NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 19 May 2016

Time: 1.30 pm (pre-meeting for all Committee members at 1pm)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

9 **REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - RESPONSES TO RECOMMENDATIONS** 69 - 76
Report of the Head of Democratic Services

10 **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17** 77 - 84
Report of the Head of Democratic Services

11 **FUTURE MEETING DATES**
To agree to meet on the following Thursdays at 1:30pm:

- 30 June 2016
- 21 July 2016
- 22 September 2016
- 20 October 2016
- 24 November 2016
- 22 December 2016
- 19 January 2017
- 23 February 2017
- 23 March 2017

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE SENIOR GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 17 March 2016 from 13.40 - 15.10

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Dave Liversidge
Councillor Anne Peach (Vice Chair)	Councillor Jim Armstrong
Councillor Ilyas Aziz	
Councillor Corall Jenkins	
Councillor Neghat Nawaz Khan	
Councillor Chris Tansley	
Councillor Merlita Bryan	

Colleagues, partners and others in attendance:

Jane Garrard - Senior Governance Officer

50 APOLOGIES FOR ABSENCE

None.

51 DECLARATIONS OF INTEREST

None.

52 MINUTES

The minutes of the meeting held on 18 February 2016 were confirmed as an accurate record and signed by the Chair.

53 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

RESOLVED to cancel the Committee's meeting scheduled for 21 April 2016.

54 DEVELOPING 2016/17 WORK PROGRAMME

The Committee discussed possible issues to include in its work programme for 2016/17 to enable it to effectively fulfil its terms of reference.

RESOLVED to

(1) request that Equality Impact Assessments are included with all relevant reports to the Committee;

(2) consider the following issues at the Committee's meeting in May:
- **i. CityCare Partnership draft Quality Account 2015/16**

ii. **Development of Nottingham City CCG Strategic Priorities**
iii. **Development of Health and Wellbeing Strategy**
iv. **Home care services**
v. **Response to recommendations of the End of Life/ Palliative Care Review**

(3) explore the following issues further as to focus, key lines of enquiry, timescales and resource requirements for potential inclusion in the Committee's work programme for 2016/17:

i. **Scrutiny of Portfolio Holder for Adults and Health**
ii. **Urgent Care Centre**
iii. **Healthwatch Nottingham Annual Report**
iv. **End of life/ palliative care services for children and young people**
v. **Follow up and support to people diagnosed with terminal and/or life altering conditions and their carers**
vi. **Progress against 'Wellness in Mind' Nottingham City Mental Health and Wellbeing Strategy 2014-2017**
vii. **Improving health literacy to reduce health inequalities**
viii. **Provision and quality of GP services**
ix. **Isolation and loneliness**
x. **Impact of pre-conceptual care and antenatal care on health inequalities**
xi. **Access to dental care**
xii. **Future capacity of the care home sector and market development activity**
xiii. **CVD/ stroke**
xiv. **Health impacts of air pollution**
xv. **Teenage pregnancy rates**
xvi. **Diabetic support services**
xvii. **Child obesity**
xviii. **Children's seasonal flu vaccination programme**
xix. **Adult integrated care programme**
xx. **Take up of childhood immunisation programme**

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To make sure all members of the Health Scrutiny Committee are aware of the terms of reference for the Committee and its implications for the operation of the Committee during the year.

2. Action required

2.1 The Committee is asked to note the terms of reference for the Health Scrutiny Committee.

3. Background information

3.1 On 9 May 2016 Council agreed the Health Scrutiny Committee terms of reference. The terms of reference are attached at Appendix 1.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Health Scrutiny Committee Terms of Reference

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to Full Council meeting held on 9 May 2016

7. Wards affected

All

8. Contact information

Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee Terms of Reference

a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities for health and social care matters, including, the ability to:

   (i) hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
   (ii) review policy and contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Nottingham residents;
   (iii) explore any matters affecting Nottingham and/ or its residents;
   (iv) make reports and recommendations to relevant local agencies in relation to the delivery of their functions, including the Council and its Executive;

b) To exercise the Council's statutory role in scrutinising health services for Nottingham City in accordance with the National Health Service Act 2006 as amended and associated regulations and guidance.

c) To engage with and respond to formal and informal consultations from local health service commissioners and providers;

d) To scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;

e) To hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;

f) To work with, and consider referrals from the Overview and Scrutiny Committee, to support effective delivery of a co-ordinated overview and scrutiny work programme;

g) To respond to referrals from, and make referrals to, Healthwatch Nottingham as appropriate;

h) In consultation with the Chair of Overview and Scrutiny, to commission time-limited panels (no more than 1 panel at any one time) to carry out a review of a matter within its remit. Commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review to be carried out. Such review panels will be chaired by the Chair of the Health Scrutiny Committee;

i) To monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;

j) To appoint a lead health scrutiny councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and the Portfolio Holder with responsibility for health and social care issues;

k) To co-opt people from outside the Council to sit on the Committee or any review panels it commissions to support effective delivery of the work programme.

Membership

The Health Scrutiny Committee comprises 9 members, and is politically balanced.

Quorum

The quorum for a meeting of the Health Scrutiny Committee is three members.

Chairing

The Chair will be a member of the pool of five overview and scrutiny chairs and is appointed by Full Council. The Vice-Chair will be appointed at the first meeting of the Health Scrutiny Committee from the membership of the Committee.

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 Nottingham CityCare Partnership will present its draft Quality Account 2015/16 and the Committee will have opportunity to decide if it would like to submit a comment for inclusion in the Account.

2. Action required

2.1 The Committee is asked to consider the Nottingham CityCare Partnership draft Quality Account 2015/16 and decide whether it would like to provide a comment for inclusion and, if so the content of that comment.

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 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.

3.3 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.

3.4 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;
- a 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 either the NHS England or Clinical Commissioning Group as appropriate; Local Healthwatch; and Overview and Scrutiny Committees including an explanation of any changes made to the final version of the Quality Account after receiving these statements.

3.5 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.

3.6 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 have to share their Quality Accounts prior to publication. This includes sharing with:

- The appropriate NHS England area team where 50% or more of the provider's health services are provided under contract, agreement or arrangement with the Board or the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
- The appropriate Local Healthwatch organisation; and
- The appropriate local authority overview and scrutiny committee

3.7 The NHS England Area Team/ clinical commissioning group has a legal obligation to review and comment on a provider's Quality Account, while Local Healthwatch 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.

3.7 In February, CityCare informed the Committee of its proposals for its Quality Account 2015/16, including proposed priorities. Based on discussion at that meeting, the Committee asked CityCare to consider:

a) Incorporating a focus on integration and partnership working within its quality improvement priorities for 2016/17; and
b) The role of self-help groups in work to take place under the self-management priority.

3.8 At this meeting, CityCare will present its draft Quality Account 2015/16 for consideration. The Committee will have opportunity to decide whether to put forward any comment for inclusion and if so, the content of that comment. The comment will then be submitted in line with CityCare's timetable for publication. Please note that the document is still in draft form.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Nottingham CityCare Partnership Draft Annual Quality Account 2015/16

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of Health Scrutiny Committee meeting held on 18 February 2016

Department of Health Quality Accounts Toolkit
http://www.dh.gov.uk/health/2012/02/quality-accounts-toolkit

7. Wards affected

All

8. Contact information

Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

This page is intentionally left blank

Nottingham CityCare Partnership

Annual Quality Account – 2015/16

Inside front cover

If you would like this information in another language or format such as large print, please contact:
0115 883 9678

About Annual Quality Accounts

Quality Accounts are produced by providers of NHS funded healthcare for the public and focus on the quality of the services they provide.

They tell you:

- Where an organisation is performing well and where they need to make improvements
- How we are progressing against quality priorities set previously and outline new priorities for the following year
- How the public, patients, carers and staff were involved in decisions about these priorities.

Contents

Part 6
What other people think of our quality account

Part 7
Our commitments to you

Part 1

Introduction from the Director of Nursing and Allied Health Professionals and Board statement on quality

Welcome to Nottingham CityCare Partnership's Annual Quality Account for 2015/16, which displays for you, accurately and honestly, the quality of care we are delivering across all parts of our organisation.

I am very proud to present you with some of our achievements from the last year and to outline our ambitions for the next year and into the future.

Everyone at CityCare is passionate and committed to ensuring our patients receive the best care at all times and we continue to build on the great work that we have achieved year on year since becoming a social enterprise.

We have a strong focus on listening to and acting on both positive and negative feedback from patients and carers to ensure we can drive forward the transformation of our services and that we improve or share best practice across our organisation. We have been delighted once again by the patient satisfaction feedback we received this year. We encourage openness and honesty from all of our staff, which helps us ensure that we learn from those times when things might go wrong to reduce the risk of avoidable harm in the future.

Our approach to service transformation and further improvements to quality are, and will always be, a key priority for us as an organisation and we are committed to our role as a partner in the delivery of the Sustainable Transformation Plan for Nottinghamshire. Through this, we continue to work with partners to develop new services and models of care that are fit for the future, enabling us to keep people in their homes, safely cared for within the community they reside.

CityCare is committed to embracing diversity and inclusion in all aspects of our business, both in relation to the communities that we serve and staff whom we employ at all levels within the organisation. (Find out more in part seven of this report).

The safety of our patients is important to us and I am pleased that we are a part of the national *Sign up to Safety* campaign, and have fully embraced the national *Sign up to Safety* pledges to put safety first, continually learn, embrace honesty and openness, and to collaborate and support. Over the coming year we will be focusing on three areas to make a significant improvement to the quality of patient care and the reduction of avoidable harm. The areas we have identified are sepsis, medication incidents and pressure ulcer prevention.

To the best of my knowledge, the information in this document is accurate, and a true account of the quality of our services.

Tracy Tyrrell, Director of Nursing and Allied Health Professionals on behalf of the Board

About CityCare

At CityCare we deliver a range of 59 community healthcare services that are shaped and developed by the needs and wishes of the communities we serve - from health visiting and education for young families, to community nursing and home-based rehabilitation services for older people, and from the NHS Urgent Care Centre to specialist diabetes, nutrition and dietetics sessions.

We work in partnership with patients, staff, the private, public and voluntary sector and the local community to build a healthier, more sustainable future for all.

As a pull out section

Our complete list of services

Adults

- Acute Visiting Service
- Admiral Nurses
- Adult Speech & Language Therapy
- Assistive Technology
- Cardiology - Primary Care Cardiac Service (Pilot)
- Care Co-ordination Team
- Care Homes Nursing Team
- Carer Support Service
- Care Delivery Group Coordination Service
- Community Beds
- Continence Advisory Service (adults and children)
- Centralised Continence Prescription Service Pilot
- Continuing Care and Funded Nursing Care – Adult
- Deprivation of Liberty
- End of Life (Lead Provider)
- Falls and Bone Health
- Healthy Change
- Homeless Health Team
- Hospital Discharge Service
- Housebound
- Interpreting (adults and children)
- Infection Prevention & Control
- Integrated Diabetes Service
- Integrated Respiratory Service/Home Oxygen Service/Spirometry Service

- Juggle - Structured Education for Adults with Type 2 Diabetes
- Learning Disability Health Facilitators
- Macmillan/Cancer
- MSK physiotherapy – also including AQP Rushcliffe, PICS and 1st Line Physio
- Neighbourhood Teams
- Neurology Service
- New Leaf – including pilot service
- Nursing (Evening and Night)
- Nutrition and Dietetics – adults and children
- Oral Nutritional Supplement SIP Feed
- Pharmacy Technician Led Care Establishment Training and Pharmacy Technician Led Medication Compliance Review Service
- Phlebotomy
- Podiatry – including core AQP, Domiciliary and High Level Biomechanics
- Public Health Nutrition
- Reablement
- Social Nail Clipping
- Stroke
- Tissue Viability
- Treatment Room Service
- Urgent Care including Urgent Care Centre
- Postural Stability Falls Prevention Pilot - Robin Hood

Children and families

- Breastfeeding Peer Support
- Child Health Records Team
- Continuing Care – Children's
- Domestic Violence Specialist Post
- Behavioural and Emotional Health Team, Children and young people
- Family Nurse Partnership
- Health Visiting
- Home Safety Equipment
- Immunisations – Derby City
- Key Workers
- Obesity Support Worker
- Safeguarding children
- School Health
- YOT Nursing Service
- Paediatric phlebotomy

Our brand and values

CityCare is a values-driven, person focused business, with a passion for excellence in care. Our values of Integrity, Expertise, Unity and Enterprise lie at the heart of everything we do, guiding how we work together with partners and each other, to consistently deliver safe, high quality, compassionate care.

We are committed to listening and responding to all service users through a variety of formats; we also provide a translation and interpreting service that is available to all patients who need it and develop and provide various communications materials in a range of community languages.

We are also available through new electronic channels including a corporate Twitter feed and online feedback forms, which patients and carers can access for immediate and paperless feedback.

We work in partnership with patients, staff and partners to build a healthier, more sustainable future, for all.

Our strategic objectives

- To provide high quality, accessible and equitable services
- To grow a successful, sustainable organisation that creates social value and invests in the wider community
- To prevent ill health, improve wellbeing and provide services that improve local health outcomes
- To deliver services that are responsive to the needs of our local communities and commissioners
- To deliver financial duties and ensure the efficient use of resources
- To be an employer of choice and an organisation that supports local employment.

Building community capacity and social return on investment

As a community interest company (CIC) we exist for the benefit of the community and specifically to benefit the health and wellbeing of people, as well as reducing health inequalities.

As a CIC we must remain financially sustainable and deliver year-on-year surpluses as we commit to reinvest these through the enhancement of existing services, the creation of new services, investment in partnerships or donations to charities or other organisations that are supporting our corporate objectives.

To ensure we offer the greatest benefit we:

- Engage with staff to scope the potential for service investment and new services based on their expert knowledge of the services and the communities in which they work
- Involve the local community through established engagement groups, local partnerships and discussion with other third sector organisations.

During 2015/16 we created a new wholly owned but independent subsidiary, CityCare Connect, which is a 56 bedded care home with nursing which provides short term reablement beds and short term nursing beds to ensure that patients don't remain in hospital for any longer than necessary. This is an innovative new way to deliver services and we are working with our partners to test and further develop these models of care.

Listening to patient and service user voices

We are committed to listening to the views of people who use our services and making continual improvements based on what they have said. Gathering and reflecting on peoples' views is an integral part of our service delivery across all of our services for children and adults.

Patient and service user satisfaction

We ask people about their experience of our services on an ongoing basis. We are pleased that in 2015/16 we have either matched or bettered the levels of satisfaction in the previous year, with the number of patient survey responses remaining high at 5,226.

- 96% said our services were excellent or good
- 98% of the 4,521 people who responded to this question agreed that they were involved in decisions
- 97% of the 4,990 people who responded to this question said 'excellent' or 'good' about whether they were treated with dignity and respect
- 96% of the 4,890 respondents who responded to this question said 'excellent' or 'good' about how we met their particular needs
- 94% of the 4,945 respondents to this question said they were likely or extremely likely to recommend the CityCare service that they had received to their family or friends - Friends and Family Test.

