



City Health Care Partnership CIC

a co-owned business

Quality Accounts 2012/13



Providing Quality Care

NHS

City Health Care Partnership CIC will, on request, provide this document in braille, audio or large print.

If English is not your first language and you would like a translation of this document please contact:

Polish

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Kurdish

ئەگەر ئینگلیسی زمانی تۆ نییه و دەتەوی ئەم بەلگەت بو
تەرجومە بکەیندەو تەکایە پەیهەندی بکە بە:

Mandarin

若 希望其他 言版本, 系:

Turkish

İngilizce ana diliniz değilse ve bu belgenin çevirisini istiyorsanız lütfen buraya başvurun:

Farsi

اگر انگلیسی زبان نیستید و ترجمه این متن را می خواهید، لطفاً با اینجا تماس بگیرید:

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Part 1

Introduction

Services provided by City Health Care Partnership CIC

Statement from the Chief Executive



Introduction

Quality Accounts are annual reports produced for the public from providers of NHS funded healthcare, which outline the quality of services they provide.

You (the public) can use this Quality Account by City Health Care Partnership CIC to understand:

- what we are doing well
- where we need to make improvements
- what our priorities for improvement are for the coming year
- how we have involved staff, people using our services, carers and others to decide those priorities.

The Quality Account submitted by CHCP CIC in June 2012 identified three priorities for the organisation. The three priorities of capturing real time data, refreshing the consent to treatment process and the implementation of a revised system for dissemination and implementation of National Institute for Clinical Excellence (NICE) guidance have been achieved and progress can be viewed in Part 3 of this account.

Quality Accounts aim to improve our accountability to the public. We do this by providing open, honest and meaningful information on the quality of NHS funded healthcare services that we provide for the communities of Hull. For further details about Quality Accounts, please see the NHS Choices website: www.nhs.uk/Pages/Homepage.aspx



Services provided by City Health Care Partnership CIC

City Health Care Partnership CIC is an independent social enterprise providing NHS funded community healthcare for around 290,000 people living in Hull as well as some specialist services for those living in the East Riding of Yorkshire.

We provide a wide range of health and wellbeing services. Our care and support embraces professions such as nursing, therapies, pharmacists, dentistry and medicine.

Our services have grown to meet the needs of local people. For example we care for people when they are ill or injured through our emergency care practitioner and minor injury services, community nursing and dentistry. We support children and their families or carers with their health needs through school nursing, health visiting, community paediatric service and podiatry.

We also support people to stay well and prevent future health problems through services such as carer support and those which provide weight management, smoking cessation and psychological wellbeing support.

CHCP CIC has established a working group, led by our Operational Services Director and Professional Lead, to embed The Department of Health (2012) Compassion in Practice into our vision and strategy, along with the second enquiry into the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Two Report) into the culture of our organisation.





Statement from the Chief Executive

Welcome to our third set of Quality Accounts for City Health Care Partnership CIC (CHCP CIC). These accounts report back on our priorities for improvement from our 2011/12 Quality Accounts, our key achievements and improvements throughout the year and outline our priorities for improvement for the coming year, directed by our stakeholders.

Section 3 highlights our quality achievements under our strategic aims:

- Putting our customers and customer satisfaction at the heart of what we do.
- Ensure we are able to compete in a competitive health care environment and market.
- Be an employer of choice.
- Be a provider of excellent health care services.

Since we began in 2010 we have continued to work in partnership to develop and deliver high quality services, with patients and service users at the forefront.

Our key achievements include:

Higher than ever levels of satisfaction across the full range of our services, with 97% of our service users satisfied with their overall care and support and 96% recommending our services to others. Further details of the results can be found on Page 32.

Winner of the Cabinet Office Public Service Mutual Category at the annual Baxendale Awards in 2012. This reflects our success as a co-owned mutual organisation.

Winner of the National Pay and Benefits Awards 2013. Our staff are our most valuable asset so to be able to offer them the best possible rewards and benefits is very important to us.

In 2013 we became accredited as a Living Wage Employer. This reflects our commitment to being an employer of choice, ensuring that we attract and retain the very best workforce.

I would like to again thank all of our stakeholders who have supported the development of our priorities for next year and for those who have provided statements to these accounts. To the best of my knowledge the information contained within these Quality Accounts is accurate.

A handwritten signature in black ink that reads "Andrew L Burnell". The signature is written in a cursive style.

Andrew Burnell
Chief Executive
City Health Care Partnership CIC

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Part 2

Priorities for improvement

Review of services

Participation in clinical audits

Quality monitoring programme

Research

Goals agreed with commissioners

What others say about City Health Care Partnership CIC

Data quality



Priorities for Improvement

Understanding what is important to our stakeholders is a key objective of our organisation. Consulting on our priorities for improvement gives us an opportunity to clearly ask for input from stakeholders on what is important to them.

Consultation process

To ensure that our priorities for improvement are reflective of our stakeholder's wishes, we have undertaken an extensive consultation exercise to identify our three priorities for 2013/14.

The consultation for the priorities for improvement took place in two key phases:

Phase 1

We reviewed our data collected during 2012/13 from various sources such as Patient Opinion, comment cards, reported incidents, the stakeholder statements of last year's quality accounts and complaints. From this rich source of data we looked for key themes and trends which would inform our priorities for 2013/14 and developed our list of potential priorities under the headings of:

- Patient experience
- Patient safety
- Clinical effectiveness.

This list was then sent to our stakeholders asking for any comments and additions they wished to make. We collated all of the responses to develop our final 'long-list'.

Phase 2

We issued our 'long-list' to all our stakeholders and asked them to vote for their top priority in each category. Patients and staff were given the opportunity to vote via a survey on our internet site. All the responses were collated and from this we determined our three priorities for improvement.

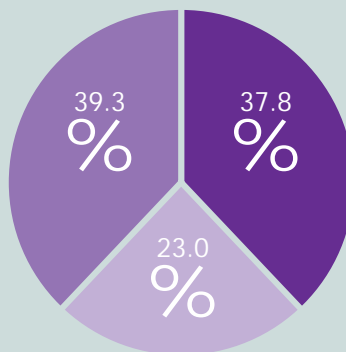
The final stage of our consultation process was to issue our Quality Accounts to stakeholders and their statements are published in the final chapter of this document.

City Health Care Partnership CIC would like to thank all stakeholders for their involvement in the production of the priorities for improvement and the supporting statements.

These are the results of our consultation with stakeholders and staff

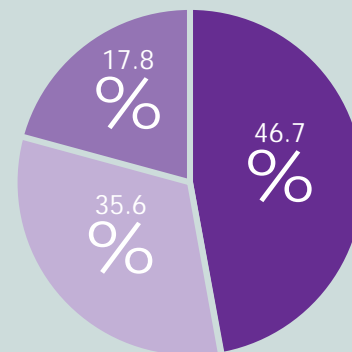
Patient experience

- Comments, suggestions, complaints
37.8 %
- Information on waiting times
23.0%
- Telephone access
39.3%



Patient safety

- Strengthening incident reporting
46.7 %
- Staff inductions
35.6%
- Supervision of staff
17.8%



Clinical effectiveness

To implement and encourage a research culture within the organisation 90 people responded with suggestions.

Themes were:

- Greater awareness of what is research
- Variety of areas of research were suggested
- Time and support for staff to engage in research
- Sharing of best practice across disciplines
- Start up a focus group/journal club
- Books, magazines and online materials to be available.

