Provide Quality Accounts
2018 - 2019

Delivering NHS and Local Authority Community Services
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Part 1:
Introduction

What is a Quality Account?
Each year all providers of NHS services are required to publish a report on the quality of the services they deliver. This is called the Quality Account. Our Quality Account aims to provide you with information about the quality of the services we deliver and our plans to improve further with the needs of service users and their families at the centre of all we do.

Our priority is to ensure that our services are safe, effective, responsive, caring and well-led. To measure our progress against this priority, we collect and review a range of information about our services throughout the year, which we report to our Board and our commissioners. We use this information to identify areas of good practice and to find areas for improvement, so that we can maintain and improve the quality of the services we deliver.

We hope you enjoy reading this Quality Account. If you would like to give us your view of our Quality Account please contact us by post or email:

By email: provide.safetyandquality@nhs.net

By post: Quality and Safety Team Provide 900 The Crescent Colchester Business Park Colchester Essex CO4 9YQ

Statement from the Chief Executive

Provide CIC is a learning organisation. We believe very strongly that we must continue to improve and learn from our patients, customers, and staff. Understanding the needs of those we serve is what we strive to achieve and then respond to those needs in the most effective way possible.

We may not always get it right but as these accounts show, we get it right the vast majority of times. 2018-19 was another year of significant change for our services as we took account of the changing demands from commissioners, took on new services, and said farewell to others. Maintaining quality during times of change is hard but is our priority.

These accounts demonstrate yet again that we are very mindful of this with no ‘never events’, a 98.4% referral to treatment time (18 weeks) success rate, and a 98% rating from our Friends and Family Tests. In addition, we benchmarked our services nationally and as can be seen by the table within the report, we out-perform nearly all of our fellow providers and we had 0 incidents of MRSA and C.diff. These are just a few of the indicators that assure the Board and myself that we are providing quality care.

As if this were not enough to assure us, we had a detailed inspection from the CQC this year and they found our organisation to be Outstanding overall. What a year!

The accounts also pick out individual compliments from our customers which bring the numbers to life in a way that no amount of bar or pie charts can. I recommend that you take the time to read these accounts and especially enjoy the snippets of feedback that our customers/patients have taken time to write to us about.

As always, we could not achieve any of this without the inspiring dedication of our staff and volunteers. They continue to demonstrate their compassion and professionalism to achieve the highest possible standards of care. I am, as always, extremely proud of them and their achievements. I commend these 2018-19 Quality Accounts to you and to them.

John Niland, Chief Executive

What do our customers say about our services?
‘Lovely, helpful and kind staff. Clean facilities.’
[FFT, Survey, Springfield Green Podiatry, April 2019]

What makes this a great place to work?
‘I have never worked for a company whose top level management works as hard as Provide’s to safeguard the welfare and morale of its staff, eg mindfulness, TM training and seated massages.’
[Staff survey 2018/19]
What is a social enterprise?

A social enterprise is a business with primarily social objectives whose surpluses are principally reinvested in the business or community, rather than being driven by the need to maximise profit for shareholders and owners.

It means any profits we make are reinvested into the local community or back into the business. They do not go to shareholders and/or owners. Social enterprises operate in almost every industry in the UK, from health and education to retail and recycling.

What does Provide CIC do?

We deliver a broad range of health and social care services in the community and are committed to making sure that they are safe, responsive and of high quality.

We work from a variety of community settings, such as three community hospitals, community clinics, schools, nursing homes and primary care settings, as well as within peoples’ homes to provide more than 40 services to children, families and adults. We also offer some online services.

We provide services across Essex and in Cambridgeshire (including Peterborough), Suffolk and Norfolk, as well as in the London borough of Waltham Forest. We have an income of approximately £67 million, employ more than 980 people, and serve communities with a total population of more than 4.5 million people.

Our services 2018-19

What do our customers say about our services?

‘Efficient, friendly, reassuring, professional staff. Felt comfortable and at ease with whole procedure.’
(FFT feedback Podiatric Surgery, May 2018)
Part 2: Looking Forward

Statement of assurance from the Board
As Chairman of Provide, it gives me great pleasure to endorse the 2018-19 Quality Accounts on behalf of the Board. It is my role, and that of the Board’s, to ensure that the right structures and governance is in place to enable our staff to undertake their roles in safe and secure environments so that they can provide the highest quality of care. We also have to assure ourselves that this is happening consistently across the organisation and these accounts form part of that assurance. These are not the only way that we review our quality but as you can see from the content of this report, they give us a clear indication that we are delivering on this.

All Board members regularly review both compliments and complaints as well as the comprehensive statistics that are used to measure quality and customer satisfaction. We continually review and improve how these reports are presented to give us the best indication of how we are performing and I am happy that this report reflects these.

On my many visits with staff and services I get the opportunity to meet with ‘real people’ who will, completely un-prompted, let me know how well they are being treated. This makes me feel very proud and indeed from my own experiences I feel assured that we are making a positive difference to the lives of our customers.

We are of course never complacent and the Board and I know that for some people we do not always get it right. The important thing is that we learn from those small but significant examples and ensure that they do not happen repeatedly. This report highlights the exceptionally high levels of training that takes place within our organisation.

It is something that the Board and myself place great emphasis on and will continue to do so. It was our ambition that we move from Good to Outstanding across our services as rated by the Care Quality Commission and I am delighted to say that this year we achieved this: I could not be prouder. I urge you to read these accounts and I welcome any feedback you might have to help us improve.

Derrick Louis, Chairman

Our approach to quality
Our focus is to ensure our services are safe, effective, caring, responsive and well-led. To achieve this the Board has ensured that there are well defined governance systems and processes in place to support and assure the quality of the services we deliver.

Our Board has set robust systems and structures in place to ensure that quality of the services we deliver to our customers is at the centre of everything we do.

This starts with our organisational culture which is driven by our shared Vision and Values. Our Board in consultation with our staff, have set out a clear statement of our Vision and Values which underpin everything we do.

What do our customers say?
“It increased my knowledge and understanding of the problems caused by my illness and how to cope. Everything was clearly explained. Appointments were made at a time to suit me and visits were punctual. The same physio provided continuity of care which is important.”

(FFT feedback, Community Therapy, May 2018)

Our Vision and Values

Our Vision is to provide a range of outstanding services that care, nurture & empower individuals and communities to live better lives

Care, Innovation and Compassion with Fun

81% of staff agree they feel proud to work for Provide.

(Staff Survey 2018-19)
Our Board
Provide has a highly-engaged Board who work in partnership with the senior management team and leaders across the organisation as well as the Council of Governors, all critical relationships for the continued improvements in quality.

Meet the Board

Provide quality assurance process
Our Board monitor and assure quality standards by monitoring, reviewing and evaluating a wide range of quality data and information, such as:
- Bi-monthly quality and safety reports.
- Well-defined processes for risk assessment shared bi-monthly.
- Specialist reports from all support services in relation to: medicines management, safeguarding, infection prevention, information governance, learning and development, health and safety, service delivery issues, and patient experience.
- The Board are aware of all serious incidents which occur during the year. They see reports and action plans from incidents and complaints and are able to be assured that appropriate measures are in place to deal with issues when things go wrong.
- The Board encourage openness and transparency in all we do and have backed the implementation of our statutory Duty of Candour.
- The Board regularly visit different areas across the organisation to see first-hand the quality of the services being delivered and to speak with staff and our customers face-to-face.

