



Annual Quality Account
2019-20

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



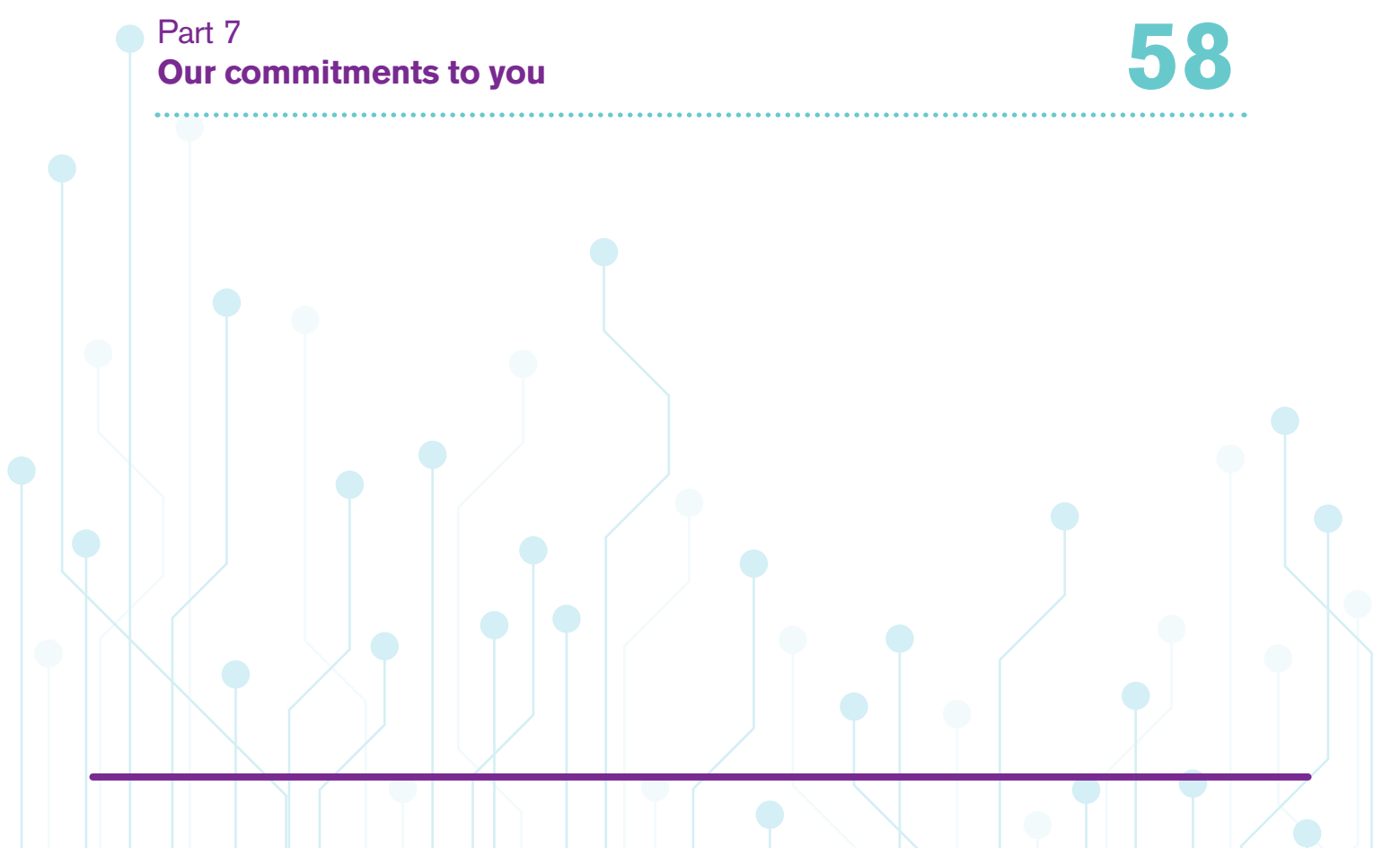
How the public, patients, carers and staff were involved in decisions on these priorities.



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

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1 Introduction

We are delighted as Chair and Chief Executive of CityCare to present to you our Annual Quality Account for 2019/20 which demonstrates our achievements over the past year and sets out our ambitions for 2020/21. As an organisation we continue to work incredibly hard to provide the very best quality care for the population we serve and we are so proud of what our clinical and corporate teams achieve every day.

We want to take this opportunity to thank our teams for their amazing hard work and in particular for their responsive approach throughout the time of Covid-19. We absolutely understand as a Board that the quality of services delivered is due to the exceptional staff who make up our CityCare family and we are very proud of and grateful for all they do. We know that the appreciation for what they provide is also shared by our patients and this has been demonstrated through the feedback we have received.

As a Board we understand that we don't always get things right and we are absolutely committed to ensuring our organisation has a culture of openness and the ability for staff and patients to have a voice which is heard across our organisation, so that we can continue our culture of learning and reflection and changing practice based on the feedback we are given.

We believe our quality priorities this year will make a difference and will have a real impact in the City of Nottingham as we continue to work with our partners in our City Integrated Care Partnership and the wider Integrated Care System to make a difference. We are committed to partnership working and we welcome the opportunity that the year ahead will provide to us as we continue our quality journey.

We want to end by thanking all of our staff and patients for the support and commitment they show to CityCare.

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



Michael Williams,
Chair

Lyn Bacon,
Chief Executive



About CityCare

CityCare offers a wide range of community health services for both adults and children. Our Children's Public Health 0-19 Nursing Service works closely with Nottingham City Council's Early Help service, providing a range of services from health visiting, breastfeeding support, nutrition, safeguarding and early help, to public health nursing for children and young people aged 5-19.

This integrated service is designed to optimise children's physical, emotional, cognitive and social development, creating the foundation for every child to reach their full potential in childhood and beyond. Working in partnership with families, we aim to reduce inequalities in child development across Nottingham.

CityCare also provides the Child Health Information Service, ensuring that each child and young person in Nottingham City has an active care record, supporting the delivery of clinical services.

Our adult community services provide a wide variety of care from nursing and allied health professionals in the patient's own home or clinical setting. These services include community nursing and therapies, urgent treatment and long-term condition management.

We support the national effort to increase out-of-hospital care by working in partnership with organisations across Nottingham and Nottinghamshire to provide appropriate and high quality healthcare services in the community. We also develop programmes of care that address the often complex needs of our patients, while working to limit pressure on acute services.



Listening to patient and service user voices

Engaging our patients and service users

We continue to involve patients and service users in helping us improve and develop our services through ongoing feedback and engagement opportunities. Our patient experience group (PEG) continues to meet regularly and members are involved in a wide range of different activities, including:

- Giving feedback on new leaflets on whether they were clear, concise and written in plain English.
- Contributing to the suggested priorities for the annual quality account.
- Representation on our quality and safety group, equality and diversity committee and the new patient and public committee.
- Forming part of the review team for quality visits.

Launching our new patient and public committee

A new CityCare patient and public committee (PPC) was established in 2019. Lay representatives from different adult and children's services are invited to feed back on engagement work undertaken by the organisation and suggest areas of focus for future work. An objective identified by the PPC for 2020 was for patient experience to be more representative of the diverse population we serve, with a focus on 'seldom heard groups'. The PPC is chaired by a Non-executive director and the Director of Nursing and AHP attends along with the Head of Patient and Public Experience.

Working with families and young people

We are working with Small Steps Big Changes to deliver engagement events, including Stay & Play clinics at health centres to encourage interactive play with children and their parents and carers.

A new CityCare service user group for the 0-19 Better Start service is being planned for 2020/21. Representatives and service users from children's services are being invited to help us confirm the purpose and remit of the group and ensure that our approach is inclusive and service user led.

Parents and young people were surveyed on the priorities for improving the children's waiting area at the Urgent Treatment Centre, and the feedback is being used to improve the area.



Patient and service user satisfaction

We ask people about their experience of our services on an ongoing basis. We are pleased that in 2019/20 we continued to achieve high levels of satisfaction, with the total number of patient survey responses remaining high at **7,141**.

Survey results show that:

94%

our services are **excellent** or **good**
(all questionnaires)

Friends and family test

93%

likely or **extremely likely** to recommend the CityCare service that they had received to family or friends
(of 4,746 who responded)

Satisfaction within all groups

It is important that our services meet the needs of particular groups and people with 'protected characteristics' as defined in the Equality Act 2010. Our surveys include monitoring forms enabling us to analyse this.

In response to the question 'How well did the service meet your overall satisfaction?'

- We received answers from **211** patients/service users from a Black and Minority Ethnic (BME) community. Of these, **92 per cent** (196) rated the service as excellent or good.
- We received answers from **1,397** patients/service users who consider themselves to have a disability or long term condition. Of these, **95 per cent** (1,324) rated the service as excellent or good.
- We received answers from **50** patients/service users who identified as being Lesbian, Gay or Bisexual. Of these, **92 per cent** (46) rated the service they had received as excellent or good.

A range of comments from patients/service users are shared on a quarterly basis with the CityCare Board and commissioners in line with our contracting requirements. Details regarding complaints are also provided.

No complaints were raised in relation to equality issues or discrimination in 2019/20.

Managing complaints

When people have a less positive experience regarding our services we are keen to listen, reflect and take action to put things right. Our dedicated Customer Care Team receives complaints and provides a main point of contact.

As provider of NHS and local authority funded services we comply with the NHS and Local Authority Social Services regulations and if people are not happy with the outcome of their complaint they are able to ask the Parliamentary and Health Service Ombudsman for a review. In 2019/20 the ombudsman did not review any complaints handled by CityCare.

