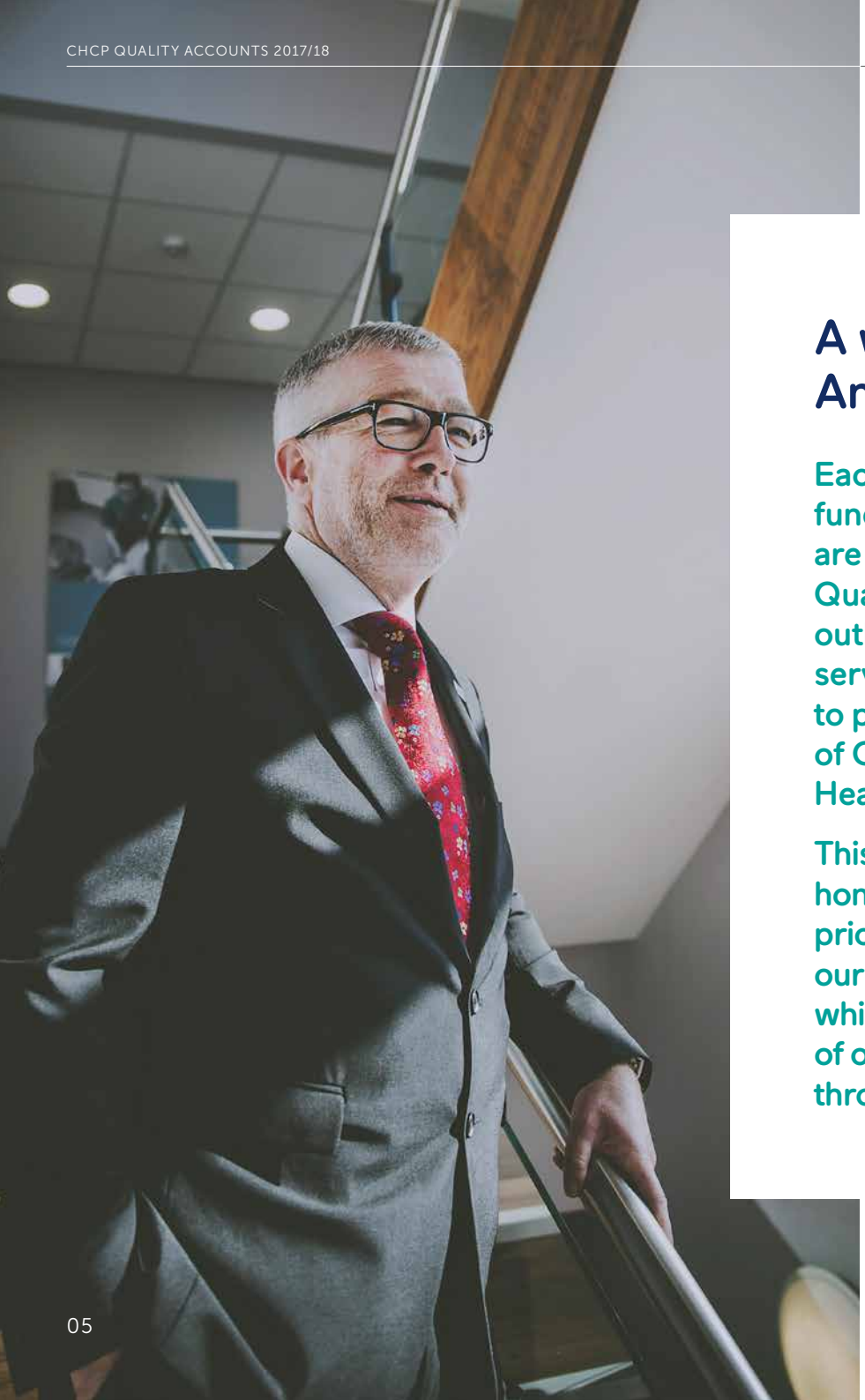
Our vision is to lead and inspire through excellence, compassion and expertise in all that we do.

Quality Accounts 2017/18

City Health Care Partnership CIC

Contents



A word from Andrew Burnell

Each year, as an organisation funded from NHS money, we are required to produce our Quality Accounts to clearly outline the quality of our services, and I am pleased to present the seventh set of Quality Accounts for City Health Care Partnership CIC.

This acts as an open and honest review of our pledged priorities for improvement from our 2016-2017 publication, while also highlighting some of our key achievements throughout the year.

This year, our priorities for improvement for the forthcoming year were voted for by 174 people, comprising of our staff and our external stakeholders. We welcome the challenge during the coming year to achieve the ambitions identified for Patient Safety, Patient Engagement and Clinical Effectiveness.

During 2017 we launched our Quality Strategy, written with the support and recognition of the feedback we have received from people who use our services. Within the strategy, we have been able to set out our determination to achieve our objective of continually improving the services that we deliver. Furthermore, the strategy serves to reinforce our number one strategic goal: to provide safe, quality and effective care to all who use our services.

Last year, our care provision grew as illustrated in Chapter 2, where we highlight the breadth of care services we provide. Managing more services and more staff is a challenge, as we strive to ensure that all of us must work to our common purpose of understanding and achieving our vision:

To lead and inspire through excellence, compassion and expertise in all that we do.

To illustrate our vision in our day-to-day work, within Chapter 5 of these accounts we have included examples from practice offered by our staff who are leading, inspiring and delivering excellent, compassionate expertise and care in their daily work. We also have included a small extract of some of the external awards and publications that our staff have achieved.

Once again, my sincerest thanks go to all of our stakeholders, those who have supported the production of our priorities for the next year and to those who have given statements with regards to these accounts.

To the best of my knowledge, the information contained within these Quality Accounts is accurate.

Andrew Burnell
Chief Executive, City Health Care Partnership CIC

Chapter 2

Review of our Services

During 2017-2018, City Health Care Partnership CIC provided 92 health care services funded through NHS commissioning and 16 public health services commissioned by local authorities. These services included:

Integrated Care Services

- Anticoagulation
- Specialist Palliative Care
- Out of Hours Nursing
- Re-ablement
- Deep Vein Thrombosis (DVT)
- Tuberculosis (TB)
- District and Community Nursing and Community Treatment Rooms
- Continuing Health Care and Personal Health Budget Team
- Carers Information and Support
- Lymphoedema
- Cardiac Rehabilitation
- Level III Falls Service and Fall Prevention Teams
- Pulmonary and Cardiac Rehabilitation
- Podiatry
- Weightwise
- Medicines
- Dietetics and Nutrition
- Community Stroke Team
- Speech and Language Therapy Team

Children's and Young People's Services

- Health Visitor-led 0-11
- School Nurse-led 11-19
- Healthy Lifestyles Team
- Immunisation Team
- Injury Minimising Programme for Schools (IMPS)
- Safeguarding Children
- Community Paediatricians
- Sunshine House
- Community Children's Nursing

Other services include:

- Out of Hours GP
- Specialist Sexual Health
- Urgent Care
- Community Pharmacies
- Prison Healthcare
- Dental
- Healthy Routes - Wigan
- Smokefree
- GP Practices
- Evolve - Eating Disorder

*Please note that these services are not exhaustive but offered as an illustration of the breadth of services that City Health Care Partnership CIC provides.

The geographical areas we provide services to are Hull, East Riding of Yorkshire, Knowsley, St Helens and Wigan. This includes our delivery of Community Services in the East Riding of Yorkshire, which commenced on 1 April 2017.

During 2017-18 CHCP CIC was re-awarded the following contracts following successful tender submissions:

- Knowsley Metropolitan Borough Council - delivery of the Specialist Stop Smoking Service
- NHS England - Childhood Flu Vaccination in Hull
- NHS England - Childhood Flu in the East Riding of Yorkshire

All our services are supported by our corporate services, including: Organisational Learning & Development, IT, Communication and Marketing, Finance, Human Resources, Quality Improvement and Compliance and Business Intelligence teams.

City Health Care Partnership CIC has reviewed all the data available to them on the quality of care in all of these NHS and public health services in order to complete these Quality Accounts.

The income generated by the NHS services reviewed in 2017-2018 represents 100% of the total income generated from the provision of NHS services by City Health Care Partnership CIC.

The income for public health services in 2017-2018 came from the Local Authorities as per the National Commissioning Framework.

Participation in Audit and Research

During 2017-2018, CHCP CIC participated in 100% of the eligible National Clinical Audits that are reported within the Quality Accounts. These were:

National Audits reportable within Quality Accounts

Royal College of Physicians	Community Rehabilitation Chronic Obstructive Pulmonary Disease	Collecting & linking patient journey data
Diabetes UK	Diabetic (primary care) Audit	Measuring the effectiveness of our provision against national clinical standards
British Association of Sexual Health	National HIV Audit	Collecting data to capture quality assurance for HIV diagnoses and treatment
British Heart Foundation & NACR	National Audit of Cardiac Rehabilitation (NACR)	Collects service level information about staffing and performance

Additionally, CHCP CIC participated in the Child Health Programme through our contractual requirements with our commissioners, and as such, was not categorised as a direct national clinical audit participant within this programme.

