Cambridgeshire Community Services **NHS**

NHS Trust

Quality Account

2013 – 2014

Providing a lifetime of care

Cambridgeshire Community Services NHS Trust
List of Services

	Cambridgeshire	Luton	Peterborough	Suffolk
Adult services				
Integrated health and social care for older people until October 2013**	X			
District nursing	X	X	X	
Specialist nurses/long-term conditions	X	X	X	
Community matrons	X	X	X	
Intensive case management			X	
Intermediate care	X	X	X	
Radiography services	X			
Minor injury units	X			
Therapies and rehabilitation incl. neuro-rehabilitation	X		X	
Outpatient clinics	X			
Inpatient rehabilitation services	X		X	
Community dental services and/or oral surgery	X		X	X
Musculo-skeletal services	X		X	
Podiatry	X		X	
Dietetics	X		X	
Sexual health services	X	X	X	X
Specialist palliative care	X	X	X	
Drug and alcohol services		X		
Dermatology	X		X	
Unscheduled care (walk-in centre) until Sept 2013			X	
GP out of hours service			X	
Children's services				
Inpatient, outpatient, special care baby unit	X			
Health visiting	X	X		
School nursing	X	X		
Therapies	X			
Community nursing	X	X		
Audiology	X	X		
HPV vaccination programme	X			
Community paediatricians	X	X		

** CCS NHS Trust continues to provide integrated health and social intermediate care/re-ablement and occupational therapy services

Please note: Unless otherwise stated, tables/diagrams throughout this report are Trust-wide and reflect performance across the Trust's geographic areas.

Contents

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

The Trust has made strong progress in the last 12 months, meeting the vast majority of its quality, financial and performance targets.

We are proud to have developed new high quality innovative services that enable people to receive care closer to home, retain their independence and, where clinically appropriate, avoid a hospital admission. This commitment to quality was recognised by NHS England's Chief Nurse, who awarded the Trust the national 6Cs story of the month twice in the last six months; an achievement unmatched by any other Trust in the Country. This prestigious accolade recognises services that are exemplars of the Chief Nurse's vision for delivering services that embed care, compassion, competence, communication, courage and commitment.

Community services are vital to the local health and social care systems. It is pleasing to note that throughout the year, overall satisfaction levels from the 5000 patients we surveyed was in excess of 91%. I hope the examples in this report demonstrate just some of the innovative ways we are supporting people in their own homes and improving their quality of life.

During the year we developed strong and compelling submissions in a range of procurement processes reflecting our specialist knowledge, expertise and history of successfully providing community services.

As a result, we are delighted to have been successfully appointed to provide:

- Peterborough Integrated sexual health services
- Cambridgeshire community sexual health and contraceptive services

At the time of going to print, we have successfully progressed to the final stage of the procurement process to provide Luton adult and children's community health services and Luton drug services.

The partnership of which we were members was not successful in passing through to the final stage of the Cambridgeshire and Peterborough adult and older people's procurement process. We will work with Cambridgeshire & Peterborough Clinical Commissioning Group and the provider(s) appointed to ensure patient care and staff well-being are maintained whilst the services and staff transfer to a new employer during 2015.

The multi-million pound sexual health contracts we have won are each for three year periods bringing additional resources and security in to the Trust. This is welcome news for both staff and patients and creates additional opportunities for longer term planning and sustainability. As a viable 'going concern' (a view endorsed by our accountable body, the Trust Development Authority) we are also actively submitting tenders for services further afield including London, Norfolk, Suffolk, Essex, Lincolnshire and Bedfordshire. This will enable other commissioners and populations to benefit from our expertise in providing specialist community services and ensure a vibrant future for the Trust.   The Trust's five year strategy therefore sets out our plans for creating a high quality, financially stable Trust that operates over a wide geography.

Our focus remains on providing high quality services in line with the priorities set out by our commissioners which are responsive to the specific needs of the local populations we serve. Central to this is working collaboratively with our staff, GPs, social care practitioners and hospital clinicians to develop seamless care irrespective of organisational boundaries.

During 2013/14 the Trust continued to be registered with the Care Quality Commission (CQC) with no conditions, although the CQC did identify some concerns during the year. As you will read later in this report, all of these concerns were either resolved in year or have robust plans in place to ensure they are addressed.

Despite the on-going impact of a financially constrained NHS and social care system and the ever-growing demand for our services from an ageing population, the Trust managed to achieve a modest and proportionate operating surplus of £800,000 (0.5%).

The achievements you will read about in this report are the result of the outstanding commitment demonstrated by our staff, and we take this opportunity to acknowledge and thank them for their amazing dedication. We were delighted in year to receive excellent feedback from staff via the annual NHS staff survey which is published by NHS England. The results were overwhelmingly positive. When compared to other community trusts across the country, our rating for staff motivation was the most positive and the prevalence of staff experiencing work related pressure was the lowest. In addition, 25 of the 28 key findings scored 'above average' including satisfaction with the quality of patient care staff are able to deliver and recommending the Trust as a place to work or receive treatment."

Set out in this report are our priorities for improving quality 2014/15. We would like to thank members of the Trust's Public Involvement and Patient Experience Committee for helping us to shape the patient experience priorities so that they reflect the views of patient representatives. As you will read, we continue to set ourselves high ambitions.

This report also reflects on achievements in 2013-14 in improving quality. We hope you will agree that much progress has been made. Nevertheless, there is more that we wish to achieve to improve the quality of our services and we have every intention of achieving the priority areas set out in this report.

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 2013-14 and reflects our priorities for continuously improving quality in 2014-15.

Matthew Winn
Chief Executive

About the Quality Account

What are the requirements of a Quality Account?
The National Health Service (Quality Accounts) Regulations 2010 specified the requirements for Quality Accounts and we have used these as a framework for the production of our Quality Account. The key requirements include:

Part 1
- A statement on Quality from the Chief Executive.

Part 2
- Priorities for improvement. These are commitments by the Trust to improve the quality of our care which we will monitor and report on throughout the year.
- Statements about the quality of services provided by the organisation which also allow readers to compare us against similar organisations.

Part 3
- A review of quality performance. This demonstrates how the Trust has performed throughout the year.

How did we produce our Quality Account?
We have used the Department of Health guidance (*Quality Accounts Toolkit[1]*) to form the written structure of the Quality Account and have reflected the views of patient groups, external stakeholders and staff to ensure that the account gives an accurate view of the organisation.

Our Quality 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 five year Quality Strategy which outlines our approach to Quality improvement and identifies more detailed annual priorities. It comprises four programmes:

1. **Aim For Excellence**. This encompasses continuous improvement activity and supports our Trust objective to improve the quality of the services we provide.
2. **Through Their Eyes**. This programme includes understanding the experiences of our patients and service users and using this information to improve practice.
3. **Our Staff – Our Strength**. Actions in this programme are focused on supporting our staff to be fully competent to undertake their roles and develop them to be ambassadors for our services.
4. **Quality Governance**. We strive to develop strong and visible governance systems at all levels of the organisation and actions in this programme underpin this approach.

We have taken the opportunity to engage with staff and patient representatives throughout the year when developing this strategy in order to inform our key Quality priorities for 2014/15.

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[1]Department of Health 2010 *The National Health Service (Quality Accounts) Regulations.* Department of Health 2011*Quality Accounts Toolkit.* This document outlines the expected content and publication requirements for Quality Accounts.

Our resulting Quality '5 Star Programme: 'bringing the 5 alive' has been developed to reflect the Care Quality Commission's key areas which ask the following of our services:

- Are they safe?
- Are they effective?
- Are they responsive to people's needs?
- Are they caring?
- Are they well led?

Key priorities in each area form our Quality priorities for 2014/15 (detailed in part 2).

Quality improvement capacity and capability
Improving quality lies at the centre of all we do as a Trust. Our aim is to deliver services for children, young people and adults that:

- are locally accessible - provided close to or in people's own homes;
- are provided to the highest standard by skilled and compassionate staff;
- promote good health and the prevention of ill health;
- Reduce inequalities and ensure equity of access including through working with partner organisations
- are integrated across health and social care 'boundaries'; and
- are focussed on maximising individuals' potential and independence.

We constantly strive to improve the services we offer placing quality at the heart of any planned developments. Therefore, we monitor quality activity and improvements in order to determine how well we are doing and report quality outcomes and information both locally and at Board level.

- We have further developed our Trust wide Strategic Quality Dashboard from which we monitor Quality activity. The dashboard is underpinned by Community/Operational Unit level information.
- Trust wide information relating to safety, effectiveness and patient experience is analysed and reported quarterly via the Board sub-committee structure (including the Public Involvement and Patient Experience Committee and Quality Improvement and Safety Committee). This report includes trend analysis and learning from complaints, Patient Advice and Liaison Service (PALS) enquiries, patient survey results and patient safety incidents. Areas for improvement are identified and action taken.
- We implemented a Quality Early Warning Trigger Tool in 2012 which helps teams to identify when quality issues have the potential to deteriorate at an early stage so that appropriate actions can be taken. This tool is well embedded within our services with over 180 teams completing it each month. Overall results are monitored at the Clinical Operational Boards and areas of concern are escalated directly to the Board.
- A formal Executive Quality Report is presented monthly to the Board. This offers analysis of performance across all these areas to inform current state and future developments.
- External review and monitoring also occurs from a variety of stakeholders including NHS Commissioners and regulators (such as the Care Quality Commission).

The Quality Improvement Fellows Programme, supported by Health Education East of England, focuses on delivery of improved patient experience and patient outcomes through the delivery of sponsored quality improvement projects. Both the Neuro-Rehabilitation Lead Clinician and a Neuro-Rehabilitation Psychologist, based at the Oliver Zangwill Centre, successfully gained places on this programme which funds up to 50% of clinical time, for a period of 12 months, for quality improvement projects to be developed.

A selection of the comments made by patients, clients, carers, service users and family members about our services are shown in blue boxes throughout our Quality Account.

Information relating to each of the sections throughout this Quality Account is a true reflection of Quality performance for 2013/14 including where things have not gone as planned or where we have made errors from which we have learned lessons that can result in changes to practice to minimise the possibility of these recurring.

We have mechanisms in place to help us to learn from incidents, complaints and patient experience feedback and many examples of this are included throughout relevant sections.

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

Quality Improvement Priorities for 2014-15

We have identified a series of Quality Improvement priorities based on the five key areas identified by the Care Quality Commission (CQC) that reflect the characteristics of services that deliver high quality care:

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

Our key priorities for 2014/15 include the following:

Priority 1: Safety	a) Deliver 95% Harm Free care from pressure ulcers, falls and urinary tract infections for patients with a catheter. b) Clear all CQC concerns and achieve a Good or outstanding rating from our CQC Inspector
Priority 2: Effectiveness	a) Implement a standardised mortality review process and implement actions identified b) Deliver the Health Visitor call to Action programme and demonstrate improvements for children and families
Priority 3: Caring	a) Implement the Friends and families test across all services and use feedback to improve practice b) Continue to implement our staff Live Life Well programme and real time staff surveys to measure success
Priority 4: Responsive	a) Implement a standard methodology for measuring improvement in patient outcomes e.g. EQ5D b) Review our complaints process and implement any required changes
Priority 5: Well Led	a) Strengthen our Clinical Leadership model b) Implement any recommendations from the external review of the Trust's approach to governing quality issues

Priority 1a: Safe Services
Deliver 95% Harm Free Care measured by national Harm Free Care Programme

What is Harm Free Care?
This national initiative aims to reduce harm from pressure ulcers, falls, urinary catheter infections and Venous Thromboembolism. The programme is ambitious yet simple, think about complications from the patient's perspective and aim for the absence of all four harms to each and every patient. The Harm Free Care Programme provides national comparative data for all NHS organisations.

"Made me feel respected and valued as a person, made me feel at ease."
(Dieticians, Huntingdonshire)

Why is this one of our priorities?
We are committed to providing excellent care to our patients and clients. This involves preventing the harm occurring where it is within our control, being aware of any harm experienced by our patients and acting to minimise the effects where possible. We strive for improvements year on year and continue to identify this as one of our most important patient safety initiatives.

This programme builds on our performance during 2013/14.

Where is performance reported?
Nationally   Via the NHS Information Centre
Locally   To NHS Commissioners
Internally   Directly to the Board and via Community Operational Board Meetings and through our Quality monitoring systems, i.e. Quality Improvement and Safety Committee and the Board.

Improvement initiative
This initiative is underpinned by the Safety Thermometer which is a national data collection methodology comprising a monthly survey on a specified day each month by Trust staff of all patients in a variety of community and inpatient settings and relating to the following four harms:

- Pressure ulcers
- Falls
- Urinary catheter infections
- Venous Thromboembolism

"Helped in translating the information in an understanding way."
(Luton Link Workers)

The most significant Quality improvement activity undertaken relates to pressure ulcers. Being able to identify patients at risk of developing a pressure ulcer and ensuring that preventative measures can be put in place are essential components of holistic assessment. Our District Nursing and Community Matron Services are key to the successful prevention of this debilitating condition. We are seeking to eliminate all avoidable pressure ulcers developed under our care.

Priority 1b: Safe Services
Clear all CQC concerns and achieve a Good or Outstanding rating from our CQC Inspector

What is the CQC?
The Care Quality Commission (CQC) is the regulator for health and social care organisations in England. Its role is to inspect the quality of care delivered in a variety of settings including hospitals, people's homes, residential and nursing care homes, GP surgeries, dentists and others. It does this by assessing care against a set of standards by talking to patients, staff and others to determine whether standards are being met.

Why is this one of our priorities?
We are very proud of the quality of the services we provide. However, on some occasions where it has not been possible to deliver the optimum care for patients, we seek to understand what went wrong and identify improvements that can be made to improve the experience for our patients and services users. We will work hard during 2014/15 to clear any existing concerns and achieve an overall rating from the CQC of 'Good' or 'Outstanding'.

Where is performance reported?
We are due to undergo a Trust wide, planned inspection during Spring 2014 and will report findings and any improvements required directly to our Trust Board. The inspection reports are publicly available.

Improvement initiative
Our services continuously strive to improve the care and experience that they give to patients and service users. A range of improvement activities are undertaken throughout the year to address areas for improvement and to share good practice so that other services can learn and improve. Our Compliance Team offer support to clinical services to understand and evidence the high quality care they deliver and to identify any improvements that can be made.

Priority 2a: Effective Services
Implement a standardised mortality review process and implement actions identified

What is a mortality review process?
There have been a number of reviews of patient safety in the NHS and in 2013 the Keogh review recommended that NHS organisations can learn from looking at the circumstances when patients die unexpectedly and make any changes to our care if appropriate. This is aimed at reducing the number of avoidable patient deaths each year. We are introducing a review process where we look at the circumstances (including clinical care, medical conditions, etc.) surrounding any unexpected death of a patient in our inpatient facilities by reviewing clinical records.

> *"The nurse today talked through the different choice of dressings with me and helped me to choose one that was suitable for me."*
> (Planned Care, Cambridge City)

Why is this one of our priorities?
We manage four inpatient rehabilitation facilities across Cambridgeshire and Peterborough and recognise the importance of learning from any unexpected incident involving the patients we care for. We strive to prevent any unnecessary harm to patients by understanding and learning from all incidents where a patient dies unexpectedly. This initiative is aimed at reducing the number of avoidable patient deaths each year.

Where is performance reported?
We will report the outcomes and learning from our newly implemented reviews to the Trust's Quality Improvement and Safety Committee and share learning with relevant services through learning events, newsletters and our Communication Cascade.

Improvement initiative

> *"Just listening is sometimes what you need."*
> (Community Paediatricians, Edwin Lobo Centre, Luton)

Our Medical Director and Head of Professional Practice have developed a clinical review process to look at all of the circumstances surrounding an event when a patient dies unexpectedly.

The primary purpose of these mortality case-note reviews is governance and assurance, to ensure patients have not died because of unrecognised sub-optimal care. However, in addition to this high level assurance, mortality reviews can reveal underlying themes about care quality. For example: poor communication between clinical staff; specific diagnosis and therapeutic issues; or situations where dignity and respect have been compromised.

As a quality assurance mechanism, mortality reviews also complement other established sources of information. For instance, the post hoc reporting of incidents and near misses and

the investigation of complaints and service user feedback. This triangulation of information from different sources is an important method of assurance in itself as it confirms the extent of robustness of general reporting and learning systems in the wider organisation.

Any learning will be shared with other services to enable improvements to practice to be made where appropriate and we will monitor the impact of implementing this initiative.

Priority 2b: Effective Services
Deliver the Health Visitor Call to Action programme and demonstrate improvements for children and families

What is the Call to Action programme?
The start of life is a crucial time for children and parents. Good, well resourced health visiting services can help ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Sure Start Children's Centres and other early years services. The Government therefore made the challenging commitment to provide an extra 4,200 health visitors by 2015 as described in the Health Visitor Call To Action programme.

"Very friendly and welcoming and always greeted by name" (Health Visiting, Cambridgeshire)

Why is this one of our priorities?
This is a national initiative which we fully support and are committed to delivering.

Where is performance reported?
The Trust monitors performance against the targets at the Children's Operational Board and submits data regularly to NHS England which is responsible for the implementation of this national policy area.

Improvement initiative
We are undertaking recruitment activity to ensure that we reach the targets set for the Trust regarding recruitment of Health Visitors. This has meant enhancing our mentorship capacity as both student health visitors and those that are newly qualified require specific support to ensure that they develop into safe and effective practitioners. The Trust's target number of health visitors for 2014/15 is 185 whole time equivalent staff (115 in Cambridgeshire and 70 in Luton).

Priority 3a: Caring Services
We will implement the Friends and Families Test across all services and use feedback to improve practice

What is the Friends and Families Test?
The Friends and Families Test is a national initiative aimed at standardising the way that NHS healthcare organisations collect feedback from patients and service users. It is one question which, amongst others, helps us to understand where patients have received an excellent service and where we have improvements to make.

During 2013-14 the Trust continued to use the net promoter- Friends and Families Test, asking patients "How likely is it that you would recommend this service to friends and family?"

A new community services friends and family test is expected in 2014/15. We expect the question to be 'How likely would it be that you would recommend this service, if any of your friends or family needed a service like this one?' In anticipation, we have introduced this question in our surveys as a pilot from April 2014.

Responses can be given using a 0 -10 scale with 10 being extremely likely and 0 not at all. Based on their responses, customers are categorised as promoters, passives or detractors and a standardised metric is applied to generate a Net Promoter Score (NPS) for each Trust. NPS can be as low as -100 (everybody is a detractor) or as high as +100 (everybody is a promoter).

This contributes to a scoring called the Net Promoter Score which can be benchmarked across services and between providers of health care.

Why is this one of our priorities?
We use a range of methods to obtain feedback from patients so that we can identify aspects of care that can be improved. This national, standardised method of obtaining feedback will help us to make adjustments where we can. There is no greater test of patient satisfaction than whether a service would be recommended to friends and family.

Where is performance reported?
We will report the outcomes to our Board and our commissioners via our Quality Dashboard and highlight any good practice and improvements in practice that have resulted from this feedback. We also contribute to national data collection.

Improvement initiative
Following publication of national guidance for the implementation of this tool in community services, we will train staff in its use, undertake a pilot scheme to make sure that we make it as simple to complete and access as possible for both patients and service users. We will then roll it out across all of our services during 2014.

Priority 3b: Caring Services
We will continue to implement our Live Life Well programme and real time staff surveys to measure success

What is the Live Life Well programme?
We have developed a Healthy Workplace programme and are working to establish a 'Live Life Well' ethos for our staff. We have a significant programme of planned activity for 2014.

"I applaud the excellent service I received from start to finish. From the initial phone call to the end of my treatment, they were all very kind. The dentist and his assistant were fantastic to a patient with a dentist phobia."
(Brookfield's Dental Team, Cambridge)

Why is this one of our priorities?
Our staff are our greatest asset and helping them to develop and maintain a healthy mind, body and lifestyle is crucial to delivering high quality care for the populations we serve.

Where is performance reported?
We have developed a mechanism for and programme of real time feedback for staff to help us to understand how our staff are feeling about work issues so that we can make any improvements required to help them be healthy both at home and work and create a healthy work-life balance. Results and actions will be reported to our Live Life Well Steering Group and ultimately to our Board.

Improvement initiative

An extensive action plan has been developed with a number of actions to be undertaken in 2014. These include (amongst many others) areas such as offering personal resilience training, healthy weight clubs, working closely with our Union partners, extending training and development opportunities, taking action to raise awareness of our zero tolerance to bullying and harassment and achievement of a 'Staying Healthy at Work' accreditation by Public Health England.

Priority 4a: Responsive Services
We will implement a standard methodology for measuring improvement in patient outcomes, i.e. EQ5D

What are patient outcomes and what is the EQ5D?

