



Quality Account

2020/21

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1: Chief Executive's Statement

Welcome to the quality account for Calderdale and Huddersfield NHS Foundation Trust for 2020/2021. We are coming through a challenging time as a result of the COVID-19 pandemic where we have seen increased capacity in our intensive care, staff colleagues being redeployed into new roles enabling the Trust to continue to deliver care for all our patients.

It is always the Trust's duty to deliver the highest quality services to our patients by ensuring the most effective, safest possible and positive patient experience.

Despite the challenges we have faced we have made good progress in improving our services for our patients and local communities. I am extremely proud of the way that colleagues have embraced our one culture of care and as a result, what they have achieved as demonstrated in this report.

Our Trust Quality Account describes our responsibilities, approach, governance, and systems to enable us to continually promote quality across the Trust whilst carrying out our business and planned service improvements.

Above everything, the Quality Account is about people. It describes our approach to ensure that we provide everyone with the care and compassion they need and enabling their voice to be heard. Therefore, we would like to welcome the reader to the 2020/2021 Calderdale and Huddersfield NHS Foundation Trust (CHFT) Quality Account.

This report provides 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 we collectively identified for further work last year and those areas that, together with our members and our Governors, we have identified as priorities for 2021/2022.

The Care Quality Commission (CQC) has not visited sites in the same way during the COVID-19 pandemic, but as a Trust we have continued to have regular meetings with our relationship managers. The Trust has participated in two Transitional Monitoring Assessments (TMA) with very positive feedback.

The Trust continues to progress on providing compassionate care and has a range of improvement initiatives such as "Observe and Act" which are underpinned by our 3Rs (i.e., Reality + Response = Results) approach to continuous improvement.

The year has seen colleagues continue to focus on ensuring our patients receive timely and effective care with performance continuing to improve across all domains. Our focus this year has been on understanding complaints and the impact this has on patients, learning lessons from serious incidents and complaints and appointing new clinicians to roles such as Sepsis to ensure that we continually strive for best practice and outcomes.

A focus on learning from incidents and complaints has provided insightful and meaningful change to the outcomes for our patients. We welcomed the participation of one of our Governors to become our critical friend in relation to observations and suggestions as to how we could and will do better in relation to complaints, concerns raised and improvements. We continue to focus on the patient experience with improvements to our 'would recommend' across many wards and departments and using patient stories as a means of learning Board to Ward and Community.

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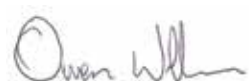
Chief Executive's Statement... continued

Our delivery of Emergency care services for patients is recognised as being amongst the best nationally, and our Calderdale Community division has embodied our commitment to putting the patient first through supporting them to remain at home and avoid hospital admission, as well as securing a prompt and safe discharge ensuring ongoing care is facilitated with the resultant reduction in readmissions into hospital.

We describe in the following Quality Account a detailed appraisal of all the hard work under way to maintain safe, high quality care. This is always top of the agenda for our Board of Directors and in this increasingly challenging financial environment, combined with increased demands for our services, it is even more important to ensure that any changes we make are assessed for their impact on health inequalities. In our quest to improve the quality of care our patients receive, we have seven new Focused Quality Priorities which will be monitored at Board level.

The pandemic has required our organisation, in the same way as all other organisations, to work in different ways and the Trust has demonstrated that it has continued to keep quality and safety at the core of our ambition to provide compassionate care for all. 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, 16 June 2021

2: Introduction and Background Information

Calderdale and Huddersfield NHS Foundation Trust (CHFT) is an integrated Trust providing hospital services and community health care for the populations of Greater Huddersfield and Calderdale.

This Quality Account for 2020/21 has been developed through the involvement of colleagues, stakeholders, partner organisations and the Trust's Council of Governors. Its purpose is to summarise and provide assurance on the quality of services the Trust provided for patients, service users, carers and family members during 2020/21 and to identify our quality priorities for 2021/22.

During the past year the COVID-19 pandemic has had an impact on every person in our local communities and changed the society we live in. This has necessitated many changes in the way we work across the health and social care system. Despite these challenges positive learning has emerged, and we want to ensure that this informs future service delivery models to embed and sustain examples of positive transformation and quality improvement.

One of the most important areas of learning that has emerged during the pandemic is our increased understanding that we are part of a bigger system. We need to work in partnership at local and regional level to ensure the very best services for the populations we serve.

2.1 Our Vision and Strategic Plans

The Trust's Vision is that - "Together we will deliver outstanding compassionate care to the communities we serve"

This vision is underpinned by four fundamental or 'Pillars' of behaviour that guide all Trust colleagues in the way they work. This aims to ensure that we continue to involve and work closely with patients, members of the public and colleagues to ensure that:

- We put the patient first
- We 'go see' (learning from others)
- We work together to get results
- We do the must dos (ensuring regulatory and statutory compliance)

'Work Together To Get Results' has been embedded across the Trust and this is the improvement method and approach colleagues consistently use to transform the way we work and create an environment where the ideas of colleagues, partners and the public are taken on board and the patient comes first.

It is well established that there is a direct link between colleague wellbeing and patient outcomes. The Trust's aim is to deliver one culture of care which means that we care for our colleagues in the same way that we care for our patients - ensuring colleague well-being remains a priority.

The Trust's 10 - Year Strategic Plan on a Page was approved by the Trust Board in 2020 and is shown on the next page..

| 10 Year Strategy | | | | |
|------------------|--|---|---|--|
| Our Vision | Together we will deliver outstanding compassionate care to the communities we serve | | | |
| Our behaviours | We put the patient first / We go see / We do the must dos / We work together to get results | | | |
| The result | Transforming and improving patient care | Keeping the base safe | A workforce for the future | Sustainability |
| Our response | Patients and public are able to shape decisions about service developments and their personal care. | We will have achieved and sustained a CQC rating of outstanding. | The Trust will be widely known as one of the best places to work through an embedded one culture of care. | We will be financially sustainable and an exemplar for use of resources. |
| | We will have an optimal configuration of services and demonstrated improved outcomes for local people. | We will consistently achieve all relevant patient performance targets as featured in the NHS Long Term and ICS plans. | We will foster an open learning culture that focuses on, and demonstrates lessons learnt and sharing best practice. | The Trust will have significantly reduced its carbon footprint. |
| | Patients and colleagues will be digitally enabled to access and provide care wherever this is needed. | We will be fully compliant with health and safety standards and be faithful to our constitution. | We will have a workforce of the right shape, size and flexibility to deliver care that meets the needs of patients. | |
| | Working with partners we will regularly use population health data to address health inequalities. | | As an anchor institution we will have a workforce that champions, reflects and celebrates our diverse communities. | |

2.2 The Health Needs of the Population We Serve

The resident population of Huddersfield and Calderdale is approximately 458,000. People in Calderdale and Huddersfield are living longer lives than in the past, however, more people are likely to have multiple long-term conditions thereby increasing demands on the health and social care system. As a result, there is a growing population of people older than 65 with the younger population remaining stable thereby leading to an increase in the dependency ratio. These patients have more complex health needs, placing greater demands on healthcare services. Our population is very varied and diverse and there are also significant areas of deprivation resulting in a significant difference in life expectancy of approximately 7.5 years from the most to least deprived areas, with an even greater variance in the number of years lived in good health of approximately 11 years. In Kirklees 21% of the population is from an ethnic minority background whilst in Calderdale approximately 10%, the largest minority ethnic groups across both authorities are Asian/Asian British comprising 15% and 8% of the population respectively.

The COVID-19 pandemic has affected every child, adult, family and community in Calderdale and Huddersfield, with some of the biggest impacts seen for the most disadvantaged and people from BAME (Black, Asian and Minority Ethnic) communities. More than 2,000 patients with COVID have been treated and discharged from our hospitals – but we know some people continue to experience long-term health impacts.

Management of the pandemic has unfortunately resulted in the development of significant planned care backlogs at CHFT. Providing treatment for people that have had their care delayed is a top priority for the Trust. We will use Health Inequalities data to complement clinical prioritisation to inform our system's post COVID-19 recovery to minimise the risk of treatment delays widening health inequalities in our communities.

2.3 Our Services and Estate

CHFT provides acute and community health services. Hospital services are provided at Calderdale Royal Hospital (CRH) and at Huddersfield Royal Infirmary (HRI). The distance between the two hospitals is just over five miles. The Trust provides community health services in the Calderdale area.

The Trust employs circa 6,300 colleagues (headcount) who deliver compassionate care at CRH and HRI as well as in community sites, health centres and in patients' homes. In a typical year, the Trust delivers treatment and care for 71,248 inpatients and 49,204 day-case patients, delivers 436,143 outpatient appointments, and has 156,923 patient attendances in the accident and emergency departments. The annual planned operating expenditure for 2021/22 is £452m.

Both hospitals currently provide accident and emergency services, outpatient and day-case services, acute inpatient medical services and intensive care for adults. Some services are delivered at one site only (e.g. stroke and trauma).

We know that care should not be about very long stays in hospital and increasingly, hospitals are providing treatment as day cases. Many services such as specialist nursing which were once provided only in a hospital can now be delivered in the local community and in people's homes. The pandemic has accelerated implementation of digital service delivery options that mean many people can now more conveniently access the care and support they need closer to home.

Work to develop safe and sustainable models of hospital and community care in Calderdale and Huddersfield has been underway since 2012. Several independent reviews have recommended that changes to the current dual-site hospital service configuration are needed to improve patient safety and outcomes. In 2019, the Trust's Strategic Outline Case describing plans for reconfiguration of services across the two hospital sites and investment in our estate was approved by NHS England and the Department of Health and Social Care (DHSC). An allocation of £196.5m of public capital funding was announced to enable implementation. The approved service model will sustainably address quality, operational and workforce challenges and deliver benefits for patients and colleagues. Acute and emergency services will be consolidated at CRH and planned care at HRI, both hospitals will continue to provide Accident and Emergency services.

West Yorkshire and Harrogate Health and Care Partnership, the Integrated Care System (ICS), has confirmed that the planned service reconfiguration and estate developments across CRH and HRI: fits with the overall strategy for the development of better health and care services for West Yorkshire and Harrogate as a whole and this is the West Yorkshire and Harrogate ICS's highest priority for public capital investment. The plans will support the longer-term resilience of acute and emergency service provision and have critical importance in ensuring the overall resilience of hospital service provision across West Yorkshire.

2.4 Overview of Our Performance

CHFT has an excellent track record in the delivery of safe and timely access for patients across all pathways. Prior to the Pandemic it was one of the top-rated Trusts across the key regulatory standards (e.g. Referral to Treatment Times (RTT), Emergency Care Standard (ECS) and Cancer waiting time less than 62 Days and has a Good CQC rating. The Trust's ambition is to achieve a CQC rating of Outstanding.

Whilst CHFT and the wider system has always performed well, significant planned care backlogs have developed as a consequence of managing the pandemic, that will take many months to eliminate. Recovery plans have been developed and the Trust is committed to ensuring the delivery of these plans will reduce Health Inequalities.

2.5 Our Digital Health Strategy

CHFT is one of the most digitally advanced Trusts in the UK. CHFT has committed to be innovative in its use of digital technology to deliver more consistent care, improve access to clinical records by both health care professionals and patients and improve patient outcomes. This commitment has resulted in CHFT moving to the top of the national Clinical Digital Maturity Index (CDMI).

The Trust's development of digital technology is enabling:

- clinicians and patients to access patient information, anywhere, anytime
- providing in-built decision support to clinicians and issuing automated safety alerts (for example in relation to over-prescribing)
- providing alerts for deteriorating patients
- use of advanced information systems to support the efficient use of our theatre capacity
- delivering high levels of inter-operability so that different healthcare providers can see each other's records, supporting the safe transfer of patients between hospitals and community services and the provision of integrated care.

2.6 Working in Partnership

The Trust is a member of the West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System - ICS) which is the second largest ICS in the country covering a population of 2.6 million people and a budget of over £5 billion. The purpose of the partnership is to deliver the best possible health and care for everyone living in the areas of Calderdale; Kirklees; Bradford District and Craven; Leeds; Wakefield; Harrogate. The Partnership is made up of care providers, commissioners, voluntary organisations and Councils working closely together to plan health and care.

The Trust plays a major role in the West Yorkshire Association of Acute Trusts (WYAAT) established in 2016 as an acute collaborative provider network comprising six local Trusts which are engaged in a number of provider to provider arrangements. The vision of WYAAT is to create a region-wide efficient and sustainable healthcare system that embraces the latest thinking and best practice consistently delivering the highest quality care and outcomes for patients. The purpose of the collaborative programme is to reduce variation and deliver sustainable services to a standardised model which are efficient and of high quality.

In Calderdale and Kirklees CHFT works closely with local system partners and is supporting the development of local Integrated Care Partnerships and Provider Networks.

3: The development of the Quality Account

3.1 Why are we producing a Quality Account?

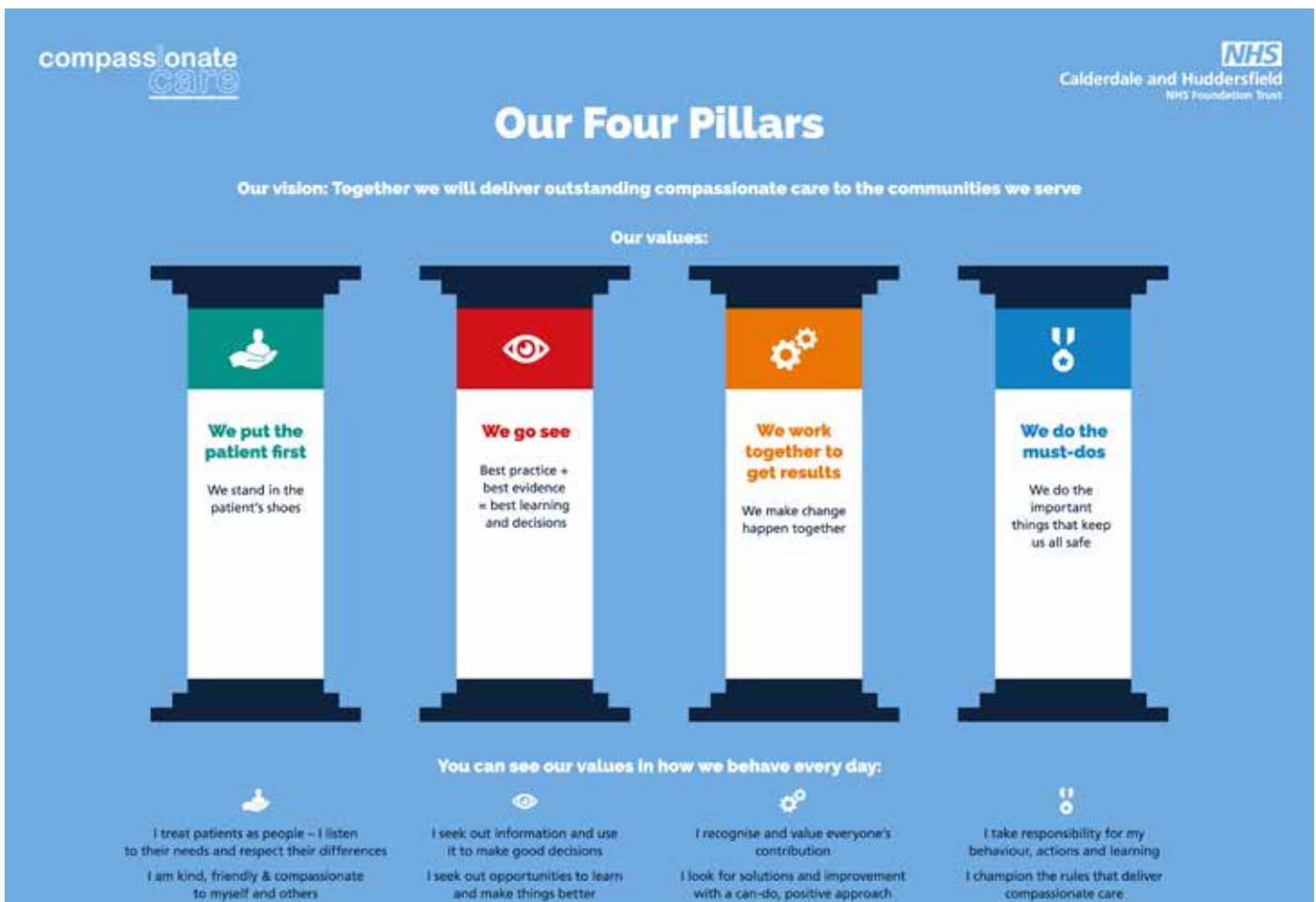
All NHS Trusts are required to produce an annual Quality Account that describes and explains the quality of services provided for patients and their families.

The Department of Health and Social Care (DHSC) has confirmed that the deadline to publish 2020/21 Quality Accounts is the 30th June 2021 and that where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional (pandemic) challenges of 2020/21, Trusts can disclose this was the case.

Calderdale and Huddersfield NHS Foundation Trust welcomes the opportunity to provide information about how well we are performing, and the quality of care we provide, that fully takes into account the views of service users, carers, colleagues and the public.

We continue to use this information to inform decisions about quality improvement and service planning.

3.2 Our vision and values



The result:

- Transforming and improving patient care
- Keeping the Base Safe
- A workforce for the Future
- Financial Stability

3.3 CQC registration and conditions / actions

Calderdale and Huddersfield NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and has full registration without conditions.

CQC carried out an inspection of the Trust between 6 and 8 March 2018. The Trust was rated as good overall.



Well-led at Trust level was inspected in a separate inspection between 3 and 5 April 2018. The Trust was rated as good for well-led. Use of resources was rated as requires improvement due to the Trust's underlying deficit.

The combined rating for quality and use of resources is good. A summary of the domain ratings is given below, comparing this with those of the previous inspection.

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Requires improvement ↔ Jun 2018 | Good ↑ Jun 2018 | Good ↔ Jun 2018 | Good ↑ Jun 2018 | Good ↑ Jun 2018 | Good ↑ Jun 2018 |

Reports from the CQC inspection were published on their website in June 2018 and can be found at the following link: <https://www.cqc.org.uk/provider/RWY>

Following the inspection in 2018, the Trust developed an improvement action plan to address all must-do and should-do recommendations. Governance of the action plan is monitored through the CQC Response Group which has continued to meet, is chaired by the Executive Director of Nursing/Deputy Chief Executive and reports to Board through the Quality Committee.

Of the outstanding actions from the 2018 CQC inspection, the Trust still has one action to complete.

The present position in relation to CQC action plan compliance can be seen below:

| CQC Exception Plan- Outstanding Action | Progress |
|--|---|
| Must Do 1 – The Trust must improve its financial performance to ensure services are sustainable in the future | The Trust has submitted a five-year financial plan through the Integrated Care System and onward to regulators in line with the defined challenging Financial Improvement Trajectory. |

The pandemic has changed the way in which CQC regulates providers. There is no longer a set inspection plan that would mean organisations have an onsite inspection on an annual basis.

The Trust has and continues to comply with the CQCs revised approach to regulation in line with the development of their future strategy.

This involves regular engagement meetings with the Trust's CQC Relationship and Inspection Manager and when requested, following the Transitional Monitoring Approach, which includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOE), so they can continually monitor risk in a service
- using technology and local relationships to have better direct contact with people who are using services, their families, and colleagues in services
- targeting inspection activity where we have concerns

The Trust will be guided by the launch of the CQCs new strategy – A new strategy for the changing world of health and social care, which was published in May 2021. This will set out how CQC will regulate providers in the future.

3.4 Review of services

During 2020/2021 Calderdale and Huddersfield NHS Foundation Trust provided and/or sub-contracted 36 designated Commissioner Requested Services.

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

The income generated by the relevant health services reviewed in 2020/2021 represents 100% of the total income generated from the provision of relevant health services by Calderdale and Huddersfield NHS Foundation Trust for 2020/2021.



4: Improving our quality of service

4.1 Looking back at how the Trust performed against the priorities set for 2020/2021

Each year the Trust identifies and undertakes focused improvement on a number of quality priorities.

Last year the Trust identified three projects to be highlighted as key priorities for 2020/2021.

This section of the Quality Account shows how the Trust has performed against each of these priorities and the plans going forward.

| Improvement Domain | Improvement Priority | Were we successful in 2020/2021? |
|--------------------|--|----------------------------------|
| Safety | Learning lessons to improve patient experience | Yes |
| Effectiveness | Improve staff handovers to ensure they routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers | Yes |
| Experience | Improved resources for distressed relatives / breaking bad news relating to End of Life Care (EoLC) | Yes |

Priority One: Learning lessons to improve patient experience

Why we chose this:

Each of us want our care to be safe. As a patient, you want to feel safe and have a positive experience when you are under the care of the Trust. One of the ways we can try and ensure that what we do is based upon best practice and safety is to learn from when things go wrong.

Our focus for this quality priority was to be more innovative in our approach by developing:

- An interactive Learning Portal which would provide colleagues with useful learning resources, such as powerful real-life patient experiences to understand the emotional and physical impact
- A fully-illustrated colleague guide, on how to identify learning and more importantly what to do with it, when there has been a problem.

Improvement work and how we did during 2020/2021

- The current intranet pages have been refreshed
- Established a Learning from Complaints and Incidents / Continuous Quality Improvement Collaborative. This has been supported by service leads responsible for both complaints and incidents. This Quality Improvement team is responsible for developing an integrated process for the management of incidents/complaints at the point of interface and also the development of a process of learning from complaints/incidents which has been monitored through the use of the impact framework and impact stories.
- Further work is underway for the development of an evidence-based framework that will support the creation of 'constructed stories' that will draw upon complaints and incidents.

Priority Two: Improve staff handovers to ensure they routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers

Why we chose this:

Our mental health influences our physical health and our capability to lead a healthy lifestyle and recover from physical health conditions, particularly long-term conditions.

The Trust was keen to review the handover of patient care between teams of staff, so we could ensure that our patients receive high quality, individualised care throughout their hospital stay. This supports the Trust's aspiration to focus on handover that supports a shared and effective approach to the holistic patient pathway, and the identification of risk factors which supports effective signposting and onward referral to specialist services.

Improvement work and how we did during 2020/2021

- A task and finish group was set up with key stakeholders (Emergency Department (ED), Acute Medical Unit (AMU), Safeguarding and the Mental Health Team) to improve the care of mental health patients.
- A robust risk assessment was developed by the task and finish group, and this was trialled on the Acute Floor at Calderdale Royal Hospital. This was used alongside a flow chart to determine the level of risk and any required interventions and escalation. The tool allowed for the named nurse to engage in conversation with the patient and establish their current mental state.
- In developing the risk assessment, an inclusive and engaging process has taken place via the task and finish group route, including appropriate stakeholders.
- Ongoing audit of patient records to provide assurance that the tool is used robustly for patients admitted with mental health problems continues.

Priority Three: Improved resources for distressed relatives / breaking bad news relating to End of Life Care (EoLC)

Why we chose this

Providing compassionate care for our end of life patients is seen as a high priority for the Trust. When a patient is dying, the care and compassion that relatives receives is critical to how we wish to work and behave.

When breaking bad news to relatives and patients, it can be a struggle to find an appropriate place to hold these conversations. It is often carried out in the wards sister's office, where interruptions often happen.

When the patient is in their last days and hours of life, relatives may wish to stay at the bedside next to their loved one. We had four camp beds on each hospital site for this eventuality, but this does not always meet the need. We wanted to ensure that the experience for relatives and patients was such that at the end of their relatives' life, the experience is a positive one and the needs of both the relative and patients are met.

Improvement work and how we did during 2020/2021

- A bereavement telephone service was set-up during COVID-19 to support relatives and loved ones.
- End of Life Care Education Facilitation Team was developed.
- Community Palliative Care Team offered bereavement support by contacting the family by phone, virtual support via Microsoft Teams, and offering face-to-face support if needed
- Families were sent out bereavement cards and one-year memorial cards.

4.2 Looking ahead to 2021/2022

Calderdale and Huddersfield NHS Foundation Trust has a strong track record for delivering high quality and good-value patient care. Every year we draw up a list of healthcare areas, which we as a Trust, would like to improve upon. We then ask our members to vote on what they feel are the improvement priorities the Trust should take forward.

Our members were given the opportunity to let us know their views, and we drew up a shortlist of options under the three headings of Safe, Effective and Experience.

A 'long list' of potential Quality Account Priorities for 2021 / 2022 was developed as follows:

| Domain | Priority |
|------------|--|
| Safe | • Reduce the number of falls resulting in harm |
| | • Improve in FLO audits (front line ownership - infection control) |
| | • Reduce the numbers of Hospital Acquired Infections including COVID-19 |
| Effective | • Reduce the number of patients who have multiple ward moves |
| | • Increase the number of pregnant women on Continuity of Carer pathway, linked to health inequalities |
| | • Recognition and timely treatment of sepsis |
| Experience | • Improve response time for formal complaints, those with a deadline of 25 days and demonstrating learning |
| | • Reduce waiting times for individuals attending the Emergency Department |
| | • Improve communication around discharge planning |

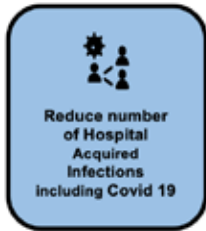
The above 'long list' was discussed with the Trust's Council of Governors. An opportunity to vote was also given via the Trust's internet site, advertised in Foundation Trust News which was circulated to the Trust membership.

From the long list, the following Quality Account Priorities were selected by the Trust Council of Governors for 2021/2022 following a ballot:

| Domain | Priority |
|------------|---|
| Safe | • Reduce the numbers of Hospital Acquired Infections including COVID-19 |
| Effective | • Recognition and timely treatment of sepsis |
| Experience | • Reduce waiting times for individuals attending the Emergency Department |

Safe: Reduce the number of Hospital Acquired Infections including COVID-19

Our focus for this quality priority is to:



- Implement patient testing strategies aligned to national guidance.
- Support a system-wide approach to the vaccination programme.
- Review and implement the Carbapenemase producing Enterobacteriaceae (CPE) screening toolkit.
- Reduce the number of preventable Clostridium Difficile infections.
- Ensure strategies are in place to minimise Hospital Onset COVID-19 Infection.

Effective: Recognition and timely treatment of Sepsis

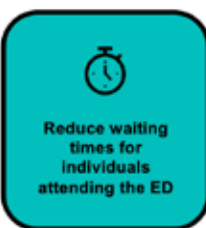
Our focus for this quality priority is to:



- Increase our concordance with the administration of intravenous antibiotics in the emergency departments within 60 minutes of recognition of sepsis to 80% for the severely septic patient.
- Compliance of all elements of the sepsis 6 (Blood cultures; Urine output; Fluids; Antibiotics; Lactate; Oxygen) to be improved to 50%.
- Establish sepsis skills training as part of essential safety training and achieve 40% concordance for eligible colleagues in year 1.

Experience: Reduce waiting times for individuals in the Emergency Department

Our focus for this quality priority is to:



- Monitor the standard operating procedure within the emergency department to ensure timely escalation and prevention of patients remaining in the department longer than the national / local standards
- Ensure lessons learnt are implemented where patients remained in department longer than national guidance.

Why our Governors and Colleagues chose these three priorities:

Safe: Reduce the number of Hospital Acquired Infections including COVID-19

We all want our care to be safe. As a patient, you want to feel safe and have a positive experience when under the care of the Trust. One of the ways the Trust can ensure that this is achieved, is based upon best-practice and safety as we seek to ensure that as a Trust, we put systems and processes in place to reduce the number of Hospital Acquired Infections including COVID-19. This is especially pertinent as we come out of the pandemic.

Effective: Recognition and timely treatment of Sepsis

There is a recognition that as a Trust we must keep our patients safe and appropriately treated by utilising the triggers and resources available to CHFT, so we quickly recognise when someone has suspected Sepsis. Our patients place their trust in us to diagnose and administer the treatment pathways based on the National Institute for Health and Care Excellence (NICE) and Trust guidelines for Sepsis in a timely way, that is our duty of care without exception.

Timely treatment of sepsis is crucial. If sepsis is suspected, the sepsis 6 screening tool must be used so that the patient receives all the necessary elements of care. This care should be clearly explained to the patient and their family. We want them to feel included and confident in our care.

Experience: Reduce waiting times for individuals in the Emergency Department

We acknowledge that an extended stay in the Emergency Department will have an impact on patient experience, patient safety and outcome of care.

On a day-to-day basis, the aim is always to avoid any delays which can result in trolley waits, as we know the Emergency Department environment is not conducive to a good patient experience and has the potential to compromise patient safety.

As a Trust, we have given our Governors and colleagues the assurances that we will deliver on the above by achieving the focus for each priority.

How will we monitor our progress in relation to the delivery of the Quality Account Priorities?

The delivery of the Quality Account Priorities will be through our divisional and Trust Patient Safety Quality Board (PSQB) meetings, the Quality Committee and the Board. An assurance report will be presented to each Quality Committee (a sub-committee of the Board) detailing the progress made for each priority against the agreed key performance indicators and impact. A report will also be presented at the Council of Governors committee meetings.