The breadth of assurance provided to the Board allows structured discussions at Board meetings and provides detailed insight into the quality of the care being delivered as the norm across services, while recognising the need to improve where things go wrong in an open and transparent manner.

This robust governance framework provides assurance for the Chief Executive, Chairman, the Board of Directors, CQC Registered Manager, and the senior managers and clinicians that the essential standards of quality as set out by the Care Quality Commission are being met in every part of the organisation.

Our quality assurance structure

Council of Governors
Provide is owned by its employees. Every Provide worker, from the frontline clinical staff, to administration support staff, is given the opportunity to become an owner of the company for just £1. As an owner they have a say in the future direction of the company and can make suggestions for improvements.

Importantly, the Chair of the Governors is a core member of the Provide Board which enables the Governors on behalf of the staff, to assure themselves of the quality and safety of services being delivered.

The duties of the Council of Governors is to:
- Represent the views and interests of the members and provide a link between owners, community stakeholders, and the Board.
- Work with the Board to develop the organisation’s Vision and Values and forward plans.
- Influence the investments of surpluses on behalf of the owners and the community stakeholders.
- Appoint or remove the Chair and other Non-Executive Directors on behalf of the owners.
- Decide the remuneration and allowances and other terms of office of Non-Executive Directors.
- Prepare and undertake reviews of the Governors’ strategy.

Meet the Council of Governors
Our priorities for the year ahead
The way in which we deliver our clinical services and how our staff interact with our customers is fundamental to the delivery of safe, effective, responsive, caring and well-led services as defined by the Care Quality Commission and experienced by our customers. At the same time, we live in ever-changing times where we need to keep pace with the changing healthcare needs of our population, changing healthcare practices, and changing levels of resource.

In the year ahead our key quality priorities are:

1. **To introduce the Perfect Ward App**
   We aim to empower front-line staff to drive quality improvements at service level and provide a clearer line of sight from Board to ward. The Perfect Ward app will be available and accessible to frontline staff on their smartphones and will enable them to undertake quality audits at a time that suits them. They will see the results of their audits instantly so they can take prompt action to address any areas of concern. The app will also be accessible to the service managers and the Board so that they too can access and view the results of service audits across the organisation. The Board will also be able to use the app themselves to undertake quality assurance visits to the services to speak with staff and customers.

2. **Enhance quality data trend reporting to the Board**
   The aim is to translate current red, amber and green quality dashboard data into statistical process charts (SPCs) which plot data over time to allow trends and areas for action to be identified. This will allow the Board to recognise and respond proactively to early indicators of performance slippage so that good performance levels are sustained.

3. **Enhance quality assurance oversight of Provide services**
   We aim to review our current quality assurance structure in line with changes to our corporate structure planned in the year ahead to identify new and innovative ways to monitor and assure the quality of our services across Provide.

4. **Explore opportunities for partnership working to build capacity and resilience**
   We aim in the year ahead to explore the opportunity to link more closely with partner quality assurance teams in health and social care to look for ways to support each other to monitor the quality of our services and to identify ways to reduce duplication of effort, whilst sharing knowledge, experience, and expertise.

5. **Build an in-house Quality Improvement (QI) programme**
   We aim to give staff the knowledge and skills to make service level improvements to enhance the quality of the services they work in and deliver.

In the year ahead we will also participate in learning from National Clinical Audits by contributing to the following national programmes:

<table>
<thead>
<tr>
<th>National clinical audit</th>
<th>Provider organisation</th>
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<tbody>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>King’s College London</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>University of Bristol Norah Fry Centre for Disability Studies</td>
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<td>National GP Survey</td>
<td>NHS Digital</td>
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What do our customers say?

"The carers were so lovely, helping or showing how to do things, teaching new ways to complete a task. They allowed dignity at all times, never trying to speed up so allowing time."

(FFT feedback, Early Supported Discharge & Stroke Services, April 2018)
Part 3: Looking Back

Statement from Executive Clinical and Operations Director

At Provide we aim to put quality at the heart of everything we do, and we work hard to consistently deliver high-quality services which put our customers at the heart of everything we do.

Our annual Quality Account is a good opportunity for us to look back at what we have achieved in the past year and look forward to what we aim to achieve in the year ahead.

It is a pleasure for me to note that once again our Quality Account is able to tell the story of how we work to deliver high-quality services, but also demonstrates what our customers think of our services and our staff.

Of course, as much as we deliver very safe, effective, caring, responsive and well-led services there have been occasions too when we have not got it right. When this happens we put our customers and staff first by ensuring their safety and we then seek to learn from these events and improve our services as a result. In this way, we have embedded a strong safety and learning culture within Provide.

Our Vision and Values are about care, compassion, nurture and innovation and I am proud to say our staff really embody our Vision and Values in everything they do.

We have just had a Care Quality Commission (CQC) inspection and the feedback from the CQC is that they found: ‘Staff worked in partnership with patients to set treatment goals. People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally.’ They also said: ‘Patients consistently praised staff for the care they provided and often felt the care had exceeded their expectations.’ This just shows the extraordinary impact our staff have on the people they care for with all the big and little things they do each day which makes such a difference to people’s lives.

We are extremely proud of our staff and I want to take this opportunity once again to say a heartfelt thank you to them all for their hard work, dedication, professionalism and humanity towards each other and the people they serve.

Stephanie Dawe, Executive Clinical & Operations Director

The Care Quality Commission’s view of the quality of our services

Our CQC rating for our services during 2018-19 overall was ‘Good’ as we were assessed as being Good across all the domains of quality they tested as detailed in the table below when we were inspected in December 2016 and our rating was published in March 2017.

Since then we have continued to improve on the quality and safety of our services and between January and March 2019 Provide has undergone a Well-Led CQC inspection. Although the CQC inspection report for this more recent inspection is yet to be published, the CQC have provided us with some interim feedback which has noted that:

Leaders were clear about their roles and responsibilities and had the experience, capacity, and capability to lead.

There was an inspiring shared purpose and high levels of staff satisfaction.

The Board and other levels of governance in the organisation functioned effectively and data presented to the Board and other sub committees for assurance purposes appeared accurate, valid, and credible.

What do our customers say?

‘Kind and considerate and my feet feel so much more comfortable.’

(FFT feedback, Podiatry, July 2018)

To view our current CQC reports visit the Care Quality Commission website: www.cqc.org.uk/provider/1-168055209

Our 2018-19 priorities - what we achieved

In 2016 we developed a three-year clinical strategy to help us look forward and develop our clinical services, not only to keep us relevant and fit for purpose but to ensure that the quality of the services we deliver is continually improving. Our clinical strategy priorities were aligned to our organisational Vision and Values so that our vision and values. In 2018-19 we reached year three of our three year clinical strategy.

The key priorities in our three-year clinical strategy were:

Care and Compassion – To ensure we have a committed workforce which delivers patient centred care through relationships based on empathy respect, and dignity.

Nurture and Empower – To nurture a structure that promotes empowerment, fosters a belief in people’s ability to be empowered, and acknowledges there is power in the relationships and care provided.

Innovation and Competence – To ensure we have an organisational culture that drives innovation that balances cost and healthcare quality and ensures staff are equipped with the skills, knowledge, attitudes, values and abilities for effective competent practice.

