

# NEMS CBS QUALITY ACCOUNT

2024 to 2025



NEMS Community Benefit Services Limited (NEMS) is a Company Limited by Guarantee, a not-for-profit social enterprise. Company Registration Number: 12595771. Registered office address Forward House, Station Street, Nottingham, England, NG2 3AJ.



Inside Front Cover

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## CHIEF EXECUTIVE'S

### INTRODUCTION



I feel incredibly proud to introduce and share this year's Quality Account on behalf of NEMS. NEMS' purpose is to provide health and social care for the benefit of the community of Nottinghamshire as a not-for-profit entity. Our primary objectives as an organisation are to ensure the safety of our patients and workforce, deliver excellent quality of care, maintain strong relationships with delivery partners and commissioners, and ensure the financial sustainability of our services.

In our 2024/25 People Survey, 91% of our workforce reported they would be happy with the standard of care provided by NEMS if a friend or relative needed treatment. I wholeheartedly agree with this sentiment. NEMS interact with over 1

million patients annually, and the patients' needs underpin the organisations visions and values. NEMS is a responsive organisation that looks to identify learning and where necessary implement and embed this to ensure we are delivering the very best care to our service users.

I have worked within a healthcare setting for 34 years and I recognise that this setting is rapidly evolving, and innovation is imperative. NEMS actively seeks out new automation and pathways to improve patient outcomes. The streamlining of these services aligning with key stakeholders ensure that the patient journey is at the heart of all we do.

Given the complexity and challenge healthcare providers face innovation and collaboration are essential and assist us to deliver and achieve shared goals. This Quality Account is testament to the innovation that we have forged through our alliances, relationships and teamwork.

It is a pleasure to reflect on our achievements between March 2024 to April 2025 as part of our annual Quality Account.



### NEMS Clinical Audit

The definition for both national and local clinical audit is defined by the National Institute for Health and Clinical Excellence (NICE) in their “Principles for Best Practice in Clinical Audit” as: “A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.”

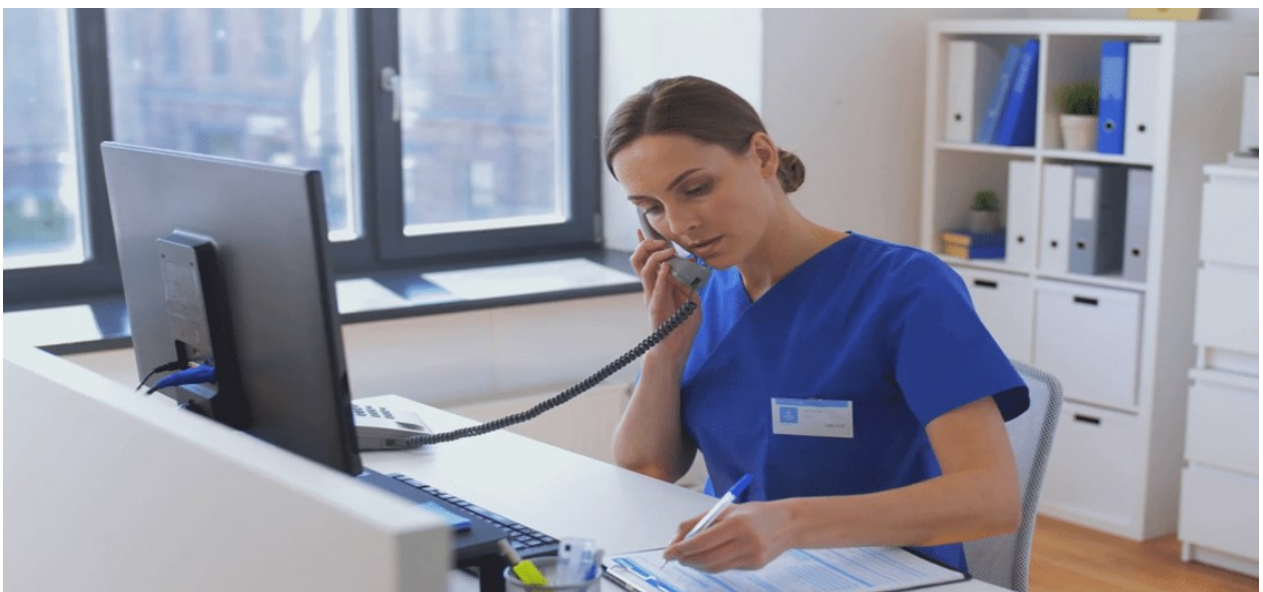
NEMS recognise that our clinical audit program demonstrates our commitment to measure and enhance quality, effectiveness and performance. Although the audit process is a contractual requirement it is an invaluable tool in shaping our risk management strategies.

The purpose of clinical audit is to; ensure we are providing the best care to our service users whilst ensuring organisational learning is shared and implemented where necessary.

NEMS audit process is aligned to the Royal College of General Practitioners (RCGP) Clinical Audit Tool. Retaining the set questions we have developed descriptors within each question set. We have also implemented patient safety themes for each round. This enhancement ensures absolute clarity for our workforce and auditors regarding expectations, thereby reinforcing our commitment to delivering quality and excellent patient care.

NEMS within this reporting period has audited 1.8% of all urgent care patient contact. This practice is higher than our commissioning requirements and demonstrates our commitment to patient safety and learning. To uphold objectivity and comprehensiveness, cases are randomly selected from Adastra, SystemOne and Nerve Centre which are the clinical systems used by NEMS. Our auditors meticulously review clinical notes and depending on the consultation type voice recordings are also reviewed in conjunction with the patient notes.

In 2024 – 2025 NEMS completed 2910 audits.





## People and Culture

NEMS People and Culture is under the leadership of Executive Director Neil Morton. Neil is supported by the Head of People and Culture.

During this reporting period the mean average of employed staff was 185. NEMS also engages with self-employed clinicians across all our services.

NEMS recognises that a strong workforce is the foundation of a successful organisation. NEMS success is directly tied to the dedication, skills, and collaboration of its people.

Our aim is to provide an environment where our people feel a genuine sense of belonging and are empowered to realise their fullest potential, whether this is pursuing a career in our clinical or corporate services. NEMS believe that to deliver our strategy of 'Providing the Best Care Because We Care' care can only be achieved by investing in the well-being and professional growth of our workforce. This entails cultivating leaders who lead by example, inspire, and champion the development of their teams while prioritising the welfare of colleagues.

Through mentorship, training, and a culture of continuous learning, we aim to facilitate personal and professional development which will ultimately contribute to our collective success.

NEMS Listening Forum was established in December 2022. One of our objectives was to ensure NEMS is a great place to work. The aim and focus of the forum are to provide a two-way communication process between workforce groups and the executive and senior management teams enabling all that work at NEMS to give feedback as well as engaging

them in important organisational developments. This gives them a stake in NEMS success and creates opportunities to gain their commitment to implement changes.

The Workforce Forum has representation from all teams. The membership is a representative from each directorate/team. The Workforce Forum acts as a communication platform, enabling them to voice their ideas as well as discuss issues of mutual concern and to bring everyone up to speed on latest plans, developments and strategy. It plays an integral role in improving communication from the top down and the bottom up, helping to create a 'one organisation' culture across services and regions. It will also support management teams with problem solving and implementing new ideas and new ways of working as well as challenging senior managers on the status quo.

This Forum has a real and valuable impact across the organisation, informing, involving and engaging all that work at NEMS by listening and reacting to the issues which directly affect them in their place of work. It is also essential that the Workforce Forum delivers both information and consultation to ensure that our workforce is informed but also has a respected voice to develop strategies and influence decision making. Meetings have been held regularly since its launch during the year with a well-prepared agenda, which all elected members are given the opportunity of contributing items to before it is circulated to ensure they have the opportunity of consulting with their team members prior to the meeting.

The People and culture team have facilitated workshops for managers to support them with



the practical issues that can arise this can include coaching or peer support. Examples of workshops topics that have been delivered include effective management of probationary periods, conducting effective employee appraisals, managing flexible work requests, inclusive recruitment, recruitment and interviewing and effective management of sickness absence.

During this reporting period there has been a drive in our recruitment. NEMS recognise the importance of ensuring we have an appropriate clinical skill to deliver our services safely. NEMS has employed a Recruitment Officer whose goal is ensuring more proactive recruitment, especially for the clinical roles.

We have also developed our Senior Leadership Team. This team support the board and our executive team to delivery NEMS strategy, visions and values.

#### **Attracting and Retaining**

To remain an attractive employer, we regularly look to improve the NEMS 'offer'. This has included improved entitlements for annual leave aligned with length of service, alongside improved rates of maternity, paternity and adoption pay. Staff are given the opportunity to buy and or sell annual leave to support our staff where necessary. These changes were designed to be more reflective of the NHS terms and conditions.

#### **Appreciating our People**

NEMS have created a Recognition Of Staff Excellence – ROSE. This allows us to identify from either colleagues, patients, carers and or partner organisations who have recognised when a member of staff has done something that is above and beyond what might be expected of them in their role. These are shared organisationally within our NEMS Newsletter.

