

Annual Quality Account

2024-2025



About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvements
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

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

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1. Executive Summary

The Annual Quality Account 2024–2025 reflects Nottingham CityCare Partnership’s continued commitment to delivering high-quality, equitable, and patient-centred care. This year’s report highlights progress made across key quality priorities, celebrates achievements, and identifies areas for further improvement.

Key Achievements:

Patient Engagement: Significant strides were made in addressing diversity and health inequalities. The launch of the Health Inequalities Framework, developed alongside the Patient Experience and Engagement Strategy, underscores our strategic commitment to embedding equality, diversity, and inclusion across all services.

Patient Safety: We advanced our culture of safety through a focus on learning and accountability, promoting a just culture that encourages open reporting and continuous improvement.

Pressure Ulcer Prevention: The “Stop the Pressure – Skin Tone” initiative continued to raise awareness and improve care practices, particularly for patients with darker skin tones.

Falls Reduction: A new priority introduced this year, the falls reduction programme, has begun to shape targeted interventions to enhance patient safety and reduce harm.

Looking Ahead:

Nottingham CityCare remains focused on tackling population health inequalities and embedding inclusive practices into our operational and cultural fabric. The Health Inequalities Conference served as a platform to share learning and galvanise collective action across our teams and partners.

This Annual Quality Account not only demonstrates accountability to patients, carers, and stakeholders but also reinforces Nottingham CityCare’s dedication to continuous improvement and compassionate care.

2. Introduction

We are proud to present our Annual Quality Account for 2024-2025, which gives us all an opportunity to reflect on our progress and where there is work to do. It describes our patients' experiences of our services and how we have progressed against our quality priorities.

We continued work on our three priorities, which were:

1. **Patient engagement – diversity and health inequalities**
2. **Patient safety – a just culture and learning**
3. **Stop the pressure – skin tone.**

And we introduced a fourth priority around reducing falls.

We continue work to address health inequalities, including holding our own Health Inequalities Conference during which we launched our Health Inequalities Framework. This has been developed alongside our [Patient Experience and Engagement Strategy](#) and together they recognise that equality, diversity and inclusion, including tackling population health inequalities, which must be integral to the care we deliver and our wider culture and values.

We have continued to develop our Freedom To Speak Up network with our Guardian Carolin Tomlinson and a growing network of Champions from across the organisation – up to 16 from 14 in 2023-2024.

We have promoted their work widely as we know a Just Culture and an environment where colleagues feel able to speak up plays an important role in patient safety.

To reduce the risk of pressure development, we have implemented Purpose-T across Nottingham CityCare services allowing us to:

- Screen out all those patients not at risk of developing pressure ulcers
- Flag up those who are at risk and require preventative treatment
- Identify patients with existing pressure ulcers or who have had a pressure ulcer in the past.

Purpose-T, recommended by NHS England and the [National Wound Care Strategy Programme](#), also incorporates the skin tone tool, which helps identify early signs of damage in darker skin.

During the year we added a new priority focusing on preventing falls, engaging with staff, the public and patients through training and our Falls Lead.

Our focus on falls assessments and reducing falls included:

- Introducing swarm safety huddles, to be held as close in time and location to the fall
- Swarm huddle findings to be shared at our triage panels
- Learning and improvements to be reported to the Quality and Safety Group
- Making falls prevention a priority for all services working with the over-65s.

For 2025-2026 we have refreshed our priorities. Our focus now will be:

- Building upon our existing offer of support to service users who are experiencing episodes of low mood and/or anxiety within our 0-19 services.
- Supporting teams to use a Clinical Frailty Scale to develop person-centred interventions and treatment plans.
- Evaluate the methodology used within our Postural Stability Classes to explore how we can broaden the programme to have a wider impact across our communities.

We are also proud to see how much of our work is delivered in partnership with colleagues across Nottingham and Nottinghamshire, especially with our integrated care system partners to enhance service delivery and patient outcomes.

As a Board we are committed to ensuring we listen to our patients and staff and will continue to use their feedback to inform the development of Nottingham CityCare to ensure we remain staff and patient-centred and we are making a difference every day to the communities we serve. The impact we have beyond delivering immediate clinical care to our patients is what we refer to as our added social value – our ongoing commitment to achieving wider social, economic, and environmental benefits through all aspects of our work. Our [Social Impact Report](#) gives a flavour of the myriad ways we have been adding social value, demonstrating that ever since we were set up in 2011, we have been far more than just a provider of community health services.

At the time of publication, following the significant work undertaken throughout 2024–25 to improve quality and safety, Nottingham CityCare has officially been stepped out of enhanced surveillance by the Nottingham and Nottinghamshire Integrated Care Board (ICB) and returned to routine surveillance. This is a positive step forward and an acknowledgement of the work that has been undertaken across the care groups and corporate teams. Sincere thanks go to all the teams whose dedication enabled the organisation to meet the ICB’s recommendations.

We hope you find this account informative and that it demonstrates how our patients are very much at the centre of everything our colleagues at Nottingham CityCare do. We would like to thank all teams at Nottingham CityCare for their continuing dedication and compassion. To the best of our knowledge, the information in this document is accurate and a true account of the quality of our services.



Best wishes



Sherry Malik, Chair



Best wishes



Nicole Atkinson, Chief Executive

About Nottingham CityCare

Nottingham CityCare Partnership, the largest provider of NHS community health services in Nottingham, offers a range of services for both adults and children. We have a workforce of more than 1,200 and our clinical colleagues have had more than 1.3 million patient contacts in the 12 months to the end of March 2025.

Adult Services

Our adult community services provide care from nursing and allied health professionals in the patient’s home, clinical settings or through our Homeless Health Team.

With increasing health inequalities, education to both prevent and enable self-management of long-term conditions is provided, working alongside other health, social care and voluntary organisations.

We support the national agenda 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 to address the often-complex needs of our patients, while working to limit pressure on acute services.

Showcasing quality



VIDEO:
Patients Terry Iles and John Lea reveal how Pulmonary Rehabilitation has helped them live with serious lung conditions



VIDEO:
Senior Physiotherapist Zoe Styles explains how CityCare’s Pulmonary Rehabilitation Service supports patients

Children's Services

Our Children's Public Health 0-19 Nursing Service works closely with other services, including Midwifery, GPs, Early Help, Schools and Children's services, to develop an integrated approach to enable families to receive the right support, at the right time, from the right person.

This integrated approach optimises 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.

Care and support from the Children's Public Health 0-19 Nursing Service starts at 28 weeks of pregnancy and continues through a child's early years.

The team includes:

- Health visitors and family nurses, who have specialist knowledge of under 5s
- School nurses and registered nurses
- Other experienced practitioners who have had specialist public health training in working with children and families.

They 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.

Our Child Health Information Service ensures each child and young person in Nottingham has an active care record, supporting the delivery of clinical services.

Other services provide specialist advice on diet and nutrition, and continence.

Showcasing quality



VIDEO:

[Find out what mum Kayleigh Pollard thinks about our Well Baby Clinics](#) Find out what mum Kayleigh Pollard thinks about our Well Baby Clinics

Urgent care

Our Urgent Community Response (UCR) service supports people who are in crisis, with a consistent offer across Nottingham and Nottinghamshire.

The service was 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 multi-disciplinary team offers:

- Patient-focused assessments, aiming to either maintain or improve the independence
- Rehabilitation
- Equipment and short-term rehabilitation goals
- Regular reviews and onward referrals.

The aim is to prevent further deterioration and to keep them safe at home.

Urgent Treatment Centre

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 7pm, with no appointment needed (although they can be booked through NHS 111). It receives more than 5,000 attendances each month.

It provides care for 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 the local Emergency Department. On average, 1,000 X-rays are carried out each month.

Listening to patient and service users

We ask people about their experience of our services on an ongoing basis. We are pleased that in 2024-2025 we have continued to achieve high levels of satisfaction, with the total number of patient survey responses at **5,295**. Survey results show that **88%** rated our services as 'very good' or 'good' overall (all questionnaires). This is an increase in satisfaction compared to **84%** in 2023-2024.

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?

- **742** patients/service users from ethnic minority communities answered this question, and of these, **629** (85%) rated the service as 'very good' or 'good'.
- **1,353** patients/service users who consider themselves to have a disability answered this question, and of these **1,207** (89%) rated the service as 'very good' or 'good'.
- **270** patients/service users who identified as being lesbian, gay, bisexual or other answered this question, and of these **219** (81%) rated the service they had received as 'very good' or 'good'.






Comments from patients/service users are shared on a quarterly basis with Nottingham CityCare's Board and commissioners in line with our contracting requirements. We have developed new approaches that allow us to connect with people according to their preferred method of contact for example SMS/email.

In addition to our routine monitoring of patient experience and satisfaction, to support the development of the new overarching Nottingham CityCare strategy, we commissioned an independent consultancy service to help us find out what our service users and wider community think about:





1. What they want from a community health provider
2. What they see as the future of community health services provision
3. Where and how compromises could be made

We were particularly keen to understand the views of underrepresented communities, whilst ensuring that the research was statistically significant and involved all substantive communities in Nottingham City.

Research headlines (1)

Speed of access 1		Speed of access is really important. Most people would prefer to see clinicians face-to-face, but, if they are given the options and understand the constraints, they would often be prepared to make informed choices and trade-offs according to the severity of their condition
Trusted, expert advisor 2		People need a trusted, expert advisor to help them navigate the health system. There is so much information online, they are unsure who to believe. They need someone they can trust to direct them to credible sources and help them navigate the local care system
Educated and trained 3		People want to be educated and trained to manage their conditions. They are willing to take steps to look after themselves but need someone (qualified and trustworthy) to teach them what to do and show them how to do it
Technology can be scary 4		Technology can be scary and worrisome especially for those with limited online experience and skills. What will happen if it doesn't work, will there be any support if things go wrong, will they lose their appointment
Digital needs more explaining 5		Benefits of digital services need more explaining. Online and remote healthcare technology are widely considered inappropriate for managing people's health, even though some are already using them - just without realising it

Research headlines (2)

Initial face to face consultations 6		Majority of people want initial face to face consultations. It can be hard to articulate your symptoms and can be much simpler to show someone rather than explain it. People are more comfortable with virtual follow-up consultations
Peer to peer support groups 7		Peer to peer support groups are valued as a supplement to professional care. Groups can be stigmatising though, so people are comfortable with them when based around an engaging, beneficial activity (e.g., Nordic walking, dominos)
Co-located care services 8		Accessing care in one single location is preferred. Whilst having facilities within a community setting (especially those frequented by minority communities) and within a 10-15 minute walk is desirable, having care services co-located is generally more important
Culturally specific care 9		One size does not fit all. People want more culturally specific care. Some conditions affect certain communities more than others. Greater culturally appropriate support and advice is desired by some communities

Participation, Engagement and Partnership

We published our [Patient Experience and Engagement Strategy](#) in 2024-2025, setting out how we will work with our diverse communities to design and deliver high-quality, effective and accessible care for all.