Overleaf is a summary of what we achieved in year three of our strategy.
Part 4: Review of Quality Performance

In this section we want to share with you how we performed over the past year with delivering safe, effective, caring, responsive and well-led services.

Care and compassion

Our goal was:
To introduce Quality Improvement (QI) methodology to Provide and to build on customer feedback.

What we did:
- We identified key staff to undertake QI training as an introduction to QI.
- We identified funding for, and have now recruited, a dedicated QI Facilitator to develop a QI training programme and tools for staff during 2019-20.
- We have introduced a process to monitor which services receive little or no Friends and Family Test feedback and have been reporting this to our Board.
- We have devised a new process to be implemented in 2019 to contact a small sample of customers each month in services where customers are less likely to provide Friends and Family Test feedback to have a conversation about their experience of the service.

Nurture and empower

Our goal was:
To focus on clinical practice development to support new roles and new ways of working to enable staff and promote competence.

What we did:
- We have identified staff to undertake training to become Associate Nurses which is a new nursing role developed nationally to support the workforce of the future.
- We have ensured Care Certificate competencies have been completed by all eligible Provide staff, including new starters and existing staff. The Care Certificate ensures that all health and social care workers have the required values, behaviours, competences and skills to provide high quality, compassionate care.

Innovation and competence

Our goal was:
To contribute to national benchmarking programmes and to build on the range and format of quality data provided to the Board, including benchmarking and control charts to measure performance.

What we did:
- We participated in the National Audit Intermediate Care.
- We continued participation in the following national audits:
  - National Safety Thermometer,
  - SSNAP - Sentinel Stroke National Audit Programme.
  - PASCOM Audit Podiatric Surgery.
  - National Diabetic Foot Care Audit.
- We included benchmarking measures in the Board quality assurance reports, including:
  - Patient harm rates
  - Falls 1,000 bed days
  - Friends and Family Test ratings.
- We have identified funding and joined the NHS Benchmarking Network and will commence contributing data to this in 2019.
- Control charts were introduced to Board quality assurance reports to enable a measure to be viewed in context, as small variations in data can appear significant unless viewed within a set of upper and lower controls.
- We introduced a new Board Quality Assurance Dashboard which provides clear data on service quality set against the five CQC domains of quality and safety. Alongside this, the Board set clear indicators of performance for each quality area they wanted to monitor to provide a clear view of whether the level of performance required was being achieved using a red, amber, green rating. This, coupled with the new control charts, has set in place a method of quality monitoring that is objective and transparent for the Board.
- In addition, to provide an alternative approach to quality testing each operational business unit contributed to the annual clinical audit programme during 2018-19.

What do our customers say?

‘The staff were very friendly and helpful above the call of duty.’

(FFT feedback, St Peter’s Ward, June 2018)
We are committed to:

- Ensuring our services keep people safe from abuse and harm.
- Ensuring the care we deliver achieves good outcomes, which helps to maintain quality of life and is based on the best available evidence.
- Ensuring we treat each other and the people who use our services with compassion, kindness, dignity, and respect.
- Ensuring the services we deliver are well organised and responsive so that they meet people’s needs.
- Ensuring we are open and transparent so that people who use our services are supported when things go wrong and receive an apology and explanation about what went wrong and what we are doing to learn and improve.
- Ensuring we promote a fair and just culture so that staff are supported and confident to speak up when things go wrong.
- Ensuring that we are a learning organisation that responds quickly and effectively to risk, safety issues, and customer feedback so that we continuously learn and improve.

Incident reporting

Across the organisation we have an open and transparent reporting culture which encourages staff to identify and report incidents or near misses. We are committed to learning from incidents. We have systems in place to ensure all incidents or near misses that are reported are investigated. We then work to identify if any changes in practice can be made to prevent a recurrence and improve the quality and safety of service delivery for the future.

During 2018-2019 we reported a total of 2,580 incidents across all service areas, demonstrating a continued good reporting culture as well as being commensurate with our organisational service growth.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Incidents Reported</th>
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<tbody>
<tr>
<td>2018-19</td>
<td>2,580</td>
</tr>
<tr>
<td>2017-18</td>
<td>2,095</td>
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<tr>
<td>2016-17</td>
<td>2,255</td>
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We not only report all incidents but we also measure the level of harm they have caused. The majority of incidents reported caused no harm or minor harm.

Provide incidents reported 2018-19

Data extracted from Datix Reporting System

The number of patient safety incidents reported to the National Reporting and Learning System in 2018-19 was 722, of which two were reported as resulting in severe harm or death. One incident was a fall and one was a pressure ulcer. Both incidents were robustly investigated.

<table>
<thead>
<tr>
<th>Degree of Harm</th>
<th>Provide Harm Rate</th>
<th>National Harm Rate</th>
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<tbody>
<tr>
<td>Death</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Severe Harm</td>
<td>0.1%</td>
<td>0.4%</td>
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</table>
We continue to investigate all serious incidents promptly and we are open and transparent when things go wrong. Following detailed investigations, learning is identified and recommendations for improvements in practice are agreed through a robust system of sign off and cascade across the organisation up to Board level.

As a result of some of the serious incidents we have investigated during 2018-2019 we have made the following improvements:

- Provided training for staff on new pressure sore guidance.
- Introduced a frailty score report to team huddles to provide easier reference and overview of people on the caseload with a high frailty score.
- Provided agency nurses with training and access to the electronic patient record to improve information security and provide easier access to care record information to enhance continuity of care.
- Standardised our approach to wound photography to improve recording of wounds in the care record.
- Introduced new processes to cross check medication on admission.
- Planned audits to identify if areas of learning and change in practice have been embedded.

During 2018-2019 Provide had no ‘never events’.

‘Never events’ are the kind of incident which should never happen in the healthcare sector.
National Patient Safety Thermometer funnel plot charts

Data Provide contributes to the National Patient Safety Thermometer is displayed in a number of ways. A useful way to view the data is to see where we are plotted on a funnel plot chart compared to all the other providers contributing data as it helps to identify if a rate is unusually high, low, or average. Below are the funnel plots for Provide extracted from the National Safety Thermometer which indicates we are positive outliers in all harm areas, with our level of harm being lower than the average.
What do our customers say?

‘Friendly reception staff, prompt appointments, knowledgable, professional and confidence - inducing physio.’

(FFT feedback, Scheduled Therapy, March 2019)

Pressure ulcers

Pressure ulcers are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. People who are frail, elderly or very ill are more prone to developing pressure ulcers, especially if they have health conditions which affect their circulation, ability to move or ability to eat and drink.

Pressure ulcers are an important source of harm for the people we care for. People may from time to time develop a pressure ulcer or experience a worsening of their pressure ulcer while in our care due to the complexities of their health condition or they may come into our care having already developed a pressure ulcer. We work hard to ensure we put in place preventative measures to avoid pressure ulcers developing and to promote healing where they have developed. Where we identify that a pressure ulcer has occurred due to some gaps in care, we report and investigate this as a serious incident to ensure we learn and improve our practice.

We actively encourage our staff to report the presence of any new or worsening pressure ulcers, whether they occurred while in our care or before people came into our care, so we can monitor for problems in care provision and take action to resolve them. Our reporting during 2018-19 demonstrates a good level of vigilance and reporting by our staff.

