



Annual Quality Account

**2022-23**

# About Annual Quality Accounts

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



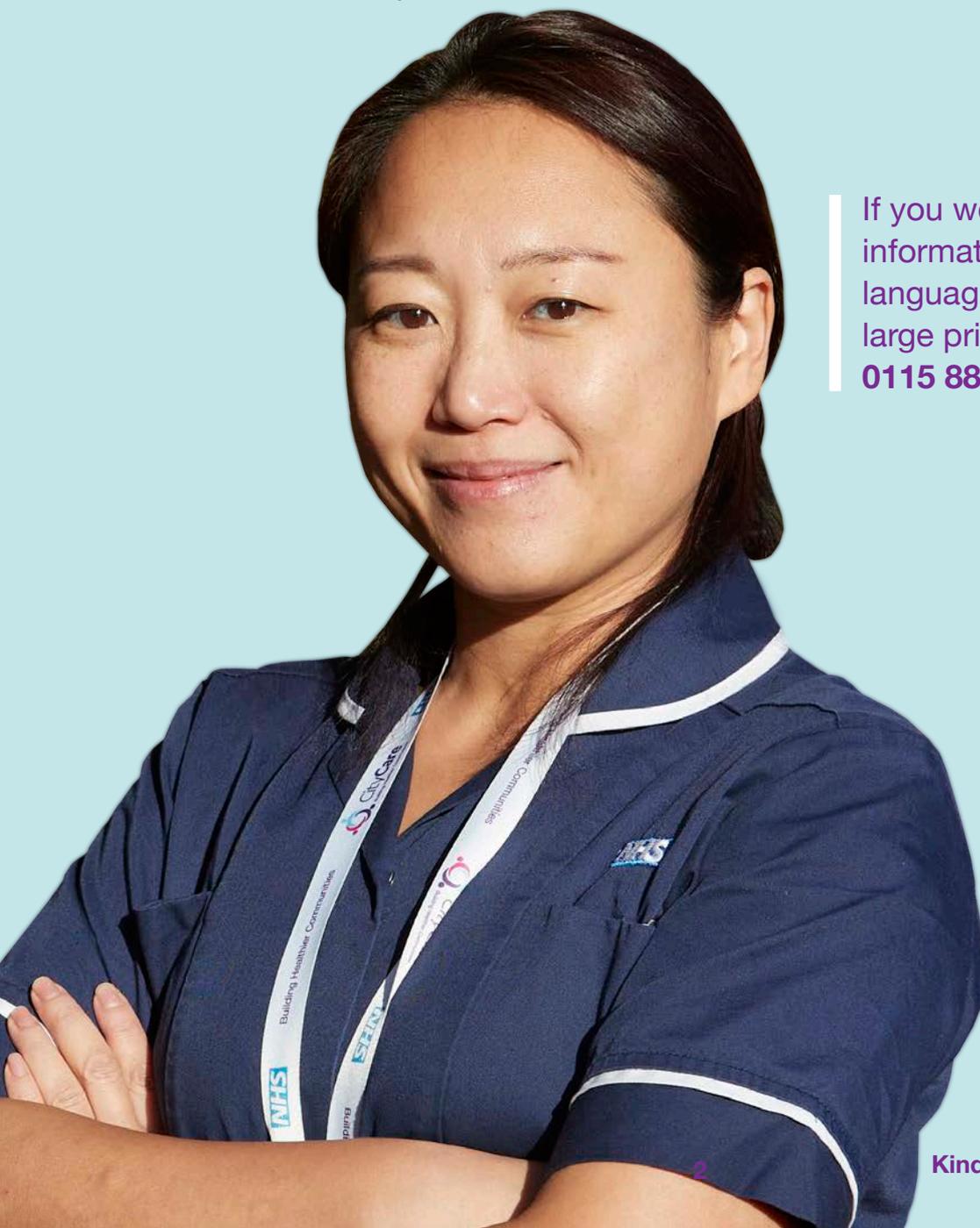
where an organisation is performing well and where they need to make improvements



progress against quality priorities set previously and new priorities for the following year



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



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

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# 1 Introduction

**We are delighted to present our Annual Quality Account for 2022-23 which demonstrates the work of all our teams across Nottingham CityCare, who continue to provide high quality care whilst working through the challenges of the post COVID-19 pandemic healthcare environment.**

As the Chair and Chief Executive of Nottingham CityCare, we are extremely proud of our people and their achievements, and we sincerely thank everyone in the Nottingham CityCare team across our clinical and corporate areas. We are pleased to have worked with all of our partners over the last twelve months and look forward to continuing our working together and creating new opportunities across Nottinghamshire.

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

We would like to thank our outgoing Director of Nursing and AHPs, Tracy Tyrrell, who handed over to Becky O'Brien as Director of Nursing Allied Health Professionals (AHPs) and Quality in January 2023, for her excellent service over recent years.

Becky O'Brien is a registered nurse with over 20 years' clinical experience and active registration with the Nursing and Midwifery Council. Becky is committed to providing high quality care which is safe, effective and provides a positive experience of services.

Together, we remain committed to meeting the growing demands of our community and look forward to using opportunities available to us through innovation and new technology to deliver our services more efficiently. Our strategy contains an ambitious programme of change which we believe will, when fully implemented, deliver a more robust, sustainable, and scalable model of high quality, locally led care.

We recognise that we don't deliver care in isolation and must work together with our colleagues across the health and social care system. So, our second strategic aim is to 'work in partnership to deliver better outcomes'.

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

As a Board we are committed to ensuring we listen to our patients' and staff experience and will continue to use this to inform the ongoing development of our organisation to ensure we remain staff and patient-centred and make a difference every day. To the best of our knowledge, the information in this document is accurate and a true account of the quality of our services.



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

# About Nottingham CityCare

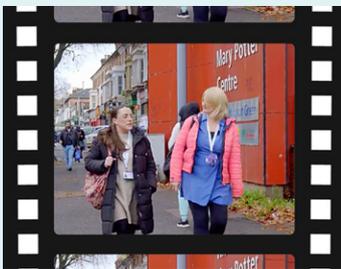
**Nottingham CityCare offers a wide range of community health services for both adults and children.**

## Children's Services

Our Children's Public Health 0-19 Nursing Service works closely with a number of other services such as 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.

The Children's Public Health 0-19 Nursing Service commences from 28 weeks of pregnancy,

continuing throughout a child's early years and school years. The team consists of health visitors and family nurses who have specialist knowledge of under 5s, school nurses, registered nurses and other experienced practitioners who have had specialist public health training in working with children and families. The main aim is to support families to give their child the best start in life by supporting them with breastfeeding, assessing the health, wellbeing and development of their child and providing public health support and advice at key stages of each child's life. We also provide the Child Health Information Service, ensuring that each child and young person in Nottingham City has an active care record, supporting the delivery of clinical services.

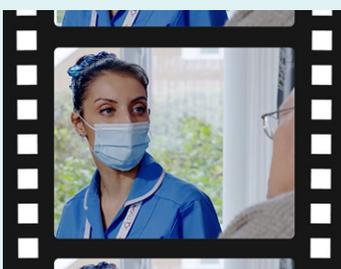


[Click here or scan the QR code to meet Kate Cooke, Nutrition Peer Support Worker – Children's Team](#)

## Adult Services

Our adult community services provide a wide variety of care from nursing and allied health professionals in the patient's own home or clinical setting. 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 that address the often complex needs of our patients, while working to limit pressure on acute services.



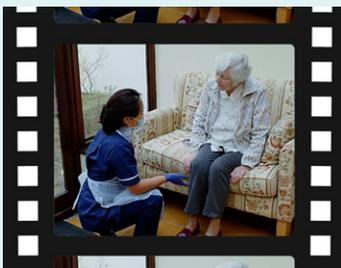
[Click here or scan the QR code to meet Sophina Kahn, Community Staff Nurse – Bestwood and Sherwood Primary Care Network](#)

## Urgent Care

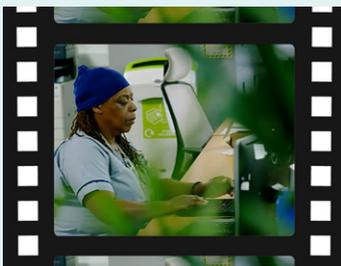
Our Urgent Community Response (UCR) service supports people who are in crisis, with a consistent offer across Nottingham City and County. The service has been introduced in response to NHS England’s national mandate to accelerate the treatment of urgent care needs closer to home and prevent avoidable hospital admissions. The countywide UCR service provides a two-hour response to support a person who is at risk of admission or re-admission to hospital due to a ‘crisis’ and is likely to attend hospital within the next 2 to 24 hours. The aim is to prevent further deterioration and to keep them safe at home.



**Click here or scan the QR code to meet Eilidh MacDonald, Occupational Therapist – Integrated Reablement and Urgent Community Response Team**



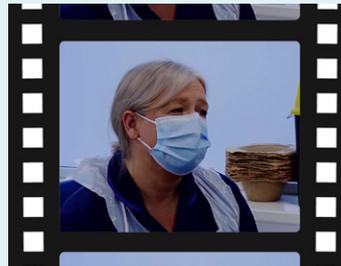
**Click here or scan the QR code to meet Yuqi Cong, Physiotherapist – Integrated Reablement and Urgent Community Response Team**



**Click here or scan the QR code to meet Val Westcarr, Assistant Practitioner – Integrated Reablement and Urgent Community Response Team**

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



**Click here or scan the QR code to meet Georgina Dyson, Advanced Clinical Practitioner, Nottingham Urgent Treatment Centre**



**Click here or scan the QR code to meet Victoria Dean, Health Care Support Worker, Nottingham Urgent Treatment Centre**

# Listening to patient and service user voices

## Engaging our patients and service users

**We continue to involve patients and service users in helping us improve and develop our services through ongoing feedback and engagement opportunities.**

Throughout 2022-23 our patient experience group (PEG) met regularly online and in person, and we continued to involve members in a wide range of different activities, including:

- Giving feedback on new leaflets - on whether they were clear, concise and written in plain English
- Providing insight, discussion and feedback for staff involved in research
- Contributing to the priorities for the Annual Quality Account (AQA)
- Representation on our Equality, Diversity and Inclusion Committee and the Patient and Public Committee
- Forming part of the review team for quality visits to our services

### 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, including:

- Obtaining assurance on the services being offered by Nottingham CityCare during COVID-19 to ensure our services were accessible and met the expectations of our service users
- Reviewing the feedback we received from service users of various protected groups to ensure access to our services and overall experience is accessible and equitable
- Advising on approaches to better communicate service changes to our patients and service users

### Children's Services Improvement Group (CSIG)

The Nottingham CityCare Children's Services Improvement Group continued to develop during 2022-23. Further recruitment to the group took place throughout the year and the membership now includes parents, carers and representatives from local community groups and organisations that represent young people across Nottingham.



