

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.



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All photographs used in this publication are either stock images or staff photographs taken before COVID-19 restrictions.

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Introduction

Our Annual Quality Account for 2020/21 reflects on a challenging year for our healthcare system and a year in which our individual colleagues, teams and the organisation as a whole have delivered outstanding levels of care in difficult circumstances.

As Chair and Chief Executive of CityCare we are proud of what everyone within our organisation has achieved in the past year, which we will present in this Annual Quality Account. It looks back on a year that was very different to what we had anticipated, and the impact of COVID-19 is evident in all aspects of our work.

While this has been a very hard time for each of us, we can also see that it has provided us with opportunities to develop new ways of working and for ever closer collaboration with partners across our Integrated Care Partnership and the wider Integrated Care System.

We look forward to continuing our journey of transformation and recovery. However, we also recognise that we need to support our colleagues to overcome the personal and professional impact of the pandemic in their lives.

Throughout this quality account we have much to celebrate, including improvements across a range of measures within our latest staff survey and our ability to continue delivering high quality care to our community. We want to take this opportunity to thank our teams for their outstanding work and dedication, in particular for their incredible response to COVID-19. We know that the quality of our services relies on the exceptional staff who make up CityCare and we are very proud of and grateful for all they do.

Feedback from local people continues to reflect high levels of satisfaction with our services, which is an immense source of pride and motivation for all of us; however, we recognise we don't always get everything right and want to ensure we keep listening, learning and seeking improvement.

As a Board we will continue to listen to our patients' experience and use this to inform the ongoing development of our patient-centred care. We believe our quality priorities this year will have a meaningful and positive impact in Nottingham and across Nottinghamshire as we continue to work closely and constructively with all of our partners. We look forward to the year ahead and working to deliver for our patients and community.

And finally, we would like to express our sincere and heartfelt gratitude to all of our staff for the outstanding work they do each day that makes a life-changing difference to people's lives.

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

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

About CityCare

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

This integrated service is designed to optimise children's physical, emotional, cognitive and social development, creating the foundation for every child to reach their full potential in childhood and beyond. Working in partnership with families, we aim to reduce inequalities in child development across Nottingham. CityCare also provides the Child Health Information Service, ensuring that each child and young person in Nottingham City has an active care record, supporting the delivery of clinical services.

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

CityCare also heads up Small Steps Big Changes (SSBC) - Nottingham's 10 year "A Better Start" Big Lottery Funded Programme to improve the outcomes of 0-3 years olds. SSBC is a partnership between the City Council, health partners, voluntary sector organisations, parents, families and communities. The programme focuses on children, parents and communities in Aspley, Bulwell, Hyson Green and Arboretum, and St Anns.

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



Listening to patient and service user voices

Engaging our patients

We have a Patient and Public Experience Lead who champions our continued effort to give a focus on the patient voice and enable them to have more of an impact and say in how we run our services. We do this by continuing to involve patients and service users in helping us improve and develop our services through ongoing feedback and engagement opportunities.

Throughout 2020/21 our patient experience group (PEG) met regularly online and members continued to be involved in a wide range of different activities, including:

- Giving feedback on new leaflets and whether they are clear, concise and written in plain English.
- Contributing to the suggested priorities for the Annual Quality Account (AQA).
- Representation on our quality and safety group, equality and diversity committee and the patient and public committee.
- Forming part of the review team for quality visits.

Patient and public committee

The patient and public committee (PPC) continued to meet throughout the year. It regularly reviewed and supported the specific areas of focus identified in the AQA, including updating the process for patient representatives on quality visits, the implementation of the children's services improvement group, and obtaining feedback and assurance on the virtual offer being made by CityCare during COVID-19 to ensure our services were accessible and met the expectations of our service users.

Launching our new children's services Improvement group (CSIG)

A new CityCare children's services improvement group (CSIG) was developed during 2020/21, which aims to help improve services and service user experience. Representatives and service users from children's services were involved in focus groups and surveys to help us confirm the purpose and remit of the group and helped us ensure that our approach was inclusive and service user led. Membership includes parents, carers and representatives from local community groups and organisations that represent young people across Nottingham. They will be involved in the recruitment and selection process for senior staff and will help to develop new and existing services by taking part in focus groups, joining events and forming part of our teams when reviewing services.

Patient and service user satisfaction

We ask people about their experience of our services on an ongoing basis. In the first quarter of the year, feedback surveys were paused in most services on the advice of NHS England to reduce the burden on providers during the COVID-19 pandemic.

We are pleased that in 2020/21 we have continued to achieve high levels of satisfaction, with the total number of patient survey responses at

3,267

92%

Survey results show that 92% of service users rated our services as **very good** or **good** overall (all questionnaires).

Satisfaction within all groups

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

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

- 278 patients/service users from a black and minority ethnic (BME) community answered this question, and of these 248 (89%) rated the service as very good or good.
- 993 patients/service users who consider themselves to have a disability answered this question, and of these
 923 (93%) rated the service as very good or good.
- 107 patients/service users who identified as being lesbian, gay or bisexual answered this question, and of these
 92 (86%) rated the service they had received as very good or good.

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

No complaints were raised in relation to equality issues or discrimination in 2020/21.

Managing complaints

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

As a provider of NHS and local authority funded services we comply with the NHS and Local Authority Social Services regulations and if people are not happy with the outcome of their complaint, they are able to ask the Parliamentary and Health Service Ombudsman for a review. In 2020/21 the ombudsman did not review any complaints handled by CityCare.

19

CityCare received 19 new complaints within the year.

We closed 18 complaints over the year.

Of the complaints, **four** were upheld, **seven** were partly upheld, **seven** were not upheld.

Total complaints year 2018-19	8	
Total complaints year 2019-20	6	
Total complaints year 2020-21	9	

Complaints received within the year by service:

Out of Hospital Services	14
0-19 Services	3
Urgent Treatment Centre	2

Complaints by issue:

Treatment and care	4
Privacy and dignity	2
Access	1
Communication	7
Information	3
Other	2

Learning from complaints and feedback

Below are examples of how we have responded to complaints and feedback in 2020/21:

Service	Issue raised
Community Nursing Service	Staff did not bring necessary equipment for drying their hands when in patient's home.
The changes we made	
Staff provided with disposable towels for visits.	
People benefitting from the change	
All service users.	

Service	Issue raised
MOSAIC	Concern from August 2020 in regard to staff wearing face masks in public areas of health centre.
The changes we made	
The space is shared with a number of local providers. A reminder was sent to all CityCare staff and other providers that share the health centre space, to follow COVID-19 guidance regarding masks, social distancing and hygiene requirements.	
People benefitting from the change	
All staff and service users.	

Service	Issue raised
Urgent Treatment Centre (UTC)	Complaint regarding treatment of insect bite and treatment offered.
The changes we made	
UTC staff reminded via email bulletin and team meeting that clinicians are to obtain clarity around treatment attempted, to avoid potential confusion around brand names and drug names so that there can be clarity around advice being specific for the correct drug. In addition, clinicians were reminded to draw around areas of erythema (redness) following insect bites/stings and possible cellulitis to allow for objective assessment of worsening/spreading.	
People benefitting from the change	
UTC service users.	

