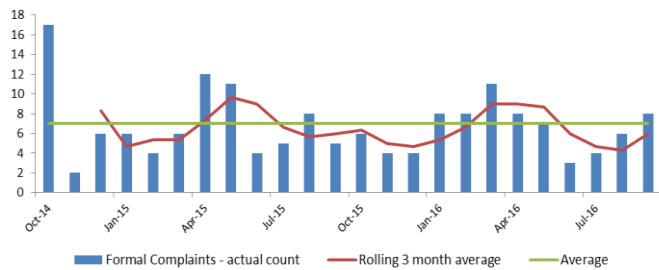


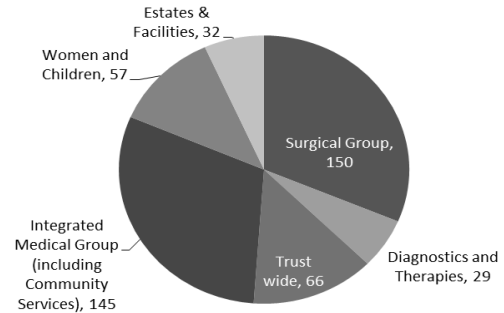
# Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2016/17

Quality & Safety Indicator	data type	2014/15	2015/16	2016/17				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				
<b>Regulators: Care Quality Commission &amp; Monitor National Surveys</b>	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	Inspection Mar 16	Overall rating 'Requires improvement'						without condition
	CQC In-patient survey [annual] Responsiveness to inpatients' personal needs - based on average score for all 5 domains	lowest/average/highest	76.9%	76.9% [Nat = 77.3%]	-	2016 survey undertaken	-	Results			better than most other trusts
	CQC Emergency Department (A&E Survey) Q43 overall, how would you rate the care you received in the A&E Dept	worse/same/better	2014 = 7.8/10	-	-	Survey undertaken	Results	-			better than most other trusts
	CQC Children and Young Patient Survey Parents' view of child's overall experience	lowest/average/highest	-	8.6/10	-	Survey undertaken	Results	-			better than most other trusts
	NHS Staff Survey KF1: Staff recommendation as a place to work or receive treatment	Score out of 5. Higher the better.	3.68	3.84 [nat average = 3.75]	-	Survey undertaken	Results	-			≥ national average
NHS Staff Survey KF2: Staff satisfaction with the quality of work & patient care they are able to deliver	Score out of 5. Higher the better.	73% [Nat average 77 %]	3.8 [nat average = 3.93]	-	Survey undertaken	Results	-			≥ national average	
Monitor: Governance Rating	Current rating	Green	Green	Amber	Amber	-	-			Green	
<b>Infection Control</b>	Methicillin Resistant Staphylococcus Aureus (MRSA)	n	0	3	2	0	-	-			DH target=0 (M-de minimis=6)
	Clostridium difficile - all cases [avoidable + unavoidable]	n	11	16	4	1	-	-			DH target=6 (M-de minimis=11)

The number of formal complaints received last 24 months



The number of PALS contacts received by operational group this quarter



Source: Qiyasa.

<b>C-PALS</b>	Complaints - written	n (formal)	103	86	18	18	-	-			reduce	
	Complaints referred and upheld to/by Parliamentary and Health Services Ombudsman (PHSO) (upheld/referred)	n upheld / n referred	0 upheld / 6 referred	4 upheld / 9 referred	1 upheld / 2 referred	1 upheld / 2 referred	x upheld / x referred	x upheld / x referred				suggest=0
	PALS (ANHSFT & healthcare organisations) issues	n	2307	2442	694	610	-	-				
	All compliments [C-PALS + wards/departments]		3861	3051	775	726	-	-				maintain
<b>Safeguarding</b>	Serious Case Review [SCR] - Child [year initiated]	n	1	0	0	1	-	-				
	Safeguarding Serious Incident - Child [year initiated]	n	0	0	0	0	-	-				
	Serious Adult Review [SAR] - [year initiated]	n	0	0	0	0	-	-				
	Safeguarding Serious Incident - Adult [year initiated]	n	0	1	0	1	-	-				
	Domestic Homicide Review [year initiated]	n	1	0	0	0	-	-				