Priorities for improvement

Patient experience

Telephone access

Definition: In the 2011/12 annual patient survey, 11% of respondents found it 'not very easy' to get through on the phone.

As a result further real-time analysis of this was performed in specific services within adult and public health, with appropriate actions being implemented. The results in the 2012/13 annual patient survey show a similar trend, with 13% of respondents finding it 'not very easy' to get through on the phone.

How will we measure?

- Identify which service areas this specifically relates to, re-survey via real-time methods if appropriate and work up appropriate actions.
- Capture other potential service developments with regards to improving patient accessibility via the phone or other methods.

How will we report?

- Quarterly updates will be published on our website.

Patient safety

Strengthening/improving incident reporting

Definition: As a provider of health care services it is important that we constantly review the quality of our care and one of the ways we do this is to encourage our staff to report when things have not gone well.

Whilst we have robust incident and near miss reporting procedures, supported by an excellent reporting culture, we feel it is important to strengthen this further by quality assuring the process, particularly in determining the real issues causing something to go wrong with the quality of the actions to address these and the learning that takes place as a result.

How will we measure?

- A sample of completed incident investigations from each business unit will be reviewed and reported quarterly.

How will we report?

- Quarterly updates will be published on our website.

Clinical effectiveness

Encourage a culture of research, reflection and enquiry

Definition: Research is an important component of the delivery of healthcare, ensuring that health practitioners use evidence of what is known to be effective in their day to day practice. In many instances this evidence is provided from external sources, however, getting involved in research activities is an important way to promote best practice and develop motivated and expert practitioners.

We believe that quality care involves making the best clinical decision to achieve the highest quality of care delivery and outcomes for the patient. This needs to be underpinned by research evidence.

How will we measure?

- We will monitor the volume type and range of research being undertaken or contributed to within CHCP.
- Monitor staff research training activities.

How will we report?

- Quarterly updates will be published on our website.

Services

Community services

During 2012/13 City Health Care Partnership CIC provided 41 NHS services under the following business units:

Adult Services
Children & Young People's Services
Specialist Community Services
Primary & Psychological Wellbeing Services

Primary Care Services

During 2012/13 City Health Care Partnership CIC provided NHS General Practitioner services through our practices, as well as a new GP and minor injuries and a minor illness centre. We also provide nine general dental and four community dental NHS services. Details of these services are included within these Quality Accounts.

The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by City Health Care Partnership CIC for 2012/13.

City Health Care Partnership CIC has reviewed all the data available to them on the quality of care in 41 of these NHS services.

Participation in clinical audits

National clinical audits and national confidential enquiries

During 2012/13, two national clinical audits and no national confidential enquiries covered NHS services that CHCP CIC provides.

During that period CHCP CIC participated in one national clinical audit. It did not take part in any national confidential enquiries or national clinical audit in which it was eligible.

The national clinical audits and national confidential enquiries that CHCP CIC was eligible to participate in during 2012/13 are as follows:

National Clinical Audits
Diabetes (National Adult Diabetes Audit)
National Confidential Enquiries
None

To date there have been no recommendations resulting from the National Clinical Audit and Patient Outcomes Programme (NCAPOP). We propose to undertake a review of the NICE guidance and its implementation within Primary Care during 2013/14.

We feel as an organisation that with the National Office we can contribute greatly to the national clinical programme in the future. We have made enquiries on how we can take this forward in 2013/14.



Local clinical audits

Clinical Audit is designed to be a process of quality improvement, where services and clinicians evaluate their work and identify improvements for implementation within the service and/or organisation.

258 local clinical audits were undertaken in 2012/13 and these are distributed across our business units.

Business area	Clinical audits
Adult Services	108
Children and Young People	66
Primary Health Care	24
Specialist Community Services	60

The reports of 258 local clinical audits were reviewed by CHCP CIC in 2012/13.

Example 1

A clinical audit following the implementation of a new method for managing anti-coagulation therapy with our patients demonstrated improved benefits for patients and, as a result, the method has been adopted by other NHS organisations and is shortlisted for a national award.

Example 2

A clinical audit to establish whether Emergency Care Practitioners (ECPs) prevented hospital admissions found that the advice given by ECPs was appropriate and those who received only telephone advice did not later require further interventions from other services.

Example 3

A clinical audit within our GP practices was undertaken to establish the quality of care provided to patients diagnosed with depression. The audit identified that, whilst overall care was of a good standard, there were some patients who would benefit from further assessment and medication review. This was subsequently implemented and a further audit is scheduled.

At City Health Care Partnership CIC we aspire to the highest standards of clinical practice and thus encourage our staff to share their knowledge, skills and expertise with others outside of the organisation. This includes some of our clinicians holding clinical lead and chairmanships of national and regional expert groups, contributing to NICE evidence resources and guidance, article reviewing for healthcare journals and some holding honorary contracts with academic institutes and Deaneries.

In 2012 we reviewed our Clinical Audit policy to ensure that it complemented the research and clinical effectiveness approaches that we undertake.

Our Clinical Effectiveness Committee has a remit to receive and review information to develop the clinical effectiveness and quality of the healthcare services provided by the organisation.

The policy clarifies the roles and responsibilities of all staff engaged in clinical audit projects and encourages any member of staff to suggest an audit or area of clinical enquiry for their team to consider in respect of their effectiveness in clinical interventions.

In October 2012 we introduced a database to collect examples of good clinical practice disseminated from our staff.

In the first four months since its introduction we have captured:

Publications	4
Conference (and key speaker) presentations	9
Award finalists	5
Specialist community nursing	Innovators of the year FINALIST GP Awards 2012
Specialist community nursing	Clinical team of the year FINALIST GP awards 2012
Specialist community nursing	Nursing in the community FINALIST Nursing Times
Specialist community nursing	Patrons award for innovation (Dental) National Oral Health promotion group
Specialist community nursing	Patrons prize for innovation (Public health) National oral health promotion group
Cardiac rehabilitation team	FINALISTS in the HSJ patient safety & care integration awards 2012

3rd place at the PENN awards (Patient Experience Network National) award for the sexual health virtual clinic in "Communicating effectively with patients and families" category.

For 2013 / 2014 we are planning to introduce a database that will collect examples of dissemination of clinical practice from our staff. We shall collect evidence of article publications in professional journals, conference presentations and successful poster submissions and successful award applications.

In March 2013 we appointed a professional practice development manager to take forward our continued drive to ensure we maintain our clinical effectiveness and steer forward the principles of the research agenda.

Quality monitoring programme

The Quality Monitoring Programme (QMP) is a clinical audit programme based on the Essence of Care Standards (DOH 2010).

The QMP forms the foundation level of the clinical audit programme and is assessed by each service independently.

Work has been done internally to strengthen these standards in so far as they apply to community services. All services participate in the programme and new services are integrated into the programme as part of the transition plan. The programme is quality assessed by the quality team who regularly conduct audits on the integrity of the programme.

This work provides assurance that we get the basics or 'fundamentals' of care right. We know from the results of the exercise that our staff consistently comply with the standards.





Research

Participation in clinical research

City Health Care Partnership CIC is actively engaged with a small, but broad ranging variety of research and development activity. Through the clinical audit and effectiveness committee the organisation is assured that it is compliant with UK and EU legislation and the associated legal and statutory framework and duties.

CHCP CIC has a research and development organisational strategy and operational policy in place, approved and available on the CHCP CIC intranet.

A database is established and an approval group meets monthly to ensure robust review of expressions of interest and approvals for each new proposal. This group provides ongoing governance of research and development projects.