56

CityCare received **56** new complaints within the year.

We closed **56** complaints over the year.

16 per cent (9) of the complaints were upheld, **43** per cent (24) were partly upheld.

39 per cent (22) were not upheld and **2** per cent (1) had no findings.

Total complaints year 2017-18 **41**

Total complaints year 2018-19 **58**

Total complaints year 2019-20 **56**

Complaints received within the year by service

Out of Hospital Services	0-19 Services	Urgent Treatment Centre
46	7	3

Complaints by issue

Treatment and care	Access	Communication	Other
28	12	14	2

Learning from complaints and feedback

Below are examples of how we have responded to complaints and feedback in 2019/20.

Service	Issue raised
St Francis Unit	Personal property (beverages) belonging to a patient could not be accounted for. A lack of records of belongings meant the staff could not explain what had happened.
The changes we made	
<p>The unit management were made aware of this failing, and the complaint investigator provided assurances that appropriate measures had been implemented. These were independently verified on a Quality visit to the unit.</p> <p>Specific recommendations were made about the labelling and storage of patient's own food and drink, and ensuring that patients are made aware if these need to be disposed of due to being out of date/contaminating other items in storage.</p>	
People benefitting from the change	
In-patients in CityCare commissioned beds	

Service	Issue raised
Community Stroke Service	On behalf of their father, family members raised concerns about the treatment and care of their father while he was recovering from a stroke. The patient had been admitted to a Community Stroke Team bed at Connect House.
The changes we made	
<p>Three areas of learning and development were identified:</p> <ul style="list-style-type: none"> ■ Ongoing training ■ Working to improve communication ■ Development of an information leaflet 	
People benefitting from the change	
In-patients in CityCare commissioned beds.	

Service	Issue raised
MOSAIC	Complaint in relation to unacceptable delays to access pain treatment.
The changes we made	
As a result of this complaint, processes were put in place for senior physiotherapists to review the work of junior physiotherapists where patients have complex care needs.	
People benefitting from the change	
All users of MOSAIC service.	

Service	Issue raised
Evening and Night Service	The complaint relates to the care provided by the night service, and also how the family were contacted in the aftermath of the death of their relative.
The changes we made	
<p>The necessity of showing ID badges was reinforced to all staff.</p> <p>In direct response to concerns raised, we identified the need for staff to carry a supply of buffer stock, to supplement the 'night bag'.</p> <p>We acknowledged the need to improve the anticipatory medicine process to ensure patients at the end of life have prompt access to medication.</p>	



Comments

Adult Services

"Your staff members were very kind, patient, helpful and listened. The sessions were for my dad but my mum took part which helped her mobility to improve. My dad actually looked forward to the sessions".

At Home Support Team

"Nurses walked with mum and advised the family on the best course of action to keep mum well. All very professional and referring on to other health care professionals as needed".

Community Nursing

"The occupational therapist was very helpful and approachable. Very easy to talk to and knew a lot about the issues around my health problem and what to do to help".

MOSAIC

"Mum and I can't ever thank you all enough for all the care and support you have given to help her get back on her feet (literally). You have worked absolute wonders and it has been a real pleasure to meet you all and have you help us on this journey".

Community Stroke Service

"The cardiac nurses were positive and extremely helpful, persuading me to make significant lifestyle changes without nagging. The cardiac rehab circuit class was absolutely central to getting started, providing a safe space where I could exercise without fears".

Primary Care Cardiac Service

"Very polite and understanding, and helped with other services, including getting in touch with my GP regarding medication".

Integrated Respiratory Service

"The nurse was very attentive in checking my wound and clearly had a thorough appreciation of the condition. In addition she was keen to offer useful advice for ensuring continued improvement".

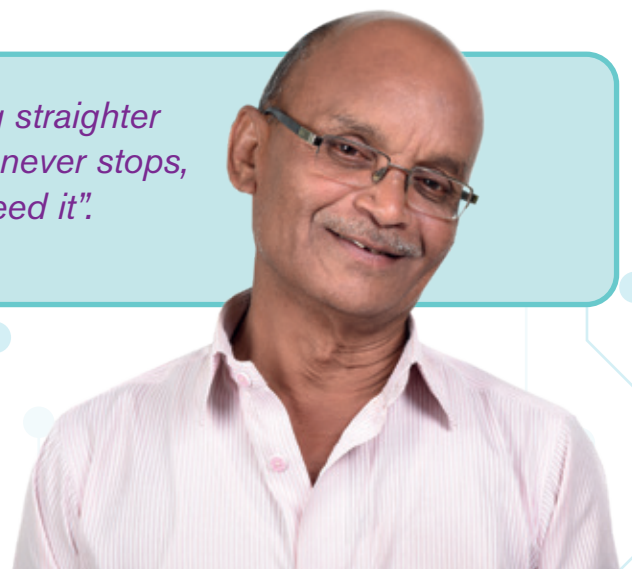
Tissue Viability Service

"Friendly, professional and caring service. Good advice given and interacted well with someone who is very disabled with limited speech and mobility".

Community Nursing

"My walking is more paced. I'm standing straighter and concentrate more. I hope this service never stops, there are lots of people that really need it".

Community Neurology Service



Comments

Children's Services

"Very informative and helpful. Friendly and welcoming. We didn't feel rushed and had plenty of time to ask questions. There was space for our baby to play and room to change him if needed".

Health Visiting

"I like seeing the same person, she knows the answers to my questions and supports me in the decisions I make. She speaks to me on my level and does not use complicated language when explaining things".

Family Nurse Partnership

"This service has given me really good support and advice and has also allowed me to gain confidence in areas where I've needed advice, such as breastfeeding. My family nurse gives me opportunities to make my own decisions and have a say".

Family Nurse Partnership

"This service is a lifeline for the young people in this community who may not access any other medical care as they are too nervous, or they don't want their family to know in the first instance".

Community Public Health Nursing

"Amazing support, gave great advice that helped with feeding my baby. Always there for me. Even when not doing the group, they called and checked in on me and baby feeding".

Health Visiting

"Really friendly, knowledgeable staff. Always supportive of decisions made about feeding, continuing feeding".

Health Visiting

"Offer advice including help with housing. They keep appointments and work around the client".

Family Nurse Partnership

"Reassuring, gave good advice, very approachable".

Community Public Health Nursing



Comments

Urgent Treatment Centre



"Superb service again from reception to triage to the nurse. Professional, caring, sense of humour. Everything brilliant. This is the John Lewis of the health services".

"Seen in 10 minutes. Triage nurse did all the tests and was very efficient. Seen again by very experienced nurse. She was as good as a doctor".

"The staff who saw me were great. Helpful and very informative in an empathetic way. Answered all my questions very well".

"I felt like my problem was dealt with very professionally and very thoroughly. I felt respected and well listened to".

"Pleasant calm atmosphere in the waiting area. Pleasant and efficient doctors and colleagues. A very good service".

"The complete visit went extremely well from the receptionist through to the clinician we saw. They were very professional, treated us with total respect and were very prompt".

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 2019/20. These priorities together address the three domains of patient safety, patient experience and clinical effectiveness.

For more information on the background to these priorities, click below to read last year's report.



Priority 1

Recruitment and retention of staff

What we said we would do

Recognise the contribution and the impact of both our clinical and non-clinical workforce on patients.

What we achieved

We held our staff 'Valuing You Awards 2019', which received positive feedback. In addition to recognising the winners, we sent letters of acknowledgement to the more than 100 staff who were nominated for an award.

Our pulse check staff survey in May 2019 (following on from the national staff survey) showed improvements in a number of areas including the staff friends and family test, which increased to 41 per cent from 39 per cent in the 2018 national staff survey.

Our frontline staff fed back that they would like to see a focus on patient satisfaction related to an individual team each month in our weekly Cascade staff newsletter. This feature highlights specific comments related to one team along with their satisfaction data. The aim is that by focusing on one team each month, we will motivate other teams to ensure they have processes in place to collect feedback on a regular basis. Teams included in this feature so far include the South Rehabilitation and Falls and Integrated Respiratory teams.

Our patient feedback ratings are reported monthly and quarterly through the contract reports for Adult Services, Urgent Care and 0-19 Services. A summary from the monthly reports is shared with staff in Cascade each month.

In early 2020, staff were presented with information on CityCare's strategic plan and annual operational plan, to bring these documents to life for teams and to ask them to send us feedback and evidence on how they are meeting the strategic priorities for CityCare. The organisational personal development review (PDR) template and guidance has changed to focus on the annual operational plan priorities to help our teams identify how their work helps meet the organisation's overall goals and aims.

Priority 1

What we said we would do

Have a workforce that is skilled to meet the needs of the community CityCare serves.

What we achieved

In the May 2019 pulse check survey, 70 per cent of staff responding said that they have had training and development opportunities in the last six months. This is a nine per cent improvement compared to 2018.

Our clinical and non-clinical staff engagement and development events including the Nursing and Allied Health Professional (AHP) Forum, Non-clinical Forum, health and wellbeing pop-ups and Board Lunch events are receiving positive feedback.

What we said we would do

Attract our workforce from all sectors of the community and create a workforce that is representative of the population we serve.

What we achieved

A recruitment and retention task and finish group has been created to look at how we recruit and how we can enhance our offer to candidates.

