

Quality Account 2016-17



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ccs.communications@nhs.net.

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

Welcome to the 2016-17 Quality Account for Cambridgeshire Community Services NHS Trust

The last twelve months has seen an unprecedented level of successful service redesign across the Trust, improving accessibility and outcomes for the communities we serve.

Highlights have included:

- Introduction of new care models in partnership with health and social care partners in Luton. The At Home First service enables adults to be cared for in their own homes avoiding hospital admissions and we were appointed as a Primary Care Home rapid test site for the National Association for Primary Care.
- Successful implementation of Year 1 of our ambitious redesign plans for children and young people's services across Norfolk including the launch of the Just One Number; a single point of access and referral for professionals and service users/families.
- Introduction of a single, consistent integrated Contraception and Sexual Health (iCaSH) service model across Cambridgeshire, Norfolk, Peterborough and Suffolk.
- Extending a low back pain pilot which saw the Trust's DynamicHealth musculoskeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust.

We are incredibly proud that, for the fourth year running, our staff rated the Trust highly in the 2016 NHS Annual Staff Survey, reflecting the positive culture within our organisation. Our overall staff engagement score was the 16th best compared to all 316 NHS organisations across the country. This score alone reflects the fantastic work that takes place to involve and engage colleagues in developments that affect their working lives. Staff rated the Trust above average in 27 of the 32 areas assessed when compared to other community trusts, with nine of these ratings achieving the highest scores in the country when compared to our peers.

Our vision is to provide high quality care through our excellent people. During the year we have been developing 'The CCS Quality Way', an ethos which embeds quality at the heart of everything we do. This will be fully rolled out in 2017 building on our existing continuous programme of quality improvement.

Feedback from service users suggests that we are well on the way to fulfilling our vision. Over 21,000 service users provided feedback and during the year we consistently exceeded our target of 90% of service users saying they were likely to recommend our services to friends and family if they needed similar care or treatment (also exceeding the national average).

The Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months, including achieving a modest surplus of £2,098,000 despite on-going financial constraints and ever-growing demands for our services.

As ever, these achievements are entirely the result of the outstanding commitment of staff and we acknowledge and thank them for their amazing dedication. We hope you will agree that much progress has been made in taking forward our priorities for improving quality.

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 2016-17 and reflects our priorities for continuously improving quality in 2017-18. We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope the examples in this report demonstrate just some of the innovative ways we are supporting people across the East of England and improving their quality of life.



A handwritten signature in black ink, appearing to read 'M. Winn', written on a white rectangular background.

Matthew Winn
Chief Executive

Statement from the Chief Nurse and Medical Director

We are proud to endorse this account which demonstrates the work undertaken by staff in all roles and settings to provide high quality, safe, effective and appropriate care to the people using our services. We know that our staff put our service users and their families at the heart of everything they do by the way they care for and advise patients and when they undertake tasks to support clinical care. This report serves to confirm that in most cases and for most of the time we achieve this aim.

Once again the year has been one where new staff and services have joined the Trust, and where others have moved to new providers. We have worked with staff to ensure that the transition of services into and out of the Trust was as smooth and seamless as possible for both our staff and for those accessing services. We are pleased to hear from staff and patients that this has been achieved effectively and that where issues arose, these have been addressed promptly.

One way that we understand our services is to hear directly from patients and staff at our Board meetings. This account shows that a wide range of actions have been taken in direct response to comments and advice from our service users in order to improve the way we work. We continue to work hard to engage with the people using our services and are pleased to note that the number of people needing to raise formal concerns remains significantly lower than peer organisations. Our improvement target relating to patient experience is to make our responses to complaints quicker throughout the next year.

Our account this year has been presented in a more accessible format whilst staying within the National guidance. This is intended to make the account more user friendly and relevant for the reader. We welcome feedback on this approach.

Looking forward to next year our main aims are to ensure that we reduce variation in the ways that our services operate and in the outcomes achieved. To do this we will focus on learning from each other and from external stakeholders and guidance; we will make improvements to how we use information to inform plans and service delivery and to evaluate our outcomes. We will also strengthen our understanding of patient experience of the care we provide.



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

David Vickers
Medical Director



A handwritten signature in black ink, appearing 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 2017-18.▪ 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 2016-17.

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 five year Quality and Clinical Strategy 2016-21 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, embrace new 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 2017-18 include reducing our complaints response times from 30 days to within 25 working days, strengthening the ways in which we learn from patients and service users and engage with the public.

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 2017-19.

Key priorities in each area form our Quality priorities for 2017-19 (detailed in Part 2).

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

Quality Improvement Priorities for 2017-19

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

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

Our priorities for 2017-19 are taken from the Trust's Year 2-3 Implementation Plan supporting the delivery of our Quality and Clinical Strategy. Progress is overseen by the Board Sub-Committee for Quality Improvement and Safety.

Our Quality and Clinical Strategy outlines the Trust's quality priorities for the next five years and includes the following areas for improvement in 2017-18:

- Provide support and preparation to ensure the Trust achieves an Outstanding Care Quality Commission rating.
- Embed the CCS 'Quality Way': an ethos that embeds quality at the heart of everything we do and highlights how each member of staff contributes to our vision to provide high quality care through our excellent people.
- Implement a programme of audit of all clinical policies and subsequent improvement plans.
- Ensure each team has a safety plan linked to service objectives.
- Establish an effective clinical leadership network with professional leadership established in all services.
- Improve our use of feedback from patients and service users to improve our services (including surveys and complaints) and use clinical outcomes to improve care e.g. EQ5D and Patient Activation Measures.

Statement of Assurance from the Board

1. Review of services

During 2016-17 Cambridgeshire Community Services NHS Trust has been privileged to provide a number of NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Peterborough, Norfolk and Suffolk as summarised in the table at the back of this report (see Appendix 1).

We were delighted to win the contracts to provide integrated Contraception and Sexual Health services and HIV care and treatment in Bedfordshire, welcoming staff from these services to the Trust.

The Trust was not successful in being awarded the contract to continue to provide the Luton Drug Service, which transferred to a new employer on 1 April 2017. The Peterborough Weight Management and Luton and Cambridgeshire Child Health Information services transferred to new employers on the same date following procurement processes which the Trust did not participate in, in line with our Five Year Strategic Plan.

In line with our Five Year Strategic Plan, the Trust gave notice to commissioners in May 2015 that it would no longer provide the following services:

- Outpatient services based at North Cambs 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 will transfer to new employers on 1 September 2017.

*"Reassured my daughter,
excellent service."*

Outpatient Department,
Princess of Wales Hospital, Ely

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 these services represents 100% of the total income generated from the provision of NHS services by the Trust during this 12 month period.

2. Participation in clinical audits and national confidential enquiries

From April 2016 to March 2017, there was one national clinical audit 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=1) of national clinical audits and 100% (n=0) national confidential enquiries of which the Trust was eligible to participate in.

The national clinical audit that CCS NHS Trust was eligible for and those it participated in between April 2016 to March 2017 are as follows:

Audit	Participation	No. of patients
Unicef: The Baby Friendly Initiative Breastfeeding Audit	Yes	The Trust submitted 37 patients to this audit.

During 2016-17 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 to the Quality Improvement and Safety Committee.

The reports of 44 local clinical audits were reviewed by the Trust in 2016-17; see Appendix 3 for a full list of planned actions to respond to the audit findings.

Key findings from the audit programme

- 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.
- A safeguarding audit highlighted the need to ensure that updated child protection medical referral pathways are circulated to key agencies once ratified and documented in safeguarding node.
- Electronic devices have been introduced to ensure safety and security of patient information. These replace paper diaries where appropriate.
- Following the implementation of electronic templates, the Physiotherapy Service was able to demonstrate full compliance with the NICE Guideline for Urinary Incontinence CG171.
- Following an audit undertaken by the Community Paediatrics Team to look at the care of children with epilepsy within special schools, a working group was established and demonstrated improvement in care plans. It also put forward a proposal to see if funding could be secured to support an epilepsy specialist nurse.
- The Physiotherapy Service identified the need for locality-wide in-service training of analgesia following an audit to meet the recommendations of NICE Guidance CG88 (Early management of persistent non-specific low back pain).

National Confidential Inquiries

There are currently three National Confidential Enquiries and Inquiries: The National Confidential Enquiry into Patient Outcome & Death (NCEPOD); The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) and The Confidential Enquiry into Maternal and Child Health (CEMACH). The Trust has not participated in these during 2016-17 as it does not run services which are eligible.

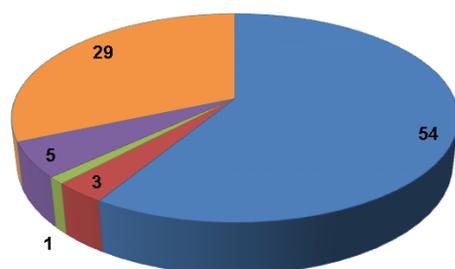
3. Participation in clinical research

Participation in clinical research supports the Trust's commitment to improving the quality of care we offer and contributing to wider health improvement.

In 2016-17 a total of five research studies were running within Cambridgeshire Community Services NHS Trust. Of these, four studies were National Institute for Health Research (NIHR) portfolio studies, and one was a non-portfolio study.

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire Community Services NHS Trust in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee was 92 (see diagram below for more detail).

Study recruitment numbers (2016-17)



- Attila - Assistive technology and telecare to maintain independent living at home for people with memory problems.
- Magenta - Effectiveness and cost effectiveness of graded exercise therapy compared to activity management for paediatric CFS/ME children.
- Pyces - A study to see if CBT can help children who are struggling after being involved in a frightening event.
- Glue ear - Exploring interventions over the watchful waiting period for children with chronic otitis media with effusion (glue ear).
- Safetxt - RCT on impact of texts on behaviour change on clients aged 16-24 years testing positive for sexually transmitted diseases.

Cambridgeshire Community Services NHS Trust used national systems to manage research studies in proportion to risk for all studies. The National Institute for Health Research Networks supported all of the NIHR studies through local research networks.

In the last year 19 publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation (n=8); outcome measures; assistive Telehealth; osteoarthritis; Down's syndrome; and one explored clinical engagement in research associated with the NIHR portfolio Attila study. We also had many clinical staff attending national and international conferences to present their work, either via oral presentations or academic posters. We also had many clinical staff attending national and international conferences to present their work, either via oral presentations or academic posters.

Impact of NIHR portfolio research within the Trust

Study	Benefits of Participating in Research
 <p>Safetxt</p>	<p>This study is a randomised controlled trial that is taking place within the Integrated Contraceptive and Sexual Health (iCaSH) service which is the sexual health provider in the Trust. The clinical team is new to research but there has been much enthusiasm from the staff. Six have completed the Good Clinical Practice (GCP) research governance training. The Principal Investigator (PI) is clinically trained but non-medical, and it is their first time being a PI. The recruitment rate has been excellent, with a rate of three participants being recruited into the trial per week. This exceeds the recruitment targets set.</p>
 <p>Evaluation of NeuroText as a memory aid for people with multiple sclerosis</p>	<p>The MS Society fully funded this NeuroText research. The study worked with people with Multiple Sclerosis. This patient group is not usually invited to participate in cognitive rehabilitation studies. This study evaluated whether receiving NeuroText reminder messages improved everyday memory performance, compared with those who were sent social text messages. It was found that receiving reminder text messages increased participants' attainment of personally identified target behaviours and impacted positively on their mood and quality of life. The professional benefits of the lead researcher participating in the research included: being awarded a PhD; 1 peer-reviewed publication; 9 posters; 6 presentations at international conferences and being an invited speaker at National MS public showcasing event.</p>
 <p>Attila</p>	<p>This study is now in the 2-year follow-up period. Due to the grant funding, the Trust has a dedicated clinical staff member who performs follow-up testing for this study and liaises with participants who have a diagnosis of dementia. This ensures the continued success of the study.</p>

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

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

- Recruitment to NIHR portfolio studies.
- Developing NIHR grant applications.

- Consulting at NIHR Grant Writing Days.
- Staff working closely with the NIHR Grant Development Team.
- 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 2016-17 was conditional on achieving quality improvement and innovation goals. These were agreed between Cambridgeshire & Peterborough Clinical Commissioning Group, NHS England and Luton Clinical Commissioning Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The Trust delivered six of its seven CQUINs. However, the Trust did not achieve the full Flu Vaccination uptake target, although it did reach its highest level to date of 70.1% and will receive a part payment.

