Nottingham CityCare Partnership

Annual Quality Account – 2014/15

Inside front cover

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About Annual Quality Accounts

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

They look at:

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

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Part 1

Introduction from the Director of Quality and Safety and board statement on quality

Welcome to Nottingham CityCare Partnership's Annual Quality Account for 2014/15.

I am delighted to bring you our Annual Quality Account as this is one of our most important publications, providing us with an opportunity to celebrate our care delivery and demonstrate our commitment to high quality care and receive feedback from our partners and stakeholders.

As a dynamic social enterprise, we are dedicated to supporting the health and wellbeing of all local people, working with other health and care partners across the Nottinghamshire community and sharing and spreading our best practice across the country.

We are answerable to the local communities that we serve, and are committed to service user engagement and ensuring the patient voice is heard throughout our organisation. We firmly believe that care is improved when we listen to our patients. This report offers another opportunity for local people to find out more about the quality of our services, and to let us know what they think.

Our aim is to ensure that quality is at the heart of all we do as an organisation; that our care delivery is safe and clinically effective, and that care is compassionate and centred around the individual's needs. We need to listen to our patients' experience of their care delivery, maximise opportunities for integration and innovation to deliver high quality care, and ensure we deliver this through a skilled and competent workforce.

We have joined the Signed up to Safety campaign, and are now building on this commitment through working on new safety priorities. Our Sign up to Safety pledges will be published on our website.

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

Board statement

We are presenting our quality account for 2014/15 as an accurate and honest representation of the quality of care we are delivering across all parts of our organisation. We have continually improved the quality in care and are fully committed to ensuring our patients receive the best care at all times. We have continued to build on the great work that we have achieved year on year and we want to continue to improve in the next year. We continue to be registered with the Care Quality Commission without any conditions. We understand fully the importance of listening to our patients and to ensure we act on both positive and negative feedback to ensure we can drive forward the continual service improvements and share best practice. We also monitor our performance from our patients' point of view, and have been delighted by the feedback we have received. We have encouraged openness and honesty from all of our staff to ensure that when things go wrong we can learn from these and reduce the risk of avoidable harm in the future.

Our approach to research and innovation, service transformation and further improvements to quality are, and will always be, a key priority for us as an organisation and we believe passionately that this will drive forward and ensure high quality patient care at the heart of all we do and offer. We continue to develop innovative creative services that are fit for the future and enable us to keep people in their homes, and cared for in the community by embracing technology and working closely with our partners to bring about real change. We hope you find this document useful, and please do offer us your feedback to help us develop or report for next year.

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 Quality and Safety and Executive Nurse/AHP, on behalf of the board

Developing this report

We have spoken to a number of different groups and organisations to help us develop this report and set new priorities for 2015/16. We have also made use of information gained throughout the year from patient and service user experience and feedback.

We have received feedback from:

- The Patient Experience Group
- The Health Group (learning disabilities)
- The Nottingham Health Scrutiny Committee
- People attending the Indian Community Centre
- The Acorn Day Service (physical disabilities)
- Healthwatch Nottingham

- The East Midlands Academic Health Science Network Patient and Public Involvement Senate.

The draft priorities were widely circulated for information and comment amongst community groups and organisations.

About CityCare

CityCare is a trusted provider of community health services, and we are dedicated to working in partnership to build healthy, sustainable futures for local people.

Previously a provider arm of an NHS organisation, we 'spun out' of the NHS, launching as a social enterprise in April 2011. Our vision is to build healthier communities, by working together with local people, each other and with other health and social care organisations, to improve long-term health and wellbeing.

As an award winning provider in service design and delivery, our expertise is founded upon our NHS heritage and a legacy of professionalism and excellence of care.

Our community ethos shapes everything we do. We honour our responsibility to generate value and invest in social return, for the wider benefit of the community.

Our services

Adult Services

Care homes, Community Diabetes, Community Matron, Community Neurology, Community Nursing and Rehabilitation, Continence, Continuing Care, Urgent Care Service, End of Life Care, Macmillan nurses, Falls Prevention and Bone Health, free nursing care, Homeless Health, Integrated Diabetes Service, Integrated Respiratory Service, Reablement services, Learning Disability Health Facilitators, New Leaf smoking cessation and Smoke Free Homes, Nutrition and Dietetics, Physiotherapy, Podiatry, Primary Care Cardiac Rehabilitation, Speech and Language Therapy, Stroke Services, Juggle diabetes structured education, Tissue Viability

Children's services

Continence, Family Nurse Partnership, Health Visiting, Nutrition and Dietetics, School Nursing and Immunisation, Youth Offending Team

Health and wellbeing

Breastfeeding Peer Support, Go4it weight management, Health Promotion, Healthy Change, Infection Prevention and Control, Interpreting Service, Walk-in Centre, Phlebotomy, Safeguarding.

Our brand and values

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

We are committed to listening and responding to all service users and provides a translation and interpreting service that is available to all patients who need it, along with communications materials in a range of community languages.

We are also available to patients through new electronic channels including a corporate Twitter feed and online feedback forms, which patients 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.

Building community capacity and social return on investment

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

We must remain financially sustainable and deliver year-on-year surpluses for reinvestment through the enhancement of existing services or the creation of new services, investment in partnerships or donations to charities or other organisations that are supporting our objectives.

Since becoming a social enterprise, we have reinvested into a wide variety of projects to benefit local people, including extra community and school nurses; extra clinic capacity and new locations such as Boots and the Indian Community Centre, Radford Care Group and the Carers Federation, allowing us to offer around an extra 500 clinic appointments a week; the Hospital Discharge Service (see part two of this report); an Admiral Nurse service (see part two); and a Nottingham University Social Business Award.

To ensure we offer the greatest benefit we:

- Engage with staff to scope the potential for service investment and new services based on their 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.

We are also setting up an independent charity, named the CityCare Community Foundation by our staff. Through this charity we will be able to streamline the social return work we

have been doing, be able to offer charitable donations to voluntary organisations in the health sector, and work together with others to achieve our aims.

We already sponsor LD Sports, an organisation for young people with learning disabilities, Nottingham Forest FC Champions' Centre, and a breakfast club for schools, and this move will give an independent route to channel that funding.

Another aim of the charity will be to support training and education within healthcare. Offering training and opportunities for personal growth beyond those usually funded within the NHS will potentially offer massive benefits to patients, as our staff remain highly motivated, highly skilled and at the cutting edge of care. Through the charity, our teams will also be able to offer targeted support in areas where they have specific expertise to other local voluntary healthcare organisations.

Sustainability

Our work on sustainability has been recognised with a silver award from Investors in the Environment for our Sustainable Development Management Plan (SDMP) for 2015-2018.

We are supporting the NHS to achieve its carbon reduction target and as well demonstrating best practice in sustainable health and care system. Our SDMP has been developed to set out our vision for becoming a leading green and sustainable organisation, and our key drivers for implementing this vision.

It is the framework on which we will effectively respond to the current and emerging environmental, social and economic challenges and risks posed by climate change. The key areas of focus include:

- Governance
- Organisational and workforce development
- Community engagement
- Partnerships and networks
- Adaptation
- Designing the built environment
- Sustainable models of care
- Procurement and supply chain
- Commissioning
- Low carbon travel
- Water
- Waste
- Energy and carbon management.

Our strategic objectives for 2014/17

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

Listening to patient 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. We value their views, and consider collecting them as an integral part of service delivery.

Patient satisfaction

We ask people about their experience of our services on a regular basis. We are pleased that in 2014/15 we have either matched or bettered the levels of satisfaction in the previous year, and that through a successful drive to listen to more of our patients, the number of patient survey responses increased to 5,709 from 4,861.

- 96% said our services were excellent or good
- 98% of the 3,862 people who answered agreed that they were involved in decisions
- 98% of the 4,154 people who responded said 'excellent' or 'good' about whether they were treated with dignity and respect
- 96% of the 4,075 respondents who answered said 'excellent' or 'good' about how we met their particular needs
- **Family and Friends Test -** 97% of 4,417 respondents said they were likely or extremely like to recommend CityCare service that they had received to their family or friends.

The Patient Experience Group

Our Patient Experience Group continues to meet six weekly, and we're grateful to them for giving us their valuable time. Over the year, the group has continued to offer insights into their own experience of CityCare services as well as their feedback on new initiatives and developments. These have included:

- Giving feedback on the new clinic at Boots in the Victoria Centre and Connect House
- Early discussion regarding the development of CityCare's independent charity
- Increased links with Healthwatch
- Taking part in the CityCare student nurse induction programme

- Helping develop a DVD aimed at preventing pressure ulcers
- Contributing to the development of a leaflet within End of Life services, ensuring information is shared appropriately between services
- Helping to judge the CityCare 'Valuing You' staff awards
- Attending the staff Summer Celebration.

There is more information on the work of the PEG and its developing role in part two of this report.

The Health Group

The Learning Disability Health Group, supported by the CityCare Learning Disability Health Facilitator Team, ensures that the voice of people with learning disabilities is fed into service planning and developments. This is an important group for CityCare and other local services. We very much appreciate their input, which is key to us continually learning how best to support this community.

Key activities this year have included:

- Contributing to the consultation around the 'Self-Assessment Framework' led by the Learning Disability Partnership Board
- Talking to phlebotomists, and hearing about how they are working to make taking blood a more relaxed experience for people with learning disabilities.
- Discussing the management of complaints and how we can develop clearer information for people with learning disabilities, their families and carers
- Discussing diet and the different food groups with the Nutrition and Dietetics Service
- Participating in a first aid session
- Taking part in a DVD to support learning disability awareness training, as well as enhanced service training for GP practices
- Supporting the national 'Seeability' initiative to deliver an event in Nottingham focused on supporting people with learning disabilities to look after their eyes
- A 'learning how to look after feet' session delivered by the Podiatry Service.

What did people say about our services?

- *"Better job of my feet than when I paid private." (Social Nail Care)*
- *"Very friendly, excellent at what they do." (Integrated Diabetes Team)*
- *"Keep me informed of any new services/products, prepare prescriptions straight away." (Continence Prescription Service)*
- *"Very professional speedy treatment, in which I had every confidence." (Treatment Rooms)*

- *"Help when you need, help for me and my kids, I don't know what we would do without the Walk-in Centre." (Walk-In Centre)*
- *"Communicating info/exercises in a detailed way. The physiotherapist explained this very well. Very helpful and respectful too." (Musculoskeletal Physiotherapy Clinic)*
- *"I feel very safe and get support. I can tell all my problems through the interpreter and understand what doctor says." (Interpreting and Translation Service)*
- *"Support me to enable me to feel better about myself and my ability to look after my baby." (Health Visiting)*
- *"Gives time to discuss problems describes next steps and provides written back up information." (Continence Advisory Service)*
- *"The Service was excellent." (Community Stroke Discharge and Rehabilitation Service)*
- *"I find that personally the care and attention I receive is very good and the Podiatrist very friendly to talk to and explains things too." (Community Podiatry – core)*
- *"Wide range of services in one team. Much more knowledge re my condition and therefore able to give individual/specialised advice." (Community Neurology Service)*
- *"It is a personal touch, feeling comfortable and approachable and willingness to help." (Community Macmillan Team)*
- *"Provides support and advice on healthcare issues, healthy eating and points you in the right direction for other support, such as equipment in the home and financial. My heart nurse was brilliant. Professional, understanding, helpful and informative. I used to look forward to their visits and looked on them as a friend." (Primary Care Cardiac Service)*
- *"The service was excellent and all the staff good and friendly. Could not have done better." (Community Stroke Team)*
- *"The nurse was very supportive in helping me with my medicines and my return to good health. She helped me understand what I needed and gain confidence. I have returned to work, which I thought was not possible at that time." (Primary Care Cardiac Service)*
- *"They talk to you how you want to be spoken to and they listen to any problems." (Health Visiting)*
- *"It's amazing support to have." (Family Nurse Partnership)*
- *"It makes you feel at ease with the person you're talking to and decisions are made jointly not without your input in everything that is discussed. The staff are very warm and friendly and they don't prejudge you on things you do but they do advise you of what will happen if you're not willing to work with them to help yourself." (Integrated Diabetes Service)*
- *"Help get you mixing with other people out of the house. Also get you moving more. Help at the end of the phone makes you feel safe." (Integrated Respiratory Service)*
- *"The nurse that treated my wife was exceptional. We have used this service a few times and find it great." (Treatment Rooms)*

- *"I have been having treatment from the nurses at Clifton for years. They are always caring, I think I am very lucky to have them looking after me." (Tissue Viability Service).*
- *"Our school nurse is lovely; gave me help with my feelings and lots of leaflets, and told me about groups that I can go to on-line." (School Nursing)*

What do people feel that we can improve?

