

Dudley Integrated Health and Care NHS Trust

2022/23 Quality Account

This version of the DIHC Quality Account represents a draft based on the information collated to date (formal data for Q1 – Q3 + initial assessment of unvalidated information from Q4).

There will therefore be further amendments to some of the data and narrative content as a result of the completion of the validation and analysis of Q4 data - this will be included in the final document ahead of formal submission.

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About this document

Each year all NHS Trusts are required to produce an annual Quality Account to provide information on the quality of the services it provides to the public, as defined in The Health Act (2009) and The National Health Service (Quality Accounts) Regulations (2010). It follows a set structure to enable direct comparison with other organisations.

Dudley Integrated Health and Care NHS Trust (DIHC) welcomes this opportunity to be transparent and place information about the quality of our services into the public domain and for our approach to quality to be subject to scrutiny and debate. The report provides a summary of our performance and our progress against the quality priorities we set last year and looks ahead to those we have set for the coming year.

The Director of Nursing, Allied Health Professions and Quality is the Trust's Executive lead responsible the production of this report.

The Trust routinely reports quality measures to both executive and board level. Data quality is assured through the Trust's data quality governance structures, with the Board of Directors confirming a statement of compliance with responsibilities in completing the Quality Report

Each year, a draft version of the Quality Account is approved by our Directors through our internal governance processes, led by the Trust Director of Nursing, Allied Health Professions and Quality. During this approval process, a draft version is also shared with key stakeholders.

All providers of NHS services are required to publish their Quality Account on their website by the end of June each year summarising the quality of their services during the previous financial year.

Copies of this document are available from our website at www.dihc.nhs.uk, by email to: dihc.communications@nhs.net or in writing from: Communications Team, DIHC NHS Trust, BHHSCC, Venture Way, Brierley Hill, DY5 1RU)

If you would like this report in a different format, such as large print, easy read or need it in a different language, please contact our Communications Team who can organise this for you on 01384 465440 or email: dihc.communications@nhs.net

Foreword and Welcome from Sue Nicholls

Director of Nursing, Allied Health Professions and Quality

I am delighted to introduce the 'Annual Quality Account' for Dudley Integrated Health and Care NHS Trust for the year 2022/23. I am immensely proud that, through this account, we are able to showcase some of the fantastic work that our teams have undertaken during this past year as well as share the quality priorities that we will focus on during the year 2023/2024. As a learning organisation, we recognise that we need to continuously review, develop and embed safe and effective ways of working and will continue to focus on this as a priority.



This last year has continued to prove challenging for the NHS. With a focus on recovery and restoration our teams have continued to work together – and with colleagues across Dudley - to deliver the services in the most responsive way possible for our patients and communities.

During another intense and difficult winter, we continued to support activity across the system. Our operational teams - supported by corporate function - have played an integral role in keeping the pace of this activity moving. Our Continuing Health Care Team and Intermediate Care Team worked tirelessly to support our acute hospital partners to discharge people in a safe and timely manner through assessing, supporting and placing patients in non-hospital beds as part of their discharge and rehabilitation.

This year saw DIHC further extending its support to Primary Care services in Dudley, formally taking on the full running of its second GP practice, Chapel Street Medical Centre, as well as providing additional appointments for children and young people with respiratory syncytial virus through a 'Winter Access Hub' based at High Oak Surgery. This facility has since continued to function after the winter period as an 'Extended Access Hub. We have also continued to expand wider clinical workforce in Primary Care through employing a number of additional staff funded through the national 'Additional Roles Reimbursement Scheme'. Collectively, these developments have helped to provide more than 140,000 additional primary care appointments for the people of Dudley.

A key area of focus has remained on Infection Prevention and Control to ensure the safety of our staff and our patients. We have provided our staff opportunities to further develop their infection prevention knowledge and skills through becoming 'IPC Champions'. We have also further strengthened our Safeguarding team, providing both increased visibility and supervision, with our Safeguarding supervision compliance consistently at 90% or above.

Finally, this year has seen our Trust Board approve two key strategies which set out a clear vision for the next two years. In October 2022, our inaugural Nursing and AHP Strategy was approved. This was co-produced by clinical teams with input from professionals across the Trust, and in February 2023 our Quality Strategy was approved which sets out our aims and priorities for high-quality care and is underpinned by a theme of collaboration with partners and our communities to achieve the best outcomes.

About Dudley Integrated Health and Care NHS Trust

Dudley Integrated Health and Care NHS Trust was formed in 2020 to provide integrated, community-based healthcare services to the people of Dudley. We serve a population of just over 331,000 people, with the aim of supporting “*Community where possible, hospital when necessary*”.

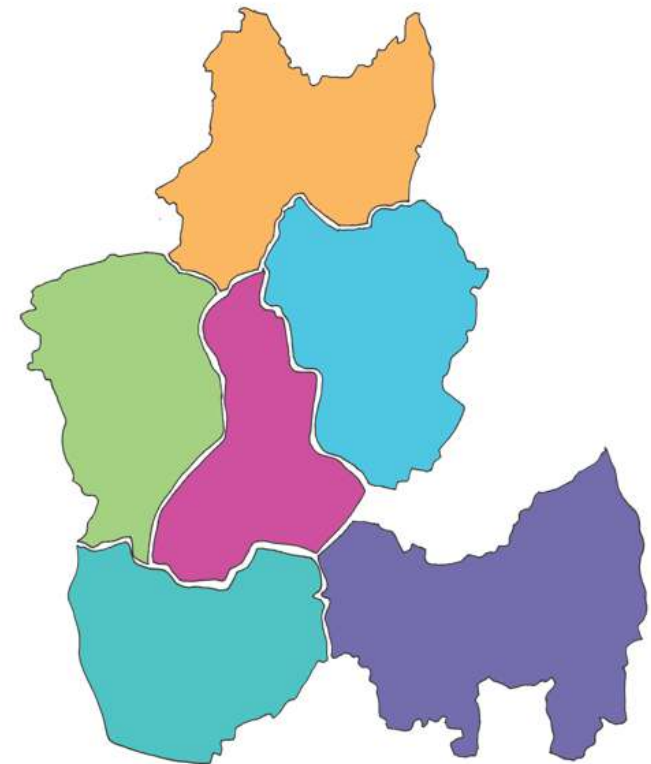
The Trust was created by the local system partnership in Dudley who are implementing a model of care that integrates primary care with community-based services to provide the optimum opportunity for caring for as many people as possible in their home.

We are a new type of NHS organisation that are also focussed on supporting the development and sustainability of primary care. We work very closely with our Primary Care Networks (PCNs) and all of our practices to support them to deliver their services and develop out of hospital care. This support includes employing a number of PCN Additional Roles Reimbursement Scheme (ARRS) staff as well as directly providing day to day management support to Chapel Street Surgery. In addition, we are also contracted by the Black Country Integrated Care Board (formerly Clinical Commissioning Group) to support the commissioning of community-based services.

At the heart of what we do is putting patients first with care and wellbeing services and support wrapped around them. Our communities are diverse with a rich culture and heritage and DIHC are proud to be rooted in these communities and committed to improving healthy life expectancy and reducing health inequalities. Our focus is improving the health of our local population.

As of the end of March 2023, we employ over 445 staff who provide a range of services across our six Primary Care Network geographical localities, many provided from one of the 43 GP practices in the Dudley borough.

The vision for the Dudley system is working together, connecting communities, enabling co-ordinated care to live longer, healthier, happier lives. Our aims, purpose and commitments describe the essence of our organisation and what we are here to achieve.



Aim, Purpose & Commitments

Aim



Dudley first: community where possible, hospital when necessary

We are truly different. We are a new type of NHS organisation created to serve our Dudley population in a genuinely integrated way.

Purpose



To connect with the people of Dudley, embrace our diversity and support them to live longer healthier lives.

We will do this by ensuring everyone involved in the provision of care works together, keeping the person at the heart of everything they do.

