

Quarter 2 2012/13 Quality Account (Quality and Safety)

The attached report is the 2012/13 Quarter 2 Quality Account (Quality and Safety) report. It is intended to provide assurance that identified risks are being managed appropriately and raise areas of concern.

Recommendation

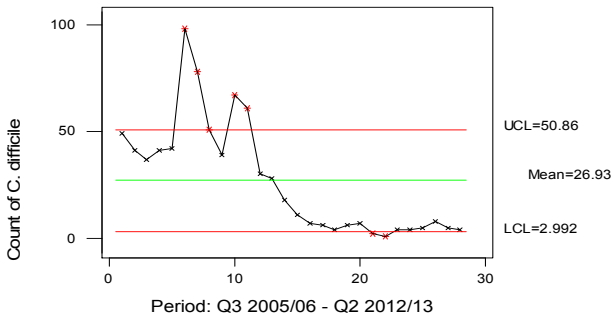
The Executive Board of Directors is asked to receive and discuss.

Quality Account: Airedale NHS Foundation Trust 2012/13

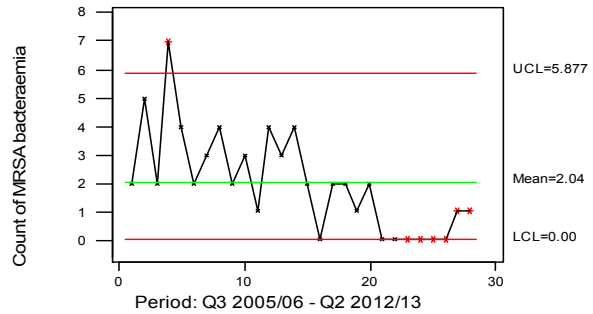
Quality & Safety Indicator	data type	2012/13				R	A	G	Target
		2010/11	2011/12	Qtr1	Qtr2				
CQC Registration: Bridget Fletcher (accountable officer)	categorical	without condition	without condition	without condition	without condition	-	-		without condition
CQC Inspection - planned review: Castleberg	one-off		-	-	minor concerns	-	-		no concerns
CQC/Ofsted inspection and review: safeguarding and care May 2012	one-off		without concern	-	-	-	-		no concerns
CQC inspection - responsive review: TOP services March 2012	one-off		without concern	-	-	-	-		no concerns
CQC inspection - planned review: dignity and nutrition for older people	one-off	without concern	-	-	-	-	-		no concerns
CQC Healthcare Associated Infection: inspection 2009/10	one-off	without concern	-	-	-	-	-		no concerns
- In-patient survey (2010, 2011) Q74 overall, how would you rate the care you received	lowest/average/highest	79	7.9	-	-	-	results expected		highest 20% L=6.6 H=9.2
- Out-patient Survey (2009, 2011) Q48 Overall, how would you rate the care you received at the OPDept?	lowest/average/highest	86	86	-	-	-	-		highest 20% L=82 H=86
- Emergency Department (2008) Q40 overall, how would you rate the care received in the A&E Dept	worse/same/better	82	-	-	-	7.8/10	expected range		better than most other trusts
- Maternity Services Survey (2010) C17 Overall, how would you rate the care received during labour & birth	lowest/average/highest	84	-	-	-	-	-		highest 20% L=79 H=87
NHS Staff Survey (2010, 2011) KF34: Staff recommendation as a place to work or receive treatment	% score	3.55	3.46	-	-	results expected	-		Nat Ave≥3.50
NHS Staff Survey (2010, 2011) KF1: % staff feeling satisfied with the quality of work & patient care they are able to deliver	% score	65	69	-	-	results expected	-		Nat Ave≥74
Quality and Risk Profile	signpost link	Link to QRP		QRP - Jun 12	QRP - Oct 12	-	-		Link to
Monitor: Governance Rating	Current rating	Green	Green	Green	Green	-	-		Green

Infection Control		n	2012/13				R	A	G	Target
			2010/11	2011/12	Qtr1	Qtr2				
Methicilin Resistant Staphylococcus Aureus (MRSA)		3	0	1	1	-	-		target = 0 (de minimis=2)	
Clostridium Difficile		16	21	5	4	-	-		target=9 (de minimis=12)	

SPC chart for C.difficile cases developing more than 72 hours after admission to Airedale Hospital site

