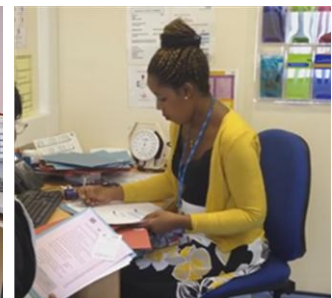
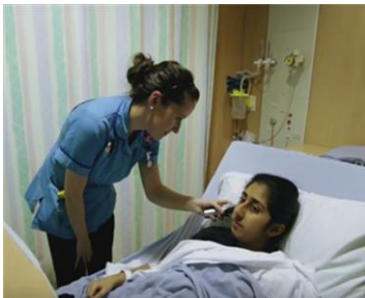


Quality Account

2015-16



Contents

Part 1: Information about the Quality Account	2
Statement on Quality from the Chief Executive	2
Statement from the Chief Nurse	4
About the Quality Account	5
Part 2: Priorities for Improvement	6
Quality Improvement Priorities for 2016-17	6
Statement of assurance from the Board	7
1. Review of Services.....	7
2. Participation in clinical audits and national confidential enquiries	7
3. Participation in clinical research.....	9
4. Use of the Commissioning for Quality and Innovation (CQUIN) Framework....	11
5. Statements from the Care Quality Commission (CQC)	11
6. Data quality	12
7. Information Governance Toolkit attainment level	13
8. Improvements to Quality Governance.....	14
Part 3: Review of Quality Performance 2015-16	15
3.1 Quality Improvement Priorities 2015-16	15
3.2 Other Patient Safety Activity.....	17
3.3 Other Patient Experience Activity.....	19
3.4 Workforce Factors.....	22
3.5 Staff Excellence Awards	24
3.6 Core Quality Account Indicators.....	24
3.7 Quality Innovation 2015-16	27
Part 4: Statements relating to quality of NHS services provided	29
List of Trust Services.....	35
Appendix 1:	36

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

Welcome to the 2015-16 Quality Account

We are delighted to report that the Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months.

Highlights have included:

- Being ranked the best community trust in the country to work for in 2015, placing us in the top 10 NHS organisations in England irrespective of the type of care provided.
- Being rated 'outstanding' for 'openness and honesty' in a national league published by the Department of Health in March 2016.
- Introducing our Grow Your Own programme, our 'Care Certificate' initiative and Quality Service Improvement and Redesign Programme; all of which support the ability of our staff to provide high quality care.
- 97% of the 11000 patients we surveyed stating they were likely to recommend our services to friends and family if they needed similar care or treatment (exceeding the national average).
- Playing a vital role in the Luton system enabling significant numbers of patients with increasingly complex needs, to avoid hospital admissions or leave hospital earlier; particularly over the winter period when the local hospital experienced unprecedented pressures.
- We have achieved our original planned operating surplus of £569,000 despite on-going financial constraints and ever-growing demands for our services, all of which will be ploughed back into improving services in the coming year.
- Staff rating the Trust above average in 22 of the 32 areas assessed in the national staff survey compared to our peers (with four of these ratings achieving the highest scores in the country).
- Jeremy Hunt, Secretary of State for Health visits Cambridgeshire services and says "It's clear that their work is the NHS at its best."

Set out in this report are our priorities for improving quality in 2016-17. As you will read, we continue to set ourselves high ambitions.

This report also reflects on achievements in 2015-16 in improving quality. We hope you will agree that much progress has been made.

These achievements are the result of the outstanding commitment of our staff and we acknowledge and thank them for their amazing dedication.

Nevertheless, there is more that we wish to accomplish in order 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 2015-16 and reflects our priorities for continuously improving quality in 2016-17. We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope the examples in this report demonstrate just some of the innovative ways we are supporting people across the East of England and improving their quality of life



Matthew Winn
Chief Executive



Statement from the Chief Nurse

I am pleased to endorse this account which sets out the work undertaken to provide not only safe but effective care, measured through the feedback from the people and their families using our services, and by our staff who work tirelessly to offer great healthcare.

The year has been one of tremendous change for the Trust; welcoming into our organisation new teams from Norfolk and Suffolk and at the same time saying goodbye to many staff with whom we had built strong ties. Our priority was to support staff during change to enable the successful transfer of services whilst keeping those that use and deliver our services in the forefront. It is really satisfying to see this focus reflected in our latest staff survey report where we maintained excellent outcomes for the third year running.

One way that the Trust Board keeps updated about the quality of our care is through our monthly programme of patient stories which are shown on pages 19-20. During 2015 we introduced staff stories to our Board to help us to understand what it is like to be a member of Trust staff; this has proved to be a great success and will continue. Both patient and staff stories inform a key part of our improvement journey to support staff in providing great care for patients.

The data within this report shows a strong theme of sustaining good outcomes using a variety of methods, whilst maintaining a relentless focus on improvement, including through the use of audit to understand practice and to improve further. A theme driving our quality strategy is to ensure that whenever possible we translate information into tangible ways to improve and learn, and that we standardise our outcomes for people using our service regardless of where they access care.

Our Quality Account also shows that where we have on occasion fallen below expected standards, we have used feedback, including from our regulators, to promptly address concerns. Our work to improve the Out of Hours services in Peterborough was acknowledged by our local commissioner to have been swift and effective and, as always, we have been commended for our open and honest approach which reflects the values of our organisation.

Moving into 2016 we have consulted with a wide range of people to develop our quality priorities and strategy which will take us forward in the coming years. The quality strategy maintains a focus on people, both service users and staff, and an ongoing drive to provide not only good but outstanding care.



A handwritten signature in black ink, which appears to read 'Mandy Renton'.

Mandy Renton
Chief Nurse

About the Quality Account

What is a Quality Account?

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

Our Quality Account is divided into the following sections:

Part 1	<ul style="list-style-type: none">Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.
Part 2	<ul style="list-style-type: none">Priorities for the Trust to improve the quality of our care during 2016-17.Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.
Part 3	<ul style="list-style-type: none">A review of quality performance. This demonstrates how the Trust has performed throughout 2015-16.

Our Quality & Clinical Strategy

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

We have developed a three year Quality and Clinical Strategy which outlines our approach to Quality improvement and identifies more detailed annual priorities. It comprises four programmes:

1. Deliver outstanding care

This programme focuses on standardising clinical information, reducing variations in clinical practice, identifying local service level safety initiatives and improving patient experience.

2. Develop clinical care

This programme will concentrate on streamlining our service portfolio to focus on areas in which we excel, optimizing our use of medicines, implementing a seven day service model where agreed with our commissioners and creating a research and learning hub.

3. Support our outstanding workforce

The Trust's Workforce Strategy outlines our plans to invest in our frontline staff to ensure that they are developed and supported in their roles and, where appropriate, revalidate their professional registration with their regulatory bodies.

4. Learn from others

We are committed to understanding the experience of our patients, service users and carers in order to improve the services we offer. Initiatives for 2016-17 include reducing our complaints response times to within 25 working days, strengthening the involvement of service users in our learning events and developing our community engagement activities.

We have taken the opportunity to engage with staff and a range of others throughout the year when developing this Strategy in order to inform our key Quality priorities for 2016-17.

Key priorities in each area form our Quality priorities for 2016-17 (detailed in Part 2).

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

Quality Improvement Priorities for 2016-17

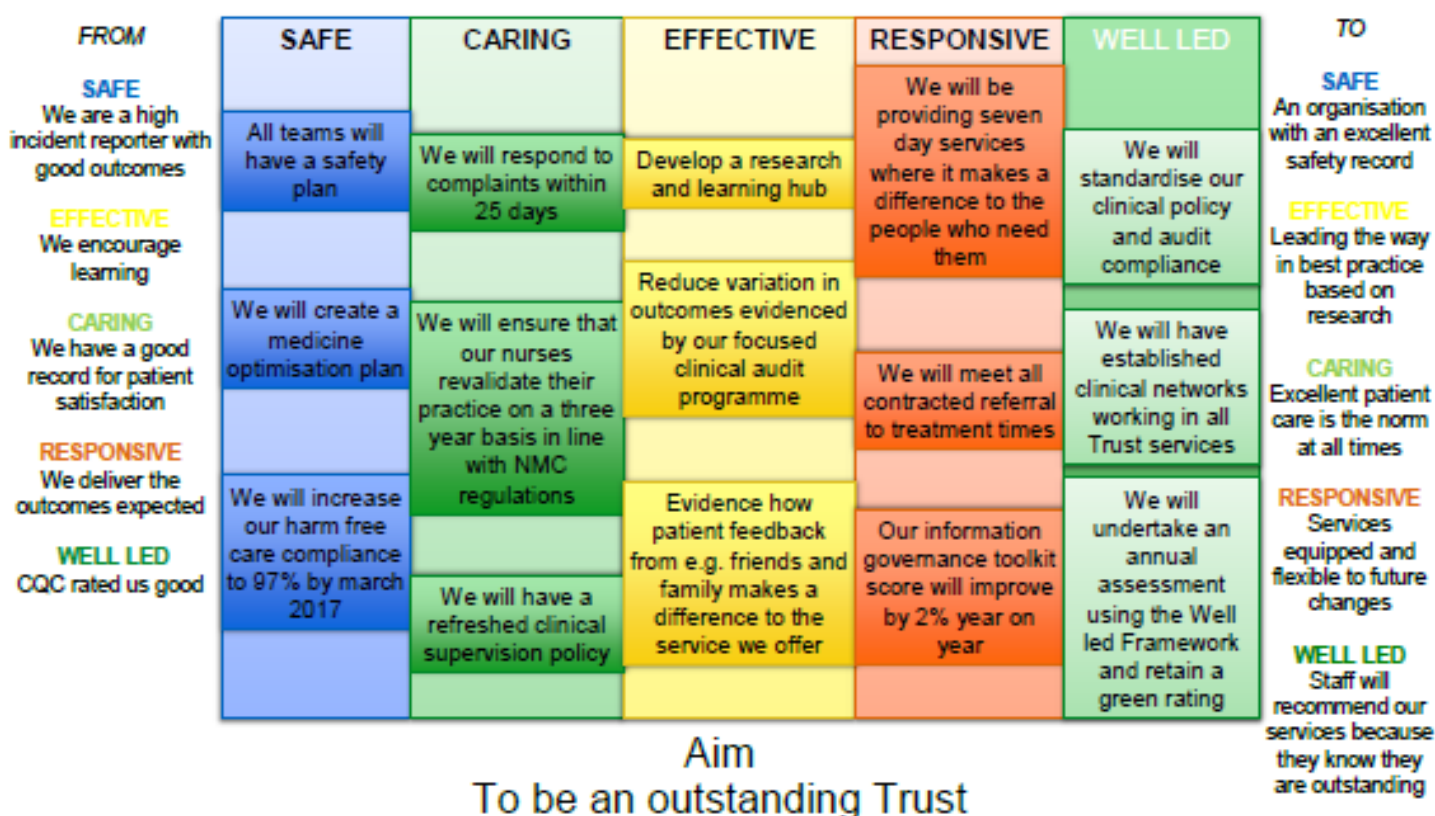
We have identified a series of Quality Improvement priorities which reflect the three domains of Quality (Safety, Effectiveness and Experience) and the five key areas identified by the Care Quality Commission (CQC) that reflect the characteristics of services that deliver high quality care:

- 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 2016-17 are taken from our Quality and Clinical Strategy 2016-21 and are outlined in our Year 1 Strategy Implementation Plan which will be monitored through the Quality Improvement & Safety Committee. The diagram below is used to demonstrate how our key quality improvement priorities for 2016-17 (shown in the central grid) will enable the Trust to move from its current position (far left) to the improved status (far right).