We currently measure and monitor how effective many of our systems and processes are to deliver healthcare. However, nationally there are very few well developed measures of whether patients have experienced any improvements to their health following the interventions we make (these are called Patient Reported Outcome Measures) and those that have been developed are focused on acute medical interventions. We recognised this gap in patients who use our community based services and have been leading the way to implement a measurement tool which helps patients to describe their 'health state' before and after interventions by our staff.

The tool used is called the EQ5D and helps us to understand the improvements identified by patients following our care and will enable us to look more closely at where our services can be most effective and achieve the most significant improvements. There are five domains (areas of questions) including mobility, self care, useful activities, pain/discomfort and anxiety/ depression. Patients score themselves against these areas in order to judge any later improvements to their overall health.

Why is this one of our priorities?

This is one of our priorities for 2014/15 because we have been piloting the use of the tool for some time and have seen significant results. We intend to roll out the use of the EQ5D to help other services to understand the benefits that their interventions bring to the quality of life of the patients they treat.

> *"Made me feel comfortable in a daunting experience."*
> (Sexual Health, Suffolk)

Where is performance reported?

Results will be reported through our Quality governance structure including our Board sub committee responsible for monitoring quality (the Quality Improvement and Safety Committee) and overall learning will be shared with our commissioners.

Improvement initiative

The initiative involves roll out of the use of the EQ5D tool across other services. Appropriate services are currently being identified and progress will be reported as described above.

Priority 4b: Responsive Services
We will fully review our complaints process and implement any required changes

What is our complaints process?
We seek to understand the experiences of our patients and service users by a variety of feedback mechanisms. On a monthly basis we receive many compliments, however we are keen to understand where our care (or systems and processes to deliver care) have gone wrong or have not given patients a good experience in order hat we can improve.

We have established both informal and formal feedback methods for such occasions but are keen to make the process simple and easy for our patients and service users. This process can be complicated to follow and we are therefore undertaking a full review to ensure we make it as straightforward as possible for patients and service users to let us know their concerns.

Why is this one of our priorities?
This is a priority for us as we recognise that in order to improve our services we first need to fully understand the occasions when things do not go as planned. If our process is complicated it may discourage feedback.

"Lovely nurse, explained everything really well, very reassuring and kind" (Children's Community Nursing, Luton)

Where is performance reported?
Complaints information is directly reported to the Board including a patient story presented at each Board meeting alongside learning from patient feedback (including complaints) and improvements made within our services as a result.

Improvement initiative
We will undertake a full review of the complaints process involving asking those who have complained for feedback on areas that could be improved. We are also changing the way that we manage the administrative aspects of the complaint's process in order to make it more effective. The resulting actions from the review will be monitored by the Quality Improvement and Safety Committee (a Board sub Group).

Priority 5a: Well Led Services
We will strengthen our clinical leadership model

What is our clinical leadership model?
We recognise the importance of strong clinically led services that respond to patient needs and implement evidence based practice. In order to achieve this, we developed a model that includes clinical leaders at the heart of our management structure within each clinical unit. This includes a lead clinician for each unit and professional leads in our larger professional groups. We have also developed Trust wide opportunities for clinicians to get together to discuss important clinical issues and learn from each other in order to make improvements to the care we provide.

We implemented this model during 2012 and will undertake a review of effectiveness during 2014 and implement any findings to strengthen the model.

Why is this one of our priorities?
Our clinicians are best placed to know and understand the issues that effect improvements to patient care, including best practice guidance and latest national clinical guidelines.

Where is performance reported?
Outcomes and improvement will be reported to the Quality Improvement and Safety Committee.

Improvement initiative
A full review of our current model of clinical leadership will be undertaken through a series of structured interviews with a variety of clinical and other staff to ascertain what is currently working well and what could be improved. Actions will then be carried out to implement a revised and strengthened model.

Priority 5b: Well-Led Services
We will implement any recommendations from the external review of the Trust's approach to governing quality issues

What is the external review of the governance of quality issues?
We acknowledge that it is good practice to have an independent view of our systems and processes especially when we change those relating to how we govern the services that we provide. We therefore commissioned Deloitte in January 2014 to undertake a review of our restructured governance processes. The review highlighted a number of areas of good practice and some that we could improve.

Why is this one of our priorities?
We have regularly assessed ourselves against a set of best practice standards which identify how effective we are in managing our governance processes. These include how we identify risks to service delivery and escalate areas that we are concerned about to the Board. During 2014, a time of transition for some of our services, it is important to identify any improvements that can be made.

Where is performance reported?
Recommendations from the report will be shared with the Trust Board and key outcomes and resulting actions will be communicated to our stakeholders. Updates will be received by the Board (some actions will be reported to relevant Board sub committees).

Improvement initiative
The Board will agree a series of improvement actions to be undertaken throughout 2014/15. These will form the basis of the improvement activity.

> *"I am writing to say a big thank you to all the staff at Rivergate for all their help. I don't think any of the staff realise how much of an impact you have in my life. Without the centre I think I'd be constantly crying, worrying and be lost. But your team of lovely, caring women have supported me through the past months."*
> (Contraception and Sexual Health Service, Peterborough)

Statements of assurance from the Board

The following statements are mandated by regulation for inclusion in all NHS Quality Accounts:

1. Review of services
2. Participation in clinical audits
3. Participation in clinical research
4. Use of the Commissioning for Quality and Innovation (CQUIN) framework
5. Statements from the Care Quality Commission
6. Data quality
7. Information Governance Toolkit attainment level

1. Review of Services

Throughout 2013-14, we have been privileged to continue to provide services to people in their own homes or from clinics across Cambridgeshire, Luton, Suffolk and Peterborough, including our four community hospitals in Cambridgeshire, the Intermediate Care Unit in Peterborough and an acute inpatient facility for children on the Hinchingbrooke Hospital site. We also provide services from GP premises, schools and community facilities.

The Trust has reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 2013-14 represents 100% of the total income generated from the provision of NHS services by CCS NHS Trust for 2013-14.

Our extensive portfolio of services includes:

Cambridgeshire
- Services for adults and older people (District Nursing, Specialist Nursing, Community Matrons, Intermediate Care Services, Reablement, Assistive Technology.
- Community rehabilitation and therapies (Physiotherapy, Occupational Therapy, Speech and Language Therapy, neuro-rehabilitation including the Oliver Zangwill Centre).
- Diagnostic, Outpatient Clinics, Minor Injury Units and Rehabilitation Units based in four community hospitals.
- Children's acute services based on the Hinchingbrooke Hospital site in Huntingdon.
- A wide range of children's community based services including health visiting, school nursing, occupational therapy, physiotherapy, speech and language therapy, community nursing, audiology, community paediatrics and the Human Papilloma Virus vaccination Programme.
- Clinic based services (Dental, Musculo-skeletal, Dietetics and Nutrition, and Podiatry).
- Sexual Health Services.
- End of life specialist services.

Luton
Children's Services including:
- Consultant Paediatricians.
- Community services (Community Nursing, Continuing Care, Community Paediatrics, Special Needs, Epilepsy Service and Transition Nurse).
- Hearing services (Audiology, Newborn Hearing Screening Programme).
- 0-19 services (Health Visiting, School Nursing, Breastfeeding, Haemoglobinopathy, hard to reach services, pre-school feeding service and Youth Offending Nurse).

Adult Services including:
- Community nursing (District Nursing and Community Matrons).
- Cancer and palliative care services.
- Intermediate Care (Acute Care Community Team, Community Assessment and Rehabilitation, Falls, and Integrated Discharge Planning).
- Long-term Condition Specialist Nursing.
- Sexual Health Services.
- Shared care drug and alcohol services.
- Health Promotion Team (smoking cessation, health advisors and Chlamydia screening)
- Tuberculosis (TB) Service.

> *"The person was very helpful. Informed me of what she was doing. Very efficient and put me at ease"*
> (Podiatry, Peterborough)

Peterborough
Adult health services including:
- Long-term conditions specialist nursing.
- Community Matrons, community nursing, intensive case management.
- Allied Health Professionals (Community Brain Injury Team, Physiotherapy, Speech and Language Therapy, Occupational Therapy, Dietetics, Physiotherapy And Podiatry
- Sexual Health Services.
- End of life specialist services.
- Dermatology.
- Intermediate Care Services (Community Services, Rehabilitation Unit and Hospital at Home Service).
- Transfer of Care Nursing Service.
- Dental Access Centre and Community Dental Service.
- GP Out Of Hours Service and Walk In Centre (latter for part year).

Suffolk
- Sexual Health Services.
- Minor oral surgery and oral surgical triage.

2. Participation in clinical audits and national confidential enquiries

Between April 2013 and March 2014, there were six national clinical audits and no national confidential enquiries/Inquiries which covered NHS services that Cambridgeshire Community Services NHS Trust provides.

During that period CCS NHS Trust participated in 100% (n=6) 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 CCS NHS Trust was eligible for and those it participated in between April 2013 to March 2014 are as follows:

Audit	Participation
Diabetes (Paediatric)	Yes
Epilepsy 12 audit (Childhood Epilepsy)	Yes
Neonatal intensive and special care (NNAP)	Yes
Stroke National Audit Programme	Yes
Paediatric Asthma	Yes
National Intermediate Care	Yes

The number of cases submitted to each national audit is identified when results are released. These results are reported to the Quality Improvement and Safety Committee as they are received.

Out of the six national clinical audits that the Trust participated in, no national reports had been published at March 2014.

During 2013/14 the Trust undertook an extensive programme of clinical audits which were determined from several sources including national audits, the National Institute of Health and Care Excellence (NICE), service improvement, incidents and complaints.

The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board. All clinical audit reports are published to the Trust's internal Intranet to allow shared learning and improved practice. A selection of outcomes is shown below:

> *"Everything has been done well, have had a great experience and all the carers have been very helpful and kind"*
> (Day Rehabilitation, Ely and The Fens)

- Clinical audits undertaken by the Trust's Sexual Health Services continued to perform above national standards and audits around the management of medicines and pharmacy services also continued to provide a high level of assurance.
- The Shared Care Drug Service, Young Persons Team in Luton evidenced good practice of information sharing with partner agencies and the development of a shared care pregnancy care pathway.
- The Community Paediatric Audiology Service audited national guidelines for a newborn hearing screening programme which highlighted the need to give advice to parents at 9 months and included when to seek help if there are concerns before 3½ years.
- Gaps were identified in the care plan for the Tissue Viability Nurses in Luton and changes to the Trust's computer system were made. Audit findings were also linked to specialist training.
- The Outpatient Department at North Cambs Hospital demonstrated good practice around privacy and dignity in ensuring that patients were protected from interruptions during consultations.
- Peterborough Intermediate Care Unit, City Care Centre, improved procedures to ensure that all patients received a wristband on admission.
- The Family Support Practitioner for the Children's Community Nursing Team undertook an audit around Post-Traumatic Stress Disorder (PTSD) in Children. This demonstrated good practice and highlighted the importance of providing new staff with training to recognise PTSD symptoms among families they work with.

The reports of 56 local clinical audits were reviewed by the Trust in 2013-14; see Appendix 1 for a full list of actions that the Trust intends to take to improve the quality of healthcare provided.

National Confidential Inquiries/Enquiries
There are currently three National Confidential Enquiries and Inquiries: The National Confidential Enquiry into Patient Outcome & Death (NCEPOD); The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) and The Confidential Enquiry into Maternal and Child Health (CEMACH). CCS NHS Trust has not participated in these during 2013-14 as these are not relevant to our services.

Review of our management of NICE guidance
The Trust has just received notification from Cambridgeshire and Peterborough Clinical Commissioning Group that we have achieved a green rating for their review of our management systems to disseminate relevant guidance from The National Institute for Health

and Clinical Excellence (NICE). This is important for patients who need to be assured that we consider all new guidance and put plans in place to implement recommendations where possible. They identified a number of areas of good practice and highlighted our very strong links with the NICE regional Director and the fact that some of our initiatives have been adopted at national level (for example templates).

They stated that:

'CCS has robust systems in place to manage the review and implementation of NICE guidance'.

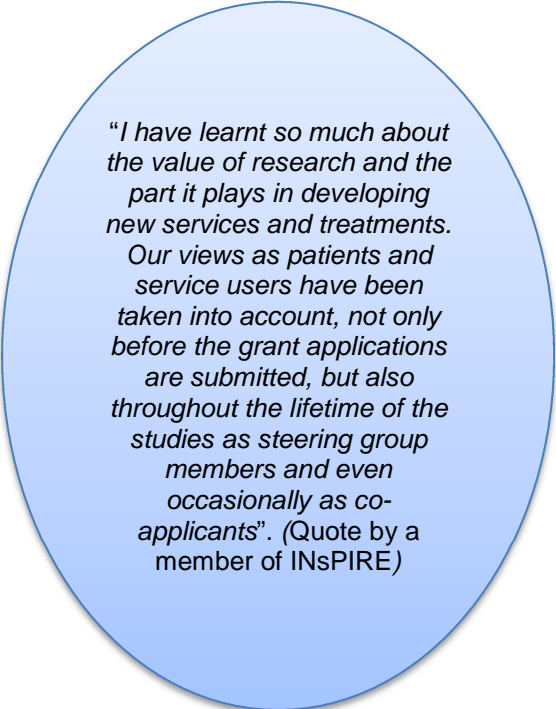## 3. Participation in clinical research

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

In 2013-14 the number of patients receiving NHS services provided or sub-contracted by CCS NHS Trust that were recruited to participate in research approved by a research ethics committee was 373. This is the number of patients recruited into National Institute for Health Research (NIHR) portfolio studies which exceeds the target set by West Anglia Comprehensive Local Research Network (CLRN) by 208%. During the reporting period, 28 studies opened in the Trust running in 22 services and involving approximately 40 staff in different capacities.

The Trust hosts the public involvement in research group (INsPIRE) which contributes by commenting on NIHR grant applications. The members of INsPIRE have reviewed 32 grant applications with members becoming active co-applicants in some instances. The gold standard for public involvement in research is having participation from the projects' inception and this has happened for three projects.

"*I have learnt so much about the value of research and the part it plays in developing new services and treatments. Our views as patients and service users have been taken into account, not only before the grant applications are submitted, but also throughout the lifetime of the studies as steering group members and even occasionally as co-applicants*". *(*Quote by a member of INsPIRE*)*

CCS NHS Trust used national systems to manage research studies in proportion to risk for all studies. Of the 28 studies given permission to start in year, 54% were given permission by an authorised person with a mean of less than 15 days from receipt of a valid complete application. Where applicable all of the NIHR studies were established and managed under national model agreements and 12 of the 28 studies used a research passport. During this period the National Institute for Health Research Networks supported 19 of these studies through its research networks.

In the last year 14 publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications principally relate to barriers to self care in diabetes, implementing skill mix in diabetes care, support for Health Visitor Mentors, Minor Injury Unit work, minor injuries unit and neuro rehabilitation.

Impact of NIHR research within the Trust:

- ***Prefit-Prevention of Fall Injury Trial:*** The Falls Prevention Team is reviewing our documentation of exercise interventions for preventing falls to bring into line with a national study (with permission from Warwick University) as it is clearer and more prescriptive.
- ***Predictors of Patient Uptake of Telehealth and Subsequent Abandonment:*** This research has contributed to the evidence base by enabling the Teleheath and Telecare Team to identify the variables that determine whether patients will/will not accept and use telehealth.
- ***Lactose Intolerance in Children with Cow's Milk Allergy:*** This project enabled the Dieticians to learn how to support research. The results are likely to impact on clinical practice as well as potentially contribute to a significant prescribing cost saving.
- ***Oesophageal Cancer Rapid Medical Donation Programme:*** The patients who agreed to partake all had a strong wish to donate and give something back. This gave them a sense of purpose and this was also true for the relatives. Having discussions about the project also opened up discussion about end of life care wishes.

Two members of staff, one from Paediatric Physiotherapy and one from Dietetics, submitted applications for NIHR Fellowships and are now undertaking fully funded NIHR Masters in Research Fellowships.

Our engagement with clinical research demonstrates commitment to testing and offering the latest treatments and techniques and has led to the Falls Prevention Service making changes in clinical practice as a consequence of their involvement in the in the Prevention of Fall Injury Trial (PreFIT) study.

CCS NHS Trust is a partner of the Cambridgeshire and Peterborough NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC), contributing to the research themes on old age and end of life care.

The Trust continues to work closely with the Primary Care Research Network (PCRN) and is actively involved in the network transition process, engaging with the new Eastern CRN.

The Trust is fully engaged in NIHR activity, including:

- Recruitment to NIHR portfolio studies
- Developing NIHR grant applications
- Consulting at NIHR Grant Writing Days working closely with the NIHR Grant Development Team
- Two staff awarded NIHR MSc Fellowships

Research, development and innovation are recognised as being important to the Trust, contributing to evidence based practice and improving the effectiveness of care. Year on year our patient recruitment to studies has increased and more staff are being involved in the research process.

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

A proportion of CCS NHS Trust income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between Cambridgeshire Clinical Commissioning Group 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.

"Spoke to the GP on my behalf as I was having problems getting my point over to him, the nurse sorted everything out"
(District Nursing Team, Luton)

The Trust achieved all Commissioning for Quality and Innovation (CQUIN) targets across Cambridgeshire, Peterborough and Luton during 2013/14 with the exception of achieving a 50% reduction in pressure ulcers in the Cambridgeshire and Peterborough locality where partial compliance was achieved.

5. Statements from the Care Quality Commission (CQC)

CCS NHS Trust is required to register with the Care Quality Commission and its current registration status is full registration with no conditions. The CQC has not taken enforcement action against the Trust during 2013-14. The Trust continues to be registered with the CQC with no conditions.

On-going formal compliance during 2013/14

Internal monitoring
The Trust seeks to ensure all services remain compliant with the national 'Essential Standards of Quality and Safety'. This is monitored as part of the Trust's compliance programme and involves peer review visits to services and teams to validate collated evidence and share learning and good practice across the Trust.

CCS NHS Trust's Compliance Team uses various intelligence tools for gathering information about the overall compliance status of services and to monitor quality internally and taking action to address them where necessary:

- Quality Early Warning Trigger Tool (QEWTT)
- Internal self-assessment tool
- Risk assessments and local risk registers
- Aggregated data (incidents, complaints, claims, patient's feedback)
- External sources (CQC Quality Risk Profile, NHS Litigation Authority, Public Inquires; National Confidential Enquiries).

Peer review is the process by which individuals of the same profession, experience and who work in similar organisational settings, critically assess their colleagues' performance in order to reinforce areas of strength and quality in patient care and to identify areas for development or improvement.

In health care, peer review has been shown to be effective in improving professional practice through improving knowledge and in facilitating positive changes in practice amongst clinical practitioners in several disciplines. In addition, peer review processes are associated with improved motivation and engagement. Improved patient satisfaction and outcomes may be a benefit of this process.

Peer review is thus an effective method:

- For understanding clinical performance within a broader organisational context.
- For comparing self-assessment of otherwise difficult to assess competencies.
- To assist in the identification of clinicians experiencing difficulties.
- To aid in changes in practice behaviour, such as implementing new guidelines, service re-design or organisational transformation/transition periods.
- To improve staff confidence and raise awareness of CQC standards and expectations.

During 2013-2014, 77 peer reviews and compliance support visits were undertaken across the Trust and involved reviewing the Quality Early Warning Trigger Tool results and CQC self-assessments thereby combining locally developed measures with best practice and CQC requirements.

External inspections
The Care Quality Commission inspected a range of services within the Trust in February 2013, September 2013 and December 2013.

A full summary of CQC judgements resulting from these visits, as well as the position at 31 March 2014, are set out in the tables below.

*Key to CQC outcomes	
1	Respecting and involving people who use services
2	Consent to care and treatment
4	Care and welfare of people who use services
7	Safeguarding people who use services from abuse
10	Safety and suitability of premises
11	Safety, availability and suitability of equipment
13	Staffing
16	Assessing and monitoring the quality of service provision

Location	CQC Outcomes*/ Judgements		Date	Current Position
2013				
Trafford Ward	1 4 11 13 16	Compliant Compliant Compliant Compliant Compliant	5 February 2013	▪ Fully compliant with assessed standards
Doddington	2 4 7 13 16	Compliant Compliant Compliant Compliant Compliant	6 February 2013	▪ Fully compliant with assessed standards
Headquarters (including district nursing services)	6 7 13 16	Compliant Compliant Minor Minor	4 & 5 February 2013	▪ Report received. Action report submitted to the CQC
Hinchingbrooke (Paediatrics – Holly Ward)	1 4 7 10 13 16	Compliant Minor Compliant Moderate Minor Compliant	5 & 6 February 2013	▪ Report received. ▪ Immediate actions taken re security of environment to address 'Moderate' concern. ▪ Action report submitted to the CQC
Lord Byron ward	1 4 16	Compliant Compliant Compliant	4 February 2013	▪ Fully compliant with assessed standards

Location	CQC Outcomes*/ Judgements	Date	Current Position
Welney Ward	1 Compliant 4 Compliant 11 Compliant	29 May 2013	▪ Fully compliant with assessed standards
Hinchingbrooke (Paediatrics – Holly Ward)	4 Major 10 Compliant 13 Major	3 September 2013	▪ Report received. ▪ Immediate actions taken re care and welfare of people who use services and staffing levels to address 'Major' concerns. ▪ Action report submitted to the CQC
Hinchingbrooke (Paediatrics – Holly Ward and Special Care Baby Unit)	4 Compliant 13 Minor	13 December 2013	▪ Report received. ▪ Immediate actions taken re staffing levels to address 'Minor' concern. ▪ Action plan in place
Headquarters (including district nursing services)	6 Compliant 13 Moderate 16 Minor	9-13 December 2013	▪ Final report received. Action plans in place.

