



# Quality Strategy

2018-20



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# Foreword

**Our number one strategic goal is to provide quality, safe, effective care to all of our service users. Achieving this is the responsibility of all of us, so that everyone works to the same common purpose focused on quality improvement.**

Achieving high quality care is about ensuring that we have the right people, in the right places, doing the right things at the right time. As an organisation we realise that this must be coupled with rigorous assurance, risk management and governance arrangements that provide us with the evidence to demonstrate that we are delivering a high quality service and alternatively provide us with an early identification process that indicates when we need to take action.

Our Quality Strategy sets out our ambitions and objectives for high quality services at City Health Care Partnership CIC and details how we are going to achieve them. It recognises that at its core, high quality care is care that is safe, clinically effective and results in a positive service user experience.

This is not about a sole focus on systems and processes but about equipping our colleagues with the knowledge and skills to get on and do what they need to do for our service users.

The Operations & Delivery Board is absolutely committed to working with staff to nurture a culture that supports and empowers everyone to deliver continuous service improvements that are based on evidence and the best clinical practice and in turn offer assurance to the Executive Board.

This strategy demonstrates how we work within the National Quality Governance Framework and sets out our local quality improvement plan to measure service user outcomes for quality, safety and effectiveness.

Ultimately, this quality strategy is about people. It is our plan to improve quality for and with our service users, create an effective work-life balance for our staff and to support and enable the organisation to deliver high quality care – first time, every time.

**Andrew Burnell, Chief Executive**



# Introduction

At City Health Care Partnership CIC our overarching vision is to lead and inspire through **excellence**, **compassion** and **expertise** in all that we do.

Our vision is underpinned by our mission which, quite simply is:

To grow a socially-responsible business that contributes to the wider wellbeing of the communities in which we provide services, from which the high quality and safe services delivered are personally responsive, caring and inclusive of all and where people love to work.

The four key values that support our mission are:

- Service and excellence
- Equality and diversity
- Creativity and innovation
- Co-operation and partnership

At the heart of who we are and what we stand for is quality. This strategy sets out our stance that we aim to continually improve the quality of the health care services that we deliver, making them safe, effective, caring (patient centred), responsive and well led.





## Equality and Diversity

City Health Care Partnership CIC is committed to Equality, Diversity and Inclusion and ensures its compliance with national strategies and frameworks including the Equality Act 2010. To support with this compliance, the organisation works to national standards including Workforce Race Equalities (WRES) and the Equality Delivery System (EDS2).

The organisation also works within a number of equality incentives and has achieved accreditation for Investors in Diversity, White Ribbon and Investors in Children. It is also a Disability Confident Employer.

CHCP were one of forty NHS and Independent Health Providing organisations to be successful in securing a place on the 2017/2018 NHS Employers Partners Programme. The programme offers support to participating organisations by providing forums to share best practice and develop their equality and diversity performance, focusing on four key modules.

- **Equality standards in the NHS**
- **Capacity building**
- **Delivery**
- **Evaluation**

The programme was successfully completed, with learning from it being put into place in regard to future projects of re-branding and staff networking groups.

This strategy outlines our definition of quality, our quality improvement objectives, our Quality Matters2 Initiative and training, our service user's voice and how stakeholders can be assured of our data quality and measurements.

Our Quality Strategy serves as a rallying call for every single employee, volunteer and Board member to ensure that we deliver the very best possible care in all our service users contacts.

Quality and quality improvement have been a central theme and driver for change within many government publications. As a provider of NHS-funded care, our care delivery is framed within the NHS Health & Social Care Bill (2012), which brings together what our staff, service users and members of the public can expect from us.

We aim to keep abreast of national data, themes, trends and reports to consider and discuss within the context of our service delivery.

We are registered with the Care Quality Commission (CQC) and our services are inspected regularly, with the reports being accessible via the CQC website.

### The Kings Fund (2017) says:

While driving better value is **important**, **quality improvement** has a fundamental role in **improving** all aspects of **quality** – including the safety, effectiveness and experience of care. All health and care systems should be seeking to improve these aspects of care for people using their services on a continuous basis.

