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Excellence • Compassion • Expertise

Quality Accounts

2022/23

City Health Care Partnership CIC

Excellence. Compassion. Expertise.

Excellence • Compassion • Expertise

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

Contents

Statement and Introduction from Andrew Burnell

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

Each year, as an organisation funded from NHS money, we are required to produce our Quality Accounts to clearly outline the quality of our services and I am pleased to present the twelfth set of Quality Accounts from CHCP.

2022-2023 has continued to be a challenging year for all providers of health and care, both locally and globally, as we strive to restore all service provision to pre-COVID-19 levels and to manage the backlog in referrals in a few key areas, resulting from the impact of the pandemic.

Despite these challenges, CHCP has continued to innovate and develop new services. For example, we have continued to roll out our Lower Limb Pathway, as part of the National Wound Care Strategy Initiative, of which we are a front runner. Outputs from this are impressive, with significantly reduced healing times for lower leg wounds and the development of direct access pathways of care, supporting patient-led self-referral and direct onward referral to specialist services, including vascular and plastic surgery. This year's Quality Accounts publication provides additional insight of this development in Chapter 4.

To maintain our robust approach to governance and patient safety, our Quality Team have been working hard to ensure we are compliant with the soon to be introduced Patient Safety and Incident Reporting Framework (PSIRF) and again our achievements are described in Chapter 4.

Within the last year we have also successfully rolled out our 2-hour Urgent Community Response and Virtual Ward services and plan to continue to work with Yorkshire Ambulance Service (YAS) colleagues to develop a 'push' model, where patients initially assessed by YAS can be instead supported by the above services to reduce the need for attendance or admission to local hospitals. An overview of this planned work is found within our Priority for Improvement pledge in Chapter 3.

Our teams have worked with local commissioning colleagues, service users and the local Health and Wellbeing and Scrutiny Boards to support transformation across our primary care/GP practices. As part of this modernisation, we have introduced a Social Inclusion Team, which aims to reduce health inequalities, working with some of our more vulnerable service users, including homeless people, and an overview of one of our plans for the year ahead can be found in Chapter 3. The work of our Digital Literacy Team will also strive to reduce health inequalities by ensuring all service users can access virtual services and support, and our Urgent Treatment Centres provide an overview of the work they are doing to make services more accessible, including for people with autism and learning disabilities.

Included in the publication, when considering data and data coding, we also provide an overview of how we are measuring service user outcomes using Therapy Outcome Measures (TOMs), ensuring we continue to develop services based on service user feedback.

To illustrate CHCP's vision and values within our day-to-day work, in Chapter 5 we have included examples of practice offered by our staff who are **leading, inspiring and delivering excellent, compassionate expertise and care** in their daily work.

I hope that you enjoy reading about our work, ambitions and achievements. This 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 my sincere thanks to all of our stakeholders, those who have supported the production of the content and those who have reviewed and given statements for these accounts.

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

Andrew Burnell
Chief Executive, City Health Care Partnership CIC

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Chapter 2

In this chapter we present an overview of our services, our participation in audit and research and how we assure our data quality. We also share how we capture and respond to feedback from others.

Review of Our Services

During 2022-2023 CHCP provided over 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 two portfolios held by each of our Deputy Chief Operating Officers.

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

In addition, we manage inpatient facilities at East Riding Community Hospital, a stroke rehabilitation unit and Intermediate Care Beds.

Furthermore, we have introduced the Hull and East Riding Frailty Hospital at Home Virtual Ward and domiciliary home care to support system discharge pressures.

Our services include*:

- Community Children's Nursing
- Integrated Nursing and Conditions – Hull and East Riding of Yorkshire
- Palliative Care
- Sexual and Reproductive Health
- Cardiac and Pulmonary Rehabilitation
- Integrated Community Stroke
- Speech and Language Therapy
- Nutrition and Dietetics
- Podiatry
- Occupational Therapy and Physiotherapy
- Tier 3 Weight Management
- Bladder and Bowel Care
- Musculo Skeletal
- Public Health – North West
- Let's Talk
- Community Dental
- Primary Care Medical
- Urgent Treatment Centres
- Anticoagulation and Deep Vein Thrombosis (DVT)
- Carers Information and Support

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

- Human Resources
- IT Support
- Communications, Engagement and Marketing
- Contracting and Procurement
- Estates and Security
- Quality Improvement and Compliance
- Safeguarding
- Learning Resources
- Business Intelligence
- Health and Safety
- Infection Prevention and Control
- Medicines Service
- Finance Team

*Please note these services are not exhaustive but offered as an illustration of the breadth of what we provide. A full range of our services can be found at **www.chcpcic.org.uk**

Income

The income generated by the NHS services reviewed in 2022 to 2023 represents 100% of the total income generated from the provision.

Participation in Clinical Audit

Clinical audit is a structured quality improvement tool that measures and analyses service delivery 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 Physicians.

By using clinical audit as part of our approach, we are able to identify 'quality' and monitor achievement of standards and any areas for further improvement.

Participation in Clinical Audit

National Audits reportable within Quality Accounts

CHCP's engagement with National Clinical Audit programmes is guided by the advice from the Healthcare Quality Improvement Partnership (HQIP)

Professional Body	Audit Title	Audit Methods	2022-23 Update
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.	NACEL audit completed and submitted October 2022. Audit outputs for round four are expected in summer 2023.
British Heart Foundation (BHF)	National Audit of Cardiac Rehabilitation	The NACR aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practice and improve service quality in cardiovascular prevention and rehabilitation services.	The NACR Quality and Outcomes Report 2022 presents service data and highlights continued significant impact post COVID-19 on staffing levels and mode of delivery of CR.
National Diabetes Audit (NDA) and National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Diabetic Foot Care Audit (NDFA)	Measures performance against NICE guidance.	The NDFA is a continuous collection and data can be collected throughout the year.
Royal College of Physicians (RCP)	National Asthma and COPD Audit Programme (NACAP) - National Audit for Pulmonary Rehabilitation	Collects service level information about staffing and performance.	The pulmonary rehabilitation workstream comprises three parts: a continuous clinical audit of service provision and delivery of pulmonary rehabilitation, a snapshot audit of the organisation and resourcing of services and an accreditation programme in England and Wales. 'Drawing Breath' report of audit outputs was published in January 2023.
King's College London	Sentinel Stroke National Audit Programme (SSNAP)	Collects service level information around admissions, staffing, resources, and performance.	The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Life Course and Population Sciences at King's College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland. This is a continuous collection and data can be collected throughout the year.

Learning from National Clinical Audits

Grace Eastwood, Clinical Team Leader for Cardiac and Pulmonary Rehabilitation reflects on the importance of continued participation to the National Audit for Pulmonary Rehabilitation, part of the National Asthma and COPD (Chronic Obstructive Pulmonary Disease) Audit Programme (NACAP). *"The recently published 'Drawing Breath' report is a really useful tool for our service to be able to review the national priorities and understand how we can further contribute towards the respiratory element of the NHS Long Term Plan"*. Grace continues, *"Reviewing the recommendations within the report alongside the ideas for achievement that are focused in other service areas as well as our own, for example primary care, have given the team some great insight and are generating possible concepts for collaboration to improve patient care."*

Lindsay Turton, Macmillan Professional Lead for Specialist Palliative Care Hull and East Riding tells us more about the National Audit of Care at the End of Life (NACEL) and how CHCP's participation directly impacts on our patients. *"We have participated proactively in all data collections for the NACEL audit, with our results demonstrating that although the number of deaths within the audit period was low, patients received excellent, compassionate and well-documented care from medical and nursing staff. Patient documentation was of a high standard and, when comparing this with audit report data from across UK comparable sites, was way above the national average of achievement."* Lindsay goes on to say that the audit report also highlights areas for potential development regionally and nationally, including post COVID-19 care and recommencement of ongoing end of life refresher training to promote continued knowledge and confidence for staff.

CHCP Staff-Led Clinical Audit

During 2022-2023:

89

Clinical audits were registered across **28** services, of these **24** were registered as part of Cohort 2 of the **'Clinical Audit Heroes Programme'**

41

Clinical audits were completed

48

Audits are on-going

Clinical Audit of patient triage within Integrated Urgent Care (Re-audit)

Claire Bougen – Urgent Care Practitioner (Physiotherapist) - Integrated Urgent Care Service

Aim

The overall aim of the audit was to ascertain compliance with CHCP's patient triage process including allocated triage target time.

Method

A retrospective record review was completed on deducted patients from the service over a 7-day period in January 2022 at Bransholme Urgent Treatment Centre, Hull. Patients were sampled at different times throughout the day.

Recommendations from baseline audit

Upon review of the initial baseline audit results, the following recommendation was identified for completion prior to re-audit:

- Develop & implement a triage template for use within the service.

Results

15 minute Triage Target

77% (n=54) of patients were triaged within 15 minutes of booking in.

100% (n=70) of patients had a triage recorded (or did not require triage).

Triage Template Use

Of those patients where the triage template was used during the re-audit:

100% (n=26) of patients had evidence that the triage was completed appropriately.

100% (n=26) of patients had evidence the appropriate actions were taken following triage.

Conclusion

Compliance with Standard

High levels of compliance were seen when the triage template was used.

Findings

Triage template use is still being embedded, however where it is being used is increasing compliance to the standard.

Considerations

- To continue to embed and use the triage template within the service site.
- To consider use of the audit tool and triage template within additional sites.

Recommendations

- Results and Conclusion to be shared with and reviewed by Senior Management Team for service delivery discussion.
- Agree date for further re-audit to be undertaken.

References

Safe to Wait Triage within Urgent Treatment Centres Standard Operating Procedure – IUC (Ref 1017) v2.3 (2022)

Clinical Audit of Shared Care Agreements

Katie Emmett – Pre-Registration Pharmacy Technician – Medicines Service

Aim

The aim of the audit is to ascertain compliance with the national shared care protocols (SCP) primary care responsibilities. This audit will specifically refer to whether patients have an agreed SCP and if the 14-day response timeline is adhered to.

Method

A small-scale retrospective record review was completed on patients currently prescribed either Methotrexate or Sulfasalazine. These two medications require a shared care agreement.

Results

Methotrexate Share Care Agreement

96% (n=24) of patients had evidence of a shared care protocol:

82% (n=18) of patients with an SCP had a response generated within 14 days:

Sulfasalazine Shared Care Agreement

80% (n=24) of patients had evidence of a shared care protocol:

75% (n=18) of patients with an SCP had a response generated within 14 days:

Conclusion

Compliance with Standard

High levels of compliance were seen, any patient without evidence of an SCP has now been followed up by the Pharmacy Team.

Findings

Some patients had been prescribed the medications for a number of years and may have been subject to different processes at initiation of therapy.

Consideration

To consider use of the audit tool for additional medications requiring SCP.

