

Notes for Rosemary – verbal update on progress for Scrutiny Committee

Patient safety – Care Delivery Groups

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

Patient safety – Assistive technology and mobile working

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

Patient safety – Workforce development in integrated care

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

Clinical effectiveness – Hospital Discharge project

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

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

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

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

Falls In Care Homes (FICH)

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

Care and Communication

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

Balance and the Mind Programme

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

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

- Ongoing until May 2015.

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

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

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

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

Reducing Falls in People with Stroke

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

Patient experience – response to complaints or concerns

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

Patient experience – Patient Experience Group

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

Patient experience – Patient Stories

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