NHS England CQUINs are nationally mandated and have already been agreed for 2017/2019. The Trust has agreed to seven CQUINs which will run over two years. Two of these are local and the remaining five are national.

Further details of the agreed goals for 2016-17 and for the following 12 month period are available 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)).

Care Quality Commission Last rated 8 May 2014

Cambridgeshire Community Services NHS Trust

Overall rating

Inadequate	Requires improvement	Good	Outstanding
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Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/provider/RYY. We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

5. Statements from the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2016-17.

Our iCaSH (integrated Contraception and Sexual Health) service in Peterborough was engaged in a system-wide CQC inspection of Looked After Children services in this locality during 2016 and received positive feedback in relation to safeguarding, joint initiatives and partnership collaboration.

In March 2017 Cambridgeshire Community Services NHS Trust participated in a joint CQC/Ofsted inspection of health and social care services provided for children with special educational needs and disabilities living in Cambridgeshire. The Trust is awaiting formal written feedback on this inspection.

6. Data quality

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

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

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

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

- Continue to 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.

NHS number and General Medical Practice Code Validity

Cambridgeshire Community Services NHS Trust submitted records during 2016-2017 to the Secondary Uses 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:

- 99.6% for admitted patient care
- 100% for outpatient care
- Not applicable for accident and emergency care

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

- 100% for admitted patient care
- 99.8% for outpatient care, and
- Not applicable for accident and emergency care

7. Information Governance Toolkit attainment level

Cambridgeshire Community Services NHS Trust Information Governance Toolkit Self-Assessment score for 2016-17 was 81% and was graded satisfactory.

For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 21 standards and level 3 for 17 standards. One standard was considered not relevant to the Trust's portfolio.

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

Unfortunately, the national training online tool for information governance was not available from January 2017. At this point, the Trust had achieved our annual target of 95% compliance rate for information governance training.

8. Clinical coding error rate

Cambridgeshire Community Services NHS Trust was not subject to the Payment by Results clinical coding audit during 2016-17 by the Audit Commission.

9. Developing our Quality improvement capacity and capability

During 2016 the Trust's Service Redesign Team has developed the 'CCS Improvement Way' which is a model of Quality Improvement designed to help services to embed a culture of continuous improvement.

This is supported by a range of elements including:

- Training opportunities.
- The development of an Improvement Hub – this is incorporated into the exciting project to redesign our staff intranet and create a dynamic place for staff to update their skills and learn from and share best practice.
- A network of Improvement Champions.
- Improved use of data for improvement.

This will be rolled out across our services during 2017-18 to strengthen our established Quality Improvement capacity and capability.

This year we have also had continued success with the Health Education East of England Quality Improvement Fellowships (QIF) when two Clinical Psychologists were awarded the Fellowships. The clinicians are from different service areas and had to fulfil the brief of the projects around 'patient wellbeing'. One project was working with a HIV User Group and the other was the wellbeing of clients who have experienced a traumatic brain injury.

Part 3: Review of Quality Performance 2016-17

This section demonstrates the Trust's achievements throughout 2016 17 for the priorities outlined for this period in our Quality strategy.

3.1 Quality Improvement Priorities 2016-17

Quality and Clinical Strategy 2016-17 – Summary of Year 1 Implementation Plan

Programme	Actions	Progress
<p>Programme 1 Deliver outstanding care <i>Building on our high performance and maintaining a culture of continuous improvement</i></p>	<ol style="list-style-type: none"> 1. Use of the Benson tool to model caseloads and workforce requirements in Children's services. 2. Reduce complaints responses from 30 to 25 working days. 3. Clinical audit plan is linked to organisational objectives and risk. 4. Services to identify safety priorities in their annual service plans. 5. Undertake an assessment using the Well Led Framework. 6. Improve our Information Governance toolkit scoring by 2%. 7. Achieve 97% harm free care by March 2017. 	<p>The tool has been used in a number of 0-19 years services across the Trust and is currently being utilised in community nursing teams in Luton.</p> <p>A programme of work was developed during 2016 to improve the overall management of complaints and this will have a positive impact during 2017-18.</p> <p>The clinical audit plan for 2017-18 has been developed with our services and is linked to organisational objectives and risk.</p> <p>Our services have all developed annual service plans that include Quality priorities. Where appropriate these include safety priorities.</p> <p>We have achieved all of our actions for 2016-17 and the Board has agreed new actions for 2017-18.</p> <p>Our score for March 2017 is 81%. This is a 5% improvement during the year and reflects the work involved to improve our management of information.</p> <p>97.6% achieved for harm free care provided solely by Trust services (March 2017). 93.4% achieved for overall harm free care which includes care provided by other organisations.</p>
<p>Programme 2 Develop our Clinical care <i>Enhancing our existing service models, underpinned by staff development and training with a strong emphasis on prevention of ill health and maximising opportunities for self-care.</i></p>	<ol style="list-style-type: none"> 1. Develop a Knowledge Hub infrastructure and programme plan. 2. Review use of Patient Group Directions as part of a medicines optimization plan 	<p>We commenced a major project during 2016-17 to develop a staff knowledge hub. This has expanded to include a new staff intranet which will provide an interactive, dynamic resource for staff to share learning and best practice. Development will continue into 2017-18.</p> <p>We have undertaken a review of the use of Patient Group Directions and other mechanisms for prescribing medicines to ensure that their use is appropriate in our clinical services and that we adhere to related NICE guidance.</p>

Programme	Actions	Progress
	<p>3. Provide 7 day services where it makes a difference to the people who need it.</p> <p>4. Reduce variation in outcomes evidenced by our focused internal audit programme.</p>	<p>Relevant services have been reviewed and are compliant, i.e. Holly Ward at Hinchbrook Hospital.</p> <p>Our clinical audit programme for 2017-18 has been developed with services to support standardisation of practice.</p>
<p>Programme 3 Support our outstanding workforce <i>Supporting staff to have the skills to do their job well and ensuring staff capacity matches workload</i></p>	<p>1. Develop our Knowledge hub infrastructure.</p> <p>2. Introduce a system to support and monitor nurse revalidation.</p> <p>3. Refresh the clinical supervision policy and implement associated audit programme.</p> <p>4. Deliver the workforce strategy outcomes.</p> <p>5. Establish a programme to standardise all clinical policies and associated audit programme.</p> <p>6. Establish effective clinical networks for our clinical services.</p>	<p>As per programme 2.</p> <p>This was successfully developed to support and monitor the revalidation requirements introduced by the Nursing and Midwifery Council in April 2016.</p> <p>This has been reviewed and audit planned for 2017.</p> <p>The Annual Implementation Plan for 2016-17 was reviewed and all key milestones met and a plan for 2017-18 developed.</p> <p>A programme was undertaken to harmonise our clinical policies and strengthen the governance of the policy review system.</p> <p>We have supported services to develop appropriate networks. This includes both within our Trust and externally with relevant specialities.</p>
<p>Programme 4 Learn from others <i>As a learning organisation we will benchmark and learn from others</i></p>	<p>1. Reduce complaints response from 30 to 25 working days.</p> <p>2. Improve the way we evidence that patient feedback makes a difference to the services we offer.</p>	<p>As per programme 1 – we are working to improve the management of complaints and will see the positive impact in 2017-18.</p> <p>We introduced Quality Boards for our services to display in public and staff areas. The information includes highlights of patient feedback from surveys and complaints. This work will continue as a priority in 2017-18.</p>

3.2 Patient safety activity

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme during 2016-17. The table below summarises the Trust's 2016-17 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

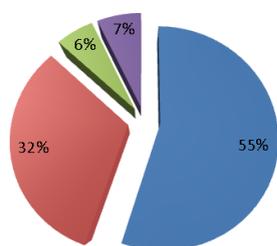
The Trust's seasonal influenza vaccination programme reported an increase of 10.9% of frontline staff vaccinated. Between October 2016 and February 2017, the Trust vaccinated 70.1% of staff; this is the highest uptake the Trust has reached.

Patient safety incidents

During the previous 12 months, approximately 2,000 patient safety incidents and near miss incidents were reported via our web-based incident reporting system (Datix). This is an increase over the previous 12 month period of approximately 20%. This level of incidents equates to approximately 0.2% of the almost one million contacts our staff have with service users each year.

Who was caring for the patient/service user when the incident occurred

■ Under CCS care ■ Other Organisation
 ■ Domiciliary care agency ■ No professional health/social care input



In addition to reporting incidents as a direct result of our care, staff are also encouraged to report 'happened upon incidents' which have originated in another organisation (e.g. acute trust or domiciliary care agency) and where there has been no professional health/social care input; this is reflected in the breakdown below

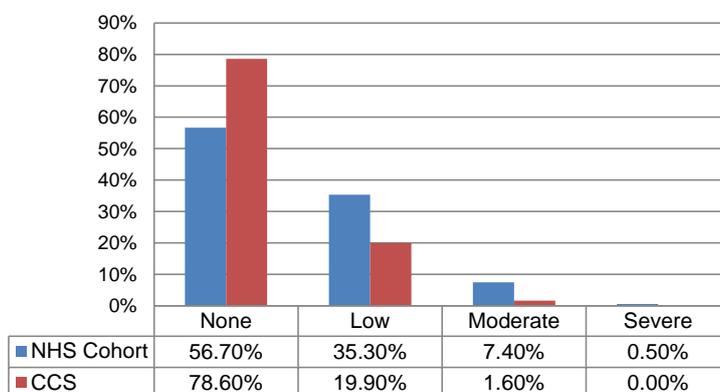
Incidents are shared with other organisations where possible and any feedback received is communicated to our local teams.

All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.

All patient safety incidents which occur as a direct result of CCS care are submitted externally to the National Reporting Learning System (NRLS) in line with the Care Quality Commission requirements.

The chart below provides a summary of patient safety incidents by harm reported by the Trust compared to an allocated cohort of other NHS Community Organisations – the latest information covers the period 1 April – 30 September 2016.

NRLS Data



Of note is the high percentage of no harm incidents recorded which is above the national average and demonstrates staff openness to report and learn from all types of patient safety incidents where learning can be identified and shared where appropriate.

Serious Incidents (SIs)

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

There were a total of three serious incidents during 2016-17 as follows:

- 1 x grade 3 pressure ulcer
- 1 x information governance incident relating to breach of confidentiality
- 1 x failure to follow up on appointments

In addition, a further two incidents occurred in our dental services which met the criteria to be reported as a Never Event. Never events are preventable patient safety incidents that should never occur if appropriate systems and checks are in place. One incident involved a retained dental swab following surgery for teeth extraction in an operating theatre environment. The second incident, classified as ‘wrong site surgery’, involved the extraction of a wrong tooth. Full apologies were made and all aspects of the incident will be reviewed and appropriate improvements made.