Some examples of these are as below:

*'Ed is resourceful and so helpful. We really appreciate Ed's assistance and input in actions from the Listening Forum and also sorting out ID badges and risk assessments when we need them. Ed, your work is so valued!*

*'I would like to say a huge thank you to Oluwabukola Akinniyi - Patient Services Receptionist - UTC Bukola only started in January, she has been an absolute superstar, changing shifts at last minute. Always with a smile - showing new receptionists the ropes. Bukola has gone above and beyond in every way. NEMS are very lucky to have you!! Thank you!'*

NEMS recognise and celebrate length of service. We recently celebrated a nurse's 20-years of service.





We recognise the importance of sharing compliments received by service users with our staff. It is important to celebrate a staff member's hard work and commitment to deliver NEMS' vision and values. As such, our Chief Executive recognises each compliment and shares the feedback with personal thanks for their hard work. We have also created an intranet page to capture all compliments we receive.



## Dr Jakhio....thank you for being amazing!

We have an amazing workforce at NEMS who demonstrate our values everyday. I am really pleased to let you know that you have received a compliment from a patient wanting to say thank you.

I contacted NEMS this evening as a Paramedic working for EMAS to discuss an ongoing care plan for a patient in the community. I would like to commend the doctor that dealt with call, Dr Jakhio. He was a great help to myself as a crew member and also considered the best interests of the patient. I felt very comfortable having a complex clinician discussion over the phone and appreciate the advice that was given to prevent a hospital conveyance. Many thanks.

On behalf of NEMS Executive Team I would like to thank you for your commitment to patient care.

*Lucy*

Lucy Dudge - NEMS Chief Executive

### UHUK Recognition

NEMS attended the annual Urgent Health UK (UHUK) conference and awards, a key event for professionals in urgent care across the UK. UHUK is a membership-based organisation that brings together out-of-hours and urgent care providers to share best practices, promote innovation, and drive improvements in patient care.

We were thrilled that NEMS received recognition in the Partnership category for our collaborative work on the Urgent Care Coordination Hub (UCCH) project, undertaken with our colleagues at EMAS.

This pilot was launched in 2023, this initiative was designed to provide enhanced, integrated urgent care options. Its success has demonstrated how combining our expertise can play a crucial role in helping to prevent unnecessary hospital admissions.

As the landscape of urgent care continues to evolve, projects like UCCH emphasise that out-of-hours care is not just about primary care but about delivering effective solutions that benefit patients and alleviate pressures on the healthcare system. We continue to support this service and to expand our collaborative efforts with EMAS and other providers to meet the growing needs of our communities.

This allowed us to recognise the importance of our dedicated management and operational team for their ongoing support in delivering this essential service, as well as to every clinician who has facilitated calls and enhanced the quality of care we provide.



## Health and Wellbeing

At NEMS we take great pride in ensuring we prioritise the health and wellbeing of our workforce. Employees want to work for organisations that prioritise their well-being and mental health, offering support and resources to support a work life balance.



In 2024 we committed to raising awareness of the Menopause and we registered this commitment by becoming a menopause workforce friendly advocate. Research shows that most working women between 40-60 have experienced symptoms related to menopause transition with the most common symptoms reported as anxiety, mood disturbance, loss of confidence and reduced concentration.

It is important that employees at NEMS know there are support and adjustments available during this time of life. Employees are encouraged to speak to their line managers or out People and Culture Team . NEMS developed a menopause symptoms questionnaire, and this was accompanied by workplace adjustments also provides further information.

We also recognised with men in mind, that some men when they reach their late 40s to early 50s may also develop mood swings, general lack of enthusiasm and other physical symptoms that impact everyday life and joy.

Although typically, men do not have a sudden drop in testosterone like in female menopause. Lifestyle factors like stress, depression and anxiety also contribute.

## Employee Assistance Programme (EAP)

This is facilitated by Health Hero and offers counselling services, legal information, manager support, money and debt and health and wellbeing. This provides a safe and confidential place for our employees to talk about a concern at work or in the personal life.

## Grief support

NEMS recognise that people undergo the grieving process when they lose someone important to them. It can affect people differently, and there is no right or wrong way to feel. There is no timescale for this, and it can take an individual time to come to terms with this and to cope with the loss of a loved one.

NEMS encourages compassion and support for people who are grieving. The aim is to raise awareness of the incredible bereavement services in the UK.



## Recognising and supporting our carers

NEMS supports our carers by facilitating workplace adjustments. This can be an adjustment to working times or days or ensuring our managers are flexible where possible to support these members of staff. We also took the opportunity to celebrate their commitment outside of work by sending each

carer a bouquet of flowers and a note to recognise their hard work.

Key members of our clinical and operational teams are also Mental Health First Aid trained to provide first level of support to our employees.



## COPE

We want to create environments to safeguard the health and wellbeing of their employees. The key objective of this service supports NEMS help to:

- Reduce business risk in relation to health
- To assist us to reduce absence and maximise productivity.
- To create environments to safeguard the health and wellbeing of our employees

We have developed a dedicated page on our intranet that details all levels of support we have put in place for our staff.

## Annual People Survey

The annual people survey is a requirement of the NHS Standard Contract. It is designed to collate feedback that can be used to engage with employees, initiate improvement, and is also a tool for comparing the experiences of those who work at NEMS with those of the wider NHS.

Our objectives for this year were:

- ✚ Increase staff engagement
- ✚ Identify areas for improvement and actionable insights
- ✚ Enhance communication and trust.
- ✚ Ensure the questions were relevant. Ensure the questions align with strategy and anticipated values.
- ✚ Additional focus on questions following Aims/Values/DEI survey and NHS requirements.

The engagement in our survey is as detailed below:

- **2022 – 48%**
- **2023 – 49%**
- **2024 – 28%**

NEMS recognise that the levels of engagement have significantly dropped in 2024. This was presented to NEMS board members who have asked for a review of the process with discussions being raised at our listening forum.

## Staff Experience at work

- ✚ 41% of our workforce state that they often look forward to going work.
- ✚ 31.1% reported feeling always enthusiastic about work.
- ✚ 3.2% who never or rarely are enthusiastic about work.

## Team working

- ✚ 72% of respondents said they felt they were part of a team with shared objectives.
- ✚ 75.4% agreed that they were able to make suggestions to improve the team's work which remained consistent with 2023 response at 74.4%.

### Training

- ✚ 75% reported that they were offered non-mandatory training in the last 12 months.
- ✚ 93% of respondents had completed their mandatory training over the last 12 months.

### Health and Wellbeing

- ✚ 86% of respondents indicated that NEMS takes positive action on health and wellbeing.



### Colleague Support

The trend continues upwards for staff continuing to recognise the support they receive from their work colleagues reported at 91.8%

### Duty of Candour

- ✚ 72% of responses agreed that NEMS acts when near misses happen and give appropriate feedback. This was a 5% increase from 2023.

- ✚ 80% of respondents said that managers encouraged reporting errors, near misses or incidents. This was a 10% increase from 2023.

NEMS included a new question for 2024 in line with the NHS which was regarding unwanted behaviour of a sexual nature. A 100% reported never received a 100% never response.

### Quality of care

91% of those that responded said they would be happy with the standard of care provided by NEMS if a friend or relative needed treatment.

### Next Steps

The board will review a plan of action for 2025 survey to ensure; support our workforce to complete, ensure questions are relevant and to complete a 'you said we did' workforce response.

## NEMS Current CQC Inspection Summary

### Overall inspection



### Updated 25 April 2014

NEMS Community Benefit Services Limited (NEMS CBS) provides out-of-hours General Practitioner (GP) services for around 722,000 people living within Nottingham City and southern Nottinghamshire.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place over two days with a team including two CQC inspectors, a GP practice manager and an expert-by-experience.

We found the service was effective in meeting patient needs and had taken positive steps to ensure people who may have difficulty in accessing services were enabled to do so. NEMS had in place an effective system to ensure that patient information was promptly shared with each patient's own GP to ensure continuity of care.

Patients told us that they were happy with the care and treatment they received from the staff at NEMS and they felt safe. There were robust systems in place to help ensure patient safety through learning from incidents and the safe management of medicines. The provider had taken robust steps to ensure that all staff

underwent a thorough and rigorous recruitment and induction process to help ensure their suitability to care for patients.

Patients experienced care that was delivered by dedicated and caring staff. People we spoke with praised staff for their kind and caring attitude, and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained.

NEMS had effective systems in place to ensure their service could be delivered to the widest range of patients with varying levels of need. There was good collaborative working between the provider and other healthcare and social care agencies which ensured patients received the best outcomes in the shortest possible time.

We found that the service was well-led and managed by an enthusiastic and knowledgeable senior management team, and their values and behaviours were shared by staff. Members of the staff team we spoke with all held very positive views of the management and leadership and felt well supported in their roles. They told us that the senior managers were approachable and listened to any concerns or suggestions they might have to improve the level of service provision.

## Quality Governance



NEMS is a responsive organisation that aligned to our visions and values encourages our workforce to raise incidents and learning events. As detailed within our staff survey our workforce shared that errors, near mistakes or incidents are reported NEMS takes action to ensure to reduce reoccurrence. There was a noted positive shift from 2023 to 2024 in the response rate.

NEMS Quality Governance team are committed to ensure we learn from all feedback and that we ensure we are providing the best care because we care.

The team ensure that all incidents, complaints and health care professional feedback are investigated thoroughly to prevent the same issues reoccurrence. The quality governance team is monitored to ensure we proactively monitoring themes and trends.