Satisfaction within all groups

Monitoring forms are sent out with all surveys to enable us to ensure that we are not discriminating against particular groups of people and that our services meet peoples' particular needs. The information below shows responses to the 'overall satisfaction' question across CityCare services in relation to particular 'protected characteristics' as defined in the Equality Act 2010.

How well did the service meet your overall satisfaction?

- 915 patients/service users from a Black and Minority Ethnic (BME) community answered this question, and of these, 96% (878) were satisfied overall
- 2,241 patients/service users who consider themselves to have a disability or long term condition answered this question, and of these 94% (2,099) were satisfied overall.

In relation to sexuality, 136 patients/service users answering this question completed a category other than heterosexual and of these, 93% (127) were satisfied overall.

As a pull out section (comments may also be used throughout the report as appropriate)

What did people say about our services?

- *'Excellent communication throughout the team. They were my backbone and provided the most outstanding level of care specific to my needs and I cannot thank them enough for getting me "back on my feet" and helping me to the level of independence I now have. The team all deserve a gold medal.' (Health Reablement At Home Service)*
- *'Makes you feel at ease, doesn't keep you waiting and keeps you informed at all times. The staff are all so friendly and make you feel welcome.' (Integrated Diabetes Team)*
- *'Polite, helpful, friendly. Great text reminder service.' (Physiotherapy)*
- *'Pleasant, quick, little waiting, good communication with patients.' (Walk-in Centre)*
- *'Extremely helpful workers, who helped my recovery well. Intelligent and well informed, friendly at all times.' (Primary Care Cardiac Service)*
- *'It provides help and advice and eventually avoids being admitted to hospital. It helped me tremendously.' (Community Integrated Respiratory Service)*
- *'They are easy to contact, provide lots of advice. They have helped the patient get onto further programmes, they are friendly, they promote independence and have provided useful exercise equipment.' (Community Stroke Discharge and Rehab Service)*
- *'Friendly efficient treatment in a clean and very pleasant environment. Very satisfied with how things are.' (Podiatry)*
- *'The service has made me feel like me again. Thank you.' (Speech and Language Therapy – Adults)*
- *'Encouragement, support - without this I probably would have given up breastfeeding as at times I felt it was very demanding. Great advice.' (Breastfeeding Peer Support)*
- *'I feel that the service has worked really well for me and my child, giving me different ways and support to deal with my child's behaviour and social needs, and the work done with my child has made improvements in his behaviour.' (Emotional and Behavioural Mental Health Team)*
- *'The team are amazing - they have been a constant help with my two children.' (Health Visiting)*
- *'The Health Visiting team have been such a help and so supportive to me ever since they walked through the door.' (Health Visiting)*
- *'The health visitor realised straight away that we needed some help and knew exactly what needed to be done and which appointments I needed to make. She referred the boys to a paediatrician and specialist audiologist. They have even helped me with*

other issues on top of healthcare – like helping me access vouchers for beds for the boys.' (Health Visiting)

- *"The CityCare staff are really nice, approachable and very knowledgeable. I know that if I ever need them, the HV and her team are on the other end of the phone. They have helped me so much and I hope other people are able to use their support as I have.' (Health Visiting)*
- *'There have been times when I've been so stressed and completely overwhelmed with information and I've just rung the HV and she's helped me put things into perspective and focus on the pressing issues.' (Health Visiting)*
- *'It is a very helpful service that has helped us in many ways - to boost our confidence, to point us to services of useful information. We found the service very reassuring. The Key Worker also very knowledgeable.' (Key Worker Service)*
- *'Both the exercise and dieting were great and I didn't feel awkward or embarrassed because I was working with other people in a similar position as me. (Healthy Change)*
- *'I found the New Leaf Advisor particularly helpful out of all the counsellors. She had empathy and listened, provided insight and one felt she really cared. As a result I quit!' (New Leaf Stop Smoking Service)*
- *'The nurse has helped us with the healthy weight programme. She is very supportive and wants the best for our family.' (Community Public Health Nursing Service)*
- *'I would like to record my heartfelt thanks to those district nurses who visited me and gave me outstanding care and support. Arrived with a ready smile and put me at ease immediately, were professional, knowledgeable and efficient. Always had time to discuss any concerns I might have.' (Community Nursing)*
- *'They reacted very quickly as a team and kept me posted. Care was put in place immediately.' (Falls Rapid Response Team)*
- *'Always punctual, nothing is too much trouble. Ready to go beyond what is needed.' (Urgent Care Service)*
- *'Efficient, good at their job, always pleasant and obliging.' (Community Rehabilitation)*
- *'Helps local community to get treated. I had a blood test which fit in perfectly with my lifestyle e.g. work, children, as it was close and easy to get to.' (Phlebotomy)*
- *'Helped me get my confidence back.' (Connect House)*

How do we respond to feedback to improve services?

We are continually improving our services based on what people have told us. Below are some examples of changes made due to service feedback, comments or complaints. This is linked to 'protected characteristics' (as defined in the Equality Act 2010) or specific groups

benefiting from the service change. Part seven of this report provides more information on our work to promote equality and diversity.

Service	Issue raised	The changes we made	Protected characteristic or specific group
Behavioural and Emotional Health Team (children and young people)	Request for more focus on personal goals in group based programmes. Include discussions on siblings at parenting groups. Requests for specific types of information and materials in groups. Request for engagement with other services.	A focus on individual goals and individual reviews were introduced at group meetings. Sibling information now discussed. Information and materials adapted to meet individuals and group needs. Services engage with groups on request e.g. Autistic Spectrum Disorder Team.	Young people
Adult Speech and Language Therapy Service	When invited to do an intensive course, people could not attend a clinic setting due to mobility issues and poor health. We only had one set of equipment available.	We invested in extra equipment to enable clinicians to see people in their own homes.	Disability
Boots clinics	Patient Experience Group members said it would be beneficial for people to be able to collect hearing aid batteries when attending appointments.	This is now possible for NHS patients presenting their brown record book.	Disability
Physiotherapy	The service started an education group for Asian women who have chronic pain, as they said they prefer not to attend mixed-gender groups but need the opportunity for peer support with chronic condition management, as well as a session which is interpreted in Urdu/Punjabi. The first course ran earlier in the year.	As a result of patient evaluation the service intends to add an exercise session so that patients can try out some exercises while still under the care of the MSK service. This will make it easier for them to find a suitable exercise group in the community.	Race and gender
Community Neurology Service	Concern regarding communication.	The service has reviewed the system for alerting staff to missed phone calls - particularly when patient/carer does not wish to leave a message.	All

Stroke Service	Patients in the Stroke Upper Limb exercise group said they would find it more beneficial if the sessions could be longer with more sessions in total.	The length and number of groups was increased. Staff will use further feedback to establish if the change has made a positive impact on patient experience.	Disability
Primary Care Cardiac Service	Cardiac Rehabilitation group patients fed back that they found it very beneficial to be able to talk about stress and its effects as a group.	More time is allowed for discussion about stress.	All
Integrated Diabetes	SMS (text message) appointment reminder is sent too far in advance.	The message is now delivered nearer to the date of the appointment.	All
Speech and Language Therapy	The needs of people in care homes.	The team now provides several training sessions to individual care homes at their request.	People receiving care in care homes
Community Stroke Team	Comments received on 'what can we do better' around providing appointment times.	Rehabilitation support workers now ring patients in the morning with a rough guide to their expected visit time.	People living with stroke
Community Nursing	Nurses not always carrying basic equipment.	More equipment ordered and nurses all carrying thermometers when visiting people in the community.	Vulnerable people receiving care at home
Interpreting Service	More time needed for appointments when interpreters are used. Consistency needed and reassurance needed that a male/female interpreter will be provided on request.	This will be incorporated into the training delivered by the Interpreting Service. The service will aim to provide male/female interpreter on request whenever possible.	People whose first language is not English
Customer Care Team	More ways to feed back on the complaints process needed as only one had been given (i.e. written).	Survey has been changed to encourage different methods of feedback including verbal feedback. The learning from this complaint will be shared with the Equality and Diversity Group and with the Accessible Information Standard Task Group.	People with disabilities and communication needs
Urgent Care Centre (UCC)	Improvements needed for waiting area.	Work is currently underway to create a separate baby changing area and quiet room for breast feeding for mothers who prefer to feed away from the main	Pregnancy and maternity

		waiting area. The UCC aims to triage those under 5 years old within 15 minutes of arrival in the service. A separate children's play area in the UCC waiting room is currently being renovated. Chairs suitable for older people or those with disability will be provided.	
Family Nurse Partnership (FNP)	Need to ensure a wider group of clients have the opportunity to offer their views and contribute to service delivery and future plans.	Work is underway on a newsletter. Clients are directing the content of the publication taking views of others into account.	Pregnancy and maternity-young people
Key Worker Service (children and young people with learning disabilities)	Family booklet needs improvement.	Family booklet adapted to be more user friendly.	Children and young people Disability

The Patient Experience Group

Our Patient Experience Group (PEG) meets six weekly and has grown in number and responsibility. We are extremely grateful to our PEG members for giving us so much of their valuable time. Over the year, the group has offered insights into their own experience of CityCare services as well as their feedback on proposed new initiatives and developments. Members have taken on a wide range of roles within CityCare over the year including:

- Giving feedback on the Urgent Care Centre developments
- Taking part in the CityCare student nurse induction programme
- Being members of various groups including CityCare's Research Strategy Group, Equality and Diversity Group and staff survey recommendations task and finish group
- Auditing complaint files in partnership with Nottinghamshire Healthcare Trust
- Being members of the Peer Review process (an internal quality assurance process), reviewing the quality of CityCare services as a member of a team alongside CityCare staff
- Supporting specific consultations, e.g. Mental Capacity Act forum and the access to records and information governance focus group
- Being part of the recruitment panel for assistant directors
- Active involvement in the annual quality account stakeholders meeting.

- Reviewing patient information during its development e.g. service leaflets and leaflets about specific conditions and treatments.

More information on the work of the PEG and its developing role can be found in part three of this report.

The Primary Care Learning Disability Service

The Primary Care Learning Disability Service supports people with learning disabilities and their carers to access health services and works with a wide range of teams and organisations to increase knowledge and awareness. The team ensures that the voice of people with learning disabilities influences service planning and delivery.

Listening to local families with children

Our latest quarterly patient satisfaction survey results indicate that the vast majority of parents feel they are involved with their care by the health visiting service:

How well did the service…	Number of responses	% stating very or highly satisfied
keep you informed	163	92
support you	163	89
treat you with dignity and respect	163	97
meet your particular needs	163	96
meet your overall satisfaction	163	95
involve you in decisions about your care	163	99

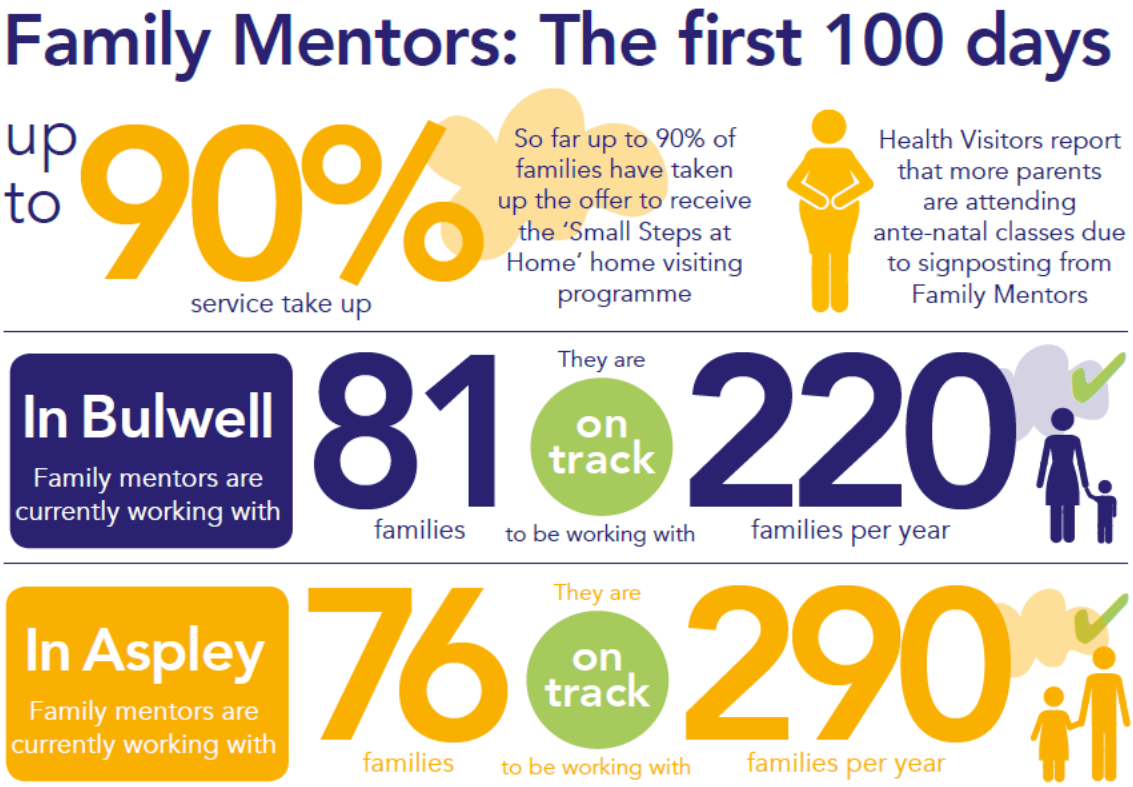
.

In order to explore client views further, two pilots are being set up in Broxtowe and Wollaton where the patient engagement team will be meeting with parents to discuss their experience of the care provided and to explore their ideas about how the service can further meet their needs.

'Community Partnerships' have been created by the Small Steps, Big Changes programme in four City Council area wards to listen to the parent voice. Each ward meets six-weekly and around 40-50 families are very closely involved in the work they do, including involvement in the recruitment of staff, the design of services and the continuing development of the SSBC programme and the procurement of the Family Mentor service.

This is a new service commissioned by CityCare for the SSBC programme, which will employ local mums, dads, granddads and grandmas who have learnt about how to support a baby's development, from pregnancy through to three years old.

'Family Mentors' work alongside health visiting, midwifery and early years' services to deliver activities focused on nutrition, language skills and the social and emotional development of babies.



Part 2

Review of Quality Performance

In this part of the report we look back at the progress made against the priorities we set for 2015/16.

The quality priorities together address the three domains of patient safety, patient experience and clinical effectiveness.