Our Vision

Provide high quality care through our excellent people



Statement of assurance from the Board

1. Review of services

Throughout 2015-16, we have been privileged to provide services to people in their own homes or from clinics across Cambridgeshire, Luton, Peterborough and Suffolk. As a result of winning various procurements, we welcomed staff from the following services in to the Trust:

- The School Immunisation Programme across Cambridgeshire, Peterborough, Norfolk and Suffolk from September 2015.
- The 0-19 Healthy Child Programme across Norfolk from October 2015.

The Trust was not successful in winning the procurement for Luton Sexual Health Services which transferred to a new employer on 1 April 2016. In addition, the Peterborough Sexual Assault Referral Centre (one member of Trust staff) transferred to Mountain Health on the same date.

The Trust gave 12 months notice to Commissioners in May 2015 that it would no longer provide the following services:

- Outpatient services based at North Cambridgeshire Hospital which transferred to a new employer on 1 April 2016.
- Outpatient Services based at Princess of Wales and Doddington Hospitals and Dermatology Services in Peterborough which we anticipate transferring to new employers in June 2016.
- GP Out of Hours in Peterborough which transferred to the temporary management of a new employer on 1 April 2016 pending the conclusion of the Commissioner's ongoing procurement process.

During 2015-16 Cambridgeshire Community Services NHS Trust provided a number of NHS services which are outlined in the table at the back of this report.

Cambridgeshire Community Services NHS 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 2015-16 represents 100% of the total income generated from the provision of NHS services by Cambridgeshire Community Services NHS Trust for 2015-16.

2. Participation in clinical audits and national confidential enquiries

In 2015-16, there were four national clinical audits and no national confidential enquiries which covered NHS services that Cambridgeshire Community Services NHS Trust provides.

During that period Cambridgeshire Community Services NHS Trust participated in 100% (n=4) of national clinical audits. The Trust was not eligible to participate in any national confidential enquiries.

The national clinical audits that Cambridgeshire Community Services NHS Trust was eligible for and those it participated in 2015-16 are as follows:

Audit	Participation	No. of patients
National UK Parkinson's Audit (Luton Services) <i>Parkinson's UK</i>	Yes	Analysis of the 2015 audit data is now underway. Clinical data submitted by registered services across the UK and from the Patient Reported Experience Measure (PREM) is now being analysed. Individual Service Reports, a national Summary Report and a Patient and Carer Report will be available for download.
National Neonatal Audit <i>Royal College of Paediatrics & Child Health</i>	Yes	The latest 2015 report was published with 2014 data. No individual organisations were listed and the results available were all summary data.
National Paediatric Diabetes Audit <i>Royal College of Paediatrics & Child Health</i>	Yes	The latest report was published with 2013/14 data. No individual organisations were listed and the results available were all summary data.
National Paediatric Asthma Audit <i>British Thoracic Society</i>	Yes (closed 30/11/15)	The latest report was published with 2013/14 data and the number of patients submitted by Hinchingsbrooke Hospital NHS Trust which hosts the Children's Services provided by this Trust was 96.

During 2015-16 the Trust undertook an extensive programme of clinical audits which were determined from several sources including national audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board.

The reports of 36 local clinical audits were reviewed by the Trust in 2015-16; see Appendix 1 for a full list of actions that the Trust intends to take to improve the quality of healthcare provided.

The following highlights were presented to the Trust Board in February 2016:

- Clinical audits undertaken by the Trust's Sexual Health Services continued to perform above National standards.
- Dental Services and the Management of Medicines and Pharmacy Services also continued to provide a high level of assurance.
- Children's Services (Holly Ward) continue to maintain an audit programme of their nursing documentation with weekly results remaining above 90%. Results are displayed on noticeboards for both staff and patients/parents/carers.
- Luton District Nursing Services undertook a diary audit following a serious incident and this has resulted in the move to electronic devices with a higher level of security for patient information.
- The Clinical Physiotherapy Service established an Information Group for patients which stresses the importance of undertaking exercise and using joints after an audit identified that they did not meet the NICE guidance relating to the management of osteoarthritis and in particular, around verbal and written communication provided to patients.
- The 0-19 Healthy Child Programme identified that the training they had undertaken around a new ante-natal contact programme was embedded and had resulted in a better patient experience.
- Luton Shared Care Drug Service confirmed that 100% of their patients were prescribed appropriate medication as directed by NICE guidance around alcohol dependence and harmful alcohol use.
- Children's Services were able to evidence that learning from serious case reviews, training and advice had been embedded.
- A local improvement occurred when a gap was identified in the 2014-15 audit cycle relating to screening for soft intelligence regarding child sexual exploitation, female genital mutilation and eating disorders. This had previously been applied to service users under the age of 16 but has now been extended to those under 18. The impact will be measured in the 2016-17 audit.

National Confidential Inquiries

There were 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). The Trust has not participated in these during 2015-16.

3. Participation in clinical research

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

In 2015-16, 24 research studies were running within the Trust. Of these, 18 studies were National Institute for Health Research (NIHR) portfolio studies and six were non-portfolio studies. The number of patients receiving NHS services provided or sub-contracted by the Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 129. Where applicable all of NIHR studies were established and managed under national model agreements.

The Trust hosts the public involvement in research group, INsPIRE, which contributes by commenting on NIHR grant applications. The members of INsPIRE have reviewed 12 grant applications with members becoming active co-applicants in some instances.

The Trust used national systems to manage research studies in proportion to risk for all studies. Of the 24 studies given permission to start in year, 95% were given permission by an authorised person within 15 days from receipt of a valid application. The National Institute for Health Research Networks supported all of these studies through its research networks. Work continues with Division 5 colleagues on permission timing to continue to achieve the first recruit within 30 days of permission. The Trust approved three letters of Access.

In the last year 15 publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications principally related to neuro-rehabilitation.

Impact of NIHR research within the Trust:

Study	Benefits of Participating in Research
Attila	The high participant recruitment levels in this study was a result of employing a dedicated experienced clinical researcher with excellent communication skills to gain maximum patient recruitment with patients with dementia. Patients and carers consented to the study report appreciation of regular contact with study researchers during study visits, and are pleased to participate in something that may be of benefit to service users in the future. Researchers in this study are also able to signpost current patients and carers to social and health care services if need becomes apparent during study visits. Researchers work closely with the Assistive Technology Service for this study, and are able to review patient's Assistive Technology needs during planned research visits, which is likely to be of benefit to the patient and carer. Close liaison with the Assistive Technology team is likely to have also contributed to the team's knowledge of research processes. Members of the research team have provided research principles presentations to a number of clinical teams.

Study	Benefits of Participating in Research
HeART of Stroke	This was a collaborative two site study with The Trust and the University of Bournemouth. It was funded by a Research for Patient Benefit (RfPB) grant as an initial feasibility study, looking at the impact of 'Arts for Health' groups for people up to one year after their stroke. The participants involved have found the groups very beneficial and this was demonstrated from outcome measures. There are two dissemination events planned within Cambridgeshire. One is a celebration day of the research, including a display of art work undertaken by the participants which will remain on display for a week. The other exhibition event will be in Ely Cathedral towards the end of the year. This study also had an allocated Research Assistant locally which facilitated the smooth running of the project throughout the duration of the trial. The positive results generated within this feasibility study have meant that the lead researchers will write a further NIHR grant for a larger study.
MAGENTA	A study which commenced within this Trust in January 2016 and is being carried out in two other UK centres. This study is a randomised control trial looking at Graded Exercise Therapy versus Activity Management and is looking at the feasibility and acceptability of conducting a trial, including the intervention efficacy and cost effectiveness for paediatric Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (CFS/ME). This condition is fairly common affecting up to 2% of secondary school children. The Trust runs specialist consultant lead clinics throughout Cambridgeshire, with the Medical Director involved with this patient group. There are also specialist occupational therapists who participate in the treatment of this patient group. This is the first study that this clinical group has undertaken and this is an active learning process with many challenges, involving the support of the local research network. Recruitment has commenced and the active intervention will follow on from this.
ProASK	This study is the Proactive Assessment of Overweight Risk during Infancy and is being adopted within the Health Visitor Service, in those families participating in the study. This project is based around questions, presented via a computer based tool, which may determine how likely it is a baby is to develop a weight problem later in life. Health Visitors can then use the results to tailor advice to parents and explore ways to help parents keep their babies at a healthy weight.
Evaluation of NeuroText as a memory aid for people with multiple sclerosis	This project was funded by the MS Society. This study worked with a population of patients with MS who are normally overlooked, with regards to treating memory problems. It looked at the impact of sending people with MS NeuroText memory text messages on every day life compared with those who were just sent social text messages. Those sent memory text messages had an increased attainment of personally identified target behaviours. This in turn impacted positively on their mood and quality of life. Challenges existed in the recruitment of participants due to the nature of memory problems and them not remembering the study being discussed initially. Having two sites also added to the complexity, as did assessing participants within their own homes. Although the latter was appreciated by participants as they did not have to travel at all for the assessment. The student researcher learnt an enormous amount around carried out a multi-centre randomised controlled trial. It is envisaged that the next stage could be to adapt a person's own mobile phone to send out relevant text reminders.