The teams work in close partnership with NEMS Medical Director, Clinical Director, Clinical Management Team, front-line staff and stakeholders such as East Midlands Ambulance Service, DHU, Nottingham University Hospital, Sherwood Forest Hospitals NHS Trust, and Coroner's offices to ensure that patient safety remains our priority.

## Patient Safety Incident Response Framework (PSIRF) and Serious Incidents (SIs)

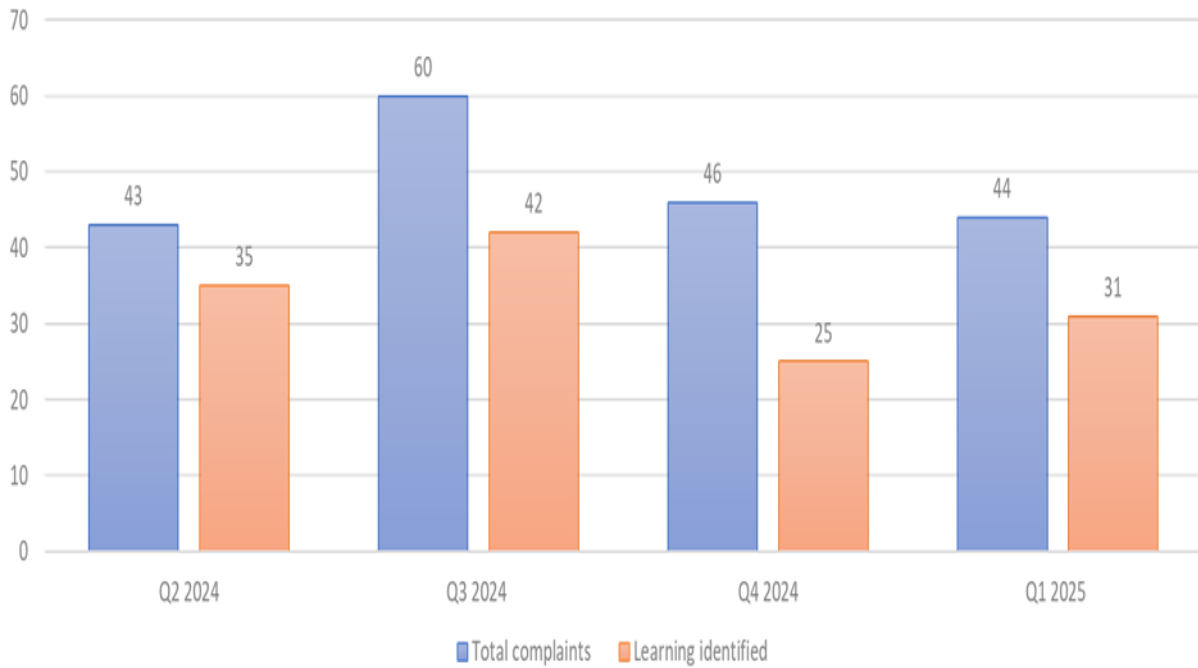
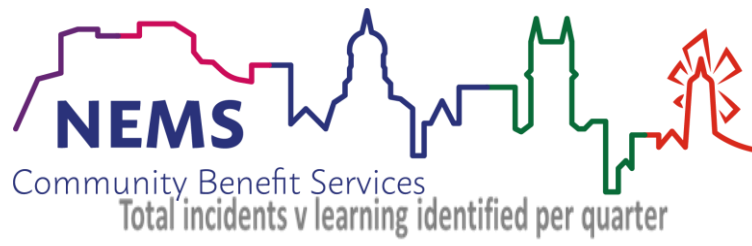
The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF replaced the previous Serious Incident Framework. The framework represented a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

NEMS implemented PSIRF as an organisation from November 2023.

The key objective of a Patient Safety Incident Investigations (PSII's) is to identify underlying system factors that contributed to an incident rather than a determination or apportion blame to individuals. NEMS investigation process follows the Duty of Candour and engages and involve patients, carers, families and staff after a patient safety incident, to help identify what happened and how this resulted in a patient safety incident.



Prior to 2023 Serious Incidents were reported on STEIS; the National Serious Incident reporting system to ensure learning was shared on a National and local level. In September 2023, NHS England adopted a new National reporting platform – Learning from Patient Safety Events (LFPSE), which has now replaced STEIS.

During this reporting period, NEMS reported 4 PSII's.

During this reporting period NEMS investigated a total of 193 incidents. As part of our investigation process we identified 133 of these incidents identified learning. This learning and its implementation and embedding is captured prior to the closing of our investigation. NEMS review data trends and we are pleased to see increased reporting of incidents from our workforce which exemplifies our excellent reporting culture, demonstrating a cycle of learning and improvement.

NEMS Executive Medical Director Dr Jasnita Mandhar has set up an additional process where each incident/complaint/HCP is reviewed to decide if it meets the criteria of a learning event. This learning is then shared to all NEMS CBS via a Clinical Newsletter or personally to the clinician if more appropriate.

All incidents that are raised receive a response back to the reporter. This response ser with an outcome and what learning we have implemented from their raising to empower our workforce to help us improve the service we deliver and the environment of our workforce.

The reporting of incidents has been static over the year, with an increase noted from Q3. There are no specific trends for this increased reporting but appears to be in direct correlation to the increased patient volumes.

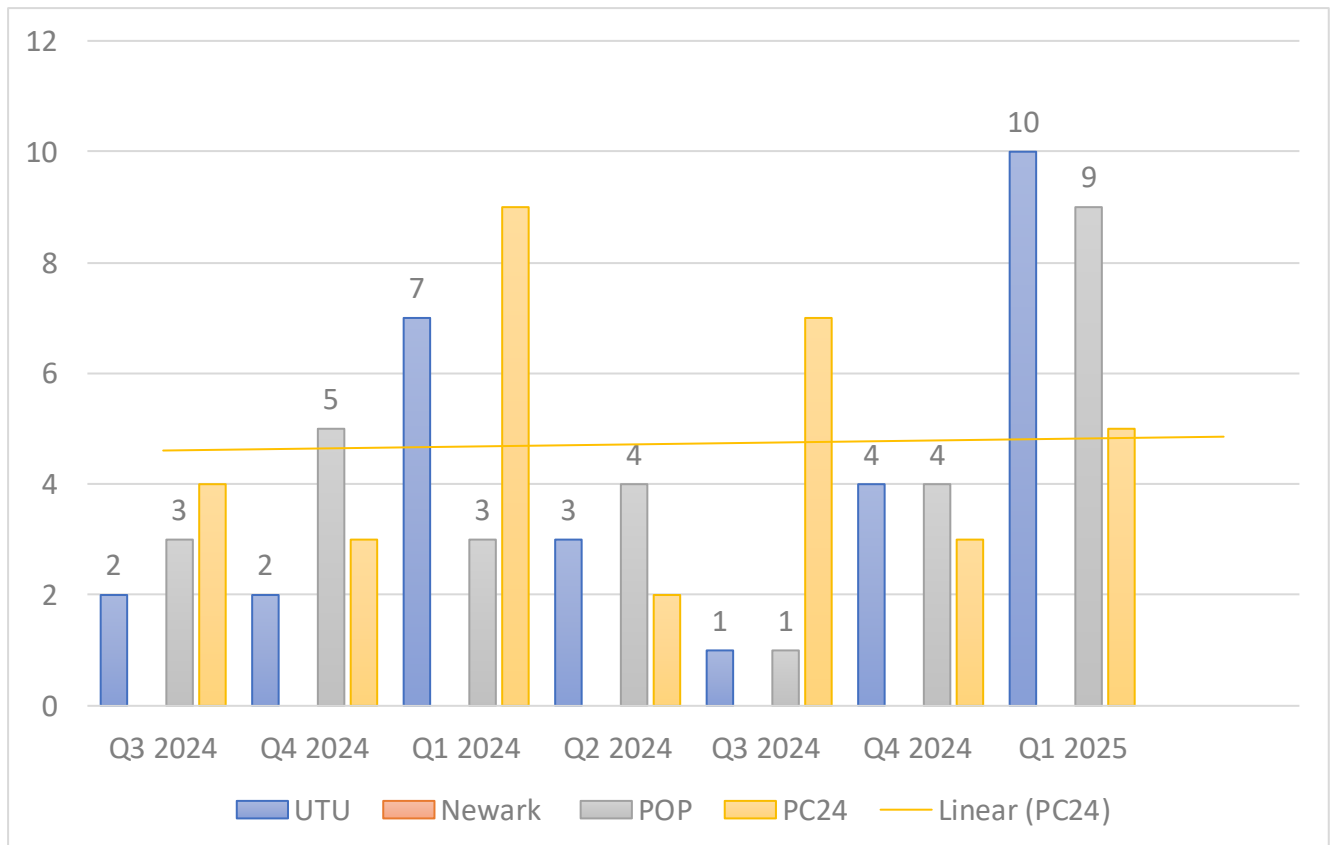
**Complaints**

NEMS is aligned to the NHS Complaints Regulations.



**Patient feedback**  
listening to you

In 2024/25, NEMS received a total of 53 complaints. Reviewing the historical trend there was an increase during periods of high demand as captured below in Q1 2025.