Commitments



Put people first

We will:

- Care and advocate for all
- Provide the highest quality care
- Speak up for those who cannot or ask us to.
- Empower our service users to be joint decision makers in their care

Enable and support our staff



We will:

- Ensure our staff have the skills to deliver our purpose to the best of their ability
- Put their safety at the forefront of operational delivery
- Proactively support their health and wellbeing

Commitments continued

Simplify what can be complex

We will:



- Enable our staff to create and innovate.
- Empower them with the skills and resources so they can improve and transform the services they provide.
- Make this a priority freeing up their time to participate.
- Make our services easy to navigate for both patients, staff and citizens
- Work with our citizens to be the co-designers of future services

Be accountable for our actions

Our job is to serve the people of Dudley and ultimately; they will judge our actions:



- Each of us has a personal responsibility for our decisions and actions; to be leaders. Only through our actions will we build trust and respect for the work we do.
- Be accessible and responsive - listen to our staff, service users and local population; actively seeking those whose voice is quieter than others or those that are 'hard to reach'; and then respond with the means available to us.
- We will behave inclusively, building on our diversity
- We will encourage our population to be part of our future workforce and service suppliers

Our Services

Below is a summary of the services we provide. For further information please visit our website www.dihc.nhs.uk

Primary care

High Oak Surgery

Located in Brierley Hill, with a registered list of nearly 4000 patients, our GP practice serves the local communities of Pensnett, Brierley Hill, Kingswinford and beyond. The practice also hosts the 'Extended Access Hub'.

Chapel Street Medical Practice

During 2022/23, DIHC formally took over all aspects of running this Lye-based GP practice, providing primary care services to just over 2500 patients.

Winter Hub / Extended Access Hub

Set up to provide additional support to primary care in Dudley to cope with rising Covid cases during winter, the Winter Hub provided a range of additional appointments for both adults and children, including home visits to patients with Learning Disabilities/Mental Health problems. During the period January – March 2022, the service has seen over 3000 patients most of which were seen within 15 minutes of arrival.

Following winter pressures reducing, some elements of the service have continued in the form of an 'Extended Access Hub' which provides extra appointments for children & adults to support Dudley GP surgeries once their same day appointments are full.

Additional Clinical Services supporting Primary Care

The creation of Primary Care Networks (PCNs) builds on the core of current primary care services and enables a greater provision of proactive, personalised and more integrated health and social care. Additional Roles Reimbursement Scheme (ARRS) professionals, funded by the national ARRS scheme, provide support to PCNs and GPs making support available to people where it is most needed.

We have entered into agreements with each of our PCNs to recruit, employ, train and operationally manage a range of healthcare professionals funded by this scheme on their behalf. These staff play a vital role in providing a range of general medical services in support of PCNs and practices and include:

- Care Coordinators
- Dietitians
- First Contact Practitioner Physiotherapist
- Health and Wellbeing Coaches
- First Contact Practitioner Mental Health Nurses
- Nursing Associates
- Occupational Therapists
- Paramedics
- Physician Associates
- First Contract Practitioner Podiatrists
- Social Prescribing Link Workers
- Listening and Guidance Social Prescribing Link Workers

Mental Health

Dudley NHS Talking Therapies for Anxiety and Depression

Part of the national Improving Access to Psychological Therapies (IAPT) programme. Provides psychological support to over 16s in Dudley by offering a number of evidence-based therapies, advice and information.

Primary Care Mental Health Service

Supports individuals 16 and over who are experiencing a range of mental health problems. Primary care mental health nurses work from GP surgeries, offering assessment and brief intervention as part of Dudley's Integrated Care Teams (ICTs).

Children & Young People

Dudley School Nursing

Our School Nurses work in partnership with schools, families and other professionals to promote and support the physical and emotional well-being of all children and young people of statutory school age.

Children's and Young Peoples' Continuing Care

Continuing Care is the package of care for children and young people who have complex on-going healthcare needs that cannot be met by existing universal or specialist services alone.

The team provide assessment services on behalf of Black Country ICB who currently fund the packages of care.

Other Adult Services

Adult Continuing Health Care (CHC) / Intermediate Care

CHC is the package of care arranged and funded by the NHS for individuals who are not in hospital but have complex on-going healthcare needs. The CHC team provide assessment services on behalf of the Black Country ICB who currently fund the packages of care.

Intermediate care is the services arranged for patients through their rehabilitation journey to avoid hospital admission, ensure timely discharge from hospital and promote independence/reduce long term care needs.

Clinical Support

Pharmaceutical Public Health

Team of clinical pharmacists providing support to every GP practice in Dudley with the aim of optimising the use of medicines by the people of Dudley

Looking back – reporting on our 2022/23 priorities for improvement

During 2021/22, our quality priorities primarily reflected our key objectives being around developing and establishing systems and processes which support all staff to maximise opportunities for learning and improvement.

As a Trust, we remain committed to doing everything we can to support staff to be reflective and responsive to learning opportunities by developing their knowledge, skills and confidence in managing risk informed learning. In addition, the organisation is committed to ensuring teams are supported in extracting relevant data and undertaking thematic reviews by our business intelligence function.

Building on what we have learnt and the systems that we have established since then, the priorities identified for 22/23 represented a much more focussed approach around the three core elements of quality and safety – safe, effective and experience.

These priorities were centred on further strengthening the Trusts approach to continuous quality improvement to include patient safety, clinical audit and engagement, and included a specific focus on helping shape how we engage with people with Learning Disabilities. These initial ideas were then developed further through discussion and engagement with our staff and with patient representative groups

Below is a summary of the Quality Priorities identified for 2022/23, together with an update on the progress we have made against these over the course of the year.

Safe



What did we plan to do & why?

We are an organisation that wants to ensure continuous learning and improvement in our service, ensure that patients are protected from avoidable harms and that we are supportive of our teams to be open about mistakes and concerns.

To support this aim, we will focus on the development and implementation of a number of key national schemes designed to strengthen systems and processes for learning:

- *Implementation of the Patient Safety Incident Response Framework (PSIRF), replacing national frameworks and guidance currently in place including the Serious Incident Framework*
- *Strengthening of the Patient Safety Specialist role, developed to provide a dedicated and trained resource to support robust investigation and learning*
- *Roll-out of the patient safety syllabus for staff including mandatory compliance and recording; a comprehensive set of training resources designed to improve and standardise the understanding and approach to learning across all staff*

What have we achieved?

<i>Implementation of the Patient Safety Incident Response Framework (PSIRF)</i>	<ul style="list-style-type: none"> • DIHC is compliant with all requirements of the new Learning From Patient Safety Events incident reporting system, developed to support the wider PSIRF implementation; this includes making the relevant changes to the Trust RLDatix incident reporting system ready for testing and implementation later in 2023 • A PSIRF development session has been held with the Trust Quality & Safety Committee • Key staff have engaged with system partners to discuss and identify how best to approach implementation and to help to create a consistent approach across the wider system; this includes workshops organised by the Black Country Integrated Care Board (BCICB) • A high-level implementation plan has been developed for review and further development in line with the wider development of the Trust over 2023/24
<i>Strengthening of the Patient Safety Specialist role</i>	<ul style="list-style-type: none"> • Two members of staff currently identified as the DIHC Patient Safety Specialists - both have actively supported a number of incident reviews and the identification of key learning opportunities • DIHC PSSs attended key development sessions and workshops to better understand how best to further develop the role; this includes regional and national NHS England & Improvement events • An outline plan for development, aligned with full PSIRF implementation, has been developed
<i>Roll-out of the patient safety syllabus</i>	<ul style="list-style-type: none"> • Two Quality & Safety team members have completed formal PSIRF training – this has been made available by the BCICB to all NHS Provider Trusts in the Black Country • The Quality & Safety team have all undertaken the nationally-recognised HSIB Level 2 training course – currently being reviewed as an option for further roll-out as a precursor to full roll-out of the syllabus

Effective



What did we plan to do & why?

DIHC recognises clinical audit as an essential part of the delivery of clinical services with the learning from outcomes able to significantly improve patient care, make more effective use of clinical time and help to advance practice. Clinical audit is a core component of the Trusts clinical governance framework and we wanted to focus on developing our teams to be able to undertake good, quality and meaningful clinical audit.

