Serious Adverse Events	*The number of SAC1 and SAC2 Serious Adverse Events in the reporting month. Target = 0.*
19		Compliments	*The number of formal complimentary communications received in the reporting month.*
20		Complaints	*The number of formal complaints received in the reporting month. Target = 0.*
21		Complaints Responded to Within 20 Days	*The percentage of formal complaints responded to within twenty business days, in the previous reporting month.*
22	**In the Right Place**	Average Length of Stay	*The average number of days between admission and discharge of a patient.*
23		Virtual : Non-Virtual FSA Percentage	*The percentage of Virtual to Non-Virtual First Specialist Assessments.*
24		Outliers	*The percentage of total patient bed days spent in a ward not designated to that specialty. Target = 0.*
25		Day Stay Overnight Ward	*The number of days per month that Day Stay Department has housed patients overnight. Target = 0.*