chcp

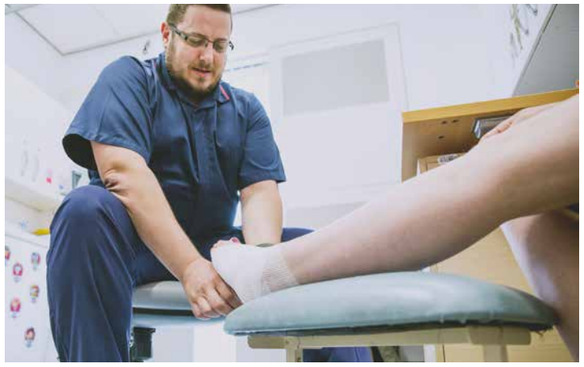
Quality Accounts

2018/19

City Health Care Partnership CIC

chcp

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



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Our values

- Service & Excellence
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Chapter 1

Statement and Introduction from the Chief Executive

Hello and welcome to City Health Care Partnership CIC's (CHCP) 2018 – 2019 Quality Accounts.

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

We have reviewed our available data on the quality of care within our services in order to complete this publication in line with the guidance offered within the Quality Accounts Toolkit. The publication and the process for compiling the content acts as an open and honest review of our quality achievements and challenges.

For the coming year, 2019 – 2020 we were delighted that our proposed priorities for improvement were voted for by 396 people comprising of our staff and our external stakeholders and we welcome the challenge during the coming year to achieve the ambitions identified for Patient Safety, Patient Engagement and Clinical Effectiveness.

Within CHCP, we hold our vision and values in high regard, they are a major focus of our Quality Strategy and are interweaved within all our in-house professional meetings. Once again to illustrate how our staff embrace our vision within their day-to-day work within Chapter 5 and Chapter 6 of this publication we offer a small extract of some of the awards and external recognition we have received during the past year.

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

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

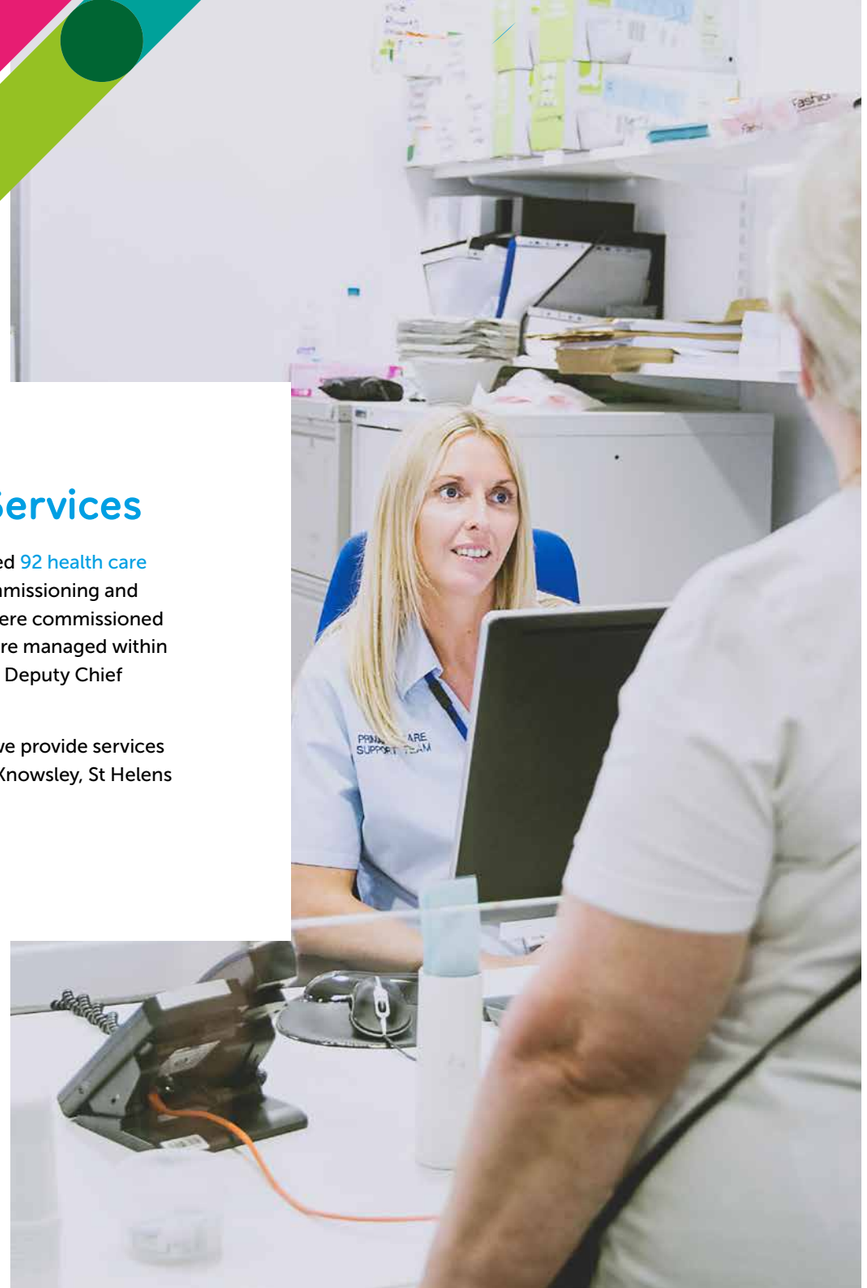
Andrew Burnell
Chief Executive, City Health Care Partnership CIC

Chapter 2

Review of Our Services

During 2018 – 2019 CHCP provided 92 health care services funded through NHS commissioning and 16 public health services, which were commissioned by local authorities. The services are managed within two portfolios held by each of our Deputy Chief Operating Officers.

The geographical areas in which we provide services are Hull, East Riding of Yorkshire, Knowsley, St Helens and Wigan.



Our services are wide ranging and diverse – but each centres on enabling the best possible, accessible care for our service users and includes the following:

Integrated Community Services

- Dietetics and Nutrition service
- Community Stroke team
- Speech and Language Therapy team
- Intermediate Care team
- Integrated Community Stroke service
- Integrated Care Centre
- Community Nursing teams across Hull and East Riding
- Continuing Health Care
- Podiatry team
- Telehealth
- Specialist Palliative Care team

Health and Wellbeing Services

- Community Children's Nursing service
- Integrated Sexual Health services
- Public Health services (North West)
- 0 – 19 Public Health services
- Primary Care Medical services
- Community Dental services
- Prison Healthcare
- Carers Information & Support service
- Pain Management service
- Let's Talk service
- Integrated Urgent Care

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

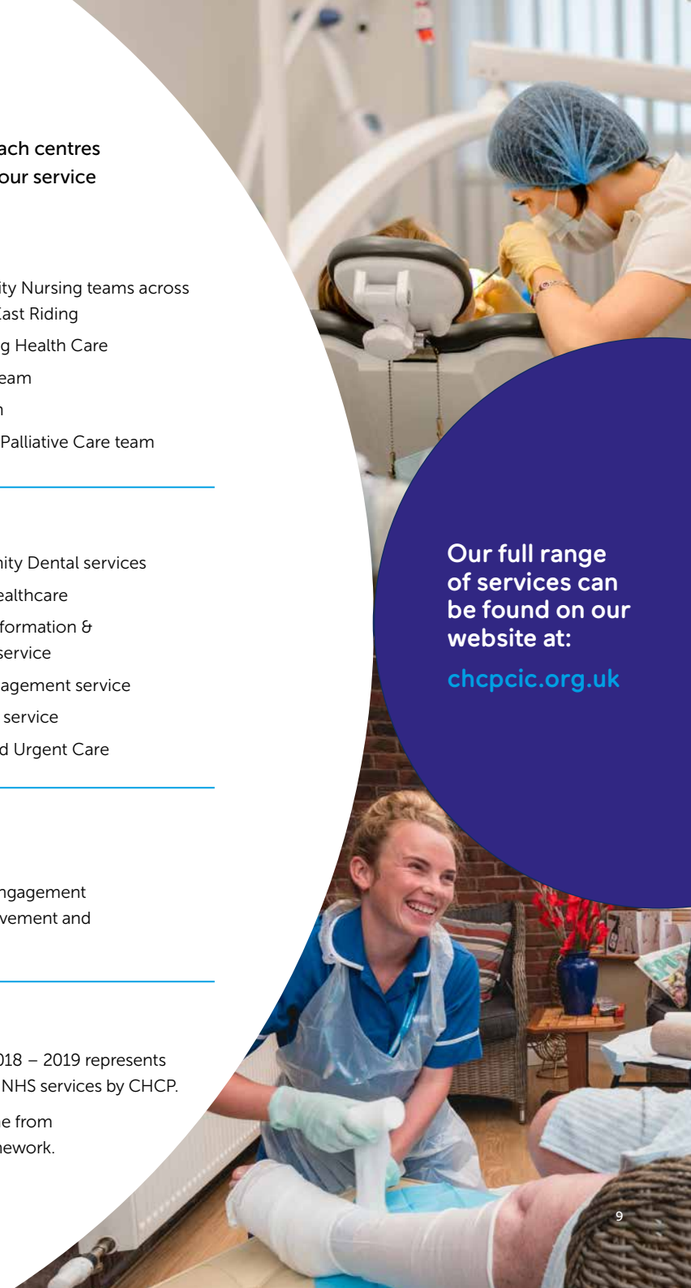
Learning & Development, IT support, Communications, Engagement and Marketing, Finance, Human Resources, Quality Improvement and Compliance and Business Intelligence teams.

Income

The income generated by the NHS services reviewed in 2018 – 2019 represents 100% of the total income generated from the provision of NHS services by CHCP.