The HR team and key operational team members have attended four recruitment fairs across Nottinghamshire since August 2019. We have seen an increase in recruitment as a result. We received a number of applications and interest at all of the recruitment events, for example, an event in August led us to directly employ at least three new members of staff. We are setting up a 12 month rolling calendar of recruitment events.

We have increased the number of jobs advertised through social media, with targeted marketing.

We have redesigned the way we approach the advertising of roles to now include a letter of encouragement from our Director of Nursing and AHP. We anticipate this will help us to get interested people to apply for roles from the adverts they download.

We have offered interviews and roles to a number of students who were ready to start in both March 2020, and interview dependant, in July 2020.

Several members of staff have expressed interest in coming back to CityCare, both retirees and staff who have left the organisation.

Priority 2

Quality of care

This priority includes:

- Right staff with the right skills at the right time and in the right place
- Measurement of effectiveness of care
- Delivery of the Sign up to Safety action plan

Right staff with the right skills at the right time and in the right place

What we said we would do

Regularly review our staffing levels and skill mix to ensure safe staffing levels.

What we achieved

Work is underway on the alignment of our neighbourhood teams to the local Primary Care Networks (groups of GP practices working together), ensuring we have the right staff with the right skills in the right place for local partnership working. This is being carried out at a local level by the heads of service with appropriate support from the HR Team where we need to manage any new ways of working or review the skills needed.

Reports are submitted to the Human Resources and Organisational Development (HR&OD) Group on a monthly basis which show CityCare's performance in key areas related to HR. These are discussed with the group and appropriate actions allocated.

The group also assesses and approves task and finish groups for key HR-related project work to meet the organisation's strategic business plan and objectives.

The work to match staff skills to the needs of each clinical service includes a new 'safer staffing' standard operating procedure (SOP) to ensure the right capacity is maintained. Exception reports from the clinical services now include safer staffing which are presented to the Quality and Safety Group monthly.

Priority 2

What we said we would do

Deliver comprehensive training for all our registered and non-registered workforce.

What we achieved

A training needs analysis (TNA) has been completed by the Head of Professional Standards and Learning and Education Manager. This work is ongoing and is reported at the HR&OD group on a monthly basis.

Training priorities identified as a result of the TNA are being implemented. This includes both internal and externally commissioned training. Programmes currently being implemented in this area include advanced skills in moving and handling, minutes made easy and mental health first aid.

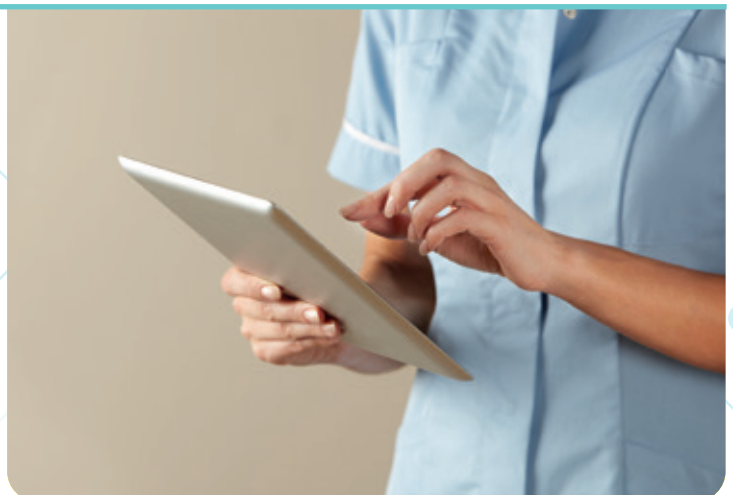
We successfully applied to Health Education England for funding to provide training for three district nurses, six specialist community public health nurses (four health visitors and two school nurses) and an urgent treatment centre advanced clinical practitioner. Funding has also been granted to complete the training of three existing advanced clinical practitioners. These positions have been recruited both internally and externally and will enhance our mix of specialist community nursing and advanced practice staff, reduce vacancies and support retention.

What we said we would do

Introduce new roles across the clinical workforce.

What we achieved

We recruited five nurse associates in the first part of 2019, who are now embedded in our clinical services (Children's and Adult). Appropriate support and mentoring is ongoing to ensure that they are supported and developed in this new role.



Priority 2

Measurement of effectiveness of care

What we said we would do

Leg ulcers: Improve healing rates through timely access to assessment.

What we achieved

Two new leg ulcer pathways have been written, for chronic oedema and leg ulceration.

Education around the chronic oedema pathway has taken place and its implementation is being evaluated by a PhD student for Nottingham University.

Our leg ulcer clinic appointments are being reorganised to complete assessments within two weeks of a lower leg wound failing to heal (currently around four weeks). This is a national target which has been put on hold nationally until September 2020, however we are continuing with this aim by developing new leg ulcer training.

A new Pressure Ulcer Prevention policy was ratified in March 2020, in line with all NHS England's recommendations.

What we said we would do

Children's Services: Define and develop a criteria that enables the appropriate allocation of resource to ensure families in Nottingham City receive the right help at the right time by the most appropriately skilled practitioner.

Develop an early support screening pathway.

Draft a model to support in preparation for undertaking a pilot; testing the criteria and pathway for accessing additional support.

What we achieved

A project work stream group including partner organisations has developed an early support screening pathway which ensures that the right additional help and support is allocated and provided to children, young people and families at the right time.

The actions to address any identified needs will be allocated to the appropriate practitioner at the Early Support Liaison meeting. Examples of the type of cases which could be brought to this meeting include:

- An Early Help team member identifies a parent who appears isolated and may be in need of emotional health assessment and support
- A family that has been identified as requiring additional support in parenting strategies
- A family requires additional support in managing their child/ren's unhealthy weight.

A standard operating procedure along with record keeping templates will be developed to ensure that clear guidance and processes are in place to support staff. A pilot has taken place to assess the criteria assessment tool and early support screening pathway. Amendments to the process were put in place in response and are now being rolled out across the patch with each local area team now holding partnership meetings.

Priority 2

Delivery of the Sign up to Safety action plan

What we said we would do

Implement the latest NHS guidance on the reporting and measurement of pressure ulcers.

What we achieved

Six education sessions were held between August and October 2019. Newsflashes on pressure ulcer categorisation and moisture damage have also been cascaded to staff.

Our full-day tissue viability pressure ulcer education training and pressure ulcer update training have both been updated. These were in place for training in November and December 2019 and will be delivered throughout 2020.

Training is now provided on the deteriorating patient with actions for preventing pressure ulcers. We have also developed a pressure relieving equipment guide.

What we said we would do

Ensure all staff undertaking urinary catheterisation have a plan in place to undertake training every three years.

What we achieved

This action has been included within the recent training needs analysis (TNA) and will be completed in line with the delivery and roll out of the TNA.

We compiled a list of all teams requiring training and a record of when those individual staff members attended. Catheter training compliance is currently 73 per cent.

All assistant practitioners have completed training and are competent on named patients.

What we said we would do

Ensure all staff are assessed as competent in urinary catheterisation.

What we achieved

This has been completed with all relevant staff.

Priority 2

What we said we would do

Review with individuals who have urinary catheters whether the catheter passport is useful and how it should be developed across the health economy.

What we achieved

We completed a survey in March 2020 of 30 patients with urinary catheters, to see if they have a catheter passport and how they feel it should best be used.

We will now use the results to plan how best to develop the urinary catheter passport and its use.

What we said we would do

Ensure the clinical workforce has access to medical devices to enable them to make the correct decision as to when patients should be re-catheterised.

What we achieved

32 bladder scanners have been purchased and distributed across the clinical workforce. All areas that receive the scanners have received training on how and when to use them.

Priority 3

Improvement

This priority includes:

- Mental health support for patients and staff, promoting mental health and wellbeing for patients and staff
- Supporting staff to identify and signpost carers (including young carers) to the right services

Mental health support for patients and staff, promoting mental health and wellbeing for patients and staff

What we said we would do

Introduce additional measures to prevent and manage workplace related stress.

What we achieved

A mental health steering group is in place with a focus on the prevention and management of work-related stress. This has led to the introduction of resilient manager training and a planned programme of mental health first aid training.

The group is guided by the Health and Safety Executive six management standards for the prevention and management of work-related stress and will continue to implement interventions in relation to this.

What we said we would do

Increase the number of Mental Health First Aid (MHFA) Champions in the workplace.

What we achieved

Training took place for 19 Mental Health First Aid Champions and an additional 12 members of staff attended a course on mental health awareness.

Priority 3

What we said we would do

Reduce staff sickness over the next 12 months.

What we achieved

The sickness absence figure is monitored on a monthly basis and actions agreed and put in place. Our average full time equivalent absence rate has reduced from 5.82 per cent in May 2019 to 5.5 per cent in April 2020.

What we said we would do

Increase awareness of the mental health and wellbeing support available to staff.

What we achieved

In May 2019's pulse check survey, 74 per cent of staff responding said that they know what support is available for their health and wellbeing. This is a six per cent improvement from the 2018 pulse check survey. Annual data on hits on our health and wellbeing intranet pages showed 1,868 visits in the year to May 2020, 781 of them unique.

What we said we would do

Create a healthier and more supported workforce.

What we achieved

We held our first Health & Wellbeing event in June 2019 and it evaluated well. We are planning a similar event for 2020.

What we said we would do

Children's Services: Assess the effectiveness of the training package we are using in upskilling all staff members and volunteers to recognise and respond to mental health concerns in line with their competency level.