2.1 Pressure ulcers

Why we chose this priority	The Midlands and East Strategic Health Authority Pressure Ulcer Ambition 2012 aimed to eliminate all avoidable stage 2, 3 and 4 pressure ulcers in NHS funded care and this aim has been continued by NHS England. Pressure ulcers can have a substantial impact on the quality of life of patients.		
Quality domains	Patient safety, patient experience and clinical effectiveness		
Work it builds on	This ambition has been worked upon and developed since its inception by CityCare and Nottingham City CCG with new strategies, education, patient reviews and interviews, investigations and thematic reviews of incidents to develop practice and facilitate and embed learning. See our Quality Account for 2014/15.		
Our key partners	• All adult services delivering clinical care and treatment • Nottingham City CCG • East Midlands Tissue Viability Nurses Group (EMTVNG) • Nottinghamshire and Derbyshire Pressure Ulcer Ambition Group • CityCare Patient Experience Group • Integrated Community Equipment Loan Store (ICELS) • East Midlands Health Academic Health Science Network.		
What we said we would do	**What we achieved**	**How we did it**	**What we intend to do now**
Continue to reduce the occurrence of pressure ulcers and their severity across the City of Nottingham by 25%. To increase the awareness of pressure damage and its prevention.	There has been a continuous reduction avoidable stage 3 and 4 pressure ulcers 2013/14 = 82 2014/15 = 56 2015/16 = 21 (for Q1-3, Q4 not yet available – figure for whole year will be available end June. It will be below 56.)	Continued practice improvements, competency based education and systems development in all areas of pressure ulcer prevention. Learning from incidents and improved communication. A public information campaign to raise the profile of pressure ulcers within the wider population. Informing patients, carers, staff (including care home staff) and the public using our new information film.	Re-establish a 'link' network within CityCare to keep staff updated, educated and informed. Pressure damage for stage 3 and 4 ulcers to be reduced further by 60% and stage 2 ulcers by 40%. The number of pressure ulcers developing into a serious incident (stage 3 or 4 ulcer) will reduce using new investigation processes. Continue with the pressure ulcer learning from incidents panel for development of further strategies to address the themes that develop from investigations. Pressure ulcers stage 2
If pressure damage does occur it is acted upon quickly and appropriately. Pressure damage will be treated according	A reduction in the amount of superficial pressure ulcers deteriorating to severe pressure ulcers. Healing rates for all	Competency training for staff in aspects of pressure ulcer treatment and further prevention has been introduced.	

to best practice and will not undergo protracted healing.	stage 3 and 4 pressure ulcers undergoing investigation have been monitored and the CQUIN target has been achieved (see section four of this report). These have shown that nearly all ulcers are small in size and have healed within 40 or 80 days of the incident being reported.	Monitoring the healing rates of full thickness pressure damage.	and moisture lesions to be further reduced. The priority to improve the identification of pressure damage in dark skin will be further investigated this year to develop a project plan. Through this, we will have guidance on the identification of pressure ulcer damage for patients with darkly pigmented skin. Patients and their families will be better informed of what skin changes to look for.
Improve the identification of pressure damage in dark skin.	This was not achieved due to the capacity of the Tissue Viability Service and being unable to secure resources for funding a project.		

As a pull out section

Carers get a helping hand at CityCare Conference

A Carers Conference organised by the CityCare Tissue Viability Team has helped local carers by raising awareness of ways they can keep those in their care safe and well.

The event, part of World Wide Pressure Ulcer Prevention Day in November 2015, focused on increasing awareness of pressure ulcer prevention and to educate carers specifically. The day began with an overview of why pressure ulcer prevention matters and the delegates then broke into smaller work groups to discuss aspects of SSKIN, including Support surfaces, Skin assessment, Keeping moving, Incontinence, Nutrition and hydration.

The workshops were facilitated by the Tissue Viability Team with additional support from the Continence Advisory Service, Dietetics, Occupational Therapy and the Infection Control Team.

There were 80 delegates in total with 17 different companies supporting the event. It was a great day, well received by all and considered to be a great learning opportunity.

2.2 Duty of Candour

Candour is defined in Robert Francis' report as: *'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that*

provision has been made.' The Care Act 2014 places a specific duty on the Government to include a statutory 'Duty of Candour' on providers registered with the Care Quality Commission (CQC).

Why we chose this priority	The detrimental effect of an incident on a patient can result in emotional and physical consequences and we take our responsibility to be open, honest and transparent with our patients very seriously. We are committed to acknowledging, apologising and explaining when things go wrong.		
Quality domains	Patient safety and patient experience		
Work it builds on	We have a Being Open process which is part of our incident reporting policy and procedures, and this is included in our training (see section four of this report and previous Quality Accounts).		
Our key partners	• Our staff • Our patients and their carers.		
What we said we would do	**What we achieved**	**How we did it**	**What we intend to do now**
Ensure compliance with the Duty of Candour	An audit has been undertaken which has demonstrated how we can improve our process to ensure our compliance with the Duty of Candour. Our staff have been open and transparent with patients where there has been moderate or severe harm incident.	We have a Duty of Candour policy and procedures in place. Our incident reporting system (Datix) now includes a mandatory question for all patient safety incidents to say the incident meets the threshold of harm for Duty of Candour.	There is further work to be undertaken to ensure that the full requirements of the Duty of Candour are evidenced. Over the next 12 months we are putting the following actions into place to ensure compliance: - We have set up an incident review panel to look at all incidents graded as moderate and above. Membership includes quality and safety and the clinical services. A copy of the Duty of Candour Audit tool will be sent out with the documentation for each serious incident investigation so that the lead investigator can ensure compliance with each part of the process. - We are developing a
Improve our staff understanding of the Duty of Candour	Training has been provided over the last year to 25 separate services. It is also part of the corporate induction programme.	We have integrated the Duty of Candour within our training programmes including the corporate induction training session on patient safety.	
Improve the timeliness of our investigations	There has been a significant improvement in ensuring investigations are completed within timescales. In the last 12 months there have	Monitoring the length of time investigations are open on the Datix (incident monitoring) system.	

	been 3 occasions out of 160 incidents reported over the year where we have not been 100% compliant.		7 steps to Duty of Candour one page guide for all staff to use as an aide memoir.
Ensure patients in our reablement beds are able to raise any concerns directly to CityCare	Quarterly visits have been undertaken by our Quality Manager for care homes and no significant concerns have been raised through patient feedback.	Quality monitoring visits.	- An RCA (root cause analysis) toolkit has been developed to further support managers and teams to provide a step by step guide to investigating moderate harm incidents and above and guidance to writing a report. Work will continue regarding required amendments to the organisation's policies. The incident reporting policy and procedures are to be revised and will include Duty of Candour. All moderate harm incidents and above are now reviewed and monitored on an individual basis to ensure that we are fully complaint with the duty of candour. Further training is being planned for the next 12 months. Our aim is to be 100% compliant in the timeliness of investigations within the next 12 months. Over the next 12 months quality monitoring visits will be undertaken twice a year.

			We will use the lessons learned from incidents in team meetings.

2.3 Development of a scrutiny/consultation framework for Patient Experience Group members (PEG)

Why we chose this priority	Within CityCare, we believe that the voice of patients and service users is paramount and should influence our planning and delivery of services at all levels.		
Quality domains	Patient experience		
Work it builds on	A meeting in October 2014 between the PEG and the CityCare Board members reviewed the work of the PEG and its developing role. See last year's Quality Account for more information.		
Our key partners	• Our Patient Experience Group • Staff Voice and the CityCare Board • Our staff • Our patients and their carers.		
What we said we would do	**What we achieved**	**How we did it**	**What we intend to do now**
Involve PEG members in the internal quality assurance 'peer review' process	Seven PEG members - four in March 2015 and three in March 2016, took part in training alongside CityCare managers. Members were part of the team in five peer reviews.	The peer reviews included the following centres: Bulwell Riverside, Clifton Cornerstone, St Ann's Valley, Boots and the Urgent Care Centre. The following services were reviewed: District Nursing, New Leaf, Health Visiting, Primary Care Cardiac, Podiatry, Dietetics, Falls and Bone Health, Integrated Diabetes, Community Matrons, Community Stroke Team and Support Services.	Members are now an integral part of the Peer Review Process. In 2016 our goal is to include other patients and service users in the Peer Review process, to get an even wider perspective on our services. Themes agreed for the future joint work plan for the PEG, Board and Staff Voice were: • Developing common themes for engagement for Voice and PEG, bringing together staff and patient feedback more effectively • Finding ways to
Ensure that the PEG is involved in the early stages of service development	We held a successful meeting with the PEG, Board and Staff Voice in November 2015 focusing on how we	Introduced annual meetings with PEG and Board members and added the Board forward plan to PEG	

	develop a joint work programme.	meetings for discussion. There is now a dedicated Board feedback section at every PEG meeting resulting in PEG members being more informed of Board developments.	celebrate success at CityCare and build staff morale. A PEG member is involved on the task and finish group developing a work programme in relation to the staff survey findings.
PEG involvement in the early implementation of services	Involved 17 members in a number of planning processes and staff training.	PEG members are now: • Involved in planning groups such as for the Urgent Care Centre and Connect House • Part of the Complaint File Audit process, carried out regularly in partnership with Nottinghamshire Healthcare Trust • Involved on other groups e.g. Equality and Diversity Group • Involved in Student Nurse training.	

2.4 Carer support

Emotional, psychological and practical support is provided to carers by the Primary Care Carer Support Service. The Admiral Nursing Service provides support to approximately 250 carers and patients with dementia. More information about developments around dementia carer support can be found in section five of this report.

Why we chose this priority	We want carers to feel recognised and valued for the job they do. We recognise the essential role that carers undertake, the impact that caring for someone can have, and the need to support carers to address their own health needs and develop a life of their own alongside their caring role. We also value opportunities to work with carers in their role as experts in

	care to help to shape and inform service delivery.		
Quality domains	Patient experience		
Work it builds on	This work embeds the CityCare values of listening to patients, supporting customers, empowering choice and putting customers and patients first.		
Our key partners	• Our staff • Our patients and their carers.		
What we said we would do	**What we achieved**	**How we did it**	**What we intend to do now**
Support staff to identify carers and provide them with information/guidance.	We developed a new Carers' Strategy (April 2015) which promotes a 'Think Family Think Carer' approach and a carers' factsheet.	Team briefings by the Primary Care Carer Support Service to specific teams within CityCare on a regular basis. A carers' factsheet is now accessible to all staff via the intranet including information regarding identifying carers and options for signposting. Dementia clinicians forums held by the Admiral Nursing Team.	We will continue to deliver team briefings and to monitor carer feedback. We will continue to support the re-launched monthly Carer's Support Group. Following feedback from carers this group has been expanded to include all carers known to the PCCSS rather than just carers of people with Huntington's Disease. Carers identify key themes to be discussed at the meeting with invited speakers, for example the benefits system and Lasting Power of Attorney. There is now carer representation on service steering groups for the PCCSS and the Discharge Carer Support Service.
Develop and maintain feedback processes to ensure that we address the needs of carers	We now analyse outcomes of carer/service user surveys and identify any trends - quarterly summary in patient and public engagement reports. We also analyse outcomes of complaints/concerns and identify any trends - quarterly summary in patient and public engagement reports.	Feedback from carers is collected on a regular basis through the PCCSS and the Admiral Nursing team and within a specific carer survey designed to identify the needs of carers of people with dementia. Complaints have identified issues for carers, primarily the need to fully involve them, when appropriate, in discussion about the people they care for. Often it is the lack of good communication with carers and families that results in the complaint. Actions have been taken in	

		teams to address this when it arises.	
Ensure that feedback from carers influences CityCare service planning and delivery	We are ensuring carers are aware of opportunities to offer feedback, for example through the Patient Experience Group (PEG)/on the feedback section of the CityCare website.	Carers can express a concern, comment or compliment through forms in health centres or on the CityCare website. All feedback is screened regularly by the Patient and Public Engagement Team and by team managers. Carers are actively involved in the PEG and able to raise issues and concerns as they arise. The Primary Care Carer Support Service (PCCSS) redesigned its initial assessment paperwork to include information supporting onward referrals, for example for formal social care carer's assessment. This was due to carers' requests to reduce the number of times they get asked similar questions by different organisations.	

Part 3

Priorities for quality improvement 2016/17

We have spoken with our staff and a number of different groups and organisations to help us develop this report and set new priorities for 2016/17. Priorities were proposed from a wide range of views and opinions gathered from staff and from service user/patient feedback and experience gathered throughout the year. We held a stakeholder workshop

where the new priorities were agreed for consultation. Priorities were then widely circulated to a range of groups and organisations for comment. These included:

- Our Members' panel (list of individuals, groups and organisations with an interest in CityCare)
- Vulnerable Adults and Children and Young Peoples' networks
- East Midlands Academic Health Science network
- Carers Federation
- Radford Care Group
- Indian Community Centre
- Small Steps Big Changes
- Teams within CityCare.

Our draft priorities and the final draft of the report were shared with Nottingham City Clinical Commissioning Group, the Nottingham City Health Scrutiny Panel and Nottingham City Healthwatch to enable them to comment.

Priority 1: Caring for and supporting our staff so they can continue providing high quality care

Why we chose this priority	By improving our understanding and management of people and performance we can increase our organisational performance, drive up standards of care, and improve employee engagement and job satisfaction.	
Quality domains	Patient safety, patient experience and clinical effectiveness	
Work it builds on	Previous staff survey reports and training needs analyses. See our Quality Account for 2014/15 and the staff survey section in part five of this report. The work of our Staff Board Member and our staff representative group 'Voice'.	
Our key partners	• Workforce and Human Resources team • Our staff • Our patients.	
What we will do	**How we will do it**	**How we will measure/evaluate our progress and success**
Equip individuals with line management responsibilities with the skills to support staff so that staff feel cared for	Develop and implement an action plan for implementing leadership training following a review of the training needs analysis, and staff opinion survey. Develop and implement a management induction programme that includes key areas for managers (appraisal, supervision, recruitment and selection etc). Review standard operating procedures for HR and Workforce processes for appraisals, supervision, recruitment and selection, assessing	Check percentage attendance of managers at the training and identify any patterns of managers not attending. Test the effectiveness of the training using the Culture of Care Barometer (a national tool which enables staff groups and teams to delve into how they feel about an organisation and what actions they need to take to promote a positive culture). Test the effectiveness using peer reviews for those services where

	capability etc	there is a decrease or no change in evaluation using the Culture of Care Barometer.
Implement an integrated restorative supervision model to provide high quality care to both patients and staff which in turn will improve the use of restorative supervision	Train 15 CityCare staff from April to October 2016. Implement 'train the trainer' across the organisation. By April 2017, 25 staff will have received the training and be receiving supervision using the new model. The focus will be on enabling staff to reflect on the content of their work and restore their capacity to make clear decisions. Results in previous studies show restorative supervision increased compassion satisfaction (the pleasure one derives from doing their job) as well as reducing burnout and stress by over 40%.	Pre and post evaluation for each member of the cohort should demonstrate increased resilience and wellbeing as well as compassion satisfaction and an increase in organisational attachment. Monitor staff sickness absence in clinical areas where they have this available to see if this has an effect. Monitor reports in the staff survey in areas relating to staff sickness, compassion satisfaction and organisational attachment, support and wellbeing.
The development of a HR and Workforce Strategy to include five key areas: • Staff health and wellbeing • Recruitment and retention • Learning and development • Reward and recognition • Equality and diversity	To operationalise the strategy into the organisation.	Improved staff survey results on an incremental basis. Reduction in short term sickness absence.
The difference we hope to make: • We will improve the employee experience and so enhance the quality of our services • Our staff will consider CityCare to be an 'Employer of Choice', with a healthy workplace and workforce • We will increase our productivity by reducing staff sickness, therefore saving money and increasing efficiency • We will value our employees by offering supervision that focuses on them as professionals.		

