chcp

Excellence • Compassion • Expertise

Quality Accounts 2019/20

City Health Care Partnership CIC

Excellence. Compassion. Expertise.

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

Contents

Our values

- Service & Excellence
- Equality, Diversity & Inclusion
- Creativity & Innovation
- Co-operation & Partnership

Statement and Introduction from the Chief Executive

Hello and welcome to City Health Care Partnership CIC's (CHCP) 2019-2020 Quality Accounts.

Each year, as an organisation funded by 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 eighth set of Quality Accounts from CHCP.

Our services continue to evolve and during the year we provided in excess of 36 contracted healthcare services and 14 public health services across Hull, East Riding of Yorkshire, Knowlsey, St Helens and Wigan.

Throughout the publication we are pleased to draw attention to the many quality attainments by our staff, whether through everyday service delivery, performance achievements, research participation, clinical audit or award and publication recognition.

Following our Priority for Improvement pledge last year, in Chapter 4 we report on one such initiative that staff from across both clinical and non-clinical services participated in, which is our organisational engagement with the '15s 30m' movement. This resulted in 170 staff making pledges to put a 'quick win' improvement action in place that would 'bring joy' to others – our staff embraced this idea and offered some imaginative and helpful actions to assist others in their workplace.

These initiatives and the drive for quality and improvement is embedded within our vision:

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

This year we once again consulted our key stakeholders for their support in identifying our pledges for improvement to deliver next year, and were pleased to receive 277 votes to enable us to prioritise three improvement initiatives in:

- Patient engagement
- Clinical effectiveness
- Patient safety

We have reviewed our available data on the quality of care within our services in order to complete this publication in line with the guidance offered within the Quality Accounts Toolkit.

The publication and the process for compiling the content acts as an open and honest review of our quality achievements and challenges.

I would like to offer once again my sincere thanks to all of our stakeholders, those who have supported the production of the priorities for next year and those who have reviewed and given statements for these accounts.

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

Andrew Burnell
Chief Executive, City Health Care Partnership CIC

Chapter 2

Review of Our Services

During 2019-2020 CHCP provided in excess of **36 contracted health care services** funded through NHS commissioning and **14 public health services** which were commissioned by local authorities. The services are managed within 2 portfolios held by each of our Deputy Chief Operating Officers.

The geographical areas that we provide services to are Hull, East Riding of Yorkshire, Knowsley, St Helens and Wigan. We provide a wide and diverse range of services in community settings from health visiting to palliative care, school nursing to stroke services, and many more.

Our full range of services can be found on our website at:

chcpcic.org.uk

Integrated Community Services*

- Speech & Language Therapy
- Occupational Therapy
- Intermediate Care Services
- Community Nursing
- Tuberculosis Specialist Nursing
- Cardiac & Pulmonary Rehabilitation
- Nutrition & Dietetics
- Podiatry
- Physiotherapy
- Bladder & Bowel Health Service
- Integrated Care Centre

Health and Wellbeing Services*

- Urgent Treatment Centres
- Carers Information & Support Service
- Care Co-ordination Centre
- Prison Healthcare
- City Health Dental
- Primary Care Medical Services
- Children & Young People's Services
- Weightwise Tier 3 Weight Management (Adults)
- OccWellbeing Service
- Let's Talk Service
- Pain Management Service

In addition, we manage inpatient facilities at East Riding Community Hospital, 2 Care homes and Intermediate Care Beds.

All our services are supported by our business support services which include:

Estates, Health & Safety, Learning & Development, IT support, Communication & Marketing, Finance, Human Resources, Quality Improvement & Compliance and Business Intelligence teams.

Income

The income generated by the NHS services reviewed in 2019-2020 represents 100% of the total income generated from the provision of NHS services by CHCP.

The income for Public Health Services in 2019-2020 came from Local Authorities as per the National Commissioning Framework.

*please note that these services are not exhaustive but offered as an illustration of the breadth of services which CHCP provides. Our full range of services can be found on our website at: https://www.chcpcic.org.uk/
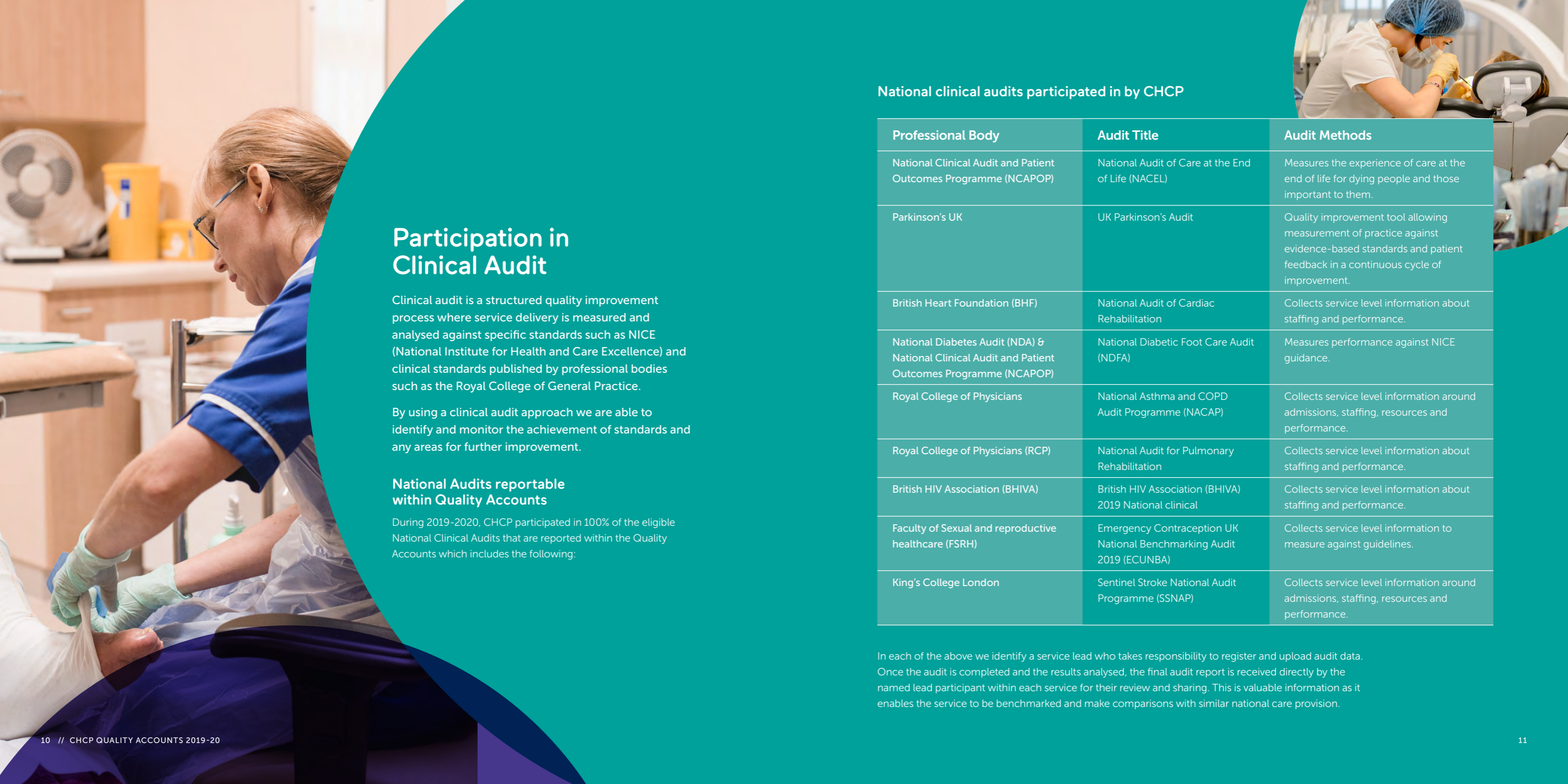
Participation in Clinical Audit

Clinical audit is a structured quality improvement process where service delivery is measured and analysed against specific standards such as NICE (National Institute for Health and Care Excellence) and clinical standards published by professional bodies such as the Royal College of General Practice.

