

Introduction:

By providing accurate, valid and reliable data, the quarter 4 Quality Improvement Account aims to present the reconciled Trust's clinical quality and safety data. These indicators are set against the Trust's priorities and identify those areas requiring further investigation and corrective action.

Key points

- Both the CQC inpatient and the national staff survey have been received in to the Trust, each have been evaluated and actions put in place to address the key findings.
- Complaints for the quarter have seen a reduction; all are subject to investigation and lessons learnt disseminated.
- The reporting of falls with a sustained fracture has seen a slight increase this quarter. All incidents are fully investigated and actions implemented from the learning.
- Pressure ulcers grade 3 and 4 developing in hospital continue to decrease in reporting.

Action required by the Council of Governors

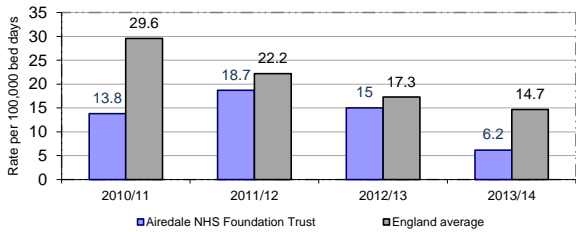
To receive and note the quarter 4 Quality Improvement Account.

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	"Rating" inspection anticipated 2015							without condition
CQC In-patient survey [annual] Responsiveness to inpatients' personal needs - based on average score for all 5 domains	lowest/average/highest	-	76.6	-	Survey undertaken	-	76.9				Nat Ave12=68.1
CQC Emergency Department (A&E Survey) Q43 overall, how would you rate the care you received in the A&E Dept	worse/same/better	7.8/10	-	-	Survey undertaken	7.8/10	-				better than most other trusts
CQC Children and Young Peoples Inpatient + Day Case [2014]	lowest/average/highest	-	-	-	Survey undertaken	-	Results awaited				better than most other trusts
NHS Staff Survey KF24: Staff recommendation as a place to work or receive treatment	% score	3.65	3.78	-	Survey undertaken	-	3.68				Nat Ave≥3.67
NHS Staff Survey KF1: % staff feeling satisfied with the quality of work & patient care they are able to deliver	% score	73	76	-	Survey undertaken	-	73				Nat Ave≥77
CQC Intelligent Monitoring Report		0	No risks identified	No risks identified	1.7%/Band 6	-	1.55%/Band 6				Bands 5-6: <3.5%
Monitor: Governance Rating	Current rating	Amber/Green	Green	Green	Green	Green	Amber				Green

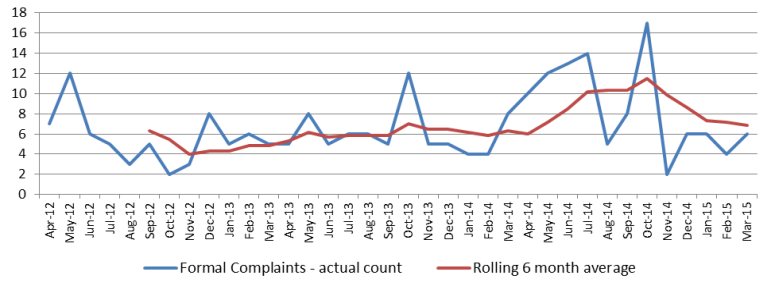
Infection Control		2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	Target
Methicillin Resistant Staphylococcus Aureus (MRSA)	n	2	2	0	0	0	0				DH target=0 (M-de minimis=6)
Clostridium difficile - all cases [avoidable + unavoidable]	n	18	7	3	3	4	1				DH target=9 (M-de minimis=12)

Rate of C.difficile infection per 100,000 bed days in ANHSFT patients aged 2 or over [NB.: annual refresh only]



Source: HSCIC

The number of complaints and six month rolling average over 36 months [Source: Ulysses]



