



ADDITIONAL AGENDA ITEMS

This is a supplement to the original agenda and includes reports that were circulated by Nottingham CityCare Partnership at the meeting.

NOTTINGHAM CITY COUNCIL HEALTH SCRUTINY PANEL

Date: Wednesday, 28 January 2015

Time: 1.30 pm

Place: LB31 - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Kim Pocock **Direct Dial:** 0115 8764315

AGENDA

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2014/15
Report of the Head of Democratic Services |
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Notes for Rosemary – verbal update on progress for Scrutiny Committee

Patient safety – Care Delivery Groups

What we plan to achieve	How we plan to achieve it	Progress so Far
<p>Explore expansion of care co-ordinator role</p> <p>Explore diversification of the role by taking non-clinical tasks from clinicians</p>	<p>Develop and test processes and protocols for information sharing</p>	<ul style="list-style-type: none"> • Interim Evaluation Report completed • Role continues to be developed, 15.8 CCs in post (expanding to 19.2wte) • CCs attend MDTs. • Numbers of referrals processed by the CC service are increasing. • CCs co-ordinate the Housebound Project and are supporting Nottingham Energy Partnership by identifying citizens who would benefit from assistance towards reducing fuel poverty. • CCs take Social Care referrals from GPs. • CCs using e-healthscope to identify high risk citizens for discussion at MDTs.

Patient safety – Assistive technology and mobile working

What we plan to achieve	How we plan to achieve it	Progress So Far
<p>Increase awareness among health professionals and patients of the benefits of and barriers to Telehealth</p>	<p>Training package on new Telehealth system delivered to relevant CityCare staff</p> <p>Clinicians directed to training resources within the new system</p> <p>Patient information leaflet distributed</p>	<ul style="list-style-type: none"> • Training delivered to all relevant CityCare staff groups • Patient and staff leaflets distributed and available on the intranet • Options agreed to increase uptake • Further engagement work planned with specialist nurse teams

Patient safety – Workforce development in integrated care

What we plan to achieve	How we plan to achieve it	Progress So Far
Implement the mobile working project across four key service areas: <ul style="list-style-type: none"> • Community nursing • Care Delivery Groups • Intermediate care • Evening and night nursing 	Employ a project manager to develop a project plan and begin to implement the plan in a staged approach	<ul style="list-style-type: none"> • Project Manager recruited • Pilots complete across 4 services including Rehab North and South, FNP's, CDG 3 and 20+ Health Visitors. • Lessons learnt include but not limited to: <ul style="list-style-type: none"> ○ Continual organisation wide change management support and guidance needed; ○ Those embracing mobile working have reported benefits including "better work life balance" and "greater/easier productivity" • Stage 1 of organisation wide deployment due to be completed by early Feb 2015. This will incorporate "champions" to cascade training. At this point over 280 staff will have tablet devices, remaining 500+ to receive tablet devices from March/April onwards at stage 2.

Clinical effectiveness – Hospital Discharge project

What we plan to achieve	How we plan to achieve it	Progress so far
Evaluate the service provision	<ul style="list-style-type: none"> • Pilot a three telephone call model • Audit project data • Audit and analyse patient feedback 	Evaluation sent to SMT in December 2014 NUH notify the team of 580 elderly patients discharged after emergency admission per month. Each month, 45 patients receive care referrals and 68 patients receive signposting. Equates to 540 patients receiving care referrals and 816 being signposted over the year. Average patient satisfaction score is 93%.

Clinical effectiveness – Dementia training and care (including support for carers)