What we achieved

More than 73 per cent of our health visitors have attended a bespoke training package. Evaluation showed increased confidence and knowledge in recognising mental health concerns and the use of assessment tools and referral pathways. Amendments to the perinatal mental health pathway have been made to ensure a robust support process is in place.

Priority 3

Supporting staff to identify and signpost carers

What we said we would do

Identify the needs of and offer appropriate support to carers within Nottingham City.

What we achieved

Our social prescribing team is referring carers to the Carers Hub in the Nottingham City Council to access appropriate support where this is identified.

Clinical teams are aware of carer stress and carer support, and have signposted carers to social care for carers assessments and to support groups, particularly the Alzheimer's society and Radford Care Group.



3

Priorities for quality improvement 2020/21

To produce our annual quality account we have engaged with staff and stakeholders including through a consultation event attended by staff, members of our Patient Experience Group, one of our Non-executive Directors and representatives from Healthwatch Nottinghamshire and the Nottingham and Nottinghamshire CCGs.

We also discussed ideas for new priorities with staff at one of our 'Board lunches', where staff can meet the Board to discuss their ideas, at our Nursing and AHP forum and a drop in session at our Standard Court headquarters. We 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. From all the discussions and feedback received, we set four new priorities for 2020/21.



Improve our medication safety in Adult and Children’s services

This priority addresses the area of patient safety and is important in our drive to provide the best quality, safe care to all our patients.

Actions	How will we measure/evaluate our progress and success?
We will introduce monthly medicine management training for clinical services.	Audit of training numbers. Staff satisfaction feedback.
We will share information via a learning newsflash on a quarterly basis.	Publication of newsletter. Staff feedback.
We will establish quarterly non-medical prescribing management forums for Children’s Services.	Number of staff attending.
We will establish quarterly non-medical prescribing management forums for Adult Services.	Number of staff attending.



Enhance our training offer for the recognition of the deterioration of our patients in both Adult and Children's Services and develop specific training in relation to key areas

This priority addresses the area of patient safety and clinical effectiveness. It follows on from quality priorities in previous years to reduce unnecessary harm and supports our work on Sign up to Safety and the fight against sepsis.

Actions	How will we measure/evaluate our progress and success?
<p>We will develop and implement a training package on recognition of sepsis in Children's Services.</p> <p>We will review Children's Services staff knowledge before and after the roll out of the children's training package.</p> <p>We will increase training compliance in adult community nursing and integrated care homes services.</p>	<p>Training package has been developed which can be delivered taking into account social distancing.</p> <p>Review prior knowledge with 50% of staff who undertake the training package and 50% once they have completed the training package.</p> <p>Number of training packages delivered per quarter against baseline figure (tbc). Audit of training and stretch target implemented.</p>
<p>We will give the information on recognition of sepsis that is detailed within the red book and discuss this with families when face-to-face contacts occur from the birth visit onwards.</p>	<p>SystemOne visit template to include the option to tick that discussion has happened re recognition of sepsis with parents.</p> <p>Audit a sample of records to identify that this has happened.</p>



Promote services and raise awareness of the offer of services available to those in a carer role

This priority addresses the areas of patient experience and clinical effectiveness. It is important that we support carers to look after their own health as well as that of their loved ones.

Actions	How will we measure/evaluate our progress and success?
We will improve the support and advice/ information that our staff have available for carers.	All relevant information is available to staff and is being used to support carers.
We will improve carer access to information by incorporating relevant literature and support information for carers on a new website platform.	We will provide information on carers' resources on our web pages and incorporate this information onto our new web platform when this is launched.
We will ensure staff have easy access to carer information by updating our intranet and sharing targeted communication in the staff newsletter, Cascade.	We will provide information on carers' resources on our staff intranet pages and incorporate this information onto our new intranet platform when this is launched.



To build our engagement offer to be representative of the population we serve

This priority addresses the area of patient experience. To understand and gain the trust of our communities we must reflect their views in our engagement and ensure we are connecting with all sections of our local communities.

Actions	How will we measure/evaluate our progress and success?
We will include a representative from Children’s Services on quality visits to 0-19 services (including Urgent Treatment Centre, Dietetics and Continence where applicable).	Representation secured and formal feedback into the identified services recorded and implementation/action plan in place to improve services.
We will set up a patient group within Children’s Services to feed into the PPC.	Agree terms of reference and implement a Children’s Services user engagement group.
We will improve engagement with the wide variety of adults using CityCare services, with a focus on our MOSAIC and Diabetes services.	Feedback from MOSAIC and Diabetes service users secured, which is representative of the population served.

4

Board assurance

The Board is accountable for our Quality Account and has assured itself that the information presented in this report is accurate.

4.1 Review of services

During 2019/20 CityCare provided and/or sub-contracted 35 NHS services. The income generated by the NHS services reviewed in 2019/20 represents 100 per cent of the total income generated from the provision of NHS services by CityCare for 2019/20.



To ensure the ongoing quality of our services, we have robust measures in place to monitor 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.

4.2 Participation in clinical audits

During 2019/20, seven national clinical audits and no national confidential enquiries covered NHS services that CityCare provides. During that period CityCare participated in 100 per cent of those national clinical audits 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 2019/20, 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:

- Falls and Fracture Audit Programme - Fracture Liaison Service Database:

100%

- Falls and Fracture Audit Programme - National Inpatient Falls: Registered but no applicable patients

- National Asthma and COPD Audit Programme - Pulmonary Rehabilitation:

100%

- National Audit of Cardiac Rehabilitation:

100%

- Sentinel Stroke National Audit Programme:

100%

- UK Parkinson's Audit:

100%

- National Audit of Care at the End of Life:

100%

The reports of 26 local clinical audits were reviewed in 2019/20 and CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical audit project	Key actions/learning
Record Keeping Audits 2019/20 (Separate projects by 16 services)	Services have their own action plans. Common themes of use of abbreviations, recording of allergies and mental capacity assessments have improved slightly from the previous year and further actions are in place, led by the Records Management Group.
Catheter Care Plans Clinical Audit 2018/19	Survey patients with catheter passports to see how they feel the passport should best be used. Review catheter passport and information that needs to be available and easily accessible within the electronic record. Community Nursing Teams to identify staff who require catheter management training, ensure this is within the training needs analysis and facilitate attendance. Re-launch competency tool and link as an objective to PRDs.
Unconscious Bias Clinical Audit 2019/20	The results of the project have shown that the introduction of actions over the past four years to support the experience, recruitment and promotion of black and minority ethnic staff have been successful.
Safe Handling of Medicines Clinical Audit 2018/19	The main risk identified was the possibility of expired stock being used due to insufficient expiry date checking procedures and the presence of expired stock. Findings were shared with staff on the day of the audit for immediate action to ensure any expired stock was removed. Results were discussed with services that were not doing daily temperature checks highlighting the importance of doing so; this will be checked on next audit visit. Those not doing a monthly expiry date check were given information on the monthly record sheet.
Controlled Drugs (CD) Clinical Audit 2019/20	The main risks identified were some teams not carrying out risk assessments for CD abuse, and CD prescribing data not being regularly reviewed at management supervision. Newsflashes are to be sent quarterly to relevant teams, prescribing data reviews to be carried out by peer prescribers, relevant staff to be provided with Palliative Drugs Handbook, and drug calculations training to be developed.
Bone Health Clinical Audit 2018/19	All areas of practice consistently good, no action required.
New Born Blood Spot Clinical Audit 2019	Actions put in place last time continue to work well. This has increased our KPI performance and is something we continue to improve on.
Safeguarding Multi-Agency Audits 18/19 - Early Help Audit Feb19	Targeted Family Support teams are to ensure GPs are aware of involvement with families and given the opportunity to contribute to and receive information about assessments and plans. Targeted Family Support teams to ensure incidents of domestic abuse are identified, recorded and children provided with appropriate support to address impact of domestic abuse. All agencies reminded of the need to reframe 'self-harm' as 'help seeking behaviour'.

Clinical audit project	Key actions/learning
Safeguarding Multi-Agency Audits 19/20 - Neglect Audit June 19	Assessments should always include voice of the child and critical decisions be informed by evidence of the child's lived experience. Adult services should apply 'Think Family' when working with parents and carers of children subject to child protection plans.
SSKIN Care Bundle 'Take 5' Clinical Audit 2018/19	Compared to 2015 there is improvement in both the number of SSKIN bundles and those detailing nutrition, however details of pressure relieving surface, repositioning and continence reduced by four per cent. Community nursing staff to be informed of recent changes to staging and reporting of pressure ulcers, results to be discussed in pressure ulcer prevention training.
Wound assessment Clinical Audit 2018/19	Recall process in SystmOne to be developed to promote four-week reassessment and establish method for documentation of wound duration. Establish additional time slots for community visits to enable timely wound assessments. Heighten awareness to improve consistent documentation of the date the wound occurred within assessments, when wound infection is not indicated, and presence of undermining or tunnelling in the wound base.

4.3 Participation in clinical research

From April 2019 to March 2020, CityCare recruited **46** portfolio study participants and **19** non-portfolio study participants to research studies, totalling **65**.