By using a clinical audit approach we are able to identify and monitor the achievement of standards and any areas for further improvement.

National Audits reportable within Quality Accounts

During 2019-2020, CHCP participated in 100% of the eligible National Clinical Audits that are reported within the Quality Accounts which includes the following:

National clinical audits participated in by CHCP

Professional Body	Audit Title	Audit Methods
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Audit of Care at the End of Life (NACEL)	Measures the experience of care at the end of life for dying people and those important to them.
Parkinson's UK	UK Parkinson's Audit	Quality improvement tool allowing measurement of practice against evidence-based standards and patient feedback in a continuous cycle of improvement.
British Heart Foundation (BHF)	National Audit of Cardiac Rehabilitation	Collects service level information about staffing and performance.
National Diabetes Audit (NDA) & National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Diabetic Foot Care Audit (NDFA)	Measures performance against NICE guidance.
Royal College of Physicians	National Asthma and COPD Audit Programme (NACAP)	Collects service level information around admissions, staffing, resources and performance.
Royal College of Physicians (RCP)	National Audit for Pulmonary Rehabilitation	Collects service level information about staffing and performance.
British HIV Association (BHIVA)	British HIV Association (BHIVA) 2019 National clinical	Collects service level information about staffing and performance.
Faculty of Sexual and reproductive healthcare (FSRH)	Emergency Contraception UK National Benchmarking Audit 2019 (ECUNBA)	Collects service level information to measure against guidelines.
King's College London	Sentinel Stroke National Audit Programme (SSNAP)	Collects service level information around admissions, staffing, resources and performance.

In each of the above we identify a service lead who takes responsibility to register and upload audit data. Once the audit is completed and the results analysed, the final audit report is received directly by the named lead participant within each service for their review and sharing. This is valuable information as it enables the service to be benchmarked and make comparisons with similar national care provision.

During 2019-2020 CHCP services registered **160 clinical audits** with the Quality Improvement team

CHCP clinical audits 2021 - 2019

25%

75%
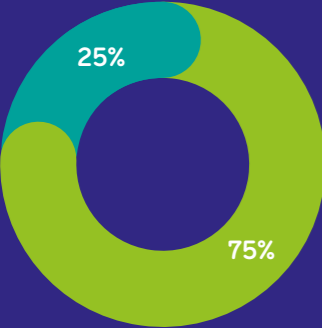
■ Completed
■ Ongoing

120 of the audits have been completed and 40 were classified as on-going into 2020 - 2021.

Lindsay Turton, Macmillan Nurse Consultant, led the data collection for the National Audit of Care at the End of Life 2019 (NACEL)

Lindsay advised: *"We conducted the audit within East Riding Community Hospital as we were required to capture in-patient only care and thus did not capture the whole patient journey within community services. The final report indicated positive feedback for all areas that CHCP was able to participate in. Through making national comparisons the findings demonstrated that CHCP's in-patient service achievements were higher than the national average in all areas submitted."*

Lindsay continues: *"The audit offers some additional areas for data collection and we are keen to complete these over the next year to gain further insight into the family and carer pre and post bereavement journey to help us measure our care delivery against national findings."*

Compliance to Heart Failure Medication standards

One of our clinician-led audits was conducted by the Heart Failure Team. The clinical audit sought to ensure compliance with the use and prescribing of Sacubitril Valsartin (a medicine shown to reduce the symptoms of heart failure) to National Institute of Health and Care Excellence (NICE) guidance and local pathways and look to identify any areas for future improvement.

Over a 6 month period, 45 patients had their care reviewed. Including:

- Identifying the source of the drug initiation and capturing how many patients have already commenced the drug prior to their Heart Failure service assessment.
- The number of prescriptions completed by the Service Practitioners.
- How many patients have the drug stopped and for what reason.
- How many patients are discharged from the service whilst being prescribed the highest drug dose.

Key findings and recommendations:

The findings were overall very positive and demonstrated compliance with the required standards. Including:

- All patients initiated on Sacubitril Valsartan were done so, in line with the protocol - either through a multi-disciplinary team meeting or following the recommendations or post agreement under cardiologist instruction.
- All specialist heart failure non-medical prescribing nurses were prescribing as per protocol in place.

However, 11 patients were identified as having their medication stopped due to side effects and of these just 3 'yellow card' reports were reported. The 'yellow card' is a national system for reporting side effects of drugs which is conducted by the Medicines and Healthcare Regulatory Agency (MHRA). This finding was shared with all the team and recommendations and actions to ensure who, how and when yellow card reporting should be undertaken.

The team have now encompassed this audit into their annual clinical audit plan to ensure standards are being maintained and the actions in respect of yellow card reporting have been implemented.

Follow up audit – dental care

The best clinical audits result in meaningful findings that generate discussion within the service and recommendations and actions for improvement. Once actions for change have been adopted and following a period of time a re-audit is undertaken to see if these actions have led to an improvement.

Our dental team have repeated one of their audits which was part of an evaluation of the General Anaesthetic Service. Previously the service heard how daunting children and at times, their parents found attending the clinic for dental care.

The service has produced a patient information leaflet which is sent out before the first appointment that offers a step-by-step approach to inform what the service provides, what may happen to the child during dental treatment and how parents can support their child.

A re-audit was undertaken at the beginning of 2020 with a total of 53 people responding.
When asked whether they felt that they had enough information before the appointment the responses were:

49 people were very happy with the information received.

4 people were satisfied with the information received.

1 person not so happy – would have preferred more information.

"Very thorough appointment. Thank you."

"Fantastic services, calmed my son down a lot as he was scared."

"Staff were very friendly and informative and carried out my son's treatment in an extremely well professional and caring way. Very happy with service we received."

"Very friendly and helpful."

"Brilliant friendly staff. Thank you."

National Clinical Enquiry into Patient Outcome and Deaths (NCEPOD)

NCEPOD conducts confidential enquiries into patient management topics and publishes data from across the country to assist health care organisations to review the findings and maintain or improve their standards.

A member of our Quality Improvement Team is a Local Reporter for NCEPOD and acts as a link between NCEPOD and the clinicians within CHCP.

However, during 2019-2020, CHCP's services did not meet the criteria for any of the clinical topics and we did not participate in any enquires.

NICE Guidance

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

Where guidance may be relevant for many CHCP services, a 'Task & Finish Group' approach has been established to facilitate an organisational review of current practice against NICE guidance, share and highlight areas of good practice and cross reference areas for improvement through the development of an organisational action plan.

An example of this approach is the review of QS15 Patient Experience in Adult NHS services. Natalie Dean, CHCP NICE Co-ordinator ,supported the identification of key colleagues as stakeholders across all adult CHCP services to collectively review this guidance, offer examples of best practice and identify areas for sharing and improvement and complete the Quality Standard toolkit developed by NICE. The task and finish group met twice with acknowledged actions being completed by the group in-between meetings.