238 patients who received NHS services provided or sub-contracted by CHCP CIC in 2012/13 were recruited during that period to participate in research approved by a research ethics committee. CHCP CIC was involved in conducting 18 clinical research studies in 5 clinical specialities during 2012/13:

Adult Services	6
Psychological Wellbeing	1
Sexual Health	2
Custodial Care	3
Public Health	2

Research is disseminated throughout the organisation through our quality and safety forums. We also hold regular events where staff share ideas and innovative practice.

CHCP CIC publish research that has been undertaken in order to ensure it influences and supports clinical practice nationally.

Public Health

There are four non-funded PhD student studies and thirteen studies funded by the National Institute for Health Research (NIHR) taking place in the public health department.

The NIHR supports research projects that are peer reviewed to be classified as high-quality NHS clinical research, aimed to benefit patients from new and better treatments and from which we can learn how to improve NHS healthcare for the future.

Research Studies currently being undertaken within the organisation:

Participation in this range of clinical research demonstrates CHCP CIC's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Research NHIR
Personal health budgets
Use of assistant staff in delivery of community services
Complex wound care
Open surgical wounds
Surgical wound healing by secondary Intention
Identifying markers for early heart failure in patients with diabetes
Brief intervention for obsessive compulsive disorder
Building blocks: A trial of home visits for first time mothers
A study into suicide by prisoners
Health and social care services for older adults in prison (version 1)
Validation of risk assessments for patients from medium secure services
Evaluating longer term outcomes of NHS stop smoking services
Improving access and reducing barriers to dental care for children with autism spectrum disorder
PhD Student - Implementing case management successfully
PhD Student - Improving and reducing barriers to care for children with autism spectrum disorder
PhD Student - Palliative care (heart failure)
PhD Student - Sexual self concept: shame and stigma after chlamydia diagnosis



Goals agreed with commissioners

Commissioning for innovation and quality improvement (CQUIN)

A proportion of CHCP CIC income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between CHCP CIC and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the commissioning for quality and innovation payment framework.

Overview of 2012/13 CQUIN achievements

The 2012/13 CQUIN scheme for NHS Hull contains 6 headline topics with 60 indicators. The NHS East Riding of Yorkshire scheme contains 1 headline topic. The indicators have different financial values attached to them dependent on the activity and weight placed on the scheme by the commissioners.

NHS Hull topics
Patient experience
Pressure ulcers
Quality of life/empowerment
End of life care
Long term conditions
NHS safety thermometer
NHS East Riding of Yorkshire topic
Patient experience

Our 2012/13 achievement is listed below:

	Q1	Q2	Q3	Q4	YTD
NHS Hull					
% indicators achieved	100%	100%	91%	94%	95%
NHS East Riding					
% indicators achieved	-	-	-	100%	100%

One of the CQUIN indicators seeks to reduce unplanned admission rates for patients receiving a service from our Long Term Conditions (LTC) team, a qualitative audit was undertaken on patients with high numbers of admissions. The audit demonstrates a significant positive change in admission patterns for the cohort of patients where actions had been taken to increase management of the patient by the LTC Team. From Q2 to Q4 admission rates have dropped from 2.6 admissions/patient to 0.8 admissions/patient.

What others say about City Health Care Partnership CIC

Care Quality Commission (CQC)

City Health Care Partnership CIC is required to register with the Care Quality Commission and its current registration status is 'Registered.' CHCP CIC has no current conditions on registration.

CHCP CIC is subject to periodic reviews by the Care Quality Commission. To date we have had 16 inspections ranging from dental practices, health centres and minor injury units to Sunshine House respite centre for children with complex conditions.

The Care Quality Commission has taken no enforcement action against CHCP CIC during 2012/13

Data quality

Statement on relevance of data quality and actions to improve

Good quality data are the essential ingredient for reliable performance information and are crucial in ensuring the quality of patient treatment and care.

Data production is recognised as everyone's responsibility and part of everyone's day to day business, ensuring an integrated approach across operational, performance and governance functions.

Develop data quality improvement plans and regularly review progress against plans at board and business unit level.

Secondary uses service

CHCP CIC did not submit records during 2012/13 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data.

CHCP CIC will be taking the following actions to improve data quality:

- Continue to assess data against six dimensions: accuracy, validity, reliability, timeliness, relevance and completeness
- Use the outcome of this assessment to inform our data quality audit priorities and selection of priority areas for data quality improvement

Information governance

The organisation is required to comply with the Department of Health Information Governance Toolkit (IGT) which assures the Department of Health that all Information has the appropriate security and technical measures to ensure that information assets and the data which is held by the organisation is treated confidentially and securely by the organisation and its employees. This yearly assessment is intended to enable organisations to improve IGT compliance on a yearly basis.

In 2012/13 CHCP CIC significantly improved the score against the IGT from 2011/12.

CHCP CIC Information Governance annual assessment score for 2012/13 was 71% and was graded as green. Our 2011/12 score was 64%. Our score of 71% is in comparison with other local health care providers.

The actions taken throughout the year consisted of:

- Training 95% of all staff on confidentiality and data protection
- Implementing anonymisation techniques.

The main area for development is to maintain the 95% compliance of staff trained in Information Governance (IG), which will assist in maintaining the knowledge of IG in CHCP CIC, as well as to audit compliance against policies and procedures in place at CHCP CIC.

We take seriously the handling of patient information and as such have invested significantly in staff training, education and information management systems. As a result over 95% of our staff are trained. We have robust policies, procedures and systems in place resulting in no serious breaches or referrals to the Information Commissioner.

Clinical Coding

CHCP CIC was not subject to the payment by results clinical coding audit during 2011/12 by the audit commission.



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Part 3

Review of our services

Activity

Aim 1

Putting our customers satisfaction at the heart of what we do

Aim 2

Be a provider of excellent health care services

Other key performance

Aim 3

Be an employer of choice

Aim 4

Ensure we are able to compete in a competitive health care market



Review of our services

A review of the systems available has been undertaken and on the grounds of suitability, flexibility and cost we purchased 10 iPads and an i-survey app from which we can conduct real time surveys across CHCP CIC services.

As well as being able to conduct more frequent short surveys via the iPads, we also have other real time facilities available as follows:

- Ongoing development and promotion of the Patient Opinion website (www.patientopinion.org.uk) an independent website for patients and service users to anonymously post feedback on their service experiences. CHCP CIC promotes all of services on Patient Opinion and as new services come on board we ensure these are added
- CHCP CIC Comment Cards - these have been rolled out across all services and returned and recorded and collected onto the DATIX system as Compliments, Comments, Concerns or Complaints as appropriate
- Token-Boxes available across a variety of CHCP services for patients/service users to vote on whether their service experience was Fabulous, Frightful or Fair Enough. Results from these are collated and publicised on the CHCP Website
- Options for potential on-line feedback on services are currently being explored as part of the website review and the CHCP CIC service micro-sites.

We conducted a short survey on the ease of telephone access to our services based on the findings from the 2011/12 Annual Patient Survey, which highlighted 11% of patients/service users experiencing difficulties getting through on the phone. Further analysis of this showed the main service areas where this was being experienced were:

- Sexual health
- Weight management
- Anti coagulation
- DVT
- Pain management

Consequently, a short questionnaire was developed and conducted on a real time basis across these services areas. This was designed to further analyse the ease by which patients/services users can get through to service on the phone, the answer machine availability and response times in which they were called back.

