




Annual Quality Account  
**2021-22**




# 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

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-  Progress against quality priorities set previously and new priorities for the following year

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-  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

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# Introduction



We are delighted to present our Annual Quality Account for 2021-22 which demonstrates the work of all our teams across CityCare, who continue to provide high quality care whilst working through the challenges of the COVID-19 pandemic throughout the last 12 months.

As Chair and Chief Executive of CityCare, we continue to be extremely proud of our people and their achievements, and we would like to sincerely thank every member of our CityCare team for ensuring that we are able to provide a high quality care offer to the population we serve in Nottingham City. We are pleased to have worked with all of our partners over the last twelve months and look forward to continuing our working together and creating new opportunities with all of our partners across Nottinghamshire.

Over the past six months we have been working to re-shape our corporate strategy together with our staff. It is important that as we emerge from COVID-19 we continue our journey of transformation and recovery and this is informed by a collective vision of how the organisation is to serve our community, underpinned by the values and behaviours our staff would like CityCare to represent.

Our new strategy is focused on building a more robust and sustainable model of high quality, locally led care in the City of Nottingham whilst addressing widespread challenges in the health sector such as the ability to recruit and retain a highly skilled workforce that is able to meet our population needs. We are committed to meeting the growing demands of our community and look forward to using opportunities available to us through innovation and new technology to deliver our services more efficiently. Our strategy contains an ambitious programme of change which we believe will, when completed, deliver a more robust, sustainable, and scalable model of high quality, locally led care.

We recognise that that we don't deliver care in isolation and must work together with our colleagues across the health and social care system. So, one of our second strategic aims is to 'work in partnership to deliver better outcomes'. We will use population health management data, our own and system data intelligence together with the experience of our communities to shape the way care is delivered in future.

Whilst our strategy is focused on building a more robust and sustainable model of high quality, locally led care in the City of Nottingham, where the need exists, we will evaluate opportunities to scale up existing services and support the integrated care system (ICS) community transformation programme.

As a Board we are committed to ensuring we listen to our patients' and staff experience and want to continue to use this to inform the ongoing development of our organisation to ensure we remain staff and patient-centred and make a difference each and every day.

*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*      *Lou Bainbridge*

**Michael Williams, Chair and Lou Bainbridge,  
Chief Executive on behalf of the Board**

# About CityCare

CityCare offers a wide range of community health services for both adults and children.



## → Children's Services

Our Children's Public Health 0-19 Nursing Service works closely with Nottingham City Council's Early Help service. This aligned service offer 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.

The service commences from 28 weeks of pregnancy, continuing throughout a child's early years and school years. The team consists of health visitors who have specialist knowledge of under 5s, school nurses, registered nurses and other experienced practitioners who have had specialist public health training in working with children and families.

The main aim is to support families to give their child the best start in life by supporting them with breastfeeding, assessing the health, wellbeing and development of their child and providing public health support and advice at key stages of each child's life.

We also provide 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.

## → Adult 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, therapy, 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.



## → Urgent Care

Our urgent community response (UCR) service supports people who are in crisis with a consistent offer across Nottingham City and County. The service has been introduced in response to NHS England's national mandate to accelerate the treatment of urgent care needs closer to home and prevent avoidable hospital admissions.

The countywide UCR service provides a two-hour response to support a person who is at risk of admission or re-admission to hospital due to a 'crisis' and is likely to attend hospital within the next 2 to 24 hours. The aim is to prevent further deterioration and to keep them safe at home.

The Urgent Treatment Centre (UTC) provides assessments and treatment for health problems that are urgent, but not life-threatening. It is open every day between 7am and 9pm, with no appointment needed.

It provides care for health conditions such as minor burns or scalds, minor injuries or illnesses and eye and skin infections. The centre has an X-ray service available which means it can also treat patients with suspected broken bones, sprains and strains, alleviating pressure on A&E.



# 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.

**Throughout 2021-22 our Patient Experience Group (PEG) regularly met online and members continued to be involved in a wide range of activities, including:**

- giving feedback on whether new leaflets are clear, concise and written in plain English
- providing insight and feedback for staff involved in research
- contributing to the suggested priorities for the annual quality account
- representation on our Quality and Patient Safety Group, Equality and Diversity Committee and the Patient and Public Committee
- forming part of the review team for quality visits

## Patient and Public Committee

The Patient and Public Committee continued to meet throughout the year. It regularly reviewed and supported the specific areas of focus identified by the committee, including:

- obtaining assurance during the COVID-19 pandemic to ensure our services were accessible and met the expectations of our service users
- reviewing feedback from service users of various protected groups to ensure access to our services and overall experience are equitable
- advising on approaches to better communicating service changes to our patients and service users

## Children's Services Improvement Group

The Children's Services Improvement Group continued to develop during 2021-22. Further recruitment to the group took place and membership now includes parents, carers and representatives from local community groups and organisations that represent young people across Nottingham. Members provided feedback on our children's services through surveys and contributed to the suggested priorities for this annual quality account. Moving forward, the group will be involved in the recruitment and selection process for senior staff and will help to develop new and existing services by taking part in focus groups, joining events and forming part of our teams when reviewing services.

## → Patient and service user satisfaction

We ask people about their experience of our services on an ongoing basis.

We are pleased that in 2021-22 we have continued to achieve high levels of satisfaction, with the total number of patient survey responses at

# 3,744

# 86%

Survey results show that **86%** of service users rated our services as **'very good'** or **'good overall'** (all questionnaires).

### 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?':**

- **355** patients/service users from a Black, Asian and Minority Ethnic (BAME) community answered this question, and of these **292** (82%) rated the service as 'very good' or 'good'.
- **1,128** patients/service users who consider themselves to have a disability answered this question, and of these **1,030** (91%) rated the service as 'very good' or 'good'.
- **163** patients/service users who identified as being Lesbian, Gay, Bisexual or Other answered this question, and of these **137** (84%) rated the service they had received as 'very good' 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. One complaint was raised in relation to equality issues or discrimination in 2021-22, which was not upheld.

## → 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 a provider of NHS and local authority funded services we comply with the NHS and Local Authority Social Services regulations. 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 2021-22 the ombudsman did not review any complaints handled by CityCare.

# 27

CityCare received **27** new complaints within the year.

We closed **18** complaints over the year.

Of the complaints, **three** were upheld, **ten** were partly upheld, **five** were not upheld.

### Year on year comparison

Total complaints year 2018-19	<b>58</b>
Total complaints year 2019-20	<b>56</b>
Total complaints year 2020-21	<b>19</b>
Total complaints year 2021-22	<b>27</b>

### Complaints received within the year by service:

Out of Hospital Services	<b>18</b>
0-19 Services	<b>4</b>
Urgent Treatment Centre	<b>5</b>

### Complaints by issue:

Treatment and care	<b>11</b>
Access	<b>2</b>
Communication	<b>10</b>
Other	<b>4</b>



## → Patient and service user satisfaction

Below are examples of how we have responded to complaints and feedback in 2021-22:

Service	Issue raised
Urgent Treatment Centre (UTC)	Communication regarding the use of temporary waiting area and COVID-19 social distancing rules.
<b>The changes we made</b>	
Greater communication through posters, leaflets and social media advising on the current rules in place and mitigations the service was taking, for example expected waiting times, the purpose of the temporary waiting area, the guidance and rules on mask wearing, and requesting patients waited in their cars where it was safe and practical to do so.	
<b>People benefitting from the change</b>	
All visitors to UTC.	

Service	Issue raised
Health Reablement Service - Community Beds	Information and communication regarding discharge from hospital and the purpose, role, and expectations of the service.
<b>The changes we made</b>	
A new leaflet has been designed for patients, relatives and carers on the role and responsibilities of the service, which outlines what service users can expect, discharge planning, and provides contact details for relevant services within the organisation.	
<b>People benefitting from the change</b>	
Patients, family members and carers accessing the service.	

