



Priorities for quality improvement 2016/17

We have spoken with our staff and a number of different groups and organisations to help us develop this report and set new priorities for 2016/17.

Priorities were proposed from a wide range of views and opinions gathered from staff and from service user/patient feedback and experience gathered throughout the year. We held a stakeholder workshop where the new priorities were agreed for consultation. Priorities were then widely circulated to a range of groups and organisations for comment. These included:

- Our Members Panel (list of individuals, groups and organisations with an interest in CityCare)
- Vulnerable Adults and Children and Young Peoples' networks
- East Midlands Academic Health Science Network
- Carers Federation
- Radford Care Group
- Indian Community Centre
- Small Steps Big Changes
- Teams within CityCare.

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: Caring for and supporting our staff so they can continue providing high quality care

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 safety, patient experience and clinical effectiveness	
Work it builds on	Previous staff survey reports and training needs analyses. See our Quality Account for 2014/15. The work of our Staff Board Member and our staff representative group 'Voice'.	
Our key partners	<ul style="list-style-type: none"> • Workforce and Human Resources team • Our staff • Our patients. 	

What we will do	How we will do it	How we will measure/evaluate our progress and success
Equip individuals with line management responsibilities with the skills to support staff so that staff feel cared for.	<p>Develop and implement an action plan for implementing leadership training following a review of the training needs analysis and staff opinion survey.</p> <p>Develop and implement a management induction programme that includes key areas for managers (appraisal, supervision, recruitment and selection etc).</p> <p>Review standard operating procedures for HR and Workforce processes for appraisals, supervision, recruitment and selection, assessing capability etc.</p>	<p>Check percentage attendance of managers at the training and identify any patterns of managers not attending.</p> <p>Test the effectiveness of the training using the Culture of Care Barometer (a national tool which enables staff groups and teams to delve into how they feel about an organisation and what actions they need to take to promote a positive culture).</p> <p>Test the effectiveness using peer reviews for those services where there is a decrease or no change in evaluation using the Culture of Care Barometer.</p>
Implement an integrated restorative supervision model to provide high quality care to both patients and staff which in turn will improve the use of restorative supervision.	<p>Train 15 CityCare staff from April to October 2016.</p> <p>Implement 'train the trainer' across the organisation. By April 2017, 25 staff will have received the training and be receiving supervision using the new model.</p> <p>The focus will be on enabling staff to reflect on the content of their work and restore their capacity to make clear decisions.</p> <p>Results in previous studies show restorative supervision increased compassion satisfaction (the pleasure someone derives from doing their job) as well as reducing burnout and stress by over 40%.</p>	<p>Pre and post evaluation for each member of the cohort should demonstrate increased resilience and wellbeing as well as compassion satisfaction and an increase in organisational attachment.</p> <p>Monitor staff sickness absence in clinical areas where they have this available to see if this has an effect.</p> <p>Monitor reports in the staff survey in areas relating to staff sickness, compassion satisfaction and organisational attachment, support and wellbeing.</p>

What we will do	How we will do it	How we will measure/evaluate our progress and success
<p>The development of a HR and Workforce Strategy to include five key areas:</p> <ul style="list-style-type: none"> • Staff health and wellbeing • Recruitment and retention • Learning and development • Reward and recognition • Equality and diversity. 	<p>Operationalise the strategy into the organisation.</p>	<p>Improved staff survey results on an incremental basis. Reduction in short term sickness absence.</p>

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.

Staff engagement

Staff survey

We value our staff and understand that engaged staff are essential for delivery of top quality services. We carried out a staff survey, using the National Staff Survey, during 2015/16, receiving 574 responses which is a 36% response rate.

<p>CityCare acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age:</p>	<p>56% Yes 10% No 34% Don't know</p>
<p>Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from managers:</p>	<p>90% Never 7% 1-2 2% 3-5 1% 6-10 0% >10</p>
<p>Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from other colleagues:</p>	<p>86% Never 10% 1-2 3% 3-5 1% 6-10 1% >10</p>

The Friends and Family Test:

(Numbers in brackets show average scores for NHS Community Trusts)

74%

agree or strongly agree that patients/service users were CityCare's top priority (73%)

56%

would recommend CityCare as a place to work (56%)

77%

agree or strongly agree that if a friend or relative required treatment, they would be happy with the standard of care provided by CityCare (74%)

74%

believe CityCare acts on concerns raised by patients/service users (75%)

11%

of staff reported seeing an error, near miss or incident that could have hurt a member of staff in the last month (12%)

17%

reported witnessing an error that could have harmed a patient/service user (17%)

43%

of staff said that either themselves or a colleague reported the error.