In Sexual Health and Weight Management services, the survey was conducted initially in July 12 and then repeated in December/January 13 to review results and progress against agreed actions.

Listed opposite are the actions that have been implemented in response to the specific suggestions for improvements made by service users:

Service Area	Suggested Improvement	Action/response
Sexual Health	Improvements in terms of the length of time it takes to get through.	Implement maximum ring system, reducing the length of time it takes to get through.
Sexual Health	Improvements to promotion/advertising of phone numbers.	In the past emphasis was put on to the advertising the website instead. To review in light of this suggestion.
Sexual Health	Options for phone app/text services.	Text services have already been implemented where service users can text keywords to the service and will receive information and/or a phone call from a health professional if appropriate. These are still very new. Sexual health are currently looking into the development of an app, however this is still in its early stages.
Sexual Health and Weight Management	Overall answer machine availability.	Check done to ensure that all phones have an answer phone available. However, this is not possible in some peripheral clinics where phone lines are shared across services and other providers. Also the option for all phone lines from other clinics to be diverted to the main sexual health phone line (336336) when these clinics are closed. Similar approach to be adopted for Weight Management.
Sexual Health and Weight Management	Ensuring a timeframe for responses is given on any answer phone message.	To explore an appropriate timeframe for responses to answer phone messages on public facing phone numbers. All public facing answer phone messages have been changed to include a timeframe for a response.



The telephone survey was also conducted in Adult services, across pain management, anti coagulation and long term conditions services. This was first done in October 2013 and then repeated and retested in March 13.

In terms of improvements between survey one and two, an overall 2% increase in the numbers of respondents reporting that it is 'Very Easy' to get through on the phone and a 7% improvement in those who left an answer phone message being responded to within the same working day were reported.

However, the key area for improvement overall across all three of the service areas was the ability for people to get through on the phone. One of the difficulties in achieving this across these services in particular is the technical capability of the phone system, whereby although two lines are going in to the services, with staff covering these, if these are busy then the caller is diverted automatically to answer phone. Evidence of this was seen in the analysis with the majority of those who had difficulty getting through said this was because 'lines busy' or 'went straight through to answer phone'.

In terms of our response and action to address, this is now being looked at for both anti coagulation and pain management services by including them in the first phase of the CHCP CIC Single Point of Contact project, which will ultimately mean that no call goes unanswered.

The full reports are available on the CHCP CIC website: www.chcphull.nhs.uk This survey will be repeated across relevant services reporting problems accessing the service by phone in the next set of Quality Accounts.

In terms of other updates, information from Patient Opinion and CHCP comment cards continues to be collated on a monthly basis onto the DATIX system. This information is shared with CHCP heads of service, along with any suggested areas for improvements so that they can feedback to staff and implement any actions for improvement as appropriate.

'Feedback Wanted' posters have also recently been designed and distributed across CHCP CIC service locations advising and reminding patients/service users of the variety of ways in which they can feed back to us.

With regards to the iPads, these are currently all portable so can be used in all of CHCP service locations. To date these have been used in the following locations:

- Westbourne NHS Centre
- Newington Health Centre
- The Orchard Centre
- Bransholme Health Centre
- Marfleet Health Centre
- The Wilberforce Health Centre

The i-survey app purchased does offer a 'Kiosk' operating mode and secure 'housing' is being purchased for the iPads so that these can be based within a location for a given period of time to conduct the real time feedback, including the 'Friends and Family Test' in 13/14.

A proposal for roll out of the 'Friends and Family Test' is being submitted to Commissioners at the end of June 13, with the following services/sites proposed:

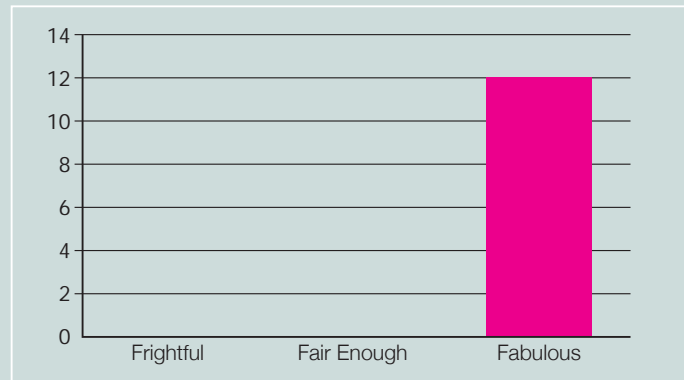
1. Evolve, Eating Disorders - Beverley Road Hull
2. Deep vein thrombosis - Westbourne
3. Minor injuries unit - Bransholme
4. Community gynaecology - Conifer House
5. Pain management - Marfleet, Orchard Park and Elliott Chappell
6. GP out of hours - Westbourne and Bilton Grange

Token-Boxes are available in the following services/locations across CHCP CIC services for patients/service users to vote on whether their service experience was Fabulous, Frightful or Fair Enough:

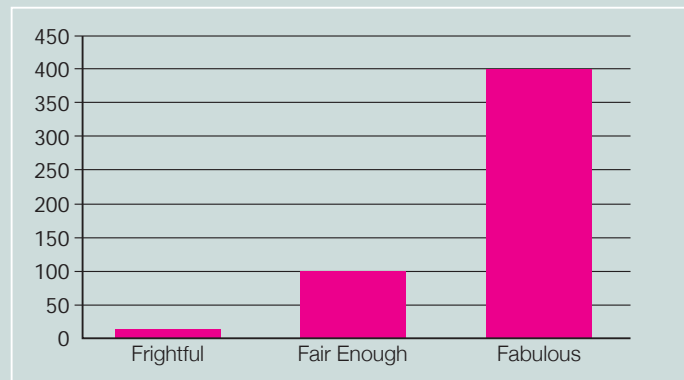
- Sexual Health - Conifer at Wilberforce
- Customer Services - Longhill, Marfleet, Elliott Chappell (to be rotated across all nine areas on a quarterly basis)
- The Quays
- Kingston Medical Practice
- Baby Clinics - various
- Treatment Rooms - various
- Jameson Street Dental Services
- Tuberculosis (TB) services - portable between clinics

A summary of results for TB services, The Quays and Sexual Health are shown opposite for the period January - March 2013.

