

2011/12



City Health Care Partnership CIC

Quality Accounts



Providing Quality Care



City Health Care Partnership CIC

a co-owned business

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

Kurdish **ئەگەر ئینگلیسی زمانی تو نیه و دەتەوی ئەم بەلگەت بۆ تەرجومە بکەیندەو تەکایە 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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Statement
from the
Chief Executive



Statement from the Chief Executive

Welcome to our second set of Quality Accounts. As an organisation City Health Care Partnership CIC (CHCP CIC) is committed to the delivery of high quality, patient centred care. These accounts report back on our pledged Priorities for Improvement from our 2010/11 Accounts and our key achievements throughout the year demonstrating our continuous improvement. The content of these accounts has also been directed by the statements received last year from our stakeholders.

Section 3 highlights our quality achievements under our strategic aims:

- 1) Putting customer satisfaction at the heart of what we do
- 2) Be a provider of excellent healthcare services
- 3) Be an employer of choice
- 4) Ensure we are able to compete in a competitive healthcare market

I am delighted to report that patient feedback on our services remains extremely positive with 94% of our patients stating that the service they received matched or exceed their expectations.

Our organisation continues to be CQC registered without conditions and we are currently working on the development of our applications to register our GP practices.

Our staff continue to work within the healthcare economy delivering on the key developments of the Sustainable Service Strategic and Urgent Care Reviews. Our public health team continue to deliver on preventative strategies which support the health and wellbeing of the population of Hull and the East Riding.

I would like to thank all of our stakeholders who have supported the production of our priorities for next year and for those who have given statements to these accounts. To the best of my knowledge the information contained within these Quality Accounts is accurate.



Andrew Burnell
Chief Executive
City Health Care Partnership CIC

Part 2

Priorities for Improvement

- Patient Experience
- Patient Safety
- Clinical Effectiveness

Quality of Our Services

Priorities for Improvement

Understanding what is important to our Stakeholders is a key objective of our organisation. Consulting on our Priorities for Improvement gives us an opportunity to clearly ask for input from stakeholders on what is important to them.

Consultation Process

To ensure that our priorities for improvement are reflective of our stakeholder's wishes, we have undertaken an extensive consultation exercise to identify our three priorities for 2012/13. The consultation for the Priorities for Improvement took place in two key phases:

Phase 1

We reviewed our data collected during 2011/12 from various sources such as Patient Opinion, comment cards, reported incidents, the stakeholder statements of last years Quality Accounts and complaints. From this rich source of data we looked for key themes and trends which would inform our Priorities for 2012/13 and developed our list of potential priorities under the headings of:

- Patient Experience
- Patient Safety
- Clinical Effectiveness

This list was then sent to our stakeholders asking for any comments and additions they wished to make.

We collated all of the responses to develop our final 'long-list'.

Phase 2

We issued our 'long-list' to all our stakeholders and asked them to vote for their top priority in each category. Patients and staff were given the opportunity to vote via our internet site. All the

responses were collated and from this we determined our three Priorities for Improvement.

Domain	Priority	1	2	3	4	5	6	7	TOTAL
Patient Experience	Cancelled Appointments	3	3	1	2	2	3	4	17
	Real Time Data Collection	3	1	4	1	1	1	3	14
	Reducing Barriers	1	2	3	3	3	2	1	15
	Telephone Access	2	3	2	4	4	4	2	21
Patient Safety	Consent to Treatment	3	3	1	1	1	1	2	12
	Clinical Equipment	3	3	2	3	3	3	3	20
	Mobile Working	1	2	3	2	4	3	4	19
	360 Degree Patient Safety Appraisal	2	1	4	4	2	2	1	16
Clinical Effectiveness	Dissemination & Implementation of NICE Guidance	1	2	1	1	1	1	1	8
	Develop Clinical Research & Development	2	1	2	2	2	2	2	13

Voting by: 2 x Commissioning Bodies, 1 x Local Involvement Network (Link), 4 x other stakeholders. Stakeholders were asked to rank the priorities in order of importance to them (1 being the highest priority) therefore the indicator with the lowest overall score was chosen to reflect this.

The final stage of our consultation process was to issue our Quality Accounts to stakeholders and their statements are published in the final chapter of this document.

City Health Care Partnership CIC would like to thank all stakeholders for their involvement in the production of the Priorities for Improvement and production of supporting statements.

Priorities for Improvement

Priority for Improvement – Patient Experience

Real Time Data Collection

Collection of real time patient data gives a more accurate reflection of the patient's experience and gives us as an organisation immediate feedback which can be acted on if required.

How will we measure?

- Review of systems available
- Engagement with patients on systems and feedback on systems available
- Number of locations where real-time feedback is available

How will we report?

- Quarterly Updates will be published on our website

Priority for Improvement – Patient Safety

Refresh the “Consent to Treatment” process to reflect organisational changes

To ensure that patients and service users receive full information including risks and benefits when considering treatment options.

CHCP CIC is compliant with the Care Quality Commission Essential Standards of Quality & Safety (Outcome 2 Consent to Care & Treatment). To reflect the diverse and wide range of patients who receive care from our organisation we wish to review our Consent To Care & Treatment Process to ensure that patients (and carers) receive all appropriate information in a way that is understood by the patients to minimise the risk of procedures, care and treatment being undertaken without

appropriate informed consent being obtained.

Examples of the diverse range of patients may include children accessing Sexual Health Services, patients under the influence of substances accessing services and patients without full mental capacity to consent to care and treatment.

How will we measure?

- Refreshed Consent To Treatment Process
- Number of Clinical Staff who have received Consent to Treatment Training
- Undertake a clinical audit of current and revised practice

How will we report?

- Quarterly Updates will be published on our website

Priority for Improvement – Clinical Effectiveness

Implement a revised system for the dissemination and implementation of National Institute for Health and Clinical Excellence (NICE) Guidance.

To ensure that patients and service users receive best practice clinical interventions based upon the research & recommendations of the NICE Organisation.

The range of services provided by the CHPC CIC vary in terms of patient groups, clinical interventions and clinical professional roles who provide treatment & care. A number of patient pathways span more than one service and as such the NICE Guidance can on occasions apply to multiple services within our business units undertaking different elements of the NICE Guidance. To ensure patients receive the most current and

Review of Services

recommended clinical care the CHCP CIC wish to review and audit the NICE Guidance Process to ensure a fit for purpose approach.

How will we measure?

- The number of NICE Guidance that apply to CHCP CIC
- Progress against NICE Guidance that does apply to the organisation
- Changes to practice as a result of NICE Guidance
- The number of NICE compliance audits that are undertaken

How will we report?

- Quarterly Updates will be published on our website

Community Services

During 2011/12 City Health Care Partnership CIC provided 37 NHS services under the following business units:

- Adults Services
- Children & Young People
- Specialist Services
- Primary Care

Primary Care Services

During 2011/12 City Health Care Partnership CIC provided NHS General Practitioner services (4 practices) and NHS Dental Services (general dental and community dental). Details 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 37 of these NHS Services

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by City Health Care Partnership CIC for 2011/12.



