

# City Health Care Partnership CIC

a co-owned business



# Quality Accounts 2013-14

The NHS logo, consisting of the letters "NHS" in a bold, sans-serif font inside a white rectangular box with a thin black border.

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

If English is not your first language and you would like a translation of this document please contact:

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Jeśli nie znają Państwo języka angielskiego i chcieliby otrzymać tłumaczenie niniejszego dokumentu, proszę się skontaktować z:

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ئەگەر ئینگلیسی زمانی تۆنییه و دەتەوی ئەم بەلگەت بۆ  
تەرجومە بکەینەوه تکایە پەیوەندی بکە بە:

### Mandarin:

若 希望其他 言版本, 系 :

### Turkish:

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

### Farsi:

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

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## PART 1

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This is a review of our pledged  
Priorities for Improvement from  
our 2012/13 accounts and  
highlights our key achievements  
throughout the year.



# Statement and Introduction from the Chief Executive

Each year any organisation that is funded from NHS money to provide healthcare must produce a report which clearly outlines the quality of their services. These are known as their Quality Accounts. For City Health Care Partnership CIC this is a review of our pledged Priorities for Improvement from our 2012/13 accounts and highlights our key achievements throughout the year.

As this is our fourth set of Quality Accounts we are able to build upon and demonstrate our continuous improvement and I believe they show our commitment to delivering high quality, patient centred care.

Quality Accounts must be openly available so they can be used to see where 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 we have produced them using open, honest and meaningful information.

The content of these accounts has also been directed by the statements received last year from our stakeholders.

City Health Care Partnership CIC now covers a wide range of health care provisions. We have written the contents within Part 3 of these Quality Accounts to highlight the way our services integrate with others to achieve quality care whilst maintaining our strategic aims of:

- 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.

The partnership of different services and different organisations requires effective communication, openness, honesty and a clear goal. These are all elements that are found in the Francis Report and we are committed to ensuring that as an organisation we will always learn and never become complacent about our care provision.

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




**Andrew Burnell**

*Chief Executive*

## PART 2

### Priorities for Improvement

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We consult widely with all of our stakeholders on our Priorities for Improvement and ask what is important to them.



## Priorities for Improvement

In this part of our accounts we describe to you the areas for improvement over the next year in relation to the quality of our services and how we intend to achieve these priorities.

As in previous years, these quality priorities are a major contribution to our aims of providing safe, effective, personalised and innovative care to the communities we serve.

### Consultation Process

It is very important to us that we understand what is valuable to our stakeholders. To establish the areas that require improvement we consult widely with all of our stakeholders on our Priorities for Improvement and ask what is important to them. This consultation had two key phases:

During 2013/14 we have collected data from various sources such as the national Patient Opinion website, comment cards, reported incidents, complaints and concerns as well as the stakeholder statements from last year's Quality Accounts. This rich and varied source of information enabled us to look for key themes and trends so that we could develop a list of potential priorities for 2014/15.

Our main Priorities for Improvement have been identified from this list through feedback received from service users, staff, commissioners of services and partner organisations.

## Priorities for Improvement Patient Experience

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

### Rationale

Although 82% of respondents to the 2013 patient survey felt that they had been involved in decisions about their care, only 77% felt that their health professional had been very good at facilitating this involvement.

**82%** of patient survey felt involved in decisions about their care

**77%** felt their health professional had been very good at facilitating this involvement

### How will we measure?

- Develop an improvement action plan for the specific service areas that require the greatest level of improvement.
- Report on progress of completed actions within the plan.
- Re-survey in advance of the 2014 Patient Survey, report on results and revise and update the action plan based on analysis of the results.
- Report on the results from the specific service areas of the 2014 Patient Survey.



### How will we report?

Quarterly updates will be published on our website  
Reported to CHCP CIC Francis Two working group

### References

- The NHS Constitution – principle 4
- The NHS Mandate April 2013 to 2015
- NHS England Business Plan: Putting Patients First
- Everyone Counts: Planning for Patients 2013/14
- NHS Outcomes Framework 2013-2014
- Failings at the Mid Staffordshire Foundation Trust – Francis Two Feb 2013-12-24
- Transforming Care DH. A national response to Winterbourne View Hospital.
- Winterbourne View Progress report DH Dec 2013-12-24
- Berwick Report into Patient Safety. August 2013
- Health and Social Care Act 2013



# Priorities for Improvement

## Patient Safety

Building a culture of openness and learning from experience

### Rationale

Our objective is to maintain high levels of patient safety, treating and caring for people in a safe environment and protecting them from avoidable harm. We continue to learn from our experiences to improve patient safety and the safety of our staff wherever possible.

### How will we measure?

- Baseline incident data that involves patient harm as a direct result of treatment or care delivered by CHCP CIC rating the level of harm of each incident.
- Monitor and report trends against baseline in patient harm data.
- Monitor and report on actions taken as a result of investigations into incidents relating to patient harm.
- Report on the number of trained investigators clinical and non-clinical

### How will we report?

Quarterly updates will be published on our website.