Patients, families, and carers who are actively involved in their own care enjoy better clinical outcomes. They engage more effectively with clinicians, resulting in better-managed care, better outcomes, and a better experience for all.

A positive experience will mean different things to different people. Starting with high-quality, effective clinical care, a patient might then go on to ask:

- Am I being treated with respect and courtesy?
- Do I have a voice in my care planning?
- Do I get proper explanations and are they helping me understand my treatment?
- Is my care co-ordinated? Are teams talking to each other, so I have a seamless journey?
- Did I have to wait – to get an appointment, to be discharged, when I called for help? Did staff explain any delays?

We are committed to improving patient experience, which means we need to work harder to engage with patients about all aspects of their treatment – ensuring they have a say in identifying their needs and planning how care should be delivered.

The strategy demonstrates our commitment to putting patients at the centre of evaluation and improvement.

We have developed it alongside our Health Inequalities Framework, recognising that equality, diversity and inclusion, including tackling population health inequalities must be integral to our wider culture and values.

The Health Inequalities Framework was launched at our Health Inequalities Conference in November 2024.

The strategy is a commitment to taking every opportunity to hear from our patients, carers, and families through a culture of partnership, joint decision making and collaboration where patients can expect to:

- Be treated as experts about themselves and their own experience of health and care services
- Be asked to take part in patient engagement activities
- Have their views considered in decisions about their care and the planning of future services.

Ultimately, we will strengthen existing partnerships and develop new ones to help us deliver services that have been designed with direct input from across the communities, meeting their needs and providing care that is accessible to all.

There has been a refresh and re-launch of our patient engagement approach as described in the new Patient Engagement Strategy (2024). In November 2024, we

held a workshop that welcomed a diverse group of citizens - including both those who have used Nottingham CityCare services and those who haven't - to explore ways of sharing valuable insights with us.

As an output from the event, communication leaflets are being created to share with community groups reiterating the offer to promote the value of varied voices. During the summer of 2025, we will be launching the Nottingham CityCare SHARE forum, a space where service users and carers can be actively involved in the planning, delivery, and evaluation of the services we provide.

Those wishing to work with Nottingham CityCare to improve the quality of care we deliver – for example, attending relevant committees and those wishing to have direct contact with other patients. Those citizens interested in becoming involved are being enrolled as volunteers and therefore are required to undertake a bespoke induction programme, which incorporates equality, diversity and inclusion. Ongoing training and development, as well as peer support sessions are offered to all volunteers.

Showcasing quality

Making a difference every day



What do patients want from the CityCare of the future?

As we develop our long-term strategy for the second half of the 2020s and we await the much-anticipated 10-year plan for the NHS, Director of Nursing, AHPs and Quality Judith Douglas reflects on the results of CityCare's wide-ranging public consultation exercise

Our values: **Kindness | Respect | Trust | Honesty**



[What do patients want from CityCare? Read Director of Nursing, AHPs and Quality Judith Douglas's conclusions following a major public and patient consultation exercise carried out in 2024](#)

The **Participation, Engagement and Partnership Group** is a formal sub-group of Nottingham CityCare's Quality Committee. The key functions of the Participation, Engagement and Partnership Group are to:

- provide assurance to the Board of Directors on meeting patient engagement obligations.
- develop and monitors the implementation of the Patient Experience and Engagement Strategy

- champion patient experience by promoting best practices.

Our forums are open to all interested patients, and we also encourage attendance from diverse backgrounds.

The group is still in early stages of development, and we are building on these early foundations.

Moving forward, assurance and progress of our patient engagement approaches will be overseen by Nottingham CityCare's Quality Committee.

Showcasing quality

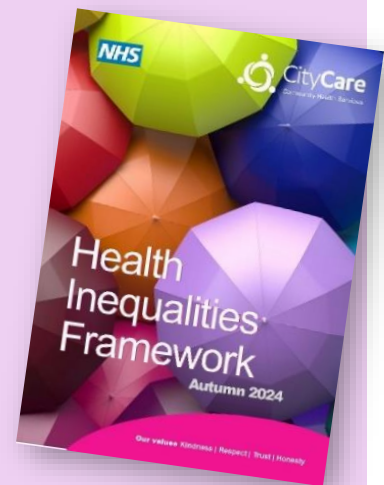
Listening to our patients, their families and carers

Deputy Director of Nursing, AHPs and Quality Sue Barnitt outlined the aims and ambitions of Nottingham CityCare's Patient Engagement and Experience Strategy in a special message to all colleagues.

The strategy ties in with our Health Inequalities Framework, which we launched during our Health Inequalities Conference in November 2024.

[Click here to read the Patient Engagement and Experience Strategy.](#)

[Click here to read the Health Inequalities Framework](#)



Managing complaints

When people have a less positive experience of our services, we are keen to listen, reflect and act to put things right. Our Customer Care Team receives complaints and is a main point of contact. As a provider of NHS and local authority funded services we comply with 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 (PHSO) for a review. In 2024-2025 the Ombudsman asked to review 0 complaints handled by Nottingham CityCare.

Each year, the Annual Quality Account includes details of how many Nottingham CityCare-led complaints required a formal response signed by a Director. In 2024-2025, this type of complaint was re-named a Stage 2 complaint.

In the past year, CityCare has introduced a Care Group structure, with clinical services being assigned to either Care Group 1 or Care Group 2. The number of complaints per Care Group has been introduced, replacing the previous breakdown by contract type (Adult Out of Hospital Services, Urgent Treatment Centre and the 0-19 contract).

This year's summary follows comparable presentation with previous years, including a year-on-year comparison of total (Stage 2) complaints from the past 3 years, the

themes of each Stage 2 complaint, and the outcome of each Stage 2 complaint, as decided by the Director of Nursing, AHPs and Quality.

The total number of Stage 2 complaints in 2024-2025 (at 26/02/25)	23
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Year-on-year comparison	
Total formal* complaints year 2021-2022	29
Total formal complaints year 2022-2023	33
Total formal complaints year 2023-2024	31
*Formal complaint was the term used for Stage 2 before 2024-2025	

Stage 2 complaints by Care Group 2024-2025	
Care Group 1 (total)	17
Continuing HealthCare	9
MOSAIC	3
Integrated Care Homes Service	2
Access & Navigation Service	1
Community Nursing	1
Community Neurology	1
Care Group 2 (total)	6
Integrated Reablement Service	2
Community Beds	2
0-19 Services	1
Urgent Treatment Centre	1

Stage 2 complaints by theme 2024-2025	
Access to Services	3
Communications	5
Decisions	3
Delays	1
Care	11

Stage 2 complaints with a known outcome 2024-2025	
Upheld	11
Not upheld	4
Withdrawn	1
Complaint open and unresolved	7

The Customer Care team also manages complaints which do not need a formal response. These are resolved by the Clinical Service Managers and recorded as Stage 1.

Customer Care also manages the organisation’s responses to queries from other organisations requesting contributions for complaints that they are leading on. These are recorded as Queries.

In 2024-2025 Care Group 1 services handled **24** Stage 1 complaints and **21** queries.

In 2024-2025 Care Group 2 services handled **37** Stage 1 complaints and **11** queries.

In 2024-2025, **1** (currently open) complaint has been raised in relation to equality issues or discrimination.

Learning from complaints and feedback

Examples of how Nottingham CityCare services responded to complaints and feedback in 2024-2025.

Issue	The changes we made
MOSAIC Service	
A patient raised concerns about a breakdown in the process for MOSAIC, our physiotherapy service, to make an MRI referral.	We have implemented a weekly report that informs us of any patients that are not on a waiting list and need further action. This report will mitigate the risk of this kind incident re-occurring. We have also increased our administration team’s awareness of diagnostics, so they can identify errors in process. In addition, we now have monthly patient safety meetings to discuss any incidents and ensure that learning is shared and embedded across the team.
Access and Navigation Service	
A service user complained that there were inefficiencies in the way the service operated, and that some colleagues did not appear to be familiar with the databases used to	The review highlighted implications of misunderstandings arising about expectations between different services. The patient should have been advised by his GP to let them know if a social prescriber was not available. This learning was shared with the GP practice.

provide adequate case management.	
0-19 Children's Services	
A mother raised concerns about omissions in care and care not being received in a timely manner from the Children's 0-19 Service.	Extensive training and support has been initiated with colleagues involved with the child's care around clear and concise record keeping. This includes record-keeping training, completing and acknowledging tasks, letters and messages in a timely and appropriate manner, and intensive work around recall reminders to ensure appropriate follow up. In addition, there has been extensive administrative support in booking and planning visits and phone calls, so all appointments go ahead as planned.
Community Neurology	
Concerns about what were felt to be obstacles and barriers in obtaining the correct equipment though the service.	As part of this review, the team has reflected on the sense of challenge patients can experience, and the importance that equipment plays in day-to-day life.

Patient comments

Adult Services	
South Rehabilitation and Falls: The exercises that X gave me were very helpful and he provided just the right degree of interventions	Integrated Reablement Service: Very reliable, good timekeeping, very professional kind and caring
Primary Care Cardiac: The Cardiac Rehab was brilliant. All the staff were very kind and encouraging. My Heart Nurses started me on new medications and kept me informed of any possible side effects. The team are fab, everyone I had contact with was lovely from the first phone call to discharge.	MOSAIC: Knowledge, advice given and shows a genuine interest with my history/ future assistance I might require. Tissue Viability Service: This is an excellent team. Appointments are punctual – the staff know the routine and are always welcoming and encouraging. I've mainly dealt with X and X – all experienced and seem to “know the works”. Well done ladies - and thank you.
0-19 Children's Services	
Health Visiting: Health visitor took time to listen to worries and concerns. She was very approachable and shared useful information. I was able to	Health Visiting: I was particularly impressed with the level of support provided by the service through print materials and word of mouth. I was told I

phone and re-book appointment as I was working on day appointment was set for. Appointment reminder sent by text was helpful. Great to see health visiting schedule back in place after Covid-19. Helpful information shared. Nice to have someone come and listen to worries after 3 miscarriages, just to acknowledge that it has been a hard time and check on my emotional and wellbeing.

Health Visiting: Lots of support and advice offered which is a good reminder when you have an age gap between children.

could ring some numbers for clarity or further information. The health visitor was very kind, patient and willing to share information and educate me. This is commendable.

Family Nurse Partnership: Regular visits to me and my baby helped me with my housing issues, visited me at different places, never gave up on me. Advice about my child and his development helped when I was feeling low. Always there for me.

Family Nurse Partnership: I really feel that I can talk to my family nurse about anything and she will not judge me. She is funny, approachable and kind and I have really enjoyed the sessions with her so far.

