



Airedale

NHS Foundation Trust

Quality Report

2023-24



thriving people,
healthy communities

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Part 1: Statement on Quality from the Chief Executive

It is my pleasure to introduce this Quality Report, which outlines the quality focus and ambition of colleagues across our organisation for the people we serve.

We continue to focus on our responsibilities as an integrated acute and community provider. Partnership is a key element of our Trust strategy, and a key enabler of us improving the services and pathways for our population. This year, we have been refreshing our clinical strategy to support our New Hospital plans which progress at pace. Our role as an anchor institution is one which we take very seriously, and we provide clinical services across a number of locations including some innovative mobile and digital services. We continue to play an active part in our Act as One workstreams in NHS Bradford District and Craven, supporting wider transformation across our district.

This year, we have materially changed the organisational approach to learning to drive quality. We have transitioned from the previous Serious Incident framework to the Patient Safety Incident Response Framework, a new system for responding to and learning from patient safety incidents. This represents a process change and is supported by some key enabling work by our Patient Safety and Learning team. But more importantly, it represents a cultural change in which healthcare is recognised as a complex system in which learning from both incidents and excellence drives improvement. This has been underpinned by the ongoing focus on human factors and ergonomics in healthcare, with training from ward to Board level provided by skilled colleagues in the Trust whose expertise is now shared in our wider system. This approach to learning for improvement also links clearly to our ambition around our Quality Priorities.

In the year, we have also progressed work for our EPR (electronic patient record). Through that preparation, colleagues are taking the opportunity to refine and improve processes, documentation, and pathways to ensure that the new system doesn't just document care but enhances it.

It has been a busy year for teams, and one in which there are a number of transformation priorities. The overarching intent of our Trust Strategy remain true – the ambition to have Thriving People and Healthy Communities.

I would like to thank all our colleagues and service users, and our wider community, for the support which you continue to offer to the Trust.

1.1 Signed Declaration

It is important that our Quality Report is accurate and presents an honest picture of our care. We seek to foster an open and transparent culture so we can understand where improvements are needed. As Chief Executive of Airedale NHS Foundation Trust, I can confirm that the information used and published in the Quality Report is, to the best of my knowledge, accurate and complete.

**Foluke Ajayi, Chief Executive
Airedale NHS Foundation Trust**

Date: 30th May 2024



Part 2: Quality Priorities 2023/2024

The quality priorities set out in the Quality and Safety Strategy in 2020 were divided into three key areas Patient Safety, Patient Experience and Clinical Effectiveness.

At the Quality and Safety Committee in October 2022 there was support for the proposal to have fewer quality priorities with a clear focus on outcomes. In addition, there will need to be an alignment to the quality priorities identified as part of the Integrated Care Board for Bradford, Airedale and Craven. The priorities listed below are monitored in sub committees to the board, the Divisional Performance review process and are also reported within the Integrated Performance Report which is presented to board.

2.1 Priority 1

Patient Safety

- Safe discharge of patients
- Safe Maternity Services (Place based priority)
- Pressure ulcer and falls management

2.2 Priority 2

Clinical effectiveness

- Medicines safety – time critical medicines
- Mental Health for Adults and Children (Place based priority)
- Deteriorating patient – management of sepsis

2.3 Priority 3

Patient experience

- Care of people with Dementia
- End of life care

2.4 Statements of Assurance from the Board of Directors

The following statements serve to offer assurance that the Trust is measuring clinical outcomes and performance, is involved in national projects aimed at improving quality and is performing to essential standards.

2.4.1 Review of services

During 2023/2024 Airedale NHS Foundation Trust provided and/or sub-contracted 83 relevant health services [as per NHS Improvement's Provider Licence].

The Airedale NHS Foundation Trust has reviewed all the data available to them on the quality of care in 83 of these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 was funded through block contracts, with our commissioners, to cover all services provided to the organisation by the specified commissioner.

2.5 Participation in clinical audit and national confidential enquiries

Airedale NHS Hospitals Foundation Trust's (ANHSFT) participated in 41 of 47 eligible national audits for the 2023/24 quality accounts of which (3) were confidential enquiries.

A breakdown of audits and confidential enquiries for which data were submitted including non-participations and provider suspended audits are listed in Table 1. In the same period a total of 131 ad hoc audits were supported by the clinical audit and effectiveness team.

Table 1: National clinical audits undertaken by Airedale NHS Foundation Trust

Ref	Audit Title	Eligible	Participated	Per cent /Number of cases
1	Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	x	-
2	National Cardiac Audit Programme: Heart Failure Audit (NCAP)	✓	✓	100%
3	National Cardiac Audit Programme: Myocardial Ischaemia/MINAP	✓	✓	100%
4	National Cardiac Audit Programme: Cardiac Rhythm Management	✓	✓	100%
5	National Diabetes Audit - Adult Core	✓	x	-
6	National Diabetes Audit - Adult Footcare	✓	x	-
7	National Diabetes Audit - Adult Inpatient Care	✓	x	-
8	National Diabetes Audit - Adults Pregnancy in Diabetes	✓	x	-
9	Emergency Medicine QIP (Care OF Older People)	✓	✓	10 cases
10	Major Trauma Audit (TARN)	Suspended	Suspended	-
11	National Respiratory Audit Programme (NRAP): COPD Secondary Care Work stream	✓	✓	100%
12	National Respiratory Audit Programme (NRAP): Adult Asthma Secondary Care Work stream	✓	x	-
13	National Lung Cancer Audit (NLCA)	✓	✓	100%
14	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	100%
15	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	100%
16	BAUS Nephrostomy Audit	✓	✓	100%
17	National Oesophageal Cancer Programme (NOGCA)	✓	✓	100%
18	National Prostrate Cancer	✓	✓	100%
19	Perioperative Quality Improvement Programme (PQIP)	✓	✓	100%
20	National Emergency Laparotomy Audit (NELA)	✓	✓	100%
21	National Cancer Audit Collaborating Centre- National Audit of Metastatic Breast Cancer	✓	✓	100%
22	National Cancer Audit Collaborating Centre- National Audit of Primary Breast Cancer	✓	✓	100%
23	Case Mix Programme (CMP)	✓	✓	432 cases
24	National Ophthalmology Audit (NOD)	✓	✓	100%
25	Elective Surgery - National PROMS Programme - Hip Replacement	✓	✓	67.1%***
26	Elective Surgery - National PROMS Programme - Knee Replacements	✓	✓	66.0%***
27	Falls and Fragility Fractures Audit Programme (FFFAP) - Hip Fracture Database	✓	✓	100%
28	Falls and Fragility Fractures Audit Programme (FFFAP) - Fracture Liaison Database	✓	✓	70%
29	National Joint Registry (NJR)	✓	✓	100%
30	National Bowel Cancer Audit (NBOCAP)	✓	✓	100%
31	Falls and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	✓	✓	100%
32	National Audit of Dementia (Care in General Hospitals)	✓	✓	100%
33	National Cardiac Arrest Audit (NCCA)	✓	✓	100%
34	Learning Disabilities Mortality Review Programme (LeDer)	✓	✓	100%
35	Serious Hazards of Transfusion Scheme (SHOT)	✓	✓	100%
36	National Comparative Audit of Blood Transfusion	✓	✓	100%
37	National Maternity and Perinatal Audit (NMPA)	✓	✓	100%

Ref	Audit Title	Eligible	Participated	Per cent /Number of cases
38	Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	100%
39	National Audit of Seizures and Epilepsy in Children and Young People (Epilepsy 12)	✓	✓	100%
40	National Neonatal Audit Programme - Neonatal and Special Care (NNAP)	✓	✓	100%
41	National Paediatric Diabetes Audit (NPDA)	✓	✓	100%
42	National Respiratory Audit Programme (NRAP): Children and Young People Asthma Secondary Care Work stream	✓	✓	100%
43	National Audit of Care at the End of Life (NACEL)	Suspended	Suspended	-
44	Adult Respiratory Support Audit	✓	✓	100%
45	Breast and Cosmetic Implant Registry	✓	✓	100%
46	UK Parkinson's Audit	Suspended	Suspended	-
47	National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	✓	✓	82 cases

Table 1: National Confidential Enquiries (NCEPOD) undertaken by Airedale NHS Foundation Trust

Ref	Title	Eligible	Participation	Per cent eligible/patients submitted
48	Juvenile Idiopathic Arthritis Study	✓	✓	1 case
49	Endometriosis	✓	✓	1 case
50	End of Life Care	✓	✓	5 cases

*Audit contributing to a non-statutory national audit

** only Q1-Q3 reported

*** 2021/22 data, 2022/23 data yet to be published unavailable

X Did not participate

Suspended – Paused by provider

The following are highlights from some of the national audits:

The Trust participated in the Chronic Obstructive Pulmonary Disease Audit (COPD) which is a part of the continuous NRAP Audit. Below is the summary of the Trust's participation in the 2023/24 audit cycle.