In addition:

- One physiotherapist, Dr Rob Goodwin, has completed his PhD, in which he evaluated the First Contact Point Muscular Skeletal Disorder Services in Nottingham and the UK. He was also awarded Chief Allied Health Professionals Officer's 'Researcher of the Year' and overall 'AHP of the Year'.
- We have recruited 26 people with a hip fracture for the FEMUR 3 study. Half are receiving an additional rehabilitation programme delivered by our clinicians and supported by the CRN.
- A Parkinson's disease nurse has won a £10,000 research award to explore Nordic Walking in people with Parkinson's disease.
- Professor Pip Logan has spoken about our research in China, The Netherlands, Spain and Ireland.
- We have received £230,000 funding from the Chartered Society of Physiotherapy (CSP) for a national evaluation of first contact physiotherapy (FCP).
- We have been involved in a project with The University of Nottingham exploring physiotherapists' use of the 'AHP Work Report' and Dr Goodwin is leading a piece of research within his clinical team in collaboration with Dance4 (www.dance4.co.uk/), a long-time partner of CityCare.
- The FISCUS study, which is exploring exercise for people with leg ulcers, is ongoing and we are providing expert research help to the team in Sheffield.

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

For the financial year 2019/20, 1.25 per cent of CityCare's budget was conditional on the achievement of three national CQUIN goals. In addition a further three per cent was conditional on the achievement of seven locally agreed Local Incentive Scheme quality improvement metrics.

CityCare was proud to achieve 100 per cent of the conditional funding available in 2019/20 relating to these schemes.

4.5 Statement on Care Quality Commission (CQC) registration

We pride ourselves on being an organisation with improvement and learning at its heart, and the CQC's report of 2016 is evidence of that. We continuously strive to do better and there are some areas where more work is required. We are committed to making these improvements and continuing to improve the quality of care for our patients.

4.6 Data quality

In 2019 CityCare formally recognised the need to both improve and monitor data quality within the organisation and in response has introduced a formal data quality function within its Information Team.

Already during 2019/20 we have seen the positive benefits, introducing data quality reports which identify for clinical managers activities outside of normal parameters which can be reviewed and if necessary action taken. Tools include the introduction of live dashboards including a real time 'traffic light' system of patients waiting to enable service leads to manage care effectively.

The impact of this can be seen in our reduction in patients waiting beyond 30 days for assessment. For example in our integrated care homes service the tool increased the number of patients seen within 30 days by 13 per cent over four months to 99 per cent by March 2020.



4.7 NHS Number and General Medical Practice Code Validity

As a community service provider, CityCare submits information against the national Community Services Data Set (CSDS) for contacts with community services and the Mental Health Services Data Set (MHSDS). In addition CityCare also submits information as Emergency Care Data Set (ECDS) for attendances at the Urgent Treatment Centre. For the reporting period 2019/20 CityCare data reported a rate of 98.6 per cent with a valid NHS Number.



4.8 Data Security and Protection Toolkit attainment levels

The requirements of the Data Security and Protection Toolkit (DSPT) are designed to encompass the National Data Guardian review's 10 data security standards and support key requirements under the General Data Protection Regulation (GDPR), identified in the NHS GDPR checklist. It draws together the legal rules and central guidance set out by Department of Health policy and presents them as a single set of information governance requirements.

This is the second submission of the new DPST hosted by NHS Digital. The approach has changed from 45 requirements to 10 national data standards comprising of 40 assertions.

The standards are:

- Personal confidential data
- Staff responsibilities
- Training
- Managing data access
- Process reviews
- Responding to incidents
- Continuity planning
- Unsupported systems
- IT protection
- Accountable suppliers.

Within these assertions there are currently 116 mandatory evidence requirements. CityCare submitted its Data Security and Protection Toolkit on 25 March 2020 as "Standards Met".

4.9 Clinical coding error rate

As a community service provider, CityCare is not subject to clinical coding for Payment by Results and therefore will not be involved in the audit for 2019/20.

4.10 Incident reporting

There were 1,740 incidents reported via our web based incident reporting system (Datix) which is an increase from last year when a total of 1,383 incidents were reported. This places the organisation positively in the top half of reporting rates of organisations providing NHS services and reflects a good open culture. Over the last year we have enhanced our focus on patient safety incidents by supporting our staff to identify, report and learn from patient safety incidents. We continue to consider ways to improve our incident reporting processes to ensure staff feel confident and able to report incidents.

The management of incidents is one of the components of a safety system. Quality improvement is the method that moves learning into practice. CityCare has supported staff in quality improvement through the quality, service improvement and redesign (QSIR) programme. This has helped our managers to further develop their ability to carry out high quality investigations, but also to take recommendations through to quality improvement to test changes and behaviours, embedding them into everyday practice.

There have been 35 serious incidents reported over the last year and all root cause analysis investigation action plans are monitored by our serious incident learning forum. We also completed a look back exercise this year to ensure all completed investigation action plans had evidence of completion attached. All investigations were completed on time or had formal extensions approved. The serious incident process follows Duty of Candour principles involving the patient and/or the next of kin; this includes an extra step to ask the patient or family if they require any questions answered as part of the investigation response and they are shown a copy of the terms of reference.

4.11 Freedom to Speak Up

We used 'Speak Up' month in October 2019 to continue promoting the Freedom to Speak Up Guardian role and function. We have recruited a number of Freedom to Speak Up Champions and plan to increase the total number to 21 within the next twelve months. The role promotes a culture of openness and transparency, where speaking up becomes usual practice and all staff, particularly the most vulnerable, should have effective routes to enable them to speak up if they are genuinely concerned about any risk, malpractice, wrongdoing or anything they feel uncomfortable about.

Staff can gain support from Freedom to Speak Up Champions where they can speak confidentially on matters that may concern them. All Champions have undergone training for this role and will signpost staff to resolve the issue themselves or where they may obtain further support.

5

Other quality measures

Infection Prevention and Control

- Zero Tolerance to Avoidable Infections

CityCare's pledge is zero tolerance to avoidable infections. Everything within the Infection Prevention and Control (IPC) annual programme of work is directed towards fulfilling this pledge.



There are strong links across the health economy in relation to IPC and this is because of the recognition by all providers and commissioners of care across the City and County that infections occur in all settings and across all boundaries. If individuals are to receive safe, effective, good quality care, advice needs to be consistent across all care settings. Another reason why health economy working is so important is that health economy targets are population based and therefore do not sit solely as the responsibility of one provider. The targets relate to MRSA blood stream infections, Clostridium difficile infections, and E.coli blood stream infections. E.coli was a new target introduced during 2017/18 and the reason for the focus on E.coli blood stream infections is because they represent 55 per cent of all gram negative blood stream infections. The NHS Long Term Plan supports a 50 per cent reduction in gram negative blood stream infections by 2024/25.

During 2019/20 progress against the targets for the health economy has been as follows:

- There have been no MRSA blood stream infections attributed to CityCare but three have been investigated across the City with one investigated by secondary care. There was learning from one case for primary care which was to review long term antibiotics in a timely manner and this guidance forms part of the Nottinghamshire antimicrobial prescribing guidance. The second learning point for GP practices and community providers is that blood cultures cannot be taken in primary care and that patients would require admission if this was needed to prevent any unnecessary delay in treatment. A newsflash was circulated to all GP practices and through CityCare detailing the learning from the case.
- There were 61 Clostridium difficile cases attributed to the City against a target of no more than 61 cases. All of the cases that are deemed community acquired are reviewed to further develop an understanding of the risk factors for infection. Out of 32 reviews undertaken, one was found to have a lapse in care. The case involved Loperamide being prescribed prior to the result of the sample being known. The learning from the C.difficile case reviews across both City and County will be collated and shared across all community providers.

- E.coli blood stream infection surveillance identified 270 blood stream infections attributed to Nottingham City out of a target of 266. 218 community acquired have been reviewed and, of those, 119 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 review those health care acquired risk factors and to identify emerging themes. The health economy group is focusing on catheter pathways and prevention of urinary tract infection as these are the largest source of bloodstream infection with E.coli. Over this last year a survey was undertaken with patients with catheters to gather their views about information that they would like to have available to them. An audit of catheter care has also been undertaken and results are being analysed.
- Policies and leaflets for infection prevention and control have been reviewed within required timescales and are available for staff.
- Antimicrobial stewardship work continues and CityCare is represented on the local Antimicrobial Stewardship Group (AMR). This year the organisation again hosted two psychology students who held a focus group with the Asian Ladies Association in Wollaton to ascertain the views of hard to reach groups. Unfortunately due to the COVID-19 pandemic, this work was curtailed but a literature review was undertaken by the students which will be shared with the local AMR group with suggestions for future development work in relation to patient literature.
- A five year infection prevention and control strategy is due for review in 2020. This will be reviewed once the COVID-19 pandemic has been brought under control. Progress against the strategy was monitored each quarter through the health care associated infection prevention and control reports and good progress has been made.



- Eighty per cent of front line clinical staff employed to deliver the Out of Hospital contract received an influenza vaccination this year which is a four per cent increase on the previous year.
- As at end of March 2020, 91 per cent of clinical staff have received infection prevention and control training. This is closely monitored each month to ensure figures remain high.
- Audits of all health centre environments in relation to cleanliness and the environment were undertaken during 2019/20. It was identified that some sites did not have up to date cleaning schedules in place so this was addressed with Property Services and new cleaning schedules are now in place at all sites. Areas from the audit that needed to be addressed were all completed and no further issues have arisen following this intervention. A re-audit will take place during 2020 when the COVID-19 pandemic has been brought under control and the IPC Service can resume its usual work plan.

Equality and diversity

CityCare is committed to embracing diversity and embedding inclusion in all aspects of our business, in relation to both the communities we serve and staff at all levels within the organisation.

We are fully committed to promoting equality and diversity and recognise that, in valuing and investing in our staff, we will grow a positive, motivated workforce, working to build healthier communities and deliver the best possible outcomes for the people we serve.

