chcp

Quality Accounts 2021/22

City Health Care Partnership CIC

Excellence. Compassion. Expertise.

chcp

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

Contents

Andrew Burnell
Chief Executive, City Health Care Partnership CIC

Statement and Introduction from the Chief Executive

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

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

2021-2022 has continued to be a challenging year for all providers of health and care, both locally and globally, as we continue to manage the COVID-19 pandemic and its wider impact.

Despite these challenges, CHCP has successfully restored its community services and has implemented lessons learnt during COVID-19 and continued to innovate in practice and service delivery.

In addition to some of the initiatives that we spotlight in Chapter 6 of this publication some of our other key initiatives include the successful deployment of the large COVID-19 vaccination centre, serving Hull and the East Riding of Yorkshire as well as ensuring members of our most vulnerable populations were able to access vaccines via the deployment of a vaccination bus in the East Riding of Yorkshire and offering in-reach vaccination clinics within HMP Hull and HMP Humber as part of our wider delivery of offender healthcare services.

During this year we have also successfully launched our two-hour Urgent Community Response Service, which operates 12 hours a day, 7 days a week, to support people with urgent health complaints that might otherwise result in a hospital admission. This service offers both face-to-face and virtual consultations, for example supporting Ambulance Paramedics on site to safely care for local people and wrap-around health and care services for up to 48 hours to keep people safe at home.

We have continued to enhance our intermediate care facilities and have procured Holy Name care home offering a level 4 consultant-led bedded facility serving Hull and the East Riding of Yorkshire to support the transfer of care and step-up care of local people, reducing pressures on local hospitals.

We recognise that a person's own home is the best place to be once recovered from illness or surgery and as such we have developed our "home first" service, delivering intermediate care at home through our Bee at Home Care team.

Our staff and colleagues are the bedrock of our service delivery and in the face of national shortages in registered clinicians, we have continued to develop and grow our own workforce via ACE, our Academy of Clinical Excellence, offering fully funded and paid employment while students complete pre-registration qualifications. FACE, our Foundation-level academy, is also offering career opportunities to local young people including those leaving the Looked After Children's system and those who are differently abled through Project Search, ensuring we have a locally based workforce and improving the life chances of local people.

We are passionate about providing evidence-based care and improving access to local people and are thrilled to be one of eight sites nationally delivering the National Wound Care Strategy, offering direct access to people with lower leg wounds and also direct referral pathways to vascular consultants. We have made a pledge within Chapter 4 of these accounts to extend our learning into treatment rooms.

I hope that you enjoy reading about our work. This publication and the process for compiling the content acts as an open and honest review of our quality achievements and challenges.

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

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

Review of our Services

During 2021-2022 CHCP provided in excess of **36 contracted health care services** funded through NHS commissioning and **14 public health services,** which were commissioned by local authorities. The services are managed within **two portfolios** held by each of our Deputy Chief Operating Officers.

The geographical areas that we provide services to are Hull, East Riding of Yorkshire, Knowsley and St Helens.

OUR FULL RANGE OF SERVICES CAN BE FOUND ON OUR WEBSITE AT:

chcpcic.org.uk

Health and Wellbeing Portfolio*

- Urgent Treatment Centres
- Anticoagulation and Deep Vein Thrombosis (DVT) Services
- Carers Information and Support Service
- Integrated Offender Healthcare
- Community Dental Services
- Primary Care Medical Services
- Community Children's Nursing
- Public Health – North West
- Let's Talk Service

Integrated Community Services Portfolio*

- Cardiac and Pulmonary Rehabilitation Service
- Integrated Community Stroke Service
- Speech and Language Therapy
- Nutrition and Dietetic Service
- Podiatry
- Occupational Therapy & Physiotherapy
- Tier 3 Weight Management
- Bladder & Bowel Care Service
- Musculoskeletal Service
- Integrated Nursing and Conditions Services – Hull and East Riding of Yorkshire
- Palliative Care Services

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

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

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

We provide a wide and diverse range of services in community settings from health visiting to palliative care, school nursing to stroke services and many more.

In addition, we manage inpatient facilities at East Riding Community Hospital, a stroke rehabilitation unit, and intermediate care beds. During the COVID-19 pandemic, we also opened additional beds to support the discharge of COVID-19 positive patients who needed further clinical care after discharge from hospital.

Income

The income generated by the NHS services reviewed in 2021-22 represents 100% of the total income generated from the provision.

Participation in Clinical Audit

Last year's Priorities for Improvement across CHCP were published in our Quality Accounts 2020-21, which stated that, in agreement with the organisation's Integrated Quality Forum, we would carry over the previous year's pledges due to competing service-delivery pressures during the pandemic.

Clinical audit is a structured quality improvement tool 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 Physicians.

By using a clinical audit approach, we are able to identify aspects of quality and monitor the achievement of standards and any areas for further improvement.

National Audits reportable within Quality Accounts

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

NHS England and NHS Improvement updated their 'Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic' guidance in early 2022. This advised: *"Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission"*

Thus, we have continued wherever possible to maintain engagement with national clinical audits as follows (see right):

NICE SHARED LEARNING PUBLICATION – ABSTRACT TAKEN FROM NICE WEBSITE
www.nice.org.uk

National clinical audits participated in by CHCP

Professional Body	Audit Title	Audit Methods	2021-22 Update
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	National Audit of Care at the End of Life (NACEL)	Measures the experience of care at the end of life for dying people and those important to them.	Participated. Report received.
Parkinson's UK	UK Parkinson's Audit	Quality improvement tool allowing measurement of practice against evidence-based standards and patient feedback in a continuous cycle of improvement.	Due to recommence May – October 2022.
British Heart Foundation (BHF)	National Audit of Cardiac Rehabilitation (NACR)	Aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practices and improve service quality in cardiovascular prevention and rehabilitation services.	Participated. Report received which includes service data from the first full year of delivery in the COVID-19 era, detailing the impact of the pandemic on patient access, workforce and alternative modes of delivery.
National Clinical Audit and Patient Outcomes Programme (NCAPOP). National Diabetic Foot Care Audit (NDFA)	National Diabetes Audit (NDA)	A continuous collection and data collected throughout the year, which measures performance against NICE guidance.	Participated (Podiatry Service).
Royal College of Physicians (RCP)	National Asthma and COPD Audit Programme (NACAP)	Routinely collects service level information around admissions, staffing, resources, and performance from primary care records.	Partial participation (Managerial audit section only).
Royal College of Physicians (RCP)	National Audit for Pulmonary Rehabilitation	Three-part audit: a continuous clinical audit of service provision and delivery of pulmonary rehabilitation, a snapshot audit of the organisation and resourcing of services and an accreditation programme in England and Wales.	Initially paused – re-instated Q3 2021-22.
British HIV Association (BHIVA)	British HIV Association (BHIVA) 2020 National Clinical	Service level information on the management of individuals with HIV and seropositive for hepatitis C is collected. Engagement in care (survey of clinic policy and practice).	Participated in both parts i) Survey of how HIV services adapted and responded to pandemic undertaken. ii) Case-note review.
King's College London	Sentinel Stroke National Audit Programme (SSNAP)	Collects service level information around admissions, staffing, resources, and performance.	Participated.

National Clinical Enquiry into Patient Outcome or Death (NCEPOD)

During 2021-22 CHCP were eligible to participate in one NCEPOD enquiry – Transition of Child to Adult Services.

We have:

- Extracted and submitted the eligibility data
- Shared information and dissemination of survey with families and staff
- Shared electronic access to identified case notes for NCEPOD

We await NCEPOD feedback and publication of the report later in 2022.

CHCP Staff-Led Clinical Audit

This year our staff have engaged with a clinical audit initiated within their service. This includes:

72

Clinical audits were registered across 35 services, of these 39 were registered as part of the 'Clinical Audit Heroes Programme'.

23

Clinical audits were completed

49

Audits are ongoing

Decontamination of Reusable Instruments and the Authorised Engineer Clinical Audit – Mel Pritchard, Infection Prevention Link Dental Nurse

Aim of audit

Within Dental practice, an authorised decontamination engineer is not necessary, if the service can demonstrate the same degree of understanding, competency, and management as required by HTM (Health Technical Memorandum) published by NHS England 01-05.

A SOP (standard operating procedure) was developed for CHCP Dental Services titled 'Decontamination of Reusable Instruments and the Authorised Engineer Duties'. The SOP outlines the roles and responsibilities of designated decontamination staff, enabling the service to perform to HTM 01-05 standard without the requirement of an authorised engineer.

The aim of the audit was to determine compliance with the SOP and demonstrate the following:

1. An understanding of legal liabilities and current best practice
2. Obtained professional advice, where necessary, in equipment purchase, maintenance testing and operation
3. Evidence of the performance of all relevant maintenance and testing duties
4. Demonstrate compliance with the pressure systems safety regulations 2000.

Findings

- All 20 CHCP dental practices were audited
- 100% of practices had an in-date external contracted Service Engineering Insurance document
- 100% of practices had evidence to support that the pressure vessel systems had been inspected by (or in the presence of) the external contracted service engineer within the last 12 months
- 92% of practices had evidence to demonstrate that all autoclaves were tested, serviced and validated quarterly in accordance with the HTM 01-05
- 73% of practices had evidence to demonstrate that all washer disinfectors were tested, serviced and validated quarterly in accordance with the HTM 01-05
- 92% of practices had evidence to demonstrate that all ultrasonic baths were tested, serviced and validated quarterly in accordance with the HTM 01-05
- 100% of practices had evidence that RO (Reverse Osmosis) water purifier machines had been serviced and tested within the last 12 months
- 92% of practices could demonstrate the name of the inspecting/service engineer noted alongside the name of the company they are representing
- 83% of practices could access all or most of the last two years' service test reports on the u-drive.

