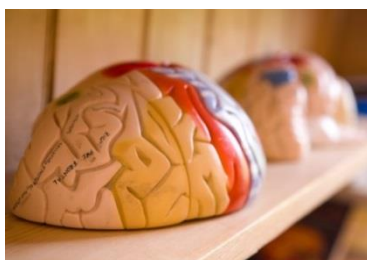
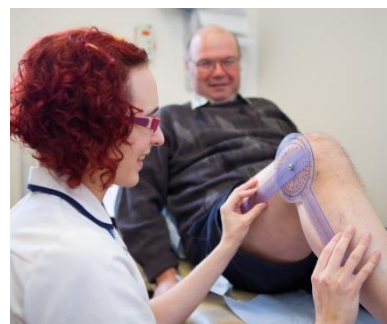


# Quality Account

## 2017-18





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## Part 1: Information about the Quality Account

### Statement on Quality from the Chief Executive

#### Welcome to the 2017-18 Quality Account for Cambridgeshire Community Services NHS Trust

Quality is at the heart of all we do and we are proud to provide high quality services that enable people to live healthier lives and receive care closer to home. During the year we launched 'Our Quality Way' underpinned by 'Our Improvement Way' which sets out our approach to quality improvement, empowering our committed staff to realise a range of innovative achievements and new care models in 2017-18. A few highlights include:

- Launching iCaSH Express Test in Bedfordshire, Norfolk and Suffolk where anyone aged over 16 with no symptoms, can test quickly and easily for sexually transmitted infections using an online and postal service, without the need to visit a clinic.
- Introducing electronic patient records and the 'Order Comms' programme in our regional iCaSH service enables patients to be notified of their results in a timely manner and test results to be imported directly into individual patient records from our pathology provider, reducing the potential for transcription errors.
- Successfully completing two Primary Care Home projects in Luton in partnership with GPs to improve clinical outcomes. The first involved comprehensive medication reviews for patients over the age of 75 taking more than 10 medications. The second engaged diabetic patients, particularly of South East Asian origin, in structured education programmes.
- Introducing the Norfolk Just One Number single point of access and care co-ordination hub. This new approach enables parents and professionals to speedily access consistent and evidence based services from the right health care professional within our Healthy Child Programme services.
- Redesigning, with partners, a new integrated community musculoskeletal (MSK) model which will bring together closely related MSK specialities – orthopaedic, pain management, rheumatology and spinal.
- Introducing Chathealth in Cambridgeshire, a text based service that allows young people to seek advice and guidance on a range of issues from local health professionals.
- Supporting staff at our Oliver Zangwill Centre for Neuropsychological Rehabilitation and within our iCaSH service to complete the Health Education East Quality Improvement Fellows Programme. This will result in the design of a client evaluation system for neuro-rehabilitation patients and improve the wellbeing of people living with HIV through clinical psychologist-led support groups.

As a result of our commitment to on-going quality improvements, we are proud to confirm that the Care Quality Commission rated our services as **(insert rating when known)** following its inspection visits in March and April 2018.

We would like to take this opportunity to say a huge thank you to every member of staff for making the Trust such a fantastic place to work, as evidenced through our amazing staff survey results published in March 2018. Being rated best in the country when compared to our peers in 19 out of the 32 areas rated (including staff recommendation of the Trust as a place to work or receive treatment), and better than average in 29 of the 32 areas, is simply phenomenal. We know that an engaged and happy workforce is directly linked to the provision of good patient outcomes, so we were particularly pleased that our staff engagement score was the ninth highest nationally for all NHS provider organisations.

During the year 33,501 service users provided feedback on our services and we consistently exceeded our target of 90% of service users saying they were likely to recommend our services to friends and family if they needed similar care or treatment (exceeding the national average).

2017-18 has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £937,000, which creates an overall surplus of £3,189,000 when national System Transformation Funds are added. The increase in surplus compared to the 2016-17 financial year surplus (£2,098,000) was due to the Trust receiving an additional non recurrent £1,180,000 from the National System Transformation Fund as a result of the Trust achieving its financial targets for the year.

As ever, these achievements are entirely the result of the outstanding commitment of staff and we acknowledge and thank them for their amazing dedication.

I can confirm on behalf of the Trust's Board that to our best knowledge and belief the information contained in this Quality Account is accurate and represents our performance in 2017-18 and reflects our priorities for continuously improving quality in 2018-19. We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope the examples in this report demonstrate just some of the innovative ways we are supporting people across the East of England and improving their quality of life.



A handwritten signature in black ink, appearing to read 'Matthew Winn', with a long horizontal flourish extending to the right.

Matthew Winn  
Chief Executive



## Statement from the Chief Nurse and Medical Director

We are extremely proud to lead a fantastic workforce who are committed to delivering high quality, innovative care every day to our patients, service users and carers.

Our Trust values of Honesty, Empathy, Ambition and Respect are lived and breathed by staff throughout their time at work and we constantly see examples where they treat people that they come into contact with (both patients and other staff) with dignity, respect, compassion and kindness.

As Matthew highlights in his statement, we constantly seek feedback from patients and service users and look to make improvements to how we deliver care in order to meet people's needs.

We have reset our Quality Strategy and will focus on four key priorities during the next three years. These are:

- Safety
- Evidence based practice
- People participation
- Learning and continuous improvement

We are particularly focussing on how we can involve people in improving our services. This includes patients, service users and carers alongside people who live in the communities in which we offer services. This involves an ambitious programme of listening to people's views and experiences, looking at ways to include people in decisions about service improvements and seeking new ways to review and check standards of care from the experience of patients and service users.

We have launched an innovative programme 'Our Quality Way' which is underpinned by 'Our Improvement Way' designed to help staff see where they fit into delivering high quality care on a daily basis. This also outlines ways in which they can make changes and improvements in a structured way and can be empowered to see what needs to improve and make the changes directly benefitting patients and service users.

As new services join us, we are proud to share our open, honest and caring ethos and way of working and seek to share examples of best practice across all services in order to deliver the highest quality service at every contact with our patients and service users.

This Quality Account outlines a wealth of quality related activity and achievements and highlights performance against our ambitious targets where relevant. We would like to take this opportunity to thank each and every member of staff for their contribution to delivering high quality care during 2017-18 whether they work directly with patients and service users or behind the scenes to support those who do.



A handwritten signature in black ink, appearing to read 'David Vickers'.

David Vickers  
Medical Director



A handwritten signature in black ink, appearing to read 'Julia Sirett'.

Julia Sirett  
Chief Nurse

## About the Quality Account

### What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Our Quality Account is divided into the following sections:

<b>Part 1</b>	<ul style="list-style-type: none"><li>▪ Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.</li></ul>
<b>Part 2</b>	<ul style="list-style-type: none"><li>▪ Priorities for the Trust to improve the quality of our care during 2018-19.</li><li>▪ Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.</li></ul>
<b>Part 3</b>	<ul style="list-style-type: none"><li>▪ A review of quality performance. This demonstrates how the Trust has performed throughout 2017-18.</li></ul>

### Our Quality & Clinical Strategy

Our Chief Nurse is the Executive Lead for Quality across the Trust and is responsible for keeping the Board informed of Quality issues, risks, performance and good practice.

We have developed a three year Quality and Clinical Strategy 2018-2021 which outlines our approach to Quality improvement and identifies four detailed priorities:

#### Priority 1: Safety

*Goal:* A mature Patient Safety culture is evidenced throughout our services.

#### Priority 2: Evidence Based & Innovative Practice

*Goal:* Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.

#### Priority 3: People Participation

*Goal:* We will move from a 'patient engagement' to a 'People Participation' approach where service users, patients and local communities help to shape and improve future service provision.

#### Priority 4: Learning and Continuous Improvement

*Goal:* High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.

## Part 2: Priorities for Improvement and Statement of Assurance from the Board

### Quality Improvement Priorities for 2018-19

Five key characteristics of high quality services are identified by the Care Quality Commission (CQC) which asks:

- Are services safe?
- Are services effective?
- Are they caring?
- Are they responsive to people's needs?
- Is the organisation well led?

Our Quality Priorities for 2018-19 are taken from the Trust's revised Quality and Clinical Strategy 2018-2021 and reflect these characteristics:

#### Priority 1: Safety

**Goal:** A mature Patient Safety culture is evidenced throughout our services.

- Activity:**
1. A Safety Culture audit will be undertaken in each service during 2018-19 and an improvement plan identified.
  2. A patient safety based escalation programme will be developed and introduced across our services. This is designed to empower staff who are concerned about an immediate patient safety issue to question and challenge another clinician/staff member in a non-threatening and depersonalised way.
  3. We will undertake a 'stock take' of our safeguarding resources and processes to identify areas for quality improvement activity based on our wide portfolio of services.
  4. Continue to focus on improving the ways that we share key learning from patient safety incidents

#### Priority 2: Evidence Based & Innovative Practice

**Goal:** Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.

- Activity:**
1. We will identify appropriate patient outcome measures for each of our services and review relevant sources of data to inform future benchmarking opportunities.
  2. Review our clinical audit programme to ensure that we have a strong baseline from which to identify variation in practice and inform a plan to reduce unwarranted variation in standards across services.
  3. Undertake a review of networks that our clinical leaders participate in and strengthen the links from these across our services

#### Priority 3: People Participation

**Goal:** We will move from a 'patient engagement' to a 'People Participation' approach where service users, patients and local communities help to shape and improve future service provision.

- Activity:**
1. Undertake a review of resources required to underpin our People Participation approach.
  2. Develop governance arrangements to ensure that People Participation activity is considered alongside patient experience feedback and patient engagement activity.
  3. Evidence and share improvements to practice related to People Participation.



#### **Priority 4: Learning and Continuous Improvement**

*Goal:* High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.

- Activity:*
1. Continue to develop and embed our Learning from Deaths processes to ensure that we can share learning and make appropriate changes to the care that we provide.
  2. Continue to embed 'Our Quality Way' and underpinning 'Improvement Way'.
  3. Raise awareness of using data for improvement and train staff appropriately.
  4. Continue to improve how we learn from patient and staff feedback relating to when things go well and not so well in order to make improvements to the care that we provide.

## Statement of Assurance from the Board

### 1. Review of services

During 2017-18 Cambridgeshire Community Services NHS Trust has been privileged to provide a number of NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Peterborough, Norfolk and Suffolk as summarised in the table at the back of this report (see Appendix 2).

We were delighted to welcome to the Trust colleagues from Bedfordshire children's services, oral health improvement service, acquired brain injury service and neuro-rehabilitation service as part of the children and adults services we are providing across Bedfordshire with East London NHS Foundation Trust, further adding to our growing regional service portfolio and expertise in children service areas.

In line with our Five Year Strategic Plan, the Trust gave notice to commissioners that it would no longer provide the following services:

- Outpatient services based at Princess of Wales and Doddington Hospitals and Dermatology Services in Peterborough, which transferred to a new employer on 1 September 2017.
- Acute children's services based at Hinchbrook Hospital (North West Anglia NHS Foundation Trust) which will transfer to a new employer by November 2018.

Cambridgeshire Community Services NHS Trust has reviewed all the data available to them on the quality of care in 100% of the NHS services we deliver. The income generated by these services represents 100% of the total income generated from the provision of NHS services by the Trust during this 12 month period.

### 2. Learning from deaths

In line with the CQC's recommendations in its review of how the NHS investigates patient deaths, the National Quality Board published a new national framework for NHS trusts – 'National Guidance on Learning from Deaths'. The purpose of the new framework is to introduce a more standardised approach to the way NHS trusts report, investigate and learn from patient deaths, which should lead to better quality investigations and improved embedded learning.

The Guidance has outlined specific requirements in relation to reporting requirements. From April 2017, the Trust was required to collect and publish specified information on deaths quarterly. This is through a paper to a public board meeting in each quarter to set out the Trust's policy and approach (by end of Quarter 2) and publication of the data and learning points from Quarter 3.

The guidance is very specific and relates to adult patients who die in an inpatient setting so is not directly related to our service portfolio. However, work continues nationally to standardise reporting for community based services and we have taken the opportunity to initiate a review process for those patients who die whilst under the care of our services in order to elicit learning. We have taken the approach for 2017-18 of reviewing a number of deaths recorded in our Adults Community Nursing services and if concerns were identified then a full Root Cause Analysis would be undertaken.

## Analysis of the data

We reviewed all the deaths that occurred in our services for adults in Luton and noted that there were 291 deaths. The analysis showed that the majority of the deaths happened in people's own homes.

Place of death	No.
Home	149
Nursing/Care Home	67
Hospital	55
Hospices	20
<b>Total</b>	<b>291</b>

The ages of the patients were in the following banding:

30s	40s	50s	60s	70s	80s	90s	100s	Total
2	8	27	43	80	101	26	4	291

Sixty-two per cent of the patients were under the care of the Palliative Care Service and the remainder were cared for by the District or Specialist nursing services.

## A review of the adult deaths

Forty-four deaths were reviewed to ascertain whether:

- The care were delivered as planned
- There were any gaps or omissions
- There were lessons to be learnt
- Further actions to be taken

The 44 patients were randomly selected from the list using NHS number and the services that they had been under to ensure a comprehensive distribution. Staff who were not directly involved in the care of the patients reviewed the patient electronic records.

## Key messages from the review identified include:

- Practical systematic, evidence-based approach to optimising care for all people nearing end of life was followed.
- There was excellent communication and liaison between the teams in the Trust, including the District Nursing, Specialist Nursing, Out of Hours and Macmillan Services.
- There was evidence of excellent liaison and communication between organisations including the Trust, the GPs, the hospital and My Care Co-ordination at the hospice.
- The patient records were kept up-to-date and contained sufficient information about the care and treatment of the patients. The DNAR (Do Not Attempt Resuscitation) document was referenced in the patient records where it existed.
- Palliative care symptom control medications were available in the patients' residences.
- There was seamless transfer from the hospital to the community services and the quality of the discharge planning was good.
- The relatives were involved and there was excellent communication between staff and relatives who were kept informed of the situation. Staff held difficult conversations with the families and many families thanked the staff for the excellent care.
- Many records showed that the patients died in their preferred place of death.
- It was also noted that staff reported some deaths on our web-based incident reporting system (Datix) and three Datix records were reviewed where the staff reported the deaths because they had arrived at the patients' homes for visits and the patients had died.