We were eligible to participate in one National Confidential Enquiry into Patient Outcome and Death (NCEPOD), which focused on young people's mental health care. This was the first time the NCEPOD team had contacted CHCP CIC and, unfortunately, the request was sent to the wrong address. Thus, the timescale for response was exceeded before our governance team were aware of the request. We have now established a process for communication with the NCEPOD team and have identified an 'Ambassador' for all further contacts and the co-ordination of requests within our organisation.

Clinical Audit

Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well and where there could be improvements.

NHS England

Clinical audit is a formal process that helps improve the quality of patient care. By analysing service delivery against specific standards such as NICE guidance and clinical and professional standards, we are able to identify aspects of the service that could be improved. We regard clinical audits as essential to understanding how we can continuously improve the quality of our services.

Here, we offer details of one example of a clinical audit led by Dr Smita Prasai-Upadhyay, an Associate Specialist Paediatrician who has conducted the following clinical audit: Support Services and Management of Children with Cerebral Palsy in Hull and the East Riding.

Cerebral palsy (CP) is the most common condition associated with spasticity in children and young people.

Up to

80%

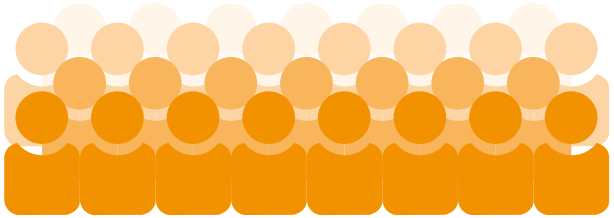
of children with cerebral palsy have a spastic motor impairment

The incidence of cerebral palsy is not known, but its prevalence in the UK is

186

per 100,000 population, with a total of 110,000 people affected

The overall aims and objectives of the audit were to examine whether children and young people with cerebral palsy presenting to the community paediatric service are receiving the required multi-disciplinary support, have access to a local integrated core multidisciplinary team, receive care compliant with NICE guidelines and that findings are used to promote standardised practice across Hull and the East Riding.



30 Data was collected and analysed from 30 patients with cerebral palsy

Key findings included:

- Overall awareness and adherence to NICE guidance was 'good'
- A significant number of carers were not aware of the range of facilities and support available to them
- **15%** of patients who reported pain did not have a fully completed pain assessment recorded
- A majority of patients over the age of 13 had not commenced transition into adult care process
- **8/30** did not have their speech problems recorded
- The requirement to undertake blood tests specifically for Vitamin D levels appeared to have low compliance

The findings from this audit were shared directly with the clinicians within the team, as well as being presented at the department's education and learning session in February 2018.

Recommendations for practice were discussed and agreed and include:

- Reminder to all to document assessments and findings within care records
- When pain or discomfort is reported, a complete assessment should be undertaken, recorded and used to decide appropriate treatment
- Non-ambulant patients should have an annual biochemical profile blood test undertaken, including monitoring Vitamin D levels
- In recognition of the high incidence of speech/language and visual problems, all patients should be assessed
- Service providers need to work in collaboration to improve and involve patients and their carers in the transitions to adult care services

A re-audit is planned for December 2018 to measure the impact of the changes made.

During 2017-2018, CHCP CIC services registered 159 clinical audits with the governance team. This number has reduced from previous years, as we have discontinued the QMP audits, which required services to conduct 12 audits per year. During 2017, we introduced a new organisation-wide clinical audit programme named Quality Matters[2] to identify quality standards, capture practice and identify areas for quality improvement which are service specific and assure of validity and accuracy of the audit tool and process.

Sue Pender, Lead Practitioner for Quality Improvement, advises:

"There is a compelling case for applying quality improvement methods to our cross-service clinical audit to capture the elements of quality within each of our clinical services. Our front-line approach recognises that all our staff have an important role to play to engage with owning and improving the quality within their service areas.

"Our first audit focused upon record keeping, as this is an integral part of high quality care delivery for all professions. Clinical teams were expected to complete the audit within their areas to benchmark against key standards in record keeping, and we intentionally 'set the bar high' to facilitate our quality improvement approach."

Before the audit was introduced, we sought to ensure that we had in place resources to support individuals to understand key record keeping standards.

Resources available for all CHCP CIC staff on their intranet include:

- Key policy documents associated with record keeping
- Revised Record Keeping policy - to ensure that it captured electronic care records
- Revised Supervision policy - to recommend record reviews are undertaken within supervision
- Summary of the different health professional standards such as therapies, nursing medical, dentistry, and links to each
- Videos of key members of staff to offer their professional perspective and 'lessons learnt' from record keeping
- Learning resources of training opportunities, including self-directed learning workbook

On completion of the Record Keeping Quality Matters[2] audit, the Quality Improvement Team advise and discuss the findings directly to the service, plus actions to deliver improvements. The overall findings are reported to the Safe Quality Service Committee each quarter.

NICE Guidance

National Institute for Health & Clinical Excellence (NICE) is an independent organisation that publishes guidance, standards and indicators for clinical care and service delivery provision.

Throughout 2017-2018, our established NICE Triage group continued to meet each month and review all NICE publications and disseminate within the organisation for the identified clinical leads to consider applicability within their service area.

In total, 262 publications, including guidance and standards, were received and reviewed by the Triage group for their applicability to CHCP CIC's services.

In addition to this Quality Account reporting requirement, we have undertaken an audit of the NICE process as part of our priorities for improvement, which we present in Chapter 4.

Here, we offer an indication of how we have progressed a 2017 NICE guidance publication.

Sepsis: recognition, diagnosis and early management in accordance with NICE NG51

What is the issue?

Sepsis is a clinical syndrome caused by the body's defence mechanisms becoming switched on by an infection. Sepsis with shock is a life-threatening condition characterised by low blood pressure despite adequate fluid replacement, and organ dysfunction or failure. Sepsis is an important cause of death in people of all ages. Both a UK Parliamentary and Health Service Ombudsman Enquiry (2013) and a UK National Confidential Enquiry into Patient Outcome and Death (NCEPOD, 2015) highlighted sepsis as being a leading cause of avoidable death that kills more people than breast, bowel and prostate cancer combined. In England, it is estimated that 123,000 cases occur annually, accounting for nearly 37,000 deaths. There have been numerous investigations into individual cases of sepsis where poor care has played a part in adverse outcomes, and systemic analysis has shown that good care is not being consistently delivered.

Sepsis is difficult to diagnose with certainty. Although people with sepsis may have a history of infection, fever is not present in all cases. The signs and symptoms of sepsis can be very non-specific and can be missed if clinicians do not think 'Could this be sepsis?' in the same way that healthcare professionals consider 'Could this pain be cardiac in origin?' when presented with someone of any age with chest pain. Recommendations are to make 'Could this be sepsis?' the first consideration for anyone presenting with a possible infection.

Given the time-critical nature of severe sepsis and septic shock, when sepsis is suspected on clinical grounds it is best practice to initiate sepsis investigations and treatment, including fluid resuscitation, and to continue until sepsis has been excluded.

In August 2017, the publication Sepsis: recognition, diagnosis and early management [NG51] was released by NICE.

What we did:

In response to the publication, we established a multidisciplinary Sepsis Sub-Group as a sub-group of our Therapeutics and Pathways Group. The group's work was linked with that of those whose focus was 'antimicrobial stewardship', which, if operating correctly, is 'an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'. By reviewing and changing where necessary prescribing practice, we can help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

We sought to identify which of our services the guidance was applicable to and recognised at an early stage that the guidance was relevant for an extremely wide number of our clinical staff. A baseline assessment published by NICE was undertaken by our Quality and Compliance Team, with support from the Infection Control and Medicines Team.

We now:

- Have organisation-wide algorithms for managing sepsis that are used to help clinicians identify and appropriately manage sepsis in all age groups
- Provide education and training to health and social care practitioners about sepsis and its treatment through our Infection Prevention & Control Team
- Have clinical staff who are better educated and prepared for the possibility of having to deal with a patient who presents with infection, recognising that identifying an infection is 'serious' and acting appropriately is more important than determining the source of the infection.

Research

City Health Care Partnership CIC believes that research is a core function of health and supportive care and is essential for the health and well-being of those who receive our care. Research improves the evidence base for the care provided, removes uncertainties and can lead to improvement in current and future care.

The number of patients receiving NHS services provided or sub-contracted by City Health Care Partnership CIC in 2017-2018 that were recruited during that period to participate in research approved by a research ethics committee was 187.

Our recruitment was across 13 research studies, which ranged from being a 'Participant Identification Centre', where we display posters and leaflets informing people of the possibility of participating in a current research study, to hosting studies within our clinical services.

One study we have been participating in is the Occupational Therapy Interventional Study (OTIS), led by Professor David Torgeson, University of York, Dept. Health Sciences.

Background

Falls and injuries caused by falls are common in older people and can cause serious health problems. Most falls happen when people encounter hazards in the home, with slippery floors or poor lighting being important causes.

The study team undertook a review of the current research, which had looked at the effect that home visits by an occupational therapist had on falls following the patient's discharge from hospital after they had been admitted due to a fall. The findings indicated that people who were visited by an occupational therapist had less falls afterwards.