Learning from the clinical audit

Mel offered the following insight: *"Although not all service areas met all of the standards, the results were very encouraging and demonstrated a good level of compliance. On reflection, I feel the audit introduction and undertaking could benefit from a different approach, with myself as the Infection Prevention Link Dental Nurse taking the lead with the practice managers to complete the re-audit. This would give me the opportunity to coach and support the staff to understand the requirements better when seeking improvements for the future."*

Clinical Audit of Blood Borne Virus (BBV) Incident Categorisation – Lisa Palmer, Clinical Team Leader OccWellbeing

Aim of the audit

The aim of the audit was to ascertain compliance with the CHCP Management and Protection of Health Care Workers Exposed or Infected with Blood Borne Viruses Policy in relation to the categorisation of BBV incidents and any applicable actions.

Background

Healthcare workers are potentially exposed to BBVs while they work via:

- Percutaneous routes, where a sharp object cuts or penetrates the skin
- Mucocutaneous routes, which include contamination of the nose, eyes, broken skin or mouth.

The risk of a BBV being transmitted depends on:

- The viral load in the infected source patient
- The depth of the injury
- Whether the procedure involved placing a needle in a patient's vein or artery.

A significant exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source patient who is infected with:

- HIV
- Hepatitis B surface antigen positive (HBsAg positive)
- Hepatitis C.

Findings

Data was collected during the period of from 1st October 2021 to 31st December 2021 (inclusive). During this time a total of six BBV incidents were reporting to OccWellbeing from different work areas within CHCP services.

All BBV incidents required an assessment to ascertain the degree of severity of BBV risk. Of the reported incidents:

- 100% (6) were assessed appropriately into the correct category.
- 83% (5) of the reported incidents had evidence that the correct pathway had been followed in line with the category. 17% (1) was not fully evidenced, as the BBV reporting form was not uploaded to the specific patient record, however the recalls were appropriately added.
- 83% (5) of the reported incidents had evidence that all appropriate recalls had been added as per identification pathway. 17% (1) record didn't have evidence of the recalls being added, however subsequent appointments had been booked.
- 0% were high-risk incidents, therefore were not subject to being advised to attend A&E for PEP Post Exposure Prophylactic (preventative drug) as soon as possible.

Learning from audit

For the majority of incidents, the standard was fully met; however, there was some potential for improvements within the following areas:

- Ensuring evidence is available to demonstrate that the correct pathway had been followed by uploading the BBV reporting form for each patient
- Ensuring all appropriate recalls are added to the patient record.

It was highlighted that although the standards were not all fully met, this had no implications on patient care, as on further investigation all had received the intended care pathways, with any improvements required from an evidence and record-keeping perspective only.

Lisa explained: *"On reflection of the two areas where omissions had been evident, these were attributable to newly inducted staff that were relative novices to the BBV reporting process. Training around this area has since been reviewed and any further training requirements have been highlighted within our 6-8 weekly supervision sessions. We have reviewed and updated training processes going forward for any additional new starters."*

Clinical Audit of Mental Health 'Risk to Self' Assessment – Sally Richards, Clinical Lead HMP Humber Mental Health Team

Aim of the audit

The aim of the audit was to ascertain compliance with the National Institute of Health and Care Excellence standard NG66 'Mental health of adults in contact with the criminal justice system'. The audit will specifically refer to the following points of NG66 1.4.2.

All practitioners should take into account the following issues in risk assessments for people in contact with the criminal justice system:

- Risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation
- Protective factors that may reduce risk.

NG66 covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system. It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management and promoting more coordinated care planning and service organisation across the criminal justice system.

Findings

A retrospective record review was undertaken on a sample of the identified population from mental health caseloads within HMP Humber. 20 patient records were audited with records from each Mental Health Practitioner being reviewed.

The following findings were observed:

95% (n=19) had evidence of current 'risk to self' discussed at the last contact

100% (n=20) had evidence of previous historic 'risk to self' being discussed

80% (n=16) had evidence within the record that protective factors were discussed at the last contact.

Learning from the audit

The findings demonstrate that most areas are fully or mostly compliant with the standard, but that there is room for further improvement.

Sally explains: *"Poor compliance with the standard was originally noted within clinical supervision record reviews. Work was then undertaken including process updates, staff training and support to increase compliance levels. Although we don't have any measurement data to demonstrate the improvement shown in the audit findings, from our record reviews undertaken in supervision there is a general consensus of opinion within the service that the approach we have used to improve has been well embedded into practice. We have shared the audit findings with service staff and are confident that this improvement will continue and be reflected in the re-audit data once undertaken."*

Sally continued to advise of an observation noted whilst undertaking the audit: *"Information was often noted with the incorrect area of the SystmOne template. Risk should be noted with the identified 'Risk' tab as per the identified process. When information was not noted within this area it resulted in additional auditing time being taken and was identified as a potential risk to patient care should the continuity of key workers be interrupted. This is something I have immediately shared with the team for awareness."*

"The findings demonstrate that most areas are fully or mostly compliant with the standard"

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 2021-22, 259 publications from NICE were received and reviewed by CHCP. Of which, 17 were either newly published or updated COVID-19 rapid guidelines.

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

In addition to our triage group and compliance processes, during 2021-22 our staff participated in the NICE National Stakeholder review and development of the following guidance that was published or updated in 2021-22:

- QS200 Supporting adult carers
- NG189 Safeguarding adults in care homes
- NG190 Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing
- NG193 Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain
- NG196 Atrial fibrillation: diagnosis and management
- NG199 Clostridioides difficile infection: antimicrobial prescribing
- QS201 Venous thromboembolism in adults
- QS202 Workplace health: long-term sickness absence and capability to work
- QS13 End-of-life care for adults
- NG209 Tobacco: preventing uptake, promoting quitting and treating dependence

DURING 2021-22

259

PUBLICATIONS FROM NICE WERE RECIEVED AND REVIEWED BY CHCP.

Introducing a NICE Review & Implementation Process within CHCP General Practices

Background

Under the NHS Standard Contract Condition, our organisation is required to comply, where applicable, with the recommendations contained within the NICE Technology Appraisals and have regard for other guidance issued by NICE.

Historically primary care practices had been receiving NICE updates and publications from a range of sources such as directly from their personal or practice registration with NICE and from the local clinical commissioning groups – much of this was duplicated and rested upon the individual of practice to review, disseminate and progress. The process was more fragmented when individuals were locum, agency or sub-contracted medical staff, who reverted to their previous ways of working.

Thus a centrally coordinated system was introduced to enable a synchronised approach across all practices for all staff to engage with and the organisation to be assured of a single efficient process.

Key Outcomes

A GP and practice nurse were identified to lead and champion NICE guidance across primary care services.

Natalie Dean, CHCP NICE Co-ordinator advises: "Understandably, working with busy people, there was some resistance to take on board additional workload. However, there was understanding that once a system was established, the workload would greatly reduce and would facilitate evidenced-based care within their clinical practice."

Training and learning opportunities across the primary care practices were arranged to raise knowledge and understanding of NICE publications, tools and resources and to ensure all practice clinical staff were engaged and supported.

Overview NICE training was developed and delivered to practice staff to support understanding and increase awareness of: website layout and navigation, Clinical Knowledge Summaries, NICE Pathways, how to undertake an evidence search, accessing the British National Formulary, and where to find guidance specific resources (baseline assessments, visual summaries, endorsed resources and shared learning etc).

The training was well received with examples of feedback including:

"I was unaware of all the aspects in relation to NICE guidelines and my practice will change and improve based on what I was shown."

"The NICE guidance training gave me lots of ideas for topics to clinically audit."

"I now feel confident to use the NICE website and able to support other staff in NICE guidance also."

The implementation of the system was successful, with the embedded process in place and working well. The following actions are now undertaken on a monthly basis across the practices as part of the organisational NICE process:

- Potentially relevant guidance identified via the Triage Group shared with the identified NICE leads for the service
- Full review (GP/Nursing/HCA) of guidance undertaken and baseline assessment or Quality Standard toolkit completed
- GP also reviews any nursing/HCA guidance requiring medic input
- Any gaps or required actions/improvements undertaken and tracked as per CHCP NICE Policy
- Ardens (electronic record system) templates implemented
- Reviewing GP and/or nurse monthly updates at clinical team meetings including:
  - NICE reviews undertaken
  - Relevance/Compliance overview
  - NICE resources reviewed and considered for use
  - Planned actions in relation to reviews (including clinical audit, update of SOPs etc)
  - Any other relevant sharing/learning identified
  - Fully auditable via team meeting minutes

This process has enabled all practice staff to:

- Have an understanding of the systems and processes in place relating to NICE guidance and best practice
- Be aware of disseminated guidance each month
- Be aware of relevant NICE guidance to their service area
- Be aware of any relevant changes to processes in line with guidance
- Understand how to seek further information and support.

The service is committed to continuous quality improvement and therefore this work will continually evolve in line with the review of NICE guidance publications and updates to ensure patient care and pathways are aligned.

Dr Aung Moe, lead GP for NICE within CHCP practices outlined the following benefits:

- We can, formally and informally, share NICE guidelines and updates with our colleagues who work for CHCP practices
- We can review our own practices and see if we are adhering to the guidelines
- We can identify our learning needs and patients' unmet needs through guideline reviews and try to close the gaps
- We can use the knowledge when training medical students, GP registrars, ANPs, PAs and pharmacy technicians
- We can identify the areas which we need to work on as a service provider (CHCP)
- We can offer better patient safety, better quality of care and better governance
- We can highlight some areas that need more attention and escalate appropriately

Furthermore, we can inspire the staff to participate in NICE guidance reviews and clinical audits.