**The lessons learnt from reviewing the 44 patient records were:**

- To continue to improve the communication between the staff and the patients and their relatives.
- To ensure that there are no delays in confirming deaths.
- To ensure that all the details about who to contact are up-to-date and reviewed regularly.
- To close the care plan of the patient on the electronic system once the death is confirmed.
- To prioritise the visit to see the patient if the relatives are concerned.

**Next steps**

The review showed the very high quality of care to patients who died whilst under the care of our services. A number of actions will be undertaken:

- Our staff will be supported to use the Learning from Death Screening Tool to ensure that learning is identified
- Staff will be continually supported and trained to hold difficult conversations with patients and relatives.
- We will continue to develop and refine our processes to review all adult deaths.

**3. Participation in clinical audits and national confidential enquiries**

Between April 2017 and March 2018, there were four national clinical audits and no national confidential enquiries which covered NHS services that the Trust provides.

During that period Cambridgeshire Community Services NHS Trust participated in 100% (n=4) of national clinical audits and 100% (n=0) national confidential enquiries of which the Trust was eligible to participate in.

The national clinical audits that the Trust was eligible for and those it participated in between April 2017 and March 2018 are as follows:

Audit	Participation	No. of patients
14121: UNICEF Baby Friendly Initiative Breastfeeding Audit	Yes	The Trust submitted 41 patients to this audit.
14176: Parkinson's UK Audit 2017-18	Yes	The Trust submitted 24 patients to this audit.
14166: National Chlamydia Screening Audit 2017-18	Yes	The Trust submitted 40 patients to this audit.
14165: BASHH Management of Syphilis Audit 2017	Yes	The Trust submitted 7 patients to this audit.

During 2017-18 the Trust undertook an extensive programme of clinical audits which were determined from several sources including national audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board.

The reports of 45 local clinical audits were reviewed by Cambridgeshire Community Services NHS Trust in 2017-18; see Appendix 4 for a full list of summaries and actions that the Trust intends to take to improve the quality of healthcare provided.

## National Confidential Inquiries

There are currently three National Confidential Enquiries and Inquiries:

- i. The National Confidential Enquiry into Patient Outcome & Death (NCEPOD);
- ii. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH); and
- iii. The Confidential Enquiry into Maternal Death and Morbidity.

The Trust did not participated in the above during 2017-18 as they were not relevant to the services which the Trust currently provides.

## 4. Participation in clinical research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire Community Services NHS Trust in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was 437.

In 2017-18 a total of eight research studies were running within the Trust. Of these, seven studies were National Institute for Health Research (NIHR) portfolio studies and one was a non-portfolio study. A total of 437 participants were recruited into NIHR portfolio research studies in this period (see chart below). This is the highest number of recruits achieved within the Trust, with an impressive 88% being contributed by the Integrated Contraception and Sexual Health service (iCaSH). Where applicable, all the NIHR studies were established and managed under national model agreements.

The Trust used national systems to manage research studies in proportion to risk. In this period all new studies were approved via the Health Research Authority followed by Trust confirmation of capacity and capability to host the research. During 2017-18 the Trust issued four letters of access and two honorary research contracts.

**Participant recruitment to NIHR Portfolio studies**

Ref	Short Name	Participants
20710	Safetxt: a randomised controlled trial of a safer sex intervention	183
35405	PrEP Impact Trial	116
14460	Positive Voices: National Survey of People with HIV	87
30340	The BOOST programme (v1.0)	30
34876	Preventing Return to Smoking Postpartum (PRoS Study)	19
20128	Reading, Playing and Talking	2
<b>Total</b>		<b>437</b>






The Trust used national systems to manage research studies in proportion to risk for all studies. The NIHR networks supported all of the NIHR studies through local research networks.


In the last year, nine peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation including music therapy following a stroke; computerised cognitive behavioural therapy (CBT) after stroke; outcome measures; assistive Telehealth; use of psychological formulations; Neuropage and impact on those people with memory issues and multiple sclerosis (MS); hearing improvements in children and inclusive design in access to back pain care. We also had clinical staff attending national and



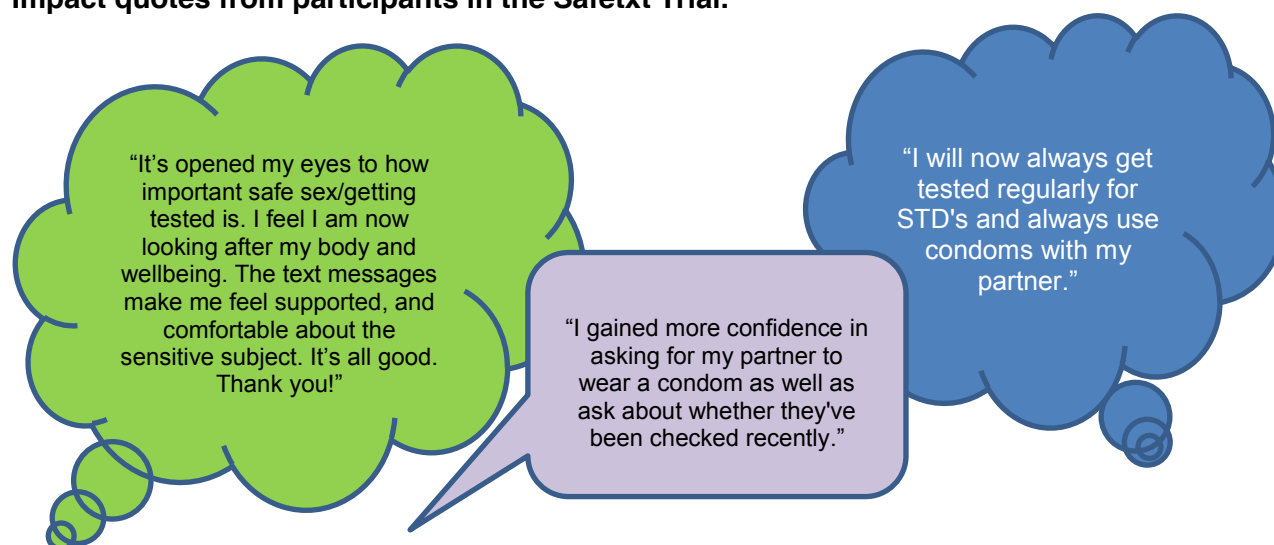
international conferences to present their work, either via oral presentations or academic posters.

## Impact of NIHR portfolio research within the Trust

Study	Benefits of participating in research
<p><b>Safetxt</b></p>  <p><b>iCaSH Hubs</b></p> <p><i>Collaborating organisation: London School of Hygiene and Tropical Medicine</i></p>	<p>This study is a randomised controlled trial that is taking place within our Integrated Contraception &amp; Sexual Health (iCaSH) service. The co-ordinating research centre is at the London School of Hygiene and Tropical Medicine.</p> <p>Many staff within the service have now completed the Good Clinical Practice (GCP) research governance training. The recruitment to this study started in the Norwich hub (Oak Street) and during last year more of the hubs have come on board: Lowestoft, Vancouver, Breydon, Ipswich and Lime Tree. The study has been well received in the other hubs which has contributed to its continued success.</p> <p>This study had a strong start with recruitment and this has been maintained over the year, gaining a national profile by being consistently in the top five national recruitment table, with the highest placement being second.</p> <p>The local Principal Investigator on this study, a clinical nurse lead, is now very interested in their service participating in other large studies.</p> <p>This study introduced the iCaSH service to NIHR research which meant they were experienced and had gained confidence when another study had to be adopted very quickly such as the PrEP Impact Trial.</p>   
<p><b>PrEP Impact trial</b></p> <p><i>Collaborating organisations: Public Health England, NHS England, St Stephen's Clinical Research</i></p>	<p>PrEP (HIV Pre-exposure Prophylaxis) is a medicine for HIV negative people and is supported by Public Health England, NHS England and St Stephen's Clinical Research. This study is part of a national programme to look at the impact of using established drugs to minimise the risk of being infected with HIV. It is designed for those clients considered to be in a high risk category.</p> <p>This study was fairly complex to introduce in this Trust due to the large number of hubs and the pharmacy requirements; we have eight hubs involved in Phase 1. However, due to the keenness to participate, recruitment was very rapid. As a result of national demand recruitment had to be capped at the allocated numbers of 20 per hub.</p> <p>The Trust Pharmacist, involved in this study, has designed an information leaflet for staff around the use of medications in projects.</p>
<p><b>Positive Voices Survey iCaSH Hubs</b></p> <p><i>Collaborating organisations: Public Health England, University College London, Imperial College London</i></p>	<p>This project was in conjunction with Public Health England, University College London and Imperial College London and involved those diagnosed with HIV to complete a survey exploring the health care needs and improving services provided to people living with HIV. The results of this national survey have not yet been released.</p>
<p><b>Evaluation of NeuroText as a memory aid for people with multiple sclerosis</b></p> <p><i>Collaborating organisation (charity):</i></p> 	<p>The MS Society fully funded this NeuroText research. The randomised control trial and two centre study worked with people with Multiple Sclerosis. It was found that receiving reminder text messages increased participants' attainment of personally identified target behaviours and impacted positively on their mood and quality of life. In 2017, this completed PhD project had a large number of impacts regarding dissemination at various events and papers and the success continues with another paper being published in March 2018.</p> <p>Next steps are to explore a post-doctoral Fellowship to further develop the project and to consider the feasibility of developing a clinic for clients with MS who are experiencing memory problems.</p>

Study	Benefits of participating in research
<b>BOOST</b> <b>Dynamic Health</b> <b>(MSK Huntingdon).</b> <i>Collaborating organisation:</i> <i>University of Oxford</i>	<p>This study is looking at a combined exercise and cognitive behavioural therapy programme and is a multi-centred study for patients who have musculoskeletal problems.</p> <p>This was a complicated research design and patients had to attend for many sessions. Nationally recruitment was slow, but the MSK physiotherapists in Huntingdon were the first centre to recruit their full allocation of patients. The research team in Oxford have been very impressed with the physiotherapists and have requested that another additional 10 participants are recruited to the study. The physiotherapists have been keen to participate in this study as they are considering offering more group therapy interventions to their patients and this research will answer the questions regarding outcomes for group therapy.</p>
<b>Reading, Playing and Talking</b> <b>Speech &amp; Language Therapy (SaLT)</b> <i>Collaborating organisations:</i> <i>University of Manchester,</i> <i>University of Sheffield</i>	<p>This study aims to determine how shared reading promotes child language development and uses this knowledge to make it an effective language boosting tool for children across the whole socio-economic spectrum.</p> <p>This study has been very slow to recruit to; one reason being the study design is not straightforward. However, the Speech and Language Therapy team was complimented by the research team in Manchester as they were the last centre to come on board but have recruited very quickly.</p>
<b>PReS</b> <b>Health Visitors, Norfolk</b>  <i>Collaborating organisation:</i> <i>University of East Anglia</i>	<p>Preventing Return to Smoking Postpartum (PReS) is a study looking at the development of a complex intervention to sustain smoking cessation in postpartum women.</p> <p>Although 54% of smokers quit during pregnancy, 94% of those re-start smoking by six months postpartum. The output of the study will be the development of a new intervention to address this statistic which will then require further testing in a clinical trial.</p>

### Impact quotes from participants in the Safetxt Trial.



### Cambridgeshire Community Services NHS Trust Collaboration with NIHR Clinical Research Network (CRN) Eastern

The Trust continues to work closely with the NIHR Clinical Research Network (CRN) Eastern and is fully engaged in NIHR activity, including:

- Continued recruitment into NIHR portfolio studies, with the highest recruitment levels achieved for the Trust and with more clinical services and geographical areas being engaged in studies.
- Developing and submitting NIHR Fellowship applications.
- Consulting at NIHR Grant Writing Days.

- Staff working closely with the NIHR Research Design Service (Grant Development Team).
- A research staff secondment with the Research Design Service.

Research, Development and Innovation are recognised as being important to the Trust, contributing to evidence-based practice and improving the effectiveness of care. More clinical staff are being introduced and involved in the research process and are requesting help and support from the Trust's Research Team.

## 5. Use of the Commissioning for Quality and Innovation (CQUIN) framework

A proportion of Cambridgeshire Community Services NHS Trust's income in 2017-18 was conditional on achieving quality improvement and innovation goals. These were agreed between Cambridgeshire & Peterborough Clinical Commissioning Group, NHS England and Luton Clinical Commissioning Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust is on track to deliver the majority of the 13 CQUINs agreed for 2017-18. However, the Trust anticipates receiving partial payment for the Flu vaccination CQUIN which requires a highly challenging rate of vaccination amongst front line staff.

The Trust will continue to work to deliver those CQUINs agreed to cover a two year period in 2018-19. No further local CQUINs have yet to be confirmed but may be negotiated with commissioners ahead of 1 April 2018.

Further details of the agreed goals for 2017-18 and for the following 12 month period are available at [Cambridgeshire Community Services NHS Trust/CQUIN](#).



## 6. Statements from the Care Quality Commission (CQC)

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission and its current registration status (last rated in 2014) is 'Good' with no conditions. The current Trust CQC ratings grid is displayed here. All areas identified as requiring improvement in the May 2014 inspection have been addressed. Some of these areas related to services that transferred out of the Trust in April 2015.

A routine inspection was undertaken during March 2018 which reviewed two of our core services (Dental Healthcare Services and Luton Adult Community Services) alongside an assessment in April under the 'Well Led' Key Line of Enquiry at Trust level. **Results to be included when available.**

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2017-18.

Cambridgeshire Community Services NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

## 7. Data quality

Our data quality impacts on all monthly performance reporting to management and commissioners alike. Low volumes of errors equate to more comprehensive and accurate reporting of historic events. At present the Trust is not subject to payment by results for activity delivered but does share reporting across services with all relevant parties against agreed delivery plans and thresholds.