Participation in Clinical Audits

Within our 2010/11 Quality Accounts our Priority for Improvement in the domain of Clinical Effectiveness was:

Establishment of Clinical Audit processes within CHCP CIC to record and disseminate best clinical practice.

Over the past year in line with our pledged priority we have established a Clinical Effectiveness Committee to oversee Clinical Audits undertaken within the organisation. A process for capturing the audits and sharing learning has been established and a training programme for staff is delivered on a rolling basis. In 2011/2012 the training programme delivered 8 sessions and has trained 61 staff. Local clinical audits are being undertaken and in 2011/12 we will be developing our links to the national clinical audits.

National Clinical Audits and National Confidential Enquiries

During 2011/12 two national clinical audits and no national confidential enquiries covered NHS Services that CHCP CIC provides. During that period CHCP CIC participated in one national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that CHCP CIC was eligible to participate in during 2011/12 are as follows:

National Clinical Audits
Diabetes (National Adult Diabetes Audit)
Depression & anxiety (National Audit of Psychological Therapies)
National Confidential Enquiries
None

The national clinical audits and national confidential enquiries that CHCP CIC participated in during 2011/12 are as follows:

Diabetes (National Adult Diabetes Audit)

The national clinical audits and national confidential enquiries that CHCP CIC participated in, and for which data collection was completed during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

National Clinical Audits

Diabetes (National Adult Diabetes Audit)

Data ratification and publication from the National Centre is awaited therefore our data for 2011/12 is not available at the time of these accounts.

Due to the delay in data ratification and publication at the centre, the reports of no national clinical audits were reviewed by the provider in 2011/12. CHCP CIC intends to continue to work with our commissioners to respond to the outputs of national audits and undertake actions as required.

As an organisation we did not receive notification of the Depression and anxiety (National Audit of Psychological Therapies) in time for us to register. When the audit is open again to registrations CHCP CIC will participate as eligible.

Local Clinical Audits

Clinical Audit is designed to be a process of quality improvement, where services and clinicians evaluate their work and identify improvements for implementation within the service and/or organisation.

38 local clinical audits have been undertaken in 2011/12 and these are distributed across our business units.



Business Area	Clinical Audits	Areas of Audit	
Adult Services	5	<ul style="list-style-type: none"> • Anti-coagulation service • End of Life Care • Medicine Management • OOH 	<ul style="list-style-type: none"> • District Nursing • ECP • Personal Health Budget
Children and Young People	16	<ul style="list-style-type: none"> • Infant feeding • Weight management service 	<ul style="list-style-type: none"> • Public health • Health Visiting
Primary Health Care	9	<ul style="list-style-type: none"> • Dentistry 	<ul style="list-style-type: none"> • Sexual Health
Specialist Care Services	8	<ul style="list-style-type: none"> • Sexual Health • Specialist Services 	<ul style="list-style-type: none"> • HMP

The reports of 38 local clinical audits were reviewed by the CHCP CIC in 2011/12 and CHCP CIC intends to take the following actions to improve the quality of healthcare provided.

Quality Monitoring Programme (QMP)

CHCP CIC undertook 158 QMP benchmarking audits against the Essence of Care Standards.

Continual improvements are being made by undertaking QMP audits, for example in our Community Nursing Service an improvement from 87% (2010/11) to 98% (2011/12) for the Benchmark of Record Keeping has been achieved.

Improvements made following local audit:

- Introduction of Cardiovascular Disease Assessment for HIV-1 patients
- Revised Just In Case Controlled Drug Access and Documentation for End of Life Patients
- Introduction of UNICEF Standards Training for Baby Feeding
- Single Point of Access for all non medical out of hours services

Research

CHCP CIC Research Strategy

During 2011/12 CHCP CIC formulated a research and development strategy with the **Principle** of developing the research culture within the organisation and a **Purpose** of enabling CHCP CIC to sponsor research.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by CHCP CIC in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 94.

Research Studies currently been undertaken within the organisation:

Research	Patient Recruitment
The DoH Pilot for Personal Health Budgets	86
Surgical Wounds Healing by Secondary Intention	5
Support Matters	3



Goals Agreed with Commissioners

Commissioning for Innovation and Quality Improvement (CQUIN)

A proportion of CHCP CIC income in 2011/12 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 2011/12 CQUIN Achievements

The 2011/12 CQUIN scheme for NHS Hull contains 5 headline topics with 29 indicators. The NHS East Riding of Yorkshire Scheme contains 1 headline topic with 7 indicators. The indicators have different financial values attached to them dependant on the activity and weight placed on the scheme by the commissioners.

Full details of the 2011/12 CQUIN Scheme are available on request from qualityaccounts@chcphull.nhs.uk

Our 2011/12 achievement is listed below:

	Q1	Q2	Q3	Q4	YTD
NHS Hull					
% indicators achieved	86%	83%	87%	93%	88%
% financial achieved	96%	95%	100%	95%	90.2%
NHS ER					
% indicators achieved	No Targets	No Targets	No Targets	86%	86%
% financial achieved	No Targets	No Targets	No Targets	86%	86%

NHS Hull Topics

- Patient Experience
- Pressure Ulcers
- End of Life Care
- Long term Conditions
- Goal Attainment Agreed at Start of Treatment

NHS East Riding of Yorkshire Topic

- Patient Experience

What Others Say about City Health Care Partnership CIC

Care Quality Commission (CQC)

City Health Care Partnership CIC is required to register with the Care Quality Commission and its current registration status is 'Registered.' CHCP CIC has no current conditions on registration.

The Care Quality Commission has taken no enforcement action against CHCP CIC during 2011/12

CHCP CIC is subject to periodic reviews by the Care Quality Commission. To date CHCP CIC has not been reviewed.

Her Majesty's Inspectorate of Prisons

During February 2012 Her Majesty's Inspectorate of Prisons undertook an unannounced inspection of HMP Hull. As part of this inspection the provision of custodial healthcare provided by CHCP CIC was reviewed, the report has not been issued to CHCP CIC as yet and requires review and approval by the Ministry of Justice prior to issuing to CHCP CIC.

OFSTED

Between 27th June – 8th July 2011 a joint inspection was undertaken in Hull by OFSTED and the Care Quality Commission into all agencies involved in the Safeguarding and Looked After Children.

The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

The inspectors graded the contribution of health agencies to keeping children and young people safe as a Grade 2 (good).

Data Quality

Statement on Relevance of Data Quality and actions to improve

Good quality data are the essential ingredient for reliable performance information and are crucial in ensuring the quality of patient treatment and care.

Data production is recognised as everyone's responsibility and part of everyone's day to day business ensuring an integrated approach across operational, performance and governance functions.

