Exceptional Report

**Exception Report**

Please provide information by exception in relation to the key quality & safety agenda items. Please state if there are any a decisions that are needed from the Q&S group.

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| **Specialty:**  |
| **Date of report:** | **Reporter:**  |
| **Key Achievement in Month**  |
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| **Safe**(New risks/risk upgraded or downgraded/closed risks) |
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| **Incidents/ Incident Management**(Incidents reported/Themes/ SI and REDs declared/ learning from incidents) |
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| **Safeguarding** (Safeguarding alerts raised) |
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| **Ward Scorecard and Quality KPIs**(FFT, VTEs, Bacterimias, Falls and pressure ulcers) |
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| **Caring**(Complaint received, action plan closure, compliments/ FFT/ patient feedback) |
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| **Effective**(New NICE or best practice guidance/ clinical outcomes/ clinical audit and Plans for improvements) |
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| **Well-led**(How is learning shared/ anything to share with the group/ Leadership wins and concerns/ recruitment and retention) |
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| **Training update**(Training initiatives and dates, compliance levels, PPRs – how many are done how many outstanding and the plan for them) |
| 37 |
| **Items to escalate to Registered Manager / Quality and Safety group** |
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| **Minutes & Action log Monthly Meeting (to be imbedded in the document)** |
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