Clinical audit of compliance with Asthma guidance standards. Lisa Galloway, Nurse Prescriber

During 2021-22 Lisa Galloway, Lead Nurse Prescriber for NICE within CHCP practices, undertook a clinical audit to ascertain compliance with NG80 'Asthma diagnosis, monitoring and chronic asthma management', specifically referring to NG80 1.1.2: 'Do not use symptoms alone without an objective test to diagnose asthma'.

The audit indicated that changes in practice as a direct result of the COVID-19 pandemic have resulted in inadequate objective testing as recommended by NICE within NG80 at the point of asthma diagnosis.

Lisa explains: *"A proportion of patients have been diagnosed with asthma remotely and according to symptoms alone. During COVID-19, clinicians were being encouraged to treat patients remotely wherever possible and particularly patients with symptoms that could be suggestive of COVID-19. The lack of objective testing and remote consultations at asthma diagnosis was primarily due to infection control guidelines and the ongoing suspension of spirometry testing and clinic peak expiratory flow (PEF) monitoring."*

The work undertaken has evidenced the need for service and quality improvement. In September 2021, a FeNO (Fractional exhaled Nitrous Oxide) machine was purchased and it is currently being used within the practices alongside history taking, respiratory examination and home PEF diaries to diagnose and manage asthma. The aim is to improve asthma diagnosis and management through comprehensive patient assessment, objective testing and guided prescribing decision-making. Fellow clinicians are encouraged to book patients in for FeNO testing prior to commencing inhaler medication(s) on patients without a previous asthma diagnosis wherever possible.

Lisa has recently been successful in a bid for 10 more FeNO machines for use in community services as a direct result of the work she has undertaken.

Research

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

In common with all healthcare providers, our research activities were seriously curbed during 2021–22 due to the COVID-19 pandemic. Infection control measures prevented non-essential access to healthcare premises by anyone not directly involved in health or social care delivery. Taking our direction from the National Institute of Health Research (NIHR) we were informed of *"the suspension of non-urgent research including all studies requiring healthcare access or resources. All NHS Trusts, health and care providers are expected to prioritise support for Urgent Public Health studies".*
Thus, our main priority was to support our academic institutes and NHS Trust partners to recruit to their COVID-19 related studies in order to assist with potential participant identification.

One such study, from Southampton University, 'RTO-COVID' sought to understand what people had done to try to prevent and treat their COVID-19 symptoms during the pandemic and identify:

- Why do some people develop serious illness while others don't?
- Which preventive measures work - and which don't?
- Which treatments work - and which don't?

The study aimed to collect the experiences of thousands of people from 15 different countries which had been affected by COVID-19.

Participants were invited to share their experiences and COVID-infection prevention practices over a 6-month period in 2021.

For those who contracted COVID-19, the survey captured how their symptoms changed over time.

The objectives of the study were to help to answer several questions about COVID-19, including:

- What did people do to avoid COVID-19? How did this affect their risk of becoming ill?
- What treatments did people use when they were ill? Did this affect how poorly they became?
- How many people have developed long-lasting symptoms following COVID-19? Which symptoms are most common? Can we predict who will experience longer-term symptoms?
- How do behaviours and treatments differ between different countries? What are the potential implications of this?

CHCP were asked to participate through being a Participant Identification Centre, which meant that we were asked to identify people who met the eligibility criteria and send them information about the study and an invitation to access the survey.

Patients registered at our five medical practices who were over 18 years old and had a mobile phone contact number were sent information about the study.

RTO-COVID continued

Whilst the national study team cannot identify specifically how many people from our practices participated, in total, we sent out almost 20,000 texts from the following practices:

GP practice	Total texts sent
Kingston Medical Centre	6,432
Riverside Medical Centre	1,723
The Quays Medical Centre	5,070
East Park Practice	3,137
Wolds View Primary Care Centre	2,958

"...this is a very powerful way of understanding the illness better..."
RTO-COVID Research Steering Group

"...this was a quick and simple way to share what I had done in terms of hygiene practices to prevent Covid infections for myself and those around me... it's good to know that my responses will feed into the bigger global picture to understand what works well and what may not for people."
S.P, research participant East Riding

The findings from the study will support scientific publications and inform future public health guidance.
www.rtocovid19.com

94 patients receiving NHS services provided or sub-contracted by CHCP in 2021-22 were recruited during that period to participate in research approved by a research ethics committee. Please be aware that we do not collate figures for people that we do not directly recruit such as those studies where we have been a Participant Identification Centre supporting local, national and international studies.

One of our three-year studies came to a close in 2021:

PrEP Impact Trial

Dr Hugo McClean from our Sexual Health service was a Principal Investigator for the local delivery of a national clinical research trial funded by Public Health England. The research entitled PrEP (Pre-exposure prophylaxis) was a clinical trial aiming to reduce the incidence of Human Immunodeficiency Virus (HIV) in high-risk groups.

BE PART OF RESEARCH

Background

It is widely acknowledged that new prevention efforts are required to reduce the estimated 4,700 incidents of HIV infections occurring annually in England. A previous study's findings indicated that prophylactic drugs (ie medicines given to prevent rather than treat a disease) are highly effective at reducing HIV acquisition. However, this study was only conducted with a small sample of the population and left unanswered key questions about the effectiveness of large-scale use of the drug by expanding the assessment to the scale required to obtain sufficient data across the country.

The PrEP Impact Trial aimed to address these outstanding questions, such as examining the eligibility of who could be given the drug, would there be sufficient uptake of the drug offered and would people continue to take it as prescribed?

The study sought:

1. To measure PrEP-eligibility, PrEP-uptake, duration of PrEP-eligibility and duration of PrEP use among participants
2. To determine whether or not incident HIV infections in trial participants are due to non-adherence to the drug regime or biological failure
3. To measure change over time in HIV diagnoses and incidence rate in those at high HIV risk
4. To measure change over time in bacterial sexually transmitted infection diagnoses and incidence rate in those at high HIV risk
5. To measure the PrEP 'prevention care continuum' by clinic throughput and in different regions.

A total of 20,000+ people were recruited nationally with 35 from Dr Hugo McClean's team.

People who participated in the trial had to undergo a series of investigations and blood tests before being given medication to take regularly. Each person was closely monitored throughout the study by Dr McClean and his team and permission to share their data with the national study team was sought.

Dr McClean advises: *"The trial required the clinical team to screen participants for their potential eligibility to participate. If eligible we discussed the trial and what would be required, which included the healthcare team taking a series of blood tests and examinations. People who participated were required to take two medications daily and report for further screening every three months."*

"This is a really important study that served to take forward our national approach to preventing HIV infections. Whilst the study has now closed, we await the analysis and publication of the findings, which we are expecting in the summer of 2022. We hope the findings will significantly improve the prevention of HIV in these high-risk groups."

Public Health England offered additional praise to the team for their continuation of the clinical trial delivery throughout the pandemic: *"Thank you again, to you and your teams for all your hard work on the trial. We are especially grateful for your efforts this past year, as we were able to keep the trial running throughout the pandemic and ensure our participants had continued access to PrEP."*

Data Quality

To ensure our services deliver quality patient treatment and care CHCP collects and analyses data. Good quality data is the essential ingredient for reliable performance information and has been recognised as everyone's responsibility within the organisation. By making it part of the day-to-day business CHCP has created an integrated approach across operational, performance management and quality assurance functions. We continue to take the following actions to assure and improve data quality:

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

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

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

Clinical Coding

CHCP was not subject to the Payment by Results clinical coding audit during 2021–22 by the Audit Commission.

Feedback from the Care Quality Commission

As a healthcare provider, CHCP is required to register with the Care Quality Commissioner – the CQC and CHCP have maintained compliance with this requirement. To maintain registration with the CQC, services are subject to regular inspection. Due to the ongoing issues relating to COVID-19 and the associated infection prevention and control (IPC) requirements, in place throughout 2021-22, the majority of the CQC inspections have taken place remotely. For example, dental and primary care inspections and within our community rehabilitation, bedded facility which have taken place remotely and with an emphasis on IPC. We have responded promptly to requests for information from the CQC and are pleased to advise that the CQC have confirmed assurance with our IPC processes and associated management of COVID-19.

During April 2021-22, the CQC undertook three face-to-face inspections:

1) Into our community services, with a focus on wound care and IPC and safer staffing. Following a detailed inspection, we are pleased to report that the draft report demonstrates assurance, with one area of practice being identified as outstanding – the provision of 90-minute first appointments that demonstrate holistic and person-centred care, diagnostics and commencement of treatment; and one minor recommendation, already addressed, relating to ensuring all guidelines and policies have a review and issue dates and version control.
2) Wolds View Primary Care Centre – which maintained a good rating in all but one area, where leadership was identified as requiring improvement, due to notes summarisation which is now addressed with robust processes in place. Several CHCP services are subject to inspection via alternative organisations, for example school nursing, which is involved in Ofsted Inspections. In addition, some services are subject to joint inspections, for example Offender Healthcare Services, which are inspected by both the CQC and Her Majesties Inspectorate of Prisons (HMIP).
3) Hull was subject to a joint HMIP and CQC inspection. The HMIP report has been received and highlights several improvements since the December 2020 inspection, for example in relation to long-term conditions management. The report also flagged ongoing concerns around workforce capacity and its impact on the management of people with mental health issues and with medicines management. To address these concerns, we have worked with partners to implement a new pathway and model for mental health and have commissioned additional pharmacy input including remote support for medicines reconciliation. We have also increased our workforce. At the time of writing this report, we have not yet received the CQC report from the March 2022 inspection.