4.3 Focused Quality Priorities

In order to continuously improve the quality and safety of the care we deliver, the Trust feels that in conjunction with the Quality Account Priorities, we have greater focus on the following seven priorities:

| No | Domain | Focused Quality Priority |
|----|------------|---|
| 1 | Effective | Making complaints count: Implementation of the national regulations and Parliamentary and Health Service Ombudsman (PHSO) standards (phased introduction) |
| 2 | Caring | Nutrition and Hydration |
| 3 | Safe | Pressure Ulcers |
| 4 | Caring | Falls resulting in harm |
| 5 | Safe | Increase the quality of clinical documentation across CHFT |
| 6 | Caring | End of Life |
| 7 | Responsive | Clinical Prioritisation |

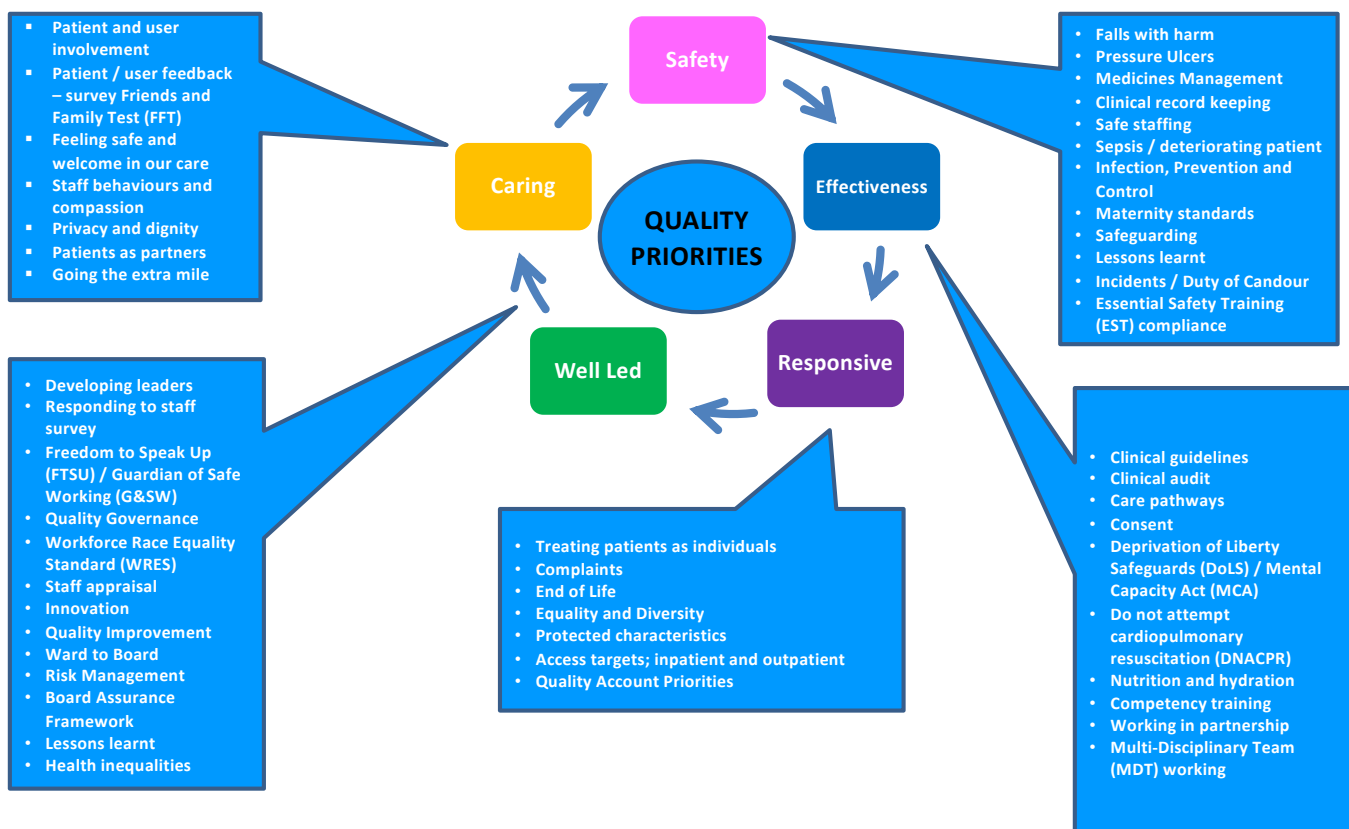
How will we monitor our progress in relation to the delivery of the Focused Quality Priorities?

The delivery of the Focused Quality Priorities will be through our divisional and Trust Patient Safety Quality Board (PSQB) meetings, the Quality Committee and the Board. An assurance report will be presented to each Quality Committee (a sub-committee of the Board) detailing the progress made for each priority against the agreed key performance indicators and impact.

4.4 Clinical Quality Strategy

The key focus for the Trust during 2021/2022 is to develop a Quality Strategy which will underpin the core vision and values of Calderdale and Huddersfield NHS Foundation Trust.

We seek to continue to embed a safety culture and as such, the strategy will be underpinned by the CQC domains, supported by our quality priorities.



5: Patient Safety

5.1 Trust response to COVID-19 and impact on CHFT

The Trust began to see the impact of the pandemic in March 2020 and made changes to the services that were offered to enable it to provide care for patients affected by COVID-19. This included redeploying colleagues where required, introducing social-distancing measures across the Trust estate, ensuring supply of Personal Protective Equipment (PPE), designing new patient pathways, for example, for those patients requiring surgery, and establishing workstreams to manage the emergency response and minimise loss of life.

The Trust introduced systems and processes to identify patients with possible and confirmed COVID-19. This included risk assessment and testing of patients, along with clear pathways to ensure they were treated timely, appropriately and in designated areas to reduce transmission of infection.

The Trust was closed to all routine referrals. Referrals already received were clinically reviewed and, if urgent, were offered a non-face-to-face appointment where possible, or face-to-face if needed. Cancer two week wait (2WW) referrals and other urgent referrals including urgent advice and guidance continued via the national electronic referral system, with all these urgent referrals clinically triaged on receipt. The Trust was closed to routine diagnostics; magnetic resonance imaging (MRI), Echocardiogram, Neurophysiology, and ultrasound but continued to offer capacity for urgent diagnostic referrals.

Working with local General Practitioners (GPs) and Commissioning Groups, the Trust opened up for routine referrals in May 2020 ensuring a single repository for demand across the local system; whilst not offering appointments, this minimised the risk of missed referrals and delayed access for those in need of urgent treatment. The Trust opened to routine referrals earlier than other Trusts across the region and has resulted in a higher volume of patients showing as a 52-week breach, however, this has reduced the risk of patients not accessing treatment and allowed the Trust to have a better understanding of current and future demand.

The Trust participated in a landmark research COVID-19 study called RECOVERY (Randomised Evaluation of COVID-19 Therapy), the biggest worldwide randomised control trial looking at treatments for COVID-19. The Trust has been in the top 10 UK recruitment sites for the RECOVERY trial out of 140 acute Trusts, which has benefited our patients by having early access to treatment, resulting in more lives saved as such research has led to the development of more effective treatments for COVID-19, having previously had limited treatment options of oxygen and critical care support.

Plans were put in place through phase 3 stabilisation and reset, setting out expectations of activity reset from August 2020 through to March 2021. Elective recovery commenced in September 2020, however, the onset of the second wave in late October 2020 and subsequent third wave of COVID-19 wave, meant that planned recovery was limited.

The response to the pandemic has been robust, timely and aligned with the core values and behaviours of the organisation. As we have seen COVID-19 activity reduce, the vaccine roll-out has progressed, and local prevalence stabilised. The Trust has refocused its capacity to those patients who are waiting to access planned care. We have developed a recovery framework to manage recovery at pace and have agreed specific principles and priorities. These include focus on prioritisation, health equality, access to training and the wider patient experience with a reduction in variation within and across specialties. The foundation for this remains the Trust's four pillars, alongside patient and colleague safety and wellbeing.

Calderdale and Huddersfield NHS Foundation Trust has continued to perform well in its key metrics during 2020/2021 despite the COVID-19 pandemic, particularly for patients with cancer and patients attending the Emergency Department for care.

The Trust has delivered excellent performance against the key regulatory national targets, as detailed in the Trust's 2020/2021 Annual Report, in the face of significant challenges. The Trust has continued to monitor around 100 key performance indicators across the six CQC domains, to measure its performance and benchmark against all West Yorkshire Trusts and also Trusts nationally; and for the second year in succession has ensured no domain has scored red (< 50% achievement).



5.2 Response to the COVID-19 Pandemic – Incident Management team

The Trust response to the COVID-19 pandemic was managed through a command and control structure, via an Incident Management Team with supporting workstreams, e.g., Personal and Protective Equipment (PPE), covering all aspects of the Trust. The Incident Management Team (IMT) provided a central hub for decision-making including any changes to national guidance on infection prevention and control, alongside key messages for dissemination. This met daily and was an inclusive structure, providing coordination of plans thus ensuring interdependencies were identified in the planning phase and any risks mitigated. This provided a robust and transparent way of responding to the demands of the COVID-19 pandemic and the delivery of the COVID-19 vaccination programme. IMT escalated into the Weekly Executive Board and provided updates to the Board of Directors and its sub-committees.

There was a comprehensive COVID-19 risk register, reviewed weekly by the IMT, and an associated COVID-specific fire risk register, overseen by the Fire Committee (with representation from IMT) reflecting the increased risks arising from high volumes of PPE, higher concentrations of Oxygen and large volumes of staff working in unfamiliar locations.

Incident control arrangements were replicated at Divisional level and there was a daily tactical meeting, chaired by a senior manager, responsible for the operational flow across both hospitals and CHFT community services. This allowed rapid escalation of issues, early communication of messages and a collective view of the Trust position. This reported daily into IMT.

A daily communication bulletin was established with a mixture of COVID-19 information, key decisions and messages, as well as sharing the experiences of colleagues and patients through the pandemic. This was extremely well-received by colleagues as a method of communication and was particularly appreciated by those shielding or working from home, who commented that it made them feel connected.

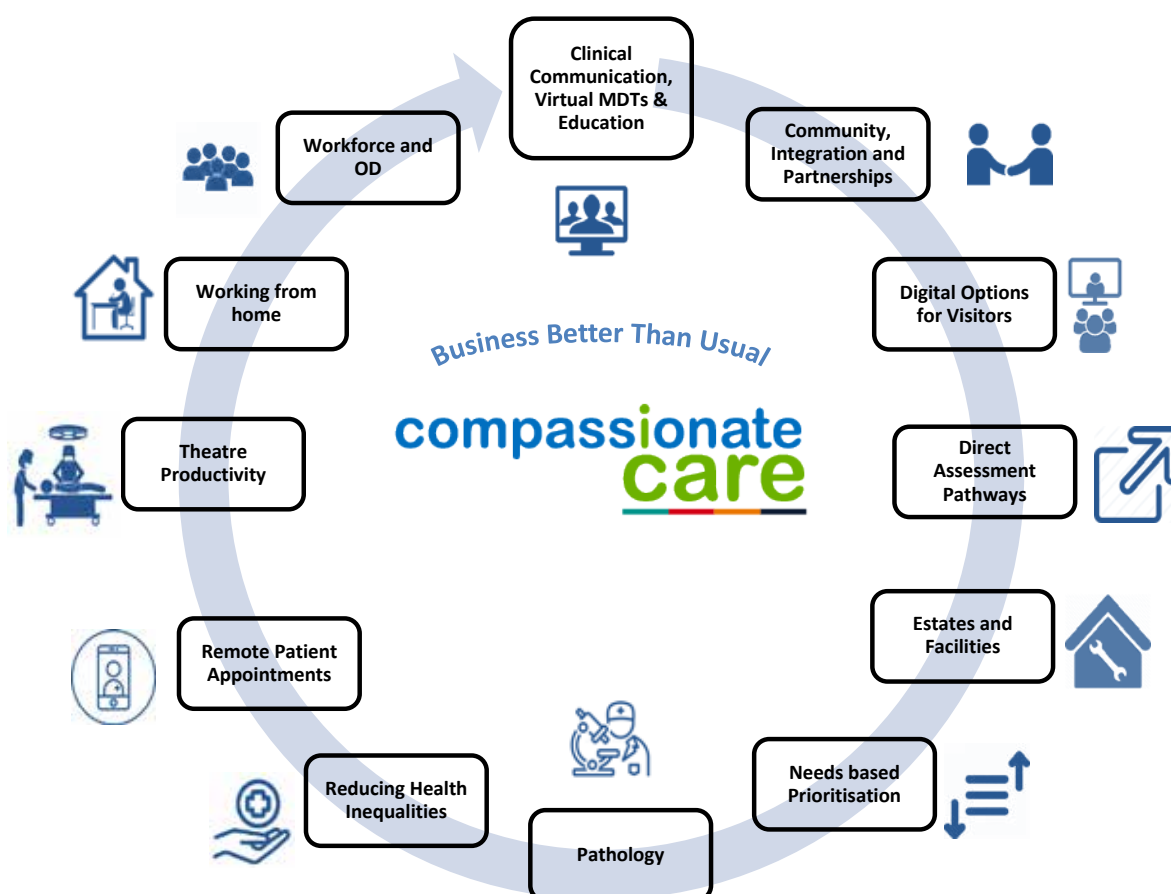
An external review of the Trust's management of infection prevention and control measures found there were good systems and processes in place that were able to recognise and manage the infection risks associated with COVID-19 in a coordinated way. The Trust moved to a predominantly virtual way of working very early in the pandemic, something we were able to do quickly due to the digital maturity of the organisation. This ensured we kept colleagues and patients safe and, where possible we have retained this position.

At Executive level, two Director groups were established, with an Inner Core of Directors which focused their attention on minimising loss of life and colleague safety, whilst an Outer Core of Directors supported the Inner Core and considered issues requiring objective assessment and decision-making such as the discontinuation of key services. Scrutiny of decisions was by an Oversight Committee of Non-Executive Directors. This process of oversight ensured that the quality and equality impact of service changes was reviewed, and appropriate actions taken to mitigate the risk of negative impacts.



5.3 Business Better Than Usual

The Trust sought to learn from new ways of working in the pandemic and the longer-term benefit of these through a Business Better Than Usual Programme, depicted below, which included acceleration of digital appointments for patients and needs based prioritisation. This was informed by significant engagement with colleagues and partner organisations during 2020-21. For example, during 2020 over 185 CHFT colleagues, 9 health and care partner organisations, and 1,377 patients and members of the public have shared their thoughts with us about key learning of their experiences during the pandemic. Analysis of all the feedback identified 12 strategic themes where most people, colleagues and partner organisations thought there were positive changes made during the pandemic that should be embedded and amplified.



5.4 Trust actions to promote equality of service delivery

The Health Inequalities agenda has had an increased profile internally and nationally since the onset of COVID-19 with a national focus and the identification of eight urgent actions included in the national stabilisation and reset priorities letter from NHS England/NHS Improvement in July 2020 reinforced in December 2020.

The Trust recognises the importance of this in relation to our current service models, our Elective Recovery Plan and the strategic case for change that is guiding our reconfiguration planning. Reflecting the complexities of this and the need to learn at pace, the Trust has identified four themes with a Director lead for each of them with overall leadership from the Chief Nurse/Deputy Chief Executive as the Executive with overall Board responsibilities for Health Equality. The four themes are:

1. The external environment, how we connect with our communities and use this to inform our business as usual planning and includes digital inclusion
2. The lived experience, with initial focus on families accessing our maternity service
3. Health Inequalities data and how we use this to complement clinical prioritisation and our post COVID-19 delivery model for both planned and unplanned care
4. Ensuring we have a workforce that reflects our local population at all levels, delivering a workforce and organisational development programme around Health Inequalities, diversity and inclusion and ensuring equal opportunity for all.

To support this key agenda, we have built on the excellent data capture of ethnicity and other Health Inequalities data with an ever-evolving section in our Knowledge Portal+ information system. Through this, we can identify the patients who require access, in line with the agreed priorities and monitor delivery of these.

5.5 Vaccination Programme – John Smith Stadium Vaccination Centre

The John Smith Stadium (JSS) Huddersfield is commissioned by Kirklees Place to provide a mass community vaccination site via the National Booking Service against COVID-19 for administration of any Medicine and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccines. The site is CQC registered for this purpose.

The centre was developed in collaboration with local providers; Curo, Locala and Local Care Direct with support from North Kirklees Clinical Commissioning Group. CHFT was asked to be the lead provider by Integrated Care System (ICS) Senior Responsible Officer (SRO). CHFT hold a contract with Leeds Teaching Hospitals Trust, who are commissioners of this service for six months (24 December 2020 to 24 June 2021 with option to extend).

Partners 2,3 and 4 below have operational site responsibilities, with CHFT as the accountable organisation.

1. Calderdale and Huddersfield NHS Foundation Trust
2. Curo Health Ltd
3. Locala CIC (Community Interest Company)
4. Local Care Direct



The centre received approval to commence vaccinations by NHS England / NHS Improvement on 27 January 2021 and the service commenced immediately on the same day to deliver vaccines to Health Care Workers, and from 1 February 2021 as a Community Vaccination Centre.

In March 2021, the CQC requested the completion of a Transitional Monitoring Application (TMA) Framework for COVID-19 Vaccination Monitoring Activity followed by a virtual review meeting attended by all partners. The CQC review was completed successfully with positive outcomes.

Role of CHFT

CHFT is the accountable organisation with the Medical Director as the Senior Responsible Officer (SRO). The Director of Finance is the Chief Financial officer and the Chief Pharmacist seeks assurance from site-lead provider for provision of all areas of service delivery.

Clinical and operational leads are responsible for the delivery of all aspects of the vaccination centre, including the operating plan, workforce, and training.

Capacity

The centre employs approximately 332 staff and 42 volunteers, six St John Ambulance staff are also available on-site per day. JSS delivered 830+ vaccinations and moving towards 1440 bookings per day. Up until 15 May 2021, the JSS had been administering the Astra-Zeneca vaccine only. Since 13 May 2021, the JSS has been administering both the Pfizer and Astra-Zeneca vaccine. As at May 2021, the total vaccines delivered are:

| | |
|---------------------------|--------|
| Astra-Zeneca first doses | 41,692 |
| Astra-Zeneca second doses | 11,343 |
| Pfizer first doses | 610 |

Expected vaccine administration over the next 3 months:

| | |
|---------------------------|--|
| Astra-Zeneca second doses | 30,000 approximately |
| Pfizer first doses | 20,000 approximately plus 2,000 second doses |

Reporting

A weekly highlight report including vaccination numbers and supply, incidents and risks is submitted to CHFT with monthly partnership meetings. Urgent issues are highlighted as appropriate within 24 hours. National and regional escalation procedures are in place.

5.6 Serious Incidents

The Trust continues to investigate and learn from serious incidents. The Serious Incident Panel meets every Friday and discusses potential serious incidents in depth and reviews all completed serious incident investigation reports for sign-off. The Serious Incident Panel agrees the terms of reference for each investigation and ensures that each report focuses on outcomes and learning to prevent re-occurrence and changes in practice are made.

Learning lessons from incident investigations

The Trust continues to produce learning summaries to highlight learning from incident investigations. In 2020/2021, the learning summary template was modified to include question and discussion prompts, rather than simply providing information, with the aim to encourage conversation and reflection.

The Trust is a member of the West Yorkshire Association of Acute Trusts (WYAAT) Learning Lessons Group, to which the Senior Risk Manager and Risk Manager attended throughout 2020/2021. This group shares learning across the region and collectively discusses approaches to identification, management, and mitigation of risk. The Trust has shared learning regarding serious incidents and never events, as well as specific focuses on medication incidents and incidents involving children. As you would expect, a key focus of the groups' discussion this year has been on management of incidents associated with COVID-19, and the response to national guidance as this has emerged. The WYAAT Lessons Learned group has reported into the WYAAT Medical Directors Group, via our medical lead, who is a core member of the group.

Serious Incident Panel

The Serious Incident Panel approves all final investigation reports, reviewing findings, contributory factors, and root causes, and with a focus on action plans to ensure they will mitigate identified risks and provide a mechanism for assurance of completion.

In 2020/2021, 34 incidents met the criteria for reporting under the Serious Incident Framework. Not all of these incidents resulted in severe harm or death, as shown in the table below. The Trust recognises the value of comprehensive investigation of no harm and minor harm incidents where there is a greater likelihood of recurrence or the potential for harm to have been severe or catastrophic.

| Level of Harm | Number of incidents |
|-----------------------|---------------------|
| Catastrophic or Death | 16 |
| Severe harm | 7 |
| Moderate harm | 6 |
| Minor Harm | 1 |
| No Harm | 4 |
| Total | 34 |

Examples of Serious Incidents that are recorded as No harm were:

- An inappropriate access to electronic patient records by staff.
- A systems software upgrade that led to continued instructions to prescribe when medications had been previously stopped.

Themes and trends: The three most frequently reported serious incidents in 2020/2021 by Strategic Executive Information System (StEIS) category were:

| Incident StEIS category | Number of incidents | Descriptors |
|--|---------------------|---|
| Diagnostic incident including diagnostic delay | 12 | Delayed or missed diagnoses, missed radiological findings, failure to act on test results, delays in monitoring |
| Medication incident | 5 | Medication prescribing and administration, |
| Sub-optimal care of the deteriorating patient incident | 4 | Failure to act on symptoms or observations, inadequate handover, and failure to escalate. |

The Serious Incident panel reviews themes and trends for reported incidents and requests that Clinical Directors attend the panel where a theme is identified. The Serious Incident Panel can initiate an aggregated analysis or deep dive where it has concerns with themes identified.

Medication incidents are reported to the Trust's Medication Safety Officer and are also discussed at the Trust's Medicines Management Committee.

Maternity serious incidents are referred to the Healthcare Safety Investigation Branch (HSIB) where they meet the HSIB criteria for investigation, to identify common themes and to influence systemic change. Where investigations are done externally, the Trust develops an action plan to mitigate immediate risks identified through the initial fact finding and progresses delivery of these actions, whilst HSIB concurrently conduct their investigation.

Never Events

A never event is a specific serious incident that NHS England has determined is preventable and should not happen if national safety guidelines are followed.

During 2020/2021 the Trust reported two Never Events, a wrong site surgery and a retained swab.

Following the investigations, the actions taken were:

- The surgeon changed practice and no longer uses a swab to retract the bowel
- Training in the accountable items policy and introducing an airline-style checklist to make compliance was introduced.

Assurance and Scrutiny

The Serious Investigation Review Group (SIRG) met during 2020/2021. This forum is chaired by the Chief Executive, with membership including senior divisional colleagues. The group reviews one investigation per Division at each meeting and offers challenge that investigations are managed effectively, and seeks assurance that actions are sufficiently wide enough to mitigate risk, and learning is shared across the organisation. The group reports into the Quality Committee which is chaired by a Non-Executive Director.

The Risk Team meet with our commissioners on a quarterly basis to review serious incident reports, to provide evidence of delivery of action plans and assurance of monitoring of embedding of learning and mitigation of risk.

Training and Development work

In 2020/2021, the Risk Team continued to improve the incident reporting and investigation processes including review of the Datix reporting forms, addition of datasets for Emergency Department 12-hour breach reporting, and Hospital Onset COVID-19 Infection. This has enabled streamlining of data collection for these cohorts of incidents and facilitated readily available datasets to support analysis and learning.

The Senior Risk Manager has delivered Root Cause Analysis training, Duty of Candour Training and Risk Management training to colleagues throughout 2020/2021 to enable greater understanding and support effective delivery of these important functions within Divisions.

Preparation for new national reporting arrangements

There is a planned national-scale transition from recording incidents on the National Reporting and Learning System (NRLS) to a new system; Patient Safety Incident Management System (PSIMS). The Trust is keeping abreast of national developments in respect of feeding into consultation and pilot arrangements, to ensure we are prepared for transfer onto the new system. The Trust is currently undertaking a gap analysis to ensure it meets the requirements of the new Patient Safety Incident Response Framework. Existing policies and processes will be aligned to the new framework and standards to ensure compliance.

Duty of Candour

All Trusts are required to comply with the statutory duty of candour enshrined within the Health and Social Care Act, Regulation 20. Once colleagues are aware of an incident which has caused harm classed as moderate, severe or catastrophic/death on the National Reporting and Learning System (NRLS), the duty of candour process is commenced.

Performance is monitored for duty of candour with information reported monthly to the Trust Board on the provision of an initial letter of apology. We also monitor performance on sending a further letter of apology with a copy of the investigation report through the monthly Trust Patient Safety and Quality Board. The Trust has maintained 100% Duty of Candour compliance.

5.7 Nutrition and Hydration

Both malnutrition and dehydration have a substantial adverse effect on health, disease, and wellbeing in a hospital setting. Once in hospital, an average stay could be up to three days longer. NICE has shown that better nutritional care reduces complications and length of stay.

The Trust nutritional care plan compliance has been consistently more than 85% however, the Trust recognises more work is required to demonstrate compliance in the following areas:

1. All patients (length of stay more than 8 hours) have a completed fluid balance chart?
2. Nutritional support care plans will be evident for all adult patients with Malnutrition universal screening tool (MUST) of two or above?
3. Patients with a MUST score of 2 or above will be referred to a dietician
4. Food charts will be completed for patients with a MUST of 2 or above
5. All adult patients will receive a MUST assessment within 24 hours admission/ transfer to the ward?

To further strengthen this area of work and drive improvements the Trust has selected Nutrition and Hydration as one of the Focused Quality Priorities for 2021/2022, focusing on Nutrition and Hydration for in-patient adult and paediatric patients

Improvement work

The nutritional specialist nurses and dieticians have undertaken some partnership working with Bradford colleagues to review the mandated fields within the MUST assessment to aid with automated calculation of the MUST following completion of three mandated fields.

The Journey to Outstanding assurance tool incorporates a record review of five sets of EPR (Electronic Patient Record) records with a documentation review of nutrition and hydration, feedback can be provided by the reviewer of the compliance within these sections at the time of the audit.

Each Division has a nutrition and hydration action plan which includes the ward assurance compliance and quality improvement work undertaken to enhance compliance.

Our focus for this quality priority is to:

- Provide safe and high-quality nutrition and hydration care that is aligned to National guidance and delivered by a Multidisciplinary team.
- Provide healthy and nutritional foods, drinks, supplements and artificial feeds.
- Nutritionally screen all patients and plan care accordingly using a person-centred approach.

5.8 Dementia Screening

The assessment and dementia screening process is an essential part of medical clerking for all patients aged 75 and over. This is a cognitive assessment that measures the following aspects:

- an assessment for delirium; followed by
- a screen for depression; and if the delirium assessment is negative it is followed by
- a dementia screen

If delirium is diagnosed, the cognitive assessment does not progress to the dementia screen. The dementia screen is a nationally monitored standard requiring 90% compliance. The dementia screen is not intended to be an indicator for investigation whilst the person is in hospital. Its function is to prompt a message for the GP to be aware that a positive screen may lead them to refer the patient to mental health memory services for full investigation. The Trust continues to work towards the 90% compliance required.

Improvement work – Assurance to increase dementia screening compliance

The acute assessments areas have commenced a project starting with Calderdale acute floor and surgical assessment area to work with the whiteboard functionality on the electronic patient record (EPR) to identify dementia screening outstanding. This will enable the identification of any outstanding dementia screening, and then assigning the task to a doctor to complete.

Trust Dementia Training Compliance – Target compliance 95%**National driver**

| | |
|----------------------------------|-------|
| Community | 98.8% |
| Corporate | 98.9% |
| Families and Specialist Services | 98.3% |
| Health Informatics | 99.1% |
| Medical | 97.8% |
| Pharmacy Manufacturing Unit | 100% |
| Surgical & Anaesthetics | 97.1% |

Overall compliance for Dementia training across the Trust is 98.10%.

5.9 Falls

Falls in hospitals are the most common patient safety incidents reported in hospitals in England. Falls not only impact on the quality of life through pain, loss of confidence, loss of independence and increased mortality, they are also estimated to cost the NHS more than £ 2.3 billion per year.

Falls cause distress and harm to patients, families, and their carers. The Trust has a Trust-wide Falls reduction action plan delivery which is overseen by a monthly Falls Collaborative, chaired by a dedicated clinical fall lead who is a consultant within Older People's services.

The action plan is based on aspects of the previous National Audit which highlighted some areas for improvement including lying and standing blood pressure, medication review and vision.

Due to COVID-19, the Falls Commissioning for Quality and Innovation (CQUIN) was suspended, but for 2021/2022, the Trust is taking falls forward as a Focused Quality Priority.

The overall impact of this work over the last few years has resulted in a marked and sustained decrease in the number of falls where patients have sustained harm as a result of a fall.

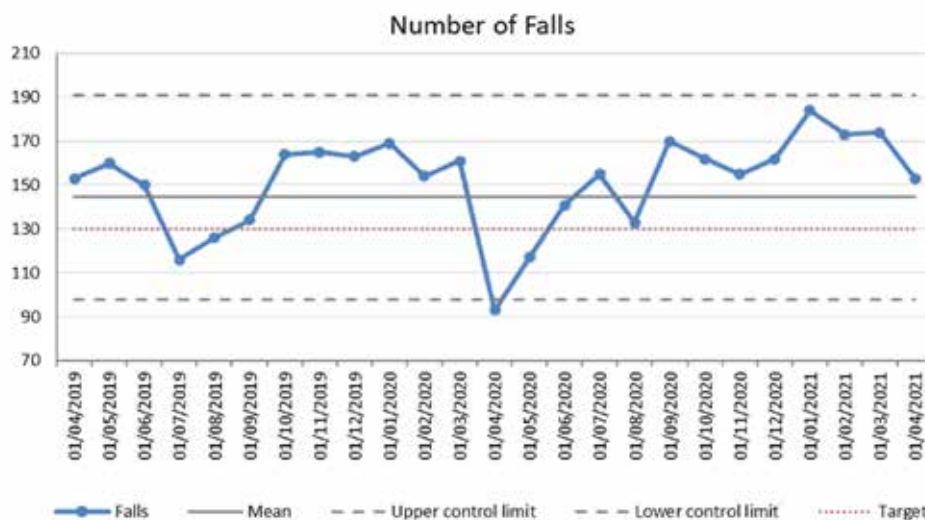


Chart 1 – Number of Falls

The Trust peaked against the upper control limit in October 2020. Since that peak there has been a concerted effort in month to reduce this concern, and we note that January 2021 has reverted to below the average.

