

Quality Dashboard

Appendix A2

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Code	CQUIN & Quality Measures	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Criteria for Traffic Lighting (Trajectory position)	Final Required Position	Average Year to Date		
<b>1. CQUIN, QUALITY MEASURES &amp; ADVANCING QUALITY (CONT)</b>																		
8	Tarn	√	√	√	√	√	√											
9	VTE Prevention	90%	91%	90%	92%	92%	nad							>=90%	<90%	<85%	>=90%	91%
10	Patient Experience Survey	<b>Annual Survey</b>																
11	Pressure Ulcers	Grade 3	0	0	0	0	0	0							<=35	>35	<=35	0
		Grade 4	0	0	0	0	0	0							<=5	>5	<=5	0
12	Reduction in Inpatient Falls	96	105	60	73	90	92							<=90	>90	>100	<1080	516
13	Reduction in # NOF from patient falls	1	3	0	1	1	2							<=13	>13		<=13	8
14	NHS Safety Thermometer	Number of patient's	nad	nad	499	455	436	478										
		Percentage of harm free care pre hospital	nad	nad	86%	87%	90%	90%										
		Percentage of harm free care	nad	nad				95%										
15	Dementia	√	√	√	√	√	√											
16	Emergency Floor	√	√	√	√	√	√											
17	Childrens Integrated Care	√	√	√	√	√	√											
18	Make every second Count	√	√	√	√	√	√											
19	Evidence Based Referrals	√	√	√	√	√	√											
20	Service Reviews	√	√	√	√	√	√											
21	Patient Stories	6	6	14	13	7	6							<=20	>20	>25	20	52
<b>2. GOVERNANCE &amp; RISK</b>																		
22	Number of Serious Untoward Incidents	1	2	1	1	0	0										N/A	5
23	Number of Never Events	0	0	0	0	0	0								>0		0	0
24	Number of Complaints	26	27	13	18	19	23							<=24	>24	>27	286	126
25	Riisk Adusted Mortality Index (RAMI)	103	101	98	98	96	nad							<=100	>100	>110	<100	100
<b>3. INFECTION PREVENTION</b>																		
26	Clostridium Difficile Infections (Attributed to Trust)	1	2	3	6	3	3							<=3	>3	>=5	<=40	18
27	MRSA Bacteraemia (Attributed to Trust)	0	0	0	0	0	0							0	>0	>1	0	0
28	MSSA (Attributed to Trust)	0	2	1	0	0	1							<=1	>1	>2	<=11	4