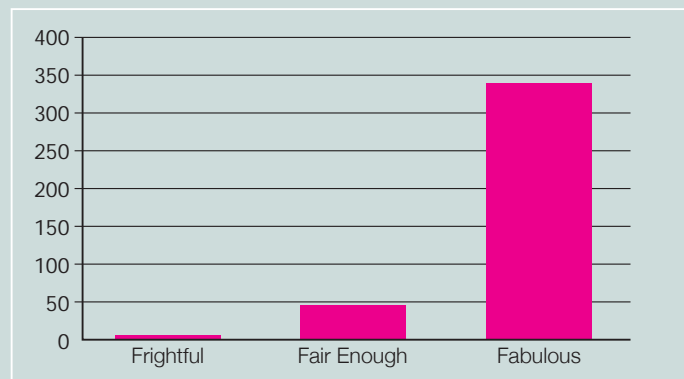
Tuberculosis Service



The Quays Medical Centre



Conifer at Wilberforce



Domain	Update report
<p data-bbox="592 201 837 459">Clinical effectiveness Implement a revised system for the dissemination and implementation of National Institute for Health and Clinical Excellence (NICE) Guidance</p> <p data-bbox="592 496 837 667">To ensure that patients and service users receive best practice clinical interventions based upon the research and recommendations of the NICE guidance.</p>	<p data-bbox="857 201 1455 371">CHCP CIC has established a clinical effectiveness committee to implement related systems and monitor progress on behalf of the safety and quality board. Specifically the committee monitors clinical audit activity, NICE guidance implementation, research and development, research management and governance, and compliance with evidence based practice.</p> <p data-bbox="857 408 1455 459">The scoping of applicability of all NICE guidance has been carried out across all business units.</p> <p data-bbox="857 496 1455 547">Accountable individuals have been identified to lead on NICE/NSF guidance for each business unit.</p> <p data-bbox="857 584 1455 635">The business units have carried out a self assessment of baseline compliance.</p> <p data-bbox="857 671 1455 751">They have been determining priorities for monitoring, evaluation and audit and mapping current and future Quality Outcomes Framework indicators to NICE guidance and NSFs.</p> <p data-bbox="857 788 1455 927">We have developed a corporate integrated database of implementation and compliance which incorporates Identifying any risks associated with NICE/NSF and QOF guidance as well as: Identifying other external accreditation indicators to be incorporated within the monitoring; reporting and assurance framework.</p> <p data-bbox="857 963 1455 1190">This year 107 pieces of NICE guidance have been reviewed to determine if they are relevant to our services. An example of this is that the Deep Vein Thrombosis (DVT) service has reviewed its whole pathway and worked jointly with Hull and East Riding Hospitals (HEY) in order to ensure this new guidance is followed. The next phase of the review will include a joint audit to review the compliance with the guidance. Hypertension guidelines have been revised to incorporate the management of hypertension in pregnancy.</p>



Domain	Update report
<p>Patient Safety We wished to review our consent to care and treatment process to ensure that our most vulnerable patients are able to benefit from a full and appropriate consent to treatment.</p> <p>To ensure that patients and service users receive full information including risks and benefits when considering treatment options.</p>	<p>In 2012/2013, CHCP reviewed its Consent To Treatment process following on from a Clinical Audit undertaken during June 2012 by the Safety & Quality Team. The audit found that 95% of staff had not received specific CTT training, however Consent is covered in a number of clinical training sessions delivered across the organisation such as:</p> <ul style="list-style-type: none"> • Safeguarding Adults & Children • Mental Capacity Act • Privacy & Dignity • Chaperone Training • Information Governance <p>In total 833 individual members of staff received training that covered consent during 2012/2013 in 195 specific clinical training sessions/courses.</p> <p>The audit also found that 19% of clinical staff included in the audit were not aware of an organisational policy on Consent to Treatment; however they were aware of the requirement for consent due to their professional registration or service specific standard operating procedures.</p> <p>Of the services across City Health Care Partnership CIC, written consent is not required for most treatment however the audit identified procedures in a number of services where written consent is obtained. The audit identified the understanding of people over the age of 12 being able to give consent to treatment if Gillick competent and mandatory training is given to all new staff and volunteers on the Mental Capacity Act upon the start of their employment.</p>

Domain	Update report
	<p>We have recently completed a quality assurance audit on two of our services which treat some of our most vulnerable clients, teenage sexual health and dental treatment in children and adults with learning difficulties. The audit included consideration of Service User's Age, Capacity to Consent, Emotional State, Cognitive Ability and the appropriate recording of this process was evident within the service user's notes/records as well as documenting if the service user had declined treatment.</p> <p>Where required the audit showed that best interests meetings were held for delivering care and treatment for clients where consent is gained by the service user's advocate/carer under the relevant mental health or in/capacity legislation.</p> <p>The audit also found that 100% of clinical staff included in the audit were aware of an organisational policy on consent to treatment.</p>

Activity

2012/13 was another busy year for our operational services with significant increases in patients being referred into services from the previous year. Areas of note are:

Service	11/12	12/13	% Increase
District nursing (new referrals)	17,623	22,785	29
Community specialist palliative care clinic (new referrals)	139	156	12
Our of hours nursing (new referrals)	4,190	5,395	29
Intermediate care (new referrals)	1,087	1,306	20

1

How did we do in 2012/13?

Aim 1

Putting our customers satisfaction at the heart of what we do

"Fabulous, so happy with how I was treated, they went out of their way to treat me and made sure I was cared for until I recovered."

Comment from patient

What our patients say

Listening to our local population is fundamental for CHCP CIC both as a healthcare provider and a community interest company. For us, the local community, our patients and their carers have a role to play in shaping the services we provide.

The philosophy behind this approach is that in order to provide a high quality service that meets our local communities' needs, it is vital that the views of our service users are taken into account.

As well as having a legal duty, we understand the importance of creating a culture of partnership, participative decision making and collaboration.

CHCP CIC use a variety of mechanisms to ensure we receive the feedback on how we deliver our services. This expands year on year to ensure all our communities are able to communicate with us through a variety of formats.

Patient Opinion

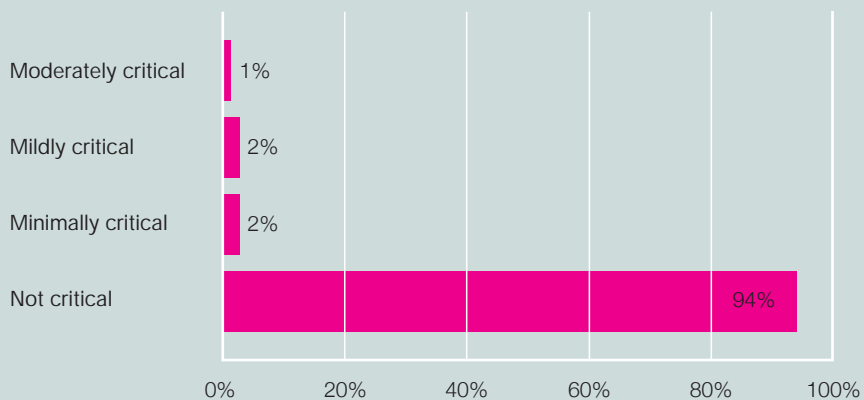
The Patient Opinion website is just one of the ways in which we gather and respond to the feedback we receive.

Patient Opinion is an independent non-profit feedback platform where members of the public can share their comments, complaints and compliments regarding the health care services received from CHCP CIC. Patient Opinion is about honest and meaningful conversations between patients and health services and we continue to promote the website across our service areas. We now have over 50 subscribers to the Patient Opinion website from across our service areas who can view and reply to the feedback posted.

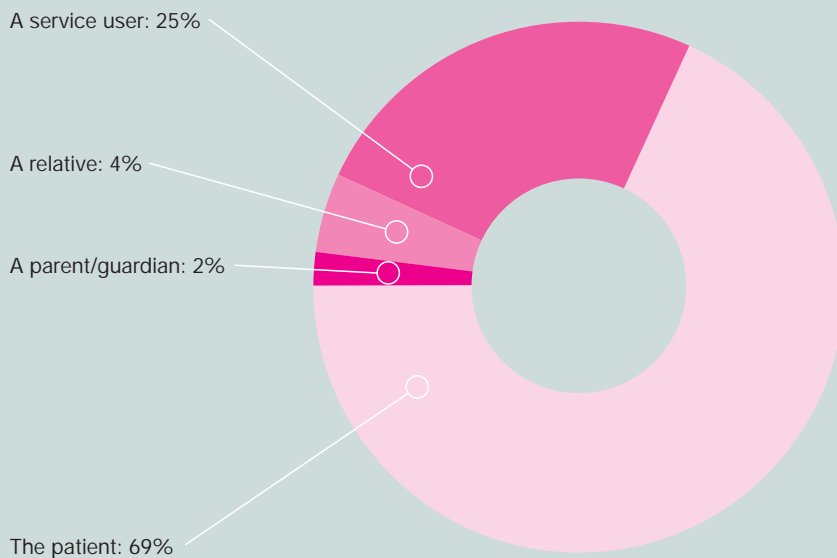
The following tables summarise the postings received for the period April 2012/March 2013 in terms of both the criticality of the feedback and how the authors identify themselves. It is worth highlighting from these that 94% of the posting received has been positive.