Natalie reflects upon the process: *"Having supported the facilitation of previous NICE task and finish groups I understood that although the scale of this guidance seemed formidable at first, the approach was key not only for assessing compliance across our services but also to allow and encourage the sharing of best practice, innovation and to assist discussion around any issues that services may have been experiencing. Cross-service communication can sometimes seem a real luxury when tackling the day job, however the attendance on each date surpassed expectations. The contributions and example of compliance were abundant and the enthusiasm for sharing and learning was immense and left me confident in the assurance that as an organisation CHCP are compliant with the guidance. As the NICE Co-ordinator for CHCP, supporting the group also gave me an opportunity to engage with practitioners about NICE guidance opportunistically, which has increased interest and understanding around the CHCP NICE processes and requirements."*

The work resulted in current practices being explored with service specific examples to demonstrate compliance, a baseline assessment and identification of any care provision gaps conducted and development of clear actions to ensure all services are compliant with the guidance.

During 2019-2020

241

publications from NICE were received and reviewed by CHCP.

In addition to our in-house assessments and compliance processes during 2019 - 2020 some of our staff participated in the NICE National Stakeholder review and development of the following guidance:

- NG61 - End of life care for infants, children and young people with life-limiting conditions: planning and management
- CG30 - Long-acting reversible contraception
- NG138 - Pneumonia (community-acquired): antimicrobial prescribing
- NG141 - Cellulitis and Erysipelas: antimicrobial prescribing
- NG142 - End of life care for adults: service delivery
- NG146 - Workplace health: long-term sickness absence and capability to work
- NG150 - Supporting adult carers
- NG152 - Leg ulcer infection: antimicrobial prescribing
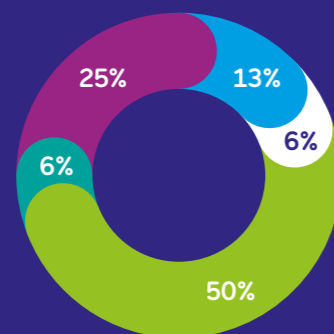- NG153 - Impetigo: antimicrobial prescribing

Research

CHCP value the purpose of research. Put simply, we understand that today's research is tomorrow's care. Thus, people who use our services today benefit from research that has previously taken place to inform our best possible practice.

During 2019 – 2020 our staff or our service users participated in **16 research studies**. As with previous years, the majority of the studies we have participated in have been academic-led by staff or students studying within universities whilst others have been funded through different research bodies including:

- Research for Patient Benefit (RfPB)
- National Institute for Health Research (NIHR)
- Public Health England (PHE)

The number of patients receiving NHS services provided or sub-contracted by City Health Care Partnership in 2019 - 2020 that were recruited during that period to participate in research approved by a research ethics committee was **213**. Please be aware that we do not collate figures for people that we do not directly recruit but we have supported our local partners in their research through being a Participant Identification Centre (PIC) and offering to advertise or share information about their studies.

Additionally we supported two quantifiable studies through enabling access to our data for ethically approved studies. One study, 'Predicting engagement with IAPT's (Improving Access to Psychological Therapies), sought to examine referral and treatment adherence data to provide an insight into who and how people engage with the service.

25% **13%** **6%** **6%** **50%**

- NIHR
- RFPB
- Academic
- PHE
- Other

One of our members of staff, Jo Deighton, undertook a research study as part of her successful MSc studies at University of Leeds.

The research sought to explore the perceptions of healthcare staff about using virtual technology as part of their training for dementia care.

A total of 7 staff were asked to use 'immersive virtual reality' i.e. they were asked to wear a 3D mounted display headset that allowed them to understand the world as experienced by someone with dementia. Afterwards the staff were asked to participate in an interview to share their views.

Jo explains, *"The results from the interviews highlighted some interesting findings that can be used by the Learning and Development Team when considering the value of using virtual reality to support their training sessions. We heard that the learners felt that they had gained insight into the challenges of living with dementia and were supportive of being able to undertake this without any direct exposure or risk to a patient."*

She continues, *"This has generated further discussion within the Learning and Development Team of the value of the 'lived experience' – that is many of us learn through being exposed to, or experiencing an issue."*

The Learning and Development Team have welcomed the research findings and insights from the participants and feel better informed to be able to consider when and how to adopt this technology for future training.

Another study, entitled 'Strokestra' commenced during 2019 - 2020 and is funded by the Royal Philharmonic Orchestra is seeking to explore the implementation and impact of a pioneering stroke rehabilitation programme that aims to drive patient-led recovery in stroke patients and their informal carers through orchestral music making.

Anna Marritt, Operations Manager offers, *"Whilst the team can see the enjoyment and improvement our patients achieve from participating in the Strokestra programme, supporting the study offers us a real benefit in terms of the research team being able to explore the impact of the programme and understand the value."*

Be Part of Research

During 2019 we engaged with The National Institute of Health research (NIHR) campaign 'Be Part of Research'.

This is an on-line service which connects the public, patients and health care professionals with health and care research studies across England. Our Quality Improvement and Marketing teams have established a process for receiving, reviewing and displaying potential studies through our City Health Care Partnership website: *chcpcic.org.uk/pages/get-involved-with-research*

During the period June 2019 – March 2020 we advertised and provided links to **65** studies seeking public participation.

BE PART OF RESEARCH

Goals Agreed With Our Commissioners

As in previous years, a proportion of City Health Care Partnership CIC's income in 2019 – 2020 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 (CQUIN) payment framework.

Overview of 2019 – 2020 CQUIN Scheme

The Commissioning for Quality and Innovation (CQUIN) Framework supports improvements in the quality of services and the creation of new, improved patterns of care. The aim of the CQUIN Framework is to deliver better quality standards for patients, improve the working environment for staff, and deliver financial balance.

CHCP has a CQUIN scheme associated with contracts with Clinical Commissioning Groups (CCG's)'s and NHS England, containing 8 goals.

Each of the goals has a number of milestones to achieve to meet the goal, evidence of achievement of the milestones is 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, with the potential for improvements of patient care considered within the initial CQUIN agreement.

The CQUIN schemes and level of achievements for 2019 – 2020

CQUIN Schemes 2019/20 Summary	Available Milestones	Milestone Achievement
1 Improving the uptake of flu vaccinations for frontline staff (clinical and non-clinical i.e. patient facing)	1	100%
2 High Impact Changes to Prevent Falls in Inpatient Areas	4	100%
3 Preventing ill health by risky behaviours: Alcohol and Tobacco -Screening	4	100%
4 Preventing ill health by risky behaviours: Alcohol and Tobacco - Tobacco Brief Advice	4	100%
5 Preventing ill health by risky behaviours: Alcohol and Tobacco - Alcohol Brief Advice	4	100%
6 Continuing Health Care Fast Track Quality Standards	6	100%
7 Evaluation of the benefit of providing CHCP Physio staff to support COPD conditions within care homes	7	100%
8 Supporting People at risk of Suicide & Self Harm – Secure Estate	4	100%

Nb Commissioners advised that Q4 milestones requirements were suspended and did not need submitting due to COVID-19 pandemic pressures on provider services.

Continuing Health Care Fast Track Quality Standards

One of the CQUIN indictors that we were required to deliver on behalf of Hull Clinical Commissioning Group (CCG) was to monitor the number and quality of Fast Tracked NHS Continuing Healthcare (NHS CHC) packages within the 4 hour time frame and the suitability and appropriateness of such packages at the Continuing Healthcare (CHC) 3 month review.

The quality standard ensures a timely and responsive approach to the eligibility and funding of fast track care packages to meet the needs of palliative and end of life patients. This also creates an opportunity for patients to have a personal health budget for choice and control over how their care is arranged.

The CHC Team prioritises fast track packages of care and the CQUIN assisted in identifying the key themes and developments to enhance the number and quality of fast track packages at initial referral and at the 3 month review in line with the national eligibility criteria and reduce the number of care packages declined which is monitored nationally.