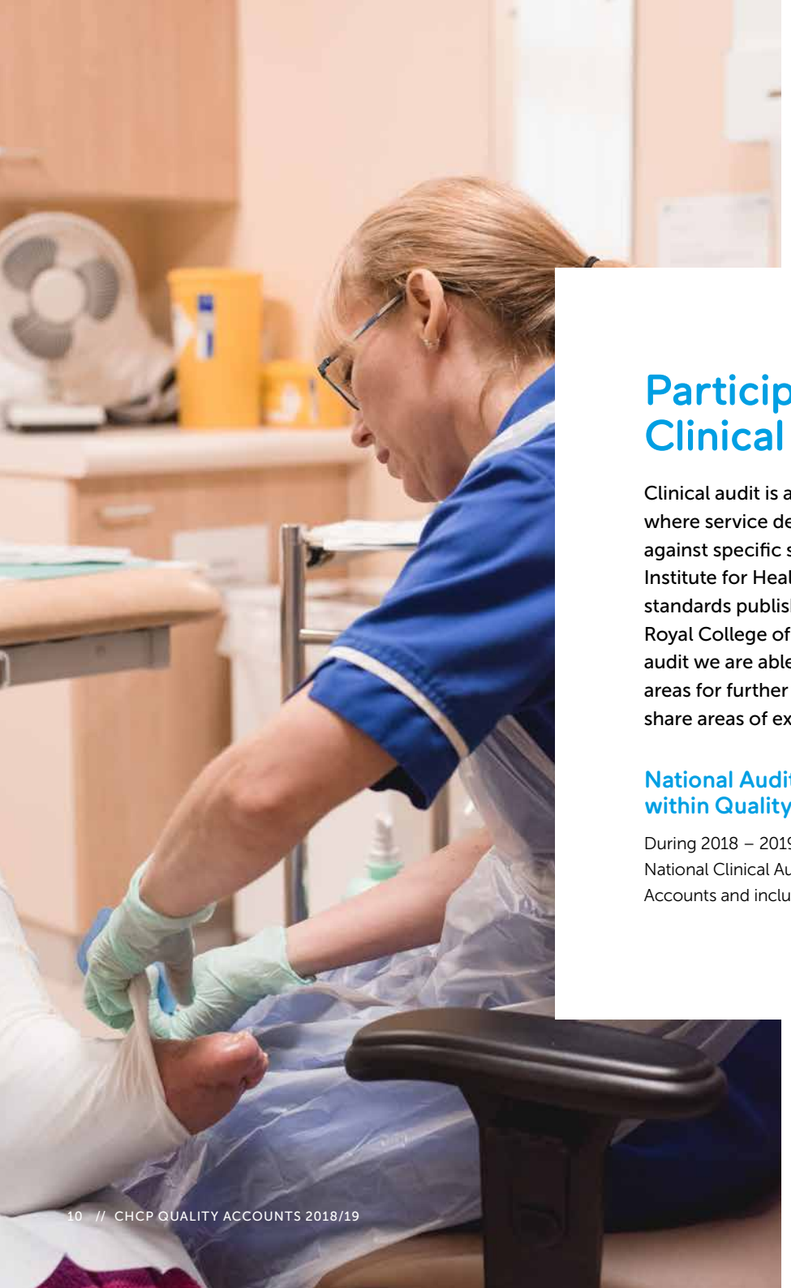
The income for public health services in 2018 – 2019 came from Local Authorities as per the National Commissioning Framework.

*Please note that these services are not exhaustive but offered as an illustration of the breadth of services that CHCP provides.



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

chcpcic.org.uk



Participation in Clinical Audit

Clinical audit is a formal quality improvement process where service delivery is measured and analysed against specific standards such as NICE (National Institute for Health and Care Excellence) and clinical standards published by professional bodies such as the Royal College of General Practice. By utilising clinical audit we are able to identify and monitor aspects and areas for further improvement as well as highlight and share areas of excellence.

National Audits reportable within Quality Accounts

During 2018 – 2019, CHCP participated in 100% of the eligible National Clinical Audits that are reported within the Quality Accounts and include the following.

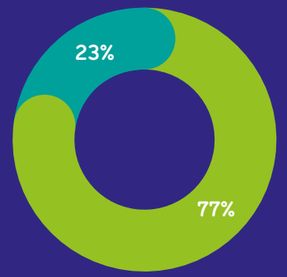
National clinical audits participated in by CHCP

Professional Body	Audit Title	Audit methods
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Audit of Care at the End of Life (NACEL)	Measures the experience of care at the end of life for dying people and those important to them
British Heart Foundation (BHF)	National Audit of Cardiac Rehabilitation	Collects service level information about staffing and performance
National Diabetes Audit (NDA) & National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Diabetic Foot Care Audit (NDFA)	Measures performance against NICE guidance
Royal College of General Practitioners (RCGP) et al	National Audit of Intermediate Care (NAIC) 2018	Collects service level information around admissions, staffing and performance
Royal College of Physicians	National Asthma and COPD Audit Programme (NACAP)	Collects service level information around admissions, staffing, resources and performance
Royal College of Physicians (RCP)	National Audit for Pulmonary Rehabilitation	Collects service level information about staffing and performance

Once the audit is completed and the results analysed the final audit report is received directly by the named lead participant within each service for their review and sharing. This is valuable information as it enables the service to gain insight into their approach and care outcomes and make comparisons with similar national care provision.

During 2018 – 2019 CHCP services registered **182 clinical audits** with the Quality Improvement team

CHCP clinical audits 2018- 2019



141 of the audits have been completed and 41 are ongoing.

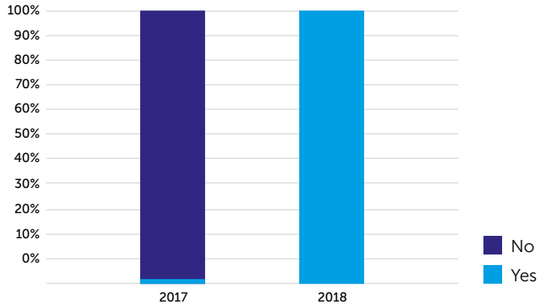
In total **65 clinical services** registered their participation in at least one clinical audit for this period.

One of our organisational-wide audits was conducted by the Quality Improvement team who re-audited compliance with National Institute of Health and Care Excellence (NICE) guidance and management processes following the findings from the first audit completed in 2017 – 2018.

The clinical audit sought to ensure compliance with the revised CHCP NICE Policy was maintained and capture improvements following last year's actions.

2017/18	2018/19
100% of the published NICE guidance sampled was identified and disseminated to the NICE Triage Group	100% of the published NICE guidance sampled was identified and disseminated to the NICE Triage Group
100% of the guidance identified above was reviewed by the Triage Group	100% of the guidance identified above was reviewed by the Triage Group
100% of the Triage Group's decision following review was documented	100% of the Triage Group's decision following review was documented
100% of guidance identified as potentially relevant was disseminated to services	100% of guidance identified as potentially relevant was disseminated to services
2.3% of all relevant guidance had an identified NICE lead assigned and could evidence explicit NICE uptake and actions	100% of all relevant guidance had an identified NICE lead assigned and could evidence explicit NICE uptake and actions

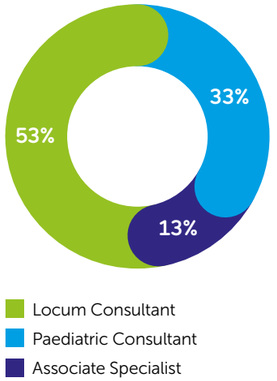
Did all relevant guidance have an identified lead assigned & with evidence of uptake and actions?



The re-audit demonstrated that the actions put in place during the year had resulted in improvement in identifying managerial and clinical leads throughout the organisation who have a clear understanding of their responsibilities for managing NICE compliance within their services.

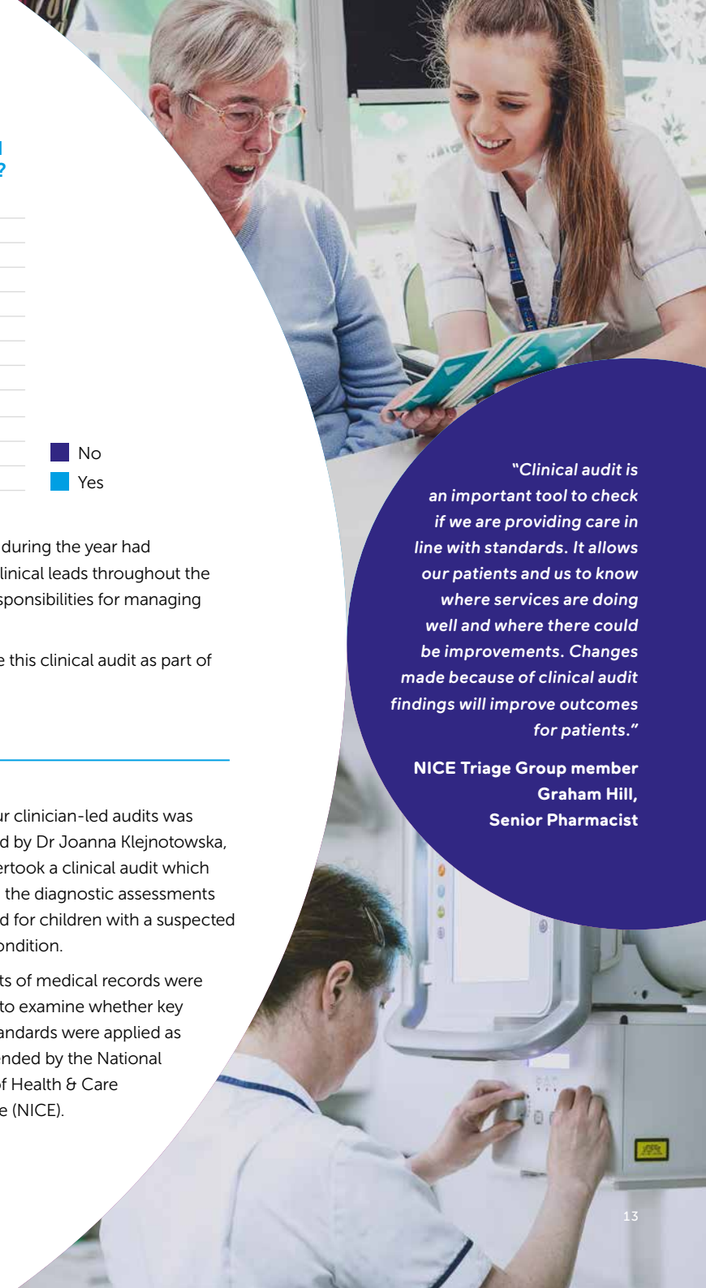
The Quality Improvement team have agreed to continue this clinical audit as part of their annual audit programme.

Who conducted assessments?



One of our clinician-led audits was conducted by Dr Joanna Klejnotowska, who undertook a clinical audit which examined the diagnostic assessments conducted for children with a suspected Autistic condition.