## Patient and service user satisfaction

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

We are pleased that in 2022-23 we have continued to achieve high levels of satisfaction, with the total number of patient survey responses at

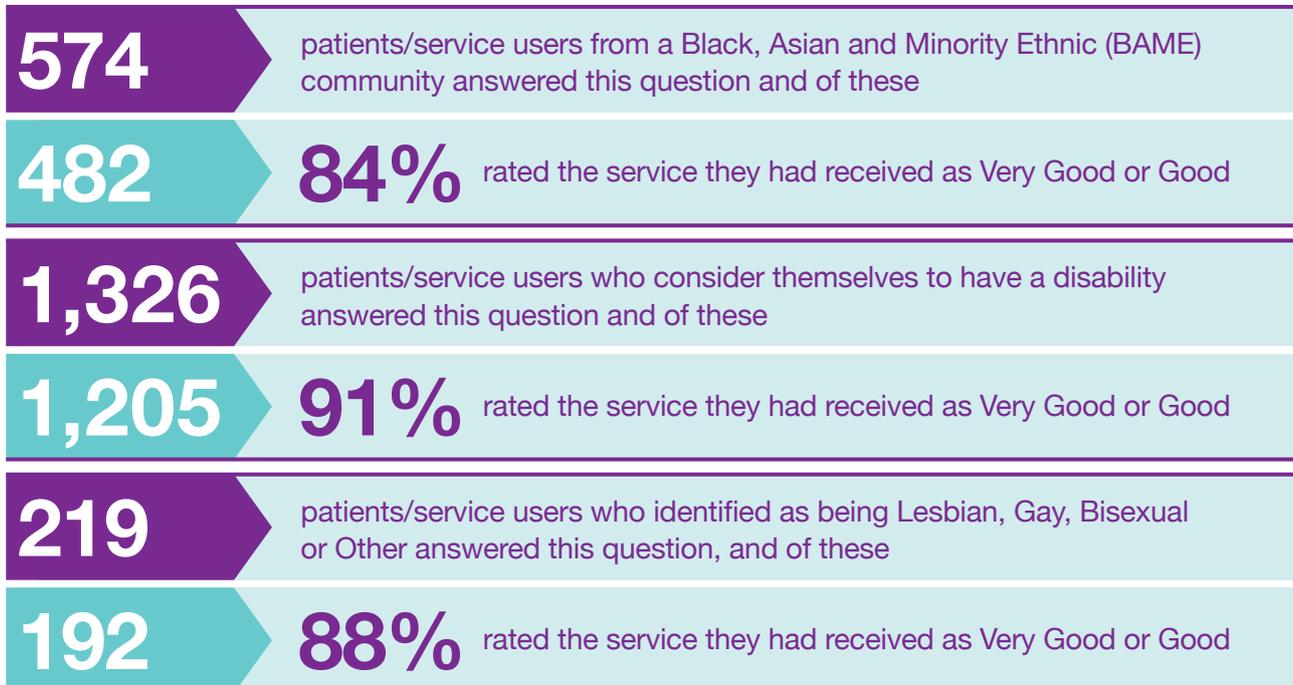
**5,833**  
(up from 3,744 in 2021-22)

**86%**

Survey results show that 86% of service users rated our services as Very Good or Good overall (all questionnaires).

### Satisfaction within all groups

It is important that our services meet the needs of particular groups and people with 'protected characteristics' as defined in the Equality Act 2010. Our surveys include monitoring forms enabling us to analyse this. In response to the question '**How well did the service meet your overall satisfaction?**':



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

One complaint was raised in relation to equality issues or discrimination in 2022-23; it was not upheld. One concern was raised in relation to equality issues or discrimination; please see lessons learned (page 11) for details.

## 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.**

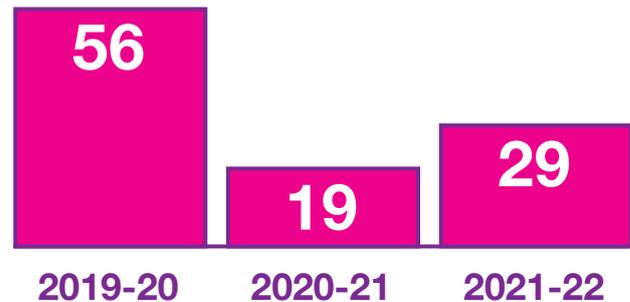
Our dedicated Customer Care Team receives complaints and provides a main point of contact, ensuring that a patient-centred approach is taken to the management of complaints. The formal complaint management process was maintained during early 2022 despite pressure on our services in terms of capacity and staffing issues caused by the Omicron Covid variant.

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 (PHSO) for a review. In 2022-23 the ombudsman asked to review one complaint handled by Nottingham CityCare.

The complainant was found not to have followed the local resolution process before contacting the PHSO, therefore the PHSO referred the complainant back to Nottingham CityCare to facilitate a resolution meeting.

Nottingham CityCare received 33 new complaints within 2022-23. We closed 37 complaints over the year. Six of the complaints were upheld, 19 were partly upheld, 12 were not upheld.

### Total complaints: Year on year comparison



### New complaints received within the year led by Nottingham CityCare services:

Out of Hospital Services	25
0-19 Services	8
Urgent Treatment Centre	0

### Complaints by issue:

Treatment and care	20
Access	4
Communication	5
Other	4

## Learning from complaints, concerns and feedback

**Below are examples of how we have responded to complaints, concerns and feedback in 2022-23.**

Service	Issue raised
Urgent Treatment Centre (UTC)	The Chief Executive Officer (CEO) of 'Autistic Nottingham' raised a concern on behalf of a client. The concern related to inconsistencies in the way that the carer of an autistic person was treated at the UTC.

### The changes we made

An apology was provided to the CEO, to pass on to the patient and carer. It was found that incorrect information had been provided by a member of staff, because they believed COVID-19 restrictions meant the carer was not allowed to attend the appointment. It was noted that another clinician corrected the advice.

Learning was shared with all staff to remind them that patients were able to be accompanied into consultation rooms by friends/relatives/carers.

The patient attended a Nottingham CityCare Board meeting to share their experience of accessing healthcare services and the adjustments that can be made to reduce the anxiety linked to attending appointments. Learning was shared with managers to request they made reasonable adjustments to offer quiet waiting areas where possible, decluttered patient spaces, provide clear signage, and offered to modulate lighting when possible.

### People benefitting from the change

Patients, family members and carers accessing the service.

Service	Issue raised
Health Visiting	The grandmother of a baby visited by a health visitor raised a complaint on behalf of the baby's mother. The health visitor was said to have arrived unannounced and made a safeguarding referral without evidence to support their suspicions or discussing their concerns with the family.

### The changes we made

A reminder was provided to staff to make them aware of the importance of undertaking a full examination of a baby before raising concerns with the local authority. They were also made aware of the importance of reviewing patient records for any letters or A&E attendance before a visit and initially discussing any concerns with parents or carers. An apology was provided for not sharing concerns before making the social care referral.

### People benefitting from the change

Families accessing Children's 0-19 Services.

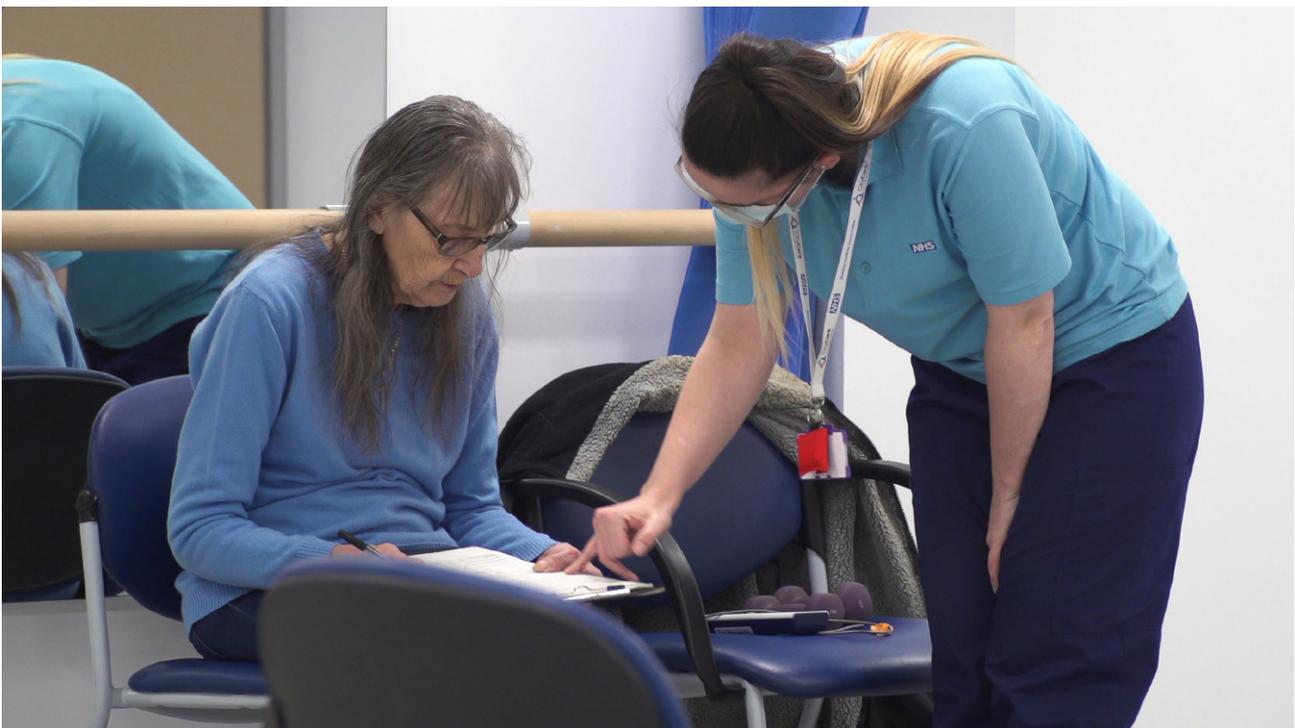
Service	Issue raised
Continuing Healthcare	Concerns were raised regarding staff communicating promptly with relatives about the completion of the decision support tool (DST), and the role of Nottingham CityCare and the nurse assessors being unclear when first contacting the service.