Venous thromboembolism (VTE) risk assessment

A venous thrombus is a blood clot that develops in a vein, typically in the leg or groin. If the blood clot breaks and travels through the veins towards the lungs it is known as an embolus.

VTE are more likely to develop when people are unwell and immobile for long periods. To reduce the risk of this happening to people in our care, we carefully risk assess each person admitted to our community wards and where we identify they are at risk we will prescribe blood thinning medication to try and prevent the development of blood clots. This is known as giving prophylaxis.

During 2018-19 100% of people admitted to our community wards had a VTE risk assessment completed and 95% had this completed within 24 hours of admission.

<table>
<thead>
<tr>
<th>FALLOWS / 1,000 BED DAYS</th>
<th>TOTAL NUMBER OF FALLS / 1,000 BED DAYS</th>
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<tr>
<td>PROVIDE CIC 2017-2018</td>
<td>NATIONAL BENCHMARKING COMMUNITY SERVICES KEY INDICATORS 2018</td>
</tr>
<tr>
<td>COMMUNITY HOSPITAL FALLS / PER 1,000 BED DAYS</td>
<td></td>
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<tr>
<td>NPSA 2007</td>
<td>5.5</td>
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Infection prevention

Provide has dedicated specialist infection prevention nurses who work across the organisation supporting the maintenance of excellent infection control measures according to best practice in infection prevention and control. Compliance with standards is closely monitored and supported by robust policies and procedures.

All of our environments are visibly clean and suitable for the delivery of the care required. We provide robust infection prevention training for both clinical and non-clinical staff and have developed the green card training workbook which aligns with Level 1 & 2, UK Skills for Health and reflects the key requirements for community services.

Infection prevention training for clinical staff for the year met the compliance target of above 90% for each reporting period.

The Infection Prevention team continue to support an effective network of champions in infection prevention who act as support across their areas of work and feed back into the infection prevention meetings, as well as their own specialist meetings. This network of champions have allowed the maintenance over many years of high infection prevention standards. We also aim to protect our staff and our customers by providing our staff with seasonal flu vaccinations each year.

Infection Prevention Training Compliance 2018-19 each month was above 91% (Against a target of 90%)

Improvements in infection prevention

During 2018-19 the infection prevention team worked with clinical teams to deliver some quality improvement projects as detailed below:

- E-learning to support our infection prevention green card initiative: Our green card for infection prevention aims to support all staff in our clinical services to achieve knowledge, understanding and good practice in infection prevention control. To further support staff with this we have been working on developing an e-learning package that will enable staff to undertake some self-directed study towards achieving their green card.

- Perfect ward app: We have explored the potential to use this app to improve the way we undertake infection prevention auditing and quality assurance during 2018-19. In March 2019 we launched the app within the infection prevention team and link practitioner team working across our clinical services. During 2019-20 the audits undertaken using the app will form the basis for our quality assurance oversight and reporting.

- Catheter/PICC/leg ulcer passport audits: We continue to use our catheter and PICC passports and launched our new leg ulcer passport during 2018-19. In 2019-20 we intend to evaluate how well we are utilising these tools in the relevant services.

There is a robust infection prevention annual plan in place each year which is part of an overall effective risk management and patient safety programme.

What do our customers say?

'Staff were all lovely/friendly and made me feel at ease. Facilities are clean/modern. No waiting time from appointment time.'

(FFT feedback, Minor Operations Service, Feb 2018)

What do our customers say?

'All the staff involved in my care were so friendly, informative and caring. The environment was relaxing and very clean.'

(FFT feedback, Pediatric Surgery, Aug 2018)

What do our customers say?

'The staff were brilliant with my two sons and helped them relax and play to get the most out of the appointment.'

(FFT feedback, Children's Audiology Service, April 2018)
What did our customers say?

We asked our service users to audit our hand hygiene compliance, as part of the customer experience surveys undertaken during 2018-19.

The question asked was: ‘As far as you know, are staff washing or cleaning their hands between touching patients?’ and they circled/marked one of the answers below.

a) Yes, all of the time  
b) Yes, sometimes  
c) Not sure/can’t remember  
d) Not really  
e) No, not at all

The results shown below demonstrate that a good level of hand washing was observed by our patients. Quite often, as they are experiencing or recovering from an illness our patients find it difficult to recall if they saw staff washing their hands. We therefore would not expect this survey to demonstrate 100% compliance, but we feel it is vital to ask our customers their view.

We also undertake monthly hand hygiene observation audits in our clinical areas to test how staff are washing their hands during the course of their work and the results below demonstrate very good compliance in this area. Where staff are observed during the audits to miss steps in hand washing procedure we score ourselves accordingly and take immediate action to provide these staff with feedback and additional training to improve practice.

<table>
<thead>
<tr>
<th>HAND HYGIENE</th>
<th>QUARTER 1 SCORE</th>
<th>QUARTER 2 SCORE</th>
<th>QUARTER 3 SCORE</th>
<th>QUARTER 4 SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation audits of community staff</td>
<td>100%</td>
<td>100%</td>
<td>99.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Observation audits of community ward staff</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>94%</td>
</tr>
<tr>
<td>Patients reporting ‘yes all the time’ to seeing community ward staff washing their hands</td>
<td>80.6%</td>
<td>67%</td>
<td>81.6%</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

What do our customers say?

‘Regular help and support from a genuinely caring person. Lots of fantastic tips and ideas which really helped me.’

(FFT feedback, Essex Lifestyle Service, Feb 2019)

Safeguarding

All services within Provide are required to fulfil their legal duty under section 11 of the Children Act 2004 and all staff have a duty to safeguard children by recognising abuse and referring onwards, as required. (Working Together 2015)

Similarly, the welfare of adults is paramount and Provide recognises that an adult has the right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm (The Care Act, 2014). Provide works collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with local authority policies and the relevant local safeguarding boards. Provide actively participates in the local safeguarding networks and Health Executive Forum for Safeguarding to ensure we are part of the conversation and work to maintain high safeguarding standards and practice across the communities with live and work in.

Safeguarding children and vulnerable adults is a fundamental component of safe, effective, responsive and well-led care and underpins the care Provide delivers.

Provide has a specialist safeguarding team that offers expert advice and support to all Provide services and ensure that care is centred on the child, young person or vulnerable adult. The team provides comprehensive and effective safeguarding care through:

- Safeguarding supervision, ensuring that Provide practitioners are supported within their role and are empowered to provide the highest quality of care.
- Level 1, 2 and 3 safeguarding training.
- Mental Capacity Act (MCA) training.
- Deprivation of Liberty Safeguards training (DoLS).
- Learning disability awareness training.
- PREVENT and FGM training.
- Expert advice and support to all Provide services.
- Investigation of safeguarding alerts.
- Quality assurance of safeguarding practice through policy development, audits, serious case reviews, and reports.
- Participating in local and regional safeguarding panels and boards.

Provide fully encourages and endorses that safeguarding is ‘everybody’s business’ and the safeguarding team ensure that safeguarding is a golden thread throughout all care within Provide.

In 2018-19 the safeguarding team developed a new safeguarding training scheme to meet the new intercollegiate guidance published during the year and will work towards implementing the new training during 2019-20.

