QUALITY ACCOUNTS
2014/15

City Health Care Partnership CIC

a co-owned business

Providing Quality Care

NHS

QUALITY ACCOUNTS 2014/15

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Statement and Introduction from the Chief Executive

I am pleased to present the fifth set of Quality Accounts for City Health Care Partnership CIC. Each year, as an organisation funded from NHS money, we are required to produce a report which clearly outlines the quality of our services. These are referred to as the Quality Accounts. They act as an open and honest review of our pledged Priorities for Improvement from our 2013/14 publication as well as highlighting some of our key achievements throughout the year.

I firmly believe that these accounts, as with previous years demonstrate our continued improvement in the services we provide and clearly show the commitment from our staff to deliver high quality, patient centred care.

The open nature of the Quality Accounts enables our service users, our commissioners and our partners to see where our services are working well, where there is need for improvement and where the priorities are for future improvements. They are part of our accountability to the public and so are produced using open, honest and meaningful information.

These accounts have been written to reflect the comments received last year from our stakeholders who offered their supportive statements.

City Health Care Partnership CIC now covers a wide range of health care provisions. We have written the contents within Chapter 5 of these Quality Accounts to highlight the way our services integrate with others to achieve quality care whilst maintaining our strategic aims of:

We are committed to ensuring that as an organisation we will always learn and never become complacent with our care provision. Responding to our commissioner's requirements and the needs of the communities we serve remains our highest priority and commitment.

Our working partnerships continue to expand so that care is delivered with the greatest efficiency whilst maintaining the openness, honesty and compassion required. These are all elements that are fundamental to the 6 C's (courage, commitment, care, compassion, competence and communication), an approach recognised by all providers of NHS funded care as the best practice.

Once again my sincerest thanks go to all of our stakeholders: those who have supported the production of our priorities for the next year and to those who have given statements with regards to these accounts. To the best of my knowledge the information contained within these Quality Accounts is accurate.

Andrew L Burnell

Andrew Burnell
Chief Executive

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REVIEW OF OUR SERVICES

During 2014/15 City Health Care Partnership CIC provided 80 health care services funded through NHS commissioning and 10 public health services which were commissioned by the local authorities. These are arranged within the following business units:

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

The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by City Health Care Partnership CIC for 2014/15

The income for public health services in 2014/15 came from the Local Authorities as per the National Commissioning Framework

PARTICIPATION IN AUDIT AND RESEARCH

During 2014/15 4 national clinical audits and no national confidential enquiries covered the NHS services that City Health Care Partnership CIC provides.

During that period CHCP CIC participated in 25% of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audit that CHCP CIC participated in during 2014/15 was the Child Health programme. This was through our contractual requirements with our commissioners and as such was not a direct participation.

National Audit	Code	Information Required	CHCP CIC Participation
Child Health Programme	WCH005	Data collection from community and secondary care	Screening is part of our contracted services
Long Term Conditions	COPD LTC007	Data for pulmonary rehabilitation	Awaiting confirmation of applicability and data requirements
Long Term Conditions	Diabetes LTC002	Primary care service have previously participated in this audit	Current data requirements focus upon in patient care
National Audit of Intermediate Care	Not coded	Previously have participated	CCG have opted not to participate

CLINICAL AUDIT

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

During 2014/2015 CHCP CIC services registered 37 clinical audits with governance team, 13 of the audits have been completed and 24 are currently on going. We have continued to apply our Quality Monitoring Programme (QMP) to build on our previous baseline measure of the Essence of Care (2012) benchmarks.

During 2014/15 we conducted 293 QMP audits across all of our clinical services. The information received from these audits is analysed to produce an improvement plan for each of the specific services. This, in addition to local clinical audits, has a positive impact on our patient care:-

An audit was conducted by the therapist team to review the management of people at risk of falls. The team developed an audit tool to measure the application of best practice identified in national and professional standards. In total 55 patients care which had been delivered by physiotherapists and occupational therapists was reviewed. The findings have resulted in a set of actions to be introduced which include establishing an electronic referral system to the Falls Team, additional documentation recording, ensuring all the team are able to recognise people who are at risk of falls alongside training and competency assessments. The team plan to re-audit the effects of their actions in 12 months.

NICE GUIDANCE

National Institute for Health & Care Excellence (NICE) is an independent organisation that publishes guidance, standards and indicators. This evidence based guidance is used to measure and compare our local service delivery aiming to improve the outcomes for people using NHS funded care services.

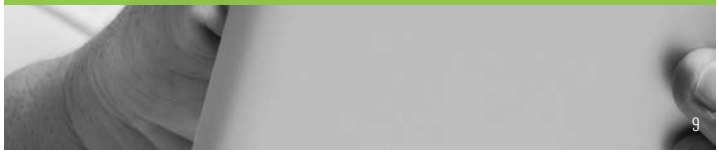
In 2014/15 we revised our NICE guidance dissemination within the organisation and have established clinical leads to accept, consider and review guidance alerts on a monthly basis.

NICE National Institute for Health and Care Excellence

TREATING PEOPLE TO PREVENT OSTEOPOROSIS

One of our GP's from the Kingston Medical Practice led a re-audit to determine whether actions taken following the NICE guidance regarding prescribing the drug Alendronate as a 'first line treatment' had made the required improvement.

The original audit indicated that the drug had been prescribed to 34.4% of appropriate patients. The re-audit indicated significant improvement from the proposed 60% achievement showing that 94% of appropriate patients were being prescribed the drug.



RESEARCH

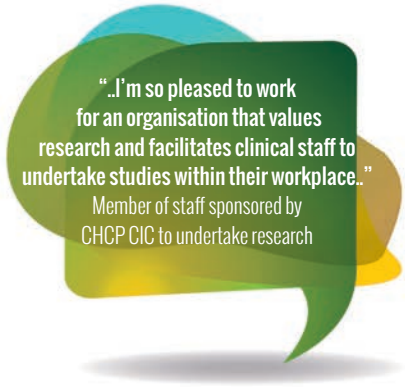
The number of patients receiving NHS services provided or sub-contracted by City Health Care Partnership CIC in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 136.

- We were a study site for 8 National Institute of Health Research (NIHR) studies
- We were a study site for a further 7 non NIHR studies
- City Health Care Partnership CIC sponsored 3 research studies
- Hull CCG funded 2 research studies led by City Health Care Partnership CIC staff

Our organisation believes that research is a core function of health and supportive care and is essential for the health and wellbeing of those who receive our care. Research improves the evidence base for the care provided, removes uncertainties and can lead to improvement in current and future care.

Our research participation has included: A national study which looks into Suicide by Prisoners, a study to investigate co-morbidities aggravating heart failure, text messaging to increase safer sex behaviours, models of safeguarding and application of a tool designed to assist practitioners to assess the palliative care needs of cancer patients and care givers in the community.

Since the publication of last year's Quality Accounts progression of our Clinical Effectiveness Priority for Improvement which had focused upon our desire to encourage a culture of research, reflection and enquiry, we have progressed our governance processes to enable us to sponsor three of our staff to undertake research studies.