### **Statement on relevance of Data Quality and your actions to improve your Data Quality**

Cambridgeshire Community Services NHS Trust will be taking the following actions to improve data quality:

The enhancement of the Trust's data warehouse in order to:

- Continue to improve the quality and consistency of datasets used for improvement and reporting of performance.
- Further enable patient level data captured in source systems to be standardised and consistently validated to ensure it is complete and correctly mapped for the relevant data fields.
- Develop further diverse data quality reports highlighting recoding errors at source resulting in transactions being accepted but with data fields incomplete.
- Ensure appropriate corrective action is taken to resolve any data quality issues.
- Add new layers of insight and business intelligence within the warehouse by developing the amount of data from services using other Electronic Patient Recording systems and potentially incorporating finance and human resource data.

### **Other improvements**

We have taken steps to improve the quality of data reported into and extracted from our web-based risk management system (Datix). This has enabled a much improved oversight of a number of elements of risk management including recording of risks, incidents, clinical audits, patient feedback and patient safety alerts

We have also increased our use of electronic patient records to record clinical activity and have rolled this out to new services that join the Trust as quickly as possible. This approach enables consistency in recording and appropriate sharing of information in a timely way.

A recent innovation has been our project to enable our iCaSH services to receive electronic notification of clinical laboratory results rather than by post. This will give staff much more timely information to inform clinical decisions and will reduce the risk of errors in recording.

### **NHS number and General Medical Practice Code Validity**

Cambridgeshire Community Services NHS Trust submitted records during April 2017 to March 2018 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number, as at the end of February 2018 was **(March data available late May):**

- 99.4% for admitted patient care
- 99.9% for outpatient care
- Not applicable for accident and emergency care

The percentage of records in the published data, which included the patient's valid General Medical Practice, as at the end of February 2018 was:

- 99.9% for admitted patient care
- 100% for outpatient care, and
- Not applicable for accident and emergency care

## **8. Information Governance Toolkit attainment level**

Cambridgeshire Community Services NHS Trust Information Governance Toolkit Self-Assessment score for 2017-18 was 80% and was graded satisfactory.

For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 22 standards and level 3 for 16 standards. One standard was considered not relevant to the Trust's portfolio.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to information governance. Action plans for improvement were monitored by the Trust's internal Information Governance Steering Group, with progress reports presented quarterly to the Quality Improvement and Safety Committee.

The Trust achieved a 92% compliance rate for information governance training.

For 2018-19, the Information Governance Toolkit will be replaced with the Data Security and Protection Toolkit. The final list of requirements and scoring criteria have not completed so the Trust has not set any targets for 2018-19, however it will continue to strive to ensure compliance with all of its obligations.

## **9. Clinical coding error rate**

Cambridgeshire Community Services NHS Trust was not subject to the Payment by Results clinical coding audit during 2017-2018 by the Audit Commission.



## Part 3: Review of Quality Performance 2017-18

This section demonstrates the Trust's achievements throughout 2017-18 for the priorities outlined for this period in our Quality strategy.

### 3.1 Quality Improvement Priorities 2017-18

A wide range of activities identified in the Quality and Clinical Strategy 2016- 21 have been reported through our internal governance processes and summarised in Public Board papers.

A number of these were identified in our 2016-17 Quality Account as key priority areas of focus and a summary is detailed below.

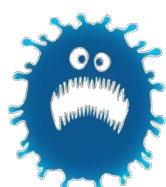
Priority	Progress
Provide support and preparation to ensure the Trust receives an outstanding CQC rating	<ul style="list-style-type: none"><li>▪ A number of actions have been implemented and monitored during 2017-18 including the following:<ul style="list-style-type: none"><li>- All teams have undertaken self-assessments against the CQC standards.</li><li>- A Quality Review Visit programme has been developed and initiated with four reviews undertaken between December 2017 and March 2018.</li><li>- Launch of 'Our Quality Way'.</li></ul></li></ul>
Embed 'Our Quality Way'	<ul style="list-style-type: none"><li>▪ Launch of 'Our Quality Way' and underpinning Quality Improvement methodology 'Our Improvement Way'.</li><li>▪ Monthly focus for five months on the five CQC Key Lines of Enquiry – Safe, Effective, Caring, Responsive and Well Led.</li></ul>
Implement programme of clinical policy audit	<ul style="list-style-type: none"><li>▪ All clinical policies reviewed on a three year rolling cycle. Further work to develop effective audit processes for key clinical policies will be undertaken in 2018-19.</li></ul>
Ensure each team has a safety plan linked to service objectives	<ul style="list-style-type: none"><li>▪ All services developed annual service plans for 2017-18 which included Quality related priorities.</li></ul>
Establish an effective clinical leadership network with professional leadership identified in each service	<ul style="list-style-type: none"><li>▪ Clinical &amp; Professional Committee membership redefined and clinical leaders named in each service.</li></ul>
Improve use of feedback from patients and service users to improve our services and increase use of clinical outcome measures to improve care	<ul style="list-style-type: none"><li>▪ Services have increased the feedback responses from patients via a number of methods such as the Friends and Families Test. Responses increased from between 750-1500 per month in 2015 to between 1750-3250 in 2017-18.</li><li>▪ A number of improvements have been made by our services in response to feedback. Examples can be found in section 3.3.</li><li>▪ A number of patient outcome measures have been introduced. Examples are identified in section 3.4.</li></ul>

### 3.2 Patient safety activity

#### Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme during 2017-18. The table below summarises the Trust's 2017-18 targets and performance.

CCG	MRSA bacteraemia		Clostridium difficile	
	Target	Performance	Target	Performance
Cambridgeshire & Peterborough	0	0	2	0
Luton	0	0	0	0
Total	0	0	2	0



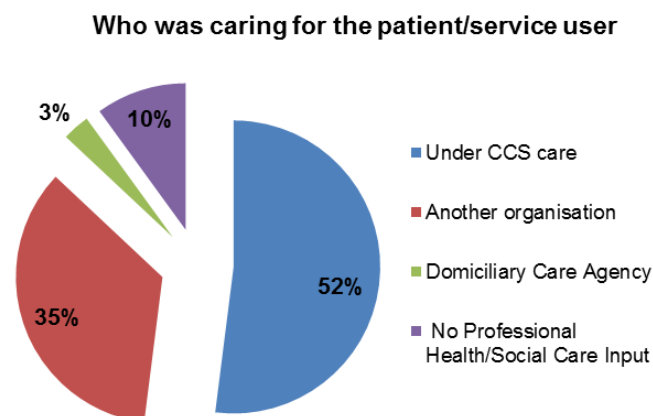
The Trust's seasonal influenza vaccination programme reported an uptake of 62.4% of our frontline staff which is a reduction of 7% on last year despite a number of initiatives to encourage uptake such as working closely with two neighbouring trusts to provide improved access for staff to the flu vaccine.

Improvements planned for this year include an increase in the number of staff able to administer the vaccine directly to teams in the early weeks of the campaign.

#### Patient safety incidents

During the previous 12 months, 2523 patient safety incidents and near miss incidents were reported via our web-based incident reporting system (Datix). This is an increase over the previous 12 month period of approximately 25%. This level of reporting equates to

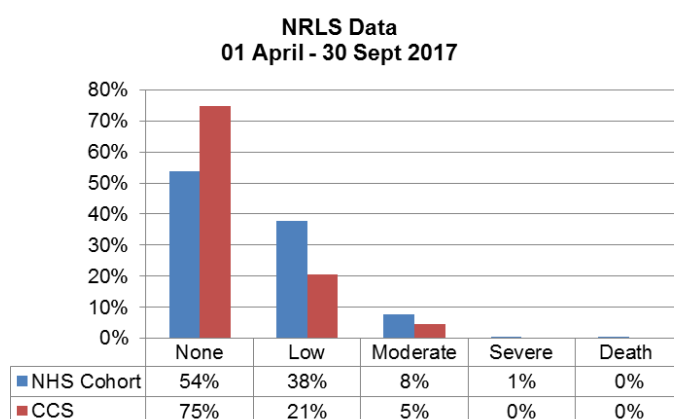
approximately 0.25% of the almost one million contacts our staff have with service users each year.



In addition to reporting incidents as a direct result of care delivered by the Trust, staff are encouraged to report 'happened upon incidents' which have originated in another organisation (e.g. acute trust or domiciliary care agency) and where there has been no professional health/social care input. This is reflected in the pie chart opposite.

Incidents are shared with external organisations where possible and any feedback received is communicated to the reporter and local team. All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.

All patient safety incidents which occur as a direct result of CCS care are submitted externally to the National Reporting Learning System (NRLS) in line with the Care Quality Commission recommendations. The chart above provides a summary of patient safety incidents by harm reported by the Trust compared to an allocated cohort of other NHS Community Organisations (the latest available information covers the period 1 April – 30 September 2017).



## Serious Incidents (SIs)

The Trust undertakes full Root Cause Analysis investigations on all incidents that meet the criteria for reporting as Serious Incidents. These investigations are undertaken to identify learning that can be shared across relevant services to reduce the risk of similar incidents occurring.

There were a total of eight incidents reported as Serious Incidents during 2017-18 which comprised as follows:

- 1 x Pressure ulcer grade 3 deemed to be avoidable to the Trust
- 2 x Information Governance incidents relating to breach of confidentiality
- 3 x Failure to escalate concerns
- 1 x Surgical issue (Dental Service)
- 1 x Patient accident

The incident in the Dental Service mentioned above met the criteria of a Never Event. Never Events are preventable patient safety incidents that should never occur if appropriate systems and checks are in place.

This particular incident involved the extraction of a wrong tooth. The incident was considered alongside two other Never Events reported earlier in the year (during 2016-17) and an independent expert review was commissioned to ensure that appropriate actions were being undertaken. This review concluded that the service demonstrated an open and honest reporting culture for patient safety and that appropriate actions had been instigated. Actions have been implemented by the service and audits have been undertaken to ensure that these changes are embedded in everyday practice.

The patients involved in the incidents were involved throughout the process of investigation to ensure that appropriate outcomes were achieved and full apologies given under our Duty of Candour approach.

Learning from all incidents is shared across our services and with other stakeholders where appropriate.

## Implementation of Duty of Candour

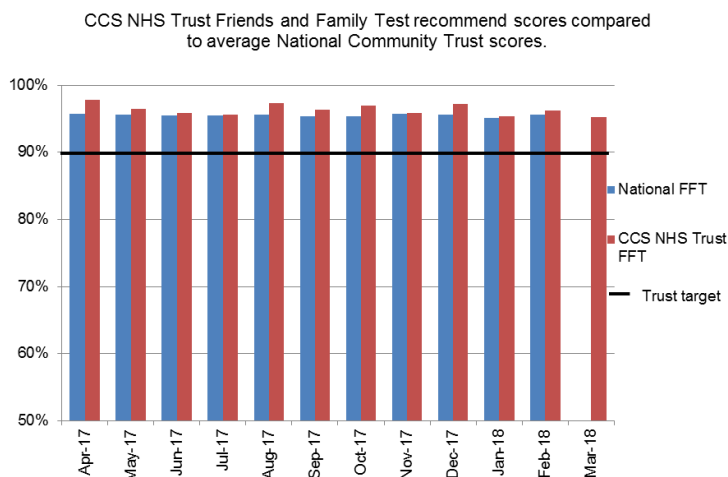
The Trust has fully implemented the requirements of the Duty of Candour in line with the Care Quality Commission's framework.

The Trust has a well-recognised open and honest incident reporting culture as detailed above. The Trust has developed a policy for staff to follow which outlines the specific requirements of Duty of Candour and supports staff to make appropriate apologies when things go wrong. This is monitored through our web based incident reporting system.

## 3.3 Patient experience activity

### Patient surveys *(March data to be added when available)*

Service users responded to 33,501 surveys during 2017-18 of which 32,411 included the Friends and Family Test question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?"



Percentage of each response given to the FFT question for CCS NHS Trust.

A horizontal stacked bar chart for CCS NHS Trust. The x-axis represents the percentage of responses from 0% to 100% in 10% increments. The bar is composed of six segments: a large green segment for 'Extremely Likely' (approx. 76%), a light green segment for 'Likely' (approx. 19%), a small yellow segment for 'Neither Likely or Unlikely' (approx. 2%), a very small orange segment for 'Unlikely' (approx. 0.5%), a very small red segment for 'Extremely Unlikely' (approx. 0.5%), and a very small blue segment for 'Don't Know' (approx. 0.5%).

Response Category	Percentage
Extremely Likely	76%
Likely	19%
Neither Likely or Unlikely	2%
Unlikely	0.5%
Extremely Unlikely	0.5%
Don't Know	0.5%

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 616 contacts in 2017-18.

Over 29,000 positive comments and compliments were received by services during the year, which is an increase in excess of 14,000 on last year. The word cloud opposite is compiled from the top 100 words collected from our service users' feedback in 2017-18.

Services across the Trust used feedback to improve the services we provide. Just a few examples are set out below:



Cambridgeshire Community Services NHS Trust: providing services across Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough & Suffolk

Service Name	You said...	We did...
Special Care Baby Unit (SCBU) Hinchbrook Hospital, Huntingdon	I would have really appreciated it if anyone would have helped with breastfeeding – correct positioning, etc.	A new link nurse for breastfeeding within the SCBU team has attended the Baby Friendly Initiative (BFI) Breastfeeding Train the Trainer course which has enabled her to deliver breastfeeding training to SCBU and Holly Ward staff and, in turn, help more mums.
	We would like more information about antibiotic treatment.	We have developed a leaflet providing information about tests required and antibiotic treatment.
	We would like more information regarding the use of dummies and premature babies.	We have developed a leaflet which provides information and advice regarding the use of dummies.
Norfolk Healthy Child Programme (HCP)	No groups to go to with older preschool children and a new baby now that the One Stop Drop-in is for people with babies only.	The Service reviewed the situation with the local Children's Centre and families with older preschool children are now able to attend.
	Parents requested more information and support on when to start weaning and early introduction to solid food for babies.	The Service now sends a letter to parents when their child reaches 3/4 months with relevant information about introducing solids. Introduction to weaning workshops across the county take place which are supported by Norfolk HCP staff who have been given updated training.
Family Nurse Partnership (FNP) Great Yarmouth	We want our children to have healthy habits.	We served fruit at our Christmas party and the Community Dental Service attended and handed out free toothbrushes and toothpaste.
Norfolk Healthy Child Programme Child Health Clinic Thorpe Hamlet Community Centre	Parents fed back that they did not like having to wait in a queue.	Health visitors arranged for another room at the centre to be a holding area where parents can sit and wait to be called through to the clinic.