The safeguarding team delivered a new innovative joint training session to clinical staff in conjunction with the Tissue Viability team on the new wound management and safeguarding template.

What do our customers say?

‘My son drew a happy face for the first time! Son has autism. Really great and useful advice. Looking forward to another visit.’

(FFT feedback, Children’s Occupational Therapy, May 2018)
Medicines management

The medicines management team works across all services requiring medicines to ensure our services deliver improved patient outcomes, enhance the patient experience and are safe.

The team work alongside services to ensure adequate procurement for all services and provide clinical services across the community hospital inpatient wards. By working alongside the prescribers and nursing staff we ensure safe medication practices and reduce risks as much as possible by advising on appropriate prescribing and dosages. The team also support staff to ensure delayed and omitted doses of critical medicines are avoided.

The team work with multidisciplinary teams to ensure the prescribing, administration and supply of medication is as risk-free as possible. The team carry out medication training and have trained a team of medicines champions to support the maintenance of high quality standards in relation to medicines management.

Compliance with medicine legislation and standards is closely monitored and supported by policies, guidance and standard operating procedures to maintain best practices across all services. Adherence to these is monitored via audit and quality improvement initiatives.

We manage medicines well overall. The number of medication incidents we experience is low at 10-25 incidents reported monthly, as demonstrated in the graph below. All medication incidents are investigated and action taken to improve practice as needed. The majority of incidents reported result in no harm or minor harm only. We have had no incidents which resulted in severe harm or death.

Medication incidents reported 2018/19

Freedom to Speak Up

What is the purpose of Freedom to Speak Up?

All of us, at one time or another, may have concerns about what is happening at work. Usually these concerns are easily resolved. However, when they are about unlawful conduct, financial malpractice, breaches of codes of conduct, ill-treatment of patients/clients, disregard of health and safety rules, dangers to the public or the environment, or any other similar matter, it can be difficult to know what to do.

Provide aims to promote a climate of openness and dialogue in which staff are encouraged to feel able to raise concerns without fear of reprisal or victimisation. As such, Provide has a robust Freedom to Speak Up (whistle-blowing) policy in place to give a structure, guidance and support to staff raising concerns and those handling the concerns.

Provide actively encourages freedom of speech to enable staff to raise any concerns they may have at an early stage and in the right way so that prompt investigation, learning and, where needed, improvements can be made to protect staff and the public from harm.

How do staff raise concerns?

If staff have concerns they are encouraged to first speak with their line manager. This enables a prompt response and remediation of the concerns and promotes confidence and assurance for staff within the service, as well as ensuring patient safety is maintained.

However, if staff feel they are unable to do this or feel no action has been taken they are encouraged to raise their concerns with the designated Executive Director who will arrange to meet with them within five days to review their concerns and agree a course of action. If staff feel the matter is too serious or they cannot speak to any of the aforementioned staff, they can raise the matter directly with the Chief Executive or the organisation’s Freedom to Speak Up Guardian.

Where staff have raised concerns they receive regular feedback and updates on the progress of the investigation as well as feedback on the findings of the investigation and the action the organisation will be taking to implement any recommendations arising.

What is a Freedom to Speak Up Guardian?

A Freedom to Speak Up Guardian is a nominated individual who is able to operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout their organisation, including their senior leadership team.

Freedom to Speak Up Guardians:

- Protect patient safety and the quality of care.
- Improve the experience of staff.
- Promote learning and improvement.
- Ensure that staff are supported in speaking up.
- Ensure that barriers to speaking up are addressed.
- Ensure that a positive culture of speaking up is fostered.
- Ensures issues raised are used as opportunities for learning and improvement.
- Seek guidance and support from and, where appropriate, escalate matters to, bodies outside their organisation.

Provide’s Freedom to Speak Up Guardian is a Non-Executive Director who works to ensure that the Board has the right culture, policies and procedures in place that promote a culture of safety and openness at Board level and throughout the organisation.

What do our customers say?

‘Every staff member I have ever come across seems like they really want to be here and go out of their way to make my visit go as well as possible. Nothing ever seems too much trouble.’

[FFT feedback, Essex Sexual Health Service, Jan 2019]
Other areas where we demonstrate we are safe

Other areas where we demonstrate we are safe

We listen to staff and customers - We take action to learn from incidents, complaints and Freedom to Speak Up concerns and ensure systems and services are improved and made safer as a result.

Incident reporting - Staff report incidents and near misses if they see one. The majority of incidents reported result in no harm or low harm.

Policies and guidance - We have robust policies in place to ensure we deliver the right care in the right way based on best practice guidance and to ensure we support our staff in the right way. This includes robust clinical, infection prevention, safeguarding and health and safety policies and procedures, training, audit, and specialists being in place to enable staff to achieve high standards.

Risk management - We have a robust risk management process in place to identify, manage and maintain oversight of risks.

Safe equipment - We have appropriate equipment in place to keep staff, visitors and service users safe and all equipment is regularly maintained and repaired.

Safe premises - We have clean and well-maintained clinical environments and we ensure they are compliant with good health and safety and infection prevention practices.

Consent - We have robust safeguarding policies, procedures, and training in place and our staff know how to obtain and document valid consent before undertaking any care or procedures.

Competent staff - Our staff are appropriately trained and experienced. We maintain high compliance with mandatory training and ensure robust safer recruitment processes are in place. Regular checks are made to ensure staff maintain their professional registration with the professional bodies.

Visible leadership - Senior management and the Board visit service areas to observe care delivery first hand which enables them to speak directly to staff and service users.

Staffing levels - meet the needs of service users/patients. We report staffing levels to the Board where the data is looked at in relation to incidents to ensure we are able to care safely across all areas.

Safety alerts and NICE guidance - We ensure all relevant NICE guidance and safety alerts are distributed to teams who take action to implement the recommendations in the guidance and alerts.

Business continuity and major incident preparation - We have robust plans in place in the case of a major incident or severe weather that can disrupt service delivery to make sure that service users still receive the care they require.

Never events - We have had no ‘never events’ reported in any of our services. Never events are incidents which should never happen as they are preventable with the correct policy and procedures in place.

Partnership working - We work closely with colleagues across health and social care to improve the quality of services we deliver by actively reviewing incidents and issues that arise and to ensure we support our staff in the right way based on best practice guidance and to ensure we maintain quality of life and is based on the best available evidence.

Benchmarking

It is important for us as an organisation to measure our effectiveness against internal measures of achievements but also where possible to identify how our performance compares against national benchmarks. Below is a summary of how we performed against relevant quality standards published by the NHS benchmarking network.

Mandatory training compliance 2017-18 each month was 96% or above

(Against a target of 90%)

Effective

Are services effective?

Effective services ensure your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Competent staff fit to practice

To ensure our services are effective we need to ensure we have effective staff. We therefore have robust recruitment and selection processes in place so that we employ skilled staff with the right caring and compassionate attitude.

All new starters complete our Corporate Induction programme and complete a local induction within their service.

We pride ourselves on the support we give our staff to undertake a wide range of training to keep them up-to-date and support them to grow and develop new skills so they can practice safely and effectively.

All our staff are required to maintain their competence in key mandatory training areas such as:

- Basic life support.
- Moving and handling.
- Infection prevention.
- Fire safety.
- Health and safety.
- Infection prevention and control.
- Safeguarding.

