

Report to:	Trust Board of Directors				
Date of Meeting:	24 th September 2014				
Report Title:	Q1 2014/15 Quality Improvement Account Dashboard				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X	X			
Prepared by:	Caroline Booton / Alison Fuller				
Executive Sponsor (presenting):	Mr. Karl Mainprize				
Appendices (list if applicable):	Quarter 1 report 2014/15				

Purpose of the Report

By providing accurate, valid and reliable data, the Quality Account dashboard aims to present clinical quality and safety data in a way that provides assessment against quality and safety indicators, areas of risk set against Trust priorities and to inform and support corrective action.

Key points for information

Following review of the current format, the following amendments have been included for Q1 2014/15:

- i. Archiving of previous CQC inspection history and NHSLA levels. (Superseded by new regimes.)
- ii. Addition of overall compliment numbers (reported to C-PALS team and directly to wards).
- iii. Revision of litigation section to include both clinical negligence and LTPS information
- iv. Patient-Led Assessment of Care Environment to include Castleberg from 2014/15.

- The shift in complaints above the Trust mean. This has fully investigated to identify trends and themes it is acknowledged that they are all complex in nature. The observed rise in PALS contacts is currently under review for underlying themes.
- The RAG ratings have been fully reviewed and reflect performance against historical benchmarks going forwards, notably number of reported medication incidents that resulted in harm – AMBER (previously GREEN); number of reported inpatient pressure ulcers: graded 3 and 4 – RED (previously AMBER).
- The breakdown of pressure ulcers graded 3 and 4, by avoidable from the 1st June 2013 is presented to support evaluation.
- Research and Development; it is acknowledged that a number of the national targets require careful consideration when evaluating local performance.

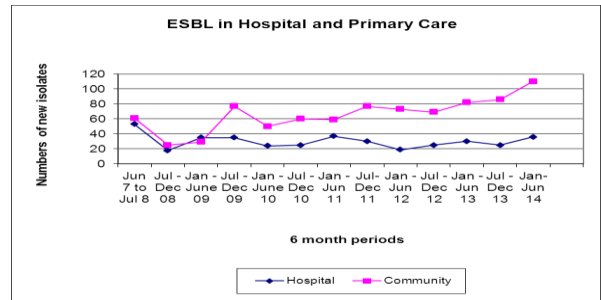
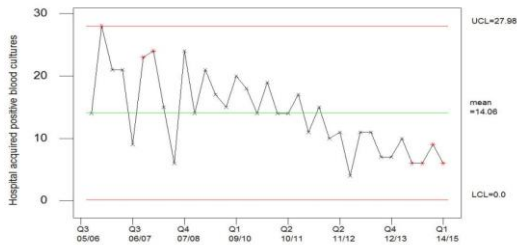
Recommendation

The Board of Directors is asked to review and discuss.

Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2014/15

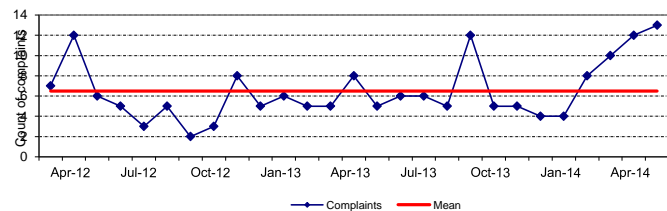
Quality & Safety Indicator	data type	2012/13	2013/14	2014/15				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				
Regulators: Care Quality Commission & Monitor National Surveys	CQC Registration: Bridget Fletcher (accountable officer)	categorical	without condition	without condition	-	-	-	-			without condition
	CQC inspection - new inspection model and rating scheme	on-going		without condition	-	-	-	-			without condition
	CQC In-patient survey [annual] Responsiveness to inpatients' personal needs	lowest/average/highest	67.3	67.3	-	Survey undertaken	-	Results expected			Nat Ave12=68.1
	CQC Out-patient Survey (2009, 2011) Q48 Overall, how would you rate the care you received at the OPDept?	lowest/average/highest	2011=86	-	-	-	-	-			highest 20% L=82 H=86 better than most other trusts
	CQC Emergency Department (2012) Q40 overall, how would you rate the care you received in the A&E Dept	worse/same/better	7.8/10	-	-	-	-	-			highest 20% L=79 H=87 better than most other trusts
	CQC Maternity Services Survey (2010 & 2013) C17 Thinking about your care during labour and birth, were you involved enough in decisions about your care?	lowest/average/highest	2010=8.0	2013=8.2 [7.4 to 9.1]	-	-	-	-			highest 20% L=79 H=87 better than most other trusts
	CQC Children and Young Peoples Inpatient +Day Case [2014]	lowest/average/highest	-	-	-	Survey undertaken	-	-			highest 20% L=79 H=87 better than most other trusts
	NHS Staff Survey KF34: Staff recommendation as a place to work or receive treatment	% score	3.65	3.79	-	Survey undertaken	-	Results expected			Nat Ave=3.68
	NHS Staff Survey KF1: % staff feeling satisfied with the quality of work & patient care they are able to deliver	% score	73	76	-	Survey undertaken	-	-			Nat Ave>=79
	CQC Intelligent Monitoring Report		0	No risks identified	No risks identified	-	-	-			Bands 5-6: <3.5%
Monitor: Governance Rating	Current rating	Amber/Green	Green	Green	-	-	-			Green	
Infection Control	Methicillin Resistant Staphylococcus Aureus (MRSA)	n	2	2	0	-	-	-			DH target = 0 (M-de minimis=6)
	Clostridium difficile	n	18	7	2	-	-	-			DH target=9 (M-de minimis=12)

ANHSFT: SPC chart of hospital acquired positive blood cultures since 2006
[Source: Infection Prevention Team]

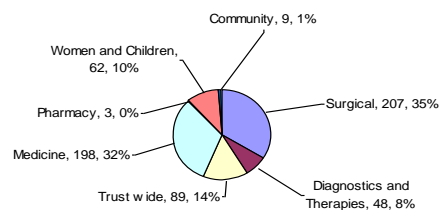


C-PALS	Rate of written complaints per 1,000 admissions [EMQO]	rate	2011/12 = 1.19	2012/13 = 1.03	-	-	-	-			Nat mean 12/13=6.26
	Complaints - written	n (formal)	67	73	35	-	-	-			reduce
	Complaints referred and upheld to/by Parliamentary and Health Services Ombudsman (PHSO) (upheld/referred)	n upheld / n referred	1 upheld / 6 referred	1 upheld / 2 referred	0 upheld / 0 referred	x upheld / x referred	x upheld / x referred	x upheld / x referred			suggest=0
	PALS (ANHSFT & healthcare organisations) issues	n	2262	2886	643	-	-	-			
	All compliments [C-PALS + wards/departments]		2814	4530	995	-	-	-			maintain

ANHSFT: the number of formal complaints broken down by month received in the last two years [Source: Ulysses]



Proportion of PALS issues (concerns, information, and compliments) raised with PALS this quarter broken down by ANHSFT management group



Total issues Airedale [n] = 616. Source: Ulysses.

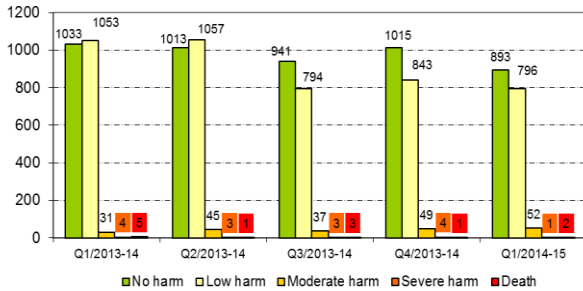
Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2014/15

