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NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 24 May 2018

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

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

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

Corporate Director for Strategy and Resources

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

1	**APOLOGIES FOR ABSENCE**	
2	**DECLARATIONS OF INTEREST**	
3	**APPOINTMENT OF VICE CHAIR**	
4	**MINUTES** To confirm the minutes of the meeting held on 19 April 2018	3 - 10
5	**HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE**	11 - 14
6	**NOTTINGHAM TREATMENT CENTRE PROCUREMENT**	15 - 16
7	**OUT OF HOSPITAL COMMUNITY SERVICES CONTRACT**	17 - 24
8	**NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18**	25 - 82
9	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**	83 - 90
10	**FUTURE MEETING DATES** To agree to meet on the following Thursdays at 1:30pm: • 21 June 2018 • 19 July 2018 • 20 September 2018	

- 18 October 2018
- 22 November 2018
- 13 December 2018
- 24 January 2019
- 21 February 2019
- 21 March 2019

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

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

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

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 19 April 2018 from 1.32pm - 3.38pm

Membership

Present	Absent
Councillor Anne Peach (Chair)	Councillor Merlita Bryan
Councillor Patience Uloma Ifediora	Councillor Jim Armstrong
Councillor Chris Tansley	Councillor Ilyas Aziz
Councillor Carole-Ann Jones	Councillor Jackie Morris
Councillor Adele Williams	Councillor Ginny Klein
Councillor Eunice Campbell	
Councillor Brian Parbutt	
Councillor Georgia Power	

Colleagues, partners and others in attendance:

David Pearson - Lead for Nottinghamshire STP) Sustainability and Transformation
Dr Stephen Shortt - Clinical Lead) Partnership (STP) and Greater
Rebecca Larder - Director of Transformation) Nottingham Integrated Care
Steve Thorne - Communications and Marketing) System (ACS)
Councillor Nick McDonald - Portfolio Holder for Adults and Health
Alison Challenger - Director of Public Health
Jane Garrard - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

71 APOLOGIES FOR ABSENCE

Councillor Ginny Klein)
Councillor Jim Armstrong) Personal
Councillor Jackie Morris)

72 DECLARATIONS OF INTEREST

None.

73 MINUTES

Subject to including Caroline Shaw's comment 'there wasn't enough spare capacity in the system to cut beds' within minute 68, 'Response to Pressures on Urgent and Emergency Care Services in the Post-Christmas Period', the minutes of the meeting held on 22 March 2018 were confirmed as a true record and signed by the Chair.

74 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAM ACCOUNTABLE CARE SYSTEM

David Pearson, Lead for Nottinghamshire Sustainability and Transformation Partnership (STP), Dr Stephen Shortt, Clinical Lead for STP and Greater Nottingham Integrated Care

System (ICS), Rebecca Larder, Director of Transformation STP/ ICS, and Steve Thorne, STP Communications and Marketing, were in attendance to update the Committee following their last attendance at the 23 November 2017 Committee meeting.

A presentation was delivered and is circulated with the initial publication of the minutes. The following points were made and questions from the Committee responded to:

(a) The Sustainability and Transformation Partnership includes the aligned Greater Nottingham Clinical Commissioning Groups Nottingham North and East Clinical Commissioning Group (CCG), Nottingham West CCG, Nottingham City CCG and Rushcliffe CCG. As funding for health services is reduced, (with a funding gap of £314m projected by 2020/21) but the population rising and patients' needs are changing and increasing, savings need to be found. It is proposed that this can be achieved by developing better integrated care systems and services, streamlining patient flow, simplified commissioning and applying a 'Right Care at the Right Time and in the Right Way' approach;

(b) The STP is still at an early stage of development but progress to date has been achieved by considering the broader patient pathway, reviewing practices and streamlining care procedures. However, the STP is mindful that no statutory authority can concede its responsibility to another organisation;

(c) Governance arrangements across the STP have been examined and are subject to more thorough scrutiny and the positive engagement of patient and advice groups. The STP needs to work together to address the challenges of health and wellbeing, care quality, affordability and culture. Further details can be found in the presentation and it is noted that the STP refers to organisations which have been benchmarked as providing 'a well-managed and joined up system' with the aim of providing 'best practice care' and creating the 'optimum business structure';

(d) Evaluation of positive achievement is considered by outcomes and system level metrics. It's important to ensure that appropriate and compatible IT systems are in place across the Partnership to enable the required level of detailed information to be captured and inform further changes;

(e) The integrated framework (further detail is provided in the presentation) focuses on the three headings of 'best practice care, optimal infrastructure and operating /governance model' which are reliant on workforce and cultural change;

(f) New approaches to commissioning are also being considered and the STP is involved in a National Pilot of Independent Individual Commissioning for children and adults which started with 89 engagements but now involves more than 2,000 individuals;

(g) Professionals from different specialisms have been brought together to work to benefit those most vulnerable to admission to hospital, not only to benefit potential patients, but also to save money on high cost hospital care and reduce the financial strain on social care budgets. More effective and co-ordinated hospital discharge procedures and admission prevention measures of providing the right support at the right time, has reduced admission and re-admission to hospital. In Rushcliffe alone, where the Advanced Care Care-Home model is operating (having been initiated in the City) there was a 49.5% reduction in admittance to hospital for the most vulnerable patients. This

system is now being rolled out across Mid-Nottinghamshire and Sherwood, and has already achieved a 26.1% reduction in hospital admissions;

(h) Some scheduled stakeholder information and engagement events to which councillors had been invited have been cancelled due to the evolving governance structures. However, if it can be determined that the meetings are useful, then there may be capacity for them to be re-established but it should be noted that other stakeholder events are taking place so the opportunity to inform and engage still exists, just in a slightly different format;

(i) Councillor's comments that the City Council, and possibly other Councils, will not be in a financial position to contribute to the transformation programme, including for Social Care due to budget cuts, are noted. All partners will remain responsible for maintaining their statutory duties, but the intention is that all partners work together in a joined-up approach to support the redesign of systems and improve overall efficiency and ensure that services are as cost efficient as possible. In March 2017 the Lancet reported that due to a rising population and increasing demand, a further 25% of funding/resources would be necessary to maintain services by 2025. This figure can be reduced but funding and sustainability is and remains a major topic. The Government is due to issue a Green Paper on Social Care this summer which will be interesting, but at this point there are currently no guarantees with regard to future funding. It is vital that all partners work together to identify and apply the best possible model of care, both financially and for the health care of the population;

(j) The STP sets a coherent direction of travel for community and NHS commissioned services which is given priority when commissioning services. A consistent approach to commissioning is necessary but with consideration to balancing budgets and following the direction of travel;

(k) Significant cuts to Public Health's early intervention services were found to be necessary but there must be evidence of success before there is any potential consideration of re-establishing any early interventions, to ensure that funding provides the best possible value;

(l) It is difficult to establish a single point of contact across the whole system when organisations work differently with their own systems and procedures. Ideally a single new system across all partners and organisations would re-align communication paths and resolve disjointed practices. Hospital integrated discharge has been a success in the partnership as information is in one place and patients follow a specific pathway. However, there is much work to be done to streamline primary care communications and systems whilst being risk aware;

(m) There had been a proposal to reduce the number of beds at QMC by 200 but nothing will be done until there are satisfactory alternative community services available. The Trust's Annual Report provides information on what it plans to achieve with examples of implications and benefits. NHS England has issued interim guidance that beds cannot be withdrawn until alternative provision is in place. At the moment beds are definitely required so there are no immediate proposals to 'close' any;

(n) The length of patient's hospital stay has been reduced which in turn has helped improve the performance of A&E. During the winter period all beds were in use which illustrates the level of flexibility needed;

(o) Resources is a national debate which is likely to be on-going for quite some time, but everyone needs to ensure that the resources available are used as effectively as possible for the best outcomes;

(p) The new systems thinking approach was applied to primary care during the busiest period of the winter crisis, when GP appointments were available in the evenings and at weekends. Pro-active multi-discipline models of care are essential going forward.

Members of the Committee welcomed the update but expressed concern that whilst saving NHS funding, some money saving alterations to NHS health systems could result in significant financial implications to the Public Health and Social Care budgets for which additional funds were not available. Added to which funding is not available from the City Council to support the transformation process.

RESOLVED

(1) to note the update and thank contributors for their attendance;

(2) for a further update to be provided to the 18 October 2018 meeting, or earlier if any significant issues occur.

75 SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH

Councillor Nick McDonald, Portfolio Holder for Adults and Health, was in attendance to summarise to the Committee the work that had been undertaken within the Portfolio during the past year and what is intended for the forthcoming year.
Alison Challenger, Director of Public Health, was also in attendance and assisted in delivering a presentation which will be included in the initial publication of the minutes.

The following points were highlighted and responses given to the Committee's questions:

(a) Some tough decisions have been made in the past year and whilst it's interesting to hear the discussion on the Sustainability and Transformation Partnership (STP), the achievement of some of the objectives should be considered with scepticism as progress has been slow. Public Health and the Health Scrutiny Committee need to remain involved in the STP and be clear about what they require from the STP;

(b) At the start of the financial year, there was a funding gap of £10.5m due to mis-communications regarding the STP, but as a result of the significant action taken in relation to Public Health services, next year's budget is robust and there is confidence at the projections for future years;

(c) The challenge for Local Authorities is not just regional and the decisions requiring service cuts have been difficult but it is necessary to set a sustainable budget for social care services, independently of any potential savings or costs connected to the STP. As it's unknown what level of savings may be created through the STP, there is no guarantee that Public Health will receive any funding for preventative work, even though investing in prevention provides the best value for money;

(d) Social Care services cannot be delivered in the same way as previously and significant changes will have to be made, including modernising services. There is still

much work to do but new pathways will need to be established and different models of service delivery introduced;

(e) The 3 year Adult Social Care Strategy 'Better Lives, Better Outcomes' needs to be progressive and take control of the agenda with the Transformation Programme for 2018/19 delivering the strategy. The STP focuses on challenges elsewhere and does not directly seek to address Social Care challenges;

(f) Since its transfer to Local Authority responsibility, difficult decisions about public health have been required to ensure services can be maintained. Reconsideration of the treatment and approach to Public Health is required both within the City and the Council in that Public Health needs to be fundamental and a priority to all City Council services with health and wellbeing principles and interventions embedded across the Council;

(g) Upscaling of prevention work is required with NHS partners who will need to contribute resources and/or financially as although it's acknowledged that they too are subject to reducing budgets, preventative work will save them money in the long term. Finance from acute services could be transferred to early intervention and preventative work which in the longer term would be far more effective financially and for citizens;

(h) Community assets need to be used to the best effect by 'sign-posting' citizens to raise awareness of available services;

(i) Privatisation of services, including within the NHS must be avoided as creating successful systems has been achieved elsewhere;

(j) Fluoridisation of the City's water is a controversial topic with anti-fluoride groups being very vocal in opposition to any suggestions. However, given the significance of the poor dental health in the City and the resulting negative health implications, in the opinion of the Portfolio Holder, fluoridisation would be undeniably beneficial to dental health in the City;

(k) The change in policy for Adult Social Care transport relates to those service users who are capable of travelling on public transport being expected to do so following training and initial support. It is not sustainable to provide taxi travel as a default position for the whole of someone's life; it's not good for the service and does not promote independence for service users. Each case will be considered individually and where it's not appropriate for the service user to use public transport, a taxi will be provided;

(l) The lines of communication need to be improved between partners of the Health and Wellbeing Board. Very difficult decisions had to be made with regard to drug and alcohol and smoking cessation services and although sought, there was no way found to mitigate the action finally taken. Public Health are in discussions with the CCG and partners as how they may be able to support these areas;

(m) Some difficult decisions have been made with regard to traditional services as priority must be given to statutory responsibilities. This been a lot of work on re-profiling the public health grant which has resulted in a different approach to that of the NHS and a greater emphasis on prevention across society which links into employment and health, housing and health and air quality and health;

(n) As smoking contributes to broader health issues, Public Health is working with commissioners to locally source smoking cessation services but with a better understanding of the context of who smokes and who wants to quit. It is anticipated that any new service will operate a different model to the recently decommissioned 'New Leaf' service with a more detailed understanding of where patients come from, and what they are returning home to;

(o) The 'Clean Air Zone' which will come into effect in the City will have broader implications than just on buses and diesel engines. Although on the agenda for some time, there will be a push to change the culture of communities and what we can achieve as individuals. Public consultation will start during the summer to gain a better understanding of what this means to citizens and how they believe they will be impacted and contribute. GPs will also be asked about what they advise patients with asthma;

(p) With regard to the lack of NHS occupational health or well-being services available to employers in Nottingham, this can be raised with the Health and Well-Being Board. Many employers are realising the value of providing preventative and health support to staff in the form of occupational health type services;

(q) Promoting and enabling independence with care of patients in the community is cheaper and more beneficial for patients. It will be difficult to develop as citizen's needs continue to increase and more patients are becoming sicker than before with more complex needs. A holistic streamlined approach with a review of pathways is required. Prevention is vital as is finding issues before they escalate to serious health conditions. This must be built into all pathways and systems, not just as an add-on the service.

A member of the Committee commented in regard to employment and health, that large local employers often provide their own occupational health services, which whilst previously provided by the third sector, are now generally commissioned from the NHS at a local level. It is a concern that there were no NHS occupational health providers in Nottingham and therefore their organisation's employees are expected to travel to Leicester where the service is available. This often results in employees often not taking advantage of a service which employers pay for, which in turn may impact on the health and well-being of employees and citizens. This is an obvious gap and weakness in services so maybe it could be suggested to NHS partners that here is a business opportunity for Nottingham based services which could also benefit citizens at no cost to the NHS?

RESOLVED to note the update and schedule further discussion with the Portfolio Holder for Adults and Health about progress within their Portfolio at the 18 October 2018 meeting.

76 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, presented the work programme schedule for 2018/19 and requested the Committee's comments and suggestions.

In addition to scheduling an update on the STP and ICS and the Portfolio Holder responsible for Health to attend the 18 October 2018 meeting, the following topics were suggested for scrutiny:

Waiting times and access to Nottinghamshire Healthcare Trust Services

Workforce challenges and work to address this, including the STP Workforce work-stream. The Chair suggested that as workforce issues are a broader regional issue, it could be suggested for regional level scrutiny at a Regional Scrutiny Chairs meeting.

Further to the Committee's resolution (minute 45 regarding 14/12/17) to ensure that a co-ordinated approach is taken to scrutiny of University Hospitals of Leicester NHS Trust's provision of Level 1 congenital heart disease services, the Chair informed the Committee that the Joint Committee of Leicestershire County Council, Leicester City Council and Rutland Council Health Scrutiny Committee had confirmed that they will be undertaking this work to ensure that the NHS England standards are met. The Chair believed that contributing the work to retain congenital heart disease services in the region was one of this year's achievements by the Committee for citizens.

RESOLVED to note the Committee's proposed work programme for 2018/19.

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HEALTH SCRUTINY COMMITTEE
24 MAY 2018
HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

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

2 Action required

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

3 Background information

3.1 On 14 May 2018 Council agreed the Health Scrutiny Committee terms of reference. The terms of reference are attached at Appendix 1.

4 List of attached information

4.1 Health Scrutiny Committee Terms of Reference 2018/19

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

5.1 None

6 Published documents referred to in compiling this report

6.1 Report to Full Council on 14 May 2018

7 Wards affected

7.1 All

8 Contact information

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

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Health Scrutiny Committee Terms of Reference

a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities for health and social care matters, including, the ability to:
    (i) hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
    (ii) review policy and contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Nottingham residents;
    (iii) explore any matters affecting Nottingham and/ or its residents;
    (iv) make reports and recommendations to relevant local agencies in relation to the delivery of their functions, including the Council and its Executive;
b) To exercise the Council's statutory role in scrutinising health services for Nottingham City in accordance with the National Health Service Act 2006 as amended and associated regulations and guidance;
c) To engage with and respond to formal and informal consultations from local health service commissioners and providers;
d) To scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;
e) To hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;
f) To work with the other scrutiny committees, to support effective delivery of a co-ordinated overview and scrutiny work programme;
g) To respond to referrals from, and make referrals to, Healthwatch Nottingham as appropriate;
h) To commission time-limited panels (no more than 1 panel at any one time) to carry out a review of a matter within its remit. Commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review to be carried out. Such review panels will be chaired by the Chair of the Health Scrutiny Committee;
i) To monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;
j) To appoint a lead health scrutiny councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and the Portfolio Holder with responsibility for health and social care issues;
k) To co-opt people from outside the Council to sit on the Committee or any review panels it commissions to support effective delivery of the work programme.

