NHS
Calderdale and Huddersfield
NHS Foundation Trust

Quality Account

2021/22

compassionate care

Contents

1: Chief Executive's Statement

Welcome to the quality account for Calderdale and Huddersfield NHS Foundation Trust (CHFT) for 2021/2022. The COVID-19 pandemic continues to have an impact on each and every one of us, and the communities we serve. We have been responding and recovering at different times over the last year and we will continue to do this through 2022. I am humbled and grateful to our colleagues for everything they have done to maintain our community and hospital services, to support other colleagues and to deliver care to our patients and their families during the course of one of the most challenging of years.

Some of the biggest impacts of the pandemic have been on both Black, Asian and Minority Ethnic (BAME) and the most disadvantaged communities. As is often the case, in adversity we become creative and innovative, and we have seen many opportunities created during the pandemic. The Trust has refocused its capacity to those patients who are waiting to access planned care. We have developed a framework to manage recovery of our services and access for patients at pace and have agreed specific principles and priorities. These include focusing on prioritisation, health equality, access to training and the wider patient experience with a reduction in variation within and across specialties.

The National Cancer Waiting Time Targets is a key quality indicator of performance and CHFT are the only Trust in the region that have consistently reached the 62-day target for the last 18 months, therefore, providing effective cancer care to our patients. This is something we are extremely proud of.

We have developed new ways of working within our theatres, with the restart of elective surgery which has provided opportunity to redesign theatre scheduling to optimise productivity, and this will inform long term planning. Along with this, we have implemented new pathways to ensure that patients move more quickly from Accident and Emergency to specialty assessment. Our aim is to continue and embed this way of working. Integrated models of care were also implemented during the pandemic, and we want to embed and strengthen these developments, working across organisational boundaries to support patients.

We also continue to offer improved access and ensure the benefits of digital technologies are available to everyone, supporting patients who may lack skills, and confidence or have limited or no access to equipment and connectivity. We implemented our Virtual Visiting Service, which is a digital communication aid using Microsoft Teams to connect our patients and loved ones; ensuring they are kept in contact within a safe environment. Developing an understanding of the patient experience by identifying touchpoints of a service and gaining knowledge of what people feel when experiencing the Trust's services is crucial. The process enables the Trust to improve the experience of patients in its care. The foundation for this remains the Trust's four pillars, alongside patient and colleague safety and wellbeing.

Our aim is to create a supportive colleague environment that delivers high quality and safe care for our patients and empowers our colleagues, as well as giving recognition to the considerable contribution they make. One Culture of Care is at the heart of our colleague wellbeing approach. Accessibility, trust and simplicity have 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 160 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.

Continues…

Chief Executive's Statement… continued

Employee wellbeing has become a particular concern throughout the pandemic. Mental ill-health rates are rising; the Office for National Statistics (2021) reports the number of adults diagnosed with depression has more than doubled since before the pandemic. Many people have suffered loss, isolation, illness, and stress during this time. As an inclusive employer, the need for an understanding, compassionate, and flexible approach to work is more critical than ever.

Our Quality Account provides a detailed appraisal of our commitment to maintain safe, high-quality care. This is always paramount for our Board of Directors and all our colleagues across the breadth of the services we deliver. 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 and that we strive to improve high-quality, person-centered care for all, now and into the future.

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 in this report. All providers were required to 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 as well as a further tool to assess the current position against the seven immediate and essential actions in the Ockenden Report. An action plan has been developed to address the areas which were felt to have partial compliance based on the evidence submitted. The Trust remain committed to ensuring that we deliver high quality safe services across all of our maternity services.

The Care Quality Commission (CQC) have 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 CQC relationship managers. The Trust has and continues to comply with the CQCs revised approach to regulation in line with the development of their future strategy.

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, I would like to welcome you to the 2021/2022 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 2022/2023.

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

Brendan Brown, Chief Executive

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 2021/2022 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 2021/2022 and to identify our quality priorities for 2022/2023.

During the past year the COVID-19 pandemic continued to have 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. Therefore, we have continued to work in partnership at both a 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 people 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. Examples of this are that we have introduced a health and well-being risk assessment for our colleagues to ensure we provide them with the appropriate support as well as an Employee Assistance Programme which colleagues can access wellbeing support anytime, any day along with access to such things as wellbeing apps and coaching and mentoring for our leaders.

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.

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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 1,443 patients with COVID have been treated and discharged from our hospitals in 2021-2022 – 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 information to inform our clinical prioritisation post COVID-19, which helps us to minimise the risk of treatment delays 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), and 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 62,952 inpatients and 45,837 day-case patients, delivers 454,113 outpatient appointments, and has 171,514 patient attendances in the accident and emergency departments. The annual planned turnover for 2022/23 is £500m.

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, which means many people can now 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. This work is now underway with demolition of some of the buildings at the Huddersfield site well underway and the building of the new Accident and Emergency Department at Huddersfield Royal Infirmary will commence in the latter half of the year.

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, which 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.
- Committed to improving quality of documentation within the patient records to enhance patient safety and outcomes.

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 third largest ICS in the country covering a population of 2.7 million people and a budget of over £5.5 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?

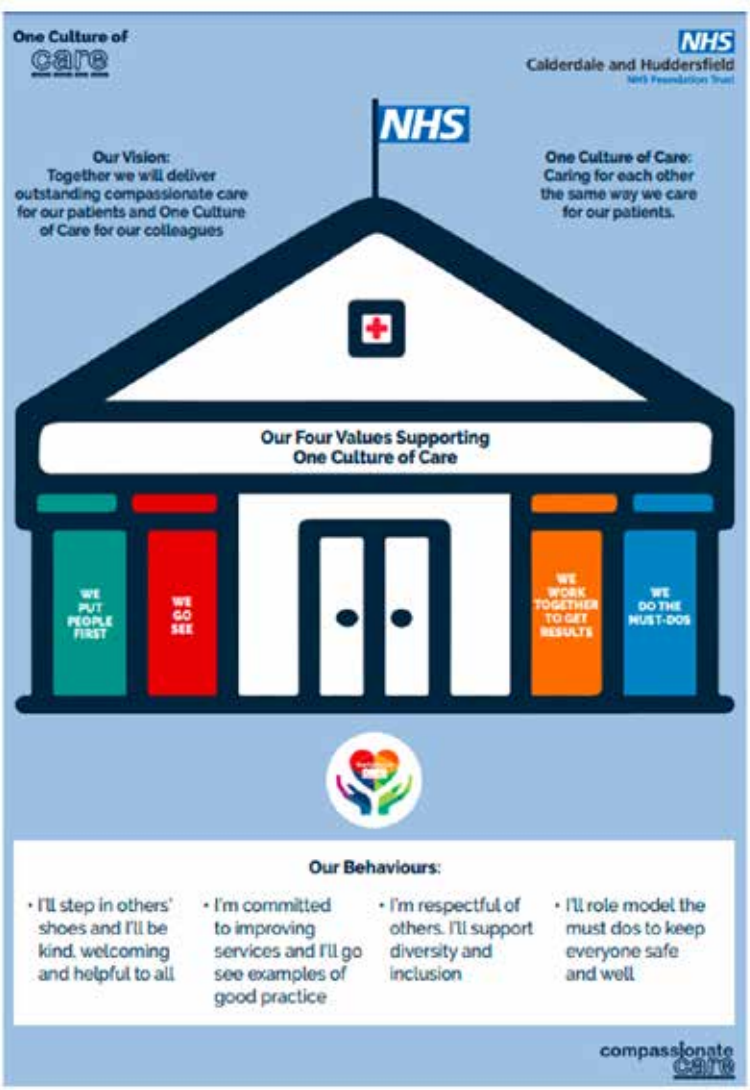
All NHS Trusts are required to produce an annual Quality Account that describes and explains the quality of services provided for patients and their families.

The Department of Health and Social Care (DHSC) has confirmed that the deadline to publish 2021/22 Quality Accounts is the 30th of June 2022 and that where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional (pandemic) challenges of 2021/22, 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



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.

Rated as Good by: Care Quality Commission

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.

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 and Compliance 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 the CQC action plan compliance can be seen below:

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

CQC Exception Plan - Outstanding Action	Progress
Must Do 1 – The Trust must improve its financial performance to ensure services are sustainable in the future	A full round up of all the actions undertaken to support the Trust's Use of Resources (UOR) position was received by Finance and Performance Committee in early 2021/22. Consideration was also given to closure of this action given the successful delivery of an improved financial position in line with targets over several years and the progress made to advance the reconfiguration. However, given the scale of the challenge for 2022/23 a decision was made to keep the action open to ensure this has optimum ongoing monitoring and oversight.

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
- Inspecting services as part of the wider Integrated Care System (ICS)

A new strategy for the changing world of health and social care was published in May 2021. This sets out how CQC will regulate providers in the future, particularly focusing on four key themes:

- **People and communities:** Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use, and move between services
- **Smarter regulation:** Smarter, more dynamic, and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response
- **Safety through learning:** Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives
- **Accelerating improvement:** Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most

The Trust will be guided by the rollout of the CQCs new strategy, which is expected to be completed by summer 2023.

The Trust continues to undertake a program of CQC Preparation Workstreams including the rolling program of Journey 2 Outstanding Reviews at Ward, Service and Departmental level to ensure the Trust is CQC Inspection ready.

3.4 Review of services

During 2021/2022, 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.

4: Improving our quality of service

4.1 Looking back at how the Trust performed against the priorities set for 2021/2022

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 2021/2022.

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 2021/2022?
Safety	**Reduce the number of Hospital Acquired Infections including COVID-19**	Yes*
Effectiveness	**Recognition and timely treatment of Sepsis**	Yes*
Experience	**Reduce waiting times for individuals in the Emergency Department (ED)**	Yes*

** The COVID 19 pandemic had had a direct impact on our clinical teams and therefore affected our progress with the 2021-22 priorities.*

Priority One: 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.

Improvement work and how we did during 2021/2022

- The new National Standards of Healthcare Cleanliness 2021 to be reviewed and implemented
- Covid immunization history is part of routine pre-employment health checks
- The Trusts remains consistent in position that masks are required within the healthcare setting.
- Specialised clinics have been established to support people with a learning disability to receive their vaccines and will be included in future planning
- The community healthcare division has proactively supported the vaccination programmes across Calderdale place and has included this in the system wide winter planning.

Priority Two: 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.

Improvement work and how we did during 2021/2022

- Our Emergency Department consultant continued to analyse red flag patient (sickest sepsis patients) to ensure that they are provide with safe and responsive care
- Our lead Sepsis nurse provided increased training to colleagues to enable them to have the correct skills and knowledge to ensure that are able to meet our patient need
- Additional sepsis trolleys are now available with our Emergency Departments so that our clinical teams are equipped with everything they need at their fingertips

Priority Three: 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.

Improvement work and how we did during 2021/2022

- The Trust continues to capture any length of stay over 12 hours to ensure we address the effect this has on patient experience and that lessons learnt are implemented.
- Redesign of internal Emergency Department Operational Pressures Escalation Levels (OPEL) Framework to ensure captures the internal escalation process and links in the national process. This enables the Trust to respond to any increase of patients presenting to the Emergency Department

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 is 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.

4.2 Looking ahead to 2022/2023

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.

Due to the COVID-19 pandemic having a direct impact on our clinical teams and therefore affected our progress with the 2021-22 priorities and was not as comprehensive as we would have liked. It has therefore been agreed with support from our Board of Governors that the three Quality Priorities would continue for 2022/2023, with an increased focus on embedding actions from these. The Quality Account Priorities for 2022/2023 are as follows:

CQC Domain: Effectiveness	CQC Domain: Safety	CQC Domain: Experience
Recognition and timely treatment of Sepsis	Reduce the number of Hospital Acquired Infections including COVID-19	Reduce waiting times for individuals in the Emergency Department (ED)

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 will also have greater focus on the following seven priorities:

we will also have greater focus on the following seven priorities:

CQC Domain: Safe	CQC Domain: Caring	CQC Domain: Safe	CQC Domain: Responsive	CQC Domain: Safe & Caring	CQC Domain: Safe	CQC Domain: Responsive
Reducing the number of Falls resulting in harm	**End of Life Care**	**Increase the quality of clinical documentation across CHFT**	**Clinical Prioritisation (Deferred care pathways)**	**Nutrition and Hydration for in-patient adult and paediatric patients**	**Reduction in the number of CHFT acquired pressure ulcers**	**Making complaints count: Implementation of the national regulations & PHSO standards (phased introduction)**
Focus • Audit and embed changes proven to reduce the number of inpatient falls. • Implement the CQUINN targets for prevention of inpatient falls • Embed learning from serious incidents, produce bite size learning, • Develop workshops and strengthen the influence of falls link nurses.	**Focus** • Implement 7 day working across inpatient/ community services • Improve access to ePaCCs • Introduce a standard(s) that will improve a person's experience pre and post bereavement delivered by the ward teams • Review the Bereaved relatives telephone support service	**Focus** • Optimise the Clinical Record through: - In-depth analysis of current processes around electronic documentation - Benchmark - Set standards • Trial the use of a Digital White Board within the hospital setting in 2 designated areas • Review Ward Assurance Tool within KP+ setting appropriate metrics • Assign responsibility to Ward Managers & Matrons to drive improvement in clinical documentation within ward area • Ensure Ward Managers own ward data using KP+ and to react to the quality therein • Audit clinical records using an agreed audit tool • Identify & establish a project team that can drive improvement of data entry into EPR across the Trust • Ensure training in the use of EPR reflects standards laid down by the Trust and that it reflects the varying training needs of the staff	**Focus** • Ensuring known health inequality groupings are not disadvantaged as we recover and reset • Maintain compliance with the agreed clinical prioritisation process across the trust.	**Focus** • 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. • Ensure nutrition and hydration care is delivered by a trained and competent workforce. • Develop ongoing monitoring and assessment processes to ensure high standards are maintained during meal service. Monitoring of nutritional intake and appropriate assistance is given to all vulnerable patient groups.	**Focus** • Support a system wide approach to pressure ulcer prevention and management • Strengthen clinical leadership at the frontline by empowering healthcare workers to provide exemplary care • Implement over-arching policy recommendations aligned to national guidance • Review, amend and implement new documentation processes on EPR • Engage, challenge, motivate and educate healthcare workers via a robust training programme	**Focus** • Fully align the work of the Making Complaints Collaborative to ensure it is delivering against the national complaints' regulations and the emergent PHSO standards. • Support a trust wide / user led approach to 'Making Complaints Count'. • Review existing processes, policy and operating procedures as needed to be assured of compliance and that operations are fully supported.

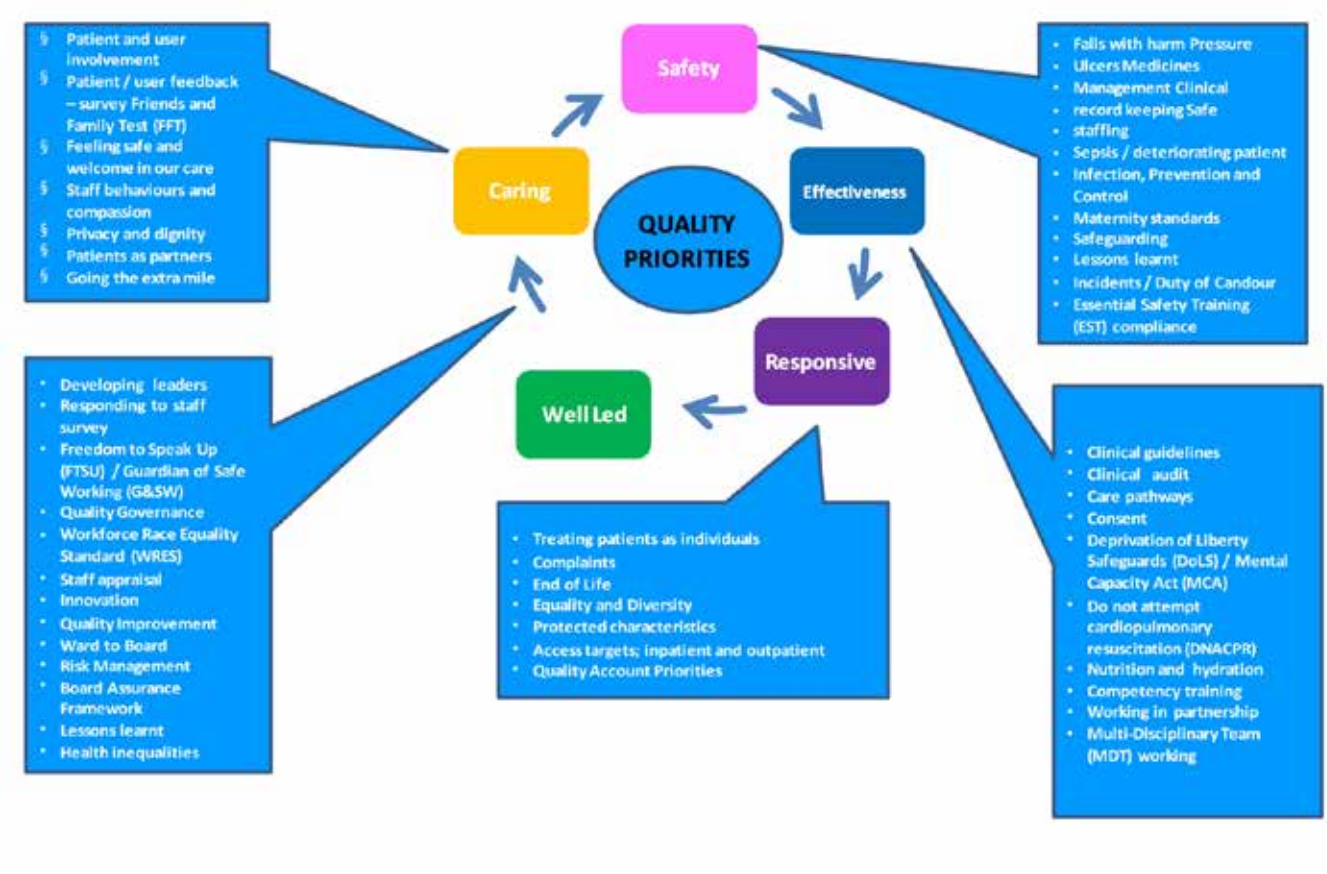
How will we monitor our progress in relation to the delivery of the Focused Quality Priorities?

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 embed our 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 continues to see the impact of the pandemic throughout 2021/22 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.

During 2021/22 the COVID-19 pandemic continued to present a major challenge with business-as-usual arrangements suspended at the start of the year. During the year the Trust adjusted its operational activity according to the local impact of the different waves of the pandemic and planned for different scenarios in terms of capacity and recovery of backlog activity. Leadership by the Director team with support from the Non-Executive Directors, to maintain a sound system of internal control has been key to the Trust's response to managing the crisis and associated risks.

The Trust set up a COVID Medicines Delivery Unit (CMDU) for high-risk non-hospitalised patients with COVID-19 in January 2022, enabling the treatment of these patients in the community, using the latest evidence-based treatments which reduced the likelihood of these patients needing hospital admission, and also decreasing mortality.

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 2021/2022 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 2021/2022 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.

Response to the COVID-19 Pandemic – Incident Management team

The Trust response throughout 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.

Incident Management arrangements remained in place to manage COVID-19 related risks and the Trust has identified a set of focussed quality priorities to reflect these COVID-19 risks. A key risk will be in ensuring patients who have encountered a delay to treatment are treated during the recovery phase. A recovery plan has been developed, based on principles agreed by the Board of Directors, which ensures a needs-based and health inequalities guided approach and clear governance in relation to the reporting of harm.

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.

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. This has recently been revised and refreshed to ensure that the Trust continues to meet with the changing agenda. 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.

5.2 Business Better Than Usual

In 2020, after the first wave of the COVID-19 Pandemic, extensive engagement with colleagues, partners and members of the public about the service changes implemented during the pandemic and their aspirations for future service delivery was undertaken. The feedback from this engagement identified 12 learning themes of new ways of working where there was agreement that this could have potential long-term benefits and should be sustained and amplified.

Since then, a programme of work with partners and colleagues has been implemented to support continued engagement and to take forward further developments in relation to each of these themes. A summary of the 12 learning and development themes is shown on the next page.

LEARNING FROM THE PANDEMIC - BUSINESS BETTER THAN USUAL PLAN ON A PAGE		
Integration & Partnerships There has been a cultural 'shift' in the behaviour of the health and care workforce across Calderdale and Huddersfield, which has enabled working across organisational boundaries to support patients. Integrated models of care were implemented at pace during the pandemic, and we want to embed and amplify these developments.	**Remote Patient Appointments** Digital or telephone appointments have been widely used during the pandemic. This has reduced the need for people to visit the hospital. We want to continue to offer this improved access and ensure the benefits of digital technologies are available to everyone, supporting patients who may lack skills, and confidence or have limited or no access to equipment and connectivity.	**Needs based Prioritisation** Some of the biggest impacts of the pandemic have been on the most disadvantaged and BAME communities. We are using Health Inequalities data to complement clinical prioritisation and our system's post Covid-19 recovery for both planned and unplanned care. We are using real time data analysis of patient waiting lists in relation to index of multiple deprivation, ethnicity, and other protected characteristics to inform prioritisation of patient care.
Workforce There has been increased focus on support for colleagues' well-being and this must continue – to enable 'one culture of care' where we care for our colleagues in the same way we care for our patients.	**Remote / Homeworking** The option of remote working has brought benefits related to colleague wellbeing, productivity, and positive impact on climate change. There is agreement that remote working where it is possible should continue to be supported.	**Theatres – New Ways of Working** The restart of elective surgery has provided opportunity to redesign theatre scheduling to optimise productivity and this will inform long term planning.
Clinical communication, virtual Multi-Disciplinary Teams & Education The increased use of technology to provide virtual training and meetings has worked well for clinical colleagues and made it easier for colleagues to access meetings and education by reducing travel and improving attendance.	**Reducing Health Inequalities** The pandemic has emphasised the significant health inequalities experienced by our communities. We will work with local communities and use our resources and planned investment to target job creation, apprenticeships, and training for the most vulnerable communities to create social value.	**Direct Assessment Pathways** New pathways implemented during the pandemic have delivered benefits of patients moving more quickly from A&E to speciality senior assessment. The aim is to continue and embed this way of working.
Pathology Redesign of the service considering options for delivery in the community (e.g. phlebotomy) and to take account of changing patterns of demand.	**Estate** The limitations and constraints of the existing hospital estate facilities at HRI and CRH has created additional risks to service delivery during the pandemic. The design of new buildings must include features that strengthen infection control, include learning from increased technology and support sustainability.	**Digital Options for Visitors** During the pandemic digital options for patient visiting in hospital have been made available and there is support for these to continue as an option available in the future - and potentially could have wider applicability in other care setting.

This work has informed operational planning and longer-term strategic plans. Quarterly updates on progress have been reported to Trust Board sub-committees (Quality, Transformation, Finance & Performance and Workforce and Organisational Development) during the period 2020-2022.

In January 2022, Audit Yorkshire reviewed the Business Better Than Usual programme and their report concluded that there was a high level of assurance regarding the processes that have been put in place to ensure that positive learning from the pandemic is being embedded within the Trust.