Fifteen sets of medical records were reviewed to examine whether key clinical standards were applied as recommended by the National Institute of Health & Care Excellence (NICE).



"Clinical audit is an important tool to check if we are providing care in line with standards. It allows our patients and us to know where services are doing well and where there could be improvements. Changes made because of clinical audit findings will improve outcomes for patients."

NICE Triage Group member Graham Hill, Senior Pharmacist

Key findings from autistic condition assessment clinical audit

Assessment

Evidence of recorded developmental history	Detailed interview with parents conducted and recorded	Evidence of recorded discussion of family history	Evidence of recorded exploration of developmental regression
100%	80%	60%	27%

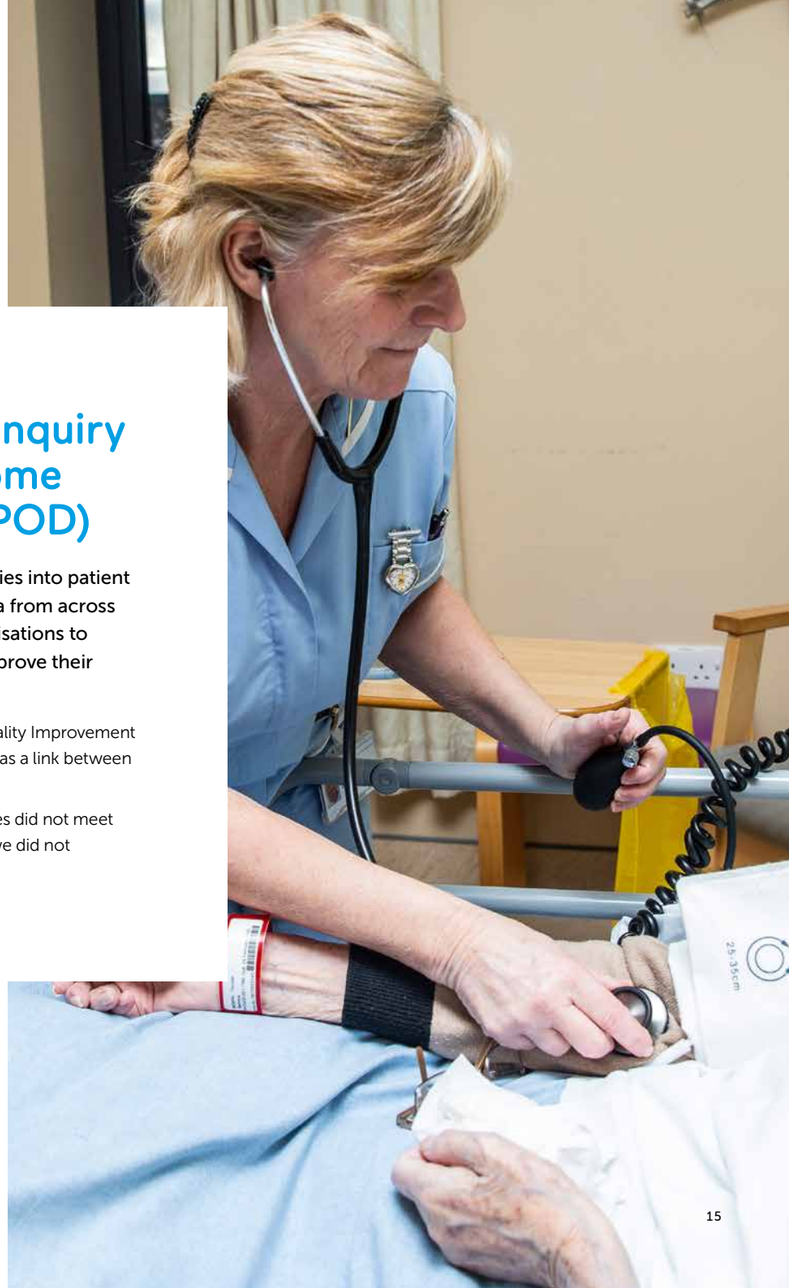
Physical examination

Was the child's growth measured and plotted on centiles scale?	Yes 60%	Not recorded 20%	Measured but not plotted 13%	Child refusal to be examined 7%
Was the child's head circumference measured and recorded?	Yes 40%	No 60%		
Was the child's hearing assessed and recorded?	Yes 67%	No 33%		
Assessment of vision	Yes 53%	No 47%		

Functional Assessment

Discussion and recording of feeding or diet issues	Yes 93%	No 7%
Discussion and recording of bladder or bowel problems	Yes 67%	No 33%
Discussion and recording of sleep disturbances	Yes 100%	

The findings from the audit were shared and discussed amongst the paediatrician team and generated discussion around how clinical data can be easily documented to reflect the depth of the medical assessment. The team developed an action plan to address the areas of non-compliance. This included devising a standard template to be adopted by the doctor during assessment that contained the prompts for key clinical areas to be assessed and recorded in order to demonstrate consistency in assessment and documentation.

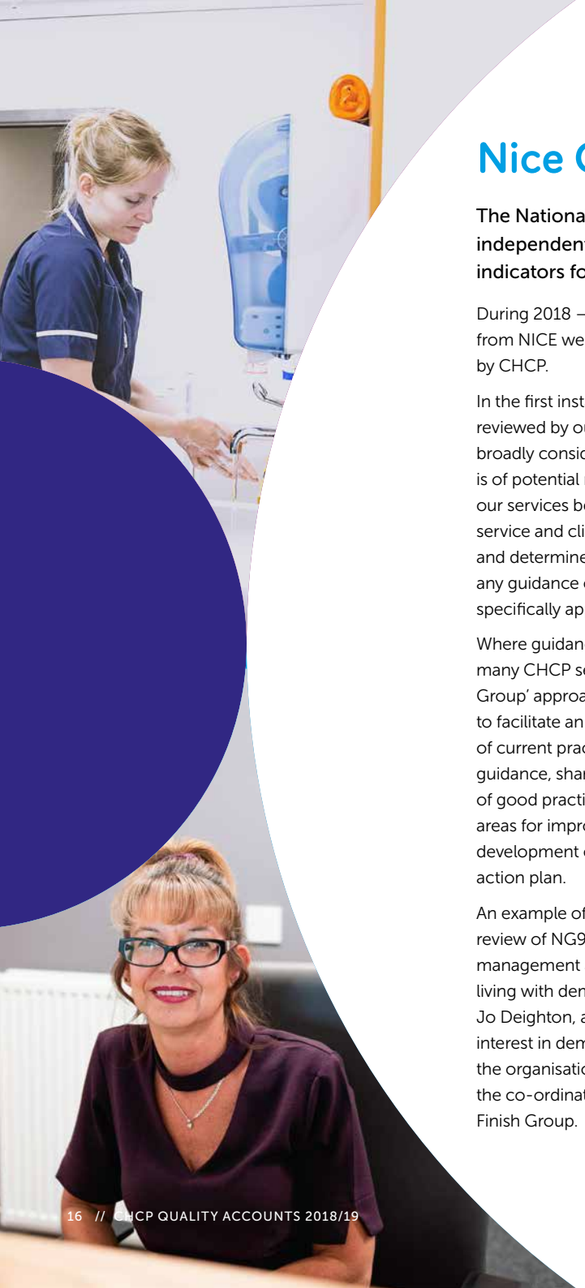


National Clinical Enquiry into Patient Outcome and Deaths (NCEPOD)

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

Last year we appointed a member of our Quality Improvement team as a Local Reporter for NCEPOD to act as a link between NCEPOD and the clinicians within CHCP.

However, during 2018 – 2019 CHCP's services did not meet the criteria for any of the clinical topics and we did not participate in any enquiries.



Nice Guidance

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

During 2018 – 2019 202 publications from NICE were received and reviewed by CHCP.

In the first instance all publications are reviewed by our 'Triage' group who broadly consider whether the topic is of potential relevance to any of our services before disseminating to service and clinical leads to measure and determine their compliance to any guidance or standards that is specifically applicable to them.

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

An example of this approach is the review of NG97 Dementia: assessment, management and support for people living with dementia and their carers. Jo Deighton, a practitioner with special interest in dementia, was identified as the organisational lead and undertook the co-ordination of the Task and Finish Group.

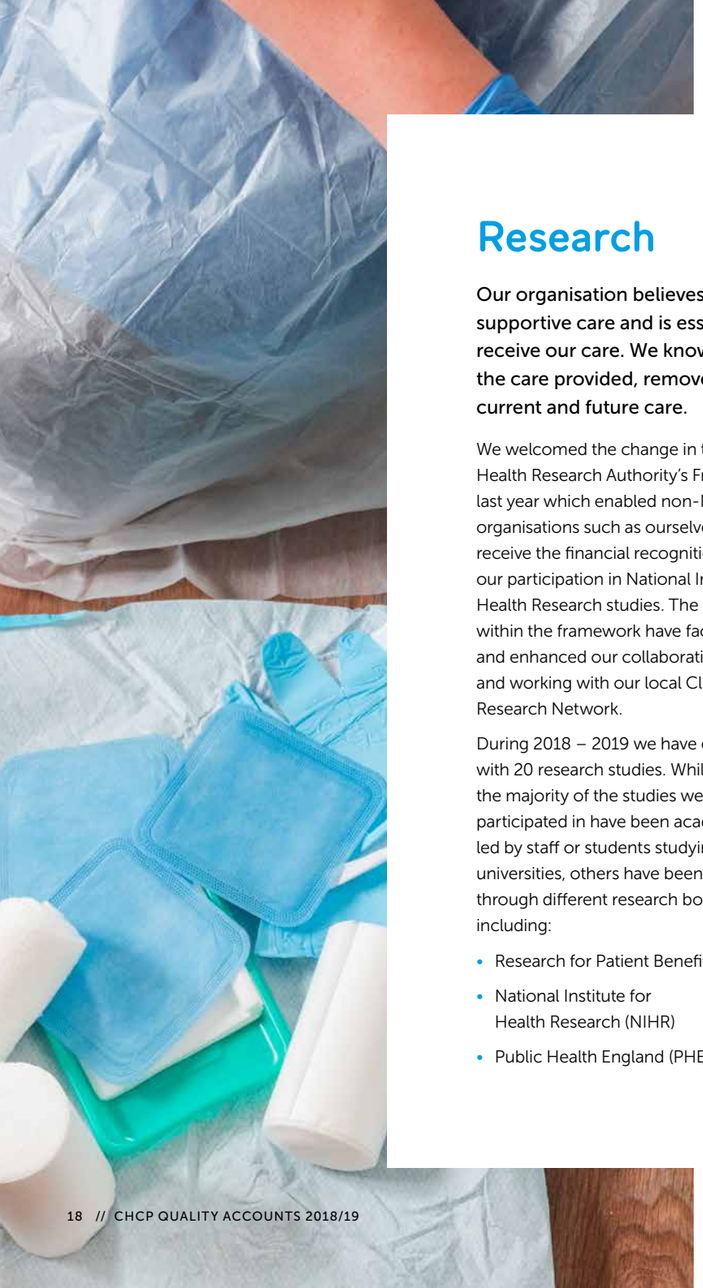
Jo identified stakeholders as representatives from across CHCP's services to contribute to the review and assessment of the guidance, utilising the baseline assessment tool developed by NICE. The Task and Finish Group met three times, with acknowledged actions completed by the group in between meetings, with additional support facilitated by Jo and CHCP NICE Co-ordinator.