Key successes:

- The respiratory consultants now do an in-reach service on the Acute Assessment Unit (AAU) which has enabled more patients admitted with an exacerbation of COPD to be seen by a respiratory specialist within 24 hours of admission.
- There are now x2 smoking cessation practitioners who have started in the Trust last year.

Key concerns:

- Capacity issues/workload within the team continues to be an issue making it less likely to achieve the Best Practice Tariff (BFT) in the future.
- The service only runs Monday-Friday so patients admitted/discharged over the weekend will not be reviewed making it harder to achieve the BPT going forward.
- Some missed review bundles are attributable to the clinician referral issues.

Action plan:

- Business case for the expansion of the Respiratory specialist nurse team in place.
- The COPD audit BPT is to be a standing agenda item on the respiratory business meeting.

Sentinel Stroke National Audit Programme (SSNAP)

This audit is a joint work with Bradford Teaching Hospital NHS Foundation Trust and commissioners. It provides timely intelligence of stroke care for the continuous improvement of the service. The following are the highlights from the 2023/24-year period.

Key successes:

- Dedicated teams across both sites for submitting and reporting thereby eliminating the long wait for reporting and performance projection.
- Overall score is now a D with an overall C projection for next quarter.

Key concerns:

- Reduced staffing in stroke responder team and the stroke unit impacting on scanning, some front-end pressures such as bed pressures and A&E pressures, delayed thrombolysis, time seen by specialist nurses and discharges.

Action plan:

- Staffing model to be reviewed, business case submitted to increase both the therapy staff and discharge team staff respectively.
- Opening of new rehab ward to improve on front end performance. We have reintroduced breach meetings at BRI to try and improve front end performance.
- Introduction of weekly breach meetings to review missed 4hr stroke ward target.

National Emergency Laparotomy Audit (NELA)

Through the provision of high-quality comparative data from all providers of emergency laparotomy, NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy.

Key successes:

- Excellent data input with many measures achieving 100% data completeness.
- Consistently achieving risk documentation before and after surgery.

Key concerns:

- Best tariff practice not achieved in first two quarters.
- Consultant anaesthetist presence for high-risk patients still below recommendations.
- Our patient numbers are so small some of the data is insufficient for comparison with other Trusts.
- Perioperative Assessment by a member of the geriatrician-led multidisciplinary team for frail patients is rarely happening.

Action plan:

- Disseminate data with Anaesthetic colleagues to agree to increase Consultant presence and accurate data input during surgery. (Ongoing, anaesthetic NELA lead reminds them periodically)
- Ensure highest risk patients get reviewed by senior nursing team and appropriately referred to ortho-geriatricians

2.5.1 Participation in Clinical Research

Research is a core part of the NHS, focused on improving the current and future health of the population. The people who carry out research here are the same doctors and other health professionals who treat and care for our patients daily. Currently there are 110 senior clinical staff actively participating in ethically approved research across 22 differing clinical specialties.

A clinical trial is a particular type of research that evaluates one treatment against another. Airedale research team recruited 1816 onto national ethically approved clinical trials and studies in 2023/24. As a research active Trust during the previous year, we participated in 101 clinical research studies across a wide range of specialties, of which 94 were on the National Portfolio database of studies, of these portfolio studies 32 were in various stages of follow-up. During 2023/24 Airedale has achieved all the National Institute for Health Research high level objectives for performance in initiating and delivering research, exceeding the participant recruitment target by 263%, we are currently ranked as the top site in the Yorkshire and Humber for recruitment of first patient within 30 days of opening at trial.

The Trust has been committed to expanding research into new specialties to improve the quality of care and outcomes for the population we serve. The primary motivation for conducting research within the Trust is for the advancement of knowledge and promotion of evidence-based practice within clinical care. We aim to offer every patient the opportunity to take part in a clinical trial or study. This is reflected in both the number of research studies undertaken during 2023/24, and the participants recruited onto clinical trials and studies.

In the last three years, Airedale has been formally acknowledged as a contributor to studies reported in several publications due to our involvement in National Institute for Health Research portfolio studies. This demonstrates our commitment and desire to improve patient outcomes and experience across the NHS. In addition to this, a further 31 papers arising

from academic and own account research have been published in peer reviewed journals since April 2023.

Our engagement in clinical research demonstrates the commitment of Airedale NHS Foundation Trust to improving the quality of care offered to our patients, whilst contributing to wider health improvement, aiming to help the population we serve to live longer healthier lives.

The following illustrates how research taking place locally has produced new evidence with the potential to affect understanding and change clinical practice.

PRIMETIME research trial

The Airedale R&D team have successfully participated and recruited eligible Early Breast Cancer patients to the Primetime Study. The study allocated treatment of radiotherapy or not to eligible breast cancer patients, the treatment decision was directed by a biomarker algorithm. Patients' biopsy samples are sent for gene testing (Ki67) the results of which are used in an IHCA+C algorithm. The tumour grade, size, confirmation of node negativity, patient age, endocrine therapy, ER and PgR scores coupled with the HER2 status are used to group patients according to recurrence risk.

Patients in a low/moderate risk group are directed to receive radiotherapy, and patients in the extremely minimal risk group are directed to receive endocrine therapy, as the risks of radiotherapy are likely to outweigh the benefits for this group. The exceptionally minimal risk group avoided potential "over-treatment" and associated side effects. In the interests of patient safety, patients will receive annual mammograms for the next 10 years, against standard care of five years of annual mammograms. The study will monitor the long-term outcome of patients to provide evidence-based information to shape future safe treatment strategies.

Preventing over treatment and the associated risk of secondary cancers and radiation induced cardiac toxicity, the Trust was able to focus resources on treating the higher risk patients with radiotherapy treatment. This clinical trial was a success for us as a Trust, because of great teamwork by the Research Department, the entire Breast Team and Histopathology department. We are exceptionally grateful to the patients and their families who agreed to take part in this study. Recruitment for this has recently closed and all participants will remain in follow up until 2032.

Routine Testing for Group B Streptococcus (GBS3 Trial)

GBS3 is an important national service improvement study, testing for Group B Streptococcus (GBS bacterium present in 1 in 4 pregnant women. The study aims to detect the infection early enough to avoid neonatal deaths from sepsis, the secondary aim is to provide evidence for the test to become standard care here in the UK, as is the case in other countries including Australia, USA, Spain, France, and Canada. Airedale and Bradford Teaching Hospitals joined together and successfully collaborated as placed based partner to improve and increase the safety of our maternity services. We are proud that Airedale and Bradford were the only sites nationally to jointly participate in this study to provide safe and improved care to the population we serve. The trial closes at the end of March 2024, working together as collaborating sites we have jointly recruited almost 4000 patients onto the study. We are proud to be part of this important service improvement programme, our patients have had the opportunity to be part of helping to shape the future of maternity services making them safer for all. The R&D team, Maternity Unit, Pathology department and all our patients have been fundamental in helping to save lives through participating and supporting this patient safety and service improvement research.

2.5.2 Use of Commissioning for Quality and Innovation framework

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing needs and purchasing services. A proportion of a provider's income is conditional on the achievement of quality and innovation as set out in the Commissioning for Quality and Innovation (CQUINS) payment framework.

Use of CQUINS payment framework

A proportion of Airedale NHS Foundation Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between Airedale NHS Foundation Trust, and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (where applicable).

Further details of the agreed goals for 2023/24 and for the following 12 month period are available electronically at: [NHS England » Commissioning for Quality and Innovation](#)

As part of the drive to improve quality, an amount of funding to be paid to the Trust during 2023/24 for the delivery of services to our patients was dependent upon achieving a range of quality markers. This scheme (CQUIN) linked £2,428,000 (to be confirmed) of our funding to the delivery of the agreed quality indicators.