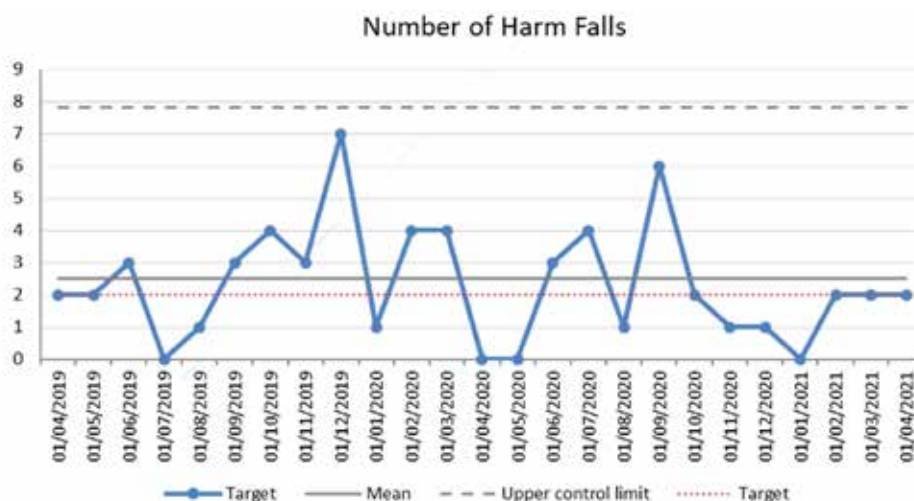


Chart 2 – Number of Harm

The Falls collaborative meet monthly, and the monthly falls dashboard provides an overview of falls incidents and key themes to share learning to heighten awareness on preventative actions to reduce falls.

Improvement Work

- The Trust is involved in the National Audit of Inpatient Falls causing fractured neck of femur, with focused work based on the findings.
- A dementia, delirium and falls lead has recently started work at the Trust.
- The Head of Health and Safety has joined the falls collaborate to help marry up the inpatient slip, trips and falls with the non-clinical slips, trips, and falls. This will help us work towards achieving the standards for clinical and non-clinical areas.
- The slips trips and falls policy is being updated to include both clinical and non-clinical areas



5.10 Healthcare Associated Infections (HCAIs)

The Trust monitors and reports infections caused by several different organisms or sites of infection. These include:

- Methicillin Resistant Staphylococcus aureus (MRSA) bloodstream infections
- Methicillin Sensitive Staphylococcus aureus (MSSA) bloodstream infections
- Clostridium difficile infections (see page 70)
- Escherichia coli bloodstream infections
- Colonisations/infections with Carbapenemase producing Enterobacteriaceae (CPE)

MRSA (Methicillin resistant Staphylococcus aureus) Bacteraemia:

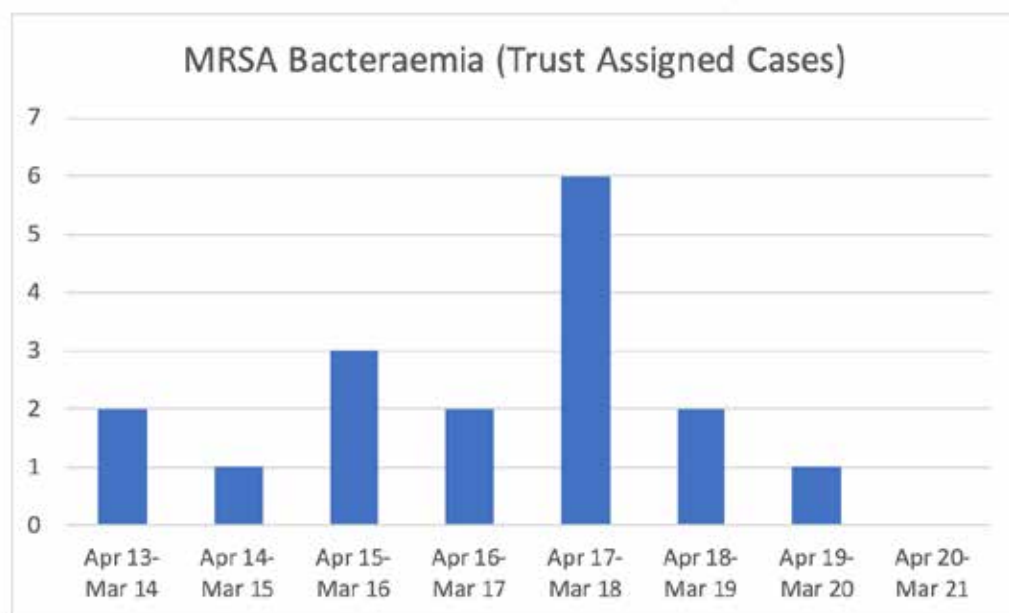


Chart 3 – Number of MRSA cases per year

The Trust has seen a reduction in the number of cases compared to last year. One MRSA bacteraemia was reported in 2019/2020 and this was subject to a post- infection review as per national process. The learning from this review was incorporated into the Trust Infection Prevention and Control action plan. The Trust has not had any reported MRSA cases for 2020/2021.

MSSA (Methicillin sensitive *Staphylococcus aureus*) bacteraemia:

MSSA bacteraemia is not subject to targets, in contrast to MRSA bacteraemia. However, mandatory reporting of MSSA bacteraemia is required.

In the year to date, 16 cases have been reported, a decrease of 3 from the previous year:

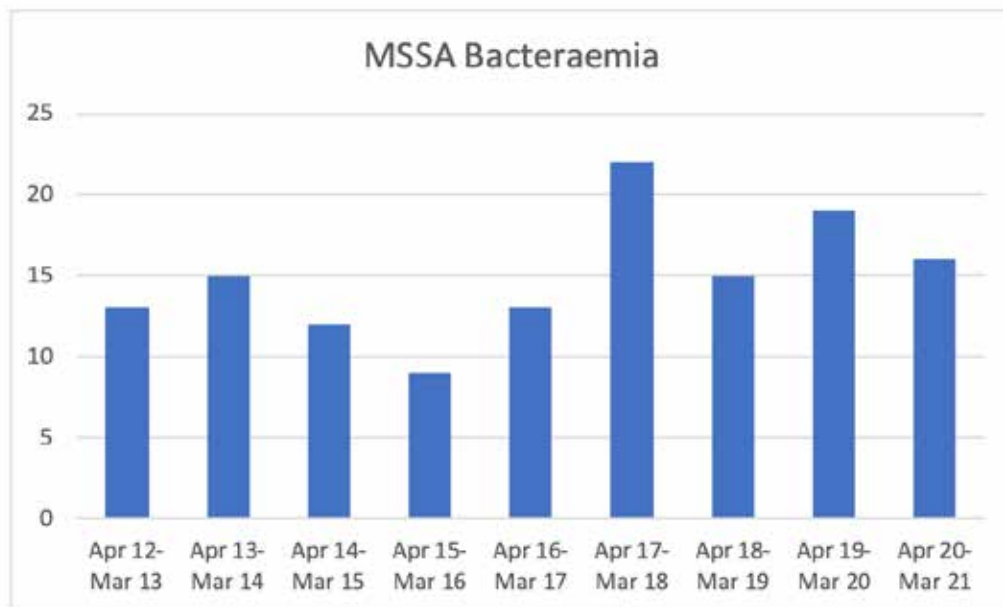


Chart 4 – Number of MSSA cases per year

E. Coli (*Escherichia coli*) bacteraemia:

E. coli is currently part of a health economy-wide plan to reduce rates across the individual Clinical Commissioning Groups. The Trust had an aim to achieve a 10% reduction.

The number of cases seen this year have dropped considerably from 51 cases in 2019/2020 to 29 in 2020/2021.

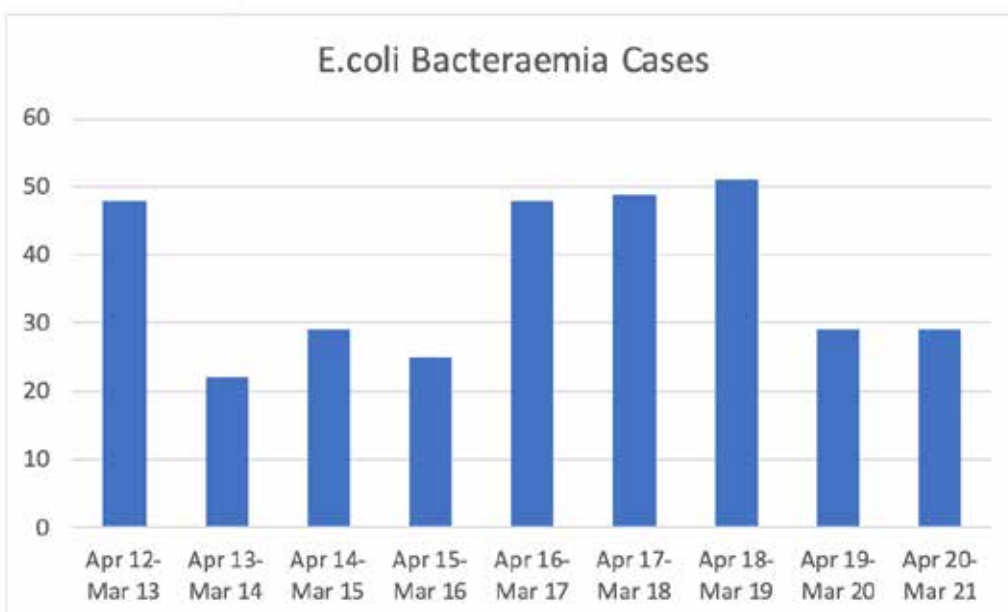


Chart 5 – Number of e.coli cases per year

Colonisations/infections with Carbapenemase producing Enterobacteriaceae (CPE):

In line with national guidance from Public Health England, all overnight admissions to the Trust are screened for risk factors for colonisation/infection with CPE. All patients in whom a risk for colonisation or infection is identified are offered microbiological screening.

Key Priority Areas for the Infection Prevention and Control Team:

In addition to working to prevent healthcare associated infections as detailed above, the Infection Prevention and Control Team work to support continuous quality improvements in the below areas:

- Hand hygiene
- Appropriate use of invasive devices
- Aseptic Non-Touch Technique (ANTT)
- Cleaning standards
- Water and air quality
- Refurbishment of the hospital estate
- Training and education
- Audits and surveillance
- Antimicrobial stewardship

5.11 Maternity Services

Ockenden Report

The Ockenden Report published on 10 December 2020, provided the emerging findings and recommendations from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust.

Following the publication, NHS England advised that all providers were required to self-assess themselves against the 12 urgent clinical priorities highlighted by the Ockenden Report and submit their self-assessments via the Local Maternity System (LMS) by 21 December 2020. CHFT were able to provide assurance that maternity services were compliant with all 12 clinical priorities.

There was a second requirement that providers submit a further tool to assess their current position against the seven immediate and essential actions in the Ockenden Report. The tool provided a structured process to enable providers to critically evaluate their current position and identify further actions and support required. Submission of this tool was 15 February 2021, with an expectation that evidence of compliance with the immediate and essential actions would be required at a later date. On 18 May 2021, providers were made aware of the evidence required with an expectation that the evidence would be submitted by 30 June 2021.

Better Births / Continuity of Carer Model of Care

The report of a national review of maternity services in 2016 – Better Births – set out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family-friendly. It also called for staff to be supported to deliver women-centred care. One element of the Better Births report is Continuity of Care (COC). We currently have three fully established Continuity of Care teams; a further team providing continuity in antenatal and postnatal care and plans in place to develop further teams based using a locality-mixed risk approach.

CHFT maternity service leads have met with the National Lead for Continuity of Care, who is assured that our proposal for the roll-out of future teams using a mixed risk locality-based team approach was appropriate.

We currently deliver Continuity of Care to 21% of our women and approximately 40% of black, Asian and minority ethnic (BAME) women against an expectation (pre-COVID) of 35% of women booked onto a Continuity of Care pathway by March 2021. The COVID-19 pandemic and the NHS response has delayed the roll out of further Continuity of Care teams.

Healthcare Safety Investigation Branch

CHFT had reported a total of 18 cases to Healthcare Safety Investigation Branch (HSIB) since December 2018. Of these, two cases were rejected as they did not meet the COVID-19 criteria for investigation. 11 cases have completed reports and there are currently five open and ongoing investigations for the period 2020/2021.

All cases referred to HSIB are also reviewed through Divisional Orange Panel and CHFT's Serious Incident Panel to ensure that any immediate learning is identified and acted upon.

Key Achievements for Maternity Services

Stillbirth Rate

In 2014, CHFT set up a working group to begin a sustained piece of work to reduce the stillbirth rate. This work involved a focus on women recognising, and reporting reduced fetal movements, and identifying small for gestational age babies by accurate fundal height assessment. This working group now focuses on the national Saving Babies Lives Care Bundle, and CHFT have made significant improvement in stillbirth rates.

All stillbirths at CHFT are reviewed at Divisional Orange panel and also reviewed using the perinatal mortality review tool. There is an ongoing audit of missed small for gestational age (SGA) babies and stillbirths and in January 2021, the stillbirth reduction group commenced a project to investigate the impact of health inequalities on stillbirth.

From January to December 2020, sadly 12 babies out of a total of 4636 babies born at CHFT were born asleep (stillborn) giving a stillbirth rate 2.58/1000 births, compared to the national stillbirth rate of 3.83/1000 births.

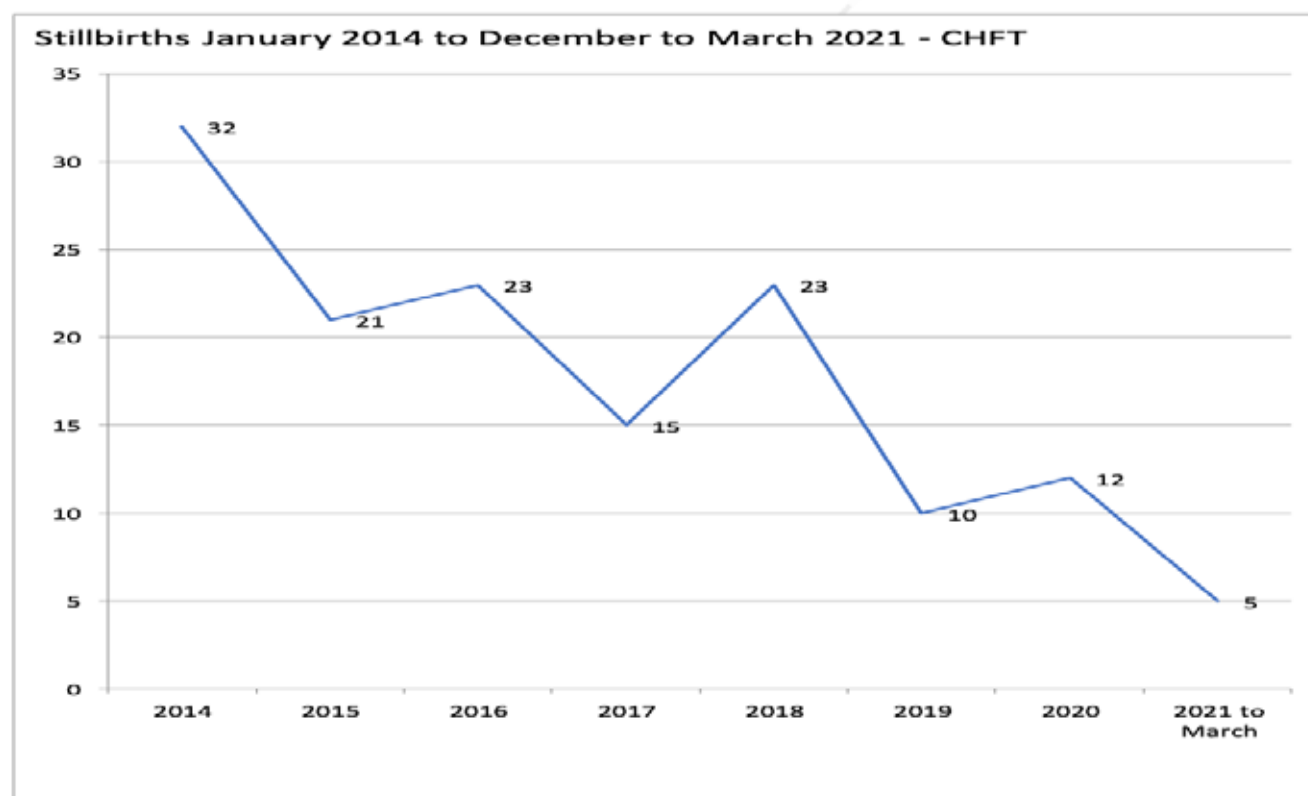


Chart 6 – Stillbirths at CHFT from January 2014 to March 2021

CQC Transitional Monitoring Approach

On 18 March 2021, maternity services were invited by the CQC to present evidence to provide assurance, using the CQC transitional monitoring approach template. The full leadership team were involved in presenting a well-received resume of the actions taken by the service to ensure women's safety during the COVID-19 pandemic. The patient stories used within the presentation were appreciated by the inspection team.

6: Patient Experience

6.1 The patient and relative experience

Recognising the national guidance on visiting restrictions, the Trust introduced a Relatives' Line and a Virtual Visiting service, allowing relatives to contact a dedicated health professional directly to enquire as to the health status of their loved one whilst being cared for by CHFT. The impact of the Relatives' Line was increased information-sharing between patient and relative whilst avoiding ward staff being called away to answer multiple calls. Relatives feel more involved and can provide information to ward staff about loved ones that aid their care, which has been particularly welcomed for ventilated patients. For those patients who were unable to use mobile devices to speak directly to relatives, the virtual visiting team attending with the patients, using a Trust device, at agreed times to support this more direct interaction between patient and loved ones.

The services have had a profound effect on all concerned:

- The patient – releasing quality time for ward staff to provide direct patient care and the knowledge that their relative/friend is able to receive regular updates on their care. Within Intensive Care, we have been able to find out patients' individual likes, dislikes and background to aid communication and care when patients were not able to tell us this themselves.
- The relative - the time they need to be able to talk about their loved one who they cannot visit in a calm and supportive manner, for as long as they feel they need and to be able to offer context that supports their relatives' care has been invaluable for their piece of mind.
- The staff - Relatives' line staff are predominantly made up of shielded employees who were able to return to work in a safe environment, providing a critical service to the organisation, resulting in them knowing that they are providing an important service to the patients they previously provided direct care for.

6.2 Patient Experience, Continuous Quality Improvement and Learning from Insight: feedback and surveys

A structured programme which lends support to the ongoing trust wide activities has been progressed throughout the year. The programme principles are as follows:

- Establish and deliver an annual Transforming Patient and Carer Participation and Experience Programme.
- Support the principles of the NHS Long Term Plan (2019) to provide high-quality services that are accessible and meet the needs of our communities; with a commitment to integrated care.
- Ensure that patient experience and participation is embraced as part of organisational business / activities - Lord Darzi 'High Quality Care for All' (2008) establishing patient experience as a critical component of high-quality care, alongside clinical effectiveness, and safety.
- Lead an organisational understanding of our duties under the relevant legal and policy requirements e.g., NICE, Equality Act and Section 242 of the Health and Social Care Act.

Key programme priorities during 2020/2021 included:

1. Commitment to carers
2. Reducing noise at night
3. Making complaints count
4. Introduction of an understanding people's experiences tool: Observe and Act
5. Embedding a volunteer presence – front of house 'meet and greet'
6. Friends and family test – implementation of national changes
7. Quality priority - Learning lessons to improve patient experience

Progress with these projects is detailed below:

1. Commitment to Carers

An assessment of the NICE guidance - supporting adult carers, has been used to direct the priorities for the Trust, which includes developing processes to involve carers more fully and for them to be seen as partners in care:

- Identifying unpaid carers
- Referring carers to third sector carer support organisations (who will take responsibility to refer for formal carer assessments and signpost carers to information and support)
- Recognising carers in the Trust (via a lanyard and identification card) and providing them with support such as reduced parking rates, refreshments, discounted meals, and access to the ward. Also agreeing involvement in care and treatment discussions (with patient consent)

Contacts have been made from within the local community to explore more effective ways of working together with:

- West Yorkshire and Harrogate Health and Care Partnership carers leads
- Local Authority carer leads and commissioners
- Local third sector service providers

Plans for 2021/2022

- Set up a carers collaborative group, with champions from services such as Frailty, End of life care, Discharge, Dementia, Learning Disability, Cancer, Stroke
- Review the involvement of carers post COVID-19
- Identify test wards for the project
- Increase awareness in the Trust
- Co-design a carers charter

2. Reducing Noise at Night

The results of the 2020 inpatient survey (patients discharged in July 2019) identified the following question about noise at night as scoring low, when benchmarked with other Trusts was 'Were you ever bothered by noise at night by hospital staff'

The Trust had previously collaborated with the University of Huddersfield on a joint research project to explore the characteristics of night-time noise levels and in-patients' self-reported sleep. An opportunity was taken to use this knowledge to develop an improvement package, which included:

- Educational online resource
- Presentations at key meetings
- Posters for wards
- Ward based 'sleep champions'
- Resources promoted through Trust 'communications'
- Clinical waste bin selection (soft-close)
- Looking into use of noise metre
- Adding information to elective surgery letters about ear plugs

The Professor of Nursing leading the research influenced a revision to the National survey question, changing to one that is more focused on sleep:

Were you ever prevented from sleeping at night by any of the following?

- Noise from other patients
- Noise from staff
- Noise from medical equipment
- Hospital lighting
- Something else
- None of these

Plans for 2021 / 2022

Work with individual ward managers and the nominated sleep champions to fully embed the improvement package, to include measurement of compliance and impact, and to adapt the improvement package to make it suitable for Paediatric wards.

3. Making Complaints Count

A collaborative has been established which is responsible for ensuring that the Trust is compliant with the statutory and regulatory requirements for complaints management.

A review of practice against the Parliamentary and Health Service Ombudsman (PHSO) framework / standards (ahead of the final standards published in April 2021) had been undertaken and is being used to prioritise the workplan. This has been informed by previous reports and audits, resulting in a combined project plan.

The collaborative is supported by an operational group which is leading the development of processes, procedures, and policies to create a consistent approach across the Trust.

Work is ongoing to develop a complaints service which is responsive to service user requirements, this is being tested through a survey that will gather feedback on the following statements:



Parliamentary and Health Service Ombudsman, Nov 2014

Plans for 2021/2022

Initial project milestones are focused on:

- Gathering user experience and feedback
- Capturing a wider data set of patient characteristics – to better understand the differing needs of our communities
- Improving data quality, including a staff education programme, improved internal communications, and improving the quality of complaint responses
- Developing a standard operating procedure for the complaint's pathway in line with the PHSO standards

4. Observe and Act – Testing and Implementation of an Observation Tool

- Project work commenced in 2020 to introduce 'Observe and Act' within the Trust. This national 'through the patient eyes' observation / improvement tool is to be utilised virtually as part of the focused support framework approach.
- CHFT is currently testing this approach using virtual mechanisms and is the first Trust in the country to test this approach.
- This module will be predominately supported / delivered by volunteers, governors, members, and non-executive directors.
- One of the key elements of this module relates to observing how our patients and carers with accessibility, inclusion and diversity needs are cared for.
- Key findings at each observation then drives local improvement at ward level in the Trust.

Plans for 2021/2022

Following the initial Train the Trainer training, the Trust is currently focused on building capacity and capability within the Trust. Further recruitment of volunteers and governors to support is happening. Ongoing evaluation is informing implementation in the Trust and this learning is being shared nationally to inform national plans.

5. Embedding a Volunteer Presence

Successful bids made to the NHS England and Improvement (NHSE&I) 'winter and COVID-19 volunteering programmes', has created an opportunity to fund temporary co-ordinator project posts within the Quality Directorate.

The purpose of the NHSE&I funding is to support the use of volunteer services in order to reduce pressure on NHS staff and services.

Volunteer roles that form part of the project are:

- Establishing and embedding a robust front of house / meet and greet service (to include monitoring of COVID-19 requirements (use of hand gel, wearing a mask/face covering, maintaining social-distancing).
- Support to the 'Belongings to Loved Ones' service.
- Exploring how the service can maximise the opportunities to support patients and carers on discharge from hospital interfacing with the Royal Volunteering Service (RVS)
- Introducing ward-based 'ward helpers' to work as part of the clinical team to provide 'eyes on' support

In addition, the project co-ordinators will work with the volunteers who wish to look at opportunities to apply for paid work for the Trust.

Plans for 2021/2022

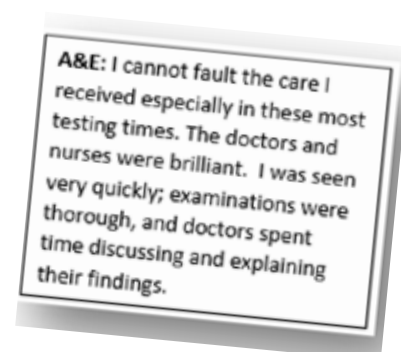
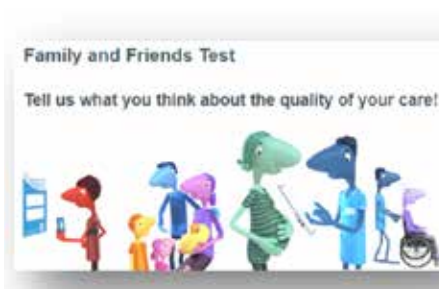
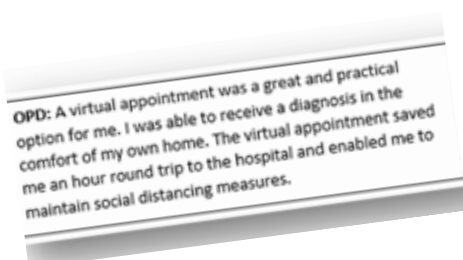
Commence a recruitment campaign for new volunteers, along with revisiting the readiness for existing volunteers who are currently not back in the Trust to return as government restriction are relaxed, and align the services with the existing volunteering services in the Trust, embedding and sustaining the volunteer role.

6. Friends and Family Test (FFT) – Implementation of National Changes

- The national FFT question was due to change on 1 April 2020, with the question being revised from one which asked whether patients would recommend the service to friends and family, to one which asks how patients would 'rate' the care they received.
- Notification was received 30 March 2020 to advise that in order to reduce the burden and release capacity to manage the COVID-19 pandemic, the submission of FFT data to NSHE&I was to be suspended from all settings until further notice.
- Where short message service (SMS) messaging was used to capture responses (Outpatient Department and the Emergency Department) this could be continued. In these areas, useful feedback was received to indicate whether changes implemented to address the pandemic were providing an experience that met patient needs
- Notification was received from NHSE&I that the submission of FFT data was to recommence with effect from December 2020

Plans for 2021/2022

- Continue to increase response rates
- Establish performance targets
- Promote the key feedback messages (positive and negative) and introduce improvements as indicated



| | 19/20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|------------|---------|
| Friends & Family Test | | | | | | | | | | | | | | | |
| Friends & Family Test (IP Survey) - % Positive Responses | 96.88% | 96.44% | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | 98.19% | 99.24% | in arrears | 98.66% |
| Friends and Family Test Outpatients Survey - % Positive Responses | 91.98% | 92.08% | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | 93.17% | 92.97% | in arrears | 93.07% |
| Friends and Family Test A & E Survey - % Positive Responses | 84.54% | 86.25% | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | 90.10% | 90.56% | in arrears | 91.00% |
| Friends & Family Test (Maternity) - % Positive Responses | 99.20% | 99.50% | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | 91.70% | 100.00% | in arrears | 94.12% |
| Friends and Family Test Community Survey - % Positive Responses | 96.32% | 93.91% | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | COVID | 100.00% | 100.00% | in arrears | 100.00% |

Chart 7 – 2020/2021 FFT performance

7. Quality Priority - Learning Lessons to Improve Patient Experience

Initial work during 2020/2021 has now concluded. The focused quality priority was agreed to be more innovative in our approach to learning lessons by developing:

- An interactive Learning Portal which will provide colleagues with useful learning resources, such as powerful real-life patient experiences to understand the emotional and physical impact
- A fully-illustrated guide for colleagues, on how to identify learning and more importantly what to do with it, when there has been a problem
- The concept of an integrated 'learning from' report is under development for incidents, complaints, concerns, compliments, feedback, legal claims

Plans for 2021/2022

- The programme will continue to build on this initial work recognising that further work is required to test out the proposed approach and learn from this in a Plan, Do, Study, Act (PDSA) cycle
- Interactive learning portal - The aim is to translate the learning across utilising the existing CHFT staff app.
- Develop a bite-sized 'how to' guide supporting the development of impact stories / narratives



National Surveys

CHFT participates in all the national patient experience surveys. The annual programme of surveys has been delayed this year. The current position with the surveys are detailed below:

| Surveys currently in progress | Sampling months for future national surveys | Current status |
|---|---|---|
| National Urgent and Emergency Care Survey 2020 | September 2020 patients | Anticipate early release of survey results from Trust's approved survey contractor – 19 April 2021 CQC official results expected September 2021 |
| National Inpatient Survey 2020 | November 2020 patients | Anticipate early release of survey results from Trust's approved survey contractor – 25 May 2021 CQC official results expected November 2021 |
| National Children and Young People Survey 2020 | November / December 2020 patients | Anticipate early release of survey results from Trust's approved survey contractor – 9 August 2021 CQC official results expected November 2021 |
| National Maternity Survey 2020 - survey was cancelled | February 2021 births | Anticipate early release of survey results from Trust's approved survey contractor – 8 September 2021 CQC official results expected January 2022 |
| Cancer Patient Experience Survey 2020 | Patient cohort April – June 2020 | CHFT taking part in the survey which is happening on a voluntary basis this year |

Local Service User Feedback and Surveys

Local surveys have continued to be conducted in response to issues / subjects that are important to the Trust and local services. This year these have included:

- Maternity COVID-19 survey sought women's feedback regarding experience of all aspects of maternity care including infant feeding support during the pandemic.
- An outpatients COVID-19 survey asked for feedback on the impact of appointments / treatment being cancelled / postponed and views of video and telephone appointments, with results used to inform training for appointment centre staff. It has also informed projects that have started in the outpatient transformation since the survey was completed
- Survey of young people who are transitioning from Paediatric to Adult diabetes services which is being used to inform how the Paediatric team can better prepare the young person and their parents / carers for this change
- A survey is currently underway to capture views from colleagues and the public about the future of face to face visiting to help shape what visiting will look like over the coming months
- A survey has been designed to capture the views of people who have used the Trust's complaints service – results will be used to inform the Trust's ambition to achieve a user led approach to making complaints count

Other Corporate and Divisional Initiatives: Enhancing the Experience of Patients and Carers

In addition to the Trustwide priorities, various initiatives and improvements have been delivered through the Corporate services and Divisional teams, many relate to the impact of COVID-19 on patient experience and the approaches taken to overcome them. These have been mapped to show how they support the delivery of the Responsive and Caring domains within the CQC framework, and the key lines of enquiry related to these domains:

Compassionate care (caring):

- The enhanced care and support team have continued to provide increased one-to-one care for our most vulnerable patients during the acute period of their care and supported patients who were unable to see their families during the COVID-19 restrictions, supporting the arrangements for virtual visits and contacting family members to obtain information to further enhance personalised patient centred care for the individual patient, by completion of the 'see who I am' care plan.
- Colleagues in the Prevention of Delirium team introduced pocket-sized selfies based on Kate Granger's "Hello my Name Is" initiative. Wearing masks, goggles and/or face shields has made it difficult, so the card is aimed at supporting communications and keeping care personalised.