To assist in the monitoring of the CQUIN the team worked in partnership with the provider of the CHC database to develop a referral tracker and reporting function. The team are now able to monitor and ensure that fast track care packages and ensure

that they are received and a decision is made with in the 4 hour time frame each day. **This formalised and evidence based approach identified 100% care packages had a decision within the 4 hour time frame.** Increased education for health professionals was also established to improve the number of appropriate fast track care package referrals and continued eligibility at the multidisciplinary 3 month review. The 3 month reviews also identify a reason as to why a person may no longer be eligible for a fast track package of care with processes developed for a smooth transition of care to other services and supports the need for ongoing education.

A valuable contribution to the CQUIN was to evaluate a fast track personal health budget case study. The positive outcomes led to the patient receiving personalised care, remained in their preferred place of care for longer and increased support for the family.

Joanne Bruce, Senior Operations Manager tells us *"I feel that the CQUIN has focussed professionals on the continued improvement of patient care and experience for palliative end of life patients ensuring timely and appropriate care by the right person, at the right time, in the right place and appropriate use of resources".*

Although the quarter 4 milestone achievement did not need to be submitted to the commissioners, the team continues to undertake the actions to support this standard and continue to review and develop this important area of patient care alongside other health and social care providers.

Statements from the Care Quality Commission

As a provider of health care services CHCP 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 reviews.

An inspection of the healthcare services within HMP Humber conducted in December 2019 resulted in a 'Requirement Notice' being issued. (Notification that there is a breach of legal requirements and steps should be taken to improve standards*). This was in relation to Regulation 17 Good Governance. The service took measures to introduce a range of steps to address the identified issues. These actions included recruiting additional staff, working in partnership with key stakeholders, offering additional training and development opportunities, embedding management and clinical supervision, improving the oversight and compliance checks of medicines and embedding clinical coding to improve data quality.

*NB. CQC follow up in May 2020 noted improvements had been made and no longer in breach of regulation.

Data Quality

To ensure our services deliver quality patient treatment and care CHCP 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 has created an integrated approach across operational, performance management and quality assurance functions. We have taken 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 of 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 was not subject to the Payment by Results clinical coding audit during 2019 – 2020 by the Audit Commission.

Information Governance

The organisation is required to comply with the Data Security and Protection Toolkit (DSPT) which is a self-assessment tool. The DSPT provides assurance that the organisation is practicing good data security and personal information is handled correctly.

The DSPT does not include any levels and instead requires compliance with up to 40 assertions and 100 evidence items to demonstrate that an organisation is working towards or meeting the standards for Data Security and Protection for health and social care.

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

CHCP Data Security and Protection annual assessment was satisfactory and is comparable with other local health care providers.

The actions taken throughout the year consisted of:

- A review and update as per the new General Data Protection Regulations and Data Protection Act 2018 of all policies and procedures.
- Successful submission of the toolkit to a compliant level.
- Maintained accreditation to ISO90001 / ISO270001.
- Provision of staff training in a range of areas including Information Asset Owner, subject access and data security training.
- Privacy Impact Assessment process updated, improved, and embedded with the project management process.
- **Achievement of data security training to 96%.**
- Strengthened the incident-reporting process to enable learning of lessons to improve practice.
- Reviewed data flows within each of the existing services and conducted risk assessments to identify and enhance security and technical measures.

Achievement of data security training to

96%

Parliamentary Ombudsman

During 2019 – 2020 there were no complaints referred to the Ombudsman.

Comments, Concerns, Complaints and Compliments

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

Complaints, Concerns, Comments and Compliments received during 2019-2020

Comments	Complaints	Compliments	Concerns
2017 - 2018	2017 - 2018	2017 - 2018	2017 - 2018
51	137	448	1629
2018 - 2019	2018 - 2019	2018 - 2019	2018 - 2019
44	124	421	1504
2019 - 2020	2019 - 2020	2019 - 2020	2019 - 2020
57	130	758	1590

During 2019-20 we have noted a slight increase in the overall number of comments, concerns, compliments and complaints overall as ever, we welcome feedback from those who use our service and are pleased to see that the significant increase in compliments received.

In the next section we consider the higher volume of Family and Friends Test data that we have received which indicates an increase in participation from last year. We have been actively using and promoting the use of the Friends and Family Test throughout the organisation to ensure that service users are given the opportunity to feedback on their experiences within real time and thus, would not expect those who have participated in the Family and Friends Test to duplicate their comments through the 4C process.

We continue to welcome and learn from our service user feedback and have established training and educational opportunities. Our service managers have welcomed having an assigned named Quality Improvement & Compliance Facilitator to each of our services to provide direct support and bespoke training across the organisation to encourage and enhance the ways in which patient's feedback about the services we offer is facilitated, supported and utilised.

Friends and Family Test

The Family and Friends Test is an important feedback tool where people who use our services have the opportunity to provide feedback on their experience.

During 2019-2020 a total of 25,408 responses were received in relation to our services.

Responses to the question 'How likely are you to recommend the service?'

Extremely likely
82.02%
Amount 20,840

Likely
14.13%
Amount 3,589

Neither likely or unlikely
1.64%
Amount 417

Unlikely
0.68%
Amount 173

Extremely unlikely
1.22%
Amount 310

Do not know
0.31%
Amount 79
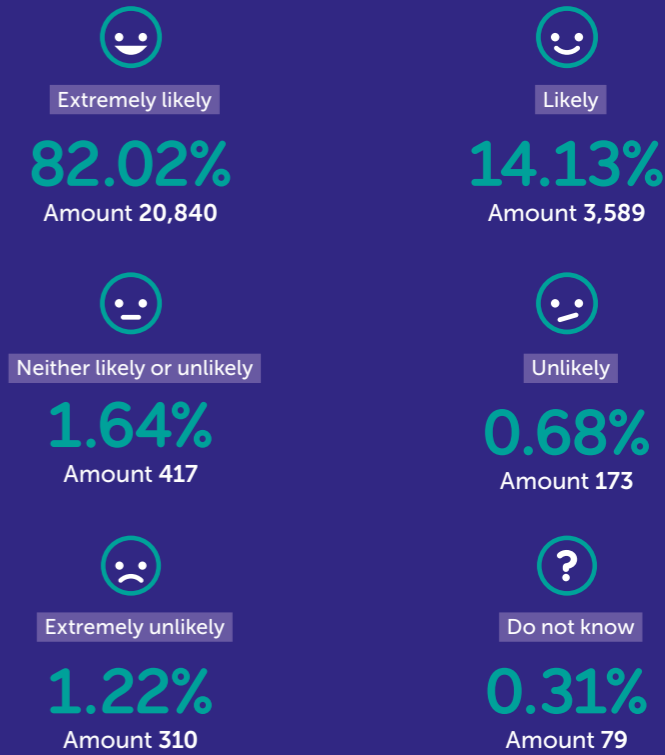
Culminated totals of the likeliness of recommending the service

Would recommend our service
96.15%

Would not recommend our service
1.90%

Neutral or do not know
1.95%

You said – We did

In addition to the Family and Friends Test services users can offer written or verbal feedback and comments about how the service can be improved. These are feedback directly to service managers for their consideration.

You said:

"The room where I attend a clinic appointment is quite small and I struggle with access in my wheelchair".

We did ✓

We have now moved this clinic to a bigger more accessible room and check access requirements prior to booking.

You said:

"I find waiting times for repeat contraceptives vary quite a lot and can be up to an hour without a guaranteed clinic appointment".

We did ✓

Care co-ordination centre is now updated if clinics reach capacity so they can inform callers not to attend. There are now noticeboards in waiting areas that alert to waiting times and if the clinic is full. Dedicated 'Repeat issuing' clinics have now been established.

You said:

"Sometimes I find having my blood taken is quite painful and techniques vary slightly between areas".

We did ✓

We have reviewed our processes and procedures across CHCP and updated Phlebotomy training for all required staff.

