



# Quality Account 2023 / 2024

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## Part 1: Introduction

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### Statement on Quality from the Chief Executive

Welcome to the Quality Account for Calderdale and Huddersfield NHS Foundation Trust (CHFT) for 2023/2024.

In what has been a challenging year in so many ways, 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 the communities we serve who rely on our services.

In this increasingly challenging financial environment, with increased demand for our services, it is ever more important to ensure that any changes we make are assessed for their impact on the existing health inequalities we know exist for people accessing our services, and that we keep patients at the heart of any decision making about their care now and into the future.

Our colleagues, volunteers and partners have helped us through a very challenging winter, amidst a backdrop of national industrial action. Through it all, we have continued to uphold our core values and embed the principle of One Culture of Care throughout our organisation.

Whilst it is important to recognise the difficulties we have faced; it is equally important that we pay attention to how we have continued to deliver innovative solutions across our Trust. We have introduced new ways of working and new technologies across our services to meet the evolving needs of our patients. Through initiatives focused on quality improvement and patient safety, we have continued to enhance the overall experience and outcomes for our patients, from using artificial intelligence in radiology to help speed up lung cancer diagnoses, to the introduction of a new surgical robot in our operating theatres. We also introduced a first-of-its-type robotic dispenser in Pharmacy.

Working alongside our partners in Calderdale, Kirklees and across West Yorkshire, we have sustained significant performance improvements in many areas. Our cancer performance in particular has been excellent this year and has been recognised several times across the national media. Indeed, in August 2023, data from NHS England showed that we were the only Trust in the country to be meeting all four top cancer targets.

Our teams have again gained national recognition for their work to dramatically reduce waiting lists, being shortlisted in the prestigious Performance Recovery category at the HSJ Awards in November. Thanks to a coordinated effort across several CHFT teams, we managed to turn one of the longest waiting list backlogs in the country to one of the shortest - and in record-breaking time.

Our community teams are working harder than ever to treat people in their own homes to prevent avoidable admissions and support discharge from hospital. This important work allows patients to get hospital-level care at home safely and in familiar surroundings,

helping speed up their recovery, and delivering care where patients truly want this to be delivered.

The quality of the care we provide was recognised this year by the Care Quality Commission who rated our maternity services as 'good' following an inspection in June. The rating is a reflection of the hard work and dedication of all our colleagues delivering maternity services and is even more profound given the national recruitment pressures in maternity.

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 you as a reader to the 2023/2024 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". The signature is fluid and cursive, with a large initial 'B'.

**Brendan Brown, Chief Executive**

## What is a Quality Account?

All NHS providers in England have a statutory duty to produce an annual report about the quality of services they deliver. This is called the Quality Account.

The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

This Quality Account for 2023/2024 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 provides for patients, service users, carers and family members during 2023/2024 and to identify our quality priorities for 2024/2025.

Quality is a never-ending cycle of continuous improvement, and it consists of three areas which are essential to the delivery of high-quality services:

- How safe is the care (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

CHFT welcomes the opportunity to provide information about how well we are performing, and the quality of care we provide, that fully considers 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.

## Scope of the Quality Account

This report sets out our performance on core quality account indicators compared to the previous year and our quality priorities for the year 2023/24. We have engaged with our Governors in setting these priorities and are aligned to our Quality and Safety Strategy. Our main focus remains to provide safe, effective and a positive patient experience.

## 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.

Our values and behaviours are the foundation 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. 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:

Calderdale and Huddersfield

NHS Foundation Trust

# One Culture of Care

## Our values and behaviours

### One culture of care is at the heart of everything we do

<p><b>We put people first</b> I'll step in others' shoes and be kind and welcoming to all</p>	<p><b>We go see</b> I'm committed to improving services and I'll seek out examples of good practice</p>
<p><b>We work together to get results</b> I'm respectful of others and support equality, diversity and inclusion</p>	<p><b>We do the must-dos</b> I'll role model the must-dos to keep everyone safe and well</p>

## Strategic Plans

The Trust's One Year Plan for November 2021 to 2023 as four objectives:

- Transforming and improving patient care
- Keeping the base safe
- A workforce for the future; and
- Financial stability

Below summary demonstrates our strategic objectives for the Trust One Year Plan:

Strategic Objectives (November 2021 – March 2023)				
Our Vision	Together we will deliver outstanding compassionate care to the communities we serve			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	Sustainability
	Implement a programme of transformation based on learning from the COVID-19 pandemic to deliver 'Business Better than Usual' demonstrating benefits delivered. (AB)	Stabilise the delivery of services in response to the COVID-19 pandemic to minimise the loss of life and protect colleagues safety. (EA)	Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for clinical roles, thus retaining a turnover below 10%. (SD)	Deliver the regulator approved financial plan. (GB)
	Approval of business cases for HRI and CRH to enable construction of new A&E to commence at HRI and the development of a Full Business Case for CRH. (AB)	Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an out-standing' rating. (EA)	Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions. (SD)	Demonstrate improved performance against Use of Resources key metrics. (GB)
	Progress implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire. (DB)	Involve patients and the public to influence decisions about their personal care, fostering a learning culture and best practice to improve patient experience : <ul style="list-style-type: none"> <li>• responding to the needs of people from protected characteristics groups</li> <li>• implementing "Time to Care".</li> <li>• achieving patient safety metrics (EA)</li> </ul>	Revise our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams through Recovery and beyond (SD)	Implement the Trust Board approved Green Plan demonstrating progress against the agreed action plan that will support reduction in the Trust's carbon footprint. (SS)
	Implement the Trust Board approved 5 year digital strategy with an agreed programme of work and milestones. (JR)	Work with system partners to achieve key performance metrics for urgent and emergency care and elective recovery. (BW/JF)	Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of our local communities. (SD)	Collaborate with partners across West Yorkshire and in place to deliver resilient system plans. (AB)
	Use population health data to inform and implement actions to address health inequalities in the communities we serve. (EA)	Deliver the actions in the Trust's Health and Safety Plan. (SD)	Develop health and wellbeing support plans for all Departments to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey. (SD)	

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 the below summary plan on a page summarises the CHFT Five Year Strategic Plan.

# Summary plan on a page

The table below summarises the CHFT Five Year Strategic Plan.

## Our vision:

Together with partners we will deliver outstanding compassionate care to the communities we serve.

## Our values and behaviours:

- We put patients and people first
- We go see
- We work together to get results
- We do the 'must dos'
- We care for ourselves and each other in the same way we care for our patients through 'one culture of care'

## Our goals and results:

### Transforming services and population outcomes

We will have built new modern 'state of the art' hospital buildings that will enable delivery of the best safety, outcomes and experience of care for people.

Patients and colleagues will be digitally enabled to provide and receive care – in any location this is needed – to improve patient experience and outcomes.

Working with partners we will use population data to prevent ill health and reduce health inequalities.

Working with academic, health and social care partners we will participate in research and innovation to prevent ill health, improve patient care and achieve better outcomes and faster recovery for patients.

### Keeping the base safe – best quality and safety of care

We will be delivering and enabling outstanding quality, safety and experience of care for people needing hospital and community services.

We will be consistently achieving key performance targets that matter most to patients.

We will be well-led and governed and compliant with our organisational and partnership statutory duties.

Patients will be able to shape decisions about personal developments and their personal care based on 'what matters' to them and their individual strengths and needs.

### Inclusive workforce and local employment

We will be widely known as one of the best places to work through an embedded one culture of care – supporting the health and wellbeing of all colleagues.

We will foster an open learning culture that listens to colleagues, demonstrates lessons learnt and actively seeks and celebrates best practice.

We will have a diverse and inclusive workforce of the right shape, size and flexibility to deliver care that meets the needs of patients.

We will be ambitious in our work with partners to create local employment, career, voluntary and development opportunities for people.

### Financial, economic and environmental sustainability

We will be consistently delivering our annual financial plans and demonstrating value for money.

We will have taken action to reduce our impact on the environment and will be on track to achieve targets for carbon net zero.

Our investments and use of resources will generate social value to support economic recovery in Calderdale and Kirklees places.



## **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.
- Improving the quality of documentation within the patient records to enhance patient safety and outcomes.
- Reducing Health Inequalities through using blended data across partner organisations.
- Integrating several 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.
- Improving safety in relation to many aspects of medicines management.
- Developing our patient engagement portal to enable patients to have more access to health records and manage their care.

## **Quality and Safety Strategy Key Priorities for 2024/2025**

- Improving understanding of quality and safety, and how they are defined, measured and assured by drawing intelligence from multiple sources.
- Equipping patients, families and carers, colleagues and partners with the skills and opportunities to improve quality and safety throughout the whole system.
- Designing and supporting programmes that deliver effective and sustainable change for quality and safety.
- Improve shared understanding of quality and safety and how integral they are to all that we do at CHFT by introducing clear definitions of both concepts.

## Health needs of the population we serve

Huddersfield and Calderdale have a population of approximately 458,000. People in Calderdale and Huddersfield are living longer lives than in the past, however, more people are likely to have multiple long-term conditions thereby increasing demands on the health and social care system. As a result, there is a growing population of people older than 65 with the younger population remaining stable thereby leading to an increase in the dependency ratio. These patients have more complex health needs, placing greater demands on healthcare services.

Our population is very varied and diverse and there are also significant areas of deprivation resulting in a significant difference in life expectancy of approximately 7.5 years from the most to least deprived areas, with an even greater variance in the number of years lived in good health of approximately 11 years. In Kirklees 21% of the population is from an ethnic minority background whilst in Calderdale is approximately 10%. The largest minority ethnic groups across both authorities are Asian / Asian British comprising 15% and 8% of the population respectively.

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

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

### **Actions to promote equality of service delivery**

During 2023/2024, the Trust continued the work to address health inequalities and promote equality of service delivery.

Health inequalities are not inevitable; they are preventable. These inequalities can be reduced but doing so requires deliberate and sustained action from all parts of society and public services, not least the NHS. We will continue to work with partners and communities and use population health data to understand and take action that will reduce health inequalities.

We will know we have delivered on this objective by the following measures:

- Reduce inequalities in access to care and ensure prioritisation promotes equitable access and outcomes.
- Play a leading role locally in improving population health and tackling inequalities, taking bold action, and working with our partners to deliver impactful change for the communities we serve.
- Delivery of the four priority areas for action in our Population Health and Inequalities Strategy 2022-2024. these are:
  - Connecting with our communities and partners
  - Access and prioritisation
  - Lived experience and outcomes.
  - Diverse and inclusive workforce

We recognise 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:

- Continuing to promote and deliver the 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.
- Continuing 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'.
- 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.
- The Trust provided a focussed effort to improve the identification of, and support for unpaid carers. This included developing a Carer's Strategy and supporting local Healthwatch partners to pilot a Carer's Lanyard to offer unpaid carers a method of being identified during their time within the Trust.
- A "Keep Carers Caring" campaign promoted the recognition of unpaid carers across both colleague and patient / carer groups, with an emphasis on the inequalities in health unpaid carers experience as a result of their caring roles.

## Our service and estate

The Foundations for our Future Programme aims to achieve the Trust's goal of long-term resilience of service provision across Calderdale, Huddersfield and West Yorkshire by reconfiguring services at Calderdale Royal Hospital and Huddersfield Royal Infirmary. The reconfiguration will enable the essential co-location of services and improve the quality and safety of care.

Following public consultation in 2016, and approval of a Strategic Case for change by the Department of Health and Social Care in 2019, the Trust began its work to centralise acute (unplanned) services at Calderdale Royal Hospital and elective (planned) care at Huddersfield Royal Infirmary.

The first major capital project was undertaken in 2022/23 with the construction of a new Accident and Emergency (A&E) Department at Huddersfield Royal Infirmary. The new facility is due to open in May 2024.

A second major capital project at Calderdale Royal Hospital is due to begin in May 2024 to further progress the design and subsequent construction of a 240-bed ward block and new adult and children's accident and emergency departments.

Several other key capital projects are also being planned and delivered at Calderdale Royal Hospital including:

- enabling works such as new plant rooms and an energy sub-station
- construction of a new learning and development centre
- construction of a multi-storey car park
- a series of internal service relocations which will improve access and flow through the existing hospital building and create a new maternity floor.

New buildings are just one part of the programme which also puts a real focus on transforming the way services are delivered to be more patient-centred, efficient, and effective in the new

environments. The developments will futureproof the delivery of hospital services and improve the quality of the environment and patient care.

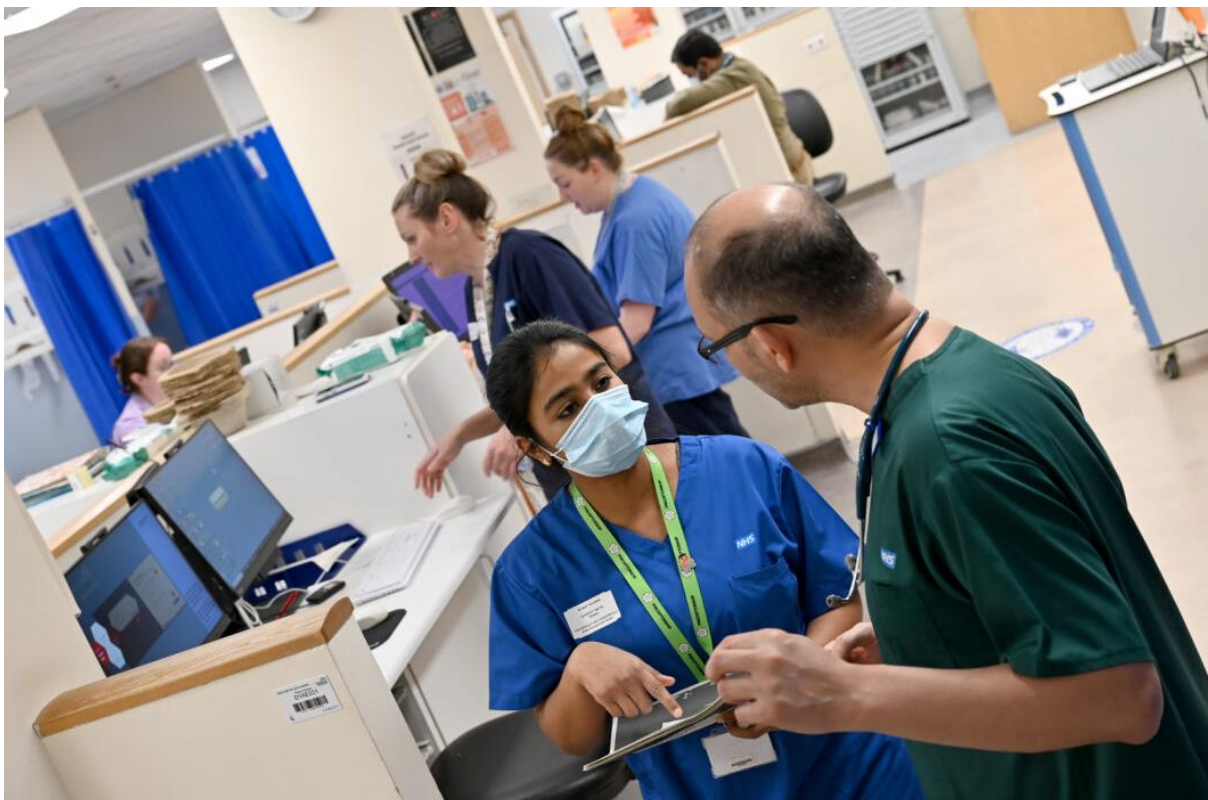
More details about the Foundations for our Future Programme are available on the Trust's website <https://future.cht.nhs.uk/home>

## 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 2023/24 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 Elective Recovery Programme where our 104-week, 78-week and 52-week waits were amongst the best in the country. We ended the year with just 17 patients waiting more than 52-weeks for an operation.