The Trust Board agreed in February 2022 that as part of the transition to 'learn to live with Covid', going forward it was now appropriate for the BBTU programme of work to transition and in future be sustained / embedded in the Trust's main annual planning and longer-term strategic planning processes. The learning and on-going developments in relation to each of the 12 themes will now be integrated in mainstream planning process to ensure learning from the pandemic is not a stand-alone initiative and is an integral part of the Trust's drivers for strategic planning and transformation.

5.3 Trust actions to promote equality of service delivery

The increased focus on health inequalities since the onset of COVID-19 has provided an opportunity for the Trust to develop its information systems to capture relevant patient information and to analyse this data to inform service planning and make progress in reducing health inequalities locally. Areas of focus to date have included:

- analysis of access to A&E and priority category and waiting lists by index of multiple deprivation and ethnicity
- data analysis which led to a decision to prioritise treatment for patients with learning disability
- focus on the implementation of the continuity of care standard for maternity services for BAME mothers.
- Improving the experience of patients with visual impairment - for organisations (Disability Partnership Calderdale, Halifax Society for the Blind and Kirklees Visual Impairment Network) have worked collaboratively to review feedback from service user engagement events

5.4 Vaccination Programme – John Smith Stadium Vaccination Centre

The John Smith Stadium (JSS) Community Vaccination Centre (CVC) was 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 CVC was delivered through a multi-provider collaboration from across Kirklees with over 1,000 staff and volunteers between February and August 2021. The site was CQC registered for this purpose, and the Centre successfully delivered 103,781 Covid-19 Astra Zeneca and Pfizer Bio-N-Tech vaccinations. The JSS vaccination service received a positive CQC review in March 2021, with positive feedback also received following an onsite visit by the Regional Clinical Lead for Covid Vaccination in July 2021.

During the commissioned period, weekly assurance reports were submitted to CHFT, and monthly provider meetings took place for governance assurance to resolve any issues. The CVC was decommissioned on 31st August 2021, with Locala taking over as lead for this service and assurance provider for phase 3 of the vaccination programme from September 2021.

Overall, this was a hugely successful vaccination programme delivered through a mixed provider model. Colleague and public feedback and experience was overwhelmingly positive.

5.5 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 produces learning summaries to highlight learning from incident investigations. Immediate learning is shared at weekly meetings such as, leadership briefings and matron forums. Learning from incident investigations continues to be an area of focus as well as ways of providing ongoing assurance in response to incident findings.

The Trust is a member of the West Yorkshire Association of Acute Trusts (WYAAT) Learning Lessons Group, to which the Head of Risk and Compliance and Senior Risk Manager attended throughout 2021/2022. 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 a specific focus on incidents relating to patients who have been lost to follow-up and the management of critically unwell patients.

The WYATT group have continued to work together in order to provide a consistent approach to the management of hospital onset Covid-19 infections where patients have sadly died.

Serious Incident Panel

The Serious Incident Panel approves all final investigation reports, reviews findings, contributory factors, and root causes. Scrutiny is given to action plans to ensure they will mitigate identified risks and provide evidence of assurance.

In 2021/2022, 43 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	11
Severe harm	17
Moderate harm	11
Minor Harm	1
No Harm	3
Total	**43**

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

- Documentation not completed appropriately by staff
- Unknown/unbooked pregnancy

Themes and trends: The three most frequently reported serious incidents in 2021/2022 by Strategic Executive Information System (StEIS) category were:

Incident StEIS category	Number of incidents	Descriptors
Sub-optimal care of the deteriorating patient incident	13	Failure to act on symptoms or observations, inadequate
handover, and failure to escalate		
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	610	Delayed or missed diagnoses, missed radiological findings, failure to act on test results, delays in monitoring
Maternity incidents	6	

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 a thematic review or deep dive where it has concerns with themes identified. As such, a low threshold was applied for incidents related to the management of critically ill patients to ensure senior oversight.

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. Such incidents are still brought to the weekly serious incident panel to provide the opportunity for any immediate learning to be implemented.

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 2021/2022 the Trust reported two Never Events, a wrong site surgery and a retained wire. Following the completed investigation of the retained wire, the actions taken were:

- Implement World Health Organisation (WHO) checklist to include a 'STOP' moment during the procedure.
- State 'radial wire out', lay on table and confirm before disposal by scrub nurse.
- A check of wires removed during the procedure.

Assurance and Scrutiny

An overview of the Trust's serious incidents is reported to the Quality Committee. This includes themes and trends and associated workstreams as well as the timeliness of reports being completed. There has been a particular focus on actions from serious incidents to ensure these are completed and provide assurance.

A flow chart has been included in the Incident reporting, management and investigation group policy. This sets out clear timescales and expectations for incident investigations and allows time for an independent quality assurance check prior to the report going for sign off.

The Risk Team meets with our commissioners on a bi-monthly 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 2021/2022, the Risk Team continued to improve the incident reporting and investigation processes including review of outstanding actions that have been open since 2019, as well as developing a Serious incident investigation flow chart.

Training has been provided on Root Cause Analysis, Incident investigation and Risk Management to colleagues throughout 2021/2022 to enable greater understanding and support effective delivery of these important functions within Divisions. Training on Duty of Candour is available for all staff via the Electronic Staff Record (ESR).

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 implementation of the new Patient Safety Incident Response Framework (PSIRF) has been slightly delayed due to the pandemic. The risk team have linked with early adopters and attended forums led by NHS Resolution to prepare for the transition. Further guidance is expected to be published in June 2022. This will further inform our preparation plans, particularly in terms of training. Current work is focused on creating the conditions for success. Included in this is our communication strategy and assessing and strengthening the systems and processes that will support PSIRF. Any changes will be reflected and updated in our policies and guidance.

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.

5.6 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 nutrition care reduces complications and length of stay.

The Trust has recognised that there is work to be done to demonstrate compliance in the following areas

1. All adult patients with a Malnutrition universal screening tool (MUST) of two or above are referred to the dieticians and nutritional support care plans are initiated
2. Food charts will be completed for patients with a must of 2 or above at every mealtime
3. All adult patients will receive a MUST assessment within 24 hours of admission
4. All patients (length of stay more than 8 hours) have a completed fluid balance chart
5. All paediatric patients will receive a STAMP (Screening tool for the assessment of malnutrition in paediatrics) within 24 hours of admission

To further strengthen this area of work and drive improvement the Trust has selected Nutrition and Hydration (N&H) as one of the Focused Quality Priorities for 2022/2023, focusing on Nutrition and hydration for in-patient adult and paediatric patients.

Improvement work

The nutritional specialist nurses and dieticians have now completed some partnership working with Bradford colleagues with implementing the automatic dietitian referral for all patients with a MUST score of 2 and above.

The Journey to Outstanding assurance tool (J2O) used to review nutrition and hydration has now commenced and a number of ward areas have been completed. The findings from the J2O are fed back at the Nutrition and Hydration meetings on a monthly basis.

Each Division has a nutrition and hydration action plan which are reviewed monthly at the Nutrition and Hydration meetings. This forms part of the work to improve the ward assurance compliance and quality improvement work.

The Nutrition and Hydration group are also in the process of developing a Trust Food and drink strategy and are looking at implementing new technology to decrease delay to treatment for enterally fed patients.

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

5.7 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. Alongside this, the Dementia Lead Practitioner is working directly with the Assessment areas to improve Dementia Screening with the ward teams.

Trust Dementia Training Compliance – Target compliance 95% National driver

Community	99.2%
Corporate	99.8%
Families and Specialist Services	99.6%
Health Informatics	100%
Medical	99.3%
Pharmacy Manufacturing Unit	100%
Surgical &Anaesthetics	99.2%

Overall compliance for Dementia training across the Trust is 99.4%.

5.8 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.

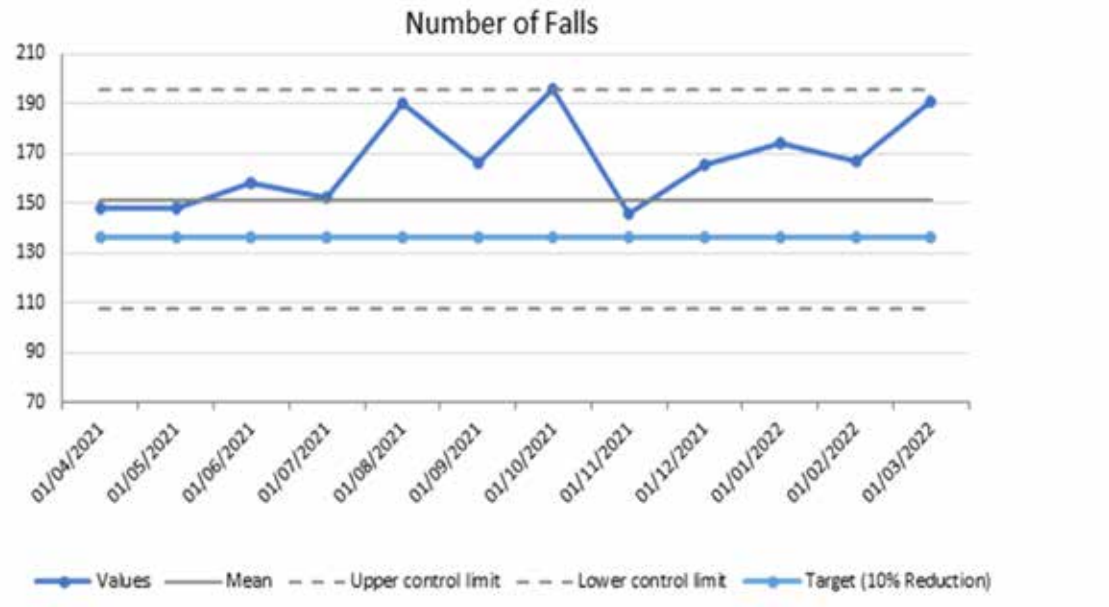


Chart 1 – Number of falls

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.

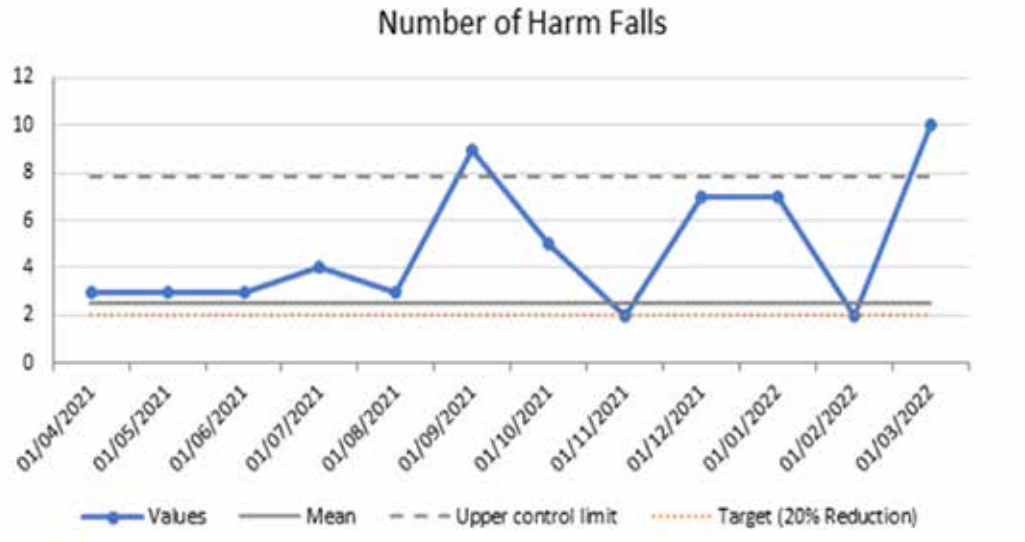


Chart 2 – Number of harm falls

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 been in post for 12 months and is leading on different workstreams within Falls and Dementia.
- The Head of Health and Safety has joined the falls collaborate to review a potential link with inpatient slip, trips and falls with the non-clinical slips, trips, and falls. This is to ensure that the Trust has in place effective systems for all aspects of falls improvement. The Trust has also revised the organisation wide policy to include both clinical and non-clinical areas.
- The Trust also developed Falls Link Practitioners across clinical areas to provide increased support.

5.9 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
- Escherichia coli bloodstream infections
- Colonisations/infections with Carbapenemase producing Enterobacteriaceae (CPE)

MRSA (Methicillin resistant Staphylococcus aureus) Bacteraemia:

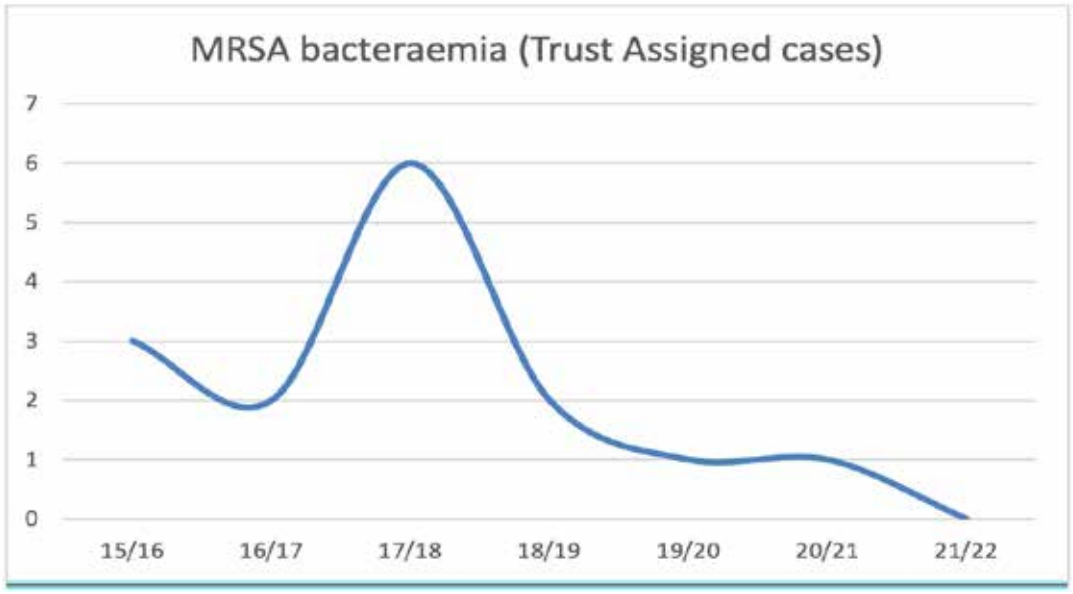


Chart 3 – Number of MRSA cases per year

The Trust has seen a further reduction in the number of cases of MRSA bacteremia to zero cases in 2021/2022.

MSSA (Methicillin sensitive Staphylococcus aureus) bacteraemias:

MSSA bacteraemia is not subject a national objective. However, mandatory reporting of MSSA bacteraemia is required.

In the year 21/22, 18 cases have been reported, an increase of two from the previous year:

E. Coli (Escherichia coli) bacteraemia:

From 21/22 the E. coli bacteraemia objective includes both hospital onset hospital acquired case (HOHA) and Community Onset, Healthcare associated (COHA) cases. A baseline in 20/21 identified 43 COHA cases. While there has been a small increase of four HOHA cases in 21/22, the objective was met. A collaborative improvement plan to reduce rates across the health economy is in place.

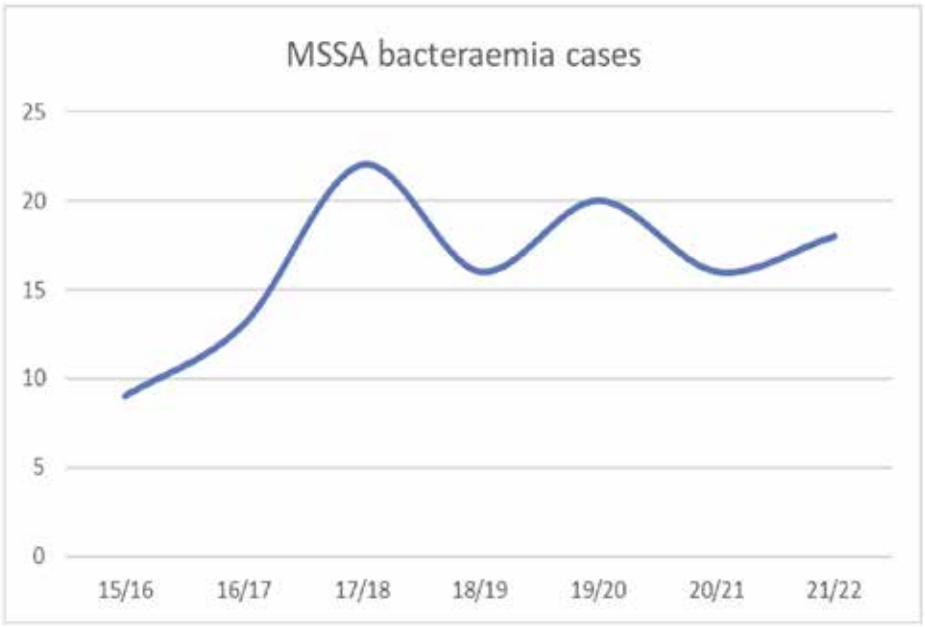


Chart 4 – Number of E. coli cases per year

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. Implementation of National guidance, extending CPE screening is to be delivered this year.

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

5.10 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 to be submitted by 30 June 2021. CHFT met all the timeframes for submission and received feedback of the submitted evidence from the regional midwifery team in November 2021. An action plan has been developed to address the areas which were felt to have partial compliance based on the evidence submitted.

The second Ockenden report is due to be published in March 2022.

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 Carer (COC). We currently have four Continuity of Carer teams; and currently deliver Continuity of Care to approximately 25% of all women and 50% of Black Asian and Minority Ethnic (BAME) women.

In October 2021, NHSEI published updated guidance on delivering Midwifery Continuity of Carer at full scale. The guidance acknowledged the impact of COVID-19, also the long-standing challenges with midwifery staffing and the challenges associated with bringing about whole-scale change in midwifery staffing models. The publication described that Local Maternity Systems (LMS) should put in place building blocks by March 2022 so that midwifery continuity of carer is the default for all women. This is a move away from describing specific percentages of women who should be booked on to COC pathways within a specified time period. This change to the implementation strategy ensures that the transition to midwifery continuity of carer does not put undue pressure on midwives or compromise safe staffing levels across any part of the wider maternity service.

The COVID-19 pandemic and the NHS response has delayed the roll out of further Continuity of Care teams; however, future teams would be mixed risk and locality based.

Healthcare Safety Investigation Branch

CHFT had reported a total of 34 cases to Healthcare Safety Investigation Branch (HSIB) since December 2018. Of these, three cases were rejected as the family did not consent to a HSIB investigation, four did not meet the HSIB investigation criteria and three did not meet the COVID-19 criteria for investigation. 24 cases progressed to investigation and 20 cases have completed reports. There are currently three open and ongoing investigations up to 14th February 2022.

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

Homebirth Rate

Following the introduction of a Continuity of Carer Homebirth Team, the homebirth rate at CHFT has steadily increased from 0.9% of all births in 2019/20 to 2.5% of all births in 2020/21. Homebirth is a safe birth option for many women and the commitment and passion of the Homebirth team is central to their success.

Introduction of the Birmingham Symptom Specific Obstetric Triage System

In March 2022, maternity services introduced the Birmingham Symptom -Specific Obstetric Triage System (BSOTS) into the Maternity Assessment Centre. The BSOTS system allows clinicians to prioritise the order in which women receive medical attention on arrival to the Maternity Assessment Centre. The prioritisation is based on clinical need and assigns a category (urgency) to the patient. Correct triage of patients limits the risk of a poor outcome for the patient.

Digital Achievements

Women are now able to electronically directly refer themselves for pregnancy care. This digital innovation ensures women receive early referral to the correct pathway of care to meet their individual needs.

Once women are booked for their pregnancy care, they have online access to their electronic antenatal and postnatal maternity care records via My Pregnancy Notes.com. The My Pregnancy Notes also contains electronic copies of all maternity information leaflets, and if a woman's smart phone has translation capabilities, it allows the records to be translated into their preferred language.

6: Patient Experience

6.1 Patient Experience and Caring Group

Patient experience is monitored and scrutinised through our Patient Experience and Caring Group (PEG). The purpose of PEG is to develop and set the strategic direction for improving the experience of patients receiving care within the Trust.

The group is chaired by one of our Non-Executive Directors. Their role is to be assured that action on improving and responding to patient experience concerns are addressed, whilst delivering our patient experience strategy.

The group aims to monitor the Trust's compliance and benchmarking against key patient experience and related quality indicators, including those in the Quality Account, and any associated risk and resource issues. The PEG is also responsible for reviewing compliance with external standards, including CQC and implementation of all Trust policies, relating to Patient Experience.

Set agenda items for the group include:

- Commitment to Carers
- Friends and Family Test (FFT)
- Operational Updates: Where appropriate linked to Quality CQUINS and Quality Priorities
- Patient Advice and Liaison Service (PALS) and Complaints – Making Complaints Count
- Patient Stories
- Shine a Spotlight – Where we showcase positive engagement and involvement initiatives within our Trust
- Healthwatch Updates

Friends and Family Test

The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience. This is a real-time monitoring tool that gives a real sense of what is happening across the Trust.

Our data submission and publication for the Friends and Family Test (FFT) restarted for acute and community providers from December 2020, following the pause during the response to COVID-19.

Developing an understanding of the patient experience by identifying touchpoints of a service and gaining knowledge of what people feel when experiencing the Trust's services is crucial. The process enables the Trust to improve the experience of patients in its care. This is why the reporting format has moved away from response rates, with a greater focus on driving improvement, supporting comments of what went well and what can we do better will help to inform the improvements.

Consistent with other acute trusts, our response rates are lower than would be expected, particularly for inpatient, community, and maternity services. Low figures relate to staffing pressures and priorities, along with adapting to new processes; higher numbers have been achieved in the Emergency Department and Outpatient Departments where SMS messaging is the main method of response.

Various approaches are in place to increase responses, including a relaunch / improvement to the digital platform, hospital posters with the URL link and QR codes.

Between January and March 2022, 120 Ward Helper Volunteers were trained in completing the FFT with patients. In addition, a volunteer was recruited specifically to work within low response rates areas.

The learning from FFT intelligence is now a set agenda item on monthly divisional Patient Safety and Quality Board meetings and discussed a minimum of five times a year within the Patient Experience and Caring Group (PEG). In addition to these, representatives from each division can now access the Knowledge Portal (KP+) for their own patient feedback at all times.

	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
In Patient	96.5%	96.5%	96.9%	96.6%	96.1%	97.3%	98.3%	97.3%	96.7%	97.4%	97.3%	96.4%
Outpatient	92.5%	92.2%	92.3%	91.9%	91.7%	91.5%	91.5%	92.5%	93%	93.2%	92.1%	92.3%
A&E	85.1%	85.9%	83.1%	78.6%	81.4%	80.8%	81.0%	82.3%	84.4%	86.9%	84.4%	77.0%
Maternity	95.7%	88.7%	91.3%	97.3%	95.6%	97.8%	94.2%	93.6%	93.2%	97.6%	91.0%	95%
Community	93.5%	92.7%	93.0%	96.1%	94.9%	96.2%	93.9%	95.6%	93.7%	93.7%	92.5%	94.5%

Table 1 - Calderdale & Huddersfield NHS Foundation Trust FFT Response Rates (%) April 2021-March 2022

The patient and relative experience

The way in which patients receive and access treatment and care is of huge importance to us.

