

[Nottingham CityCare Partnership](#)

[Annual Quality Account – 2013/14](#)

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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.

Introduction from the Chief Executive

Welcome to our Annual Quality Account for 2013/14. Quality is consistently our top priority, and this report reflects on our work over the last year as well as our plans for next year.

I and the Board are grateful to all our partners, the public and staff who have helped us develop not only this report, but also the wider focus on monitoring and improving quality. We are shining a light on services across our organisation and the local health economy to ensure we deliver the best services we can in the best way possible to meet people's needs – we can cover only a fraction of that work here.

About Nottingham CityCare Partnership

Nottingham CityCare Partnership (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.

We are a not for profit social enterprise; this 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.

We came into being in April 2011 and since then have seen a growth of around a third in our contract values and workforce. We have been awarded a provider licence by Monitor, one of the sector regulators.

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 well-being.

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.

Figure 1: Our culture

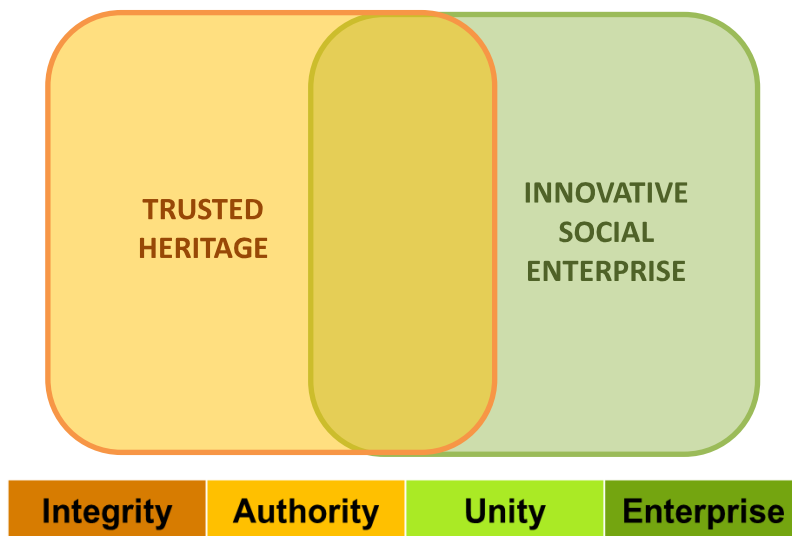


Figure 2: Our services



Figure 3: Our strategic objectives

Our strategic objectives for 2014/17 are:

- 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

Responding to the Francis Report

The Francis Report came from a public inquiry into the serious failings at the Mid Staffordshire NHS Foundation Trust. The report included a number of recommendations to improve the way services are provided, and the way patients and staff are cared for and listened to.

We are working on the actions and priorities that are relevant to our organisation, and these themes are threaded throughout this Quality Account.

Our Board is responsible for overseeing the quality of care and ensuring good quality health outcomes are being achieved. *See the Board Assurance section on page xx.*

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.

Developing this report

We consulted with a variety of groups on the proposed content of this report and their ideas on where we need to improve the quality of our services. The notes from the consultation are available on our website as an appendix to this report. Some of their comments are threaded throughout the report.

We spoke to:

- The Patient Experience Group (*see page xx*)
- The Health Group (*see page xx*)
- The Health Scrutiny Committee (*see page xx*)
- HealthWatch (*see page xx*)
- Visitors to the Indian Community Centre
- Nottingham Elders' Forum

- The Carers Federation: Huntington's Disease Support Group
- The Friends of Clifton Cornerstone
- Clients at the Acorn Centre (a physical disability day centre)
- Individuals.

Patient satisfaction

We ask people about their experience of our services on a regular basis. In 2013/14 the number of surveys submitted increased by 1,031 to 4,861 from 3,830 the previous year.

- Almost 97% rated overall satisfaction as excellent or good, exceeding target of 85%
- 97% answered excellent or good about how well the service treated them with dignity and respect
- Over 95% answered excellent or good about how well the service kept them informed about their care
- **The Friends and Family Test** - between July 2013 and March 2014, 2,617 people were asked 'how likely is it that you would recommend this service to friends and family?' Of those, 2,504 said that they were extremely likely or likely to do so.

The Patient Experience Group

The Patient Experience Group (PEG) meets every six weeks. Membership is open to patients and carers, members of the public, community groups and organisations. It ensures patients and the public have a voice within CityCare and are involved in the development, scrutiny and improvement of services.

PEG members have been included in the recruitment of staff, including recent interviews for director posts.

Pull out as a quote

PEG members said:

The atmosphere of meetings is inclusive and informal

The range of patient experience and insight gives an excellent forum for scrutiny and development.

The Health Group

We run and facilitate a Health Group for people with learning disabilities, to help us and other health providers hear their views. It meets to discuss topics related to health and health services. Below are some of the group's achievements in 2013/14:

- They learned about healthy living, healthy eating and health problems like diabetes
- They helped make changes to hospital leaflets

- A member of the Health Group sat on the interviewing panel for the Health Facilitator job role.

To be pulled out as a separate section

What did people say about our services?

The Clifton Nurse Access Point was quick, and met my need to discuss my possible condition with a medical person which offered peace of mind. Staff were pleasant, efficient and welcoming.

The service from start to finish throughout was of a very high standard (Cardiac Rehabilitation Service)

The service is absolutely fantastic and I am so glad I was accepted onto it. I feel so safe now and looked after (Integrated Respiratory Service)

They really help you with things that you think are impossible. It's great and I feel a lot better talking to someone (Community Macmillan team)

It gives me the confidence to know that I am not just anybody on the end of the phone line. It gives me that one-to-one contact. With my illness I would be completely lost without this service (Community Matrons)

I like the way each nurse interacts with me on both a personal and work related level e.g. I feel a complete part of the care and the visit (Community Nursing)

The service was well thought out by the team to suit my disability. A very caring and professional team (Community Stroke team)

The Continence Advisory Service lends a sympathetic and professional ear to my problem with plenty of time for discussion

The care has been excellent, they have bothered how I feel, advised me, treated me with dignity and helped me every way they could (Evening and Night Nursing Service)

Personal, caring, helpful and useful advice from staff (Health Visiting)

The nurse was very sensitive and respectful about what I wanted. (Intermediate Care - Crisis Response Team)

Excellent staff delivering brilliant care - the nurse was very professional, caring, compassionate and understanding - the receptionist was lovely, polite and very professional (Walk-in Centre)

The New Leaf stop smoking service helps you with giving up smoking with respect and appreciate how hard it is

You help me understand about what my baby needs and how I can satisfy her and make her happy. You put my mind at ease when I worry about her eating and health. (Family Nurse Partnership)

To be pulled out as another separate section

What do people feel that we can improve?

We continue to listen to peoples' concerns and complaints and to improve services based on what they have told us.

You said	We did
Waiting times in some of our clinics are still too long.	We have increased both the number of clinics and the venues we provide our clinics from and will continue to address this issue to ensure people are seen as quickly as possible.
Services should be available in accessible locations, for example in the city centre and existing day centres.	We are expanding the delivery of different services into community settings including a number of services including podiatry now being delivered from Boots in the city centre, the Carers Federation and the Indian Community Centre. Summer 2014 will also see the launch of a new clinic in The Radford Care Group.
Sometimes people say that our staff do not treat them with dignity and respect	All staff receive training and support that emphasises the importance of putting the patient first. The 6 Cs of customer care are now included in mandatory induction training. <i>(See page xx for more on customer care training)</i>
For appointments months apart, a quick phone call reminder would help everyone and save time and petrol.	Some services text appointment reminders. Services are also encouraged to call patients to remind them of their appointment.
More staff should be on duty, especially at weekends	We are expanding our out-of-hours provision across a range of services. This includes the Crisis Response Team, which operates every day from 8am to 10pm.
Do not send different staff each time treatment is required	We will endeavour to offer consistency as far as possible within services.