You said:

"Sometimes other service users appear to jump the queue in front of me as I have taken a seat while I wait".

We did ✓

Updated information about the different clinics and booking in processes have been added to the patient presentation boards in waiting areas.

You said:

"I found the clinic really hard to find once I had entered the building – there were no obvious signs and I really struggled was late for my appointment".

We did ✓

We have updated the signs in the building and now issue directions on the appointment letter.

You said:

"Sometimes I cannot get an appointment with my GP when I need one".

We did ✓

We have started a GP telephone triage system which allows us to offer an additional 30 appointments per day, across our GP surgeries.

You said:

"I was struggling to book appointments and order my repeat prescription".

We did ✓

We have created an app to let patients book appointments and order repeat prescriptions.

CHCP VOICE

Priorities for Improvement 2020 - 2021

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 all of 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 have collected data from various sources such as the National Care Opinion website, comment cards from people who use our services as well as reported incidents, complaints and concerns that we receive - all these findings are reviewed to enable us to consider how we could develop improvements and develop a 'long list' of possible projects.

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. The 'shorter list' was shared via our Connect intranet site and CHCP website with our staff and external stakeholders during January 2020 asking people to vote for their preferred priority for improvement in each of the three categories.

This year a total of 277 people voted on our on-line survey which was one of the highest engagement numbers we have achieved. We believe that this was due to fostering engagement through our Quality Champions and facilitating internal and external survey participation via an on-line survey and we will continue to adopt this approach for future Priorities for Improvement voting surveys.

Total of votes received within each of the Priority for Improvement categories.

Of the possible 277 votes in each category the 'top-voted' topics received the following votes:

Patient Safety

Preventing urinary tract infections

55%
Amount **149**

Clinical Effectiveness

Promoting quality improvement initiatives lead by front-line staff

55%
Amount **149**

Patient Engagement

Introduce more virtual ways of gathering patient feedback

55%
Amount **149**

Patient Safety

Preventing urinary tract infections and the prescribing of unnecessary antibiotics through promoting hydration and preventing dehydration.

Rationale

Urinary tract infections are a leading indication for antibiotic prescribing, often diagnosed following a urinary dipstick test despite their poor positive predictive value or without specific considerations of the patient's clinical symptoms.

How we will do this?

The workstream will be led by our Infection Prevention and Control Team who plan to progress their intial work around this clinical challenge and embed new ways of working through preventing urinary tract infections and enabling informed, educated care management choices.

We want to ensure that we introduce a consistent approach to care management so will make sure all that we do is based on national evidence and will work with both internal and external partners.

We have a range of ideas which include developing and introducing an e-learning package and working with our healthcare staff to develop specific guidance to support their clinical care.

How we will monitor throughout the year?

We will report through the Infection Prevention and Control Committee and the Integrated Quality Forum.

Clinical Effectiveness

Rationale

Promoting quality improvement initiatives led by front-line staff rests on the understanding that those directly involved in giving and receiving a service are best placed to improve it, provided they are given the right tools and support to do so.

How will we do this?

In addition to our established quality improvement training we would like to offer a range of additional support to staff wishing to progress a quality improvement initiative in their clinical area – this may be one-to-one support, coaching, training and project management support.

How will we monitor throughout the year?

Through the CHCP's quarterly Safety & Quality meetings.

Patient Engagement

Expanding our approach to capturing service user feedback.

Rationale

It is important that both we and our commissioners understand what our service users feel about their experiences of using our services.

We would like to promote the opportunities for online service user feedback. This will be a more efficient manner of collating feedback as well as reducing our paper consumption.

How will we do this?

We will be supporting our clinical teams to enable their direct links to the feedback website.

We will create a marketing campaign including artwork and visual prompts to promote family & friends feedback and directing and enabling links from all our social media outlets.

How will we monitor throughout the year?

We plan to monitor monthly and feedback directly to each service area.

Last Year's Priorities for Improvement 2019 – 2020

Last year's priorities for improvement across CHCP were published in our Quality Accounts 2018 – 2019 and we have been working to achieve them over the 12 months. Here is a summary of our actions and progress.

Patient Safety: Introducing a Quality Dashboard

Background

High quality, meaningful data is important to those who lead our clinical services to enable them to make improvements in patient care and safety.

Last year we pledged to progress the implementation of a 'quality dashboard' which is an information management tool that visually displays key pieces of data related to supporting the safe delivery of healthcare – this was in recognition of the value in enabling front-line staff to have live data to support safe allocation and delivery of care to their patients.

Denise Everett, General Manager advises "*The use of the dashboard is proving beneficial in monitoring activity from a quality perspective and enabling managers to identify trends and patterns, predict future events and outcomes as well as assisting in evaluating the service.*"

In addition the information contained within the quality dashboard data can provide assurances for managers that any safety issues are being addressed and lessons learnt from practice can be shared directly with the frontline staff.

What did we do?

Working with service managers, the Quality & Compliance Team and our Business Intelligence Team developed a quality dashboard – i.e. a visual display of the key data requirements of the service to enable managers to continuously monitor, view current status, track trends and use insightful information to inform their service delivery.

Developing the quality dashboard has been an iterative process of reviewing what data is important to our managers, capturing and ensuring the quality of the data and displaying this in an accessible, visual format.

Service managers advised us of the key data that they would like to include and the questions that they would like to address. Some of the key data contained within each services dashboard includes:

Patient Issues

- Total number of incidents reported – which is further broken down to identify incidents reported both inside and outside of the organisation, the % that are currently compliant within the investigation timeframe, what degree of harm resulted, the categorisation of incident (serious, safeguarding, falls, pressure ulcer, medication error, information governance, health & safety, security etc) and the root cause analysis reviews of these incidents that have been completed

- Complaints & Concerns – that have been raised and classed as opened, response timeframes and outcomes

- Compliments, Comments and Family & Friends test response rate and feedback received

- Any claims made against the service

- Any requests for access to records

Data is presented in a month by month, quarterly and year-to-date display to enable trends or themes to be easily seen.

The quality of the data is RAG (Red/Amber/Green), rated to offer assurance:

High

Data is captured electronically within an auditable system.

Indicator has full audit trail and both internal and external auditors can assure the data or identify any potential issues.

Moderate

Potential issues identified which could affect assurance figures.

Low

Data is reported with no easily dissembled audit trail available of the data issues identified. Data quality is unknown or individual numbers are small.

Toni Goodman, Senior Operational Manager tells us "*The dashboard is a visual aid for all incidents and 4C's (Compliments, Comments, Concerns and Complaints) across my service areas and enables me to view and track which handler is responsible for the investigation, how many incidents are awaiting review or have been reviewed and closed. This is broken down by each locality and also reflects which are reported inside or outside of CHCP care. This level of detail supports me to identify capacity and demand of the handlers and whether there is a need to re-assign to an alternative or more appropriately trained handler to achieve reporting timescales. From this it has assisted in the provision of a robust audit trail within Datix (CHCP's incident recording system) of any reassignment and support to the handlers. This has also reduced the number of emails from others within the organisation requesting information for updates*".

Toni continues by advising "*I have utilised the quality dashboard within Datix to reduce the number of incidents awaiting review, achieving a timely review, investigation and support the handling of reported incidents. This also includes helpful feedback such as compliments, comments, concerns as well as any formal complaints received by the Community Nursing Teams. The dashboard has facilitated an improvement of the expected timescales to close for the majority of those received*".

Clinical Effectiveness:
'15 seconds 30 minutes (15s30m)'

Background

We have introduced a quality improvement programme that promotes 'quick wins' (i.e. actions that take only minutes) but can save individuals and colleagues time and effort in the future. Our emphasis was that our staff should feel empowered to do what they know is right for colleagues and patients.