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

Implementation of Duty of Candour

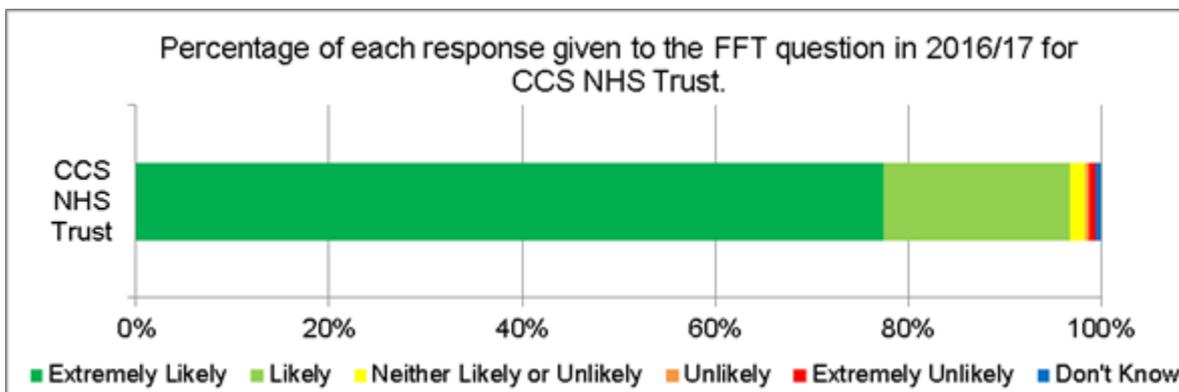
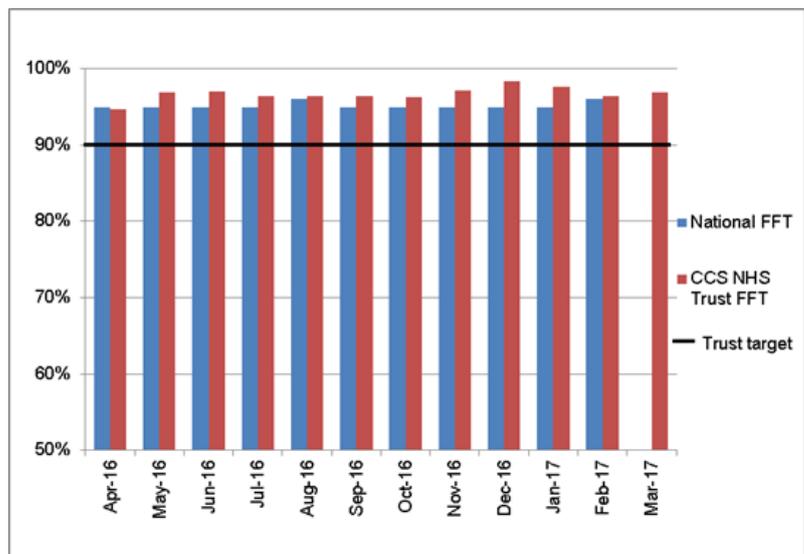
The Trust has fully implemented the requirements of the Duty of Candour in line with the Care Quality Commission’s framework.

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

3.3 Patient experience activity

Patient surveys

Over 21000 service users responded to surveys during 2016-17. Surveys included the Friends and Family Test question: “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” The Trust exceeded the target of 90% of patients recommending services and achieved higher percentage scores than the national average in every month except April 2016.



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service received 816 contacts (including complaints and concerns) and over 30000 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:

Service Name	You said...	We did...
iCaSH Suffolk	More privacy at the reception desk at the Orwell Clinic.	Signs were put up asking patients to wait away from the reception desk.
	More information about clinic times on the website. Update website with the walk-in opening times. Update website more regularly.	Opening times and clinic times were added to the website. A member of staff was nominated to take the lead on this and who regularly checks to ensure the information is up to date.
iCaSH Norfolk	It's difficult to make an appointment for someone who works between 9.00am and 5.00pm.	From Monday, 5 December 2016 we have held evening clinics on Tuesdays and Thursdays in Great Yarmouth.
	The exterior of the clinic looks unwelcoming.	Improved signage was ordered and installed. The outside area was cleaned and flower planters added.
Dental Healthcare, Peterborough	Refreshments should be available.	A water cooler was installed in the reception area.
	Phone lines are always busy.	A call queuing system was implemented with information bulletins about what to expect when visiting our Service.
DynamicHealth, Peterborough	Rivergate Clinic is hard to find.	Improved information on letters for first appointment was instigated.
	Request for more signs from ASDA car park to Rivergate Clinic.	Additional signage was added to help navigate patients from the car park to the clinic.
Special Care Baby Unit	A parent toilet on the unit would be a huge improvement.	Installation for new parent toilet is planned for 2017.
	Parental discussions with doctors to be confidential.	A new ward round system was introduced where only parents were present for their own baby's examination.
Paediatric Assessment Unit (on Holly Ward)	To be kept updated when there is a delay in being seen by the Doctor/ Registrar on the Paediatric Assessment Unit (PAU).	The standard for seeing the medical team within PAU is to see the junior doctor within one hour of arrival who initiates the management plan and any investigations needed. There is then a standard of seeing the registrar or consultant within four hours of admission to the unit who makes the final decision on whether a child needs admission to Holly Ward or can be safely discharged home. If there is a delay in being able to meet this standard then the nursing staff will endeavour to inform parents of this and explain the reasons why.
Holly Ward	There is limited food choice for those on a dairy free/soya free diet.	We are limited on the choice as our meals are provided by the catering department on site. We will always endeavour to provide meals that meet the allergy requirements of all children and have recently worked hard to improve our menus to allow for all dietary requirements and ages, e.g. introduction of finger foods and snack pots for lunch.

Service Name	You said...	We did...
Holly Ward (continued)	Toys for older children in the play room.	We have the teenage room that is set up for older children along with a selection of board games, DVDs and computer games that can be used in the play room or by the bed side. We have to cater for all ages from 0-17 years therefore there is only a small selection out and available in the play room at any one time. The play team also arranges daily activities in the play room which are open for any child to join in, e.g. we have recently had a snow day in there.
Luton Children's Community Nurses	Service users reported that they did not like the new lanyards and preferred the child friendly ones we used to wear.	Our team now have child friendly badges for which we have received positive feedback from service users.
Luton 0-19 Universal Team	Would like longer clinic times.	Reviewed Child Health Clinics in Luton and extended the time of the clinic held at The Mall Children's Centre in the town centre by an hour.
Luton Anti-Coagulant Clinic, Luton Treatment Centre	Do the blood test at the same time as I am coming for finger prick so I would not have to make a separate appointment.	This is an excellent idea. We have set up a drop in clinic for blood testing during anticoagulant clinic times (as staffing levels allow).

Selection of patient feedback

"A lady who assessed my son for co-ordination problems was AMAZING!!!! I have no words to say how careful, professional, perfect to detail a person she is! Made our day! It simply could not be better. Thank you."

Children's Services Occupational Therapy,
Cambridgeshire

"Ease of access. Great manners of staff when dealing with me."

Anti-coagulation Monitoring Service,
Luton

"The lady was really informative, helpful and really made me feel at ease."

Integrated Contraception & Sexual
Health Services (iCaSH), Ipswich

"Thorough checks and explanations to a new mother."

Norfolk Healthy Child Programme

"Enthusiastic and informative advice in a friendly environment. Took away some fantastic advice for weaning and feeling more confident in moving forward."

Cambridgeshire Healthy Child Programme

"My sons felt at ease and communication was very good."

Dental Services, Huntingdon

Patient stories

Patient stories have been presented at Trust Board meetings during 2016-17. Some patients attended in person, others provided written reports or were filmed. Each story provides a unique insight into the patient experience, articulating how staff have improved the quality of peoples' lives and in a few cases how the services did not meet expectations. Where improvements were identified the service involved agreed actions and implemented changes in order to improve the patient experience.

Below are some examples of the patient stories presented.

August 2016

Mr T awoke with pain in his legs just after his 50th birthday. Mr T immediately visited his GP and, following months of tests and waiting, was referred to the Trust's DynamicHealth MSK Service in Peterborough. At the first contact Mr T was immobile due to both legs seizing up and his mood was very low due to pain and lack of mobility. The tests identified that there was muscle and nerve damage in his lower back and the physiotherapist realigned his spine at his initial consultation with the Trust. Mr T was then immediately referred to the Team's Rehabilitation Instructor.

Mr T was then provided with essential exercises to start his recovery and carried on with regular short sessions with the Rehabilitation Instructor. Mr T learnt how to walk and sit correctly, how to listen to his body for warning signs and techniques to align his spine himself. Mr T feels that he has had his life given back to him; he was able to return to his job and feels that he is performing better than before.

Prior to Mr T's illness he was a very active man and has now been able to enjoy hiking, canoeing and similar outdoor activities with his wife and four children once again. Mr T has incorporated exercise and rest time into his everyday life and, following the treatment received from his Rehabilitation Instructor, can now self-manage his condition. Mr T states that "I'm 51 years old but my fitness is like a 21 year old man."

December 2016

In the patient's own words:

Let me tell you a little thing about me, I was the angriest most unsociable human being created. I thought I was always right and I know a lot of people would not have got on with me but for the most part nobody took it personally in the services, they continued to work with me and still do to this day. I was a nightmare.

I want to say a massive thank you to Luton Drug Service. They have taken time and invested money to get me where I am today, clean and sober that is. For being understanding with all my struggles, financial, mental, physical and being there for my family, especially my sister. I am determined to remain abstinent and want to continue helping other people to achieve their sobriety. I hope that there will be help for other people coming into services after me and the services remain flexible and responsive as they were with me.

I started drinking before I was a teenager; I progressed onto Marijuana at the age of 11, Cocaine at the age of 16, Heroin and Crack at 19 whilst drinking alcohol throughout. By the time I was 21 I was using all substances and became hooked on everything, which led me to jail because of the crimes I was committing for money. I have been locked up in psychiatric units because of mental health and hospitals for drinking and drug abuse on a regular basis. That was my life, drink and drugs, it was my default setting.

I was going to the drug services in Luton, but to be honest it is all a blur because I was still drinking and using as much as I could. Up until January 2016 I was still drinking and using drugs, I was homeless and engaging with Penrose to sort out my accommodation. I got put into the psychiatric unit in the local hospital because everyone was at loss as to what to do with me and I was deep into my addiction. When I was discharged from hospital I was taken to Respite House for a month to keep myself off the streets and away from alcohol and drugs. I was in Respite House for my own safety and the safety of others. Usually you only stay in Respite House for 2 weeks. During this time I was being detoxed from

Benzos (diazepam), alcohol and street drugs. All I did the whole time in Respite House was cry, which is so unlike me. My mind was a mess, I couldn't communicate and I wanted out of there. I just wanted to go and feel better. I stayed within Respite House with the assistance of the Manager, the Social Worker, the Doctor and a sessional support worker.

I was getting fed 3 times a day; I was used to eating maybe 3 times a week. I was doing groups like relapse prevention; I was menu planning with the rest of the residents and eating with staff and residents which helped me to bond with other human beings basically.

On 10 March 2016 I was taken from Respite House to Oxygen and started my rehabilitation and TADA here I am today. I'm going to college to do a degree in creative writing, I do voluntary work for Barista and I am now in touch with family. I'm getting a relationship back with my children and I do a lot for recovery with women.

February 2017

S is a 20 year old lady who comes from a family who have worked with Social Services since 1998 due to factors such as parental chaotic drug use, parental mental health and domestic abuse. S's unborn baby was subject to a child protection plan in 2016 for the same reasons that S herself had been 20 years earlier. S was very loyal to her family and did not agree that there were risks to her baby and she was at risk of having her baby removed from her care. She did not want to make changes to her behaviour or her situation.

S was deeply distrustful of professionals and services and initially refused to meet the family nurse. S did not feel that her baby was at risk as she felt she could protect her baby, so meeting the family nurse was not a priority for her. S agreed to allow the midwife to refer her to the Family Nurse Partnership (FNP) service because it was part of the Child Protection plan to have a 'chat' with the family nurse and to make a decision if she would feel the service would help her. S met the family nurse at 27 weeks pregnant. Her response to the family nurse following the appointment was "I didn't think it would be like this as I thought you would be checking up on my smoking, inspecting my room and telling me what to do." She agreed to a pattern of regular visits from the family nurse and because there was concern about the safety of the home environment the appointments took place at the local health centre. The nurse was able to offer the flexibility of the FNP model to individualise it to S's specific needs.

The baby has now been born and S has made changes, good enough that the baby no longer needs to be subject to a Child Protection plan. Visits are taking place in the home and S is always welcoming and prepared. The extended family are also involved and join in discussions.

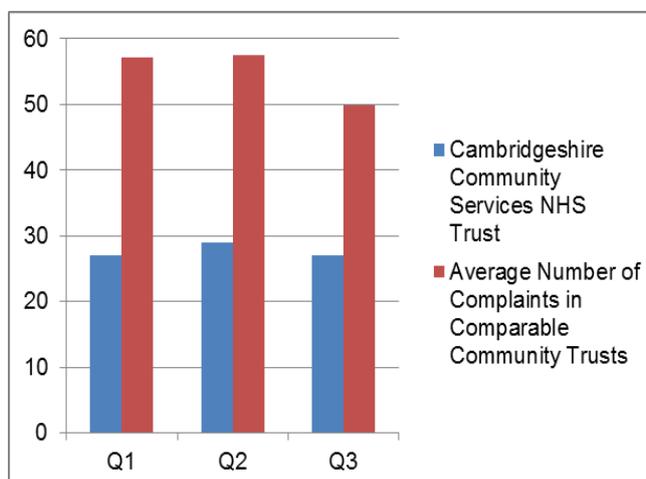
Complaints

Patients who raise a complaint receive feedback on the investigation, areas of learning and actions taken by the Trust in the formal letter of response, in addition to this in some cases services meet with complaints.