**The changes we made**

The service implemented a system of protected time for staff for responding to correspondence to ensure service users and relatives receive prompt responses and updates regarding their care. We have also developed a new handout for service users and relatives to provide a detailed introduction and explanation of our responsibilities and the role of the nurse assessor.

**People benefitting from the change**

Patients, relatives and carers accessing Continuing Healthcare



## Patient Feedback

### Adult Services

*"I was always kept up to date. Staff were caring and approachable. Was always given lots of information when I asked"*

(Primary Care Cardiac)

*"All staff have been very helpful and supportive, from the first phone call to the service, the quick response from staff and the delivery of equipment was first class"*

(Integrated Reablement Service)

*"I felt listened to and I felt as though my needs were important and enough time was given"*

(Adult Diabetes Service)

*"The staff were really helpful and got someone to call me back. They told me a time and they phoned when they said they would"*

(Continence Advisory Service)

*"My physio was very caring. He listened attentively and provided holistic advice to support my all-round wellbeing not just my physical. The waiting time was not long either and the appointment was very in depth"*

(MOSAIC)

### 0-19 Children's Services

*"The activities are really helpful in helping me understand my child's emotions and development. This has really helped me adapt my parenting around my child and has helped me form a stronger bond with her"*

(Family Nurse Partnership)

*"I like that I was sent a questionnaire prior to the Health Visitor's (HV) appointment as it allowed me plenty of time to observe my son in terms of the question. The HV was very kind and answered all our questions"*

(Health Visiting)

*"I like seeing the same person that I can trust, someone who does not judge me and listens to me"*

(Family Nurse Partnership)

*"I really appreciate the first foods session being done virtually. The facilitator was very helpful and informative"*

(Nutrition Peer Support)

### Urgent Treatment Centre

*"The triage nurse was super-efficient. The second nurse was also excellent. Both were top class and the diagnosis turned out to be correct"*

*"Everyone helped me understand what I had done and how to help me rehabilitate my fractured ankle, so I felt more at ease, and it was good to know how to help my ankle get a lot better quicker"*

*"The nurse was sympathetic and reassuring regarding my thumb problem and clearly explained and issued the required antibiotics"*

*"Went to A&E first but was told the walk-in centre would be faster. Went there instead and was seen within a few hours. Really fabulous lady working, and everyone was friendly"*



*“I have hearing loss, this is almost always instantly forgotten as soon as the information is given but when I told the receptionist that I would sit at the front of the waiting room to ensure I didn’t miss being called, she told me that she had noted for the staff member to call my name more loudly. 10/10”*

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(Urgent Treatment Centre)

# 2

## Review of Quality Performance

**In this part of the report, we look back at the progress made against the quality priorities we set for 2022-23. 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

# Trauma informed practice - safeguarding both adults and children

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

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



## What we said we would do



We will work with key partners to identify and agree cross-organisation trauma informed priorities.

## What we achieved



We will use the results of that work to create a trauma informed practice (TIP) framework and an awareness and recognition workforce plan. We have initiated a Trauma Informed Steering Group made up of staff members across the organisation. The aim of the steering group is that the members become champions of the approach. They will promote awareness, not only in their own clinical practice, but also increasing recognition, awareness and responsiveness within their teams.

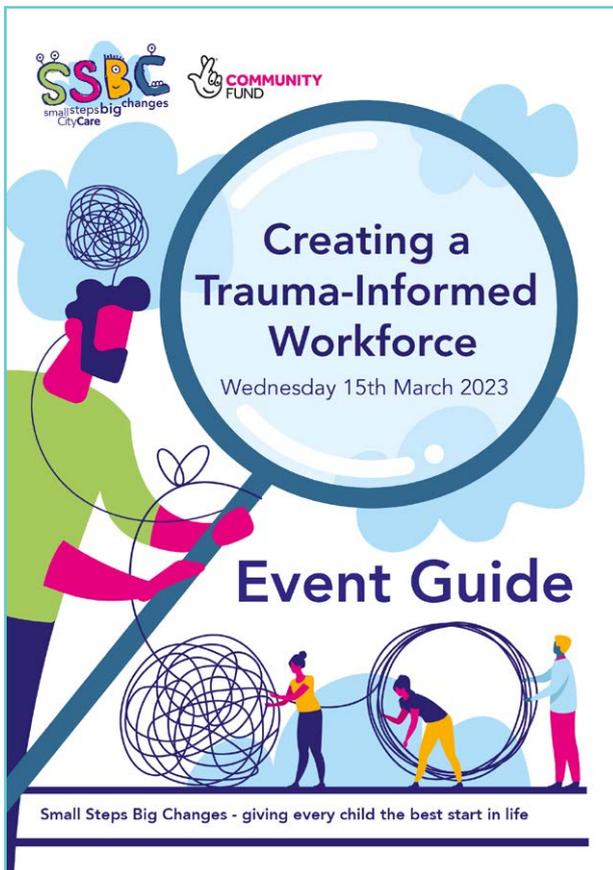
## Ongoing aims for 2023



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

Priority 1 - continued

# Trauma informed practice - safeguarding both adults and children



## What we said we would do

We will consider our workforce training needs and policy/guidance development. We will develop a training programme.

## What we achieved

We have worked with Small Steps Big Changes, who hosted a trauma informed conference entitled 'Creating a Trauma Informed Workforce'. This was well attended by our staff and representatives from a multitude of other services. We had keynote speakers who lectured around baby brain development and ACEs and how this may impact on health outcomes throughout the ages. There are plans for a further conference in June 2023.

## Ongoing aims for 2023

We are stakeholders in the cross-partnership strategy and this work has evolved – we are looking at training from a multi- agency perspective and are in the process of completing readiness assessments. We have agreed priorities in line with the strategy and continue to work with partners to implement TIP.



Priority 2

# Patient safety specialist work programme

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

This priority focused on developing and delivering workshops on the investigation of medication incidents.



## What we said we would do



We will develop an investigation toolkit for incidents related to medication which is introduced through workshops.

## What we achieved



An investigation toolkit has been developed within the training package.

Investigators who have participated in training will now be equipped to investigate medication incidents in a systematic manner, underpinned by support of staff involved, to ensure staff are treated fairly within a Just culture. This approach will maximise learning and will promote openness to report when a medication incident takes place.

By involving staff more compassionately in the process of investigation, errors should lessen as we learn and improve.

We will have surveyed managers who investigate medication incidents to audit how beneficial the training and toolkit has been.

## Ongoing aims for 2023



Attendance at workshops was less than anticipated due to pressures on our clinical teams. We will continue to run and evaluate training for investigators specifically around medication and monitor themes and trends. A quality improvement plan will be developed specifically around medication incidents which will support work as we transition into the Patient Safety Incident Response Framework (PSIRF).

Priority 3

# Strengthen our clinical supervision model

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

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



## What we said we would do



- Promote clinical supervision guidance.
- Offer training and support.
- Integrate staff feedback and the national evidence-base into any changes to our existing model.
- Map out services currently having clinical supervision.
- Continue to offer training and support, with a focus on services who do not have clinical supervision fully embedded.

## What we achieved



- Our clinical supervision guidance has been promoted through a specific topic-focus at Nursing and AHP Forums. 48 staff attended awareness raising through these.
- Additional training has been provided for clinical supervisors. 10 clinical supervisors were trained.
- A Masters-level qualification is being implemented to enable roll-out of the new Professional Nurse Advocate model, which, alongside other educative and quality improvement measures, incorporates training to deliver restorative clinical supervision.
- Three individuals have commenced their Masters level training.

## Ongoing aims for 2023



- An evidence-based review of the clinical supervision guidance is taking place to include feedback from staff, evaluation of training and incorporation of national guidance to introduce Professional Nurse Advocates.

# 3

## Priorities for quality improvement 2023-24

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

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

We also shared the proposed new priorities with staff through an online survey and considered their feedback. From all the discussions and feedback received, we set three new priorities for 2023-24.

**Priority 1**

# Patient engagement - diversity and health inequalities

Health inequalities are unfair, including avoidable differences in health across the population and between different groups within 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. Within this wider context, healthcare inequalities are about the access people have to health services and their experience and outcomes.

The Nottingham CityCare Three Year Strategy (2022 – 2025) 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 which were highlighted more than ever during the COVID-19 pandemic.

We will work with the Nottingham CityCare Reducing Inequalities Lead and Equality, Diversity & Inclusion Manager to identify local community groups and events to focus our engagement offer. Relevant clinical staff will support through attendance at events or groups on a case-by-case basis.

We will focus on the domain of patient experience and increasing engagement with the public and doing so with support from our staff networks. We will be reliant on staff within the organisation being helped to support the objective by giving them the time to attend groups/events and implement learning or actions that are identified as a result of their engagement.



What do we plan to achieve?	How do we plan to achieve it?
Attend three community user groups to discuss Nottingham CityCare services, how people access healthcare and potential barriers to our services.	Identify three protected characteristics relevant to Nottingham CityCare service delivery and our user group demographics (BAME, Disability, sexual orientation).  Contact groups and arrange to attend sessions or events.

**How will we measure/evaluate our progress and success?**

Ask for verbal and survey feedback from participants and report learning and actions into the Patient & Public Committee (PPC) and Annual Quality Account (AQA) group.

Identify one action from each community group that would support people to access and engage with Nottingham CityCare services.	Collect ideas verbally and in survey form at the groups.
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**How will we measure/evaluate our progress and success?**

Feedback and scrutiny will be provided at the groups and at PPC.

Priority 2

# Patient safety - a Just culture and learning

This priority will focus on patient safety and aims to further embed the behaviours of an effective and compassionate patient safety reporting, learning and quality improvement system. This will be underpinned by openness and transparency within a Just culture.

It builds on the roll out of our Patient Safety Incident Response Framework (PSIRF). The priority will involve all Nottingham CityCare teams and we will work as part of the integrated care board (ICB) in partnership with the overarching priority.

Staff will receive training on incident reporting and investigation, being open and principles of a Just culture. Patients and the public will be involved through the Patient Experience Group (PEG) and patient and Public Committee (PPC). The capacity and availability of staff to attend training will be a challenge, which we will overcome by delivering different methods and approaches to training.



What do we plan to achieve?	How do we plan to achieve it?
<p>Increase engagement in the response to patient safety incidents by all staff.</p>	<p>Consistent application of the Just culture guidance to all relevant patient safety incidents.</p> <p>Empowering members of the team to take a balanced response to investigating incidents, focusing on quality improvement.</p> <p>Develop more innovative ways of sharing learning from patient safety incidents by using a patient story style. We will produce at least two stories for adult and children’s services and receive feedback on the effectiveness of the approach.</p>

**How will we measure/evaluate our progress and success?**

- Completion of Just culture as a mandatory section on Datix – audit of Datix each quarter.
- Increase in range of investigative approaches and huddles.
- Feedback from staff via a survey on the effectiveness of this approach.