Jo reflects upon the process: ***"Although it seemed a little daunting at first, I quickly began to appreciate the benefits of the Task and Finish approach. I found co-ordinating the group a challenge due to the breadth and diversity of our services: however, the sheer scale of knowledge, variety of good practice examples shared and enthusiasm of the group members made the process feel very fluid and provided me with a high level of assurance that we were compliant with the NICE guidance and providing high quality care."***

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

In addition to our in-house assessments and compliance processes during 2018 – 2019 some of our staff participated in the NICE National Stakeholder review and development of the following guidance:

- CG179 Pressure ulcers: prevention and management
- NG88 Heavy Menstrual Bleeding
- NG91 Otitis media (acute): antimicrobial prescribing
- NG109 Urinary tract infection (lower): antimicrobial prescribing
- NG110 Prostatitis (acute): antimicrobial prescribing
- NG111 Pyelonephritis (acute): antimicrobial prescribing
- NG112 Urinary tract infection (recurrent): antimicrobial prescribing
- NG113 Urinary tract infection (catheter-associated): antimicrobial prescribing
- NG114 Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing
- NG117 Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing
- NG120 Cough (acute): antimicrobial prescribing
- QS167 Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups



Research

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

We welcomed the change in the Health Research Authority's Framework last year which enabled non-NHS organisations such as ourselves to receive the financial recognition for our participation in National Institute of Health Research studies. The changes within the framework have facilitated and enhanced our collaboration and working with our local Clinical Research Network.

During 2018 – 2019 we have engaged with 20 research studies. Whilst the majority of the studies we have participated in have been academic-led by staff or students studying within universities, others have been funded through different research bodies including:

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

The number of patients receiving NHS services provided or sub-contracted by CHCP in 2018 – 2019 who were recruited during that period to participate in research approved by a research ethics committee was 85. Additionally we have been:

- A 'Participant Identification Centre' for four studies, which means we supported the researchers through displaying flyers and offering information about their study to our services users to facilitate their awareness and possible participation
- Supported two quantifiable studies through enabling access to our data for ethically approved studies

One of our staff colleagues tells us about research participation

The RAPID study is an international, multiple site study that collects, analyses and provides data on the widespread and long term use of medications and non-drug interventions for common symptoms associated with palliative care.

The evidence collected from this study directly informs clinical practice. The collective findings from around the globe add to the knowledge for clinical prescribing and use of non-pharmacological therapies that are used within clinical care. Lindsay Turton, Nurse Consultant in Palliative Care, East Riding, informs, *"We have been engaging with this research for 5 years and are the only nurse-led Specialist Palliative Care team in the world to be submitting data. All ten members of the team are non-medical prescribers and consider this to be an essential part of our role. We work closely with our GPs to ensure a multi –professional, holistic and safe approach to prescribing practice is applied to the assessment and management of patients with complex specialist palliative care problems."*

Each year a selection of medications are identified and the team are required to submit anonymised data about their use through a data coding system. The number of data entries required for the completed submission varies according to the research analytical requirements, so the team may input data over a few weeks to a few months to successfully complete the amount of information necessary to be able to produce insightful analysis.

Lindsay continues, *"The Macmillan team are very motivated and excited to be involved in a piece of research which supports our daily work but also influences our prescribing practice in such a positive and evidence-based manner. We are able to read the analysis report and gain insight into the efficacy in which we are managing our patients as well as reading about other medications from around the world which we may not be familiar with, but are being used to good effect elsewhere. We can bring this topic for discussion at our learning forums, so the long term future could be more options for our patients and improved symptom management."*

Lindsay believes that the engagement in this study is of value stating, *"We are supported in our practice through being involved with studies like this. In turn, they help us to inform and support our GPs and fellow health professionals by sharing this knowledge and information when discussing care management within our professional meetings and training programmes that the team deliver."*

"Yes, I'm interested as it sounds like a really interesting study that could help with wound healing."

Potential participant in diabetic foot ulcer study

" It has been beneficial for me to take part in this study as it has helped me think about what I can do for myself to stop me from falling again."

Participant in Occupational Therapy Intervention Study

"...at last! We have the opportunity to get involved with this ground breaking work and see what the benefits might be for me."

Participant in HIV treatment study

Goals Agreed With Our Commissioners

As in previous years, a proportion of City Health Care Partnership CIC's income in 2018 – 2019 was conditional on achieving quality improvement and innovation goals. These were agreed between ourselves and any person or body that we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Overview of 2018 - 2019 CQUIN Scheme

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

CHCP has a CQUIN scheme associated with contracts with Clinical Commissioning Groups (CCGs) and NHS England, containing 11 goals.

Each goal has a number of milestones to achieve, with evidence of achievement being submitted to the commissioner(s) on a quarterly basis.

Milestones have different financial values attached to them dependent on the weighting placed on them by the commissioners, with the potential for improvements of patient care considered within the initial CQUIN agreement.

Goals agreed with our commissioners

	CQUIN Schemes 2018/19 Summary	Available Milestones	Milestone Achievement
	Hull, East Riding & Vale of York CCG's Hull CCG – In Scope/Out of Scope/Paeds Services		
1	Improvement of health and wellbeing of staff	8	60%
2	Improving the uptake of flu vaccinations for frontline staff (clinical and non-clinical ie. patient facing)	1	100%
	Hull CCG – In Scope Services		
3	Domiciliary Care	11	100%
4	Preventing ill health by risky behaviours: Tobacco and brief advice	4	100%
5	Preventing ill health by risky behaviours: Tobacco referral and medication	4	100%
6	Preventing ill health by risky behaviours: Alcohol screening	4	100%
7	Preventing ill health by risky behaviours: Alcohol brief advice or referral	4	100%
8	Improving the assessment of wounds	2	100%
	NHS England - Prisons		
9	Improvement of health and wellbeing of staff	8	100%
10	Supporting proactive and safe discharge	4	100%
11	Escort and Bedwatch	4	100%

As the table above demonstrates we have achieved a 100% target in all but one of the CQUINs requirements this year. We were disappointed not to achieve the goal of a 5% reduction in staff reporting experiencing musculoskeletal problems or feeling unwell due to stress as a result of work.

However, undertaking the data analysis has been valuable for us to identify specific areas that did not report a reduction. We recognise the importance of improving the health and wellbeing of our staff and are working with our service managers in these areas, as well as our colleagues in our OccWellbeing service to put support mechanisms in place.

One of the CQUIN indicators that we were required to deliver on behalf of Hull Clinical Commissioning Group (CCG) was to improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.

Whilst CHCP has always recognised that employee health and wellbeing is a key enabler to good business, the CQUIN enabled us to focus our efforts and ensure that we have a wide range of wellbeing services and initiatives and a process for monitoring the effectiveness of our wellbeing strategy.

Rebecca Scarr, Human Resource Projects and Business Manager, informs of the process for monitoring the work:
"To enable the commissioners to monitor our progress we were required to submit a Staff Health and Wellbeing Action Plan. We reported on actions completed on a quarterly basis with evidence and actions for next quarter. The commissioner's agreement of achievement was based on this report and the evidence submitted."

As a result of this more formalised and evidence based approach, increased planning was undertaken to ensure we were delivering on priorities identified through a variety of indicators including the annual colleague survey and sickness absence rates. This ensured that the programme was varied and covered a broad range of wellbeing needs.

Rebecca continues by advising what we learnt through adopting the CQUIN:
"Reporting on the status of employee wellbeing, including performance, activities and initiatives provided us with the opportunity to establish structured reporting methods both internally and externally and ensure that the focus on employee health and wellbeing remained high consistently throughout the year and with continued momentum."

Another CQUIN that we reported upon was the operational delivery of domiciliary care being provided within a two-hour window.

The requirement of this standard underpinned the operational model which ensures the delivery of person-centred individualised care, by the right person, at the right time, in the right place for all house-bound patients with multiple needs.

Key Milestones and Outcomes reported upon during 2018 – 2019 included:

- Housebound patient's conditions being treated holistically with multiple needs addressed
- Provision of a holistic approach that recognises and provides physical, psychosocial and social assessment
- Continually seeking to provide the best possible 'gold standard' care to our service users and their carers – including co-ordinating care pathways across the system which involve service users and carers in personal choice and decision making
- Ensuring that all carers, staff, volunteers and partners who deliver care have the support, education and training to assist them, to either deliver the best possible care or to feel fully engaged in the care provided

Sue Baker, General Manager reports:
"Working to ensure the successful delivery of this CQUIN requirement has been underpinned by working through new and established partnerships and collaborative working - by developing and integrating our community teams with therapies, social care and the voluntary sector, who have a range of essential skills and expertise. These include clinical assessment skills, population assessment skills, prescribing at all levels appropriate to case mix of service users and ensuring staff have the specialist skills required such as dementia training for all. This includes both clinical and non-clinical staff."

Sue explains that this work will continue: *"CHCP will continue to ensure our Integrated Community Services meet the changing demands of our local population, ensuring patients and their families and carers feel empowered and engaged in their care, supported by the right person, at the right time, in the right place for all house-bound patients with multiple needs."*

Data Quality

To ensure our services deliver quality patient treatment and care CHCP collects and analyses data. Good quality data is the essential ingredient for reliable performance information and has been recognised as everyone's responsibility within the organisation.