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## Part 2.1: Looking ahead to 2024 / 2025

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This section of the report provides an overview of our quality priorities for the upcoming year.

### Quality priorities for improvement in 2024 / 2025

Our 2024 / 2025 priorities for improvement were approved at the Board of Governors and are as follows:

- **Care of the acutely ill patient:**

Focus: Timely recognition and response to deteriorating patients. No more than 30% of patients scoring NEWS of 5 or more go on to score higher.

Outcomes:

- Number of observations recorded on time
- To ensure patients are escalated within the agreed response timeframe.
- Reduction in late referral to critical care
- Implementation of the acute response team
- Implementation of Martha's rule

- **Personalisation of care:**

Focus: Dementia Screening

Outcomes:

- To ensure 90% of admitted patients receive screening as per guidance.
- To ensure the correct care plan is in place.
- To ensure referral to services if indicated by initial screening.

- **Stroke:**

Focus: Improve performance across the stroke pathway (Sentinel Stroke National Audit Programme (SSNAP) data scores).

Outcomes:

- Patient presenting with acute stroke will be treated as high priority medical emergency patients in line with emergency protocols
- Patients to be admitted to the stroke unit to enable effective rehabilitation and assessment of ongoing care needs
- Thrombolysis will be given as required to all appropriate patients to enable better recovery

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## Part 2.2: Statements relating to the quality of NHS services provided.

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### Review of services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services, which we undertake through comprehensive reports on all services to the Quality Committee (a sub-committee of the Board).

### Statement from the Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Assurance on compliance with CQC requirements is achieved through the governance structure via a bi-monthly CQC Group and regular reports regarding CQC which are provided to the Quality Committee, Audit and Risk Committee (for compliance) and the Board.

The Trust's last Well-Led CQC inspection completed in April 2018 identified the Trust as "Good" overall, with a "requires improvement" rating for Use of Resources. All recommendations have now been closed but continue to be monitored via Core Service Self-Assessments which support the Trust in improving quality.

The Trust's Maternity Services were inspected in June 2023 as part of the CQC National Maternity Inspection Programme and achieved an overall rating of "Good". The Quality Committee oversees the Trust's progress with any outstanding 'must-do' and 'should-do' actions.

The Trust continues to comply with CQC's revised approach to regulation and has aligned systems and processes to reflect the CQC Single Assessment Framework and Quality Statements. There has been regular engagement and dialogue with the local CQC engagement team via the Chief Nurse and Director of Corporate Affairs. The Trust has successfully facilitated an onsite monitoring visit by the CQC which focused on Discharges from Medical Wards including Medicines Management.

## Participation in clinical audits and National Confidential Enquiries

The national clinical audits and national confidential enquiries that CHFT were eligible to participate in/participated in for which data collection was completed during 2023/24, 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 2023/24, 55 of the national clinical audits and eight of the national confidential enquiries (NCEPOD) covered relevant NHS services provided by CHFT.

During that period CHFT participated in 94.5% 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	All cases in time period	100%
National RCP Children & YP Asthma Audit Programme (NACAP)	Yes	Yes	All cases in time period	100%
National pregnancy in diabetes audit	Yes	Yes	All cases in time period	100%
National Child mortality database (NCMD)	Yes	Yes	All cases in time period	100%
National Perinatal mortality review tool	Yes	Yes	All cases in time period	100%

## Cancer

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
National Gastrointestinal Cancer Programme – Oesophago-gastric Cancer (NOGCA)	Yes	Yes	61	100%
National Gastrointestinal Cancer Programme – Bowel Cancer (NBOCA)	Yes	Yes	368	100%
Lung cancer (NLCA)	Yes	Yes	All cases in time period	Ongoing
National Prostate Cancer Audit (NPCA)	Yes	Yes	296	97%
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Yes	Yes	All cases in time period	Ongoing
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	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 cases in time period	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
UK Renal Registry National Acute Kidney Injury Audit	Yes	Yes	2,046	Ongoing



## Heart

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	671 YTD	Ongoing
Adult cardiac surgery audit (NACSA)	No	N/A	N/A	N/A
Cardiac rhythm management (CRM)	Yes	Yes	All cases	Ongoing
Congenital heart disease (NCHDA)	No	N/A	N/A	N/A
National audit of percutaneous coronary interventions PCI (NAPCI)	Yes	Yes	All cases in time period	Ongoing
Heart failure (NHFA)	Yes	Yes	266	Ongoing
National Cardiac Arrest Audit (NCAA)	Yes	Yes	34	Ongoing
National Audit of Cardiac Rehabilitation (NACR)**	Yes	Yes	640	Ongoing
National Vascular Registry (NVR)	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
National Audit of Mitral Valve Leaflet Repairs (MVL R)	No	N/A	N/A	N/A
The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	No	N/A	N/A	N/A

## 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. Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	No	N/A	N/A	N/A
b. Monitoring of patients prescribed lithium	No	N/A	N/A	N/A
Mental Health Clinical Outcomes Programme	No	N/A	N/A	N/A
National Audit of Psychosis	No	N/A	N/A	N/A
RCEM Mental Health Self-Harm Year 1	Yes	Yes	244	100%

## Long term conditions

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
National Diabetes Core Audit – Including NDA Core, Type 1, Adolescent and Young Adult (AYA), Young Type 2 and Diabetes Prevention Programme	Yes	Yes	All cases in time period	100%
National Diabetes Footcare audit	Yes	Yes	15 GP surgeries	100%
Diabetes (Paediatric) (NPDA)	Yes	Yes	All cases in time period	80%
Improving Quality in Crohn's and Colitis (IQICC)	Yes	No	N/A	N/A
National Diabetes Inpatient Safety Audit (NDISA) – NDISA replaced the National Inpatient Diabetes Audit, including National Diabetes Inpatient Audit – Harms (NaDIA-Harms)	Yes	Yes	All cases in time period	Ongoing
National Early Inflammatory Arthritis Audit (NEIAA)*	Yes	Yes	25 New from April 2024 1986 in Total	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	Currently data collecting. submitting 20 cases per quarter	Ongoing
National RCP Adult Asthma Audit Programme (NACAP)	Yes	Yes	59	Ongoing
National RCP COPD Secondary Care Audit Programme (NACAP)	Yes	Yes	275	Ongoing
National RCP Pulmonary Rehabilitation organisational and clinical audit (NACAP)	Yes	Yes	All cases in time period	100%
UK Renal Registry Chronic Kidney Disease Audit	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	82 Submitted in Round 6 217 YTD	100%
Falls & Fragility fractures (FFFAP) – Inpatient Falls	Yes	Yes	All cases in time period	100%
Falls & Fragility fractures (FFFAP) – National Hip Fracture database	Yes	Yes	All cases	100%
Falls & Fragility fractures (FFFAP) – Fracture Liaison Service	Yes	No	CHFT does not have a Fracture liaison Service	

## National Confidential Enquiries into Patient Outcomes & Death (NCEPOD)

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
Medical and Surgical Outcomes Programme Community acquired pneumonia	Yes	Yes	10/15 cases	66%
Medical and Surgical Outcomes Programme Crohns	Yes	Yes	9/9 cases	100%
Medical and Surgical Outcomes Programme Endometriosis	Yes	Yes	10/12 cases	83%
Medical and Surgical Outcomes Programme End of life care	Yes	Yes	9/9 cases	100%
Medical and Surgical Outcomes Programme Epilepsy	Yes	Yes	7/9 cases	78%
Medical and Surgical Outcomes Programme Rehab following critical illness	Yes	Yes Currently data collecting	12 cases to be included	N/A
Child Health Clinical Outcome Review Programme Juvenile Idiopathic Arthritis	Yes	Yes	3/3 cases	100%
Child Health Clinical Outcome Review Programme Testicular Torsion	Yes	Yes	6/6 cases	100%

## Other

Audit title	Trust Eligible for Involvement	Trust Participated	Audit Sample	% Cases submitted
UK Cystic Fibrosis Registry	No	N/A	N/A	N/A
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	9	100%
Elective surgery (National PROMs Programme) Hip replacements / Knee replacements	Yes	Yes	All cases	100%
National Obesity Audit	Yes	Yes	All case	ongoing
Adult Respiratory Support Audit	Yes	Yes	All cases	Ongoing
BAUS Nephrostomy Audit	Yes	Yes	All cases	Ongoing
British Hernia Society Registry	Yes	Yes	All cases	Ongoing
National Bariatric Surgery Registry	Yes	Yes	All cases	Ongoing
National Comparative Audit of Blood Transfusion:2023 Audit of Blood Transfusion against NICE Quality Standard 138	Yes	No	N/A	N/A
2023 Bedside Transfusion Audit – started March 2024	Yes	Data collection	N/A	Ongoing
National cataract audit	Yes	No	N/A	N/A
RCEM Infection Prevention and Control (Year 3)	Yes	Yes	40	100%

### Other National Clinical Audits the Trust has participated in during 2023/2024:

- National Audit of Hip Fractures
- Potential Donor Audit
- FAMCARE
- Re-audit of LD improvement standards 2023
- DAMASCUS Study: Diverticular Abscess Management: A Snapshot Collaborative aUdit Study
- 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
- (Part 1) Breast milk administration Audit and QI & (Part 2) NeoTRIPS Early Breast Milk Quality Improvement Project (EBMQIP)
- MAGIC (Management of Acute surGIcal absCesses)
- Adult Critical Care (ICNARC)
- ACCORD 2 (Achieving Comprehensive Coordination in Organ Donation)
- National Audit of Breast Cancer in Older patients (NABCOP)
- National Hip Fracture Database (NHFD)
- BAUS: National snapshot renal colic audit

- PINEAPPLE – Paediatric caNcellation ratEs And PerioPerative clinical evaluation
- Global Evaluation of Cholecystectomy knowledge and outcomes (GECKO)
- IONS-GOWNS: Improving Orthopaedic radiation Safety.
- RESPOND study.
- Head and Neck MDT Snapshot Audit 2023: MDT audit of the management of Head and Neck Squamous Cell carcinoma
- National Evaluation of the Use of Critical Care Echocardiography in Shock (NEAT-ECHO)

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

<b>Name of audit</b>	<b>Reason</b>
Falls & Fragility fractures (FFFAP) – Fracture Liaison Service	The Trust does not have a Fracture Liaison Service
RCEM Care of Older People Year 1	Registered to take part but did not participate due to clinical commitments and resources
Improving Quality in Crohn's and Colitis (IQICC)	Have not submitted any data this year due to time constraints and colleague resources. Discussions have been taking place re participation. However, the audit is closing down on 31 <sup>st</sup> March 2024.
National Comparative Audit of Blood Transfusion:2023 Audit of Blood Transfusion against NICE Quality Standard 138	Did not submit data due to the time constraints and colleague resources
NHSE Pre-analytical Phase Blood Culture Audit	CHFT haven't submitted data since 2022 due to difficulty extracting blood culture volume information from the analysers since an IT upgrade. Plans in place to rectify this and submit data regionally.
National Cataract Audit	Discussions taking place in the division with finance re participation.

The reports of 34 national clinical audits were reviewed by the provider in 2023/24.

The following is an example of where CHFT have participated in national audit and can demonstrate compliance of all standards. If there are any areas of improvement identified, work is being undertaken to improve the quality of healthcare provided.

### **National Cardiac Rehabilitation Report 2023**

Cardiovascular prevention and rehabilitation services are a vital part of the care pathway for patients with heart disease. It is an evidence-based intervention which reduces future mortality and morbidity, is cost effective and is recommended by many national and international guidelines.

The National Audit of Cardiac Rehabilitation (NACR) aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practice, and improve service quality in cardiovascular prevention and rehabilitation services.

Established in 2005, NACR is managed by a team based in the Department of Health Sciences at the University of York. Informatics and data management services are provided by NHS Digital.

The NACR aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practice, and improve service quality in cardiovascular prevention and rehabilitation services by:

- Informing local and national planners, providers, and commissioners where services are not reaching expected standards as defined in key national guidance.
- Identifying inequitable provision so that local providers of cardiac rehabilitation can formulate appropriate business plans and work towards all patients having an equal opportunity to benefit.
- Describing the typical gains that a patient can expect from cardiac rehabilitation against which the effectiveness of individual programmes can be judged.
- Examining reasons for variation in patient outcomes between programmes, so that services can be helped to improve.

Sharing national trend data with appropriate national bodies including the Department of Health, NHS England, National Institute for Clinical Excellence (NICE), Cardiovascular Care Partnership UK and the British Association for Cardiovascular Prevention & Rehabilitation (BACPR)

## **Findings**

The 2023 NACR Quality and Outcomes Report shows encouraging signs of a recovery within cardiac rehabilitation (CR) services following the pandemic, evident in a higher quality of service delivery and a greater level of patient choice in respect to the mode of delivery of CR. This is indeed good news and programmes should be commended for their work in moving CR to a better position. That said the report also emphasises that there is much more to do in ensuring that all patients who start CR are supported to complete their programme.

This report highlights the need for a more proportional approach to the mode of delivery of CR. At the same time around 20% of men and women across all ethnic groups are dropping out of CR and not completing their tailored programme. Of equal importance is the finding that patients from areas of greater social deprivation (most deprived) are less likely to complete their rehabilitation and prevention programme. This inequality finding exists in each of the three nations.

The report also features data from the annual staffing survey of CR services, highlighting some positive aspects in terms of a recovery of colleague resources compared to the hard hit 2020/21 Covid years. However, survey responses from clinicians highlight significant challenges facing some CR teams in the recruitment and retention of colleagues.

Data from the National Certification Programme for CR (NCP\_CR) shows that, of the 209 programmes included, 83 (40%) were Green certified. CHFT are proud to be one of the trusts to receive Green/Certified status, meeting all the KPIs. A huge achievement following the pressures of the pandemic. There has been a slight increase in Amber status (meeting 4-6 of the seven KPIs) from 69 to 71 programmes. The number of programmes in the Fail category (meeting no KPIs) was 19 which, this demonstrates a reduction on last year and the Trust audit team is working with the divisions to improve performance in this category.

The NACR team will continue to work collaboratively with the NHS England policy team, the British Association of Cardiovascular Prevention and Rehabilitation (BACPR), the Northern Ireland Department of Health and Social Care, the All-Wales Group, the British Heart Foundation (BHF) and patients through the Coronary Care Partnership (CCPUK). The international standing of UK CR and prevention services remains high and is aided by the ongoing commitment to pursue a quality service from clinical teams and associated Integrated

Care Boards/Cardiac Networks, Health and Social Care Trusts and Health Boards. Collectively we aim to implement the recommendations based on this year's audit findings.

## **Conclusion**

The Cardiac Rehabilitation Team are the only team in West Yorkshire, and one of 83 nationally out of 209 programmes, to be certified in the National Audit of Cardiac Rehabilitation. The team managed to achieve all seven key performance indicators set by the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Standards and Core Components (2017). The team's continuous dedication to providing this service is outstanding.

Together, the Cardiac Rehabilitation and Heart Failure team deliver excellent care for patients following a diagnosis of heart attack or heart failure and following heart surgery or procedures such as angioplasty and pacemakers.