# Priority 2 - continued Patient safety - a Just culture and learning



What do we plan to achieve?	How do we plan to achieve it?
<p>Compassionate treatment of staff following a patient safety incident.</p> <p>As part of quality improvement, to share examples of excellent care delivery.</p>	<p>Develop a poster on how staff can access support from the quality team following a patient safety incident.</p> <p>Develop a leaflet specific to patient safety incidents.</p> <p>Hold one session each quarter to support staff to showcase how they deliver high quality care.</p>

**How will we measure/evaluate our progress and success?**  
 Feedback from staff involved in Patient Safety Incident Investigations who have accessed the support from the quality team.  
 Qualitative collation of responses.  
 Sharing examples of good practice via a newsletter.

<p>Develop Patient Safety Champions in teams to lead patient safety huddles and/or following action reviews.</p>	<p>Scope training for staff to attend in Q1.                      Staff to attend training in Q2&amp;3.                      Evaluation of training Q4.</p>
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**How will we measure/evaluate our progress and success?**  
 Attendance at training by teams.



**Priority 3**

# Stop the pressure - skin tone

We are committed to preventing the skin damage caused by bed sores and pressure ulcers, which occur when people have reduced movement and stay in one position for too long (either sitting or lying). This skin damage can be much more severe if people are malnourished and poorly. Nottingham City has a diverse population and often the signs to look for when this skin damage starts is more difficult to see in dark skin and most training in healthcare centres is around what to look for in pale skin tones. This means the early signs of skin damage can be overlooked in dark skin, potentially delaying preventative action.

This priority is focused on patient safety and avoidance of patient harm. Skin damage has a significant effect on patients and causes serious medical and psychological problems if pressure ulcers develop. The priority builds on the national best practice statement that the Nottingham CityCare Tissue Viability lead helped to develop.

This was sent out to all staff for World Stop The Pressure Day in November 2022. Skin tone stickers have also been developed using a known skin tone scale.

We will ensure pressure ulcer prevention forms part of safe delivery of care to prevent harm from pressure damage. We will be identifying this earlier in individuals with dark skin and recognising they may have an increased risk of developing more severe damage if it is not detected early. We will attend the Equality and Diversity group to discuss the issue with skin damage identification.

This is an area where in the future further research is needed and it can be expanded to identification of other skin conditions that may be more difficult to identify in dark pigmented skin. Following discussions during our quality account engagement, we will extend this priority next year to include other relevant areas.



What do we plan to achieve?	How do we plan to achieve it?
Roll out of the skin tone tool to all services.	Obtain the skin tone scale stickers for staff. Develop a teaching guide.

**How will we measure/evaluate our progress and success?**

Resources available to all teams and available on the POD (internal documentation portal).

Have skin tone recorded on patient electronic record.	Work with IT to add skin tone to the SystemOne wound assessment, pressure ulcer prevention risk assessment and core generic assessment.
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**How will we measure/evaluate our progress and success?**

Resources available to all teams and available on the POD (internal documentation portal).

## Priority 3 - continued

# Stop the pressure - skin tone

### What do we plan to achieve?

Discuss skin tone identification and pressure ulcer as issues in patient safety investigations when assessing patient incidents.

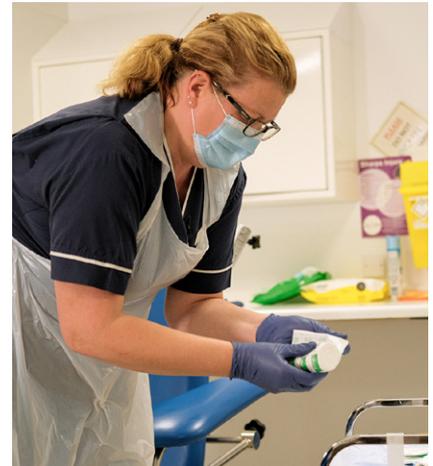
### How do we plan to achieve it?

Through incident reporting for pressure ulcers and the Nottingham CityCare Holistic Incident Review Panel (CHIRP).

### How will we measure/evaluate our progress and success?

The skin tone tool will be available on SystmOne for staff to complete for all patients.

Consider how we can identify through incident reporting whether we have a higher proportion of patients with dark skin affected by pressure damage in case it is disproportionate.



# 4

## Board assurance

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

## Board assurance



### Review of services

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

During 2022-23, Nottingham CityCare provided and/or sub-contracted 35 NHS services. Nottingham CityCare has reviewed all the data available to us on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2022-23 represents 100 per cent of the total income generated from the provision of NHS services by Nottingham CityCare for 2022-23.

### Participation in clinical audits

During 2022-23, four national clinical audits and no national confidential enquiries covered NHS services that Nottingham CityCare provides.

During that period, Nottingham CityCare participated in 100% of those 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 2022-23, are listed here alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.



The reports of **29** local clinical audits were received in 2022-23 and Nottingham CityCare intends to take the following actions to improve the quality of healthcare provided:

Clinical audit project	Key actions/learning
Record Keeping Audits 2022-23 (Separate projects by 17 teams)	Services have their own action plans. Themes identified for improvement were recording of chaperones, alert markers, communication support, domestic abuse, and use of approved abbreviations.
Safeguarding Multi-Agency Audits 22-23 - Children and Young People from Ethnic Minority Backgrounds	This audit showed up-to-date recording of cultural and ethnicity information. Good inter-agency working was also evident although the need to improve positive working relationships between agencies was acknowledged. Although there are signs of improvements with regards to the understanding and importance that identity has in a child's life, the partnership recognised the need to work with more urgency on ensuring that this is reflected in multi-agency work with each child and family.
MOSAIC Musculoskeletal (MSK) Physiotherapy Service Notes clinical audit project 2022	The result showed clear accounts of patients' history and red flag screening, but with improvements needed to documentation of consent and clearer treatment plans. Results have been discussed within the team.
Falls Training and Assessments Baseline Clinical Audit 2022	A survey of staff showed gaps in falls training and completion of falls assessments. Actions are being put in place to provide falls training for those who assess fallers, develop an online resource, and raise awareness of the 'Guide to Action' within core templates.
Infection Prevention and Control Environmental Cleaning Audit 2022	There were improvements in scores for two health centres but an overall lack of daily cleaning of all areas. Meetings have been arranged with NHS Property Services to discuss and agree actions, and roles and responsibilities for cleaning standards within clinical areas have been clarified.
First Contact Physiotherapist (FCP) Notes Audit (2021-22)	The standard of note-keeping within the FCP service was generally high. Key points to improve were evidencing that past medical history had been noted and systemic red flags screened when appropriate. The FCP Team are agreeing acceptable wording to demonstrate red flag screening completed, and clinical leads to consider use of FCP consultation template.
Medicines Administration Record (MAR) Chart Clinical Audit 2021-22	The use of MAR charts within the service shows information is being written fully and legibly. Improvements are needed to medicines reconciliation and medicines assessment forms. Refresher training is being provided for staff that will highlight these to improve practice.
Urgent Treatment Centre Antimicrobials Audit 2021	There were improvements in documentation, and a reduction in Urinary Tract Infection (UTI) prescribing with better recording of signs and symptoms. However further actions are required to ensure correct dosages are being documented, and to increase use of the Target resources. These are being reviewed and refreshed for use by clinicians.
Safeguarding Multi-Agency Audits 2021-22: Pre-Birth	Nottingham CityCare evidenced good partnership working with both mother and father. Good practice and interagency working were identified when contact between social worker and health visitor was established. The partnership identified that records sharing should be improved and all agencies were to investigate their records systems to ensure access and sharing.
Resuscitation Audit 2021-22	All measures were undertaken as appropriate for the one incident that occurred during this period, therefore no actions were required.
Bone Health IV Zoledronic Acid Audit 2020-22	The audit shows this procedure continues to be safe and is popular with patients. To help ensure that all patients understand the purpose and process of the infusions, the team are to ensure that adequate time is allocated to all visits and to allocate a nurse to referrals from the fracture liaison service.
Infection Prevention and Control Environmental Cleaning Audit 2021-22	Good practice was noted for the use of wipes, alcohol gel, and masks. Improvements were needed for room clutter and signage regarding cleaning of communal equipment and maximum occupancy due to Covid-19. Actions were fed back to the Health Centre Managers and NHS Property Services.
Urgent Treatment Centre X-Ray Audit 2020-21	This audit has highlighted that the UTC clinicians are ordering x-rays appropriately 100% and are giving the right care following x-ray 97% therefore there is minimal that needs to be improved.

## Participation in clinical research

As a small team within Nottingham CityCare, our belief is that we firmly contribute to the organisational mission of making a difference to the health and wellbeing of our communities.

Our aspiration is that, working in partnership, we lead in the development of high quality, sustainable and improved services while improving the working lives and careers for our workforce.

Following on from our successful merger of the activities of Clinical Audit, Research, and Evaluation under the umbrella term of CARE, we continue to develop packages that meet the separate CARE strategic aims of producing 15 projects of the quality that can be externally showcased, establishing a whole organisational CARE culture and, in partnership with patients, families, and system wide organisations, working collaboratively to create long-term activities. By this merger, the cyclical nature of these separate activities can be facilitated to meet the strategic and challenging goals that we have set ourselves.

As we move forward, we continue to recover and develop CARE activities post pandemic. During last year's reporting period, six service evaluations were active and two were completed. Regarding research projects, five studies were active and two were completed. Nottingham CityCare recruited 31 portfolio study participants, 35 non-portfolio study participants, with a total of 66 participants.

This reporting period has eight active evaluations, with three completed studies. Nottingham CityCare recruited 95 portfolio study participants, 35 non-portfolio study participants, giving a total of 130 participants.

At the time of reporting, studies in concept or set up are investigating pulmonary rehabilitation, recovery from delirium, providing active interventions for falls at night and post stroke recovery with the use of virtual reality.