Information Governance

The organisation is required to comply with the Data Security and Protection Toolkit (DSPT), which is a self-assessment tool. The DSPT provides assurance and allows organisations to measure themselves against the National Data Guardian's 10 Data Security Standards, which ensures confidential information is safeguarded securely and used properly.

The DSPT requires compliance with assertions and evidence items to demonstrate that an organisation is working towards or meeting the standards for Data Security and Protection for Health and Social Care.

An organisation can either achieve standards not met, standards met or standards exceeded.

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

CHCP are in the process of submitting their evidence to show we have met the standards required by the DS

The actions taken throughout the year consisted of:

- A yearly review and update as required in relation to revisions in legislation and to reflect the Data Protection Act 2018 in all policies and procedures
- Working From Home Policy and further IT guidance has been developed to assist the new IT systems and remote applications implemented to support the COVID-19 pandemic and different ways of working with patients and staff
- Maintained accreditation to ISO9001 / ISO27001
- Provision of staff training in a range of areas including Information Asset Owner, Subject Access Requests and Data Security Awareness training
- Achievement of 97% compliance with the data security awareness training
- Reviewed the data flows within each of the existing services and conducted risk assessments to identify and enhance security and technical measures
- Reviewed and updated the Business Contingency Processes in relation to business and cyber activities

Parliamentary Ombudsman

During 2021-22 there were no complaints escalated to the parliamentary ombudsman.

Comments, Concerns, Complaints and Compliments

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

Comments, Concerns, Complaints and Compliments received during 2021-22

Comments	Concerns	Complaints	Compliments
2017-2018	2017-2018	2017-2018	2017-2018
51	1,629	137	448
2018-2019	2018-2019	2018-2019	2018-2019
44	1,504	124	421
2019-2020	2019-2020	2019-2020	2019-2020
57	1,590	130	758
2020-2021	2020-2021	2020-2021	2020-2021
42	1,511	115	479
2021-2022	2021-2022	2021-2022	2021-2022
68	1616	143	400

During 2021-22 we have noted a slight increase in the overall number of comments, concerns and complaints compared to last year's data. We appreciate the work that CHCP's Engagement and Marketing team does to promote alternative ways of enabling feedback, for example, the Friends and Family Test.

We encourage service user feedback and experiences with our services. We learn from these and it provides us with the opportunity to improve our services. Brief examples of how we have listened to and acted upon feedback are provided throughout the report.

Friends and Family Test

Responses to the question:

'Overall, how was your experience of our service?'

DURING 2021-22 A TOTAL OF 26,668 Responses

Very good
85.40%
Amount 22,775

Good
11.04%
Amount 2,944

Very poor
0.95%
Amount 253

Neither good nor poor
1.41%
Amount 376

Poor
0.62%
Amount 165

Do not know
0.58%
Amount 155

Recommendation

Very good and good
96.44%
Amount 25,719

Very poor and poor
1.57%
Amount 418

Neutral or do not know
1.99%
Amount 531

Additional feedback received through Family and Friends

Hull Cardiac Rehab: *"The nurse took the time to explain everything. She was excellent and very knowledgeable. Put me at ease. Answered all my questions. A credit to the team."*

Bransholme UTC: *"All the staff I encountered were kind and compassionate and very professional. All areas were clean and well kept. Everything was well planned and organised. Many thanks to all."*

Community Nursing (Bridlington): *"All the nurses went above and beyond to help me recover from a recent operation. Cannot praise them enough!"*

Hull Community Rehab Team: *"My rehab nurse was patient, professional and informative. She was extremely patient centred."*

Sexual Health: GUM & Family Planning: *"Felt at ease, staff were caring, polite and non-judgmental. Staff were professional. Five stars to the doctor and nurse. Thank you for your help today."*

Jean Bishop ICC: *"The service provided is excellent, from the greeting and meeting all the different professions, it has been a great help to my father and I. As far as I'm concerned nothing needs to be improved. I had never heard of this place and did not know it was here, but I'm so glad we have been. Keep doing a wonderful service and thank you."*

Vaccination Centre: *"Took my 9-year-old son for his 1st vaccination and every single member of staff was fantastic with him. Really helped to put him at ease and just wanted to say thank you."*

Infant Feeding Team (St Helens): *"The staff are always polite encouraging and supportive they are knowledgeable about infant feeding and I think it's great they do follow up calls as your baby is getting older, it makes me feel that someone is looking out for me. The staff are all down to earth and made me feel relaxed to open up and share my experiences."*

Let's Talk: *"The counsellor who contacted me was kind, sensitive and very considerate of my feelings, which made me feel safe and comfortable!"*

Stop Smoking Service Knowsle: *"Doesn't need any improvement at all. I've always felt supported and offered not only many ways to stop smoking but my counsellor is a great listener."*

City Health Dental (Driffield): *"Very professional, polite and helpful staff. A very well organised practice."*

You said – We did

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

You said:

"Can it be made possible to connect to the wi-fi for longer than 15 minutes at a time whilst I am a resident within Highfield Home?"

We did

After confirming with our IT department why this access is restricted – we purchased a supply of devices for patients to use whilst in the building.

You said:

"When I visited the sexual health outreach clinic I was concerned about my privacy as the venue was closely located to a food queue."

We did

We have now moved the outreach booth to a more discreet location and placed privacy notices up within the venue.

You said:

"I didn't know that I would need two forms of identification to receive a copy of my medical notes."

We did

We have reviewed our website information to highlight the need for two forms of identification.

You said:

"I don't feel that I am getting enough text and information messages about my local GP practice."

We did

We brought this to the attention of our Service User Voice group where we agreed on the frequency and content of text messages.

We have also agreed to regularly review our website information to keep updated.

You said:

"Is it possible to conduct my relative's continuing care assessment during the pandemic restrictions with non-access to the care home?"

We did

We spoke to relatives and care home staff and proposed undertaking virtual online assessments. This has been well received and praised by a number of relatives and we will continue to offer this approach.

You said:

"Our patient survey indicated that some people who use our sexual health services were concerned about the privacy of the information that they shared within the consultation."

We did

We now send a separate text message with an assurance of our confidentiality and a link to our 'Your Information and How we use it' guide to all patients who give consent for text messages.

You said:

"I am a parent-carer and would like to feel that my responsibilities would be acknowledged should I experience an emergency."

We did

We organised a partnership meeting with our parent-carers and local stakeholders. Together we reviewed the care pathway to include a carers emergency planning element.

You said:

"Please could you ask all staff who visit me to take off their outdoor shoes when they come into my home and walk on my carpets?"

We did

We recognise that footwear can become dirty, particularly during the winter and have now issued our staff with over-shoe covers to wear.

You said:

"Care Home managers reported their concern about the number of nursing staff visiting their homes during the pandemic and asked if we could consider how to reduce footfall."

We did

We looked to reduce the number of staff and provided the care home staff with adhesive dressings and cream in order to administer first aid to wounds and this was followed up when a nurse next visited the home.

This approach has been well received and we have now introduced a 'skin tear' project with 11 homes trialling and evaluating this approach.

We have also adopted this approach within patients' homes where family members are able to provide skin tear care and the nurse will check and review at their next planned visit to the home.

CHCP VOICE

Priorities for Improvement 2022-23

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

- Patient Experience
- Patient Safety
- Clinical Effectiveness

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

Pledge 1

To ensure we enable patients and their carers to be partners in their own safety as well as promoting engagement in the organisation's patient safety agenda.

Rationale

NHS England's National Patient Safety Incident Response Framework has been produced in response to calls for a new approach to incident management, one that facilitates inquisitive examination of a wider range of patient safety issues.

CHCP welcomes the publication of this framework, which calls for all organisations providing NHS funded care to make significant changes to identifying incidents, recognising the needs of those affected, examining what had happened to understand the causes and responding to actions to mitigate risks.

One important recommendation is to consider adopting the involvement of 'patient safety partners' such as 'patients and other lay people' and look at what part they could play in supporting and contributing to the organisation's governance and management processes for patient safety.

How will we do this?

We will seek ways to engage with our patients, service users and carers to explore approaches in which we can collaborate and co-produce patient safety incident projects and incident investigations. We will embed integrated safety governance processes within our systems as we roll out and implement the Patient Safety Incident Framework.

As part of our commitment to the new Framework, we have appointed a Patient Safety and Quality Practitioner to provide leadership, embed a culture of safety-critical thinking, monitor feedback and use this to learn and improve services.

How will we monitor throughout the year?

We will report progress at our bi-monthly Integrated Quality Forum and in addition, we will inform of incidents, reporting and shared learning at our Safety and Quality forums.

Pledge 2

To work with regional networks to put in place safe systems for sharing essential patient data.

It is essential to enable health and care staff to access vital patient care information in a timely and efficient manner to facilitate appropriate treatment and management.

One important aspect of this work is to ensure that CHCP know when our service users go into one of the local hospitals and when they are discharged.

We are working with the Yorkshire Humber Care Record (YHCR) to put in place a system to tell CHCP when this happens. This will allow us to do the following:

- Share information with the hospital when appropriate to do so
- Rearrange home visits and appointments impacted by the hospital visit, allowing us to reallocate resources efficiently and cut down on wasted appointments
- Restart home visits when the service user has been discharged from hospital. We sometimes don't know for a few days when a patient has been discharged.

Our Care Co-Ordination staff will have access to a suite of dashboards that will allow them to track when interactions with the local hospitals take place. In the future, we can expand this to North Lincolnshire and other hospitals in the region that are providing data to the YHCR.

How will we do this?

