



Quality Account

2022/23

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1. Chief Executive Statement

Welcome to the Quality Account for Calderdale and Huddersfield NHS Foundation Trust (CHFT) for 2022/2023.

Whilst we are still recovering from the impact of the Covid-19 pandemic on our services, we have made excellent progress. Our healthcare system has faced immense pressure, yet has come together as a team, adapting and innovating to ensure the highest standards of care are maintained. I am hugely grateful to everyone for everything they have done to maintain our services, to support other colleagues and to deliver compassionate care to our patients during the year.

Throughout this report, you will find insights into the progress we have made in key areas of our services. Our commitment to patient-centred care remains at the forefront of everything we do. We have strived to provide compassionate, equitable, and safe care for all individuals who rely on our services.

We recently published our refreshed Strategic Plan which describes what we aim to achieve over the next five years. Our focus continues to be on delivering high quality, compassionate care, where and when our patients need it.

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 keep patients at the heart of decision making about their care now and into the future.

Significant operational pressures, felt both inside our hospital walls and out in our community healthcare services, have also taken place as we have adjusted to life beyond the pandemic and in a climate of national industrial action. Colleagues across all our services have risen to the challenge with dedication, determination, and a resilience that is truly inspiring.

Whilst we recognise the difficulties we have faced; we have continued to deliver innovative solutions within our Trust to help overcome them and have introduced new ways of working and new technologies across our services.

We have continued to address health inequalities and promote equality of service delivery. This year, the Board approved a Population Health and Inequalities Strategy, which recognised the need to ensure that there is equality of access, as well as equality of delivery.

Working alongside our partners in Calderdale, Kirklees and across West Yorkshire, we have delivered excellent performance in both our provision of elective care and in the delivery of key waiting time standards for cancer care. National Cancer Waiting Time Targets are a key quality indicator of performance - and we are one of just three Trusts in the country to be meeting them.

This year, we were one of only eight trusts to be awarded Surgical Hub accreditation as part of NHS England's Getting It Right First Time (GIRFT) pilot scheme to ensure the highest standards in clinical and operational practice. The accreditation recognises the outstanding surgical care delivered by our teams and will help us to continue to accelerate our progress in the future.

Accident and Emergency (A&E) attendances are higher than ever before, and over winter we experienced some of the highest number of attendances we have ever seen. So, the need for new, state-of-

the-art facilities has never been more urgent. Thankfully, our new A&E at HRI is almost complete and will open in Autumn 2023.

Our aim is to create a supportive colleague environment that empowers our colleagues and recognises 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. Our focus on positive mental and physical health encourages colleagues to talk openly about any health issues, raise awareness and reduce stigma.

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. It includes information on how we have performed against key priorities we collectively identified for further work last year and those areas we have identified as priorities for 2023/2024.

Above everything, the Quality Account is about people. It sets out our approach to ensure that we provide everyone with the care and compassion they need and enabling their voice to be heard. Therefore, we would like to welcome the reader to the 2021/2022 Calderdale and Huddersfield NHS Foundation Trust (CHFT) Quality Account.

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

A handwritten signature in black ink, appearing to read 'Brendan Brown', written in a cursive style.

Brendan Brown, Chief Executive

2. Introduction and Background Information

Calderdale and Huddersfield NHS Foundation Trust (CHFT) is an integrated Trust providing hospital services in Calderdale, Huddersfield and community health care in Calderdale.

This Quality Account for 2022/2023 has been developed through the involvement of colleagues, stakeholders and partner organisations. 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 2022/2023 and to identify our quality priorities for 2023/2024.

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

Our Trust is an anchor partner and works with communities and organisations at a local and regional level to ensure the very best services for local people. A significant benefit of the pandemic has been the increase in collaborative working across both Calderdale and Kirklees. Working with partners we have been able to continue to deliver excellent performance in both our provision of elective care and in the delivery of key waiting time standards for cancer care.

Our foundations for our future plans continue to progress at pace. With planning permissions now in place, we are near completion of the new Emergency Department at Huddersfield Royal Infirmary with work due to commence in Calderdale later in 2023. We have also completed the move of our Rainbow Centre for children with complex needs to new innovative premises. Our ambitious plans will not only improve our estate but as digital leaders, allow us to introduce innovative new practices that fully realise the transformative power of technology. This will allow us to deliver exceptional health and care services and support the longer-term resilience of service provision across the communities we serve.

2.1 Our One Culture of Care



We aim to care for ourselves and each other in the same way we care for our patients.

We aim to be kind and compassionate at all times.

We know that taking care of ourselves and each other is key to our ability to provide compassionate care to our patients.

One culture of care is about caring for each other in the same way we care for our patients. This means that it is as important for us to look after ourselves and be kind and compassionate to our colleagues as it is to provide compassionate care to our patients.

This statement applies to us all. It is not just something that leaders do to and for their team, it is what each of us do to and for each other.

Leading one culture of care underpins our values and behaviours, creating an inclusive environment across all parts of the Trust. This approach aligns with our work to create a psychologically safe environment with a just and learning culture that is committed to learning and improvement.

2.2 Strategic Plans

The Trust’s 10 Year Strategic Plan on a Page was approved by the Trust Board in 2020. This has been updated for 2023 and a new 5 Year Strategic Plan and one-year delivery plan was approved by the Board of Directors in March 2023.

10 Year Strategy				
Our Vision	<i>Together we will deliver outstanding compassionate care to the communities we serve</i>			
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.	

2.3 The Health Needs of the Population We Serve

The resident population of Calderdale and Huddersfield is approximately 475,000. People in these areas 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. 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 often have more complex health needs, placing greater demands on health and social care services.

Our population is varied and diverse and there are significant areas of deprivation which results in a significant difference in life expectancy. In Kirklees, 21% of the population is from an ethnic minority background whilst in Calderdale it is approximately 10%. The largest minority ethnic groups across both authorities are Asian/Asian British comprising 15% and 8% of the population respectively. We are committed to addressing health inequalities across our communities, developing our understanding of these and targeting interventions to support the delivery of person-centered care and achieve improved outcomes.

We have developed health inequalities models focused on areas such as waiting lists, emergency department activity, outpatient appointments and waits for cancer treatment. We now have a mass of data that can be viewed through a Health Inequalities lens to highlight any differences related to these groups. Using this data to inform a targeted approach we have successfully eliminated the discrepancy between waiting times for minority ethnic patients and non-minority ethnic patients, most and least deprived quintiles and patients with a learning disability. We have achieved this while simultaneously reducing our overall waiting times.

We have raised awareness of health inequalities in general and Learning Disabilities in particular throughout our Trust and embedded it in our system. We have been recognised nationally as an exemplar organisation in relation to this piece of work.

Actions to promote equality of service delivery

During 2022/2023, the Trust continued the work to address health inequalities and promote equality of service delivery. The Board approved a Population Health and Inequalities strategy which outlined four key priority areas:

- Connecting with our communities and partners
- Access and prioritisation
- Lived experience and outcomes
- Diverse and inclusive workforce

CHFT Population Health and Inequalities Strategy

<div style="background-color: #e0f0ff; padding: 10px; border: 1px solid #0070c0;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #00a0e3; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> </div> <div> <p>Connecting with our communities and partners</p> </div> </div> <p>Harnessing our role as an anchor institution and key partner in the local health and care system, we will work to address inequalities in the wider determinants of health in our local communities, deliver social value, and work with system partners to identify and deliver shared priorities to improve population health.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #00a0e3; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Develop a joint strategic approach to inequalities with partners across Calderdale and Kirklees</p> </div> <div style="background-color: #00a0e3; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Continue delivery of the BLOSM service in ED for vulnerable patients, including rollout of trauma informed practice and Trauma Navigators</p> </div> <div style="background-color: #00a0e3; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Evaluate success of the reducing inequalities in asthma pilot with Greenwood PCN and look to expand learning and new approaches</p> </div> <div style="background-color: #00a0e3; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Use the output from Social Value Assessment to inform implementation plans for estate developments</p> </div> </div> </div>	<div style="background-color: #e0ffe0; padding: 10px; border: 1px solid #00b050;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #00b050; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> </div> <div> <p>Equitable access and prioritisation</p> </div> </div> <p>We will reduce inequalities in access to care by removing barriers, improving access for the most vulnerable groups, and moving towards a more holistic approach to prioritisation where a broader range of risk factors are considered.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #00b050; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Develop and pilot a "Health Inequalities Vulnerability Matrix" to support a more holistic approach to prioritisation</p> </div> <div style="background-color: #00b050; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Monitor and proactively respond to key inequalities indicators: waiting times, Did Not Attend, unplanned admissions</p> </div> <div style="background-color: #00b050; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Development and implementation of the Digital Inclusion Strategy</p> </div> <div style="background-color: #00b050; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Carry out Reasonable Adjustments audit, and review of patient contact preferences and requirements</p> </div> </div> </div>
<div style="background-color: #fff9c4; padding: 10px; border: 1px solid #ffc107;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> </div> <div> <p>Lived experience and outcomes</p> </div> </div> <p>We will address disparities in experience of care to improve patient outcomes. We will focus on improving the lived experience of patients, particularly those known to be most at-risk of experience inequalities and poor outcomes. We will take a holistic and compassionate approach, recognising the importance of behavioural and wider determinants of health.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #ffc107; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Smoking Rollout Long-Term Plan smoking cessation pathway for all inpatients</p> </div> <div style="background-color: #ffc107; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Maternity Health pregnancy classes, ESOL antenatal classes, discovery interviews, cultural competence</p> </div> <div style="background-color: #ffc107; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Learning Disability Deep dive into care pathway for LD patients, business case for LD care navigators, 90% staff completion of LD e-learning</p> </div> <div style="background-color: #ffc107; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Mental Health Pilot of goal setting support sessions to aid patient transition to self-management, promotion of inpatient and screening and referral for depression</p> </div> </div> </div>	<div style="background-color: #e0e0ff; padding: 10px; border: 1px solid #6f42c1;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="background-color: #6f42c1; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> </div> <div> <p>Diverse & Inclusive Workforce</p> </div> </div> <p>We are committed to ensuring our workforce reflects the diverse populations we serve and that we take action to promote equality of opportunity. We will promote colleague health and wellbeing and create a compassionate and inclusive environment in which all our workforce feels valued in line with our One Culture of Care approach.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="background-color: #6f42c1; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>One Culture of Care values and behaviours implemented into recruitment</p> </div> <div style="background-color: #6f42c1; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>EDI Awareness and Education Programme, EDI module in leadership development for managers</p> </div> <div style="background-color: #6f42c1; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Growing inclusive recruitment through the Widening Participation channels, growing the apprenticeship programme</p> </div> <div style="background-color: #6f42c1; color: white; padding: 5px; border-radius: 10px; width: 20%;"> <p>Promote, support and engage with the Equality Networks</p> </div> </div> <div style="background-color: #6f42c1; color: white; padding: 5px; border-radius: 10px; width: 20%; margin-top: 10px; margin-left: auto;"> <p>12-month Inclusion event programme</p> </div> </div>

Ways of working: data and intelligence, collaborative working, leadership

We have recognised the need to ensure that there is equality of access as well as equality of delivery. Examples of actions we have taken to date include:

- Working with local primary care networks to reduce inequalities in asthma and improve the respiratory pathway.
- Introduced a BLOSM service (Bridging the Gap; Leading a Change in Culture; Overcoming Adversity; Supporting Vulnerable People; Motivating Independence and Confidence) which provides early intervention and support for vulnerable young people attending the emergency departments.
- Continued to monitor and proactively respond to inequalities in waiting times, including analysing data on 'did not attend', 'unplanned admissions' and 'emergency attendances' through an inequality 'lens'.
- The development and implementation of the Digital Inclusion Strategy (to ensure outpatient referral pathways and new ways of delivering outpatient services such as telephone and video appointments do not exclude people or widen inequalities).
- Ran a pilot of ESOL (English for Speakers of Other Languages) for pregnancy - an English language course specifically designed for pregnant women who are speakers of other languages, who might otherwise need an interpreter for antenatal appointments or during the birth of their baby.
- Began work with the University of Huddersfield Health and Wellbeing Academy to offer six support sessions on goal setting to all Trust patients, to aid transition from secondary care to self-management.
- Introduced a 'Keep Carers Caring' campaign supporting carers to have an active role, and supported the 'John's Campaign', which recognises the valuable role carers have in the reassurance and dignity of people living with dementia.



2.4 Our Services and Estate

CHFT provides services at Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI). There is a compelling quality, workforce, estate, and financial case for reconfiguration of services across the two hospital sites. Public Consultation on the reconfiguration proposals was completed in 2016 and there has been extensive public scrutiny and review over several years. In 2018 the Department of Health and Social Care (DHSC) allocated capital funding to enable implementation of reconfiguration plans which are now referred to as 'Foundations for our Future'. The developments will enable the provision of acute services at CRH and elective care services at HRI.

The investment is being progressed in two stages. The first is nearing conclusion with the new HRI Emergency Department under construction and scheduled to open in Autumn 2023. The second stage will see investment at CRH to provide a multi-storey car park, a new learning and development centre, an additional ten wards, two new theatres and a new Accident and Emergency (A&E) Department, including a specialist paediatric A&E Department. 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).

Regular updates and briefings on the Foundations for our Future plans are provided for stakeholders, and detailed information about the plans is also available on the Trust's website <https://future.cht.nhs.uk/home>

The Trust employs circa 6,581 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 108,000 inpatients and delivers 439,000 outpatient appointments and has 172,000 patient attendances in the A&E departments. The annual planned turnover for 2023/24 is £550m.

2.5 Overview of our performance

CHFT has an excellent track record in the delivery of safe and timely access for patients across all pathways.

The Trust has continued to perform well in its key metrics during 2022/23 despite unprecedented levels of attendances at both emergency departments at various times throughout the year. Key cancer metrics were maintained, and our cancer performance has been excellent throughout the year, and this has been recognised nationally in the media.

During all these pressures and more recently during periods of industrial action we continued to perform well on our Recovery Programme where our 104-week, 78-week and 52-week waits were amongst the best in the country.

2.6 Our Digital Health Strategy

CHFT is one of the most digitally advanced Trusts in the UK and is committed to an innovative approach in its use of digital technology, to deliver consistent care, improve access to clinical records by both health care professionals and patients and improve patient outcomes.

CHFT is currently a HIMMS EMRAM (Healthcare Information and Management Systems Society, Electronic Medical Record Adoption Model) Level 5 with the aspiration to become a Level 7.



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.
- Using 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.
- Improved quality of documentation within the patient records to enhance patient safety and outcomes.
- Reducing Health Inequalities through using blended data across partner organisations.
- Integrating a number of systems into the main electronic patient record (EPR) so clinicians have one system to access to gain relevant information in a timely manner therefore releasing time to care.
- Improved safety in relation to many aspects of medicines management.

2.7 Working in Partnership

The Trust is a member of the West Yorkshire 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 and Wakefield. 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 whilst 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. During 2022/2023, CHFT provided and/or sub-contracted 36 designated Commissioner Requested Services.

Urgent Community Response (UCR) and Virtual Ward

The UCR service is a national driver to reduce conveyances to hospital, support ambulance pressures with new pathways through virtual ward, aligned closely with SDECs. It provides a 0-2 hour response for people aged 18+ who are predicted to require a conveyance to hospital. Advanced clinical practitioners rotate across the services to offer a breadth of knowledge and expertise across each element of the patient pathway.

The virtual ward service supports people in their own home who may have been admitted into hospital for medical and social care. It supports early discharge from hospital to reduce Length of stay. At present there is a respiratory and frailty virtual ward service across Calderdale and Kirklees. The long term vision will be to have a phased approach to a multi-

specialty virtual ward. The next phase is to introduce a heart failure virtual ward. The benefits for patients are:

- Single point of access for people across Calderdale and Kirklees
- Monday to Friday MDT- long term vision is for 7-day MDT
- Care closer to home
- Highly skilled workforce
- Acute care delivered at home
- Reduction in conveyances to hospital
- Reduction in readmissions
- Reduction in people who need to come to hospital being sent to ED and new pathways for management in same day emergency care
- Digital utilisation so people can self-manage care with oversight from virtual ward

3. 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 2022/23 Quality Accounts is the 30th of June 2023.

CHFT 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 Values and behaviours

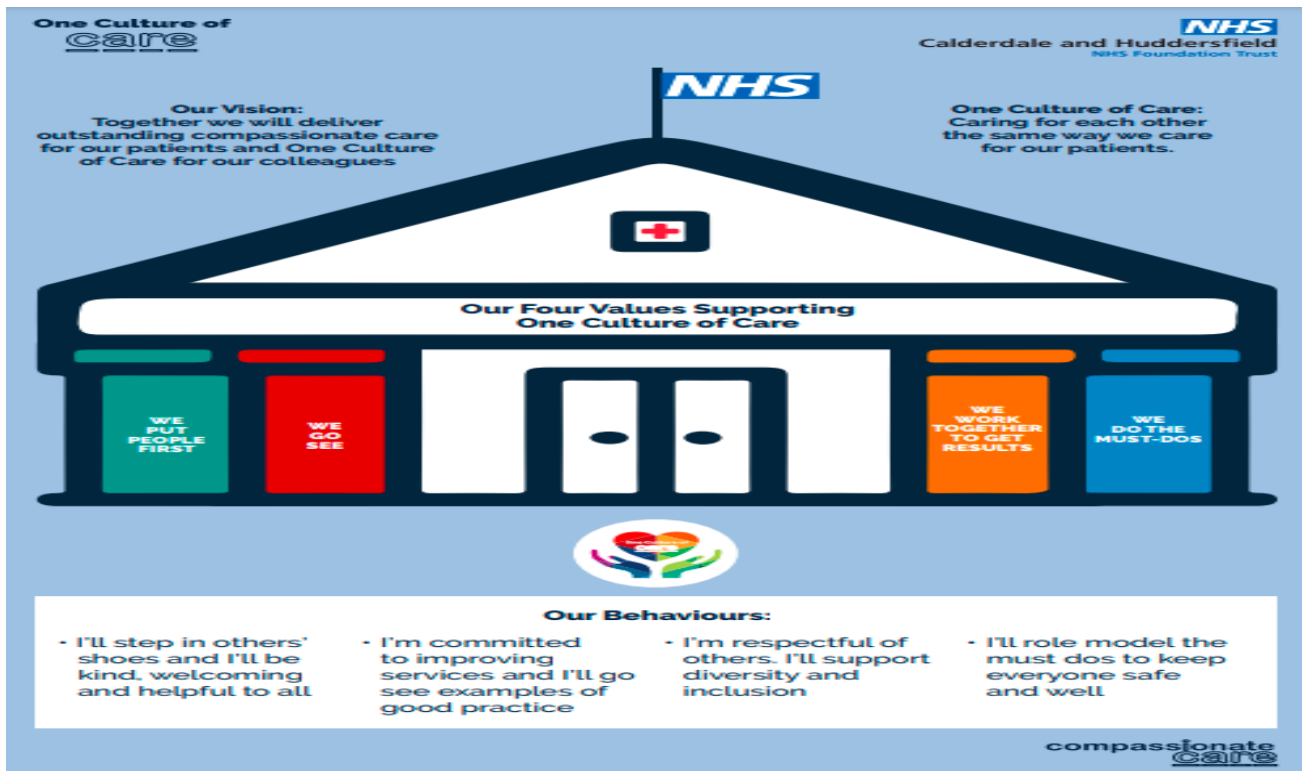
We recognise the crucial role each and every one of us play in delivering compassionate care for our patients and 'One Culture of Care' for one another. We want CHFT to be a workplace where people know they are valued and feel empowered in their roles.

The refreshed values and behaviours will be at the heart of how we approach our work and by demonstrating these behaviours we will ensure that we are all working to be the best that we can be, and ultimately help improve our culture.