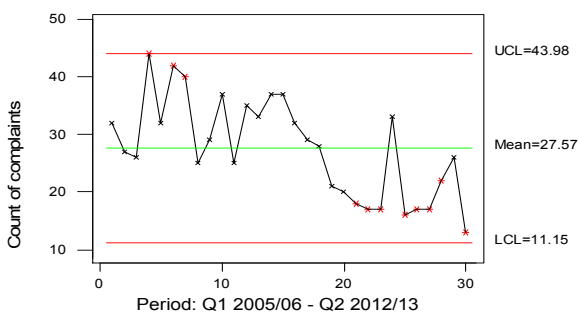


SPC chart for all MRSA bacteraemia cases

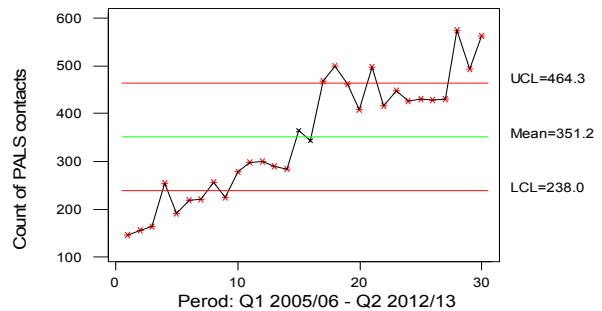


C-PALS	NHS Complaints	n (formal)	2012/13				R	A	G	Target
			2010/11	2011/12	Qtr1	Qtr2				
	Complaints referred and upheld to Parliamentary and Health Services Ombudsman (PHSO) (upheld/referred)	n upheld / n referred	0 upheld / 8 referred	0 upheld / 4 referred	1 upheld / 1 referred	1 upheld / 2 referred	n upheld / n referred	1 upheld / 1 referred		reduce suggest=0
	PALS	n	1742	1963	494	456	-	-		? increase/reduce

SPC chart for complaints Airedale NHS Foundation Trust



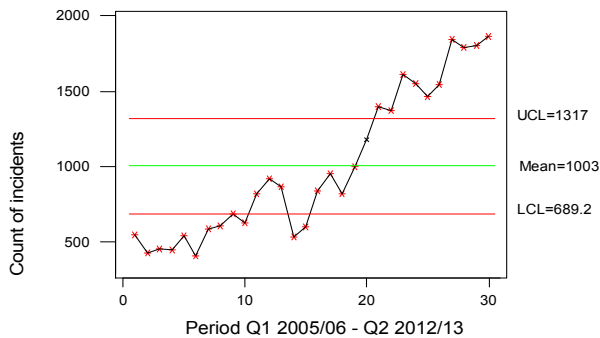
SPC chart PALS contacts [Airedale NHS Foundation Trust & other healthcare organisations]



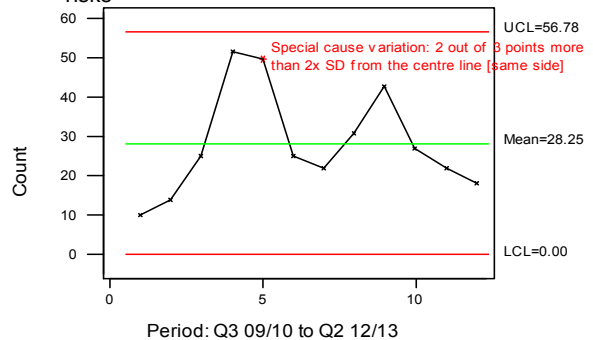
Quality Account: Airedale NHS Foundation Trust 2012/13