We have continued to provide good quality, safe patient care across our hospitals, community settings and within the homes of our patients.

During 2021/2022, we have continued to learn and evolve by delivering our services within a new reality.

Without question the national restrictions on visiting patients has had a significant impact within our Trust. Not only for our patients but for family members, carers and colleagues. Our response to this, through our award-winning online services has been received with great success. We have had almost 120,000 to our virtual services, which considering prior to COVID-19, these services did not exist. We are extremely proud of this.

Relatives Line

This is a single point of contact, which provides relatives and carers detailed updates of their loved ones. This service operates seven days a week, including bank holidays between the hours of 7:30 am and 7:30 pm. At the point the patient is admitted, the next of kin or nominated person is identified with the patient and a password is set up. Only when the password has been set up can the next of kin or nominated person receive an update as to the patient's progress.

The telephone lines are operated by clinical staff, who can access electronic patient record documentation. The qualified staff member reviews the patient record, then delivers a comprehensive update to the caller including treatment and management plans. An additional benefit realised is the ability to be able to communicate information to the ward staff and wider multi-disciplinary teams.

Within 2021-2022, the service and reputation grew within the Trust. In turn, this led to more comprehensive and timely updates within the patient record, led to a greater understanding by staff as to what is documented in the record, and ultimately the relative feels more up to date with their loved one's progress at a time when they cannot visit face to face.

Relatives and carers said:
"It can take a long time to speak to someone"

We did:
"We introduced voice recognition to reduce the time it takes to document conversations. We also improved our 'Consent to share' information, so this is handled in the initial triage process"

To date the service has received over 98,000 calls.

Virtual Visiting Service

Our Virtual Visiting Service is a digital communication aid using Microsoft Teams to connect our patients and loved ones; ensuring they are kept in contact within a safe environment.

The visits are facilitated using an android tablet via Microsoft teams. There are 15 call slots available across both hospital sites. Each call can last up to a maximum of 30 minutes. These are made and allocated on an appointment booking process.

Patients said:
"The screen size is too small"

What we did – We replaced the original devices with larger android devices. It was also recognised that patients may struggle to handle them, therefore we provided carts that allowed the devices to be held in many ways to accommodate the positions required for a patient in a ward setting.

As previously mentioned, each call is made and allocated. At the outset, the ward staff requested a call, this then moved to the duty of the Relatives' Line staff, but more recently we have enabled a request form to be accessible directly to the relative on our Trust intranet. We have seen this grow in recent weeks, which in turn has again improved the relative experience and helped reduce pressure on the ward staff.

The service has facilitated over 16, 000 virtual visits

Letters to a Loved One

This service is a dedicated inbox for relatives, friends or carers to send a letter and/or photograph to their loved one who is currently an inpatient. We have committed to delivering these letters seven days a week, 365 days a year between the hours of 9:00 am and 5:00 pm.

The service has taken approximately 5,000 requests

We established focus groups within the hospital to improve the services. Through these we are able to listen and respond and make the required improvements.

More recently, we have had the opportunity to support Project SEARCH, which is an employability course based in Calderdale and Huddersfield Trust, for young adults aged 18 - 25 years old all who have learning disabilities. The aim of the course is for them to gain valuable work experience, learn about the world of employment and develop their person skills.

Commitment to Carers

Our Carers strategy was presented and accepted at our Patient Experience and Caring Group (PEG) in March 2022. It is intended to ensure that carers and the role that they have in caring for someone is valued, that they are involved in a way they wish to be involved and supported in their role. It fits with the Trust's vision of delivering compassionate care that puts our patients and community first.

Our vision is for our colleagues to be carer aware and understand carer's rights. We will recognise, value, involve and support the role carers play in working with us to deliver patient-centred care. We will also recognise, value, and support the role of carers when they are patients themselves or are our colleagues.

The CHFT Carers Strategy Themes

The Strategy is taken from the NHS England's Commitment to Carers:
- Raising the profile of Carers
- Education, training and information
- Service development
- Person-centred, well-coordinated care
- CHFT as an employer

Objectives of the CHFT Carers Strategy:
- To ensure our staff are 'carer aware'
- To identify carers and support them with new and changing caring roles
- To value carers in their caring role when the person they care for is admitted to hospital
- To involve carers as valued partners
- To support and signpost carers to sources of support
- To have due consideration for carers when they are our patients
- To have carer-friendly policies and practices in place for our staff

The Trust's Carers Strategy links with other relevant Trust strategies and policies and will be monitored through the Patient Experience and Caring Group a minimum of five times a year.

We have worked with our third sector partners, including Healthwatch to ensure the strategy meets to needs of our Carers.

Our Carers passport will be launched throughout the Trust during Carers Week (6-12 June 2022).

Surveys

CHFT participates in all the national patient experience surveys. The current position with the surveys is detailed below:

National Children and Young People Survey 2020:
Published December 2021
1065 patients were invited to take part in the survey, 22% of patients took part.

What patients valued:
- Admission dates: patients admission dates were kept the same
- Leaving hospital: patients being told by staff who they could talk to if worried about anything when they got home
- Hospital Wi-Fi: parents/carers feeling that the hospital Wi-Fi was good enough for their child to entertain themselves
- Advice on care: patients being given advice on how to look after themselves after they went home
- Operations and procedures: patients feeling that staff explained what would be done before the operation or procedure

What patients said could be improved:
- Access to facilities: parents or carers feeling they were able to prepare food in the hospital if they wanted to
- Enough things to do: parents or carers feeling that there were enough things for their child to do in hospital
- Play and activities: parents or carers feeling that staff played with their child while they were in hospital
- Hospital food: parents or carers feeling that their child liked the hospital food provided

NHS Maternity Survey 2021
Published February 2022
343 were invited to take part in the survey, 49% of patients took part

What patients valued:
- The midwife or midwifery team appearing to be aware of the medical history of the mother and baby during care after birth.
- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- Mothers receiving help and advice from health professionals about their baby's health and progress in the six weeks after the birth.
- Mothers being given enough information on induction before being induced.
- Mothers being offered a choice about where to have their baby during their antenatal care

What patients said could be improved
- Partners or someone else close to the mother were involved in their care as much as they wanted to be during labour and birth.
- Mothers being given information about any changes they might experience to their mental health after having their baby.
- Staff helping to create a more comfortable atmosphere for mothers in a way mothers want during labour and birth.
- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.

Adult Inpatient Survey
Published October 2021
1,250 patients were invited to take part in the survey, 40% of patients took part.

What patients valued:
- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Taking medication: patients being able to take medication they brought to hospital when needed
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- Noise from other patients: patients not being bothered by noise at night from other patients

What patients felt could be improved:
- Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital
- After the operation or procedure: patients being given an explanation from staff of how their operation or procedure went
- Dietary requirements: patients being offered food that met any dietary requirements they had
- Quality of food

Patient Perspective were commissioned to summarise of the results of the Children & Young People's Patient Experience Survey 2020. The survey is made up of inpatients and day cases attending the Trust from November 2020 to January 2021.

Of 897 patients invited to take part, we had a response rate of 24%.

What matters the most to patients:

- Fast access to reliable healthcare
- Effective treatment by a trusted professional
- Participation in decisions
- Clear, comprehensive information and support for self-care
- Attention to physical and environmental needs
- Emotional support – empathy and understanding
- Involvement from family members and Carers
- Continuity of care and smooth transitions

Next Steps

Over the last twelve months, we have strengthened our governance arrangements and improved the ways in which we capture experiences of our patients and carers. Our robust patient experience strategy allowed us monitor and review the progress of this, offering assurances to our Board.

As we head into 2022/2023, we are committed to improve furthermore within our new reality. We need to be better at implementing the learning, in order to change, improve and evolve as one Trust, delivering the Compassionate Care that we strive to deliver every day.

6.2 Complaints

During 2021/2022, the Trust received 490 complaints. This is a significant increase from 2020/21 (328).

This is likely to be attributable to operational demands on services and in-patient wards, as a direct result of the effect of the COVID-19 pandemic, resulting in more patients and families raising complaints about their treatment, care, visiting and waiting times.

The profile of the spread of the complaints received in 2021/2022 is shown below. On average the Trust received 40 complaints per month, which is an increase compared to the previous year (27). November 2021 was an outlier in this respect (59), which may have coincided with the national changes made regarding COVID-19 rules.

Chart 5 – Complaints received by month

Acknowledgement time

100% of the complaints received in 2021/2022 were acknowledged within three working days.

Complaints closed within timeframe

59% of complaints were closed within the target. This figure is slightly less than the previous year (63%), continued focus on performance and quality is on-going.

Complaint outcomes

Of the 376 complaints closed during 2021/2022, the following outcomes were assessed:

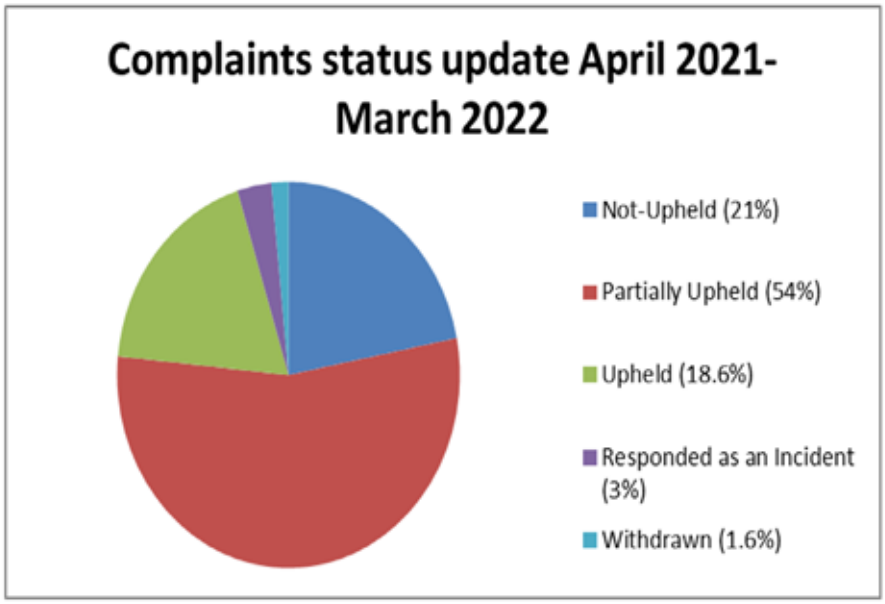


Chart 6 – Complaint Outcomes

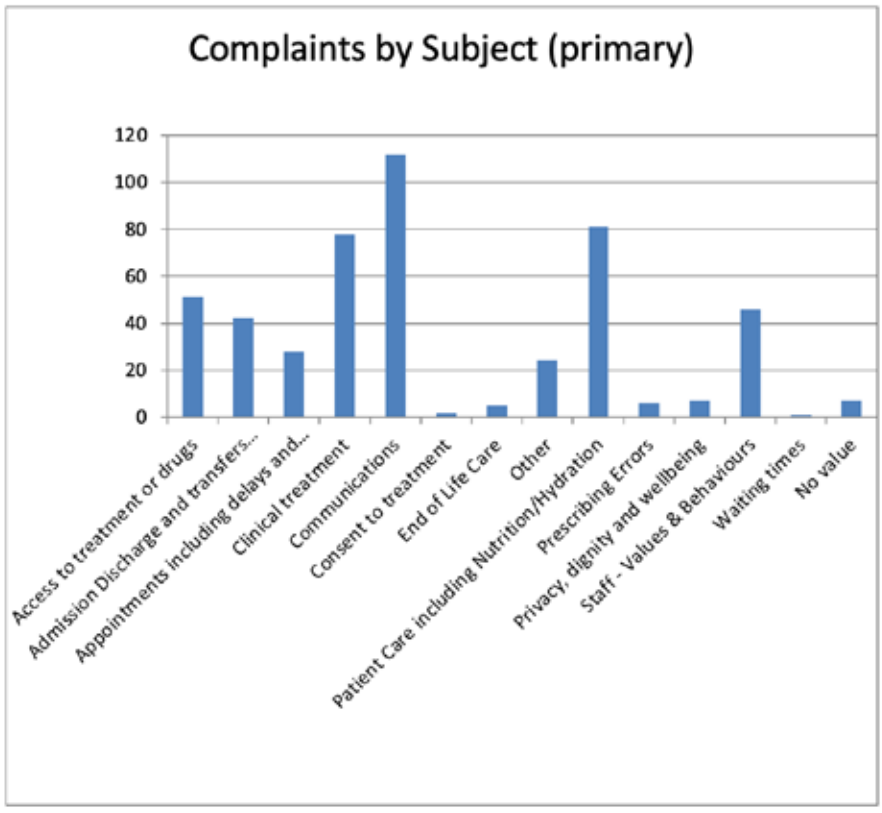


Chart 7 – Complaints by primary subject

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 12 new PHSO cases during 2021/2022.

It should be noted that the work of the PHSO was suspended for several months during the COVID-19 pandemic, and they continue to have a backlog in assessing new complaints.

Mediation meetings are being introduced within the PHSO, the Trust, and the complainant in an attempt to resolve issues without the need for further investigation by the PHSO.

Learning from Complaints

As an organisation we always aim to learn from complaints to try and prevent this from happening again to other patients.

The feedback we receive from complaints helps us to improve our services and prevent poor experiences from reoccurring.

Our aim with complaints is to:

- Share good practice
- Increase patient safety
- Improve the patient's experience
- Acknowledge and apologise that, whilst we cannot do anything to alter the experience the patient or their family member had, we are committed to learning from it.
- Have an expectation that the learning from the complaint has already been shared with the relevant team prior to the report being sent to the complainant
- Have a focus to:
  - Fully align the work of the Making Complaints Collaborative to ensure it is delivering against the national complaints' regulations and the emergent PHSO standards.
  - Support a Trust wide user led approach to 'Making Complaints Count'
  - Review existing processed. Policies and operating procedures as needed to be assured of compliance

Complaint's 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 2022/2023

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.

6.3 Learning from Deaths – Adult Inpatients

During 2021/2022, 1693 CHFT adult inpatients died. This comprised the following number of adult deaths which occurred in each quarter of that reporting period:

- 351 in the first quarter (April to June)
- 393 in the second quarter (July to September)
- 494 in the third quarter (October to December)
- 455 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, however, in 2021/22 this number reduced, and we have seen 96 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).

As at the end of March 2022, 603 initial screening reviews were completed, which is an overall average of 36% of all deaths reviewed (in March 2021 this figure was 30.4%) against a Trust target of 50%.

During 2021/2022, 34 Structured Judgement Reviews identified issues with care provided to patients. The reviewers were asked to make a judgement as to whether issues identified led to patient harm. The breakdown of responses were:

- Yes – 2
- Probably – 4
- No – 28

Two cases represent 0.1% of all adult inpatient deaths during 2021/2022 where a problem with care was judged to have led to patient harm.

164 mortalities were escalated to SJR in 2021/22.

Adequate, Good or Excellent Care was identified in 76% of SJRs
Poor or Very Poor Care was identified in 24% of the SJRs

A thematic review of the 2021/2022 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 regarding family communication
- Assessments and management plans, and conversations with families regarding goals of care
- DNACPR decision making

The main areas where improvement in care is needed are:

1. Timely escalation and response to high NEWS (National Early Warning Score)
2. Recognition of deteriorating patient and End of Life pathway.
3. Consideration of mental capacity
4. Standard of documentation especially of communication, diagnoses and cause of death

The learning from the above reviews have been shared across the Trust and the quality improvement plans are formulated and continue to be monitored at the Clinical Outcomes Group. 1 and 2 are incorporated in the Care of the Acutely Ill Patient Programme, 3 is being looked at by the Mental Health Operational Group and 4 is being addressed through the Clinical Documentation Group.

Medical Examiner (ME) Office

The Trust's Medical Examiner service has just completed its first full year in operation. It routinely scrutinizes deaths that do not automatically fall under the jurisdiction of the coroner. This equates to approximately 90% of total deaths within the organization. The purpose of this scrutiny is to agree an acceptable wording for the cause of death that will be supplied to the local registrars of births, deaths and marriages. Advice is available to medical staff to decide whether registration is possible, or whether a coronial referral will be necessary.

In most cases, the Medical Examiner service contacts the bereaved relatives to explain the cause of death and ascertain whether they have any concerns regarding death. We are able to signpost such concerns to the appropriate pathway (Patient Advice and Liaison Service (PALS), Structured Judgement Review, Datix or, in a small number of cases, to the coroner.

The team is currently being expanded to support rollout into the local community to support colleagues in General Practice. It is anticipated that the service will become fully statutory during 2022/23.

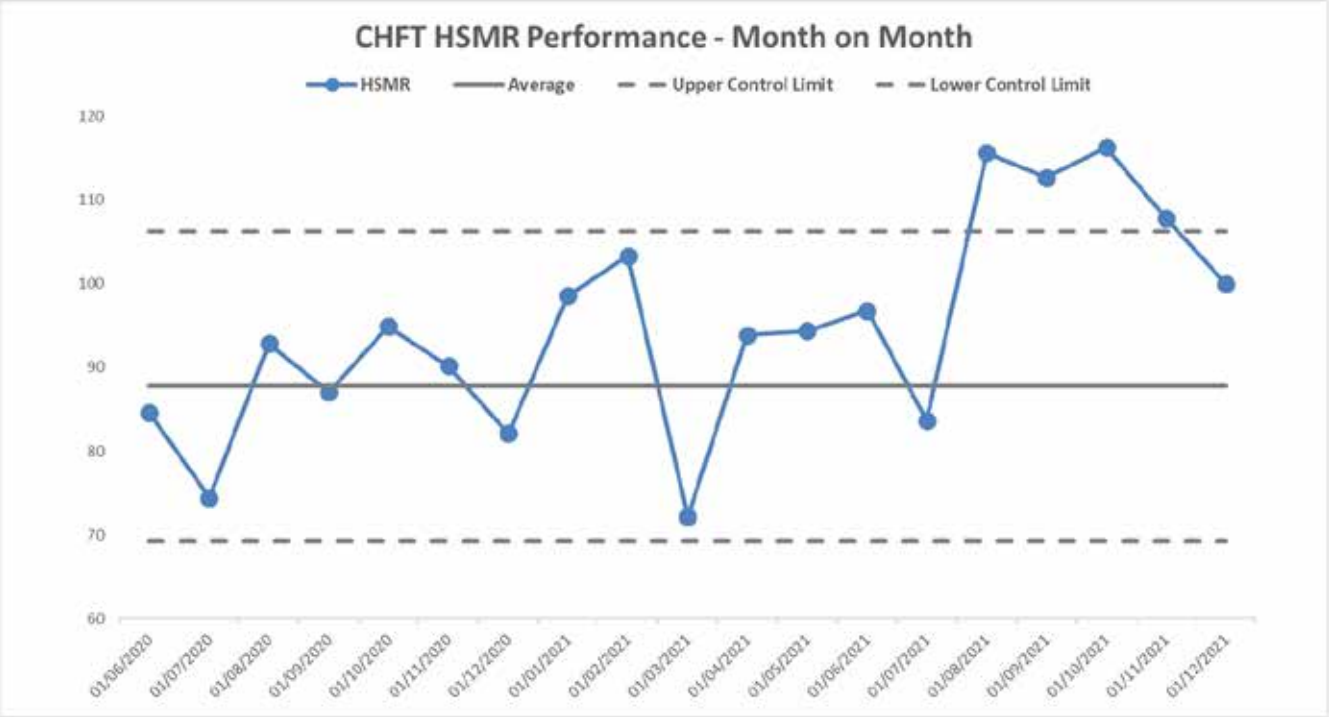
Mortality Indicators

Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in hospital deaths. It is a subset of all and represents about 35% of admitted patient activity.

Throughout 2020/21 CHFT were tracking consistently as a positive outlier nationally for HSMR, showing consistent performance at around the 90-92 mark. However, from the August 2021 data release there has been a negative step change in performance. This trend has continued up to the latest data release incorporating performance data up to the end of December 2021, with the latest release showing performance for CHFT standing at 99.27.

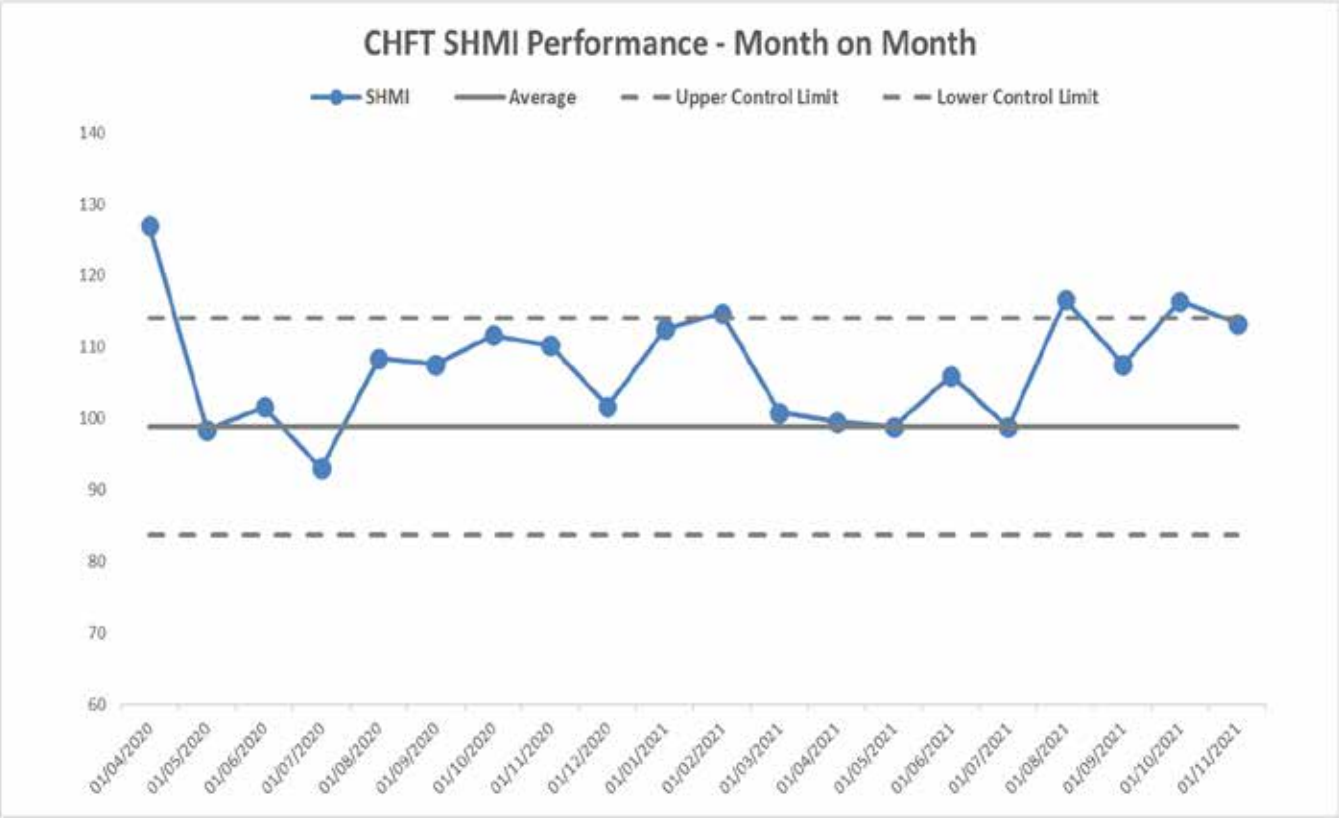
This is still below the national average which currently stands at 100.34 and lies within the 'expected' range when benchmarked nationally. The largest factor driving this negative shift in HSMR performance is a reduction in specialist palliative care coding. This reduces the number of expected deaths, which in turn is having a negative impact on the overall HSMR performance. Below is a month-on-month graph tracking HSMR performance for CHFT.