Our brand and the 6 Cs

The 6 Cs are competence, communication, courage and commitment to create a culture of compassion and care.

CityCare's brand values of integrity, unity, expertise and enterprise reflect the 6 Cs in their focus on delivering high quality compassionate care.

The brand values were developed as part of a research project that gained insights from staff and stakeholders into our corporate identity, as well as research with patients across key sites where we deliver our services.

Our communications support our values and quality by putting the patient voice at the heart of everything we do. By targeting the right audiences with the right messages, at the right time we address the needs of individual stakeholders and ensure that we're optimising the CityCare experience and our values at every touchpoint.

Building community capacity and social return on investment

As a community interest company, CityCare is committed to adding social value by providing services in the community. We exist for the benefit of the community and specifically to benefit the health and well-being of people as well as reducing health inequalities. We might do this for example by investing any surplus into the community through our partnership arrangements, internal funding support such as additional training and development of our staff, trialling new and innovative ways of working and other philanthropic donations to charities. It is important that we are also able to demonstrate our added social value and this is something we are developing as part of working towards the social value quality mark.

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 also plan to create our own charity to give a focus for additional community action, fundraising and investment.

Pull out as a quote:

The Nottingham Elders' Forum asked: How does CityCare allocate any surplus funds? How does the Social Return on Investment work?

Pull out as a quote:

People we consulted at the Indian Community Centre said they would be interested in other services attending the ICC such as Falls Prevention, Nutrition and Dietetics and Physiotherapy. We are making this happen.

Board statement

We are committed to a continual improvement in quality, and the main themes of this report are linked to customer care and meeting patients' individual needs, a drive towards integrated care and 24-hour working, patient safety, and supporting the development of all CityCare colleagues.

We hope you find it useful; please do offer us your feedback to help us develop our 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.

Lyn Bacon, Chief Executive, on behalf of the Board

Pull out as a quote:

CityCare won the 2013 HSJ award for sustainable provider. HSJ editor Alastair McLellan said: "Projects such as CityCare's can inspire NHS organisations elsewhere, helping to safeguard patient care through the encouragement of innovation and healthcare excellence at a time when the NHS is under the spotlight."

Pull out as a separate section:

Homeless Health team supports patient on road to recovery

An ex-heroin addict who almost died due to a severely infected leg ulcer has thanked the CityCare Homeless Health team for getting his life back on track.

When he was seriously ill, he visited CityCare's Homeless Health team, based in Hockley, who put him on the road to recovery.

His leg ulcer is now no bigger than a 50p piece and he has not taken drugs or been drunk for 18 months.

Although the primary reason he engaged with the team was for wound care, they have been able to use these periods to advise him on his health, housing and substance misuse issues and have been able to liaise with, or signpost him to, other agencies – advocating for him where needed.

Pull out as a separate section:

Going above and beyond

CityCare's Community Neurology Team has been nominated for the Hero of the NHS in the Nottingham Post Heroes Awards for going above and beyond the call of duty.

The team went above the call of duty when a young patient was dying and she wished to remain living at home. They pulled together with social care to organise carers who knew the lady well and helped her to access some funding for this and special equipment.

The therapists, hospice staff and nurses worked tirelessly so that her wishes were fulfilled. They helped her to make difficult medical decisions as they arose. They had supported her for over two years to the end, and supported her family both before and after her death.

Part 2

Review of quality performance

Last year we set specific quality priorities related to patient safety, clinical effectiveness and patient experience.

2.1 Patient safety

Last year's patient safety quality priorities focused on medicines management.

What we said we would do:	We achieved:
We will provide tailored medicines training for CityCare staff	<ul style="list-style-type: none">• Three specialist sessions delivered for diabetes specialist nurses• Roll out of bespoke training programme on controlled drugs for district nurse teams, to be completed by December 2014• Specialist modules on medicines administration developed for the Intermediate Care teams. Delivered to South team, others will be trained by December 2014
We will instigate a new system of competency assessments for all nurses involved in insulin administration	<ul style="list-style-type: none">• Developed and implemented a new competency assessment tool on insulin administration

	<ul style="list-style-type: none"> All community nurses will have had competencies assessed by 31 July 2014 <p>The assessments will be carried out every two years for existing staff and on joining for new staff. This will be monitored by our locality leads to ensure full compliance.</p>
<p>We will improve the quality of our non-medical prescribers by improving education and training support</p> <p><i>(Non-medical prescribers are health professionals other than doctors who can prescribe medication. These may include pharmacists, community nurses, school nurses and health visitors.)</i></p>	<ul style="list-style-type: none"> We delivered two study days by the University of Derby for health visitor and school nurse prescribers, to improve knowledge and confidence to prescribe from the community nurse formulary. <p>The study days evaluated well in terms of improving the knowledge and skills of the nurses.</p>

The work of the Medicines Management team in these areas is monitored by the Head of Medicines Management and reported to the Patient Safety and Governance Committees.

2.2 Clinical effectiveness

Our quality priorities for clinical effectiveness focused on increasing our research capacity and clinical training, supervision and ongoing training.

2.2.1 Increasing our research capacity

Following on from achieving 'highly commended' in the Health Service Journal Awards Progressive Research category in 2012, we have continued our commitment to undertaking high quality research.

We have supported staff to take part in research training opportunities. For example, two staff completed the non-medical Clinical Academic Mentorship programme, one is undertaking a non-medical Clinical Academic internship, two have undertaken the Masters in Research Methods degree and four have undertaken secondments with research teams at the University of Nottingham.

We have also supported two staff to apply for National Institute for Health Research PhD fellowships.

What we said we would do:	We achieved:
We will produce and deliver a co-ordinated plan for research training for	<ul style="list-style-type: none"> This priority is being carried over to 2014/15

staff	<p>Our Research Strategy (2012-14) includes developing the research capacity of the workforce. The strategy and implementation plan will be reviewed during 2014</p> <p>Progress will be reported regularly to the Governance Committee.</p>
We will set up a research web page which will inform the workforce about research projects, training, research outcomes and funding opportunities	<ul style="list-style-type: none"> • Research page is now live at http://www.nottinghamcitycare.nhs.uk/about-citycare/research-at-citycare/.
We will continue to work in partnership with our local universities and support research activity to improve outcomes for patients	<ul style="list-style-type: none"> • We have worked collaboratively with our local universities on a range of research studies of relevance to our patient population. This included secondment opportunities for four of our staff to work as part of academic research teams • We have worked with our partners to make sure that we ask patients and their carers in appropriate ways about whether they want to take part in research

We are launching a new Research Forum in April 2014 for all staff with an interest in research so they can share their research knowledge and experience and be part of a network of research active staff.

These developments all continue to ensure our staff increase their clinical research skills which in turn enable patients to have the opportunity to take part in research which is relevant to them.

As a social enterprise we are close to the people we serve and interested in research that directly benefits patients and our communities in a practical and meaningful way. Our aim is to fully embed research and innovation as part of our normal business.