<u>Membership</u>
The Committee has 12 members. Membership must not include members of the Executive Board. The Committee is politically balanced, with allocation of seats between political groups determined on a year by year basis.

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HEALTH SCRUTINY COMMITTEE
24 MAY 2018
NOTTINGHAM TREATMENT CENTRE PROCUREMENT
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To receive an update on the current position with the Nottingham Treatment Centre procurement.

2 Action required

2.1 The Committee is asked to review progress with the Nottingham Treatment Centre procurement process.

3 Background information

3.1 In November 2017, the Committee heard about plans for the Nottingham Treatment Centre procurement. The Treatment Centre is located on the Queens Medical Centre campus and provides a range of day case services, including:

- Cardiology
- Clinical neurophysiology
- Colorectal
- Dermatology
- Diagnostic imaging
- Dietetics
- Endocrinology
- Gastroenterology
- General surgery
- Gynaecology
- Hepatology
- Occupational therapy
- Pain management
- Physiotherapy
- Respiratory medicine
- Respiratory physiology
- Trauma and orthopaedics
- Urology
- Vascular

The current contract is held by Circle and expires in July 2018.

3.2 The Committee wanted particular reassurance about the development of the specification for the dermatology service. A written briefing regarding this was provided to the Committee in February 2018 outlining that specialist input had been sought in developing the specification including the British Association of Dermatologists and local GPs with Special Interest in Dermatology; and the amendments to the specification as a result of this input.

3.3 In March 2018 Circle announced that it was challenging the tender process regarding the Treatment Centre. At the beginning of May Greater Nottingham Clinical Commissioning Groups and Circle reached

an out of court agreement ending the legal challenge to the current process to procure the contract. Greater Nottingham Clinical Commissioning Groups also announced that the current contract would be extended by 1 year to allow time for the procurement to be rerun.

3.4 Representatives of Greater Nottingham Clinical Commissioning Groups, including the Chief Commissioning Officer, will be attending the meeting to provide an update on the current position and answer questions in relation to that.

4 List of attached information

4.1 None

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

5.1 Briefing on 'Development of the Secondary Care Elective Dermatology Service Specification' provided by Greater Nottingham Clinical Commissioning Groups (February 2018)

5.2 Stakeholder Briefing issued on behalf of Greater Nottingham Clinical Commissioning Partnership '1 Year Extension to Treatment Centre Contract and New Procurement Timeframe'

6 Published documents referred to in compiling this report

6.1 Report to and minutes of the meeting of the Health Scrutiny Committee held on 23 November 2018

7 Wards affected

7.1 All

8 Contact information

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

HEALTH SCRUTINY COMMITTEE
24 MAY 2018
OUT OF HOSPITAL COMMUNITY SERVICES CONTRACT
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To review progress in mobilising the new Out of Hospital Services contract.

2 Action required

2.1 The Committee is asked to review progress in mobilisation of the new Out of Hospital Services contract to ensure service users have access to services when the contract commences.

3 Background information

3.1 In March 2018, Nottingham City Clinical Commissioning Group informed the Committee that Nottingham CityCare Partnership was the preferred provider of the contract for Out of Hospital Community Services. The contract will run from 1 July 2018 for 6 years and 9 months with an option to extend for up to 24 months. The contract is made up of a core specification covering generic contract wide functions such as tissue viability, infection control, high level patient focused outcomes, access targets, medicines management etc, with specific service specifications for:

- Access, Navigation and Self-Care (which includes care co-ordination, service navigation, social prescriptions)
- Musculo skeletal service (triage, assessment and treatment service)
- Long term conditions and case management (diabetes, respiratory, neurology, cardiac and stroke, podiatry, end of life care, community nursing)
- Integrated care (which includes urgent and crisis care, reablement, community beds)
- Integrated care homes (including care homes nursing, dementia and advocacy services)
- Continuing Healthcare and Section 117 (children and adults)
- Infection, Prevention and Control (independent providers)

3.2 The Clinical Commissioning Group had advised that the procurement had not been a like-for-like replacement for current provision and the opportunity had been taken to develop new ways of working and create a new community offer to include social care, mental health and some

planned care/ out-patient services as well as the traditional community clinical and physical health services.

3.3 The Committee wanted to review progress on mobilisation of this new contract. Representatives of Nottingham City Clinical Commissioning Group and Nottingham CityCare Partnership will be attending the meeting to provide an update on mobilisation.

4 List of attached information

4.1 Out of Hospital Contract (Community Services) Update from Nottingham City Clinical Commissioning Group and Nottingham CityCare Partnership

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

5.1 All

6 Published documents referred to in compiling this report

6.1 Report to and minutes of the Health Scrutiny Committee meeting held on 18 January 2018

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
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Out of Hospital Contract (Community Services) update

- Contract term: 1 July 2018 – 31 March 2025 (with the option to extend for a further 2 years)
- Provider: Nottingham CityCare Partnership CIC
- Value: £31.5m per annum
- Summary: The contract is made up of a core specification with service specific appendices (sub-specifications) as follows:

A	Access, Navigation and Self-Care	Care coordination, service navigation, social prescriptions
B	MOSAIC (Musculoskeletal, Orthopaedic, Spinal, and Integrated CFS)	Triage, assessment, and treatment service
C	Long Term Conditions and Case Management	Diabetes, respiratory, neurology, cardiac and stroke, SLT, cancer, NUH in reach smoking cessation, podiatry, continence, nutrition, end of life care, 24/7 community nursing, bone health, community matrons and therapy
D	Integrated Care	Admissions avoidance, urgent and crisis care, reablement, community beds
E	Integrated Care Homes	Care homes nursing, dementia support to care homes and advocacy services
F	Continuing HealthCare and Section 117	(Children and adults) - Greater Nottingham
G	Infection, Prevention and Control	GP practices; Care Homes with Nursing beds; Care Homes providing Discharge to Assess pathway
H	Paediatric Specialist Services	Continence and nutrition and dietetics
I	Homeless Health Team	Until 31/01/19 pending review of primary care mental health services
J	PLT admin support	Until 31/03/19 pending review of support to GP Practices across Greater Nottingham

The contract specifications have been consolidated, reviewed and integrated to provide a much more flexible approach to service delivery. The specifications have been made less prescriptive which allows the provider to use their innovation and experience in order to meet the contract outcomes.

- Quality and Patient Outcomes: Established quality and CQUIN schedules and a newly developed Local Incentive Scheme will monitor and assess the quality, safety, satisfaction rates and effectiveness of the service provision and financially rewarding key outcomes.
- Social Value: The contract aligns to the CCG's 3 main objectives to ensure that the provider not only improves the health of the patient, but also contributes to the health of the City through: improving employment and training; promoting healthy lifestyle behaviours; and supporting a healthy environment.
- Affordability and sustainability: The CCG has had to reduce the contract envelope as part its wider savings plan. CityCare have responded to the contract requirements and financial envelope and have developed new flexible staffing models to maintain service delivery, safety and quality at a local level. The CCG has built a quarterly financial health check report into the contract to review the financial sustainability of the provider.
- Mobilisation: CityCare are leading the mobilisation of the contract and are on track to deliver the full specification by 1 July 2018.

Update from Nottingham CityCare Partnership regarding mobilisation and future service offer:

What are the key changes to the service offer?

- **The Musculoskeletal (MSK) and pain service** pathway will change to incorporate the following from 1 July 18: Community acupuncture, Community pain management, Community assessment and triage, Community MSK physio and secondary care pain services. The integrated pathway will provide level two of a three level system approach to the management of pain and orthopaedic conditions.

  A key change to that delivery is that patients currently receiving secondary care pain treatment will no longer have open appointments and will be discharged or have their care reassessed within the new Integrated MSK Pain service.

  Patients requiring secondary care procedures will be case managed within the community by the new service.

- **The Integrated Care Homes team** has been commissioned to deliver the functions and outcomes that are currently being delivered by the Care Homes Nursing Team, City Dementia Outreach Team, GP LES to Care Homes and Age UK Notts Advocacy. The service however will be delivered under one contract from 1 July 18 which will allow for more integrated, seamless pathways of care, increased flexibility of workforce and improved sustainability.

- From 1 July 2018 the **Continuing HealthCare Assessment Service** will expand to include the three Greater Nottingham CCGs (Nottingham North & East, Nottingham West and Rushcliffe CCGs), as well as Nottingham City CCG. Mobilisation work is currently being undertaken to de-couple from the wider County CCGs Service currently in place. The new service will follow the current Nottingham City CCG service standards which will offer consistent provision across Greater Nottingham and aligned administrative functions.

- CityCare have responded to the contract requirements and financial envelope and have developed new flexible staffing models to maintain service delivery at a local level (based on the well-established Care Delivery Group model across Nottingham City), but offers cross cover for sustainable service delivery and access to specialist nursing support when required.

- The financial envelope has reduced from 1 July 18 which has meant that staffing numbers have reduced, but flexible approaches to service models have given assurance that the quality of care, patient experience and patient outcomes will be maintained.

- The previous reports to Health Scrutiny Panel detailed an arrangement with the Local Authority from 1 April 19 to integrate additional services into the CityCare offer, however this has now been withdrawn with discussions ongoing regarding further integration opportunities specifically in relation to Better Care Funded (BCF) services.

- Another change to the contract requirements has been the introduction of the Local Incentive Scheme that sets out key outcomes to be delivered each year which are financially rewarded to the provider upon achievement. Such outcomes can include the active care planning of patients with long term conditions ensuring that patients

are progressing and meeting their agreed goals; patients remaining at home 91 days after a hospital inpatient discharge; reducing the number of patients who have falls etc.

What are the benefits of the new service model to a) provider and b) patient?

- The change in commissioning approach provides CityCare with the opportunity to work more flexibly, matching resources to the areas of greatest need to ensure delivery of a patient centred approach which looks at the patients as an individual rather than by condition.

- This more flexible commissioning style means that specialist practitioners will be embedded into the neighbourhood teams to provide a holistic approach to patient conditions, avoiding duplication and promoting consistent communication and support across the services. Promoting integration across primary, secondary and community organisations through the delivery of integrated care pathways such as diabetes, respiratory, where clinicians work across organisational boundaries. For example:

  The Integrated Respiratory pathway delivered by CityCare in partnership with NUH provides a unified approach across community and secondary care. As part of the partnership approach we have developed shared posts such as the re-admissions nurse.

  Employed by NUH the post works between the respiratory wards and community to jointly manage citizens that repeatedly readmit in a crisis due to their respiratory condition. Developing joint care plans which include management of anxiety (links to IAPT) which is known to be a major cause of unnecessary respiratory admissions so that the citizen knows what to expect, how to manage their condition and if necessary who to contact at times of crisis. Reducing duplication between teams, establishing shared prioritisation of care and consistent communication with the patient. This integrated approach has been a great success. The length of stay for patients admitted in crisis for respiratory conditions has reduced. 2015, 22.7% of patients discharged from NUH readmitted to NUH had a length of stay equal to or less than a day and this fell to 19.6% in 2016. The real example represents how this post works in practice:

  A 69 year old lady with COPD lives alone with no family locally and very anxious. Over a 12 month period she had been readmitted with respiratory issues 7 times. The readmission nurse identified that the admissions all occurred late on a Friday evening, as a 999 call with the patient presenting with severe anxiety. Working with EMAS colleagues as part of an integrated approach it was identified that when the paramedics arrived the patient would be waiting with overnight bag packed ready for admission. Using this knowledge the patient case was discussed by the MDT and a management plan agreed. This included ensuring the MDT we aware of the issues / management strategy and therefore able to respond in a co-ordinated and consistent approach. Referral to the Healthy Housing Coordinator, leading to the patient being rehomed to more suitable environment within supported living. Education and support to understand her condition and manage anxiety relating to her COPD. In the subsequent 12 months this lady has only had one hospital admission.

- A focus of the new delivery model will support patients to take control of their own condition, by providing them with the confidence, skills to practical tools to manage their own care. An example of this in practice is the MSK – physio self-management

website. The Site offers practical support and advice in the form of video demonstrations, exercise programmes tailored to specific MSK conditions.

- Patients (and Nottingham City as a whole) could benefit from the opportunities that delivered through Social Value which could include: on the job training and workforce development; links with colleges, universities and training Providers to promote apprentice schemes or befriending schemes; links with leisure facilities or walking groups (for patients/citizens and staff); links with slimming groups or healthy eating classes (for patients/citizens and staff); links with peer support groups; promoting active travel and providing salary sacrifice opportunities for staff to travel on public transport, for purchasing ultra-low emissions vehicles, or bike to work schemes; promoting electric or low emission vehicles for business use; utilising local suppliers for food, linen and other resources; promoting smoking cessation and delivering alcohol Identification and Brief Advice (IBA) (for patients/citizens and staff) etc. This will help to support and improve the health economy of the City, not just the health of its patients/citizens. The CCG welcomes innovation and creative thinking of how Social Value can be embedded in the contract.

What are the main mobilisation tasks?

- CityCare have continued their commitment to deliver safety, clinical effectiveness, caring and compassionate services to the people of Nottingham and Nottinghamshire.

- CityCare have been reviewing estates and estates utilisation to ensure that patients continue to benefit from convenient, accessible clinic venues; and that staff are located in buildings that are centralised, integrated and enabled. Some staffing bases may need to be changed to accommodate additional staff coming to CityCare from other providers as a result of the re-procurement.

- CityCare have an established relationship with the Patient Experience Group (PEG) who are active in engaging on current and new developments. The PEG group have been engaged throughout the procurement and mobilisation period to ensure that patient voices are heard and reflected in service models.

- The contract was awarded as a lead provider contract which means that CityCare has the opportunity of working with other organisations to provide integrated pathways and specialist input from experts to ensure that patients are supported in the best way possible. An example is end of life care where patients can benefit from local hospice support alongside clinical case management by CityCare. Another example is NUH where consultant input into services such as pain, long term conditions and care of the elderly ensures that patients only attend hospital when it is clinically appropriate. Some of the sub-contracts that CityCare are developing are new and some will continue from the previous contract.

- CityCare continually review their sub contract arrangements and often have contracts with organisations not for services but for products, such as continence products. These contracts are being reviewed and renegotiated where possible to ensure that CityCare get the best value in their purchases.

What engagement has been undertaken so far?

CityCare continues to involve patients and service users in helping us improve and develop our services through on-going feedback and engagement opportunities. We collect feedback from patients and service users following episodes of care and reflect on any learning from this alongside any information collated from complaints and concerns. Our Patient Experience Group (PEG) continues to meet regularly and we have involved members fully in discussion regarding the Out of Hospital contract. At the next PEG meeting in July we will be presenting the full range of services available. The meeting will also be attended by the Head of Engagement and Communications from the Clinical Commission Group (CCG), talking to PEG members about the CCG's financial recovery plan and its implications. We work closely with partners such as the CCG to ensure that information gained from consultation and engagement processes is shared and that we give a consistent message to patients, service users and the public.

One example of engagement has been around the development of the MOSAIC pathway which was supported by patient representatives focusing on areas such as liaison with the local Chronic Fatigue Syndrome patient group, providing an opportunity for our clinical team to discuss and receive feedback on clinical models and supporting the seamless transfer of care between providers, reducing anxiety amongst patients currently receiving services within secondary care.

What engagement/communication will be in place post July?

We are continuing to grow our participation of patients and service users as we develop and deliver Out of Hospital services. We will do this in conjunction with our partners across the health and social care system, avoiding duplication and ensuring that themes from feedback are shared and acted upon. For services that are new to CityCare, such as the delivery of the pain management pathway, we are beginning to link with networks of patient/service user groups to ensure that we are able to share clear information and to pick up on any concerns or suggestions for service improvement. We will build on our current structures to ensure that information regarding patient/service user experience is shared with the CityCare Quality Committee and Board. We will develop opportunities for co-production, with patients/service users and staff working together to develop and improve services

What are the risks to the timescale for 1 July 2018 implementation?

CityCare are managing and mitigating risks through the mobilisation phase and maintain a close working relationship with the Commissioners and other providers to ensure delivery by 1 July 18.

Kathryn Brown

Contracts Manager – Community Services

NHS Nottingham City CCG

Stephen Upton

Sustainability and Transformation Lead

Nottingham CityCare Partnership

24 May 2018

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HEALTH SCRUTINY COMMITTEE
24 MAY 2018
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To consider the Nottingham CityCare Partnership draft Quality Account 2017/18.

