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) | |
| 3  7 | |
| **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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