By making it part of the day to day business CHCP has created an integrated approach across operational, performance management and quality assurance functions.
We have taken the following actions to assure and improve data quality:

Assessment

Data is assessed against the six key dimensions of Accuracy, Validity, Reliability, Timeliness, Relevance and Completeness.

Reporting

The outcome of data assessment is used to inform the Data Quality Audit priorities and enable an informed selection of areas for data quality improvement.

Action

The development of our Data Quality Improvement Plans and the regular review of progress against these plans are assessed across operational and Board levels.

Clinical Coding

CHCP was not subject to the Payment by Results clinical coding audit during 2018 – 2019 by the Audit Commission.

Statements from the Care Quality Commission

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

CHCP has received no breach notification as part of the inspection regime.

Parliamentary Ombudsman

During 2018 – 2019 there were no complaints referred to the Ombudsman.

Comments, Concerns, Complaints and Compliments

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

Complaints, Concerns, Comments and Compliments received during 2018 - 2019

Comments	Complaints	Compliments	Concerns
2017 - 2018	2017 - 2018	2017 - 2018	2017 - 2018
51	137	448	1629
2018 - 2019	2018 - 2019	2018 - 2019	2018 - 2019
44	124	421	1504

During 2018-2019 we have noted a 7.5% reduction in the overall number of comments, concerns, compliments and complaints overall. However, in the next section we consider the higher volume of Family and Friends Test data that we have received which indicates an 8.6% increase in participation from last year. We have been actively using and promoting the use of the Friends and Family Test throughout the organisation to ensure that service users are given the opportunity to feedback on their experiences within real time and thus would not expect those who have participated in the Family and Friends Test to duplicate their comments through the 4C process.

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

Friends and Family Test

We continue to adopt the Friends and Family Test as this offers people who use NHS funded services the opportunity to provide feedback about their care and experience.

In the period between 1 April 2018 and 31 March 2019, 17,763 people completed the Friends and Family Test with the vast majority of those who participated saying that they would be likely or extremely likely to recommend the service that they received to a friend or family member, if they needed similar care or treatment.

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

Extremely likely	Likely
78.45%	15.66%
Amount **13,935**	Amount **2,781**
Neither likely or unlikely	**Unlikely**
2.60%	1.26%
Amount **461**	Amount **224**
Extremely unlikely	**Do not know**
1.54%	0.49%
Amount **274**	Amount **88**

Culminated totals of the likeliness of recommending the service

Would recommend our service	Would not recommend our service	Neutral or do not know
94.11%	2.80%	3.09%
Amount **16,716**	Amount **498**	Amount **549**

Freedom to Speak Up

As an organisation, CHCP is committed to ensuring that staff are supported in their duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisation in which they work. Thus, we encourage and support a culture in which staff can raise concerns openly and safely. We have a number of mechanisms within the organisation to ensure that any staff who wish to raise a concern feel that they are supported in achieving this.

They can do this through:

- Contacting the 'Freedom to Speak up Guardian' who acts as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation
- Contacting the confidential Support and Listening Service, put in place as an informal way of tackling any concerns that arise by listening to, supporting and signposting staff appropriately to help resolve concerns informally
- Accessing our occupational health services and internal health and wellbeing initiatives including stress control sessions and counselling
- Seeking guidance from our Human Resources and associated supportive policies
- Raising issues through the established safeguarding procedures
- Raising issues directly with their manager or clinical lead

You said – We did

We value feedback from people who use our services and offer the following examples of how we have responded to comments.

You said:

When I am sat in the waiting room, it would be helpful for me to know how long until I am going to be seen.

We did

We introduced information boards into our waiting areas including specialist clinics – these identify which clinics are operating/the current waiting time and if clinics are running on time.

You said:

I had to wait a long time to receive my Champix prescriptions to help me stop smoking from my GP after a request for a prescription was sent from the Stop Smoking service.

We did

Implemented a Patient Group Direction (PGD) with Pharmacies to give instant access to Champix.

You said:

I come to various clinics and appointments and I find it difficult to keep track of who is who, it would be good if staff have easy to see name badges.

We did

We have purchased 'Hello my name is.....' badges for all our staff.

You said:

Disappointingly I could easily find where to complain on your website but there was no mention of compliments or praising your employees.

We did

We have since amended the wording on the customer care page on the website to include feeding back compliments and comments.

You said:

Can we have some podiatry appointments after work or later in the day?

We did

Set up an evening clinic until 8pm on one evening a week.

You said:

I find the waiting room chairs are uncomfortable.

We did

We have reviewed and purchased chairs of varying suitability dependent upon expected patient group need.

You said:

I find the attendance card I was issued with was too big, I cannot fit it into my purse and it got damaged when I left it in my bag.

We did

Reduced the size of the attendance cards.

You said:

I don't like to answer my phone to unknown numbers.

We did

We have altered our system to display the number calling to those registered with our service.

You said:

I would like to have my blood pressure checked as well as support to stop smoking.

We did

We have now trained all of our stop smoking practitioners to offer this service.

youtalk.
welisten.
wedo.

Information Governance

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

The original Information Governance Toolkit assessed performance against three levels: 1, 2 and 3. Organisations were required to provide evidence of compliance with (at least) level 2 for all elements of their assessment. Since 2010 to 2017 CHCP has always maintained and published level 2 or above on all standards. The DSPT does not include any levels and instead requires compliance with up to 40 assertions and 100 evidence items to demonstrate that an organisation is working towards or meeting the National Data Guidance (NDG) standards for Data Security and Protection Standards for health and social care.

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

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

The actions taken throughout the year consisted of:

- A review and update as per the new General Data Protection Regulations and Data Protection Act 2018 of all policies and procedures
- Successful completion and achievement of 'cyber essentials' in support of the toolkit and cyber security
- Maintained accreditation to ISo90001 / ISO270001
- Cyber security workshop held with senior management team
- Appointed the role of Data Protection Officer
- Provision of staff training in a range of areas including Information Asset Owner, subject access and data security
- Privacy Impact Assessment process updated, improved and embedded with the project management process
- Achievement of data security training to 96.5%
- Strengthened the incident reporting process to enable learning of lessons to improve practice
- Reviewed and updated contracts where processing data with third parties
- Reviewed data flows within each of the existing services and conducted risk assessments to identify and enhance security and technical measures

Chapter 3

Priorities for Improvement 2019 - 2020

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

- Patient Experience
- Patient Safety
- Clinical Effectiveness

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

Consultation Process

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

This 'long list' was shared internally with our staff through established working groups and reduced to a 'shorter list' of three potential projects per category. The 'shorter list' was shared via our Connect intranet site and CHCP website with our staff and external stakeholders during January 2019, asking people to vote for their preferred priority for improvement in each of the three categories.

This year a total of 396 people voted on our on-line survey, which was the highest engagement number we have achieved. We believe that this was due to fostering engagement through our Quality Champions and facilitating internal and external survey participation via online survey and we will adopt this approach for future Priorities for Improvement voting surveys.

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

Patient Safety

Supporting front-line staff in their safe delivery of care is essential.

Would the introduction of Quality Dashboards, within our community nursing services, led and managed by our teams, assist our staff to be able to monitor and support safe working within teams?

55%

Clinical Effectiveness

Working and supporting each other to be able to be efficient and effective.

Is it possible to introduce a quality improvement programme that promotes 'quick wins' (i.e. actions that take only minutes) but can save individuals and colleagues time and effort in the future?

55%

Patient Engagement

Ensuring we listen to patients and their experience.

We would like to develop a Service User Voice forum with representatives from across our services, providing a forum for patients to share their views, ideas and questions.

43%

Patient Engagement

Ensuring we listen to patients and their experience. We would like to develop a Patient Council with representatives from across our services, providing a forum for patients to share their views, ideas and questions.

Rationale

We recognise the crucial part that patient voices play in service delivery and development.

How we will do this?

We would like to create a 'Service User Voice' forum that is representative of those who engage with our services and gives patients the opportunity to have their voices heard. Feedback from service users will be used to identify and celebrate areas of good practice as well as areas for improvement. To make the group as representative as possible we will be working with all of our service areas to identify potential members and we will run a marketing campaign, including targeted social media, to inspire people to sign up.

How we will monitor throughout the year?

To ensure that we continue to use the feedback to learn, we will create a quarterly Engagement report. The report will shared with the Executive Board and our Health and Wellbeing Services and Integrated Community Services through their established business and performance meetings.

Patient Safety

Introducing a Quality Dashboard to support community staff in their safe delivery of care.

Rationale

A 'Quality Dashboard' is an information management tool which visually displays key pieces of information related to supporting the safe delivery of community nursing care. We recognise the value in enabling front-line staff to have live data to support safe allocation and delivery of care to their patients.

The use of the dashboard will be beneficial in monitoring activity from a quality perspective and will provide assurances for managers that any safety issues are being addressed and lessons from practice are being shared directly with the frontline staff.

How will we do this?

We will directly work with our frontline staff to identify what are the key aspects of safety information that they would value being able to access 'at their fingertips'. We will then work with our Business Intelligence and other key corporate teams for their assistance to be able to develop a process to be able to extract this 'real time' data and develop it into an accessible format.

How will we monitor throughout the year?

We will provide a progress update at the Integrated Care Services Safety and Quality bi-monthly meetings.

Clinical Effectiveness

Rationale

We know that working and supporting each other to be able to be efficient and effective supports productivity and job satisfaction. In turn happy, proficient and productive staff deliver better and efficient care.

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

How will we do this?

Our work will be underpinned by the award winning '15 seconds 30 minutes' (or 15s30m for short) concept developed by Bradford Foundation Trust

15s30m is a change concept, underpinned by a social movement framework that individual staff or whole organisations can use to release the value in every idea, aiming to help anyone identify how they could spend a few extra seconds on a task now which will save someone else 30 minutes or more later on.

We will introduce a Steering Group to develop the systems, processes, methods of sharing, engagement, recognition and rewards for the achievements of our staff.

How will we monitor throughout the year?

Whilst we will monitor through the Integrated Quality Forum we recognise that the key to the success of this work is the engagement and enthusiasm of staff and we will be sharing and joining in local, regional, national conversations through our social media platforms.

Chapter 4

Last Year's Priorities for Improvement 2018 – 2019

Last year's priorities for improvement were stated in our Quality Accounts 2017 – 2018 and we have been working to achieve them over the past 12 months. Here is a summary of our actions and progress.

