

2021/22 Quality Account

Please note

Due to the timing of the April HASC meeting, a number of elements of the DIHC Quality Account are yet to be finalised, including the inclusion of finalised data to include March 2022 which had not been available to include at the time of producing this draft.

This document does therefore represent a very early draft Quality Account and will be subject to a number of further changes and additional information being incorporated. In addition, no formatting has been applied including the inclusion of relevant graphics and pictures which are planned in order to make the information more accessible and meaningful to the public.

To aid meaningful review, an indication has been given of the type or nature of expected changes by way of a drafting note in **highlighted text**.

Contents

Foreword and Welcome from the Director of Nursing, Allied Health Professionals and Quality	Page x
---	--------

Part One – who we are & what we do:

About Dudley Integrated Health & Care NHS Trust	Page x
Our Vision & Values	Page x
Our services	Page x

Part Two – our Priorities:

Reviewing our Priorities for Improvement – looking back at 2020/21	Page x
Our continuing commitment to Quality – our priorities for 2022/23	Page x

Part Three – Quality Measures & Assurance Statements:

Quality Measures	Page x
Statements from Directors	Page x
Statements from Partners	Page x

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. 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. This includes information on:

- What we are doing well
- Where we can make improvements in the quality of the services we provide
- How we have performed against our priorities for improvement as set out in our last Quality Account.
- How we have involved our patients, service users, families and other stakeholders in evaluation of the quality of our services and determining our priorities for improvement over the next 12 months

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: [address]

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

Foreword and Welcome from Sue Nicholls

Director of Nursing, Allied Health Professionals and Quality

I am delighted to introduce the 'Annual Quality Account' for Dudley Integrated Health and Care Trust. This account relates to the past year i.e. 2021/2022 and describes a number of key quality achievement's including the successful implementation of our Quality Priorities. It also describes the quality priorities that we will focus on during this year (2022/2023) together with the rationale of why we have prioritised them and the engagement undertaken with our teams and communities.



This last year has continued to prove challenging on a number of different levels. The ongoing challenge of Covid has been difficult for our staff, our patients and communities and we marked the two-year anniversary of the first lock-down.

Our teams have continued to work together to deliver the services in the most responsive way possible for our patients and communities. For example, our teams were pivotal in the delivery of the covid vaccination programme. They developed and provided the Dudley primary care winter access hub at pace ensuring the delivery of responsive, safe and effective care. Our teams have continued to adapt to working very differently utilising the technology that was beneficial to ensure we could keep connected with 'People' in different ways.

We have also had a number of new services and teams join us this year including the Dudley School Nurses, a number of Allied Health Professionals and Clinical Support Teams who are supporting our primary care colleagues with the responsiveness of primary care. We continued our focus on Infection Prevention and Control to ensure that the safety of our staff and our patients was in the forefront of our minds together with strengthening our Safeguarding team. As a Trust we have placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment and additional wellbeing support.

I am immensely proud that we are able to showcase through this Quality Account some of the fantastic work that our teams have undertaken during this past year. 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. We recognise that investing in our staff is key to the delivery of safe, effective and caring services.

Further wording to be included; picture to be added

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 328,000 people, with the aim of supporting “*Community where possible, hospital where 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.

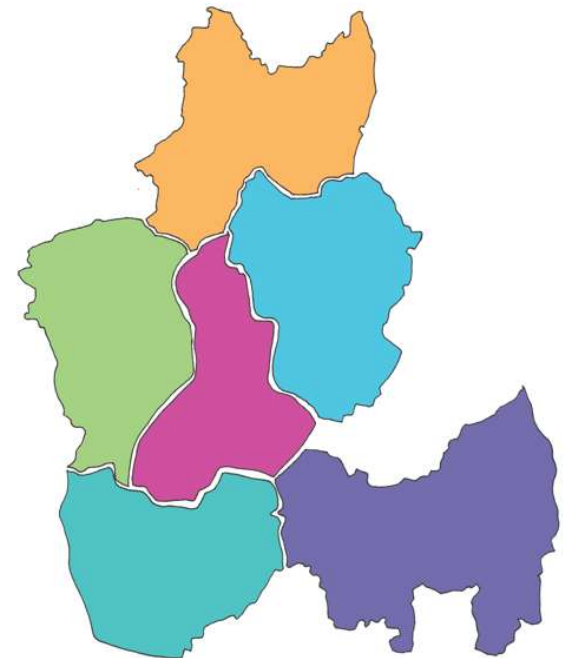
We are a new type of NHS organisation that are also focussed on supporting the development and sustainability of primary care. We work very closely with our Primary Care Networks (PCNs) and all of our practices to support them to deliver their services and develop out of hospital care. This support includes 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 local 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.

We employ x 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.

Further wording to be included and staff numbers to be added; picture to be amended



Aim, Purpose & Commitments

Aim



Dudley first: community where possible, hospital where 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

Mental Health

Dudley Talking Therapies (IAPT)

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).

Primary Care

High Oak Surgery

A GP practice serving the communities of Kingswinford, Wall Heath, Pensnett, Brierley Hill, Wordsley, Gornal Wood and Dudley. Also hosts the Winter Access Hub providing extra appointments for children & adults.

PCN services

Funded by the national ARRS, a range of services supporting primary care. Services include Social Prescribing Link Workers, First Contact Physiotherapists, Health & Wellbeing Coaches, Clinical Pharmacists, Physician Associates, First Contact Podiatrists, Care Co-ordinators, Dietitians and Occupational Therapists.

Pensnett Covid-19 Assessment Centre

Following on from last year, this service continued into 2021/22.

Children & Young People

Dudley School Nursing

Our School Nurses work in partnership with 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 Dudley CCG who currently fund the packages of care

Other Adult

Adult Continuing Health Care (CHC)

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 Dudley CCG who currently fund the packages of care.

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 2020/21 priorities for improvement

In our last account we chose 14 priorities for improvement under five key headings, representing the focus on developing the Trust during its first year. These themed areas are also linked back to the core areas of quality of safe, effective and experience.

These areas were:

- Protecting and supporting vulnerable people [Safe]
- Underpinning clinical systems and processes [Effective]
- Integrated primary care and community pathway development [Effective]
- Developing service user and staff engagement & feedback [Experience]
- Inclusivity and equitable access [Experience]

The following information reviews our progress this year against each of the 14 priorities identified.

Despite the challenges of the covid-19 response, over 50% of our planned objectives were fully achieved, with good, demonstrable progress having been made in all 14 priorities.

NB information based on last formal review of progress but since then further progress has been made; content therefore subject to review following final end of year assessment and is expected to reflect more priorities having been achieved.

Safe: Protecting and supporting vulnerable people		
Ensure that staff are competent and confident to apply the most appropriate legal frameworks regarding safeguarding		Achieved
Why we chose this	What we have done	
There is a need for services to understand and be able to apply the most appropriate legal frameworks in each situation including the Mental Capacity Act and Community DOLs.	<ul style="list-style-type: none"> • Safeguarding training needs analysis undertaken and training passport developed. • Safeguarding supervision policy implemented • CDOLs review undertaken and training and awareness via safeguarding partnership Board • Named nurses for Adults commenced 	
Establish a community learning disability wellbeing service		Partially achieved
Why we chose this	What we have done	
To develop a clinical model that reduces unwarranted variation in quality and outcomes and effectively addresses the safeguarding needs of our LD population	<ul style="list-style-type: none"> • Multiagency/multi-disciplinary LD steering group in place • Training and awareness for annual health checks implemented including education package, filming (with consent) of clients undergoing annual health checks for training purposes. • Increased awareness about the thrive into work programme 	
Development of a homelessness pathway and outreach service		Achieved
Why we chose this	What we have done	
No specific service provision in place and as a result provision of services to homeless people is ad-hoc and dependent on which practice they are registered with	<ul style="list-style-type: none"> • Multiagency/Multidisciplinary homeless steering group in place • Education workstream implemented • 2-year pilot commenced to support people who are homeless or experiencing structural vulnerability to identify and support people who require palliative and end of life care 	

Effective: Underpinning clinical systems and processes		
Development of RLDatix reporting system		Achieved
Why we chose this	What we have done	
Robust reporting and management systems are essential for core clinical governance processes including incidents and feedback. RLDatix software provides the platform for these processes.	<ul style="list-style-type: none"> • RLDatix system implemented for the recording and managing incidents, patient feedback, safety alerts and service-level risk management 	
Development of EMIS for School Nursing Service		Achieved
Why we chose this	What we have done	
All staff have a responsibility to record contacts with patients/clients contemporaneously; access to up-to-date records improves contact for the client and practitioners will have knowledge of historical services. EMIS is a fit for purpose Electronic Patient Record (EPR) system	<ul style="list-style-type: none"> • EMIS EPR implemented within the service 	
Development of a robust L&D strategy		Partially Achieved
Why we chose this	What we have done	
Trained and supported staff provide an enhanced service experience for clients. A clear strategy will ensure consideration of core clinical training requirements and encompasses clinical supervision	<ul style="list-style-type: none"> • L&D strategy developed • Safeguarding training needs analysis undertaken and Safeguarding supervision implemented and a clinical supervision policy and programme developed • Initial clinical training needs analysis undertaken 	