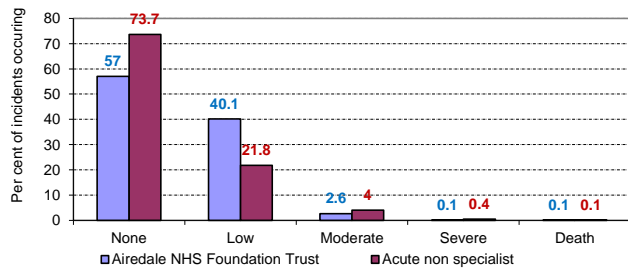
C-PALS		2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	Target
Complaints - written	n (formal)	67	73	35	27	25	16				reduce
Complaints referred and upheld to/by Parliamentary and Health Services Ombudsman (PHSO) (upheld/referred)	n upheld / n referred	1 upheld / 6 referred	1 upheld / 2 referred	0 upheld / 0 referred	0 upheld / 2 referred	0 upheld / 1 referred	0 upheld / 1 referred				suggest=0
PALS (ANHSFT & healthcare organisations) issues	n	2262	2886	643	543	542	579				
All complaints [C-PALS + wards/departments]		2814	4530	995	1039	997	830				maintain

Patient Safety: SIRIs, incidents, and National Reporting and Learning System (NRLS)		2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	Target
SIRI [A change in the inclusion criteria for serious incidents invalidates quantitative comparison with previous years]	n	12	60	19	25	11	17				reduce
Never event cases: (Inclusion: 7 in 2010/11, expanded to 25 2011/12)	n	0	1	0	1	0	0				threshold=0
Radiation incidents referred to CQC	n	2	2	0	0	2	0				reduce
Rate of reported incidents (reported to the NRLS per 100 admissions) April 2014 calculated by 1000 bed days.	bi-annual	8.0 / 8.9	9.5 / 8.1	8.84/8.77		37.49 / nat. med =35.1					increase
Degree of harm - no harm	n	2676	1559 (Apr 13 - Sep 13)	1398 (Oct 13 - Mar14)		1162 (Apr 14 - Sep14)					increase
low harm	n	1820	943 (Apr 13 - Sep 13)	910 (Oct 13 - Mar14)		818 (Apr 14 - Sep14)					decrease
moderate harm	n	61	48 (Apr 13 - Sep 13)	46 (Oct 13 - Mar14)		52 (Apr 14 - Sep14)					decrease
severe harm	n	3	3 (Apr 13 - Sep 13)	1 (Oct 13 - Mar14)		3 (Apr 14 - Sep14)					decrease
death	n	3	3 (Apr 13 - Sep 13)	2 (Oct 13 - Mar14)		3 (Apr 14 - Sep14)					threshold=0
NHS Staff Survey KF15 Fairness and effectiveness of incident reporting procedures	categorical	3.57	3.61	-	Survey undertaken	-	3.57				national mean = 3.54

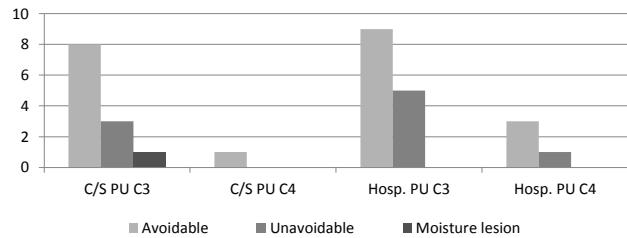
Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2014/15