We continue to learn from our experiences to improve patient safety and the safety of our staff

# Priorities for Improvement

## 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.

### Rationale

High performing organisations understand the competitive advantage gained through the ability to absorb and generate research knowledge. Engaging in research is about critical enquiry, evidence based practice, evaluation, quality improvement and innovation to inform practice and decision making. Advantages of being a good research partner include improved patient outcomes and research informed decisions are likely to be better decisions.

### How will we measure?

- Baseline the level and range of research activity being undertaken
- Baseline the level of organisational site studies
- Baseline the level of productive research partnerships in place
- Baseline the level of support given to staff who are undertaking research enquiry

Advantages of being a good research partner include improved patient outcomes and research informed decisions

- Baseline the level of service user participation in research studies
- Baseline the level of clinical effectiveness learning activities undertaken
- Baseline the level of research participation findings disseminated
- Report on on-going progress against the above baselines.

### How will we report?

Quarterly reports will be published on our website

### References

*Research is everybody's business 2013 – 2018.*  
NHS Constitution

<http://www.england.nhs.uk/wp-content/uploads/2013/12/nhs-england-res-strat-consult.pdf>

*Being a good research partner.*  
NHS Confederation briefing 207

[http://www.nhsconfed.org/Publications/Documents/HSRN\\_briefing\\_270.pdf](http://www.nhsconfed.org/Publications/Documents/HSRN_briefing_270.pdf)

*Innovation Health and wealth, accelerating adoption and diffusion in the NHS. (2012)*

<https://www.gov.uk/government/news/accelerating-adoption-of-innovation-in-the-nhs>

# Review of Our Services

During 2013/14 City Health Care Partnership CIC provided 77 NHS health care services (and 14 public health care services, commissioned by local authorities) under the following business units:

- Adult Services
- Children and Young People
- Specialist Community Services
- Primary Care and Psychological Wellbeing Services

We also provided Public health services through our local authority commissioned contracts and Primary Care through our five GP practices, nine general dental practices and four community dental NHS services. All of these services are included within these Quality Accounts.

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 care Services. The income generated by the NHS services reviewed in 2013/14 represents 100% of the total income generated from the provision of NHS services by City Health Care Partnership CIC for 2013/14. Income for public health services in 2013/14 came from the Local Authorities as per the new national commissioning framework.



We also provided Primary Care through:



# Participation in Audit and Research

During 2013/14 five 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 20% of national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate on.

The national clinical audits and national confidential enquiry that community health care providers were eligible to participate in during 2013/14 were as follows:

- Chronic obstructive pulmonary disease (COPD)
- Diabetes (Adult) National diabetes in-patient audit (NADIA)
- Sentinel stroke national audit programme (SSNAP)
- Child health programme
- Neonatal intensive and special care (NNAP)

However CHCP CIC could not participate in all of these as our services did not deliver the elements of care required for the national audit.

The national clinical audit and national confidential enquiry that CHCP CIC participated in during 2013/14 was the Child Health programme. This was through our contractual requirements with our commissioners and as such was not a direct participation.

## Clinical audit

Clinical audit is a formal process which helps improve the quality of patient care. By analysing service delivery against specific standards (for example, 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 2013/2014 we conducted

**40** clinical audits  
and **299** QMP audits

During 2013/2014 we conducted 40 clinical audits, 8 of the audits have been completed and 32 are currently on-going. We also adopt the Quality Monitoring Programme (QMP) as our chosen approach to implementing the Essence of Care 2012 benchmarks within services provided. During 2013/14 we conducted 299 QMP audits across of clinical services which, in addition to local clinical audits, have provided vital information when considering specific improvements to services and assurance that lessons were learnt from previous audits.

The reports of all local clinical audits were reviewed by ourselves in 2013/14 and CHCP CIC have taken the following actions to improve the quality of health care provided.

Improvements and actions made following local audit include:

- Continue to improve the treatment of patients with Atrial Fibrillation (AF) on slow loading drug regimes
- Improvement in record keeping by recording data electronically
- Increase the number of premises that are breast feeding friendly accredited

In 2014/15 we plan to expand and advance our programme of local clinical audit which will continue to improve clinical outcomes overall. This includes reviewing and improving QMP benchmark questions to incorporate standards from all local audits including NICE Guidance. This will ensure audits undertaken are relevant and applicable to each of our clinical settings.

## Nice Guidance

In 2013/14 we measured compliance of our services with best practice guidance issued by the National Institute for Health & Clinical Excellence (NICE).

NICE is an independent organisation that issues guidance based on evidence from medical research. The guidelines refer to nationally agreed best practice for the management of conditions and provide robust standards for us to use when we are planning how to deliver the most effective care to our patients.

Our system of disseminating and monitoring NICE guidance throughout our organisation ensures we can demonstrate compliance and address areas for improvement.

We conducted 6 NICE audits in 2013/14 that were relevant to our services and where practice was not in line with the guidance, we have initiated changes to clinical practice and processes.

## Research

The number of patients receiving NHS services provided or sub-contracted by City Health Care Partnership CIC in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 150.

Research is a core part of the healthcare delivery enabling progress to improve the current and future health of the people receiving care and support.