Learning from complaints is shared with staff at learning events at local level within team and unit meetings.

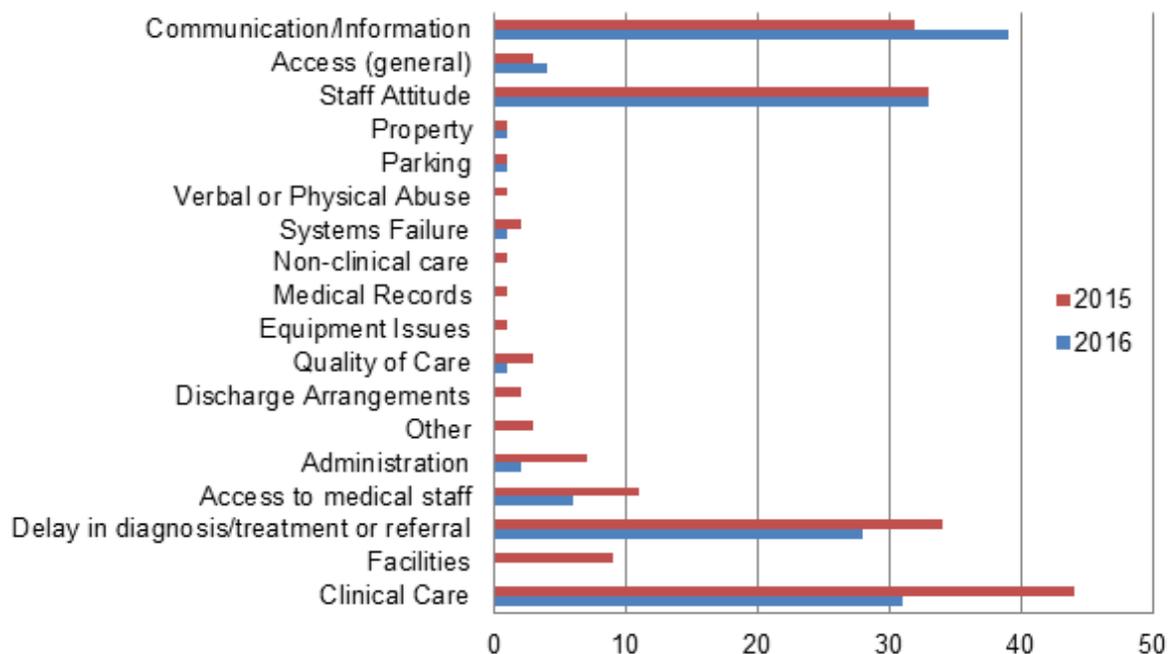
The Trust received fewer complaints than the average received by comparable NHS Community Trusts in 2016-17. At the time of compiling our report, Quarter 4 national comparative data was not available.

	Q1	Q2	Q3
Cambridgeshire Community Services NHS Trust	27	29	27
Average number of complaints in comparable community trusts	57.2	57.6	49.8



The graph below gives an overview of the type of complaints received in 2016-17. Of note is the reduction of complaints about clinical care.

Complaint Theme Comparison 2015 to 2016: Themes with greatest change are clinical care (-13) and communication and information (+7).



Themes and learning from complaints

- Telephone access to iCaSH services in Norfolk. A number of improvements have been made to the telephone system including staffing levels and the situation is being monitored locally.
- An iCaSH Cambridgeshire complaint about the 0300 telephone number and appointment availability resulted in an extra walk-in service starting in June 2016. Additional staff were recruited to central booking to take telephone calls and changes were made to the call answering system.
- Waiting times in the MSK DynamicHealth services. This was a recognised problem due to demand exceeding capacity. This is being addressed with commissioners.
- Where communication is an element in a complaint appropriate feedback and training is provided to the individual or team.

Patient and Public Engagement

Many services have named leads for patient and public engagement who work with the Trust wide lead to promote engagement initiatives.

Activities in 2016-17 have included engagement on the service relocations from sites across Cambridge to the new Brookfields site and on-going engagement with service users as new services join and leave the Trust. Progress is reported to the Trust's Clinical Operational Boards.

Luton

- A service user focus group has been set up with the Luton Family Nurse Partnership Service Users to capture their views and requirements. This is to be held every 4-6 weeks to ensure continuous learning with outcomes.

"Really listening to my concerns and giving excellent advice."
Community Paediatrics Service, Luton

- Engagement with young patients and their families about their experiences of using the virtual epilepsy clinic. This has proved invaluable in the progression of this clinic.
- The Palliative Care Team has embedded the patient feedback process within their service after engaging with their service users to ensure the feedback was relative to their specific care.

Cambridgeshire

- Full service user engagement in relation to the Children's Services move from various sites in Cambridge to the Brookfields Site in Cambridge including:
 - Patient surveys within clinic locations and via pinpoint, Facebook and Twitter.
 - Various 1:1 sessions within clinics to capture the parents' views and concerns around the move.
 - Captured service user opinion on the design of the building including the incorporation of sensory tiles and children's artwork wall.
- Cambridgeshire Family Nurse Partnership arranged a Teddy Bears' Picnic for service users to attend with families. This helped to create support networks for families and for the Service to share learning from across the Trust.
- Cambridgeshire Children's Community Nursing Team has held their second Beads of Courage event where families, who are part of the Beads of Courage programme, attend to share experiences and it is also an opportunity for the children to show their collections of beads.
- DynamicHealth Service:
 - Set up regular focus groups to discuss the move to the new Brookfields site in Cambridge which took place in 2016.
 - Each DynamicHealth locality holds a patient representative group to discuss local issues.
 - A virtual patient group has been set up to capture views of patients regarding the design of the new DynamicHealth website.
- Peterborough iCaSH:
 - A lesbian, gay, bisexual, and transgender (LGBT) Youth Group is held every week within the Peterborough iCaSH clinic. This is to discuss current issues and ways in which our Services can continue to support this group.

"Are supportive and not judged. A lot of reassurance being the main thing. I love how friendly and open minded my nurse is!"

Family Nurse Partnership,
Cambridgeshire

"Today's assessment was very thorough; I felt my needs and concerns were addressed with a positive plan"

DynamicHealth MSK Service,
East Cambs & Fenland

Norfolk

- The Family Nurse Partnership held a Christmas party for their service users so that they could meet other families and increase support networks.
- The Community Dental Team attended a Christmas party to provide dental and sugar advice as well as handing out free samples of toothpaste.
- iCaSH Norfolk attended a Christmas party to provide contraceptive advice.
- Consultation with families at the Downham Market Children's Centre on the "Being 2" two-year assessment process.
- iCaSH Norfolk:
 - The service was successfully awarded a Quality Improvement Fellowship from Health Education East incorporating a HIV patient support group project, which was trialled initially at Vancouver House. The project will be rolled out Countywide by March 2018.
 - The Positive Voices study commenced in Norfolk. Positive Voices is a large scale survey of adults living with HIV and attending one of 73 NHS HIV specialist clinics in England and Wales. Survey results will provide valuable insights about living with HIV that will be used to inform improvements to services.

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 2016-17.

Staff survey

The results from the 2016 staff survey, which comprised a census of all staff, were published nationally in March 2017. For the fourth year running staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff helped to create.

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

The Trust's top ranking scores were:

KF15	Staff satisfied with the opportunities for flexible working patterns.
KF9	Effective team working.
KF22	Staff experiencing physical violence from patients, relatives or the public in the last 12 months.
KF28	Staff witnessing potentially harmful errors, near misses or incidents in the last month.
KF7	Staff able to contribute towards improvements at work.

There were three areas where the Trust scored lower than other community trusts. These were:

KF11	Staff appraised in last 12 months.
KF24	Staff/colleagues reporting most recent experience of violence.
KF25	Staff/colleagues reporting most recent experience of harassment, bullying or abuse.

The Trust's overall staff engagement score remains 'above average' at 3.93 (on a scale of 1-5), with 3.78 being the national average for community trusts. The Trust achieved the second highest score nationally compared to its peers.

In response to the 2015 results, the Trust developed an improvement plan which focused on the following key findings. A summary of progress on these findings is show below:

Key Finding Change – from 2015 to 2016 ranking in 2016:

Key Finding		Change from 2015 to 2016	Ranking in 2016
KF25	% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	↓ Decrease	Below (better than) average
KF18	% of staff feeling pressure in last 3 months to attend work when feeling unwell	↓ Decrease	Below (better than) average
KF11	% appraised in last 12 months	↔ No change	Below (worse than) average

Key Finding		Change from 2015 to 2016	Ranking in 2016
KF24	% reporting most recent experience of violence	↔ No change	Below (worse than) average
KF20	% experiencing discrimination at work in last 12 months	↓ Decrease	Below (better than) average

As required by the NHS England's Quality Accounts: Reporting Arrangements 2016-17 (Gateway reference 04730), please find below the Trust's NHS Staff Survey Results for indicators KF21 and KF26.

	Trust score 2015	Trust score 2016	National 2016 average for community trusts	Best 2016 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>	93%	92%	90%	92%
Key finding 26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months <i>(lower the score the better)</i>	19%	17%	20%	16%

Supporting staff and staff engagement

During 2016-17, the Trust:

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

- Supported strategic service redesign programmes 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. Implemented a Mentoring Programme for BME staff.
- Ran a series of cultural enquiry sessions from February to June 2016, and produced action plans based on staff feedback.

- Reviewed Trust wide training and education needs to plan, procure and implement programmes of development to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals achieving 91.5% compliance for 2016-17 against a contractual target of 90% and an internal aspirational target of 95%.
- Reviewed the Appraisal Policy paperwork based on recommendations made by staff.
- 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.
- Continued to offer mindfulness training and the personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme.

- Continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes, following the transfers in of staff and to consult and negotiate on employment matters.
- Revised our Trust policies supporting staff experiencing bullying, harassment, violence and aggression from either colleagues or members of the public.

Encouraged staff to raise concerns through an 'open' approach and a formal Raising Concerns 'whistle blowing' policy, which was further reviewed in light of the new national template and followed the review in 2015-16 following 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".

Mandatory training

During 2016-17, the Trust:

- Continued to improve access to e-learning for mandatory training subjects and support staff to access this via a telephone helpdesk.
- Continuously reviewed and amended our Trust Induction Programme based on staff feedback and Trust requirements.
- Introduced Unconscious Bias training to our mandatory Equality and Diversity Training at Induction, with plans in place for this as part of e-learning for 2017.

In response to the 2015 NHS Staff Survey, the Trust engaged with its workforce in completing actions to address areas requiring improvement.

Staff said, we did ...

Where staff said they had experienced harassment, bullying or abuse from patients, relatives or the public we have, amongst other actions, reviewed our conflict resolution training to make it more focussed on community services. We have put in additional support including cultural awareness and team development days promoting understanding amongst the team and interactions with the public. We have introduced a customer service programme called 'Putting the Patient First' to our Dental services and Immunisation and Vaccination services. We have run a 'Make the Difference ...revolutionise your customer service' programme at the iCaSH conference promoting a positive approach with patients and a range of tools for staff to use. We have also promoted NHS Protect security posters Trust-wide.

We have developed a revised staff support leaflet with tips on how to handle potential bullying situations. The leaflet has been widely circulated across the Trust via the weekly staff newsletter (Comms Cascade) and uploaded to our Intranet. We have also revised the Dignity at Work Policy to make this easier for staff to access; it is now called the Bullying and Harassment Policy.

Going forward, the Violence and Aggression Policy is being revised to make it easier for managers and staff to use and to reinforce the Trust's zero tolerance approach should members of the public abuse our staff. Posters are being revised with a clear message which will be displayed in all public facing areas.

Staff said, we did ...

The 2015 survey highlighted that some of our staff said they had not had an appraisal in the last 12 months. We have continued to improve our process for appraisal monitoring in that service leads receive appraisal non-compliance data each month and individual staff members are contacted to ensure compliance. 'Effective appraisal' training has been offered to line managers during the year; and a post-appraisal feedback process has been put in place. 91.5% of our staff are now reporting that they have received an annual appraisal. We continue to seek feedback on the quality of appraisals and a more direct approach for this will be introduced in the next couple of months.

Staff said, we did ...

