

# QUALITY ACCOUNT 2013/14



# Quality Account: Chief Executive's Statement

Welcome to the 2013/14 Calderdale and Huddersfield NHS Foundation Trust Quality Account.

This report gives us the opportunity to let you know about the quality of services we deliver to our patients. It includes information on how we have performed against key priorities that were identified for further work last year and those areas that, together with our Membership Councillors, we have identified as priorities for the coming year.

This document by no means includes all the work that we are doing to constantly improve the quality of our services for our patients and their families but instead gives you a snapshot of the work being undertaken in our Trust.

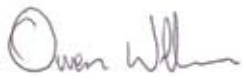
Providing 'Compassionate Care', and improving our patients' experiences of our services, continues to be a high priority for our staff and the Trust. We are determined to ensure that patients get the care they need, when they need it and from the right person.

There have been a number of national reports published over the past year, which focus on delivering better care to patients. We have considered these reports, together with listening to the views of local people, when looking at how we develop our services further and how we need to change them to meet the needs of our communities in the future.

Our Board of Directors continues to focus on quality and any improvements we look to make are assessed for their impact on quality before they are able to go ahead. We have some excellent examples of good quality services within our Trust but we know that there are also areas where we want to improve. Where the quality is already good, we strive to continue to improve that quality – we will not become complacent and know that there is always room for improvement.

I hope you will find the following pages informative and helpful in giving you an insight into the vast amount of improvement work we continue to do in the Trust.

To the best of my knowledge the information in this report is accurate.



**Owen Williams**  
**Chief Executive**

**Did you know...?**

**Around 2,500 nurses deliver care for our patients in hospitals and in the community in Calderdale.**

# Quality Account: The Vision for Calderdale and Huddersfield NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust has recently refined its vision and values to ensure that the work it carries out always 'puts the patient first' and the Trust is working hard to improve the patient experience.

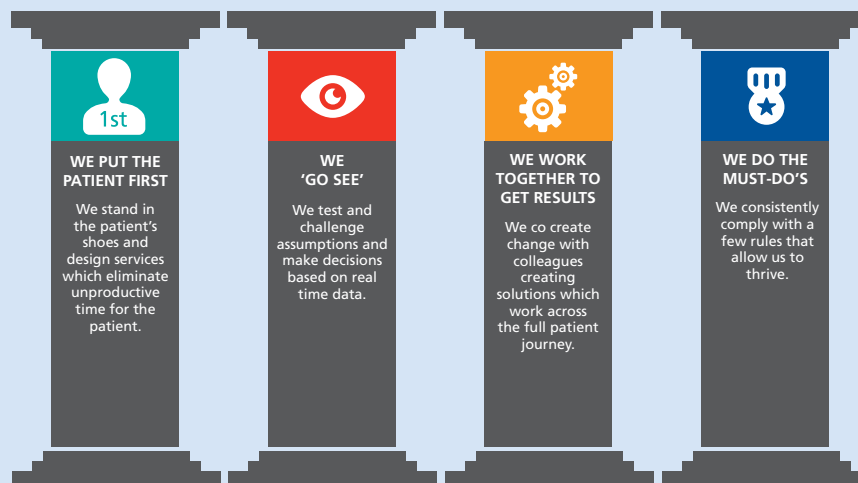
The Trust's vision is: 'We will work with partner organisations to understand the individual needs of patients and together, deliver outstanding compassionate care which transforms the welfare of the communities we serve.'

The Trust's vision is clear, that it will treat patients as individuals and deliver excellent and compassionate care to each and every one of them. However, the Trust recognises that it cannot do this alone and has been working closely with the six other health and social care organisations across the areas of Calderdale and Greater Huddersfield, to ensure that we work towards seamless joined-up care for our communities, whatever their health and social care needs.

Backing this up is the Trust's values, the four pillars of behaviour that it expects all employees to follow. The four pillars have been introduced to the Trust over the past year and we are working hard to embed them into the organisation so that every member of staff understands their responsibilities.

Calderdale and Huddersfield **NHS**  
NHS Foundation Trust

## THE FOUR BEHAVIOURS EXPECTED OF ALL EMPLOYEES



COMPASSIONATE  
CARE

## Quality Account: How we performed against the five priorities we set for 2013/14

Last year the Trust identified five quality improvement priorities for 2013/14. This section of the Quality Account shows how the Trust has performed against each of these priorities.

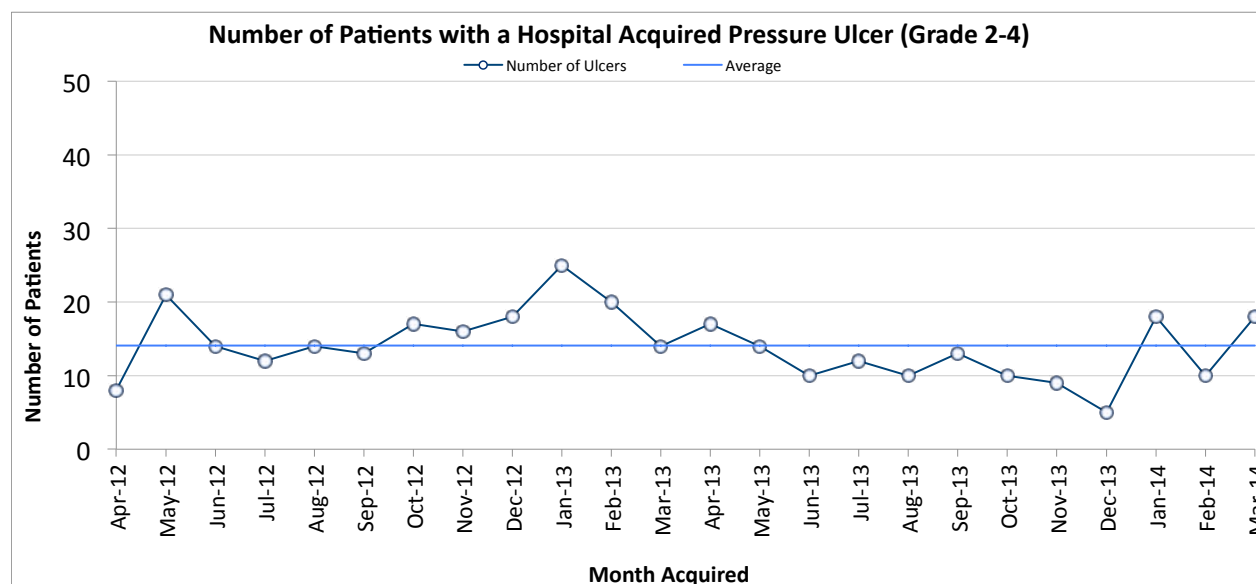
Improvement priority	Were we successful in 2013/14?
Reducing the number of pressure ulcers	Yes
Reducing the number(s) of healthcare associated infections - Methicillin -resistant Staphylococcus aureus (MRSA) Bacteraemia	Yes
Appropriate and safe discharge	Yes
Improving the care of patients with dementia	Yes
Helping people to manage their long-term conditions	Yes



## Priority one: Reducing the numbers of pressure ulcers

Pressure ulcers, also sometimes known as bed sores or pressure sores, are injuries that affect areas of the skin and underlying tissue. They are caused when an area of skin is placed under too much continuous pressure.

The number of pressure ulcers remains an important measure of the quality of care we provide.



The above chart shows the improvement made in the prevention of pressure ulcers. The increase in incidents in January 2014 and March 2014 is related to changes to the data validation process from the Trust changing the incident reporting system. This process is being improved and the Trust expects the data will stabilise.

Improvement has been achieved through

- Bespoke training to individual wards
- Train the trainer approach regarding pressure ulcer prevention
- Development of pressure ulcer prevention competencies for registered nurses.
- Online training continued
- A new investigation template was implemented in February 2014 to understand causes better.

It is recognised that further improvement can be made. Moving forward the Pressure Ulcer Collaborative will use a more focused approach ensuring that on wards the following basic tools are reliably implemented:

- Documentation
- Competencies
- Dressing stock
- Medical device training
- Bespoke training
- Review of the Surface, Keep moving, Nutrition (SKIN bundle)

For our community nursing teams the following changes are planned:

- Training to be planned for team leaders – focus on learning from incidents and conducting Serious Incidents (SI) investigations
- General training and check of competencies for Staff Nurses and Health Care Assistants
- Developing an early warning trigger for residential homes
- Developing a SKIN bundle

### Day Surgery Unit HRI

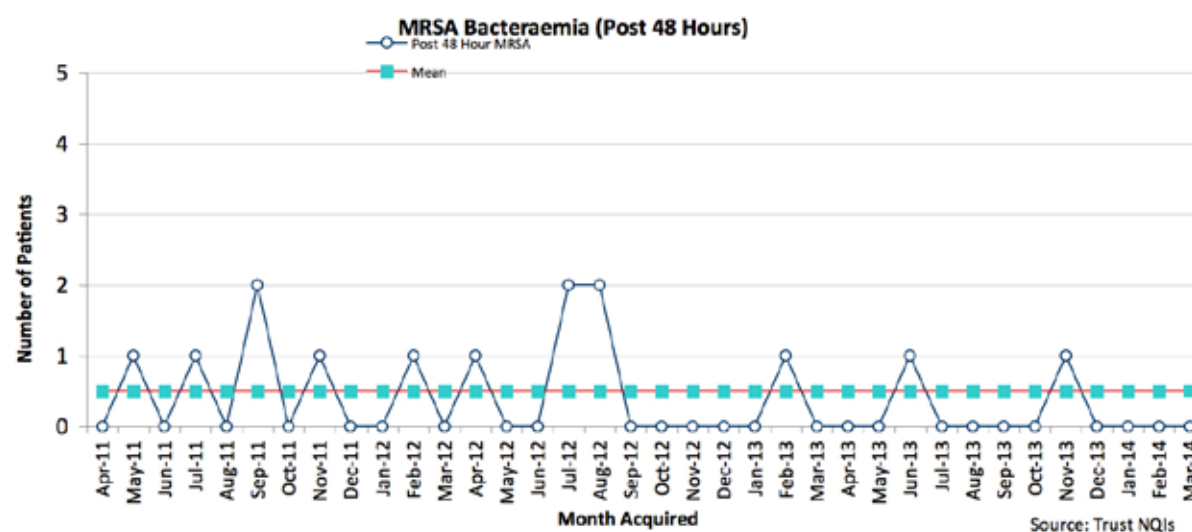
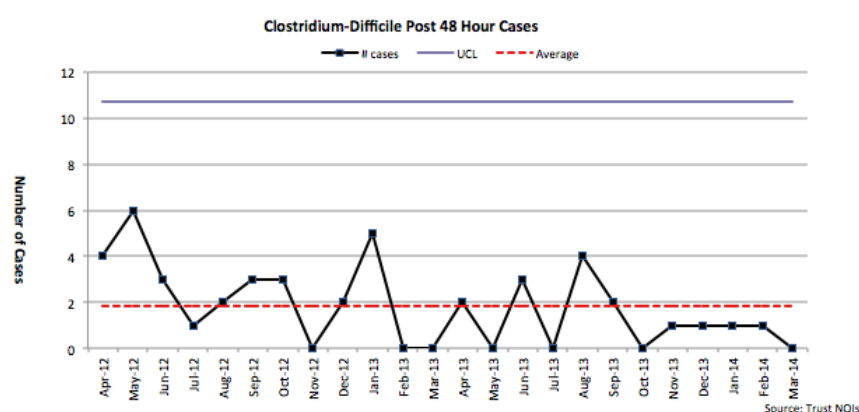
*“Every member of staff treated me with exemplary care. Any nervousness I felt about the procedure was effectively dispelled, and I was treated with respect, care, and professional efficiency. My late father was an active promoter of the NHS after the war and would have been pleased to know that the principles of the Health Service initiated by Mr Bevin persist today.”*



# Quality Account: How we performed against the five priorities we set for 2013/14

## Priority two: Reducing the number(s) of healthcare associated infections

Healthcare associated infections (HCAIs) remain a priority area both within the Trust and nationally. MRSA bacteraemia and clostridium difficile have an associated mortality risk and interventions over the last few years have seen levels of HCAI significantly reduce in the Trust. As the hard work to combat the HCAI continues it is expected to see the incidence of HCAI reduce further, increasing patient safety as well as improving the patient experience.



There has been continued reductions in healthcare associated infection in the Trust with last year seeing our lowest numbers of MRSA and Clostridium difficile. The Trusts' frontline staff have taken real ownership in ensuring hygiene standards are at their best, including hand hygiene and keeping the wards clean. All cases of MRSA and clostridium difficile are investigated by the clinical team so that the Trust can learn from these cases to prevent further cases.

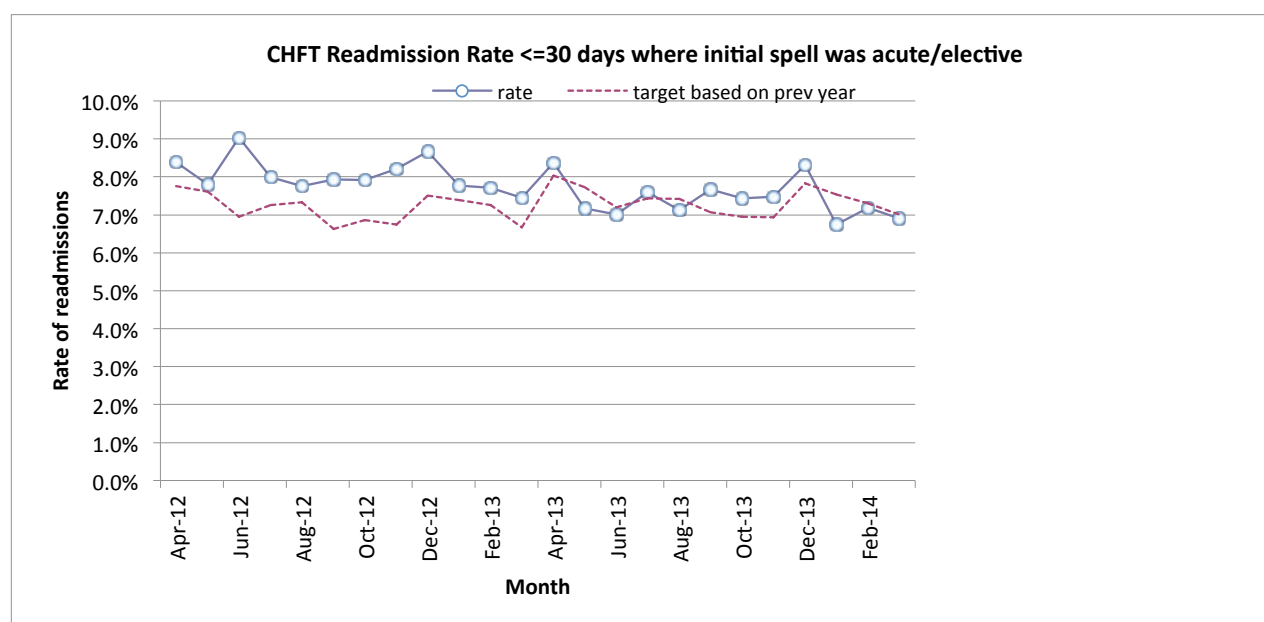
Future focus will include expanding work with all the Trusts' health and social care partners to proactively assess risks and investigate cases of HCAI. Working together we will be able to minimise risks and provide safer care for the Trusts' patients.

### Priority three: Appropriate and safe discharge

The Trust measures readmissions as a way of demonstrating possible failures in discharge planning.

Causes of readmission are complex; they can be due to care post discharge from hospital or changes to a patient's condition as well as poor discharge planning.

Requiring readmission following a recent stay in hospital can be a very distressing experience for patients and their families. By reducing the number of unplanned and avoidable readmissions the Trust can not only provide better and safer care but also use its resources more efficiently.



The above chart shows some improvement in the rate of readmission in the Trust.

The improvement is largely due to the introduction of discharge coordinators on the medical wards. This is a key role and helps ensure patients and their carers are adequately supported when planning for discharge and coordination of all the other agencies involved.

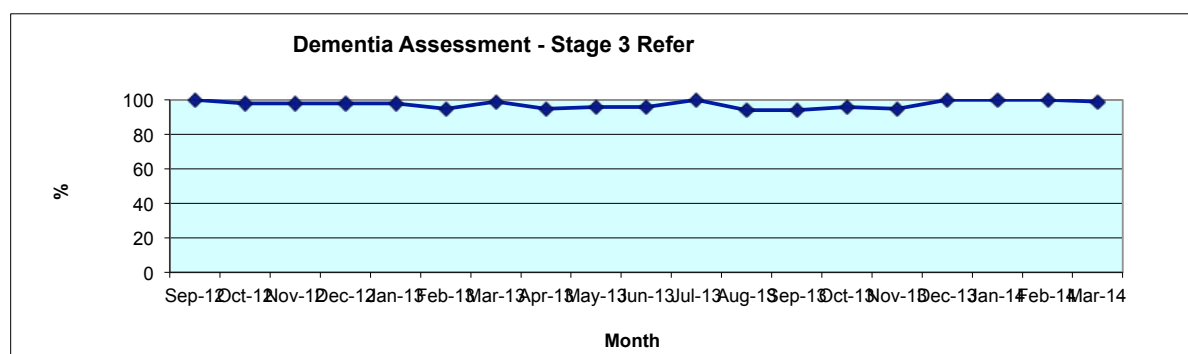
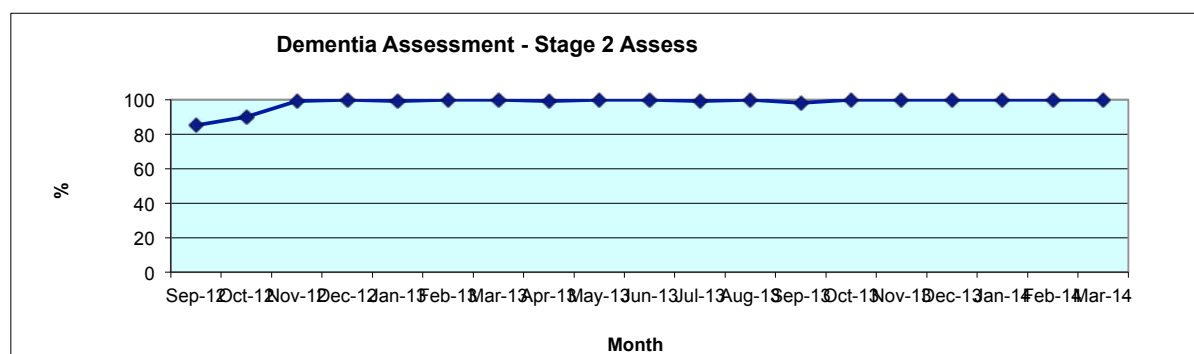
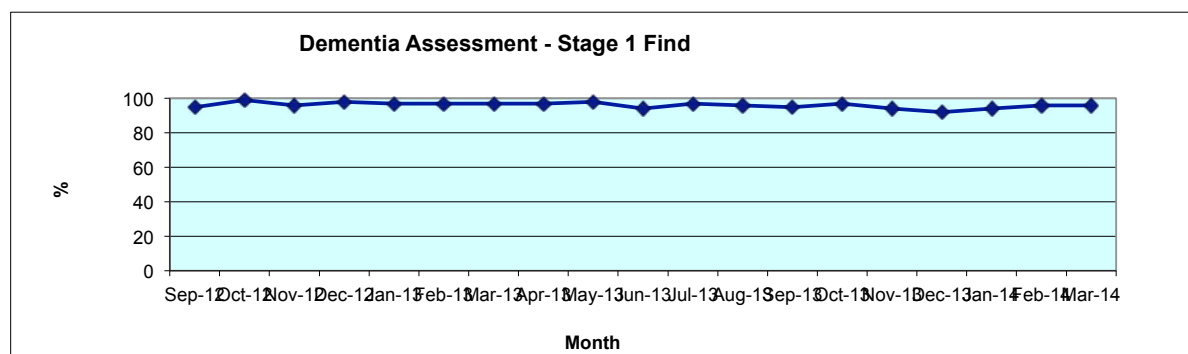
In addition 'Plan for Every Patient' boards ensure the whole ward team are aware of progress towards discharge and ensure that supporting clinical care is delivered 'on time and in full' helping to make sure there are no gaps or delays.

On the Medical Admission Units (MAUs) there is a pilot project running called 'ticket home'. This is to ensure patients have the right level of information whilst in hospital and on discharge.

# Quality Account: How we performed against the five priorities we set for 2013/14

## Priority four: Improving the care of patients with dementia

The incidence of dementia is rising and the Trust has been working to make sure the complex needs of these patients are met when they are in our care delivering the most positive experience possible. The Trust has been working to ensure patients with dementia can be diagnosed sooner so patients and carers get the support they need as soon as possible.



The above charts show compliance with the three stages of the process for assessment and referral for possible dementia.

Stage 1 Find – refers to a key question being asked.

‘Have you been more forgetful in the last 12 months and that has significantly affected your daily life?’

Stage 2 assess – assessment using the 10 question abbreviated mental test score.





Stage 3, refer – referral to GP for further investigation is completed when patients score 8 and below on Stage 2.

As you can see the Trust has remained compliant with all 3 stages meeting the target of 90% for 2013/14 (all acute admissions over 65 years of age).

The Trust will continue to achieve compliance with the above process, ensuring all new doctors and nurses are aware and able to carry out the assessment.

Upgraded ward environments continue to be made dementia friendly where appropriate. This is to help improve the safety and experience for patients with dementia and their carers.