Our values are at the heart of everything we do and how we treat each other. These values were developed with input from our colleagues, and they provide essential guiding principles about the way that we work, set the tone for our culture, and identify what we, as a whole, care about. They will help build a common purpose and understanding which will ultimately support inclusion, belonging and great working relationships.

Our vision

Together we will deliver outstanding compassionate care for our patients' and 'One Culture of Care' for our colleagues:



3.3 Care Quality Commission (CQC) registration and conditions / actions

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

The CQC carried out an inspection of the Trust in March 2018 and rated the Trust as good overall.

The Trust had a separate well-led inspection in April 2018 for which it also received a rating of good. Use of resources was rated as requires improvement due to the Trust's underlying financial deficit.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ← Jun 2018	Good ↑ Jun 2018	Good → Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

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

Following the inspection in 2018, the Trust developed an improvement action plan to address all must-do and should-do recommendations. Governance of the action plan is monitored through the CQC Group and reports to the Trust Board, through the Quality Committee.

There is currently one outstanding Must Do action:

CQC Exception Plan – Outstanding Action	Progress
<p>Must Do 1 – The Trust must improve its financial performance to ensure services are sustainable in the future</p>	<p>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 2021-2022. 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 2022-2023, a decision was made to keep the action open to ensure this has optimum ongoing monitoring and oversight.</p>

The Trust has a programme of CQC compliance workstreams, including the rolling programme of Journey to Outstanding Reviews at ward, service and departmental level to ensure the Trust is compliant with the required standards of care for our patients.

3.4 Assurance frameworks

We have a number of assurance frameworks that support the delivery of compassionate care and clearly articulate the standards of care that are expected. We continued to undertake elements of the approach throughout the pandemic using digital technology to support. Over the last 12 months we have reinstated all face to face elements of the process.

Observe and Act

Observe and Act is the patient experience element of our “Journey to Outstanding framework.

A comprehensive toolkit provides a 360-degree evaluation of the ward environment, workforce, patient safety and patient experience. The aim is to give Ward Managers and their teams the opportunity to showcase safe and compassionate care which is delivered across the Trust every day. The framework is also designed to identify where extra support may be needed to support services.

It is based upon the Care Quality Commission’s five Key lines of Enquiry:

- Safe
- Effective
- Caring
- Responsive
- Well-led

It is not an inspection; it is a way to identify supportive issues around a service that may seem small but can make a big difference to the experience of patients.

Observe and Act contributes to service improvement by providing information about what patients and carers view as important, providing real-time feedback to staff on good practice and identifying areas where improvements can be made.

4. Improving our quality of service

4.1 Looking back at how the Trust performed against the priorities set for 2022/2023

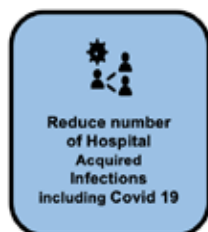
Each year the Trust identifies and undertakes focused improvement work on a number of quality priorities. Last year the Trust identified three projects to be highlighted as key priorities for 2022/2023.

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

Priority One: Safe – Reduce the number of Hospital Acquired Infections, including COVID-19

Our focus for this quality priority was to:



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

Improvement work and how we did during 2022/23

- The Trust continued to remain compliant with the minimal national patient testing regime and included additional tests as part of our local guidance. Lateral Flow Device (LFD) testing was in place as per national guidance for staff.
- The Trust continued to update and adapt to the changing guidance in relation to patient visiting during the year. Virtual in-hospital visiting continued to be offered by the Trust and was endorsed by NHS England/Improvement
- The Trust remained consistent in the position regarding mask wearing within the healthcare setting
- We implemented the national standards of cleaning and continued to have enhanced cleaning measures in place where needed.
- There were 59 reportable cases of Clostridium difficile against a target of 38. This picture has been reported across a number of organisations and supportive visits have been put in place from IPC colleagues at NHSE. A revised action plan has been developed to support actions to achieve this target for 2023/24.

Priority Two: Effective – Recognition and timely treatment of Sepsis

Our focus for this quality priority was to:



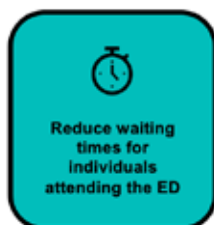
- Increase our concordance with the administration of intravenous antibiotics in the emergency departments within 60 minutes of recognition of sepsis, to 80% for the severely septic patient.
- Compliance of all elements of the sepsis 6 - BUFALO (Blood cultures; Urine output; Fluids; Antibiotics; Lactate; 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 2022/2023

- The Trust met the 50% target for the percentage of patients diagnosed with sepsis that received all elements of the BUFALO bundle.
- The target of 80% for the administration of antibiotics within an hour of clinical assessment in the Emergency Department (ED) was not achieved with average compliance at 49.1%. These priorities continue to be closely monitored with a revised action plan in place to improve compliance overseen by the ED matron and Head Nurse.
- We introduced an electronic system called Nervecentre. This system provides prompts to clinical staff as to when observations are due based on the individual patient's condition. This supports effective treatment plans to prevent patients deteriorating.
- Compliance with sepsis training at year end was 75%. We continue to monitor compliance with sepsis training, which is now available on all eligible staff ESR accounts and is supported by the Sepsis Nurse.

Priority Three: Experience – Reduce waiting times for individuals in the Emergency Department

Our focus for this quality priority was 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 the department longer than national guidance.

Improvement work and how we did during 2022/2023

- The Trust continued to capture any length of stay in the Emergency Department (ED) over 12 hours to address the effect this has on patient experience and ensure that lessons learnt were and continue to be implemented.
- We redesigned our internal actions when there are signs of lengthening waits in the ED and cascade these to on-call management teams.
- We introduced a new internal reporting format for 12-hour length of stay. This was implemented to ensure consistency of data collection to enable the team to implement any changes required.
- In order to mitigate patient length of stay for non-admitted patients, the ED team continued to improve the use of the Urgent Care Hub (UCH).

4.2 Looking ahead to 2023/2024

CHFT 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. The Quality Priorities are agreed each year to support the achievement of the long-term Quality Goals in our Trust Strategy. We also report progress against each quality priority to our Trust Board.

The Quality Account Priorities for 2023 / 2024 are as follows:

CQC Domain Effectiveness	CQC Domain Safety	CQC Domain Safety
Care of the acutely ill patient	Nutrition and hydration	Nutrition and hydration
<p><u>Focus</u> Timely recognition and response to deteriorating patient</p> <p><u>Outcomes</u> % of episodes scoring NEWS 5 or more going on to score higher</p>	<p><u>Focus</u> Audit of compliance with the Malnutrition Universal Screening Tool</p> <p><u>Outcomes</u> To ensure that 95% of patients receive a Malnutrition Universal Screening Tool (MUST) assessment within 24 hours of admission</p>	<p><u>Focus</u> Virtual ward / Rapid Response Team – numbers of patients referred</p> <p><u>Outcomes</u> Alternatives to hospital admission – numbers of referrals into the frailty service</p>

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

Each quality priority has been assigned a clinical lead who will drive and deliver change through a collaborative multi-disciplinary approach.

The delivery of the Quality Account Priorities for 2022/2023 will be monitored through our Divisional and Trust Patient Safety Quality Board (PSQB) meetings, the Quality Committee and the Trust Board. An assurance report will be presented to each Quality Committee (a sub-committee of the Trust Board) detailing the progress made for each priority against the agreed key performance indicators and impact. Each priority is reported on a monthly basis through the Integrated Performance Report. A report will also be presented at the Council of Governors committee meeting.

5. Patient Safety

5.1 Trust response to COVID-19 and impact on CHFT



The Trust continued to see the impact of the pandemic throughout 2022/23 and maintained a responsive approach to management of cases in line with changing national guidance. The cessation of community testing in July to August 2022 made it more challenging to understand community prevalence and proactively plan a response to this, however, we have navigated outbreaks in the hospital setting through staff and patient testing.

We worked closely with system partners to ensure that our response and guidance was aligned where possible, whilst meeting the needs of our local population. We stepped down universal mask wearing in line with national guidance in June 2022, however, reinstated mask wearing when we saw a peak in staff and patient outbreaks. The decision was made to continue universal mask wearing through to the end of March 2023 in line with flu season with a review date built in for April 2023.

We made changes to testing in line with current guidelines and continued to closely monitor the impact of any changes that were implemented. The Infection Prevention and Control (IPC) team continued to take a lead role in the management of outbreak situations. The team worked in collaboration with operational colleagues to provide a risk-based response to managing outbreaks alongside operational pressures.

Patients presenting with COVID -19 are now managed in line with other respiratory precautions in relation to Personal Protective Equipment (PPE) and isolation.

The Trust supported the national vaccination campaign through April to September 2022 and this has now been stood down with vaccination supported through primary care networks.

The response to the pandemic has been robust, timely and aligned with the core values and behaviours of the organisation. The Trust has continued to refocus 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.

The Trust continued to perform well in its key metrics during 2022/2023 despite the COVID-19 pandemic, particularly for patients with cancer and patients requiring planned (elective) surgery.

5.2 Serious Incidents

The Trust continued to investigate and learn from serious incidents. The Serious Incident Panel meets weekly and discusses potential serious incidents in depth and reviews all completed serious incident investigation reports. The Serious Incident Panel agrees the terms of reference for each investigation and ensures that each report has a focus on outcomes and learning to prevent re-occurrence.

Learning lessons from incident investigations

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 risk management team are exploring new ways of using the Trust incident reporting system (Datix) to share immediate learning via the alerts module.

The Trust is a member of the WYAAT Learning Lessons Group. This group shares learning across the region and collectively discusses approaches to identification, management, and mitigation of risk.

In 2022/2023, 41 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 moderate and no 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	23
Severe harm	9
Moderate harm	7
No harm	2
Total	41

Themes and trends: The three most frequently reported serious incidents in 2022/2023 by Strategic Executive Information System (StEIS) category were:

Incident StEIS category	Number of incidents	Descriptors
Sub-optimal care of the deteriorating patient	14	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)	5	Delayed or missed diagnoses, missed radiological findings, failure to act on test results, delays in monitoring
Medication incident and treatment delay	4	Treatment delay

The Serious Incident panel review themes and trends for reported incidents, and requests that Clinical Directors attend the panel where a theme is identified. The Serious Incident Panel 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.

Improvement activities related to care of the deteriorating patient are managed through the Care of the Acutely ill Patient Group which reports into Quality Committee. Learning from incidents is shared through this group to inform improvement actions.

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 2022/2023 the Trust reported five Never Events; wrong site surgery; wrong site block; wrong implant; prescription error, and Nasogastric misplacement.

A number of immediate actions were identified in relation to the misplaced nasogastric incidents which were communicated across the organisation within 72 hours of the events being reported.

There was 1 never event reported that on completion of the investigation the decision was made at the serious incident panel it did not meet the criteria relating to wrong site surgery. In these circumstances the completed investigation is presented to the ICB with supporting evidence to evidence decision making and provide assurance that robust processes are in place.

Assurance and Scrutiny

An overview of the Trust's serious incidents is reported to the Quality Committee. There has been a particular focus on actions from serious incidents to ensure these are completed and provide assurance.

A new investigation group policy has been developed that 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 Management Team meet with members of the integrated care board 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.

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, Learning from patient safety incident (LFPSE). The Trust has started the testing phase of LFPSE in line with NHS England national guidelines.

5.3 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. National Institute for Health and Clinical Excellence (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:

- Training compliance regarding the Malnutrition Universal Screening Tool (MUST) to be above 95% across the Trust to ensure we have trained staff completing assessments more accurately
- Compliance with the completion of MUST clinical risk assessments to be above 95% across the Trust to ensure our patients at risk identified early and referred to the dietician team
- Ensuring compliance with protected mealtimes to help patients receive the appropriate nutrition and hydration in a timely manner, in a calm and controlled environment, resulting in a better patient outcomes and experience.

To further strengthen this area of work and drive improvement, the Trust has selected Nutrition and Hydration (N&H) as one of the Quality Priorities for 2023/2024, focusing on Nutrition and Hydration for in-patient adult patients.

5.4 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.

The Trust has a Trust-wide Falls reduction action plan delivery which is overseen by a monthly Falls Collaborative. 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.

The Trust has seen a sustained reduction in the number of harm falls since October 2022,

with the number of harm falls rising in February 2023. 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.

5.5 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
- Clostridium difficile infections
- Escherichia coli bloodstream infections

MRSAs (Methicillin-resistant staphylococcus aureus) Bacteraemia

Two cases of MRSA bacteraemia were reported this year. Both cases were subject to a post-infection review as per national process. The learning from the reviews has informed the Infection Prevention and Control (IPC) annual programme.

E. Coli (Escherichia coli) bacteraemia:

From 2021/2022 the E. coli bacteraemia objective includes both hospital onset hospital acquired case (HOHA) and Community Onset, Healthcare associated (COHA) cases. The objective for E. coli bacteraemia of 71 for 2022/2023 was not met, with an outturn of 78 reported. While there has been an increase in overall cases in 2022/2023, there has been a decrease in the number of community onset cases. The Trust is participating in regional improvement work in relation to gram negative bacteraemia.

Colonisations/infections with Carbapenemase producing Enterobacteriaceae (CPE):

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

Key Priority Areas for the Infection Prevention and Control Team:

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

The C. difficile objective for 2022/2023 was 38 cases, an increase of one (1) case on the outturn from 2021/2022. The objective includes both HOHA cases (hospital onset, healthcare associated) plus COHA (community onset, healthcare associated) infections where there has been an inpatient episode within the previous 28 days. There have been 59 cases reported in 2022/2023, breaching the annual objective.

A support visit from NHS England/Improvement was carried out in February 2023. They summarised; although cases of Clostridium difficile infections (CDI) have risen recently, this is broadly in line with regional and national trends. It has given the Trust an opportunity to review current practices and identify gaps and opportunities for further development. The outcome from the visit demonstrated that there is a strong IPC-focused culture but there are some opportunities to strengthen this further by developing greater senior and local clinical ownership.

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.

Post infection review processes have 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.

This increase over the past two years is a similar picture to other providers across England.

5.6 Maternity Services

Ockenden and East Kent reports

On 30 March 2022, the Secretary of State for Health and Social Care published Dame Donna Ockenden's final report from the independent review of Maternity services at Shrewsbury and Telford Hospital NHS Trust. The second report builds upon the first report published in December 2021.

The first report made explicit recommendations around seven (7) Immediate Essential Actions (IEAs) with an expectation that all providers provide assurance against, and the final report includes a further 15 IEA recommendations, again with an expectation that all Trusts will ensure compliance.

A RAG (red, amber, green) rating review of the initial seven (7) IEAs and the new 15 IEAs was undertaken, with these included in an overarching Maternity Transformation Plan which also includes the Maternity Incentive Scheme (MIS), the staff survey action plan and the self-assessment tool (recommendation from Ockenden). Regular progress updates are provided to both Divisional and Trust Boards.

The maternity service had a Regional Maternity Team Assurance Visit on 28 June 2022 where compliance with the initial seven IEAs was assessed. The visiting team assessed that CHFT met all seven IEAs.

Following both the Ockenden and the East Kent reports NHSE have published the 'Three-year delivery plan for maternity and neonatal services' on 31 March 2023. The objectives and responsibilities have been reviewed and included in the overarching Maternity Transformation Plan.

Better Births / Maternity Continuity of Carer (MCoC)

In September 2022, NHS England announced that in the light of the continued workforce challenges that maternity services face, there would no longer be a target date for services to deliver MCoC and local services would instead be supported to develop local plans that work for them. All MCoC target levels have been removed and this would remain in place until maternity services in England can demonstrate sufficient staffing levels to do so.

Maternity services at CHFT continue to assess and plan for when staffing levels would be safe and appropriate for the relaunch of MCoC. During this time the maternity services strive to provide antenatal and postnatal continuity in the community.

Healthcare Safety Investigation Bureau

Healthcare Safety Investigation Bureau (HSIB) report data since the beginning of April 2019, when the HSIB maternity programme went live across the whole of England.

CHFT reported a total of 40 cases to HSIB since April 2019. Of these, 15 cases have been rejected, three were rejected as the family did not consent to a HSIB investigation, 12 did not meet the HSIB investigation criteria. 25 cases progressed to investigations and 22 cases have completed reports. There were three open and ongoing investigations up to 31 March 2023.

All cases referred to HSIB are 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

Civility Saves Lives Month

In November 2022, Maternity and Women's Services focused on incivility and how 'Civility Saves Lives'. Incivility can be anything ranging from rude or unsociable speech or behaviour. The impact of rudeness effects not only the person who received the rudeness but also those who witness it. With evidence demonstrating that there is a negative impact of rudeness on clinical outcomes, so civility really can save lives.

This was predominantly a month of talking to each other at safety huddles, handovers, and any opportunity with a different topic each week but with civility running through them all.

Digital Achievements

In October 2022, digital workstations were purchased for every labour room and induction of labour suite following a successful bid from the National Digital Fund. The aim was to provide a gold standard of care enabling staff to access all IT systems, print blood specimen labels, print wrist band labels, and scan the wrist band as part of the closed loop medication administration system at the woman's bedside.

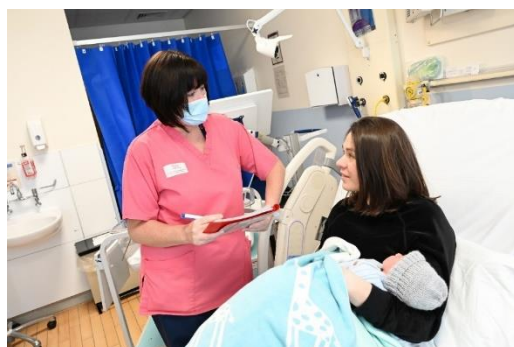
In April 2023, the Trust completed the development and went live with a contextual link from Athena (the Maternity Electronic Patient Record) to the ICE (pathology requests and results system). The direct link from Athena into the ICE reporting system enables staff to have quick access to requesting and results and has the added benefit for staff of not having to log into multiple systems. This not only has improved patient safety, but it has also been a time saving benefit and has improved staff experience at work.

CQC Maternity Survey 2022

CHFT received a positive CQC Maternity Survey. The Survey was started in 2007 and the 2022 Survey was the ninth carried out to date. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS Trusts in England. The report shows how our Trust scored for each evaluative question in the survey, compared with other Trusts that took part. It uses an analysis technique called the 'expected range' to determine if our Trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. This is designed to help understand the performance of individual Trusts and identify areas for improvement.

The report shows 'Trust average', which is the arithmetic mean of all Trusts' scores after weighting is applied. The Trust response rate was 47%, which is the same as the national Trust average response rate.

Maternity Services at CHFT will be working with the Maternity Voice Partnership and service users to develop an action plan to improve the response highlighted as somewhat worse than expected and the areas that could improve mothers' experience.



5.7 Safeguarding Services

As part of our multi-agency responsibilities to safeguarding adults/ children and children looked after, CHFT is represented at both Kirklees and Calderdale Adults Boards and Children's Partnerships.

The Safeguarding Committee reports directly into the Quality Committee and both the Quality Committee and Trust Board receive an annual and bi-annual report. The Designated Nurses from the Integrated Care Boards attend the Safeguarding Committee and provide independent challenge to the organisations safeguarding activity and performance. The Trust is required to complete an annual self-assessment which is shared with the Integrated Care Boards/ Safeguarding Boards/ Partnerships. From an operational perspective the Safeguarding Operational Group reports to the Safeguarding Committee and carries out the operational aspect of this structure and function.

There is a requirement for safeguarding training to meet the criteria outlined in the Roles and Competencies for Healthcare Staff for Children (2019); Children Looked After (2020) and Adults (2018). The training packages were reviewed during 2022-2023 and found to be compliant with this framework. Safeguarding training compliance has consistently been above 90%. Training compliance is monitored by the Safeguarding Committee.