2 Action required

2.1 The Committee is asked to consider the Nottingham CityCare Partnership draft Quality Account 2017/18 and decide whether to submit a comment for inclusion in the final Quality Account document and, if so, the content of that comment.

3 Background information

3.1 A Quality Account is an annual report to the public from providers of NHS funded healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety; clinical effectiveness; and patient experience.

3.2 In March 2018 representatives of Nottingham CityCare Partnership spoke to the Committee about their Quality Account 2017/18 including the organisation's progress against its quality improvement priorities for 2017/18 and proposals for its quality improvement priorities for 2018/19. The Committee did not make any recommendations in relation to the proposed quality improvement priorities.

3.3 Providers have to share their Quality Accounts prior to publication with the relevant commissioning body, the appropriate local Healthwatch and the appropriate overview and scrutiny committee. Commissioners have a legal obligation to review and comment on a provider's Quality Account, while Healthwatch and overview and scrutiny committees are offered the opportunity to comment on a voluntary basis. The provider then has to include these comments in the published Quality Account.

3.4 At this meeting, CityCare presents its draft Quality Account 2017/18 document for consideration. Representatives of CityCare will be present to answer any questions about its content.

3.4 The Committee needs to decide if it intends to submit a comment and, if so, the content of that comment.

4 List of attached information

4.1 Nottingham CityCare Partnership Quality Account 20171/18 (draft)

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

5.1 None

6 Published documents referred to in compiling this report

6.1 Report to and minutes of the Health Scrutiny Committee meeting held on 22 March 2018

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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0115 8764315

Nottingham CityCare Partnership

Annual Quality Account – 2017/18

About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, 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.

If you would like this information in another language or format such as large print, please contact: 0115 883 9654.

Contents

Part 1

Introduction from the Director of Nursing and Allied Health Professionals

Welcome to Nottingham CityCare Partnership's Annual Quality Account for 2017/18, which is an accurate and honest representation of the quality of care we are delivering across all parts of our organisation.

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.

Throughout 2017/18 we have continued our relentless focus on safe, effective and compassionate care and our staff are passionate and committed to ensuring our patients receive the very best care they can provide within the commissioned service specification.

We absolutely understand that there will sometimes be areas where we can do better, and our work as part of the Sign Up to Safety initiative has continued to reduce avoidable harm across our Adult and Children's clinical services. We have also continued to ensure any learning is shared across the organisation and we are passionate about hearing our patients' voice and using this to inform our strategy for the future.

As an organisation we are very aware that the quality we deliver is thanks to our exceptional staff who often go above and beyond what is expected of them, and we are so thankful to them for all they do. This appreciation is shared by our patients and is expressed through our Patient Experience Group and through our patient satisfaction questionnaires. We see our staff as our most valuable resource and this is why we have made supporting our staff a quality priority once again this year as we need to care for them so they can continue to care for our patients.

The last year has held a lot of uncertainty for staff as the contracts we held came up for tender, and we were delighted to hear that our plans for the future coupled with their hard work, evidenced by successful delivery against the contracts since we became a social enterprise in 2011, has resulted in us being awarded the Out of Hospital (Adult) and 0 – 19 year Better Start (Children) contracts which begin this year.

We believe the priorities we have set in this report will make a real impact and help us on our journey alongside our partners in the local health economy. The future is positive and we understand where we need to focus our energy and commitment.

I would like to personally thank our staff for all they have done over the past 12 months and all they continue to do to provide the care we are so very proud of in CityCare.

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

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

About CityCare

We deliver a range of community healthcare services shaped to meet the needs of the communities we serve - from health visiting and education for young families to community nursing and home-based rehabilitation services for older people, and from the NHS Urgent Care Centre to specialist services.

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

For more information on our services visit www.nottinghamcitycare.nhs.uk or call our Customer Care Team on 0115 883 9654.

Listening to patient and service user voices

We continue to involve patients and service users in helping us improve and develop our services through ongoing feedback and engagement opportunities. We have expanded our use of feedback by text this year and will continue to do so throughout 2018/19, making it quicker and easier for people to tell us what they think about our services. Our Patient Experience Group (PEG) continues to meet regularly and members are involved in a wide range of different activities. In 2017/18 we increased our involvement of PEG members in our Quality and Safety Group and Research Strategy Group, and continue to have representation on our Equality and Diversity Group. Other PEG activity includes:

- Involvement in our peer review process, working with teams of clinicians and non-clinical staff to review the quality of our services
- Involvement in task and finish groups, for example reviewing a medication adherence tool
- Reviewing patient information such as service leaflets
- Auditing complaint files in partnership with Nottinghamshire Healthcare NHS Foundation Trust
- Being members of the interview panel for senior members of staff.

In addition to PEG, other groups are convened for specific purposes. This year, the Health Visiting service carried out focus groups in relation to children's services, talking to mothers and fathers of young children about their experience of services and whether both parents have felt involved. The antenatal letter and pathway have been adapted to be more inclusive of fathers and this was welcomed by the focus group attendees.

We are continuing to grow our participation of patients and service users as we develop and deliver Out of Hospital and 0-19 services. We will do this in conjunction with our partners across the health and social care system, avoiding duplication and ensuring that themes from feedback are shared and acted upon.

Patient and service user satisfaction

We ask people about their experience of our services on an ongoing basis. We are pleased that in 2017/18 we have continued to achieve high levels of satisfaction, with the number of patient survey responses remaining high at 6,782. Analysis of our main satisfaction survey results shows that:

- 90% - services are excellent or good
- 90% - were involved in decisions (of 4,086*)
- 94% - 'excellent' or 'good' for being treated with dignity and respect (of 4,305*)
- 90% - 'excellent' or 'good' for meeting their particular needs (of 4,281*)
- Friends and Family Test: 92% - 'likely' or 'extremely likely' to recommend the CityCare service that they had received (of 3,291*).

*Number of respondents

Satisfaction within all groups

It is important for us to ensure that our services meet the needs of particular groups and people with protected characteristics as defined in the Equality Act 2010. Our surveys have monitoring forms attached enabling us to analyse this. Our two main surveys tell us the following:

How well did the service meet your overall satisfaction?

- 459 patients/service users from a Black and Minority Ethnic (BME) community answered this question, and of these, 90% (413) rated the service as excellent or good
- 1,524 patients/service users who consider themselves to have a disability or long term condition answered this question, and of these 91% (1385) rated the service as excellent or good
- 91 patients/service users who identified as being Lesbian, Gay or Bisexual answered this question, and of these 91% (83) rated the service they had received as excellent or good.

In 2017 we carried out a survey with interpreters asking them a number of questions in relation to access to services for the people they interpret for. Forty six people responded, representing around 50% of the interpreters providing a service for CityCare. The findings showed that access to CityCare services is generally good. Some issues raised included the importance of suitable venues for people with different religious and cultural backgrounds, the importance of making referral processes easy for people whose first language is not English and the importance of providing clear information.

We also carried out a survey in Children's Services in 2017, identifying what is important for people in terms of child and family health. Interpreters supported people to complete the survey when needed. Twenty two per cent of responses were from people whose first language is not English, with 12 different languages represented. The survey showed that people from a range of cultural backgrounds ask for support with similar issues such as baby feeding, child's sleep, child's weight and child's behaviour and development.

The findings of these surveys, along with our ongoing feedback and engagement findings, will help us continually shape our services to meet the needs of diverse communities.

Compliments

Adult services

"Your staff are amazing; in these hard times I am very lucky to have the support and care from them."

"Listened to us and then spent a lot of time explaining what was on offer and how to use it. We didn't feel rushed at all at any stage. Emotional needs and feelings taken into account as well as physical ones. Thank you very much."

"They contacted me before the visit and explained what I should do to prepare for my treatment. They were on time, friendly, courteous and very reassuring. I was treated with care and was put at ease throughout the procedure."

"It gave me support and guidance when I was discharged from hospital. I did not know what to do, this service gave me direction. Keep up the good work, you can't pay for this level of service/after care."

"I am delighted to send a very sincere thank you for the excellent care your team has provided following my discharge from QMC. The physio and her support workers could not have provided better treatment. Their help and advice has been invaluable. Every support worker under the physio's direction has also been so encouraging and pleasant. It has been both a pleasure and a privilege to welcome every one of them into my home every day – in fact I looked forward to seeing them."

"Without this care package I would not manage at this present time. It is very reassuring to know there's someone coming in to take care of me whilst I recuperate."

Children's services

"We can't thank you enough; you've helped us so much with becoming parents, becoming independent and gaining confidence. We couldn't have done it without you."

"Offer support to you when needed. I had a tricky time at the start with my baby and I can honestly say I had full support from my Health Visitor. They were fantastic at giving me advice, support (emotionally) and willing to listen to any problems. The service keeps you in touch with activities, groups and general communication with the local community centre."

"You listen when I need to talk. You give me advice when I need it and no one else will. You make me feel listened to and understood which makes my mood better."

"It has helped with my child opening up regarding his feelings with someone that is providing a feeling of comfort and safety and has given him strategies to work with when he gets anxious and overwhelmed."

"The service is extremely informative, it helps put your mind at ease especially for new parents. It was a comfortable atmosphere which makes it easier to join in and learn."

Urgent Care Centre

"I would like to thank you all for the prompt and amazing treatment you gave my husband. If you hadn't done what you did, as quickly as you did, he wouldn't have made it through the night."

"After hearing about the delays within the NHS it was very comforting to be processed through triage and treatment so quickly."

"Everyone was totally professional, caring and treated me with compassion and dignity."

"Today I have had very good experience with the nurse. This showed me the importance of the NHS and their staff. Really helpful, from the care of the receptionist who was also very well accommodating."

"Everything was superb and the staff were brilliant, felt very comfortable considering I'm very ill and also suffer with anxiety. 10/10."

Managing complaints

We appreciate that sometimes people are not satisfied with the service we have provided and we are fully committed to being open, honest and transparent in our investigation of and response to complaints. Complaints are reported monthly to our Quality and Safety Group and quarterly to our commissioners and Board, including outcomes and lessons learned. As a provider of NHS funded services we adhere to the NHS complaints regulations and all of our patients/service users are advised of their right to free advocacy and to have their complaint reviewed by the Ombudsman if they remain dissatisfied. We continue to review complaint files in line with agreed standards through our peer review process, working in partnership with other agencies and lay representatives.

How do we respond to feedback to improve services?

Below are some examples of how we have responded to feedback and made changes to our services.

Service	Issue raised	The changes we made	People benefiting from the change
Community nursing - Doppler clinics (checking circulation for people with leg ulcers)	Difficulty getting in touch with CityCare staff having received treatment at the clinic at Radford Care Group, and concerns about the quality of information that was passed on to the GP.	Key contact details for a named CityCare member of staff will be left at the care centre in case patients need to make contact when there is not a clinic running. GPs will now be provided with leg measurements for patients to enable them to order the most appropriate hosiery.	People accessing Doppler clinics
Homeless Health Team	Emmanuel House was receiving feedback from patients that they would like to be seen by GPs in clinic settings. The team worked with a GP from Platform One and it was identified that this was a missing resource.	Due to this being highlighted by the Homeless Health Team, a GP-led clinic was set up at Emmanuel House which also helps reduce the impact on out of hours GP services.	Homeless people

Continuing Care	Some people accessing Continuing Care struggled to understand what the service offered.	The team are now giving all service users information leaflets on what the service does and does not provide. The information includes helpful information and useful contacts.	People with complex conditions and high levels of need
MSK Physiotherapy	Self-referral issues on the website and over the telephone.	The service has made it simpler for people to refer themselves online by making this more prominent on the MSK page of the CityCare website. The service has also instigated a 'call queueing' system on the phone lines.	All
Health Visiting	Advice and information about weaning.	We are reviewing our literature to support breast feeding and weaning to ensure that that advice we give is clear and concise.	Parents with young children
Integrated Respiratory Service	Some people not turning up for appointments ('Did not Attend'- DNAs).	Times and locations of clinics have been changed to reflect patient preferences. Text reminder now sent before appointments. Referrals now processed through triage nurse so that people understand reason for appointment more fully.	People with respiratory conditions
Breast feeding peer support	The importance of peer support and shared experience when providing breastfeeding advice and information.	The team worked with Derby University to produce a film with two local mothers talking about their experiences of breastfeeding which is now being used at 'Bump, Birth and Baby' groups.	Women with young babies
Urgent Care Centre	Feedback regarding the chairs in the waiting room - some discomfort expressed.	Some chairs were replaced and additional new chairs were ordered including two bariatric suitable chairs and some higher level chairs with arms. The specialist chairs will provide additional comfort for people such as bariatric patients, older people, pregnant women and people with limited mobility.	All

Urgent Care Service	Delay in discharge from hospital.	An escalation process has been put in place for community beds if there is a delayed response from a care home regarding whether a patient can be accepted. This will help avoid delays in discharges for patients.	People requiring support when leaving hospital
Smoking Cessation (New Leaf)	Waiting times in areas with high demand for services.	The service set up 'hub' sessions, allowing one-to-one appointments and drop-ins to run alongside each other and increasing choice and access for first appointments. This reduced waiting times for obtaining products as well as reducing the postage cost.	All

Listening to local families with children

Over the past year our patient satisfaction survey results indicate that the vast majority of parents feel they are involved in their child's care. The responses below are in relation to the Health Visiting service:

How well did the service…	Number of responses	% stating very or highly satisfied
keep you informed?	337	89%
support you?	337	88%
treat you with dignity and respect?	333	94%
meet your particular needs?	332	91%
meet your overall satisfaction?	336	93%
involve you in decisions about your care?	320	98%

We pride ourselves on the relationships built up with our families and are focused on continuing to develop our engagement strategy. We are developing a 'Family-Friendly Charter' which will include our promises to you, based on what you have told us is important to you.

Small Steps, Big Changes

Led by CityCare, Small Steps Big Changes is a partnership of parents, professionals and organisations including voluntary and community groups, the City Council and health providers coming together to help give the best start for Nottingham's babies and children.

It continues to drive forward with its innovative 'Community Connections' governance model. Our 10 Parent Champions bring the voice of the community into our multi-agency Community Partnerships and hold the majority vote at SSBC Board.

In the last year Parent Champions have been involved in:

- Procuring a new evaluation partner
- Designing and developing a new service – Community Voice, Community Connections
- Evaluating and approving bids for the SSBC Innovation fund.

There are now more than 25 Parent Ambassadors who help raise awareness and understanding of the programme across the SSBC communities. Their enthusiasm and ability to get our message to local communities is recognised as a key driver in helping raise the profile of the programme, increasing attendance at groups and encouraging involvement.

Feedback

- *"You have helped me to want to better myself for myself and for my children."*
- *"My child took his first steps at Boogie Tots."*
- *"Coming to SSBC groups is my lifeline."*
- *"SSBC has made a big difference to me. From using some of the groups with my youngest child, to getting involved in the Community Partnerships and becoming a Parent Champion, and then on to where I am now in my role as a Family Mentor."*

Part 2

Review of quality performance

In this part of the report we look back at the progress made against the quality priorities we set for 2017/18. The priorities together address the three domains of patient safety, patient experience and clinical effectiveness. For more information on the background to these priorities, click here to see last year's report.

2.1 Promoting prevention

This priority covers:

- Improving mental health and wellbeing

- Signposting to key services
- Making Every Contact Count
- Self care.

Promoting prevention is one of the key themes within the NHS Five Year Forward View (FYFV) and a priority for CityCare. The FYFV stipulates the need for health services to be more engaged with relationships with patients, carers and citizens to promote wellbeing and in turn prevent ill-health.

Promoting prevention is being carried forward as a key priority into 2018/19. Please find information about actions being taken forward from this year in section 3 of this report.

What we said we would do	**What we achieved**	**How we have worked differently**
All adult patients considered low in mood to have a PHQ-9 assessment completed on SystmOne.	Clinicians now signpost to relevant services to ensure patients are seen.	Services continue to work closely with mental health (MH) clinicians across services as well as with MH clinicians working within Neighbourhood Teams employed by Nottinghamshire Healthcare NHS Foundation Trust.
	Children's services Children's services staff undertake emotional health assessments with parents and use GADD 2 and Edinburgh Post Natal Depression Score tools. The maternal mental health pathway provides clear guidance for staff if an adult is displaying low mood.	Children's services have actively engaged in the development of a multiagency Perinatal Mental Health pathway.
Increase the number of social prescriptions compared to 2016/17.	Social prescriptions prescribed by care coordinators when appropriate and encouraged through development of holistic worker role. Promoted at weekly Joint Case Reviews in care delivery group 7 as part of the continued development of Neighbourhood Plus.	Individual case studies used to provide feedback and patient experience. Joint working with social care and third sector. Case management of social prescriptions through SystmOne. Face to face consultations with patients using the Patient Activation Measure (PAM).
Deliver Connect 5 Mental Health Promotion training.	Two staff within the Workforce Development team have been trained.	
	Children's services A number of the children's workforce including managers will attend two-day	Managers proactively undertaking stress risk assessments.