The CR team have moved away from the traditional CR programme and are now using a hybrid programme, providing individual exercise prescription. We are running both home-based exercise programmes and group-based sessions within a central exercise centre. There is a big emphasis on getting patients with heart failure enrolled within the Cardiac Rehab programme and we are part of the REACH Heart Failure Project and currently delivering this. The original REACH research project was funded for 12 months and to continue delivery of heart failure REACH we have been successful in a further bid and funded for a further 12 months. A further six colleagues have been funded to complete training to deliver heart failure REACH.



## Local Audits

There were 197 local audits on the programme in 2023/24. The following is an example of a local audit.

### Pharmacy led Safari discharge:

Medically fit for discharge (MFFD) is a term used when patients are ready to be discharged to home or another care facility. Delayed discharges and increased length of stays (LoS) have been a recurring issue in many acute Trusts. A prolonged stay not only causes frustration to patients but also increases the financial burden on the NHS.

Factors that can impact delayed discharge include acquiring care, organising transport, and completing "To take out" (TTO) prescriptions. To optimise patient flow, the safari discharge team (SDT) were introduced in December 2021. The SDT is comprised of a rotating team of a prescribing pharmacist, a pharmacy technician, and a physician associate (PA). The team is based on the discharge lounge at HRI where they can liaise with colleagues throughout the organisation to prioritise the patients to be discharged, they then prescribe and dispense the TTO including completing the clinical narrative.

### Standards

100% of patients receive a locker check by the SDT with the required items being noted and reviewed.

100% of patients counselled on medication prior to being discharged.

Zero prescribing errors seen on TTO's when written by a prescriber on the SDT.

### Aims and Objectives

To determine the impact on flow and quality of the pharmacy led safari discharge team on CHFT 12 months after inception:

1. To determine what impact the team has on the patient's length of stay after being deemed 'medically fit for discharge
2. To assess the quality of TTOs by noting the quantity and type of errors seen.
3. To analyse any change in the cost of medications issued on TTOs

### Findings

Data from a total of 50 TTOs were collected using a specialised data collection form between 1/2/23-1/3/23 and reported early 2023/2024. The CHFT dispensary and the SDT produced 25 of these forms each. The forms were used to document the patient's hospital number, the number of errors that were seen on the TTO, the time when TTO documentation and medication were completed, and the time the patient was MFFD and their time of discharge. 16 locker checks that were previously completed by a nurse or a pharmacy technician were repeated. Any of the patient's regular medication not needing to be supplied in their TTO after the second locker check were documented, along with the current price of the item.

### Results:

The average time for a patient's TTO medication to be clinically checked once MFFD is 5:39 hours via the usual discharge process and 2:34 hours when completed by the SDT, so a decrease of 3:05 hours. Discharge time was reduced for patients seen by the SDT with an average time of 4:42 hours compared to 8:22 hours with the usual discharge process, so decreased by 3:40 hours. Out of 25 TTOs written by a doctor, 18 had one or more errors. The average number of errors was 8 errors per TTO. Out of 25 TTOs that were written by the SDT, 10 had one or more errors with an average of 2 errors per TTO. Out of the locker checks, 8/8 completed by a pharmacy technician were accurate, and 1/8 when completed by a nurse. Total cost savings from removing items not needed from the TTOs was £252.94. The SDT



completed 100% of locker checks on the discharge lounge. A locker check takes roughly 7:58 seconds. A total of 240 patients were seen by the SDT in February, so this freed 30:19 hours of the nurse's working hours.

### **Conclusion**

Throughout the stages of a patient's discharge, the SDT have shown a notable reduction in time, errors, and cost. This audit has established the importance of ward-based pharmacy intervention in reducing patient discharge time and ultimately improving patient care and satisfaction.

## Participation in clinical research and innovation

Clinical research improves the delivery and evolution of evidence based clinical care, therefore enhancing patient outcomes, safety, and the experience of our local population. Additionally, having a strong research portfolio aids colleague recruitment and retention, builds organisational reputation and attracts investment.

At CHFT, our mission is to embed a culture of research excellence throughout the Trust, delivered by a highly skilled, knowledgeable workforce.

By making research part and parcel of everyday life at the Trust, we will increase our reputation for participating in high quality research to improve the lives of our patients and those in the wider NHS.

We maintain excellent performance in the set-up and delivery of commercial and non-commercial trials and uphold an excellent reputation in the breadth of studies we offer our patients. We continue to be the highest recruiting site in Yorkshire and Humber (Y&H) 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.

CHFT exceeded its 2023-2024 annual Clinical Research Network recruitment target of 1,633, with a total of 1,741 patients recruited into research trials and have made an excellent start with our 2024-2025 National Institute of Health and Care Research (NIHR) recruitment target of 1450. Our recruitment at the end of February 2024 was 2740, which is double the amount we would have expected to achieve at this timepoint. It has been recognised that this excellent recruitment is largely due to a single high recruiting maternity study – GBS3. We remain consistent in often achieving the highest recruiting site or the first site to recruit to studies in Y&H ensuring we offer patients meaningful choices and opportunities.

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 Brighouse 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 have seen an increase in the number of AHPs and Physician Associates demonstrating interest in participating in clinical research and continue our efforts to fully embed research in their practice. As a result of this, we are opening some physiotherapy studies and see an increase in Physician Associates developing their clinical research skills.

The below table shows a selection of recruiting trials in new specialist areas.

Collaboration with Yorkshire Ambulance Service (YAS) & ED	CRASH 4	Investigates the effect of early administration of tranexamic acid on the outcomes of patients with mild brain injuries. YAS team gain consent and administer trial treatment to the patient before they get to our ED where our Research Team take over to collect data.
Orthopaedics	WHITE -LIT	Does lidocaine reduce delirium in elderly patients having surgery for hip fracture?

Anaesthetics	The POPPY Study	Measures short and long-term recovery of day surgery patients in relation to post-surgical pain, recovery, and opiate use. The study recruited for a week at both HRI and CRH to give a 'snapshot' of the patient population.
Mental Health / Paediatrics	MAPs	Aims to improve the care of children and young people presenting in a mental health crisis, admitted to acute paediatric settings
Rheumatology	IMID Bio resource	Identifying relevant subsets based on inflammatory mechanisms to improve understanding of autoimmunity, co-morbidities and improve targeting of novel and existing therapies.
Neonates	WHEAT	Withholding Enteral Feeds Around time of Blood Transfusion.



We launched our new research strategy in September 2023, which provides us with clear direction for the next few years. One of our strategic objectives focuses on continuing excellent collaboration with our partners to improve access to research opportunities. We are planning an internal survey exploring factors that influence clinical research delivery, to help direct our progress. We are also strengthening links with community partners, to establish a Calderdale & Kirklees Research Group to improve research outcomes.

CHFT are now sponsors for two new studies. As set out in the UK Policy Framework for Health and Social Care Research 2017, this means we accept responsibility for the overall management of a research study from set up to finish, including archiving and financial elements and requires a thorough risk assessment. The first one, with our Lung Cancer / Mesothelioma Nurse Specialist as Chief Investigator, is looking at trial provision for mesothelioma patients in Y&H and the second, with a Physiotherapist as Chief Investigator, is looking at the use of shared decision-making in patients with a displaced collarbone injury, this is on the back of a Pre-doctoral Clinical & Practitioner Academic Fellowship (PCAF) award.

We are also the lead NHS site for a feasibility study – CONNECT, which is a patient decision-aid within Cardiology. As well as a recruiting site for the study, as Lead NHS site, we also hold the NIHR funding grant for this study and take on the role of Steering committee.

The demand for our Research and Development governance team to provide advice and support for CHFT colleagues setting up their own research studies, and the increased requests to review and approve PhD studies, has impacted our limited capacity. Although sponsoring small scale research studies provides great opportunities for CHFT, it has also impacted on our governance team capacity due to the additional responsibilities and processes required to fully support these studies.

Currently, due to capacity, the team have a limited ability to fully support these requests which are not aligned with our strategic goal to expand our research collaborations and grow 'home grown' research. It also potentially impacts our reputation and performance within the wider network and our regional partners. A case is being worked up to revise the research governance team workforce model to provide increased capacity and skill mix to meet this need. This will be a pivotal part of our immediate work and a real focus. This will enable us to ensure we continue to meet the demands of increased research studies, commercial research engagement and meet the obligatory requirements where CHFT becomes the sponsoring site for research studies.

Despite the challenges, the governance team continues to excel within the region in exceeding its targets. Our reputation for speedy set up of research is becoming well known with many of our external sponsors and partners, recently receiving recognition from several sponsors for the fastest site activation within the UK, including turnaround times for completion of contracting and costs arrangements. With this in mind, and with increased capacity, we aim to endeavor to not only maintain this status but become an exemplar site for providing the best research governance and management service.

## Commissioning for Quality and Innovation (CQUIN)

Every year, a proportion of CHFT 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 Innovation (CQUIN) payment framework.

The CQUINS for 2023 / 2024 have been linked to the Quality Priorities for the Trust and the table below demonstrates performance up to Quarter 3. Quarter 4 results will be available early in Quarter 1 of 2024.

Indicator Name	Top 5	Target	Q1	Q2	Q3
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaMing) after surgery	*	Min 70%, Max 80%	83.00%	75.00%	77.00%
CQUIN03: Compliance with timed diagnostic pathways for cancer services		Min 35%, Max 55%	17.3%	27.2%	29.1%
CQUIN05: Identification and response to frailty in emergency departments	*	Min 10%, Max 30%	96.75%	96.81%	95.50%
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	*	Min 10%, Max 30%	53.00%	37.50%	61.53%
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway		Min 80%, Max 85%	100.00%	100.00%	100.00%
CQUIN12: Assessment and documentation of pressure ulcer risk		Min 70%, Max 85%	30.10%	36.19%	43.00%
CQUIN13: Assessment, diagnosis and treatment of lower leg wounds		Min 25%, Max 50%	31.00%	33.00%	35.86%

All CQUINs are monitored through the Trust Quality Committee.

NHS England has confirmed its proposal to pause the nationally mandated CQUIN quality incentive scheme for 2024 / 2025.

## Data Quality

The Trust submitted records during 2023 / 2024 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 2023 to January 2024)
- Outpatient Care = 99.9% (April 2023 to January 2024)
- Accident & Emergency Care = 99.5% (April 2023 to 9 March 2024)

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

- Admitted Patient Care = 99.8% (April 2023 to January 2024)
- Outpatient Care = 99.8% (April 2023 to January 2024)
- Accident & Emergency Care = 100% (April 2023 to 9 March 2024)

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 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 also 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.

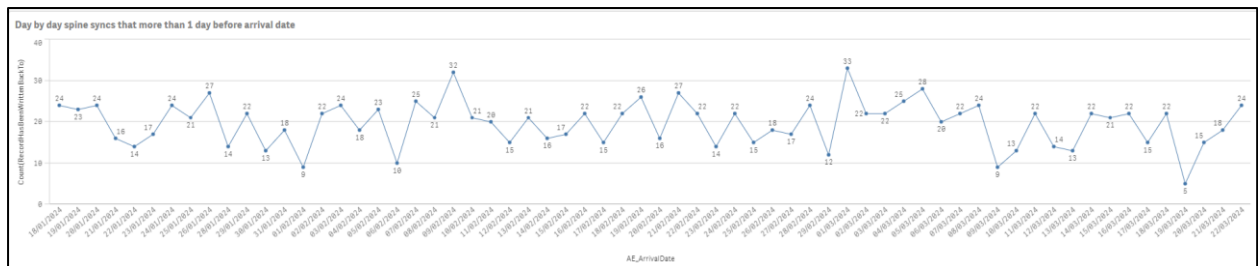
There is a Data Quality Policy that relates to all areas of data quality, including the Electronic Patient Record (EPR).

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 several Data Quality issues via the Data Quality Board. These have included improvements to the Holding List (follow-up appointments), Validation process and introduction of a model to ensure the correct treatment function is being assigned to Referral to treatment (RTT) reported pathways.

A particular highlight in recent months has been the education sessions with Accident and Emergency (A&E) reception colleagues in an attempt to reduce the number of failed spine synchronisations occurring when patients are registered in A&E.

Spine synchronisation is the process of the Electronic Patient Record (EPR) linking to the national Patient Demographic Service (PDS known commonly as the Spine) and accessing the most up-to-date patient demographic information from the Spine, for example the patient's general practitioner (GP). When the Spine synchronisation does not work, this can result in communications going to the wrong GP and being returned to A&E as "Not Our Patient". This creates further administrative work, and education sessions focus on key learning regarding the importance of a patient's address being in

a specific format to produce a successful Spine synchronisation. As there are multiple ways that a patient’s address can be updated (for example from GP systems messaging), it is not guaranteed that the current training will significantly reduce the number of failed spine synchronisations. That said, the work programme will continue and there will be an assessment on progress made in June / July 2024. The number of failed spine synchronisations on a daily basis is illustrated in the graph below. This is the baseline we are intending to improve upon.



CHFT has continued its formal programme of deep dives across the Key Performance Indicators (KPIs) within the Integrated Performance Report (IPR). The deep dives provide the Board with assurance on KPIs that regularly achieve target and 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.

## Information Governance

The Trust maintains a high standard of information governance, and the Data Security and Protection Toolkit submission of June 2023 shows the Trust met the requirements for 2022 / 2023. 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 colleagues. We have new processes in place to evaluate the effectiveness of our training to assist us making improvements where necessary, this includes colleague awareness surveys, colleague interviews and spot checks on site to ensure information is being kept securely. This ensures that everyone is aware of the importance of data security and their individual responsibilities. We are currently maintaining a level of 91% of colleague members fully compliant with their training at the end of 2023 / 2024.

We are in the process of completing a newsletter which will be circulated to the Trust quarterly. The newsletter will include changes to guidance and legislation, information on how to contact the team, reporting of incidents and awareness materials to assist with colleague engagement and awareness.

In addition to mandatory colleague 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 Information Governance team have recently taken over the Freedom of Information service for the Trust, the process was reviewed and amended to make improvements and we are pleased to be able to show an increase in our response times.

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 our documentation of information assets and data flows which allows us to understand how our data is stored, shared and destroyed. Information asset owners and Information asset administrators have been trained on our asset register system, work will continue to ensure we capture all departments within the Trust to also add their information assets and flows to the register.



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## Part 2.3: Mandated Core indicators for 2023/24

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### **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 2023/2024 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.