This strategy and our Quality Improvement Plan seeks to take us closer to achieving this ambition.



## Definition of Quality

Whilst there is no universally agreed definition of quality in healthcare, in 2008 Lord Darzi developed a single definition of quality for health services as part of his review, *High Quality Care for All*, which is recognised by many.

In his review, Lord Darzi explained that quality care is:

- Care that is **safe**
- Care that is clinically **effective**
- Care that provides the best possible **experience** for service users

In line with all organisations that deliver NHS-funded care we produce our annual Quality Accounts, which adopts the definition outlined above.

Quality Improvement is recognised as being associated with a degree of change (an improvement) associated with a method (an approach with tools to measure) which achieves better outcomes.

For the purpose of our strategy we have used the CQC guidance, which adopted Darzi's definition and added a further two domains to quality to create its five Key Lines Of Enquiry (KLOE).

The CQC's Fundamental Standards of Care Framework (2014) recognises that the combination of performance in each of the following domains determines the overall quality of the healthcare that we provide.

### Safe

People are protected from avoidable harm and abuse

### Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible

### Experience (Caring)

We involve and treat people with compassion, kindness, dignity and respect

### Responsive

Services are well structured and effective so that they meet people's needs

### Well Led

Leadership, management and governance of the organisation assure the delivery of high quality person centred care, support learning and innovation and promote an open and fair culture

# Quality Improvement Objectives

The following Quality Improvement Objectives are extracted from our annual Quality Improvement Plan, which includes target dates, timeframes, actions and progress, and is reported quarterly to relevant stakeholders.

## Safety

**Key Topic 1:** Reduce avoidable harm across services

### Improving the safety of service users year on year

We will define what is avoidable harm and where it is attributable to CHCP CIC Services.

Our priority is to outline what we will do to reduce harm and save lives.

A preventative approach will be adopted, embedded from a root cause analysis and lesson learnt methodology.

**Key Topic 2:** Providing the most effective care to improve outcomes

### Respecting individuality: doing 'with' and not 'to'

Putting people and their families at the centre of decisions about their care and management is essential for collaborative working with our healthcare staff and assists in achieving the best outcomes of care.

## Effective

**Key Topic 1:** Ensure staff have the skills and competencies to deliver high quality care

### Being confident and competent in the workplace

Having the right people, with the right skills, in the right place and at the right time to deliver the best possible care.

**Key Topic 2:** Ensure care plans are indicative of person-centred care

### Providing most effective care to improve outcomes

Integrating the best research evidence, professional/clinical guidance, clinical expertise and patient's wishes are the fundamentals of evidence-based care.

## Responsive

**Key Topic 1:** Ensure all services specify and meet their agreed response time

### Meeting targets and responding to our service users

Whilst we aim to achieve our response time targets, we recognise that effective communication and acknowledgement of the impact of waiting and response times is just as important to our service users as a performance measure.

**Key Topic 2:** Ensure the service user's voice and feedback is enabled and reflected in our developments

### Empowered service users are active care participants

Managing expectations and involving service users in shared decision making is the basis of a professional, therapeutic relationship.

## Caring

**Key Topic 1:** Ensure our staff are caring and compassionate in all their day-to-day contacts

### Compassion is a core value of caring

The art of compassionate care is related to improved patient care outcomes, satisfaction and overall positive experience of healthcare.

**Key Topic 2:** Ensure that we are an organisation for which people love to work

### Engaged employees – improved performance

Evidence supports that the experiences of healthcare staff are associated with the quality and outcomes of care provided to patients.

## Well led

**Key Topic 1:** Evidence that we learn from experiences

### Continually improving – through learning & sharing

It is paramount that our service users are managed in a safe manner. We have a duty to provide best practice including making changes in light of analysis and investigation into incidents, concerns and complaints, identifying causal factors and sharing lessons learnt to prevent reoccurrence of the incident.