Current status as at 31 March 2014		
Total compliance:	Headquarters	1 x Moderate concern 1 x Minor concern
	Hinchingbrooke (Paediatrics)	1 x Minor concern

The CQC's moderate concern in relation to staffing levels within the Cambridgeshire and Peterborough community nursing service reflects the Trust's own declaration of non compliance against the CQC standards made prior to the CQC December 2013 visit: 'The service is funded and staffed at 17% lower than the national average. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and the Trust have therefore agreed that the totality of the Trust's growth funding for 2014/15 (in excess of £500,000) will be invested in this service. The CCG will also lead the work with local commissioning groups to reduce the level of activities referred to the service which are not within the core service specification.

As part of the December 2013 visit, inspectors interviewed the Service Manager of the Trust's Community Nursing Team and the Transition Health Co-ordinator to find out about the support they provided to young people aged between 14-18 years who were transitioning into adult healthcare services. This was part of a themed national inspection of children who are about to use adult health services. The inspection report noted that the Trust had a multi-disciplinary approach in promoting a seamless transition from children's to adult services.

The CQC also noted that strong working links had been developed both within the Trust (between different health disciplines such as special needs school nurses and therapists) and across agencies. In addition, the CQC report established that children who were about to use healthcare services for adults had been safely supported through this transition.

The Trust continues to implement robust action plans to address CQC concerns and examples of actions taken to date include:

▪ Introduction of a rapid vacancy authorisation process.
▪ High level workforce reviews have been undertaken.
▪ Successful recruitment strategies have been implemented: at the end of April 2014 we had recruited 49% (32.6wte) of the hard to fill vacancies in adult services and 30% (14.8wte) of hard to fill vacancies in children's services including all registered nursing vacancies on Holly (paediatric) Ward.

- Over £1 million investment has been made in the Cambridgeshire and Peterborough community nursing service over the previous two years which was supported by exemption from the Trust's Cost Improvement Programmes during the same time period in recognition of the unique demands on this service
- New easy to use rostering systems will be introduced that enable teams to track actual staffing levels and access real time information on capacity to enable a rapid, planned response to hot spots.
- A new bank and agency service is being introduced from 1 July 2014 with extended opening hours which includes Saturday mornings.

Unfortunately, due to severe staffing concerns and despite a range of recruitment initiatives, we had to make the difficult decision to temporarily close Welney Ward in Ely in January 2013 and Lord Byron Ward in Cambridge in May 2013. During these temporary closures, as well as undertaking further robust recruitment initiatives, we completely refurbished both wards. Welney Ward re-opened in May 2013 and was visited by the CQC in the same month. The CQC confirmed that all standards inspected were fully met.   Lord Byron Ward re-opened in November 2013.

6. Data quality

Statement on relevance of Data Quality and your actions to improve your Data Quality
Cambridgeshire Community Services NHS Trust (RYV) will be taking the following actions to improve data quality.

The enhancement of a Trust data warehouse developed in 2013-14 in order to:

- Deliver the revised mandated datasets for Community Health Providers in 2014-15, namely the Community Information Data Set, and Children's and Young People's Health Services (CYPHS) Data Set, where applicable to our Trust's services.
- Monitor and extend the scope of data submitted against the mandated dataset requirements to include insightful non-mandated fields. This action would follow successful testing, submission and appropriate data quality of the mandated fields.
- 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.
- Maintain and develop a suite of data quality reports from the data warehouse, per service, highlighting recording errors at source resulting in transactions being rejected from reporting, accompanied by advice on how these errors may be corrected or avoided in future recording. Initial reports developed in 2013 have indicated increasing compliance and completeness of recording from SystmOne services data processed during the year.
- Develop further diverse data quality reports highlighting recording errors at source resulting in transactions being accepted but with data fields incomplete. Such developments are expected to have a similar positive effect in other fields of data completeness and compliance in future.
- Add new layers of insight and business intelligence within the warehouse by developing the load of data from services using other Electronic Patient Recording systems and potentially incorporating Finance and Human Resource data.

Our data quality impacts on all monthly performance reporting to management and commissioners alike. Low volumes of errors equates 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.

CCS NHS Trust submitted records during April 2013 to December 2013 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, was:

- 99.1% for admitted patient care
- 99.89% for outpatient care excluding sexual health services (31.7% including sexual health services*)
- 98.7% for accident and emergency care

*patient details are anonymised in relation to sexual health services before submission by agreement with relevant commissioner, thereby removing the NHS number.

"The team shows the best side of the NHS. They're always there for me and are very caring and professional." (Respiratory Specialist Nursing Team, Peterborough)

The Trust is able to confirm that its Outpatient Services utilised the patient NHS number in 99.89% of records representing patient attendance at clinic. Therefore only 0.11% of patient records did not utilise the patient NHS number.

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

- 100.0% for admitted patient care
- 98.6% for outpatient care, and
- 100.0% for accident and emergency care

7. Information Governance Toolkit attainment level

In line with all NHS organisations, the Trust NHS Trust is required to self-assess against a variety of standards contained in the NHS Connecting for Health Information Governance Toolkit relating to the creation, storage, management, security and quality of information. Information Governance across the Trust is underpinned by an information governance management framework agreed and signed off by the Trust's Information Governance Lead/Board champion.

CCS NHS Trust's Information Governance Assessment Report overall score for 2013/14 was 66% and scored level 2; a satisfactory score across all 39 standards giving the Trust an overall green rating. This assessment will provide assurance to the Board that the Trust is meeting its obligations in relation to information governance. The 2013/14 Internal Auditor's report was received in April 2014 and supported the Trust's self-assessment. The Trust is developing, in conjunction with the Internal Auditor, an action plan to ensure the activities required to maintain improvement and attain a higher level of compliance in the Information Governance Toolkit submission for 2014/15 are in place. This action plan will be monitored by the Head of Resilience and Information Governance and the Trust's internal Information Governance Sub-Group with progress reports presented quarterly to the Trust Board.

The Trust complies with the Department of Health checklist for reporting, managing and investigating information governance serious untoward incidents. The checklist covers the reporting arrangements and describes the actions that need to be taken in terms of communication and follow up when a serious incident occurs. It also sets out a definition of an

information governance serious incident, which is "any incident involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impact on individuals should be considered as serious".

In 2013/14, the Trust reported five information governance related serious incidents. Three were investigated internally and reported to the appropriate Clinical Commissioning Group. Two were also reported to the Information Commissioner's Office. The response from the Information Commissioner's Officer acknowledged the steps taken by CCS NHS Trust to prevent reoccurrence. Whilst the number of incidents reported has increased on the previous year this is against a backdrop of an open no-blame culture where staff are encouraged to report all incidents. The Trust has a robust monitoring, trend analysis and follow-up process for potential information governance incidents.

8. Improvements to Quality Governance

Improving how we identify, monitor and report on patient safety and the quality of care we provide
We have continued to review and improve our Quality monitoring systems and processes throughout 2013/14 including the following:

Early warning
We introduced a Quality Early Warning Trigger Tool in October 2012 which is used at local team level to help services identify when their service is at risk of deterioration at an early stage before patient care has been compromised. A revised tool and a new scoring system were piloted in October 2013 and used by all Trust services from November 2013 onwards. New variables have been included to capture more accurately areas of potential risk relating to quality and patient safety issues before they occur, reduce the number of Serious Incidents, increase the potential for favourable CQC inspection reports and prevent services 'going into crisis'.

Teams score on a self-assessment basis and results are reported on the Quality Dashboard. Relevant risks are then entered onto risk registers for monitoring of actions as required. The tool has allowed teams to look in detail at their scoring over time and highlight concerns in a structured way.

Quality performance
We have revised and expanded the information reported on the strategic and unit level Quality Dashboards. These facilitate identification of areas for improvement and areas where quality has improved.

External review
An external review has been commissioned of our Quality and Governance systems (see part 2, priority 5b section for details).

Part 3: Review of Quality Performance 2013-14

This section demonstrates the Trust's achievements throughout 2013-14 in the areas of patient safety, effectiveness and experience. Performance against the priorities identified in our 2012-13 Quality Account is included in each section.
NB (numbering reflects references in the Quality Account 2012-13).

3.1 Quality Improvement Priorities 2013-14

Priority 1: Safety	a) Achieve 93% Harm Free Care b) Reduce the prevalence of pressure ulcers – no avoidable pressure ulcers developed in our care
Priority 2: Effectiveness	a) Fully implement Multi-disciplinary Team working b) Improve discharge planning outcomes
Priority 3: Experience	a) Friends and Family Test b) Improve recording the experiences of patients with learning disabilities who use our services

Priority 1a: Safety
Achieve 93% Harm Free Care

The Trust fully implemented the national Safety Thermometer measuring tool for Harm Free Care throughout 2013/14. This involved monthly collection of prevalence data relating to four harms:

- Pressure ulcers
- Falls
- Urinary catheter infections
- Venous Thromboembolism

The results for 2013/14 are summarised on the graph below (note that figures are in %):

	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14	Feb14	Mar14
Pressure Ulcers	6.93	5.26	5.03	5.84	6.55	4.78	5.92	5.06	5.51	5.76	5.39	4.99	5.77
Falls	1.47	1.35	0.71	1.35	0.8	0.81	0.65	0.61	1.05	0.41	0.85	1.43	0.73
Catheter & UTI	0.57	0.9	0.79	0.6	0.51	0.16	0.41	0.54	0.79	0.21	0.57	0.48	0.33
New VTE	1.88	1.88	1.97	1.12	1.16	1.38	1.95	0.77	2.27	3.29	2.08	1.74	1.54
Patients	1226	1331	1272	1335	1375	1235	1233	1305	1143	973	1057	1262	1230

The Safety Thermometer Harm Free results for 2013/14 are shown in the graph below:

	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14	Feb14	Mar14
No Harms	89.89	91.44	92.06	91.84	91.42	93.2	91.4	93.26	90.99	91.06	91.77	91.36	92.28
Patients	1226	1331	1272	1335	1375	1235	1233	1305	1143	973	1057	1262	1230
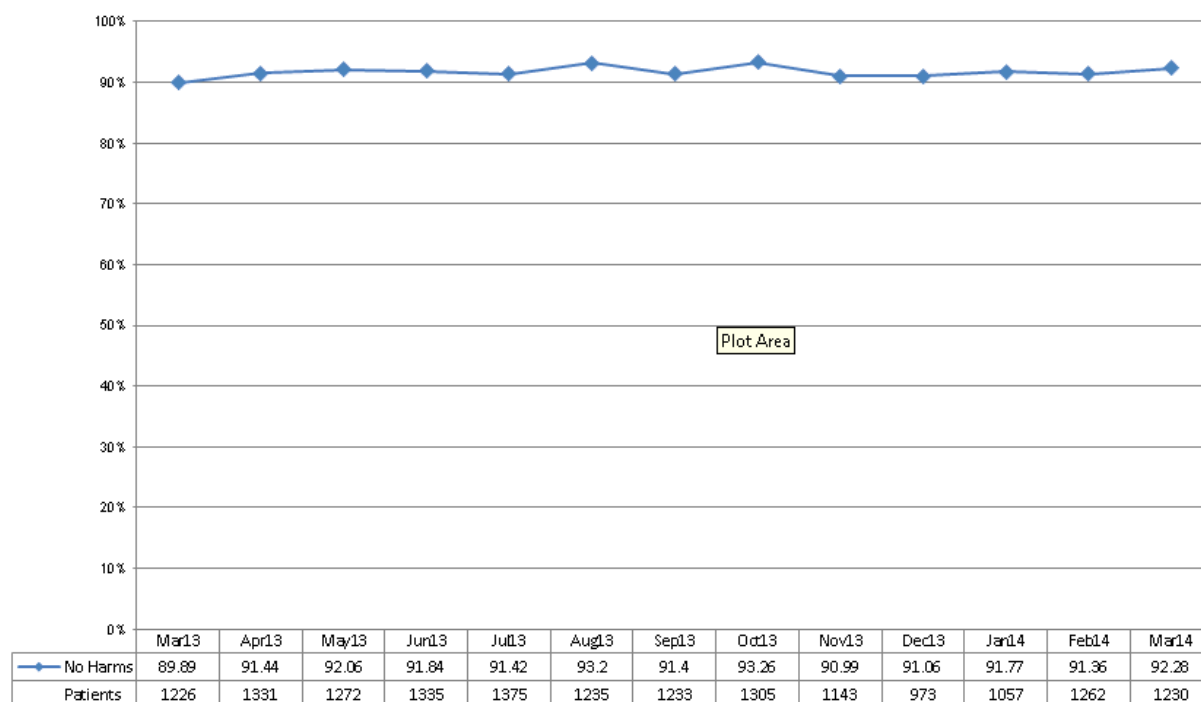
We have achieved scores in excess of 90% each month. However, we did not achieve a 93% Harm Free Care rate across the year and have looked in detail at the results to identify areas for improvement.

Pressure ulcer improvements are noted in the section below (priority 1b).

We have undertaken a number of actions in 2013/14 aimed at reducing the number of people who fall (both in their own homes and our inpatient units). These include strengthening our assessment process for people at risk of falling; sharing good practice between our falls practitioners who work in the community and in our in-patient units; and developing a steering group where practitioners can share best practice and learning related to falls.

Priority 1b: Safety
Reduce the prevalence of pressure ulcers – no avoidable pressure ulcers developed in our care

Pressure ulcers can be defined as: a *localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear'* (NHS Institute 2010). Pressure ulcers are graded from 1 to 4 depending on severity (1 being less invasive than grade 4).

Evidence suggests that assessment of those patients at risk of developing a pressure ulcer followed by appropriate interventions (including pressure relieving mattresses and improved nutrition) can minimise their occurrence.

During 2013/14 we have continued to focus on improving the assessment of patients (seen by our services) at risk of developing pressure ulcers by implementation of a new assessment tool which helps clinicians to methodically check a variety of factors which can contribute to developing a pressure ulcer.

We have also strengthened our Pressure Ulcer Ambition Group at which Tissue Viability Specialist Nurses and other clinicians come together to identify improvements to practice that can be made.

An example of a successful quality initiative monitored by this Group is the purchase and use of digital cameras for our community staff to be able to obtain a timely specialist nurse opinion regarding the appropriate treatment of a wound. The images are then stored as part of the patient's care record.

"If anyone thinks that caring and compassionate are dirty words in the NHS they have not met the team of District Nurses that come and see me every day. They are fantastic, it's not 'just a job' to them it's a true vocation. They even laugh at my silly jokes! District Nurses I salute you!!"
(District Nursing Team, Huntingdonshire)

We undertake a root cause analysis approach to managing pressure ulcers that have developed under our care. This involves exploration of many aspects of a patient's condition and other factors that may have contributed to their development. From these investigations, we are able to identify any learning and implement actions that arise. An example of this in 2013/14 includes recognising a rising trend in patients who developed a pressure ulcer on their heels. This led us to review the pressure relieving equipment that was available through our contracted equipment supplier and make improvements to the available stock. We will monitor the level of pressure ulcers developing on this part of the body to see if this improvement has made a difference.

We reported a total of 11 avoidable pressure ulcers that developed under our care during 2013/14. These include those where we were not able to determine if they were avoidable or not due to some aspects of information not available in patient records. Where we identified improvements to care that could be made, we have taken action and shared the learning with other teams as we strive to eradicate all avoidable pressure ulcers.

Priorities 2a and 2b: Effectiveness
Fully implement Multi-Disciplinary Team working/Improve discharge planning outcomes

Multi Disciplinary Team initiative (MDT)
During 2013/14 we developed an innovative model of care coordination and support for frail and elderly patients in the community. We have put in place a number of Multi-Disciplinary Team (MDT) Co-ordinators who are responsible for ensuring that frail elderly patients are identified and supported appropriately with contributions from GPs, Community Matrons, District Nurses, Therapists and others.

Key to this is joint working between GP practices and our community staff to ensure that electronic patient records are shared appropriately so that up to date information is available to each professional when they need to assess or treat the patient.

As an example of the extent of the project (which covers Cambridgeshire and Peterborough areas), during February 2014 over 60 MDT meetings were held where 1011 patients were discussed and appropriate actions taken.

A key outcome of this initiative is that we aim for all frail elderly patients who are on the District Nurse or Community Matron caseloads will have a coordinated support plan put in place by the MDT Group. This links with the second initiative which involves ensuring that if one of these patients requires admission to hospital, this plan will be sent with the patient to help with continuity of care for the medical and nursing teams in that hospital.

A further aspect of our drive to improve the quality of care for this group of patients is the implementation of a system to undertake an assessment or review and refresh of care plans for patients discharged from the acute and said to be 'frail elderly'.

The following two case studies highlight the significant impact that this way of working has had on two patients and their families:

- A patient with multiple long-term conditions had developed an advanced care plan for the end stages of life with the Multi-Disciplinary Team. Carers arrived one day to find the patient very unwell and called the GP Out of Hours Service which was able to visit and treat the patient at home, as per his wishes, due to the very clear instructions recorded on the electronic patient records that this service and the Multi-Disciplinary Team members were able to access.
- The MDT developed an emergency respite plan for a patient and his family (wife was main carer for her husband). When the wife had an acute episode of illness and was admitted to hospital, carers contacted staff on the 111 service who were able to see on the electronic patient record that this emergency respite plan was in place and therefore the patient was able to be admitted to a respite facility and an arrangement had already been made to look after his dog. This ensured that everyone involved was able to be cared for in appropriate locations without worrying about the others.

A full evaluation of all of the above initiatives is currently under way involving Public Health colleagues and feedback from the patients involved.

Priority 3a: Experience
Friends and Family Test
Net promoter (Friends and Family Test)

During 2013/14 we asked patients "How likely is it that you would recommend this service to friends and family?"

This friends and family test net promoter question was included within our patient survey and allowed us to gain a perception of experience from patient perspectives across each service.

Responses can be given using a 0 -10 scale with 10 being extremely likely and 0 not at all. Based on their responses, customers are categorised as promoters, passives or detractors and a standardised metric is applied to generate a Net Promoter Score (NPS) for each Trust. NPS can be as low as -100 (everybody is a detractor) or as high as +100 (everybody is a promoter).
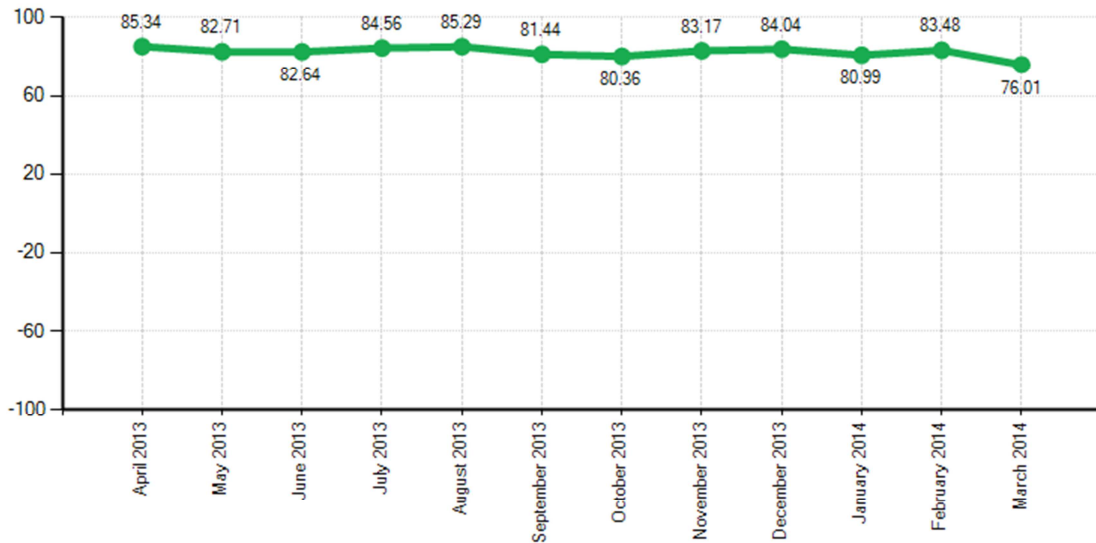
The April to March data (see chart above) shows that until February we were continuing to achieve scores better than the NHS Midlands and East cluster average of 71 and better than the upper quartile of 78. We are looking into specific details for the reduction in March results.