74%

of staff agreed that they felt valued by their immediate line manager (73%)

In contrast to this

37%

of staff felt that their work was valued by the organisation (40%)

55%

of staff reported that they were satisfied with the recognition they receive from others for their work (53%)

When asked if CityCare-treated those who report incidents fairly

37%

agreed (47%)

6%

disagreed (6%)

It is worth noting that **27%** said that they did not know (18%)

75%

of staff reported they would feel secure raising concerns about unsafe clinical practice (73%)

With **62%** of staff feeling confident that CityCare would address those concerns if raised (61%)



Areas where we could improve against the national average

(Numbers in brackets show average scores for NHS Community Trusts)

44% (58%) - receive regular updates on patient/service user feedback (e.g. via line managers or communication teams). This is 14% less positive than the Community Trust scores and national NHS scores.

37% (46%) of staff believe that patient/service user feedback is used to make informed decisions within their team or department – this is down on the national NHS score (60%) also.

78% (76%) had access non-mandatory training in the last 12 months with **70%** (81%) reporting that it helped them carry out their job more effectively. **64%** (79%) reported that their non-mandatory training helped them provide a better service to patients/service users.

88% (88%) of staff reported that they had received an appraisal in the last 12 months. Some work may need to be considered around the effectiveness of appraisals within the organisation as **65%** (72%) of staff said their appraisal "definitely" or "to some extent" left them feeling valued by the organisation. **75%** (78%) of staff reported that the values of CityCare were discussed at their appraisal and **70%** (70%) of staff reported having training or development needs being identified through this process.

83% (85%) of staff reported that they felt that their role made a difference to patient/service users. **68%** (71%) of staff reported that they were satisfied with the standard of care they could provide to patients/service users. **56%** (56%) of staff reported that they were able to give the level of care they aspired to.

The majority of staff agreed that CityCare encourages staff to report errors, incidents and near misses with **84%** (89%) agreeing with this statement. When errors, incidents and near misses happened **52%** (64%) of staff said they felt CityCare took action to ensure that they don't happen again. **38%** (52%) of staff reported that they were given feedback about changes made in response to their reporting.

Our new priority of supporting staff includes aiming to improve our staff's experience and help maintain our excellent quality of care through a well-trained, supervised and motivated workforce.

We are committed to ensuring safe staffing levels across all of our community services and we work with all parts of the organisation to ensure our commitment to high quality care being delivered with the right staff at the right time to our patients and citizens.



The role of the staff board member

The role of a Staff Board Member is to represent the voice of staff, contributing towards strategy and direction and being part of the leadership of CityCare to support the organisation's vision and goals.

The Staff Board Member ensures that every employee has a voice in the organisation and is a fundamental concept of our social enterprise.

The recruitment of the Staff Board Member involved an interview process by a director and non-executive director with the final two candidates put to a staff vote.

Their remit is:

- To raise awareness of social enterprise within CityCare and commit to the development of culture and values within the organisation.
- To attend Board meetings and represent the views of staff at Board and challenge decisions which may affect staff and deliver a report on reoccurring themes within the organisation.
- To engage with staff through Board staff engagement events and Voice Ambassadors and engagement with staff.
- To directly communicate with CityCare Voice (see page 29) and gather updates on ongoing projects and information which is relevant for Board to hear.
- To attend meetings which directly involve staff such as the Annual Quality Accounts, Staff Survey Results and inputting views on areas which affect staff.
- To represent CityCare within the community and at special events such as the Young Creative Awards.

CityCare Voice

CityCare Voice is a staff working group which aims to promote staff engagement through the alignment of our culture and values, and facilitate communication between staff and the senior management team through local CityCare Voice Ambassadors. Voice ensures that every employee has a voice. Members also support staff experience by supporting initiatives and activities that help create a positive working environment for staff:

- **Health and wellbeing package for staff**
A health and wellbeing strategy has been put together for health programmes which will be available for all staff. These may include activities such as netball, healthy mind classes, yoga, walking and running groups. This will have a positive impact on CityCare and its workforce, empowering staff to enable a strong body and mind while in the workplace environment.
- **Induction project for new staff joining CityCare**
CityCare Voice Ambassadors have a slot within the induction programme which tells staff about what CityCare Voice stands for and the role of Ambassadors.
- **Respect Campaign**
The Respect Campaign is a training programme with several modules which bring staff together using group discussion and scenarios which help them engage, understanding what respect can mean to different staff at all levels of the organisation.
- **My Voice and My Idea comments platform**
CityCare Voice has a webpage where staff can leave suggestions, ideas and general comments about CityCare and their services. These comments are referred to teams and raised to Board when relevant.
- **Social engagement and events**
A CityCare choir, pub quizzes and social events such as soup runs have been arranged through CityCare Voice to help build good working relationships between colleagues and unite staff who may never come into contact, which helps with staff morale.