In 2024 NEMS instructed an external Core Review audit. This audit was undertaken by ASW Assurance. NEMS governance processes, including how we conduct our complaints process, formed part of this review.

The auditor noted that concerns and complaints are managed appropriately and in line with the NHS complaints regulations. There was evidence to confirm that each had been investigated and responded to in a timely manner.

The auditors feedback is captured as below:

*“The organisation could demonstrate that learning from complaints is identified and shared, and that there is regular reporting of activity and learning to the Executive Team, Quality Governance Committee, Board and commissioners.*

*The Head of Quality Governance & IG was working closely with clinical and service leads, and that there were where NEMS share complaints activity and learning relevant to their area.*

*It was noted that NEMS shares information with its patients and the public on our website about how concerns can be raised, and ‘educational packages’ were in the process of being developed, to include details of feedback and complaints processes, for display on electronic screens at bases.”*



**Pillar 3: Governance**

Areas covered

1. Managing complaints

2. Risk management

Pillar rating

Good

Our findings

1. Managing complaints

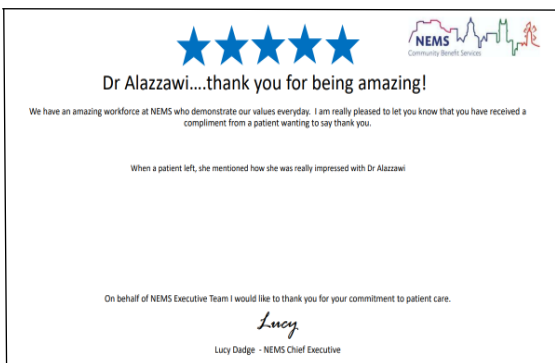
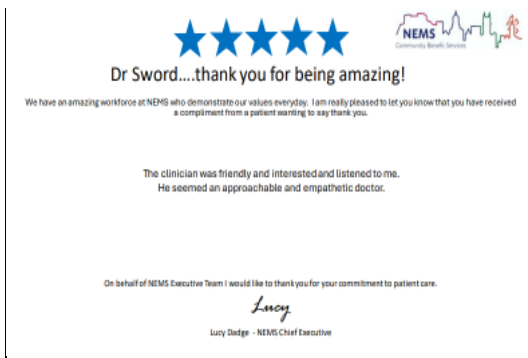
**Compliments**

NEMS compliments are received face to face, on the phone either at the end of the consultation or patients and carers may contact us specifically to pass on a compliment. Written compliments are received via letter, email, thank you cards and or via our website google review. Patients or carers may also fill in feedback cards or pass on positive feedback with patient satisfaction surveys. At two of our sites, we have feedback machines that service users can use to provide feedback following their contact with our services.

We acknowledge that it is very rewarding for our workforce to receive a compliment from a service user. Our workforce receives a thank you from the Chief Executive detailing the feedback shared. NEMS also has a comment box and ROSE recognition scheme where staff can complement and praise each other for work well done. These are recorded as internal staff compliments.

During this reporting period NEMS received 490 compliments.

Some examples are shared as below:



## Clinical Training and Education

NEMS recognises the importance of mandatory and clinical training. Clinical training is crucial as it equips healthcare professionals with the necessary practical skills, knowledge, and experience to deliver safe and effective patient care, ultimately improving patient outcomes. It also enhances communication, empathy, and professionalism, fostering better patient experiences and promoting a culture of continuous learning and improvement.

NEMS have an agreed list of mandatory training requirements such as safeguarding, Information Governance, health and safety, infection prevention and control and prevent. This helps maintain high standards of care and safety for patients and staff.

This training is to ensure our healthcare professionals are supported and equipped with the necessary skills, knowledge, and competencies to deliver high-quality care. This also supports revalidation, appraisals and ongoing professional development. It ensures our workforce skills remain updated and that all advancements made in healthcare practices are aligned to practice.

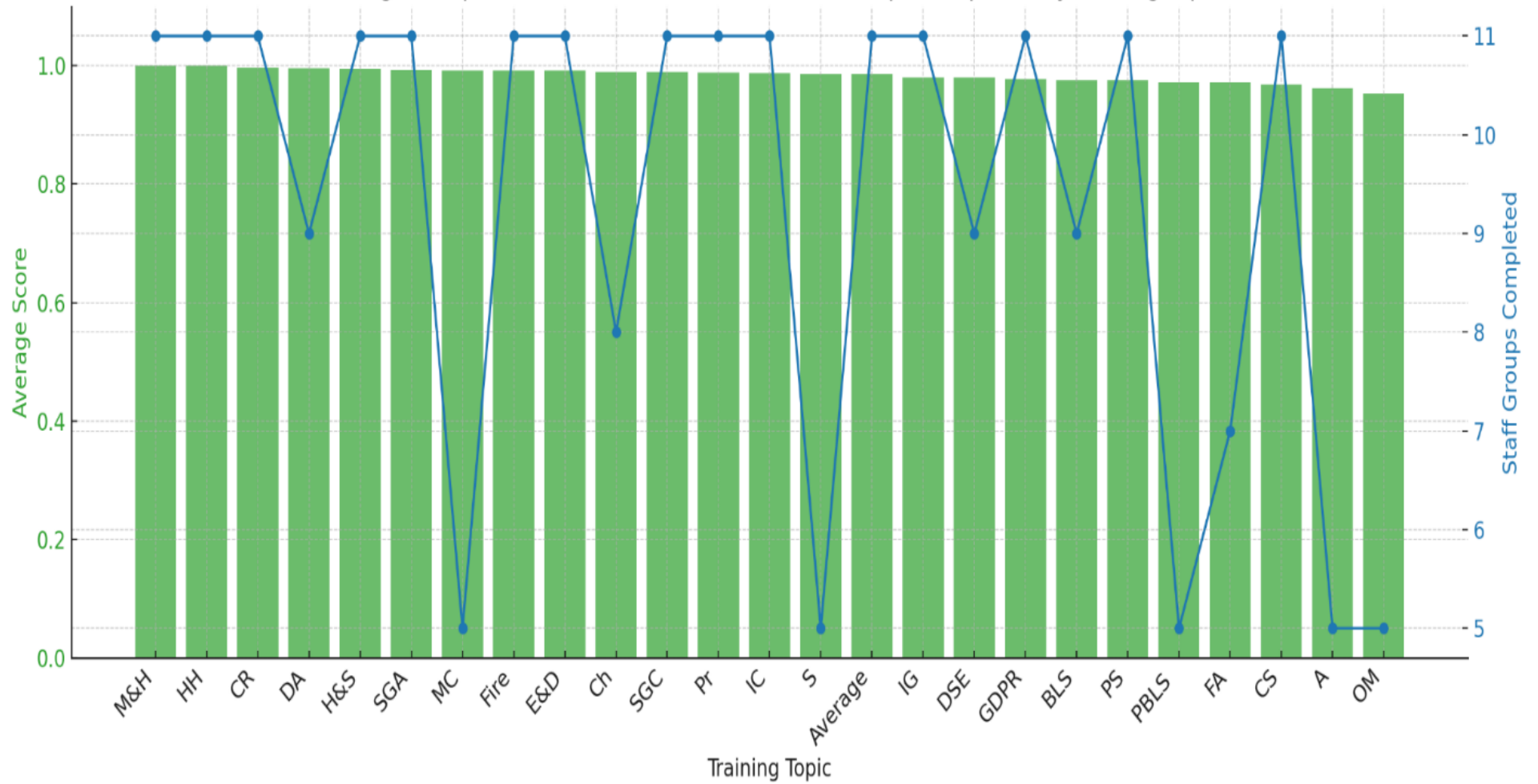
NEMS has maintained an organisational compliance rate of between 96-98% throughout 2024/25.



NEMS Clinical Training team have delivered during this reporting period the following learning events/programmes:

- ✚ EMAS calls
- ✚ BD – vacutainer training
- ✚ Practical venepuncture
- ✚ Equality, diversity, anti-racism
- ✚ Early pregnancy and PV bleed
- ✚ NMP forum
- ✚ BMJ best practice
- ✚ ACP training day
- ✚ HCA training day
- ✚ Mandatory Nurse Training
- ✚ Learning programme – Medicines Management
- ✚ Dressings and suture removal
- ✚ Renal colic training
- ✚ Learning programme – drugs and alcohol
- ✚ Anaphylaxis rolling training
- ✚ Updates in primary care
- ✚ Call before convey
- ✚ NMP forum – antibiotic choices
- ✚ Sexual harassment
- ✚ Fever endocarditis
- ✚ Mandatory nurse training
- ✚ MPOX training
- ✚ Safeguarding
- ✚ Telephone triage refresher course
- ✚ NMP forum – weight loss drugs