The Trust is a partner of the Cambridgeshire and Peterborough Collaboration for Leadership in Applied Health Research & Care (CLAHRC), contributing to the research themes of patient and public involvement in research by collaborating on a successful CLAHRC funding submission.

The Trust continues to work closely with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) Eastern, including:

- Recruitment to NIHR portfolio studies.
- Developing NIHR grant applications.
- Consulting at NIHR Grant Writing Days with staff working closely with the NIHR Grant Development Team.
- Close links with the NIHR Grant Development Team with the Trust hosted patient and public involvement group (INsPIRE).

Research, Development and Innovation are recognised as being important to the Trust, contributing to evidence based practice and improving the effectiveness of care. More clinical staff are being introduced and involved in the research process.

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

A proportion of Cambridgeshire Community Services NHS Trust's income in 2015-16 was conditional on achieving quality improvement and innovation goals agreed between Cambridgeshire & Peterborough Clinical Commissioning Group, NHS England and Luton Clinical Commissioning Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The Trust is on track to deliver all its CQUINs in full for 2015-16 in all localities.

CQUINs in the Cambridgeshire and Luton localities are clinically led and staff are supported throughout the year to identify innovation to submit for consideration under the framework. The Cambridgeshire and Peterborough CCG has proposed an alternative approach to the use of the CQUIN fund which is under consideration as part of the 2016-17 contract negotiations. Localised CQUINs have also been identified to enable the speedy development of clinically supported local initiatives if required. NHS England CQUINs are nationally mandated and are yet to be confirmed for 2016-17.

Further details of the agreed goals for 2015-16 and for the following 12 month period are available electronically at [http://www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/commissioning-for-quality-and-innovation-\(cquin\)](http://www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/commissioning-for-quality-and-innovation-(cquin)).

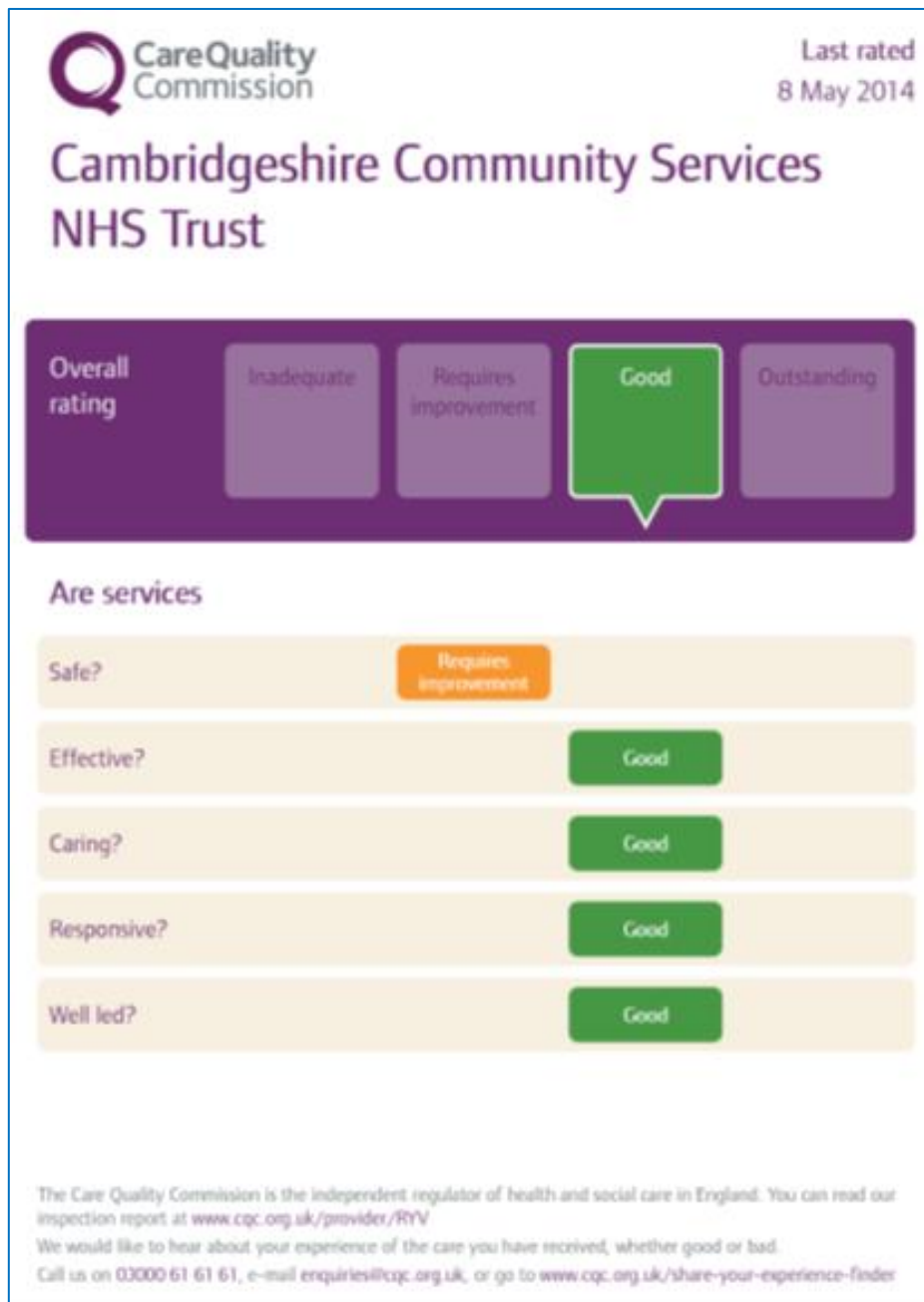
5. Statements from the Care Quality Commission (CQC)

The Trust has been registered with the Care Quality Commission since April 2010 with no conditions.

The Care Quality Commission (CQC) inspected the Trust's services in May 2014 which resulted in a rating of 'Good' (see our CQC ratings grid below). This assessment will be repeated in July 2016 as part of the CQC's planned inspection programme for all health care providers.

A national assessment of Out of Hours GP and 111 service provision was undertaken by the CQC during November 2015, including our Peterborough based Out of Hours service. The CQC rated this service as 'Good' in relation to the provision of a 'caring' service but identified a range of concerns which led to the service being rated 'Inadequate' overall. A comprehensive action plan was immediately introduced and was fully implemented by March 2016 at which point the service transferred to a different provider.

The current Trust CQC ratings grid is displayed below. All areas identified as requiring improvement in the 2014 inspection have been addressed. Some of these areas related to services that transferred out of the Trust in April 2015.



6. Data quality

Statement on relevance of Data Quality and actions to improve Data Quality

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

The enhancement of the Trusts' data warehouse in order to:

- Continue to deliver datasets to local commissioners.
- Further enable patient level data captured in source systems to be standardised and consistently validated to ensure it is complete and correctly mapped for the relevant data fields.

- Develop further diverse data quality reports highlighting recoding errors at source resulting in transactions being accepted but with data fields incomplete.
- Distribute said reports throughout the Trust to ensure appropriate corrective action is taken to resolve any data quality issues
- Add new layers of insight and business intelligence within the warehouse by developing the amount of data from services using other Electronic Patient Recording systems and potentially incorporating finance and human resource data.

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

Cambridgeshire Community Services NHS Trust submitted records during April 2015 to March 2016 to the Secondary Users Service, from qualifying services, 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:

- 99.56% for admitted patient care
- 99.97% for outpatient care
- 100% for accident and emergency care

The Trust is able to confirm that its Outpatient Services utilised the patient NHS number in 99.96% of records representing patient attendance at clinic. Therefore only 0.04% 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% for admitted patient care
- 99.99% for outpatient care, and
- 100% for accident and emergency care

Clinical coding error rate

Cambridgeshire Community Services NHS Trust was not subject to the Payment by Results clinical coding audit during 2015-16 by the Audit Commission.

**Data above is correct as of February 2016. Full year data will be available by end of May 2016.*

7. Information Governance Toolkit attainment level

Cambridgeshire Community Services NHS Trust Information Governance Toolkit Self-Assessment score 2015-16 was 77% and was graded green For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 26 standards and level 3 for 12 standards, with one standard considered as not relevant to the Trust. An internal audit is currently underway to confirm the Trust's self-assessment score.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to information governance. Action plans for improvement were monitored by the Trust's internal Information Governance Steering Group with progress reports presented to the Quality Improvement and Safety Committee. These processes will continue to further improve our score in 2016-17.

During 2015-16 there were 19 information governance incidents; seven of which were reportable Information Governance Serious Incidents (SIs); all were subject to full root cause analysis, reported to the appropriate commissioning organisation and closed. None of these incidents resulted in harm to any patient. Five incidents were reported to the Information Commissioner's Office (ICO) which acknowledged the actions taken by the Trust to prevent re-occurrence and requested no further action by the Trust for three of these incidents. The fourth incident, relating to the loss of a diary, resulted in the Trust signing an undertaking to improve the overall staff information governance training compliance. The Trust has achieved this requirement and the ICO acknowledged this after a follow-up audit and closed their investigation as a result. The fifth incident which relates to inappropriate disclosure of information is currently under investigation.

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 2015-16 including the following:

- We have introduced our Quality Early Warning Trigger Tool to the services that joined the Trust during 2015-16.
- Strengthened our Quality dashboards to be available at service level.
- Widened our Back to the Floor visits by the Senior Leadership Team to offer corporate support staff the opportunity to participate so that they can more fully understand the challenges faced by our clinical teams.
- We have sought to benchmark data wherever possible.

