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| Report to: | Council of Governors | | | | |
| Date of Meeting: | 26 January 2017 | | | | |
| Report Title: | Q2, Quality Improvement Account | | | | |
| Status: | For information | Discussion | Assurance | Approval | Regulatory requirement |
| Mark relevant box with X | X | X | | | |
| Prepared by: | Caroline Booton – Clinical Quality Analyst | | | | |
| Executive Sponsor (presenting): | Karl Mainprize, Medical Director | | | | |
| Appendices (list if applicable): | Appendix 1: Q2, Quality Dashboard | | | | |

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| Purpose of the Report |
| To inform the Council of Governors of the issues within the Trust in relation to Quality Improvement |

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| Key points for discussion |
| <p>The Trust is required to monitor and analyse quality and safety activity in accordance with its statutory duty of quality and through the provision of accurate, valid and reliable data on clinical quality and patient safety, the Trust seeks to identify vulnerabilities and priorities against which corrective action can be taken.</p> <p>The report covers the period July to October 2016 and marks the second quarter of the fiscal year.</p> <ul style="list-style-type: none"> ▪ In the second quarter of 2016/17, there were 18 complaints, a value consistent with the preceding equivalent period. Four complaints originated as PALS contacts. ▪ One case of C-difficile was reported compared to three in the previous equivalent reporting period. Investigation found this case to be avoidable. There were no cases of MRSA bacteraemia. ▪ The latest release from the National Reporting and Learning System (NRLS) shows the Trust's median reporting rate compares favourably with the acute (non-specialist) cohort of organisations with performance within the upper quartile for the third consecutive reporting period. Work to improve how quickly incidents are uploaded to the NRLS is on-going to ensure lessons can be learned and action taken to prevent harm to others. ▪ The SHMI ratio for the period April 2015 to March 2016 is 0.94, remains below the national average and is banded within expected (2). ▪ The Patient-Led Assessment of the Care Environment (PLACE) 2016 results were published in September 2016 with scores available at site level. 'Ward food', 'Privacy, dignity and wellbeing' are in the lower quartile for all participating sites (Castleberg and Airedale General Hospital). ▪ The Safety Thermometer measures the percentage of harm free care as defined by the absence of falls, pressure ulcers, catheter acquired urinary tract infections and venous thromboembolism. In the last 25 months the percentage of patient receiving harm free care has steadily increased from around 90% to around 95%, a percentage which compares favourably with the regional and England average. |

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| Recommendation |
| The Council of Governors is asked to receive this report. |