Quality & Safety Indicator	data type	2010/11	2011/12	2012/13				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				
Inquiries open	n	Inquiry report pub: June 2010 0	0	-	-	-	-				threshold=0
Inquests - rule 43	n	0	0	0	0	-	-				threshold=0
Serious Incidents (open on STEIS)	n			5	4	-	-				reduce
Never event cases: (7 in 2010/11, expanded to 25 2011/12)	n	0	0	0	0	-	-				threshold=0
Rate of reported incidents (reported to the NRLS per 100 admissions)	bi-annual	1.4 / 3.8	6.9 / 6.3	7.9							increase
Degree of harm - no harm	n	1019 [Apr-Sep 11]		1141 [Oct 11-Mar 12]							increase
low harm	n	649 [Apr-Sep 11]		947 [Oct 11-Mar 12]							decrease
moderate harm	n	34 [Apr-Sep 11]		43 [Oct 11-Mar 12]							decrease
severe harm	n	1 [Apr-Sep 11]		3 [Oct 11-Mar 12]							decrease
death	n	0 [Apr-Sep 11]		2 [Oct 11-Mar 12]							suggest=0
NHSLA Risk Management Standards for Acute Trusts:(26th Aug 2009)	Level 1 - 3	Level 2 (41/50)	-	-	-	-	Inspection planned				maintain level 2
Clinical Negligence Scheme for Trusts (CNST): maternity standards (7th Dec 2010)	Level 1-3	Level 1 (46/50)	-	-	-	Inspection planned	-				maintain level 1
Claims: total matters (CNST & RPST)	n	tbc	tbc	-	-	-	results expected				reduce claims
Payments made (CNST, ELS & RPST)	£	£1,772,478	tbc	-	-	-	results expected				reduce costs
Obstetric claims: total matters	n	5	tbc	-	-	-	results expected				reduce claims
Obstetric payments made	£	£108,654	tbc	-	-	-	results expected				reduce costs
NHSLA Contributions	£	£2,632,329	£3,037,656	-	-	-	-				reduce contributions
PEAT: E-Environment; F-Food; PD-Privacy & Dignity (2010, 2011)	category self-assessed	E-Good F-Excellent PD-Excellent	E-Good F-Excellent PD-Excellent	-	-	-	Results expected				Excellent

SPC chart for reported clinical incidents Airedale NHS Foundation Trust



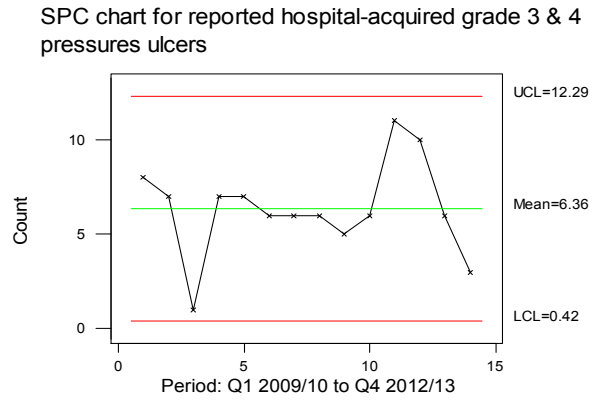
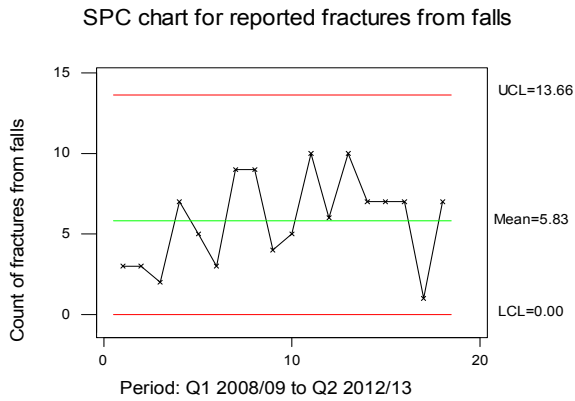
SPC chart for all reported moderate harm clinical risks



Quality & Safety Indicator	data type	2010/11	2011/12	2012/13 Qtr1	2012/13 Qtr2	2012/13 Qtr3	2012/13 Qtr4	R	A	G	Target
Rate of reported medication errors	n / 1000 bed days	659 (4%)	754(4.9%)	n=163	n=132						increase
Rate of reported medication errors, which resulted in harm	n / 1000 bed days	238 (1.5%)	97 (0.6%)	n=38	n=31						reduce
- number of medication errors resulting in severe harm	n	2	0	0	0						maintain
Rate of in-patients [AGH] where a fall was recorded [AGH]	n / 1000 bed days	9.7	10.9	n=265	n=285						reduce
Rate of in-patients [AGH] where fall resulted in a fracture	n / 1000 bed days	0.2	0.3	n=1	n=7						reduce
Rate of in-patients where a fall resulted in significant harm	n / 1000 bed days				n=1						reduce
Number of in-patient pressure ulcers: Grade 3 & 4 - developed in hospital	n	25	32	6	3						reduce
Number of in-patient pressure ulcers: Grade 3 & 4 - developed in community care	n		18	3	3						reduce