Part 3: Review of Quality Performance 2015-16

This section demonstrates the Trust's achievements throughout 2015-16 in the areas of patient safety, effectiveness and experience. Performance against the priorities identified in our 2014-15 Quality Account is included in each section. *(NB numbering reflects references in the Quality Account 2014-15).*

3.1 Quality Improvement Priorities 2015-16

		CQC domain
Priority 1:	We will join the Sign up to Safety campaign and implement our Safety Plan across the Trust.	Safe
Priority 2:	Maintain the standards of care that were rated as 'Good' by the Care Quality Commission and aim to achieve an 'Outstanding' rating at our next inspection (anticipated in 2017).	All domains including caring
Priority 3:	We will improve how we process and handle information (measured against the Information Governance Toolkit).	Effective
Priority 4:	We will assess ourselves against the new NHS 'Well-led Framework' and implement any improvements identified into our organisation.	Well led
Priority 5:	We will agree and implement with our commissioners a full seven day service in our children's ward and Special Care Baby Unit.	Responsive
Priority 6:	We will fully implement the national Health Visitor Call to Action and Healthy Child Programme in Cambridgeshire.	Effective
Priority 7:	We will implement three collaborative working initiatives with other providers of children's services in Cambridgeshire and Peterborough.	Responsive

Priority 1

We will join the Sign up to Safety campaign and implement our Safety Plan across the Trust

During 2015-16 our services implemented a number of initiatives that were identified to support the Trust's pledges for the national Sign Up To Safety Campaign:

- Musculoskeletal (MSK) Physiotherapy services have worked with local acute trusts to improve the timeliness of receiving diagnostic test results and ensuring clinicians review them appropriately.
- Integrated Contraception & Sexual Health (iCaSH) services have raised awareness with staff and strengthened their processes relating to service users who experience sexual exploitation, domestic violence and Female Genital Mutilation.
- Acute Children's services have revised and disseminated latest evidence based guidance relating to parenteral nutrition, improved the collation of competencies for junior doctors and enhanced clinical records audits focusing on individual components, i.e. fluid balance charts.
- Children's services in the community have improved the way they share learning from serious case reviews.
- We have ensured that all relevant staff attend training in Child Sexual Exploitation.
- We have worked with our services to improve the ways they learn from the experiences of our patients.

Priority 2

Maintain the standards of care that were rated as 'Good' by the Care Quality Commission and aim to achieve an 'Outstanding' rating at our next inspection

The Care Quality Commission (CQC) inspected the Trust's services in May 2014 which resulted in a rating of 'Good'. This assessment will be repeated in July 2016 as part of the CQC's planned inspection programme for all health care providers.

A national assessment of Out of Hours GP and 111 service provision was undertaken by the CQC during November 2015, including our Peterborough based Out of Hours service. The CQC rated this service as 'Good' in relation to the provision of a 'caring' service but identified a range of concerns which led to the service being rated 'Inadequate' overall. A comprehensive action plan was immediately introduced and was fully implemented by March 2016. The service has now transferred to a different provider following a procurement process managed by the Clinical Commissioning Group.

Priority 3

We will improve how we process and handle information (measured against the Information Governance Toolkit)

The Trust achieved a score of 77% in the information governance toolkit self-assessment for 2015-16 which was a slight reduction from 2014-15. For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 26 standards and level 3 for 12 standards. One standard was considered not relevant to the Trust's portfolio.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to Information Governance. Action plans for improvement were monitored by the Trust's internal Information Governance Steering Group with progress reports presented to the Quality Improvement and Safety Committee quarterly. These processes will continue to further improve our score in 2016-17.

We aim to achieve a 2% increase to the overall score in 2016-17 and a range of actions have been identified to achieve this.

Priority 4

We will assess ourselves against the new NHS 'Well-led Framework' and implement any improvements identified into our organisation

We have undertaken an assessment against this framework and implemented a number of actions to strengthen our governance processes.

Priority 5

We will agree and implement with our commissioners a full seven day service in our children's ward and Special Care Baby Unit

Our Paediatric in-patient services are part of a system wide review that is looking at Children's services provision across Cambridgeshire. Part of this Clinical Commissioning Group initiative involves access to seven day services and this work will inform the shape of these services.

Priority 6

We will fully implement the national Health Visitor Call to Action and Healthy Child Programme in Cambridgeshire

This national initiative was fully implemented in Cambridgeshire and involved the following improvement initiatives:

- Introduction of a new management structure for our 0-19 services and improved clinical pathways; integrating the health visiting and school nursing service to provide the best possible service to the families we serve.
- Development of a Trust wide Single Point of Access for families and service users.
- Health visitor staffing levels in the North Fenland area were monitored to ensure sufficient staff are in post to deliver high quality care.
- Health visiting service boundaries have been aligned to local authority boundaries with staffing levels aligned to meet the needs of families in each area.

Priority 7

We will implement three collaborative working initiatives with other providers of children's services in Cambridgeshire and Peterborough

The following examples of partnership initiatives in Children's Services were implemented during 2015-16:

- Lead roles in the Cambridgeshire and Peterborough Sustainability and Transformation Plan, Children and Young People's Services Clinical Advisory and Working Groups and the system-wide efficiencies work stream.
- Working in partnership with Norwich City Community Sports Foundation and Icen Health Ltd for the provision of the 0-19 Healthy Child Programme in Norfolk.
- A joint initiative with Trust Community Paediatricians and Cambridge and Peterborough NHS Foundation Trust has reduced the waiting list for children with Attention Deficit Hyperactivity Disorder.

3.2 Other patient safety activity

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme during 2015-16. The table below summarises the Trust's 2015-16 targets and performance.

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

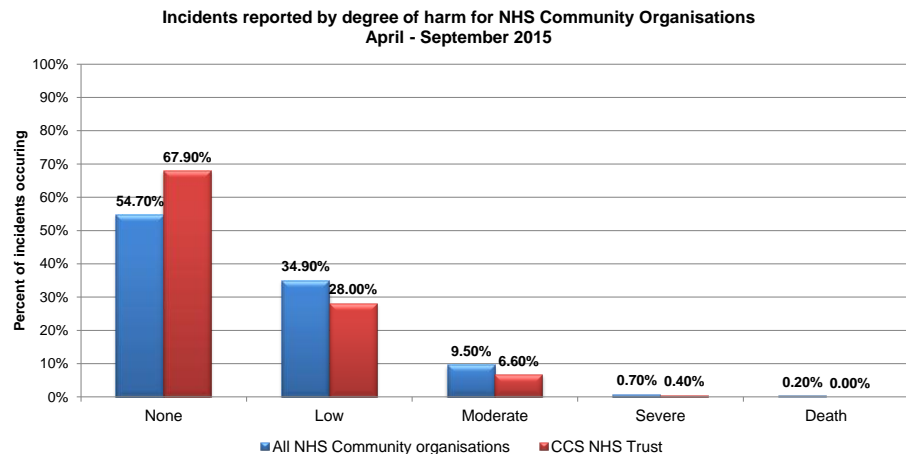
The Trust's seasonal influenza vaccination programme reported an increase of 6.2% of frontline staff vaccinated. Between October 2015 and February 2016, the Trust vaccinated 59.2% of staff; this is the highest uptake the Trust has reached.

Patient safety incidents

During the previous 12 months, approximately 3300 incidents and near miss incidents were reported using our web-based (Datix) incident reporting system. This is approximately 50% less than 2014-15. This is due to the changed nature of services in the Trust's portfolio following a number of services both leaving and joining the Trust throughout 2015-16. Of the 3300 incidents reported:

- Approximately 50% of these incident and near miss reports related to patient safety and occurred under our care. These were reported to the National Reporting and Learning Service.
- Of the remaining incidents, approximately 50% were incidents that were identified as originating in another organisation (i.e. acute trust or domiciliary care agency).
- Approximately 100 incidents were reported where there was no professional involvement prior to the incident.

The graph provides a summary of patient safety incidents by harm reported by the Trust compared to an allocated cohort group of other NHS



Community Organisations. These are reported through the NRLS National Reporting and Learning System and the latest information covers the period from 1 April to 30 September 2015. Of note, is the higher proportion of 'no harm' incidents than the comparator group which demonstrates an open and honest reporting culture throughout the Trust.

Throughout the first six months of 2015-16, the NRLS data identified the Trust as a high reporter of patient safety incidents compared to our cohort group and note that "Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are."

Serious incidents (SIs)

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

There was a total of 27 incidents initially reported as Serious Incidents (SIs) during 2015-16, of which seven were downgraded following investigation. The 20 remaining Serious Incidents comprised:

- Seven information governance incidents relating to breach of confidentiality.
- Seven pressure ulcers grade 3 or 4 deemed avoidable to the Trust following investigation.
- Six incidents related to a variety of issues including screening services, unexpected deaths and delay in diagnosis amongst others.

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

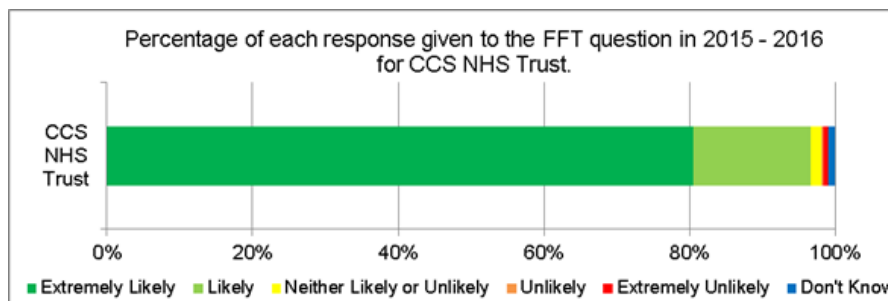
Implementation of Duty of Candour

The Trust has fully implemented the requirements of the Duty of Candour which is a new regulation forming part of the Care Quality Commission's regulatory framework, namely the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. This regulation requires providers of care to ensure that they are open and transparent with people who use their services for care and treatment, especially when things go wrong.

The Trust has a well recognised open and honest incident reporting culture which is reflected in the number of patient safety incidents that are reported by staff every year (national data from the National Reporting and Learning Service). We developed a policy for staff to follow which outlines the specific requirements of Duty of Candour and we support staff to make appropriate apologies when things go wrong. This is monitored through our web based incident reporting system.

3.3 Other patient experience activity

Patient surveys



Over 12700 service users responded to surveys during 2015-16. Surveys included the Friends and Family Test (FFT) question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?"

The Trust exceeded the target of 90% of patients recommending services and achieved higher % scores than the national average every month.

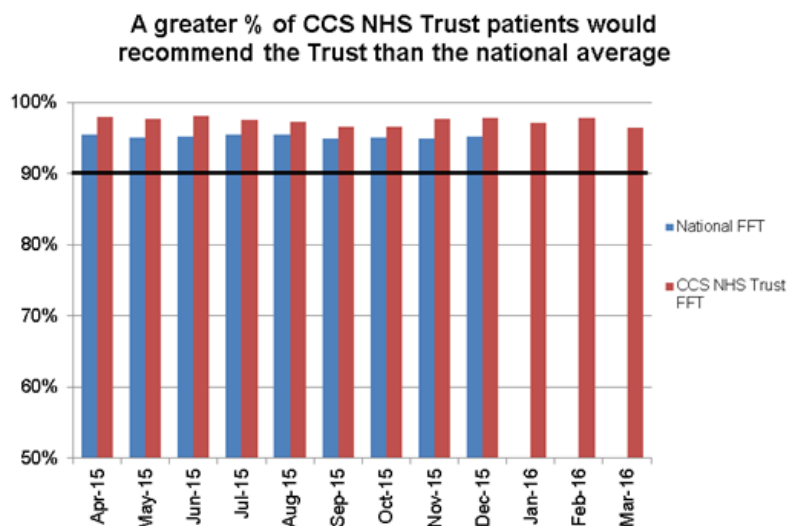
Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service received 730 contacts (including complaints and concerns) and over 10000 comments and compliments during the year. All concerns were resolved with services to service users' satisfaction.