A review of Mental Capacity Act (MCA) training has taken place following an Audit in 2022. New E-learning packages for MCA Level 1, 2 and 3 have been implemented to support a visible increase in compliance. Bespoke and targeted MCA training has taken place for key areas where gaps in knowledge has been recognised. This included 'lunch and learn' sessions and integrating into team meetings. The bespoke Emergency Department Safeguarding Face to Face Training for staff now includes MCA application in practice and is delivered by the Safeguarding team.

All multi-agency requests for information have been fulfilled and Calderdale and Huddersfield NHS Foundation Trust are contributing towards several safeguarding and domestic homicide reviews; 11 serious practice reviews; 5 serious adult reviews and 5 domestic homicide reviews. Key themes from these reviews are trauma informed practice; self-neglect; MCA; hidden males/ significant others in non-accidental injury in the under 1's.

In response to these themes the following changes have been introduced:

- training has been reviewed to include trauma informed practice and hidden males
- development of social and self-neglect pathways
- review of content of MCA training
- development of a task and finish group to embed MCA
- promotion of ICON (infant crying and how to cope)
- review of documentation and recording significant others

The pandemic has provided an opportunity for hidden harms to children and adults to escalate and this has increased the complexity of the needs of families requiring effective early intervention and help. In response to this we have recruited a Health based Independent Domestic Violence Advisor (IDVA) upon receipt of funding from the Ministry of Justice (MOJ). The IDVA has visible presence in our Emergency Departments, supporting staff and patients either presenting with or where there is a disclosure of domestic abuse.

As part of the funding CHFT provide midyear reports and end of year reports for the MOJ.

Initial feedback from the victims supported by IDVA submitted to the MOJ is:

“Your support and guidance have really helped me through my hard times, even though I asked for your advice which was not always related to domestic abuse, you listen to me, and I did not feel rushed or ignored”.

“I was very happy that I was able to explain to you in my language and you listened and understood my needs”.

The Safeguarding Team continue to collate data on the number of Deprivation of Liberty applications, and this demonstrates these are increasing. The timeframe to introduce Liberty Protection Safeguards is delayed however we continue to work towards this.

Initial and Review Health Assessments carried out by the Children Looked After Team in Calderdale have continued. A contingency plan has been implemented successfully to address the backlog of review health assessments for children out of area placed in Calderdale. Where Children Looked After are placed locally from other local authorities meeting their health needs sits with the local health teams. Where communication between services is not robust, this increases the risk of these children not having their health needs met. Following an audit, the previous year, the Children Looked After team have worked alongside other services to review their processes to support externally placed children.

5.8 Seven Day Services

Whilst the provision of seven-day services spans operational, clinical and non-clinical services, this particular section relates to the NHS England requirement from acute trusts to provide assurance of compliance with the key standards for seven-day services. This compliance is demonstrated by an assessment of organisational process and structure and confirmed by an audit of a sample of acutely admitted patients. The audit is an annual process with the last assessment being undertaken in March 2022.

A summary of the key standards measured are:

- Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.
- Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services
- Clinical Standard 6: Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions
- Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily. Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 Hours

The previous audit reported these standards as met and a reaudit of standards will be undertaken in March 2023.

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 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.

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.

FFT statistics 2022/2023:

During 2022/2023 the Trust received 35,529 completed Friends and Family Tests (FFT) responses.

	Totals	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
In Patient	97.91%	97.53%	97.17%	97.63%	98.24%	98.24%	98.41%	98.00%	97.94%	97.83%	98.37%	97.58%	98.24%
Outpatient	91.83%	91.82%	92.24%	90.33%	92.13%	90.49%	91.88%	91.98%	92.44%	93.61%	93.25%	89.06%	92.66%
A&E	81.11%	83.18%	81.09%	79.94%	79.63%	83.09%	84.64%	76.40%	80.20%	76.73%	83.94%	84.04%	80.00%
Maternity	94.94%	96.74%	97.92%	95.92%	93.09%	93.75%	93.33%	94.24%	93.24%	98.02%	92.93%	94.80%	96.02%
Community	93.32%	94.87%	94.52%	88.96%	93.81%	95.34%	92.90%	96.91%	97.13%	87.32%	90.26%	94.78%	91.43%

Table 1 - Calderdale & Huddersfield NHS Foundation Trust FFT Response Rates (%) April 2022-March 2023

92.5% of patients, carers and family member reported a positive experience whilst receiving care and treatment within the Trust. 4% reported it to be negative, and 3.5% described their experience as neither good nor bad.

The information and learning from this feedback are shared with clinical teams on a quarterly basis and monitored through the Patient Experience Group.

Examples of changes made as a result of feedback:

- Improved waiting area for patients attending Same Day Emergency Care, with better seating and a television
- Updated information for our Gynaecology outpatients so patients are clear about what to expect when attending appointments
- Provided more age-appropriate resources for children and young people within our paediatric areas
- Improved signage for patients with a visual impairment across all hospital sites
- Introduced carers lanyards across our hospitals to help carers feel seen and recognised
- Provided a tea and coffee service within our Emergency Department

We have listened to feedback from patients and staff about our process for capturing Friends and Family test responses:

- Patients found our online system for responding difficult and timely
- The FFT cards were difficult to read
- Cards only gave limited space for providing feedback
- Equality monitoring options were limited and out of touch with the diverse community we serve
- Capturing learning disability data was inconsistent across the Trust
- Staff within community did not have capacity to be inputting responses

What have we done?

- Designed a format that uses both sides of the card to collect feedback
- Increased the space for providing feedback
- Increased the ethnicity monitoring options from 6 to 17 categories
- Improved the space to record details of a physical, mental health condition or disability. This information will be captured and monitored across all divisions
- The online form has been developed on Microsoft Forms and looks consistent across all online platforms
- Mapping of divisional information has been undertaken, with branching reducing the length of time it takes to complete the Friends & Family Test
- Created business cards with QR codes for community staff to provide patients a direct link to the online form
- Patient and carers are also given the option to name a staff member who they would like to be recognised for delivering compassionate care.
- Children and young people are asked if there is a member of staff who made them feel safe and well looked after.

6.2 Supporting carers and visitors

Relatives line

The relatives' line was set up as a single point of contact, which provided relatives' and carers a detailed update of their loved ones. This was in response of the COVID-19 pandemic, a time where the Trust was unable to accept visitors into our hospitals. As CHFT moved to a place whereby it operates with the effects of COVID and supported by NHS England/Improvement guidance, face to face visiting was reinstated in two stages. In April, visiting in most inpatient areas permitted one person to visit for an hour a day. In June this was increased to visiting for two (2) people for two (2) hours twice a day. Today the Trust offers visiting between 14:00 – 20:00 for two people. As a result, the Relatives' Line was disbanded in September 2022.

During its operation, the service received over 115,000 calls. The line was successful in winning the regional NHS Parliamentary Award under the caring and compassion category. The final was held on 7 July 2021 in London, where it received 'Highly commended' in the care and compassion category. Finally, the service was nominated for HRH The Prince of Wales award for integrated approaches to care.

Virtual visiting

Since June 2020, Virtual in Hospital Visiting enabled hospital patients to connect with their loved ones via video chat utilising Microsoft Teams facilitated by a team of dedicated staff. Patients can connect with up to two (2) relatives/friends/carers from their hospital bedside, promoting face time contact for both during and outside standard visiting hours. Regardless of visiting, the service also allowed patients to connect with loved ones who may be some distance away and unable to visit in person, for example, relatives living abroad.

Letters to loved ones

The letters to loved one's service offers a dedicated email inbox for relatives/friends/carers to post messages to their loved ones who are currently inpatients at CHFT. Relatives can leave a message and upload photos on the CHFT website using a Microsoft Form. The letters are printed and delivered to patients by the Patient Advice and Liaison Service (PALS) and Complaints team. This has enabled another line of communication between patients and relatives who may not be able to communicate otherwise – this again has appealed to our older generation of patients.

These services provide a holistic offer and an alternative way of staying connected with loved ones providing greater choice and inclusion.

6.3 Supporting vulnerable patients

We continue to use learning from patient and staff experience through continuous testing and measurement aligned to local and national drivers to develop services and improve patient care.

Learning disabilities

Training and Awareness

Learning disability awareness training became an Essential Skills Training (EST) for all CHFT staff in May 2022 and we have achieved 89% compliance by end of March 2023. This is monitored via the Learning Disability Enhanced pathway task and finish group and Care of the Acutely Ill Patient (CAIP), with divisional representatives supporting targeting the teams and departments with low compliance.

The Mandated Learning Disability and Autism awareness national training with the preferred model of delivery been the "Oliver McGowan" training is due to commence April 2023.

The Think Learning disability champions has increased from 70 to over 220 during 2022/23 with the campaign to increase them during learning disability week in June 2022. Project search and colleagues from Southwest Yorkshire Partnership foundation Trust walked the wards and departments raising awareness and giving out posters, badges, and pens. Further campaign is planned for learning disability week 2023 with short films of the existing champions and Project Search.



During 2022/2023 several pilot sessions have taken place for people with learning disabilities on raising awareness of cancer, in particular skin, pancreatic, and lung cancer with the Trust clinical nurse specialist teams and been co-delivered with the Lead the way ambassador and expert by experience, sharing the easy read Macmillan resources. On the positive feedback we are hosting a health event in September 2023 with system partners and expert by experience for people with Learning Disabilities to continue with the health promotion messages and raise awareness of cancer symptoms.

The Learning Disability Mortality review programme (LeDeR) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England in 2017. It is now called Learning from Lives and Deaths – people with a learning disability and autistic people.

LeDeR works to:

- improve care for people with a learning disability and autistic people
- reduce health inequalities for people with a learning disability and autistic people
- prevent people with a learning disability and autistic people dying prematurely

All inpatient deaths of a people with a learning disability are subject to an internal structured review and reported to the LeDeR programme by the Trust lead Nurse Consultant for Learning Disabilities. The Trust Mortality Surveillance Group have oversight of this work and receive bi-annual reports.

The first Learning disability improvement standards for NHS Trusts was published in June 2018 and that the NHS Benchmarking Network has since collected data nationally on performance against these standards.

Four standards have been developed that Trusts need to meet; doing so identifies them as delivering high quality services for people with learning disabilities, autism, or both.

The first three standards should be met by all Trusts, (the fourth is specifically for Trusts that provide services commissioned exclusively for people with learning disabilities, autism, or both, so is not applicable to CHFT).

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce
4. Specialist learning disability services

The standards are intended to help organisations to measure the quality of services they provide to this group and to ensure consistency across the NHS in terms of how we approach and treat people with learning disabilities, autism, or both, who may often be vulnerable.

The Trust has completed the data collections each year and ensured the staff survey and patient survey took place. The report of the year 4 findings was published in November 2022 and a Trust action plan is in place with some improvement areas such as ensuring changing places facilities are across the Trust site with plans within the transformation work and new builds.



The Trust Charitable funds have supported an initiative developed by Leeds Teaching Hospitals called the “care bag” for people with learning disabilities and Autism. It is a bag with equipment to help someone whilst waiting in Emergency Department including ear defenders, sensory equipment and easy read leaflets about the emergency department and hospital passport. The first pilot was launched early 2023 with a further campaign to promote them taking place during Learning Disability week in June 2023 with promotional posters been produced to display in public areas.

Frailty Services

The frailty service continued to develop through 2022/23 reviewing all patients identified as frail using the Rockwood frailty. This initiates a comprehensive geriatric (CGA). It is gold standard care to commence a CGA and at CHFT we have set a target to identify and commence the CGA within 30 minutes of arrival to the emergency department (ED).

The benefits for the patients are:

- The CGA provides a holistic MDT approach working collaboratively with our community, Primary Care Networks, social care, hospices and voluntary sector to provide the right plan of care for each patient
- Daily Multi-disciplinary Team (MDT)
- It enables frail patients to be cared for closer to home
- Reducing admissions, long length of stay (LOS) and occupied bed days (OBD)
- Reducing readmissions and reducing conveyances- Aligning virtual ward, Frailty Same Day Emergency Care (SDECs) and Urgent Community Response (UCR)
- Reducing Length of stay in ED for frail people who have been brought to ED. Streaming pathways to frailty SDEC in place with ED, direct admissions from Yorkshire Ambulance Service (YAS), UCR, GPs, community services and local care direct (LCD) to frailty SDEC
- Increase number of people to be identified as in the last 12 months of life to ensure they have the right support network in place

Outcomes

- CGA is completed for everyone who is seen by frailty team between the hours of 8am-midnight on the HRI site.
- Conversion rate for admissions for patients over 75years is 56%. For frailty patients seen by frailty team 55% of patients avoid admission avoided which converts to average 42 bed days saved each month.
- Readmission rate was 13% against a national target of 12%.
- Robust single point of access

- Number of people on the caseload for virtual ward- Plan for 23/24 is to have 24 beds for Calderdale and 24 beds for South Kirklees.
- Number of people cared for in their place of choice
- Point of care testing at home
- Increased pathways into same day emergency care.

6.4 Patient Experience and Continuous Quality Improvement:

A structured programme which lends support to the ongoing Trust wide activities has been progressed throughout the year. These support the programme objectives to:

1. Establish and deliver an annual Transforming Patient and Carer Participation and Experience Programme.
2. Support the principles of the NHS Long Term Plan (2019) to provide high-quality services that are accessible and convenient for patients and a commitment to prioritising more integrated care.
3. Ensure that patient experience and participation is embraced as part of organisational business / activities – Lord Darzi ‘High Quality Care for All’ (2008) established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness, and safety.
4. Lead an organisational understanding of the relevant legal and policy requirements e.g., Equality Act 2010 and public involvement under the National Health Services Act 2006 (as amended by the Health and Social Care Act 2012).

Key programme priorities have included:

Keep Carers Caring

In March 2022, the Trust agreed its Carers Strategy within the Patient Experience Group (PEG). It is intended to ensure that carers and the role they have in caring for someone is valued, they are involved in a way they wish to be involved and are supported in their role. The Carers Strategy fits with the Trust’s vision of delivering compassionate care that puts our patients and community first.

Our vision is for all our staff to be carer aware and understand carers’ 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.

In June 2022, the Trust launched the ‘Carers Lanyard Pilot’ within the Emergency Department at Huddersfield Royal Infirmary. This was part of a wider initiative with Healthwatch-Kirklees and other local organisations to use in healthcare settings.

By triangulating feedback through PALS, complaints, Friends and Family Tests (FFT) and Healthwatch Intelligence Reports it was recognised that we needed to go beyond the lanyard to ensure carers truly felt supported and involved in decisions about the care and treatment of their loved ones.

As a direct result of this, the decision was made to re-launch John’s Campaign across the Trust and re brand this as ‘Keep Carers Caring’ to encompass carers of all patients.



Our approach to Keep Carers Caring

Following engagement with local carer organisations, relatives, carers, and staff we adopted the principles of John’s Campaign and extended the criteria as an all age, all carer approach.

This was achieved through the creation of a Keep Carers Caring Action Group. Using a co-design approach, the group created a menu of resources available to carers, with quality measures to monitor the difference these make. The resources were selected based on feedback. The aim was to make carers feel welcomed, seen, heard, and involved in decisions, whilst in a safe environment.



We had active engagement from all teams and were supported by the relative of a patient who had not had a positive experience in our care. This process has allowed the relative to turn a negative experience into something really positive and to be at the forefront of driving a change in care delivery.

What carers said the Trust is doing well:

- Carers like the lanyard: it has prevented many carers having to explain why they are attending appointments with the cared for person.
- Improved involvement in discussions and decision making
- The see who I am document: Carers feel more confident knowing that colleagues on the ward know what the patient's likes and dislikes are
- Opening visiting has made a significant difference to carers. Carers have reported feeling less worried, anxious and concerned about what is happening.
- Carers feel more supported and valued in the caring role
- Having a meal with the person you care for is valued. It's normalising behaviour that would happen if the cared for person was at home

What carers said the Trust could improve:

- Greater understanding as to what carers can do on the ward. Carers have felt that they are "getting in the way" at times
- Attitude of colleagues. Carers have said that although the signs around the hospitals say the Trust welcomes carers, that is not always the case on the wards
- Communication is inconsistent particularly around visiting. Wards, mainly at Calderdale are not allowing carers to visit outside of usual visiting hours
- Carers feel that communication with Dementia patients is poor and at time rude and dismissive
- Parent Carers felt that the hospital should be more child friendly in outpatient areas
- Parent Carers would like colleagues to be more understanding of children with a learning disability

Ageing Well Service

The service was established to help patients age well within their own home. The service is available across all Primary Care Networks in Calderdale.

With a holistic approach, the Ageing Well Practitioners complete home visits, explore the patient's ability to manage their activities of daily living, medication management, nutritional intake and risk of malnutrition, ability to manage their health condition, clinical observations, and social support needs.

Amputee Rehabilitation

The Amputee Rehabilitation Team at Calderdale and Huddersfield NHS Foundation Trust provide a service for medically stable patients who need support to enable them to return to a level of mobility they had before they came into hospital. The team provide suitable patients with access to physiotherapists and occupational therapists with patients working with staff to meet mutually agreed rehabilitation goals.

6.5 Children and Young people

We have reinstated the Youth Forum with young people invited to share their thoughts on our Emergency Departments. This has supported improvement work and a collaborative approach with colleagues in paediatric services to improve this element of care.

Local young people stated that they want *“things to do when they feel bored, they want people that are nice to me and that I get the right care that I need and to have people around me, so I feel safe and to be understood”*.



In response to the changing demand in paediatric services we have introduced 3 key new roles in 2022:

- Paediatric respiratory nurse
- Key worker for child death
- Paediatric mental health liaison nurse

These roles will support a number of initiatives going forward in relation to working in partnership with children, their families, local communities and our teams to deliver responsive services that meet their needs. The roles support training and education with our teams to ensure that we have a competent and confident workforce that can deliver compassionate care. We have already seen benefits in terms of working with system partners to address barriers to discharge.

We have joined the operational delivery network for neonatal services to support the delivery of integrated care delivery on the unit so that parents are actively involved in care. We have introduced family and parent engagement groups with feedback supporting transformation with the neonatal unit.

6.6 End of Life Care

The 6 ambitions agreed across the integrated care system in relation to end of life care are:

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

Ambition 1 – Each person is seen as an individual

Bereavement Support Service - In April 2020 the Trust developed a new bereavement support service which has continued and developed over the past 3 years. The CHFT charity funded the end-of-life care team to expand the team staff to contact all bereaved relatives between 7-14 days after the death. We provide an equitable service to all bereaved relatives. Timely feedback is provided to the wards if areas of need and development have been highlighted by the relative. When issues have been raised the team area sked to address issues immediately. 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.

Engaging with the community we serve has been very positive and enabled us to develop and change using their feedback:

“Felt the heart and card were a lovely touch – I carry the heart in my bag, so mum is with me everywhere”

“The heart and the box absolutely blew me away... the most touching thing I’ve ever come across... unexpected and thoughtful.”

Son saw heart in dad’s hand when visited funeral home – meant a lot *“like there was a connection”*

Frailty Advance Care Planning

It is a desired aim of the frailty service to ensure every frail person identified to be in the last 12 months of life is offered an advanced care plan. The team is in the process of educating more staff and developing better pathways to support people and their family living well in the last 12 months of life. There is an advanced care planning facilitator who works between organisations, to ensure frail people are offered an advanced care plan. They work in collaboration with the Ageing well practitioners, urgent community response and virtual ward.

Ambition 2 – Each person gets fair access to care

The Horizon group is attended by members from CHFT, Overgate and Calderdale Council. We go out to our community to educate and also learn about end-of-life care. We also offer visits to Madni Mosque for CHFT staff so they can see how our Muslim communities approach death and bereavement.