As a pull out section

Staff engagement

Staff survey

We value our staff and understand that engaged staff are essential for delivery of top quality services. We carried out a staff survey, using the National Staff Survey, during 2015/16, receiving 574 responses which is a 36% response rate.

The above text to be supported by the following in a graphic format:

(Numbers in brackets show average scores for NHS Community Trusts)

CityCare acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age: Yes – 56%, No – 10%, Don't know – 34%

Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from managers: Never – 90%, 1-2 – 7%, 3-5 – 2%, 6-10 – 1%, >10 – 0%

Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from managers: Never – 86%, 1-2 – 10%, 3-5 – 3%, 6-10 – 1%, >10 – 1%

The Friends and Family Test:

- 74% (73%) - agree or strongly agree that patients/service users were CityCare's top priority
- 56% (56%) - would recommend CityCare as a place to work.
- 77% (74%) of staff agreed or strongly agreed that if a friend or relative required treatment, they would be happy with the standard of care provided by CityCare

74% (75%) - believe CityCare acts on concerns raised by patients/service users.

74% (73%) of staff agreed that they felt valued by their immediate line manager. In contrast to this, 37% (40%) of staff felt that their work was valued by the organisation. 55% (53%) of staff reported that they were satisfied with the recognition they receive from others for their work.

11% (12%) of staff reported seeing an error, near miss or incident that could have hurt a member of staff in the last month, whilst 17% (17%) reported witnessing an error that could have harmed a patient/service user. 43% of staff said that either themselves or a colleague reported the error. When asked if CityCare treated those who report incidents fairly, 37% (47%) of staff agreed with 6% (6%) disagreeing with this statement. It is worth noting that 27% (18%) said that they did not know.

75% (73%) of staff reported they would feel secure raising concerns about unsafe clinical practice with 62% (61%) of staff feeling confident that CityCare would address those concerns if raised.

Areas where we could improve against the national average

44% (58%) - receive regular updates on patient/service user feedback (e.g. via line managers or communication teams). This is 14% less positive than the Community Trust scores and national NHS scores. 37% (46%) of staff believe that patient/service user feedback is used to make informed decisions within their team or department – this is down on the national NHS score of 50% also.

78% (76%) – had access non-mandatory training in the last 12 months with 70% (84%) reporting that it helped them carry out their job more effectively. 64% (79%) reported that their non-mandatory training helped them provide a better service to patients/service users.

88% (88%) of staff reported that they had received an appraisal in the last 12 months. Some work may need to be considered around the effectiveness of appraisals within the organisation as 65% (72%) of staff said their appraisal "definitely" or "to some extent" left them feeling valued by the organisation. 75% (78%) of staff reported that the values of CityCare were discussed at their appraisal and 70% (70%) of staff reported having training or development needs being identified through this process.

83% (85%) of staff reported that they felt that their role made a difference to patients/service users. 68% (71%) of staff reported that they were satisfied with the standard of care they could provide to patients/service users. 56% (56%) of staff reported that they were able to give the level of care they aspired to.

The majority of staff agreed that CityCare encourages staff to report errors, incidents and near misses with 84% (89%) agreeing with this statement. When errors, incidents and near misses happened 52% (64%) of staff said they felt CityCare took action to ensure that they do not happen again. 38% (52%) of staff reported that they were given feedback about changes made in response to their reporting.

Our new priority of supporting staff includes to improve our staff's experience and help maintain our excellent quality of care through a well-trained, supervised and motivated workforce.

We are committed to ensuring safe staffing levels across all of our community services and we work with all parts of the organisation to ensure our commitment to high quality care being delivered with the right staff at the right time to our patients and citizens.

The role of the staff board member

The role of a Staff Board Member is to represent the voice of staff, contributing towards strategy and direction and being part of the leadership of CityCare to support the organisation's vision and goals. The Staff Board Member ensures that every employee has a voice in the organisation and is a fundamental concept of our social enterprise.

The recruitment of the Staff Board Member involved an interview process by a director and non-executive director with the final two candidates who put to a staff vote. Their remit is:

- To raise awareness of social enterprise within CityCare and commit to the development of culture and values within the organisation.
- To attend board meetings and represent the views of staff at Board and challenge decisions which may affect staff and deliver a report on reoccurring themes within the organisation.
- To engage with staff through Board Lunches and Voice Ambassadors and engagement with staff.
- To directly communicate with CityCare Voice (see below) and gather updates on ongoing projects and information which is relevant for Board to hear.
- To attend meetings which directly involve staff such as the Annual Quality Accounts, Staff Survey Results and inputting views on areas which affect staff.

- To represent CityCare within the community and at special events such as the Young Creative Awards.

CityCare Voice

CityCare Voice is a staff working group which aims to promote staff engagement through the alignment of our culture and values, and facilitate communication between staff and the senior management team through local CityCare Voice Ambassadors. Members also support staff experience by supporting initiatives and activities that help create a positive working environment for staff. Voice ensures that every employee has a voice.

- Health and wellbeing package for staff – A health and wellbeing strategy has been put together for health programmes which will be available for all staff. These may include activities such as netball, healthy mind classes, yoga, walking and running groups. This will have a positive impact on CityCare and its workforce, empowering staff to enable a strong body and mind while in the workplace environment.
- Induction project for new staff joining CityCare – CityCare Voice Ambassadors have a slot within the induction programme which tells staff about what CityCare Voice stands for and the role of Ambassadors.
- Respect Campaign – The Respect Campaign is a training programme with several modules which bring staff together using group discussion and scenarios which help them engage, understanding what respect can mean to different staff at all levels of the organisation.
- My Voice and My Idea comments platform – CityCare Voice has a webpage where staff can leave suggestions, ideas and general comments about CityCare and their services. These comments are referred to teams and raised to Board when relevant.
- Social engagement and events – a CityCare choir, pub quizzes and social events such as soup runs have been arranged through CityCare Voice to help build good working relationships between colleagues and unite staff who may never come into contact, which helps with staff morale.

Priority 2: Focus on mental health knowledge and skills with reference to our mental capacity strategy

Why we chose this priority	We recognise that, alongside stakeholders, we need to address the mental and physical health interdependencies in respect of the population, either supported by existing service delivery or in terms of new service offers.
Quality domains	Patient safety, patient experience and clinical effectiveness
Work it builds on: children's services	• Behaviour and Emotional Health (BEH) team pilot • Institute of Health Visiting and Ponder training alongside parental mental health assessment antenatally, at birth visit and a 6-8 week mental health review • Work underway to develop a Primary Care Mental Health Service (PCMHS) • Work with the local authority for an integrated specification • Family Nurse Partnership contacts See section five of this report for recent developments in Children's Services in relation to mental health support.
Work it builds on: adult services	• Work already underway in respect of training, strategy development and partnership working with the local authority and

	CCG • Work underway to develop a Primary Care Mental Health Service (PCMHS)	
Our key partners: children's services	• Specialist Public Health Nursing 5-19, Health Visiting, Youth Offending nursing team, Family Nurse Partnership, and Continuing Health Care • BEH work in close partnership with Child and Adolescent Mental Health Services, all work with GPs, social care, and children centres.	
Our key partners: adult services	• CityCare staff in respect of training and awareness development • Work in conjunction with local authority to embed Community Psychiatric Nurses within neighbourhood teams and a strategy that is developed by expert clinicians • The PCMHS will be linked to the neighbourhood teams and specialist adult services.	
What we will do	**How we will do it**	**How we will measure/evaluate our progress and success**
Develop a mental health strategy	• Engage with staff who hold a mental health qualification/specialism within CityCare • Wider staff engagement with proposals, for example at training sessions already planned • Strategy development.	Strategy in place that all staff and stakeholders have inputted into is shared across the organisation and referred to within training and other events to ensure embedding.
Development of a primary care mental health service (PCMHS)	• Introduce a model of community psychiatric nurses working within neighbourhood teams • Appropriate specialist support for citizens/children and young people with mental health problems who are managed in primary care • Improved parity between mental health and physical health needs in primary care • Availability of expert advice and support to neighbourhood team staff around mental health issues and access to mental health services • Specialist mental health practitioner within children's services • Implementation of evidence based assessment tool and use of structured listening visits by Health Visitors for	Number of referrals in to PCMHS from GPs and the neighbourhood team primary care mental health service from primary care. Reduction in the numbers of people referred from primary care to secondary care mental health services.

	women identified at risk of mild/moderate post-natal depression • Planned development within Health Visiting around peer review observed visits to ensure standard of practice across clinicians • Provision of support for parents with children with mental health/emotional health needs • Baby massage groups across the city (linked to preventing and reducing the impact of maternal/paternal mental health consequences on infants) • Links with children centres.	
The difference we hope to make: • More informed staff recognise and respond earlier to the mental health needs of their client group • More citizens with mental health problems are managed effectively in primary care • More children and young people are able to access appropriate assessment and support • A reduction in social isolation and loneliness and their significant impact on the mental health and wellbeing of citizens. Links have already been established as part of the self-care pathway developments with Self Help UK, CLICK Nottingham, Community Navigators, NCVS and the broader Looking After Each Other Programme.		

Priority 3: Self-management – promoting long term behaviour change and increasing awareness

Why we chose this priority	Utilising motivational lifestyle support, information and signposting, skills training and self-care networks to encourage self-management of long term conditions and improve patient experience. This will result in a reduction in visits from community staff and potentially a reduction in hospital admissions.	
Quality domains	Patient experience	
Work it builds on	• Self-care is a work stream of the Integrated Adult Care Programme • A self-care pathway has been developed and a pilot is running in Bulwell • Piloting of frail elderly tool kit, self-care assessment and self-care plan.	
Our key partners	• Neighbourhood Teams • Multi-agency self-care task and finish group including Self Help UK, NCVS, Metropolitan Signposting Service, and Framework • Social care commissioners, health commissioners, third sector organisations and self-help groups.	
What we will do	**How we will do it**	**How we will measure/evaluate our progress and success**
Use Social Prescriptions	Roll-out of Social Prescriptions across all Care Delivery Groups by June	Roll out complete

(These are a mechanism for linking patients with non-medical sources of support within the community.)	2016.	
Integration of Enablement Care Coordinators (CCOs) in to neighbourhood teams	Co-location of Enablement CCOs in neighbourhood teams. Enablement nurse advisors will support enablement gateway CCOs and community nurses to identify lower level health needs and self-care support.	Integration of Enablement CCOs in to neighbourhood teams
The difference we hope to make: • Exceed the fundamental standards of care (CQC) by ensuring people are involved in their care and facilitating care that is empowering • Reduction in the need for visits from health care staff • Improved citizen and carer experience and autonomy through a greater focus on health promotion and self-management by community health and social care staff • Improved access to advice, information and education		

Self management – focus on diabetes

Why we have an extra focus on diabetes	The extra focus on diabetes will support the introduction of the new Nottingham City diabetes pathway. From 1 April 2016, CityCare will work in partnership with Nottingham University Hospitals NHS Trust to deliver type 2 diabetes education programmes for individuals who require insulin therapy. CityCare already runs the 'Juggle' structured diabetes education programme for people with type 2 diabetes who are not on insulin therapy.	
What we will do	**How we will do it**	**How we will measure/evaluate our progress and success**
Improve confidence in managing diabetes as a result of attending a diabetes education programme	Specific questions will be added to the diabetes education programme patient evaluation questionnaire to be completed at session 4: "Do you feel more confident to manage your diabetes? Yes/No" "Do you feel more confident to discuss your diabetes with your doctor/nurse? Yes/No"	85% of people attending final session reporting improved confidence as a result of attending the programme. Reported to the CityCare data team on a monthly basis via an agreed template.
Identification of opportunities for further course improvement relating to increased confidence, knowledge	Individuals who reply no to the above will be asked how we could have helped them become more confident to manage and discuss their condition.	Patient feedback will be utilised in an ongoing programme of patient-led course improvements. Staff feedback will be obtained by individual self-evaluation using an

and self-management		agreed template. Two evaluations will take place at the end of Q2 2016/17 and at the end of Q4 2016/17.

Priority 4: Reducing avoidable harm

Why we chose this priority	In 2014 the Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. Our aim is to continually reduce errors of all kinds and we will continue to focus on reducing avoidable harm including pressure ulcers, as well as promoting prevention by enabling patients and carers to understand what they can do. We have committed to the national Sign up to Safety Campaign. We want to ensure our staff are confident to raise their concerns and we recognise the importance of listening to staff and working together to encourage staff to be confident to speak up about when things go wrong and learn from mistakes.	
Quality domains	Patient safety	
Work it builds on	See previous Quality Accounts for work on incident reporting and learning lessons, and part two of this report on our work implementing the Duty of Candour. We have a quality and safety dashboard and will continue to develop this over the next 12 months. We have trialled the Culture of Care Barometer in one of our services and we plan to include this within our peer review process and internal reviews/changes in services.	
Our key partners	• All CityCare teams and services including the Urgent Care Centre and CityCare Connect • Our Patient Experience Group • Our Quality and Safety Group.	
What we will do	**How we will do it**	**How we will measure/evaluate our progress and success**
Hold three patient focus group sessions over the next year to explore what it means to be safe	We will use quarter one to plan the three patient focus groups. • Group one will be held in quarter two and involve patients within the reablement service and their families/carers • Group two in quarter two will focus on children's services • Group three in quarter three will involve patients who have used the Urgent Care Centre.	Evaluation of the focus groups through inclusion of feedback within the session by focused questions.
Introduce patient safety walkabouts	• Directors to arrange service visits • Agreed actions will be followed up within an agreed timeframe • Any areas of good practice or any	Five walkabouts undertaken by the Directors. 'You said, we did' feedback given

	significant concerns to be included within the Director's quality report to Board.	to staff.
Deliver mechanisms to measure and develop the patient safety culture and reduce avoidable harm	• Introduce Safety Huddles within the Urgent Care Centre and at Connect House • Introduce Schwartz rounds in two services, where clinical and non-clinical staff will come together once a month to explore the impact their job has on feelings and emotions • Culture of Care Barometer to be used within peer reviews • Have zero stage 4 avoidable pressure ulcers • Attain 60% reduction in avoidable stage 3 pressure ulcers • Attain a 40% reduction of avoidable stage 2 pressure ulcers.	Review of incidents and complaints/concerns. Number of Root Cause Analyses of avoidable pressure ulcers. Board receive quarterly reports on the transformational dashboard.
Embed the Duty of Candour across all services	Review of the incident reporting policy and procedures to include a review of the Duty of Candour. Root Cause Analysis (RCA) toolkit to be developed including staff responsibilities under duty of candour.	Monthly audit of serious incidents using the RCA toolkit. Monthly reporting on percentage of compliance. Attendance at training.
Increase capacity for managers to utilise quality improvement tools and methods	Develop and implement the delivery of training for managers in relation to Quality Improvement methodologies/tools to include proactive identification/review of potential harm.	Monitor attendance of managers. From a baseline of clinical audit and peer reviews conducted, monitor quarterly to identify uptake in use of various QI methods. Case examples of learning from improvement methods will be shared at team meetings and will be incorporated into existing training.
The difference we hope to make: We will reduce the number of avoidable harm incidents within our services and develop a culture where staff feel confident to report all patient safety incidents and concerns with confidence and in the knowledge that those concerns will be addressed.		