We planned on achieving this through the following:

- *Developing a robust clinical audit programme (at organisational and service level) for 22/23 which is developed through engagement with our services and patients*
- *Demonstrating that we are undertaking all relevant national clinical audits*
- *Providing training to teams*
- *Demonstrating that we are widely learning and sharing audit findings across the Trust and the system as appropriate*
- *Implementing a clinical audit end of year showcase for teams*

What have we achieved?

Develop a clinical audit programme for 22/23, demonstrating that we are undertaking all relevant national clinical audits

To support the implementation of the clinical audit programme, we developed a comprehensive policy and established a Quality Improvement Group (QIG) which oversees the clinical audit process and develops the Trust's clinical audit programme via engagement with our services. We have also defined a clinical audit strategy to provide clear direction for the Trust regarding future aims and developments.

During 2022/23, the following clinical audits have been progressed:

Audit	Service involved
Asthma audit	School Nursing
Ethnicity data quality audit	Primary Care GP Services
First Contact Mental Health Practitioner audit	First Contact Mental Health Practitioners
Safeguarding records audit	School nursing
Clinical notes audit	Primary Care GP Services
Amoxicillin prescribing audit	Primary Care GP Services
Bisphosphonate Treatment audit	Primary Care GP Services
ReSPECT nursing audit	Nursing
DMARD monitoring audit	Primary Care GP Services

	It is acknowledged that a significant proportion of national clinical audits are not applicable to the Trust. However, to ensure any learning that could be implemented into our services is not missed, learning and recommendations from annual reports arising from relevant national audits are also considered by the relevant clinical lead.
<i>Providing training to teams</i>	A clinical audit training module is now in place and can be accessed by all DIHC staff via the Electronic Staff Record System (ESR).
<i>Demonstrate that we are widely learning and sharing audit findings</i>	<p>Through the Quality Improvement Group, learning from clinical audits feeds into the Trust-wide processes for learning lessons including reporting into the quarterly Learning Lessons group which enables wider dissemination of learning and information across the organisation. In addition, QIG also reports into the Trust Quality & Safety Committee.</p> <p>During 2022/23, a number of audits have identified opportunities for learning and improvement that will directly benefit our patients. For example, it is recognised that inaccuracies in ethnicity coding disproportionately impacts minority ethnic groups and puts these patients more at risk of health inequalities. Our ethnicity data quality audit not only resulted in us being able to improve our data accuracy but has also identified an opportunity to follow this up with an audit in 2023/24 focussing on dementia ethnicity.</p>
<i>Implement a clinical audit end of year showcase</i>	An end of year clinical audit showcase has been developed and is due to be shared via the final Quarterly Learning Lessons Group

Experience



What did we plan to do & why?

Evidence suggests that people with learning disabilities have greater healthcare needs than the general population and that these needs are often unmet. As an organisation with a clear focus on population health and health inequalities we want to ensure that we are accessible to individuals with learning disability making any reasonable adjustments required.

We planned on achieving this through the following:

- *Undertake a comprehensive review of the learning disability standards for NHS Trusts*
- *Engage with people with learning disabilities to ensure our services are inclusive and responsive to their needs*
- *Increase the rate of annual health checks for people over 14 years and on a GP learning disability register (national target 75%) and improve the accuracy of GP Learning disability registers within our primary care services*
- *Bereavement and end of life work for individuals with learning disabilities*
- *Implement the Oliver McGowan Mandatory training in Learning Disability and Autism*

What have we achieved?

Undertake a comprehensive review of the learning disability standards for NHS Trusts

A review of the learning disability standards has been undertaken to identify any opportunities for learning, recognising that as a Trust we do not provide any specialist learning disability services nor any bed-based services. The 3 applicable standards are:

- Respecting and Protecting Rights
- Inclusion and Engagement
- Workforce

Through the focussed work described below regarding other elements of this quality priority, we have identified a number of areas of good practice with regards to how these standards are being met, particularly with regards to the knowledge and understanding of our staff, their ability to then help recognise and support individuals by providing appropriate adjustments when treating them.

In addition to this we have identified that:

- Our processes for learning – be that from incidents, complaints or any mortality reviews - are robust and able to recognise where individuals with learning disabilities, autism or both have been involved and considering this as part of any review or investigation
- The experience and approach of our staff supports the recognition and avoidance of clinical overshadowing; we will be undertaking a clinical audit of our two GP practices during 2023/24 to help identify any further opportunities for improvements

As with this review, any further reviews will continue to be overseen via the Trust Equality, Diversity and Inclusion Committee.

<p><i>Engage with people with learning disabilities to ensure our services are inclusive and responsive to their needs</i></p>	<p>We have undertaken a number of engagement activities to focus on access and equity and improve how we respond to our patients and community. This has included:</p> <ul style="list-style-type: none"> • Our Trust Engagement Lead, Healthwatch and Dudley Voices for Choice undertook a very well-received observation session in High Oak Surgery to see how it felt and appeared through the lens of someone with learning disabilities. This session has resulted in a number of follow-on actions being identified and actively progressed including the development of a learning disabilities-friendly practice 'charter' • Engaged with Stourbridge Job Centre to identify ways that primary care could support people with learning disabilities with interviews for work • A learning disabilities-focussed presentation has been given to the Trust EDI Committee which has generated further potential ideas for support that DIHC could provide • A GP education session has been jointly designed by our clinical lead Dr Baron, Healthwatch and Dudley Voices for Choices – a date for this is currently being scheduled
<p><i>Increase the rate of annual health checks for people over 14 years and on a GP learning disability register</i></p> <p><i>Improve the accuracy of GP Learning disability registers within our primary care services</i></p>	<p>This measure is currently part of the wider Dudley Quality Outcomes Framework – a set of performance measures designed to improve healthcare in primary care – with the target set at 85%, versus a national target of 75%. During 2022/23, we provided additional appointments to undertake these checks, including a focus on home visits for housebound patients.</p> <p>As of the end of March 2023, our average performance was 83%, representing an average increase of approximately 5% on last year's achievement. In addition, High Oak Surgery achieved 95% by the end of 2022/23.</p> <p>As part of this focussed work, we have also identified an opportunity to further improve the number of checks undertaken by reducing the paperwork required as well as providing additional training to enable all clinical staff to be able to support these checks in the future.</p> <p>Regarding learning disabilities registers in primary care, we have undertaken an extensive review of how this is managed which has identified generally good practice regarding the use of the EMIS patient record systems including flags and prompts that help ensure the right information is completed and in place. This review also helped to inform our review of the learning disability standards described above.</p> <p>There was also widespread good practice regarding understanding the needs of individuals and tailoring the consultations accordingly, as well as sharing appropriate information with other clinicians to ensure the same considerations and adjustments are made when the patient sees other healthcare professionals.</p> <p>The review also identified some opportunities for improvement including all staff being given additional training to add information and the associated codes onto the system when they identify a learning disability patient during a consultation.</p>
<p><i>Bereavement and end of life work for individuals with learning disabilities</i></p>	<p>Several aspects of this element were captured as part of other work described above; we have also submitted a bid for some funding for further research into end-of-life care and health inequalities which, if successful, will enable us to progress this element further during 2023/24.</p>

***Implement the Oliver McGowan
Mandatory training in Learning
Disability and Autism***

Prior to the implementation of the Oliver McGowan mandatory training, the Trust mandatory Level 1 Learning Disability Awareness training achieved a compliance of 93.16% against a Trust target for all mandatory training courses of 85%.

Since Oliver McGowan mandatory training went live in January 2023, 49% of staff have already undertaken the training.

Our continuing commitment to Quality – our priorities for 2023/24

Dudley Integrated Health & Care NHS Trust are committed to delivering the best care possible through innovation and continuously improving the quality and safety of the services that we provide.

As we have recognised in our Quality Strategy for 2023-25, our approach to quality is underpinned by a theme of collaboration with partners and our communities – our Quality Priorities for 2023/24 reflect this approach and describe opportunities to support quality improvement across the wider system as well as with our own services.