The OTIS research team attempted to understand whether people who have not been admitted to hospital, but have had a fall or are at an increased risk of a fall, would have fewer falls if they too were visited and assessed by an occupational therapist.

Study aims

To conduct a large study to find out if people in the community would have less falls if they have a home hazard assessment by an occupational therapist and to find out what, if any, are the cost benefits to the NHS.

Participants in the study have the opportunity to have a specialist environmental home risk assessment carried out by occupational therapists and be provided with solutions to minimise any of the risks revealed, as well as being signposted to other services that will benefit their well-being.

Occupational Therapist Andy Bonner has been directly involved in this study and reveals some the professional benefits he believes has enhanced his work through participating in this study. He says: "One of the requirements for me to be part of the OTIS research team was to undergo further learning and online certification. I feel this has honed my previous occupational therapy skills and encouraged me to consider other aspects when assessing patients at risk of falls, for example taking into consideration the effects of harsh lighting and glare and what potential risk this may cause. Implicit within the research aims is to offer patient education to promote healthy, falls-free living, so advice and education is given during all patient contacts."

Overall, Andy believes that by participating in the study he has gained practical insight into research governance and processes, and importantly, discovered how research can influence future therapy practice and care management.

Goals agreed with our Commissioners

As in previous years, a proportion of City Health Care Partnership CIC's income in 2017-2018 was conditional on achieving quality improvement and innovation goals agreed between ourselves and any person or body that we 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 2017-2018 CQUIN Scheme

CHCP CIC has a CQUIN scheme associated with contracts with CCGs and NHS England. The scheme across the contracts contains 17 goals. Each of the goals has a number of milestones to achieve to meet the goal, with evidence of achievement of the milestones submitted to the commissioner(s) on a quarterly basis. Milestones have different financial values attached to them, dependent on the weighting placed on them by the commissioners. The potential for improvements of patient care is considered within the initial CQUIN agreement. For example, the introduction of a Single Integrated Care Assessment across our community services has ensured that patients only need to tell their story once.

The CQUIN Schemes and Level of Achievements for 2017-2018

CQUIN Schemes 2017/18 Summary		Available Milestones	Milestone Achievement
Hull, East Riding & Vale of York CCG's Hull CCG – In Scope/Out of Scope/Paeds Services			
Goal No.	**Goal Title**		
1	Improvement of Health and Well-being of Staff	7	100%
2	Improving the Uptake of Flu Vaccinations for Front-line Staff (clinical and non-clinical i.e. patient facing)	1	100%
3	E-referrals	7	100%
Hull CCG - In Scope Services			
4	Single Assessment	9	100%
5	Domiciliary Care	8	100%
6	Preventing Ill Health by Risky Behaviours: Tobacco and Brief Advice	6	100%
7	Preventing Ill Health by Risky Behaviours: Tobacco Referral and Medication	6	100%
8	Preventing Ill Health by Risky Behaviours: Alcohol Screening	6	100%
9	Preventing Ill health by Risky Behaviours: Alcohol Brief Advice or Referral	6	100%
10	Improving the Assessment of Wounds	3	100%
11	MDTs/Integrated Community Teams	**	100%
Hull CCG - Community Cardiology			
12	Patient Experience	3	100%
East Riding CCG - Chronic Pain Management			
13	Patient Experience	3	100%
NHS England - Prisons			
14	Improvement of Health and Well-being of Staff	8	100%
15	Supporting Proactive and Safe Discharge	4	100%
16	Escort and Bedwatch	4	100%
NHS England - Vacc & Imm			
17	Health Inequalities	4	100%

Data Quality

To ensure our services deliver quality patient treatment and care, City Health Care Partnership CIC collects and analyses data. Good quality data is the essential ingredient for reliable performance information and has been recognised as everyone's responsibility within the organisation. By making it part of the day to day business, CHCP CIC has created an integrated approach across operational, performance management and quality assurance functions.

City Health Care Partnership CIC takes the following actions to assure and improve data quality:

Assessment

Data is assessed against the six key dimensions of Accuracy, Validity, Reliability, Timeliness, Relevance and Completeness.

Reporting

The outcome of data assessment is used to inform the Data Quality Audit priorities and enable an informed selection for areas for data quality improvement.

Action

The development of our Data Quality Improvement Plans and the regular review of progress against these plans are assessed across Operational and Board levels.

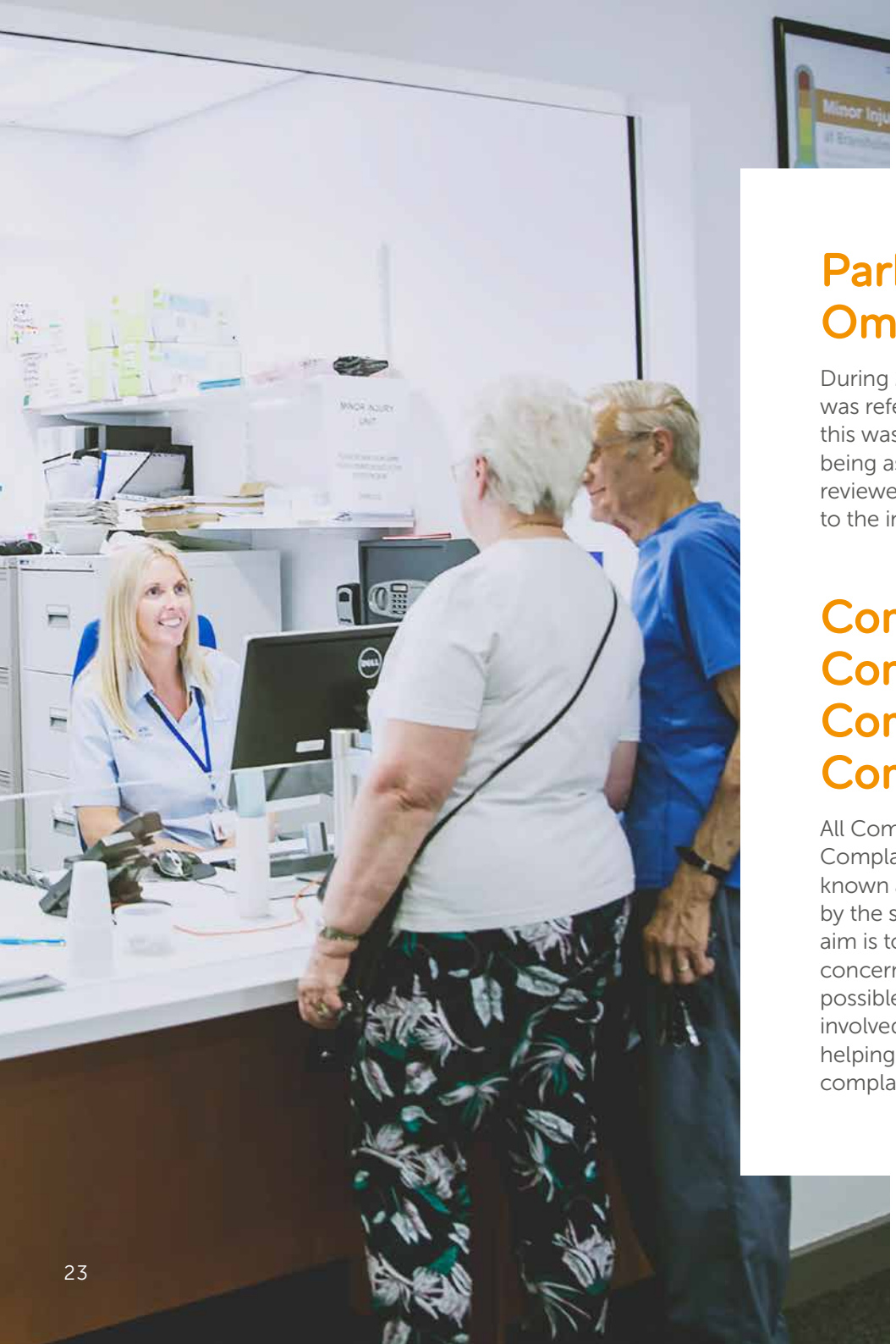
Clinical Coding

CHCP CIC was not subject to the Payment by Results clinical coding audit during 2017-2018 by the Audit Commission.

Statements from the Care Quality Commission

As a provider of health care services, City Health Care Partnership CIC is required to register with the Care Quality Commission (CQC) and our current status is 'Registered'. A number of joint visits between the CQC, Her Majesty's Inspector of Prisons and Ofsted have included some of our services and we have welcomed and acted upon the feedback given with regards to any suggestions made within the findings of these larger reviews.

City Health Care Partnership CIC has received only one breach notification as part of the inspection regime and this is in relation to a Medicines Management issue within prison health care. An action plan is now in place and the issue has been addressed. No other conditions are placed on our registration and the Care Quality Commission has not taken enforcement action against City Health Care Partnership CIC in 2017-2018.



Parliamentary Ombudsman

During 2017-2018, one investigation was referred to the Ombudsman and this was not upheld, the Ombudsman being assured that CHCP CIC had reviewed, managed and responded to the incident correctly.