We continually listen to peoples' concerns and complaints and to improve services based on what they have told us. Find out more in part two of this report about how we are working to improve even further the ways we listen and respond to complaints.

Service	**Issue raised**	**The changes we made**	**Protected Characteristic (see part seven for more on our work to promote equality and diversity)**
Continence Prescription Service	Some people having difficulty obtaining prescriptions as they were unable to get through on the phone, and answerphone messages not responded to.	We introduced an optional e-mail ordering system for prescriptions. We removed the answerphone and improved the telephone system.	None specific
Stroke Team	Patient raised issue of lack of clarity in terms of how long the period of rehabilitation would be	We reviewed the service leaflet to ensure clarity of information.	Disability
Podiatry	The PEG raised the importance of support with nail cutting to address the needs of elderly people who may not meet the criteria for podiatry	We introduced a new Social Nail Cutting Service and are promoting it to local people.	Age/Disability
Learning Disability Health Facilitator Team	The Health Group told us that people with learning disabilities would like to receive information directly from the health services available to them.	Services now deliver presentations regularly to the Learning Disability Health Group, for example Phlebotomy, Podiatry and Continence.	Disability
Infection Prevention and Control	We canvassed opinions on the standard and quality of services received in baby clinics, with a particular emphasis on cleanliness, hand washing and cleanliness of equipment. 61 people responded to our survey.	We will ensure that: • Staff are bare below the elbows when working in baby clinics • Staff remember to make their hand washing visible to	Pregnancy and Maternity

		service users whenever possible • Staff remind service users of the need to clean their hands when changing babies' nappies.	
Juggle – our Structured Diabetes Service	Service users requested sessions delivered in different languages. Deaf Society requested sessions with use of a signer.	We now deliver sessions in the main languages spoken in Nottingham. The service has developed dedicated sessions at the Deaf Society with the use of a signer.	Race & Disability
Walk-in Centre	Uncomfortable chairs, and no play area for young children.	We bought new chairs and are developing a dedicated area with children's toys.	All people with young children
Musculoskeletal	A number of patients who attend the pilates classes ask to continue attending when they reach the end of their allotted sessions, but the service does not have capacity to offer further sessions.	We created a leaflet signposting all the pilates groups and classes in the area. This is given to patients when their sessions come to an end.	All
Boots Clinic	PEG members visited the clinic to give us early feedback on any potential issues.	A water machine is now available for all users of the clinic. We ordered a clinic bed with sides, for people who feel unsupported on original type of bed. We are working to improve opportunities for people to give feedback while in the clinic.	All

As a pull out section

Listening to local families

During September and October 2014 we surveyed 326 parents of children aged under five who had been supported by our Health Visiting service. We wanted to see if the changes we initiated in response to feedback in an earlier survey in 2012 have resulted in improved practice. These are just a few of the highlights.

Where we have made a difference since 2012

10% increase in parents knowing who their health visitor is. In 2014:

- 86.5% knew their Health Visitor's name
- 96% knew how to contact them

In 2012 we received comments that it was difficult to get through to the service and that calls weren't returned. In 2014:

- 81% had made contact with their Health Visitor over the phone. 99% got through to the service quickly. 93% of those who didn't get straight through said someone called them back.

In 2014 nearly 92% said the Health Visitor talked to them about their emotional health and wellbeing and how they may feel after the birth of their infant, compared to 53% in 2012. We introduced training in February 2014 to support this.

A 33% improvement in the number of parents reporting that they had received a developmental review.

In 2012, 41% of parents did not comment on whether they had had a discussion about ***infant mental health,*** suggesting that they felt this topic was not covered by the health visiting team. Some comments indicated that 'this area needs more development as it is not discussed'.

In 2014 the response rate had significantly improved, with over 61% saying that infant mental health was discussed with their health visitor and of those 100% understood the information presented to them and 98% felt fully involved in the discussion and felt able to say what they wanted.

Find out more in part two of this report on our Unicef Baby Friendly accreditation, our award winning Breastfeeding Peer Support Service and our Small Steps, Big Changes programme.

Part 2

Review of Quality Performance

2.1 Patient safety

Our pioneering work in Integrated Care, together with other local health and care providers and commissioners, took centre stage in the priorities we set last year in relation to patient safety.

The workstreams that we highlighted for the Annual Quality Account included Care Delivery Groups, mobile working and assistive technology, and workforce development in integrated care.

In a pull out section:

Sharing information across teams and organisations

Integrated working means that it is essential for us to share patient records with other health and social care providers – and for them to share the information that they hold about their service users with us. The purpose of sharing this information is to improve the quality of care provided. CityCare

has invested a lot of time in training to ensure that our staff understand when it's appropriate to directly share records for care, how to inform patients about this, and obtain consent.

In another pull out section:

National pioneer for integrated care

Nottingham City has become a Wave Two Pioneer site for integrated care, placing our programme among the most trailblazing initiatives in the country.

Lyn Bacon said: "We're delighted that Nottingham City has been chosen as one of ten wave two pioneers from across the country, as recognition of the groundbreaking work that partners across the city have been delivering.

"As a pioneer we will be supported to drive the integration programme forward even faster and really make a difference to the lives of our most vulnerable local people."

The Integrated Care programme is run by NHS Nottingham City Clinical Commissioning Group (CCG) and Nottingham City Council, working alongside CityCare and other partner organisations. It aims to provide seamless care by integrating health and social care and help keep more people healthier in the community and out of hospital.

2.1.1 Care delivery groups

We have been delighted with the progress made by the newly introduced care delivery groups (CDGs) over the last year.

CDGs are teams of key professionals (neighbourhood teams) working together in a specific geographical area. By bringing together health and social care workers into one team we are better able to work together around a citizen's needs, share information and combine experience to shape continuous improvement.

CityCare employs care co-ordinators who take referrals from GPs and the neighbourhood teams, provide an information gathering service, and support successful navigation of citizens who previously may have 'fallen in between' specialist service criteria.

What we said we would do	What we achieved
Explore the expansion of the care co-ordinator role to support citizens with complex needs throughout their whole pathway of care.	We now have 15.8 whole time equivalent care co-ordinators (CCs) in post, based within allocated Care Delivery Groups (CDHs). This number will be increased to 19.2 with additional funding to pilot new ways of working in this role, making it more patient facing and offering more assistance to primary care to improve patient outcomes
Explore the diversification of the	The CC service now operates Monday to Friday, 8.30am-6.00pm, including co-ordination of the Acute Visiting Service.

role by taking non-clinical tasks from clinicians to release time to care.	Our CCs now have access to several IT systems across CityCare and Nottingham City Council (NCC). They increasingly attend multidisciplinary team meetings (MDTs) and are allocated actions A roll out to all CDGs of Joint Case Reviews has assisted in reducing duplication and increased sharing between members of the neighbourhood teams. Referrals being processed CCs are increasing. The team pass social care referrals from GPs to the Nottingham Health and Care Point (NHCP), saving significant time for GPs. In a further expansion of their role, CCs are also now: • Co-ordinating the Housebound Project • Promoting third sector organisations, including supporting Nottingham Energy Partnership by identifying citizens who would benefit from assistance towards reducing fuel poverty • Supporting the 'swap shop' of wound care dressings for the Community Nursing teams (six month period) • Using e-healthscope to identify high risk citizens for discussion at MDTs • Supporting the link social worker role by providing access to health information and coordinating attendance at MDTs.

Patient comment: 'Treat me with dignity & respect, respect confidentiality, kind/friendly, helpful, skilled, well presented.' (Health Reablement at Home Service)

Patient comment: 'They provide the help that is required really quickly such as equipment and the staff are really friendly.' (Urgent Care Service)

Patient comment: "The service is regular, the staff are friendly, very happy and polite. They offer helpful advice and address all the important queries. They provide detailed explanations as required. They are always around and are able to listen to any queries and they deal with every issue in a fantastic way. I am really pleased with the service, thank you. There is nothing more we could ask for from the service as members of staff provide fabulous support, care and management." (Community Matrons)

Carer comment: 'The Urgent Care Team was fantastic and District Nurses. Without them I wouldn't have been able to get my mum into her bed, move or handle her and she was cleaned up lovely after the ambulance left her home alone after discharge from hospital with no care or anyone to look after her. She was left 23 hours wet through. I'm so grateful for Urgent Care Team.'

Patient comment: 'Staff encouraged me to do as much as possible myself. Built up my confidence. Treated me with respect and dignity at all times. All staff have been professional at all times.'

Patient comment: 'Pleased that the services were able to advise me of the current and future needs by carrying out a full assessment'.

Patient comment: 'Communication between Reablement Team and Community Matron was very good. Everyone listened to all of my needs and did all they could for me.'

The Patient Experience Group said: *We would like to be involved in the continued planning and development of the Integrated Care programme, and to be able to influence at a 'grass roots' level.*

How we responded: CityCare is actively discussing developments in this programme with the PEG on a regular basis. The CCG has also delivered some citizen engagements events. The CC role so far has been commissioned to support professionals within the CDG's. However, as part of the on-going development of the role, it will become citizen facing in 2015 and citizen engagement around what will be meaningful to them will take place.

As a pull out stat:

91% of the 240 questionnaire respondents between October 2014 to April 2015 said they would recommend the Integrated Care services to their friends and family.

2.1.2 Assistive technology and mobile working

The assistive technology project aims to increase the use of Telecare and Telehealth across social care and health, improving patient safety and experience.

What we said we would do	What we achieved
Increase the awareness among health professionals and patients of the benefits of and barriers to Telehealth	Telehealth equipment training has been delivered to all relevant CityCare staff groups. Patient and staff leaflets approved by CityCare's Quality Assurance Forum, have been distributed and are available on the intranet. Targets within service specifications have been agreed across adult care, and case study examples are supporting uptake. Further engagement work is planned with specialist nurse teams such as cardiac care, respiratory, community diabetes and stroke teams. As at 20 April 2015, there were 179 patients with Telehealth in their home or about to be installed.

'The team were friendly and explained the benefits of the equipment before fitting it.' (Community Rehabilitation)

Mobile working

We are implementing a mobile working project to enable nurses to access the information they need whilst with the patient in their home or any other community setting, such as medication, care and treatment plans, hospital letters and test results.

This will help them make better informed decisions, and free up time for patient care. More integration of care also means organisations need clear plans and protocols for sharing information to ensure that care is delivered appropriately, as and when needed.

What we said we would do	What we achieved
Implement the mobile working project across four key service areas: • Community nursing • Care Delivery Groups • Intermediate care • Evening and night nursing	A project manager has been recruited, and pilots completed across Rehab North and South, Family Nurses, CDG 3 and more than 20 Health Visitors. Stage one of the organisation-wide roll out is now complete across community nursing, care delivery groups, intermediate care and evening and night nursing. The champions from each area will cascade training to their respective teams during the second phase of delivery. Over 280 staff now have tablet devices to use while working in the community, and more than 500 remaining staff will receive tablet devices from March/April onwards. Staff have been involved in testing the equipment to be used, and in developing new ways of working to maximise the benefits of mobile technology. Feedback has included that the benefits of mobile working and the new technology include "a better work life balance" and "greater/easier productivity."

Looking to the future for mobile working

Technical details are being addressed as the programme rolls out, and the main challenge now is to truly realise the optimal benefits of mobile working through continual organisation-wide change, management support and guidance.