Effective: Integrated primary care and community pathway development		
Roll out and expansion of the first contact MSK practitioner		Achieved
Why we chose this	What we have done	
Rolling expansion of the programme required to ensure 100% coverage of the Dudley population, providing an MSK assessment with a practitioner who is better equipped to make a diagnosis and onward referral for diagnostics where required	<ul style="list-style-type: none"> • Service now covers all Primary Care Networks (PCNs) in Dudley • All Allied Health Professionals (AHPs) are actively completing accreditation relevant to their roles • AHP lead roles now clearly identified within the Trust to provide support 	
Establish a community based MSK/Pain clinic		Achieved
Why we chose these	What we have done	
Developing increased capacity and activity will improve access to services within a community setting	<ul style="list-style-type: none"> • Clinic now up and running in the Dudley & Netherton PCN 	
Promote a person-centred approach to safe and effective medicines use		Partially Achieved
Why we chose this	What we have done	
Clinical outcomes and patient satisfaction are likely to be better when decisions about medicines are made jointly between the person taking the medicine and the prescriber The safe and appropriate use of medicines will ensure the best clinical outcomes for our population.	<p>Progress was slower than planned due to the Medicines Management team being repurposed to support the ongoing Covid Vaccination programme but were still able to:</p> <ul style="list-style-type: none"> • Deliver required audit programme • Launch a Trust-wide non-medical prescribing workstream • Appoint a Governance and Professional lead to lead on this work • Active promotion of antimicrobial stewardship • Development of a structured medication review template to review and record interventions targeting high priority patients 	

Experience: Developing service user and staff engagement & feedback		
Development of service promotion		Partially Achieved
Why we chose this	What we have done	
To increase awareness of our services throughout the wider community and alignment with other services	<ul style="list-style-type: none"> • IAPT service has a promotional team and identified lead working with the Communication & Engagement team to attend key events and engage with local communities, including through local colleges and job centres • Website information improved regarding service provision, including High Oak Surgery • 	
Development of a standardised patient reported experience measure (PREM)		Partially Achieved
Why we chose this	What we have done	
To understand individuals experience following their stay in Intermediate Care rehabilitation facilities	<ul style="list-style-type: none"> • Implementation of the PREM has been delayed as a result of delayed feedback from the Annual report of the National Audit of Intermediate Care and the impact of Covid • However, a monthly audit tool is now being utilised within the team to capture concerns and improvements 	
Undertake a service expectation / feedback questionnaire for schools		Achieved
Why we chose this	What we have done	
Seeking feedback will enable a better understanding of the impact of our service and enable improvements to be made, as well as support better forward planning	<ul style="list-style-type: none"> • Survey completed to capture children and young people's views of the service 	

Experience: Inclusivity and equitable access		
Deliver the Equality Diversity and Inclusion work programme		Achieved
Why we chose this	What we have done	
Diversity and Inclusion in the workforce leads to improved health and greater staff and patient experiences of the NHS. This work stream will enable the Trust to recognise and value differences through inclusion and enable DIHC to shape the future of healthcare and its workforce through becoming a more inclusive employer.	<ul style="list-style-type: none"> • EDI plan in place, anti-racism campaign endorsed by Trust board and training throughout organisation • Values based recruitment and competency training rolled out • 	
To improve access to the IAPT service		Partially achieved
Why we chose this	What we have done	
To ensure equitable access to IAPT services to the whole population	<ul style="list-style-type: none"> • Redesign on IAPT inclusive service information is in progress and an inclusion link worker has been established to help develop relationships with key communities and support how we reduce barriers to accessing mental health services 	

Our continuing commitment to Quality – our priorities for 2022/23

Dudley Integrated Health & Care NHS Trust are committed to continuously improving the quality and safety of the services that we provide. For 21/22, we identified a broad range of Quality Priorities that reflected the developmental phase of the trust in its first year of being in existence.

Building on the learning from these, the priorities identified for 22/23 represent a much more focussed approach around the three core elements of quality and safety – safe, effective and experience.

Awaiting focussed engagement sessions with patient representative groups in early April to discuss draft QPs and identify any amendments required – priorities therefore subject to some change and details of output / approach of user engagement will be included.

Introductory narrative still being written – to be added in

Safe:	
<i>What are we going to do?</i> <ul style="list-style-type: none">• Implementation of the Patient Safety Incident Response Framework (PSIRF)• Strengthening of the patient safety specialist role• Roll-out of the patient safety syllabus for staff including mandatory compliance and recording	
Why we chose this	How will we measure (our) success?
We are an organisation that wants to ensure continuous learning and improvement in our services. We want to ensure that patients are protected from avoidable harms and that we are supportive of our teams to be open about mistakes and concerns.	<ul style="list-style-type: none">• Compliance with the Trusts agreed KPI for mandatory training (KPI to be agreed) – e-learning for health patient safety syllabus• An agreed Trust framework for involving patients in patient safety and evidence of this in action• Providing additional training for staff in review of patient safety incidents• Improvements in relevant staff survey responses

Effective:	
<i>What are we going to do?</i>	
To develop a robust clinical audit programme (at organisational and service level) including associated training	
Why we chose this	How will we measure (our) success?
Implementing robust clinical audit and learning from the outcomes can significantly improve patient care. It can make more effective use of clinical time and helps to advance practice. Clinical audit is a core component of the Trusts clinical governance framework and we want to focus on developing our teams to be able to undertake good, quality and meaningful clinical audit.	<ul style="list-style-type: none"> • Develop a clinical audit programme 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 (KPI to be determined) • Demonstrate that we are widely learning and sharing audit findings across the Trust and the system as appropriate • Implement a clinical audit end of year showcase for teams

Experience:	
<i>What are we going to do?</i>	
<ul style="list-style-type: none"> • Equality Inclusion and Diversity, improving access to services for people with a learning disability or autism • 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 EOL work for individuals with LD • Implement the Oliver McGowan Mandatory training in Learning Disability and Autism 	
Why we chose this	How will we measure (our) success?
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.	<ul style="list-style-type: none"> • Exceeding the national target for rate of annual health checks for people over 14 years and on a GP Learning disability register for our primary care services • Compliance with the Trusts agreed KPI for mandatory training (KPI to be agreed) • Undertake a comprehensive review of the learning disability improvement standards for NHS trusts with any resulting action plan overseen through the EDI Committee • Engage with people with learning disabilities to ensure our services are inclusive and responsive to their needs

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 2021-22, Dudley Integrated Health and Care NHS Trust provided and/or sub-contracted 9 NHS services:

- Dudley Talking Therapy Services
- Primary Care Mental Health Services
- High Oak Surgery (including Winter Assessment Hub)
- Pensnett Covid Assessment Centre
- Primary Care Network (PCN) services
- Dudley School Nursing team
- Children's and Young Peoples' Continuing Care (CC)
- Adults Continuing Health Care (CHC)
- 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 2021/22 represents 100% of the total income generated from the provision of NHS services by the Dudley Integrated Health and Care NHS Trust for 2021/22.

Clinical audit

Clinical audit is a fundamental part of the quality improvement process. It plays an essential role to provide 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 with the support of the medical directorate, with the Quality & Safety Committee approving the annual programme of clinical audits and having oversight progress over the year.

The pandemic has, again, curtailed much of the audit programme that would typically have been undertaken. However, the Trust has ensured that it has remained focussed on required audits and those most pertinent to improving patient safety. 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 both Health & Safety and Infection Prevention & Control – these are also summarised at the end of this section.

Information & data currently being collated as part of end of year review – full update to be incorporated from that

Clinical Research and Innovation

DIHC are committed to the principles of the NHS constitution where each provider supports clinical research and innovation. We have established an approach to this in 2021-22 and continue to champion our commitment to research. We recognise the role of research and innovation and remain committed to improving the quality of care, improving patient safety and outcomes alongside helping our staff stay abreast of the latest treatment possibilities.

We also recognise the value gained by supporting research and innovation in services, across pathways and systems and the benefits for a positive patient experience by ensuring the best evidence-based approach is utilised to improve health and care.

Our newly established Research and Innovation group continues with support of the National Institute of Health Research (NIHR) West Midlands Clinical Research Network (CRN). The purpose of this group is to ensure that our Trust is a research positive environment, raising the awareness of the importance of research and innovation but also enabling staff to explore ideas and share learning and good practice. During the year we completed work to become a research-ready organisation and are now moving into a research-active phase.

The group follow the NIHR principles of good practice framework in the management and conduct of health and social care research and ensures that the public will feel safe when they participate in research. The Trust recognise the importance of giving our patients wider access to clinical research and understand that evidence shows research active NHS organisations have better patient care outcomes. As such, our

first projects are committed to providing access to research for some of our Dudley patients who have never had access to research - we are committed to addressing these inequalities in every research application and bid.

The two projects that we have gained approval for during this year are:

PANORAMIC

This is a UK-wide clinical study which is sponsored by the University of Oxford and funded by the NIHR to find out in which people new anti-viral treatments for covid-19 in the community reduce the need for hospital admission and get better sooner. DIHC are working in collaboration with some of our partially integrated Dudley GP practices to provide a hub and spoke model of delivery for this study, work is currently ongoing in setting up the hub. The study looks at patients over 50 or over 18 with one of a pre-defined list of conditions who have become symptomatic with COVID-19 and have tested positive for the illness in the previous 5 days. The patients are then randomised to either usual NHS care or treatment with anti-viral medication. More information can be found at this website <https://www.panoramictrial.org>

Decentralised Allied Health Professional (AHP) Supported Trial Delivery Pilot In Dudley

This is a novel pilot study aiming to improve the research capacity and capability in Primary Care in Dudley, it will also trial novel methods of research delivery via remote methods. The pilot will train new health care professionals based in DIHC and in our fully and partially integrated practices to become research-ready and understand the capabilities of remote research delivery. Again, part of the aim is to bring research opportunity to patient groups that have never had access to research before including population groups that have traditionally been underserved by clinical research in the past. There is potential for the results of this pilot to be useful to other developing Integrated Care Systems around the country if successful. The pilot is looking specifically at the vehicle by which the research is conducted and studying the effectiveness of those methods, supporting the DaRe2THINK project with the University of Birmingham. More information on this project can be found here. <https://www.birmingham.ac.uk/research/cardiovascular-sciences/research/dare2think/about/about.aspx>

Goals agreed with Commissioners (CQUINs)

Dudley Integrated Health and Care NHS Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the financial regime introduced as part of the COVID-19 response. Providers received block funding which was deemed to include CQUIN, however no CQUIN schemes were published during 2021/22.