Improving services using patient feedback: You Said, We Did

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

- A process implemented so staff can evidence their triage competency.
- A Customer Care – First Impressions session has been developed and offered to staff.
- Improved signage at a new Integrated Contraception and Sexual Health (iCaSH) Clinic.
- Review of medication templates and processes used by District Nurses. Changes were agreed to remove unnecessary bureaucracy from the system.
- Development of a template on SystemOne to record and monitor Continuing Healthcare process (CHC) applications and reviews, including an automatic reminder system.



Patient stories

Patient and staff stories have been presented at Trust Board meetings during 2015-16. Some patients attended in person, others provided written reports or were filmed. Each story provided a unique insight into the patient experience articulating how staff had improved the quality of people's lives and in some case how the service did not meet expectation. Where improvements were identified the service involved agreed actions and implemented changes in order to improve the patient experience.

Below are some examples of the patient stories presented in 2015-16.

November 2015

This is part of the Patient story written in the patient's own words:

I am a dual diagnosis client of Luton Drug Service (LDS), diagnosed with schizophrenia and drug addiction. I have been clean for over seven years and have been discharged from the Community Mental Health Team (CMHT). After enduring two prison sentences back to back I woke up one day and realised that I just couldn't do it anymore. I couldn't go out and steal, lie, cheat, rob or con anymore.

I have to say that I have the highest regard for the Manager of Shared Care and their team. They were actually my very first ever key worker and they really helped me get clean and go back to University where I earned an HND in Information Systems Development. As I think about my time under their care, I realise that they were practicing patient centred care before I ever heard of the term.

My perspective is that the goal of professionals should be to help their clients rebuild their lives rather than just managing their condition. This is how I am currently being supported by LDS, who are working with me so I can re-engage with and eventually become a productive member of society. That is no easy feat as I have had to overcome many hurdles. My vision is to push for this type of patient centred recovery model and actually see it being employed by other agencies.

October 2015

The Sexual Health Services within Norfolk transferred to iCaSH Norfolk on 1 March 2015 from five different providers in Norfolk. This involved a number of services relocating to different venues. During the initial transition of services there were 12 complaints received regarding privacy and dignity and internal environment within Oak Street. The Service Manager for iCaSH Norfolk was very quick to respond to these complaints and to ensure appropriate changes were made to the location to rectify the concerns regarding privacy. The following short term changes were made:

- Waiting area chairs moved away from the reception desk and some turned around to change the direction those waiting are facing.
- Use of a queuing barrier.
- Patients are asked to stand back from the desk while queuing and to wait to be called by the receptionist to check in.
- Local radio playing in the waiting area to help reduce overheard conversations.

The longer term plan was a partition screen placed between the reception desk and the waiting area so that those at the desk cannot be seen by those waiting in the seating area. There were also plans to adapt the reception desk to separate the three check-in points. This was completed in August 2015. The number of complaints reduced significantly and none have been in relation to Privacy or Dignity or the reception area at Oak Street. The Service also received an email from one complainant stating their gratitude to the service for listening and acting upon their feedback.

Feedback from service users including the Friends and Family test question and comments continue to be monitored. Feedback has included, "Confidential and courteous service", "Confidential at reception, friendly reliable service" and "Music in waiting room felt relaxed".

August 2015

This story highlights the impact that sensitive complaint handling has on patients and their quality of life. The patient was referred to CCS for physiotherapy by her GP for assessment and management of her persistent neck and arm pain and numbness. The consultation did not go well and left both the patient and clinician very traumatised. Both parties did not feel listened to which led to a breakdown in communication and the patient being asked to leave the consultation. The patient was very distressed

by this. The doctor was also distressed and contacted the Musculoskeletal Services (MSK) Clinical Lead at the end of clinic to share his experience.

Actions taken include:

- Rapid response to the patient's distress immediately following the consultation by the Musculoskeletal Assessment & Treatment Service administrator who, with the patient's consent, escalated concerns formally to the Clinical Lead of MSK and to the Patient Experience Team/ Complaints Team.
- Meeting facilitated between the patient, Clinical Lead of MSK and the Patient Experience Manager.
- The distress experienced by the patient and the GP was shared with them both individually. They were both very surprised and sorry to learn of the impact the consultation had on them both.
- Shared learning occurred between the physiotherapist, GP and MATS Team re: exploring patient needs and expectations to reduce the chance of this happening again.

The patient contacted the Clinical Lead to share her thanks for the sensitive handling of her complaint and for the action taken. She feels she now has a co-ordinated active management plan which she is fully involved with and her quality of life is much improved. This was shared with the MSK Team.

Sensitive handling of patients can make a significant difference to improving their quality of life and their future interactions with the NHS.

June 2015

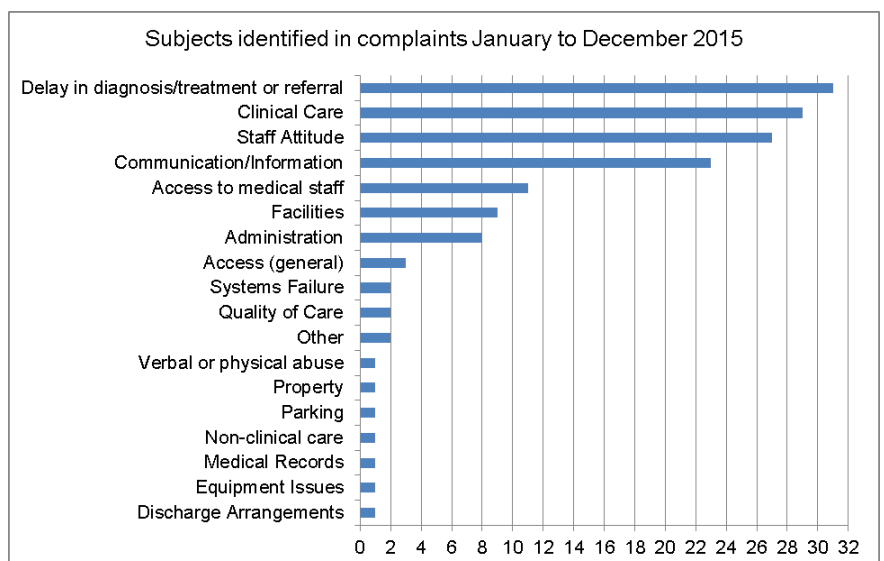
This story demonstrates that sometimes it is necessary to 'think outside the box' when a patient is stuck in a situation which does not appear to have a resolution. Patient F's condition is complex and crosses over different specialities. F needs involvement from both health and education providers who need to work together and have a shared perspective and understanding. This case also demonstrates that it is the service user who has the greatest clarity on what would best help him to reach his goals. His voice is paramount in this process.

F has profound Developmental Coordination Disorder, Dyslexia and High Functioning Autism. He cannot usefully read and write. In 2011, following a viral illness he acquired chronic fatigue syndrome (CFS)/myalgic encephalomyelitis (ME). Whenever he attempted to return to school he suffered severe relapses of CFS/ME. In three years F received no useful education while ill at home. The Consultant Paediatrician came on board and identified the notion of 'complex environments' triggering fatigue due to the 'cocktail of disabilities' interacting with his CFS/ME. The Council agreed to an information & communications technology (ICT) assessment and tutoring at home. CCS Occupational Therapist found that F could write using gross motor skills on a whiteboard and she suggested using a large touch screen computer that would create an 'electronic whiteboard'. She carried out a series of assessments to prove the usefulness of such provision and, working closely with the family and the ICT centre, the life changing touch screen was installed in 2015. This is a lot more cost effective than a scribe/reader and allows complete independent access to his A-level curriculum and beyond!

Complaints

A review of themes in complaints received from January 2015 to December 2015 was carried out. The subjects and services identified by complainants were analysed and findings are presented opposite.

The majority of complaints received in the 12 month period identified 'Delay in diagnosis/ treatment or referral' as the area of concern (31), followed by 'Clinical care' (29), 'Staff attitude' (27) and 'Communication / information' provided (23).



All staff involved in investigation complaints are encouraged to reflect upon practices and consider where things could have been done differently. Training needs are considered and if investigations identify staff as being accountable, human resources procedures are instigated.

Patient and Public Engagement

Services maintain and update their Patient Engagement Strategy including an assessment of their level of engagement against the trajectory of minimal to optimal engagement.

Engagement with local Healthwatch continues with recent extension of engagement to Norfolk and Suffolk.

3.4 Workforce factors

We continued to recognise our staff's strengths and to build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives. The following sections set out how we have achieved this during 2015-16.

Staff survey

The results from the 2015 staff survey, which involved a random sample of 750 staff, were published nationally in March 2016. For the third year running, staff rated working for the Trust incredibly positively which reflects the fantastic culture and behaviours our staff helped to create.

In 22 out of the 32 key findings (KFs) the Trust scored 'better than average' when compared to other community trusts nationally. In addition, in four of the KF areas, our staff rated the Trust as the best in the Country when compared to our peers:

- Recognition and value of staff by managers and the organisation.
- Staff satisfaction with level of responsibility and involvement.
- Percentage of staff satisfied with the opportunities for flexible working patterns.
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

Two areas for improvement were identified: percentage reporting of most recent experience of violence; and percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (see results below for KF26). The Trust is developing action plans to address these specific areas.

The Trust's overall staff engagement score remains 'above average' at 3.93 (on a scale of 1-5), with 3.82 being the national average for community trusts. The Trust achieved the second highest score nationally compared to our peers (the highest was 3.94).

As required by the NHS England's Quality Accounts: Reporting Arrangements 2015-16 (Gateway reference 04730), please find below the Trust's NHS Staff Survey Results for indicators KF21 and KF26.