**CARE**  
CLINICAL AUDIT RESEARCH EVALUATION

**Making a difference to the health and wellbeing of our communities through CARE**

- CARE is for everyone
- Improve current ways of working
- Inform how people are cared for in the future
- Great evidence for your CPD and revalidation

Support from initial idea through to sharing your results  
[npc.care@nhs.net](mailto:npc.care@nhs.net)

CityCare NIHR | Clinical Research Network East Midlands

## Research and Evaluation achievements during 2022-23

- A Research for Patient's Benefits (RfPB) study exploring ageing in people with Cerebral Palsy has completed and is being written up, with the aspiration that a further grant application will be submitted for further work.
- The study examining post fractured femur recovery (FEMUR III) has closed apart from follow up research data capture. Nottingham was the highest recruiting centre for this multi-site Randomised Controlled Trial.
- The National Institute for Health Research (NIHR) funded Falls in Care Homes Implementation study (FinCH Imp Nat) continues to evaluate the implementation of a falls prevention programme specifically for care homes. Reflecting partnership working, the Integrated Care Board contributed towards the clinical service's intervention delivery.
- The Nordic walking for Parkinson's research study exceeded the recruitment target of 53 participants and is now closed to recruitment. Early data is positive and the findings will be written up by September 2023. It is anticipated that these will be published alongside completion of the lead's ongoing MPhil.
- The annual pump priming funding stream attracted several applications for diverse projects and we are setting up two studies that will investigate interventions regarding diabetes and children's incontinence. Another is being investigated as a quality improvement project with the aim of supporting specialist nurses to reduce stress levels and burn-out.
- Again reflecting our partnership working, the local Clinical Research Network continues to invest in Nottingham CityCare which is facilitating our ability to proactively seek CARE opportunities. As an element of this, we are now able to use EDGE, the Local Portfolio Management System that feeds into the Central Portfolio Management System. This means that we are now actively able to manage and work with external organisations in supporting and reporting of our activities.
- We actively promote external funding opportunities such as the Health Education Bridging Funding Schemes for nurses, midwives and Allied Health Professionals (formally known as Bronze, Silver, Gold). One of our team completed this programme and has now started a PhD at the University of Nottingham alongside an application to a prestigious fellowship award programme with the National Institute of Health Research's Doctoral Clinical and Practitioner Academic Fellowship.
- The popular Munch While You Learn programme was rebranded and relaunched as Learning Through CARE. These sessions have evolved and use both MS Teams and face to face sessions as appropriate. Feedback suggests that the recording mechanism promotes uptake at a convenient time and allows academics from the University of Nottingham to support with pre-recorded sessions on topics such as statistics, conversation analysis, and research impact.



## Statement on Care Quality Commission (CQC) registration

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

Nottingham CityCare is required to register with the Care Quality Commission and its current registration status is “Outstanding”.

The CQC has not taken enforcement action against Nottingham CityCare during 2022-23 and its current registration status is registered without conditions.

## Data quality

Nottingham CityCare’s Business Intelligence Team works closely with clinical services to address the quality of information entered into clinical systems.

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

## NHS Number and General Medical Practice Code Validity

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

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

For the reporting period 2022-23, CityCare data reported 99.41% 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 Nottingham CityCare’s fifth submission 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 of 35 assertions.

The standards are:

1. Personal confidential data
2. Staff responsibilities
3. Training
4. Managing data access
5. Process reviews
6. Responding to incidents
7. Continuity planning
8. Unsupported systems
9. IT protection
10. Accountable suppliers

Within these assertions there are currently 42 mandatory evidence requirements.

Nottingham CityCare’s Data Security and Protection Toolkit for 2021-22 was judged to be compliant. The toolkit for 2022-23 will be submitted in June 2023.

## 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 2022-23.

## Incident reporting

There were 1,776 incidents reported compared to 1,460 reported in the previous 12 months which shows a 12% increase in incident reporting. This is a positive sign of an organisational safety culture that encourages the sharing of incidents so that we can learn and explore why they occurred. This internal openness and transparency foster a culture of continuous learning and improvement.

Of the incidents reported, 249 were categorised as moderate harm incidents which is the same number as the previous year. Safety has remained a key focus across the organisation as we have supported and cared for more people, with much higher level of needs, than ever before. We have continued to adopt an open and responsive culture to inform learning and improvement. For example, our staff are actively supported to report incidents and issues, and we continue to meet monthly to review serious incidents in order to ensure sharing of findings across teams to inform practice. We regularly review all levels of harm sustained to consider areas of learning and development, agree actions for implementation and to share lessons learned.

We continue our preparations for implementing the NHS Patient Safety Incident Response Framework (PSIRF). The aim of the PSIRF is to allow a more proportionate response to safety incidents, allow a greater range of responses to incidents as opposed to reliance on formal investigations, improve support and involvement of affected patients, staff and families; and improve the existing governance and oversight procedures. In preparation for the transition, we have a project manager in post to lead on this workstream. A thematic analysis has been undertaken in order to determine the category of incidents to investigate, and the level of investigation required.

## Serious incidents

CityCare has continued to align its serious incident process to the NHS Serious Incident Framework (2015). At the same time, as described, we have also been preparing to adopt the new Patient Safety Incident Response Framework (PSIRF).

We reported 18 serious incidents compared to 17 last year. Pressure ulcers remain our highest number of incidents reported. These have remained relatively static over time, despite increased activity, with a robust reporting process in place, demonstrating continued commitment to reduction in pressure ulcers and patient harm.

We continue to meet weekly to discuss all moderate harm (and above) incidents and our group is now attended by our ICB quality team colleagues and we also attend the ICB Quality Assurance & Improvement Group (QAIG) where a system approach to harm free care is an overarching principle. Working in partnership, the forum is made up of system partners who commission and provide NHS services and can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and concerns/risks to quality, and develop a response to support ongoing quality improvement for the local population.

Each month Nottingham CityCare holds a Serious Incidents Lessons Learned Forum. This meeting was established to ensure that 'lessons learned' from serious incidents and complaints are shared across the services and is an opportunity for staff to discuss best practice and quality improvements made. These are held at the same time each month to enable consistent engagement and include learning from all incidents and any anonymised learning from Freedom to Speak Up (FTSU) cases.

We continue to have a dedicated training session for managers as part of our management training programme to support managers to undertake investigations using recognised methodology.

## Never Events

‘Never Events’ are a sub-set of serious incidents and are defined as largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. We are pleased to report that there have been no Never Events reported in Nottingham CityCare in 2022-23.

## Learning from deaths

The organisation has an incident reporting policy and procedures that outline the process for reporting all incidents, including serious incidents and unexpected deaths. The Director of Nursing and Allied Health Professionals continues to provide quarterly reports to the Board and this includes learning from serious incidents. There have been no incidents reported in the previous 12 months that have led to the death of a patient as a result of actions or omissions in care provided by Nottingham CityCare services.

## Learning from claims

The National Clinical Audit Office suggests clinical negligence claims are rising year on year. They are costly, both in terms of harm and expense. An important part of the organisation’s claims process is the action taken in relation to learning. This helps us to mitigate risk and reduce future harm to patients. On receipt of a claim, if the incident had not already been the subject of an internal investigation, consideration is given to whether it was appropriate to carry one out, thereby maximising our learning opportunities.

## 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 to keep our patients safe, improve the working environment of staff and to promote learning and improvement. 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 Care Quality Commission’s well-led domain of inspection.

Raising awareness of speaking up to all our people continues to be a focus of the FTSU champion meeting. During October’s ‘Speak up Month’ we carried out visits to bases leaving FTSU posters with details about FTSU and how to contact the Guardian with a concern.

Champions have a FTSU lanyard and T-shirt to ensure they are easily recognisable when undertaking FTSU work. Our champions work as a network across the organisation to promote the FTSU programme, talk to colleagues and support people to raise concerns.

Champions are asked to send the Guardian a picture and profile including why they wanted to become a FTSU Champion and this is added on to the intranet page dedicated to FTSU. This allows staff with a concern to connect with a champion they feel confident talking to if they don’t want to speak to the Guardian initially.

The communications team have supported the FTSU to have a section on the intranet dedicated to FTSU. As a team with senior management and Board support we are dedicated to encouraging all staff feeling confident to ‘speak up’ if they have a concern.

We attend the regional forum meetings for FTSU Guardians and areas covered this year have included:

- Sharing learning from cases (anonymised). Areas covered include detriment experienced by some staff speaking up, different ways of recording FTSU, feedback to staff reporting concerns and support given to the FTSU Guardians in their role
- Training
- Independence, impartiality and objectivity of Guardian role – clarification on attending meetings to support individuals. Guardians should not be part of an investigation or associated decision

# 5

## Other quality measures

## Other quality measures

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

Nottingham CityCare's Infection Prevention and Control (IPC) strategy has a vision that no individual will develop a preventable infection and this vision is underpinned by three strategic aims:

- To ensure that the organisation meets the requirements of the Health and Social Care Act Code of Practice (2008) and the Board Assurance Framework (2022).
- To optimise antimicrobial use and reduce the need for, and unintentional exposure to, antimicrobials.
- To ensure all staff have infection prevention and control training in line with current national guidance.

COVID-19 has continued to circulate and cause challenges in care home settings along with the re-emergence and circulation of other common viruses such as influenza, Respiratory Syncytial Virus (RSV) and norovirus. The IPC team has supported the wider health and social care system by monitoring and reviewing 118 Covid, 22 diarrhoea and vomiting, 3 scabies and 24 other respiratory outbreaks over the last year.

The IPC team has continued to assess the organisation against the nationally-produced board assurance framework (BAF) for IPC during 2022-23. The IPC BAF links to the organisational risk register and the team has continued to update the Quality Committee monthly, escalating any areas of concern and identifying and implementing any mitigating actions required. Currently action plans are in place to address ventilation and cleaning issues.

The organisation has installed Hepa filter units during the last year in the higher risk rooms where wound and catheter care is carried out. Twenty environmental and cleaning audits have been undertaken in health centres along with the domestic supervisors and improvements have been seen across sites. The audit process will begin again during April 2023.

The organisation has undertaken an antibiotic audit at the Urgent Treatment Centre to review antibiotic prescribing and to assure ourselves that this is in line with local prescribing guidance. Sixty-one records were reviewed by a UTC senior clinician and findings indicated a general improvement in prescribing practice. Key areas for improvement were as follows:

- To improve documentation around the dose being prescribed and to ensure the dose is in line with the patient group direction (PGD).
- To review the use of the target resources and refresh the information that is available to clinicians.



Training of all clinical staff has continued and further sessions have been delivered to all adult services, including specialist services, to assure the organisation that all staff are wearing personal protective equipment appropriately and in line with guidance. This is following regional concerns that during the pandemic there has been an overuse of gloves and aprons for some aspects of clinical care.

## Monitoring other infections

Over 2022-23, targets for minimising Clostridioides infections and gram-negative bloodstream infections to support early diagnosis and appropriate treatment have been in place.

Within primary care, the targets are not organisation-specific but instead reflect ICB geographies with the aim of having a systemwide approach to reducing infection, to benefit both patient outcomes and service demand.