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.

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

- ensure the developing Trust Business Intelligence function provides support in improving data quality
- identify and develop data quality processes to ensure that data is accurate, timely and fit for purpose
- review existing information systems to ensure that they are fit for purpose
- act on the findings from the internal audit on IAPT data quality completed in 2020/21
- ensure clear agreements are in place for data quality with other organisations who we rely on for information provision
- maintain full compliance with the Data Information Standards
- produce Trust information submissions to reflect all statutory returns
- define an appropriate schedule of audits and checks on key data sets
- Implement dedicated Trust Data quality meetings
- Review and revise Standard Operating Procedures for data collection
- Identify training needs for staff regarding data quality and best practice

Section to be reviewed and revised in line with developments in 21/22

NHS Number and General Medical Practice Code Validity

Dudley Integrated Health and Care NHS Trust did not submit records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data

Information Governance

The Data Security and Protection Toolkit (DSPT), based upon the National Data Guardian Standards, is an online, self-assessment tool that all organisations must use if they have access to NHS patient data and systems. The Trust previously submitted the Data Security and Protection Toolkit in June 2021 and reported a status of 'not met with agreed action plan in place'; required actions were focussed primarily around improving IG training uptake.

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 2021/22 return by the submission deadline of end of June 2022 to evidence all required standards being met.

To be updated with progress prior to finalisation

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 2021/22, the Trust reported a total of 124 incidents of which 1 (0.8%) were classified as an SI. This incident was also the only incident reported this year that resulted in severe harm or death.

Other data / graphs to be added in as appropriate to help provide useful information

Infection Prevention & Control

The effective prevention and control of healthcare associated infections (HCAI) is essential to ensure that patients using our services receive safe and effective care. Effective prevention and control must be an integral part of everyday practice and applied consistently to ensure the safety of our patients, visitors, and staff. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained.

To further strengthen their focus on infection prevention and control, an Infection Prevention and Control Specialist Nurse was appointed in a substantive role by the Trust and commenced her duties on the 27th of September 2021. The Infection Prevention and Control team currently comprises the Director of Infection Prevention and Control (DIPC), role held by the Director of Nursing, Allied Health Professionals and Quality and the Infection Prevention and Control Specialist Nurse. The DIPC leads the infection prevention and control agenda and reports to the Trust Board and Quality and Safety Committee on the delivery of the annual work programme.

During the 2021-2022 financial year the COVID-19 global pandemic continued to remain the most significant issue faced in relation to Infection Prevention and Control (IPC) by the Trust and across the NHS. Further challenges are still expected to come with the easing of the remaining precautions within the community from the 1st of April 2022. A reviewed guidance for healthcare settings is expected to be published imminently, that will further shape the IPC priorities for 2022-2023. The Trust's priority remains to maintain patient, visitor and staff safety with enhanced focus on specific elements of infection prevention and control as outlined below.

Key updates from 2021-2022:

- There were no cases apportioned to Dudley Integrated Health and Care NHS Trust during the 2021-2022 financial year of the following 'alert' organisms: Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), and Gram-negative bacteraemia's; or Clostridioides difficile infections.
- Communicating changes to the national COVID-19 and Infection Control guidance to all staff via the Friday Roundup, MS Teams IPC Channel and the Intranet.
- IPC mandatory training compliance has remained a focus and this was offered to staff online, via ESR
- A small number of the key IPC policies were reviewed/written
- Working with our public health colleagues, the Trust also supported the local system to deliver a vaccination programme for care home staff, patients, and members of the community
- Staff have been actively supported to access flu and COVID-19 vaccinations; however further work is required to support flu vaccine uptake during the next season
- The Trust has launched its Infection Prevention and Control Champions programme on the 14th of March 2022
- A group of 10 DIHC staff were trained on the 4th of February and became (FFP2/3) mask face fit testers
- There were no outbreaks reported or identified within the Trust

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.

Further narrative to be provided by the Safeguarding team

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 through listening to peoples' experiences and views, responding comprehensively to feedback and demonstrating what has been improved as a result.

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 23 formal complaints were received by the Trust during 2021/22; this represents an increase on the previous year's figure of 15, largely reflective of an increased number of services being provided by the Trust as well as improving our processes for service users to raise concerns. None of these complaints have been referred to the Parliamentary Health Service Ombudsman.

Further info on any key learning plus compliments to be included

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. FFT is designed to be an additional feedback mechanism in addition to the formal complaints process and other forms of feedback

Mental Health

In 2021/22, xxx service users responded to our Mental Health Services' Friends and Family test – primarily regarding the IAPT service - which asked for an overall view of their experience of our service.

99.6% of respondents felt the service was either 'good' or 'very good'.

High Oak Surgery

FFT was suspended for primary care services during 2021/22.

NB – we do have some data available though so will be including this

Staff Survey

The 2021 NHS Staff Survey was the first time that DIHC as an entity has taken part in the national survey. As a result, we have no previous results to compare ourselves to and are therefore only able to compare to our peers and assess our own views of our performance this year.

Overall, the Trust has a relatively positive set of results, and compares generally well to the average score for the peer group across most themes.

Graphics etc currently being put together so presentation will be different but key data provided below.

Note results embargoed until end March so further analysis / comparison to others still in progress.

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 elements:



+ 2 additional areas of scoring of 'staff engagement' and 'morale'

Response rate: 63% vs median 61% response rate for benchmarking group (Community Trusts)

Slightly lower than average

Voice that counts
Always learning
Team
Staff engagement

Equal to peer group

Compassionate & inclusive

Higher than average

Recognised & rewarded (best score in group)
Safe & healthy (best score in group)
Work flexibly
Morale

Recommender scores (vs average):

Quality Account 2021/22	Page 23	www.dihc.nhs.uk
-------------------------	-----------	-----------------

- I would recommend my organisation as a place to work: 59.6% (65.3%)
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation: 67.6% (77.4%)

Some key actions being taken forward:

- Hold focus groups for a range of front-line staff to discuss their views of quality of care, listening to patient concerns and how this could be improved
- Executive Team, People Committee and board to approve the newly developed leadership framework and portfolio of development and advocate for all leaders to undertake the programme
- Ensure that all new Trust policies, wellbeing offers and development offers are more proactively marketed by leaders

Reporting against other Quality and Performance Indicators

Additional performance indicator information to be included e.g. IAPT performance

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 2021 - 31 March 2022.

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

Quality Account 2021/22	Page 24	www.dihc.nhs.uk
-------------------------	-----------	-----------------

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 next year's development.

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

Xx

Harry Turner
Chairman

Xx

Statement from Black Country and West Birmingham CCG

To be included

DRAFT

Statement from Dudley Metropolitan Borough Council Health Scrutiny Panel

To be included

DRAFT

Statement from Healthwatch Dudley

To be included

DRAFT



Quality Account 2021-22

This information can be made available in large print, audio cassette and in other languages, please call (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

تتمثل المعلومات التي يمكن أن تكون متاحة في الطباعة كبيرة، أو على شريط كاسيت، وفي لغات أخرى، يرجى الاتصال بـ (866) 573-1213.

Quality Report and Account 2021/2022

Foreword

Part 1: Introduction - Chief Executive's Statement

Part 2: Priorities for improvement

2.1	Looking back	
2.1.1	Looking forward	

Part 3: Statements of assurance from the Board of Directors

3.1	Review of services	
3.2	Participation in national clinical audits, national confidential enquiries, and local audit	
3.3	Our participation in clinical research	
3.4	Our Commissioning for Quality and Innovation (CQUIN) performance	
3.5	Care Quality Commission (CQC) registration and reviews	
3.6	Quality of data	
3.7	Clinical coding error rate	
3.8	Learning from deaths and sharing of learning from deaths	
3.9	Seven-day hospital services	
3.10	Raising concerns	
3.11	Junior Doctor rota gaps and the plan for improvement to reduce these gaps	

Part 4: National core set of quality indicators

4.1	Mortality	
4.2	Patient reported outcome measures	
4.3	Readmissions within 28 days of discharge	
4.4	Patient experience (national inpatient survey)	
4.5	Patient recommendation to family and friends	
4.6	Staff recommendation to family and friends	
4.7	VTE assessments	
4.8	Infection control – C.difficile infections	
4.9	Patient safety incidents	
4.10	Our performance against the thresholds set out in the Risk Assessment and Single Oversight Frameworks of NHS Improvement	
4.11	Glossary of terms	

Annex

Statement of directors' responsibilities in respect of the Quality Report	
Comment from our Governors	
Comment from Dudley Clinical Commissioning Group	
Comment from Healthwatch Dudley	
Comment from Dudley MBC Health Overview and Scrutiny Committee	

Foreword

What is a Quality Report?

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report and includes the requirements of the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012. The Quality Accounts (and hence this report) aims to increase public accountability and drive quality improvement within NHS organisations. They do this by getting organisations to review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

Quality consists of three areas which are essential to the delivery of high-quality services:

- How safe the care is (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Some of the information contained within this Quality Report is mandatory. This report contains all of NHS England and NHS Improvement's detailed requirements for quality reports.