**Key Topic 2:** Advance the Quality Improvement agenda through leadership and commitment at all levels

### Better leaders – influence better care

Leadership behaviours affect the culture and climate that people work in. What staff do and how they behave will affect the service user's experience, the quality of care delivered and the reputation of the organisation.

**Whilst these objectives are important to us, they complement a wide range of other Quality Improvement activities that we conduct throughout the year. These include:**

- Agreeing and committing to Priorities for Quality Improvement in patient safety, clinical effectiveness and patient engagement – reported within our annual Quality Accounts
- Discussing the potential for improvements in patient care with our commissioners and working towards capturing the evidence of achievements of the milestones and goals of schemes (such as CQUINs) that are associated with our contract requirements
- Undertaking service evaluation and reviews to identify and capture local practice delivery and assist in informing action plans for Quality Improvement within identified areas
- Undertaking service evaluation and reviews to identify and capture local practice delivery and assist in informing action plans for Quality Improvement within identified areas
  - Our participation in National Clinical Audits, which gives us the opportunity to compare our practice delivery and outcomes with similar services elsewhere in the country
  - Our Local Clinical Audits, which are practitioner or service-led, to undertake enquiry and measure practice against a clinical standard
- Undertaking baseline and compliance audits when new NICE guidance is published throughout the year



# Quality Improvement Team

Whilst quality is central to all our staff in all our services, in September 2017 we appointed a Quality Improvement Team to assist in our drive and dissemination of the Quality Improvement Agenda.

The overall Quality Improvement Team's ethos is to embed a culture of **continuous improvement** rooted in **evidenced-based**, high quality, compassionate care. The team work across systems and all clinical services to facilitate the support, tools and resources to empower and enable front

line staff to progress quality improvement initiatives in their own areas.

The team introduced the Quality Matters<sup>2</sup> approach to capture the approach of their Quality Improvement work streams (see Fig. 1)



Fig. 1 Quality Matters<sup>2</sup> Approach

## Work streams include;

- Quality Champions**  
 Clinical staff from across all care groups, identified for their commitment and passion for improving quality and service user care and expected to promote the quality agenda
- Training**  
 Offering a portfolio of learning in aspects of Quality Improvement, including clinical audit and evaluation. Blended learning programme introduced, as Quality Champions are expected to achieve Academic Health Science Network (AHSN) awards
- Quality Matters<sup>2</sup>**  
 A programme cross-servicing audits with a qualitative focus developed within a quality improvement framework
- NICE**  
 Co-ordination, dissemination and monitoring of compliance and impacts
- Clinical audit & research**  
 Reviews and advice, site approval and monitoring and compliance with governance requirements
- Service reviews and evaluation**  
 Structured review, evaluation, analysis and report writing
- Advice & consultancy**  
 Working with and supporting individuals and teams to facilitate their Quality Improvement work, including audit, evaluation and reviews

Fundamental to the principle of Quality Improvement is an understanding that those closest to complex quality problems such as front-line staff, clinical teams, patients and carers, who are often best placed to find solutions. Therefore, our aim is to work directly with these staff, enabling their skills, knowledge and confidence to deliver Quality Improvement initiatives within their service areas. Therefore, during 2018 we are introducing a Quality Improvement Training Portfolio, in collaboration with the Improvement Academy from the Academic Health Science Network (Fig. 2).

**This includes the following:**

- **Academic Health Science Network (AHSN) Bronze Award online training in:**
  - Quality Improvement
  - Human Factors
- **CHCP, Quality Improvement Team-facilitated e-learning AHSN Bronze Award in:**
  - Quality Improvement
  - Human Factors
- **AHSN Silver Award (attended) in:**
  - Quality Improvement
  - Human Factors
- **CHCP, Quality Improvement Team-facilitated Silver Award training in (subject to requirements):**
  - Quality Improvement
  - CHCP, Quality Improvement Team-delivered Clinical Audit overview training

## Building the Foundations for Quality Improvement



Fig. 2 Quality Improvement Training and Awards

## Service User's Voice

### Ensuring the voice of our service users is enabled, heard and respected

**Always events:** Our Quality Improvement work is informed by those who use our services, as we recognise that listening to the voices of our service users is imperative in order to improve quality, safe and effective care.