Service	Issue raised
Community Nursing Service / Palliative Care Team	Concern regarding communication with relatives of a palliative care patient.

The changes we made

Review of management of intermittent symptoms and communication between staff, families and carers.

This concern was presented as a Patient Story to the CityCare Board. The family member concerned is involved in the ongoing review of the process.

People benefitting from the change

Palliative care patients.



Comments

Adult Services

At Home Clinical Team

"I was overwhelmed with everyone's willingness to make sure all my needs were met".

Community Nursing

"I was spoken to clearly and sensibly and listened to in the same way, so it was a useful discussion".

MOSAIC

"They were very supportive of my wife. They put her at ease, arranged equipment from the Red Cross, which made a difference, and they continued support until she was on the road to improvement".

"The team are excellent. They listen. They do what they say they will do. They communicate effectively. I am known to the speech therapist, OT, Parkinson's nurse, mental health nurse, physio and two APs. They visit me. Other teams give me a phone number".

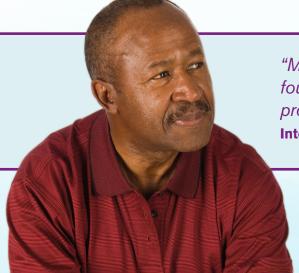
Community Neurology Team

"The whole procedure with the district nurses and following COVID-19 regulations and treatment was excellent; very friendly nurses. They talk and make me feel comfortable. Keep it up, congratulations to the team".

Community Nursing

"Attention from carers was very good - nurses and physios were excellent. From being unable to do anything without assistance, to progress through to being discharged – very, very good"

Community Beds Team



"My wife rang as she was worried. Within four hours a lovely nurse came out and a proposed plan of action was put in place".

Integrated Respiratory Service

Comments

Children's Services

"The health visitors were being so patient and helpful for a new-born. They gave me regular call for breastfeeding care and a lot of suggestions".

Health Visiting

"I have dyslexia and my family nurse has worked with me to make things easier for me to read and understand".

Family Nurse Partnership

"Listened to my thoughts and opinions and what I am going through. Also gave me things that could help".

Community Public Health Nursing

"I learnt so much about children and brain development and attachment. So now I understand my child better and I am being the best parent I can".



"They make sure they work around us mums and help to make positive impacts on us and our children".

Family Nurse Partnership

Comments

Urgent Treatment Centre

"Quick, friendly, informative, professional staff. Took time to listen and explain everything so you leave understanding what is wrong".

"Super-fast service, felt very COVID safe. Mostly friendly staff and all very professional. Got a diagnosis and a prescription in about an hour without an appointment".

"I can't really speak English and they still treated me very well and really explained everything". "The service went seamlessly from the point where I rang NHS 111 and they made an appointment for me to be seen at the Urgent Treatment Centre a few hours later on the day. I was seen by an experienced practice nurse and she assessed professionally and had promptly arranged X-ray on the site and referred me to Fracture Clinic for the next day appointment. Very efficient and professional service, as well as every staff I interacted with were very caring and professional".



Reivew of quality performance 2020-2021

In this part of the report we look back at the progress made against the quality priorities we set for 2020/21. These priorities together address the three domains of patient safety, patient experience and clinical effectiveness. For more information on the background to these priorities, click below to read last year's report.



Improve our medication safety in Adult and Children's Services

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

What we said we would do

We will introduce monthly medication training for clinical services.

What we achieved

We provided monthly essential medicine management training for our clinical services. We were able to deliver training sessions to our staff throughout the year, however the numbers attending has been lower than planned due to the impact of COVID-19. The training was attended by staff from across the clinical services including community nursing, continence services, matrons, health visitors and speech and language therapists and evaluated positively, making a difference to our staff's knowledge and competence.

We have established our interactive and joint non-medical prescribing educational forums and these have been attended by staff and evaluated positively.

Topics covered included:

- An introduction to clinical audit
- Antibiotic prescribing audit outcomes and learning
- Non-medical prescribing policy update
- Airways disease and COVID-19

The organisation has continued to ensure that incidents involving medicines are reported in a timely manner. All incidents which have been associated with patient harm have been discussed at the weekly Holistic Incident review group. Learning from these incidents has been widely shared across the organisation through the established governance processes.

This includes:

- A laminated copy of the 4 step process for the administration of insulin should be in each patient's folder kept in the patient home
- How to avoid drug errors the five rights of drug administration shared with teams
- An insulin task and finish group was set up to review all incidents relating to insulin administration and learning shared across teams

What we said we would do

We will establish non-medical prescribing management forums in Children's Services and Adult Services.

What we achieved

Separate non-medical prescribing forums for Adults and Children's services have been planned for 2021/22. The sessions for Adult Services will include frailty and polypharmacy and for Children's Services will include the emollient formulary and dermatology prescribing guidance.

What we said we would do

We will share information via a learning newsflash on a quarterly basis

What we achieved

Newsflashes have been published including information on insulin, medicines management, controlled drugs and syringe drivers and have been well received by staff, ensuring learning across our organisation.



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

This priority addresses the areas of patient safety and clinical effectiveness. It follows on from quality priorities in previous years to reduce unnecessary harm and supports our work on Sign up to Safety and the fight against sepsis. Training for our people is important as sepsis is a complex and multifaceted condition that can affect multiple organ systems. It is difficult to diagnose and can present differently in different people.

What we said we would do

We will develop and implement a training package on recognition of sepsis in Children's Services.

What we achieved

A new training package has been designed for Children's Service staff, with training sessions commencing in October 2020. 88% of eligible staff have attended.

We believe it was critical to provide robust, clear and evidenced-based education to staff to ensure that the sepsis screening tool was embedded into practice.

What we said we would do

We will increase training compliance in adult community nursing and integrated care homes services.

What we achieved

Training provision on recognising the deteriorating patient and recognising sepsis for Adult Services has been increased. Due to the COVID-19 pandemic, training sessions were adapted to take place via MS Teams virtual training. There was a specific focus on promoting attendance from within community nursing and care homes services and the percentage of staff attending training has been monitored. Since April 2020, the percentage of clinical staff in these services who have attended training has increased by 23.8%. The training is now embedded as a core part of essential clinical skills and will continue to be offered and targeted within services to continue to increase the uptake further.

What we said we would do

We will review Children's Services staff knowledge prior to the training package being introduced and after the roll out of the children's training package.

What we achieved

Data analysis demonstrated that participants have increased confidence in recognising signs of sepsis and on taking the appropriate action.

What we said we would do

We will give the information on sepsis that is detailed within the red book and discuss this with families when face to face contacts occur from the birth visit onwards.

What we achieved

We have seen an increase in sepsis discussions by 36% from quarter one to quarter two.

Work continues to add recodes to templates to prompt discussions at core contacts and we will take this forward until the end of June 2021 to ensure this is completed.

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

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

What we said we would do

We will improve the support and advice/information that our staff have available for carers.

What we achieved

Meetings have taken place with members of the Integrated Care System and lived-experience champions to collect regional and national literature.

An intranet page has been created with relevant materials taken from the POD and updated as needed, with new information incorporated. Staff and the patient experience group were consulted and suggestions noted and actioned.