Scope and structure of the Quality Report

This report summarises how well the Dudley Group NHS Foundation Trust ('the Trust') did against the quality priorities and goals we set ourselves for 2021/22. It also sets out the Quality Priorities we have agreed for 2022/23 and how we intend to achieve them.

This report is divided into four parts, the first of which is a statement from the Chief Executive.

Part 2 sets out the quality priorities and goals for 2022/23 and explains how we decided on them, how we intend to meet them, and how we will track our progress.

Part 3 includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It includes a description of audits we have undertaken and our research work.

Part 4 includes performance against national priorities.

The annexes at the end of the report include the comments of our external stakeholders.

The annexes also include a glossary of terms used.

Any text shown in blue boxes is a compulsory requirement to be included in the Quality Report as mandated within NHS Improvement's Annual Quality Accounts Regulations.

Part 1: Introduction - Chief executive's statement

The Dudley Group NHS Foundation Trust aims to always provide safe and effective care. This means that patient safety and quality are at the heart of everything we do. Our people are central to delivering the care standards that we expect every patient to receive.

2021/22 has remained incredibly challenging as we have continued to adapt our services during the global COVID-19 pandemic. I am incredibly proud of what we have collectively achieved to look after patients in hospital with COVID-19, how we have adapted our out-patient and other services in order that they could continue as we reintroduced patients, staff, and visitors back into the hospital.

This report will describe the quality of care provided by the Trust during 2021/22, highlighting both areas for improvement and areas of good practice.

We monitor safety, clinical effectiveness, and patient experience through a variety of other methods:

- Quality Indicators - monthly audits of key nursing/midwifery and allied health professional interventions and their documentation. Each area has an electronic Quality Dashboard that all staff and patients can view so that the performance in terms of the quality of care is clear to everyone.
- Ongoing patient surveys that give a 'feel' for our patients' experiences in real time allowing us to quickly identify any problems and correct them
- A variety of senior clinical staff attend the monthly three key sub-committees of the Board to report and present on performance and quality issues within their area of responsibility: Quality and Safety Committee, Finance and Performance Committee and Workforce and Staff Well-being Committee.
- The Trust works with its local commissioners, scrutinising the Trust's quality of care at joint monthly review meetings and the executives from both organisations meet quarterly.
- External assessments of the Trust services

Despite the challenges we have faced, our staff continued to pull together to do the right thing for our patients. I would like to take this opportunity to thank our people, once again, as without their hard work and commitment we would not have achieved the successes we have.

We are now delivering services in the new NHS where COVID-19 will continue to be with us, and we may see further peaks, and where we must continue to deliver our planned and other non-COVID services to our local population.

The biggest challenges have been the continued, unprecedented increase in the number of emergency patients attending the hospital. We are working collaboratively with our system partners to identify further innovative ways to meet these increasing demands to ensure patients receive timely treatment and care.

Our priority is always to provide high quality, safe care for all patients, and to learn from our mistakes if we fall short of these standards. We are committed to driving improvement and a culture of excellence throughout the organisation.

Our Trust Priorities for 2022/23 have been developed to ensure that we recover as quickly and safely as we can from the pandemic and embed quality improvement into our daily practice whilst adapting to the 'new normal' for the NHS.

We remain hugely concerned about the national growth in waiting lists for diagnosis and treatment, and for the people who may not have come forward for vital tests or treatment due to the pandemic. We will continue to do everything possible to maximise the number of patients that we can safely

treat, and to ensure that patients on our waiting lists are regularly risk assessed and seen according to clinical priority. We will keep patients informed about any delays to treatment and ensure that they can contact us if their condition changes

We have included as much information as possible in our report and are confident in the accuracy of the data we have published. There are a few areas where the data is not available, including where reporting was suspended or changed at a national level because of the pandemic.

To the best of my knowledge, the information in this document is accurate

DRAFT

Part 2: Priorities for improvement

Quality improvement priorities

How we decided on our quality priorities

Each year, utilising internal intelligence, in consultation with internal and external key stakeholders, and service user groups the Trust commit to our quality priorities which are our focus for the upcoming financial year. Agreed key performance indicators related to the quality priorities are monitored on a continuous basis through the Trusts Quality and Safety Group/Committee to provide oversight and assurance of the clinical care provided

2.1 Looking back

The table below provides a summary of the 2021/22 quality priorities. To note, progress against the achievement of the quality priorities has been negatively impacted on because of the COVID-19 pandemic and the unprecedented capacity and workload experienced.

Quality Priority	How did we do?
Patient Experience	
1. <u>Improve the way we communicate and engage with patients.</u>	
a) Staff treating and examining patients will introduce themselves (target of 95%).	a) Through monthly patient audit we achieved 98.17% (numerator 2747/denominator 2798) compliance against patients reporting that staff members introduced themselves.
b) Patient will have been informed about what is going to happen to them each day, i.e., tests, investigations (target of 95%)	b) Through monthly audit we achieved 90.5% (numerator 1398/denominator 1545) compliance against patients reporting that they knew what was going to happen to them each day.
c) Hold a quarterly forum/focus group with each prioritising key planned actions, undertaking those actions and measuring the outcomes and success.	c) At the July 2021 Patient Experience Group (PEG) meeting the chief nurse instructed all staff to hold a Listening into Action (LIA) event. Most departments and teams booked an LIA event and several teams had already hosted these events (Cancer Services, Home Oxygen Team). Several events were postponed due to lack of patient attendance or due to the cancellation of non-essential meetings due the pandemic.
d) Hold at least quarterly People Panel, each prioritising key planned actions, undertaking those actions and measuring the outcomes and success.	d) In July 2021, the attendees were able to share their overall views on their experience of our hospital and discuss their thoughts on how we can improve our services. The main themes were around communication and delays in the Emergency Department. The feedback was shared with matron leads for action planning and learning. Our new Patient Experience Strategy for 2021-2023 has been developed to embrace the aims and objectives set out in the Trust's Quality Priorities and the vision to deliver 'excellent health care, improved health for all'. The aim of the strategy is to ensure that all patients, relatives, carers, and visitors have a positive experience in our care, ensuring their emotional and physical needs and expectations are met. We want to listen to our patients, families, and carers to understand what is important to them, to value their ideas and learn from and act on the feedback we receive. We will monitor our progress against delivering the objectives in this strategy through a set of key performance indicators that will measure the impact of the processes in place for improving patient experience and engagement.
e) Engage with Expert Volunteers	e) In partnership with the Governance team, a policy has been produced which provides a framework that details the recruitment, support, and governance arrangements in place to ensure Patient Voice Volunteers and Patient Safety Partners are inducted and supported to be effective in their roles. This includes patients, carers, families, and other members of the public who use their experiences of services to inform and influence the delivery, planning, quality, and safety of services we provide.

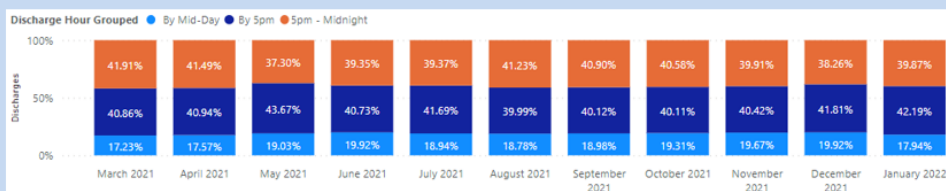
<p>ensuring we raise the patient voice so that services are delivered compassionately (providing assurance of involvement, recommendations and actions taken forward)</p>	
<p>2. <u>Ensure all complaints are responded to in accordance with the Trust complaints and concerns policy.</u></p> <p>a) Improve the percentage of complaints responded to within the internal timeframe of 30 working days.</p> <p>b) Actions will be completed and learning/changes in practice identified and shared across the organisation.</p>	<p>a) The current overall response rate for 2021-22 (Quarters 1 to Quarters 3) is 35.9%. There was initial improvement during Quarter 1 2021-22, but this has declined since for Quarters 2 and 3 2021-22. Quarter 2 and Quarter 3 2021-22 continued to have challenges from the COVID-19 pandemic with staff absences within services and staff being required to work clinically to support colleagues resulting in decreased administration time. The restrictions placed on visiting has also impacted the ability to hold local complaints resolution meetings.</p> <p>Quarters 2 and 3 2021-22 also received the highest number of new complaints (September 100 new complaints and November 104 new complaints) and the increasing number of complaints received has also added a further challenge to services to investigate and respond in a timely manner.</p> <p>The Complaints Department continue work with individual staff, teams and divisions discussing at governance team and divisional meetings in respect of timescales and matters due to breach the 30-working day timescale. In addition, the Complaints Department meet each week to discuss any matters due to breach, send out reminders to staff for the responses and the complaints manager sends out a weekly tracker to the Divisional Chief Nurses informing of any matters that require response and escalating those that require their assistance to obtain those responses.</p> <p>b) In respect of learning, services continue to share complaints anonymously not only with those immediately involved but also on a wider basis during mandatory training sessions, ward, and departmental meetings, so that staff can reflect, learn, and make improvements to practice if appropriate.</p>

Developments that occurred in Patient Experience in 2021/2022:

- To ensure there is improvement and achievement against this priority we have delivered and supported a number of initiatives with a focus on how we improve the way we communicate and engage with patients.
- We have carried out several patient panels throughout the year. The theme of the April 2021 panel was communication and included the question 'do staff treating and examining you introduce themselves?' Action and learning plans from the panels are shared in the patient experience monthly reports, quarterly reports, governance, and Patient Experience Group meetings.
- The 'Hello My Name' is campaign is presented to new employees at Trust induction.
- In partnership with the Professional Development Team Evolve training, we have now implemented customer care training, and this is delivered to newly qualified nurses and other staff within the Trust.
- To improve the response rate, an informatics dashboard is currently being created to share performance data with teams easily via the Trust's intranet and this will allow patient experience data and complaints data to be viewed. It is anticipated that the sharing of this data much more

- readily will improve staff complaint responsiveness as it will also link directly to the Datix complaint record.
- A training package centred around communication is being developed by Medicine & Integrated Care division.
- There has been a reduction in the number of complaints around lost property following a partnership with Emergency Department (ED) and patient experience where boxes and seals have been procured so that property can be placed in these boxes in ED and then remain undisturbed until the patient is transferred out of emergency theatres post operatively.
- It is recognised that the Datix (complaints reporting database) learning, and action section is not readily completed by divisions for action assurance, and this has been addressed at divisional governance meetings and a short guide on how to complete this section has been prepared and shared with divisional leads to share and discuss with their staff.