15 seconds 30 minutes (or 15s30m for short) is a quality improvement initiative that aims to help anyone identify how they could spend a few extra seconds on a task now which will save someone else 30 minutes or more later on. In doing so you will **reduce frustration and increase joy.**

Joy in the workplace has been proven to help staff to do their best and deliver safe and effective patient care. Improving joy is the key to retaining the workforce and reducing staff sickness. And who doesn't want to enjoy coming to work every day!

15s 30m is a change platform which individual staff or patients or whole organisations can use to release the value in every idea: it is individuals being empowered to do what they know is right for staff and patients.

What did we do?

- Attended regional 15s 30m workshop and pledged our organisations commitment

- Developed our own steering group

- Developed a CHCP resource and 'pledge pack' including video, links to resources via our intranet

- Developed short and accessible CHCP workshops to inspire our teams

- Encouraged our Quality Champions across all services to be our key early adopters to support understanding and spread of 15s30

Staff were asked to identify an issue that they wanted to address, state what they planned to do and identify how this would assist others.

What were our achievements?

The initiative was warmly received with staff from all areas engaging.

We received 170 pledges from across all our services and here's some of our successful pledges:

Pledge offered	How does this bring joy to others?
I have developed a 'quick tips' guide to avoiding problems with photocopier	It will help people to PREVENT causing a problem and save time in trying to correct
I have introduced a quick checklist to use before sending emails to external bodies	Assists staff to ensure that they are Information Governance compliant through avoiding errors
I am making a special point of offering praise and recognition to colleagues at all levels in the team	Should help to encourage the self-confidence on new or more junior members of the team
We are providing easy-read leaflets to relay clinical information to our service users	It will act as a recall to re-inforce the information discussed in clinic
I have checked and updated my electronic email signature and shown my team how to do this too	Save others having to search for mine of my colleagues contact details
We are now putting the day as well as the date on appointment letters	This will avoid any confusion by re-enforcing the appointment day for our patients
We have introduced a process of who, when and how to inform patients of routine blood test results	This will support patients to be able to receive their results in a timely manner – rather than waiting for a doctor to contact them each time
I will show each of our clinical staff how to efficiently extract data from a excel spreadsheet	This will save each person time through not having to trawl through pages of data to locate the information they require
I have invested my time to 'tidy-up' the electronic files held within out folders	It will save all staff time when searching and saving documents

Pledge offered	How does this bring joy to others?
I will take responsibility to put a system in place to prioritise and delegate emails from shared inbox	This will save time in the formal process of removing duplications and avoid confusion for all
I will assist my colleague in avoiding the duplication of patient registration by developing a simple-to-use checklist	It will save all staff time when searching and saving documents
I have developed a stock checking/ordering log to be used at the end of clinic	This will ensure that there is always stock available you others can see what has already been ordered
Myself and my team have pledged to always remove any waste and wash any dirty cups etc at the end of each working shift	This will ensure that the office is always tidy and a nicer, cleaner place to work
I have pledged to always check that there is sufficient paper in the printer after I have used it	This will increase joy for the next person who uses it as they won't run out of paper and have to locate more
I have pledged to always replace the toilet roll or soap if I use the last of it or notice that it has run out	This will increase joy by there always being toilet paper and soap when it is needed

We have encouraged our staff to use social media via Twitter to share their initiative to help foster wider awareness and engagement.

Once the initiative has been implemented all staff are awarded a certificate and badge in recognition of their efforts.

"Thanks for your enthusiasm for the 15s30m social movement - it is genuinely a joy to talk to people who are bubbling over with words to tell us how keen they are to get going!"

Rachel Pilling (Co-Founder of the 15s30m initiative)

"It's amazing how a small change can make such a big difference."

Nicola Cartwright (Smokefree service, Knowsley)

"I'm loving the theme we seem to be having within the hub- showing other staff tips on tricks on how to work more efficiently shows great team spirit!

Nicole Wild (Care Co-ordination Service)

Patient Engagement:
Ensuring that we listen to patients and their experiences

Patient experience is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside the provision of clinical excellence and safe care.

Understanding and working to improve the patient experience is critical, therefore collecting feedback from those who use our services is important to provider organisations such as ourselves who have a vested interest in enhancing the patient experience as it can also positively impact upon the organisation and the quality of care delivered.

Last year we pledged to progress our engagement work with people who use our services to ensure that we are able to listen and act on their experiences. Towards the end of the year we introduced our 'Patient Council' and were pleased to have recruited our first members.

One of our first achievements has been to discuss and decide on a collective name that represents the whole of the recipients from across our services. The group has decided to be called the Service User Voice (SUV) forum and have agreed the fundamentals such as terms of reference, roles and responsibilities and communication processes and expanding into an online presence and Alex Stephenson, Marketing and Communications Assistant advises, *"We have progressed to include an online forum for service users and carers and who use CHCP services. The group is for sharing experiences of CHCP services, contributing ideas, gathering information and working with CHCP to improve services and service user experience where people may not have the time to commit to the SUV group. There are currently 22 members in the online forum."*

The SUV are now beginning to play an integral part in contributing their experience to shape service improvements and in a very short time have established their engagement with initiatives such as assisting in the reviewing of our information leaflets that we give to patients. Whilst our staff are able to provide the service and clinical information - ensuring that leaflets are succinct and understandable can be a real challenge. Our SUV are ideally placed to assist in this review not just as a 'fresh set of eyes' but to provide a critical read to ensure that the language and terminology is accessible and understandable.

Another 'listening' initiative undertaken during the year utilised volunteer 'patient representatives' to assist within a Patient Engagement Toolkit (PET) project which sought to capture the feedback from patients who were residents within two of CHCP's care homes. Patient representatives visited each of the two care homes and spoke directly to those who were using the service at that time to ask about their experiences.

A total of 25 service users were interviewed and shared their experiences and views.

Sue Pender from our Quality Improvement Team tells us *"using patient representatives to undertake the interview offers a friendly, none judgmental approach to capturing the views and experiences of people who use our services. The patient representatives were able to take the time to sit and talk to service users, and enable the sharing of their views."*

Agreed Principles of the Patient Engagement Tool (PET) Project

- We must actively listen to feedback from all our patients and carers
- We should use feedback to celebrate and improve patient care
- Understanding patient experience is a priority for all staff
- All types of feedback (informal and formal) should be taken into account
- Everyone - staff, patients, relatives and visitors should be aware of what is being done to improve our service

The findings from the interviews were analysed alongside other feedback from Family and Friends Test and our 4C's (Compliments, Comments, Concerns and Complaints) to provide the services with bespoke report for them to celebrate their positive feedback and discuss any areas for action. The feedback was overwhelmingly positive – with no complaints but a few questions raised

for consideration from the interviews which included:

Do service users need to eat at their bedside?

Can evening drink be offered at a different time?

Can more books be found to facilitate a book sharing scheme?

Can free Wi-Fi be made accessible?

Can satellite TV be made available?

How can music or the radio be accessed?

Can windows be opened?

When a resident in the unit, is it possible to access the outside?

Can my visitors assist with my cares when they visit?

Sue Pender continues *"The findings from this project have been insightful in offering the perspective of those who are resident within our care homes. Whilst the staff are well versed in delivering clinical care – what they don't have is the experience of being the recipient of staying in the care home and understanding what matters most to our patients during their stay with us. Both service managers welcomed this feedback and felt that in each case the questions raised could be accommodated and they sought to put in place actions to address and share actions with patients and their visitors."*

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.

In this chapter we offer some examples that illustrate our shared vision.

TB Nursing Training **Expertise**

Jo Robinson from our Tuberculosis (TB) Nursing Team has been instrumental in working directly with Public Health England (PHE) and colleagues from across the country to develop a national training programme.