'Clinical research' means research that has received a favourable opinion from a research ethics committee within the National Research Ethics System.

Information about clinical research involving patients is kept routinely as part of a patient's records and within the organisation's Safety & Quality Team.

During 2013/14 City Health Care Partnership CIC participated in a wide range of research studies across our clinical services.

At the heart of high quality clinical research within healthcare is the National Institute of Health Research (NIHR) portfolio studies. During 2013/14 CHCP CIC engaged with 15 NIHR portfolio studies either at a 'setting up' stage, recruitment and participation phase or through sharing the results once the analysis and final reports have been completed.

For example, patients with an open surgical wound who were cared for by our Community Nursing service have had the opportunity to participate in a large scale study conducted by the University of York to determine the number, nature, characteristics and care of an open wound. The research was prompted by hearing of patients' experiences of having an open wound and it is hoped that the findings will assist our future wound care provision through developing a better insight into the impact and treatment of open wounds.

Additionally City Health Care Partnership CIC has engaged with research studies not listed within the NIHR portfolio. These include commercial (industry led) studies and post-graduate research studies undertaken within academic studies.

For example, a PhD student from the University of Hull has held focus groups for community staff to explore their experiences of providing end of life care for patients in Hull. The study aims to investigate whether socio-economic factors are associated with the place where a patient dies. The research is hoping to generate and explore recommendations for health and social care professionals who deliver end of life care.

# Goals Agreed with our Commissioners

## Commissioning for Innovation and Quality Improvement (CQUIN)

A proportion of CHCP CIC income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between CHCP CIC and any person or body they 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 2013/14 CQUIN Achievements

The 2013/14 CQUIN scheme for Hull CCG contains 6 headline topics with 60 indicators. The East Riding of Yorkshire CCG, Vale of York CCG and North Yorkshire and Humber Area Team schemes contain 1 headline topic. The West Yorkshire Area Team scheme contains 2 topics. Indicators have different financial values attached to them dependent on the activity and weight placed on the scheme by the commissioners.

Our 2013/14 achievement is listed below:

	Q1	Q2	Q3	Q4	YTD
<b>Hull CCG</b>					
% indicators achieved	100%	100%	99%	93%	97%
<b>East Riding of Yorkshire CCG/Vale of York CCG</b>					
% indicators achieved	100%	100%	100%	100%	100%
<b>West Yorkshire Area Team</b>					
% indicators achieved	100%	100%	100%	100%	100%
<b>North Yorkshire &amp; Humber Area Team</b>					
% indicators achieved	100%	100%	100%	100%	100%

### Hull CCG Topics

NHS Safety Thermometer  
Patient Experience  
Quality of Life/Empowerment  
End of Life Care  
Long term Conditions  
Learning Disability - Improved Patient Experience

### East Riding of Yorkshire CCG & Vale of York CCG Topic

Patient Experience

### NHS England West Yorkshire Area Team (WYAT) Topics

NHS Safety Thermometer  
Patient Experience

### NHS England North Yorkshire and Humber Area Team (NYHAT) Topics

Patient Experience

Full details are available on request from [chcp.customercare@nhs.net](mailto:chcp.customercare@nhs.net)





## 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 and our current status is 'Registered'. We have had a number of unannounced visits throughout 2013/14 which we have welcomed. 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 2013/14.

Good quality data is the essential ingredient for reliable performance information and has been recognised as everyone's responsibility within the organisation.

## Data Quality

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

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

CHCP CIC Information Governance Assessment Report Score overall score for 2013/14 was 72% and was graded green. This shows a slight increase on 2012/13 submission and we are fully compliant at level 2 or above with each standard.

CHCP CIC are required to comply with the Health & Social Care Information Centre Information Governance Toolkit (IGT), which assures the Care Quality Commission that all information has the appropriate security and technical measures to ensure that Information Assets and data held by the organisation are treated confidentially and securely by the organisation and its employees.

An independent audit carried out in January 2014 stated that there was sufficient evidence to demonstrate compliance with the submitted scores in CHCP CIC's self-assessment of the standards.

The actions taken throughout the year consisted of:

- Ensuring that at least 95% of all staff have completed training on the importance of confidentiality and adherence to the Data Protection Act 1998
- Reviewing and updating policies to meet the latest legislation and updates i.e. Caldicott Review 2 report
- Implementing the role of the Information Asset Administrator to support the Information Asset Owners.

During 2013/2014

**95%** of all staff completed training on the Data Protection Act 1998

Moving forward CHCP CIC will aim to maintain 95% or above of their staff completing Information Governance Training. This will ensure that staff are aware of the latest developments and legislation for securing personal confidential data.

In addition CHCP CIC will be reviewing their business continuity plans in relation to Information Technology and Governance, ensuring that each business unit has working procedures in place in the event of a major incident.

CHCP CIC will audit compliance against the current policies and processes to assess staff knowledge, understanding and working practices.

## Clinical Coding

CHCP CIC was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.





## PART 3

### Our Pledged Priorities for Improvement 2012/13

- Patient Experience
- Patient Safety
- Clinical Effectiveness ➔ 19

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# Our Pledged Priorities for Improvement 2012/13

These areas for improvement are called our Quality Priorities and were identified through feedback from service users, staff, commissioners of services and partner organisations.