Taking a person-centred approach to improving service quality, clinical outcomes and the patient experience is essential, and in May 2018 we appointed a Patient Engagement Officer to assist in this aim.

The organisation is committed to offering all service users every opportunity to feedback their experience of care within our services.

From this feedback we have identified and considered quality of care issues that have been highlighted by service users, families and carers as being of great importance to them personally.

Our service users have told us what is so important to them that it should always happen when they interact with health care services, professionals and staff groups.

Four themes emerged when analysing our service user feedback, and these have been developed into a set of 'always events' that as an organisation we will be considering routinely within our services.

#### Always Event: Communication

"I **always want** to feel confident that the information I offer is given to the right people"

"I **always want** to be kept informed about my treatment and care"

"I **always want** to only tell my story once"

"I **always want** communication with me to be prompt and accurate"

"I **always want** to feel my care is centred around me"

#### Always Event: Information

"I **always want** information and support that I need to make decisions and choices about my care"

"I **always want** appropriate information that is given to me at the right time in a way that I can understand"

"I **always want** to be told about the other available services that are suitable for me"

"I **always want** the opportunity to see my records, I want to decide who to share them with and I want to correct any mistakes in the information"

## Always Event: Respect

"I **always want** to feel confident that all people involved in my care deal with me in a professional way"

"I **always want** to be spoken to in a respectful manner"

"I **always want** people to ask me what I want to be called"

"I **always want** to be listened to and have my needs taken into consideration"

## Always Event: Access

"I **always want** to be informed about delays resulting in prolonged waiting times"

"I **always want** to feel confident that I can contact services when I need to"

"I **always want** premises to be clean, tidy, well equipped and comfortable when I attend appointments"

"I **always want** to be told as soon as possible if my appointment is cancelled or changes"



# Commissioning for Quality Improvement

## Incentive schemes

Through the contracts we hold for the delivery of services, commissioners have a range of incentives which are used to support the development of Quality Improvement and delivery of quality services. These indicators are agreed at the start of the contract year, with reporting milestones throughout the rest of the financial year. The outcomes are focused on quality improvements, the implementation of which is evidenced through quarterly reporting. These are called CQUINs.

## Commissioning for Quality and Innovation (CQUIN)

CQUINs were introduced in 2009 to make a proportion of providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients, carers, staff and the wider health economy.





# How We Measure and Report Quality Improvement Data

Measurement is a key component of assessing whether high quality care is being provided and quality improvement is supported.

The Executive Board must be assured of the established organisational reporting structures and that associated Quality Improvement Activities are being supported and monitored across Care Groups.

A revised set of quality metrics have been introduced and incorporated into a quality dashboard report that will be reviewed at team, locality directorate and Executive Board level. The content of this dashboard has been agreed by the Safe Quality Services Committee, with appropriate clinical engagement to ensure that the metrics are relevant and linked to our Quality Improvement Priorities as outlined in the strategy.

The report adopts an exception-based approach and where exceptions or areas of concern are identified, a more detailed report will be included. This approach will focus attention on the reason for the exception, along with actions that have been taken to improve performance.

**Areas of good practice will also be reported, as we recognise the importance of positive feedback to our colleagues.**

Exception Reports will be produced at a team/ service level and discussed at team meetings to ensure that a meaningful narrative is produced.

The revised dashboard is linked to the CQC Key Lines Of Enquiry and will measure performance each month that includes: performance against national standards, indicators to demonstrate service user safety, clinical effectiveness, services that are caring via the 4Cs (Compliments, Comments, Concerns and Complaints) and serious incidents. We monitor our risk ratings and support this with robust qualitative exception reporting with comparisons to target levels of performance will also be included.

The revised dashboard also incorporates national and local commissioning incentives, external benchmarking exercises and research and development metrics, as well as other nationally reportable concerns.