Figure 4: CityCare’s four-level model of research

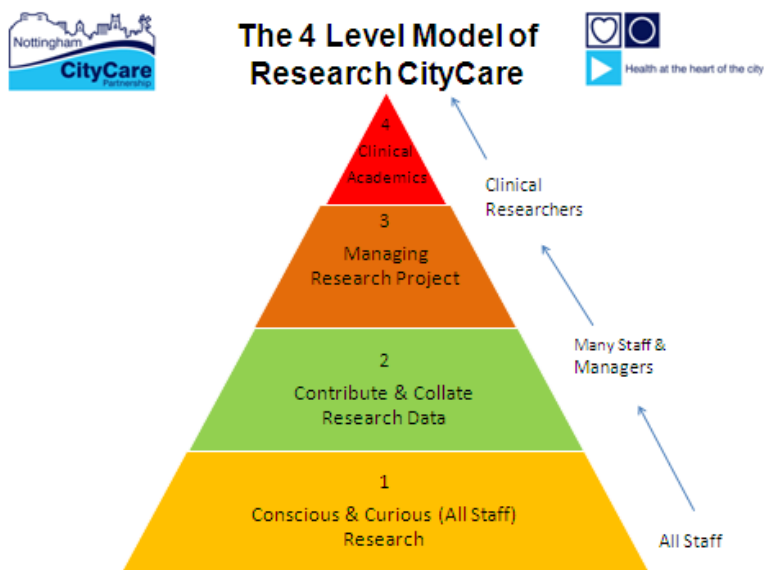


Figure 5: Implementation of innovation and research (figure to come)

Figure 6: Our successful research partnerships



- | | | |
|---------------------------------|------------------------|----------------------------|
| Nottingham Forest Football Club | The People | Birmingham University |
| Nottingham University | Boots | Notts County Football Club |
| Trent University | Notts Healthcare Trust | Carers Federation |

2.2.2 Clinical training, supervision and ongoing training

What we said we would do:	We achieved:
<p>We will implement a new restorative supervision model, starting with health visiting teams</p> <p><i>(Restorative supervision is an evidence-based programme that has proven outcomes to increase resilience and job satisfaction.</i></p> <p><i>The training takes approximately nine months. Participants receive six monthly one-to-one sessions and several group sessions before they can become a supervisor.)</i></p>	<ul style="list-style-type: none"> • Fifteen health visitors and five school nurses trained as supervisors • Implementation Group formed to oversee project and offer supervision to health visitors and school nurses. Allocation of supervisees will take place in May 2014 • Currently recruiting 20 delegates from the adult Community Nursing Services for supervisor training <p>Feedback from the supervisors was very positive and it is felt that it will be very advantageous when rolled out.</p>
<p>We will review and embed the lessons from the Francis Report <i>(see page x for more on the report)</i></p>	<ul style="list-style-type: none"> • Launched a 'step up to management programme' and a high performance leadership programme • Developed a new Performance Management Programme for launch in 2014/15 • Worked to develop peer assessment reviews to be introduced in 2014 alongside a revised Performance Development Review assessment programme <p>Delivery will be reported to the Board.</p>
<p>We will improve leadership development</p>	<ul style="list-style-type: none"> • Programme of team leadership training delivered to supervisors working within the new Care Delivery Groups <i>(See page xx.)</i> • Worked towards the introduction in 2014/15 of an E-Appraisal programme and the incorporation of 360 degree peer review providing for a common set of values aligned to the NHS Constitution with staff reviewing on an annual basis

	<p>Delivery will be monitored through our new 'Halogen' appraisal software system and reported to the Board.</p>
<p>We will review the Organisational Development Strategy</p>	<ul style="list-style-type: none"> • Revised our Organisational Development (OD) programme, which now has an increased focus on a culture of compassion and care • A Project Group held four sessions to work on the development of our OD Strategy. This group amalgamates the branding and OD work to provide a Brand and OD Strategy for inclusion in the CityCare Business Plan for 2014-17 <p>The strategic priorities in our OD strategy are:</p> <ul style="list-style-type: none"> • To develop a brand-led organisation, by which we mean a cohesive organisation that delivers its vision and purpose through meaningful relationships with its customers, patients and staff • To build and develop the organisation's capability in its entirety to deliver its brand promise and experience consistently to customers, patients and staff • To develop and implement an effective Brand Strategy and an OD Strategy that can mobilise and engage the entire organisation to deliver the objectives <p>The implementation of the strategy will be monitored through the Senior Management Team and reported to the Board.</p>

Pull out in a separate section:

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 health care assistants. This was well received and resulted in the launch of defined key competencies for service areas.

Training and Continued Professional Development

In 2013 we launched our Community Nursing Preceptorship Programme to support newly qualified nurses. This programme introduced dedicated training to support a new recruit from first placement to advance nurse practitioner, through a 24 month programme supported through the knowledge and skills framework.

2.3 Patient experience

Customer care training and the 6 Cs

What we said we would do	We achieved:
We will open up customer care training to all staff	Customer care training now included in the mandatory induction training for all staff
<p>We will include the 6 Cs in customer care training</p> <p><i>(The six Cs - competence, communication, courage and commitment to create a culture of compassion and care)</i></p>	<p>Undertaken work to develop a model of ongoing training including the 6 Cs for all staff. This work is not yet complete but we expect to deliver training under the new model by 2015.</p> <p>Trainee Assistant Practitioner (TAP) and Assistant Practitioner programmes now include the 6 Cs.</p>
We will improve how we respond to service users following their feedback	<p>We respond to people by letter (complaints) or letter/phone (concerns) to tell them what actions have been taken or will be taken to address the issue they have raised.</p> <p>We continue to publicise changes and improvements in our services through:</p> <ul style="list-style-type: none"> • Information in our quarterly CityCare magazine • Feed back through our Patient Experience Group (PEG) • Our website

Part 3

Priorities for quality improvement 2014/15

3.1 Patient safety

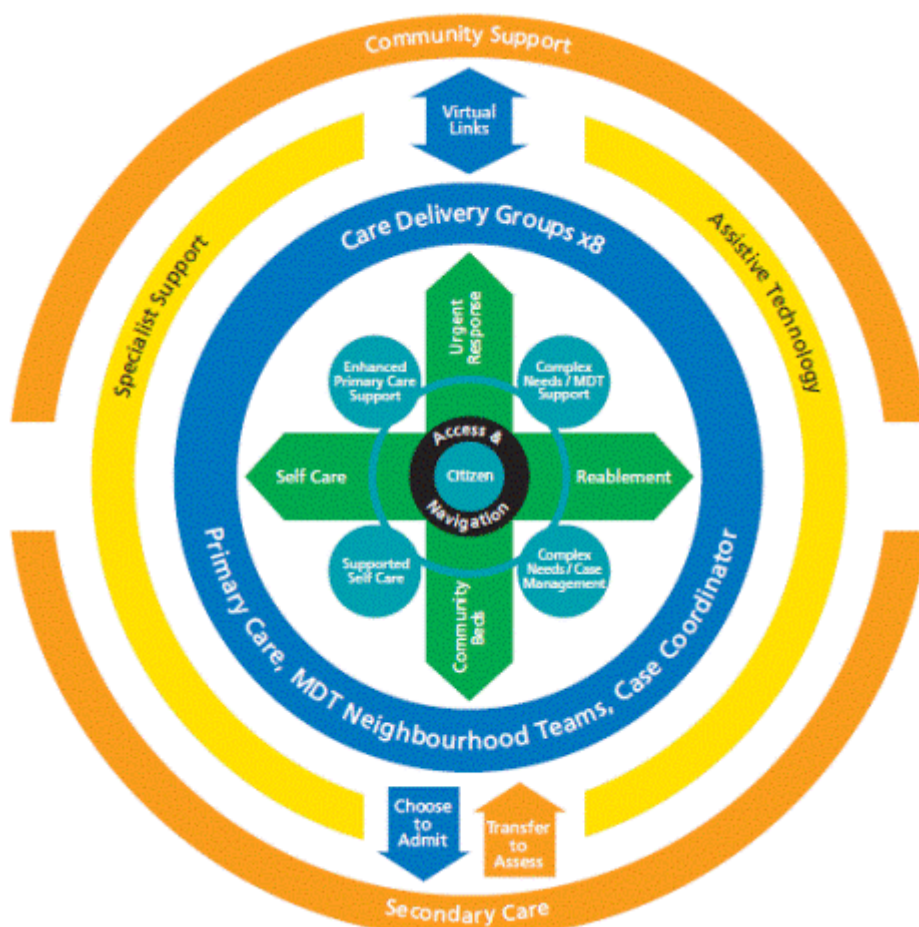
Our patient safety quality priorities will be delivered through work within Care Delivery Groups, mobile working and assistive technology, and workforce development in integrated care.