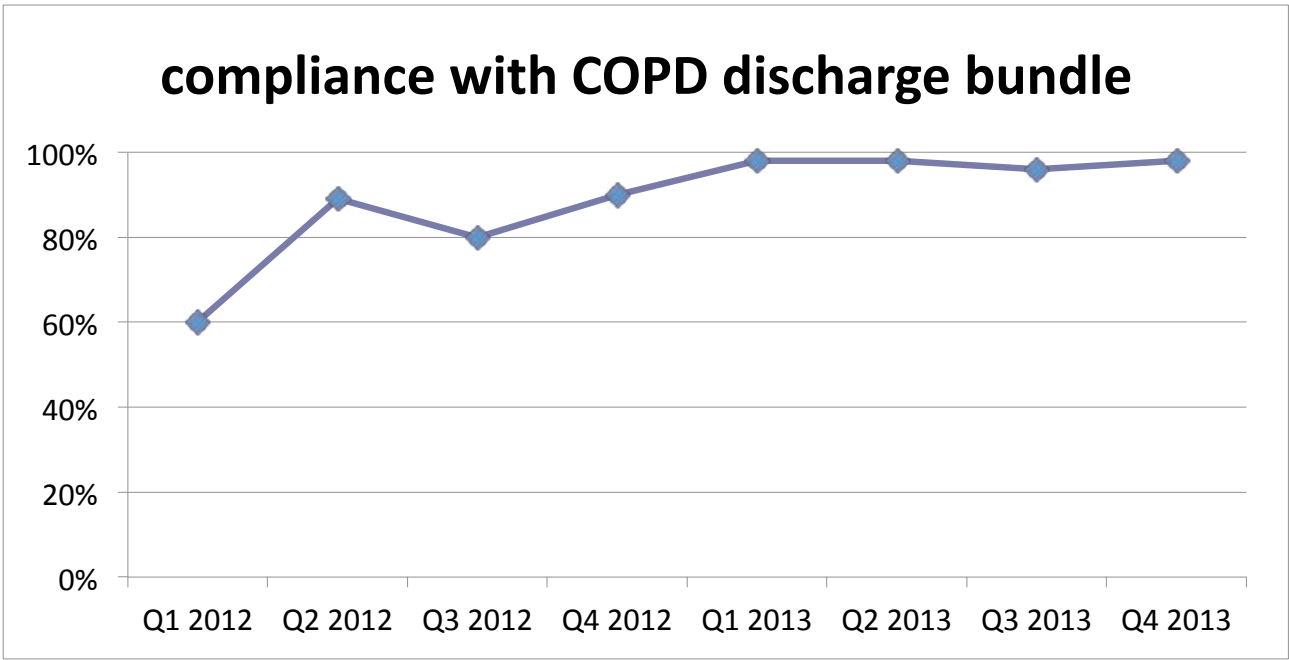
Throughout this year there has been a training programme running on the care of vulnerable adults for senior nursing staff. Staff attending this training have a responsibility to disseminate learning to the rest of their teams. All adult hospital wards have been represented on this course. Plans are in place to extend and maintain this level of training.

The Trust continues to use the 'Butterfly Scheme', an opt-in scheme for patients and carers identifying the patients with either delirium or confirmed dementia so all staff are aware of the extra help and care that may be needed. In addition carers are regularly asked for feedback and suggested improvements to dementia care.

# Quality Account: How we performed against the five priorities we set for 2013/14

## Priority five: Helping people to manage their long-term conditions

Last year it was decided to focus on Chronic Obstructive Pulmonary Disease (COPD) in the quality account due to the numbers of patients affected and the improvement work ongoing, particularly the implementation of two care bundles. One is delivered on admission to ensure the correct treatments are given quickly and in full to aid quick recovery. The second is designed to ensure these patients have a safe discharge from hospital to minimise the risk of readmission, ensure appropriate follow up and a good experience of care.



The above chart shows compliance with the second care bundle for COPD. The target of 95% has been met and maintained throughout the last year. Continued delivery has been met through increased presence on the wards from the respiratory teams and work to ensure, wherever possible, patients are educated on the wards to better self-manage their condition. Where appropriate the community based respiratory team support patients to be discharged earlier. This helps to reduce the need for further admissions by adopting a supportive role in community and referring patients onto pulmonary rehabilitation where appropriate.

Although the Trust has made and sustained improvements there are further plans in place to continue with this important work.

- Increased presence of the respiratory teams on the wards to focus on admission avoidance.
- Working together with patients to better plan long term care and creating advance care plans stating preferred place of death.
- In Huddersfield working with those identified as end of life to attend the 'Breathe Better' course at the hospice.
- Across both sites improving the utilisation of the pulmonary rehabilitation groups to better support patients to self manage

# Quality Account: Looking ahead to 2014/15

A 'long list' of potential priorities for 2014/15 was developed from regulator reports, incidents and complaints, ongoing internal quality improvement priorities, national reports and areas of concern and evaluating the Trust's performance against its priorities for 2013/14.

This long list was discussed with the Trusts' Membership Council in a special meeting; it was circulated to key stakeholders for comment and also presented to the Trust membership at an event in February 2014. This was an opportunity to vote for the potential priorities felt to be most important. This opportunity to vote was also given via the Trusts' internet site and advertised in the local press and through Foundation News.

This work has helped identify the quality improvement priorities for 2014/15 because they are important to the Trust's stakeholders.

Because significant improvement has been seen in all the priorities from last year's quality account it was agreed that new projects should be selected this year that better reflected the current quality priorities for the Trust. All previous priorities will continue to be monitored as part of the Trust's ongoing improvement programme.

The Four Priorities for 2014/15 are:

Domain	Priority
<b>Safety</b>	To improve the quality of the care we provide as measured by the Hospital Standardised Mortality Rate (HSMR)
<b>Effectiveness</b>	To ensure Intravenous antibiotics are given correctly and on time
<b>Effectiveness</b>	Improving the care of patients with diabetes so they do not develop complications and have to spend longer in hospital
<b>Experience</b>	To help patients with long term pain develop the skills needed to manage their conditions through supported self-management courses

# Quality Account: Looking ahead to 2014/15

## Priority One - to improve the quality of the care we provide as measured by the HSMR

### Why we chose this

HSMR is a high level outcome measure that can be used for tracking the quality of care provided. For this reason the Trust's Care of the Acutely Ill Patient (CAIP) Programme uses this measure to track progress.

### HSMR - What is it?

*Hospital Standardised Mortality Rate (HSMR) is a standardised measure of mortality. The rate is the number of actual deaths divided by the number of predicted deaths for the Trust's patients treated.*

*A rate of 100 means expected number of deaths matched actual number of deaths. Above 100 means we had more than expected, less than 100 means we had less than expected.*

### Improvement work

To deliver the desired reduction in HSMR and improve the quality of care provided, the Trust is working to deliver the CAIP programme.

### Target

The target is to reduce the Trust's rolling HSMR by 10 points by October 2014 in the first instance.

This programme consists of seven domains:

<b>Theme 1</b>	Improve consistency (Implement Care Bundles and Pathways)
<b>Theme 2</b>	Improving quality with pace, through clinical leadership
<b>Theme 3</b>	Efficient and effective patient flow
<b>Theme 4</b>	Optimise senior medical involvement in patient care out of hours.
<b>Theme 5</b>	Calderdale and Huddersfield NHS Foundation Trust as a learning organisation
<b>Theme 6</b>	Staffing levels and skill mix to ensure safety and quality
<b>Theme 7</b>	Coding reflective of patient primary diagnosis and co morbidities.

### Reporting

The CAIP programme reports into the Clinical Outcome Committee (chaired by the Medical Director), through this to the Quality Committee, Executive Board and finally Board of Directors.

## Priority 2 - to ensure Intravenous (IV) antibiotics are given correctly and on time

### Why we chose this

When infections are diagnosed it is essential antibiotics are given correctly and on time to aid recovery and ensure that the patient's condition does not deteriorate.

Work has been ongoing in the Trust for a number of years and changes have occurred but this priority was chosen as it is recognised that further improvements need to be made.

### Improvement work

The focus of the improvement work this year is to ensure we have tested and designed a robust process for the prescribing and administration for antibiotics in readiness for introduction of the new e-prescribing system.

Ongoing audit work allows improvements to be targeted where they are most needed.

Antibiotic ward rounds continue on a twice weekly basis. This is a ward round involving a consultant microbiologist, specialist antibiotic pharmacist and infection control nurse. The focus of

these is education, challenge, advice and monitoring of antibiotic use.

In addition work is ongoing with junior doctors around implementation of an antibiotics care bundle. The aim is to involve junior front line staff in implementing change to their areas.

### Target

- The Trust aim is to reduce by 50% unintentional missed doses of IV antibiotics.
- To ensure that antibiotics are prescribed according to Trust Guidelines.

### Reporting

This work is part of the Missed Doses workstream which is part of the Care of the Acutely Ill Patient programme. This reports to the Clinical Outcomes Committee and Quality Committee and then by exception to Executive Board and Board of Directors.

### Priority 3 - improving the care of patients with diabetes so they do not develop complications and have to spend longer in hospital

#### Why we chose this

At any one time 20% of all adult patients in hospital have diabetes. Patients with diabetes stay on average two days longer than patients without diabetes. The Trust wants to improve the care of patients with diabetes and encourage more patients to manage their own diabetes whilst on the ward to reduce the amount of time they need to spend in hospital.

#### Improvement work

Work has taken place on four collaborative wards to support patients to self care with their medications including Insulin.

From the robust testing that has already taken place the Trust plans to spread the process to at least two further wards.

This improvement work means that if patients are able they are

encouraged to administer their own Insulin, test their own blood sugars, adjust the dose and have access to snacks should they need them to manage their blood sugars.

To support this work there will be ongoing training of frontline nurses in the self administering of medication.

#### Target

The overall outcome and aim of the work is to reduce harm and length of stay for diabetic patients.

As a way of measuring success the Trust will be tracking length of stay and measuring the number of patients self administering their Insulin.

#### Reporting

Reporting is via the Diabetes workstream which reports into the 'Care of the Acutely Ill Patient' programme, monitored by Clinical Outcome Committee and reported to the Executive Board and Board of Directors.

### Priority 4 - to help patients with long term pain develop the skills needed to manage their conditions through supported self-management courses

#### Why we chose this

This course is one part of an overall programme that aims to further embed self- management into the care given to patients.

To support self- management you need:

- Service redesign to build in opportunities for staff to support patients to self manage.
- Trained staff so that they can develop effective communication skills and tools to support their patients.
- Opportunities for patients to gain some control back over their health. Self management training courses are one way of doing this.

By developing self-management skills, patients become more confident to manage their condition better and to work in a more collaborative way with health professionals. The outcome is more activated patients who want to maintain more control of the management of their lives and their health.

#### Improvement work

- To continue to deliver supported self-management courses and improve the quality of these courses.
- To improve the quality and usefulness of materials provided to patients.
- To continue to utilise the experience of the advocates for self-management (patients who have attended the course before).

#### Target

Throughout this year the Trust will increase the number of patients attending self-management courses.

The Trust will also increase the mean improvement score in the motivation of attendees to 'take control' of their conditions.

#### Reporting

The supported self-management team reports monthly to the supported self-management operations group and bi-monthly to the clinical leads group.

In addition regular reports on progress are submitted to the Health Foundation who currently fund the work.

## Did you know...?

**Colleagues from more than 200 different professions work at CHFT.**

**One team – many players.**



# Quality Account:

## Statements of assurance from the board

### Review of services

During 2013/14 the Calderdale and Huddersfield NHS Foundation Trust provided and/or sub-contracted 41 relevant health services.

The Calderdale and Huddersfield NHS Foundation Trust has reviewed all the data available to it on the quality of care in 34 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 62.55% of the total income generated from the provision of relevant health services by the Calderdale and Huddersfield NHS Foundation Trust for 2013/14.

### Participation in Clinical Audits

During 2013/14, thirty two of the national clinical audits and four national confidential enquiries covered relevant NHS services provided by Calderdale and Huddersfield NHS Foundation Trust.

During that period Calderdale and Huddersfield NHS Foundation Trust participated in 100% of national clinical audits and 100% national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust was eligible to participate in during 2013/14 are contained in **Appendix A**.

### Participation in clinical research

The Calderdale and Huddersfield NHS Foundation Trust is committed to research as a driver for improving the quality of care and patient experience.

The number of patients receiving relevant health services provided or sub-contracted by Calderdale and Huddersfield NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 967.

Participation in clinical research demonstrates Calderdale and Huddersfield NHS Foundation Trust’s commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatments and active participation in research leads to successful patient outcomes.

Calderdale and Huddersfield NHS Foundation Trust was involved in conducting 154 clinical research studies of which 67 were actively recruiting, 72 were closed to recruitment (but participants were still involved) and 15 studies were ‘in set up’ (either waiting for initiation or local approval).

During 2013/14 actively recruiting research studies were being conducted across all five divisions in eighteen specialties:

Corporate	3 studies
Women, Children and Family Services	15 studies, 4 specialties
Diagnostic and Therapeutic Services	5 infection studies
Medical Services	66 studies, 8 specialties
Surgical and Anaesthetic Services	7 studies, 5 specialties

An improvement in patient health outcomes in Calderdale and Huddersfield NHS Foundation Trust demonstrates that a commitment to clinical research leads to better treatments for patients.



There were 64 clinical staff participating in research approved by a research ethics committee at Calderdale and Huddersfield NHS Foundation Trust during 2013/14, of which 44 were local principal investigators and one was chief investigator on an international multicentre clinical trial. There were two clinicians commencing, and a further five continuing their studies at doctoral level.

Also, in the last three years, six publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

## Goals agreed with commissioners

A proportion of Calderdale and Huddersfield NHS Foundation Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between Calderdale and Huddersfield NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with, for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The figure for CQUINs allocated for 2013/14 was £7.125m and for 2014/15 is £6.8 million. The Trust successfully achieved all requirements for the 2013/14 CQUIN programme.

The CQUIN identified for 2013/14 covered a broad range of areas and reflected those priorities specified at a national level and supported by local priorities identified in partnership between commissioners and the Trust.

Four National CQUIN areas were identified for 2013/14:

- Venous Thromboembolism (VTE) screening;
- Dementia screening and referral;
- Friends and Family Test;
- NHS Safety Thermometer Harm Measurement Indicator.

These national areas were complemented by further locally agreed CQUIN indicators in the following areas:

- Chronic Obstructive Pulmonary Disease (COPD) care bundle;
- Maternity services and Paediatric patient experience;
- Diabetes: supporting the treatment of patients presenting acutely with hypoglycaemia and the promotion of self-care;
- Transfer of care

In planning for 2014/15 the Trust has continued to work closely with local commissioners to develop a programme of CQUIN quality indicators which are consistent with the key challenges faced locally. The development of these areas of focus has had strong clinical involvement in identifying areas for possible inclusion.

A number of 2013/14 CQUIN indicators have been retained and will enter a further year of targeted improvement work during 2014/15:

- Dementia (National);
- NHS Safety Thermometer (National)
- Friends and Family Test (National)
- Improving the management of patients presenting in A&E with Asthma
- Diabetes: supporting the treatment of patients presenting acutely with hypoglycaemia and the promotion of self-care;
- Improving medicine safety (previously transfer of care)

The other locally agreed CQUIN areas for 2014/15 are:

- Improving the management of patients attending A&E with pneumonia
- Improving care for those approaching End of Life
- Improving hospital food

Further details of the nationally agreed goals for 2013-14 and for the following 12 month period are available electronically at: <http://www.england.nhs.uk/nhs-standard-contract/>

***Dermatology: "Having visited dermatology and having had a skin growth removed this morning in the same clinic I would like to say how impressed I am by the service provided. The speed of referral to both clinics was excellent, there were no waiting times and the staff were all first class in their care and treatment. Thank you"***

# Quality Account:

## Statements of assurance from the board

### Care Quality Commission registration

Calderdale and Huddersfield NHS Foundation Trust is required to register with the Care Quality Commission and has full registration without conditions. The Care Quality Commission has not taken enforcement action against Calderdale and Huddersfield NHS Foundation Trust during 2013/14.

Calderdale and Huddersfield NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

In August 2013 the Trust was required to take action to improve compliance with Outcome 10, Safety & Suitability of Premises. An action plan was developed and implemented and was subject to close oversight by the Board of Directors. The Trust had further unannounced inspections by the CQC in February 2014, and was assessed as being compliant with Outcome 10.

### • CQC Intelligent Monitoring Report

The CQC plans to publish a quarterly intelligent monitoring report for each NHS Trust from this year forward. To date two reports have been published for the Trust.

Each report contains a priority band for inspection for the Trust, 1 being the highest priority for inspection (i.e. where the data indicates greatest concern for care quality) and 6 being the lowest priority.

The indicators cover:

- Incidents
- Infections
- Mortality
- Maternity and women's health
- Readmissions
- Patient Reported Outcome Measures (PROM's)
- Audit
- Compassionate care
- Meeting physical needs
- Overall experience
- Treatment with dignity and respect
- Trusting relationships
- Maternity survey
- Access to treatment measures
- Discharge and integration
- Reporting culture
- Partners
- Staff survey
- Staffing levels
- Qualitative intelligence



In the October 2013 report the Trust was banded as a 3. Elevated risks were reported for in-hospital mortality (vascular conditions), data from the national hip fracture database, delays in transfer from hospital, whistle blowing alerts and a risk reported in the rating of the electronic staff records in relation to staff registration.

In the March 2014 report the Trust was banded as a 4 (an improvement from October 2013). There were two elevated risks reported, data from the national hip fracture database and whistle blowing alerts. Risks were reported from the maternity survey, delays in transfer and staff support and supervision.

Information has been included in this report around ongoing work to improve the treatment of patients with a hip fracture, delays in transfers and actions from the maternity survey. An investigation was conducted into the standard of care for patients recorded as dying

from a vascular condition and an action plan has now been completed.

Risks were also highlighted in professional registration and staff support and supervision. For professional registration a considerable amount of work has been put in place to rectify issues highlighted in the July 2013 report. New processes and protocols have been put into place around capturing information for all employees including bank (the Trusts flexible staff register) which was previously missing and steps put in place to monitor information capture.

For staff support and supervision, the Trust is currently recruiting to a number of band 5 vacancies, as a result the current ratios around charge nurses to staff nurses and the proportion of all ward staff who are registered nurses are showing as a risk. The Trust is working to actively recruit to all essential staff nurse vacancies to rectify this situation.

## Data quality

Calderdale and Huddersfield NHS Foundation Trust's Information Governance and Records Strategy Committee has approved a Data Quality Improvement Plan for 2014/15 which includes the following actions:

- Implementation of automated real time check of patient demographic and GP data from the national spine for key inpatient and outpatient events;
- Continuation of development of data dictionary and system documentation to support key management data users;
- Review and update of data quality guidance notes for data collectors;
- Ensuring pre-planned cycle of data quality audits meeting Information Governance Toolkit standards;
- Provision of data quality advice and input to roll out of ward whiteboards to support timely and accurate collection of inpatient activity data;
- Provision of targeted data collection and training for key areas of concern;
- Support for process and system review to ensure RTT (referral to treatment time) data can be included in the Trust's central data submission
- Data Quality input to implementation of new Maternity, Theatre and Vital Signs monitoring systems;
- Development of Data Quality Knowledge Portal;

## NHS Number and general medical practice code validity

Calderdale and Huddersfield NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion 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:

Admitted Patient Care = 99.8%  
 Outpatient care = 99.9%  
 Accident & Emergency Care = 98.8%

- Which included the patient's valid General Practitioner's Registration Code was:

Admitted Patient Care = 100%  
 Outpatient Care = 100%  
 Accident & Emergency Care = 99.9%

These figures are based on April 2012 to January 2013, which are the most recent figures in the Data Quality Dashboard.

# Quality Account: Statements of assurance from the board

## Information Governance

Calderdale and Huddersfield NHS Foundation Trust Information Governance Assessment Report overall score for 2013/14 was 80% and was graded as 'Satisfactory' with all scores at a level 2 or 3.

In the submission of the Information Governance Toolkit for March 2014 the Trust scored 80% and was marked as 'Satisfactory'. All scores were either at a level 2 or a level 3. A substantial programme of work is under way for 2014/15 to promote the use of technology within the Trust. This will lead to an improvement in information security and much more awareness of staff of the Information Governance Agenda. There will be leaflets, road show events and visits to wards and departments across the Trust to interact with staff and ensure that all Information Governance standards are being adhered to.

## Clinical Coding Error Rate

The Trust was not subject to the Payment by Results clinical coding audit 2013/14 by the Audit Commission.



# Quality Account: Review of quality performance – how we compare with others

In this section you will find more information about the quality of services that the Trust provides by looking at performance over the last year and how the Trust compares with other Trusts.

This year the Department of Health (DH) has published a core set of indicators to be included in the Quality Accounts of all NHS Foundation Trusts. These changes support the Mandate commitment that the NHS should measure and publish outcome data for all major services by 2015.

## Summary table of performance against mandatory indicators

Indicators	Previous 2 Periods		Most Recent Period
	April 2012 – March 2013	July 2012 – June 2013	Oct 2012 – Sept 2013
<b>12. Summary Hospital-Level Mortality Indicator (SHMI).</b>			
(i) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period: National Average: 100 Lowest: 63 Highest: 118.6	102.06	105.71	106.13
(ii) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period. National Average: 21.3 Lowest: 0 Highest: 44.9	16.8%	17.8%	17.9%
<b>18. PROMS; patient reported outcome measures.</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
(i) groin hernia surgery*,	0.10	0.10	0.07
(ii) varicose vein surgery*,	0.09	0.09	0.10
(iii) hip replacement surgery,* and	0.42	0.45	0.43
(iv) knee replacement surgery*.	0.38	0.32	0.37
<b>19. Patients readmitted to a hospital within 28 days of being discharged.</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
(i) 0 to 15; and	11.7%	11.1%	10.4%
(ii) 16 or over.	11.3%	12.4%	12.0%
<b>20. Responsiveness to the personal needs of patients.</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
	65.9	66.8	76.7

- More data on these figures is contained on pages 52 and 53.