The Trust has an all-age approach to end-of-life care including a new SUDIC (Sudden and unexpected deaths in childhood) nurse, pre bereavement boxes for children who are losing a loved one and also support for families whose child is dying.

Ambition 3 – Maximise comfort and wellbeing

We now have 7-day specialist palliative care teams that cover both community and Hospital enabling ward and community staff to access support and advice each day. 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. We also have 24/7 support for staff to ring for specialist advice.

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.

Ambition 4 – Care is undertaken in a coordinated Way

Co-ordination and equitable access to EoLC care is an additional key priority for the Trust. 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.

Ambition 5 – All staff are prepared to care

The Trust currently provides:

- Communication skills training - monthly
- Advance Care Planning Training
- Verification of Expected Death Training
- End of Life Care training on the Trust induction, mentorship, preceptorship courses, also junior medical staff education
- Support to Healthcare Assistants to complete end of life care competencies across the Trust.
- Ad-hoc teaching and in- reach are provided across areas.
- EoLC Champions for both qualified staff and Healthcare assistants (HCA) – This course increases confidence and skills in EOLC and bridges the gap between specialist and generalist staff.
- Clear governance structure
- Support, wellbeing and resilience offerings from the trust
- EOLC is now part of essential training for 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 2022/2023, the three priorities were:

- 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.

Ambition 6 – Each community is prepared to help

Dying and bereaved people often feel disconnected or isolated from their communities and networks of support and it remains a taboo to talk about dying.

Bereavement support service connects with our community, and we are able to pick up on those that may be isolated or disconnected and refer on or signpost to services that can support them.

Children's and Maternity services

A key worker for Child death is now in post and helping to support and signpost families in the immediate pre and post bereavement stage.

The Lead Nurse for Children and Young People has worked with the adult palliative care team to develop resources to support the pre bereavement for children and young people of immediate adult relatives in CHFT.

Looking forward we are working with the regional lead to develop a standard operating procedure for advanced care planning and ReSpecT for children within CHFT. We have initiated training sessions for staff to support with this process.

Maternity services have recruited a full-time band 7 bereavement lead midwife to enhance the service currently offered. They have successfully secured external training provided by SANDS for maternity and gynaecology staff. Maternity services Recently set up Rainbow clinic antenatal service for women having a pregnancy loss was nominated for a CHuFT award.

Achievement in Community Palliative and End of Life Care

Innovation Bid

A successful innovation bid worth almost £260K from Calderdale ICB in March 2023, which was submitted by a partnership of CHFT and Calderdale Primary Care Network. The four areas of focus will be:

- Working with GPs to earlier identify patients who are likely to develop palliative care needs within the next 12 months.
- Introduce a new Care Home Palliative Care Nurse.
- Extend the existing Out of Hours palliative service working with Marie Curie.
- The Projects will run for 12months and be audited by individual project leads to demonstrate the positive outcomes for patients and their families.

Both the Community Specialist Palliative Care Team and Out of Hours Palliative Teams have robust dashboards of data which demonstrate patient outcomes against agreed Key Performance Indicators.

Thinking Ahead Programme

The Thinking Ahead Programme is a seven-week course for patients living with incurable cancer and their family members. The course is run two or three times per year, hosted by the CHFT Macmillan Information and Support Service. The course aims for people to stay as well as possible for as long as possible, to know where and how to access support, to improve patient experience and to have earlier conversations about planning for end of life.

End of Life Care Priorities

We have recently undertaken a self-assessment against the 6 EOL ambitions which is being collated by the ICB to provide a system wide position in relation to the ambitions. We are using this information as well as feedback from the 2022 NACEL audit to inform the current strategy

6.7 Complaints

During the year we have focused on investigating and responding to complaints in a timely manner so that we can implement changes to improve patient care. This will remain a quality priority throughout 2023/2024.

As outlined in the 2021/2022 report, we simplified the Trust's initiative, 'Making Complaints Count' and concentrated on ensuring the basics of complaints handling were done well.

Weekly meetings with senior divisional and corporate managers were introduced to discuss complaints, any issues experienced during the investigations and any potential timeframe breaches. These have been working well and are extremely well attended on a weekly basis.

The outcome of these meetings was shared with the Trust's Chief Nurse and Director of Corporate Affairs along with data highlighting current performance. The Trust's performance improved significantly and consistently throughout 2022/2023, with 90% of complaints responded to within agreed timeframes by March 2023. The complaints team now meet with the risk management team, legal team and the quality and safety team on a weekly basis to triangulate data to ensure consistency and make improvements.

We maintained our vision to concentrate on three key areas:

- Improving the timeliness of responses for complainants, to ensure we respond in the timescale agreed. We have also continued to ensure lead investigators keep complainants updated about the progress of their complaint and ensuring that processes are in place to escalate any delays at the weekly meetings.
- Responding quickly and effectively to service user concerns, so that their problems are resolved and do not develop into a formal complaint. Agreement with Divisional Leads to escalate any concerns relating to an on-going, in-patient admission to be escalated immediately to the Matron to make contact and resolve.
- Assurance that divisional teams are implementing learning action plans, evidencing changes made and communicating changes made with all appropriate staff, not just management teams. As we move into 2023/2024 learning forums are to be established to allow our users to communicate effectively and work collaboratively to ensure changes are made

Learning from complaints

We recognise that complaints are a valuable tool which can help us identify and tackle issues quickly. They are an opportunity for us to learn and improve. We want patients, carers and loved ones to have the confidence to speak up.

We wanted to learn from those who have made a complaint to the Trust as to what their experience of raising a complaint felt like. We used the toolkit designed by the Picker Institute to develop our survey, with additional questions to help us understand if carers were accessing our complaints service.

52 complainants gave us their feedback, including sharing their ideas as to how we can improve the way we handle their complaints. The survey was made available in easy read format.

Survey findings:

Positive Feedback	Areas for improvement
Concerns taken seriously	Lack of progress updates
Ease of making complaints	Not all points addressed
Not afraid to raise concerns	Clarity of response
Aware of escalation routes	Unclear on how things would change

Complaints and PALS Performance during 1 April 2022 to 31 March 2023 for the Trust:

454 Formal complaints	This demonstrated a decrease of 36 from 2021/2022 which is likely attributable to the team responding quickly and effectively to service user concerns, so that their problems are resolved and do not develop into a formal complaint.
57% Complaints closed within target timeframe	This figure represents a slight decline of 2% in performance of complaints responded to within the target timescale compared to 2021/2022 (59%). However, it is recognised that the work done this year has taken time to embed and within the last 6 months this figure has consistently improved and in 2023 has been on average 75%. This continues to be closely monitored on a daily and weekly basis, ensuring that communication is open with complainants to keep them updated throughout the complaints process. A continued improvement should be seen in this area.
1668 PALS Concerns	This figure represents the number of PALS concerns received during this period. This has shown a reduction in concerns raised.
372 Enquiries/suggestions and improvements	This figure represents all other contacts and enquiries the PALS team received. This demonstrates a reduction of 282 on last year.
599 Compliments	Total number of compliments received during the year which demonstrates a slight decrease from 2021/2022.

6.8 Learning from Deaths – Adult Inpatients

During 2022/2023, 1689 CHFT adult inpatients died. This comprised the following number of adult deaths which occurred in each quarter of that reporting period:

- 411 in the first quarter (April to June)
- 376 in the second quarter (July to September)
- 480 in the third quarter (October to December)
- 422 in the fourth quarter (January to March)

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) if any care concerns are identified.

From April 2022 to March 2023, 170 mortalities were escalated to SJR
Adequate, Good or Excellent Care was identified in 83% of SJRs
Poor or Very Poor Care was identified in 17% of the SJRs

From April 2022 to March 2023, 29 Structured Judgement Reviews identified issues with care provided to patients and have been reported on the Trust incident reporting system (Datix) and taken through divisional orange panels for validation

A thematic review of the 2022/2023 SJRs identified the main areas of good practice as:

- Really good collaboration with Biochemistry Lab
- Prompt referral to surgical team, senior surgical review in a timely manner
- Good Multi-Disciplinary Team (MDT) involvement – in view of deteriorating patient critical care referral and prompt review
- Clear and good documentation regarding communicating with the patient
- Good cooperation between multidisciplinary team – medical, surgical, and critical care
- Reviews in a timely fashion
- Observations done in a timely manner and acted upon, continuous review on Intensive Care Unit (ICU)
- MDT senior clinician's involvement
- Good, detailed documentation
- Frequent communication with the family
- Very good frailty team review

The main areas where improvement in care is needed based on findings 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
5. Communication

How we share learning from deaths:

Mortality cases where the quality of care is assessed as poor or very poor are reported on the Trust incident reporting system (Datix) as an orange incident and referred to Divisional Orange Panels to agree the level of further investigation. The outcome of such investigations is then fed back to the MSG for information, thematic analysis as appropriate and dissemination of learning.

Medical Examiner Office

The Medical Examiner service was set up at Calderdale and Huddersfield over 2.5 years ago and during this period the Trust has developed a successful team and by April/May 2023 we will have a fully established team of Medical Examiners. This will ensure that we are ready to implement the statutory roll out of scrutiny of all deaths both within the acute and community setting. Once the statutory roll out commences all deaths will have to be scrutinised by a Medical Examiner before a death certificate can be completed.

We are working closely with our colleagues within Primary Care to ensure a smooth transition and once we have full access to the GP IT systems, we shall start to provide scrutiny to some pilot GP practices before we commence with full community rollout.

The Medical Examiner service continues to contact all bereaved families to discuss their loved one's care and to explain the cause of death and to ascertain any concerns they may have regarding the death of their loved one.

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 2022 CHFT have seen an improving trend in HSMR performance. Current performance shows a 12-month rolling position of 94.50, this is the best performance the trust has seen for 2 years, with the latest reporting month of February 2023 standing at 81.73.

This is significantly below the national average which currently stands at 101.07 and lies within the 'expected' range when benchmarked nationally. With the trust moving towards a positive outlier nationally over recent data releases.

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 104.04 which remains slightly higher than the national average of 103.20. Performance has stabilised over the year and CHFT are seeing much fewer mortality alerts than 12 months ago.



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. During 2021/2022 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.

During 2022/2023 the Trust embarked on its elective recovery plan and delivered increased activity in order to reduce waiting times in accordance with national guidance. We focused on referral to treatment timelines for patients focusing on those that had waited the longest first and bringing the average wait time down.

Patients with Learning disabilities

Calderdale and Huddersfield NHS Foundation Trust (CHFT) is committed to providing outstanding compassionate care to the communities it serves. The Trust recognises that some patients may be disadvantaged in accessing care and treatment due to disability or other health inequalities. CHFT has prioritised people with a learning disability within its health inequalities workplan.

The learning disability flag exists within the Trusts EPR (Electronic Patient Record) system and is pulled through into the Trusts data system KP+ (Knowledge Portal), not only within the learning disability model but within many other dashboards within KP+. Over the last 12 months the dashboard has developed, and it can now record children within EPR with a learning disability flag on their record. This allows the Trust to monitor data and compare to the general population. It also allows the Trust to make the necessary reasonable adjustments to the care pathways for individuals, as well as the ability to prioritise them on the surgical waiting list.

The Trust ensured everyone with a learning disability on a surgical waiting list was assessed and had their procedure as part of the reset and recovery programme. The Trust commitment now is to ensure that people with a learning disability who are seen to require a higher level of clinical prioritisation are treated as soon as possible and dated within 18 weeks. The Surgical and Anaesthetic Division have worked hard to achieve this, and the work has been recognised both Regionally and Nationally.

7.2 Cancer Waiting Times

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 2 years. The Trust is only one of three Nationally that are achieving the targets. These are indicators of 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.

Below are graphs of where we are as a Trust compared to the target:

2-week wait referrals

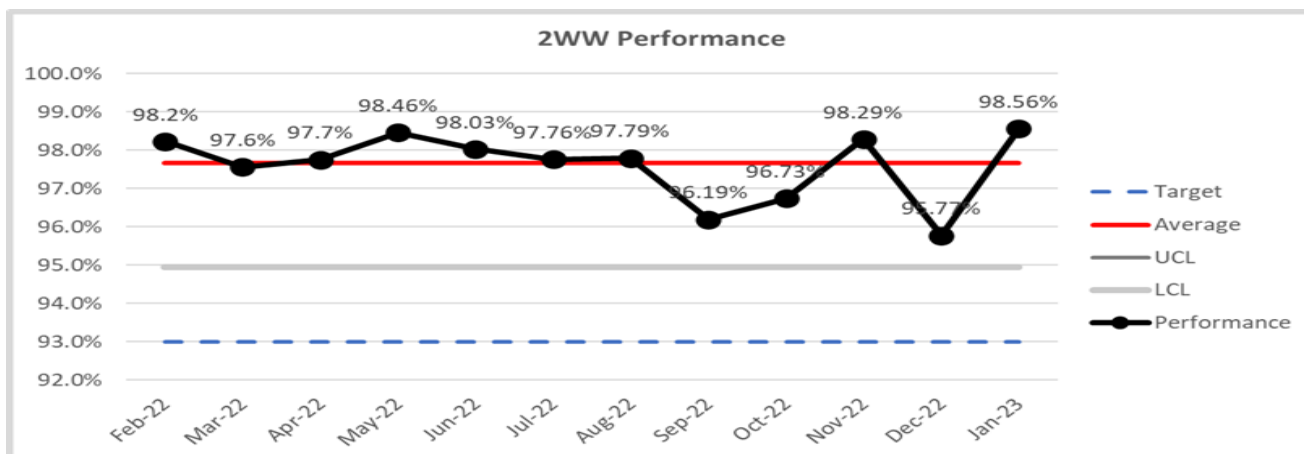


Chart 5 – Two week wait from referral to date first seen
(UCL = Upper control limit; LCL = lower control limit)

Breast symptomatic referrals

The target is 93% of patients referred with breast symptoms are seen within two weeks, as shown in the table below. The breast team have along with Radiology have had to flex capacity to continue to provide this high-class service to our patients as referrals have increased, Jan 2020 145 referrals in Jan 2023 - 223.

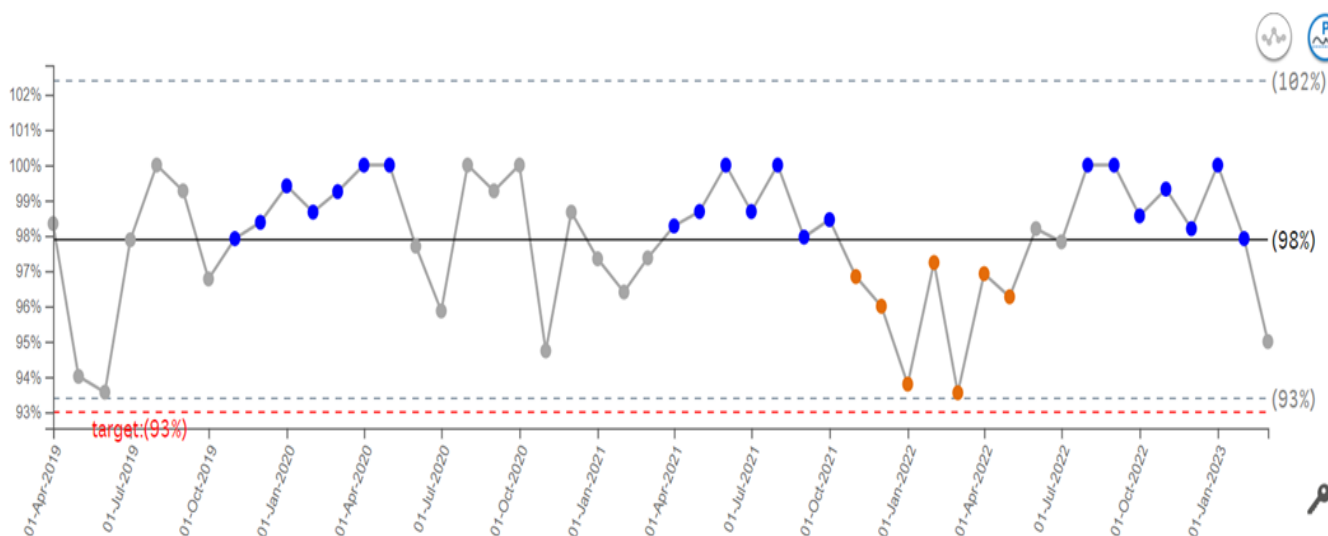


Chart 6 – Two week wait from referral to date first seen: breast symptoms

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 out 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 is set at 75%.

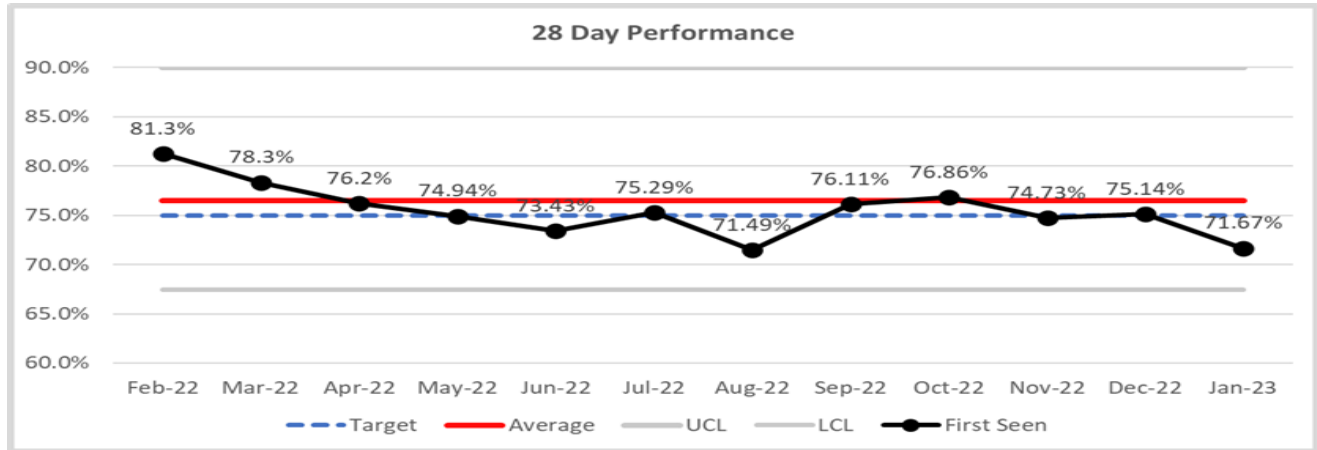


Chart 7 – 28-day performance (UCL = Upper control limit; LCL = lower control limit)

Although we performed well in most areas this was not achieved across all tumour sites and work is ongoing with these sites to rectify the issues.

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.

As a Trust we are the Bowel screening Hub for ourselves and Mid Yorkshire Teaching Hospital Trust, the number of patients that are positive through the screening process are very low, so one breach has a significant impact and can prevent the Trust achieving the National target. The service has increased significantly, and the Nurse consultation and endoscopy service are seeing and diagnosing patients within the day 28 target; however, there are difficulties with Face-to-face capacity and theatre capacity for these patients then to receive their treatment.