Priority 5: More integration with partner organisations in service delivery

<table>
<tr><td>Why we chose this priority</td><td colspan="2">Integration has a number of benefits:
Better outcomes for citizens, including a reduction in hospital admissions, more independence and a streamlined citizen journey.
Efficiencies and improvements in quality
A reduction in the number of practitioners seeing a citizen in their own home, improving the citizen experience and reducing duplication
Capacity can be maximised to free up clinical time to care.</td></tr>
<tr><td>Quality domains</td><td colspan="2">Patient experience and clinical effectiveness</td></tr>
<tr><td>Work it builds on</td><td colspan="2">This project is a workstream of the Adult Integrated Care Programme. See last year's Quality Account and section two of this report.
See also the 'key partners' sections of the other new priorities in this report for more information on partnership working.</td></tr>
<tr><td>Our key partners</td><td colspan="2">Reablement, Urgent Care Service and Community Triage Hub
Local Authority Care Bureau, Emergency Home Care Team and Social Care Reablement team.
A joint venture agreement underpins the relationship between partner organisations with a Joint Executive Group now established.</td></tr>
<tr><td>What we will do</td><td>How we will do it</td><td>How we will measure/evaluate our progress and success</td></tr>
<tr><td>Integrate Health and Social Care Reablement and Urgent Care Services by March 2017</td><td>Process and protocols for joint working supporting culture change
Co locate Health and Social Care Reablement and Urgent Care services
Develop the workforce to deliver the integrated service
Ensure joint access to patient records.</td><td>Reduction in unnecessary admissions, readmissions and entry to long-term residential or nursing care.

Reduction in hospital lengths of stay.

Reduction in the proportion of people reporting a very poor experience of inpatient care and primary care.</td></tr>
<tr><td colspan="3">The difference we hope to make:
Citizens will feel that their individual choices are needs are met in a way in which they feel empowered as valued members of our community
Citizens will feel that their independence is maximised and be better able to self-manage and self-care
Nottingham City residents with one or more long term conditions see an improved quality of life
Citizens will see a transformed system in which all of its parts work in an integrated way and services have the ability to adapt to the individual needs of each unique person.</td></tr>
</table>

What has been achieved as part of the Integrated Care Programme so far?

The Integrated Care programme

The Integrated Care partners

- Nottingham City Clinical Commissioning Group
- Nottingham City Council
- Nottingham CityCare Partnership
- Nottinghamshire Healthcare
- Nottingham University Hospitals
- Private providers
- The voluntary sector

Care co-ordinators

One of the great successes of the Integrated Care programme has been the establishment of care co-ordinators who are helping to link up care around the city.

Care co-ordinators in each Care Delivery Group (CDG - there are eight around the city) help navigate health and social care community services, co-ordinating appropriate support for patients and reducing the administrative burden for clinicians.

They also try to help patients self-care in the community wherever possible, via social prescribing for example, reduce unnecessary admissions to hospital and facilitate discharges from hospital back into the community.

Referrals processed into the care co-ordination team from February 2015 to February 2016

1,590 referrals

699 Referrals passed to social care

1,292 Referrals passed to the acute visiting service

23=

Total number of Care co-ordinators

Social care prescribing (from a single Care Delivery Group)

From Sept 15 - Feb 16

85 cases

Some example case studies:

- Referred patient to Carer's Support Service and Social Services, so that the carer of the patient could arrange sitter whilst they were able to access an IT course. This helped relieve carer stress.
- Arranged a self-help group contact for a patient with MS who was very low in mood and unable to get out of the house.
- Referred a patient to Age UK for free legal advice.

The Integrated Care programme

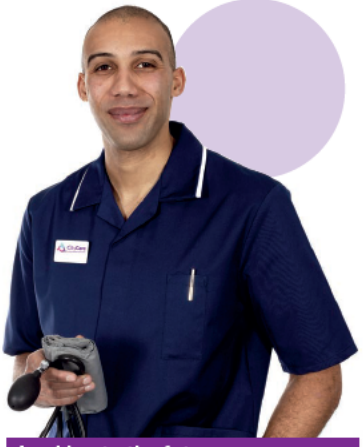
District nursing

District nursing teams are a vital part of the community health service provision across the city.

This is their year in numbers:

April 2014 to February 2015	March 2015 to February 2016
6,705 referrals	**7,044** referrals

Treated	Supported		
66,000+ episodes of wound care	**55,000+** medication administrations	**93%** patients seen within 10 days of referral	**34** days from referral to discharge



New roles: Housing health co-ordinators

A pilot programme and partnership between Nottingham City Homes and CityCare will improve the links between housing and health services in the City, helping more citizens live in warm, comfortable and healthy homes. Housing health co-ordinators will:

- Bring a consideration of housing and health to the multi-disciplinary teams
- Help source accommodation to facilitate hospital discharge to the community
- Signpost citizens to advice and support for bill payments, benefit claims, house repairs and house moves
- Target service at people aged 60 or over (or 55 and over if on disability living allowance).

Looking to the future

The work on integrated care doesn't end here. The vision remains to have an integrated health and social care system across Nottingham to ensure every 'Ada' receives the right care and the right support to stay independent.

Watch the Ada part 2 video at ***www.vimeo.com/80986562***

How do we do it?

Flexible community beds capacity

CityCare's community beds are located in a number of facilities across the City, including Connect House and Clifton View.

CityCare's community beds:

- Support recovery from acute illness and regaining independence
- Specialist short term nursing care, rehabilitation and health and social care continuing care assessment
- Provide flexible capacity – suitable for both health and social care models
- Transferring medically fit patients out of hospital faster.

71%* of patients avoided readmission to hospital

* From 227 patients reviewed 91 days after completing their intervention

Early intervention with system partners

The first of its kind in the country, the Falls Rapid Response service provides an integrated emergency, health and social care service to non-life threatening fall patients coming through 999 or 111 calls.

Falls Rapid Response Team:
(City and County CCGs)

- Jointly provided by CityCare and East Midlands Ambulance Service (EMAS)
- Increases the number of falls patients treated at home
- Reduces acute admissions and admissions to residential care
- Reduces the number of repeat falls and hip fracture rates.

60%* avoided admission to hospital or emergency department

*842 of the 1,415 patients seen between April 2015 and February 2016

Preventing hospital admission

The Urgent Care Service helps people to remain at home with support instead of being admitted to hospital or a care home, whilst identifying and maximising independence opportunities around all aspects of daily living.

Urgent Care Service:
(City CCG only)

- Multi-clinical health and social care short term (48 hour) response
- Helps people to remain at home with support
- Maximises independence
- Accessed through community triage hub – 8am-10pm, 7 days a week.

83%* avoided admission to hospital or emergency department

* 935 of the 1,120 referrals made between April 2015 and February 2016

Supporting discharge

The reablement service provides short term, intensive support when a patient is discharged from hospital and supports timely discharge from hospital.

Reablement:
(City CCG only)

- Supports timely discharge from hospital
- Short term, intensive support
- Supports recovery from acute illness and regaining independence
- Reduces likelihood of admissions to hospital or long term care.

74%* avoided readmission to hospital

*From 395 patients reviewed 91 days after completing their intervention

Case study

Barbara's Story

The best way to illustrate the benefits of the new urgent care pathways in Nottingham is to look at our patients' experiences. Here is Barbara's story.

Barbara is 83 and lives alone. She has dementia.

At home, Barbara fell through a glass door and was found by her daughter with cuts to her arm.

10.17am - Barbara and her daughter arrive at the Nottingham Urgent Care Centre.

11:17am - Barbara has been triaged and X-rayed.

11.38am - Formal report on X-rays shows no evidence of glass in Barbara's wounds.

11:49am - Barbara has been reviewed by the doctor who found she had a history of falls.

12:09pm - Barbara's wounds have been cleansed, closed and dressed. A referral is made to the Urgent Care Service.

Within two hours - The Urgent Care Service team visits and agrees with Barbara that Reablement within a supportive community bed would be the best option to meet her immediate needs and keep her safe.

02.00am - The Nottingham Emergency Home cares - Through the Night service visits Barbara to make sure she is safe.

The next morning - Barbara is settled into a Reablement community bed, where she and various health and social care professionals can work together to maximise her independence and plan for her ongoing care needs once she is discharged.

Part 4

Board Assurance

The Board is accountable for our Quality Account and has assured itself that the information presented in this report is accurate.

4.1 Review of services

During 2015/16 CityCare provided 59 NHS services and sub-contracted 27 NHS services or elements of NHS services to permitted material sub-contractors.

CityCare has reviewed all the data available on the quality of care in line with the requirements of those commissioning these services.

The income generated by the NHS services reviewed in 2015/16 represents xx% of the total income generated from the provision of NHS services by CityCare for 2015/16.

4.2 Participation in clinical audits

During 2015/16, five national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

During that period CityCare participated in 80% of those national clinical audits and 100% of those national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CityCare participated in during 2015/16 were:

- National Chronic Obstructive Pulmonary Disease Audit – Pulmonary Rehabilitation
- Sentinel Stroke National Audit Programme
- UK Parkinson's Audit
- Falls and Fragility Fracture Audit Programme - Fracture Liaison Service Database.

National Audit of Intermediate Care – Agreed with Nottingham City Clinical Commissioning Group not to participate.

The national clinical audits and national confidential enquiries that CityCare participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- National Chronic Obstructive Pulmonary Disease Audit – Pulmonary Rehabilitation: 100%
- Sentinel Stroke National Audit Programme: In progress
- UK Parkinson's Audit: 100%
- Falls and Fragility Fracture Audit Programme - Fracture Liaison Service Database: In progress

The reports of 27 local clinical audits were reviewed in 2015/16 and CityCare intends to take the following actions to improve the quality of healthcare provided:

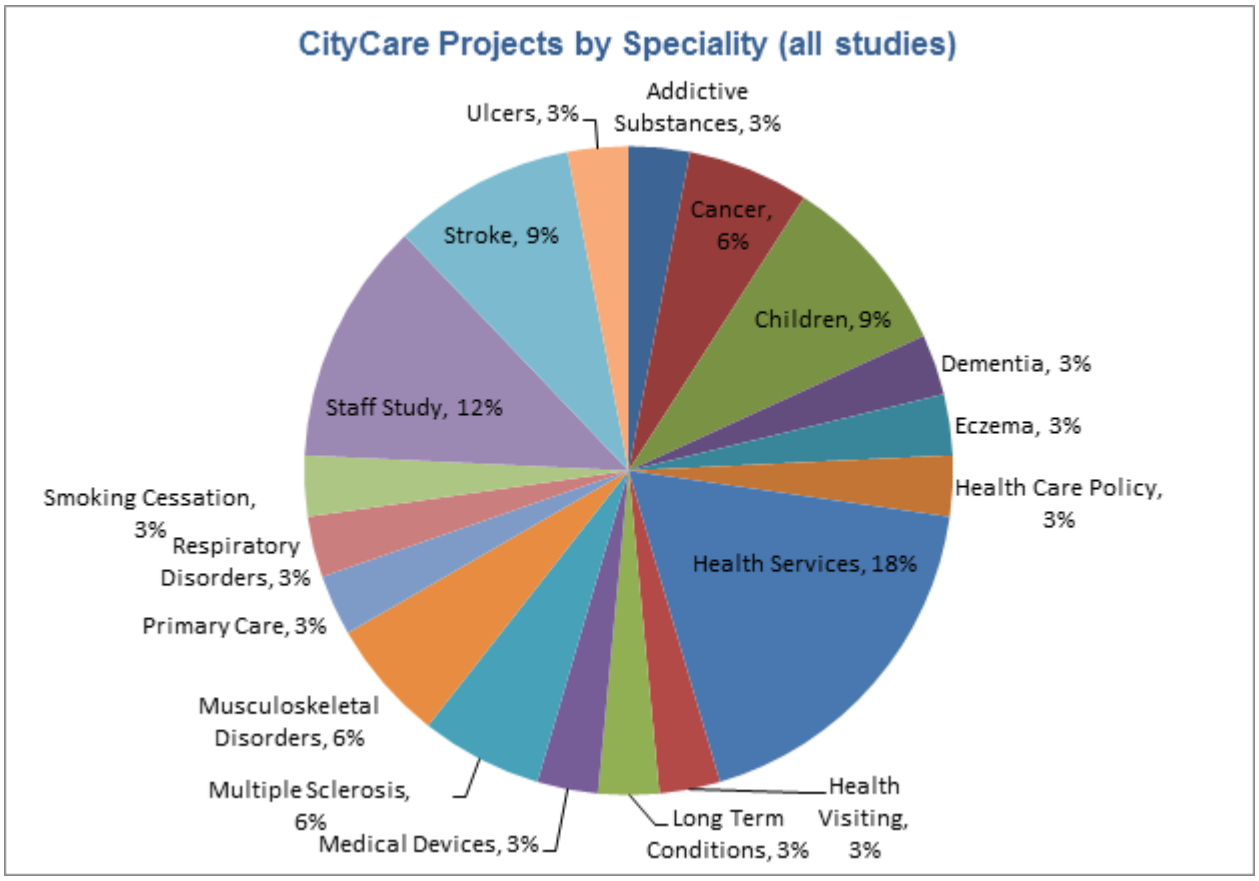
Clinical Audit Project	Key actions/learning
Identifying End of Life Patients 2015	Staff training to ensure end of life templates complete. Ensure patients at end of life identified to improve care through End of Life link staff. On team meeting agendas.
Care Plans 2015	Staff have shared list of GPs not on SystmOne and are now sending

	paper copies of care plans where not possible to add to GP records. Review December 2015.
Community Nursing Minimum Dataset 2014-15	Improve completion of moving and handling, alcohol, and smoking risk assessments. To be monitored through addition of dataset questions to the Community Nursing Record Keeping Audit tool for 2015-16.
Splinting 2014-15	Raise awareness of guidelines with Band 7 OTs and offer shadowing of MSK OT in clinic by end of September 2015.
UNICEF Baby Friendly Initiative 2014-15	Update training to be delivered on team basis from September 2015. Parent resources to be updated by June 2015. Displays in health centres ('Hugs are Huge' and 'You can breastfeed here') by January 2016.
Vaccine Storage 2014	Training on vaccine fridges by Medicines Management to focus on ensuring temperature checks daily, CSP copies are clear, and staff using vaccine folders.
Controlled Drugs (CD) Audit 2015	By April 2016 make changes to CD training and review CD policy to address areas of ambiguity identified from audit.
Subconjunctival Haemorrhage 2015	Changes to guidelines to add information about mode of delivery.
SSKIN Care Bundle Compliance Audit 2015	SSKIN competency training package developed, to be piloted August/September 2015. MUST scores to be completed for all patients with pressure ulcers – training for community nurses requested from Dietetics.
Non-medical Prescribing of Antibiotics 2015	Positive results for key aspects, further details required when re-auditing. Antibiotic conference held Nov 2015 covering - Centor score, delayed prescriptions, antimicrobial guidelines, risks of broad spectrums.
Acupuncture Audit 2015	Update competency to reflect issues around lack of practice to maintain competency by end of Sept 2015.
Safeguarding Supervision Audit 2015	Raise awareness of documenting analysis and action plans by feedback to staff and service S1 training from Sept 2015. Audit provided reassurance that 1-1 model of supervision not having negative effect on care/ services for families.
Record Keeping Audit 2014-15	Reduce number of standard questions and allow service-specific criteria from 2015-16 audit. Team Managers responsible for service actions, common themes recording religion/ ethnic origin/ first language, and transfer of care records.
Sharps Practice Audit 2015	Attention required in certain health centres to enforce basic sharps awareness, training and practice, managers made aware and incorporated into cleaning audits to check all bins are assembled correctly and meeting standards. Overall sharps practice is good.
Healthy Change Record Keeping Audit 2015-16	All clients to be asked religion, any long term conditions, and first language at earliest opportunity from March 2016.
Children's Continuing Health Care Record	Decision Support Tool (DST) document to be amended to include missing requirements by November 2015 and abbreviation list to