Positive values and behaviours are shared throughout CityCare; we are dedicated to providing care with compassion and respect. We build strategic partnerships across our communities by working with staff, commissioners, patients, carers and service user groups to monitor and develop our services and agree future plans. We aim to strengthen existing partnerships and develop new ones to further support our ambition to deliver equality and fairness.

CityCare's Equality Strategy 2020 demonstrates our commitment to progressing equality, diversity, inclusion and human rights over the next two years. 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 Committee, CityCare Board and our commissioners.

Our Equality and Diversity Committee brings managers and staff together to embed equality and diversity matters. The committee is responsible for overseeing the implementation of the Equality Delivery System (EDS2) and action plan, and guides and supports CityCare to ensure an inclusive culture where diversity is seen as positive and equality is integral to everyday business.



Protected characteristics

CityCare has an established Race Religion and Culture Group and has been successful in supporting staff and discussing issues around ethnicity and religion.

A further staff network support group has been established to support staff with protected characteristics including disability and long term conditions, lesbian/gay/bisexual/transgender (LGBT), gender and age. The group has made progress during its first year, highlighting issues for staff including menopause, disability access and the introduction of an LGBT action plan.

CityCare is an equal opportunities employer and aspires to be representative of the communities it serves, opposing all forms of unfair or unlawful discrimination. Our workforce data, taken in March 2020, examined staff demographics for the categories of disability, sex, sexual orientation, age, marital status, race and religion.



Data shows:

- An increase in the amount of staff declaring a disability
- An increase in the number of staff declaring their sexual orientation and an increase in staff declaring as lesbian, gay and bisexual
- A slight increase in the number of female employees
- The largest number of staff are within the 41-55 years age band
- The largest number of staff declare their religion as Christian, with the largest comparison with the population being atheism
- The largest ethnicity within CityCare is White-British. Of the staff employed, 17.44 per cent are black and minority ethnic.

In order for the workforce to represent the population we serve, actions have been identified in the Workforce Race Equality Standard which provides not only an impetus on workforce race equality, but on equality generally for all those who experience unfairness and discrimination. Actions undertaken have led to an increase in the recruitment of under-represented groups including black and minority ethnic staff.

The health and wellbeing of our staff is important, with initiatives including support for staff experiencing stress and mental health issues. Resources and training have been made available to managers in order to recognise this and provide support and awareness around the symptoms of menopause which may affect a large proportion of our workforce being within the age group 41-55 years and 89.1 per cent being female.

Training and resources

CityCare has a range of training and development opportunities with resources and materials available to enable staff to address discrimination and promote equality, diversity and inclusion in all aspects of their work.

Equality training is delivered face-to-face at corporate induction to all new starters. A management induction programme for new and established managers has also been established which includes equality training and informs managers of their responsibilities. Training has been rolled out in unconscious bias and cultural competence, with bespoke training tailored to meet specific team/service needs. Lesbian, gay, bisexual and transgender (LGBT+) training has also been delivered to staff.

Staff have access to specialist courses including the BME leadership course. We have worked with the National Leadership Academy and our partner organisations to develop a bespoke BAME talent management course which will follow candidates through their employment progression. We have also worked with the East Midlands Leadership Academy to explore how equality matters can be incorporated within all their leadership courses.

Dedicated equality intranet pages are available for staff, with resources including links to policies, standards and practices; interpreting and translation information; equality monitoring information; cultural awareness guidance; training materials and videos; cultural resources; accessible information resources; reports; links to protected staff network groups and the diversity calendar with updates for staff on significant dates and local cultural festivals.

Access to services

CityCare endeavours to hold clinics from purpose-built venues with disability access; home visits are available and we have links with organisations who provide support for patients with visual and sensory impairment.

Services engage in targeted work with elderly patients with age-related conditions along with engagement with children, schools and teenagers. Services undertake targeted work and engagement with local communities through community centres, employers and local places of worship.

To meet the needs of people from protected groups, services consider religious observances when making appointments. Some services provide advice on dietary and medicines management during Ramadan and the origins of medicine including gelatine.

Ongoing work explores equal access to services including location of our services, information in accessible formats, individual access needs, patient anxiety and knowledge of services, caring responsibilities and ability to attend appointments, out of hours access and feedback processes. We also consider meeting community needs, location, outreach working, community groups, signposting to services and support groups. We explore barriers for protected groups including BME, LGBT+ and disability, providing our staff with information to support our patients.

Accessible information

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 to communicate.

We have an accessible information and communication policy and standard operating procedure, information and resources including patient experience videos, and e-learning modules to support staff. Patient information and leaflets contain a statement, with a freephone number, letting individuals know how they can receive information in alternative formats if required.

Monitoring of the standard is provided through the Equality and Diversity Committee including process and information technology solutions, patient experience, clinical records audit, cases of unmet need, freephone number enquiries and examples of good practice and staff networking.

There have been no complaints from patients during the reporting period around accessible information.

Sexual Orientation Monitoring Standard (SOM)

The Healthwatch report on LGBT people's experience of healthcare informed the national Sexual Orientation Standard Monitoring Standard (SOM). The SOM demonstrates equitable access for lesbian, gay and bisexual (LGB) people, and helps us have improved understanding of the impact of health inequalities and access to services for LGB people.

CityCare teams/services collate the sexual orientation of patients aged 16+ to establish if they are accessing our services or if there are gaps which need to be addressed. We have updated the sexual orientation categories on our demographic data collation forms and our electronic recording systems, in line with the SOM. Training has been developed and rolled out to staff with bespoke team/service briefings. Guidance "Happy to Ask, Happy to Tell" is available to support in sensitively collating this data.

Actions carried over on 2018/19 priorities

We have continued work on the priorities which were our focus in 2018/19. You can find out more about our achievements in last year's report [here](#). Our continuing focus on these areas has supported the following achievements this year:



Promoting prevention

This includes:

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

Our achievements have included:

- 'All About Me' implemented from August 2019 in the Integrated Respiratory Service (IRS) and the Independence Pathway.
- Social prescription service is taking referrals from GPs, practice staff and CityCare clinicians. Service provides assessment, advice, signposting and onward referral. Monthly reviews are provided for up to three months.
- A Nottinghamshire-wide steering group has developed a Perinatal Mental Health Pathway. We have updated our health visitors in the use of this pathway and how to access support when a client is in crisis. Fifty-five health visitors have attended the two-day training and 43 of our support staff have attended the one-day adapted course. Training evaluation identified increased confidence, increased knowledge of assessment tools and referral pathways, high quality training and knowledgeable trainer. Attendees also valued being able to hear a perinatal specialist deliver a section of the training.

Reducing avoidable harm

This links to ongoing work from 2017/18 and our work towards Sign Up to Safety, plus:

- Tissue viability and pressure ulcer prevention
- Promoting appropriate leg ulcer care
- Peer reviews.

Our achievements in 2019/20 have included:

- August 2019 - all root cause analysis (RCA) reports from 2017 and 2018 have now been reviewed at the serious incident learning forum (SILF) and assurance provided. As at October 2019, all action plans for 2017 and 2018 were complete and have been uploaded onto Datix. Ongoing action plans for 2019 are being monitored via SILF. A new process for moderate incidents has been developed which includes a robust process for monitoring action plans and disseminating learning throughout the organisation.
- Foot care advice - React to Feet information has been cascaded to all care homes with pressure ulcer categorisation and moisture lesion advice.
- On World Stop the Pressure Ulcer Day in November 2019 we held three equipment workshops and developed a new equipment guide.
- We purchased two new toe pressure machines, facilitating access to more toe pressure appointments. More staff are now trained for toe pressure assessments in leg ulcer clinics. We have also purchased a new Doppler machine which undertakes tests more quickly.
- Quality visits have commenced with panels made up of a manager, clinical representation from the infection prevention and control team and a PEG member. A system of new managers shadowing the visits has been incorporated to enable them to develop their skills. All quality visit feedback is presented to the quality and safety meeting.



Supporting staff

This links to ongoing work from 2017/18 and includes:

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

Our achievements in 2019/20 have included:

- Two cohorts have completed the management development programme with a further two cohorts planned. Feedback has been positive and individuals like that it has been tailored to CityCare. Further training is taking place for managers in relation to the management of mental health with the introduction of the Resilient Manager Training. Twelve staff weretrained in September 2019 and more sessions planned.
- We are offering clinical apprenticeships for the first time with two posts advertised for nursing apprentices during July 2019 and appointments made.
- There are 11 apprenticeships currently being undertaken by existing employees:
 - 4 assistant practitioners
 - 2 accountancy apprenticeships
 - 1 assistant accountant
 - 2 administrators
 - 1 manager (level 5)
 - 1 Trainee Nurse Associate.
- CityCare has agreed to support internal recruitment of one physiotherapy apprentice and one occupational therapy apprentice. The next available courses for these apprenticeships commence in 2020 and therefore recruitment dates have not yet been set.
- Provision of non-clinical apprenticeships is being expanded and will increase opportunities for administrators, human resources and management/leadership.
- There has been a month on month increase with appraisal compliance and at the beginning of 2020 we are now reporting a compliance rate of 86 per cent which is an increase of 14 per cent since the beginning of 2019.
- A holistic wellbeing event for staff took place in October 2019 following the success of the 2018 event. We also have a health and wellbeing awareness events calendar and support specific events as an organisation.