# Quality Account: Review of quality performance – how we compare with others

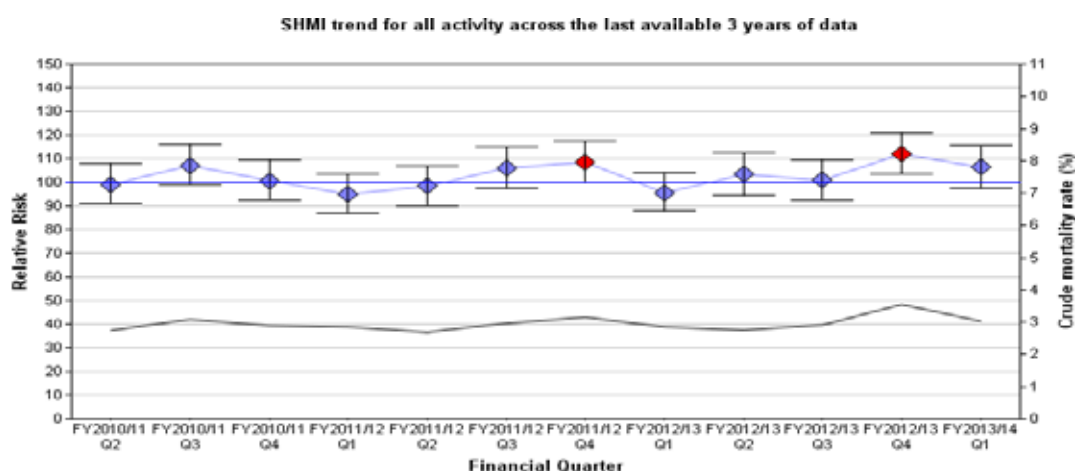
Indicators	Previous 2 Periods		Most Recent Period
<b>21. Staff who would recommend the Trust to their family or friends.</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
	66%	69%	68%
<b>New Indicator - Patients who would recommend the Trust to family or friends.</b>	<b>Nov 2013</b>	<b>Dec 2013</b>	<b>Jan 2014</b>
	Response rates only	74	75
<b>23. Patients admitted to hospital who were risk assessed for venous thromboembolism.</b>	<b>FY2013/14 Q1</b>	<b>FY2013/14 Q2</b>	<b>FY2013/14 Q3</b>
	95.16%	95.27%	95.1%
<b>24. Rate of C.difficile infection.</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
	25.5	14.3	12
25. Patient safety incidents and the percentage that resulted in severe harm or death.	Oct 11 - Mar 12	Apr 12 - Sep 12	Oct 12 – March 13
(i) Rate of Patient Safety incidents per 100 Admissions	5.77	5.43	6
(ii) % of Above Patient Safety Incidents = Severe/Death	1.8%	2.5%	2.4%

## 12 Preventing People from dying prematurely

### (i) Summary Hospital-Level Mortality Indicator (SHMI).

Summary hospital-level mortality indicator (SHMI) measures deaths that happen both in an NHS hospital and that occur within 30 days of discharge from a hospital stay. It is the ratio between the actual number of patients who die following a treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

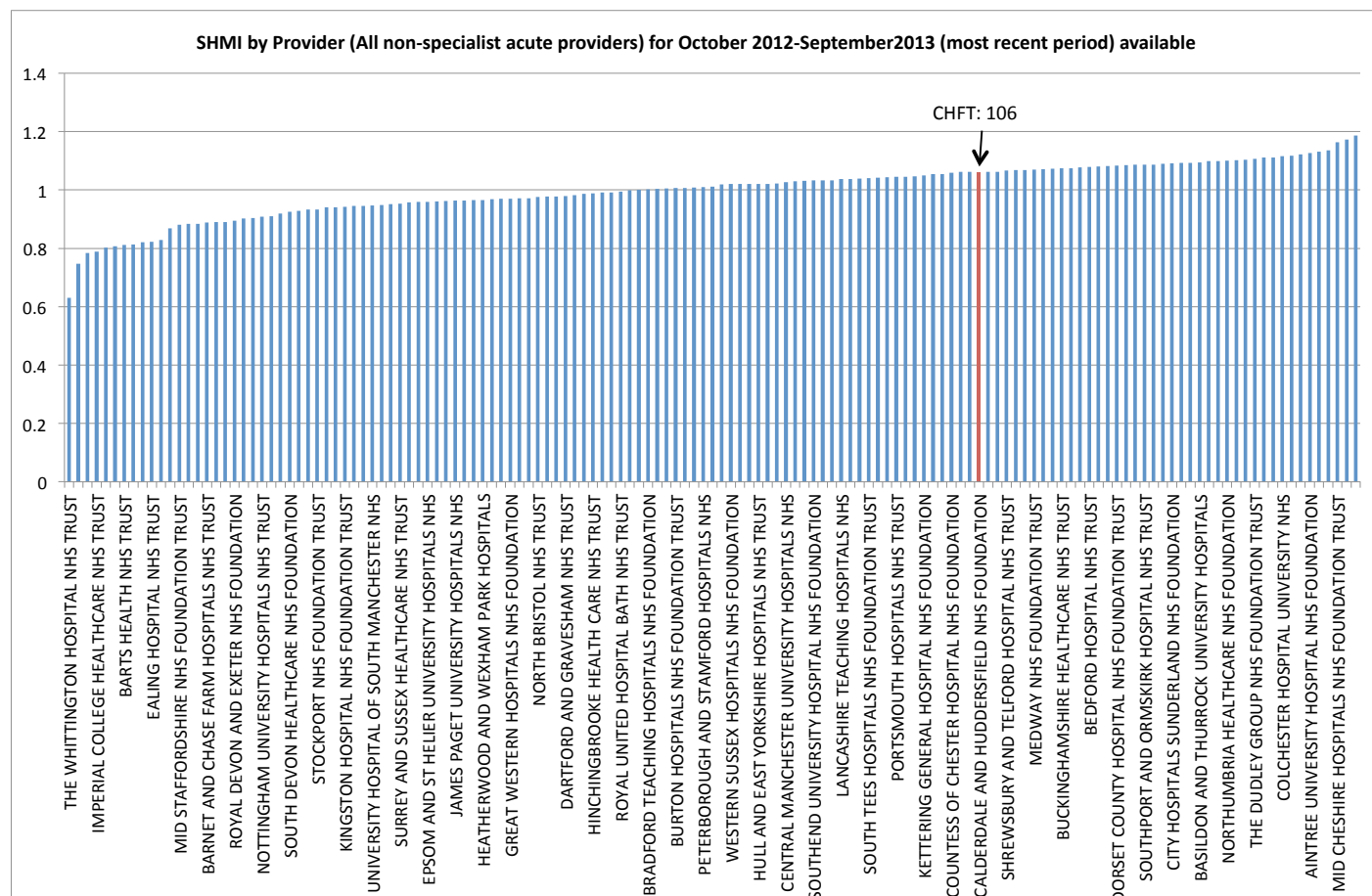
The chart below shows the value and banding of the SHMI for the Trust for the reporting period from July 2010 to July 2013.





100 is the expected score based on data submitted from all NHS trusts.

The red diamonds represent a statistically significant relative risk (i.e. the lower 95% confidence limit and the upper 95% confidence limit are both above 100). This tells us that for Calderdale and Huddersfield NHS Foundation Trust our relative risk was higher than expected for that quarter.



The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The SHMI data shows the Trust's performance against the expected mortality rate of 100. Data available for the past three years is relatively stable against expected with two periods (red diamonds) of concern.

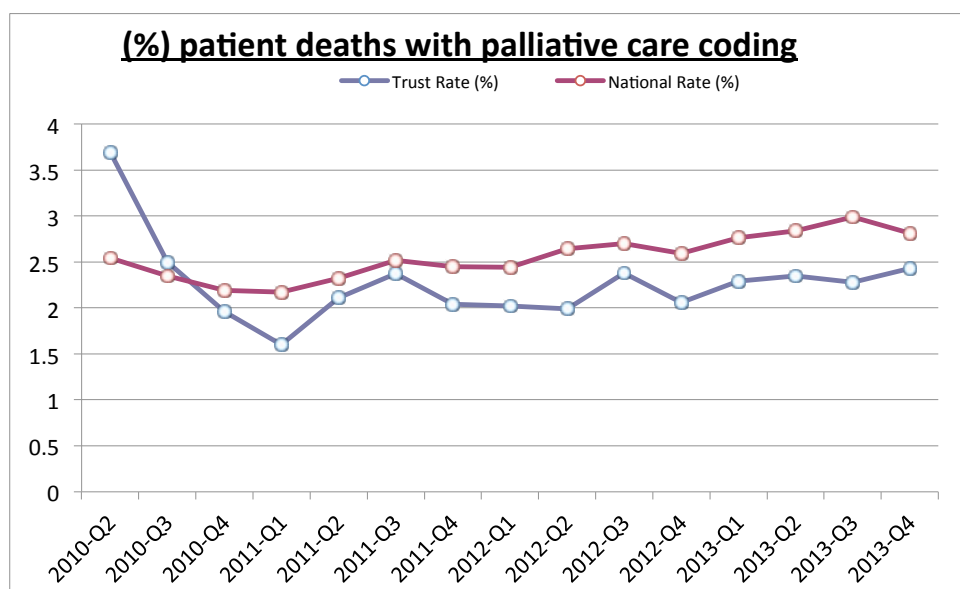
The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Like HSMR, SHMI is a high level measure of the quality of care provided. As well as the Trust's overall strategies to improve care quality such as the 'Care of the acutely ill patient' programme, the Trust also investigates alerts from both HSMR and SHMI to understand the causes of these and where necessary deliver some targeted improvement work.

# Quality Account: Review of quality performance – how we compare with others

## 12 (ii) Percentage of patient deaths with palliative care coded

The chart shows the percentage of Calderdale and Huddersfield NHS Foundation Trust hospital deaths that have a palliative care code against the national rate.



The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The Trust's performance against the national rate since 2010 has been lower for this indicator. There are differences in the way palliative care advice is captured in different Trusts and work is ongoing to try to improve the capture rates at CHFT.

The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Through regular audit, both by the Trust's clinical coding and palliative care teams, the Trust ensures the accuracy of both palliative care codes and the quality of end of life care. There is an end of life care collaborative that targets improvements where issues are identified.

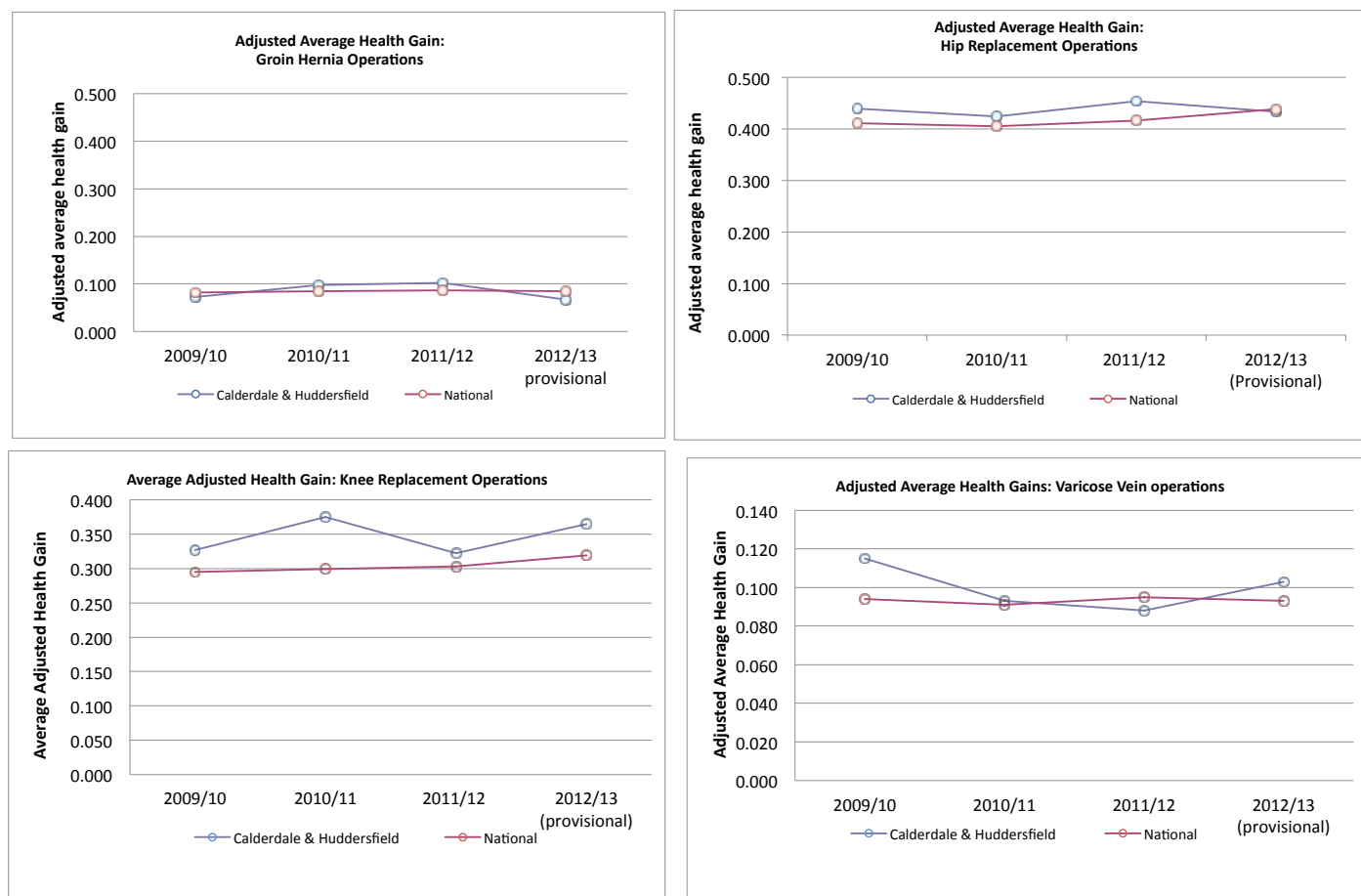
## 18. Helping people recover from episodes of ill health or following injury

**Patient reported Outcome Measures (PROMS)** are a way of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves.

Data on PROMS has been collected since April 2009 (four years) on four different procedures:

- Groin Hernia;
- Hip replacements;
- Knee replacements;
- Varicose Veins.

Questionnaires are completed by patients before and after the surgery to evaluate how effective the procedure has been. From the findings of these questionnaires, pre and post operative scores and health gains are calculated. (Example of pre questions – answering questions on five different areas of the individuals own health state, Mobility, Self Care, Usual Activities, Pain/Discomfort and Anxiety/Depression).



Please note: there is no data available showing the Trust compared to best and worst performers

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

● **Participation:**

Overall the participation rate for completing the questionnaire before the operation is lower for 2012/13 compared with 2011/12 across all four procedures' data. Calderdale and Huddersfield NHS Foundation Trust is at 77.1%. This does however compare favourably to the national average for participation across all four procedures at 74.9%

Participation rate after the operation is 70.1% for England with Calderdale and Huddersfield NHS Foundation Trust at 68.4%; however, this has still time to improve when all the remaining questionnaires from patients are completed.

## Did you know...?

**We are delivering more care than ever before at weekends and in the evenings to fit our care with our patients' lives. We see 5,434 patient on Saturdays and 3,472 patients on a Sunday.**

# Quality Account: Review of quality performance – how we compare with others

- Health Gain compared to national data:

Groin Hernia – Calderdale and Huddersfield NHS Foundation Trust, 47.2% improved, England 50.2%.

Hip Replacement – Calderdale and Huddersfield NHS Foundation Trust, 88.3% improved, England 89.7%.

Knee Replacement – Calderdale and Huddersfield NHS Foundation Trust, 87.0% improved, England 81.7%. The Trust is a positive outlier for knee replacement health gains when compared to national data.

Varicose Veins – Calderdale and Huddersfield NHS Foundation Trust, 50.8% improved, England 52.7%.

The reported health gains for Groin Hernia and Varicose Veins are lower than for Hip and Knee replacements; this could be due to patients not actually experiencing problems such as pain or reduced mobility prior to the procedure.

The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Ensuring the data is accessible at consultant level so it can be used for clinical revalidation and to help drive improvements in practice.

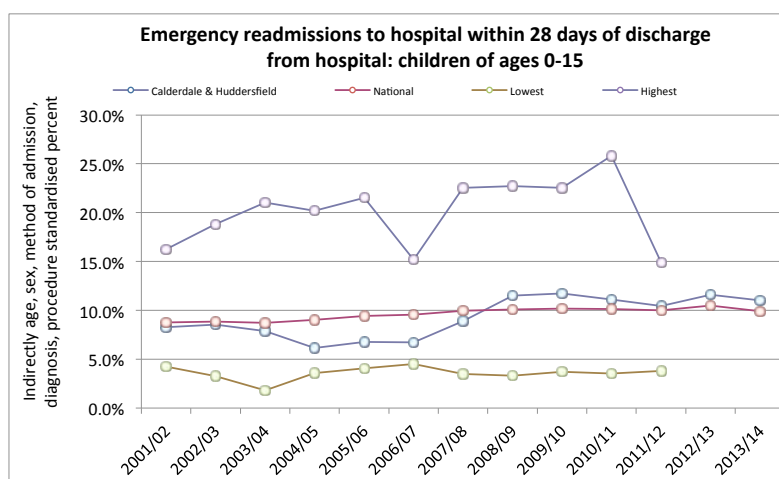


## 19. Readmissions

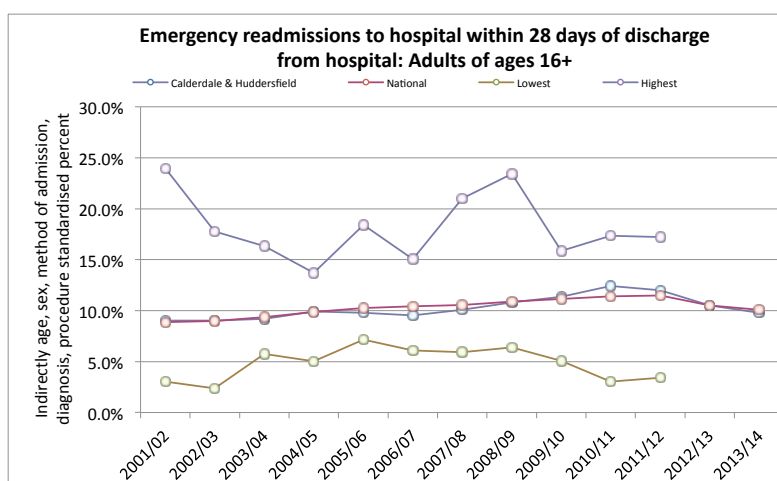
The charts show the percentage of patients aged:

1. 0 to 15; and
2. 16 and over;

readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.



	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
CHFT	7.9%	6.1%	6.8%	6.7%	8.9%	11.5%	11.7%	11.1%	10.4%	11.6%	11.0%
National	8.7%	9.0%	9.4%	9.5%	9.9%	10.1%	10.2%	10.2%	10.0%	10.5%	9.9%



	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
CHFT	9.2%	9.9%	9.8%	9.5%	10.1%	10.8%	11.3%	12.4%	12.0%	10.5%	9.8%
National	9.4%	9.9%	10.3%	10.4%	10.6%	10.9%	11.2%	11.4%	11.5%	10.5%	10.1%

**Community (Physiotherapy):** "Our community physiotherapist has been coming to our home for the last couple of months and her tips regarding getting into bed, using the bed board properly and showing me how to exercise to improve my mobility have been invaluable. She is a pleasant lady and I feel she represents your team wonderfully."

# Quality Account: Review of quality performance – how we compare with others

The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The above data shows that for both age groups the Trusts readmission rate is in line with the national average.
- The charts show comparator data against national and highest and lowest rates provided by the health and social care information centre. This data is not yet available for the last two years so data has been included from the Trusts own data sources.
- The data included in these charts differs from the Trust board performance report as the parameters used are slightly different. This variance makes the internal report more meaningful to the Trust.

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

- The introduction of the discharge coordinator role on medical wards during this year has already led to reductions in readmissions, this role continues to be improved upon and the staff to gain better skills.

Better ward organisation has also had a positive impact and continues to be improved through ongoing training of ward teams in the use of Plan for Every Patient boards.

## 20. Responsiveness to the personal needs of patients.

This is the Trust's Commissioning for Quality and Innovation indicator (CQUIN) score with regard to its responsiveness to the personal needs of its patients during the reporting period.