## 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	<b>Reporting Period:</b>	<b>Dec 2023</b>	<b>Target</b>	<b>Best</b>	<b>Worse</b>	<b>Jan 23 – Dec 23</b>	<b>Oct 20-Sep-21</b>	<b>Oct 19-Sep-20</b>	<b>Oct 18-Sep-19</b>
	Summary Hospital- Level Mortality Indicator (SHMI) value and banding	114.43 Band 2 = As Expected	100	N/A	N/A	105.20 Band 2 = As Expected	101.31 Band 2 = As Expected	100.94 Band 2 = As Expected	98.63 Band 2 = As Expected
Helping people recover from episodes of ill health or following injury	<b>Reporting Period:</b>	<b>2023/24</b>	<b>Target</b>	<b>Best</b>	<b>Worse</b>	<b>(2022/23)</b>	<b>(2021/22)</b>	<b>(2020/21)</b>	<b>(2019/20)</b>
	(i) 0 to 15; and (ii) 16 or over.	9.64% 7.87%	Not released by NHS Digital			12.51% 8.65%	9.47% 9.12%	12.14% 11.34%	12.05% 10.50%
Ensuring that people have a positive experience of care	<b>Reporting Period:</b>	<b>2022</b>	<b>National Average</b>	<b>Best</b>	<b>Worse</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
	Overall Patient Experience	8.3	8.1	9.3	7.4	8.3	8.3	8.0	8.0
Treating and caring for people in a safe environment and protecting them from avoidable harm.	<b>Reporting Period:</b>	<b>2023/24</b>	<b>National Average</b>	<b>Best</b>	<b>Worse</b>	<b>2022/23</b>	<b>2021/22</b>	<b>2020/21</b>	<b>2019/20</b>
	Patients admitted to hospital who were risk assessed for venous thromboembolism	97%	N/A			97%	95%	96%	96%
	<b>Reporting Period:</b>	<b>2023/24</b>	<b>Target</b>	<b>Best</b>	<b>Worse</b>	<b>2022/23</b>	<b>2021/22</b>	<b>2020/21</b>	<b>2019/20</b>
	Number of C. difficile infections	54	37			-	-	-	-
	% of incidents where the level of harm is severe or catastrophic	0.79%	<2%			0.83%	0.83%	1.01%	0.33%
	Number of Never Events reported to StEIS	6	0			4	2	2	1
Number of Serious Incidents reported to StEIS	34	0			42	43	34	33	

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

<b>Indicator</b>	<b>Threshold</b>	<b>2023/2024 Year End Performance</b>	<b>Achieved</b>
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	76%	77%	Yes
Percentage of patients meeting the 62-day cancer treatment target	85%	95%	Yes
Percentage of patients meeting the 31-day cancer treatment target	96%	98%	Yes
Percentage of patients meeting the 28-day cancer treatment target	75%	84%	Yes
Clostridium difficile – meeting the C. difficile objective	37	54	No
Maximum 6-week wait for diagnostic procedures	95%	90.9%	No

## Part 3: Looking back: a review of quality in 2023 / 2024

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 2023 / 2024.

This section will demonstrate how the Trust has performed against each of these priorities and the plans going forward.

### 2023 / 2024 priorities

CQC Domain: Effectiveness	CQC Domain: Safety	CQC Domain: Responsive
<b>Care of the acutely ill patient</b>	<b>Nutrition and Hydration</b>	<b>Alternatives to Hospital Admission</b>
<p><b>Focus:</b> Timely recognition and response to deteriorating patient.</p> <p><b>Outcomes:</b> % of episodes scoring NEWS of 5 or more going on to score higher</p> <p><b>End of year target:</b> Measurement outcome of 62.6% against a target of 70%</p>	<p><b>Focus:</b> Audit of compliance with the Malnutrition Universal Screening Tool</p> <p><b>Outcomes:</b> % of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward.</p> <p><b>End of year target:</b> Measurement outcome of 87.1% against a target of 95%</p>	<p><b>Focus:</b> Virtual Ward/ Rapid Response Team – numbers of patients referred.</p> <p><b>Outcomes:</b> Alternatives to Hospital Admission – Number of referrals into the Frailty service</p> <p><b>End of year target:</b> Average of 321 referrals per month were made into the Frailty service. The target is currently under review.</p>

#### Care of the acutely ill patient:

The performance is currently subject to common cause variation. The Trust did not meet the set target but continues to strive to achieve this. A new internal dashboard has been developed, known as Knowledge Portal+ (KP+) which gives an overview of ward areas with the highest national early warning score (NEWS). A retrospective audit was carried out on patients with NEWS 5 or 6 to identify learning opportunities for quality improvement. The audit highlighted that reviews by senior colleagues were not consistent within the 1-hour target. An Acute Response Team (ART) will be introduced in April 2024 to respond to this group of patients and identify any quality improvement projects that will be required to keep our patients and colleagues safe.

#### Nutrition and Hydration:

Although the Trust did not reach the set target, improvements are consistently being made. Malnutrition Universal Screening Tool (MUST) training compliance has significantly improved and training continues to be monitored through the Nutrition and Hydration group. In addition to this, the Nurse in Charge within each department / ward area continues to monitor and ensure their colleagues complete the MUST training.

### Alternatives to Hospital Admission:

The target for this quality priority is currently under review. The average referrals per month into this service was 321, with 277 in March 2023. Currently, there is only a 5-day Consultant offer for frailty virtual ward, as 7-day cover is not funded and this limits the referrals towards the end of the week due to concern that they may need Consultant input over a weekend. The medical division are currently reviewing medical cover to support a 7-day multidisciplinary team meeting for frailty virtual ward. Other organisations have not been able to recruit Consultants, but are backfilled with a Registrar.

## Serious Incidents

The Trust continued to investigate and learn from serious incidents. The Serious Incident (SI) Panel meets weekly and discusses potential serious incidents in depth, and reviews all completed serious incident investigation reports. The SI 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 West Yorkshire Association of Acute Trusts (WYAAT) Learning Lessons Group. This group shares learning across the region and collectively discusses approaches to identification, management, and mitigation of risk.

In 2023 / 2024, 34 incidents met the criteria for reporting under the SI 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	11
Severe harm	11
Moderate harm	8
No harm	4
<b>Total</b>	<b>34</b>

**Themes and trends:** The three most frequently reported serious incidents in 2023/2024 by Strategic Executive Information System (StEIS) category were:

Incident StEIS category	Number of incidents	Descriptors
Maternity/obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)	8	Unexpected admission to neo natal unit, Intra Uterine Death, Diagnosis failed, delayed, medication administered via wrong route.
Sub-optimal care of the deteriorating patient	5	Failure to act on symptoms or observations, inadequate handover, and failure to escalate
Medication incident and treatment delay	5	Treatment delay

The SI panel review themes and trends for reported incidents, and requests that Clinical Directors attend the panel where a theme is identified. The SI 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 (CAIP) Programme, which reports into the 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 Healthcare Safety Investigation Branch (HSIB) concurrently conduct their investigation. HSIB are now under the new name Health Services Safety Investigation Body (HSSIB).

### **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 2023 / 2024 the Trust reported six never events; wrong site surgery; administration of medication via wrong route (x2), retain foreign object, and Nasogastric (NG) tube misplacement (x2).

Following each never event being reported, immediate actions were put in place and lessons learned were shared across the Trust. Progress against those actions are reported through to the Quality Committee.

### **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 to provide assurance to the Trust board.

The Risk Management Team meet with members of the integrated care board (ICB) on a regularly basis to review SI reports, to provide evidence of delivery of action plans and assurance of monitoring of embedding of learning and mitigation of risk.

### **Transition to the new national reporting System**

During 2023 / 2024 the Trust had completed its testing phase of recording incidents on the new national reporting system called Learning from Patient Safety Events (LFPSE). Having successfully completed the testing phase, the Trust was able to roll out with the live version of LFPSE on its Risk Management Reporting System (DatixWeb) for all users on 29 February 2024.

The Risk Management Team continue to monitor the incidents and provide training to incident reporters / managers following the LFPSE upgrade.

## 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 colleagues completing assessments more accurately
- Compliance with the completion of MUST clinical risk assessments within the first 24 hours of admission 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.

MUST training compliance has improved to 85% and compliance with clinical risk assessments has improved from 20% in March 2023 to 87% in March 2024. Hydration is a fundamental part of nursing practice, and monitoring of patient's hydration status remains poor. This in turn can present potentially avoidable complications such as Urinary Tract Infections (UTI's), increased risk of falls, dehydration leading to Acute Kidney Injury (AKI), impair cognition, increased risk of constipation which inhibits optimal nutritional intake, therefore increasing risk of delayed wound healing and development of pressure ulcers. Poor monitoring also increases the risk of overhydration, particularly if requiring intravenous fluid support, leading to fluid overload and pulmonary oedema. These can increase length of stay in patients considerably and add distress and financial costs to the trust. Work has been undertaken to facilitate improvement in the following areas:

- Developing a hydration assessment tool within the Electronic Patient Record (EPR) as part of the admissions workflow
- Educating patients / relatives / carers on the importance of monitoring their hydration status and using triggers such as urine colour to prevent dehydration and alerting colleagues at the earliest opportunity
- Fluid balance policy currently being developed.
- Compliance of fluid balance and hydration assessment on internal dashboard
- Recruitment of AKI Champions to promote compliance with hydration assessment and fluid balance
- Teaching on Acute Illness Management Course (AIM) and highlighting fluid balance compliance as a key driver within the management of an acutely unwell patient
- Spot checks on wards at random
- To trial "traffic light coloured" jug lids to use as a visual cue to support those at risk of dehydration

The aim of this is to improve hydration and ensure this is evidenced within a fluid balance chart if required, therefore, the optimal fluid management plan can be made and reduce risk of associated complications.

To further strengthen all areas of work and drive improvement for nutrition and hydration, the Trust has selected Nutrition and Hydration (N&H) as one of the Quality Priorities for 2024 / 2025, focusing on Nutrition and Hydration for in-patient adult patients.

## **Dementia Screening**

As of March 2024, the Trust had a dementia and delirium matron in post.

Over the next 12 months, there will continue to be a focus on the dementia and delirium screening assessments. The compliance with both tools has reduced over the last quarter. We will continue to prioritise improving awareness and understanding of the tools and its importance, as the Trust continues to work towards the required 90% compliance for dementia screenings.

The assessment and dementia screening process are mandated for all patients aged 75 and over. This is a cognitive assessment that measures the aspects of an assessment for delirium; followed by a screen for depression; and if the delirium assessment is negative, it should be followed by a dementia screen. If delirium is diagnosed, the cognitive assessment should not progress to the dementia screen.

The dementia screen is a nationally monitored standard requiring 90% compliance. The dementia screen is not intended to be an indicator for investigation whilst the person is in hospital. Its function is to prompt communication with the person's GP to inform of positive screen. This may lead to a referral of the patient to the memory assessment service for further investigation.

### **Improvement work**

#### **Assurance to increase dementia screening compliance**

Dementia screening has now moved from a medical task to a multi-disciplinary task. It is led by nurses, and a qualified colleague should be identified to complete during board rounds. The enhanced care team will provide education and guidance to support colleagues to increase compliance and further understand the purpose and benefit of the tool.

The enhanced care team are currently reviewing the dementia training packages to ensure that they are in line with the Health Education England dementia training standards framework. Tier two training will be offered to colleagues once the review is complete.



# Falls

Falls 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.

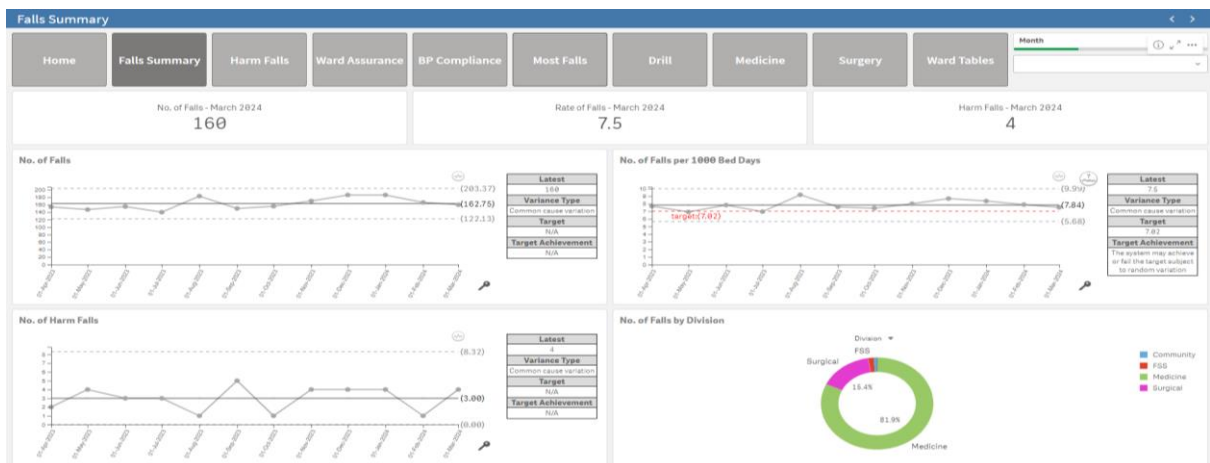
The Trust has a Falls reduction action plan delivery which is overseen by a monthly Falls Collaborative. The action plan is based on aspects of the previous National Audit which highlighted some areas for improvement, including lying and standing blood pressure, medication review and vision.

The Falls Collaborative saw a new medical lead and clinical lead in 2023, and this helped to embed the team's focus on using data effectively. A new falls dashboard was launched, with additional key performance indicators being measured, in order for a targeted approach to learning and improvement.

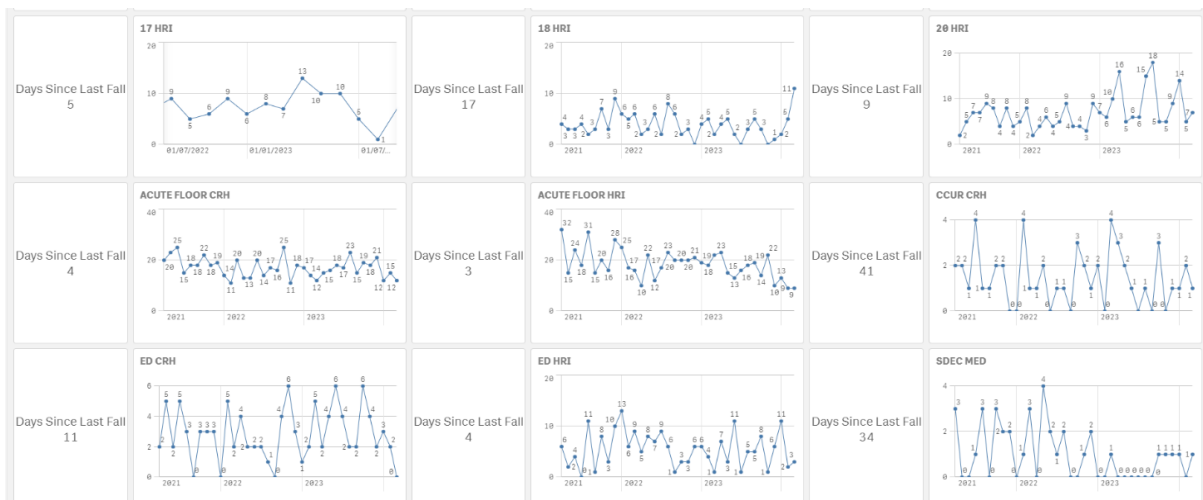
## April 2023 to March 2024

### Dashboard

A new and improved dashboard with increased functionality and capability, allows clinical improvement teams / ward managers / matrons to access falls data and key performance indicators. The Collaborative uses this to monitor key performance indicators and focus on where to target support.