Locally the Nottingham and Nottinghamshire ICS targets were as follows:

	C.difficile	E.coli	Pseudomonas Aeruginosa	Klebsiella Species
Nottingham and Nottinghamshire ICS	261	841	77	254
Final totals	268	896	85	252

Nottingham CityCare’s IPC team follows-up all the standard alert organisms and is currently funded to review C.difficile infections and E.coli blood stream infections for any patient registered with a Nottingham City GP. The team also reviews all MRSA cases in patients registered with a Nottingham City GP and undertakes serious incident reviews if a patient has an MRSA bloodstream infection or a serious outcome such as surgery or death following C.difficile infection.

The reason for the review of cases is to ensure the patient and the clinicians involved in care are aware of the positive results and how they can best prevent any further spread and transmission to others. It also helps to establish if there are any lapses in care or lessons to learn to prevent such infections occurring in the future.

- The IPC team reviewed one MRSA blood stream infection within the City against a total of five across the ICB geography. The review was undertaken in conjunction with the GP Practice. In this case, there was no learning identified for Nottingham CityCare. The GP practice however have reviewed the case and implemented some learning across their electronic record system.

- All cases of C.difficile deemed to be community acquired are reviewed to further develop an understanding of the risk factors for infection. The IPC team undertook 27 reviews and zero were deemed to have a lapse in care. There has been one death as a result of C.difficile infection in a young adult with learning disabilities residing in a care home. The individual had received intervention from both secondary and primary care within the ICB and a system wide root cause analysis review has been undertaken.

There is learning across the system and individual actions for the providers involved in care, including for the Nottingham CityCare IPC team. The learning for the Nottingham CityCare IPC team is to ensure follow up will continue for all residents who have had a C.difficile diagnosis in a residential setting. This will ensure all symptoms have resolved and that a clear management plan is in place should relapse of symptoms occur prior to the individual being discharged from IPCT follow up.

- E.coli blood stream infection surveillance identified 896 blood stream infections attributed to Nottingham and Nottinghamshire ICB out of a target of 841. These include those acquired in secondary care as well as in the community. Of the community acquired cases across Nottingham City, 55 were found to have health care acquired risk factors.

These have been further reviewed to identify if there have been any lapses in care and two had lapses identified. One was thought to be caused by a faulty closed drainage system on the catheter and the other was thought to be caused by two missed opportunities to drain an individual's bladder when scanning had identified an increasing residual urine.

As a result of the reviews, the learning for Nottingham CityCare has been to ensure any failures in catheter equipment are reported to Continence Advisory Service and reported using national systems to inform if there are issues with equipment not functioning appropriately. In the case of the missed opportunity to drain the increasing residual urine the community nursing team are involved in reviewing the case to ascertain the lessons learnt.

The health economy group for E.coli blood stream infections is now meeting again following a pause during the pandemic and work is ongoing to trial a regional catheter passport developed by NHS England.

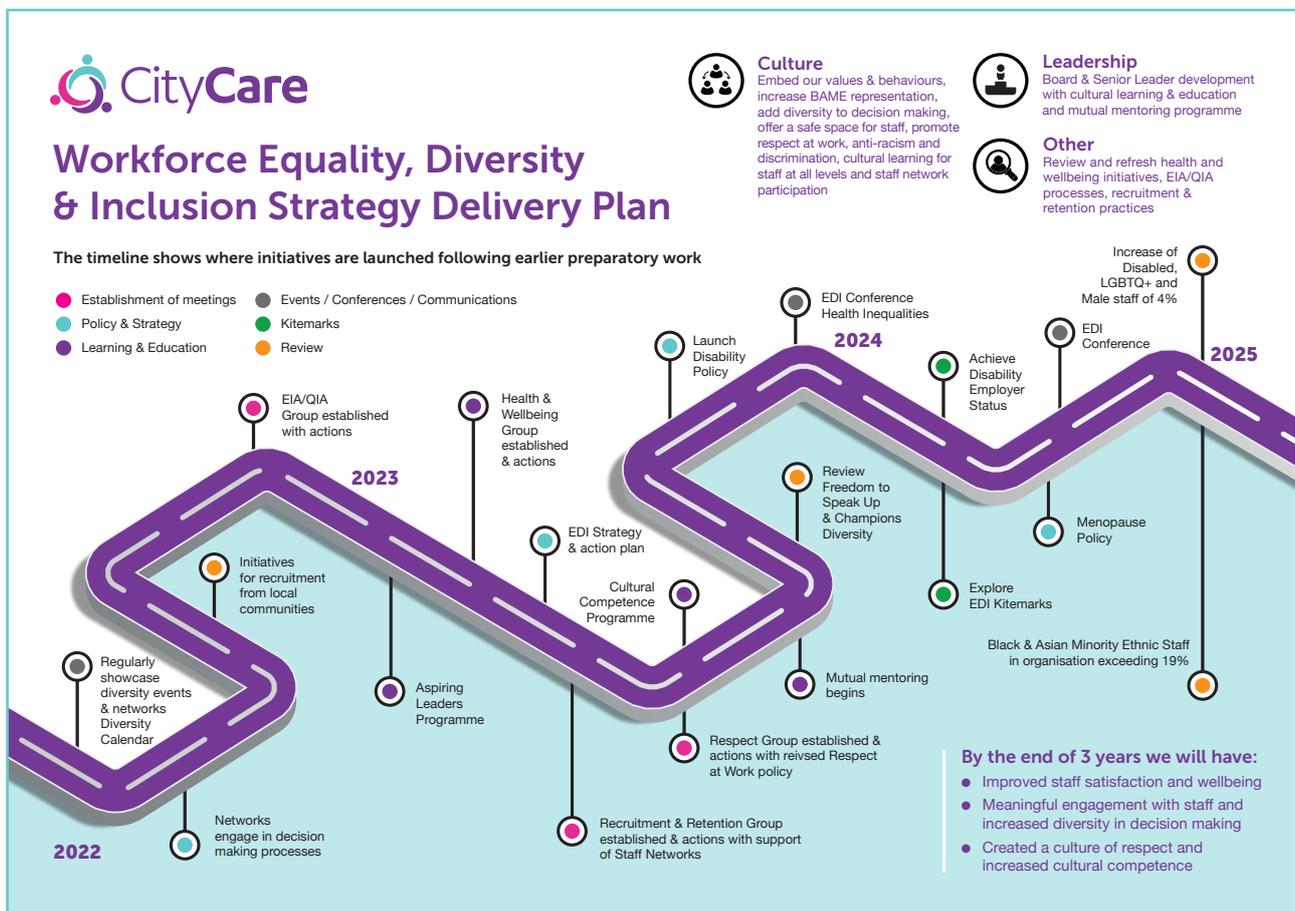


# Equality, diversity and inclusion

**During 2022 we met with our stakeholders to engage on our Workforce Equality, Diversity and Inclusion Strategy which shows our commitment and actions to progress equality, diversity and inclusion over three years.**

We are promoting equal opportunities, eliminating unlawful discrimination and harassment and promoting positive attitudes towards disadvantaged groups. To achieve this, we are working towards removing barriers to opportunities and narrowing the gap between people living with disadvantages 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.



## Supporting for our workforce

We have been committed to supporting our colleagues from under-represented groups with Staff Network Groups including:

- The Disability, Ability and Wellness Network,
- The Black, Asian and Minority Ethnic Network,
- The Menopause Network,
- The Unpaid Carers Network
- The Lesbian, Gay, Bisexual, Trans+ (LGBT+) Network.

The networks provide a safe space for staff to share experience and 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. 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 are key in planning and supporting actions to support the annual staff survey and the Workforce Race and Workforce Disability Equality Standards.

The networks have participated in work including contributing to the EDI strategy, reviewing our recruitment and retention 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 System.

Networks have supported the introduction of our Aspiring Leaders Programme for Black and Asian colleagues, the cultural competence and mutual mentoring programmes. We have achieved Disability Confident Status and will be working towards Disability Confident Employer status in the next year. We have produced a workforce disability policy and are reviewing a health and wellbeing passport for staff. We are working towards a menopause policy over the next year and becoming a Menopause Friendly organisation.

We have developed actions to support our Lesbian, Gay, Bisexual and Transgender+ colleagues including collaborating with our ICS local partners to contribute to an anthology of poems and short stories, highlighting the importance of preferred pronouns to email signatures and name badges. The network will be introducing a process for rainbow badges to show support to our colleagues and service users.



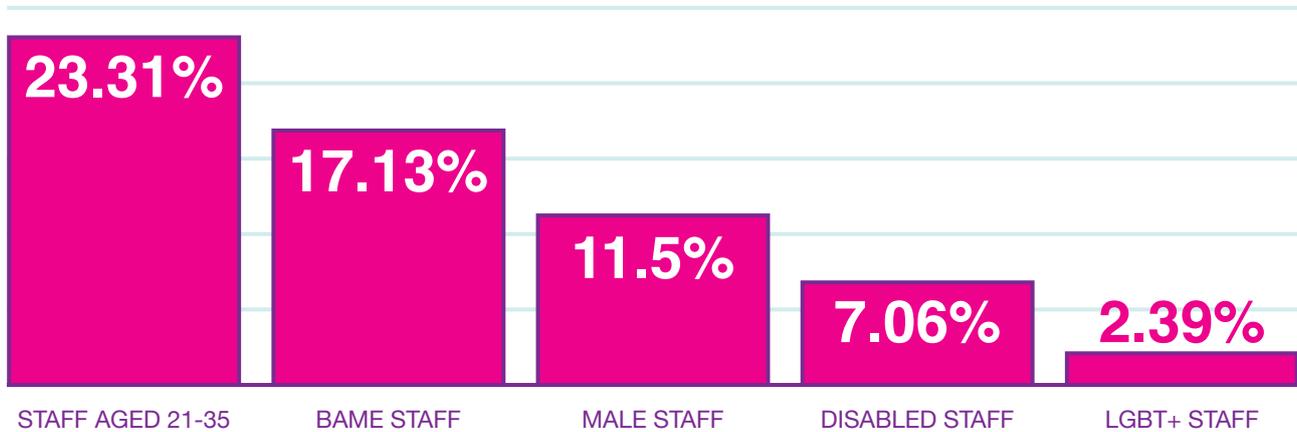
## Unpaid carers

During our engagement on the annual quality account, we were asked for more information on how we support staff with caring responsibilities. Our Unpaid Carers Network is providing a safe space for staff to share experience and support in signposting to resources.