Service	Issue raised
Front Door Integrated Discharge Team (IDT) (Service based at Queen's Medical Centre)	Issues raised regarding communication with staff and nature of conversations with relatives.
<b>The changes we made</b>	
Information and advice shared with staff on holding challenging conversations and identification of carer stress/strain and support for carers.	
<b>People benefitting from the change</b>	
Patients, family members and carers accessing the service.	



## Comments

## Adult Services

*"The cardiac nurse was amazing. She explained everything to me about what had happened to me. I felt so much better having been told everything."*

**Primary Care Cardiac**

*"A helpful receptionist and the ulcer nurses perform outstanding service and their goal is your speedy recovery."*

**Tissue Viability Service**

*"The punctuality of the district nurses has been very good. They have all been very kind, supportive and helpful. They have also been very good communicators of information that I needed to know about my diabetes and the use of my insulin."*

**Community Nursing**



*"We have always been treated with the greatest respect. We consider the matrons our friends."*

**Community Matrons**

*"Very knowledgeable physio, clear diagnosis and explanation of the issues. Examined my feet and discussed what exercises I should do - showing me how to do them. Very pleasant manner throughout."*

**MOSAIC**



## Comments

## 0-19 Children's Services

*"They provide comfort and great advice in your home and any concerns are talked through with great explanation, always happy and willing to help."*

*"Really appreciated the face-to-face appointments during lockdown. Friendly, helpful, approachable team. Always supportive and offered appointments quickly."*



*"Gives assurance and confidence that issues/concerns are being handled correctly, whilst providing additional advice."*

*"My health visitor is a very good listener and makes sure baby and me are doing well."*

*"Communication is on point with a clear understanding of process with person centred care. Checks are carried out accurately and recorded accordingly."*





## Comments

# Urgent Treatment Centre

*"Helped me build the confidence to walk on my sprained foot. Also gave me a boot which will help me with support. In and out quickly."*

*"Smooth appointment. Patient safety is observed by not crowding the area. Receptionist who took my call before I attended was helpful. The doctor who saw me was clear and helpful."*

*"Very efficient, well-managed process. I expected to be there for 4-5 hours and was in and out in under 2 hours. Triage and consultant action both excellent. I'm very relieved to have such an excellent service in my area so there's no need to trouble A&E for sprains/falls etc."*



*"Very helpful. Mindful that I have a hearing problem and ensuring in the right way I heard advice. When seen by clinician they explained what was wrong and how it would be rectified."*

*"Seen, properly assessed and well cared for by the team. Thank you for looking after me when you are clearly so busy and have a constant stream of people using your service."*



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# Review of quality performance 2021-2022

In this part of the report we look back at the progress made against the quality priorities we set for 2021-22. 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

## Retention of our registered nurses and allied health professionals (AHPs)

We recognise that our staff are our most important asset and we value their work and dedication. While we will continue to focus on recruitment to ensure we have the numbers of staff we need, it is crucial that we also retain the right staff with the right skills to deliver the best patient care.

By aiming to support staff in all areas of their work, this priority covers the quality domains of patient experience, patient safety and clinical effectiveness.

### What we said we would do

Retain our experienced, highly skilled registered nurses and AHPs

### What we achieved

Exploration of staff data identified that a significant number of both nurses and AHPs are aged 50+.

Promotion of the ICS 'late career' hub, which is available to support **The Late Career Hub – CARE4Notts**.

The Director of Nursing and AHPs and Director of Clinical Operations, Digital and Estate jointly led a staff engagement event in relation to retirement and considering return to work.

The learning from this has been fed into CityCare's recruitment and retention planning which recognises the need for ongoing actions.

### What we said we would do

Expand our novice to expert programmes to create opportunities for our clinical workforce

### What we achieved

- 8 registered nurse degree apprentices are now in post, which is an increase of 6 positions compared to 2020-2021.
- 1 occupational therapy apprentice is in post.
- 10 registered nurses were appointed into specialist student training roles to advance their careers in district nursing, health visiting and school nursing.

Plans are now being put into place to recruit 5 apprentice nursing associates.



## → Priority 2

# Supporting our Young Carers in Children's Services

It is important that we support carers to look after their own health as well as that of their loved ones. Young carers in particular are deserving of as much support as possible to maintain their life chances in what can be incredibly challenging circumstances.

### What we said we would do

- i. Work with key partners to identify who our young carers are in Nottingham City
- ii. Listen to experiences that will shape and design our offer

### What we achieved

Linked with Young Carers Federation and developed processes to gain consent from young carers to share their 'carer' status with 0-19 public health services.

Carers Federation welcomed a new cohort of young carers over summer 2021. A meeting was held in August 2021 for CityCare's senior management team to meet and gather feedback for the enhanced public health support offer for young carers.

A focus group took place on 25 November with young carers. Feedback was received about how public health services can offer additional support. A meeting was planned for late February 2022 to utilise feedback from the focus group to create a proposal for a support package for young carers.

Work remains ongoing to identify solution to sharing information safely between two different IT systems.

### What we said we would do

Develop a supportive package, co-developed together

### What we achieved

Focus groups with young carers proposed creating guidance entitled 'top ten tips' for CityCare staff giving guidance on how best our practitioners can support them. We celebrated this idea with them and are proposing creating a post card for staff with their input as an aide memoire.

Following the meeting with the Young Carers Federation in August it was agreed that training will be produced after the focus group meeting with young carers detailing the support they require in November. Planning is underway for a further focus group to establish what top ten tips young carers would like public health nursing teams to know when working with young carers

Following confirmation of our proposed enhanced support offer for young people, bitesize training will be developed to upskill our practitioners.

## → Priority 3

### Quality Huddles

Quality huddles support staff by introducing reflective practice time, allowing teams to consider the care they deliver, the space and time to discuss challenging and complex cases, and care. This includes areas such as pressure ulcer prevention which we know has become more challenging over the last year with COVID-19 related restrictions to people's movements, for example, we know that encouraging people to keep moving is one of the best ways to stop pressure ulcers from occurring.

An importance is also placed on discussing and reflecting on the impact of team culture on patient safety to identify areas that could impact on patient safety; and how this can be improved.

This priority covers the areas of patient safety and clinical effectiveness in particular.

#### What we said we would do

Roll out of quality huddles across six clinical services

#### What we achieved

There was at least one quality huddle held each month with the exception of May and October 2021 where a huddle could not be held due to supporting clinical services. However, in some months there were several huddles held. More than six clinical services were incorporated and huddles were planned according to the needs of the clinical services.

A survey went out to the staff involved and feedback indicated that the quality huddles are seen as beneficial, enabling staff to be heard in an appropriate forum for bringing their concerns, and that staff would like information about what a quality huddle involves before the date, and that they are opened up to junior staff. Feedback also included that the frequency of huddles could be improved (depending on ongoing COVID pressures) and at varying time so that other staff can attend.

#### What we said we would do

Head of Tissue Viability to introduce regular quality huddles relating to pressure ulcer prevention and best care

#### What we achieved

Pressure ulcer quality huddles are being held regularly.

In 2021-22 the overall numbers of pressure ulcers have reduced following an increase during the first year of the pandemic. The number of pressure ulcers acquired in CityCare's services reduced in 2021-22 from 786 to 730.

An action plan has been developed incorporating safety huddle information, learning from incidents, and patient and staff feedback to improve the quality of care we provide. Training from the Tissue Viability team has been reviewed and updated over the past year.

# → Priority 4

## Improving the health of the population we serve

Addressing health inequalities is an essential priority for CityCare and all our partners, in particular through the local Integrated Care System and Intergrated Care Partnership. In the City, as in other areas across the country, we have seen a widening in health inequalities during the COVID-19 pandemic and we aim to lead local efforts to reverse this as quickly as possible.

### What we said we would do

Working with our partners in our primary care networks

#### What we achieved

We have made effective links with a range of our partners at neighbourhood level including our Primary Care Network colleagues. We have participated in a number of working areas and groups focusing on addressing health inequality in the populations of Nottingham City.