In a separate, prominent section

Integrated care – the background

CityCare is a partner in the Integrated Care Programme, which will take up to five years to fully implement. NHS Nottingham City Clinical Commissioning Group (CCG) and Nottingham City Council are working in partnership to make integration happen, and other partners include GP practices, Nottingham University Hospitals NHS Trust (NUH), Nottinghamshire HealthCare NHS Trust (mental health and learning disabilities) and the voluntary and community sectors.

The future model for Integrated Care



A new model for integrated care has been developed from direct feedback and the conversations and discussions that took place at the stakeholder engagement events in

January and February. The model was approved by the Integrated Care Programme Board in June 2013.

The new model aims to deliver services in a way that puts the citizen at the centre, giving them more control. This means that instead of citizens trying to navigate their way round the multitude of services that currently exist, we are redesigning services to fit around their needs.

Key to the new model is the formation of Care Delivery Groups. These are groups of key professionals working together in a specific geographical area. By aligning health and social care boundaries, we will be better able to work together around a citizen’s needs, share information and combine experience to shape continuous improvement.

By ensuring health and social care teams support eight multi-disciplinary Care Delivery Groups and by integrating services to deliver the ‘Independence Pathways’, we can be more joined up and responsive to the needs of citizens. This will avoid duplication of time and paperwork and result in more holistic care.

The Care Delivery Groups are now in place, with Care Co-ordinators coming into post at the end of January 2014. They can now be accessed by primary care, community health and social care colleagues as the ‘go to’ points for information and co-ordination of referrals to the Neighbourhood Teams.

These non-clinical co-ordinators are based within each of the City’s eight Care Delivery Groups (CDGs) and are responsible for the co-ordination of information to support the assessment of citizens referred into the CDG.

This information was sourced from the Nottingham City CCG website and the Connecting Care newsletter. More information can be found at <http://www.nottinghamcity.nhs.uk/news-projects/integrated-care.html>

3.1.1 Care Delivery Groups

We employ Care Co-ordinators to work within the Care Delivery Groups.

Currently Care Co-ordinators 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 plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<ul style="list-style-type: none"> • We will explore the expansion of the care coordinator role to support citizens with complex needs throughout their whole pathway of care • We will explore the 	<ul style="list-style-type: none"> • We will develop and test processes and protocols for information sharing 	<ul style="list-style-type: none"> • The development of processes and protocols, plus the evaluation of their implementation will be monitored through the Task and Finish Group of the Integrated Care Programme and

diversification of the role by taking non-clinical tasks from clinicians to release time to care		reported to the Programme Board
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To be pulled out as a comment

The Patient Experience Group said: *A joined up approach across health and social care is required for people with long term conditions, of all ages.*

3.1.2 Assistive technology and mobile working

We are embracing the effective use of new technologies as a major strategic priority to improve the safety of care and patient experience. Two important developments are assistive technology and mobile technology.

Assistive technology

The assistive technology project is looking at increasing the use of Telecare and Telehealth across social care and health in the next five years.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will increase the awareness among health professionals and patients of the benefits of and barriers to Telehealth	<ul style="list-style-type: none"> • Training package on new Telehealth system delivered to relevant CityCare staff • Clinicians directed to training resources within the new system • Patient information leaflet distributed 	<ul style="list-style-type: none"> • The effectiveness of the Telehealth deployment is part of OPM’s evaluation of the whole integration programme. This is also supported by a Nottingham University research project which is providing qualitative evidence of the effectiveness

Mobile technology

Our clinical staff need to have the right resources to ensure they can meet the needs of those who use our services, and we are driving towards the provision of community services seven days a week, 24 hours a day. More integration of care means organisations need clear plans and protocols for sharing information to ensure that care is delivered appropriately, as and when needed.

We were part of a successful bid with Nottinghamshire Healthcare NHS Trust and County Health Partnerships to secure funding from the ‘Nursing Technology fund’. We will now implement 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 by reducing the need to duplicate entries to paper and computer records and cutting the number of phone calls to check records. It will also enable flexible working in line with our patients’ choices.

What we plan to achieve	How we plan to do this	How we will monitor and report on progress
<p>We will implement the mobile working project across four key service areas:</p> <ul style="list-style-type: none"> • Community nursing • Care Delivery Groups • Intermediate Care • Evening and night nursing 	<ul style="list-style-type: none"> • Employ a project manager to develop a project plan and begin to implement the plan in a staged approach 	<ul style="list-style-type: none"> • The Project Implementation Group will monitor progress and report to the CityCare Senior Management Team

3.1.3 Workforce development in integrated care

Workforce planning for people working with citizens who have complex long term conditions has identified that a joint health and social care competency framework is needed to ensure that we have an equitable and skilled workforce to meet citizens’ needs and to make every contact count. One of the key drivers for this is to enable a system in which citizens only have to tell their story once to professionals. Part of the delivery of this is via developing our workforce development and part via secure information sharing systems. One priority in workforce development in integrated care is dementia training – please refer to the section on page xx for CityCare’s planned actions for dementia care and training.

3.2 Clinical effectiveness

For 2014/15, our clinical effectiveness quality priorities will be delivered through further development of the Hospital Discharge project, dementia training and care, and research into falls and older people.

3.2.1 Hospital Discharge project

Pull out as a quote:

The Patient Experience Group said: Further communication/coordination is required between hospital and community services to support people leaving hospital.

The Hospital Discharge project, launched in 2013 to help reduce readmissions and support rehabilitation for older patients, will be further developed this year. The team telephones consenting patients aged 70 and above who have been discharged from Nottingham University Hospitals to check for medication issues or if there are any unmet health and social care needs such as mobility aids or assistance with daily activities.