### Patient stories

Patient stories have been presented at Trust Board meetings during 2017-18. Each story provides a unique insight into the patient experience, articulating how staff have improved the quality of people's lives and in some cases how the services did not meet expectations. Where improvements were identified the service involved agreed actions and implemented changes in order to improve the patient experience.

Below are some examples of the patient stories presented.

#### May 2017

Our Macmillan Specialist Palliative Care and District Nurses (DN) demonstrated excellent integrated care and support for a dying patient and their family and friends in the final months of their life.

The patient suffering from cancer was referred to the Macmillan team. The nurses visited the patient at home to talk about their prognosis and planning for the future.

Our Macmillan nurses continued to support the patient helping them to come to terms with their changed body image as they became aware of the physical deterioration as they neared the end of life. An anticipatory medication plan and DNA CPR order (do not attempt resuscitation in event of heart failure) were put in place.

The patient expressed their desire to die at home and their wish to stay alive to celebrate their partner's birthday in early December.

Our Macmillan Nurses identified that the patient needed input and the skills of our District Nursing Service as their condition deteriorated. They were referred and nurses from the Bevan Cluster visited



within 24 hours of referral. They assessed and treated pressure areas and organised their treatment to maintain good symptom control at home in order to prevent hospital admission.

Our MacMillan Lead Nurse said: "Our DNs and community nursing teams recognised the importance of continuity and how important it was for the patient and the family at this difficult time. We recognised each other's strengths and expertise. We impressed upon the patient that they could contact the services at any time and we liaised with the GP so that they were aware of the patient's situation."

The patient lived long enough to fulfil their wish of celebrating their partner's birthday in early December but by the middle of the month they were deteriorating. The out of hours and overnight nursing teams were made aware of the plans for the patient's care and the District Nurses amended their off duty rotas to make sure they could maintain continuity of care.

The patient was offered support from carers but this was declined as family and friends were providing the personal care the patient needed. In the last few days, the District Nurses provided personal care to the patient as requested by family and friends.

The patient died peacefully at home with their partner. The Specialist Community Practitioner changed their working rota so that they could work the morning to be with the patient and their partner. The Specialist Community Practitioner who performed the last offices with the partner said: "It was a privilege to care for them because they brought it back to us what this job is all about. When we reflected later we could see that we have cared for them but they had given that care back to us."

### **September 2017**

A father presented a patient story to the Trust Board via Facetime on behalf of his child, a 4 year old boy (referred to as M). who was a patient of our Dental HealthCare Service in Cambridge, specifically Thomas, one of our Dentists.

M was born with a missing eye and there were concerns that this would affect the development of his facial features. M was operated on six times under general anaesthesia in his first 14 months to place a socket expanding prosthetic in his eye socket to help it grow proportionally. None of these surgeries were successful and, from the father's point of view, he doubts whether they were even necessary. The operations disrupted his sleeping and eating patterns, causing his parents a lot of stress and resulting in his father having to take time off from work and eventually looking for another job.

M's father wanted to tell us the following: "My experience is that the services that have been involved in M's care are fragmented and oftentimes inefficient and reluctant to listen. I am spending a lot of time and energy fighting for what my child needs while certain services seem to concentrate their efforts primarily on fighting parents. So we end up having to pay for private treatments to make up for what M needs but is not provided by these services."

This story was brought about by Thomas' actions and going the extra mile in his approach to patient care. Thomas was the assigned Dentist who treated M just before Christmas 2016 which was Thomas' first time meeting and treating M.

Thomas explained that M was very chatty and outgoing from the moment he met him in the waiting room and as they went through to the surgery they passed a Christmas tree beside the reception desk. Thomas stopped and told M that there was a Christmas tree there and crouched down to his level and asked him if he wanted to feel the branches of the tree. With M's carers' permission Thomas guided his hand to the tips of the branches and talked to him about the tree: how big it was and what was on it like the little fairy on top of the tree. M was laughing and smiling, and was very amused to find that there was a toothbrush on our Christmas tree. This took about two or three minutes just before going through to the surgery to have the dental check-up. At the end of the appointment, M's carers thanked Thomas for taking the time to look after him and Thomas reassured them that they give the same level of attention to all the children that they see.

M has visited our Dental HealthCare Service for his dental check-ups since then and is now very familiar with the route from the waiting room to the surgery. The Service arranges for M to have his check-ups in the same surgery each time so that he doesn't have to take a different route or negotiate any new doors.

Further to this, M's father stated that, "I am very impressed by the way Dr Thomas O'Connor approaches M when he examines him. In particular, Thomas takes the time to explain to M what is going on around us and what he is going to do next during the dental exam. The nurses and the receptionists of the Community Dental Service are also very attentive to M. I truly look forward to taking M to his dentist appointments, which is something I never expected!"

### Patient and Public Engagement

A number of our teams regularly seek patient and service user feedback in different ways and make adjustments to their practice and ways of working to improve the experiences of our patients and service users.

Activities in 2017-18 included engagement with a local school to design and produce peacock feathers for display around the new Peacock Centre as part of the Art Project. Progress on this is reported to the Trust's Clinical Operational Boards.

#### Luton:

- The Tuberculosis (TB) and Respiratory Services team worked with health and social care organisations across Luton to stage the Borough's first TB Conference in November.
- The Children's Epilepsy Team in Luton has worked with children and young people to develop a new and innovative way of providing their service and to improve epilepsy management for children and young people. The team has introduced Skype-style software to enable teenagers to attend their appointment via a virtual clinic which means that they can now attend the clinic from their bedroom if they so wish. These clinics help them to manage their epilepsy but also help them to transition to adult services.

#### Bedfordshire:

- A letter was received from a patient stating how impressed they were with the service. However, during their consultation they were asked a question about domestic abuse which took them completely by surprise. They suggested that a note be included within the patient information sheet that this question may be asked during their consultation so that they can prepare themselves and respond appropriately. This suggestion has been discussed and implemented within the service.

#### Cambridgeshire:

- Evelyn Community Head Injury Service (ECHIS) holds a user group called Patient Café where people are asked to review the service and what they feel they could influence.
- The Musculoskeletal (MSK) Service has introduced separate changing facilities for the patients attending the service's gym sessions. This change came directly from recommendations made by a patient during their Patient Story at Trust Board.
- The School Immunisation Service, specifically the Peterborough team, is working with the Muslim Council of Peterborough and the City Council to engage the public and parents in accepting the nasal flu vaccination for primary school children.

*"I really enjoyed the exercise class and I believe it did me a lot of good. I thought my instructor was excellent. I was glad that I was able to do it for 12 weeks."*

Musculoskeletal Services  
East Cambs & Fenland

*"I was always kept updated, got a lot of support from the nurses, especially with breastfeeding."*

Special Care Baby Unit  
C&YP Services

Owing to the porcine gelatine content of the vaccine, the Muslim communities in Peterborough have been reluctant to consent to the vaccine, so uptake has been lower than in our other areas.

- Following feedback from parents a new link nurse for breastfeeding within the Special Care Baby Unit (SCBU) team has attended the Breast Feeding Initiative (BFI) Breastfeeding Train

the Trainer course. This will enable them to deliver breastfeeding training to SCBU and Holly Ward staff and in turn help more mums.

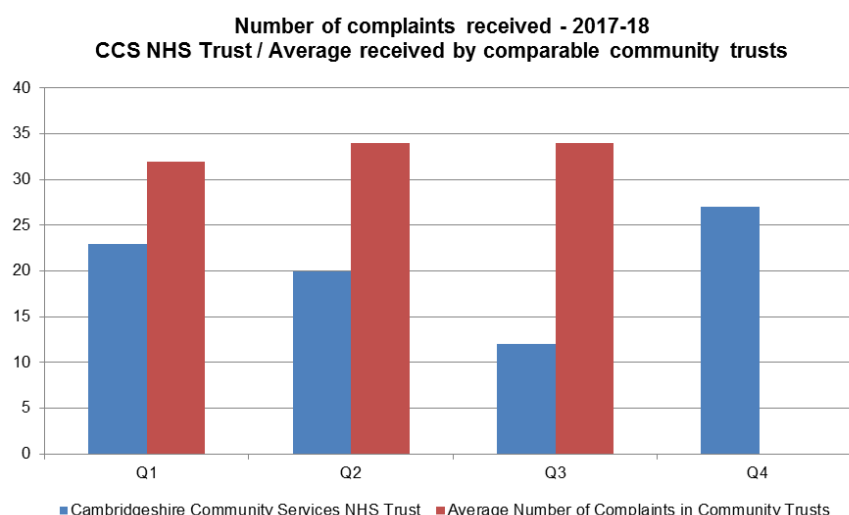
### **Norfolk Children & Young People:**

- There have been several promotional events where Chathealth (a confidential text service for young people) has been promoted such as the Royal Norfolk Show, South Norfolk Show and Norwich Pride Day. Terrence Higgins Trust (THT) Norfolk attended the Norwich Pride Day representing both themselves and iCaSH Norfolk. They were joined on the day by staff from the Norfolk Healthy Child Programme (NHCP) Service and this led to joint promotional messages around sexual health and Chathealth to attendees throughout the day.
- A Chathealth Focus Group, which includes students from City College Norwich, is looking at how to capture and measure service users' feedback such as the introduction of a smiley face text message sent to young people at the end of their conversation. This feedback is subsequently added to our Friends & Family Test (FFT) data
- A Working Together stakeholder event was held by the NHCP Service Re-design Team to support teenage mothers and young fathers. Altogether, 52 people attended, 28 from external agencies.

### **Complaints**

Patients who raise a complaint receive formal feedback from the Trust on the investigation which includes areas of learning and actions taken by the Trust. In certain circumstances, Trust representatives arrange to meet with the complainant face-to-face.

In the first three quarters of 2017-18, the Trust received fewer complaints than the average number received by comparable NHS Community Trusts (see chart above). At the time of compiling this report, Quarter 4 national comparative data was not available.



### **Learning from complaints**

- A complaint was received about the District Nursing service concerning dignity, respect, compassion and poor management of care. Outcomes of the independent investigation identified a number of key actions including improved record keeping, review of key related clinical documents (e.g. Pressure Ulcer Management Guidelines) and improved communication. The complainant agreed to be filmed in order to share their experience. This film was shown to the Board and is being used to raise awareness amongst other staff to help them understand the effect of their behaviours.
- A complaint was received about delays in processing a prescription which resulted in a delay in treatment. As a result, two changes were made: (1) the Trust now sends requests electronically rather than by fax; (2) the GP practice implemented a system for picking up requests by post to avoid recurrence.
- A carer complained that no interpreter was booked to support an appointment which resulted in the appointment being rescheduled. The investigation identified human error. A new process was implemented whereby a 'pop up' note appeared on the patient's electronic record to clearly indicate that a British Sign Language interpreter was required.

### **3.4 Patient outcomes**

Our priority is to deliver high quality care and ensure the best outcomes for those who use our services.

Here are just a few examples of patient outcomes across our services:

- Acute paediatric diabetic services nationally were assessed using the Royal College of Paediatrics Clinical Services Quality Measures during 2017. Results, published in October 2017, identified our service as one of only two providers from 17 in the East of England which were rated GOOD in all three areas assessed.
- iCaSH Peterborough undertakes regular Patient Reported Outcome Measure (PROM) surveys including seven questions about whether advice delivered would alter future behaviour. 148 responses were received in December 2017 with planned improvements reported by patients in all seven areas.
- An audit of one thousand randomly selected call logs from our PhysioDirect telephone assessment service identified 55% of patients were able to self-manage their condition following telephone assessment, demonstrating effective use of resources and patient empowerment.
- Our musculoskeletal service (MSK) has successfully used the EQ5D patient reported outcome tool historically, demonstrating positive outcomes against health related quality of life indicators measured at referral and post care. A new validated outcome; the MSK-HQ tool has been introduced. Follow up assessment data from 270 patients (May - August

*"Made me feel welcome and relaxed. Staff very friendly and informative."*

iCaSH Peterborough

*"Nice and friendly staff who made the children feel happy to have the spray as they talked through the whole process of what they would be doing and how it would feel t them."*

School-age Immunisation Service  
Norfolk

2017) detected a meaningful increase in self-reported improvements to quality of life (scores rising from 28 to 35). We will further improve data capture, routine analysis and reporting for MSK services, and dissemination of findings.

- A goal based outcomes approach utilising Strengths and Difficulties questionnaires is used in our Norfolk Healthy Child Programme services for all interventions with

5-19 year olds. Routine data collection and

analysis ensure we are able to identify and address variations in outcomes and share good practice. Twice yearly reports are provided to our commissioners.

### 3.5 Workforce factors

We continued to recognise our staff's strengths and to build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives. The following sections set out how we achieved this during 2017-18.

#### Staff survey

The results from the 2017 staff survey, which comprised a census of all staff, were published nationally in March 2018. For the fifth year running staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff helped to create.

In 27 out of the 32 key findings (KFs) the Trust scored 'better than average' when compared to other community trusts nationally.

The Trust's top ranking scores were:

- Effective use of patient/service user feedback.
- Effective team working.
- Recognition and value of staff by managers and the organisation.
- Support from immediate managers.
- Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves.

The Trust's overall staff engagement score remained 'above average' at 3.97. Last year this score was 3.93. This indicator was scored on a scale of 1-5 with 3.78 showing as the national average for community trusts. 3.97 was the highest score nationally for community trusts. This result was the ninth highest nationally amongst all NHS Providers.