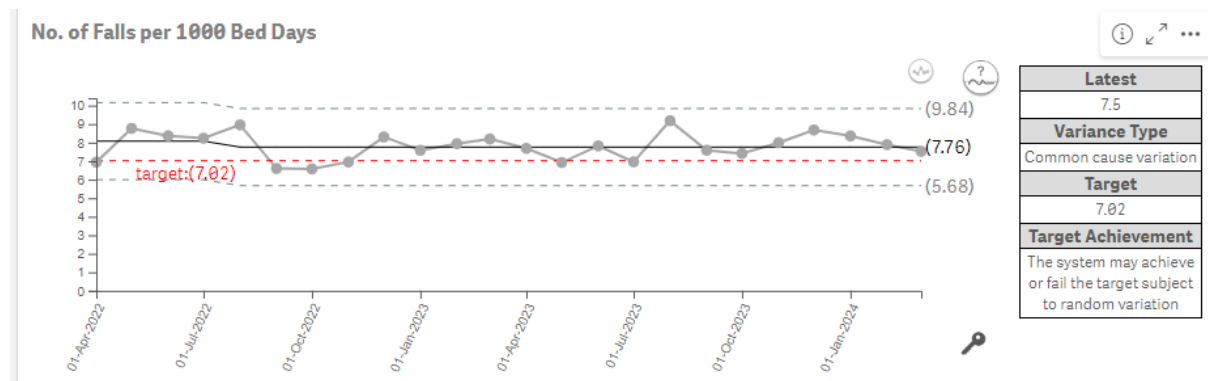
### Number of days without a fall (key performance indicator)



The number of days without a fall (key performance indicator) was introduced on wards in order for colleagues to review performance at a glance. This is a visual display on wards, in the form of a cross (Red = fall; Green = no fall), with the idea of giving ownership and pride back to clinical teams. This was trialed on the Acute Floor at Huddersfield Royal Infirmary for a period of three months and was very successful. The metric was previously used as part of Productive Ward. The Collaborative requested that the metric reports on the internal Trust dashboard – Knowledge Portal +, in order to celebrate wards which do well, and learn from areas that are getting it right.

### Falls per thousand bed days 2022/23 vs 2023/24

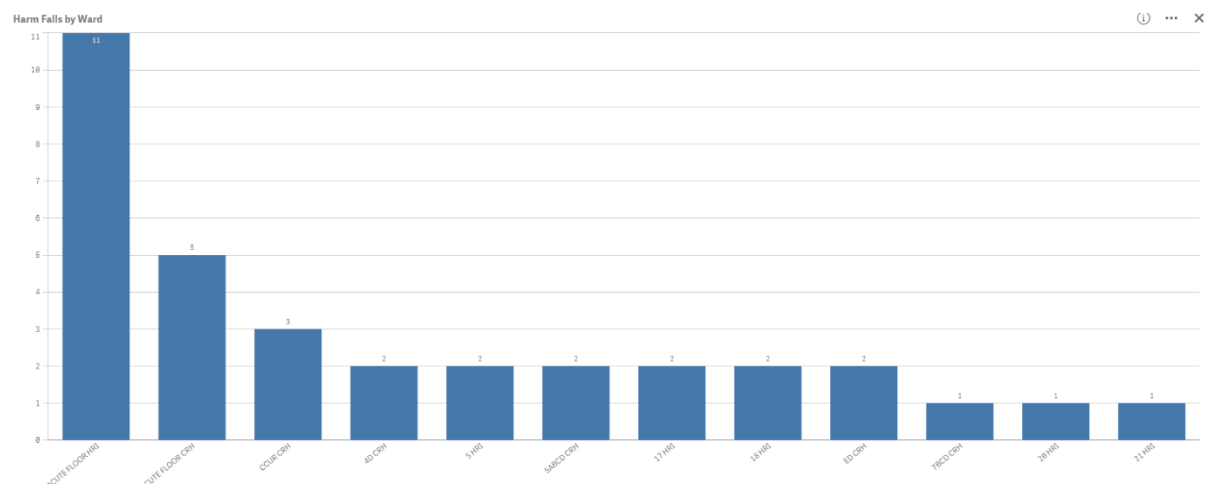
The Collaborative use falls per thousand bed days as a measure, rather than the number of reported falls, as it more accurately reflects performance, due to it taking into account the number of patients (increases and decreases) in the system. The improvement in position seen in 2022/23 remained sustained, with CHFT achieving 7.84 per thousand bed days in 2023/24 however, this is still above the national average which currently sits at around 6.6.



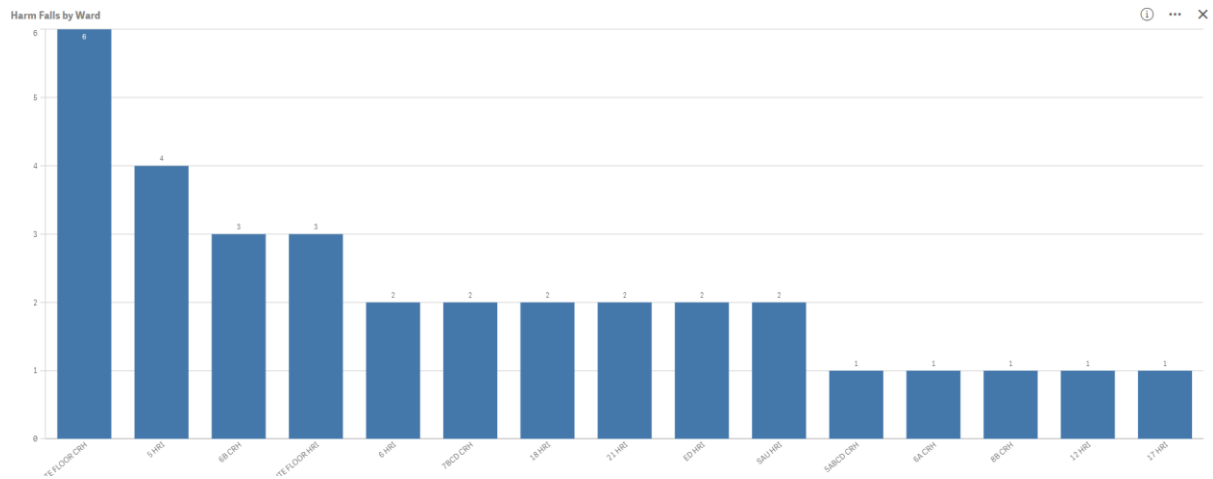
### Harms Falls

The Trust has seen a sustained reduction in the number of harm falls in 2023/24, with a total of 33 reported compared to 34 in 2022/23.

### Harm Falls 2022/23



## Harm Falls 2023/24



It is important to note the significant improvement that the Acute Floor at Huddersfield Royal Infirmary has made in reducing overall number of harm falls from 11 in 2022/23 to 3 in 2023/24. This was a significant achievement and no longer the ward reporting the most harm falls. The Collaborative is continuing to monitor areas with harm falls and identify areas that need additional support / intervention.

## Healthcare Associated Infections (HCAs)

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**

One case of MRSA bacteraemia was reported this year. The case, identified in March 2024, was subject to a post-infection review as per national process.

### **Clostridium Difficile (C.diff) infections:**

The C.diff objective for 2023/2024 was 37 cases, a decrease of one (1) case on the outturn from 2022/2023. The objective includes both HOHA (hospital onset, healthcare associated) cases, plus COHA (community onset, healthcare associated) infections where there was an inpatient episode within the previous 28 days. 50 cases were reported in 2023/2024, breaching the annual objective.

CHFT continues to use advice given, following a support visit from NHS England / Improvement carried out in February 2023. They summarised that although cases of Clostridium difficile infections (CDI) rose recently, this was broadly in line with regional and national trends. It gave 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. This increase over the past two years is a similar picture to other providers across England.

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.

Post infection review processes have been followed for the first six-month period (April 2023-August 2023), and a change to trial the rolling out of the new national PSIRF (Patient Safety Investigation Framework) process for the second half of the year (September 2023-March 2024) which has been 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.

### **E. Coli (Escherichia coli) bacteraemia:**

E. coli bacteraemia objective includes both hospital onset hospital acquired (HOHA) cases and Community Onset, Healthcare associated (COHA) cases. The objective for E. coli bacteraemia of 67 for 2023/2024 was not met, with an outturn of 68 reported. While there was a decrease in overall cases in 2023/2024, compared to the previous year, there was an increase 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 (IPC) 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 IPC team will move forwards in the coming 2024 / 2025 year to utilise the new National IPC framework, and alongside the whole Trust, will move towards the new framework for investigating any HCAI using the Patient Safety Incident Response Framework (PSIRF) system, which will move away from blame / preventability, and instead focus on human factor learning and ways to improve practice moving forwards, be that within a singular area or across the Trust and will form part of the coming year IPC Programme.



### Three Year Delivery Plan for Maternity and Neonatal Services

On 31 March 2023, the Three-Year Delivery Plan for Maternity and Neonatal Services was published bringing together the findings from recent inquiries and reports and identifying the core objectives required to ensure high quality, safe maternity, and neonatal services.

The plan contains four key themes:

- Listening to women and families with compassion
- Growing, supporting and sustaining our workforce
- Developing and sustaining a culture of safety
- Digital and Data – Meeting and improving standards.

In response to the plan, the objectives were mapped into the maternity transformation plan and a maternity and neonatal transformation board chaired by the Chief Nurse, was put in place to oversee progress.

A review of progress with the plan was undertaken in February 2024 and agreement of key actions to ensure the themes are embedded into core business and prevent the plan being seen as a standalone and additional document to report against. This change in structure will be enacted through quarter one of 2024 / 2025.

A structured workshop to ensure the annual workplan for Year two and three is co-designed with the women and families using the service, will take place during quarter one 2024-2025.

The neonatal services joined the Women's directorate in January 2024 to support the development of the perinatal pathways and relationship.

### Regulation and Assurance:

#### CQC

In June 2023, the maternity service received a CQC inspection assessing the domains of Well-led and Safe.

The service retained their overall rating of good with each domain being rated individually as:

- Well Led – Good
- Safe – Requires Improvement.

The report identified four 'Must Do' actions centered around training and workforce and a small number of 'Should Do' actions. These will be monitored and finalised in 2023/2024.

Under the new framework, neonatal services will now be inspected as a core service and preparation for this has commenced and will be managed through the Trusts Journey to Outstanding (J2O) programme.

## **Maternity Incentive Scheme (MIS)**

The Trust submitted a position of compliance against all ten safety actions against Year 5 of the scheme, with a mitigation against safety action 1a.

Compliance with the nationally mandated saving babies lives bundle version 3 is a part of the MIS scheme, safety action six.

The submission has been reviewed by NHS Resolutions with external validation of safety action 1, 2 and 10 as per the scheme requirements.

Notification was received at the end of March 2023 that the Trust was successful following the validation process and has achieved Year 5.

Year 6 of the scheme will be published at the beginning of April 2024 and progress with each safety action will be monitored by the Maternity and Neonatal Transformation board and reported to the Board of Directors in the regular Maternity and neonatal report.

## **Local maternity and neonatal System (LMNS) Assurance Visit**

In November 2023, the LMNS visited the service to complete an annual assurance assessment. The visiting team consisted of LMNS core staff and peers from other organisations and for CHFT also included the regional Chief Midwifery Officer and deputy.

The overall feedback was positive and highlighted the passion of the team and commitment to providing high quality care to families. The areas for ongoing development included strengthening co-design with service users and closing the loop on data and learning. This feedback has informed the re-structure to embed the 3-year delivery plan into core business.

## **Key Achievements for Maternity Services**

In addition to achievement of MIS, retaining a good CQC rating and the positive LMNS assurance visit there were some other key achievements for the service.

## **Workforce**

There have been positive recruitment initiatives with just under 30 full-time equivalent midwives recruited to the Trust. Some of this recruitment has seen several colleagues who have previously worked at CHFT return into various posts. The retention of preceptorship midwives has been excellent with very positive feedback on the support received.

Additional focus will now be placed on the retention of experienced midwives in the organisation and the development of career pathways for health care support colleagues and registered nurses. The first midwifery apprentice has now commenced their training.

Some short films showcasing what it is like to work at CHFT as a midwife have been filmed and shared widely.

## **Perinatal Culture Leadership Programme**

Four members of the senior leadership team from the maternity and neonatal services have participated in the national perinatal culture leadership programme. This has culminated in the Safety Communication Operational Reliability and Engagement Survey (SCORE) culture survey within the unit which achieved a 49% response rate overall. Culture conversations have

been held and the findings from these will inform the annual workplan for theme two of the Delivery plan.

### **Colleague Experience**

The national staff survey has seen an improvement in engagement score and across almost all questions.

Colleague engagement initiatives have been rolled out and include the Improvewell app, visible leadership walkarounds, open door policy across all senior leadership, unit wide meeting with the Director of Midwifery and a continuous reinforcement of positive culture, civility, and transparency.

### **Digital Achievements**

The neonatal service has implemented a full electronic patient record (EPR) using the Clevermed BadgerNet system.

Phase two to interface the equipment with BadgerNet will be completed in 2024 / 2025.

The maternity dashboard is being mapped with Statistical Process Control (SPC) charting. This will support scrutiny of data and being able to clearly review health inequalities and the development of targeted actions.



## Safeguarding

Safeguarding sits corporately within the organisation. The Named Executive Director is the Chief Nurse and safeguarding sits within the portfolio of the Associate Director of Nursing Corporate 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 arrangements by the Associate Director of Nursing Corporate Services / Head of Safeguarding. The Named Nurses / Professional represent the Trust on the sub-groups of these Boards / Partnerships.

The Named roles are a statutory requirement. There is one vacant post (Named Nurse Children Looked After / Care Leavers) however, recruitment to this has been successful and the postholder will commence April 2024.

Internally, the Safeguarding Committee reports directly into the Quality Committee and both the Quality Committee and Board of Directors 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). Safeguarding training accessed by CHFT's workforce is compliant with the above framework. Following review of role specific training within Divisions, there has been a drop in safeguarding training and safeguarding supervision compliance. Overall compliance for the different elements of safeguarding training is 86%, and the Divisions have plans in place to ensure this meets the Trust's 90% target. Training compliance and safeguarding supervision compliance is monitored at each bi-monthly Safeguarding Committee.

We are working together with colleagues leading on the (Bridging the Gap; Leading a Change in Culture; Overcoming Adversity; Supporting Vulnerable People; Motivating Independence and Confidence) project and the introduction of Trauma Navigators towards becoming a fully Trauma Informed Emergency Department (ED) and have made real progress over the reporting period. We have delivered our new ED Bespoke Safeguarding session to over 100 nursing colleagues across our departments and embedded within these sessions the principles of Trauma Informed Practice, linking this to previous case examples and introducing external agencies into the sessions who have brought a different perspective and encouraged debate and discussion between ED colleagues and external partners. We are looking at including our senior medical colleagues at these meetings moving forward, which will further allow us to implement the approach across our departments.

Following the Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS) audit in 2022, a review of MCA training was carried out. A training needs analysis was completed to ensure colleagues were assigned the correct level of training. The safeguarding adults' team have developed online DoLS forms to support colleagues in completing the application and a timelier response in processing these prior to submission to the Local Authority. These forms will be available from 1 April 2024. Bespoke and targeted MCA training is continuing for key areas where gaps in knowledge have been recognised. The 'lunch and learn' sessions are evaluating positively amongst colleagues. Audit Yorkshire are currently auditing our response to the measures put in place to address the findings of the MCA / DoLS audit in 2022.

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.

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; five safeguarding practice reviews; five safeguarding adult reviews and seven 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; transition and elder domestic abuse. In response to these themes, the following areas continue to remain a priority:

- training to include trauma informed practice and hidden males.
- development of social and self-neglect pathways
- development of the online DoLS application process
- promotion of ICON (infant crying and how to cope)
- review of documentation and recording significant others
- increasing awareness of elder domestic abuse
- transition from childhood to adulthood
- electronic notification on patient record in relation to under 1's presenting with an injury
- review of the under 18 proforma to support risk assessment.

The Health Independent Domestic Violence Advocate (IDVA), recruited with funding from the Ministry of Justice (MoJ) continues to have visible presence in our Emergency Departments, supporting colleagues and patients either presenting with or where there is a disclosure of domestic abuse. This role continues to evaluate positively.