				2014/15				R A G			Target	
Quality & Safety Indicator	data type	2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4				Target	
PLACE Patient-Led Assessment of the Care Environment [PLACE]: AGH 2014 - September 2014 Patient-Led Assessment of the Care Environment [PLACE]: Castleberg 2014 - September 2014 In-patient survey score for cleanliness of wards or rooms	category self-assessed	Cleanliness : observed 98.74%; national 97.25%		Food: observed 88.92%; national 88.79%		Privacy, dignity: observed 84.72%; national 87.73%		Facilities: 93.55%; national 91.97%				
	category self-assessed	Cleanliness : observed 99.06%; national 97.25%		Food: observed 93.06%; national 88.79%		Privacy, dignity: observed 79.29%; national 87.73%		Facilities: 92.25%; national 91.97%				
	category	-	9.22/10.00	-	Survey undertaken	-	8.6/10.0					> expected
Clinical Claims and litigation Inquiries open Inquests - Section 28 Clinical claims - new and settled ANHSFT: Rate of NHSLA claims per 10,000 bed days Clinical claims: total matters (CNST & RPST) Obstetric claims: total matters NHSLA Contributions Payments made (CNST, ELS & RPST) Obstetric payments made	n	Inquiry report pub: June 2010	0	0	0	0	0				threshold=0	
	n		0	0	0	0	0				threshold=0	
	n		23 new / 18 settled	5 new / 6 settled	3 new / 4 settled	6 new / 4 settled	5 new / 6 settled					
	rate		2010/11	2011/12	2012/13	2013/14	Target	Number of Claims				
			-	2.11	0.99	Not available	Nat mean 12/13=2.18					
	n		30	33	23	42	reduce claims					
	n		5	6	2	4	reduce claims					
	£		£2,632,329	£3,045,422	£3,212,289	£2,466,798	reduce contribution					
	£		£1,772,114	£1,353,438	£2,245,037	£2,355,980	reduce costs					
	£		£108,654	£2,172,750	£7,211,190	£6,607,730	reduce costs					

Incidents reported by degree of harm for acute (non-specialist) organisations (n=140) April - September 2014 Source : National Reporting and Learning System



Pressure ulcer review : root cause analyses of category 3 and 4 pressure ulcers (1st April 2014 to March 31st 2015) [Reviews undertaken to date: 31]



Source: TVN Database

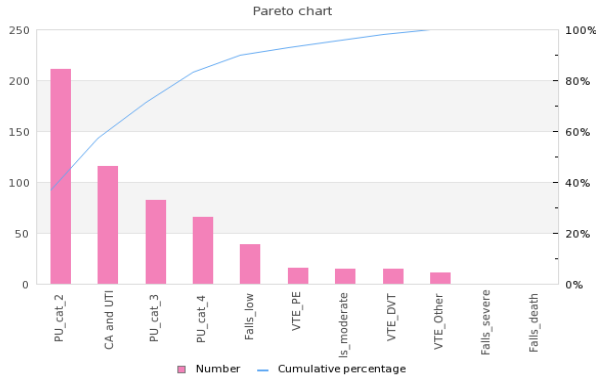
				2014/15				R A G			Target	
Quality & Safety Indicator	data type	2012/13	2013/14	Qtr1	Qtr2	Qtr3	Qtr4				Target	
Patient Safety Incidents - breakdown Number of reported medication safety incidents Number of reported medication incidents which resulted in harm [≥ low] Number of reported medication incidents resulting in severe harm Rate [per 100 admissions] of reported falls in AGH inpatients Rate [per 100 admissions] of reported falls resulting in fractures in AGH inpatients Rate [per 100 admissions] of falls resulting in significant harm in AGH inpatients Number of reported in-patient pressure ulcers: grade 3 & 4 - developed in hospital Number of reported pressure ulcers grade 3 & 4 - developed in community care [includes Castleberg Hospital]	n	559	863	160	105	119	135					
	n	106	74	24	6	6	7				reduce	
	n	0	1	0	0	1	1				maintain	
	rate - n reported falls/inpatient admissions x100		2.50	2.09	2.3	1.95	2.15	2.00				
			0.03	0.04	0.05	0.03	0.03	0.06				reduce
			Not available	0.01	0.04	0.03	0.04	0.03				reduce
	n	25	27	11	14	6	7				reduce	
	n	15	23	7	5	1	5				reduce	

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
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NHS Patient Safety Thermometer