In developing and subsequently agreeing these priorities, we have undertaken engagement with our patients and communities, both directly related to the development of quality priorities as well as utilising the wealth of information we have collated through patient feedback over the course of the year.

Our own staff have also been given the opportunity to contribute to and help shape these priorities through a variety of meetings and discussions, as well as reflecting on feedback provided through staff surveys.

The three priorities that we are now intending to focus on for 2023/24 reflect a combination of continuing work started last year together with new opportunities for wider system working and development, covering the same core elements of quality - safe, effective and experience.

Our Quality Priorities for 2023/24 are described below.

Safe – Implementing national improvements to learning



What do we plan to do & why?

We are an organisation that wants to ensure continuous learning and improvement in our service, ensure that patients are protected from avoidable harms and that we are supportive of our teams to be open about mistakes and concerns.

To support this aim, we will focus on the further development and implementation of several key national schemes designed to strengthen systems and processes for learning; these follow on from the work undertaken during 2022/23 and reflect changes to the national timescales for implementation, including recognising the need for a longer planning phase and the benefits from greater co-ordination across a system.

We plan on achieving this through the following:

- *Full implementation of the Patient Safety Incident Response Framework (PSIRF), including any relevant collaboration with other system partners*
- *Going live with the new LFPSE incident reporting process, in line with national requirements*
- *Define and fully embed the Patient Safety Specialist role(s) required by the Trust, including dedicated resource and commitment to all required training*
- *Review our systems and processes for engaging and involving those affected by patient safety incidents to establish the foundations for effective and compassionate engagement*
- *Roll-out of the necessary training and education for all staff to improve and standardise the understanding and approach to learning and incident management across all staff in line with the requirements of the national patient safety syllabus*

How will we measure (our) success?

- *All relevant systems and processes, including documented procedures, to be reviewed and revised to reflect the requirements of PSIRF*
- *All patient safety-related incidents required to be reported to the national LFPSE system being automatically uploaded from the Trust RLDatix incident management system*
- *Recognised Patient Safety Specialist roles with named individuals and the relevant protected time to carry out the role*
- *Processes are in place to engage and support patients, families and staff affected by patient safety incidents*
- *All relevant training courses identified and delivered to all staff at all levels of the Trust*
- *Clearly defined and agreed partnership working arrangements with named partners to support the successful implementation of PSIRF and all associated activities*
- *Learning and 'enquiring mind' approach fully embedded in staff culture and day to day working, evidenced by responses to dedicated patient safety staff surveys*

Effective – Supporting system-wide learning, improvement and governance



What do we plan to do & why?

Patients should be able to see the NHS as a single entity that learns and improves collectively. Through working in partnership with each other, learning can be cascaded across different organisations and parts of the system to help ensure improvements are not only implemented consistently but also at pace and potentially using the resources available to us in a more efficient manner.

In addition, learning can be further enhanced through having robust and effective wider clinical governance arrangements which, in addition to processes like good quality review of incidents include areas such as risk management, effective procedural documentation and compliance with required regulatory standards and legislation.

This priority ensures that we look across the patient pathway and ensure that organisation-level quality improvements are aligned to not only support quality improvement but to help keep both patients and staff safe through minimising risk and unnecessary variation.

It also recognises some of the key aims of the DIHC Primary Care Strategy with regards to supporting GP practices in relation to robust governance and quality improvement systems.

We plan on achieving this through the following:

- *Building on the opportunities identified through PSIRF implementation, supporting the development of a collaborative, sharing environment with system partners regarding clinical governance best practice and identification of common processes across system partners*
- *Working with the BCICB, directly supporting the implementation of PSIRF principles and processes into primary care across Dudley, including DIHC-managed GP practices*
- *Working with the BCICB, directly supporting the implementation of robust clinical governance systems into primary care across Dudley*
- *Working with the BCICB and Dudley MBC, exploring opportunities to provide wider clinical governance and PSIRF implementation support, either within primary care or to other key system partners such as care homes*
- *Support the delivery of the DIHC Primary Care Strategy and as a result maximise benefits to wider Primary Care and their patients*

How will we measure (our) success?

- *Clear and consistent processes for learning and improvement documented and in use by different system partners*
- *New clinical governance systems – including PSIRF requirements and principles - implemented into most GP practices in Dudley*
- *New clinical governance systems – including PSIRF requirements and principles - trialled in other areas*
- *An agreed and defined 'support package' available to Dudley GP practices to provide additional clinical governance resources and expertise as required*

Experience – improved involvement of our patients & community



What do we plan to do & why?

Engaging with and listening to patients, their family and carers is essential to ensuring that we clearly understand the needs of our patients and can identify opportunities to further improve how we provide our services.

In addition to the systems already in place to capture patient feedback – be that complaints or compliments – there is a real opportunity to involve patients more in how we routinely monitor, review and improve the quality and safety of our services. This would also support a more proactive involvement on a day-to-day basis, building on the arrangements for patient involvement being put in place as part of PSIRF implementation with regards to incident investigation.

We plan on achieving this through the following:

- *Ensure the voice of the patient is clearly heard in everything we do*
- *Actively involving patients in identifying improvements to the quality and safety of our services*
- *Providing any relevant training and guidance to patient representatives to help them maximise their contribution, including 'demystifying' how the NHS works*
- *Supporting a joined-up approach to capturing patient views across whole patient pathways and the different services they have been involved with*

How will we measure (our) success?

- *Current patient representative groups / arrangements are 'joined up' and working with each other*
- *Development and delivery of relevant training sessions to patients*
- *Meeting structures and discussions revised / developed to include appropriate patient representatives, from service-level to corporate-level*
- *Agreement with system partners to 'share' patient representatives where appropriate*

Quality Measures & Assurance Statements

This section of the Quality Account will show how we measure our clinical processes and performance in order to meet the requirements and standards that are set for us and how we evaluate that the care we provide is of the highest standard, supported by a focus on continuous improvement.

A lot of the wording of the statements or the content provided in this section of the Quality Account is mandated by the NHS (Quality Accounts) Regulations which enables the public to see a standardised and transparent view of what different healthcare organisations have reported. This includes our performance against any relevant national indicators that we are required to report on; we have also provided information on other performance indicators that we feel are relevant and helpful to see.

Review of Services

During 2022-23, Dudley Integrated Health and Care NHS Trust provided and/or sub-contracted 10 NHS services:

- Dudley Talking Therapy Services
- Primary Care Mental Health Services
- High Oak Surgery
- Chapel Street Medical Centre
- Winter Assessment Hub / Extended Access Hub
- Primary Care Network (PCN) / ARRS services
- Dudley School Nursing team
- Children's and Young Peoples' Continuing Care (CC)
- Adults Continuing Health Care (CHC) / Intermediate Care
- Pharmaceutical Public Health

Dudley Integrated Health and Care NHS Trust has reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by the Dudley Integrated Health and Care NHS Trust for 2022/23.

Clinical Audits and National Confidential Enquiries

Clinical audit remains as an essential part of the quality improvement process and helps to ensure services provided by the Trust are achieving meaningful outcomes for our patients. It also plays an essential role by providing assurances to the public about the quality of our services. Findings from clinical audit are used to ensure that action is taken to protect patients from any risks associated with their care and treatment.

Clinical audit is managed at service level, supported by the medical directorate via the Quality Improvement Group. The Quality & Safety Committee has responsibility for approving the annual programme of clinical audits and having oversight of progress throughout the year. Learning from clinical audits is also reported through to the Learning Lessons group on a quarterly basis.

During 2022-23 local clinical audits recommenced where possible, following reduced activity and service constraints during the pandemic. The Trust remains focussed on ensuring learning from local clinical audit is embedded into clinical practice and practice reaudited where necessary. In addition, other local checks and audits have continued to be undertaken to provide additional assurance on the quality and safety of our services including Safeguarding, Health & Safety and Infection Prevention & Control. Our Pharmaceutical Public Health team continue to support key audits, both within the Trust and across wider primary care.