Priority 2: Focus on mental health knowledge and skills with reference to our mental capacity strategy

<p>Why we chose this priority</p>	<p>We recognise that, alongside stakeholders, we need to address the mental and physical health interdependencies in respect of the population, either supported by existing service delivery or in terms of new service offers.</p>	
<p>Quality domains</p>	<p>Patient safety, patient experience and clinical effectiveness</p>	
<p>Work it builds on: Children's services</p>	<ul style="list-style-type: none"> • Behaviour and Emotional Health (BEH) team pilot • Institute of Health Visiting and Ponder training alongside parental mental health assessment antenatally, at birth visit and a 6-8 week mental health review • Work underway to develop a Primary Care Mental Health Service (PCMHs) • Work with the local authority for an integrated specification • Family Nurse Partnership contacts <p>See section five of this report for recent developments in Children's Services in relation to mental health support.</p>	
<p>Work it builds on: Adult services</p>	<ul style="list-style-type: none"> • Work already underway in respect of training, strategy development and partnership working with the local authority and CCG • Work underway to develop a Primary Care Mental Health Service (PCMHs) 	
<p>Our key partners: Children's services</p>	<ul style="list-style-type: none"> • Specialist Public Health Nursing 5-19, Health Visiting, Youth Offending Nursing team, Family Nurse Partnership, and Continuing Health Care • BEH work in close partnership with Child and Adolescent Mental Health Services, all work with GPs, social care, and Children's Centres. 	
<p>Our key partners: Adult services</p>	<ul style="list-style-type: none"> • CityCare staff in respect of training and awareness development • Work in conjunction with local authority to embed Community Psychiatric Nurses within neighbourhood teams and a strategy that is developed by expert clinicians • The PCMHs will be linked to the neighbourhood teams and specialist adult services. 	
<p>What we will do</p>	<p>How we will do it</p>	<p>How we will measure/evaluate our progress and success</p>
<p>Develop a mental health strategy.</p>	<ul style="list-style-type: none"> • Engage with staff who hold a mental health qualification / specialism within CityCare • Wider staff engagement with proposals, for example at training sessions already planned • Strategy development. 	<p>Strategy in place that all staff and stakeholders have inputted into is shared across the organisation and referred to within training and other events to ensure embedding.</p>

What we will do	How we will do it	How we will measure/evaluate our progress and success
<p>Development of a Primary Care Mental Health Service (PCMHs).</p>	<ul style="list-style-type: none"> • Introduce a model of community psychiatric nurses working within neighbourhood teams • Appropriate specialist support for citizens/children and young people with mental health problems who are managed in primary care • Improved parity between mental health and physical health needs in primary care • Availability of expert advice and support to neighbourhood team staff around mental health issues and access to mental health services • Specialist mental health practitioner within children's services • Implementation of evidence based assessment tool and use of structured listening visits by Health Visitors for women identified at risk of mild/moderate post-natal depression • Planned development within Health Visiting around peer review observed visits to ensure standard of practice across clinicians • Provision of support for parents with children with mental health/emotional health needs • Baby massage groups across the city (linked to preventing and reducing the impact of maternal/paternal mental health consequences on infants) • Links with Children's Centres. 	<p>Number of referrals in to PCMHs from GPs and the neighbourhood team primary care mental health service from primary care.</p> <p>Reduction in the numbers of people referred from primary care to secondary care mental health services.</p>

The difference we hope to make
<ul style="list-style-type: none"> • More informed staff recognise and respond earlier to the mental health needs of their client group • More citizens with mental health problems are managed effectively in primary care • More children and young people are able to access appropriate assessment and support <ul style="list-style-type: none"> • A reduction in social isolation and loneliness and their significant impact on the mental health and wellbeing of citizens. Links have already been established as part of the self-care pathway developments with Self Help UK, CLICK Nottingham, Community Navigators, NCVS and the broader Looking After Each Other Programme.