The link to the information has been shared via all-staff communications and is being accessed by staff who are reporting the information to be beneficial.

What we said we would do

We will improve carer access to information by incorporating relevant literature and support information for carers on a new website platform.

What we achieved

Information continued to be uploaded onto the existing platform so patients and carers had information before our new website was launched. The new website has been live since April 2021.

What we said we would do

We will ensure staff have easy access to carer information by updating our intranet and sharing targeted communication in the staff newsletter, Cascade.

What we achieved

A carer information intranet page has been created in the 'Resources' section of the intranet - brought forward from the information only available on the POD for staff to easily access resources.

Procurement of a new intranet provider to progress this work further has been delayed due to the pandemic.

We continue to share updates in the staff newsletter, Cascade.

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

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

What we said we would do

We will include a representative from Children's Services on quality visits to 0-19 services (including Urgent Treatment Centre, Dietetics and Continence where applicable).

What we achieved

The process for conducting virtual quality visits (QV) was developed over 2020, with this innovation driven by the requirements of the COVID-19 response. Moving forward this will ensure patient representatives who do not have the time to come to a physical QV will be able to take part. Quality visits are due to restart in 2021/22 to include Children's Service representation.

What we said we would do

We will set up a patient group within Children's Services to feed into the patient and public committee (PPC).

What we achieved

Terms of reference were agreed at our PPC in April 2021 for the children's services improvement group (CSIG). Four local community organisations have agreed to join the group as our initial members. Recruitment of parent service user representatives will continue through 2021.

What we said we would do

We will improve engagement with the wide variety of adults using CityCare services, with a focus on our MOSAIC and diabetes services.

What we achieved

Surveys for MOSAIC service users have been circulated both in paper and through the Smartsurvey website.

Online surveys have been rolled out to other services and groups, including hip & knee, cardiac rehab, and DESMOND (diabetes) virtual groups. All of the services so far have had overall satisfaction ratings of over 95%. Details of feedback have been provided to each individual service and data shared at the PPC. A deep dive into the 5% not positive and areas of improvement will take place in July 2021's PPC.



Priorities for quality improvement 2021-2022

To produce our Annual Quality Account we have engaged with staff and stakeholders including through an online consultation event attended by a number of our non-executive directors and representatives from Healthwatch Nottinghamshire and the Nottingham and Nottinghamshire CCG.

We reviewed our feedback from a diverse range of patients/service users over the last year, from feedback forms, web feedback, comment cards, complaints and engagement events and this has also helped us shape our priorities. We have also used the results from our staff survey in developing our priorities for the next 12 months.

From all the discussions and feedback received, we set four new priorities for 2021/22.



Retention of our registered nurses and allied health professionals

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

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

This priority will focus on:

- Retaining our experienced, highly skilled registered nurses and allied health professionals
- Expanding our novice to expert programmes to create opportunities for our clinical workforce

- Review the turnover dataset for registered health professionals in CityCare
- Evaluation of "test and learn" programmes
- The number of staff currently engaged in clinical apprenticeships and advanced clinical training roles.





Quality huddles

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

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

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

This priority will focus on:

- Roll out of quality huddles across six clinical services
- Newly qualified staff
- Pressure ulcer best care
- Care planning

- Number of quality huddles taking place per month
- Survey staff on impact of implementation of quality huddles
- Reduction in the number of new pressure ulcers
- Continued stable quality metrics





Supporting our young carers in Children's Services

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

This priority will focus on:

- Identification of young carers in our Children and Young People's Service
- A supportive package, co-designed together
- Listening to experiences which will shape and design our offer

- Implementation of a virtual support offer
- Launch of information co-designed with our young people





Improving the health of the population we serve

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

This priority will focus on:

- Diabetes
- Vulnerable adults in our community nursing service
- Working with our partners in our primary care networks

- We will see an improvement in data and we will agree in quarter one the metrics to be monitored to demonstrate progress with the actions we take in CityCare
- We will understand our population needs and have targeted work to support the local populations we serve
- We will be able to demonstrate working with our partners across our health and social care footprints working with the City ICP and Primary Care Networks.



Board assurance

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

Review of services



During 2020/21 CityCare has continued to provide community services under our contracts with the CCG and Local Authority.

As an organisation we have worked incredibly hard with all system partners to deliver care to our population throughout the pandemic. This has required a flexible approach to deliver safe, effective and compassionate care and our workforce has been dynamic and flexible to meet service need. At times we have been required to reduce elements of our service offer due to our staffing levels and the need to redeploy our staff into our urgent community services; however, we have always maintained a service offer across all of our clinical services.

CityCare has followed the national guidance issued for our Children's Services which has enabled us to continue to prioritise the delivery of the healthy child programme in order to meet the needs of children, young people and families, as well as to safeguard vulnerable children and families. Throughout the pandemic we have continued to assess new mothers' emotional health and offered additional listening visits if there was an identified need.

We have also promoted Text Health as a confidential texting service that parents or young people can access if they need support with their emotional well-being. We have continued to offer and deliver COVID-19-safe drop-in clinics in all secondary schools when access has been granted.

To ensure the ongoing quality of our services, we have robust measures in place to monitor activity performance and waiting times, levels of clinical risk, workforce data and financial budget variances. This data is then triangulated alongside patient feedback, compliments and complaints. All data is submitted as part of our contract compliance to the relevant commissioner. It is also shared with the Board and sub-committees as part of the governance arrangements.



Participation in clinical audits

We continue to focus on service improvement and outcomes from local audits to ensure that clinical audit is used appropriately as a driving force for change and improved outcomes for patients. During 2020/21, three national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

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

The national clinical audits that CityCare participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit:

- National Asthma and COPD Audit Programme - Pulmonary Rehabilitation:100%
- Sentinel Stroke National Audit Programme:100%
- National Audit of Cardiac Rehabilitation: 100%

The reports of 26 local clinical audits were reviewed in 2020/21 and CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical audit project	Key actions/learning
Record Keeping Audits 2020/21 (Separate projects by 14 services)	Services have their own action plans. Of themes previously identified, use of abbreviations has improved notably and there has been a small improvement in recording of mental capacity assessments; however, recording of allergy status still requires further work.
Catheter Care Plans Clinical Audit 2020	The audit showed a number of improvements in practice. Further work is required on personalisation of care, recording indication for catheter and date of next change, and use of catheter passports. SystmOne care plans to be reviewed, catheter passports work to continue, and work being done with Nottingham University Hospitals (NUH) on discharging patients with catheters into the community.
Front Door Integrated Discharge Team Review of Initial Assessment Documentation Clinical Audit 2020-21	The team has improved its method of documenting initial assessments through development of standardised headings in combination with guidance notes. Two phases of audit have demonstrated an improvement in the level of completion of patients' notes, which in turn impacts positively on patient experience.
Leg Ulcers Clinical Audit 2019-20	As a result of the audit, new equipment has been purchased to help support nurses undertaking a leg ulcer assessment to make it quicker, and a new leg ulcer training programme has been developed.