CHCP CIC recognises the significant value of learning that comes from advance warning indicators, serious incident reporting and patterns of complaints and incidents. These are incorporated into the dashboard and scrutinised for themes and trends that may be indicative of a decline in the quality of the service.

**The dashboard is enhanced by additional detailed reports including:**

- **Safeguarding Report**
- **Incident Report**
- **4Cs Report**
- **NICE Reports (National Institute for Health and Care Excellence )**
- **Central Alerting System (CAS)**
- **HR Reports**
- **Learning and Development Reports**
- **Infection Control Report**
- **Information Governance Report**
- **Data Quality Report**



## How We Measure and Report Quality Improvement Data

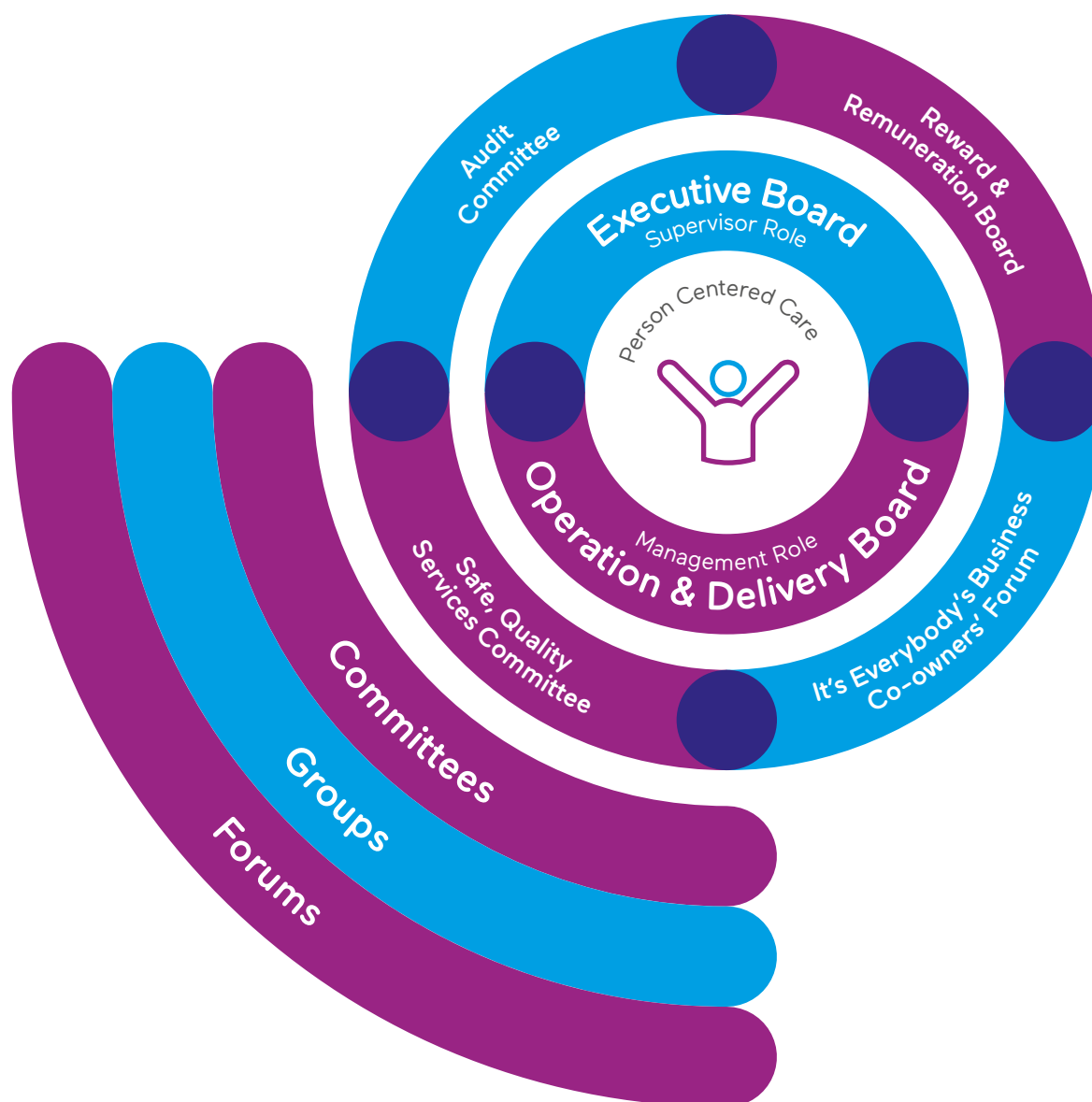


Fig. 3 CHCP Reporting Structures

The information held within the reports and our Quality Accounts will be monitored and reviewed by established Boards, Committees and Forums (See Fig. 3):

- Quarterly Reports to the Executive Board
- Quarterly Reports to the Operations and Delivery Board, stating progress against our quality priorities
- Quarterly Reports to the Safe Quality Services Committee
- Bi-Monthly Reports at the Safety and Quality Forum
- Annual Quality Accounts
- Reports from unannounced and announced CQC Inspections
- Monitoring of 4Cs Speak Up Guardian referrals, Duty of Candour

# Data Quality Assurance

**Data quality has a direct impact on health care. We recognise that high quality, safe service user care depends on good quality data.**

Poor quality data can disrupt funding, damage the reputation of organisations and individuals and lead to flawed clinical, administrative and planning decisions. Improving data quality improves patient care and enables the delivery of effective value for money services.

Data Quality is everyone's responsibility and is essential for maintaining patient safety. We recognise that the combination of staff awareness, effective leadership, vigilance, good processes and verification procedures provides the framework needed to embed and instil a culture of high data quality within the organisation.

CHCP CIC has a duty to ensure that the data it records is timely, accurate and up to date. This is to ensure compliance particularly with the Fourth Principle of the Data Protection Act 1998. Failure to record data accurately could lead to Enforcement Notices being placed on the organisation to amend inaccuracies or at worst face prosecution.