Emotional support (caring):

- A bereavement support service was developed to support relatives that due to restricted visiting, may not have been able to spend the last days and hours with their loved ones. A bereavement box with a handwritten bereavement card, bereavement support numbers, a knitted heart and marigold seeds have been sent out to everyone who has died since 23 March 2020. At around 7-10 days, a call is made to the next of kin to check how they are and offer any support. Feedback has been good and bereaved relatives are appreciative of the call and the box.
- A child-friendly display (window of rainbows) on the Paediatric ward is in place to explain to children why staff need to wear masks, along with child-friendly information booklets explaining what COVID-19 is about.

Understanding and involving (caring):

- The Trust engaged with the Pakistani community to look at cancer information needs for newly diagnosed patients. This is being facilitated through NHS England Cancer Improvement Collaborative and will result in the provision of appropriate and timely information designed and delivered in partnership with the community. This work has formed a template for engaging with other black, Asian and minority ethnic (BAME) communities to support co-production of other cancer services.
- The Cancer Management Team with the support of the Macmillan Cancer Information Service engaged with the CHFT Cancer Patient Focus Group. Technical support was given to patients and carers over several days to enable the group to meet via Microsoft Teams.
- Outpatients' transformation team engaged with patients and wider stakeholders in relation to video appointments and about how CHFT outpatient services could be delivered in the future.

Understanding and involving patients (caring):

- The Trust has continued to engage in the NHS England and Improvement Learning Disability Improvement Standards data collection which took place from October 2020 to January 2021.
- Advanced Care Planning - The Trust, in conjunction with the West Yorkshire and Harrogate Healthcare Partnership, has produced a video with which encourages people to have a conversation about end of life and putting plans in place.
- A Young Persons Charter has been co-created with children from the Youth Forum and nursing colleagues, involving around 20 children from a variety of different ethnic groups. They were asked to give their opinions openly and honestly to answer a simple question "What is important to you?" The opinions were used to create a new vision for Children's Services at CHFT, in a language that children and young people understand: 'We will look after you and your family, making sure you are treated well, kept informed and reassured, so you can trust and rely on us'

Meeting the needs of local people (responsive):

- Many services adapted appointments to virtual (telephone and or video) consultations, to minimise risk to patients
- Appointments requiring an Interpreter including British Sign Language have taken place using Microsoft Teams
- Drive-through arrangements introduced, including for pre-operative assessment COVID-19 screening service and for Children's Diabetes service haemoglobin A1c (HBA1C) tests
- Audiology - Due to COVID-19 patients became unable to contact the service to order batteries for hearing aids as drop-in repair sessions were stood down. An online order form was implemented to allow patients to order which has been positively received by both colleagues and patients.

Meeting individual needs (responsive):

- 'All about me' document introduced in the Intensive Care Unit (ICU), this includes information from family members about family dynamics and what is important to the patient.
- Play team / Clinical Manager supporting MRI scanning of children to avoid / reduce the use of sedation
- COVID-19 information on the Trust website includes easy read leaflets, information promoting the availability of British Sign Language and signposting to approved national websites
- In response to the pandemic, the Trust has worked closely with South West Yorkshire Partnership Foundation Trust to ensure individuals with a learning disability are flagged on the Electronic Patient Record. In addition, people were offered a VIP hospital passport and further supporting information called a 'COVID-19 grab sheet'.
- The Trust is ensuring people with a learning disability are high priority on the health inequalities work it is undertaking, especially during the reset work post-COVID-19. This includes looking into learning disability friendly theatre environments and focusing on the patients rather than the specialty they are under and ensuring that they are not delayed any longer than necessary regardless of priority status.
- The matron lead for learning disabilities and the vaccination team held a dedicated clinic for people with learning disabilities to receive their vaccine. This was held on a Saturday when the environment is much quieter. This was supported with an easy-read leaflet, longer time slots and showing YouTube videos in the Calderdale Royal Hospital lecture theatre to make it feel like a cinema (individual bags of sweets and popcorn provided). The chaplaincy team have continued to provide pastoral support for families through appropriate telephone calls and virtual sessions
- Virtual services of worship and prayer took place at Remembrance Day and a Christmas service was delivered by the hospital Chaplain
- In light of national guidance, the Trust's visiting approach was impact assessed and revised arrangements put in place to support families during birth

Timely access (responsive):

- During COVID-19, the Trust committed to exploring other ways by which patients and relatives could be connected. This led to the formation of the Relatives' Line where a designated relative can contact a dedicated team to provide them with up to date information about the patient's condition.
- Virtual in-hospital visiting was set up which allowed face to face calls predominantly for our elderly patients who did not have the ability to be able to instigate such a call using a device of their own.
- The Trust worked with the British Sign Language (BSL) interpreting provider to set up a suitable platform to enable video consultations during the pandemic. Appointments requiring BSL using Microsoft Teams was facilitated
- The Trust worked with The Big Word interpreting service to set up a suitable platform to enable video consultations during the pandemic

Learning from feedback (responsive):

- The Paediatric ward was successful in a bid for charitable monies to purchase additional parent camp beds.
- Following some patient feedback via the Disability Partnership, Calderdale, the Trust has commenced a quality improvement project, working with service users and carers to improve the experience of patients with a visual impairment
- Maternity COVID-19 survey sought women's feedback regarding experience of all aspects of maternity care including infant feeding support during the pandemic.

Learning from feedback (responsive):

- The Paediatric ward was successful in a bid for charitable monies to purchase additional parent camp beds.
- Following some patient feedback via the Disability Partnership, Calderdale, the Trust has commenced a quality improvement project, working with service users and carers to improve the experience of patients with a visual impairment
- Maternity COVID-19 survey sought women's feedback regarding experience of all aspects of maternity care including infant feeding support during the pandemic.

6.3 Complaints

During 2020/2021, the Trust received 325 complaints. This is a significant decline from 2019/2020 (505). This is likely attributable to an enhanced emphasis on addressing concerns quickly and effectively via the Patient Advice and Liaison Service (PALS) and changing patterns of contact as a result of the COVID-19 pandemic.

The profile of the spread of the complaints received in 2020/2021 is shown below. On average the Trust received 27 complaints per month. April and May 2020 were significant outliers in this respect, which may have been related to the national COVID-19 situation at that time.

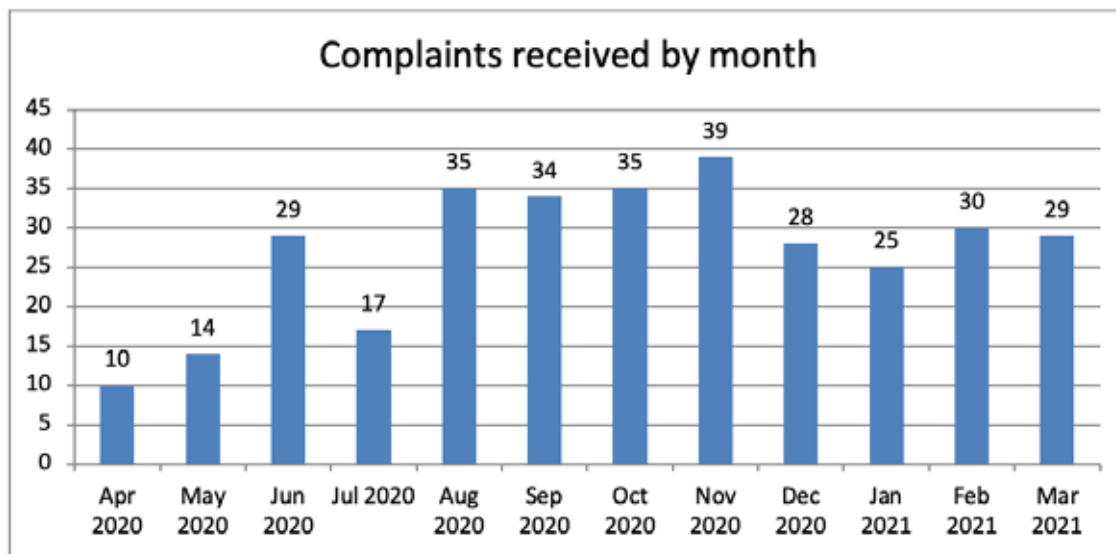


Chart 8 – Complaints received by month

Acknowledgement time

100% of the complaints received in 2020/2021 were acknowledged within three working days.

Complaints closed within timeframe

63% of complaints were closed within the target timeframe. This figure represents a substantial improvement in performance compared to 2019/2020 (42%).

Complaint outcomes

Of the complaints closed during 2020/2021, the following outcomes were assessed:

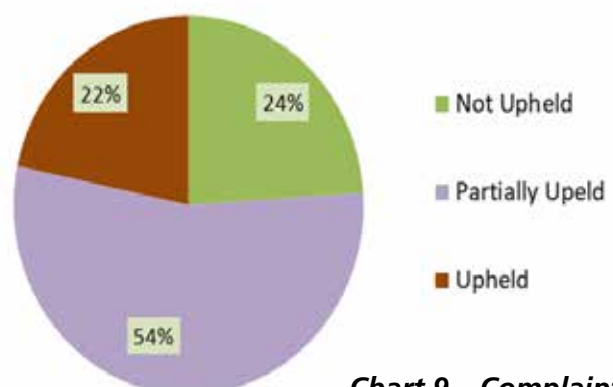


Chart 9 – Complaint outcomes

Issues within complaints

The primary issue identified in each complaint was as below. This is broadly in line with previous years, with clinical treatment remaining the major area of complaint.

Complaints by primary subject

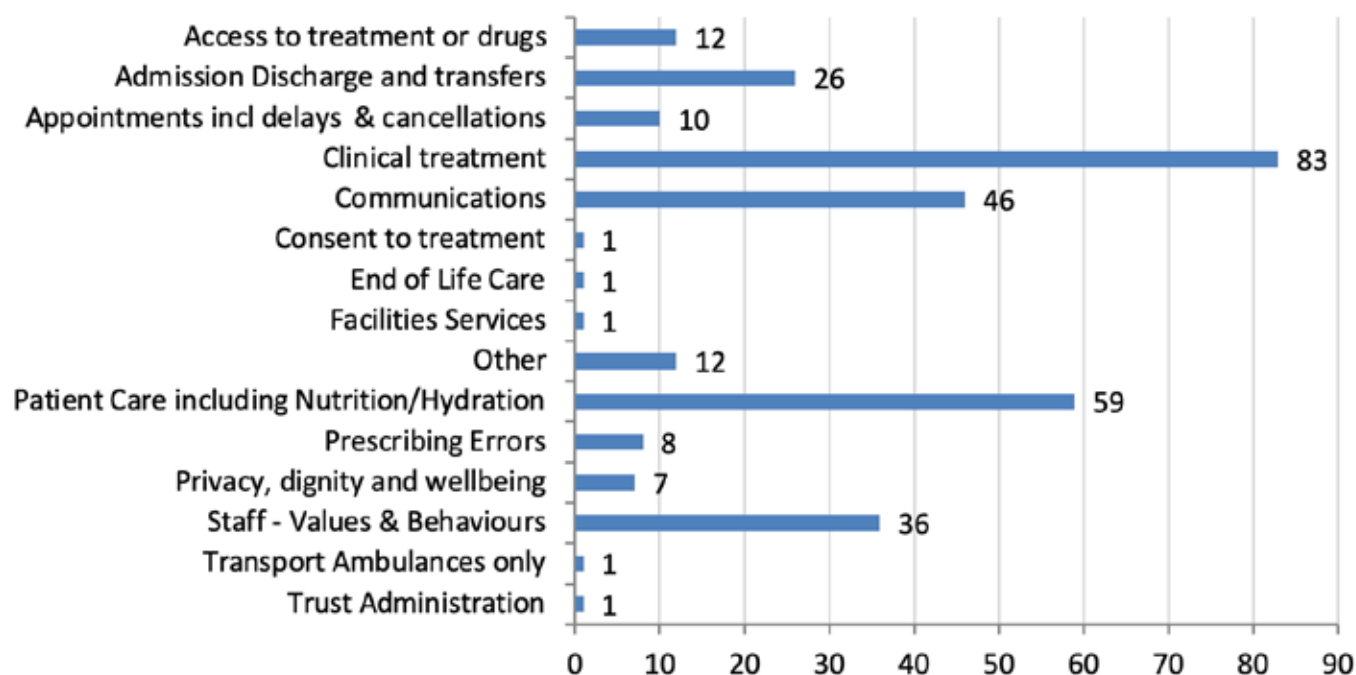


Chart 10 – Complaints by primary subject

Parliamentary and Health Service Ombudsman Complaints

The Parliamentary and Health Service Ombudsman (PHSO) investigate complaints where an organisation has not been able to resolve the complaint at a local level.

The Trust received six new PHSO cases during 2020/2021.

It should be noted that the work of the PHSO was suspended for several months during the COVID-19 pandemic. Of the three cases for which outcomes are available during 2020/2021, the PHSO upheld one case, partially upheld another, and did not uphold any concerns in relation to the Trust response for the third case.

Learning from Complaints

The feedback we receive from complaints helps us to improve our services and prevent poor experiences from reoccurring. As an organisation we aim to ensure that we learn from complaints so that we can:

- Share good practice
- Increase patient safety
- Improve the patient's experience

Complaints data and learning from complaints is reported within divisional Patient Safety Quality Boards and quarterly to the Trust's Patient Experience and Caring Group to ensure that learning is shared across the Trust.

Forward Plan 2021/2022

The Trust continues to build a complaints team and service via integrated ways of working in order to meet regulatory standards, trust priorities and the needs of our communities.

Work is ongoing to drive improvements in the trust aligned to achieving achievements against the PHSO standards. This work is being delivered operating through the Making Complaints Count Collaborative. The following key aspect of the work of the collaborative is to build on the work commenced in 2020/2021 on the quality priority, aimed at supporting the trust in its ambition as a learning organisation.

6.4 Learning from Deaths – Adult Inpatients

During 2020/2021, 1789 CHFT adult inpatients died. This comprised the following number of adult deaths which occurred in each quarter of that reporting period:

- 453 in the first quarter (April to June)
- 325 in the second quarter (July to September)
- 436 in the third quarter (October to December)
- 531 in the fourth quarter (January to March)

2020/2021 saw the impact of the COVID-19 pandemic with almost 300 more deaths than in 2019/2020. In the event of deaths occurring in the Trust, an ISR (Initial Screening Reviews), which is the first line case note review, is undertaken followed by a Structured Judgement Review (SJR). Alongside the ISRs and SJRs, a review and analysis of all COVID-19 associated deaths within the Trust are undertaken.

As at the end of March 2021, 538 initial screening reviews have been completed which is an overall average of 30.4% of all deaths reviewed.

During 2020/2021, 40 Structured Judgement Reviews identified problems with care provided to the patient. The reviewers are asked to make a judgement as to whether the problem identified led to patient harm. The breakdown of responses were:

- Yes – 10
- Probably – 11
- No – 19

10 cases represent 0.5% of all adult inpatient deaths during 2020/2021 where a problem with care was judged to have led to patient harm.

Good or excellent care was identified in 35% of the SJRS
Poor or very poor care was identified in 15% of the SJRS

A thematic review of the 2020/2021 SJRs identified the main areas of good practice as:

- Good multi-disciplinary team (MDT) working
- Sensitive and frequent communication with families
- Good clinical decision making and clear documentation
- Decisions made around DNACPR (Do not attempt cardiopulmonary resuscitation)

And the main areas where improvement in care is needed are:

- Timely escalation and response to high NEWS (National Early Warning Score)
- Recognition of deterioration
- Failure to consider past medical history
- Consideration of mental capacity
- Standard of documentation especially of communication, diagnoses and cause of death

The learning from the above reviews has been shared across the Trust and the quality improvement plans were formulated and continue to be monitored at the Clinical Outcomes Group.

Ongoing developments

The Trust continues to invest in the medical examiner service. Additional support staff have been recruited and an additional medical examiner is to join the team to support the Trust's ambition to provide independent scrutiny of all deaths in the organisation. This will allow the team to provide support to the bereaved families, to explain the cause of death and explore any concerns they may have.

7: Clinical Effectiveness

7.1 Clinical Prioritisation

Further to the COVID-19 pandemic, planned access has significantly reduced for elective capacity, which means there is a large backlog of patients awaiting access, with a significant number now over 52 weeks on their referral to treatment pathway. Follow-up appointments are delayed and patients waiting for diagnostic services longer than six weeks.

To ensure we prioritise patients whose needs are greater, all patients on the surgical waiting list have been reviewed and a clinical prioritisation recorded in line with Royal College guidance. We have replicated this for those in the follow-up backlog as recommended by the Trusts Clinical Reference Group and are now undertaking this for those diagnostic services where more than 50% of the waiting list is longer than six weeks.

In addition to clinical prioritisation, we have reviewed the waiting lists with a Health Inequalities lens and have built into the recovery framework principles that ensures we provide access to those most in need, using a combination of a clinical and Health Equality assessment. Clinical Reference Groups have been established to support both modelling and the Health Inequalities work in recovery and prioritisation criteria has been agreed across clinical and operational teams. This is an iterative process with regular review of the impact of recovery and will include developing models that better align with the needs of patients where health inequalities are identified or start to emerge.

7.2 Learning Disabilities

An early focus of the Health Inequalities work has been the establishment of a Learning Disabilities improvement programme, building on the agreement to prioritise these patients. This includes:

- Ensuring all patients currently on a waiting list who have a Learning disability are prioritised for access to theatre
- Ensuring all patients with a Learning Disability have a flag on the electronic patient record (EPR), including children and young people
- Developing a FastTrack pathway from referral to treatment with a patient support navigator
- Working with Locala (provider of Community services in Kirklees) to support patients with a Learning Disability who also have dental needs to access services more promptly
- Raising awareness of the needs of people with a Learning Disability
- Building capacity and therefore resilience in the team involved in the care of patients with a Learning Disability.

7.3 Cancer Waiting Times

The National Cancer Waiting Time Targets is a key quality indicator of performance and CHFT are the only Trust in the Region that has consistently reached the 62-day target for the last 18 months: therefore, providing effective cancer care to our patients. All teams continue to improve and ensure that robust streamline pathways are in place so that care is consistent.

2-week wait referrals

The target is to see 93% of all cancer referrals within two weeks as can be seen by the graph below. CHFT has achieved this throughout the pandemic, even with the increase in referrals, which is testament to all our colleagues who are dedicated to ensure high quality care for all our patients.

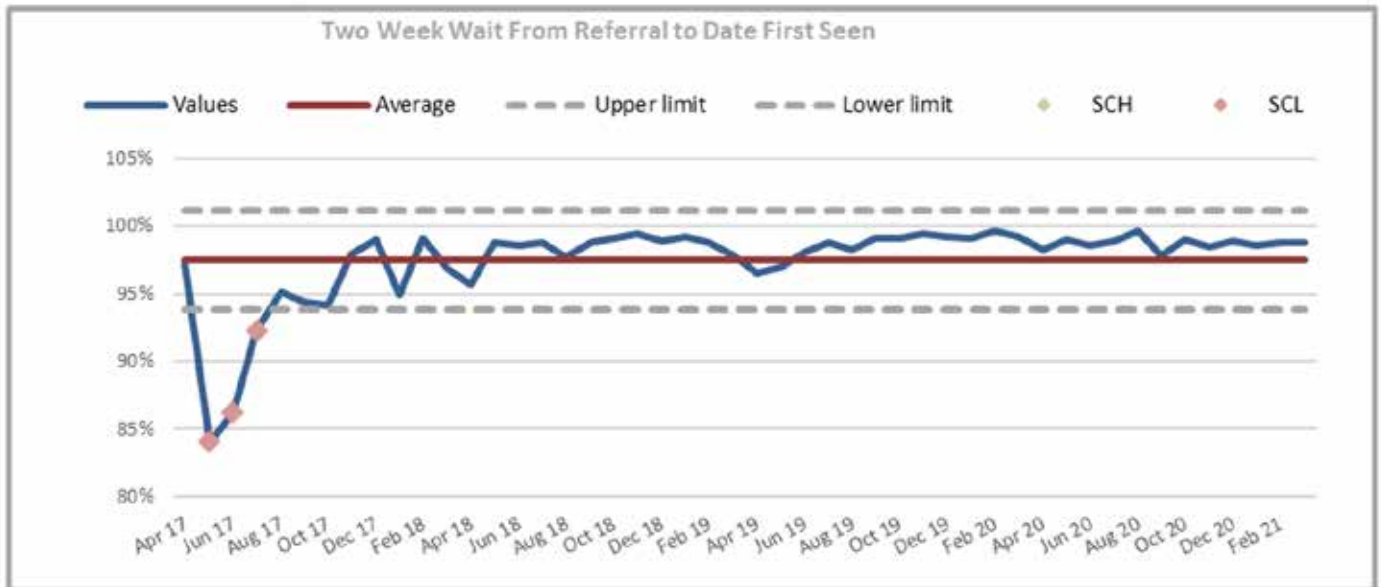


Chart 11 – Two week wait from referral to date first seen

Breast symptomatic referrals

The target is 93% of patients referred with breast symptoms are seen within two weeks, as you can see referrals have increased year on year and though they did slightly decrease for a couple of months during COVID-19, these have recovered. Pressure due to social distancing in clinics has meant that teams have had to adapt and change processes to accommodate all patients.

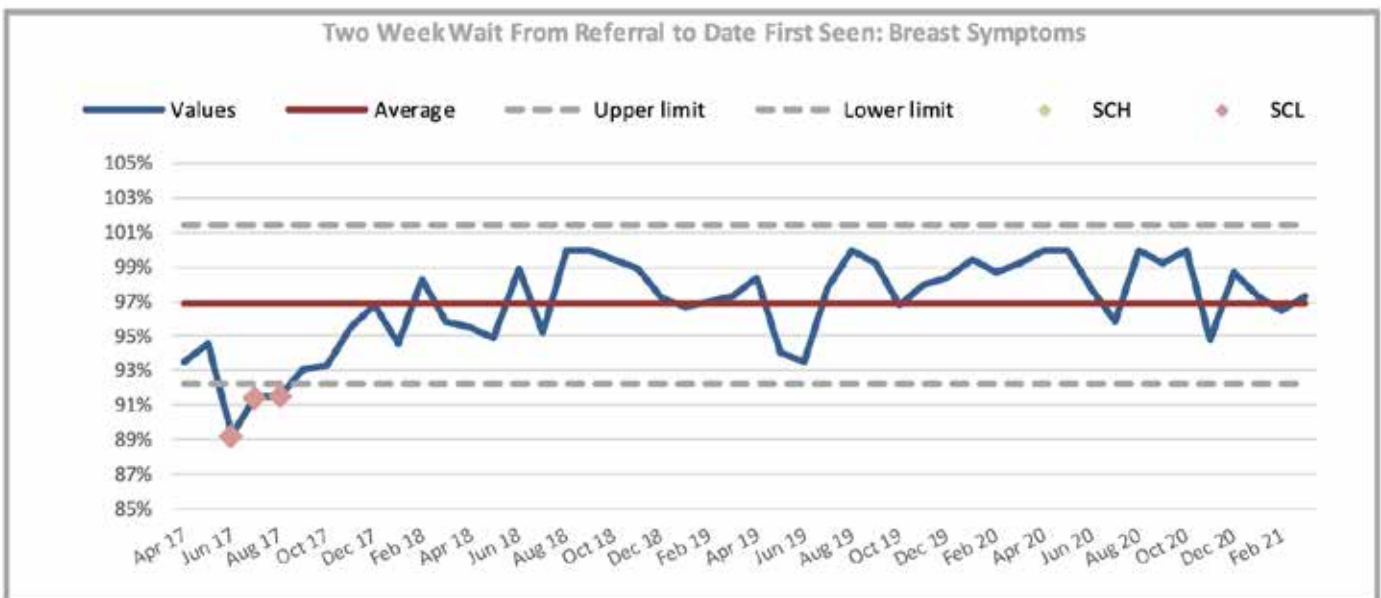


Chart 12 – Two week wait from referral to date first seen: breast symptoms

62-day GP referrals to treatment

The target for this is 85%, CHFT consistently achieved this target throughout COVID-19, and were ninth nationally for achieving this, which is a magnificent achievement in this unprecedented time. No other Trust in the region achieved this.

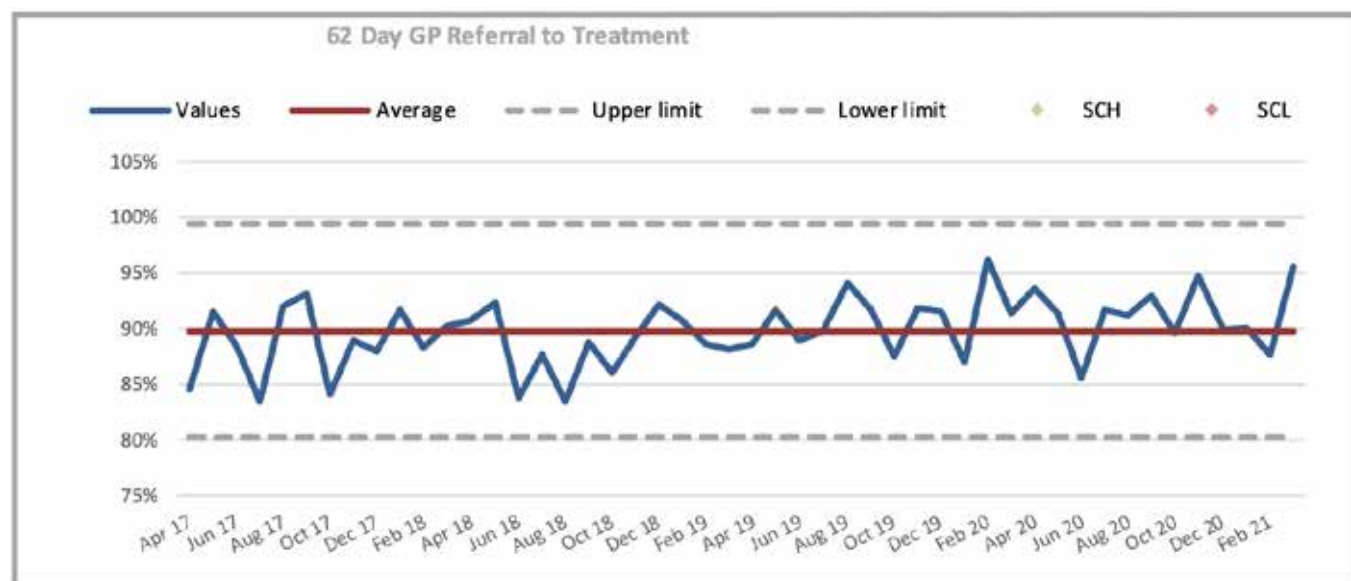


Chart 13 – 62-day GP referral to treatment

62-day referral from screening to treatment

There are three types of screening; bowel (of which we are a hub), breast screening and cervical. Initially, when COVID-19 and lockdown commenced last year, the national screening stopped. All patients already in the system for bowel screening did go on hold, as all endoscopy services were stood down nationally as the procedures were felt to be too high risk. Once services commenced, it has been very difficult to resume normal services due to staff redeployment and shielding staff (as we are the hub any patients that may be waiting at Mid Yorkshire Teaching Hospital (MYTH) will affect our performance). Plans are in place to restore normal services and discussions are ongoing with MYTH to complete these by the end of August 2021. Breast and cervical screening have recommenced and performing well.