Recommendations

- Results and Conclusion to be shared with and reviewed by Senior Management Team for service delivery discussion.
- Agree date for further re-audit to be undertaken.

References

NHS England: National Shared care protocols:

- Methotrexate (oral and subcutaneous) for patients in adult services (excluding cancer care) - 4 July 2022, Version 1

- Sulfasalazine for patients within adult services – 4 July 2022, Version 1

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.

The CHCP-established NICE Triage Group agreed to meet monthly via MS Teams to continue their responsibility to receive, review and disseminate all published NICE guidance.

In addition to our triage group and compliance processes, during 2022-2023 our staff participated in the NICE National Stakeholder review and development of the following guidance that was published or updated during the year:

- **NG91 (update)** Otitis media (acute): antimicrobial prescribing
- **QS9 (Update)** Chronic heart failure in adults
- **NG209 (Update)** Tobacco: preventing uptake, promoting quitting and treating dependence
- **NG19 (Update)** Diabetic foot problems: prevention and management
- **QS207** Tobacco: treating dependence
- **QS90 (Update)** Urinary tract infections in adults
- **NG226** Osteoarthritis in over 16s: diagnosis and management

CHCP are actively involved and attend the regional NICE network group to facilitate collaboration with assessment and assuring NICE compliance. During last year the network members identified the need for an additional regional working group with the potential to discuss and share thoughts on specific pieces of NICE guidance, including applicability and approach to review and implementation.

The working group was developed with the first meeting held in September 2022 and subsequent meetings in November 2022, January 2023 and March 2023.

Natalie Dean, CHCP's NICE co-ordinator has attended and contributed to each meeting with plans in place to continue this engagement and offers the following insight.

"The recently implemented NICE regional working group is invaluable for local organisations to discuss and share their approaches to NICE guidance review and supports the joining up of best practice care delivery across the region. With a wide variety of health and social care organisations contributing it is starting to build a regional picture of resources and innovation."

During 2022-2023,

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publications from NICE were received and reviewed by CHCP.

How do we know we are delivering best practice-based care?

Following on from our introduction of a National Institute for Health and Care Excellence (NICE) review and implementation process within CHCP general practices, as part of our commitment to continuous quality improvement, we raised the question 'How do we know we are delivering evidence-based, best practice care?'

Our NICE process is well embedded across the practices, but we were curious to see how this was threaded through other aspects of practice work; for example within policies, procedures, protocols and guidance (PPPGs) and during appointments, and if the standards were the same throughout.

A tiered approach has been developed, with a focus on getting the foundations right. This includes:

- Implementation of a service development group to review areas of best practice and how they can be implemented across service sites, with representation from all staffing level and skill mix, including administration staff, nurses and GPs
- Embedded NICE process; this informs the identified NICE leads of updates/new guidance, which is then reviewed and shared with the team
- Embedded Ardens templates provide an evidence-based SystmOne template that is in line with NICE and the Quality Outcomes Framework (QOF). Ardens clinical templates are utilised where available and completion of the templates ensures that NICE guidance is followed and QOF requirements are completed where appropriate
- Clinical Knowledge Summaries (CKS) are utilised, with practitioners and clinicians actively encouraged to access prior to and during appointments to ensure best practice care is delivered. CKS is updated by NICE and follow current guidance
- Practice PPPGs are aligned to NICE and other best practice sources. The Royal Marsden's clinical procedures are to be utilised where possible, for example blood pressure monitoring and phlebotomy
- Clinical Audit may be used to assess compliance with areas not currently monitored in other ways (QOF, Key Performance Indicators (KPIs) etc)
- Clinical team meeting is used as a platform for discussion, learning and sharing and peer supervision
- Safety huddles are used for sharing learning and highlighting important issues
- Clinical supervision is undertaken via a blended approach, including case study review, reflection using a trauma informed approach and a safeguarding approach given the complexities of many of our patients
- Protected Time for Learning (PTL) is used for training and review, with topics such as NICE guidance, clinical audit, PPPG (policies, protocols, procedures and guidance) development and library, and knowledge access including previous and planned examples

This approach is currently being embedded across the practices, with a focus on common clinical conditions initially, such as hypertension.

The importance of this developing practice is noted by Rachael White, Operations Manager: for the service. Rachael tells us:

> *"Continually reviewing practice based on evidence and adopting best practice within the primary care services is vital for safe patient care. We have regular meetings with our clinical staff and discuss any lessons learned or best practice and this gives our clinicians the opportunity for peer support."*

Research

CHCP is committed to ensuring that people who use our services receive high-quality, effective care. We recognise the important purpose that research plays in improving health outcomes and quality of care. Research studies enable our practitioners to examine new treatments, try new care management approaches, share their perceptions and experiences and enable those who use our services to expand their care opportunities.

84 patients receiving NHS services provided or sub-contracted by CHCP in 2022-2023 were directly recruited during that period to participate in research approved by a research ethics committee. We also supported an additional seven studies by providing a Participant Identification Centre function through advertising, disseminating and informing our patients* about the study.

One way in which CHCP are reaching out to service users to tell them about potential research participation is through text messages to those who have consented to text communication.

For example, a request was received from the Join Dementia research service to reach out to people with a dementia diagnosis and their representatives or family members.

The service seeks to connect registered volunteers with dementia researchers across the UK who are looking for people to join their studies.

As well as sending this information through the established in-house communication channels to staff we messaged over 20,000 service users within all our primary care practices.

Practice	Texts sent
Riverside Medical Centre	1,835
East Park Practice	3,238
Wolds View Primary Care Centre	3,115
The Quays Medical Centre	5,814
Kingston Medical Centre	6,608

*Please be aware that we do not collate figures for people who we do not directly recruit i.e. where we have been a Participant Identification Centre supporting local research site partners.

Another study, led by Kings College London, sought to understand the different models for 'out of hours' community-based palliative care and compare the experiences of patients, carers and staff.

Fiona Robinson, Clinical Team Leader explains the importance in engaging with this national study: *"Palliative and end of life care will affect us all at some stage in our lives, whether that is for ourselves or for our loved ones. As a Specialist Palliative Care team working within the community, we need to give assurance that we can provide high-quality, specialist care whatever the circumstances, including out of hours."*

Fiona continues, *"CHCP have provided 24-hour access to community nursing care since the organisation was formed in 2010. We agreed to take part in the research to share our experiences, ensure our continued service improvement and to confirm our patients get the right care, at the right time and in the right place. It also supports the NHS Ambitions for Palliative and End of Life Care, which include each person getting fair access to care, care being coordinated and all staff being prepared to care."*

One of our patient carers was keen to engage with the study and share their experience of service access, saying, *"If I asked for help, I always got it, day or night. Whatever they asked they did their best for [the patient] and I am pleased to share my experiences with this research study."*

Fiona says, *"The study is currently in the final phase of analysis and we look forward to reading the findings as they will assist in identifying best practice and service delivery to meet the needs of our patients."*

Another study, conducted by Lisa Galloway, Advanced Clinical Practitioner, as part of her successful academic studies is shared here with a short abstract of the findings.

Background

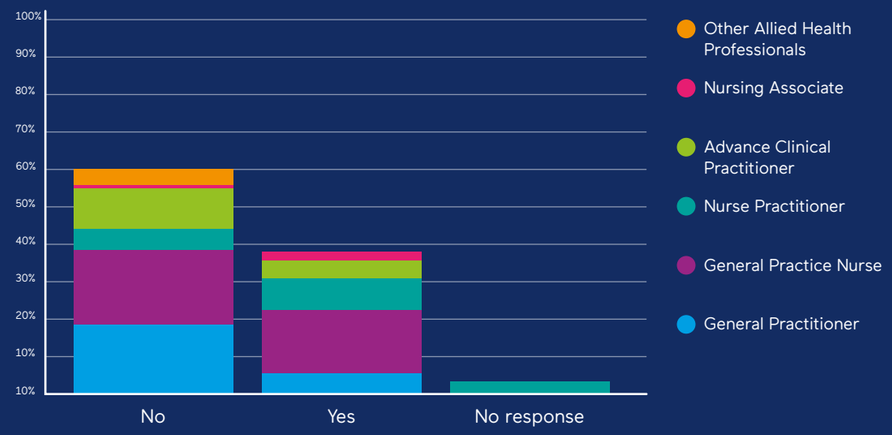
FeNO devices are a novel medical technology used to diagnose asthma through measuring the exhaled nitric oxide that the patient breathes out. FeNO testing is recommended by clinical guidelines as a secondary test to diagnose asthma, although adoption of FeNO testing within English primary care is not widespread.

This study aimed to investigate current access, barriers and/or facilitators to FeNO testing in English primary care and to explore primary care clinicians' confidence with FeNO use in asthma.

The study sought to determine whether primary care clinicians in England have access to FeNO testing within practice and if clinicians feel adequately prepared to utilise FeNO testing for the diagnosis and management of asthma.

Data was collected through a survey distributed via national and local professional groups with a total of 267 responses from a range of medical, nursing and allied healthcare professions. Findings indicated that 38% of survey respondents had access to FeNO in their primary care practice.

Current use of FeNO testing by profession (percentage)



The main reasons that respondents stated that they did not use FeNO included no access to the equipment, no previous training to undertake the diagnosis and the cost of purchasing the equipment. Additional findings included:

- **25%** had completed an accredited FeNO training course
- **36%** had undertaken some form of non-accredited FeNO training
- **74%** advised that they use a FeNO device for asthma diagnosis and management
- Pre-FeNO test counselling is completed by **53%** of FeNO users.

Respondents with access to FeNO indicated that they felt more confident to perform and interpret FeNO results than those without access, with confidence to diagnose asthma increased with higher FeNO levels.

Lisa says, *"The findings from this research should help to improve future practice. To heighten FeNO uptake, there needs to be improved awareness of FeNO's role in asthma diagnosis and management.*

The feedback and results of this study suggests there is a need for both practical and theoretical accredited and ongoing FeNO training to promote better understanding, performance and interpretation of FeNO. Currently, there is no competency register or requirement for training prior to using FeNO, so there is a risk completion of FeNO testing may be highly variable with reduced consideration of any possible confounding variables as identified in the survey results. It is hoped the findings of this research will be presented later this year at a national conference to help inform discussions and improve future practice. Plans are in place to publish the findings of this research in an academic journal."

Furthermore Lisa has been appointed as Principal Investigator within CHCP for a national research study from the University of Oxford to determine the effectiveness of FeNO-guided asthma management interventions in primary care.

Overview of 2022-23 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 our service delivery contracts that contains two Quality Indicators for 2022-2023.