Preliminary results for 2013/14 have been encouraging, with 10,485 calls made. There have been 325 signpostings, 597 social care referrals and 235 referrals for problems with medicines.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will evaluate the service provision	<ul style="list-style-type: none">• Pilot a three telephone call model (where a patient is called three times rather than the current one time)• Audit project data	<ul style="list-style-type: none">• The results will be monitored by the project team and reported to the CityCare Senior Management Team in 2014

In a separate box

Case study – Hospital Discharge project

An 83 year old lady with heart failure and atrial fibrillation had been admitted to hospital with shortness of breath due to worsening fluid retention. She was treated and discharged home with a higher dose of diuretics (water tablets).

Several days later, the Hospital Discharge team telephoned to ask how she was getting on. She said she was confused about the changes to her medicines, so the pharmacist in the hospital discharge project team visited her at home. The pharmacist:

- Reviewed the medications the patient was taking and liaised with the GP to update her repeat prescription
- Found out that she had only been taking her water tablets once a day, rather than twice a day as prescribed. They explained this to the patient to enable her to take the medication properly in future

- Liaised with the anticoagulant clinic to advise the patient on taking her warfarin and the need for further blood tests
- Reminded the patient about taking potassium supplements as prescribed by the hospital, and having follow-up blood tests.

The pharmacist also arranged for the medicines to be dispensed into a weekly blister pack and for the community pharmacist to become involved in making sure she continued taking them correctly.

Several of the issues identified in this case could have led to the patient being re-admitted to hospital if left to continue.

3.2.2 Dementia training and care

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<p>We will raise levels of early diagnosis and support staff to provide an improved standard of care</p> <p><i>(Early diagnosis is a key part of the National Dementia Strategy, allowing patients to access treatment and support.)</i></p>	<ul style="list-style-type: none"> • Dementia Friends training will be made available for receptionists • A mentorship scheme will be made available for non-clinicians linked to work-based competencies • Specific training will be made available for Band 6 and 7 clinicians 	<ul style="list-style-type: none"> • Monitor training through attendance and delegate feedback • Audit number of referrals by CityCare staff to memory clinics and report audit results to the CityCare Safeguarding Group • Mentorship scheme will be evaluated by those who attend and through feedback from assessors regarding individual practice development. Progress will be monitored by the CityCare clinical nurse specialist for mental health and reported to the CityCare Safeguarding Group
<p>We will improve our compliance with the Mental Capacity Act</p> <p><i>(A report of the House of Lords Select Committee recently concluded that the Mental Capacity Act is poorly implemented nationally.)</i></p>	<ul style="list-style-type: none"> • Carry out a clinical audit of our compliance • Use the clinical audit to identify any specific training needs 	<ul style="list-style-type: none"> • Initial audit to be completed by end of 2014, followed by an annual audit of compliance and training records including any identified training needs, reported to the CityCare Safeguarding

<i>CityCare does not have a policy that is in date and has not conducted a clinical audit on this since 2009.)</i>		Group
<p>We will improve the emotional support available to those who care for people with dementia</p> <p><i>(Providing emotional support to carers will reduce stress and promote health and well-being. This improves the health and welfare of the person with dementia.)</i></p>	<ul style="list-style-type: none"> • Recruit two Admiral Nurses to help provide this support <p><i>(Admiral Nurses support families throughout the dementia journey. They provide family carers with the tools and skills to best understand the condition, as well as emotional and psychological support through periods of transition.)</i></p>	<ul style="list-style-type: none"> • Processes for monitoring and evaluating the work of the Admiral Nurses will be developed and agreed with the post holders once appointed
<p>We will review the recently restructured Older Persons Mental Health Team</p> <p><i>(The Older Persons Mental Health Team has been restructured to act a peripatetic service (based in various places) and work with a wider range of health professionals across the city.)</i></p>	<ul style="list-style-type: none"> • Audit referrals into the team from primary care • Audit discharges into the team from acute care • Complete a clinical audit of patient outcomes 	<ul style="list-style-type: none"> • The audit results will be reported to the CityCare Senior Management Team by the end of 2014/15

Pull out as a quote:

The Patient Experience Group said: It is essential that we look at the needs of families and carers in any work that we are doing on dementia.

Pull out as a quote:

Councillors on the Health Scrutiny Committee agreed that dementia care training should remain a priority for 2014/15.

3.2.3 Research into falls and older people

Research into falls and older people currently accounts for 16% of the total research activity being undertaken in CityCare. We will continue to work in partnership with researchers at the University of Nottingham to develop new studies in these important areas.

The studies currently taking place include:

Study Title	Study Summary
Falls In Care Homes (FICH)	Assessing whether falls intervention guidance (Guide to Action for Care Homes 2) developed by the researchers reduces falls in care homes; collecting data to inform a larger trial.
Care and Communication	Investigate patient, carer and professional perceptions and experiences of initiating and subsequently reviewing Advance Care Planning discussions and decisions throughout the last six months of life.
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.
Community In-reach Rehabilitation and Care Transition clinical and cost effectiveness study	Assess 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.
Evaluation of the 'Regaining Confidence after Stroke' course for Stroke Survivors and their Carers: A Feasibility Trial	Compare the 'regaining confidence after stroke' (RCAS) group for stroke survivors and their carers, with usual treatment for this patient group. The study is collecting data to inform a larger trial.

Pull out as a separate section

A 79 year old lady had broken both her wrists and one of her ankles over a period of five years, as she lost her balance and fell to the ground.

But she hasn't lost her confidence or ended up having to use a walking frame, thanks to our community Falls and Bone Health Service.

The service gave her advice and support, and installed balancing aids in her house, a step up to her bath, handles around her bathroom and handrails up her staircase to help make sure she doesn't fall at home.

She said: “Falling over really ruins your confidence and makes you feel like you can’t care for yourself.

“The CityCare team visit me to check that I’m getting on all right. And they arranged for me to go to a special exercise class at the Lark Hill older people’s complex in Clifton. The team has made a massive difference to my life. Just last month I felt confident enough to go to my granddaughter’s birthday party.

“If it were not for the help I’ve been given, and the caring and kind attitude of the staff to let me take my recovery at my own pace, I don’t think I’d be where I am today.”

To be pulled out in another separate section:

The Falls Rapid Response Team run by CityCare in collaboration with the East Midlands Ambulance Service was picked as a finalist in the British Medical Journal Awards 2014 in the Emergency Medicine Team category. The team responds quickly to people who have fallen in their homes.

3.3 Patient experience

For 2014/15, our patient experience quality priorities will be delivered through improving our response to complaints and concerns and a review of the complaints process, the work of the Patient Experience Group and the development of Patient Stories for the Board.

3.3.1 Improving our response to complaints and concerns

We want to improve patient experience and deliver the highest quality of care across all services, and embed the '6 Cs' of nursing practice (care, compassion, courage, communication, competence and commitment) into everything we do.