CHCP CIC will be taking the following actions in relation to data quality:

- **Assessment** - Continue to assess all data against six dimensions; Accuracy, Validity, Reliability, Timeliness, Relevance and Completeness
- **Reporting** - Use the outcome of this assessment to inform our Data Quality Audit priorities and selection of priority areas for data quality improvement
- **Action** - Develop Data Quality Improvement Plans and regularly review progress against plans at Board and Business Unit level

Secondary User Service

CHCP CIC did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance

In 2011/12 CHCP CIC significantly improved our score against the IG toolkit from 2010/11.

CHCP CIC information Governance Annual Assessment Report score for 2011/12 was 64% and was graded red. Our 2010/11 score was 48%

An independent audit carried out in June 2011 gave significant assurance of the evidence and score submitted on our self assessment of the IG toolkit.

Our score of 64% 2011/12 is in comparison with other local health care providers.

The actions taken throughout the year consisted of:

- Data Flow Mapping across the organisation
- Forming an Information Asset Register
- Undertaking training for the Information Asset Owners

On completion of these actions 12 of the 14 standards became green, leaving only Training of Staff and Anonymisation Techniques remaining red for 2011/12.

The main area for development moving forward is to achieve 95% staff trained in Information Governance which will assist in the toolkit achieving level 2 on all standards of the toolkit and move our grading to green.

Clinical Coding

CHCP CIC was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

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Review of Our Services

Update on our Priorities for Improvement 2011/12

In our 2010/11 Quality Accounts we pledged to make improvements on three key areas identified by our stakeholders.

The table below gives the progress we have made on these priorities throughout 2011/12

DOMAIN	Update Report
<p>PATIENT EXPERIENCE</p> <p>Telephone Access</p> <p>Increase ease of patient's ability to get through on the telephone.</p>	<p>During 2011/12 there have been no PALs or complaints reporting issues with patients ability to access service by telephone.</p> <p>Key strategies such as dedicated single telephone numbers have been introduced in a number of our services to assist with patients telephone access. Answer phones and call back systems have also been introduced.</p>
<p>CLINICAL EFFECTIVENESS</p> <p>Clinical Audit</p> <p>Establishment of Clinical Audit processes within CHCP CIC to record and disseminate best clinical practice.</p>	<p>As detailed in the clinical audit section of these accounts we have implemented a clinical audit process within the organisation. Local clinical audits are being undertaken and in 2011/12 we will be developing our links to the national clinical audits.</p>
<p>PATIENT SAFETY</p> <p>Root Cause Analysis</p> <p>Roll out of root cause analysis (RCA) training within the organisation to provide the platform for incident investigation.</p>	<p>Over the year we have trained 44 members of staff including Nurses, Clinical Managers and Support Staff to conduct Root Cause Analysis to help us identify problematic area's and identify improvements within the organisation. In 2011/12 we have undertaken 60 RCAs.</p> <p>RCA Key Themes & actions from Serious Untoward Incidents</p> <p>Communication – Inter-Links and efforts to improve communication pathways between agencies involved in care, More MDT Meetings,</p> <p>Record Keeping – has resulted in defensible record keeping training and more robust Record Keeping Audits</p>

Review of Our Services

Activity

2011/12 was another busy year for our operational services with significant increases in patients seen and treated from the previous year. Areas of note are:

Service	10/11	11/12	% Increase
District Nursing	170,340	202,661	19
Emergency Care Practitioners	4,605	7,237	57
Minor Injury Units	13,523	19,457	44
Anti-coagulation Team	55, 503	61,587	11
Sexual Health	27,049	32,652	21

Our public health services have supported more people to quit smoking, lose weight and lead a healthier lifestyle than ever before. A more detailed report on these services is included later in this section.

This increase in activity and positive outcomes for patients is further evidenced within our patient satisfaction results and feedback.



How did we do in 2011/12?

Aim 1 - Putting Customer Satisfaction at the heart of what we do

What our Patients Say

Listening to our local population is fundamental for CHCP CIC both as a healthcare provider and a community interest company. For us, the local community, our patients and their carers have a role to play in shaping the services we provide. The philosophy behind this approach is that in order to provide a high quality service that meets our local communities' needs, it is vital that the views of our service users are taken into account. As well as having a legal duty, we understand the importance of creating a culture of partnership, participative decision making and collaboration.

CHCP CIC use a variety of mechanisms to ensure we receive the feedback on how we deliver our services, this expands year on year to ensure all our communities are able to communicate with us through a variety of formats.

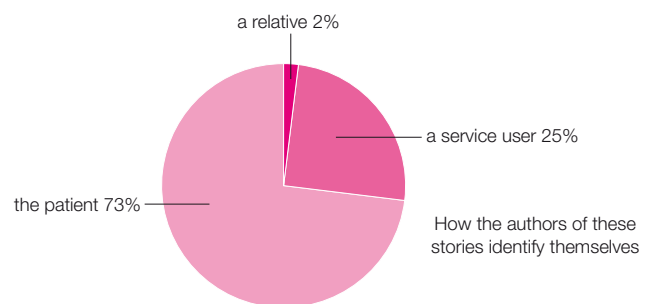
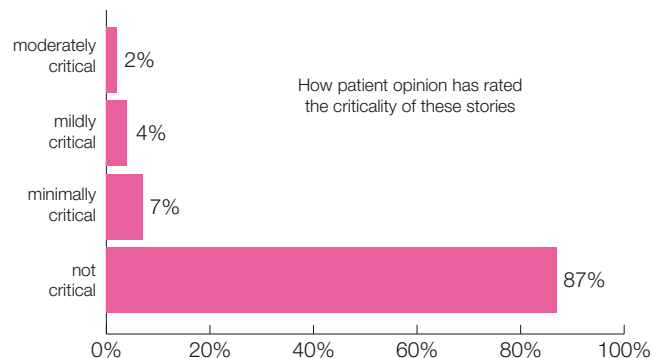
Patient Opinion

The Patient Opinion website is just one of the ways in which we gather and respond to the feedback we receive.

Patient Opinion is an independent non-profit feedback platform where members of the public can share their comments, complaints and compliments regarding the health care services received from CHCP CIC. Patient Opinion is about honest and meaningful conversations between patients and health services and we continue to promote the website across our service areas. We now have over 50 subscribers to the Patient Opinion website from across our service areas who can view and reply to the feedback posted, highlighting areas where we have

made a change as a result of the suggestions. We have also been recognised by Patient Opinion as one of their "pioneers" in engaging with service users in our Sexual Health services.

The following tables summarise the postings received for the period June 11 – March 12, in terms of both the criticality of the feedback and how the authors identify themselves. It is worth highlighting from these that 87% of the postings received have been positive.



Patient Survey 2011/12

The main aim of the survey is to ensure patients and service users within Hull and the East Riding of Yorkshire, have the opportunity to give their views on their experiences of accessing CHCP CIC services and to ensure these views are used to improve patient care in the future. It was also important to monitor satisfaction over time, particularly with the changes occurring within the CHCP CIC.

There is an aspiration, opportunity and need both reflect in our values and contractual relationships to engage with local people to improve the health and wellbeing of the local population. This will ensure we are able to deliver a comprehensive and equitable range of high quality responsive and efficient services within allocated resources, where this gives “best value”.