	Mental Health First Aid Training from April to July 2018 on supporting staff experiencing mental health problems.	
Increased awareness and use of Making Every Contact Count (MECC). Plan how to embed MECC into existing practice.	MECC face-to-face training delivered to 48 staff on the Holistic Worker programme. 12 expressed an interest in becoming MECC champions and received more intensive training. Working group set up to devise a MECC and personalised care audit project plan and an implementation plan is now in operation. Holistic worker competency framework now incorporates MECC/self-care competencies.	Staff are putting learning into practice e.g. reporting more awareness of taking additional time to explain written literature such as medication instructions. Staff more aware of referral pathways and where to look for information such as the LiON on-line community directory.
	Children's Services MECC embedded into 6 week review by Health Visitors.	Three questions have been incorporated into the assessment of mothers: 1. How do you feel about your general health and wellbeing? 2. How important is it for you to improve your general health and wellbeing? 3. Is there anything I can do to help you improve your health and mental wellbeing? Health Visitors have been able to discuss these issues further and support referrals to health and wellbeing services.
Improved engagement from patients and staff in relation to self-care.	Included as part of the Holistic Worker programme. We will build on feedback from current engagement to influence future roll out of MECC, Health Literacy and Social Prescriptions. Work undertaken across Neighbourhood teams to develop person centred treatment plans and promoted across all CDG areas, allowing patients to identify their own treatment goals and how they may personally achieve them.	Care coordinators consider self care needs with citizens recently discharged from hospital to support better discharges and avoid readmissions. Identification of the cohort number of patients who will benefit from personalised care and support plans will be managed through the 2018/19 CQUIN target.

Case study – social prescriptions in action

Supporting Mr M

Mr M, a 61 year-old man of Asian ethnicity with multiple long-term health conditions, was referred for a social prescription by his Community Matron. He had described being in constant pain and severe depression/anxiety as he was 'not able to do anything about it'. He said he had no social life and while he felt that getting out and about would be effective for him, he was particularly anxious about the practicalities as he had a problem with urinary frequency which meant he needed to go to the toilet every 20-30 minutes. This caused him significant anxiety and embarrassment when he was out.

The initial options suggested to him included the Age UK Visiting Service, Click Nottingham for social inclusion and Nature in Mind for mental health support, and he agreed to all of these. The Care Coordinator also suggested he look at taking part in a local chronic pain support group and a coping with anxiety group. They also referred him to the Metropolitan STEPS Connect Service, a face-to-face befriending service for County residents, particularly for people of minority ethnic backgrounds.

His Community Matron then came across an article in the Nottingham Post about another self-help group, the Ugly Ducklings, which met nearer to his home. The Care Coordinator passed on their details and while at his self-care three month review Mr M said that he hadn't yet felt well enough to attend any of the groups, but he felt most attracted to the Ugly Ducklings. After six months we contacted the patient again, by which time he had visited the Ugly Ducklings twice. He said he found the experience "quite positive", and although unfortunately he can't go every time due to his health conditions, he said the group leader is very friendly and he particularly appreciates that it's in his own neighbourhood, so it helps him feel more a part of the local community. One of the other group members lives nearby and can give him a lift to the group. The group leader rings him every so often to check how he's doing. He is trying out a new product for his urinary problems, which he says is better than he had before, so this affords him a bit more time when he's out of the house.

2.2 More integration for seamless care (by working more closely across CityCare services and with our partners for example social care and community organisations)

This priority covers:

- Adult services
- Children's services.

Working in a more integrated way is fundamental in managing the complexities of care delivery at the current time. We need to consider how we can work in a more seamless way to ensure the best care is delivered for our patients in an efficient cost effective way.

What we said we would do	What we achieved	How we have worked differently	Work that will be carried over to 2018/19

Roll out of the holistic worker role.	The role has been implemented with 72 members of the CityCare Urgent Care and Reablement Team (city wide) and 18 staff within Neighbourhood Plus (CDG7). The programme also worked in partnership with 26 members from the Nottinghamshire County Council (NCC) START team and King's Mill Hospital discharge/EDASS team. Participants undertook classroom sessions in: • Occupational therapy/physiotherapy • Social care/mental health • General nursing • MECC/health literacy Through the Urgent Care and Reablement team there are holistic workers in each CDG.	The staff on the programme have more understanding of other disciplines and are able to make more informed decisions on referral or undertake procedures without needing to refer to another member of staff. Additional training needs have been highlighted e.g. within CDG7 anomalies in relation to tissue viability were recognised resulting in additional training from the Tissue Viabillity team. Comments received during evaluation have prompted equality and diversity considerations e.g. staff on rotas different to disciplines such as OT and physio requested flexibility to undertake the shadowing required, and we are working with team leaders to allow this. We have also offered flexible session times to staff that have not been able to attend classroom sessions outside of their normal working hours. The use of e-learning will be considered to enhance this flexibility further.	We will scope new teams to undertake the programme and devise a model which will help to promote holistic working across all CDG areas and which is realistic and achievable within time and budget limitations. Support continues for those currently taking part in HW as part of 2016/17 roll out. Work has progressed with Optimum Workforce Leadership to engage with care homes/home care and this will continue over the next year. See part three of this report for more actions moving forwards in relation to the holistic worker role.
Development and use of core assessments in line with the holistic worker programme.	The Holistic Worker Project Manager has been involved in meetings looking at the revision of the CityCare core assessment particularly in relation to data capture and reporting on MECC priorities.		We will continue to progress this.
Development of a holistic assessment in the neurology team.	Due to the possible changes within the contract specification in line with the procurement of the Out of Hospital tender there have been no developments as yet.		The contract has now been awarded to CityCare and this will be picked up as services mobilise to new contract specifications.

Work with relevant partners to deliver a coordinated offer for children in the city.	Joint events held with Nottingham City Council Early Help Managers and CityCare staff to map work and identify potential areas of duplication. Nottingham Insight utilised as a shared data resource to assist planning of integrated work to increase alignment of activities. Work has commenced with NUH and the child health team on sharing of data with a potential to increase electronic access – e.g. hearing screening results Joint work continues within the priority families programme which supports families with complex needs and problems. **Facilitative management model** Changes have been implemented within the Children's Services Leadership team. A detailed training plan has been proposed to ensure each staff group has the knowledge and tools to successfully fulfil their new roles.	CityCare services are publicised on the 'LiON' online platform together with Local Authority, childcare services, local organisations, services and activities for children and young people.	In line with the new Children's Services Contract, we will develop collaborative working relationship with the Early Help Team. Partnership working will include joint pathways, data sharing agreements and co-location where possible. Work with NUH to streamline and improve the quality of data will contribute to the implementation of the new 0-19 Children's Services Contract. Further investment in the accredited Priority Families practitioner has been supported in order to embed the priority families agenda.

2.3 Reducing avoidable harm

This priority covers:

- Learning from incidents
- Recognition of the deteriorating sick adult or child (including sepsis)
- Safeguarding – children and adults

2.3.1 Learning from incidents

Working to prevent patients from suffering avoidable harm is a high priority in our organisation, and where harm has occurred, that we learn from this as an organisation to reduce harm in future to patients.

What we said we would do	What we achieved	How we have worked differently	Work that will be carried over to 2018/19
Reduce the number of the most frequent and potentially serious incidents. Demonstrate a growing safety culture within the organisation and reduce avoidable harm.	Stage 2 pressure ulcer incidents reduced from 801 in 16/17 to 417 in 17/18. Whilst not all incident investigations have been finalised only approximately 6% of stage 2 pressure ulcers were avoidable to CityCare. See parts 4 and 5 of this report for more information on how we are working to reduce all our patient safety incidents. The total number of pressure ulcers acquired in CityCare services in 2017/18 was 561 (reduced from 900 in 16/17). Stage 2 pressure ulcers that have completed their investigation show a reduction in avoidable stage 2s from 94 to 26 (72% lower). Stage 3 pressure ulcers that have completed their investigation show a reduction in avoidable stage 3s from 22 to 10 (54% lower). There have been no avoidable stage 4 pressure ulcers (although 2 are still under investigation) and there were 4 last year.	All stage 3 and 4 pressure ulcer incidents are reported as moderate harm incidents and reviewed at the CityCare Holistic Incident Review Panel (CHIRP). A multi professional panel reviews all moderate harm incidents and looks at the cause of the incident and actions required. If there are significant lapses in care, significant harm to the patient or significant learning to be gained to prevent the incidents recurring then a full root cause analysis investigation is carried out. If incidents are related to care from other providers these are notified for either individual or joint investigations. We have conducted patient safety discussions where senior managers and quality and safety meet with teams to openly discuss patient safety. The Assistant Directors regularly Walk the Floors, spending time with clinicians to offer support and see staff in their daily work.	To reduce avoidable stage 3 pressure ulcers by a further 10% To reduce avoidable stage 2 pressure ulcers by a further 10%. Hold an event to feed back to staff the learning from the patient safety discussions. Audit the quality of root cause analysis investigations.

	Number of root case analysis investigations (RCAs) of pressure ulcers: In 15/16 there were 108 pressure ulcer incidents categorised as serious compared with 36 in 16/17. In 17/18 there were 23. We have completed eight of our 11 actions identified from the thematic review of pressure ulcers undertaken in 16/17 and one is in progress. The final 2 are a) in relation to care agency training b) motivational interview training, both of which have on going actions currently. **Insulin** Insulin incidents attributable to CityCare dropped by 27% in the period April 2017 – February 2018 (compared to the previous year). We have seen an increase in insulin incidents in March 2018 and a review of the incidents identified three were no harm and one was a low harm incident. 82% of eligible staff have been trained on insulin awareness. We will continue to train our staff to ensure they have the correct skill set on insulin awareness. All bases are using the		

	new insulin allocation system. We have devised and rolled out a new insulin allocation standard operating procedure to all community nursing teams. **Root cause analysis (RCA)** RCA training – three sessions planned. 100% of staff attending training will be asked to evaluate. Root cause/s identified in 100% of RCA investigations.	We have run one training session out of the three.	Root cause analysis training will now be part of our manager training (see page 28).
Ensure all learning from avoidable harm incidents is embedded across services.	In the place of learning from relevant medication incidents being presented at District Nurse team leader meetings, it was decided that a greater impact would be made by focusing on producing regular one-page newsflashes based on learning from medication incidents.	We now have a learning lessons group which meets monthly and reviews learning from an incident and how it can be embedded across all relevant services. In 2017/18, 14 newsflashes were produced and sent out to all clinical teams. The topics covered were insulin, controlled drugs, flu vaccines, enoxaparin, and rivastigmine. The feedback from the community teams has been excellent as the newsflashes have been discussed at team meetings, and staff who have been absent at team meetings have been signposted to the newsflashes.	We are merging our learning lessons group and serious incident review group so that actions and learning from serious incidents is reviewed and discussed and learning cascaded from one group.

2.3.2 Recognition of the deteriorating sick adult or child (including sepsis)

Sepsis is responsible for 44,000 deaths annually in the UK although a more recent estimate is 260,000 people each year and 70% of the cases occur in the community (UK Sepsis Trust 2016). The potential local incidence of severe sepsis is predicted to be greater than 1,800 patients per year of which more than 650 will die, based upon the population covered by Nottingham University

Hospitals for secondary care. It is vital that CityCare ensures that all staff are aware of the signs of sepsis and escalate care appropriately when individuals show signs of deterioration.

What we said we would do	What we achieved	How we have worked differently	Work that will be carried over to 2018/19
Survey 50% of health visitors, nursery nurses and school nurses to assess their current level of knowledge and develop a training package based on knowledge deficits identified.	Survey undertaken of 50% of children's services staff (including a range of roles from both qualified and unqualified clinicians) and 34 adult services RGNs as part of a District Nursing degree project. Training package developed following survey, 10 sessions held from Sep 2017 - Mar 2018.	'Safety netting' (information provided to families to make them aware of the signs and symptoms of sepsis and when they should be seeking further help) is now being discussed with families. Evidence from Adult Nursing Evening and Night Service that they escalated to emergency services a patient they felt had sepsis.	Survey to be repeated with 50% of staff to ensure staff know when to escalate concerns.
To ensure all staff have access to the Sepsis UK Trust algorithms.	Reviewed algorithms with both Adults and Children's Services and amalgamated the Sepsis UK algorithm for carers and registered professionals into one document.		Survey to be repeated with 50% of staff to ensure that the algorithms are in use across the organisation.
Training session for staff running the minor ailments clinics and the Urgent Care Centre (UCC).	Minor ailment clinics are not yet in place but staff that will be working in the clinics have all had recognition of deterioration training. UCC has had training from the Consultant Microbiologist, Primary Care Infection Prevention and Control Doctor and also at the CityCare Prescribing Forum. Prescribing audit of antibiotic use has been conducted at UCC, results show prescribing at the UCC is in line with local Antimicrobial Prescribing Guidance.	Change from prescribing of Trimethoprim to Nitrofurantoin for urinary tract infection in line with the Antimicrobial Prescribing Guidance.	Audit 25% of records where an antibiotic prescription has been issued to establish whether the clinician has prescribed in line with guidance.

To develop a goal centred care plan for patients with urinary catheters which clearly states for patients, carers and staff when they may need to escalate concerns. To ensure its widespread use across CityCare teams.	New goal centred care plan is being added to SystmOne. CityCare also took part in the Infection Prevention Society national Catheter Prevalence Survey. The results of the survey have been shared including local data which will now be used to further develop our catheter management policy. Catheter passports have been distributed for teams to use which will include all the information about an individual's catheter.	All patients with a catheter on the caseloads within the CDGs and the Care Homes Team were reviewed and additional data collated on those that had had a catheter placed for the first time during the preceding 4 weeks. All patients reviewed had a care plan in place and had a review date for removal.	We will share catheter survey results with the participating CDGs. We will review 13 sets of records in each CDG and Care Home Team to audit 30% of records of patients with a catheter.
To ensure the holistic worker core competencies include the recognition of deterioration and the need to escalate as appropriate.	The Holistic Worker (HW) competency document is being revised and recognition of the deteriorating patient will be included.	Training has been provided to staff in CDG teams, Urgent Care and Reablement and the Evening and Night service. Further training will also be delivered as part of the HW training.	As the HW project extends, the training and competencies will be shared across health and social care provider partners in Nottinghamshire.

2.3.3 Safeguarding children and adults

Safeguarding children and adults is an important priority for CityCare; as a provider of care we know that safeguarding is everybody's business and is fundamental to ensuring quality care. We are duty bound to protect people's health, wellbeing and human rights and we support the people we serve to live in a way that they choose and ensure they are safe, free from harm, abuse and neglect.

The Safeguarding Team comprises a Named Nurse/Head of Safeguarding, Safeguarding Service Manager, Nurse Specialist Domestic Abuse, Lead Practitioner for Adult Safeguarding and two Safeguarding Practitioners.

What we said we would do	What we achieved	How we have worked differently	Work that will be carried over to 2018/19
Revise the Safeguarding Training Strategy	A revised Safeguarding Training Strategy has been implemented. We have built on	A strengthened approach to individual and management responsibilities for undertaking safeguarding training.	We will continue to implement the Training Strategy, raising standards through improved compliance.

	existing professional relationships and strengthened communication between staff and the safeguarding trainers to ensure a streamlined and efficient booking and reporting process. E learning packages have been introduced. Training Compliance data: Safeguarding Adults level 1- 96% Safeguarding Adults level 2-91% Safeguarding Children Level 1-77% Safeguarding Children Level 2-90% Safeguarding Children Level 3-95% Domestic Abuse-89% MCA-76% Prevent- 93%	A significant reduction in face to face training delivery time and an increase in individual responsibility for completing work books. This has had a positive impact on service delivery, building capacity into the system.	Specific focus will be on the newly introduced E Learning packages, masterclasses and 'bite size' learning packages.
Extending the role and responsibilities of the safeguarding champions. Safeguarding champions will provide advice and support at point of need, which will in turn improve the knowledge, skill and confidence of the workforce and delivery of care.	The Safeguarding Champion's role has been segregated into four areas: Multi Agency Safeguarding Hub (MASH), Domestic Abuse, Children and Adult. In total we have 28 Safeguarding Champions. Four MASH Champions have completed formal safeguarding supervision training. They will support the safeguarding team in the coordination and management of the MASH. The champions will be supported by the	A Safeguarding Champion has delivered Adult Safeguarding training with support from the Safeguarding Team.	The Safeguarding Champions are now completing their training and induction; they will soon be facilitating safeguarding supervision with the support from the safeguarding team.