When Jo completed the immunisation training at University of York or York St John she was made aware of the best practice guidance which recommended that TB nurses undertook an annual update so she sought opportunities to access such training.

However, she explains *"Having made enquiries locally and regionally there did not appear to be any such training offer. However, my enquiries generated a lot of interest from other TB nurses from around the country who echoed the need for some specialist update training. I was fortunate to attend a regional meeting where a member of Public Health England was in attendance and I raised this issue and highlighted the lack of specialist update training provision across the country. PHE offered to support if we could identify specific knowledge needs and how best they could be met."*

Jo was asked to lead a national 'task and finish' group to identify TB nurses and the details of the annual update learning needs with the offer of PHE supporting the commissioning of a national training package.

This led to a comprehensive and specific training programme and in October 2019 a 'trial run' of the proposed education package was undertaken at a Yorkshire & Humber TB Nurse Forum which was critically appraised and evaluated.

Following PHE ratification this training programme will be recognised nationally and will be an addendum to the Royal College of Nursing /PHE Immunisation competency training for TB nurses.

"The pilot training session was very well received with very positive feedback and a consensus on how important this piece of work is and how it is needed."

Tamne Surinder, PHE

Delivering **excellence** in Bladder and Bowel Care Management

Andrea Murray from our Hull & East Riding Bowel and Bladder Care team has been instrumental in driving some real and sustainable changes to how the service is delivered. This has included:

- Recruiting and training specialist staff

- Undertaking bladder and bowel assessments by specialist staff (instead of routinely being undertaken by other healthcare staff in the community)

- Working with stakeholders to improve care for care home residents

- Delivering education and training sessions

- Establishing 'Continence Champions'

- Undertaking structured and effective re-assessments to ensure the continued effective of treatment and management

In the past, people experiencing continence problems were often offered containment products (commonly known as 'pads') as the way of managing their problem. Whilst this may have offered some comfort - it did not address the problem nor seek to manage or reduce the problem.

Making radical changes to the way that the patient is assessed and managed has led to a comprehensive, evidence based assessment for each individual with the implementation of treatment plans to improve or cure symptoms.

Andrea tells us *"As well as the patient being assessed by specialist training healthcare staff they can now access a range of effective treatment plans – this improves the patient experience and the treatment outcome."*

Despite the significant increase to the services workload there is a real energy to take this service forward as Andrea continues, *"Staff remain engaged and enthusiastic, despite the very high referral rate and pressures, as they gain a high job satisfaction seeing patients being improved or cured and managed well, staff feeling contented that patients are being provided with a high standard of specialist assessment and care."*

The service is playing their part in preventing hospital admissions due to constipation or recurrent urine infections and improving the dignity and wellbeing of patients.

Inspiring others through leadership

Lindsay Turton has worked in the NHS for over 40 years and is our Macmillan Nurse Consultant based in the East Riding of Yorkshire. She is described by her clinical team as 'a rock' for her dependability and professionalism.

Her enthusiasm and commitment to palliative care is recognised by those she meets and has led to a dynamic, knowledgeable, professional and excellent Macmillan Team.

She has a wealth of palliative care experience and expertise and has led on many local, regional and national projects such as;

- Member of the National Nurse Consultants committee

- Led on unique collaborations initially with the Open University and then later with the University of West London to deliver diploma and degree level accredited education

- Advised of community palliative care to the government task group chaired by Lord D'Arzi

- Led on local participation in national palliative care audit (NACEL)

- The only nurse-led team to participate in a world-wide (RAPID) research – an international pharma-covalent study

- An 'early-adopter' of new ways of evidence-based working for palliative care assessments (IPSOS)

- Introduced the application of the Australian-modified Karnofsky Scale – to measure the performance of specialist palliative care interventions

Claire Triffitt, Macmillan Nurse tells us *"Lindsay is devoted and is passionate about her role and this enthusiasm influences the rest of the team. She leads from the front and always ensures that high standards and quality are maintained whilst leading on change which is for the benefit of patients and colleagues. She embraces new ideas and innovations and is supportive of all members of her team always ensuring inclusiveness and inspiring others to be the best they can be - she is a true inspiration."*

Generous with her time, she is supportive of others who are learning or developing their skills through formal and informal teaching and supportive supervision.

As Lindsay delivers direct patient care, her clinical skills and competencies are maintained and when attending, facilitating or chairing meetings Lindsay is able to draw upon her wealth of clinical experience and keep the quality and safety of palliative patient care central to discussions.

The team offer a final comment *'the high quality of palliative care in the East Riding of Yorkshire is Lindsay's legacy – all the practice and personal developments led by her have a clear focus on improving the care and support that we can provide for patients, their families and carers."*

Compassionate Physiotherapy Leadership

Claire Bougen is a Physiotherapist in East Riding of Yorkshire and is recognised by her colleagues for her dedication to her patients and her profession. Claire always wants to strive towards improving care, some examples of this are her work are her supporting of the Hull FIRST (Falls Intervention Response Safety Team) Pathway and the development of the East Riding Lifeline Pathway, where Claire worked closely with East Riding of Yorkshire CCG.

Both of these services aim to support patients who have fallen, and require a quick response in their moment of need and prevent further falls. Claire has been integral in playing her part in these developments working alongside multi-organisations utilising her knowledge, care and understanding of patient needs to improve the care pathway and availability for patients, and their families and carers.

Katie Shelton, Operations Manager and Professional Lead for Physiotherapy tells us *"Claire has a passion for teaching and always makes time to pass on her knowledge and expertise to others with the aim of improving patient care and service delivery. In all that she does she puts the needs of the patient central to all her care and her compassion really rubs off on other people."*

Katie further explains *"Claire really enjoys developing services to improve patient care. This is demonstrated in her role in leading and implementing safety huddles in the falls team. Claire was concerned that not all patients who were referred to the service fully engaged with the treatment plan so she sought ways to try to pioneer something different which is why they focused their huddles on ways they can increase patient compliance in falls treatment plans. They did this by reviewing the enablers and barriers in treatment and motivational interviewing education. Data from the last 12 months shows that the project has been a great success and through the huddles it has increased compliance with falls programmes."*

Claire is always going the extra mile for her patients, service and profession to provide the best care she can. Claire does this because of her dedication to patient care and the expertise of physiotherapy are integral to all her actions.

Chapter 6

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**.

We have highlighted a small selection of their achievements.

Six members of staff successfully completed their Silver Improvement Academy Training and Project:

Diane Clarkson - Adult Continuing Healthcare - Does sending out letters make an improvement in reducing Continuing Healthcare review cancellations due to family non-attendance?

Jessica Parkin - Evolve - Harnessing the power of lived experience: Service User Engagement utilising tools and techniques for improving service user engagement for service development in Evolve eating disorders service.

Julie Bahn - Volunteer Service - Quality Improvement Project to increase the number of active volunteers registered within the CHCP Volunteer Service.

Lucy Shaw – Infection Prevention & Control - Quality Improvement Project to increase service user satisfaction with hand hygiene compliance.

Rebecca Winter – Frailty/Urgent Care - Utilising the SBAR tool to improve the information passed between Residential Home Carers and Urgent Care Practitioners (UCPs) during telephone triage conversations – A Quality Improvement Project.