Patient experience activity is presented through divisional updates at the quarterly Patient Experience Group meeting and the monthly patient experience report to the Quality and Safety Committee for assurance of recommendations having been completed and improvements made.

Quality Priority	How did we do?																																																
Discharge Management																																																	
3. <u>30% of discharges to have left their bedded area by 12 noon, 80% by 5pm (for patients without an identified right to reside)</u>	<p>Despite seeing some overall improvements in discharges before midday, we did not achieve either of our targets related to this priority.</p>  <table><tr><th>Month</th><th>By Mid-Day</th><th>By 5pm</th><th>5pm - Midnight</th></tr><tr><td>March 2021</td><td>17.23%</td><td>40.86%</td><td>41.91%</td></tr><tr><td>April 2021</td><td>17.57%</td><td>40.94%</td><td>41.49%</td></tr><tr><td>May 2021</td><td>19.03%</td><td>43.67%</td><td>37.30%</td></tr><tr><td>June 2021</td><td>19.92%</td><td>40.73%</td><td>39.35%</td></tr><tr><td>July 2021</td><td>18.94%</td><td>41.69%</td><td>39.37%</td></tr><tr><td>August 2021</td><td>18.78%</td><td>39.99%</td><td>41.23%</td></tr><tr><td>September 2021</td><td>18.98%</td><td>40.12%</td><td>40.90%</td></tr><tr><td>October 2021</td><td>19.31%</td><td>40.11%</td><td>40.58%</td></tr><tr><td>November 2021</td><td>19.67%</td><td>40.42%</td><td>39.91%</td></tr><tr><td>December 2021</td><td>19.92%</td><td>41.81%</td><td>38.26%</td></tr><tr><td>January 2022</td><td>17.94%</td><td>42.19%</td><td>39.87%</td></tr></table> <p>The Trust continues to participate in the system wide efforts to reduce unnecessary admissions and promote earlier discharges.</p>	Month	By Mid-Day	By 5pm	5pm - Midnight	March 2021	17.23%	40.86%	41.91%	April 2021	17.57%	40.94%	41.49%	May 2021	19.03%	43.67%	37.30%	June 2021	19.92%	40.73%	39.35%	July 2021	18.94%	41.69%	39.37%	August 2021	18.78%	39.99%	41.23%	September 2021	18.98%	40.12%	40.90%	October 2021	19.31%	40.11%	40.58%	November 2021	19.67%	40.42%	39.91%	December 2021	19.92%	41.81%	38.26%	January 2022	17.94%	42.19%	39.87%
Month	By Mid-Day	By 5pm	5pm - Midnight																																														
March 2021	17.23%	40.86%	41.91%																																														
April 2021	17.57%	40.94%	41.49%																																														
May 2021	19.03%	43.67%	37.30%																																														
June 2021	19.92%	40.73%	39.35%																																														
July 2021	18.94%	41.69%	39.37%																																														
August 2021	18.78%	39.99%	41.23%																																														
September 2021	18.98%	40.12%	40.90%																																														
October 2021	19.31%	40.11%	40.58%																																														
November 2021	19.67%	40.42%	39.91%																																														
December 2021	19.92%	41.81%	38.26%																																														
January 2022	17.94%	42.19%	39.87%																																														

Developments that occurred in discharge management in 2021/2022:

- **Preadmission** - The Trust works in partnership with primary care through the clinical hub to triage referrals that could be managed by community services and through General Practice. This is showing some benefits especially for patients residing in care homes as the number of calls from these services to the clinical hub have increased over recent months. In addition, conveyances through ambulances are being targeted to ensure that earlier intervention and care at home to prevent an attendance; this is supported through clinical triage by a paramedic, which forms part of a trial supported by WMAS, the Trust and the CCG.
- **Post admission and discharge** - A dedicated team exists to oversee the facilitation of patients back to their home. This team works in partnership with Local Authority colleagues and a system wide call takes place twice daily to review those patients that could receive support from community and domiciliary care. A new initiative, supported by NHSE to encourage use of hotel accommodation for medically optimised patients is also underway in the Trust and we have seen some use of this, in its early days.

For those patients awaiting a decision for discharge, these are being supported with patient trackers who monitor the journey of patients by ward, escalating key milestones for decision

making. Patient awaiting transfer can utilise the Discharge Lounge which is now operational, and patients can receive their medication post discharge through the medicine's delivery service, which is being co-ordinated by our Pharmacy team.

Data is a key driver for ensuring patients that have had an excessive length of stay and this is being facilitated through the recently introduced Sunrise Dashboards. Patients with a longer length of stay benefit from a senior medical review co-ordinated by the Deputy Chief Medical Officer.

2.1.1 Looking forward

Priority 1 for 2022/23: Delivering a great patient experience

1. Using patient feedback to drive improvements (inpatient survey results)

Improve inpatient survey scores related to the following questions:

- a. Involving patients and their carers in care and treatment decisions (Q23)
- b. Leaving hospital - communication around discharge (Q34)
- c. Information around conditions and treatment is shared with patients (Q24)

2. Ensure all complaints are responded to in accordance with the Trust complaints and concerns policy*

- d. Improve complaint closure within 30 days to 50% by April 2023
- e. Reduce outstanding backlog by 70% by April 2023

*Trust Governors have chosen this priority to champion throughout 2022/23

Why we chose this (Rationale)

When compared to our peers, the Trust had been in the lowest 20% response rate for questions relating to communication. Including specific questions for improvement in our quality priorities allows focused attention to drive improvement.

The rationale for including this priority is to improve the response time for complaints. The key performance indicator is 90% response rate for complaints investigations to be completed and a response sent to the complainant within 30 working days of receipt. It was identified that by completing complaint investigations and responding to complainants within the period of 30 working days, that the complainant would feel that their complaint had been taken seriously.

The NHS Complaints Regulations 2009 section 3 (2) sets out arrangements for dealing with complaints ensuring that they are dealt with efficiently, properly investigated and complainants are treated with respect and courtesy. Complainants often raise a complaint as a last resort, or last attempt at being listened to, they may approach the service as they have grave concerns regarding how their or their loved ones' care was given, and this may be following a bereavement. It is recognised that a complainant may feel very upset, be grieving and already in distressed and vulnerable position at the time of approaching the Complaints Department. It is not best practice or a good patient experience in keeping complainants waiting for a response to their complaint as it reinforces their feelings that they are not being listened to or taken seriously.

The Trust's aim is to 'deliver a great patient experience' and within the Patient Experience Strategy 2021-23, one of the core objectives is to 'enhance our listening and responding to what people say' and this includes promoting lessons learnt and sharing of good practice.

In respect of sharing learning, the NHS Standards acknowledge an effective complaint handling system promotes a culture that is open and accountable when things do not go as they should. It creates an environment where staff feel supported and empowered to learn when things do not go as expected, rather than feeling blamed. It is important that learning is used to improve services and that staff promote a just and learning culture.

How we will monitor and share progress

The response rate is measured monthly and recorded via the integrated performance report as well as within the service's monthly, quarterly, and annual report which are reported internally and externally.

The response rate for complaints is shared at divisional and team governance meetings monthly.

Responsible Person/Team

Patient Experience/Divisional Teams

Priority 2 for 2022/23: Treating patients in the right place, at the right time

3. Capacity and patient flow Same Day Emergency Care (SDEC) pathways

- a. Providing SDEC services (Surgery, Medicine and Paediatrics) for 12 hours a day, 7 days per week
- b. Assessment in 30 minutes from arrival in SDEC, for those patients identified on the 'frailty pathway'.
- c. Increased referral pathways to SDEC, resulting in a decrease in admissions across all relevant specialities
- d. Improve the quality of referrals direct to SDEC from West Midlands Ambulance Service and primary care

4. Discharge management*

- e. Every inpatient ward will identify 1 to 2 patients everyday (7 days per week) as part of 'Home for Lunch' initiative.
- f. Improved use of the discharge lounge, both seated and bedded areas, for all definite discharges
- g. All discharge communication with patient, carers and families and 3rd parties are initiated on admission

*Trust Governors have chosen this priority to champion throughout 2022/23

Why we chose this (Rationale)

- It is important that patients are assessed, diagnosed, and treated in a timely and effective way and are not in hospital longer than is necessary where there is a greater risk of developing complications.
- At present, 18 per cent of patients are being discharged before midday.
- Ensure effective discharge planning starts at the point of admission to ensure patients get the best possible care in the right place.
- Ensure patients feel involved in their discharge planning to ease any anxiety or distress which may be caused by admission to hospital.