	Nurse Specialist for Domestic Abuse. The MASH champions will initially observe the processes and then undertake the role, supported by the safeguarding duty service. There are three Domestic Abuse Champions, with an additional position currently being recruited to. Their role will be to support the MARAC process. They are undertaking a program of shadowing and a workbook with support from the Nurse Specialist for Domestic Abuse. Six children's safeguarding champions will mostly facilitate Think Family Group Supervision sessions. They are supported by a safeguarding team mentor to undertake a workbook as well as practical demonstrations and observations. They also receive support through 1:1 safeguarding supervision, the Safeguarding Champions' Forum and drop in sessions. The 14 Adult Safeguarding Champions continue to be supported through the Safeguarding Champions Forum and the Lead Practitioner for		

	Safeguarding Adults and MCA. All of the safeguarding champions are supported through their line management structure in addition to the safeguarding team. Managers consider their workload and support them to ensure they have the capacity to undertake the role. The roles are carefully thought out to ensure adequate numbers of practitioners are utilised to fulfil the role and to ensure individuals are not excessively burdened with additional responsibilities.		
Embedding the Safeguarding Team into CityCare services.	This is an ongoing and will be further progressed once the Children's Services tender process is complete.		The Children's and Domestic Abuse element of the new contract is incorporated into the wider Children's Services therefore the safeguarding service has become integral to the Children's Service delivery.
Safeguarding supervision model to be redesigned.	The safeguarding supervision model has been redesigned to promote group supervision. In addition the model offers targeted support for one to one supervision where necessary. Practitioners complete a minimum of two 1:1 supervision sessions per year, in addition to group sessions.	Skill mixed Think Family group supervision sessions have been positively appraised by practitioners, strengthening opportunities to learn together and transfer learning across the workforce.	

Part 3

Priorities for quality improvement 2018/19

To produce our Annual Quality Account we have engaged with staff and stakeholders including consultation events with our Patient Experience Group and a group of staff members. We have reviewed our feedback from a diverse range of patients/service users over the last year, from feedback forms, web feedback, comment cards, complaints and engagement events and this has also helped us shape our priorities. We sent out consultation documentation to Nottingham City Council, Nottingham City Clinical Commissioning Group, Healthwatch, the East Midlands Academic Health Science Network and Small Steps Big Changes as well as to community and voluntary organisations such as Nottingham Community and Voluntary Services, Self Help Nottingham, Disability Direct, The Carers Federation, Age UK, Stonewall and Metropolitan.

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

Priority 1: Promoting prevention

This is an ongoing priority carried forward from 2017/18, and there is more detail on the work so far in part two of this report. The priority includes:

- Improving mental health and wellbeing
- Making Every Contact Count (MECC)
- Self care
- Personalised care planning.

Why we chose to continue this priority	This priority is of critical importance to CityCare because it represents the cornerstone of the type of care we wish to provide. The promotion of prevention is a fundamental aspect of quality and safety as this enables individuals to maximise their personal independence by taking control of their health and wellbeing. This has a direct impact on both physical and mental health outcomes as self-control and self-determination offer empowerment opportunities to people that facilitate feelings of belonging and purpose. This approach also helps staff see the whole person and the opportunities that may exist to build more self-reliance and capacity in a person's personal networks and community.
Quality domains	Patient experience – how our approach and the opportunities that self-care and personalisation make people feel about their physical and mental health. Patient safety – ensuring that a patient's health is not compromised but balancing this with personal choice and individual risk taking Clinical effectiveness – how staff have effective conversations with patients to identify and implement prevention programmes
Work it builds on	See part two of this report.
Our key partners	• All CityCare staff including in particular neighbourhood teams and Care Coordinators • Nottinghamshire Healthcare NHS Foundation Trust • Local authority • Social care commissioners, health commissioners, third sector

	organisations and self-help groups.

The difference we hope to make:

- We will empower staff to communicate and engage with patients in this area so meaningful one to one conversations take place that explain how this approach will have benefits.
- Through better engagement with patients, carers and communities we will promote wellbeing and prevent ill-health where possible.
- We will provide opportunities and an environment that encourages and facilitates our staff to lead healthy lives and take care of their own wellbeing.

Actions following on from work completed during 2017/18 (see part two of this report):

- Review all support and the mental health strategy in 2018 to understand the needs of staff and how best to support patients with mental health problems (given that we are not the lead provider for MH services).
- A new Perinatal Mental Health pathway is due for completion in April 2018. An implementation plan will be developed.
- The Holistic Worker steering group is undertaking a review of competencies and programme delivery. Future competencies will link to self-care including social prescriptions.
- Increased communication and training for CityCare staff, third sector, social care and GPs promoting the use and benefits of social prescribing.
- Learning from the Mental Health First Aid training will support teams as they transition onto the new children's services contract.
- We will consider including MECC as part of new starter induction.
- MECC interactions will be recorded on the Core Assessment. Reporting will be gathered via data extracted on individual MECC interactions.
- Approximately 40-60 CityCare staff will undertake MECC face to face training as part of the holistic worker model during 2018. This will also be extended to partners including care homes and home care. We aim to achieve this with medias such as e-learning.
- MECC champions will support the workforce to complete the programme and embed it into everyday practice.
- CityCare is working collaboratively to share good practice and resources with partners such as Nottinghamshire County Council and will be part of MECC steering groups across the area at strategic and front line level.
- The Care Coordinator role is being considered as an additional way in which we can achieve MECC more effectively.
- Three Care Coordinators will be trained through the NHS England programme, 'Better Conversations , Better Health' to gain a better understanding of self care and how to identify self care needs.
- Staff training will be delivered for Personalised Care and Support Planning in line with targets identified within the CQUIN indicator.
- CityCare is part of the wider STP partner group (led by the CCG) to develop and implement a system wide self-care and personalised care plan tool. A summary front sheet and training plan has now been agreed across the STP and CityCare is in the process of rolling this out to nurses and clinicians within neighbourhood teams in our CDGs.

Additional new actions planned for 2018/19

What do we plan to achieve?	How do we plan to achieve it?	How will we measure/evaluate our progress and success?
Patients offered self care opportunities and control around their plan of care.	Roll out of system agreed care plan summary sheet to identified patients	Number of those patients with a care plan Feedback from a number of patients on impact and patient experience
Improve patient and carer understanding of what self care means (i.e. they will still be supported by health services but we will be working in partnership with them to help them gain more control of their own health and care).	We are working alongside commissioners and other local providers of care to agree terminology in response to patient feedback. We are currently planning how we raise awareness with both our workforce and with patients and carers of how personal independence and support around opportunities to being in control of health and care can be improved and we will then roll out a communication and engagement plan. We will work with our patient and service user engagement groups to ensure a clear understanding of the self care agenda. The Tissue Viability service will undertake a project to look at appropriate self care for patients with wounds.	Review of the engagement plan and roll out and feedback from staff, patients and carers on its effectiveness. Evidence of discussions and outcomes at patient/service user groups and forums.
Checking patient experience and effectiveness of self care (also MECC and social prescriptions where possible)	We are currently working with our neighbourhood team workforce and our Care Coordinators to explore ways in which we can follow up on the impact of self care to see if signposting and facilitating self care opportunities have had positive or negative impacts on patients' experiences. This will include consideration of MECC and tracking where healthy lifestyle signposting has been made and the impact this may have had.	Work underway and we are holding a number or workforce service development workshops. When we have an agreed plan for service development we will identify and confirm how we will check experience and effectiveness of self care and build in ongoing reviews.
Children's Services Mental Health remains a high priority as it is recognised within key documents (e.g. Five	Clearer identification of vulnerable mothers at antenatal contact to begin tailoring services towards their needs.	Re-design pathways with partner agencies to identify vulnerable mothers as early as

year forward view and 'Better Births') regarding what impact a parent with mental health concerns can have on the development of a child. We will strive towards improving the mental health outcomes of parents, children and young people.	Embed effective assessment tools to support staff to recognise families in need at every contact. Offer evidence-based programmes of support to parents, children and young people with identified mental health needs. Promote staff health and wellbeing by offering information signposting to support to address mental health needs. Upskill managers to support staff with mental health needs (Mental health first aid training)	possible. Invest in staff development to upskill our workforce. Audit staff confidence in ability to identify vulnerable individuals post training. In partnership with stakeholders, develop clear pathways for staff to support parents, children and young people with identified needs into appropriate services. Monitor effectiveness of interventions using outcome measure tools developed alongside commissioners. Reduced numbers of work related absences relating to stress and anxiety across Children's services in comparison the previous year.

Spotlight on personalised care planning

Personalised care planning is aimed at all individuals with long term conditions such as asthma, cancer, diabetes, stroke, mental health illness or heart disease.

It involves looking not just at their clinical and medical needs, but also at the other areas of an individual's life and the wider issues that can affect their health and wellbeing, such as employment, access to public services, and social and emotional issues.

Care planning discussions focus on supporting the individual to tell their story and set their own agenda, with agreed goal setting and action planning, problem solving, negotiation and shared decision making.

Over the next two years we aim to embed personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning

conversations can be incorporated into consultations with patients and carers. The second year will focus more on delivery of personalised care and support planning, the quality of conversations and the impact on individual levels of knowledge, skills and confidence.

Key features will include:

- Personalised care plans will be developed in conjunction with the patients/citizens, informed by the assessment, including assessment of risk as part of an agreed format designed by the wider STP footprint of providers and commissioners to ensure a consistent approach for patients in Nottinghamshire
- The needs and preferences of patients and carers will be at the centre of care planning
- Care plans will include clear outcomes using 'goal setting' principles
- Care plans will be available to share electronically including with appropriate professionals, with appropriate safeguards and compliance with information governance requirements

Care and Support Planning Group

CityCare is working with the STP-wide Care and Support Planning Group contributing to the content of the new care and support plans. We have embedded the care and support plan summary sheet within our services SystmOne units and roll out across care homes team and with neighbourhood teams is underway. We will roll out the full care and support plan once this agreed by the system and our workforce will take part in the system wide training for this. We are advocating for Making Every Contact Count to form part of this new approach and are working with partners to achieve this. We are reviewing and updating our core assessment template to embed the goal centred approach.

Priority 2: Reducing avoidable harm

This is an ongoing priority, which covers both adult and children's services. It links to ongoing work from 2017/18 (see part two of this report) and our work towards Sign Up to Safety (see part five of this report), plus the following:

- Tissue Viability and pressure ulcer prevention
- Promoting appropriate leg ulcer care
- Peer Reviews

Reducing avoidable harm	
Why we chose this priority	We need to ensure quality is maintained within our services and we are providing safe and effective services. CityCare have been working on the long term objective since 2012 of reducing avoidable pressure ulceration and maintaining this standard as the norm. Learning lessons from investigations to improve care has widened the understanding of how this is implemented in practice. Leg ulcer guidance has been updated and CityCare are striving to achieve leg ulcer assessments within the recommended timeframe to establish the cause

	of the ulcer and therefore have appropriate treatment. This results in improved healing, reduced pain, nursing visits, dressing and antibiotic costs and infections.
Quality domains	Patient safety, patient experience and clinical effectiveness (especially patient experience in relation to leg ulcer care)
Work it builds on	Continued work on our Sign Up to Safety action plan. Pressure ulcer prevention has been an ongoing aim. For World Stop Pressure Day in 2017 a pressure ulcer prevention competition was held for staff to put forward ideas. The five winners will be supported to put their ideas into practice facilitated by the Tissue Viability Team. A review of 'Peer reviews' and a move to a model of quality visits, to strengthen our systems and processes for quality assurance by increasing the number and series of visits we undertake with clinical teams.
Our key partners	• All teams in adult services and specialist children's services across CityCare • Care homes, care agency providers and practice staff • East Midlands academic Health Science Network

The difference we hope to make:

- Improve healing rates and appropriate preventative care to prevent patients developing recurrent leg ulceration
- Further reduction of avoidable stage 2 and 3 pressure ulcers by 10%
- To strengthen our systems and processes for quality assurance by increasing the number and series of visits we undertake with clinical teams

What do we plan to achieve?	**How do we plan to achieve it?**	**How will we measure/evaluate our progress and success?**
Continue to ensure organisational learning from avoidable harm.	Review the serious incident and learning lessons group to combine the two groups. RCA training to be included in manager training.	Learning from serious incidents to be shared through team visits by the quality and safety team. 90% attendance at the training session for managers.
Implementation of the five pressure ulcer competition winner ideas.	Three of the ideas (reassessment care plans, information for carers, and guidance for patient information plans) to be in practice by the end of 2018/19.	The three ideas will be in place in practice. The more challenging development ideas of an App will have been resourced for development.
Review current provision of leg ulcer	Review of training involving leg ulcer clinics.	New training programme in

care and training in line with new guidance for assessment times.	Leg ulcer assessments achieved in 2 weeks to be at 50% by the end of 2018/19 with the remaining 50% within the national target of 6 weeks.	place. Audit of patients with leg ulcers conducted by the Tissue viability and leg ulcer service.
Introduction of information on caring for feet	Implementation of an information film and booklet for foot care.	Care homes will have access to the resources and this will be monitored by evaluation with the EMAHSN.
Provide new information for patients on leg ulceration and check their satisfaction with services provided.	New leaflets will be developed and regular satisfaction surveys for patients with leg ulcers at home and in clinic.	All new leaflets in place and in use for patients with leg ulceration. Analysed by audit of leg ulcer clinic and home patients by staff caring for them. Satisfaction survey results analysed 6-monthly.
Review the current peer review process to move to quality visits	Proposal paper to be presented to the Quality and Safety Group for discussion and approval.	Approval of process by June 2018 with programme of visits for the next 12 months.

Priority 3: Supporting our staff

This covers all CityCare staff and includes:

- Investing in and empowering the workforce
- Health and wellbeing
- Sharing good practice

Supporting our staff	
Why we chose this priority	By improving our understanding and management of people and performance we can increase our organisational performance, drive up standards of care, and improve employee engagement and job satisfaction.
Quality domains	Patient experience, patient safety and clinical effectiveness
Work it builds on	Previous staff survey reports, 'We said, we did' engagement events and training needs analyses. See our Quality Accounts for 2014/15, 15/16 and 16/17 and the staff survey section below.

Our key partners	• All CityCare staff	
The difference we hope to make: • We will improve the employee experience and so enhance the quality of our services • Our staff will consider CityCare to be an 'Employer of Choice', with a healthy workplace and workforce • We will increase our productivity by reducing staff sickness, therefore saving money and increasing efficiency • We will value our employees by offering supervision that focuses on them as professionals. • We will look after the health & wellbeing of our staff to ensure they are equipped to look after the community of Nottingham		
What do we plan to achieve?	How do we plan to achieve it?	How will we measure/ evaluate our progress and success?
Invest in and empower the workforce through raised awareness of available opportunities and support to access them	We will develop a Management Development Programme which will also form part of the new Manager Induction. (currently being developed – delivery of this programme will commence during the summer of 2018). We will continue the roll out and promotion of Restorative Resilience Supervision. We will develop a plan to further promote and deliver Apprenticeships for staff. We will improve the way we communicate development opportunities by promoting them through the weekly internal e-newsletter Cascade, team meetings/briefs, through the Workforce Development website; email circulation; EMLA Roundup; Performance Development Review and Management Supervision(121s). Ensure clear pathways for registered and non registered staff.	Numbers of staff attending training programmes. Evaluation reports on manager's induction / training development programme. Number of staff attending engagement sessions. Report on the number of individuals accessing Restorative Supervision. Increased attendance on development programmes. Feedback in future Staff Opinion Surveys. Better informed workforce. Evaluation of future apprenticeship placements. Feedback from staff on development. Feedback from exit interviews – i.e. is one of the top three reasons for leaving due to 'lack of development opportunities. HR KPIs reporting on the

		reason individuals leave CityCare.
Support staff to remain healthy and well in their work	Drop in HR surgeries will be promoted to staff. Validium Employee Assistance Services. COPE Occupational Health Services. A staff stress survey was completed in March 2018 and we will analyse the responses and develop actions accordingly. HR Team to provide training to managers in sickness management and support managers with sickness management targeted work. Look at high levels of turnover and take action on what the data is telling us. To have conversations with our workforce at the earliest opportunity as to why they are seeking to leave the organisation. Implement our action plan from the NHSI retention scheme to ensure we retain the valuable skills of our current workforce (i.e. introduction of 'Itchy Feet Club' / Leavers Focus Group). Update leaver process and promote to managers to ensure the correct process is utilised (to include a conversation regarding the exit interview /questionnaire).	Reduction in the current 'reason for absent' percentage compared to 12 months previous. Improved reporting to the Quality Committee on individuals leaving the organisation / staff turnover (how many people leave within 3/6/12 months of joining). A repeat of the staff stress survey in 12 months to measure any change in responses / awareness. Quarterly management reports and contract management meetings with our Occupational Health and Employee Assistance provider. Decrease in sickness absence levels. Reduction in turnover rate. Feedback from future staff opinion surveys on HR KPIs – i.e. Quality of appraisals / do people have regular appraisals etc.