The following clinical audits were progressed during 2022/23 (services involved in brackets):

- Asthma (School Nursing)
- Ethnicity data quality (Primary Care GP Services)
- First Contact Mental Health Practitioner audit
- Safeguarding records (School nursing)
- Clinical notes (Primary Care GP Services)
- Amoxicillin prescribing (Primary Care GP Services)
- Bisphosphonate Treatment (Primary Care GP Services)
- ReSPECT nursing
- DMARD monitoring (Primary Care GP Services)

In addition, national clinical audits and/or clinical outcome reviews where the annual reports were considered to identify where learning could be applied across the Trust during 2022/23 are listed below (source of audit in brackets):

- National Diabetes Audit (NDA)
- National Asthma and COPD Audit Programme (NACAP)
- National Audit of Cardiovascular Disease Prevention (CVD)
- National Clinical Audit of Psychosis (NCAP)
- National Epilepsy 12 Audit
- National Obesity Audit (NOA)

The clinical audit programme for 2023/24 will be informed by local priorities and national recommendations, including the Ockenden Report. There will also be a focus on improving the number of clinical audits received from across a wider range of our services.

During 2022/23 0 national confidential enquiries covered relevant health services that Dudley Integrated Health and Care NHS Trust provides.

Clinical Research and Innovation

The DIHC organisational research position has strengthened considerably, with both DIHC integrated practices now being research active alongside ongoing research activity within the DIHC pharmacy team. DIHC has contributed to international, national and local research studies as evidenced by the recent involvement in the Harmonie clinical trial.

This is an international commercial clinical trial with DIHC being the only site in the West Midlands to recruit participants. The Harmonie clinical trial was run from our Access Hub at High Oak Surgery and looked at how babies can be protected from serious respiratory infections (such as respiratory syncytial virus) by giving them a single dose of an antibody.

Further examples of current and proposed research activity are provided below.

DIHC continues to benefit from the support of the National Institute for Health and Care Research (NIHR) with Louise Scott seconded to DIHC providing leadership, oversight and developing a strategy to achieve our aims. The DIHC Research and Innovation (R&I) group has expanded membership and continues to develop an approach to support the DIHC clinical workforce to obtain research skills and engage with research activity. DIHC have also hosted an innovative research GP trainee to support our work and contribute to the academic aspects of GP training. The DIHC Research Engagement Programme (REP) has also been designed via the R&I group and is a collaboration between NIHR and DIHC. The REP will enable access to all Dudley practice data and support Dudley practices to engage with research. This has been approved in principle by the Primary Care Networks and has attracted support from Dudley GP practices.

The next phase of our journey is to implement the REP, continue to strengthen our links with the NIHR as well as build a formal relationship with local and regional academic institutions. This will augment our ability to design and produce original research. Overarching the increased research recruitment and partner collaboration shall be our core organisational aim to tackle health inequalities.

We seek to ensure research recruits in Dudley represent our local population demographic and involve groups previously excluded from health-related research. Our recently launched Dudley Equality Forum shall include community engagement with our place-based partners to expand the offer of research to all in Dudley in the spirit of equity and robust reliable research output.

Current / recent DIHC Research Activity

- The Harmonie Trial - [The Harmonie Trial](#)
- CPCS - [GP - CPCS \(warwick.ac.uk\)](#)
- Dare2Think - [DaRe2THINK - University of Birmingham](#)
- HIS UK - [Research Study | HIS-UK](#)
- Immune Defence - [The Immune Defence Study | University of Southampton](#)
- IMPAR2ART - [IMP²ART | The University of Edinburgh](#)
- PREVAIL– a is a pragmatic evaluation of a quality improvement programme for people living with modifiable high-risk Chronic Obstructive Pulmonary Disease (COPD).
- Ready Paramedic - [READY paramedics: Preliminary work - Emergency care | UWE Bristol](#)

Proposed DIHC Research Activity

- TIP - [TIP Trial | Centre for Academic Primary Care | University of Bristol](#)
- PROMPPT - [PROMPPT - Keele University](#)
- ELSA - [The ELSA Study \(elsadiabetes.nhs.uk\)](#)
- Cardisio - [Cardisio GmbH – Your heart counts](#)

Goals agreed with Commissioners (CQUINs)

Dudley Integrated Health and Care NHS Trust income in 2022/23 was conditional on achieving one national CQUIN scheme relating to staff flu vaccinations.

Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of all health and social care services in England. The CQC regulates, monitors and inspects hospitals, general practices and other care services, to make sure they provide people with safe, effective and high-quality care.

Dudley Integrated Health and Care NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to the registration.

The Care Quality Commission has not taken enforcement action against Dudley Integrated Health and Care NHS Trust during the period 1 April 2022 - 31 March 2023.

Dudley Integrated Health and Care NHS Trust has not participated in any national reviews or investigations by the CQC during the reporting period.

Since the Trust was established, we have not been subject to any CQC inspections; those services which do require CQC registration are currently rated as good based on the latest inspections undertaken by CQC prior to their transfer into the Trust. These are summarised below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
IAPT	Good	Good	Good	Good	Good	Good
PCMHS	Good	Good	Good	Good	Good	Good
High Oak Surgery	Good	Good	Good	Good	Good	Good
School Nursing	Good	Good	Good	Good	Good	Good

During each of our phases of expansion, as services have transferred into the Trust, we have engaged with CQC and continue to do so as we plan for future developments.

During 2022/23, we formally took on the responsibility for Chapel Street Medical Centre; as part of this arrangement, we are committed to improving the services provided by this GP practice, supported by a comprehensive action plan, and aim to see this reflected in any subsequent CQC inspection.

At the time DIHC took over responsibility for this practice, their CQC rating was as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Chapel Street Medical Centre	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement

Statement on relevance of Data Quality and our actions to improve Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality will therefore not only help to improve patient care but also improve value for money.

Over the course of 2022/23, the Trust has continued to work with Midlands and Lancashire CSU (MLCSU) to enhance its Business Intelligence function, including the development of a data warehouse and with it improved in-house reporting systems. In addition, we have developed a domain-based scorecard and improved access to performance data at a service level.

Dudley Integrated Health and Care NHS Trust will be taking the following actions to improve data quality:

- Continued development and implementation of performance and information reporting for the Trust
- Review existing information systems to ensure that they are fit for purpose for an integrated provider Trust
- Continue to maintain full compliance with the data information standards
- Identify and develop data quality processes to ensure that data is accurate, timely and fit for purpose

NHS Number and General Medical Practice Code Validity

Dudley Integrated Health and Care NHS Trust did not submit records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Quality Maturity Index (DQMI) – IAPT dataset score

The DQMI is an overall score calculated for each provider; it is defined as the average of the percentage of valid and complete entries in each field of each dataset and is proportional to the coverage. Over the course of 2022/23, the Trust achieved an average of 91.56% per month, owing to a technical issue in the early part of the year. Since August 2022, the average was 99% per month.

Information Governance

Information Governance is a framework that brings together all the legal rules, guidance and best practice that apply to the handling of information. The Data Security and Protection Toolkit (DSPT) is an online, self-assessment tool that all organisations must use if they have access to NHS patient data and systems and provides an overall measure of the quality of data systems, standards and processes within an organisation. The Trust previously submitted the DSPT in June 2022 and reported a status of having met all required standards.

Over the course of this year, the Trust has continued to improve and closely monitor progress with the Data Security and Protection Toolkit and is currently on target to submit a full 2022/23 return by the submission deadline of end of June 2023 to evidence all required standards being met.

Incident Reporting

The Trust reports and monitors all incidents using its electronic incident reporting system, RLDatix, following its implementation at the start of this year. With support from the central Quality & Safety team and other relevant subject-matter experts, all incidents are investigated to the required level to identify any opportunities for learning and improvement.

Serious Incidents (SIs) in health care are adverse events where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

In 2022/23, the Trust reported a total of **161** incidents of which 1 was classified as an SI. This incident was also the only incident reported this year that resulted in severe harm or death, relating to the death of a patient who had been in contact with one of our GP practices in the months preceding the sad event. The subsequent investigation did not identify any concerns with the care provided by the Trust but did provide an opportunity for an open and productive conversation with other relevant partners to identify any opportunities for wider system learning.