This part of our report describes the quality of our services and how we have performed across the areas identified for improvement for 2012/13.

These priorities reflected the three dimensions of quality defined by the Department of Health:

- Service User Experience
- Service User Safety
- Clinical Effectiveness

Based on these dimensions, the three key areas identified for us were:

## **Telephone Access**

## **Strengthening/improving incident reporting**

## **Encourage a culture of research, reflection and enquiry**

Throughout the year we have updated our activity achieved within these areas on our website.



*Patient Experience,  
Patient Safety  
and Clinical Effectiveness*

# Patient Experience

## Telephone Access

In the 2011/12 annual patient survey, 11% of respondents found it 'not very easy' to get through on the telephone.

As a result further real time analysis took place in specific services within adult and public health services, with appropriate actions being implemented in response to the findings. The results in the 2012/13 annual patient survey show a similar trend, with 13% of respondents finding it 'not very easy' to get through on the telephone.

This was measured by identifying which service areas this specifically related to and then re-surveying via real time methods (if they were appropriate) quarterly. The service area then put together an action plan from the findings.

We also used this opportunity to raise the issue within services redesign and development with an aim to capture within the service frameworks.

Analysis of the 2012/13 Patient Survey revealed that the main service area experiencing difficulties getting through on the telephone was the four GP surgeries managed by CHCP CIC - Riverside, Kingston, Calvert and The Quays. Consequently, we have conducted real-time surveys in each of the four practices to ask:

- Have you contacted the practice by phone in the last month?
- What time did you ring?
- Why did you ring?
- How easy have you found it to get through on the phone? Why do you say this?
- Do you have any comments or suggestions about contacting the practice by phone?

The results and action plans from these have been published on our website. On average, across all

Analysis of the 2012/13 Patient Survey revealed that the main service area experiencing difficulties getting through on the telephone was the four GP surgeries managed by CHCP CIC – Riverside, Kingston, Calvert and The Quays. Consequently, we have conducted real-time surveys in each of the four practices.

four site 35% of respondents said that they had not found it easy to get through on the phone, with most difficulty being experienced at The Quays. Further analysis of the results revealed that most difficult times to get through were before 10am and as a result the following actions have been put in place:

- The Quays now have two receptionists on duty from 8am in the morning to help ease the pressure on the telephone lines at this busy time
- An early morning walk-in clinic was trialled at The Quays but this proved unsuccessful so instead the practice has introduced splitting appointments between booking on the day and booking ahead
- Across all four practices it has been advertised to patients in waiting areas on LCD TVs, newsletter, posters etc that it is advisable to make routine calls after 10am. In addition, clinicians are also now advising patients to call for test results after 10am.

Going forward, the implementation of a central appointment system is being considered across all four practices in order to take further pressure off practices when the surgery opens at 8am.

# Patient Safety

As a provider of health care services it is important that we constantly review the quality of our care and one of the ways we do this is to encourage our staff to report when things have not gone well.

## Strengthening/Improving Incident Reporting

As a provider of health care services it is important that we constantly review the quality of our care and one of the ways we do this is to encourage our staff to report when things have not gone well.

Whilst we have robust incident and near miss reporting procedures, supported by a pro-active reporting culture, we feel it is important to strengthen this further by quality assuring our processes. In particular we want to make sure that the root cause of any issue is found so that lessons can be learnt.

We therefore took a sample of the completed incidents investigations from each of our business units and reviewed them. Our findings were shared on our website across the year, to demonstrate our improvement process.

Over the year we have reviewed over 200 completed incident reports from all four of our clinical business units. Analysis indicated a



variation in the reporting styles and this was raised and discussed in our safety forums to highlight the importance of accuracy and consistency placed upon them. Following a series of re-audits it was noted that across the year there was some improvement noticed in how the lessons learnt were recorded. We continue to make improvements and we have made the following recommendations as part of our standard practice:

- We will undertake repeat audits on a regular basis to monitor the standard of our reporting
- We will use the findings of the audits to inform our training for incident reporting

Over the year we reviewed over

**200** completed incident reports from all four of our clinical business units



# Clinical Effectiveness

## Encouraging a Culture of Research, Reflection and Enquiry

Research is an important component of the delivery of healthcare, ensuring that health practitioners use evidence of what is known to be effective in their day to day practice. In many instances this evidence is provided from external sources, however getting involved in research activities is an important way to promote best practice as well as develop motivated and expert practitioners.

We believe that quality care involves making the best clinical decisions to achieve the highest quality of care delivery and outcomes for the patient. This needs to be underpinned by research evidence.

This year we have engaged with a wide range of national, regional and local research studies as follows:

Category of Research Study	Total
National Institute of Health Research (NIHR)	10*
Higher academic studies	9
Commercial studies	2
Post doctorate/university-led	2

*\*NB. figure does not include those in 'set up' or 'dissemination' phase*

We have published our research study figures for each quarter of 2013 / 2014 on our website.