How we will monitor and share progress

We measure and record this priority with the time of discharge recorded on the electronic patient administration system, which links with the Trust's discharge database.

<u>Responsible Person/Team</u>
Operations team/Divisional teams
Priority 3 for 2022/23: Reducing avoidable harm
5. <u>Pressure Ulcers</u> <ol style="list-style-type: none"> Clear outstanding incident backlog for category 3 and 4 pressure ulcers up until March 2022 All grade 3 and 4 pressure ulcers will be investigated and closed within 45 working days Develop systems to promote timely investigation and validation of pressure ulcers recorded via the datix system Identify and report pressure ulcers earlier (quantify) in patient pathway anticipating an increase in reported category 1 and 2's correlating to reduction of reported category 3 and 4's.
<u>Why we chose this (Rationale)</u>
Due to the increased numbers of reported pressure related damage incidents, in particular category 3, it was deemed that our systems and processes needed review and updating to identify learning and support a positive reporting culture.
<u>How we will monitor and share progress</u>
Quality and Safety Group
<u>Responsible Person</u>
Tissue Viability Lead/Divisional Chief Nurse for Surgery, Women' and Children's division

3 Statements of assurance from the Board of Directors

3.1 Review of services

During 2021/22 during Dudley Group NHS FT provided x hospital and community NHS services. A detailed list is available in the Trust's 'Statement of Purpose' available on our website [CQC Registration - Aims and Objectives \(dgft.nhs.uk\)](https://www.dgft.nhs.uk). The Trust has reviewed data available on the quality of care in all of these services through its performance management framework and its assurance and governance processes. The income generated by the services reviewed in 2021/22 represents x per cent of the total income received for the provision of NHS services in 2022/23

3.2 Participation in national clinical audits, national confidential enquiries, and local clinical audit

During 2021/22, 56 national clinical audits and 5 national confidential enquiries covered relevant health services that the Trust provides. During that period the Trust participated in 100 per cent of the national clinical audits and 100 per cent of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2021/22 are listed below. **Tables 1 and 2** show the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of **x c** completed national clinical audits were reviewed in 2021/22. Below are some examples (one from each division) from across the Trust of actions taken to improve the quality and safety of our services because of local clinical audit.

DRAFT

Speciality	Brief description of audit/Improvements
Medicine and Integrated Care	
Surgery, Women's and Children's	
Clinical Support Services	
Trust wide	

Local clinical audit

The reports of 76 completed local clinical audits were reviewed in 2021/22. Below are some examples (one from each division and one from Trust wide) from across the Trust of actions taken to improve the quality and safety of our services because of local clinical audit.

Speciality	Brief description of audit/Improvements
Medicine and Integrated Care	<p>NORSE Referral Audit.</p> <p>Referrals to the spinal surgery service at QEHB: The audit was carried in April 2021 and then a re-audit completed in August. The compliance was improved by contacting IT who are responsible for imparting training on NORSE to junior doctors joining the trust. The training material can be found on the NORSE landing page. The induction slides have been modified and available. Radiology have reduced the reporting times and the audit was presented to other areas such as AMU Stroke and ED medicine Meetings. A video for training also developed for the NORSE referral process.</p>
Surgery, Women's and Children's	<p>Audit of Necrotising Fasciitis patients treated in the Plastic Surgery department over the last four years.</p> <p>This audit was for necrotising fasciitis patients treated in the Plastic Surgery department over the last four years. The patient demographics and the Types of Necrotising Fasciitis compare well with the studies done by other authors. Our treatment of these patients has been in line with accepted standards internationally.</p> <p>Most patients were operated early and had appropriate antibiotics. The mortality rate was 26%, which is on par with other studies, which had a mortality rate ranging from 17 -40%.</p> <p>Most patients, who underwent debridement and reconstruction, had multiple specialty input</p>

Clinical Support Services	<p>A retrospective 'Snap-shot' audit of compliance with prescribing on the endoscopy recovery chart</p> <p>There have been improvements in all 3 standards with near perfect compliance to standards 1 and 3. A major factor for this has been due to the implementation of the electronic prescribing system (sunrise) which went online Trust wide in August 2020 and the embedding of prescribing practice following the LFE QI project. This was further assisted in the production of a GI order set which facilitated prescribing practice thereby reducing any barriers prescribers may have previously had prior to this being available. The pre-formatted nature of this order set has made for safer prescribing as it minimises the error of misinterpretation when prescribed electronically as opposed to handwritten prescription. The utilisation of sunrise for prescribing has made allergy documentation clear and provides a prompt for safe prescribing should a medication be accidentally prescribed for whom a patient has an allergy for. It has also made it clear to review and assess whether a patient has had a medication administered to them with the option to input why it was not administered to provide a clear audit trail for that patient, aiding safer prescribing. The recommendation from the LFE QI project involved assessing whether prescribing practice has improved and been maintained within the GI endoscopy unit. This re-audit has shown assurance that prescribing practice has improved and is likely to be embedded into endoscopists working in GI unit as they have become familiar with prescribing electronically.</p>
Trust wide	<p>Case file audit to assess the quality of safeguarding documentation to include the use of 'making safeguarding personal' across a variety of settings to include ED and ward settings.</p> <p>Overall, there were areas of both excellent and poor practice. There are no obvious patterns to indicate that any departments were better or worse than others. Encouragingly, 66% of the documentation reviewed was assessed to have been of a good or of outstanding quality. It is also positive to note that there was documented evidence that a multi-disciplinary approach was taken in 70% of the cases.</p>

Table 1

Title of National Audit	Participation	submitted
Case Mix Programme	YES	YES
Child Health Clinical Outcome Review Programme	YES	YES
Chronic Kidney Disease registry	N/A	N/A
Elective Surgery (National PROMs Programme)	YES	YES
RECM - Severe sepsis and septic shock (care in Emergency Departments)	YES	YES
RCEM- Pain in Children (care in Emergency Departments)	YES	YES
Fracture Liaison Service Database	YES	YES
National Audit of Inpatient Falls	YES	YES
National Hip Fracture Database	YES	YES

Inflammatory Bowel Disease Audit	YES	YES
Learning Disabilities Mortality Review Programme	YES	YES
Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE-UK)	YES	YES
National Diabetes Core Audit	YES	YES
National Pregnancy in Diabetes Audit	YES	YES
National Diabetes Footcare Audit	YES	YES
National Inpatient Diabetes Audit	YES	YES
National Diabetes In-patient Audit – Harms	YES	YES
NACOPD -Paediatric Asthma Secondary Care	YES	YES
NACOPD -Adult Asthma Secondary Care	YES	YES
NACOPD -Chronic Obstructive Pulmonary Disease Secondary Care	YES	YES
NACOPD -Pulmonary Rehabilitation-Organisational and Clinical Audit	YES	YES
National Audit of Breast Cancer in Older Patients	YES	YES
National Audit of Cardiac Rehabilitation	YES	YES
National Audit of Care at the End of Life	YES	YES
National Audit of Dementia	YES	YES
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	YES	YES
National Cardiac Arrest Audit	YES	YES
National Audit of Cardiac Rhythm Management	YES	YES
Myocardial Ischaemia National Audit Project (MINAP)	YES	YES
National Heart Failure Audit	YES	YES
National Child Mortality Database	N/A	N/A
2021 Audit of Patient Blood Management & NICE Guidelines	YES	YES
2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	N/A	N/A
National Early Inflammatory Arthritis Audit	YES	YES
National Emergency Laparotomy Audit	YES	YES
National Oesophago-gastric Cancer audit	YES	YES
National Bowel Cancer Audit	YES	YES
National Joint Registry	YES	YES
National Lung Cancer Audit	YES	YES
National Maternity and Perinatal Audit	YES	YES
National Neonatal Audit Programme	YES	YES
National Paediatric Diabetes Audit	YES	YES
National Perinatal Mortality Review Tool	N/A	

National Prostate Cancer Audit	YES	YES
National Vascular Registry	YES	YES
Out-of-Hospital Cardiac Arrest Outcomes Registry	YES	YES
National Outpatient Management of Pulmonary Embolism	YES	YES
National Smoking Cessation 2021 Audit	YES	YES
Sentinel Stroke National Audit Programme (SSNAP)	YES	YES
Serious Hazards of Transfusion (SHOT)	YES	YES
Society for Acute Medicine Benchmarking Audit (SAMBA)	YES	YES
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	YES	YES
Trauma Audit & Research Network (TARN)	YES	YES
Cytoreductive Radical Nephrectomy Audit	N/A	N/A
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	YES	YES

Table 2

National Confidential Enquiries				
Name of Study	No. of Cases included	No. and % of clinical questionnaires submitted	No. of case notes submitted	No. of organisation questionnaires submitted
Epilepsy Study Organisational Questionnaire	N/A	N/A	N/A	1
Transition from child to adult health services: Organisational questionnaire	N/A	N/A	N/A	1
Alcohol Related Liver Disease	N/A	N/A	N/A	1
Dysphagia in people with Parkinson's Disease: Clinician questionnaire	N/A	2/2 (100%)	N/A	1
Out of Hospital Cardiac Arrest: Clinical Questionnaire	N/A	2/9 (23%)	N/A	1

3.3 Research and development (R&D)

The number of patients receiving health services provided or sub-contracted by the Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was **973 (to date)**.

The balance of the portfolio across specialties covers Anaesthetics & Critical Care, Cancer, Cardiology, Chemical Pathology, Dermatology, Diabetes, Gastroenterology, Haematology, Paediatrics, Trauma & Orthopaedics, Rheumatology, Stroke, Vascular, General Surgery and Palliative Care all continuing to participate or express an interest in research.