Sponsoring Research Studies means that we:

Take responsibility for securing the arrangements to set up, start, management and monitoring of the study.

Ensure competent project management and risk management of the study.

Ensure that the researcher has the necessary research skills and capabilities.

Ensure the research has satisfied independent expert review and received a favourable ethical opinion.

Ensure that appropriate, effective procedures and arrangements are kept in place and adhered to for managing the study.

GOALS AGREED WITH OUR COMMISSIONERS

As in previous years a proportion of City Health Care Partnership CIC's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between ourselves and any person or body that we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Overview of 2014/15 CQUIN

The 2014/15 CQUIN scheme for CHCP CIC contained 7 schemes, each with a number of milestones to achieve. Schemes and milestones have different financial values attached to them dependent on the weighting placed on the scheme by the commissioners. The full report, including the findings and action plans are presented to our commissioners and are monitored on a quarterly basis. The potential for improvements of patient care is considered within the initial CQUIN agreement. For example the monitoring of pressure ulceration has raised the profile of consistent and evidence based practice which has a direct positive affect on individual patient care. The CQUIN schemes and level of achievements for 2014/15 are shown on the opposite page:

STATEMENTS FROM THE CARE QUALITY COMMISSION

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

City Health Care Partnership CIC has no conditions placed on our registration and the Care Quality Commission has not taken enforcement action against City Health Care Partnership CIC in 2014/15.

CQUIN SCHEMES 2014/15 SUMMARY

Scheme No.	Title	Milestones							
		Q1		Q2		Q3		Q4	
		Number Available	% Achieved	Number Available	% Achieved	Number Available	% Achieved	Number Available	% Achieved
1A	Staff Friends and Family Test	1	100%	0	-	0	-	0	-
1B	Friends and Family Test	1	100%	1	100%	0	-	0	-
1C	Friends and Family Test Phased Expansion	0	-	0	-	1	100%	0	-
2	Safety Thermometer	1	100%	2	100%	2	100%	4	100%
3	Patient Experience	2	75%	1	100%	1	100%	2	100%
4	End of Life	1	100%	1	100%	1	100%	1	100%
5	Workforce Planning	4	100%	4	100%	4	100%	5	100%
6	Referrer Stakeholder Feedback	1	100%	1	100%	2	100%	3	100%
7	Pressure Ulcers	5	100%	4	100%	4	100%	4	100%

COMMENTS, CONCERNS, COMPLAINTS AND COMPLIMENTS

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

The Ratio of the 4 C's - Complaints, Concerns, Comments and Compliments

Complaints	60
Concerns	455
Comments	81
Compliments	1764

Throughout the organisation we record when service users give us positive feedback on our care and during 2014/15 we received 1764 compliments.

Friends and Family Test

Following a successful pilot programme, CHCP CIC started using the Friends and Family test from 1st October 2014 as a way of collecting feedback from patients, clients and service users. In the period between 1st October 2014 and 31st March 2015, 3,756 completed the Friends and Family Test. 95.4% of those who completed the test said that they would be likely or extremely likely to recommend the service that they received to a friend or family member, if they needed similar care or treatment.

2.6% didn't know if they would recommend or not and 2% said they would be unlikely or extremely unlikely to recommend.


You Said...
1
A member of staff was unsympathetic when I attended the surgery for treatment and advice.
3
Further information required in relation to opening times of the Minor Injury Units. When I attended as the unit was closing I was asked to attend the local A&E department.
2
Patient was unable to get through on the prescription line to order a prescription.
5
Excellent care. Drinks machine would be an advantage.
4
Waiting time was long.
We Did!
3
Patient information leaflets developed and information boards available to state the opening times of services.
1
CHCP CIC ensured that the patient received a full apology from the member of staff. Customer care training is an established course available to all members of the organisation to enhance customer care skills.
2
CHCP CIC have reviewed the time the repeat prescription line opens to ensure it can be manned without leaving the reception areas uncovered. A patient information leaflet has been developed to detail times of prescription line opening times.
5
A drinks machine has been ordered.
4
Staffing profile and clinic timetables are being amended to increase capacity. Currently recruiting a further sexual health/gynaecology consultant. Introducing MIKKOM to allow patients to self-triage and book and this will improve patient flow.

PARLIAMENTARY OMBUDSMAN

CHCP CIC are currently supporting the Parliamentary Health Care Ombudsman with two ongoing investigations which have been reported. A third complaint was raised with the Ombudsman who concluded that our internal investigation had been thorough and the complaint was not upheld.

DATA QUALITY

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

City Health Care Partnership CIC will be taking the following actions to improve data quality:

- Assessment – data is assessed against the six key dimensions of Accuracy, Validity, Reliability, Timeliness, Relevance and Completeness.
- Reporting – the outcome of data assessment is used to inform the Data Quality Audit priorities and enable an informed selection for areas for data quality improvement.
- Action – the development of our Data Quality Improvement Plans and the regular review of progress against these plans are assessed across operational and Board levels.

INFORMATION GOVERNANCE

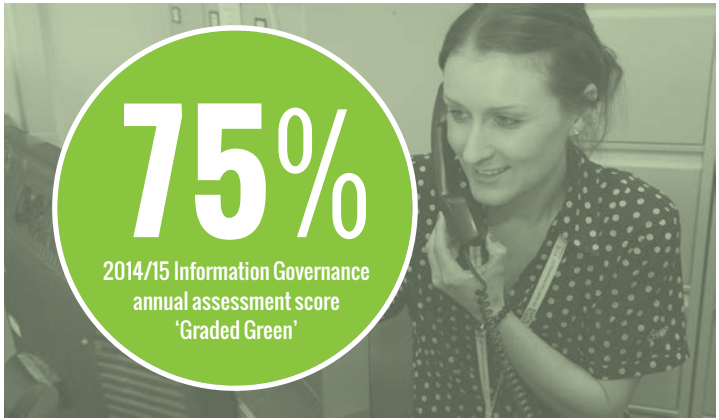
The organisation is required to comply with the Health and Social Care Information Centre Information Governance Toolkit (IGT) which is a self-assessment tool. The IGT provides assurance that the organisation and its employees is using, storing and processing the patient and public's personal identifiable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

The annual assessment is intended to enable organisations to maintain and improve compliance of those standards contained within the toolkit. In 2014/15 CHCP CIC improved the score against the Information Governance Toolkit (IGT) from 2013/14.

CHCP CIC Information Governance annual assessment score for 2014/15 was 75% and was graded as green. Our 2013/14 score was 72%. The published score of 75% is in comparison with other local health care providers. The actions taken throughout the year consisted of:

- Achieving the CHCP CIC target to ensure that at least 95% of staff were trained in Information Governance, Confidentiality and Data Protection.
- Implementing a robust structure for Information Governance to include roles of Information Asset Owner/Administrator. These roles help to ensure that Information Governance policies and procedures are embedded across the organisation.
- Training for Information Asset Owners/Administrators to undertake Privacy Impact Assessments when introducing new data flows or software packages.
- Strengthening the Business Continuity Plans for the organisation and business units.