The Quality Indicators have a financial value 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 scheme and level of achievement for 2022–2023

Indicator	Measure	Payment Basis	Weighting	Q1	Q2	Q3	Q4
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact (in line with the widened definition of frontline HCWs used during the 2021/22 flu season, which includes non-clinical staff who have contact with patients).	Min: 70% Max: 90%	0.625%	75%			
CCG14: Assessment, diagnosis and treatment of lower leg wounds	Achieving 50% of patients treated in the community nursing service with lower leg wounds (originating between the knee and the malleolus), receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines within 28 days of referral to service or, for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded.	Min: 25% Max: 50%	0.625%	71.54%	64.98%	56.36%	52.38%
		Total 1.25%					

Overview of 2022-23 CQUIN Scheme

Here we offer an illustration of how we have approached our work to achieve the CQUIN indicator for flu vaccinations for frontline healthcare workers.

Tracy Gamble, Operations Manager, says, *"Staff flu vaccinations are critical in reducing the spread of flu during winter months, protecting those in clinical risk groups and reducing the risk of contracting both flu and COVID-19 at the same time and the associated worse outcomes. Furthermore, reducing staff absence supports the overall safe running of NHS services."*

The past two years have seen the best flu vaccination uptake levels ever achieved in CHCP, alongside a reduction in cost, a reduction in clinical pressures for service areas to vaccinate their own staff and a reduction in vaccine wastage.

The CQUIN indicator required a collaborative (team of teams) approach, co-ordinated through the 'Flu Programme Group'.

Key to the success of the group is early planning. This takes place well before the annual flu letter for the forthcoming season is published and includes:

- A full participation strategy where a range of approaches are planned to maximise uptake and in which the expectation is that all front-line staff should be vaccinated (this includes agreed mechanisms enabling staff to opt out if they wish)
- Awareness among healthcare staff and providers of flu vaccination about incentives linked to flu vaccination
- A review of the success of previous strategies used to increase vaccination uptake; key to this is the anonymous staff feedback on opt-out reasons and vaccination experience.

Enhancements to Flu programme 2022-2023 based on our staff feedback and learning from previous years.

- The aspiration was that most staff should be vaccinated in the first four weeks of the programme, in keeping with other health care providers.
- All employees had equal access to vaccination appointments at the same time, not dependent on access to a clinical vaccinator within their service.
- All employees were vaccinated in a clinical setting by an experienced vaccinator able to discuss clinical risks and benefits of the vaccine.

Enhanced InHealthCare software allowed:

- The booking of appointments, automated initial and repeated invitations until the employee books an appointment or opts out
- The continuous monitoring of vaccination uptake rates among eligible staff during the programme allowing timely, accurate and consistent recording of staff's vaccination status allowing for targeting of low uptake areas
- Centralising the ordering, delivery and monitoring of vaccine stock through OccWellbeing (CHCP's Occupational Health Department) avoiding vaccine wastage and additional workload for City Health Pharmacy
- Publicising the flu vaccine uptake rates and the comparative performance of individual departments within the organisation and within the context of national targets.

The Flu Programme Group consists of:

- Learning and Development - responsible for planning and delivering the Annual Flu Training programme to Peer Vaccinators
- Communications and Marketing - responsible for planning and delivery of a comprehensive marketing strategy for all CHCP staff to include rationale for the flu vaccination myth busting, advertising of clinics and weekly feedback on percentage uptake. Getting and publicising support from high-profile organisational leaders or staff representatives
- City Health Pharmacy - responsible for vaccine supply
- Information Management and Technology (IMT) project team - responsible for the ongoing development of a bespoke software programme for the booking, recording and reporting of Flu vaccination clinics. Including the management of DNA/cancellations to ensure they remain on the system and continue to receive reminders. Using prompts and reminders in various printed and digital formats. Include information about on- or off-site vaccination locations and times
- HR and Information Management - working together to identify all eligible staff and advise on those frontline healthcare workers, including non-clinical staff, who have contact with patients who are counted as part of measured quality indicators
- Information Management and IM and T project management - working together on data reporting and performance
- Estates - identifying suitable bases for flu vaccination clinics in Hull and East Riding
- OccWellbeing - utilising a small core of experienced and appropriately trained clinical staff (peer vaccinators) who are responsible for vaccine management and administration. Acting as a resource to colleagues to answer their queries and providing information about the effectiveness and safety of the flu vaccine.

Tracy continues, *"Whilst CHCP did not achieve the ambitious target of a 90% uptake of flu vaccinations by frontline staff, we can demonstrate that continuous improvement in staff experience and vaccine uptake towards the CQUIN target (over and above its NHS partners), can be achieved through teamwork collaboration and learning from previous flu programmes."*

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 continue to take 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 2022-2023 by the Audit Commission

Data in Action

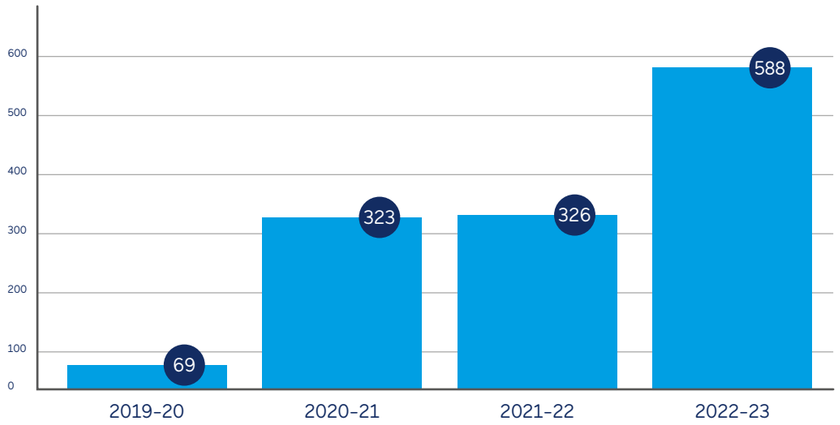
TOMs (Therapy Outcome Measures) is a tool to holistically measure the impact of intervention. Created by Professor Pamela Enderby and based on the World Health Organisation's classification of function, it looks at the person's impairment, the impact on their function, social participation, and their wellbeing. Over 80 scales have been developed covering a diverse range of areas including stroke, swallowing, voice, malnutrition, wound care and palliative care.

Since 2019, staff within Therapy Services have been on a journey to better demonstrate the impact of their patient care through the collection of outcome measures. Speech and Language Therapy, Dietetics, Podiatry and Stroke Services have all adopted TOMs as an outcome measure within their services. CHCP has established a rolling training programme for staff in use of the scale and have supported two therapists in completing the 'Train the trainer' training. The SystmOne (the electronic care record system we use) team has created and embedded templates within SystmOne that enable TOMs to be collected and analysed by both the type of scale used and the underlying condition. Clear pathways have been established for TOMs recording within services with regular reliability checking advised.

During 2022-2023, the Professional Leads for Speech and Language Therapy and Dietetics have been working closely with staff from our Business Intelligence team to improve the completion of TOMs and also to ensure that regular reports can be extracted from the data.

The impact of having access to regular exceptions reports this year has significantly improved the completion rate of TOMs within the Speech and Language Therapy service with an 80% increase in patients having two or more TOMs scales completed in 2022-23 compared with the previous year. These are patients who will have been seen face to face at least once with a further follow up contact to determine any progress.

Patients with 2 or more TOMs scores completed

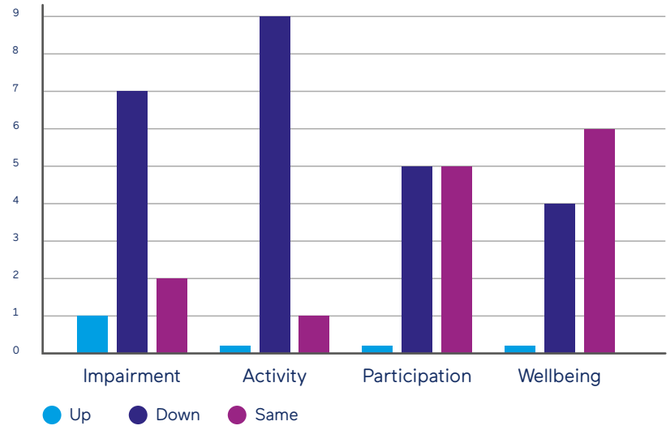


Our Business Intelligence service is now able to provide us with detailed ongoing reports allowing therapists to explore their outcomes in more detail dependent on condition. We offer the comparison of outcomes for people with swallowing problems (Dysphagia) due to Motor Neurone Disease (MND) and stroke. We know that people with MND are going to show a deterioration in most cases across their impairment and activity in comparison to stroke and that is reflected in the scores. However, TOMs allows us to see whether they are able to maintain or improve on their participation and wellbeing and the potential impact our services may have on that. The outcomes gained so far show that for 50% of the MND patients where TOMs was completed, wellbeing and participation levels were able to be maintained.

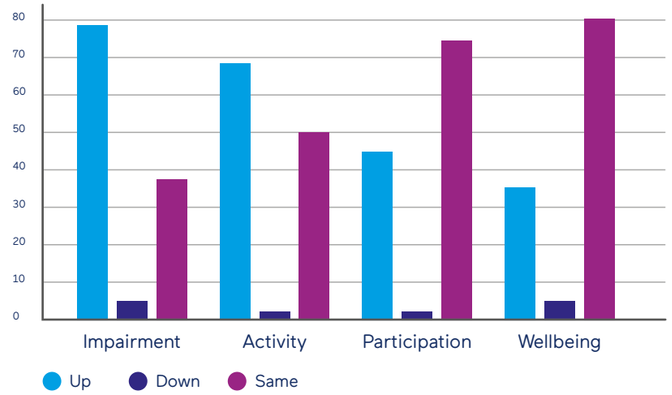
Anna Ray, Professional Lead and Operations Manager for the Speech and Language Therapy service explains about the continuation of this work.

"Throughout 2023 to 2024 we are looking to further improve on the completion of outcome measures, obtain regular quarterly reports from our business intelligence team and use the data as outcome measures within several service delivery projects and audits. We are also hoping to be able to upload CHCP Speech and Language Therapy TOMs data to the National Royal College of Speech and Language Therapists TOMs database."

MND Dysphagia



Stroke Dysphagia



Parliamentary Ombudsman

During 2022-2023, there was one complaint escalated to the Parliamentary Ombudsman, where the Ombudsman agreed to investigate the complaint. This related to the management of a patient at the start of COVID-19 (April 2020) and upon a full review by the Ombudsman and their clinical experts, CHCP were notified that the complaint was not upheld; the Ombudsman's feedback was that there was clear evidence that CHCP had robustly implemented all national guidance relating to the management of COVID-19 within its Intermediate Care Facilities.

Statements from the Care Quality Commission

As a healthcare provider, CHCP is required to register with the Care Quality Commissioner (CQC) and we remain compliant with this requirement. As part of the CQC registration, the CQC is required to inspect our services and service delivery on a regular basis.