Safe and effective discharge

This covers adults and children's services and includes:

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

Our achievements during 2019/20 included:

- Monthly Transfer of Care meeting with Nottingham University Hospitals (NUH) and Nottinghamshire Healthcare to share concerns, agree themes and disseminate lessons learned back to individual organisations.
- Weekly senior management meetings in NUH to improve the discharge function. 25 high impact actions with task and finish workstreams have been set up to address and progress with these at pace. CityCare is represented at all of the workstream groups.
- Support at recent MADE event over three days.
- Medically Safe for Transfer list now has an accountable lead for each patient and is checked daily. Integrated discharge team metrics are being revised to support improved flow.
- IRS have a partnership readmissions nurse post with NUH to support and manage complex high volume service users.
- Consultation commenced in November 2019 with young people through a Year 11 Resource focus group. Further sessions have been planned with schools within Nottingham City. The sessions focus on what information the young people value to support them to transition into Adult Services.
- Using SystemOne, we are now able to identify when young people are reaching 17 to enable planning for transition the Adult Services. On a quarterly basis, clinical reports are produced which are shared with Case Managers in Children's and Adult Services to commence assessment planning for services.

Staff survey results

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 2019 we took part in the NHS Staff Survey which ran from October to the end of November. Responses were received from 644 staff, a response rate of **62 per cent**.

Some key questions included:

Care of patients/
service users is
my organisation's top
priority

80%

Organisation
acts on concerns
raised by patients/
service users

79%

I would
recommend my
organisation as a
place to work

57%

If a friend or relative needed
treatment, I would be happy with
the standard of care provided by
this organisation

78%

Each of these showed an improvement on the previous year's survey.



CityCare also showed improved results in the following areas from 2018 to 2019:

		2018	2019
Q2a	Often/always look forward to going to work	46%	57%
Q2b	Often/always enthusiastic about my job	62%	75%
Q4h	Team members have a set of shared objectives	66%	72%
Q5a	Satisfied with recognition for good work	52%	63%
Q5b	Satisfied with support from immediate manager	72%	78%
Q7a	Satisfied with quality of care I give to patients/service users	73%	79%
Q7b	Feel my role makes a difference to patients/service users	84%	89%
Q7c	Able to provide the care I aspire to	54%	66%
Q9b	Communication between senior management and staff is effective	28%	41%
Q9c	Senior managers try to involve staff in important decisions	25%	36%
Q9d	Senior managers act on staff feedback	27%	38%
Q11c	Not felt unwell due to work related stress in last 12 months	50%	59%
Q17c	Organisation takes action to ensure errors/near misses/incidents are not repeated	66%	77%
Q19c	Appraisal/performance review: Clear work objectives definitely agreed	28%	36%
Q19d	Appraisal/performance review: definitely left feeling work is valued	21%	32%
Q23a	I don't often think about leaving this organisation	31%	44%
Q23b	I am unlikely to look for a job at a new organisation in the next 12 months	36%	49%
Q23c	I am not planning on leaving this organisation	46%	59%



The survey also highlighted some issues for us to address:

- **Q4f** Have adequate materials, supplies and equipment to do my work
- **Q21c** Would recommend my organisation as a place to work
- **Q11a** Organisation definitely takes positive action on health and wellbeing
- **Q22c** Feedback from patients/service users is used to make informed decisions within directorate/department
- **Q22b** Receive regular updates on patient/service user feedback in my directorate/department

We have developed an action plan from the staff survey 2019 results and this will progress through a staff survey implementation group, which will feed into the HR and OD Group. The staff survey implementation group consists of staff from across the organisation including services, corporate, Staff Side Partnership Committee and senior management.

Quarterly reports will be provided to the Board on the delivery of the action plan and staff feedback from pulse checks.

In addition to the action plan, a 'You Said, We Did' document will be created from the actions from feedback at staff survey engagement sessions, Board Lunches, and team meetings for example. The 'We Did' element of this document will be updated each month to show staff progress on these areas.

We will also roll out two 'pulse check' surveys to staff between May and August, using key questions from the 2019 staff survey.

We will measure the progress and success of the action plan in the following ways:

- Monitoring sickness statistics (including % of sickness attributed to stress)
- Monitoring turnover and vacancy statistics
- Pulse check surveys.

Equality and diversity and the staff survey

Results from the December 2019 NHS national survey gave an increased response rate of 62 per cent compared to 57 per cent in 2018 and equal to 62 per cent in 2017.

The historical comparison of equality questions answered by all staff shows:

- An improvement in the areas of 'believes organisation acts fairly in career progression' and 'disability: organisation made adequate adjustments to carry out my work'.
- The areas of 'experienced bullying/harassment from patients/public and colleagues' have remained the same.
- Within the areas of 'discrimination from patients/public and managers/colleagues', these are one per cent higher than the previous year.
- It is noteworthy that when compared to data from 2017, with the same percentage of responses, the results are the same for the questions 'experienced harassment, bullying or abuse from managers', 'experienced discrimination from patients/public and or manger/team leader/colleague'. There has been improvement across the three years in the categories of 'believes organisation acts fairly in career progression' and 'disability: organisation made adequate adjustments'.

CityCare historical comparison for all staff	2017	2018	2019
Experienced harassment, bullying or abuse from patients/public	24%	23%	23%
Experienced harassment, bullying or abuse from managers	7%	6%	7%
Experienced harassment, bullying or abuse from colleagues	14%	13%	13%
Experienced discrimination from patients/public	5%	4%	5%
Experienced discrimination from manager/team leader/colleague	6%	5%	6%

Workforce Race Equality Standard

The annual staff survey results contribute towards the Workforce Race Equality Standard (WRES). This data compares the reported experience of white and black and ethnic minority staff. Results from the 2019 survey show:

CityCare breakdown by ethnicity	ETHNICITY	
	White	BME
Experienced harassment, bullying or abuse from patients/public	23%	21%
Experienced harassment, bullying or abuse from managers	6%	12%
Experienced harassment, bullying or abuse from colleagues	13%	20%
Experienced discrimination from patients/public	4%	16%
Experienced discrimination from manager/team leader/colleague	4%	14%
Believes organisation acts fairly in career progression	92%	66%
Disability: organisation made adequate adjustments	79%	*

**indicates less than 11 responses therefore cannot be shown*

- The largest difference within ethnicity comparing BME and white staff is within the 'organisation acts fairly in career progression' question.
- White staff report higher in the category of bullying/harassment from patients/public than BME staff.
- BME staff report a poorer experience across all other questions than white staff, with some categories improving from the previous year and some being less favourable.
- The relative likelihood of BME staff entering the formal disciplinary process is 0.05 less than white staff: 1.3 per cent of BME staff compared to 1.9 per cent of white staff. This is an improvement on the previous reporting period.
- White staff are 1.08 times more likely to have non-mandatory training and continued professional development compared to BME staff.

Further data shows:

- The relative likelihood of BME candidates being appointed from shortlisting is 1.36 times higher for white candidates; 50 per cent of BME candidates were appointed compared to 68 per cent of white candidates

A WRES action plan will be produced in consultation with staff network support groups and the Human Resources and Organisational Development Group. Reporting on progress will be through the Equality and Diversity Committee.

Workforce Disability Equality Standard (WDES)

CityCare undertook the WDES for the first time in April 2019. This data compares the reported experience of staff with a disability and staff without a disability. Results from the 2019 staff survey show:

CityCare breakdown by disability	DISABILITY	
	NO	YES
Experienced harassment, bullying or abuse from patients/public	12%	25%
Experienced harassment, bullying or abuse from managers	5%	12%
Experienced harassment, bullying or abuse from colleagues	11%	21%
Experienced discrimination from patients/public	5%	7%
Experienced discrimination from manager/team leader/colleague	3%	13%
Believes organisation acts fairly in career progression	90%	81%
Disability: organisation made adequate adjustments	*	80%

*indicates less than 11 responses therefore cannot be shown

- Staff declaring a disability have a less favourable experience across all equality questions. However, within the categories of career progression, discrimination from patients/public, harassment and bullying from colleagues and patients/public, they have improved from the previous year.

Further data from the WDES shows:

- The relative likelihood of disabled candidates being appointed from shortlisting is 1.46 times higher for non-disabled candidates: 45 per cent of disabled candidates were appointed compared to 66 per cent of non-disabled candidates
- The relative likelihood of disabled staff entering the formal capability process is two times more likely than non-disabled staff; 1.66 per cent of disabled staff compared to 0.97 per cent of non-disabled staff.
- The extent to which disabled staff feel the organisation values their work is 38 per cent compared to non-disabled staff at 49 per cent.
- Staff feeling pressure to come to work by their manager when they do not feel well enough to perform their duties shows 22 per cent of disabled staff agree compared to 16 per cent of non-disabled staff.
- Eighty per cent of disabled staff felt the employer has made adequate adjustments to enable them to carry out their duties.

A WDES action plan will be produced in consultation with staff network support groups and the Human Resources and Organisational Development Group. Reporting on progress will be through the Equality & Diversity Committee.

6

What our stakeholders think

Healthwatch Nottingham and Nottinghamshire

Healthwatch Nottingham and Nottinghamshire (HWNN) was created in 2013 under the Health and Social Care Act 2012 to ensure service users are at the heart of health and social care delivery. Our role is hold local health and care commissioners and providers to account for listening to the public; to collect & provide insight into patients and communities; to make recommendations to improve services for the public, patients and service users; and to work in partnership across local, regional and national networks of Healthwatch and the CQC, to ensure major issues/opportunities are acted upon and best practice is shared. As part of this role we have taken the opportunity to review and comment on the City Care 2019-20 Quality Account report.