Training we supported in 2018-19:

- Mary Gober  = 452 staff
- Care certificate = 113 staff
- Apprenticeships = 23 staff
- New Managers Survival Programme = 22 staff
- Intermediate Certificate in Management = ongoing with 15 staff
- Foundation Degree programmes = 4 staff
- BSC Specialist Practitioner District Nursing = 4 staff
- Masters Programmes = 5 staff

Visible leadership - Senior management and the Board visit service areas to observe care delivery first hand which enables them to speak directly to staff and service users.

Staffing levels - meet the needs of service users/patients. We report staffing levels to the Board where the data is looked at in relation to incidents to ensure we are able to care safely across all areas.

Before undertaking any care or procedures.

Partnership working - We work closely with colleagues across health and social care to improve the quality of services we deliver by actively reviewing incidents and issues that arise and to ensure we support our staff in the right way based on best practice guidance and to ensure we maintain quality of life and is based on the best available evidence.
Health coaching
In September 2018, Provide received Foundation Level accreditation from the European Mentoring and Coaching Council for our ‘Adopting a Coaching Approach’ training programme. We have implemented a ‘train the trainer’ model of delivery. The purpose of this training is to encourage our staff to have more coaching conversations with service users, colleagues, direct reports, and stakeholders, in order to support the wider Provide behaviour change programme.

Customer care training
We strive to make every interaction we have with people a positive one, whether colleagues, or customers. To give staff the tools and skills to make this happen we have invested in our staff by providing them with bespoke, internationally recognised, Mary Gober customer care training. Throughout 2018-19 this training was rolled out and we now have 452 staff who have completed the training. This represents 42% of the workforce who have now attended this training.

Support to students
During 2018-19 we have supported a total of 260 pre-registration students on placement at Provide. This includes Provide staff undertaking clinical apprenticeships leading to registration.

Staff performance development reviews (PDRs)
It is important for staff to have the opportunity to review their performance and discuss their personal contribution to the organisation’s objectives. It also gives them a chance to discuss their development needs and their aspirations so we can provide tailored support to them to help them achieve their goals. It is not always easy to make the time to sit and reflect but here at Provide we see this as a vital and necessary to ensuring our staff know how valued they are and how they are making a difference and at the same time it ensure safer patient care because staff development needs are identified and action taken to address them. We are proud to say we achieved.

Clinical audit
During 2018-19 we completed a full clinical audit programme. When carried out in accordance with best practice, clinical audit:

- improves the quality of care and patient outcomes.
- provides assurance of compliance with clinical standards.
- identifies and minimises risk, waste and inefficiencies.

This table shows examples of clinical audits completed during 2018-19

What makes this a great place to work?
Our student said:
‘While on placement, I worked alongside my mentor, treated and cared for people with health problems, promoted good health, managed ongoing and long-term conditions, and monitored the quality of care they were receiving. Courage, commitment, compassion, care, competence and communication were incorporated into my practice effectively and professionally.’
(Student placement, St Peter’s Ward, 2018)

What makes this a great place to work?
Our student said:
‘Very welcoming and friendly. Each nurse took time to come to get me when they had a learning opportunity for me to experience. Fantastic team, I really enjoyed my placement. Variety of experiences.’
(Student placement, ICT Braintree, 2018)

What do our customers say?
Why our customers would recommend our services to family & friends: ‘The staff, the treatment, the knowledge, the friendly attitude, the organisation. The feeling of safety, most important’
(Student placement, St Peter’s Ward, June 2018)

What do our customers say?
‘Changed the small things I was struggling to cope with, ie being able to cut up my own food. All the small exercises have changed so much in my everyday life.’
(FFT feedback, Community Therapy, Oct 2018)
National audits

We participate in a number of national audits to contribute to the national view of care quality. The audits we have contributed data to this year are:

- **Safety Thermometer** – we participate in contributing data to measure harm-free care and medicines safety. To view our performance visit: www.safetythermometer.nhs.uk

- **SSNAP - Sentinel Stroke National Audit Programme**
  This is a national project. All health care settings (hospitals and organisations that provide services for stroke patients directly from zero to six months) will take part. Participation shows that this organisation is committed to improving stroke care.
  - Provide SSNAP Score overall is A

- **National Diabetes Foot Care Audit**
  The National Diabetes Foot Care Audit (NDFA) is a continuous audit of diabetic foot disease in England and Wales. The audit enables all diabetes foot care services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease.
  - The fourth annual report will be published on Thursday 9 May 2019
  - Data from the third annual report demonstrates Provide performs well compared to the average across England and Wales.

### NDFA Data for 2016/17

<table>
<thead>
<tr>
<th>NDFA Data for 2016/17</th>
<th>PROVIDE</th>
<th>ENGLAND &amp; WALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of cases submitted for audit</td>
<td>163</td>
<td>9384</td>
</tr>
<tr>
<td>SINBAD score 3 or above (severe)</td>
<td>44%</td>
<td>45.2%</td>
</tr>
<tr>
<td>Ulcer episodes seen within two days of presentation</td>
<td>11%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Ulcer episodes not seen for two or more months</td>
<td>5.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Ulcer-free at 24 weeks</td>
<td>58.6%</td>
<td>55.7%</td>
</tr>
<tr>
<td>Persistent ulceration at 24 weeks</td>
<td>23.4%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Admitted to hospital within six months</td>
<td>36.5%</td>
<td>49.1%</td>
</tr>
<tr>
<td>One or more minor amputation</td>
<td>2.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Major amputation</td>
<td>0%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2018/19 National GP Survey - Steeple Bumpstead Surgery</th>
<th>PROVIDE</th>
<th>LOCAL CCG AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients who find it easy to get through to this GP practice by phone</td>
<td>86</td>
<td>61</td>
<td>70</td>
</tr>
<tr>
<td>% of patients who find the receptionists at this GP practice helpful</td>
<td>91</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>% of patients who are satisfied with the general practice appointment times available</td>
<td>62</td>
<td>60</td>
<td>66</td>
</tr>
<tr>
<td>% of patients who were offered a choice of appointment when they last tried to make a general practice appointment</td>
<td>53</td>
<td>54</td>
<td>62</td>
</tr>
<tr>
<td>% of patients who were satisfied with the type of appointment they were offered</td>
<td>84</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>% of patients who took the appointment they were offered</td>
<td>97</td>
<td>95</td>
<td>74</td>
</tr>
<tr>
<td>% of patients who describe their experience of making an appointment as good</td>
<td>77</td>
<td>63</td>
<td>69</td>
</tr>
<tr>
<td>% of patients who waited 15 minutes or less after their appointment time to be seen at their last general practice appointment</td>
<td>80</td>
<td>65</td>
<td>69</td>
</tr>
<tr>
<td>% of patients who say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment</td>
<td>85</td>
<td>84</td>
<td>87</td>
</tr>
<tr>
<td>% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment</td>
<td>87</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td>% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment</td>
<td>83</td>
<td>86</td>
<td>87</td>
</tr>
<tr>
<td>% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment</td>
<td>89</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>% of patients who had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment</td>
<td>95</td>
<td>94</td>
<td>96</td>
</tr>
<tr>
<td>% of patients who felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment</td>
<td>84</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td>% of patients who felt their needs were met during their last general practice appointment</td>
<td>96</td>
<td>94</td>
<td>95</td>
</tr>
<tr>
<td>% of patients who describe their overall experience of this GP practice as good</td>
<td>83</td>
<td>80</td>
<td>84</td>
</tr>
</tbody>
</table>
Participation in clinical research
We have a dedicated clinical research and clinical audit facilitator who works with our staff and the local clinical research networks to encourage and support getting involved and being active in research studies.