Comments, Concerns, Complaints and Compliments

All Comments, Concerns, Complaints and Compliments, known as the 4Cs, are reviewed daily by the services of CHCP CIC. Our aim is to deal with complaints and concerns as quickly and efficiently as possible, with those who have been involved in delivering patient care helping to seek a resolution to the complainant's satisfaction.

The ratio of the Complaints, Concerns, Comments and Compliments

Comments	Complaints	Compliments	Concerns
2016/2017	2016/2017	2016/2017	2016/2017
24	108	807	1093
2017/2018	2017/2018	2017/2018	2017/2018
51	137	448	1629

Our data highlights an increase in the number of concerns and complaints being reported, which we attribute to the growth and development of the company, with our increase in services and staffing – as highlighted in Chapter 2 of these accounts.

During 2017-2018 we have noted a reduction in the number of comments and compliments that we received through our 4C processes. Our analysis and discussions drew attention to our drive to progress the uptake of the Friends and Family Test throughout the organisation. Adopting the Friends and Family Tests enables service users to have the opportunity to feedback on their perceptions 'within real time', i.e. shortly after receiving our care.

Within the next section we present these findings, which are overwhelmingly positive, and appreciate that we would not expect those who have participated in the Friends and Family Test to duplicate their comments through the 4C process.

The adoption of the Friends and Family Test has increased our overall reporting and provides us with insightful direct service user feedback.

We continue to welcome and learn from our service user feedback and have established training and educational opportunities across the organisation to encourage and enhance the ways in which patient feedback about the services we offer is facilitated and supported.

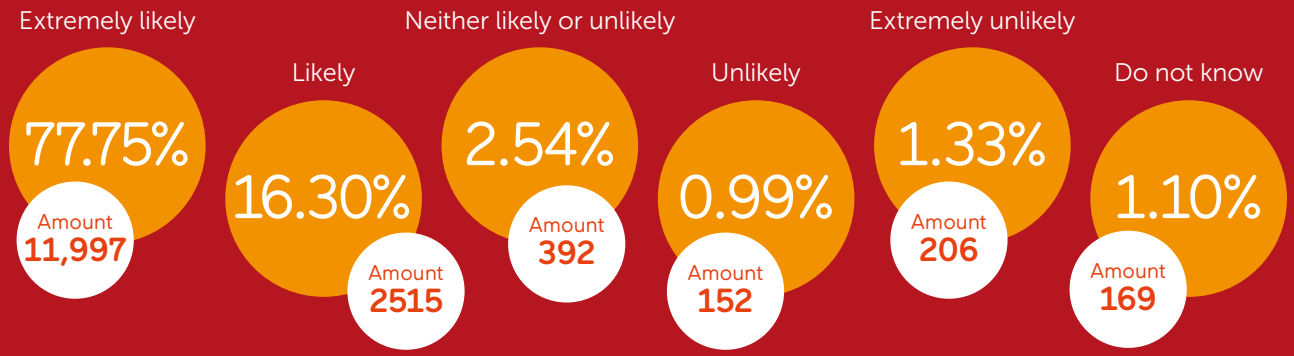
Friends and Family Test

We continue to adopt the Friends and Family Test, as this offers people who use NHS-funded services the opportunity to provide feedback about their care and experience.

In the period between 1st April 2017 and 31st March 2018, the vast majority of those who completed the test said that they would be **likely or extremely likely** to recommend the service that they received to a friend or family member, if they needed similar care or treatment.

15,431 Participants

"How likely are you to recommend the service?"



Combined totals of the likelihood of recommending the service

In addition, respondents offered the following praise:

"The welcome I received was genuine, pleasant and friendly [names the nurse]. My comments were listened to and acted upon with prior discussion and explanation. A background understanding of my problems was obvious and treatment was thorough - long may it last!"

Podiatry (Goole)

"Brilliant staff, great communication throughout. Everything explained very clearly and simply understood. Surgeon is very good and all the team work fantastic together."

Vasectomy, Conifer in Wilberforce Health Centre

"This is an excellent service, run by excellent staff. The service was extremely quick at getting me through, very friendly and extremely thorough."

Deep Vein Thrombosis, Westbourne NHS Centre

"I am very happy with the way my son is improving since I have been coming to the Enuresis Clinic. The way the nurses attended to us and the way they used to explain things to us was great. Now I can see a great change in my son."

Community Children's Nursing Services

"Everything was brilliant. All the staff in the team were very supportive, enabling and very patient following my operation. They gave me confidence, promoted my independence via support with personal care and aids to enable to me to be safe without them. Over the weeks I have been able to be in my own home and work towards my independence and recovery. Amazing service."

Intermediate Care Team, Hull

"Pupils were involved in the whole lesson. They had lots of questions to ask and were eager to contribute their opinions. You got through a lot of important information during the lesson. One pupil said: 'I really am enjoying this lesson.' This demonstrated how the lesson impacted the pupils' learning."

Smokefree St. Helens (Tobacco Education)

In addition to the positive feedback we have captured above, we are keen to hear from those who use our services about their experience and how improvements can be made. To illustrate this, we offer the following:

You Said – We Did

You Said

Some patients said that our sexual health website was confusing.

We Did

We held young people's focus groups and listened to the views of those who attended. Their ideas and recommendations have helped us to significantly alter our web-based information.

You Said

A relative who rang our End of Life Care Team advised that they felt 'uncomfortable' with the service's title, as it sounded very negative.

We Did

We have now renamed the services as follows:

The End of Life Care Team is now **Specialist Palliative Care Services.**

The End of Life In-reach Team are now **Palliative Care Co-ordinators**.

You Said

Patients asked to be updated on the running times of the clinics when they are sitting in the waiting room.

We Did

Whilst we may have had information boards in the main waiting areas – our attention was drawn to smaller 'sub' areas, which could not easily view this information. We have now put white boards in our sub waiting rooms that we can update on a daily basis.

You Said

We noticed that at our annual 'Equality at End of Life' conference there was a lack of attendance from what are considered 'harder to reach groups', such as BME groups, LGBTQ+, ex-military personnel re-entering society, the homeless and Gypsy, Traveller and Romany communities.

We Did

We spoke directly with representatives from these areas to understand their perceptions and understand how we could support them, reducing the fear and taboo elements of having discussions about death and dying.

To reflect their preferences, we are planning a 'Celebration of Life' event to support learning for health and social care providers in relation to these 'harder to reach groups'.

You Said

Some patients within the dental service spoke of their anxiety when sat waiting for their appointment. They asked if we could consider playing music as a distraction.

We Did

We have purchased a PPL (licence to allow the playing of music within a public place) and we are now able to quietly play the radio within the surgery waiting rooms.

You Said

Patients asked for leaflet information in one of our sexual health clinics to be made available in alternative languages.

We Did

We have translated our patient information leaflets into the four main non-English languages spoken by our service users.

Information Governance

The organisation is required to comply with the NHS Digital Information Governance Toolkit (IGT), which is a self-assessment tool. The IGT provides assurance that the organisation and its employees is using, storing and processing the patient and public's personal identifiable data in a secure, confidential way.

The annual assessment is intended to enable organisations to maintain and improve compliance of those standards contained within the toolkit.

In 2017-18, CHCP CIC improved their score and level of compliance against the Information Governance Toolkit (IGT).

The CHCP CIC Information Governance annual assessment score for 2016-2017 was 75%. However, in 2017-18 the score has risen to 89% and is comparable with other local health care providers.

The actions taken throughout the year consisted of:

- Achieving the CHCP CIC target to ensure that at least 95% of staff were trained in Information Governance, Confidentiality and Data Protection
- Developing the role of Information Asset Owner/Administrator, to ensure that Information Governance policies and procedures are embedded across the organisation
- Undertaking a number of audits in relation to IG across the organisation to review and ensure that policies and procedures are adhered to and embedded
- Strengthening the incident reporting process to enable learning of lessons to improve practice
- Maintaining accreditation to ISO 90001
- Developing a General Data Protection Regulation Task and Finish Group to review and implement changes in preparation for the new legislation requirement on 25th May 2018
- Reviewing and updating contracts where processing data with third parties
- Reviewing data flows within each of the existing services and conducting risk assessments to identify and enhance security and technical measures.

Chapter 3

Priorities for Improvement 2018-2019

Within these Quality Accounts we are required to describe areas in which we will improve over the next year in relation to the quality of our services. The areas we are required to look at fall within three categories:

- **Patient Experience**
- **Patient Safety**
- **Clinical Effectiveness**

We recognise that these three areas span across all our clinical services and therefore, support a major component of our aims of providing safe, effective, personalised and innovative care to the communities we serve.

Consultation Process

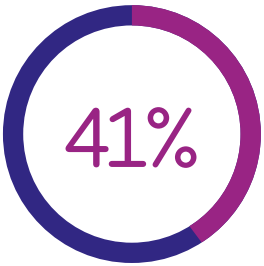
Throughout the year we collected data from various sources such as the national Care Opinion website, responses to the Friends and Family Test from people who use our services, reported incidents, complaints and concerns that we receive. All these findings were reviewed as we considered the stakeholder statements from last year's Quality Accounts. This rich and varied source of information enabled us to look for the key themes and trends so that we were able develop a list of potential priorities for the coming year.