Urgent Treatment Centre

Fast triage. Excellent professional attention. Clean. Reasonably pleasant environment considering I was surrounded by sick people.

Unable to get in doctors last two days, went to walk-in centre after work was seen and given antibiotics.

From being greeted by security to signing in and the follow-on care the politeness of the staff, the service I received was phenomenal.

I was visiting family and being unwell used the service. The staff are good and helpful even though we had a four-hour wait to be seen the staff never seemed to stop answering questions. They deserve a great deal of praise for the job they do.

The nurses I saw and who assessed me; I received care, compassion and empathy. I am in so much pain with my back. I felt confident in their care.

3. Review of quality performance

In this part of the report, we look back at the progress made against the quality priorities we set for 2024-2025. 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 here to read [last year's report](#).

Priority 1: Patient engagement – diversity and health inequalities

Health inequalities are unfair and include avoidable differences in health across the population and between different groups in society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. In this wider context, healthcare inequalities are about the access people have to health services and their experience and outcomes.

Nottingham CityCare’s Three-Year Strategy (2022-25) includes a strategic aim to work in partnership to deliver better outcomes. We have committed to achieving it through co-designing and co-producing our services with our communities. To achieve this aim, we should work with community user groups to deliver services in ways most appropriate for, and valued by, our communities with a clearer focus on improving equality of access and inclusion to reduce health inequalities.

What we said we would do	What we have achieved so far
Attend three community user groups to discuss Nottingham CityCare services, how they access healthcare and potential barriers to our services.	<p>In 2024-25 we continued to attend a variety of community groups to build our connections including the ‘Muslim Women’s Centre and ‘Heya Group’ for Arabic women.</p> <p>We set up ‘pop up’ stalls in some health centres introducing members of the community to Nottingham CityCare and opportunities to engage with us e.g patient engagement forums and volunteering.</p>
Identify three protected characteristics relevant to Nottingham CityCare service delivery and our user group demographics (ethnic minorities, disability, and sexual orientation).	<p>We launched the Nottingham CityCare Health inequalities Framework to our teams and provided guidance on how they could approach identifying a health inequality project.</p> <p>For example, see: Breaking down barriers: Transforming pain management through inclusive multilingual programmes.</p>

Identify one action from each community group that would support their users accessing and engaging with Nottingham CityCare services.

We attended our first [‘Nottingham Pride’](#) Event in celebration of the LGBTQ+ communities showing our commitment as an inclusive employer.

New actions for 2024-2025

- Relaunch of Patient Experience Group with a focus on broadening our offer to patient representatives
- Develop and begin implementation our new Patient Experience and Engagement Strategy.

Health Inequalities Framework

Nottingham CityCare’s Health Inequalities Framework was ratified in April 2024. The new framework outlined our ambition to play an active role in reducing health inequalities across our communities. The Nottingham CityCare Three-Year Strategy 2022-25 highlighted within all key aims, the ambition to have a positive impact on the long-term health and wellbeing of our communities. Therefore, the framework serves as a documented plan to bring those elements out of each aim together. This document was formulated following collaboration with stakeholders from Public Health and the Integrated Care Board and used population data. As a result, it was developed to enable our workforce to recognise the role they can play in impacting better, longer term health outcomes.

In November 2024, a second diversity themed conference was hosted by Nottingham CityCare with a focus on ‘Race Health Inequalities’. The conference served as the official launch of the Nottingham CityCare Health Inequalities Framework. The Conference was aimed at staff members and provided insights into how the framework was guidance for on a revised approach to service review. It highlighted how by engaging with the population data held regarding the make-up of the people we care for, we can focus on ways to address identified gaps in access to healthcare. It also served to motivate our workforce to work with their communities to hear what would work best for them.

A selection of teams already undertaking health inequality projects showcased their approach and how that engaged with communities to ensure that their voices were heard. As a result, there has been a heightened interest in using the framework approach and work has begun to capture the work being undertaken across the organisation.

This new approach puts patient engagement high on the agenda and is providing the guidance and support staff have needed to engage with their service users and use feedback to develop new approaches to service delivery.

Priority 2: Patient safety – a just culture and learning (continued from 23/24)

We started our transition phase for implementing the Patient Safety Incidents Response Framework on 1 April 2024 and said that this will extend to October 2025.

What we said we would do	What we have achieved so far
<p>Establish a Patient Safety Partners (PSP) model to ensure compliance with PSIRF standards.</p>	<p>Nottingham CityCare has not yet recruited a Patient Safety Partner, but discussions are ongoing. Following the ICB’s successful recruitment of two PSPs in January, we have been provided with the contact details of another applicant who may be a suitable candidate for Nottingham CityCare. Additionally, during the launch of the Patient and Carer Experience & Engagement event, the role was discussed, and two members of the public expressed interest. The goal is to have a PSP in place by the end of this financial year or, at the very least, to have initiated the recruitment process.</p>
<p>Ensure there is organisation wide understanding of the PSIRF and what it means to Nottingham CityCare.</p>	<p>PSIRF panels are active in all services and provide an opportunity for discussions about learning at all levels of the organisation. Staff have reported they find the panels beneficial and are keen to embrace a more just culture and looking beyond and individual's role. The panels are encouraged to invite other members of staff as capacity allows so they can understand more around PSIRF and how Nottingham CityCare promotes a just culture. Extended Leadership Council (a senior leadership forum) will now have a session for patient safety specialists or quality colleagues to share learning from incidents which will support the knowledge of PSIRF in the organisation. PSIRF is also discussed at clinical induction. PSS attend triage panels to support the discussion and signpost to learning responses.</p>
<p>Establish a professional panel of PSII SEIPS trained investigators to ensure learning from Patient Safety Events.</p>	<p>We have a panel of staff who have completed a two-day PSII training course delivered by an external provider. So far, in 2024-25, we have conducted one Patient Safety Incident Investigation (PSII). A PSII is initiated when an incident or near-miss highlights significant patient safety risks and opportunities for new learning. These investigations are expected to be infrequent. Moving forward, PSII's will be led by a Patient Safety Specialist (PSS), who will oversee the methodology and involve relevant specialists as needed.</p>

We are currently developing a training programme to build staff confidence in different types of learning responses. A survey is underway to assess additional training needs among incident investigators. PSSs have been actively supporting teams in using various PSIRF tools, promoting the SEIPs methodology to focus on systemic issues rather than individual blame, reinforcing a culture of safety.

Nominated PSS completed their patient safety Syllabus Level 3 & 4 NHSE course at Loughborough University.

Priority 3: Stop the pressure – skin tone (continuing from 2023-2024)

We are dedicated to preventing skin damage caused by pressure ulcers, which develop when individuals experience reduced mobility and remain in one position for extended periods, whether sitting or lying down. The risk of severe skin damage increases in individuals who are unwell or malnourished.

Nottingham City has a diverse population, and recognising the early signs of pressure ulcers can be more challenging in darker skin tones. Most healthcare training focuses on identifying these signs in lighter skin, which can lead to delays in detection and prevention for those with darker skin.

What we said we would do	What we achieved
<p>Have skin tone recorded on patient electronic record.</p> <p>Roll out the skin tone tool to all services with a new pressure ulcer risk assessment tool by March 2025.</p>	<p>A tool has been developed for our electronic records SystmOne for the core generic assessment which means everyone will have skin tone factored into pressure ulcer risk assessment. Purpose T was launched at the end of November 2024 and to date over 140 staff have been trained. Purpose T has within it a skin tone tool. Templates have been modified for Nottingham CityCare’s use. Training continues to be offered face to face alongside a new SOP and training materials. Compliance will be able to be audited when all staff are using Purpose T and Braden is stepped down.</p> <p>Braden and Purpose T are currently being used together whilst training underway. Braden templates will be removed from end of March 2025.</p>
<p>Discuss skin tone identification and pressure ulcer as</p>	<p>One of the specialist nurses from the Tissue Viability Team attends all triage panels where pressure ulcers may be discussed. They are on hand to guide staff if the</p>

<p>issues in patient safety investigations when assessing patient incidents.</p>	<p>skin tone has played a factor in any way to the development of the pressure damage. Following triage panels if there is wider learning a newsflash will be created for all relevant staff.</p>
<p>Work with Nottingham CityCare’s digital team to customise and implement the SystemOne tool.</p>	<p>Templates have been developed for use within the SystemOne patient record and this work remains on track.</p>

Showcasing quality

Making a difference every day in 2024

PURPOSE-T
Pressure Ulcer Risk Primary Or Secondary Evaluation Tool

New colour-coded risk assessment tool to replace Braden Score

Our values: **Kindness | Respect | Trust | Honesty**

CityCare Community Health Services

Launching 21 November - join our special training day at Aspect House

See the CityCare intranet for more information - scan the QR code

During 2024-2025 CityCare embedded Purpose-T as standard for assessing pressure risks. Click here to read Head of Tissue Viability Sarah Pankhurst on what it means [for our patients](#)

Priority 3: New actions added in 2024-2025

- Roll out the skin tone tool to all services with a new pressure ulcer risk assessment tool by March 2025. This will record skin tone in the patient record.
- Work with Nottingham CityCare’s Digital Team to customise and implement the SystemOne tool.

Priority 4: Falls

In addition to continuing work on the three priorities already outlined, one new additional priority was set for 2024-2025.

What do we plan to achieve?	What we achieved?
<p>Appropriate review of all falls, including Swarm Huddles (A form of safety incident huddle that takes place as close as possible in time and place to the incident).</p>	<p>After reviewing falls data from Quarter 1 and Quarter 2, we decided to focus on falls occurring within our Community Beds. A meeting was held with the Clinical Lead for Community Beds, the Falls Champion for Community Beds, the Falls Lead, and Patient Safety Specialists (PSSs) to apply the tool in reviewing two falls that occurred in Quarter 3.</p> <p>Ideally a SWARM huddle is undertaken within a week of the incident happening and should involve persons present when the incident happened. The falls that have occurred in our Community Beds have taken place at night or at weekends when our staff have not been present and we have been unable to use this tool for these reviews. Instead, a rapid learning template has been used that seeks to identify any learning from the care the patient has received. This includes whether a risk assessment has taken place, whether the patient is in the correct setting, was the correct equipment and observations in place. Was a prompt post falls assessment undertaken to reduce the risk of falling again? These reviews have been done jointly with the care homes in which the fall has taken place.</p> <p>We have been participating in an ICB Falls Task and Finish group and a detailed audit of falls within our community beds has taken place.</p> <p>This work has generated a renewed focus on falls prevention within Nottingham CityCare which include:</p> <ul style="list-style-type: none"> • Falls awareness training • Specific Falls Assessor Training • New Falls Policy • Improved communication between Nottingham CityCare and the care homes • New holistic assessment template • Post-falls assessments completed by Nottingham CityCare staff for residents in commissioned beds • All falls incidents reviewed at PSIRF triage panels
<p>Clear and consistent falls assessments across community services working with over 65s.</p>	<p>A template has been implemented across community services (UCR/reablement, community beds, rehabilitation and falls ICHS). Rehabilitation and falls teams have started a rolling audit on the use of the template. Findings from this are awaited and will be benchmarked against</p>

compliance with NICE guidance and any learning shared, and training planned.