The Patient Survey report has been reviewed by CHCP CIC and used to monitor and track customer experience and feedback measures. Action plans for each service area have been produced reflecting the results of the survey, these plans will be managed by the Head of Service in the coming year. The data provided by the annual survey also feeds into CHCP CIC's performance management and CQUINs targets.

Each year we review the content questions and methodology of the survey to ensure we capture the most relevant data and maximise participation.

On an ongoing basis we understand the need to use a number of mechanisms to ensure our patient population are able to give feedback, these include comment cards, web links, telephone, patient questionnaire, group sessions and realtime.

The 2011/12 Survey results included

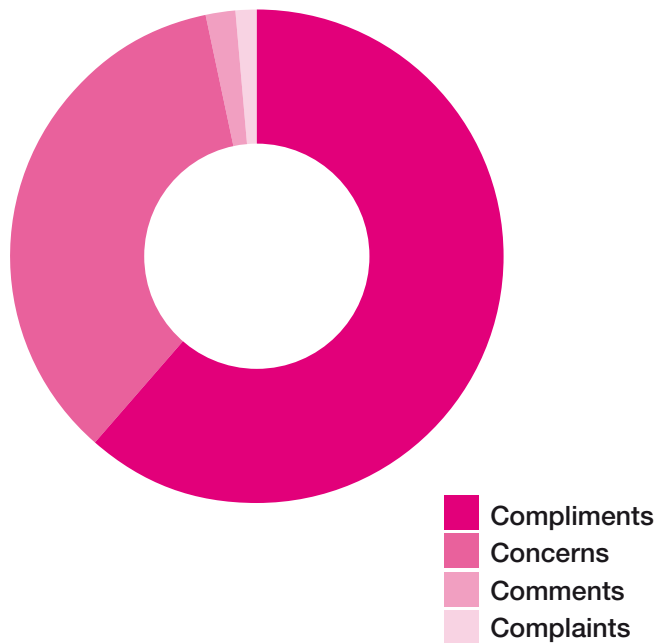


The full Patient Survey Report can be found on our website at www.chcphull.nhs.uk

Complaints, Concerns, Comments and Compliments (the 4 C's)

CHCP CIC actively reviews all the feedback we receive on the services we deliver. The chart below shows the ratio of the 4 C's.

Compliments, Concerns, Comments, Complaints



As an organisation we log when patients feedback positively on our care and in 2011/12 we received **1307 compliments** in connection with the services provided by CHCP CIC

If it Goes Wrong

Our complaints procedure has been established in line with NHS best practice guidance. Our aim is to deal with complaints quickly and as efficiently as possible by those who have been involved in delivering the patients care.

The NHS Constitution makes clear what people should expect when they complain and the combined health and social care regulator, the Care Quality Commission requires registered providers of services to investigate complaints effectively and learn lessons from them.

"When a mistake has happened, it is important to acknowledge it, put things right quickly and learn from experience" (NHS Constitution).

In 2011/12 we received 24 complaints in connection with the services provided by CHCP CIC.

Complaints, Concerns, Comments and Compliments (the 4 C's)

You Said – We Did

The key to our complaints procedure is listening to our patients and their families and learning from their experiences.

Below are some examples of how feedback has enabled us to shape our services to meet the needs of our population.

You Said	We Did
Communication failure between patients GP and other health care provider resulting in a delayed referral to another health care service	Established a new process in the surgery to ensure that referrals to health care providers are appropriately actioned.
Member of staff using mobile phone whilst at work on a reception desk, meeting and greeting patients	The organisation ensured that all staff are aware and understand the importance of customer care through enhanced training.
Abbreviations used when discussing care with patients.	The organisation ensures that patients are offered full explanations to the different terms and abbreviations used. A glossary of terms are now provided to patients. The organisation also ensures equity in relation to patients and families first language.

NHS Ombudsman

CHCP CIC is delighted to report that there have been no complaints formally investigated by the Health Care Ombudsman in 2011/12

Aim 2 – Be a Provider of Excellent Health Care Services

Key Impacts

Public Health

Range and extent of services

CHCP CIC has a range of established stop smoking, weight management and healthy lifestyles services available for people in Hull and the East Riding of Yorkshire. These include:

- **Stop Smoking Service** – providing stop smoking support to local people across Hull and the East Riding of Yorkshire, including 1:1, group, telephone and online advice.
- **Active Lifestyles** – improving the health and lifestyles of individuals to become more active and lose weight on a 1-2-1. Also commissioned co-ordinator of the Hull Exercise Referral Scheme.
- **Why Weight** – group-based weight loss programme based on improving eating habits with delicious weekly recipes.
- **Bitesize by Why Weight** – a drop-in 1-2-1 weight loss programme for those on the go, based on why-weight principles, supporting individuals to make long term changes to eating habits.
- **WeightLess** – lifestyle improvement programme for those considering bariatric surgery. Group and 1-2-1 lifestyle, physical activity and healthy eating options are available.
- **Health Trainers** – providing appropriate health advice and guidance to clients visiting Health Central, Health East and Health West
- **www.readytoloseweight.co.uk** offers virtual support to new and existing clients who are trying to lose weight online.

Why our services work:

- Incorporating **regular contact** with a healthy lifestyles specialist is linked to longer-term changes in physical activity, healthy eating and improved overall health.
- **Personalisation** - people want support in making healthy choices that is tailored to the realities of individuals' lives to ensure health inequalities are addressed.
- Interventions that promote healthy lifestyles that are **not facility dependant** are associated with longer-term changes in behaviour.



Our Successes

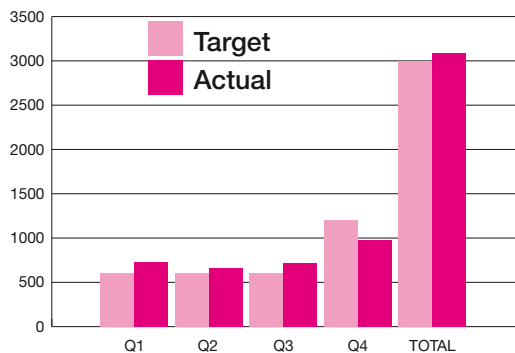
Smoking Cessation

Our success rate within the service for 'quit conversion' (percentage rate of clients who set a quit date and are successfully quit as per Department of Health criteria at 4 weeks) is one of the highest in the UK at 70% (7 out of 10 clients quit with our help).

In the recent CHCP CIC patient satisfaction survey 90% of clients said they would recommend CHCP Primary Health Care services (of which smoking cessation is one). In another service specific survey, 100% of stop smoking clients rated the advice given by the service as being either excellent or very good.