We have continued to prioritise Urgent Public Health Studies, and despite some staff shortages due to covid, plus other sickness absences and staff vacancies we have re-opened almost all other non-urgent public health studies.

Due to the pandemic and guidelines for external visitors coming to the Trust, the Trust had to suspend students from our collaborating Universities coming to the Trust, for majority of 2021-22 to carry out their research projects. This will be re-started 2022/23.

Research into practice

The Urgent Public Health studies which are ongoing are listed below with number of recruits into each with a brief description of the study purpose. These provide a clear example of how research can be integrated into clinical practice, contribute to improving outcomes and become business as usual.

The NIHR COVID-19 studies the Trust have participated in:

URGENT PUBLIC HEALTH RESEARCH:

ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK): The primary objectives include describing the clinical features, response to treatment, pathogen and host factors that relate to disease severity and immune response. The study will gain important information about respiratory infections so we can try to find better ways to manage and treat them in the future. Total number of patients recruited 2168 (recruitment has now closed).	SIREN: The impact of detectable anti SARS-CoV-2 antibody on the incidence of COVID-19 in healthcare workers: to establish whether staff working in healthcare organisations who have evidence of prior COVID-19, detected by antibody assays (positive antibody tests), are protected from future episodes of infection compared to those who do not have evidence of prior infection (negative antibody tests). This study is also exploring both short and long-term effectiveness of a vaccine against infection and immunological response to a vaccine. Participants complete short questionnaires and have COVID PCR tests fortnightly, and antibody tests every four weeks. Follow-up will continue for one year (minimum) with an optional extension to 24-month follow-up from recruitment. 332 members of staff are currently in follow-up. 425 participants recruited (closed to recruitment 31.03.21)
COVIP - COVID-19 in very old intensive care patients: COVID-19 in very old intensive care patients. The COVIP study group proposes to investigate the relationship between age, co-morbidities, pre-treatment, frailty, and outcomes in a group of elderly patients receiving critical care for COVID-19. It will explicitly investigate how the frailty and nursing situation was before the acute illness, which comorbidities existed and how the therapy was carried out in the intensive care unit. 25 patients recruited (closed to recruitment Sept 2021).	
Randomised Evaluation of COVID-19 therapy (RECOVERY): This is a randomised trial for patients hospitalised with COVID-19. All eligible patients are randomly allocated between several treatment arms,	RECOVERY - Respiratory Support. This trial will look at three different approaches to providing ventilatory support to patients suspected or confirmed COVID-19, all of which are currently in use in clinical

each to be given in addition to the usual standard of care in the participating hospital. The RECOVERY trial has so far recruited over 39,000 patients and is currently investigating baricitinib, di-methyl fumarate, and high vs low dose corticosteroids. 244 patients recruited to date	practice at present. Total patients recruited to date is 12.
Randomised, embedded, multifactorial platform trial for community-acquired pneumonia (REMAP-CAP): This study was devised before the pandemic to explore interventions in an intensive care unit setting to improve outcomes of patients with community acquired pneumonia from any cause – most are bacterial in adults. As the pandemic took off, the trial was essentially re-purposed as a COVID study using the same structure which is similar to RECOVERY which allows for multiple interventions to be examined both sequentially and simultaneously. 184 patients recruited to date.	CCP Cancer UK - Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK) – a prospective companion study for patients with Cancer and COVID-19: Patients with cancer are considered a high-risk group given the significant concerns regarding the potential risks of acquiring SARS-CoV-2. CCP-Cancer UK is a companion study to the Clinical Characterisation Protocol for Severe Emerging Infections (CCP-UK) study. This is the largest study in the world of the effects of COVID-19 on patients with cancer. 86 patients recruited.
Genetics of susceptibility and mortality in critical care (GenOMICC): <i>Genetics of susceptibility and mortality in critical care (GenOMICC).</i> Will identify the specific genes that cause some people to be susceptible to specific infections and consequences of severe injury. 57 patients recruited to date.	UKOSS: Pandemic Influenza in Pregnancy: This study is a national study of women hospitalised with confirmed COVID-19 in pregnancy. The information will be analysed to inform ongoing guidance for women and maternity staff as we respond to the pandemic. Specifically, the study will describe incidence, management and outcomes of COVID-19 in pregnancy and identify factors associated with better outcomes for women and their babies. 41 patients recruited to date.

Non-COVID research

Majority of non-covid studies have now re-opened with just five studies still 'on hold' due to study sponsors decision. Recruitment into these studies remains slow, affected both by new ways of working where fewer patients attend the hospital for appointments, and many patients still fear attending hospital. We have recruited 42 patients into non-COVID studies since 1st April 2021 with surgery and critical care specialties dominating, with some recruitment in cardiology, musculoskeletal and diabetes also. We will continue to focus on improving this, whilst also continuing with Urgent Public Health studies.

Training and infrastructure

We continue to support Student Nurse placements on a regular basis. Since the beginning of November 2021, R&D have also been host to a rotation of Physiotherapy AHP students from Wolverhampton and Birmingham Universities. We have a 2-week training programme for students, to develop their knowledge and understanding of clinical research. We have received extremely positive feedback from the students regarding their placement within R&D.

The department has continued to promote training sessions on Good Clinical Practice via e-learning and have face-to-face sessions for Principal Investigator Masterclasses, as required.

Public engagement

The R&D department has not been able to provide any events to engage the public due to the pandemic restrictions. We had planned a Listening into Action (LIA) event October 2021; however this was postponed due to the lack of patient attendance in the pandemic.

We participate in the NIHR National Patient Research Experience Survey (PRES), throughout the year, obtaining patients views on their experience of taking part in research. The results of the surveys are published annually on the NIHR website.

Publications

Trust publications for the calendar year 2021, including conference posters, were 224.

3.4 Commissioning for Quality and Innovation (CQUIN) payment framework

The Trust's income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because there were no CQUINs due to the contract's suspension because of the COVID-19 pandemic.

3.5 Care Quality Commission (CQC) registration and reviews

The Dudley Group NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against the Trust during 2021/22.

The Trust was last inspected in January/February 2019 and the report published in July 2019, the result of which was an overall rating of 'Requires Improvement'. In arriving at this overall assessment, the CQC assessed 56 elements within nine areas. Of the 56 elements, 32 were rated as 'Good' which meant that for surgery, critical care, end of life care (hospital) and end of life care (community services) the Trust was in fact rated as 'Good'. In addition, surgery at Russells Hall Hospital and end of life care community services were both given an 'Outstanding' rating for 'Caring'. Two of the core services, diagnostic imaging, and urgent and emergency planning, had two and one element respectively rated as 'Inadequate' resulting in an overall rating for diagnostic imaging of 'Inadequate'.

The CQC undertook an unannounced focus inspection of the Emergency Department in February 2021 as part of their 'Resilience 5 Plus' process. The previous rating of an overall 'Requires Improvement' remained as this was not a full inspection. What was reviewed fully was the safe domain which was found to have met the requirements of previous enforcement action and was rated as 'Requires Improvement' rather than 'Inadequate' from the previous inspection.

The Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2021/22.

The full report of the January 2019/February 2019 inspection is available at www.cqc.org.uk/provider/RNA

3.6 Quality of data

The Trust submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) latest published data.

The percentage of records in the published data which included the patient's valid NHS number

	The Dudley Group	National average
Admitted Patient Care	99.9%	86.5%
Outpatient Care	99.9%	86.5%
Accident and Emergency Care	99.7%	86.5%

The percentage of records in the published data which included the patient's valid General Medical Practice Code

	The Dudley Group	National average
Admitted Patient Care	100%	90.2%
Outpatient Care	100%	90.2%
Accident and Emergency Care	100%	90.2%

All above figures are April – October 2021. Latest available from NHS Digital Data Quality Maturity Indicator DQMI monthly report.

The Trust submitted the Data Protection and Security Toolkit as 'Standards Met' for 2020-2021. The date for the submission of the 2021-22 toolkit is June 2022 and therefore the results are not available at the time this report was written.

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period.

The Trust will be taking the following action to improve data quality:

- The Trust continually monitors data quality externally via Secondary Uses Service (SUS) reporting, NHSI Data Quality Maturity Indicator (DQMI), and University Hospitals Birmingham Hospital Evaluation Data tool (HED).

3.7 Clinical coding error rate

Accurate clinical coding underpins the planning and monitoring of healthcare provision, supports effective commissioning and is key to clinical audit and research. Clinical coding also supports many measures of quality and efficiency, and its accuracy will be important as the NHS seeks significant improvement in both areas. In effect accurate information is essential to identify and deliver efficiency improvements within the NHS.

Constructive auditing of Clinical Coding data is essential to ensure that the information created is accurate, consistent, and complete. Audits can be used to identify clinical coding issues as well as to evaluate the information processes involved in the quality of information approved.

The table shows the overall percentage of correct coding in the trust.

	Level of attainment mandatory	Level of attainment advisory	Trust Percentage correct
Primary diagnosis	>= 90.0%	>= 95.0%	90.0%
Secondary diagnosis	>= 80.0%	>= 90.0%	95.6%
Primary procedure	>= 90.0%	>= 95.0%	94.1%
Secondary procedure	>= 80.0%	>= 90.0%	95.0%

Of the 2736 diagnoses and procedures recorded, the coding inaccuracy rate is 4.9 per cent. The accuracy of the coded clinical data has increased significantly in every area since the 2017/18 audit was undertaken specifically in the primary procedure area, which is critical for the accuracy of procedure driven HRGs in the surgical specialties.