Clinical audit project	Key actions/learning
Medicines Administration Record Chart Clinical Audit 2018-20	The audit highlighted good practice and improvements over time. There were some issues with medicines reconciliation charts, signatures on MAR charts for creams and EKOS8 goals. The medications training is to be updated and refresher training provided to staff.
Mental Capacity Act Clinical Audit 2019-20	Results showed assessments are not always prompt enough; when patients lack capacity this is not always reflected in future documentation or reviewed in a timely manner and there was a decrease in recording of best interests decisions. Actions in place include a review of training, updating resources, proactive approach with complex cases, and further partnership working.
Resuscitation Clinical Audit 2019-20	All appropriate measures were taken and there are no further actions at this time.
Safeguarding Multi- Agency Audits: Child Sexual Abuse Jan 2020	Issues highlighted included narrow focus of some assessments, delayed processes causing stress for families and outstanding health needs assessments. All organisations involved in the audits have agreed to feed back case management and practice issues to the allocated workers and, where appropriate, team managers.
Safeguarding Think Family Clinical Audit 2019-20	Safeguarding web pages to be promoted and updates sent out more widely. Themes from monthly call audits now being compiled. Every service area now has an identified Safeguarding Champion. Mandatory training to reiterate that asking about domestic abuse is part of everyone's role, and the importance of body maps for injuries. Increased visibility of Safeguarding team at bases.
School READY Clinical Audit 2020	READY tool to be subject to wider evaluation and research in order to consider validation. Standard operating procedure and template to be updated. Further amendments to improve data information and sharing between partner organisations. Training to be reviewed and updated to incorporate findings.
Stroke Rehab Support Worker Visit Planner Clinical Audit 2020	Implementing the planner has been a positive benefit to the service and patients. Some issues with coordinator time required, double bookings, and planner access. More assistant practitioners to be trained as coordinators, and training offered to team members.
Urinalysis Clinical Audit of the Urgent Treatment Centre 2020	Practitioners are assessing patients in line with previous guidance rather than the updated PHE guidance; urine is being dipped too frequently and midstream specimens of urine (MSUs) sent when not required, and delayed prescriptions are under-utilised. Following actions, improvement has been observed across all practitioners in assessment and treatment of uncomplicated UTIs, delayed prescriptions are be utilised more.

Participation in clinical research

Research is an essential element to support the improvement of patient outcomes, transformation of health services, provision of better quality care and improved use of resources. At CityCare, we seek to provide patient care that is amongst the best in the region. We use national benchmarks to measure our effectiveness whenever possible.

From April 2020 to March 2021, CityCare recruited 23 portfolio study participants and 11 non-portfolio study participants, totalling 34 participants.

During the first quarter, **11** non-portfolio participants were recruited but no further recruitment occurred, arguably because of the pandemic. Portfolio study recruitment continued throughout the year; nonetheless, this recruitment rate represents a reduction on previous years.

Reflecting the ongoing pandemic and requirement to prioritise clinical activities, during the spring and summer of 2020 CityCare's leads on research prioritised clinical

practice over clinical research.

Research achievements during 2020/21

Nordic walking and Parkinson's Disease:

The first year of funding from a National Institute of Health Research (NIHR) Senior Investigator award and match-funding enabled the completion of a project by a specialist Parkinson's nurse within the Neurological Service. This examined the provision of Nordic walking in people living with Parkinson's disease.

The positive results of this study enabled several presentations which culminated in a successful request for funding from the executive team. This funding facilitates the formation of work to engage those hard to reach populations in Nordic walking, a physical activity that is both beneficial and accessible. A paper has also been accepted for the British Journal of Neuroscience Nursing.

Other NIHR funding:

In the second year of the NIHR funding, two applications were successful. The NIHR funded one of these and the CityCare executive team authorised a request for match funding. Consequently, both projects are ongoing:

- An OT evaluation and development of a screening tool for cognitive impairment in the presence of stroke.
- The development of ways to engage young mothers' support bubbles in the promotion of demand feeding.

Other projects:

- A competitive Research for Patients' Benefits (RfPB) tender has been submitted to the value of £149,000. This has the potential to explore the effects of aging in people with cerebral palsy and rehabilitation techniques.
- The Femur-3 randomised controlled trial exploring the provision of hip fracture rehabilitation paused due to the pandemic but has now recommenced with reduced rates and a total of 45 participants have now been recruited to the study.
- The large Falls in Care Homes (FinCH) study that explored and developed preventative interventions for use within care homes has now entered its next phase. FinCH involves research fellows alongside members of CityCare's Integrated Care Homes Service. Working with Sheffield University, a study exploring exercise in people with lower limb ulcers, has been submitted to the NIHR for funding.

We have completed the First Point of Contact Physiotherapy at stage three. This programme aimed to optimise service design and delivery and has identified the need to explore barriers, reach agreement on the most appropriate model, and determine the model's effectiveness at reducing the workload of GPs. It is now being extended to an evaluation of the service in Scotland and Northern Ireland.

In the autumn of 2020, a study opportunity was identified and internal funding granted to the value of £10,000. The rapidly formed project investigated the effect of the pandemic in regards to the provision of health and care within care homes. In the formation and analysis of several focus groups, a research assistant and administrative support were successfully recruited; both benefitted from skills training. The findings are being disseminated and will form the basis of further work within the Integrated Care System.

The popular 'Munch while you learn' sessions that provided audit, service evaluation and research skill training were paused.

A positive feature of the pandemic has been an increased awareness of the benefits of virtual presentation platforms. As the programme restarts, sessions will make full use of this technology. Moving forward, the research strategy review is due to be completed by September 2021. This work will see an increased level of audit and research integration.

Statement on Care Quality Commission (CQC) registration

Nottingham CityCare Partnership is required to register with the Care Quality Commission (CQC) and its current registration status is registered to provide services. The organisation has no conditions on registration. The CQC has not taken enforcement action against the organisation during the reporting period.

Nottingham CityCare Partnership's current registration is ranked as 'Outstanding'. CityCare has not participated in any special reviews or investigations during the reporting period.

Data quality

Over the last few years CityCare has strived to improve data quality and the Information Team have worked closely across its broad range of services. The impact of the pandemic has seen an unprecedented response across CityCare, with re-deployment plans seeing many staff working in new teams and across new areas, which has brought challenges for information gathering.

Systems have been adapted to capture the virtual nature of care, such as telephone or video call assessments when face-to-face assessments were not suitable, and tools introduced to support waiting times have been adapted. The Information Team will work with individual services as part of the recovery plan to ensure their data is fit for purpose.

NHS Number and General Medical Practice Code Validity

As a community service provider, CityCare submits information against the national Community Services Data Set (CSDS) for contacts with community services and the Mental Health Services Data Set (MHSDS).

In addition, CityCare also submits information as Emergency Care Data Set (ECDS) for attendances at the Urgent Treatment Centre.

For the reporting period 2020/21, CityCare data reported a rate of 99.7% of referrals with a valid NHS Number.

Data Security and Protection Toolkit attainment levels

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

This is the third submission of the new DSPT hosted by NHS Digital. The DSPT is an online self-assessment tool that enables CityCare to measure performance against 10 national data security standards comprising of 40 assertions.

The standards are:

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

Within these assertions there are currently 45 mandatory evidence requirements. CityCare will submit its Data Security and Protection Toolkit in June 2021.