Standardised Hospital Mortality Index (SHMI)
The Standardised Hospital Mortality Index is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers in-hospital deaths and deaths that occur up to 30 days post discharge for all diagnoses excluding still births. The SHMI is an indicator which reports on mortality at trust level across the NHS in England and it is produced and published as an official statistic by NHS Digital.

Over the last 12 months SHMI performance has remained largely stable and in the 'expected range' on national benchmarking. CHFT current performance stands at 106.99 which remains higher than the national average of 103.38. There has been significant work carried out throughout the year to understand this performance. In recent months, the Trust has been working with the Professor of Healthcare Quality and Effectiveness at the University of Bradford and has also developed a rigorous approach to National Mortality Alerts, including scrutinizing clinical coding, trend analysis and using the alerting process to facilitate a large number of specialty Structured judgement Reviews. Using this approach has not identified any major quality of care risks.

Below is the month of month graph tracking SHMI performance for CHFT.



Due to the Trust's mortality measures (HSMR and SHMI) falling above the 'as expected' range a risk was reported on the Trust Risk Register. This risk has recently been re scored from 6 to 9 (impact 3 likelihood 3) due to the recent step change in the Trust HSMR figure.

7: Clinical Effectiveness

7.1 Clinical Prioritisation

The COVID-19 pandemic led to a significant reduction in elective capacity, meaning there was a large backlog of patients awaiting planned care. To ensure we prioritised patients whose needs were greater, all patients on the surgical waiting list were reviewed and a clinical prioritisation recorded in line with Royal College guidance. We replicated this for those in the follow-up backlog as recommended by the Trusts Clinical Reference Group and 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 this into how we report and monitor our backlogs. The Trust is now embarking on its elective recovery plan and is committed to delivering increased activity and transforming services in order to reduce waiting times in accordance with national guidance.

7.2 Learning Disabilities

CHFT remains committed to improving health inequalities for people with learning disabilities. Over the past 12 months several initiatives have taken place and the Trust now has an established Project manager for health inequalities who is currently supporting the learning disability workstream.

The Enhanced pathway for people with a learning disability has progressed over the past 12 months with the following achievements.

- The enhanced learning disability task and finish group is now established with membership across the divisions within the Trust, self-advocates, people with a learning disability and primary care networks.
- The learning disability flag is established within adult services in the Trust and continues to be embedded within Paediatric services.
- Development of the learning disability dashboard has enabled the Trust to review data specifically for patients with a learning disability, this will be reported on the Trust Integrated Performance Report (IPR) to Board from April 2022.
- The Learning disability flag was implemented into the Cancer dashboard, which allowed a review over a four-year period. This then led to tracking of patients with a learning disabilities journey from the referral to treatment, that identified areas of improvement and learning.
- Key case studies have been identified on different referral pathways into the Trust, reviewing key stages in the journey and the overall cost to the Trust. This review is vital to the long-term development of the enhanced pathway to ensure we have an individualised approach into meeting the needs of people of learning disabilities.
- The Project manager has requested changes to the National templates for E-Referrals to ensure consistent identification at the point of referral to ensure communication of individual reasonable adjustments required.
- A review of the engagement and awareness strategy aimed at CHFT staff has taken place and led to the awareness leaflet been updated, as well as the development of a training film on the identification of learning disability and importance of flagging on the EPR.
- The Trust continues to prioritise people with a learning disability on a surgical waiting list and this is monitored by the surgical division
- The Trust has reviewed the training offer to staff with the aim to ensure Learning Disability awareness training is essential for all CHFT colleagues by 2022.
- The Think Learning Disability champions have undertaken Makaton training. The plan is to increase the champions within divisions as well as widening awareness across the Trust.
- Several project managers have undertaken easy read training and plans in place to repeat with a further cohort in 2022. The Trust has purchased PhotoSymbols to allow further development of easy read material within the Trust.
- The Trust in December 2021 received the analysis of the detailed performance on NHS England and Improvement Learning Disability Improvement Standard benchmarking exercise (year 3 2020 collection). The Trust has an action plan in place.

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 have 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.

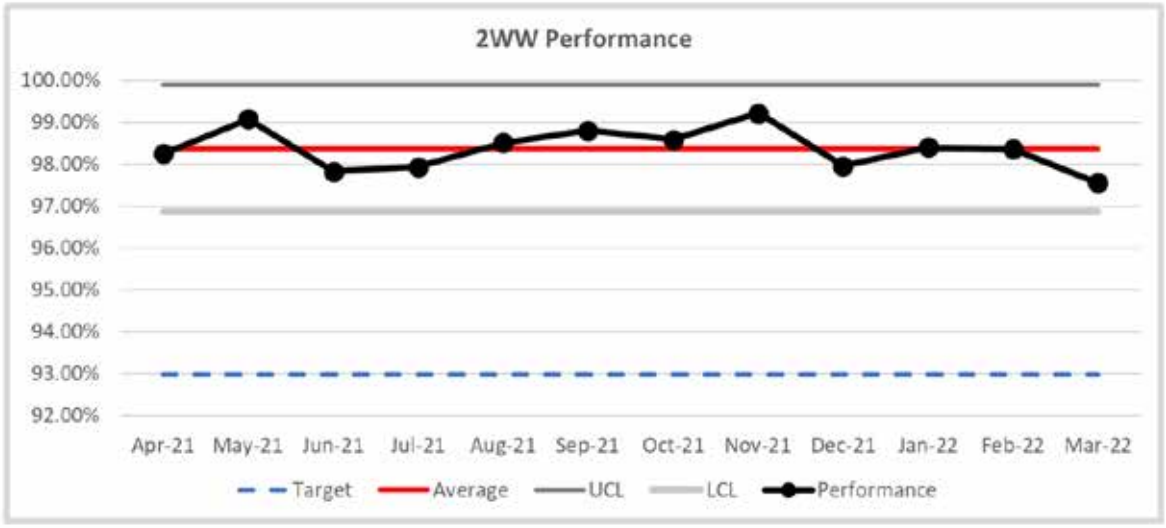


Chart 8 – Two week wait from referral to date first seen (UCL = Upper control limit; LCL = lower control limit)

Breast symptomatic referrals
The target is 93% of patients referred with breast symptoms are seen within two weeks, as shown in the table below. Referrals have increased year on year, and it should be noted that there was a slight decrease during COVID-19, these have now recovered. There is some evidence that patients may have delayed their first appointments due to suffering from COVID 19.

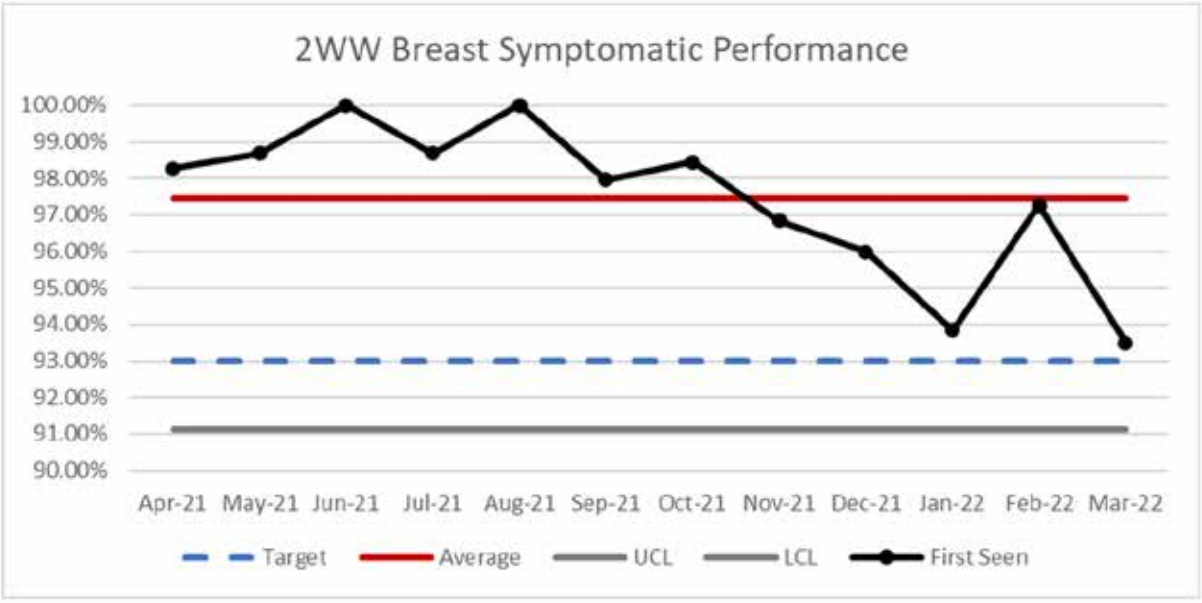


Chart 9 – Two week wait from referral to date first seen: breast symptoms
(UCL = Upper control limit; LCL = lower control limit)

28 Day Performance

NHS England is working towards a new target called the Faster Diagnosis Standard (FDS). The target is that a patient should not wait more than 28 days from referral to finding whether they have cancer. This is part of an initiative by NHS England. It is to make sure patients don't have to wait too long to find out their diagnosis. The 28-day target set at 75%. At present, CHFT are consistently achieving this for all patients.

However, this is not the case for all tumour sites and work is ongoing with these sites to rectify the issues

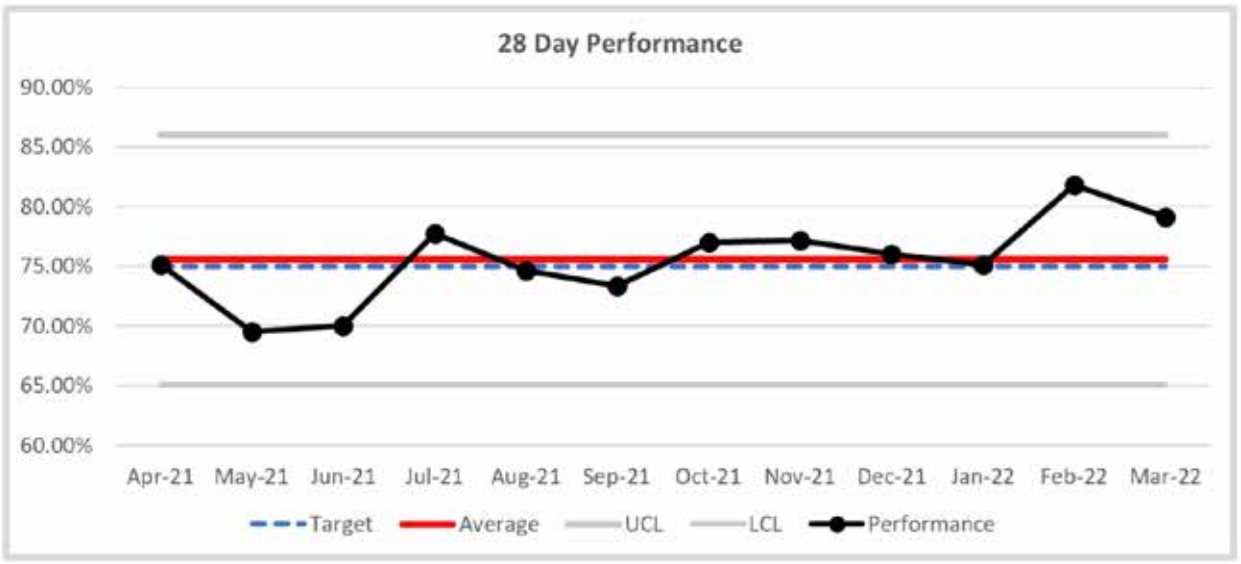


Chart 10 – 28-day performance (UCL = Upper control limit; LCL = lower control limit)

62-day GP referrals to treatment

The target for this is 85%. CHFT consistently achieved this target and were one of only two Trusts that achieved this is January 2022.

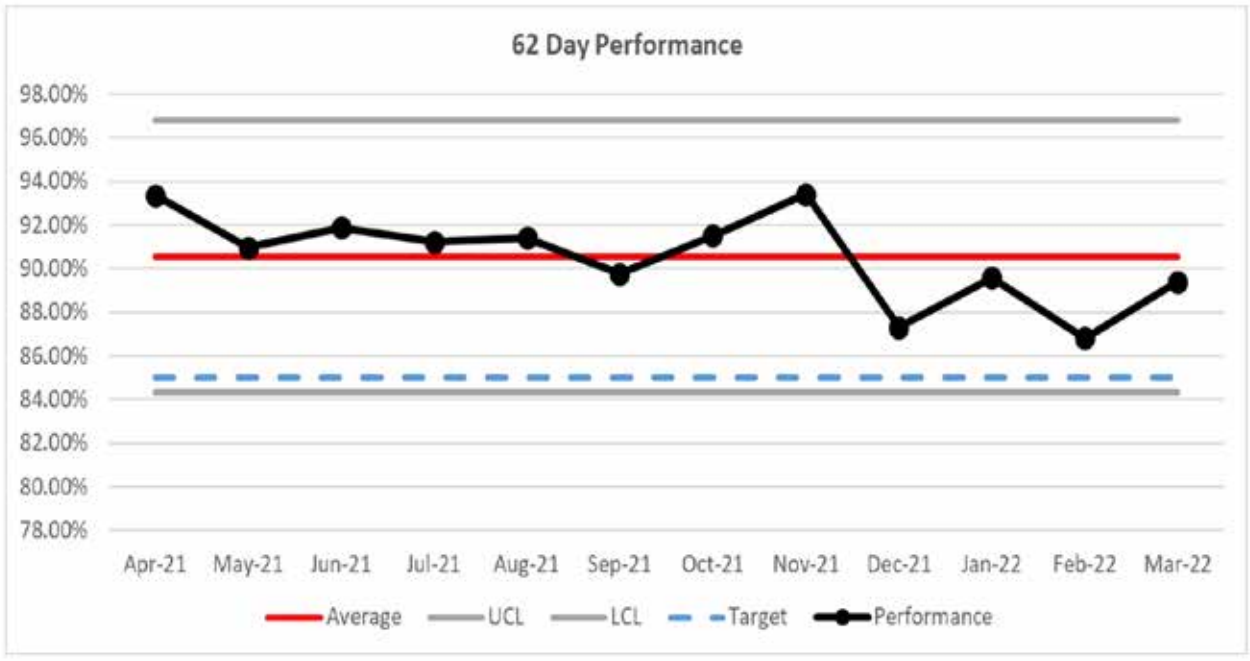


Chart 11 – 62-day GP referral to treatment (UCL = Upper control limit; LCL = lower control limit)

62-day referral from screening to treatment
When cancer is first suspected, everyone should have a confirmed diagnosis and start treatment within 62 days. There are three types of screening: bowel, breast and cervical screening. The Trust has implemented several strategies to achieve the improved performance for bowel screening, such as an increase in nursing staff in the screening team and a tracker to ensure the patient move along the pathway. The breast and cervical screening process have recommenced and performing well against target

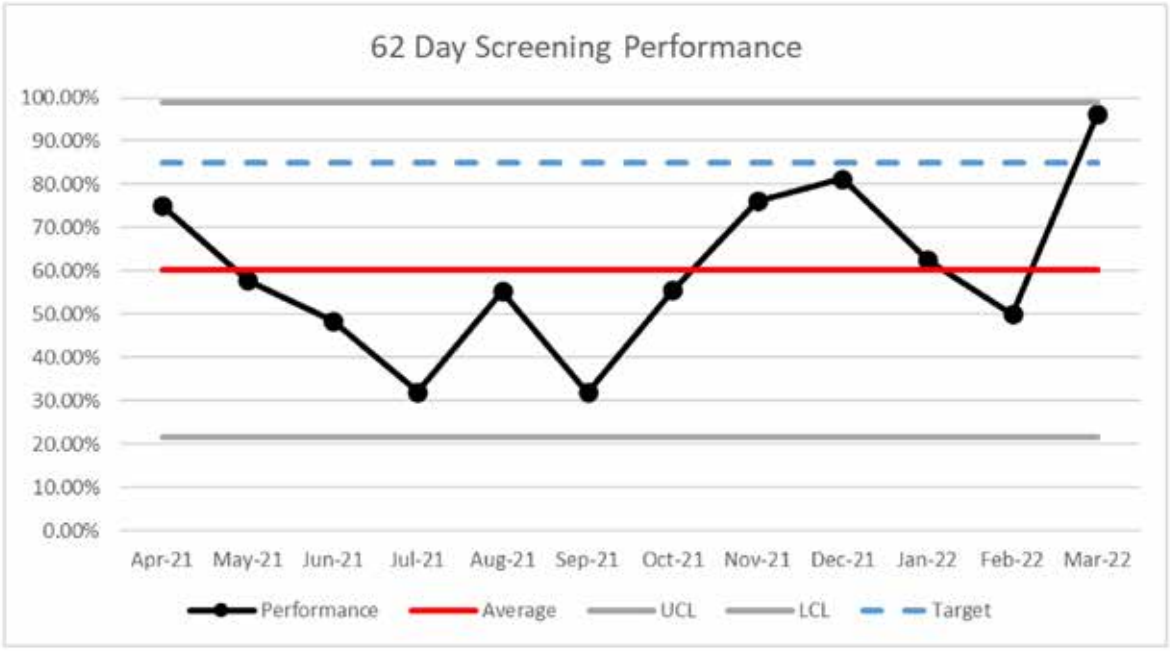


Chart 12 – 62-day referral from screening to treatment
(UCL = Upper control limit; LCL = lower control limit)

31 days from diagnostic to first treatment
96% of patients should wait no more than 31 days from receiving diagnosis to first treatment plan. As shown in the table below, there was a reduction in performance around September 2021 / October 2021, but this has now begun to recover due to the Trust providing increased capacity in theatres.

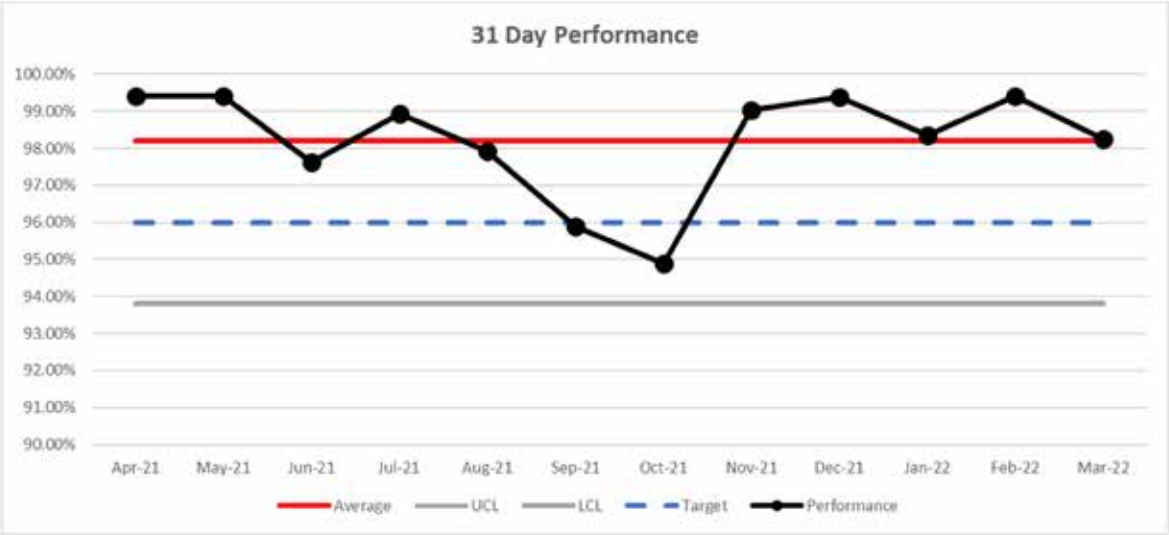


Chart 13 – 31-days from diagnosis to first treatment
(UCL = Upper control limit; LCL = lower control limit)

Rapid Diagnostic Centres

Rapid Diagnostic Centre (RDC) pathways and the Faster Diagnostic Standard (FDS) are designed to speed up cancer diagnosis and improve patient experience.

The RDC has been updated and changed in light of the new FDS framework.

The FDS framework incorporates:
- Rapid Diagnostic Principles (previously RDC)
- Best Practice Timed pathways
- FDS Day 28
- Community Diagnostic Centres

RDC have become Rapid Diagnostic Principles and are now part of the clinical tumor site pathways called Best Practice Timed pathways (BPTP). There will be a BPTP for each individual tumour site. In essence, these pathways support earlier diagnosis and confirmation of diagnosis by day 28. CHFT will be working with each of the cancer teams and all divisions on achieving the BPTP as indicated by NHSE through 2022-2024.

Vague symptoms pathway has evolved to now being called 'Non-Site Specific' (NSS) pathways and fits as part of the new Faster Diagnosis Framework and will have a BPTP published in Autumn 2022.

The NSS is now established and CHFT is aiming for 100% coverage of all GPs using the service by 2024. The service is also being piloted for patients coming through A&E with suspected cancers who do not need to be admitted and require further investigations for a possible suspected cancer.

In 2021, CHFT focused primarily on Gynaecology and Prostate pathways for improving Earlier diagnosis and FDS day 28. There has been significant improvement in patients' experience and the introduction of patient navigators as single point of access, and the services are evaluating well.

Prehabilitation of patients

Following the 3-year project funded by Macmillan, the service is now integrated into CHFT, therefore Prehabilitation into care pathways continues. This includes introducing Prehabilittaion screening tools and developing conversations and care plans with patients using the Macmillan Holistic Needs Assessment platform. Initially the focus was on patients suffering from Lung cancer and Upper Gastrointestinal cancer with support now developing to patients in all other tumour sites. Following a nutritional screening audit with lung and colorectal patients, the Trust plan to explore expanding dietetic support for lung, colorectal and Neuroendocrine cancer patients. The lung nurse specialist team have begun to develop a pathway to introduce Prehabilittaion and provide personalised care and support planning for incurable lung cancer patients. The outcomes of this will be shared with the other teams to develop support for their incurable cancer patients. The Trust continues to focus on identifying gaps in the provision of Prehabilitation interventions to support patients who require more specialist support to optimise their health and wellbeing.

Cancer Site Specific Update

The Trust employ specialist colleagues 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.