How moderators have rated the criticality of these stories

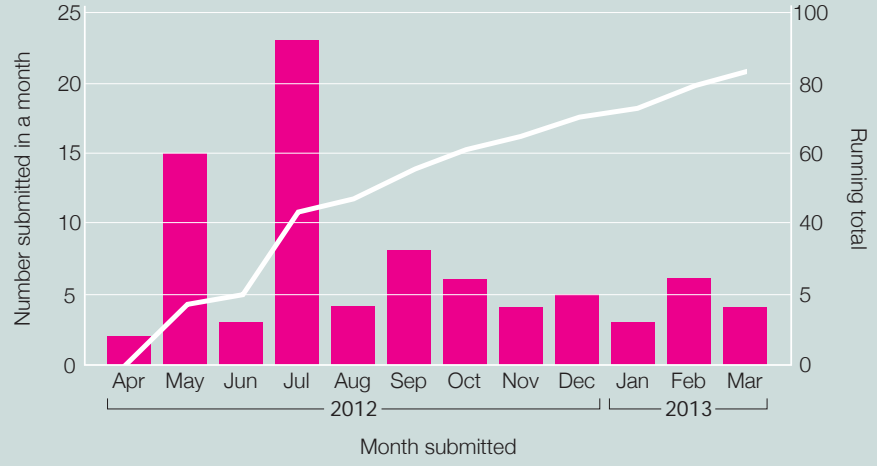


How the authors of those stories identify themselves





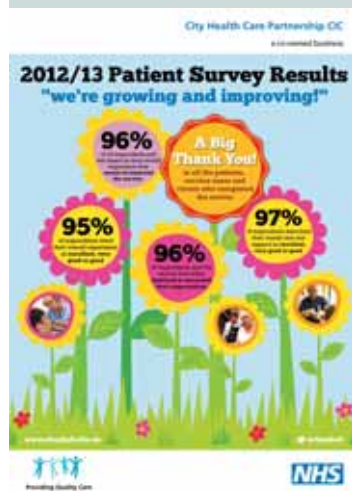
When these stories were told



Real-time feedback

We have continued to develop our tools for real time engagement and feedback methods, including conducting a short survey around ease of telephone access to our services based on the findings from the 2011/12 annual patient survey. This survey has been conducted using iPads within a real-time setting across sexual health services, public health services and adult services. The results and actions from these have been published on our website.

We have also installed a number of token-boxes across our services, the aim of which is for patients and service users to vote on whether their service experience has been fabulous, frightful or fair enough. These are very much a visual method of real-time feedback available across nine different locations across the city. Pictured below is just one example:



Patient survey 2012/13

The main aim of the survey is to ensure patients and service users within Hull and the East Riding of Yorkshire have the opportunity to give their views on their experiences of accessing CHCP CIC services and to ensure these views are used to improve patient care in the future.

There is an aspiration, opportunity and need both reflected in our values and contractual relationships to engage with local people to improve the health and wellbeing of the local population. This will ensure we are able to deliver a comprehensive and equitable range of high quality responsive and efficient services within allocated resources, where this gives 'best value'.

The patient survey is reviewed and monitored to track customer experience, develop action plans and feedback measures as appropriate. The data provided by the annual survey also feeds into CHCP CIC's performance management and CQUINs targets.

Highlights from the 2012/13 survey include:

- 9% increase in the number of patients describing their overall care and support as excellent from 2011/12
- 88% of all respondents said that based on their overall experience they would definitely recommend the service (a 9% increase from 2011/12)
- 92% of respondents said that yes they definitely felt trust and confidence - a 9% increase on 2011/12 and 17% higher than in 2009/10.

Complaints, Concerns, Comments and Compliments (the 4 Cs)

CHCP CIC actively reviews all the feedback we receive on the services we deliver.

The chart below shows the ratio of the 4 Cs. CHCP CIC actively reviews all the feedback we receive on the services we deliver. CHCP CIC aim to deal with complaints quickly and efficiently as possible by those who have been involved in delivering the patient care.

Complaints	42
Concerns	747
Comments	60
Compliments	2487

As an organisation we log when patients feedback positively on our care. In 2012/13 we received 2487 compliments.

In 2012/13 42 complaints were received in connection with services provided by CHCP CIC.

Two of the complaints related to patients who had died of cancer and their carers raised concerns over the quality of care when being discharged into the community. Both felt that our initial response to their concerns was not given enough consideration. Both families were offered an opportunity to meet to discuss their issues and after the meetings both complaints were closed.

Due to patients experiencing bereavement and the themes identified in the complaints above we are now developing a support package to offer patients, for example information around bereavement counselling and support services. The Complaints Team have identified that a letter to a grieving relative is not always enough to answer concerns raised and a meeting with investigating officer and complaints advisor has been found to be more beneficial for a grieving relative.

You said	We did
Further Information required for guidance to patients on home visits by the out of hours service.	Information produced and available on CHCP CIC intranet site: www.chcphull.nhs.uk
A member of staff was rude and unhelpful when I telephoned to make an appointment to see a health professional.	All customer care staff have undertaken training to improve and enhance customer service skills.
The role of the various health professionals attending homes of patients is not always explained to patients. This causes confusion where there may be health and social care staff involved in my care.	The organisation ensures that patients are offered full explanations of the roles of the health professional attending your home. The organisation also ensures that staff are aware of their responsibility to clearly explain their role in the provision of generalist palliative care support and the role of the community Macmillan team.

NHS ombudsman

CHCP CIC are delighted to report that there have been no complaints formally investigated by the Health Care Ombudsman in 2012/13

Internal audit of patient experience

A report on feedback from a recent audit of patient satisfaction and complaints by an internal auditor has been very positive, suggesting that CHCP CIC are adhering to national and local policies for management of complaints. In addition we have in place appropriate mechanisms for investigations into concerns to ensure that lessons are learnt and recommendation and actions are completed.

How did we do in 2012/13?

Aim 2

Be a provider of excellent health care

"I found that on my arrival, it was very clean and the members of staff were very smart and efficient. I would recommend my family and friends to this service. I like that upon my treatment the nurse was very professional, polite and friendly, put my mind at ease and also explained everything I needed to know after treatment."

Minor injuries (Freedom Centre)

"...without this service I would struggle to manage my early menopause effectively. The up to date expert advice is priceless and because they are specialists in this field I am reassured that I get the appropriate care."

Menopause clinic (Conifer House)

Key developments

Dental

One of our consultants has improved services locally for those requiring special care dentistry and is set to lecture for the second year at the annual British Dental Association Conference and Exhibition on radiography for special care patients.

Primary care services

During 2012 The Quays (GP practice) Health Care Assistant has been visiting the local homeless shelters in Hull to offer health and wellbeing advice to the residents. This service has proven very popular and the health care worker has developed a strong relationship with the hostel managers and the residents. This has resulted in many homeless patients registering with a GP and an improvement in their physical and mental health as a result.