Clinical coding error rate

As a community service provider, CityCare is not subject to clinical coding for Payment by Results and therefore will not be involved in the audit for 2020/21.

Incident reporting

There were 1,554 patient safety incidents reported via Datix compared to 1,740 incidents last year. Of those, 273 were graded as moderate harm compared with 304 reported last year.

CityCare promotes incident reporting and our incident reporting mechanism is communicated widely through policy, training and management lines. The measures include processes for the timely reporting, investigation and management of serious incidents. In 2020/2021, we reported 29 serious incidents (three less than in 2019/20) via the national serious and incident system (STEIS).

Pressure ulcers account for the highest number of incidents reported and finding ways to improve pressure ulcer prevention remains a priority for us. A task and finish group has been set up to focus on specific areas identified over the last 12 months.

We are committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions are taken to reduce the risk of recurrence. Weekly meetings are held within the organisation to ensure these conversations take place when reviewing all moderate harm incidents. This ensures any immediate learning is taken to prioritise patient safety. Our people tell us that the newsflash method is the best way to share any immediate learning and we continue to use this format across the organisation.

Commissioners are able to raise queries with us regarding any of the incident reports we submit. To measure improvements in the quality of our serious incident reporting, we aimed for a reduction in the number of reports returned with queries. Over the past twelve months we focused on reviewing and quality assuring these reports centrally before making a final submission. Thanks to this work, we have seen a decrease in the number of queries raised by commissioners.

Action plans resulting from serious incidents continue to be monitored, with updates on the number outstanding actions provided to the Serious Incident and Learning Forum on a monthly basis.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. CityCare had no Never Events in 2020/21.

Freedom to Speak Up

We are committed to promoting an open and transparent culture across the organisation to ensure all members of staff feel safe and confident to Speak Up. Our Director of Nursing and AHPs is the Executive lead for FTSU and the FTSU Guardian is our Head of Quality.

Our FTSU Guardian has a key role in helping to raise the profile of speaking up by providing confidential advice and support to staff in relation to any concerns they have which relate to their work. This may include concerns about patient safety, staff safety and staff well-being. The Guardian is supported by our FTSU Champions who play an important role in encouraging staff to raise concerns at the earliest reasonable opportunity. They act as ambassadors for the Speaking Up Policy and they receive training to support them in their role. The team is proud to currently include 12 FTSU Champions.

The Communications team has supported the FTSU team to develop a section on the intranet dedicated to FTSU. The team, with senior management and Board support, is dedicated to encouraging all staff to feel confident to 'speak up' if they have a concern.

The team has developed an FTSU poster which it encourages staff to display in team areas and FTSU badges which champions wear in order to ensure their visibility to all staff in bases. The team also wears FTSU T-shirts to promote speaking up when attending meetings/bases. They are proud to be FTSU champions for the organisation.

In January 2021 the team held a Tree Drawing competition for FTSU with Read On Nottingham. We wanted to have our own local representation of the FTSU tree and we were delighted with the response from local children who entered the competition. We were delighted as an organisation to have some of our Executive Directors judge the entries which was incredibly difficult as the standard was so high. Read On Nottingham provided a little gift for everyone that entered and the winner received a pack of books and craft materials donated by Read On Nottingham.

The winning FTSU tree image is to be included as part of our internal FTSU email banner.





The FTSU team meets monthly and its achievements over the last twelve months include:

- FTSU is one of the prompts on the Quality Safety walkabouts. Walkabouts are undertaken by the Director of Nursing and AHPs (on occasions accompanied by a non-executive director), assistant directors for Clinical Services and Heads of Clinical Services, Family Nurse Partnership Supervisor and Head of Quality. One of the champions is reviewing these to determine any themes coming from staff.
- Following discussion with the Organisational Development Lead, a letter was sent to all staff's home addresses detailing what FTSU is along with the new staff support cards. This has ensured that all staff are aware of the organisation's commitment to speaking up.

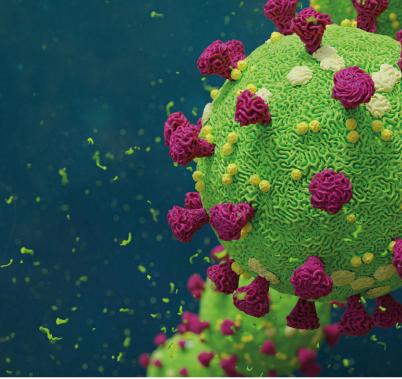
CityCare continues to promote FTSU and to support and welcome new champions to the team.

Other quality measures

Infection Prevention and Control - Zero Tolerance to Avoidable Infections

The last year has been an incredibly challenging time for infection prevention and control across CityCare. The organisation has been continuing to ensure the safety of our patients and staff whilst at the same time having to learn about the transmissibility of a novel virus (COVID-19) and implementing the measures required to prevent the transmission of infection.

The Infection Prevention and Control (IPC) team assessed the organisation against the nationally produced board assurance framework (BAF) for IPC during COVID-19. The IPC BAF links to the organisational risk register and the team has continued to update the quality committee monthly, escalating any areas of concern and identifying and implementing any mitigating actions required.



Working across the local health economy

The strength of the links built between IPC teams across the local health economy over the last 20 years have ensured consistent messaging and support for all partners within health and social care to maintain quality, safe and effective care.

Over the last year, the CityCare IPC team has monitored and reviewed 174 outbreaks relating to COVID-19 across a wide range of care delivery settings including care homes, supported-living facilities, homeless hostels and children's homes. The team has provided rapid in-reach services, swabbing individuals within these settings to ensure prompt diagnosis and reviewing the measures in place to reduce the risk of onward transmission.

The team has also reviewed a plethora of COVID-19 related IPC guidance over the last 12 months and adapted this locally to ensure that staff have access to up-to-date information to ensure safe and effective care.

Monitoring other infections

Over 2020/21, CityCare's IPC team has continued to monitor all the standard alert organisms (MRSA, Clostridium difficile and E.coli blood stream infections) to ensure that individuals receive the appropriate treatment and to review if there are any lessons to learn to prevent such infections occurring in the future. The CityCare pledge is zero tolerance to avoidable infections and this drives the annual IPC programme of work.

Due to the pandemic no health economy targets for IPC were published for 2020/21, however local monitoring and surveillance has continued, with the targets set for 2019/20 remaining.

During 2020/21 progress against the local targets for the health economy has included:

- Two MRSA blood stream infections have been attributed to Nottingham City and neither had CityCare involvement in their care. However, the lessons learnt from both cases were applicable to all health care settings and have been shared across the health economy.
- 64 Clostridium difficile cases were attributed to the City against a target of no more than 61 cases. All cases deemed to be community acquired are reviewed to further develop an understanding of the risk factors for infection. Out of 39 reviews undertaken, five were found to have a lapse in care and these have been shared with the individual providers involved in care. All five lapses were due to inappropriate prescribing by individual clinicians and none of the clinicians were employed by CityCare.
- E.coli blood stream infection surveillance identified 257 blood stream infections attributed to Nottingham City out of a target of 266. These include those acquired in secondary care as well as in the community. 204 were deemed to be community acquired, of which 90 were found to have health care acquired risk factors. These have been further reviewed to identify if there have been any lapses in care. The health economy group for E.coli blood stream infections has not met during the COVID-19 pandemic due to workload but work has been ongoing following the reviews of cases and a standard operating procedure for bladder scanning is being reviewed.

