



## **Nottingham CityCare Partnership CIC Annual Quality Account 2013/14 Outline**

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

A Quality Account is a formal document requested by the Department of Health, which will be published on 28 June 2014. This year's Quality Account will cover the period of April 2013-March 2014. Following Department of Health guidelines, it will include a review of key quality achievements over the last year and also provide a summary of the main priorities for improvements over the coming year, along with some mandated content.

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

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

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

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

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

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

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

## Appendix 1

### Proposed Content of Nottingham CityCare Partnership CIC Annual Quality Account 2013 / 14

#### Part 1 – Board Statement on Quality

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

#### Part 2 – Review of Quality Performance

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

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

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

This year's look back has a focus on leadership, professional support, education and training and how these drive quality improvements, alongside continued spotlights on some clinical areas.

#### **PATIENT SAFETY**

Medicines management has our attention with this report looking at progress with various schemes to improve safety of medicines in CityCare

- tailored training – provision of specialist training to specific teams
- development of a competency assessments for all nurses involved in insulin administration
- improving education and training/support for non-medical prescribers
- Safeguarding (adults/children)
- Incident reporting
- Infection control

#### **CLINICAL EFFECTIVENESS**

- increasing research capacity – produce and deliver a co-ordinated plan for research training, set up research web page, working in partnership with local universities and support research activity.
- clinical training, supervision on-going training - develop robust training programme for restorative model for clinical supervision and develop a plan for how supervision will be cascaded through identified services.
- leadership - review of the OD strategy
- leadership - explore new NHS leadership programme, via East midlands leadership academy support managers to access resources, continue to support managers on the liberating social enterprise leadership programme

- staff survey – action plan to be owned by staff working group, executive team to focus on elements of the results requiring improvements, decide how the 2013 survey will be delivered.
- Francis Report - review recommendations to identify areas which could benefit from making changes; demonstrate a shared culture in which the patient is the priority in everything CityCare does; review common set of core values and standards to be shared throughout the organisation; ensure leadership at all levels; review systems for risk management to include openness and transparency in everything we do; integrating PPI reporting into early warning systems; embedding learning from compliments and complaints.
- Pressure ulcer prevention
- Falls
- Nutrition

## **PATIENT EXPERIENCE**

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

We will review progress made on the development and implementation of Customer Care training for CityCare staff, as well as outcomes for patients, lessons learnt and improvements made through patient surveys, PALS and Complaints reports, service changes and improvements made as a result of patient and public feedback in particular to focus on developments with customer care training and the 6 Cs including:-

- adding customer care training to the mandatory training matrix
- delivering train the trainer programmes
- offering opportunities for staff to develop higher level customer care skills through the delivery of customer care apprenticeship frameworks and accredited modules
- ensuring customer experience training includes 6 C's
- improving how we respond to service users after receiving their feedback

We will also showcase some particular developments that demonstrate our commitment to ensuring quality is at the heart of our continued drive and innovation.

### **This part will also include (mandated sections):**

#### **Participation in clinical audit**

Clinical audit is a quality improvement process. It aims to improve patient care and outcomes through a review of care against clear criteria and making changes in light of this. This will include a mandatory statement and will report on national and local audits we have been involved with.

#### **Participation in clinical research**

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

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

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

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

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

**Statement of data quality**

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

**Statement on what others say about us - Care Quality Commission**

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

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

**Part 4 – Priorities for Quality Improvement 2014/15**

The emerging suggested priorities:-

**PATIENT SAFETY**

- Care delivery groups (would include Integration/Care co-ordination, mobile working, telecare and leadership)

**PATIENT EXPERIENCE**

- Complaints - training for managers, review of the complaints pathway/process (would include Increase awareness in services where there has been service change due to service user feedback)
- Patient stories for board/Patient experience group

**CLINICAL EFFECTIVENESS**

- Dementia - developing training, recruitment admiral nurses
- Falls/elderly /research
- Discharge project medicines management (in reach/out reach)

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

This will include mandated statements from:

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

Ends