From March 2015, the PC replacement programme will start removing old computers and updating or replacing them where necessary. Stage two of the roll out of the tablet devices will coincide with this programme, and we hope the changes and investment in our IT will encourage users to use their tablet device.

2.1.3 Workforce development in integrated care

In last year's report, we highlighted that workforce planning for people working with citizens who have complex long term conditions had identified that a joint health and social care competency framework was needed to ensure that we have an equitable and skilled workforce to meet citizens' needs and to make every contact count.

Over the last year, we have reviewed our existing holistic worker model, which provides an opportunity for clinical staff to be skilled up in other professions and a new framework has been developed. This is currently being internally ratified and processes are underway to achieve accreditation for the model. The model includes competencies around mental health incorporating dementia awareness and interventions.

In addition a dementia awareness training package has been delivered to all staff in Reablement and urgent care (see section 2.2.2 for more information on dementia training).

In a pull out section

The holistic worker role

Qualified nurses, social care staff, occupational therapists and physiotherapists in the Urgent Care service are all trained in each other's disciplines up to the level of a band 4 assistant practitioner.

In practice it means, for example, a nurse can undertake a full nursing assessment during a visit and, while there, sort out basic occupational therapy issues such as equipment to get in and out of bed or to cook safely in the kitchen. Similarly, a physiotherapist could teach an exercise programme and do a basic tissue viability assessment at the same time.

CityCare won the Value and Improvement in Training and Development award in the Workforce Development category at the 2014 HSJ Value in Healthcare Awards for its work on the holistic worker role.

Natasha Austen was one of the first Assistant Practitioners to join the Crisis Response Team (later becoming the Urgent Care Service).

She said: "It quickly became clear to me and my colleagues that to fulfil the role of completing a comprehensive, holistic patient assessment within two hours of referral, we would need a wider set of skills.

"As a holistic worker, I have now been trained in competencies covering occupational therapy, physiotherapy, nursing and social care, which have given me the knowledge and skills to carry out a thorough assessment and identify a patient's immediate needs in all those areas. I can now refer people to other services and order equipment with confidence, and support all the different clinicians in the team.

"As a service we aim to have all the necessary support and equipment needed to keep someone safely at home within 48 hours, and to avoid unnecessary hospital admissions. Having one team member able to work with a person holistically rather than having to call on colleagues from various areas is the only real way to deliver on this.

"This is also a benefit to our patients, who don't need to repeat themselves over and again to different teams – not only for assessment, but also for ongoing care, as I am able to pass the information needed to all the services we refer to.

"I feel this new role not only supports me to do a better job for my patients, offering more value and an improved experience of care, it also offers the team more job satisfaction, as we know we can make a real difference."

2.2 Clinical effectiveness

Our quality priorities related to clinical effectiveness for 2014/15 focused on further development of the Hospital Discharge project, dementia training and care, and research into falls and older people.

We have been very pleased with the progress made and some excellent service user feedback, while also recognising the need for further work, some of which is outlined below.

2.2.1 Hospital Discharge Service

The Hospital Discharge service launched in 2013 to help reduce readmissions and to support rehabilitation for older patients. The team telephones elderly patients who have been discharged from Nottingham University Hospitals to check for medication issues or unmet health and social care needs such as a need for mobility aids or assistance with daily activities.

What we said we would do	**What we achieved**
Evaluate the service Provision and pilot a three telephone call model Audit project data Audit and analyse patient feedback	An evaluation has been carried out and has shown good outcomes have been achieved with regard to the resolution of medication issues and with referrals to other health, voluntary and social care agencies. We have changed the service from a single follow up call to three follow up calls: the first within 72 hours of discharge followed by two further calls at seven day intervals. Audit data shows that this development has been successful in enabling us to help more people, with approximately 52%, 28% and 20% of our referral and signposting activity coming from our 72 hour, 7 day and 14 day calls respectively. Some other key figures include: • NUH notifies the team of 580 elderly patients discharged after

	emergency admission per month. • Each month, 45 patients receive care referrals and 68 patients receive signposting. • This equates to 540 patients receiving care referrals and 816 being signposted over the year. The project has led to increased efficiency by changing our use of SystmOne, and weekly team meetings have been introduced to enable education and sharing of good practice. We have obtained feedback from service users and the CityCare patient experience group. Figures from our patient satisfaction surveys: • 28% response rate. • 93% would recommend the service to friends and family (one patient commented that she wouldn't have any need to recommend our service, since it was automatic and she didn't have to call us). • 94% rate the service as good or excellent. The team has set up a telephone-based patient satisfaction survey process, the first of its kind in CityCare.

The team met with the Patient Experience Group in October 2014, and these are some excerpts from an update provided to them in March 2015:

- You advised that we shouldn't ask different medicines questions to over 70s and under 70s.
    - W*e've changed our protocol so everyone we call is now asked the same medicines questions.*
- You suggested that patients should be asked whether they are a carer for someone else during our first contact.
    - *This is now in the protocol for our first call.*
- You suggested that 72 hours was too long to wait for our first contact and that we should be making contact within 24 hours.
    - *We've discussed this with the information team at QMC. At the moment they are unable to give us data over the weekend, so we would not be able to deliver a 24 hour contact time. They are changing their systems this year, which should facilitate a shorter first contact time. We will follow this up later in the year.*

Looking to the future

During 2015/16, the team plans to:

- Work to a 48 hour timescale for the first call.
- Work with the business unit to provide more detailed analysis of activity arising from the calls.

- Implement more of the suggestions from the CityCare PEG e.g. provision of written information: using letters and leaflets to improve the level of information provided to patients about our service and other local healthcare services.
- Maintain (as a minimum) the current levels of patient satisfaction of the service
- Increase the overall proportion of patients helped by the service, by:
    - Looking at alternative methods of targeting the service to those likely to derive most benefit from it.
    - Case finding for other CityCare teams working with patients at high risk of readmission.

What team members say about their role

Andrew (Pharmacist) said: "I've been with the team for just over two years and have seen big changes, including improving the way we work with SystmOne and streamlining our work by reducing the paperwork."

"Making three calls rather than one now allows us to build up a better rapport with people, and they open up a bit more."

"The patients value the fact that someone is checking up on them after a stressful time. With an emergency hospital admission they hadn't a chance to prepare themselves for what was happening. We're proactive, rather than waiting for someone to ask for help. We also support them with what they actually want support with - giving them more control."

John (Administrator) said: "We often make referrals as a result of our third call, so making that extra call is definitely worthwhile."

Shailesh (Head of Medicines Management) said: "This has been a very beneficial service to rehabilitate older patients by addressing their medicines and social care needs. The service has improved the safety of medicines use which could in turn prevent readmissions."

Patient comments

David, 83, said: "Being called three times is most reassuring – you're not just dumped out and left to your normal routine. Although you've left hospital there's still contact."

William, 89, said: "I couldn't have wished for a better service, very good indeed."

Other comments received through feedback questionnaire

"Very grateful for phone calls and the things they have been able to support us with."

"It's nice to have someone follow up on my progress after a traumatising experience."

"I thought that they were very helpful and they point you in the right direction. They provided me with contact numbers for other support I needed."

"It is great to be able to talk to someone about things, if there are any worries or doubts in your mind they reassure you about them and put you at ease. The aftercare was fantastic, felt like people wanted to genuinely help you."

"I was unsure with the medication and was referred to a pharmacist who then contacted me and put me at ease."

"Stays in contact with you over a few weeks and isn't just a one off call."

"They offer good support not just to the patient but to the carer/family as well."

"They have enlightened me on the different services that are available to me."

2.2.2 Dementia training and care

Our Admiral Nurse, Justine – appointed in May 2014 as one of our dementia quality priorities for 2014/15 – has made an incredible impact on our dementia training, and subsequently our staff are even more dedicated to making a big difference to the experiences of those patients and carers who are living with dementia.

The Admiral Nurse post, hosted by Dementia UK, has been commissioned directly by CityCare, initially to provide other staff in the organisation with the support they need to provide the best possible care to dementia patients and their carers. This is delivered through improved access to dementia training, and the ability to refer patients and their carers for support from the service.

Priority: We will raise levels of early diagnosis and support staff to provide an improved standard of care

Being diagnosed early with dementia supports people to get the right treatment, find the best sources of support and make decisions about the future.

Our Admiral Nurse has delivered early diagnosis training to clinicians as part of the Mental Capacity Act training included in the Mentorship programme. More than 50 senior clinicians have attended a two-day 'level 2' training course provided by Dementia Pathfinders CIC. We plan to roll this training out to clinicians at band 5 and above to enhance their knowledge and practice.

A second Admiral Nurse has been appointed, to come into post in May 2015.

What the Admiral Nurse says about her role supporting early diagnosis and service improvements

"My role is to advocate for Admiral Nursing and the needs of dementia patients and their carers, and my time is divided between training staff and supporting my caseload of patients and carers.

"I deliver dementia training at CityCare staff inductions, and to student nurses who are being hosted by CityCare, giving essential education, facts and training that some have never received throughout

their nursing education to date. This is a unique opportunity to introduce dementia awareness to a cross section of all staff, regardless of their band or role.

“As part of my work to support CityCare staff, I am also working to link our services with other providers of dementia support locally.

“I am actively involved with the Alzheimer’s society and attend their monthly meetings. I also belong to the Diversity In Dementia group, which works closely with carers and professionals from Nottingham University Hospitals, the City Council and CityCare, discussing initiatives and sharing knowledge and news.

“I also speak at various venues and forums, most recently at the Institute Of Mental Health at The University of Nottingham.”

Priority: We will improve the emotional support available to those who care for people with dementia

Our Admiral Nurse both supports families directly and has delivered Dementia Friends training to over 180 staff in eight months.

Dementia Friends is all about giving more people an understanding of dementia. It makes a difference to people with dementia if those around them know what dementia is and how it might affect them.

The Dementia Friends training has been very highly rated by all the delegates, and they regularly requested more information or training in this area.

As well as helping colleagues to work with patients and carers themselves, the training has also made the Admiral Nurse service more visible across CityCare, supporting referrals.

There are now more than 55 families on the Admiral Nurse’s caseload, most of whom have been referred by other health professionals, but some have also been self-referrals from carers.

The role of the Admiral Nurse when working with families is to support them as appropriate to their personal circumstances, signposting to available services; advocating for them, for example when applying for continuing care funding; and helping them develop coping strategies. Following a diagnosis the Nurse will also ensure they are given the right ongoing support from community services, and that GPs review medications.

Justine says: “I also help people with the social care referral process, and look at the family holistically – the mental and physical health and wellbeing of both the person with the dementia diagnosis and their carers, to keep them as supported and well as possible.

“I can also be there for people when their loved one dies – this is not an urgent care or one-off service, it represents a long and rewarding relationship with both myself and colleagues.”

Comments from staff on the Dementia Friends training:

"Brought it (dementia) to my attention and how it affects other people and their loved ones."

"The course explained a lot of things I never knew about dementia."

"The whole content of the training was interesting. It made my perception of dementia positive rather than negative."

"Thought provoking. I will use this knowledge when I come into contact with anyone with dementia."

"I thought I knew and understood a lot already but it was a great course and told me a lot more."

"Definitely opened my eyes regarding dementia."

"I found it helpful to learn about the behaviour of someone with dementia so that I am able to identify it in the future and to learn about the different types of dementia."

Comments from people who have received support from our Admiral Nurse:

"The Admiral Nurse has been terrific from the very first phone call. She has listened and understood what I am saying; she has contacted relevant people on my behalf; she has given me excellent help and advice and explained how things work. Above all, she has been totally supportive to me – returning all calls and talking through problems. She has given me encouragement when I have felt completely inadequate in the face of the many challenges. She was the only person who could do this and she was the only person who seemed to be in contact with the whole range of people, services and the medical team."

"Very happy to know that someone is at hand for help and support."