Patient Safety: The progression of Yorkshire Safety Huddles across our clinical services

Background

We believe that staff who work in teams that deliver care and support directly to our service users and their carers are ideally placed to spot issues that affect patients' experience and standards of care within our services. We planned to introduce a standardised process to empower our front line staff to identify, discuss, plan and resolve issues related to safety and quality in their workplace.

What did we do?

The Quality Improvement team have worked with three CHCP services to develop Patient Safety Huddles – an initiative evaluated by the Yorkshire and Humber Improvement Academy, designed to promote teamwork, improve communication and reduce adverse events. Patient safety huddles are 'short briefings', including all available team members, allowing everyone the opportunity to speak up about patient safety, identify those at most risk and contribute to planning, sharing and delivering proactive patient care.

The principles of the Patient Safety Huddles are:

Inclusivity - all team staff, including non-clinical, invited to attend

Awareness raising - promoting safety and patient related knowledge

Brief - less than 15 minutes

Communication - Greater communication about patients and between roles and disciplines

Empowerment - of the whole team, to provide a safe forum and a venue for speaking up

Prioritising - determining the best approach for preventing patient deterioration

Effectively led - by a committed and confident team member

Focused - on at-risk patients and harms prevention

Predictable and consistent - happens at the same time and place

Overview - of all patients and the wider situation on the ward/caseload

Workload management - review and re-allocation of the staff resource.

Liz Watson, Project Manager from the Improvement Academy, has supported our organisation approach to introducing the Safety Huddles and informs: "*It's been wonderful to have CHCP join our network of huddles coaches. The enthusiasm of the teams involved to improve the safety and care of their patients has really shone through.*"

Two of our services are concentrating on reducing the incidents of falls within their care environment through the Patient Safety Huddles and asking, *"Who are the patients most likely at risk of a fall?"*, only discussing those patients at highest risk, including:

- What is the plan for this patient?
- Does everyone know what the plan is?
- Is everyone happy with the plan?

In order to capture and understand improvements data is captured, analysed and discussed which in turn increases staff knowledge and awareness.

Michelle Sampson, Charge Nurse, East Riding Community Reablement Unit says: "*From my point of view the patient safety huddle enables the team to take a small amount of time to focus together on patient risk; this therefore promotes an inclusive and open culture. My experience in relation to the outcome of patient safety huddles being undertaken regularly is that the service has a consistent proactive approach to use in relation to reducing or managing patient risk which is owned by the whole team rather than a 'top-down' approach.*"

Another area that has successfully introduced Patient Safety Huddles is Highfield Reablement Centre. Sue Rice, Deputy Home Manager talks about the feedback she has had from the staff: *"Staff have told me that patient safety huddles have brought the team closer together as everyone has a voice and can express it. Additionally we noticed that the patient safety huddles enhanced the understanding of other professionals' roles and responsibilities and the part that everyone can play in preventing falls and how as a team we can assist the patients to manage them."*

Clinical Effectiveness: Ensuring personalised care is reflected in our service users' care plans

Background

We recognised that healthcare records can provide a valuable means for sharing clinical information across disciplines as well as with our service users. We would like to revise our record keeping approach to ensure that the service user's voice is sought, respected and documented and their plan of care is shaped to meet their needs.

What did we do?

We have introduced a range of work streams and support initiatives to enable this work to be implemented. These include:

A 'Task & Finish' group was formed to address the importance and legal requirements stated within the Accessible Information Standard to ensure all people including those with a disability, impairment or sensory loss are able to access and understand the content of their clinical records.

The group made recommendations for clinical practice including:

- Ensuring service users are asked if they have any information or communication needs and find out how to meet their needs
- Record those needs clearly and in a set way within healthcare records
- Highlighting or flagging the person's file or healthcare records so it is clear that they have information or communication needs and how to meet those needs
- Seeking consent or permission to share information about people's information and communication needs with other providers of NHS and adult social care
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

In addition to the work above our community nursing teams have also put strategies into place to ensure:

- Every patient receives a' Your Information – How We Use It' leaflet to explain how our services users have the right to privacy, what information we gather and offer transparency about how we use it and comply with the General Data Protection Regulation
- Our care plans, which are held electronically, can be easily be personalised
- Our nurses complete a holistic nursing assessment at the first visit which addresses the patient 'as a whole', not just focusing upon the presenting health-related problems
- We capture and record the patient's wishes when developing plans to manage their problems
- Our staff are able to negotiate potential alternatives to their primary care plan in respect of the patient's personal wishes

"We have made significant advances in our electronic record keeping that will facilitate the capturing of agreed patient centred goals and assist in data capturing and evaluating patient choice and outcomes of care."

Denise Everett, General Manager

Further work includes:

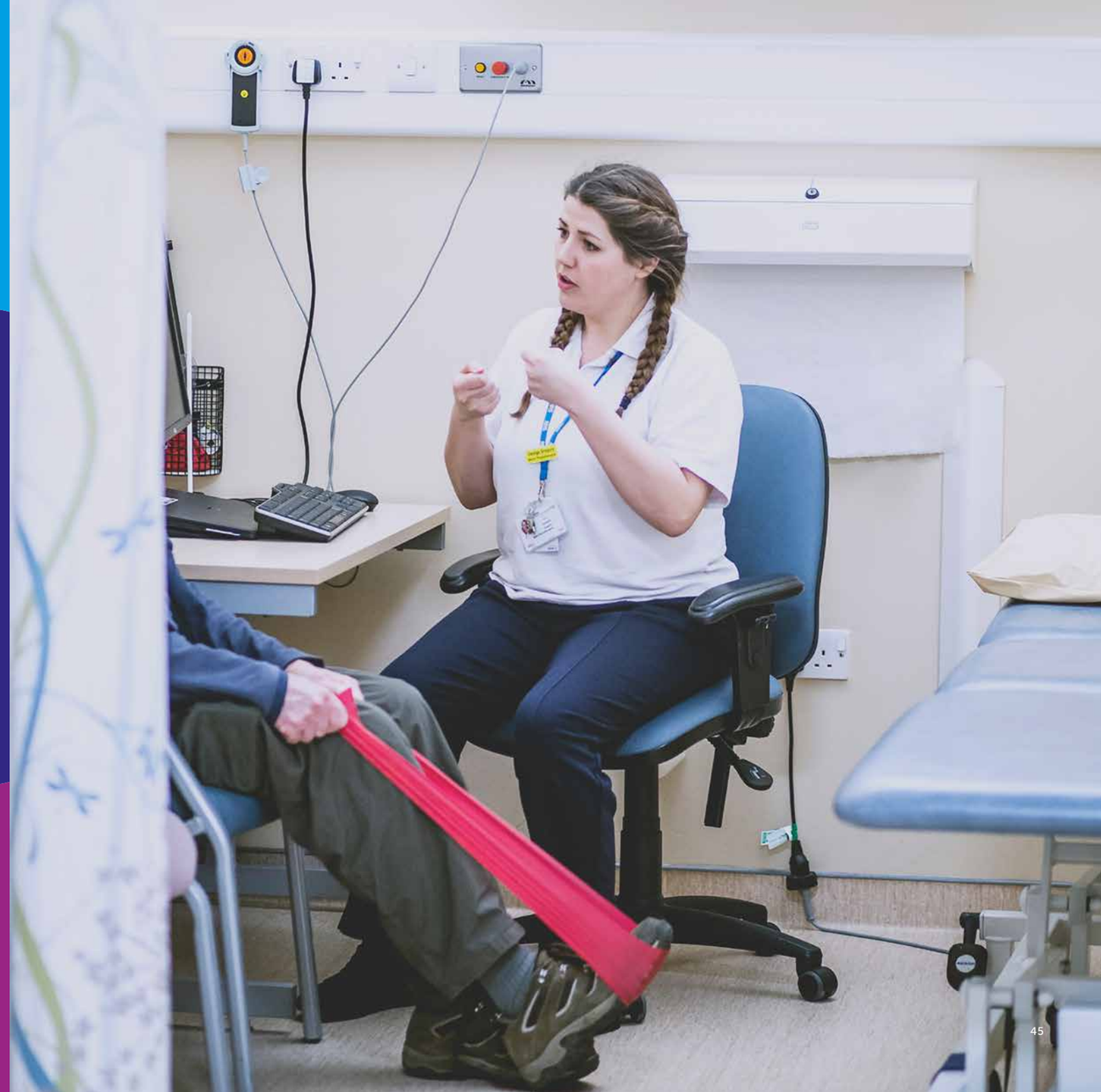
- We have reviewed all our electronic record keeping systems to ensure that we have the necessary internal templates to be able to comply with the standards indicated above – so that no matter what healthcare recording system our staff are using we are able to 'record' 'code' 'flag' and 'share'
- In February 2019 over 3,000 people from across Hull and East Yorkshire attended our public facing 'Differently Abled' event, which directly targeted people and their carers to engage with assisting us to understand and develop person-centred support systems and processes
- Our Wellbeing service is leading the way in enabling the introduction, training and understanding of a 'My Health Check' book, a personalised booklet held by the service user and recognised by Public Health England as being an exemplar of quality. The booklet, developed in partnership and shaped by people with a learning disability is provide free of charge by the service and can be used across all health and social care services, from hospitals to community to voluntary sector. Additionally the Wellbeing service offer guidance and training about when and how to use the booklet