This serious incident met the threshold for Duty of Candour which was completed within the required timeframe; this was the only incident that met the threshold for Duty of Candour.

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

No Never Events have been reported during 2022/23.

Key learning from incidents

We continuously strive to identify all opportunities for learning from incidents, including collating information on a quarterly basis to help identify any trends or themes.

Due to the nature of our services – particularly our mental health services and GP practices - we have also had a number of opportunities to contribute to investigations being led by other organisations and applying learning from those wider discussions where appropriate.

From the incidents reported over the year we have identified and actioned a number of key improvements including:

- Improving the guidance relating to the prescribing of hypnotic medications, and how key information related to such medication is conveyed to the patient
- Strengthening the safeguarding training and induction information provided to locum doctors
- Improving the communication between clinicians including better use of patient record systems to share key information

Safeguarding

It is Dudley Integrated Health and Care NHS Trust's statutory responsibility to ensure that the services that it delivers, and commissions, provide a safe system that safeguards vulnerable children, young people and adults. The Trust Safeguarding Children, Young People and Adults Safeguarding Strategy sets out the strategic aims and priorities in relation to safeguarding children, young people and adults at risk of abuse or neglect which reflects the overall vision, strategy and objectives of DIHC.

Dudley Integrated Health and Care NHS Trust is responsible for fulfilling safeguarding responsibilities for people who come into contact with its services either directly or indirectly. It does this by having arrangements in place to ensure that Vulnerable Children and Adults with Care and Support needs are safeguarded from harm.

The Trust has statutory duties under the Children Act 2004 & Care Act 2014 and is a member of the partnership arrangements through the Dudley Safeguarding People Partnership Board (DSPPB). This means we work in partnership with the local authority and other partners to fulfil their safeguarding responsibilities.

During 2022/23 the following actions have been undertaken:

- A suite of safeguarding policies and guidance have been completed and shared with staff with training and awareness as appropriate.
- A training needs analysis has been reviewed and identified required competencies for all staff across the Trust and training opportunities presented.
- Datix reporting of safeguarding concerns has been embedded across the Trust.
- The Safeguarding Team have increased visibility across the organisation.
- A robust safeguarding supervision programme has been embedded across IAPT, PC MH, School Nursing and successfully introduced across CHC and ARRS staff.
- The Safeguarding Team has developed to include a substantive Head of Safeguarding and a Safeguarding Administrator.
- There has been excellent partnership working particularly with Local Authority, BCICB, DSPP and Safe and Sound (Community Safety) Board.

During 2022-2023 the Safeguarding Team have undertaken audits to include an audit of historical sexual abuse and current safeguarding concerns reported via RLDatix™ and the quality of multi-agency referrals.

Each year we produce an Annual Safeguarding report which can be found on our website here.

Medicines management

Our Pharmaceutical Public Health Team (PPHT) has continued to work tirelessly with system colleagues to continue delivery of the COVID-19 vaccination programme to the Dudley population. Providing clinical oversight for vaccine integrity within our primary care network sites and our roving care homes vaccination team. The team have also worked in collaboration with Black Country Healthcare NHS trust colleagues to support vaccination within local inpatient units.

The practice-based team have continued to report medicines safety incidents using the DIHC Datix reporting system which allows for an ongoing focus on reporting and learning from incidents to improve patient safety. The team have collaborated with ICB colleagues to develop a Black Country approach to identifying and reviewing women of childbearing age currently prescribed valproate to reduce the risk of birth defects associated with the medicine.

The Medicines Optimisation Quality Incentive Scheme has included a continued focus on overall volume of antimicrobials, limiting the use of amoxycillin as well as broad spectrum agents. Safety in pregnancy has also been addressed by the scheme with an audit of valproate and pregabalin, both the focus of medicines safety alerts.

Other key areas of work that the team have continued to focus on include reviewing prescribing of high dose opioids, with the roll-out of an educational campaign and a continued audit of direct oral anticoagulant (DOAC) prescribing. These well-established areas of the work plan continue to deliver key patient safety interventions and provide reassurance to primary care prescribers when authorising prescriptions.

The team's Professional Development and Governance Lead pharmacist has been busy undertaking a comprehensive training needs assessment for all pharmacists and technicians in the team, which will now result in a focussed training and development plan. In addition to this, guidelines have been refreshed for structured medication review which is a core activity of the clinical pharmacists in primary care.

Preventing infection

High standards of infection prevention and control (IPC) must be an integral part of everyday practice and applied consistently by all DIHC employees to ensure the safety of our patients, visitors, and staff and to reduce the risk of avoidable healthcare associated infections.

The IPC team currently comprises of the Director of Infection Prevention and Control (DIPC), role held by the Director of Nursing, Allied Health Professions and Quality, the Infection Prevention and Control Specialist Nurse (IPCSN) and IPC Assistant Practitioner (secondment role). The DIPC leads on setting priorities for the infection prevention and control work plan for the financial year ahead and regularly reports to the Quality and Safety Committee and to the Trust Board on progress.

The Trust's priority remains to reduce avoidable risk and maintain patient, visitor, and staff safety with the focus being on key elements of the IPC workplan as summarised below:

Key updates from 2022-2023	IPC focus for 2023-2024
<ul style="list-style-type: none"> Implementing the IPC workplan that was created around the key findings following the completion of a gap analysis against the <u>Health and Social Care Act 2008: code of practice on the prevention and control of infections (2015)</u> 	<ul style="list-style-type: none"> Review last year's progress and work towards the completion of the IPC workplan for the new financial year that is being set based on identifying key priorities following a review of the revised <u>Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (2022)</u>
<ul style="list-style-type: none"> The Management of staff with symptoms of a respiratory infection, including a positive COVID-19 test result procedure has been updated to reflect the recommendation of the latest national guidance. Advice on face mask wearing for the Trust was provided based on national, regional recommendations and local risk assessments. The IPC team's Intranet page was kept up to date with guidance changes and information was shared regarding other concerning microorganisms/diseases and IPC resources. 	<ul style="list-style-type: none"> The IPC team will continue to focus on updating relevant policies and procedures to reflect any new guidance as published. The IPC teams' Intranet page will be regularly reviewed and updated with the latest information for easy access by all Trust employees.
<ul style="list-style-type: none"> DIHC employees were encouraged to complete mandatory IPC training (Level 1 or Level 2) as relevant to their role. Hand hygiene training was implemented and made available to all DIHC staff by the IPC team either via face to face or MS Teams. 	<ul style="list-style-type: none"> The IPC team will encourage all DIHC employees to complete their mandatory IPC training and hand hygiene training. The IPC team will continue to work on developing PPE (donning and doffing) training material.
<ul style="list-style-type: none"> Key IPC policies have been written in line with relevant guidance and available evidence, and these are in the process of being implemented across the Trust. 	<ul style="list-style-type: none"> Current IPC policies are to be reviewed to ensure that they incorporate the National IPC Manual for England (2022) as recommended by the compliance criterion 9 of the <u>Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (2022)</u> Work towards identifying any new IPC policies relevant to the Trust that require writing and implementing.
<ul style="list-style-type: none"> Working with the IPC colleagues from the CCG, Dudley Council and other regional IPC teams. 	<ul style="list-style-type: none"> Continue working with colleagues from the ICB, Dudley Council and other regional IPC teams.
<ul style="list-style-type: none"> The Trust organised its first Influenza peer vaccinator programme for DIHC employees the 2022-2023 financial year. Working towards achieving CQUIN goals regarding flu vaccination uptake by frontline staff with patient contact (on standard NHS contract) during the 2022-2023 flu vaccination season. 	<ul style="list-style-type: none"> Review the learnings from last year's flu vaccination campaign, including feedback from staff via a survey. Incorporate learning in the planning of the 2023-2024 Influenza peer vaccinator programme for DIHC staff. Continue working towards achieving CQUIN goals regarding flu vaccination uptake by frontline staff with patient contact during the 2023-2024 flu vaccination season.