Patient Experience

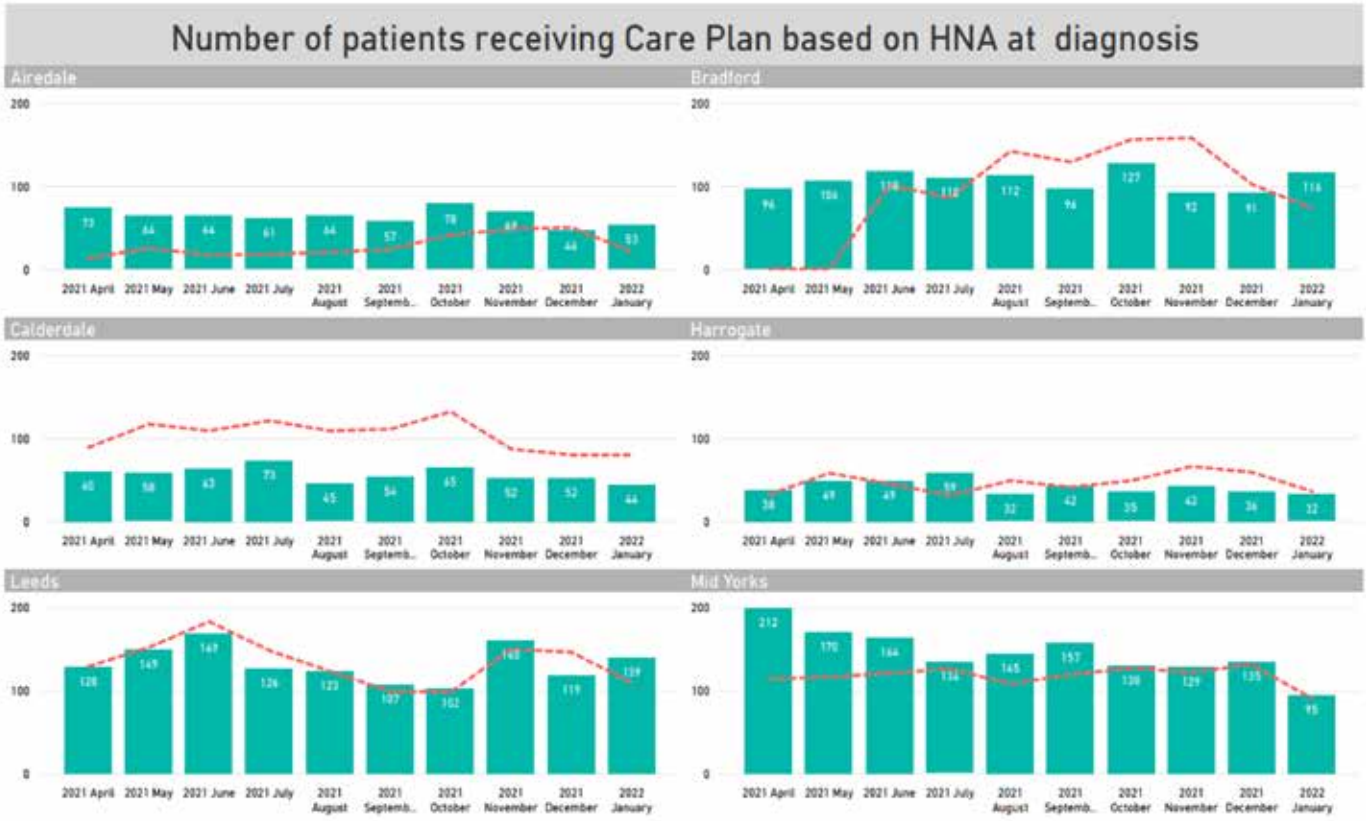
The results of the 2020 National Cancer Patient Experience Survey (NCPES) were published in November 2021. Trusts contributed to this survey on a voluntary basis due to ongoing pressures from the pandemic. CHFT were the only Trust in the West Yorkshire and Harrogate Cancer Alliance to complete the survey. The 2020 survey involved 55 NHS Trusts, as not all Trusts participated in the survey, there are no national comparisons. The survey captured patient experience from the first three months of the pandemic.

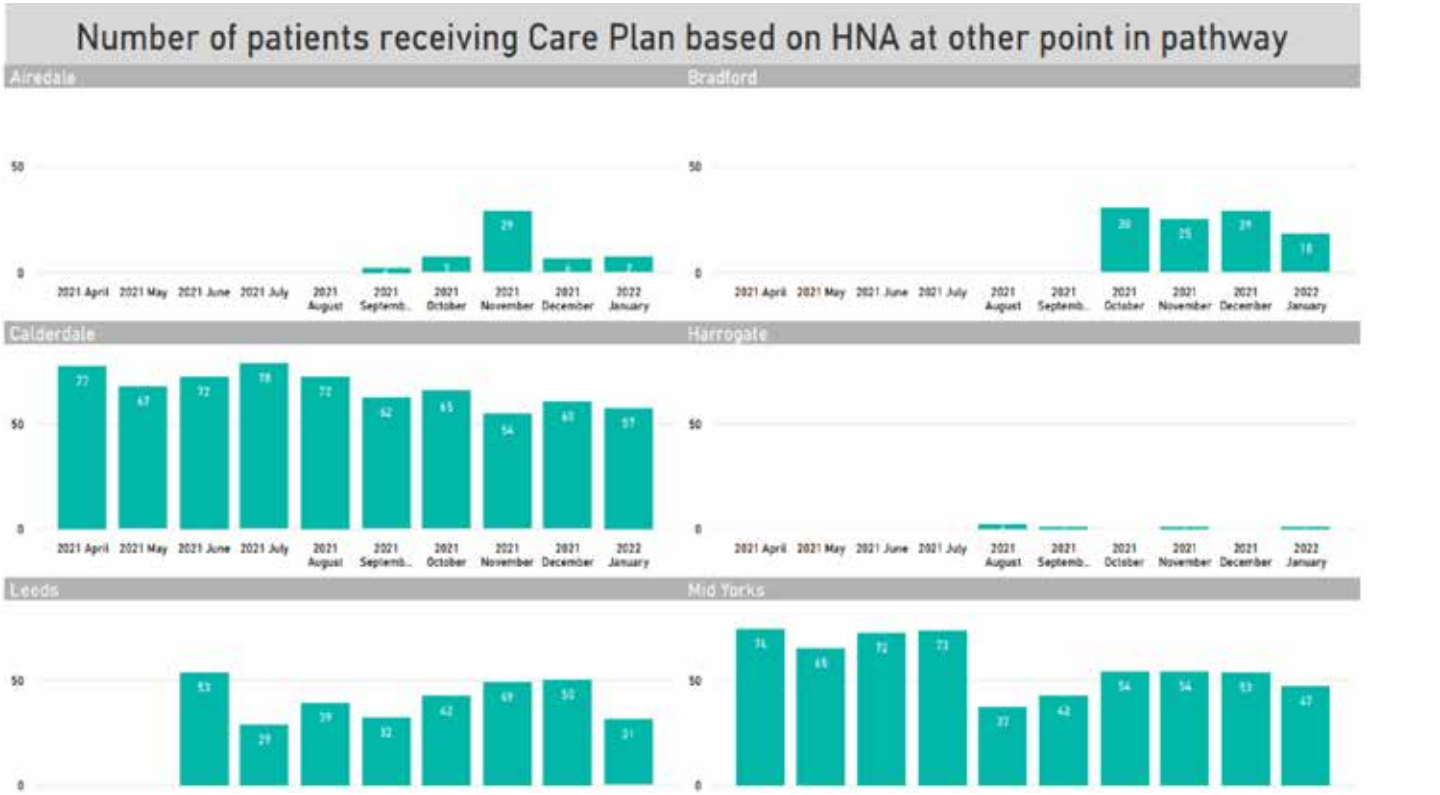
The response rate for the survey remained similar to previous years, but the number of individuals eligible and responding were significantly lower than previous years; 232 patients compared to 377 in 2019.

Overall there were no significant changes in patients' perception of care at the Trust with an overall rating of 8.7. NCPES. Action plans are in place. The most significant part of these plans is an inpatient in-reach service aimed at improving patient communication, supporting timely discharge and providing appropriate support for patients and their families both whilst in hospital but also out in the community.

Personalised Care and Support Planning

The Trust continues to focus on implementing key elements of personalised care and support. The Implementation Project Manager from the West Yorkshire and Harrogate Cancer Alliance (WY&HCA) is working with teams to increase the number and quality of holistic need assessments (HNA) and personalised care and support plans focusing on "what matters to me". Although meaningful conversations are taking place on diagnosis, a significant proportion of patients are not captured. The Trust is in the process of integrating the Macmillan eHNA platform. This will become the single data capture point for all HNA and care planning and will in future provide a more realistic picture of HNA and care plans completed at CHFT. The two charts below provided by WY&HCA highlight the current number of care plans developed for patients based on HNAs.





The Trust has established stratified pathways in breast, and all patients treated with curative intent are placed on a Patient Initiated follow up pathway (PIFU), which puts the patient in control of when they need to access outpatient follow up care.

PIFU pathways are currently being implemented for colorectal and prostate cancer. Further stratified pathways are being developed in Gynaecology and upper GI cancer pathways.

7.4 Stroke

There are more than 100,000 strokes in the UK each year with a total of 34,000 stroke-related deaths per 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 within time window are treated with thrombolytic agent and assessed for thrombectomy
- Patients are admitted to a stroke bed within four hours
- Patients spend 90% of their hospital stay on the Stroke unit

Improvements in 2021/2022

The Trust continued to aim to ensure that patients are admitted to a stroke bed within four hours, however during the pandemic, and due to the increased emergency department pressures, stroke assessment beds could not be provided safely. Therefore, there has been deterioration in the percentage of patients who were admitted to a dedicated stroke bed as a result of reduced bed availability. Data relating to this is provided in the graph below.

As the clinical pressures reduced, the Trust reintroduced stroke assessment beds between the hours of 9:00 am and 5:00 pm.

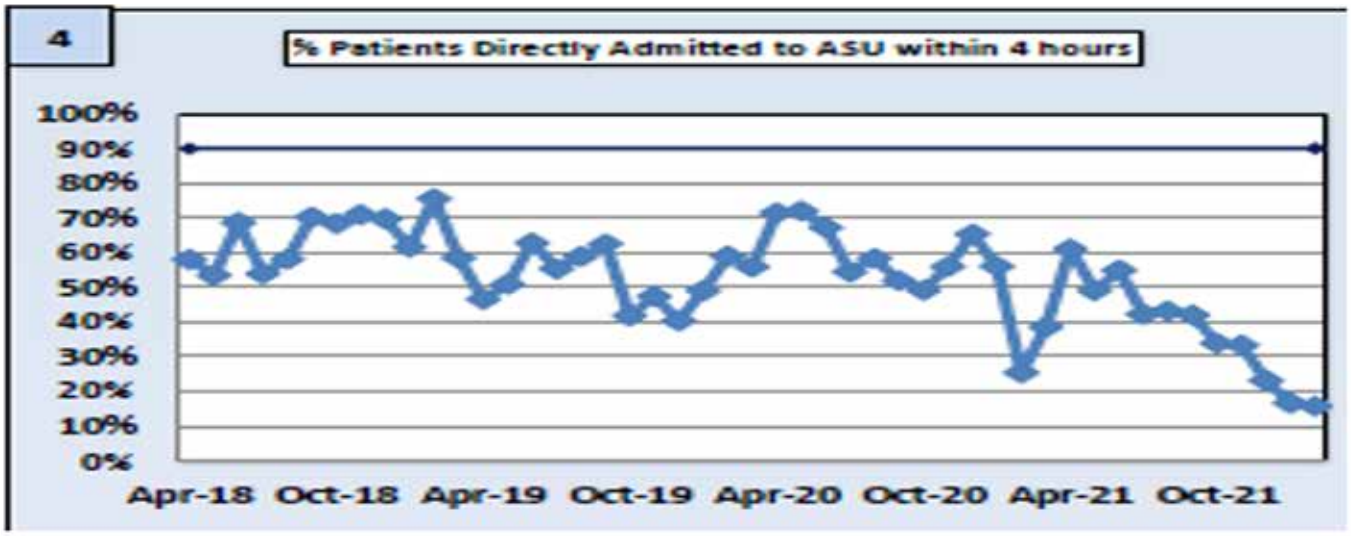


Chart 14 – stroke unit patients admitted to Acute Stroke Unit within four hours

Despite deterioration in the Sentinel Stroke National Audit Programme (SSNAP) performance, the stroke team continue to work closely with the Early Supported Discharge (ESD) stroke service who continued to deliver increased levels of support post pandemic. The CHFT stroke service continues post pandemic including earlier input of the ESD service to ensure patients are treated and cared for in the right place, and do not remain in hospital unnecessarily.

Despite the best efforts of the stroke team, there has been a continued deterioration in patients spending 90% of their stay on a stroke ward, as seen from the graph below. However, the level of required care has been maintained and the Trust have ensured that all patients receive the same care as they would have received on a dedicated stroke ward.

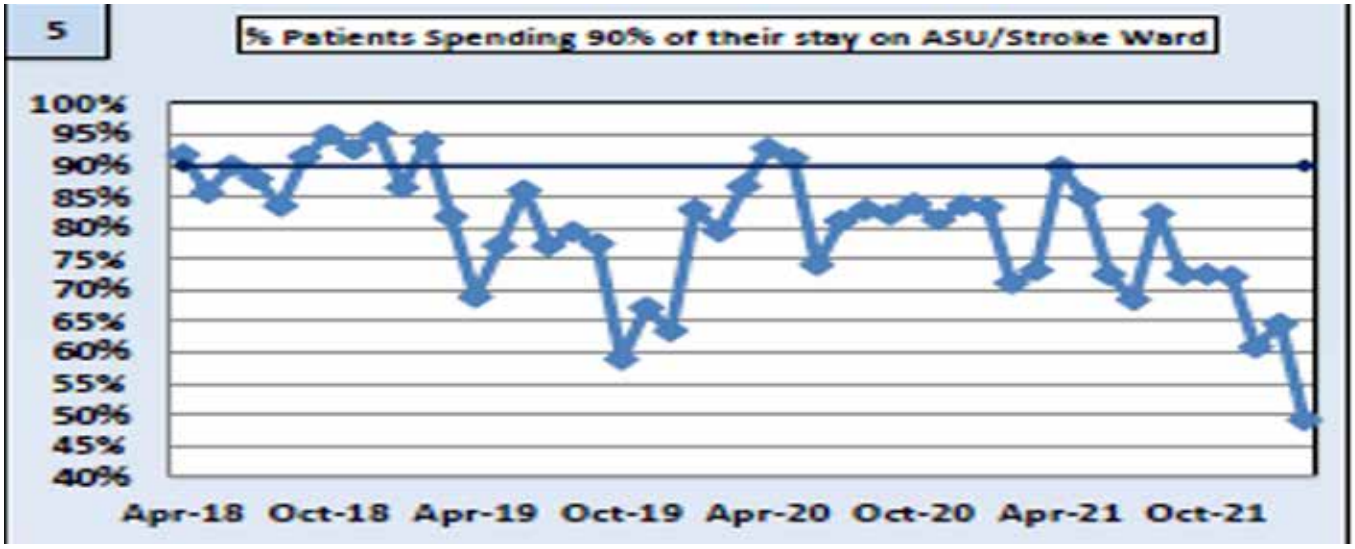


Chart 15 – percentage of stroke patients spending 90% of their stay on a acute stroke unit

During 2021/2022, the service appointed a dedicated stroke matron to provide senior leadership with a real focus on supporting improvement of patient care. Additionally, two nurse Advance Clinical Practitioners have been successfully trained and have started to deliver nurse-led care to support patients discharged from the hospital stroke service in the community. The CHFT stroke service continued to engage 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.

Plans for 2022/2023

The Trust will be looking at developing the stroke ward into a stroke service that fully incorporates a stroke assessment hub, ward environment and seamless pathway to an integrated community therapy model. This should reduce pressure on the emergency department will also ensure improved discharge for our patients.

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 or when they die, it is vital that they receive appropriate and high-quality 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.

Key issues, achievements, and suggested plans for 2022/2023

COVID-19
Due to the COVID-19 pandemic, some EOLC initiatives have stopped and are yet to be restarted, this includes the bereavement café.

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 for bereaved relatives to ring for information, questions, or support. Medical wards were also going to start sending out these cards. From the experience on the surgical wards, no bereaved relatives rung the telephone number for advice, help or any concerns they may have.

A bereavement café – The Marigold café – was also run once a month on both hospital sites, with very few people attending. Marigold bags are also used for the deceased patients' belongings.

What do we do now?
A box is sent out 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, the Next of Kin is contacted. 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.

Timely feedback is provided to the wards if areas of need and development have been highlighted by the relative. Positive feedback is also passed on to colleagues and wards from bereaved relatives. When issues have been raised, ward managers and consultants or other colleagues are asked as appropriate, to 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. Work is also ongoing with the medical examiners team. If they feel the relative needs extra support, this is highlighted to ensure they are contacted as a priority.

Support for colleagues has also been given to those who have struggled with deaths on the wards by providing one-to-one meetings, aligning with the Trust's health and wellbeing initiatives.

From March 2020 to end of March 2021, 1597 boxes were sent, and 1239 bereaved relatives contacted. From April 2021 to March 2022, 1772 boxes were sent, and 624 bereaved relatives contacted. The decrease in calls is due to the colleagues who were supporting the service during COVID-19 returned to their wards, a colleague in the team retiring and returning two days a week, and also an increase in training commitments.

Engaging with the community we serve has been very positive and enabled us to develop and change using their feedback. (See patient feedback below)

"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"

"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"

"I want to pass on my thanks for the heart, card and seeds that you sent. My son has held the heart close to him since receiving it and more so since the funeral which he was unable to attend"

End of life Care education

End of Life Care (EoLC) education has now become essential training for all clinical colleagues. CHFT are key members of the Calderdale and Kirklees EoLC education meeting, where the key education priorities are set for the year. For 2022, the three priorities are:

- EOLC workbook dissemination and digitalising of the workbook
- Advance Care Planning and the Respect form
- Verification of expected death training

The Trust have also developed an EOLC education directory where staff from across the footprint can access training. We have standardised our training on advance care planning to ensure we are all relaying the same information.

The Trust continues to provide:

- Communication skills training - monthly
- Advance Care Planning Training
- Verification of Expected Death Training
- Full end of life care education days for clinical staff.
- End of Life Care training on the Trust induction, mentorship, preceptorship courses, for junior medical staff
- 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.
- EoLC Champions for both qualified and Healthcare assistant (HCA) staff

We now have over 70 EoLC Champions across acute and community.

Cohort four of our qualified EoLC Champions has completed and starting the fifth cohort in April 2022. The third cohort of HCA Champions completed in June 2021, with the new cohort starting in May 2022. 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 participated in the National Care at the End of Life (NACEL) which took place between June and October 2021. The outcome of which has recently been reported in. Actions from this has been shared within the clinical teams to ensure they are imbedded into patient care

Better identification / recognition of patient in the last year of life:
This remains a vital part of clinical care provided and the use of tools such as the SPICT (Supportive and Palliative Care Indicator Tool) will be considered for roll-out within clinical teams, particularly those in elderly care, and teams caring for patients with advanced Long-Term Conditions.

Coordinated, timely and equitable access to good care
The co-ordination and equitable access to EoLC care is an additional key priority for the Trust. There is a need to improve communication and connectivity between primary and secondary care. The Trust are currently working on optimising our digital systems by improving access to electronic patient records across both primary and secondary care to enable patients' preferences to be communicated between settings in a timely manner.

There are ongoing plans for the Hospital Specialist Palliative Care Team (SPCT) to deliver a seven-day service from autumn 2022 with a 7-day service implemented across community services which commenced in April 2021. The 7-day service provides a reactive response to urgent issues at the weekend / Bank Holiday period The service has proved invaluable in supporting hospital admission avoidance, rapid discharges from hospital, and improved symptom management including rapid access to hospice services.

Better management of the last days of life
Expansion of the hospital specialist palliative care team has led to the development of additional support worker roles, whose main role is to support wards caring for patients supported by the Last Days of Life Document (LDLD), as well as assisting with complex end of life care discharges. The team aims to identify patients through Capacity Management, as well as responding to traditional referrals, with ultimately all patients supported by the LDLD having specialist palliative care team input.

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

The community specialist palliative care team (CSPCT) and the Out of Hours Palliative Care Team, along with Calderdale community nursing services are trained in nurse verification of expected death (adults) and conduct home visits to support families with timely verification and bereavement support in the initial period following a death. This service negates the need for GP call out and offers a timelier option for families.

Achievements in Hospital Specialist Palliative Care Team (SPCT) Services

Specialist ward support

Throughout the first wave of COVID-19, the hospital SPCT, together with support from consultant colleagues at both hospices, delivered an enhanced service with the colleagues on wards across the Trust to support patients dying in our care.

During the second wave of COVID-19, dedicated Clinical Nurse Specialist (CNS) provided in-reach support to the respiratory unit multi-disciplinary teams. This has led to creation and funding for a dedicated palliative care CNS post within the respiratory service.

Support for dying patients – the Last Days of Life Document (LDLD)

It is the desired aim of the hospital SPCT to be actively involved in the care of all patients at CHFT who are supported by the LDLD. The team is in the process of developing better ways of supporting the holistic and spiritual needs of these patients by way of 'Senses Boxes' which will contain items to address these needs of patients in their last days of life. This has involved collaboration with spiritual care teams in the local community, and liaison with family members at patients' bedsides, when possible.

Thinking Ahead Programme

Thinking Ahead is a course specifically for people living with incurable cancer. The Trust has 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).

Further collaboration and funding across the West Yorkshire and Harrogate Cancer Alliance has enabled this programme to be offered across the wider Alliance footprint. This also allows shared expertise to input on the programme. 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 2022/2023

- 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 and develop increased collaborative working with frailty and other specialists to promote an increase in Advance Care Plans.
- Seven-day working within the hospital specialist palliative care team (SPCT) in line with Kirklees and Calderdale community SPCTs.
- Service review of Community SPCT due to workload pressures (acuity and complexity of needs), for a new workforce model to achieve agreed Key Performance Indicators.
- Training for CSPCT nurses in the regionally agreed competency framework, access to Specialist study days / events and the Independent Prescribing qualification.

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 2020/2021 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 below. 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 the table on the next page.

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	**Summary Hospital-level Mortality Indicator**							
	Reporting Period:	**Oct 19-Sept 20**	**Target**			**Oct 19-Sep-20**	**Oct 18-Sep-19**	**Oct 17-Sept 18**
	Summary Hospital- Level Mortality Indicator (SHMI) value and banding)	101.31	100	N/A	N/A	100.94	98.63	100.25
		Band 2 = As Expected				Band 2 = As Expected	Band 2 = As Expected	Band 2 = As expected
Helping people recover from episodes of ill health or following injury	**18. PROMS; Patient Reported Outcome Measures**							
	Reporting Period:	**2020/21**				**(2019/20)**	**(2018/19)**	**(2017/18)**
	(i) hip replacement surgery,	0.64%	0.45%	0.44%	N/A	0.42%	0.46%	0.47%
	(ii) knee replacement surgery	0.62%	0.33%	0.32%	N/A	0.32%	0.32%	0.36%
	19. Patients readmitted to a hospital within 28 days of being discharged							
	Reporting Period:	**April 2021 – March 2022**				**(2020/21)**	**(2019/20)**	**(2018/19)**
	(i) 0 to 15; and	9.47%	Not released by NHS Digital			12.14%	12.05%	10.51%
	(ii) 16 or over.	9.12%				11.34%	10.50%	9.07%
Ensuring that people have a positive experience of care	**National Survey**							
	Reporting Period:	**2020**			**2019**	**2018**	**2017**	**2016**
	20. Responsiveness to the personal needs of patients.	not available	NA	NA	6.9	6.6	6.9	6.8
Treating and caring for people in a safe environment and protecting them from avoidable harm	**Reporting Period:**	**2021/22**				**2020/21**	**2019/20**	**2018/19**
	23. Patients admitted to hospital who were risk assessed for venous thromboembolism	95%	N/A	N/A	N/A	96%	96%	97%
	C.difficile							
	Reporting Period:	**2020/21**	**Target**			**2019/20**	**18/19**	**17/18**
	24. Rate of C. difficile per 100,000 bed days	22.7	13.2	NA	NA	11.82	9.9	16.5
	Patient Safety Incidents - Reporting Period:	Oct 2020 - Mar 2021	N/A	N/A	N/A	Oct-19 March 20	Oct-18 - March 2019	Oct 2017 - March 2018
	(i) Rate of Patient Safety incidents per 1000 Bed Days	42.25	46.1	NA	NA	42.14	53.17	42

Outcome domain: Preventing people from dying prematurely

Summary Hospital Mortality Index

Over the last 12 months SHMI performance has remained largely stable and in the 'expected range' on national benchmarking. CHFT current performance stands at 106.99 which remains higher than the national average of 103.38, There has been significant work carried out throughout the year to understand this performance. In recent months the trust has been working with the Professor of Healthcare Quality and Effectiveness at the University of Bradford and has also developed a rigorous approach to National Mortality Alerts including scrutinizing clinical coding, trend analysis and using the alerting process to facilitate a large number of specialty Structured judgement Reviews. Using this approach and have not identified any major quality of care risks.