Throughout 2022-2023, the majority of CQC inspections have taken place remotely, for example across our GP practices, with an ongoing focus on our COVID-19 response but with a wider review of the CQC domains. Feedback from all such virtual interactions is that the CQC was assured with our management during the pandemic and wider service delivery, continuity and quality and we have welcomed and responded promptly to all feedback from such reviews.

Other services are also subject to inspection via other organisations, for example Offender Health Care Services are subject to regulation via Her Majesty's Inspector of Prisons, in partnership with the CQC. Whilst CHCP delivered Offender Healthcare up until the end of August 2022, it is noted that there were no HMIP/CQC joint inspections during 2022-2023 and that CHCP CIC had fully achieved the HMIP/CQC action plan from an earlier inspection in December 2021, prior to handover of Offender Healthcare to the new provider.

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 healthcare 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 2022-2023 CHCP's services did not meet the criteria for any of the clinical topics and we did not participate in any enquiries.

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

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 and allows organisations to measure themselves against the National Data Guardian's 10 data Security Standards, which enforce the secure safeguarding and proper use of confidential information.

The DSPT requires compliance with assertions and evidence items to demonstrate that an organisation is working towards or meeting the standards for Data Security and Protection for Health and Social Care. An organisation can either achieve 'standards not met', 'standards met', or 'standards exceeded'.

The annual assessment standards are reviewed and updated in line with legislation changes and best practice guidance.

CHCP is in the process of submitting evidence to show we have met the standards required by the DSPT.

Actions taken throughout the year:

- Maintained accreditation to ISO9001 / ISO27001
- Provision of staff training in a range of areas including Information Asset Owner, Subject Access Requests and Data Security Awareness Training
- Enhanced training packages to include cyber security
- Achievement of 96.5% compliance with the data security awareness training
- Reviewed the data flows within each of the existing services and conducted risk assessments to identify and enhance security and technical measures
- Reviewed and updated the Business Contingency Processes in relation to business and cyber activities
- Implemented an information audit cycle to check compliance against data security standards, outcomes reported in the CHCP Information Governance Committee to share findings and lessons learnt.

CHCP VOICE

Comments, Concerns, Compliments and Complaints

All Comments, Concerns, Compliments and Complaints, known as the 4Cs, are reviewed daily from across CHCP's services. We aim to process and provide a response to complaints and concerns as quickly and efficiently as possible to resolve at the earliest opportunity. Where lessons have been learnt as a result of an investigation these are shared within the service and where appropriate to the wider teams. We offer various options for service users to provide their feedback.

Comments, Concerns, Compliments and Complaints received during 2022–2023

Comments	Concerns	Complaints	Compliments
2018-2019	2018-2019	2018-2019	2018-2019
44	1,504	124	421
2019-2020	2019-2020	2019-2020	2019-2020
57	1,590	130	758
2020-2021	2020-2021	2020-2021	2020-2021
42	1,511	115	479
2021-2022	2021-2022	2021-2022	2021-2022
68	1,616	143	400
2022-2023	2022-2023	2022-2023	2022-2023
52	781	153	409

During 2022-2023 we have noted a decrease in the overall number of comments, concerns and complaints compared to last year's data. When services are no longer provided by CHCP, these figures can increase and decrease. We appreciate the work of CHCP's Engagement team in promoting alternative ways for patients to give feedback, for example the Friends and Family Test.

- We encourage service user feedback and experiences with our services. We learn from these and they give us the opportunity to improve our services.
- Examples of how we have listened and acted upon feedback are provided in the You said – We Did section within this publication.

Friends and Family Test

A total of 29,110 responses were received through our Friends and Family Tests feedback during 2022-2023

Very good
85.73%
Amount 24,956

Good
10.57%
Amount 3,076

Neither good nor poor
1.47%
Amount 428

Poor
0.82%
Amount 239

Very poor
1.14%
Amount 332

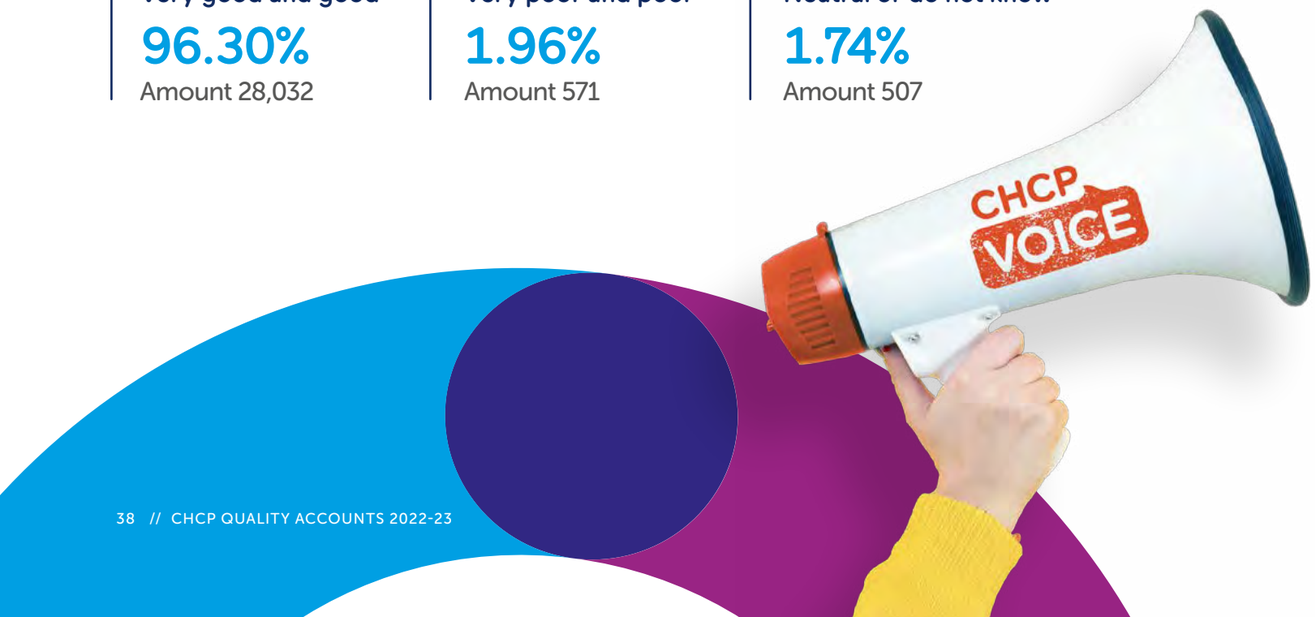
Do not know
0.27%
Amount 79

Recommendation

Very good and good
96.30%
Amount 28,032

Very poor and poor
1.96%
Amount 571

Neutral or do not know
1.74%
Amount 507



Dietetics (East Riding):

"Discussed at length my condition and options to help or ease symptoms which were of value. The dietician was very patient and helpful with her suggestions taking her time to listen and work out my plan on the next step to help my situation. Nothing could have been improved as the Dietician was very helpful."

Deep Vein Thrombosis:

"Absolutely fantastic!! I cannot believe how quick I got an appointment after referral. My nurse was extremely thorough, friendly and professional and explained everything in a way for me to understand. By the end of my visit my results were confirmed to put my mind at ease. I cannot thank you enough."

Jean Bishop ICC:

"Very good service from start to finish. My Dad was treated with empathy and was listened to. His medications were reviewed, physios assessed him and overall we are very happy with the care received."

Rossmore Stroke Unit:

"The team was very professional and really concerned about my progress. It is thanks to their care and enthusiasm that I was sufficiently well to be discharged and allowed home. Their care and attention to detail in arranging my transport home was well beyond the care of duty. I will be forever grateful."

Smokefree St Helens:

"I started smoking by pinching my Dad's rollies many years ago and never thought I'd be where I am now. You are making this a lot easier than I thought it would be and I am certainly feeling a lot better. You are miracle workers. I have smoked for over 50 years and now know I won't smoke a cig ever again."

Community Ward ERCH:

"Room was excellent. Staff very good and friendly. Does not feel like hospital. Food very good and plenty of it. Cannot fault my stay."

Sexual Health: GUM and Family Planning:

"Was seen on time. Waiting area spacious and clean. Receptionist helpful and approachable. Nurse was wonderful. Gave full and clear explanation of the whole process of coil implantation and fully informed me of risks etc. during consent process. Was very kind, totally non-judgemental and put me completely at ease."

Community Children's Nursing:

"The nurses that treated my daughter were excellent. They reassured her and entertained her when she was scared and treated her like a proper human being. They always addressed her and explained everything to her instead of talking through me. Even though she was very worked up, they kept reassuring her and were very calm and patient with her."

Cardiac Rehab:

"I had very early contact from the service after discharge from hospital. I was given clear information about my treatment / medication etc. Additional information on recovery was offered and provided. Plenty of opportunity to ask questions. Excellent service."

You Said – We Did

You said:
Why must I wait on a queuing system when I'm only ringing to cancel my dental appointment?

We did:
We revised the functionality of our telephone system to offer a 'drop-out' line to enable patients to press a button and be redirected to leave a voicemail to leave cancellation messages

You said:
Whilst the support I'm receiving is great - I would like to be offered a face-to-face meeting if possible

We did:
As restrictions eased, we re-evaluated our contact offers to adapt to individuals' preferences

You said:
I'm having major problems getting the products that you have prescribed for my smoking cessation

We did:
We liaised directly with local pharmacies to ask for confirmation of stock levels before issuing our clients with a voucher code

You said:
It's too warm in the podiatry clinic room in Goole during the summertime

We did:
We purchased and fitted air conditioner units within the rooms and added filters to the windows to reduce the glare and heat

You said:
I am unable to enrol on your on-line cardiac rehabilitation exercise programme as I am visually impaired

We did:
We set up a home-visit service to deliver this programme

You said:
Patients told us that the syringes they were using for enteral feeding were of a poorer standard – resulting in multiple syringes being used

We did:
We arranged a trial with an alternative manufacturer for the patients to evaluate and enable us to purchase a suitable alternative

You said:
I found it difficult to locate the exact clinic room within Hessle Health centre

We did:
When our staff are delivering services in different locations, we have supplied them with 'pull-out' signs to display

You said:
I cannot attend my cardiac assessment appointment during working hours

We did:
We revised our shift system to enable 2 members of the team to be able to offer early morning or early evening appointments

You said:
The support that I get from the Carers services is fab – but it would be good to meet and socialise with other parent carers

We did:
We arranged a day trip for parent carers to meet and get together

You said:
Can we have a weight management clinic in the west of Hull?

We did:
We liaised with the estates managers and introduced a regular clinic in Westbourne NHS Centre

Chapter 3

In these Accounts we are required to describe areas that we will improve over the next year. The areas that we are required to look at fall into three categories:

- **Patient experience**
- **Clinical effectiveness**
- **Patient safety.**

Pledge 1 – Right time, right place, right care for urgent care in the community

Rationale

The NHS Operational Planning and Contracting Guidance 2021/22, sets out the first in a series of stages required to implement the two-hour crisis response standard system-wide in England by March 2022. The standard states that all systems in England must deliver crisis response care to people in their homes or usual place of residence within two hours. It was first introduced in the Long-Term Plan and builds on National Institute of Health and Care Excellence (NICE) guidelines.