The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

Question		2012		2013	
		Your score	National	Your score	National
Q32	Were you involved as much as you wanted to be in decisions about your care and treatment?	73.5	72.7	73.4	73.2
Q34	Did you find someone on the hospital staff to talk about your worries and fears?	60.5	58.1	63.0	58.8
Q36	Were you given enough privacy when discussing your condition or treatment?	83.9	84.1	84.9	84.5
Q56	Did a member of staff tell you about medication side effects to watch for when you went home?	50.8	48.2	43.7	49.3
Q62	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	79.9	77.6	82.0	77.7
OVERALL		69.7	68.1	69.4	68.7





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

- Continued monitoring of individual ward-based scores on a quarterly basis by ward sisters and matrons as part of the real time patient monitoring reports.
- Continued use of bedside handover to promote patients being involved in their care and treatment. This has been rolled out to all wards since the time of the 2013 survey (July discharges).
- Recently appointed Discharge Co-ordinators on all medical wards will work with the ward teams and patients and carers to pull together discharge plans and ensure these are delivered.
- Further work will be focused on identifying opportunities to inform patients of any side effects of their medication. The aim is to increase pharmacy presence on the wards to allow more opportunities for pharmacists to explain the role and possible side effects of medications to patients prior to discharge from hospital.

## Patient Surveys

The above was a subsection of the Adult in Patient survey; the following is an overview of the results the Trust received from the whole survey.

In addition included is a section on results from another National patient survey for the Trust's Midwifery service.

### ● National Survey of Adult In-patients 2013

This report details the key messages from the 2013 survey of adult inpatient services. There was a national response rate of 49%. Locally the survey was sent out to 850 patients who had been discharged from an inpatient ward in July 2013. The Trusts response rate was 51% which is slightly higher than last year's of 50%.

The questionnaire asks people about their experiences from hospital admission to discharge.

Survey section scores	2012	2013	Change in score
The A&E Department	8.5	8.7	+ 0.2
Waiting list and Planned Admission	8.9	9.0	+ 0.1
Wait for bed	7.4	7.2	- 0.2
The Hospital And Ward	8.3	8.3	No change
Doctors	8.4	8.5	+ 0.1
Nurses	8.4	8.4	No change
Your Care and Treatment	7.6	7.8	+ 0.2
Operations & procedures	8.1	8.3	+ 0.2
Leaving Hospital	7.2	7.3	+ 0.1
<b>Overall</b>	<b>5.0</b>	<b>5.2</b>	<b>+ 0.2</b>

The CQC reported the Trust as scoring 'about the same' for all but one question.

The Trust scored 'better' than most other Trusts for the question about the length of a delayed discharge. This was asked of a sub group of patients who indicated their discharge had been delayed and assesses the length of a delay for reasons attributable to the hospital.

There were no questions where the Trust scored 'worse' than other Trusts.

# Quality Account: Review of quality performance – how we compare with others

There was one question that was noted to have achieved a statistically significant improvement from the previous year; - Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

It was disappointing to see that the question regarding medication side effects, (Did a member of staff tell you about medication side effects to watch out for when you went home?), has dropped to a score of 4.4 (previously 5.1). This doesn't correlate with the quarterly RTPM data, and as such will be investigated further.

## **Next Steps:**

The Trust is looking at how the results of the National Survey and RTPM correlate with the data available from the Friends and Family Test.

The Trust will be looking at what makes a difference between the patients who say they would definitely recommend our service and those giving one of the alternative responses.

The results of this survey will be taken into account as part of the Trust's Patient Engagement and Experience Plan which is currently being developed, looking in more detail at the individual question scores to identify areas where specific interventions can be implemented.

## ● **Maternity Patient Surveys 2013**

During 2013-14 the Trust took part in the national maternity survey; the following is a summary of the results and actions arising:

Antenatal Care – The Trusts scored better than most other Trusts on one of the two sections included in this survey. This related to the start of your care in pregnancy. For the other section antenatal check ups the Trusts scored Amber – about the same as other trusts.

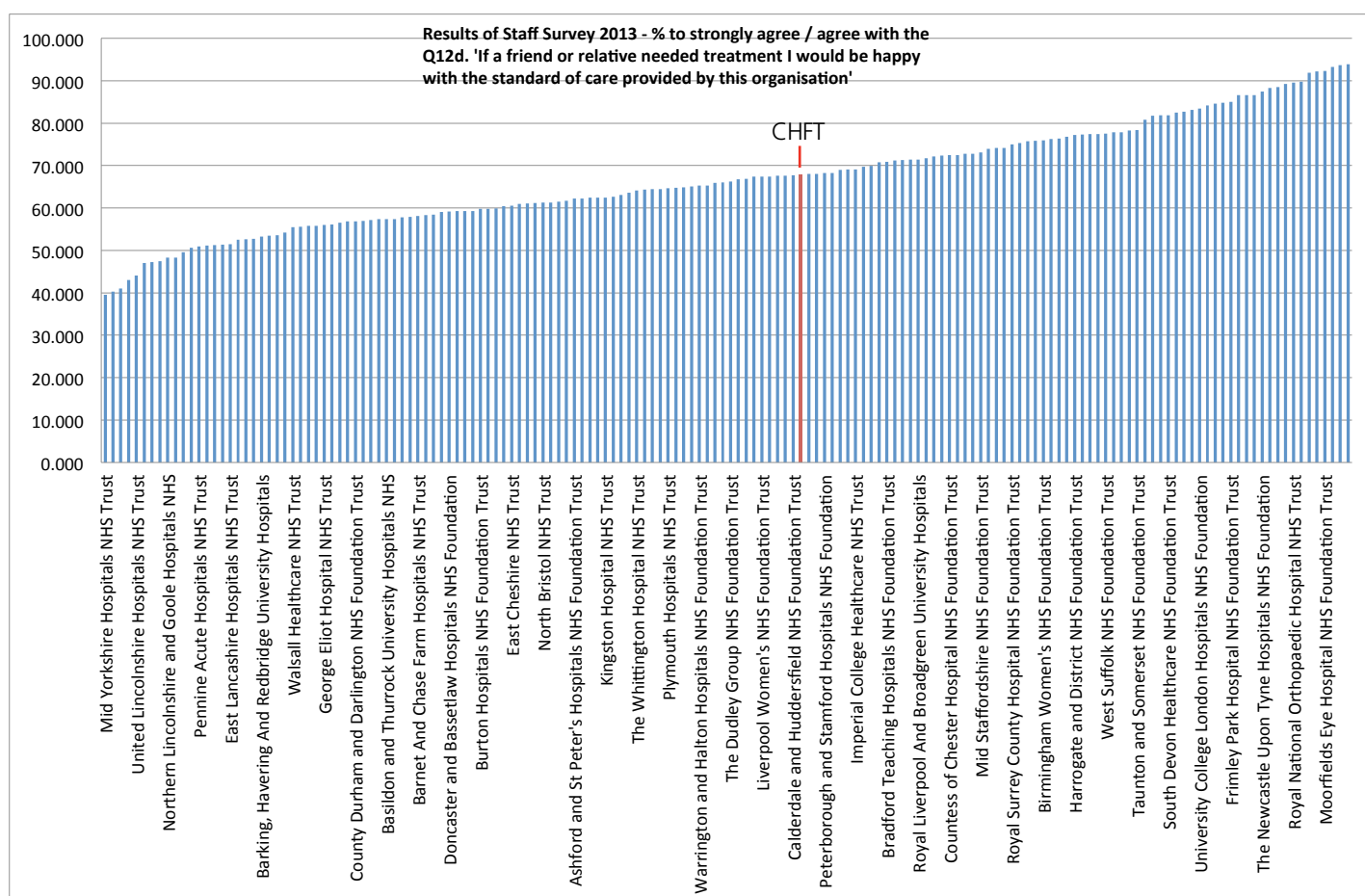
In Patient Care – There were three sections included in this survey, for two the Trusts scored better than most other Trusts, these were for Labour & birth and care in hospital after birth. Out of the twenty indicators included there was only one for which the Trust scored worse than other Trusts, this was 'did staff treating and examining you introduce themselves?'

Postnatal Care – The Trust scored better for the two sections of this survey, feeding and care at home after the birth. Of the twenty indicators included the Trust scored Better for two, there were no worse scores.

Action following this survey has been included in the inpatient maternity feedback plan, this includes information from these surveys as well as information gleaned from Real Time Patient Monitoring conducted in house. For the indicator where the Trust scored worse than others the action includes: work with ward managers to ensure all staff introduce themselves properly (including medical staff), to be audited by 'secret shopping' phone calls, there will also be a display board that explains to patients and their families staff roles.

## 21. Staff who would recommend the Trust to their family or friends

The charts shows the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family and friends.



The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The Trust's staff survey is based on a sample of 850 staff. The response rate was 59% - making a total of 493 staff who participated in the survey. The sample was drawn from a total of 5877 eligible staff employed at the time of the survey (September 2013).
- The staff survey score for KF24 - Staff recommendation of the Trust as a place to work or receive treatment is 3.75 out of 5. The score in the 2012 survey was 3.70 out of 5. This is a summary scale score calculated from the scores of the following questions:

The extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.

# Quality Account: Review of quality performance – how we compare with others

*The Trust's sample frequency scores indicate that:*

*1 72% agree that care of patients/service users is the Trust's top priority*

*2 62% would recommend the Trust to others as a place to work*

*3 68% would be happy with the standard of care provided by the Trust if a friend or relative needed treatment*

From the survey as a whole the following table shows where the Trust performed better and worse than the national average.

Indicator	CHFT	National	Better/Worse
% of staff experiencing discrimination at work in the last 12 months	8%	11%	↑
% of staff able to contribute towards improvements at work	71%	68%	↑
Fairness and effectiveness if incidents reporting procedures	3.57	3.51	↑
% of staff receiving job-relevant training, learning or development in the last 12 months	82%	81%	↑
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	22%	24%	↑
% staff having equality and diversity training in the last 12 months	47%	60%	↓
% staff suffering from work related stress in the last 12 months	39%	37%	↓
% staff suffering harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31%	29%	↓
% staff agreeing that their role makes a difference to patients	90%	91%	↓
% staff feeling satisfied with the quality of work and patient care they are able to deliver	77%	79%	↓

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

- In 2013/2014 the Trust launched its colleague engagement strategy which has at its core four behaviours that the Trust expects to see across the organisation.

The behaviours are:-

- We put the patient first – we stand in the patient's shoes and design services which eliminate unproductive time for the patient.
- We 'go see' - we test and challenge assumptions and make decisions based on real time data.
- We work together to get results - we co-create change with colleagues creating solutions which work across the full patient journey
- We do the must-do's - we consistently comply with a few rules that allow us to thrive.
- The Trust is committed to introducing a consistent approach to how it manages change and in particular how it manages change that fully engages the potential and creativity of staff and allows colleagues to work across divisional and organisational boundaries. A programme of activity has been initiated in support. The Work Together, Get Results (WTGR) programme explores simple and practical tools that help leaders engage colleagues in a way that allows breakthroughs in their ability to lead transformational change in the organisation. Properly applied the tools secure the commitment of colleagues to the organisation's results and values and ensure colleagues are motivated and contribute to delivering the Trust vision.

***"We will work with partner organisations to understand the individual needs of patients and, together, deliver outstanding compassionate care which transforms the welfare of the communities we serve."***

- The Trust delivered real improvement in its our appraisal compliance during 2013/2014 achieving 92% for non-medical colleagues and 92% for medical colleagues. The result expected in 2014/2015 is 100%. Appraisals are seen by the Trust as a key contact with colleagues and an opportunity to engage them in what the organisation's goals are. Work now focuses on ensuring the appraisal interaction is of high quality and the Trust will test colleagues' experience of the appraisal tool and the conversations that take place in the appraisal setting to improve its approach.
- The Trust's health and wellbeing strategy is being refreshed and the Trust is exploring opportunities to work with a national charity, Public Concern at Work, to provide opportunities for colleagues to raise concerns about any matter that occurs in the workplace and for them to be appropriately managed and resolved.
- Additionally, a staff suggestion scheme is available to colleagues to submit ideas for improvement and as colleagues leave their employment with the Trust information about their experience is obtained through a leaver survey. A 'new starter' experience surveying tool is being developed to enhance the opportunities offered to colleagues to feedback concerns and recommendations that enable the Trust to improve what it does.
- Following the reporting of the 2013 national staff survey results for the Trust commitments have been made to focus attention on workplace bullying (service user to colleagues as well as colleague to colleague), stress at work and the availability of equality and diversity training. Further, preparations are being made to deliver the colleague Family and Friends Test from June this year.

# Quality Account: Review of quality performance – how we compare with others

## Extra Indicator 2014 - Patient element of friends and family test

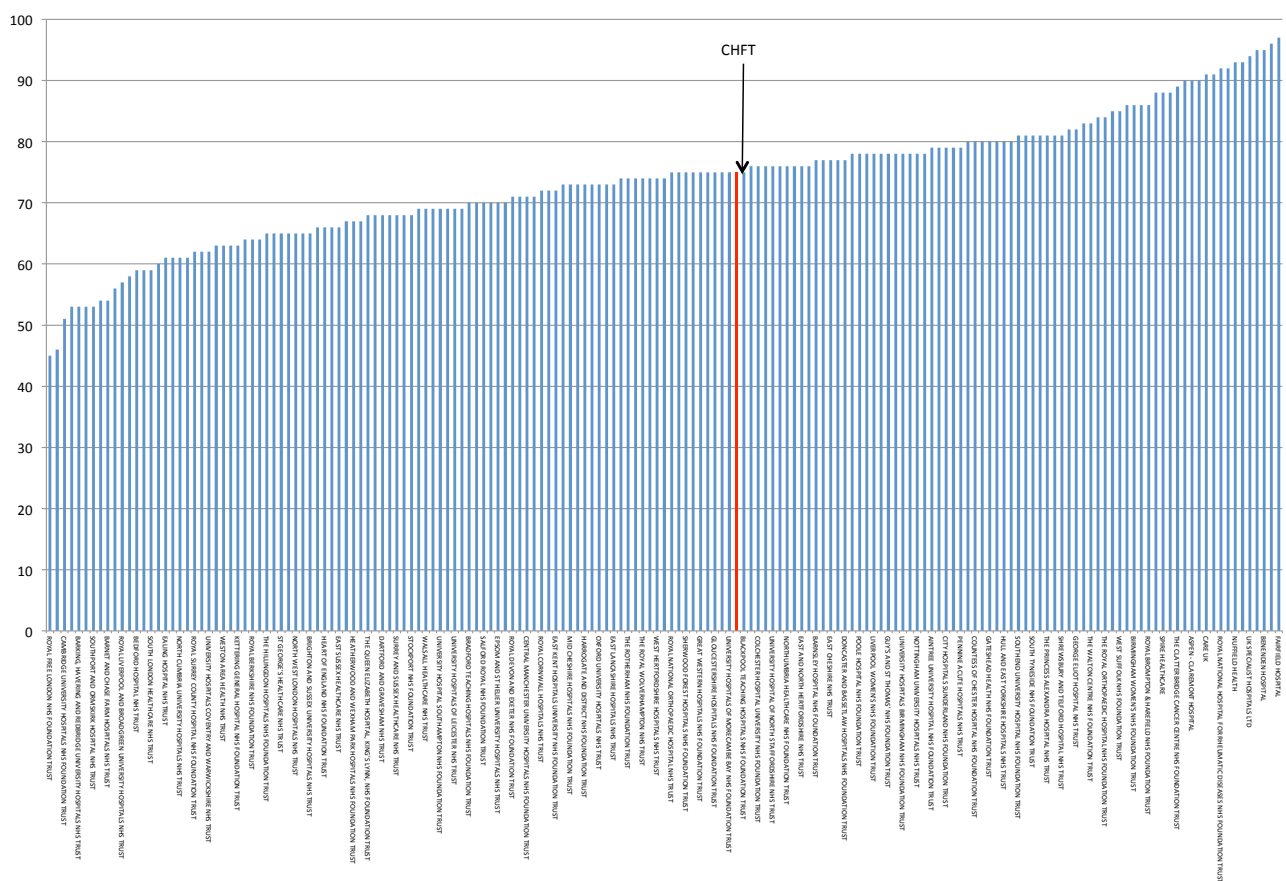
From this year the Trust has elected to include an extra indicator.

The Friends and Family Test is a question that has been asked to all inpatients over 16 in NHS hospital trusts since April 2013. The question asks “How likely are you to recommend our ward to friends & family if they needed similar care or treatment?” From this a Net Promoter Score (NPS) is calculated on a scale of -100 to 100

The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The chart shows the Net Promoter score achieved by each trust between April 2013 and February 2014 with the Trust highlighted in red.

**Friends and Family Net Promoter Score**



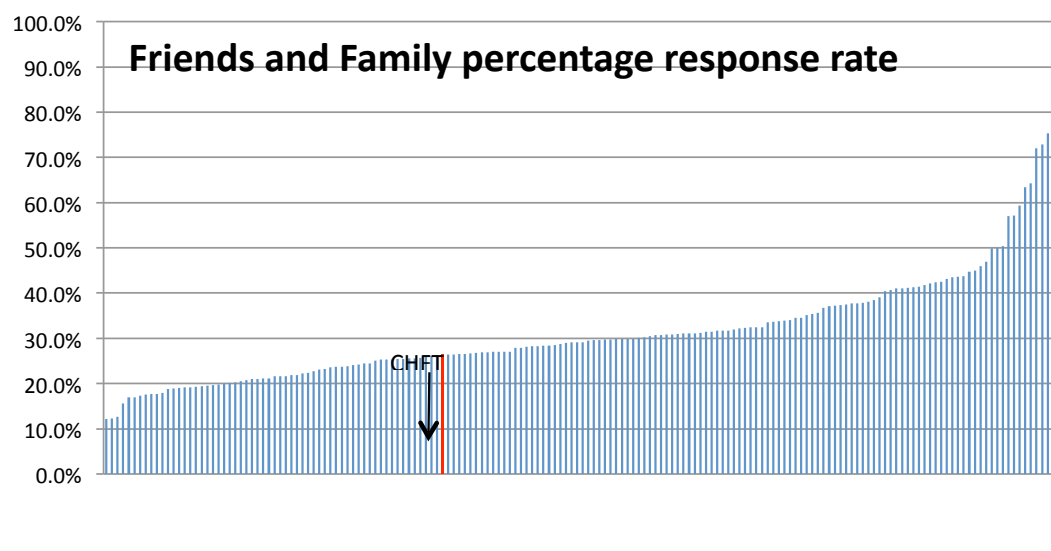
- In the Trust between April 2013 and February 2014, 27,517 patients were given the opportunity to answer the question. Of these 7,241 responded giving a response rate of 26.3% and a ranking of 111th out of 171 trusts (65th percentile).
- The Trust achieved an NPS of 75. This ranks at 75th out of 171 trusts (44th percentile).

Note: In order to protect patient confidentiality a breakdown of responses for four trusts were not provided for some months. These trusts have still been included in the above figures and chart but their scores have been calculated without the data for the redacted months.



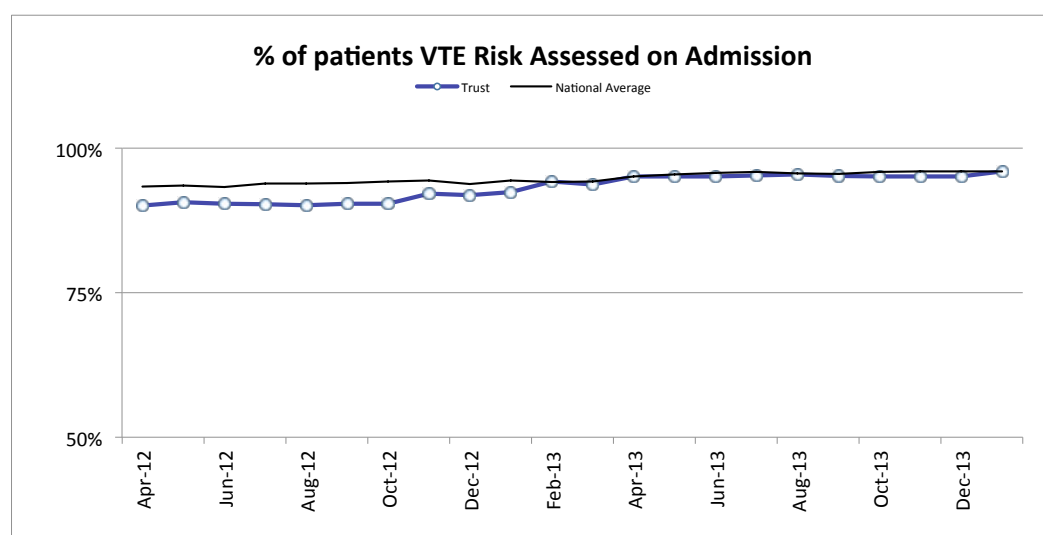
The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services:

- In order to promote improvement, scores are provided monthly at ward level. In addition, comments collected through the Friends and Family Test process are also made available to allow the Trust to gain a better understanding of patient perception and plan interventions when necessary around these comments.