We will work with the YHCR to subscribe our service users to this service using the InHealthCare platform. To start with, we are running a small pilot project with our frailty service.

Service users from this service will be subscribed using the IT Systems we have put in place, ensuring the confidentiality, integrity, and availability of service users' data at every step.

At the end of the pilot project, our evaluation will enable us to decide about expanding this to all other appropriate services.

How will we report?

This is a small pilot project that will be used with our Frailty patients. We will review results and report back on triggered subscriptions and key metrics such as when we rearranged an appointment, or when we restarted care as a result of the YHCR Dashboards.

Pledge 3

To deliver integrated, equitable, effective tissue viability wound care.

Rationale

Across the UK the unwarranted variation of wound care services offers healthcare providers major opportunities to make service delivery changes to improve healing rates and thus reduce patient suffering, diminish spending on inappropriate and ineffective treatments and reduce the amount of clinical time spent undertaking wound care provision.

Having introduced a collaborative project last year with colleagues from Hull University Teaching Hospital to provide an early and holistic implementation of national clinically effective recommendations for lower limb ulcers, we are beginning to see the benefits and plan to disseminate this good practice across other community services.

What do we plan to do?

We plan to roll out our tested approach across all our treatment rooms within Hull and East Riding, the lymphoedema service and with community nurses who provide care for housebound patients who need lower limb wound care. Adoption of the new care pathways will increase the use of evidence-based care and discourage the over-use of therapies for which there is insufficient evidence of efficacy.

The overall objective of undertaking this pledge is to ensure patients are receiving the best outcomes from their treatment which will be achieved through:

- Early access to high-quality evidence-based assessment, diagnostics and therapies
- Clinical care provided by clinicians with appropriate levels of knowledge and skills working within a coordinated multi-disciplinary team system with referral pathways into specialist services
- Following healing, lifelong follow-up care to reduce the risk of recurrence.

How will we monitor and report?

We will discuss and report actions and progress throughout the year at the established project quarterly Oversight Programme Management meeting attended by all relevant stakeholders, which facilitates the governance for the implementation of the National Wound Care Strategy Programme and lower limb care recommendations.

Last Year's Priorities for Improvement

Last year's Priorities for Improvement across CHCP were published in our Quality Accounts 2020-21, which stated that, in agreement with the organisation's Integrated Quality Forum, we would carry over the previous year's pledges due to competing service-delivery pressures during the pandemic.

We are pleased to offer an update on each of these pledges.

Clinical Effectiveness

In the original Priority for Improvement pledge, we stated that promoting quality improvement initiatives led by frontline staff rests on the understanding that those directly involved in delivering a service are best placed to improve it, provided they are given the right tools and support to do so.

Our pledge was to extend our quality improvement training by offering a range of additional support to colleagues wishing to progress a quality improvement initiative in their clinical area; this could include one-to-one support, coaching, training and project management support.

Over the last two years, understandably, all clinical services have worked with increased demands and staff have needed to prioritise clinical patient care provision.

Thus, during the early stages of the pandemic, the Quality Improvement Team shifted their focus from frontline staff to those who manage the services, with the aim of assisting them to develop bespoke support relevant to their team or service area.

This work has been well received by managers and the Quality Improvement Team have continued their regular virtual Quality Improvement (QI) meetings.

All meetings were held remotely with senior managers and leaders and conducted via MS Team facility on computers.

A total of 103 virtual meetings were held with 165 attendees during 2021-22.

Services	2020-2021		2021-2022	
	Meetings	Attendees	Meeting	Attendees
Integrated Community Services	33	53	58	97
Health & Wellbeing Services	31	60	56	68

The following improvement initiatives have continued in collaboration with the Quality Improvement Team and senior managers/leaders, to develop and embed systems to promote sustainable learning:

- Development and assurances of policies, protocols, procedures and guidance (PPPGs) produced and used within the teams
- Review and support for the implementation of service or team's bespoke record keeping audit tool
- Supporting clinical audit prioritisation, process and outputs
- Supporting the quality of patient information production and processes

Additional initiatives have included:

- Quality Matters[2] organisational record keeping audit dissemination and completion via senior managers, with feedback and discussion of results at QI planning meetings
- Portfolio collation of record-keeping audit results
- Inclusion of NICE guidance and research activities within QI planning meetings
- Prioritising bespoke 1:1 or small group training and support for staff new to quality improvement initiatives e.g. policy writing author training and clinical audit training.

Building on the theme of supporting and developing the expert skills and knowledge staff require in order to 'make it easy to do the right thing', the Quality Improvement Team have worked with senior managers and leaders to engage with identified members of teams to work on prioritised improvement initiatives. Feedback from senior managers has been very positive. Marie Serajuddy says: *"Working as a Senior Operational Manager for therapies, rehabilitation and frailty, myself and senior managers have welcomed the opportunity to work with the Quality Improvement Team to draw a focus on our quality improvement initiatives across all of the services within my portfolio."*

"We have implemented a new approach during the pandemic to ensure senior and operational managers have worked closely with the team to promote quality improvement leadership across all service areas, with a focus on record-keeping standards auditing, NICE guidance compliance, research engagement, production of relevant policies, protocols, procedures and guidance, creation of patient information leaflets, and clinical audit participation."

Marie adds, *"Holding regular quality improvement-focused meetings has been invaluable to ensuring the key quality improvement topics and associated responsibilities have remained on all service areas' radar despite the pressures of working throughout the pandemic. Service improvement has continued and developed to an exceptionally high standard. This momentum would not have been achievable without the Quality Improvement Team's support that we have received."*

Lucy Riggs, Quality Improvement Practitioner tells us: *"During this second year of QI planning meetings we have been overwhelmed by the commitment demonstrated by senior leaders and managers to maintaining their engagement with the QI Team. Despite the many pressures and challenges faced during this last year, we have seen continued enthusiasm to engage in improvement initiatives and develop greater understanding of quality, quality assurance and quality improvement."*

Background

Urinary tract infections (UTIs) are a leading indication for antibiotic prescribing, often diagnosed following a urinary 'dipstick' test by a healthcare practitioner. However, there is widespread evidence of the poor positive predictive value of 'dipstick' testing in those over 65 or those who are catheterised and in all instances, the specific considerations of the patient's clinical symptoms should always be assessed.

One important consideration is that poor hydration can lead to UTIs in older people. With this knowledge, the Infection Prevention and Control team's aim was to promote clinicians' understanding of the link between poor hydration and the prevention of dehydration to help prevent UTIs and unnecessary prescribing of antibiotics, as well as raising awareness of the appropriate use of urinary dipsticks and clinical assessment of those with a suspected UTI or catheter-associated UTI (CAUTI).

To complement the launch of a training module, we:

- Undertook a short online survey of clinical staff to understand the current knowledge or awareness of 'To dip or not to dip' principles
- Launched a range of informative 'To dip or not to dip' resources on CHCP's intranet, which included a brief overview of the issues and where to find additional training and guidance
- Undertook a follow-up survey to identify any changes in clinicians' practice, knowledge and approach to using dipstick urinalysis and identification of UTI, CAUTI and dehydration
- Monitored and reviewed who accessed the training since the launch.

What did we achieve?

Almost 60 practitioners participated in the surveys as of 1 February 2022, 65 members of staff undertook the online training and 92 have accessed the resources on CHCP's intranet.

Responses from the surveys told us:

- Staff were aware of and had read the guidance on the intranet
- some increase in the knowledge and or awareness of the 'to dip or not to dip principles' and the hydration poster/tool
- some change in practice in use of dipstick urinalysis and that use of these was not always appropriate in every case
- Some increase in staff awareness that in older people the presence of bacteria in urine does not always mean an infection is present
- Some increase in staff awareness that people aged 65 and over should have a clinical assessment prior to being diagnosed with a UTI.

CHCP VOICE

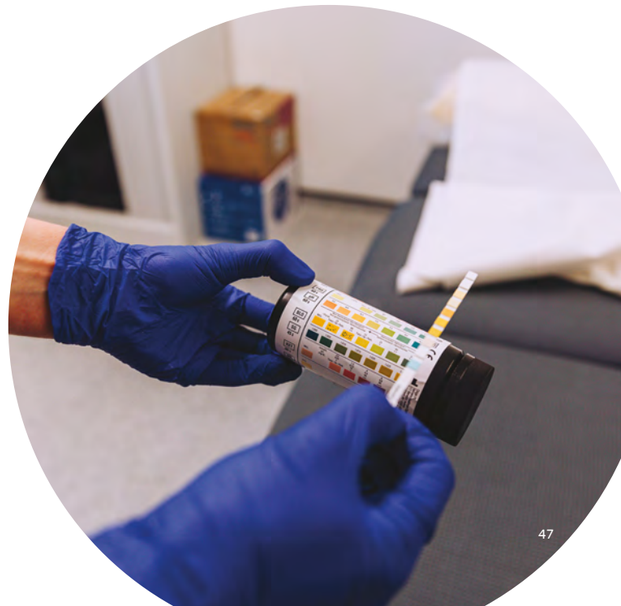
Feedback from practitioners includes:

"I look at a wider range of symptoms in diagnosing UTI. Ensure care homes have the hydration posters."

"No longer dip urine in patients over 65 who have dark, smelly urine. Diagnose patients based more on their symptoms. Always encourage good hydration first and foremost."

Despite the demands on clinical services during the pandemic raising the issues and training and resources for healthcare practitioners to consider whether to 'To Dip or Not to Dip' has prompted staff to think about new ways of assessing for UTIs and CAUTIs.

The Infection, Prevention and Control team plan to progress these foundations, promoting knowledge awareness through education, training and resource access.



Patient Engagement

Expanding our approach to capturing service user feedback.