We encourage all our staff to undertake further development in line with their role. Clinical staff undertaking university academic courses at Level 5 (degree level) and above have an element of



research and/or reflective enquiry within their studies. This is encouraged within CHCP CIC to ensure that it is applicable to their clinical practice and will be of benefit to our patients, and the care they receive. All of our staff's training activities are recorded within our Electronic Staff Records (ESR).

Clinical effectiveness remains a key priority for 2014/15 and we will continue to build upon the culture of evidenced based practice.

Getting involved with research activities is an important way to promote best practice as well as develop motivated and expert practitioners

# Our response to the Francis Report

The Executive Board of City Health Care Partnership CIC has given very careful consideration to the report by Sir Robert Francis into the serious failings of Mid Staffordshire NHS Foundation Trust.

As an organisation CHCP CIC is committed to providing services that all of us would be happy to receive ourselves or for those we care for – services with compassion, kindness, dignity and respect. We are working closely with our partners to ensure we learn from failings elsewhere and make sure that such failings do not occur within CHCP CIC. CHCP CIC has been fully integrated into the local Francis Two Programme Board and sub boards.

By reviewing the findings through a dedicated working group we have assessed the report in the context of our services and have established a number of small but significant actions to reflect our services and CHCP CIC as an employer. These will continue to be scrutinised to assure all those who use our services receive the best quality and experience possible.

We are committed to both listening and responding to the views of our users, carers and the wider community and if you have any comments you wish to make then do please contact our Customer Care Service (CHCP.customercare@nhs.net)



*As an organisation CHCP CIC is committed to providing services that all of us would be happy to receive ourselves or for those we care for - services with compassion, kindness, dignity and respect.*

# 3 Compliments, Comments, Complaints, and Concerns

City Health Care Partnership CIC encourages all service users to be forthcoming in expressing their concern, apprehension, or anxiety; particularly where they are dissatisfied with the care they have received. Equally we welcome appreciation and praise if service users believe CHCP CIC have delivered good and effective services to them.

Comments, complaints, compliments and concerns are considered to be valuable learning tools and provide information that enables our services to develop and ensure that we offer a service that the public expect.

To ensure the process is patient-focused we have tailored our system to allow sufficient flexibility to meet the varying needs of our Patients. CHCP CIC aim to resolve any patient concerns quickly, effectively and where appropriate informally. In order to minimise

anxiety we try to do this at the point that they arise. CHCP CIC ensures that all complaints are investigated thoroughly and where necessary meet with the patients and their families to resolve their issues.

The table below shows the number of complaints, comments, concerns and compliments received in 2013/14. In the same period we delivered over 1.1 million treatment appointments to over 175,000 patients.

Complaints	61
Comments	179
Concerns	510
Compliments	3197
Patient contacts	175,000

## You said:

A member of staff used scissors to remove tape from a wound, cutting my child.

When attending an appointment with my GP they were arrogant, rude, intimidating and unprofessional.

I contacted the district nurse office at 4.45pm, to visit my partner, and no-one attended that evening. I was contacted later in the night but I refused due to it being late evening.

I raised concern that the nurse approached my child and had spoken to them about personal issues such as her grandfather's passing, without my permission.

I attended an appointment at a clinic, when I arrived it had been cancelled. I had received no notification.

## We did:

All staff involved in caring for children and young people will receive appropriate training around stoma care.

All staff to be made aware of their body language and ensure that when explaining what can be difficult treatment options to patient/carers they are not perceived to be dismissive of the patient's views.

The out of hours service have undertaken a review of the responsibilities in regards to receipt of referrals, responsibilities to check referrals and work allocation, including designated times for checks.

To cascade to all staff the importance of tact and diplomacy when dealing with families who may be experiencing difficulties.

The service will request that patients ensure their contact details are up to date with their GP.



**The following are a sample of the compliments received about our services:**

*".. is a fantastic HV and I cannot speak highly enough of her. She is always professional but down to earth with it and a sense of humour and realism that is much needed with a young baby. She has supported me through sleep training and this has proved to be successful and enabled us to feel like we're getting control and more sleep! She was very supportive, making two home visits and I felt like I could phone her if need be."*

*"I cannot praise the healthcare team highly enough. They are all diligent, professional, hard-working and thoroughly lovely people. The advised me on what help me cope and help my Dad have a better quality of life. This is the only team I have met that does not require any improvement whatsoever!"*

*"Where do I start, saying thank you doesn't even begin to cover it. I know that without your help I would not be out and about like I am today. Please don't give up the job, you were born to do this and help people. I have got something out of every meeting; I can't imagine what I would have done without your help, patience and guidance. I will miss you but I will never forget you. So a heartfelt thank you is all I can say for all your time, understanding and hard work. It worked. Forever grateful."*

*"Positive! An amazing source of inspiration towards my son's development and I can't praise her highly enough. The techniques she has shown us have been invaluable. We cannot thank her enough for unlocking his potential and being such a positive support."*

*"The sessions and staff were outstanding. Made a big difference to my overall, self esteem and feel great now, just ready for Christmas. Thank you. I liked the friendly staff and support, they make it fun but have a great understanding of how you feel when you put on a 1lb on or take 1lb off."*