The 2-hour Urgent Community Response (UCR) service improves the quality and capacity of care for people through the delivery of urgent, crisis response support within two hours. This is available to all residents with a Hull or East Riding GP in their homes or usual place of residence, including care homes.

The aim is to integrate health and care services and provide more effective and responsive services in local communities. This will improve patient experiences, better reflect public expectations, and reduce pressure on acute services. There is a current emphasis and additional urgency around the drive to avoid unnecessary hospital admissions, keep people safe and living well in the community and provide optimal palliative and end of life care in the most appropriate setting (NHS England, 2022).

This aligns with ongoing national work designed to 'maximise' ambulance referrals to UCR teams across the country (NHS England, 2022). This is particularly relevant in the current landscape of increasing demand, limited resources, and delayed response.

What do we plan to do?

In February 2023 we introduced a new component to our UCR service where we will accept referrals direct from the Yorkshire Ambulance Service (YAS) prior to patients being seen by the ambulance service, despite ringing 999. This element of care is called the 'low acuity push model'.

The push model aims to:

- Identify suitable incidents, improve responsiveness of the service provided, and improve patient safety, experiences and outcomes
- Develop a sustainable model of referral from the YAS Emergency Operations Centre (EOC) to UCR teams
- Improve knowledge and understanding of community-based teams amongst YAS EOC clinicians, helping to build rapport and collaboration.

We are introducing this new service to complement our existing UCR service. Our overall objective is to provide the best and most appropriate timely care to patients in their homes/care home. We plan to evaluate the effectiveness through managing and monitoring response times, volume, and patient outcomes.

We plan to develop new and transformational service models to respond to the needs of the patient within the community.

This will include:

- Working with our external partners in YAS to establish referral processes for category 3 and category 4 patients waiting for an ambulance response
- Introducing and embedding real-time data monitoring systems
- Employing a range of capable practitioners including Advanced Clinical Practitioners, Advanced Nursing Practitioners, and Clinical Support Workers
- Seeking technological solutions to clinical monitoring and assessing in the patient's home.

How will we report and monitor?

We will review our data monthly through our data intelligence dashboards, ensuring all patients referred through this workstream are captured.

We will work alongside our YAS colleagues to interpret the data to review response times, suitability of referrals, acceptance of referrals and patient outcomes. This offer will initially be available for any patient over 75, Monday to Friday, 8am to 5pm. Over time and following regular evaluation this element of service delivery will aim to be available for anyone over 18, seven days a week, 9am to 6pm, as per the UCR national guidance requirements.

Pledge 2 – Supporting Digital Literacy

Rationale

The World Health Organisation defines Digital Literacy as '*the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about their health.*'

Patient access portals have become common, offering online access to test results, secure messaging, accessing medical records, appointment scheduling, prescription requests and self-care. The adoption of such technology may facilitate improvement in quality and efficiency for the healthcare provider and support self-care and choice for the patient.

Being unable to connect and communicate electronically has been associated with social exclusion and isolation. We understand that people can be digitally isolated for a range of reasons including their skill level, affordability of technology, disability or language barriers – or even disengaged due to lack of awareness or trust in technology.

What do we plan to do?

We have appointed a Digital Support Worker to work directly with people to assist their needs.

In the first instance we will pilot the work in one clinical service to evaluate the systems and processes that we will introduce. Most importantly we want to understand what works best for those we support and capture their feedback and experiences.

We want to identify people referred to our services who may have challenges accessing healthcare online and contact them in an efficient and effective manner.

We will be using a self-reported assessment questionnaire in order to identify the person's bespoke needs and the support we can offer.

We will offer direct follow-up with the Support Worker to assist and enable their digital abilities.

Feedback from those who use the service is crucial to evaluating our approach and we will actively seek engagement to explore what works well and what are the limitations, challenges and barriers to review and progress our approach.

How will we report

Throughout the year, at the Accessible Information Steering group, we will report and evaluate the effectiveness of systems and processes that we will introduce.

We will establish mechanisms to capture and monitor contacts and evidence, comments, experiences and feedback.

Pledge 3 – **Progressing our Patient Safety Approach**

Rationale

Patient safety is a fundamental principle of all who deliver healthcare. The national Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

CHCP welcomes the framework as it represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS.

However, the PSIRF is not an investigation framework as it sets no national rules or thresholds to determine what method of response should support learning and improvement within an organisation, prescribe what to investigate nor mandate investigations as the only method for learning from patient safety incidents.

What do we plan to do?

We know that implementation of PSIRF will not be achieved by producing an organisational policy alone but will require leadership and embracing a new culture of collaboration and learning.

One of the key aims of the PSIRF is that organisations ensure 'considered and proportionate responses' to patient safety incidents. We plan to ensure that our approach will be evidenced based, rooted in the key safety issues recorded within the organisation, is collaborative and driven by our desire to get things right now and in the future.

How will we do this?

To do this we:

- Map our services and patient care pathways to ensure that the shape and the structure of the organisations approach is inclusive and reflects the whole of the themes and trends to inform on-going improvements whilst exploring and acknowledging how people feel being involved in patient safety events
- Review patient safety data recorded by staff on our incident reporting system over the last six years to analyse and produce an incident profile summary
- Seek to understand the frequency and associated issues of previous incidents to understand if there are wider patient safety issues
- Identify action plans and improvement work already commenced or achieved
- Scope the organisations capacity for managing patient safety incidents, identifying and ensuring leadership, responsibility, training and resources.
- Develop an organisational patient safety incident response plan – in line with the national template
- Ensure we have systems in place to report to the national Patient Safety Team for their wider intelligence and analysis.

How will we report and monitor?

Patient safety events will be reported and monitored through our risk management system which will upload all safety events to Learning from Patient Safety Events Service (LFPSE) which is a national system. This will allow for new or under recognised safety issues to be quickly identified both internal and at a national level to take action and reduce risks.

Quality improvement action will be undertaken by services and supported by the Quality and Compliance Team. Quality improvement work will be monitored by the Safe Quality Services Committee and Integrated Quality Forum.

Chapter 4

In this chapter we offer an update on our actions and achievements from the pledges we made in last year's Quality Accounts.

To deliver integrated, equitable, effective tissue viability wound care

CHCP have been engaging with the National Wound Care Strategy Programme (NWCSP) which builds on several previous initiatives seeking to address the issue of sub-optimal wound care across the country.

This work has offered major opportunities to improve the quality of wound care through innovative solutions to improve healing, prevent harm, increase productivity of staff, and produce financial savings in line with NHS policy.

Our evaluation data has shown the positive improvements that the programme has made within our Tissue Viability service.

Our Pledge for Improvement from last year's Quality Accounts offered to extend this work into other wound care provision in Hull and East Riding.

What have we achieved?

We have had a busy year with a total of 1,748 patients receiving a first wound care assessment across Hull and East Riding.

We know that all lower limb and foot ulceration wounds are not the same and the need for an accurate diagnosis is essential to identify the underlying cause and instigate the appropriate treatment pathway.

We rolled out Lower Limb First Assessment Clinics across our Hull and East Riding treatment rooms and community nursing/ podiatry services. In this assessment a full clinical history and physical examination is conducted for all patients presenting with a first or recurring wound. This includes:

- Medical history – past and current, medication and allergies
- Pain experience – type and frequency
- Current wound treatment and investigations
- Nutritional assessment – screening for risk of malnutrition
- Detailed ulcer history – duration, previous experience
- Skin assessment of the ulcer and surrounding area
- General condition of legs – including blood supply

This is an essential assessment which must be undertaken by skilled, knowledgeable clinicians as the findings from the assessment formulate the care management plan, treatment and additional investigations including whether there is a requirement to provide immediate priority risk prevention care.

Of note, we also facilitate this assessment service for 'housebound' patients i.e. those unable to attend clinics, to ensure that they receive the same level of expertise.

We have challenged and revised the system for timely wound reviews by a vascular specialist and now have well-established direct referrals pathways into Hull University Teaching Hospital's vascular services without needing to refer back to a GP to do this. Additionally, we have established bi-weekly multi-disciplinary team meetings with the vascular service to facilitate 'joined-up' seamless patient care pathways across specialist and community services.

In recognition of the high incident of the potential of leg ulcer re-occurrence in those who have experienced an ulcer we have introduced review clinics for patients whose wounds have healed to provide ongoing prevention and wellbeing advice.

We have successfully secured funding for a further year to re-issue compression garments (such as hosiery to provide support for people with circulation problems in their legs) without the need for community nurses to contact GPs to request a prescription. Our business case was supported by the local hospital with the following offered:

"...the alterations in early provision of care of venous ulcers and the enhanced use of full compression in the community has meant that we are seeing a proportion of patients coming to our (hospital) clinics who have already healed their ulcers, which was previously unimaginable. The altered pathways have been extremely effective in standardising a rapid provision of the best evidence-based care available for venous ulcers.

The project has undoubtedly improved lower limb wound care across the region and continuation of this process must be supported to avoid losing these valuable gains for patients' care."

Mr George Smith, Senior Lecturer and Honorary Consultant Vascular Surgeon, Hull York Medical School

We have developed a training module for all nursing and podiatry staff who deliver wound care to provide the necessary learning and development resources for staff to acquire the correct skills, knowledge, understanding and core capabilities to deliver high-quality wound care based on best practice.

Our patient feedback has been overwhelmingly positive with a total of 208 people responding to our 2022 patient survey.

Very good
85.58%
Amount 178

Good
12.50%
Amount 26

Neither good nor poor
0.96%
Amount 2

Poor
0.48%
Amount 1

Very poor
0.48%
Amount 1

Do not know
0.00%
Amount 0

Additional comments included:

"I had a thorough examination and clear explanation of treatment."

"Absolutely faultless, so much was achieved. Having had an ulcer before I was aware of the problems involved. I arrived stressed and left relaxed. The East Riding Accelerated Lower Limb Guide I found on Google had proved most helpful. Thank you."

"Staff were very efficient, pleasant and informative. Nothing could be improved."

"Very good treatment and provided extra dressings."

"Not waiting very long was good (there's) nothing worse than having to wait a long time. All the nurses have been extremely helpful and very polite."

"This has been a tremendous project to work on. The guidance of the national strategy has assisted in underpinning our work and the local support of the vascular service and system partners has enabled cross-working collaborations. Our data is demonstrating some significant clinical results and cost saving of over a million pounds in non-elective hospital admissions for lower limb wounds. I look forward to the final evaluation and data analysis from the national team in 2024."