Kingston Medical Centre launched its 'Open Access' clinic in January 2013. The clinic is available for three hours every week day for registered patients who need urgent access to a GP or nurse practitioner. The clinic has proven very effective in reducing unnecessary A&E attendances by around 50% for patients registered with the practice.

In August 2012 our GP practice became a teaching site for trainee doctors with Hull York Medical School (HYMS). The students are working with our GP tutors and gaining valuable hands on experience and coaching from our GPs and nursing staff. We hope to expand on this by introducing GP training for medical students during 2013/14.



Virtual Ward

We have developed a system for co-ordinating the care provided to patients in the community out of normal working hours. This is done in partnership with nursing services, social care, therapy teams and GPs. The team looks at all patients at high risk of hospital admission, including those with chronic chest and heart conditions and other long term chronic illnesses.

Out of Hours Access

The community nursing service now has a staffed telephone line every evening, weekend and bank holidays. This means that patients can speak to someone about their concerns or requirements rather than leave messages on an answerphone. This service has been audited and the feedback from patients and carers has shown to be very positive, reducing their anxiety. It also enables the right clinician to support the patient's needs. There has also been an improved response time to patients due to the health care professional being relieved of administration duties.

Multi Disciplinary Team in Palliative Care

This meets regularly and is supported by a doctor from the local hospice. Patients with complex palliative care needs who are being cared for in the community are discussed and a management plan is formulated. This plan is faxed to the GP and any other health care professionals involved in the patient's care. The team also provides specialist palliative care support to GPs.

City of Hull Wound Healing Centre (HWHC)

Commenced in 2012 and is an innovative model of service delivery for patients with chronic or hard to heal wounds. The nurse-led Wound Healing Centre provides a high quality service that offers standardised and clinically effective management and treatment to patients who have a chronic wound.



Children and Young People's services

Sex and Relationship Lead for Special Schools and Vulnerable Young People. We have developed the role of a lead practitioner to work with children and young people with learning disabilities in our special schools, who need support and advice about sexual health and relationships.

An enhanced learning programme has been developed from the best available national resources. The aim of this is to improve the consistency and quality of existing provision, with some added specialist support.

The service works to support and co-ordinate existing provision with parents and services already involved.

"We would like to give feedback about the marvellous provision, service and support the Special Schools Relationship & Sexual Health Nurse is providing at our School and 6th Form She really listened to our needs, and has done some very good observations and she is really focussed on providing the service that meets our pupils needs".

School nurse support services team

This team was developed during 2012 to support the health needs of Looked After Children and Young People and vulnerable young people who are not in mainstream education. This team links in with services already supporting the most vulnerable young people in our communities.

The team supports the return of children back to mainstream school wherever possible.

They have excellent links with local youth services and agencies supporting young people and ensure all children and young people are registered with a dentist, are up-to-date with immunisations and support young people around drugs, alcohol, smoking, sexual health, emotional health and long term conditions.

Other key performance

Quality and outcomes framework by practice	2012/13 Result (out of 1000)	2011/12 Result (out of 1000)	2010/11 Result (out of 1000)
Kingston Medical	994	994	982
Riverside Medical	988	997	982
The Calvert Practice	971	995	982
The Quays	923	910	894.72
Wolds View	939	767 (inc points adjust 99.99)	N/A

Waiting Times	Q1	Q2	Q3	Q4	Target
Minor Injury Units (Bransholme, Freedom Centre, Bridlington)					
Seen and treated within 4 hours	100%	100%	100%	100%	100%
Genito-Urinary Medicine					
Appointment offered within 48 hours	100%	100%	100%	100%	100%
Genito-Urinary Medicine					
Seen within 48 hours - Hull	97%	96%	97%	96%	90%
Seen within 48 hours - East Riding	91%	93%	94%	94%	90%

Incidents by stage of care	Value
Abusive, violent, disruptive or self-harming behaviour	141
Access, appointment, admission, transfer, discharge	91
Accident that may result in personal injury	113
Anaesthesia	0
Clinical assessment (investigations, images and lab tests)	23
Consent, confidentiality or communication	97
Diagnosis, failed or delayed	18
Financial loss	3
Implementation of care or ongoing monitoring/review	394
Infrastructure or resources (staffing, facilities, environment)	110
Labour and delivery	0
Medical device/equipment	47
Medication	200
Patient information (records, documents, test results, scans)	141
Security	79
Treatment, procedure	21
Other - please specify in description	104
Total	1582

CHCP CIC is committed to the safety of our service users and their relatives and our employees. During 2012/2013 1582 incidents or near misses have been reported on our Risk Management System. This allows us to investigate, learn and improve our service delivery wherever possible.

Research indicates that the higher the reporting of incidents the lower the likelihood of serious incidents occurring. The positive culture of reporting incidents and near misses at CHCP CIC is indicative of our commitment to patient safety and quality and our drive to learn from experience.

Serious Incidents

In 2012/13 CHCPCIC declared three serious incidents to our commissioners in line with local policy.

All were joint investigations with other agencies.

The reports will be presented at the CHCP Safety & Quality Board to enable the services and staff to consider cross-organisational opportunities for learning, to share the good practice identified as well as the key learning points. All prison health care staff have undertaken mental health awareness training to equip them with the skills and knowledge to be able to recognise mental health indicators and alerters.

Partner agencies have an information sharing protocol to support clinical good practice and are also invited to participate in shared multi-agency discussions.

Infection Control 2012/13

Effective infection prevention and control practices are important within CHCP CIC, ensuring safe clean care is provided to all our patients. All dental clinics have had an inspection by the health regulator (The Care Quality Commission); a focus for the inspection was cleanliness and infection control. We were found to be fully compliant within all areas of this standard.

Infection control audits have been undertaken within health care buildings where CHCP CIC provides services. The focus of these audits is compliance with infection control policies and cleanliness of the environment. The average score for these audits was 96%.

All staff within the organisation receive regular infection control training updates, which include good infection control measures to reduce the risk of infection.

Equality & Diversity

CHCP CIC is committed to promoting equality of opportunity. We continue to produce our Equality and Diversity Annual Report which can be found at: www.chcphull.nhs.uk

The NHS Equality and Diversity Council has developed an Equality Delivery System that will support the organisation to deliver better outcomes for our patients and our communities and a better working environment for staff. It will also ensure compliance with our Equality Duty. The system has been implemented corporately and will be rolled out into the services over coming year.

How did we do in 2012/13?

Aim 3

Be an employer of choice

"It has been a pleasure working with CHCP CIC these past 16 months. I have always maintained that this was the best job for an associate in the UDA (Units of Dental Activity) system and I have no hesitation in saying that it remains my opinion... I have you to thank, firstly for giving me this job and secondly for all the help and support clinically and in other areas in difficult times."

Staff member of the dental service

CHCP CIC 'Academy'

As part of CHCP CIC's wider commitment to ensuring quality, we have developed City Health Care Partnership CIC Academy, which is a leadership programme designed to develop our staff. This will further enhance the organisation as an 'employer of choice' by supporting staff to attain the skills, knowledge and understanding required to continue providing a high quality service. It will also utilise the vast wealth of skills and experience held within the organisation's greatest asset, its staff, to support those seeking work experience and learning opportunities with the goal of gaining employment in a health care environment.

What does it provide?