*"We have been doing a 90 mile round trip from Helmsley to Bridlington as he was a good Dentist. The Dentist is very pleasant and accommodating and the Nurse and reception staff always smiling. Also nice and clean."*

*"...From that day forward my father received the care he deserved and for that I personally will always be grateful. As they attended my dad the majority also supported me too and it's thanks to that I was able to care for my dad also without my mental health going down. My Dad kept his dignity and was eventually made as pain free as possible and that's thanks to a particular gentleman Nurse. - we will always be grateful and I'm hoping you can pass on my thanks and hope he remembers. To be honest everyone who cared for Dad was fantastic and we will be eternally grateful. It may be a job with requirements but to us clients the genuine caring means so much more. Thank you for your time and keep up the great care."*

*"The treatment room Nurse was very knowledgeable, friendly and extremely professional. The admin team - your front line staff are a credit to CHCP. All the members of the team from Admin the Nurse even the Student Nurse were all in every word of the sense a team - a team as a health professional myself I would be proud to be part of."*

*"...I would like to thank every member of staff at Highfield, Cleaners, Cooks, Carers, NHS Staff, Manager even the taxi driver. Each and everyone of you have made an unbearable situation into a bearable one. I cannot tell you how grateful my family and I are for the care and love that had been given to my father over this very difficult time."*

# Parliamentary Health Care

CHCP CIC will always try to do everything we can to ensure that local resolution has been exhausted for the service user so that they are satisfied to the level of investigation being undertaken in relation to the concerns raised. CHCP CIC are happy to report that there have been no complaints formally investigated by the Parliamentary Health Care Ombudsman in 2014/15.

*Working in a joined up and collaborative way is a key element of being able to deliver our quality aims*

## Integrated Service Provision

As an organisation City Health Care Partnership CIC works with many different stakeholders in the delivery of services. We recognise that integration can take many different forms and may involve whole populations, care for particular groups or people with the same illness or co-ordination of care for individual service users and carers. Working in a joined up and collaborative way is a key element of being able to deliver our quality objectives namely:

- Objective 1: Putting customer satisfaction at the heart of what we do.
- Objective 2: Be a provider of excellent health care
- Objective 3: Be an employer of choice
- Objective 4: Ensure that we are able to compete in a competitive health care market

These objectives are not always expressed explicitly but are instead the ethos and foundation by which we work with our partners. Listening to how we can work well for our local perspective is vital to ensure we are responsive and able to shape our services to meet their needs.

We recognise the importance of creating a culture of collaboration and partnership (including networks and alliances with other important care providers such as hospital based care providers, the local authority or independent/charity organisations) is essential to deliver seamless and responsive care.

partnership  
 combine  
 link  
 co-ordination  
 INTEGRATION  
 association  
 team-working  
 response  
 collaborative  
 communication  
 agreement  
 seamless  
 alliance  
 relationship  
 networks

## Medicines Service

Our medicines service has worked in collaboration with Social Service care support staff within Highfield Resource Centre to provide a 'Medicines Optimisation Service'.

This is a clear example of the provision of excellent health care and being able to compete in an ever increasing health care market. By working with Social Services we can be certain that patient transition between health services is as seamless as possible.

Highfield care home includes 25 health funded beds to provide short term re-ablement support to people leaving hospital in-patient care. The overall goal of the re-ablement approach is to maximise an individual's independence prior to them returning home.

CHCP CIC's Medicines Optimisation Support team comprises of a pharmacist and a pharmacy technician who work directly with the patient and the care home staff to review and determine the best possible medicine care delivery for each individual. An important aim is to ensure the safe and effective use of prescribed medicines.

The approach encourages each patient to take an active role in their medicine needs and discuss how medicines can be correctly taken within their day-to-day living activities. This may include a medicine chart review, dosing re-scheduling, adjustments to labelling, provision of prompts/charts and compliance aids.

Performance data indicates that patients are discharged home from Highfield Care Home either



to live independently or with minimum support needs for medicine administration by others., thus reducing the costs and demands for home care calls when home.

Results of the medicines optimisation work has resulted in the medicines service being commissioned by Hull City Council Adult Social Services to conduct similar pilot work involving patients residing in their own home who currently receive support with their medicines.

**Debbie Davies, Medicines Management Technician states:**

*"The impact from the work of the pharmacy team working within the Intermediate Care Team has resulted in clients receiving a holistic medicines optimisation service and we have seen a positive impact by improving their quality of life and maintaining independence upon discharge to their home"*

The results have been published in an article in the Pharmacy Management Journal, January 2014.

## North Locality Integrated Working

An evaluation of a two year project to facilitate and support the integration of children's services across the city has shown benefits to service users, their carers and care delivery staff.

The aim of the work was to explore whether joint training, skills development and information sharing would improve the overall quality of service to children and their families. Leadership and collaboration from City Health Care Partnership CIC and Hull City Council has resulted in a number of successful working processes including achieving an integrated delivery model and workforce development.