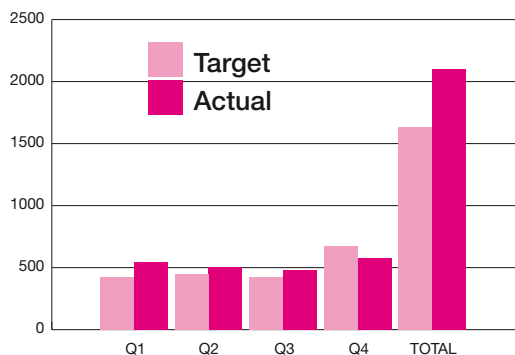
4 Week Quits

The chart below shows our achievement of our smoking 4 week quit target in Hull.



"The service is good and I don't know how you could improve it thanks for the support".

The chart below shows our achievement of our smoking 4 week quit target in the East Riding.



"Overall a great service – I have been stopped for 5 weeks and have never achieved beyond 1 week before. The regular contact with all the team was fantastic, who were very supportive and not judgmental. Pleasure to come thank you".

Our Successes

Weight Management

Weight loss

76% of clients accessing our Active Lifestyles Service lost weight whilst on the programme last year.

Last year our Weight Management Service has helped its clients to lose 1,260 stones.

Maintenance of weight loss

Over 80% of clients who lose weight with our service have maintained the weight loss 12 weeks later, many have gone on to lose further weight.

CHCP CIC Public Health Weight Management services receive a significant number of patient opinions and comments each year.

Last year alone we saw over 430 patients submit a positive comment on the quality of service they received.

New and improved 'HealthyRoutes' referral system for 2012

April 2012 has seen the launch of the CHCP CIC Weight Management Service clearly defined referral system for health professionals and clients alike. The simplicity of the new system supports a seamless referral pathway from primary care to the service with a single referral form, telephone number and text. Patients are offered the range of services and signposted onto the most appropriate one for them.

CASE STUDY

"I am extremely impressed by how much help and support I am receiving through the Active Lifestyles Scheme. I enjoy my weekly aqua aerobics sessions, enjoyed helping with the NHS allotment and am continuing my moods and foods diet plan, which is really helping my problems in relation to depression/stress/anxiety.

I would be a depressed lazy blob without this help and support - it has given me motivation, better

health and well-being and helped me come out of my 'own little world'.

I have also met some lovely, caring people, who totally understand my breakdown problems and have helped me on the road to recovery. I cannot thank Active Lifestyles enough and just hope they keep up the excellent work".

Patient Feedback

Our Successes

Awards

Our public health services have been recognised nationally and locally as an example of best practice. Awards received over the past two years include:

- 2010 National Nursing in Practice Awards, Excellence and Innovation – Runner up
- 2010 City Health Care Partnership CIC Celebrating Excellence Awards, Patient's Choice – Winner
- 2011 National General Practice Awards, Nursing Team of the Year – Finalist
- 2011 National General Practice Awards, Innovators of the year – Finalist
- 2011 City Health Care Partnership CIC Celebrating Excellence Awards, Team of the Year – Finalist
- 2011 City Health Care Partnership CIC Celebrating Excellence Awards, Patient's Choice – Finalist
- 2011 City Health Care Partnership CIC Celebrating Excellence Awards, Innovators of the Year - Finalist



Health Visitors

Our Health visitors are working across health and early year's services and at a community level to build and strengthen partnerships, including general practice and Sure Start Children's Centres. Health visitor teams lead delivery of the Healthy Child Programme for families with children under the age of 5. They work in partnership with midwives, GP's and Children's Centres in Hull, ensuring that all children are thriving and developing normally. When problems are identified children are referred for additional services, where appropriate, and their progress monitored. All families are offered services as outlined in the Department of Health's Healthy Child Programme. This includes, at a minimum, an ante-natal contact, a birth visit between 10-14 days following birth, a follow-up visit, a developmental assessment at 7-12months, the 2-2½ year health and development check (which is currently offered to all children and uptake is high) and a 3-3.5 year health questionnaire. Services were rated as being "good" by the CQC during a joint assessment of children's services with OFSTED during 2011.

The additional investment into health visiting in Hull (27 additional health visitors between 2011 and 2015) will provide more capacity in the localities to intervene earlier to prevent problems developing or worsening. This includes more intense support visits for maternal mental health, bonding and attachment issues, postnatal groups and the ability to offer a more intensive intervention for more complex parenting problems.

Family Nurse Partnership (FNP)

Our Family Nurses are highly skilled and experienced nurses working with young, first time parents in Hull. They provide an intensive programme of support and coaching to ensure that young people develop confidence and skills in their parenting ability. They work intensively with young parents until such time as the child is two years of age when their care is continued by health visitors.



SUCCESS STORY

Jane was 18 years old when she was referred to the family nurse (FNP). In the year prior to the referral, she had been homeless and living with friends and sleeping on their sofas. This was where she met her boyfriend Paul. Jane had left home at 16 and had limited family support. Jane cited her dad and her nanna as her main sources of support. She had previous involvement with mental health services having suffered with depression and had been re-referred to single point of access by her midwife. Jane had started college twice but left both times without completing the course.

When the family nurse met Jane she was 20 weeks pregnant and living in a private rented property with her boyfriend. The house was cold and damp and very sparsely furnished. The couple had just been burgled and had lost the few things that they had bought for her baby in the burglary. Paul was very unsure about the FNP and openly expressed that

he did not want Jane to take part in the programme. Despite this, from the outset, Jane was keen to engage with the FNP and embraced the activities in the sessions. In pregnancy, she reduced her smoking significantly and eventually stopped smoking. Due to her limited family support, they talked about additional support options available and Jane was referred to the Doula project. She engaged positively with this programme and now talks proudly about being part of the Doula programme promotional DVD.

Over time, Paul has also become engaged in FNP sessions, being prepared to take part in role play activities using dolls or craft activities with play-doh. During one FNP session focussed on relationships Paul asked about support options for him and following discussion with the Family Nurse he referred himself to the Strength to Change programme, which works with perpetrators of domestic violence.

School Nursing

At the age of 5 health visitors hand over care to our school nurses who continue to deliver the next stages of the Healthy Child Programme, ensuring that immunisations and healthy lifestyle continue to be promoted and risk taking behaviour addressed. School nursing also provides a range of specialist advice and interventions, for example, in enuresis (bed wetting) and sexual health.

School nurses also work closely with children who have more complex needs to ensure that their health needs are assessed and addressed. This includes children who may be being looked after by the local authority.

School nurses work closely with schools and parents to support good school attendance and improved attainment. Services were rated as being "good" by the CQC during a joint assessment of children's services with OFSTED during 2011.

The School Nurses were very good. They made themselves available whenever we needed then and provided invaluable advice and guidance. Many thanks. I liked their 'Can Do' attitude.

Sexual Health

Our sexual health services provide confidential clinical advice to all patients and 2011/12 continued to be a year of achievements and innovation. In 2011 the service launched our on-line clinic: www.sexualhealthvirtualclinic.co.uk

This service provides access to sexual health nurses on-line for live consultations and advice via an on-line appointment. Patients using the service give it four out of five stars for the quality of the advice and ease of use.