Angela Hind, clinical project lead

Enabling patients and their carers to be partners in their own safety

In last year's Quality Accounts, we pledged to enable patients and carers to be partners in their own safety as well as involvement in the organisation's safety agenda. Our work is in line with the national Patient Safety Incident Response Framework (known as the PSIRF) which was first published in August 2022.

Across CHCP we have established a working group with representation from the range of services seeking to examine and implement key aspects of the PSIRF.

Our approach has not been to work in isolation but to widen our collaboration and learn from others. One key aspect of our engagement is working directly with the national team as part of the Learn Together Co-Design Research Project Group. The group aims to support more meaningful involvement of patients, family members and staff in serious incident investigations after healthcare incidents. Their work has been funded by the National Institute for Health Research to enable a systematic evaluation of the findings and be able to offer evidence-based recommendations for enabling meaningful engagement.

The project had two advisory groups, one being patients and families with lived experiences of investigations through being involved with patient safety incidents. Their experiences and perceptions have provided insight into how it feels to be on the receiving end of safety incident investigations and most importantly how they can be improved.

The second advisory group involved healthcare professionals specialising in patient safety, and incident investigations. This group has facilitated co-working, sharing and collaboration to support how we progress and shape our planned resources.

Zena Scott, Patient Safety and Quality practitioner says,

"Collaboration is key to the project in obtaining everyone's perspectives during an investigation, meaning the project engaged and learned from the experiences of everyone involved in investigations. This included patients, families, staff, investigators, policy makers and other key stakeholders to find out their needs and experiences during an investigation process. More meaningful involvement can make an investigation less overwhelming for patients and their families and can improve organisational learning by listening and valuing different perspectives."

The project group have produced a booklet prototype which is in its final stage for publication and has been developed as a patient safety incident investigation information booklet for patients and family with what to expect and how to be involved in the process of an investigation.

Patient safety incident investigations are system-based responses to a patient safety incident for learning and improvement. One important consideration is that of 'duty of candour' which is a must-do to ensure healthcare providers are open and transparent with people who use our services. There are specific requirements that we have in place to follow when things have gone wrong with care or treatment, which includes informing people about the incident, providing reasonable support, producing truthful information and most importantly an apology.

Thus, we now routinely ask investigating officers to engage with patients and their families to seek their involvement and ensure their concerns are respected and their needs are met.

We aim to actively communicate and engage with patients and their families as part of our investigation process. Over the last year this has ranged from telephone contact, face-to-face meetings, raising personal key questions to reviewing and commenting on the final investigation report.

One recent investigation following a patient sustaining an injury whilst using nursing equipment resulted in a wider investigation than one purely focused upon the specific incident.

In the first instance contact was made directly with the patient who asked that their family member could also be involved. A meeting was arranged with all, at their convenience one evening. Talking directly to the patient and their family in regard to the actual incident that resulted in the injury enabled them to broaden out the discussion and ask questions about other aspects of the care pathway, such as having alternative emergency contact numbers in the patient's records and their preferred method of contact clarified and recorded on admission to the service. For the family this was important to enable speedy contact with the right people and in the right way if contact is required in an emergency.

Whilst none of the issues raised were of a risk or safety nature, the investigating officer acknowledged the importance of them to the family and included seeking answers within the investigation process.

The final report captured the incident findings as well as the additional issues raised and made recommendations not only for preventing the incident with the nursing equipment in the future but for improvements around communication and support provision. The sharing of the report with the patient and family was welcomed and offered meaning from their perspective.

Working with regional networks to put safe systems in place for sharing essential patient data

Last year we pledged to collaborate with system partners to support the introduction of the Yorkshire Health Care Record (YHCR).

The YHCR is a secure computer system that brings together certain important information about patients who have used services provided by their local hospital, GP, social services, mental health teams and any healthcare provision in community services such as City Health Care Partnership. It enables clinical and care staff to review real-time health and care information from across a range of care providers and between different systems.

The type of information that the YHCR will show includes:

- General information such as address, contact details, medications, and allergies
- Advanced details such as current care plans, outpatient appointments, referrals, hospital admissions, clinical letters, and test results.

Accessing current, up-to-date data is essential for efficient and effective health care provision and being able to capture patient care as someone is assessed, undergoing tests, diagnosed, and treated, is critical for supporting good clinical care and the cornerstone of joined-up care delivery.

It is recognised that much health care data is generally held in 'silos' such as individual clinics and hospitals with no single electronic system holding all information. Working across the region we learnt that within Yorkshire and Humber data is located across 74 different healthcare organisations, five mental health organisations, 1,450 care homes and over 700 GP practices.

The Yorkshire and Humber region was one of five across the country to receive funding to develop a safe and effective healthcare record-sharing system. YHCR decided upon a 100% cloud solution that would overlay the current health care data systems in place, eliminating the need for organisations to change their electronic record systems into a 'one size fits all'.

The objectives are as follows.

First, to integrate patient electronic records from the current fragmented systems.

Second, to create safe, private and de-identified collection of data from patient records across the entire region. This will help clinical researchers and data analysts to analyse data and identify trends and patterns that could help population care pathways, treatments, planning and identify people at risk of illness.

Third, to allow people access to their own records so that they can monitor their care and be more directly involved in empowering and maintaining their health.

Our pledge was to pilot the YHCR within the Frailty service in order for our evaluation to underpin further roll-out across our other services.

Our clinicians and service users were keen to ensure that we worked to:

- Provide accurate, up-to-date and complete information about patients at the point of care
- Enable quick access to patient records for co-ordinated, efficient care
- Ensure the security of sharing electronic information with patients and other clinicians
- Enhance patient and provider interaction and communication, as well as health care convenience.

Engaging with the YHCR team we have developed 'dummy test patients' to trial the system's agility to be able to extract the key information required for clinical care and ensure security and data protection.

Software (computer programmes) testing is a multi-stage process that encompasses a wide variety of techniques and strategies such as testing for technical issues like systems crashes, usability, workflow, or unexpected results. We sought to ensure privacy, confidentiality and security of accessible data. This testing stage remains ongoing.

In addition to our direct engagement with the regional team to test the software our service users in East Hull engaged with a research study commissioned by the Yorkshire and Humber Care Record steering group and conducted across the region to share their beliefs about healthcare records, how they could and should be used, willingness to share data, their concerns and reassurances they would want.

Overall findings indicated that nearly 95% of participants supported their data being used for direct care, most commonly to plan services, stay healthy and research into the understanding and prevention of disease. There was also support for using health and care records to intervene before people develop a health condition, which may include contacting people at risk to offer screening or healthcare advice and engaging them in managing their own health. Nevertheless, participants had concerns about data sharing, primarily their data being sold to third parties, or there being a data security breach. They were concerned that the NHS and local authorities use outdated IT systems, which places their information at risk.

The research report findings have been beneficial in supporting the progress of the work and shaping the system to respect and safeguard service users' concerns, servicing a guarantee to commit that the use of patient records respects their rights and promotes their health and wellbeing.

Mark Filby, Information Systems Programme Manager, reports, "Unfortunately due to technical issues within the YHCR software we have not yet been able to implement the full pilot of this project, but this is not wholly unexpected being the first of its type in the development and utilisation of the Shared Record system. This is an ambitious project and continues to be 'work in progress'. CHCP continues to support the aims and objectives of the YHCR aspirations and we look forward to continuing our engagement with the work."

Yorkshire & Humber Care Record

Chapter 5

Our Vision in Practice

Supporting parenting through delivering webinars

Our Nutrition and Dietetics service provides specialist advice to help prevent and treat disease as well as manage nutritional problems and improve health and wellbeing. They can accept referrals from any health care professional for patients of any age.

The first appointment is typically undertaken over the telephone to discuss the specific needs of the person or child. At the end of the appointment dietary goals and care planning to enable self-management are agreed.

Follow-up appointments may be face-to-face, over the telephone or in one of our clinical locations.

- East Riding: adults only at Withernsea, Bridlington, Hessle, Beverley, Goole, and East Riding Hospitals
- Hull: adults and paediatrics at Bransholme, Morrill Street, Elliott Chappell, and Wilberforce Health Centres

Whilst this range of service access had been established, like many healthcare providers the service had to adapt and continue to offer service delivery during the restrictions of the COVID-19 pandemic, including the offer of virtual clinics and webinars.

During 2022-2023 over 840 paediatric referrals were made to the service.

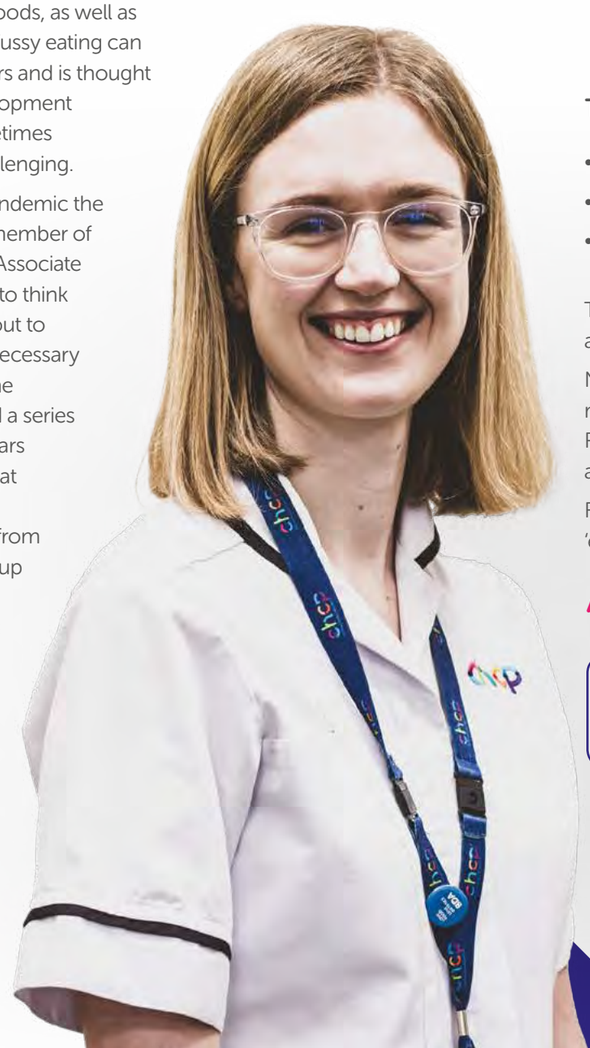
Babies, children, and young people may have many types of problems with eating, tolerating or absorbing certain foods. It is common for parents to be concerned about the foods, nutrition and their child's growth and they may turn to professionals for help and guidance.

Within the Nutrition and Dietetics service the team noted many referrals requesting support with both suspected cow's milk allergy and what is commonly referred to as 'fussy eating'.

Cow's milk allergy is a food allergy which is caused when the body reacts to the protein in the cow's milk. Cow's milk allergy is estimated to effect up to 5% of babies under 12 months old.