In 2023/2024, the Trust achieved CQUINS standards consistently around the prompt switching of IV to oral antibiotics, timely communications regarding changes to medicines, recording of NEWS2 scores for unplanned Critical Care admissions, malnutrition screening in the community and the treatment of Non-Small Cell Lung Cancer (Stage 1 or 2) in line with the national optional Lung Cancer pathway. There were also notable improvements throughout the year, due to improvements in processes and documentation regarding the recording of NEWS2 scores for unplanned Critical Care admissions and in pressure ulcer risk management.

During 2022/23 Airedale NHS Foundation Trust delivered CQUINS to the value of £1,783,000 to the satisfaction of our commissioners.

2.5.3 Registration with the CQC

The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

Statements from the Care Quality Commission

Airedale NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions. Airedale NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against Airedale NHS Foundation Trust during 2023/24.

Airedale NHS Foundation Trust participated in an inspection by the Care Quality Commission of maternity services which took place on 6th December 2022. The service was rated as Requires Improvement under the Safe and Well Led key questions and has undertaken work to address the required improvements the CQC identified. The final inspection report is available from the CQC website: [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

The CQC implemented their Single Assessment Framework throughout England from February 2024 following a series of pilots in the South of England. The new Framework will use Quality Statements which set clear expectations for providers. Underpinning the Quality Statements are six evidence categories which the CQC will use during their assessments to understand the quality of care being delivered.

The Trust maintains active communication with the CQC via a programme of relationship meetings which take place on a quarterly basis. These alternative between virtual and on-site visits which include visiting clinical areas.

2.5.4 Information on the Quality of Data

Good data quality underpins the effective delivery of improvements to the quality of patient care. The Secondary Uses Service (SUS) is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research, and national policy development.

NHS Number and General Medical Practice Code Validity

Airedale NHS Foundation Trust submitted records during 2023/24 in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data – which included the patient’s valid NHS number, was:

100% for admitted patient care;

100% for outpatient care; and

99.8% for accident and emergency care.

– which included the patient’s valid General Practitioner Registration Code was:

100% for admitted patient care;

100% for outpatient care; and

100% for accident and emergency care.¹

Information Governance Assessment Report

Information governance (IG) ensures necessary safeguards for the appropriate use of patient and personal information. The Data Security and Protection Toolkit (DSPT) allows NHS organisations and partners to assess themselves against national IG policies and standards. It forms part of a framework for assuring that organisations are implementing the National Data Guardian security standards and meeting statutory obligations on both data protection and data security.

The annual DSPT (Data Security and Protection Toolkit) 2022/23 assessment deadline for submission for all NHS Trusts was 30th June 2023 and is when our end of year submission took place. The Trust was compliant with all mandatory standards and declared Standards Met.

The DSPT 2023/24 Assessment is underway with completion and final submission to take place on or before 30th June 2024. An annual internal audit review began 11th March 2024 and was still in progress at the time of this report. Progress against the 2023/24 Assessment is being closely monitored and reported at Information Governance Group. The forecast final position of Standards Met will be confirmed once all evidence has been provided against the mandatory standards and approved prior to final submission on 30th June 2024.

Clinical Coding error rate

Airedale NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.²

¹ NHS Digital *Data Quality Maturity Index - November 2023* [published February 2023]

² NHS Improvement comment: References to the Audit Commission are now out of date because it has closed. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this

However, the Trust was subject in this period to an approved external clinical coding audit as part of *Data Security and Protection Toolkit* (DSPT) national requirements. The error rate reported in December 2023 for diagnoses and treatment clinical coding is as follows:

- Primary Diagnosis: 7%(DSPT – mandatory required level <10%)
- Secondary Diagnosis: 6% (DSPT – mandatory required level <20%)
- Primary Procedure: 8%(DSPT – mandatory required level <10%)
- Secondary Procedure: 7% (DSPT – mandatory required level <20%)

The audit reviewed the clinical coding accuracy of 200 finished consultant episodes (FCEs) and covered a cross-section of all inpatient specialties and was across all members of the Clinical Coding Team.³

It should be noted that results from clinical coding audits should not be extrapolated further than the actual sample audited.

Airedale NHS Foundation Trust will be taking the following actions to improve data quality as recommended in the audit report:

All mandatory standards were met, the following audit recommendations will be reviewed in coming months:

- Update the local policy for the Clinical Coding Department.
- Undertake training to visit Clinical Coding errors found in the report. (All errors found in the audit were fed back to the Coding Team and training needs identified as applicable.)

2.5.5 Learning from Deaths

The Trust has acted on guidance published by NHS Improvement in relation to the *Learning from Deaths Framework*; monitoring and learning from mortality is published each quarter.

During 2023/24 693 of Airedale NHS Foundation Trust inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

163 in the first quarter;

142 in the second quarter;

184 in the third quarter;

204 in the fourth quarter.

By 31/03/24, 124 case record reviews and no investigations have been required in relation to the deaths included above.

There were no cases where a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review **or** an investigation was carried out was:

45 in the first quarter;

programme has applied a new methodology and there is no longer a standalone 'coding audit' with errors rates as envisaged by this line in the regulations.

³ The sampling consisted of a random selection of episodes between June 2021 and November 2021 and a random selection from the following specialities: General Surgery, Urology, Trauma and Orthopaedics, ENT, Ophthalmology, Oral Surgery, Accident and Emergency, General Medicine, Gastroenterology, Clinical Haematology, Cardiology, Respiratory Medicine, Medical Oncology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine.

39 in the second quarter;

25 in the third quarter;

15 in the fourth quarter

4/124 (3%) of patient deaths during the reporting period are judged to be 'more likely than not' to have been due to problems in the care provided to the patient.

(Scored 1: death definitely avoidable or Scored 2: Strong evidence of avoidability of death)

In relation to each quarter, this consisted of:

0% in the first quarter;

1.6% in the second quarter;

1.6% in the third quarter;

0% in the fourth quarter.

These numbers have been estimated using the Trust Mortality Review Tool; whereby 20 random sets of medical records are chosen and reviewed by trained reviewers using an online tool. Any issues both where learning can be achieved along with excellent care provided are discussed within the Mortality Review Group and shared with Speciality Governance Group for improved care.

The following is a summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the overall inpatient deaths:

- There have been several themes identified during the process in 2023/24 and these include:
- An increase in the excellence of the management of end-of-life care.
- Clear documentation of family and patient involvement in decision making along with the plans agreed and implemented and open and honest discussions.
- Recognition of the dying patient was noted to have been recognised earlier and resulted in earlier implementation of End-of-Life Care.

As a consequence of what the Trust has learnt during the reporting period, the following actions have been taken:

- Sharing of monthly learning outcomes with relevant specialty governance leads for discussion and action planning.
- Sharing of excellence in the use of the *End-of-Life Pathway* and other areas of patient care.
- Sharing of excellence in care by individuals and teams in various Trust settings.
- Reviewers from a range of disciplines have been recruited and trained to build resilience into the system.
- *The following actions are proposed following the reporting period:*
- The reviewer training will continue with a key focus on supporting the challenging conversations for staff in caring for dying patients and their families.
- Additional multi-disciplinary reviewers will continue to be recruited and trained to enable further resilience and support for the review process.

An assessment of the impact of the actions taken by the provider during the reporting period is as follows:

- Improved communication/relationship between governance leads and mortality chair.

- Improved communication/relationship between mortality review group and consultant body.
- Recognition of positive behaviours with examples of excellence flagged to individuals and teams.
- Increased recognition of patients who are dying and with increased use of end of life pathway for dying patients.

No case record reviews and no investigations completed after 01/04/23 related to deaths which took place before the start of the reporting period.

None of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In 2023/24 the Trust engaged in a 'Control and Improvement Audit' with Audit Yorkshire for Learning from Deaths and Mortality. The second stage of the audit completed in March 2024 with a '*High Assurance*' opinion issued.

2.5.6 Duty of Candour

There is an organisational and professional requirement for healthcare providers and registered practitioners to be open with patients and apologise when things go wrong. This is detailed in the Trust's Duty of Candour and Being Open Policy. The policy has been updated to include information on psychological harm. A flow chart has also been added to guide staff on which incidents required Duty of Candour to be undertaken.

Training on the Duty of Candour is available for all staff and is included in the patient safety element of face to face staff induction.

The incident reporting system continues to provide evidence of compliance with the Duty of Candour Regulation where it applies. A quarterly audit of compliance with the Duty of Candour is in place providing assurance and ongoing oversight.

2.5.7 Staff who speak up

Freedom to Speak Up (FTSU) is core to the delivery of the People Strategy, supporting the development of our culture at Airedale and reinforcing the Right Care values and behaviours. FTSU processes are in place to support patient safety and improve staff experience.