This 'long list' was shared internally with our staff through established working groups and reduced to a 'shorter list' of three potential projects per category, which was shared with CHCP CIC staff and external stakeholders during January 2018. We asked people to vote for their preferred priority for improvement in each of the three categories.

174 people

voted on our online survey and the following suggestions received the most votes:

Patient Safety



The progression of **Safety Huddles** across our clinical services

Clinical Effectiveness

Ensuring **personalised** care is reflected in our service users care plans

Patient Engagement

Evaluating the **use of technology** developed for service user benefit

Patient Safety: the progression of safety huddles across our clinical services

Rationale

We believe that staff who work in teams that deliver care and support directly to our service users and their carers are ideally placed to spot issues that affect patients' experience and standards of care within our services.

How will we do this?

We would like to introduce a standardised process to empower our front-line staff to identify, discuss, plan and resolve issues related to safety and quality in their workplace. This will form part of our overall quality improvement approach so we can make sure that our service users are receiving the best possible care.

How will we monitor this throughout the year?

We will progress through our Quality Improvement Team and report quarterly to the Safe, Quality Services Committee.

Clinical Effectiveness: ensuring personalised care is reflected in our service users' care plans

Rationale

We recognised that the use of electronic care records has been very positive for sharing clinical information across disciplines, as well as facilitating access for our service users. We would like to revise our record keeping approach to ensure that the service user's voice is sought, respected and documented, and that their plan of care is shaped to meet their needs.

How will we do this?

We will build on our range of learning resources to support staff to further develop their recording keeping capabilities, in line with electronic record keeping. We will progress the established record keeping audit within each of our clinical services to ensure records are reviewed accordingly and considered for person-centred approach.

How will we monitor throughout the year?

We have included this priority within our Quality Improvement Plan 2018-2020 and will be reporting to our commissioners throughout the year.

The work will be led by our Quality Improvement Team, who will be reporting within the Quality Matters[2] record keeping audit quarterly to the Safe, Quality Services Committee.

Patient Engagement: assisting self-management through the use of technology

Rationale

We recognise that patients need a choice of mechanisms to enable them to be more engaged in their healthcare delivery.

How will we do this?

We are developing an app that will encourage patients to manage their own conditions, as well as to access their health records, book appointments and feedback on services. We are rolling out 'E-consult' to our GP practices to make it easier for patients to contact their GPs for advice and guidance. Our plans are to offer Skype appointments and consultations to patients who are unable to travel easily to a health centre.

How will we monitor throughout the year?

We will capture the feedback from our service users and monitor usage data and statistics to gauge uptake of these methods and report to directors and other stakeholders during the year.

Chapter 4

Last year's Priorities for Improvement were stated in our Quality Accounts 2016-2017, and we have been working to achieve them over the 12 months. Here is a summary of our actions and progress.

Clinical Effectiveness: measuring the uptake and impact of NICE guidance

Rationale

It is important that clinicians receive, review and consider the best available evidence of clinical and cost-effective care. The National Institute of Health and Care Excellence (NICE) is an independent organisation established to improve outcomes for people using the NHS and other public health and social care services through:

Producing evidence-based guidance and advice for health, public health and social care practitioners

Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services

Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care

Within CHCP CIC we have established a NICE Triage Group that meets monthly to review and consider all publications for their relevance and ensure that these are disseminated across our services.

NICE recommendations and guidance are expected to be taken into account by the staff within City Health Care Partnership CIC to support the achievement of our mission statement pledge: "...to be an organisation from which high quality and safe services are delivered..."

What did we pledge to do?

We agreed to undertake a retrospective audit of all NICE guidance published between January 2017 and September 2017 to examine our procedures for review, dissemination and uptake of publications.

What did we learn?

43 publications were sampled during the audit, comprising the following:

	NGs were published	Sampled in audit
NICE Guidelines (NG) =	14	7
Quality Standards (QS) =	22	11
Technology Appraisals (TA) =	50	25

The questions we examined and answered were:

Q1

Was all NICE guidance identified and disseminated for review by the NICE Triage Group?

YES: 100%. All the published NICE guidance sampled was identified and disseminated.

Q2

Was the guidance reviewed by the NICE Triage Group?

YES: 100%. All the guidance identified above was reviewed by the Triage Group.

Q3

Was all guidance documented with Triage Group decision around its relevance?

YES: 100% of the Triage Group decision following their review above was evidenced.

Q4

Was a list of services the guidance was relevant to documented?

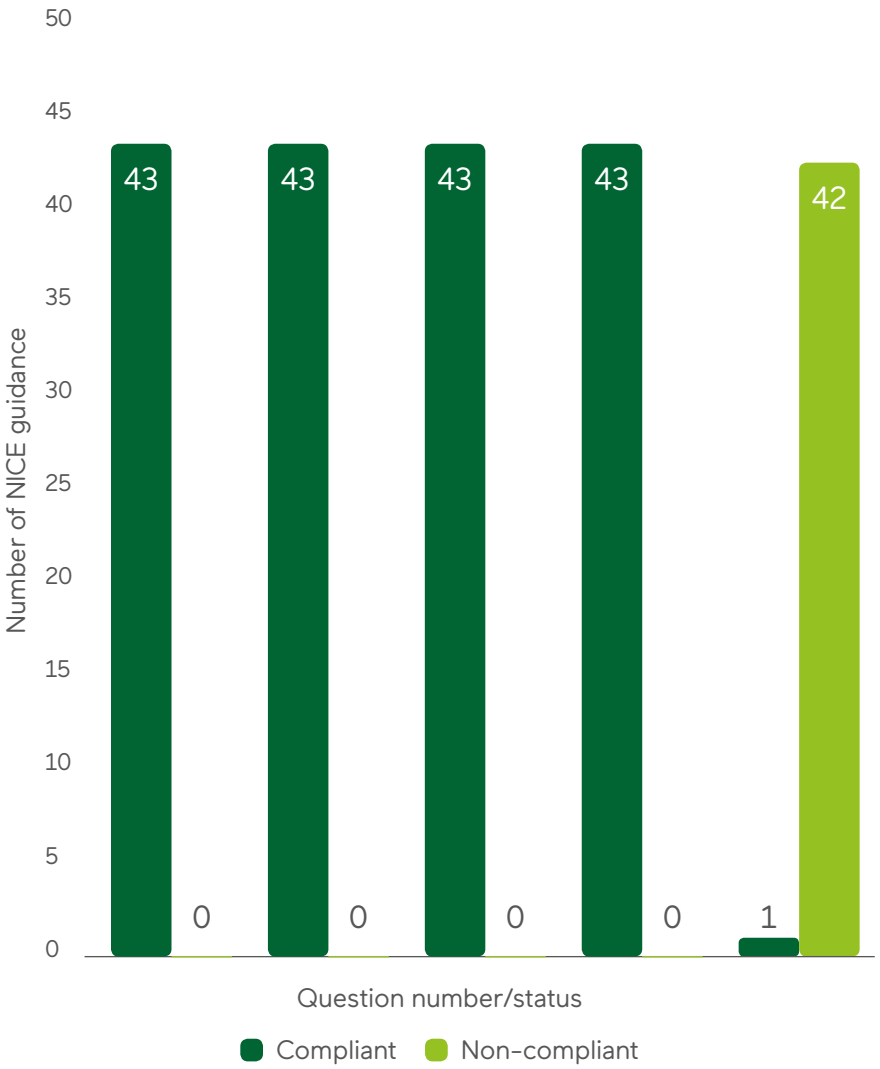
YES: 100% of guidance considered relevant documented the relevant services.

Q5

Did all identified services have a NICE lead or identified manager assigned?

NO: Whilst relevant services were identified, only one NICE publication had an identified lead for the organisation with explicit evidence of NICE uptake.

NICE Audit 2017-18 Findings



What did we learn?

As the organisation has grown, the NICE Lead Contact List was incorrect for some areas.

Whilst services noted that NICE publication may have relevance, the specific recommendations within the publication were not identified and evidence of the assessment not centrally recorded.

The database was overly complicated and difficult to extract data from, which was challenging for those conducting the audit.

All technology appraisals (TAs) are referred to the Hull & East Riding Prescribing Committee and not directly disseminated with our services. During the audit period, only one TA was classed as relevant for CHCP CIC services to instigate.

What have we done?

In December 2017 we met with Hull CCG at their request to implement a revised reporting structure for NICE processes and outputs. The meeting was timely as we had begun putting in place our reviewed processes to seek assurance from the Triage Group outputs and capturing the impacts of publications. Our actions have included:

- Reviewing NICE Clinical Lead/ Service Managers List and re-issuing guidance regarding their responsibilities
- Reviewing the NICE policy and procedure to include an annual audit of the organisation's recorded data of review, dissemination and impact of guidance
- Identifying a Quality Improvement Practitioner to lead and co-ordinate the revised NICE process
- Introducing a new data monitoring system to enable data to be extracted for quarterly CCG reporting
- Offering additional support to service managers/clinical leads to assist in their audit assessment of compliance with new guidance
- Reporting and providing assurance each quarter internally to CHCP's Safe Quality Service Committee and externally to our commissioners.