The work has successfully achieved many effective aspects of care provision including;

- A compatible duty rota system – to facilitate cross organisational working
- Shared learning and networking events including structured learning processes and shadowing of colleagues to understand and complement their role
- The planned introduction of staff directory of all involved with Children's services
- Establishment of multi-agency family panels across the city
- Introduction of dedicated parent/child project team

Strong working relationships have been built between staff from both organisations, which will



be sustained through the continuation of collaborative care delivery and embedding the quality achievement within every day care delivery. The integration has enriched staff and supports our aim of being an employer of choice whilst putting our service users' satisfaction at the heart of our services. It is planned that the approach will be rolled out across the city and includes other children's care partner organisations.

Jane Wilson who project managed this initiative states:

*"There is increased awareness of roles and opportunity for joint visits and assessments, and I have been struck by the positivity and enthusiasm of the workforce to work in a more integrated way and learn from one another. We now have improved our communication processes, mutual sharing of information and have developed a greater insight into each other's roles and responsibilities"*

# Thornton Court

Our last example of integrated working demonstrates all of our aims clearly and illustrates how the ethos runs through all that we do.

In late 2012, the local authority and the health service acquired 14 flats at Thornton Court within the City of Hull, to provide a service to people requiring short-term support outside of their home environment to improve their independence. The model adopted in Hull is one of collaboration between City Health Care Partnership CIC, Hull City Council Local Authority and Hull City Council Housing Department.

The care team consists of 2 social work staff, occupational therapists, physiotherapist, home care organiser and on-site carers, to deliver a 6 week reablement programme with the desired outcome aimed at improving cognitive and physical wellbeing and a reduction on the reliance of care provision services on the persons return to their own home.

The patient-centred approach includes individuals having an assessment of their reablement needs in terms of their own day-to-day living needs including leisure, work and other activities aimed to aid their mental and physical health and well-being. Additionally whilst staying in Thornton Court, patients have the opportunity to access a range of multi-disciplinary staff. Care packages are developed in conjunction with Occupational Therapists, Physiotherapists, Nurses, Social Workers and their associated staff all with the key aim to improve independence and quality of life. Service

Cheryl Malpass, Occupation Therapist offers: *"We have found it essential to work closely together with shared aims and objectives and working practices. This has impacted on patient care as we have been able to develop a more cohesive approach and care home staff have had access to the whole multi-professional team when they want to discuss any specific concerns about their individual patients, this helps to ensure that we are all working together to provide a responsive service to the individuals who use the Thornton Court reablement service"*

evaluation has captured the high level of service user satisfaction of those who have used the Thornton Court services.

Comment from a service user "There's no pushing, just encouragement to give me the confidence to gain my independence and look after myself again..."

Due to the continuing success of the service an additional 4 flats have been released including one which is wheelchair accessible and a double flat allowing couples to stay together.

**Finalist in the APSE Service Awards**

# 2013

**Best Public/Public Partnership  
Working Initiative Category**



# Awards and Achievements

During 2013/14 CHCP CIC staff have successfully published 11 articles within healthcare journals.

The topics have ranged from clinical practice to research participation. Many of the journals were international publications and all have assisted in raising the standards of healthcare practice through the sharing of knowledge and experiences.

Our staff were also asked to present at a number of national, regional and local conferences. Again these conferences extended across the full range of services delivered by CHCP CIC. Three senior team members have been appointed as Chairpersons for:- the Sexual Health Faculty, the BASHH National Clinical audit Group and the National Annual Presidential & Scientific meeting, Cardiff.



Winners and finalists in 17 national and international awards and ranked 46 in The Times Best 100 Not for Profit Companies



AWARD	CATEGORY
Nursing Times - Finalist	Critical & Emergency care
NHS Innovation Funding - Finalist	Early cancer diagnosis category. 'Oral health & screening with StR's'
Nursing Times - Finalist	Community Nursing
Nursing Times - Finalist	Psychological Well being
Association of Public Service awards – Finalist with Hull City Council	Best Public Partnership Initiative (Health, Housing and Social)
Nursing Times - Finalist	Staff support and Well Being
General Practice Awards - Finalist	Innovators of The Year
General Practice Awards - Finalist	Nursing Team of The Year
Journal of Wound care - WINNER	Chronic oedema and compression Award
Journal of Wound care - HIGHLY COMMENDED	Pressure area Care
Journal of Wound care - WINNER	Cost effectiveness in wound care management award
General Practitioners Awards - WINNER	Respiratory Team of The Year
Health Education Yorkshire - WINNER	Advanced Apprentice of the Year
The Times Best 100 - ranked 46	Not for Profit Companies
UNICEF	Baby Friendly Award for infant feeding team
Award - Shortlisted	Social Enterprise Awards 2013 - Andrew Burnell shortlisted for Social Enterprise Champion
Award - WINNER	Employee Benefits Awards 2013 - Best Total Reward Strategy
Award - HIGHLY COMMENDED	National Thrombus awards 2013 - DVT community service
Award - SILVER	Investors in People
Award - HIGHLY COMMENDED	National Thrombus Awards - Anticoagulation Service





Statement from:

## NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group welcomes the opportunity to review and comment on City Health Care Partnership CIC's Quality Accounts 2013/14.