### 23. Patients admitted to hospital who were risk assessed for venous thromboembolism.

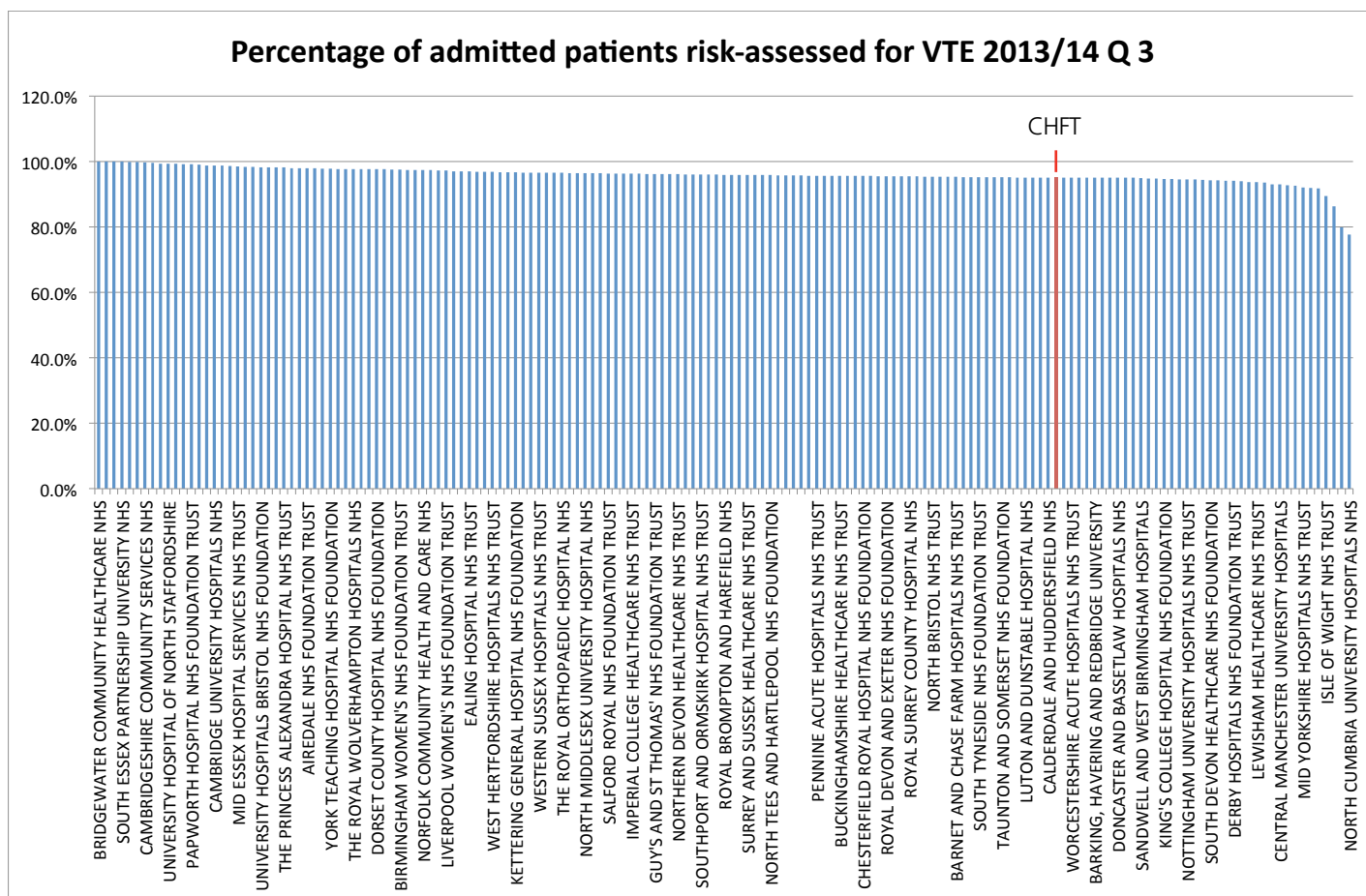
The charts show the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the report period from June 2011 to February 2014.



**Did you know...?**

**Radio 2 is the most requested background in the MRI scanning suite.**

# Quality Account: Review of quality performance – how we compare with others



The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

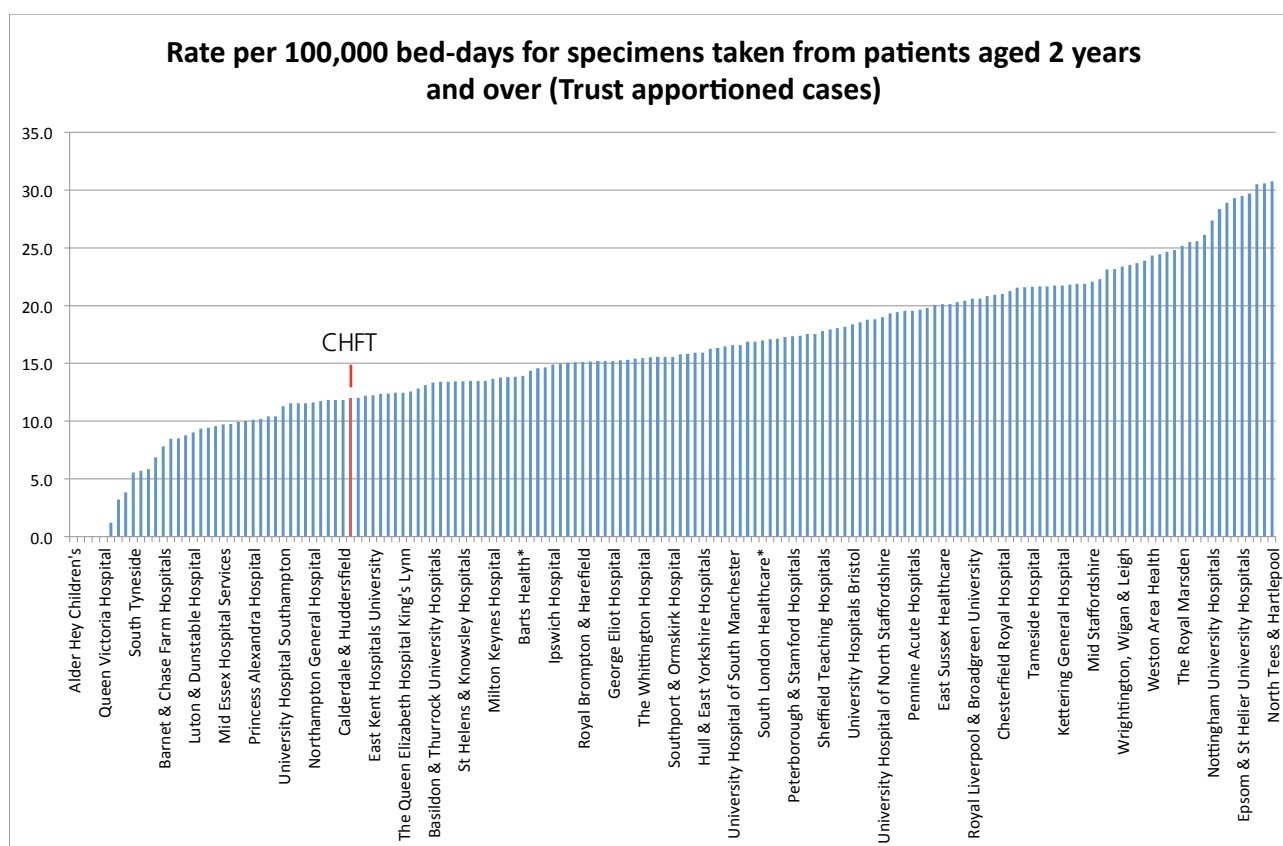
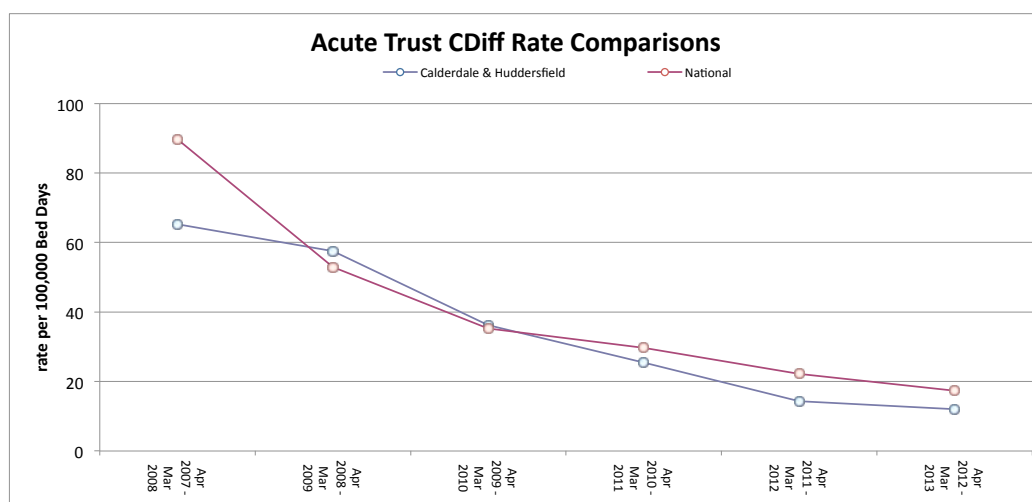
- The target from 1 January 2011 to 31 March 2013 was 90% and this was met for VTE risk assessment for all patients admitted. From December 2012 the number of inpatients risk assessed for VTE has continued to rise and been sustainable above 95% from April 2013. The benchmarking graph shows the Trust to be in the bottom 10% of Trusts however issues with data capture make it difficult to evidence performance above the 95% target.

The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this and so the quality of its services, by:

- Quality improvement nurses continued in their key role of educating doctors to complete the risk assessment and ensure appropriate prophylaxis is being prescribed. There is a reliable process in place to ensure when hospital associated VTE are identified the Trust is learning from any gaps in compliance and addressing these so it can increase the quality of care provided.

## 24. Rate of C.difficile infection

The charts shows the rate per 100,000 bed days of cases of C-difficile infection reported within the Trust amongst patients aged two or over during the reporting period from April 2007 to March 2013.



**Labour Ward:** "I had a difficult birth last week which was supported by a great midwife. She helped both me and my husband through a tough day which resulted in me having an emergency c-section. She then came into the theatre with us, calmed me down and made the process less scary. All the midwives and nurses I met were caring, helpful and supportive."

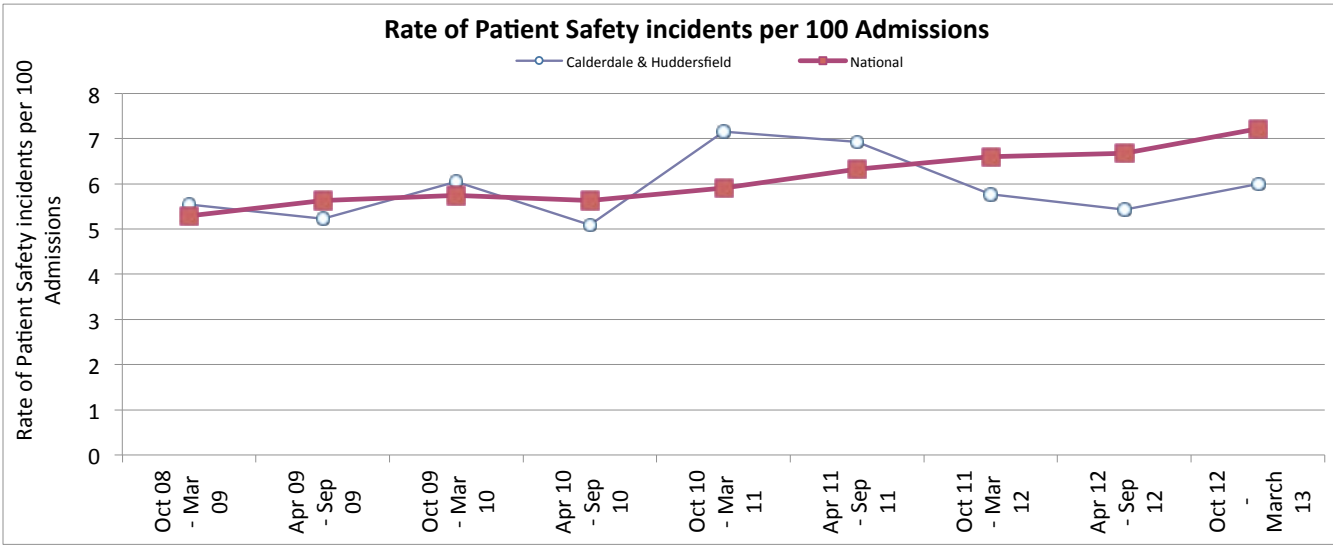
# Quality Account: Review of quality performance – how we compare with others

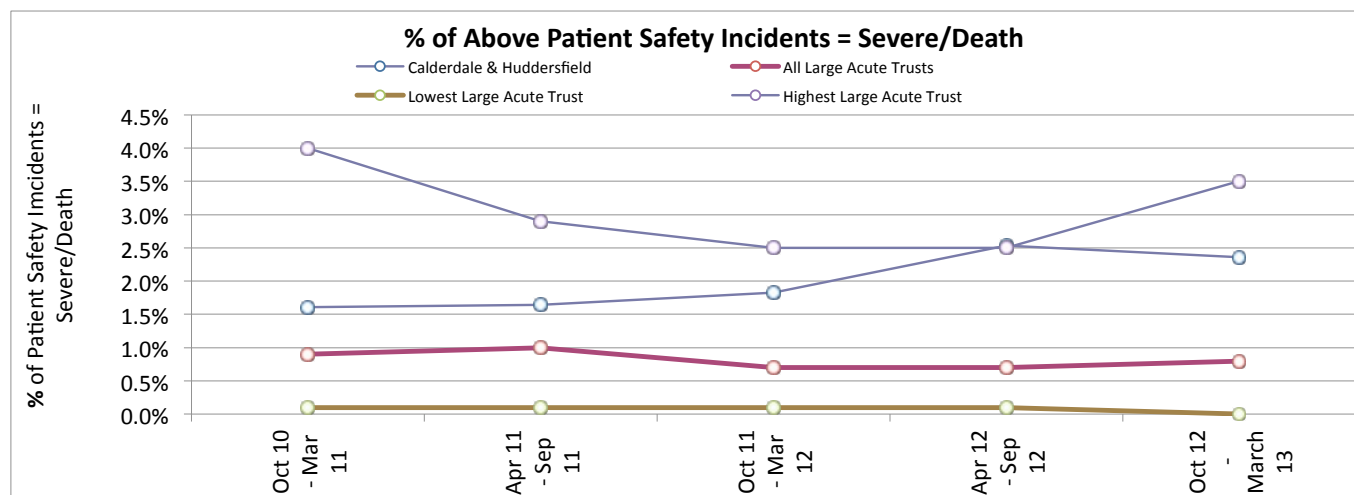
- The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:
- The Trust continues to report all data externally via the Health Protection data capture system and internally to the Executive Board and Board of Directors monthly.
  - Charts show continuous improvement over the past five years, Trust data has been maintained below national rates since 2010.
  - The second chart shows that in 2012/13 the Trust performed very well when compared to other similar NHS organisations

- The Calderdale and Huddersfield NHS Foundation Trust intends to take the following actions to improve this rate and so the quality of its services, by:
- Continuing to implement a specific pathway for patients with C-difficile
  - Daily review of all patients with C-difficile by a specialist Infection Prevention and Control Nurse using a checklist and escalating any issues immediately
  - Routine use of Hydrogen Peroxide Vapour (HPV) decontamination of all rooms where patients with C-difficile have been treated after they are discharged
  - Ongoing weekly infection control ward rounds with a microbiologist
  - Ongoing weekly Antibiotic ward rounds
  - Continued collaborative working with Matrons
  - Additional cleaning
  - Strict adherence to Personal Protective Equipment policies and protocols, additional signage and use of hand hygiene with soap and water
  - Mandatory training for all clinical staff and new starters
  - Root Cause Analyses of every single case of hospital acquired C.difficile to ensure that lessons are learned to prevent future infections

## 25. Patient safety incidents and the percentage that resulted in severe harm or death.

The charts show the rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.





The Calderdale and Huddersfield NHS Foundation Trust considers that this data is as described for the following reason:

- The Trust reports a higher rate of severe/death patient safety incidents than other large acute trusts. This is attributable to the type of incidents the Trust views as severe patient safety incidents compared with other large acute trusts, for example, all category 3 and 4 pressure ulcers are viewed by the Trust as severe harm and any patient who sustains a fractured neck of femur whilst in the care of the Trust is also reported as severe harm. This reflects the seriousness with which the Trust views these incidents and grading in this way ensures the correct level of investigation is carried out and appropriate actions taken to reduce their incidence in future. The Trust has aligned the severity rating of incidents with the severity rating from the transparency project framework which other trusts appear not to have done.

The Calderdale and Huddersfield NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services:

- Through ongoing improving patient safety work. This includes falls and pressure ulcer collaboratives which aim to reduce the number of patient safety incidents in these areas. All severe patient safety incidents are formally investigated, learning is identified and actions implemented to help prevent reoccurrence of similar incidents.

There have been no Never Events in the Trust this year.

### ● Type and Severity of Incidents

6951 patient safety incidents were reported in 2013/14. Relating these to activity, 1% of patient episodes involved a reported incident. Of these 0.2% of patient episodes resulted in harm, mostly minor harm.

There has been a 20% reduction in the number of severe harm incidents reported with a total of 159 red severity incidents. All red severity incidents require a Root Cause Analysis ("RCA") to be completed. Over the year, 51% of red severity incidents related to category 3 and 4 Pressure Ulcers, compared to 53% last year.

Overall when analysing categories by level of harm, the top three issues for the year are pressure ulcers; medication and patient falls.

# Quality Account: Review of quality performance – how we compare with others

## *Learning from Incidents*

**Pressure ulcers** – The number of pressure ulcers reported during 2013/14 has reduced by 10%. Category 2 pressure ulcers are the highest category reported and 63% of these are reported in the patient's own home by district nursing teams.

As detailed previously, work has continued to further decrease the numbers of hospital associated pressure ulcers.

**Medications** – The number of medication incidents reported has increased this year by 30%. Over the year the need to recognise and report medication errors has been promoted and this will continue in line with the safety alert and quality measure effective for the year ahead.

Improvement work has been ongoing through the year and medication incident reports are presented to the medicines management committee on a regular basis highlighting and sharing the type of incidents that are occurring. Other improvement activities have included the following:

- A multi-disciplinary work stream is leading work on 'Missed Doses'.
- Allergies they have been coded differently (red near misses) and escalated for investigation and action within Divisions
- Newsletters brief staff on common themes and actions that they might take to minimise risk
- Health professionals use information on incidents to inform teaching sessions and timeouts for colleagues
- Developments and improvements on prescriptions are made which take into account incidents reported e.g. Warfarin prescription,
- Updates to clinical guidelines take into account incidents reported. E.g. anticoagulation guidelines.
- Updates to the Trust Medicine Code and incident reporting underway to improve reporting and learning.

**Patient falls** – falls account for the highest number of incidents reported in 2013/14, accounting for 1827 reported incidents. 67% of these incidents caused no harm, with a further 31% causing minor harm.

As previously detailed, work has continued to further decrease the numbers of patient falls.

## *Type and Severity of Complaints*

The number of concerns and complaints received has decreased in 2013/14. The key subjects of complaint remain treatment, communication and access.

During 2013/14, 562 complaints were received representing a 12% decrease against the 638 received in 2012/13. This equates to the ratio of complaints to patient episodes has reduced from 0.09 % last year to 0.08% this year.

All complaints are assessed, upon receipt, in terms of severity. There has been a small increase in the total number of complaints given a Red severity.

## *Parliamentary Health Services Ombudsman (PHSO) Complaints*

In the past 12 months, we are aware of 11 cases being raised with the Ombudsman, compared to 18 the previous year.

Of these 11: 2 required no further action; 4 were resolved following further action; 5 are currently under review

## *Information Commissioner*

During the year, one complaint was referred to the Information Commissioner, who concluded that a breach of the Data Protection Act had occurred. No regulatory action was taken.





#### *Outcomes of Complaints received*

Of the complaints closed to date, 36% have been upheld; 34% partially upheld and 30% not upheld. Over the year 33% of complaint responses have been made within the agreed timescale.

#### *Key themes and learning from Complaints*

Communication is a large issue in complaints, and is raised as a specific issue of complaint in 50% of all complaints received. Themes raised in complaints regarding communication relate to patients feeling that they are not being treated as individuals; not being listened to and staff not being aware of their individual situations.

The following are examples where learning from complaints has helped lead to changes:

The role of Discharge Co-ordinator on wards is aimed to facilitate discharges and enhance all communication between patients, families and healthcare professionals.

The need for prompt communication with families regarding untoward incidents, including falls, was reinforced. As part of the learning shared with the staff, families are now made aware, within a two hour window, of a fall, and the doctor is contacted relaying the patient's present condition and the circumstances of the fall to determine the priority for review. To support this, the web based incident form is being changed to prompt contact.

Clear communication between nursing staff is provided verbally at handover and also in writing on the handover sheet and escalated to the shift co-ordinator. The team is being supported to provide bedside handovers. These are regular reviews undertaken at the bedside involving both the patient and carers in an update, discussion of progress and communication regarding care.<sup>9</sup>

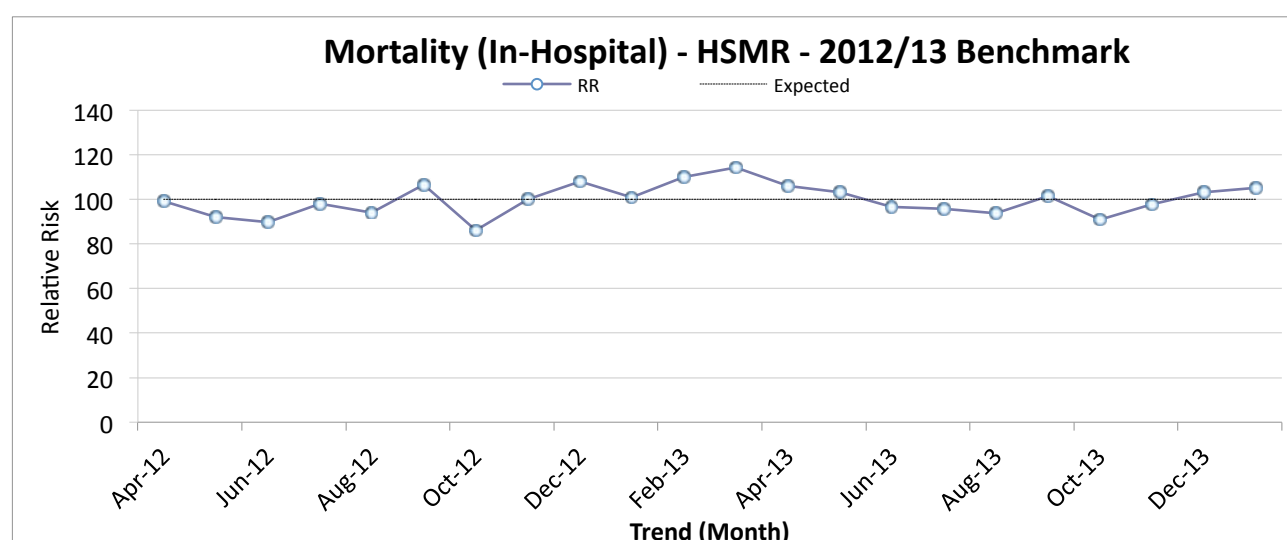
## Quality Account: Part 3

This section provides an overview of care offered by Calderdale and Huddersfield NHS Foundation Trust based on its performance in 2013/14 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason for selection.