The focus for development for 2015/16 is to ensure that staff maintain and update their IG training annually to ensure staff are aware of any new legislative updates or changes to IG Practices. As part of our ongoing commitment to improving information governance CHCP CIC undertakes regular audits throughout the year to ensure that practice, policy and guidance continues to be adhered to.



CLINICAL CODING

CHCP CIC was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

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Agreed Priorities for Improvement 2015/16

PRIORITIES FOR IMPROVEMENT

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

- Patient Experience
- Patient Safety
- Clinical Effectiveness

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

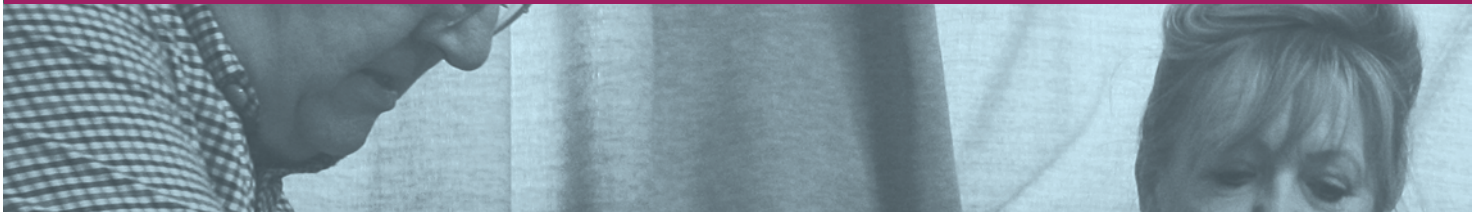
CONSULTATION PROCESS

Last year we collected data from various sources such as the National Patient Opinion website, comment cards, reported incidents, complaints and concerns. We have also taken into consideration the stakeholder statements from last year's Quality Accounts. This rich and varied source of information enabled us to look for the key themes and trends so that we could develop a list of potential priorities for the coming year.

This 'long list' was shared internally with our staff and externally, with key stakeholders to ask for their priority votes. A total of 77 people voted on our on-line survey. Additionally feedback from one external stakeholder indicated a request that we were more descriptive in the terminology we use. We have acknowledged this comment within our rationale for each of the priorities for improvement for the coming year.

PRIORITY FOR IMPROVEMENT - PATIENT EXPERIENCE

'Exploring the barriers to patient and service user engagement'



Rationale

The 2014 Annual Patient Survey Report found that people with a disability reported a less positive experience of accessing services and a significant difference in the positive experience than those reported by people without a disability. Working in partnership with patient and disability groups will assist us to explore, analyse and understand the perceptions and experiences of people with a disability.

How will we do this?

We will investigate this further by conducting a small qualitative exploratory study aimed at capturing rich and meaningful data from disabled service users around their experiences and perceptions of their access to health care services in Hull. The approach will be to conduct focus groups, to discuss, explore and debate the local issues around accessing healthcare. These focus groups will be conducted utilising pre-determined question areas to assist the group with their discussion around the experiences of accessing health care services in Hull and how and if this is affected by the disability. Experiences of how and when access works will also be sought and discussed. A record of the focus groups will be made to inform the basis of the study and report findings.

Recruitment of participants will come from a range of different sources utilising the existing partnerships and stakeholders that we at CHCP CIC work with across the voluntary and community sector and drawn from our Community Partnership Forum members. This will include Choices and Rights Disability Coalition, Age UK, HANA, volcom, Hull and East Yorkshire Community Foundation and ERVAS.

The findings from the work will be shared both internally and externally through the most appropriate channels.

PRIORITY FOR IMPROVEMENT - PATIENT SAFETY

'Implement and establish robust systems and processes to reduce harm in relation to poor transfers of care into and out of our services'

Rationale

City Health Care Partnership CIC's incident reporting system has identified potential or actual harm through poor transfers of care between service providers. The organisation is committed to reducing harm and improving the safe transfer of patient's care, including their information and will put in place new Safety and Quality strategies to implement a Transfer of Care Initiative.

How will we do this?

We will develop and implement an approach that identifies issues with patient's transfer of care that will enable us to raise these issues quickly and efficiently with our care partners. The use of electronic information will, we believe play a major factor in this process.

Through close partnership working we will analyse any poor transfers of care, using a root cause methodology and establish actions that can be shared with our partner providers. The results of these actions will be monitored through our service managers and our incident evaluation system.

Using root cause analysis will enable us to cross reference to any concern, comment or complaint raised by our service users or their families and carers so that we can inform them of any actions taken or changes we have been able to implement.

PRIORITY FOR IMPROVEMENT - CLINICAL EFFECTIVENESS

'Implement a holistic approach that captures all aspects of safety and quality care which will include the key domains as denoted by the Care Quality Commission (CQC) and the '6C's' of nursing: Care, Compassion, Courage, Commitment, Competence & Communication'

Rationale

There are currently a number of 'quality' standards that health services may be measured against and considered individually. We plan to put together a robust framework that captures and collates findings to produce a more detailed and holistic perspective to our internal review findings.

How will we do this?

We will develop and implement a 'Deep Dive' audit process with an approach that mirrors the format of the Care Quality Committee (CQC) inspections i.e. service managers to review their service provision against a detailed proforma and declare their compliance to the expected standards.

This declaration of compliance will be reviewed alongside data from service user and staff feedback, performance monitoring and compliments, complaints, concerns & comments received about the service. The findings will guide the interview schedules which will be conducted by specialist staff within the organisation and broadly cover the following key domains:

Medicine Management • Information Governance • Complaints & Concerns Infection Control • Clinical Effectiveness • Competence • Supervision • Documentation

These responses, together with the findings from the '15 Step Challenge' which seeks to 'walk-through' a service area as viewed through the service user's eyes, will be analysed as part of the Deep Dive exercise. We plan to undertake 4 'deep Dive' exercises this year. The process will be led by the Quality team who will report quarterly to the Clinical Effectiveness group.

4

Last Year's Priorities for Improvement

- Patient Experience
- Patient Safety
- Clinical Effectiveness

Last year's priorities for improvement were stated in our Quality Accounts 2013/14 and we have worked hard to achieve them over the 12 months. As with this year's priorities for improvement they reflected the three areas of patient experience, patient safety and clinical effectiveness.

PATIENT EXPERIENCE

Patients and service users are involved in decision-making related to their care and treatment

What we said we would do

Rationale - the 2013 annual patient survey highlighted that **82% of respondents** considered involvement in decisions about their care to be very important, however **only 77%** felt that their health professional had been very good at facilitating this. Further analysis of the data showed that the main driver for this was children and young people services, who had the highest percentage of respondents who considered their involvement to be very important (88%), but also the lowest percentage who felt this was carried out to a very good level (62%).

What we did and what we found

We undertook further surveying in July 2014 and January 2015 with children and/or their parents who accessed the school nursing, health visiting and community paediatric services. The first survey showed that although **93% of respondents** found their health professional either 'very good' or 'good' at involving them in decision making, **only 63%** rated it as 'very good'. When asked how their service could be made better, feedback received included:

"Some professionals have different opinions which can conflict."