The view of NHS Hull Clinical Commissioning Group is that as with last year, the report focuses mainly on the systems and processes that have been in place during 2013/14 to support quality improvement and does not detail the improvement outcomes. Priorities for improvement for 2013/14 do not specifically demonstrate what actions will be taken that will drive service improvement; neither do they clearly link with work that has already been identified within the report to give the reader a sense of continuous improvement. NHS Hull Clinical Commissioning Group look forward to continuing to work with City Health Care Partnership CIC to help develop a more detailed approach to improvement outcomes in the coming year.

NHS Hull Clinical Commissioning Group is pleased to note City Health Care Partnership CIC's level of involvement with both city wide and organisational embedding of actions and recommendations to improve quality across a range of areas as identified in the Francis 2 report. We also welcome the strong commitment to Medicines optimisation demonstrated by City

Health Care Partnership CIC and value the positive impact this is having both for patients' health and local economics.

In relation to both Clinical Audit and Research, it is positive to see the increased volume of activity and commitment to wider health improvement that this offers; it is good to note the three actions that have been taken forward as a result of audit, however it may be beneficial to further explore the impact of the local audits undertaken for wider themes/trends, service change and improvements.

We confirm that to the best of our knowledge, with the caveat that not all sections have been fully populated at the time of writing, the report is a true and accurate reflection of the quality of care delivered by City Health Care Partnership CIC and the data and information contained in the report is accurate.

NHS Hull Clinical Commissioning Group looks forward to continuing to work with the City Health Care Partnership CIC to improve the quality of services available for our population in order to improve patient outcomes.



**Emma Latimer**

*Chief Officer*

*NHS Hull Clinical Commissioning Group*



I.S.S.  
Information  
Support Service

1482  
6298

# Carers' Information & Support Service

City Health Care



Statement from:

## 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 2013/14. Commissioners are supportive of the priority areas identified and encouraged by the continued focus on improving the patient experience and outcomes.

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.

It is disappointing to see that there is no mention of the CQUIN schemes for 2013/14 including the areas identified for innovation or the achievements throughout the year showing partnership working with the commissioners.

The Patient Experience section relating to telephone access is very process oriented and given that the scores are very similar from one year to the next it would have been helpful to highlight what key actions will change the results going forward to improve patients access to services.

It is encouraging to see CHCP using themes and trends when assessing the safety of the services and incidents. It would have been useful to understand how this information is disseminated across the organisation to ensure that each service learns from another. It would also have been beneficial to see what the themes and trends were in relation to the services and what had been done as a result for patient safety improvement. The emphasis on patient safety in relation to the Francis report is promising and the continued work underpinning this.

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 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. In so far that is mentioned within the report we confirm that the report is a true and accurate reflection of the quality of the services provided by CHCP and that the data in relation to services commissioned by ERY CCG is accurate.



**Hilary Gledhill**

*Director of Quality & Governance / Executive Nurse  
NHS East Riding of Yorkshire Clinical Commissioning Group*

# City Health Care Partnership CIC response to Statements

We are, as always, very grateful for the comments we receive from our partners and stakeholders and would like to thank them for their statements on our 2013/14 Quality Accounts.

We are pleased that our approach to partnership working, especially within the context of the Francis report, has been recognised by our stakeholders as this is a foundation to the quality of patient care and safety.

We do accept the criticism that the Quality Accounts appear to focus on systems and processes without reporting on the full impact on patient care and will endeavour to present clearer evidence of the positive outcomes our patients experience in the future.

Delivery of high quality services is of key importance to CHCP CIC and we will continue to work with all of our stakeholders during 2014/15 to ensure our services deliver to the highest standards.





# Glossary of Terms

<b>CHCP</b>	City Health Care Partnership
<b>CIC</b>	Community Interest Company
<b>CCG</b>	Clinical Commissioning ;Group
<b>Clinical Audit</b>	A quality improvement process that looks at improving patient care and outcomes through a review of care given against a set of criteria
<b>CQUIN</b>	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
<b>CQC</b>	Care Quality Commission, the organisation that regulates and monitors standards of quality and safety in organisations delivering healthcare.
<b>ESR</b>	Electronic staff records, this is the staff employment record system held by the organisation
<b>Francis Report</b>	Report into the serious failings of Mid Staffordshire NHS Foundation Trust published 6th February 2013
<b>GP</b>	General Practitioner
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>NIHR</b>	National Institute of Health Research
<b>QMP</b>	Quality Monitoring Programme



...MOT  
Lose Weight

Breast Screening

Strength to Change

Stop Smoking Support

Health Information Kiosks

HEALTH

CENTRAL

Step Towards Your Healthier Lifestyle

ce

## How to Feedback

Should you wish to provide feedback on this report or give suggestions for future reports please visit:  
[www.chcpcic.org.uk](http://www.chcpcic.org.uk)

Or write to:

City Health Care Partnership CIC  
Quality Accounts  
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5 Beacon Way  
Hull  
HU3 4AE

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### Providing Quality Care

City Health Care Partnership CIC is an independent 'for better profit' and co-owned Community Interest Company responsible for providing local health and social care services.

Registered in England No: 0627 3905