Key updates from 2022-2023	IPC focus for 2023-2024
<ul style="list-style-type: none"> Strengthening and embedding the IPC Champion programme. A questionnaire was sent out to the current IPC Champions, to assist with the evaluation and the review of the IPC Champion programme. 	<ul style="list-style-type: none"> The IPC team will be reviewing the overall effectiveness of the IPC champion programme with the aim of ensuring that the programme has a positive impact on the delivery of the IPC agenda, the dissemination of key IPC messages and the implementation of IPC policies and processes across the Trust.
<ul style="list-style-type: none"> An IPC audit programme (including quarterly hand hygiene audits) has been implemented and an audit tool has been trialled to ensure its appropriateness across DIHC services. Following each audit an action plan was generated and shared with the relevant service lead/practice manager. The IPC team provided support with the updating/completion of these action plans. 	<ul style="list-style-type: none"> The IPC team will review the audit programme and the audit tool that is currently in use and will devise a SOP to provide a framework for the IPC audit programme. The IPC team will continue to work closely with service leads/practice managers to provide support with the completion of the required IPC audits and action plans. Working closely with the Estates and Health and Safety leads
<ul style="list-style-type: none"> The reporting of IPC related incidents via Datix was encouraged and there was an increase in numbers of IPC related incidents reported during the last quarter. The identified IPC service level risks were added to the IPC Service Level Risk Register. 	<ul style="list-style-type: none"> Further encourage the reporting of IPC related incidents, so these can be reviewed by the IPC team with lessons learned. The IPC team to regularly review the IPC Service Level Risk register and to add any further risks that were identified.

Responding to Safety Alerts

Patient safety alerts are issued by NHS England/Improvement (NHSE/I) to notify the healthcare system of risks and provide guidance on preventing incidents that may lead to harm or death.

Due to the nature of our services, many alerts are often not applicable to the Trust, but all alerts are reviewed to ensure all relevant actions are taken. Executive oversight of any required action plans and their implementation is currently managed via the Clinical Quality Oversight Review Group.

The process has been further strengthened this year by the implementation of the RLDatix system which included a dedicated module for safety alert management

At the time of writing this report, 100% of alerts had been responded to within the required timescales.

Service User Experience

Understanding service user experience is important to us as this helps us to ensure that our services are developed and improved to meet service users' needs. We have systems and processes to listen and receive peoples' experiences and views, responding comprehensively to feedback and demonstrating what has been improved as a result.

Despite the impact of COVID-19, throughout 2022/23 the Trust has continued to develop its approach to patient and service user experience aiming to further improve patient experience, engagement and public involvement.

This has included a continued focus on encouraging patients and carers to give us their views on the care they have received from us through sharing 'patient stories', many of which were presented to the Trust Board. In addition, we have implemented new processes for creating and issuing electronic surveys using a simple Microsoft Forms form. This makes it easier to provide feedback on a range of different areas; towards the end of 2022/23 we have used this system to collate feedback on the Winter Hub.

As part of a complete revision of our patient feedback policy this year, we have also engaged with a patient representative group to gain some incredibly helpful and honest feedback on the things that frustrate patients when trying to give feedback on services they have received. This has resulted in a number of changes being made to our internal processes and the creation of a single 'have your say' email address that can be used for any type of feedback.

Complaints, compliments and concerns

The Trust recognises the value in listening to feedback from our service users, including complaints, and we are committed to providing an accessible complaints process and a robust and transparent process for investigating and learning from complaints.

A total of **27** formal complaints were received by the Trust during 2022/23; this represents an increase on the previous year, largely reflective of an increased number of services being provided by the Trust as well as improving and raising the visibility of our processes for service users to raise concerns. None of these complaints have been referred to the Parliamentary Health Service Ombudsman.

A further **54** informal concerns were received over the year; these provided further opportunities to not only learn but the address concerns of patients or their families and reassure them of any areas we can improve as a result.

We also received **48** compliments which were related to a larger number of our services than the previous year, in part as a result of increasing the awareness of our staff in how to correctly capture and record compliments that they receive using our RLDatix system.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a national scheme which provides a quick and anonymous way for people who use our services to have the opportunity to provide feedback on their experience and help us identify potential improvements to what we do. Using a scale from 'very poor' to 'very good', a score is calculated based on the total percentage of respondents who felt the service was either 'good' or 'very good'.

FFT is designed to be an additional feedback mechanism in addition to the formal complaints process and other forms of feedback, providing further opportunities to identify learning and improvement.

Primary care

Following FFT being suspended for primary care services during 2022/22 due to the Covid pandemic, it was reinstated for 2022/23.

- **High Oak Surgery** – just under 90% of responses were positive regarding the service they received
- **Chapel Street Medical Centre** – just over 74% of responses were positive; having taken over the running of this service part-way through 2022/23, work continues on addressing the issues identified in the responses and increasing the overall response rate. As part of this, the practice is working with the local community to help identify ways to address any language barriers affecting patients being able to respond and provide valuable feedback on the services they are receiving.

Mental health

- **Dudley NHS Talking Therapies for Anxiety and Depression** – 99.6% of patients responded that their service was good or very good
- **Primary Care Mental Health Service (PCMHS)** - during the latter half of 2022/23, we established a new process for capturing FFT from our Primary Care Mental Health Service; this is continuing to be established and the service is working with patients to help increase overall response rate. To date, just under 66% of responses have been positive, recognising that this is based on a small number of patients given the process has only more recently been implemented.

Key learning from feedback

The Trust is fully committed to learning lessons from all feedback, including formal complaints.

From the feedback received over the year we have identified and actioned the following improvements:

- More discussion at the point of booking appointments to determine the best approach for individual patients e.g. face to face vs phone
- Recognising the need for certain conversations with patients to take place in a different location to ensure confidentiality is maintained
- Expand the mentoring arrangements for new administrative staff – including more shadowing with experienced staff members - to ensure that they provide the most appropriate information to patients when answering queries

In addition, we have identified that most compliments have highlighted the excellent communication of our staff and the support and care provided during interactions, often in difficult circumstances.

Involving and listening to our workforce

As of 31st March 2023, over 445 staff work for the Trust. Our staff are dedicated and committed to delivering high quality services to our population.

Our staff offer a number of specialisms and backgrounds, and a large proportion of our workforce is made up of professionals working within our Primary Care Networks, providing extended roles within practices for the benefit of improved patient access and experience.

One of our strategic aims is to be the 'best and happiest place to work' and our commitment is to build a culture where staff feel supported, developed, listened to, recognised and involved. We use our staff survey results, along with other forms of staff engagement, to ensure we are putting in place appropriate interventions and support.