"They don't explain enough about what is going on."

"Need to listen to our needs a bit more."

"A letter or email to parents about care."

What we implemented and the impact this had

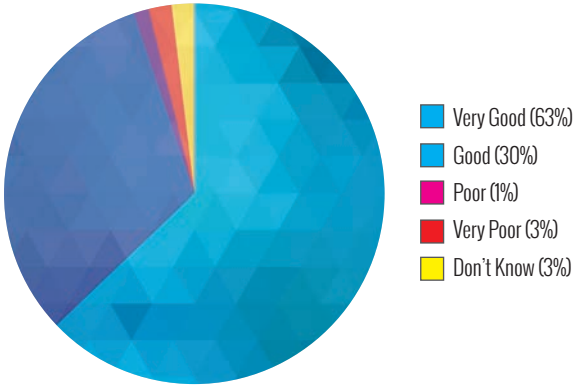
In response, the following areas were reviewed and actions put in place to ensure a consistent approach and understanding:

- Health visitors make sure that that their care is standardised across the team, based on an operational framework and NICE guidance and policy, which can be explained to parents how this guides their decision making.
- Ensure that during community paediatric appointments there is an opportunity for parents and carers to ask questions, with questions and answers being recorded as necessary.
- A School Nurse leaflet is sent to parents of children in primary and secondary schools, to highlight the confidentially of the service for older children. Letters will be sent to parents of younger children to inform them when the school nurse has had involvement with their child.

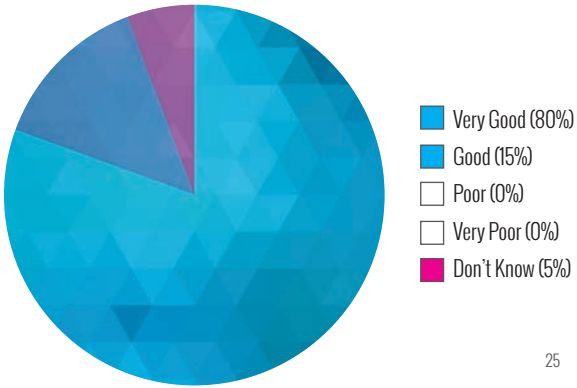
We resurveyed six months later in the same services. The results showed that 95% of respondents felt that their health professional was either 'very good' or 'good' at involving them in decision making (up 2%), with 80% now rating it as 'very good' (up 17%). Some of the feedback included the following statements.

> "I was very pleased with the nurse's help and can't see anything she should improve on at the moment"
>
> "Everything has been really good, nothing could be improved."

How good was your health professional at involving you in decisions about your child's care? July 2014



How good was your health professional at involving you in decisions about your child's care? January 2015



PATIENT SAFETY

Build a culture of openness and learning from experience.

What we said we would do

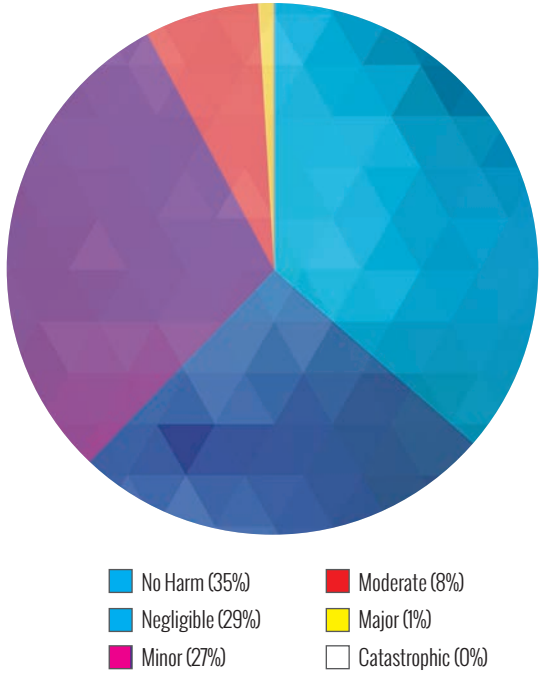
Our objective was to maintain the high levels of patient safety, treating and caring for people in a safe environment and protecting them from avoidable harm. To do this we needed to make sure that our staff realised the importance of reporting incidents or issues that have an effect on patient safety and service delivery could be easily assessed.

What we did and what we found

By progressing our incident reporting system we were able to take a baseline of the data that involved patient harm as a direct result of treatment or care delivered by CHCP CIC. The system developed enables two staff members to rate the level of harm of each incident and to rate the potential of it reoccurring. This is imperative to create an objective view of the incident or issue.

We were then able to monitor the incidents as they were reported against the baseline and offer trend analysis to services. The actions taken as a result of the investigations into incidents relating to patient harm were recorded within the system so that reports on the effectiveness could be given to the services involved. We found that the majority of incidents were graded as minor, negligible or no harm however the individual reporting enabled services to learn from the trends.

Incidents by degree of harm



What we implemented and the impact this had

To implement the new system training was provided to staff and feedback from staff was used to continue to alter and improve the system its self. The quality of the reporting of incidents has improved to enable better trend analysis and improve the integration of the investigation and lessons learnt.

Learning

We continue to learn from our experiences to improve patient safety and the safety of our staff wherever possible. As a common theme all the incidents have elements of communication and this is a topic that we will continue to review and endeavour to improve. This is reflected in our priority for improvement for this year as stated in Section 2.

The following examples illustrate the variety of incidents that impact on patient safety and the learning we have taken from these incidents.

Incident	Immediate actions	Further actions to enhance learning
After a patient received an injection the sharps bin slipped off the tray and fell to the floor, the safety catch was on however the lid wasn't connected properly and the sharps spilled out onto the floor.	The patient was advised to stay in the chair whilst staff member swept the sharps back into the container with a dustpan and brush. The lid was correctly fitted and surrounding area checked for any stray sharps. Incident form completed.	Information shared at daily information meetings ('hot topics'). Staff to ensure that lids are put on correctly and to ensure that bins are checked when being made up. This had been a theme recorded across a number of services.
Patient referred into community care service from hospital with reduced mobility to normal, but not on medication to prevent deep vein thrombosis. Error was noted by practitioner in service but commencement was delayed for 4 days despite patient being in a care home.	Discharge issue raised with hospital, community consultant had written in plan of care commencement of treatment but did not write a prescription immediately. Practitioner raised issue with care home.	Assistance given to care home involved with regards to documenting requested medications / prescription to prevent further prescriptions being missed or not acted upon in a timely manner. Medical colleague advised to complete prescriptions at the point of need. A trend in medication errors had been noted in the care home and a referral made to CQC.