We have worked on a number of projects and these include:

- Childhood immunisation and Lifestyle
- Pulmonary rehabilitation
- Diabetes
- Stop Smoking

This work will continue to bring about change in our offer of service delivery together with our partners.

### What we said we would do

Focus on vulnerable adults in our community nursing service

#### What we achieved

We have continued our relentless focus on our vulnerable adult patients in our community nursing service and beyond in our other clinical services.

We have worked together with all members of our clinical teams recognising the strength and opportunity that different specialists can make to the care we can provide to our patients across the city. This has involved our safeguarding, tissue viability and quality team working together with our community nursing service to help with assessments and provide specialist support.

We have used our governance structure of meetings to support our clinical decision making and have presented to our weekly CityCare Holistic Incident Panel some of our patient care where we have needed to review our plan and consider other specialist offers. We continue to learn as an organisation and have been able to learn through our Serious Incident Learning Forum.

We also work with multi-agency partners around vulnerable adults in community nursing. For example, work is being done to support the severe multiple disadvantaged groups and we have recently started participating in the Slavery and Exploitation Risk Assessment Conference (SERAC) meetings with the slavery and exploitation teams which has enabled us to identify patients who are being exploited and support to manage the risks through a multi-agency team approach.

# → Priority 4

## What we said we would do

Focus on diabetes

## What we achieved

Community Diabetes Specialist Nurses (CDSN) are now aligned to primary care networks (PCNs) to provide continuity. CDSN are attending/in the process of attending community nursing handover meetings once per month to provide support for complex patients in injectable therapy whilst also offering bite size teaching sessions i.e. treatment of hypoglycaemia.



# 3

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## Priorities for quality improvement 2022-2023

To produce our Annual Quality Account we have engaged with staff and stakeholders including through an online consultation event attended by members of our Patient Experience Group and Patient and Public Committee and a number of our non-executive directors and representatives from Healthwatch Nottinghamshire and the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG).

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. We have also used the results from our staff survey in developing our priorities for the next 12 months.

We also shared the proposed new priorities with staff through an online survey and considered their feedback. From all the discussions and feedback received, we set three new priorities for 2022-23.



## → Priority 1

# Trauma informed practice – safeguarding both adults and children

Exposure to abuse, neglect, discrimination, violence and other adverse experiences increases a person's lifelong potential for serious health problems and engaging in health-risk behaviours.

Trauma informed practice (TIP) is a way of working that recognises that anyone accessing a service may have experienced trauma or adverse childhood experiences (ACEs) and that people with a history of trauma may be less likely to engage with services. Evidence suggests that by implementing trauma informed approaches to care, health providers can engage patients more effectively. This has the potential to improve treatment adherence, health outcomes, and provider and staff wellness.

### We will:

- Work with key partners to identify and agree cross-organisation trauma informed priorities.
- Use the results of that work to create a trauma informed practice (TIP) framework and an awareness and recognition workforce plan, consider our workforce training needs and policy/guidance development, and develop a training programme.

### How we will know if we have achieved our aims:

- We will have an agreed set of TIP priorities, a TIP Framework which identifies key priorities for CityCare and a training package which meets our staff's needs.





## → Priority 2

# Patient safety specialist work programme

This priority is designed to reduce the number of incidents relating to medication underpinned by a Just culture to enable our people to feel psychologically safe to be part of learning and improvement within CityCare.

### This priority will focus on:

- Developing and delivering workshops on the investigation of medication incidents.

### How we will know if we have achieved our aims:

- We will have developed an investigation toolkit for incidents related to medication which is introduced through the workshops.
- We will have surveyed managers who investigate medication incidents to audit how beneficial the training and toolkit has been.





## → Priority 3

# Strengthen our clinical supervision model

Strengthening our clinical supervision model will support the restoration and resilience of our workforce.

### This priority will focus on:

- Increasing the uptake of clinical supervision by promoting clinical supervision guidance, offering training and support, and integrating staff feedback and the national evidence-base into any changes to our existing model.

### How we will know if we have achieved our aims:

- We will map out services currently having clinical supervision.
- We will continue to offer training and support, with a focus on services who do not have clinical supervision fully embedded.
- We will measure uptake of training and review the evaluation of training and any feedback from services.
- Refresh clinical supervision guidance (if required), taking into account evaluation, feedback and any changes in evidence base.



# 4

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## Board assurance

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



## Review of services



CityCare continues to provide community NHS services under our contracts with the CCG and local authority.

During 2021-22, CityCare provided and/or sub-contracted 29 NHS services. CityCare has reviewed all the data available to us on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2021-22 represents 100 per cent of the total income generated from the provision of NHS services by CityCare for 2021-22.



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.

## Participation in clinical audits

During 2021-22, four national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

During that period CityCare participated in 100% 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 2021-22, 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.

- UK Parkinson's Audit:

**100%**

- National Asthma and COPD Audit Programme – Pulmonary Rehabilitation:

**100%**

- Sentinel Stroke National Audit Programme:

**100%**

- National Audit of Cardiac Rehabilitation:

**100%**

The reports of 25 local clinical audits were received in 2021-22 and CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical audit project	Key actions/learning
Record Keeping Audits 2021-22 (Separate projects by 18 teams)	Services have their own action plans. Themes identified for improvement were recording of allergy status, recording of communication or information needs, recording of Mental Capacity Act assessments, scanned documents being attached to records within 24hrs, and use of approved abbreviations.
Bone Health IV Zoledronic Acid Audit (2019-20)	Generally, the Bone Health Service receives very positive feedback for the IV service. There are a couple of areas where we have scored slightly less than previously, these are issues that can and will be easily addressed through patient preparation and time spent with the patient providing the necessary information enabling them to make an informed decision.
ReSPECT Clinical Audit (2021, round 1)	ReSPECT recording of patient understanding and clinical information was of good quality; mental capacity act requirements were met where required. Areas identified for improvement include record of legal proxy, clinical priority category, emergency contacts and ensuring that the form in SystemOne is a copy of the one held by the patient.
ReSPECT Clinical Audit (2021, round 2)	ReSPECT recording of patient understanding and clinical information and electronic palliative care co-ordination systems (EPaCCs) preferred place of care/death was of good quality. Areas identified for improvement include record of legal proxy, what matters to me, emergency contacts, appropriate record of patient/family involvement, ensuring SystemOne up to date and summary of ReSPECT recommendations on EPaCCs.
Resuscitation Clinical Audit 2020-21	This audit demonstrated that in 100% of cases staff who undertook resuscitation during the audit period had been trained within the past 12 months and did not perform resuscitation where a DNAR was in place. Resuscitation was restricted to chest compressions as per current Covid guidance.
Safeguarding Multi-Agency Audits 2021-22: Domestic Abuse	This audit found evidence of good multiagency working, prompt referrals and information sharing. Several examples of creative and positive engagement with young people, and in the main comprehensive multi agency assessments had been undertaken. There were two areas of concern related to delays in decision making within the duty service leading to delays in children being seen. Work is already underway within Children's Integrated Services in relation to children subject to repeat child protection plans, or on long term plans.
Safeguarding Multi-Agency Audits: Neglect Audit January 2021	This audit showed many examples of the professional network working together to support the safeguarding process, along with proactive and persistent approaches by professionals in engaging families. Overall ratings were much improved on the previous audit indicating more consistent practice and improved outcomes for children and young people, including timely, good quality assessments that recognise neglect. There remain two issues repeatedly identified – GP engagement with the child protection process, and distribution of minutes of child protection meetings. Actions to address these issues are already underway by the CCG and Children's Duty Service.
Student Diabetes Drop-in Clinic Audit 2020	This is a novel service that is very well received overall. A way to engage more students is needed - text is useful but relies on students to respond. The service will look to make more use of technology and consider using freshers' week as a way to raise awareness of the service.