We have made a pledge to progress our engagement work with people who use our services to ensure that we are able to listen and act on their experiences. Having postponed the meetings of the Service User Voice (SUV) group during the pandemic in 2020, we are pleased to report that these have been reinstated and we have been able to maintain meetings via an online format.

We have seen the benefits of adopting online service user feedback introduced during the pandemic and it has proved to be a more efficient manner of collating larger volumes of feedback. To reduce our paper consumption and in agreement with our SUV all our papers and reading materials that we circulate to our members are shared electronically if this is acceptable to the person. Additionally, online and email communication is being favourably received and we will continue to work in this way for this group; while recognising that this may not suit everyone, we will continue to meet the challenge of the needs of others and maintain other means of feedback ie verbal, written etc.

SUV group are beginning to play an integral part in contributing their experience to shape service improvements. We have Primary Care updates and discussions of services as a standing agenda item in recognition of the value of understanding service delivery and changes from a service-user perspective. For example, our members highlighted how much primary care delivery has evolved during the pandemic and felt that patients who use each of the surgeries should be kept regularly informed to update and understand what is happening at their local surgery and how this may affect them, as well as be informed of key and important health messages. This has been noted by our practice managers and they now routinely send out informative text messages to patients registered at their surgeries.

In addition, some of the other topics that the group have collaborated on include:

- Reviewing and commenting on many of our services' website content
- Engaging with the development of the patient survey
- Seeking and sharing views on CHCP's Equality, Diversity and Inclusion approach and sexual health service name change.

For example, the group were asked to review the style and content of the Musculo-skeletal (MSK) website and provided us with some helpful and practical suggestions. Martin Billing, Operations Manager, told us: *"We were particularly wanting to describe what MSK service is and is not, in a manner that would be clear, understandable and user-friendly. Through the discussions and feedback received from the group, we have implemented a number of the suggestions to shape the website so overall this was a hugely helpful exercise."*

Our members were asked by one of our external partners (LIVI) to consider and collaborate with the potential for patients to receive digital consultations with a GP.

Our SUV member Paul told us: *"I attended an informal meeting with the LIVI team and found the whole process very helpful. Throughout the day and leading up to the meeting I was kept informed of what would happen on the day and the type of interview that would be recorded.*

"All the LIVI team were very open and transparent in the way they answered any of my questions and how professional the team are in going forward. They explained how LIVI worked, incorporating a system of online GPs which patients could either book online themselves or go through their own GP service to do this for them."

"I do particularly like the occasional emails you get from the LIVI app informing you on medical issues of the month, like hay fever or bites and stings. They give you basic medical advice and signpost you to further medical treatment if required. This allows you to get the advice and information without having to email your surgery or attend A and E."

In summary, Paul concludes: *"Overall I found the meeting very beneficial; I was very impressed with their future aspirations and how good the app was. I have now used LIVI a number of times and I have been very impressed with the appointment slots, the GP themselves, the amount of time that you are given for each appointment and the advice given. Overall, I think it's the way forward especially if you find it difficult to actually get to your own GP due to a disability."*

SUV Member Gayle said: *"It is helpful and interesting to be exposed to the breadth and extent of the CHCP services and to be able to provide (where possible) input on the patient experience. Having a channel to pose queries and obtain clarifications is also very valuable. I very much appreciate the interactions with the CHCP staff in obtaining a greater understanding of the challenges and developments across such a broad range of health interactions."*

SUV member Paul reflects on the value of the group and tells us: *"For me, the user group is a voice for other patients, friends and family who use CHCP services. The group has enabled me to question the service if I feel that there is an unacceptable issue, such as the performance of a service to its patients or a simple issue, such as patients waiting outside in the rain to gain access to a GP service.*

"I was very sceptical at first but all the issues we have questioned have been dealt with and the group is regularly updated on the progress of any issues we have discussed. The group itself is made up of people from all ages and genders and I am very pleased that many of the group have some kind of disability. This enables the group to have knowledge or experience of the services that CHCP provides, giving feedback and any issues that have arisen.

"Overall, I enjoy being part of the group, I feel that I do have a voice and also have the opportunity to thank the services that I have used, especially over the past two years."

And finally, Alex Stephenson, Engagement and Communications Assistant tells us: *"We welcome the views, perspectives, discussions and challenges of working and co-producing and shaping our service delivery through the unique perspective offered by the SUV members. We look forward to broadening their engagement across the organisation, keeping us busy and helping us 'get things right."*

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

In addition to some of the key service developments mentioned in our CEO's introduction, we would like to offer some additional initiatives introduced by our staff during the year.

Providing assessment and support for people with Learning Disabilities

Anyone over the age of 14 who is on the GP practices' Learning Disability (LD) register is invited to an annual health check. People with a learning disability often have poorer physical and mental health than others in society and can sometimes feel it is hard to know when they are unwell or to tell someone about it.

NHS guidance during the COVID-19 pandemic advised that in order to reduce the risk of increased unnecessary deaths in people with learning disabilities during the coronavirus outbreak it is essential that annual health checks continue to be carried out.

The annual health check is an opportunity for a holistic review of a person's health, lifestyle, medication and interrelated risks to health and wellbeing.

In the past CHCP's Wellbeing team have supported GP practices 'in the background' through providing advice on accessibility issues, training or developing resources; however, being aware of the significant impact of the pandemic on primary care services and without any additional resource funding the team took a step forward and offered practices to actively manage and deliver the annual check on their behalf.

This meant that the two nurses accessed the electronic healthcare register to identify people who were eligible for their health check and, rather than send out a letter through the post, they made direct telephone contact with the patients themselves to invite them to attend and explain about the importance of the check-up.

Suzanne Nicholls, Lead Primary Care Liaison Nurse explains: *"The uptake has been amazing and our nurses have conducted over 100 annual health checks. Furthermore, at each practice, there has been a significant increase in the uptake of the check-up."*

	Previous attendance rate December 2021	Uptake rate March 2022
Practice 1	16%	79%
Practice 2	3%	67%
Practice 3	3%	61%

This additional support has played a significant part in increasing the overall number of patients on the Learning Disability Register (eligible for the health check) and supporting Hull CCG in achieving over its local target of 67% uptake. In December 2021 only 41% of these patients had received a health check. This figure rose to 73% by the end of March 2022.

Within one practice, there were 17 patients seen who have not had a Learning Disability annual health check in over two years including four who had never attended a check-up before.

The assessment resulted in over 50 onward referrals for further healthcare intervention or support including investigations for high blood pressure, urine infection and hearing loss.

One of the nurses told us: *"This is much more than just doing a physical health check. For example, I saw a gentleman who came to his appointment on his own. His clothes were ill-fitting and dirty and even though it was snowing outside he was not wearing any socks. I helped him to clean his face and his glasses and gently asked about how he was managing at home. He told me how things were getting out of hand for him and his hoarding was so unmanageable that he could not see the floor in his sheltered accommodation. With his consent, I referred him to social prescribing for support with housing conditions and hoarding. I made another referral to social care to ask for a social worker to be allocated to assess for additional support and care help. And finally, I made an onward referral to the community learning disability team for their specialist assessment and support."*

Another nurse spoke about a gentleman that she had seen for his check-up: *"His healthcare records indicated that he was a diabetic and taking medication for high blood pressure. However, when I took his blood pressure it was very high. When I spoke to him about this, he admitted that he 'hadn't bothered' to take his medication for over four months. I spoke to his GP straight away and he re-prescribed medication and asked that the patient took his blood pressure regularly for the next two weeks. However, my assessment was that he would struggle to understand how to use and record findings from the machine. I explained the importance of managing high blood pressure to the patient and with his agreement I referred him to the community nursing team for monitoring his blood pressure."*

Stepping up to the challenge: 0–19 Service

The pandemic changed the way that many healthcare services were able to offer established care and support, whilst putting on additional demands to respond to the impact upon service users. Our 0–19 Integrated Public Health School Nursing team offer two examples of how they adopted a responsive approach.

At the onset of the COVID-19 pandemic, the service introduced a specialist public health nursing advice service in response to the escalating number of COVID-19 symptoms and associated enquires from schools and early years settings.

They offered a point of contact through an identified trained public health nurse and adhered to and reinforced public health messages about the latest infection prevention and control advice.

The team also offered advice on common questions about transmission and incubation periods, infection risks, prevention and management. Queries ranged from a single issue or question that could be answered by one response to larger-scale queries regarding infection outbreaks, which required multiple follow-ups and actions.

SINCE JULY 2021, THE TEAM HAVE DEALT WITH 20-30+ CALLS A DAY: AN OVERALL TOTAL OF

3,039

QUERIES WITH

1,827

RECORDED INTERACTIONS AND RESPONSES FROM CHCP STAFF.

Some of the more common questions that the team dealt with included:

"Why aren't teachers wearing PPE?"

"An immediate family member of a child has tested positive. What are the implications for children within that child's bubble?"

"A child has become ill whilst at school – but their parent cannot collect them straight away. What should we do?"

"A child who attends the school has become ill overnight – what should we do with the other children in the 'bubble'?"

Ensuring each nurse was kept abreast of the current evidence-based guidance and utilising national government guidance, the team were able to develop a series of procedures, protocols and guidance to ensure the latest evidenced-based advice was being given locally.

COVID-19 response data was collected and shared with the local council to ensure that public health surveillance information was kept up to date to inform the local public health picture.