To continue the focus on falls prevention an audit will be completed to look at the quality of the risk assessments across all relevant Nottingham CityCare services to ensure the new policy is being followed and the new template has been embedded.

Showcasing quality

Making a difference everyday in 2024



Reducing the devastating impact of harm from falls

As Falls Prevention Week begins, Tamsin Peach takes a look at the impact falls can have, and what we can do to keep those in our care safe all year round.

Our values: Kindness | Respect | Trust | Honesty



[In Falls Prevention Week 2024, CityCare’s Falls Prevention Lead Tamsin Peach looked at the devastating impact harm from falls can have and how colleagues are working year-round to reduce incidents](#)

4. Priorities for quality improvement 2025-26

1. Building upon our existing offer of support to service users who are experiencing episodes of low mood and/or anxiety within our 0-19 services.

Why we chose this priority

We know there is an increased prevalence of depression and anxiety post pandemic. Literature evidences the adverse effects parental mental ill-health has on the developing foetus and child-parent attachment post-partum.

We are aware that although we screen for emotional ill-health in contacts with both mothers and fathers, the interventions offered by the 0-19 service may not be able to meet individual needs due to workforce capacity, lack of workforce confidence and competence and lack of opportunity to attend up to date evidence-based training. We know that the eligibility criteria for specialist perinatal mental health services is such that the cohort will be experiencing severe depression and anxiety but there is a gap in services for service users who experience mild to moderate symptoms. We wish to engage with parents in a way which elicits peer support and builds social capital.

What do we plan to achieve?

1. A well-trained workforce who has the knowledge and skills to deliver interventions that are safe and effective.
2. A universal offer to all service users regardless of where they reside, which is supported by best evidence and tailored to their symptoms.
3. Choice for service users regarding modes of delivery of interventions.
4. Increased opportunities for co-production and delivery, working more collaboratively with others.

2. Supporting teams to use a Clinical Frailty Scale to develop person-centred interventions and treatment plans.

Why we chose this priority

There are an increasing number of people at risk of developing frailty. A person living with mild frailty has twice the mortality risk of a fit older person. People living with mild, moderate or severe frailty could often have their needs met best in settings outside of acute hospital care. Severe frailty often brings over four times the costs of non-frailty.

What do we plan to achieve?

1. Understand the current use of the Rockwood clinical frailty score across services.
 2. Identify an organisation-wide Frailty lead function
 3. Improve uptake of available training to enhance clinical skills and promote consistency in use.
- 3. Evaluate the methodology used within our Postural Stability Classes to explore how we can broaden the programme to have a wider impact across our communities.**

Why we chose this priority

Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. Falling over can happen to anyone, but for older people the risk is particularly high and the consequences potentially severe, including distress, pain, injury, loss of confidence, loss of independence and mortality.

What do we plan to achieve?

1. To evaluate the impact of our current Postural Stability classes using a range of validated clinical measures of balance and quality of life.
2. To evaluate the reach of the Postural Stability classes
3. To expand provision where we find any gaps in accessibility
4. To evaluate whether physical activity increases are maintained after the end of the Postural Stability programme.

5. Board assurance

The Board is accountable for our Annual Quality Account and has assured itself that the information presented in this report is accurate. In line with our quality governance arrangements, development of the 2025/26 priorities and progress updates against the 2024-25 priority areas has been overseen by our Quality Committee.

During the latter part of 2024 and into early 2025, Nottingham CityCare has worked in partnership with the Nottingham and Nottinghamshire Integrated Care Board (NNICB) to respond to, and improve, some focussed quality concerns. Progress against the improvement plan and the increased quality monitoring put in place by the ICB, was overseen by the Quality Committee. Our Board of Directors were sighted on our improvement journey and assurances provided via our Alert, Assure and Advise reports. We made good progress against our improvement plan and by the end the financial year had completed all but two actions. The two areas where work is ongoing include strengthening our offer and guidance around clinical supervision and completion of Training Needs Analysis to support workforce planning. Expected completion date for the remaining actions is summer 2025.

Review of services

Nottingham CityCare continued to provide NHS community health services under our contracts with the Integrated Care Board (ICB) and local authority.

During 2024-25, Nottingham CityCare provided and/or sub-contracted 35 NHS services. A comprehensive review of all available data on the quality of care across these services has been undertaken to ensure continuous improvement and high standards of patient care.

The income generated by the NHS services reviewed in 2024-25 represents 100% of the total income generated from the provision of NHS services by Nottingham CityCare for this period.

Participation in clinical audits

During 2024-2025, three national clinical audits and no national confidential enquiries covered NHS services provided by Nottingham CityCare.

During that period Nottingham CityCare participated in 100% of the national clinical audits it was eligible to participate in.

The national clinical audits and national confidential enquiries that Nottingham CityCare participated in, and for which data collection was completed during 2024-2025, are listed below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

- National Respiratory Audit Programme 100%
- Sentinel Stroke National Audit Programme: 100%

- National Audit of Cardiac Rehabilitation: 100%.

The reports of 34 local clinical audits were received in 2024-2025 and Nottingham CityCare intends to take the following actions to improve the quality of healthcare provided.

Clinical Audit Project	Key actions/ learning
Bone Health IV Zoledronic Acid Audit 2023-2024	No significant areas of concern throughout the audit. Team should continue to provide detailed information prior to infusion so the patient is able to make an informed decision. Team continues to peer review procedures of cannulation and zoledronate to ensure they maintain competencies.
Duty of Candour Audit 2023-2024	Since the period of this audit, Nottingham CityCare has moved to a PSIRF model and changed incident system from Datix to InPhase. A new Duty of Candour Policy has also been developed to replace the previous SOP. A full re-audit will be conducted in late 2025.
Eating and drinking with acknowledged risks clinical audit 2024	Eating and drinking decisions are being documented on ReSPECT forms by the Speech and Language Therapy Team and other professionals but the ReSPECT form is not yet being used consistently to document these decisions. Capacity assessments were considered/carried out with all patients where these decisions were appropriate.
Falls Assessment Audit 2023	FRAX assessment completion rates for new patients are low. Some assessments are low. To discuss with team leaders best plan of actions to ensure high quality recording of information.
Falls Assessment Clinical Audit 2024	Low assessment scores in some areas should improve on the next cycle with the new template. FRAX assessment identified on previous audit scoring similarly. To discuss with team leaders to agree how to ensure high quality recording of information. Communication to go out about asking falls history.
Falls Training Audit 2024	Overall improvement in staff routinely asking about falls and recognised falls assessment tool. Higher levels of staff trained in falls assessment and improved awareness that training is available. Falls training needs to be added to ESR records. Room for improvement with routine asking of “have you fallen” as per NICE guidance, which should be improved with uptake of the holistic template.
Insulin Clinical Audit 2022-2023	Insulin audit identified the need to review the policy to ensure all elements of best practice and learning from incidents are included in the policy. This included the need to calibrate glucometers and

	check stock weekly and to ensure where non-registered staff are administering insulin that the acceptable range of insulin is clearly recorded on the DNS1. A further audit on the new policy, once written, will be considered.
Learning from Incidents Audit - PCN3 2023	Since the data was collected for this project, Nottingham CityCare has moved to using the Patient Safety Incident Response Framework model and moved incident management from Datix to InPhase. A PSIRF clinical audit is due to take place in 2025.
Medicines Handling and Storage Audit 2024	This audit evaluated medication storage, supply, and disposal practices across Nottingham CityCare sites. Key actions included strengthening governance, ensuring compliance with storage standards, and implementing daily temperature monitoring. Improvements will be monitored through a re-audit to ensure enhanced safety and adherence to best practices.
Mental Capacity Act Clinical Audit 2023-2024	Findings indicate that work to continue embedding effective MCA practice within the workforce needs to be an organisational priority. While several key improvement actions have been identified, the workforce for adult services is substantial. The lead professional and 1 WTE practitioner currently provide specialist support for the application of the MCA and safeguarding adults. If effective mitigation of the risks identified is to be achieved, additional resources within the service should be considered.
Prescription Pad Security Audit 2024	Ordering and security of prescription pads are now the responsibility of the Medicines Management Team. A new standard operating procedure has been ratified. A key safe has been issued to the Medicines Management Team. Prescription pads are audited, and managers and non-medical prescribers (NMPs) are notified for collections. A booking system is now in place for collection. Medicines Management is responsible for monthly audit checks of prescription pads awaiting collection.
Pressure Ulcers Clinical Audit 2024	An information leaflet will be provided for patients at risk of developing pressure ulcers. For patients or families who smoke or vape, fire risk discussions must take place and referral to the fire service considered. A fire safety advice sheet will be provided to all Primary Care Networks (PCNs). We will raise awareness that an MCA must be considered for patients who decline pressure relieving equipment. Clinical judgement is to be used in conjunction with Braden assessment and re-assessed when health or mobility declines.
Record Keeping Audits 2023-2024 (Separate projects by 21 teams)	For the overall results, the Records Management Group agreed a newsflash to services highlighting good practice (particularly approved abbreviations use) and information on recording

	allergies on SystemOne. Capacity, consent, and domestic abuse scores have been discussed with the Safeguarding Team.
Resuscitation Audit 2023-2024	All steps were undertaken appropriately and no actions identified.
Safeguarding Multi-Agency Audit Programme 2023-2024 - Mental Health Audit	Professional disagreements to be resolved within professionals' meeting. Oliver McGowan training to be embedded. Potential vulnerabilities and needs of children in local authority care need to be recognised and included in plans for care and treatment. Safeguarding Partnership to consider other local creative solutions to respond to mental health needs of children and young people at an earlier point and to support them when in crisis. Review processes around children and young people who have recurrent missing episodes. Partnership to consider how funding of Registered Mental Nurses for children and young people in inappropriate settings can be shared across the system.
Safeguarding Multi-Agency Audit Programme 2024-2025 - Partnership Responses to Child Exploitation	All partners involved in supporting children and their families impacted by child exploitation to be invited to key meetings with non-attendance challenged. Training/communications to improve professional curiosity of frontline workers concerning the risks and indicators of child exploitation. Risk assessment document and procedures to be reviewed and amended.
Safeguarding Multi-Agency Audit Programme 2024-2025 - Strategy Discussion	To consider a joint, cross-authority task and finish group for Multi-Agency Safeguarding Hub (MASH) partners to progress the specific actions and develop peer relationships. City's MASH group to broaden to consider the challenge of GP information sharing and attendance as part of its focus.