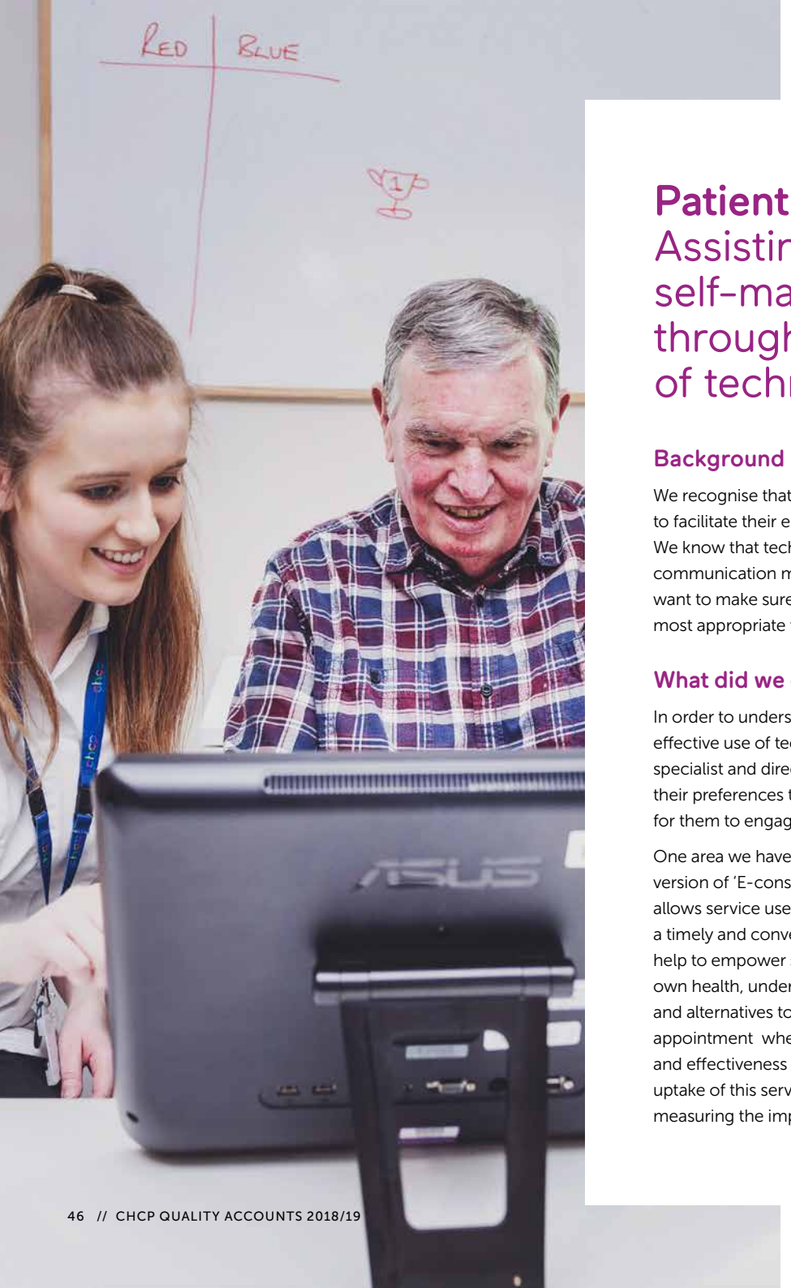
  The booklet contains essential information offered by the individual such as:

  - Essential reading for all staff working with me
  - Things you must know about me to keep me safe
  - Things that are important to me
  - My likes and dislikes

Colleen, who has used the booklet tells us:

"The doctor talked to me and helped me to fill the book in. I carry the book everywhere with me and keep it in my handbag. I have used it at my doctor's and my dentist because it helps them to understand me better."





Patient Engagement: Assisting self-management through the use of technology

Background

We recognise that patients need a choice of mechanisms to facilitate their engagement in their healthcare delivery. We know that technology is increasingly becoming a key communication method for many of our service users and we want to make sure that people are able to contact us in the most appropriate form for them.

What did we do?

In order to understand what would be the most efficient and effective use of technology we have worked with technology specialist and directly with service users and enquiring about their preferences to understand the most appropriate method for them to engage with our services.

One area we have progressed is the rolling out of the updated version of 'E-consult' to all of our GP practices. 'E-consult' allows service users easy access to advice and guidance in a timely and convenient way. It is hoped that 'E-consult' will help to empower service users in taking responsibility for their own health, understand the range of health care provision and alternatives to a medical consultation and request a GP appointment when necessary. We plan to evaluate the use and effectiveness of this technology through monitoring the uptake of this service, feedback from the service users and measuring the impact it has on our GP services.

We had originally considered working with technology specialists to develop our 'own' CHCP App for specific patient groups and conditions. We piloted the work within our Pain Management services and engaged with a small group of service users to 'test and trial' the application on their mobile phones. The findings from this project gave us a valuable insight into what apps people current access and what, if any, would be their needs for healthcare apps.

However, following national developments around the vast array of patient accessible apps and innovations and development being rapidly made available, CHCP have made the decision to cease development of bespoke in-house solutions. Instead, the organisation's attention will be on the adoption of existing effective and evidenced-based solutions that focus on specific conditions from suppliers and technology experts who are already well established in this field.

Whilst we are not continuing with our own bespoke app, we are still committed to providing patients with the most appropriate technological solution for them, and work is ongoing to assess the viability of other technologies. For example we are currently trialling 100 skype licenses across the Hull and East Riding service areas with a range of staff, clinical teams and patient facing areas. The aim of these trials is to improve access to appointments, reduce travel time and make our services more flexible to better suit the needs of those who access them.

We will continue to trial skype use and look at other potential options, identifying areas where this functionality is needed and supporting staff and patients to adopt this technology to support service delivery.

We remain committed to providing services that best suit service user need. To do this we know that we have to be reflective and responsive and pro-actively seek our service users' engagement, perspectives and feedback.

What our service users have told us

"If I could see my records and see my progress, this would be good."

"I would need the app to be straightforward and easy to use."

"What I need is a valuable source of getting up to date, credible information about health care."

"Sorry – it just did not work for me."

"Apps could be useful for me to monitor my pain levels, changing appointments and findings a clinic."

Chapter 5

Our vision is to lead and **inspire** through **excellence**, **compassion** and **expertise** in all that we do and we are proud of the achievements and recognition of our staff.

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

Clinical **expertise** for an area without a recognised pathway

The nurse-led Deep Vein Thrombosis (DVT) service provides assessment, diagnosis and treatment to patients with a suspected DVT.

The team of three Nurse Practitioners noticed a treatment 'pathway gap' in relation to patients who did not have a DVT but were diagnosed with a superficial thrombophlebitis (inflamed vein usually caused by a blood clot) and did not appear to receive consistent treatment.

Information gathering by the nurses indicated that there was a range of possible treatment and interventions offered including:

- Antibiotic therapy
- Non-steroidal anti-inflammatories
- Low Molecular Weight Heparins (LMWH)
- Heparinoid creams or gels
- Anticoagulation therapy with warfarin

Adam King, Nurse Practitioner from the DVT Service tells us: ***"We completed an initial literature search and found no national guidance from NICE or any of the royal colleges on treatments for this condition. However, we did find an article in a well-respected healthcare journal which suggested the condition could be safely treated with a once daily sub-cutaneous LMWH. However, we were disappointed to find there were no specific guidance about when to start the treatment, what dose to use and how long to prescribe the medication for. My colleagues and I felt this was an overlooked area that required a more thorough consideration in order to develop a recognised clinical pathway."***

The DVT Service proposed that a local standardised approach would be advantageous to reduce variation in care and increase patient treatment outcomes. Working with local Vascular Consultant Mr Paul Renwick, the team sought to raise the issue across the regional network of DVT services, seeking collaboration to design an agreed treatment pathway that included:

- A process to 'Red Flag' patients who require urgent intervention and treatments
- Treatment options including limitations, restrictions and duration of treatment
- A process for referring patients into the hospital specialist Vascular Team
- Structured aftercare

"Since the development and implementation of the pathway the DVT service has been referring around six patients with complex needs per month to the specialist Vascular Team to ensure that they receive the expert care required to manage and treat their medical condition. Establishing this working process has resulted in good working relationships and a standardised approach to patient care."

Adam King,
Nurse Practitioner

Increasing communication diversity with Makaton – recognition of **excellence**

Sunshine House is a short break inpatient unit that cares for children and young people with complex care needs and life-limiting conditions.

Many of the children who come to stay at the unit are unable to communicate verbally and rely upon communicating through signs and symbols.

Megan Foot is a Health Care Support Worker (HCSW) who works within the unit and has taken a personal interest in further developing her communication skills, using many methods of communication including 'Makaton'.

Megan explains: *"Makaton is a language programme designed to support the spoken language. It takes away the frustration of not being able to communicate and enables the person to connect with the people and world around them."*

Megan is keen on the development and use of Makaton within CHCP and takes every available opportunity to train and enthuse others. Megan has taught Makaton to the team at Sunshine House so everyone can communicate more effectively with the children.

Jayne Booth, Clinical Manager at Sunshine House tells us: *"Megan has been central to the Sunshine House team, learning Makaton signs and supporting the team with their learning. Megan is incredibly passionate about communication and strives to support people with their knowledge and skills to sign and communicate with children who have little or no verbal communication. This helps provide the children and young people with a positive experience during their short breaks at Sunshine House."*

Megan has developed resources which include tutorial videos to demonstrate, teach and support the use of Makaton (including through song) – all of which are utilised within Sunshine House and beyond.

Loren Shaffi, Staff Nurse at Sunshine House tells us: *"Megan is passionate about teaching Makaton to fellow colleagues so their abilities to sign with our children at Sunshine House improve. Megan's ability to communicate with non-verbal children and young people is mesmerising and a skill we all value immensely."*

Inspiration through innovative simulation learning

Anna Daniels, a Clinical Trainer, has developed a stimulation teaching doll, having noted a gap in the market.

After attending a classroom based tracheostomy course Anna noted whilst there was theoretical training available there was no simulation or practical package available for course participants to actually practice tracheostomy care. Through contacting training providers from around the country Anna learnt that no portable child stimulation doll that accommodated tracheostomy tube care existed.

Not daunted by this setback, Anna innovatively developed 'Mackie with a Trachy', which is a simulation doll designed to enable a 'hands on' experience with the management of tracheostomy care.

Anna tells us: *"As a learning resources department, we are always looking at how we can make our training as interactive, innovative and 'hands on' as possible. This is particularly important when training people to do practical clinical tasks as it allows them to experiment with equipment and ask any questions in a live learning session, without compromising patient safety. It is well documented that good quality skills practised through simulation can impact on reducing patient harm and increasing practitioner competence. I have worked for many years with children who have tracheostomy tubes and I recognise the huge potential value that simulation training has in airway management."*

The 'Mackie' doll has been fitted with a tracheostomy, has working lungs, simulated mucous production, a gastrostomy button, a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube and a Port-A-Cath device used to draw bloods and give intravenous drugs, which allows for realistic hands-on training for a wider range of practical skills.