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.

PROMS - % Uptake for Hip and Knee Replacements	Mar 21	Q4 YTD 20/21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Trust (Trust) Targets	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %
Trust (Trust) Values	COVID	74.47 %	62.96 %	67.14 %	68 %	45.31 %	55.10 %	55 %	46 %	53.85 %	46.58 %	63.27 %	51.47 %	70.45 %
Surgical (Division) Values	COVID	74.47 %	62.96 %	67.14 %	68 %	45.31 %	55.10 %	55 %	46 %	53.85 %	46.58 %	63.27 %	51.47 %	70.45 %

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.

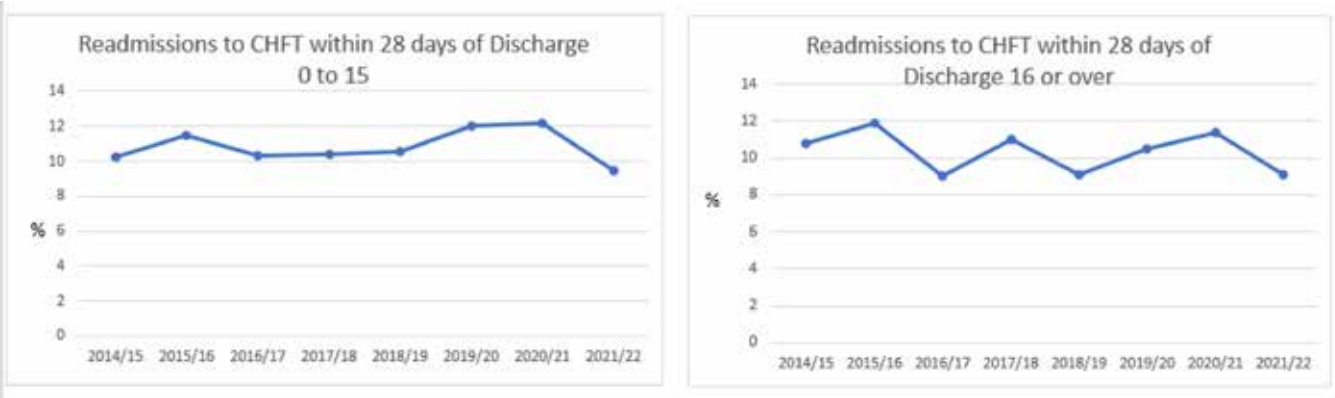


Chart 16 – Readmissions within 28 days of discharge

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:

- 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

Adult Inpatient Survey

1,250 patients were invited to take part in the survey, 40% of patients took part.

What patients valued:

- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Taking medication: patients being able to take medication they brought to hospital when needed
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- Noise from other patients: patients not being bothered by noise at night from other patients

What patients felt could be improved:

- Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital
- After the operation or procedure: patients being given an explanation from staff of how their operation or procedure went
- Dietary requirements: patients being offered food that met any dietary requirements they had
- Quality of food

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 below demonstrates the percentage of patients who were admitted to hospital who received a risk assessment for venous thromboembolism (VTE). The reporting period is from April 2021 to March 2022.

The compliance rate for VTE risk assessment for all patients admitted is 95% which the Trust achieved.

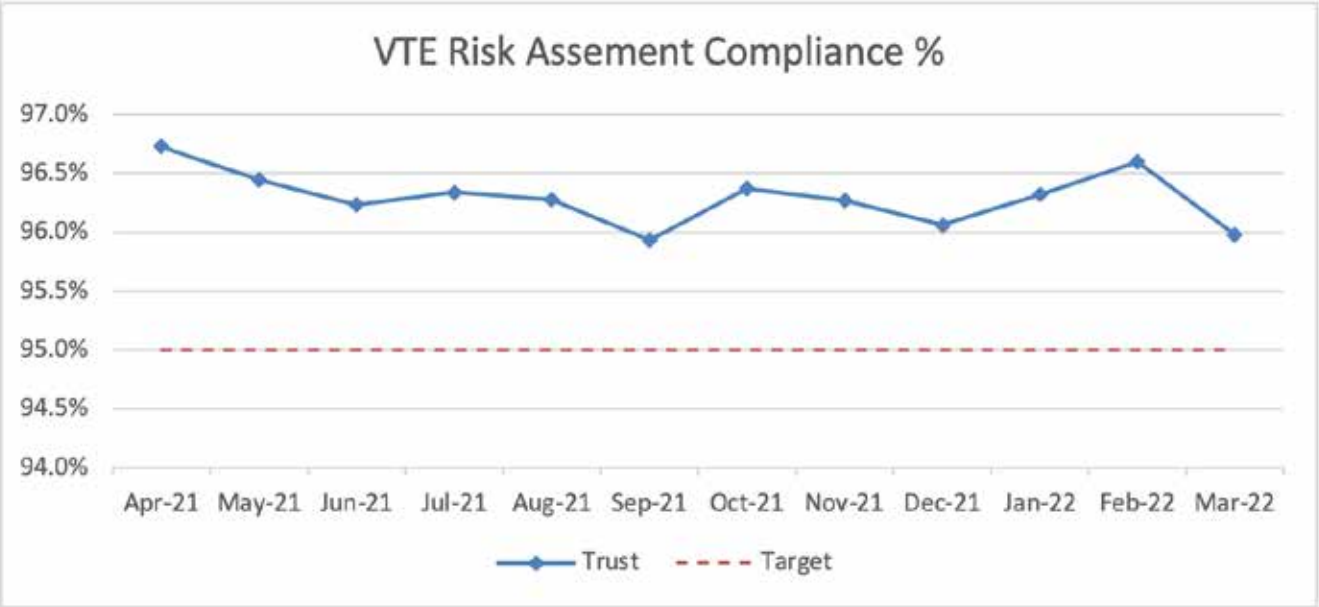


Chart 17 – VTE Risk Assessment Compliance

The above data is as described due to compliance data now being retrieved through Electronic Patient Record (EPR) when the patient has been discharged from hospital and coded. Monthly reporting of VTE risk assessment rates are reviewed at Thrombosis committee bi-monthly. Any concerns are fed back to underperforming areas to ensure standards are addressed and actions taken to improve practice.

In addition to above data, to gather more in-depth information on VTE prevention measures in the Trust, a spot audit is undertaken in medicine and surgery. The Medicine audit (October 2021) highlighted that all patients who received Low-molecular-weight heparin (LMWH) on admission had baseline bloods checked prior to administration (100%); Individuals found with high risk for VTE were correctly given low molecular weight heparin on admission (85.7%) and correct dosing of Low molecular weight heparin was provided to the majority of patients (90%).

The key improvement measures suggested were to undertake a VTE risk assessment within six hours of admission and provision of prophylaxis within 14 hours of admission. This is the focus of further improvement measures.

The Surgical spot audit undertaken in January 2022 revealed that 93% completion of VTE risk assessment on admission, 89% of patients assessed and prescribed dalteparin had received a dose. The key area for improvement was identified with regards to provision of TED stockings for all eligible patients.

The Trust undertakes regular reviews of all cases of suspected Hospital-associated venous thromboembolism. From April 2021 to February 2022, of 45 cases of Hospital-associated venous thromboembolism, 44 of them were unavoidable, with one being identified as avoidable. Hospital-associated venous Improvement measures have been implemented to address this.

Rate of Clostridium Difficile per 100,000 bed days

2021/2022 remained a challenge in relation to absolute numbers of Clostridium difficile infections (CDI), specifically in relation to performance versus the objective of 22 cases, with an out-turn of 37 cases attributable to CHFT (10 of which classified as COHA – see below). Out of the 37 cases, six were deemed to be preventable.

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 investigation has been followed, 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.

Learning from these investigations is disseminated throughout the organisation. Divisional action plan completion is monitored through the Divisional meetings.

Performance data for Clostridium Difficile - Trust apportioned cases in 2021/2022 shows a slight improvement on the previous year, but still significantly over the set objective of 22 cases which was breached in November 2021. This increase over the past two years is considered to be in part due to the increased use of antibiotics associated with the COVID-19 pandemic and is a similar picture to other providers across the region.

Rate of Patient Safety incidents per 1000 Bed Days

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).

NRLS are now publishing this data and the national patient safety incident reports (NaPSIR) once a year rather than every six months. The next publication is due in September 2022. This will cover period of April 2020 to March 2021.

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

Indicator	Threshold	2021/2022 Year End Performance	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate- admitted	n/a	n/a	n/a
Maximum time of 18 weeks from point of referral to treatment in aggregate- non admitted	n/a	n/a	n/a
Maximum time of 18 weeks from point of referral to treatment in aggregate- patients on an incomplete pathway	n/a	n/a	n/a
A&E: maximum waiting time of four hours from arrival to admission / transfer / discharge	95%	79%	No
All cancers: 62-day wait for first treatment from:			
• Urgent GP referral for suspected cancer (62 Day GP Referral to Treatment)	85%	91%	Yes
• NHS Cancer Screening Service referral	90%	59%	No
All cancers: 31-day wait for second or subsequent treatment, comprising:			
• Surgery	94%	95%	Yes
• Anti-cancer drug treatments	98%	100%	Yes
• Radiotherapy	n/a	n/a	n/a
All cancers: 31 day wait from diagnosis to first treatment	96%	98%	Yes
Cancer: two-week wait from referral to date first seen, comprising:			
• all urgent referrals (cancer suspected)	93%	98%	Yes
• for symptomatic breast patients (cancer not initially suspected)	93%	98%	Yes
Clostridium difficile – meeting the C. difficile objective	40	27 (5 preventable)	Yes
Maximum 6-week wait for diagnostic procedures (February 22)	99%	79%	No

10: Our Colleagues

10.1 Ways colleagues can speak up

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

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

Colleagues are encouraged to speak up about any risk, malpractice, or wrongdoing that they think might be compromising the services and care we deliver, for example, unsafe patient care, unsafe working conditions, inadequate induction and training. The FTSU process is not for colleagues with concerns about their employment which affect only them. Concerns of this nature should be investigated in line with the CHFT Bullying and Harassment or CHFT Grievance policy.

The Trust has a FTSU Raising Concerns (Whistleblowing) Group Policy in place. The policy states that colleagues who speak up must not be at any risk of losing their job or suffer any kind of reprisal. Where there is evidence that this has occurred actions will be taken to protect and support the colleague.

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	Number of Concerns	Number raised anonymously	Number linked to element of patient safety / quality	Number linked to bullying / harassment
2019 Total	67	28	18	6
2020 Total	88	50	32	13
2021 Total	59	37	17	18

The concerns we receive are very diverse in nature, with a fairly equal mix of concerns pertaining to the care and welfare of our colleagues and our patients.

One of the main themes over the course of the last twelve months has been the inappropriate behaviours of colleagues and instances where colleagues have not always been kind, caring and respectful of each other. Responses to the concerns have seen the emphasis on 'One Culture of Care' grow and have provided many opportunities for teams, departments, and Divisions to promote the importance of looking after each other.

All channels to 'speak up' have continued to grow and with this, colleagues have become more confident and trusting of our Trust processes. Colleagues raising concerns via Freedom to Speak Up have provided positive feedback and reported that they would speak up again if they had other concerns in the future. No colleagues have experienced any form of reprisal as a result of raising their concerns.

The regular promotion of FTSU through a number of communication channels have raised awareness and brought us closer to our overarching aim to make FTSU business as usual and create an open and honest culture where all colleagues feel safe to raise their concerns.

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 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 2021 to March 2022, there was decrease in the exception reports (ER) compared to previous years. There was submission of ER from a wide variety of specialities, suggesting that the process of exception reporting is embedded across the trust. There was an increase in ER from within the medical division reflecting the higher clinical workload, increased patient acuity & staffing issues during recurring COVID-19 peaks. There was no ER logged for immediate safety concern this year.

The rota gaps were efficiently filled by bank and agency locum.

'Normal' rotas have been in place since mid-March 2021. There was no need to introduce any escalated COVID 19 rotas in any speciality this year despite recurring COVID 19 peak and staff shortages.

During this year of post COVID 19 pandemic recovery phase, there has been improved engagement by the Trust and Guardian of Safe Working Hours (GOSWH) with the junior doctors, which was encouraged through successful Junior Doctors Forum (JDF) meetings and Trust induction. A new junior doctor lead for training recovery was appointed to focus on ways to improve training opportunities for junior doctors during these challenging times.

Exception Reporting (ERs)

Total number of exception reports received per quarter this year.

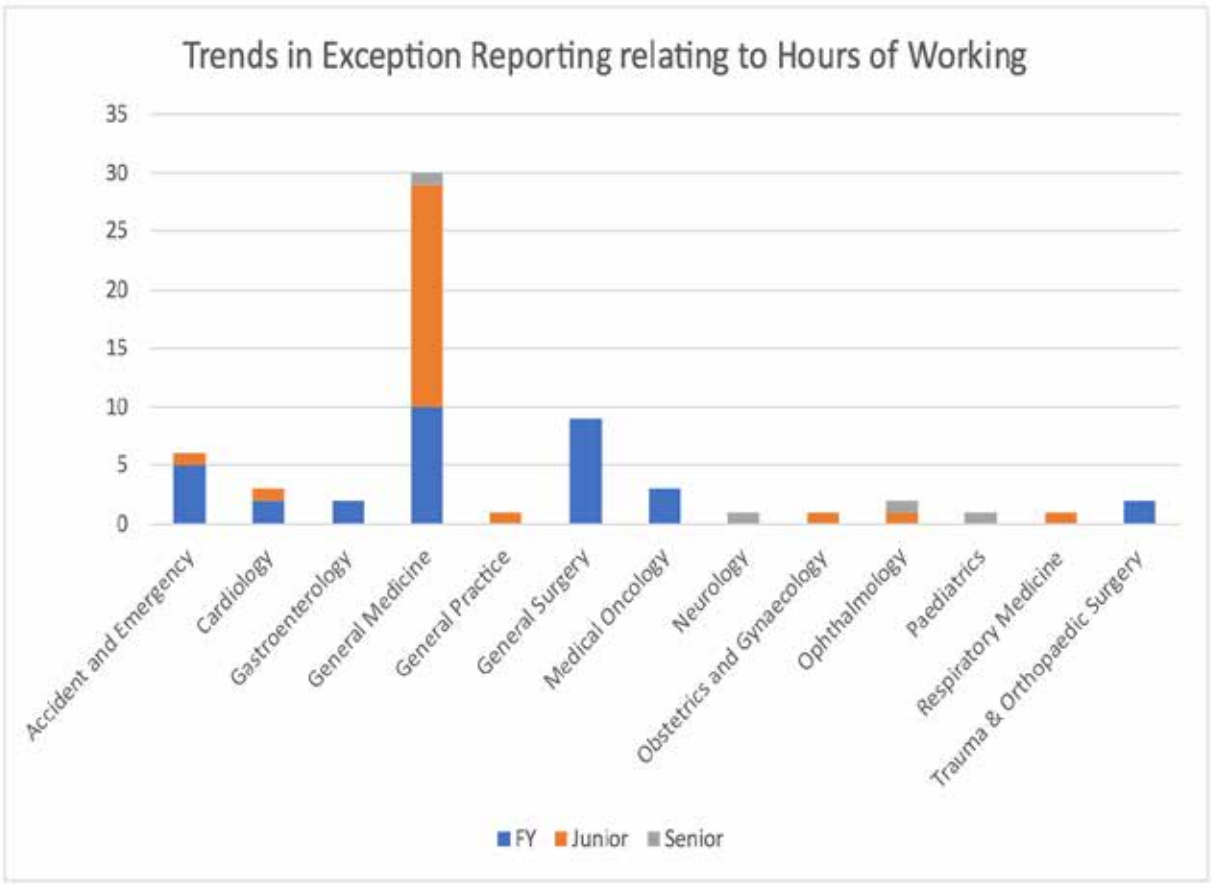
	Immediate Safety Concerns	Total hours of work &/ or pattern	Educational opportunities/ support	Service Support available	Total
Q1	0	13	2	0	15
Q2	0	24	0	2	26
Q3	0	9	0	1	10
Q4	0	21	0	2	23
Total	**0**	**67**	**2**	**5**	**74**

Chart 18 - Number of monthly ER (April 2021- Mar 2022)

Trends in Exception Reporting

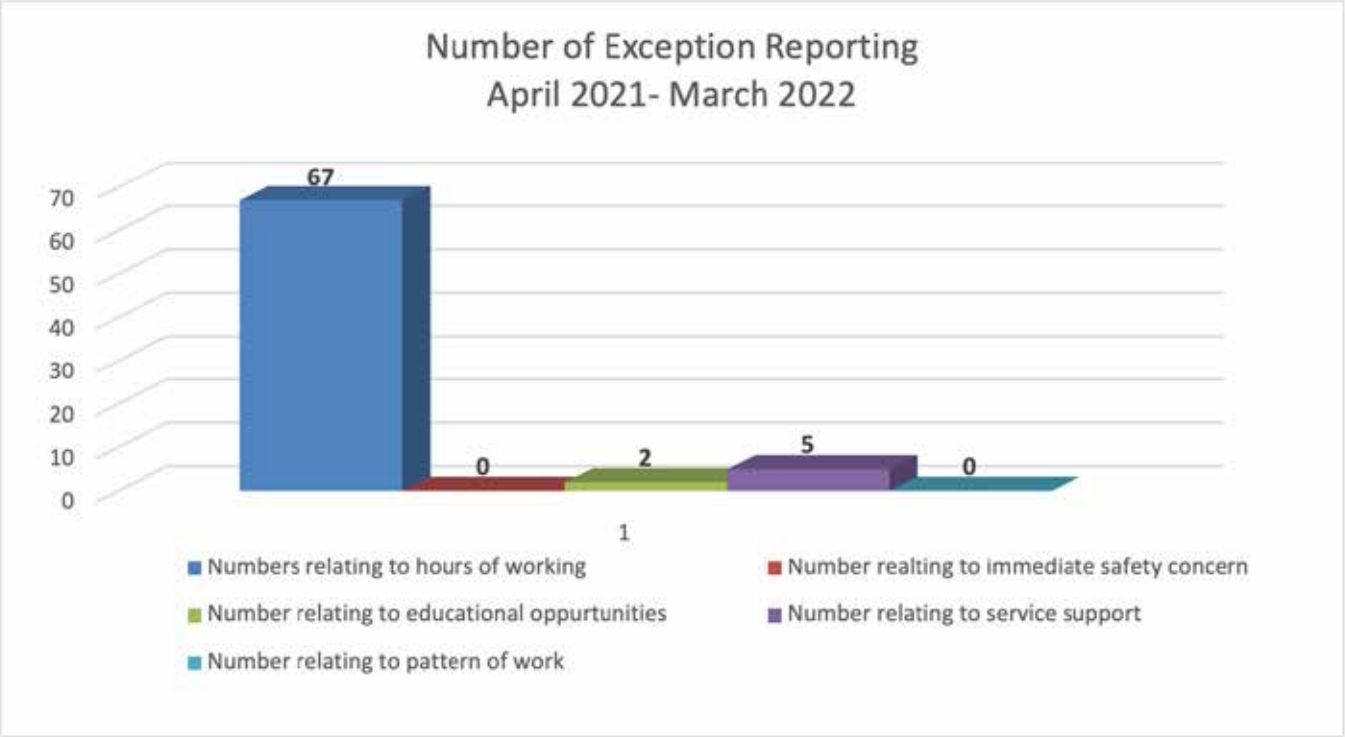
There has been a total of 74 exception reports (ER) this year, with the majority being submitted in Quarter 2 and Quarter 4. Whilst the process of exception reporting was available throughout, there was a significant decrease in the reports submitted in Quarter 3.

The majority of the ERs were submitted by foundation trainees, which is like previous years, but the trend of increased ERs from junior & senior trainees is continuing. Submission of ERs from a wide variety of specialities, suggests that the process of exception reporting is embedded across the Trust.



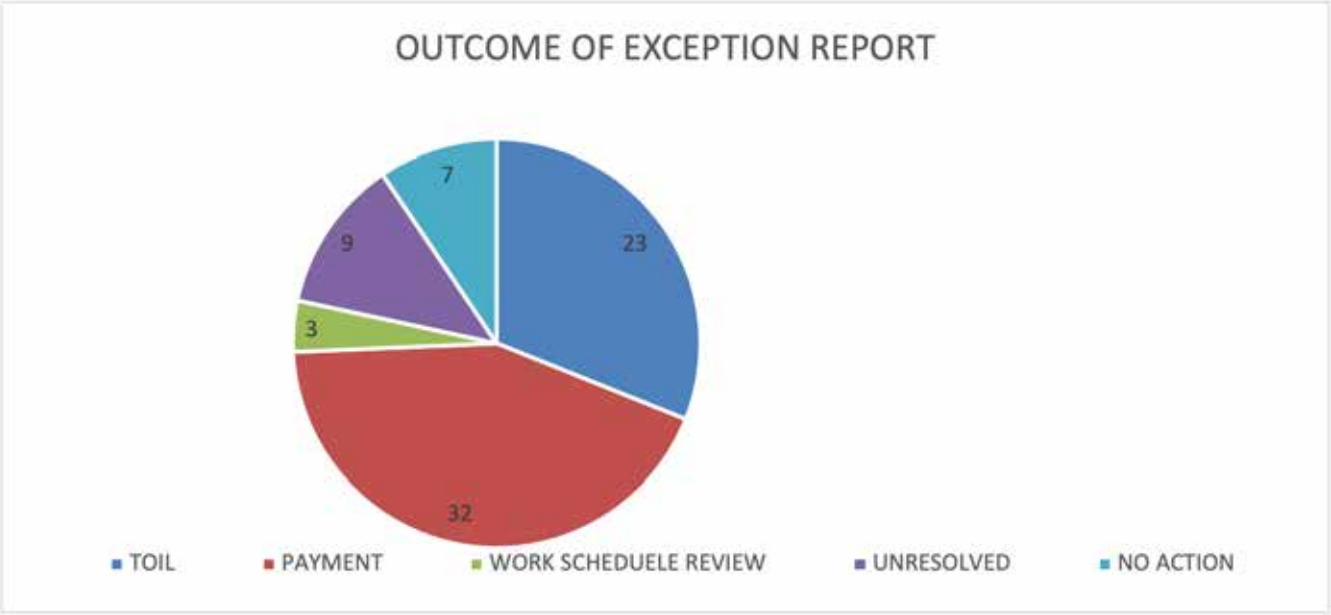
Types of Exception Reports (ERs) and Outcomes

Approximately 90% of ERs submitted this year were due to working overtime, due to higher patient acuity and staffing shortages, due to COVID-19 peaks during the year.