Please note national audit findings may have up to one year data lag.

Participation in clinical research

We merged the activities of Clinical Audit, Research, and Evaluation to form the umbrella term, CARE. The CARE belief is that we contribute to the organisational mission of making a difference to the health and wellbeing of our communities by meeting the strategic and challenging goals that we have set ourselves:

1. Externally showcase 15 CARE projects
2. Provide rewarding working lives and careers by establishing a whole organisational care culture
3. Create long term sustainable improvement in the community by developing high quality collaborative CARE activities.

By comparison with 2022-2023, and then 2023-2024, work continued:

	2022-2023	2023-2024	2024-2025
Active / completed service evaluations	8	19	10
Service evaluation participants recruited	193	274	*
Active / completed research studies	7	10	5
Portfolio research participants recruited	95	195	*
Non-portfolio participants recruited	35	36	*

* Not available at time of writing

During the reporting period, various projects and studies were performed. As examples:

IMPROVE: Testing of a Pulmonary Rehabilitation (PR) buddy aiming to train patients who have recently completed PR to become PR-buddies using behaviour change techniques to overcome barriers and find effective ways to help people to attend PR.

TOPS: Examining the impact of a six-month intervention - Thumb Osteoarthritis Prognosis for Supported Self-management and investigating why some people improve, and some do not.

CADET: examining the clinical and cost-effectiveness of an alternative urinary catheter design in reducing catheter-associated urinary tract infection compared with the traditional Foley design for adults requiring long-term catheterisation.

CRIB: co-designing a digital web-based learning app - Caregivers Responsive Infant feeding Behaviours. The app consists of multimedia elements to engage caregivers in interactive learning through activities and assessments to encourage behaviour change.

TELSTAR: exploring clinicians’ and patients’ experiences and perspectives of stroke tele-rehabilitation with the view to identifying training and support needs and informing recommendations for practice.

Various projects were performed to perform robust evaluations of many clinical interventions and programmes:

Small Steps Big Chance (SSBC):

- Breastfeeding Campaign
- Infant feeding decisions
- Ideas Fund
- Family Mentor Service
- Room to Play
- Feed Your Way

DESMOND

Pulmonary Rehabilitation Options

Tiny Steps to Talking

Giraffe

MOSAIC: New Self-Referral Process

Pulmonary rehabilitation DNA rates

Pulmonary Rehabilitation Education: Evaluation of palliative care talk

Stroke Specific Positioning in Care Homes

Statement on Care Quality Commission (CQC) registration

Nottingham CityCare is required to register with the Care Quality Commission (CQC) and is currently registered with no conditions. The Care Quality Commission has not taken enforcement action against Nottingham CityCare.

Data quality

Nottingham CityCare's Business Intelligence Team remains committed to improving the accuracy and reliability of data recorded in clinical systems. Over the 2024-25 financial year, the team has built upon its existing work with clinical services, strengthening data quality processes and providing more proactive support to frontline teams.

Key developments this year include:

- **Targeted Data Quality Reviews:** We have introduced regular reviews of key data fields, such as referral reasons, appointment outcomes, and discharge codes, working directly with service leads to resolve discrepancies and improve data input practices.
- **Data Quality Dashboards:** We have expanded our suite of interactive dashboards to highlight common data quality issues at service level – enabling teams to monitor, investigate, and resolve issues independently and in real-time.
- **Standardisation of Data Entry:** Collaborating with operational leads, we have helped implement consistent templates and coded options in clinical systems to reduce variation and improve data reliability across teams.

The addition of a Business Intelligence Coordinator has strengthened the team's ability to offer tailored support, including one-on-one training sessions and the creation of

bespoke service user guides. These resources help staff navigate system processes and improve data entry practices, contributing to the overall integrity of the Nottingham CityCare clinical data.

By maintaining a strong focus on data quality, Nottingham CityCare ensures that accurate information is available to support decision-making, service planning, and the delivery of high-quality patient care.

NHS Number and General Medical Practice Code Validity

As a community service provider, Nottingham CityCare continues to submit data to national datasets, including the Community Services Data Set (CSDS) for community Service Contacts, and the Emergency Care Data Set (ECDS) for attendances at the Urgent Treatment Centre.

For the reporting period 2024-25, 99.77% of referrals included a valid NHS Number, ensuring high data integrity and accurate patient identification. Maintaining a high level of NHS Number validity supports safe and effective care delivery across Nottingham CityCare services.

In addition, Nottingham CityCare is working closely with national teams to further develop and embed the Faster Data Flows (FDF) submission process, improving the timeliness and efficiency of data reporting in the coming year.

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 and Social Care policy and presents them as a single set of information governance requirements.

This year will see the sixth submission for Nottingham CityCare under the DSPT. The DSPT is an online self-assessment tool that enables Nottingham CityCare to measure performance against 10 national data security standards comprising 35 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 42 mandatory evidence requirements.

Nottingham CityCare was judged to be compliant with the 2023-24 Data Security and Protection Toolkit. The toolkit for 2024-25 will be submitted in June 2025.

Clinical coding error rate

As a community service provider, Nottingham CityCare is not subject to clinical coding for Payment by Results and, therefore, will not be involved in the audit for 2024-2025.

Incident reporting

There were a total 3,166 incidents reported on our risk management system during 2024-25. Of these the majority 2,709 were classified as patient safety incidents. 899 of the total number reported were incidents which either did not involve Nottingham CityCare directly or were an incident for another provider to review.

At the start of 2024-2025 we transitioned to a new local risk management system. We continue to work with the provider of the system to ensure we are maximising its potential. Our staff have engaged with the new system, and we have not seen a drop in incident reporting. The new system has enabled us to report to the NHS England Learning from Patient Safety Events (LFPSE) system which is a requirement of our NHS contracts.

The Patient Safety Incident Response Framework (PSIRF) marked a major change in how the NHS handles patient safety incidents. Over the last 12 months we have begun to establish methodologies to review and learn from patient safety incidents aligned to the PSIRF approach.

As part of our transition to PSIRF (Patient Safety Incident Response Framework) we have identified the top three incident profiles:

1. Pressure ulcers
2. Falls
3. Medication incidents.

During 2024-2025 all these priority areas have had thematic reviews undertaken by specialists within the areas and quality improvement plans have been developed. Work has progressed on the quality improvement plans which are being overseen by the Quality and Patient Safety Group.

In addition to our priority areas, we continue to focus on developing a culture of safety, implementing and embedding PSIRF. We have made the transition away from a root cause analysis approach, which can unintentionally foster individual or team blame and undermine a positive patient safety culture. The focus is now on examining the systems within which staff operate, promoting a more inquisitive review of a broader range of patient safety incidents. This approach emphasises reflection and learning rather than operating within a framework driven by accountability.

One Patient Safety Incident Investigation (PSII) has been commissioned in the past 12 months with other incidents reviewed using other recognised methodology such as after-action review or swarm huddle underpinned by System Engineering Initiative for Patient Safety (SEIPS). We have started to evaluate our progress in embedding PSIRF and will be looking to strengthen our governance processes which support it. We have also commissioned an internal assurance audit into PSIRF which will inform our future improvements.

We are aware we need to enhance how learning from incidents is shared within teams, Care Groups, Nottingham CityCare and with system partners to improve patient safety and the quality of care we deliver.

In 2025-2026 we will continue to train staff in Patient Safety Incident Investigations and will continuously review this resource to ensure that our safety investment remains aligned with PSIRF guidance. We are also hoping to introduce a Patient Safety Partner role within Nottingham CityCare to ensure we remain person-centred in our patient safety work.

Never Events

A Never Event is “a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers” We are pleased to report that there were **0** Never Events at Nottingham CityCare during 2024-2025.

Learning from deaths

Unexpected deaths are reported via our risk management system and are reviewed by a manager or clinical specialist. The Learning from Deaths process includes all

patients who have accessed one of our services prior to their death except for patients known to be on an end-of-life pathway or there is a cause of death unrelated to the care we are providing. The extent of the review depends on whether certain criteria are met. Where learning is identified a rapid learning review or other learning response will be undertaken. Additionally, we review the care provided to all patients with a learning disability who have died. Reviews are discussed at the Care Group Triage Panel, which centrally examines all unexpected deaths and ensures that improvement actions are identified, and learning is identified and disseminated.

Death incidents reported are currently incorporated within the incident reporting policy. During 2025/26 we plan to have a designated policy that clearly explains the Learning from death process within Nottingham CityCare. The new policy will include guidance around deaths to be reported, deaths to be escalated outside of the organisation (Integrated Care Board and/or CQC) and how learning is to be maximised.

During 2024-2025, 51 patient deaths under the care of Nottingham CityCare services were reported. The figure reflects the total number of unexpected deaths reported, not deaths from all causes. Following the review of the incidents, 7 were deemed to be expected as end of life care had been planned. 2 of the deaths were investigated as per system safeguarding protocols. 15 deaths had a learning response undertaken to provide a more in depth look at processes and system issues around the patient care. 2 of these were identified as being notifiable deaths to the CQC. The remaining 29 were investigated and discussed at incident triage panels and care provided by Nottingham CityCare was found to be comprehensive and in keeping with policy with care given as intended and expected.

A review of the care provided to the patients identified the following areas of good practice:

- Prompt response by Integrated Reablement following referral by another provider – patient was visited within 2 hours
- Management and decision making with escalation was good
- Use of personalised care plans to improve engagement with recommended treatment plan
- Proactive escalation to hospital consultants and specialists
- Support was actively provided to staff where a deceased person was found
- Patients are safety netted whilst on service caseloads
- Patients care is expedited based on clinical risk.

Additional opportunities for learning identified were:

- Improve the detailed recording in a patient's healthcare record, including the recommended outcome of consultation, and where a patient does not wish to

follow a recommended course of treatment and/or outcome that the clinician should document clearly the concerns/risks of not following this

- Better practice for clinicians to corroborate statements from patients and relatives in relation to base line observations or clinical findings.
- Ensure next of kin details are recorded and updated with any changes.
- Importance of having End of life conversations and proactively adding patients to the electronic palliative care coordinating systems (EPaCCs) and ensuring Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) are in place
- Building resilience and safety nets into team electronic systems to reduce the risk of patients being lost to follow up
- No access visit policy to be reviewed and risk assessment template to be added into SystmOne records to ensure consistent approach
- Learning around conversations with family when new diagnosis has been given
- Ensuring a full set of observations are taken to enable the National Early Warning Score (NEWS) score to be calculated

Freedom To Speak Up

The standard NHS contract requires that organisations employ a Freedom to Speak Up (FTSU) Guardian. The purpose of creating a speaking up culture is now very much becoming embedded across the organisation highlighting how it can help to keep our patients safe, improve the working environment of staff and to promote learning, and improvement remains the ongoing driver for developing a speak up culture.