Priority 3: Self-management – promoting long term behaviour change and increasing awareness

<p>Why we chose this priority</p>	<p>Utilising motivational lifestyle support, information and signposting, skills training and self-care networks to encourage self-management of long term conditions and improve patient experience. This will result in a reduction in visits from community staff and potentially a reduction in hospital admissions.</p>	
<p>Quality domains</p>	<p>Patient experience</p>	
<p>Work it builds on</p>	<ul style="list-style-type: none"> • Self-care is a workstream of the Integrated Adult Care Programme • A self-care pathway has been developed and a pilot is running in Bulwell • Piloting of frail elderly tool kit, self-care assessment and self-care plan. 	
<p>Our key partners</p>	<ul style="list-style-type: none"> • Neighbourhood Teams • Multi-agency self-care task and finish group including Self Help UK, NCVS, Metropolitan Signposting Service, and Framework • Social care commissioners, health commissioners, third sector organisations and self-help groups. 	
<p>What we will do</p> <p>Use Social Prescriptions (these are a mechanism for linking patients with non-medical sources of support within the community).</p> <p>Integration of Enablement Care Coordinators (CCOs) into neighbourhood teams.</p>	<p>How we will do it</p> <p>Roll-out of Social Prescriptions across all Care Delivery Groups by June 2016.</p> <p>Co-location of Enablement CCOs in neighbourhood teams. Enablement nurse advisors will support enablement gateway CCOs and community nurses to identify lower level health needs and self-care support.</p>	<p>How we will measure/evaluate our progress and success</p> <p>Roll out complete</p> <p>Integration of Enablement CCOs in to neighbourhood teams</p>

<p>The difference we hope to make</p> <ul style="list-style-type: none"> • Exceed the fundamental standards of care (CQC) by ensuring people are involved in their care and facilitating care that is empowering • Reduction in the need for visits from health care staff • Improved citizen and carer experience and autonomy through a greater focus on health promotion and self-management by community health and social care staff • Improved access to advice, information and education.

Self-management - focus on diabetes

Why we have an extra focus on diabetes

The extra focus on diabetes will support the introduction of the new Nottingham City diabetes pathway.

From 1 April 2016, CityCare will work in partnership with Nottingham University Hospitals NHS Trust to deliver type 2 diabetes education programmes for individuals who require insulin therapy. CityCare already runs the 'Juggle' structured diabetes education programme for people with type 2 diabetes who are not on insulin therapy.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Improve confidence in managing diabetes as a result of attending a diabetes education programme.	Specific questions will be added to the diabetes education programme patient evaluation questionnaire to be completed at session 4: "Do you feel more confident to manage your diabetes? Yes/No" "Do you feel more confident to discuss your diabetes with your doctor/nurse? Yes/No"	85% of people attending final session reporting improved confidence as a result of attending the programme. Reported to the CityCare data team on a monthly basis via an agreed template.
Identification of opportunities for further course improvement relating to increased confidence, knowledge and self-management.	Individuals who reply no to the above will be asked how we could have helped them become more confident to manage and discuss their condition.	Patient feedback will be utilised in an ongoing programme of patient-led course improvements. Staff feedback will be obtained by individual self-evaluation using an agreed template.



Patient Comment

"Excellent communication throughout the team. They were my backbone and provided the most outstanding level of care specific to my needs and I cannot thank them enough for getting me "back on my feet" and helping me to the level of independence I now have. The team all deserve a gold medal."

(Health Reablement at Home Service)

Priority 4: Reducing avoidable harm

Why we chose this priority	<p>In 2014 the Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result.</p> <p>Our aim is to continually reduce errors of all kinds and we will continue to focus on reducing avoidable harm including pressure ulcers, as well as promoting prevention by enabling patients and carers to understand what they can do. We have committed to the national Sign up to Safety Campaign.</p> <p>We want to ensure our staff are confident to raise their concerns and we recognise the importance of listening to staff and working together to encourage staff to be confident to speak up about when things go wrong and learn from mistakes.</p>
Quality domains	Patient safety
Work it builds on	<p>See previous Quality Accounts for work on incident reporting and learning lessons, and part two of this report on our work implementing the Duty of Candour.</p> <p>We have a quality and safety dashboard and will continue to develop this over the next 12 months.</p> <p>We have trialled the Culture of Care Barometer in one of our services and we plan to include this within our peer review process and internal reviews/changes in services.</p>
Our key partners	<ul style="list-style-type: none"> • All CityCare teams and services including the Urgent Care Centre and CityCare Connect • Our Patient Experience Group • Our Quality and Safety Group.
What we will do	How we will do it
Hold three patient focus group sessions over the next year to explore what it means to be safe.	<p>We will use quarter one to plan the three patient focus groups.</p> <ul style="list-style-type: none"> • Group one will be held in quarter two and involve patients within the reablement service and their families/carers • Group two in quarter two will focus on children's services • Group three in quarter three will involve patients who have used the Urgent Care Centre.
Introduce patient safety walkabouts.	<p>Directors to arrange service visits</p> <ul style="list-style-type: none"> • Agreed actions will be followed up within an agreed timeframe • Any areas of good practice or any significant concerns to be included within the director's quality report to Board.
	<p>How we will measure/evaluate our progress and success</p> <p>Evaluation of the focus groups through inclusion of feedback within the session by focused questions.</p> <p>Five walkabouts undertaken by the directors. 'You said, we did' feedback given to staff.</p>