- The five year IPC strategy for CityCare has been reviewed and ratified.
- IPC policies and leaflets have been reviewed in accordance with the annual programme of work.
- Antimicrobial stewardship work has continued and CityCare is represented on the local Antimicrobial Stewardship Group (AMR).
- 83% of front line clinical staff delivering our Out of Hospital contract received an influenza vaccination this year, which is a 3% increase on the previous year.
- As at end of March 2021, 92% per cent of clinical staff have received infection prevention and control training. This is closely monitored each month to ensure figures remain high.
- Cleanliness and environmental audits of health centres have not been undertaken during 2020 due to the COVID-19 pandemic, however quality walkabouts have continued. Any concerns they have raised in relation to cleaning have been addressed and all sites now have increased cleaning during the middle of the day in line with national guidance.

Equality, diversity and inclusion

From April 2020, the demands of the COVID-19 response have impacted on our equality, diversity and inclusion (EDI) work, with new areas of focus being introduced to protect those who may be at higher risk during the pandemic.

Assessing the impact of COVID-19 on vulnerable groups

In response to COVID-19, EDI work included introducing and leading on a COVID-19 risk assessment for vulnerable groups, with training for managers, translation of information into a range of languages for patients and the public in clinical settings, and the development of easy read formats and videos for people who are hearing impaired.

We increased our support for those staff groups identified as particularly vulnerable to COVID-19 such as black and Asian minority ethnic (BAME) colleagues, those with a disability, pregnancy, high body mass index (BMI) and older age. This included targeted messages and information, staff and support sessions with our EDI Lead, HR, Infection Control and senior managers.

Support for BAME colleagues

We have also increased our support for BAME colleagues as a result of identified high risk of COVID-19 and the Black Lives Matter movement. Fortnightly BAME listening events were introduced with Board members to provide local and regional information and to allow staff to ask questions and feed back. These have evolved into monthly sessions along with bereavement support sessions.

The staff network support group was paused due to COVID-19 at the request of staff due to workload during this time. We are currently in the process of re-establishing the staff network support group and will empower the group in decision-making responsibilities.

Protected characteristics workforce data

Data for 2020/21 shows:

- An increase in the amount of staff declaring a disability
- An increase in the representation of disabled employees
- An increase in the amount of staff declaring their sexual orientation
- A decrease in the amount of black and minority ethnic staff employed in the organisation
- The largest number of staff are within the 51-55 age band
- The largest number of staff declare their religion as Christianity.

In order for the workforce to reflect the population CityCare serves, we will review and overhaul our recruitment processes and identify which staff groups are under-represented including black and minority ethnic staff and staff with a disability.

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

Training and resources

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



Equality training is provided at corporate induction to all new starters. Our Board and senior leaders have completed cultural intelligence training to provide them with the tools to drive cultural change within the organisation.

Cultural awareness training for challenging mindsets is also being rolled out to managers and supervisors to demonstrate the importance of cultural awareness and working across cultures, communicating effectively in a supportive and sensitive manner, having difficult conversations and a personal respect for differences.

In addition, our reciprocal mentoring programme promotes diversity in decision-making and gives our staff from under-represented groups the opportunity to work with senior managers.

Staff have access to specialist courses including the BME leadership course. We have worked with the National Leadership Academy and our partner organisations to develop a bespoke BAME talent management course which will follow candidates from learning through their employment progression.

The second part of the course was paused due to COVID-19 with participants having the opportunity to connect with each other until the re-establishment in June 2021.

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

We have engaged with our partner organisations to deliver virtual EDI celebration events to share information, stories, resources and connections across Nottingham and Nottinghamshire. These have included Pride, Black History Month and Disability History Month.

Access to services

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

During 2020/21, the COVID-19 pandemic has affected the delivery of our community services. We ensured a coordinated response by considering staffing levels within critical service functions and the location of clinics, with virtual services and communication introduced where possible. The support of remote interpreters was arranged where necessary and services continued to address individual needs connected to relevant protected characteristics such as disability, language, cultural or religious requirements when delivering critical functions. We also gave consideration to patients with a disability who were unable to attend clinics.



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

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

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

Accessible Information Standard

The Accessible Information Standard (AIS) ensures that disabled patients, service users, carers and parents receive information in formats they can understand and that they receive the appropriate support to help them to communicate.

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

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

Satisfaction levels across our services from people describing themselves as having a disability remain high.

On the patient satisfaction survey question "How well did the service meet your overall satisfaction?":

- 2,675 patients/service users responded who consider themselves to have a disability or a long term condition
- Of these, **2,642** (98%) rated the service as very good or good
- No incidents of being unable to meet a specific communication need have been logged in 2020/21 and no complaints have been made in relation to specific communication needs not being met.

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

Sexual Orientation Monitoring Standard (SOM)

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

CityCare teams/services collate the sexual orientation of patients aged 16 and over to establish if they are accessing our services or if there are gaps which need to be addressed.

We have updated the sexual orientation categories on our demographic data collation forms and our electronic recording systems, in line with the SOM, and training has been developed and rolled out to staff with bespoke team/service briefings. Guidance on "Happy to Ask, Happy to Tell" is available to support in sensitively collating this data.



Staff survey results

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

In 2020 we took part in the NHS Staff Survey which ran from October to the end of November. We received responses from **590 staff**, a response rate of 54 per cent.



This is an eight per cent reduction in the response rate from 2019 (54 fewer responses); however, while we did try to facilitate staff completing the survey, we feel this fairly reflects the pressure our staff were under at the time due to the COVID-19 pandemic response.

Key results included:

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

Organisation acts on concerns raised by patients/ service users

84% 81% 66%

I would recommend my organisation as a place to work

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

CityCare also showed improved results in the following areas from 2019 to 2020:		2019	2020
Q3c	Able to do my job to a standard I am pleased with	74%	80%
Q4f	Have adequate materials, supplies and equipment to do my work	49%	75 %
Q4g	Enough staff at organisation to do my job properly	28%	42 %
Q4j	I receive the respect I deserve from my colleagues at work	75 %	80%
Q5f	Satisfied with extent organisation values my work	46%	57 %
Q5h	Satisfied with opportunities for flexible working patterns	62%	69%
Q9a	I know who senior managers are	85%	90%
Q9b	Communication between senior management and staff is effective	41%	49%
Q11a	Organisation definitely takes positive action on health and well-being	27%	43%
Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	41%	55 %
Q15b	Not experienced discrimination from manager/team leader or other colleagues	94%	97%
Q17c	Would feel confident that organisation would address concerns about unsafe clinical practice	67%	73%
Q18c	Would recommend organisation as place to work	57%	66%
Q18d	If friend/relative needed treatment would be happy with standard of care provided by organisation	78%	83%

The survey also highlighted some issues for us to address:

- Q16a Organisation treats staff involved in errors/near misses/incidents fairly
- Q2c Time often/always passes quickly when I am working
- Q9c Senior Managers try to involve staff in important decisions
- Q2b Often/always enthusiastic about my job
- Q19b I am unlikely to look for a job at a new organisation un the next 12 months

These will be key areas to focus on in our action plan this year and we will work with relevant managers and staff to ensure we find out why these have come out as issues to address and take relevant actions where possible to improve them.