In the first two quarters of 2023, slightly more than half of the cases (54%) referenced bullying or other inappropriate attitudes or behaviours as the primary reason for contacting the guardian. This represents a slight increase compared to the same time last year when 44% of cases identified some form of poor behaviour as the main reason for contacting the FTSU Guardian.

A FTSU action plan is in place to support the work to improve the FTSU culture at the Trust. It is important to note that the development side of the role continues to be a challenge because complex case work and reduced service capacity have both impacted the resource for service development.

The Trust has:

- Implemented a new case recording system for FTSU
- Updated the FTSU policy to reflect the new national policy template
- Developed a new FTSU implementation plan based on the Board review
- Attended Board development session
- Started developing targeted interventions to raise the profile of the FTSU Guardian

- Raised profile of FTSU service – attended team meetings, visited Castleberg Hospital, working in partnership with AGH Solutions, working with communications colleagues to implement Communications plan, filmed induction for new starters

2.5.8 Learning Disabilities Improvement Standards

The Trust continues to further develop and enhance services and pathways for people with learning disabilities/neurodivergence. The learning disability improvement standards for NHS trusts maintains a focus on 4 core areas of practice: respecting and protecting rights; inclusion and engagement; workforce and specialist learning disability services.

The Trust continues to engage with the benchmarking of learning disability standards to evaluate our compliance against these core areas from an acute trust perspective. The most recent submission of data completed in January 2024 and the final report is anticipated towards the end of the year.

Working closely with colleagues across PLACE, the Trust is continuing to focus on the experiences of people with a learning disability/neurodivergence and their families. Key areas of work have been identified:

1. Readily identify all people with a learning disability/neurodivergence as they present to services including elective, emergency and outpatients contacts supported by implementation of the Reasonable Adjustment Digital Flag. Phase 1 is progressing well and the Trust is mindful of the implications of this when transitioning to a new EPR system in September 2024.

In elective services, the Trust continues to provide dedicated pre-operative sessions inviting people with a learning disability/neurodivergence to attend the wards and operating theatres in advance of any planned attendance (as appropriate) to understand what is likely to happen. These are positively evaluated by patients and their families.

In outpatients' services people are offered longer times for appointments where a learning disability/neurodivergence is identified, this is a much improved practice and continues to be a core focus for future work.

In non-elective services, people who are identified as having a learning disability/neurodivergence are not always flagged on their medical records as having additional needs. This process is under review across both acute and primary care services with a project currently cross-referencing the Primary Care Register against inpatients records. Whilst this process is clearly identifying people known to have a learning disability, this does not always capture people who may never have accessed services, who are from out of area or who may choose to not disclose any disability/neurodivergence. The Trust is working to identify the personalised care needs of these service users and supports reasonable adjustments to support effective health care.

2. The Trust process for identifying people with a learning disability and/or autism who have died is much improved and leading to more timely referrals to LeDeR for review. Prior to referral for LeDeR an SJR is undertaken so that any immediate learning can be identified and implemented in a more timely manner. Learning from deaths to positively influence practice is improving but remains a key focus of ongoing work. Following the re-establishment of the LeDeR focused meetings for both Bradford and North Yorkshire, feedback on Trust practices have been very positive with personalised care, pain management, capacity assessments and person-led care being areas of positive practice. Multiagency communication remains a challenge and is a priority across PLACE.

An audit was undertaken in September 2023 to identify the number of people who had a known learning disability who were referred to the Trust on fast-track cancer pathway for specialist review. The retrospective audit reviewed patients over the preceding 5yrs, noting gender, age, location of cancer, screening opportunities and outcomes, to identify any health inequalities or lessons to be learned. The audit found 87 patients with a learning disability had been referred for a cancer review during this timescale. Of these patients there were 52 females and 37 males with an average age of 51yrs. 86% (n=75) of people were seen within 14 days, 7% were seen within 21 days and the longest wait was one person of 40 days. None of the 12 people who waited longer than 14 days received a cancer diagnosis.

9 people from 87 received a cancer diagnosis and of these 5 had undergone health screening. 4 people did not attend screening and it is not evident whether screening was offered. Of the 87 people identified, 4 people died following a diagnosis of breast or urology cancer.

3. Following feedback on benchmarking against the Learning Disability Improvement Standards 2023 the Trust has recently appointed a Learning Disability Specialist Practitioner to lead on the strategic and operational development of services for people with a learning disability/neurodivergence.
4. The Trust is working closely with PLACE partners to ensure implementation of the Oliver McGowan training is timely and effective across all providers. Whilst awaiting the code of practice, the Trust has started to roll out Oliver McGowan e-learning modules for all staff groups.

2.6 Reporting Against Core National Indicators

To provide a better understanding of comparative performance, the *Quality Report* includes a core set of mandatory national quality indicators selected from the *NHS Outcomes Framework* and categorised within national quality improvement domains. The measures reflect data that providers report on nationally and conform to specified data quality standards and prescribed standard national definitions which are subject to appropriate standardised scrutiny and review.

To understand whether a particular number represents good or poor performance, the national average, outlier intelligence and a supporting performance commentary is included (where available). Unless indicated, the data source for the following indicators is NHS Digital. In line with national guidance, information for (at least) the last two reporting periods is provided.⁴

Domain 1 – Preventing people from dying prematurely

2.6.1 Summary hospital-level mortality indicator (SHMI)

The SHMI is not an absolute measure of quality but is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across services.

The SHMI is based on all primary diagnoses, with deaths measured which take place in or out of hospital for 30 days following discharge. The SHMI value is the ratio of observed

⁴ Data source: <http://content.digital.nhs.uk/qualityaccounts>

deaths in the Trust over a period of time divided by the expected number given the characteristics of patients treated (where 1.0 represents the national average). Depending on the SHMI risk adjusted value, Trusts are banded between 1 and 3 dependent on whether their SHMI is low (3), as expected (2) or high (1) compared to other Trusts.

Table 4: SHMI

	Jan 22 – Dec 23 Pub: May 23	Apr 22 – Mar 23 Pub: Aug 23	Jul 22 – Jun 23 Pub: Nov 23	Oct 22- Sep 23 Pub: Feb 24
Airedale NHS Foundation Trust SHMI value	0.92	0.89	0.89	0.90
National average	1.00	1.00	1.00	1.00
The highest value for any acute trust	1.22	1.21	1.21	1.23
The lowest value for any acute trust	0.71	0.72	0.71	0.68
Airedale NHS Foundation Trust SHMI banding	2	2	2	2

Domain 2 – Enhancing the quality of life for people with long-term conditions

2.6.2 Long Term conditions

The SHMI takes account of underlying illnesses such as diabetes and heart disease. By including a measurement of the potential impact of providing palliative care on hospital mortality, additional context to the SHMI value and banding is offered.

	Jan 22 – Dec 23 Pub: May 23	Apr 22 – Mar 23 Pub: Jul 23	Jul 22 – Jun 23 Pub: Nov 23	Oct 22- Sep 23 Pub: Feb 24
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level for Airedale NHS Foundation Trust	20	21	21	23
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level average for England	40	40	41	42
The highest value for any acute trust	65	66	66	66
The lowest value for any acute trust	11	14	14	15

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- Trust mortality data is submitted in accordance with established information reporting procedures and data quality definitions.
- To date, the SHMI for the Trust has remained consistent and not subject to significant variation. The Trust continues to view this in line with internal scrutiny of data quality.
- SHMI data is provided through NHS Indicators and is formally signed off by the Medical Director on a quarterly basis.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services, by:

- Preliminary screening of inpatient deaths ensures any deaths deemed avoidable or associated with an adverse event are highlighted. Any identified cases along with an additional random sample are routinely reviewed by a consultant-led Trust Mortality Review Group each month using a standardised and structured case note review process.
- A maternal death, death of a child or a death in the Emergency Department are not included in this work, but instead are subject to a specialist independent process.
- The Quality and Safety Committee receives an enhanced, integrated Learning from Deaths report deriving information from multiple sources. This compliments the “metrics” in HSMR and SHMI in the Integrated Board report.
- Appraisal of mortality, morbidity and other correlative data at the Quality and Safety Committee, Patient Safety and Learning Group and specialty clinical governance meetings further supports this work.