				2014/15							
Quality & Safety Indicator	data type	2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	Target
Inquiries open	n	Inquiry report pub: June 2010	0	0	-	-	-				threshold=0
Inquests - rule 43	n	0	0	0	-	-	-				threshold=0
SIRI [A change in the inclusion criteria for serious incidents invalidates quantitative comparison with previous years]	n	12	60	19	-	-	-				reduce
Never event cases: (Inclusion: 7 in 2010/11, expanded to 25 2011/12)	n	0	1	0	-	-	-				threshold=0
Radiation incidents referred to CQC	n	2	2	0	-	-	-				reduce
Rate of reported incidents (reported to the NRLS per 100 admissions)	bi-annual	8.0 / 8.9	9.5 / x.x								increase
Degree of harm - no harm	n	2676	1559 (Apr 13 - Sep 13)								increase
low harm	n	1820	943 (Apr 13 - Sep 13)								decrease
moderate harm	n	61	48 (Apr 13 - Sep 13)								decrease
severe harm	n	3	3 (Apr 13 - Sep 13)								decrease
death	n	3	3 (Apr 13 - Sep 13)								zero
NHS Staff Survey KF15 Fairness and effectiveness of incident reporting procedures	categorical	3.57	3.61	-	Survey undertaken	-	Results expected				national mean = 3.51
Patient-Led Assessment of the Care Environment [PLACE]: AGH 2013	categorical self-assessed	Cleanliness : observed 0.93; expected 0.96		Food: observed 0.83; expected 0.84		Privacy, dignity: observed 0.81; expected 0.88		Facilities: observed 0.83; expected 0.89			
Patient-Led Assessment of the Care Environment [PLACE]: AGH 2014 - September 2014		Cleanliness : observed x; expected x		Food: observed x; expected x		Privacy, dignity: observed x; expected x		Facilities: observed x; expected x			
Patient-Led Assessment of the Care Environment [PLACE]: Castleberg 2014 - September 2014		Cleanliness : observed x; expected x		Food: observed x; expected x		Privacy, dignity: observed x; expected x		Facilities: observed x; expected x			
In-patient survey score for cleanliness of wards	categorical	-	9.22/10.00	-	Survey undertaken	-	Results expected				> expected
		2010/11	2011/12	2012/13	2013/14	Target	Clinical claims new and settled 2014/15				
ANHSFT: Rate of NHSLA claims per 10,000 bed days	rate	-	2.11	0.99	awaited	Nat mean 12/13=2.18	n new / n settled				
Clinical claims: total matters (CNST & RPST)	n	30	33	23	awaited	reduce claims	Q1 14/15	5 new / 6 settled			
Obstetric claims: total matters	n	5	6	2	awaited	reduce claims	Q2 14/15	n new / n settled			
NHSLA Contributions	£	£2,632,329	£3,045,422	£3,212,289	awaited	reduce contribution	Q3 14/15	n new / n settled			
Payments made (CNST, ELS & RPST)	£	£1,772,114	£1,353,438	£2,245,037	awaited	reduce costs	Q4 14/15	n new / n settled			
Obstetric payments made	£	£108,654	£2,172,750	£7,211,190	awaited	reduce costs					
Number of reported medication safety incidents	n	559	863	160	-	-	-				
Number of reported medication incidents which resulted in harm	n	106	74	24	-	-	-				reduce
Number of reported medication incidents resulting in severe harm	n	0	1	0	-	-	-				maintain
Rate [per 100 admissions] of reported falls in AGH inpatients	rate - n reported falls/spells x100	2.5	2.1	2.3	-	-	-				
Rate [per 100 admissions] of reported falls resulting in fractures in AGH inpatients		0.03	0.04	0.05	-	-	-				reduce
Number of reported falls resulting in significant harm in AGH inpatients	n	Not available	0.0	0.04	-	-	-				reduce
Number of reported in-patient pressure ulcers: grade 3 & 4 - developed in hospital	n	25	27	11	-	-	-				reduce
Number of reported pressure ulcers grade 3 & 4 - developed in community care (includes Castleberg Hospital)	n	15	23	7	-	-	-				reduce

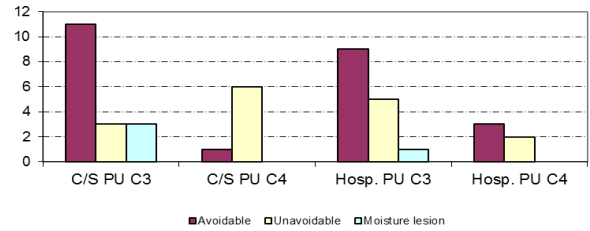
Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2014/15

Quality & Safety Indicator	data type	2012/13	2013/14	2014/15				Target
				Qtr1	Qtr2	Qtr3	Qtr4	

Reported incidents reported by degree of harm for ANHSFT in the last five quarters [Source: Ulysses database]