Keeping Audit 2015-16	accompany DST to be completed by January 2016.
County Continuing Health Care Record Keeping Audit 2015-16	To redesign template for capturing patient demographics to include space for recording first language by December 2015. Also to discuss questions for re-audit.
IV Diuretics Audit 2014-15	Nurses delivering IV diuretics to be reminded to check equipment supply and working order and to document where agreement made for patient to have IV diuretics despite not fitting inclusion criteria e.g. palliative.
CHC City Record Keeping Audit 2015-16	By April 2016 to alter Next of Kin section on Health Needs Assessment and Triage Sheet (Lasting Power of Attorney), review Mental Capacity Act Documentation, and provide training on SystmOne records sharing.
School Nursing Health Assessments 2015	Health Assessment Questionnaire revised to improve ease of completion. All patients/carers will be invited to meet with School Health Team to discuss health needs and ensure questionnaires completed.
Health Visiting Minimum Dataset 2014-15	Tool now used in supervision. Training and reminders on using recall function given to all teams. Monthly reviews of tasks highlighted to clinicians and managers for discussion at supervision. Service specific record keeping training to start May 2016.
Community Diabetes Record Keeping Audit 2015-16	Revised service referral information requirements to include religion ethnicity and first language as part of minimum data set by April 2016 and where there are gaps in information clinical support worker to collect data at first appointment.
Hospital Discharge Project Record Keeping Audit 2015-16	To review with managers where information on first language and religion is received from.
Stroke Team Record Keeping Audit 2015-16	To request that recording religion, ethnic origin, first language and allergies are added to the service checklist for recording information on initial assessment by May 2015.
Health Reablement Record Keeping Audit 2015-16	Ensure list of approved abbreviations is easily accessible to all staff by May 2016.
New Leaf Record Keeping Audit 2015-16	Advisors were directed to the Health Records Policy to obtain a list of approved abbreviations. Team to be reminded every quarter during a team meeting to ensure that all fields on a client's records have been completed.
Primary Care Cardiac Record Keeping Audit 2015-16	List of common cardiac abbreviations sent to IG lead but need to be included in full first time. By Sept 2016 involve team in training available and link with team MCA champion to ensure all know how to complete MCA assessments and where to seek help.

Section 4.3 Participation in clinical research

During 2015/16 CityCare was involved in conducting 21 newly approved clinical research studies and 13 ongoing studies approved before 2015/16. These are both Portfolio and Non-Portfolio studies and the chart below shows the study type and percentages:



The number of patients receiving NHS services provided or sub-contracted by CityCare in 2015/16 that were recruited during that period to participate in research approved by a National Research Ethics Committee was 50 (study types included research into health service delivery, stroke, children and cancer).

Forty-six CityCare clinical staff participated in research approved by a research ethics committee (for example, a university ethics committee) during 2015/16. These staff participated in research relating to childhood obesity, long-term conditions, health care and social services.

A total number of 96 participants were recruited to research projects approved by CityCare.

4.4 Goals agreed with commissioners – use of the CQUIN payment framework

CityCare achieved 97% of the available CQUIN money over 2015/16

CQUIN indicator summary

CQUIN Target			% of Total	Value	Q1	Q2	Q3	Q4
					Q1	Q2	Q3	Q4
CQUIN 1	1	Reablement Discharge Response	24%	£258,764				
CQUIN 2	2a	Dementia and Delerium : FAIRI	3.2%	£34,502				
	2b	Dementia and Delerium : Staff Training	6.4%	£69,004				
	2c	Dementia and Delerium : Supporting Carers	6.4%	£69,004				
CQUIN 3	3a	Collection of Quality of Well Being Data	7.2%	£77,629				
	3b	Data collection Alignment for eCGA and EPaCCS	4.8%	£51,753				
CQUIN 4	4	Pressure Ulcer Healing Rates	20%	£215,637				
CQUIN 5	5	Urinary Catheter Competency	12%	£129,382				
CQUIN 6	6	Encouraging Self Care	16%	£172,509				

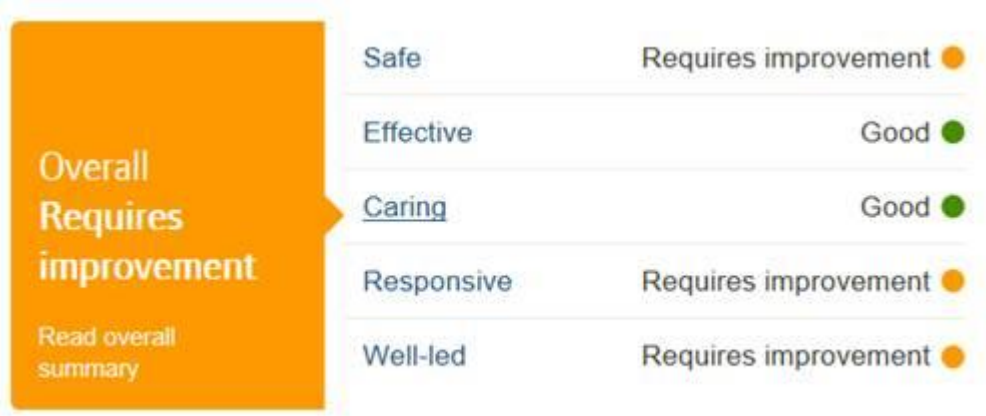
Key :

- **Assessment Quarter**
- **Indicator Achieved**
- **Indicator Not Achieved**
- **Reporting not required but on target**
- **Concerns around ability to achieve**

4.5 Statement on Care Quality Commission (CQC) registration

CityCare is required to register with the Care Quality Commission and is currently registered with no conditions on its registration. We received no scheduled or unannounced inspections during this year and the CQC has not taken any enforcement action against Nottingham CityCare Partnership as of 31 March 2016. During our last inspection of our headquarters and Urgent Care Centre location we were pleased to receive five ticks.

As a wholly owned subsidiary, CityCare Connect, which is our care home, is also required to register with the Care Quality Commission. CityCare Connect has a condition on its registration limiting the number of beds it can offer to 56, as this is the maximum that can be accommodated within the building. CityCare Connect was inspected by the CQC on 28 May 2015 and was given an overall rating of 'Requires Improvement'. We provided to CQC an improvement action plan and provided assurances to the CQC that action was taken to ensure the required improvement took place.



For the full report, go to www.bit.ly/CQCConnectHouseAug15

4.6 Data quality

- We are working towards implementation and submission of the Children and Young People's Health Services which replaces the National Community Information Dataset (CIDs) as the dataset for Community Services.
- We now have a steering group and several associated workstreams looking at integrating the operational usage of the SystmOne units that form the Neighbourhood Teams to ensure appropriate data is collected and clinical information is shared to avoid duplication and enable integrated working in the delivery of care.
- We have worked closely with commissioners to ensure data quality reporting is accurate for any measures reported through the Quality Schedule such as Serious Incidents and Clinical Incidents.
- We are continuing working with our services to ensure their systems and processes reflect the service they deliver and their data can be captured and analysed in the most efficient way to ensure more time is available for clinical care. We are using new functionality on our clinical systems to ensure key data items are captured by introducing prompts and reminders. We have User Groups to share information and good practice, and develop guidance notes to ensure we use our systems effectively.
- We have implemented a Quality and Safety Intelligence Dashboard which is now in regular use within the organisation and has been used to improve the reporting of Quality Indicators and is used in sub committees of the Board as part of our early warning system. We have used a clinical dashboard for one of our services to review and redesign the clinical pathway of care delivered to our patients. We have produced a corporate dashboard report incorporating data from all reporting streams across the organisation. This will enable managers, directors and the board to analyse integrated corporate information such as activity performance, HR and workforce information, finance, clinical incidents and risks in a much more meaningful way.
- We have used the findings of the 360 Assurance review of CQUIN to ensure robust processes and data quality reporting is established for 2015/16.

4.7 NHS Number and General Medical Practice Code Validity

CityCare now sends weekly extracts to the Secondary User Service for attendances at the Urgent Care Centre. For all the extracts sent over the period Oct 15 – Mar 16, 98.04% had a valid NHS Number.

CityCare does not submit inpatient or outpatient datasets as this is not applicable to us as a community service.

4.8 Information Governance Toolkit attainment levels

The NHS Information Governance Toolkit measures CityCare's performance against 39 requirements relating to overall Information Governance, and on Confidentiality, Information Security, Data Quality and Records Management. CityCare's Information Governance assessment report overall score for 2015/16 was 77% and was graded green (satisfactory). CityCare strives to continually improve quality and therefore, as a minimum, will seek to maintain compliance at the levels required by commissioners and national regulatory bodies.

4.9 Clinical coding error rate

As a community service CityCare is not subject to clinical coding for Payment by Results and therefore will not be involved in the audit for 2015/16.

4.10 Incident reporting

Improving patient safety is central to our approach to delivering high quality and safe care for our patients. We want to focus on the right quality and safety priorities for the forthcoming year to further improve patient safety, care and experience

In 2015/16 there were 2,493 incidents, which is approximately a 30% decrease in incidents reported in the previous 12 months. Part of the reason for this is that a number of incidents reported, for example, adult safeguarding, are not attributable to CityCare. Where staff have taken the appropriate action e.g. referral to safeguarding and no further action is required, staff do not need to complete an incident form.

We have improved visibility of the Quality and Safety team and access to incident reporting via the staff intranet. We now publish a monthly Quality newsletter after each Quality and Safety Group (sub-committee of the Board) to facilitate the sharing of learning at team meetings.

The following are updates on our specific quality improvement areas:

1. Continue to improve the way information is made available to teams so that they are able to see trends to be addressed. Training has been provided to managers so that they can be autonomous in retrieving information / reports from our incidents system to share learning from incidents at team meetings. We have continued to develop the Quality and Safety dashboard so that it facilitates the identification of any initial early warning signs which we triangulate with other quality information so that actions can be taken early on, facilitating proactive risk management. The dashboard is being made available to teams so

that that they can use this information as part of their discussions around quality, risk and learning in team meetings.

2. Continue to build a safety culture by encouraging the reporting of incidents and supporting the recognition and sharing of lessons that can be learned. Over 2015/16 we ran three learning networks for our staff to attend where they had the opportunity to share best practice as well as sharing learning. These sessions were not as well attended as hoped and following some exploration with the services, we are planning to pilot the sharing of learning via jointly planned sessions between the Quality and Safety Team and team representatives from the services. All new staff attend a corporate induction which includes a section on reporting incidents and sharing learning from incidents we have.

3. Training in Root Cause Analysis. We have not met our target last year to devise a new training package with HR. This year we are developing a training package based on our newly developed RCA toolkit for managers. The toolkit will form the basis of our training pack. We have also developed and initiated a serious incident review group that meets regularly.

4. Senior managers will be trained in Being Open. Being Open will be included in the RCA training that is mentioned above.

Serious Incidents (SIs)

All serious incidents have a full root cause analysis investigation so that the organisation understands the root causes that contributed to those incidents and what improvements have been made as a result. This will ensure lessons are learned, sustainable improvements are made and similar incidents are prevented from occurring.

In 2015/16 the organisation reported 162 serious incidents which is a reduction from last year. We have seen a continued year on year reduction on our avoidable stage 3 pressure ulcers.

We have improved our completion of root cause analysis investigations so that we have only had two occasions where an investigation report was not submitted within the timescale. We aim for 100% compliance in 2016/17.

Part 5

Other quality measures

In addition to the new priorities set in last year's report, this section provides some further insight into other ongoing quality priorities which we will now continue to move forward with as part of our ongoing service developments in future years. We have continued to make progress in the following areas:

Priority	What we did
Mobile working	We completed both the PC refresh project (removing of the old PCs completed in December 2015) and the phase 2 of the mobile working deployment (concluded early