The breast and cervical screening process perform well against target:

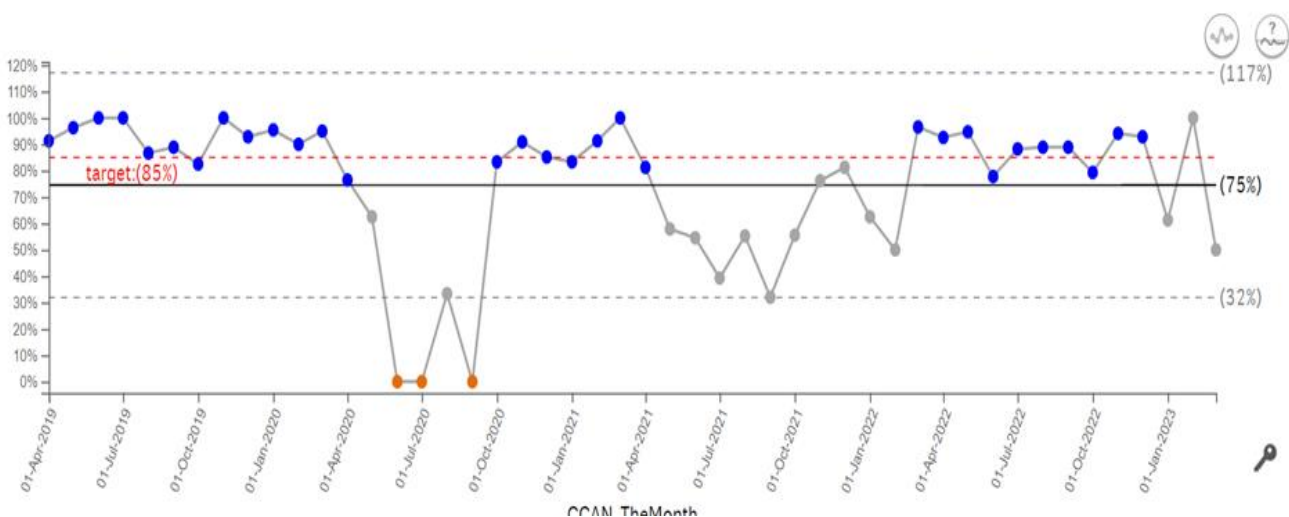


Chart 8 – 62-day referral from screening to treatment

62-day GP referrals to treatment

The target for this is 85%. CHFT consistently achieved this target and were one of only three Trust Nationally to do this. The referrals on this pathway have increased year on year. In January 2020 the Trust received 1324 referrals and in January 2023 they received 1743, which is significant per month. With there is an increase in diagnostics, scans, endoscopies, pathology which means an increase in capacity to ensure that targets are met.

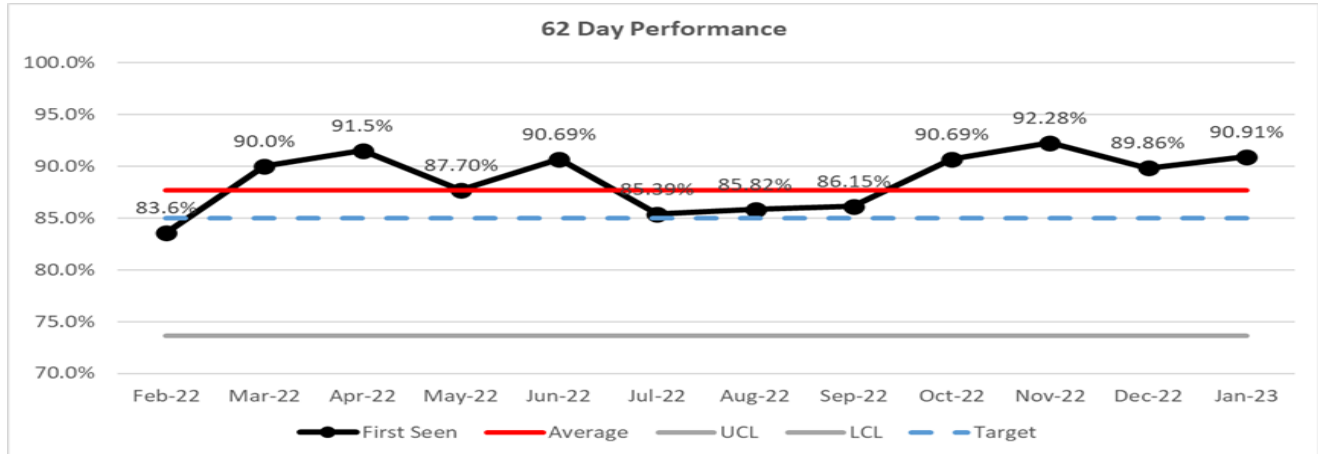


Chart 9 – 62-day GP referrals to treatment
(UCL = Upper control limit; LCL = lower control limit)

31 days from diagnostic to first treatment

96% of patients should wait no more than 31 days from receiving diagnosis to first treatment plan. We consistently achieved this target month on month.

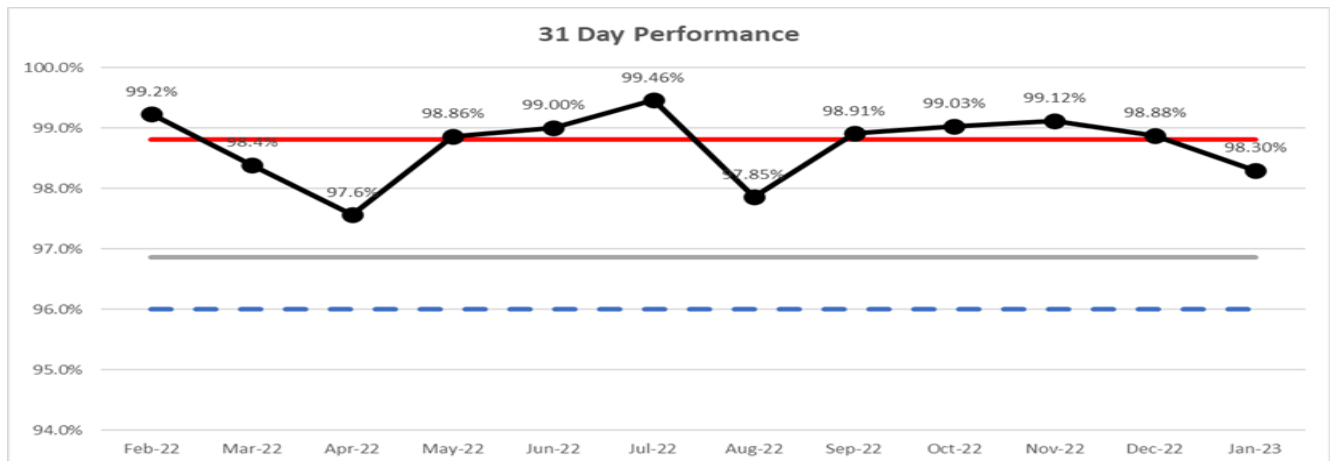


Chart 10 – 31-days from diagnosis to first treatment

Faster Diagnosis Programme

The Faster Diagnosis Programme aim is to ensure faster and more efficient cancer pathways from referral to diagnosis to increase the chance of early diagnosis. From October 2021 NHSE has been monitoring performance against the Faster Diagnosis Standard (a diagnosis or ruling out of cancer by day 28). The overall figure for 2022/23 shows CHFT has met the 75% FDS target.

A rolling programme of nationally agreed Best Practice Timed Pathways (BPTP), set out how to achieve a diagnosis or ruling out of cancer by day 28. The BPTP set out specific clinical

events and tests (milestones), for patients referred with defined NG12 symptoms. CHFT has worked with specific cancer teams to, report and capture BPTP milestones, and implement pathway changes e.g., daily triage, straight to test. In the last year, CHFT focused primarily on Gynaecology and Prostate pathways for improving earlier diagnosis and FDS day 28. There has been significant improvement in patients' experience through the introduction of patient navigators as a single point of access, and the services are evaluating well. Throughout 2023/24 work will continue across all cancer teams and divisions to implement BPTP.

The Non-Site Specific (NSS) pathway is well established at CHFT with an increasing number of referrals from across Kirklees and Calderdale. The service is running a pilot for patients coming through A&E with suspected cancers who do not need to be admitted, however require further investigations for a possible suspected cancer. In 2023/24 the NSS will be looking at developing new models of working with primary care, seeing patients closer to home as well as developing self-referral models.

Prehabilitation of Patients

The optimisation of cancer patients' health and well-being prior to treatment continues through the offer of Prehabilitation within cancer services.

Exciting developments are underway to deliver specialist support and interventions within the Trust and in partnership with community organisations, where in previous years gaps have been identified. An exercise and education programme within Urology, supporting men with Prostate cancer who are receiving Androgen Deprivation Therapy, was started with the aim of reducing the impact of the side effects of the treatment, increase patient knowledge and increase the uptake and adherence of physical activity through an exercise and education programme.

Innovation funding has been obtained to provide nutrition support to Lung, Colorectal and Neuroendocrine patients to improve nutritional status in preparation for treatment and will be delivered in the community with a focus on reducing health inequalities.

Digital Prehabilitation is being trialed with Head and Neck cancer patients as part of a national project with Macmillan Cancer Support and ONKO Health. Health coaches will provide support through the use of wearable devices and a digital application and will utilise local services offering specific interventions to improve health and well-being and positive behaviour change.

Guidance recommends Prehabilitation is multi-modal and offered by a variety of registered and non-registered professionals with a predominance of Allied Health Professionals (AHP). Working closely with therapy colleagues a Physiotherapist has now joined the Colorectal specialist nursing team to explore the value and unique skills an AHP can offer within a cancer nursing team to enhance the quality of care delivered by the team to improve patient and clinical outcomes.

It is anticipated the success of these developments will enable the offer to be expanded to a wider cohort of cancer patients.

The table demonstrates some of the outcomes presented in the most recent Prehabilitation annual report:

Patient outcomes 2020-2021	Patient outcomes 2021-2022
<ul style="list-style-type: none"> - 64% increase in physical activity levels - 78% reduction in anxiety and depression - 89% engagement in prehab - 84% increase in Quality of Life (QoL) - 25% referred into specialist service - 100% rated Prehab support as excellent 	<ul style="list-style-type: none"> - 82% increase in physical activity levels - 95% reduction in depression score - 85% reduction in anxiety score - 96% engagement in prehab - 12% required one off support call only - 56% improvement in QoL / 33% no change - 36% referred into specialist services - 67% rated prehab experience as excellent / 25% very good - 75% rated the Prehab support as excellent

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.

Living with and Beyond Cancer

Personalised Care Support:

Cancer teams are working in line with the recommendations from the World Class Cancer Outcomes Strategy 2015-2020, The NHS Long Term Plan and the National Cancer Patient Experience Survey. The teams are delivering the Living with and Beyond Cancer agenda, in line with the Trust's digital agenda the Trust has adopted the Macmillan eHNA (electronic Holistic Needs Assessment), this is supporting the delivery of Personalised Care Support at strategic points in the patients' pathways. The delivery and uptake of the eHNA has continued to be impacted by the COVID pandemic, with clinical teams varying in their offer of eHNAs at identified times. Patients are more consistently offered an eHNA on diagnosis, but as a Trust, we are aiming to increase the offer of end of treatment eHNAs and personalised support plans in the year ahead, as well as establishing more consistent eHNAs across tumour groups, throughout the pathway

Patient Education Provision:

Over the last couple of years, the Patient Education Programmes have continued to be coordinated by the CHFT Macmillan Information and Support Service, supported by the cancer management team. The Clinical Nurse Specialists and Cancer Care Coordinators play an important role ensuring patients can access this provision. Our Trust cancer patient focus group directed plans for the transition of the face-to-face programmes to virtual delivery in the COVID pandemic, thus maintaining vital self-supported management for patients and family members during the pandemic. This contributed to the team being shortlisted for national

patient experience network awards and winning a national Macmillan Excellence Award in 2021. Currently the programmes remain virtual but are planned to return to face to face sessions in 2022. The programmes provide patients and their families with the knowledge and skills to feel confident that their jointly developed 'Personalised Care Support' will enable them to access the right care at the right time, whilst also ensuring they can enjoy as good a quality of life as possible away from the hospital.

The programmes offered are:

- First Steps for newly diagnosed patients – developed in CHFT and now used by other trusts regionally. First Steps information is currently provided through the Trust website.
- iHOPE – Macmillan's health and wellbeing virtual programme to manage the stress of cancer and build emotional resilience. This six-week programme is run three times per year and includes patient-volunteers as course facilitators.
- Thinking Ahead – CHFT have now hosted seven collaborative (seven week) courses with Leeds and Harrogate trusts for patients with an incurable cancer diagnosis and family members. This course is run 2-3 times per year. In 2022, the facilitators were successful in winning a £100,000 innovation bid from the WY&H Cancer Alliance to spread the programme regionally and potentially nationally as well as adapting it for other non-malignant conditions.
- End of Treatment Events – run four times per year to provide health and wellbeing support at the end of treatment and signpost to ongoing services.

Over the next year, we will continue to offer, review and develop the Patient Education Courses, responding to feedback and patient suggestion, and planning a return to face to face delivery of some courses. An example of being led by patient feedback was the introduction of 'Body Matters' in 2022, a trial programme to address issues such as sex and intimacy, menopause and body image – in response to patient feedback. This was however, discontinued after several months due to low attendance.

In 2023 and beyond, we will look to involve the cancer care coordinators and other support staff in delivery of the various programmes.

CHFT Macmillan Cancer Information and Support Service

Over the last year, the cancer information service has seen a 95% increase in its contacts – with 7,837 contacts in 2022 compared to 4,013 in 2021. The service offers emotional, practical and financial support for patients and family members, signposting and referral to other organisations, information resources and support groups, as well as coordinating the patient education programmes. The service operates out of the Jayne Garforth Macmillan Information Centre in CRH and the resource room on the Greenlea Unit at HRI and sees patients who attend for drop in as well as offering phone, email and virtual support. The service is also an information resource for health and social care professionals, as well as often providing emotional support and a listening ear to Trust cancer colleagues.

The team consists of three full time permanent staff, a team of volunteers and in 21-22 there was an additional support worker on a twelve-month contract. The team carried some vacancies at the end of 2022, which put pressure on the service as it tried to meet increased demand. The service has been successful in securing temporary funding from Macmillan for two years for a new project post (B4) to offer end of treatment eHNAs to patients, out of the cancer information service in 2023-25. We are also hoping to secure additional staff posts to help to meet the increased demands on the service in the coming months.

Feedback about the service from patients and family members is consistently excellent, with many people commenting on the holistic, emotional and financial support provided being

crucial to their wellbeing, alongside the clinical team and medical intervention. Feedback from patients and professionals as well as further details of the service can be found in the CHFT Macmillan Cancer Information and Support Service annual reports at this link on the Trust website: <https://www.cht.nhs.uk/services/clinical-services/oncology/macmillan-information-and-support/macmillan-annual-reports-and-newsletters>

Patient Experience

The 2021 National Cancer Patient Experience Survey (NCPES) involved 134 NHS Trusts, 107,412 people were approached to complete the survey and 59,352 people responded; leading to a 55% response rate. The questionnaire was redeveloped for the 2021 NCPES, therefore due to significant changes made to the questionnaire no trend data or annual comparisons were presented in the results, and subsequently no comparisons to the previous year's results can be made.

All adult patients (aged 16 and over), with a primary diagnosis of cancer, who had been admitted to hospital as inpatients for cancer related treatment, or who were seen as day case patients for cancer related treatment and had been discharged between 1st April 2021 and 30th June 2021 were included in the survey. The Trust's response rate was 56%, which was slightly higher than the national response rate of 55%. Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.7 (national average 8.9).

For the 2021 survey the CQC standard for reporting comparative performance has been adopted based on a calculation of "expected ranges". This means that Trusts were flagged as outliers only if there is statistical evidence that their scores deviate (positively or negatively) from the range of scores that would be expected for Trusts of the same size. Based on this approach there were 15 questions scoring 'outside' the expected range, 1 scoring better than and 14 lower than.

Improvement work (2022/23):

The NCPES questions were categorised into 14 sections. Each section reflected an element of the cancer journey. There are a number of ongoing quality and service improvement projects that support many aspects of the patient pathway as part of business as usual. Each cancer specialist team also identified a focus for further improvement based on their individual NCPES scores. These will be collated and shared in the future. In addition to individual team's improvements, the lead cancer team are focusing on two categories from this year's survey that have highlighted lower than average patient experience scores. The categories are **living with and beyond cancer** and **Immediate and long-term side effects**.

Personalised Care and Support Planning

The focus remains on the development and implementation of several key elements of Personalised Care and Support Planning. In response to the results from NCPES (as above) and together with the support of the WY&H LWBC Project Implementation Manager teams are being supported to offer and increase the uptake of quality Holistic Needs Assessments (HNA) utilising the Macmillan electronic HNA platform. This is now the single data capture point for all HNA, and care planning and monthly data is automatically uploaded to NHSE via CancerStats2 (reporting portal) into the Cancer Outcomes and Services Dataset (COSD). Having this robust process in place to ensure the needs of patients are met at points throughout the pathway, across secondary and primary care, enables staff to ensure patients are more supported when living with and beyond cancer rather than only accessing services in the acute hospital setting at the beginning or the pathway of when receiving treatment. It also ensures any concerns experienced due to the side effects of treatment are highlighted and supported in a timely manner.

The shared experience of cancer patients also shapes the development of care within the Trust. Patients have the opportunity to feedback their experiences and recommendations for improvement at our Cancer Patient Focus Groups. Patient representation is also an integral part of many project groups and our monthly Cancer Delivery Group. Ongoing collaboration with community colleagues is key to improve the care and support cancer patients are offered across organisational boundaries throughout the cancer pathway.

The Trust has established personalised stratified follow-up pathways for breast, gynae and prostate cancer patients. Those patients treated with curative intent and deemed suitable for being placed on a supportive self-management pathway put the patient in control of when they need to access outpatient follow up care. These pathways are currently being implemented for colorectal cancer. Further stratified pathways are being developed in Upper GI cancer pathways.

7.3 Stroke

Stroke is a leading cause of death and disability in the UK. There are around 32,000 stroke-related deaths in England each year. Deaths related to stroke have declined by 49% in the past 15 years. This has been accredited to a combination of better prevention, earlier treatment and more advanced treatment. Getting an NHS Health Check, for those aged 40 to 74 years, can identify early if you are at risk of a stroke.

While the majority (59%) of strokes occur in the older generation, Public Health England (PHE) figures also found that over a third (38%) of first-time strokes happen in middle-aged adults (between the ages of 40 to 69). More first-time strokes are now occurring at an earlier age compared to a decade ago. The average age for males having a stroke fell from 71 to 68 years and for females, 75 to 73 years between 2007 and 2016.

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
- 48 % of patients receive a Computerised Tomography (CT) within an hour of hospital arrival
- Patients are admitted to a stroke bed within four hours
- Patients spend 90% of their hospital stay on the Stroke unit
- Developments of nurse consultant roles in stroke services to complement the medical workforce

Improvements in 2022/2023

The Trust continues to work towards delivering against the national Sentinel Stroke National Audit Programme (SSNAP) key performance indicators to ensure that our patients are provided with the expected level of care and what we as a trust are working towards. These specifically are the aims above and the graphs below demonstrate our progression towards these measures.