Our staff have access to
- Expert advice and support.
- Policies and procedures that support good clinical research.
- Research and development training (GCP Training).
- Clinical audit training.
- Access to the Research Design Service and bid proposal training with University of Essex.

28-day readmission rates
Provide is a community provider with community hospital wards. Nationally acute hospitals report on the number of people readmitted within 28 days of discharge. Provide also monitor this for the community hospital wards.

<table>
<thead>
<tr>
<th>28 DAY READMISSION RATES</th>
<th>COMMUNITY HOSPITAL WARDS</th>
<th>2018-19</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of people 15 or over readmitted to the community hospital wards within 28 days of being discharged</td>
<td>0</td>
<td>0.18%</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring data quality
It is essential that the quality of the data we use to assure quality and safety across the organisation is detailed, correct and meets the needs of the organisation. We have developed high level data collection systems which are able to inform the Board around the effectiveness of services and meeting the fundamental standards as set by the Care Quality Commission.

Information Governance
Information governance (IG) is how we ensure we look after the information people share with us about themselves. We work hard to maintain the trust people put in us to keep their information safe.

Use of the NHS Digital Data Security and Protection toolkit allows us to effectively assess ourselves against the standards required to protect all patient related information. The last submission of the IG toolkit took place in March 2019. We achieved a scoring of “Standards Exceeded”. A breakdown of our scoring can be seen below:

What do our customers say?
‘I was made aware of the procedure and what would happen, and was given the choice of two options, making me feel more involved and happier.’

(FFT feedback, Minor Operations, June 2018)
ISO 27001 and Cyber Essentials Plus

As well as the assurance provided through the IG toolkit, the organisation has also achieved ISO 27001 accreditation for its IT and data services. ISO 27001 is recognised worldwide as the standard for information security management. To gain the ISO 27001 award, the organisation proved that we could not only prevent but defend against potential data system vulnerabilities.

Provide is accredited under The Cyber Essentials scheme. Developed by the UK government and industry it defines a set of controls which, when implemented, give assurance that the organisation meets a standard of protection from the most prevalent forms of threats coming from the internet. In particular, it focuses on threats which require low levels of attacker skill and which are widely available online.

Other areas that demonstrate that we are effective:

- All clinical staff have clinical supervision four times a year as a minimum.
- We have a good system in place for safeguarding supervision.
- We have good patient outcomes. We improve the quality of patients’ lives.
- We have a robust risk management system in place.
- We have robust budget management processes in place.
- We meet and exceed our contractual Key Performance Indicators and where we have a dip in performance, we take action to improve.
- Friends and Family Test is available in every service area.
- We learn from incidents and complaints and make service and safety improvements as a result.

Caring

Are services caring?

In caring services staff involve and treat you with compassion, kindness, dignity and respect.

Our goal is for our staff to involve and treat people with compassion, kindness, dignity and respect which is why empowering people and care and compassion are the foundation of our corporate Vision and Values. These are values which we are proud of and work hard to maintain.

What do our customers say?

‘Whatever I wanted to know about my condition and treatment was explained to me in a way that was made completely clear to both me and my husband.’

[FFT feedback, Home First, May 2018]

Care of patients / people using our services are Provide’s top priority. (Staff survey 2018-19)

I take into account feedback from colleagues and customers when making positive changes in my area of work. (Staff survey 2018-19)
Annual conference
Each year we deliver an in-house conference for our staff.
The theme for our 2018 conference was:

‘The Customer Voice: Good to Outstanding - the how and the why.’

This thought-provoking conference included inspirational presentations from:
- The NHS patient champion.
- Mencap.
- Some of our service users.
- Some of our staff.
- Some of our Executives.

Throughout the day we had a talented artist listening to our speakers and staff and capturing the essence of our discussions in a mural.

Compassionate care
We continue to deliver caring and compassionate services to our customers, as evidenced by the Friends and Family Test feedback and the many compliments we received during 2018-19.

Customer care training
We supported even more of our staff to undertake Mary Gober customer care training during 2018-19, so we now have over 41% of our workforce trained. This training enables staff to engage positively with customers and colleagues in every interaction.

Volunteers
We use our wonderful volunteers to be a point of contact and help for our customers in our clinics and to provide social engagement and support with activities for people in our community hospital wards. Our volunteers’ vitality, dedication, hard work, and great people skills complement the work of our staff in delivering a great customer experience to the people we serve.

What do our customers say?

‘I was carefully listened to, all my questions were answered and I left the appointment feeling educated and encouraged that my problem can be helped.’

(FFT feedback, Adult Continence Service, May 2018)

Friends and Family Test
The FFT survey asks patients whether they would recommend the service they have received to friends and family who may need similar treatment or care.

During 2018-19 98% of our customers said they would recommend us to family and friends and we have consistently scored month on month above the national average of 96% across community services in England.

What do our customers say?

‘Did everything they could to ensure my daughter has assessments needed, despite short notice of appointment and child’s particular needs.’

(FFT feedback, Community Nurses, Sept 2018)
What do our customers say?

‘Nice clean, bright and modern premises. Kind, helpful and friendly staff.’

(FFT feedback, Minor Ops, Feb 2019)

What do our customers say?

‘Kind, courteous service in my own home and all nurses very kind.’

(FFT feedback, Community Nurses, Sept 2018)

Responsive

Are services responsive?

Responsive services are organised so that they meet your needs.

We actively encourage feedback from our customers, whether good or bad, as we are committed to hearing our customers’ voices and taking action where needed to improve our services and the care we provide.

We understand that we do not always get it right, so when we receive a complaint we take it seriously and we have set ourselves a target to respond fully to the majority of complaints we receive within 20 days.

We investigate all the complaints we receive with an attitude of openness and honesty, as we believe every complaint can help shine a light on our services and enable us to evaluate what needs to change so we can find ways to do it. It also provides us with the opportunity to engage with our customers and to say sorry when we get it wrong. In this way we continuously strive to improve the services we deliver. All complaints are reported to our Board and themes and trends are identified along with recommendations for learning and change.

The number of complaints we receive compared to the number of finished contacts and visits (contacts) we complete is very low and this year we have improved on this good performance.

In 2018-19 we received 215 complaints. The majority (189 or 88%), were level 1 concerns and 26 (12%) were level 2 (moderate) complaints. No level 3 serious complaints were received.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Complaints</th>
<th>Number of Contacts</th>
<th>Number of Complaints to Number of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>219</td>
<td>468,036</td>
<td>1 : 2137</td>
</tr>
<tr>
<td>2018-19</td>
<td>215</td>
<td>507,639</td>
<td>1 : 2361</td>
</tr>
</tbody>
</table>
Timely access to services
In relevant services we work hard to ensure we deliver assessment and treatment to our customers within the 18 week waiting time standard.