### **Key finding change – from 2016 to 2017**

In 29 out of the 32 key findings the Trust scored 'better than average' when compared to other community trusts nationally (in 2016 we scored 27 out of 32). In addition, in 19 of the key findings our staff rated the Trust as the best in the country when compared to our peers (in 2016 this was in nine areas). These key findings are:

Key finding	Description
KF01	Staff recommendation of the organisation as a place to work or receive treatment
KF04	Staff motivation at work
KF05	Recognition and value of staff by managers and the organisation
KF06	% of staff reporting good communication between senior management and staff
KF07	% of staff able to contribute towards improvements at work
KF08	Staff satisfaction with level of responsibility and involvement
KF09	Effective team working
KF10	Support from immediate managers
KF13	Quality of non-mandatory training, learning or development
KF15	% of staff satisfied with the opportunities for flexible working
KF18	% of staff attending work in the last 3 months despite feeling unwell because they felt pressure from this manager, colleagues or themselves
KF19	Organisation and management interest in and action on health and wellbeing
KF20	% of staff experiencing discrimination at work in the last 12 months
KF21	% of staff believing that the organisation provides equal opportunities for career progression or promotion
KF23	% of staff experiencing physical violence from staff in last 12 months
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
KF30	Fairness and effectiveness of procedures for reporting errors, near misses and incidents
KF31	Staff confidence and security in reporting unsafe clinical practice
KF32	Effective use of patient/service user feedback

There were no key findings where the Trust scored 'worse than average' (in 2016 there were three areas).

Eight key findings have improved from the 2016 results and two have reduced. The key findings that have improved are:

Key finding	Description
KF01	Staff recommendation of the organisation as a place to work or receive treatment
KF05	Recognition and value of staff by managers and the organisation
KF10	Support from immediate managers
KF11	% appraised in last 12 months
KF14	Staff satisfaction with resourcing and support
KF19	Organisation and management interest in an action on health and wellbeing



Key finding	Description
KF30	Fairness and effectiveness of procedures for reporting errors, near misses and incidents
KF32	Effective use of patient/service user feedback

The two key findings that have reduced are:

Key finding	Description
KF22	% experiencing physical violence from patients, relatives or the public in last 12 months
KF28	% witnessing potentially harmful errors, near misses or incidents in last month

In response to the 2016 results, the Trust developed an improvement plan which focused on five key findings. An improvement in ranking has been achieved in four out of the five key findings, with the fifth remaining the same. A summary of progress on these findings is detailed below:

Key Finding		Change from 2016 to 2017	Ranking in 2017
KF11	% appraised in last 12 months	↑ Increase	Average Ranking in 2016 below (worse than) average
KF16	% of staff working extra hours	↔ No change	Average (Ranking in 2016 average)
KF23	% of staff experiencing physical violence from staff in last 12 months	↔ No change	Below (better than) average (Ranking in 2016 average)
KF24	% of staff/colleagues reporting most recent experience of violence	↔ No change	Above (better than) average Ranking in 2016 below (worse than) average
KF27	% of staff/colleagues reporting most recent experience of harassment, bullying or abuse	↑ Increase	Average Ranking in 2016 below (worse than) average

As required by the NHS England's Quality Accounts: Reporting Arrangements (Gateway reference 04730), please find below the Trust's NHS Staff Survey Results for indicators KF21 and KF26.

	Trust score 2016	Trust score 2017	National 2017 average for community trusts	Best 2017 score for community trusts
<b>Key finding 21:</b> Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion ( <i>the higher the score the better</i> )	92%	92%	88%	92%
<b>Key finding 26:</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months ( <i>lower the score the better</i> )	17%	17%	19%	15%

### Key finding 21

Staff continued to feel that they have equal opportunities for career progression and promotion. The Trust continues to support its staff, in particular BME staff, with mentoring and coaching to

support their development as well as offering a range of management and leadership development opportunities.

### Key Finding 26

The Trust has continued to have a small number of staff reporting bullying and harassment from all sources (colleagues, managers, patients and the public). We have taken action to minimize these instances including:

- In relation to aggression from the public, the re-launch of our 'zero tolerance' commitment towards any member of the public who is aggressive or abusive to our staff, including the use of revised posters in all public facing sites and updated policy guidance on the actions managers and staff should take. We also trained teams experiencing high levels of aggression in how to de-escalate tense situations with members of the public.
- In relation to bullying and harassment from colleagues or managers towards staff, we have trained managers in good management skills and provided staff with access to a confidential help line. In addition, we have publicised our formal processes including access to our Speak Up Guardian. More work on this area is planned for 2018-19.

### Supporting staff and staff engagement

During 2017-18, the Trust:

- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff into the Trust as a result of procurements won and introduced inductions specifically designed to meet the needs of new staff.
- Supported services and staff transferring out of the Trust with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.

- Supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service redesign programmes including Luton Services, Norfolk Healthy Child Programme.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition. Implemented a Mentoring Programme for Black and Minority Ethnic (BME) staff.
- Following staff conversations in June 2016, the resulting action plans based on staff feedback were implemented.

- Reviewed Trust wide training and education needs to plan, procure and implement programmes of development to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals meeting our target of 91%.
- Reviewed the Appraisal Policy paperwork based on recommendations made by staff and launched a new appraisal career and personal development planning process in 2017.
- Revised and embedded our leadership behaviours.

- Offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace.
- Continued to offer mindfulness training and the personal resilience training programme to enhance the already successful training for personal welfare which supports our Live Life Well programme.

- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives in order to exchange information, harmonise human resources policies and processes, following the transfers in of staff and to consult and negotiate on employment matters.
- Implemented a confidential telephone line for informal support to staff experiencing bullying or harassment.

## **Mandatory training**

During 2017-18, the Trust:

- Continued to improve access to e-learning for mandatory training subjects and support staff to access this via a telephone helpdesk.
- Continuously reviewed and amended our Trust Induction Programme based on staff feedback and Trust requirements.
- Rolled out Unconscious Bias training as part of e-learning for all those involved in recruitment; this will be followed by all other staff.

## **Cultural Ambassadors**

The Trust has introduced, as a commitment to support staff from a Black Minority Ethnic (BME) background, the role of Cultural Ambassadors to ensure fairness in how BME staff are treated in investigation and disciplinary hearings. The Royal College of Nursing (RCN) in partnership with the Trust led workshops to train five Cultural Ambassadors. The cultural ambassadors support and advise the investigating team or disciplinary panel on equality, diversity and cultural bias issues, particularly where unfair bias (conscious or unconscious), less favourable treatment or discrimination is identified.

## **Staff said, We did ...**

In response to the 2016 NHS Staff Survey, the Trust engaged with its workforce in completing actions to address areas requiring improvement.

### **Staff said ...**

Staff/colleagues reporting most recent experience of harassment, bullying or abuse.

### **We did ...**

- Introduced unconscious bias awareness raising training at induction and embedding it into all training and leadership programmes.
- Developing of a new role of Cultural Ambassadors; mentoring and support to staff and ensuing good uptake on national development programmes for our BME workforce.
- Our Chair of staff-side has also made herself available to staff on a confidential basis to discuss their experience and advise on possible actions.

### **Staff said ...**

Staff working extra hours.

### **We did ...**

The implementation of "Let's Collaborate", the Trust's new online forum, aims to prevent staff from having to travel and use up "working time" as discussions can take place online. The Trust has also encouraged increased use of the BT Meet Me facility.

### **Staff said ...**

Staff/colleagues reporting most recent experience of violence.

### **We did ...**

The Trust has reviewed and revised its approach to bullying and harassment. This has included updating our policy; introduced a staff leaflet to raise awareness; provided training and further efforts to enforce a zero tolerance policy on any bullying instances.

### **Staff said ...**

Staff experiencing physical violence from staff in the last 12 months.

### **We did ...**

A review of our conflict resolution training and many facilitated team sessions for staff who had been experiencing abuse from patients / the public. "On your side" leaflets have been produced to support staff in their response to abuse and violence.

### **Staff said ...**

Staff appraised in the last 12 months.

### **We did ...**

Appraisal training has been provided since the 2016 survey; uptake of appraisal in 2017-18 has reached 91%.



With regard to the Trust's Live Life Well Programme of activity, we have continued to support staff to be as well as they can be and in promoting the use of charitable funds for team events.

We trialled the use of wrist devices to promote physical activity in desk based staff. We have researched and published advice to staff on the effects of the menopause with the aim to support staff and reduce stigma.

We ran a mental wellbeing week, assisted in the 'Love your Admin Week' and a Time to Talk Day. We continue to promote and offer resilience training and have added mindfulness techniques to this portfolio this year; we now offer workshops for managers on managing mental health. We have run a series of Live Life Well and Mental Health Well-being articles in our staff newsletter (Comms Cascade).

We have continued to publish the Live Life Well newsletter and have increased its frequency based on positive staff feedback and interest in writing content.

### 3.6 Staff Excellence awards

Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives. On 19 September 2017 the ceremony saw a total of eight awards presented for:

- **Chairman's Innovation Award:** awarded to the Norfolk Healthy Child Programme Service.
- **Shine a Light Annual Award:** Winner – Jan Wilkins, Family Support Practitioner.
- **Kate Granger Person Centred Care Award:** Winner – Alice Hill, Speech and Language Therapist, Huntingdonshire Children and Young People's Service.
- **Rising Star Award:** Winner – Fiona Hammond, Deputy Sister Special Care Baby Unit (SCBU), Huntingdonshire Children and Young People's Service.
- **Supporting our Services to Excel:** Winner – Pina Hoque, Linkworker, Luton Children's Services.

The three team-based awards for an initiative, service or development which demonstrated improvements to clinical or patient report outcomes, were awarded to:

- **Ambulatory Services:** Winner – Outreach Team iCaSH Peterborough.
- **Children & Young People's Services:** Winner – Cambridgeshire Paediatric Speech and Language Therapy Team.
- **Luton Children and Adults' Community Health Services:** Winner – Special Needs School Nursing Service.

### 3.7 Quality innovation 2017-18

The Trust continued to successfully introduce quality improvements during 2017-18, a few of which are summarised below:

- Launching iCaSH Express Test in Bedfordshire, Norfolk and Suffolk where anyone aged over 16 with no symptoms, can test quickly and easily for sexually transmitted infections using an online and postal service, without the need to visit a clinic.
  - “You have provided an outstanding level of support and professional training”  
Oliver Zangwill Centre, Ely
- Introducing electronic patient records and the ‘Order Comms’ programme in our regional iCaSH service enables patients to be notified of their results in a timely manner and test results to be imported directly into individual patient records from our pathology provider, reducing the potential for transcription errors.
- Successfully completing two Primary Care Home projects in Luton in partnership with GPs to improve clinical outcomes. The first involved comprehensive medication reviews for patients over the age of 75 taking more than 10 medications. The second engaged diabetic patients, particularly of South East Asian origin, in structured education programmes.
  - “Made me feel comfortable and gave a good explanation of the procedure.”  
Dental HealthCare Services, Cambridge
- Introducing the Norfolk Just One Number single point of access and care co-ordination hub enabling parents and professionals to speedily access consistent and evidence based services from the right health care professional within our Healthy Child Programme services.
- Redesigning, with partners, a new integrated community musculoskeletal (MSK) model which will bring together closely related MSK specialities – orthopaedic, pain management, rheumatology and spinal.
- Introducing Chathealth in Cambridgeshire, a text based service that allows young people to seek advice and guidance on a range of issues from local health professionals.
- Supporting staff at our Oliver Zangwill Centre for Neuropsychological Rehabilitation and within our iCaSH service to complete the Health Education East Quality Improvement Fellows Programme. This will result in the design of a client evaluation system for neuro-rehabilitation patients and improve the wellbeing of people living with HIV through clinical psychologist-led support groups.
- Community and hospital dental service colleagues in Cambridgeshire are delivering joint appointments for patients who would otherwise undergo multiple anaesthesia.
- A ‘joint venture’ is underway between ourselves and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) to ensure services for children and young people in Cambridgeshire (CCS) and Peterborough (CPFT) are delivered to the same high standard through patient centred, integrated care delivery.
- Together with CPFT we have launched an Emotional Health and Wellbeing (EH&W) service across Cambridgeshire and Peterborough which will support professionals to access services and help schools improve the EH&W of pupils.
- We have introduced orthopaedic clinics in Cambridgeshire for children and young people with complex physical disabilities bringing together a paediatric physiotherapist, acute hospital orthopaedic consultant and community paediatrician to make holistic decisions about service users’ surgical, medical and physiotherapy care needs.
- Joint musculoskeletal (MSK) virtual clinics are being held with three hospitals across Cambridgeshire and Peterborough for patients with complex neurosurgical



(spinal) and orthopaedic conditions ensuring appropriate patients are referred to the right service.

- Our regional iCaSH services are working with acute trusts to deliver universal care for HIV patients who present with complex needs in the hospital setting.
- We are proactively developing with partners in Cambridgeshire and Peterborough proposals for a single point of clinical triage within MSK services to avoid the need for initial referrals to acute consultants.
- As the co-ordinating partner, we continue to work with East London NHS Foundation Trust, Luton Borough Council, Virgin and

*"Engaged my daughter brilliantly and made speech therapy an utter pleasure – the highlight of her week!"*

Speech & Language Therapy  
C&YP Cambridge

Luton & Dunstable Hospital to introduce the Adult At Home First model where health and social care partners are collaboratively maintaining patients' independence and avoiding hospital admissions.

- Dr Tamsin Brown, Community Paediatrician, led the development of an innovative new device which could help children suffering with glue ear avoid development delays in speech and language. Adapted headphones sit on the cheek bones and contain a tiny mechanism which vibrates when it picks up a signal from a remote microphone (e.g. held by a teacher or family member). The vibrations travel along the child's cheekbone and skip the middle ear before arriving in the inner ear where they are interpreted as sound. We intend to seek classification as a Medical Device and launch the device in late 2018.