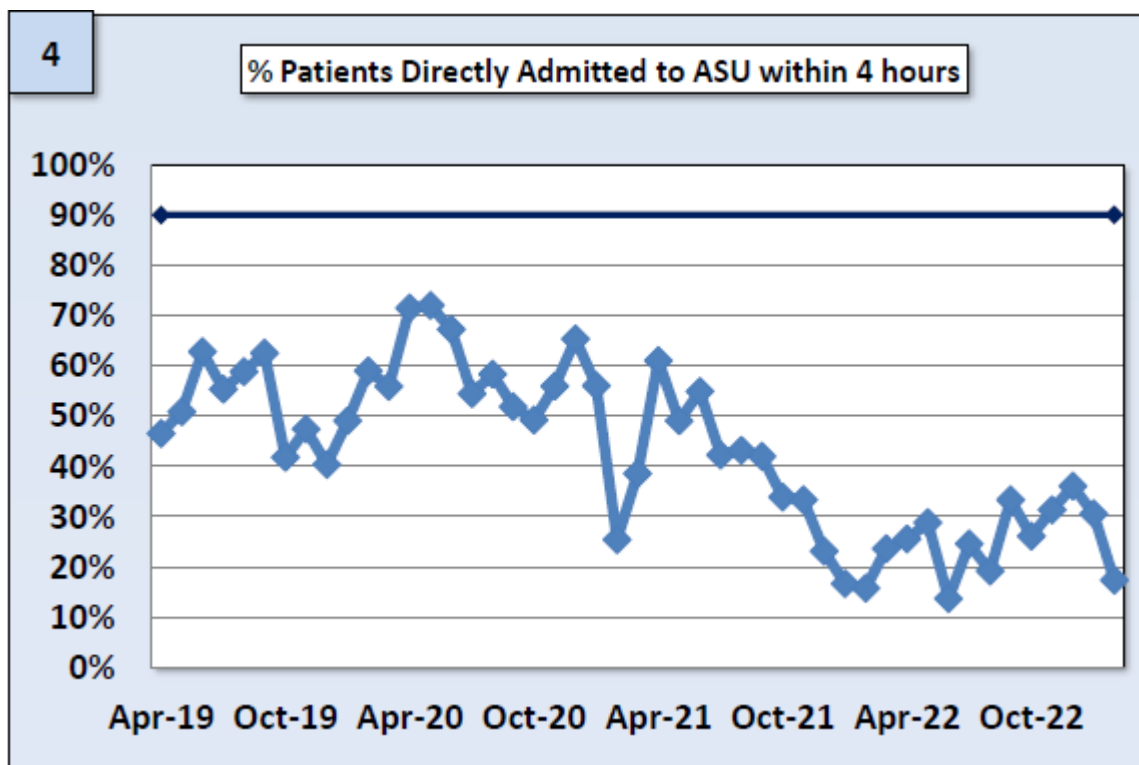


Chart 11 – stroke unit patients admitted to Acute Stroke Unit within four hours

Despite initial deterioration in the Sentinel Stroke National Audit Programme (SSNAP) performance, the stroke team have from the reported October 2021 position in the 2021/2022 quality accounts started to see an incremental increase in patients admitted to the stroke service within 4 hours. This is as a result of continued work with the Early Supported Discharge (ESD) stroke service. 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.

Patients spending 90% of their stay on a stroke ward, as seen from the graph below has also started to improve incrementally. It is important to highlight the level of required care has been maintained for patients not on a stroke ward and the Trust have ensured that all patients receive the same care as they would have received on a dedicated stroke ward.

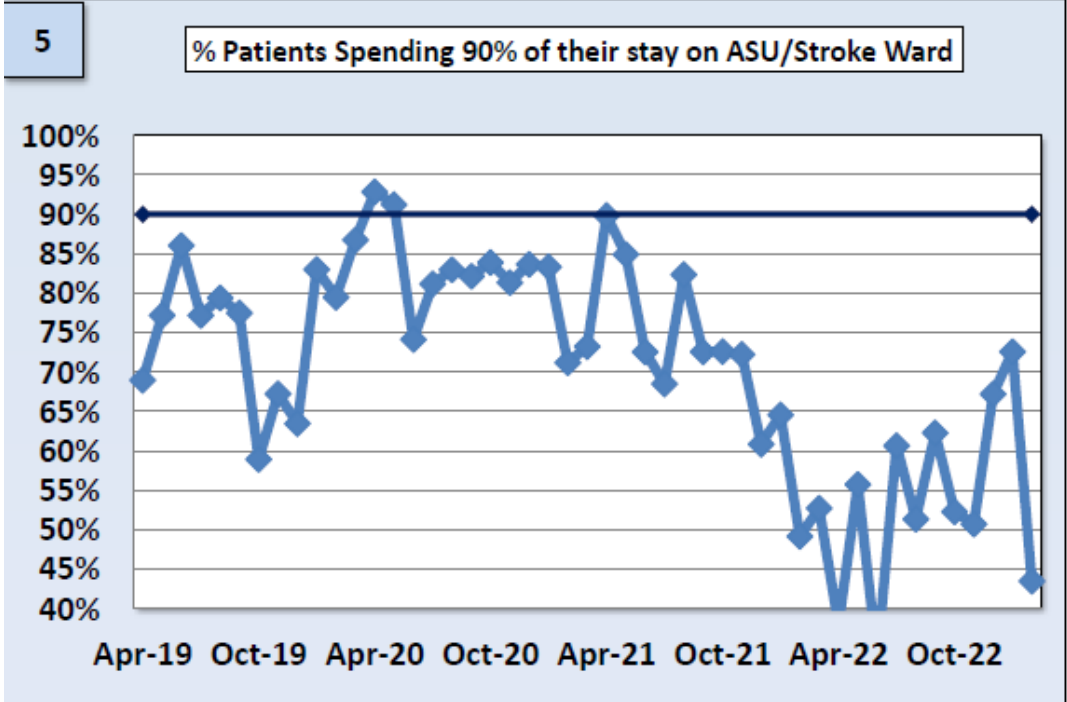


Chart 12 – percentage of stroke patients spending 90% of their stay on an acute stroke unit

During 2022/2023, the service appointed two stroke advanced clinical practitioner following their training in the previous year and have developed further to provide a real focus on supporting improvement of patient care of which being the clinical lead for a rehabilitation ward within the stroke service is a significant part. This was in addition to 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 and has recently facilitated a visit from the stroke network led to support further engagement in service improvement in stroke services.

To ensure continued development we are now looking at sustaining the additional capacity and developing an innovative workforce including stroke nurse consultants and new joint roles that support both nursing therapy service where we continue to face ongoing recruitment challenges.

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.

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 2022/2023 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 below.

8.1 Summary table of performance against mandatory indicators

Outcome Domain	Indicator	Most recent data	National Average	Best	Worse	Most recent data	last report period	last report period	last report period	
Preventing people from dying prematurely Preventing people from dying prematurely	Summary Hospital-level Mortality Indicator									
	Reporting Period:	Nov 2022	Target			Oct 20-Sep-21	Oct 19-Sep-20	Oct 18-Sep-19	Oct 17-Sept 18	
	Summary Hospital- Level Mortality Indicator (SHMI) value and banding)	103.84 Band 2 = As Expected	100	N/A	N/A	101.31 Band 2 = As Expected	100.94 Band 2 = As Expected	98.63 Band 2 = As Expected	100.25 Band 2 = As expected	
Helping people recover from episodes of ill health or following injury	18. PROMS (Patient Reported Outcome Measures)									
	Reporting Period:	2021/2022				(2020/21)	(2019/20)	(2018/19)	(2017/18)	
	(i) hip replacement surgery,	0.69	0.45	0.44	N/A	0.64	0.42	0.46	0.47	
	(ii) knee replacement surgery	0.59	0.33	0.32	N/A	0.62	0.32	0.32	0.36	
	19. Patients readmitted to a hospital within 28 days of being discharged									
	Reporting Period:	2022/2023				(2021/22)	(2020/21)	(2019/20)	(2018/19)	
(i) 0 to 15; and	12.51%	Not released by NHS Digital			9.47%	12.14%	12.05%	10.51%		
(ii) 16 or over.	8.65%				9.12%	11.34%	10.50%	9.07%		
Ensuring that people have a positive experience of care	National Survey									
	Reporting Period:	2021	National Average	Best	Worse	2020	2019	2018	2017	
Overall Patient Experience	8.3	8.2	9.4	7.4	8.3	8.0	8.0	7.9		
Treating and caring for people in a safe environment and protecting them from avoidable harm	Reporting Period:	2021/22				2021/22	2020/21	2019/20	2018/19	
	23. Patients admitted to hospital who were risk assessed for venous thromboembolism	97%	N/A	N/A	N/A	95%	96%	96%	97%	
	C.difficile									
	Reporting Period:	2021/22	Target			2020/21	2019/20	18/19	17/18	
	24. Rate of C. difficile per 100,000 bed days	13.3	18.4	NA	NA	22.7	11.82	9.9	16.5	
	Patient Safety Incidents - Reporting Period:					Oct 20 – Mar 21	Oct-19 – Mar 20	Oct-18	Oct 2017	
(i) Rate of Patient Safety incidents per 1000 Bed Days	40.23	46.1	NA	NA	42.25	42.14	53.17	42		

Outcome domain: Preventing people from dying prematurely

Summary Hospital Mortality Index (SHMI)

Over the last 12 months SHMI performance has remained largely stable and in the 'expected range' on national benchmarking. However, CHFT performance has improved from the position last year and currently stands at 104.66 which remains higher than the national average of 102.55. We continue with the 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. Throughout the year CHFT has received far fewer mortality alerts, with the most recent release having just one full SHMI alert. This has shown a vast improvement from the same position last year.

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

Patients readmitted to a hospital within 28 days of being discharged

CHFT will be taking part in a national pilot to change the way in which patients with a LOS of a few hours or less are recorded which means they will be categorised similarly to A&E Attendances. Whilst there is no definitive timeframe currently in place, it's likely to start from July 2023. This will likely address the patients that the Clinicians believe are not true readmissions.

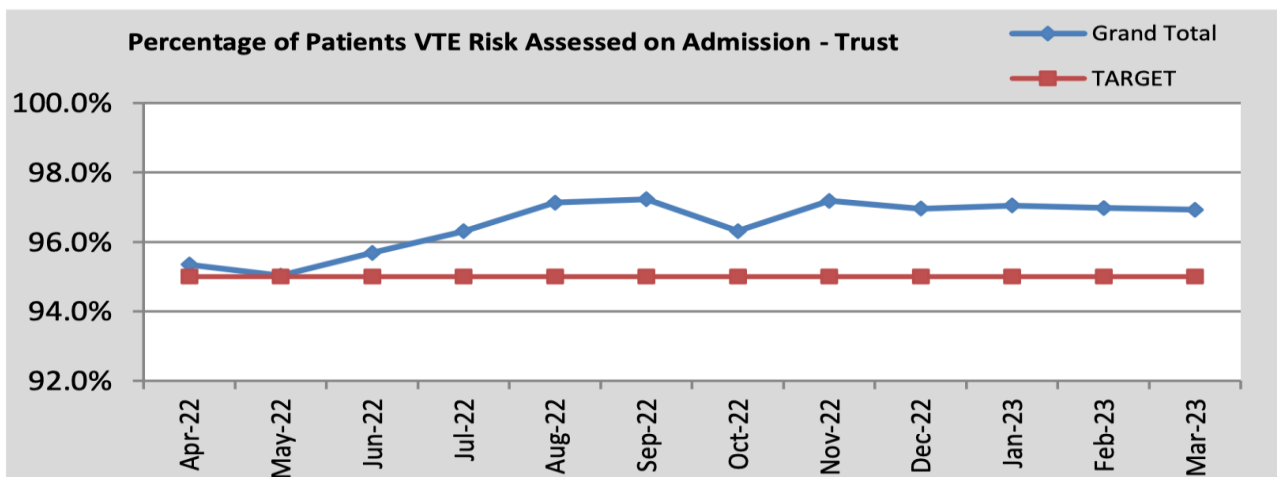
Outcome domain: Treating and caring for people in a safe environment and protecting them from avoidable harm

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

The risk of hospital acquired VTE (lung or leg clots) can be reduced by being risk assessed for venous thromboembolism on admission and providing appropriate prevention measures based on the risk assessment.

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 2022 to March 2023.

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



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. The trust has achieved the expected standard in VTE risk assessment consistently during the year.

In addition to above data, we undertook a spot audit focusing on information provision about risk of developing VTE for in-patients in April 2022. Based on this (106 responses), we found that 42% of patients were informed about risk or chances of developing blood clot and only 22% were told or informed about how to reduce the risk of blood clots.

Subsequent to this, we have undertaken a Quality improvement initiative to improve our performance of information provision to patients, as part of this we have introduced provision of Z cards (contain information on VTE prevention) to inpatients on the Acute Medical Units. These are provided by the pharmacy team during the drug history taking/medication reconciliation process. This has led to improvement in VTE information provision to patients. This initiative is ongoing with further improvement measures based on the learning.

The Trust undertakes regular reviews of all cases of suspected Hospital-associated venous thromboembolism. The data is derived from the Radiology database with review of all cases of venous thrombosis by a senior clinician and identification of cases of Hospital associated venous thromboembolism. From April 2022 to January 2023, there were 40 cases of Hospital-associated venous thromboembolism identified, all of them being unavoidable and were reviewed as part of the Trust incident reporting process.

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

Indicator	Threshold	2022/2023 Year End Performance	Achieved
Number of patients waiting 104 weeks	0	0	Yes
Number of patients waiting 78 weeks	0	0	Yes
A&E: maximum waiting time of four hours from arrival to admission / transfer / discharge	95%	70%	No
All cancers: 62-day wait for first treatment from:			
• Urgent GP referral for suspected cancer (62 Day GP Referral to Treatment)	85%	89%	Yes
• NHS Cancer Screening Service referral	90%	81%	No
All cancers: 31-day wait for second or subsequent treatment, comprising:			
• Surgery	94%	96%	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%	99%	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
Cancer: Faster Diagnosis Standard: Maximum 28-day wait to communication of definitive cancer	75%	77%	Yes
Clostridium difficile – meeting the C. difficile objective	38	37 (8 preventable)	Yes
Maximum 6-week wait for diagnostic procedures	99%	93%	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 wellbeing and support networks
- the Chaplaincy team

Colleagues are encouraged to speak up about any risk, concern, 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 raised and investigated in line with the Bullying and Harassment or Grievance policies.

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 the FTSU Guardian 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	Number linked to inappropriate attitudes or behaviours
2019 Total	67	28	18	6	
2020 Total	88	50	32	13	
2021 Total	59	37	17	18	
2022 Total	88	30	32	18	29 (1Apr-31Dec)

In April 2022, the National Guardian Office introduced a new reporting category, inappropriate attitude and behaviours and new guidance was published which provided clear definitions of bullying and harassment and inappropriate attitudes or behaviours.

The subjects of the concerns raised are extremely varied however there are common themes. One of the main themes continue to be in relation to the attitudes and behaviours of colleagues however more recently a growing number have referred to the risk to patient safety due to the current staffing levels and the high acuity of patients, expanding bed bases and the challenges that the increased usage of agency staff brings for ward-based clinical colleagues.

The FTSU channel for colleagues to 'speak up' has 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 reported experiencing 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 Colleague Experience

Colleague engagement is about listening to and sharing our ideas so that action can be taken to improve 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 be involved in the design of how 'we do things around here'. This is included:

- Supporting colleague networks and highlighting these voices to the senior team, to ensure 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 on 17 November 2022, at The Arches in Halifax. Former Huddersfield Giants and England Rugby League star, Eorl Crabtree, was Master of Ceremonies for evening.

Recognition for colleagues does not just happen once a year at the CHuFT awards event. Alongside the annual awards, we issue thank you cards, have a virtual CHuFT recognition platform and have a monthly star award. We also hosted two appreciation events across the CHFT footprint (including events for homeworkers). Giving colleagues an opportunity to celebrate each other as well as sharing their views on the current appreciation programme to shape the strategy for the future.

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 50 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.

Colleagues perform better when they are well, energised, fit and valued. We recognise that it is more important than ever that NHS workplaces become environments that encourage and enable staff to lead healthy lives and make choices that support positive wellbeing. 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.

We've designed a comprehensive wellbeing offer (including the benefit of a weekly wellbeing hour) that provides our colleagues the opportunity to sustain their workplace health and wellbeing. The offer focuses on four themes social, physical, financial and mental.

Our two core interventions are our Friendly Ear service which can be accessed 9:00 am to 5:00 pm every weekday and Employee Assistance Programme hosted by Care First, who provide free wellbeing support 24/7, 365 days a week.

We have a dedicated colleague support page on our Intranet which provides information on all the support available to colleagues, including our Health and Wellbeing Risk Assessment.

Our talent management approach aims to attract and retain talented colleagues, develop skills, nurture abilities whilst motivating and engaging them to deliver compassionate care. Our framework enables us to understand one another, express hopes and ambitions, and connects our people to a wealth of support providing every colleague with the opportunity to be their best self. 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.

We are working to respond to our 2022 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.

Our response rate to the 2022 survey dropped slightly to 44% from 48% in 2021. Scores for each indicator together with that of the survey benchmarking group that comprises of 124 acute and acute community Trusts are presented below:

	2022		2021	
	Trust	Bench- marking Group	Trust	Bench- marking Group
We are compassionate and inclusive	7.3	7.2	7.2	7.2
We are recognized and rewarded	5.8	5.7	5.7	5.8
We each have a voice that counts	6.8	6.6	6.7	6.7
We are safe and healthy	5.9	5.9	5.8	5.9
We are always learning	5.4	5.4	5.1	5.2
We work flexibly	5.9	6.0	5.8	5.9
We are a team	6.6	6.5	6.5	6.6

There has been significant improvement in areas such as:

- Feel organisation respects individual differences.
- Teams within the organisation work well together to achieve objectives.
- Often/always look forward to going to work.
- Received appraisal in the past 12 months.
- Feel supported to develop my potential.
- Able to make improvements happen in my area of work.
- Team members often meet to discuss the team's effectiveness.

Areas where our scores saw a reduction in positive responses are:

- Satisfied with level of pay.
- Last experience of physical violence reported.
- Have adequate materials, supplies and equipment to do my work.
- Immediate manager asks for my opinion before making decisions that affect my work.
- Immediate manager works with me to understand problems.

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 and the NHS. Research drives innovation, more cost-effective treatments and creates many opportunities for patients and development for staff.

We maintain excellent performance in the set-up of commercial and non-commercial trials and an excellent reputation in the breadth of studies we offer our patients.

CHFT have exceeded its annual Clinical Research Network recruitment target of 1,633 with a total of 1,697 patients recruited into research trials.

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.

Our research governance team is well-established, working with strategic partners in academia, NHS and industry to identify research that will make a difference across many clinical areas of our Trust. The research governance process continues to provide a swift response to study-set up, working collaboratively with support departments and trial sponsors. The last 12 months has demonstrated the success of a dedicated study set-up coordinator within the governance team. This role liaises with the nursing team, investigators, support departments and trial sponsors to ensure robust feasibility and rapid set-up. This role releases capacity for the research nurses and midwives and allows re-focus for other role appropriate tasks. Since February 2022, we have opened five (5) commercial trials and 31 non-commercial trials, with another 10 currently in various stages of set-up or review.



We continue to strengthen relationships with IQVIA (external company who provide research and development support) and commercial sponsors leading research in a wide variety of specialist areas. The below table shows a selection of recruiting trials in new specialist areas.

Maternity	GBS3	CHFT randomised to lab-based testing of vaginal swabs in pregnant women at 36 weeks. Research midwives have engaged and trained over 95 community staff to ensure women are offered this trial. In the first two weeks of opening, over 150 women had consented to this swab.
Gastroenterology	Non-alcoholic fatty liver disease (NAFLD) & AllHeal	New principal investigators (PIs) are leading studies in alcoholic liver disease
Gastroenterology	Inflammatory Bowel Disease (IBD) Bioresource & Gondomar	Our gastro pharmacist/ principal investigator is developing his research skills even further by expanding our portfolio of studies
Motor Neurone Disease (MND)	MiNDToolkit	Feasibility study – practical management of behaviour in MND. Led by new PI MND Care Co-ordinator
Frailty	Partners At Care Transitions (PACT) – Your Care Your needs	Cluster Randomised controlled trial (RCT) to improve safety & experience of care transitions. Research nurses worked with four wards at HRI to manage this study



A skill-mix approach within the research delivery team continues across the CHFT footprint and includes support and co-ordination of research trials in community settings, for example sexual health clinics at Broad Street Plaza and the dietetics service at Brighthouse Health Centre.