Average Compliance Score and Number of Staff Groups Completed by Training Topic



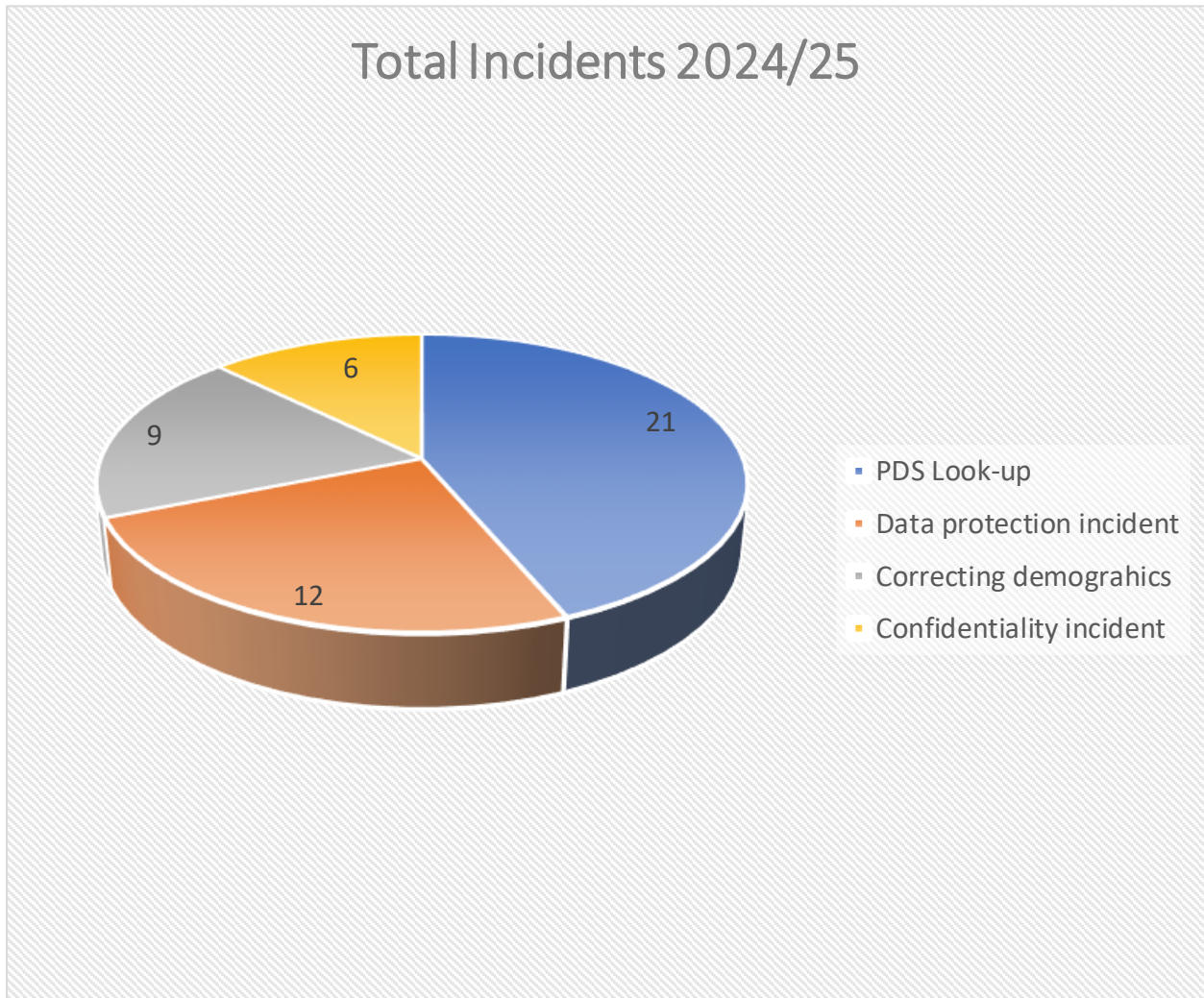


Row Labels	Total	GDPR	IG	CS	CR	Sum of M&H	Sum of Pr	Sum of E&D	Sum of SGA	Sum of SGC	Sum of PS	Sum of HH	Sum of Fire	Sum of H&S	Sum of IC
Average		98.0%	98.0%	97.0%	99.0%	100.0%	99.0%	99.0%	99.0%	99.0%	98.0%	100.0%	99.0%	99.0%	99.0%
Coordinators	28	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Drivers (GN)	15	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Drivers (MN)	9	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HCA's (GN)	22	91.0%	91.0%	91.0%	100.0%	100.0%	100.0%	100.0%	96.0%	96.0%	90.0%	100.0%	100.0%	100.0%	100.0%
HCA's (MN)	7	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Head Office & Governance	20	100.0%	100.0%	95.0%	100.0%	100.0%	95.0%	95.0%	100.0%	100.0%	95.0%	100.0%	95.0%	100.0%	95.0%
NATH	13	92.0%	92.0%	92.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Nurses (GN)	34	97.0%	100.0%	97.0%	97.0%	100.0%	93.0%	97.0%	97.0%	93.0%	97.0%	100.0%	97.0%	100.0%	100.0%
Nurses (MN)	30	97.0%	97.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	97.0%
Shift Leaders	20	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	95.0%
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The chart details all related incidents 2024/25



As part of the UHUK Part B audit Information Governance was incorporated. ASW reviewed our organisational controls, and the auditor noted:

*“Based on our review of policies and our discussions with key leads, NEMS appears to have appropriate arrangements in place for data storage, access, retention and disposal. These include a range of technical and physical controls to ensure that access to confidential and personal data is appropriately restricted, and processes for the routine monitoring of compliance. Controls are, in part, managed by Notts Health Informatics Service (NHIS), who NEMS contracts to provide IT services. Policies are in date, accessible to staff and subject to regular review. Risks have been assessed and documented.*

*Data security is covered within the basic information governance training that is mandatory for all staff. At the time of our review, overall compliance figures were high, at 98%. We saw examples of briefings reminding staff of their information security responsibilities, and the Quality Governance & IG Lead was in the process of developing a short staff survey to assess awareness and understanding of key principles.*

*An annual information governance audit process is in place, which incorporates site visits, and there is regular reporting on information governance related matters as part of a quarterly Quality Governance Report.*

*It is evident that this has been an area of development for NEMS over the past 12-18 months, with a range of actions taken to strengthen governance arrangements and controls”.*



### Pillar 7: Information Governance

#### Areas covered

1. Data storage, access, retention and disposal

2. Managing subject access requests

#### Pillar rating

Good

#### Our findings

##### 1. Data storage, access, retention and disposal

##### 1.1 Assessment criteria

Score	Criteria
3	The organisation is proactive in monitoring and reviewing its data security controls and demonstrates a culture that supports continuous improvement.
2	The organisation can demonstrate that its controls with regards to data storage, access, retention and disposal are complied with. Staff have completed relevant training and are aware of their responsibilities.
1	The organisation has appropriate and documented controls in place in relation to data storage, access, retention and disposal, in line with the General Data Protection Regulation (GDPR).
0	The organisation does not have appropriate policies or controls in place in relation to data storage, access, retention and disposal.

##### 1.2 Conclusion

Score Assigned 2



### **Infection Prevention & Control (IPC)**

NEMS vision and values 'providing the Best Care Because We Care' is underpinned by our commitment to prevent and control infection.

IPC is an annual mandatory training for our workforce. This ensures that IPC is part of everyone's daily commitment to safe service delivery. IPC is encouraged and embedded in everyday practice across the organisation. This is in line with The Health & Social Care Act 2008, which requires healthcare organisations to have clear arrangements for the effective prevention and control of healthcare associated infection.

Infection, Prevention and Control (IPC) is under the leadership of NEMS Executive Clinical Director Alison Buchanan. NEMS has appointed an IPC Lead nurse who supports both clinical and service delivery colleagues across the organisation.

IPC became an even more crucial part of our care delivery during the Covid 19 pandemic 2020-2022 to ensure safety of our colleagues, our patients and their loved ones. In the last 18 months we have had periods where we have instructed our workforce to go back to mask wearing and PPE in line with NUH and SFH IPC guidance and policy. This was due to an increase in reported respiratory illness of patients and staff.

### **Managing Outbreaks**

During this reporting period NEMS have seen an expansion of the viral hub. This hub triages people with confirmed or suspected influenza in and out of season. Flu season is typically between November-March. The national

requirement is for ICB's to commission an antiviral service to meet the needs of local patients in the event UKHSA declare an influenza outbreak. The flu service run by NEMS is in place to manage the outbreak of influenza in care home across Nottingham, Nottinghamshire, mid NOTTS and Bassetlaw. NEMS also provides a service for patients who have tested positive for Covid-19, following triage and criteria eligibility the GP decides on best management with anti-viral medication either orally or by infusion.

NEMS set up an IV infusion service in the community for patients at PC24- KMH on the 17 July 2023 and at POP for patients later in the year, to receive the anti-viral via infusion. From the 17 July 2023 to the 31 March 2024, we have undertaken 1588 consultations for with 881 patients receiving treatment (55.48%) and 707 (44.5%) not requiring treatment. 647 of these patients received oral treatment, 437 were not eligible for the IV infusion and 126 patients have been seen for the IV infusion to be delivered by NEMS.

The service was initially set up at PC 24 and then expanded across to POP (Platform One) to capture the city patients. The Viral hub also provides a remote triage service for Avian Flu outbreaks with most cases requiring prophylaxis treatment.



This year has seen a rise in Measles, with an increase in Measles, NEMS was asked to support with HNIG (Human Normal Immunoglobulin) in the community for pregnant ladies identified high risk from UKHSA.

Since the 25 September 2023 there have been 213 cases (180 confirmed and 33 probable) in the East Midlands. There were 17 confirmed cases in Nottingham and Nottinghamshire with 2 probable cases in Nottingham and Nottinghamshire. This is an ongoing project to be able to deliver the service in July 2024. At NEMS we have insured that our workforce has had the MMR who have been referred to occupational health for screening of measles status.