Areas identified for development:

- Themed mortality reviews will continue to identify any learning within specialities and across the organisation.
- Assurance in relation to cross organisation learning from the multiple domains of learning from deaths is being challenged via a control improvement audit by Internal Audit commissioned by the Medical Director.
- Integration of the community and in hospital elements of the Medical Examiner service across Bradford District and Craven are providing a rich opportunity to derive further learning and share best practice.

Domain 3 – Helping people recover from episodes of ill health or following injury

2.6.3 Patient Reported Outcome Measures (PROMs)

PROMs indicate patients’ health status or health-related quality of life from their perspective, based on information gathered from a questionnaire that they complete before and after surgery. PROMs offer an important means of capturing the extent of patients’ improvement in health following ill health or injury.

Airedale’s adjusted average health gain is presented alongside the national average and 95 per cent control limits. An average adjusted health gain allows fair comparison as the characteristics of the patient and level of complexity is accounted for. It is a measure of outcomes in the sense of how much a patient has improved because of the surgery. A high health gain score is good.

The standardised EQ-5D measure is presented as this applies to all elective conditions. However, this is less sensitive than condition specific measures and for a more complete analysis, the Oxford Score is also provided. The following information relates to all procedures (primary and revisions).

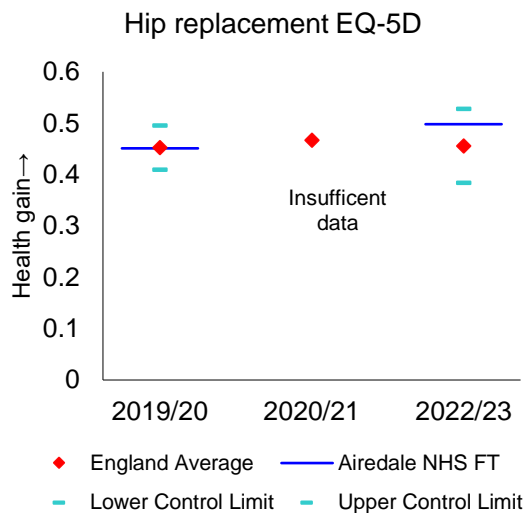


Figure a

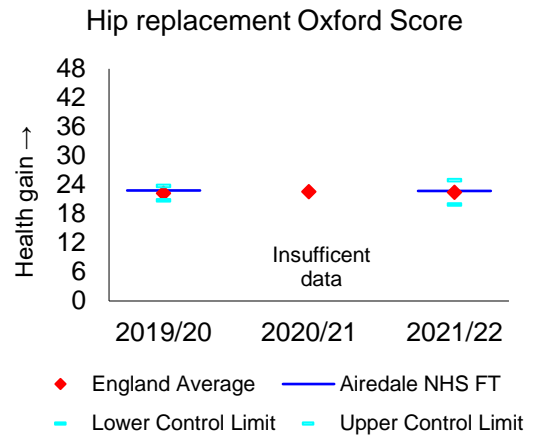


Figure b

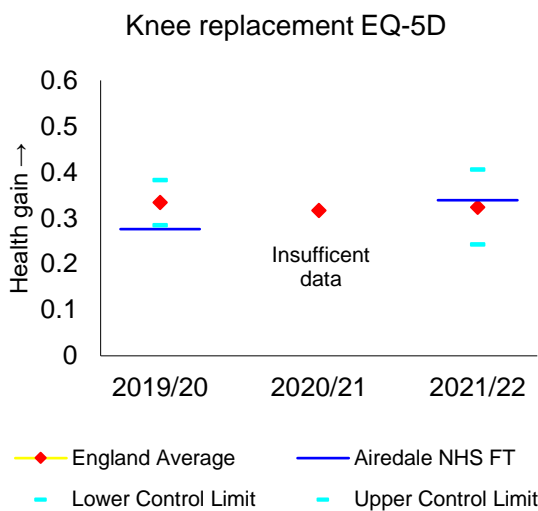


Figure c

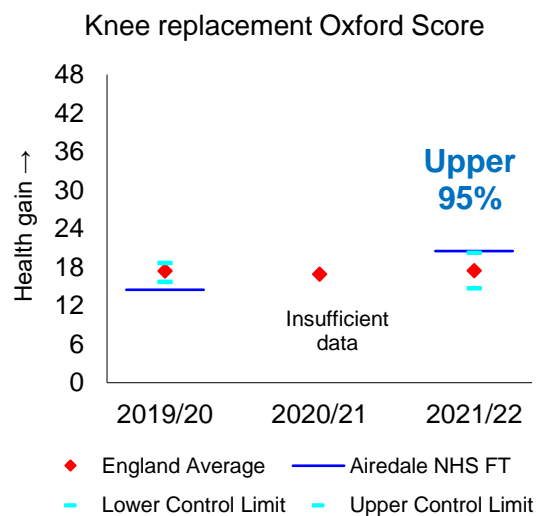


Figure d

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- As in previous years, the 2022/23 dataset is not included and as there is limited response data at this stage: post-operative questionnaires are not sent to Orthopaedic patients until six months after the procedure is carried out.
- NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. A reduced service continued during the 2021/22 reporting period. This has directly impacted upon reported volumes of activity pertaining to hip and knee replacements reported in PROMS.
- To generate meaningful intelligence NHS Digital, require at least 30 modelled records for each procedure. As there were only 23 eligible hip replacement procedures and 20 eligible knee replacement procedures in 2020/21 it is not possible to refresh the figures.
- While Airedale's participation rates are in line with the previous years, publication covers a period where restrictions and changes to behaviours may have affected overall response levels.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve the score and so the quality of its services, by:

- The service is a positive outlier for in the Oxford Score adjusted health gain; this is considered the more sensitive measure.
- The service continues to encourage and emphasise the importance of returning the questionnaires at pre-operative assessment and in the ward environment at discharge.
- When data is published by NHS Digital a monitoring report is circulated to clinical operational leads for dissemination.

2.6.4 Percentage of emergency re-admissions to Airedale NHS Foundation Trust within 30 days of discharge

There is an ongoing review by NHS Digital of emergency re-admissions indicators across reporting frameworks, many of which have not been published since 2014. Phase one has aligned indicator definitions, including the use of the 30-day re-admission period rather than 28 and the revision of age bands in the standardisation. Emergency re-admissions within 30 days of discharge from hospital intelligence is detailed below with the last two available reporting periods.

While some emergency re-admissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, and support for self-care. The following is standardised and while this allows comparison with other organisations reference data is taken from both NHS and non-NHS providers, including mental health. Data is presented in age groups: persons under and over 16 years. A low percentage score is good.

Table 5: Emergency re-admissions within 30 days of discharge	20/21	21/22	22/23
Airedale NHS Foundation Trust percentage persons <16 years	14.0	13.2	14.1
National percentage average [England] persons <16 years	11.9	12.5	12.8
The <i>highest</i> percentage return by provider persons <16 years	64.4*	46.9*	37.7*
The <i>lowest</i> percentage return by provider persons <16 years	2.8*	3.3*	3.7*
Airedale NHS Foundation Trust percentage persons 16 years +	13.7	12.5	12.5
National percentage average [England] persons 16 years +	15.9	14.7	14.4
The <i>highest</i> percentage return by provider persons 16 years +	50.0*	41.5*	46.8*
The <i>lowest</i> percentage return by provider persons 16 years +	1.1*	2.1*	2.5*

**NHS Digital caution: warning on data – numbers of patients too small for meaningful comparisons.*

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

The figures presented are from the NHS Digital portal and are derived from information provided by Airedale and other providers. Elements of this information are subject to commissioner scrutiny and a variety of external audits. No attempt is made by NHS Digital to assess whether the re-admission is linked to the discharge in terms of diagnosis or procedure; nor does the return identify whether the emergency admission is avoidable.

Persons 16 years and below: the return in the last available fiscal year is significantly higher than the national average at the 95 per cent confidence level but not at the 99.8 per cent level. As part of Trust strategy to get patients home as soon as possible, we frequently discharge and then offer families 24-hour open access for review on the unit. This allows the patient to be readmitted directly to the ward if the parent or carer feels there is any deterioration or if they are struggling with caring for the patient for any other reason. Clearly this policy can potentially impact on the re-admission rate.

Persons 16 years plus: according to NHS Digital the return for the last fiscal year is significantly lower than the national average at the 99.8 per cent confidence level.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services, by:

Medical re-admissions by consultant are incorporated into performance metrics, circulated to colleagues, and discussed at the monthly medical governance meeting. A similar process is in place within Surgical Services and provides the opportunity to discuss, understand the rationale and accuracy of clinical coding and ensure re-admissions are correctly captured on the Trust's patient administration system.