	Trust score 2014	Trust score 2015	National 2015 average for community trusts	Best 2015 score for community trusts
Key finding 21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (<i>the higher the score the better</i>)	95%	93%	90%	95%
Key finding 26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (<i>lower the score the better</i>)	18%	19%	21%	13%

Supporting staff and staff engagement

During 2015-16, the Trust:

- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff in to the Trust as a result of procurements won and introduced inductions specifically designed to meet the needs of new staff.
- Supported services and staff transferring out of the Trust with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.
- Supported strategic service redesign programmes including within the Ambulatory and Children's Directorates, enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service redesign programmes including immunisation teams, outpatients services, and Holly Ward children's service.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition.
- Ran a series of cultural enquiry session from February – June 2016, beginning in Norfolk to support staff newly transferred into the Trust.
- Reviewed Trust wide training and education needs to plan, procure and implement programmes of development to support staff to deliver high quality services.
- Introduced a new shared objective-setting process, enabling individuals to see how their personal objectives link to those of their team and ultimately the Trust's objectives.
- Introduced a succession planning tool for service critical posts, to support focused development of individuals to ensure continuity of critical services.
- Promoted the benefits of effective appraisals achieving 89% compliance for 2015-16 against a contractual target of 90% and an internal aspirational target of 95%.
- Undertook an appraisal survey to review staff views on how useful the current policy and paperwork is in supporting a good appraisal experience. Recommendations were made by staff to improve the current paperwork and these will be incorporated into a revised policy and paperwork for 2016-17.
- Continued to embed our leadership behaviours (created by the Trust's senior leadership forum and expanded to relate to all staff) within the Trust's appraisals processes.
- Offered flexible working and family friendly arrangements, a carer's and special leave policy, and a zero tolerance approach to violence in the workplace.
- Encouraged staff to raise concerns through an 'open' approach and a formal Raising Concerns 'whistle blowing' policy, which was reviewed in light of the 'Freedom to speak up' independent review into creating an open and honest reporting culture in the NHS, chaired by Sir Robert Francis QC. The Trust was rated 'outstanding' for its 'openness and honesty' in a national league published by the Department of Health in March 2016. An internal audit undertaken in this area during 2015-16 achieved "Substantial Assurance".
- Reviewed and made significant changes to our volunteers' policy, procedures and practices following the Saville Enquiry recommendations.
- Introduced mindfulness training into our personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme.
- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes, following the transfers in of staff and to consult and negotiate on employment matters.

Mandatory training

During 2015-16, the Trust:

- Built on the significant progress made in 2014-15 to increase the quality and provision of mandatory training, including via the four day Trust induction programme.
- Implemented the electronic Oracle Learning Management System (OLM) in May 2015 to support achievement of compliance, provision of accurate records and identification of future training needs.
- Purchased and made available high quality, user focused e-learning packages for the Mental Capacity Act (MCA), Deprivation of Liberty (DOL) and dementia care.
- Offered a proactive 'help desk' service to all staff to support them with all mandatory training queries.

3.5 Staff Excellence Awards

Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives. On 30 September 2015 the ceremony saw seven awards presented for:

- A team based initiative, service or development which demonstrated improvements to clinical or patient reported outcomes in:
 - Ambulatory services: the iCaSH Peterborough service.
 - Cambridgeshire Children and Young People's services: the Cambridge North City Health Visiting Team.
 - Luton Children and Adult services: the Children's Rapid Response Team.
- The Kate Granger Person Centre Care award: the Luton Children's Community Nursing Team.
- The Rising Star award: Jenny van Maurik, Clinical Lead Extended Scope Practitioner, Dynamic Health.
- Supporting Services to Excel award: the Trust wide Workforce, Service Redesign, Transition and Business Development Teams.
- The Shine a Light award winner 2015-16: Val Cooke, Lead Sexual Health Nurse, Ipswich.

We also celebrated and thanked 17 members of staff who collectively achieved 380 years of committed service to the NHS.

3.6 Core Quality Account Indicators

Annex 1: Core Quality Account Indicator 19

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

(i) 0 to 15; and

(ii) 16 or over

Re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period (i.e. patients re-admitted to our paediatric inpatient unit within 28 days of discharge).

Summary of data accessed here: <https://indicators.hscic.gov.uk/webview> on 27 April 2016. The data in the table below is the latest available data. **The next national update of this data is expected August 2016.**

The "Emergency re-admissions to hospital within 28 days of discharge: indirectly standardised percent, 16+ years, annual trend, P, 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.

Current available data is shown below as the latest national data set will not be available until the end of May 2016.

Category of patients re-admitted	CCS % 2011-12	CCS % 2010-11	National average % 2011-12	National average % 2010-11	Highest national % in period 2011-12	Highest national % in period 2010-11	Lowest national % in period 2011-12	Lowest national % in period 2010-11
0-15 yrs	11.91	11.94	10.01	10.01	11.91	11.94	5.09	4.74
16+ yrs	10.44	14.15	11.45	11.43	41.65	22.76	5.70	6.76

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

16+ years category

NB this historic data relates to adult inpatient facilities under the management of CCS NHS Trust until April 2015 when they transferred to another provider.

0-15 years category

Our Children's inpatient service does not include surgical pathways as these remain under the care of acute hospital consultants on site. 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 are of limited value.

Annex 1: Core Quality Account Indicator 21

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 staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

Summary of data accessed here - <https://indicators.hscic.gov.uk/webview> on 21 March 2016.

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

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

Response Category	NHS Staff Survey			National Average (%)			National Highest (%)			National Lowest (%)		
	2015	2014	2013	2015	2014	2013	2015	2014	2013	2015	2014	2013
Strongly disagree	1	0	2	1	2	2	4	4	4	1	0	1
Disagree	1	0	4	1	5	6	7	10	9	1	0	4
Neither agree nor disagree	15	16	21	15	23	24	24	28	31	13	16	17
Agree	50	48	48	52	51	50	58	57	58	49	45	45
Strongly agree	32	35	25	22	19	17	32	35	25	17	13	13

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

The Trust intends to take the following action to improve the percentage of those who are happy with the standard of care provided by this organisation, and so the quality of its services: work with staff to understand where improvements in care can be made that apply to the Trust's portfolio of services.

Annex 1: Core Quality Account Indicator 25

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 - - <http://www.nrls.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports> on 29 April 2016.

The "NHS Outcomes Framework, Domain 5, Overarching Indicators, Indicator P01558 Patient Safety Incident Reporting and 5b Severity of Harm" – last published statistics nationally in March 2015 for periods stated in table below.

Note: highest, lowest and average national measures taken from 19 comparable community trust provider results only, therefore excluding all acute providers.

Current available data is shown below as the latest national data set will not be available until the end of May 2016.

Results period	CCS Figure				National average			
	Apr 2015 – Sep 2015	Oct 2014 – Mar 2015	Apr 2014 – Sep 2014	Oct 2013 – Mar 2014	Apr 2015 – Sep 2015	Oct 2014 – Mar 2015	Apr 2014 – Sep 2014	Oct 2013 – Mar 2014
Number of patient safety incidents	542	1,702	1,717	1,404	1778	1,831	1,791	1,782
Rate per 1,000 bed days	146.0	132.7	140.4	90.0	Not available	100.0	97.7	71.2
Number of incidents that resulted in severe harm or death	2	4	13	9	16	17	18	15
% of incidents that resulted in severe harm or death	0.37%	0.24%	0.80%	0.58%	0.90%	1.00%	1.04%	0.69%

Results period	National Highest				National Lowest			
	Apr 2015 – Sep 2015	Oct 2014 – Mar 2015	Apr 2014 – Sep 2014	Oct 2013 – Mar 2014	Apr 2015 – Sep 2015	Oct 2014 – Mar 2015	Apr 2014 – Sep 2014	Oct 2013 – Mar 2014
Number of patient safety incidents	1154	3,857	3,068	4,058	1300	604	563	531
Rate per 1,000 bed days	38.2	170.8	196.3	132.3	146.0	38.9	32.4	44.3
Number of incidents that resulted in severe harm or death	59	80	90	80	0	1	0	0
% of incidents that resulted in severe harm or death	5.11%	5.19%	3.92%	1.74%	0.00%	0.09%	0.00%	0.00%

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

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

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

3.7 Quality Innovation 2015-16

A number of quality related initiatives were undertaken during 2015-16 and several quality related awards have been won by our staff. A sample is set out below:

Supporting our skilled workforce:

- The Trust wide Health Coaching Programme training was widened with seven trainers being identified to train as health coaches, to support clinical staff to empower service users to improve outcomes and the quality of their lives.
- Our highly successful Chrysalis Leadership Development programme ran for the sixth year, with staff gaining the skills to create an environment where change and innovation can flourish. 216 Trust staff have now successfully graduated from the Chrysalis Programme since it was introduced.
- Following the sponsorship of two of our clinical leaders to become train the trainers in quality service improvement and redesign (QSIR) tools and techniques (provided by NHS Improving Quality), we rolled out this programme to a further 60 individuals during 2015-16.
- A structured Preceptorship Programme was introduced to support newly qualified staff and mentors.
- We implemented a Quality Improvement Performance Framework (QIPF), a robust evaluation process, to ensure that all funded continuous professional development was aligned to our objectives and was fit for purpose (sharing feedback with higher education institutions to ensure improvement).

Successful partnership initiatives:

- Lead roles in the Cambridgeshire and Peterborough Sustainability and Transformation Plan, Children and Young People’s Services Clinical Advisory and Working Groups and the system-wide efficiencies work stream.
- Active participants in the Luton Sustainability and Transformation Plan where we are: providing the ‘Co-ordinating Provider Organisation’ role for the Luton Better Together Integrated Teams initiative; and are one of 15 trusts piloting the National Association of Primary Care’s pioneering Primary Care Home Model with GPs.
- Working in partnership with Norwich City Community Sports Foundation and Icen Health Ltd for the provision of the 0-19 Healthy Child Programme in Norfolk.
- Introducing a low back pain pilot – an evidence based pathway which sees the Trust’s Dynamic Health musculo-skeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust.
- A joint initiative involving one of our community paediatricians reduced Cambridgeshire & Peterborough NHS Foundation Trust’s waiting list for children with Attention Deficit Hyperactivity Disorder (ADHD).
- Collaboration between Cambridgeshire County Council and the Trust increased access to vitamin tablets or drops for children, pregnant women and breastfeeding mums.