Our Unpaid Carers Network supports staff members who are unpaid carers, including for those with illness, disability, mental health problems or addiction who cannot cope without their support. The network is a supportive group offering advice, information and expertise from a shared perspective. The network raises awareness of the challenges of unpaid carers in the workplace including encouraging staff to add their unpaid carer status to our Electronic Staff Record and to share this information with their manager in order to gain support. They influence the consistency of interpreting and implementation of Nottingham CityCare policies and are consulted on new initiatives, policies, process and strategies. A celebration event will be held to highlight Carers Week in June 2023.

## Protected characteristic workforce data

In March 2023 our workforce data for under-represented groups shows:



Compared to the previous year there is:

- An increase of **+2.5%** Black, Asian and Minority Ethnic staff
- An increase of **+0.3%** Male staff
- A decrease of Disabled staff of **-0.54%**
- A decrease of Lesbian, Gay, Bisexual, Trans+ staff by **-0.04%**
- A decrease in our younger staff group aged 21-35 years of **-0.64%**

To support the increase of diversity within our workforce at all levels, we have reviewed our 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 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 Recruitment and Retention Group.

## Respect at work

We have reviewed bullying and harassment with our staff networks and considered how this particularly affects staff from under-represented groups. We have revised our Dignity at Work policy and have been raising awareness through our Managers' Training Programme. We are working to increase the diversity in our Freedom to Speak Up Champions through our staff networks. We will raise awareness further through actions undertaken within our newly established Respect and Civility at Work Group.



## Equality Diversity and Inclusion Learning & Education

We have reviewed and refreshed our training offer to address discrimination and promote equality, diversity and inclusion (EDI). EDI mandatory training has been increased from once (when people join Nottingham CityCare) to every three years. A cultural competence workshop will take place for our senior leaders in April 2023 to assess where we are now and how we can take Nottingham CityCare to the next level, followed by a series of 'big conversations' open to all staff.

This will be a safe space, with solution focused conversations, to discuss agreed EDI topics. A cultural competence programme will then be rolled out to staff at all levels in the organisation.

We are running an Aspiring Leaders Programme for our Black and Asian colleagues. This is open to 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 Nottingham CityCare's leadership.

In 2023 we will begin a programme of 'Mutual Mentoring'. This is a two-way process with the pairing of individual staff members from an under-represented protected characteristic group with senior leaders. The mutuality of the partnership sets out to be open to new possibilities and ways of thinking and to work together to put into practice Nottingham CityCare values, behaviours.

Dedicated equality pages are available on our intranet, with resources to support staff and patients, links to protected employees network groups and the diversity calendar with updates for employees on significant dates and local cultural festivals.

We have engaged with our ICS partner organisations to deliver virtual EDI celebration events to share information, stories, resources and connections across Nottingham and Nottinghamshire. These have included Pride, Black History Month and Disability History Month. We 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 2022 Report

The Workforce Race Equality Standard (WRES) compares the experience of Black, Asian and Minority Ethnic staff compared to White staff within the organisation. Data taken in April 2022 compared to the previous year showed generally a poorer experience for Black, Asian and Minority Ethnic (BAME) staff than for White staff, with the exception of bullying and harassment from patients/public.

Data also showed 39% of BAME candidates were appointed from shortlisting whilst 50% of White candidates were appointed; a slight increase in the amount of BAME staff in the organisation overall; and an increase within very senior manager posts and Board members. No BAME staff entered the formal disciplinary process again this year. There was an increase in bullying and harassment by patients/public for both BAME and White staff and a reduction in BAME and White staff believing the organisation provided equal opportunities in career progression.



### Nottingham CityCare breakdown by ethnicity Workforce Race Equality Standard April 2022 data

	White ethnicity	Black, Asian and Minority ethnicity
Experienced harassment, bullying or abuse from patients/public	22%	19%
Experienced harassment, bullying or abuse from staff	12%	25%
Believes organisation acts fairly in career progression/promotion	60%	43%
Experienced discrimination from colleagues	6%	12%

We worked with our Black, Asian and Minority Ethnic Staff Network to agree an action plan which targeted recruitment, career progression, bullying and harassment, supporting staff through initiatives such as the staff network and diversity in decision making, recruitment, talent management, health and wellbeing initiatives and a safe space for productive conversations about race. Progress against these actions is reported through the Equality, Diversity and Inclusion Committee.

## Workforce Disability Equality Standard (WDES) April 2022 Report

The Workforce Disability Equality Standard (WDES) compares the experience of Disabled staff compared to non-Disabled staff within the organisation.

The WDES report data was taken in April 2022 and showed a further increase in the proportion of Disabled candidates being appointed from shortlisting with 55% of Disabled candidates being appointed. There was an increase in Disabled staff in the organisation by +1.3% with the highest amount of Disabled staff in the mid pay band. There was significant increase of Disabled staff in senior manager positions and within Board representation and no Disabled staff entered the formal capability process.

The amount of Disabled staff saying they have been bullied or harassed by patients/public has increased. There was a decrease in Disabled and non-Disabled staff saying the organisation provides equal opportunities in career development alike and an increase in the amount of Disabled staff feeling pressure to come to work when not feeling well enough. There was also a decrease in the amount of Disabled staff saying they had adequate adjustments to enable them to carry out their work.

### Nottingham CityCare breakdown by Workforce Disability Equality Standard April 2022 data

	Non-Disabled Staff	Disabled Staff
Experienced harassment, bullying or abuse from patients/public	20%	24%
Experienced harassment, bullying or abuse from staff	11%	20%
Believes organisation acts fairly in career progression/promotion	60%	56%
Employer made adequate adjustments to enable them to carry out their work	-	73%
Felt pressure from your manager to come to work despite not feeling well enough to perform their duties	14%	33%
Satisfied with the extent to which their organisation values their work	49%	37%

We worked with our Disability, Ability and Wellness Staff Network (DAWN) to identify areas highlighted for targeted actions. These included review of recruitment and retention practices, obtaining Disability Confident Status, produce a Disability Policy and Disability leave, bullying & harassment, reasonable adjustments, health and wellbeing passport and tools to assist in conversations about Disability.

Progress against these actions is reported through the Equality, Diversity and Inclusion Committee.

## Working with our communities, health inequalities and access to services

At Nottingham CityCare we understand that part of improving the health and wellbeing of our patients and service users is through improving access to our services by engaging more effectively with our diverse population to ensure the care and support we offer is equitable.

We have undertaken engagement work focussed on reaching as wide a group as possible. We have examples of work including engaging with young people to design new health promotion materials and parents to design what to expect at your antenatal and new birth appointment.

We have been actively involved in a project within a Nottingham community to understand the barriers to accessing to healthcare within the community when English is not their first language. The insights gained have enabled us to review the information currently used to introduce our services and facilitate the leaflets being updated and translated in to four key languages spoken within that locality. They are now available and in full use by our teams. We have also undertaken a focus group with young carers to support our understanding of how best our Public Health services can meet their unique needs. The information gleaned is being included in new training packages for Public Health staff. We have examined our feedback, concerns and complaints received by the Urgent Treatment Centre and online surveys with patients and service users that accessed virtual sessions and clinics during the COVID-19 pandemic.

Going forward we will be extending our feedback including embracing technology with the use of QR codes and further developing ways to gain feedback from all our diverse communities including those whose first language is not English.

We have established a Health Inequalities Group to focus on actions within the Nottingham CityCare Strategy and an Equality Impact Assessment (EIA)/ Quality Impact Assessment (QIA) Group to review all EIA/QIAs where there is a proposed change of practice or process. We are working on making all services equitable and accessible for all service users including supporting the Diabetes team in

identifying and engaging with Black, Asian and Minority Ethnic service users that are currently under-represented in accessing advice and support.

We also work with our Integrated Care System partners on actions reporting through the Equality Diversity and Inclusion Committee. We continue to work with our partners across our Primary Care Networks; in particular we are working in Bulwell and Top Valley as an early adopter for community transformation to address health inequalities and the wider determinants of health with the aim of making a difference to the population we serve.

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 Black, Asian and Minority Ethnicity, Lesbian Gay, Bisexual and Transgender+ and Disability, providing our employees with information to support our patients and service users.

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

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.

## 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.

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

Monitoring of the AIS is provided through the Equality, Diversity & Inclusion Committee. A deep dive is being undertaken, scoping services on their understanding of accessibility, the Standard and patient awareness of the option for information in different formats.

Data from 2022-23 shows satisfaction levels across our services for people describing themselves as having a disability remain high.

Of the question “**Overall, how was your experience of our service?**” asked as part of Nottingham CityCare’s Feedback Survey, 1,318 patients/service users who considered themselves to have a disability answered this question, and of these, **91%** (1,199) rated the service as **very good** or **good**.

Throughout 2022-23, we also asked our patients/service users who considered themselves to have a long-term condition to rate their experience. We asked the question, “If you have a long-term condition, do you feel the advice and support you have received has helped you to manage better?”. Of the 2,683 patients/service users who considered themselves to have a long-term condition, 2,552 (95%) said the support they had received had helped them to manage better.

No incidents of being unable to meet a specific communication need have been logged in 2022-23.

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 and Bisexual (LGB) peoples’ experience of health care informed the national Sexual Orientation Standard Monitoring standard (SOM). The standard demonstrates equitable access for LGB people, helps us have an improved understanding of the impact of health inequalities and improve access for LGB service users.

Nottingham CityCare teams/services 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 sexual orientation and gender identity staff network supports actions in raising awareness to staff and reviewing actions to support the LGB community.

# Staff survey results 2022

**Evidence shows that there is a strong link between organisational performance, patient experience and employee engagement and job satisfaction. Nottingham CityCare is committed to providing rewarding working lives and careers for its employees as set out within the organisational strategy.**

The national NHS Annual 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 results of the survey for 2022 were published in March 2023.

The survey was carried out between September and November 2022 by Picker. We received 468 responses taking us to an overall response rate of 44% which was 13% less than the previous year of 620 responses (57%). The national overall response rate for comparative organisations was 57% (24,650 respondents).

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

Overall, Nottingham CityCare has remained much the same as the previous year and over 50 questions have improved, even if only by a small percentage.

Of the seven People Promise themes, Nottingham CityCare is slightly below the national average of comparative organisations in five themes, equal to the average for “Safe and Healthy Working” but below average and deteriorated for “We Work Flexibly” and significantly below average for “We are Learning” themes.

For the additional themes of “Staff Engagement” and “Morale”, we are also slightly below average and although morale has seen a slight improvement, the overall staff engagement score remains the same.