The new "friends and family test" question is being introduced by the Trust as a pilot from April 2014. This will be ahead of the national guidance which is expected to be released in May. This asks a similar question to the net promoter one but is calculated differently and therefore scores are expected to be lower. The national benchmark is expected to be 75.

Priority 3b: Experience
Improve recording the experiences of patients with learning disabilities who use our services

We seek patient feedback from all service users and particularly monitor the responses from those who indicate they have a learning disability. Our surveys show those respondents with a learning disability indicate high levels of satisfaction for all questions.

We have been able to act upon specific feedback; for example a patient with a learning disability spoke to our Patient Advice and Liaison Service (PALS) to feedback that the Continence Service had altered the way the continence supplies were delivered and subsequently was no longer meeting their needs and the large delivery of supplies was causing storage problems. We spoke to the Continence Service to rectify the problem and formulated an easy read version of the communication which went out to service users, requesting that if any other patients were having problems to contact the Continence Service. Our Patient Experience Team attends the Cambridgeshire and Peterborough Learning Disabilities Strategy Group to ensure we pick up first hand intelligence from other partners and learning disability patient groups.

3.2 Other Patient Safety Activity

Infection Prevention and Control

The Trust continued to roll out an extensive Infection Prevention and Control work programme including environmental inspections and hand hygiene audits.

During this period the Trust reported no laboratory confirmed cases of MRSA bacteraemia and three laboratory confirmed cases of clostridium difficile within our adult inpatient units. One of the clostridium difficile cases was known to be previously positive, whilst the other two were newly diagnosed.

The table below summarises infection prevention and control targets and performance.

	MRSA bacteraemia		Clostridium difficile	
	Target	Performance	Target	Performance
Cambridgeshire & Peterborough	0	0	2	3
Luton	0	0	2	0
Total	0	0	4	3

Patient safety incidents

Following the publication of the Francis Report in February 2013, the Trust has been clear in its expectation that staff report near miss and unexpected incidents using the Trust's web-based (Datix) incident reporting system. Use of this reporting system enables the Trust to use its data well, regularly interrogating the data recorded, carrying out investigations and trend analysis and interpreting outcomes of patient experience and safety.

"I had a course of three months physio. They were very efficient, patient and understanding … Thank you for a good service" (Physiotherapy Team, Princess of Wales Hospital, Ely))

The Trust's Datix reporting system is electronically linked to the National Reporting and Learning System (NRLS) and patient safety incidents are uploaded daily to this central reporting and analysis centre. Local investigation of all incidents is supported within the Trust to ensure that appropriate challenge to existing practice is encouraged and good practice identified is rewarded. Periods of reflective practice in supervisions and learning from incident investigations through regular Aggregated Learning Events are two ways in which learning is shared throughout the organisation. The Trust welcomes members of the Patient Involvement and Patient Experience Group (PIPE) to Trust Aggregated Learning Events.

The Datix Incident Report Form has been upgraded during the year to capture several additional pieces of information to drive the quality and usefulness of safety information captured. Improved data includes:

- Being open and Duty of candour conversations with patients and their representatives.
- Whether the incident occurred as a result of an act or omission within the Trust or an act or omission elsewhere.
- Reporting of safeguarding concerns, including the rationale for why safeguarding is not indicated.
- Recording of root causes and lessons learned.

During the last 12 calendar months 6,500 incidents and near miss incidents have been reported by Trust staff using the Trust's Datix incident reporting system.

Principal affectees of incidents (simplified)

■ Service User principally affected   ■ Member of Staff principally affected   ■ Trust/PCT principally affected
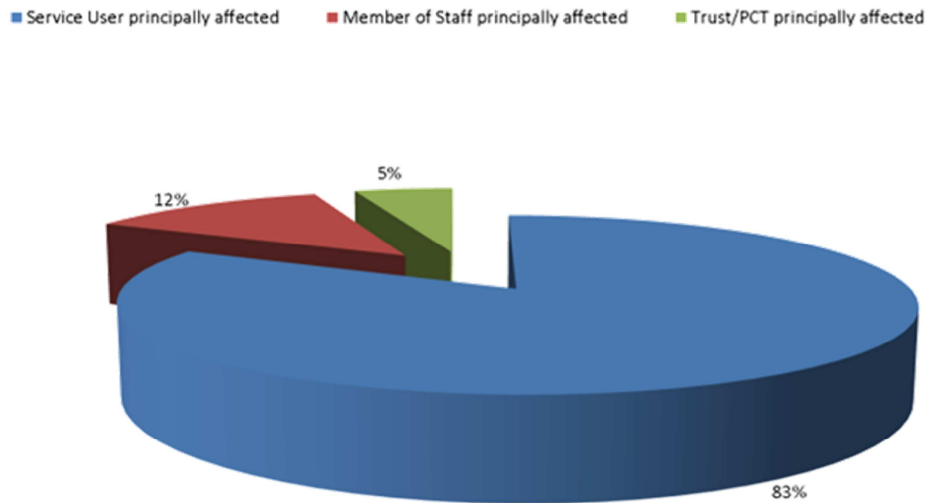
- 5,000 of these incident and near miss incident reports have affected patient safety.
- 2,000 of the 5,000 reported incidents originated within the Trust's own services.
- 3,000 of the 5,000 reported incidents identified an event which originated outside of our Trust but has been observed and reported by our staff at the time that the patient was referred into our community services.

Below is a chart showing where the patient safety incidents are reported to have originated.

Key:
- *Your Team*: the incident occurred in a CCS NHS Trust service and the incident report is being completed by a member of staff in that service.
- *Another team within the organisation*: the incident occurred in a CCS NHS Trust service and the incident report is being completed by a member of staff who works in another CCS NHS Trust service.
- *Another organisation*: the patient has been referred into a CCS NHS Trust community service and a member of staff in the community service has witnessed or become aware of the incident having occurred in the health care organisation making the referral, e.g. patient is referred into a CCS NHS Trust service with a pressure ulcer in situ.
- *Care Agency:* the incident occurred whilst the patient was in the care of another agency, e.g. a private residential or nursing home.
- *No professional Health/Social Care input:* the incident occurred whilst the patient was not receiving formal health or social care.

Origin of patient safety incident (simplified)

- Your Team
- Another Organisation
- Care Agency
- No Professional Health/Social Care input
- Another Team within the Organisation
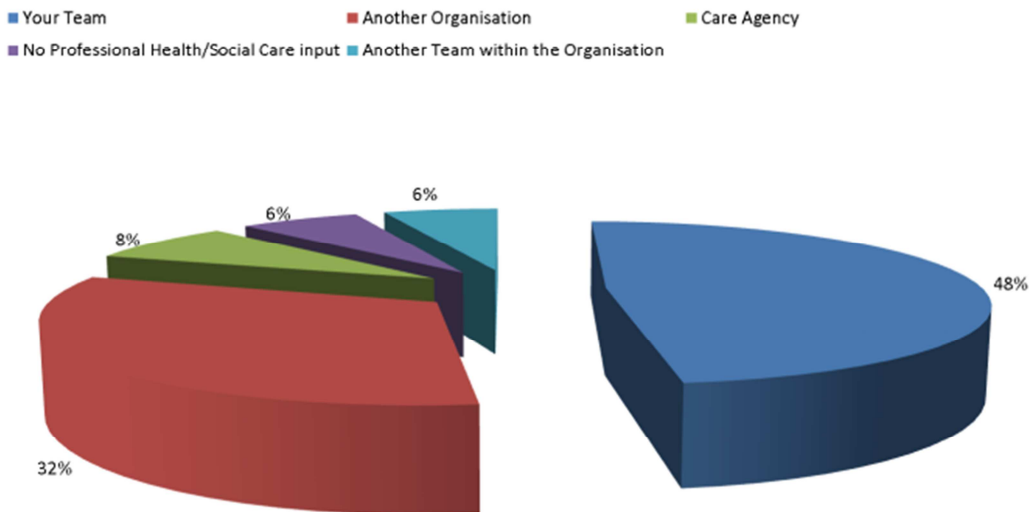
For the 2,000 patient safety incidents and near misses reported as occurring directly in the Trust's services, the outcome in terms of severity of harm is shown below.

- 85% of the reported incidents result in assessments of no harm or low harm.
- Reported incident figures are identified and published each month on the Trust Quality Dashboard; figures include a Trust-wide figure and a breakdown of reporting from the Trust's Community Units.
- Quality Dashboards are presented to the Trust Board every month.

Severity of outcome for PSI's under the care of the Trust (simplified)

- No Harm
- Low (Minimal Harm)
- Moderate (Short Term Harm)
- Severe (Permanent or Long Term Harm)
- Death UNRELATED to a patient safety incident
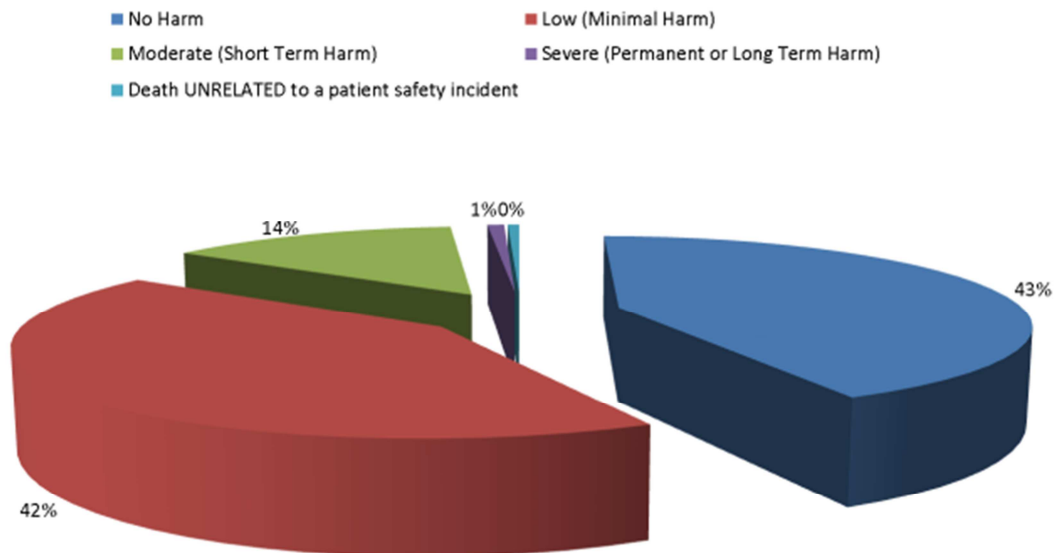
The most frequently occurring patient safety incidents (PSIs) are shown below.

- Occurring in the Trust/under the direct care of the Trust
- Occurring outside of the Trust but reported by Trust staff

Pressure ulcers have been the most prevalent type of incident reported over the last 12 months accounting for approximately one third of all incidents reported in the period.

"Top 5" categories of PSI's under the care of the Trust (simplified)

■ Developed Pressure Ulcer ■ Slip/trip/fall ■ Administration (Meds) ■ Clinical assessment other ■ Service User Issues Other

11% 3% 3%

22%

61%
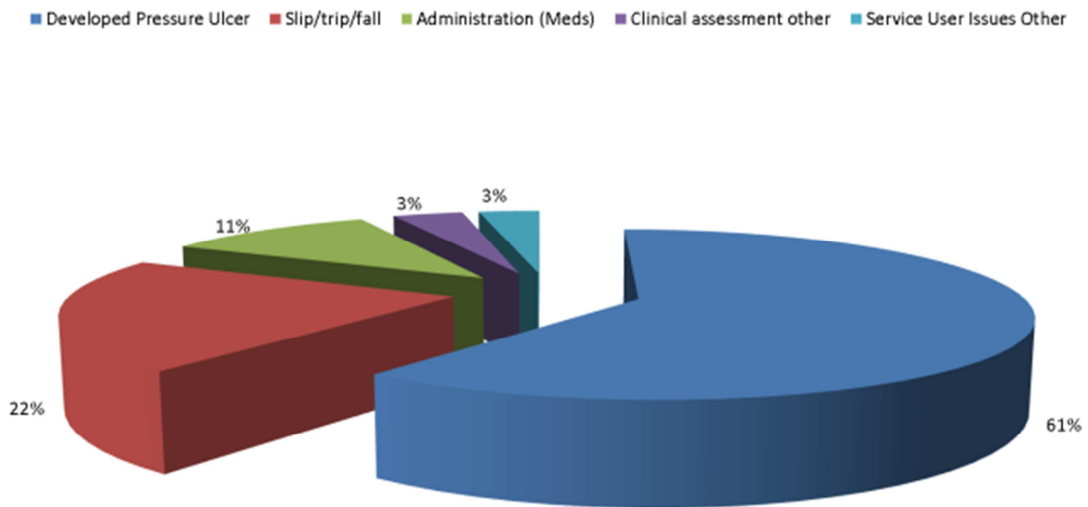
"Top 5" categories of PSI's outside the care of the Trust (simplified)

■ Developed Pressure Ulcer ■ Administration (Meds) ■ Unspecified Other Medication Issue
■ Discharge planning failure ■ Clinical assessment other

10% 5% 5% 5%

75%
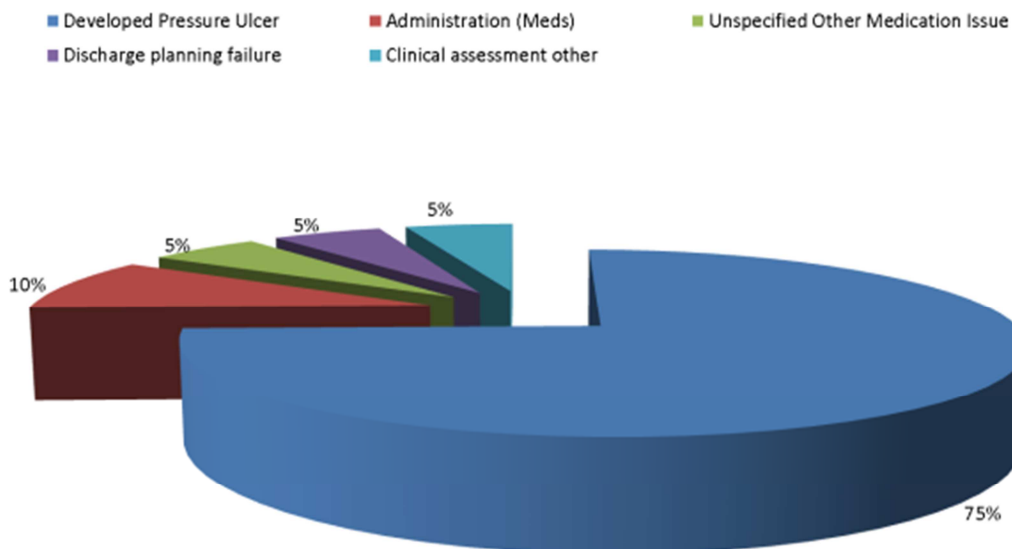
Pressure ulcer incidents

Pressure ulcer incidents have been the most often reported 'type' of incident over the last 12 months. It is important to emphasise that the Trust reports pressure ulcers that develop in our own services, as well as those that we identify which have developed in the care of other organisations (e.g. care homes).

The chart below shows that pressure ulcers were also the most prevalent type of serious incident investigated in the Trust using root cause analysis investigation techniques. A pressure ulcer is reported and investigated as a serious incident if it is identified as a grade 3 or grade 4 pressure ulcer and that it is a pressure ulcer which has occurred whilst the patient has been in the care of our community services.

1,200 pressure ulcer incident reports relate to superficial pressure wounds of grade 1 or grade 2, of which:

- 236 deteriorated to become deep tissue wounds.
- Approximately 1,000 pressure ulcers were managed successfully to prevent deterioration and to promote healing.
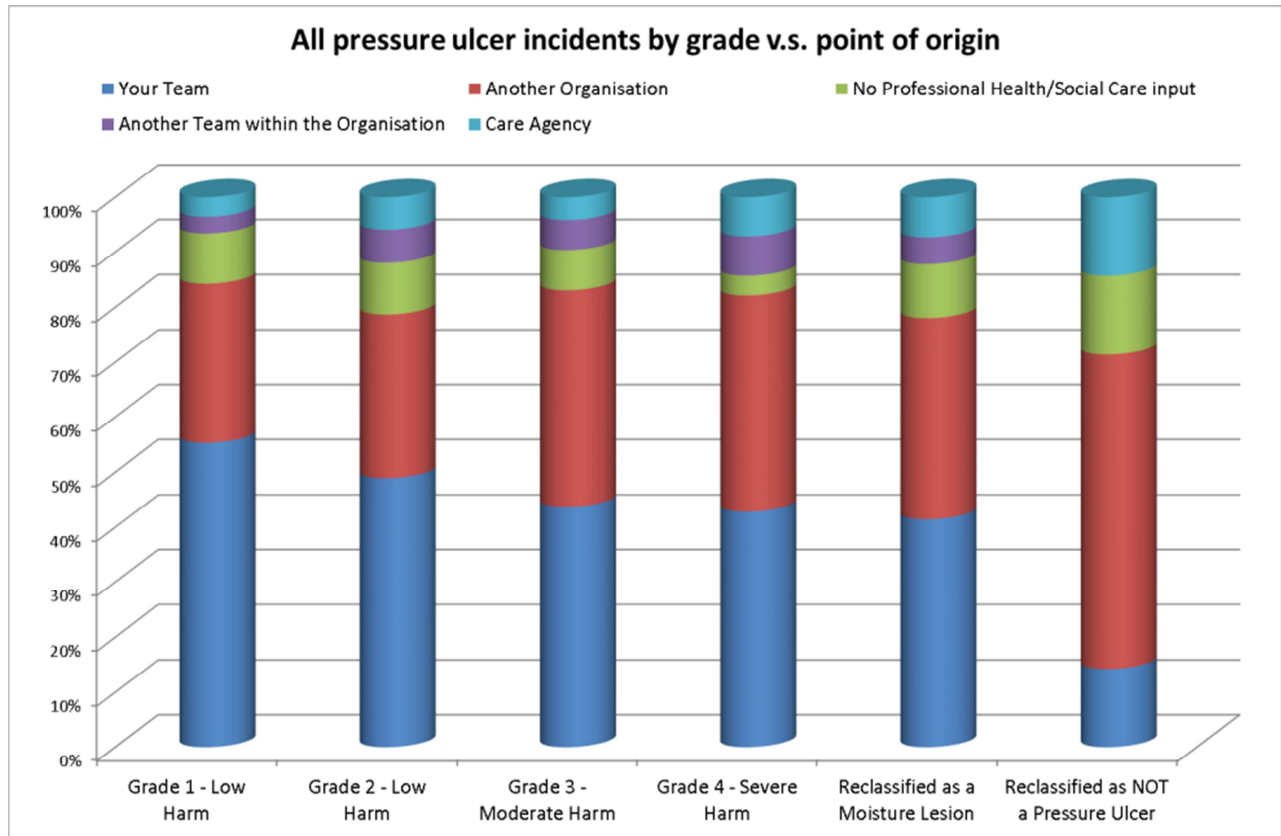
Serious incidents (SIs)
Grade 3 / Grade 4 pressure ulcers reported and investigated as serious incidents:
- 1 April 2013 – 31 March 2014 inclusive = 236
- Of which avoidable = 11

Other serious incidents reported
- 1 April 2013 – 31 March 2014 inclusive = 21

Serious incidents are investigated using root cause analysis (RCA) investigation techniques. Investigation panels are convened to bring together appropriate colleagues to complete the investigation including a colleague who has been trained in RCA techniques. A "specialist in field", for example a Tissue Viability Specialist nurse will help with pressure ulcer investigations. Serious incident final reports are also subject to an internal quality assurance programme, with sign off by a member of the executive team prior to being sent on to the relevant Clinical Commissioning Group (CCG). The serious incident final reports are then scrutinised by the Risk Manager at the CCG who assesses them for timeliness of process and quality of report and appropriateness of actions prior to final closure of the serious incident.

As can be seen from the figures above many of the SIs were related to the development of pressure ulcers whilst the patient was under the care of the Trust although most were found on investigation to be unavoidable. There were 11 found to be avoidable.

Other SIs reported relate to Health Care Acquired Infections (HCAI), Information Governance (IG) breach of confidentiality, safeguarding, bed rail entrapment, delayed diagnosis of a medical condition and the blood spot screening programme.