Patient Experience: introduce a patient experience panel

What we said we would do

We need to know what our patients and service users think about our services; their ideas can be very valuable in helping us to design and deliver what people really need. We already ask people who use our services about their experiences but we want to go further, involving them more closely in how our business is run and inviting them to take part in designing consultations and services.

What we did

This was a very ambitious priority for improvement, as we were attempting to start almost from scratch in setting up a Patient Experience Panel for our services. We have made good progress, appointing an Engagement Officer (a brand new post), who will join us in May 2018 and will have a vital role in setting up and co-ordinating our engagement initiatives. We want our service user panels to be dynamic and actively used by our staff to ensure that their voice is respected when shaping our service delivery. Given the wide range of the services that we provide, we appreciate the challenge of expecting one panel to be representative of all, and therefore we expect that our Engagement Officer will be instrumental in working with individual services to assist their development and running of service user panels that are appropriate for their services.

We hope that next year's Quality Accounts will be able to showcase some of the work of this panel and demonstrate how it has informed service provision.

"We want our service user panels to be dynamic and actively used by our staff"

Patient Safety: improving patient safety and reducing avoidable harm

Rationale

It is important to us that we embed a culture of no harm and reduce avoidable harm across our services. However, we know that when incidents happen it is important that we learn lessons to prevent the same incident occurring elsewhere in our organisation.

What did we say we would do?

We pledged to put in place formalised structures for sharing and learning approaches in order to further strengthen our approach to safety and effectiveness throughout the services that we provide.

How have we done this?

We have sought to further strengthen our approach to safety and effectiveness, and have appointed Quality Improvement & Compliance Officers for each of the care groups. Having a named person for each area enables the establishment of relationships and understanding of the service's key functions. From the care group staff's perspective it facilitates continuity, as their Quality Improvement & Compliance Officer supports their incident reporting process, extracts key data for their care groups reports, attends the care group Safety & Quality Meetings and is instrumental in delivering learning opportunities such as incident reporting and training.

What we have achieved

Across all care groups we have noted an increase in both the volume and quality of incident reporting (as reported in Chapter 2). When discussing the findings directly with staff, they indicate that this is not due to any rise in incidents, but due to a confidence and competence in being able to recognise and report incidents in a timely manner, which has been supported through statistical analysis of the data.

We continue to reinforce the message that when considering when things have not gone well it is essential that staff working for the organisation understand that CHCP CIC adopts a 'learning culture' and that any inquiry is not intended to blame an individual but to seek causal factors and share lessons learnt to prevent re-occurrence of the incident.

We also introduced a small task and finish group to identify the many ways in which we can share our learning from the analysis and investigation into incidents, concerns and complaints. We have also produced 'Learning from Experience' guidance to offer standardisation of the organisation's approach to the capturing and dissemination of lessons learnt.

We have revised our quality dashboard, which captures reviewed and assessed safety, quality and incident data that has occurred within each of the care groups to provide both insight and assurance. Figures are presented with trends identified and supported by a narrative report that gives specific breakdowns of incidents, actions, outcomes and lessons learnt.

We have worked hard to provide baseline data for each area's safety and quality measures, and are looking forward to supporting front-line staff with next year's Priority for Improvement Safety Huddles, which will be able to measure and report direct impacts of initiatives within clinical teams.

Chapter 5

Our vision is to lead and **inspire** through **excellence**, **compassion** and **expertise** in all that we do, and we are proud of the achievements and recognition of our staff. Here, we offer examples that illustrate our shared vision:

Commitment, care and compassion to those who may be socially isolated.

Anna Darwick has been a Practice Nurse working in The Quays Medical Centre for over seven years. Patients who are registered at The Quays are often socially isolated due to one or more of many reasons, which may include being homeless, having an alcohol or drug dependency problem, a mental health problem, a history of violence or aggression, being a sex industry worker, an asylum seeker or non-English speaking.

Anna is recognised by her colleagues as well as the patients that she sees as being committed to offering everyone that she sees in her daily work the very best health care opportunities.

Anna says:

"I am very aware of the unsettled or chaotic lifestyles some of our patients may have, so when they attend for a health care appointment I know this may be the one chance that I have to make the best of this contact and assess and deal with their health-related issues."

As an illustration of her work, Anna recalls a recent appointment she had made for a gentleman who was homeless and sleeping on the streets of Hull. He met one of her healthcare colleagues, who noticed that he had ulcers on his legs and persuaded him to attend The Quays treatment clinic to have his wounds assessed.

Understandably the gentleman had little, if any, access to be able to undertake adequate hygiene cares for himself and arrived in an unwashed state, with his socks soiled with dirt and discharge from his leg ulcers. So, as well as assessing his ulcer wounds and applying appropriate dressings, Anna soaked the man's feet, then washed his feet and legs before giving him a pair of clean socks.

Anna tells us: "I keep a supply of clean socks in the clinic to give to any of my patients that may need them. Sometimes, it is the simple gestures that you offer that can show that you care."

The Quays is a 'practice of choice' for the UK Gateway project, funded by the United Nations for refugees who are resettling in Hull. The project was developed in recognition that people seeking asylum suffer disproportionally with illness, as they often face poverty, social isolation, illiteracy and low self-esteem – all recognised as barriers to a healthy lifestyle.

Many refugees may be traumatised and may suffer from serious psychological problems having witnessed torture or death of those close to them or suffered physical or sexual violence themselves, and may require additional support to guide them through the complexities of the UK healthcare systems.

Anna was chosen to run the Gateway clinics because of her professional skills, her ability to help people who present with complex health and social care problems and her personal approach to dealing with people in a non-judgemental way.

Anna advises: "When working with our Gateway clients I spend time explaining our systems and addressing the issues they may face when accessing healthcare. The things that are straight-forward to many people are a new and bewildering challenge to others. I regularly find myself explaining what a chemist can do, or how the patient can obtain their prescription, as they have no clue about how to sort such things out. I work regularly with interpreters to talk with our clients and I've become an expert in accessing search engine images to further explain things such as 'over the counter' remedies, nappy or sanitary products, churches, community centres and sources of support."

Denise Wilkinson, Practice Manager, tells us: "Anna's dedication, commitment and empathetic approach to her work is recognised by patients as well as the colleagues that she works with. I am proud of the passion she emanates when helping our disadvantaged clients; on many occasions she will work over and above the hours she is paid and will miss lunch breaks or stay later in the day to deal with a person with complex needs. For Anna, the patient always comes first."

Closing the theory to practice gap – using our expertise to develop and inspire our colleagues to deliver quality care.

For many newly qualified staff or those entering into a new healthcare role, matching the textbook descriptions of clinical situations to the reality of practice is a daunting issue. It is an ongoing problem faced by all members of the health care professions and is commonly referred to as the "theory-practice gap". Within CHCP CIC we recognise this gap and the associated stress that staff feel when they encounter it.

Jacqui Laycock, Lead Practitioner, tells of the approach that the Learning Resource Team have adopted to address this development need: "We have developed our support processes to help staff develop into their roles in a safe and effective way, enabling them to have the confidence that they are delivering patient care to the highest quality achievable in what can sometimes be challenging situations."

Healthcare in the community setting seldom reflects the "sterile" classroom where the theory of clinical skills are learnt. Jacqui continues: "As many staff state, 'The rubber arm I used to learn how to take blood didn't say ouch and wasn't afraid of needles!' Being taught and supported by our own qualified, experienced staff means that training can be brought to life with scenarios from real encounters and confidence can be gained through supportive practice sessions."

This has proven very effective in our development of "training clinics", where a specialist practitioner has been supervising staff in their assessment of patients with respiratory problems. Patients are made aware it is a training clinic and consent to the learners' presence and assist in their learning. The support gained by the learner gives them the confidence in their clinical assessment skills and how these inform the discussion with the patient to agree a plan of care that is both personal and achievable.

Jacqui advises that, "Our hope is to extend these learning clinics across a number of fields. However, the whole idea of assessing colleagues' competency in practice is fundamental to the support offered within the organisation. Clinical skills are taught by our own specialist practitioners and we ensure that staff learn the art of effective communication, as for so many healthcare interventions this is a fundamental skill that is talked about in theory but not given the time to practise. Our competency based support system has communication as a core element, along with evidence-based practice, quality and safety, enabling staff to reflect on their experiences, have the courage to question and the compassion to care for every patient."

Utilising a blend of technological advances as well as direct teacher-to-student learning, we believe that by guiding and supporting all our staff, the quality of patient care will continue to be personalised and of the highest achievable standards.

Community Cardiac Service – recognition of excellence

The Cardiac Rehabilitation Service consists of a nursing and physiotherapy team, each with specialist knowledge of coronary heart disease and cardiac rehabilitation. The team works across Hull and East Riding in conjunction with GPs, practice nurses and other healthcare professionals in the development and provision of cardiac rehabilitation and coronary heart disease management.