Lynn Walker - Pain Management - Improving Engagement in CHCP's Pain Management Programme

Awards

- **David Lane**: Winner of Community Volunteer Award (CHCP)
- **Donna Foster:** Winner of Mentor of the year (St Mary's College, Hull)
- **Let's Talk Youth Employment Initiative:** Winner of Best Community Group (Hull in Bloom Awards)
- **Mark Filby and Mike Cosgrove:** Winners of Best Concept Award (The Humber Care Tech Challenge)
- **Jean Bishop Integrated Care Centre**: Winner of Community or Primary Care Service Redesign Award (HSJ Awards 2019)

- **Diabetes Podiatry Multidisciplinary Foot Team:** Winner of Integrated Working Award (Celebrating Allied Health Professional Clinical Commissioning Group Event)
- **Jo Devon:** Finalist for the Long Service to the Profession Award (Celebrating Allied Health Professional Clinical Commissioning Group Event)
- **Dietetics Team**: Winner of Outstanding poster presentation Award (Celebrating Allied Health Professional Clinical Commissioning Group Event)

- **Claire Bougen**: Finalist for AHP of the year (Celebrating Allied Health Professional Clinical Commissioning Group Event)
- **Speech and language therapy team**: Finalist for Simplifying Pathways to Improve patient access Award (Celebrating Allied Health Professional Clinical Commissioning Group Event)
- **Lisa Furze:** Lord Lieutenant Award

Publications, Presentations and Posters

- **Dr Michelle Fleming**: Palliative care assessment of dry mouth: what matters most to patients with advanced disease? Supportive Care in Cancer Journal

- **Katherine Jones**: Binge eating disorder: the effectiveness of brief group treatment Mental Health Practice
- **Vicky Tennison**: Poster Presentation at the National Oral Health Promotion Group

- **Jessica Talbot**: Tips for treating autistic children British Dental Journal
- **Natalie Dean**: A step into Quality Improvement – Association of Pharmacy Technicians Journal

Expertise

- **Katie Dobson:** Awarded title of Queen's Nurse

- **0-19 Service:** UNICEF baby-friendly accreditation award

- **Pramod Subbaraman:** Appointed place on Reader Panel - British Dental Journal

Chapter 7

Feedback on City Health Care Partnership CIC Quality Accounts 2019 – 2020

Joint statement for publication – NHS Hull Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group

NHS Hull and the East Riding of Yorkshire Clinical Commissioning Group would like to take the opportunity to thank all the staff at City Health Care Partnership for their work during the COVID-19 pandemic. The efforts taken in responding to this global health crisis have been truly impressive across the health system and we would like to extend our gratitude and appreciation to you all; for your part that in the local NHS response.

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 2019-20; the report illustrating a focus upon the quality of patient care and safety. The account illustrates the achievements and successes of CHCP whilst equally acknowledging areas whereby there is a commitment to further and continual improvement in the services provided by CHCP.

Once again, we are pleased to recognise and congratulate CHCP on both the local and national awards achieved by their clinical teams and staff. It is positive to see the active role of staff in both the development of others and in sharing success through publications, presentations and posters.

Commissioners have noted through the Quality Meetings the commitment of CHCP to the Quality Improvement programme training and so congratulate the six staff who have completed their Silver level training. In addition, commissioners note the '15 seconds 30 minutes (15s30m)' programme in the Quality Account and recognise how this approach empowers frontline staff in undertaking quality improvement work. The examples from 170 pledges, made by the CHCP staff to improve quality and services for patients, were very encouraging to read.

Commissioners note the introduction of the quality dashboard for individual services and its value in respect of both assurance and real time oversight; its role in addressing promptly any quality issues as they arise.

The commitment of CHCP to local and national audit is once again demonstrated by the account and commissioners are pleased to see the participation of CHCP in 100% of national audits. Commissioners welcome the information within the account relating to the National Audit of End of Life Care and are pleased to see that CHCP are planning further work in respect of Heart Failure and Dental Care.

Commissioners note the progress within the account relating to the NICE guidelines and how CHCP have implemented the 241 areas that have been published within the 2019-20 period. An example of this is the review of QS15 Patient Experience in Adult NHS services being illustrated in the account. It is reassuring to see the coordinated approach being used by the organisation in setting up `task and finish' group to ensure that services provided are compliant with the NICE guidance.

Commissioners note the detailed section and outcome of all 8 schemes within the Commissioning for Quality and Innovation (CQUIN) Framework. Commissioners note that CHCP achieved against all schemes and milestones throughout the year and acknowledge that the scheme was suspended in Q4 due to the COVID-19 pandemic.

Commissioners note the section on Data Quality and Information Governance in the Quality Account which provides good assurance on the approach CHCP has taken to managing the requirements; this relating to the Data Security and Protection Toolkit and the General Data Protection Regulations (GDPR). Further improvements in Privacy Impact Assessments, Incident Reporting and staff training in Information Governance are also welcomed.

Commissioners note in the Quality Account that CHCP is reporting an overall increase in the number of comments, concerns, compliments and complaints. The willingness of CHCP to learn from service user feedback is once again acknowledged. Of note, Commissioners recognise the use of a Quality Improvement and Compliance Facilitator in service, providing support and training and in using patient feedback to improve services. Commissioner welcome further conversations in respect this and examples of how the Facilitator role is supporting services in responding to or acting upon patient feedback. Once again, the "You Said, We Did" section provides helpful real examples of how CHCP have acted on patient feedback to improve services.

Commissioners note the consultation process undertaken for the identification of the Priorities for Improvement 2020 – 2021. The increased response rate from CHCP staff regarding what your priorities is acknowledged. Commissioners support the three identified priority areas and look forward to receiving updates on the progress of this work undertaken. We are particularly keen to engage with and work with CHCP on the Prevention of Urinary Tract Infections, as this aligns with CCG planned system wide work with all Providers on this issue. The use of virtual means to gather patient feedback is also of interest and we would encourage CHCP to make links with the CCG Patient Engagement Team with regards to this.

Feedback on the 2019-20 priorities is noted. Commissioners recognised the challenge of capturing service user feedback in last year's Quality Accounts. It was very encouraging to read details of the creation of the CHCP Service User Voice (SUV) forums and how these have become integral to the process of continual service improvements. The development of these is very welcome and we look forward to receiving further updates regarding the work they have done.

We can confirm the accuracy of the Quality Accounts, to the best of our knowledge, based on the information shared through contract -management arrangements in 2019-20 and look forward to working in partnership in 2020-21 to continue to improve outcomes for our patients.

Emma Latimer

Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

City Health Care Partnership CIC Response To Our Commissioners Statement

We would like to thank Hull Clinical Commissioning Group and East Riding of Yorkshire Clinical Commissioning Group (CCG) for reviewing this Quality Account publication and providing a joint statement for inclusion.

Whilst these accounts capture the quality work undertaken by City Health Care Partnership CIC (CHCP) during 2019-2020, NHS England's revised deadline for submission has meant that data was collated and the publication written during the autumn/winter of 2020 and thus, we appreciate the recognition made by our commissioners for our combined efforts during the COVID-19 pandemic. Whilst we understand that much of our work has been part of the national NHS response, we have valued the support and local joint working with our CCG partners to enable our collective response across our local health system.

We welcome both commissioning groups noting our accomplishments for our quality improvement programmes, awards and achievements and are pleased that the examples offered within this publication were able to illustrate the breadth of our patient care, safety and engagement work.

We are pleased that our national and local audit has been noted and the examples from our Heart Failure Clinical Audit and the National End of Life Care Audit have serviced as informative illustrations of our work.

We will continue to review and disseminate all NICE publications and where applicable develop task and finish groups to progress engagement and implementation.

We appreciate the offer of support and engagement for the three Priorities for Improvement that were identified for the coming year – and look forward to embracing the challenge that they may bring.

Once again, we are thankful for the positive comments and considerations made and look forward to working with our local health partners during 2020–2021 to meet the high quality care expectation from our commissioners and other stakeholders.

City Health Care Partnership 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 (هەڵنوقیو)، تکایە تەلەفون 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: 347649 01482."

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.

City Health Care Partnership CIC

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Quality Accounts
2019/20