- Introducing a Kings Fund Leadership Collaborative in Luton with colleagues from Virgin Healthcare, Luton Borough Council, Luton and Dunstable Hospital and East London NHS Foundation Trust.
- Hosting a Children's Services Market Place in collaboration with Luton Borough Council to bring together providers of children's services to share best practice and review opportunities for greater integration.
- Appointing Health Services Laboratories (a venture between two NHS organisations and a private sector partner) to deliver pathology services for all iCaSH services from 1 April 2016.
- Continuing to work with the Terence Higgins Trust to provide sexual health services in Cambridgeshire, Norfolk and Suffolk.
- Working in partnership with the Arthur Rank Hospice Charity (until transfer in August 2015) to deliver the hospice at home service, enabling more people to die with dignity in their own homes.
- A collaboration between the Trust, Luton Clinical Commissioning Group, Luton and Dunstable University Hospital and Keech Hospice Care continued to improve joined up working for patients at the end of their lives.

External awards won by the Trust and its staff:

- Dr Jill Winegardner, Lead Clinical Psychologist at the Oliver Zangwill Centre for Neuropsychological Rehabilitation received the Practitioner of the Year Award from the British Psychological Society's Professional Practice Board.
- Luton Infant Feeding and Health Visiting Teams won international recognition for their work with children and were awarded the Unicef Baby Friendly Award.
- A number of staff were recognised at the Health Education East of England Health Visitors Awards: Sue Patterson (Cams) won the Nursery Nurse of the Year award; health visitors from our Sawston and Melbourn team and Luton Practice Teachers were joint winners of the Team of the Year Award; and Kevin O'Regan (Luton) won the Programme Lead Special Recognition Award.
- Our Trust Board was shortlisted in the 'Board of the Year' category of the East of England Leadership Recognition awards.

A range of additional quality initiatives:

- Staff from our iCaSH services moved to newly refurbished accommodation in Norwich, Kings Lynn, Cambridge and Bury St Edmunds, as did Norfolk Healthy Child Programme staff in Wymondham which moved into new premises at Lawson Road Health Centre in Norwich.
- The Family Nurse Partnership was formally launched in Luton.
- We received an overall 'green' rating following a peer review led by Health Education England of the quality of placements and our clinical learning environment.
- An integrated Multi-disciplinary Team pathway across our Healthy Child Programme and Specialist Services was piloted in two Cambridgeshire services: Cerebral Palsy/Complex Physical Needs and Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder (ADHD/ ASD) Pathway.
- A Winter Integrated Crisis Response Service was launched in Luton.

Part 4: Statements relating to quality of NHS services provided



Luton

Clinical Commissioning Group

Statement from Luton Clinical Commissioning Groups to Cambridge Community Services NHS, Trust Quality Account 2015/16

Luton Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the 2015/16 Quality Account for Cambridge Community Services.

We have been working closely with the Trust during the year, gaining assurance on the delivery of safe and effective services. In line with the NHS (Quality Accounts) Regulations 2011, Luton CCG have reviewed the information contained within the Cambridge Community Services Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions, and confirm this to be accurate.

The account is well presented with the exception of the priorities for 2016-17 which are not presented clearly. Luton Clinical Commissioning Group look forward to seeing the progress and working with Cambridge Community Services on the priorities listed in the table.

The account gives a detailed and notable explanation of progress across the organisation and its services. The inclusion of patient stories brings the patients voice to the fore and demonstrates the organisation's primary purpose; providing high quality, patient centred services.

Luton Clinical Commissioning Group acknowledges and appreciates the Luton focus to some of the data provided. In particular we commend the work done by the Luton Infant Feeding and Health Visiting Teams who won international recognition for their work with children and were awarded the Unicef Baby Friendly Award.

We also recognise the work that Cambridgeshire Community Services in Luton does around staff support and engagement and the challenges around recruitment and retention.

Luton Clinical Commissioning Group acknowledges that the Trust has unconditional registration with the Care Quality Commission (CQC) and will await the findings of the inspection due in July 2016.

Cambridgeshire Community Services has continued to engage and successfully support the people of Luton to avoid hospital admissions through Trust wide and health economy wide schemes which has required integrated working with other health and social care partners. This has included acting as the lead provider for integrated multidisciplinary teams.

Cambridgeshire Community Services engaged with Luton Clinical Commissioning Group to deliver quality improvements through the CQUIN (Commissioning for Quality and Innovation) scheme. At the time of writing this commentary we are unable to validate the final figure for the Commissioning for Quality and Innovation (CQUIN) scheme as we are awaiting further information but it is anticipated that the Trust have achieved approximately 100% of their 2015/16 CQUIN. The introduction of the catheter clinic and Doppler use has been particularly successful.

Luton Clinical Commissioning Group supports the Trusts quality priorities and indicators for 2016/17 as set out in the account and will be monitoring their progress throughout the year to ensure good quality outcomes for the people of Luton.

Carol Hill
Chief Officer
Luton Clinical Commissioning Group

*It should be noted that these comments were made on an early draft of the CSS Quality Account received on 29/04/2016.

Suffolk Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2016. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Accounts for this year, and comment accordingly.

County Councillor Michael Ladd
Chairman of the Suffolk Health Scrutiny Committee

Awaiting response from Cambridgeshire and Peterborough CCG.

CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST - QUALITY ACCOUNT 2015/16

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The Quality Accounts are reports to the public from providers of NHS Healthcare about the quality of services they deliver. The Health Committee welcome the Trust's achievements against the 2015/16 priorities but would like to encourage the trust to highlight these achievements early on in the report so members of the public can easily understand them.

Cambridgeshire Community Services have only attended the Health Committee for the purposes of health scrutiny in an informal capacity in regards to the termination of the Uniting Care Contract in which some CCS staff were transferred to an alternative employer.

It appears the trust is responsive to concerns identified by CQC around the Peterborough based Out of Hours services implementing an action plan to address this in March 2016. The Health Committee will be interested in discussing with CCS the outcome of the CQC's planned inspection visit due in July 2016.

The Health Committee looks forward to hearing from Cambridgeshire Community Services in regards to progress against priorities during 2016/17.

Statement agreed by the Health Committee on 12th May 2016

Cambridgeshire Community Services
Unit 3, The Meadows
Meadow Lane
St Ives
PE27 4LG

Healthwatch Cambridgeshire Statement for inclusion in the Cambridgeshire Community Services Quality Accounts 2015/16

This has been a year of considerable change for CCS with staff moving to CPFT to support integrated adult and community services, and staff joining CCS from newly acquired services.

Healthwatch Cambridgeshire receive little feedback about CCS in general. This makes it difficult to identify particular trends.


It would be useful to have some analysis of complaint themes in the Quality Accounts, as well as more precise numbers of concerns and complaints.

It is noted that patient stories are becoming embedded in the organisation to inform change and recognise good care.

Healthwatch Cambridgeshire acknowledge the intended improvement plan for 2016-17; in particular responding to complaints within 25 days, and ensuring that the Trust evidences how patient feedback makes a difference to the services offered. This is very positive.

We also note that the Trust has been rated as the best community trust to work for in 2015. We also commend the trust in being rated as 'outstanding' for openness and honesty in a Department of Health national league table, March 2016.

Sandie Smith
Chief Executive



Response from CCS NHS Trust:

In response to feedback, we have included a review of themes in complaints (see section 3.3).

Cambridgeshire Community Services NHS Trust
List of Services
2015-16

	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services					
District nursing		X			
Specialist nurses/long term conditions		X			
Community matrons		X			
Intermediate care		X			
Neuro-rehabilitation	X				
Outpatient clinics	X				
Specialist palliative care	X (until August 2015)	X			
Dietetics				X	
GP out of hours service				X	
Specialist services					
Community dental services and/or oral surgery	X			X	X
Musculoskeletal services	X			X	
Sexual health services	X	X	X	X	X
Drug services		X			
Children's services			(from October 2015)		
Inpatient, outpatient, special care baby unit	X				
Health visiting	X	X	X		
School nursing	X	X	X		
Therapies	X				
Community nursing	X	X			
Audiology	X	X			
Community paediatricians	X	X			
Family nursing partnership	X		X		
National child measurement programme			X		
Healthy schools team			X		
School immunisation programme (from September 2015)	X		X	X	X

Appendix 1 – Actions resulting from completed local clinical audits 2015-16 n=36

Log number and Clinical Audit title	Actions from Clinical Audits
13117 To ensure that MSK provides care in accordance with the NICE guidelines for the management of osteoarthritis of the knee	<ul style="list-style-type: none"> ▪ Provision of information leaflet to enhance understanding. ▪ Encourage patient to attend education group. ▪ Continue to offer effective exercise therapy interventions to suit individual patient's needs. ▪ Raise staff awareness of need to discuss self management strategy issues at team meeting. ▪ Sheet in each treatment area to provide prompts for adjuncts to core treatment. ▪ Raise staff awareness of pain control and encourage review of current analgesic recommendations. ▪ Raise awareness of surgical thresholds and procedure for onward referral.
13126 Cervical Screening Audit	<ul style="list-style-type: none"> ▪ Ensure that if the smear has been taken in clinic the result has been reviewed. ▪ Ensure there is system across the service to implement this, and that there is a failsafe system for dealing with abnormal smears.
1402 CCS core MSK referral prioritisation consistency analysis	<ul style="list-style-type: none"> ▪ Better training on prioritisation of referrals.
1403 Alcohol dependence and harmful alcohol use NICE guidance CG115	<ul style="list-style-type: none"> ▪ Pharmacological interventions should involve a comprehensive follow up arrangement/ agreement and this should be clearly communicated between the relevant services i.e. prescribing services and pharmacy as well as being clearly documented with in service in order to monitor progress. ▪ As alcohol dependency has the potential for repeated relapses the aftercare arrangement can make a significant contribution in achieving the client's treatment goals (Review of the effectiveness of treatment for alcohol problems).
1417 Management of children <2 years referral to Edwin Lobo Centre with suspected physical abuse	<ul style="list-style-type: none"> ▪ Community paediatricians to use the updated proforma for medical assessments and ensure protocol for investigations is followed with clear documentation.
1418 Training and observation audit of hand hygiene (Children's Services)	<ul style="list-style-type: none"> ▪ Providing a series of 'drop in' sessions maximised the opportunity for a wide range of staff to access the training and audit. ▪ The observation tool and GLOWGERM audit tool were easy to use and gave staff immediate feedback (and the opportunity, where appropriate, to immediately improve their hand hygiene technique). ▪ 100% achieved a satisfactory standard of hand hygiene.
1441 Consistency of Band 7 referral triage	<ul style="list-style-type: none"> ▪ Confusion over recording of 'Priority' and 'Band' for assessment clinic patients on the triage spreadsheet (recording issue only). ▪ Agree triage recording of assessment clinic patients. It is suggested that all be recorded as B6 routine 30 minutes, which gives the opportunity to triage as urgent with presenting red flags. ▪ Overall there was good triage consistency. ▪ Report to be emailed and actions finalised at next Band 7 staff meeting.
1446 Health Visitor and School Nurse Reports to Initial Child Protection Case Conference (ICC)	<ul style="list-style-type: none"> ▪ To keep present template, unchanged. ▪ Discussion with HV & School Nurse services around low number of ICC's attached to SystmOne. ▪ Work with SystmOne support services and workforce to standardise labelling of ICC reports. ▪ Discussion with Health Visitor and School Nurse service around lack of information around ethnicity/religion. ▪ Audit the sharing of reports with families in more detail.