In practical terms, cardiac rehabilitation is a professionally supervised programme based on an initial assessment to determine the patient's needs, any risk factors or limitations, aiming to deliver a person-centred cardiac rehabilitation programme consisting of:

- Education and health behaviour change
- Lifestyle risk factor management
- Physical activity and exercise
- Diet and nutritional advice
- Smoking cessation
- Psycho-social health
- Medical risk factor assessment
- Cardio-protective therapies
- Long-term condition management

Grace Shores, Clinical Team Leader, advises: "Our overall aim is to provide a high-quality service that offers patient-centred and clinically effective cardiac rehabilitation services following the diagnosis and treatment of a heart condition such as angioplasty, coronary artery bypass, valve replacement surgery, defibrillator implant, or following the diagnosis of a heart attack, angina or heart failure."

The Cardiac Rehabilitation Service attained the British Association for Cardiovascular Prevention and Rehabilitation, and the National Audit of Cardiac Rehabilitation's (BACPR/NACR) certification for the quality of the standards of care provision within their service.

Grace continues: "We are aware that only around 10% of cardiac rehabilitation services nationally meet the standards, so when we received this certification we were really proud of this recognition."

One of the requirements for the accreditation is the completion of the British Heart Foundations National Audit of Cardiac Rehabilitation (NACR), which collects and compares data from across the UK. The audit not only assists the British Heart Foundation to analyse data for research purposes, but also demonstrates to those who commission our service how we are performing in comparison to other areas across the country.

Grace concludes:

"I feel very passionate about attaining this certification; it shows the care and excellence of how we approach and deliver care within the team and validates that our patients are receiving a high standard of care."

Upskilling for continued commitment to provide an expertise in nurse-led care.

The Community Gynaecology Service has implemented a nurse-led treatment and assessment programme to increases access to appropriate health care and decrease waiting times. This innovative programme was suggested and driven forward by Kay Merritt, Clinical Nurse Lead for Women's Health.

Kay explained: "Referrals to the service had grown and we expected their continued increase. The knock-on effect of this was increased waiting times for patients to be seen within the service, and we were breaching the required 18-week waiting time. As part of the drive for efficiency and improved quality of care, we discussed the possibility of a nurse-led gynaecology service, as this could assist in the assessment of patients presenting with less complex gynaecological conditions and, in turn, would free-up the doctors, who could then see more complex gynaecology cases."

Kay continued: "With support from the lead consultant in reproductive sexual health, we analysed the referrals and agreed which type of patients could be within the competences of a gynaecological nurse."

Senior Operations Manager Sarah Herd tells of Kay's continued drive to progress her knowledge and skills for evidence-based, best practice care: "Kay, through her exhaustive research and drive to improve services, identified that other areas have adopted this approach and set out to make it possible within our service – attending conferences, bringing back best practice and then implementing it within the service, upskilling herself and attending numerous study days to ensure she was equipped and knowledgeable to deliver this service alongside consultants."

The clinic is already meeting its aims for reduced waiting times to, on average, nine weeks and increased access to the service. Kay continues: "Since initiation of this clinic, there has already been a significant reduction in waiting times. Patient and staff satisfaction is also very high and positive towards the service."

The clinic has now been running for six months and within this period 115 patients have been seen by Kay. Service user feedback has been overwhelmingly positive and includes the following:

"Made me feel comfortable and relaxed."

"Staff were lovely and put me at ease, excellent care, made me feel relaxed... would recommend to others."

"The time was taken to fully explain everything and answer my questions."

Kay is due to make a poster presentation at a National Conference in May 2018.

"Prompt service, helpful, Kay is the best!... I would recommend the service 100%."

Leading the way: the Blues Boys project

Becky Price, Health Visitor (HV), received an Innovation & Leadership award from The Queen's Nursing Institute and has been conducting a project to increase knowledge and raise awareness of detection of post-natal depression (PND) in fathers with the vision of developing father-inclusive Health Visitor services.

Becky advises: "Most people tend to think that it is only mothers who suffer from post-natal depression, but both mothers and fathers can suffer from perinatal mental health problems. Unlike the 'baby blues', which some mothers may experience shortly after giving birth, postnatal depression can persist for months if left untreated. It causes severe feelings of low mood and increased anxiety, and in a minority of cases can become a long-term problem. If not treated it can cause relationship difficulties, as well as difficulties for parents relating to their baby."

The overall aim of The Blues Boys Project was to improve detection of paternal post-natal depression by health visitors in Hull. In order to achieve this we set three specific aims, which were:

- To increase HV knowledge and detection of paternal PND
- To implement the use of screening tools specific to detecting PND in fathers
- To develop father-inclusive health visiting services

Over 50 health visitors undertook additional training to raise their awareness and skills around PND in fathers. The evaluation of the sessions was overwhelmingly positive, with feedback including:

"Helped to increase my knowledge and confidence. Keeps dads in mind, even when they are not present."

"Improved my confidence. Made me feel more 'qualified' to talk about this issue – empowered."

"Inclusive dads are a protective factor for mum."

Becky also told us: "A review of information leaflets given out to parents to inform them of key public health messages identified that the vast majority of the images and content was mother and child-centric. Whilst not meaning to cause offense, presentation of information in this way could, for some, feel as though fathers are not included. It can be a powerful subliminal message that goes unnoticed by clients and healthcare professionals alike. Therefore, we took the decision to produce a bespoke and original leaflet that informs both mums and dads about perinatal mental health."

After one of our awareness sessions, one father-to-be told us: "Thank you for talking about post-natal depression. I had never heard of it before, but I have a friend and I think that he is probably suffering from this."

Becky continues:

"Feedback from fathers was very positive, as they told us that by the leaflet having the word 'dad' on it they felt that it was for them as well."

Becky's project has raised awareness and generated discussions nationally, and she has spoken about her work both locally at the Hull Commissioning Group's Men's Health Conference and nationally at the Kings Fund. Becky has also been invited to talk at two further national conferences this year and is busy writing up her work for a healthcare journal publication.

Sharing, celebrating and recognition of our success

Over the last year, our clinical staff and their teams have been recognised for their excellence, compassion and expertise through a range of local, regional and national sharing showcases, conferences, awards and professional bodies.

Our staff have led and provided inspiration through presentations and posters showcased at regional and national conferences, been appointed as advisors on professional working groups, published in healthcare journals, appointed fellowships and nominated as finalists and award winners. Their successes include:

Presentations and posters:

- 'Do we value ourselves as a paediatric team?' – Poster presentation at National Conference for the British Society of Paediatric Dentistry – City Health Dental.
- 'Dental General Anaesthetic assessment by a specialist: What difference does it make?' – Poster presentation at the international Paediatric Dentistry Conference in Chile by City Health Dental.
- 'When ethnography causes unease: Ethical approval of qualitative research in the NHS' – Conference presentation at the University of Hull by Emma Stevens.

Fellowships and expertise:

- Graham Hill – Fellowship of Royal Pharmaceutical Society.

Being appointed a Fellow of the Royal Pharmaceutical Society is one of the highest honours that can be bestowed upon society members. It recognises the distinction members have attained in a particular aspect or aspects of their pharmacy career. As Fellowships are based on nominations from members, it also signifies the esteem in which members are held by their peers, and as such is a mark of achievement that all members should aspire to.