## Evaluation of Pulmonary Rehabilitation delivered by Virtual sessions or DVD / web access to patients with Respiratory Conditions:

The NHS community set Integrated Respiratory and Home Oxygen Service supports those living with respiratory disease. The COVID-19 pandemic necessitated innovative pulmonary rehabilitation approaches with the use of a virtual or DVD /Weblink option. Enabling further service evolution, this project evaluated the new format's efficacy and acceptability. The project recruited 130 patients (97 DVD, 2 weblink, 31 virtual); 80 completed the revised programme (50, 2, and 28 respectively).

## First Point of Contact Physiotherapy (FPCP):

This project has now been completed and a paper published. The project explored stakeholder perceptions of FPCP and aimed to optimise service design and delivery with the purpose of reducing the workload of GPs. The team identified the key obstacles to the implementation of FPCP and measures by which these can be reduced.



### Evaluation of Pulmonary Rehabilitation delivered by DVD/webaccess to patients with Respiratory Conditions

Zoe Styles, Senior Physiotherapist, Integrated Respiratory and Home Oxygen Service  
zstyles@nhs.net / 0115 8833622

Pre COVID	During COVID	Post COVID
PR referrals recommended in LTP	All PR sessions halted	Patients have had a long wait for PR
Increased referrals	Communication with patients already referred	Some patients apprehensive about going out
Increased waiting times	My COPD offered where relevant	Many patients seem to have deconditioned following shielding

#### Introduction

The NHS community set, Integrated Respiratory, and Home Oxygen Service supports those living with respiratory disease. The COVID 19 pandemic necessitated innovative Pulmonary Rehabilitation (PR) approaches with the use of a virtual or DVD/Weblink option. Enabling further service evolution, this project evaluated the new format's efficacy and acceptability.

#### Method

Patients selecting PR through a DVD/ Weblink or virtual programme were recruited and consented. Alongside patient acceptability feedback, analytic data included exercise testing (6 to stand (6TS)), rather than Shuttle Walking Tests (SWT), Quality of Life (QoL) scores, (COPD assessment test in COPD patients, The King's Brief Interstitial Lung Disease (KBILD) questionnaire, the Chronic Respiratory Disease Questionnaire for Asthma and Bronchitis), anxiety and depression and health/economic scores.

#### Results

In total, 130 patients (97 DVD, 2 weblink, 31 virtual) selected to complete their PR sessions, of these, 80 completed the revised programme (50, 2, and 28 respectively). Improvements in 6TS were seen in 77% of patients using the DVD, 100% of those using a weblink and 96% of those accessing the virtual sessions. Improvements in QoL in COPD patients were seen in 58% of DVD users and 75% of virtual group attendees. All groups reported Anxiety (70%) and Depression (65%) improvements.

#### Discussion

- Evidence suggested that, during a respiratory based pandemic, the 6TS test was more appropriate than the SWT.
- Of those completing sessions, 85% would recommend this intervention to a friend or family member.

#### Conclusions

Findings suggested that alternative PR options improved exercise testing, QoL, anxiety and depression scores. Compared to the 65.4% meeting a minimal clinically important difference on the last NACAP audit report (2019), QoL improvement was similar for DVD users and better with VR. Findings suggests that, by adapting to the pandemic, where patients remained nervous about returning to a clinical setting, alternative delivery methods enabled those with limited digital literacy (for DVD participants) to access PR. Patients continue to select alternative options to fit around family or work commitments. This innovation enabled prevention of exercise tolerance deterioration with increased knowledge of their condition. Waiting times were also reduced.

New ACCORD waiting times - NISLL, Nottingham Integrated Respiratory Service

References  
©2022 CityCare. Review Date: 01/01/2022. The 6TS Questionnaire on Pulmonary Rehabilitation in Adults. Thesis 1113, BS Equipment 2011-101  
©2022 CityCare. Review on Pulmonary Rehabilitation in Adults. 2019. NHS Research Review 101

## Increased capability and capacity inward investment:

As the result of a successful bid to the Clinical Research Network (East Midlands), an initial inward investment of approximately £120,000 was awarded. This has enabled increased research and evaluation leadership capacity with the addition of a newly created clinical research practitioner post. In turn, this new post will enable the further development of capability and further attract accruals.

## Other NIHR funding:

In the second year of the NIHR funding, two applications ('An evaluation and development of a screening tool for cognitive impairment in the presence of stroke' and 'The development of ways to engage young mothers' support bubbles in the promotion of demand feeding') were successful, and match funded between the NIHR and the CityCare executive team. Both projects were completed and have contributed to service improvements. Once the relative strategies have been completed, we will seek to attract further applications which will directly relate to the overarching organisational strategic priorities.

## Other projects:

- **Femur-3:** Due to the pandemic, this randomised controlled trial explored the provision of hip fracture rehabilitation but was paused and then closed. However, reflecting the high local recruitment rates, the study has recently reopened locally.
- **Falls in Care Homes National Implementation Study.** The Guide to Action for Falls Prevention in Care Homes (GtACH) programme trains and supports care home staff to identify the reasons why residents fall and then guides them to complete actions to reduce falls. The large multicentre randomised controlled trial FinCH trial evaluated the GtACH programme and identified that it was cost-effective and reduced falls by 43%. This new trial is researching how to deliver the GtACH programme in 'real life' outside a research trial. Sites will be in the East Midlands, South London and the North-East.
- The popular 'Munch while you learn' sessions that provided audit, service evaluation and research skill training were paused and are being redesigned with an extended breadth of topics. The sessions will also embrace new technologies that the pandemic has afforded in the form of Mass Open Online Courses (MOOCs).

# Statement on Care Quality Commission (CQC) registration

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered. Providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

**CityCare is required to register with the Care Quality Commission and its current registration status is "Outstanding".**

The CQC has not taken enforcement action against CityCare during 2021-22 and its current registration status is registered without conditions.





## Data quality

CityCare's Business Intelligence Team works closely with clinical services to address the quality of information entered into clinical systems. The impact of the pandemic in relation to data quality has lessened now, as staff have settled into working in this way and redeployed staff receiving training on how to record in different services.

The Business Intelligence Team is currently reviewing the tools, and reports analysts provide to services. As part of this, the team will review data quality reports with new tools developed by analysts to identify areas for improvement. As part of this, the team will be able to target training to clinical teams based on data quality issues.

## 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 2021-22, CityCare data reported 99.6% of referrals with a valid NHS Number.

## 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 information governance requirements under current data protection legislation such as the Data Protection Act and General Data Protection Regulation (GDPR).

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 fourth submission of the new DSPT hosted by NHS Digital. The DSPT is an online self-assessment tool that enables CityCare to measure performance against 10 national data security standards comprising of 36 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 43 mandatory evidence requirements.

CityCare's Data Security and Protection Toolkit for 2020-21 was judged to be compliant. The toolkit for 2021-22 will be submitted in June 2022.

# 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 2021-22.

## Incident reporting

CityCare strives to promote a strong reporting culture, which indicates a high level of commitment to improving patient safety and helps protect both patients and staff from avoidable harm by increasing opportunities to learn from mistakes.

The NHS Patient Safety Strategy 2019 describes a significant change in approach to managing patient safety incidents going forward with increased importance on promoting a safety culture and an emphasis on improvement and learning. We are reviewing our Patient Safety Incidents Management processes in accordance with the new national strategy.

All incidents that occur in our services are reported via our Datix incident management system. Managers are required to detail any immediate action taken and as all incidents are copied to relevant specialists so that support is provided from the initial reporting of an incident.

There were 1,460 patient safety incidents reported via Datix compared to 1,554 in the previous 12 months. Of those, 249 were graded as moderate harm compared with 273 reported last year. We continue to meet weekly to review all moderate harm incidents and undertake an initial analysis of those incidents to ensure detailed scrutiny so that issues or trends are quickly identified, and action implemented to improve the quality of care delivered to our citizens.