	Develop initiatives to promote health and wellbeing at work (Health and Wellbeing group to set priorities). Ensure managers are appropriately trained to support the workforce to manage their own health and mental wellbeing. Undertake a full review of the appraisal process to improve engagement and the effectiveness of the process and ensure that staff receive timely and regular feedback on their performance	
Respond to issues raised in the staff survey	Identify key themes from the Staff Opinion Survey 2018 and create action plan to address any areas of concern.	Feedback from future staff opinion surveys. Evaluation of progress made against the Staff Opinion Survey action Plan.
Promote sharing of good practice	A sharing event will be held on International Nurses Day in May for all clinicians across the Trust. Patient satisfaction will be highlighted in the Cascade newsletter. The Nursing and AHP forums held across the organisation will aim to share best practice. The Chief Executives Blog for staff will promote best practice. Rotational Nursing programme across the Nottinghamshire Health Community to raise awareness of the community / acute settings and also share good practice across the settings.	Increased recruitment numbers for the rotational nurse programme. Increased patient satisfaction

Staff survey responses

By improving our understanding and management of people and performance we can increase our organisational performance, drive up standards of care, and improve employee engagement and job satisfaction.

In 2017 we took part in the NHS Staff Survey which ran from October to December. Responses were received from 707 staff.

This year we took part in the National NHS Staff Survey and were compared nationally with a smaller Community Social Enterprise. To get a wider comparison we asked Picker Institute, who administered the survey on our behalf, to provide us with comparable data from seven UK NHS Community Trusts that they administered the survey for.

Please note that unlike the national survey data the following data comparisons have not been adjusted by occupational group.

This year, CityCare's total response rate was 63%, the highest response rate nationally compared to seven Community Trusts and an increase on our previous response rate of 57%. CityCare acknowledge that it has been a challenging time for staff during a period of significant change.

Key survey results

Our core strengths:

- Fewer staff work additional paid hours per week for this organisation
- In the last three months, fewer staff felt pressure from their manager to come to work despite not feeling well enough
- Adequate adjustments(s) are made to enable disabled employees to carry out their work
- Staff are satisfied with opportunities for flexible working patterns
- Staff feel safe raising concerns about unsafe clinical practice.

Issues to address:

- Communication between senior management and staff always being effective
- Taking positive action on health and wellbeing
- Staff always recommending the organisation as a place to work
- Senior managers always involving staff in important decisions
- Senior managers always acting on staff feedback.

Key improvements since 2016:

- Training helped more staff do their job more effectively
- Training helped more staff to stay up to date with professional requirements
- Staff given more feedback about changes made in response to errors
- Fewer staff work additional paid hours per week for this organisation
- More staff had mandatory training.

Some key questions included:

Question	
Care of patients/service users in my organisation top priority	65%
Organisation acts on concerns raised by patients/service users	70%
I would recommend my organisation as a place to work	38%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	68%

The scores presented below are the un-weighted questions level score for question that inform the Workforce Race Equality Standard.

Question	White Staff	BME Staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	24%	24%
Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months	14%	19%
Percentage of staff believing that the organisation acts fairly in career progression	86%	53%
In the 12 last months have you experienced discrimination from manager/team leader or other Colleagues?	5%	13%

- Workforce cultural competence: a deep dive was undertaken in light of the increasing diversity of our local population. A stakeholder event focused on assessing our current level of competence. Cultural Competence training sessions are being rolled out to staff with elements incorporated into corporate and management induction. Supportive resources including guidance and video are also available. Information is cascaded to staff around religious observances such as Ramadan and a diversity calendar is available for staff.

- Workforce Race Equality Standard (WRES): CityCare has published its WRES report demonstrating progress against a number of indicators of workforce equality. With staff engagement, an action plan was produced to address areas including career progression for BME staff, fair and consistent recruitment, harassment and disrespectful behaviour and the formal discipline process. In January 2018 the action plan was reviewed and agreement reached that actions had been successfully implemented.
- The Workforce Disability Equality Standard will be introduced during 2018 which will demonstrate progress against a number of indicators of workforce equality highlighting the experience of staff with a disability/long term condition compared to those without.
- CityCare has a range of training/development opportunities and resources/materials in place to enable staff to address discrimination and promote equality, diversity and inclusion in all aspects of their work including:
    - Mandatory equality training at induction
    - Unconscious Bias and Cultural Competence training
    - Management and Management Mastery programme (explores the importance and relevance of equality matters when working with staff and patients)
    - Dedicated intranet pages with resources and guidance.
- As part of the Equality and Diversity Week celebrations in May 2018, CityCare will be holding its Equality and Diversity Group meeting and staff engagement will take place across CityCare

locations to discuss equality matters and highlight outcomes on equality matters from the staff survey

CityCare performed better than the average in the following areas

	2016	2017	Average
Often/always enthusiastic about my job	77%	74 %	73 %
Time often/always passes quickly when I am working	77%	81 %	78 %
Opportunities to show initiative frequent in my role	75%	74 %	73 %
Feel trusted to do my job	92%	92%	91%
Able to do my job to a standard I am pleased with	78%	78%	75%
Team members have a set of shared objectives	76%	74%	73%
Team members often meet to discuss the team's effectiveness	74%	70%	69%
Satisfied with level of pay	40%	36%	34%
Satisfied with opportunities for flexible working patterns	67%	61%	58%
Not felt pressure from manager to come to work when not feeling well enough	86%	82%	78%
Not put myself under pressure to come to work when not feeling well enough	7%	6%	5%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	87%	88%	80%
Would feel secure raising concerns about unsafe clinical practice	80%	80%	77%
Not experienced physical violence from patients/service users, their relatives or other members of the public	94%	93%	92%
Not experienced harassment, bullying or abuse from managers	94%	93%	92%
Training helped me do my job more effectively	83%	87%	86%
Disability: organisation made adequate adjustment(s) to enable me to carry out work	87%	77%	73%

CityCare has performed significantly below the average of the eight community providers in the following areas:

	2016	2017	Average
Feedback from patients/service users is used to make informed decisions within directorate/department	54%	44%	54%
Would recommend organisation as place to work	57%	38%	57%
Satisfied with extent organisation values my work	41%	33%	44%
Appraisal/performance review: organisational values definitely discussed	37%	32%	38%
Clear work objectives definitely agreed during appraisal	37%	27%	34%
Enough staff at organisation to do my job properly	36%	25%	30%
Communication between senior management and staff is effective	35%	25%	42%
Senior managers try to involve staff in important decisions	33%	25%	36%
Senior managers act on staff feedback	30%	23%	34%
Organisation definitely takes positive action on health & wellbeing	31%	22%	34%
Appraisal/performance review definitely left feeling work is valued	27%	22%	30%
Appraisal/review definitely helped me improve how I do my job	23%	17%	23%
Receive regular updates on patient/service user feedback in my directorate/department	61%	55%	64%
Satisfied with recognition for good work	56%	52%	56%
Organisation treats staff involved in errors fairly	57%	51%	57%
Often/always look forward to going to work	56%	50%	57%
Often enthusiastic about my job	74%	69%	74%
If friend/relative needed treatment would be happy with standard of care provided by organisation	77%	68%	74%
Care of patients/service users is organisation's top priority	75%	65%	74%
I know who senior managers are	86%	79%	84%
Time often/always passes quickly when I am working	77%	74%	80%

Organisation acts on concerns raised by patients/service users	75%	70%	76%
Had appraisal/KSF review in last 12 months	90%	88%	93%
Organisation acts fairly: career progression	86%	84%	89%
Patient/service user feedback collected within directorate/department	93%	91%	94%

We will listen to our staff through Board lunch sessions and focus on actions that we take as an organisation to improve and support staff. We will continue to take a range of actions which are being led by the Director of Nursing and Allied Health Professionals through the Human Resources and Organisational Development Group. In light of our organisational change, key objectives this year include: valuing staff, health and wellbeing, communication and senior management, change/decision making and patient feedback to inform decisions. Equality questions and responses by protected characteristics will be discussed actioned through the Equality and Diversity Group meeting.

Priority 4: Safe and effective discharge

This covers adults and children's services and includes:

- Discharge from hospital
- Transitions between children's and adult services

Safe and effective discharge and transitions	
Why we chose this priority	**Safe and effective discharge** We know it makes a difference to the experience of our patients if the discharge from hospital to the community is effective. We want to build on the work undertaken during 2017/18 for one of our CQUIN targets - supporting safe discharge from Nottingham University Hospitals (NUH). **Transitions** CityCare provides both the children's continuing care framework and the adult continuing healthcare framework within the Greater Nottinghamshire area. Transition is an important stage in an individual's pathway as moving from a child with high level of complex health needs and wrap around care from families and children's services, to adult provision where services may function in a different way can be both worrying for children and their families. It is a priority for CityCare to ensure this client group have their needs met in a seamless pathway. Transition from children and young persons to an adult service directly is rare within the context of continuing care as most children will be in the community at the point of transition unless they are under section in mental health hospitals.

	There are changes in the way services and support is provided when children move from a nurturing, supporting and educational pathway to becoming an adult. The focus for CityCare is to assure that within the frameworks which both children's and adults continuing care function, both young persons and their families are helped to understand the changes and the implications right from the start of the transition process to improve the patient and the family experience.
Quality domains	Feedback from our services on the transfer of care between hospitals and our services is important to support an effective discharge process to support continuation of high quality care.
Work it builds on	CQUIN 8 for 2017/2018 (discharge from NUH): Developments from the group to improve flow through the system include: **a)** Implementation Plan **b)** An Integrated Discharge Function **c)** Clear discharge pathways with agreed performance targets **d)** A shared dashboard which will include bed status, Predicted Date of Discharge, pre noon discharges, average length of stay, complaints and incidents **e)** Standardised system communication, to ensure workforce engagement and patient understanding. **f)** Operationalising actions in the Greater Nottingham Urgent and Emergency Care System Resilience Integrated Discharge Function Business Case 2017-2019 **Transitions** This work will continue to build on the links between both the Children's Continuing Care service and the Adults Continuing Healthcare service and the links we have with the local authority and children's services in the community including further education. The present system ensures a seamless referral of children for assessment of their needs at particular times relating to the framework. Advance knowledge of children who may transition at the age of 14 and 16 ensures no child is lost in a multi professional process and at the age of 17 joint funding commences.
Our key partners	**Safe and effective discharge** Work with partner agencies including GPs and social care partners to foster a shared understanding of needs to deliver packages of care that enable people to leave hospital and live as independently as possible. Other partners include the urgent care and reablement service and the stroke team. **Transitions** CityCare services work closely when identifying the health and wellbeing needs for children transition into adult services. Where children have an EHCP (education and healthcare plan) this remains in place until they are 25 which enables partnership working with the local authority and school with the key working services providing support planning. CityCare uses specialised services such as the Learning Disability liaison services for children with particular needs and the children's service maintain links with children's health visiting and supplementary teams such as safeguarding when dealing with vulnerable families.

The difference we hope to make: • Reduce the chance of early readmission • The transition approach to care ensures the experience of the young person and their families is central to the planning process with personalisation in the form of choice and control being maintained. This approach enables changes to care as the young person moves through the next few years of their life.		
What do we plan to achieve?	How do we plan to achieve it?	How will we measure/ evaluate our progress and success?
Safe and effective discharge		
Discharge (transfer) of patients is appropriate and safe.	Review current procedures relating to transfer of care.	Reduction of transfer of care incidents. Transfer of care concerns completed by CityCare staff. Monthly meetings with NUH to discuss concerns, identifying themes and areas of learning. These will be shared at the monthly governance section of the provider to provider meeting.
Improving the whole system response to meeting need correctly.	Continue to develop collaborative working with partners to improve the supported transfer of care process.	Care pathway and appropriate standards in place. Weekly provision of data to the system Discharge to Assess (D2A) dashboard with identified metrics for improvement, including length of stay, number of patients assessed within 4 hours, number of patients discharged within 24 hours of medically safe for transfer date. Staff engagement – at team meetings, representation at system wide meetings giving feedback to teams, staff involvement in problem solving/ transformation suggestions for improved ways of working. Patient and public

		engagement – work with communication teams across providers to ensure understanding about patient pathways, reducing length of stay and improving patient outcomes. Seek patient feedback from a range of sources.
Effective use of eTOC (Transfer of Care document) to place patient in correct supported discharge setting first time.	In reach into NUH to promote accurate completion of eTOC. Joint training with NUH for discharge planning and importance of transferring/ supporting discharge from NUH within 24 hours of being medically safe for transfer. % increase in decision on placement within 4 hours and transfer of patient from NUH within 24 hours of being assessed as medically safe for transfer from acute setting % decrease in poor discharge reports	Daily system conference calls and representation at the weekly provider to provider meeting, monthly Home First/Discharge to Assess meeting and A&E Delivery Board. Embedding learning from concerns raised about transfers of care from NUH Reduction in number of transfer of care concerns raised (baseline quarter 1) Data collected monthly.
Transitions		
NICE guidance recommends that all organisations have robust transition pathways from one service to another. CityCare are committed to developing a seamless process for those young people in need of ongoing support.	Develop collaborative working relationships with key stakeholders including GPs, education, acute and community healthcare providers to develop joint pathways focused on streamlining appropriate support for young people transitioning into adulthood. Collaborate with young people to establish what information/ resource they require to support them to transition into adult services.	Review patient experience feedback related to the impact of transition arrangements.
An allocated case manager during the period up to 18 years of age from the children's team if known to the service	Allocation at the point of referral into the service following the transition path.	Patient feedback. By identifying through the support plan that an

until safe discharge to the adult service.		individual's health and wellbeing needs are being met.
An allocated named case manager for the young person at point of transfer from 17 years for the first year and further should the complexity of the care require future management.		Patient feedback

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

In 2017/18 CityCare was commissioned to deliver 60 NHS services and five pilots across Nottingham City and Nottinghamshire County and one service in Derby City. CityCare has reviewed all the data available to us on the quality of care in all of these NHS services. This data includes activity performance and waiting times, levels of clinical risk, workforce data and financial budget variances. This data is then triangulated alongside patient feedback, compliments and complaints.

All data is submitted as part of our contract compliance to the relevant commissioner. It is also shared with the Board and sub-committees as part of the governance arrangements.

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by CityCare for 2017/18.

4.2 Participation in clinical audits

During 2017/18, five national clinical audits and one national confidential enquiry covered NHS services that CityCare provides. During that period CityCare participated in 80% of those national clinical audits and 100% of those national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CityCare participated in, and for which data collection was completed during 2017/18, 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.

- Child Health Clinical Outcome Review Programme - 100%
- Falls and Fractures Audit Programme - 100%
- National Chronic Obstructive Pulmonary Disease Audit Programme - 100%

- Sentinel Stroke National Audit Programme - 100%
- UK Parkinson's Audit - 100%

(The organisation did not participate in the National Audit of Intermediate Care.)