Root causes and lessons learned for all avoidable pressure ulcers and 'other' serious incidents are reported in a bi-monthly quality report to a sub-committee of the Board and workshops to share the lessons with staff, patients and other stakeholders at least three times a year.

Medical devices
During the past 12 months the Trust has reported 233 equipment incidents on Datix comprising a mix of clinical and non-clinical medical devices and equipment (including IT equipment). Ninety-nine percent of these reported incidents have been graded as no/low/moderate harm. One incident (1%) was graded as severe harm and has been reported as a Serious Incident (refer to SIs). All equipment and medical device incident reports are reviewed by the Trust's Medical Devices Liaison Officer and, where necessary, incidents are reported on to the Medicines and Healthcare products Regulatory Agency. Where equipment incidents involve patients directly, the incident is also reported to the National Patient Safety Agency and Care Quality Commission.

"The nurse today talked through the different choice of dressings with me and helped me to choose one that was suitable for me" (District Nursing Team, Cambridge City)

Safety Alert Broadcasts (SABs)
During the preceding 12 months the Trust has received 220 alerts (a mix of estates, public health and medical device notification) from the Department of Health via the Central Alerting System. One hundred percent of alerts requiring acknowledgment have been responded to within the appropriate time frame. Applicable alerts have been disseminated to Trust staff who act on the alert.

3.3 Other Effectiveness Activity

Improved sustainability
The Trust is committed to tackling climate change by reducing its carbon footprint and embedding sustainability in its operations. To this end, the Trust has a Sustainable Development Strategy and Action Plan. A key undertaking was to establish the Trust's 2007 Carbon Footprint and reduce this by 10% by 2015. This target has already been achieved and the Trust is looking for additional ways to further reduce the Trust's Carbon Footprint. Day to day activity for progressing the Action Plan and establishing the Carbon Footprint falls to the Trust Sustainable Development Working Group. The Trust's Non-Executive Director lead for sustainability is Peter Sulston and the Executive Director lead is Scott Haldane.

3.4 Other Patient Experience Activity

Patient surveys
This year we have surveyed more than 5000 service users, a reduction of 50% from last year due to a change over of Patient Experience Team staff and limited plan in place, this has now been resolved with a robust plan in place.

The survey can now be accessed online from iPads circulated around the Trust services on a rolling programme, via posters in departments using smart phones, online direct from the link on the website and from paper versions which are then inputted on line by administration staff. An easy read version is available as well as a version for children and teenager.

Service users were asked for feedback on how much they agree or disagree with the following statements:

a) I had confidence in the person I saw today.
b) The person I saw today treated me with respect and dignity.
c) I was involved as much as I wanted to be in decisions about my care/treatment.
d) The person I saw listened to what I had to say.
e) I was given all the relevant information I needed.
f) I found it easy to access the services provided by the Trust.

By providing real time feedback to services and teams on levels of service user satisfaction along with their actual positive and negative comments, it enables teams to take action to make timely improvements and staff to hear and identify with the feedback.
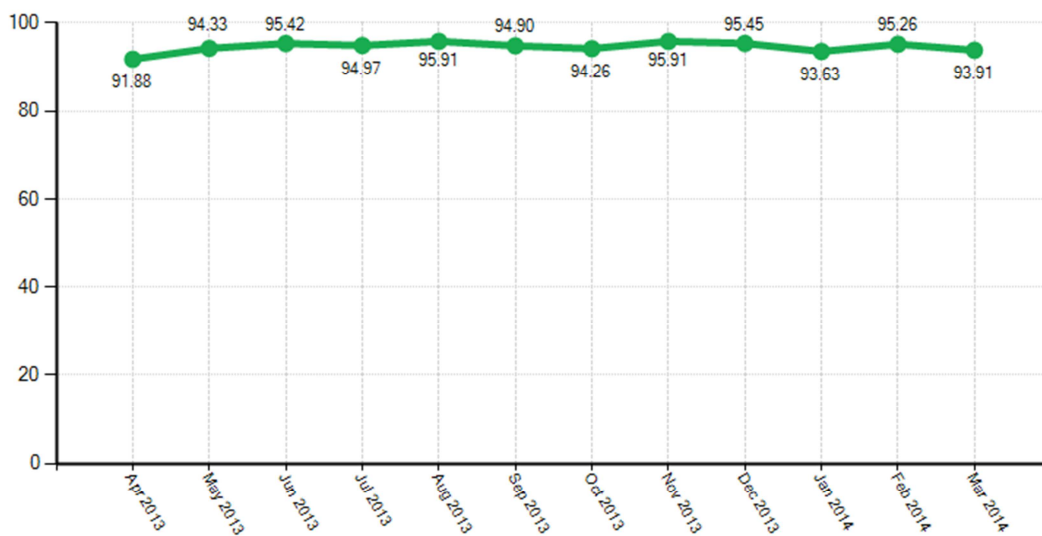
As mentioned previously, the 'friends and family test' net promoter question was included within the patient survey and allowed us to gain a perception of experience from patient perspectives across each service.

Overall satisfaction levels for all services and all questions have achieved scores in excess of 91% throughout the year, with scores reaching almost 96% on two occasions.

Result for Six Questions

1. I had a lot of confidence in the person I saw today (Overall score: 95.70%)

Distribution of results
- Strongly agree (85.32%)
- Tend to agree (12.97%)
- Neither agree nor disagree (1.20%)
- Tend to disagree (0.21%)
- Strongly disagree (0.30%)

2. The person I saw today treated me with respect and dignity (Overall score: 97.56%)

Distribution of results
- Strongly agree (91.45%)
- Tend to agree (7.72%)
- Neither agree nor disagree (0.62%)
- Tend to disagree (0.02%)
- Strongly disagree (0.18%)

3. I was involved as much as I wanted to be in the decisions about my care/treatment (Overall score: 95.09%)

Distribution of results
- Strongly agree (83.99%)
- Tend to agree (13.23%)
- Neither agree nor disagree (2.17%)
- Tend to disagree (0.39%)
- Strongly disagree (0.23%)

4. The person I saw listened to what I had to say (Overall score: 96.54%)

Distribution of results
- Strongly agree (88.34%)
- Tend to agree (10.07%)
- Neither agree nor disagree (1.24%)
- Tend to disagree (0.09%)
- Strongly disagree (0.25%)

5. I was given all the relevant information I needed (Overall score: 95.25%)

Distribution of results
- Strongly agree (84.03%)
- Tend to agree (13.66%)
- Neither agree nor disagree (1.80%)
- Tend to disagree (0.30%)
- Strongly disagree (0.21%)

6. I found it easy to access services provided by the Trust (Overall score: 89.56%)

Distribution of results
- Strongly agree (69.54%)
- Tend to agree (21.20%)
- Neither agree nor disagree (7.63%)
- Tend to disagree (1.24%)
- Strongly disagree (0.39%)

In summary, five of the questions achieved the Trust benchmark of 95%. For the second year running "staff treating patients with privacy and dignity" scored the highest 97.6%, closely followed by "staff listening" at 96.6%. Although marginally improved from last year's score of 88%, access remains an issue for many patients with this reflected in a score of 89.6%.

Equality and Diversity
Each of the survey questions is triangulated against all of the protected characteristics indicated by service users. There continues to be little correlation between those who have indicated a negative experience and any of the characteristics as over 90% of respondents with protected characteristics gave positive answers for all categories and questions.

Comment analysis

When comments are reviewed for the access question, lowest scores were received from patients who found parking difficult both at our North Cambridgeshire Hospital site and the Princess of Wales Hospital. Work has been done to increase the number of disabled parking spaces on the North Cambs site, further work is planned on the Princess of Wales site. The second highest category the need for easy read leaflets. A service user panel has been introduced to review all patient information.

Some of the comments received were positive even though respondents had scored low on the quantitative aspect of the access question, possibly indicating that the way this question is worded is confusing. Service users have indicated that they do find the survey difficult to understand due to the need to agree or disagree with statements rather than responding to straightforward questions. Therefore the survey will change from April 2014 to provide questions rather than statements but care will be taken to ensure results can be compared with previous years.

When asked what we did well, over 3500 positive comments were received. Some of these are featured through this report.

Actions taken as a result of survey feedback
- Teams are reviewing feedback regularly and using this to inform their practice and make service improvements.
- Easy read patient information has been developed by some services.
- Leaflets in different languages are being increasingly developed.
- Parking issues are being addressed by the Trust's estates manager.

"You listen to me and give me confidence"
(Community Matrons, Peterborough)

Mystery Shopper Programme
We introduced this programme initially by recruiting over 30 patients in late 2013 and asking them to complete our patient survey. Their responses are incorporated into the data outlined earlier. The programme is now being developed to incorporate a 'mystery shopper' element whereby patients are asked to use checklists, tailored to specific services, to assess the care they receive. We continue to recruit to this programme which was re launched in April2014

Local engagement initiatives
All our teams work with people from diverse backgrounds and often in challenging situations. This year our services have increased engagement with their local communities, examples of which are:

- *The Coronary Heart Disease Team* offers a service to patients following a cardiac event. The Trust is fortunate to have a bi-lingual nurse speaking Urdu and Punjabi to meet the needs of the Asian population in Peterborough. People of Asian descent have higher incidence of heart disease and many of Peterborough's Asians do not speak English.
- *The Diabetes Team in Ely and the Fens* regularly works with the prisoners at HMP Whitemoor as well as providing staff training. The team is well known by travellers and their families. Wisbech has a large population of Russians, Polish and Lithuanians and therefore the team regularly uses the interpreting service to communicate and meet needs.
- *The Podiatry Team* provided foot care education sessions to Cam sight patients over a three month period.
- *Outpatient services across Ely and the Fens* have made special efforts to identify patients with autism, dementia and learning disabilities. Patients are contacted to assess their needs prior to attending their outpatient appointment. Extended appointments are scheduled and an individual care plan is agreed with the patient and, if appropriate, their

carer. They use the Alzheimer's Society 'This is me' guidance and patient passport and have developed pictured communication cards.

- *Assistive Technology* has focused on supporting carers, attending several county council workshops to demonstrate equipment available.
- *The Dental Service* has reached out to engage various groups such as special needs schools, Milton Hospice, Asian Ladies support groups, nursing and care homes across Cambridgeshire, the Hester Adrian Learning Disabilities Partnership group, Ida Darwin Nursery and the Brain Injury Unit in Ely.

Our public involvement and patient experience committee now has over 60 corresponding members. The Group is chaired by the Trust's Patient Experience Non-Executive Director Lead and comprises patients, carers, staff, representatives from partner organisations such as Healthwatch and others. It currently meets five times a year, rotating across each locality. Agenda items are arranged to reflect the host locality so that clinical teams can deliver presentations on local services as well as discussions on Trust-wide developments.

Luton Community Unit has been involved in a CQUIN project involving Carers of Dementia patients. This involved surveying carers and developing an action plan from themes raised by carers. From this a carers' handbook was developed with partner organisations and has been distributed by our community teams in Luton.

The District Nursing service in Luton has increased the number of over 70 year old patients surveyed to understand their needs and develop an action plan for 2014.

Fifteen Steps

Our Podiatry service introduced the Five steps programme – adapted from the national 15 steps programme- to engage patients, service users and others to identify improvements that can enhance the patient experience. Actions implemented as a result in 2013 are set out below

Actions	Warboys	Princess of Wales	Chesterton Medical Centre	City Care Centre	Trust
Remove curtains from room	X		X		
Update information board and leaflets	X	X	X	X	
Hand gel and signage	X	X	X		
PALS poster to be displayed	X			X	
Parking information on patient letter	X				
Fire safety check	X			X	X
Storage cupboard for stock		X			X
Sharps poster		X			
Signage at entrance/exit		X	X	X	X
Replace carpet		X			X
Move drain		X			X
Move extractor fan and hood		X			X
Replace cover on pillow			X		
Remove stock from top of cupboard			X		
Ensure LA/phenol in locked cupboard			X		
List of clinics and services offered at reception			X	X	X
Replace clinical waste bin			X		
Well Organised environment work - stock labels to be typed not to identify sharps			X		
Clinician name on door				X	
Fire signage				X	

In addition following patient feedback, easy to read leaflets have been produced to inform patients about foot care and the podiatry service.

Another programme of service visits are planned for 2014/15 which combines the elements of the fifteen steps, the National Institute of Health & Clinical Excellence Patient Experience standards, the Golden Rules and Patient Led Assessment of the Care Environment.

Patient stories
A patient story is presented at the beginning of every Trust Board meeting held in public, either on film, sound recording or by patients and their carers attending and provides a powerful description of their experiences. Patient stories focus on where services have provided a positive patient experience and those where improvements can be made with action plans subsequently implemented and monitored via the Trust's Clinical Operational Boards.

A patient story project following the Experience Based Design (EBD) approach (King Fund) was completed in the physiotherapy service. Themes from feedback were identified and actions taken to completely redesign the patient pathway.

A further EBD patient story project has been undertaken in Cambridge City and South Cambridgeshire, focusing on how well Trust services are working in an integrated way with other Trust or partner services. Results from this project are being collated.

Patient stories and subsequent actions taken are available on the Trust's website.

Net promoter (Friends and Family Test)
Detail on our performance against the Net promoter Friends and family Test is outlined earlier.

Patient Advice and Liaison Service (PALS)
There was a significant increase in PALS enquiries in Peterborough and Luton in 2013/14 compared to 2012/13. This reflects successful awareness raising initiatives of the service in these areas. An extensive programme of PALS roadshows with visits to most clinical settings has been implemented this year.

The PALS service in Luton was introduced in November 2013 and before that the data was incorporated into the informal complaints data, therefore previous year numbers appear low. PALS road show events are planned for 2014/15 to raise awareness of the service, visiting a different clinical venue each month.

The full time PALS & Public Engagement Co-ordinator for Cambridgeshire has broadened his role to cover Peterborough and a PALS and Patient Experience Assistant has been appointed to the team to manage simple contacts and sign posting, enabling the PALS co-ordinator to deal with the more complex cases and other engagement activity.

Type	Number of contacts
Advice	180
Complaint	24
Concern / Issue	280
Enquiry / Information / signposting	239
Patient and public involvement	12
Suggestion	13
Thanks / Compliment	70

There were a total of 818 contacts during the year. The highest number of contacts received this year related to other organisations (239) and were dealt with by signposting to the appropriate organisation. Service users have increasingly needed signposting to correct contacts within organisations since the changes within the structures of the NHS.

Contacts about planned care totalled 47 of which 21 required signposting and 16 raised a concern which could be resolved between PALS and the service. There were 38 contacts about the Musculoskeletal Service of which 16 were concerns and 10 required advice. Again PALS works with the managers to quickly resolve concerns.

3.5 Workforce factors

The Trust cannot achieve its objectives without its dedicated workforce. The Trust and its staff have remained committed to working with its commissioners on providing high quality patient centred services. The Trust Development Authority's (TDA) continuing support to CCS NHS Trust as an ongoing and viable organisation has meant that 2013/14 has been a more settled period for staff although the procurement activities for some of our services has presented challenges in their own right.

One of our key priorities has remained to continue to work with staff across our organisation, to ensure we recognise their strengths and to learn and build on best practice to develop a cohesive workforce with a shared vision and values, aligned to our business objectives. Our annual excellence and innovation awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives.

Workforce review programme
In February 2013 the Trust Board endorsed a proposal to review staffing levels. Throughout the year a number of workforce reviews were undertaken and presented to the Trust Board. In December 2013, in line with the Government Response to the Francis Report, the Trust Board initiated a Trust-wide Workforce Review Programme to ensure the mechanism for six monthly workforce review updates across all services is fully embedded and subsequent actions are implemented and monitored.

This Trust wide Workforce Review Programme brings together all elements of the work that has taken place across the Trust to date, into a managed programme to ensure joined up and timely delivery.

A dedicated internal recruitment team has been established to address a number of recruitment 'hot spots' across the Trust. Some of the activities for this team have been:

- Recruitment Open days.
- Attendance at University job fairs.
- Face of the service recruitment campaign launched on *Facebook* and *Twitter* to raise awareness of the organisation as a employer of choice.
- Values based recruitment introduced.
- Rotational posts established.
- Best practice training for professional recruitment and process mapping – course developed and undertaken in various locations.
- 9 year three student nurse placements in Anglia Ruskin area established for May 2014.

This has led to a number of successful recruitments taking place and progress being made to reduce the number of vacancies. We received the following comment from a candidate:

"Attended the interview assessment day for the district nurse rotational post. The day was awesome staff totally put you at ease, and what could of been painful turned into a very enjoyable day. Totally recommend people apply .... The other good thing was I got the job"

Staff survey
One of our key performance indicators as an employer is the outcome of the annual NHS staff survey. In 2013 the Trust surveyed a sample of 800 staff across Cambridgeshire, Peterborough Luton and Suffolk and the results from the 2013 staff survey were published nationally in February 2014 and were reported to the Trust's Board in March 2014.

In summary, in 25 out of 28 key findings the Trust scored 'above average' when compared to other community trusts nationally. In five of the key findings the Trust achieved the best score nationally. The other three key findings were rated as 'average'.

The Trust did not score 'below average' in any of the key findings and none of the key findings had deteriorated from our 2012 results. Seven of the key findings had improved.

The Trust's overall staff engagement score is 'above average' at 3.83. This has shown an improvement from 2012 from 3.75. This indicator is scored on a scale of 1-5 with 3.71 showing as the national average for community trusts.

Staff Survey Action Plan – 2012 Results v 2013 Results
8 key findings targeted for improvement from 2012 results

Key Finding Targeted	Progress between 2012 and 2013 Results
KF6: % receiving job-relevant training, learning or development in last 12months	Slight improvement from 81% - 83% (average)
KF7: % appraised in last 12 months	Significant increase from 84% - 90% (above average)
KF9: Support from immediate managers	Significant increase from 3.69 - 3.88 (above average)
KF10: % receiving health and safety training in last 12 months	Significant increase from 82% - 87% (above average)
KF11: % suffering work-related stress in last 12 months	Slight improvement from 39% - 38% (above average)
KF12: % saying hand washing materials are always available	No change (average)
KF13: % witnessing potentially harmful errors, near misses or incidents in last month	Slight improvement from 26% - 23% (above average)
KF26: % having equality and diversity training in last 12 months	Significant increase from 57% - 85% (above average)

Supporting staff and staff engagement
The Nursing and Midwifery Council inspect the Trust and its involvement in nurse education as part of their inspection regime for the nursing pre and post registration education provided through universities. Inspections have taken place in Luton for the University of Bedfordshire (UoB) and Cambridge for Anglia Ruskin University (ARU).

The Luton NMC inspection involved Children's services including health visiting. A mock inspection carried out with UoB prior to full inspection to ensure services in state of readiness.

A verbal outcome has been received and written feedback will follow. All outcomes were met, which is the highest level achievable. Some areas of outstanding practice were mentioned by inspectors regarding partnership working and preparation for community placements. Service user feedback to inspectors was especially positive.

The Cambridge NMC inspection involved Children's Services at Hinchingbrooke Hospital and Health Visiting. A verbal outcome report has been received and written feedback will be sent. All outcomes were met. Reports back from the NMC inspectors included comments that they were "blown away" by the amazing practices seen within our Trust.

Other activity during 2013/14:

- Our appraisal policy and process, including monitoring provision, was further revised and, in particular, improved to reflect a series of Trust-wide behaviours developed with senior managers/clinical leads and applicable to all staff. These behaviours are now assessed as part of individual appraisal sessions. Further bespoke appraisal training was also provided for managers who had not previously had this. Considerable energy was invested in maintaining and increasing our appraisal metrics. As a result, we achieved 90.5%, a significant improvement compared to 72.5% (April 2013) meeting commissioner contractual target of 90% and are working towards meeting our internal target of 95%. Results from the 2013 staff survey published in February 2014 (see above) in relation to staff appraisal rates reported a 90% achievement rate.
- The Trust is committed to all staff having an appraisal every year and this is monitored as part of the quality and service dashboards and key performance indicators which are regularly reviewed. Further training has also been provided to appraisees through the Trust's best practice development programme. Staff side representatives also receive regular information on appraisal rates and act as champions in the services to encourage staff to request an appraisal with their manager if they have not had one within the last 12 months.
- Throughout 2013 the Trust has worked to harmonise all outstanding HR policies and processes from legacy organisations into harmonised policy documents. These policies are now available via the Trust's intranet to support staff in their working lives.
- A range of flexible working and family friendly arrangements for staff continue to be offered.
- A zero tolerance approach to violence in the workplace, including harassment or abuse by work colleagues, continues to be a priority.
- The Trust continues to encourage staff to challenge anything that concerns them through an 'open' approach and a formal whistle blowing policy as well as updates in Comms Cascade on how to raise concerns
- A Carers and Special Leave Policy continues to be available which outlines support available for carers who require time off for dependants or to perform other civic and public duties.
- Formal mechanisms for engaging with trade union representatives to exchange information, as well as consult and negotiate on employment matters, continue in the form of the bi-monthly Joint Consultative Negotiating Panel (JCNP). In addition, during 2013/14 local staff side meetings covering Cambridgeshire, Peterborough and Luton have continued due to their success during 2012/13.
- During 2012/13 the Senior Leadership Forum agreed a set of leadership behaviours that they signed up to. As mentioned above, these were expanded to a set of behaviours for all Trust staff in 2013/14 and are embedded in the appraisal processes against which staff performance can be managed and behaviour challenged where they fall short of these.