The indicators are as follows:

Patient Safety	Clinical Effectiveness	Patient Experience
Hospital Standardised Mortality Rates (HSMR)	Cancer Waiting Times	Real Time Patient Monitoring
Falls in Hospital	Stroke	End of Life care
Healthcare Associated Infections	Length of Stay in Medicine	Patient Experience in accident & emergency

### Hospital Standardised Mortality Rate (HSMR)



HSMR is a national measure that the trust uses to compare its death rate with that of other English trusts.

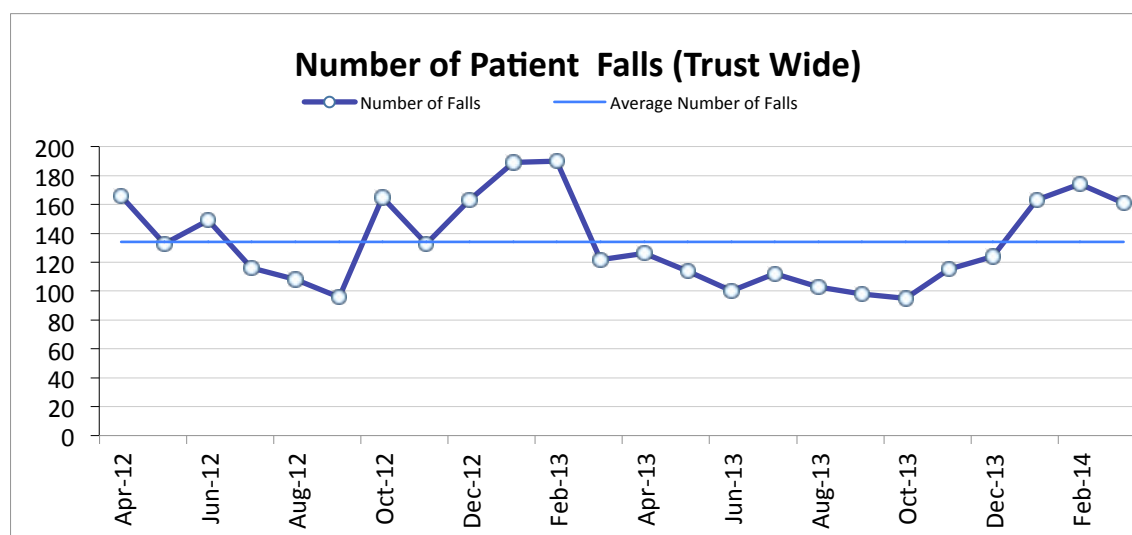
On the chart the dotted 100 line indicates the expected rate of overall deaths for the Trust (the relative risk), the Trust aims to maintain its score below this line as this tells us there is a lower than expected rate for our population.

The Trust also monitors HSMR at speciality and condition levels as this can be used as an indicator for the quality of care provided. If alerts are noted the Trust investigates thoroughly and instigates any necessary changes.

HSMR is also used as the Trust's key measure for progress of the 'Care of the acutely ill Patient' programme, selected as a quality priority for 2014/15.

### Falls in Hospital

Hospital falls continue to be the highest reported safety incident in the Trust and therefore remain a priority for improvement.



The chart shows the number of falls the Trust's had whilst in hospital, on average this was 148 per month.

Through 2013/14 new falls prevention equipment was allocated to high risk wards including alarms and specialist beds. Another focus of the work has been changes to the way the Trust assesses falls risk and linked to this is the introduction of a falls prevention care bundle.

The work is now more focussed on person centred care as a way of reducing individual risk.

Key ward leaders of inpatient areas have been trained to disseminate to their teams re falls prevention and management; documentation to support these changes will be available from May 2014.

A post falls care bundle is currently being developed.

### Healthcare associated infections (HAIs)

Mandatory indicator 24 sets out the Trust's ongoing plans for further reduction of Clostridium difficile, priority 2 from 2013/14 sets out long term plans for further reduction of MRSA.

# Quality Account: Part 3

## Cancer Waiting Times

Over the last 10 years the NHS has made significant progress in delivering important aspects of cancer services with falling mortality rates and consistent achievement of the Cancer Waiting Times.

Early diagnosis is key to improving survival and it is estimated 10,000 deaths from cancer could be avoided each year if the one year survival rate in England was the same as the best performing countries. Although much has been done to improve awareness and early diagnosis with the introduction of the National Cancer Awareness Campaign, which the Trust has participated in over the last year for Bowel, Lung and Gynaecological Cancer, there is still much work to do. It is recognised that high quality cancer intelligence is critical to improving outcomes for cancer and the Trust is highly committed to supporting the introduction of the new Cancer Outcomes and Services Dataset (COSD).

Delivery of the National Cancer Targets is a key part of cancer care and the Trust's performance around these key targets is a significant indicator of the quality of cancer services delivery.

Chart 1

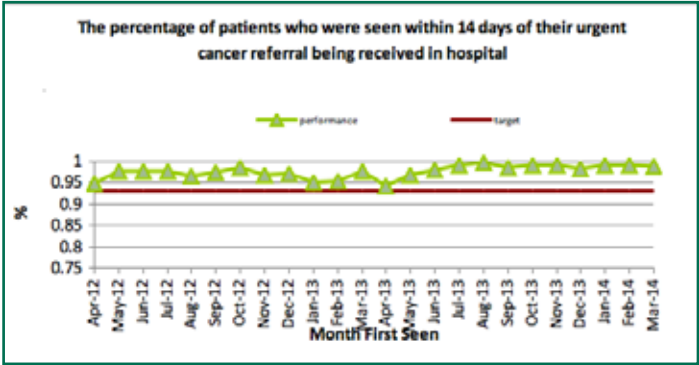


Chart 2

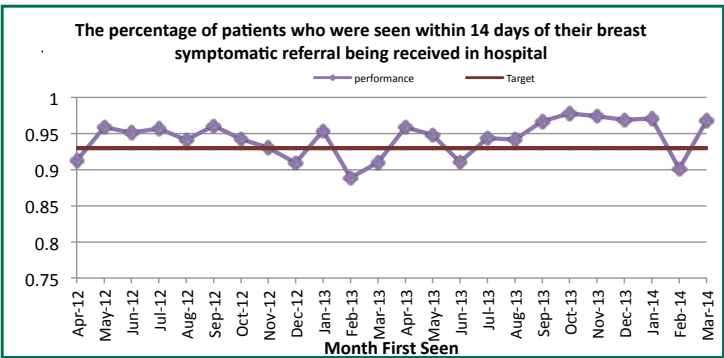


Chart 3

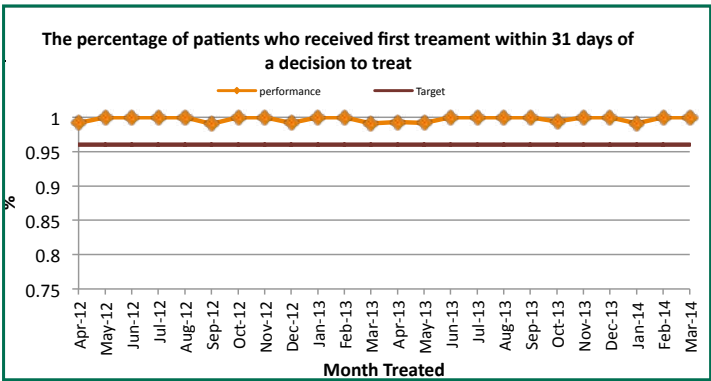
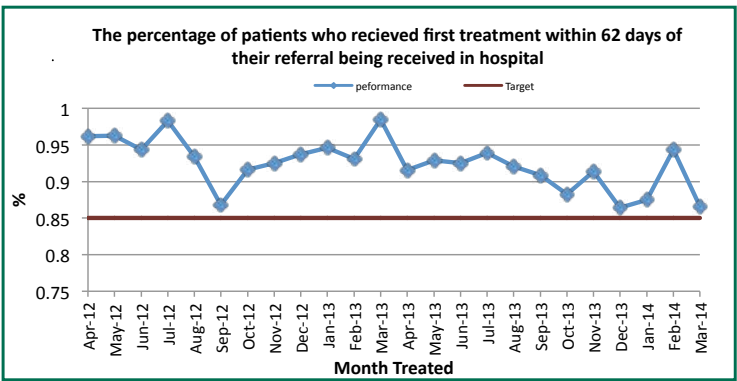


Chart 4



**Chart 1 shows the Trusts reporting period April 2012 – January 2014 for patients seen within 14 days for urgent referral.**  
The performance required for this target is 93% and this has been exceeded for the whole of the year.

The Trust intends to take the following actions to improve this percentage further and so the quality of its service by continued monitoring of the target:

- Patient choice of appointment date and time is a key driver for performance. The Trust continues to work with primary care colleagues to ensure patients are fully aware and informed of the need to attend within 14 days.
- Choose and book will be commencing in late summer 2014 which will allow patients to choose their appointment whilst with their GP.

**Chart 2 shows the percentage of patients who were seen within 14 days of their breast symptomatic referral being received in hospital**

The chart shows the Trust's reporting period April 2012 – January 2014.

The performance required for this target is 93%. Performance has been variable largely due to patients exercising choice about time and date of appointment.

The Trust has an action plan in place to further improve performance which includes:

- Monitoring and intervention for appointments booked outside of 14 days
- In conjunction with primary care provide more robust information for patients on the need to attend an appointment within 14 days.
- Sharing of data and information on cancellations with GP colleagues.
- Maximise Choose and Book software to support performance, starting summer 2014

**Chart 3 shows the percentage of patients who received first treatment within 31 days of a decision to treat**

The chart shows the Trust's reporting period April 2012 – January 2014.

The performance required for this target is 96%. Performance has largely been maintained at 100% with slight variations on four occasions; however this has not fallen below 99%.

The Trust intends to continue close monitoring of this target to maintain and improve performance.

**Chart 4 shows the percentage of patients who received first treatment within 62 days of their referral being received in hospital**

The chart shows the Trust's reporting period April 2012 – January 2014.

The performance required for this target is 85%. Performance has been above the required 85% for all of the year.

The Trust intends to take the following actions to improve performance and so the quality of its service by continuing to undertake pathway work in a number of areas to improve the timeliness of the patient's pathway. This will include:

- Meet with all Clinicians to review pathways
- Review of CT scan availability.
- Working with primary care colleagues to review the diagnostic pathway.
- Continue to work with tertiary centres to improve handovers.
- Continue robust tracking of patients.
- Introduce 2 week waits on to Choose and book, summer 2014

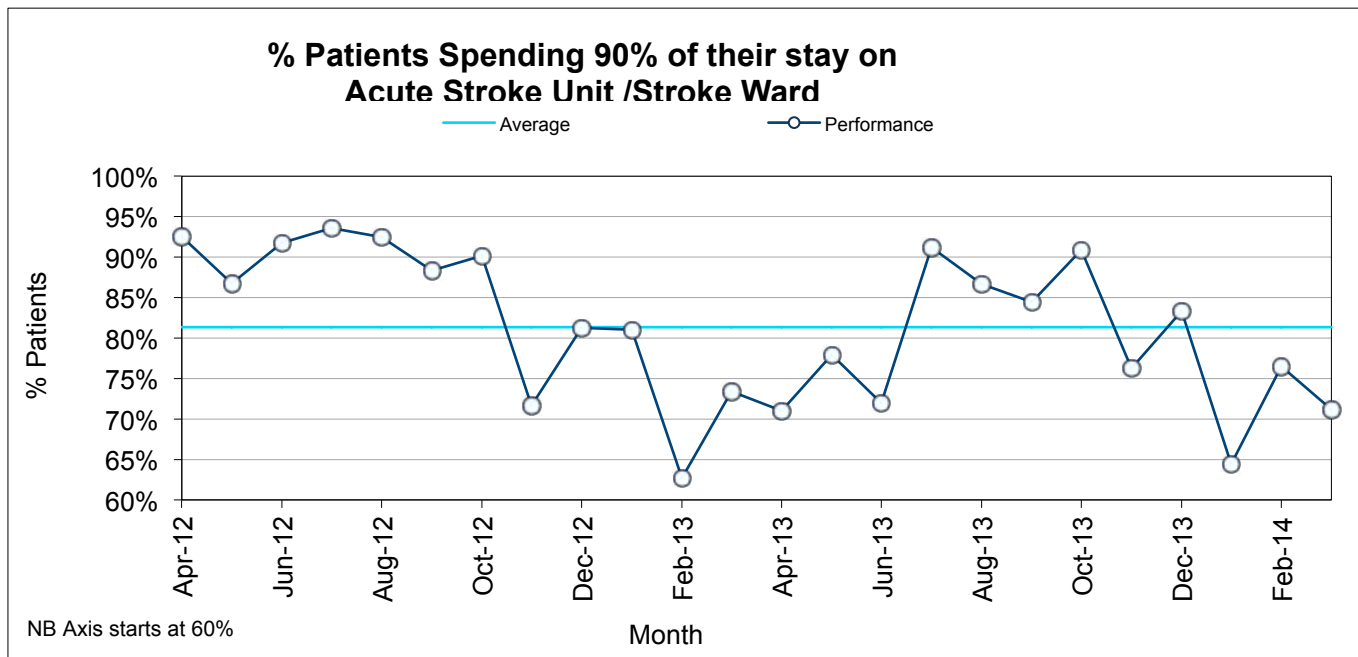
**Did you know...?**

**HRI kitchen sends out 900 meals a day for our patients.**

# Quality Account: Part 3

## Stroke

As stroke patients occupy around 20% of all hospital beds, it is very important they receive specialist care proven to aid recovery and reduce mortality.



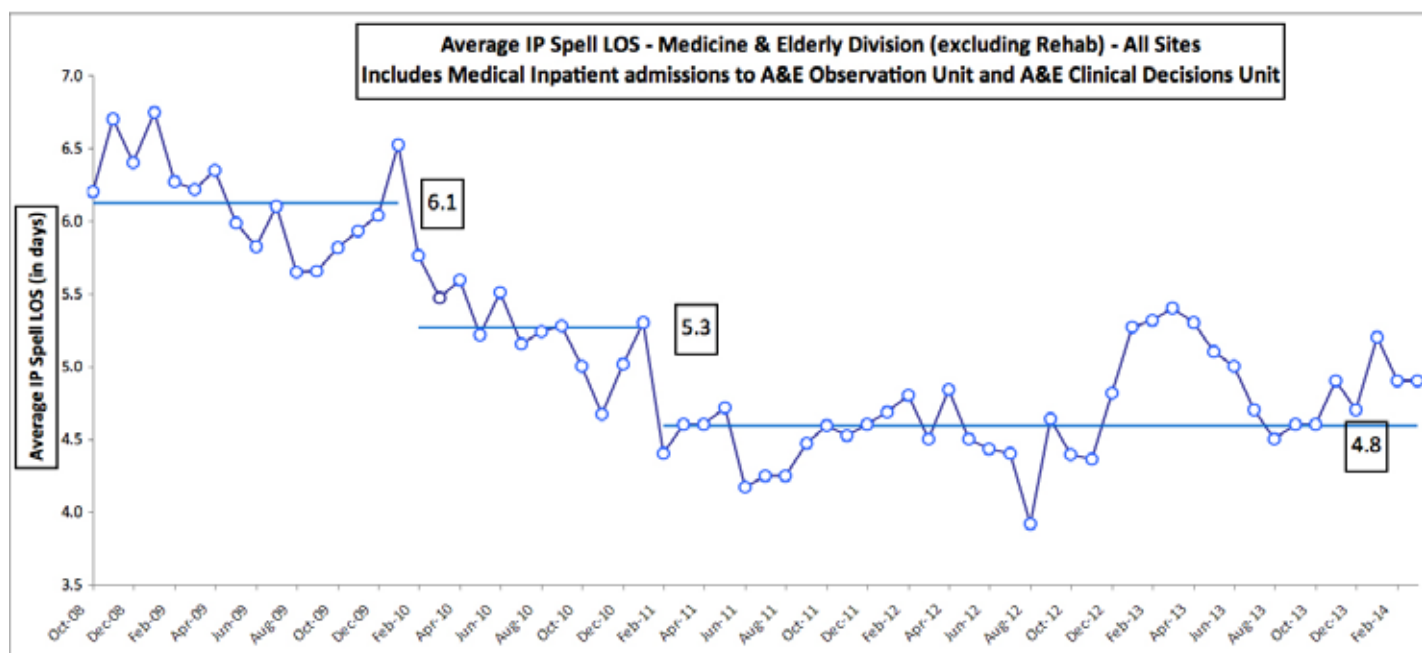
The above chart shows the percentage of patients diagnosed with a stroke that spent more than 90% of their hospital stay on a specialist stroke ward.

The drops in performance relate to bed closures on the specialist wards for infection control reasons. The drop in performance this year in particular was caused when the Acute stroke ward was closed to admissions due to infection control but in addition so was the specialist rehabilitation stroke ward. The Trust does have standard operating procedures for such eventuality but due to multiple ward closures it was not able to accommodate patients as it has done before. The figures are improving with February figures of 76% and aiming to be back up to high 80's in the following months.

There is a quality improvement work stream on Stroke, one of its key interventions is around improving this score. This is tied in with improvements to the management of specialty beds in the Trust as a whole.

## Length of stay in medicine

Ensuring that patients have the correct length of stay in hospital reduces the risk of avoidable harm, improves patient experience and also helps ensure the Trust is able to reduce financial pressures and give good value care.



The chart above shows that the length of stay in medicine has been reducing since 2008. However during this year (in particular April 2013 to August 2013) the length of stay rose.

During this time period there was an increase in the complexity of patients on the wards, this can mean that more complex discharge planning is required and therefore patients stay in hospital longer. In addition work was successfully carried out to reduce length of stay for less complex patients and this, along with the introduction of the Ambulatory Assessment Unit and the Admission Avoidance team in A&E at Calderdale Royal Hospital are likely to have further skewed the data set.

**Cardiology:** *"I would like to say thank-you to the cardiology department and particularly the anaesthetist my mother saw today. The anaesthetist could not have been more helpful and informative in helping my mother understand the risks of surgery. Thank you for the care and support that we received today."*



## Quality Account: Part 3

### Real time patient monitoring

The Trust continues to operate a real time patient monitoring system. Using volunteers to ask patients a set of pre determined questions when they are ready for discharge allows the Trust to relate feedback to specific wards and therefore drive improvement.