The reports of 26 local clinical audits were reviewed in 2017/18 and CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical Audit Project	Key actions/learning
Record Keeping Audits (17 separate projects reported)	Services each have their own action plans. Aspects identified in action plans as requiring improvement were much more spread than in previous years, with the only real common themes being abbreviations and allergies. Results for Mental Capacity Act assessments (both stage 1 and stage 2) have increased significantly over the last 3 years.
Non-Medical Prescribing of Antibiotics 2017/18	Some use of delayed prescriptions, to be further encouraged. Nottinghamshire Antimicrobial Guidance to be promoted with agency staff. UTI guidelines to be disseminated to all staff.
Controlled Drugs (CD) Audit 2017/18	CD prescribing not regularly reviewed in management supervision, some teams not risk assessing CD abuse. Developing CD key messages and newsflashes. Policy to be amended. All staff to have a copy of Palliative Care Drugs Handbook. Drug calculations module to be developed.
Safe Handling of Medicines in Health Centres 2017	Risk of waste from expired stock due to not rotating stock and checking expiry dates. Some temperature checks not being done daily and out of temperature readings not reported. Guidance to be publicised through newsflash.
Leg Ulcer Clinics Audit 2017	Wound assessments completed to good standard but need to be more frequent and referral to specialists more timely. Tissue Viability working with clinic coordinators, assessment tool been updated, guidance being disseminated to staff and training being undertaken, training needs analysis being undertaken for bandage competency training.
Community Public Health Nursing Standard Operating Procedures (SOPs) Audit 2015/16	SOPs being used appropriately, no concerns. Assessment form amended to reflect consent recording changes. Continence assessments raised with staff. Safeguarding SOP to be reviewed.
Clinical Dietetic Service Did-Not-Attend (DNA) Audit 2017	Significant amount of adult and paediatric DNAs. Appointment letters to now include details of what to expect. Some letters not being received - encouraging bookings in person/ by phone and text reminders now in place. Clinics rearranged to better match referral locations. New process in place for DNAs. Initial phone consultations being offered.
UNICEF Baby Friendly Initiative Audit 2016-17	Standards to be addressed - staff being able to assess breastfeeding, identify if baby getting enough milk, and defining responsive breastfeeding. Information to be sent to health visiting and breastfeeding peer support staff, review of progress took place early 2018.
Wound Assessment CQUIN Audit 2017	Need to improve detailed holistic wound assessment at 4 weeks to enable the failing to heal wound to be recognised. Assessment tool to be amended, wound management policy developed, newsflash sent to highlight need to reassess and recognise failing to heal wounds.
Sepsis Audit (Children's) 2017	Good recognition of signs of sepsis and staff know appropriate actions. Sepsis training and screening tool to be developed.
Community Public	Lack of personal protective equipment (PPE) in some bases and lack of

Health Nursing Infection Control Equipment Audit 2017	understanding of use. All staff to be issued with clinic bag including PPE, bases to be made aware of how to order further supplies, pathway for PPE use to be written into Standard Operating Procedures when reviewed.
Safe Handling of Medicines in Health Centres 2016/17	Temperatures not being recorded - brief training and thermometers provided, signposted to standard operating procedure. Large amount of expired stock - brief training provided and procedure to be written.
Community Neurology Duty Referrals Audit 2016/17	The team plan to review the referral form to reduce missing information, improve identification of initial appointments in order to reduce wait times, and improve reflections at case conference meetings to reduce delays caused by waits for specialist clinician input.
Safeguarding Referrals Audit 2016	The audit identified that there was not always a robust process in place by partner agencies to notify our practitioners of the outcome of a referral, in particular this audit highlighted the lack of formal outcome letters received by our practitioners. This issue has been addressed through working with our partners and the implementation of the Safeguarding template on SystmOne.
Safeguarding Multi-Agency Audits - Medical Neglect March 17	Variable quality of school safeguarding files - self-assessment form being developed for schools to use. Medical condition care plans less evident in non-health records - safeguarding board newsletter to highlight importance of medical care plans and risk of losing sight of medical needs in cases with complex family circumstances.
Environmental Infection Control Audit 2016	Cleaning - main risks were cleanliness of hand hygiene facilities, toilets, slop hoppers and couch curtains. Property services - main risks were state of walls, ceilings and flooring, cleanliness of ventilation etc., and availability of hand hygiene facilities. Health Centre Managers to work with NHS Property Services and Domestic Supervisors to address.
Care Homes Infection Prevention and Control Audit 2016/17	Common themes included policy availability, re-using medicine pots, not discarding open dressings, sharps bins labels and closures, availability of gloves and aprons, equipment not being cleaned, damaged paint work, damaged/unclean furniture, sinks with overflows, waste compound not locked, inappropriate cleaning storage. Training to be offered to care homes and report to be shared with local authority and CCG.
Oral Nutritional Supplements Audit 2016/17	Identified poor nutrition risk screening, inappropriate prescribing and lack of monitoring. Training has improved knowledge and confidence of care homes staff, and Dietetic support to GP practices has significantly reduced prescribing costs.
Wound and Chronic Oedema Prevalence 2016-17	The number of patients with wounds on community nursing caseloads is increasing, average age of patients is increasing, patients are less mobile, and comorbidities are rising. Training (face to face and online) to be provided, and a new chronic oedema and wound pathway is to be developed.
CPHN Drop-In Clinics Audit 2015-16	Variations in duration and timing may be impacting on service equity and access. Rooms may not be fit for purpose for access and confidentiality, and young people may be put off when staff change. Service is working with schools and commissioners to resolve issues, a task and finish group to be established.

Section 4.3 Participation in clinical research

During 2017/18 CityCare was involved in conducting eight newly approved clinical research studies and 13 ongoing studies approved before 2017/18. These are both portfolio and non-portfolio studies and the chart below shows the study type and percentages.

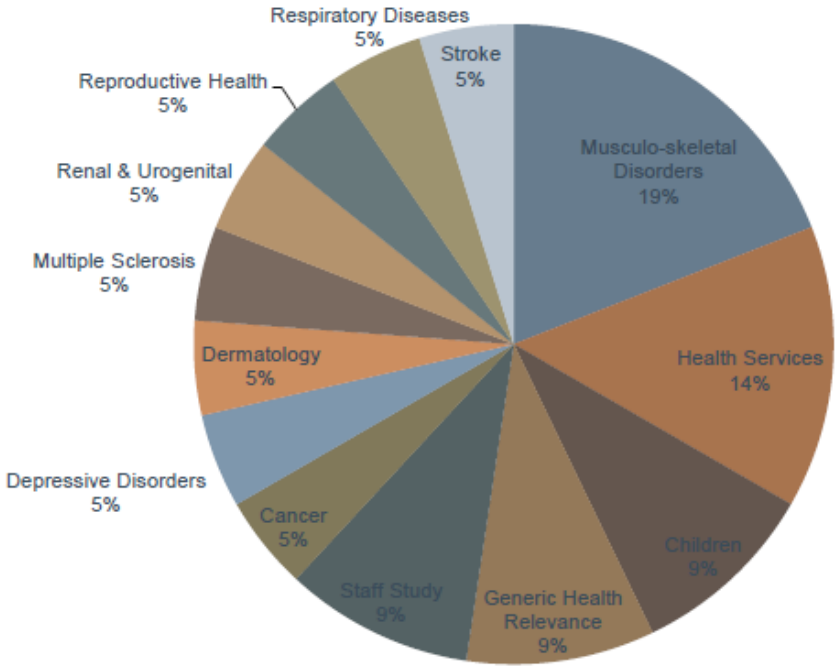
The number of patients receiving NHS services provided or sub-contracted by CityCare in 2017/18 were recruited during that period to participate in research approved by a National Research Ethics Committee was 480 (study types included research into health service delivery and musculoskeletal disorders).

Thirteen CityCare clinical staff participated in research approved by a research ethics committee (for example, a university ethics committee) during 2017/18. These staff participated in research relating to musculoskeletal disorders and health care. A total number of 493 participants were recruited to research projects approved by CityCare.

We have also:

- Held four research training events for staff
- Involved five patients in our research meetings
- Worked in collaboration with the CRN to match fund a clinical academic post for a non-medic
- Submitted three grant applications to the National Institute for Health Research (NIHR); two have been shortlisted
- Helped two members of staff to submit fellowship applications to the NIHR
- Won a large NIHR Health Technology Assessment grant as co-applicants and will be a host site.

Study specialties for 2017/18 (approved and ongoing studies)



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

CityCare achieved 81.5% of the available CQUIN money over 2017/18.

CQUIN Target			% of Total	Value	Q1	Q2	Q3	Q4	Total value achieved	% achieved
					Income Achd	Income Achd	Income Achd	Income Achd		
Main CCG Contract										
CQUIN 1	1a	NHS Staff Health and Wellbeing (Staff Survey)*	0.15%	£58,625				**£0**	£0	**0.0%**
	1c	NHS Staff Health and Wellbeing (Flu Vaccs)	0.15%	£58,625				£58,625	£58,625	100.0%
CQUIN 8	8b – a	Supporting proactive and safe discharge - develop & agree a plan, baseline & trajectories	0.18%	£70,350		£70,350			£70,350	100.0%
	8b – b	Supporting proactive and safe discharge - deliver plan	0.12%	£46,900				£46,900	£46,900	100.0%
CQUIN 10	10a	Improving the assessment of wounds - Full audit report and improvement plan with trajectory	0.15%	£58,625		£58,625			£58,625	100.0%
	10b	Improving the assessment of wounds - demonstrate improvement**	0.15%	£58,625				£8,794	£8,794	15.0%
CQUIN 11	11a	Personalised care and support planning - plan to ensure care & support is recorded by providers	0.08%	£29,312		£29,312			£29,312	100.0%
	11b	Personalised care and support planning - Identify patients as having multiple LTC	0.05%	£17,587			£17,587		£17,587	100.0%
	11c	Personalised care and support planning	0.09%	£35,175				£35,175	£35,175	100.0%
	11d	Personalised care and support planning	0.09%	£35,175				£35,175	£35,175	100.0%
Local CQUIN – A		Improving the safety and risk mitigations for patients with home oxygen - Number of patients who have a completed EMHORT assessment	0.15%	£58,625	£14,656	£14,656	£14,656	£14,656	£58,625	100.0%
Local CQUIN – B		Improving the safety and risk mitigations for patients with home oxygen - Cumulative reduction of number of patients on the PEP list during	0.15%	£58,625				£58,625	£58,625	100.0%
TOTALS				**£586,247**					**£477,792**	81.5%

*While our staff survey response rate increased to 63% (from 57% last year) we did not meet the required improvement. We are fully committed to improving on this and are developing our action plan so we can support our staff. This is part of our quality priorities for the next year.

**The wound assessment CQUIN is a 2 year project. The first year has shown improvement in the number of wound assessments being completed at four weeks and the quality of these assessments as the SystmOne wound assessment tool has been improved. Two further audits will be completed next year.

4.5 Statement on Care Quality Commission registration

CityCare is required to register with the Care Quality Commission (CQC) and is currently registered with no conditions on its registration. We received our last inspection at the end of 2016, when we were delighted to have been rated overall as Outstanding. We received a rating of Outstanding for our services being caring and well-led and Good for our services being safe, responsive and effective. For the full report go to www.cqc.org.uk/provider/1-186610815.

The CQC has not taken any enforcement action against Nottingham CityCare Partnership as of 31 March 2018.

Connect House

Connect House, as a wholly owned subsidiary organisation of Nottingham CityCare Partnership, was required to be registered with the CQC independently. In an unannounced inspection carried out by the CQC in June 2017 there were improvements noted with a rating of Good against caring and responsive, with Requires Improvement in the other domains; safe, effective and well led. This resulted in an overall Requires Improvement rating and work continued to make improvements across the domains. A decision was made by Board to sell Connect House and this was completed in August 2017.

4.6 Data quality

We submit data for the Children and Young People's Health services as the dataset for Community Services. This has now been extended to include the mandatory data flow for all adults and children's data in the new Community Services Data Set (CSDS).

We have implemented additional functionality to SystmOne which will enable better sharing of clinical information across all our services to reduce duplication and facilitate integrated working in the delivery of care.

The SystmOne modules used by four of our services are currently being reconfigured to support the delivery of the new Out of Hospital Contract for Adult Services. The children's unit will also start a reconfiguration project in the coming months to support the delivery of the new 0-19 service. Electronic referrals between teams are being implemented to support referral management and make it quicker and easier for services within CityCare to refer to each other. We are working with the F12 team in Connective Notts to implement electronic referrals for GPs into our community services.

We are also further developing the functionality on our clinical systems to ensure key data items are captured by introducing prompts and reminders. To support this work CityCare have implemented daily loading of data which now give services access to timely information to review performance, data quality and clinical pathways.

4.7 NHS Number and General Medical Practice Code Validity

CityCare now sends weekly extracts to the Secondary User Service for attendances at the Urgent Care Centre. For the 2017/18 year 98% had a valid NHS Number.

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

4.8 Information Governance Toolkit attainment levels

The NHS Information Governance Toolkit measures CityCare's performance against 39 requirements relating to overall Information Governance, and on Confidentiality, Information Security, Data Quality and Records Management. CityCare's Information Governance assessment report overall score for 2017/18 was 66% and was graded green (satisfactory). CityCare strives to continually improve quality and therefore, as a minimum, will seek to maintain compliance at the levels required by commissioners and national regulatory bodies. In 2018/19 we are moving to the replacement toolkit referred to as Data Security and Protection Toolkit, and are focusing on the implementation of GDPR.

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 2017/18.

4.10 Incident reporting

We continue to use a software package called Datix to record all our incidents, complaints and risk register to provide comprehensive reporting to support triangulation of the data. In 2017/18 there were 1,510 incidents reported which is a reduction in the number of incidents reported in the previous 12 months.

80% of incidents reported over the last 12 months have been graded as no injury or minor harm incidents. The remaining incidents were graded as moderate harm and these incidents continue to be reviewed weekly at the incident review meeting.

The reduction in incidents is a positive outcome from work carried out across the organisation. For example, in April 2016 CityCare joined the 'Sign up to Safety' national campaign to commit to reducing avoidable harm. The action plan was presented to the Quality and Safety Group and the key areas of patient safety concerns were agreed as reducing avoidable harm from:

- Pressure ulcers
- Medication management
- Sepsis.

This includes the management of incidents in these areas. The action plan is monitored through the Quality and Safety Group and good progress has been made with the actions set. See part five of this report for more information on our Sign Up to Safety work.

The following are updates on our specific quality improvement areas

- *Continue to improve the way information is made available to teams so that they are able to see trends to be addressed*

We continue to use clinical newsflashes to share learning across the organisation and we will adapt our training in line with the training needs for staff. We will continue to promote an open culture in reporting incidents and near misses. We plan to review the Quality and Safety dashboard to support teams so that they can use this information as part of their discussions around quality, risk and learning in team meetings. We have also reviewed our group structure and are merging the serious incident group and learning lessons group.

- *Training in Root Cause Analysis*

We developed a training package based on our newly developed Root Cause Analysis (RCA) toolkit for managers. We now offer a two-hour RCA training session for managers so that we increase the number of managers able to undertake RCA investigations. Unfortunately we have not had the attendance we had aimed for as we have had to cancel three sessions. This year we are including RCA training as part of training for managers.

- *Serious Incidents (SIs)*

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

We have seen a year on year reduction in the number of serious incidents. In 2017/18 we have had 28 serious incidents reported on STEIS. The commissioners have reviewed our process for reviewing all our moderate harm incidents within a panel that meets weekly to determine whether a patient has suffered significant harm or there is significant learning from an incident. This is in line with the Serious Incident Framework (2015). This group continues to meet monthly.

Learning from deaths

The organisation has an incident reporting policy and procedures that outlines the process for reporting all incidents, including serious incidents and unexpected deaths. We have developed a new standard operating procedure for child deaths which links to the policy.

The Director of Nursing and AHPs continues to provide quarterly reports to the board and this includes learning from serious incidents. There have been no incidents reported in the previous 12 months that have led to the death of a patient as a result of actions or omissions in care provided by CityCare services.

Part 5

Other quality measures

Sign Up to Safety

CityCare is committed to the national Sign Up to Safety campaign and the three priority areas that the organisation is focused on in relation to reducing avoidable harm are sepsis, pressure ulcers and medication incidents. The plan is part of our Quality Strategy and progress is monitored quarterly through the Quality and Safety Group. Progress against the action plan for sepsis and recognition of deterioration can be viewed in the update on the 17/18 priority areas in part two of this report.

Pressure ulcers

In 17/18 the total number of pressure ulcer acquired in CityCare services has reduced from 900 16/17 to 561.

- Stage 2 pressure ulcers that have completed their investigation shows a reduction in avoidable stage 2s from 94 – 26 (72% lower)
- Stage 3 pressure ulcers that have completed their investigation shows a reduction in avoidable stage 3s from 22 to 10 (54% lower)
- There have been no avoidable stage 4 pressure ulcers (although 2 are still under investigation) and there were 4 last year.

Quarters 3 and 4 of our CQUIN on 'improved healing of leg ulcers by early assessment' were not achieved however 85% of patients had their leg ulcers assessed in the correct timeframe against a national average of 16%. In the new CityCare contract the Tissue Viability Service will be managing the leg ulcer service and will continuing an audit of practice to improve the outcomes for patients with leg ulcers.