"There should be more Admiral Nurses as they are so much support to dementia families and there are lots of people who need help like me. We had many bad times with my husband. She gave me really good advice and didn't hide things for me and said what was really going on. I had to make the decision to place my husband of 59 years into a care home and I am trying to cope with that, but my thanks for what she has done, she is such a lovely lady."

"I have had an assessment by a social worker to support me in my caring role thanks to my Admiral Nurse. We feel reassured and happier knowing there is help out there for us."

"She communicates with us; caring, compassionate, realistic lady."

"I feel I can call any time for help and support, if and when I need it. The Admiral Nurse explained the stages and signs to look for which has helped me a lot."

"I feel far more confident and well informed. After just one visit the Admiral Nurse provided us with lots of information on services available and how to access them. I also know I can contact her at any time for support. Excellent service!"

"We would not have made such progress without you."

Looking to the future

The Admiral Nurse will lead on the following plans for 2015/16:

- Delivering Barbra's story (an award winning dementia training package from Guy's and St Thomas Hospital) to band 2, 3 and 4 staff and their equivalent in Nottingham City Council
- Working with all CityCare's Registered Mental Nurses (RMNs) to take the Dementia Pathfinders Tier 2/3 training forward for clinicians at band 5 and above to deliver the 11 elements of the Dementia Framework, for continued professional development and education. Dementia Pathfinders are developing a dedicated website resource for CityCare to take this training forward.
- Building on the strong alliance formed with the third sector Radford Care Group, there are plans for the Admiral Nurse to work with carers at the centre by offering one-to-one support in the podiatry room funded by CityCare. Our Admiral Nurse is actively involved in the carer's forums and attends Radford Care Group at least once a week.

Our progress against other specific dementia-related actions planned for 2014/15:

What we planned to achieve	What we achieved
We will improve our compliance with the Mental Capacity Act by carrying out a clinical audit of our compliance. We will use the clinical audit to identify any specific training needs.	It was decided that a clinical audit of the Community Nursing service would be undertaken, and an audit tool was been designed and data collection is about to commence. Data collection began in February 2015 and is due for completion in April 2015.
We will review the recently restructured Older Persons Mental Health Team.	There is no longer a separate Older Persons Mental Health Team within Reablement. Instead, there are a number of mental health nurses working proactively within the wider Reablement services, supporting discharges from the acute hospitals and reducing the risk of admission. This is improving the way in which mental health needs of patients are being seen within wider teams and accessing support to meet these needs is more streamlined. Where a citizen is identified as having a mental health need, assessment and intervention can be accessed without the need for referrals to secondary care services. We have completed a series of dementia awareness training across our Urgent Care and Reablement teams.

	We have embedded a set of dementia competencies within our holistic worker model which are being rolled out to teams from April 2015.

2.2.3 Research into falls and older people

Reducing falls is an important priority, as the effect of a fall can have a major impact on the quality of life and health for an older person.

Research into falls, stroke and older people currently accounts for a quarter of the total research activity being undertaken in CityCare. As a quality priority, we will continue to work in partnership with researchers at the University of Nottingham and Nottingham Trent University to develop new studies in these important areas.

The studies that have recently finished, are currently taking place or in set up include:

Falls In Care Homes (FICH)

Assessing whether falls intervention guidance (Guide to Action for Care Homes) developed by the researchers reduces falls in care homes; collecting data to inform a larger trial.

- A follow on research grant application to conduct the larger trial is being prepared for submission to National Institute for Health Research (NIHR) in May 2015 by Professor Pip Logan, University of Nottingham.
- In October 2014 Professor Pip Logan in collaboration with colleagues from Nottingham CityCare Partnership and Nottinghamshire County Health Partnerships was awarded the Patient Dignity and Experience Innovation Award by the East Midlands Academic Health Science Network for the Guide to Action Care Home (GtACH) tool for fall prevention.

Care and Communication

Investigating patient, carer and professional perceptions and experiences of initiating and subsequently reviewing Advance Care Planning (ACP) discussions and decisions throughout the last six months of life.

This NIHR funded study led by Dr Kristian Pollock from the University of Nottingham has now finished and the final report is awaiting publication by the NIHR.

Balance and the Mind Programme

Ways to reduce the risk of falling; in particular to find out if memory or other aspects of thinking affect why people fall. The treatment is likely to include things like exercises and memory training.

The NIHR programme development grant has been completed and has provided preliminary data. A full NIHR Programme Grant for Applied Research funding application was submitted in March 2015 by Professor Rowan Harwood at NUH for the following research programme: 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

Assessing whether the Community In-reach and Rehabilitation service reduces the length of hospital stay compared to the usual rehabilitation service for unplanned hospital admission of people 70 years or older. This is ongoing until May 2015.

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

Comparing the 'regaining confidence after stroke' (RCAS) group for stroke survivors and their carers, with usual treatment for this patient group.

The study collected data to inform a larger trial. Professor Pip Logan is reviewing opportunities for future research grant funding to conduct a larger trial.

Reducing Falls in People with Stroke

Professor Pip Logan will commence development work in April 2015 with the stroke rehabilitation and falls prevention teams at CityCare, to lead to another NIHR research grant application in September 2015 in relation to reducing falls in people who have had a stroke.

Dignity Care intervention for use by community nurses with older patients nearing end of life

Professor Bridget Johnston, University of Nottingham will commence development work in April 2015 with the community nursing and end of life teams at CityCare to lead to an NIHR research grant application in relation to a Dignity Care intervention for use by community nurses with older patients nearing the end of life.

2.3 Patient experience

Delivering a great patient experience is a top priority for everyone at CityCare, and we are very pleased with the levels of patient satisfaction that we have maintained over the year.

Our patient experience quality priorities for 2014/15 related to improving our response to complaints and concerns, a review of the complaints process, the work of the Patient Experience Group and the development of Patient Stories for the board.

2.3.1 Improving our response to complaints and concerns

In 2014/15, we have had a strong focus on improving our response to complaints and concerns. This work has been informed by feedback from complainants, all of whom are now sent a survey once their complaint has been closed. In addition, we have been involved in an external, independent review of our complaints management process led by the Patients' Association, a national independent organisation supporting the 'patient voice'. We were pleased that they identified some good practice in relation to our complaints management and assessed our processes as generally clear, thorough, open and fair.

Some of the improvements we have achieved in 2014/15 include:

- Ensuring all staff respond quickly and appropriately to complaints: There has been a gradual increase in the percentage of complaints resolved within 25 days throughout the year, with 100% resolved within this timeframe from January to March 2015.
- Improving our information to the public: We have revised our complaints leaflet and are working to ensure that people are made aware at every opportunity of their right to raise concerns.
- Ensuring that the person making a complaint is at the heart of the process.
- A review of our training materials.
- Making use of the 'Datix' web system to improve information sharing between complaints officers and team managers when resolving complaints.

We will continue to build on this work in 2015/16 by embedding the recommendations of the Patients' Association and:

- Continuing to focus on our communication with complainants, encouraging early telephone or face-to- face contact whenever possible and appropriate, to ensure their wishes and specific needs are met.

- Increasing awareness of complaints processes amongst seldom heard and vulnerable groups.

- Ensuring we continue to improve our services based on lessons learned from patient experience.

- Ensuring rigour in maintaining accurate and complete complaint files.

- Continuing to share learning and best practice in complaint handling with partner organisations.

- Continuing to gather regular feedback from patients and complainants, and developing action plans based on the information received.

Our progress against other specific actions planned for 2014/15:

What we planned to achieve	What we achieved
Deliver regular training workshops for staff who are likely to be involved in investigating complaints.	We have delivered quarterly training sessions to staff regarding managing complaints and concerns. We will continue to support quarterly learning networks in 2015/16.
Provide clear examples of changes and improvements in services as a result of patient feedback, including complaints or concerns. We will do this by: • Using Patient Stories for the board • Working with teams to identify examples of service changes based on patient feedback.	All quarterly patient and public engagement reports to commissioners and the board contain examples of service change and improvements in response to patient feedback. The board receives patient stories on a regular basis (see section 2.3.3).

2.3.2 The Patient Experience Group

The Patient Experience Group (PEG) remains a valuable forum to ensure that patients, carers and members of the public have a voice and are involved in the development, scrutiny and improvement of our services.

What we planned to achieve	What we achieved
Formalise the feedback loop between PEG and the board by: • Developing an update in the form of a 'Board communique' from the PEG • Inviting board members to attend PEG.	Board members and directors regularly attend PEG. A productive 'Board and PEG' meeting was held in October 2014, to discuss how to strengthen this link. Some key recommendations have been agreed for 2015/16. These are: • Formalising the role of non-executive directors in representing the patient voice at the board. • Ensure all PEG meetings have a formal agenda slot for board feedback and to view the board forward agenda so that PEG members are able to be involved in early discussions regarding service developments. • Hold joint board and PEG meetings twice yearly. • Incorporate 'the patient voice' into all sub-groups of the board.
Provide training and development for PEG members through: • A patient leadership programme • In-house training regarding specific	Internal training is being developed, for example supporting CityCare staff in assurance processes.

issues, e.g. involvement in staff recruitment/training.	CityCare will liaise with Healthwatch and other organisations to provide appropriate training opportunities for PEG members.
We will involve the PEG in staff recruitment and training by: • Including a PEG member in induction training for all staff • Supporting PEG members to deliver this induction training	PEG members are now supported in providing input to the induction programme for all students undertaking placements in CityCare. This model will be taken forward to engage PEG members in staff inductions in 2015. PEG members have been involved in staff recruitment, including for the post of Director of Quality and Safety/Executive Nurse/Allied Health Professionals.

2.3.3 Patient stories

Listening to stories and personal accounts can be powerful incentives for change. Patient stories enable us to learn about what works well and what doesn't work so well, based on actual experience.

What we planned to achieve	What we achieved
We will capture and record individual Patient Stories. We will capture and record information from people accessing our services in community settings.	Patient stories are recorded and presented regularly to the board. The 'Family and Friends Test' question is now asked within all CityCare services.

Excerpts from two Patient Stories shared with our board

Healthy Change

A service user was referred to the Healthy Change Service by her GP as she had high cholesterol and her doctor felt that she was dangerously close to having a stroke.

The service offered a large variety of initiatives that are run in the city to try and lose weight and lower her cholesterol. They also let the service user make the decisions about what to try which she found empowering.

She said: "The Healthy Change Service is not a one size fits all package – they have options that people can tailor to themselves depending on circumstances and what people feel comfortable trying."

She says she gained so much from using the service, including attending a slimming club and joining a local gym to exercise regularly.

She said: "I have so much more energy since I have made these changes to my life, and I am sleeping better as a result. I am so grateful to the Healthy Change Service for everything they have done for me."

Healthy Change supports people over an initial 12 week programme, depending on their individual needs. The service never closes the door on people, with service users being given the Healthy Change number to call if they need any help or advice from the team either during the programme or when they have completed it.

Sarah, Health Visiting

Sarah gave birth to a healthy boy weighing 7lb 14oz in August 2014. She had some concerns about his feeding from a very early stage when he was not stopping his feeds to pull away satisfied as expected.

Over the next couple of months she received ongoing support and advice from the Health Visiting service, her midwife, and CityCare's Specialist Health Visitor – infant nutrition. After consultations at the Infant Feeding Clinic at City Hospital, then with a consultant at the QMC, a tongue-tie procedure resolved her baby's feeding problems in October 2014.

Sarah said "While we had excellent access to the Health Visiting team, the advice we received was inconsistent. In hindsight if you look at all of the issues put together the tongue tie becomes more of an obvious diagnosis. A referral to the Infant Feeding Clinic could have been done much earlier and the possibility of a tongue tie may have been detected sooner. This may have prevented quite a lot of stress and upset."

Sarah would like there to be an increased awareness of tongue ties and other conditions affecting breastfeeding.