We have established a low harm/no harm incident review group which meets monthly and is chaired by the Director of Nursing and AHPs. The purpose of the group is to review a random selection of incidents, in order to provide assurance that incidents are being categorised correctly as low harm and reviewed to ensure that they are being investigated, escalated (as required) or closed and that any lessons that need to be shared across the organisation to prevent recurrence are shared.

Pressure ulcers continue to account for the highest number of incidents reported and finding ways to improve pressure ulcer prevention remains a priority for us. A task and finish group was set up to focus on specific areas and the group provides updates on progress to the Quality and Patient Safety Group. This year we have seen a reduction in pressure ulcers in services.



## Serious incidents

The Serious Incident framework (NHS England, 2015) definition for reportable incidents is as follows:

*“Acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services”.*

We continue to focus on a range of activities to improve safety and this includes sharing the outcomes and learning from incidents. We have seen a reduction again this year in the number of serious incidents reported, down to 17. Last year we reported 29 (this was reduced to 26 as three were downgraded from serious incidents following investigation).

As well as learning from near misses and incidents, we also carry out gap analysis on new best practice publications or national reports as well as learning from other areas. We have three patient safety specialists and have developed our patient safety action plan for the next 12 months.

## Learning from deaths

The organisation has an incident reporting policy and procedures that outlines the process for reporting all incidents, including serious incidents and unexpected deaths. The Director of Nursing and AHPs continues to provide quarterly reports to the Board and this includes learning from serious incidents.

There have been no incidents reported in the previous 12 months that have led to the death of a patient as a result of actions or omissions in care provided by CityCare services.

## Never Events

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

There have been no Never Events in 2021-22.



# Freedom to speak up

The Freedom to Speak Up (FTSU) programme supports staff to speak up when they feel they have been unable to do this through other means.



Our FTSU champions represent a diverse staff mixture and actively encourage a positive culture to support staff in raising any issues or concerns they have. The team, with senior management and Board support, is dedicated to encouraging all staff to feel confident to speak up if they have a concern. The FTSU team does not get directly involved in investigations but remains independent and impartial to the process.

There are a number of avenues to enable speaking up, including managers, HR, Quality and Safety team, staffside as well as senior managers. This approach seeks to embody speaking up systems across the organisation and create a positive speaking up culture. All staff can also access our FTSU Guardian via a dedicated email address, in person or by using Datix.

The FTSU Guardian continued to provide support during the first and second wave of COVID-19 and FTSU continues to be included in the Quality Safety walkabouts.

CityCare continues to promote FTSU and to support and welcome new champions to the team. We have a dedicated FTSU staff intranet page for information on how to raise a concern as well as contact details for the FTSU Guardian and champions.





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## Other quality measures

# Infection Prevention and Control - Zero Tolerance to Avoidable Infections

CityCare has an Infection Prevention and Control strategy which directs the annual programme of work. The main aim of this strategy is to have a zero tolerance to avoidable infections.

COVID-19 has continued to create an immense challenge for infection prevention and control (IPC) during 2021-22. The IPC team has supported the wider health and social care system by monitoring and reviewing 164 outbreaks over the last year.

As guidance changes in response to the changing situation with the pandemic, the IPC Team has reviewed the guidance and adapted this locally along with system partners to ensure that all organisations are working towards the same set of principles. Consistent messaging is vital for safe, effective, quality care delivery.

The IPC team assessed the organisation against the nationally produced board assurance framework (BAF) for IPC during COVID-19. The IPC BAF links to the organisational risk register and the team has continued to update the Quality Committee monthly, escalating any areas of concern and identifying and implementing any mitigating actions required. Currently action plans are in place to address ventilation and cleaning issues.

The organisation has installed Hepa filter units in the Urgent Treatment Centre waiting area and is looking to do the same in the higher risk rooms where wound and catheter care is carried out.



## Monitoring other infections

Over 2021-22, CityCare's IPC team has continued to follow-up all the standard alert organisms (MRSA, Clostridium difficile and E.coli blood stream infections). Any patients with a positive laboratory sample and registered with a City GP are reviewed to ensure that they and the clinician leading their care are aware of the positive result and how best to prevent further spread and transmission to others.

Any serious infection such as a bloodstream infection, death or surgery as the result of an alert organism infection is reviewed to establish if there are any lapses in care or lessons to learn to prevent such infections occurring in the future. Since 2020 and the start of the pandemic there have been no new targets for health care associated infection. Locally the decision was taken to continue to monitor ourselves against the 2019-20 targets.

### During 2021-22, progress against the local targets for the health economy is as follows:

- Three MRSA blood stream infections have been attributed to Nottingham City out of a total of eight across NHS Nottingham and Nottinghamshire CCG. All the infections attributed to the community in the City were reviewed by the IPC team and the Infection Control Doctor and all were felt to be unavoidable with no lapses in care. Two cases involved CityCare services and good practice was identified in relation to wound care and referral to the correct services in a timely manner.
- 262 Clostridium difficile cases were attributed to NHS Nottingham and Nottinghamshire CCG against a target of no more than 245 cases. All cases deemed to be community acquired are reviewed to further develop an understanding of the risk factors for infection. Within Nottingham City, 53 were assigned to Nottingham City due to the individuals being registered with Nottingham City GPs and 25 were deemed to have community onset.

24 reviews undertaken as one case was a relapse and 3 were deemed to have lapses in care. The lapses in care were not as a result of any CityCare intervention and the actions have been shared and addressed with the relevant providers.

- E.coli blood stream infection surveillance identified 857 blood stream infections attributed to NHS Nottingham and Nottinghamshire CCG out of a target of 911. These include those acquired in secondary care as well as in the community. 713 were deemed to be community acquired and 188 were assigned to Nottingham City due to the individuals being registered with Nottingham City GPs. 64 were found to have health care acquired risk factors. These have been further reviewed to identify if there have been any lapses in care and four had lapses identified. The health economy group for E.coli blood stream infections has not met during the COVID-19 pandemic due to workload but work has been ongoing following the reviews of cases. As a result of the reviews, the learning for CityCare has been in relation to individuals undergoing a trial without catheter (TWOC) procedure so the standard operating procedure for bladder scanning is being reviewed and the learning shared across the community teams.
- Antimicrobial stewardship work has continued and CityCare is represented on the local Antimicrobial Stewardship Group (AMR). The organisation has audited antibiotic prescribing at the Urgent Treatment Centre and a report is currently being written.
- 69% of front line clinical staff delivering our Out of Hospital contract received an influenza vaccination this year.
- As at end of March 2022, 89% per cent of clinical staff have received infection prevention and control training. This is closely monitored each month to ensure figures remain high.

# Equality, diversity and inclusion

During 2021-22, there has been ongoing support with the continuation of COVID-19 on equality, diversity, and inclusion (EDI) with a sustained focus on those who may be at higher risk.

## COVID-19 support for vulnerable groups

COVID-19 risk assessments remain in place for our workforce which are reviewed regularly by managers and updated. We have supported our managers with tools/guidance in having regular wellbeing conversations with employees during their management supervision. Training for managers has been refreshed in undertaking stress risk assessments to support employees during this difficult time.

We continue to support our patients with translation of information into a range of languages for patients and the public in clinical settings, and the development of easy read formats and videos for people who are hearing impaired.

We have continued our support for those employee groups identified as particularly vulnerable to COVID-19 such as Black, Asian and Minority Ethnic (BAME) people, those with a disability, pregnancy, high body mass index (BMI) and older age. This included targeted messages and information, employees and support sessions with our EDI Lead, HR, Infection Control, and senior managers.

## Support for Black, Asian, and Minority Ethnic colleagues

We have implemented actions to support the Midlands NHS England and Improvement Race Equality and Inclusion Strategy and Integrated Care System (ICS) priorities which further highlights the need for anti-racism, and to have a compassionate and inclusive working culture. We are overhauling recruitment practices to decrease the disparity in BAME employees within higher pay bands and have measures to explore the non-appointment of BAME candidates.