Incident	Immediate actions	Further actions to enhance learning
Call from hospital service stating that the incorrect surname had been used on a child's blood sample. The surname recorded in community records and with the child's GP was different to that on the hospital's record system.	Contacted the child's mother, firstly to apologise for inconvenience and explain until the name change is completed legally and the correct documentation is presented to the GP, the GP and community services cannot alter the name on their records. Contacted hospital service to alert them to the issue and the potential risk until records can be aligned.	Alert placed on electronic records to raise awareness until this issue is resolved. This has been actioned by the community service, GP surgery and hospital services. Once documentation has been received that evidences legal name change all records can be renamed. Although a unique incident it raised the awareness of right patient/right results/ right information.

ACTIONS DURING 2014/15 INCLUDED

Updating of the incident reporting system, including the provision of staff training.
Co-ordination between NICE guidance and reported incidents.
Review of the dissemination of National Patient Safety Alerts.
Communication and sensitive skills training provided to assist staff to deal with difficult situations
Raising the awareness and implementing the Duty of Candour framework.

CLINICAL EFFECTIVENESS

Engender a culture of clinical effectiveness inquiry through supporting staff to innovate and critically appraise clinical practice through the use of research methodologies, academic and research partnerships and innovations that have the greatest impact upon our patients and service users.

What we said we would do

Rationale – engaging in research is about clinical enquiry, evidence based practice, evaluation, learning, quality improvement and innovation to inform practice and decision making. We said that we would capture the level, range, support and participation in research studies within the organisation and baseline the level of clinical effectiveness learning activities within the organisation.

What we did and what we found

Working with colleagues in the Learning Resource Team and Clinical Governance Team we have captured the range of research activity and academic learning in respect of research and clinical effectiveness.

What we implemented and the impact this had

We have introduced an 'open' invitation to all staff wishing to undertake Research management learning needs to attend the organisations research Approval Group meetings.

LEARNING DURING 2014/15

We delivered 5 Clinical Effectiveness & Clinical Audit learning events with 85 people attending.
28 members of staff have commenced academic learning at Level 6 and above which includes evidenced based practice and/or research methodology learning.
We were a study site for 8 National Institute of Health Research (NIHR) studies and for a further 7 non NIHR studies
We have sponsored 3 research studies and our staff have led 2 research studies funded by the Hull CCG
We have held 3 Innovation events to share and highlight aspects of innovation and good practice with 129 people attending.

Innovation presentations during 2014/2015 included

- Specialist Dentistry in the Community
- The Diversity of Prison Health Care
- Advancements in Peri-natal Mental Health
- Gateway Project
- End of Life Care Academy
- Introducing Health Prescription Pads

"This has been really informative. I now feel confident in knowing where clinical effectiveness fits within the clinical governance framework and how each component support each other.." Community Matron attendee at Clinical Effectiveness workshop

One of our sponsored studies, led by Dr Heike Gleser, explored the perceptions of 66 females attending the specialist sexual health clinic for menopausal care. The findings give an insight into what patients considered to be a 'private' matter alongside their preferences for who provides the care and how and where it is accessed. Heike reports that "the findings may be generalizable across other areas, but are valuable to ourselves as they give a real insight into local peoples preferences and can assist in our service configuration and delivery considerations in the future."

5

Away from the Bedside

Influencing Care and Sharing with Others

AWAY FROM THE BEDSIDE

Our services have evolved in response to commissioning requirements and the identified needs of local people to shape and meet the demands of 21st century care provision. However at our core remains the organisation's quality objectives;

Putting customer satisfaction at the heart of what we do

Being a provider of excellent health care services

Being an employer of choice

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

These objectives are embedded into everyday service delivery and are the foundation by which we work with our partners.

Listening to our service users and working with others across many health, social, educational, voluntary and charitable sectors brings greater benefits to the breadth and evaluation of the quality of care we can deliver.

Some of the organisations and projects we have worked with this year include:

UNIVERSITY OF HULL · UNIVERSITY OF LIVERPOOL
UNIVERSITY OF SHEFFIELD · UNIVERSITY OF NOTTINGHAM
MONITOR · KINGS FUND · UNIVERSITY OF NEWCASTLE
UNIVERSITY OF MANCHESTER · BEST BEGINNINGS
NATIONAL COMMUNITY OF PRACTICE
BRITISH CARDIOVASCULAR SOCIETY
DOULA PROJECT · MATERNAL MENTAL HEALTH ALLIANCE
MATERNITY SERVICES FORUM · INSTITUTE OF HEALTH VISITING
MATERNAL MENTAL HEALTH ACTION · N8
BRITISH DENTAL ASSOCIATION · THE CHILDREN'S CENTRES
MIDHURST PROJECT · MACMILLAN CANCER RELIEF
HULL CITY COUNCIL · WAVE TRUST · BUMPS
UNIVERSITY OF YORK · HQIP

Away from the bedside… Delivering innovated ways to manage pain

Chronic pain is a common condition which can be disabling and distressing to live with and many people rely upon regular medication to get through the day. However, our patient feedback prompted us to consider non-drug alternatives to help them to cope with the debilitating effects of pain prompting investigations which led us to look at the treatments used in other parts of the world.

City Health Care Partnership CIC is one of the very few places in the country that is providing a new and innovative approach to managing pain relief through the use of Action Potential Simulation (APS) Therapy.

Elaine Vine-Jenkins, Lead Nurse informs **"APS Therapy is a painless, non-invasive electrotherapy that simulates the body's own electrical signals to encourage the healing process. This can aid the release of toxins to promote natural pain relief and enhance sleep, energy, mood, mobility, circulation and overall quality of life. We have been fortunate to receive funding from the CCG to introduce a one year trial to measure the effectiveness of APS Therapy specifically for 100 people with multiple sclerosis or arthritis pain."**

Patients attend the clinic three times a week, for 6 weeks to have their treatment and initial feedback has been overwhelmingly positive.

Mary aged 68 suffers from osteo-arthritis resulting in severe neck and knee pain. She needed to take analgesia regularly throughout the day just to function. Despite the medication she was unable to sleep due to the pain and suffered from a low mood and fatigue. After finishing a course of APS treatment she reported reducing her medication by half and an increase in her mobility and an improvement in her sleep and overall mood.

Mary has told us "I am now getting in and out of the bath without problems and spend most of my days on my feet. I seem to be able to do so much more than in previous years.."

Jane aged 63 had been diagnosed with Multiple Sclerosis for 13 years. She suffered from a painful neck and distressing and painful leg spasms. She also reported feeling 'low' and having 'poor quality' sleep. After six treatments Jane reported that both her leg pain and neck pain had greatly reduced.

Jane cancelled the last appointment as she and her physiotherapist felt that she had such an improvement and told us "before I started the treatment I was lacking energy and not sleeping properly. The treatment has had a real impact upon my sleep and fatigue"

Away from the bedside… Reaching out across the City to support carers

The Carers Information and Support Service (CISS) has spread its connection to the local population through offering an outreach service in venues across the city.

Heather Kelly, CISS Manager explains

"Our main office is located in the town centre of Hull, as we thought that this was a good location for people to get to. However feedback from our service users, and members of the public told us that it did not always suit them. The cost of transport and the time factor of getting into and out of the town centre influenced whether or not some people could consider using our service.