In response to our staff saying that they have experienced discrimination at work in the previous 12 months, we have launched a diversity network, are planning to introduce unconscious bias training as mandatory by the end of the year, and have promoted, amongst other things, Equality and Diversity week in May 2016 and mentoring for Black & Minority Ethnic (BME) staff.

Staff said, we did ...

The survey also highlighted that staff felt pressure to come to work when feeling unwell. We have ensured that the documentation used by staff who return to work after an absence prompts them to think about whether they are well enough to be back at work. We have publicised the use of our in-house MSK Physiotherapy rapid access service through communications and posters, particularly in Luton, and the Human Resources team regularly reminds staff with musculo-skeletal absence of the services on offer.



With regard to the Trust's Live Life Well Programme of activity, we have this year promoted the use of charitable funds for team events. In line with the NHS's 'One You'

campaign and principles, we are looking to break cycles of sedentary behaviour and are reviewing the benefits and use of standing desks, and kits for measuring BMI/height/weight/body fat kit. We have contacted the providers of leisure facilities across our region and have secured gym discounts for our staff. We have reviewed contracts with catering suppliers to include healthy food choices on some of our sites (Princess of Wales, Doddington) including a review of charity sweet providers.

With regard to the mental health of our employees, we have added a number of mental health related initiatives to our training portfolio this year. A group of staff have undertaken Mental Health First Aid training which enables them to spot signs of mental ill-health and signpost colleagues to seek appropriate support. We continue to promote and offer resilience training and have added mindfulness techniques to this portfolio this year, and we now offer workshops for managers on managing mental health. We have run a series of Live Life Well and Mental Health Well-being articles in our staff newsletter (Comms Cascade) including promoting World Mental Health Day on 10 October 2016.

We published the first of our bi-annual Live Life Well newsletters in August 2016 where we promoted a number of different initiatives and activities. This was well received.

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 20 September 2016 the ceremony saw seven awards presented for:

- Shine a Light Annual Award: Katie Neate, Programme Manager, Service Redesign Team.
- Kate Granger Person Centred Care Award: Ann Hobbs, Liaison Sister, Integrated Discharge Team, Luton.
- Rising Star Award: Alison Hanson, Lead Practitioner, Cambridgeshire Children's Speech and Language Therapy and Children's Dietetics.
- Supporting our Services to Excel: Julia Sirett, Deputy Chief Nurse.

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

- Cambridgeshire and Norfolk Children & Young People's health services: Holly Ward, Children's Unit.
- Luton Children and Adults' community health services: Luton Looked After Children Team
- Ambulatory Services: Dental Healthcare Team, Trust-wide.
- We also celebrated and thanked seven members of staff who had collectively achieved 145 years of committed service to the NHS.

3.6 Core Quality Account Indicators

Appendix 4 details a number of Core Quality Account Indicators that are relevant to our Trust, the data for which is provided by NHS Digital.

3.7 Quality Innovation 2016-17

A number of quality related initiatives were undertaken during 2016-17 and several quality related awards have been won by our staff. A sample is set out below:

Service redesign

The last twelve months has seen an unprecedented level of successful service redesign across the Trust's localities, improving accessibility and outcomes for the communities we serve. Highlights have included:

- Introduction of new care models in partnership with health and social care partners in Luton. This included the At Home First service enabling adults to be cared for in their own homes avoiding hospital admissions and appointment as a Primary Care Home rapid test site for the National Association for Primary Care.
- Joint working with Luton Borough Council to commence the redesign of Healthy Child Programme Services for 0-19 year olds.
- Successful implementation of Year 1 of our ambitious redesign plans for children and young people's services across Norfolk including the launch of the Just One Number; a single point of access and referral for professionals and service users/families.
- Introduction of a single, consistent integrated Contraception and Sexual Health (iCaSH) service model across Cambridgeshire, Norfolk, Peterborough and Suffolk.

Supporting our skilled workforce

- The Trust's Widening Participation Officer (WPO) continued to support our 'Grow Your Own' programme, including achievement of our annual apprenticeship target. We are currently supporting 17 staff on apprenticeships, 12 on foundation degrees and three on the flexible nursing programme; these are working towards qualifying as a nurse.
- We continued to support the Care Certificate programme with 12 staff completing and a further 29 being supported through the programme. We have also trained 30 assessors and 13 quality assurers to ensure this remains a sustainable programme.
- We took the lead with partner trusts on hosting the first local Health Care Support Worker (HCSW) conference, which was well attended by 100 clinical and non-clinical staff working at bands 1-4. The event celebrated the role of the HCSW, offered information on career opportunities and supported skills development.
- Two staff successfully completed the two year foundation degree from the University of Bedfordshire in March 2017.
- We worked closely with our Cambridgeshire and Peterborough health partners and were successfully awarded a pilot for the new national Nursing Associate role. Thirty six staff from across the partnership started the programme with Anglia Ruskin University in January 2017.
- Our bands 1-4 Simply the Best Practice and Manager's Skills programmes continued to be offered, including support for staff during periods when personal resilience and the ability to lead teams through change was a priority. Pre-retirement and mid-career planning seminars were introduced, supporting staff personal welfare.
- We continued to support health ambassadors who represent the Trust and the NHS in career events across the local health economy, including an event at HM Prison Peterborough.
- We continued to support our newly qualified staff and those who are new to a service or to the Trust with a preceptorship programme, ensure all known programmes are in line with the new national Preceptorship guidelines launched by Health Education England.
- We continued to work with our six partner universities to provide successful student placements on 18 different clinical pathways (AHP and Nursing).
- We have begun to implement the Enhanced Performance Support Framework model in partnership with Anglia Ruskin University within Cambridgeshire. The clinical coaching

model supports the pre-registration nursing workforce on placement with the Trust, and aids student nurses to access a larger pool of qualified nurses who support mentors to enhance the placement experience outcomes.

- The Trusts annual Quality Improvement Performance Framework (QIPF) review from Health Education England (HEE) was completed in January 2017, quality assuring the education and training that the Trust provides to our student workforce while on placement, and the clinical workforce that support them. The visiting team rated the Trust 'green' against all eight indicators and commended the Trust on a number of developments, including the unique models of collaboration in place to ensure learners, mentors, managers and stakeholders access and enable a high quality learning environment.

- A range of health coaching training approaches were incorporated into service training programmes, to support clinical staff to empower service users to improve the quality of their lives.
- Our highly successful Chrysalis Leadership Development programme ran for the seventh year, with staff gaining the skills to create an environment where change and innovation can flourish. Approximately 255 staff have successfully graduated from Chrysalis since it was introduced.
- We have run our 'Stepping Up' programme for the second year to support newly appointed supervisors/managers, after a successful evaluation of the first programme. We continued to promote access to the Springboard Women's Development Programme run by HEE for two groups: Bands 1-4 and Bands 5-7.

Successful partnership initiatives

Working in partnership with other agencies is fundamental to our shared success and ambition to ensure the best outcomes for local residents.

Examples of partnership initiatives during 2016-17 include:

- Participation in the Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP) where we led or engaged in the following programmes:
 - Women, Children's and Maternity services.
 - Elective care in relation to our DynamicHealth services involvement in the orthopaedic work programme.
 - Workforce and Organisational Development (OD).
 - Shared services (back office functions, e.g. procurement, estates and ensuring a productive and healthy workforce).
- Participating in the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (STP) where we led or are involved in the following programmes:
 - Prevention, e.g. giving children the best start in life, improving immunisations and screening coverage, lifestyle behaviours, healthy workforce and estates.
 - Primary, community and social care: embracing new care models, e.g. the Primary Care Home and At Home

- First models where the Trust provides the Co-ordinating Care Provider role.
 - Workforce and Organisational Development (OD).
- Whilst the Trust has not actively participated in work to generate the Norfolk and Suffolk STPs, we have worked closely with commissioners to align with local plans and contribute to local health priorities.
- Working in partnership with Norwich City Community Sports Foundation and Icen HealthCare Ltd for the provision of the 0-19 Healthy Child Programme in Norfolk.
- Extending a low back pain pilot – an evidence based pathway, which sees the Trust's DynamicHealth musculoskeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust.
- Working with Health Services Laboratories (a venture between two NHS organisations and a private sector partner) to deliver at home testing iCaSH services, starting with a pilot in Norfolk from May 2017.
- Continuing to work with the Terence Higgins Trust to provide contraception

and sexual health services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk.

- Starting a new partnership with Brook to deliver contraception and sexual health services in Bedfordshire.

Our award winning staff

During 2016-17:

- Our Oliver Zangwill Centre for Neuropsychological Research, which celebrated its 20th anniversary this year and hosted a national conference to mark the occasion, won a plethora of awards:
 - Professor Barbara Wilson, OBE, and founder of the Centre, received the Outstanding Achievement Award for Excellence in Encephalitis Healthcare within the Lifetime Achievement category.
 - A team comprising Sue Brentnall (Occupational Therapist), James Pamment (Assistant Psychologist) and Dr Jessica Fish (Clinical Psychologist) received the Outstanding Achievement Award for Excellence in Encephalitis Healthcare within the Rehabilitation Team.
 - Andrew Bateman, Leader of the Centre and his team were shortlisted finalists in the Software/ICT/Assistive Technology category of the Health Enterprise East Innovation Awards.
- The Beads of Courage initiative provided by the Children's Community Nursing Service in Cambridgeshire, won the personalisation of care category, as well as the overall Children and Young People's award and were also runners up in the continuity of care category at the Patient Experience Network national awards in March 2017.

"As soon as I came I was very welcomed and put at ease. All the staff are very professional but yet are extremely comforting and friendly."

Oliver Zangwill Centre

- Nancy Bostock, Paediatric Trainee, was a finalist in the Health Education England regional Trainee/Student Leader of the Year awards category.
- Gerry Matlock, School Nurse based at Brookfields Health Centre, Cambridge received a High Quality Mentorship Award from Anglia Ruskin University.
- The Trust won silver at the national 'Green Apple Award' for its recycling project with Cambridgeshire & Peterborough NHS Foundation Trust and Serco.
- Dr Tamsin Brown, Community Paediatrician, was awarded the British Association of Paediatricians in Audiology award.
- Siobhan Weaver, Lead Nurse in our Children's Continuing Care Team was awarded the annual 'Richard Tompkins Nurse Development Scholarship' from the Foundation of Nursing Studies.

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 2016/17

Luton Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the 2016/17 Quality Account for Cambridge Community Services.

The Quality Account has been shared with Non-Executive Directors (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Patient Safety and Quality Committee, and will be forwarded for the attention of the CCG Board.

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. 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 an explanation of progress across the organisation and its services and clear areas where quality improvement should be evident at the end of 2018, as some of the actions from 2016/17 are continuing. The inclusion of patient stories covers all the geographical areas where CCS provides services and provides a balance to the report.

Luton Clinical Commissioning group acknowledges the improved patient experience response rate within Luton and actions relating to the feedback received.

Luton Clinical Commissioning Group acknowledges the identification of Luton specific data within the report and appreciates that the Trust provides services to a wide footprint of the East of England. The CCG are particularly pleased to highlight the work undertaken by CCS Luton Unit to introduce new care models in partnership with the health and social care organisations in Luton. The At Home First Team has enabled adults to be cared for in their own homes thereby reducing unnecessary hospital admissions and the often negative consequences that ensue. Where admission is unavoidable CCS Trust continues to promote safe and effective discharges through the positioning of the Trust as lead provider for integrated multidisciplinary discharge teams.

Cambridgeshire Community Services engaged with Luton Clinical Commissioning Group to deliver quality improvements through the CQUIN (Commissioning for Quality and Innovation) scheme. Although the nationally set staff flu vaccination target was not met Cambridgeshire Community

Services put a number of schemes in place to increase the vaccination rate. Other CQUINs have been successful in providing quality improvements. We are pleased to see that the work in using technology (phone apps and set up of Virtual Clinics) has had a positive impact for some teenage patients using the epilepsy service. Luton Clinical Commissioning Group look forward to seeing further evidence of the continued impact of this new approach, in particular YouTube video which will inform its viewers of the concept of Virtual Clinics and how to set up the technology that the Epilepsy Service have been working on. It is also worth noting that Cambridgeshire Community Services identified that this project did not appeal to certain demographics of the Luton Community and are looking at working with parents/carers to overcome the boundaries.