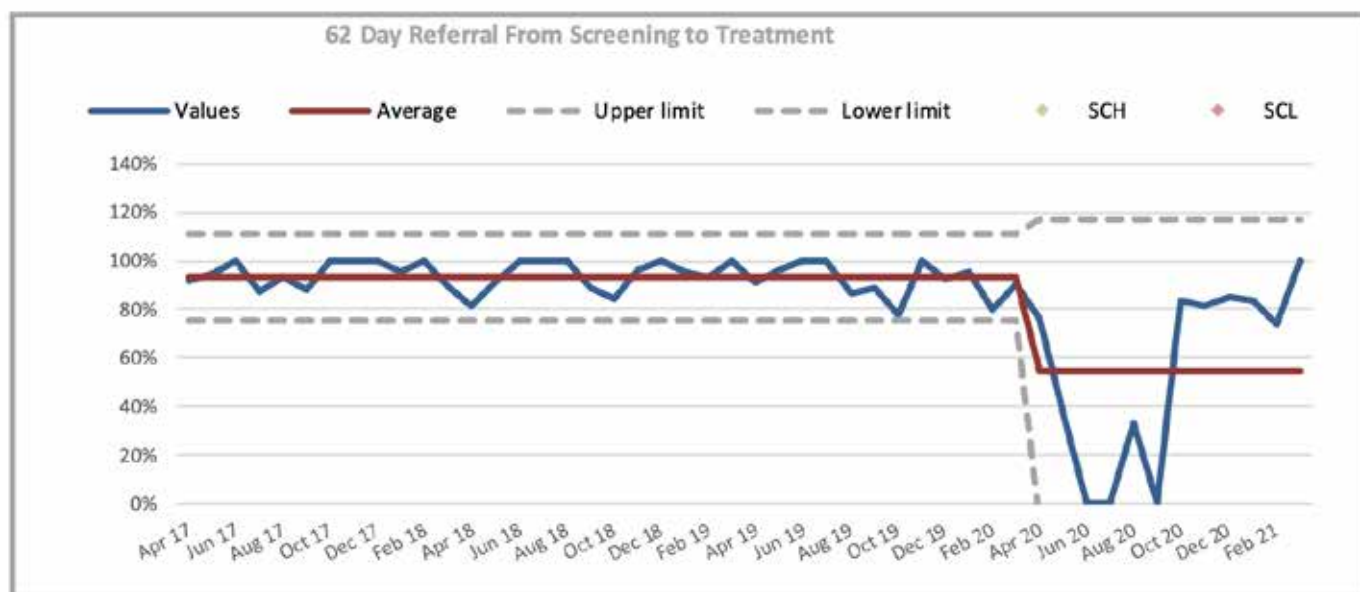


Chart 14 – 62-day referral from screening to treatment

31 days from diagnostic to first treatment

The target is 96% and throughout COVID-19 for all first definitive treatments, CHFT did not fail the target. However, for subsequent 31-day pathway, the Trust failed for six months over the last 12 months. This has been predominately due to surgery, as theatre capacity was dramatically reduced due to lockdown. Theatre capacity is now running at 80% of normal capacity.

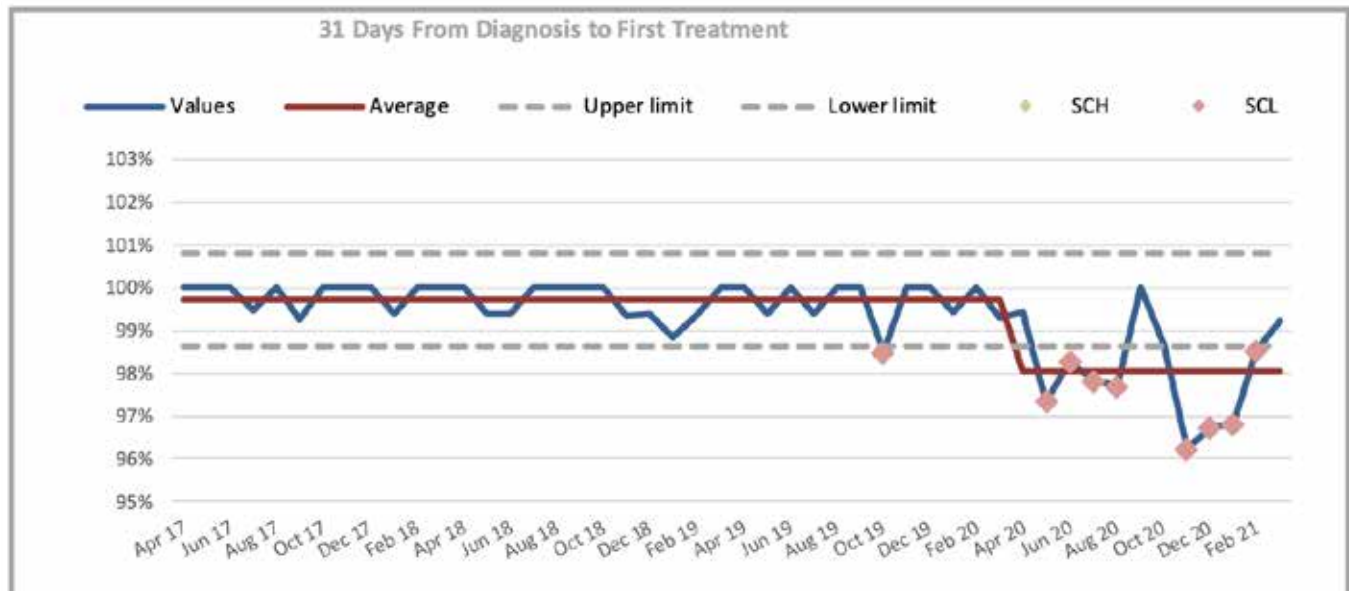


Chart 15 – 31-days from diagnosis to first treatment

A new 28-day target may commence in August 2021, the target being 75%. This measures when all patients who are referred in on a cancer pathway are informed whether they have cancer, or not, by day 28 of their pathway. At present, CHFT are consistently achieving this for all patients being informed.

Alongside the national standards, the Trust will report on regional targets to ensure patients are transferred to specialist hospitals in a timely fashion. This will aim to:

- See Fast Track patients within 7 days - At present, the year to date average of patients being seen within 7 days of referral is 33.95%, compared to the 40.88% we achieved in 2019/2020. Again, COVID-19 has made a significant impact on achieving this, due to change in clinic capacity and ability to see patients face-to-face, staff redeployment, shielding, sickness and need for self-isolation. However, it is believed to ensure the Trust meets the other targets, this should be made a priority by all tumour sites. The Directors are supporting the improvements that need to be made.
- Carry out any Inter Provider Transfers (IPT) by day 38 - The year to date average for the Trust position is 45.51%. This continues to be an issue for the Trust and recruitment issues within Radiology has prevented improvement in the diagnostic parts of the pathways over the last year, though the team do everything possible to ensure patients are treated as soon as possible, which can be seen by the 62- day performance. The West Yorkshire and Harrogate (WY&H) Cancer Alliance have created working groups regarding Radiology and pathology across the region, to share good practice and if possible, to create equity across Trusts.

Patients have been reluctant to attend the hospital for tests due to COVID-19 and the apprehension on undergoing tests.

Improvement Plans 2020/2021

CHFT commenced hosting the Optimal Pathway project group in December 2019, these are a team of staff that will work across the region with clinicians in all tumour sites to improve the clinical pathways ensuring the Region meets the National optimum pathways.

The West Yorkshire Association of Acute Trusts, (WYATT) and Chief Operating Officers continue to work with the West Yorkshire and Harrogate Alliance to improve a wide variety of issues. They are initially concentrating on the tumour sites that are proving the most difficult in achieving the cancer targets, those being Lung, Colorectal, prostate and upper gastrointestinal. The Intensive Support Team (IST) has been working with Trusts where needed.

The quality surveillance team (QST) process for 2019/2020 was completed and reviewed by the Clinical Commissioning Groups (CCG) and individual plans have been agreed. The CCGs have the power to request an external visit if they feel necessary, this was not requested for any of the tumour sites.

The QST process for 2020/2021 has started and each tumour site will develop action plans based on their new self-assessment.

Vague symptoms pathway Rapid Diagnostic centres (RDC)

The commitment to roll out Rapid Diagnostic Centres (RDCs) forms an important part of The National Strategy by NHS England and NHS Improvement, to deliver faster and earlier diagnosis and improved patient experience. At present, within CHFT we are delivering a non-specific service which we call 'vague symptoms' and this deals with patients who are unwell, but the General Practitioner (GP) is unsure of the next steps. CHFT has now appointed a Programme manager to ensure we can deliver on timescales and to engage other specialities, with a small team consisting of a Consultant, GP, clinical nurse specialist and two pathway navigators.

Prehabilitation of patients

Prehabilitation is to support patients who are newly diagnosed with cancer, to engage in exercise, nutritional and psychological support with the aim of improving outcomes.

The importance of preparation - 'Prehabilitation', and active recovery pathways in cancer are being increasingly recognised in supporting cancer patients before and after cancer treatments (including surgery, chemotherapy, and radiotherapy) and where applicable, during treatment to have increased physical activity and fitness.

At CHFT the Prehabilitation project is being delivered across the acute and community settings by a variety of professionals and aims to embed support and develop pathways to enhance the Prehabilitation offer.

Cancer Site Specific Update

The Trust employs specialist staff in roles to support the delivery of cancer care and end of life care in both cancer and non-cancer patients. Below are some of the key strategies and projects that the teams are delivering.

Living with and Beyond Cancer

- *Personalised Care Support* – Every cancer team is working in line with the recommendations from the World Class Cancer Outcomes Strategy 2015-2020, The NHS Long Term Plan, and the National Cancer Patient Experience Survey. The teams are delivering the Living with and Beyond Cancer agenda, in line with the Trust's digital agenda. The Trust has adopted the Macmillan eHNA (electronic Holistic Needs Assessment), this is supporting the delivery of Personalised Care Support at strategic points in the patients' pathways. The delivery and uptake of the eHNA slowed during COVID-19. Extra support is being provided to colleagues to enable better conversations with patients, which ultimately result in personalised care plans. A local Personalised Care approach has been developed by the cancer management team with support from the Cancer Alliance, Trust cancer staff are currently accessing this training.
- *Health and Wellbeing Provision* – The Health and Wellbeing Provision or Patient Education Programmes are predominantly coordinated by the Macmillan Information Service, but the Clinical Nurse Specialists and Cancer Care Coordinators play an important role ensuring patients can access this provision. Over the last year, the Health and Wellbeing Provision that provides patients and their families with the knowledge and skills to feel confident that their jointly developed 'Personalised Care Support' will enable them to access the right care at the right time, whilst also ensuring they can enjoy as good a quality of life as possible away from the hospital. Alongside the Trust's established 'end of treatment' Health and Wellbeing sessions, the Trust has initiated two new services to ensure wider patient coverage and education.

The Trust supports around 3,500 newly diagnosed cancer patients every year, many of whom tell us they feel overwhelmed with information at the point of a cancer diagnosis. The strategy that had been developed during 2019/2020 involved face-to-face events and meetings for all four elements of the Health and Wellbeing strategy. Through consultation with our established patient focus group, all four elements are now delivered virtually in a number of different ways, depending on the nuance for each element, for example, the First Steps Course (designed as a light touch information-giving session for newly diagnosed patients) has a book club style approach. This is supported by a new First Steps section on the Trust's internet that includes videos as well as access to a number of other resources.

Our aims were to introduce more structured information and support on diagnosis as well as after treatment, and to introduce additional support for people with an incurable cancer diagnosis, as well as their families. We were the first Trust in the West Yorkshire and Harrogate Cancer Alliance to introduce an information and support session for newly diagnosed cancer patients and their families. This has been adopted more widely across both West Yorkshire and now nationally after several presentations on national webinars. The Thinking Ahead course designed for individuals and families living with an incurable cancer has been run successfully for the last 18 months in the Trust; delivering this as a virtual event has enabled the Trust to lead on a collaboration with Harrogate and Leeds to offer the programme more widely.

Through a Cancer Improvement Collaborative in association with NHS England, members of the cancer team are engaging with the Pakistani community to look at information needs of the community for newly diagnosed patients.

- Cancer Psychological Services / Clinical Health Psychology Department - Clinical Health Psychology services at CHFT have grown significantly over the last 18 months. The department now has posts into stroke, bariatric surgery, paediatric diabetes, a respiratory pilot and a small (0.2wte) increase in the cancer provision.

The service routinely collects routine clinical outcome measures as well as individual patient feedback and this feedback has been consistently excellent; similarly, feedback from stakeholders has also been excellent about the impact that the service makes to patient care. The service provides an integral part of the Health and Wellbeing events, and this aspect of the event is also very well evaluated.

The service has a clear service specification which can be accessed and consistently meets its 5-week referral to treatment time target it has set as a quality standard. It completes a yearly notes audit to ensure the highest quality of record keeping, in line with the British Psychological Society standards.

7.4 Stroke

There are more than 100,000 strokes in the UK each year, that is around one stroke every five minutes. Between 1990 and 2010, the incidence of strokes fell by almost a quarter. Around 1 in 6 men, and 1 in 5 women will have a stroke in their life.

The Trust has the following aims to strengthen and improve stroke services:

- Patients are admitted to a stroke bed within four hours
- Patients spend 90% of their hospital stay on the Stroke unit

Improvements in 2020/2021

The Trust's approach to the 4-hour target continued, following the introduction of the stroke assessment bed between the hours of 9am to 5pm, however, the Trust did see a deterioration in the year 2020/2021 when the stroke assessment bed could not be safely provided due to the necessary restrictions that had to be put in place in order to manage the COVID-19 pandemic.

Secondly, the four-hour direct admission deteriorated considerably in February and March 2021, which was as a result of reduced bed availability due to COVID-19 outbreaks. Therefore, the need to manage stroke patients with COVID-19 outside of the stroke bed base and the impact of this, can be seen from the graph below.

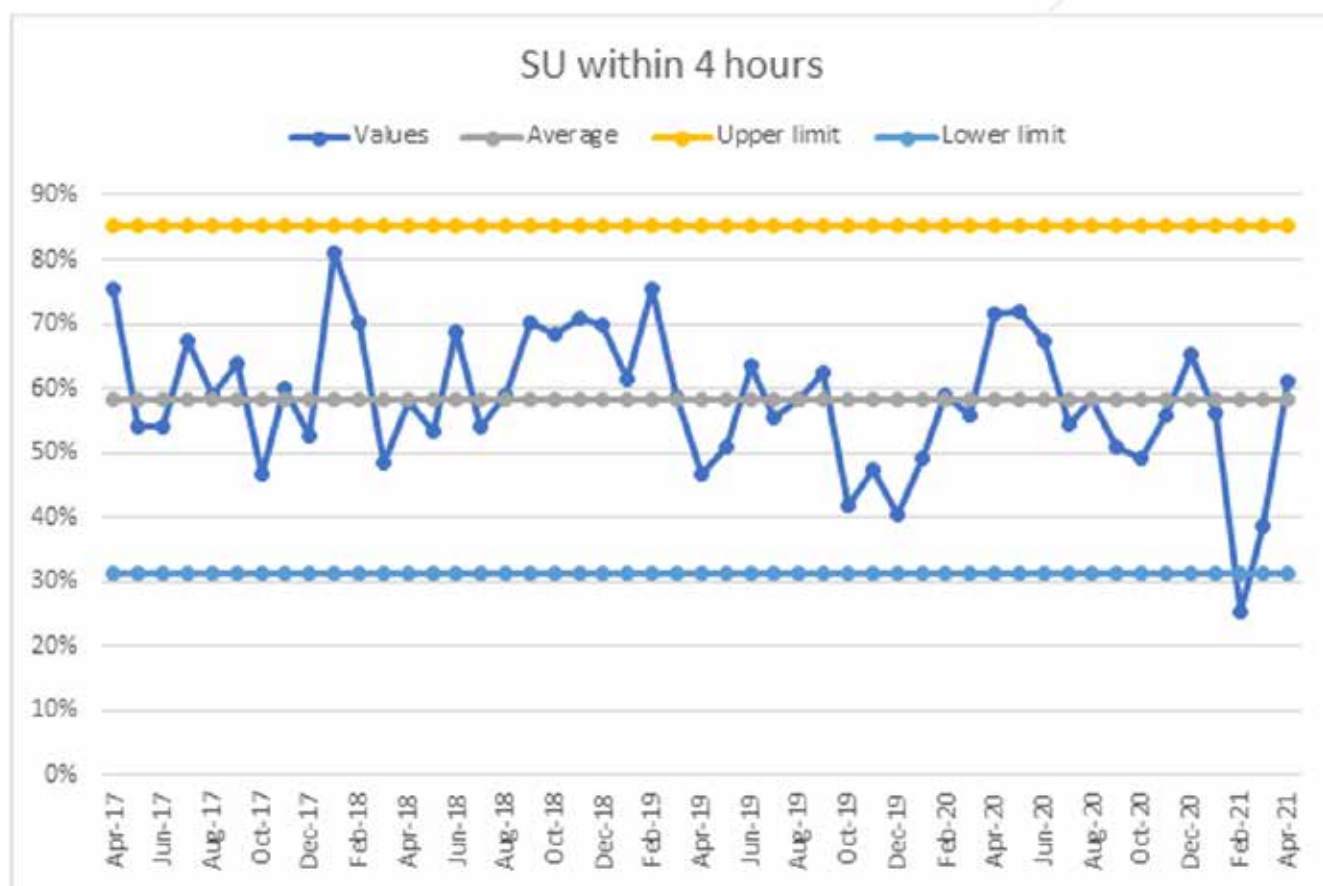


Chart 16 – stroke unit patients admitted within four hours

Post the pandemic third wave, the stroke assessment bed was reintroduced with a revised criteria and is now operational between 9am and 11pm. This has resulted in an immediate improvement and a sustained increase from 25% to 61% from February 2021 to April 2021 as demonstrated in the graph above.

Additionally, the stroke team worked closely with the Early Supported Discharge (ESD) stroke service which delivered increased levels of support during the pandemic and continues to do so post first wave. The CHFT stroke service has also worked well to develop and change ways of working to utilise the ESD service and ensure patients are treated and cared for in the right place and not kept in the hospital bed base unnecessarily.

During 2020/2021, the Sentinel Stroke National Audit Programme (SSNAP) data produced shows we maintained an overall rating of B with 66% of all measures remaining at a rating of A. This is a significant achievement considering the challenges faced during 2020/2021. Further work has been undertaken to develop the Huddersfield Royal Infirmary stroke pathway and a revised pathway developed ensures the ability to access a CT scan within an hour and improved access for thrombolysis nurses.

These improvements have helped to sustain the percentage of stroke patients spending 90% of their stay on a stroke unit and the graph below shows an upward trend for the percentage of time patients stayed on the stroke unit, following the reduction in beds in 2019 evidencing that patients are being cared for in the right environment.

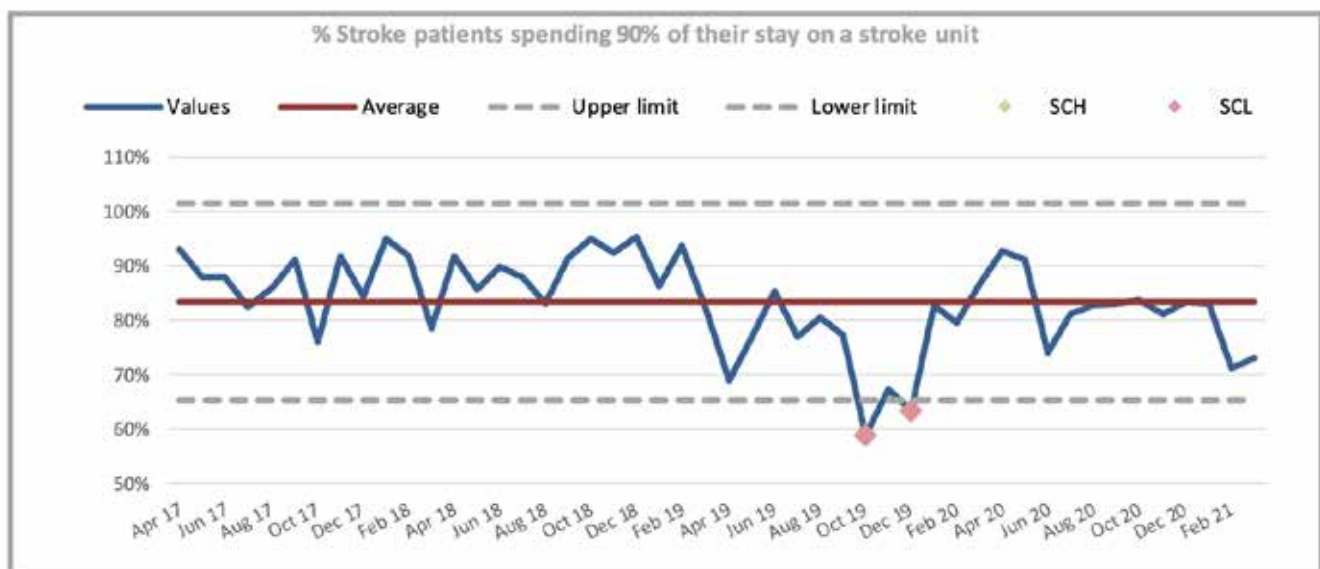


Chart 17 – percentage of stroke patients spending 90% of their stay on a stroke unit

Plans for 2021/2022

Following the work completed in 2020/2021, we will look to develop working relations with stroke ESD to improve further the delivery of care ensuring it is in the right place at the right time, specifically looking at the development of ESD within Greater Huddersfield and working with Locala to deliver these improvements. This will optimise the use of our existing bed base to further improve both the percentage of stroke patients spending 90% of their stay on a stroke unit and those being admitted to a stroke bed within 4 hours.

During 2020/2021, the CHFT stroke service has had greater engagement with the West Yorkshire Stroke Network which has resulted in improved working with partner trusts allowing for sharing of best practice to improve stroke pathways.

Specifically in 2021/2022, we will be looking at developing the stroke assessment bed into a 24-hour stroke hub within the stroke floor, looking to learn from partner trusts who have already implemented this, paying particular attention to, and learning from the robust and existing pathways already developed. In order to implement these improvements, a dedicated clinical stroke matron will be appointed fixed term for six months to measure against specific key performance indicators to monitor effectiveness.

7.5 End of Life Care

Improving End of Life Care (EoLC) continues to be a priority area for the Trust, and regardless of where patients die, when their death is expected, it is vital that they receive appropriate end of life care.

End of life care can be complex because of the special needs of many at the end of life and because of the need to co-ordinate and integrate a wide range of services across different sectors. However, the rewards for getting it right are huge. Personalised, integrated care at the end of life can transform the experience for the individual, their family, and for colleagues caring for them.

Linking together the work of the Learning from Deaths (LfD) umbrella, the 2021/2022 EoLC strategy and the EoLC steering group and other initiatives will enable this improvement.

Key issues, achievements, and suggested plans for 2021/2022

COVID-19

Due to the COVID-19 pandemic, some EoLC initiatives have stopped and are yet to be restarted, these include the bereavement café and the EoLC Companions.

Achievements

- **Bereavement Support Service** – When the country went into Lockdown on 23 March 2020, hospital visiting changed. Colleagues were concerned that patients were dying alone with no family by their side and that this may cause lasting distress and unresolved grief. Wards were looking at what they could do, but as a Trust we needed to look at what extra we could do to support all our bereaved families. During this time, the End of Life Care Team, led by the End of Life Care facilitator developed a new bereavement support service for relatives of all adults (over 18) that die in the Trust.

What did we do before COVID?

Surgical wards sent out printed bereavement cards with a central number. Medical wards were going to start this as well. From experience on the surgical wards, no bereaved relative had rung the number for advice, help or any concerns they may have. We also ran a bereavement café – The Marigold café once a month on both sites – very few people attended. Marigold bags are also used for the deceased patients' belongings.

What do we do now?

We send out a box with a handwritten card, marigold seeds, bereavement support telephone numbers and a handmade heart, with a heart also being placed with the deceased patient. 5-10 days after the death, we phone the Next of Kin. The purpose of the call is very much to show the bereaved relative that we are thinking about them. We are not offering bereavement counselling; we are purely aiming to support by listening and answering, if possible, any questions they may have. Providing a listening ear can help relatives to move through the grieving process.

We also provide timely feedback to the wards if areas of need and development have been highlighted by the relative. We also provide positive feedback to staff and wards. When issues have been raised, we have asked ward managers and consultants or other colleagues as appropriate to ring and address issues immediately. By dealing with concerns and problems at the time, it helps people to grieve and may also reduce the number of complaints.

We have also provided support for colleagues who have struggled with deaths on the wards by providing one-to-one meetings, aligning with the Trust's health and wellbeing initiatives.

We have had 1949 deaths since March 2020 and have sent out 1710 boxes and phoned 1239 bereaved relatives.

We address issues, answer questions, and give extra information about, for example equipment, death certificate etc. Engaging with the community we serve has been very positive and enabled us to develop and change using their feedback. (See patient feedback below).

Feedback from relatives

'I can't describe the feeling when we got the box. Totally overwhelmed and speechless. Made us feel so connected and close to A'

'My mum was happy knowing dad had a heart too'.

'I will plant the seeds on his grave in Spring'

'It was lovely of you to send a handwritten card. Lovely, thoughtful'

'So impressed with the call. So lovely of you to ring'

'So grateful and impressed that you rang'

'Thank you for making me smile'

'I'm going to put seeds on the grave. The heart was next to me when I did the eulogy'.

• End of life Care Education

End of Life Care education has now become essential training for clinical colleagues including Doctors, Nurses and Health Care Assistants (HCAs).

The Trust continues to provide:

- Communication skills training
- Advance Care Planning Training
- Verification of Expected Death Training
- Full end of life care education days for Doctors, Nurses, Healthcare Assistants, Allied Health Professionals and Apprentices.
- End of Life Care training on the Trust induction, mentorship, preceptorship courses, FY1 (Foundation Year), Core Medical Training (CMT) and FY2.
- Support to Healthcare Assistants to complete end of life care competencies across the Trust.
- Ad-hoc teaching and in-reach are provided across areas that ask and if there have been issues identified in an area, the team provide extra support.
- End of Life Care Champions

We now have over 60 EoLC Champions across acute and community settings both qualified and Healthcare Assistants (HCA).

We have just completed cohort three of Qualified EoLC Champions with our second cohort of HCA Champions completing in June 2021. This 6-month course helps to increase confidence and skills in EoLC and to bridge the gap between specialists and generalists.

Audit, review, and user experience:

CHFT has taken part in two rounds of the National Care at the End of Life (NACEL) audit which incorporated bereaved relatives' feedback, as well as audit of organisational standards and clinical care given to patients. An action plan has been developed from these audits which will be monitored through the end of life care steering group. Round 3 of the NACEL audit is also happening between June and October 2021.

There is a requirement for all deaths that occur in the Trust to be reviewed by consultants - this also incorporates a number of these cases to undergo a defined critical analysis by the team. This is part of the structured judgement review process which is led by trained structured judgement reviewers. The purpose of this process is to enable teams and the Trust to understand what lessons we can learn and by which we address deficits within care delivery and learning needs.

We report on EoLC complaints and incidences at the EoLC steering group. If concerns are raised, we in-reach onto wards to support, educate and upskill staff. We also use the feedback we receive from the bereaved relatives when we phone them to help support service improvement and training.

Better identification / recognition of patient in the last year of life:

The feedback from the Macmillan Medical Assessment Unit and Emergency Department Project at Huddersfield Royal Infirmary has identified high numbers of patients presenting acutely who are likely to be in the last year of their life.

Suggested improvements include the use of prognostic tools, like the Supportive and Palliative Care indicators Tool (SPICT), a tool being used by clinical teams. Earlier recognition of these patients is needed across primary and secondary care and equally as important is the communication of this between all care settings, to enable patient's wishes to be met and to enable patients to be cared for and die in their preferred place.

The SPICT tool is also being used on Ward 6 to recognise patients in the last year of life to support advance care planning discussions. The Trust has a new SPICT Consultant who will support the acute floor one morning a week in recognising the last year of life and starting Advance Care Planning discussions.

Coordinated, timely and equitable access to good care

The co-ordination and equitable access to EoLC care is another key priority. There is a need to improve communication and connectivity between primary and secondary care. We are currently working on optimising the trusts digital systems by improving access to SystmOne and the Electronic Palliative Care Co-ordination Systems (EPaCCs) across both primary and secondary care to enable patient's preference to be communicated between settings in a timely manner. There are ongoing plans for the Hospital Specialist Palliative Care Team (SPCT) to work seven days a week to enable timely access to SPCT support. Calderdale Community SPCT have started working seven days a week in April this year.

Better management of the last days of life

The use of the Individualised Care of the Dying Document (ICODD) fell after the advent of electronic records in May 2018. CHFT and Bradford Hospital Foundation Trust (BHFT) organised a joint build of a new last days of life plan for EPR which is now used across the Trusts.

We also have the Marigold Bag for relatives to take home their loved one's belongings in, instead of the plastic bags we used to use. This is to show respect, kindness and care when giving the belongings back to the relative but also so that bereaved relatives are recognised while in the Trust, so colleagues are aware that they may need extra support.

Thinking Ahead Programme

Thinking Ahead is a course specifically for people living with incurable cancer.