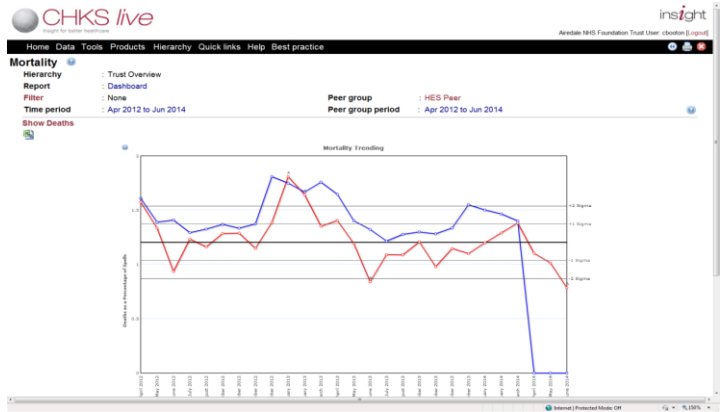
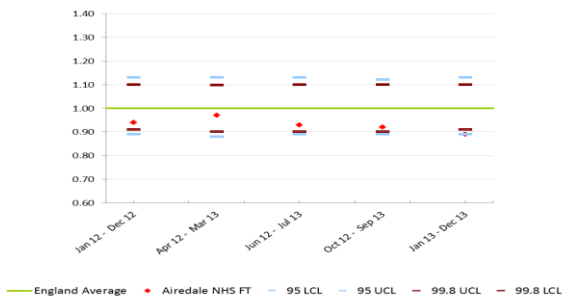
Breakdown of ANHSFT Pressure Ulcers (Category 3 & 4) by avoidable, unavoidable and moisture lesion from 1st June 2013 [Source: TVN database]



HSCIC: Summary Hospital Mortality Indicator (SHMI)

Indicator	2012/13	2013/14	2014/15	Target
Summary Hospital-level Mortality Indicator (SHMI) - emergency & elective	0.93 [Jun 12 -Jul 13]	0.92 [Oct 12 -Sep 13]	0.89 [Jan 13 -Dec 13]	1.0 or less
SHMI risk adjusted banding	2 [Jun 12 -Jul 13]	2 [Oct 12 -Sep 13]	2 [Jan 13 -Dec 13]	2 (within expected) or less
% of patients admitted within the Trust whose treatment includes palliative care	1.45 [Jun 12 -Jul 13]	1.50 [Oct 12 -Sep 13]	1.44 [Jan 13 -Dec 13]	Eng.=1.2% [Jan 12-Dec 13]
% of patient deaths within the Trust included in the SHMI whose treatment included palliative care	22.78 [Jun 12 -Jul 13]	23.95 [Oct 12 -Sep 13]	23.97 [Jan 13 -Dec 13]	Eng.=22.0% [Jan 12-Dec 13]
% deaths within 30 days elective admissions	0.79 [Jun 12 -Jul 13]	0.82 [Oct 12 -Sep 13]	1.02 [Jan 13 -Dec 13]	Eng.=0.6% [Jan 12-Dec 13]
% deaths within 30 days non-elective admissions	3.68 [Jun 12 -Jul 13]	3.54 [Oct 12 -Sep 13]	3.34 [Jan 13 -Dec 13]	Eng.=3.8% [Jan 12-Dec 13]

ANHSFT SHMI relative to the national average with 95 per cent control limits - the last two years [Source: HSCIC]



Trust mortality rate overview HES peer. Source: CHKS
A: Value beyond 2 sigma.

DFI: HSMR AGH

Indicator	2012/13	2013/14	2014/15	Target
DFI: Trust Level HSMR [Pub: June 2014]	81.93 [Oct 12 - Sep 13]	81.93 [Oct 12 - Sep 13]	81.93 [Oct 12 - Sep 13]	within expected
HSMR - Weekday [Pub: June 2014]	81.93 [Oct 12 - Sep 13]	81.93 [Oct 12 - Sep 13]	81.93 [Oct 12 - Sep 13]	within expected
HSMR - Weekend [Pub: June 2014]	83.58 [Oct 12 - Sep 13]	83.58 [Oct 12 - Sep 13]	83.58 [Oct 12 - Sep 13]	within expected
Deaths in low risk diagnosis groups [Pub: June 2014]	AGH = 0.39 National = 0.66 [Oct 12 - Sep 13]	AGH = 0.39 National = 0.66 [Oct 12 - Sep 13]	AGH = 0.39 National = 0.66 [Oct 12 - Sep 13]	within expected

Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2014/15

				2014/15							Target	
Quality & Safety Indicator	data type	2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G		
OOH discharges, PROMs, VTE, CAS alerts, NICE guidance & clinical audit	Discharges from hospital 23.00-06.59 hrs. on clinical advice only	n	418	568	164							
	PROMs -all procedures percentage participation rate	% participation	2011/12 =114.1	2012/13 =108.8	2013/14 =107.6	-	-	-				13/14 Nat Mean=75.1%
	PROMs Hip Replacement adjusted health gain - EQ--5D index score	ANHSFT/ national	2011/12 ANHSFT=0.411 England = 0.416	2012/13 ANHSFT=0.416 England = 0.437	2013/14 ANHSFT=0.416 England = 0.437	2013/14 ANHSFT=0.42 England = 0.44						Nat Mean =
	PROMs Knee Replacement adjusted health gain - EQ--5D index score	ANHSFT/ national	2011/12 ANHSFT=0.318 England = 0.302	2012/13 ANHSFT=0.344 England = 0.319	2013/14 ANHSFT=0.354 England = 0.33							Nat Mean =
	PROMs Groin hernia adjusted health gain - EQ--5D index score	ANHSFT/ national	2011/12 ANHSFT=0.79 England = 0.087	2012/13 ANHSFT=0.076 England = 0.084	2013/14 ANHSFT=0.058 England = 0.09							Nat Mean =
	PROMs Varicose vein adjusted health gain - EQ--5D index score	ANHSFT/ national	2011/12 ANHSFT=0.127 England = 0.094	2012/13 ANHSFT=0.126 England = 0.093	2013/14 ANHSFT=0.13 England = 0.10							Nat Mean =
	VTE incidence rate	% risk assessed	96.9%	95.1%	95.1	-	-	-				CQUIN target = ≥95%
	Re-admissions to hospital within 28 days of discharge: 16 years or above	% admitted 28 days	2009/10 =9.6%	Nat avge = 11.2%	2010/11 =10.3%	Nat avge = 11.4%	2011/12 =10.0%	Nat avge = 11.5%				national average
	CAS alerts (outstanding / on-going)	n complete / n relevant alerts	0	0	0	-	-	-				100% compliance within timeframe
	NICE Quality Standards - baseline assessment within 3 mths	n / relevant	14/ 14 relevant	23/ 23 relevant	No breaches	-	-	-				zero
NICE Guidance Compliance TAGs within 90days	n / relevant	100%	100%	100%	-	-	-				target=100%	
Participation in relevant national clinical audits/outlier data	n / relevant	2011/12 = 78.3%	2012/13 = 83%	2013/14 = 86%	-	-	-				target=95%	
Research and Development	Studies gaining NHS approval in 30 days or less	%	100%	100%	100%	-	-	-			target=≥80%	
	Proportion of commercial contract portfolio studies ≥ to recruitment target during the planned recruitment period	%	38%	100%	100%	-	-	-			target=≥80%	
	Proportion of non-commercial portfolio studies ≥ to their recruitment target during the planned recruitment period	%	67%	73%	53%	-	-	-			target=≥80%	
	Proportion of commercial portfolio studies achieving first participant recruitment ≤ 30 calendar days of NHS permission issued	%	-	75%	75%	-	-	-			target=≥80%	
	Proportion of non-commercial portfolio studies achieving first participant recruitment ≤ 30 calendar days of NHS permission issue	%	-	50%	65%	-	-	-			target=≥80%	
	Total number of patients recruited (cumulative total for year)	Cumulative total	Total 12/13=390	Total 13/14=394	219	-	-	-				2014/15 target ≥ 374
	Total number of National Portfolio trials running	n	Total 12/13=61	Total 13/14=70	75	-	-	-				> than same quarter previous year
R&D: Suspected unexpected serious adverse reactions (SUSARS)	n	0	0	0	-	-	-				threshold=0	