As part of the funding, CHFT provide mid-year reports and end of year reports for the MoJ. Feedback from one of the victims supported by IDVA is below:

*“You were helpful and supported me. You were with me at my every step and soon I was able to leave my partner and move out. After leaving my relationship I was feeling down and felt useless, especially because when I was in an abusive relationship, I was constantly doing things and cleaning my house all the time as my ex-partner did not like it if I was doing nothing and now, I don't know what to do with myself and I feel more useless now than ever before. I remember calling you and you were able to meet on the same day. You had got me hot chocolate and piece of cake, we chatted for some time and talked about options and support available for me”.*

Following a 'go see' visit to Pinderfields Trust to look at Domestic Abuse practice within the emergency department, we were able to take some key learning for our departments moving forward. Following this visit, we are also now working towards a non-fatal strangulation pathway for the Trust, which will give a clear guidance on the medical and safeguarding interventions required when these cases present.

Making safeguarding personal (MSP) is now a core theme that runs through our safeguarding training. There has been a focus on the effects of poor discharge on making safeguarding personal and how we can better improve outcomes for our patients and families in relation to this. The safeguarding response template for safeguarding adult enquiries has been redeveloped and includes making safeguarding personal in our responses to both the Local Authority and families. This workstream also aligns to the principle of empowerment, giving the focus on making safeguarding personal and the impact this has on supporting safe discharge.

The Calderdale CLA team continue to offer drop-in sessions at the Orange Box once a month, which provide support to Care Leavers with health advice and signposting. This has also improved communication and collaborative working with the Pathways service.

## Complaints

During the year we have continued to focus on investigating and responding to complaints in a timely manner, in order to implement changes to improve patient care.

Weekly meetings with senior divisional and corporate managers are ongoing to discuss complaints, any issues experienced during the investigations and any potential timeframe breaches. These continue to work well and are extremely well-attended on a weekly basis.

The Trust's performance improved significantly and consistently throughout 2023 / 2024, with 90% of complaints responded to within agreed timeframes. The complaints team now meet with the risk management team, and the quality and safety team on a weekly basis to triangulate data to ensure consistency and make improvements.

We continue 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 ongoing, 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 colleagues, not just management teams. It was hoped that learning forums would be introduced. This has not been fully implemented; however this is a priority as we move into 2024 / 2025 and is reflected in the Trust's Quality Strategy.

An additional priority as we move into 2024 / 2025 is to reduce the number of extension requests to complaint response due dates. An extension request form is to be implemented to ensure the reason for the request is approved by a senior colleague and that the request is necessary.

### Learning from complaints

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

Themes and trends continue to be collated, as we always want to learn from those who have made a complaint to the Trust. We need to ascertain what their experience of raising a complaint felt like.

**Complaints and Patient Advice and Liaison Service (PALS) Performance during 1 April 2023 to 31 March 2024 for the Trust:**

<p><b>419 Formal complaints</b></p>	<p>This demonstrated a decrease of 15 from 2022/2023 (434) which again, 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.</p>
<p><b>90% Complaints closed within target timeframe</b></p>	<p>This figure represents a significant improvement in performance with a 33% increase compared to 2022/2023 (57%). 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 and is reflective in the work undertaken over the past 12 months.</p>
<p><b>1246 PALS Concerns</b></p>	<p>This figure represents the number of PALS concerns received during this period. This has shown a reduction of 422 concerns raised.</p>
<p><b>1970 Enquiries/suggestions and improvements</b></p>	<p>This figure represents all other contacts and enquiries the PALS team received. This demonstrates a significant increase of 1598 on last year and can be explained by how the contacts are logged and categorised and work is on-going to ensure this is consistent throughout the PALS team.</p> <p><b>In total 3216 contacts with the PALS team have been recorded, on average, that equates to 62 contacts per week.</b></p>
<p><b>502 Compliments</b></p>	<p>Total number of compliments received during the year which demonstrates a decrease of 97 from 2022/2023.</p>

## Learning Disabilities

### Training and Awareness

Learning Disability awareness training became an Essential Skills Training (EST) for all CHFT colleagues in May 2022, and achieved 96% compliance at end of March 2024. The Trust is moving towards the National Mandated Learning Disability and Autism awareness training, with the preferred model of delivery being the 'Oliver McGowan' package. A phased implementation plan of part one for all colleagues is to commence in June 2024.

The Think Learning disability champions has increased to over 400 during 2023 / 2024 with posters on display within the Emergency Department and Outpatient areas throughout the Trust. Learning Disability week in June 2023 remained a focus of increasing the champions and raising awareness regarding learning disabilities, reasonable adjustments, and the hospital passport with support from the interns undertaking Project Search (pictured below).



## **Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR)**

Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) is a service improvement programme for people with learning disability and autistic people, established since 2017 and funded by NHS England.

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.

CHFT continues to report all deaths of a patient with a learning disability or autistic person as per Trust policy. All inpatient deaths are subject to an internal structured judgment review which is reported to the Trust Mortality Surveillance Group. LeDeR data is reported to the Trust safeguarding committee within the learning disability report.

CHFT engages in the LeDeR review process and attends focused review meetings and local governance group to ensure areas of learning, good practice or concerns are actioned at CHFT.

## **National Learning Disability Improvement Standards**

The learning disability improvement standards is commissioned and endorsed by NHS England to measure the experience of care for individuals with learning disability and autistic people. The standards aim to ensure consistent quality of services across the NHS in how we approach and treat people with learning disabilities and autism or both. In particular, to help individual organisations measure quality of services locally and set actions to achieve overall compliance.

The Trust completed the data collection for 2021 / 2022 (report received) and 2022 / 2023 (report not yet published). An area of improvement for the Trust remains ensuring changing facilities are across the Trust site, and remains in existing plans within the transformation work and new builds planned for the Trust over the next few years. Easy read appointment letters also remain an action for the Trust which is planned to be implemented during 2024.

The Trust continues to monitor the feedback from patients via the surveys that are completed and the 150 staff surveys, and reviews these via the patient experience and involvement group and ensures any learning or improvement work takes place.

## **Health inequalities and people with learning disabilities**

CHFT over the past three years have worked on developing a learning disability dashboard, and ensuring the learning disability flag is within the wider Trust performance monitoring data. This has allowed the Trust to work towards reporting learning disability performance in key areas such as the 4-hour emergency care standard and outpatient did not attend (DNA) rates on the IPR.

Reporting the data is only one element of the health inequalities work achieved. Several audits and deep dives into the data have taken place to understand the pathway / journey of people with a learning disability using CHFT services. This has enabled CHFT to monitor for any discrepancies or specific health inequalities relating to learning disabilities.

Audits have taken place into the Emergency care standard, outpatient DNA, Cancer faster diagnostic standard, and patients waiting more than 40 weeks to start treatment, as well as a readmission audit led by Medical Consultants. The audits have been presented at several forums including the medical clinical governance day.

This work is reported and monitored by the Trust Health Inequalities' group which is chaired by the Deputy Chief Executive.

The Trust remains committed to improving the health inequalities of people with a learning disability and continues to prioritise people on a surgical waiting list, monitors DNA / was not brought to medical appointments and continues to strive to make the necessary changes to ensure reasonable adjustments are made to provide the necessary individualised care and treatment.

## Children and Young People

In October 2023, a Trustwide Children's Board was established, whose aim is to provide transformational oversight and improve the quality, safety and experience of children and young people, using healthcare services at Calderdale and Huddersfield NHS Foundation Trust.

The group oversees and monitors the planning, provision and governance of children's and young people's (CYP) healthcare across the Trust to ensure opportunities for maximising outcomes.



Principles underpinning the activities of the Group are that:

- Care should be delivered by competent professionals who communicate well with children and young people, and their parents / carers and families.
- Children and young people should be involved in decisions about their health and care and make informed choices. Their voice must be heard.
- Children and young people must be treated with dignity and respect.
- Care must be provided in environments which are appropriate to their age and needs.
- There are appropriate and efficient systems for the transfer from child to adult services.

To do this, the group will oversee the delivery of an overarching CYP transformation plan which uses quality improvement methodology in line with key local, regional, and national guidelines, standards, benchmarks, and best practice.

Key current areas of development include:

- Developing CYP Trustwide Strategy
- Overarching Transformation plan
- Urgent Care Pathway, Same Day Emergency Care (SDEC) and Ambulatory care for Children and Young People
- Surgical Care Pathway
- Transition -supporting young people from a paediatric to adult setting.
- CYP Mental Health
- CYP End of life care
- Children's Therapies

As a multi-disciplinary team, we are committed on our journey to outstanding and recent internal and external assessments have highlighted consistency in high quality patient care as the three quotes from assessors suggest:

*"It was obvious that the team have a good positive culture of care and working together. There is evidence of strong communication between staff and parents / carers."* (J20 Internal assessors CHFT)

*"The passion is evident, there are happy staff, and we are impressed by the executive buy-in to supporting the development of children's services"* (Peer Review Yorkshire and Humber Surgical Operational Delivery Network)

*"Compassionate and inclusive leadership is evident across and within services, with a visible and supportive CYP leadership team. There is extremely positive feedback from staff regarding the visibility and approachability of the Children and Young People Lead Nurse"* (NHSE CYP Improvement Lead – Key Lines of Enquiry visit)



The structure and governance arrangements for children and young people have been strengthened this year with an additional Matron, Paediatric Assessment lead, Head Nurse and Governance coordinator role, and strengthened nursing leadership within the special schools. We now have an executive lead for Children and Young People, supported by the Associate Director of Nursing for the Families and Specialist Services (FSS) division.

Central to any improvement work is ensuring that the child and young person's voice is heard, and any changes are co-designed with local families.

Recent examples of this are the development of a child-friendly feedback and complaint's leaflet and Children's Passport.

One of our young people who sadly lost their older sister due to a heart condition helped us to develop a child-friendly YouTube video of what to expect when coming into hospital for an echocardiogram. They left our department feeling like a film star and eager to tell their school friends that hospital is not a scary place to be.

Youth ambassadors for the Trust are helping us with recruitment for key posts, making sure our patient information is easy to understand and visually appealing. Central to this, is our vibrant, well-attended Youth Forum.

As a team, we ensure that CYP are central to any reconfiguration of services, and this can be evidenced by purpose-built facilities for CYP in the Rainbow Community Hub which opened in April 2023.

Star, Thunder and Sunny, our special puppets helped to explain in a child friendly way about the changes to our Rainbow Community service.



A child-friendly environment is also evident in our new Emergency Department on the Huddersfield Royal Infirmary (HRI) site and Children's area in Calderdale Royal Hospital (CRH) Emergency Department. We have progressed with our ambition to expand the play and distraction offer for children, with more play specialists in post where children are seen across the organisation. *"Play is often talked about as if it were a relief from serious learning, but for children, Play is serious learning. Play is really the work of childhood"* (Fred Rodgers).

The input from the BLOSM (Bridging the Gap; Leading a Change in Culture; Overcoming Adversity; Supporting Vulnerable People; Motivating Independence and Confidence) team has been instrumental in supporting young people who have experienced adverse life events, such as abuse or violence and signposting to appropriate support. Training for colleagues who are not paediatric trained has been enhanced through access to the locally developed “Paediatric positive course”.

When we identify areas that we can improve, we strive to turn the not so good into better. An example of this in a parent’s words:

*“In summary my 12-year-old son was diagnosed with coeliac disease at 6, and over the course of time, developed a fear of needles and blood tests, and that he’d be diagnosed with another condition that would change his life for the worse. I struggled for a few years to find support for my son to enable him to address his needle phobia and have blood tests, which is important as part of his care. The paediatric liaison mental health nurse worked with my son on needle exposure therapy. She has built a great rapport with him, when he was initially highly sceptical, reluctant to engage, extremely distrusting of healthcare staff and anxious in healthcare settings”.*

Through working together and standing in the patient’s shoes, the young person built such confidence and trust with the children’s and diagnostic teams, that they were inspired to come and tell their story at the CHFT Mental Health summit in February 2024.

Another example of leaning and improving is from a deep dive into incidences of Central Venous Access Device (CVAD) line infections involving children. Using Quality Improvement methodology, the Children’s Matron led a robust action plan for improvement, including competency-based assessments, joint working with Leeds Teaching Hospitals and a multidisciplinary approach across teams in the Trust, which has resulted in a sustained period of no further CVAD infections.

A 3R’s (Result, Reality, Response) Trustwide event for developing and embedding Transition processes for young people took place and we have an established Transition Steering group championing this work, including the launch of the Transition Care plan on our Electronic Patient Record.

Improvements have been made to ensure there are appropriate guidelines and local champions in place to support colleagues with navigation for families during end-of-life care. We have a dedicated Keyworker for childhood death who together with the wider Sudden Unexpected Death in Childhood (SUDIC) team, support families during such difficult times.

A joint project between children’s services and the adult palliative care team has initiated a unique tool to help during the pre-bereaved stages for a child losing a parent or grandparent in the hospital or community. “My Forever Box” is a personal memory-making box to help a child process the death of a significant adult or sibling. It can help them make sense of what is happening to their loved one and allow them to create special memories of this person. To date, 60 families have accessed this resource, and the powerful feedback from families report the significant difference this has made to help them navigate through traumatic stages of their lives. This initiative was recognised as a CHUFT award winner in 2023.

Current ambitions include working towards meeting the Facing the Future standards CYP10, and the FSS Division recognises the importance of enhancing the availability of Senior Paediatric Medical cover to be readily available in the hospital during peak activity. The development and embedding of the Children’s SDEC (same day emergency care) model to

support the seamless pathway between the Emergency departments and Paediatric assessment unit, is also a current ambition.

## End of Life Care

### End of Life Care

The six ambitions agreed nationally in relation to end of life care (EoLC) 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

CHFT is committed to support patients and their families receiving palliative and end of life care, seeking to educate and empower colleagues to deliver the best possible care and have continued commitment to support bereavement. From May 2024 all wards will be responsible for sending a message of condolence to their patient's family via a bereavement card, which promotes the Marigold bereavement café and prompts further contact if the family need.

Hospital and Community Palliative care teams continue to offer Advance Care Planning to all patients in their care, supporting the recording of specific wishes and preferences (including their preferred place for end-of-life care). The team's performance is measured against this key performance indicator as a quality outcome measure. Likewise, the use of individualised care planning for patients in last days of life with the Individualised Care of the Dying Document and Last Days of Life Document (ICODD / LDLD) is monitored via SystmOne nursing notes and EPR hospital notes and monitored via Palliative Care Dashboards.

Frailty Team - 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 colleagues 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 across 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**

CHFT palliative and end of life teams alongside community services continue to work with communities to promote service partnerships and patient / public involvement. We have worked with Overgate Hospice in engagement activities, including visits to Madni Mosque for CHFT colleagues so they can see how our Muslim communities approach death and bereavement. This shared learning has proved extremely valuable.

The Trust has an all-age approach to end-of-life care including a new SUDIC (Sudden and unexpected deaths in childhood) nurse, a pre-bereavement project which provide resource 'Forever boxes' for children who are losing a loved one, and also support for families whose child is dying. This project won a 'Working Together to Get Results' CHuFT Award in 2023 and the project outcomes have been presented through audit presentation, demonstrating a significant impact of quality and patient experience. Resources are funded through the Palliative Care charitable fund, which receives regular donations from patient and public.

## **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 colleagues 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 colleagues to ring for specialist advice.

The hospital specialist palliative care support workers role is to support wards caring for patients supported by the LDLD, as well as assisting with complex end of life care discharges. Through this process, they have frequent contact with families and carers, providing support and signposting to other services.