Adolescent Sexual Health Nurses

Our Adolescent Sexual Health Nurses working in partnership with the local authority and third sector have contributed to a reduction in teenage pregnancy. Rates are at their lowest since 1968, and Hull is now 12th, from 4th nationally.

GP Out of Hours Service

National Patient Survey Success

Our GP Out of Hours Service **achieved 3rd** (from 151 out of hours providers) for **overall patient satisfaction** and 6th in relation to satisfaction with the ability to get through on the phone in the national survey.

From a recent national benchmarking exercise, our service is the 10th busiest Out of Hours Service (from PCT's surveyed) in relation to service provision per head of the population.

Partnership Working with the Local Authority

During 2011/12 our adult services have worked in close partnership with the local authority on the services delivered to adults within the city. This partnership working is delivering services that are responsive to both patients and their families. This partnership working is strengthening the support given to patients to enable them to:

- Remain in their own home for longer
- Preventing admission to hospital
- Facilitating early discharge when patients are admitted.



24hr Community Care

Many of our community services are available 24 hours a day 365 days a year and we are continuing to invest in services to ensure that patients treated in the community receive care at the time they need it.

The nurse who came to see my wife was excellent. My wife was poorly for a fortnight beforehand. The nurse diagnosed the problem and gave the correct treatment while explaining everything about the treatment, nothing was too much trouble.

Other Key Performance

18 Weeks Wait – Non Admitted Care

	Q1	Q2	Q3	Q4	YTD
Paediatric Dentistry (Hull)	75%	87.2%	100%	97.9%	89.1%
Paediatric Dentistry (ER)	77.8%	69.4%	96.3%	100%	86.2%
Community Gynaecology	100%	100%	99.6%	99.6%	99.9%
Other (FP, ED GUM)	100%	100%	100%	100%	100%

Our paediatric dentistry service has worked extremely hard throughout the year to achieve the 18 week target. Many of the issues were in the data reporting and capture of patient appointments. Following training of all staff we are delighted to report compliance in both services for the second half of the year and continuing forward.

Quality & Outcomes Framework (GP Surgeries)

PRACTICE	2011/12 Res (out of 1000)	2010/11 Result (out of 1000)	Movement %
Kingston Medical	982	919.89	6.2
Riverside Medical	982	942.37	3.96
The Calvert Practice	982	977.98	0.4
The Quays	894.72	939.88	(4.2)

There have been a change in QOF indicators which have contributed to the movements we see above.

Indicator	2011/12
Minor Injuries Units 4 Hour Wait – Bransholme & Freedom Centre	100%
GUM - % 1st attendances offered an appointment to be seen within 48 hours – Target 95%	100%
GUM - % of first attendances seen within 48 hours – Target 90% - HULL	97%
GUM - % of first attendances seen within 48 hours – Target 90% - EAST RIDING	93%

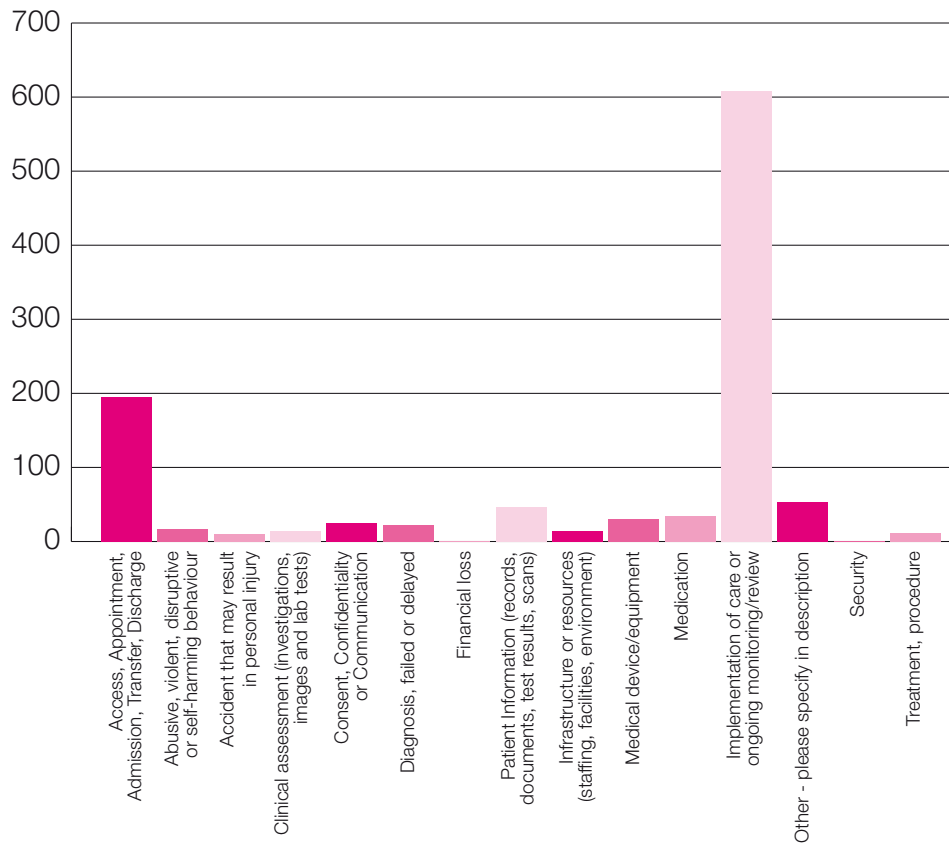
Incidents

CHCP CIC is committed to the safety of our patients, relatives and our staff. Over the year our staff reported just over 2500 incidents and near misses, which allows us to investigate, learn and improve our service delivery.

The following graph outlines the types of quality and safety incidents and near misses that were reported in 2011/2012:

Previously National Patient Safety Agency (NPSA) has supported that CHCP CIC is a high reporter of incidents and near misses in the community healthcare sector. Research indicates that the higher the reporting of incidents the lower the likelihood of a serious incident occurring. The positive culture of reporting incidents and near misses at CHCP CIC is indicative of our commitment to patient safety and quality and our drive to learn from experience.

Clinical Governance Incident Breakdown



Other Key Performance

Serious Incidents (SI's)

In 2011/2012 CHCP CIC declared 3 Serious Incidents to our commissioners in line with local policy. These Serious Incidents were all joint investigations with other organisations.

From the investigations the following key learning points have been recognised;

- Better communication pathways with other agencies involved in patient care
- The generation of a core clinical skills profile for the Prison Health Care Staff to reflect the unique care environment of a custodial setting
- Where joint agency processes are used that all staff are trained in these joint processes

Learning points are shared throughout the organisation to enable learning from experience across the Business Units. Action plans are in place to implement the learning points generated through the investigations. These action plans are monitored for completion in our the individual Business Unit Quality & Safety Forums and at an organisational level by our Quality & Safety Board.