#### **Infection transmission incidents**

As a responsive organisation all incidents are investigated in detail to identify learning and where necessary changes are made to ensure we are providing the very best care to our service users. The outputs from our investigations are cascaded to our workforce to ensure organisationally we learn and implement best practice.

There have been 1 needlestick event at NUH. This was a new member of the team. The Injury occurred due to patient movement, further training was undertaken to understand

how / why it happened and to prevent in the future.

Fridge thermometers giving inconsistent readings at platform one so replaced and new data loggers in each fridge. Fridge temperatures at NEMS sites are checked 12 hourly 7am and 7pm.

Temperature breaches of meds during extreme heat in the meds room at Platform one. Daily temperatures are checked and further checks to be undertaken 4 hourly when extreme heat. To prevent reoccurrence NEMS have invested in an air conditioning unit, which was installed this year.

Medicines temperature breaches at UTU (NUH). This resulted in the purchase of a new cooling cabinet and ongoing review by pharmacy lead.

#### **Policy maintenance**

NEMS have an overarching IPC policy in place. Our current policies and SOPS support the consistent prevention of infection across our services. These policies and operational documents are continuously reviewed to ensure they meet the current local and national concerns with advice from our ICB, PHE and NHS England infection control leads.

All infection Prevention and control related policies have been reviewed and ratified within this reporting period.

#### **Training**

Patients are at the heart of what we do, we strive to provide excellent clinical outcomes and a safe appropriate experience. Lifelong training and education for all our workforce is a pivotal part achieving this vision. The following section of the report relates to the ongoing initiatives taken by the Clinical Training and Education Team to influence this vision. Within the last 7 months NEMS have appointed a second nurse educator also.

IPC is a mandatory training module for all staff (including GPs), and we have an organisational

compliance rate of 99% average for all Operational & clinical staff during this reporting period.

NEMS services are delivered across 4 sites. Infection prevention and control compliance is monitored via a monthly audit programme and our internal incident reporting processes.

Historically there have been challenges with some services being hosted by acute trusts and subject to their IPC requirements and audit and other sites having NEMS specific organisational and mandatory requirements. Recent quality improvement work has implemented regular, robust and centralised audit and reporting mechanisms to better evidence the IPC services delivered whether hosted or independent.



NEMS have recruited additional HCAs across 3 of our sites. This required further training for hand washing and hand-washing audits. The handwashing audit is carried out over our sites and continues to be ongoing currently. All staff (clinical, GPs and nonclinical) are expected to undertake a face-to-face hand hygiene update.

### **Risk Assessments**

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out/reviewed:

Legionella (Water) risk assessment: NEMS has external testing to ensure that the water

supply does not pose a risk to patients, visitors or staff.

**Immunisation:** As part of our recruitment process, our workforce are asked to provide evidence of their immunisation status. This is especially in relation to MMR, Seasonal Flu, Hepatitis B and Covid. We actively encourage immunisation to be in line with the national programmes.

Flu is a major reason for high demands on our services during the winter. Every year during the influenza season, employees are encouraged to undertake a yearly flu vaccine with their GP surgery or local pharmacy.

We also explain the potential risk from blood borne viruses and promote Hepatitis B immunisation for these members of staff. We have an immunisation database and refer to occupational health specialist services as required.

With a recent national rise in Measles and affecting the East Midlands with some cases in Nottingham and Nottinghamshire all clinicians were advised to provide evidence of their MMR to HR and if unable to provide, they are referred to COPE (Occupational Health) for onward management and testing.

**Curtains:** The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect in our service, we use disposable curtains and ensure they are changed every 6 months at Platform One. Cleaning staff are responsible for review and replacement of curtains at our host sites at Newark, PC24 and NUH. All curtains are regularly reviewed and change if visibly soiled.

**Hand washing sinks.** NEMS clinical rooms have clinical hand washing sinks in every room for staff to use.

**Personal Protective Equipment (PPE):** NEMS provides PPE for all members of the team



when required for seeing patients with a query infectious disease e.g., covid positive or suspected measles. Clinical staff are provided with aprons, gloves, face shield or mask. There is an Isolation room to be used when required at Platform one and PC24.

### Infection Prevention Audit and Actions

At NEMS we aim to keep our sites clean and tidy and offer a safe environment to our patients and staff. We endeavour to ensure all sites are kept clean and well always maintained.

Our workforce follows our Infection control Policy to ensure the care we deliver and the equipment we use is safe. There is a lead IPC nurse. At each site there is a named infection control link nurse to ensure audits are completed and to ensure any shortfalls identified are addressed in a timely manner.

### Scheduled Audits

NEMS carries out a monthly IPC Audit at Platform One, NUH and SFH (PC24).

As a result of the audits, the following things have been changed at NEMS:

- ✚ General repairs to some furniture – re-upholstering of some chairs and couches.
- ✚ Painting of some walls wear bare plaster had been noted – especially at Platform one and PC24.
- ✚ All posters to be laminated in clinical rooms and in the waiting area so that they can be wiped clean.
- ✚ Ad hoc spot checks of all rooms in between monthly audits.
- ✚ Yellow sharps bins containing inappropriate items. Target information was shared with our workforce via the clinical newsletter, daily audit and monitoring of rooms. Locking of upstairs clinical rooms during the evening / overnight to reduce the problem.

NEMS has a responsibility to act as Antibiotic Guardians and, where appropriate educate patients with regards to unnecessary antibiotic use. Antimicrobial stewardship is a priority for NEMS. Antibiotic prescribing is audited across all sites.

It is important to explain the rationale for the clinician antibiotic choice, correlating it with the clinical presentation, and ensuring adherence to Notts APC guidance.

This year we have a new pharmacy lead appointed whereby work has started to look more closely at the prescribing of clinicians.

With recent change in pharmacy closing times in the mid Notts (Mansfield) area there has been a higher significant of meds issued from stock at PC24 which has resulted in some stock availability problems as well as local pharmacy not having stock of some first line antibiotics.



### IPC Site Inspection

Part of the UHUK Part B audit included an IPC inspection at Platform One and the output of that inspection is as below:

#### 3. Infection Control


##### 3.1 Findings

	Yes	No
Do all parts of the premises appear clean, tidy and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do staff have access to appropriate cleaning materials, if required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do staff have access to appropriate protective clothing, if needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are isolation/other appropriate facilities available for when a service user is suspected or known to have a transmissible infection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are adequate hand washing facilities available and easily accessible by all staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	Yes	No
Is waste segregated into appropriate colour-coded storage or waste disposal bags/containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there clinical waste posters and/or a waste policy identifying waste segregation on display in clinical areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 3.2 Areas for Improvement

-  No issues or areas for improvement identified.

### Patient Engagement

NEMS recognise it is crucial for healthcare providers to engage with our service users. It allows us as an organisation to understand the patient perspectives, identify areas for improvement in care, and ultimately enhance the patient experience and quality of care. It also helps build trust between providers and patients and ensures compliance with healthcare standards.



During 2024/25 NEMS Governance team completed a Patient Engagement Improvement Project. Historically NEMS data relating to feedback was limited and we identified this as a risk. The team reviewed the mechanism in place for gaining and feedback and reviewed the questions we were asking those who attended or had contact with our services.

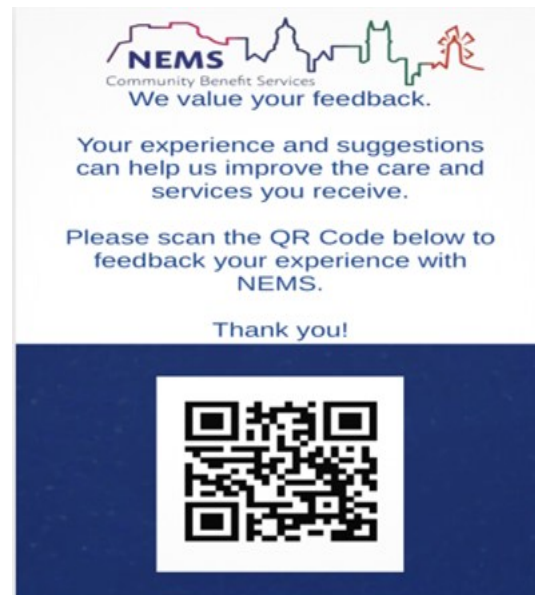
NEMS is dedicated to ensuring exceptional experiences for patients using our services, prioritising their best interests. We uphold principles of dignity, respect, compassion, and understanding for all patients, families, and caregivers accessing our services. The team are committed to:

- ✚ Gathers feedback through reviewed channels.
- ✚ Monitors and analyse feedback data
- ✚ Present the output to NEMS Board
- ✚ Shares experiences across the organisation
- ✚ Promotes and implements learning and share best practices.

- ✚ Supports and facilitates improvement initiatives and changes

The established channels NEMS utilise to capture feedback are:

- ✚ Compliments, complaints, concerns, and Health Care Professional Feedback/Service to Service requests
- ✚ Friends and Family Test (FFT).
- ✚ Surveys
- ✚ Feedback kiosks
- ✚ GoodSam
- ✚ QR Codes



As referenced NEMS utilises feedback kiosks to obtain feedback. As part of the engagement project, we reviewed the questions to allow NEMS to incorporate feedback relating to the cleanliness of our sites and the behaviours of our staff. There is also a free text box to allow service users to raise feedback outside of the specific questions. All feedback that is raised with contact details are responded to too.