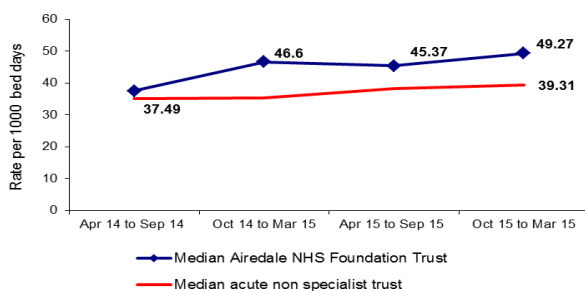
# Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2016/17

Quality & Safety Indicator	data type	2014/15	2015/16	2016/17				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				
<b>Patient Safety: SIRIs, incidents, and National Reporting and Learning System [NRLS]</b>											
SIRI [A change in the inclusion criteria for serious incidents invalidates quantitative comparison with previous years]	n	72	34	11	8	-	-				reduce
Never event cases: (Inclusion: 7 in 2010/11, expanded to 25 2011/12)	n	1	0	0	0	-	-				threshold=0
Radiation incidents referred to CQC [From 1st April includes referrals to HSE]	n	2	1	1	0	-	-				reduce
Rate of reported incidents per 1000 bed days [revised methodology April 2015]	bi-annual	46.6/ nat med = 35.3	45.37/ nat med = 38.45		49.27/nat med = 39.31						increase
Degree of harm - no harm	n	1782 [Oct 14 - Mar15]	2052 [Apr 15 to Sep 15]		1984 [Oct 15 - Mar16]						increase
low harm	n	864 [Oct 14 - Mar15]	556 [Apr - Sep 15]		773 [Oct 15 - Mar16]						decrease
moderate harm	n	36 [Oct 14 - Mar15]	44 [Apr - Sep 15]		50 [Oct 15 - Mar16]						decrease
severe harm	n	2 [Oct 14 - Mar15]	6 [Apr - Sep 15]		4 [Oct 15 - Mar16]						decrease
death	n	4 [Oct 14 - Mar15]	1 [Apr - Sep 15]		5 [Oct 15 - Mar16]						threshold=0
NHS Staff Survey KF15 Fairness and effectiveness of incident reporting procedures	categorical	3.57	3.73	-	Survey undertaken	-	Results				national mean = 3.70

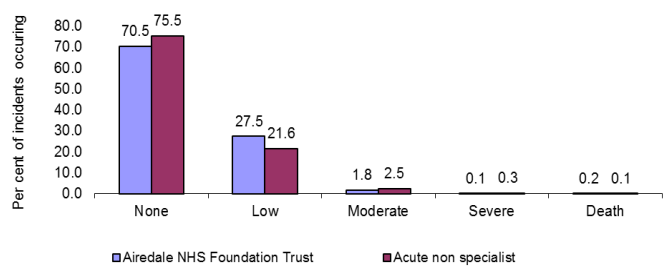
PLACE domains:	AGH % Score	Castleberg % Score	National % average site level	National % IQR at site level					Target	
	Cleanliness	95.5	99.6	98.1	97.8 to 99.9					
Food and hydration	86.9	89.9	88.2	86.7 to 94.1						
Organisation Food [catering service]	88.1	92.9	87.0	84.3 to 92.9						
Ward Food	86.5	86.8	89.0	88.6 to 97.8						
Privacy, dignity and wellbeing	74.0	77.2	84.2	80.4 to 91.7						
Condition, appearance and maintenance	87.5	94.5	93.4	91.0 to 97.2						
Dementia	65.0	74.3	75.3	71.6 to 88.4						
Disability	68.1	87.0	78.8	75.9 to 90.0						
In-patient survey score for cleanliness of wards or rooms	Score out of 5. Higher the better.	8.6/10.0	8.6/10.0	-	Survey undertaken	-	Results			> expected