Log number and Clinical Audit title	Actions from Clinical Audits
1449 Audit against NICE quality standard of enuresis service provided by school nurse continence team	<ul style="list-style-type: none"> ▪ Change in the assessment form to include the NICE criteria in particular, whether child had dysuria, abdominal straining or poor urinary stream or going more or less frequently than peers and whether child comes from vulnerable family situation. ▪ Include on assessment form questions to pick up possible diabetes (including frequency polydipsia and weight loss) and to highlight referral to GP if any concerns for urine dip. ▪ Continue with comprehensive assessments and management as per NICE guidelines maintaining access to specialist advice and clinics for difficult or complicated cases (ongoing).
1450 Audit against Patient Group Direction (PGD) injection therapy (PGD057)	<ul style="list-style-type: none"> ▪ All patient notes comply with PGD standard. ▪ 100% of all standards achieved.
1451 Musculoskeletal Health Records audit	<ul style="list-style-type: none"> ▪ Lack of consistency identified. ▪ To re-audit with two designated staff band 6 or above that are auditing the notes for all staff, so there is consistency with auditing process and to achieve auditing all staff both in core physiotherapy and Musculoskeletal Assessment and Treatment Service (MATS). ▪ If there are particular trends with staff then this can be discussed with their mentor and addition training given if necessary.
1455 Prevention – advice given to children 0-16	<ul style="list-style-type: none"> ▪ Add preventive advice and professional interventions in clinical record templates as reminders.
1456 Prevention – smoking cessation advice given to Dental Access Centre patients	<ul style="list-style-type: none"> ▪ Add preventive advice and professional interventions in clinical record templates as reminders.
1458 Compliance with providing tooth brushing and dietary advice	<ul style="list-style-type: none"> ▪ Ensure tooth brushing advice is given to all patients. ▪ Ensure diet advice is given to all patients. ▪ Feedback audit results at peer review meeting.
1459 Children's Services Holly Ward Wristband audit	<ul style="list-style-type: none"> ▪ To re-audit wristbands using the four standards: Last name, first name, date of birth and NHS number. ▪ All nurses admitting patients' to ward will attach the appropriate wristband to their patients within an hour of their admission (ongoing). ▪ All staff with access to electronic records system will have refresher training in the printing of patient wristbands.
1460 audit of epilepsy care pathways and plans for young people with epilepsy resident at Meldreth Manor	<ul style="list-style-type: none"> ▪ Audit presented to raise awareness and further survey in special schools planned to ensure all care plans in date.
1463 Ongoing audit of quality of prescriptions	<ul style="list-style-type: none"> ▪ Continue to collect data, modify practice, alter the audit tool as necessary and report findings on a quarterly basis. ▪ Email distribution of findings and discuss at countywide meeting.
1468 Controlled Drugs (CD) audit Luton	<ul style="list-style-type: none"> ▪ Corporate Induction now includes reference to local induction procedures which should be undertaken and each service should tailor this to include CD management if appropriate.
1470 Luton 1:1 safeguarding Children's Supervision 2014-15	<ul style="list-style-type: none"> ▪ Supervisor to increase the number of respondents by giving questionnaires to supervisees at the end of the session. ▪ Undertake a comparative audit on those qualified for less than two years and those qualified for longer.
1472 Compliance with Faculty of Sexual and Reproductive Health Guidance on Injectable Contraception	<ul style="list-style-type: none"> ▪ Communication of audit findings and recommendations via monthly newsletter.

Log number and Clinical Audit title	Actions from Clinical Audits
1473 Compliance with Faculty of Sexual and Reproductive Health Guidance on Progestogen-only implant	<ul style="list-style-type: none"> ▪ Communication of audit findings and recommendations via monthly newsletter.
1474 Compliance with Faculty of Sexual and Reproductive Health Guidance on Emergency Contraception	<ul style="list-style-type: none"> ▪ Communication of audit findings and recommendations via monthly newsletter.
1475 Management of Under 16s Proforma	<ul style="list-style-type: none"> ▪ Re-discuss at the consultant meeting for sexual health services.
1501 Combined Oral Contraceptives – Cardiovascular risk audits (re-audit)	<ul style="list-style-type: none"> ▪ Introduce Electronic patient record, and automated Body Mass Indicator calculators. ▪ Disseminate findings to all staff. ▪ Encourage peer review.
1502 Compliance with national targets for offering HIV testing	<ul style="list-style-type: none"> ▪ Due to the number of errors when patients were receiving prophylaxis, a new template has been developed for this which includes a mandatory HIV offered field. ▪ These findings were presented at clinical governance meeting for further action.
1505 Sexual history and chlamydia partner notification (re-audit)	<ul style="list-style-type: none"> ▪ This is a re-audit results which point to a good practice. ▪ Feedback to clinic meeting and individual case note reviews.
1506 Audit of the use of the “under 18 year old proforma”	<ul style="list-style-type: none"> ▪ Raise staff awareness of need to complete the under 18 year old proforma via face to face contact with staff and in the staff newsletter.
1508 To ensure that Musculoskeletal physiotherapist services provide care in accordance with the NICE guidance for the early management of persistent non-specific low back pain	<ul style="list-style-type: none"> ▪ Raise staff awareness of need to provide information to enhance understanding. ▪ Encourage documentation of all advice given. ▪ Continue to offer effective treatment interventions to suit individual patient’s needs. ▪ Encourage provision of alternative treatment options if required. ▪ Continue to offer only evidence based treatments. ▪ Raise staff awareness of pain control and encourage review of current analgesic recommendations. ▪ Continue to offer only appropriate imaging.
1509 Child protection medical reports – timing and coding	<ul style="list-style-type: none"> ▪ Ensure referrals are processed immediately once received by Admin team. ▪ Liaise further with staff in Social Care (Referral team) to reinforce the requirement for children to be seen by 4pm. ▪ Ensure updated child protection medical referral pathway is circulated to key agencies once ratified. ▪ Raise staff awareness to improve recording of outcome read codes. ▪ Raise staff awareness to ensure all child protection medicals documented in electronic record.
1518 Audit of 3 to 4 month health visitor contact	<ul style="list-style-type: none"> ▪ To educate staff in using 3-4 month template correctly. ▪ To educate staff in recording “voice of child”.
1520 Audit and patient satisfaction survey of pre-school social communication	<ul style="list-style-type: none"> ▪ Leaflet on social communication difficulties to be included with appointment letter and then also copied to referrer to discuss with family. ▪ Speech therapy recommendations to be sent as separate letter to carers and educational settings; SystmOne template to be devised. ▪ Team informed of pathway for post diagnostic support through early support initiating contact with the link professional to make contact soon after diagnosis and to discuss information given. ▪ Further support if needed can be discussed with early support co-ordinator on case by case basis.

Log number and Clinical Audit title	Actions from Clinical Audits
1524 Child Protection Minutes & Reports on SystmOne	<ul style="list-style-type: none"> ▪ All minutes and reports are now being sent directly to each Team's generic mailbox. These are then actioned by the Administrator / health professional and the Safeguarding Team no longer have an involvement. ▪ To discuss further with SystmOne Lead for Health Visiting as there has been a change to the process. ▪ To plan with SystmOne Lead for Health Visiting to run future audit, and agree across Children's Services how these documents will be saved on S1 and what titles should be used to enable documents to be found quicker. ▪ Findings of audit to be shared with Health Visiting and School Nursing.
1525 Management of abortion referrals	<ul style="list-style-type: none"> ▪ All patients using oral contraception should be explicitly told about the circumstances when emergency contraception and this should be documented. ▪ More detail to be documented re discussion of future contraception. ▪ Audit results, recommendations and action points have been circulated to all staff via the monthly newsletter.
1526 audit of Health Visitor contact between new birth contact and 6 week assessment	<ul style="list-style-type: none"> ▪ Audit undertaken to identify areas to achieve efficiency and time savings - possible "over visiting" against service specification between new birth contact and 6 week contact as a possible area for improvement. ▪ A small number of contacts (4) were identified which were clearly not justifiable. Staff education about this would free a small amount of time. ▪ A small number of contacts (7) were questionable and would have been done at the professionals' judgement. These may have been managed by invites to baby clinic, feeding clinic or by phone calls. ▪ Staff education at professional development sessions.
1529 Musculoskeletal Physiotherapy (Peterborough) Record audit	<ul style="list-style-type: none"> ▪ Audit undertaken to see if there had been an improvement from the previous year. ▪ The audit highlighted an issue in the use of abbreviations which are used as standard in physiotherapy paper records but are not used in SystmOne. The abbreviations list has been circulated. ▪ Another issue related to documenting where the pain is not present. Again this differs when compared to paper notes and the staff will need to adjust how they work within SystmOne records. ▪ The results of this audit and the spreadsheet were made available for the staff in order that they can make appropriate adjustments to their notes and have a positive impact on any re-audit.
1531 Compliance of paper and SI work diaries	<ul style="list-style-type: none"> ▪ Task and finish group to be set up to draft framework. ▪ Draft framework to be discussed at team level, agreed and disseminated. ▪ Mobile phone strategy revised and implemented. ▪ Training sessions made available for staff in use of phone and nhs.net diary ▪ Receipt of the guidelines and numbered document bag to be recorded and added to the individual's personal file. ▪ Where a paper diary is assigned this will be numbered, and a record kept. ▪ Line managers to review staff's electronic and paper diary management twice a year. ▪ Line managers to ensure that all new staff understand the rationale for the relevant organisational policies. ▪ Organisational policies to be implemented with staff who remain non-compliant. ▪ Findings from audit to be discussed with all staff both in team meetings and in one to one meetings. ▪ Incorporate quarterly re-audit into on-going annual audit cycle.