	March 2016). A dedicated project manager is in post and taking the lead on the change management considered necessary to support staff in the principles and requirements for mobile working We are continuing to review and capitalise on the technology and capability of the tablet devices through the development and evaluation of Apps and suitable software to improve efficiencies and patient care.
Hospital Discharge Service	The primary care cardiac service and community matrons are now notified when their patients are discharged from hospital, allowing them to make contact again promptly. CityCare care homes nurse specialists are informed of first time discharges to care homes, so that they can ensure those patients receive a holistic assessment. The service is working to reduce the time from discharge to the first call from the service. An average of 56 % of patients contacted in quarter three received their first call within 24 hours of discharge. This is an increase from 39 % in quarter two, when this approach was introduced.
Recruitment, retention and training	We implemented and rolled out a new E-appraisal programme for all staff to use. Three year strategies have been launched for both Allied Health Professionals and Nursing and associated action plans developed to measure our progress against their implementation. We are seeing much greater staff engagement as a result of this approach. We held a successful Health Care Assistant conference, and in the future we will run two per year. In April 2015 we introduced the Care Certificate for all new Bands 2-4 employees entering Health and Social Care. Following an initial focus on new starters, we are now identifying assessors to support all appropriate staff through this programme. We continue to develop our Community Nursing Preceptorship programme for all new band 5 community nurses. This was implemented in 2015 and we are refreshing our approach to preceptorship this year, to encompass AHPs as well as nursing staff. Customer care training continues to form a fundamental part of the induction programme.
Medicines management	We have delivered training workshops on controlled drugs for district nursing teams. We have also trained a large proportion of staff in the reablement teams on medicines administration. Additional sessions will ensure all relevant staff are trained. We remain committed to raising the quality of non-medical prescribing among our nurses. We have held a number of nurse prescribing forums and more are planned. We have also issued newsletters with information updates, and prescribing data is being provided on a regular basis to prescribers and to their managers. Prescribing data workshops have been held for team managers and one session gave advice on how to conduct a peer review session to aid the professional development of the prescriber.
Safeguarding	A level two Safeguarding Adults Training programme has been developed and was

	introduced in August 2015. By December 2015, 260 staff had undertaken the training with a further 1,200 staff to be trained over the next two years. We held a very well received safeguarding conference in November 2015 (see below). We also launched a new Safeguarding Champions Network in March 2016, which meets quarterly.
Small Steps, Big Changes	We have now been delivering this programme for one year, bringing more evidence based interventions to local families aiming to improve outcomes in the three child development areas of: a. Social and emotional development b. Communication and language c. Nutrition. We have awarded a contract for the Family Mentor service in Aspley and Bulwell, supporting local employment and delivering an innovative local programme –Small Steps at Home (see part one of this report). Around 70 staff attended a workforce engagement event in May 2015 including family nurses and health visitors where they learned more about SSBC and how they can work together in their communities through the programme. We have enrolled parent champions who are currently working through a development programme designed by the SSBC coordinator.
Children's Services	Almost all (96%) of the health visiting workforce have now received the Institute of Health Visiting Maternal Mental Health training, and 30 health visitors from five teams undertook the Ponder training delivered by the University of Nottingham, which focuses on the detection and therapeutic listening visits using a person centred approach. A newly appointed Perinatal and Infant Mental Health Health Visiting Specialist will be working closely with the health visiting teams and partner agencies to deliver a high quality service to the parents of Nottingham. This is in line with the new recommendations which have been developed by Health Education England. Changes to SystmOne reporting have been made to enable accurate reporting to be made around the number of women receiving listening visits and outcomes from these. The Specialist Health Visitor will also be focusing on delivering training around infant mental health. All teams have now been trained in delivering baby massage which focuses on understanding baby cues and responsive parenting. Many children are also being offered the Imagination Library, which is a book gifting scheme funded by the Rotary Club Castle Cavendish or SSBC. Health Visitors use this as an opportunity to discuss babies' brain development. In 2015 the health visiting and breast feeding peer support service was awarded the level three Baby Friendly Award. The Specialist Infant Nutrition Specialist is also closely working with children's centres to ensure the award can be extended across the community when revalidated. The Health Visiting team and Specialist were recently awarded third place for improving breastfeeding experiences and rates within Nottingham City in an award by the Journal of Health Visiting. Further awards were also given to the health visiting and management teams for Improving safety in the Home (second place) and Increasing

	Parenting Capacity (first place in partnership with SSBC). The peer support service continues to deliver support to women aged under 25 who are registered with a City GP. Rates for continuing breastfeeding for women who access the service remain high (especially compared to other areas of equal deprivation) which reflects the high quality of care the women and families receive.

As a pull out section

Children's Services case study

Getting great results from our Healthy Weight programme

A 10 year-old from Bulwell lost more than a stone and a half in just three months, after receiving help and advice about exercise and nutrition from CityCare's Healthy Weight Support Programme.

Brooke weighed 64kg (10 stone 1lb) in April – and was assessed as overweight for her age and height by her School Nurse.

Brooke's mum Melanie enrolled her on the programme and three months later she weighed 55kg (8 stone 9 lbs) and was well on her way to maintaining a healthy body mass index (BMI).

Melanie said: "I knew Brooke's weight was getting out of control, but I had no idea how to manage it on an ongoing basis until I found out about CityCare's service.

"As soon as we sat down with them, they gave us lots of information about sugar and fat. Immediately I started looking more closely at packaging and checking how much of Brooke's daily allowance she was having in each item.

"They also focused their advice on portion size, which was the main problem. Now, we measure out our portion sizes and don't overload our plates.

"We've built exercise into our daily routines such as swimming, cycling and walking - which means Brooke is using her inhaler less and less."

Brooke added: "I feel like I've got more energy now and I am really enjoying being more active with my friends. I feel more confident and happy and proud about what I have achieved in three months."

Health Improvement Coordinator Sharon Sipple said: "Our Healthy Weight Support Programme is aimed at five to 16-year-olds who are overweight. They can be referred by their parents, carers or School Nurse, or they can self-refer.

"I then look at a typical day's food – showing them how much carbohydrate or fat or sugar they are eating and comparing it to what they should be eating.

"The vital part of the programme is having the parent or carer on board. It is all about a healthy, balanced diet at home and at school, and learning how to manage that each and every day."

As another pull out section

The first 'Think Family' safeguarding conference

Staff from CityCare Adults and Children's services came together with GPs and colleagues from GP practices to attend the first 'Think Family' safeguarding conference held at the Nottingham conference centre in November 2015.

Delegates heard from national speakers in the morning which included Zoe Lodrick, Psychotherapist who delivered a spellbinding presentation regarding the psychology of sexual offending and Valentine Nkoyo from Mojatu who spoke about female genital mutilation. Staff also had the opportunity to visit a marketplace where CityCare services and representatives from partner agencies and the voluntary sector were showcasing their service.

The conference also saw the launch of the CityCare safeguarding champions network; a network of staff with a passion and interest in safeguarding who will come together on a quarterly basis to develop their knowledge, share good practice and make a valuable contribution to shaping the safeguarding agenda within CityCare.

Safeguarding priorities for 2016/17

The safeguarding team's priorities for 2016/17 include:

- Raising awareness across CityCare of issues including adult safeguarding, domestic abuse, honour based violence and forced marriage, and safeguarding in relation to refugees and asylum seekers
- Implementing the government's PREVENT strategy and Female Genital Mutilation (FGM) strategy
- Implementing the Child Sexual Exploitation cross-authority group work plan
- Engaging in the NSPCC national pilot programme for neglect
- Implementing a locality based working within the Care Delivery Groups
- Review and strengthen 'Red Card Meetings' for vulnerable families within Children's Services
- Implementing updated 'Think Family' group supervision in September 2016. Audit to be commenced in March 2017.

Other ongoing priorities

Dementia Care

Admiral Nurses offer all aspects of dementia training to the CityCare workforce, covering the NHS for England Dementia strategy tiers 1, 2, and 3. They deliver dementia awareness tier 1, delirium in dementia tier 2, and Dementia Friends at induction on a monthly basis to all new starters, and also continually and successfully deliver CQUIN targets covering topics relevant to dementia.

“Let’s Talk Dementia” which is a brand new team led by Admiral Nursing, has been launched to deliver all aspects of the NHS for England Dementia strategy to any team face to face, and the team can offer bespoke and tailored training to individual teams. The team consists of professionals across CityCare who have worked in conjunction with Dementia Pathfinders London who have trained our members and are actively involved in ongoing projects. They have developed a bespoke online resource – Aladdin’s Cave – covering all aspects of the strategy which they utilise to develop and deliver training.

Admiral Nurses are highly experienced qualified nurse professionals who specialise in supporting those affected by any type of dementia, both families, individuals and the person with dementia. The Admiral Nursing service provides a clinical assessment and framework to assess and support the needs of both the carers and the person with dementia. They offer intensive holistic and person centred assessment of the carers, provide guidance, clinical support, education and training for carers, professionals and support staff working with the person with dementia.

The Admiral Nurse will stay involved for the whole duration through the dementia journey in order for the person and their families to live well with the dementia.

The team now has two full time Dementia Specialists, and their caseload now stands at more than 300 with many more referrals being received from all services, patients and carers.

Admiral Nurses actively engage and work with third party providers i.e. Radford Care Group to provide support for their careers at the carers groups, the Alzheimer’s Society and the host organisation, Dementia UK.

Admiral Nursing was also proud to announce the development of the Dementia Link Clinicians Forum, which brought clinicians for all teams together across CityCare to enhance knowledge and best practice with the ultimate goal of developing a Dementia Pathway within CityCare for all professionals to enhance the patient and carer experience, as a navigation tool for a smoother transition through services.

The forum works closely with Nottingham, Leicester and Derby Universities who share their evidence and research with the group. The forum events include guest speakers and workshops, with meetings held five times a year. At the time of writing, staff representing more than twenty seven teams across City Care had attended the forums.

The Admiral Nurses offer a monthly Dementia Carers Coffee Club at Lark Hill, Clifton, in the Jackdaw Lounge, with any carer from across the City welcome to drop in. Carers can meet the Admiral Nurse team, have one to one consultations with the Admiral Nurse with no appointment necessary, and be given advice, support, education and the opportunity to discover they are not alone as a specialist in dementia is with them for the whole dementia

journey. These groups have been highly successful and the team has had enquiries to offer more in other parts of the City.

Support for care homes

CityCare is supporting Nottingham City CCG in its work as a national vanguard for enhanced health in care homes. Go to www.nottinghamcity.nhs.uk/news-projects/integrated-care/care-homes-vanguard.html for more information.

There have been exciting developments, with the new Transfer to Assess Pilot beds that were implemented on Garden Suite at Connect House. Garden Suite is a short stay nursing unit with nurses, advanced practitioners and carers providing high quality care to patients transferred from the Health Care of the Elderly wards at QMC on the Continuing HealthCare Pathway with medical support. There are now 18 beds for this pathway and patient outcomes so far have been very promising with very positive patient feedback.

Four new beds opened in April 2016 with designated occupational therapy and physiotherapy support.

See the Duty of Candour priority in part two of this report for further information on support for care homes.

4

Community bed pilots to support early hospital discharge

A new 'Garden Suite' has been opened at CityCare's innovative Connect House site, designed to support a new care model that allows older people to leave hospital and return to the community quickly and safely.

The suite is supporting two pilots that have been commissioned by Nottingham City Clinical Commissioning Group and introduced through the urgent care network and integrated care programme, for patients to be assessed for care while in the community or at home rather than in hospital.

'Health transfer to assess' pilot

- A supportive, out-of-hospital alternative in which assessments for ongoing health care can take place
- Launched January 2016 for an initial six months
- 18 new beds at Connect House, open to city and county patients
- Available for discharges from four health care of older people wards at the QMC
- Supported by a multi-disciplinary team including a consultant geriatrician, advanced nurse practitioners, a GP and pharmacist

'Social care transfer to assess' pilot

- Supports patients to make decisions about their ongoing social care
- For city residents using the existing community beds capacity and reablement at home teams
- Offers 'out of hospital' social worker assessments for patients discharged from four health care of older people wards at the QMC

Steve Upton, CityCare's Assistant Director of Urgent Care and Transformation, said: *"This new system of 'transfer to assess' allows medically safe patients to be discharged into the community for further ongoing health care needs assessments. It's just one way that acute and community care are coming together to develop new ways of working and new care pathways to support the urgent care system across Nottingham."*

Integrity, Expertise, Unity, Enterprise

Increasing our research capacity

CityCare has a successful history of leading and collaborating on research across a wide range of our services. We have provided research capacity building opportunities for our staff ranging from research secondments to funding PHDs. We have recently launched our strategy for the next five years which builds on our achievements to date and sets out our vision for the next five years.

Our aims are:

- Build a whole organisational research culture
- Build research capacity and capability within the workforce
- Develop our clinical research and social return on investment research portfolios
- Work in partnership with patients to identify research priorities, co-produce research projects and promote opportunities for patients to take part in studies
- Work in partnership with others to develop and deliver high quality research.

Infection prevention and control - zero tolerance to avoidable infections

Nottingham CityCare believes strongly that no patient should suffer from an avoidable infection and has continued to prioritise the infection prevention and control agenda during 2015/16.

- The Infection Prevention and Control Team has reviewed the treatment plan for all patients with a positive swab or sample for MRSA and also reviewed all the cases of Clostridium difficile to further develop an understanding of the risk factors for infection.
- A three year infection prevention and control strategy has been produced and progress against this strategy is monitored each quarter through the quarterly health care associated infection prevention and control report.
- Over 750 staff members were vaccinated against influenza this year and this was facilitated by a great number of CityCare staff who volunteered to be flu fighters and vaccinate their colleagues supported by staff that packed the vaccine boxes at the health centres and the drivers that delivered them to numerous sites throughout the campaign.
- Infection prevention and control training specific to each clinical service is delivered on a two year rolling programme. Team managers receive reports monthly to inform them of who requires training.
- Policies and leaflets for infection prevention and control have been reviewed within timescales and are available for staff to access.
- Audits of all health centre environments in relation to cleanliness and the environment are undertaken in all premises in which CityCare delivers services. Also during 2015/16 the Infection Prevention and Control Team has undertaken 12 peer review audits across CityCare services along with other specialists. This has demonstrated good adherence to infection prevention and control policies and guidance.

CityCare works very closely with providers across the health economy to ensure that the targets set for MRSA and Clostridium difficile are met. The targets are population based and therefore not solely the responsibility of one provider.

Infection	Target for City of Nottingham	Actual numbers
Clostridium difficile	No more than 51 cases	63 cases. Of the 63 cases 26 (41%) were post 72 hour cases (deemed hospital acquired) and 37 (59%) were pre 72 hour cases (deemed community acquired). Each case is reviewed and risk factors for infection are recorded. The rate per 100,000 population is lower than in other areas locally.
MRSA blood stream infection	Zero cases of infection that are deemed to be avoidable	Zero objective has been achieved.

Part 6

What other people think of our Quality Account

NHS Nottingham City CCG

Healthwatch

Nottingham City Health Scrutiny Panel

Part 7

Our commitments to you

Equality and Diversity

CityCare is committed to embracing diversity and embedding inclusion in all aspects of our business, in relation to the communities that we serve and staff at all levels within the organisation. We aim to eliminate discrimination, promote equality of opportunity and develop a culture of inclusion in relation to people from diverse communities.

Our Equality and Diversity action plan has been developed using the Equality Delivery System (EDS2) which is part of the NHS standard contract. This will support us in delivering our Equality Objectives and will be reported upon regularly to the Equality and Diversity Group, CityCare Board and our commissioners.

To enable inclusion within our services, we have improved our data collection of the nine protected characteristics (age, disability, race, religion, sex, gender reassignment, marriage and civil partnership, sexual orientation, pregnancy and maternity) as defined in the Equality Act 2010. Staff are supported with training and guidance. Information gathered informs the Equality Delivery System (EDS2) action plan.

Protected characteristic data also collated for CityCare's workforce with a current high response rate of 98%. Staff are able to complete this information within the Electronic Staff Records self-serve option with training given and an explanation as to the purpose of collating this information.

Key achievements and future actions:

- The Equality, Diversity and Inclusion Annual Report 2015/16 has been produced and approved by CityCare Board. This will be presented to the Commissioners and posted to the CityCare website for public information
- In December 2015 we held an EDS2 grading event where members of the public, specialist organisations, community groups, patients, carers and staff reviewed evidence of CityCare's equality, diversity and inclusion achievements and future plans. The results were positive with the majority of areas graded as 'achieving', whilst with those graded as 'developing' it was acknowledged plans were in place to address and improve these. Actions arising are addressed through the EDS2 action plan.
- Within protected data recording, the 'Happy to Ask, Happy to Tell' document has been produced and cascaded to staff which highlights both the importance of collating this information and how to collate information sensitively.
- Patients and carers are invited to complete surveys following engagement with services. Surveys, complaints and compliments are reported by protected characteristic in order to identify issues or gaps. A range of services now use mobile devices to collate real time feedback to ensure concerns are responded to quickly. A pilot is underway with interpreters to improve feedback from people whose first language is not English.
- We work closely with community groups and organisations to ensure that we listen to the views of vulnerable groups and people that are seldom heard.
- Equality Impact Assessments (EIA) are undertaken for current services within CityCare, at the point of a new policy, new service or service redesign. The EIA guidance and full and short EIA forms have been produced. A high number of EIAs have been reviewed in 2015 with themes collated and reported to the Equality and Diversity Group on a regular basis. Good practice is shared across services.
- CityCare has published the report on the national Workforce Race Equality Standard (WRES), demonstrating progress against a number of indicators of workforce equality. An action plan has been produced and incorporated with the EDS2 action plan. WRES reporting is required on an annual basis.
- The Accessible information Standard (AIS) has been introduced from April 2016. This ensures that disabled patients, service users, carers and parents receive information in formats they can understand and that they receive appropriate support to help them communicate. Accessible requirements are recorded to electronic systems with a

central resource being established for accessible information. The AIS Task and Finish Group will continue to identify and lead the implementation for this standard.