<b>Clinical Claims and litigation</b>											
Inquiries open	n	Inquiry report pub: June 2010	0	0	0	-	-				threshold=0
Inquests - Schedule 28	n	0	0	1	0	-	-				threshold=0
Clinical claims - new and settled	n	19 new / 19 settled	26 new / 21 settled	3 new / 8 settled	3 new / 6 settled	x new / x settled	x new / x settled				
		2011/12	2012/13	2013/14	2014/15	2015/16	Target				
Clinical claims: total matters (CNST & RPST)	n	33	23	42	25	34	reduce claims				
Obstetric claims: total matters	n	6	2	4	2	4	reduce claims				
NHSLA Contributions	£	£3,045,422	£3,212,289	£2,466,798	£2,578,409	£2,498,856	reduce contribution				
Payments made (CNST, ELS & RPST)	£	£1,353,438	£2,245,037	£2,355,980	£1,571,267	£4,773,956	reduce costs				
Obstetric payments made	£	£2,172,750	£7,211,190	£6,607,730	£128,030	£2,998,736	reduce costs				

Airedale NHS Foundation Trust median incident reporting rate per 1000 bed days compared with all acute non specialist trusts (n=136)



Incidents reported by degree of harm for acute (non-specialist) organisations [n=136] October 2015 to March 2016

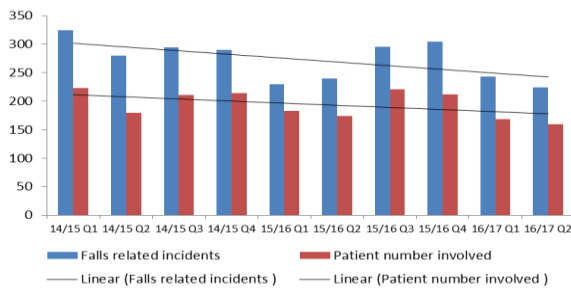


Source: National Learning and Reporting System

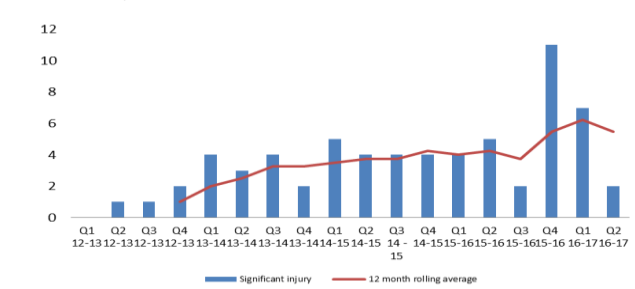
# Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2016/17

Quality & Safety Indicator	data type	2014/15	2015/16	2016/17				R	A	G	Target
				Qtr1	Qtr2	Qtr3	Qtr4				
Patient Safety Incidents - breakdown	Number of reported medication safety incidents	n	519	516	114	119	-	-			
	Number of reported medication incidents which resulted in harm [≥ low]	n	43	30	5	6	-	-			reduce
	Number of reported medication incidents resulting in severe harm	n	2	0	0	0	-	-			maintain
	Rate [per 100 admissions] of reported falls in AGH inpatients	rate - n reported falls/inpatient admissions x100	1.96	1.73	2.00	1.58					
	Rate [per 100 admissions] of reported falls resulting in fractures in AGH inpatients		0.04	0.03	0.06	0.02	-	-			reduce
	Rate [per 100 admissions] of falls resulting in significant harm in AGH inpatients		0.03	0.04	0.02	0.01	-	-			reduce
	Number of reported in-patient pressure ulcers: grade 3 & 4 - developed in hospital	n	38	20	6	4	-	-			reduce
	Number of reported pressure ulcers grade 3 & 4 - developed in community care [includes Castleberg Hospital]	n	18	7	5	5	-	-			reduce

Comparative bar chart showing the number of fall related incidents and the patient numbers involved with a linear trend line

