SECTION 1: LOCAL QUALITY DASHBOARD

LOCAL QUALITY MEASURES	Q1			Q2			Q3			Q4			CRITERIA FOR TRAFFIC LIGHT	YEAR TO DATE
	APR 11	MAY 11	JUN 11	JUL 11	AUG 11	SEPT 11	OCT 11	NOV 11	DEC 11	JAN 12	FEB 12	MAR 12		
CQUIN MEASURES & ADVANCING QUALITY														
AQ Heart Failure														
AQ AMI														
AQ Hip & Knee														
AQ Pneumonia														
AQ Stroke														
AQ Patient Experience														
Reduction in Pressure Ulcers (Grade 3)	3	2											CQUIN Target TBC	
Reduction in Pressure Ulcers (Grade 4)	1	2											CQUIN Target TBC	
Reduction in falls	71	81											CQUIN Target TBC	
Reduction in # NOF from patient fall	0	4											CQUIN Target TBC	
Discharge (TBC)														
TARN														
ENFORCEMENT ACTION AGAINST CQC REGULATIONS AND OUTCOMES														
Regulation / outcomes	0	0												
GOVERNANCE AND RISK MANAGEMENT														
Number of Serious Untoward Incidents	0	0												
Number of Never Events	0	0												
Number of Complaints	22	26												
Top Five Incidents:														
Top 1 : Slips Trips & Falls	85	92												
Top 2 : Lack of Resources	33	43												
Top 3 : Pressure Ulcer	25	49												
Top 4 : Staffing Levels	24	24												
Top 5 : Security of Persons	17	32												
Mortality Rate:														
Medical Division														
Surgical Division														
Family Services Division														
CHKS Clinical Benchmarks (Per Division)														
Complications Rate														
Misadventure Rate														

SECTION 2: PROGRESS AGAINST QUALITY ACCOUNT PRIORITIES

LOCAL QUALITY MEASURES	Q1			Q2			Q3			Q4			CRITERIA FOR TRAFFIC LIGHT	YEAR TO DATE
	APR 11	MAY 11	JUN 11	JUL 11	AUG 11	SEPT 11	OCT 11	NOV 11	DEC 11	JAN 12	FEB 12	MAR 12		
TRUST QUALITY ACCOUNT PRIORITIES														
All wards to implement the Productive Ward														
Implement a Trust-wide framework to support the implementation of the national 'never events' policy														
Revise the Trust's system for patient safety walkabouts														
Review and revise the clinical indicators on all wards														
Develop a Trust-wide framework for the reviewing of mortality and morbidity in all specialities														
Develop and improve the Trust's performance in national and local clinical audits														
Implement the patient and public involvement toolkit														
Review our management of complaints to ensure timely responses and lessons are learned														
Improve the experience of patients and carers in relation to dementia														