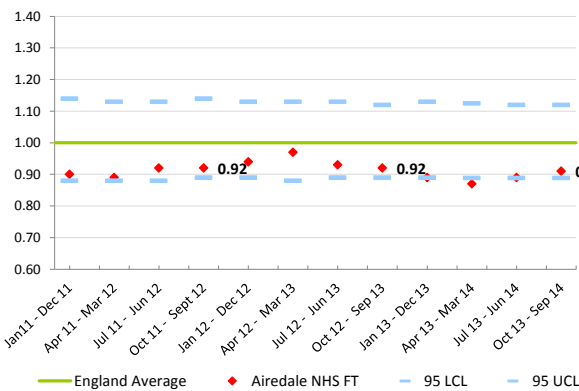
The chart is based on the Pareto principle that 80% of the outcome is derived from 20% of the problems (or harms). It allows a provider to understand how the patient was harmed and whether there is an interaction. The bars denote the frequency of the harm with the highest frequency left to right. The line represents the cumulative percentage of harms.

Category 2 pressure ulcers account for less than 40% of the total harms. Almost 80% of total harm is derived from category 2-3 pressure ulcers and UTIs in patients with a catheter. This is largely consistent with 'All England' analysis. The Trust admits a significant number of people with established (old) pressure ulcers which are outside its care domain; these are included in the above return.

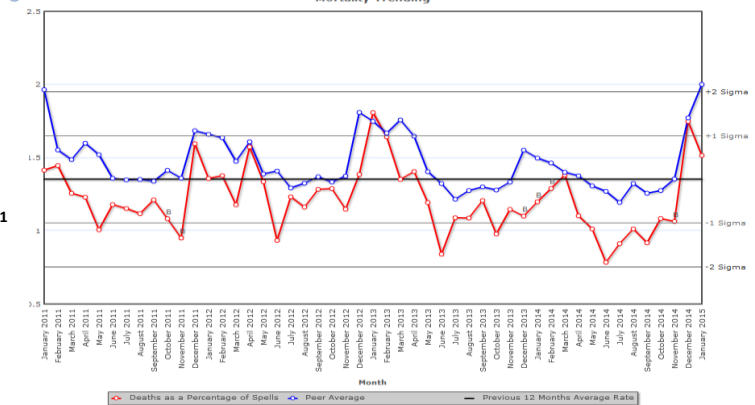
Source: <http://www.safetythermometer.nhs.uk> [accessed January 2015]

HSCIC: Summary Hospital Mortality Indicator (SHMI)	Summary Hospital-level Mortality Indicator (SHMI) - emergency & elective	2012/13	0.87 [Apr 13 -Mar 14]	0.89 [Jul 13 -Jun 14]	0.89 [Oct 13 -Sep 14]				1.0 or less
	SHMI risk adjusted banding	2012/13	3 [Apr 13 -Mar 13]	2 [Jul 13 -Jun 14]	2 [Oct 13 -Sep 14]				2 [within expected] or less
	% of patients admitted within the Trust whose treatment includes palliative care	2012/13	1.41 [Apr 13 -Mar 14]	1.43 [Jul 13 -Jun 14]	1.44 [Oct 13 -Sep 14]				Eng.=1.3% Oct 13-Sep 14
	% of patient deaths within the Trust included in the SHMI whose treatment included palliative care	2012/13	25.90 [Apr 13 -Mar 14]	25.91 [Jul 13 -Jun 14]	26.31 [Oct 13 -Sep 14]				Eng.=25.3% [Oct 13 -Sep 14]
	% deaths within 30 days elective admissions	2012/13	1.02 [Apr 13 -Mar 14]	0.91 [Jul 13 -Jun 14]	0.91 [Oct 13 -Sep 14]				Eng.=0.6% [Oct 13 -Sep 14]
	% deaths within 30 days non-elective admissions	2012/13	3.09 [Apr 13 -Mar 14]	3.10 [Jul 13 -Jun 14]	3.12 [Oct 13 -Sep 14]				Eng.=3.6% [Oct 13 -Sep 14]

ANHSFT SHMI relative to the national average with control limits [Source: HSCIC]



Mortality Trending



Special Cause Flags

- A: Value beyond 2 sigma
- B: 8 consecutive values one side of the average
- C: 6 consecutive values trended in one direction
- D: 4 of 5 beyond 1 sigma