We have developed an action plan from the staff survey 2020 results and this will progress through a staff survey implementation group, which will feed into the HR and OD Group. The staff survey implementation group consists of staff from across the organisation including services, corporate, non-clinical staff, Trade Union Partnership and senior management.

Quarterly reports will be provided to the Board on the delivery and feedback of the action plan and staff feedback from pulse checks. In addition to the action plan, a 'You Said, We Did' programme has been created from the actions and feedback at the staff survey implementation group, staff survey engagement sessions, team meetings, for example. The 'We Did' element of this document will be updated each month to show staff progress on these areas.

We also take part in the NHS People pulse surveys each month, which use nationally agreed questions from what staff are feeding back in things like the staff survey.

We will measure the progress and success of the action plan and You Said, We Did programme in the following ways:

- Monitoring sickness statistics (including % of sickness attributed to work related stress)
- Monitoring turnover and vacancy statistics
- NHS People pulse surveys
- Engagement with staff throughout the year
- Senior Managers regularly attending team meetings to check-in and find out how teams and staff are.



Equality and diversity and the staff survey

Results from the staff survey inform our Workforce Race and Workforce Disability Equality data and subsequent staff engagement sessions are held to produce a You Said We Did action plan.

The historical comparison of equality-related questions in the table below shows:

- Year on year improvement, since 2018, in the number of staff who believe the organisation acts fairly in career progression.
- A slight decrease in 'disability: organisation made adequate adjustments to carry out my work' compared to the previous year (-1%).
- A decrease in employees who reported experiencing harassment, bullying or abuse from either patients/public or from managers (-4% and -1% respectively from 2019).
- An increase in employees experiencing harassment, bullying or abuse from their colleagues (+1%) since the previous year.
- A decrease in areas around discrimination, whether from patients/public or managers/colleagues, compared to the previous year (-1% and -3% respectively).

	2017	2018	2019	2020
Experienced harassment, bullying or abuse from patients/public	24%	23%	23%	19%
Experienced harassment, bullying or abuse from managers	7 %	6 %	7 %	6 %
Experienced harassment, bullying or abuse from colleagues	14%	13%	13%	14%
Experienced discrimination from patients/public		4%	5%	4%
Experienced discrimination from manager/team leader/colleague		5%	6%	3%
Believes organisation acts fairly in career progression		84%	88%	91%
Disability: organisation made adequate adjustments to carry out work		75 %	80%	79%

Workforce Race Equality Standard (WRES)

The WRES was undertaken in 2020 and the data shows there was a decrease in BME staff within the organisation by 2.61% to 13.3% from the previous year. There has been an increase of BME staff within Agenda for Change (AfC) bands 3, 5, 6 and 8a and a decrease in AfC band 7. There was a decrease in BME candidates appointed from shortlisting.

The table below shows generally a poorer experience for BME staff compared to white staff in bullying and harassment with the exception of from patients and public. Compared to the previous year, there was a slight increase in bullying and harassment from patients/public and colleagues. Discrimination had also increased for BME staff.

CityCare breakdown by ethnicity	White ethnicity	ВМЕ
Experienced harassment, bullying or abuse from patients/public	19%	15%
Experienced harassment, bullying or abuse from managers	5%	11%
Experienced harassment, bullying or abuse from colleagues	13%	25%
Experienced discrimination from patients/public	3%	12%
Experienced discrimination from manager/team leader/colleague	2%	12%
Believes organisation acts fairly in career progression	94%	76 %

A WRES action plan was produced in consultation with staff network support groups including the Race Religion and Culture Group, the BAME Listening Group and the Human Resources and Organisational Development Group. The agreed focus for actions included percentage of staff experiencing bullying and harassment from patients/public and/or colleagues, BME candidates being appointed from shortlisting and Board membership.

In April 2020, a regular 'Listening Meeting' was established with Board members to provide the latest information and support BAME staff to raise concerns around the impact of COVID-19 and bullying and harassment and discrimination. Feedback was also given to staff from the Regional NHS England & Improvement BAME Network Meetings.

Actions were also introduced to comply with the NHS People Plan and Model Employer to support both the WRES and Workforce Disability Equality standard (WDES) agenda.

These actions include:

- COVID-19 risk assessments
- Producing a toolkit to support managers in having well-being and EDI conversations during management supervision
- Tackling bullying and harassment and discrimination by creating a culture of civility and respect
- Reviewing recruitment policy and process to ensure our staff reflects the diversity of the community
- Actions to ensure that senior leadership represents the diversity spanning all protected characteristics
- Cultural training.

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

Workforce Disability Equality Standard (WDES)

CityCare undertook the WDES for the second time in 2020. Results showed an increase in the number of staff within CityCare with a disability. The highest proportion of staff with a disability are in AfC bands 5, 6 and 7 with the lowest in AfC bands 8c and above. There was a decrease in the number of candidates with a disability being appointed from shortlisting; staff with a disability were more likely to enter the formal capability process and there was an increase in bullyingand harassment from managers and colleagues by 1%.

Metrics derived from the annual staff survey are shown in the table below. Results show that staff with a disability generally have a poorer experience of bullying, harassment and abuse than staff without a disability with the exception of experiencing discrimination from the patients/public. 79% of staff with a disability report the organisation has made adequate adjustments to carry out their work.

CityCare breakdown by disability	Staff without a disability	Staff with a disability
Experienced harassment, bullying or abuse from patients/public	19%	20%
Experienced harassment, bullying or abuse from managers	5%	8%
Experienced harassment, bullying or abuse from colleagues	11%	20%
Experienced discrimination from patients/public	4%	3%
Experienced discrimination from manager/team leader/colleague	1%	9%
Believes organisation acts fairly in career progression	92%	88%
Disability: organisation made adequate adjustments to carry out work	*	79 %

A WDES action plan was produced in consultation with staff network support groups and the Human Resources and Organisational Development Group. The agreed focus for actions includes recruitment, bullying and harassment and a deep dive into the formal capability process. Consideration and inclusion has also been given to the NHS People Plan around review of recruitment practices, bullying and harassment, EDI wellbeing conversations during one-to-one management supervision, cultural training and senior leadership represents the diversity spanning all protected characteristics

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

What our stakeholders think



Nottingham City Council Health Scrutiny Committee

The Nottingham City Health Scrutiny Committee (the Committee) welcomed the opportunity to discuss its Quality Account 2020/21 with colleagues from Nottingham CityCare Partnership and is pleased to be able to comment on it.

As the Committee has not undertaken any scrutiny of CityCare during 2020/21, its comments are restricted to planned priorities for 2021/22.

The Committee recognises the pressures of the pandemic on the organisation, both in terms of service provision and the impact on patients and staff, and how this will have influenced the way services have been provided in 2020/21.

The Committee welcomes CityCare's continuing commitment to focus on staff retention and its recognition that the care it provides is only as good as the workforce which delivers it.