The academy will provide work experience for young people in education and over the age of 16 as well as adults seeking employment opportunities. It will also offer apprenticeship pathways alongside management and leadership development, role development and extended role skills for existing staff. In addition there is also the 'Hub' a formalised partnership with the

University of Hull Business School where participants undertake management and leadership development and can gain credits towards more formal qualifications such as a Masters Degree.

Working for CHCP CIC

Staff Survey 2012/13

Staff comments are important to us to help improve our employees' enjoyment of their work, as we know that happy and motivated staff provide better care to patients.

Key results from this year's staff survey:

- 88% of respondents would be happy for a friend or relative to receive the care provided by CHCP CIC
- 81% of respondents were aware of the organisation's missions, visions and values
- 74% of staff would recommend CHCP CIC as a place to work
- Our staff expressed high satisfaction with their roles and responsibilities, particularly that they were able to perform their duties to a standard they were personally pleased with (78%) and the amount of responsibility they were given (76%)
- 92% of respondents felt trusted to do their job and agreed that colleagues treated them with respect (84%).

One of the ways we are trying to improve our response rate to our staff survey is that we are now reviewing the method of collecting the staff responses. This is to maximise the opportunity for further feedback from staff.



How did we do in 2012/13?

Aim 4

Ensure we are able to compete in a competitive health care market

During 2012/13 further investments have been made into our services by commissioners who recognise the quality of our services.

"I found my sessions to be very beneficial - we covered areas where I found I needed help and support. I felt comfortable with the nurse and she was very professional. I liked the variety of treatments available, the cleanliness and condition of the building and the staff that I interacted with."

Pain Management Clinic (Marfleet Health Centre)



Children & young people's services

Early intervention and targeted support to children and families is a key priority within the local health and social care economy. As such, work has progressed to co-locate health visitors and healthy child teams within local children's centres, working as part of a multi agency team with other children's practitioners. CHCP CIC has also successfully secured funding and subsequently recruited into the additional health visitor posts committed to within the operating framework for the NHS. This investment will see an additional 27 health visitors in Hull over a four year period.

An integrated community children's health service is also in development following agreement to transfer community paediatric nursing and related services from Hull and East Yorkshire Hospitals in April 2012.

This development will support the emergence of a managed clinical network for paediatric services in Hull.

Adult services

After the successful implementation and expansion of a Health and Social Care Team with a focus around 24 hour end of life care, the next development will be to integrate health and social care teams and therapists who offer intermediate care and reablement.

This will help facilitate early discharge from hospital or prevent admissions, by using community based beds.

NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group welcomes the opportunity to review and comment on the City Health Care Partnership CIC's Annual Quality Accounts 2012-13.

The view of NHS Hull Clinical Commissioning Group is that the report focuses mainly on the systems and processes that have been in place during 2012/13 to support quality improvement and does not detail the improvement outcomes. Priorities for improvement for 2013/14 do not specifically demonstrate what actions will be taken that will drive service improvement; neither do they clearly link with work that has already been identified within the report to give the reader a sense of continuous improvement. NHS Hull Clinical Commissioning Group look forward to continuing to work with City Health Care Partnership CIC to help develop a more detailed approach to improvement outcomes in the coming year.

NHS Hull Clinical Commissioning Group is pleased to note the level of improvement in relation to information governance as this is a key area for protection of patient's rights and privacy. We also welcome the strong commitment to both City Health Care Partnership CIC's staff and the City of Hull, as demonstrated by the range of awards the organisation has been nominated for.

In relation to both Clinical Audit and Research, it is positive to see the increased volume of activity and commitment to wider health improvement that this offers; however it would be beneficial to further explore the impact of the local audits that were undertaken for themes/trends, service change and improvements.

As Commissioners, we are keen to see the work that will be undertaken relating to for example, the Nursing 6 C's strategy and the second Francis Enquiry report recommendations.

We confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by City Health Care Partnership CIC and that the data and information contained in the report is accurate.

NHS Hull Clinical Commissioning Group looks forward to continuing to work with the City Health Care Partnership CIC to improve the quality of services available for our population in order to improve patient outcomes.



Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

Statement from Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire was launched on 1 April 2013. At this stage in our development we are not yet in a position to provide a detailed statement on the Accounts.

Healthwatch supports the CHCP priorities for improvement (patient experience, patient safety and clinical effectiveness).

The Accounts acknowledge that the majority of services CHCP provide are for the people of Hull with only some specialist services for people living in the East Riding. For Healthwatch East Riding of Yorkshire to provide feedback in the future it would be useful if details of these specialist services could be explicitly listed together with feedback from patients on their experiences of these services.

Healthwatch East Riding of Yorkshire is keen to work with CHCP so that we can play a part in the production of future Quality Accounts, to ensure they reflect our own local knowledge of the services provided by CHCP and to ensure local priorities - as expressed by service users - are being reflected in the improvement priorities.

East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to receive and be asked to comment on the City Healthcare Partnership Quality Account for 2012/13. We have paid particular attention to those services we commission which are in relation to Sexual Health, Smoking Cessation, GP Access and minor injury service at Bridlington Hospital, Chlamydia screening, Community Management of DVT, Eating Disorder case management, Chronic Pain and Community Paediatrics.

It is positive to see that feedback provided last year regarding participation in National Audits has been taken in to account although it would have been beneficial to see the outcomes and why there was no participation in the other three areas that CHCP were eligible for. As there were 258 local audits completed it would have been useful to understand if there were any underlying themes developing from them.

The significant improvement made with Information Governance has been noted.

It is encouraging to see the improvements in unnecessary A&E attendances as a result of the introduction of the GP Access Centre.

ERY CCG is pleased to see a focus on the importance of incident reporting and participation in research studies as a key element CHCP Quality programme. The average compliance with Infection Control standards of 96% is also to be commended.

It is promising to see the emphasis on Data Quality to enhance patient treatment and care underpinned by data quality improvement plans.

The view of ERY CCG is that the accounts focus mainly on process and throughout it is not completely clear what the outcomes are or planned actions moving forward to provide the reader with assurance of continuous quality improvement.

We are unable to provide a more detailed response as the Quality Account provides limited information regarding the quality of services we commission. We are therefore unable to confirm that the report is a true and accurate reflection of the quality of services provided by CHCP to East Riding of Yorkshire residents.



Jane Hawkard
Chief Officer
NHS East Riding of Yorkshire Clinical Commissioning Group

Glossary of Terms

Clinical Audit - This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria.

COC Care Quality Commission - The organisation that regulates and monitors standards of quality and safety in organisations delivering healthcare.

COUIN - Commissioning for Quality & Innovation - a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets.

Data Quality - Ensuring that the data used by the organisation is accurate, timely and Informative.

FNP - Family Nurse Partnership - a preventive programme for young first time mothers.

GP - General Practitioner.

GUM - Genito Urinary Medicine.

NHS - National Health Service.

NICE - National Institute for Clinical Excellence.

PALS - Patient Advice and Liaison service.

OMP - Quality Monitoring Programme.

QOF - Quality and Outcomes Framework is a system for the performance management and payment of general practitioners (GPs) in the National Health Service (NHS) in England, Wales, Scotland and Northern Ireland.

UNICEF - United Nations Children's Fund.

CIC - Community interest company

How to Feedback

Should you wish to provide feedback on this report or give suggestions for future reports please visit:

www.chcphull.nhs.uk

Or write to:

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Priory Park East
Henry Boot Way
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City Health Care Partnership CIC

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