There has been a continued focus on improving doctors' communication and continued improvement can be seen in the scores achieved over the last four years for the question used as the main measure

	2010/11	2011/12	2012/13	2013/14
When you have important questions to ask a doctor, do you get answers that you can understand?	8.0	8.3	8.9	9.3

*Specific interventions that are in place to support this are:*

- Divisional and specialty based champions to lead and support the work
- Roll out of 'Dear Doctor' notes, for patients to capture in advance of a ward round any specific questions they would like to discuss
- A Delivering Excellence in Communication Skills Consultant training day, to help make consultations and ward rounds more effective and give the opportunity to practice challenging communication skills issues using role play

A further area of focus has been to ensure that patients know what is happening to them and for them to be involved in the decision making about their care and treatment. A number of the questions asked in the RTPM measure these elements and show an improved / sustained score

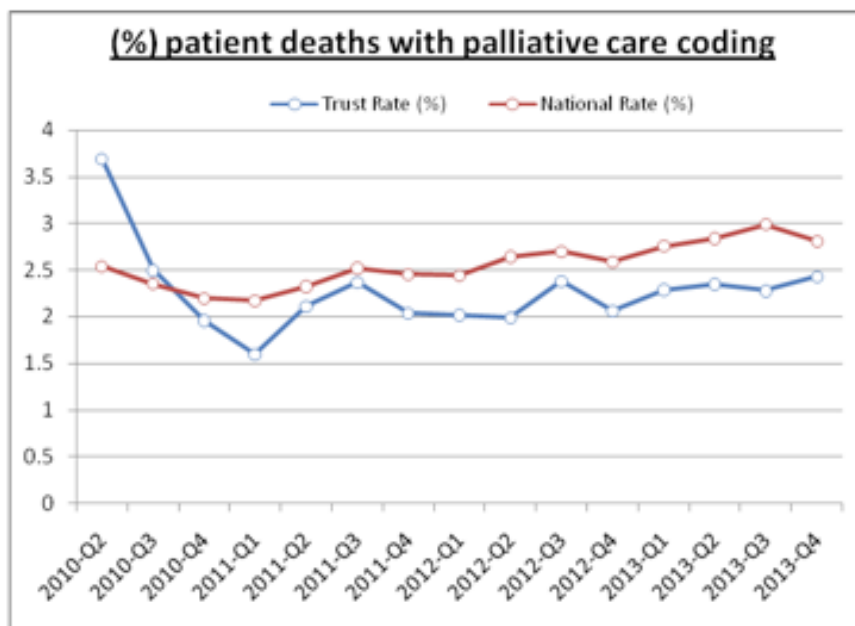
	2010/11	2011/12	2012/13	2013/14
Are you involved as much as you want to be in decisions about your care and treatment?	7.7	8.0	8.5	9.0
How much information about your condition or treatment has been given to you?	8.2	8.2	8.8	8.8
Before your operation or procedure, did a member of staff explain what would be done?	8.8	8.8	9.2	9.4
After the operation or procedure, did a member of staff explain how it had gone in a way you could understand?	7.9	8.2	8.6	8.8
Do you feel involved in decisions about your discharge from hospital?	7.3	8.5	8.8	9.2
Has a member of staff explained the purpose of the medicines you are to take at home in a way you could understand?	7.9	8.7	9.1	9.5
Have the doctors or nurses given your family or someone close to you all the information they need to help care for you?	6.6	7.5	8.2	9.0

Interventions that are supporting these aspects include:

- Bedside handover which helps patients to feel more involved in their care and provides a further opportunity for them to raise questions and for staff to check with patients that they understand what is happening to them on a daily basis.
- Provision of information for patients undergoing 'non consented procedures'. Packs of information for procedures such as MRI, CT and ECGs have been provided for each ward, to share and discuss with patients
- Nurse-led courtesy ward rounds which enable staff to listen to patients, answer questions and allay patient-and-relative concerns. It also gives staff a chance to assess patients' understanding of their plan-of-care and to 'fill-in any gaps'.

## End of life care

The Trust continues to work to ensure that when patients die in hospital their death is expected and they receive appropriate end of life care.



The above graph shows the percentage of patients dying who were seen by the palliative care team. The data has been gradually increasing nationally as Trusts improve accuracy of coding to capture this specialist care when provided.

The Leadership alliance for the care of dying people stated: 'we are committed to ensure that everyone who is in the last days and hours of life, and those important to them, receive high quality care tailored to their needs and wishes and delivered with compassion and competence.'

There is work ongoing to improve the documentation and subsequent capture of information for patients receiving palliative care. This is part of a larger piece of work being delivered through the End of Life Workstream all aimed at ensuring quality of care is maintained throughout the period leading to death.

# Quality Account: Part 3

## Patient experience in accident & emergency

For the majority of unplanned patient attendances at hospital A&E is the first experience of care. As this is often a very stressful time it is important that the Trust understands and can improve on the service they received.

A&E RTM Comparison of Quarterly Results after Offset		National Survey 2008	National Survey 2012	A&E RTM		
				2010 (Baseline)	2011 (Overall)	2012 (Overall)
Patient Experience Questionnaire	Sample Size:	345	338	399	614	239
	Q1 Were you given enough privacy when discussing your condition with the receptionist?	6.5	7.0	7.5	8.1	8.3 *
	Q2 Were you told how long you would have to wait to be examined?	3.1	3.2	3.7	6.2	6.5 *
	Q3 Did the member of staff treating and assessing you introduce themselves?	N/A	N/A	N/A	N/A	7.9
	Q4 Did you have enough time to discuss your health or medical problem with the doctor or nurse?	8.4	8.1	N/A	N/A	8.6
	Q5 Did a doctor or nurse explain your condition and treatment in a way you could understand?	7.8	7.7	7.5	8.0	8.1 *
	Q6b Do you think the hospital staff did everything they could to help control the pain?	7.0	6.9	7.7	7.9	7.6 *
	Q7 If you needed attention, were you able to get a member of medical or nursing staff to help you?	8.1	8.0	N/A	N/A	8.6
	Q8b Did a member of staff explain the results of your tests in a way you could understand?	7.6	8.1	N/A	N/A	7.6
	Q9 In your opinion, how clean was the A&E Department?	8.0	8.4	7.9	8.1	8.3 *
	Q10 Were you able to get suitable food or drinks when you were in the A&E Department?	N/A	5.7	N/A	N/A	8.9
	Q11 Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?	8.8	8.8	8.7	9.0	9.2 *
	Average Score (*comparable questions)	6.9	7.0	7.2	7.9	8.0
	Q12 If the need arose, would you recommend this hospital to your family and friends? (Yes, definitely)	N/A	N/A	78%	89%	88%

A&E RTM questions have changed since last year

From 2011 quality accounts, Q4 2011 has been added (from 445 to 614 sample size)

In 2012 two sets of data, one collected in Feb 2012 and other over Q1 2012 have been merged (239 sample) - quarterly RTM suspended at this point, no more recent data but suggested that in future will be conducted annually

All Rag rated against 2012 (prev 2008 in last year's QA)

All RTM scores offset by -7

A&E Activity in 2013/14 and for 2014/15.

Questionnaires were collected and reported quarterly in 2013/14, though there are still concerns about variability of data collection and quality. Volunteers are collecting data in both departments although there are more hours available at Huddersfield Royal Infirmary and so staff are collecting data at Calderdale Royal Hospital to supplement questionnaire numbers. There has been a marked difference in patient experience scores across the two sites, both with questionnaire data and in Friends and Family feedback. As a result an action plan has been implemented at Huddersfield Royal Infirmary with many of the actions now complete. There are patient experience groups now meeting on both sites which include patient participation, to discuss areas of concern and to champion change.

The National Picker Survey is due to occur in May 2014 (from March 2014 patients), and will be reported to the Executive Board.

### Performance against relevant indicators and performance thresholds from the Risk Assessment Framework

Area	Indicator	Threshold	Performance	Achieved?
Access 1	Maximum time of 18 weeks from point of referral to treatment in aggregate-admitted	90%	92.69%	Yes
Access 2	Maximum time of 18 weeks from point of referral to treatment in aggregate- non admitted	95%	98.72%	Yes
Access 3	Maximum time of 18 weeks from point of referral to treatment in aggregate- patients on an incomplete pathway	92%	94.8%	Yes
Access 4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge	95%	95.4%	Yes
Access 5	All cancers: 62-day wait for first treatment from:			
	• Urgent GP referral for suspected cancer	85%	90.72%	Yes
	• NHS Cancer Screening Service referral	90%	98.1%	Yes
Access 6	All cancers: 31-day wait for second or subsequent treatment , comprising:			Yes
	• Surgery	94%	98.27%	Yes
	• Anti-cancer drug treatments	98%	100%	
Access 7	All cancers: 31 day wait from diagnosis to first treatment	96%	99.74%	Yes
Access 8	Cancer: two week wait from referral to date first seen, comprising:			
	• all urgent referrals (cancer suspected)	93%	98.4%	Yes
	• for symptomatic breast patients (cancer not initially suspected)	93%	95.6%	Yes
Outcomes 14	Clostridium difficile – meeting the C. difficile objective	7 per quarter (28)	15 whole year	Yes
Outcome 19	Certification against compliance with requirements regarding access to health care for people with a learning disability	N/A	Remain compliant	Yes
Outcome 20	Data completeness: community services, comprising:			
	• Referral to treatment information	50%	84.66%	Yes
	• Referral information	50%	98.32%	Yes
	• Treatment activity information	50%	98.57%	Yes

# Quality Account: Part 3

## Performance Monitoring

There were two areas of concern raised in the Trust's performance report where actions are not covered elsewhere in this report; the following section expands on work ongoing to address these issues.

### Fractured Neck of Femur

Care for patients with a fractured neck of femur is provided by a specialist multi-disciplinary team and nursed on two wards at Huddersfield Royal Infirmary.

It is recognised in the Trust that some improvements must be made to care when measured against the Best Practice Tariff which is based on the guidance around achievement of best clinical outcomes.

CHFT Data against Best Practice Tariff is as follows:

Best Practice Indicator	% Achievement 2013-14
Surgery within 36 hours from arrival or time of diagnosis	61%
Admitted under joint care of consultant geriatrician & Orthopaedic surgeon	89%
Admitted using an assessment protocol	76%
Assessed by a geriatrician in the preoperative period	67%
Postoperative geriatrician-directed multi professional rehabilitation team	58%
Fracture prevention assessment (falls)	33%
Fracture prevention assessment (bone health)	85%
Two abbreviated mental tests, first prior to surgery and second post surgery (in same spell) pre-op	91%
Two abbreviated mental tests, first prior to surgery and second post surgery (in same spell) post-op	69%
Compliance with all elements	12%

In addition many other metrics are tracked and reported, data is held on the national hip fracture database which gives opportunity for the Trust to benchmark practice against others.

### Improvement Work

Recognising that changes need to be made to performance against key indicators the Trust has a Workstream tasked with understanding and improving the care provided for these patients. Best Practice delivery has moved from 2% to 28%, and is focusing on the following key interventions to lead to improvements:

- Falls component, to prevent re-injury
- Increases to geriatrician time spent on the speciality wards, to improve optimisation and manage co-morbidities associated with age related changes to physiology
- Work in theatres to improve efficiency, increasing through put and supporting 36 to theatre target.

### Delayed transfers of care and patient flow

*Courage to put the Patient First – Making Hospitals Work Programme*

To ensure the Trust fully understand the issues involved a team of clinical and non-clinical colleagues undertook a 2.5 day patient mapping exercise for an unplanned medical pathway (shortness of breath) across both the Calderdale Royal

Hospital and Huddersfield Royal Infirmary sites. The patient mapping exercise focussed in on all of the steps from initial attendance to A&E all the way through to the point of discharge

The key headlines as a result of this work were as follows:

- Pathway of 9.1 days.
- 5 days of value adding (either intervention or healing time).
- 4 days (44%) are spent waiting.
- At least 6 different electronic systems in place.
- A total of 45 steps in the pathway.

As a result of undertaking this work the team recognised the opportunity to transform the care provided to the Trust's patients and have been working to map out a future state which eliminates the non-value adding steps. The group has developed a strategic narrative which outlines what we are trying to achieve and how we will monitor progress against the plan.

The aims of the work are as follows:

- Ensuring that at least half of the patients stay in the Emergency Department (ED) 75 minutes or less and 80% stay 2 hours or less before discharge or admission.
- For patients who require a bed to ensure that from making the request to a patient arriving on the ward should not take longer than 30 minutes.
- All information will flow therefore alleviating the need to keep asking patients the same questions.
- Whilst in the Trusts care all patients will have a plan developed on admission (plan for every patient) meaning that they get what they need when they need it.
- The only time patients are moved from one ward to another will be for clinical reasons.
- To ensure that discharge planning will commence on admission and that once medically fit our patients will have to wait as little time as possible for arrangements to be made for a safe discharge or transfer.
- With correct planning and preparation to be able to carry out discharges at regular intervals during the day so that patients are discharged when they are ready, also to have a bed available to meet demand just when the next patient needs it.
- Achievement of these goals will positively affect staff morale.

This is a 3 year programme of work. being undertaken by a project team with representatives from ED, MAU, medical wards, pharmacy, radiology, pathology, therapy services, portering and service improvement who come together on a fortnightly basis to report on progress being made.

In addition to this the project team and a wider group of individuals from within each of the service areas meets with the Lean Enterprise Academy consultants on a monthly basis to help ensure the correct applicability of lean principles and methodologies.

## Quality Account: Part 3

### Feedback from commissioners, overview and scrutiny committees and Local Healthwatch

#### Response from Greater Huddersfield and Calderdale Clinical Commissioning Groups

*We were pleased to receive and comment on the Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT). The following statement is presented on behalf of NHS Greater Huddersfield CCG and NHS Calderdale CCG.*

*The Quality Account is a more comprehensive assessment of the levels of quality than has been received in previous years. It describes progress in many areas and comparisons against other hospitals are included. We recognise improvements have been made in a number of areas such as the reduction of healthcare associated infection rates, and the introduction of discharge coordinators on the medical wards which has supported the significant reduction in the number of readmissions within 30 days.*

*As commissioners we welcome the on-going work to improve the care of patients with dementia, diabetes and other long term conditions. We support the commitment to partnership working in order to support self-management for these patient groups. In addition, we note the Trust's continued commitment to improve the patient experience by "putting the patient first".*

*We welcome the inclusion of the section on "goals agreed with commissioners" in terms of the Commissioning for Quality and Innovation (CQUIN) scheme. However, we note that improving management of patients with pneumonia refers to those attending Accident and Emergency; this CQUIN indicator should include all admitted patients, not just those attending Accident and Emergency.*

*We note that there is no reference to the peer review process in Stroke and Cancer services and feel that this should be included as there are positive outcomes and areas for improvement drawn from the process.*

*It would be welcomed if the Quality Account could include reference to the support given by the CCGs and the Clinical Quality Board to help the Trust make the improvements described.*

*We note that there are a number of gaps in the information provided but understand that the Quality Accounts process dictates the timeframe, and that all the information/data was not available at the time of publication for approval.*

*We welcome the priority areas for 2014/15 and note the significant amount of investment and commitment to reducing the Hospital Standardised Mortality Rate over this coming year.*

*We look forward to continuing to work closely with the Trust over the coming year in order support the Trust in achieving the quality improvement priorities set out in the account.*

#### Response from Healthwatch Kirklees

*Healthwatch Kirklees recognises the progress made by the Trust, as represented by these Quality Accounts. We note the progress made against the Trusts Targets for 2013/14 and the new objectives for the next 12 months.*

*We enjoy a good working relationship with staff across the Trust who have responded promptly and openly to our requests. We look forward to supporting the Trusts work on improving Hospital Food in the next 12 months.*



**Response from Healthwatch Calderdale**

*Thank you for giving Healthwatch Calderdale the opportunity to comment on Calderdale and Huddersfield NHS Foundations Trusts' Quality Account statement for 2013/14.*

*We welcome the improvements that have been made in the priority areas set for 2013/14. A lot of good work has been done; we also note that the trust acknowledges that further improvements can be made and systems are being put in place to ensure this is happening.*

*Here are the comments from Healthwatch Calderdale:*

**Priority One;**

*Reducing the number of pressure ulcers: We noticed a rise in pressure sores in January 2014, but welcome the fact that the Trust has introduced new systems to monitor this; we also note that the Trust recognises that further improvements can be made to reduce the number of pressure sores.*

**Priority two;**

*Reducing the number(s) of healthcare associated infections: It is good to see that the Trust is making progress in reducing the number of healthcare associated infections. Furthermore, that this work will be expanded to include health and social care partners.*

**Priority three;**

*Appropriate and safe discharge: Appropriate and safe discharge is vital for the long-term wellbeing of patients. It is therefore reassuring to know that the Trust has introduced discharge co-ordinators on medical wards, to ensure that patients are supported when discharged. It is important that patients have the right type of help and support when discharged to avoid readmission to hospital.*

*We would like to see the Trust carry out follow up work in speaking with patients to make sure their care plan needs are being met.*

**Priority four;**

*Improving the care of patients with dementia: We welcome the improvements that have been made and the schemes that are in place in the care of patients with dementia. We hope this good work continues. We would like to see the Trust continue to look for and work on the latest and innovative ideas to support patients with dementia.*

**Priority five;**

*Helping people to manage their long-term conditions: We welcome the changes that have been made by the Trust, as well as further proposed plans for improvement.*

**The four priorities for 2014/15**

*We welcome the four priorities set for 2014/15 and look forward to seeing improvements being made in the areas identified and the relevant targets being met. We welcome the improvement suggestions that have been made and how they will be implemented.*

**Priority 1; To improve the quality of the care we provide as measured by the HSMR:**

*It is reassuring to know that the Trust is taking action to reduce the Hospital: Standardised Mortality Rate (HSMR) and improving the quality of care provided to acutely ill patients (CAIP).*

**Priority 2; To ensure IV antibiotics are given correctly and on time: We would like to see the Trust reduce the number of****Did you know...?**

**A roast dinner is our patients' favourite at CRH. (Fish fingers for children)**

## Quality Account: Part 3

*unintentional missed doses of IV antibiotics and explore further ways as to how this can be done.*

**Priority 3;** *Improving the care of patients with Diabetes, so they do not develop complications and have to spend longer in hospital: We welcome the improvements proposed by the Trust and add that the trust work with partner organisations on the preventative agenda by promoting healthier lifestyles to meet the desired targets.*

**Priority 4;** *To help patients with long term pain develop the skills needed to manage their conditions through supported self-management courses: We welcome the self management courses and supporting patients to better care for themselves in managing their conditions. We would like to see patients feeling empowered, but at the same time being supported to enable them to do this.*

### **Recommendations;**

#### **Data Capturing**

*The data captured by Trust with regard to age profile does not give a clear picture of which age group is at risk or has been affected by issues highlighted in the QA document. Can the data on age profile be broken into categories to give a better picture of the care patients are receiving and what the issues for those patients are?*

#### **Fall in hospital**

*We are concerned about the number of falls patients have had whilst in hospital. Falls prevention work has been going on for a number of years, yet the number of falls remains quite high, with an average of 148 falls per month. We would like the Trust to monitor the cause(s) of falls and put appropriate systems in place to reduce the number of falls.*

#### **Stroke Ward**

*We are concerned the Trust did not have a contingency plan following of the closure of the acute stroke ward and specialist rehabilitation stroke ward, due to infection control. In the likely event this should happen again; we would like to see the Trust have systems in place to ensure that patients are not put at risk and the health care of stroke patients is not comprised.*

#### **Non-consent procedures**

*We welcome the provision of information for patients undergoing 'non consented procedures' and add that patients are informed about the implications of such procedures and how to manage their care following the procedure.*

#### **Response from Kirklees Overview and Scrutiny Committee**

*"The Kirklees Council Well-Being & Communities Scrutiny Panel, as the local health overview and scrutiny committee, has reviewed the Draft Quality Account which included reference to the Department of Health's guidance for Overview and Scrutiny Committees.*

*The Panel has noted your priorities for 2014/15 and are supportive of the range of areas that they will cover. Although none of these issues have been recently covered by the Panel the fact that the priorities have a clear focus on the quality of patient care is welcomed.*

*A priority for the Panel during 2013/14 was to take careful note of the issues and recommendations that came from the Francis Inquiry. This resulted in the Panel agreeing to develop a Francis Action Plan which will be used to help support the commissioning and delivery of effective and safe local health services. The Panel noted that although the Quality Account details the work that will take place to improve the quality of care and patient experience there is no explicit reference made to the implications of the Francis Inquiry Report and the specific actions being taken by the Trust.*

*The Panel would have liked to have seen the 2013/14 priority of reducing the number of pressure ulcers carried forward and included as a 2014/15 priority. Despite an apparent downward trend in the numbers of incidents since February 2013 the Panel noted that, excluding the spike in January 2014, the number of incidents in February 2014 had risen to a similar number reported at the start of the period of improved data. The Panel therefore felt that it would have been prudent to continue to include the issue as a priority for 2014/15 to help ensure that the actions taken to improve the number of incidents were sustainable.*

*During 2013/14 the Panel has maintained an overview on the developments in models of care across the district that will support the delivery of care either at or closer to people's homes. One benefit of the new model of care will be to provide on-going support to people with long term conditions which should help to avoid hospital re-admission. The Panel acknowledge that causes of readmission can be complex and in order to prevent readmissions there will need to be strong links between the support provided in the hospital setting and that provided at or closer to home. For this reason the Panel feels it would be helpful for there to be a continued focus on hospital readmissions particularly for people aged 65 and over, rather than the broader age range of adults of ages 16 and over which the Panel feels may not accurately represent the levels of readmissions occurring within the older age group.*

*The Panel felt that the report did highlight the work of the trust to engage with staff, patients and the public. However the Panel felt it would have been helpful to provide more detail on the scale of the work carried out with patients and the public. In addition the Panel would have liked to have seen a greater emphasis in the trust's vision on working with patients and using their feedback to further improve the quality of care and patient experience.*

*The Panel noted that no reference has been made to the Calderdale and Huddersfield health and social care strategic review which has the potential to have a major impact on health services within the district.*

*The Panel did not have sight of the quarter 4 data when considering the Quality Account and therefore no comment has been made on this."*

### **Response from Calderdale Overview and Scrutiny Committee**

*'Thank you for giving the Scrutiny Panel the opportunity to comment on your Quality Account. My reply focuses on those issues that the Adults Health and Social Care Scrutiny Panel has focused on over the last couple of years. I am pleased to see you identifying success against all your Improvement Priorities for 2013/4.*

*The reduction in the number of patients with Hospital Acquired Pressure Ulcers is steady and I would expect to see a "spike" in the data from time to time. You have identified the increase in January 2014 as due to changes in data validation, so I presume you are satisfied that this is not due to a real increase of more than twenty in one month? Is there any merit in presenting this information (and other information in the Quality Account) with the addition of a moving average, which would smooth out the inevitable month to month variations and give a clear picture of the trends? There is a positive reduction in healthcare associated infections. Although we should have zero tolerance, the numbers are so small that an increase of one makes the graphs look dramatic!*

*There seems to be a positive reduction in number of readmissions within thirty days. Might the figures be better presented as a percentage? If the number of admissions changes, this will have an impact on the number of readmissions. Are the rates of delayed discharge still high? Might reducing delayed discharge risk increased readmission. It seems to me that re-admission is one part of the complex system of admission and re-admission to hospital and a change in one part of the system may have an impact on other parts. I anticipate that the RAID service should contribute to further improvements in these figures over the coming year.*