Research midwives have excellent engagement and presence within maternity services and research nurses and Allied Health Professionals (AHPs) provide cross cover and support for numerous portfolios. We continue to support clinical trials for COVID-19 and influenza which requires flexibility and rapid training to support clinical teams. Pharmacy and Pathology continue to be instrumental in the success of CHFT performance in clinical trials.

There has been an increase in new principal investigators (PIs) leading clinical research, a total of 26 new PI's. We currently have six (6) nurse PIs and two (2) Allied Health Professional (AHP) PIs leading research within the Trust, which is a further improvement. We are also supporting a Lung Specialist nurse to set-up of his own research. This will result in him being our first nurse to become Chief Investigator for a study sponsored by CHFT.

We continue to receive a significant number of PhD research studies for approval. The workload associated with this type of research has increased over the last year. On average we are approving three (3) PhD studies per month.

We have seen an increase in the number of nurses or AHPs demonstrating interest in participating in clinical research and continue our efforts to fully embed research in their practice.

We also recognise the benefit of engaging physician associates with regards clinical research and continue to support them to develop their clinical research skills.

We have been selected for an international commercial haematology study where our consultant has agreed to be the Chief Investigator for the UK. This means that CHFT Research and Development (R&D) will be the lead NHS site in the UK and will have the responsibility of overseeing set up for all additional NHS organisations.

We also celebrate being one of four sites in the UK selected to participate in a commercial study looking at a new treatment to manage functional constipation in children. The sponsor was impressed with how our research team, clinicians and pharmacy staff support each other and work so well together.

We continue to be the highest recruiting site in Yorkshire and Humber for many research trials, across a range of specialties and often the first site to open a trial within the UK or the first to recruit a patient. This demonstrates excellent internal feasibility and trial set-up processes, as well as close collaboration with the clinical and research team.

We have developed relationships with R&D departments in York and Scarborough and Mid Yorkshire Hospitals to undertake a critical friend peer review and continue to collaborate and share good practice. We were peer reviewed at the beginning of December by Mid Yorkshire R&D team who reviewed our progress to date, and the effectiveness of our structures and processes to maximise our opportunities. A very small team from CHFT went to York and Scarborough R&D team to review their research set-up and processes. We will not only receive recommendations from our peers in Mid Yorkshire Hospitals but will be able to utilise what we learnt from our review of York and Scarborough Teaching Hospitals to help us improve our research service in the future.

The recommendations from the critical friend review links very well with our new research strategy which includes objectives as we emerge from the Coronavirus pandemic, and the capability shown in the response to our research efforts, has been approved by Quality Committee in February and work has begun to formalize the implementation plan.

12. Statements of Assurance from the Board

12.1 Data Quality

The Trust submitted records during 2022/2023 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% (April 2022 to February 2023)
- Outpatient care = 99.9% (April 2022 to February 2023)
- Accident & Emergency Care = 99.5% (April 2022 to 26 March 2023)

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

- Admitted Patient Care = 93.0 % (April 2022 to February 2023)
- Outpatient Care = 92.8% (April 2022 to February 2023)
- Accident & Emergency Care = 99.6% 99.0% (April 2022 to 26 March 2023)

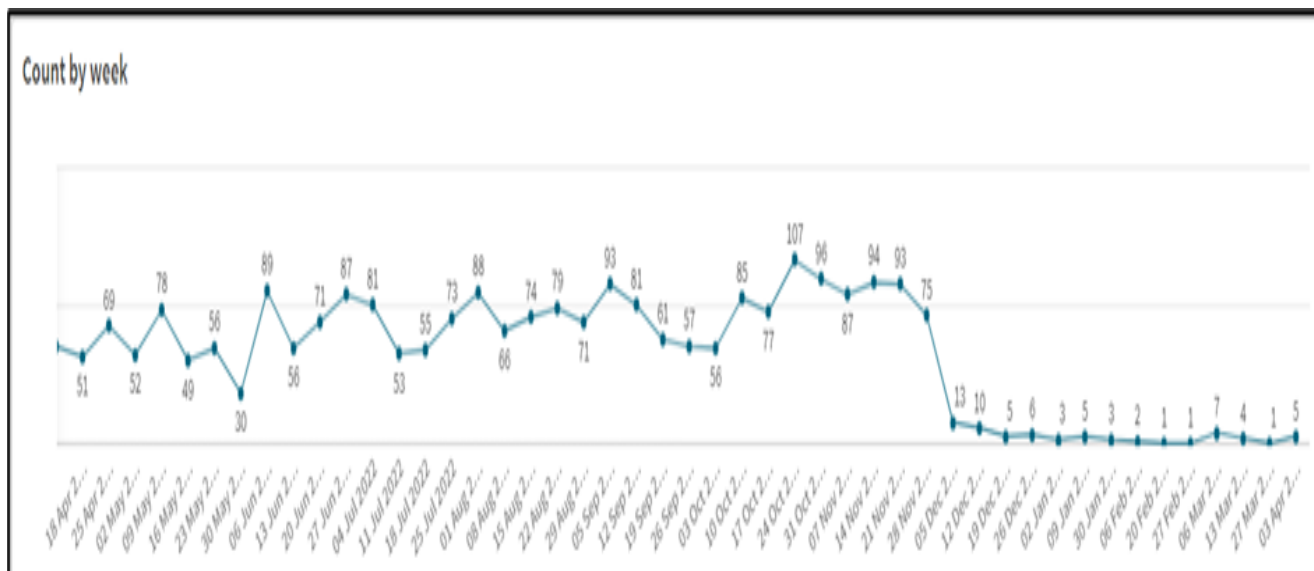
High quality data is a fundamental requirement for the Trust to conduct its business efficiently and effectively. It enables the delivery of the Trust's 4 pillars and is central to the Trust's ongoing ability to meet its statutory, legal, financial, and other contractual requirements

The Trust has in place policies to assure the Board that high quality 'compassionate care' is provided to patients. Systems and processes are in place to assure data accuracy and validity into the Board. There is robust ward to Board assurance on the quality of care we deliver.

Assurance that the performance data used within the Trust is of a high standard is the responsibility of the Trust Data Quality Board. The Data Quality Board meets 6-weekly and reports to the Audit and Risk Committee with escalation into a weekly meeting of Executive Directors as appropriate. There is a Data Quality Group, which also meets 6-weekly and reports into the Data Quality Board, the focus being 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 and the policy is currently in the process of being relaunched via a series of roadshows with system owners.

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. A particular highlight in recent months has been the corrective processes embraced by the ward clerks on the acute Floor at HRI which is ensuring that admissions from Accident and Emergency are captured against the correct consultant. The number of corrections required by Corporate Data Quality has reduced markedly as a result illustrated by the graph below.



Accident and Emergency admissions to Acute Floor HRI captured against incorrect consultant – corrections required April 2022 to March 2023 – weekly counts.

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. The performance indicators demonstrated that as a Trust we regularly achieve target and there is an understanding of the challenges of those that are currently missing their target with a focus on improvement. Formal reporting is via the Quality and Safety Executive Board (EB) 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. We have been chosen as one of only eight Elective Surgery Hubs in the UK. Professor Tim Briggs – creator of Getting It Right First Time - came to CHFT recently to hear about how we have tackled the waiting list backlogs resulting from the pandemic through an all-round team effort. Professor Briggs hailed the efforts as “phenomenal”. The GIRFT programme is now managed through the bi-monthly divisional Performance Review meetings and 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.

12.2 Data Security and Protection Toolkit

The Trust maintains a high standard of information governance, and the Data Security and Protection Toolkit submission of June 2022 shows the Trust met the requirements for 2021/22. This provides assurance that personal information is being handled appropriately, whilst evolving data security standards are being met.

As part of the Trust’s commitment to maintaining the standards, information governance and data protection training is mandatory for all staff. This ensures that everyone is aware of the importance of data security and their individual responsibilities. Over 90% of staff members were fully compliant with their training at the end of 2022/2023.

In addition to mandatory staff training, there are many practical measures in place to manage potential risks. These measures include physical security processes, data encryption, access controls, audit trail monitoring, departmental checklists, multifactor authentication, and spot checks. The effectiveness of these measures is regularly reported to the Information Governance and Records Strategy Committee.

The Trust is constantly reviewing its existing processes to help keep safe the information it holds. The continued collation of evidence for the Data Security and Protection Toolkit, along with regular detailed internal audits and reviews, helps to identify opportunities for improvements within the Trust. Outcomes of risk assessments and any recorded incidents relating to data security are viewed as learning experiences.

The past year has seen an increase in detailed technical risk assessments of our electronic systems, and high security standard accreditation of the Trust's email system. Staff communications continue to highlight the importance of maintaining a high standard of information governance.

12.3 Clinical Coding Error Rate

The Annual Data Security and Protection Toolkit (DSPT) compliance audit was carried out in February 2023 by an NHS Digital Approved Clinical Coding Auditor.

The Audit looked at 200 Finished Consultant Episodes (FCEs). The 200 episodes were randomly taken from all hospital spells coded in the week beginning 24 October 2022. Episodes were audited against national coding standards using Version 16 of the Clinical Coding Audit Methodology.

Overall, both the diagnostic and procedural coding was excellent. This led to the Trust achieving the "standards exceeded" level for the Data Quality section of Standard 1 of the Data Security and Protection Toolkit.

The final percentages are as follows:

Primary diagnosis correct	Secondary diagnoses correct	Primary Procedures correct	Secondary procedures correct
95%	95.1%	95.4%	92.7%

12.4 Participation in clinical audit

The 2022/2023 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 four months of publication.

During 2022/2023, 52 of the national clinical audits and five 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 90.4% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

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

All clinical audit projects are entered onto the clinical audit database and given a unique identifier. Project plans and summary reports, including action plans are linked to each project. The information management team have now linked the database to Trusts Knowledge Portal plus which gives wider access to the information contained within the database providing up-to-date data for clinical audit leads and other colleagues.

There are a total of 425 audits on the current programme.

Division	Projects on clinical audit	National Audits	Local
Surgery and Anaesthetics	140	45	95 (mixture of local audit and local priority audits)
Families and Specialist Services (FSS)	118	26 including NCEPOD audit projects)	92 (including NICE Clinical Guidelines, Trust Priorities, etc)
Medical	138	65 (including NCEPOD audit projects)	73 (including NICE Clinical Guidelines, Trust Priorities, etc)
Community	14	8(including NCEPOD audit projects)	6 (including NICE Clinical Guidelines, Trust Priorities, etc)
Corporate	15	2	13 (including NICE guidelines, improvement initiatives)

Infection Control Audits

- Antibiotic prescribing
- 'Bare below the elbow' audit – part of Hand Hygiene Roadshow
- Cleaning audits - National Cleaning Standards
- Frontline Ownership (FLO) audits
- Management of Contamination Injuries
- Personal Protective Equipment (PPE) audit
- Quality Improvement Environmental Audits
- Sharps handling and disposal
- Urinary Catheter Audit
- Isolation Audit
- Mattress Audit
- Peripheral Venous Cannulation (PVC) Audit
- Clinical Management of Clostridium difficile infections (CDIs)

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.

CQUINS for 2022/2023

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 Southwest 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 2022/23.

The Quality Account provides an assessment of the levels of quality provided by CHFT, describing the progress made in many areas together with comparisons against other organisations.

The Quality Account sets out a clear picture of CHFT's progress over the year, with some commendable achievements. Of particular note is the achievement in response to cancer waiting times and how CHFT has continued to perform well against its key metrics, in spite of the challenges of COVID-19.

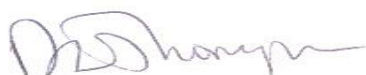
Progress against CHFT's three Quality Account quality priorities of reducing the number of hospital acquired infections, recognition and timely treatment of sepsis and reducing the waiting times for individuals in the Emergency Department is clearly described in the report, both from a process point of view and also with some examples of performance. However, I wonder if the table on page 13 of the report might warrant a review. This states that the trust was successful against each of these, when the data in the report is more complex and suggests some challenged performance in parts.

The focus on the culture of care in the organisation, with the aim for CHFT staff to care for themselves and each other in the same way as they care for their patients, has certainly been borne out in the experience of colleagues from SWYT and their interface with CHFT staff. Also, as a provider of community and in-patient learning disability services within the region, it is very encouraging to see that CHFT has prioritised people with a learning disability within its health inequalities workplan.

The consistent focus on quality improvement in the report is welcome, as is the commitment to research, with the commendable achievement of CHFT being the highest recruiting site in Yorkshire and Humber for many research trials. Digital innovations post COVID-19 are also of note, including the digital innovations in the labour room and digital opportunities for family members to keep connected with patients.

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 integrated care system and look forward to continuing to work with CHFT in the future.

Darryl Thompson



Chief Nurse / Director of Quality and Professions

Response from Calderdale Cares Partnership and Kirklees Health and Cares Partnership Integrated Care Board

Response from Calderdale Cares Partnership and Kirklees Health and Cares Partnership on behalf of West Yorkshire Integrated Care Board welcome the opportunity to review and comment on the annual Quality Account prepared by Calderdale and Huddersfield NHS Foundation Trust (CHFT).

The quality account illustrates the organisational commitment and focus on the quality of patient care, safety, and experience as well as highlighting achievements and successes throughout an incredibly challenging year. The Trust has and continues to be a key partner in delivering ongoing care to the population of Calderdale and Kirklees. This is demonstrated in a year of progress and a drive to continue to place quality improvement at the heart of the organisation from floor to board.

The ICB would like to acknowledge the significant challenges faced by the Trust throughout this year, highlighting increasing pressures due to patient acuity and managing workforce capacity. We would like to take the opportunity to thank the staff across all services for their continued commitment and hard work.

The ICB Quality Team continue to work closely with CHFT to gain assurance on the provision of safe, effective, and patient focused services. Performance and quality continue to be monitored via a collaborative and clinically led process; the content of this account is consistent with information provided throughout the year and is reflected in the feedback and achievement on the 2022/23 priorities including the commitment and motivation to both learn and improve.

The ICB thank the Trust for continuing to welcome their attendance at a variety of committees and meetings to gain assurance and seek insight into the Board level oversight, challenge, safety culture and transparency within the organisation. We would welcome the opportunity to progress this work by the ICB Quality Teams inclusion in quality walkabouts as part of the Trusts ongoing Journey to Outstanding work during 2023/24.

The continued focus by the Trust to build and improve processes regarding the management of incidents and complaints is noted. The ICB would like to acknowledge the significant improvement and performance in responding to complaints within agreed timeframes. The Trusts recognition that complaints are a valuable tool to identify learning and improvement utilising complainants' feedback is positive and the ICB will continue to work with the Trust to monitor improvements within the complaint's team and look forward to hearing and seeing how any identified learning translates into changes as this remains a quality priority throughout 2023/24.

We acknowledge the continued focus by the Trust to continue to improve the safety and experience of people and their relatives throughout their care journey. Regrettably the Trust reported 5 never events during 2022/23. The Trust are a key member and share learning and improvements through the system West Yorkshire Association of Acute Trusts group (WYATT). This demonstrates progress that has been made towards utilising the opportunities a shared learning system brings by involving other partners and providers

through openness, collaboration, and a desire to learn as well as the changes offered by the national patient Safety Incident response framework. We look forward to continuing our support to the implementation of the national Patient Safety Strategy and the opportunities this presents.

The significant amount of work and progress within the Maternity Division is acknowledged. The Trust continue to make headway against the maternity transformation plan, and it was pleasing to read the positive feedback following the Regional Maternity Team Assurance Visit as part of the Ockenden review process 2022.

We continue to welcome the Trusts proactive approach with the West Yorkshire Local Maternity and Neonatal System, and regulators regarding the joint approach to quality assure and improve maternity services. The improvement and assurance work within the Maternity Division is detailed and includes the Trusts progress against the Ockenden and East Kent Reports, Better Births/Continuity of Carer Model of

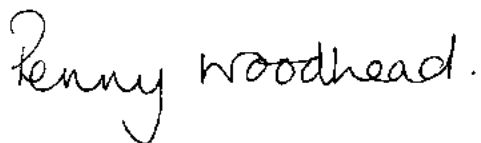
Care and Healthcare Safety Investigation Branch (HSIB) requirements. The ICB value their attendance at the Trusts review and Local Perinatal Quality Surveillance meetings and honest, open, and transparent discussions.

The continued performance against key cancer metrics despite unprecedented levels of attendances at both emergency departments during various times throughout the year is to be commended. Maintaining these metrics during times of unprecedented pressure while ensuring mitigations are in place to ensure the safety of patients and the organisation is an excellent achievement and were pleased to see this recognised nationally in the media.

The ICB would have welcomed more information and reference to the Trusts community care services provision and discharge quality improvement work which has been undertaken during 2022/23. We recognise the importance of the Trusts continued and crucial role in out of hospital care which has been demonstrated through our combined forums including contributing to the integrated system quality improvement work. We would welcome further detail in this area in future Quality Accounts.

We look forward to continuing to work with the Trust and other partners across the health and social care system to ensure that local people will have access to high, safe quality care in a timely manner. The ICB recognise that the workforce remains hugely committed to meeting the needs of the local population in a year of both significant progress and pressure. We would like to commend the Trusts commitment to continually improve on the care that communities receive and working in partnership throughout 2022/23.

Penny Woodhead

A handwritten signature in black ink that reads "Penny woodhead." The signature is written in a cursive, lowercase style.

Director of Nursing and Quality

14. Statement of directors' responsibilities

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 2022/23.
- 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 2022 to March 2023
 - papers relating to quality reported to the Board over the period April 2022 to March 2023
 - feedback from the integrated care board dated May and June 2022
 - the Trust's complaints report for 2022/2023 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2022 national staff survey

Feedback was requested from the Locala Community Partnerships Community Interest Company (CIC); Calderdale Cares Partnership and Kirklees Health and Cares Partnership 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 Calderdale Cares Partnership and Kirklees Health and Cares Partnership and South West Yorkshire Partnership Foundation Trust. The final Quality Account for 2022/2023 will be shared with all stakeholders, outlined above.