We accept, however, that at times things can go wrong and that people are dissatisfied with the service they have received. It is essential that we have a clear complaints process in place, enabling us to respond to issues raised, address concerns, learn from our mistakes and channel this into service improvement.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will deliver regular training workshops for staff who are likely to be involved in investigating complaints	<ul style="list-style-type: none"> We will ensure that complaints training is delivered regularly and continue to develop it based on feedback from courses 	<ul style="list-style-type: none"> Uptake of training will be monitored by the Quality and Safety Team and reported to the Governance and Risk Committee and the Board, in quarterly Patient and Public Experience reports

<p>We will review our complaints process</p>	<ul style="list-style-type: none"> • Commission an independent review to be completed by May 2014 • Develop an action plan to deliver any recommendations from the independent review 	<ul style="list-style-type: none"> • The review will report to the Head of Patient Safety and be presented to the Patient Safety Committee and commissioners. It will be reported on as a Commissioning for Quality and Improvement (CQUIN) target for 2014/15
<p>We will provide clear examples of changes and improvements in services as a result of patient feedback, including complaints or concerns</p>	<ul style="list-style-type: none"> • Use Patient Stories for the Board (see section below) • Work with teams to identify examples of service changes based on patient feedback 	<ul style="list-style-type: none"> • Provide a regular report to commissioners regarding examples of service changes in relation to patient feedback
<p>We will improve patient satisfaction with our complaints process</p>	<ul style="list-style-type: none"> • Ensure complaints are responded to in a timely and proportionate manner according to the results of the independent review • Send a satisfaction survey to all complainants once their complaint has been responded to 	<ul style="list-style-type: none"> • Complaints responses will be monitored through regular reports to the Governance and Risk Committee and Board • Results of the satisfaction survey will be monitored by the complaints team and reported to commissioners as a CQUIN target for 2014/15

Pull out as a quote:

PEG members welcomed a focus on complaints and feel that it is vital to ensure that we address complaints in a timely and concise manner.

3.3.2 The Patient Experience Group

The Patient Experience Group (PEG) will continue to act as a 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.

We will work with the PEG to implement recommendations for 2014/15 from the recent PEG review. These include:

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<p>We will formalise the feedback loop between PEG and the Board</p> <p><i>(The PEG is chaired by a non-executive director)</i></p>	<ul style="list-style-type: none"> • An update in the form of a 'Board communique' will be developed by the PEG for the Board • Board members will be invited to attend PEG 	<ul style="list-style-type: none"> • The PEG update will be presented to Board each month by the non-executive director who chairs the PEG • The Board will monitor members' uptake of the invitation to attend PEG
<p>We will provide training and development for PEG members</p>	<ul style="list-style-type: none"> • Develop and deliver a patient leadership programme • Provide 'in house' training for PEG members regarding specific issues, e.g. involvement in staff recruitment/training 	<ul style="list-style-type: none"> • The PEG will report on progress and evaluation through the chair (a non-executive director) to the CityCare Board
<p>We will involve the PEG in staff training</p>	<ul style="list-style-type: none"> • Include a PEG member in induction training for all staff • Support PEG members to deliver this induction training through support and training from the Patient and Public Engagement team 	<ul style="list-style-type: none"> • The PEG will report on progress and evaluation through the chair (a non-executive director) to the CityCare Board

3.3.3 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 plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<p>We will capture and record individual Patient Stories</p> <p>We will capture and record information from people accessing our services in community settings</p>	<ul style="list-style-type: none"> • Develop a template for collecting information from patients who agree for us to share their stories • Develop guidance on the process for sharing Patient Stories 	<ul style="list-style-type: none"> • Include this information in regular reports to the Governance and Risk Committee and the Board.

Pull out as a quote:

PEG members welcomed the idea of 'Patient Stories'. They said we need to develop ways of recording these and using them to evidence patient experience.

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 2013/14 CityCare provided 63 NHS services, and sub-contracted 14 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 2013/14 represents 99.42% of the total income generated from the provision of NHS services by Nottingham CityCare for 2013/14.

4.2 Participation in clinical audits

During 2013/14, no national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

However, CityCare reviewed the reports of 18 local clinical audits in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided:

The audit (2012/13 unless stated otherwise)	Areas we will focus on:
Essential Steps, Hand Hygiene and Sharps Bins	<ul style="list-style-type: none">• Adherence to 'bare below the elbows', Hand Hygiene and Personal Protective Equipment Policies• Safe handling and disposal of sharps
Record Keeping	<ul style="list-style-type: none">• Review the use of various systems and cascade key messages and guidance• Improve collection and accuracy of certain data including equality data
Pressure Ulcer	<ul style="list-style-type: none">• Adopt a Zero Tolerance culture and utilise the Stop the Pressure campaign

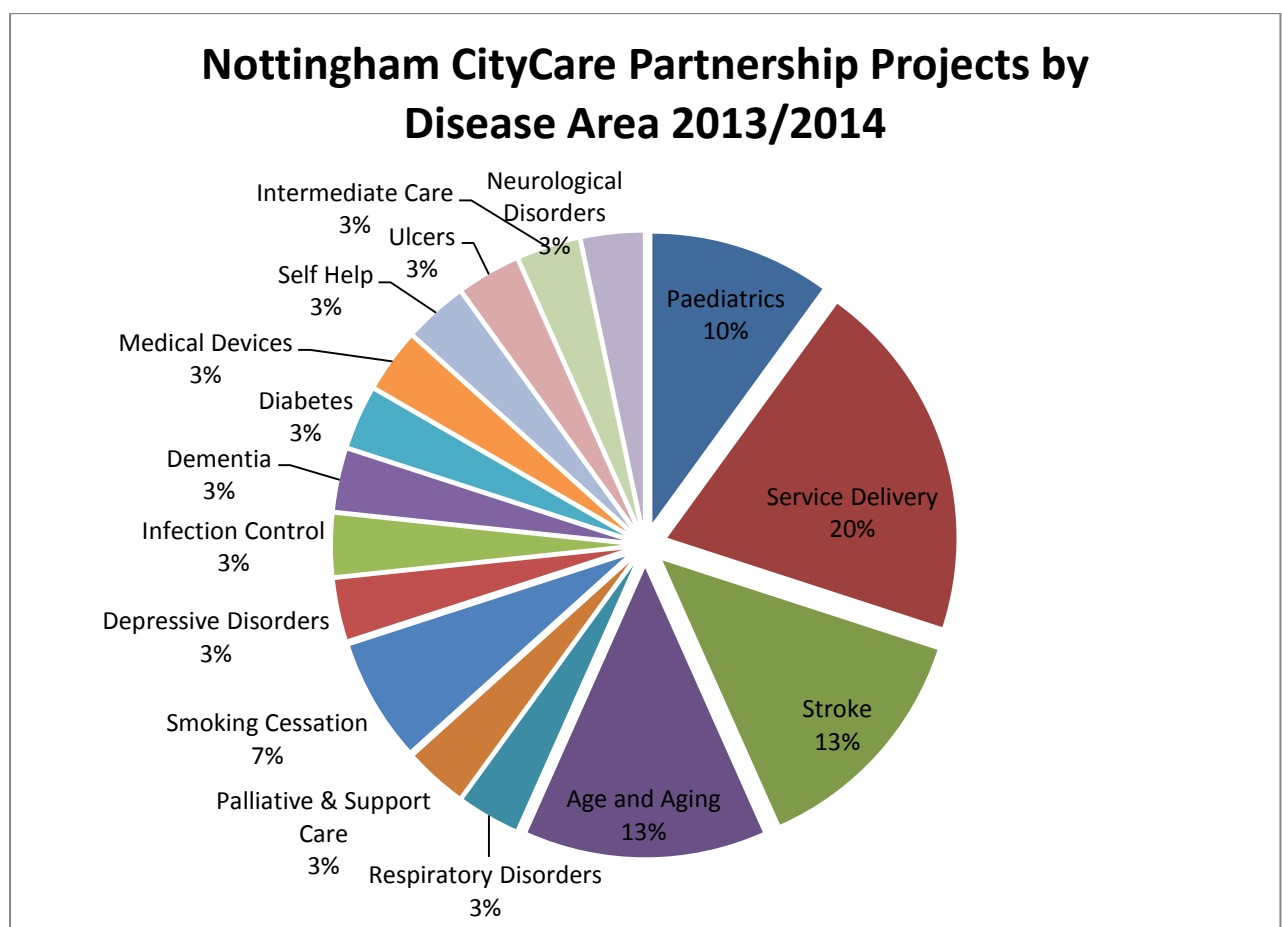
Prevention	<ul style="list-style-type: none"> • Include Tissue Viability Link Nurses in education and monitoring
Link Schemes	<ul style="list-style-type: none"> • Further facilitate and develop the work of link clinicians to support the Infection Prevention and Control team, the Tissue Viability team, the Community Diabetes team, and the Continence Advisory Service
National Audit of Intermediate Care (non-mandatory)	<ul style="list-style-type: none"> • Increase client participation in service development
Resuscitation	<ul style="list-style-type: none"> • Ensure facemasks or face shields are available and that clinical staff attend training
Baby Friendly Initiative	<ul style="list-style-type: none"> • Improve training for staff, peer supporters and breastfeeding women
Falls and Bone Health Service	<ul style="list-style-type: none"> • Develop a single Falls and Bone Health assessment and assess nurse-led clinics in GP practices
Personal Health File/Health Action Plans (HAPs)	<ul style="list-style-type: none"> • Continue to distribute HAPs and record as per service specification and policy
Clinical Management Plans in Care Homes	<ul style="list-style-type: none"> • Findings to be incorporated into development of the new Care Homes Team
Anticipatory Medicines for Fast Track Patients	<ul style="list-style-type: none"> • Offer further ward clinician training on the Fast Track tool and expectations for transfer
Controlled Drugs	<ul style="list-style-type: none"> • Develop and deliver training for relevant staff
Healthy Child Programme	<ul style="list-style-type: none"> • Ongoing training in a variety of key subjects
Environmental Infection Control	<ul style="list-style-type: none"> • Complete the action plan identifying environmental and cleaning issues
School Nurse Child Protection	<ul style="list-style-type: none"> • Ensure timely home visits for health assessments, and timely and regular follow up by the school nurse where this has been identified as a need
Vaccine Storage Audit 2013/14	<ul style="list-style-type: none"> • Improve training on and implementation of the policy and guidance on vaccine fridges