The Board have continued with their commitment to ongoing learning and undertook FTSU Training with them, encouraging them to follow up when concerns are raised and highlight individual commitments to how they will promote a speaking up culture during the course of their work.

- Ongoing promotions of FTSU have continued through 2024-25
- Awareness campaigns have continued and included the growing number of FTSU Champions supporting the FTSU agenda. This included:
 - Articles in Cascade (staff newsletter)
 - Coffee and Chat sessions hosted by Champions within staff bases
 - Computer screensavers with a picture of the Guardian, Champions and signposting to our intranet page where it is detailed how to contact the Guardian. This further helped our colleagues put a face to the name and create a sense of familiarity.

The National Guardian Office guidance advises that every Board should seek assurance that their organisation's FTSU culture is healthy and effective, subject to assessment under the CQC's well-led domain of inspection. In line with this, regular

attendance at Board has continued and written reports provided in relation to activity across the organisation, learning from cases as well as activity being undertaken to raise the profile of Freedom to Speak Up.

Through 2024-25 work has continued within different departments to foster discussions about how learning could be incorporated into existing training, for example, the Managers Development Programme.

Quarterly meetings have also taken place through 2024-25 between the FTSU Guardian and the Chief Executive, the organisational Chair and the identified Non-Executive Director for Nottingham CityCare. These meetings have ensured key individuals in the organisation are abreast of any organisational challenges and barriers to staff speaking up and ensure that appropriate support is available for the Guardian.

Raising awareness of speaking up to all our people has continued to be a focus of the FTSU champion team. Monthly meetings are used to share learning from the cases brought to the Guardian, insights into best approaches for supporting staff and innovative ways to raise the profile of FTSU. Initiatives led by the champions have included attendance at the staff induction marketplace so that they can meet staff and share how FTSU can support them in their new roles; and quarterly coffee-and-chat sessions at Nottingham CityCare bases where they meet staff, both to introduce themselves and to raise the profile of FTSU. During October's Speak up Month the whole team carried out visits to bases leaving copies of their first newsletter sharing some positive outcomes as a result of speaking up as well as signposting to the intranet page where further information is made available regarding access to the FTSU Guardian and Champions.

Champions have a FTSU lanyard to ensure that they are easily recognisable when undertaking FTSU work. Our champions have grown in numbers over the year to 16 and now boast a wide range of roles which are far more relatable to a broader number of staff members. They continue to work as a network across the organisation to promote the FTSU programme, talk to colleagues and support people to raise concerns.

All staff are now asked to complete FTSU mandatory training to ensure that they are fully aligned with the principles of fostering a healthy speak up culture. This allows staff with a concern to connect with FTSU via a champion they feel confident talking to if they don't want to speak initially to the Guardian. The FTSU training is now available via ESR.

Attendance at the regional forum meetings for FTSU Guardians has continued alongside meetings set up among FTSU Guardians across Nottingham and Nottinghamshire for peer support. Areas covered this year have included:

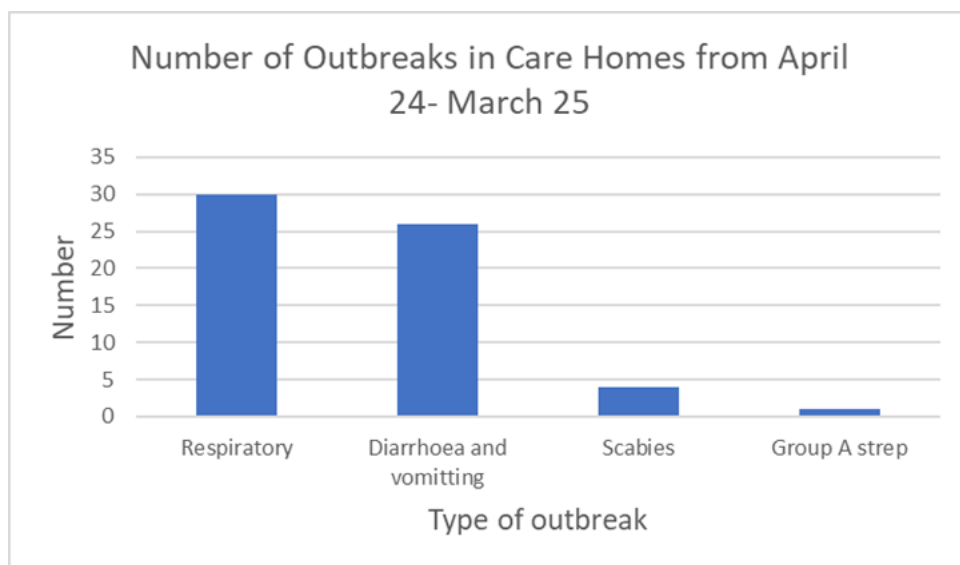
- Sharing learning from cases (anonymised). Areas covered include detriment experienced by some staff speaking up and the introduction of an NHS-wide support scheme for staff who report having experiencing detriment.
- Feedback to staff reporting concerns and support given to the FTSU Guardians in their role.
- Training.
- Dealing with anonymous reporting.
- Triangulating feedback from FTSU concerns with other organisational data
- Review of the Lucy Letby case and why listening when staff members are speaking up is important.
- Impartiality and objectivity of Guardian role.

Plans are being developed to identify the priorities for further strengthening FTSU at Nottingham CityCare across 2025-26 and these will be detailed in our new FTSU Strategy which has recently been ratified.

6. Other quality measures

Infection Prevention and Control (IPC) - Zero Tolerance to Avoidable Infections

Infection Prevention and Control (IPC) continues to have challenges with rising rates of infection nationally and locally. During 2024-25 there have been high levels of circulating respiratory and gastrointestinal infection compared to the 2023-24 season. The Nottingham CityCare service has supported the wider health and social care system by providing advice and support to 61 outbreaks over 2024-25.



The NHS Standard Contract 2024-25 includes quality requirements for NHS trusts and NHS foundation trusts to minimise Clostridioides difficile (C. difficile) and Gram-negative Bloodstream Infections (GNBSIs) rates to threshold levels set by NHS England.

NHS Nottinghamshire and Nottinghamshire Integrated Care Board targets are system wide so Nottingham CityCare does not have targets specific to them but is part of the system wide review. The targets for 2024-25 were as follows:

Name	C.difficile	E.coli	Pseudomonas Aeruginosa	Klebsiella Species
Nottingham and Nottinghamshire ICB	308	1057	120	323
Final totals	377	1110	95	316

All cases of *Clostridioides difficile* and *E.coli* that have community onset are reviewed by the Infection Prevention and Control Team (IPCT), to establish if there is anything that could have prevented the case or if there have been any areas of learning in relation to how the case has been treated and managed.

As a system, the providers for IPCT all meet to discuss the cases monthly and to share learning. Initiatives to reduce *E.coli* bloodstream infections include a urinary tract infection strategy and as a result of the strategy all providers have reviewed in depth 5 *E.coli* bloodstream infections where the source has been deemed to be a catheter or urine infection. A system wide task and finish group has been established to develop some guidance for services in relation to reducing urinary tract infections. Nottingham CityCare's IPC Team receive a daily alert list from Microbiology and review all patients registered with a City GP with the following organisms:

- MRSA
- *Clostridioides Difficile*
- *E.coli* bloodstream infections
- Panton Valentine leucocidin (PVL)
- Group A streptococcus in wounds
- Carbapenamase Producing Enterobacterales:

The above organisms are reviewed to ensure the individual and the clinicians involved in care are aware of the positive results and how they can best prevent any further spread and transmission. Using the Patient Safety Incident Response Framework (PSIRF) model, the IPC team meet monthly to review all the cases and surveillance data to establish if there are any areas of learning to prevent such infections occurring in the future.

A theme identified from the PSIRF triage panel has been as follows:

- Recognition of deterioration and implementation of NEWS2 to identify sepsis is not consistent across all services. Actions are in place to ensure this is in use and the electronic patient record Systm1 has been adapted to incorporate NEWS2 assessment and the thresholds for escalation for patients scoring on the NEWS2 scale.

Other emerging organisms this year that have resulted in policy development and pathways for vaccination are Measles and Mpox. National guidance was circulated which supported with local policy development and a system-wide pathway has been developed with NEMs, Nottingham CityCare and Nottinghamshire HealthCare NHS Trust to vaccinate contacts of Mpox.

- The IPC team reviewed 0 MRSA blood stream infections within the City against a total of 14 across the ICB. Six were hospital onset and the other 8 cases were not patients registered with a City GP.
- All cases of Clostridioides difficile deemed to be community-acquired are reviewed to further develop an understanding of the risk factors for infection. The IPC team undertook 38 reviews and 5 were deemed to have a lapse in care. None of the 5 lapses involved Nottingham CityCare services and information has been fed back to the GP practices involved in these cases.
- E.coli blood stream infection surveillance identified 1,110 blood stream infections attributed to Nottingham and Nottinghamshire ICB out of a target of 1,057. These include those acquired in secondary care as well as in the community. The 238 community acquired cases across Nottingham City, have been reviewed and 17 had lapses identified. The themes identified for Nottingham CityCare from the reviews is as follows:

- I. Incorrect calculation of News2 score and not recognising deterioration.
- II. No date set for trial without catheter and then delay in admission with a potentially reversible infection due to being on end-of-life pathway and not clear from the respect form that admission in this case would have been appropriate so admission was delayed.

Using PSIRF methodology, actions were put in place to address the learning. Other themes identified that have been shared with GP practices are:

- I. Not dipping of urine in the over 65s to diagnose urine infection.
- II. Not recognising deterioration and completing NEWS2 score correctly.

Equality, Diversity and Inclusion

During 2024-2025 we have continued to meet actions identified against the Workforce Equality, Diversity and Inclusion Strategy.

We continue to promote the principles of The Equality Act (2010) by promoting equal opportunities, striving to eliminate discrimination and harassment and promoting positive attitudes towards disadvantaged groups within the organisation. To achieve this, we are working towards removing barriers to opportunities and narrowing the gap between the disadvantaged and others.

We are working with our stakeholders to identify health inequalities, monitor and develop our services and agree future plans to further support our ambition to deliver equity and inclusion.



Highlighted achievements from the strategy during 2024-2025 include:

- Embedding of the Workforce Disability Policy, including supporting the introduction of disability leave and health and wellness passports.
- Achieving Disability Confident Employer status level 2.
- Holding our second diversity conference focusing on Health Inequalities including workshops on the needs of patients from protected characteristics took place in November 2024.
- Continuation of monthly Big Conversation sessions about inclusion
- Embedding the Nottingham CityCare Cultural Awareness Guide for staff
- Continuation leadership development programmes with cohorts for colleagues from ethnic minorities.
- The introduction of the new Culture and Respect at Work Group with revised membership which is a sub-group of the People and Inclusion Committee, and this group enables the triangulation of information.
- We continue to regularly highlight events from our diversity calendar including Black History Month, Ramadan, LGBT History month and Disability History Month.

