

<b>HEALTH SCRUTINY PANEL</b>
<b>29 JANUARY 2013</b>
<b>QUALITY ACCOUNT 2012/13 – CITYCARE PARTNERSHIP</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

## **1. Purpose**

The report introduces the Panel to Quality Accounts and to the role of the Health Scrutiny Panel to ensure quality services and public accountability. Rosemary Galbraith, Assistant director of quality and Safety and Deputy Director of Nursing at Nottingham CityCare Partnership will attend the meeting to inform the Panel of the Partnership's proposals for their Quality Account 2012/13, including their plans for public engagement in developing the Quality Account.

## **2. Action required**

The Panel is asked to consider and comment on the information presented at the meeting, focusing on how the CityCare Partnership is to determine its priorities for its Quality Account and how it will involve its stakeholders in doing so.

## **3. Background information**

- 3.1 A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience.
- 3.2 Since April 2010, all providers of acute, mental health, learning disability and ambulance services have been required to produce an annual Quality Account, and this requirement has now been extended to community providers.
- 3.3 A Quality Account should:
- improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation;
  - enable the provider to review its services, show where it is doing well, but also where improvement is required;
  - demonstrate what improvements are planned;
  - provide information on the quality of services to patients and the public;
  - demonstrate how the organisation involves, and responds to feedback from, patients and the public, as well as other stakeholders.

- 3.4 Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining what is being done well and where improvement is needed. But, they also look forward, explaining what has been identified as priorities for improvement.
- 3.5 Guidance from the Department of Health requires that a Quality Account should include:
- **priorities for improvement** – clearly showing plans for quality improvement within the organisation and why those priorities for improvement have been chosen and demonstrating how the organisation is developing quality improvement capacity and capability to deliver these priorities;
  - **review of quality performance** – reporting on the previous year's quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation;
  - **an explanation of who has been involved** and engaged with to determine the content and priorities contained in the Quality Account; and
  - **any statements provided from commissioning Primary Care Trust, Local Involvement Networks (LINKs) or Overview and Scrutiny Committees** including an explanation of any changes made to the final version of the Quality Account after receiving these statements.
- 3.6 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc), Quality Accounts should present information in a way that is accessible for all. For example, data presentation should be simple and in a consistent format; information should provide a balance between positive information and acknowledgement of areas that need improvement. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.
- 3.7 As a first step towards ensuring that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview, providers currently have to share their Quality Accounts prior to publication with:
- their commissioning Primary Care Trust (PCT)
  - the appropriate LINK (Local Involvement Network)
  - the appropriate local authority Overview and Scrutiny Committee
- 3.8 The commissioning PCT has a legal obligation to review and comment on a provider's Quality Account, while LINKs and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any statement provided should indicate whether the Committee believes, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.

Department of Health guidance is currently awaited on procedures to follow post-April 2013, when the reforms under the Health and Social Care Act 2012, including the abolition of PCTs, comes into effect

- 3.9 Following today's discussion on headline priorities and engagement, representatives from the CityCare Partnership will be invited to present their draft Quality Account to the Panel's May 2013 meeting, at which point the Committee can decide whether to put forward any comments for inclusion or not. The Partnership provides universal Children's Services (school nursing, health visitors, family nurse partnership), as well as Integrated Adult Services, the London Road Walk-in Centre, stroke rehabilitation and tissue viability (bed sores, wounds and skin conditions) and continence specialist services.
- 3.10 This Quality Account exercise mirrors that undertaken by the Joint City and County Health Scrutiny Committee for Trusts delivering services across Nottingham City, Nottingham County, and, in some instances, further afield. The CityCare Partnership operates exclusively within the City, hence its consideration by this Panel.

**4 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION**

None.

**5 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

[Quality Accounts : Department of Health  
http://www.dh.gov.uk/en/Healthcare/Qualityaccounts/index.htm](http://www.dh.gov.uk/en/Healthcare/Qualityaccounts/index.htm)

**6. Contact information**

**Contact Colleague**

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**21 January 2012**



## **Nottingham CityCare Partnership CIC Annual Quality Account 2012/13 Outline**

Improving the health and wellbeing of people in Nottingham is our primary aim at CityCare. We're really listening to what members of the public, our patients and our staff say about the services we deliver, and their ideas for change to ensure the quality of our services.

A Quality Account is a formal document requested by the Department of Health, which will be published on 28 June 2013. This year's Quality Account will cover the period of April 2012-March 2013. Following Department of Health guidelines, it will include a review of key quality achievements over the last year and also provide a summary of the main priorities for improvements over the coming year, along with some mandated content.