Examples of the questions and responses are as below:

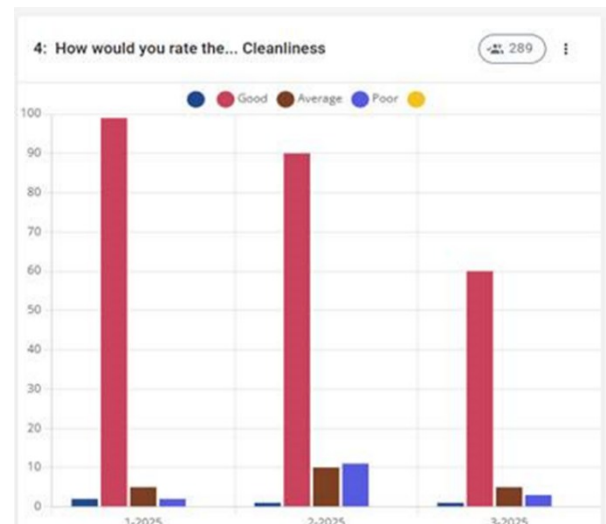
**“How satisfied are you with the kindness of our staff”**



**“How satisfied were you with the behaviour of our staff”**



**“How would you rate the cleanliness of our site”**

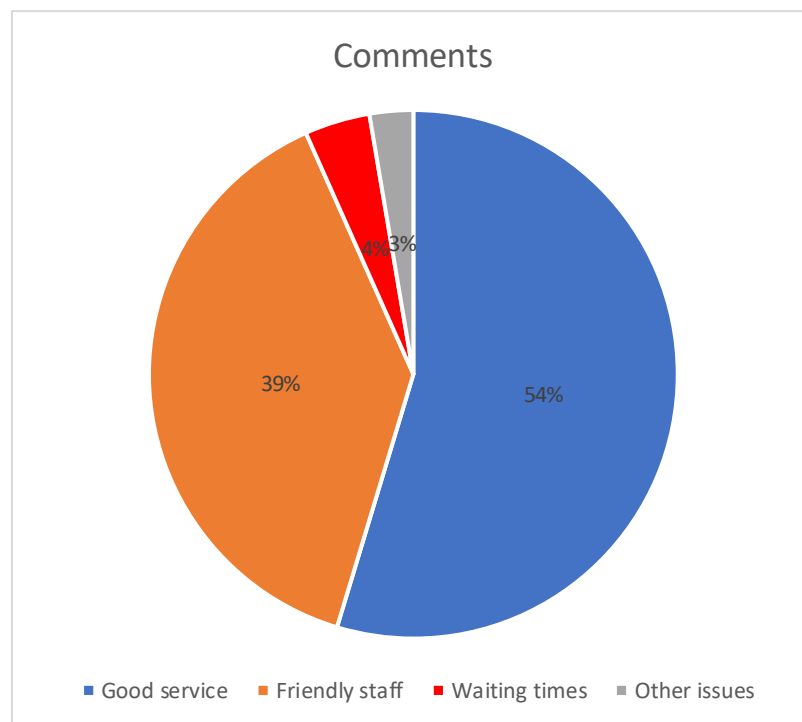


NEMS Board are presented on quarterly basis patient feedback. This data is presented per site per month.

This allows NEMS to complete a 'You said, we did'. Given high level of patient's reporting long waits within this month report and understanding our staffing levels at the reporting period it was agreed that actions were required. We acknowledge that although there can be periods of long waits due to high demand.

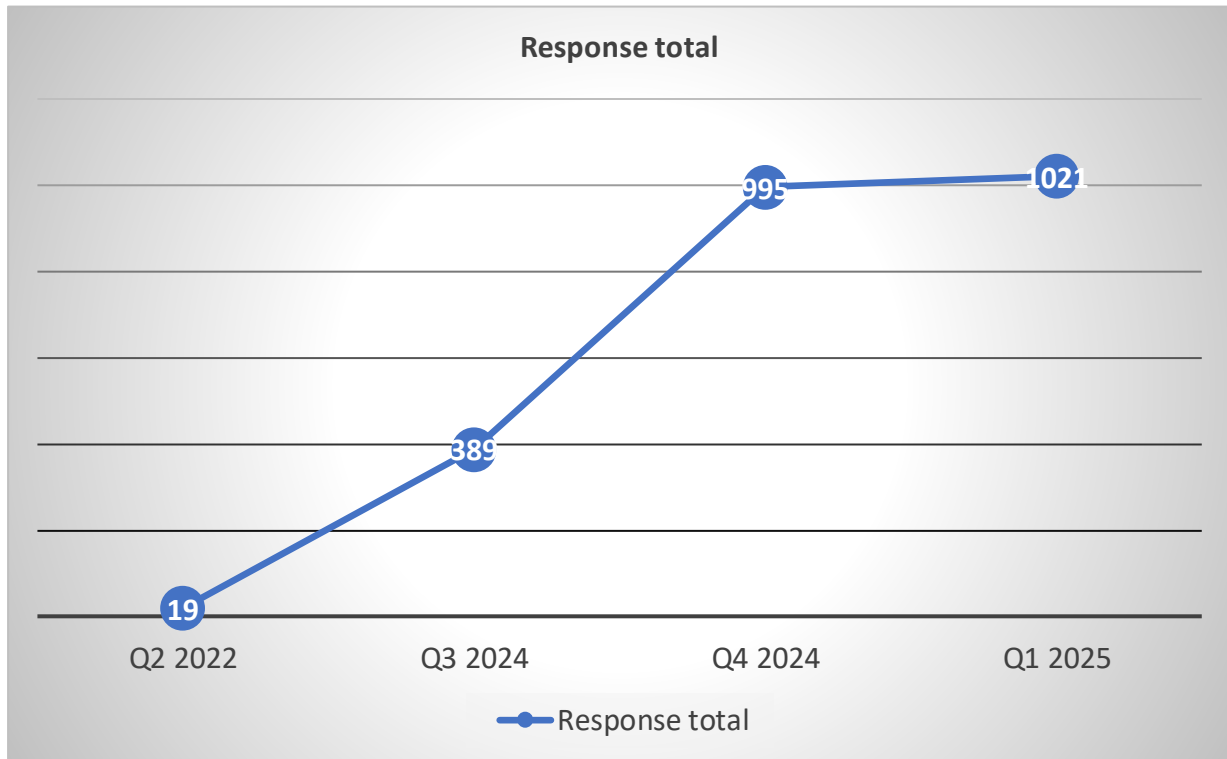
The table below demonstrates the data captured in January 2025:

NEMS action following this review is to put in place comms screens at our sites. This will hopefully assist in managing patient expectation by notifying them of the expected wait time during periods of high demand.



### Patient Engagement Achievements 2024/25

The table below demonstrates the success of NEMS Patient Engagement Improvement project:



### Improvements 2025/26

During 2025/26 NEMS are committed to complete Part B of the project that will demonstrate further improvements and higher levels of engagement and actions taken as an organisation.

Within NEMS UHUK Part B external audit, the auditor conducted a review of how we obtain and use patient and staff feedback. The auditors feedback is captured below:

“The organisation has a range of mechanisms in place for gathering the views and experiences of patients and staff. Views are taken into account and appropriate action taken where issues are raised”.

### Emergency preparedness, resilience and response (EPRR)

NEMS recognises the need to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). New arrangements for local health EPRR form some of the changes the Health and Care Act 2022 is making to the health system in England.



Ange Sbardella-Walton NEMS Executive Director of Operations is responsible for EPRR.

NEMS is committed to ensuring the continued delivery of essential services in the event of an emergency or incident. This commitment is reflected in the development and implementation of a robust BCMS that adheres to the best practices outlined in ISO 22301. By

aligning with this standard, NEMS demonstrates its dedication to:

- ✚ Identifying potential threats and disruptions to business continuity.
- ✚ Developing and implementing effective mitigation strategies to minimise the impact of incidents.
- ✚ Establishing clear plans for recovery and service restoration following disruptions.
- ✚ Continuously monitoring and improving its BCMS to ensure its effectiveness.

NEMS has a dedicated EPRR governance structure with clear roles and responsibilities for all staff involved in emergency preparedness and response.

This structure includes:

- ✚ Accountable Emergency Officer (AEO)
- ✚ EPRR Lead
- ✚ On-Call Staff (24/7):

In 2024 NEMS instructed 360 Assurance to complete an external audit on our EPRR / Business Continuity Plan.

### Policies and procedures

The auditor noted that NEMS have a suite of appropriate policies and procedures in place, which are in date and routinely reviewed. These are accessible to key staff in both hard copy and electronically.

The auditor confirmed that these policies and operational documents were aligned to key elements of the ISO 22301 Business Continuity Management Systems standard (as a globally recognised best practice standard).

**Business continuity plans** – The auditor noted that NEMS Business continuity plans were robust and routinely reviewed and informed by detailed business impact analyses. These are tested annually via tabletop exercises



which are well attended, with learning identified and actioned appropriately. Staff demonstrated a good level of knowledge of key steps to take when activating a business continuity plan.