The Tissue Viability Service has developed a 'Happy Feet' project to improve care of feet for clients at home and in care homes. This project has secured funding from the East Midlands Academic Health Science Network. Promoting foot care to care home staff has taken place via training supported by the Vanguard initiative.

A new wound care policy has been developed and ratified and includes wound infection identification and advice on the use of antimicrobial dressings so that they can be used effectively. The Tissue Viability team have acquired new skills and techniques for managing the bacterial colonisation in wounds to promote healing and these have shown very good results improving healing and the quality of life for patients.

Medicines management

Insulin was identified as highest medication risk to CityCare at Quality and Safety Group linked to RCAs.

Key areas of achievement have been:

- Insulin policy revised to enable APs to administer from pens

- Insulin awareness training programme was written - very well attended and good engagement from staff
- Insulin visit allocation risk summit held and a new uniform visits allocation system devised.

Infection prevention and control - zero tolerance to avoidable infections

CityCare works very closely with the providers across the health economy to ensure that the targets set for surveillance of infection are met. The targets are population based and therefore not solely the responsibility of one provider. The targets relate to MRSA blood stream infections, clostridium difficile infections, and also E.coli blood stream infections. E.coli is a new target introduced during 2017/18 and the aim is to reduce E.coli blood stream infections by 50% by March 2021.

Health economy work across all the providers within Nottingham City and Nottinghamshire County is also vital to the success of local campaigns. The aim of the local campaigns is to prevent infection and to reduce the burden of infection that can impact on local health care resources. CityCare's Infection Prevention and Control Team (IPCT) are integral members of all the health economy work streams which include antibiotic stewardship, influenza prevention and management and learning from root cause analysis infections.

During 2017/18 the following objectives have been achieved:

- There have been no MRSA blood stream infections attributed to Nottingham City as a health economy. Two cases were investigated and reviewed by the CityCare IPCT but all care was found to be in place and it was agreed by Public Health England that these cases would be attributed to third party assignment.
- The 2017/18 population-based target for Nottingham City (not specific to CityCare only) for Clostridium difficile has unfortunately been breached (60 against a target of no more than 51 cases). All of the cases are reviewed to further develop an understanding of the risk factors for infection. Out of 38 reviews undertaken, seven were found to be avoidable. Four were due to inappropriate antibiotic prescribing, two cases had documented allergies to penicillin which resulted in a less appropriate antibiotic choice. It was not clear that the allergy was definitely substantiated. One case had no sample sent and an anti-motility agent had been prescribed prior to exclusion of an infectious cause. Individual feedback is given to the clinicians involved in each review. In addition to the 38 reviews, three serious incident investigations were also undertaken. The learning from these cases is shared with the health professionals involved in each individual case and also more widely via the Quality and Safety Group within CityCare. Where there is GP involvement in the cases the CCG assists with communicating the learning across the practices.
- E.coli blood stream infection surveillance commenced during July 2017. Since that date 142 blood stream infections have been reviewed and, of those, 99 have been found to have health care acquired risk factors. Further work is being undertaken across the health economy working closely with Public Health England to further review those risk factors and to identify emerging themes. This will then enable further review of the interventions required to reduce the incidence of infection.

- A health economy campaign was launched during the summer of 2017 to encourage the public to drink more to prevent dehydration and potential infection complications as a result of urinary tract infection. CityCare's IPCT also took part in a national study led by the Infection Prevention Society which has reviewed catheter use across organisations. CityCare's individual data has been fed back to the organisation during April 2018 and will be used over the next 12 months to inform our policy development around preventing catheter associated urine infections.
- Policies and leaflets for infection prevention and control have been reviewed within the required timescales and are available for the staff to access.
- Antimicrobial stewardship and ensuring the appropriate and effective use of antibiotics is a major part of the IPC work plan within CityCare. An audit of prescribing at the Urgent Care Centre was undertaken during 2017 and the findings are positive indicating prescribing in line with local guidance. Areas for improvement have been identified which include the increased use of delayed prescriptions and ensuring any agency staff have access to the local antimicrobial prescribing guidance. During 2017 the health economy antimicrobial stewardship group won a national award for the work that had been carried out in relation to antimicrobial stewardship across the City and the County with involvement from all the providers of health care.
- A five year infection prevention and control strategy is in place up to 2020 and progress against this strategy is monitored each quarter through the health care associated infection prevention and control report which is presented to the Quality and Safety Group.
- 71.9% of clinical staff received an influenza vaccination this year and the split between staff groups is shown in the table below. This is a huge improvement on the 16/17 staff vaccination figures.

Date	Qualified Nurses & HV	Allied Health Professionals	Clinical support Staff	Doctors	Total front line staff	Non-clinical Support staff	Overall Total
2016-2017	52%	66%	46%	67%	52%	36%	47%
2017-2018	69%	87%	69%	100%	71%	65%	69%

- 92% of clinical staff have received infection prevention and control training and this is closely monitored each month to ensure figures remain high.
- Audits of all health centre environments in relation to cleanliness and the environment have been undertaken during 2017/18. Five sites had risk scores higher than the other sites and therefore this information has been shared with Property Services who are responsible for commissioning the cleaning services within the health centre sites. Individual action plans

are also given to each health centre manager at each site to ensure continued monitoring and follow up of outstanding actions. A re-audit will take place during 2018.

Equality and diversity

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

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

The Equality and Diversity Group brings managers and staff together to embed equality and diversity matters into all that we do. The group has delegated responsibility from the board to monitor delivery and performance in relation to equalities through reports and updates from the Equality and Diversity Lead. It is responsible for monitoring progress on the EDS2, national and local reporting and alerting the board to any risks and supports, and facilitates CityCare to meet its statutory in all aspects of equality and diversity relating to patients/service users and the workforce.

CityCare reports to commissioners on the Accessible Information Standard, the Workforce Race Equality Standard, Equality Delivery System, Public Sector Equality Duty and the Equality Act. During 2017/18 we also reported on a cycle of deep dives focusing on workforce cultural competence and accessibility to services.

To enable inclusion within our services, we have improved our data collection of the nine protected characteristics (age, disability, race, religion, sex, gender reassignment, marriage and civil partnership, sexual orientation, pregnancy and maternity) as defined in the Equality Act 2010. Further data recording includes:

- Protected characteristic data collated for CityCare's workforce with a current high response rate of 98.7%. Staff can complete this information within the Electronic Staff Records self- serve option with training given and an explanation as to the purpose of collating this information.
- The "Happy to Ask, Happy to Tell" document is available for staff which highlights both the importance of collating this information and how to collate information sensitively from patients.
- The Sexual Orientation Monitoring Standard is being implemented across services which provides a mechanism for consistently recording the sexual orientation of all patients/service users aged 16 years and over across the whole health and social care in England.
- CityCare have amended the recording categories on SystmOne with the category of ethnicity to align with the Census.
- A pilot has been undertaken to inform the recording categories of disability to SystmOne to focus on patient need rather than diagnosis.

- The staff survey responses are analysed by protected characteristics and an action plan agreed to address issues for specific groups. This will be reported through the Equality and Diversity Group.
- Patients and carers are invited to complete surveys following engagement with services which are reported by protected characteristic in order to identify issues or gaps.
- Interpreted surveys have been successfully piloted to improve feedback from people whose first language is not English.

Key achievements and future actions:

- CityCare has an Equality Strategy (2017-2020), along with an action plan, objectives and measurable outcomes. It sets out CityCare's responsibilities and provides staff at all levels with an understanding of organisational and individual responsibilities.
- EDS2: NHS England requires that EDS2 is graded at four- yearly intervals. CityCare agreed it would be good practice to hold an interim EDS2 event to assess and grade progress against previously "developing" actions. Stakeholders agreed improvement across all areas with many progressing to "achieving" and with robust plans in place for the "developing" action of the management training programme to be implemented from May 2018.
- Equality Analysis is undertaken for current services within CityCare, at the point of a new policy, new service or service redesign as part of the policy template. Guidance and forms are available to staff with support from the Equality Lead if required.
- Equal access to services for patients: a cycle of deep dives were undertaken focusing on equal access to services for patients. A stakeholder event with workshops looked at information including the Healthwatch Report on LGBT people's experience of healthcare, a 'did not attend' patient survey, compliance with the Accessible Information Standard and a survey of our interpreters. A report has been explored through the Equality and Diversity Group and AIS Task Group.
- The Accessible information Standard (AIS) ensures that disabled patients, service users, carers and parents receive information in formats they can understand and that they receive appropriate support to help them communicate. A policy and standard operating procedure support staff with a Task and Finish Group addressing issues and sharing good practice.
- CityCare holds clinics in purpose built venues with disability access with home visits available where appropriate.
- We work closely with community groups and organisations to ensure that we listen to the views of vulnerable groups and people that are seldom heard. Services engage in targeted work through community centres, employers and places of worship including group sessions in alternative languages.
- The Interpreting and Translation policy is available for staff. Data is available to staff to identify the number of requests for information in different languages, for use within equality analysis and enabling them to identify their service user demographic.
- Dedicated equality intranet pages
- Staff Survey: following the publication of the CityCare staff survey results, engagement sessions will be undertaken with staff (see part three of this report for more information).

Clinical variation

Examples of how we have worked to reduce clinical variation include:

Over the last year there has been a national objective measured in a CQUIN to improve the standard of wound assessment for patients who had a wound that had not healed in 4 weeks. CityCare undertook an initial audit and reviewed the wound assessment tool, discovering that not all the patient and wound characteristics advised by NHS England were included. The wound assessment tool on SystmOne was standardised and a reaudit conducted demonstrating an improvement in the number of patients who had a wound assessment at 4 weeks and an improvement in the quality of that assessment.

Standardisation of practice for staff undertaking the Braden pressure ulcer risk assessment. Following the investigation of a pressure ulcer incident it became apparent that a group of staff in one service did not undertake the Braden risk assessment due to their role. These staff are now undertaking the Braden risk assessment competency training that all staff complete to enable them to assess patients accurately for pressure ulcer risk.

Following the investigation of an incident where a patient was transferred between hospital and community care and communication regarding the number of dressings in a wound was not clear, a new standard operating procedure between services has been developed. The new procedure for what to do if a staff member suspects that a piece of dressing has been retained in a wound has been agreed between primary and secondary care and has been cascaded to all services, standardising the process to follow.

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

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 through a variety of formats. We provide 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 also support patients and the public who have communication needs and require information in different formats.

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.

Listening to feedback on this report

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

If you would like to give us your thoughts on this report, or get involved in the development of next year's report, please contact the Customer Care Team on 0115 8839654, email tracytyrrell@nhs.net or write to Freepost RTSK-USKJ-KCBE, Patient and Public Engagement, New Brook House, 385 Alfreton Road, Nottingham, NG7 5LR.

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HEALTH SCRUTINY COMMITTEE
24 MAY 2018
WORK PROGRAMME 2018/19
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1. Purpose

1.1 To consider the Committee's work programme for 2018/19 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Committee is asked to:

a) agree its work programme for the municipal year 2018/19, leaving flexibility to make amendments to this programme as appropriate as the year progresses; and

b) establish a study group to explore service user experience of carer support services and how service user feedback is used to improve those services; and appoint councillors to sit on that study group.

3. Background information

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

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

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

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

3.5 The proposed work programme for the municipal year 2018/19 is attached at Appendix 1.

3.6 During 2017/18 the Committee spoke to commissioners and providers about the recently recommissioned carer support services. The Committee decided to look in more detail at the experience of carers in receipt of those services. Therefore it is proposed that the Committee establish a study group to carry out a review of service user experience of carer support services; and how service user feedback is used to improve services. It is suggested that this include:

a) speaking to carers about their experience of carer support services (an event has been arranged for 12 June 4-6pm to enable this)
b) reviewing feedback and compliments and complaints data relating to carer support services
c) speaking to commissioners and providers about:
    i. methods for gathering and responding to service user feedback
    ii. how service user feedback is used to improve commissioning and provision
    iii. how feedback from the carers event on 12 June will be responded to and used to inform services

The aim of the review will be to contribute to ensuring that carer support services meet the needs of local carers; and where evidence shows that there could be a better way of doing things, make recommendations for change. It is anticipated that the review will take place during June and July and report back to the Committee with findings and recommendations in September.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2018/19 Work Programme

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

5.1 None

6. Published documents referred to in compiling this report

6.1 Reports to and minutes of the Health Scrutiny Committee during 2017/18

7. Wards affected

7.1 All

8. Contact information

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

Health Scrutiny Committee 2018/19 Work Programme

Date	Items
24 May 2018	• **Nottingham CityCare Partnership Quality Account 2017/18** To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document (Nottingham CityCare Partnership) • **Out of Hospital Community Services Contract** To review progress in mobilising the new Out of Hospital Community Services contract (Greater Nottingham CCGs, CityCare Partnership) • **Nottingham Treatment Centre** To receive an update on the Treatment Centre procurement (Greater Nottingham Clinical Commissioning Groups) • **Work Programme 2018/19**
21 June 2018	• **Reducing unplanned teenage pregnancies** To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy. (Nottingham Teenage Pregnancy Taskforce) • **Work Programme 2018/19**
19 July 2018	• **Seasonal Flu Immunisation Programme** To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates (NHS England/ Nottingham City Council)

Date	Items
	• **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update** To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site (Nottinghamshire Healthcare Trust) • **East Midlands Ambulance Service – Nottinghamshire Division** To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division (East Midlands Ambulance Service) • **Work Programme 2018/19**
20 September 2018	• **Homecare services** To review provision, including waiting times and quality of care, of homecare services under the new framework. (Nottingham City Council) • **Work Programme 2018/19**
18 October 2018	• **Update on the Sustainability and Transformation Partnership and Integrated Care System** To review progress with the STP and ICS, including results of the Phase 3 analysis (Greater Nottingham STP and ICS Group) • **Scrutiny of Portfolio Holder for Adults and Health** (tbc) To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities • **Work Programme 2018/19**

Date	Items
22 November 2018	• **Children and Young People's Mental Health and Wellbeing** To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people. (Commissioners/ Nottinghamshire Healthcare Trust) • **Inpatient Detoxification Services** To review the effectiveness of current arrangements for inpatient detoxification services; and intentions for the service specification for future commissioning of inpatient detoxification services (Nottingham City Council/ Framework/ Consultant Addiction Psychiatrist) • **Work Programme 2018/19**
13 December 2018	• **Work Programme 2018/19**
24 January 2019	• **Carers Support Services** To review provision of carer support services (Nottingham City Council, Carers Trust, Carers Federation) • **Work Programme 2018/19**
21 February 2019	• **General Practice Services in Nottingham** To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future • **Work Programme 2018/19**
21 March 2019	• **Review of 2018/19 and work programme 2019/20**

To schedule

- **Role of local pharmacies**
  To speak to local stakeholders about the future role for pharmacies within local communities
  Contact: Local Pharmaceutical Committee/ NHS England/ local pharmacy? KLOE: context of GP access issues; financial pressures on local pharmacies; Healthy Living Pharmacies
- **Suicide Prevention Plan**
  To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
- **Implementation and impact of services affected by budget decisions**
- **Planning for Winter Pressures**
  To review plans for dealing with winter pressures across the health and social care system
- **Workforce planning across the health and social care system**
  To review plans, including the STP Workforce Stream, to ensure that necessary workforce is in place to deliver health and social care services
- **Nottinghamshire Healthcare Trust Waiting Times**
  To review actions being taken in relation to the Trust's Quality Improvement Priority 'to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'; and progress in delivering on this priority.
  (Nottinghamshire Healthcare Trust)

Written information requested

- Cleanliness at Nottingham University Hospitals NHS Trust: Results of 2nd Independent Cleanliness Audit (27-30 November 2017) [due early 2018] and Report from External Review of Soft Facilities Management Services, including cleaning.

Additional evidence gathering sessions e.g. visits, informal meetings

Study groups

- **Carer Support Services** (June/ July 2018)
  To explore service user experience of carer support services; and how service user feedback is used to improve services

a) Speak to carers to gather feedback on carer support services 12 June 4-6pm
b) Review of feedback and complaints data for carer support services
c) Speak to commissioners and providers about
    a. Methods for gathering and responding to service user feedback
    b. How service user feedback is used to improve commissioning and provision
    c. How feedback from carers event will be responded and used to inform services

- **Quality Accounts** (April/ May 2019 tbc)
    - Nottinghamshire Healthcare Trust
    - EMAS Trust
    - Nottingham University Hospitals Trust
    - Treatment Centre

Other informal meetings attended by the Chair

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network
- Portfolio Holder for Adult Social Care and Health

Items to be scheduled for 2019/20

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