The End-of-Life Care team have successfully completed a project of supporting palliative patient identification, utilising Pippa magnets on wards to indicate when a patient is in last days of life, prompting appropriate interventions. Pippa magnets were funded from the Palliative Care Fund. Likewise, this Fund has supported the CHFT Carers project (via John's Campaign) provides visiting members of family with specific lanyards to identify individuals as needing additional access beyond normal visiting hours and access to resources.

## **Ambition 4 – Care is undertaken in a coordinated way**

Co-ordination and equitable access to EoLC 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 colleagues 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 colleague 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 colleagues and Healthcare assistants (HCA) – This course increases confidence and skills in EoLC and bridges the gap between specialist and generalist colleagues.
- 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 and the cross locality working group have developed an EoLC education directory for all colleagues to access training. We have standardised our training on Advance Care Planning and Communication skills.

### **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 taboo to talk about dying.

CHFT provides bereavement support by sending condolence cards to all families whose loved one died in hospital, and also those known to Specialist Palliative Care services. This enables connection with our community, signposting to additional services that can support them. Marigold bereavement café is held at HRI on the first Wednesday of every month, facilitated by the end-of-life care team.

A strategic collaboration across locality Integrated Care Boards has supported Calderdale to join Kirklees Dying Well Board, where we can facilitate a coordinated approach to service design, and to benchmark activity and quality outcomes.

### **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 child and adult patients known to CHFT services. Looking forward, we will work with the regional lead to develop a standard operating procedure for advanced care planning and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for children within CHFT. We have initiated training sessions for colleagues 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 colleagues. 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 Integrated Care Board (ICB) in March 2023, commenced in Summer 2023, with a collaboration of CHFT and Calderdale Primary Care Network. The four areas of focus are:

- GSF (Gold Standards Framework) Lite – Project within Central Primary Care Network (GP practice) for earlier identification of patients who are likely to develop palliative care needs within the next 12 months.
- Calderdale Care Home Palliative Care Nurse – funding for one clinical nurse specialist - commenced July 2023 for 23 months as part of the Community Specialist Palliative Care Team, has already demonstrated significant benefit to patient safety and quality in end-of-life care.
- Hospital Palliative Care In-reach service – funding for one clinical nurse specialist – commenced December 2023 for 23 months as part of the Hospital Specialist Palliative Care Team, with active support to CRH Emergency Department and Acute Floor to support early transfer and discharge of palliative patients back to community settings including urgent access to hospice. This service assists in patient flow and admission avoidance, ultimately facilitating the patient to die in their preferred place of care.
- Further 12-month extension the existing Out of Hours palliative care service working alongside Marie Curie, which already achieves excellent patient outcomes in assisting in symptom management, supporting patient and family to remain at home and avoid hospital admission, and prompt Verification of Expected Death with bereavement support to family.

Both the Community Specialist Palliative Care Team and Out of Hours Palliative Teams already have robust dashboards of data which demonstrate patient outcomes against agreed Key Performance Indicators. The CHFT Hospital Specialist Palliative Care Team (HSPCT) will soon have a revised dashboard, with a plan to enable benchmarking of activity and outcomes with Bradford HSPCT.

### **Thinking Ahead Programme (Virtual)**

The Thinking Ahead Programme is a seven-week course for patients living with incurable cancer and their family members. The course is hosted by the CHFT Macmillan Information and Support Service, in collaboration with Leeds, Harrogate and Mid-Yorks NHS Trusts. 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 undertaken a self-assessment against the six end of life ambitions which is being collated by the Integrated Care Board (ICB) to provide a system wide position in relation to the ambitions. We have used this information in addition to feedback from the 2022 National Audit of Care at the End of Life (NACEL) audit to inform the updated CHFT EoLC Strategy for 2023-2028.

Our priorities have been decided on by triangulating the information gained from the NACEL 2022 report, local priorities, feedback, and it builds further on the “Ambitions for Palliative and End of Life Care: A national framework” 2021-2026. The updated strategy is an opportunity for us to refocus our efforts and improve end of life care for our patients and those important to them. The new EOLC strategy has an accompanying action plan to ensure we monitor performance and address areas of need.

Our priorities are now.

1. Advance Care Planning (ACP) – to increase the number of ACPs offered and completed by patients (also ReSPECT forms completed). Evidence for this will be on Electronic Patient Record (EPR) and Electronic Palliative Care Coordination System (EPaCCS)

template on SystemOne. It is also reported on the CHFT and Integrated Care Board (ICB) dashboard data.

2. Recognition of last days of life – To increase use of Last Days of Life Document (LDLD) in hospital and Individualised Care of the Dying Document (ICODD) in Calderdale Community settings. Evidence for this is on EPR and the EPaCCS template.
3. Education and training for colleagues – To increase confidence, knowledge, and skills in EOLC across the CHFT workforce. Evidence for this is on KP+ and performance reports.

## 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 2023.

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.

As in previous audits, CHFT demonstrated continued compliance (90%>) with Standards 2, 6 and 8 however standard 5 was not fully met. There are no formal arrangements for out of hours reporting within 24 hours for non-urgent MRI (magnetic resonance imaging) and CT (computed tomography) and no formal arrangements for out of hours echocardiography.

A reaudit of standards will be undertaken in April 2024.

## Patient Experience and Involvement Group

The Patient Experience and Involvement Group (PEIG) has continued to focus on strengthening feedback and involvement of patients, carers, colleagues, and partners, to improve the quality and experience of care received at CHFT.

The Trust is committed to developing and coordinating services around what matters to people and has several strategic programmes of work which are led through the PEIG.

In 2023, there have been four key work strands in Patient Experience:

- Person-centred Care
- Working in Partnership with People and Communities
- Using insight to inform improvement.
- Keep Carers Caring

### Person-centred Care

Feedback from various routes across the Trust has emphasised the importance of providing person centred care and supporting individuals to achieve 'what matters most' to them.

The Trust identified that Person-centred care could mean different things to different people and developed a shared definition for the Trust to pilot in November 2023.

Engagement with colleagues, patients and carers was completed in December 2023 to understand how asking patients, colleagues, and carers at the Trust 'what matters most to them', may improve their experience. Some of the feedback received included:

#### Patients:

*"Feels great that someone has asked me what matters to me"*

*"I feel like I have more control"*

*"It feels personal and centred"*

*"Good to be included"*

*"I want to be discharged safely and to know what is happening to my health"*

#### Carers:

*"We feel happy that someone has asked what matters to us"*

*"If everyone is more engaged with our expectations and knew what we wanted, then hospital experience will be better"*

*"Hopefully if our expectations are met and someone can talk to me every day so that I know what the progress with my husband is, our experience will be better"*

#### Colleagues:

*"Having this information allowed me to think about strategies to support and achieve the patient goals"*

*"Great initiative – something everyone in the trust can contribute to"*

*"It allows patients to see a side of health professionals where we are the listeners, and they are the leads in the conversation"*

The person-centred care work programme is due to pilot the shared definition, with an agreed standard for documenting and reviewing what is important to individuals, as the trust ensures the patient and or their carer remains at the heart of decision making and planning of their care.



## **Working in Partnership with people and communities**

In 2023, the Trust strengthened their approach to working in partnership with people, recognising that to meet the Triple Aim (a new duty introduced within the Health and Care Act, 2022) greater involvement of people and communities, including those seldom reached or with characteristics protected by the Equality Act 2010, was essential.

To ensure that services are planned and developed whilst considering the needs of different people, including those in vulnerable circumstances the Trust has broadened their approach to involvement, and developed two voluntary roles.

The first new role to support wider inclusion at the Trust is called an “Expert by Experience” in recognition of the level of knowledge and experience people have developed whilst using or caring for someone receiving services at the Trust.

The second role is called a “Patient Safety Partner”, which also amplifies the voice of patients, but primarily supports the improvement of patient safety across the Trust.

Both roles support people to share their knowledge and experience of using the Trust’s services and increase the Trust’s understanding of the diverse needs and barriers to accessing health services that people can experience.

The roles will provide a forum for involving patients and carers, and support colleagues in involving patients, carers, and members of the public at the outset of programmes of work as the Trust moves to a level of co-production required to deliver the best possible experience of care possible.

## **Using insight to inform improvement.**

The Chief Nurse asked the PEIG to prioritise strengthening the link between insight (or feedback), and improvement initiatives across the Trust.

The Trust has several methods in which patients, carers, partners and colleagues can share their feedback. The CHFT Website pages for Patient Experience and Involvement have been updated to promote the range of feedback mechanisms available.

The workplan for the PEIG has been updated to bring together divisional insight, themes from complaints and compliments, alongside insight from partners such as Healthwatch. The PEIG anticipates that this will support the group to identify emerging themes and priorities more readily and have observed learning being shared across the Trust from successful initiatives in one division to another.

Examples from the last two PEIG meetings of insight being shared which has led to an improvement initiative include:

- Improvement initiative to respond to an increase in the frequency of rehab for stroke survivors (Community Division)
- Blue badge parking challenges leading to a reminder to security and reception colleagues of the rules.
- Increase in cup sizes available following feedback from patients (Radiology)

The results of three national patient surveys have been considered within the PEIG during the last four months. The National Adult Inpatient Survey, The Emergency and Urgent Care Survey and the Maternity Survey Results.

## Keep Carers Caring

In 2023, the Trust provided a focussed effort to improve the identification of, and support for unpaid carers. This included developing a Carer's Strategy and supporting local Healthwatch partners to pilot a Carer's Lanyard to offer unpaid carers a method of being identified during their time within the Trust.

A 'Keep Carers Caring' campaign promoted the recognition of unpaid carers across both colleague and patient/carer groups, with an emphasis on the inequalities in health unpaid carers experience as a result of their caring roles.

Initiatives to seek feedback from unpaid carers identified at the Trust have been prioritised, to inform further improvements the Trust can make. The feedback provided rich insight including:

- Most unpaid carers felt a means of identification helped them to feel empowered and to be involved in care planning for their loved one.
- Unpaid carers did not always recognise themselves as a carer.
- Unpaid carers did not always know where to find support or advice in relation to being a carer.
- Being listened to and involved in care planning was important to carers.
- Navigating across a patient journey and different organisations, co-ordinating providers is challenging.

The Trust was invited to share the achievements made in relation to support for unpaid carers with Members of Parliament by John's Campaign in 2023.

In response to the feedback gathered throughout 2023, the Trust is working with partner organisations and the latest insight findings (Carers UK Survey, 2023 and State of Care Report, 2023) to develop improvement actions across the local system which will support identification of unpaid carers, improve the involvement of unpaid carers and initiatives to support unpaid carers to improve their health and wellbeing.



## Learning from Deaths

During 2023 / 2024, 1688 CHFT adult inpatients died. This comprised of the following number of adult deaths which occurred in each quarter of that reporting period:

- 419 in the first quarter (April to June 2023)
- 381 in the second quarter (July to September 2023)
- 441 in the third quarter (October to December 2023)
- 447 in the fourth quarter (January to March 2024)

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 2023 to March 2024, **213** mortalities were escalated to SJR of which **191** had been completed at the time of this report.

- Adequate, Good or Excellent Care was identified in 55% of SJRs.
- Poor or Very Poor Care was identified in 45% of the SJRs.

From April 2023 to March 2024, **43** Structured Judgement Reviews identified issues with care provided to patients and have been reported on the Trust Risk Management Reporting Software System (Datix) and taken through divisional orange panels for validation.

**A thematic review of the 2023/2024 SJRs identified the main areas of good practice as follows:**

1. Good thorough documentation with wider Multi-Disciplinary Team (MDT) involvement
2. Good End of life Care and early recognition of a patient approaching end of life
3. Very good, coordinated work with Learning Disability (LD) matron and ward team.
4. Diagnosis, management plan and decision making were good.
5. Good communication with the family, patient's family was involved in decision making process.

**The main areas where improvement in care was identified were as follows:**

1. Timely escalation and response to high NEWS (National Early Warning Score)
2. Lack of senior reviews
3. Failure to recognise the deteriorating patient.
4. Delayed diagnosis
5. Poor discharge planning

**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 Risk Management Reporting Software 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 Mortality Surveillance Group 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 4 years ago and during this time, we have been successfully scrutinising Acute deaths. During the Summer of 2023 we started a gradual roll out of working with primary care colleagues and scrutinising community deaths ready for the statutory legislation becoming into effect from a date to be confirmed in April 2024.

The law states that every non-coronial death in England and Wales will have to be scrutinised and signed off by a Medical Examiner (ME). There are a number of significant changes once the law is enacted which will change the process of death certification for both Acute and Primary colleagues and would recommend that people view the primary legislation on the Government Website - [An overview of the death certification reforms - GOV.UK \(www.gov.uk\)](https://www.gov.uk). Once Parliament has signed off the primary legislation during March 2024 the secondary legislation can also be viewed here.

We are currently engaging the remaining GP practices to ensure we are ready for the implementation date. Calderdale and Greater Huddersfield ME Team will work with 58 GP Practices along with the Calderdale Royal Hospital and Huddersfield Royal Infirmary and our three local hospices.

The Medical Examiner service will continue 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. We continue to signpost those to the relevant teams both within the Acute Setting and within Primary Care.

We provide regular updates to the Quality Committee, Mortality Surveillance Group and to the National Medical Examiner Team at NHS England.

## **Mortality Indicators**

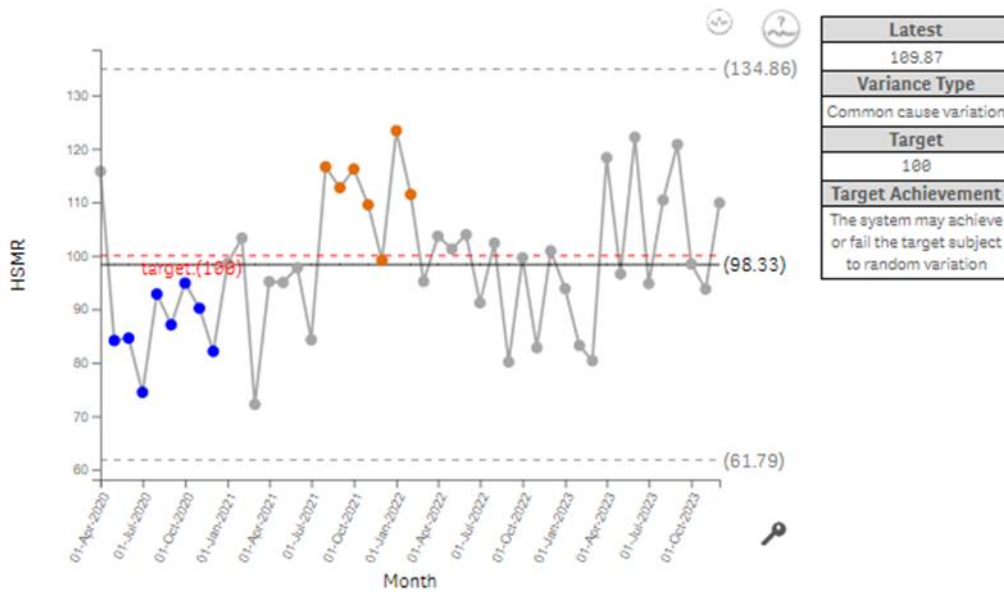
### **Hospital Standardised Mortality Ratio (HSMR)**

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 2023, CHFT has seen a deteriorating trend in HSMR performance. Current performance demonstrates a 12-month rolling position of 101.09, with the latest reporting month of December 2023 sitting at 109.87. This declining position has largely been driven by performance within the 122 Pneumonia CCS group in August and September 2023. A review was undertaken and 2 of the 10 cases reviewed were returned with a 'poor care' score. Both were sent for second opinions and they both confirmed the 'poor care' score. These records have been incident reported for further investigation. The observed deaths seen in 2023 has also been greater than in 2022 also. However there hasn't been a statistically significant change in crude mortality.