It was devised by Harrogate NHS Trust in 2018 and was developed and extended within Calderdale and Huddersfield in 2019. We worked in close collaboration with colleagues from The Kirkwood and Overgate Hospices, our specialist palliative care nurses, dieticians, psychologist, trust chaplain and more to deliver a programme that covers the sensitive subjects around end of life care; this includes advance care planning, managing uncertainty, managing emotions, mindfulness, estates planning (funeral services).

Whilst the programme is currently for people living with incurable cancer, there is interest in adapting the course for any individual with a life limiting illness. Making decisions, including completing advance care planning increases patient experience and reduces hospital admissions.

End of Life Care Priorities for 2021/2022

- End of Life Care education to be embedded on the essential skills training framework
- Increase use of the Last days of Life document to provide consistent evidence-based care to our patient
- Secure funding to enable the Bereavement Support Service to continue
- Increased collaborative working with frailty and other specialists to promote an increase in Advance Care Plans.

8: Review of quality performance – reporting against core indicators

This section relates to information about the quality of services that the Trust provides by reviewing performance over the last year and how the Trust compared with other Trusts. The NHS Outcomes Framework 2019/2020 set out high level national outcomes which the NHS should be aiming to improve. The framework provides indicators which have been chosen to measure these outcomes.

An overview of the indicators is provided in the table. It is important to note that whilst these indicators must be included in the Quality Accounts the more recent national data available for the reporting period is not always for the most recent financial year.

Where this is the case, the time period used is noted underneath the indicator description. It is also not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided. Some datasets were paused nationally as such the latest position has been presented.

The information in the table is followed by explanatory narrative for all indicators, ordered by outcome domain in table 1

8.1 Summary table of performance against mandatory indicators

| Outcome Domain | Indicator | Most recent data | National Average | Best | Worse | last report period | last report period | last report period |
|--|--|-----------------------|-----------------------------|------|-------|-------------------------------|--------------------------------|-------------------------------|
| Preventing people from dying pre-maturely Preventing people from dying pre-maturely | SHMI Reporting Period: | Oct 19- Sept 20 | | | | Oct 18- Sept 19 | Oct17 -Sept18 | (Oct 16 – Sept 17) |
| | Summary Hospital-Level Mortality Indicator (SHMI) value and banding) | 100.94 | 100 | NA | NA | 98.63 Band 2 – As Expected | 100.25 Band 2 = As expected | 10.818 Band2 = As expected |
| Helping people recover from episodes of ill health or following injury | 18. PROMS; Patient Reported Outcome Measures | | | | | | | |
| | Reporting Period: | 2019/20 | | | | (2018/19) | (2017/18) | (2016/17) |
| | (i) hip replacement surgery, | 0.42 | 0.45 | 0.44 | N/A | 0.46 | 0.47 | 0.44 |
| | (ii) knee replacement surgery. | 0.32 | 0.33 | 0.32 | N/A | 0.32 | 0.36 | 0.32 |
| | 19. Patients readmitted to a hospital within 28 days of being discharged. | | | | | | | |
| | Reporting Period: | Apr20-Mar21 | | | | (2019/20) | (2018/19) | (2017/18) |
| | (i) 0 to 15; and | 12.14% | Not released by NHS Digital | | | 12.05% | 10.51% | 10.32% |
| | (ii) 16 or over. | 11.34% | | | | 10.50% | 9.07% | 8.96% |
| Ensuring that people have a positive experience of care | National Survey | | | | | | | |
| | Reporting Period: | 2019 | | | | 2018 | 2017 | 2016 |
| | 20. Responsiveness to the personal needs of patients. | 6.9 | NA | NA | NA | 6.6 | 6.9 | 6.8 |
| Treating and caring for people in a safe environment and protecting them from avoidable harm | Reporting Period: | 2020/21 | | | | 2019/20 | 2018/19 | 2017/18 |
| | 23. Patients admitted to hospital who were risk assessed for venous thromboembolism. | 96% | N/A | N/A | N/A | 96% | 97% | 94.39% |
| | C.difficile | | | | | | | |
| | Reporting Period: | 2019/20 | | | | 18/19 | 17/18 | 16/17 |
| | 24. Rate of C. difficile per 100,000 bed days | 11.82 | 13.2 | NA | NA | 9.9 | 16.5 | 12.7 |
| | Patient Safety Incidents - Reporting Period: | Oct 2019 - March 2020 | | | | Oct 2018 - March 2019 | Oct 2017 - March 2018 | April 2017 xs- Sept 2017 |
| | (i) Rate of Patient Safety incidents per 1000 Bed Days | 42.14 | 46.1 | NA | NA | 53.17 | 42 | 41.7 |

Table 1 – Summary table of performance against mandatory indicators

Outcome domain: Preventing people from dying prematurely

Summary Hospital Mortality Index

We use a number of national measures to examine mortality within the Trust. Deaths due to COVID-19 are excluded from these measures which are not validated in a global pandemic situation.

The Hospital Standardised Mortality Ratio (HSMR) compares how many patients die within 30 days of admission to hospital, with how many we would have predicted to die given their age, gender, area-level deprivation, diagnoses and co-morbidities.

The Trust's HSMR position been consistently below the expected target of 100 since April 2017 and currently is 90 which is a positive outlier (best 5% nationally).

The Summary Hospital Mortality Index (SHMI) is a measure of mortality developed by the Department of Health, which compares our actual number of deaths with the predicted number of deaths. As context, the national SHMI is increasing and is currently 101. The Trust's overall (12 month rolling) SHMI in the May 2021 release (for the period February 2020 – January 2021) is 103 which is in the expected range.

We can divide the SHMI into In-Hospital (deaths during a hospital stay) and out-of-hospital (deaths within 30 days of discharge from hospital). CHFT in-hospital SHMI is currently 96 which equates to 50 fewer deaths than expected over the 12-month period between February 2020 to January 2021.

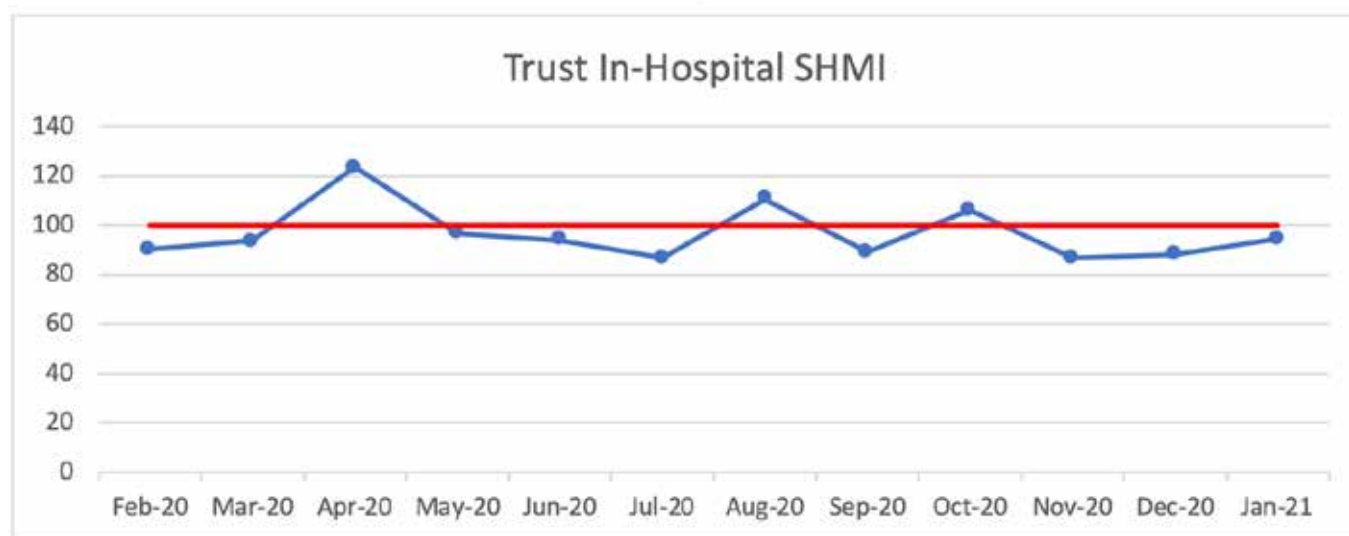


Chart 18

However, out-of-hospital SHMI is consistently above 100 and this has been scrutinised closely. A number of factors have been examined as potential contributors including palliative care coding, patient acuity on discharge, frailty on discharge, deprivation level and accuracy of coding.

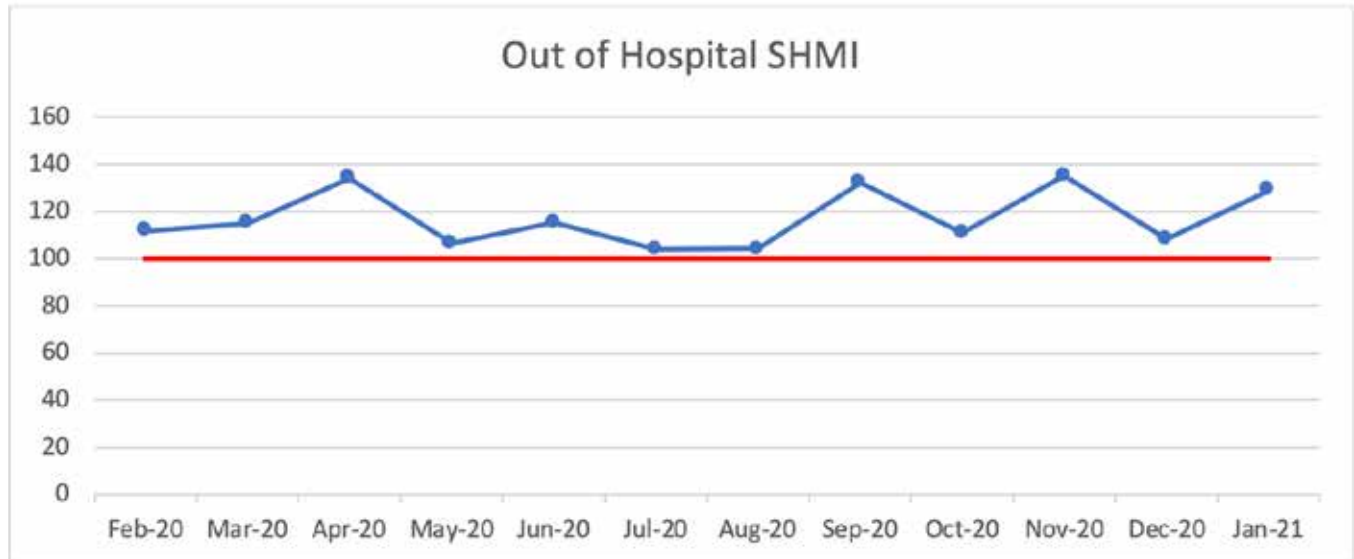


Chart 19

Leading up to, and throughout the pandemic, a greater proportion of our patients have been discharged to care homes. We are in the process of examining this further. It is important to recognise that to determine if the standard of care is satisfactory when a patient dies, a detailed case note review is required. This is described in more detail in the Learning from Deaths section.

We have introduced a number of actions to further enhance scrutiny of our mortality metrics including alert meetings, horizon scanning and reviews of out-of-hospital deaths. We have also initiated a Care of the Acutely Ill Patient (CAIP) Programme, to further improve patient care and reduce avoidable deaths, with a particular focus on sepsis and the deteriorating patient.

During 2020/2021, the Trust continued its work around mortality case note review. The Trust has performed initial screening reviews and more in-depth structured judgement reviews. Information on the learning so far can be seen in the Learning from Deaths section.

Outcome domain: Helping people recover from episodes of ill health or following injury

Patient reported outcome measures (PROMs)

A patient reported outcome measure is a series of questions that patients are asked in order to gauge their views on their own health. In the examples of hip replacement surgery and knee replacement surgery, patients are asked to score their health before and after surgery. We are then able to understand whether a patient sees a 'health gain' following surgery.

The data provided gives the average difference between the first score (pre-surgery) and the second score (post-surgery) that patients give themselves.

As a result of the COVID-19 pandemic no data was required to be submitted by the Trust for 2020/2021. As outlined in table 1 above, the PROMs for 2019/2020 was 0.42 for hips and 0.32 for knees.

Patients readmitted to a hospital within 28 days of being discharged

The charts show the percentage of patients readmitted within 28 days of discharges, aged:

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

| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|------|---------|---------|---------|---------|---------|---------|
| 0-15 | 10.64% | 11.43% | 10.32% | 10.30% | 10.51% | 12.05% |
| 16+ | 10.80% | 11.95% | 8.96% | 11.10% | 9.07% | 10.50% |

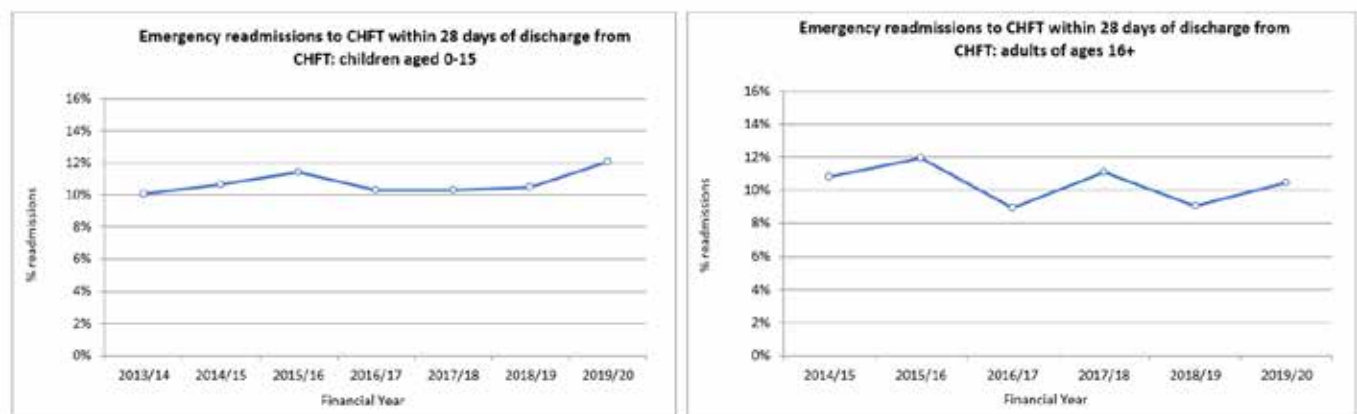


Chart 20 – Readmissions within 28 days of discharge

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

- At present there is no national 28-day readmission rate available. NHS Digital has undertaken a methodological review and the metric will be updated in future years to be in line with other standardised readmission figures.
- 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.

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

- Through better planned discharges which will lead to fewer readmissions
- Continuation of the SAFER Patient Flow Programmes.

Outcome domain: Ensuring that people have a positive experience of care In Patient Survey - Responsiveness to the personal needs of patients

National Survey

Improving the patient experience is central to the work that the Trust undertakes. This section requires an overview of one of the key questions within the National Inpatient Survey.

The national indicator is a composite of the following questions and calculated as the average of five survey questions from the National Inpatient Survey.

Each question describes a different element of the overarching theme, "responsiveness to patients' personal needs" (based on the 2019 survey).

- Q35: Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q38: Did you find someone on the hospital staff to talk to about your worries and fears?
- Q40: Were you given enough privacy when discussing your condition or treatment?
- Q63: Did a member of staff tell you about medication side effects to watch for when you went home?
- Q69: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

| 20. Responsiveness to the personal needs of patients. | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|------|------|------|------|------|------|------|------|
| | 7.0 | 6.9 | 7.1 | 7.1 | 6.8 | 6.9 | 6.6 | 6.9 |

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

The National Inpatient Survey was sent to 1250 patients who had been discharged from inpatient wards at Huddersfield Royal Infirmary (HRI) or Calderdale Royal Hospital (CRH) in July 2019. People were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. In 2019, we saw a slight increase in the overall score that related to the Trust being responsive to the personal needs of patients. We had 521 patients who returned completed questionnaires giving a response rate of 44%. This is a slight increase compared to 2018 survey, when we saw 499 people responding. Please see the table below:

| % Of Responses for National Inpatient Survey | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--|------|------|------|------|------|------|------|------|
| | 50% | 51% | 49% | 44% | 47% | 39% | 42% | 44% |

Calderdale and Huddersfield NHS Foundation Trust intend to take actions to improve this score and the quality of its services by continuing to use patient feedback to create improvement plans for both the overall Trust and individual areas. We remain committed to ensuring our services are person centric and responsive to individual needs.

Outcome domain: Treating and caring for people in a safe environment and protecting them from avoidable harm

Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

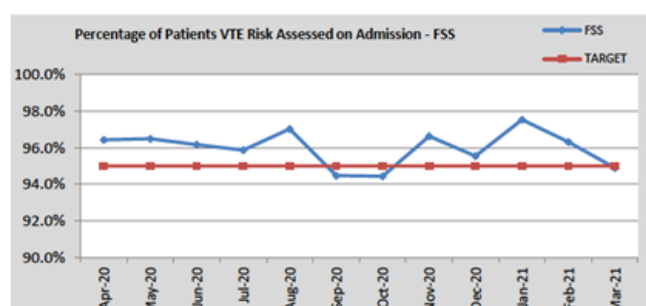
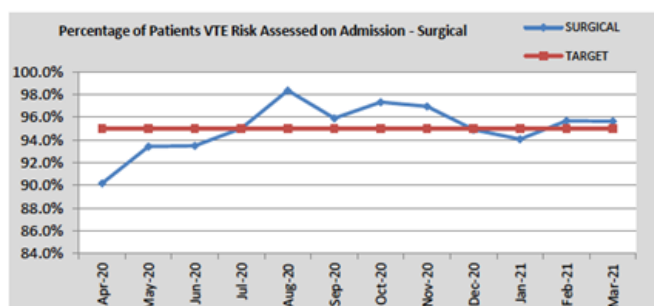
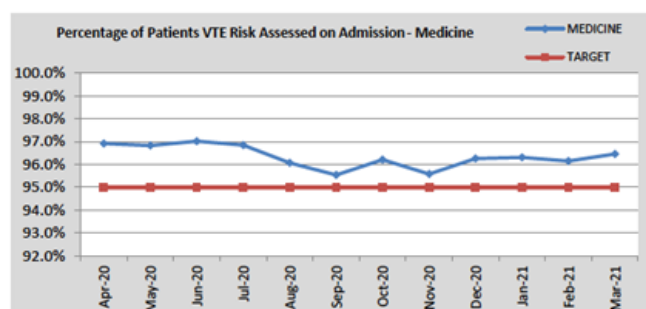
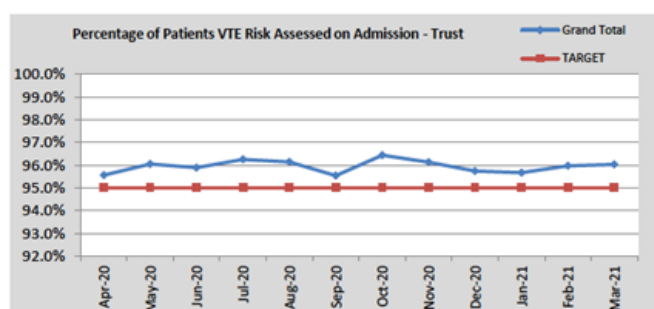
The risk of hospital acquired VTE can be reduced by being risk assessed for venous thromboembolism on admission.

The chart shows the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the report period from April 2020 to March 2021. The target for VTE risk assessment for all patients admitted was set at 95% by the NHS and was achieved by the Trust.

VTE RISK ASSESSMENT COMPLIANCE

SUMMARY PERFORMANCE BY DIVISION

| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| FSS | 96.4% | 96.5% | 96.2% | 95.9% | 97.0% | 94.5% | 94.4% | 96.6% | 95.5% | 97.5% | 96.3% | 94.9% |
| MEDICINE | 96.9% | 96.8% | 97.0% | 96.8% | 96.1% | 95.5% | 96.2% | 95.6% | 96.3% | 96.3% | 96.1% | 96.5% |
| SURGICAL | 90.2% | 93.4% | 93.5% | 95.0% | 98.4% | 95.9% | 97.3% | 96.9% | 94.9% | 94.0% | 95.7% | 95.6% |
| Grand Total | 95.6% | 96.0% | 95.9% | 96.3% | 96.1% | 95.5% | 96.4% | 96.1% | 95.7% | 95.7% | 96.0% | 96.0% |
| TARGET | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |



KEY:

| | % COMP |
|-------------|-----------|
| RED | < 65% |
| AMBER | 65% - 94% |
| SUPER GREEN | > 95% |

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

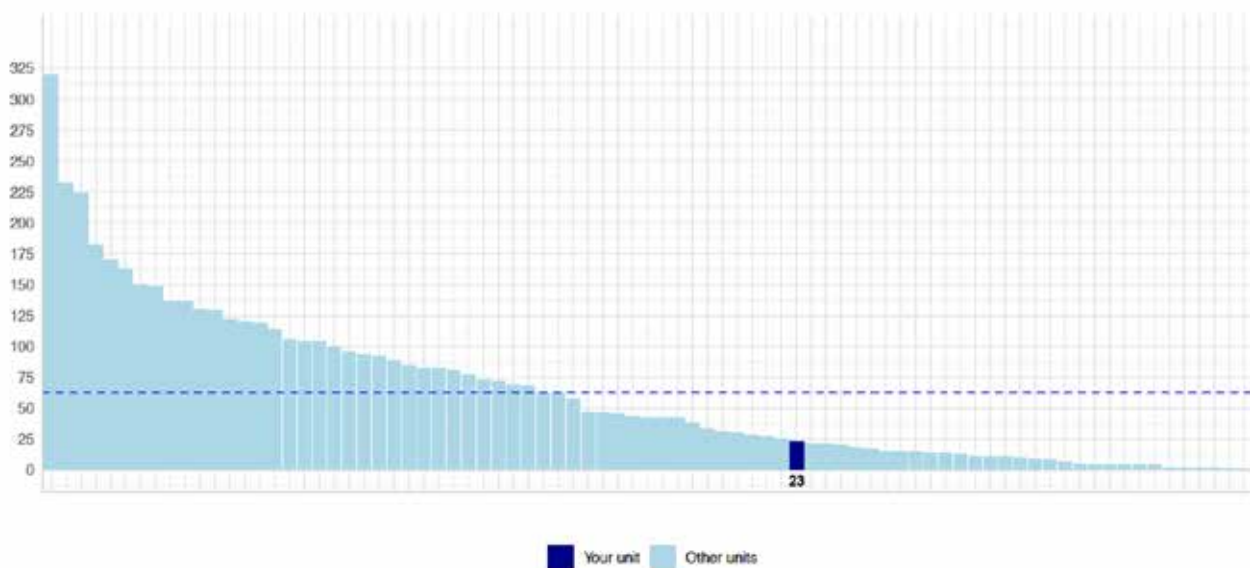
Compliance data is now retrieved through our Electronic Patient Record (EPR) when the patient has been discharged from hospital and coded.

In addition to above data, to gather more in-depth information on VTE prevention measures in the Trust, a Pharmacy spot audit was undertaken in the month of November 2020 where 628 patients were studied. The results revealed that 98% of the patients from the audit had at least initial VTE risk assessment carried out, higher than the set national Target of >95% of all adult inpatients receiving initial VTE risk assessment

upon admission. Amongst those who had VTE risk assessment and where thromboprophylaxis was deemed appropriate, 95% were prescribed appropriate prophylaxis, and in the remaining 5% appropriate prophylaxis was not prescribed on admission. This is the focus of further improvement measures.

The Trust also, undertook participation in the National Getting it Right First Time (GIRFT) study that was published in October 2020. The result of the Hospital Acquired Thrombosis data is highlighted below in graph. This indicates that the Hospital Acquired thrombosis rate as reported by the Trust is below the national average. In addition, the Trust has a target of ensuring no avoidable Hospital associated venous thromboembolism deaths and the Trust has achieved this in all quarters in year 2020-2021.

Number of reported Hospital Acquired Thrombosis (HAT) admissions per unit between 1 October 2019 and 31 May 2020



Note: The dashed line represents the average number of admissions with reported HAT for the period. Admissions submitted through the survey were only included if defined as surgical, medical or obstetric - undefined admissions are not included in the metric. Each bar represents a unit - a unit is only included if they routinely identify HAT - 81 units reported HAT cases. If your unit is not highlighted, it does not routinely identify HAT or has not reported any cases of HAT.

Chart 22

Rate of *Clostridium Difficile* per 100,000 bed days

2020/2021 was a challenging year in relation to our absolute numbers of *Clostridium difficile* infections (CDI), specifically in relation to our performance versus our objective of 40 cases, with an out-turn of 49 cases attributable to CHFT (11 of which classified as COHA – see below). Out of the 49 cases 16 were deemed to be preventable.

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

- National changes to CDI reporting now include a new reporting category = COHA CDI

Community-onset healthcare associated (COHA) cases occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks.



The normal process of root cause analysis investigations was disrupted due to the COVID-19 pandemic, though all cases were subject to an infection prevention and control review which is externally supported, and scrutinised, by our commissioners. In many cases, we have been unable to identify specific lapses of care that have directly led to the CDI – the quality of the care provided has been found to be good.

A deep dive was undertaken and key areas for improvement have been identified. These relate to antimicrobial use prescribing, delay in taking samples and isolating patients promptly when diarrhoeal symptoms start. Learning is disseminated throughout the organisation. Divisional action plan completion is monitored through the Divisional meetings.

Performance data for Clostridium Difficile - Trust apportioned cases in 2020/2021 shows a declining position with 49 cases compared to 40 during 2019/2020.

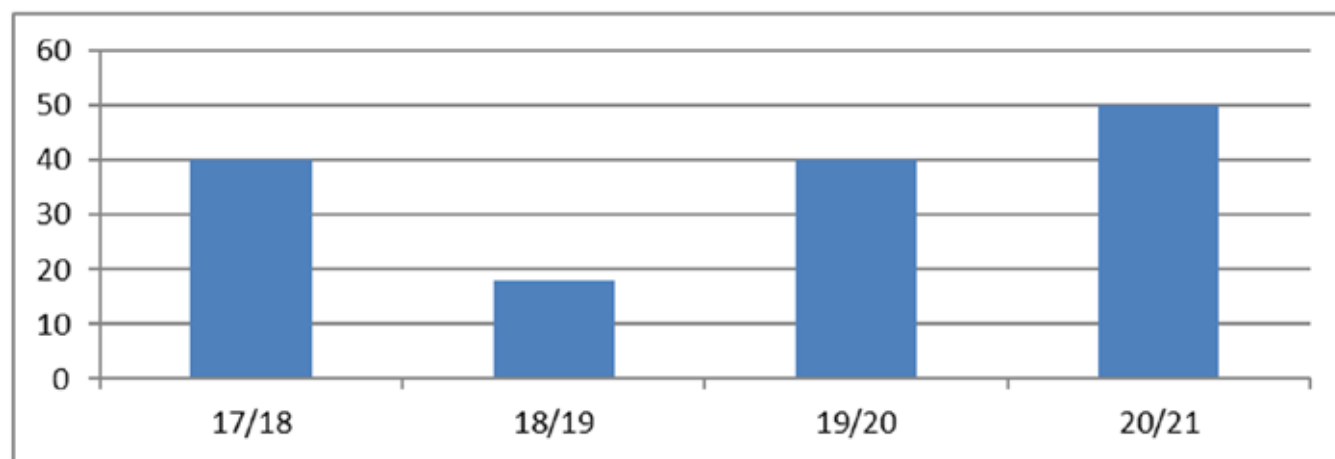


Chart 23

Rate of Patient Safety incidents per 1000 Bed Days

The Trust uses the National Reporting and Learning Service (NRLS) data to benchmark incident reporting in respect of number of incidents and rate per bed days, and by level of harm. This data, alongside local data is presented below.

This information is derived from the National Reporting Learning System (NRLS) Organisation and National level patient safety incident reports (OPSIR and NAPSIR)



Chart 24

The chart on the previous page shows the Trust's previous reporting on the National Reporting and Learning Service.

The Trust's reporting rate for October 2019 to March 2020 was 53.4.5 incidents per 1000 bed days which is above national average against other Acute (non-specialist Trusts) at 50.6 incidents per 1000 bed days. This data is the most up-to-date available from the National Reporting and Learning Service (NRLS).

Incidents are categorised by level of harm. The Trust has robust governance processes in place for the management of incidents through both Divisional and Trust panels. Incidents are scrutinised at the time of reporting to determine the level of investigation required, this is often proportionate to the level of harm but also considers potential for harm, and the likelihood of future recurrence and potential for learning from near miss, no harm and minor harm incidents.

When comparing harm data with previous years, this should be interpreted with caution due to the context of the pandemic which has skewed the profile of patient activity and harm for 2020/2021. The chart below compares distribution of harm for 2019/2020 and 2020/2021. It is important to acknowledge the reduction in planned elective activity in 2020/2021, with acute unplanned and emergency care being the primary focus of the Trust throughout 2020/2021. With this came pressures with staffing, on clinical and non-clinical environments, on movement of staff into higher risk departments (for example from outpatients into Critical Care), an increased patient acuity, and inherent in this, an increased risk of incidents, potentially with more severe harm, in an already seriously unwell cohort of patients.