Thanks to the learning from our involvement with Sarah and her baby, the following changes to practice have been made:

- *Revision of the breastfeeding pathway, which is to be re-launched after ratification.*
- *A plan has been made to develop strategies city-wide for dealing with slow weight gain in breastfed babies.*
- *Revision of workbook that accompanies breastfeeding training to include a case study for discussion where feeding is not progressing well and it is not clear why.*
- *Additional information added to training regarding tongue tie and other complex conditions (including when and where to signpost in the City).*

In a pull out section:

The 'thumbs up' from mums helps CityCare gain Baby Friendly award

Feedback from mums on CityCare's health visiting service has helped us achieve the prestigious Baby Friendly Award from Unicef – a benchmark which recognises outstanding care for babies and mothers.

Pippa Atkinson, Specialist Health Visitor for Infant Nutrition said: "Breastfeeding protects babies against a wide range of serious illnesses including gastroenteritis and respiratory infections in infancy as well as asthma, cardiovascular disease and diabetes in later life. We also know that breastfeeding reduces the mother's risk of some cancers.

"But however a mother chooses to feed her baby, she can be sure that she will be supported to form a strong loving relationship with her newborn – through having maximum skin to skin contact and understanding how her baby communicates with her and needs her to respond.

"We're delighted that all the hard work that health visiting teams, the breastfeeding peer support service, Family Nurse Partnership and children's centre staff have put in over the last few years is clearly making a difference to the health and wellbeing of local mums and babies."

What the report said

The report said it was clear to the assessment team that pregnant women and new mothers receive a very high standard of care:

"Throughout the assessment there was consistent positive feedback from all the mothers interviewed, who expressed how much they valued the services provided. The clinics, groups and peer support services were highly praised by all mothers not only for the quality of the service provided but also because the mothers felt welcomed and listened to. A number of mothers commented on how they had noticed an improvement in services, since they had last accessed them."

What the mums told the assessors

Ninety six per cent of the fifty mums interviewed said they were very happy with their overall care from the health visiting service, and no one said they were unhappy.

"The drop in is very accessible and helpful. I love the group now it has been rebranded. You can have breakfast too"

"If ever I have any questions they answer them. Everyone is lovely. It feels very different to last time"

"I just ring if I have any issues and they come around really quickly. I'd like to say thank you"

Separate article but in the same area:

Breastfeeding Peer Support Service wins regional award

The CityCare Breastfeeding Peer Support Service won the Reducing Health Inequalities category at a Public Health in the East Midlands: Celebration & Recognition Event.

The service provides targeted one-to-one peer support for pregnant and breastfeeding women aged under 25, and aims to increase the number of women who breastfeed, and how long they breastfeed for.

The service delivers mother-to-mother support from trained staff. It's targeted at new mothers aged under 25 as research shows that younger mothers are less likely to initiate breastfeeding and are also likely to stop breastfeeding within the first two weeks after delivery.

Since the service started in 2012, 98 per cent of mothers who responded to feedback surveys said that they were well supported and 98 per cent said they were well informed.

Separate article but in the same area:

Small Steps, Big Changes

The Big Lottery Fund's A Better Start programme has allocated a total of £215 million to five areas to fund work to improve children's health and wellbeing, including Nottingham's Small Steps Big Changes (SSBC) programme.

Small Steps Big Changes is a parent-led programme of children's services that will scale what works to improve the lives of young children aged nought to three. It brings together partner organisations from across the city and will see strong community bonds and parent-child focused programmes developed in four Nottingham wards – Aspley, Arboretum, St Ann's and Bulwell – over the next 10 years.

SSBC will build on the Healthy Child Programme, delivering activities and interventions that are designed to improve the lives and life-chances of children. It will start with the target wards, then scale new elements of the programme across the city over the next ten years and beyond to maximise the impact.

Part 3

Priorities for quality improvement 2015/16

In previous reports our quality priorities have been segmented into those addressing patient safety, those supporting patient experience, and those delivering clinical effectiveness.

This year, we are recognising that all those aims are interlinked, and each of the areas we have chosen to prioritise will address all of those aspects of care.

3.1 Pressure ulcers

Pressure ulcers are considered to be a harm to a patient that should not occur whilst they are receiving care. This has raised their profile to become part of the overall patient safety plan which also includes falls, medicine safety and infections from catheters. These 'harms' can be linked, for example catheter infections can cause falls or immobility leading to pressure ulcers; pressure ulcers lead to immobility increasing risks of urinary tract infection and falls; mismanagement of medicines can lead to confusion, increasing instability and falls and fear of falling can lead to immobility.

The prevention of pressure ulcers in the first place can therefore lead to a reduction in other harms and reduction of the other harms can lead to a reduction in pressure ulcers. CityCare will be leading its patient safety campaign by reducing all these issues and will result in a reduction in all harm to patients. This is measured by a tool called safety thermometer which is a quality measure reported monthly.

We are delighted that as a result of actions taken by our dedicated Tissue Viability team and the work of our wider staff groups, the numbers of pressure ulcers have reduced by 31% from 168 to 116.

Over the last year the Tissue Viability Service has continued to roll out the STOP THE PRESSURE – CARING FOR YOUR SKIN MATTERS initiative, focusing on two areas - staff education and information for patients and carers.

Staff competencies have been introduced to accurately assess pressure ulcer risk and to accurately identify different stages of pressure damage. Both of these involve an assessment for the staff to demonstrate their learning. A competency for developing an individualised SSKIN bundle is currently in development.

A public information film has been developed in consultation with patients' groups, staff and information from investigations into why pressure damage has developed. Patient information leaflets have also been redesigned. The film was awarded third prize in the Journal of Wound Care Awards and second prize in the British Journal of Nursing awards. It was launched to the public in April 2015.

The Tissue Viability team is also in the process of reviewing clinical care in Leg Ulcer Clinics. New guidelines for leg ulcer management will be designed together with the vascular services in hospital and all the information for patients is being updated.

The Tissue Viability Nurses are working more closely with the teams in the Care Delivery Groups (CDGs) to see patients, so that practical skills and knowledge are disseminated to colleagues, ensuring quality care for patients with wounds is maintained.

We recognise however that much work remains to be done, and we will build upon our achievements and continue to strive to reach our aim of a further reduction in pressure ulcers of 25%.

Reducing pressure damage will increase quality, patient experience and clinical effectiveness. We need to improve understanding and awareness in the wider community, and our new priorities for 2015/16 focus on this area.

Our new quality priorities for 2015/16:

What do we plan to achieve?	**How do we plan to achieve it?**	**How will we measure/evaluate our progress and success?**
Continue to reduce the	A public information	Evaluate individual events to

occurrence of pressure ulcers and their severity across the City of Nottingham by 25%. To increase the awareness of pressure damage and its prevention.	campaign to raise the profile of pressure ulcers within the wider population. Inform patients, carers, staff (including care home staff) and the public using our new information film.	assess increased awareness. Pressure damage will be seen to be reported earlier. The number of pressure ulcers developing into a serious incident (stage 3 or 4 ulcer) will reduce. There will be a reduction in communication issues and lack of awareness identified in pressure ulcer investigations.
If pressure damage does occur it is acted upon quickly and appropriately. Pressure damage will be treated according to best practice and will not undergo protracted healing.	Introduce competency training for staff in aspects of pressure ulcer treatment and further prevention. Monitor the healing rates of full thickness pressure damage.	Monitor healing rates as a CQUIN target. Reduction in the amount of superficial pressure ulcers deteriorating to severe pressure ulcers.
Improve the identification of pressure damage in dark skin.	Conduct a search of literature and learning in this subject. Develop a research proposal to investigate how we can improve the identification of pressure damage in more darkly pigmented skin.	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.

3.2 Duty of Candour

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. We have a Being Open process which is part of our incident reporting policy and procedures, and this is included in our training (see Board Assurance section of this report).

We recognise that there are occasions when care falls short of some patients' expectations and as a learning organisation we very much welcome and promote feedback from those who have had experiences of our services. This allows us to make any changes necessary and is part of the continuous cycle of improvement.

The Care Act 2014 places a specific duty on the Government to include a statutory 'Duty of Candour' on providers registered with the CQC. 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 Duty of Candour requirement applies to any unintended or unexpected patient safety incident that occurs in respect of a service user during the provision of services, or is suspected to have occurred, resulting in moderate or severe harm or death (i.e. notifiable safety incidents as per the National Reporting and Learning System/ National Patient Safety Agency definitions).

As part of our corporate induction we talk to new staff about Being Open and the Duty of Candour, and we are working to fully embed the principles across our services and within our training and learning events. We will use the lessons learned from our incidents in the learning network events planned for 2015/16.

We have integrated the Duty of Candour reporting requirements into the Datix web system and staff now have to document whether or not a patient has been made aware of an incident affecting them which has moderate or serious implications. This will allow us to monitor our compliance with the Duty of Candour and ensure that we are being open and transparent with our patients when things go wrong.

Our Patient Experience Group have also told us that they feel it is important for us to ensure that vulnerable people and their carers (particularly in care homes) are able to raise a concern.

Further improvements planned for 2015/16

What do we plan to achieve?	**How do we plan to achieve it?**	**How will we measure/evaluate our progress and success?**
Compliance with the Duty of Candour.	Audit of all moderate and severe harm incidents.	Audit report will be presented to the Quality and Safety Group.
Improve our staff understanding of the Duty of Candour.	Integrating Duty of Candour within our training programmes. To be included in the training needs analysis for 2015/16.	By evaluating the training and addressing any inconsistencies that have been identified.
Improve the timeliness of our investigations.	Monitoring the length of time investigations are open on the Datix (incident monitoring) system.	Quarterly audit report to the Quality and Safety Group.

Ensure patients in our reablement beds are able to raise any concerns directly to CityCare	Quality Monitoring visits by our patient safety and quality assessment analyst will include this within visits	Quality reports

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

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. Patient and public engagement is fundamental to helping us assess the quality of our services, ensuring that they are caring and responsive to peoples' needs.

In October 2014 a meeting was held with the PEG and the CityCare board members, reviewing the work that was undertaken by the PEG in 2014, looking at CityCare priorities and discussing the PEG's developing role within the organisation.

One of the key emerging themes was that PEG members would like a greater role in the scrutiny of CityCare services, and would like to be involved in consultation processes at an earlier stage. This approach will ensure that the lay perspective is fully embedded in CityCare's planning, development and delivery of services, and supports the CityCare values of listening to patients, pioneering improvement and supporting customers.

What do we plan to achieve?	**How do we plan to achieve it?**	**How will we measure/evaluate our progress and success?**
Involve PEG members in the internal quality assurance 'peer review' process.	Deliver training for PEG members - April 2015. Include PEG members in a quality assurance peer review - by end June 2015. Evaluate and roll out the model - by end September 2015.	Peer review findings will be summarised and reported to the Quality and Safety group.
Ensure that the PEG is involved in the early stages of service development.	Bi-annual meetings with PEG and CityCare Board members to agree areas that PEG can influence - two meetings to be held by end of March 2016. CityCare Board forward plan to be shared at PEG as part	Progress to be measured through PEG meetings/Board meetings and by Non-Executive Director and Director of Quality and Safety/Executive Nurse.

	of regular 'Board up-date' slot Agree priority areas for PEG involvement - ongoing.	
PEG involvement in the early implementation of services.	Identify opportunities for PEG involvement, for example in the project groups for 'Connect' and for the Urgent Care Centre - ongoing.	Progress to be measured through PEG meetings/Board meetings and by Non Executive Director and Director of Quality and Safety/Executive Nurse.

3.4 Carer support

CityCare recognises the essential role that carers undertake in supporting individuals with health conditions. Caring can be very rewarding and also very challenging. We recognise 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 want carers to feel recognised and valued for the job they do.

CityCare values opportunities to work with carers as experts in care to shape and inform service delivery. To ensure that this happens, we will listen to the experience of carers accessing our services, for themselves or their loved ones, and ensure that we take action in response to their views. This includes responding to and learning from complaints and concerns.

CityCare will support carers by adopting the "Think Family, Think Carer" approach. Building on national and local drivers, and in consultation with carer support services and carer representatives, we have identified the following priority areas

- Identification and involvement of carers (including young carers)
- Recognition of carer needs
- Information, advice and signposting.

This work embeds the CityCare values of listening to patients, supporting customers, empowering choice and putting customers and patients first.