Luton Clinical Commissioning Group supports the Trusts quality priorities and indicators for 2017/18 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.



Colin Thompson
Accountable Officer
Luton Clinical Commissioning Group

Statement for inclusion in 2016/17 Quality Account for CCS

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Cambridgeshire Community Services (CCS) for 2016/17.

The CCG and CCS work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular meetings in place between the CCG, CCS and other appropriate stakeholders to ensure the quality of CCS services is reviewed continuously with the commissioner throughout the year.

The CCS Quality Account clearly sets out the good work that has been undertaken on behalf of patients and families in 2016/17. What comes across strongly is a committed and highly motivated workforce working in a complex range of services to deliver high quality care, but also care that is innovative and patient focussed.

A particular strength for the organisation is the high level of staff satisfaction. This is particularly pertinent due to the level of changes in the services that the organisation delivered in 2016/17. The patient stories demonstrate the high levels of complexity and the challenges staff on the ground are facing, and a pragmatic, patient centred approach to care but also that patients are keen to support the organisation by presenting their story and supporting learning.

One of last year's challenges for the organisation was achieving the 90% targets for safeguarding children training and statutory and mandatory training. In March 2017 this has been achieved.

Demand for CCS' services remains high and a challenge to the trust. The Musculoskeletal Service in particular continues to experience high demands which staff strive to meet. Throughout the year patients fed back high levels of satisfaction with the service and complaints related mostly to the time people needed to wait to access the service. A visit was undertaken by the CCG in December 2016 to further understand how CCS were managing the demand and what systems and processes were in place to ensure patients' safety was paramount. This gave a high level of assurance that the team were striving to ensure that despite long waiting times and the associated impact, patient safety and clinical care remained of paramount importance and systems and processes were in place to support this.

CCS also provides a range of children's services. This includes Holly ward, an in-patient children's unit at Hinchingsbrooke Hospital. In January 2017, it came to our attention that on occasion children are waiting a long time in the emergency department for admission to Holly ward. Work is currently being undertaken to improve communication and processes for the transfer of children from Hinchingsbrooke Hospital's Emergency Department to Holly Ward to ensure children are transferred in a timely way.

From a CCG monitoring perspective the trust are consistently rated as Green on the majority of quality metrics, including infection prevention and control and patient safety. There are areas where the trust needs to continue to sustain focus such as staff turnover and agency spend, but it is very positive that every month over 90% of patients would recommend CCS as a place to receive treatment.



Statement from Norfolk County Council – Public Health for Cambridge Community Services NHS Trust Quality Account 2016/17

Norfolk County Council – Public Health (NCC PH) welcomes the opportunity to comment on the 2016/17 Quality account for Cambridge Community Services (CCS).

In line with the NHS (Quality Accounts) Regulations 2011, we have reviewed the information contained within the account and can confirm that this is accurate in relation to those services provided to Norfolk service users.

The CCS Quality Account 2016-17 is easy to read and we welcome the patient stories which make the Quality Account more accessible.

NCC PH have been working closely with the Trust during the year on both the Norfolk 0-19yrs Healthy Child Programme (HCP) and the Norfolk iCASH contracts gaining assurance on the delivery of safe and effective services. CCS present a wide range of indicators in relation to quality, safety and performance which are discussed at regular meetings, both formal performance boards and informal check points between the trust and NCC/PH.

We recognise that the recruitment and retention of health visitors and school nurses remains difficult at a national and regional level and can confirm that CCS have worked with NCC PH in order to look for ways to improve the staffing levels to maintain a safe effective service. The Norfolk HCP staffing adjustment plan has been developed to support the delivery of the Norfolk HCP mandated functions using a standardised process that enables available staffing resources to maintain critical focus on high intervention and safeguarding priorities.

The high return of the Friends and Family Test across the trust is commendable but we note that this is not reflected in the Norfolk HCP service over 15/16. We look forward to seeing the results of the improvement plan in 17/18.

Despite the challenges of the transfer of the staff & services to CCS as a part of the Norfolk HCP and Norfolk iCASH during 14/15 CCS have demonstrated continued improvement in staff engagement and development. The 2016 NHS staff opinion survey demonstrates the positive impact felt by staff with regards to staff engagement, recommending CCS as a place to work and to deliver and receive care.

We wish to note our support for the Quality Improvement Priorities set out within the Quality Account and note that although they are not service specific, the quality improvement outcomes will impact on the service users of the Norfolk HCP and Norfolk iCASH. We look forward to monitoring the progress of the priorities throughout the 17/18, so that we can all drive forward the improvements and ensure improved outcomes delivered by excellent services for the people of Norfolk.

Dr S.J. Louise Smith,
Director of Public Health
Norfolk County Council
May 2017

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

3/5/2017

Healthwatch Cambridgeshire Statement for inclusion in the Cambridgeshire Community Services Quality Account 2016/17

Summary and comment on responsiveness

We are pleased to comment on this Quality Account.

At Healthwatch Cambridgeshire we value the positive relationship with Cambridgeshire Community Services (CCS). We find CCS is responsive to intelligence we share, and helpful in providing information and contacts about specific services. The main issue reported to us in 2016-17 related to access to physiotherapy services. There are increasingly long waiting times and a number of different providers of physiotherapy. Different access criteria for patients depending on location means access is not equitable across Cambridgeshire.

We also raised issues about immunisation reminders for parents and we received an informative response about how the service was organised.

Healthwatch Cambridgeshire is also pleased to see that the plans for 2017-18 include a renewed focus on strengthening the ways in which the Trust learns from patients and service users.

It is pleasing to note that patient engagement is also high on the Trust's agenda.

Actions from previous quality accounts

It is positive that CCS wants to reduce the time taken to respond to complaints. We note this was a target for 2016-17, and understand that work which took place in 2016-17 should show reduced response times in 2017-18. We look forward to seeing this achieved in next year's Quality Account.

We were pleased to see more detailed information about complaint themes as recommended in our statement last year.

Challenges

This year will see CCS withdraw from Outpatient services based at Princess of Wales and Doddington Hospitals and Dermatology Services in Peterborough. There is always uncertainty with such changes but CCS has experience of similar changes of provider and should have the necessary experience to manage this effectively. Healthwatch will monitor this and assist with communications to the public.

The Sustainability and Transformation Partnership is a key area for the Trust to be involved in, and working together to bring about service change is likely to prove a challenge to all involved.

A handwritten signature in black ink, appearing to read 'Sandie Smith', enclosed in a light grey rectangular box.

Sandie Smith
Chief Executive

Healthwatch Norfolk Statement –CCS Quality Account

Healthwatch Norfolk appreciates the opportunity to make comments on the CCS Quality Account for 2016/17.

This Community Trust serves a complex and geographically extensive community. Its quality indicators throughout compare very favourably with national indicators.

The Report is densely written but comprehensive and coherent. It would benefit from a Glossary and from access via diverse languages (and Braille). It would also benefit from a brief (one page) description of its purpose, its client/patient range, a scan of its many services, and a map of its geographic range.

Page 5 presents a valuable discussion of what a “quality account” actually is.

There a statement on Quality by Matthew Winn, the Chief Executive and a separate but joint statement by David Vickers, Medical Director with Mandy Renton, Chief Nurse

Page 1 specifies the detailed Contents and thus the structure of the report. There is no glossary which would be a useful addition, however there are 4 Appendices.

It is not clear whether the document available in different formats - e.g. electronic, hard copy, Braille, other languages – this needs to be specified at outset of the report. There is no mention of access by any other method.

The priorities for the past year are integrated throughout the account, however, this does not mean that they are “clear”. They are sensibly noted in terms of progress and actions rather than “achievement”. The CEO statement identifies four “Highlights”, which are helpful as initial indicators of successful service redesign factors.

“Priorities” for improvement for the future are clearly identified and stated on Page 6 (Part 2).

Patient safety, and Clinical quality and effectiveness feature repeatedly together with Patient Experience including the family & friends test. The latter of which includes actions planned to improve and a small number of case studies that “bring alive” the work of the Trust.

Incident reporting & never events are covered in Appendix 3 in a form appropriate for a Community Trust – “Actions resulting from local clinical audits completed in 2016 ” This is an effective method of reporting against the specific kinds of complexity to be found in a Community Trust that crosses County boundaries and that provides very diverse services.

With regard to complaints there is a detailed mix of numerical reporting and also case studies with patient and staff reporting, including specifications of Patient Experience Activity within each county area. In addition, valuable quotations from patient study feedback.

There is detailed feedback and evidence of Trust concern to respond to workforce needs.

There is evidence of participation in national audits which is good to see and CQC reporting is included.

Data quality appears good with specifications for areas that need further detail/improvement.

There are several CQUIN Contracts, including a National CQUIN Scheme. In total, the Trust has agreed to seven CQUINS which will run over two years (2 are local; 5 are national).

We remain totally committed to work with the Trust to ensure that the views of patients, their families and carers are taken into account and to make recommendation for change, where appropriate.

Alex Stewart
Chief Executive
May 2017

Response by CCS NHS Trust:

In response to Healthwatch Norfolk's comments, we have added a map of the Trust's geographical areas (see Appendix 1) and details on how to obtain a copy of the Quality Account in another language or format can be found on page 1.

A response to the Cambridgeshire Community Service (CCS) Quality Account for 2017 by Healthwatch Luton

Generally, Healthwatch Luton report an effective relationship with CCS and its staff. In particular, Healthwatch Luton report that over all workings and interactions with CCS and its staff are highly positive, and our general feedback on this service from patients and the public is also highly positive.

Healthwatch Luton appear alongside CCS on many health and wellbeing strategic boards in Luton, and value their input and action regarding patients and the patient voice in their services. We have noted on many occasions on the forward thinking and action driven ethics from CCS and support and refer to this service when asked by the public.

It is recognized in the Quality Account that CCS are proactive in gathering the view of patients via various methods, and Healthwatch Luton can support positive feedback from interactions we have had with members of the public.

Case by case issues where there have been concerns, CCS as an organization (unrelated to any department) respond quickly and assuredly to Healthwatch Luton and their patient's concerns.

The report is written well and in plain English for the most part. The layout is good and the tables are easy to read. CCS could however pay greater attention to the use of technical and specialist language in the report as well as the use of abbreviations (e.g. SCBU) that are used without explanation. A glossary of terms may make the report more accessible to a wider range of audiences. The patient voice is well integrated throughout the report which supports a lot of the reports highlights.

Patient experience

Healthwatch Luton's general response to CCS's Quality Accounts regarding patient experience mirrors and confirms the report's findings. Healthwatch Luton gather feedback from a wide range of sources, and where issues or concerns are raised - CCS have dealt with and supported our feedback.

Generally we have received feedback on 0-19 Services, Luton Drug Service, Community Matrons and Falls - all of which have mainly been positive.

Lucy Nicholson
Chief Operating Officer
Healthwatch Luton
June 2017

Cambridgeshire Community Services NHS Trust Quality Report 2016/17

Comments from the Health Scrutiny Committee, Peterborough City Council

- Councillors commented positively on the layout of this report compared to other Quality Accounts they had received, noting that the format was eye-catching, engaging, and an easy read.

Specific comments included:

- Page 10. It is accepted that the CQC's inspection in 2014 provided a "good" rating but the inspection in June 2015 for the sexual health clinic was a reactionary one which required enforcement action. Have improvements been made and how is this specific service/quality of care monitored now?

Response from Cambridgeshire Community Services NHS Trust:

On 24 February 2015, the CQC undertook an unannounced visit to our Cambridge sexual health services at The Laurels. The Trust was aware of issues with the quality of these premises at the time of the inspection and an improvement plan was underway. The CQC required that we take action to ensure that all health and safety risks were rectified (e.g. corridors and walkways used as storage areas, dampness, heaters left unguarded and hygiene practices). All compliance actions were completed by 13 April 2015 and, following a further inspection in June 2015, the CQC found that the Trust was meeting the relevant regulation. Since 2015, the services provided at The Laurels, Cambridge have moved to refurbished, bespoke accommodation on the Brookfields Campus, Mill Road, Cambridge. The quality of this service – as with all Trust services - is monitored through the Trust's quality governance arrangements including our Quality Early Warning Trigger Tool, monthly Clinical Operational Board meetings and Quality Improvement and Safety Committee (both of which are chaired by Non-Executive Directors and are sub-committees of the Trust Board), performance reporting against contractual standards, risk assessments, review of complaints received and on-going review of staffing levels.