Domain 4 – Ensuring that people have a positive experience of care

2.6.5 Responsiveness of Airedale NHS Foundation Trust to the personal needs of patients

An organisation's responsiveness to patients' needs is regarded as a key indication of the quality of patient experience and care. The score for the inpatient setting is part of the *NHS Outcomes Framework* (indicator 4b: Ensuring that people have a positive experience of care).

Based on the CQC's annual *Adult Inpatient Survey*, the measure is the overall average percentage score for answers covering five domains: access and waiting; safe, high quality, coordinated care; better information, more choice; building closer relationships; and a clean, comfortable, friendly place to be. The scores are presented out of 100 with a high score indicating good performance.

Table 6: Responsiveness to patient needs	2019/20 611 replies; 1250 surveyed	2020/21 571 replies; 1250 surveyed	2021/22 439 replies; 1250 surveyed
Airedale NHS Foundation Trust overall percentage score	76.0	75.3	Following the merger of NHS Digital and NHS England on 1 st February 2023, the future presentation of the NHS Outcome Framework indicators have been subject to review. The annual publication due to be released in March 2023 continues to be delayed with no announcement as to likely availability provided as of April 2024.
National percentage score	76.0	77.1	
Highest percentage for any acute trust	89.0	87.0	
Lowest percentage for any acute trust	69.2	71.7	

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The 2021 response rate is comparable to the national rate of 39 per cent. The Trust sample varies from year to year and a difference in outcomes can be expected unlike the national score which is, by definition, adjusted data. This should be factored in when making comparison between years.
- The latest survey covers a period where health services were affected by the COVID-19 pandemic and where restrictions on movement and changes to behaviours may have affected participation and responses.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this score and so the quality of its services, by:

- Monitoring local and national CQC patient survey results by the Trust’s Patient and Carer Experience Steering Group.
- Refreshing the Patient and Carer Experience Strategy for 2021-2023 with an implementation plan following a phased approach.
- Listening and learning from patient experiences via the Friends and Family Test, PALS feedback, formal complaints, as well as social media and taking action where necessary.
- The Trust has developed a digital approach to collection of FFT data for improved analysis of the narrative feedback for quality improvement. Embedding of this system and reporting into governance structures is ongoing
- We continue to work with partner organisations in the community to ensure a holistic approach to patient engagement, including membership of place and system level networks and forums.

2.6.6 The percentage of staff employed by, or under contract to the Trust during the reporting period, who would recommend Airedale NHS Foundation Trust as a provider of care to their family or friends

How members of staff rate the care that their employer organisation provides can be a meaningful indication of the quality of care and a helpful measure of improvement over time.

The following is the percentage of staff that “agree” or “strongly agree” with the statement “If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust” and is based on the annual NHS Staff Survey (question 25d).

The scores are presented out of 100 with a high score indicating good performance.

<i>Table 7: Staff recommendation</i>	2021 1502 replies; 3486 surveyed <i>Pub: Mar 2022</i>	2022 1499 replies; 3661 surveyed <i>Pub: Mar 2023</i>	2023 1334 replies; 3771 surveyed <i>Pub: Mar 2024</i>
Airedale NHS Foundation Trust percentage	71.8	64.3	63.8
National average percentage Acute and Acute Emergency Trusts [England]	67.0	61.9	63.3
Highest percentage for benchmark group	89.5	86.4	88.8
Lowest percentage for benchmark group	43.5	39.2	44.3

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust's 2023 response rate is 40 per cent, this is below the median response rate for the 122 providers of a similar type (acute and acute community trusts) which is 45 per cent. As part of the analysis and engagement relating to the 2023 results, the Trust has undertaken a detailed review of response rates to understand any gaps in response and used this to inform engagement plans across the year.

Overall, the Trust's 2023 *NHS Staff Survey* results across the seven domains of the NHS People Promise and two additional themes of staff engagement and morale, saw statistical improvement in the 'We are always learning' domain with all other areas not indicating a statistically significant change. The Trust undertakes a comparison against the average to understand areas of focus.

The Trust has undertaken a trend analysis to understand how results have changed over the previous five years, this compares current levels of engagement with pre-pandemic levels.

From the trend analysis the Trust has identified the following areas of focus for development before the 2024 survey:

- Civility and Respect
- Speaking Up
- Importance of Line Management

The results were considered by the People Committee in March 2024 with agreement of a Trust wide action plan, this discussion focused around areas where results continue to be strong and areas of focus for future development.

Trust wide areas of focus for development with associated actions are summarised in the below table.

The Airedale NHS Foundation Trust intends to take the following actions to improve this score and so the quality of its services, by:

- The implementation of a Trust wide action plan to cover three key areas of focus with oversight through the People Experience Group and the People Committee
- Detailed analysis and engagement at a divisional level to establish divisional and department improvement actions, supported by a team based toolkit to support local discussions

- A campaign of Trust wide communications, from April to November focusing on an element of the People Promise each month. Supported by a senior leadership roadshow dedicated to staff survey engagement.
- Triangulating feedback received to identify areas of focus each quarter to target engagement actions
- Inviting People Stories through the People Experience Group to consider the areas of focus identified, sharing learning and best practice across the organisation

Area of Focus	Proposed Actions	Timescale for Action	Measures
Kindness and Civility	<ul style="list-style-type: none"> • Appointment of a People Promise Manager to focus on embedding key commitments in the People Promise • Champion the civility saved lives agenda as part of the fair and just culture work • Launch the anti-discrimination and anti-harassment statement • Embed a model for inclusion to support allyship 	April 2024 June 2024 April 2024 September 2024	<ul style="list-style-type: none"> • We are compassionate and inclusive • Morale • Engagement • We are a team
Line Manager Skills	<ul style="list-style-type: none"> • Implement a line manager induction checklist • Relaunch existing line manager skills sessions, including difficult conversations, flexible working, disciplinary processes and attendance management • Undertake a learning needs analysis to plan expansion of the line manager skills programme • Embed the learning from the shadow board programme and consider expansion to divisional leadership teams 	July 2024 May 2024 June 2024 July 2024	<ul style="list-style-type: none"> • We are Compassionate and inclusive • We work Flexibly • We are recognised and rewarded • We are a team
Speaking Up	<ul style="list-style-type: none"> • Embed People Champions to support speaking up agenda • Undertake a gap analysis and develop an action plan for the just and learning culture based on best practice • Identify and evaluate clear actions taken to reduce barriers to determine whether they have been effective 	Ongoing September 2024 May 2024	<ul style="list-style-type: none"> • We have a voice that counts • We are compassionate and inclusive

2.6.7 Friends and Family Test (FFT) – Patient Feedback

The NHS Friends and Family Test (FFT) is a quick and anonymous way for those using services to give their views after receiving care or treatment. It was created to help service providers and commissioners understand satisfaction levels with a service and where improvements can be made.

In 2020 NHS England enacted new reporting guidelines following a review of FFT. The reasons for change included the need for a question that makes more sense to patients and staff and to offer more useful feedback from patients – not just “thank you”. Those using services are asked to following question, “*Overall, how was your experience of our service?*” with possible answers ranging from “*Very good*”, “*good*” through to “*poor*”, “*very poor*”. The table below indicates the positive percentage score – “*very good*” and “*good*” - across all Trust services for each quarter of 2023/24, using quarter 1 as the baseline. The higher the score, the greater is the satisfaction of those using services.

Table 8: Satisfaction score of those using services

Department	01/04/2023	01/07/2023	01/10/2023	01/01/2024	Summary
Inpatients	85.7%	89.3%	84.7%	84.9%	86.3%
Emergency Department	87.3%	83.3%	83.5%	81.5%	84.1%
Outpatients	93.4%	93.6%	93.8%	93.6%	93.6%
Day Case	95.7%	95.6%	96.8%	96.4%	96.1%
Community	91.7%	91.2%	91.9%	92.0%	91.7%
Maternity	50.0%	77.9%	86.1%	89.4%	85.6%
Summary	92.0%	91.0%	91.0%	91.0%	

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has developed and implemented a digital based FFT system using text messaging in collaboration with Healthcare Communications. Feedback is gathered in an online database called Envoy.
- The Envoy system has enhanced functionality that allows staff to access improved data, including trends and themes (sentiment analysis) with the capability to provide a more rounded view of the experience of patients in the Trust.
- While focus has shifted from, “How many responses?” to “What are patients saying?” and “How shall we use this information?”, the Trust continues to monitor response rates – 13 per cent (30,452 responses) in the reference period – to ensure that intelligence is representative of those using services.