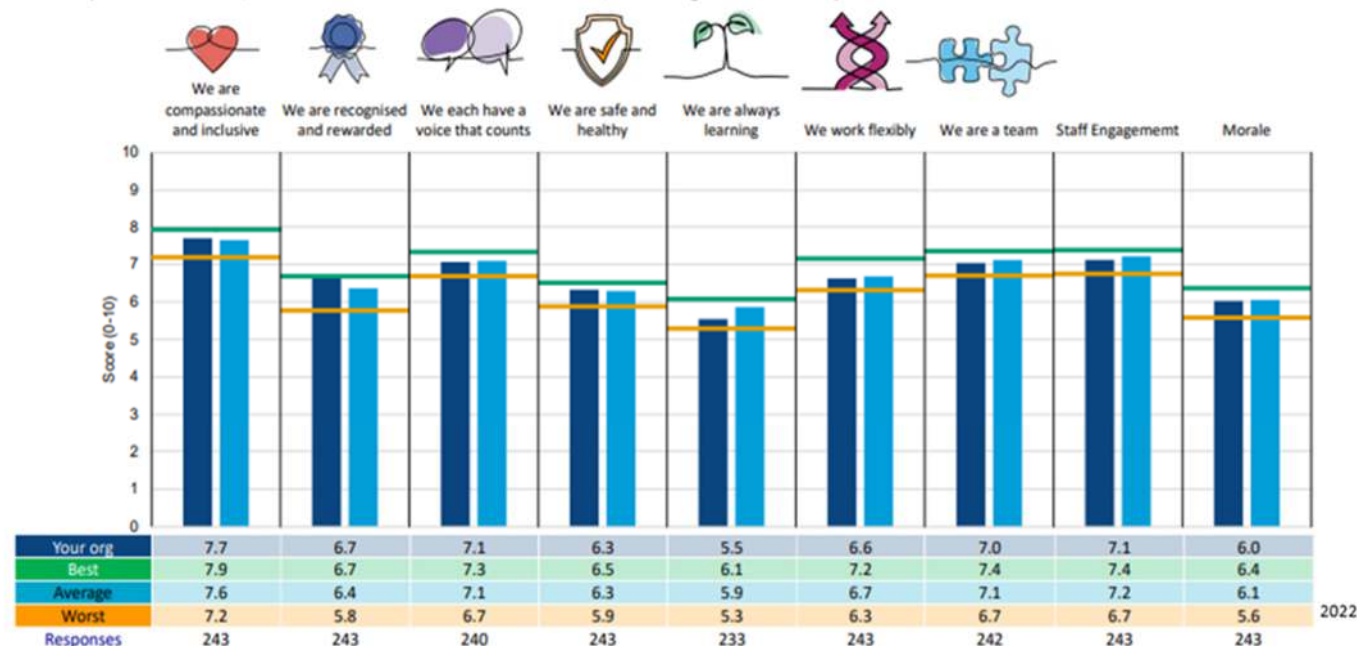
Staff Survey

63% of our staff took part in the 2022 NHS Staff Survey, a higher response rate than our comparators.

Questions are aligned to the People Promise which sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven core elements (see below) plus two additional areas of scoring 'staff engagement' and 'morale':

The Trust saw 5 of the 9 elements see improvement since 2021 and generally compare well to our peers. Full analysis of all the results has supported us to develop an improvement plan.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Key areas for improvement focus during 2023/24 are:

- Undertake further training and communication to managers and staff about getting the best out of the appraisal process, including developing clear development plans and training needs assessments.
- Ensuring our operational departments develop local level improvement plans that are bespoke to their own teams' needs.
- Supporting workload, wellbeing and flexible working reviews for staff
- Develop communication mechanisms to share stories relating to learning from errors and application of just learning culture

Freedom to Speak Up (FTSU)

DIHC has worked hard to progress Freedom to Speak Up these last 12 months and continues its journey towards creating a culture of speaking up within a safe environment and ensuring that speaking up is business as usual. The Trust Board have shown their full commitment and support to embed Freedom to Speak Up within the organisation, supporting national policy and requirements.

Equality, Diversity and Inclusion Summary

DIHC workforce demographic is approximately 27% from black, Asian and minority ethnic communities - this is significantly higher than the local population of Dudley which sits at around 14%.

We analyse our staff survey results through the lens of equality, diversity and inclusion to ensure we have bespoke approaches to support our staff and ensure our EDI strategic aims are aligned to need.

Our EDI Strategy was refreshed and relaunched this year, with involvement of stakeholders across the organisation, including our Inclusion, Anti-racism and Allyship Network. The strategy focuses on tackling health inequalities across the borough, ensuring we hear the patient voice and creating an inclusive workplace. We report regularly to our EDI Committee on progress against our plans.

Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES)

Our WRES and WDES data, report and action plan are published on our website in line with contractual requirements and we align the actions to our overarching EDI delivery plan. We will be undertaking the next reporting phase in quarter 1 of 2023/24.

We are a Disability Confident employer and have positive systems in place for staff that we employ with disabilities, including a reasonable adjustments passport.

We are committed to a culture where those working for us are valued and appreciated for the skills and talents they bring and where the needs of those using our services are understood and respected. We are committed to treating everyone who visits or works for us with respect and as individuals, taking into account their individual differences, personal values and perspectives.

Involving our Partners and Stakeholders

We continue to focus developing meaningful relationships with our wider stakeholders, recognising the value to our local communities of partnerships and a collaborative approach in the local area, including the voluntary sector.

Key engagement activities in 2022/23 are detailed below.

Service users and the community	
<ul style="list-style-type: none"> Held a public conversation on the Future location of High Oak Surgery Worked with local charity The Black Country Blokes to present live podcasts and radios shows on a number of topics from mental health, talking therapies and nutrition, reducing the barriers to participation and creating a safe space to talk Hosted and facilitated workshops such as the End-of-Life Show with our Clinical Lead and partners Hosted a Have a Heart Day at the Merry Hill Shopping Centre with University of Birmingham pharmacy students, offering free blood pressure checks and providing advice and signposting, identifying patients who needed support but were unaware Worked with Healthwatch Dudley and Solutions4Health and the Syrian Community at a celebration event hosting health checks for blood pressure and diabetes. Signposting and advice offered, and patients referred to own GP if at risk 	<ul style="list-style-type: none"> Worked with local Asian community group for women, Diyya in highlighting the importance of screening with one lady having a smear test after avoiding for 14 years, this led to further involvement and sessions on diabetes and the menopause Walk and Draw with a Doc – health checks with local asylum seeker and migrant community Showcased DIHC and careers in the NHS with the local MP Job Fayre Joint collaboration with ICS partners on local People's Panel – sessions within the local community inviting people to share ideas, issues and solutions Attended a business breakfast at a local school's academy to promote roles in the NHS Supported local communities ahead of Ramadan with advice on fasting, diabetes and medications
GPs	Local NHS providers, public sector / third sector organisations
<ul style="list-style-type: none"> Fortnightly newsletter to our practices sharing important news and updates Bimonthly GP Education sessions covering a range of topics such as LGBTQI, greener practices Primary Care Network meetings Dudley Practice Managers Association Primary Care Network Clinical Director membership at Primary Care Integration Committee Engagement events and workshops with GPs and/or PMs on specific topics to deliver the Primary Care Strategy such as ARRS or improving access arrangements 	<ul style="list-style-type: none"> Continued to work closely with our partners in public health in some of our most challenging areas to make a positive impact on health inequalities and nurture relationships Excellent relationship with Dudley Council for Voluntary Services and Healthwatch Dudley and provided support for sessions including the Syrian Celebration Event Collaborated with the Black Country Integrated Care Board and wider ICS partners to develop and facilitate the place-based Citizen Panels Regular attendance at the Council Health and Adult Social Care Overview and Scrutiny Committees
Commissioners	Media
<ul style="list-style-type: none"> Attended local Mental Health Programme Boards Attendance at ICB meetings including System Development Group Development and implementation of the model of care Participated in monthly Contract and Quality Review Meetings Led the Out of Hospital Board Worked in partnership to develop services and pathways and address gaps and inconsistencies in service provision Worked closely with ICB teams to support winter planning, local initiatives long term plans and place-based partnerships Involved in a wide range of public health initiatives Jointly led development of place clinical pathway development group, place executive team and health inequalities group 	<ul style="list-style-type: none"> Have continued to share good news stories via press releases to local media Responding to media enquiries in a timely fashion with local and national media outlets

Quality Measures - reporting against National and Local Indicators

Below is a summary of our performance against a set of quality indicators, both nationally mandated and locally agreed.

Measure	National target	Local target	2021/22 performance	2022/23 performance <i>As of Feb 23</i>
Staff Flu Vaccination	75%		52%	43%
IAPT - Percentage of people completing a course of treatment moving to recovery	50%		42.7%	40.87%
IAPT - % of Service Users Who Are Treated Within 6 Weeks of Referral	75%		91.3%	92.3%
IAPT - % of Service Users Who Are Treated Within 18 Weeks of Referral	95%		98.2%	99.31%

Statement of Directors' Responsibilities in Respect of the Quality Account

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 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- 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 Quality Account has been prepared in accordance with Department of Health guidance

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

Penny Harris
Interim Chief Executive
[add signature]

Harry Turner
Chair
[add signature]

Statement from Black Country Integrated Care Board

To be received

DRAFT

Statement from Dudley Metropolitan Borough Council

To be received

DRAFT

Statement from Healthwatch Dudley

To be received

DRAFT

Glossary

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