Most ERs have resulted in time off in-lieu or payment. There were a few work schedule reviews which were addressed by timely intervention and meeting with the concerned parties involved.

A few ER are currently unresolved due to a delay with trainee agreement about the outcome. Medical Human Resource teams continues to communicate with trainees to close the report when the outcome is agreed.

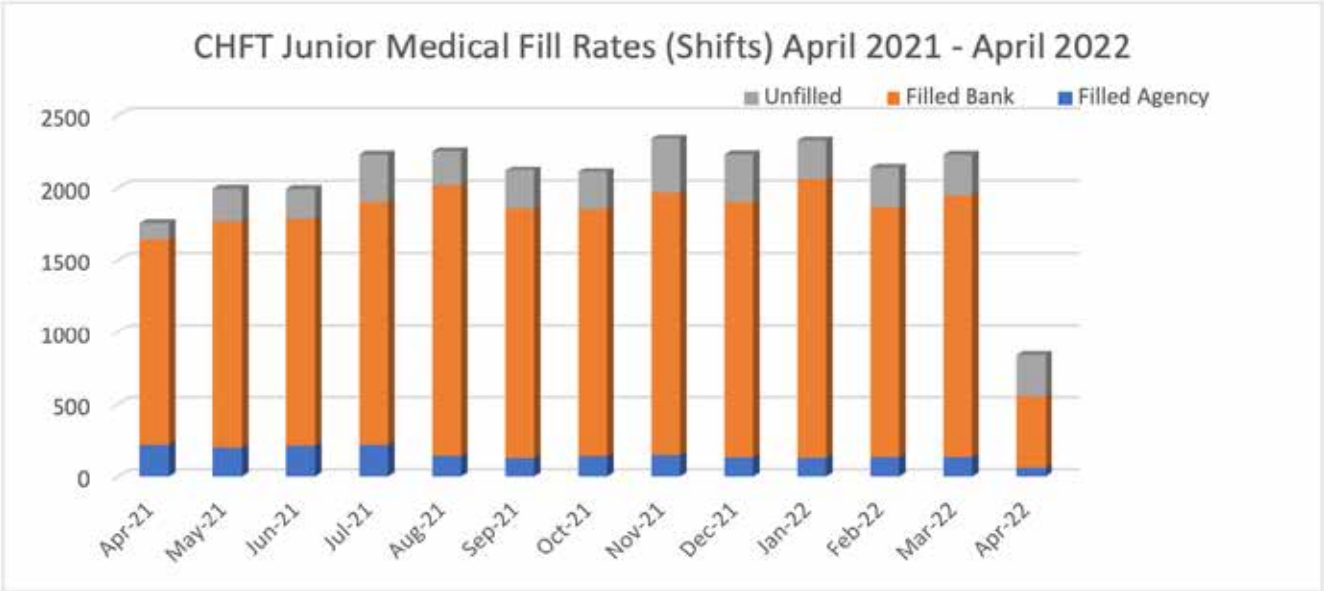


Immediate Safety Concern

No ER was flagged as immediate safety concern this year.

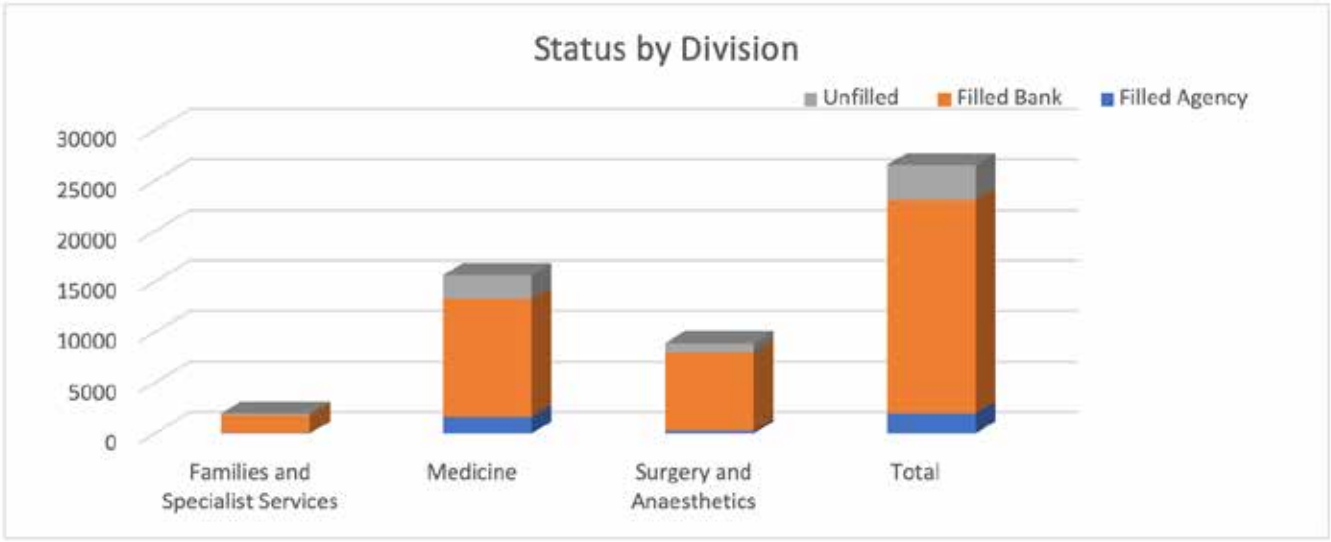
Rota Gaps and Local Fill Rates

This graph shows the rota gaps per month.



The gaps were greatest in the medical division but the use of bank and agency locums, reduced the total unfulfilled shifts to approximately 5%.

The on-call covers in all specialties with rota gaps were covered with ad-hoc locums. CHFT have advertised Trust doctor posts in some specialties to cover the rota gaps.



Junior Doctor's Rota Changes

'Normal' rotas have been in place since mid-March 2021. There was no need to introduce any escalated COVID-19 rotas in any speciality this year, despite recurring COVID-19 peaks and staff shortages.

In December 2021, changes were made to the start and end time of the Long Day and Night Shifts when on call in Medicine. The biggest driving factor in initiating these changes was feedback from the General Medical Council survey. The changes were discussed and agreed to improve patient care as it enables a longer morning handover.

Within Urology, the rota is being reviewed due to an increase in the number of people in post, from five to seven. This work has not been completed yet, but consultation will commence as this is a mixed economy rota made up of trainees and Specialty Doctors.

Junior Doctor Awards 2021

In May 2021, the Trust hosted the third 'CHFTs Got Medical Talent' Awards ceremony. Due to COVID-19 the ceremony was held online, and the attendance rate was excellent.

All doctors employed by the Trust and working at a junior level could be nominated, as could teams of junior doctors, anyone could make a nomination. Approximately, 280 doctors were eligible, and we received 80 nominations.

The categories were:
- Rewarding excellence in compassionate care
- Rewarding excellence in clinical leadership
- Rewarding excellence in medical education
- Rewarding excellence in research, audit, and quality improvement
- Going above and beyond the call of duty.

After a very challenging 12 months, the 'compassionate care' and 'going above and beyond' categories received the highest number of nominations and the judges commented on how apparent it was that they juniors had really 'stepped up to the mark'.

Positive feedback was received from junior doctors that despite the impact of the pandemic happening, the Trust had taken the time to organise and hold the awards.

Appointment Of New Junior Doctor Lead for Training

Dr Louise Finn has been appointed as a junior doctor lead for Training recovery. Her appointment is a positive step towards active involvement of the junior doctors in the training recovery programme that has started in the trust.

Active Participation in Trust Induction

The GOSWH was ardently involved in Trust induction in August and advocated the importance of junior doctors' participation as representatives in junior doctor forums so that we can strive to learn about and resolve issues, creating a better work environment for them. The process and importance of Exception Reporting was also highlighted in the Trust induction.

Junior Doctor Forum (JDF)

The JDF was held during September 2021 and January 2022, with a focus on ensuring junior are able attend the forum, a review resources for junior doctors to enable them to carry out routine clinical activities properly. Information regarding reconfiguration plans in CHFT was shared to allow trainees to gain a greater awareness of the planned changes and see how the changes can benefit patients and staff.

Fines Levied

No Fines have been levied this year.

10.3 Colleague Experience

Colleague engagement is about listening to and sharing our ideas so that we take action which improves patient care and the organisation that we work in. We have attempted to do this consistently throughout the year with colleagues across hospital and community settings.

Our One Culture of Care approach focuses on caring for each other in the same way we care for our patients. In practice, this emphasises the importance of each and every colleague taking care of themselves and of the people they work with, demonstrating kindness and compassion each and every day.

Our aim is to create a supportive colleague environment that delivers high quality and safe care for our patients and empowers our colleagues as well as giving recognition to the considerable contribution they make.

In the last year, we have engaged colleagues through providing a range of opportunities for them to involved in the design of how 'we do things around here'. This is included:

- 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.
- Using various channels to engage, promote and encourage participation including an increased utilisation of social media 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'.
- Hosting regular walkarounds to build relationships with colleagues across the Trust footprint to hear what is going well/not so well and work with these colleagues to motivate, encourage and support them.
- Listening events held across the Trust to capture thoughts, feelings, and experiences in order to learn and improve experiences for both patients and colleagues.

It is important that we acknowledge the excellent work this is delivered by our colleagues, and the organisation hosted their annual CHuFT Awards event via a virtual platform, with special guests to present the awards such as the Mayor of Kirklees and Calderdale, and the High Sherriff of West Yorkshire. We received 136 nominations, each person nominated received a personalised letter from the Chief Executive and all shortlisted colleagues were presented with a goodie bag as part of our #CHuFT on the road campaign.

It is important that we recognise colleagues regularly, not just once a year at the CHuFT awards event. We issue thank you cards, have a virtual CHuFT recognition platform and have a monthly star award. Over 2000 thank you cards were issued in 2021.

One Culture of Care is at the heart of our colleague wellbeing approach. Accessibility, trust and simplicity have 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 160 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.

Employee wellbeing has become a particular concern throughout the pandemic. Mental ill-health rates are rising; the Office for National Statistics (2021) reports the number of adults diagnosed with depression has more than doubled since before the pandemic. Many people have suffered loss, isolation, illness, and stress during this time, as an inclusive employer the need for an understanding, compassionate, and flexible approach to work is more critical than ever.

We have significantly increased attention on the wellbeing offer and strategy to support the diverse needs of our colleagues with One Culture of Care at the heart of the programme.

Through focusing on One Culture of Care for our colleagues and compassionate care for our patients we aim to embed a culture where wellbeing is at the forefront of colleagues' minds, and we aim to become an inclusive employer of choice. There will be a balance of support for mental and physical health and wellbeing, we will promote the basics of hydration, nutrition, sleep, facilities, and regular breaks via our wellbeing advisors/wellbeing ambassadors.

We have a wellbeing hour for colleagues which is 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 themselves through exercise, volunteering, or developing. 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 workforce development approach centres on personalised learning, building networks, experiential learning, focusing on unlocking talent, and leadership. Our colleagues are placed at the centre of our programme. This inclusive approach helps the organisation, and our colleagues define the skills and capabilities needed for the future; to provide our colleagues with the tools they need to deliver positive outcomes and identify key gaps in the current workforce; and create innovative strategies and programs to apply those capabilities.

Ultimately our aim is to build a resilient, emotionally intelligent, and inclusive workforce that can bounce back, express compassion, promote positive relationships with One Culture of Care at the heart of everything we do.

We are working to respond to our 2021 national staff survey feedback.

The NHS staff survey is conducted annually. From 2021, the annual NHS Staff Survey was redesigned to align with the People Promise. This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone. The Staff Survey is the principal way to measure progress on the People Promise and will enable teams and departments, as well as whole organisations, to see their progress and take action to improve.

Our response rate to the 2021 survey dropped slightly to 48% from 50% in 2020. Scores for each indicator together with that of the survey benchmarking group that comprises 128 acute and acute/ community trusts are presented below:

	2021		2020		2019	
	Trust	Bench-marking Group	Trust	Bench-marking Group	Trust	Bench-marking Group
Equality, diversity and inclusion	8.3	8.1	9.2	9.1	9.1	9.0
Health and wellbeing	6.1	5.6	5.9	6.1	5.5	5.9
Immediate managers	6.5	6.6	6.7	6.8	6.7	6.8
Morale	5.6	5.7	6.1	6.2	6.0	6.1
Quality of care	7.0	6.0	7.4	7.5	7.4	7.5
Safe environment – bullying and harassment	7.6	7.7	8.1	8.1	8.0	7.9
Safe environment – violence	7.6	7.7	9.3	9.5	9.4	9.4
Safety culture	5.8	5.9	6.8	6.8	6.4	6.7
Staff engagement	6.7	6.8	6.9	7.0	6.9	7.0
Team working	6.5	6.6	6.3	6.5	6.4	6.6

Significant improvement between 2020 and 2021 was seen in the following areas:

- Q11a. organisation takes positive action on health and wellbeing – increase of 28.1% from 32% to 60.1%
- Q3c. Opportunities to show initiative frequently in my role – increase of 2.8% from 70.7% to 73.5%
- Q9c. Immediate manager asks for my opinion before making decisions that affect my work – increase of 2.5% from 51% to 53.5%
- Q17a. Would feel secure raising concerns about unsafe clinical practice – increase of 2.2% from 73.9% to 76.1%
- Q3a. Always know what work responsibilities are – increase of 1.9% from 85.1% to 87%

Areas where our scores reduced by 6% or more were:

- Q2a. Often/always look forward to going to work – decreased by 8.2% from 53.4% to 45.2%
- Q2b. always/often enthusiastic about my job – decreased by 6.2% from 70.7% to 64.5%
- Q3i. Enough staff at organisation to do my job properly – decreased by 10.2% from 33.3% to 23.1%
- Q21c. Would recommend organisation as place to work – decreased by 8.8% from 63.8% to 55%
- Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation – decreased by 7.9% from 71.6% to 63.7%

We have identified five priorities for 2022/2023 which are aligned to the NHS People Plan:

1. Health and wellbeing (NHS People Plan – looking after our people/belonging)

- Enhanced wellbeing support at local level. Psychologist working within the WOD directorate to provide on-site support to understand the root cause of exhaustion, burn out, stress and frustration, providing interventions to support colleagues locally, health and wellbeing at the centre of people conversations, wellbeing ambassador development, wellbeing hour evolution

2. Leadership visibility (NHS People Plan – belonging)

- All leaders to be members of care club, 'back to the floor' volunteering to support the front line to understand colleagues' day to day roles, opportunities and challenges

3. Development opportunities for all (NHS People Plan – growing for the future)

- Production of a development for all toolkit to support colleagues who wish to progress, grow in role or support the growth of others. Quality discussions will be held between line managers and colleagues that will focus on career planning. The manager/colleague will be supported with a wealth of resources and programmes that will underpin our talent approach.

4. Intensive care support for areas demonstrating the need for additional support (NHS People Plan - new ways of working/belonging)

- Dedicated support for those teams that have highlighted a significant drop in results or a year and year decline in score over past 4 years
- Work Together/Get Results - Create tools and resources to co create improvements colleagues want to see. The framework will support change and enhance teamwork.

5. Equality, Diversity & Inclusion – (NHS People Plan – belonging)

- Executive Sponsors supporting EDI conversations at Board,
- Enhanced communications regarding the impact of the equality groups
- Cultural awareness toolkit
- Inclusive leadership modules within the leadership development programmes including authentic conversations with members of the equality groups regarding the role leaders play in supporting people of difference.

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

At CHFT, we are committed to delivering outstanding care to our patients, this means providing access to new and novel treatments through our participation in research. Research is an important part of our Trusts commitment to constantly improve and offer the best treatment options for our patients. A research active culture can bring a wealth of benefits for patients, clinicians & the NHS. Research drives innovation, more cost-effective treatments and creates many opportunities for patients and development for staff.

Our Research and Development department is a well-established team working with strategic partners in academia, NHS and industry to identify research that will make a difference across many clinical areas of the Trust. The unprecedented local and global research response to the COVID-19 pandemic has brought the importance of clinical research into sharp focus like never before. CHFT responded to the pandemic with professionalism and expertise developed over many years.

Participating in COVID-19 research studies has continued to have a direct impact on patient care, with positive outcomes; significant reductions in mortality rates for patients with COVID-19 and shortened recovery time for those admitted to hospital. Effective treatments are now being used as standard care such as dexamethasone (shown to reduce death by one-third in patients receiving invasive mechanical ventilation and by one-fifth in patients receiving oxygen) and tocilizumab (shown to shorten the time until patients are successfully discharged from hospital and reduces the need for a mechanical ventilator).

In June 2021, Regeneron's Monoclonal Antibody Combination was found to reduce deaths for hospitalised patients not mounting their own immune response.

In March 2022, the JAK inhibitor baricitinib, was shown to reduce mortality. Less effective treatments are replaced with other potential options, requiring speed and collaboration with support departments.

More recently RECOVERY is trialing other treatments; high-dose corticosteroids, empagliflozin and antiviral medications, which has increased the complexity of study coordination.

A skill-mix approach within the delivery team continues with rapid training for non-clinical staff to support clinical teams in new treatments and adaptations to the COVID-19 research protocols. New for 2022, brings the inclusion of influenza treatments to the Recovery trial. This complicates screening and eligibility of patients and increases the workload for the delivery team as they monitor patients daily and co-ordinate blood tests and swabbing for the trial, in addition to overseeing administration of trial treatments. We have recruited 619 patients to date and have remained in the top 13 recruiting Trusts nationally and continue to be the leading site for acute delivery across the Yorkshire and Humber region. The research governance process implemented a swift response to study-set up, working collaboratively with support departments and the regional network.

The Trust's non-Executive Board Member Alastair Graham responded to the news,

"What a fantastic achievement to have recruited our 600th patient to this national trial! This puts (us) at the forefront of ground-breaking research into the effectiveness of potential new treatments which are saving lives and reducing suffering. Huge thanks are due to the team and to the patients who have put themselves forward. The trial is benefiting local people as well as being of national and international importance".

Our success is largely due to our clinical research nurses being embedded within the clinical areas and the engagement of our clinical teams.

One of Calderdale & Huddersfield's patients who consented to take part in the trial, when asked why, simply said:

"Why wouldn't I do it! If it's anything to do with helping us out of this mess and helping others, I'm more than willing."

CHFT has exceeded its annual Clinical Research Network recruitment target of 1,473 with a total of 2,385 patients recruited into research trials, of this number, 1,939 patients were recruited into COVID-19 research.

A huge effort was seen from clinical colleagues throughout the year in supporting our research trials, with over 40 medical colleagues undertaking training and recruiting patients. We have also seen an increase in the number of nurses or Allied Health Professionals (AHPs) receiving training to enable them to participate in clinical research and many have signed up to be Principal Investigators (PIs) to oversee their own research studies. We currently have 7 nurse PIs and 3 AHP PIs supporting our portfolio of research at site, with continued efforts to increase this number by supporting our staff to embrace these opportunities in the new financial year.

Our support departments, in particularly Pharmacy and Pathology have been instrumental in the success of this performance in ensuring medicines management pathways were rapidly developed to enable clinical teams to provide COVID patients with immediate access to approved and effective drugs, directly as a result of the trials we have taken part in.

A small number of experienced research nurses provided support to frontline services on an intermittent basis to the respiratory wards when most needed. In addition, 1.0 WTE research staff were released to Occupational Health department during December 2021 and January 2022 to assist the department with high call volumes during the Trust staff absence crisis, to get staff back in posts as soon as possible. The remaining research department staff managed workloads to ensure continuity for patients on treatment in essential non-COVID-19 clinical trials, specialties including cancer, haematology, gastroenterology and ophthalmology trials. This involved continuing remote assessments where patients did not need to be seen in person, organising delivery of trial medication, patient follow ups and restarting the studies that were paused during the pandemic.

As a result of the restrictions caused by the COVID-19 pandemic, many study sponsors have introduced new ways to deliver outcomes. This means the research delivery team have continued to be challenged and adapt to new practices and innovation. For example, managing clinical wound assessments remotely, receiving informed consent virtually and the utilisation of technology to make this easier.

12: Statements of Assurance from the Board

12.1 Data Quality

The Trust submitted records during 2021/2022 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 = 99.9%
- 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 = 94.6 %
- Outpatient Care = 95.8%
- Accident & Emergency Care = 99.6%

The Trust has in place policies to assure the Board on a range of issues to ensure high quality 'compassionate 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 is the responsibility of the Trust Data Quality Board (6-weekly), 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 6-weekly and reports into the Data Quality Board, focuses on specific data quality measures from both a corporate and service position.

There is a Data Quality Policy that relates to all areas of data quality, including the Electronic Patient Record. It relates to all data produced by the Trust.

High quality data is a fundamental requirement for the 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 bi-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 GIRFT programme is now managed through the bi-monthly divisional Performance Review meetings.

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 2020/2021 Data Security and Protection Toolkit was submitted in June 2021 with a rating of 'Standards met'. Work has been ongoing throughout 2021/2022 to gather new and updated evidence to support the Trust's compliance again in 2022. The evidence gather will continue until final submission on 30 June 2022.

Over 90% of staff members completed information governance staff training in 2021/2022. Reminders including newsletters, awareness raising workshops, discussions in one-to-ones and appraisals have been undertaken. 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 November 2021 by an NHS Digital Approved Clinical Coding Auditor.

The Audit looked at 200 Finished Consultant Episodes (FCEs). The 200 episodes were randomly selected from all hospital spells coded during September 2021. Episodes were audited against national coding standards using Version 15 of the Clinical Coding Audit Methodology.

Overall, both the diagnostic and procedural coding was very 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
99.5%	95.9%	93.4%	89.2%

12.4 Participation in clinical audit

The 2021/2022 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 2021/2022, 50 of the national clinical audits and four 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 90% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

Data collection, data analysis and report publication for a number of national audits were delayed due to the COVID-19 pandemic.

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

The development of a clinical audit database was a key objective for the team in 2020/2021. This was completed and has now become embedded in working practice. All clinical audit projects are entered onto the database and given a unique identifier. Project plans and summary reports, including action plans are linked. Work is ongoing with the information management team to link the database to Knowledge Portal plus which would mean greater access to the information contained within the database for colleagues including the clinical audit leads.

There are a total of 485 audits on the current programme.

Division	Projects on clinical audit programme	National Audits	Local
Surgery and Anaesthetics	170	46	124 (mixture of local audit and local priority audits)
Families and Specialist Services (FSS)	109	29 (mandatory and non-mandatory)	80 (including NICE Clinical Guidelines, Trust Priorities, etc)
Medical	166	65 (including NCEPOD audit projects)	101 (including NICE Clinical Guidelines, Trust Priorities, etc)
Community	15	7 (including NCEPOD audit projects)	8 (including NICE Clinical Guidelines, Trust Priorities, etc)
Corporate	27	6	21 (including NICE guidelines, improvement initiatives)

Almost all the audits normally carried out by the Infection Control Team were stopped last year due to pandemic pressures. However there have been some FLO and QI audits completed by the team and an external audit of our sharp's container safety.