The number of patient safety incidents by level of harm is presented in chart 25.

| | 2019/2020 | 2020/2021 |
|--------------------------------------|-----------|-----------|
| No Harm | 7300 | 6669 |
| Minor Harm | 1701 | 1544 |
| Moderate harm | 137 | 201 |
| Severe, catastrophic or death | 43 | 118 |
| Total | 9181 | 8532 |

Chart 25: Patient Safety incidents by level of harm

As anticipated there has been a decrease in reporting of minor and no harm (including near-miss) patient safety incidents in 2020/2021 in comparison to the previous year (reduction in reporting during the first lockdown in April and May. Increase in moderate harm and death incidents due to Hospital Onset Covid infections)

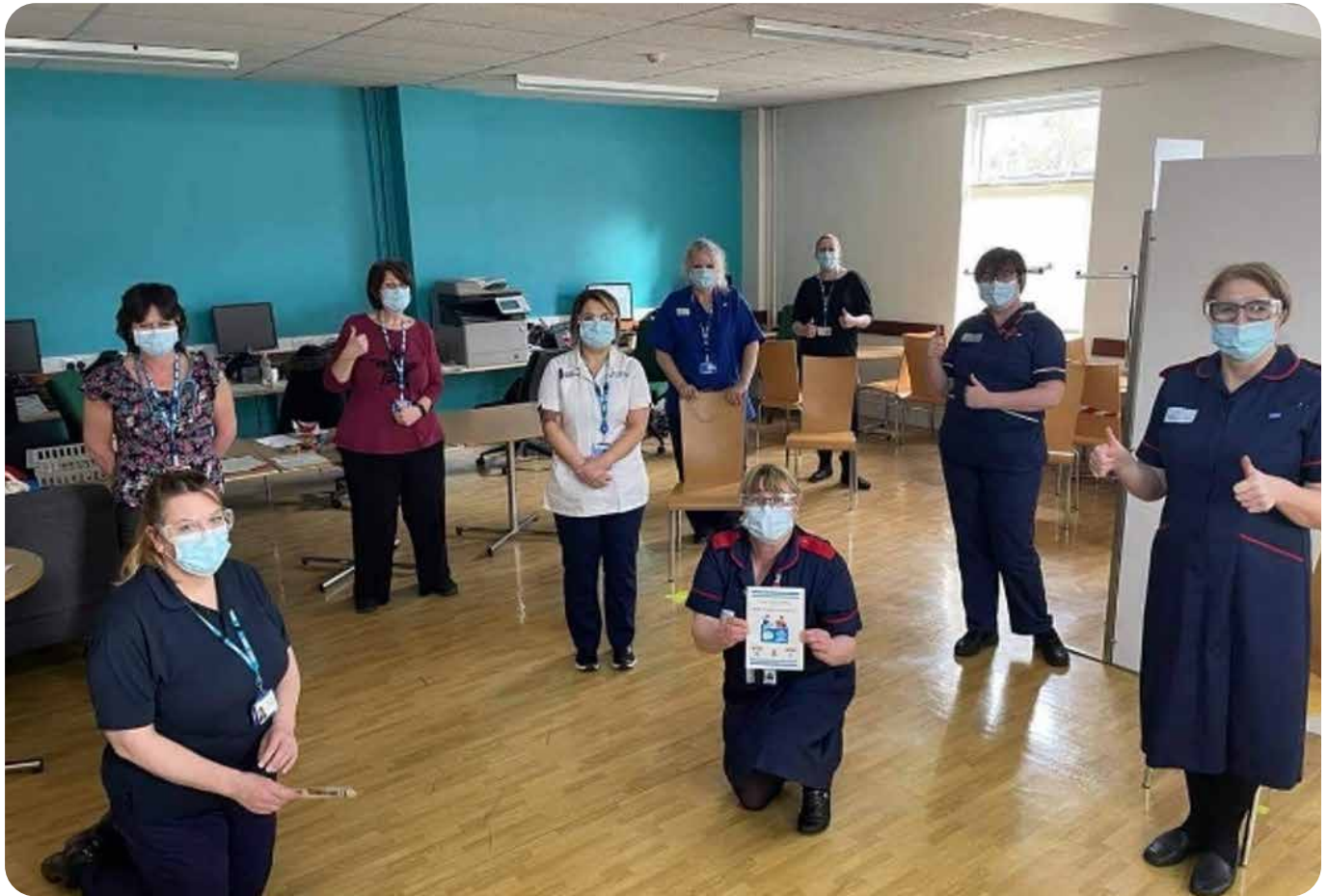
The Trust recognises that high levels of incident reporting are a positive indicator of our safety culture in Calderdale and Huddersfield NHS Foundation Trust and for 2020/2021, 96% of the incidents reported were near miss, no harm or minor harm; this has reduced from 98% from the previous year due to the impact of COVID-19-related incidents. It is suggested that this is representative of the shift in patient profile and Trust activity during 2020/2021.

Weekly Divisional incident panels are held to consider incidents that have caused moderate and above harm, ensuring a robust process for assessing incidents. The number of incidents categorised as moderate harm has increased in 2020/2021. Divisional investigations continue to take place to improve patient safety, mitigate risk and to support sharing of learning both locally, throughout the Trust and through regional and national networks. Panels also receive and scrutinise completed investigations to approve action plans to enable learning and to ensure that Duty of Candour is completed in a timely manner with those affected.

9: Performance against relevant indicators and performance thresholds from the Standard Operating Framework

| Indicator | Threshold | 2020/2021 Year End Performance | Achieved |
|---|-----------|--------------------------------|----------|
| Maximum time of 18 weeks from point of referral to treatment in aggregate-admitted | NA | NA | NA |
| Maximum time of 18 weeks from point of referral to treatment in aggregate-non admitted | NA | NA | NA |
| Maximum time of 18 weeks from point of referral to treatment in aggregate-patients on an incomplete pathway | NA | NA | NA |
| A&E: maximum waiting time of four hours from arrival to admission / transfer / discharge | 95% | 88.81% | No |
| All cancers: 62-day wait for first treatment from: | | | |
| • Urgent GP referral for suspected cancer | 85% | 91.47% | Yes |
| • NHS Cancer Screening Service referral | 90% | 89.56% | Yes |
| All cancers: 31-day wait for second or subsequent treatment, comprising: | | | |
| • Surgery | 94% | 90.99% | No |
| • Anti-cancer drug treatments | 98% | 99.15% | Yes |
| • Radiotherapy | n/a | | |
| All cancers: 31 day wait from diagnosis to first treatment | 96% | 98.08% | Yes |
| Cancer: two-week wait from referral to date first seen, comprising: | | | |
| • all urgent referrals (cancer suspected) | 93% | 98.74% | Yes |
| • for symptomatic breast patients (cancer not initially suspected) | 93% | 97.86% | Yes |
| Clostridium difficile – meeting the C. difficile objective | 40 | 37 (6 preventable) | Yes |
| Maximum 6-week wait for diagnostic procedures | 99% | 73.76% | No |

10: Our Colleagues



10.1 Ways colleagues can speak up

The Trust supports a 'speak up' culture where we listen, learn and act on concerns. Colleagues can raise their concerns through a variety of channels:

- via the Freedom to Speak Up (FTSU) Guardian, Freedom to Speak Up Ambassadors and/or the Freedom to Speak Up portal (accessible 24/7, 365 days a year via the intranet and Trust website)
- 'Ask Owen', colleagues can ask our Chief Executive anything via this channel accessible on the CHFT intranet
- the DATIX incident reporting system
- via their line managers at one-to-one meetings and regular team briefings
- via recognised staff side organisations and accredited staff side representatives
- via our established Equality Networks
- via the Chaplaincy team

Colleagues can also speak up regarding patient safety issues these processes and their divisional governance processes. Bullying and harassment issues are dealt with under the Trust's formal Harassment and Bullying policy and colleagues can also raise issues via the Trust's Grievance Procedure.

The Trust has a Raising Concerns Policy in place. The policy makes it clear that colleagues who speak up must not suffer a detriment. Where there is evidence that this has occurred action will be taken. Work is continuing to ensure feedback is given to colleagues who have raised a concern.

The number and types of cases being dealt with by our FTSU Guardian and the Ambassador network since 2019 is set out below:-

| Date Period | No. of Concerns | No. raised anonymously | No. linked to element of patient safety / quality | No. linked to bullying / harassment |
|--------------|-----------------|------------------------|---|-------------------------------------|
| 2019 Total | 67 | 28 | 18 | 6 |
| 2020 to date | 52 | 24 | 16 | 8 |

The concerns we receive are very diverse in nature, mostly linked to colleague care, quality, and safety rather than patient care, quality, and safety.

The main theme over the course of the last 12 months is colleague attitudes and behaviours followed by management decision making and policies and procedures.

COVID-19-related concerns

The number of Covid19 specific related concerns raised during the pandemic are detailed below:

| Date Period | No. of Concerns | No. raised anonymously | No. linked to element of patient safety / quality | No. linked to bullying / harassment |
|------------------------------|-----------------|------------------------|---|-------------------------------------|
| 20 March 2019 – 29 June 2020 | 28 | 13 | 7 | 5 |

The significant themes covered issues related to Personal Protective Equipment (PPE), social distancing in the workplace and redeployment to other roles and service areas.

Overall, the Trust has seen improvements in its FTSU activity as follows:

- A significant increase in colleagues speaking up
- Increase in the number of colleagues volunteering to be an FTSU Ambassador
- Increased diversity in the type of colleagues raising their concerns
- Increased number of channels to 'speak up' i.e. debrief / listening events / colleague wellbeing calls and individual wellbeing risk assessment
- Increased emphasis and promotion of our 'One Culture of Care' through which we care for each other the same way we care for our patients
- Increased focus on colleague accountability, your voice matters and general promotion of how beneficial 'speaking up' is to initiate change and improving the colleague experience in the Trust.

This is primarily as a result of a focused communications campaign, Ambassadors increasing their profile, colleagues gaining trust in the process and the expansion of 'speak up' access points/channels that facilitates the growth of trust and confidence in our processes and a positive view that by speaking up improvements will be made, colleagues will be supported when they raise a concern and no detriment will arise when they do so.

10.2 Guardians of Safe Working Hours

The Trust has a Guardian of Safe Working who acts as a champion of safe working hours for doctors in approved training programmes within the Trust and provides assurance that doctors work hours that are safe and in compliance with the terms and conditions of service for NHS Doctors and Dentists in Training 2016.

At the Trust many of our trust grade doctors work side by side with doctors in training. The Trust recognises that the rota gaps can have a noticeable impact on both the training experience and the quality of work life balance. Assurances are provided to the board that junior doctors are safely rostered and enabled to work hours that are safe and compliant with the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016, version 9.

During April 2020 to March 2021 the Trust observed our junior doctors alongside other healthcare workers across the country demonstrating extraordinary levels of commitment and willingness to go above and beyond usual expectations in reaction to the COVID-19 pandemic. COVID-19 rotas were created and stepped down a few times in response to the COVID-19 impact at CHFT. All rotas were fully compliant with 2016 contract rules. Usual rules around exception reporting were followed as per the contract. It is important to note that no one suffered a financial detriment because of working these rotas. Increased pay was arranged where applicable and pay protection was put in place in the event that the salary for the escalated rota was less than the 'normal' rota.

Only one immediate safety concern was raised via exception reporting during this period which was dealt with effectively and in a timely manner.

During the COVID-19 rota, there were daily meetings /chats (via Microsoft teams) between the junior doctors, medical education, rota coordinators, medical human resourcing, and the deputy medical director to ensure effective communication and resolve any rota issues or concerns in a timely manner.

There was increased engagement of Guardian of Safe Working Hours, Director of Medical Education, Medical Human Resourcing and divisions with trainees via regular junior doctor meetings to receive timely feedback on rotas and for communicating key messages of the pandemic.

Exception Reports (ERs)

Total number of exception reports received per quarter this year:

| | Immediate safety concerns | Total hours of work and/or pattern | Educational opportunities/ support | Service support available | TOTAL |
|--------------|---------------------------|------------------------------------|------------------------------------|---------------------------|-------|
| Q1 | 0 | 8 | 0 | 0 | 8 |
| Q2 | 1 | 15 | 0 | 1 | 17 |
| Q3 | 0 | 47 | 4 | 0 | 51 |
| Q4 | 0 | 27 | 16 | 0 | 43 |
| Total | 0 | 98 | 20 | 1 | 119 |

Number of monthly ERs (2017-current):



Chart 27

Trends in exception reporting

There has been a total of 119 exception reports this year, 80% of which were submitted in quarter 3 and quarter 4. Whilst the process of exception reporting was available throughout, there was a significant decrease in the reports submitted in quarter 1.

Majority of ERs were submitted from foundation trainees, like previous years but there was a trend of increased ERs from junior and senior trainees. Submission was from a wide variety of specialities, suggesting that the process of exception reporting is embedded across the Trust. There has been a significant decrease in ERs from the surgical division, probably reflecting the decrease in elective surgical activity and the increase in the acuity of medical patients over the COVID-19 pandemic.

Quarter 3 and quarter 4 saw a sharp rise in ERs from the Medical division. This was as a result of the second and third pandemic wave and the recurring themes were a higher clinical workload, increased patient acuity and colleague absences.

Type of ERs and outcome:

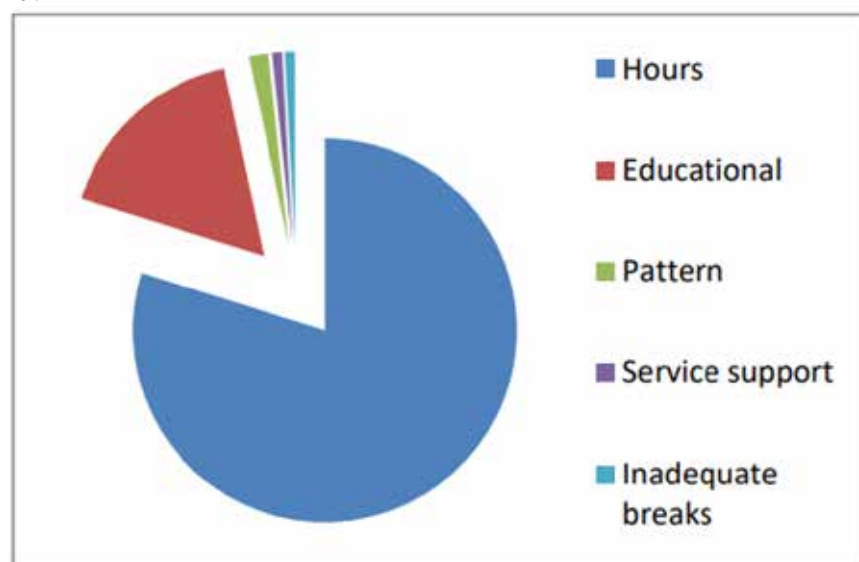


Chart 28

Approximately 80% of ERs submitted this year were as a result of working overtime and this was due to higher patient acuity and challenges related to staffing.

Junior doctor's rota response to the COVID-19 pandemic

At CHFT, pooled COVID-19 rotas were created with effect from April 2020 to give adequate numbers of all training grade doctors to manage increased acute clinical activity and to facilitate flexible deployment in response to clinical intensity and unpredictable sickness and self-isolation absence. These rotas were fully compliant with European Working Time Directive (EWTD) and the 2016 TCS and built to facilitate sufficient rest. The only exception was the frequency of weekend working which was 1:2.5 rather than the 1:3 which was mandated from August 2020. The joint statement from the British Medical Association (BMA) and NHS Employers allowed for this in response to the first wave of the pandemic.

Rota gaps

Reports were received by the Board during April 2020 and March 2021 which confirmed the following in relation to rota gaps in the following areas:

- Emergency
- Medicine Paediatrics
- Obstetrics and Gynaecology
- Surgery

Gaps were covered by locums, speciality doctors or the Trust provided additional support for the Trust Senior House Officer (SHO) to step up to the registrar rota.

Fines levied

No fines have been levied this year

Junior doctor forum (JDF)

There have been three JDFs held as the April 2020 meeting was cancelled in response to the first wave of the pandemic. Trainee engagement at the JDF has been better than previous years. The main issues discussed were:

- Process to access post-shift rest facilities at CHFT was agreed and communicated
- A revised process for payment to junior doctors following compensation as a result of exception reporting was drafted by the GOSWH and agreed by medical HR and payroll.
- The newly refurbished doctor's mess on both sites were opened. These facilities had a COVID-19 workplace-based risk assessment and were made COVID secure. Each of these facilities included a quiet room for working with IT access.
- Lack of access to study time by foundation trainees was escalated to the divisions and now all areas have rostered it in the work schedules.
- After feedback from a trainee survey in Q2 and following discussions at JDF, there was improved communication with trainees over the continuing pandemic. There were daily operational medical staffing meetings, weekly medical workforce meetings & fortnightly junior doctor workforce briefings. These were open to all trainees and their representatives. At these meetings, any relevant COVID-19 information was communicated, and trainees could escalate staffing or other concerns in a timely manner.
- Extra laptops were made available at each site (20 per site) to assist in remote learning via online teaching. Additionally, there were areas identified on both sites where trainees could access teaching and IT equipment in a COVID-secure manner.
- The Trust received a one-off payment of £10k to be used for wellbeing initiatives for trainees.

Improved Trust and Guardian engagement with trainees

The use of Microsoft teams, rapidly changing pandemic guidance, need for timely escalation of rota issues, and the need for a timely response to COVID-19 activity in the Trust led to improved engagement with colleagues across the Trust, including the junior doctor workforce.

There were monthly meetings with foundation trainees, workforce briefings with junior doctors, rota meetings, junior doctor's forum, and ad hoc meetings with trainee representatives to escalate trainee concerns.

There has been trainee input into specific editorials in the CHFT weekly newsletter to share positive stories and experiences over the pandemic

In February and March 2021, the workforce team organised specific on-line 'Time for you' well-being sessions for all colleagues, some of which were tailored specifically for medical staff and junior doctors.

Junior doctor awards, CHFT

CHFT's "Got Medical Talent" 2020 awards were held virtually on 23 July 2020 as part of the Medical Staff Forum weekly COVID-19 update. 85 nominations were received across six categories, and we also had seven highly recommended nominations. The awards were presented by our Medical Director.

The event was a great success and extremely positive feedback from our trainees was received about working at CHFT and how valued they felt as a result of these awards. The awards for this year are planned again as a virtual event in May 2021.

10.3 Colleague Experience

Our aim is to develop a workplace where colleagues care for each other and themselves, an environment that delivers high performance for our patients and service users whilst enabling our colleagues to feel empowered and cared for. We are committed through our workforce strategy to create 'One Culture of Care'.

In the last year, we have continued to engage colleagues and enabled our workforce to be more involved in 'the way we do things around here', building channels to hear 'the colleague voice', building and supporting colleague networks and highlighting these voices to the senior team, in order that we all understand what is important and develop plans to deliver tangible change.

Our engagement team used social media/podcasts/the cupboard to engage, promote and encourage participation. The increased utilisation of social media has successfully enabled the Trust to engage more directly with both prospective and current employees, support the recruitment and retention strategy as well as build a platform from which to promote our one culture of care 'brand'. We use these channels to reinforce our support for our colleagues. One of our key areas of focus as we worked during a pandemic was colleague health and wellbeing. We developed a 24/7 Friendly Ear Service in March 2020 and since then, our small wellbeing team have spoken to thousands of colleagues working at the Trust. The more we spoke to colleagues, the more we understood their experiences. This then led to further development of our health and wellbeing package, tailoring support to suit their needs.

One Culture of Care is at the heart of our colleague wellbeing approach. Accessibility, trust and simplicity has been vital to ensure each one of our colleagues understands that support is available to them should they need it. All the opportunities to access support are communicated via 130 volunteer wellbeing ambassadors in order that they can promote the package locally within their teams. Our focus on positive mental and physical health encourages colleagues to talk openly about their health issues, raise awareness and reduce stigma.

We have used the results of the 2020 NHS Staff Survey to inform and target appropriate interventions across the Trust to address and improve the overall package:

- Introduced a Health and Wellbeing Risk Assessment for all colleagues – over 4000 colleagues have completed the assessment
- 24/7 helpline – supported thousands of colleagues through the pandemic
- Listening events – Teams and face to face events sharing thoughts, feelings and experiences
- Socrates – dedicated support for colleagues suffering traumatic event / PTSD (Post Traumatic Stress Disorder)
- Halsa Wellbeing – 'live' and recorded webinars supporting self-care and relaxation, sleep, reflexology, working from home, meditation – 250 colleagues accessed this service
- Wellbeing Coaching for Anaesthetists
- Launched an Employee Assistance Programme
- Dedicated Schwartz Rounds
- Manager guides – tools and resources made available via 'The Cupboard', our people strategy
- Self-care guides and resources
- Communicating and promoting the basics of nutrition, hydration, sleep.

Going forward, Health and wellbeing of colleagues at the centre of everything we do – and the link to compassionate patient care should be explicit, there will be a balance of support for mental and physical health and wellbeing, we will promote the basics hydration, nutrition, sleep, facilities, breaks via our wellbeing advisors/wellbeing ambassadors and health inequalities will be our first and last thought

Just one small element of our Health and Wellbeing Strategy, colleagues have the opportunity to take one hour a week or four hours a month to take time for self through exercise, volunteering, developing and/or taking part in one of our 'colleague forums'. This is a clear symbol of our commitment to One Culture of Care; we believe this is vital to keep colleagues well and delivering outstanding performance and make the

difference in supporting colleagues through the pandemic and beyond. Colleagues exercise choice to take the hour and work together as a team to make it happen.

Our commitment to developing our colleagues did not stop during the pandemic, in fact, we enhanced the offer and developed an on-line leadership development programme that can be accessed by any colleague wanting to develop, not just leaders. We recognise that leadership is key to enabling staff to reach their potential. Our leadership development offer provides a range of learning options, and one particular success in the last year has been the introduction of an Empower programme - an Inclusive Personal Development Programme where colleagues work on achieving their goals through working with a mentor, and a challenge and support group, which enables colleagues across divisions to work and to learn together.

We are working to respond to our 2020 national staff survey feedback.

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2020/21 survey among Trust staff was 50% (2019/2020 45%). Scores for each indicator together with that of the survey benchmarking group that comprises 128 acute and acute/community trusts are presented below:

| | 2020/21 | | 2019/20 | | 2018/19 | |
|-----------------------------------|---------|---------------------|---------|---------------------|---------|---------------------|
| | Trust | Bench-marking Group | Trust | Bench-marking Group | Trust | Bench-marking Group |
| Equality, diversity and inclusion | 9.2 | 9.1 | 9.1 | 9.0 | 9.1 | 9.1 |
| Health and wellbeing | | | | | | |
| | 5.9 | 6.1 | 5.5 | 5.9 | 5.6 | 5.9 |
| Immediate managers | 6.7 | 6.8 | 6.7 | 6.8 | 6.6 | 6.7 |
| Morale | 6.1 | 6.2 | 6.0 | 6.1 | 6.0 | 6.1 |
| Quality of appraisals | - | - | 5.2 | 5.6 | 5.2 | 5.4 |
| Quality of care | 7.4 | 7.5 | 7.4 | 7.5 | 7.4 | 7.4 |
| Safe environment | | | | | | |
| – bullying and harassment | 8.1 | 8.1 | 8.0 | 7.9 | 8.0 | 7.9 |
| Safe environment | | | | | | |
| – violence | 9.3 | 9.5 | 9.4 | 9.4 | 9.4 | 9.4 |
| Safety culture | 6.8 | 6.8 | 6.4 | 6.7 | 6.7 | 6.6 |
| Staff engagement | 6.9 | 7.0 | 6.9 | 7.0 | 6.9 | 7.0 |
| Team working | 6.3 | 6.5 | 6.4 | 6.6 | - | - |

- The scores for the 2020 survey show a statistically significant improvement when compared to the 2019 survey in the scores in 3 areas:
- Health and wellbeing
- Morale
- Safety culture.

Improvement by 4% or more in scores between 2019 and 2020 were seen in the following areas:

- Q11d. organisation definitely takes positive action on health and wellbeing – 10% increase from 22% to 32%
- Q18c. would recommend organisation as a place to work has improved from 57% to 64%
- Q4f. have adequate equipment and materials to do my work has increased from 49% to 58%
- Q7c. Able to provide the care I aspire to has increased from 63% to 68%
- Q17c. would feel confident that organisation would address concerns about unsafe clinical practice rose from 57% to 61%
- Q18d. If a friend/relative needed treatment would be happy with standard of care provided by organisation increased from 67% to 72%
- Q19c. I am not looking to leave this organisation rose from 58% to 62%

Areas where our scores reduced by 4% or more were:

- Q2b always/often enthusiastic about my job has decreased from 75% to 71%
- Q4i team often meets to discuss team's effectiveness from 56% to 52%
- Q13d when last experienced harassment, bullying or abuse at work did you report it reduced from 47% to 43%
- Q4d able to make improvements happen in my area of work has decreased from 52% to 49%.

We have identified five priorities for 2021/2022 which are aligned to the NHS People Plan:

1. Health and wellbeing (NHS People Plan – looking after our people/belonging)
Consolidation of our health and wellbeing offer, developing skills for line managers to put health and wellbeing at the centre of conversations, wellbeing ambassador development, wellbeing hour evolution
2. Leadership development (NHS People Plan – growing for the future)
Review, evaluate and further develop/enhance our existing programme for leaders with people responsibilities – Leading One Culture of Care, Empower and implement a Future Leaders Programme
3. Development opportunities for all (NHS People Plan – growing for the future)
Create professional and personal development offers that mean development opportunities are available and accessible to all
4. Inclusion (NHS People Plan - new ways of working/belonging)
Year 2/3 of 5-year Inclusion Plan - Inclusive Leaders/Allies (awareness and development), capability to authentically communicate and role model Inclusion and each leader has an EDI objective
5. I am a member of Team CHFT (NHS People Plan – belonging)
Create tools and resources to support local communication and enhance teamwork.

Our Workforce Committee oversees performance in the staff survey, the Trust response to feedback and progress in improving our scores and the overall colleague experience.

11. Research and Innovation



11.1 Participation in clinical research

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



Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Trust clinical staff remain abreast of the latest possible treatment possibilities and active participation in research leads to improved patient outcomes.

At the beginning of the financial year the outbreak of the COVID-19 pandemic had a substantial impact upon the delivery of clinical research at CHFT. Public Health England issued a direct mandate to all NHS organisations to prioritise the roll-out of Urgent Public Health England (UPHE) COVID-19 research trials. As a result of this mandate, research activity at CHFT was re-prioritised, with over 90% of activity put on pause. The National Institute for Health Research (NIHR) also temporarily suspended Trust performance metrics for Recruitment to Time and Target (RTT) and Performance in Initiating / Delivering (PID) research.

In addition, over 60% of CHFT's research delivery team were re-deployed to support frontline services, the majority of which did not return to the team until mid-June 2020. The remaining team members, although small supported the delivery of newly opened UPHE COVID-19 research during Q1. In total, CHFT has opened 11 UPHE research studies which have provided important clinical outcomes for the treatment of COVID-19 and subsequently impacted patient recovery.

A skill-mix approach was implemented with rapid training for non-clinical colleagues to support clinical teams. The research governance process implemented a swift response to study-set up, working collaboratively with support departments and the regional network.

Of particular significance is CHFT involvement in the UPHE RECOVERY Trial, which was badged by PHE as one of the most important studies outside of the vaccination programme. CHFT was an early recruiter for RECOVERY opening in early April 2020 and to date has recruited 492 patients, it has remained in the top 10 recruiting Trusts nationally and is the highest recruiting Trust within the Yorkshire and Humber region.

In November 2020, the research department were the proud winners of the UK Nursing Times Award in the category for Clinical Research Nursing. Our COVID response has been shared nationally and locally, with plans in place to transfer our learning to other specialties at CHFT.

In quarter 2, a phased restart plan was implemented for restarting all suspended research activity at the Trust, in line with the NIHR restart guidance framework. By the end of quarter 4, all research activity was restarted and opened to recruitment; this meant that, in total we are involved in 75 research studies, with a further 14 in follow up. In addition, a total of 2,526 patients have been recruited to participate in research trials, against our Clinical Research Network (CRN) recruitment target of 1,473. Of this number, 2177 patients were recruited to UPHE COVID-19 research. Research and Development (R&D) are currently reviewing an UPHE Long COVID research trial with a view to opening shortly. There are also an additional 16 new research studies that are being reviewed within the department, six of which are commercial research trials.



12. Statements of Assurance from the Board

12.1 Data Quality

The Trust submitted records during 2020/2021 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 = 99.9%
- Outpatient care = 100%
- Accident & Emergency Care = 99.6%

The percentage of records in the published data which included the patient's valid General Practitioner's Registration Code was:

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

The Trust has in place policies to assure the Board on a range of issues to ensure quality care is provided to patients. Systems and processes are in place to assure data accuracy and validity into the Board ensuring there is robust ward to Board assurance on the quality of care we deliver. Policies and Standard Operating Procedures to this effect are reviewed on a regular basis.

Assurance that the performance data used within the Trust and reported by the Trust is of a high standard has been via the Trust Data Quality Board, which reports to the Audit and Risk Committee with escalation into a weekly meeting of Executive Directors as appropriate. A Data Quality Group, which meets monthly and reports into the Data Quality Board, focuses on specific data quality measures from both a corporate and service position.

The Data Quality Policy produced by the Foundation Trust relates to the Electronic Patient Record.

High quality data is a fundamental requirement for the Foundation Trust to conduct its business efficiently and effectively. It enables the delivery of the Trust's 4 pillars and is central to the Trust's on-going ability to meets its statutory, legal, financial, and other contractual requirements.

CHFT has continued its formal programme of deep dives across the Key Performance Indicators (KPIs) within the Integrated Performance Report (IPR) which provide the Board with assurance on KPIs that regularly achieve target (Green RAG (red, amber, green) rating) and an understanding of the challenges of those that are currently missing their target (Red RAG rating) with a focus on improvement. Formal reporting is via the Quality and Performance Weekly Executive Board (WEB) on a monthly basis with a programme established for the next 12 months.