Katie Walker, School Health Specialist Practitioner told us: *"This really is a good example of how professionals from all different organisations have come together to keep our nurseries, childminders, schools and colleges as safe as possible through this pandemic; it has been just amazing. The passion, drive and energy that's gone into this service from everyone is just outstanding and I feel privileged to have been a part of it."*

Jackie Griffiths, Deputy Chief Operating Officer tells us: *"This is a fine example of a team responding to the need for specialist expert advice to keep pupils and their teachers safe locally. Their work was welcomed and praised by the local council and education services."*

Another example of the service's agility is working with the local 'Mutual Aid' support. The 0–19 Integrated Public Health School Nursing Team offered local COVID-19 testing to supplement the national testing programme. This was a local collaboration carried out by 0-19 Humber FT and CHCP teams, using North Yorkshire Mutual Aid swab kits with logistical support from Hull and East Riding local outbreak team.

The purpose of mutual aid swabbing is to:

- Increase local COVID-19 testing capacity to supplement the national testing programme
- Identify COVID-19 cases that would otherwise go unrecognised to enable action to reduce likelihood of onward transmission
- Minimise disruption to education by reducing the time spent isolating unnecessarily
- Increase availability of testing for those families who would not otherwise be able to access it.

Mutual Aid PCR Kits used by CHCP's 0-19 Service									
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
4	17	23	7	4	4	2	5	5	8

The mutual aid testing was developed rapidly in response to meeting the demands of the local area. The 0-19 Integrated Public Health School Nursing Team were able to offer this support to those in need during the critical period during the COVID-19 pandemic. Staff were trained to carry out the testing, which enabled them not only to develop a new skill but also to offer that support and reassurance to parents/carers if they were carrying out the swabbing.

Rachel White, Operational Manager offers an example of one of the mutual aid swabbing requests: *"A school contacted the 0-19 integrated public health team about whether one of their pupils was eligible for a mutual aid test. The parents had been unsuccessful in getting the child tested and the child was struggling with the testing due to their additional learning and physical needs. One of our staff visited the family home providing the family with the testing kit and they were able to successfully carry out the swabbing."*

Rachel continues by offering the impact of offering this support: *"There was an immediate impact for the family as they were able to see the result and know that their child had tested negative for COVID-19. The child was able to return to school and not remain at home self-isolating and thus regain education and social interaction. The family reported their praise for the service."*

Providing COVID-19 vaccinations within offender health care environments

Although people remanded to prison are deprived of their liberty, their right to health care is unaffected and healthcare providers must demonstrate that the care received by offenders is at least equivalent to that afforded to the general public. City Health Care Partnership CIC provide healthcare to two local prisons with a combined population of around 2,000 men.

From the outset of the pandemic, it was identified that COVID-19 outbreaks within prisons could lead to an increased risk of more severe illness and death through a combination of the environmental risk of transmission and the poorer overall health status of the resident population.

The priority from the start was to limit the spread of the virus and to protect the lives of those who live and work in our prisons. This included:

- Use of personal protective equipment (PPE) when in contact with any patient
- Social distancing measures, including isolation, reducing prisoner movement and contact
- Wide-spread COVID-19 testing policies, including contact tracing
- Increased handwashing and cleaning supplies for all prisoners.

However, following instruction from NHS England in December 2020 the HMP Offender Healthcare Team were keen to put in place a planned programme of vaccination to meet the needs of men and enable another aspect of COVID-19 prevention to be put in place.

We were mindful that HMP Hull is a remand prison which meant that there was, and continues to be, lots of movement and transition of men requiring complex planning and organisation to facilitate vaccinating a dynamic population.

In order to deliver a timely vaccination programme to so many people, members of the senior management team who had been trained to safely deliver vaccination supported our established prison health staff by providing an in-reach vaccination service to ensure all men who consented to be vaccinated were offered appropriate vaccine and booster doses in line with national recommendations.

Jackie Griffiths, Deputy Chief Operating Officer, tells us: *"We appreciated that we would need to put in place a robust COVID-19 vaccination programme for our prison population. Once the Moderna vaccine became available, this was the vaccine of choice for prisons nationally due to its transportation capabilities through maintaining the 'cold chain' requirements more efficiently than other available vaccines and enabled us to transport and deliver vaccines across both prison sites. The vaccination programme has been running for over 12 months now and continues to be a success, providing a high standard of safe vaccinations due to the hard work and commitment of the healthcare team, which ensures equity of care across secure environments."*

The logistics of delivering an in-reach vaccination programme within two secure prison units required a comprehensive schedule of logistical planning which included considerations of:

- Development of local policies and guidelines to reflect the national inclusion and exclusion criteria
- Stock identification and forecasting, ordering and transportation of vaccines, vaccine-related consumables and equipment, as well as planning for the collection and waste removal
- Workforce planning and the assurance of staff rotas to ensure sufficiently trained staff were able to visit the prisons and manage the expected throughput of patients wanting to be vaccinated
- Ensuring the adherence to Infection, Prevention and Control measures to protect the prisoners, the prison staff and our staff
- Ensuring that the necessary standard operating procedures and protocols were suitable for adoption for both an in-reach vaccination programme and within a secure environment, including emergency responses, first aid and escalation plans
- Being able to undertake a clinical review to ensure suitability for vaccination, ensuring that prisoners had been given the relevant information and take informed consent and ensuring provision of post-vaccination observations
- Development of Electronic Care Record systems templates to capture and extract vaccination data
- Implementation of the Family and Friends feedback to determine satisfaction of the in-reach vaccination service.

In order to deliver the vaccination programme, we worked in collaboration with prison staff on both sites who were invaluable in facilitating the movement of our staff, including supporting those without prison wing keys to move around the prison environment and also assisting with identifying, enabling and escorting eligible prisoners to be able to attend and correct area for their vaccination.

	Astra-Zeneca 1st dose	Astra-Zeneca 2nd dose	Moderna 1st dose	Moderna 2nd dose
HMP Hull	638	458	570	332
HMP Humber	734	555	714	515

THE TAKE-UP FOR VACCINATION HAS BEEN HIGH WITH A TOTAL

4,518

VACCINES DELIVERED ACROSS THE TWO PRISON SITES.

Providing Healthcare in the Hull Refugee Hotel

Over a year ago, The Quays medical practice was asked to support a new refugee hotel in Hull city centre. The initiative, led by the Home Office and co-ordinated locally by the city council's Refugee Integrated Service, was to provide accommodation for 140 single male occupants who had been granted 'leave to remain'. The staff at The Quays were specifically asked to carry out the following work: register for primary care, COVID-19 swabbing and making sure all occupants of the hotel have access to healthcare.

The Quays has always been a GP surgery for patients who fit under the socially excluded criteria and when we originally opened in 2000 as a Primary Medical Service pilot asylum seekers and refugees were part of this disadvantaged group. However, taking the health lead for 140 newly arrived refugees was a challenge during the pressures of the COVID- 19 outbreak.

Our practice nurses, alongside some of the 0-19 service nurses, undertook training to enable them to skillfully and safely take COVID-19 swabs.

Our administrative staff went into the hotel to facilitate registering patients for local primary care provision.

Our nurses, alongside colleagues from the vaccination centre, arranged regular visits to the hotel to enable COVID-19 vaccinations to be administered.

Our work was well received by the hotel residents and our colleagues within the City Council and in January 2022 we were asked if we could take on a second refugee hotel that would be based on the outskirts of Hull city centre. This hotel would house 84 occupants and would be a family hotel. This hotel was a new concept not only for us but for the city of Hull.

This was a difficult time for all healthcare services, and we were mindful that primary care services locally and nationally were struggling with the pressures from the pandemic. However, talking to CHCP staff we felt that we would like to take on this challenge.

As well as establishing multi-disciplinary meetings with health and social care colleagues we coordinated our work with external partners including the local authority, police, fire brigade, education and environmental health.

Our achievements include:

- Both hotels have a dedicated GP, who is fully aware of each patient based in the hotel and their health needs and undertakes a clinic every week in the hotel
- CHCP's 0-19 services have dedicated two health visitors to the hotel; both undertake health checks on children aged 19 and under. One of the health visitors raised an issue with the range and variety of the food that was being served within the hotel. She sought support from the clinical team leader together they challenged the service until they felt satisfied that the children's food met all the dietary requirements
- CHCP's Tuberculosis (TB) service are attending the hotel to screen for TB. They were aware of the low uptake for screening from the hotel residents and so arranged for the TB clinic to mobilise and visit the hotel which significantly improved screening uptake
- The vaccination team (including our Chief Executive, Andrew Burnell) visited the hotel to discuss, advise and deliver COVID-19 vaccinations; again significantly increasing the uptake
- The health and wellbeing team go into the hotel to undertake health checks on adults
- CHCP's Carers Information and Support Service is attending following the identification of young carers providing care and support to other relatives
- CHCP's 'Let's Talk' service have introduced bespoke clinics to support and facilitate mental health support
- CHCP's Learning Disability primary care liaison nurse has visited to support those with identified learning disabilities and needs
- We have worked with voluntary and charitable services to provide mobile telephones to hotel residents
- We work closely with the Safeguarding team to ensure any safeguarding concerns are recognised and managed appropriately.

And over and above all this professional working CHCP has fundraised and donated money from their charitable foundation to provide some small comforts such as toiletries, hygiene products, toys and clothing.

Claire Garrett, Practice Administrative Manager tells us: *"I took on the role as the main coordinator for healthcare and it has been an amazing experience, I have absolutely enjoyed working with so many CHCP services and our wider partners, volunteer and charitable groups to facilitate health care management and support. I really believe that the patients are receiving excellent health care and of the highest standards."*

Due to the work and dedication of Claire and her team she has been asked numerous times to speak to NHS Trusts across the country to inform how we have put what we have achieved into practice in recognition of the provision of quality, safe and effective care.