We have enhanced EDI support including civility and respect and have a refreshed BAME employees' network with a newly appointed chair. The network provides a safe space for employees to share experience, information, be involved in EDI action planning and policy, and support in producing resources, training, tools, and guides. A Board sponsor has been appointed to the network and escalation is through the EDI Committee.

## Support for colleagues with a disability

A employees' network has been established for employees with a disability or long-term condition. A chair has been nominated and appointed. The network is a safe space for employees to raise concerns or share experiences, local and national EDI updates are discussed, and the network are active in EDI planning and policy and support in producing training, tools and guidance for managers and employees. The network chair feeds back to the Board through the EDI Committee.



## Support for colleagues experiencing menopause

CityCare has a high demographic of women of which a large percentage are of menopausal age. Employees requested a network to support this group and to educate others. The network was established in 2021 and chair appointed, who feeds back to the Board through the EDI Committee.

## Civility and Respect

In order to address bullying and harassment, we carried out a comprehensive survey of employees to inform our action plan. We have introduced employees to the NHSE&I Civility and Respect toolkit including results of bullying and harassment deep dive survey with associated actions.

We are working with our Freedom To Speak Up Guardians to encourage employees from under-represented groups to become champions, targeted through our employees' networks. We have reviewed and refreshed our Dignity at Work and associated policies and rolled out manager guidance for discussing bullying and harassment in health and wellbeing conversations during one-to-one management supervision.

We are in process of developing an anti-racist action plan including safe space for productive discussions around race and creating an allyship programme for BAME employees to share experience with white employees who will use privilege to amplify issues and support discussion about race.

The Board have considered the diversity of appointment of employees' member representation at Board and senior manager level; this has now increased. They also considered diversity in decision making with diversity within sub-committees of the Board by involving talent through employees' network support groups.

## Protected characteristics workforce data

### Data for 2021-22 shows:

- an increase in the amount of employees declaring a disability
- an increase in the amount of Black, Asian and Minority Ethnic employees employed in the organisation
- the amount of employees declaring their sexual orientation remains the same
- the largest number of employees are within the 51-55 age band
- the largest number of employees declare their religion as Christianity

In order for the workforce to reflect the population CityCare serves, we will review and overhaul our recruitment processes and identify which staff groups are under-represented including BAME employees and employees with a disability predominantly along with male and younger employees.

The actions we plan to implement are taken from recommendations within the Workforce Race and Workforce Disability Equality Standards, the NHS People Plan, A Model Employer and the Midlands Race and the Midlands Race & Equality Strategy.





## Training and resources

CityCare has a range of training and development opportunities in place, with resources and materials available. We are currently reviewing our EDI learning and education offer during 2022 and are working to embed EDI elements into our current training programmes to ensure staff raise their knowledge and understand the importance of EDI considerations in all our work.

Our new employees receive mandatory EDI training at our corporate induction session. We have rolled out EDI for managers where it was identified only a low proportion had received specialist training.

A small number of staff have taken the opportunity to participate in our bespoke BAME leadership course for aspiring leaders, established in partnership with the National Leadership Academy and our partner organisations.

Learning and education resources include 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 employees network groups and the diversity calendar with updates for employees on significant dates and local cultural festivals.

We have engaged with our ICS partner organisations to deliver virtual EDI celebration events to share information, stories, resources and connections across Nottingham and Nottinghamshire. These have included Pride, Black History Month and Disability History Month. We have also engaged with our local partner health and social care organisations to form ICS employees' networks to promote and embed work for disability, race equality and sexual orientation and gender identity.

## Access to services

We always endeavour to hold clinics in purpose-built venues with disability access; home visits are also available, and we have links with organisations that provide support for patients with visual and sensory impairment. Our services engage in targeted work with older patients on age-related conditions, as well as engaging with children, schools, and teenagers. They also link with local communities through community centres, employers, and places of worship.



During 2021, the COVID-19 pandemic has continued to affect the delivery of our community services. We have continued to consider staffing levels within critical service functions and the location of clinics, and virtual services and communication have remained where necessary and appropriate. The support of remote interpreters has continued where necessary and services continue to address individual needs connected to relevant protected characteristics such as disability, language, cultural or religious requirements when delivering critical functions.

To meet the needs of people from protected groups, services consider religious observances when making appointments. Some services provide advice on dietary and medicine 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, for example location, outreach working, community groups, signposting to services and support groups. We explore barriers for protected groups including BAME, LGBT+ and disability, providing our employees with information to support our patients.

Examples of assurance work which have been explored include monitoring compliance with the Accessible Information Standard through Quality Visits and an annual survey of our interpreting employees. Good practice examples are shared through the Equality, Diversity & Inclusion Committee, CityCare's internal employees' newsletter, on the equality intranet pages and directly through service leads and managers.

## Accessible Information Standard

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 the appropriate support to help them to communicate.

CityCare has an Accessible Information & Communication Policy and Standard Operating Procedure, with information and resources including patient experience videos and e-learning modules to support employees. Patient information and leaflets contain a statement, with a freephone number, informing them how to receive information in alternative formats if required.

Data from 2021-22 shows satisfaction levels across our services for people describing themselves as having a disability remain high. Of the question "Overall, how was your experience of our service?" asked as part of Nottingham CityCare's Feedback Survey, 895 patients/service users who considered themselves to have a disability answered this question, and of these, 92% (822) rated the service as 'very good' or 'good'.

Throughout 2021-22, we also asked our patients/service users who considered themselves to have a long-term condition to rate their experience. We asked the question, "If you have a long-term condition, do you feel the advice and support you have received has helped you to manage better?" as part of Nottingham CityCare's Feedback survey. Of the 863 patients/service users who considered themselves to have a long-term condition, 738 (86%) said the support they had received had helped them to manage better.

No incidents of being unable to meet a specific communication need have been logged in 2021-22.

## Sexual Orientation Monitoring Standard (SOM)

The national Sexual Orientation Standard Monitoring Standard (SOM) helps us have an improved understanding of the impact of health inequalities and to improve access to services for LGB people.

This is a significant milestone in promoting Lesbian Gay Bisexual equality in England. Recording sexual orientation allows policy makers, commissioners and providers to better identify health risks and will help support targeted preventative and early intervention work to address the health inequalities for people who are Lesbian, Gay or Bisexual.

CityCare teams/services collate the sexual orientation of patients aged 16 and over 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, and training has been developed and rolled out to employees with bespoke team/service briefings. Guidance on *"Happy to Ask, Happy to Tell"* is available to support in sensitively collating this data.





# 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.

The NHS Staff Survey 2021 was open and live from October to the end of November 2021. The **response rate of 57%** was a **3% increase** on the previous year and this is positive considering the pandemic and how busy our staff and teams were during the time the survey was live.

## NHS Staff Survey 2021 Results

Thank you to everyone who took part in the survey. Here are our top line results.



### Most improved scores since 2020



<b>76%</b>	q13d. Last experience of physical violence reported
<b>78%</b>	q2c. Time often/always passes quickly when I am working
<b>83%</b>	q17a. Would feel secure raising concerns about unsafe clinical practice
<b>95%</b>	q14b. Not experienced harassment, bullying or abuse from managers
<b>95%</b>	q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public

### Top 5 scores vs the Picker average



<b>81%</b>	q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
<b>80%</b>	q8b. Colleagues are understanding and kind to one another
<b>65%</b>	q4d. Satisfied with opportunities for flexible working patterns
<b>83%</b>	q17a. Would feel secure raising concerns about unsafe clinical practice
<b>69%</b>	q20a. Organisation offers me challenging work

### Bottom 5 scores vs the Picker average



<b>36%</b>	q3g. Able to meet conflicting demands on my time at work
<b>23%</b>	q3i. Enough staff at organisation to do my job properly
<b>53%</b>	q11c. In last 12 months, have not felt unwell due to work related stress
<b>39%</b>	q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
<b>44%</b>	q22b. I am unlikely to look for a job at a new organisation in the next 12 months

### Our views



**55%**

q21c. Would recommend organisation as place to work

**76%**

q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation

**79%**

q21a. Care of patients/service users is organisation's top priority

We did see a drop in positive responses in a number of areas, which we will now focus on as part of the staff survey programme.