The Airedale NHS Foundation Trust intends to take/ has taken the following actions to improve this score and so the quality of its services, by:

- Giving prominence to the importance of FFT participation and feedback. To improve this, we have ensured that the QR codes are available for all departments so patients can scan onto a phone and fill in before a text message request.
- Developing business cards to hand out in outpatient environments/clinics.
- Collecting written data on FFT cards to input independently.
- Offering specific training by department or speciality to ensure that services are utilising the database to its full potential
- Re-starting the volunteer roles that collect real time feedback directly onto the digital system; this ensures that we are capturing from a population who may not have digital access or have communication needs.
- Looking at potential child friendly versions/formats.
- Embedding FFT in a consistent way as part of a broader set of data, into governance reporting functions at directorate and divisional level (complaints, incidents and other patient contacts to drive improvement).
- Refreshing the training guide for staff and developing a short video resource to aid staff to use the system to its full capacity
- Developing a joint approach with colleagues to analyse FFT in conjunction with other patient experience data

A Matron for Patient Experience and Engagement has been appointed to lead on this work and commences in post in May 2024.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

2.6.8 Percentage of patients admitted to hospital and were risk assessed for venous thromboembolism

Venous thromboembolism (VTE) can cause death and long-term morbidity. According to NICE many cases of VTE acquired in healthcare settings are preventable through effective risk assessment and prophylaxis. A high percentage score is good. The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic.

<i>Table 8: Risk assessment for VTE</i>	Jan –Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023
	Pub: n/a	Pub: n/a	Pub: n/a	Pub: n/a
Airedale NHS Foundation Trust percentage	97.0	97.1	96.5	96.2
National percentage average [England]		<i>Currently unavailable</i>		
The highest percentage return for any acute trust		<i>Currently unavailable</i>		
The lowest percentage return for any acute trust		<i>Currently unavailable</i>		

Data Source: *Airedale NHS Foundation Trust Information Services.*

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- Data collection was suspended in March 2020 to release capacity to respond to the COVID-19 pandemic.
- Local monitoring (denoted by italics in the table) indicates compliance against what was once the national target threshold of 95%.
- Local intelligence continues to be provided to managers and lead clinicians. Broken down by clinical group, this allows those areas which are under reporting to be identified and supported with improvement and restorative actions.
- The VTE risk assessment tool is embedded in the clinical areas and features prominently in clinical decision making, ensuring vigilance in completing risk assessments.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services, by:

- Regular discussion of VTE assessment data through Integrated Performance reviews, and with clinical directors to educate and improve rates across groups.
- Focus on VTE risk assessment and other quality indices through work of the multi-professional Patient Safety and Learning Group.

2.6.9 Rate of *C. difficile* infection per 100,000 bed days in Airedale NHS Foundation Trust patients aged 2 or over

<i>Table 9: Rate of C. difficile</i>	2020/21	2021/22	2022/23
Airedale NHS Foundation Trust rate per 100,000 bed days	16.0	20.4	16.8
National average rate [England] rate per 100,000 bed days	15.4	16.3	18.3
The highest rate for any acute trust rate per 100,000 bed days	80.6	53.6	73.3
The lowest rate for any acute trust rate per 100,000 bed days	0.0	0.0	0.0

Figures based on Trust apportioned cases for specimens taken for patients aged 2 or over.

Data Source: UK Health and Security Agency

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has a rigorous diagnostic testing protocol to identify cases. All confirmed cases are monitored through internal processes and reported to UK Health Security Agency.
- Performance is reflective of a robust Antibiotic Policy closely scrutinised by Pharmacy staff and Consultant microbiologists, high standards of staff and patient hand hygiene, environmental cleanliness and the continued vigilance and awareness of staff.
- Post infection review of all hospital onset healthcare-associated and community onset healthcare associated cases is undertaken to ensure opportunities to improve practice are identified and enacted.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services, by:

- Early detection of all cases.
- Working in collaboration with AGH Solutions to ensure National Standards of Cleanliness are achieved and the environment is fit for purpose and supports good infection prevention practices.
- SystemOne antibiotic prescribing flag for those patients with a history of *C. difficile* infection/colonisation.
- Monitoring of the use of antibiotics in comparison with neighbouring and similar sized acute trusts.
- Monitoring of ribotypes;
- Sustaining staff engagement and motivation in the prevention of healthcare acquired infections.
- Work with community colleagues looking at district wide approach to prevention of CDIs.
- The infection prevention team complete c-diff audits following identification of HOHA/COHA cases to identified learning.

Infection and Prevention Control and reduction of Health Care Associated Infections will continue to be an organisational priority for 2024/ 2025, with specific reduction in C-Diff cases as a focus.

2.6.10 Reported number and rate of patient safety incidents per 1000 bed days reported within the Airedale NHS Foundation Trust and the number and percentage that resulted in severe harm or death

Patient safety incidents are adverse events where either unintended or unexpected incidents could have led or did lead to harm for those receiving NHS healthcare. Based on national evidence about the frequency of adverse events in hospitals, it is likely that there is significant under reporting. An open, transparent culture is important to readily identify trends and take timely, preventative action.

This indicator is designed to measure the willingness of an organisation to report incidents and learn from them, and thereby reduce incidents that cause serious harm. The expectation is that the number of incidents reported should rise as a sign of a strong safety culture, while the number of incidents resulting in severe harm or death should reduce. (Severe signifies when a patient has been permanently harmed as a result of an incident.)

Table 10: Patient safety incidents

Apr 2021 – Mar 2022 [Issue: Oct 2022]

	All reported patient safety incidents		Severe harm		Death	
	Number	Rate [per 1000 bed days]	Number	Percentage	Number	Percentage
Airedale NHS Foundation Trust	7118	69.0	14	0.2	4	0.1
National position						
[acute non-specialist n=124]	1,767,264	53.9	4,603	0.3	32,513	0.1
The highest value						
[acute non-specialist n=124]	11,903	205.5	52	1.1	81	0.5
The lowest value						
[acute non-specialist n=124]	3,839	23.7	2	0.0	1	0.0

Data source: NHS England – National Reporting and Learning System.

The Airedale NHS Foundation Trust considers that this data is as described for the following reasons.

- In September 2023 NHS England paused the annual publishing of this data to consider future publications in line with the current introduction of the Learn from Patient Safety Events (LFPSE) service to replace the National Reporting and Learning Service.

- The national Patient Safety Team moved to an annual publication schedule for the Organisation and National level patient safety incident reports with the first update received in September 2021. This is provided in the table above.
- The Trust is characteristically in the upper quartile of reporters. According to the national Patient Safety Team, organisations that report more incidents usually have a better and more effective safety culture. To improve, an understanding of the problems is essential.
- An open and engaged culture to learn from incidents and improve the quality and safety of services as illustrated in the latest *NHS Staff Survey 2023* where:
 - Almost 70 per cent of those staff who participated said the Trust acts on concerns raised by patients and service users which is in line with the benchmarked average.
 - 70.7 per cent of participating staff recorded feeling secure in reporting unsafe clinical practice, above the national benchmarked average of 70.2 per cent.
 - 56.3 per cent of those who responded were confident that the Trust would address their concern compared to the benchmark average of 55.9 per cent.
 - 64.8 per cent of surveyed staff felt safe to speak up about anything of concern within the Trust compared to a benchmark average of 60.9 per cent. Of participating staff, 50.0 per cent said that if they spoke up about something concerning them, the Trust would address it compared to the benchmark average of 48.7 per cent.

The response rate was 40 per cent which was below the median response rate for the 122 providers of a similar type (acute and acute community trusts) of 45 per cent.

The Airedale NHS Foundation Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services, by:

- The Trust's risk management system has been updated. This will enable better triangulation of information and access to live data showing themes and trends. The updated systems will support links between incidents, complaints, risks and National Patient Safety Alerts.
- Movement to the Learn From Patient Safety Events (LFPSE) system. This will make data on safety events easier to access and support improvement work. This transition will also be used to support improvement in the timeliness of reviewing and actioning patient safety incidents.
- The transition to the Patient Safety Incident Support Framework (PSIRF) will continue to support an open and transparent reporting culture and focus on improving the experience for those involved. This transition is being supported at Place and at a wider regional level with organisations working together and sharing learning.