- To ensure ease of access, CityCare holds clinics in purpose built venues with disability access and home visits are available. Services engage in targeted work with local communities through community centres, employers and places of worship.
- The Interpreting and Translation policy has been reviewed with the addition of a quick guide for staff. Data is recorded and available to staff to identify the number of requests for information in different languages enabling staff to identify their service user demographic.
- CityCare has a range of training/development opportunities and resources/materials in place for staff to enable them to address discrimination and promote equality, diversity and inclusion in all aspects of their work.
- Champions are being established to support the embedding of equality, diversity and inclusion across CityCare. They will liaise with staff, provide updates and feedback to team meetings, participate in protected network groups, support with equality training and promote and maintain engagement at all levels.
- The Race Religion and Culture Group has been established to support staff and provide feedback to the organisation. Other network support groups are currently being explored for staff from protected groups including: disability, LGBT and age.

Listening to feedback on this report

We would like to thank all the stakeholders, patient and community groups who gave their feedback and suggestions for the content of this report, and thanks also to all the staff involved in producing this document.

If you would like to give us your thoughts on this report, or get involved in the development of next year's report, please contact the Patient and Public Involvement team on 0115 883 9678, email tracy.tyrrell@nottinghamcitycare.nhs.uk or write to Freepost RSSJ-YBZS-EXZT, Patient and Public Engagement, New Brook House, 385 Alfreton Road, Nottingham, NG7 5LR.

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
HOMECARE QUALITY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1 Purpose

1.1 To consider homecare quality from a contract management and compliance perspective.

2 Action required

2.1 The Committee is asked to:

a) review the Council's role in ensuring homecare quality from a contract management and compliance perspective; and

b) consider scheduling consideration of homecare quality from a safeguarding and social care perspective.

3 Background information

3.1 The Council commissions homecare services for adults over 18 years who are in receipt of social care and/or continuing healthcare funding.

3.2 In January 2014 the Committee heard about the introduction of a new model for homecare services. The model is based around four zones across the City, each of which has a lead provider that undertakes the majority of work in that area but also has other support providers for that area. This approach was introduced in January 2014 and is the model currently in operation.

3.3 The Committee heard about Council's compliance and monitoring role against the contracts held with homecare providers. It was suggested that from a commissioning perspective there would be fewer provider relationships to maintain under the new model and this would make it easier to manage service quality. The Head of Contracting and Procurement will be attending the meeting to discuss aspects of homecare quality that relate to contract management and compliance.

3.4 The Committee may wish to schedule consideration of quality assurance of homecare from a safeguarding and social care perspective for a future meeting.

4 List of attached information

4.1 None

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 Report to and minutes of meeting of the Health Scrutiny Panel on 29 January 2014

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES – RESPONSES TO RECOMMENDATIONS
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To receive responses to the Committee's recommendations arising from its review of end of life/ palliative care services.

2. Action required

2.1 The Committee is asked to:

a) consider the responses received to the Committee's recommendations arising from its review of end of life/ palliative care services; and

b) agree a timescale for monitoring implementation of agreed recommendations and outcomes.

3. Background information

3.1 During 2015/16 the Committee carried out a review of end of life/ palliative care services, asking the question

Are end of life/ palliative care services for adults delivered across Nottingham City to a quality standard to meet the needs of patients, their families and carers, including in relation to cultural and faith needs?

3.2 In February 2016 the Committee agreed 7 recommendations and these were referred to the organisations specified in the recommendations.

3.3 Responses to the recommendations have now been received and are included in the appendix to this report.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Review of End of Life/ Palliative Care Services – Responses to Recommendations

5. Background papers, other than published works or those disclosing exempt or confidential information

Notes from contributor interviews, visits and study group discussions are available from the Senior Governance Officer listed at the bottom of this report.

6. Published documents referred to in compiling this report

Report to and minutes of meeting held on 18 February 2016.

7. Wards affected

All

8. Contact information

Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

This page is intentionally left blank

Health Scrutiny Committee Review of End of Life/ Palliative Care Services

Recommendation Response Tracking

	Recommendation	Who sent to/ leading on response	Response
1	It is recommended that Nottingham City Clinical Commissioning Group ensures that all GP practices are aware of the need for and importance of their involvement in palliative/ end of life care and the importance of using EpaCCs to ensure that all relevant details are recorded in relation to each individual patient.	Nottingham City Clinical Commissioning Group	Accepted End of Life Care nurses already attend GP practice Gold Standard Framework meetings to help identify patients with End of Life care needs and to encourage and support practices in the recording of these patients on EPaCCS. They also explain the patient benefits of using the system. The CCG receives monthly reporting on EPaCCS usage at practice level. The reports show that the number of EPaCCS records is continually increasing and that there are 624 active referrals, or 21% of people who die in Nottingham City annually. They also show a wide variation in system usage across practices. The CCG will use one of its Macmillan funded GPs to support practices who are identified as low users of EPaCCS. It will monitor improvements in system uptake through the existing monthly reports.
2	It is recommended that Nottingham University Hospitals NHS Trust review the level of need, including on acute wards, for the services of the Hospital Palliative Care Team at weekends and ensure services are in place to meet that need.	Nottingham University Hospitals Trust	The report and recommendations were discussed at NUH's' Quality Assurance Committee (sub-committee of Trust Board attended by Chair, Chief Executive, Chief Nurse and Medical Director) in April 2016. The action following this meeting was for a Consultant in Palliative Medicine to work with the Better for You Team (team that supports change and transformation) to model the effect of providing a seven day service within the current establishment. This will be reported back to the Quality Assurance Committee.
3	It is recommended that Nottingham CityCare Partnership a) consult with service users and carers to assess whether the Community End of Life service is delivered in a way that means patients and carers feel supported and cared for at weekends	Nottingham CityCare Partnership	a) Patient satisfaction survey to be devised and completed re end of life care received from CityCare Services including community nursing to determine satisfaction of weekend service provision.

	and bank holidays in a way that is equivalent to that experienced Monday to Friday; and b) respond to any issues raised in the consultation to ensure that patients and carers feel supported and cared for at weekends and bank holidays in a way that is equivalent to that experienced Monday to Friday.		To be completed and recommendation available by end June 2016 b) Feedback received from satisfaction surveys to be reviewed and an action plan developed. Any actions identified out of the scope of the current provider contract to be feedback with City CCG. To be completed by end July 2016.
4	It is recommended that Nottingham City Clinical Commissioning Group and Nottingham City Council ensure that the new Carer's Strategy addresses the potential for social isolation of carers and how providers can support carers either at risk of social isolation or experiencing social isolation.	Nottingham City Clinical Commissioning Group Nottingham City Council	<u>CCG response</u> Accepted Nottingham City CCG and Nottingham City Council are working together on a Strategic Review of support for carers. This means we are looking at all the ways in which we support carers, including wider situations which may affect how carers feel, and their ability to continue to care. The purpose of this review is to look at how we can improve carers' quality of life through improving early identification and support for carers, in line with the Care Act. By identifying carers earlier and ensuring our statutory health and social care services are also able to identify carers we will be able to support carers before they reach crisis point which is normally when a carer starts to feel most isolated. The Strategic Review also aims to promote the inclusion of carers as expert partners when developing the package of care for the cared for person.
5	It is recommended that Nottingham City Clinical Commissioning Group and Nottingham City Council ensure that the new Carer's Strategy identifies mechanisms for ensuring carers are aware of the support available to them and how to access it.	Nottingham City Clinical Commissioning Group Nottingham City Council	<u>CCG response</u> Accepted Consultation with carers so far has suggested that easy access to information and support is key in maintaining and improving their health and wellbeing. There are a wealth of

			services which provide support and advice available, however they are currently fragmented. Following feedback from stakeholders we are aiming to develop a new model for carer support which mirrors the approach Nottinghamshire County Council have taken by providing carers and healthcare professionals with a 'golden number' that they can phone for any carer related needs. The single point of access - 'golden number' - will effectively act as a triage hub to ascertain what support the carer needs, provide telephone support and make the necessary onward referrals. We currently have two services in the city that are delivering this method of support and we are aiming to align these services to reduce duplication and improve ease of access.
6	It is recommended that Nottingham City Clinical Commissioning Group as the commissioner and all providers that they commission produce robust Equality Impact Assessments, which include explicit reference to access to services for people from BME groups and how the range of needs of individuals from BME groups will be considered when receiving palliative/ end of life care.	Nottingham City Clinical Commissioning Group	Accepted The CCG will request that all providers of commissioned End of Life and palliative care services complete new Equality Impact Assessments with explicit reference to access for BME groups and how their needs will be met, considering all aspects of race, religion and belief. This will be completed by October 2016.
7	It is recommended that Nottingham City Clinical Commissioning Group sets relevant targets/ standards for services to BME groups in the service specification when agreeing Service Level Agreements with providers of palliative/ end of life care, so that these can be monitored and sanctions applied if the provider fails to implement them.	Nottingham City Clinical Commissioning Group	Partially accepted The CCG feels that it is not appropriate to include specific targets for BME groups in palliative/end of life care service specifications. The CCG is required to commission services that are equally accessible to all. Whilst this would reasonably be expected to result in service usage by people from protected characteristic groups in line with their representation in the local community, there may be factors outside the control of the provider that prevent this. However, monitoring of access by all protected characteristics will be included in service review meetings,

			with providers required to produce remedial action plans if protected groups are under-represented. Implementation of action plans will be monitored through contract meetings, and ultimately sanctions can be applied if action plans aren't implemented.

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
WORK PROGRAMME 2016/17
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Committee's work programme for 2016/17 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Committee is asked to note the work that is currently planned for the municipal year 2016/17 and make amendments to this programme as appropriate.

3. Background information

3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 The work programme for the remainder of the municipal year is attached at Appendix 1.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising the commissioning and delivery of local health services accessed by both City and County residents.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2016/17 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

7.1 All

8. Contact information

8.1 Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee 2016/17 Work Programme

Date	Items
19 May 2016	• **Nottingham CityCare Partnership Quality Account 2015/16** To consider the draft Quality Account 2015/16 and decide if the Committee wishes to submit a comment for inclusion in the Account (Nottingham CityCare Partnership) • **Homecare Quality** To review the performance and contract management for home care services by the Council's Contract and Procurement Team (Nottingham City Council) • **Response to recommendations of the End of Life/ Palliative Care Review** To receive responses to recommendations of the End of Life/ Palliative Care Review and determine timescales for review of implementation • **Work Programme 2016/17**
30 June 2016	• **Urgent Care Centre** To review operation of the Urgent Care Centre, with a focus on usage; access to the Centre; patient experience and feedback; impact on primary care and emergency care services; and future developments. (Nottingham City CCG, Nottingham CityCare) • **Development of Health and Wellbeing Strategy** To respond to consultation on development of the Health and Wellbeing Strategy (Health and Wellbeing Board) • **Adult Integrated Care Programme** To review progress in delivery of the Adult Integrated Care Programme and the impact for service users; and to look at the Equality Impact Assessment for Assistive Technology (Nottingham City CCG)

Date	Items
	• **Development of Nottingham City CCG Strategic Priorities (tbc – or June)** To respond to consultation on development of the CCG's future strategic priorities (Nottingham City Clinical Commissioning Group) • **Work Programme 2016/17**
21 July 2016	• **Scrutiny of Portfolio Holder for Adults and Health (tbc)** To scrutinise the performance of the Portfolio Holder for Adults and Health against relevant Council Plan priorities (Nottingham City Council) • **Healthwatch Nottingham Annual Report** To receive and give consideration to the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Children's seasonal flu vaccination programme (tbc)** To review the uptake of the children's seasonal flu vaccination programme during 2015/16; and how effective action to improve uptake has been (NHS England, Public Health England, NCC Public Health) • **Work Programme 2016/17**
22 September 2016	• **Implementation of 'Wellness in Mind' Nottingham City Mental Health and Wellbeing Strategy 2014-17 (tbc)** To scrutinise how outcomes for local people have improved as a result of the Strategy. • **Tackling health inequalities – pre-conceptual and ante-natal care (tbc)** To review the impact that access to, and uptake of pre-conceptual and ante-natal care is having on health inequalities in the City (NCC Public Health, Nottingham City CCG) • **Work Programme 2016/17**

Date	Items
20 October 2016	• **Work Programme 2016/17**
24 November 2016	• **Availability and quality of GP services in Nottingham City** To review the current and future provision of GP services (Nottingham City CCG) • **Work Programme 2016/17**
22 December 2016	• **Work Programme 2016/17**
19 January 2017	• **Work Programme 2016/17**
23 February 2017	• **Nottingham CityCare Partnership Quality Account 2016/17** To consider performance against priorities for 2016/17 and development of priorities for 2017/18 (Nottingham CityCare Partnership) • **Work Programme 2016/17**
23 March 2017	• **Work Programme 2016/17**

Date	Items
20 April 2017	• **Work Programme 2017/18** To develop the Committee's work programme for 2017/18

To schedule

- **Childhood immunisation programme**
  To review the reasons for lower uptake of the childhood immunisation programme in the City (compared to the County) and how these reasons are being addressed (NHS England/ NCC Public Health)
- **End of Life/ Palliative Care Review**
  To scrutinise implementation of agreed recommendations (date to be determined depending on response)
- **Diagnosis of terminal and/or life altering conditions**
  To identify what follow up and support is provided to people diagnosed with terminal and/or life altering conditions and their carers; and how this can be improved.
- **Teenage pregnancy rates**
  To review whether the focus and investment in reducing teenage pregnancy over the last 10 years has resulted in a sustainable reduction in teenage pregnancy rates
- **Current and future capacity within the care home sector**
- **Access to dental care**
  To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009
- **Cardio-vascular disease/ stroke**
  To review how effective work to reduce levels of CVD/ stroke is in the City
- **Tackling isolation and loneliness**

Visits

- Urgent Care Centre [late May/ June – prior to Urgent Care Centre item at June Committee meeting]
- Connect House
- CityCare Partnership Clinic, Boots Victoria Centre

Study Groups

- The role of health literacy in tackling health inequalities (autumn 2016 tbc)
- End of life/ palliative care services for children and young people (spring/ summer 2017)

Items to be scheduled for 2017/18

This page is intentionally left blank