Health care professionals have a 'Duty of Care' demonstrated through their relevant codes of professional conduct and guidelines to ensure that their record keeping meets the minimum professional standards described within the guidelines.

Information in the quality reports is constantly being reviewed to ensure that the data is clear and concise.

The Data Quality Policy and Procedure has been reviewed and updated to formalise the organisation's approach to data quality and describes our approach which includes:

## Assessment

Assessing data against six key dimensions of:

- **Accuracy**
- **Validity**
- **Reliability**
- **Timeliness**
- **Relevance**
- **Completeness**

## Audit

The outcome of the data assessment will be used to inform the Data Quality Audit Plan (DQAP).

## Improvement

Following audit, the recommended improvement actions will form part of the Data Quality Improvement Plan (DQIP).

A report is compiled in conjunction with an action plan monitored through the Safe Quality Services Committee. Follow-up audits are then completed to ensure that evidence of the implementation of actions exists, is available and that the actions are achieving the desired outcomes. This is also monitored through the Quality Improvement and Compliance Team to ensure that incidents, comments, concerns and complaints are reducing.

As well as the specific areas in the quality domains identified in this strategy, the performance of the organisation against national quality standards will be evidenced through our internal and external mechanisms such as the Quality Dashboard, performance against our Commissioning for Quality Improvement Schemes, outcomes of external inspections and effective and robust clinical governance systems, including the management of risk.



# Identifying and Managing Key Risks to Quality

**Alongside the Quality Improvement Strategy, CHCP CIC has also refreshed and reviewed its risk management strategy.**

The organisation has a systematic approach to risk management that ensures the identification and escalation of both operational and strategic risk via a risk register.

The risk register identifies the key risks that may disrupt or prevent CHCP CIC from achieving strategic and quality goals and objectives. The risk register is owned by the Care Group Directors and monitored by the Executive Board via quarterly reports.

The Safe Quality Services Committee and the Operation and Delivery Board receive reports to inform them of the distribution of risk across the organisation and inform them of any significant changes to the risk profile and progress against action plans.