Fussy eating can include unwillingness to eat familiar foods or try new foods, as well as strong food preferences. Fussy eating can affect up to 60% of toddlers and is thought to be part of normal development processes; however, sometimes managing this can be challenging.

At the beginning of the pandemic the service employed a new member of staff, Rebecca Gillyon, an Associate Practitioner. Rebecca had to think of creative ways to reach out to these families to provide necessary education and support. She developed and introduced a series of group education webinars – live, interactive events that parents, families and care givers could attend safely from their own homes. The group education webinars were protected time for parents to receive practical strategies in an interactive and engaging way.



These webinars provided evidence-based advice and guidance for parents to support their child with suspected cow's milk allergy or fussy eating along with practical advice. By delivering the sessions through a webinar format, it made attendance more accessible as well as giving the opportunity to discuss and share their experiences with others who were experiencing the same issues.

During 2022-2023 around 52 webinars were delivered with an estimated total of 204 attendees.

A Milk-Free Weaning webinar provided information on:

- An explanation of cow's milk allergy
- Practical tips on how and when to start weaning
- How to ensure provision of a milk-free diet
- Ideas for infant-friendly, milk-free recipes
- Milk-free alternative products
- Information on appropriate vitamin drops.

The Milk Ladder webinar provided information on:

- When and how to start re-introducing cow's milk safely back into the child's diet
- How to transition to alternative milk drinks if baby was formula fed
- Information on appropriate vitamin drops.

The Fussy Eating webinar provided information on:

- Increasing understanding of fussy eating
- How to manage fussy eating
- Supporting your child to progress with new foods and/or improve quality of their diet
- Balanced diets and portion sizes
- Providing opportunities to share experiences with other parents/guardians

The team feel confident that all parents are being given the same consistent and up-to-date advice and information from a range of professional and clinical sources.

Noelle Hynes, Advanced Paediatric Dietician, says, "Since joining the team Rebecca has been motivated and passionate about her role supporting families and children with nutritional issues. Rebecca showed creative thinking by developing the webinars using evidence-based sources and also including visual pictures to make the information easier to understand."

Feedback from attendees has been overwhelmingly positive with all rating the webinars as 'good' or 'excellent' and saying that their knowledge has improved from attending.

Attendees also told us:

"The suggestions and finding out what worked for other mums was very helpful."

"Seeing that you are not alone and seeing the progress table."

"Good ideas on trying new foods."

Making our Urgent Treatment Centres accessible

CHCP provides Urgent Treatment Centres in Bransholme, Goole, Bridlington, Story Street Primary Care Hub, and East Riding Community Hospital. The centres are nurse-led open access clinics where patients of any age can attend without appointment.

During 2022-2023 almost 80,000 children and young people (aged 0-18) attended our centres and presented with a minor injury or ailment requiring assessment.

One of the Paediatric Urgent Care Practitioners, Jo Allison, undertook an audit of the understanding of the importance that everyone who attends a clinic should feel comfortable and able to navigate around the centre and be able to actively participate in their assessment requirements.

The audit was conducted in August 2022 working in collaboration with CHCP's Communication and Accessibility Lead and sought to focus particularly on the needs of patients (including children) who attend with extra communication needs, learning difficulties and those that would normally find accessing urgent care more difficult.

Findings from the audit highlighted the need to ask the right questions at the first point of contact in recognition that early identification of an individual's communication requirements is crucial to meet the effective needs of patients during the care process.

To do this Jo and her colleagues changed the format of initial questions asked when patients book into the Urgent Treatment Centre. This resulted in the development of a triage tool identifying how a person prefers to communicate and any additional communication or sensory needs for this to be relayed to the treating practitioner so that they can tailor their approach accordingly.

This is supported at all bases by a visual poster placed prominently on the glass screen at the reception desk so patients can point to their preferred method of communication if they are nonverbal or non-English speakers.

Support staff can then put a note on to the patient's electronic care record, so the person's individual needs are clear to all.

Further recommendations from the audit highlighted the need to make reasonable adjustments as per the Equality Act 2010 to allow fair access to care for patients with disabilities, which in addition to the actions above resulted in the service introducing laminated sheets of relevant medical and nursing care symbols in all clinical rooms so patients who are nonverbal can communicate what their needs are or what aspect of their care is worrying them.

The service has also introduced resources to support care for people with learning disabilities including easy read leaflets to help explain care procedures commonly conducted within the service and promote self-care for the person's aftercare.

Jo explains,

"In the first instance what I wanted to do was understand the needs of those who may have difficulty navigating around our service – and most importantly raise this as an issue for us to consider across all the staff who work in the clinic.

"We now ensure all people presenting at the centre are asked about their accessibility needs, making no assumptions about their age or abilities. We know this can be daunting and bewildering for many people attending for urgent care treatment. This first point of contact with our service is essential to enable the practitioner who sees the patient to accommodate the person's requirements, whether it be a language or communication, reading or writing issue."

Further changes include:

Each of our consultation rooms now has a laminated communication aid made up of regularly used symbols that patients can point to, which are helpful when patients are non-verbal.

The service has successfully applied for funding of Starlight Sensory boxes to offer when a child comes into the centre feeling anxious or may struggle to wait to be seen. The boxes are especially designed for children with sensory needs and contain groan tubes, maracas and sensory balls.

The service is currently developing a Patient Charter and 'talking poster' developed in accordance with Accessible Information Standards about what standards patients with additional communication needs can expect at urgent care. This will be displayed prominently once completed.

Nikki Shimells, Clinical Manager, says, *"The driving force behind this work was Jo and she has showed nothing but enthusiasm for this innovative change. She's raised awareness of the staff in relation to accessibility to our service, not only for children but all patients with extra communication needs. She has given the staff the tools to make a real positive change within the service. This work will complement some work currently being undertaken as part of the Equality Delivery System, which all NHS trusts are involved in, and will involve looking at improving the urgent care journey to address wider health inequalities for other groups; for example, our LGBTQ community and for others with cultural, race or social exclusion issues."*

Evolve
Hull Eating Disorder Service

Approximately 1.6 million people in the UK are diagnosed with an eating disorder, with recent research indicating that young people between the ages of 14 and 25 likely to be the most affected.

Eating disorders have the highest mortality rate of any other mental illness, so it is crucial that they are detected and treated early.

The Evolve Hull Community Eating Disorder service promotes eating disorder recovery from a range of disorders including Bulimia, Anorexia and Binge eating disorder, offering support and treatment to people over 18 with a Hull GP. The service offers a range of support and treatment including one-to-one virtual or in-person appointments and group therapy sessions along with medical monitoring as required, understanding that each person has their own particular needs.

The team ensures the support and treatment provided are effective and evidence based. One such approach, called 'FREED', has been well received with a total of 98 patients accessing the pathway since it started in August 2021.

FREED (First Episode Rapid Early Intervention for Eating Disorders) is an early intervention pathway for young adults, designed to provide psychological intervention to enable full recovery through a holistic person-centred programme. It is designed for people aged between 18 and 25 who are experiencing an eating disorder with the onset and duration of less than three years.

The FREED pathway addresses the challenges (aside from having an eating disorder) that a young person may be facing. It focuses on difficulties like social media use, living away from home such as being at university, becoming an adult as well as various other issues young adults may face.

The pathway improves patient care outcomes by allowing them to be assessed at the earliest opportunity, reversing the changes to the brain including rigid ways of thinking and difficulties making decisions. The pathway focuses on engagement, ensuring that the person's anxieties are eased when coming into the service and have the awareness of what to expect. All patients are called by the FREED Champion within 48 hours of the referral. They introduce themselves and explain what the service offers as well as highlight the importance of early intervention and the need to seek help and treatment as soon as possible. In addition, patients are given the contact details of a FREED Champion to text or ring outside of working hours if they are struggling.

Charlotte Terry, FREED Champion explains, *"Clinical studies support the idea that the first three years of an illness is a critical window for effective intervention in eating disorders, therefore we must start our care as early as possible. After all, you wouldn't wait until a person with cancer had advanced to stage 3 before you began treating them."*

The service has focused significantly on reaching out to people who may have an eating disorder and promoting the FREED pathway. Staff have attended Freshers' events at Hull University, Hull PRIDE, presented the pathway to many other healthcare teams in the area, published articles and engaged in media interviews alongside promotion on social media and various other platforms to get the message out to those who need to know that help and support is out there and that Evolve welcomes anyone into the service with a non-judgemental, warm, caring approach.

The service has seen a positive trend of improved outcome measures at discharge including a reduction in the number of patients requiring more intense levels of treatment such as day-care services and in-patient admissions.

Adopting the FREED programmes within the Evolve service also promotes shared learning through the team, ensuring all staff receive regular supervision to enable their reflection on their interventions and connectivity with other health providers running a FREED service to share, support and learn from each other.

Once referred the service aims to be quick to respond by:

- Undertaking an engagement and screening call to the person within 48 hours
- Offering an assessment within the next two weeks
- Commencing a tailored evidence-based treatment plan within four weeks of the referral.

An audit of the above aims demonstrated achievement during 2022-2023. Charlotte continues, *"The impact of this approach has been very positive with strong evidence of decreased waiting times for assessment, decreased duration of untreated disorder, deceased use of day patient and in-patient services, increased treatment uptake and increased symptom management."*

The service closely monitors patients' symptoms at their initial assessment and at the end of the FREED programme and can demonstrate positive outcomes.

Evolve
Hull Eating Disorder Service

	Pre-treatment Scores		Post-treatment Scores	
	N	Mean (SD)	N	Mean (SD)
EDE-Q Global	75	3.9 (1.29)	5	0.9 (0.61)
CORE-10/OM Global	75	20.8 (6.93)	13	8.2 (6.07)
BMI (AN Only)	22	16.9 (1.92)	2	19.2 (1.09)
Binge episodes in last month	76	5 (7.48)	16	0.6 (1.36)
Vomit episodes in last month	76	4.1 (8.16)	16	0 (0)
Laxative episodes in last month	76	0.8 (3.68)	16	0 (0)

Feedback from those who have used this service has been very positive.

"I cannot thank you enough for saving my daughter's life, you have given her back to me – thanks to your rapid response, caring approach and understanding."

Parent of FREED Pathway Service User

"I accessed Evolve on the FREED pathway and the team caught my eating disorder at the right time. I was seen very quickly. The support I have had has been so helpful and for the longer term. I have had therapy in different places before and at Evolve everything was extremely thorough and helpful, the flexibility with appointments allowing them to be on the phone has made it extremely easier for me and a lot more comfortable!"

Patient of the FREED Pathway

"I referred myself via the FREED pathway as I was struggling with binge eating disorder and disordered eating... I found the service helpful, especially the group work and individual appointments with my keyworker. ALL staff have been thoughtful, kind and patient... I appreciated the holistic approach that FREED provided as they did not just focus on my binge eating, but also addressed the wider anxieties I was having at university and home. I am still in recovery and by no means "cured" but I have developed skills and a mindset to face food without being scared or using food to harm myself. The past 10 months with FREED have been beneficial to my overall physical and mental wellbeing. Finally, I appreciate the accessibility of Evolve and FREED. If I relapsed, I would not be worried about being abandoned on a waiting list."