Infection Control 2011/12

Effective Infection Prevention and Control practices are essential to ensure that patient care is provided in a safe clean environment, reducing the risk of infection. CHCP CIC has a well established Infection Prevention and Control Team to assist the organisation in achieving this. Key activities over the past year have been:

- The Infection Prevention & Control Team has undertaken 5 Root Cause Analysis investigations related to infection control in 2011/2012 with no causes directly attributable to services provided by CHCP CIC.
- Within our dental services we have fully implemented HTM 01-05 Decontamination in Primary Care Dental Practices and all our clinics meet Essential Quality Requirements. This process has been fully supported by the Infection Prevention and Control Team.
- The Infection Prevention and Control Team undertook a Urinary Catheter Points Prevalence Study which showed compliance with best practice guidance on catheter care.
- Throughout 2011/12 infection control audits have been undertaken within health care buildings where CHCP CIC provides services. One of the standards incorporated within this audit tool focuses on the cleanliness of the environment. All audits undertaken have shown compliance with the standard

Equality & Diversity

CHCP CIC is committed to promote equality of opportunity following the launch of the Equality Bill in April 2010. During 2010/11 we published our Equality and Diversity Policy which sets out our commitment to maintaining a pro-diverse and anti-discriminatory workforce and our aim to deliver equality and fairness to all our employees and patients.

Since the last set of Quality Accounts, City Health Care Partnership CIC launched its Equality Impact Assessment tool and has begun a programme of impact assessing all policies, procedures and services.

To date we have completed over 40 Equality Impact Assessments



Making Every Contact Count (MECC)

Making every contact count is a key target for CHCP CIC and is a personal objective of every member of our staff.

A few examples of how we are applying this principle is given below:

Dental Health Educators

In partnership with our Midwifery colleagues at Hull and East Yorkshire Hospitals Trust we have introduced an integrated care pathway for opt out referral to stop smoking and weight management services and have a member of our Dental Health Education Team co located within maternity booking clinics offering advice and support to pregnant women about their own and their baby's oral health.

One Stop Referral

Our Erectile Dysfunction Service offers an online assessment service and self referral. Men referred into the service all receive holistic care including referral to stop smoking, exercise and weight management services and for a healthy hearts assessment if clinically indicated.

Prison Public Health Promotion

This new service introduced in 2011 delivers by:

- Building the physical, mental and social health of offenders and their families as part of a whole system approach to promoting health
- Helping prevent the deterioration of offenders' health during or because of custody,
- Helping prisoners adopt healthy behaviours that can be taken back and maintained in the community

Other Key Performance

Social Accounts 2011

As a socially responsible commercial business, CHCP CIC aims to involve patients, staff and service users in designing the services it provides. In addition, it aims to re-invest any surplus into the community, staff or service developments. This means that the work of CHCP CIC will often benefit the whole community as well as the people who use its services.

CHCP CIC second set of accounts builds on the results from the first year and again illustrates some areas of best practice, key developments and actions taken forward from year one, as well as further recommendations for development going forward. The accounts have captured an overview of how we have measured our performance, whilst highlighting our overall activities, Social Return on Investment and how we continue to deliver both internally and externally as a social business.

The contributions of the Social Audit Panel, the wider team and staff involved in developing the accounts this year, and all those stakeholders and partners who took part in the exercise, their commitment and involvement in the process continues to play an important role in delivering our social purpose and for better profit ethos.

For the purposes of the social audit and accounts, CHCP CIC's Social Objectives are split into 5 broad areas:

1. To grow a socially responsible business
2. To contribute to the wider well being of communities
3. To deliver high quality and safe services
4. To be responsive, caring and inclusive to all
5. To be a place where people love to work

From these a series of Key Performance Indicators (KPIs) were developed based upon CHCP CIC's values together with statements made by CHCP CIC. Examples of just a handful of the key achievements identified in the accounting period to December 2011 are as follows:

- Evidence of considerable mental and physical health impacts for the service users of projects and activities co-funded by the CHCP CIC small grants programme.
- Good evidence of partnership working which is both wide ranging and flexible and which will have an impact within communities;
- Strong evidence of reaching out to excluded groups, for example nurses improving access to HIV testing via joint working with the TB nursing team and also the Community Health project;
- Good evidence of feedback being proactively sought and acted on, in more appropriate and varied ways – for example online surveys where paper ones have offered a low return rate;
- Clear examples of new initiatives developed in response to identified needs, for example the HMP Hull One Stop Shop and the New Beginnings course within the Expert Patient Programme

The full copy of the Social Accounts can be found at www.chcphull.nhs.uk

Aim 3 – Be an Employer of Choice

Working For CHCP CIC

Staff Survey 2011/12

Staff comments are important to us to help improve our employees' working lives with the aim of City Health Care Partnership CIC becoming an employer of choice.

Key comments for this year's staff survey are:

Values and Purpose

- 87% of respondents would be happy to be a friend or relative to receive the care provided by CHCP CIC, an increase of almost a tenth (9%) since 2011.
- 83% of respondents were aware of the organisation's missions, visions and values, while 64% said the mission or purpose of CHCP CIC made them feel their job was important.

Role and Responsibilities

- Respondents expressed high satisfaction with their roles and responsibilities, particularly that they were able to perform their duties to a standard they were personally pleased with (79%) and the amount of responsibility they were given (76%).
- Satisfaction with all statements concerning individual's roles and responsibilities had increased since 2011.

Teamwork and Staff Relations

- 92% of respondents felt trusted to do their job and agreed that colleagues treated them with respect; agreement was also high with the statement 'the people I work with seek my opinions' (86%). Agreement levels for all three of these statements have increased since 2011 (either by +4% or +5%).

Customer Focus and Service Delivery

- 97% of respondents agreed that patient information is treated with confidence and that their role made a difference
- 93% of respondents understood the importance of patient satisfaction, delivering efficiencies and improving productivity to the continued success of CHCP CIC
- 82% agreed that patient / service user care was of greatest importance to CHCP CIC.

Since 2011 there have been increases in agreement in all comparable statements relating to customer focus

Aim 4 – Ensure we are able to compete in a competitive health care market

During 2011/12 further investments have been made into our services by commissioners who recognise the quality of our services.

As an organisation we have also undertaken a review of our processes using the LEAN methodology to underpin our 'Securing our Future Programme'

We use the LEAN thinking process as it focuses efforts on getting the right things, to the right place, at the right time, in the right quantity whilst minimising waste and being flexible and able to change. One of core principles is listening to the voice of the patient and making sure everything in the process adds value to the patient.

This has enabled CHCP CIC to build and embed new ways of working within the organisation and has helped us to continue to deliver better healthcare and reduce health inequalities.



Examples of the work to date are:

District Nursing looked at how patients flowed through their service, reviewing the process for accepting, allocating and carrying out care for new referrals.

The Prison Health Service team looked at many processes in their service, including the reception of new patients, inpatient flow and prescribing/dispensing.

The Dental Service workshop focused on meeting the targets that the service is commissioned for including the process for patients booking, arrival, care and check out

The Out of Hours Service looked at the end-to-end process for caring for patients, including triage and care.

The School Nursing Service team examined the process for year 8 vaccination for DPT and HPV, including how children are identified, consented and have vaccines administered.