## Quality Impact Assessments

In all our actions we are mindful that our number one strategic goal is to provide quality, safe, effective care to all who use our services and we keep this in focus when considering any new ways of working. This includes our approach to delivering care within the financial envelope that we are given.

Like all providers of NHS funded care we are expected to put in place Cost Improvement Programmes (CIPs) to increase efficiency and reduce expenditure. Our approach is that any proposed changes should result in the worst case a 'neutral effect' on the quality of care provided but our preferred aim is always to improve quality.

It is recognised that CIP's are becoming increasingly more challenging to identify and deliver as the 'quick wins' have already been adopted.

The Care Group Safety and Quality Forums receive a risk report specific to the services they are responsible for, with a narrative that will cover the risk source, description, current risk, main controls and a date for review.

The risks are owned by the relevant director and are subject to regular review by the Quality Improvement and Compliance Team.

We keep abreast of national reports and reviews that examine organisations and process failings (such as the Independent Review into Liverpool Community Health NHS Trust, 2018) and review our systems and processes in light of 'lessons learnt'. The report highlighted the need to closely monitor efficiency plans and thus, CHCP has developed a comprehensive CIP process, underpinned by robust governance arrangements setting out clear lines of responsibility from clinical teams through to the Executive Board. This includes undertaking Quality Impact Assessments to monitor efficiency plans, monitoring service users experiences, safety and clinical quality.

## Monitoring the Quality Strategy

Each year we will review our progress and redefine our targets to ensure that we are focused upon our identified priorities and the areas in which improvement is most needed, taking into account significant change in national guidance or requirements.

Monitoring of application of the strategy will be undertaken annually by external auditors to capture compliance and outcomes measurements.

As an organisation we are extremely diverse and cover a large geographical area across the whole of Hull and the East Riding of Yorkshire. We have also been successful in securing contracts to deliver services in the north west of the country, including Knowsley, Wigan and St Helens.

This Quality Strategy will be regularly monitored and reviewed to reflect any significant change to national guidance, policy and contractual requirements.

The overall aim of the strategy is to help all staff, whatever the discipline, role or responsibility, to understand what excellent quality looks like and to continually reinforce their learning and knowledge in the key area of Quality Improvement, establishing a robust ethos for Quality Improvement within CHCP CIC.

We will produce an annual Quality Communication Plan developed to support the successful achievement of the quality priorities. 'Quality Matters' will be introduced as a newsletter and published whenever we are sharing information or embarking on Quality Improvement Initiatives to assist staff in making the connection between quality and their everyday practice.

The strategy will also be available to all staff via the intranet.

## Glossary of terms

**Strategy:** A plan of actions designed to achieve a goal or ambitions.

**CCG:** Clinical Commissioning Group responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012.

**NICE:** National Institute for Health and Care Excellence.

**Quality Accounts:** Annual publication required by all providers of NHS funded care which sets out quality ambitions and achievements.

**AHSN Academic Health Science Network:**

A network that connects NHS and academic organisations, local authorities, the third sector and industry to facilitate change and improvements.

## References

### Health & Social Care Act (2012)

Found at:

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

### Independent Review into Liverpool NHS Trust (2018) Dr Bill Kirkup CBE

Found at:

<https://improvement.nhs.uk/news-alerts/independent-review-liverpool-community-health-nhs-trust-published>

### Care Quality Commission (2014) Fundamental Standards of Care

Found at:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

### Equality Act 2010

Found at:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>



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





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Polish

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Kurdish

نه‌گهر حازر دمه‌ت نه‌م به‌ل‌گه‌ن‌نامه‌یه‌ت به زمان یاخود شینواریکی دیکه به‌دست بگات وهک سریتی دهنگ، چاپی گه‌وره یاخود برابل (ه‌لتوقیو)، نکایه تله‌فون بکه بو  
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Mandarin

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Arabic

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

Russian

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# Quality Strategy 2018-20

City Health Care Partnership CIC

5 Beacon Way, Hull, HU3 4AE

[www.chcpcic.org.uk](http://www.chcpcic.org.uk)