Improvements to our clinical learning environments

The quality of the learning environment that we provide for pre-registration and post-registration students (Nursing, Health Visitors and Allied Health Professionals) is peer reviewed annually by neighbouring trusts. This is undertaken formally within a Performance and Quality Framework (PQAF) followed by the agreement of an action plan. Performance against the action plan is monitored by the Cambridgeshire and Peterborough Workforce Partnership.

As a result of the review against the key indicators for 2012/13, an action plan was agreed and all agreed actions have been implemented, including:

- Ensuring the implementation of robust systems for the management and evaluation of education.
- Regular communication for staff about education opportunities through the Communication Cascade.
- Ensuring all pre-registration students receive induction before starting their placement and that this monitored.
- Ensuring staff at bands 2-4 have access to resources through the education budget.
- Ensuring evaluation of post-registration education is undertaken.
- Implementing a process to ensure students' development and improvement projects link to Trust priorities.

The review for 2013/14 has been undertaken and all of the objectives were judged to have been achieved and there was only one action for improvement. This applied to all health service providers to ensure that an equitable, high quality learning environment was provided to all students (in particular Allied Health professionals).

Mandatory training

- Significant progress has been made in the last year to increase the quality and provision of mandatory training to Trust staff. The Board revised its list of 14 mandatory training subjects delivered through trainer led and e-learning methodologies and reduced the core monitored subjects to eight to support staff to be safe at work whilst reducing the time taken away from their services to achieve this.
- A training database has been created so that each member of staff has a mandatory training record showing compliance with the subjects required for their job role. Compliance reports and workforce metrics are now available on a monthly basis by community unit and summarised across the organisation. The database is to be enhanced in late 2013/14 and into 2014/15 with a project underway to implement an electronic training management system linked to the electronic staff record to support manager and staff to achieve compliance and give the Trust a full and accurate record of staff training and assist in identifying training needs in the future.
- High quality, monitored and evaluated training is available across the large geographical area in venues as local to the staff bases as possible. The four day corporate induction programme introduced in January 2013 which includes mandatory training and all the key cultural and organisational messages important for new starters to the Trust, was continually reviewed over the year following feedback from staff. This has been positively evaluated and summarised in monthly evaluation reports which are then shared with all contributors.
- High quality, user focused e-learning packages for the Mental Capacity Act (MCA), Deprivation of Liberty (DOL) and dementia have been purchased to add to our mandatory training offerings which all relevant staff in the Trust can access.
- During 2013 a Bands 1-4 Best Practice Programme and Manager's Skills Programme was offered to leaders of the future within the Trust. One of the aims of these programmes is to provide support and guidance to our employees during periods when personal resilience and the ability to lead and manage teams through change are a priority.

Health & well-being and sickness absence reduction

High sickness absence levels and inconsistent historical data on sickness absence (due to services and staff transferring into the Trust) have been a persistent issue for the organisation. In 2012, a health & well-being programme, including an aim to reduce sickness absence, began and during 2013/14 this was re branded, following staff competition to Live Life Well.

Key actions at unit level include:

- Unit level action plans with milestones and key performance indicators.
- Ensuring managers are trained and/or coached by HR Business Partners in managing attendance at work.
- Taking local action to implement changes in response to service specific feedback from the 2013 staff survey.
- Undertaking local induction, including mandatory attendance at work and reporting of sickness absence training.

Key actions at corporate level include:

- Implementing the harmonised policy for the management of sickness absence.
- Conducting a training programme and coaching to improve the capability of managers to manage and improve poor attendance.
- The Live Life Well Steering Group overseeing the introduction of a suite of health and well-being initiatives.
- Developing the Staff Behaviours.
- Rolling out a new appraisal process.
- Working with occupational health to improve their involvement and impact, particularly regarding early intervention during long-term absences.
- Inducting all new starters in the culture of the organisation and explain their rights and responsibilities.

Looking forward to 2014/15

Everyone's contribution matters so it is critical that we recognise and reward our staff and share and promote their successes.

The workforce plan for 2014/15 incorporates the following programmes with a detailed implementation plan developed:

People and productivity
- Board development
- Executive and senior leadership team development
- Clinical and managerial leadership
- Appraisal and development priorities
- Talent, succession planning and career progression
- Skill mix, planning and productivity
- Education and training
- Recruitment and retention strategies
- Staff engagement, experience and partnership working

Quality and safety
- Health and well-being
- Equality and diversity
- Core skills and mandatory training
- Compliance, registration and revalidation

Organisational development and service transformation
- Organisational development
- 'Our future' programme supporting our staff through transition as a result of the commissioner decision about our Cambridgeshire and Peterborough adult and older people services and Luton's intermediate care service
- Service transformation
- Learning organisation

Systems and infrastructure
- Workforce informatics and key performance indicators
- Programme management office

3.6 Staff Innovation and Excellence Awards

The Trust Staff Innovation and Excellence Awards event was held in 2013 celebrating the outstanding achievements of our staff which make a real difference to people's lives. The following case studies demonstrate the high quality care and support given to the populations we serve:

Case Study – Innovation

This award was presented to Dr Catherine Ford, who works for the Neuro Rehabilitation Team at the Oliver Zangwill Centre, based at the Princess of Wales Hospital, Ely.

The award was for her work in developing a new way of working enabling clinical psychology expertise to be available to patients across Cambridgeshire living with the devastating consequences of a stroke. This has led to improvements in quality and a better patient experience; as one patient said "The old me is coming back".

Dr Catherine Ford

Case Study - Quality

Sarah Hardman, Community Children's Nurse, Community Children's Nursing Team won this award for her work over the past two years in the development and implementation of a new and innovative standardised assessment for children with idiopathic constipation. This is delivering quicker and better outcomes for children.

Children's Continuing Care Team

Promoting Dignity in Care

The Children's Continuing Care Team was nominated for the care provided to children with complex health needs and life limiting conditions. Their ethos of encouraging inclusion and supporting children to enjoy life and achieve their potential was inspiring.

3.7 Performance Data

During 2013-14 Cambridgeshire Community Services NHS Trust was monitored against a further range of key performance indicators and targets.

Cambridgeshire & Peterborough CCG contract

Key performance targets	2012/13 actual	2013/14 target	2013/14 actual
C Difficile: reduce infection rates	0	<=3	3
MRSA: reduce infection rates	0	0	0
18 week referral to treatment - % non-admitted patients completing pathways within 18 weeks	98.6%	95.0%	99.0%
18 week referral to treatment - % non-admitted patients incomplete pathways <18 weeks	99.7%	92.0%	98.4%
Total time in minor treatment centres: patients seen within 4 hours or less	100.0%	100.0%	100%
Sleeping Accommodation Breach	0	0	0
Risk assessments for VTE for all admissions to community hospital inpatient beds	100.0%	95.0%	97.0%

Key : Red = target not achieved, Green = target achieved

The Trust met 74% of all contracted targets within the Cambridgeshire and Peterborough Clinical Commissioning Group contract during 2013/14.

Action to improve targets rated 'red':
The Trust's Infection Prevention & Control Team continues to prioritise action, support and advice for all inpatient sites and services to minimise future instances of C.Difficile infection.

Cambridgeshire County Council contract

Key performance targets	2012/13 actual	2013/14 target	2013/14 actual
Prevalence of Chlamydia - number of positive screens	675	651	601
Access to GUM clinic: 90% referrals seen within 2 working days	94%	90%	95%

Key : Red = target not achieved, Green = target achieved

The Trust met 80% of all contracted targets within the Cambridgeshire County Council contract during 2013/14.

Actions to improve targets rated 'red'
New service initiatives including a revised Outreach model and a 'Just Tests' pilot were introduced in the final quarter of the year. Screening undertaken continues to focus on targeted areas of known prevalence, rather than a blanket approach to programme delivery.

NHS England contract

Key performance targets	2012/13 actual	2013/14 target	2013/14 actual
18 week dental referral to treatment - % non-admitted patients completing pathways within 18 weeks	98.5%	95.0%	100%
18 week dental referral to treatment - % non-admitted patients waiting <18 weeks	99.6%	92.0%	100%
Uptake of human papilloma virus (HPV) vaccination for year 8 children (Cambs/Peterborough localities)	75%	53%	77%
Uptake of human papilloma virus (HPV) vaccination for year 8 children (Luton locality)	87%	53%	69%

Key : Red = target not achieved, Green = target achieved

The Trust met 100% of all contracted targets within the NHS England contract during 2013/14.

Luton CCG contract

Key performance targets	2012/13 actual	2013/14 target	2013/14 actual (at end Jan 14)
C Difficile: reduce infection rates	8	<=2	0
MRSA: reduce infection rates	0	0	0
18 week referral to treatment - % non-admitted patients completing pathways within 18 weeks	100.0%	95.0%	100.0%
18 week referral to treatment - % non-admitted patients waiting <18 weeks	100.0%	92.0%	100.0%
Percentage of patients waiting 6 weeks or more for diagnostic tests	0%	0%	0%
Smoking cessation: number of 4 week smoking quitters (as at end Feb 2014)	1656	1292 (Feb) 1512 (Mar)	1073 (Feb 2014)

Key : Red = target not achieved, Green = target achieved

The Trust met 81% of all contracted targets within the Luton Clinical Commissioning Group contract during 2013/14.

Actions to improve targets rated 'red'
The Smoking Cessation Team continues to increase confirmed quits against the 2013/14 contract year until the reporting deadline in June 2014. The service itself is now provided by Livewell Luton having transferred out of the Trust in April 2014.

Suffolk County Council contract

Key performance targets	2012/13 actual	2013/14 target	2013/14 actual
Access to GUM clinic: 85% of referrals seen within 2 working days	96%	85%	66%

Key : Red = target not achieved, Green = target achieved

The Trust achieved 67% of all contracted targets within the contract with Suffolk County Council.

Actions to improve targets rated 'red'
Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months. The service is scheduled to move to new, permanent premises by the end of May 2014, which will enable the return to compliance with the targets shown above. The service has been unable to maintain previous compliance following a necessary site move in December 2013.

Annex 2: Core Quality Account Indicator 3
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 14; and*
(ii) *15 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 (i.e. patients re-admitted to our paediatric inpatient unit within 28 days of discharge)

Summary of data accessed here: https://indicators.ic.nhs.uk/webview.

Then "Compendium of population health indicators, hospital care, outcomes, readmission, indicator P00904" – last published statistics nationally in December 2013 for periods stated in table below.

Note – highest and lowest measures taken from comparable community trust providers results only, therefore excluding all acute providers. National averages are fully inclusive of all trusts.

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
0-15yrs	11.91	11.94	10.01	10.01	11.91	11.94	5.09	4.74
16+ yrs	10.44	14.15	11.45	11.43	41.65	22.76	5.70	6.76

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

Our community hospital inpatient services offer both rehabilitation and reablement as well as admission avoidance pathways for patients. In each pathway the intention is to maintain the patient in the community and to avoid unnecessary acute hospital admission. If the patient requires medical intervention beyond our Trust's service remit, then an acute admission will be undertaken, with the potential for re-engagement with rehabilitation pathways in our community service in due course. If the patient is unable to sustain independent community living, a re-admission to community hospital inpatient services may occur to enable further rehabilitation and holistic care provision, avoiding unnecessary acute hospital admission.

CCS NHS Trust community hospital inpatient services continue to work with acute partners and community services as part of a wider system management approach, to avoid unnecessary re-admissions throughout, to promote independent community living for patients as well as the quality of its services within the local health system.

Our Children's inpatient service does not include surgical pathways as these remain under the care of acute hospital consultants on site. Re-admissions will be as a result of ongoing 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 may be of limited value.

Annex 2: Core Quality Account Indicator 5

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 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 here - https://indicators.ic.nhs.uk/webview.

Then "NHS Outcomes Framework, Domain 5, Overarching Indicators, Indicator P01394 5a Patient Safety Incident Reporting and 5b Severity of Harm" – last published statistics nationally in February 2014 for periods stated in table below.

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

Results period	Oct 2012 – Mar 2013	Apr 2012 – Sep 2012	National average Oct 2012 – Mar 2013	National average Apr 2012 – Sep 2012	Highest national Oct 2012 – Mar 2013	Highest national Apr 2012 – Sep 2012	Lowest national Oct 2012 – Mar 2013	Lowest national Apr 2012 – Sep 2012
Number of patient safety incidents reported	2,875#	2,805	1,684	1,507	3,093	3,321	143	170
Rate of patient safety incidents reported (per 1,000 bed days)	179.10	174.22	63.72	51.96	179.10	174.22	11.00	8.39
Number of incidents that resulted in severe harm or death	39*	57*	14	15	39	57	0	0
Rate of incidents that resulted in severe harm or death (per 1,000 bed days)**	2.43	3.54	0.61	0.61	2.43	3.54	0	0

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

* The requirement by our commissioner in Cambridgeshire/Peterborough, for the period covered by the table, to report/include all pressure ulcers graded as 'severe harm' including those acquired by patients whilst in the care of other organisations but reported by CCS NHS Trust staff
** There are 17 comparator community trusts. The majority of these trusts have reported a significantly larger total of bed days, per period measured. This is a factor in skewing the data, to show higher comparative data for CCS NHS Trust, given the full pressure ulcer reporting explained above by CCS NHS Trust.
** The Trust, in line with its principle of openness and transparency, has provided a full six month profile of data per period measured, whilst some comparator Trusts have provided a less complete data profile, potentially distorting the overall value of comparison, or judgement of maximum values, within a small number of community trusts.

3.8 Quality Innovation 2013/14

A number of quality related initiatives were undertaken during 2013/14 and several Quality related awards have been won by our staff. A sample is set out below:

- **Staff at the Oliver Zangwill Centre have won a national award for innovation.**
  Andrew Bateman and Aislinn Enright won the 'Mathys & Squire Assistive Technology Award' at the 2013 innovation competition organised by Health Enterprise East and the NHS Innovation Hub for the East Midlands, East of England and North London. They were recognised for developing an on-line learning tool to give people with long-term neurological conditions expert, interactive advice on how to manage their condition and improve their quality of life. Andrew Bateman, Business Manager/Clinical Lead, explained:

  "We're delighted to win this award. The aim is to help patients with a neurological condition have greater accessibility to an evidence-based, effective, standardised psychological support to reduce depression, prevent relapse and improve rehabilitation outcomes."

  The Awards Ceremony was hosted by the BBC Look East presenter Stewart White in September at Girton College, Cambridge.

  The 2013 competition was open to staff working in member Trusts across all branches of the NHS to put forward their ideas for products and services to benefit patients. This year it comprised five categories: Patient Safety, Improved Dementia Care, Patient Dignity and Experience.

- **Speech and language Therapist receives NHS East of England NHS Quality Champion of the year**
  Jane Speake, Lead Practitioner Speech and Language Therapy, has been named the East of England NHS Quality Champion/Innovator of the Year.

  Jane was recognised for her key role in developing innovative speech and language therapy services in Cambridgeshire, including setting up Speech Circle Groups, targeted drop-in clinics and user friendly information leaflets.

  The NHS Leadership Awards celebrate leaders at all levels and across all professions who improved people's health and the public's experience of the NHS.

NHS England's Chief Nurse 6Cs award
The following two services Cambridgeshire Community Services NHS Trust have beaten off fierce competition to scoop NHS England's 6Cs Live! Story of the Month award. CCS NHS Trust is the only NHS organisation to have won this prestigious award twice.

- **Rapid Response Pilot launched (6Cs Story of the month award winner March 2014)**
  The Trust has launched a rapid response pilot service for patients registered with GP practices in the Isle of Ely and Wisbech. GPs, paramedics and other health professionals can refer their patients to the new service. The aim is to ensure that people who do not need to go to hospital, but need support to be cared for at home, are more quickly assessed and treated in the community. Referrers will contact a single point of access and a triage nurse will carry out an initial assessment to determine the most appropriate professional in the team to carry out a face to face assessment in the patient's home. Tracey Cooper, Community Unit Manager, said:

  "What is often needed is quick access to a team that can support people, assess their needs and make the necessary care arrangements "So the aim is for them to be assessed by the service within 24 hours, treated in the community, and so avoid unnecessary hospital admission"

- **Community Children's Nursing Team (6C's Story of the month award winner September 2013)**
  They were chosen for the care provided to eight year old Ollie Duell from Cambridge.

  Mum Claire says the family has coped with the devastating impact of his illnesses due to the life-line offered by the team. Ollie needed a multi-organ transplant when he was just five years old and since then he has had multiple problems with his stomach, bowel, intestines, duodenum and colon.

  Claire added "The nurses from the children's community nursing team have been with us since Ollie was 3 months old, so know him inside out and provide the majority of his care at home, hugely reducing the amount of time he has had to spend in hospital."

  Sam Sherrington, head of nursing and midwifery strategy at NHS England, said: "When we read Ollie's story it really struck us how much of a difference the children's community nursing team make to his and his family's life. The team's work shows that where the 6Cs of care, compassion, courage, commitment, communication and competence are used it is really felt by the patient and their families."

- **Introduction of an unplanned care team in Luton**
  The introduction of an unplanned care team in Luton to respond to unscheduled care requests has freed up front line staff to spend more time with their patients. GPs can now contact a dedicated hub rather than individual District Nurses and Community Matrons. This helps nurses plan their visits more effectively and speed up response times.

- **One stop shop for patients in Luton**
  People who have a long-term condition are benefitting from the development of an integrated care hub in the heart of the local community**.** A major investment at the Luton Treatment Centre, on Vestry Close, has converted office space into three state-of-the-art consulting rooms during phase one. Phase two will see a new podiatry room and an additional counselling room introduced.

  This investment has also enabled the Trust to recruit additional nurses and healthcare assistants to its heart failure, respiratory and diabetes teams so that more people can be treated in the community. The re-vamp also means that sexual health, tuberculosis (TB) and tissue viability services can be provided on-site with upgraded facilities. The hub also includes a hall/gym area for cardiac and pulmonary rehabilitation. The Trust is working closely with local GPs to develop services and has a GP with a special interest in palpitations providing a clinic at the centre.

Caroline White, Nurse Manager, said:

"This is really good news for patients. Chronic long-term conditions are best treated in the community rather than hospital, and often, people will have more than one condition. The development of an integrated hub at Luton Treatment Centre means that they can be treated at an easily accessible, single town centre site, with free parking."

- **Short films show what physiotherapy patients really think**
A series of thought provoking short films with physiotherapy patients in Cambridgeshire show what they really think about the service provided by the Trust. It is all part of an innovative approach by the Musculoskeletal (MSK) Physiotherapy Team to put the views of patients at the heart of a service redesign.

Karen Fechter, Consultant MSK Physiotherapist, led the project stating:

"If you want to know how to improve health services that suit the needs of patients, its best to ask the people who use the service what they want. It sounds simple doesn't it? But all too often their 'voice' is at best an afterthought and, at worst, just plain ignored".

As part of their commitment to ongoing improvements, the MSK Physiotherapy Team filmed patients who they knew were not entirely happy with the service that they had received. The thought provoking and sometimes moving results showed clinicians that most people were happy with the physiotherapy they had received following their first appointment – but were sometimes angry and frustrated with difficulties in accessing the service quickly and easily in the first place. As a direct result of the feedback Karen says the Team are introducing a number of changes. She said:

"We're introducing rapid access to the most senior clinician first, so that people are then seen by the most appropriate professional. This puts the patient at the centre, which is where they should be, and means they get to the right member of the team straight away.
Most people want to self-manage, but would like professional reassurance they won't cause any further harm."

Karen admits that the results showed that the Team needed to improve communication with patients. She explained:

"We now acknowledge referrals and let people know when they can expect an appointment by. People understand there is a waiting list, but are more patient if they know when to expect us to confirm a date. This means they can plan work and family commitments accordingly. By understanding what frustrates people in this way we can improve patient experience."

The team has followed up the films by setting up a patient focus group to explore these issues in more detail and ensure patients are involved in any future changes.

A number of partnership working initiatives are highlighted below:

- Working with the Terence Higgins Trust to successfully win the procurement to provide sexual health services in Peterborough.
- A collaboration between CCS NHS Trust, Luton Clinical Commissioning Group, Luton and Dunstable University Hospital and Keech Hospice Care to improve joined up working for patients at the end of their lives.