The Trust's integrated contraception and sexual health service in Peterborough was engaged in a system-wide CQC inspection of Looked After Children services in this locality during 2016 and received positive feedback in relation to safeguarding, joint initiatives and partnership collaboration.

- Page 10. Additionally, it would be helpful to have details of those services that transferred.

Response from Cambridgeshire Community Services NHS Trust:

Services that transferred out of the Trust on 1 April 2015 included:

- *Adults and older people's services across Cambridgeshire and Peterborough.*
- *Luton based intermediate care services.*

- Pages 17-18. The “you said, we did” section is particularly helpful as it shows that the authority is not only listening to feedback to improve the services provided but actively doing something about raising their game. This section will encourage members of the public and staff alike to give open and honest feedback but more importantly it ensures that quality improvements are introduced and become embedded throughout the various disciplines.
- The capacity and capability workforce factors are well made out. Both ensure an increase in professional confidence and pride of place.

Health Scrutiny Committee
Peterborough City Council
June 2017

Appendix 1: Map of Trust geographical area – 2016-17



List of Trust Services – 2016-17

	Bedfordshire	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				
Dietetics					X	
Specialist services						
Community dental services and/or oral surgery		X			X	X
Musculoskeletal services		X			X	
Sexual health services	X (from November 2016)	X		X	X	X
Drug services			X			
Children's services						
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	X		
National child measurement programme				X		
Healthy schools team				X		
School immunisation programme		X		X	X	X

Appendix 2: List of contributors to the Quality Account 2016-17

Matthew Winn
Chief Executive

Dr David Vickers
Medical Director

Mandy Renton
Chief Nurse

Julia Sirett
Deputy Chief Nurse

Karen Mason
Head of Communications

Angela Hartley
Assistant Director of Workforce

Anna Sutherill
*Training and Education Manager,
Workforce*

Linda Thomas
Senior HR Business Manager

Susan Turner
Clinical Audit & Effectiveness Manager

Dr Paula Waddingham
Senior Research Fellow

Ian Moyes
Informatics Manager

Sarah Priestley
Information Governance Manager

Chris Sharp
Matron Infection Prevention & Control

Louise Ward
Incident, Risk and Safety Manager

Lisa Milner
Patient Involvement & Experience Lead

Deborah McNeill
Patient Experience Information Analyst

Zoe Bain
Project Support Manager

Appendix 3: Actions resulting from local clinical audits completed in 2016 n=44

Log number and Clinical Audit title	Actions from Clinical Audits
1509 Child protection medical reports – timing and coding	<ul style="list-style-type: none"> ▪ Ensure referrals are processed immediately once received by Administration team (Standard Operating Procedure [SOP] updated September 2015). ▪ Liaise further with staff in Social Care (Referral team) to reinforce the requirement for children to be brought to Edwin Lobo Centre by 4pm. ▪ Ensure updated child protection (CP) 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 CP medicals documented in safeguarding node.
1531 Compliance of paper and SystmOne 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 1:1s.
1510 An audit of the outcomes of sedation appointments within Dental Healthcare Cambridgeshire and Peterborough Dental Service	<ul style="list-style-type: none"> ▪ Results reveal a 100% success rate for intravenous (IV) sedation and 86% success rate for inhalation sedation. ▪ Inhalation sedation and IV sedation are recognised as safer alternatives to dental treatment under general anaesthesia for severely anxious patients. We are delighted that our success rate exceeded the target set during this audit. ▪ Continue current high standards and re-audit in 12 months' time. ▪ This impact has highlighted the very high success rate dental healthcare is achieving compared with national guidelines. ▪ Patients are receiving a very high level of successful sedation appointments. They are very grateful for this which is reinforced in our patient feedback.
1503 Documentation and adherence in NICE guideline CG171 MSK Physiotherapy	<ul style="list-style-type: none"> ▪ The audit standards are based on the National Institute for Health & Clinical Excellence (NICE) Guideline for Urinary Incontinence. NICE recommends compliance of 100%. Clinical work was last audited against these standards in February 2014 at which that time there was full compliance. Since then, documentation of clinical work has changed moving towards fully electronic notes and the NICE guideline is unchanged. The aim of this audit was to ensure continued compliance with CG171 and also to assess the electronic template used on SystmOne. This was achieved.
1629 NICE guidelines for the management of osteoarthritis of the knee? MSK Physiotherapy	<ul style="list-style-type: none"> ▪ Audit results to be fed back to the team and notify of goal of 100% compliance. ▪ Ensure training of all staff across all 3 sites. ▪ Ensure knowledge of and supply of knee booklets. ▪ Re-audit in 12 months.
1632 Management of Herpes Simplex Virus in adults over 16 years presenting in iCaSH (Sexual Health), Vancouver House, King's Lynn, Norfolk	<ul style="list-style-type: none"> ▪ Encourage all staff to respect the individual and give written (as well as verbal) information if desired or direction to appropriate websites and record the same (next team meeting). ▪ Keep hard copy of audit findings in audit file within Department. ▪ Discuss findings at next Multi-Disciplinary Team meeting. ▪ Re-audit in 12 months. ▪ Distribute to all iCaSH services.

Log number and Clinical Audit title	Actions from Clinical Audits
1636 Uptake of HIV testing in gay men 2015-16, iCaSH Peterborough	<ul style="list-style-type: none"> ▪ Repeat 3-6 months; review recall system (July 2016). ▪ Recall in 1 year irrespective of risk; routine recall to be added when first seen in the clinic (July 2016). ▪ Risk reduction; motivational interview/cognitive behavioural therapy; counselling; need to upgrade skill for Health Advisors (July 2016).
1634 Choice of Emergency Contraception, iCaSH Services	<ul style="list-style-type: none"> ▪ Update all staff regarding discussion with all patients regarding IUD (intrauterine device, or coil) and emergency pill. ▪ New emergency contraception template developed.
1633 Gonorrhoea - Review Management, iCaSH Peterborough	<ul style="list-style-type: none"> ▪ Laboratory fast track results within 10 days. Action results on same day (process completed). ▪ Encourage index cases to get more details of unknown contacts. ▪ Build a robust recall system. Active provider referral. ▪ Cross-documentation on Lillie (electronic patient record system) when a patient is seen. ▪ Digital partner notification.
1467 Does MSK Physiotherapy provide care in accordance with the NICE guidelines for the management of non-specific low back pain	<ul style="list-style-type: none"> ▪ Every patient will be given advice and information to promote self-management of their low back pain ▪ Every patient will be offered one of 3 recommended treatment options taking into account patient preference. ▪ Every patient should be offered another of the above options if the chosen treatment does not result in satisfactory improvement. ▪ No patients should be offered other non-pharmacological therapies such as traction and ultrasound. ▪ Every patient will be advised to take regular paracetamol as the first line of medication. ▪ No patient should be offered an x-ray via physiotherapy. ▪ Re-audit planned.
1619 NICE Guidance CG88 early management of persistent non-specific low back pain, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ Audit results to be fed back to the team. Feedback will raise awareness of the need to clearly document all elements of intervention, including those offered and refused. ▪ Locality-wide in-service training of analgesia recommendations.
1543 Prescribing/ Supplying Yasmin, Sexual Health, Suffolk	<ul style="list-style-type: none"> ▪ Disseminate to individuals and team (March 2016 - completed). ▪ Work with team to improve the prescription template to improve the ease of seeing who prescribed the drug (October 2016). ▪ Re-audit in 6 months (September 2016).
1625 Safeguarding Referrals, iCaSH Suffolk	<ul style="list-style-type: none"> ▪ 40% of referrals were followed up and the Multi-Agency Safeguarding Hub (MASH) had fed back the information about the referral. ▪ 60% had some information written about this but no formal reply had been received by the referrer. ▪ Present to Governance and consider recommendations:- ▪ Disseminate to all staff in clinic if Governance are in agreement. ▪ Continue with work on accessing SystemOne. ▪ Ensure that all staff know how to make a referral; ensure that all staff know to attach the response from the Multi-Agency Safeguarding Hub (MASH); ensure that all staff know how to code this. ▪ Consider writing a standard operating procedure (SOP) for the pathway from the clinic to MASH and back out again, depending on advice from Governance. ▪ Consider reviewing the numbers requested from different coding systems and review the number of under 18 year olds the service sees; ▪ Repeat audit every year
1628 Health Records Audit - Luton Drug Service (Clody House) Q4 2015/16, Luton Drug Service	<ul style="list-style-type: none"> ▪ Discuss results of record keeping audit during Clinical Team Meeting and train staff on areas where compliance needs to improve. ▪ Train the staff team on areas where the standards were not satisfactory: ▪ Loose sheets should not be kept in client's file. Documents should be hole-punched and stored or kept in plastic poly-pockets that are secured in the file. ▪ Ensure that each entry is timed. ▪ Ensure that any gaps between entries are crossed through abbreviations.

Log number and Clinical Audit title	Actions from Clinical Audits
1651 Special Care Baby Unit (SCBU) Care Plan Audit 2016-17, SCBU	<ul style="list-style-type: none"> ▪ All audited records had the specified eight core Care Plans. ▪ All audited records had three identifying factors documented. ▪ The majority of them did not have the NHS number recorded (although it should be noted that Care Plans are initiated at admission and the baby is not usually registered at that point, therefore no NHS number has been created yet). ▪ Some patients had sheets where either a signature or date was omitted; and the 'consent for dummy' box was only completed for 45% (9) of patients. ▪ Audit findings displayed and discussed with staff and reminded to fully complete documentation when admitting a baby to SCBU and to complete information if/when it becomes available. ▪ Recommendation to staff to complete dummy consent on admission by asking father if mother not present. ▪ Dummy advice leaflet also developed. ▪ Disseminate to SCBU staff. ▪ Re-audit planned in Dec 2016.
1605 Re-audit: Consistency Triage of Referrals, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ Report to be emailed to Band 6 physiotherapists (April 2016 - completed). ▪ Report to be emailed to Band 7 lead (April 2016 - completed). ▪ Discuss findings with author of Band 7 triage report (May 2016). ▪ Liaise with clinical lead re changes to waiting lists/triage process (May/June 2016).
1617 MSK Clinical Notes Audit 2016-17, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ Raise awareness of the fields that require work, especially to the clinicians who do not regularly fulfil this item. Discuss possible option to improve compliance, e.g. pre-text/tick box added to the template. ▪ Increased awareness of expectations (end of June 2016). ▪ Ensure all clinicians are aware of approved abbreviations by sharing in team meeting (end of June 2016). ▪ Discuss with all the leads involved with the clinical notes audit/clinical leads re: what is appropriate (to be led by the clinical governance group) (end of July 2016). ▪ Adapt notes audit template after discussion with clinicians and clinical lead (end of July 2016). ▪ Request approved adaptations to clinical assessment template after discussion with clinicians and clinical lead (end of July 2016).
1519 Test Turn-around time, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ According to Local Authority Standards, 95% of all new and re-booked patients should be conveyed their test results within two weeks. ▪ The service achieved 95.65% and therefore met the KPI standards for test turn-around time.
1602 MSK Triage Consistency for Hips & Knees, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ To monitor and ensure better consistency for future triages. Audit standards set at 80% and service achieved 93% and 98%. ▪ No recommendations to change practice from this audit. ▪ It confirms that we are performing to a high level of consistency across the service when considering primary versus secondary care allocation.
1603 MSK Red Flags, Knowledge & Understanding, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ MSK clinical governance representatives have opted to have this training delivered via PowerPoint to all localities. ▪ A leaflet/s will be developed by the MSK representatives as quick reference for staff (laminated and stored at each locality after training has been delivered). ▪ Of 7 items audited, the service satisfied 4 (53.9%) and failed 3 (46.1%). ▪ It was felt that the results were acceptable given it was the first audit and has helped to establish a learning need which can be delivered quickly, and will therefore allow re-audit. ▪ Clinicians need to improve their competence of lumps and bumps and thoracic pain. ▪ Risk identified was gaps in perceived competence. This will be targeted in training. ▪ Re-audit planned for November 2016.
1527 Care of Children with Epilepsy within special schools, Community Paediatrics	<ul style="list-style-type: none"> ▪ The main recommendation was to set up a working group particularly involved with looking after these children to identify ways to be better able to identify children in this group, ensure care plans are kept update, that annual reviews take place. ▪ From this working group, a care pathway identifying how care should be provided for these children across relevant services will be delineated. ▪ Processes are underway to see if funding can be secured to support an epilepsy specialist nurse.