Talking to carers, members of community support groups and local organisations we were able to look at each geographical area to identify a suitable venue with space and privacy for one-to-one discussions and negotiate to use on a regular basis according to the local people's needs."

To date the service is able to offer appointments at over 70 different venues across the city. Each Carer Support Worker within the service is responsible for a particular geographical area which ensures the continuity of the relationships with local GPs, pharmacies, community support agencies and the population within the area.

We are very grateful for the help and consideration from the staff. I was so upset when I came into the building and she was thoughtful arranging appointments for us and pointing the way for help. So pleased and a big thank you.

Excellent and friendly welcome, excellent knowledge. I liked being spoken to with respect and answered all of our questions in great detail and gave us information on what we needed to know.

Very helpful, opened the way to many things. Meeting for support, focusing on one to one help. I liked the friendly and helpful attitude of the support. Thank you.

Away from the bedside… Working with homeless people

Denise Wilkinson, Practice manager at The Quays Surgery

"We are keen to ensure all service users have equal access to healthcare provision and services. Engaging homeless people with healthcare messages is recognised as challenging as they are known to be 'hard to reach' with many excluding themselves from many care options."

In order to reach out and promote healthcare we have formed a link with the three residential hostels within Hull and our Healthcare Assistant, Laura Gunstead has established a monthly visiting routine to each.

She has formed a good relationship with the hostel staff and hostel dwellers as she is a familiar face, with planned attendance visits and this familiarity has prompted new clients to engage with healthcare and seek additional support.

Many of those who call to see her are not registered at a local GP surgery and this is a service that we can assist with. Additionally a range of health 'check-ups' can be undertaken and signposting and contacting other services can be done on behalf of the service user.

As an example Laura recently undertook her planned visit to one of the hostels. Whilst there the staff told her about an elderly homeless gentlemen that had been using the premises and appeared to have the symptoms of an ear infection and was generally not well. He had told the staff that he did not have a GP and therefore would not be planning to access any medical advice. Fearing that his condition would worsen and it may result in him presenting at the hospital A&E department Laura took a description from the staff and set out across lunch time to where the gentleman was known to spend his daytime. She approached him and explained who she was and why she was concerned about him and his symptoms especially if they were left untreated. She reassured him that she could assist in getting him registered with a GP and make an appointment on his behalf.

The gentleman was taken aback by Laura's time and effort to locate him and agreed to meet her at The Quays medical centre in twenty minutes time where he was registered as a patient and undertook a New Patient Medical Assessment immediately. The following day he attended an appointment with a GP and received his required treatment.

Away from the bedside… Sex and relationship support service in special schools

Staff who worked in sexual health services in Hull noticed an increasing number of young people with learning disabilities presenting for advice, support or issues relating to sexual health such as unrecognised abuse or relationship issues. The local Youth Offending team also highlighted their concern that an increasing number of males with learning disabilities were presenting with sexually offending behaviour who, when questioned appeared to have little insight or knowledge of what is appropriate or inappropriate behaviour.

Restructuring of the School Nursing Service gave us the opportunity to provide a focused approach to sex and relationship advice within the six Special Schools in Hull.

The most important element of the service we offer is being able to provide a one-to-one appointment with the young person to provide individual support and advice.

Additionally we provide;

- Appointments of a practitioner with specific responsibility to work with vulnerable young adults within special schools
- Collaborative working with the medical director to develop a family planning clinic to support people with learning disabilities
- Provision of an enhanced sex and relationship programme developed from the best available national resources

At the end of the session the young person is given a folder containing all the work and information covered and they are encouraged to take this home and discuss with their parents. Part of our follow up is to contact the parents to inform that the sessions have been completed and ask if they have had the opportunity to discuss the folders contents.

Parent feedback

"I have read the folder with (my daughter) and although I was embarrassed, we discussed what she had learnt in the sessions, she has said that she feels that she can now speak to me about the changes that she is going through"

"I'm happy as I know I can be safe and stick up for myself"

"Thank you for teaching me the truth about life. I am normal and not sad anymore"

Away from the bedside... Let's Talk at home

Our psychological support service aims to support individuals to access treatment by tailoring an approach to meet their specific needs and circumstances.

Trevor Beadle, Psychological Wellbeing Practitioner informs

"Having worked for a range of community and hospital based services I identified a gap in service provision for people who were house-bound due to either a physical illness, low mood or being affected by high levels of anxiety which prevented them leaving their home and attending a clinic based appointment."

Thus, City Health Care Partnership CIC has introduced a supportive structured assessment and intervention pathway to reduce a person's anxiety, improve their mental health and wellbeing.

As an example of care provision Trevor spoke of 'Gary' a man in his fifties, who was affected by such severe symptoms of anxiety, he avoided sitting in his living room with the blinds open, as he thought passing people would see him and know how anxious he was.

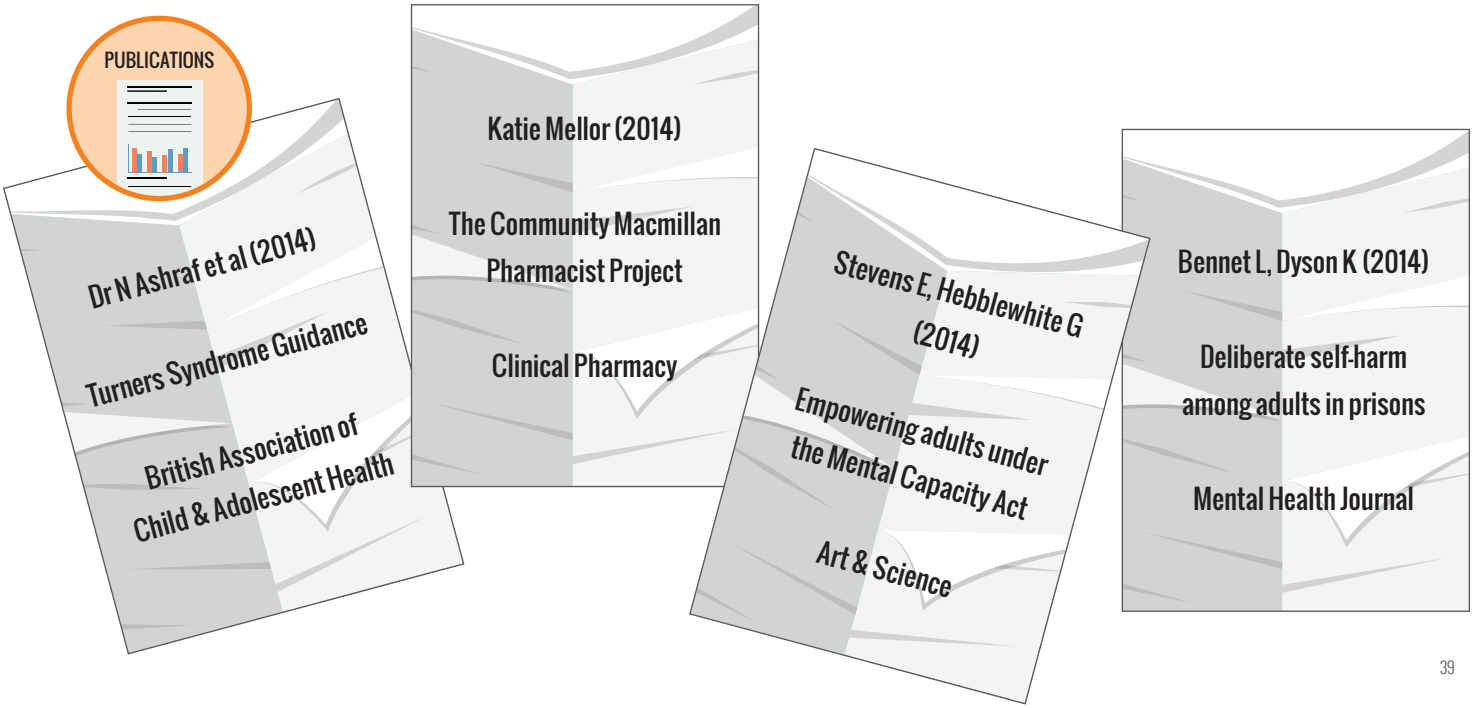
He only left his home either early or late in the day to visit local shops, where he would rush around the shop, make his purchases and leave as quickly as possible, rushing home to the safety of his house and lock the door.