### 3.8 Supporting our skilled workforce

During 2017-18, the Trust:

- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff into the Trust as a result of procurements won and introduced inductions specifically designed to meet the needs of new staff.
- Supported services and staff transferring out of the Trust with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.
- Supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service redesign programmes.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition. Implemented a Mentoring Programme for Black & Minority Ethnic (BME) staff.
- Continued to implement action plans based on staff feedback.
- Reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals, meeting our target to achieve 91% compliance for 2017-18
- Reviewed the appraisal policy paperwork based on recommendations made by staff and launched a new appraisal career and personal development planning process in 2017.
- Revised and embedded our leadership behaviours.
- Offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace.
- Continued to offer mindfulness and personal resilience training programmes to enhance the already successful training



for personal welfare, which supports our Live Life Well programme.

- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes,

following the transfer in of staff and to consult and negotiate on employment matters.

- Implemented a confidential line for informal support to staff experiencing bullying or harassment.

### 3.9 Our award winning staff

During 2017-18:

- Debbie Brown (Early Help Service), Salma Fazil (Luton Flying Start) and Alison Braniff (Luton Children's Community Health Services) received the Elephant Award from the NSPCC for pioneering a programme to help protect children from neglect across Luton.
- The Trust was presented with the international Green Apple award for collaborative work with Cambridgeshire and Peterborough NHS Foundation Trust and Serco for an innovative waste management/recycling project.
- Our Luton GP Liaison Service was shortlisted for two Health Service Journal Value Awards for an urgent care project it

runs with Luton Clinical Commissioning Group, Luton and Dunstable Hospital and Consultant Connect, which provides the mobile communications for the service which seeks to support patients to remain in their own home and avoid hospital admission. **(to be updated prior to publication)**

- The Trust submitted the following nominations for the NHS 70<sup>th</sup> Anniversary Parliamentary Awards. Each was supported by local MPs as shown below and at the time of writing this report, shortlisting processes were underway. **(to be updated prior to publication)**

Nomination	Category	Supported by which MP
Norfolk Just One Number	Person Centred Care	Chloe Smith (Norwich North) Sir Henry Bellingham (North West Norfolk)
iCaSH Peterborough Outreach Team	Healthier Communities	Fiona Onasanya (Peterborough)
Professor Barbara Wilson	Lifetime Achievement (for dedicating over 40 years of her life to brain injury rehabilitation)	Jo Churchill (Bury St Edmunds)

### 3.10 Core Quality Account Indicators

Appendix 5 details a number of Core Quality Account Indicators that are relevant to our Trust, the data for which is provided by NHS Digital.

## **Part 4: Statements relating to quality of NHS services provided**

## Appendix 1: Map of Trust geographical area – 2018



## Appendix 2: List of Trust Services – 2017-18

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
<b>Adult services</b>						
District nursing			X			
Specialist nurses/long term conditions			X			
Community matrons			X			
Intermediate care			X			
Neuro-rehabilitation	X (from April 2018)	X				
Outpatient clinics		X (until Sept 2017)				
Dietetics					X (until Sept 2017)	
<b>Specialist services</b>						
Community dental services and/or oral surgery		X			X	X
Musculoskeletal services		X			X	
Sexual health services	X	X		X	X	X
<b>Children's services</b>						
Acute services		X				
Health visiting	X (from April 2018)	X	X	X		
School nursing	X (from April 2018)	X	X	X		
Therapies	X (from April 2018)	X				
Community nursing	X (from April 2018)	X	X			
Audiology		X	X			
Community paediatricians	X (from April 2018)	X	X			
Family nursing partnership	X (from April 2018)	X	X (until March 2018)	X		
National child measurement programme				X		
School immunisation programme		X		X	X	X
Emotional Health & Wellbeing Service		X			X	

### Appendix 3: List of contributors to the Quality Account 2017-18

**Matthew Winn**  
*Chief Executive*

**Dr David Vickers**  
*Medical Director*

**Mark Robbins**  
*Director of Finance & Resources*

**Julia Sirett**  
*Chief Nurse*

**Karen Mason**  
*Head of Communications*

**Angela Hartley**  
*Assistant Director of Workforce*

**Linda Thomas**  
*Senior HR Business Manager*

**Susan Turner**  
*Clinical Audit & Effectiveness Manager*

**Dr Paula Waddingham**  
*Senior Research Fellow*

**Ian Moyes**  
*Informatics Manager*

**Sarah Priestley**  
*Information Governance Manager*

**Chris Sharp**  
*Matron Infection Prevention & Control*

**Louise Ward**  
*Incident, Risk and Safety Manager*

**Lisa Milner**  
*Patient Involvement & Experience Lead*

**Deborah McNeill**  
*Patient Experience Information Analyst*

**Sarah-Jane Gill**  
*Contracts & Business Manager*

**Zoe Bain**  
*Project Support Manager*

#### Appendix 4: Summary of all clinical audit activity for 2017-18 n=45

<b>Title:</b>	<b>14083: 3.5 year School Readiness Health Check</b>
<b>Service:</b>	Children & Young Persons Service (Norfolk)
<b>Aim:</b>	To review and assess the quality of school readiness health checks being carried out in GP surgeries ensuring that clear explanations and information is provided to parents.
<b>Risk(s):</b>	GP surgeries not allocating appropriate resources, placing additional stress on practice nurses to deliver a robust check.
<b>Findings:</b>	Of the 6 localities audited, 1 GP surgery did not hold information of current service and the surgery allocated 10 minutes per appointment rather than the recommended 20 minutes from Public Health. Also, the surgery did not inform parents this check was to take place prior to them attending the appointment. All other reports indicated effective delivery of this check.
<b>Action(s):</b>	Link health visitor has updated GP practice with current information and there has been further discussion around planning and completion of these checks.

<b>Title:</b>	<b>14149: Early Support Referrals</b>
<b>Service:</b>	Children & Young Persons Service (Universal Services)
<b>Aim:</b>	To assess the quality of referrals from the health visiting service to early support ensuring that family details, information from previous intervention and a full history was recorded.
<b>Risk(s):</b>	The assessment is likely to be rejected for referral into early support if, insufficient information is provided.
<b>Findings:</b>	The audit did not achieve full compliance as, information was missing or, not enough detail was given. Staff had to assess and refer again increasing time spent and, also showed a lack of awareness of the early help assessment process.
<b>Action(s):</b>	A series of early help assessment workshops have been run for staff to update on both the process and recent changes. This included increasing staff skills in writing early help assessments facilitating acceptance of the referral into the system. A re-audit is planned.

<b>Title:</b>	<b>14196: Did Not Attend (DNA) Pathway</b>
<b>Service:</b>	Children & Young Persons Service (Luton)
<b>Aim:</b>	To demonstrate that the recommendations from the previous audit have resulted in a change of practice and improved adherence to the DNA pathway including improved documentation and information sharing.
<b>Risk(s):</b>	To safeguard children who are not brought to medical appointments.
<b>Findings:</b>	Although the audit demonstrated improvements from the previous audit in 2016, full compliance was not achieved as the DNA pathway is still not being fully adhered to. Factors for non-compliance may be due to new admin booking clerks within the team and, locum clinicians not being clear or, following the pathway process.
<b>Action(s):</b>	The findings of the audit were presented to the paediatric team. The DNA process was made visible in the clinical areas ensuring that all clinicians have a visual aid. The findings were also discussed with the admin manager to ensure all booking clerks inform clinicians when parents/carers have not responded to a DNA letter within 30 days.

<b>Title:</b>	<b>14226: Children Looked After (CLA) Health Assessments</b>
<b>Service:</b>	Children & Young Persons Service (Children's Specialist Services)
<b>Aim:</b>	To ensure CLA health assessments contain quality standards as set by the Cambridgeshire and Peterborough CCG.



<b>Findings:</b>	The majority of the quality standards for the LAC health assessment were achieved however, it was identified that, some areas need strengthening. Clinicians are to ensure that all sections of the assessment including the summary and, health care action plan are completed.
<b>Action(s):</b>	Results were disseminated and discussed. An action was taken forward to allow clinicians more time to provide a comprehensive assessment.

<b>Title:</b>	<b>14259: NG62 NICE Guideline: Cerebral palsy in under 25s: assessment and management</b>
<b>Service:</b>	Children & Young Persons Service (Children's Specialist Services)
<b>Aim:</b>	To identify areas for service improvement and to highlight good areas of practice.
<b>Findings:</b>	The audit found that 100% of children were seen in a multidisciplinary clinic with a community paediatrician and appropriate allied professionals however, not all recommendations were met and, areas of improvement were highlighted such as goal setting for children and families. It was also noted that comorbidities were inconsistently recorded.
<b>Action(s):</b>	To meet the improvements, a proforma is being developed to be used in the multidisciplinary clinic as well as ensuring information is provided around cerebral palsy to children and families.

<b>Title:</b>	<b>13916: Surgical Safety Checklist</b>
<b>Service:</b>	Dental Services
<b>Aim:</b>	To ensure compliance with national guidance with the use of the surgical safety checklist.
<b>Findings:</b>	The results showed that there was not full compliance as information was missing from the forms.
<b>Action(s):</b>	In order to achieve compliance, it was noted that more time was required by the Dentists and that they needed to work with the dental nurses to ensure completion of the forms. Results were discussed at the peer review meeting and a re-audit was planned for 3 months.

<b>Title:</b>	<b>14134: Surgical Safety Checklist re-audit</b>
<b>Service:</b>	Dental Services
<b>Outcome:</b>	This was a re-audit of the above project which demonstrated an increase in compliance over all the standards that were re-audited. On-going recommendations are to reinforce completion of forms at peer review and team meetings.

<b>Title:</b>	<b>14135: Oral Health Care (OHC) Plan</b>
<b>Service:</b>	Dental Services
<b>Aim:</b>	To assess the level of provision of OHC plans as an indicator of support of dental treatment provided to vulnerable adults.
<b>Risk(s):</b>	Vulnerable adults may not be receiving adequate care as suggested by national guidelines.
<b>Findings:</b>	The audit demonstrated an improvement from 53% to 70% however, it did not achieve full compliance. The reason for not achieving full compliance was due to clinicians not providing OHC plans as part of patient care. The findings also highlighted that a more specific target group audit would be beneficial i.e. those patients attending with carers who reside in supported living environments.
<b>Action(s):</b>	Findings were discussed at the relevant peer review meeting and, a further more target specific audit is planned.

<b>Title:</b>	<b>13959: Catheter Patient Audit</b>
<b>Service:</b>	Luton Adult Services
<b>Aim:</b>	To identify whether patients had a catheter record booklet, had read the contents and, had sufficient stock for their catheter management. All district nurses have been made aware of the catheter booklet through training and update sessions. The booklet contains information which reinforces the verbal information given by the district nurse.
<b>Risk(s):</b>	Patients who lack information may be at an increased risk of catheter acquired urine infections. If patients do not have adequate stock when the nurse visits, the nurse may then have to return to the office to collect supplies thus increasing travelling time and

	impact on workload.
<b>Findings:</b>	The audit demonstrated that not all patients had a catheter book or, had read the contents. The audit also highlighted the fact that staff were not always recording details of catheter changes.
<b>Action(s):</b>	As well as raising awareness, actions included staff being provided with a list of stock for those patients needing long term catheter care and, the catheter update training sessions now include increased focus on the record booklet, patient information and ordering stock. This audit is due to be repeated.

<b>Title:</b>	<b>14112: Considering depression in patients with heart failure</b>
<b>Service:</b>	Luton Adult Services
<b>Aim:</b>	To assess compliance with national guidance on considering diagnosis of depression in patients with heart failure and, to check that all patients are screened for depression within three months of referral into the service.
<b>Risk(s):</b>	Symptoms of depression may not be recognised and appropriately managed.
<b>Findings:</b>	The audit demonstrated that screening was not being carried out within the agreed timescale and, on review of patient records, staff were asking about symptoms of depression but not using the formal screening process to record.
<b>Action(s):</b>	As well as developing a SOP for depression screening, there has been a review of the templates and, patients have been given a well-being service leaflet. A re-audit was planned.

<b>Title:</b>	<b>14282: Considering depression in patients with heart failure re-audit</b>
<b>Service:</b>	Luton Adult Services
<b>Outcome:</b>	This was a re-audit of the above project which demonstrated an increase in the number of patients being screened within the three month timescale. The service also reviewed the previous SOP they had created and, this was formally agreed. All actions complete.

<b>Title:</b>	<b>14116: Patient Records Audit</b>
<b>Service:</b>	Luton Adult Services (Rapid Response)
<b>Aim:</b>	To ensure that record keeping across the rapid response team was standardised following expansion of the service.
<b>Findings:</b>	Of the records audited, 2 did not have amended care plan templates to fit individual needs. There was no evidence in any of the records that patients had been given compliments/complaints information. In one record an out of date consent form had been used with out of date information and, 1 record contained abbreviations.
<b>Action(s):</b>	Actions include awareness around amending care plan templates, updating on consent forms and, the abbreviation list was re-circulated. A re-audit is planned.

<b>Title:</b>	<b>14277: Patient Records Audit</b>
<b>Service:</b>	Luton Adult Services (DVT & Anti-Coagulation Team)
<b>Aim:</b>	To ensure patient records are accurate.
<b>Findings:</b>	Of the 9 standards audited, full compliance was achieved in all apart from the abbreviations list where it was highlighted that just 1 patient record was found to have an abbreviation that did not meet the Trust's approved list.
<b>Action(s):</b>	The Trust's approved list of abbreviations has been circulated and, the list has been printed and, is available for use during patient assessments. The findings have also been discussed at the local team meetings.

<b>Title:</b>	<b>14093: Injection Documentation under Patient Group Directions (PGDs)</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure compliance with PGD057 and PGD05 governing Lidocaine and steroid injections.
<b>Findings:</b>	As PGDs are used by non-independent prescribers, an understanding of a PGD, safety of technique, clinical reasoning and documentation needs to be audited. These PGDs had recently been updated so it was felt that an audit would be beneficial.