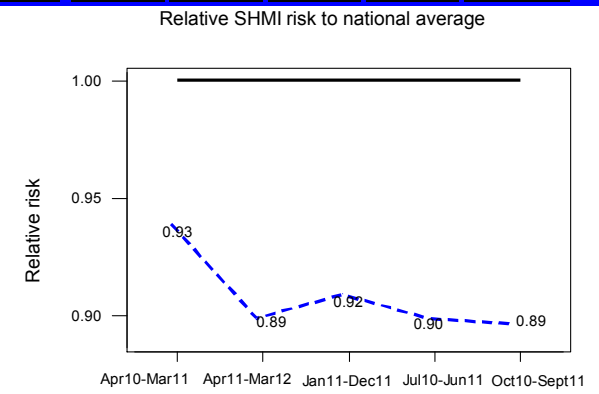
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Quality & Safety Indicator	data type	2010/11	2011/12	2012/13				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				



Summary Hospital Mortality Indicator (SHMI)	2011 / 12	2010/11	2011/12	2012/13				Target
				Qtr1	Qtr2	Qtr3	Qtr4	
Summary Hospital-level Mortality Indicator (SHMI) - emergency & elective	0.93	0.89						1.0 or less
SHMI risk adjusted banding	2	2						2 or less
SHMI diagnosis group - pneumonia	0.66	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - acute cerebrovascular disease	0.83	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - COPD	1.04	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - urinary tract infections	0.77	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - congestive heart failure, nonhypertensive	0.77	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - acute bronchitis	0.71	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - cancer of bronchus lung	0.72	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - fracture neck of femur	0.71	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - septicemia (except in labour)	0.77	awaited	-	-	-	-		1.0 or less
SHMI diagnosis group - acute and unspecified renal failure	0.48	awaited	-	-	-	-		1.0 or less

	2010/11	2011/12
% of patients admitted within the Trust whose treatment includes palliative care	not avail	1.22
% of patients admitted within the Trust included in the SHMI whose treatment included palliative care	not avail	21.6



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				2012/13								
Quality & Safety Indicator	data type	2010/11	2011/12	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	Target	
Clinical effectiveness: PROMs, clinical audit and NICE guidance	Rate of eligible patients taking part in PROMs - eligible finished consultant episodes	Participation	89.4%	86.5%	-	-	-	-				Nat Mean=79.8%
	PROMs -Patients reporting an improvement following Hip Replacement - EQ-5D index	ANHSFT/ national	90.5/86.7%	81.1/87.3%	-	-	-	-				Nat Mean = [unadjusted rate]
	PROMs -Patients reporting an improvement following Knee Replacement - EQ-5D index	ANHSFT/ national	85.1/77.9%	83/78.6%	-	-	-	-				Nat Mean = [unadjusted rate]
	PROMs -Patients reporting an improvement following Varicose Vein Procedure - EQ 5D index	ANHSFT/ national	61.7/51.6%	54/53.3%	-	-	-	-				Nat Mean = [unadjusted rate]
	PROMs -Patients reporting an improvement following Groin Hernia Procedure - EQ - 5D index	ANHSFT/ national	42.5/50.5%	39.6/49.9%	-	-	-	-				Nat Mean = [unadjusted rate]
	VTE incidence rate	% risk assessed	90%	90%	97.7%	98.3%						target = ≥90%
	Emergency re-admissions to hospital within 28 days of discharge	% admitted 28 days	6.1%	5.7%	-	-		Results expected				national average
	Rate of adults who are dying whilst being cared for on LCP	incidence	-	90% by Q4	x / x (x%)		x / x (x%)					increase rate to 90% by Q4 11/12
	CAS alerts (outstanding / ongoing)	n complete / n relevant alerts	0	0	0	0	-	-				100% compliance within timeframe
	NICE Quality Standards - baseline assessment within 3 mths	n / relevant	6/7	7/8	1/2							target=100%
	NICE Guidance Compliance TAGs within 90days	n / relevant	-	-	1/11	1/4	-	-				target=100%
Participation in relevant national clinical audits/outlier data	n / relevant	35 / 49 (72%)	29 / 37 (78.3%)	-	30/37	-	-				target=100%	

Developed by Caroline Booton - 2087