What we will do	How we will do it	How we will measure/evaluate our progress and success
<p>Deliver mechanisms to measure and develop the patient safety culture and reduce avoidable harm.</p>	<ul style="list-style-type: none"> • Introduce 'Safety Huddles' within the Urgent Care Centre and at Connect House • Introduce Schwartz rounds in two services, where clinical and non-clinical staff will come together once a month to explore the impact their job has on feelings and emotions • Culture of Care Barometer to be used within peer reviews • Have zero stage 4 avoidable pressure ulcers • Attain 60% reduction in avoidable stage 3 pressure ulcers • Attain a 40% reduction of avoidable stage 2 pressure ulcers. 	<p>Review of incidents and complaints/concerns.</p> <p>Number of Root Cause Analyses of avoidable pressure ulcers.</p> <p>Board receive quarterly reports on the transformational dashboard.</p>
<p>Embed the Duty of Candour across all services.</p>	<p>Review of the incident reporting policy and procedures to include a review of the Duty of Candour.</p> <p>Root Cause Analysis (RCA) toolkit to be developed including staff responsibilities under duty of candour.</p>	<p>Monthly audit of serious incidents using the RCA toolkit. Monthly reporting on percentage of compliance.</p> <p>Attendance at training.</p>
<p>Increase capacity for managers to utilise quality improvement tools and methods.</p>	<p>Develop and implement the delivery of training for managers in relation to Quality Improvement methodologies/tools to include proactive identification/review of potential harm.</p>	<p>Monitor attendance of managers.</p> <p>From a baseline of clinical audit and peer reviews conducted, monitor quarterly to identify uptake in use of various QI methods.</p> <p>Case examples of learning from improvement methods will be shared at team meetings and will be incorporated into existing training.</p>

The difference we hope to make

We will reduce the number of avoidable harm incidents within our services and develop a culture where staff feel confident to report all patient safety incidents and concerns with confidence and in the knowledge that those concerns will be addressed.

Patient Comment

"Both the exercise and dieting were great and I didn't feel awkward or embarrassed because I was working with other people in a similar position as me."

(Healthy Change)



Priority 5: More integration with partner organisations in service delivery

<p>Why we chose this priority</p>	<p>Integration has a number of benefits:</p> <ul style="list-style-type: none"> • Better outcomes for citizens, including a reduction in hospital admissions, more independence and a streamlined citizen journey • Efficiencies and improvements in quality • A reduction in the number of practitioners seeing a citizen in their own home, improving the citizen experience and reducing duplication • Capacity can be maximised to free up clinical time to care.
<p>Quality domains</p>	<p>Patient experience and clinical effectiveness</p>
<p>Work it builds on</p>	<p>This project is a workstream of the Adult Integrated Care Programme. See last year's Quality Account. See also the 'key partners' sections of the other new priorities in this report for more information on partnership working.</p>
<p>Our key partners</p>	<ul style="list-style-type: none"> • Reablement, Urgent Care Service and Community Triage Hub • Local Authority Care Bureau, Emergency Home Care team and Social Care Reablement team. <p>A joint venture agreement underpins the relationship between partner organisations with a Joint Executive Group now established.</p>
<p>What we will do Integrate Health and Social Care Reablement and Urgent Care Services by March 2017.</p>	<p>How we will do it</p> <ul style="list-style-type: none"> • Process and protocols for joint working supporting culture change • Co-locate Health and Social Care Reablement and Urgent Care services • Develop the workforce to deliver the integrated service • Ensure joint access to patient records.
<p>How we will measure/evaluate our progress and success</p>	<p>Reduction in unnecessary admissions, readmissions and entry to long-term residential or nursing care. Reduction in hospital lengths of stay. Reduction in the proportion of people reporting a very poor experience of inpatient care and primary care.</p>

The difference we hope to make

- Citizens will feel that their individual choices and needs are met in a way in which they feel empowered as valued members of our community
- Citizens will feel that their independence is maximised and be better able to self-manage and self-care
- Nottingham City residents with one or more long term conditions will see an improved quality of life
- Citizens will see a transformed system in which all of its parts work in an integrated way and services have the ability to adapt to the individual needs of each unique person.