<b>Action(s):</b>	Although full compliance was achieved a number of recommendations were made including ensuring the same joint is not injected within 3 months and soft tissue structure is not injected within 6 weeks. G.Ps are informed by letter after each injection rather than once the outcome of the injection 6 weeks later, additional information is added to the consent form and scanned once signed.
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<b>Title:</b>	<b>14041: Lumbar Spine MRI consistency</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure that there is consistency across the service on clinical decisions regarding the decision to refer a patient for an MRI of the lumbar spine.
<b>Findings:</b>	Compliance was achieved and the audit demonstrated that there had been a significant improvement in the agreement in referring for lumbar spine MRIs since the last audit in 2016. It was felt that this was due to the introduction of clear guidelines on when to order a lumbar MRI.
<b>Action(s):</b>	The outcome for the audit was shared and a re-audit is planned for May 2018 to ensure compliance has been maintained.

<b>Title:</b>	<b>14040: Extended Scope Practitioner (ESP) triage consistency</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To monitor and ensure better consistency for future triages.
<b>Findings:</b>	Following an audit completed last year that looked at triage of hips and knees and found good consistency on referral to either secondary care or, to keep in primary care. This audit was undertaken to drill down further to see if a more general selection of conditions would reap similar results and in particular, to look at consistency in triage decisions within primary care, between MATS and core physio. The service was pleased to report that excellent triage consistency was achieved with consistency in triage decisions between sending to secondary care or keeping within primary care. Audit confirms service performing to a high level of consistency across the localities.
<b>Action(s):</b>	Findings shared and, to continue with good practice.

<b>Title:</b>	<b>13947: Clinical Notes Audit</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To establish if locality teams meet the required standard for clinical notes as specified in the clinical standards pack.
<b>Findings:</b>	This audit looked at both patient demographic details as well as clinical details such as general health, body chart, symptoms, treatment and, post-assessment. Unfortunately, not all standards achieved full compliance.
<b>Action(s):</b>	The assessment template has been modified to ensure efficient recording and, standards have been updated. Staff training has also been introduced and, findings discussed. A re-audit is planned.

<b>Title:</b>	<b>14119: Sharps Disposal</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure that sharps are disposed of correctly to reduce inoculation injury and, to ensure staff are aware of procedures if an inoculation injury occurs.
<b>Risk(s):</b>	Disposal of sharps is of importance due to the potential risk of harm and or infection if health and safety guidelines have not been adhered to.
<b>Findings:</b>	This audit was the first combined audit of sharps carried out across the MSK service rather than as previously separate localities. It was found that a number of standards did not achieve full compliance with sharps boxes not in a safe place, misplaced items in the containers and, confusion around separate locality waste policies. With this in mind, it was decided that local teams would decide on a local strategy.
<b>Action(s):</b>	Localities were actioned to ensure that they put the correct sharps processes in place and, feed back to the audit lead.

<b>Title:</b>	<b>14155: CG49 NICE Guideline for management of adults with faecal incontinence</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure the service meets the NICE guidance for managing adults with faecal incontinence.

<b>Findings:</b>	All relevant recommendations were met demonstrating that physiotherapy assessment and treatment of patients presenting with faecal incontinence is fully compliant with the guidelines.
<b>Action(s):</b>	Results have been disseminated and continue with good practice.

<b>Title:</b>	<b>14177: NG59 NICE Guideline Low back pain and sciatica in over 16s: assessment and management</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure the service meets the NICE guidance in improving the care received by patients with low back pain.
<b>Findings:</b>	The majority of the recommendations were met with, 4 out of 16 not met. Although all localities reached the agreed target, some documentation was poor. In particular, low scores for the percentage of recorded STarT Back screening tool scores and, this could be caused by poor in putting on the electronic patient record.
<b>Action(s):</b>	The findings have been disseminated and, actions include improving documentation through updating templates and reminding staff of the preset documentation for low back pain. The STarT Back screening tool needs to be utilised and recorded consistently to ensure patients receive appropriate care.

<b>Title:</b>	<b>14201: CG171 NICE Guidelines Urinary Incontinence in Women</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure the service meets the NICE guidance in improving the management of urinary incontinence in women.
<b>Findings:</b>	From the 10 recommendations identified and audited, 8 had good compliance with 2 areas highlighted for further improvement. These included variable exercise prescription; there is a professional debate about the exercise prescription in the NICE guidelines against individual cases where it was not considered clinically sound. The other area for improvement was around poor recording of outcome measures.
<b>Action(s):</b>	The findings of the audit have been disseminated and, actions in place to improve the use of outcome measures.

<b>Title:</b>	<b>14243: Adherence to MRI Guidelines for Knee Conditions</b>
<b>Service:</b>	Musculoskeletal (MSK) Ambulatory Service
<b>Aim:</b>	To ensure all investigations requested are appropriate.
<b>Risk(s):</b>	Waste of resource if not clinically indicated.
<b>Findings:</b>	An audit from last year demonstrated that 25% of MRIs requested were not clinically indicated. Following that audit, guidelines were put in place and, this audit was to check whether these guidelines had been successful. The audit achieved 85%.
<b>Action(s):</b>	Results have been shared and disseminated and, the clinical guidelines have been reviewed, updated and circulated. A further audit is planned for next year.

<b>Title:</b>	<b>14068: Management of herpes simplex virus (HSV) in adults over 16 years</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To assess against national standards in preventing morbidity associated with genital herpes simplex virus and to reduce transmission and prevalence.
<b>Findings:</b>	Although the audit achieved higher than the national target for the majority of standards, it only achieved 77.5% in relation to recording in the patient notes that information had been given. As an impact to patients, it could potentially mean that there is a risk that patients may not be getting adequate written information regarding their diagnosis.
<b>Action(s):</b>	Recommendations were made around accuracy and recording what information is given and also declined by the patient.

<b>Title:</b>	<b>14049: Management of abortion referrals</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To assess current practice in addressing contraceptive needs for women presenting for abortion referral.
<b>Risk(s):</b>	Risk of pregnancy.

<b>Findings:</b>	The audit demonstrated an improvement from a previous audit of 32% to 58% in patients using an implant or intrauterine device. It highlighted that more effort was required in ensuring that patients who intend to use this method are supplied with an interim contraceptive so that they are not at risk of early conception post-abortion. It was noted that it was possible patients had been offered a bridging method which they declined but this has not been recorded in the notes.
<b>Action(s):</b>	Actions were to encourage staff to offer bridging methods and improve documentation.

<b>Title:</b>	<b>14074: Emergency contraception</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To assess compliance against national standards around the care given to women using emergency contraception.
<b>Findings:</b>	Of the 5 standards audited, compliance of 100% was reached in 3 with the other 2 standards achieving 97% and 89% respectively.
<b>Action(s):</b>	It was highlighted that not all clinicians were aware of the correct emergency contraception template and a recommendation was made that extra information in the form of a red dot read code be added to the template to improve this standard. A more pro-active response in taking patient history including the need for pregnancy testing will also improve compliance.

<b>Title:</b>	<b>14088: Chlamydia partner notification</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Suffolk)
<b>Aim:</b>	To assess the rate of partner notification for patients diagnosed with chlamydia against national guidelines.
<b>Findings:</b>	Of the 4 hubs audited, only 1 achieved full compliance with the others achieving between 90% and 96%.
<b>Action(s):</b>	Recommendations were made around documentation and staff training including change of current template to prompt staff with the necessary questions, development of integrated template and staff training to improve performance.

<b>Title:</b>	<b>14070: Management of herpes simplex virus (HSV)</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To improve the care of patients with a new diagnosis of anogenital HSV.
<b>Findings:</b>	Not all standards achieved full compliance and, it was highlighted that sometimes the diagnosis of this can be difficult. Also, it was not always documented that written information had been given to patients.
<b>Action(s):</b>	A number of recommendations were made around the correct coding being used, offering treatment with acyclovir, the use of templates and documentation offered.

<b>Title:</b>	<b>14139: Adequacy of contraceptive advice pre and post intrauterine implant</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure that advice given pre and post intrauterine/implant fitting is appropriate.
<b>Risk(s):</b>	There is a risk of pregnancy if patients having a change of intrauterine device are not advised to abstain 7 days pre-procedure if a new device is unable to be fitted.
<b>Findings:</b>	For 3 of the 5 standards, there was 100% compliance with 2 standards demonstrating room for improvement as the correct advice was not given.
<b>Action(s):</b>	The results of the audit were disseminated and, clinicians were reminded of the need to provide appropriate information as well as adhere to the quick start guidelines.

<b>Title:</b>	<b>14044: Chlamydia management and partner notification</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure service is meeting standards in line with national guidelines in relation to management of chlamydia.
<b>Findings:</b>	The audit demonstrated good practice with antibiotic therapy achieving full compliance and good outcomes for partner notification however, there needs to be an increased awareness of the need to re-test or, offer a re-test to under 25s as, this standard only achieved 56%.
<b>Action(s):</b>	Results have been presented to clinical staff to ensure improvement of re-tests being offered.



<b>Title:</b>	<b>14120: Chlamydia re-testing</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure service is offering repeat testing in accordance with guidelines around chlamydia re-testing.
<b>Findings:</b>	Service users are required to be offered rescreen testing 3 months after treatment. Results demonstrated that 92% of patients were offered screening. An attempt was made to send reminders to the remaining 8% through text reminders but, there was either no number or, the number was invalid. Of the 92% offered rescreen, 25% attended (this is against the national average of 32%).
<b>Action(s):</b>	The results of the audit have been disseminated and, there is an action to review text reminders to patients who DNA rescreen appointments. A further re-audit is planned.

<b>Title:</b>	<b>14140: Management of pelvic inflammatory disease (PID)</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure the service meets the standards around management of PID against national guidelines.
<b>Risk(s):</b>	Negative impact – not all women had documentation of male contacts being screened/ treated which could them at risk of re-infection.
<b>Findings:</b>	Of the 6 standards audited, 4 achieved 100% in offering sexual health screening at presentation. The service did not achieve full compliance with regards to patients being offered written information or around screening male contacts for infection or treatment.
<b>Action(s):</b>	The results have been disseminated and, a re-audit is planned.

<b>Title:</b>	<b>14159: Management of Gonorrhoea</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure the service meets the standards around management of gonorrhoea against national guidelines.
<b>Findings:</b>	Although the audit met the standards around diagnosis and treatment, it did not meet full compliance with regards to clinicians documenting in the notes that written information had been provided. The standard for partner notification was not reached either but, this was due to patients not wishing to disclose contacts.
<b>Action(s):</b>	The service is due to implement safe text which means patients will receive information regarding their diagnosis and, will eradicate the standard around written information.

<b>Title:</b>	<b>14160: Clinical management &amp; partner notification of trichomonas vaginalis (TV)</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure appropriate current practice in terms of testing appropriately for diagnosis and pick up rate with microscopy in line with national guidelines.
<b>Risk(s):</b>	Risk to patients of this uncommon sexually transmitted infection not being diagnosed.
<b>Findings:</b>	The findings did identify that correct antibodies were given in 100%, there was partner notification in 96% of patients and, 78% of written patient information was documented as being offered to patients however, as suspected, the microscopy pick up rate was only 26%.
<b>Action(s):</b>	In order to improve the microscopy pick up rate, there has been a change in the order of testing for symptomatic female patients. There has also been an improvement in providing information to patients diagnosed with TV. These findings have been discussed with the clinical teams.

<b>Title:</b>	<b>14166: National screening chlamydia audit</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Peterborough)
<b>Aim:</b>	To assess the various components of the chlamydia care pathway. This audit measures performance against result notification.
<b>Findings:</b>	Of the 5 standards audited 4 achieved full compliance and, these included timely notification of tests, positive testing treated within timeframe, discussion offered and positive patients being offered a re-test. However, the only standard not to achieve full compliance was around contact tracing and, this was due to a lack of dedicated contact tracing within the service.
<b>Action(s):</b>	Results of audit have been disseminated and discussed.

<b>Title:</b>	<b>14181: Human immunodeficiency virus (HIV) cardiovascular monitoring</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To assess the current cardiovascular monitoring practices within the HIV clinic in line with national guidelines.
<b>Risk(s):</b>	Patients living with HIV and AIDS have significantly increased risk of cardiovascular disease. National guidelines are in place around standards of care both advising and monitoring of cardiovascular risk.
<b>Findings:</b>	Overall the service is assessing cardiovascular risk well within the patient cohort. Of the 4 standards audited, the service achieved full compliance in 3 with just a slight drop in compliance around the recording of blood pressure. Increase awareness of standards and need to record blood pressure once every 15 months as a minimum.
<b>Action(s):</b>	The findings have been presented at the local governance meeting and discussed with clinicians to raise awareness of testing especially around recording blood pressure.

<b>Title:</b>	<b>14213: Routine monitoring of human immunodeficiency virus (HIV) positive patients</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure that the routine monitoring of HIV positive patients is in line with national guidelines and that the improvements from last year's audit have been implemented.
<b>Findings:</b>	Following on from an audit carried out last year, this audit looked to see if the actions have demonstrated any improvement. The audit lead was pleased to report that there is now full compliance.
<b>Action(s):</b>	Results have been disseminated and this audit will be repeated again in a year.

<b>Title:</b>	<b>14224: Management of chlamydia</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure the service meets the standards around management of chlamydia against national guidelines.
<b>Findings:</b>	Not all standards met full compliance and these included written information not being given to patients and, poor partner notification.
<b>Action(s):</b>	Results have been disseminated and a re-audit is planned.

<b>Title:</b>	<b>14235: Management of infectious syphilis</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Peterborough)
<b>Aim:</b>	To ensure service is managing infectious syphilis in line with national guidelines.
<b>Risk(s):</b>	Risk of syphilis continuing to be endemic.
<b>Findings:</b>	For the majority of standards, the audit achieved between 96% and 100% however, it only achieved 45% around repeat testing carried out at 3-6 weeks of those tested.
<b>Action(s):</b>	The results have been discussed with clinicians and, raising awareness of the need to offer repeat testing.

<b>Title:</b>	<b>14268: Emergency hormonal contraception (EHC)</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Suffolk)
<b>Aim:</b>	To ensure that EHC is offered to patients in line with national guidelines in a bid to reduce unwanted pregnancy rates.
<b>Risk(s):</b>	Risk of unwanted pregnancy.
<b>Findings:</b>	The audit achieved full compliance demonstrating that the services has good processes in place along with good clinical practice.
<b>Action(s):</b>	This audit will be repeated in 6 months to ensure continuation of good practice.