What do we plan to achieve?	**How do we plan to achieve it?**	**How will we measure/evaluate our progress and success?**
Support staff to identify carers and provide them with information/guidance.	Develop a 'factsheet' and signposting information - by end of September 2015.	Monitored by the Senior Management Team.

	Ensure information is disseminated to staff through inductions, on the intranet, and in team briefings etc - roll out by end of March 2016.	
Develop and maintain feedback processes to ensure that we address the needs of carers.	Analyse outcomes of carer/service user surveys and identify any trends - quarterly summary in patient and public engagement reports. Analyse outcomes of complaints/concerns and identify any trends - quarterly summary in patient and public engagement reports.	Presented to Quality and Safety meetings in patient and public engagement reports.
Ensure that feedback from carers influences CityCare service planning and delivery.	Ensure carers are aware of opportunities to offer feedback, for example through the Patient Experience Group/on the feedback section of the CityCare website - ongoing. Work with partners to increase carers' awareness of support available - attend Carer Roadshows and other events planned throughout 2015-16.	Presented to Quality and Safety meetings in patient and public engagement reports.

As a pull out quote:

The East Midlands Academic Health Science Network Patient and Public Involvement Senate said it was great to note that CityCare would be identifying and supporting carers, including young carers.

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 2014/15 CityCare provided 56 NHS services and sub-contracted 25 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 2014/15 represents 89.84% of the total income generated from the provision of NHS services by CityCare for 2014/15.

4.2 Participation in clinical audits

During 2014/15, three national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

During that period CityCare participated in 66% 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 2014/15 were:

- National Intermediate Care Audit
- National Chronic Obstructive Pulmonary Disease Audit.

Sentinel Stroke National Audit Programme - Access and information governance issues preventing participation in in 2014/15 have now been resolved and data collection will begin on 1 April 2015.

The national clinical audits and national confidential enquiries that CityCare participated in, and for which data collection was completed during 2014/15, 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 Intermediate Care Audit 100%
- National Chronic Obstructive Pulmonary Disease Audit In progress

The reports of 21 local clinical audits were reviewed in 2014/15 and CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical audit project	Outcomes/actions/learning
End of Life Care Pathway Re-audit 2013	Identified training and education needs leading to improvements to Syringe Pump and Anticipatory Prescribing policies.

Paediatric Constipation and Night Wetting Re-audit 2013	Templates for assessments and care plans being changed. Advice sheets to be updated.
MRSA Re-audit 2013/14	Infection Prevention and Control Team now add alerts on patients with MRSA. Use of MRSA Care plan reiterated amongst clinicians and included in training for community nurses. Review and improve system documentation for MRSA management.
Essential Steps Re-audit 2013/14	Raising awareness on single use items by cascade and Infection Control Training, and inclusion of sharps bin safety on cleaning audits, pocket guides now given to staff on induction and training. Services also had individual action plans.
Community Rehabilitation Falls Audit 2013	Ensure referrals to Community Nursing and Rehab Team have primary reason for referral amended to 'Falls Risk Assessment' in order to accurately monitor the number of falls referrals received. Ensuring Guide to Action is completed for all Falls assessments. Reviewing falls templates and if appropriate all clinicians to complete these on initial assessment.
Exercise Continuation Re-audit 2014	Local 'Physical Activity Guide' sent to patients on original list and now given out as people complete final Postural Stability Class. Results shared with within Public Health, Councillors and Local Authority to support discussions on local service provision around physical activity aimed at older people.
Housebound Patients at Risk of Pressure Ulcers Audit 2013/14	Disseminating findings to teams and discussion with Head of Tissue Viability. Discuss getting SSKIN bundle on clinical decision tree.
School Nursing Practice Audit 2013/14	Service working towards all nurses at Band 6 having Specialist Public Health Practice qualification as a minimum, all vacancies filled will have this. Development of pathways of care through the school health service. Training matrix to be developed with timescales to ensure staff receive appropriate training.
Health Action Plans Re-audit 2013/14	Areas for improvement discussed with the carers involved.
Hand Hygiene Re-audit 2013/14	Business case for a hand hygiene assessment unit and changes to the Essential Steps Audit to incorporate observations of Hand

	Hygiene. Services also had individual action plans
Community Heart Failure IV Diuretics Audit 2012-14	Audit results shared with the team and the audit tool to be changed to reflect that some patients are accepted despite not meeting the inclusion criteria.
Domestic Abuse Referral Team (DART) Pathway Audit 2013/14	Re-write pathways for School Nursing and Health Visiting. A DART template for SystmOne agreed.
Baby Friendly Initiative Audit 2013/14	Provision of more information to bottle-feeding women on how to sterilise feeding equipment and how to make up bottles of formula. Training for student health visitors on formula feeding planned and if it evaluates well will be made available for all Health Visiting staff. A resource for staff to use with pregnant, bottle feeding and breast feeding mothers is being developed. A feeding contact (a telephone call to mothers by a nominated person within the team to provide further information/support about feeding) was delivered by four teams in the run up to Stage 3 Baby Friendly assessment and is currently being evaluated.
Sharps Practice Audit 2014	Training and information is being provided by the Infection Prevention and Control Team.
Sexual Health Clinic in a Box Audit 2014	Results shared with Locality Manager recommending Health Visitors attend full-day training on 'clinic in a box' and have annual updates. Results also shared with the lead who is updating the guideline.
Clinic Rooms Infection Prevention & Control Audit 2014	Health Centre Managers to address issues identified in sites they cover and feedback through Quality and Safety Group.
Falls and Bone Health Service Audit 2014	New initial comprehensive Falls and Bone Health assessment developed.
Healthy Child Programme Audit 2013/14	Results shared at the Health Visiting Transformation Day, and then with other staff groups.
Health Visitor – Client Communication Audit 2014	Most clients attempted to contact the health visiting service on a Thursday when most GP practices close for training. This requires further consideration to ensure the service is responsive. A

	dedicated phone line to enable clients to contact a Health Visitor is to be considered.
Breastfeeding Support Equipment Cleaning Audit 2014	Results shared with Infant Feeding Specialist, who is the author of the guidance on cleaning the equipment. Health Visiting Team Leaders to communicate findings to staff.

Section 4.3 Participation in clinical research

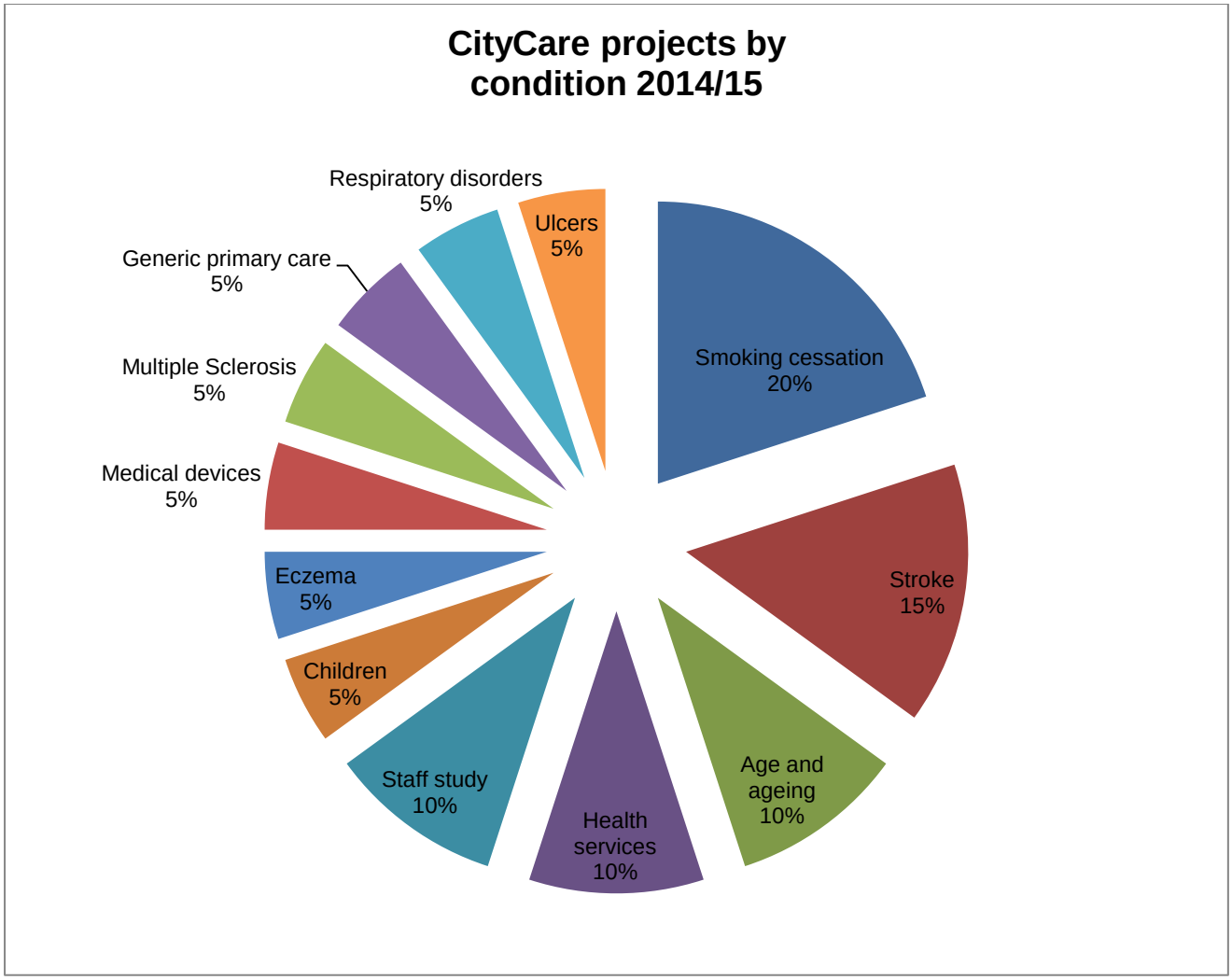
We continue to undertake a wide range of research studies and this year CityCare was involved in conducting 20 clinical research studies relating to smoking cessation, stroke rehabilitation, age and ageing, use of assistive devices, Multiple Sclerosis and children's health including the Family Nurse Partnership, amongst others.

The number of patients receiving NHS services provided or sub-contracted by CityCare in 2014/15 that were recruited during that period to participate in research approved by a National Research Ethics Committee was 78.

Forty six CityCare clinical staff participated in research approved by a research ethics committee during 2014/15. These staff participated in research relating to smoking cessation and stroke rehabilitation.

We are committed to working with our partners to build and maintain strong research links, and collaborate in projects that promote our research priorities. We will continue to ensure research is embedded across the organisation and is an integral part of everyday service.

Active participation in research promotes opportunities for patients to take part in research of relevance to them. Research is essential for the continual improvement of patient care and experience, health outcomes and effectiveness of health services. (See part five for more on how we are increasing our research capacity.)