Supporting and Enabling Career Development

CHCP CIC's vision is to lead and inspire through excellence, compassion and expertise in all that we do; for our colleagues, that means giving them the skills and confidence to deliver our services in whichever role they have within the organisation.

Our personal development planning enables staff to look to the future and explore what opportunities are open to them. Every colleague is treated as the individual that they are and there is always the offer of a supported career conversation.

The development of expert knowledge is never taken for granted as expertise pulls upon so many different aspects of the person and we work hard to recognise the transferable skills that every employee possesses.

This has been evidenced by several colleagues who were in administration and clerical roles undertaking the nursing associate apprenticeship to become registered clinical practitioners. The recognition of their expertise in communication, compassion and attention to detail, a willingness to assist, have transferred across into these clinical roles creating excellent practitioners who embody the ethos of outstanding health care.

Maintaining expertise and the confidence to practise, regardless of the role in the organisation, is dependent on honest support and feedback. Our support mechanisms are based upon the principles of coaching and mentoring, looking at the needs of the individual in line with the requirements of service delivery. As a healthcare organisation, the foundation of person-centred care is carried throughout all of our teams, reaching beyond patient care into staff/employee care to ensure wellbeing and a culture of support.

By understanding what is expected and the baseline standard of the role, colleagues are able to grow their knowledge and be confident in delivering their key objectives within their teams. It also then gives them the best route for their career progression as they can understand the areas of development required and focus on creating this expertise.

As an organisation, we work in close partnership with other health and social care providers as well as Health Education England (HEE) to ensure that we are developing colleagues to meet patient needs to prevent hospital admissions, facilitate earlier discharges and to offer wider treatments in community areas.

Despite the restrictions and issues imposed by COVID-19, we have supported people to access:

376

places on external courses that are not funded through HEE and we have had

6,845

places accessed on our internal courses.

During 2021–22 we welcomed 528 new colleagues who each undertook our induction programme. Although the basis of induction remains virtual there is a blended approach with face-to-face provision to new starters, ensuring they are able to access electronic systems, are supported through the processes and are confident in the use of the internal IT systems. Any issues or concerns can therefore be resolved on an individual basis and colleagues given the relevant support and assistance.

During the past year, CHCP has actively supported the future workforce of the region by supporting and actively mentoring 1,096 external students from a number of universities and educational providers. This has been achieved in line with the COVID-19 restrictions and enabled the full provision of practice requirements.

CHCP has actively supported 27 careers/school events across the year for Hull and East Riding; these have been both through virtual platforms and face-to-face events, giving young people the opportunity to ask questions and explore different roles in health and social care.

Jacqui Laycock, Head of Professional Practice tells us: *"The support of both the current and future workforce to enable them to fulfil their role to the best of their ability is underpinned by the culture and beliefs of CHCP. As a learning and supportive organisation, we will continue to engage across the health and social care community and associated partners to ensure our patients receive the best quality of care we can achieve now and for the future."*

Sharing, celebrating and recognising our success

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

Jessica Talbot, Lucy Slater and Dr Elizabeth O'Sullivan – Poster presentation at European Academy of Paediatric Dentist (EAPD) conference 'Oral Mutilation in Hull'

Katherine Jones – Presentation at Eating Disorders International Conference (EDIT) highlighting the delivery of a binge eating group within Hull

UK Parkinson Excellence Network – WINNER Parkinson's Hub within Hull's Integrated Care Centre

Megan Foot – qualified as Hull's 'one and only' Makaton tutor

National Centre for Diversity – CHCP awarded 9th place in '100 most inclusive places to work'

Hima Jimalle and Sheila Greenslade – (physician's associates) are finalists in Hull York Medical School's (HYMS) Teaching Experience wards for their 'exceptional' contribution to student experiences

CHCP's 0-19 Public Health Nurses were awarded a medal from St Andrews Primary School in recognition of their 'caring for children's health' work during the pandemic

Jill Bradley – occupational therapist winner of Hull Live's Healthcare professional of the Year award

CHCP was 'Highly Commended' in the Health Service Journal (HSJ) awards for our collaborative 'Procurement Project' work with Smith & Nephew

Additionally, each year we hold a 'celebrating excellence' event in recognition of the work and dedication of our staff. As part of the celebratory event, staff and teams may be nominated by their colleagues for consideration within six award categories.

Our finalists and winners were:

Team of the year

Winner: Evolve Hull Community Eating Disorder Service

Finalists:
- Hull and East Riding Falls Team
- Community Pain Management Team

Inspirational Leader

Joint Winners: Sarah Herd and Martin Billing

Finalists:
- Kerah McRae

Creativity and Innovation

Winner: Urgent Care Team

Finalists:
- HR Admin Team
- Evolve

Unsung Hero

Winner: Jemma Genter

Finalists:
- Paula Middleton
- Krista Day

Volunteer of the Year

Winner: Jean Walker

Finalists:
- Denise Dennett
- St Helens Volunteer Team

Team of Teams

Winner: Bee at Home Care

Finalists:
- FIT Test Working Group
- Estates Team and Bedded Units

Accessibility: Best Project

Winner: Megan Foot

Finalists:
- Learning Disability Sexual Health Clinic

Joint Feedback Statement from NHS Hull Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group

Firstly, NHS Hull and East Riding of Yorkshire Clinical Commissioning Groups would like to take this opportunity to thank all the staff at City Health Care Partnership CIC for their hard work and dedication during the COVID-19 pandemic. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response in ensuring business continuity and the wider system response.

NHS Hull and NHS East Riding of Yorkshire Clinical Commissioning Groups welcome the opportunity to review and comment on City Health Care Partnership CIC Quality Accounts for 2021-22, we congratulate the organisation and staff on the successes that you have achieved in 2021-22. The role that CHCP had within the COVID-19 vaccination programmes was particularly outstanding.

Commissioners note the range of updates provided on services and the improvements throughout this year, we note the performance in respect of assessments particularly for patients with a learning disability and the work in addressing wider health issues. The account demonstrates a clear commitment to improving patient experience, staff involvement and in delivering healthcare to vulnerable groups. We note the work undertaken in providing healthcare to refugees and in addressing health inequalities.

Commissioners note the examples provided within the 'you said we did' section and how CHCP have responded to real life situations, recognising what is important to patients. We note that engagement features consistently and welcome the IT improvements in enabling Wi-Fi access at Highfield Home, in both supporting partnership meetings but more so in supporting carers and families. It should be recognised that this type of change will be well received by many people.

Throughout, the patients' experience is well represented, with CHCP reporting a total of over 226,000 responses in your Friends and Family Test for 2021-22. It is positive to see a total of 96% of users would recommend the service to a friend. Commissioners note that during 2021-22 there has been a slight increase in the overall number of comments, concerns, and complaints when compared to the previous year.

THE ROLE THAT CHCP HAD WITHIN THE COVID-19 VACCINATION PROGRAMME WAS PARTICULARLY OUTSTANDING

Commissioners welcome the focus on the implementation of the National Patient Safety Incident Response Framework (PSIRF), upon its publication. It is positive to hear of the appointment of a Patient Safety and Quality Practitioner to support with the delivery of the Patient Safety Agenda.

Commissioners note the positive contribution to national audit programmes, in addition to local audits, one of which being for blood-borne viruses. The commitment to clinical audits and their role in informing improvement is clear with good evidence of the application of audit into practice.

The account presents a positive picture of how CHCP are aiming to build up their Research portfolio, we welcome this in an 'easy read' format. Your involvement in national research studies such as the PrEP impact trail are positive to note, and we welcome learning more in 2022/23 of how CHCP are aspiring to embed a culture of ongoing research and development.

Throughout the account the commitment to engaging with and supporting staff is evident. Acknowledging the ongoing challenges for all healthcare services there is a clear focus upon recruitment and the retention and a commitment to further enhancing career development opportunities offered to staff.

The account clearly sets out several pledges for 2022-23, your key strategic priorities and an outline on how these will be implemented over the coming year. Commissioners would welcome an opportunity to contribute to the priorities for 2022-2023 and look forward to working in a partnership approach to improving quality across the Integrated Care System (ICS).

City Health Care Partnership CIC Response to Our Commissioners Statement

We would like to thank Hull Clinical Commissioning Group and East Riding of Yorkshire Clinical Commissioning Group (CCG) for reviewing this Quality Account publication and providing a joint statement for inclusion. We welcome the acknowledgement of CHCP's part in the local NHS response in ensuring business continuity and the wider system response, and the hard work and dedication of all our staff during the COVID-19 pandemic.

We welcome the acknowledgement of the outstanding role that CHCP had within the COVID-19 vaccination programmes and our positive contribution to national audit programmes with good evidence of the application of audit into practice.

We are pleased that the positive response to patient concerns and the "You said, we did" by the organisation has been noted for recognising what is important to patients.

We acknowledge the feedback on our focus on the implementation of the National Patient Safety Incident Response Framework (PSIRF) upon the publication, and the Patient Safety and Quality Practitioner will be the lead for the delivery of the Patient Safety Agenda with patient and staff engagement.

We appreciate the comments regarding pledges for 2022-23, and our key strategic priorities over the coming year. We would welcome the opportunity for your contribution to achieving these through our continued working in a partnership across the Integrated Care System (ICS) and Quality Board.

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.

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

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Polish
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Kurdish
ئەگەر حەز دەکەیت نەم بەڵگەنامەیەت بە زمان یاخود شێوازێکی دیکە بەدەست بگات وەک شریتی دەنگ، چاپی گەورە یاخود برایل (هەڵتوقیو)، تکایە تەلەفون بکە بۆ 01482 347649.

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

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

City Health Care Partnership CIC

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Quality Accounts 2021/22