### 58%

**3% more staff** say they would recommend Nottingham CityCare as a place to work

### 75%

**of staff** say that if a friend/relative needed treatment, they would be happy with the standard of care at Nottingham CityCare (same as the previous year)

### 81%

**2% more staff** than the previous year, believe that the care of patients is Nottingham CityCare’s top priority

We remain committed at Nottingham CityCare to improving the experience of our employees and making the organisation a great place to work. Some of the things we have done in 2022 in response to the 2021 staff survey are highlighted in a You Said, We Did document on the Nottingham CityCare intranet and include:

- Leadership and Management Development and leadership visibility
- Equality, Diversity and Inclusion - senior management diversity representation, progression opportunities, safe spaces for staff and support networks
- Health and wellbeing support
- Improved communications and strategy



## Top 5 and most improved scores



### Top 5 scores vs Organisation Average

	Org	Picker Avg
<b>q10b</b> Don't work any additional paid hours per week for this organisation, over and above contracted hours	83%	76%
<b>q23d</b> If friend/relative needed treatment would be happy with standard of care provided by organisation	75%	68%
<b>q23b</b> Organisation acts on concerns raised by patients/service users	79%	72%
<b>q7a</b> Team members have a set of shared objectives	78%	72%
<b>q7c</b> Receive the respect I deserve from my colleagues at work	79%	75%

### Most improved scores

	Org	Picker Avg
<b>q3d</b> Able to make suggestions to improve the work of my team/dept	78%	71%
<b>q11c</b> In last 12 months, have not felt unwell due to work related stress	59%	53%
<b>q3f</b> Able to make improvements happen in my areas of work	58%	51%
<b>q7a</b> Team members have a set of shared objectives	78%	72%
<b>q22d</b> Feel supported to develop my potential	57%	51%

Tables are based on absolute % differences, not statistical significance

## Bottom and most declined scores



### Bottom 5 scores vs Organisation Average

	Org	Picker Avg
<b>q22b</b> There are opportunities for me to develop my career in this organisation	42%	50%
<b>q10c</b> Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	38%	45%
<b>q3g</b> Able to meet conflicting demands on my time at work	41%	48%
<b>q24a</b> I don't often think about leaving this organisation	40%	46%
<b>q21c</b> Appraisal helped me agree clear objectives for my work	26%	31%

### Most declined scores

	Org	Picker Avg
<b>q19a</b> Would feel secure raising concerns about unsafe clinical practice	77%	83%
<b>q4c</b> Satisfied with level of pay	31%	37%
<b>q2c</b> Time often/always passes quickly when I am working	73%	78%
<b>q11e</b> Not felt pressure from manager to come to work when not feeling well enough	78%	83%
<b>q7g</b> Team deals with disagreements constructively	58%	62%

Tables are based on absolute % differences, not statistical significance



Whilst the results show there is much we can do at Nottingham CityCare to improve overall staff satisfaction, the results give us a focus for making improvements. With this in mind, we will be working with our Leadership Council members and Trade Union Partners in developing the high priorities for improvement, linking this with the Cultural Audit undertaken in 2022. We will also be working with teams to share the survey results, identifying locally what needs to be done to improve staff experience.

## Equality, diversity and inclusion and the staff survey, November 2022

Results from the NHS national employee's survey taken in November 2022 will inform our Workforce Race and Workforce Disability Standard Equality data for 2023.

### The historical comparison of equality-related questions shows:

- An **Improvement** in the areas of
  - bullying & harassment from patients/public and from colleagues
  - discrimination from patients/public
  - believing the organisation acts fairly in career progression
  - the organisation made adequate adjustments for Disabled staff
- There had been an **increase** in those experiencing bullying & harassment from managers by 2% and discrimination from manager/team leader/colleague by 1%

**Table 1**  
**Nottingham CityCare historical comparison**  
**all staff**

	2017 %	2018 %	2019 %	2020 %	2021 %	2022 %
Experienced harassment, bullying or abuse from patients/ public	24	23	23	19	20	18
Experienced harassment, bullying or abuse from managers	7	6	7	6	5	7
Experienced harassment, bullying or abuse from colleagues	14	13	13	14	14	11
Experienced discrimination from patients/public	5	4	5	4	4	3
Experienced discrimination from manager/team leader/ colleague	6	5	6	3	6	7
Believes organisation acts fairly in career progression	84	84	88	91	42	60
Disability: organisation made adequate adjustments to carry out work	77	75	80	79	73	78

Table 2 shows a breakdown by protected characteristics 2022. These questions will inform the Workforce Race and Workforce Disability Equality Standard data for 2023

**Table 2**

	Sexual Orientation %			Ethnicity %			Disability %		
	Straight	LGB+*	Prefer not to say	White	Mixed Multiple**	Prefer not to say	No	Yes	Prefer not to say
Experienced harassment, bullying or abuse from patients/public	18	25	8	18	22	-	17	21	-
Experienced harassment, bullying or abuse from managers	6	8	16	6	18	-	5	12	-
Experienced harassment, bullying or abuse from colleagues	10	33	16	10	27	-	8	19	-
Experienced discrimination from patients/public	3	8	0	2	11	-	2	7	-
Experienced discrimination from manager/colleague	6	16	4	5	18	-	63	53	-
Believes organisation acts fairly in career progression	61	50	42	61	45	-	63	53	-
Disability: organisation made adequate adjustments to carry out work	-	-	-	-	-	-	-	78	-

\*Mixed multiple ethnic groups: Asian/Asian British, Black/African/Caribbean/Black British, other ethnic group  
 \* LGB+: lesbian, gay, bisexual, other

- Within the sexual orientation responses, staff identifying as Lesbian, Gay, Bisexual and Other+ had a **less positive experience** across all areas, with the exception of bullying & harassment from managers, than those identifying as Straight or who preferred not to say
- Staff from Mixed Multiple Ethnic Groups **fared less well** than White staff across all areas
- Disabled staff **fared less well** across all category questions than those without a disability

# 6

## What our stakeholders think

# Nottingham and Nottinghamshire Integrated Care Board

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## 1. Introduction

- 1.1 In July 2022 the Integrated Care Board was established in line with the Health and Social Care Act<sup>10</sup>. As such, Nottingham & Nottinghamshire ICB (NNICB) has a statutory duty to secure continuous improvement in the quality of services; and in the outcomes for people using those services. The first year of the NNICB has coincided with an exceptionally demanding system landscape with ongoing recovery from the Covid pandemic and additional challenges of clinical demand and industrial action during Winter 2022-23.
- 1.2 NNICB has continued to work with Nottingham CityCare Partnership in pursuit of the monitoring and continuous improvement of services during 2022-23, in accordance with the statutory functions of the ICB described above.
- 1.3 The intention for 2022-23 was for NNICB and CityCare to continue fostering and developing collaborative and systems-based working, and this statement provides a reflection of progress.

## 2. Quality Visits

- 2.1 Five quality visits were made during 2022-23, the first in June to Aspect House, the second in August to PCN 1 Community Nursing Team, the third in October to the Primary Care Cardiac Service (PCC) the fourth in November to the Integrated Respiratory Service (IRS) and the fifth in November to the Interim Beds service at Wilford View Care Home.
- 2.2 ICB staff were invited to attend the CityCare Walk About at Aspect House where the quality team meet with a variety of teams to hear about any quality concerns or developments that are taking place.

- 2.3 The visits to PCC and IRS were led by the ICB and involved discussions with the team leader and staff to gain understanding about the services and processes that the service follows to support patients and staff. They also involved time observing visits and clinics.
- 2.4 The visit to Wilford View Care Home was completed jointly between the ICB and CityCare's Quality Team to seek assurance that improvements had been maintained following a Provider Investigation Procedure applied by the Notts County Local Authority between May and Sept 2022. Evidence of policies and procedures were reviewed, and staff and patients were spoken to.
- 2.5 During all visits staff were welcoming and demonstrated a collaborative and transparent approach. Service users gave positive feedback and described a strong sense of feeling cared for and supported. Key themes raised were challenges with recruitment and the impact on staffing, communication with wider services across the system, and the wider impact of system pressures.

## 3. Working as system partners

- 3.1 CityCare continues to demonstrate focus and intention on their role as partners in the wider system. It has active membership of the system Patient Safety Network; the Partner Quality Assurance & Improvement Group (PQAIG); the newly established Quality Improvement Design Collaborative Hub; and the over-arching System Quality Group.

3.2 NNICB colleagues are routinely welcomed into key quality meetings including the CityCare Holistic Incident Review Panel and Quality Committee; and are invited to attend one meeting per quarter for the Serious Incidents and Learning Lessons Group and Quality and Patient Safety Quality Group. Partnership working continues to be fostered in this environment with input invited and valued from all attendees.

## 4. Looking forward to 23-24

- 4.1 CityCare are developing their approach to the implementation of the Patient Safety Incident Response Framework<sup>11</sup> which will positively impact the adoption of a just culture for patients and staff and enable resources to be focused on learning from incidents and quality improvement.
- 4.2 CityCare have initiated engagement with relevant stakeholders to develop their quality priorities for 2023-24.
- 4.3 CityCare continue to collaborate with system partners in development of the local Quality Schedule and adoption of nationally recommended quality improvement schemes<sup>12</sup>.

<sup>10</sup> <https://www.legislation.gov.uk/ukpga/2022/31/part/1/crossheading/integrated-care-boards-functions/enacted>

<sup>11</sup> <https://www.england.nhs.uk/patient-safety/incident-response-framework/>

<sup>12</sup> <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-23-24/>

# Nottingham City Council Health and Adult Social Care Scrutiny Committee

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The Nottingham City Health and Adult Social Care Scrutiny Committee welcomes the opportunity to consider CityCare's Quality Account 2022-23 and is pleased to be able to comment on it.

No issues relating to the provision of services by CityCare were identified for scrutiny by the Committee during 2022-23. In its comment last year, the Committee noted that the results of the organisation's staff survey in relation to equality and diversity were less than positive and that there appeared to be significant issues to be tackled. The Committee welcomes information

in the report about action that has been taken with regards equality, diversity and inclusion but would like to see more transparent reporting on progress, and reported data from the staff survey in 2022 indicates that there is still need for improvement.

The Committee is supportive of the improvement priorities identified and encourages the organisation to provide feedback to its stakeholders, including through written reports such as the Quality Account, on ambitions and evidence of progress made to enable accountability.

## Healthwatch Nottingham and Nottinghamshire

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Healthwatch Nottingham and Nottinghamshire has taken the decision that it will not be able to provide a statement to NHS Trusts quality accounts this year – which is a voluntary rather than mandated requirement. This is due to the additional roles and requirements of Healthwatch in the new Integrated Care System which it needs to deliver within existing resources.

## Listening to feedback on this report

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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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