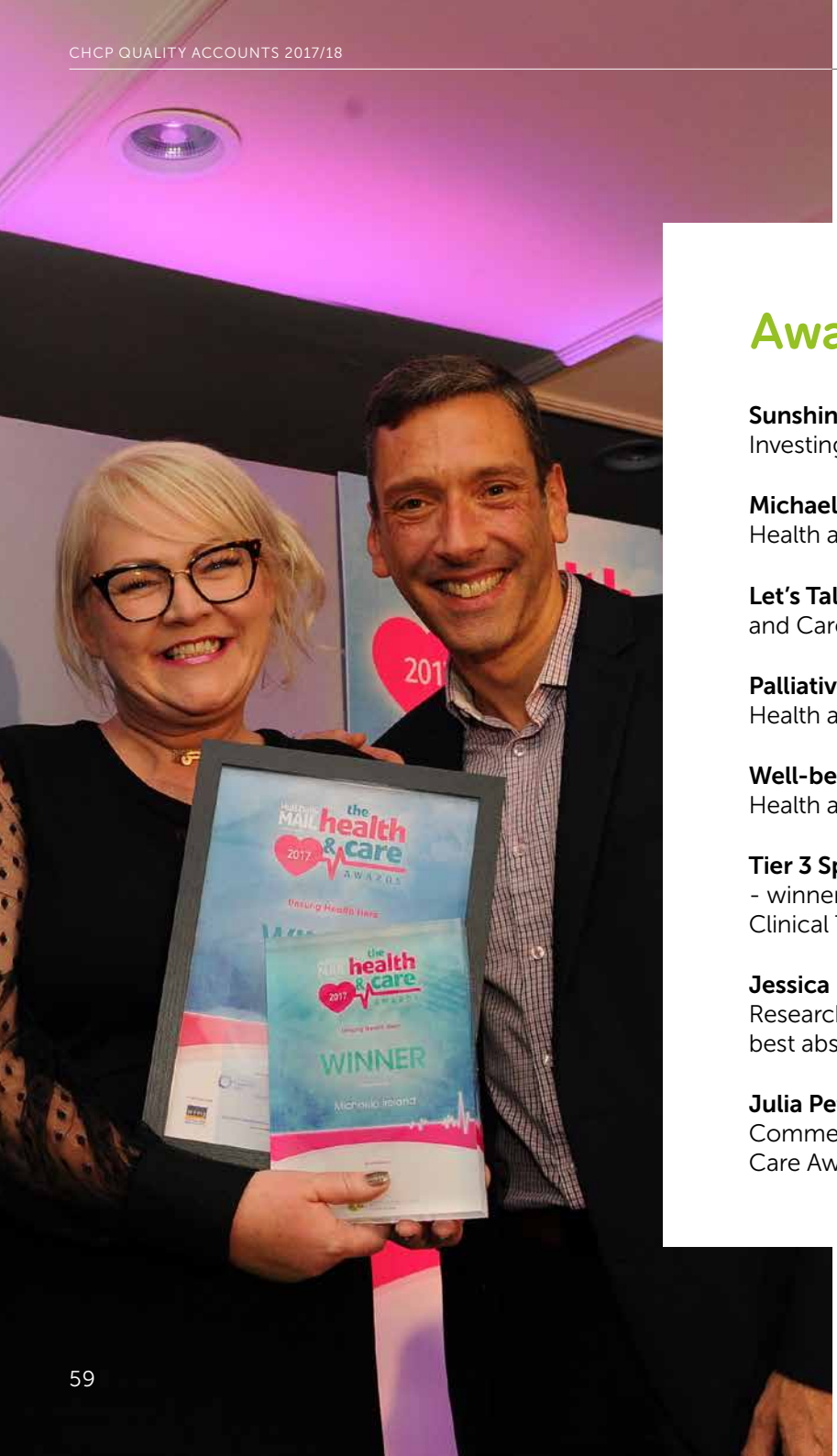
- Karebor Ngwerume – Faculty membership (advanced stage II) of the Royal Pharmaceutical Society.

Membership is progressed in the recognition that individuals routinely manage complex care and situations in their workplace, and the award of faculty membership identifies their local and regional leadership recognition.

- Jessica Parkin – Elected by the British Dietetic Association – Mental Health Specialist Group as the Professional Development Officer for Eating Disorders.

Publications:

- Discharge from Critical Care into the Community for End-of-Life Care article, published in the Journal of Community Nursing – Fiona Robinson et al.
- Supporting Research Readiness in Social Enterprise Health Services article, published in the BioMed Central (BMC) Health Services Research by Andrew Burnell, Sue Pender et al.
- CARE CR-Cardiovascular and Cardiorespiratory Adaptations to Routine Exercise-Based Cardiac Rehabilitation: A Study Protocol for a Community-Based Controlled Study with Criterion Methods, published in the British Medical Journal (BMJ) – Simon Nicholls, Toni Goodman et al.



Awards

Sunshine House
Investing in Children Membership Award

Michaela Ireland – WINNER of Hull Daily Mail Health and Care Awards – Unsung Health Hero

Let's Talk – FINALIST for Hull Daily Mail Health and Care Awards

Palliative Care Team - FINALIST for Hull Daily Mail Health and Care Awards

Well-being Team - FINALIST for Hull Daily Mail Health and Care Awards

Tier 3 Specialist Weight Management Service - winners of the General Practice Awards 2017: Clinical Team of the Year – Nutrition

Jessica Parkin - the British Dietetic Association Research symposium – award WINNER for the best abstract within the service review workstream

Julia Petty and the Falls Team - FINALIST 'Highly Commended' in the 2018 Local Government Care Awards – Health & Social Care category

Chapter 6

Statement from NHS East Riding of Yorkshire CCG and NHS Hull CCG

NHS Hull and NHS East Riding of Yorkshire (ERoY) Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the City Health Care Partnership CIC Quality Accounts for 2017-18. The report highlights areas of improvement in the quality of care and safety for patients.

We would like to congratulate the organisation on the local, regional and national awards that have been achieved by your clinical staff and teams

We welcome the commitment the organisation has shown with its involvement with the national and local audits and its participation in clinical research. This demonstrates the areas for future development to improve the quality of patient care and experience. It is positive to see that CHCP participated in 100% of eligible clinical audits. Commissioners look forward to seeing examples of improved patient outcomes from the clinical audits in 2018/19 Quality Accounts.

Commissioners support the commitment in the progression of safety huddles across all clinical services and the positive impact on patient care. The Quality Accounts reflect the progress made in relation to ensuring personalised care is reflected in users care plans and that this will be monitored in the Quality Matters[2] Programme, with reports being presented to the newly formed Integrated Quality, Governance and Safety Group.

The implementation of the NICE guidelines in relation to Sepsis, diagnosis and early management provides assurance. It is positive to see the establishment of a multidisciplinary sepsis group that has been linked with your work on antimicrobial stewardship to help clinicians identify and manage sepsis. This example included in the Quality Accounts provides a good insight into the approach taken by the organisation. The Commissioners note the audit findings from 2017-18 have identified a number of areas requiring improvement and look forward to seeing an action plan developed in order to monitor progress.

Commissioners would have welcomed more information in relation to the newly acquired East Riding Community Services contract in relation to improvements made to patient experience, safety and the quality of patient care.

The continued use of the Friends and Family Test and the positive outcomes received in addition to the 'You Said, We Did' section is acknowledged. This section gives more relevance to the impact on quality of care provided and the overall patient experience. The Commissioners were pleased to see that a Task and Finish Group had been set up to identify ways in which learning can be shared from themes and trends arising from incidents and complaints.

The section on CQUINs provides an overview of the work the organisation has undertaken over the past year. However, it would be helpful if further information was given specifically around the impact on patient care and outcomes for each scheme.

The priority for patient experience and the introduction of a patient experience panel is particularly welcomed and we look forward to you demonstrating the good work that the panel has undertaken and how this has informed service provision. The priority for improving patient safety and reducing avoidable harm has demonstrated the work you have undertaken to embed a culture of no harm across the organisation with the emphasis on learning. More information on how complaints and concerns are being managed would be beneficial and Commissioners look forward to receiving a regular update at the Integrated Quality, Governance and Safety Group.

We support the three priorities for quality selected from stakeholder engagement for 2018-19 and look forward to seeing the progress and impact of these over the year. We look forward to working with the organisation over the next year, monitoring outcome measures and seeing the continued improvements to patient care and experience.

The Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate against which has been shared with Quality Commissioners.

Emma Latimer
Chief Officer
NHS Hull Clinical
Commissioning Group

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

City Health care partnership CIC response to commissioner's statement

We are grateful for the detailed and considered combined statement from NHS Hull CCG and NHS East Riding CCG in respect of our 2017 – 2018 Quality Account publication.

We are pleased that both commissioning groups recognise the commitment that CHCP has shown to participating in local and national clinical audits and clinical research. We will endeavour to capture how this engagement results in changes in practice to improve patient care.

We welcome the support for our planned priorities for improvement for the coming year and are making progress working with the Improvement Academy from the Academic Health Science Network to progress safety huddles across our services and look forward to reporting the outcomes on patient care.

We continue to capture the uptake and outcomes of NICE guidance with baseline compliance reviews and action plans are monitored within each care groups Safety & Quality meetings.

We note the comment that the publication could have included more detail in relation to the new East Riding contract and feel that next year's accounts will be better placed to demonstrate sustained changes to patient experience, safety and quality of patient care.

We appreciate that offering the impact on patient care of the CQUIN scheme that we undertake will provide readers with insight into how audit, analysis and evaluation impacts upon care delivery and will offer examples within next year's accounts.

Once again we are thankful for the praise and constructive comments received.

Delivering high quality services continues to be of key importance and we look forward to working with our service commissioners over the coming year.

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

If you would like this document in an alternative language or format such as audio tape, large print or Braille, please call 01482 347649.

Polish
Jeżeli chcesz otrzymać ten dokument w innym języku lub formacie, np. w formie nagrania audio, dużą czcionką lub brajlu, zadzwoń na numer 01482 347649.

Kurdish
ئەگەر حەز دەکەیت ئەم بەڵگەنامەیەت بە زمان یاخود شێوازێکی دیکە بەدەست بگات وەک شریتی دەنگ، چاپی گەورە یاخود برایل (هەڵتوقیو)، تکایە تەلەفۆن بکە بۆ 01482 347649.

Mandarin
如果您希望以其他语言或格式（如，录音磁带、大字版本或盲文）获得此文档，请致电 01482 347649。

Arabic
"إذا كنت ترغب في الحصول على هذه الوثيقة بلغة أخرى أو بتنسيق مختلف مثل شريط صوتي، أو طباعة بحروف كبيرة أو بطريقة "برايل"، يرجى الاتصال على الرقم: 01482 347649".

Russian
Если вы хотите получить этот документ на другом языке или в другом формате (на аудио кассете, большим шрифтом или шрифтом Брайля), пожалуйста, позвоните по 01482 347649.

Quality Accounts 2017/18

City Health Care Partnership CIC

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