Patient of the FREED Pathway

Providing assessment, support and learning opportunities

Jacqui Laycock, Head of Professional Practice and Workforce Development, says, *"The continued development of staff remains one of our highest priorities in achieving excellent patient care."*

Last year CHCP provided the following:

eLearning Courses

In total, CHCP staff completed 24,615 online courses within the year and of these 12,716 were national content and 11,899 were CHCP locally developed bespoke eLearning packages.

External Training Courses

CHCP has supported 294 staff to complete courses and learning opportunities external to the organisation through universities, colleges and other institutions to develop our staff's skills.

Facilitated Learning

1,390 face-to-face or virtual facilitated classes were offered this year and have been completed by 7,959 staff.

Jacqui continues, *"In addition to training and supporting our own staff one of the greatest outcomes we can achieve is assisting anyone (staff, patient, carer, student, or learner) to be the best they can be. This supports and underpins the values and beliefs of CHCP of Excellence, Compassion and Expertise."* She offers an example of how CHCP is an ambassador for the new T-level qualification in healthcare that was launched in September 2021. *"As an equivalent of three A levels this new educational course has been seen as the way of helping young people to enter into the health and social care sector with greater insight and baseline knowledge of what it means to care."*

As a close working partner to a number of local colleges CHCP has been able to assist in the writing and delivery of health-related sessions and to offer work experience and practical learning hours (which are fundamental to achieving the course).

This close working with the colleges as well as the T-level Ambassador group of the Department of Education has enabled the initial national course requirements to be reviewed and altered to create a programme of learning that will support our future workforce in health and social care whilst maintaining the young people's options in their career direction.

Supporting the young people of our region is fundamental to the future of service delivery as we recognise that staff are our greatest asset; without them a service cannot exist. Responding to requests for career conversations and explaining the myriad roles available and the importance of those roles to be able to successfully support patients and their carers has remained high on the activity for CHCP's staff.

Clinical staff have often volunteered their own time to support school and college events and the Learning Resources team have been both proactive and responsive to the changing landscape many of these young people find themselves in. For two team members the challenge of delivering a session on the human body to a primary school as part of their Science, Technology, Engineering, and Maths (STEM) week proved to be thoroughly enjoyable and well received.

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Chapter 6

Sharing, celebrating and recognising of our success

Throughout the year staff from across our services have been recognised for their excellence, compassion and expertise.

Here we highlight a small selection of their achievements.

Publications and Presentations:

- British Dental Journal (BDJ) – Childhood obesity: overcoming the fear of having healthier weight conversations with families – Elizabeth O'Sullivan
- BMC Medical Journal – A non-randomised controlled study to assess the effectiveness of a new proactive multidisciplinary care intervention for older people living with frailty – Jean Bishop Integrated Care Centre (ICC) Frailty Service (Dan Harman and Anna Folwell)
- Lisa Galloway – Advanced Care Practitioner and Practice Nurse – Presentation on FeNo (Fractional Exhaled Nitric Oxide – an objective test to support the diagnosis of asthma in the over 5s, medications reviews and de-escalation). Airways Disease Management conference hosted by the Humber and North Yorkshire ICB and Hull/York Medical School
- NHS England website publication – Integrated healthcare transforms care for frail and elderly – Dr Dan Harman

TV appearances:

- Panorama (BBC) – ICC/frailty – NHS in Crisis: Can it be fixed?
- Look North – ICC/Frailty – Hospital at Home: Hull's Virtual Wards

Awards:

- Emma Marston – Registered Nurse Degree Apprentice – awarded the Michelle Harris prize from Hull University (student/apprentice with the highest aggregate mark in their first year)
- Community Ward – ERCH (East Riding Community Hospital) were awarded a 'Good Neighbour Award' by Beverley Town Council
- Brandon Bartle – CHCP Intern of the Year – awarded by Wilberforce College
- Clinical Trainers Team – awarded the 'Skills for Health Quality Mark' for training and staff development
- Gemma McNally – Senior Pharmacist Holderness Integrated Care Project was awarded 'Excellence in General Practice Award' at the Clinical Pharmacy Congress Awards 2022
- The Holderness Integrated Care Project were shortlisted for Excellence in Use of Technology Award at the Clinical Pharmacy Congress Awards 2022
- Dr Mark Szolkowski from UTC in Bransholme has been nominated for a Teaching Excellency Award by Hull York Medical School
- Lucy Shaw – IP&C (Infection Prevention and Control) Practitioner was awarded 'COVID-19 hero' status by NHSE/I
- CHCP were awarded 'Disability Confident Leader' status.

Additionally, each year we hold a 'celebrating excellence' event in recognition of the work and dedication of our staff.

As part of this staff and teams are nominated by their colleagues for consideration within eight award categories.

137 nominations received

Our finalists and winners were:

Creativity and Innovation

Winner: Angela Hind – Senior Clinical Project Lead – Integrated Nursing and Conditions Service

Finalists: Louise Clayton and Rebecca Gillyon

Efficiency and Productivity Star

Winner: Kevin Beswick – Psychological Wellbeing Practitioner – Let's Talk

Finalists: Anticoagulation and DVT (Deep Vein Thrombosis) Team and ER (East Riding) MSK (Musculoskeletal) Service

Inspirational Leader

Winner: Jacqui Laycock – Head of Professional Practice and Workforce Development

Finalists: Gemma Bradley and Julia Petty

New Colleague of the Year

Winner: Pippa Whittaker – Senior Administration Assistant – Communications Team

Finalists: Emma Cousins and Stephanie Rabaud

Quality and Safety Champion

Winner: Claire Garrett – Practice Admin Manager – The Quays Medical Centre

Finalists: Tina Berry and Claire Bougen

Team of the Year

Winner: ER (East Riding) MSK (Musculoskeletal) Service

Finalists: Healthy Hull, St Helen's Wellbeing Service and CISS (Carers Information and Support Service)

Unsung Hero of the Year

Winner: Hannah Dunn – Senior Admin Assistant – Holderness Community Nursing Team

Finalists: Debi Lawson and Debra Mornin

Volunteer of the Year

Winner: Christine Venton – Volunteer Befriender, Cancer Champion, Vaccination Centre, CISS (Carers Information and Support Service) and Jean Bishop ICC (Integrated Care Centre)

Finalists: Peter Hutcheon and Carlo Marrow

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Chapter 7

Feedback on City Health Care Partnership CIC Quality Accounts 2022/23

Joint Feedback Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB) – NHS Hull and NHS East Riding.

Firstly, the ICB would like to take this opportunity to thank all the staff at City Health Care Partnership CIC for their hard work. We would like to extend our gratitude and appreciation to you all, in what has proved to be another challenging year, for your part in the local NHS and wider system response to the ongoing impact of the Covid-19 pandemic.

The ICB welcome the opportunity to review and comment on City Health Care Partnership CIC's Quality Accounts for 2022/23. We congratulate the organisation and staff on the successes that you have achieved in 2022/23 including the Infection Prevention and Control Practitioner who was awarded the 'Covid-19 hero' status by NHSE/I and the unsung hero of the year awarded to a senior administrative assistant. We note the range of updates provided on services and the improvements throughout this year. The account demonstrates a clear commitment to improving patient experience and staff involvement, contributing to reducing the admissions into hospitals and providing optimal care, including end of life, to people in the most appropriate setting and in addressing wider health inequalities.

We note the positive examples provided within the 'you said, we did' section, which demonstrates patients have been not only listened to, but that CHCP have responded to offer solutions and improve their experience of services.

It is positive to note the priority areas for 2023/24.

- The introduction of right time, right place, right care: To provide the best and most appropriate timely care to patients in their homes/care home and plans to develop new and transformational service models to respond to the needs of patients within the community.
- Digital literacy: To support people who may have challenges accessing healthcare online. It is positive that a Digital Support Worker has been appointed to help them achieve this.
- CHCP's patient safety approach: The ICB welcome the focus on the implementation of the National Patient Safety Incident Response Framework (PSIRF). We would have liked to have seen more detail about working in collaboration with the ICB in line with the national guidance as part of the implementation plans.

Throughout, the patient's experience is well represented, with CHCP reporting a total of over 29,110 responses received in your Friends and Family Test for 2022/23. It is positive to see a total of 96% of users would recommend the service to a friend and that 85% rated their experience as 'very good'.

We note that during 2022/23 there has been a slight decrease in the overall number of comments and concerns, and a slight increase in the number of complaints and compliments, when compared to the previous year.

It is positive to note the contribution to and learning from audit programmes, one of which being the staff led clinical audit of patient triage within Integrated Urgent Care to improve the overall quality and experience of patient care.

The account presents a positive picture of how CHCP are aiming to build up their Research portfolio and we welcome learning more in 2023/24 about how CHCP are aspiring to embed a culture of ongoing research and development.

The ICB would welcome an opportunity to contribute to the priorities for 2023/24 and look forward to working in a partnership approach to improving the quality, safety, and experience across the Integrated Care System (ICS).

City Health Care Partnership CIC Response to the Joint Feedback Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB).

We would like to thank NHS Humber and North Yorkshire Integrated Care Board (ICB) – NHS Hull and NHS East Riding for reviewing this Quality Account publication and providing a joint statement for inclusion.

We welcome the acknowledgement of CHCP's continued commitment to our local response and wider system response to the ongoing impact of the Covid-19 pandemic. We also welcome the acknowledgement of our colleagues' achievements recognising their work and dedication towards service delivery in terms of excellence, compassion and expertise over another challenging year.

We note the positive examples provided within the 'you said, we did' section, which demonstrate patients have been not only listened to, but that CHCP have responded to offer solutions and improve their experience of services. We are pleased the 'you said, we did' section undertaken by the organisation has been noted for recognising what is important to patients, supporting the total of over 96% of users that would recommend the service to a friend and that over 85% rated their experience as 'very good'.

We welcome the positive acknowledgement of our priority areas for 2023/24 inclusive of the introduction of right time, right place, right care, digital literacy and CHCP's patient safety approach. We acknowledge the feedback on our focus on the implementation of the National Patient Safety Incident Response Framework and will continue to work in partnership with the ICB to agree our approach.

We welcome the opportunity to work in partnership with the ICB to continually improve the quality, safety, and experience across the Integrated Care System (ICS).

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Excellence • Compassion • Expertise

Quality Accounts
2022/23

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 (هەڵتۆقیو)، تکایە تەلەفون بکە بۆ 01482 347649.

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

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

City Health Care Partnership CIC

5 Beacon Way, Hull, HU3 4AE
www.chcpcic.org.uk