- The Equality Quality Impact Assessment (EQIA) Group known as the QIA/EIA Panel continues with revised governance arrangements and refreshed EQIA guidance and forms.
- The Freedom To Speak Up (FTSU) Guardian is championing and increasing diversity within the FTSU champions.
- Network chairs represent their groups and engage in scoping and decision-making processes.
- Development of a new Health and Wellbeing offer for all colleagues, including the creation of Health and Wellbeing Champions.
- Improving recruitment training to include inclusive recruitment.
- Completing cohort one of the Reverse Mentoring Programme.
- Increased diversity of FTSU Champions achieved (31% from diverse backgrounds).

Supporting our workforce

We are committed to supporting colleagues from under-represented groups with Staff Network Groups including the Disability, Ability and Wellness Network (DAWN), the Ethnic Equality Network, the Menopause Network, the Unpaid Carers Network and the Lesbian, Gay, Bisexual, Trans and Questioning+ (LGBTQ+) Network.

The networks provide a safe space for staff to share experiences, and their members advocate for under-represented groups. They raise awareness of new initiatives to improve staff experience, highlight and celebrate events within the diversity calendar and add diversity to decision-making by contributing to strategy and policy, process and the development of educational tools. The Staff Networks also has an Executive Sponsor to amplify their voices at Board level.

We also work with our partner organisations in the Integrated Care System (ICS) to support actions to improve staff experience across the system. The networks play a key role in supporting the annual NHS Staff Survey and the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).

The networks have contributed to our recruitment, retention and staff wellbeing processes, raising awareness during history months with newsletters and articles and encouraging and supporting staff to add their personal data to our Electronic Staff Record. We are planning to launch Wellbeing Champions across all services over the coming months.

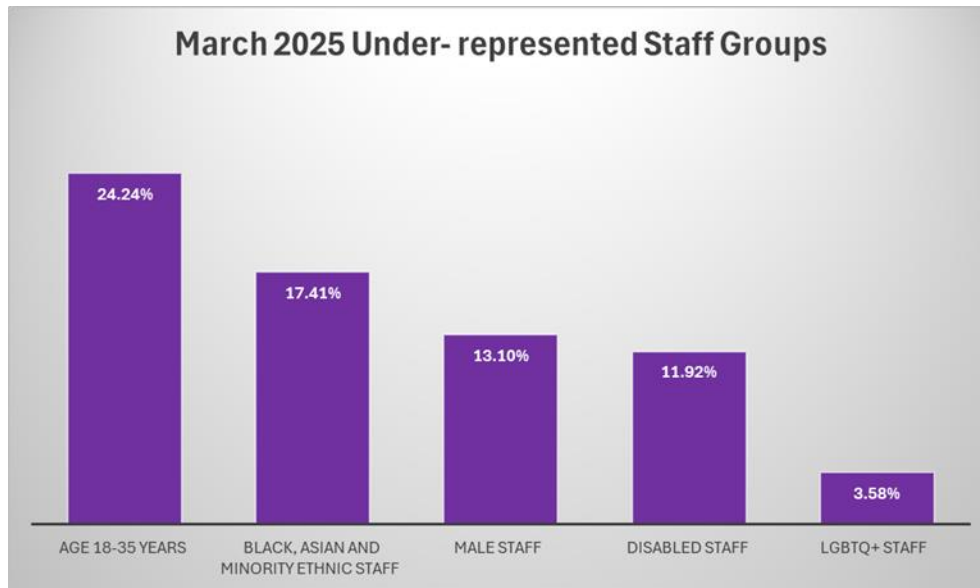
We are still committed to producing an Unpaid Carers policy and work towards becoming an unpaid carers friendly organisation.

For the first time, the LGBTQ+ Staff Network supported Nottingham CityCare attendance at Notts Pride in July 2024 to promote inclusion for our workforce and our patient population. The LGBTQ+ Network members and allies joined the march and

Nottingham CityCare also had a market stall promoting our services and highlighting that we are an inclusive organisation for both our patients and employees.

Protected characteristic workforce data

In March 2025 our workforce data for under-represented groups is as below:



Compared to the previous year there is an increase across all the under-represented groups:

- An increase of 3.03% in disabled staff.
- A decrease of 0.36% in our younger staff group aged 18-35 years.
- An increase of 0.8% in male staff.
- An increase of 0.51% in LGBTQ+ staff.
- A decrease of 0.37% in Black, Asian and Minority Ethnic staff.

To support increasing the diversity within our workforce at all levels, we have reviewed our inclusive recruitment process with our staff networks, used positive action to support recruitment and promotion practices, and we are reaching into our communities with initiatives such as mentoring in schools and community groups. Our aim is to increase diversity across protected characteristics by 4% by from April 2022 to April 2025 and the diversity within our decision-making forums such as committees of the Board. Further initiatives will be undertaken through our newly established Culture and Respect at Work Group or the Learning and Talent Development Group.

Respect at work

We have launched the Respect at Work policy and training for our staff. We are working to increase the diversity in our Freedom to Speak Up Champions through our staff networks. We continue to address actions undertaken within our Culture and Respect at Work Group.

Equality Diversity and Inclusion (EDI) Learning and Education

We have reviewed and refreshed our training offer to address discrimination and promote Equality, Diversity and Inclusion (EDI). The following initiatives have been introduced:

- EDI mandatory training has been increased from once, when people join Nottingham CityCare to every three years.
- We have run Leadership Development Programme cohorts for our colleagues. There have been some specific cohorts for Black, Asian and Minority Ethnic staff at all levels in the organisation who are in leadership or management roles or those who aspire to be. We have done this as positive action to give opportunity for personal development and to maximise opportunity and develop diversity within the Nottingham CityCare leadership team.
- Big Conversation workshops have continued through 2024-2025 and offered a forum to support colleagues to have honest and open conversations in a safe environment.
- Held a second Diversity Conference focusing on the value of tailoring services to the needs of diverse communities.
- Monthly Diversity Calendar detailing key cultural events with opportunity to access links to further information.
- We have completed our first cohort of reverse mentoring, a process to enable people in senior positions to learn from and understand issues from the perspective of people in less senior roles from under-represented groups.
- Leadership Development Programme for diverse colleagues continued in 2024-2025. This positive action initiative supported the learning and development of under-represented groups.
- We continue to provide dedicated intranet pages to support diverse staff by sharing equity-led resources and useful information to support them in the workplace.
- We have provided learning opportunities for staff members to enhance their learning and understanding of the experiences of under-represented groups including: LGBTQ training, and Disability training.
- Nottingham CityCare attended Nottingham Pride celebrations by joining the march through the city and hosted a stand inviting members of the community to find out more about work at Nottingham CityCare.
- 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 Black History Month and Disability History Month.

- We continue to engage with our partners in ICS Networks to promote and embed actions to support staff for disability, race equality and sexual orientation and gender identity.

Workforce Race Equality Standard (WRES) April 2024 report

The WRES compares the experience of Black and Minority Ethnic (BME) colleagues with that of white staff within Nottingham CityCare. Data taken from the WRES report 2023-2024 showed an increase in the number of ethnic minority colleagues in the organisation.

In the 2024 NHS Staff Survey results, colleagues believing that the organisation provides equal opportunities for career progression or promotion, increased for ethnic minority colleagues by 12.56%.

However, the WRES data from 2023-2024 showed there was a deterioration in the likelihood of BME staff being appointed from shortlisting decreasing by 0.41 when comparing to the previous year.

The WRES from 2023-2024 also showed that the relative likelihood of BME staff entering the formal disciplinary process is **3.3**. This is an area of significant concern and will be a priority area of focused improvement.

The NHS Staff Survey results from 2024 showed bullying and harassment from colleagues decreased for ethnic minority colleagues by 12.05%. Harassment from patients, relatives or the public decreased by 13.8%.

On reviewing the WRES data 2023-2024, priority actions were agreed to address the disparities within the WRES. Workshops were held to develop an action plan which were open to members of the Ethnic Equality Network and Culture and Respect at Work Group to propose actions, including:

- Reviewing the recruitment and retention process
- Increasing diverse representation on interview panels
- Recruitment for the 2nd cohort for reverse mentoring
- Review of the disciplinary process

Nottingham CityCare breakdown by ethnicity Workforce Race Equality Standard April 2024 data

Nottingham CityCare breakdown by ethnicity Workforce Race Equality Standard April 2024 data	White ethnicity	Black, Minority ethnicity
Experienced harassment, bullying or abuse from patients/public	21%	27%

Experienced harassment, bullying or abuse from staff	17%	27%
Believes organisation acts fairly in career progression / promotion	64%	46%
Experienced discrimination from manager or colleagues	5%	20%

Workforce Disability Equality Standard (WDES) April 2024 Report

The WDES compares the experience of disabled colleagues compared to non-disabled colleagues in the organisation.

The WDES report from 2023-2024 data shows an increase on 2.49% in the number of colleagues with a disability or long-term condition. The likelihood of disabled candidate being appointed from shortlisting at 0.67. In practical terms this is best understood that disabled staff are more likely to be appointed from shortlisting than non-disabled staff. No disabled colleagues entered the formal capability process during this period.

The NHS Staff Survey results from 2024 showed that there was less bullying and harassment from the public and from colleagues. There was an improvement in the percentage of disabled colleagues saying they had received adequate adjustments to do their job, rising by 6% to 78%. The percentage of staff with a disability who felt pressure from the manager to come to work when not feeling well increased by 4% to 22%.

The percentage of disabled colleagues who experienced bullying and harassment from their managers decreased by 7%. Similarly, the proportion believing the organisation provides equal opportunities for career progression has improved by 3% to 64%.

Nottingham CityCare breakdown by ethnicity Workforce Disability Equality Standard April 2024 data

Nottingham CityCare breakdown by Workforce Disability Equality Standard April 2024 data	Non-Disabled Staff	Disabled Staff
Experienced harassment, bullying or abuse from patients/public	21%	27%
Experienced harassment, bullying or abuse from staff	8%	23%
Believes organisation acts fairly in career progression/promotion	61%	62%
Employer made adequate adjustments to enable them to carry out their work	-	72%

Felt pressure from your manager to come to work despite not feeling well enough to perform duties	14%	18%
Satisfied with the extent to which their organisation values their work	49%	43%

We worked with our Disability, Ability and Wellness (DAWN) Staff Network and have achieved our actions, including reviewing inclusive recruitment and retention practices and obtaining Disability Confident Employer Status with tools to assist in conversations about disability.

Accessible Information Standard

The Accessible Information Standard (AIS) ensures 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.