*As you are aware, dementia is something the Scrutiny Panel has taken a close interest in and I am pleased to see high levels of compliance being achieved. When we undertook our detailed review of dementia in 2011-12 we were concerned*

***Antenatal: "The sonographer (who performed the scan) I saw this morning for my 20 week scan was very reassuring, especially when my husband fainted! Please pass on my thanks for her kindness and support."***

## Quality Account: Part 3

*about the longer stays in hospital for people with dementia than other patients and would be interested to learn of the impact that compliance levels, the Butterfly scheme and the other initiatives you detail are having on lengths of stay for people with dementia.*

*Again, it is good to see high levels of compliance with the COPD discharge bundle and I am pleased that you have plans to continue to drive improvement.*

*I have noted your priorities for 2014/15. I am particularly encouraged to see that you have included improving the care of patients with diabetes in your priorities as this is something that the Panel has discussed in detail during the last year and I anticipate will return to. I am sure that you will agree that your Trust has a vital part to play in working in partnership with other agencies to improve diagnosis rates and preventive measures, as well as helping patients with diabetes manage their care.*

*Hospital Standardised Mortality Rate is clearly a very important indicator and I am pleased that you are giving it close attention. However, I am not sure how it identifies a priority. Surely delivering improvements in the HSMR may require changes across any area of your activity, as suggested in your CAIP programme. This may be a matter of semantics – your priority may be better identified as implementing the CAIP Programme and measuring its success through improvements in the HSMR. Having said that, I note that Dr Foster records a higher HSMR for Calderdale Royal Hospital than that at Huddersfield Royal Infirmary - <http://myhospitalguide.drfoosterintelligence.co.uk/#/mortality> . Particularly if any firm proposals emerge from the Strategic Outline Case, I would be interested to see more site specific information in next year's Quality Account.*

*I have no comments to make on your other priorities, but I am sure the Scrutiny Panel will be interested to learn of progress when we conduct our mid-year review in November or December.*

*I only have a couple of comments to make on the more detailed parts of the Quality Account. The information included is valuable and I will make sure that next year's Panel members have access to it before their work planning meeting on 1 July 2014.*

*I will be interested in the information on the review of services (page 15) when it is available. It is obviously very good that there were no Never Events during the year.*

*I was interested in the Accident and Emergency data on page 47, but the table is impossible to read, even when blown up to 400% on my screen! Particularly in the context of the Strategic Outline Case I would be interested to receive more information about the difference in patient experience of Accident and Emergency across the two sites.*

*I appreciate that the Quality Account is intended to focus very much on your own performance, but it does seem very hospital-centric. At the centre of your proposals in the Strategic Outline Case is improving outcomes for patients through more integrated working with general practice and social care services. I would like to see this reflected more in the Quality Account.*

*Thank you very much for giving me the opportunity to comment on the Quality Account. '*

### **Response from Membership Council (Trust Governors)**

*The Chair of the Trust's Membership Council had no comments to add on the content of the Quality Account.*





## Quality Account: Appendix A

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust were eligible to participate in during 2013/14 are as follows:

Women's and Children's Health	
Audit title	Trust Eligible for Involvement
Child health programme (CHR-UK)	No
Epilepsy 12 audit (Childhood Epilepsy)	Yes
Maternal, infant and newborn programme (MBRRACE-UK)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric asthma (British Thoracic Society)	Yes
Moderate or severe asthma in children (CEM)	Yes
Paediatric intensive care (PICANet)	No
Paediatric bronchiectasis (British Thoracic Society)	Yes

Acute	
Audit title	Trust Eligible for Involvement
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes
Emergency use of oxygen (British Thoracic Society)	Yes
National Joint Registry (NJR)	Yes
Severe trauma (Trauma Audit & Research Network, TARN)	Yes
Paracetamol overdose (CEM)	Yes
Severe sepsis and septic shock (CEM)	Yes
National emergency laparotomy audit (NELA)	Yes
National audit of seizure management (NASH)	Yes

Blood and transplant	
Audit title	Trust Eligible for Involvement
Medical Use of Blood (National Comparative Audit of Blood Transfusion) National Comparative Audit of Blood Transfusion - programme includes the following audits, which were previously listed separately in QA:	
a) 2012 National Comparative Audit of Blood Sample Collecting and Labelling	Yes
b) National audit of patient information and consent	Yes
c) National Medical use of Blood audit	Yes
d) 2013 National Comparative Audit of the Use of Anti-D	Yes

Cancer	
Audit title	Trust Eligible for Involvement
Bowel cancer (NBOCAP)	Yes
Head and neck oncology (DAHNO)	No
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes

Heart	
Audit title	Trust Eligible for Involvement
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes
Adult cardiac surgery audit (ACS)	No
Cardiac arrhythmia (HRM)	Yes
Congenital heart disease (Paediatric cardiac surgery) (CHD)	No
Coronary angioplasty	Yes
Heart failure (HF)	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes

Long term conditions	
Audit title	Trust Eligible for Involvement
COPD (not BTS)	Yes
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes
Diabetes (Paediatric) (NPDA)	Yes
Inflammatory bowel disease (IBD)	Yes
Renal replacement therapy (Renal Registry)	No

Mental Health	
Audit title	Trust Eligible for Involvement
Prescribing observatory for Mental Health (POMH)	No
National Audit of Schizophrenia (NAS) Prescribing Observatory for Mental Health (POMH)	No



Older People	
Audit title	Trust Eligible for Involvement
Falls and fragility fractures audit programme	Yes
Sentinel Stroke (SSNAP)	Yes
Rheumatoid and early inflammatory arthritis (NCAPOP)	Yes

Other	
Audit title	Trust Eligible for Involvement
Elective surgery (National PROMs Programme)	Yes
Groin hernia	Yes
Hip replacements	Yes
Knee replacements	Yes
Varicose veins	Yes

National Confidential Enquiries	
Audit title	Trust Eligible for Involvement
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Deaths:	Yes
Gastrointestinal Haemorrhage	Yes
Lower limb amputation study	Yes
Tracheostomy study	Yes
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Yes

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust participated in during 2013/14 are as follows:

Women's and Children's Health	
Audit title	Trust Participated
Child health programme (CHR-UK)	NA
Epilepsy 12 audit (Childhood Epilepsy)	Yes
Maternal, infant and newborn programme (MBRRACE-UK)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric asthma (British Thoracic Society)	Yes
Moderate or severe asthma in children (CEM)	Yes
Paediatric intensive care (PICANet)	NA
Paediatric bronchiectasis (British Thoracic Society)	Yes

Acute	
Audit title	Trust Participated
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes
Emergency use of oxygen (British Thoracic Society)	Yes
National Joint Registry (NJR)	Yes
Severe trauma (Trauma Audit & Research Network, TARN)	Yes
Paracetamol overdose (CEM)	Yes
Severe sepsis and septic shock (CEM)	Yes
National emergency laparotomy audit (NELA)	Yes
National audit of seizure management (NASH)	Yes

Blood and transplant	
Audit title	Trust Participated
Medical Use of Blood (National Comparative Audit of Blood Transfusion) National Comparative Audit of Blood Transfusion - programme includes the following audits, which were previously listed separately in Quality Account:	
a) 2012 National Comparative Audit of Blood Sample Collecting and Labelling	Yes
b) National audit of patient information and consent	Yes
c) National Medical use of Blood audit	Yes
d) 2013 National Comparative Audit of the Use of Anti-D	Yes

Cancer	
Audit title	Trust Participated
Bowel cancer (NBOCAP)	Yes
Head and neck oncology (DAHNO)	N/A
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes

Heart	
Audit title	Trust Participated
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes
Adult cardiac surgery audit (ACS)	N/A
Cardiac arrhythmia (HRM)	Yes
Congenital heart disease (Paediatric cardiac surgery) (CHD)	N/A
Coronary angioplasty	Yes
Heart failure (HF)	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes
Pulmonary hypertension (Pulmonary Hypertension Audit)	N/A

**Did you know...?**

**Our A&E teams cared for 139,000 patients in 2013/2-14.**

Long term conditions	
Audit title	Trust Participated
COPD (not BTS)	Yes
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes
Diabetes (Paediatric) (NPDA)	Yes
Inflammatory bowel disease (IBD)	Yes
Renal replacement therapy (Renal Registry)	N/A

Mental Health	
Audit title	Trust Participated
Prescribing observatory for Mental Health (POMH)	N/A
National Audit of Schizophrenia (NAS) Prescribing Observatory for Mental Health (POMH)	N/A

Older People	
Audit title	Trust Participated
Falls and fragility fractures audit programme	N/A
Sentinel Stroke (SSNAP)	Yes
Rheumatoid & early inflammatory arthritis (NCAPOP)	Yes

Other	
Audit title	Trust Participated
Elective surgery (National PROMs Programme)	
Groin hernia	Yes
Hip replacements	Yes
Knee replacements	Yes
Varicose veins	Yes

National Confidential Enquiries	
Audit title	Trust Participated
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Deaths:	
Gastrointestinal Haemorrhage	Yes
Lower limb amputation study	Yes
Tracheostomy study	Yes
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Yes

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust did not participate in and reasons during 2013/14 are as follows: **There were no audits that were not participated in for 2013/14**

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Women's and Children's Health			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Epilepsy 12 audit (Childhood Epilepsy)	Yes	All	Continuous – all cases ongoing
Maternal, infant and newborn programme (MBRRACE-UK)	Yes	100%	100%
Neonatal intensive and special care (NNAP)	Yes	472	100%
Paediatric asthma (British Thoracic Society)	Yes	19	All cases in time period
Moderate or severe asthma in children (CEM)	Yes	50	Ongoing
Paediatric bronchiectasis (British Thoracic Society)	Yes	3	All cases in time period

Acute			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	100%	ongoing
Emergency use of oxygen (British Thoracic Society)	Yes	287	All cases in time period
National Joint Registry (NJR)	Yes	1113	ongoing
Severe trauma (Trauma Audit & Research Network, TARN)	Yes	All	100%
Paracetamol overdose (CEM)	Yes	50	ongoing
Severe sepsis and septic shock (CEM)	Yes	50	ongoing
National emergency laparotomy audit (NELA)	Yes	All	100%
National audit of seizure management (NASH)	Yes	30	100%

Blood and transplant			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Medical Use of Blood (National Comparative Audit of Blood Transfusion) National Comparative Audit of Blood Transfusion - programme includes the following audits, which were previously listed separately in QA:			
b) National audit of patient information & consent	Yes	24	ongoing
c) National Medical use of Blood audit	Yes	3138	51% (1592)
d) 2013 National Comparative Audit of the Use of Anti-D	Yes	93	ongoing

Cancer			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Bowel cancer (NBOCAP)	Yes	207	100%
Lung cancer (NLCA)	Yes	244	28% (68)
Oesophago-gastric cancer (NAOGC)	Yes	100%	ongoing

**Acute Stroke Unit:** “My mum, who is in a home, and a wheelchair, suffered a mild stroke this week and was in for scans. The staff at every point were brilliant. After visiting one department and not being able to find the next, a nurse who I was simply passing in the corridor, insisted on taking us to the right department. If there is a better hospital staff in England, then that is a very good hospital! Outstanding.”

Heart			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	100%	100%
Cardiac arrhythmia (HRM)	Yes	100%	ongoing
Heart failure (HF)	Yes	100%	ongoing
National Cardiac Arrest Audit (NCAA)	Yes	62	100%
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes	77	95% (73)

Long term conditions			
Audit title	Trust Participated	Audit Sample	% Cases submitted
COPD (not BTS)	Yes	All	All cases in time period
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes	81	100%
Diabetes (Paediatric) (NPDA)	Yes	100%	100%
Inflammatory bowel disease (IBD)	Yes	40	98% (39)

Older people			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Sentinel Stroke (SSNAP)	Yes	All	ongoing
Rheumatoid and early inflammatory arthritis (NCAPOP)	Yes	All	ongoing

Other			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Elective surgery (National PROMs Programme)			
Groin hernia	Yes	All	47%
Hip replacements	Yes	All	88%
Knee replacements	Yes	All	87%
Varicose veins	Yes	All	51%

National Confidential Enquiries			
Audit title	Trust Participated	Audit Sample	% Cases submitted
Medical and Surgical programme: National Confidential Enquiry into Patient Outcome and Deaths:			
Gastrointestinal Haemorrhage	Yes	5	ongoing
Lower limb amputation study	Yes	8	ongoing
Tracheostomy study	Yes	2	100%
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Yes	0	No cases in 2013/14

The reports of 21 national clinical audits were reviewed by the provider in 2013/14 and the following are examples where Calderdale and Huddersfield NHS Foundation Trust intend to take actions to improve the quality of healthcare provided.

### **National audit of blood Sampling**

Errors can occur because a blood sample is miscollected (from the wrong patient) or mislabelled (with one of the four core identifiers missing, incorrectly written or illegible).

Previous national and international audits have shown these errors are common.

Factors contributing to incorrect sample taking include;

- Lack of knowledge / understanding of the process
- Failure to properly identify the patient
- Being distracted while taking and labelling the sample
- Labelling the sample away from the vicinity of the patient

The findings that miscollected samples (Wrong Blood in Tube) are still regularly identified could be considered to strengthen the recommendation, made by the British Committee for Standards in Haematology (BCSH) guidelines on pre-transfusion compatibility procedures, that, where possible, a second "group check" sample should be obtained before group-specific blood is issued.

There would be resource implications to implement the taking of a second "group check" sample as well as a change in practice. The possibility of obtaining a second "group check" sample is being discussed by the hospital transfusion committee.

Staff taking blood samples should recognise that obtaining positive patient identification is central to safer blood sample labelling. An article was drafted and included in the next available edition of Pathology Newsletter.

A protocol has been agreed by the hospital transfusion committee to ensure the sample is labelled correctly and witnessed by the person taking the sample.

The process for pulling reports from Q-Pulse and feeding back to relevant clinical areas has been streamlined.

### **National College of Emergency Medicine - Fever in children audit**

These standards are derived from the NICE guideline "Feverish illness in children: Assessment and initial management in children younger than 5 years", which provides a tool to risk assess feverish children for serious bacterial illness. The Traffic Light System is recommended for use in emergency departments. An adequate 'safety net' is defined as:

- a) providing the parent or carer with verbal and/or written advice on warning symptoms and how further care can be accessed or
- b) the parent or carer is given follow up at a specific time and place or
- c) ensuring direct access for the patient if further assessment is required.

Emergency Departments on both sites showed an improvement in the documentation of vital signs since 2010. Calderdale Royal Hospital managed 71% within 20 minutes of arrival, however, performance at Huddersfield Royal Hospital decreased to 39% within 20 minutes of arrival. Most noticeable was the lack of written discharge advice available for patients/carers.

Results have been used to raise awareness and educate triage nurses to assess more rapidly the vital signs in children to identify the most ill children more quickly.

A 'take home' leaflet has been designed for parents /carers of feverish children. This provides information and a safety net for parents/carers. It has now been produced and is in use on both sites.

### National British Association of Dermatologists audit on management of Psoriasis

Following the publication of NICE CG153 in October 2012, the British Association of Dermatologist (BAD) published audit tools to aid the implementation of the guidelines.

Results measured against NICE CG153 Guidelines recommendations:

- use of the PEST tool nationally was very low (9% in Yorkshire and the Humber region).
- assessment for psoriatic arthritis 61% nationally, (65% in Yorkshire and the Humber region).
- involvement of nails 71% nationally (77% in Y&H region, **but not done routinely at the Trust**)

Locally, the assessment for involvement of nails was also identified as a weak area in the gap analysis of NICE CG152. The Trust has now completely adopted NICE guidance and dermatologists are now assessing for nail involvement with psoriasis. Practice has been changed and, in future, the Trust will use all BAD nationally recognised scoring tools and proformas for new and follow up patients.

### Other National Clinical Audits the Trust has participated in during 2013/14:

- Breast cancer clinical outcome measures project - National Audit Symptomatic Breast Cancer
- National Breast Screening Programme
- UK National Bariatric Surgery Registry
- National Institute of Academic Anaesthesia (NAP 5): Accidental Awareness during General Anaesthesia
- Potential Donor
- National Audit of Hip Fractures
- Diabetic Retinopathy Screening (KPI)
- Mid-Urethral Tapes (BAUS)
- Nephrectomy Surgery (BAUS)
- Percutaneous Nephrolithotomy (PCNL) British Association of Urological Surgeons
- National audit of intermediate care
- National clinical audit of sample collection and labelling
- BAD Management of psoriasis
- BAD Safe use of isotretinoin in acne in UK
- BAD excision of non- melanoma skin cancer
- Audit on current practice in preventing early onset neonatal group B strep disease
- Invasive cytology
- British Association for Sexual Health and HIV and British HIV Association – Partner Notification Audit
- National Cardiac Rehab audit
- National review of adult asthma deaths – year 3
- National care of the dying – round 4

The reports of **80** local clinical audits were reviewed by the provider in 2013/14 and Calderdale and Huddersfield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

### Audit of Glaucoma Suspect Clinic (GSC)

The introduction of NICE Guidelines in 2009 provided an opportunity for the Orthoptic led glaucoma service to re-evaluate its protocols and support a new pathway for Glaucoma referrals.

The aim of this service is to reduce demand on the Ophthalmology out-patient clinics, to comply with the 18 week pathway and to promote quality and cost effectiveness through the provision of a uniform standard of assessment.

Local agreements are in place for referral refinement by participating optometrists which support NICE quality standards to provide an integrated referral pathway for all patients with suspect chronic open angle glaucoma or ocular hypertension.

Findings showed that the majority of referring optometrists provide correct information according to the refinement protocol. The majority of optometrists referred via non refinement provided relevant information although did not include a copy of the visual field test performed.



It was recommended that collaborative working and further audits between hospital and optometrists is implemented to improve efficiency of Glaucoma pathway in the Calderdale and Kirklees area in line with NICE Quality Standards. Further and ongoing training for orthoptists will be implemented to improve their false positive / discharge rate.

Ocular hypertension scheme leaflets will be provided in new doctor induction packs for February 2014 intake.

### **Paediatric diabetes Peer review 2013**

Children and young people newly diagnosed with Type 1 Diabetes Mellitus in Calderdale and Huddersfield are diagnosed and stabilised in line with the operational policy for Type 1 Diabetes Mellitus. The operational policy incorporates the standards of care expected.

The number of new patients diagnosed over the last four years has remained static. Most children and young people were referred by their GP. Disappointingly, the number of new patients admitted in Diabetic ketoacidosis has increased this year, despite the 4Ts campaign (Thirst, Tiredness, Weight loss, Toilets) and the alert on the pathology order communications system for all requests for glucose in patients under 18.

The Trust will need to target GPs to remind them that all Children and Young People suspected of having diabetes are to be referred straight away rather than wait for investigations with any child or young person where diabetes is suspected. To this end, a flow chart has been designed and distributed to all GPs.

All GPs were notified within 48 hours of discharge and the Trust will continue to complete an electronic discharge summary for all patients. This is also supplemented by a faxed referral from the paediatric diabetes specialist nurse notifying the GP of the diagnosis and medications.

### **Emergency Trolleys audit**

Incident reports at the Trust have highlighted instances where emergency equipment trolleys had failed to meet the standard required. The need to monitor the checking of emergency trolleys in relation to the standard checklist was recognised and an audit proforma was designed.

Following a recent review of the paediatric emergency trolleys, updated checklists and pictures were distributed to all clinical areas providing care to children. In line with the checking procedure for adult emergency trolleys, areas were given adhesive tape to seal the paediatric trolley as per the photographs supplied. The tape requires the professional checking of the trolley to sign and date that all contents are correct. Once the tape is in place and remains visibly intact, staff can choose to recheck the trolley on a maximum monthly basis or the first expiry date of items held within the trolley, whichever is the sooner.

The audit was undertaken to ensure that all areas had been able to manage this transition smoothly or whether there were any issues that required corrective actions.

#### **Adult trolleys:**

- Still missing and faulty equipment in the trolleys.
- The checking of dates is not consistent

#### **Paediatric trolleys:**

- Similar situation to adults
- Particular problems with laryngoscopes and blades compatibility

120 red folders were purchased and are now in place (one for each trolley) containing:

- new photos of drawers
- minimum acceptable standards
- tiers of responsibility
- list of order codes / stock lists
- procedure for completing and checking forms

The resuscitation officers have also spoken to the relevant persons to ensure the laryngoscopes and blades on the paediatric trolleys are now compatible.

A monthly report is now sent to the patient safety boards with RAG rating system for the wards. Random checks continue with support from the audit department.

## INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust to perform an independent assurance engagement in respect of Calderdale and Huddersfield NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

#### For acute NHS foundation trusts:

- 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP; and
- Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the "indicators".

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources - specified in the *Detailed Guidance for External Assurance on Quality Reports*; and.
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to May 2014;
- Feedback from the Commissioners dated May 2014;
- Feedback from local Healthwatch organisations dated May 2014;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2013/14;
- The 2013/14 national patient survey;
- The 2013/14 national staff survey;
- Care Quality Commission quality and risk profiles/intelligent monitoring reports 2013/14; and
- The 2013/14 Head of Internal Audit's annual opinion over the Trust's control environment.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Calderdale and Huddersfield NHS Foundation Trust as a body, to assist the Council of Governors in reporting Calderdale and Huddersfield NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Calderdale and Huddersfield NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Calderdale and Huddersfield NHS Foundation

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

**KPMG LLP, Statutory Auditor**

**Manchester**

**29 May 2014**