Other areas where we demonstrate we are responsive:
- We learn from customer feedback and incidents and work quickly to put things right and improve practice and services.
- We assess and respond promptly to risks.
- We ensure we have the right staffing levels and skill mix to meet the needs of our customers.
- We keep accurate and timely records.
- We adapt and improve services and staff training, policies and procedures to ensure we deliver up-to-date, evidence-based practice.
- Our services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

Well-Led

Well-led services?
In well-led services the leadership, management and governance of the organisation make sure it’s providing high-quality care that’s based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and Values
As an organisation we have a strong Vision and Values which were developed in collaboration between Executives, Non-Executives, governors and staff. Our staff are aware of and promote the Vision and Values which are now part of our culture.

Strong and effective governance structure
We have well-established quality assurance and governance structures which we are confident work and are able to assure the quality of the care we deliver.

Performance standards
We consistently meet performance standards set for our services by our commissioners, national guidance, our regulators, and those set internally by our Board. Where performance dips we take prompt remedial action to ensure our customers are safe and we recover our performance as soon as possible.

Fit and proper persons
Our Board undertake an annual check and declaration to demonstrate they are fit and proper people to lead the organisation. In addition this test has been rolled out to direct reports of the Board to ensure this quality standard is embedded in our senior leaders.

Internal audit
We employ auditors to review a wide range of our governance systems and processes annually to ensure they are fit for purpose and improve where they need to.

Accessible leadership
All of the Board and Governors are visible and undertake regular visits with staff where they can see first-hand the quality of our services. This also provides an opportunity for staff to engage face-to-face with the senior leaders which develops mutual respect, confidence and trust.

What makes this a great place to work?
Our staff said:
- ‘This organisation really lives up to its Vision and Values.’
  (Staff survey 2018/19)
- ‘I am proud to work for Provide and enjoy my job. I feel the Board and Chairman are all approachable and easy to talk to.’
  (Staff survey 2018/19)

What do our customers say?
- ‘Healed my ulcer and excellent professional service by all.”
  (FFT feedback, Podiatry, Aug 2018)
Staff wellbeing

We have excellent programmes in place to promote wellbeing in all our staff which helps with staff morale and promotes the organisation’s open and fair culture. The majority of staff are happy in their jobs and this is seen in the results of the annual staff survey.

In 2018-19 we promoted:

- Good hydration, which included free squash to add to water and advice on hydration.
- Healthy eating: fruit available at our main bases, healthy lifestyle advice.
- Cycle challenges.
- Walking challenges.
- Stop smoking support.
- Seated massages.
- Craft hours.

Staff engagement is a top priority

Provide is committed to ensuring staff are confident, competent and well-supported so that they are able to keep well, enjoy the work they do, and deliver a great service to our customers.

The 2018-19 staff survey demonstrated staff perception of leadership across the organisation was positive.

Our staff give back to the community and raise money for local and national charities which our Governors support by matching the funding they raised for the benefit of the charity and to recognise the generosity and hard work of our staff who go the extra mile.

Staff Friends and Family Test (FFT)

The staff FFT asks staff whether they would recommend their service as a place to receive care, and whether they would recommend their service as a place of work.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide</td>
<td>84%</td>
<td>88%</td>
</tr>
<tr>
<td>NHS community providers</td>
<td>74%</td>
<td>84%</td>
</tr>
<tr>
<td>All NHS providers</td>
<td>70%</td>
<td>81%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide</td>
<td>62%</td>
</tr>
<tr>
<td>NHS community providers</td>
<td>58%</td>
</tr>
<tr>
<td>All NHS providers</td>
<td>60%</td>
</tr>
</tbody>
</table>

Organisational culture

We work to promote a culture of equality across all our staff groups. We encourage all our staff to be open and honest and to speak up if they have concerns so that we can take positive action to address them.

We aim to foster a ‘can-do’ culture by providing staff with the flexibility they need to enable them to deliver a great service to our customers. 80% of staff agreed they were given the flexibility they needed.

I have the flexibility to do what is needed to provide a great service to our customers

I feel proud to work for Provide

What makes this a great place to work?

Our staff said: ‘Fantastic company to work for. Very conscious of its obligations as an equal opportunities employer.’

What makes this a great place to work?

Our staff said: ‘I feel proud to work alongside my colleagues and patients who show great courage and inspiration at difficult times in life.’

What makes this a great place to work?

Our staff said: ‘I feel the Board are open and honest and approachable.’
Other areas where we demonstrate we are well-led:

- We have low sickness levels.
- We have good staff retention levels.
- Leaders are visible across the organisation.
- We have leadership training programmes.
- We have coaching available to staff.
- We have robust procedures and processes in place to keep staff and patients safe.
- We have good financial and resource management.
- We support the community through charitable giving.
- We support staff to achieve their goals.
- We have staff awards to recognise outstanding staff and services.
- We have staff benefits and staff wellbeing initiatives to support staff.
- We have a wide range of HR policies to support staff wellbeing and staff rights at work.
- The Board shares information with staff and the Executive team share key information in the monthly Team Brief, communication bulletins.
- Great News! bulletin and Clinical Matters bulletin are regularly published to keep staff up-to-date.
- Our Board and senior managers work closely with the commissioners, the acute hospital, the STP, the ambulance service and social care to improve the way our organisation works across the health economy for the benefit of the people we deliver services to.

What makes this a great place to work?

Our staff said: ‘I have always enjoyed working with and for Provide. I have felt valued and respected when providing patient care.’

(Staff survey 2017-18)

What do our customers say?

‘The doctor is very good with my son when he visits and makes him feel comfortable.’

(FFT feedback, Community Paediatricians, Feb 2019)
Mid Essex CCG Response to Provide CIC Quality Account 2018/19

As the principal commissioner of services delivered by Provide Community Interest Company (Provide) Mid Essex Clinical Commissioning Group (MECCG) values this Quality Account as assurance that open dialogue is maintained with the service users and carers concerning the quality of care delivered and that Provide continue to view this as a priority.

MECCG is required to guarantee that the information in this Quality Account is accurate, impartially interpreted, and representative of the range of services delivered by Provide. MECCG is offering observations on the draft version of this Quality Account, but is content to assure its general content.

Where feedback on the content or accuracy of data has been given, it is expected that these will be reflected in the final published version; therefore MECCG is unable to assure all data reported as additions/omissions may have been made prior to final publication.

This Quality Account describes Provide’s governance processes including how these are used to examine progress against quality standards throughout the year. This quality account identifies the desire to learn through serious incidents with learning shared across the organisation and up to the Board.

The Quality Account provides detail on the delivery of the clinical strategy, 2018/19 being the final year of delivery.

The key priorities for delivery across the three years were Care and Compassion, Nurture and Empower, Innovation and Competence. This draft Quality Account provides details of delivery within these key areas.

In conclusion, Mid Essex Clinical Commissioning Group considers Provide CIC Quality Account for 2018/19 as presenting an accurate and balanced picture of key indicators for the reporting period.

MECCG encourages the organisation to continue to develop its initiatives to improve the quality of services in the community, and endorses the key objectives for delivery in 2019/20

Rachel Heam
Director of Nursing and Quality
Mid Essex Clinical Commissioning Group
If you need this leaflet in braille, audio, large print or another language, please contact our
Customer Service Team on:

0300 303 9951 / 9952

or by email at:
provide.customerservices@nhs.net

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