#### These include:

- Enough staff at my organisation to do my job properly
- Able to meet conflicting demands on my time at work
- Satisfied with extent organisation values my work
- Would recommend organisation as place to work
- Satisfied with recognition for good work
- Able to make suggestions to improve the work of my team/dept
- Involved in deciding changes that affect work

A mapping document has been created to align feedback from Staff Survey, the cultural audit and Staff Engagement Roadshows with outputs from the Restoration and Recovery plan as well as those actions which will fall under the new corporate strategy objectives. This will then be combined into one People Plan to ensure a more efficient approach and avoid duplication.

Updates on an overview of actions plans across directorates to be communicated via usual internal media channels on a quarterly basis (this will replace the 'You Said, We Did' approach from previous years based on a centrally owned action plan).

## Equality and diversity and the staff survey

Results from the staff survey inform our Workforce Race and Workforce Disability Equality data. The historical comparison of equality-related questions in **table 1** shows:

- From 2017 to 2020 there had been a year-on-year improvement, since 2018, in the number of employees who believe the organisation acts fairly in career progression. This year there is a difference of 49% less people agreeing with this.
- There has been a 6% decrease in the area of 'disability: organisation made adequate adjustments to carry out my work' compared to the previous year
- Employees who reported experiencing harassment, bullying or abuse from either patients/public or discrimination from manager/team leader/colleague have increased by 1% and 3% respectively
- Employees experiencing harassment, bullying or abuse from their colleagues or discrimination from patient/public has remained the same as 2020 at 14% and 4% respectively
- Employees experiencing harassment, bullying or abuse from managers has decreased by 1%

**Table 1: CityCare historical comparison (all staff)**

	2017	2018	2019	2020	2021
Experienced harassment, bullying or abuse from patients/public	24%	23%	23%	19%	20% (+1%)
Experienced harassment, bullying or abuse from managers	7%	6%	7%	6%	5% (-1%)
Experienced harassment, bullying or abuse from colleagues	14%	13%	13%	14%	14%
Experienced discrimination from patients/public	5%	4%	5%	4%	4%
Experienced discrimination from manager/team leader/colleague	6%	5%	6%	3%	6% (+3%)
Believes organisation acts fairly in career progression	84%	84%	88%	91%	42% (-49%)
Disability: organisation made adequate adjustments	77%	75%	80%	79%	73%



## Workforce Race Equality Standard (WRES)

The WRES report taken in April 2021 compared to the previous year showed there has been a slight increase in the number of BAME employees in the organisation by +1% with the highest percentage of BAME employees being in AfC band 6 overall and AfC band 8a has the lowest within the workforce at 8% with no BAME employees above this banding.

There has been improvement for BAME employees from the previous year in recruitment, accessing non-mandatory training, experiencing bullying and harassment from patients/relatives, experiencing discrimination, believing the organisation provides equal opportunities in career progression and total Board representation.

The table below shows generally a poorer experience for BAME employees compared to white employees in bullying and harassment with the exception of from patients and public. Compared to the previous year, there was improvement in all areas with the exception of experienced bullying and harassment from employees which remained the same for white employees and increased for BAME employees.

**CityCare breakdown by ethnicity, WRES report 2020**

	White ethnicity	BAME
Experienced harassment, bullying or abuse from patients/public	<b>19% (-4%)</b>	<b>15% (-6%)</b>
Experienced harassment, bullying or abuse from employees	<b>13%</b>	<b>25% (+5%)</b>
Experienced discrimination from manager/team leader/colleague	<b>2% (-2%)</b>	<b>12% (-2%)</b>
Believes organisation acts fairly in career progression	<b>94% (+2%)</b>	<b>76% (+10%)</b>

A WRES action plan was produced in consultation with employees' network support groups including the BAME Listening Meeting and the Human Resources and Organisational Development Group. Actions were also introduced to comply with the NHS People Plan and Model Employer and the Midlands NHSE& Workforce Race Equality and Inclusion Strategy to support both the WRES and Workforce Disability Equality Standard (WDES) agenda. These included overhauling recruitment practices, career progression and bullying and harassment which, although showing improvement, we are committed to improving further. Supporting BAME employees through initiatives such as the employees' network and diversity in decision making, health and wellbeing initiatives and conversations remain a priority.

These actions were undertaken and reported through the Human Resources and Organisational Development Group, the Equality, Diversity & Inclusion Committee, NHS People Meeting and reported to the Board.

## Workforce Disability Equality Standard (WDES)

Results from the April 2021 data showed an improvement in the experience for disabled employees across all of the metrics with the exception of one: the percentage of disabled employees saying their employer has made adequate adjustments to enable them to carry out their work.

There has been a rise in the number of employees self-reporting a disability; actions were taken to increase self-reporting of disability through the electronic employees record and for managers to have regular supportive conversations with their employees. The Board has supported with awareness raising and an open dialogue with the reciprocal mentoring programme beginning in 2021 and increasing diversity in decision making.

There has been an increase in the number of disabled employees in AfC bands 1-4 with the highest percentage of employees with a disability within bands 5-7.

Metrics derived from the annual employee survey in November 2021 are shown in the table below. Results show that employees with a disability generally have a poorer experience of bullying, harassment and abuse than employees without a disability. However, there has been an improvement with the reduction of bullying and harassment from the previous year. There has been an increase in employees with a disability believing the organisation acts fairly in career progression. There has been a decrease of 1% with the organisation making adequate adjustments.

### CityCare breakdown by disability

	Employees without a disability	Employees with a disability
Experienced harassment, bullying or abuse from patients/public	<b>12%</b>	<b>20% (-5%)</b>
Experienced harassment, bullying or abuse from managers	<b>5%</b>	<b>8% (-4%)</b>
Experienced harassment, bullying or abuse from colleagues	<b>11%</b>	<b>20% (-1%)</b>
Believes organisation acts fairly in career progression	<b>92% (+2%)</b>	<b>88% (+7%)</b>
Disability: organisation made adequate adjustments to carry out work	<b>-</b>	<b>79% (-1%)</b>

A WDES action plan was produced in consultation with employees' network support groups and the Human Resources and Organisational Development Group, with specific actions in the areas of bullying and harassment, recruitment and the organisation making reasonable adjustments. Whilst the areas of bullying and harassment and recruitment have significantly improved from the previous period, it is important to further improve these areas which will also align with the NHS People Plan actions including overhaul of recruitment practice and the introduction of the civility and respect toolkit. Our employees' networks will be reviewed and become part of the decision-making process.

These actions to address issues were undertaken and reported through the Human Resources and Organisational Development Group, the Equality, Diversity & Inclusion Committee and reported to the Board.

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# What our stakeholders think



# NHS Nottingham and Nottinghamshire Clinical Commissioning Group

## Introduction

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG) welcomes the opportunity to review and comment on the 2021-2022 Quality Accounts for CityCare. NNCCG is committed to ensuring a high-quality health service for our local population working as partners within the Integrated Care System (ICS) to improve health and change lives.

We work collaboratively with system partners to collate and analyse information from a range of sources to ensure that safe, effective, and caring health services are commissioned and delivered for our local population.

NNCCG wishes to extend special thanks to all CityCare staff for the noteworthy achievements that have been accomplished by working together to confront a global pandemic in addition to the work that they normally undertake. The landscape of constant change imposed by the COVID19 pandemic has added an extra layer of complexity to the resilience normally expected of staff during their day to day working.

This year's CityCare Quality Account demonstrates examples of achievement and the commitment to improve care undertaken by CityCare against a very challenging backdrop. This Corroborative Statement will also acknowledge the challenges and priorities for the coming year. The CCG can confirm that, to the best of its knowledge, the information provided within this Annual Quality Account is an accurate and fair reflection of CityCare's performance for 2021-2022.