DFI: HSMR AGH	DFI : Trust Level HSMR [Pub: Mar 2015]	2012/13	81.93 [Oct 12 - Sep 13]	82.00 [Apr 13 - Mar 14]	82.83 Jul 13 - Jun 14]				within expected
	HSMR - Weekday [Pub: Mar 2015]	2012/13	81.93 [Oct 12 - Sep 13]	77.31 [Apr 13 - Mar 14]	77.97 Jul 13 - Jun 14]				within expected
	HSMR - Weekend [Pub: Mar 2015]	2012/13	83.58 [Oct 12 - Sep 13]	95.93 [Apr 13 - Mar 14]	96.69 [Jul 13 - Jun 14]				within expected
	Deaths in low risk diagnosis groups [Pub: Mar 2015]		AGH = 0.39 National = 0.66 [Oct 12 - Sep 13]	AGH = 0.33 National = 0.61 [Apr 13 - Mar 14]	AGH = 0.41 National = 0.61 [Apr 13 - Mar 14]				

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		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	131	149	135				
	PROMs -all procedures percentage participation rate	% participation	2011/12 =114.1	2012/13 =108.8	-	-	-	2013/14 =107.9				13/14 Nat Mean=75.9%
	PROMs Hip Replacement adjusted health gain - EQ--5D index score - Primary Procedure	ANHSFT/ national	2011/12 ANHSFT=0.411 England = 0.416		2012/13 ANHSFT=0.416 England = 0.438		2013/14 ANHSFT=0.428 England = 0.436					Nat Mean =
	PROMs Knee Replacement adjusted health gain - EQ--5D index score - Primary Procedure	ANHSFT/ national	2011/12 ANHSFT=0.318 England = 0.302		2012/13 ANHSFT=0.344 England = 0.318		2013/14 ANHSFT=0.352 England = 0.323					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=0.079 England = 0.085		2013/14 ANHSFT=0.054 England = 0.085					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=0.127 England = 0.093		2013/14 ANHSFT=0.103 England = 0.093					Nat Mean =
	VTE incidence rate	% risk assessed	96.9%	95.1%	95.1	95.2	95.8	96.2				CQUIN target = ≥95%
	Re-admissions to hospital within 28 days of discharge: 16 years or above	% admitted 28 days	2009/10 =9.6%	Nat ave = 11.2%	2010/11 =10.3%	Nat ave = 11.4%	2011/12 =10.0%	Nat ave = 11.5%				national average
	CAS alerts (outstanding / on-going)	n complete / n relevant alerts	0	0	0	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	2 breaches	2 breaches	2 breaches				zero
NICE Guidance Compliance TAGs within 90 days	n / relevant	100%	100%	100%	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%	-	-	2014/15 = 89%				target=95%	
Research and Development	Studies gaining NHS approval in 30 days or less	%	100%	100%	100%	100%	100%	100%				target=≥80%
	Proportion of commercial contract portfolio studies ≥ to recruitment target during the planned recruitment period	%	38%	100%	100% of target	100% of target	100% of target	100% of target				target=≥80%
	Proportion of non-commercial portfolio studies ≥ to their recruitment target during the planned recruitment period	%	67%	73%	53%	64%	64%	67%				target=≥80%
	Proportion of commercial portfolio studies achieving first participant recruitment ≤ 30 calendar days of NHS permission issued	%	-	75%	75%	75%	75%	75%				target=≥80%
	Proportion of non-commercial portfolio studies achieving first participant recruitment ≤ 30 calendar days of NHS permission issue	%	-	50%	65%	65%	78%	78%				target=≥80%
	Total number of patients recruited (cumulative total for year)	Cumulative total	Total 12/13=390	Total 13/14=394	219	356	463	628				2014/15 target ≥ 374
	Total number of National Portfolio trials running	n	Total 12/13=61	Total 13/14=70	75	61	62	61				> than same quarter previous year
R&D: Suspected unexpected serious adverse reactions (SUSARS)	n	0	0	0	0	0	0				threshold=0	