What we plan to achieve	How we plan to achieve it	Progress so far
<p>Raise levels of early diagnosis and support staff to provide an improved standard of care</p>	<p>Dementia Friends training available for Receptionists</p> <p>Mentorship scheme available for non- clinicians</p> <p>Specific training for Band 6 and 7 clinicians</p>	<p>Achieved through CQUIN target – almost ALL non-clinical patient facing staff are now Dementia Friends.</p> <p>The majority of relevant staff have received training and the mentorship scheme has been developed.</p> <p>50+ clinicians have attended a 2 day dementia course. 10 clinicians being trained to provide training going forward using a bespoke and copyrighted training package specifically designed for City Care. A new 'Core Skills and Knowledge Framework for Dementia' which was commissioned by the Department of Health will underpin the model used by CityCare trainers, putting CityCare at the forefront.</p>
<p>Improve our compliance with the Mental Capacity Act <i>(CityCare does not have a policy that is in date and has not conducted a clinical audit on this since 2009.)</i></p>	<p>Carry out a clinical audit of our compliance</p> <p>Use the clinical audit to identify any specific training needs</p>	<p>The first MCA clinical audit is currently being completed.</p> <p>Training needs will be identified on completion of the audit.</p>
<p>Improve the emotional support available to those who care for people with dementia</p>	<p>Recruit two Admiral Nurses to help provide this support</p>	<p>Recruitment was difficult. We currently have the band 7 in post and there are interviews for the band 6 on 30th January. Service has been overrun with referrals even though we have not done any publicity. A case for additional funding will be built in partnership with Dementia UK.</p>
<p>Review the recently restructured Older Persons Mental Health Team</p>	<p>Audit referrals into the team from primary care</p> <p>Audit discharges into the team from acute care</p>	<p>This service change was not carried through as planned. There is no specific mental health 'team' remaining but there are a number of mental health nurses working within the reablement services.</p>

	Complete a clinical audit of patient outcomes	
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Clinical effectiveness – Research into falls and older people

Falls In Care Homes (FICH)

- Follow on research grant application to conduct the larger trial was submitted but not successful.
- In October 2014 awarded the Patient Dignity and Experience Innovation Award by the East Midlands Academic Health Science Network.

Care and Communication

- Completed in August 2014; first look scientific summary submitted.
- Findings point to potential value of establishing Advanced Care Planning as a structured intervention delivered by specialist facilitators.

Balance and the Mind Programme

- Completed and preliminary data provided. A full funding application will be submitted in March 2015 for research on *Balance and the Mind: maintaining physical and mental activity whilst reducing risk of falls for people with memory problems.*

Community In-reach Rehabilitation and Care Transition clinical and cost effectiveness study

- Ongoing until May 2015.

Evaluation of the 'Regaining Confidence after Stroke' course for Stroke Survivors and their Carers: A Feasibility Trial

- Follow on research grant application to conduct a larger study submitted, outcome will be known March 2015.

FACE to FACE: An Exploratory Trial of a Facial Rehabilitation Tool for facial paralysis caused by stroke

- Prototype system being built and tested to give real-time feedback to patients undertaking facial exercises at home and their clinicians, to enable patients to assess on a daily basis whether they are making improvements or performing the correct movements.

Reducing Falls in People with Stroke

- Development work to commence in March 2015 with the stroke rehabilitation and falls prevention teams, further grant application in Sept 2015.

Patient experience – response to complaints or concerns

What we plan to achieve	How we plan to achieve it	Progress so far
Deliver regular training workshops for staff who are likely to be involved in investigating complaints	Ensure training delivered regularly and continue to develop it based on feedback from courses	<ul style="list-style-type: none"> • Quarterly training sessions delivered; rolling programme for 2015-16. • Participated in complaint file review process with the Healthcare Trust, national peer review process with Patients' Association due Jan 2015. Recommendations to be taken forward in 2015-16.
Review our complaints process	<p>Commission independent Review.</p> <p>Develop action plan to deliver recommendations.</p>	<p>Complaints process reviewed resulting in:</p> <ul style="list-style-type: none"> • Ensuring that staff respond quickly and appropriately to complaints. • Improving information to the public. • Ensuring person making complaint is 'at the heart' of the process. • Reviewing training materials.
Provide clear examples of changes and improvements in services as a result of patient feedback, including complaints or concerns	<p>Use Patient Stories for the Board</p> <p>Work with teams to identify examples of service changes based on patient feedback</p>	<p>All patient and public engagement reports to commissioners and Board contain examples of service change and improvements in response to patient feedback.</p> <p>Board receives patient stories on a regular basis.</p>
Improve patient satisfaction with our complaints process	<p>Ensure timely and proportionate responses to complaints according to the results of independent review</p> <p>Send a satisfaction survey to all complainants once complaint has been responded to</p>	<p>85% of complaints resolved within 25 days. (April-Dec 2014).</p> <p>Everyone making a complaint now sent a survey when the complaint is closed. To date only 2 returned. We will work to improve response rates in relation to the surveys in 2015.</p>