**Partnership working** – The auditor noted that NEMS interfaces with key System partners via key EPRR and business continuity meetings in the Integrated Care System (ICS) governance structure.



## NEMS Visions and Values

In 2024 NEMS reviewed our organisational visions and values and strategy.

### Our Core Values – BEST CARE:

**B rave:** Courage to innovate and take initiative. We believe in our mission and commitment to excellence.

**E mpathy:** Understanding and compassion for others.

**S afety:** Commitment to a safe environment. Safety is our priority. We take all necessary steps to ensure the well-being of our patients, colleagues and community.

**T eamwork:** Collaboration with colleagues and system partners. We work together effectively, both within our organisation and with external partners, to ensure that patients receive the best care at the right time. We build and maintain trust through reliability and integrity

**C ommunication:** Open, honest and clear communication. We prioritise transparency and clarity in our interaction to help build trust and [understanding](#).

**A ccountability:** Responsibility for our actions and outcomes. We take ownership of our decisions and actions, striving to meet our commitments and deliver the care patients deserve.

**R espect:** We treat everyone with dignity and respect. We honour and celebrate the diverse backgrounds of our patients and staff, ensuring a welcoming and inclusive environment for all.

**E xcellence:** Pursuit of the highest quality in everything we do. We are dedicated to continuous improvement and excellence, striving to exceed expectation in all our efforts. We empower others to reach their full potential.

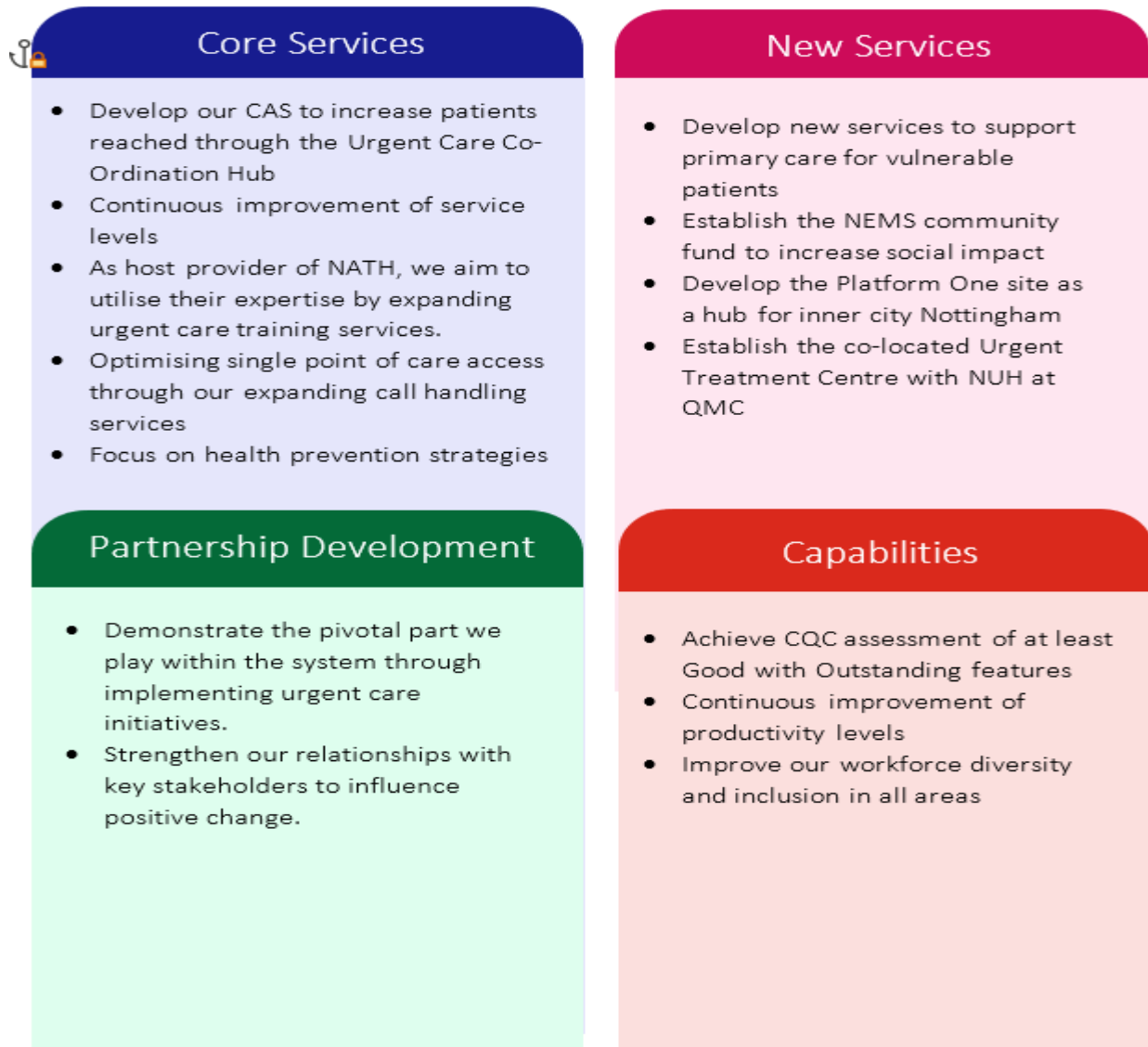
### Our Mission:

NEMS is dedicated to delivering excellent care services with a focus on patient well-being and community health. We strive to ensure that every individual receives respectful, high-quality care when they need it most, supporting a healthier and stronger community through compassionate care and continuous innovation.

### Our Business Objectives:

Our business objectives align with core values by providing clear direction, fostering strong relationships with system partners and promoting inclusivity. Through identifying and managing risk, we ensure we deliver safe clinical care for patients. We are committed to maintaining financial sustainability whilst upholding these principles.

Full details of our Business Objectives can be found in our Strategy document.





## Statement of Director Responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the organisation's performance over 2024/25.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance
- included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable.
- Conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

### By order of the Board

Dr Chris Packham NEMS Chairman of the Board

Lucy Dadge NEMS Chief Executive Office

## **NEMS Community Benefits Service Quality Account ICB Corroborative statement 2024/25**

### **Introduction**

1. Nottingham and Nottinghamshire Integrated Care Board (NNICB) has continued to work with NEMS in pursuit of the monitoring of continuous improvement of services during 2024/2025, in accordance with the statutory functions of the ICB<sup>1</sup>.
2. The intention for 2024/2025 was for NNICB and NEMS to continue fostering and developing collaborative and systems-based working, and this statement provides a reflection of that progress.
3. The NEMS Quality Account for 2024/2025 illustrates the scope of work undertaken during 2024 and where the organisation continues to develop.

Key highlights included within the account are:

- a) Continuation of a robust clinical audit programme which informs improvement activity.
- b) Recognition at the Urgent Health UK (UHUK) conference, in the Partnership category, for their collaborative work with EMAS on the Urgent Care Coordination Hub (UCCH) project which is an initiative designed to provide enhanced urgent care options.
- c) Strengthened quality governance processes to enable analysis and triangulation of themes from patient safety incidents, complaints and health care professional feedback.
- d) Highly successful Patient Engagement Improvement Project resulting in significantly higher numbers of feedback gained from people using NEMS services.

### **Oversight Arrangements**

4. NEMS is not an NHS Trust so does not receive an overall rating from the Care Quality Commission (CQC), but its GP Out of Hours, PC24, Remote Clinical

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<sup>1</sup> [Health and Care Act 2022](#)



Advice  
Platform

Community Benefit Services

and NEMS  
One services

have received ratings from Good to Outstanding between 2014 - 2018<sup>2</sup>

5. The NNICB offers NEMS a routine level of quality surveillance in line with the National Quality Board<sup>3</sup>.

### Quality Visits

6. Although the NNICB has not undertaken any quality visits to NEMS services, regular contact has been maintained through quarterly touchpoints and contract review meetings.
7. The NNICB receives NEMS quality reports quarterly which provides assurance regarding the key elements of quality: safety, experience and clinical effectiveness.

### Working as System Partners

8. NEMS continues to strengthen and develop relationships with other providers in our Integrated Care System (ICS), NNICB, staff and patients.
9. The organisation attends several ICS forums including the Partner Quality Assurance and Improvement Group, System Quality Group, and the ICS quality improvement workstreams.
10. NEMS has consistently demonstrated it's ability to respond to demand and, support patients and partners within the Urgent and Emergency Care (UEC) pathway.

### Forward View 2025/2026

11. NEMS Board intends to take action to ensure staff engage with the annual people survey and ensure the questions are relevant and facilitate a "you said we did" workforce response.
12. NEMS's priorities for 2025/26 will support national and ICS transformation priorities to improve care for those using the UEC pathway.
13. Moving into 2025/26 NNICB looks forward to continued collaboration with NEMS and our other partners around improvement work both within the organisation and across our health system.

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<sup>2</sup> [NEMS Community Benefit Services Limited - Services - Care Quality Commission](#)

<sup>3</sup> [B1497-nqb-guidance-on-quality-risk-response-and-escalation-in-ics.pdf](#)



14. A focus for particular the NNICB is to further support NEMS with their implementation of the Patient Safety Incident Review Framework (PSIRF)<sup>4</sup>

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<sup>4</sup> [NHS England » Patient Safety Incident Response Framework](#)