- Rolling out 'The Firm' pilot scheme in Peterborough to support older people to stay in the community and avoid hospital admissions in partnership with hospital colleagues, GPs, community matrons and social care practitioners.
- Our Cambridgeshire Children's Continuing Care Team is providing short break/respite care in partnership with Action for Children (and won the Trust's 'Providing Dignity in Care' award for their endeavours award).
- Setting up a drop in service at North Cambs Hospital, Wisbech, in partnership with Rural Cambridgeshire Citizens Advice and Macmillan Cancer Support to enable people living with cancer or life limiting illnesses to access free, confidential benefits advice.

Part 4: Statements relating to quality of NHS services provided

NHS
Luton
Clinical Commissioning Group

Statement from Luton Clinical Commissioning Groups to Cambridge Community Services NHS, Trust Quality Account 2013 – 2014

This comment relates to the commissioned community services provided in Luton, which Cambridge Community Services NHS Trust acquired in April 2011.

Cambridge Community Services has presented a detailed and impressive account of progress across the organisation and its services. It is easy to read, well set out and contains informative tables and graphs. Luton Clinical Commissioning Group (CCG) have reviewed the information provided within the Quality Account and checked the accuracy of data which was submitted as part of the Trust's contractual obligation. All data provided corresponds with data used as part of the on-going contract monitoring process.

Luton CCG acknowledges and appreciates the Luton focus to some of the data and information provided in this Quality Account and the Trusts local reporting throughout the year.

Cambridgeshire Community Services engaged with Luton CCG to deliver quality improvements through the CQUIN (Commissioning for Quality and Innovation) scheme. Luton CCG commends Cambridge Community Services for achieving 100% of the CQUINs and recognises their enthusiasm and commitment to improving quality.

Cambridge Community Services are responsible for ensuring that all 'Looked After Children' receive an annual health check, or twice annually for 0-4 year-olds. During the first half of the year the reported rate of completion of these health checks was well below an acceptable level. Following Luton CCG's intervention there was significant improvement towards the end of the year; however, the final results for the whole year did not reach the level of improvement needed. Luton CCG is committed to supporting Cambridgeshire Community Services to continue to improve the 'Looked After Children' service during 2014/15.

Staffing levels in some community services have been challenging during this year. Luton CCG acknowledges the work that has been done by Cambridgeshire Community Services to ensure they can continue to deliver a safe and effective service.

Luton CCG acknowledges that the Trust has unconditional registration with the CQC. Luton CCG supports the Trusts quality priorities and indicators for 2014/15 as set out in the account and as commissioners will be monitoring their progress to ensure good quality outcomes for the people of Luton.

Carol Hill
Chief Officer Luton Clinical Commissioning Group

Healthwatch Luton comments for CCS Quality Accounts 2013-2014.

Healthwatch Luton is pleased to be able to comment on the Quality Accounts for Cambridgeshire Community Services 2013-2014.

It is positive to see the outcomes and forward planning presented by CCS throughout this report. The commitment to putting patients first is demonstrated by CCS with their plans to widely roll out the Friends and Family test across all services to gain valuable feedback. In addition to this we are pleased to see the implementation of EQ5D as a standard methodology for measuring the improvement in patient outcomes. It is too common for providers to simply treat a patient and then view the patient as a closed case whereas monitoring the actual improvements to patients provides a complete patient experience. This continued monitoring provides an evidential basis for the treatment that is providing the most benefits and also identifies areas where treatment and support needs to be improved. By implementing the EQ5D model we look forward to receiving data in the future that demonstrates the real impact services are having on the lives and well being of patients.

It is also positive to see that all CQUIN targets have been met in Luton and that the NMC inspection was extremely satisfactory. There are plans outlined in this report that evidence the Trust's commitment to implement the recommendations from the external review of the Trust's approach to governing quality issues. This is positive however we would recommend that local stakeholders are also given the opportunity to provide comments around the findings and recommendations provided by Deloitte.

It would also be helpful if data could be presented locally. CCS currently provides a multitude of services in a wide geographical area covering many local authority areas. There have been statistics and data presented around patient satisfaction questionnaires, serious incidents, falls and ulcers. It would be useful if the statistics for Luton could be presented individually to allow for local scrutiny. For example, are there a greater number of falls reported in Luton? This cannot be answered from the current quality account data.

We are pleased to see the excellent work around the multi-disciplinary team initiative and we hope that this is also rolled out to Luton in the near future.

Healthwatch Luton would like to take this opportunity to thank all the staff and team at CCS for their dedication and hard work.

Cambridgeshire Community Services Trust - Quality Accounts 2013-14

Comments from Luton Borough Council Health and Social Care Review Group

The Luton Scrutiny: Health and Social Care Review Group (HSCRG) welcomes the opportunity to comment on Cambridgeshire Community Services' (CCS) Quality Account 2013-14 and their priorities for quality improvements in 2014-15.

HSCRG Members are content to note a number of positive Luton specific performance matters reported including:

- The Trust's excellent achievement, exceeding 5 out of the 6 targets relative to its Luton CCG contract;
- On Dementia Care, increasing the number of over 70's surveyed to better understand and respond to their needs in 2014;
- Raising awareness of the PALS Service in Luton, to promote its use;
- The introduction of the Unplanned Care Team to respond to unscheduled requests freeing front line staff to spend more time with patients;
- The Integrated Care Hub providing a 'one-stop shop' in the community to better meet the needs of patients with multiple long-term conditions.

HSCRG Members are also content to note a number of CCS wide reported matters, with Luton contributions assumed as follows:

- The Multi-Disciplinary Team supporting frail and elderly patients in the community, ensuring continuity of care, if hospital admissions necessary. This is welcomed following the Luton Discharge from Hospital scrutiny review in 2013;
- Overall satisfaction levels for all services of over 91% from Patients' surveys;
- High scores relative to 'staff treating patients with privacy and dignity' and 'staff listening', but also noting on-continuing access issues.

During the year, HSCRG Members were pleased with CCS' positive engagement with the health overview and scrutiny process, with a senior officer attending committee meetings to support the scrutiny review of discharge from hospital and engaging with the Luton health and social care joint officer network, which feeds into the scrutiny process.

Luton HSCRG are content to endorse CCS's priorities for 2014-15. However, Members are aware of the process to re-procure community services in Luton in 2014/15 and expect that there be a smooth transition to minimise any potential disruption changes could bring to services and look forward to see front line services continuing to meet the needs of the people of Luton and achieving positive outcomes.

Councillor Aslam Khan
Chair of Luton Health and Social Care Review Group

Statement for inclusion in 2013/14 Quality Account for CCS
May 2014

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Cambridgeshire Community Services Trust (CCS) for 2013/14.

The CCG and CCS work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular meetings in place between the CCG, CCS and other appropriate stakeholders to ensure the quality of CCS services is reviewed continuously with the commissioner throughout the year. In addition, the CCG has carried out announced and unannounced visits to CCS to observe practice and talk to staff and patients about quality of care, feeding back any concerns so the Trust can take action where required.

These visits included a review of District Nursing across Cambridgeshire and Peterborough, which highlighted concerns about staffing levels, turnover, sickness and supervision. CCS had identified problems with the service and the Trust has put in place an action plan to address the issues raised. However, the CCG, its Local Commissioning Groups and CCS continue to have concerns about aspects of staffing within the District Nursing service and are monitoring staffing issues closely and working together to address the concerns.

The CCG has also had concerns about mandatory training and appraisal rates for CCS staff in 2013/14. The Trust has put processes in place to improve take-up and has achieved the target of 90% compliance for appraisals by the end of 2013/14. The CCG will continue to monitor these areas and also overall staff engagement during the forthcoming period of transition.

CCS is monitored by both the Care Quality Commission (CQC) and the Trust Development Authority, the independent regulator of non-Foundation NHS Trusts. The CQC raised concerns during 2013/14 about compliance with care and welfare of patients, premises, staffing and governance in some areas of the Trust. The concerns in relation to staffing levels were reflected in the Trust's self-declaration of non-compliance in relation to its District Nursing service. The CCG has been working with CCS to drive improvements and continues to monitor how the Trust is taking action to ensure CQC compliance. CCS has a range of initiatives in place to monitor quality and CQC compliance including a comprehensive peer review programme and the use of an Early Warning Trigger Tool. The priorities for 2014/15 are aligned with the five key areas identified by the CQC as drivers of high quality care.

The Quality Account includes a review of CCS's performance against the quality priorities set for 2013/14. The Trust had achieved its goals in several areas including work focused on improving the experience of patients with learning disabilities. However, harm free care rates were below target, with pressure ulcers being the most prevalent harm. These include both pressure ulcers that developed within CCS's care and those reported by CCS staff which developed elsewhere. The number of pressure ulcers reported by CCS fell in 2013/14 and the Trust continues to focus on the reduction of pressure ulcers with a range of innovations, including improving assessment and sharing learning from all cases. Improving the rate of harm free care has been carried forward into 14/15 with a more stretching target. There are also several new priorities for 2014/15 and the CCG agrees that these address relevant areas where improvements can be made. In particular the plan to start mortality reviews is to be commended as this is unusual for a community trust.

Continued…

Ensuring healthcare providers get feedback from patients and learn from this is a priority for the Health Economy. CCS achieved good scores for the Friends and Family test, which asks patients if they would recommend the Trust to their friends and family. In addition, patient surveys, which are administered in a variety of formats, show high satisfaction levels in the Trust. The need to redesign the surveys going forward is acknowledged in the Quality Account. In addition to the cross-organisation surveys, the CCG would like to see more targeted patient surveys to help address areas of concern highlighted by feedback and through other initiatives. CCS has a good range of initiatives to involve patients in service developments, and also in providing services to people with particular needs.

The statement of the Chief Executive acknowledges the importance of the staff in the work of the Trust, and this is emphasised in the Francis Report, particularly in relation to safe staffing. Details of the Trust's workforce review programme are given in the Quality Account, together with reference to the staff survey and summaries of staff achievements. CCS performed very well in the 2013 national staff survey despite the changing environment the Trust has been working in. CCS had above average results for all the Key Findings of the survey.

Quality Accounts offer a transparent way for trusts to report on innovation, education and research. CCS gives details of the Trust's partnerships for research, and some of the education initiatives for clinical professionals. The Quality Account gives details of the wide range of quality initiatives carried out in 2013/14 and is open about areas where improvement is needed. There are examples of the way the Trust has learnt from its Clinical Audit programme. Details of incidents reported in the Trust are included, although further detail of lessons learnt would show how CCS is using its incident reporting system to improve patient care.

The CCS Quality Account is presented in a very clear format, and is easy to read. Healthcare concepts are well explained. The use of quotations from patients and staff is good. The priorities for the Trust are set out clearly, with rationale for inclusion for the 14/15 goals. The report includes all the nationally mandated sections. A list of services and specialties provided by the Trust is included. The CCG has reviewed the data presented in the Quality Account and this appears to be in line with other data published.

The Trust has delivered a generally high level of care in the past year and where inspections or information has suggested otherwise, they have taken prompt action. They are to be commended for the results of their family and friends test and their staff surveys. CCS has made pleasing progress in learning from patient experiences and introducing mystery shopping.

The Trust has worked well with Healthwatch Cambridgeshire, welcoming us and acting responsively to any concerns. We support the quality indicators chosen for 14/15.

We will be watching developments around the Clinical Commissioning Group older peoples' and community services procurement as the Trust is no longer among the bidders. We are aware of Trust plans to support and engage staff and maintain care but this will be a complex process and we hope to see all the partners in the system working closely to ensure that those in need of care do not feel adverse effects.

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Cambridgeshire Community Services – Quality Accounts 2013-2014

Overview

Overall the Trust has had to provide an overview of all their services in a large geographical area with diverse populations. In doing so they demonstrate in this report how they manage and use data, including patient feedback for service improvement.

The extensive range of services across a wide geographical area must be hard to manage, monitor and report on. In some parts of the report it was not clear which comments and figures provided were area wide or locality specific. The FIRM was the only substantial Peterborough based initiative identified.

Pressure Ulcers

Information regarding the new arrangement for district nursing has been raised as a concern. In December at Healthwatch Peterborough's community meeting, the issue of District Nurses no longer being based in GP surgeries raised concerns that it may affect discharge, identification and prevention of pressure ulcers and urinary tract infections. The Trust's growth in funding for addressing staffing levels is therefore welcomed.

Patient Safety

The Quality Accounts illustrate patient safety incidents and how these are simplified in order to show where these originated, and the PROM approach via EQ5D which measure patient improvements, seems to provide a unique insight in the Trust's service delivery.

However, the data is not broken down into specific areas. As local Healthwatch for the Peterborough area - it is impossible to extrapolate the relevance of this data for our citizens. For instance, the staff satisfaction surveys which is part of the Trust Action Plan, for the coming year.

Complaint Handling

Healthwatch Peterborough was delighted to share our specifically designed Complaints Handling Questionnaire with CCS. The questionnaire can measure the satisfaction of patients and carers who take the time and effort to highlight concerns. It is vital that trusts learn lessons and make improvements from this valuable data. The questionnaire will also provide data on areas for improvement and what the Trust is doing well.

Healthwatch Peterborough requested that all three local Healthwatches who cover the geographical area were noted in the survey as an option for patients to contact for further advice. CCS has added this detail to the questionnaire.

Healthwatch Peterborough voluntary Director, Gill Metcalfe, also provided advice and made recommendations on the Trust's Complaints Policy.

(Postscript from CCS NHS Trust: We thank Healthwatch Peterborough for sharing this Questionnaire which we will sending to all complainants, following closure of their complaint, to seek their views on how their concerns were responded to.   Feedback will be used to further improve our complaints handling processes.)

End of Life Services
There appeared a lack of specific 'End of Life' services available and/or delivered for the local area and/or specific geographical areas covered by the service. For such an important development recently, we would hope to see this area of work to be noted.

(Postscript from CCS NHS Trust: The Trust is pleased to confirm that work is underway to pilot a 'Personalised Care Plan for the last days of life' on the inpatient units at its Arthur Rank Hospice, Welney ward and Trafford ward, seeking feedback from staff families and patients to ensure staff and carers can continue to provide and document good care to the dying. In addition revised care plans, training programmes and guidance to staff will support replacement of the Liverpool Care Pathway by July 2014. We welcome Healthwatch Peterborough's ongoing involvement in our End of Life Steering Group which is leading this programme of work.

Looking forward – Commissioning of Older People's Service

The handover of such a large range of services, staff and facilities to the new provider, yet to be determined, remains a specific concern to Healthwatch Peterborough, and undoubtedly service users and their families and carers. We would like to see key issues, like staff transferring to the new provider, to have realistic timescales and to be monitored closely by commissioners and providers. Close working with staff, patients and carers through this difficult time, will require strong leadership and meaningful, timely and clear communication.

Sexual health Services

Healthwatch Peterborough welcomes the services for supporting sexual health being delivered in the community and at a Peterborough-central location. Healthwatch Peterborough has been contacted be services users concerned about the 'closure' of the current hospital-based service, and were unaware of the latest development in this service. The latest information on this service should be shared with services uses and clinicians delivering this service, to avoid misunderstandings about the service moving out of Peterborough.

(Postscript from CCS NHS Trust: The Trust agrees that communication of this change is important. Plans are currently underway to ensure that service users are fully informed of any changes which will take place from 1 July 2014 when the Trust takes on the management of sexual health services across Peterborough. We look forward to working with Healthwatch to raise public awareness.)

**CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST
QUALITY ACCOUNT 2013/14**

**STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL ADULTS WELLBEING
AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE (AWHOSC)**

"The Committee welcomes the achievements of the Trust over the past year, and supports the priorities for the coming year. In particular it welcomes the priorities relating to health visiting services, and those relating to responsive services, which build on the Trust's patient feedback activities during 2013/14.

The AWHOSC conducted a major review of delayed discharge and discharge planning during 2012/13. It obtained evidence from CCS NHS Trust, local hospitals, NHS Commissioners and the County Council, and made recommendations to all these agencies in May 2013. The recommendations related to stronger interagency working and communication, more streamlined assessment and discharge planning processes, and admissions avoidance. The AWHOSC considered CCS NHS Trust's response in July 2013, and a progress report in March 2014. We therefore welcome the Multi-disciplinary Team Initiative and the rapid response pilot and encourage the Trust to work with commissioners to develop these areas of work, and to take other actions which will contribute to reducing delayed discharge and unnecessary hospital admissions.

We welcome the actions being taken to resolve the longstanding issue of staffing levels within the community nursing service, and encourage the Trust to maintain its focus on this."

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19th May 2014

RE: Quality Accounts 2013/14 for Cambridgeshire Community Services NHS Trust

NHS England values the opportunity to comment on the quality account for 2013/14. We are pleased to note the balanced and detailed narrative of the key quality priorities and challenges the Trust has faced over the past 12 months.

We found there were good sections outlining staff innovation and achievements both internally and externally and good examples of how you have addressed quality issues highlighted through external reviews. The statement of assurance from the Board was clear and concise, and there was a good overview of the priorities and actions to be taken to achieve them. The sections on *participation in clinical research* and *patient experience* were particularly strong sections of the report.

We were unclear from the text whether the Trust has reviewed the quality impact of its savings or monitored these regularly, and consider this to be essential going forward.

Though there are areas for further progress towards achieving the Trust's aims, we are satisfied the Trust has identified these areas for improvement and key actions.

Vinice Thomas
Deputy Director of Nursing (Quality and Safety)
NHS England - East Anglia

On behalf of

Margaret Berry OBE
Director of Nursing & Quality
NHS England - East Anglia

Healthwatch Suffolk response to the Cambridgeshire Community Services NHS Trust Quality Account 2013/14

This Quality Account is well written and is presented in a logical format that is easy to understand and follow.

The innovations introduced are noteworthy as it is firm evidence of improvements that have come about by a committed staff bringing the best possible care and support to patients and their carers.

Healthwatch Suffolk is pleased to note the award twice in six months from NHS England's Chief Nurse regarding the national 6C's story of the month, which is very commendable and recognises the Trusts commitment to providing services that embed care, compassion, competence, communication, courage and commitment.

There is a recognition that when errors occur, the best course to resolution is openness and honesty. This makes it easier to address any issues and ultimately improve services for patients.

Whilst Suffolk patients do use services provided by Cambridgeshire Community Services, Healthwatch Suffolk has not received any direct feedback from service users that would enable us to consider whether or not this report is a fair reflection of opinion about the services provided.

We are aware that the Trust faces some challenges in the year ahead and we intend to work closely with Healthwatch Cambridgeshire to monitor the developments.

Public Health, Suffolk County Council

"The Suffolk Sexual Health service has been actively engaged in our work to produce meaningful quality indicators that we can use to monitor and improve services."

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1304	Screening for complications and associated conditions (Coeliac disease, Thyroid function test, Thyroid Peroxidase Antibody) of children and young people with type 1 diabetes	Oct-13	1304.01	Present findings at Clinical Governance meeting
1304	Screening for complications and associated conditions (Coeliac disease, Thyroid function test, Thyroid Peroxidase Antibody) of children and young people with type 1 diabetes	Oct-13	1304.02	Re-audit in 6-12 months
1305	Monitoring practice against BCG PGD	May-13	1305.01	Feedback to line manager, respiratory/TB nurses monthly team meeting
1305	Monitoring practice against BCG PGD	May-13	1305.02	Demonstrate to TB nurses areas of template that is not being completed
1305	Monitoring practice against BCG PGD	May-13	1305.03	Repeat audit with amended audit tool
1305	Monitoring practice against BCG PGD	May-13	1305.04	Review S1 clinic template and request for read code to be added to template
1306	Re-audit of Patient Privacy and Dignity in the Outpatient Department at North Cambs Hospital	Oct-13	1306.01	To re-audit next year to demonstrate standard is maintained
1306	Re-audit of Patient Privacy and Dignity in the Outpatient Department at North Cambs Hospital	Oct-13	1306.02	To gain feedback from patients especially with regard to their privacy and dignity
1306	Re-audit of Patient Privacy and Dignity in the Outpatient Department at North Cambs Hospital	Oct-13	1306.03	To disseminate findings/results to staff in team at team meetings
1310	Venous Comparison for Coaguchek XS Plus Machine no. 33771	Aug-13	1310.01	Audit machine 33771 July 2014
1316	Frequency of school medicals in Special Needs Schools (Hunts)	Aug-13	1316.01	School nurse will contact Clinical Support in Child Health with all new starters names and DOBs by the end of September of the academic year
1316	Frequency of school medicals in Special Needs Schools (Hunts)	Aug-13	1316.02	School nurse will send a list of leavers to Clinical Support
1316	Frequency of school medicals in Special Needs Schools (Hunts)	Aug-13	1316.03	Clinical support staff to transfer pupil health record to SEN section and offer an appointment appropriately
1321	DNACPR (Do not attempt cardiopulmonary resuscitation)	Aug-13	1321.01	The Head of Professional Practice has been nominated as the lead for DNACPR to ensure that the most up to date information around DNACPR is available and the risks identified around possible litigation is minimalized.