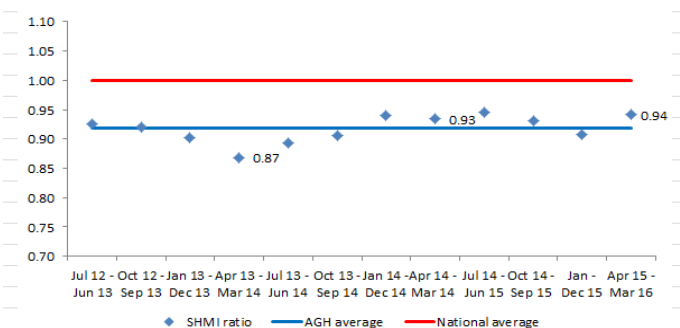


The number of reported falls resulting in significant injury and 12 month rolling average based on the last four years

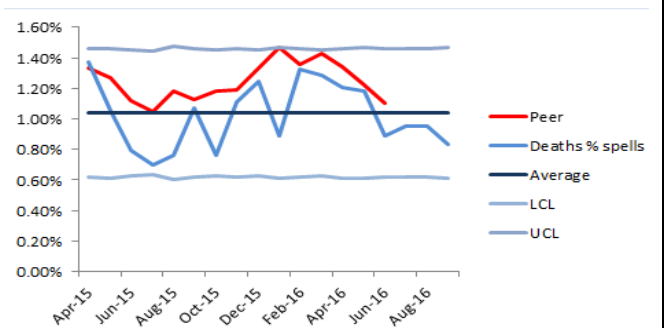


HSCIC: Summary Hospital Mortality Indicator (SHMI)	2014/15	2016/17	2016/17	2016/17	Target
Summary Hospital-level Mortality Indicator (SHMI) - emergency & elective	0.93 [Oct 14 -Sep 15]	0.91 [Jan - Dec 15]	0.94 [Apr 15 - Mar 16]		1.0 or less
SHMI risk adjusted banding	2 [Oct 14 -Sep 15]	2 [Jan - Dec 15]	2 [Apr 15 - Mar 16]		2 [within expected] or less
% of patients admitted within the Trust whose treatment includes palliative care	1.38 [Oct 14 -Sep 15]	1.37 [Jan - Dec 15]	1.31 [Apr 15 - Mar 16]		Eng.= 1.5% [Apr 15 to Mar 16]
% of patient deaths within the Trust included in the SHMI whose treatment included palliative care	27.18 [Oct 14 -Sep 15]	28.38 [Jan - Dec 15]	28.07 [Apr 15 - Mar 16]		Eng.= 28.5% [Apr 15 to Mar 16]
% deaths within 30 days elective admissions	1.6 [Oct 14 -Sep 15]	1.6 [Jan - Dec 15]	1.36 [Apr 15 - Mar 16]		Eng.= 0.6% [Apr 15 to Mar 16]
% deaths within 30 days non-elective admissions	3.13 [Oct 14 -Sep 15]	2.96 [Jan - Dec 15]	2.99 [Apr 15 - Mar 16]		Eng.= 3.7% [Apr 15 to Mar 16]