APMS looked at creating a consistent approach to the management and support of the General Practitioners within the services.

Hull Local Involvement Network (Hull LINK)

People involved in Hull LINK have welcomed the opportunity to be pro-actively involved in the development of the Quality Accounts, for example by participating in the voting on service priorities. The process of identifying the main priorities for improvement (patient experience; patient safety; clinical effectiveness) has been clearly set out in the document and we are encouraged to see that the organisation has taken account of feedback received from a range of sources. Based on feedback gathered by the LINK we endorse these priorities for improvement.

The document presents information on progress in a clear and succinct way and gives a good overview of the range of services and evidence of performance. People involved in Hull LINK look forward to building on an effective working relationship with City Health Care Partnership in the coming year.

East Riding of Yorkshire Local Involvement Network (ERYLINK)

ERYLINK welcomed the opportunity to be involved with the consultation process, providing an opportunity to influence priorities.

The delivery of services by CHCP in the East Riding is less than other providers and therefore ERYLINK's knowledge and understanding of what would be appropriate priorities is more limited. CHCP did assist us in this by providing details of the services that they deliver in the East Riding and it may have been helpful for this to be part of the introduction to the Quality Account. We are able to comment upon the Quality Account in general terms.

The priorities for improvement appear to be 'system' based rather than directly relating to patient care whereas 'Supporting Statements' Aim 4 shows the work that has been undertaken in more practical areas. We recognise that the priorities identified will have an eventual impact on patient care and perhaps this should have been emphasised giving practical explanations on how these areas would be implemented, by whom and the anticipated outcome and impact.

A breakdown of the audits undertaken and actions and outcomes identified as a result would have been interesting.

The activity tables, diagrams and explanations helped to illustrate the improvements made over the past year. The "You Said, We Did" and 'Our Successes' sections provide a good illustration of the quality of services provided.

Overall the layout, illustrations and 'booklet' style of the Quality Account makes it more accessible.

June 2012

The range of services described is representative and positive to identify achievements that have occurred in a range of different service areas in Part 3.

It is very positive to see the ongoing development of a patient safety culture, evidenced by the high level of incident and near miss reporting. We continue to work with CHCP to meet the challenge of analysing the outcomes of this reporting and develop processes for closing the loop in order to share and embed the learning throughout all services within the organisation.

The increasing level of patient engagement within patient surveys is also very positive and it is hoped that a clear focus on impact for patients from real time data recording being looked at this year will further enhance satisfaction levels and lead to service improvement.

The priorities for the coming year are reflective of the consultation process that took place; this demonstrates the organisations commitment to listen to its stakeholders. NHS Hull is looking forward to seeing the demonstrable improvements in NICE and Consent.

In relation to Clinical Audit, we would like to see specifically what has been done to meet the goal, especially in light of not completing any of the national audits that were relevant and the need to show impact of the local audits that were undertaken, themes/trends and improvements.

NHS East Riding of Yorkshire

We are pleased to see the achievements made with regard to patient experience as part of the CQUIN scheme. However the section referring to CQUINs does not appear to provide information in relation to the improvement outcomes and thereby the positive impact that a CQUIN scheme can have on the improvements to service delivery.

It is encouraging that CHCP have a commitment to the collection of real time patient experience data which can inform service improvement during 2012/13.

We are pleased that CHCP continues to achieve above targets with regard to smoking cessation however we feel it would have benefitted the reader if information was included from 2010/11 was included to indicate continued improvements.

In relation to reported successes for sexual health screening there would appear to be a focus on the increased number of patients seen and treated and would have benefited more explanation of what this means in terms of the improved quality outcomes gained.

We would like to highlight the progress made with regard to compliance with HTM 01-05 in Primary Dental Care which is encouraging.

We are pleased to acknowledge the comprehensive number of local audits undertaken by the Trust to monitor and improve the quality of services and it is unfortunate that there appears to have been limited opportunity for involvement in National Audits in 11/12.

The QA is quite technical in parts and would possibly benefit from the inclusion of a glossary to give further explanation of some of the terms used although we recognise that this may be added into the final document.

The view of NHSERY is that the report focuses mainly on the systems and processes that have been in place during 2011-12 to support quality improvement and does not give focus to the achievements with regard to improvement outcomes. Priorities for improvement for 2012-13 are not specifically identified within the report to give the reader a sense of continuous improvement. Within this caveat we confirm that the report is a true and accurate reflection of the quality of services provided by CHCP and that the data and information in relation to services commissioned by NHSERY is accurate.

Hull City Council, Health and Social Well Being Overview and Scrutiny Commission

Formal response to the City Health Care Partnership Quality Accounts 2011/12

Hull City Council's Health and Social Well-Being Overview and Scrutiny Commission received a full briefing on the City Healthcare Partnership, 2011/12 Quality Accounts, to the February 2012 meeting. The Commission welcomed the opportunity to feed into the development process, and supported the CHCP's commitment to fully engage with stakeholders, in order to develop a relevant and responsive quality accounts framework. The Commission is looking forward to feeding into the quality accounts process in future years and developing its relationship with the CHCP.

East Riding Overview and Scrutiny Committee

No statement received.

CHCP CIC Response to Statements

We would like to thank all partners for their statements on our 2011/12 Quality Accounts. We are pleased that all partners recognise the consultation process that has been undertaken in development of the priorities for the coming year and that the data reported is an accurate reflection of our achievements.

Following a review of the statements received we have made the following amendments to our accounts:

- Additional information regarding the themes from our Root Cause Analysis undertaken during the year.
- Additional information in our Patient Survey section to outline how the results are used to develop our services.
- Addition of a glossary of terms.

Clinical Audit

Following comments from one of our commissioners on this section we have reviewed and made the following amendment to our original accounts sent for review:

- Removed the National Paediatrics Diabetes Audit as this was added in error.
- Added an explanation as to our participation in the 2 applicable audits.

Delivery of high quality services is of key importance to CHCP CIC and we will continue to work with all our stakeholders during 2012/13 to ensure our services deliver to the highest standards.

Glossary of Terms

Clinical Audit – This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria.

CQC Care Quality Commission – the organisation that regulates and monitors standards of quality and safety in organisations delivering healthcare.

CQUIN – Commissioning for Quality & Innovation – a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets

Data Quality – Ensuring that the data used by the organisation is accurate, timely and Informative

FNP – Family Nurse Partnership - a preventive programme for young first time mothers.

GP – General Practitioner

GUM – Genito Urinary Medicine

NHS – National Health Service

NICE – National Institute for Clinical Excellence

PALS – Patient Advice and Liaison service

QMP – Quality Monitoring Programme

QOF – Quality and Outcomes Framework is a system for the performance management and payment of general practitioners (GPs) in the National Health Service (NHS) in England, Wales, Scotland and Northern Ireland.

UNICEF – United Nations Children's Fund

How to Feedback

Should you wish to provide and comment and feedback on this report or give suggestions for future reports please email qualityaccounts@chcp Hull.nhs.uk or write to:

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Providing Quality Care

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