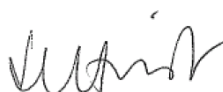
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance 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.
- 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



Brendan Brown, Chief Executive



Helen Hirst, Chair

APPENDIX A – 2022/2023 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 2022/23, 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 2022/23, 52 of the national clinical audits and five 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 90.4% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

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	All cases in time period	100%
National Neonatal Audit Programme (NNAP)	Yes	Yes	500	100%
RCEM Pain in Children	Yes	Yes Workstream closed Oct 2022	192	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	87	100%
National Gastrointestinal Cancer Programme – Bowel Cancer (NBOCA)	Yes	Yes	245	100%
Lung cancer (NLCA)	Yes	Yes	All cases in time period	Ongoing
National Prostate Cancer Audit (NPCA)	Yes	Yes	293	100%
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	All cases in time period	Ongoing

Acute

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	Yes	All cases in time period	100%
National Joint Registry (NJR)	Yes	Yes	554	100%
Major trauma audit (Trauma Audit & Research Network, TARN)	Yes	Yes	All	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	All cases in time period	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)*	Yes	Yes	All cases in time period	100%
Perioperative Quality Improvement Programme (PQIP)	No	N/A	N/A	N/A
National Acute Kidney Injury	Yes	Yes	1986	Ongoing

Heart

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	785 YTD	Ongoing
Adult cardiac surgery audit (ACS)	No	N/A	N/A	N/A
Cardiac rhythm management	Yes	Yes	613	Ongoing
Congenital heart disease (CHD)	No	N/A	N/A	N/A
National audit of percutaneous coronary interventions PCI (NICOR)	Yes	Yes	All cases in time period	Ongoing
Heart failure (HF)	Yes	Yes	411	Ongoing
National Cardiac Arrest Audit (NCAA)	Yes	Yes	48	Ongoing
National Audit of Cardiac Rehabilitation (NACR)**	Yes	Yes	1002	Ongoing
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	N/A - Primary care	NA	NA	NA

Mental Health

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	Yes	All cases in time period	Ongoing
Prescribing observatory for Mental Health(POMH-UK)	No	N/A	N/A	N/A
a. Improving the quality of valproate prescribing in adult mental health services				
b. The use of melatonin	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
National Audit of Psychosis	No	N/A	N/A	N/A
RCEM Mental Health Self-Harm	Yes	Yes	35 YTD	Ongoing

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	No	NA	NA
National Diabetes Inpatient Safety Audit	Yes	Yes	All cases in time period	Ongoing
National Early Inflammatory Arthritis Audit (NEIAA)*	Yes	Yes	1986	Ongoing
National Audit of Pulmonary Hypertension	No	N/A	N/A	N/A
National Audit of Care at the End of Life (NACEL)*	Yes	Yes	50 casenotes 102 staff surveys 82 Quality Surveys	100%
National RCP Adult Asthma Audit Programme (NACAP)	Yes	Yes	56	Ongoing
National RCP COPD Secondary Care Audit Programme (NACAP)	Yes	Yes	174	Ongoing
National RCP Pulmonary Rehabilitation organisational and clinical audit (NACAP)	Yes	No	Paused the audit on the 1.7.22 and restarted on the 1.10.22	50%
Neurosurgical National Audit Programme	No	N/A	N/A	N/A
Chronic kidney disease registry	No	N/A	N/A	N/A

Older People

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Sentinel Stroke (SSNAP)	Yes	Yes	All patients	Ongoing
National Audit of Dementia	Yes	Yes	135 YTD	Ongoing
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 and Death (NCEPOD)

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical and Surgical Outcomes Programme Testicular Torsion	Yes	Yes	6 cases	83%
Medical and Surgical Outcomes Programme Community acquired pneumonia	Yes	Yes	15 cases	67%
Medical and Surgical Outcomes Programme Transition from child to adult health services	Yes	Yes	5 cases	100%
Medical and Surgical Outcomes Programme Crohns	Yes	Yes	6 cases	100%
Medical and Surgical Outcomes Programme Endometriosis	Yes	Yes	All cases	100%
Medical and Surgical Outcomes Programme End of life care	-	Data collection Spring/Summer 2023	-	-

Other

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
UK Cystic Fibrosis Registry	No	N/A	N/A	N/A
Breast & Cosmetic Implant Registry	Yes	Yes	All cases	100%
Cleft Registry and Audit Network database (CRANE)	No	N/A	N/A	N/A
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Yes	15	100%
Elective surgery (National PROMs Programme) Hip / Knee replacements	Yes	Yes	All cases	100%
Maternity and Mental Health Services Tobacco dependency	Yes	Audit start date of 1 st March 2023 has been delayed	NA	NA
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE)	Yes	No	N/A	N/A
National Obesity Audit	Yes	Yes	All case	ongoing
National Ophthalmology database audit	Yes	Yes	All cases	100%
Adult Respiratory Support Audit	Yes	Yes	Data collection ends 31 st May 2023	NA

Other National Clinical Audits the Trust has participated in during 2022/23:

- National Audit of Hip Fractures
- Potential Donor Audit
- FAMCARE
- 2022 National Comparative Audit of Blood Sample Collection and Labelling
- Re-audit of LD improvement standards 2022
- DAMASCUS Study: Diverticular Abscess Management: A Snapshot Collaborative Audit Study
- CO-GENT- Clinical Outcomes in Gentamicin Prescribing and Monitoring in United Kingdom Hospitals: A National Audit
- UK Parkinson's Audit 2022
- Equitable Care for all ethnicities audit (ECAE audit): A Clinical Audit of validity and consistency of recorded ethnic groups within healthcare records (snapshot audit on 21/06/2022)
- RCEM Infection Control
- RCEM Consultant Sign Off
- Management of colorectal cancer in over 80's
- National Margins Audit 2 (NMA2)
- HIPPO – Global Cohort Study: Hernias, pathway and planetary outcomes for inguinal hernia surgery
- Cardiovascular outcomes after major Abdominal Surgery (CASCADE)
- National study of preventable Orthopaedic injuries
- IBRA-net Audit of LOCALizer Radiofrequency Identification System for Non-Palpable Breast Lesions

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

Name of audit	Reason
National RCP Pulmonary Rehabilitation organisational and clinical audit (NACAP)	As of 1st July 2022 the Calderdale Pulmonary Rehabilitation service ceased to undertake the pulmonary rehabilitation audit for a 12 month period. This was discussed and passed by the trust quality governance and audit board. There were several reasons for the pause. Lack of staff, amount of time taken to input/sign patients and an inability as a team to meet the quality standards of the audit. This is a decision which was not taken lightly and was to address the gaps in the service (including staffing issues) in order to return to the audit in a much stronger position. The audit, however, was recommenced on 1 st Oct 2022 and data has been submitted for February 2023 deadline.
Falls & Fragility fractures (FFFAP) – Fracture Liaison Service	The Trust does not have a Fracture Liaison Service
Muscle Invasive Bladder Cancer Audit	Audit closed. Data collection closed before we were aware of the audit.
IBD audit	Have not submitted any data this year due to time constraints and staff resources. Continued participation to be discussed at the next Clinical Audit and Effectiveness meeting.
Maternity and Mental Health Services - Smoking cessation	Audit start date of March 2023 delayed
Adult Respiratory Support Audit	Two part submissions to date due to time constraints due to Opel 4 and Junior doc strikes. Data collection ends 31 st May 2023.

The reports of 40 national clinical audits were reviewed by the provider in 2022/23.

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.

Learning Disability improvement standards for NHS Trusts 2021 – Report published November 2022

The first *Learning disability improvement standards for NHS Trusts* was published in June 2018 and that the NHS Benchmarking Network has since collected data nationally on performance against these standards.

The NHS Long Term Plan makes clear the requirement for the standards to be applied to all NHS-funded care by 2023/24. This means that provider organisations will need to provide evidence of how they are using the standards to measure and improve care for people with learning disabilities, autism or both.

People with learning disabilities, autism or both and their families and carers should be able to expect high quality care across all services provided by the NHS. They should receive treatment, care and support that are safe and personalised; and have the same access to services and outcomes as their non-disabled peers.

However, we know some people with learning disabilities, autism or both encounter difficulties when accessing NHS services and can have much poorer experiences than the general population. Several inquiries and investigations have found that some NHS trusts and foundation trusts are failing to adequately respect and protect people's rights, with devastating consequences for them and their families. Also, skills deficits in the NHS workforce mean people's needs are sometimes misunderstood or responded to inappropriately.

As a result of these failings, people with learning disabilities, autism or both are at risk of preventable, premature death and a grossly impoverished quality of life.

Four standards have been developed that Trusts need to meet; doing so identifies them as delivering high quality services for people with learning disabilities, autism or both.

The first three standards should be met by ***all Trusts***, (the fourth is specifically for Trusts that provide services commissioned exclusively for people with learning disabilities, autism or both, so is not applicable to CHFT).

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce
4. Specialist learning disability services

The standards are intended to help organisations to measure the quality of services they provide to this group and to ensure consistency across the NHS in terms of how we approach and treat people with learning disabilities, autism or both, who may often be vulnerable.

Compliance with the standards will mean Trusts can provide assurance on their structures, processes, workforce and skills, to deliver the outcomes that this group, their families and carers should expect from the NHS.

The first data collection covered all Trusts in England and encompassed the perspectives of the three key stakeholders (trusts, staff and patients).

The findings of the report were published in November 2022 but relate to data from November 2021 to March 2022 and include recommendations for improvement. Reports on systems and processes; and staff and patient perspectives were surveyed during the data collection period running from 23 November 2021 to 31 March 2022 (extended due to COVID-19). The findings of the report gave significant assurance as CHFT are compliant with NHS benchmarking process and working towards full compliance with the LD improvement standards with a Trust wide action plan in place.

CHFT continues to undertake the benchmarking annually and have made a number of improvements. We have increased the number of people with learning disabilities flagged on the electronic patient record (EPR). We have also developed the learning disability flag into KP+ which allows the Trust to monitor waiting lists and identify people with a learning disability. Learning disability is reported on the integrated performance report (IPR) to Board and we monitor performance against the general population.

CHFT was unable to report safeguarding referrals and changes within the safeguarding team to the reporting system now been we will be able to record learning disabilities and report the figures next year accurately, this will not be seen until 2024 report fully.

The incident figures will also increase over the next two years due to changes in DATIX and recording of learning disability and capturing the data. Again, due to the benchmarking process been retrospective it will be 2024 before this is truly captured within the report.

CHFT is an outlier for readmission rates for people with learning disabilities, this was already identified locally, and an audit has taken place within medicine. The results of this have revealed people are being discharged sooner than the general population and leading to readmission in particular in quarter 3 and 4. Aspiration pneumonia was identified within the audit has the highest clinical reason someone was readmitted, and this has led to a further audit that is currently been undertaken by Dr Hoyer.

The Trust is working towards and enhanced pathway for people with learning disabilities which will help with flexible appointments in the future.

Changing places and having accessible appointment letters remains on the Trust wide action plan.

The Trust now offers learning disability student nurses placements on the Acute Floors with a plan in the future to have placements within ED, which is our action to addressing the workforce for the future.

Learning disability awareness training is now an Essential Skills Training approved May 2022 and the Trust has over 80% compliance, this will be reflected in the 2024 report

The reports of 112 local clinical audits were reviewed by the provider in 2022/23 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Examples of local audit

CWF117 Multi-Agency Pregnancy Liaison and Assessment Group Audit (MAPLAG)

This was a planned retrospective audit to assess the outcomes of referrals made into MAPLAG in the time period 01.04.2021 – 31.03.2022.

The MAPLAG process was established within Calderdale following a Serious Case Review in 2007.

The purpose of the meeting is:

- To identify at an early stage and during pregnancy, specific risk factors for un-born's and children in high-risk vulnerable families with complex needs.
- To encourage pregnant women who use or are suspected of using drugs and/or misusing alcohol to seek early antenatal care and where appropriate, treatment.
- To encourage pregnant women or partners who may be suffering from server mental health problems to access support and care.
- To try and engage with vulnerable pregnant teenagers who may not be in education or employment.
- To encourage pregnant women who may be at risk of domestic violence and have been heard at the Domestic Abuse Hub to access support and guidance from agencies.
- To normalise antenatal and postnatal care as much as possible whilst recognising the social, medical and child abuse issues associated with high-risk vulnerable individuals/families and provide appropriate services to address these.
- To establish an action plan to meet the needs of the pregnant woman, her baby and any other children within the family. The action plan should also try to meet the needs of the woman's partner/ others in the household wherever possible.
- To encourage appropriate effective communication between all professionals so that advice to the woman is consistent and that any concerns around the pregnant women or safeguarding of the child/children are discussed

This meeting is organised and led by CHFT Named Midwife Safeguarding where assessment of risk to the unborn is discussed. The meetings are attended by children's social care and family intervention team, CHFT Maternity services, CHFT perinatal mental health lead, SWYFPT perinatal mental health, LOCALA perinatal Health Visitor, domestic abuse health practitioner, Calderdale drug and alcohol service.

Aims:

The audit aims to retrospectively assess the outcomes of referrals made into MAPLAG in the time period 01.04.2021-31.03.2022

Objectives:

- To determine if MAPLAG is identifying the risk factors in high risk vulnerable women and their families with complex needs in pregnancy
- To identify the referral source into MAPLAG
- To identify if a referral was made into Children's Social Care
- To identify the safeguarding outcome of the pregnancy.
- To evidence a consistent approach by professionals towards effective inter-agency communication and information sharing

MAPLAG was developed to discuss high risk pregnancies. The main purpose is for all agencies to provide information and multi-agency risk assessment around the cases that are referred in and also to share positive work that is being provided to complex families.

MAPLAG is held on a monthly basis.

This meeting is organised and led by CHFT Named Midwife Safeguarding where assessment of risk to the unborn is discussed. The meetings are attended by children's social care and family intervention team, CHFT Maternity services, CHFT perinatal mental health lead, SWYFPT perinatal mental health, LOCALA perinatal Health Visitor, domestic abuse health practitioner, Calderdale drug and alcohol service.

Criteria for discussion at MAPLAG are:

- Any problematic drug use during current pregnancy, including problematic cannabis use
- Any problematic or dependent drinking during current pregnancy
- Suspicion of drug use where indicators of use are evident but no disclosure e.g. street sex work, criminal activity known to be associated with drug use, past drug and/or alcohol misuse
- Teenager who are not in education or employment or have complex needs
- High risk cases of domestic violence heard at the domestic abuse DRAMM/MARAC
- Significant mental health problems – schizophrenia, bipolar disorder, significant depression (which has required admission to hospital or intensive home-based treatment service); current or previous involvement from community mental health team that are open to the Perinatal mental health team, Core or Enhanced services. This can include concerns around the partner of the pregnant woman
- Pregnant women or her partner who has undiagnosed/diagnosed learning difficulties/disability

The sample included all women referred into MAPLAG from 01.04.2021 – 31.03.2022.

There were 41 referrals into MAPLAG, and all cases were audited using a 4 question proforma

1. Has the referral criteria topic been identified
2. Who made the referral
3. Was there a referral to Children's Social Care
4. Was the baby removed or home on a plan

All cases were audited by reviewing the maternity electronic records including safeguarding node, all MAPLAG referral forms and the MAPLAG meeting minutes and agendas.

Summary of findings

Following the audit the information will be collated, analysed and emerging themes and trends identified. The report will be shared with CHFT safeguarding Operational Meeting, Maternity Forum and Calderdale Health Assurance and Improvement Group.

Of the 41 cases audited:

- 98% of the cases referred in met the referral criteria
- 93% referrals were completed by CHFT practitioners and 7% were from other agencies
- 90% were referred into social care and 10% were no referred
- 17% of babies were removed from parents, 5% went home on a CP plan with PLO in place, 17% went home on a CP plan, 17% went home on a CIN plan, 17% went home with no plan in plan (no risk indicators) 5 % transferred out of area in the antenatal period, 12% cases were closed to MAPLAG prior to birth as risks had reduced, 2.5% was discharged to a mum and baby unit and 2.5% had a TOP and 5% of referrals were not discussed as 1 referral was declined not meeting criteria and 1 was the transfer in and out of area before the meeting.

There is good evidence of effective multi-agency working within the MAPLAG process and effective multi-agency discussion of risk.

There is evidence of escalation and de-escalation of concerns within MAPLAG evidenced by MAPLAG referring into social care as a multi-agency group and where interventions have decreased risks so cases were closed to the MAPLAG process with a view to accepting a re-referral should concerns arise.

PRAMS has continued in this reporting period providing support for women where substance misuse is a factor.

Mental health information for families is effectively fed into the risk assessments including fathers of unborn supporting the work of the Myth of Hidden Men work adopted by CHFT in maternity.

Police attendance has stopped during this reporting period therefore their information is not routinely fed into the risk assessments.

Local health visiting service no longer attend due to changes of staff roles therefore this information is no longer available.

Not all the referral form is utilised in the MAPLAG meeting and relevant therefore further review of the MAPLAG protocol is required.

Multi-agency contributions have continued during this reporting period and is vital for the information sharing and collaborative working to enhance risk reduction for vulnerable women and their babies.

MED 218a Re-audit of Virtual Fracture Clinic (VFC) – 2nd & 3rd cycles

A lot of patients coming with fractures to A&E need referral to the fracture clinic however some of the fractures can be managed through A&E without involving the fracture clinic.

A new protocol for the VFC referral was introduced in September 2021 upon agreement between ED & Orthopaedic departments. The original audit reviewed the VFC referrals after the protocol implementation and after the first cycle which was completed November 2021.

Standards

New local pathway for referral to VFC 2021

Aims and Objectives

- To improve patient referral to the VFC.
- To access weather doctors, apply the new referral criteria to the VFC as a lot of fracture can be managed without FCA with will save time for the patient and service provided.
- To recognising wrong referrals to avoid them saving time for patients & VFC staff.
- To increase the awareness of the new protocol by the DRs in A&E
- Re-audit to assess if improvements have been made

Inclusion Criteria	All patients who have been referred to VFC.
Time period	2 nd cycle – March/ April 2022, 3 rd cycle – May/June 2022
No. of patients submitted	2 nd cycle = 330, 3 rd cycle = 395

Summary of findings

Virtual Fracture Clinic	Number of referrals	Number of Wrong referrals	% Percentage of wrong referrals
1st cycle (13/09/2021 to 13/10/2021)	358	69	20%
2nd cycle (15/01/2022 to 15/02/2022)	330	48	14.5%
3rd cycle 16/05/2022 and 15/06/2022	395	35	8.8%

Conclusion

- Reduction of the workload on the VFC doctors and nurses which will lead to reduction in waiting lists for patients
- Saving patient time so quicker management & patient satisfaction
- NHS money Saving
- Improving Doctors knowledge about fracture management
- More Effective & productive Emergency department.

DaTS 09 - Nighttime Transfusion Audit

Evidence from the Serious Hazards of Transfusion (SHOT) Report (2005) and the BCSH guidelines (2009) suggests that transfusions out of core hours appear to be associated with increased risks leading to a recommendation that transfusions should not take place at night unless clinically indicated. It is suggested that transfusions occurring at night are at increased risk of complications going undetected as there may be fewer nurses available to monitor patients. Should a complication arise there are fewer medical and laboratory staff available at night to respond to the complication.

There will always be clinical situations where blood transfusions are required to be administered overnight. For these transfusions to be of minimal risk to the patient they have to satisfy the following criteria: -

- A reason for giving the transfusion was documented in medical notes
- A good clinical reason for overnight transfusion was given, this is defined as being active bleeding / haemolysis or low Hb with symptoms

Nighttime transfusions may lead to requests for ad hoc deliveries from NHSBT (Barnsley), leading to increased financial pressures.

Standards

Patients are not transfused overnight unless clinically essential (BCSH guidelines, Trust Policy).

The reason for the transfusion is documented in the patient's notes (BCSH guidelines, Trust Policy).

Aims and Objectives

Assurance that transfusions occurring out of hours are clinically essential. Could the transfusion be given during the day?

Safer transfusion Practice for the patient and staff.

Was the reason for transfusion stated in the notes?

- Were there symptoms of anaemia or bleeding documented?
- Was the request urgent/routine?
- What was the timescale between the Hb being made available and the component being issued?
- What was the timescale between the component being issued and the transfusion starting?
- To establish what was transfused overnight?
- What was the timescale between the transfusion and patient discharge?
- Were there any additional contributing factors noted which could have led to the nighttime transfusion?

Inclusion criteria

30 adult patients who are recorded as having received a Transfusion of Blood or Platelets, which was commenced between the hours of 19.30 to 07.30

Summary of Findings

- 30 patients were included in the Audit
- All 30 patients had a documented reason for the transfusion in the notes.
- 27 patients had symptoms of anaemia/bleeding documented in the notes.
- 26 patients had an urgent request for components. 4 were requested as routine.
- The shortest time between the Hb being available and the component being requested & issued was 1-2 hours, which occurred in 3 out of the 30 patients.
- The longest time was >12 hours, which occurred in 2 out of the 30 patients.
- On average the time between the Hb being available and the blood component being requested & issued was 3-4 hours.
- On average the timescale between the component being issued and the transfusion commencing was 3-4 hours.
- patients received their transfusion <1hr from the blood being issued.
- 1 patient had their blood issued >24hrs before transfusion
- Patients had on average 1 unit of blood transfused overnight. This occurred in 16 out of 30 patients.
- Only 3 patients received 3 units or more.
- 2 patients had documented additional contributing factors to why a nighttime transfusion was required. These included patients awaiting cannula insertion and a delay in collecting the blood

Conclusion

All 30 patients had a documented reason for the transfusion in the notes.

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