Summary hospital level mortality indicator for Airedale NHS Foundation Trust



SPC chart crude mortality Trust level to September 2016



# Quarterly Quality Improvement Account: Airedale NHS Foundation Trust 2016/17

		2016/17									Target
Quality & Safety Indicator	data type	2014/15	2015/16	Qtr1	Qtr2	Qtr3	Qtr4	R	A	G	
<b>DFI: HSMR AGH</b>	DFI : Trust Level HSMR	2013/14	90.59 [Jul 14 - Jun 15]	90.18 [Jan - Dec 15]	91.26 [Apr 15 - Mar 16]						within expected
	HSMR - Emergency Weekday	2013/14	91.52 [Jul 14 - Jun 15]	91.38 [Jan - Dec 15]	93.48 [Apr 15 - Mar 16]						within expected
	HSMR - Emergency Weekend	2013/14	91.46 [Jul 14 - Jun 15]	93.14 [Jan - Dec 15]	93.74 [Apr 15 - Mar 16]						within expected
	Deaths in low risk diagnosis groups	2013/14	AGH = 0.58 [Jul 14 - Jun 15]	AGH = 0.57 [Jan - Dec 15]	AGH = 0.36 [Apr 15 - Mar 16]						within expected
<b>OOH discharges, PROMS, VTE, CAS alerts, NICE guidance &amp; clinical audit</b>	Discharges from hospital 23.00-06.59 hrs. on clinical advice only	n	579	497	119	131	-	-	Total 15/16 = 497		
	PROMs -all procedures percentage participation rate	% participation	2011/12 =114.1	2012/13 =108.8	2013/14 =107.9	2014/15 = 88.2	2015/16 = 90.3%	-			2015 Nat Mean=74.0%
	PROMs Hip Replacement adjusted health gain - EQ--5D index score - Primary Procedure	ANHSFT/ national	2013/14 ANHSFT=0.421 England = 0.436		2014/15 ANHSFT=0.441 England = 0.436		2015/16 ANHSFT=0.451 England = 0.442				nat mean =
	PROMs Knee Replacement adjusted health gain - EQ--5D index score - Primary Procedure	ANHSFT/ national	2013/14 ANHSFT=0.350 England = 0.323		2014/15 ANHSFT=0.333 England = 0.315		2015/16 ANHSFT=0.363 England = 0.322				nat mean =
	PROMs Groin hernia adjusted health gain - EQ--5D index score	ANHSFT/ national	2013/14 ANHSFT=0.054 England = 0.085		2014/15 ANHSFT=0.094 England = 0.084		2015/16 ANHSFT=0.100 England = 0.087				nat mean =
	PROMs Varicose vein adjusted health gain - EQ--5D index score	ANHSFT/ national	2013/14 ANHSFT=0.103 England = 0.093		2014/15 ANHSFT=0.126 England = 0.094		2015/16 ANHSFT=not available England =not available				nat mean =
	VTE incidence rate	% risk assessed	95.6%	Q4 = 95.18%	95.51%	95.01%	-	-			CQUIN target = ≥95%
	Re-admissions to hospital within 7 days of discharge: 16 years or above [CHKS]	%/ spells	3.2%	3.2%	2.9%	2.8%	-	-			< HES Peer 15/16 = 3.6%
	Re-admissions to hospital within 7 days of discharge: 0 - 15 years [CHKS]	%/ spells	7.6%	6.5%	6.6%	6.3%	-	-			< HES Peer 15/16 = 5.2%
	CAS alerts (outstanding / on-going)	n complete / n relevant alerts	0	0	0	0	-	-			100% compliance within timeframe
NICE Quality Standards	n non-compliant	0	0	0	2	-	-			Baseline assessment within 3 mths	
NICE Guidance Compliance TAGs within 90 days	n / relevant	100%	100%	83%	100%	-	-			target=100%	
Participation in relevant national clinical audits	n / relevant	2011/12 = 78.3%	2012/13 = 83%	2013/14 = 86%	2014/15 = 89%	2015/16 = 80%	2016/17 = xx%			target=95%	
<b>Research and Development</b>	Studies gaining NHS approval in 15 days or less	%			100%	100%	-	-			Green= ≥ 80%; Amber 60 -79%; Red = <60%.
	Proportion of closed commercial contract portfolio studies achieving or surpassing their recruitment target during the planned recruitment period	%		Indicators have been revised for 16/17 making previous comparison invalid	100%	100%	-	-			Green = 100%; Amber = ≥90%; Red = <90%
	Proportion of patients recruited to all portfolio studies as a percentage against annual target to date.	%			87%	80%	-	-			Green = ≥90%; Amber = 70-89%; Red = < 70%
	Proportion of portfolio studies achieving first participant recruited within 70 days of receiving confirmation of study site selection	%			100%	94%	-	-			Green = ≥ 80%; Amber = 60 -79%; Red = <60%
	R&D: Suspected unexpected serious adverse reactions (SUSARS)	n			0	0	-	-			threshold=0