Working jointly with 'Gary', Trevor used a recognised supportive technique which allowed the patient to be in control of the work he entered into. This began by 'Gary' writing a list of activities he was avoiding due to his anxiety, which were put in order of difficulty. With Trevor physically being with him, 'Gary' began by entering into the least anxiety provoking situation from the list which was to stand at his front garden near his gate long enough to allow him to experience his anxiety raising to its peak and then lowering gain. 'Gary' repeated this activity as many times as necessary until it caused him very little anxiety, he then moved onto the next activity on his list and repeated the same principles on each activity on his list.

The outcome of this home treatment approach enabled 'Gary' to feel more comfortable when leaving his home; this allowed him to regain control of his life, build his confidence, attend the 'Let's Talk Managed Allotment' group and his confidence has improved to such a degree that he is now employed on a voluntary basis with various organisations.

SHARING AND CELEBRATING OUR SUCCESS

Over the last year our clinical staff and their teams have been recognised for the expertise and excellence through a range of local, regional and national sharing conference and awards. We have over 60 examples of how we have shared and been recognised for our excellent work. Our staff have made presentations at regional, national and international conference, been appointed as advisors on professional working groups, been published in healthcare journals and been finalists and award winners.



PRESENTATIONS

European Wound Management Association. European conference held in Madrid. Heather Joy. A Patient Led Approach to Product Innovation in Patient Education and Wound Management

Tissue Viability annual conference UK Pressure Areas and safeguarding

British Dental Association CDS Annual Scientific Meeting. UK. Gillian Greenwood, Jess Rowley & Sandie Eddom

Dr Gillian Greenwood - re-elected as Chairperson of the British Dental Association Community Specialist Dentistry

Dr Uday Joshi - National council member of the British Society of Sexual Medicine

Dr Marian Everett - sub editor of the British Medical Society Management of Menopause Medical Advisory Council

PEOPLE

AWARDS

Bev Clark - Nursing Times awards finalist for her work in implementing an End of Life Care Academy

Community Dentistry Service Winner of the Patient Experience Network Award in the Continuity of care category

3rd prize for conference presentation at the Journal of Wound Care for Cost Effectiveness & Wound Management

6

Supporting Statements

CHCP CIC Response to Statements

Glossary of Terms

SUPPORTING STATEMENTS

Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on City Health Care Partnership (CHCP) CIC Quality Accounts 2014/15 which are written in an accessible and engaging style that is an accurate reflection of CHCP services.

The review of achievement against the 14-15 objectives is clear and demonstrates the progress made. We welcome the strong theme of clinical effectiveness in this year's report, both as reporting on progress made and planning for 2015/16 and we would encourage the continuation of this openness and celebration of positive steps taken to assist greater clinical effectiveness through the development opportunities and governance structure to support to staff.

The 'away from the bedside' sections are good reflections on the potential for primary care and community services and is an effective way to demonstrate the breadth of CHCP CIC's services.

Overall, the Quality Accounts demonstrate how CHCP are applying research to improve the evidence base for the care provided and how it can lead to improvements to current and future care.

There is a clear description of what research CHCP have participated in with the numbers of non-portfolio and portfolio studies, however additional detail on for example the numbers of participants in the studies would have enhanced this section of the Quality Accounts.

CHCP have identified three key priorities for 15-16, which will benefit Hull CCG patients and use evidence to drive improvement in services. This approach is welcome and the objectives are well explained in the Quality Accounts.

Finally we note that the draft report is based upon data up to and including Quarter Three 2014/15. Taking that into account, we can confirm that to the best of our knowledge, that the report is a true and accurate reflection of the quality of care delivered by City Health Care Partnership CIC and that the data and information contained in the report is accurate. NHS Hull CCG looks forward to continuing to work with the organisation to improve the quality of services available for our patients in order to improve patient outcomes.

Emma Latimer, Chief Officer
NHS Hull Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to receive and be asked to comment on the City Healthcare Partnership Quality Account for 2014/15. Commissioners are supportive of the priority areas identified and encouraged by the continued focus on improving the patient experience, patient safety and clinical effectiveness. The accounts are very heavily focussed on research; however the information in relation to clinical audits and research is positive. It would have been beneficial to have an overview of the outcomes of the audits and the impact the outcomes have had on patient care and service delivery. An overview of the research studies participated in would also have provided a more detailed picture.

Similarly the information in relation to the organisations delivery of NICE guidance is also brief; there is minimal information as to how this is implemented into clinical practice and the outcomes on patient care.

It is disappointing to see that the information relating to the CQUIN schemes for 2014/15 is brief; a more detailed description of the schemes would have been beneficial and provided more context as to how the schemes have changed practice and been innovative in changing service delivery.

A more detailed section on the organisations' concerns, complaints and compliments would have been useful providing a summary of key themes and trends and how the outcomes have impacted on patient care and patient experience. The information provided does not proved a real sense of change

The "You said, we did" section is encouraging and does demonstrate the good work that CHCP has undertaken in relation to patient comments.

The Patient Experience section relating to health professionals involving patients in decisions about their care is reassuring. It is useful to see what has been implemented to improve this.

It is encouraging to see CHCP have undertaken a robust review of their incident reporting and management system to improve reporting and staff engagement. It would however have been beneficial to see what the themes and trends were in relation to the services involved in the

incidents and what had been done as a result for patient safety improvement through lessons learnt and how this information is shared across the organisation and the learning embedded.

The continued improvement made in relation to Information Governance has been noted. It is well written and the compliance of 95% of staff completing IG training is also to be commended.

The section on clinical effectiveness is again heavily focused on research with not enough breadth to the activities undertaken.