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

CQUIN Reference	Measure	Q1	Q2	Q3	Q4
1a - Friends and Family Test - Staff	Implementation of staff FFT				
1b - Friends and Family Test - Early	Full delivery of FFT across all services				
1c - Friends and Family Test - Phased	Phased expansion				
2 - Safety Thermometer	Reduction of 50% by the end of Q4 from baseline pressure ulcer prevalence				
3a - Overarching sharing protocol	Approved information sharing agreements in place with all listed providers				
3b - Sharing Arrangements	Development of cross organisational sharing arrangements				
3.c - Implementation of best practice	Implementation of Caldicott 2 NICE Guidance				
3.d - Information sharing and consent	Patients have a decision about their consent choices recorded				
3.e - Approved plans for data sharing	Plans in place to deliver technical connectivity and information messaging				
3.f - Technical readiness	Data sets available for all patients using services				
4 - Complaints management	Complaints process reviewed internally and externally				
5.a - Number of fallers 65 years and over	The number of fallers in the age group 65 years and over				
5.b - 'Guide to Action' tool completed	Completion of the 'Guide to Action' tool for those who are known to have fallen				
6.a - Improving patient safety - Transfers	Plans in place within 24 hours of admission				
6.b - Improving patient safety	Number of meetings attended by Trust's named lead in 2014/15				
7.a - Dementia Training – Level 1	Number of eligible staff receiving level 1 Dementia Training				
7.b - Dementia Training – Level 2	Number of eligible staff receiving level 2 Dementia Training				
7.c - Dementia Friends Training	Number of eligible staff receiving Dementia Friends Training				
8 - Hospital Avoidance (Care Homes)	Evidence the work taking place around the plan to reduce admissions				
9 - Urinary Catheter Competency	Community Nurses who have received training and completed self-assessment				
10.a - MECC - Questions	Number of people asked Making Every Contact Count questions				
10.b - MECC - Referrals	Referrals by CityCare health professionals to the Healthy Change programme				
	Key				
	Achieved target				
	Not achieved target				
	Awaiting results				
	No target to achieve				

*2 – We reached a 31% reduction on the baseline pressure ulcer prevalence. This figure was partly affected by issues with data recording relating to the staging of ulcers. The Tissue Viability service now checks the data for accuracy, and a competency for staging pressure ulcers has been introduced for all nursing staff.

*9 – Urinary Catheter competence – this CQUIN continues into 2015/16 with the Continence Advisory Service continuing to support teams in supervision of competencies and embedding within practice

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.

In June 2014 the CQC conducted an inspection to check progress relating to action required following their earlier review of our Walk-in Centre location, that had taken place in August 2013. We are pleased that we were found to be meeting the standard checked which related to cleanliness and infection prevention and control.

We received no other scheduled or unannounced inspections during this year, and the CQC has not taken any enforcement action against CityCare as of 31 March 2015.

4.6 Data quality

CityCare is taking the following actions to improve data quality:

- We have been working towards the reporting of data against the National Community Information Dataset (CIDs), and are now awaiting further national guidance
- We have been able to realign data reporting for all the community services that now form part of Integrated Neighbourhood Teams
- 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 working hard to ensure systems and processes are more user-friendly for our staff to be able to input and analyse accurate data
- We are working to produce a clinical dashboard report that will incorporate all our organisations reporting streams. 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 the 2015/16

4.7 NHS Number and General Medical Practice Code Validity

CityCare has submitted one test extraction to the Secondary Uses Service which is still being validated. The extract contained 28,146 records which was for six months of the 2014/15 year (Aug 2014 – Jan 2015). 98.5% of the records for the A&E dataset 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 Information Governance Toolkit measures CityCare's performance against 39 requirements. CityCare's Information Governance assessment report overall score for 2014/15 was 67% and was graded green (satisfactory). CityCare strives to continually improve quality and therefore, as a minimum, will seek to maintain level 2 compliance in all the requirements and work progressively towards achievement of level 3.

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 either 2013/14 or 2014/15.

4.10 Incident reporting

Improving patient safety is central to our approach to delivering high quality and safe care for our patients. We recognise the value and importance of an open reporting culture when reporting incidents and actively encourage staff to speak out safely on all patient safety incidents.

In 2014/15 there were 3,497 patient safety incidents reported, of which 2,836 resulted in no harm or were categorised as minor injury requiring first aid. This is an increase in the number of patient safety incidents from last year when 3,015 incidents were reported.

Because of our commitment to learning and an open reporting culture, CityCare staff report all patient safety incidents including those not attributable to our services e.g. transfer of care from a different provider to CityCare. This means that approximately 1,800 patient safety incidents within this figure are not attributable to CityCare. This commitment to reporting demonstrates a commitment to patients and their safety by promoting the ability to learn from each patient safety incident that is reported.

Incidents are easy for staff to report, with web-reporting and a 'See it! Report it! Stop it!' button prominent on the intranet homepage. Of the incidents reported over the last year approximately 10% of the incidents directly related to patient safety regarding vulnerable adults. We know this because our staff document on the incident form when a safeguarding concern has been identified relating to a vulnerable adult. All safeguarding incidents are reported to the local authority and the commissioners so that required action can be taken or further investigations commenced.

Despite our best efforts, we know that sometimes we unintentionally harm patients whilst they are in our care. Harm is described as suboptimal care which reaches the patient either because of something we shouldn't have done or something we didn't do that we should have done. In addition to Being Open we now have a Duty of Candour policy in place and will be training staff in how to follow the duty of candour (see part three of this report).

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. The Datix administrator provides training to staff on incident reporting and how to code incidents by adverse event so that the manager can identify any trends. One area of focus remains stage 3 and 4 pressure ulcers, all of which are investigated to check how they developed, the care provided and to see whether there was anything that could have been done to prevent their development. The numbers of avoidable stage 3 and 4 pressure ulcers reduced from x in the first quarter of 2014/15 to x in the last quarter, which is a reduction of x%. (Numbers will be available late May)

Our clinical risk training has also been revised to include information on trends of incidents within services, so that they can identify potential risks and ensure action plans are implemented to reduce or mitigate those risks. We use a quality and safety dashboard to

identify any initial early warning signs to triangulate with other quality information so that actions can be taken early on. We will continue to develop the dashboard.

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. The Quality and Safety team developed a template to share key learning from the Patient Safety and Infection Prevention and Control Group. This was cascaded via members who act as patient safety champions. Over 2015/16 we will be running learning networks for our staff to attend where they will have the opportunity to share best practice as well as sharing learning.

3. Training in Root Cause Analysis. A half-day course for all senior managers on serious incident investigations provided additional skills for serious incident investigations and report writing. We have listened to our staff who want to learn more about how to undertake detailed investigations and we are working with the workforce team to develop a new training package.

4. Senior managers will be trained in Being Open. Being Open is included in all patient safety training and we have introduced combined incident and complaints investigation training for managers.

Serious Incidents (SIs)

Within the open reporting culture of the organisation, staff are encouraged to identify and escalate any Serious Incidents (SIs) and, as with any other incident, the organisation reviews SIs for trends and themes to look for opportunities for to improve care to patients.

In 2014/15 the organisation reported 211 SIs, none of which have been categorised as Never Events. This is a decrease of 41 incidents reported in 2013/14.

The organisation investigates every SI through a Root Cause Analysis (RCA) and an action plan for improvement is developed. Action plans are implemented by the appropriate service and monitored for completion within identified time frames. Organisation-wide learning will be shared through the learning networks planned for 2015/16.

Our incidents are graded by the degree of harm following National Patient Safety Agency definitions of harm.

'Moderate harm' means harm that requires a moderate increase in treatment, and significant, but not permanent, harm, for example a 'moderate increase in treatment' means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care).

'Severe harm' means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is

related directly to the incident and not related to the natural course of the service user's illness or underlying condition.

We take all our incidents seriously and fully investigate any moderate or severe harm incidents. The department of health has classified certain incident in specific categories as serious incidents. These include

- Patient fall resulting in fracture or significant head injury
- Stage three or four pressure ulcers.

Reducing harm from falls is a national issue; as well as being a CQUIN target it is one of the NHS Institute's High Impact Actions for Nursing and Midwifery. Fortunately, relatively few falls result in serious harm such as fractured wrist, but all falls can be distressing for patients and their families even where no physical harm is caused; confidence can be adversely affected and recovery delayed. In the last year six incidents were reported where a patient had sustained a fracture following a fall. One area of learning is that all patients must have a falls risk assessment on admission to a care home. Our Falls and Bone Health service offers specialist multi-disciplinary assessment and treatment to those people with complex multifactorial falls. We aim to reduce the numbers of falls and injuries caused by falls in older people through a range of multi-disciplinary interventions including specialist physiotherapy, occupational therapy and nursing assessment – which includes medical assessment, medication review, continence assessment, postural blood pressure assessment, bone health assessment and addressing home hazards.

Our work regarding reducing the number of stage 3 and 4 community acquired pressure ulcers is discussed in detail in section 3.1.

Part 5

Other quality measures

In addition to the new priorities set in last year's report, this section covers our other ongoing quality priorities.

Support for care homes

Our Reablement service provides specialist short term care and reablement including nursing and therapy within the community to prevent inappropriate admissions into hospital or long term care and enable people to recover from an acute illness and regain their independence.

We have commissioned 95 care home beds in Nottingham City and Nottingham County, and provide a reablement package for up to four weeks to support citizens to develop the confidence and skills needed to continue to live at home. In August 2014 we recruited a Patient Safety and Quality Assessment Analyst and part of the role is to monitor the quality of care provided in those beds. The analyst supports and provides assurance to CityCare and our commissioners on the quality of care delivery in these care homes through completing quarterly visits to the homes, including responsive review visits, providing support and guidance around best practice and escalating any concerns. Information is gathered and shared via a monthly information sharing meeting with CityCare team management. The new role provides assurances of quality and safety of residents to CityCare and CityCare commissioners.

Medicines management

Some priorities around medicines safety were carried over from 2013/14:

- We said that we will provide tailored medicines training for CityCare staff. Roll out of bespoke training programme on controlled drugs for district nurse teams, to be completed by December 2014. This training is now due to start in April 2015.
- We also said that we would roll out specialist modules on medicines administration developed for the intermediate care teams by December 2014. This training is also now due to start in April 2015.
- We have re-commissioned the Derby University two-day course for non-medical prescribers.

Quality of non-medical prescribing

Nurses and some allied healthcare professionals are allowed to prescribe drugs either from a limited formulary or from the whole of the British National Formulary, with certain caveats depending on the drugs and the nature of the qualification of the prescriber. As an organisation we are committed to raising the quality of non medical prescribing for this group of staff. This can be done through providing training and supervision and through our nurse prescribing forums, newsletters and one to one clinical supervision meetings.

Increasing our research capacity

We have continued our commitment to undertaking high quality research in collaboration with our research partners, to improve health outcomes for patients and the effectiveness of our services. We continue to increase the research capacity of the organisation by encouraging clinical staff to develop their research awareness, knowledge and skills, which in turn enables patients to have the opportunity to take part in research which is relevant to them.

In November 2014 we held a half-day research conference for staff, celebrating CityCare's research journey so far; to share, learn and network with colleagues and other stakeholders and to look ahead to future research opportunities and developments. The successful conference was attended by 75 delegates and demonstrated the clear interest and enthusiasm for research within CityCare.

We have continued to support health professionals on the clinical academic pathway. This year two staff were awarded a Health Education East Midlands Clinical Scholar Bronze Award; one staff member took part in a three day clinical academic mentorship programme organised by Nottingham University Hospitals and the University of Nottingham; one staff member is currently on the NIHR (National Institute for Health Research) funded Masters in Research Methods (MARM) course at University of Nottingham; and CityCare jointly funded a PhD opportunity for a member of staff with NIHR CLAHRC East Midlands (National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care) and Health Education East Midlands.

The PhD fellowship was awarded to a Senior Physiotherapist in the Falls and Bone Health Team, following an open competition. The physiotherapist started his PhD on adherence to exercise and rehabilitation programmes for older people, in October 2014 at the University of Nottingham, whilst also maintaining a clinical role in CityCare.

A task and finish group has been set up to refresh CityCare's research strategy. The Patient Experience Group has been invited to join this group, which will meet in May and July 2015.

Clinical training, supervision and ongoing training

We have reviewed the lessons from the Francis Report into care at the Mid Staffordshire Hospital Trust. We are embedding the learning by introducing a new appraisal programme supported by a Performance Management and Development Programme, currently being rolled out across the organisation.

E-Appraisal was launched in November 2014 and it is being rolled out using a 'top down' approach, from the directors through the senior teams, line managers and then to staff across all services. The roll out should be complete by June 2015.

Our Multi-rater and 360 degree peer feedback review has been well received, providing information to inform the Talent Management Pool and provide management information around internal succession planning.

Recruitment and retention of clinical staff

As an organisation we are proactively managing the recruitment and retention of our clinical workforce. Our Executive Nurse/AHP will be launching a nursing and AHP strategy in the next few months after undertaking a series of engagement workshops to identify the key

issues we are facing and identifying a series of actions we want to take to make a difference and impact to improve the recruitment of skilled staff into our organisation and to retain these staff.