4.3 Participation in clinical research

CityCare was involved in conducting 26 clinical research studies in Age and Ageing, Neurological Conditions, Service Delivery, Stroke, Palliative and Support Care, Smoking Cessation, Respiratory Disorders and Paediatrics amongst others during 2013/14.

The number of patients receiving NHS services provided or sub-contracted by CityCare in 2013/14 that were recruited during that period to participate in research approved by a National Research Ethics Committee was 327.

38 CityCare clinical staff participated in research approved by a research ethics committee during 2013/14. These staff participated in research covering Service Delivery, Primary Care and Stroke Rehabilitation.



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

During 2013/14, 2.5% of CityCare’s income was conditional on achieving optional quality improvement and innovation goals agreed between CityCare and Nottingham City CCG, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The table below describes the details of the incentives set by Nottingham City CCG.

Nottingham City CCG

CQUIN Reference	Measure	Q1	Q2	Q3	Q4
1.1 - Safety Thermometer	Patients with category 2-4 pressure ulcer	✓	✓	✓	✗
2.1 - Friends and Family - old	Friends and Family test carried out in areas already rolled out	-	✓	✓	✗
2.2 - Friends and Family - new	Friends and Family test rolled out to new areas	✓	✓	✓	✓
3.1 - Dementia Lead/Training	Staff training	✓	-	-	✓
4.1 - Smoking - BI Delivery	Delivery of 'brief interventions' to patients who smoke	✗	✗	✗	
4.2 - Smoking - Quit Dates	Patients with documented 'quit date'	✗	✗	✗	
5.1 - Catheter Training	Staff receiving and completing training	✗	✓	✗	✗
5.2 - Catheter Framework	Staff demonstrating competency following training	/	/	/	/
6.1 - Care Planning for LTC	Survey of patients on involvement in care planning	✓	✓	✓	✓
7.1 - Crisis Referral	Referrals from GPs	/	✗	✓	✗
8.1 - Memory Clinic	Patient referrals	-	-	-	✓
9.1 - Palliative Care ACP	Patients with an Advanced Care Plan	✗	✓	✓	
10.1 - Hospital Avoidance	Number of unplanned admissions	✓	✓	✓	✓
11.1 - Neurology Referral	Referrals from GPs to the Community Neurology Service	✓	✓	✓	✓
12.1 - Health Needs Assessment	Reviews completed on time	✗	✗	✓	
12.2 – Checklist	Continuing care decisions communicated 28 days from referral	-	✓	✓	
13.1 - ICES Equipment	Management of equipment	✓	✓	✓	✓
AQP Podiatry Patient Satisfaction	Patient satisfaction survey	-	✓	✓	✓

Key

Green - Achieved target

Orange - Partly achieved target

Red- Not achieved target

Purple - No target to achieve

Grey - Awaiting results

Further details of the agreed goals for 2013/14 and for the following 12 month period are available on request from customercare@nottinghamcitycare.nhs.uk.

4.5 What others say about CityCare

Statement on Care Quality Commission (CQC) registration

CityCare is required to register with the Care Quality Commission and it is currently registered with no conditions on its registration.

CityCare has been subject to two routine (scheduled but unannounced) inspections during this year, one on each of our registered locations (Walk-in Centre and headquarters). The CQC has **NOT** taken any enforcement action against CityCare as of 31 March 2014.

One inspection concentrated on our headquarters location during March 2014 and assessed Outcome 16 which looked at 'The quality checking systems to manage risks and assure the health, welfare and safety of people who receive care'. We are very happy to report that the organisation was found to have met this standard demonstrating it has '*an effective system to regularly assess and monitor the quality of service that patients receive*'. This followed a successful, earlier inspection the previous year which also found this location to be fully compliant with the standards inspected.

Lyn Bacon, Chief Executive and Sarah Kirkwood, Director of Operations, Nursing and AHPs said: "The latest inspection of our headquarters is the result of continuous commitment and dedication from all staff at CityCare to provide high quality services that make results like this possible."

The second inspection assessed our Walk-in Centre location (August 2013), where the CQC was satisfied that the organisation met the standards for Outcome 2 - consent to care and treatment; Outcome 4 - people get safe and appropriate care that meets their needs and supports their rights; and Outcome 17 - people have their complaints listened to and acted on properly. We are happy to report that during this inspection, the CQC were satisfied with action that we took in relation to a compliance action from the previous year: they

found CityCare now met this standard (Outcome 14) reporting *'Staff were supported to deliver care and treatment safely and to an appropriate standard.'*

However, they did identify some issues for the organisation to address. CityCare was issued one compliance action following this inspection in relation to Outcome 8 - cleanliness and infection prevention and control, regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. Although we have policies in place, an audit plan that monitored those policies, positive observations made of staff and positive feedback from patients, the CQC found that *'During our tour of the premises we observed that not all areas of the environment were well maintained. We also saw that seating in some parts of the premises was not made of a material that could be easily cleaned. We saw handwashing facilities in treatment rooms were not in line with infection control guidance. Some areas of the environment had deteriorated and could not be effectively cleaned. This meant that patients were not cared for in an environment that minimised the risk of infection.'* The above issues had been identified during an annual infection prevention and control audit carried out by CityCare two months earlier and the Infection Prevention and Control Team had begun to liaise with the organisation that owns and maintains the health centre buildings in relation to the findings.