Considering more varied ways of encouraging existing staff to obtain the required skills and abilities to develop and progress, without having to follow a purely academic route, is very much supported by the Committee. In addition, the Committee welcomes plans to provide staff with the time to discuss and reflect on their practice, the impact on the patient of team culture and how they manage their most challenging cases. This investment of time in staff will contribute to patient safety and a more positive experience for both the patient and the staff caring for them. Addressing health inequalities is one of the Committee's priorities for 2021/22. It welcomes the explicit mention of this as a priority for CityCare in 2021/22 and looks forward to working with the Partnership on this the future.

24 May 2021



Healthwatch Nottingham and Nottinghamshire

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

As part of this role we have taken the opportunity to review and comment on the CityCare 2020- 21 Quality Account report.

The Account acknowledges the challenges of engaging with patients and service users over the last year because of the precautions around Covid-19. The work of gathering feedback acknowledges the value of offering paper forms to allow written feedback as well as offering electronic/online routes. We hope that this is carried forward through all patient feedback as services are returned to a more normal delivery. Patient and service user feedback must not be distorted by digital exclusion.

We are pleased that ways were found to involve patients in Quality Visits despite the limitations of national rules, and we hope that this can be developed going forward so that more and a wider cross-section of service users can be involved; there is a real prospect of working better with the community served. Likewise, we feel there are opportunities to better represent and engage with communities by working jointly with partners through the Nottingham City Integrated Care Partnership, and we believe CityCare is well-placed to lead on this.

Future priorities focus on ensuring that the organization has the staff it needs to deliver the services it must offer, and to focus on the breadth, fairness of access and quality of such services. But any internal focus must continue to involve patients in the measurement of quality and the participation of patients in improving service design and delivery. The model of service redesign as undertaken by the MOSAIC pain management service of necessity in 2020 may prove valuable to other services as CityCare deals with issues around reach in minority communities.

CityCare has actively engaged in a new Healthwatch project - Listening, Signposting & Transparency with the public. This project involves:

- Reviewing and sharing best practice on assurance and governance of public communications, engagement and involvement between provider organisations;
- Developing an Appreciative Inquiry (Al) review process to support implementing change and best practice;
- **3.** Building partnerships between Healthwatch and provider organisations, while supporting integrated working between patient and public communications, engagement and involvement teams across providers.

For 2021/22 this project will explore system level provider scrutiny to reflect the move towards provider collaboratives. It will involve building partnerships and a process that supports the development of more integrated public communications, engagement and involvement.



Nottingham and Nottinghamshire Clinical Commissioning Group

Introduction

Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG) welcomes the opportunity to review and comment on the 2020/2021 Quality Accounts for CityCare.

NNCCG is committed to ensuring a high quality health service for our local population working as partners within the Integrated Care System (ICS) to improve health and change lives.

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

NNCCG wishes to extend special thanks to all CityCare staff for the noteworthy achievements that have been accomplished by working together to confront a global pandemic in addition to the work that they normally undertake. The landscape of constant change imposed by the Covid-19 pandemic has added an extra layer of complexity to the resilience normally expected of staff during their day to day working.

The staff of NNCCG wish to extend their sincere condolences to those members of CityCare staff who have lost family, colleagues and friends during the global pandemic.

Quality Oversight

Throughout 2020/2021 the CCG has continued to work with CityCare to monitor the quality of services delivered and continuous improvement through reviews of information on safety, patient experience, outcomes and performance. This has looked somewhat different to previous years with adaptations to regular quality assurance processes in order to support providers to release capacity back to frontline services, though delivery of safe and

good quality services has remained a priority throughout for providers and commissioners alike.

Achievements

CityCare ensure that the engagement of staff, patients and the public is continuous and meaningful. Participation from both staff and the public has been integral to Quality Improvement across CityCare from quality reviews and co-production of priorities.

The launch of the Children's Services Improvement Group is an example of an emerging co-production constituent to support the development of new and existing services.

CityCare has demonstrated the value and importance of research, evaluation and innovation. This includes a research bid to focus on improving the lives of their rehabilitation patients; participation in clinical effectiveness audits; targeted work with the hard to reach Parkinson population and the Nordic Walking Programme; as well as engaging in a study to further understand the impact of COVID within the care sector.

The online patient satisfaction survey indicated that CityCare continues to consistently provide a positive service achieving a 95% satisfaction rate. CityCare are committed to learn from feedback and analysing the outlying 5% to drive improvements.

Achievement against 2020-2021

Priorities: CityCare has provided a comprehensive overview of its achievements against the 2020-2021 priorities and the CCG congratulates and acknowledges the plethora of evidence.

Quality Improvements: Virtual quality visits and creative engagement activities are approaches which CityCare colleagues have taken in order to drive improvements.

Supporting Carers has continued to be a priority for CityCare. This has resulted in key improvements in relation to communication and support offers. Although some elements have been delayed due to Covid-19, the planning towards building this infrastructure is essential to ensuring that carers receive the support they need.

Learning from Incidents: A barometer of understanding patient safety is the use of information and learning around Serious Incidents (SI). During 2020/2021, 29 Serious Incidents (SIs) were reported to the CCG and zero Never Events. Pressure Ulcer related incidents accounted for the largest number of SI's and in response to the learning from these incidents CityCare established a Task & Finish Group to focus on prevention.

CityCare outlines the importance of cascading learning and recognising the need to ensure that staff embed the necessary actions.

Cascade of information has changed over time and staff have been engaged in the delivery of key messages. CityCare recognises when governance arrangements and information cascades need to flex and adapt in order to drive the necessary improvements.

CityCare received 19 Formal Complaints in 2020/2021. The majority of complaints (14) related to Out of Hours care and themes relating to the use or provision of Personal Protective Equipment (PPE), all matters were addressed and resolved. It is important to note the significant number of compliments across the service range, recognising the professionalism and kindness of staff.

Challenges

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

It is acknowledged that workforce and training plans have been impacted across the service and not where the service would want it to be. CityCare report 88% of staff having completed training and this is commendable; this has been achieved through the use of virtual training and newsflash learning tools in addition to typical approaches. CityCare remained focused on ensuring staff were supported to complete and attend necessary training.

2021-2022 Priorities

The CCG welcomes the priorities CityCare has identified for 2021/2022 which are highlighted within the report and considers that these are appropriate areas to target for continued improvement. Acting on intelligence received through various surveys, CityCare intends to focus on the retention of staff which is imperative at a time of recovery and restoration of services whilst ensuring staff well-being and welfare is paramount. Also the introduction of Quality Huddles across the organisation continues to demonstrate a supportive environment which is focused on putting people at the centre.

The CCG will continue to work with CityCare as system partners. The position statement issued by the National Quality Board during April 2021 emphasises the importance of prioritising the delivery of high-quality care setting out some core principles and operational requirements for quality oversight in systems. 2021/2022 will bring some fundamental changes in the way that the CCG and CityCare work to foster even more collaborative and systems-based working.

Conclusion

NNCCG is pleased to acknowledge the hard work and proactive approach used by CityCare in its management of quality. The CCG is assured by CityCare's robust governance structures and the evidence that CityCare has shared which is able to demonstrate quality and improvement standards. The CCG commends CityCare for its strong performance and sustainable practice and looks forward to its continued close working relationship.

Listening to feedback on this report

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

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

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