While this Quality Account describes what the Patient Experience Group (PEG) has done, it doesn't elaborate on what the findings were or the subsequent changes that were made as a result. It would be valuable for the Quality Account to discuss how members of the PEG have been involved in inspecting services, offering a patient perspective, and as a group have offered advice and comment to various services that have presented to the PEG. We are pleased to read that an objective identified by the PPC for 2020 is for 'patient experience to be more representative of the diverse population we serve, with a focus on 'seldom heard groups'' despite the challenges that Covid-19 has created for patient and service user involvement. City Care have already begun to examine how it

might be able to achieve patient input in a more representative fashion, including by working with other groups and organisations, and it might wish to describe how this improvement is planned.

This report details the improved results from 2018-19 to 2019-20 of the NHS Staff Survey. However where there has been a decline in positive responses this has not been described.

In terms of a learning culture the quality account provides positive examples of changes to processes following a complaint and the development of an information leaflet for stroke patients and their families. Accessibility and clarity of communication is key to managing patient expectations, and this clarity helps both staff and service users to recognise clearly where a service has not delivered as it should.

HWNN is aware that City Care began developing priorities for the Quality Account 2020-21 well in advance. However, since that work, there have been very significant changes at local and global levels. Both the Covid-19 pandemic and the Black Lives Matter global network have highlighted the unequal experience of BAMER individuals, within organisations and how organisations deal with their service users. HWNN recommends revisiting future Quality priorities to see how they reflect the current climate, and to look at last year's Quality targets through the prism of the new challenges we face.

Our response to the statement from Healthwatch

We would like to thank Healthwatch for their consideration of our Quality Account and we welcome their feedback. We will look into possible ways to publish more information in the areas where they would like more description, namely the patient experience group, the staff survey and how we address equalities within our quality priorities. This may be within the Quality Account or through another method. We will prioritise this in our discussions with Healthwatch this year.

NHS Greater Nottingham Clinical Commissioning Partnership

NHS Nottingham and Nottinghamshire Clinical Commissioning Group is the Commissioner for Nottingham CityCare Partnership (CityCare). The CCG are responsible for monitoring both quality and performance of services which they commission. CityCare have delivered sustained positive performance against a number of patient safety and quality metrics throughout 2019/20. They continue to learn from incidents and complaints; this learning has informed and improved changes in practice.

Our contract and service specifications with CityCare for 2019/20 outlines the standards of care expected and how the CCG will measure, monitor and review data to allow management of performance. Monthly Contract Review meetings with a quarterly focus on quality are held with the organisation to ensure compliance against performance indicators and the agreed quality schedule. There is an open culture between CityCare and the CCG which allow issues to be resolved as they arise. Quality visits are carried out by the CCG when required to further support quality assurance processes. During 2019/20 there were no significant quality concerns that required a formal visit. The CCG can confirm the information received during the year is consistent with the content of this Quality Account.

There have been no issues with evidence that has been submitted by CityCare and they have met the specified standards of the Quality Schedule. CityCare have been successful in achieving full compliance with 2019/20 Commissioning for Quality and Innovation (CQUIN) goals (Quarter 4 omitted due to COVID-19 national steer).

CityCare have worked in collaboration with CCG to devise a number of quality improvement aims as part of the Local Incentive Scheme. They have implemented numerous pieces of work that have improved patient care for example; two new pathways have been developed for chronic oedema and leg ulceration to ensure patients receive care based on current evidence and Diabetes Specialist Nurses have been engaging with Care Homes in the City to strengthen relationships and deliver training to improve diabetes management within Care Homes.

All serious incidents are investigated by CityCare to allow learning to be shared across services. The CCG quality assures the robustness of CityCare's serious incident investigations and the action plan implementation undertaken. This is done by evaluating investigations and gaining assurance that the process and outcomes of investigations include identification and implementation of improvements that will prevent recurrence of serious incidents.

CityCare's last inspection by the Care Quality Commission (CQC) was in 2016, they received a rating published in 2017 of outstanding in the effective and well-led key lines of enquiry; providing them with an overall rating of outstanding.

CityCare have been working hard to reduce vacancies and support retention within the current climate. They have secured funding from Health Education England to provide training for three district nurses, six specialist community public health nurses (four health visitors and two school nurses) and an urgent treatment centre advanced clinical practitioner. They have also secured funding to complete the training of three existing advanced clinical practitioners.

These positions will enhance CityCare's mix of specialist community nursing and advanced practice staff. The CCG are pleased to see the continued determination of CityCare in ensuring they have the workforce required to meet the needs of the local population.

CityCare continuously strive to adapt to the changing needs of patients and the healthcare system; in 2019/20 their Urgent Care Centre received Urgent Treatment Centre (UTC) status. The UTC facilitates the treatment of patients who require urgent medical attention which is non-life threatening. This will ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases.

Commissioners recognise that CityCare is working actively with system partners as a member of the Nottinghamshire Integrated

Care System, to transform the approaches to focus on population health needs and 'system' ways of working.

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Nottingham City Health Scrutiny Committee

The Nottingham City Health Scrutiny Committee has been unable to review and comment on our quality account this year due to the pressures caused by Covid-19. We will continue to inform and engage with the committee as and when requested by the Chair and hope to resume our regular engagement with them on next year's quality account.

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

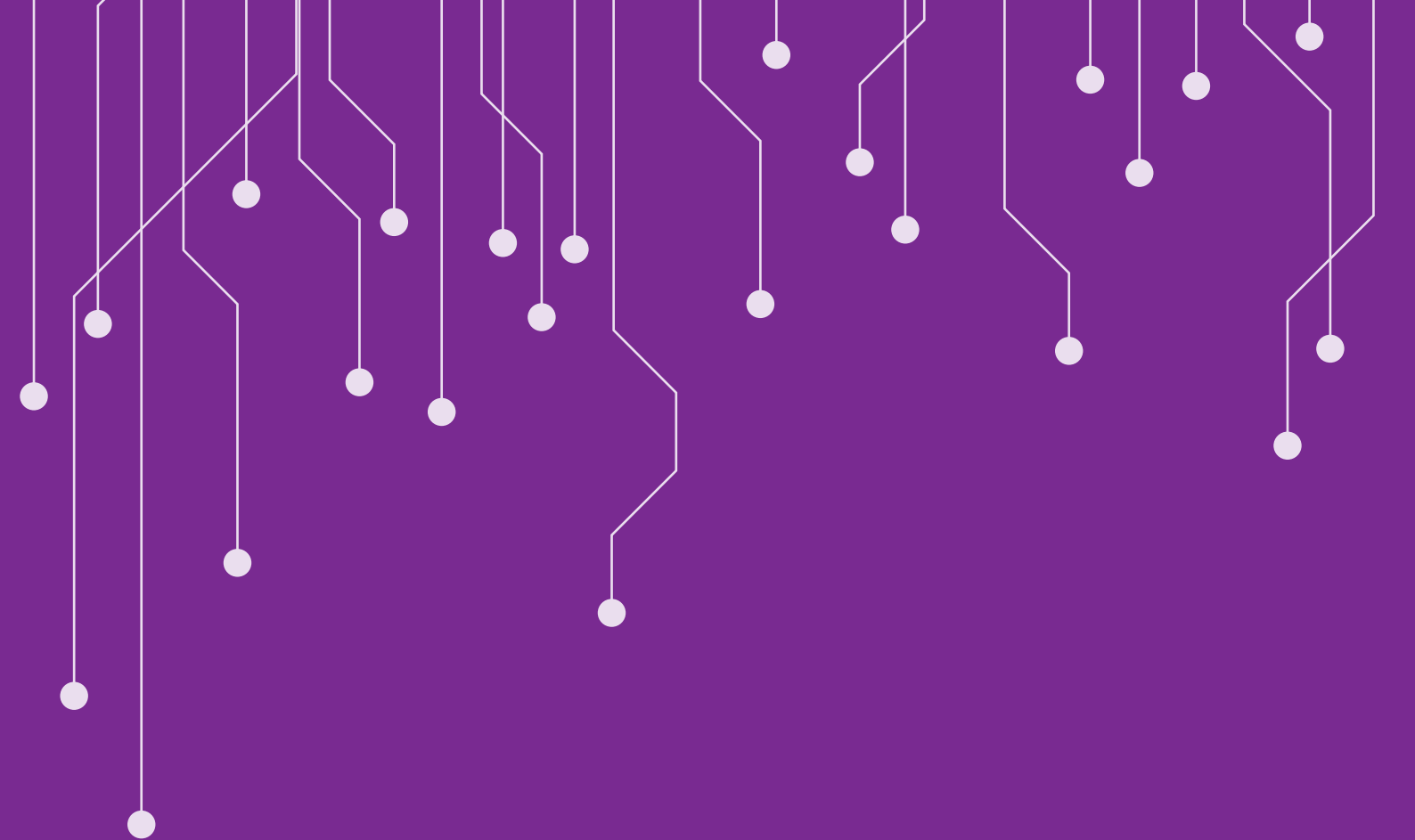
0115 883 9654

Email

tracytyrrell@nhs.net

Write to

Freepost Plus RTZG-RLTE-TUKL
Customer Care
Nottingham CityCare
1 Standard Court, Park Row
Nottingham
NG1 6GN



www.nottinghamcitycare.nhs.uk



ncitycare



ncitycare