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1321	DNACPR (Do not attempt cardiopulmonary resuscitation)	Aug-13	1321.02	To update the Trust's policy taking into account the NHS East of England Integrated Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy for Adults.
1321	DNACPR (Do not attempt cardiopulmonary resuscitation)	Aug-13	1321.03	To produce a patient information leaflet taking into account the NHS East of England Cardiopulmonary Resuscitation (CPR) Patient Information Leaflet.
1321	DNACPR (Do not attempt cardiopulmonary resuscitation)	Aug-13	1321.04	To look at the viability of adopting the NHS East of England DNACPR Frequently Asked Questions help sheet and make available for staff as an aid. To look at initiating appropriate training opportunities around DNACPR to ensure staff are kept up to date with current practice and policy.
1321	DNACPR (Do not attempt cardiopulmonary resuscitation)	Aug-13	1321.05	Liaise with DV to ensure that when any Policy is agreed regarding Children, that this is available and disseminated appropriately.
1324	Patient Feedback Questionnaire (Cardiac Rehabilitation)	Jun-13	1324.01	Change questionnaire for next audit: 1) What choices did you have? 2) Were the choices explained adequately to you? 3) Add BHF leaflet to PHPs; 4) include a column on N/A.
1324	Patient Feedback Questionnaire (Cardiac Rehabilitation)	Jun-13	1324.02	Staff to offer more PHPs (other than home-based programmes)
1325	Targeted follow up from the Newborn hearing screen at 3.5 years	Oct-13	1325.01	Discuss with administrative staff to ensure a robust method for ensuring follow up is booked
1325	Targeted follow up from the Newborn hearing screen at 3.5 years	Oct-13	1325.02	Ensure that outcome sheet is completed for all targeted follow up patients, so data can be entered on NHSP
1325	Targeted follow up from the Newborn hearing screen at 3.5 years	Oct-13	1325.03	Advice given at 9 months to include when to seek help if concerns before 3.5 years and who to contact if no appointment received at 3.5 years (to include written advice)
1326	Respiratory audit	Apr-13	1326.01	Collect spirometry traces from patients under our caseload, who are seen in multidisciplinary clinics, and scan onto SystmOne.
1326	Respiratory audit	Apr-13	1326.02	Review of current respiratory templates on SystmOne
1326	Respiratory audit	Apr-13	1326.03	Check patients weight at a minimum of every three months
1326	Respiratory audit	Apr-13	1326.04	Re-audit in three months time using same audit standards, and in addition the following two standards which have been highlighted during discussion of this current audit: 1 – inhaler technique checked (at least every other visit if being seen regularly) 2 – issue and review of self management plan
1328	Streamlining shift handovers in paediatrics – improving quality and efficiency	May-13	1328.01	Present results of audit at medical grand round
1328	Streamlining shift handovers in paediatrics – improving quality and efficiency	May-13	1328.02	Implement SBAR into the doctors' handover sheet

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1328	Streamlining shift handovers in paediatrics – improving quality and efficiency	May-13	1328.03	Include SBAR training in inductions, PILS, APLS by including it as an exercise to handover patient at the end of scenarios.
1328	Streamlining shift handovers in paediatrics – improving quality and efficiency	May-13	1328.04	Present SBAR at CAKES course
1328	Streamlining shift handovers in paediatrics – improving quality and efficiency	May-13	1328.05	Generally raise awareness amongst peers – verbally, posters, pads in doctors' office, next to phones and whilst giving/receiving handovers
1328R	Streamlining shift handovers in paediatrics – improving quality and efficiency re-audit	Jul-13	1328R.01	Present results of the audit at the doctors' grand round
1328R	Streamlining shift handovers in paediatrics – improving quality and efficiency re-audit	Jul-13	1328R.02	Present the 1st and 2nd cycle of this audit at the clinical governance meeting
1328R	Streamlining shift handovers in paediatrics – improving quality and efficiency re-audit	Jul-13	1328R.03	Continue to use SBAR for the doctors' handover
1328R	Streamlining shift handovers in paediatrics – improving quality and efficiency re-audit	Jul-13	1328R.04	Improve handover preparation and start handovers on time
1328R	Streamlining shift handovers in paediatrics – improving quality and efficiency re-audit	Jul-13	1328R.05	Re-audit SBAR and handover start times in 4 months
1329	Luton Edward Lobo Centre: Missed Appointments	Aug-13	1329.01	All staff (Admin and Clinical) to have 'refresher' training around icons, the vulnerability tool and how to access LSCB guidelines on S1
1330	Community Child Health Records	Jun-13	1330.01	Instructions for new doctors to be complied
1330	Community Child Health Records	Jun-13	1330.02	A clinical abbreviations list to be submitted for Trust approval. This may require review at future audits
1330	Community Child Health Records	Jun-13	1330.03	A standard template for letters is suggested to include date of clinic and typing and include patient details on each page
1330	Community Child Health Records	Jun-13	1330.04	A list to be compiled of doctors signatures and designation.
1330	Community Child Health Records	Jun-13	1330.05	A system should be devised for checking patient records are up to date. This could be by a receptionist or doctor depending on the location of clinic
1331	Nursing Notes Audit	Apr-13	1331.01	All patients admitted to Holly ward beyond 24 hours will have a completed identification of needs assessment.
1331	Nursing Notes Audit	Apr-13	1331.02	Relevant risk assessments for patient's specific care needs will be implemented on admission.
1331	Nursing Notes Audit	Apr-13	1331.03	To develop additional relevant risk assessment tools for patients specific care needs, including nutritional requirements.

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1331	Nursing Notes Audit	Apr-13	1331.04	All staff will maintain health records to the standards defined in the CCS health record keeping policy DN36
1331	Nursing Notes Audit	Apr-13	1331.05	To re-audit non compliant standards 2, 5, 6 & 7 in December 2013.
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.01	Discuss results with LH / TF/ CW / BG / JS
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.02	Set date to review care plans
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.03	Discuss changes to S1 with BK
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.04	Re-educate teams re changes to S1 and how to appropriately complete the care plans
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.05	Re-audit in 6 months time.
1334	Adherence to NICE guidelines – Pressure Ulcers; Prevention and Treatment	Dec-13	1334.06	MYROLE training dates
1336	Febrile Seizures Pathway	Aug-13	1336.01	Design and implement a febrile seizures pathway
1336	Febrile Seizures Pathway	Aug-13	1336.02	Present audit results and new febrile seizures pathway at the paediatric grand round
1336	Febrile Seizures Pathway	Aug-13	1336.03	Present audit results and new febrile seizures pathway at the clinical governance meeting
1336	Febrile Seizures Pathway	Aug-13	1336.04	Implement prompt to give febrile seizures information leaflet at the top of the nursing discharge checklist
1336	Febrile Seizures Pathway	Aug-13	1336.05	To re-audit
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.01	To promote good practice on completing sample request forms
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.02	Staff to record date on handover sheet when patient has been screened for MRSA to prompt nurses to check results
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.03	To re-audit in 3 months
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.04	Presentation to staff re: Audit findings at Team Meeting in October
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.05	To start using orange stickers on sample bags to indicate to hospital that the Unit requires a copy of results
1337	Intermediate Care Unit MRSA Screening/ Sample Audit	Sep-13	1337.06	Trained staff to have access to Anglia ICE for sample results.

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1338	District Nursing Records Audit, CC & S	Oct-13	1338.01	Routine Audit
1338	District Nursing Records Audit, CC & S	Oct-13	1338.02	Share Results with team
1338	District Nursing Records Audit, CC & S	Oct-13	1338.03	Request additional abbreviations
1338	District Nursing Records Audit, CC & S	Oct-13	1338.04	Remind staff re recording of allergies
1347	Wristband audit, Intermediate Care Unit, Peterborough	Dec-13	1347.01	All patients to be given an ICU wristband on admission to the Unit and any previous wristband removed
1347	Wristband audit, Intermediate Care Unit, Peterborough	Dec-13	1347.02	Wristbands to be checked every day to ensure the information is still legible
1347	Wristband audit, Intermediate Care Unit, Peterborough	Dec-13	1347.03	Next audit to check if the patient I.D. details are correct (first name, last name, Date of birth, NHS number)
1347	Wristband audit, Intermediate Care Unit, Peterborough	Dec-13	1347.04	Staff will be briefed in daily handovers regarding checking patient wristbands on a daily basis
1348	District Nursing Records Audit, East Cambs	Nov-13	1348.01	Emails to staff including reminder of information required on patient record
1348	District Nursing Records Audit, East Cambs	Nov-13	1348.02	To remind staff that any typed or printed notes are signed by their author where the author is a current CCS staff member
1348	District Nursing Records Audit, East Cambs	Nov-13	1348.03	Redesign and pilot audit tool to include elements of quality of patient records
1351	Outpatient letters to GPs & patients from Luton DVT/Anticoagulant services	Sep-13	1351.01	All staff will be informed of good practice at staff meeting
1351	Outpatient letters to GPs & patients from Luton DVT/Anticoagulant services	Sep-13	1351.02	Staff to copy patients into outpatient letters
1351	Outpatient letters to GPs & patients from Luton DVT/Anticoagulant services	Sep-13	1351.03	Changes will be added to the SystmOne templates of letters via the team
1351	Outpatient letters to GPs & patients from Luton DVT/Anticoagulant services	Sep-13	1351.04	Carry out a re-audit in 3 months
1352	Outpatient letters to GPs & patients from Luton Respiratory service	Dec-13	1352.01	Staff to copy patients into outpatient letters
1352	Outpatient letters to GPs & patients from Luton Respiratory service	Dec-13	1352.02	All staff will be informed of good practice at staff meeting
1352	Outpatient letters to GPs & patients from Luton Respiratory service	Dec-13	1352.03	Template to be reviewed and altered
1352	Outpatient letters to GPs & patients from Luton Respiratory service	Dec-13	1352.04	Re-audit
1353	Outpatient letters - Heart Failure	Sep-13	1353.01	All staff will be informed of good practice at staff meeting
1353	Outpatient letters - Heart Failure	Oct-13	1353.02	Staff to copy patients into outpatient letters
1353	Outpatient letters - Heart Failure	Nov-13	1353.03	Templates to be amended

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1353	Outpatient letters - Heart Failure	Dec-13	1353.04	Carry out a re-audit
1357	Assessment process of children referred with suspected autistic spectrum disorder (ASD)	Jan-14	1357.01	A clinic proforma should be developed with a checklist to prompt good history taking, examination and a reminder of relevant co-morbidities.
1357	Assessment process of children referred with suspected autistic spectrum disorder (ASD)	Jan-14	1357.02	Information required for referral into the service should be standardised and this information should be conveyed to all referrers. This may improve the timescale for the initial appointment
1357	Assessment process of children referred with suspected autistic spectrum disorder (ASD)	Jan-14	1357.03	Consideration should be given to alternative ways of organising the assessments including a specialist ASD clinic
1357	Assessment process of children referred with suspected autistic spectrum disorder (ASD)	Jan-14	1357.04	Questionnaires used for the assessments should be reviewed and standardised
1357	Assessment process of children referred with suspected autistic spectrum disorder (ASD)	Jan-14	1357.05	Computerised clinical information on children referred into the service should be made available by implementation of SystmOne
1361	Post Traumatic Stress Disorder	Sep-13	1361.01	Deliver key findings of this audit in a Power Point presentation to the wider team in a Professional Development Day.
1361	Post Traumatic Stress Disorder	Sep-13	1361.02	Email audit findings to Cambridgeshire & Peterborough Clinical Commissioning Group (Eva Alexandratou).
1361	Post Traumatic Stress Disorder	Sep-13	1361.03	Email audit findings to Service Manager for Community Children's Nursing Services (Sian Hooban).
1361	Post Traumatic Stress Disorder	Sep-13	1361.04	Provide new CCNT staff members with training to recognise PTSD symptoms among the families they work with and refer accordingly, during their induction.
1362	Records Audit	Sep-13	1362.01	To liaise with other hospitals to gain complete contact numbers for records
1363	NICE Guidelines for Osteoarthritis of Knees CG59	Nov-13	1363.01	Feedback to Department at next team meeting, with email to follow
1363	NICE Guidelines for Osteoarthritis of Knees CG59	Nov-13	1363.02	Place a supply of ARC leaflets in department for easy distribution
1363	NICE Guidelines for Osteoarthritis of Knees CG59	Nov-13	1363.03	Re-audit to evaluate progress
1369	Safeguarding Record Keeping	Nov-13	1369.01	CCN - facility to add status markers to record added to clinical tree in 3 teams.
1369	Safeguarding Record Keeping	Nov-13	1369.02	CCN - staff instructed in usage of status markers
1369	Safeguarding Record Keeping	Nov-13	1369.03	Reports set up in all units to run "status marker" reports
1369	Safeguarding Record Keeping	Nov-13	1369.04	Reinforcement to HV, FNP and SN on importance of and how to add status markers

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1369	Safeguarding Record Keeping	Nov-13	1369.05	Groups and relationships - all staff to be given refresher on recording textural and reciprocal relationships
1369	Safeguarding Record Keeping	Nov-13	1369.06	"Who was present" free text box to be added to all templates on SystmOne to be used at every contact.
1369	Safeguarding Record Keeping	Nov-13	1369.07	Education on maintaining focus on "the voice" of the child - all staff to receive and read Ofsted report "voice of the child" 2011
1369	Safeguarding Record Keeping	Nov-13	1369.08	Safeguarding audit newsletter to be published
1369	Safeguarding Record Keeping	Nov-13	1369.09	A plan to be made to improve quality of plans.
1369	Safeguarding Record Keeping	Nov-13	1369.10	Revisit movement in and out procedures in all services.
1369	Safeguarding Record Keeping	Nov-13	1369.11	Obtain clarity about processes and expectations of staff when CP children move in and out of LAC status
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.01	Update proforma: add action to take if patient vomits.
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.02	Re-audit standard 22 with 10 sets of notes
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.03	All staff to be aware of the audit and its findings: audit meeting, email, newsletter, Team meetings, Clinical Governance meeting
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.04	All staff aware of pathways for IUDs in Suffolk
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.05	Explore publishing of audit: check which journal, and how
1370	Audit of Standards for issuing of Emergency Contraception	Oct-13	1370.06	Repeat audit
1371	Nutrition Care Process (NCP) Data Entry Audit	Sep-13	1371.01	Feedback to staff to advise how to complete the template correctly
1373	Micrograms / Units written in full on Inpatient Prescription Charts	Jun-13	1373.01	Share audit results with Medicines Management Team
1373	Micrograms / Units written in full on Inpatient Prescription Charts	Jun-13	1373.02	Share audit results with ward Sister and prescribers
1373	Micrograms / Units written in full on Inpatient Prescription Charts	Jun-13	1373.03	Encourage Prescribers to meet the recommendations above
1373	Micrograms / Units written in full on Inpatient Prescription Charts	Jun-13	1373.04	Encourage RN's to meet the recommendations above
1374	Allergy Documentation on Inpatient Prescription Charts on 6 Cambridgeshire Community Services Inpatient Units	Jun-13	1374.01	Share audit results with Medicines Management Team

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1374	Allergy Documentation on Inpatient Prescription Charts on 6 Cambridgeshire Community Services Inpatient Units	Jun-13	1374.02	Share audit results with Ward Sister
1374	Allergy Documentation on Inpatient Prescription Charts on 6 Cambridgeshire Community Services Inpatient Units	Jun-13	1374.03	Encourage Prescribers to meet the recommendations above
1374	Allergy Documentation on Inpatient Prescription Charts on 6 Cambridgeshire Community Services Inpatient Units	Jun-13	1374.04	Encourage Prescribers and RN's to meet the recommendations above
1375	Oral antimicrobial documentation on inpatient prescription charts	Jun-13	1375.01	Share audit results with Medicines Management Team
1375	Oral antimicrobial documentation on inpatient prescription charts	Jun-13	1375.02	Share audit results with Ward Sister
1375	Oral antimicrobial documentation on inpatient prescription charts	Jun-13	1375.03	Encourage Prescribers to meet the recommendations above
1375	Oral antimicrobial documentation on inpatient prescription charts	Jun-13	1375.04	Encourage Prescribers and RN's to meet the recommendations above
1376	As Required (PRN) Medicine Documentation on Inpatient Prescription Charts	Jun-13	1376.01	Share audit results with Medicines Management Team
1376	As Required (PRN) Medicine Documentation on Inpatient Prescription Charts	Jun-13	1376.02	Share audit results with Ward Sister
1376	As Required (PRN) Medicine Documentation on Inpatient Prescription Charts	Jun-13	1376.03	Encourage Prescribers to meet the recommendations above
1376	As Required (PRN) Medicine Documentation on Inpatient Prescription Charts	Jun-13	1376.04	Encourage Prescribers and RN's to meet the recommendations above
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.01	Share audit results with Medicines Management Team and Ward Manager
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.02	Reintroduce the Missed Dose Action notice
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.03	Encourage RN's to meet the recommendations above
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.04	Re-enforce awareness of the risk of interrupting the RN during the Medicine round

Audit No.	Clinical Audit Title	Action plan produced	Action Point No.	Action Point
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.05	Encourage RN's to undertake self audit of administration records
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.06	Review stock lists on wards
1377	Audit of Administration Records on Inpatient Prescription Charts on 7 Cambridgeshire Community Services Inpatient Units	Jun-13	1377.07	Update inpatient prescription chart
1378	Signing and dating of prescriptions, alterations and discontinuation of prescriptions on inpatient prescription charts	Jun-13	1378.01	Share audit results with Medicines Management Team
1378	Signing and dating of prescriptions, alterations and discontinuation of prescriptions on inpatient prescription charts	Jun-13	1378.02	Share audit results with ward sister and prescribers
1378	Signing and dating of prescriptions, alterations and discontinuation of prescriptions on inpatient prescription charts	Jun-13	1378.03	Encourage prescribers to meet the recommendations above
1378	Signing and dating of prescriptions, alterations and discontinuation of prescriptions on inpatient prescription charts	Jun-13	1378.04	Encourage RN's to meet the recommendations above
1381	New HIV Diagnosis in Low Prevalence Areas	Oct-13	1381.01	Increase awareness of high risk group for HIV transmission, by teaching and training (A& E presentation)
1381	New HIV Diagnosis in Low Prevalence Areas	Oct-13	1381.02	Increase awareness between staff in the clinic
1381	New HIV Diagnosis in Low Prevalence Areas	Oct-13	1381.03	Discuss findings at HIV integrated development group
1381	New HIV Diagnosis in Low Prevalence Areas	Oct-13	1381.04	Discuss findings with physician colleagues
1389	Monthly Medical Documentation Audit	Nov-13	1389.01	Monthly notes audit to be done – next one early December 2013
1389	Monthly Medical Documentation Audit	Nov-13	1389.02	Review Medical notes and possibly changing to a different type
1392	Management of Bacterial vaginosis	Jan-14	1392.01	Teaching staff about the appropriate use of the SHHAPT code will be addressed

Glossary

CCG	Clinical Commissioning Groups are organisations that purchase NHS services from provider organisations for the local population
CCS NHS Trust	Cambridgeshire Community Services NHS Trust
C Diff	Clostridium Difficile
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CLRN	Comprehensive Local Research Network is part of the NIHR and provides financial support and help with setting up and monitoring studies.
CQC	The Care Quality Commission. The organisation that regulates and inspects health and social care in England.
CQUIN	Commissioning for Quality and Innovation. National payment scheme to incentivise quality improvement activity
Healthwatch	National consumer champion in health and care with local branches through the Country
MDT	Multi-Disciplinary Team
MRSA	Methicillin Resistant Staphylococcus Aureus
NHS	National Health Service
NHSLA	NHS Litigation Authority. An NHS body who provide insurance for our clinical services, premises and staff
NICE	National Institute for Health and Clinical Excellence. An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NIHR	National Institute for Health Research. A national body supporting health based research
NPSA	National Patient Safety Agency. NHS body who are responsible for collating information and learning from patient safety incidents
PALS	Patient Advice and Liaison Service. An essential component of any NHS Trust providing a public and patient advice service
PTSD	Post-Traumatic Stress Disorder
QEWTT	Quality Early Warning Trigger Tool acts as an early warning system that flags up areas of potential risk relating to quality and patient safety issues before they occur.
SIs	Serious Incidents are defined by the NPSA and are reportable patient safety incidents with defined outcomes for patients. These are reportable to Cambridgeshire CCG which monitors the actions we take as a result of investigation into the incident.
VTE	Venous Thromboembolism