Nottingham CityCare has resources including patient experience videos and e-learning modules to support employees. Patient information and leaflets carry a statement with a freephone number, informing them how to receive information in alternative formats.

No incidents of being unable to meet a specific communication need have been logged in 2024-2025.

When a complaint is made, the complainant’s preferred method of communication is established with them at the outset.

Sexual Orientation Monitoring standard

The Healthwatch report on LGBT peoples’ experiences of healthcare informed the national Sexual Orientation Standard Monitoring Standard (SOM). The standard demonstrates equitable access for LGBT people, helps us have an improved understanding of the impact of health inequalities and improves access for LGBT service users.

Nottingham CityCare teams/services continue to collate the sexual orientation of patients/service users 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 standard, and training has been developed and rolled out to employees with bespoke team/service briefings. Guidance is available to support in sensitively collating this data.

Our LGBTQ+ Staff Network supports actions in raising awareness to staff and reviewing actions to support our LGBT community. We are working with our ICS

partner organisations to further understand our LGBTQ+ population barriers to healthcare and continue to explore improving data recording.

Staff Survey results

Evidence shows that there is a strong link between organisational performance, patient experience, employee engagement and job satisfaction. Nottingham CityCare is committed to providing rewarding working lives and careers of its employees as set out within the organisational strategy. The National Staff Survey provides the organisation with feedback from staff about their experiences as an employee and gives an overall measure of staff satisfaction and engagement.

The survey was carried out between September and November 2024 by Picker. Nottingham CityCare offered 606 survey responses equating to 54% of the workforce, similar completion rates to the previous year where 57% of the workforce responded.

Since 2021, the survey questions have been aligned to the NHS People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience. The results are measured against the seven People Promise elements and against two of the themes reported in previous years (staff engagement and morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

Key highlights from the report for Nottingham CityCare

In the 2024 National Staff Survey Report and going into 2025 Nottingham CityCare has much to celebrate in terms of the difference we make to the communities we serve.

- **78% of respondents said that care of patients is the organisation's top priority**
- **77% of respondents said that they would be happy for relative or friend to be cared for by the organisation**
- **64% of our colleagues would recommend Nottingham CityCare as an organisation to work for.**

We should also be proud of the work we have done to make our workplace more inclusive. Encouragingly, perceptions of equal opportunities for career progression have improved across the board.

We have seen positive changes in the following areas:

- **'Feels the organisation respects individual differences'; 'Disability: organisation made reasonable adjustment(s) to enable me to carry out work'; 'Would feel secure raising concerns about unsafe clinical practice'**

In 2025 there has been a stated commitment through the Leadership Council to continue to work through the findings of the survey looking particularly at factors

affecting morale, including workload, capacity, and work-life balance. At an organisational level, initiatives like the introduction of Wellbeing Champions and enhanced manager training aim to bolster support. However, the complexity of workload challenges ensures this remains a key topic for leadership deliberations.

7. What our stakeholders think

Healthwatch Nottingham and Nottinghamshire

Awaiting Statement

Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Health Scrutiny Committee thanks the Nottingham CityCare Partnership Community Interest Company (CityCare) for the opportunity to review its Quality Account for 2024-25 and is pleased to be able to comment on it.

The Committee has not met with CityCare directly to discuss its service provision during the 2024-25 period. However, it is supportive of the work being carried out as established in the latest Quality Account, particularly in terms of the activity around the Patient Experience and Engagement Strategy, and in listening to patients and service users as part of taking learning from their feedback and complaints. The Committee especially welcomes the Health Inequalities Framework that seeks to address inequalities in health outcomes (which is particularly important in cities like Nottingham) and encourages CityCare to expand the detail set out around the work done in this priority area in future Quality Accounts, as part of clearly highlighting how the outcomes for Nottingham people are being improved. The Committee also welcomes all of the priorities established by CityCare for the year ahead, but particularly the first priority around 'Building upon our existing offer of support to service users who are experiencing episodes of low mood and/or anxiety within our 0-19 services'.

The Committee is glad to note the transition to a new local risk management system as part of the work to address incidents effectively, particularly as the majority of reported incidents related to patient safety. The approach to establishing methodologies to review and learn from patient safety incidents in the context of the NHS' new Patient Safety Incident Response Framework is positive. A strong focus on 'learning from deaths' is vital and the Committee would encourage CityCare to be as clear as possible in setting out how it has responded to the learning arising from deaths where an in-depth review has been carried out.

The Committee notes that the Quality Account details the number of complaints received in different areas of CityCare's provision, and the reasons for those complaints. Whilst some examples are given around how individual complaints have been rectified, the Committee feels that the Quality Account could be developed to provide information on the learning arising from any general patterns or themes identified, as part of understanding if there are any common route causes behind the

complaints. For example, were there wider reasons behind why the 'Continuing HealthCare' care group and the 'Care' theme had notably higher rates of complaints during the year?

Finally, the Committee notes that, during May 2024, concerns were raised with it in relation to the proposed closure by the commissioner of the Fracture Liaison Service (FLS) in Nottingham (as delivered by CityCare) from 30 September 2024, in conjunction with the South Nottinghamshire FLS, ahead of the original contract end date at the close of March 2025. The Committee engaged directly with the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) on this issue – ultimately receiving confirmation that the Nottingham FLS provision would remain in place until March 2025. The ICB has indicated to the Committee that it is in the process of establishing a new commissioning approach to delivering an equitable bone health service across the whole of Nottingham and Nottinghamshire – and the Committee will continue to engage with the ICB on this as a priority issue in the context of maintaining the health, wellbeing and independence of people in Nottingham.

Nottingham and Nottinghamshire Integrated Care Board (ICB)

Introduction

1. Nottingham and Nottinghamshire Integrated Care Board (NNICB) has continued to work with Nottingham CityCare Partnerships (CityCare) in pursuit of the monitoring of continuous improvement of services during 2024-25, in accordance with the statutory functions of the ICB¹.
2. The intention for 2024-25 was for NNICB and CityCare to continue fostering and developing collaborative and systems-based working, and this statement provides a reflection of that progress.
3. The CityCare Quality Account for 2024-25 illustrates the scope of work undertaken during 2024 and where the organisation continues to develop.

Key highlights included within the account are:

- a) Progress against the four 2023/24 priorities with particular achievements around transitioning to the nationally recommended tool, Purpose-T², for assessing pressure damage, and improving policies, processes and training in relation to falls.
- b) Publication of a Patient Experience and Engagement Strategy which sets out how they will collaborate with their diverse communities to design and deliver high-quality, effective, and accessible care. This will be used alongside the CityCare Health Inequalities Framework which was launched this year.
- c) Enabled nominated staff to qualify as Patient Safety Specialists who have supported the implementation of the Patient Safety Incident Framework

(PSIRF)³ including training staff to undertake the range of learning responses and supporting processes to identify the improvement opportunities.

- d) Significant improvements in Workforce Disability Equality Standards (WDES) Report.

Oversight Arrangements

1. CityCare last received an overall Care Quality Commission (CQC) rating in December 2017 of Outstanding⁴.
2. Following an internal review by NNICB to triangulate quality concerns against data and intelligence available to the ICB as a commissioning partner, CityCare was informed in April 2024 that it was moving into an Enhanced Level of Quality Surveillance. This outcome was determined by the National Quality Board⁵ and NNICB Oversight Framework. Over the year NNICB had greater access to forums within CityCare where progress against improvement is internally assured. A monthly Quality Improvement Group between NNICB and CityCare has also met to monitor progress against the mutually agreed Indicators of Success. Following a presentation to the System Quality Group in June 2025 the aspiration is for CityCare to return to a Routine Level of Quality Surveillance.

Quality Visits

3. NNICB has continued to participate in CityCare's quality visit program joining them on 11 visits over 2024-25. These visits have focused on the 5 elements of CQC inspections: Safe, Effective, Caring, Responsive, Well-Led.
4. Independent visits were also completed to CityCare's Virtual Ward and Urgent Community Response services to inform insights about challenges and improvement activity within the Urgent and Emergency Care pathway over winter.
5. All visits were positive, with staff demonstrating a clear commitment to their services and patients. Discussions were open and honest, and our recommendations were welcomed. The visits also highlighted the challenges of growing demand for services.

Working as System Partners

6. CityCare continues to strengthen and develop new relationships with other providers in our Integrated Care System (ICS), NNICB, staff and patients.
7. The organisation attends several ICS forums including the Partner Quality Assurance and Improvement Group, System Quality Group, and our quality improvement workstreams.
8. CityCare has been a key partner in the System Improvement Groups for Falls and Tissue Viability (TV) demonstrating positive engagement and leadership.

Forward View 2025/2026

A continued focus on people, culture, learning, and improvement is evident throughout this year's Quality Account.

9. CityCare's priorities for 2025/26 will support national and ICS transformation priorities to improve care for those experiencing frailty and for families affected by parental mental ill health. The third priority promotes the use of evaluation of evidenced based treatment to broaden its impact across the community.
10. Plans for evaluating progress in embedding PSIRF and strengthening the governance that supports it are welcomed, particularly the emphasis on recruiting a Patient Safety Partner.
11. Moving into 2025-26 NNICB looks forward to continued collaboration with CityCare and our other partners around improvement work both within the organisation and across our health system.

8. Glossary

Bacteraemia:	Infection in the bloodstream. It can be caused by a variety of different micro-organisms.
Carbapenamase Producing Enterobacteriales:	Enterobacteriales are a group of bacteria carried in the gut of all humans and animals. CPE is the name given to (CPE) a strain that has developed the ability to destroy an important group of antibiotics called Carbapenems making them resistant.
Clostridioides difficile:	An organism that causes diarrhoea in patients. It is usually following the use of antibiotics. It can affect anyone from the age of 2 years upwards.
E.coli:	Bacteria frequently found in the intestine of human and animals. Some live harmlessly and some cause disease. Increasing numbers of Blood stream infections are being caused by E.coli and the rates are rising each year.
Group A Strep:	Strep A is a common type of bacteria. Most strep A infections are mild and easily treated, but some are more serious.
MRSA:	Methicillin resistant Staphylococcus aureus. Staphylococcus aureus is a common skin bacterium. This particular strain has become resistant to some of the more commonly used antibiotics given to treat staphylococcus aureus infections.
MPOX:	Formerly known as monkeypox, is a viral disease caused by the monkeypox virus (MPXV).
National Early Warning Score (NEWS2)	A scoring tool developed by clinicians to improves the detection and response to clinical deterioration
PVL:	Panton Valentine Leukocidin. This is a toxin produced by some types of Staphylococcus aureus. It is likely to cause skin infections but can also cause more life-threatening infections.

Have your say

Listening to feedback on this report

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

If you would like to give us your thoughts on this report, or get involved in the development of next year's report, please contact the Customer Care Team:

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