We are dedicated to ensuring that quality remains a key focus for us, and make a commitment to providing the highest quality, cost effective care for the citizens we serve. We are therefore keen to ensure our Quality Account incorporates the views of our staff, the local population we serve and other local organisations. We are currently in the early stages of this engagement process, and are asking for comments on the proposed content (see appendix 1) and any additional suggestions for areas to cover.

We have reviewed last year's report for progress against the chosen priorities and will carry forward where necessary, themes into this year's report. This may be where a priority is still in development, or where the work undertaken has highlighted further areas for improvement.

We will also provide an update on any outstanding actions from the look back section in last year's report.

Following further engagement with stakeholders the report will be developed and a final draft will be presented to Nottingham City's Health Scrutiny Panel, NHS Nottingham City Clinical Commissioning Group and LINK (Local Involvement Network) by May 2013, in order that their comments and statements can be incorporated.

We would be most grateful if you would consider the proposed content (Appendix 1) and advise us on any additional content you would like to see included.

If you would like to read last year's Quality Account please visit our website – [www.nottinghamcitycare.nhs.uk](http://www.nottinghamcitycare.nhs.uk)

Rosemary Galbraith  
Assistant Director of Quality & Safety and Deputy Director of Nursing January 2013

## **Proposed Content of Nottingham CityCare Partnership CIC Annual Quality Account 2012 / 13**

### **Part 1 – Board Statement on Quality**

This will include our Chief Executive's Statement on the organisation's commitment to Quality and Improvement.

### **Part 2 – Review of Quality Performance**

This will include mandated statements of Quality Assurance from the Nottingham CityCare Partnership CIC Board.

This section will also provide information regarding the quality of services CityCare provides in the three areas of Patient Safety, Patient Experience and Clinical Effectiveness.

It will cover the priorities identified in last year's report plus an update on any outstanding actions identified from the previous year.

This year we will also have an increased focus on workforce development and its role in improving quality.

#### **PATIENT SAFETY**

Nottingham CityCare Partnership CIC recognises the importance of ensuring systems and processes are in place to record, monitor, report and analyse any concerns relating to patient safety. We will outline how we have performed against the quality priorities we set in our last Quality Account in the area of Medicines Management including lessons learnt and improvements made.

#### **CLINICAL EFFECTIVENESS**

Our clinical effectiveness will be reviewed in relation to clinical training, clinical supervision and on-going training, including disability, cultural and dementia awareness training.

#### **PATIENT EXPERIENCE**

We are committed to improving the experience of people using our services. Capturing, listening and acting on people's views of our services is a key priority to ensuring our services are of high quality, relevant and accessible.

We will review progress made on the development and implementation of Customer Care training for CityCare staff, as well as outcomes for patients, lessons learnt and improvements made through:

- Patient survey
- PALS and Complaints reports
- Service changes and improvements made as a result of patient and public feedback

**This part will also include:**

### **Participation in clinical audit**

Clinical audit is a quality improvement process. It aims to improve patient care and outcomes through a review of care against clear criteria and making changes in light of this.

This will include a mandatory statement and will report on national and local audits we have been involved with.

### **Participation in clinical research**

Clinical research influences the safety and effectiveness of medications, devices/equipment, diagnostic products, treatments and interventions intended for patients. These may be used for prevention, treatment, diagnosis or for relief of symptoms in a disease.

This will include a mandatory statement and will report on research projects we have been involved with.

### **Quality goals agreed with our commissioners (CQUIN – Commissioning for Quality and Innovation)**

CQUIN is a payment framework which enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.

This will include a mandatory statement and a report of our CQUIN goals and achievements.

### **Statement of data quality**

This will include a mandatory statement and a report of our attainment level for the Information Governance Toolkit.

### **Statement on Care Quality Commission (CQC) registration**

The CQC is the independent regulator for health and social care providers, ensuring we meet essential standards in quality and safety.

This will include a mandatory statement detailing our registration status with CQC.

## **Part 4 – Priorities for Quality Improvement 2013/14**

The emerging suggested priorities:-

(These include topics carried over from last year's report plus those from engagement to date)

### **PATIENT SAFETY**

- Medicines Management training, carried over from last year
- Pressure ulcers – stop the pressure campaign

### **PATIENT EXPERIENCE**

- Further development and embedding of customer care training, carried forward from last year embedding the 6 C's – Communication, Compassion, Courage, Competency, Commitment, Care (quality/safety)
- Improving how we respond to service users after receiving their feedback

### **CLINICAL EFFECTIVENESS**

- Further development work on clinical supervision training, carried forward from last year
- Increase our research capacity

We will also look at how the Workforce Development strategy will help us improve quality.

## **Part 5 – What other people think of our Quality Accounts**

This will include mandated statements from:

- NHS Nottingham City Clinical Commissioning Group
- Local Involvement Network (LINK) / HealthWatch
- Nottingham City's Health Scrutiny Panel

Ends