However following the inspection, we immediately took further action to:

- ensure all areas controlled by CityCare were being cleaned and regularly monitored.
- Regarding the environmental concerns, liaised further with the other organisations involved in providing the building and facilities, to ensure a workplan was in place to rectify replacement of facilities required. We are in liaison with the CQC to update them on progress with this and we expect this work programme to be remedied shortly.

Full details of our registration and those reports can be found at www.cqc.org.uk.

4.6 Data quality

CityCare are taking action to improve data quality following the East Midlands Internal Audit Service (EMIAS) reviews of Performance Reporting and of Data Quality in Community Nursing.

CityCare has used the findings of the 360 Assurance review of Health Visiting to improve data quality in the Health Visiting service.

CityCare will continue to provide information on data quality performance to services to support the improvement of data quality.

4.7 NHS Number and General Medical Practice Code Validity

CityCare did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data, 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 2013/14 was 66% 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

CityCare was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

4.10 Incident reporting

In 2013/14 there were **3,015** incidents reported, of which **2,492** 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 2,207 incidents were reported. There have been no *never events* reported this year. *Never events* are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The following are updates on our 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

One area of focus is stage 3 and 4 pressure ulcers. All of these 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 (if there was more that could be done these are classed as avoidable). The numbers of avoidable pressure ulcers have decreased overall, indicating that training on SSKIN bundles provided to teams has resulted in a reduction of avoidable pressure ulcers.

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 has developed a template to share key learning from the Patient Safety and Infection Prevention and Control Group. This is cascaded via members who act as patient safety champions.

A learning and embedding event was co-facilitated by the Head of Patient Safety, Head of Tissue Viability, and former Coroner Nigel Chapman. The event was open to all staff and was well attended. We will offer this session several times a year.

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.

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.

Part 5

Other quality measures

In addition to the priorities set in last year's report, we are looking back on other quality measures including within safeguarding adults and children, infection prevention and control, pressure ulcer prevention and our staff survey.

5.1 Safeguarding

During the last year:

- We appointed a Lead Practitioner for Safeguarding Adults in June 2013. They have undertaken training as a PREVENT trainer and will cascade this to relevant staff
- We introduced a new 'think family' scenario into Safeguarding level 1 and induction training to consider the implications of concerns on a family rather than just those who are the subject of the concerns
- We achieved compliance targets for mandatory safeguarding training. All staff now receive induction training, renewed annually, on confidentiality, including the principles of sharing patient information
- Frontline staff from a range of services supported clients and their families by enabling early intervention for dementia, and we achieved the CQUIN target of 45 referrals to memory clinics. We also identified an operational lead for the Mental Capacity Act (*Find out more about our quality priorities related to dementia on page xx.*)
- The Safeguarding Group, chaired by the Executive Lead for safeguarding, replaced the previous separate Adults and Children's Safeguarding committees. The establishment of a Serious Case Review Implementation and Learning Group has been agreed
- Safeguarding Children Nurse Specialists commenced a development programme to enable them to work as part of an integrated safeguarding team. Two Safeguarding Practitioners have been appointed to work across both the Adults and Children's agenda
- The Safeguarding Team received training in authoring Serious Case Reviews (SCRs) and will facilitate internal learning events

- A new model of supervision for staff working with children and young people has been partially implemented. This will be completed in July 2014 and will enable a 'think family' approach to supervision and see teams and services reflecting together
- Implementation of strengths-based training using a Signs of Safety approach began within Children's Services and Common Assessment Framework (CAF) training has been reviewed
- The Common Assessment Framework Tracker for CAFs recommended from supervision, advice or DART has been introduced
- In November 2013 70 GPs, health visitors and school nurses attended CityCare's first Partnership Safeguarding Conference.

5.2 Infection prevention and control

Zero tolerance to avoidable infections

During 2013/14:

- Two-yearly training for clinical staff - 86% have been trained
- 89.7% of staff have had their clinical practice observed
- 88% of clinical staff have undertaken a hand hygiene assessment
- 65% of CityCare staff had an influenza vaccination
- CityCare purchased fob watches for clinical staff to ensure adherence to 'bare below the elbows'
- Quarterly cleanliness audits were undertaken by domestic supervisors. These are also enhanced by monthly unannounced drop in visits to ensure the clinical environments are clean and clutter free to facilitate cleaning.

The Department of Health sets population-based targets for certain avoidable infections, which health economies work towards together. Patients move between primary and secondary care so a consistent approach is vital. We input to these targets and review progress along with commissioners and other health and social care providers each quarter.

	Target for Nottingham City	Actual
Clostridium difficile	No more than 61	50
MRSA (blood stream infections)	Zero	1

5.4 Pressure ulcer prevention

Our 'Stop The Pressure' campaign is improving pressure ulcer prevention, with all patients at risk and their carers provided with new information and SSKIN bundles of care - Surface, Skin, Keep moving, Incontinence management and Nutrition.

We have taught carers about what to look for, how to protect skin and what to do if the early symptoms of pressure damage start, and a new strategy and more extensive training is ensuring all staff understand and help prevent pressure ulcers.

Every stage 3 or 4 pressure ulcer is considered a serious incident and is investigated to find its cause. This increases our knowledge so that we can prevent pressure ulcers occurring.

5.5 Staff survey

Engaged staff are essential for delivery of top quality services. We carried out a staff survey in December 2013 to February 2014. Our response rate was 53%, with 754 of the workforce at that time responding. These are the highlights for the last year:

- 66% had training above and beyond their essential training
- 80% had an appraisal
- 80% are able to make suggestions to improve the work of their team
- 78% meet frequently to discuss their team's effectiveness
- 91% would recommend CityCare as a place to work (yes or maybe)
- 80% would be happy with the standard of care provided by CityCare if a friend or relative needed treatment (15% answered N/A)
- 76% agree CityCare acts on concerns raised by patients or service users (22% neither agree or disagree)
- 83% are satisfied with the quality of work and patient care they are able to deliver.

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

Placing the patient at the heart of our care

CityCare is a values-led, people business. Our brand and our brand values are reflected across everything we do, placing the patient at the heart of our delivery.

We will ensure there is a further focus on quality and a culture of continuous improvement, and we will drive our standards in putting people first, supporting our patients in feeling

cared for, safe, and confident in their treatment, with services delivered by a caring and compassionate workforce.

The CQC is currently consulting on changes to their regulations, inspection process and standards, with the process due to run until the end of June 2014. We have made links with one of the pilot sites at fellow social enterprise *Provide* to learn as much as we can from this process and ensure we remain at the forefront of quality and safety standards.

Equality and diversity

Everyone at CityCare is fully committed to promoting equality, diversity and human rights and achieving the elimination of unlawful discrimination. To make our vision a reality, we are determined to promote equality of access and identify and eliminate any inequalities in all aspects of our service provision and employment.

We are also committed to making sure that our patients and our staff are treated fairly, with dignity and respect and afforded equality of opportunity to develop their full potential.

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 (*see page xx and the consultation notes available on our website as an appendix to 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 for developing quality improvement priorities for 2015/16. 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 customer-care@nottinghamcitycare.nhs.uk or write to Patient Advice and Liaison Service, Nottingham CityCare Partnership, 1 Standard Court, Park Row, Nottingham, NG1 6GN.