Patient experience – Patient Experience Group

What we plan to achieve	How we plan to achieve it	Progress so far
Formalise the feedback loop between PEG and the Board	<p>'Board communique' developed by PEG for Board</p> <p>Board members invited to attend PEG</p>	Board members and directors attend PEG on a regular basis. Productive 'Board and PEG' meeting held in October 2014 on strengthening this link. Dedicated meetings in Jan/Feb to take this forward.
Provide training and development for PEG members	<p>Develop and deliver a patient leadership programme.</p> <p>Provide 'in house' training for PEG members</p>	Looking at models of patient/lay leadership and training opportunities for PEG members with other organisations such as Healthwatch.
Involve the PEG in staff recruitment and training	<p>Include PEG member in induction training for all staff</p> <p>Support PEG members to deliver this induction training</p>	PEG members now supported to provide input to the induction programme for all students undertaking placements in CityCare. Model will be taken forward to engage PEG members in staff induction in 2015.

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Patient experience – Patient Stories

What we plan to achieve	How we plan to achieve it	Progress so far
<p>Capture and record individual Patient Stories</p> <p>Capture and record information from people accessing our services in community settings</p>	<p>Develop a template for collecting information from patients who agree for us to share their stories</p> <p>Develop guidance on the process for sharing Patient Stories</p>	<p>Patient stories recorded and presented regularly to Board.</p> <p>'Family and Friends Test' now asked within all services. From April-Dec, 96% said they were extremely likely or likely to recommend the service they had used to their family and friends.</p>



Nottingham CityCare Partnership CIC Annual Quality Account 2014/15 Outline

A Quality Account is a formal document requested by the Department of Health, and this year's will be published by 30 June 2015. It will cover the period of April 2014-March 2015.

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 below) and any additional suggestions for areas to cover.

We are reviewing 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 HealthWatch prior to publication 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

Rosemary Galbraith
Assistant Director of Quality & Safety and Deputy Director of Nursing
December 2014

Appendix 1

Proposed Content of Nottingham CityCare Partnership CIC Annual Quality Account 2014 / 15

Part 1 – Board Statement on Quality

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

It will cover topics such as our services, values and strategic objectives, listening to patient voices including patient comments and our responses, our role as a social enterprise and our social return on investment.

Part 2 – Review of Quality Performance

This section will cover the priorities identified in last year's report regarding the quality of services CityCare provides in the three areas of Patient Safety, Patient Experience and Clinical Effectiveness.

These are:

- Patient safety
 - Care Delivery Groups
 - Assistive technology and mobile working
 - Workforce development in integrated care
- Clinical effectiveness
 - Hospital discharge project
 - Dementia training and care (including support for carers)
 - Research into falls and older people
- Patient experience
 - Response to complaints and concerns
 - Patient Experience Group
 - Patient Stories

Following feedback already received on last year's report, as part of the updates on these priorities we will specifically discuss:

- Results of the evaluation of the Integrated Care Programme, and evidence of the citizen voice at the heart of the programme's development
- Improving health and wellbeing
- Impact on clinical practice.

Part 3 – Priorities for Quality Improvement 2015/16

New priorities will be added in addition to the ongoing work on areas brought forward from last year's priorities. The emerging additional priorities to cover following feedback on last year's report include:

- Pressure ulcers
- Duty of Candour – the statutory requirement for providers to be open and transparent with service users about their care and treatment, including when it goes wrong.

Part 4 – Board assurance

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

It will cover:

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 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.

Mandated statements on: data quality, the NHS Number and General Medical Practice Code Validity, Information Governance toolkit attainment levels and clinical coding error rate.

Incident Reporting information.

Part 5 – Other quality priorities

This section will cover updates on other quality areas including:

- Safeguarding
- Infection prevention and control
- Pressure ulcer prevention
- Staff survey

(Any of these areas may in fact be selected for inclusion as specific priorities for 2015/16 instead of inclusion in this section)

Part 6 – What other people think of our Quality Accounts

This will include mandated statements from:

- NHS Nottingham City Clinical Commissioning Group
- HealthWatch
- Nottingham City's Health Scrutiny Panel

Ends