## Quality Oversight

Throughout 2021-2022 the CCG has continued to work with CityCare to monitor the quality of services delivered and continuous improvement through reviews of information on safety, patient experience, outcomes, and performance. This has continued to look somewhat different to previous years with adaptations made to regular quality assurance processes to support providers to release capacity back to frontline services. Delivery of safe and good quality services has remained a priority throughout for providers and commissioners alike.

## Achievements

CityCare ensure that the engagement of staff, patients and the public is continuous and meaningful. Participation from both staff and the public has been integral to quality improvement across CityCare from quality reviews and coproduction of priorities. Throughout 2021-2022 CityCare's Patient Experience Group (PEG) continued to meet online regularly, and members are involved in a wide range of activities, giving insight and feedback.

CityCare has demonstrated the value and importance of research, evaluation and innovation. This includes the evaluation of Pulmonary Rehabilitation delivered by virtual sessions or DVD/web access to patients with respiratory conditions; Nordic Walking and the potential benefits for people living with Parkinson's Disease which led to a publication in the British Journal of Neuroscience Nursing; and First Point of Contact Physiotherapy, which has optimised service delivery with the purpose of reducing GP workload.



The online patient satisfaction survey indicates that CityCare continues to provide a positive service with 86% of service users rating their services as very good or good overall. CityCare is committed to learning from feedback and analysing the results to drive improvements.

#### **Achievement against 2021-2022 Priorities:**

CityCare has provided a comprehensive overview of its achievements against the 2021-2022 priorities and is to be congratulated on this.

**Supporting Carers:** has continued to be a priority for CityCare, this has resulted in key improvements in relation to communication and support offers. By linking in with the Young Carers Federation, young carers have been supported to maintain their life chances in what can be incredibly challenging circumstances for them.

**Supporting Staff:** CityCare have recognised that staff need reflective practice time, which allows teams to consider the care they deliver, the space and time to discuss challenging and complex cases, prioritising patient safety and clinical effectiveness.

**Quality Huddles:** The CCG welcome the implementation of Quality Huddles across six clinical services to support this important piece of work.

**Learning from Incidents:** A barometer of understanding patient safety is the use of information and learning around Serious Incidents (SI's). During 2021-2022, 17 SIs were reported to the CCG and zero Never Events. As well as learning from near misses and incidents, CityCare also carry out gap analysis on new best practice publications or national reports and actively learn from other areas. CityCare has three patient safety specialists in post and have developed a patient safety action plan for the next 12 months.

CityCare received 27 Formal Complaints in 2021-2022. Most complaints (18) related to Out of Hospital care with themes relating to treatment and care, access and communication.

It is important to note the significant number of compliments across the service range, recognising the professionalism and kindness of staff.

## **Challenges**

CityCare identified infection prevention and control (IPC) as an area of particular challenge in this past year however there was clear evidence of close monitoring and learning.

It is acknowledged that during 2021-2022 COVID19 has continued to affect the delivery of CityCare's community services. Consideration has needed to be given to staffing levels within critical service functions and the location of clinics. CityCare are to be commended for their ability to maintain these critical service functions, enabling access to services whilst continuing to address individual needs connected to relevant protected characteristics.

## **2022-2023 Priorities**

The CCG welcomes the priorities CityCare has identified for 2022-2023:

- Trauma informed practice, safeguarding adults and children – this has the potential to improve treatment adherence, health outcomes and provider wellness
- Reducing patient safety incidents relating to medications, and supporting staff to feel psychologically safe and take part in learning
- Strengthening the clinical supervision model to support the restoration and resilience of the workforce

The CCG will continue to work with CityCare as system partners and we look forward to fostering further collaborative and systems-based working during 2022-2023

NNCCG is pleased to acknowledge the hard work and proactive approach used by CityCare in its management of quality.



# Nottingham City Council Health and Adult Social Care Scrutiny Committee

## Nottingham CityCare Partnership Quality Account 2021-22

### Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss its Quality Account 2021-22 with colleagues from Nottingham CityCare Partnership and is pleased to be able to comment on it.

As the Committee has not undertaken any scrutiny of Nottingham CityCare Partnership during 2021-22, its comments are restricted to planned priorities for 2022-23.

The Quality Account document outlines a wide range of quality improvement activity that the organisation has been undertaking over the last year and it is really positive that many of these, for example ambitions to reduce inequalities in child development and ensuring an urgent response to support those in crisis, align with the priorities of Nottingham City Council and what other local health organisations are telling the Committee. This suggests good system working. This can also be seen in the Quality Improvement Priorities identified for 2022-23, which the Committee is supportive of. Many of them align with priorities of Nottingham City Council, for example the use of trauma-informed practice. It is positive to see aligned working across the system to address the challenges facing our City and bring about improvements for our population. While the Committee has not looked at the issues specifically in relation to CityCare, it is aware of the significant challenges in recruiting and retaining staff to work in health and social care in the City and nationally, and therefore welcomes the focus on addressing this through initiatives such as increasing clinical supervision.

The Committee is also supportive of the organisation's emphasis on local recruitment which, again, aligns with Nottingham CityCouncil's focus.

Many of the workforce initiatives outlined in the Quality Account document, for example supporting staff on religious observance and those going through the menopause, sound really positive and suggest a good understanding of the workforce profile of the City. However, the results of the equality and diversity aspects of the staff survey are less than positive. This indicates that there are significant issues to be tackled. The organisation tells us that it is taking these issues seriously and has now carried out a cultural audit and is considering how to take this forward. There is specific data in the report relating to ethnic minority and disabled staff, but it is not clear whether data is being reviewed by other protected characteristics, for example LGBT - it is important that this does happen.

The document provides some good examples of how the organisation is trying to listen to patients and communicate with them in a way that is easily understandable, including considering the needs of those with lower levels of literacy. It is positive that the organisation is working in a way that is reflective of the needs of those living in the City. The information provided on complaints is detailed and it is positive that the organisation is being open about things that have not gone well, the lessons learnt and feedback. This open and honest approach is what the Committee wants to see.

Finally, the Committee would like to thank all staff in the organisation who have worked on the frontline throughout an incredibly difficult year.



## Healthwatch Nottingham and Nottinghamshire

Healthwatch Nottingham and Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure that they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

As part of this role, we have taken the opportunity to review and comment on the CityCare 2021-22 Quality Account report.

We note that the levels of complaints raised against CityCare have fallen markedly in the last two years. Whilst in 2021-22 this reflected a significant change in working practices due to the COVID-19 pandemic it would be valuable to know if this represents a permanent fall, or if numbers of complaints are returning to the fairly consistent levels of pre-COVID years, as operationally services return to a more pre-COVID model. No service wishes to receive complaints, but a robust and accessible complaints process is key to safe and effective delivery of services to all service users.

Looking towards the new priorities for this year, we see a willingness to examine new aspects of your work, particularly Trauma-Informed Practice, and Patient Safety in prescribing of medications. However, measures of success focus primarily on internal and staff-mediated measurements. We would want to see an equal effort made to judge how these new approaches are understood and received by the patients and community who should benefit from this change.

We are aware that CityCare has played an active role on the development of relationships within the Nottingham City Place-Based Partnership, and the new links forged with the Primary Care Networks and other organisations within the CityCare contractual footprint has been valuable for supporting young carers and beginning to address the wider determinants of health for the local population. We would have liked to have seen more information on how these links are helping CityCare reach members of the community who are seldom heard so that health inequalities are addressed; the COVID-19 pandemic has thrown up stark inequalities in access to, and effectiveness of, healthcare in the community.

We would like to acknowledge that CityCare has maintained strong links with Healthwatch over the course of the pandemic and continued to recognise the value of engagement with the community it serves in difficult and changing times, as the new structures for delivery of health and care are rolled out.

# Listening to feedback on this report

We would like to thank all the stakeholders, patients 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:

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