The current national position for HSMR stands at 98.52 therefore CHFT have risen above this point however remain within the expected range for performance nationally.

**CHFT Trust HSMR**  
Month on Month

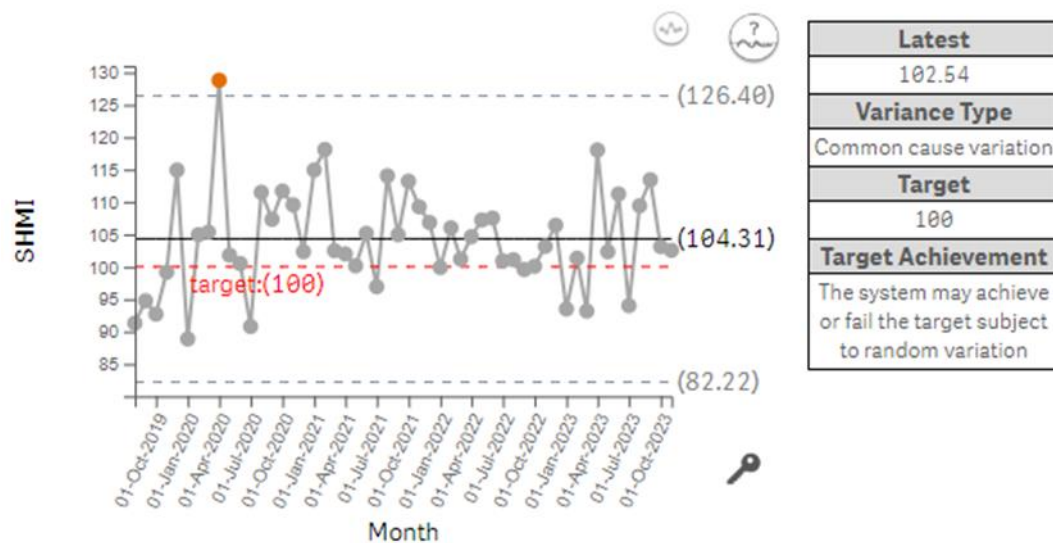


**Standardised Hospital Mortality Index (SHMI)**

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 based on 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 103.78 which remains higher than the national average of 99.34.

**CHFT Trust SHMI**  
Month on Month



## Colleague Experience including Staff Survey

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.

CHFT continues to focus on colleague wellbeing, and we hosted two wellbeing festivals throughout 2023 discussing themes such as stress and TALK (tiny acts of loving kindness). These events help the wellbeing team to connect with colleagues, and signpost to the relevant wellbeing support / resources and discuss issues such as mental health, financial wellbeing and general dietary advice and fitness. Over 360 colleagues attended. We also have 87 wellbeing ambassadors in the organisation, who are colleague volunteers who support teams locally and connect people to support quickly. Our financial wellbeing package includes, credit union, Wagestream, and salary finance as well as food and clothing top up shops where colleagues can discreetly drop items off and pick items up as and when necessary.

CHFT worked with West Yorkshire Health and Care Partnership to become a Menopause Accredited Friendly Employer in 2023. We have a Change Society (menopause) peer support network with 94 members, and they have been influential to support the organisation to ensure we have a menopause policy and gained the accreditation.

We have a dedicated colleague psychology team who are trained in Eye Movement Desensitisation and Reprocessing (EMDR) therapy and help inform our people approach through a psychological lens. The team have led a programme where 14 colleague volunteers are trained to host critical event peer support debriefs in the organisation.

It is important that we widely recognise and appreciate our colleagues. Our monthly star award scheme has generated 196 nominations and 12 successful stars. Exceptional efforts from colleagues range from clinical to non-clinical and all demonstrated how they go above and beyond to ensure they deliver compassionate care for patients and one culture of care for colleagues. All winners are chosen by a panel of five colleague volunteers, where winners are voted by the people and chosen by our people.

The annual CHuFT awards offered colleagues to nominate someone who had delivered excellence in seven categories. 285 colleagues were invited to the event including golden ticket winners and colleagues who nominated others. The event was a huge positive impact with the lead-up to the event, where we had a record breaking 339 nominations and eight winners. Beyond the event, we held a CHuFT on the Road campaign where we visited 35 areas to celebrate nominations, the short list and the winners continuing our celebratory feeling across the Trust.

We hosted two appreciation events across the CHFT footprint, giving colleagues an opportunity to shout about their colleagues and discuss the current appreciation programme, asking for their views to shape the approach in the future. 60+ colleagues engaged in the appreciation events.

Long service awards were also relaunched in 2023 and now include the return of face-to-face events and presentation. 34 colleagues have so far attended two events with a further four events planned in 2024.

In 2023, we established an Inclusion Group reporting directly into the Workforce Committee, a main Board sub-Committee. The group's purpose is to oversee all workforce equality, diversity and inclusion (EDI) activity in support of the achievement of Trust strategic and operational objectives. It is still in its infancy but the early work has focused on responding to the national EDI improvement plan and identifying its immediate priorities. The Group will champion organisation responses to the Workforce Disability Equality Standard (WDES) and WDES colleague survey feedback, and it has initiated data reporting / analysis of ethnicity and disability pay gaps in readiness for new statutory reporting responsibilities. In addition, it is sponsoring the development of Trust wide EDI education / learning resources, helping to strengthen the leadership of equality network groups and implementation of an inclusion activity calendar that enables colleagues to fully participate in making the Trust an inclusive place to work.

All EDI activity is informed by: -

- Staff Survey
- Workforce data i.e., workforce profile, recruitment, disciplinaries, leavers
- Engagement with colleagues i.e., walkarounds, events
- Equality group discussions

We have Trust sponsored, colleague-led, equality network groups:

- Pride Network
- Race Equality Network
- Disability Network
- Women's Voices Network
- Armed Forces Network
- Carers Network
- International Colleague Network

We have hosted several EDI events in 2023 including Windrush Celebration Event, Black History Month, Ramadan packs, Veterans Awareness Day, International Women's Day, Diwali, National Inclusion Week, South Asian Heritage month and our very first CHFT Pride Parade. Over 350 colleagues in total have attended events throughout 2023. Plus, we have developed an EDI education suite which is available for all via our intranet page.

CHFT has also been engaging our local communities to ensure our vacancies are accessible particularly in high deprivation areas. We have supported 88 residents into CHFT employment and apprenticeships from our widening participation pathways, 33 have progressed from the Prince's Trust, 5 from volunteering, 20 from Kickstart, 20 from SWAP and 10 from Project Search. 60% of those who progress into employment reside in the top 5 IMD (index of multiple deprivation) areas locally.

Widening participation activity has so far reached over 4500 young adults across Kirklees and Calderdale, delivering a range of in-person and Microsoft Teams careers and aspirational based activities. Targeting high schools, further education institutions and local community, statutory and charitable organisations with a range of workshops via outreach helps to promote applications into the Trust, apprenticeship masterclasses, 'Sector spotlight' Q&As, aspirational visits to the Trust and bespoke trust careers events in local institutions. Throughout 2023/24, CHFT also created 145 apprenticeships (49 new entrants and 96 from existing Trust colleagues) which has seen metrics return back to pre-pandemic levels.

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 2023 national staff survey feedback. Our response rate was comparable against the 2022 survey.

Scores for each indicator together with that of the survey benchmarking group that comprises of 124 acute and acute community Trusts are presented below:

	2023		2022	
	Trust	Bench-marking Group	Trust	Bench-marking Group
Engagement	7	6.9	6.8	6.8
Morale	6	5.9	5.7	5.7
We are compassionate and inclusive	7.4	7.2	7.3	7.2
We are recognised and rewarded	6	5.9	5.8	5.7
We each have a voice that counts	6.8	6.7	6.8	6.6
We are always learning	5.6	5.6	5.4	5.4
We work flexibly	6.2	6.2	5.9	6
We are a team	6.8	6.8	6.6	6.5

There has been significant improvement in areas such as:

- Team members often meet to discuss effectiveness (+10)
- Often / always look forward to going to work (+10)
- In last 12 months not felt well due to work related stress (+9.9)
- Received appraisal in last 12 months (+9)
- Enough colleagues to do job properly (+9)

Decreases in 2023:

- Organisation takes positive action regarding health and wellbeing (-2.3)
- Feel confident that the organisation would address concerns regarding clinical practice (-1.4)
- Organisation offers me challenging work (-1.3)





## Friends and Family Test

The National 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.

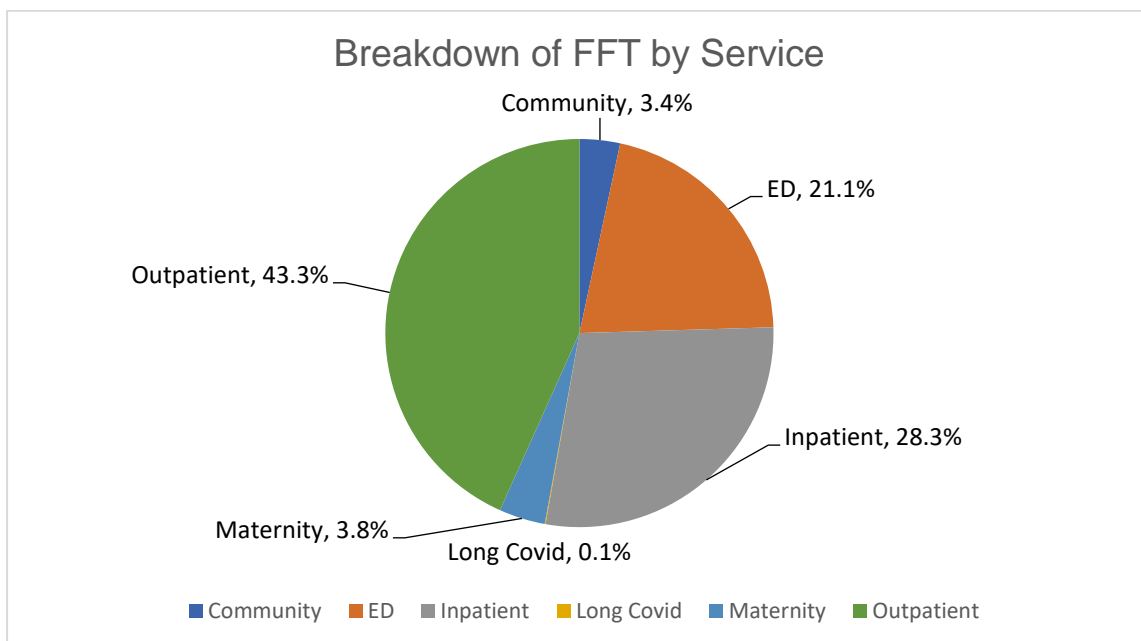
Calderdale and Huddersfield Foundation Trust received 59,933 completed Friends and Family Test responses in 2023/2024. This is an increase of 68% in comparison with the data received in 2022/23.

91.4% of respondents reported a positive experience of using our services at the Trust. This is a slight decline from the previous year's survey where 92.5% of patients reported a positive experience.

5% of respondents reported a negative experience which is a 1% increase in patients reporting negative experience in comparison to 2022/23 which was 4%.

3.4% of patients reported neither good nor bad experience.

The information and learning from the National Friends and Family test are shared bi-monthly by the divisions at the Patient Experience and Involvement group. This, alongside other methods of feedback enables themes, trends and priorities to be identified and actions agreed.



Some wards and departments have purchased tablets to enable patients to share feedback whilst they are in the department, resulting in timely feedback from patients using these services.

## Freedom to 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 of which there are a number across the Trust.
- 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 Freedom to Speak Up Group Policy in place which has been reviewed and aligned to the National Guardian Office in January of this year. 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 – Financial Year	Number of Concerns	Number raised anonymously	Number linked to bullying	Number linked to Inappropriate attitudes or behaviours	Number linked to element of patient safety / quality	Number linked worker safety or wellbeing	Number linked to detriment in speaking up
2019 /20	85	37	15	0	37	0	2
2020/21	78	42	14	1	25	0	0
2021/22	78	46	21	10	27	9	0
2022/23	90	46	13	43	26	41	0
2023/24 to date	74	39	7	36	22	26	3

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. The main themes continue to be in relation to the attitudes and behaviours of colleagues and risk to patient safety, however more recently a growing number are related to worker safety or wellbeing. We still have many concerns raised that are anonymous which could account for the fact we have few colleagues who have suffered detriment as a result.

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. There are some colleagues who have reported experiencing detriment because of raising their concerns. This is going to be a Trust focus in the coming months with a view to introducing a 3-month checkpoint after a concern has been closed down so that we can explore this further.

The FTSU service is completing a Reflection and Planning Tool endorsed by the National Guardian Office to review where CHFT is at present and plan its next steps. Already in the pipeline is the employment of a 0.5 WTE additional FTSU Guardian. However, the permanent FTSU Guardian who also worked 0.5 WTE has since retired so plans are already in place to replace taking the service to 1.0 WTE which will allow further promotion of the service, greater support to Ambassadors and visibility across the organisation.

The regular promotion of FTSU through several communication channels continues to raise awareness of the service and has 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.



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## Annex 1: Statements from our stakeholders

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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 challenges faced by the Trust throughout this year. 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 in partnership 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 although the account reflects that the quality priorities for 2023/24 were not fully achieved significant improvements and progress has been achieved in these areas.

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 further throughout the next year by the ICB Quality Teams inclusion in quality walkabouts as part of the Trusts ongoing Journey to Outstanding work during 2024/25.

The continued focus by the Trust to build and improve processes regarding the management of complaints is noted. The ICB would like to acknowledge the significant improvement and performance in responding to complaints within agreed timeframes and the reduction in complaint extensions. 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.

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 and the significant work undertaken by the Trust to transition to the new national reporting system and the development and implementation of the national patient safety incident response framework and the continued commitment to participate in local and national audits and research work. The Trust continue to develop strong system partnership working through their attendance at local place and national safety forums with a continued willingness to share learning through openness, collaboration and involvement with other partners. The ICB would welcome opportunities to facilitate sharing of learning throughout our system.

The Trust continue to make improvements and it was pleasing to read the positive feedback following the local maternity and neonatal system assurance visit and care quality commission inspection in the safe and well-led domains. 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. Improvements

and assurance work within the Maternity Division is detailed and includes the Trusts progress within recruitment, participation in the perinatal culture leadership programme and the improvements in colleague experience through the national staff survey results.

The introduction of the Trust wide Children's board and work to improve children's and young people's experience of using healthcare services at the Trust was welcomed. The ICB would like to acknowledge the significant amount of work in these areas and commend the work of the BLOSM team in their instrumental and positive work at supporting young people who have experienced adverse life events. We were pleased to see this team nominated for both local and regional awards.

The continued performance against key cancer metrics despite a continued high level 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.

The ICB welcomed the inclusion of the Trusts community care services provision in particular the ongoing work against the national end of life ambitions and successful innovation bid which has shown a collaborative approach between the Trust and Primary Care Networks.

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. We would like to commend the Trusts commitment to continually improve on the care that communities receive and working in partnership throughout 2024/24.

**Penny Woodhead**  
**Director of Nursing and Quality**  
**NHS West Yorkshire Integrated Care Board**

If you need this quality account  
in other formats, please contact:

01484 343800



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