The Cavendish Report

The national Cavendish Report was commissioned following the Francis Report and the failings at Winterbourne View. It looked at the recruitment, training, supervision and support of health care assistants and support workers. In response, in 2013 we launched an annual HCA Conference for all healthcare assistants.

We have now also introduced values-based recruitment with complementary management training.

In April 2015 we introduced the Care Certificate for all new Bands 2-4 employees entering Health and Social Care, following its national launch in February 2015. This consists of a 12-week defined programme of Best Practice formulated within the care industry. We aim to put all band 2-4 employees through this programme.

Community Nursing Preceptorship programme

All new band 5 community nurses have been working within the newly designed Preceptorship programme bringing a "supportive and engaged" group of individuals through from newly qualified to experienced nurse. This programme continues to be developed as both the Code and Revalidation come into place during 2015.

Customer care training

We have revised our induction programme to replicate CityCare's values which complement the 6C's (**competence, communication, courage** and **commitment** to create a culture of **compassion** and **care**), the NHS Constitution and the Revised NMC Nursing and Midwifery Code.

Customer care training now forms a fundamental part of the induction programme.

Safeguarding

We have achieved the following during the last year:

Safeguarding Adults

- We prepared for the implementation of the Care Act (2014), including reviewing and re-writing the safeguarding adults policy and procedures to ensure we meet its requirements. The CityCare Lead Practitioner for Safeguarding Adults is also an active participant of the NCSAPB Care Act task and finish group.

- A Care Act briefing including new roles and responsibilities has been cascaded to staff, including face to face sessions with clinical teams, as part of a targeted roll out plan which will continue in 2015/16.
- We developed a Vulnerable Adults Risk Management (VARM) tool to support staff with decision making and recording concerns in a consistent and robust way.
- We completed a comprehensive review of Safeguarding Adults activity within CityCare, informing capacity mapping and shaping a proposal for a new service. A decision on the proposal is expected from the CCG shortly.
- We completed Individual Management Reviews for a substantial Serious Case Review.
- We developed an internal information sharing meeting to capture and analyse the data and soft intelligence regarding concerns raised by staff in relation to Care Homes (QUIF).
- We had significant involvement in the Care Home closure process to ensure that the safety, dignity and wellbeing of residents remains paramount, once a decision to close a home has been made.
- Our Lead Practitioner for Safeguarding Adults reviewed the internal process for CityCare attendance at multi-agency safeguarding adults meetings to provide clarity both internally and to external organisations regarding roles and responsibilities.
- We developed specific advice recording sheets for Care Homes:
    - Care Home Equipment Prescription Process
    - Care Home Concern Sheet

PREVENT

- Following the completion of the PREVENT 'Train the Trainer' course, accredited trainers delivered PREVENT training to more than 300 staff since July 2014. A rolling programme of PREVENT training is in place as part of the safeguarding 'Think Family' training matrix.
- The PREVENT lead has supported practitioners with managing a number of PREVENT concerns that have been raised by frontline staff, liaising with statutory organisations to ensure a co-ordinated multi-agency response is in place.

Mental Capacity Act

- We achieved 91% compliance with Mental Capacity Act training.
- Two further staff have been supported to undertake 'Best Interest' assessors training.
- We developed an MCA / Best interests aide memoire card for clinical staff which will be provided to staff at induction and training.
- We reviewed and updated the CityCare Mental Capacity Act Policy and Consent to Treatment Policy.
- We carried out an audit to inform practice and demonstrate compliance with MCA legislation, with findings due in spring 2015.

Safeguarding Children

- The roll out of the 'Think Family' safeguarding group supervision model commenced in summer 2014. It has been positively received by staff.

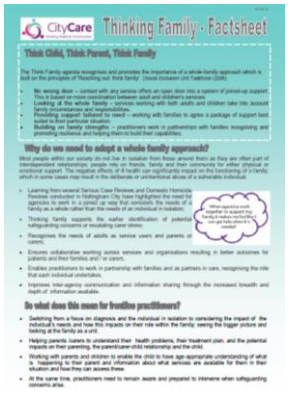
- We completed an audit of the one-to-one supervision model via focus groups and a questionnaire for both supervisors and supervisees. A report of the findings is being compiled.
- We have rewritten the Safeguarding Children policy to provide staff with practice guidance on dealing with safeguarding concerns and to ensure that internal procedures are compliant with Working Together to Safeguard Children (2015) and Care Act requirements, specifically in relation to transition to adult services.
- We completed Individual Management Reviews for several Serious Case Reviews (SCR) / Serious Incident Learning Process (SILP).
- We developed and rolled out a training programme on child sexual exploitation.
- We completed the Section 11 Self-Assessment Framework.
- We developed an organisational process and pathways to respond to the 'Children Missing from Home' and 'Home Educated Children' agenda.
- We targeted awareness raising within CityCare Children's services of the updated Local Authority Family Support Pathway.

Domestic Abuse

- We reviewed Domestic Abuse Referral Team pathways and procedures.
- We implemented the Domestic Violence Disclosure process (DVDS – previously referred to as Claire's Law)
- Our Domestic Abuse Nurse Specialist gained accreditation as a trainer for Honour-based Violence and Forced Marriage.

Strategic work

- We introduced a Serious Incident Review Group (a sub group to the Safeguarding Group), tasked with reviewing and implementing recommendations from serious safeguarding incidents.
- We further developed our safeguarding intranet pages to support staff.
- We developed a Carers strategy and 'Supporting Carers' factsheet, and a 'Think Family' factsheet for frontline staff.



Key priorities for 2015/16 include:

- Development of level 2 Safeguarding Adults and Safeguarding Children training for identified Adult Services staff
- A Safeguarding Conference for CityCare staff
- A Safeguarding Champions Network
- Completion of the Safeguarding Adults Self-Assessment Framework
- Appointment to a designated MCA Lead Practitioner role
- Development and Implementation of new Safeguarding Adults service
- Audit of 'Think Family' group supervision model.

Infection prevention and control - zero tolerance to avoidable infections

During 2014/15 we have continued to prioritise Infection Prevention and Control.

- 95% of staff members have had their clinical practice observed and results indicate that they are adhering to the correct infection prevention and control practice.
- More staff members were vaccinated against influenza this year than in previous campaigns. Over 50 CityCare staff volunteered to be flu fighters and vaccinate their colleagues.
- Infection Prevention and Control training specific to each clinical service is delivered on a two year rolling programme. 82% of all staff members working clinically have received training.
- Policies for infection prevention and control have been reviewed within timescales and are available for the staff to access.
- Audits of all health centre environments in which CityCare deliver services have been undertaken and where improvements are required these have been communicated to the organisation responsible for the upkeep of buildings.

Patients receive care in a number of different settings e.g. GP practice, the hospital, health clinics in primary care, so it is vital that all these organisations work together. Monthly meetings are held to review all infection prevention and control related incidents and ensure that any actions for the health economy are progressed. This year CityCare has worked with other providers of healthcare across Nottingham and Nottinghamshire to develop an MRSA strategy. This will help to standardise and improve the quality of care patients receive in relation to this infection.

CityCare also has a shared responsibility with Nottingham University Hospitals and Nottingham City Clinical Commissioning Group to endeavour to meet the locally agreed health care associated infection targets. The targets are based on the population numbers within Nottingham City and for 2014/15 were as follows:

Infection	Target for City of Nottingham	Actual numbers

Clostridium difficile	No more than 60 cases	60	
MRSA blood stream infection	Zero cases of infection that are deemed to be avoidable	3	1 pre 48 hour community acquired case
			2 post 48 hour hospital acquired cases

The three MRSA cases occurred while the patients were under the care of another provider, and so were reviewed and investigated by them.

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 during 2014/15, receiving 769 responses.

We understand how important are staff are to us and are working hard with our Staff Voice and our workforce to ensure we provide support to our staff and actively manage any issues that are identified and ensure a positive culture across our organisation.

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

The Friends and Family Test:

"How likely are you to recommend CityCare if friends or family needed treatment?"

Extremely Likely = 29.41%

Likely = 50.35%

Neither = 13.49%

Unlikely = 3.46%

Extremely Unlikely = 1.38%

Don't Know = 1.90%

Over the next year the majority of respondents believe that CityCare will change for the better (42.05%) with 13.5% believing CityCare will change for the worse.

41.81% of respondents believe that CityCare is currently managing change well whilst 20.99% believe that CityCare is not managing change well.

"CityCare has a clear vision for the future" – 52.69% positive, 10.78% negative

"Morale in my team is generally high" – 53.52% positive, 10.78% negative

"I am often affected by excessive pressure" – 45.16% agree, 41.93% disagree

"How likely are you to recommend CityCare to friends and family as a place to work?"

Extremely Likely = 20.32%

Likely = 39.40%

Neither = 22.07%

Unlikely = 11.21%

Extremely unlikely = 3.85%

Don't Know = 3.15%

"Overall, how satisfied are you with CityCare as a place to work?" – 65.17% positive, 15.08% negative

Part 6

What other people think of our Quality Accounts

NHS Nottingham City CCG

Healthwatch

Nottingham City Health Scrutiny Panel

Part 7

Our commitments to you

East Midlands Academic Health Science Network Patient Safety Collaborative

EMAHSN has established a local Patient Safety Collaborative whose role is to offer staff, service users, carers and patients the opportunity to work together to tackle specific patient safety problems, improve the safety of systems of care, build patient safety improvement capability and focus on actions that make the biggest difference using evidence based improvement methodologies.

Nottingham CityCare Partnership CIC is committed to working with the EMPSC and has pledged to contribute to the emergent safety priories below:

- Discharge, transfers and transitions

- Suicide, delirium and restraint
- The deteriorating patient
- The older person: focussing on what 'good safety' looks like in the care home setting.

In addition we pledge to support the core priorities identified below:

- Developing a safety culture/leadership
- Measurement for improvement
- Capability building

Equality and Diversity

We are 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. We want everyone to be able to benefit from our services, and we are working to improve our data collection in relation to 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. This will include ensuring that staff have the right support and guidance to collect information sensitively and effectively and improving the way we record and reflect on data. CityCare will review its progress regularly in workshops hosted by the Equality and Diversity Group, and ensure that information gathered from a range a sources informs the Equality and Diversity Action Plan.

We have already introduced monitoring regarding all nine protected groups within the Integrated Care patient survey and within complaints monitoring, and are gradually introducing it into all of our service satisfaction surveys. This will be fully in place by the end of September 2015.This will help us plan and inform our service development and delivery more effectively. Data collected within surveys and through complaints is reflected in regular reports to commissioners as part of the contract monitoring process, demonstrating any trends in relation to information gathered regarding protected characteristics and changes made as a result of feedback.

Our Equality and Diversity action plan has been developed using the Equality Delivery System (EDS2) that has now become 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, Governance and Risk Committee and CityCare Board as well as to commissioners. Some key actions for 2015/16 are:

- Updating Equality Impact Assessments within services, ensuring that action plans are in place addressing the needs of people with protected characteristics .
- Ensuring we have good communication standards embedded across the organisation addressing, for example, the needs of people with learning disabilities, speech and language problems, hearing and visual impairment.
- Ensuring that we have 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.
- Embedding the national Workforce Race Equality Standard (WRES) within CityCare, demonstrating progress against a number of indicators of workforce equality.
- Delivering a workshop focusing on the 'patient and staff voice' in relation to equality and diversity issues.
- Engaging stakeholders in reviewing and grading our work in relation to EDS2.

We monitor and analyse patient experience data from patient surveys and complaints on a regular basis to identify any issues or trends. We will continue to encourage all users of our services to provide feedback, ensuring that we have clear mechanisms in place to enable people to do this. We will work closely with community groups and organisations to ensure that we listen to the views of vulnerable groups and people that are seldom heard.

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.

We will listen to their feedback on this report and use their feedback when developing quality improvement priorities for 2016/17. We welcome feedback from all readers on this report and our work on our quality priorities.

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.