A list of national audits is 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.

The last two years have been unprecedented for the NHS. The COVID-19 pandemic has presented a unique set of challenges and required innovative new ways of working to provide an effective response. As part of that response, The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was also suspended for the entire period.

CQUINS for 2022/23

To support the NHS to achieve its recovery priorities, CQUIN is being reintroduced from 2022/23 and will be linked to the Quality Priorities for the Trust.

The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for patients.

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

Response from Locala Community Partnerships Community Interest Company (CIC)

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 2021/22.

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 2021/22, together with benchmarking data against other organisations. The Quality Account acknowledges the impact COVID-19 had on progress against the quality priorities and we note that the priorities for 2022/23 remain the same with a focus on embedding actions from 2021/22.

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

Locala works closely with CHFT on a number of work streams discussed in this Quality Account including supporting patient transitions from hospital into the community through effective implementation of discharge to assess guidance.

As a community service provider and key system partner, Locala welcomes CHFT's 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
Chief Nurse
Director of Quality and Professional Practice

May 2022

Response from Calderdale and Kirklees Clinical Commissioning Groups

Calderdale Clinical Commissioning Group (CCG) and Kirklees CCG welcome the opportunity to review and comment on the annual Quality Account. The CCGs would like to acknowledge the enormous amount of work the Trust has done to maintain and improve quality throughout the last year, despite facing unprecedented service demands throughout the pandemic. We would like to take the opportunity to thank colleagues for their commitment and compassion in striving to deliver excellent care over the past 12 months.

The report provides a transparent and comprehensive assessment of existing levels of quality while acknowledging the organisations commitment and focus on improvement across the main domains of the quality; safety, effectiveness and experience. It also highlights the many achievements and successes throughout a very challenging year. The Trust has shown their continued commitment as a key partner in delivering ongoing care to the population of Calderdale and Kirklees. This has been demonstrated through the progress this year and the continued drive to ensure quality improvement is at the heart of the organisation.

The CCGs note the feedback on the 2021/22 priorities and the benefits achieved continue to be demonstrated through the collaborative working arrangements and we acknowledge, value, and appreciate the openness of the Trust. Commissioner attendance at forums such as Quality Committee, Mortality Surveillance, and Trust Serious incident Panels, provides the CCG with insight into and showcases the safety culture and honesty within the organisation. The Quality Account accurately reflects the Trusts continued commitment and motivation to not only learn from when things go wrong but improve from them. Key challenges and quality improvements are highlighted in the Quality Account. We recognise that whilst performance in some metrics, relating to patient harm and national operational standards, may not necessarily align with the Trust's target ambitions for 2021/22, staff have worked relentlessly, using the Trusts improvement methodology 'Working Together to Get Results' and the Trusts values to provide a good experience of care during this difficult time. We felt this was particularly notable in the letters to loved ones, digital options for patient visiting and the 1772 bereavement comfort packs provided by the Trust throughout 2021/22.

Commissioners note and commend the significant amount of work and progress within the Maternity division. The Trust are progressing the actions following the Trusts self-assessment requirement after the publication of the interim Ockenden Report. The Trust continue to make significant headway against the actions identified and are a key partner in the West Yorkshire Local Maternity System. We welcome the proactive joint approach with The Local Maternity System and regulators, to quality assurance and improvement. Working collaboratively in this way has provided assurances on the progress and challenges faced by the Trust against actions aligned to areas such as the Ockenden Report, Better Births/Continuity of Carer Model of Care, and Healthcare Safety Investigation Branch (HSIB) requirements. Local Quality Surveillance meetings continue, and commissioners recognise that the Trust continues to be proactive, honest, and open. The CCG would like to congratulate the Trust in their hosting of both the Junior Doctor Awards and CHuFT Awards during 2021/22. Ensuring the awards were held virtually, given the same gravitas as previous inperson awards, and celebrated colleagues for the care they provide for patients and each other is commended. This in turn empowers staff to prioritise kindness and compassion and embeds the Trust Value of 'One Culture of Care' approach.

We recognise the Trusts critical role in out of hospital care which has been demonstrated through our combined system forums. We would welcome further detail in this area in future Quality Accounts. The aims and ambitions of quality improvements in each workstream are well defined. The CCG is encouraged to note a continued focus on patient and staff experience in the priorities set for 2022/23 as the system attempts to reset and recover.

We look forward to continuing to work with the Trust and partners across the health and social care system to ensure the community will have access to high quality care. Commissioners would like to applaud the Trust on their commitment to improving the care that the local population receive and will continue to work in partnership throughout the changing and challenging landscape of the NHS

Penny Woodhead
Chief Quality and Nursing Officer NHS Calderdale CCG / Deputy Chief Officer NHS Kirklees CCG

May 2022

Response from South West Yorkshire Partnership NHS Foundation Trust

As a local partner of the Trust, we were pleased to receive and be asked to comment on the Calderdale and Huddersfield NHS Foundation Trust (CHFT) draft Quality Account for 2021/22. The Quality Account provides an assessment of the levels of quality provided by the Trust, describing the progress made in many areas together with comparisons against other organisations.

The Quality Account reflects the impact of the pandemic response, is open about the subsequent impact on other planned care, and also on the progress against the Trust's Quality Account Priorities for 2021/22. However, progress against these priorities is described, and it is impressive to see this, given that it was achieved during such challenging times. We welcome the continuing CHFT choice of Quality Account Priorities for 2022/23 with regards to Sepsis, hospital acquired infections, and emergency department waiting times, together with the range of chosen Focused Quality Priorities. It is also encouraging to see a focus in health inequalities within these seven other priorities. As always, SWYPT will be ready and willing to support CHFT with these priorities wherever we can.

We are pleased to see that CHFT remains committed to improving their rating and their 'journey to outstanding', underpinned by the four pillars of their vision and values and aligned to CHFT's commitment to patient and colleague safety and wellbeing. It is also impressive to see learning and innovation in response to the COVID-19 pandemic. Throughout, CHFT's commitment to learn and innovate by engaging directly with patients and carers is clear to see.

We continue to work closely with CHFT on shared sites and in response to issues and challenges that arise, where close collaboration provides mutual benefits for our patients, our colleagues and our communities. The support offered by CHFT is always greatly appreciated.

As a fellow provider organisation we welcome CHFT's ongoing commitment to working as a partner within our developing system, to ensure joined up services to meet the needs of our shared population. We look forward to continuing to work with CHFT in the future.

Darryl Thompson
Director of Nursing, Quality and Professions
South West Yorkshire Partnership NHS Foundation Trust

June 2022

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 Trusts 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 by NHS England / Improvement for 2021/22.
- 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 2021 to March 2022
  - papers relating to quality reported to the Board over the period April 2021 to March 2022
  - feedback from commissioners dated May and June 2022
  - the Trust's complaints report for 2021/2022 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the 2021 national staff survey

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

The final Quality Account for 2021/2022 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 England / Improvement requirements 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

.....Chair

..... Chief Executive

Appendix A – 2021/2022 Clinical Audits

The national clinical audits and national confidential enquiries that Calderdale and Huddersfield NHS Foundation Trust were eligible to participate in/participated in for which data collection was completed during 2021/22, are listed below. The numbers of cases submitted to each audit or enquiry as a percentage of the number of registered cases required (by the terms of that audit or enquiry) are also listed.

During 2021/22, 50 of the national clinical audits and four 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 90% (45) of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in (data collection for two of these studies does not commence until Spring 2022).

However, data collection, data analysis and report publication for a number of national audits was delayed due to the Covid-19 pandemic.

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%
Paediatric intensive care (PICANet)	No	N/A	N/A	N/A
Audit of seizures & epilepsies in children & young people*	Yes	Yes	All cases in time period	100%
National Maternity & Perinatal Audit (NMPA)	Yes	Yes	Dataset changed (see below)	0%
National Neonatal Audit Programme (NNAP)	Yes	Yes	500	100%
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%
National pregnancy in diabetes audit	Yes	Yes	All cases in time period	100%
National Child mortality database (NCMD)	Yes	Yes	All cases in time period	100%
National Perinatal mortality review tool	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	272	100%
Lung cancer (NLCA)	Yes	Yes	All cases in time period	Ongoing
National Prostate Cancer Audit (NPCA)	Yes	Yes	361	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	All cases in time period	Ongoing
Transurethral Resection and single instillationmitomycin C evaluation in bladder cancer treatment	Yes	No	N/A	N/A

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	333	100%
Major trauma audit (Trauma Audit & Research Network, TARN)	Yes	Yes	All	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	187	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)*	Yes	Yes	All cases within time period	100%
RCEM Severe Sepsis and Septic Shock	Yes	Yes	All cases within 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	Ongoing
Adult cardiac surgery audit (ACS)	No	N/A	N/A	N/A
Cardiac rhythm management	Yes	Yes	All cases in time period	On-going
Congenital heart disease (CHD)	No	N/A	N/A	N/A
National audit of percutaneous coronary interventions PCI (NICOR)	Yes	Yes	445	On-going
Heart failure (HF)	Yes	Yes	596	80% of cases due to COVID
National Cardiac Arrest Audit (NCAA)	Yes	Yes	78	On-going
National Audit of Cardiac Rehabilitation (NACR)**	Yes	Yes	1002	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	N/A	N/A
National audit of cardiovascular disease prevention	Primary care	NA	NA	NA

Mental health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Learning Disabilities Mortality Review (LeDeR)	Yes	Yes	All cases in time period	Ongoing
Prescribing observatory for Mental Health (POMH-UK)	No	N/A	N/A	N/A
Mental Health Clinical Outcomes Programme Prescribing for depression in adult mental health services	No	N/A	N/A	N/A
Prescribing for substance misuse: alcohol detoxification	No	N/A	N/A	N/A
National Audit of Psychosis	No	N/A	N/A	N/A

Long term conditions

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
National Diabetes core audit (Adult) ND(A), includes	Yes	Yes	Pump pts only	100%
National Diabetes Inpatient Audit (NADIA)	Yes	Yes	All cases in time frame	Ongoing
National Diabetes Footcare audit	Yes	Yes	15 GP surgeries	100%
Diabetes (Paediatric) (NPDA)	Yes	Yes	All cases in time period	80%
Inflammatory bowel disease (IBD) Registry	Yes	Yes	47 YTD	Not Known
National Early Inflammatory Arthritis Audit (NEIAA)*	Yes	Yes	67 YTD	Not known
National Audit of Pulmonary Hypertension	No	N/A	N/A	N/A
National Audit of Care at the End of Life (NACEL)*	Yes	Yes	80	100%
National RCP Adult Asthma Audit Programme (NACAP)	Yes	Yes	109	100%
National RCP COPD Secondary Care Audit Programme (NACAP)	Yes	Yes	182	100%
National RCP Pulmonary Rehabilitation organisational and clinical audit (NACAP)	Yes	No	Didn't participate (see below)	0%
Neurosurgical National Audit Programme	No	N/A	N/A	N/A
Chronic kidney disease registry	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: 2021 Audit of patient blood management and NICE guidelines	Yes	Yes	10 patients	100%
National Comparative Blood Transfusion Programme: 2021 Audit of perioperative management of anaemia in children undergoing elective surgery	Yes	N/A	10	100%

Older People

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Sentinel Stroke (SSNAP)	Yes	Yes	All patients	Ongoing
National Audit of Dementia	Yes	Yes	All cases in time period	100%
Falls & Fragility fractures (FFFAP) – Inpatient Falls	Yes	Yes	All cases in time period	100%
Falls & Fragility fractures (FFFAP) – National Hip Fracture database	Yes	Yes	All cases	100%
Falls & Fragility fractures (FFFAP) – Fracture Liaison Service	Yes	No	CHFT does not have a Fracture liaison Service	

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	8 cases	80%
Medical and Surgical Outcomes Programme Community acquired pneumonia	Yes	Yes	Data collection starting Spring 2022	TBC
Medical and Surgical Outcomes Programme Crohn's	Yes	Yes	Data collection starting Spring 2022	TBC
Child health clinical outcome review programme Transition from child to adult health services	Yes	Yes	5 cases	100%

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 Cytoreductive Radical Nephrectomy Audit	NA	N/A	N/A	N/A
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	Yes	No	N/A	N/A
Cleft Registry and Audit Network database (CRANE)	No	N/A	N/A	N/A
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Yes	16	100%
Elective surgery (National PROMs Programme) Hip replacements/Knee replacements	Yes	Yes	116 (Reduced numbers due to COVID)	100%
National Outpatient Management of Pulmonary Embolisms	Yes	Yes	20	Approx 50% (of the expected numbers, reduced numbers due to COVID pressures)
Maternity and Mental Health Services	Yes	No	N/A	N/A

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 RCP Pulmonary Rehabilitation organisational and clinical audit (NACAP)	Interim report published July 20. Not submitting data due to reduced staffing levels, outcome measures not being achieved and rehab on offer is different to that outlined in the National report. Added to the risk register. Non-compliant in first quarter 2021. Data collecting second and third quarter 2021. We are now participating in the audit but failing because we are not doing walk tests or face to face classes as yet. The risk register has been amended to reflect this.
National Maternity and Perinatal Audit (NMPA)	National Maternity and Perinatal Audit (NMPA) Clinical Report 2021 The data used for births in England has changed from using maternity information system (MIS) data to the Maternity Services Data Set version 1.5 (MSDS v1.5), a centralised maternity dataset. As a result, case ascertainment for England was considerably lower than previous years. CHFT didn't fulfil the criteria for these reasons and weren't included in the above report. In the 2022 report CHFT should be represented as we have done a huge amount of work to report into the MSDS.
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	Did not participate due to heavy workload and staff pressures
Transurethral Resection and single instillationmitomycin C evaluation in bladder cancer treatment	Did not participate as the Trust did not receive any correspondence to participate in this Audit
Falls & Fragility fractures (FFFAP) – Fracture Liaison Service	CHFT does not have a Fracture liaison Service
Maternity and Mental Health Services - Smoking Cessation	Did not participate due to COVID and staff pressures

The reports of 46 national clinical audits were reviewed by the provider in 2021/22. This included some reports from the previous year that had that had been 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 of improvement identified, work is being undertaken to improve the quality of healthcare provided.

National Asthma & COPD Audit- COPD clinical Audit 2019/20

Published June 2021
This report presents the results from an analysis of data derived from the chronic obstructive pulmonary disease (COPD) clinical audit component of the National Asthma and COPD Audit Programme (NACAP). The COPD audit is continuous and captures the process and clinical outcomes of treatment in patients admitted to hospital in England, Scotland and Wales with COPD exacerbations. The audit was launched in England and Wales on 1 February 2017 and in Scotland on 1 November 2018.

Aims and Objectives

National QI priority 1: Ensure that all patients requiring NIV on presentation receive it within 120 minutes of arrival for those patients who present acutely. (BTS NIV QS4)4

National QI priority 2: Ensure that a spirometry result is available for all patients currently admitted to hospital with an acute exacerbation of COPD. (NICE [NG115] 1.1.4, NICE [QS10] statement 1)3,1

National QI priority 3: Ensure that all current smokers are identified, offered, and if they accept, referred to behavioural change intervention and/or prescribed a stop smoking drug. (NICE [NG115]

Findings
Performance against National Priorities Local results (National results)

Data is only available for patients with a Calderdale GP as currently Locala do not submit data for Kirklees patients but are keen to discuss a solution to this.

Overall performance:

Spirometry available 77% (48% National)
NIV within 2hr of arrival 45% (25% National)
Respiratory team review during admission 97% (87% National)
Current smokers 36% (35% National)
Current smokers referred to a smoking cessation service 75% (53% National)
Discharge bundle completed during admission 99% (75% National)

Inpatient management
- Respiratory review during admission 97% (88% National)
- Respiratory review within 24hr 92% (67% National)
- Mean time from admission to review 11hr (24hr National)
- Prescribed oxygen 63% (64% National)
- No target saturation recorded 7% (3% National)
- NEWS score recorded 98% (84% National)
- 18% required NIV
- NIV given within 2hr 45% (25% National)

Discharge planning
- 99% discharge bundle (75% National)
- 96% inhaler check (71% National)
- 93% meds review (80% National)
- 93% self-management plan (61% National)
- 82% rescue pack (27% National)
- 6% oxygen alert card (12% National)
- 92% pulmonary rehab (62% National)
- 90% offered Follow up (37% National)

Conclusions

Good points:
- Spirometry available
- Smoking status recorded
- NEWS recording
- Oxygen prescribing
- Early review by specialist nursing team
- Discharge planning & use of discharge bundle
- Signposting to smoking services

Areas for improvement
- Engage with Locala so data for Kirklees patients can be submitted
- Earlier initiation of NIV (although better than national average)

The earlier initiation of NIV will be picked up through the BTS NIV Audit. No actions needed from this National Audit – continue good practice. As a community service provider, the participation of Locala in the discharge bundle element of the audit is something that they are keen to discuss as a solution for future audits.

Other National Clinical Audits the Trust has participated in during 2021/22:

- Breast & Cosmetic Implant Registry
- National Audit of Hip Fractures
- FAMCARE
- 2021 National Pleural Services Organisational Audit (BTS)
- Management of Encephalitis 2020 Audit
- Sprint Audit (SSNAP)
- Re-audit of LD improvement standards 2021
- CO-GENT- Clinical Outcomes in Gentamicin Prescribing and Monitoring in United Kingdom Hospitals: a National Audit

The reports of 170 local clinical audits were reviewed by the provider in 2021/22, some of these audits were carried over from the previous year. The Trust intends to take the following actions to improve the quality of healthcare provided:

Audit reference number: CWF105 – Re-audit of Assisted Vaginal Deliveries
Overall about 1 in 8 (10-15%) births in the UK will be an assisted vaginal birth although this is much less common in women who have had a vaginal birth before. 1 in 3 women having their first baby will have an assisted vaginal birth. Assisted vaginal birth includes birth helped by use of a ventouse (vacuum cup) or forceps or both. It is quite essential to establish that CHFT is following RCOG standards of practice to make it safe and effective. It can be associated with significant adverse outcomes, maternal and fetal morbidity and mortality.

This is a re-audit to look at the recommendations around documentation which needed improvement following the initial audit undertaken in 2020.

Aims:

To assess CHFT practice against the RCOG guidelines for assisted the vaginal delivery.

Objectives:

To ascertain if the recommendations, put forward from the previous audit, have improved documentation and information given to patients.

Summary of findings for CHFT
Reviewed 60 Athena notes of instrumental deliveries between 1/10/21 to 17/01/22.

One of the areas in which we weren't doing particularly well was obtaining Cord samples from assisted vaginal deliveries. The last time we undertook the audit there was a significant percentage of patients in which the cord samples could not be taken (20%).

Recommendations implemented: once assisted vaginal delivery has been undertaken, the operator is presented with the cord sampling bottles in order that they can take the sample themselves. The midwifery department produced a leaflet regarding this practice. This has been applied and there has been a significant improvement in the documentation and the number of processed cord samples (90%).

Another area doing poorly was the documentation of the First Void. We were only doing this in half the cases in the previous audit.

Recommendations implemented: An e-mail reminder sent to all staff. There has now been a significant improvement in the first void.

The debrief of patients still remains particularly low, there hasn't been any improvement since the last audit. Very poor documentation at all levels. We are debriefing, but not documenting which is the main problem.

Recommendations: Development in Athena of debrief as a separate note tab. It is necessary to have a least 3 debrief sessions: 1 immediately before delivery; 1 before discharge and 1 post discharge, with the consultant. We need to have a structure of debrief sessions and that should include what happens on the day – what are the immediate implications, what are the implications for future pregnancies and what action will be required for future pregnancies and delivery plans. This is the minimum requirement, as currently, what we say and write in the notes is variable. Dr Naeem has spoken to Laura Douglas, Matron, who is going to contact the Athena team to see if we can come up with a structure of debrief and incorporate it into the Athena system.

Leaflets/Posters:

- Remember to take Cord Gases poster

The Midwifery team have developed a 'Please remember to take your Cord Gases' poster which is located in the labour ward department behind the toilet door.

- Develop RCOG leaflet for the patients – Assisted Vaginal Birth Information now available to all women

Recommendation - Development in Athena of debrief as a separate note tab.

Audit ref: CORP028 – Audit of Condition of High Specification Pressure Redistribution Mattresses

The Medical Device Agency has advised that body or other fluids can pass through and contaminate inner core of damaged mattresses or covers and cause cross-infection if used. (MDA/2010/002).

There is the potential for cross-infection if contaminated mattresses remain in use. The MHRA has received numerous reports of damaged covers and associated interior mattress contamination. Three Medical Device Alerts have already been issued in relation to this problem (MDA/2007/065, MDA/2008/026, MDA/2009/051).

Mattress covers can become damaged at any time during use or storage, for example from: needle stick; strike-through; damage from sharp objects; abrasion during handling, transport or movement; inappropriate cleaning and decontamination procedures.

The Medicine and Healthcare Regulatory Agency recommend the following:

-
- Inspect the exterior surface of each mattress cover for signs of damage, such as holes or cuts.
- Remove the cover and inspect its inside surface and the mattress core for staining or contamination.
- Dispose of any covers showing signs of damage or staining.
- Arrange for contaminated mattress cores to be either: cleaned and decontaminated in accordance with the manufacturer's instructions; or safely disposed of.
- Ensure that a frequent inspection regime is established for all mattresses before and during use.

The Trust conducts trolley mattress condition audits on a six-monthly basis. This audit involved working in collaboration with the Medical Devices Team which enabled information to be recorded about the make, model and condition of the trolley.

Summary of findings for CHFT

All wards on both sites were visited. However, on some sites it was clinically inappropriate to inspect mattresses due to acuity of patients and Infection/COVID 19 restrictions. Junior and cot mattresses were also inspected, where present.

- A total of 206 mattress were inspected, 111 at CRH and 95 at HRI

Calderdale – CRH

- 71/111 (64%) mattresses inspected were deemed acceptable.
- 40/111 (36%) mattresses inspected were condemned.
- Of these 40 mattresses 35 (87.5%) were condemned due to fluid ingress, 3 (7.5%) were condemned due to bottomed out. 2 (5%) had tears.
- All condemned adult mattresses were immediately replaced.

Huddersfield – HRI

- 95/45 (47%) mattresses inspected were deemed acceptable.
- 50/95 (53%) mattresses inspected were condemned.
- Of these 50 mattresses, 46 (92%) were condemned due to fluid ingress. 2 (4%) mattresses condemned due to tears. 2 (4%) mattresses condemned due to bottomed out.
- All condemned mattresses were immediately replaced.

Conclusions

- 116/206 (56%) mattresses in an acceptable condition
- 90/206 (44%) condemned mattresses were replaced immediately.
- 81/90 (90%) condemned due to fluid ingress.
- 5/90 (6%) condemned due to bottomed out.
- 4/90 4%) condemned due to tears.

Actions completed

- Discuss findings of the audit at Nursing and Midwifery Committee, Medical Devices and Procurement Group, Infection Prevention and Control team and the Pressure Ulcer Collaborative Group
- Replace the condemned mattresses immediately
- Regular reminders to ward staff of their responsibility to follow guidance in Trust Decontamination policy regarding mattress inspection in between patient episodes

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