Joanne Inglis-Lyons, Senior Children's Community Nurse states that: *"Mackie is an excellent resource for staff learning as well as for using within schools and nurseries. Mackie was devised by Anna and her innovative mind, she even devised secretions made from water and cornflower so staff could experience realistic suctioning of a child with a tracheostomy. This level of innovation and creativity has helped staff and carers further their knowledge and confidence in the care around tracheostomies."*

Jayne Booth, Clinical Manager at Sunshine House tells us: *"Anna's highly creative training inventions have been met with incredibly positive feedback. She has made learning fun, without taking away the seriousness of the task in hand. 'Mackie with a Trachy' is a multi-functional training model that currently enables staff, learners and students to practice hands on and learn more about gastrostomy devices and tracheostomy training. This model is inclusive to all levels of knowledge and skills and it has exceeded all expectations in its training uses."*

Compassionate care within sexual health services for people who have care and support needs

Hull and East Riding have integrated their sexual and reproductive health services to provide a progressive and innovative service, where Genitourinary Medicine (GUM) and Family Planning, Community Gynaecology, Social Services, non-statutory services and voluntary services work together to offer a holistic and collaborative service across the area.

Jackie Overton is a Health Care Assistant working within the Sexual and Reproductive Health service who recognised the importance of being able to access and use these services for local people, but appreciated that for some it could be challenging. This was particularly relevant for people who have a learning disability and have additional care and support needs.

Jackie developed a specialist interest in supporting people with learning disabilities and complex needs. Jackie is a keen advocate for ensuring people who have care and support needs can access the appropriate person-centred support they need and get the best possible experience and outcome for their treatment and care. She has worked directly with service users to identify their specific needs when considering attending one of the busy clinics and capturing their perceptions of accessing and using the service. With this knowledge, Jackie has communicated directly with the service staff to ensure their needs are considered when putting systems, processes and procedures in place.

It has been noted by colleagues that Jackie demonstrates compassion and works to an incredibly high standard.

Kay Merritt, Advanced Nurse Practitioner in Women's Health says: *"Jackie takes time to understand a patient's needs, personality, fears and what helps to make them happy and relaxed. Jackie goes above and beyond to understand the needs of each and every patient with learning disabilities when they visit the service with their carers. Jackie supports the consultant within the clinic and they work together to provide the best possible journey through the clinic for patients. She collates information from other relevant people and services such as safeguarding colleagues, social services, families and carers and other partnership organisations who know and support the person to give her patients the best possible experience."*

Dr Pushpa Ajith, Speciality Doctor in Sexual and Reproductive Health, states: *"Jackie supports the clinician and the patient in an exemplary manner. She has very good capability in supporting our work with vulnerable people and patients with a learning disability. She has an amazing ability to establish a rapport with patients, to put them at ease and help to provide the best possible care for them. She is a very keen and enthusiastic learner and is always motivated to learn more and upskill herself to enhance patient care. She always goes that extra mile for patients care in every clinic. When working with her we have the satisfaction of having a wonderful colleague who is always compassionate, supportive and working in the best interest of the patients."*

Chapter 6

Sharing, celebrating and recognition of our success

Over the last year our clinical staff and their teams have been recognised for their excellence, compassion and expertise.

Our staff have led and provided inspiration through presentations and posters showcased at regional and national conferences, being appointed as advisors on professional working groups, being published in healthcare journals, being appointed presidencies and being award finalists and winners. Their successes include:

Awards

- **Clinical Training team**: appointed the 'Skills for Health Quality Mark'
- **Anna Daniels (Clinical Training team):** Hull Daily Mail Finalist for Women of Achievement Award & finalist Mental Health & Wellbeing Award
- **Jean Bishop Integrated Care Centre:** won the Hull Daily Mail Health Partnership of the Year Award
- **Colleen Hemsworth:** won the Hull Daily Mail Volunteer of the Year Award
- **Kev Sanders and Jason Hall (IT team)**: won the 'Best Concept' People's Choice Award, the 'Best Overall Product' People's Choice Award and the 'Best Overall Product' at the Humber Care Tech Challenge Judges Choice Award
- **Alison Walker (Heart Failure Nurse):** gained recognised and awarded for her work by National Heart Failure Charity
- **Natalie Dean and Lucy Riggs:** both received Certificates of Appreciation from the Improvement Academy for their case study contributions published by the Academic Health Science Network

Publications, Presentations and Posters

- **Lucy Brown & Elizabeth O'Sullivan**: Dental general anaesthetic pre-assessments completed by a specialist—does it change patient outcomes? Published in the International Journal of Paediatric Dentistry
- **Becky Price**: Blues Boys Project. Published in the Journal of Health Visiting
- **Lucy Brown & Elizabeth O'Sullivan**: Exploring the challenges facing autistic children accessing oral healthcare services in Hull. Poster presented at British Society of Paediatric Dentistry national conference
- **Kay Merritt**: A service in need of specialist nurse support. Presented at The Faculty of Sexual & Reproductive Healthcare Annual Scientific Meeting
- **Sue Pender**: Not a destination.... but a journey. Presented at the Improvement Fellows & Q Members Regional Networking Event
- **Marie Serajuddy and colleagues**: Major Amputations in Yorkshire and Humber – Results of a Regional Root Cause Analysis. Poster presented at Diabetes UK Professional Conference

Expertise

- **Gillian Greenwood:** has been inaugurated as the National President of the British Society for Disability & Oral Health.
- **Elaine Nisbet & Melanie Hagavei:** have been recognised by the Chartered Institute of Personnel and Development (CIPD) for having provided exceptional service to human resources and people development for over 20 years
- **Natalie Dean, Lucy Riggs, Gail Mayes, Sue Pender:** appointed 'Q Fellowships' in recognition of their quality improvement work

Chapter 7

Feedback on City Health Care Partnership CIC Quality Accounts 2018 – 2019

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

NHS Hull and NHS East Riding of Yorkshire (ERoY) Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the City Health Care Partnership CIC Quality Accounts for 2018-19; the report illustrating and focussing on the quality of patient care and safety. In addition, it illustrates the achievements and successes of CHCP while acknowledging areas for continual improvement and progress in the future.

We are pleased to congratulate CHCP for the local and national awards achieved by the clinical teams and staff. It was also positive to see details of the active role of staff in developing others and sharing success through publications, presentations and posters.

The commitment of CHCP to local and national audit is once again demonstrated by the account including the participation of CHCP in 100% of national audits. We welcome the detail on the NICE guidelines and guidance and how you have progressed this, particularly in relation to Dementia assessment, management and support for people living with dementia and their carers. It is positive to see the coordinated approach that was used by the organisation by setting up a task and finish group to ensure that services provided to people with dementia and their carers meet the NICE guidance.

Commissioners note the findings and outcomes of the Autistic Conditions in Children Audit, as in previous years' accounts Commissioners would like to see the outcomes of more than one audit in the account.

We note and welcome the inclusion of greater detail in the section on the Commissioning for Quality and Innovation (CQUIN) framework. The sections demonstrating the impact of two of the schemes on the health and wellbeing of staff and improved response times for housebound patients requiring person centred domiciliary care.

Commissioners are pleased to note that CHCP is evidencing a reduction in complaints made in the last year. The willingness of CHCP to learn from service user feedback is acknowledged. We also welcome the use of a Quality Improvement and Compliance Facilitator in your services to provide support and training about the ways in which patient feedback is used to improve services. The embedding of the Friends and Family Test into your patient feedback system to avoid duplication by service users is also positive. Once again the "You Said, We Did" section provides helpful real examples of how CHCP have acted on patient feedback to improve services.

Commissioners note the consultation process undertaken for the identification of the Priorities for Improvement 2019 – 2020. We welcome the three identified priority areas and look forward to receiving updates on the work undertaken with regards to Patient Engagement. We are aware of the challenges that representative patient engagement presents to providers.

We would like to thank CHCP for their contribution to the Pressure Ulcer Working Group including the development of the Pressure Ulcer leaflet which will in future be used by all providers locally. We also look forward to reviewing the outcomes of the Nutrition and Hydration training to be undertaken with care home staff by CHCP trainers.

Feedback on the 2018-19 priorities is noted. Commissioners are aware of the reported benefits from safety huddles through other mechanisms such as Serious Incident Reporting. The case study and comments regarding the safety huddles again indicates the value associated with them but we feel that some form of quantitative data reporting would have added value to the report. We acknowledge the work that has been done on ensuring that patient records reflect the patients' voice and we are pleased to see that further work is planned to ensure that this work is continued.

Commissioners would have welcomed more detailed information in relation to the East Riding Community Services contract and the successes and challenges this has brought with it. In addition, greater detail in relation to safety in respect of the reporting of serious incidents and the learning from such events would also have been welcomed.

Both CCGs wish to acknowledge the hugely successful "Differently Abled" event held in February 2019. The event brought together huge numbers of people and carers of people with a learning disability and raised the profile of this group and their needs. Commissioners look forward to continued joint work with CHCP on improving the health outcomes of our residents who have a learning disability and shaping health services to meet their needs.

We can confirm the accuracy of the Quality Accounts, to the best of our knowledge, based on the information shared through contract management arrangements in 2018-19 and look forward to working in partnership in 2019-20 to continue to improve outcomes for our patients.

Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

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

City Health Care Partnership CIC Response To Our Commissioners Statement

We appreciate the combined statement received from NHS Hull CCG and NHS East Riding of Yorkshire CCG in respect of our 2018 -2019 Quality Accounts publication.

The response from our local commissioners is both detailed and thoughtful and we appreciate the praise offered in respect to our work.

We welcome that both commissioning groups acknowledge the organisation-wide approach that we have taken to ensure our systems and processes for coordinating, managing and monitoring NICE and Clinical Audit has been progressed and we will consider how we can share more of our outcomes from both areas within future quality account publications.

We are pleased that the reduction in the complaints received by the organisation has been noted – alongside our desire to enable those who use our services to be able to comment and feedback to us about their experiences.

We appreciate the comments indicating that quantifiable data would have enhanced the reporting of safety huddles and the suggestion that the learning from serious incidents would have been welcomed. It is always a challenge to include all the prescribed NHS England content requirements alongside our many developments – therefore, we will consider how we can capture our learning and developments in a succinct and informative manner in future publications.

We look forward to embracing the challenges that we have pledged within our current Priorities for Improvement – and we are pleased that our commissioners have noted the consultation process for each.

Once again, we are thankful for the considerations, comments and praise received and look forward to our future partnership working to deliver the quality expectations from all our stakeholders.

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City Health Care Partnership CIC

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Quality Accounts

2018/19