<b>Title:</b>	<b>14289: Management of early syphilis</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure service is managing early syphilis in line with national guidelines.
<b>Findings:</b>	Of the 4 standards audited, all achieved full compliance with regard to diagnosis, treatment and, contactable partners attending for screening.
<b>Action(s):</b>	Results were presented at local governance meeting and an audit is planned for next year to ensure continuation of good practice.

<b>Title:</b>	<b>14290: Completion of the under 18 years old proforma</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Suffolk)
<b>Aim:</b>	To evaluate completion of the under 18 year old proforma and ensure good clinical practice and safeguarding awareness.
<b>Risk(s):</b>	If the required proforma is not completed then possible safeguarding issues could be missed.
<b>Findings:</b>	Of the 3 localities audited, 1 achieved 100% for all standards, 1 achieved 98% for all standards and 1 achieved 88% for all standards.
<b>Action(s):</b>	Results were disseminated along with reiteration of the importance of completing the form and, future consideration review of updated proforma at subsequent appointments.

<b>Title:</b>	<b>14302: Management of non-specific urethritis</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure best practice around the management of non-specific urethritis in line with national guidelines.
<b>Findings:</b>	Of the 4 standards audited, 2 achieved target with patients being encouraged to have testing for chlamydia and, clear prescriptions were documented and the relevant drug code use. However, results have shown that documented evidence of information discussed and given to the patient is low at 28% and, names not always given by patients of contacts with nothing documented at 32%.
<b>Action(s):</b>	To ensure all patients identified should have a documented offer of written information about their condition. Improve partner notification and where the patient does not wish to disclose names, this should be noted in the patient record.

<b>Title:</b>	<b>14317: Provision of combined hormonal contraception</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To assess performance in teaching patients how to use this method of contraception and ensure risk factors have been identified in line with national guidelines.
<b>Risk(s):</b>	If medical conditions and lifestyle factors are not appropriately recorded, then there is a risk to patients if inappropriately prescribed.
<b>Findings:</b>	All standards were met and the audit demonstrated good practice. This was helped by clinical templates which encourage good record-keeping and provide prompts to ensure patient safety alongside the use of patient group directions.
<b>Action(s):</b>	Another audit is planned for next year to ensure continuation of good practice.

<b>Title:</b>	<b>14328: Problematic bleeding with hormonal contraception</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Norfolk)
<b>Aim:</b>	To ensure appropriate and prompt evaluation of women presenting with problematic bleeding with hormonal contraception in line with national guidelines.
<b>Findings:</b>	The audit showed that overall, the current templates maintain a high standard of evidence based patient care however, templates that flow in a uniform fashion would allow more accurate documentation. Telephone calls to clinicians during consultation which cause disruption to flow may alleviate errors or omissions.
<b>Action(s):</b>	Results have been disseminated and there is on-going discussion around templates.

<b>Title:</b>	<b>14337: Rectal chlamydia management</b>
<b>Service:</b>	Integrated Contraceptive and Sexual Health Services (iCaSH Cambridge)
<b>Aim:</b>	To ensure lymphogranuloma venereum (LGV) testing is performed for appropriate patients and rectal chlamydia is treated appropriately in line with national guidelines.
<b>Findings:</b>	Of the 4 standards audited, 2 achieved 100%. The standard around patients being eligible for LGV testing and, undergoing the test, achieved 80%. Lastly only 75% of patient were offered or given written information.
<b>Action(s):</b>	The results have been discussed with clinicians to ensure that new members of staff are aware of the standards of treatment. Appropriate leaflets have also been provided.

## Appendix 5: Core Quality Account Indicators

### Annex 1: Core Quality Account Indicator 19

*The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:*

*(i) 0 to 15; and*

*(ii) 16 or over*

*Re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.*

Summary of data accessed from the [NHS Digital Indicator Portal](#) on 17 March 2017

Category of patients re-admitted	CCS % 2011-12	CCS % 2010-11	National average % 2011-12	National average % 2010-11	Highest national % in period 2011-12	Highest national % in period 2010-11	Lowest national % in period 2011-12	Lowest national % in period 2010-11
0-15 yrs	11.91	11.94	10.01	10.01	11.91	11.94	5.09	4.74
16+ yrs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The Trust considers that this data is as described for the following reasons:

#### **0-15 years category**

Our Children's inpatient service does not include surgical pathways as these remain under the care of acute hospital consultants on site. Readmissions will be as a result of on-going rehabilitation or acute admission avoidance, encouraging sustained independence in the community for children with medical issues. The Trust is one of only a few community trusts nationwide to operate such inpatient services and therefore comparable statistics are of limited value.

#### **16+ years category**

The Trust does not operate any hospital inpatient services admitting patients over 16 years and has not done so since April 2015.

### Annex 1: Core Quality Account Indicator 21

*The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.*

Summary of data accessed from <http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2017-Results/> on 16 April 2018.

Note: highest, lowest and average national measures taken from comparable community trust providers results only, therefore excluding all acute providers. There are 17 comparator community trusts results published in the period shown.

NHS Staff Survey question posed providing results below: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

Response Category	NHS Staff Survey (%)			National Average (%)			National Highest (%)			National Lowest (%)		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Strongly Disagree	1	2	1	2	3	1	1	2	4	4	2	1
Disagree	3	4	1	4	7	1	3	2	7	6	4	1
Neither agree nor disagree	14	21	15	20	16	15	14	10	24	25	28	13
Agree	51	51	50	52	47	52	51	52	58	48	47	49
Strongly agree	31	22	32	22	27	22	31	34	32	17	18	17

The Trust considers that this data is as described due to its direct origins in the NHS staff survey.

The Trust intends to take the following action to improve the percentage of who are happy with the standard of care provided by this organisation, and so the quality of its services: work with staff to understand where improvements in care can be made that apply to the Trust's portfolio of services. The Trust has developed an action plan to address areas identified for requiring improvement.

#### Annex 1: Core Quality Account Indicator 24

*The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.*

There have been no cases of C.difficile reported by the Trust in 2017-18.

#### Annex 1: Core Quality Account Indicator 25

*The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.*

Summary of data accessed from the [NHS Improvement - National Patient Safety Incident Reports](#) on 4 April 2018.

Note: highest, lowest and average national measures taken from comparable community trust provider results only, therefore excluding all acute providers.

Results period	Trust figure		National average		National highest		National lowest	
	Apr 2017 to Sep 2017	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017	Oct 2016 to Mar 2017
Number of patient safety incidents	646	555	1901	1918	6717	6042	475	443
Rate per 1,000 bed days	No data available	No data available	No data available	No data available	No data available	No data available	No data available	No data available



	Trust figure		National average		National highest		National lowest	
Number of incidents that resulted in severe harm or death	0	0	12	13	20	54	0	0
% of incidents that resulted in severe harm or death	0.00%	0.00%	0.64%	0.68%	0.79%	0.89%	0.00%	0.00%

The Trust considers that this data is as described because it originates from the National Reporting and Learning Service which is fed directly from our web-based incident reporting system (Datix).

The National Patient Safety Agency recognises that a high level of patient safety incidents reported can be a useful indicator of an open and transparent organisation.

Please note the requirement by our commissioner in Cambridgeshire and Peterborough, for the period covered by the above table, to report/include all pressure ulcers graded as 'severe harm' which include those acquired by patients whilst in the care of other organisations but reported by Trust staff.

## Appendix 6: Glossary & Abbreviations

<b>BFI</b>	Breast Feeding Initiative helps to create a “new normal” in health services, where babies, their mothers and families are put at the heart of care. It supports health professionals to provide compassionate, non-judgemental and mother-centred care.
<b>BME</b>	Black & Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.
<b>CBT</b>	Cognitive Behavioural Therapy is a talking therapy that can help you manage your problems by changing the way you think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.
<b>CCS</b>	Cambridgeshire Community Services NHS Trust
<b>Chathealth</b>	Chathealth is a confidential text service for young people that enables children and young people (aged 11-19) to send questions via SMS to their School Nursing Team.
<b>Clinic Audit</b>	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
<b>Comms Cascade</b>	The Trust's Comms Cascade, is a weekly newsletter which keeps staff up to date with the latest Trust news, actions, training opportunities and lots more.
<b>CPFT</b>	Cambridgeshire & Peterborough NHS Foundation Trust provides community, mental health and learning disability services in Cambridgeshire.
<b>CPMS</b>	The Central Portfolio Management System is essential to the effective management of the Clinical Research Network (CRN) Portfolio and for the growth and success of the CRN in the future. Its aim is to improve clinical research delivery in the NHS by providing information to support efficient research management with timely and accurate data.
<b>CQC</b>	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.
<b>CQUIN</b>	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
<b>CRN</b>	Clinical Research Network makes it possible for patients and health professionals across England to participate in clinical research studies within the NHS. It provides the infrastructure that allows high-quality clinical research funded by charities, research funders and life-sciences industry to be undertaken throughout the NHS.
<b>Datix</b>	Web-based incident reporting system used by the Trust.
<b>DN</b>	District Nurses play a crucial role in primary healthcare by visiting people in their own homes or in residential care homes, providing increasingly complex care for patients and supporting family members.
<b>DNA</b>	Did Not Attend. In the UK the abbreviation DNA is used to signify that a patient did not turn up for their appointment and did not make any attempt to contact the health provider to cancel/change their appointment.
<b>DNAR</b>	Do Not Attempt Resuscitation
<b>ECHIS</b>	Evelyn Community Head Injury Service provides specialist holistic neuro rehabilitation for adults in Cambridgeshire who have had a traumatic brain injury.
<b>EH&amp;W</b>	Emotional Health and Wellbeing is an important aspect of our overall health; feeling good about ourselves and being emotionally well is linked to our ability to make better and healthier choices in day-to-day life.
<b>EHC</b>	Emergency Hormonal Contraception (also known as the ‘morning after pill’) is an emergency ‘back-up’ contraception for after someone has had unprotected sex. It is for occasional use and is not suitable as a regular method of contraception.
<b>EQ5D</b>	EQ5D is a standardized instrument developed by the EuroQol Group as a measure of health-related quality of life that can be used in a wide range of health conditions and treatments.

<b>ESP</b>	Extended Scope Practitioner role within physiotherapy was created to provide patients with a highly specialised service for the assessment, diagnosis and triage for musculoskeletal problems.
<b>FFT</b>	Friends & Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
<b>FNP</b>	Family Nurse Partnership is a voluntary home visiting programme for first time young mums. A specially trained family nurse visits the young mum regularly; from the early stages of pregnancy until their child is two.
<b>GCP</b>	Good Clinical Practice is a set of internationally recognised ethical and scientific quality requirements that must be followed when designing, conducting, recording and reporting clinical trials that involve people.
<b>HCP</b>	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
<b>HIV</b>	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease.
<b>iCaSH</b>	Integrated Contraception and Sexual Health is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk.
<b>KFs</b>	Key Findings
<b>LAC</b>	A Looked After Child(ren) is a child in the care of the local authority for more than 24 hours.
<b>LGV</b>	Lymphogranuloma Venereum is a long-term (chronic) infection of the lymphatic system. It is caused by any of three different types of the bacteria Chlamydia trachomatis and is spread by sexual contact.
<b>MRI</b>	Magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
<b>MS</b>	Multiple Sclerosis is a condition which can affect the brain and/or spinal cord, causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance.
<b>MSK</b>	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome & Death reviews clinical practice and identifies potentially remediable factors in the practice of patient care.
<b>NCISH</b>	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. As the UK's leading research programme in this field, NCISH produces a wide range of national reports, projects and papers which provides health professionals, policy makers, and service managers with the evidence and practical suggestions they need to effectively implement change.
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.
<b>NIHR</b>	National Institute for Health Research funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work.
<b>NRLS</b>	National Reporting Learning System is a central database of patient safety incident reports. It analyses all data submitted to identify hazards, risks and opportunities to continuously improve the safety of patient care.
<b>NSPCC</b>	National Society for the Prevention of Cruelty to Children helps children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening.
<b>NWAFT</b>	North West Anglia NHS Foundation Trust. NWAFT currently manages Peterborough City Hospital, Hinchbrook Hospital and Stamford & Rutland Hospital as well as running various community clinics at the Princess of Wales Hospital, Ely, Doddington Hospital and North Cambs Hospital, Wisbech.
<b>OHC</b>	Oral Health Care is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.

<b>PALS</b>	Patient Advice and Liaison Service The PALS service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible.
<b>People Participation</b>	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all.
<b>PGD</b>	A Patient Group Direction allows healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription.
<b>PhysioDirect</b>	PhysioDirect is a telephone assessment service which offers advice and management for adults with back/neck/joint problems or following an injury.
<b>PID</b>	Pelvic Inflammatory Disease is an infection of the female upper genital tract, including the womb, fallopian tubes and ovaries.
<b>PrEP</b>	Pre-exposure Prophylaxis is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.
<b>PReS Study</b>	The Preventing Return to Smoking Postpartum Study is funded by the Medical Research Council to develop a supportive intervention to help women who have stopped smoking in pregnancy to stay stopped following the birth of their baby.
<b>PROMs</b>	Patient Reported Outcome Measures assess the quality of care delivered to NHS patients from the patient perspective.
<b>RCN</b>	Royal College of Nursing
<b>SCBU</b>	Special Care Baby Unit is a specialist ward that a baby will be admitted onto if it requires medical help after birth.
<b>SI</b>	A Serious Incident is an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.
<b>STarT Back Screening Tool</b>	The Keele STarT Back Screening Tool is a brief validated tool, designed to screen primary care patients with low back pain for prognostic indicators that are relevant to initial decision making.
<b>TB</b>	Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the tummy, glands, bones and nervous system.
<b>Telehealth</b>	Telehealth teams work with patients diagnosed with a long term medical condition(s) to help them to monitor, manage and control their own health.
<b>THT</b>	Terrence Higgins Trust is the largest voluntary sector provider of HIV and sexual health services in the UK.
<b>TV</b>	Trichomonas Vaginalis is a tiny parasite which can be passed from one person to another through sexual contact.