The Trust has a comprehensive programme of "Getting It Right First Time" (GIRFT) which improves quality of care by bringing efficiencies and improvements. The GIRFT programme provides independent clinical assessment, challenge and benchmarking that drives quality and performance improvement. The Trust has been recognised as a national exemplar for this work.

The Trust has a one-year plan on a page for Data Quality plus a 10-year strategy. During the last 12 months the Trust has continued to address a number of Data Quality issues via the Data Quality Board.

12.2 Data Security and Protection Toolkit

The 2019/2020 Data Security and Protection Toolkit was submitted in March 2020 with a rating of 'Standards not fully met'. A plan has been agreed to address our compliance and work started immediately after the Trust received the rating, and work has been ongoing throughout 2020/2021 to gather evidence. Our work towards compliance will continue until final submission on 30 June 2021.

Over 90% of staff members completed information governance staff training in 2020/2021. Regular reminders and lessons learned are shared through staff communications, including where identified as a requirement, following local incident reviews and risk assessments.

In addition to mandatory staff training, a range of measures is used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists, and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Security and Protection Toolkit and further assurance is provided from internal audit and other reviews. The effectiveness of these measures is reported to the Information Governance and Records Strategy Committee. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Security and Protection Toolkit compliance and reports of other information governance incidents and audit reviews.

12.3 Clinical Coding Error Rate

The annual Data Security and Protection Toolkit (DSPT) compliance audit was carried out in February 2021 by an NHS Digital Approved Clinical Coding Auditor.

The Audit looked at 200 Finished Consultant Episodes (FCEs). 150 episodes were randomly taken from all hospital spells coded on 28 October 2020. There were also 50 COVID-19 episodes from October 2020. Episodes were audited against national coding standards using Version 14 of the Clinical Coding Audit Methodology.

Overall, both the diagnostic and procedural coding was good. This has led to the Trust achieving the mandatory level for the Data Quality section of Standard 1 of the Data Security & Protection Toolkit. The final percentages are as follows:

| Primary diagnosis correct | Secondary diagnoses correct | Primary Procedures correct | Secondary procedures correct |
|---------------------------|-----------------------------|----------------------------|------------------------------|
| 92% | 91.6% | 91.5% | 87.9% |

12.4 Participation in clinical audit

The 2020/2021 Trust Clinical Audit Programme included a combination of national mandatory audits, non-mandatory audits, local priority audits (e.g., National Institute for Health and Care Excellence Clinical Guideline snapshot audits), and local audit (service evaluations, self-interest). All national mandatory audits presented and delivered by the Trust with any actions underway, should be commenced within 4 months of publication

During 2020/2021, 45 of the national clinical audits and one of the national confidential enquiries (NCEPOD) covered relevant NHS services provided by Calderdale and Huddersfield NHS Foundation Trust.

During that period Calderdale and Huddersfield NHS Foundation Trust participated in 91% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

However, data collection, data analysis and report publication for a number of national audits have been delayed due to the COVID-19 pandemic. Some national audits were cancelled completely for 2020/2021.

Must do audits the Trust participated in:

- National Clinical Audit and Patient Outcomes Programme (NCAPOP) and other national clinical audits relevant to the services provided, and/or where participation must be reported in Quality Accounts
- Audits demonstrating compliance with regulatory requirements, e.g., audits with the aim of providing evidence of implementation of National Institute for Health and Care Excellence (NICE) guidance,
- National Service Frameworks, and other national guidance such as that generated by the Clinical Outcomes Review Programme and NCEPOD
- Audits required by external accreditation schemes, e.g., cancer peer review audits, Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) etc.

Internal must do audits the Trust participated in:

These audits are based upon identified high risk or high-profile matters arising locally. Many of these clinical audits will arise from governance issues or high-profile local initiatives, and may include national initiatives with local relevance, without penalties for non-participation.

- Audits undertaken to meet organisational objectives and service developments
- Clinical risk issues
- Audits undertaken in response to serious untoward incidents/adverse incidents/complaints
- Organisational clinical priorities
- Priorities identified via patient and public involvement initiatives

A key objective for 2020/2021 was the develop and embed a comprehensive Clinical Audit Database. All clinical audit projects i.e., National, Trust Priorities, NICE audits, National Patient Safety Alert Audits, Safeguarding Audits etc are included in the database. Project plans, reports, summaries, and action plans are embedded with each project. There is a total of 326 audits on the current programme.

| Division | Projects on clinical audit programme | National Audits | Local |
|--|--------------------------------------|--------------------------------------|--|
| Surgery and Anaesthetics | 104 | 43 | 61 (mixture of local audit and local priority audits) |
| Families and Specialist Services (FSS) | 74 | 24 (mandatory and non-mandatory) | 50 (including NICE Clinical Guidelines, Trust Priorities, etc) |
| Medical | 113 | 62 (including NCEPOD audit projects) | 51 (including NICE Clinical Guidelines, Trust Priorities, etc) |
| Community | 13 | 8 (including NCEPOD audit projects) | 5 (including NICE Clinical Guidelines, Trust Priorities, etc) |
| Corporate | 22 | 5 | 17 (including NICE guidelines, improvement initiatives) |

In addition to the above there was a programme of 11 Infection Control Audits in various stages of the audit process

These are detailed in Appendix A.

12.5 Commissioning for Quality and Innovation (CQUIN)

Every year a proportion of Calderdale and Huddersfield Trust's income is conditional upon achieving quality improvement and innovation goals agreed between our organisation and any person or body with which it entered into a contract, agreement, or arrangement for the provision of NHS services. This is done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

At the start of 2020, a decision was made by NHS England and NHS Improvement to suspend the operation of the CQUIN scheme due to the COVID-19 pandemic and resulting need for NHS services to refocus and prioritise resources and effort.

This was initially indicated in the letter from Simon Stephen (Chief Executive Officer of NHS England) on 17 March 2020 and then confirmed in the 'revised arrangements for NHS contracting and payment during the COVID-19 pandemic' issued by NHS England / NHS Improvement on 26 March 2020.

CQUINS for 2020/21

As a result of the COVID-19 pandemic, a decision was made by NHS England and NHS Improvement to also suspend the operation of the 2020/2021 CQUIN scheme for all providers for the remainder of the year. The Trust will implement further requirements for the CQUIN scheme as and when more details become available.

13. Feedback from commissioners, overview and scrutiny committees and Local Health Watch

Response from Locala Community Partnerships

As a partner of the Trust, Locala were pleased to receive and provide comment on the Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT) for 2020/21.

The Quality Account provides a comprehensive assessment of the levels of quality provided by the Trust. It details the progress made in a broad range of quality improvement areas which the Trust has undertaken during 2020/21 together with benchmarking data against other organisations.

It is pleasing to read that despite the COVID pandemic, progress against the J20 programme, which aims to build upon the 2018 CQC rating of Good and support the organisations Journey to Outstanding, has continued.

Locala works closely with CHFT on a number of work streams discussed in this Quality Account including the “Business Better Than Usual” community workstream to ensure there are opportunities for collaborative working across the Calderdale and Kirklees community. Locala is also proud to work alongside CHFT and other organisations in the set up and delivery of the mass COVID vaccine programme at John Smith Stadium.

We are pleased to see that the priorities for 2021/22 will have a positive impact on the experience of people accessing CHFTs services and the wider system:

- Reduce the numbers of Hospital Acquired Infections including COVID-19
- Recognition and timely treatment of sepsis
- Reduce waiting times for individuals attending the Emergency Department

Locala is committed to working with the Trust to realise these priorities where appropriate to do so.

As a community service provider and key system partner Locala welcomes CHFTs commitment to collaborative working and development of care pathways that benefit our local communities. We look forward to working with you in the year ahead.

Maureen Georgiou
Acting Director of Nursing, Allied Health Professionals and Quality
Locala Community Partnerships CIC
9 June 2021

Response from NHS Kirklees and NHS Calderdale Clinical Commissioning Group

NHS Calderdale CCG and NHS Kirklees CCG welcome the opportunity to review and comment on the annual Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT). The report provides a comprehensive and transparent assessment of existing levels of quality and acknowledges areas requiring improvement in the future whilst. The report illustrates the organisational commitment and focus on the quality of patient care, safety, and experience as well as highlighting achievements and successes throughout an incredibly challenging year highlighting increasing pressures due to patient acuity and managing workforce capacity. The Trust has and continues to be a key partner in delivering ongoing care and improvements to the population of Calderdale and Kirklees. This is demonstrated in a year of progress and a drive to continue to place quality improvement at the heart of the organisation from floor to board.

The CCG acknowledges the significant challenges faced by the Trust throughout this year, in particular those posed by the Covid-19 pandemic. We would like to take the opportunity to thank the staff across all services for their continued commitment and hard work.

We continue to work closely with CHFT to gain assurance on the provision of the Trust providing safe, effective, and patient focused services. Performance and quality continues to be monitored via a collaborative and clinically led process and the content of this account is consistent with information provided throughout the year.

Feedback on the 2020/21 priorities is noted. Benefits of the priorities achieved continue to be demonstrated through the collaborative working arrangements and we acknowledge, value and appreciate the openness and transparency of the Trust extending invites to the CCG to attend the Quality Committee and Serious Incident Panel. As well as providing assurance our attendance gives insight into the safety culture and honesty within the organisation and the Quality Account accurately reflect the commitment and motivation to both learn and improve.

The continued focus by the Trust to build and improve the integrated processes regarding the management of incidents and complaints is noted. The development of the evidence-based framework will further enhance this improvement and progress is welcomed by commissioners. We acknowledge the continued focus by the Trust to progress in this area to improve the safety and experience of people and their relatives throughout their care journey. Regrettably the Trust reported 2 never events during 2020/21 but continue to be a key member and share learning and improvements through the system West Yorkshire Association of Acute Trusts group (WYATT). This demonstrates the progress that has been made towards utilising the opportunities a shared learning system brings by involving other partners and providers through openness, collaboration and a desire to learn.

Commissioners note and commend the significant amount of work and progress within the Maternity Division. The Trust continue to make headway against the maternity safety action plan and have evidenced a significant improvement in stillbirth rates and continue to benchmark favourably within the West Yorkshire and Harrogate Local Maternity System. We also welcome the Trusts proactive approach with commissioners and regulators regarding the joint approach to quality assure and improve maternity services. The improvement and assurance work within the Maternity Division is detailed and includes the Trusts progress against the Ockenden Report, Better Births/Continuity of Carer Model of Care and Healthcare Safety Investigation Branch (HSIB) requirements. Commissioners have valued being invited to the Trusts review meetings with HSIB and acknowledged the significant multi-disciplinary attendance. The regular update meetings which have developed into Local Quality Surveillance meetings to meet part of the Ockenden recommendations are informative, honest and open.

We welcomed the detail on the National Neonatal Audit Programme (NNAP) including how these results benchmark against regional and national averages. Information is detailed with improvement recommendations relating to improving the experience of care and the development of the transitional care unit. It is encouraging that the Trust has continued to partake in large numbers of research activities with plans for this to continue throughout the coming year.

Commissioners note the difficulty in meeting key performance targets, especially in areas such as A&E 4hour waiting time, 31 day wait for second or subsequent treatment in the surgical division and maximum 6 week wait for diagnostic procedures. However, it is acknowledged the continued focus by the Trust improve in these areas working collaboratively with system partners to address and improve performance in these areas.

The CCG would like to congratulate the Trust in their achievement of winning the UK Nursing Times Award in the category for Clinical Research Nursing. This achievement is a true success. The CCG are aware that multiple members of the CHFT research delivery team were re-deployed to support frontline services throughout the Covid-19 pandemic making this achievement such a commendable success. Commissioners look forward to working closely with the Trust as they transfer the learning from research activities across other specialities within the organisation.

Commissioners would have welcomed more information and reference to the Trusts community care services provision. We recognise the importance of the Trusts continued and crucial role in out of hospital care which has been demonstrated through our combined forums. We would welcome further detail in this area in future Quality Accounts.

We look forward to continuing to work with the Trust and other partners across the health and social care system to ensure that local people will have access to high quality care. Commissioners recognise that the workforce remain hugely committed to meeting the needs of the local population in a year of both significant progress and pressure and would like to commend the Trusts commitment to continually improve on the care that communities receive and working in partnership throughout 2021/2022.

Penny Woodhead
Chief Quality and Nursing Officer
NHS Calderdale and NHS Kirklees Clinical Commissioning Group

14. Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has in previous years issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the *Quality Account* meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2019/20* and supporting guidance *Detailed reporting for Quality Reports 2019/20*
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to June 2021
 - papers relating to Quality reported to the board over the period April 2020 to June 2021
 - feedback from commissioners dated June 2021
 - the Trust's complaints report for 2020/2021 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2020 national staff survey March 2021

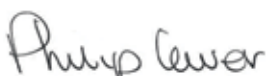
Feedback was requested from the CHFT Lead Governor, local HealthWatch organisations, Kirklees Overview and Scrutiny Committee, Calderdale Overview and Scrutiny Committee and South West Yorkshire Partnership Foundation Trust, however, responses were only received from Locala Community Partnerships Community Interest Company (CIC) and NHS Calderdale Clinical Commissioning Group and NHS Kirklees Clinical Commissioning Group.

The final Quality Account for 2020/2021 will be shared with all stakeholders, outlined above.

- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board


.....Chairman


.....Chief Executive

Appendix A – Clinical Audits

Women's and Children's Health

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|--|-------------------|
| Maternal, infant and newborn programme (MBRRACE-UK) | Yes | Yes | 100% | 100% |
| Neonatal intensive and special care (NNAP) | Yes | Yes | 500 | 100% |
| Paediatric intensive care (PICANet) | No | N/A | N/A | N/A |
| Audit of seizures & epilepsies in children & young people* | Yes | No | Data collection suspended due to Covid-19 pandemic | |
| National Maternity & Perinatal Audit (NMPA) | Yes | Yes | All cases in time period | 100% |
| Antenatal and Newborn National Audit Protocol 2019-2022 | | | | |
| No | | | | |
| N/A | - | - | | |
| RCEM Pain in Children | Yes | Yes | All cases in time period | 100% |
| National RCP Children & YP Asthma Audit Programme (NACAP) | Yes | Yes | All cases in time period | 100% |

Cancer

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|---|--------------------------------|--------------------|--------------------------|-------------------|
| National Gastrointestinal Cancer Programme - Oesophago-gastric Cancer (NOGCA) | Yes | Yes | All cases in time period | 100% |
| National Gastrointestinal Cancer Programme - Bowel Cancer (NBOCA) | Yes | Yes | 289 | 100% |
| Lung cancer (NLCA) | Yes | Yes | All cases in time period | Ongoing |
| National Prostate Cancer Audit (NPCA) | Yes | Yes | 365 | 100% |
| UK Registry of Endocrine and Thyroid surgery (BAETS) | Yes | Yes | All cases in time period | 100% |
| National Audit of Breast Cancer in Older People (NABCOP) | Yes | Yes | 182 | Ongoing |

Acute

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|------------------------------------|-------------------|
| Adult critical care (Case Mix Programme – ICNARC CMP) | Yes | Yes | 621 | 100% |
| National Joint Registry (NJR) | Yes | Yes | 948 | 100% |
| Major trauma audit (Trauma Audit & Research Network, TARN) | Yes | Yes | All | 100% |
| National Emergency Laparotomy Audit (NELA) | Yes | Yes | 172 | 100% |
| Society for Acute Medicine's Benchmarking Audit (SAMBA)* | Yes | No | Cancelled due to Covid-19 pandemic | |
| RCEM Infection Control in Emergency Departments | Yes | Yes | All cases in time period | 100% |
| Perioperative Quality Improvement Programme (PQIP) | No | N/A | N/A | N/A |

Heart

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|---------------------------|-------------------|
| Acute coronary syndrome or Acute myocardial infarction (MINAP) | Yes | Yes | 878 | On-going |
| Adult cardiac surgery audit (ACS) | No | N/A | N/A | N/A |
| Cardiac arrhythmia (HRM) | Yes | Yes | All cases in time period | On-going |
| Congenital heart disease (Paediatric cardiac surgery) (CHD) | No | N/A | N/A | N/A |
| Coronary angioplasty/PCI (NICOR) | Yes | Yes | 442 | On-going |
| Heart failure (HF) | Yes | Yes | 888 | On-going |
| National Cardiac Arrest Audit (NCAA) | Yes | Yes | All cases in time period | On-going |
| National Audit of Cardiac Rehabilitation (NACR)** | Yes | Yes | All data except 10m tests | On-going |
| National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD) | NO | NA | NA | NA |
| Out of Hospital Cardiac Arrest Outcomes Registry (OHCAO) | N/A - Ambulance crews only | N/A | | |

** National Audit of Cardiac Rehabilitation (NACR) - please note that the 10 metre functional capacity tests were not able to be carried out as there was not any facility to do this due to Covid. Therefore, this data has not been inputted – approx. 300 patient backlog. All the data that could be inputted has been done and the backlog re 10 metre tests is now being addressed.

Mental health

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|---|--------------------------------|--------------------|-------------------|-------------------|
| Learning Disabilities Mortality Review (LeDeR) | Yes | Yes | 40 service users. | |
| 52 staff | 100% | | | |
| Prescribing observatory for Mental Health (POMH-UK) | No | N/A | N/A | N/A |
| Mental Health Clinical Outcomes Programme | No | N/A | N/A | N/A |
| National Audit of Psychosis | No | N/A | N/A | N/A |
| National Audit of Anxiety and Depression | No | N/A | N/A | N/A |

Long term conditions

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|------------------------------------|-------------------|
| Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA) | Yes | Yes | 131 YTD | On-going |
| Diabetes (Paediatric) (NPDA) | Yes | Yes | 100% | 100% |
| Inflammatory bowel disease (IBD) Registry | Yes | Yes | 45 YTD | On-going |
| National Ophthalmology database (NOD) | NA | NA | - | - |
| National Early Inflammatory Arthritis Audit (NEIAA)* | Yes | Yes | 5* | Not known |
| Audit of Pulmonary Hypertension | No | N/A | N/A | N/A |
| National Audit of Care at the End of Life (NACEL)* | Yes | No | Cancelled due to Covid-19 pandemic | |
| National RCP Adult Asthma Audit Programme (NACAP) | Yes | Yes | 109 | 100% |
| National RCP COPD Secondary Care Audit Programme (NACAP) | Yes | Yes | 221 | 100% |
| National RCP Pulmonary Rehabilitation * (NACAP) | Yes | No | - | - |
| Neurosurgical National Audit Programme | No | N/A | N/A | N/A |

Blood

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|---|--------------------------------|--------------------|--------------|-------------------|
| National Comparative Blood Transfusion Programme: Audit of management of perioperative paediatric anaemia | No | N/A | N/A | N/A |

Older People

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|------------------------------------|-------------------|
| Sentinel Stroke (SSNAP) | Yes | Yes | All patients | On-going |
| National Audit of Dementia* | | | | |
| Care questionnaire | Yes | No | Postponed due to Covid-19 pandemic | |
| Falls & Fragility fractures (FFFAP) – inpatients fall | Yes | Yes | All cases in time period | 100% |
| Falls & Fragility fractures (FFFAP) – National Hip Fracture database | Yes | Yes | All cases | 100% |
| RCEM Fracture Neck of Femur | Yes | Yes | All cases | 100% |

National Confidential Enquiries into Patient Outcomes & Death (NCEPOD)

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|--|--------------------------------|--------------------|----------------------------------|-------------------|
| Medical and Surgical Outcomes Programme Epilepsy | Yes | Yes | Data collection started Feb 2021 | Not known |

Other

| Audit title | Trust Eligible for Involvement | Trust Participated | Audit Sample | % Cases submitted |
|---|--------------------------------|--------------------|--------------------------|-------------------|
| UK Cystic Fibrosis Registry | No | N/A | N/A | N/A |
| BAUS Nephrectomy Surgery | NA | NO | - | - |
| BAUS Percutaneous Nephrolithotomy (PCNL) | Yes | Yes | 21 | 100% |
| National Bariatric Surgery Registry | Yes | Yes | All cases in time period | 100% |
| British Spine Registry | No | N/A | N/A | N/A |
| UK Renal Registry & National Acute Kidney Injury Programme | No | No | N/A | N/A |
| Cleft Registry and Audit Network (CRANE) | No | N/A | | |
| | N/A | N/A | | |
| Surgical Site Infections Surveillance Service | Yes | Yes | All cases in time period | 100% |
| Interventions with suspected/confirmed carbapenemase producing gram negative colonisations/infections | No | N/A | N/A | N/A |
| Serious Hazards of Transfusion: UK National Haemovigilance Scheme | Yes | Yes | 10 | 100% |
| Mandatory Surveillance of HCAI Bloodstream infections and clostridium difficile infection | Yes | Yes | All cases | Ongoing |
| Elective surgery (National PROMs Programme) | Yes | Yes | Pre-op 805 | 93.5% (861) |
| Hip replacements/Knee replacements | | | Post-op 640 | 79.8.% (802) |

The Trust did not take part in the national audits* (that it was eligible for) as detailed below.

| Name of audit | Reason |
|---|--|
| National Early Inflammatory Arthritis Audit (NEIAA) | Lack of resources. Medical division aware. Data collection further compromised due to Covid-19 pandemic |
| National Pulmonary Rehab Audit | Trying to set up some ability to deliver the service over Teams. This is proving difficult as they need the technology to do this in the home. We are not currently delivering the programme we have been commissioned to provide; therefore, we are not taking part in the audit. This has been added to the risk register. |
| National Audit of Care at the End of Life (NACEL) | Audit cancelled due to the COVID-19 pandemic |
| Society of Acute Medicine's Benchmarking Audit (SAMBA) | Audit cancelled due to the COVID-19 pandemic |
| Audit of seizures & epilepsies in children & young people | Data collection suspended due to COVID-19 pandemic |
| National Audit of Dementia (NAD) Care questionnaire | Audit postponed for 2020 due to the COVID-19 pandemic |

Report publication for a number of national audits was delayed due to the COVID-19 pandemic.

The following is an example of where Calderdale and Huddersfield NHS Foundation Trust have participated in national audit and can demonstrate compliance of standards above the national average. If there are any areas for improvement identified i.e., below national average, work is being undertaken to improve the quality of healthcare provided.

CWF003a - National Neonatal Audit Programme (NNAP) 2019

The NNAP is a national clinical audit of NHS-funded care, established in 2006, for babies admitted to neonatal services in England, Scotland, Wales, and the Isle of Man. It is managed by the Royal College of Paediatrics and Child Health (RCPCH), commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England, the Welsh and Scottish Governments.

In this report the National Neonatal Audit Programme (NNAP) focuses on key measures of the care provided to babies in 2019 in the 181 neonatal services in England, Wales, Scotland, and the Isle of Man. The NNAP uses routine data collection to report on a range of care processes and outcomes throughout the pathway of neonatal care, from antenatal interventions to follow-up of developmental outcomes after discharge from neonatal care. For most audit measures, this 2020 report looks at care provided to babies with a final discharge from neonatal care between 1 January 2019 and 31 December 2019.

At CHFT the Neonatal Consultant and neonatal nurse lead the project. The audit measures require work with other specialities and in particular with obstetrics.

NNAP audit measures are aligned to a set of professionally agreed guidelines and standards

Summary of findings for CHFT

2019 Data – 500 Babies admitted to NNU
 130 Babies <34 weeks
 71 Babies < 32 weeks
 37 Babies <30 weeks

1. Proportion of women who delivered a baby at 23 to 33 weeks gestation that was admitted to a NNAP participating unit and received at least one dose of antenatal steroids (2019)

CRH – 95.8%. Above the national (91.4%) and regional (93.9%) average.

2. Proportion of mothers who received magnesium sulphate in the 24 hours prior to delivery among those who delivered their babies (admitted to NNAP participating unit) at less than 30 weeks of gestational age (2019)

CRH – 91.7%. Above the national (82.1%) and regional (86.3%) average.

Giving magnesium in a timely manner has improved along with greater understanding of the measures. In 3 years from 2016 – 2019 this has increased from 40% - 92%. This achievement was as a result of the close collaboration with the maternity team who made this significant improvement happen.

3. Proportion of babies admitted to an NNAP participating unit born at less than 32 weeks gestation who had a temperature measured within an hour of admission and the temperature was within range 36.5oc to 37.5 oC

CRH – 75.7%. Above the national (70.3%) and same as regional (75.8%) average.

The Trust is performing well. Within the Network Early Interventions Metrics, which compares the data of

all local units, we are 2nd in the table. This measure is important in ensuring better outcomes and survival of babies. This is the result of ongoing work with the postnatal wards and delivery areas to ensure everybody is aware of the importance of thermoregulation and how to achieve this.

4. Proportion of neonatal unit admissions for whom a consultation between parents and a senior member of the neonatal team is documented within 24 hours of admission (admissions < 12 hours not included)

CRH – 96.9%. Above the national (96.7%) and regional (96.6%) average.
This is an improvement on previous years. Documentation has now also improved.

5. Proportion of babies admitted to an NNAP participating unit who had a parent present on one or more consultant ward round

CRH – 86.3%. Above the national (83.2%) and regional (79.2%) average.

Difficult to have parents present at ward round during COVID, this is encouraged by the team, but parents do not always choose to be on the neonatal unit during ward round times. Despite this the Trust is above the national and regional average in this area.

6. Proportion of babies admitted to a NNAP participating unit with gestation at birth less than 32 weeks or birthweight less than 1501g, who had documented first screen for retinopathy or prematurity within the NNAP interpretation of the recommended time window.

CRH – 100%. Above the national (95.7%) and regional (98.2%) average.

The Trust continues to achieve 100%. This is made possible thanks to the support received from the Ophthalmologist. This is vitally important as a missed screen may result in blindness.

7. Babies born at 37 weeks gestational age or above (no surgery or transfer): average number of separation days per baby

CRH – 4.1 days. Above the national (2.9 days) and regional (3.0 days) average.

The Trust is reporting 1 day longer than the average.

8. Babies born between 34-46 weeks gestational age (no surgery or transfer); average number of separation days per baby

CRH – 9.3 days. Above the national (6.5 days) and regional (6.6 days) average.

The Trust is reporting above the national and regional average. No neonatal outreach to support earlier discharge. Other units have decreased this time over the last few years whereas we have increased to 9 days. The Trust is working on establishing a dedicated neonatal outreach service and on expanding our transitional care unit to address this problem.

9. Proportion of babies admitted to a NNAP participating unit with gestation at birth less than 33 weeks who received any of their mother's milk at discharge (excludes babies transferred to or from the unit)

CRH – 52.6%. Below the national (58.3%) and above the regional (50.6%) average.

Mums are encouraged to do this, and we are a BFI hospital. Further work needs to be done on this and earlier discharge with a dedicated neonatal outreach and possibly short term home tube feeding should contribute to improving this measure in future.

10. Proportion of babies admitted to a NNAP participating unit with gestation at birth less than 30 weeks who received documented clinical follow up at gestationally corrected age of two years

CRH – 90.32%. Above the national (70.77%) and regional (82.17%) average

Growing skills assessment and assessment in baby clinic is 20% above the national average. NICE Guidance – follow up at 4 years.

11. Proportion of nursing shifts are numerically staffed according to guidelines and service specification, and proportion of shifts have sufficient staff qualified in specialty

CRH – 60.0%. Below the national (69.0%) and regional (73.6%) average

The Trust is slightly below average.

Other audit measures:

- Central line associated infection
 - o Poor performance (CLASBI days – infections per 1000 central line days) in 2019 but large variation as central line infections are rare. The Trust has implemented a lot of work around central line.
- NEC –no cases
- Bronchopulmonary Dysplasia rate below national average (20% vs 37%)

Conclusions:

CHFT results for most of the above measures are mostly better than or similar to the regional or national average. There is further work to be done on parental separation, staffing and breast milk on discharge. There are regular changes in the measures and a new measure being introduced is delayed cord clamping; our current performance is around 50%.

Recommendations & actions:

- Keeping mothers and babies together:
- Currently our babies take longer to get home than the national average.
- We are working on developing our transitional care unit on ward 4A, so that more babies and mothers can be cared for together.
- We have developed a business plan for a dedicated neonatal outreach team that can support families and babies after discharge from the neonatal unit.

Transitional care:

- Avoids admission to NNU in the first place for some babies
- Enables earlier discharge from NNU
 - o Depends on what babies can be cared for on transitional care
 - o Requires neonatal nursing input

Neonatal Outreach

- Enables earlier discharge from NNU
 - o Short term home tube feeding
 - o Close community supervision of ex preterm babies

All National Audit Programmes are developed to enhance patient care. CHFT strive to participate in all National Audit/Improvement Programmes. In addition to the list of National Audits published on the yearly Quality Account, CHFT have also participated in the following National Audits:

Additional National Clinical Audits the Trust has participated in during 2020/21

- Breast and Cosmetic Implant Registry
- Diabetic Retinopathy Screening (KPI)
- Potential Donor Audit
- Management of Urinary Retention (Collaborative Regional Audit)
- National Audit of inpatient complex and chronic pain (CHIPS)
- FAMCARE 2020
- Survey of use of fresh frozen plasma (FFP), cryoprecipitate, Prothrombin Complex Concentrate (PCC), and fibrinogen concentrate (Spring 2020)
- Radiology benchmarking project 2020 (2019/20 data)
- National Mesothelioma Audit (spotlight audit) 2019
- Hindfoot Ankle Reconstruction Nail Trial (HARnT)
- National COVIDSURG audit 2020
- Multi-centre Audit of Virtual Fracture Clinics in the United Kingdom pre- and post- national lockdown in response to the COVID-19 pandemic (MAVCOV)

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