The view of ERY CCG is that the accounts focus mainly on process and it is not clear what the outcomes are or the planned goals moving forward to provide assurance on the continued quality improvement. This has been a feedback point covering 2011/12 and 2012/13 quality accounts. The report is, however well presented with some relevant detail.

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

RESPONSE TO STATEMENTS

City Health Care Partnership CIC response to Statements

Once again we are very grateful for the feedback we have received from our commissioners and partners and wish to thank them for their formal statements of support for our 2014/15 Quality Accounts.

We accept the comments made in relation to research and acknowledge that the accounts do not contain examples of where participation has directly benefitted patient care. This is mainly due to the time delay between research studies being completed and the publication of findings and the further delay of implementing those findings into best practice guidance.

It is widely acknowledged that the theory to clinical practice gap is a challenge for all health care providers and so we have put in place the processes for researchers to share their completed research directly with practitioners. We do correlate this with NICE guidance and other clinical findings to insure best practice is always followed.

Since receiving our stakeholders' comments we have made some addition to our CQUIN statement, giving an example and clarifying the approach taken when formulating the CQUIN agreement.

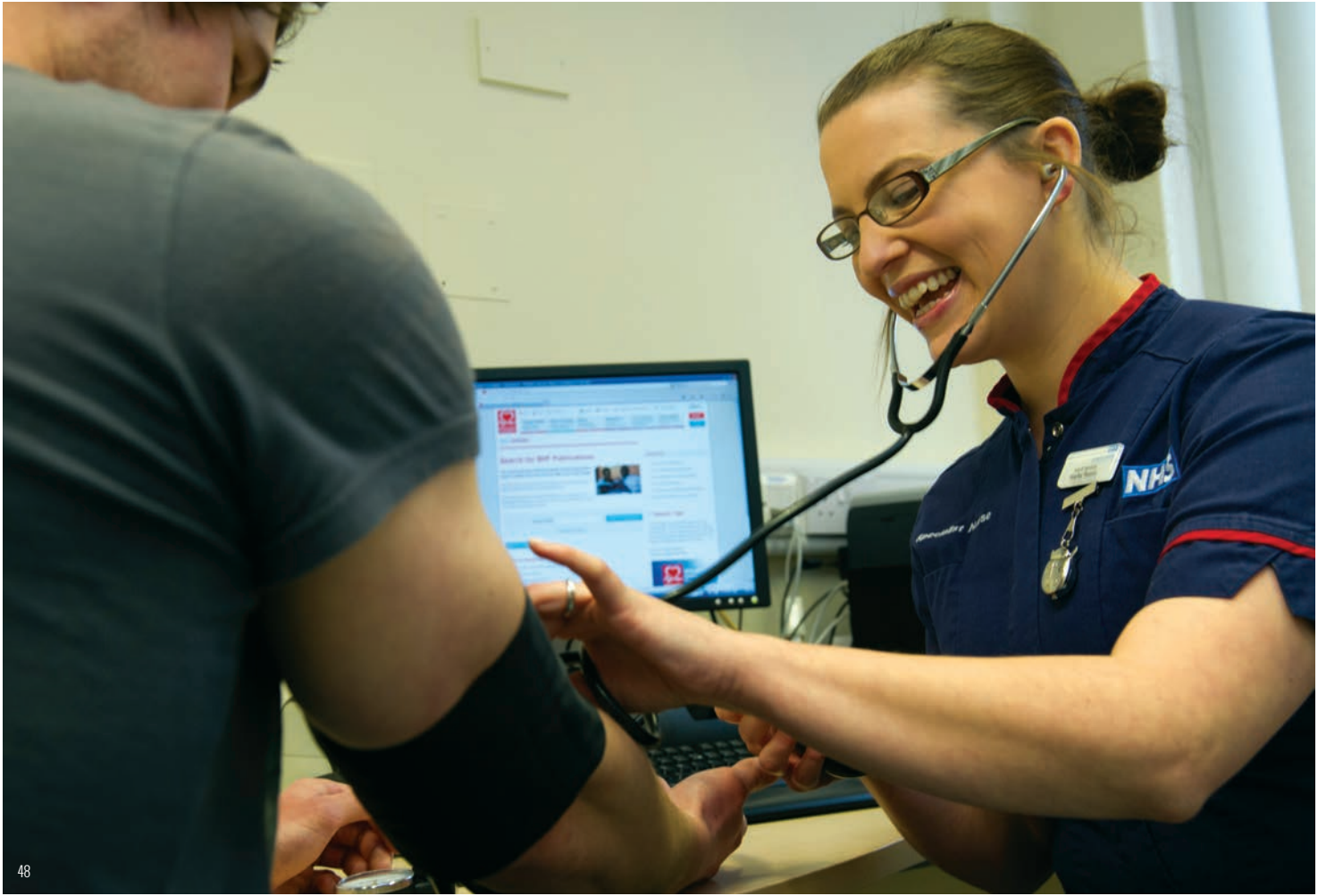
As an organisation we look forward to building on our reputation as innovators of practice and sharing our learning and experiences through specialist publications and at local, regional and national conferences.

We are pleased that the 'away from the bedside' examples have been recognised as good reflections of the scope of services currently delivered and how the future of community care can be progressed to meet a diverse range of needs. We firmly believe in the care closer to home philosophy and enhancing patient choice.

GLOSSARY OF TERMS

BEST Beginnings	A charity aimed at giving every baby the best possible start in life
BUMPS	Birth Understood for Mums & Partners – organisation that provides free antenatal support and care within Hull
CHCP	City Health Care Partnership
CIC	Community Interest Company
CCG	Clinical Commissioning Group
Clinical Audit	A quality improvement process that looks at improving patient care and outcomes through a review of care given against a set of criteria
CQUIN	Commissioning for Quality and Innovation, this is a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
CQC	Care Quality Commission, the organisation that regulates and monitors standards of quality and safety in organisations delivering healthcare
ESR	Electronic staff records, this is the staff employment record system held by the organisation
GP	General Practitioner
HQIP	Health Quality Improvement Partnership
Kings Fund	Organisation working to improve healthcare in England by shaping policy and practice through research and analysis
Monitor	Health sector regulator for England
NHS	National Health Service

NICE	National Institute for Health & Care Excellence – organisation which provides national guidance and information to improve health and social care
NiHR	National Institute of Health Research – national body whose facilities and systems represent the most integrated research system in the world
QMP	Quality Monitoring Programme
6 C's	Launched by the Chief Nursing Officer it is an endorsement of the six values of health and social care, compassion, courage, communication, competence and commitment
Volcom	Voluntary & Community Learning – organisation which provides resources and support to voluntary and community groups
WAVE Trust	Organisation which tackles the root causes of damaging family cycles, including child abuse and neglect


NHS

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Polish

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Kurdish

ئەگەر ئینگلیسی زمانی تۆ نییە و دەتەوێ ئەم بەڵگەت بۆ تەرجومە بکەینەوە تکایە پەیوەندی بکە بە:

Mandarin

若　希望其他　言版本，　系：

Turkish

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

Farsi

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


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