Log number and Clinical Audit title	Actions from Clinical Audits
1541 Emergency Hormonal Contraception Audit, Sexual Health, Suffolk	<ul style="list-style-type: none"> ▪ Update the crystal reports to run this audit. ▪ Disseminate the findings. ▪ Consider ways of relating this audit to other audits. ▪ Recurring audit every six months. Action compliance to be checked at date of next audit.
1542 Offer of Long Acting Contraception, Sexual Health, Suffolk	<ul style="list-style-type: none"> ▪ Raise staff awareness of long acting contraception in our clinics, inform all patients. ▪ Recurring audit every six months.
1514 HIV Uptake Audit, iCaSH, Norfolk	<ul style="list-style-type: none"> ▪ According to Local Authority Standards all new and re-booked patients should be offered HIV tests. HIV uptake should be 80%. ▪ Service achieved 83% and therefore met the Local Authority KPI standards for HIV testing.
1611 Outcome of Referral to Orthopaedics for Lumbar spine conditions, MSK Physiotherapy	<ul style="list-style-type: none"> ▪ Share results with each locality. Clinical Lead to disseminate to their team. ▪ Each locality clinical lead to share with their team. This could take the form of discussion, support or training for the clinicians that failed any cases on the audit or praise for the clinicians that passed all their audited cases (Locality Clinical Leads). To be actioned: June 2016. ▪ Guidance will be supplied by on the ordering of lower spine MRIs and this will be circulated. To be actioned: June 2016. ▪ Re-audit in October 2016.
1618 SCBU Mattress Audit (Annual), SCBU, Hinchingbrooke	<ul style="list-style-type: none"> ▪ All incubator and cot mattresses checked using identified criteria and instructions on CCS Mattress Audit Tool. ▪ Achieved 100%.
1522 Sexually Transmitted Infections (STI) Risk assessment, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ Achieved 70% out of 97% of auditable targets. ▪ The implementation of new online proformas that are already in use will improve practice.
1622 Deep Implant Removal, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ 52% from GP, 10% from Lowestoft, 10% from Norwich, 24% from Termination of Pregnancy Service. ▪ 33% of devices were very deeply sited below muscle fascia. ▪ 24% were abnormally sited on the surface of the arm. ▪ Care necessary with low and high Body Mass Index (BMI) individuals.
1620 Psychosex Referral Waiting Times, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ 100% of patients were offered an appointment within 18 weeks. ▪ 100% were seen within 18 weeks even if they declined the first offer of an appointment. ▪ Targets achieved and met. ▪ Re-audit planned.
1621 Sexual & Reproductive Health (SRH) Referral Waiting Times, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ 100% of referrals were offered an appointment within 18 weeks and even if declining the first appointment offered were still seen in under-18 weeks. ▪ Target achieved and met.
1651 SCBU Care Plan Audit	<ul style="list-style-type: none"> ▪ Re-audit the eight core Care Plans (Pending). ▪ Commence audit of additional Care Plans (Pending).
1601 Clinical Supervision & Appraisal	<ul style="list-style-type: none"> ▪ The forms in the Clinical Standards pack are to be reviewed and updated at the next clinical governance meeting to ensure that the supervision session is still up to date (July 2016). ▪ Clinical Supervision should be scheduled into the diary to ensure that it occurs (August 2016). ▪ Regular observed sessions to be rota into all diaries between staff and senior staff/mentors and/or colleagues. This should be evidenced once it has occurred with the use of the standard observed session form and be evidenced (August 2016). ▪ Alter observed session form to include next planned session as a prompt to arrange after the current session has been completed (July 2016). ▪ Awaiting date for new audit with new clinical standards.
1637 Knee MRI Consistency Audit, Musculoskeletal Assessment and Treatment Service	<ul style="list-style-type: none"> ▪ Share results with each locality's Clinical Lead to disseminate to their team (September 2016). Each locality's Clinical lead to share with their team. This could take the form of discussion, support or training (September 2016). ▪ Guidance will be supplied by Clinical Governance on the ordering of knee MRIs and this will be circulated to all Extended Scope Practitioner (ESPs) (September 2016). ▪ Training will be provided on the next ESP day on the following:

Log number and Clinical Audit title	Actions from Clinical Audits
	<ul style="list-style-type: none"> - Documentation on locking. - When an x-ray is sufficient. - When presentation of locking or instability so obvious that MRI not required for surgical intervention. - Patella femoral vs meniscal injury. - What is a positive meniscal test? <ul style="list-style-type: none"> ▪ New audit to take place in January 2017.
1656 MSK Sharps Audit – Huntingdon and East Cambs & Fenland (EC&F)	<ul style="list-style-type: none"> ▪ EC&F Actions: ▪ In service training feedback: to ensure sharps boxes are only for sharps and cotton balls are disposed of appropriately (pending). ▪ In service training feedback: to ensure all lids on sharps containers temporarily closed when not in use (pending). ▪ Procedure set-up to ensure all boxes are emptied within 3 months (pending). ▪ Next cycle of audit: May 2017. ▪ Huntingdon actions: ▪ Start/create disposal log (November 2016). ▪ Feedback to all staff to ensure disposed sharps boxes are replaced (December 2016). ▪ Monitor sharps disposal log (April 2017). ▪ Feedback to staff at in service training to close sharps boxes after use (December 2016). ▪ Feedback to staff at in service training to keep sharps box in dragon room out of reach of children (December 2016). ▪ Next cycle of audit: June 2017.
1657 MSK (Musculoskeletal Assessment and Treatment Service [MATS]) Electronic Notes Audit	<ul style="list-style-type: none"> ▪ Share findings with the team at next meeting (November 2016). ▪ Discuss with other MATS auditors re how to modify audit form to fit Extended Scope Practitioner (ESP) role most appropriately. ▪ Next cycle of audit: May 2017.
1660 MSK East Cambs & Fenland (EC&F) Electronic Notes Audit	<ul style="list-style-type: none"> ▪ Overall compliance was 64%; lower than 80% target. Only 34/92 (37%) of areas examined met the satisfactory 80% pass rate. 22/92 areas examined (24%) failed to reach 40% compliance. ▪ Inform staff of results achieved by the team at in service training. Discuss areas where compliance was not met (October 2016). ▪ Discuss with clinical leads whether action boxes in the assessment forms would ensure compliance to notes audit requirements (October 2016).
1638 Management of Bleeding Problems with Hormonal Contraception – compliance with Faculty of Sexual & Reproductive Health (FSRH) Auditable Standards	<ul style="list-style-type: none"> ▪ Dissemination of audit results to clinical team (September 2016). ▪ Production of a standard operating procedure to emphasise key components of documentation required when assessing women with problematic bleeding. ▪ Revision of clinical record templates to facilitate recording of key information. ▪ Scenario based training on the use of PGD115 – Combined Hormonal. ▪ Contraception for management of unscheduled bleeding (August 2016). ▪ Nurse survey to identify training needs in speculum and bimanual examinations (October 2016).
1661 Clinical Management of Gonorrhoea at iCaSH Peterborough	<ul style="list-style-type: none"> ▪ Coding tutorial for relevant staff including Gonorrhoea, what to code and when (July 2016). ▪ Ensure all staff understand the importance of taking Gonorrhoea cultures, that those delivering treatment are able to take Gonorrhoea cultures, that reasons for not taking GC culture are clearly documented. ▪ Deliver Gonorrhoea culture training to any staff who might deliver Gonorrhoea treatment. ▪ When patient being recalled for treatment and that is documented in Lilie, also stating need to take culture. Can monitor response by data received from monthly lab report. ▪ Check how many times and in what ways a Test of Cure should be recalled and apply that consistently, i.e. work to standard operating procedure. TOC appointment booked at time patient receives treatment. ▪ As a clinical team decide where on Lilie patient notes discussion should be documented and what the expectations are of what should be documented with regard to this.

Log number and Clinical Audit title	Actions from Clinical Audits
	<ul style="list-style-type: none"> ▪ Next cycle of audit: July 2017.
1664 Routine monitoring adults with HIV: 2015 British HIV Association audit	<ul style="list-style-type: none"> ▪ Cardiovascular management. ▪ Access to flu vaccination. ▪ Bone health monitoring. ▪ Re-audit planned.
1668 Management of Gonorrhoea, iCaSH Norfolk	<ul style="list-style-type: none"> ▪ Proper coding Tutorial for relevant staff including Gonorrhoea, what to code and when (August 2016). ▪ Ensure all staff understand the importance of taking Gonorrhoea cultures, that those delivering treatment are able to take Gonorrhoea cultures, that reasons for not taking a Gonorrhoea culture are clearly documented. ▪ Deliver Gonorrhoea Culture training to any staff who might deliver Gonorrhoea treatment. ▪ When patient being recalled for treatment and that is documented in Lillie also stating need to take culture. Can monitor response by data received from monthly lab report. ▪ Check how many times and in what ways a Test of Cure should be recalled and apply that consistently, i.e. work to standard operating procedure. Test of Cure appointment booked at time patient receives treatment. ▪ As a clinical team decide where on Lillie patient notes discussion should be documented and what the expectations are of what should be documented with regard to this. ▪ Next cycle of audit: July 2017.
1673 Management of Gonorrhoea – iCaSH King's Lynn	<ul style="list-style-type: none"> ▪ Discuss findings at next multi-disciplinary team meeting. ▪ Distribute in Norfolk and iCaSH shared drive on computer. ▪ Encourage all staff to respect the preference of the individual and give, as well as verbal, written information if desired or direction to appropriate NHS website and record the same. ▪ Keep hard copy of audit findings in audit file within Department. ▪ Re-audit planned.
1663 Dental Sedation Audit	<ul style="list-style-type: none"> ▪ Raise staff awareness of optimum assessment so that appropriate patients proceed to sedation (December 2016). ▪ Next cycle of audit: August 2017 (for patients seen from April 2017).
1671 Referral to Cardiac Rehabilitation from Heart Failure Service	<ul style="list-style-type: none"> ▪ Dissemination of results to colleagues and promote discussion around SystemOne template. ▪ Next cycle of audit: November 2017.
1630 Oral Drug Use in Children with Spasticity	<ul style="list-style-type: none"> ▪ Awaiting confirmation of actions to be performed.
1665 Are visual and perceptual problems routinely assessed in clients with Acquired Brain Injury (ABI)?	<ul style="list-style-type: none"> ▪ Create PowerPoint presentation (December 2016). ▪ Explore producing poster for professional meeting (December 2016). ▪ Create referral letter for GP/Optometrists (December 2016). ▪ Create vision checklist (December 2016).

Appendix 4: 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 NHS Digital 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.

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

The Trust no longer operates any adult hospital inpatient services and has not done so since April 2015.

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 on-going rehabilitation or acute admission avoidance, encouraging sustained independence in the community for children with medical issues. The Trust is one of only a few community trusts nationwide to operate such inpatient services and therefore comparable statistics are of limited value.

Annex 1: Core Quality Account Indicator 21

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

Summary of data accessed here - <https://indicators.hscic.gov.uk/webview> on 17 March 2017.

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

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

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

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

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

Annex 1: Core Quality Account Indicator 24

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

There have been no cases of C difficile reported by the Trust in 2016-17.

Annex 1: Core Quality Account Indicator 25

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

Summary of data accessed here - <https://indicators.hscic.gov.uk/webview> and <https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-28-september-2016/> on 20 April 2017.

Results period	CCS NHS Trust figure		National average		National highest		National lowest	
	Apr 2016 – Sep 2016	Oct 2015 – Mar 2016	Apr 2016 – Sep 2016	Oct 2015 – Mar 2016	Apr 2016 – Sep 2016	Oct 2015 – Mar 2016	Apr 2016 – Sep 2016	Oct 2015 – Mar 2016
Number of patient safety incidents	443	430	1825	1909	1370	1246	443	430
Rate per 1,000 bed days	N/A for Community Trusts	181.0	N/A	N/A	N/A	74.7	0	0
Number of incidents that resulted in severe harm or death	0	0	12	17	45	42	0	0
% of incidents that resulted in severe harm or death	0.00%	0.00%	0.68%	0.86%	3.28%	3.37%	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.