Part 3: Other Quality Improvement

3.1 Patient Safety

The Trust has embraced a just and learning culture, with work ongoing to embed this to create an environment where staff feel empowered and supported to be involved in learning when things do not go as expected.

The Department of Health Central Alerting System (CAS) is a web-based system for issuing patient safety alerts and other critical safety guidance to the NHS and other health and social care providers.

The alerts are based on national learning and issued in areas of great risk, indicating where practices should be stopped or modified, or medical devices withdrawn. They are a critical tool in the delivery of safe care. In June 2022, the management of these alerts moved onto the Trust's patient safety management system providing a clear audit trail and evidence of Trust responses to actions.

There are a number of ways important information is shared throughout the Trust related to patient safety. This includes but is not limited to, newsletters, face to face induction sessions and safety huddles. The Trust and divisional Patient Safety and Learning Groups are well established and provide a forum for discussing and sharing learning related to patient safety.

3.1.1 PSIRF and LFPSE

The Trust successfully moved to the new system for collating patient safety information, Learn From Patient Safety Events (LFPSE) in June 2023. This provides a "single port of call for recording, accessing, sharing and learning from patient safety events, in order to support improvement in the safety of NHS-funded services at all levels of the health system".

The Trust began its transition to the Patient Safety Incident Response Framework (PSIRF) in November 2023. This fundamentally changes the way the NHS responds to patient safety incidents. PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The Trust's Patient Safety Incident Response Plan (PSIRP) describes how we will seek to learn from patient safety incidents reported by staff and patients, their families and carers, as part of our work to continually improve the quality and safety of the care we provide.

3.2 Performance Against Key National Priorities

The following indicators support the national priorities. Returns conform to specified data quality standards and prescribed standard national definitions.

Indicator	Threshold	Quarter 1 2023/24	Quarter 2023/2
*All cancers: 62-day referral to first treatment	85%	73.8%	77.7%
Maximum 18 week waits from referral to treatment in aggregate – patients on an incomplete pathway	92%	62.6%	60.8%
A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	64.4%	60.6%
Maximum 6 week wait for diagnostic procedures	95%	78.8%	75.7%

Data source: Airedale NHS Foundation Trust Information Services

*The combined metric as per national reporting requirements from October 2023

Part 4 Annex

4.1 Bradford District and Craven Health and Care Partnership NHS West Yorkshire Integrated Care Board

The Quality Accounts have been shared with Bradford District and Craven Health care Partnership West Yorkshire Integrated Care Board. Acknowledgement and congratulations have been shared on the trusts achievements as below:

- The Trust has successfully moved to the new Learn from Patient Safety Events (LFPSE) system for collating patient safety information which provides a single port of call for recording, accessing, sharing and learning from patient safety events.
- Learning from Deaths Framework – the Trust has undertaken case record reviews and learning from those reviews highlighted an increase in the excellence of the management of end-of-life care and clear documentation of family and patient involvement in decision making.
- The Trust continues to further develop and enhance services and pathways for people with learning disabilities/neurodivergence and continues to focus on the experiences of people with a learning disability/neurodivergence and their families.
- The Trust has recently appointed a Learning Disability Specialist Practitioner to lead on the strategic and operational development of services for people with a learning disability/neurodivergence.
- Prominence to the importance of family and friends test participation and patient Feedback continues as well as learning from patient experiences. A Matron for Patient Experience and Engagement has been appointed and commences in post in May 2024
- A freedom to speak up action plan is in place to support the work to improve the freedom to speak up culture at the Trust.

In addition there was confirmed agreement on the selected Quality Account priorities for 2024/2025 in relation to:

Patient Safety

Clinical Effectiveness

Patient Experience

A copy of the letter is included in appendix 1 for further information.

4.2 Overview and Scrutiny Committee

To be completed following feedback on the Quality Account and presentation to trust board

Appendix One

Letter from Bradford District and Craven Health and Care Partnership West Yorkshire Integrated Care Board.

Date: 22nd May 2024

Airedale NHS Foundation Trust Quality Accounts 2023/2024.

On behalf of NHS Bradford District and Craven Health and Care Partnership West Yorkshire Integrated Care Board (WYICB), I welcome the opportunity to feedback to Airedale NHS Foundation Trust on its 2023/2024 Quality Report. The Quality Account has been shared with key members across the Bradford and Craven Health and Care Partnership (BCHCP).

I acknowledge and congratulate the Trust's achievements for 2023/2024:

- The Trust has successfully moved to the new Learn from Patient Safety Events (LFPSE) system for collating patient safety information which provides a single port of call for recording, accessing, sharing and learning from patient safety events.
- Learning from Deaths Framework – the Trust has undertaken case record reviews and learning from those reviews highlighted an increase in the excellence of the management of end-of-life care and clear documentation of family and patient involvement in decision making.
- The Trust continues to further develop and enhance services and pathways for people with learning disabilities/neurodivergence and continues to focus on the experiences of people with a learning disability/neurodivergence and their families.
- The Trust has recently appointed a Learning Disability Specialist Practitioner to lead on the strategic and operational development of services for people with a learning disability/neurodivergence.
- Prominence to the importance of family and friends test participation and patient feedback continues as well as learning from patient experiences. A Matron for Patient Experience and Engagement has been appointed and commences in post in May 2024
- A freedom to speak up action plan is in place to support the work to improve the freedom to speak up culture at the Trust.

Additional successes include:

- The Department of Health Central Alerting System alerts are now included within the Trust's patient safety management system providing a clear audit trail and evidence of Trust responses to actions.
- The Trust achieved all the National Institute for Health Research high level objectives for performance in initiating and delivering research.

2024/2025 Quality Account Priorities.

I am in agreement with your selected Quality Priorities for 2024/2025:

1) Patient safety:

Safe discharge of patients
Safe Maternity Services (place-based priority)
Pressure ulcer and falls management.

2) Clinical effectiveness:

Medicines safety – time critical medicines
Mental Health for Adults and Children (place-based priority)
Deteriorating patient – management of sepsis

3) Patient experience:

Care of people with Dementia
End of life care

During the 2023/2024 audit cycle, the Trust participated in 41 of 47 eligible national audits and 3 confidential enquiries. Key successes highlighted from some of the national audits undertaken:

- Chronic Obstructive Pulmonary Disease Audit - Respiratory Consultants now do in-reach service on the Acute Assessment Unit in which has enabled more patients admitted with an exacerbation of COPD to be seen by a respiratory specialist within 24 hours of admission.
- Sentinel Stroke National Audit Programme - dedicated teams in place with regards to submitting and reporting thereby eliminating the long wait for reporting and performance projection
- National Emergency Laparotomy Audit - excellent data input with many measures achieving 100% data completeness and consistently achieving risk documentation before and after surgery.

The Trust continues to have a focus in the participation of clinical research to help improve patient safety and promote evidence-based practice within clinical care which demonstrates a commitment to improving quality of care and outcomes.

Airedale NHS Foundation Trust participated in an inspection by the Care Quality Commission (CQC) of maternity services which took place on 6th December 2022. The service was rated as Requires Improvement under the Safe and Well Led key questions and I acknowledge that the Trust has undertaken work to address the required improvements the CQC identified.

I acknowledge the Trust has transitioned from the previous Serious Incident framework to the Patient Safety Incident Response Framework which changes the way the NHS responds to patient safety incidents. I note the Trust has implemented a Patient Safety Incident Response Plan to identify how the Trust will learn from patient safety incidents reported by staff and patients, their families, and carers. It is welcoming that the Trust has embraced a just and learning culture, with work ongoing to embed this to create an environment where staff feel empowered and supported to be involved in learning when things do not go as expected.

I note the Trust has acted on guidance published by NHS Improvement in relation to the Learning from Deaths Framework and it is clear the Trust is focused on the sharing of excellence and identified learning/outcomes.

I would like to thank you and your staff for all the achievements made in 2023/2024. The Trust Quality Account for 2023 to 2024 is an excellent demonstration of the Trust's on-going commitment to continuously improve the quality and safety of patient focused care.

Finally, I am required to confirm that NHS Bradford Districts and Craven Health Care Partnership (WYICB) has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Airedale NHS Foundation Trust quality initiatives and activities over the last year.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'nani'.

Nancy O'Neill
Director of Partnerships and Place
Bradford District Health and Care Partnership