The depth of coding (number of recorded diagnosis codes) in this sample is 5.6 which is above the national average of 5.3.

Recommendation	Action taken
<p>Increase the level of clinician validation of the coded clinical data. Pilot and refine the process to allow all stakeholders to benefit.</p> <p>Work with the clinicians on the expected record keeping standards in electronic format to ensure capture of primary diagnosis and comorbidities.</p> <p>Review the specific errors identified in the audit and discuss with the coding team at team meetings to reduce the incidence of error.</p> <p>Continue to audit each coder as per audit plan but also use the analytics tools to target areas of weakness for the whole team</p> <p>Review the admission method data table in OASIS and ensure that the information passed to 3M Medicode, the primary encoding tool, meets the national standards in the NHS Data Dictionary.</p>	<p>The Coding team in the last 12 months have increased Validation and now the Validation process of coded data regularly involves: All patients deaths, Palliative care patients, Strokes, Pneumonia, Cardiac Cath lab procedures, Angiographies, Charlson index codes, HRG U codes. Any discrepancies in coded data identified within trust departments are audited and validated when necessary. The Coding team are looking to further increase validation in the next 12 months. The Coding team also has a presence on the Mortality Surveillance Group and Data Quality meetings.</p> <p>Coding awareness sessions take place with various specialities and Junior Doctors throughout the year. This is to stress the importance of accurate documentation on the Electronic Patient Record system (Sunrise) within the clinical teams and to ensure accurate Primary Diagnostics and Procedures and that all relevant Co-morbidities are recorded.</p> <ul style="list-style-type: none"> • Regular Team meetings are held to discuss coding errors from audits and to discuss Coders queries. • Communication has been enhanced with the introduction of Microsoft Teams where Coding issues are shared amongst the Team. • Although the trust no longer has a Nationally Qualified Clinical Coding Auditor the first steps towards training a new Coding auditor for the trust, have been taken. • The Coding Team play a vital role in validating accurate admission information on the trusts PAS system OASIS

3.8 Learning from deaths

Dudley Group NHS FT	Q1	Q2	Q3	Q4	Comments
Number of patients who died	394	450	512	TBC	
Number of deaths subjected to a case review or investigation	11	21	11	14	In addition, 123 Healthcare acquired COVID deaths were subject to review
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided		2	1		3 cases were deemed probably avoidable (More than 50:50)

These numbers have been estimated using a) The Trust's mortality review process which includes a medical examiner scrutiny and a Level 1 peer review of all deaths by the department concerned using a standard questionnaire. This may lead to a Level 2 review performed by a mortality panel using a structured case note review data collection as recommended by the National Mortality Case Record Review Programme, b) Coroner Rule 28 cases when making recommendations about future care and c) root cause analysis reports following investigations if a death is reported as a serious incident if that is clinically appropriate (e.g., death potentially avoidable).

There are outstanding Serious Judgement Reviews for 2021/22 however it should be noted that all deaths receive a review by Medical Examiner and any concerns are escalated through the Trust governance process as appropriate. The panels in 2021/22 have predominantly focused on COVID deaths and Learning Disability Deaths. There is a plan in place to complete outstanding inpatient reviews in Q1 of 2022/23.

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above.

<p>Strengthening of Advanced Care Plan or DNA CPR to establish ceilings of care and appropriate care settings.</p> <p>A gap in updating GSF for patients when patients begin to deteriorate. Overall end of life care is good within the trust.</p> <p>Delays in implementation of best supportive care may occur when decisions are awaited from tertiary centres. Such delays may prevent a transfer home or to a hospice at an appropriate time.</p> <p>EMLAP and NELA data are above the national average but with opportunities to further improve performance with multi-departmental working.</p> <p>Learning disability reviews - care was appropriate although there are some questions raised over appropriateness of wording on MCCD and DNA</p>	<p>Lack of understanding of DNACPR and the perception that this is the ceasing/withdrawal of all treatment rather than allowing "natural" death to occur.</p> <p>There is continued awareness of patients remaining for over 4 hours within ED which does not allow for best holistic care</p> <p>There remain a few inappropriate admissions to hospital from care homes often at end of life</p> <p>Place of death – some patients do die within the Emergency Department – this may sometimes be because it would have been inappropriate to move them due to End of Life and expected to die within very short period but may be due to capacity challenges.</p> <p>Readmissions within 7 days are rarely due to the previous discharge and are unavoidable deaths.</p> <p>The Trust and community teams are implementing the RESPECT document which may help to minimise</p>
---	---

CPR. LD team are currently auditing DNA CPR for presentation at MSG.	unnecessary admissions at end of life. Similarly, the Palliative Care teams are working to highlight such issues and to improve discharge planning for such patients.
--	---

A description of the actions which the provider has taken in the reporting period, and proposes take following the reporting period, in consequence of what the provider has learnt during the reporting period.

<p>Developed a pathway for the deteriorating patient that is currently being digitalised</p> <p>Ongoing implementation of the Gold Standards Framework (GSF).</p> <p>The Medical Examiner system is in place with over 95% of deaths receiving a Medical Examiner review.</p> <p>Increased usage of the priorities of care documentation across the Trust.</p> <p>Cases with learning are highlighted to the specialty and discussed at the Joint Mortality Meetings within the ICS.</p>	<p>The Trust is being supported by the Advancing Quality Alliance (AQuA) to look at several deteriorating patient pathways. The first condition groups to undertake this work were AKI, sepsis and alcohol related liver disease. Work stream plans have been generated and are in the process of being fully implemented in association with the specific teams and audit department.</p> <p>Pathways for pneumonia work has been a focus with The British Thoracic Society bundle being implemented.</p> <p>New mortality module launched via AMAT (audit management tool)</p> <p>Implementation of RESPECT document</p>
--	--

An assessment of the impact of the actions described above which were taken by the provider during the reporting period.

<p>Mortality SHMI has decreased to 1.12</p> <p>Further reduction in sepsis mortality</p> <p>Reduction in investigation requests from the coroner.</p>	<p>Decreased number of serious incidents.</p> <p>A positive external assessment of COVID related care.</p>
---	--

3.9 Seven day hospital services (7DS)

The 7-day service standards were first introduced in 2013 by NHS Improvement, four of which were identified as clinical priorities in 2016 based on their potential to positively affect patient outcomes. The 7DS programme aim is to provide a standard of consultant led care to all patients presenting urgently or as an emergency such that their outcomes are optimised and there is equity of access nationwide but also outcomes are not dependent on the time of day or day of the week patients present. It should be noted that national reporting has been suspended due to COVID-19 pressures.

By March 2020 NHS England expected all Trusts in the country to be 90% compliant with the 4 clinical standards. The Trust reported in June 2020 that these standards had been achieved.

Priority Standard 2 (time to first Consultant review) and Standard 8 (ongoing daily review)

The Trust had achieved 92% for standard 2 and for standard 8 94% for once daily review and 87% for twice daily reviews. Assurance of continued compliance of these standards now forms part of the annual job planning cycle for all departments overseen by the Medical Job Planning Consistency Committee.

Priority Standard 5 (access to diagnostics) and 6 (Access to Consultant led interventions) Significant progress has been made since the launch of the 7DS standards and following previous audit work performance against standard 5 is reported and monitored in real time. For the week ending 31/01/2022 90.9% of all radiology requests were completed within 24 hours. Further work is ongoing to improve compliance across all modalities specifically CT and MRI scans.

3.10 Raising concerns

The Freedom to Speak up (FTSU) service aims to provide all staff (including non-substantive) with a safe route to raise concerns in the workplace. Concerns can be raised confidentially with the FTSU team who will listen and offer support and signposting as well as escalating appropriately as/when necessary. The service is represented as follows:

Diane Wake - CEO and Executive Lead for Freedom to Speak up.

Julian Atkins – Non-executive Lead for Freedom to Speak up.

Rebekah Plant – Lead Freedom to Speak up Guardian.

Philippa Brazier – Freedom to Speak up Guardian.

Lesley Bucknall – Freedom to Speak up champion and administrative support.

Information and contact details for the service can be found on the Trust intranet and on posters displayed around the Trust sites.

Governance arrangements

The FTSU steering group, which meets quarterly, includes representation from Human Resources, Staff side and Communications. The group reports into the Workforce Committee and to Trust Board as required.

The Lead Guardian participates in twice monthly informal meetings with other FTSU Guardians in our region: best practice and new initiatives are shared in this way.

In line with the National Guardian office (NGO)'s guidance the Trust submits anonymised data, about the numbers and types of concerns received, to their online portal on a quarterly basis. These submissions are analysed using the model hospital system and can be compared to local and national Trusts.

Freedom to Speak Up Strategy

The 2021 FTSU strategy set the following priorities for achievement:

- Staff irrespective of role, from any area and any background feel safe to raise valid concerns about their workplace and their experience.
- Managers and Senior Leaders approach the resolution of concerns in a structured manner which supports and reinforces the values and benefits of a speaking up culture
- All levels of the organisation are aware of the FTSU service and view it as a credible independent and objective support service.

To achieve the priorities the service strives to continuously improve – an ongoing action plan is in place which is based on an independent NHSI review of our FTSU arrangements in late 2020. Actions from a review by our internal auditors (2020) have also been implemented.

Champions

To maximise the accessibility of the FTSU service we have a network of 23 champions across the Trust in various roles including administrative, medical, nursing and AHP. Their role is a combined FTSU and patient safety role and the team are there primarily to listen and signpost: champions do not usually handle concerns themselves.

The Trust adheres to the National Guardian Office 'Guidance for developing a champion network' (2021) and champions undertake training on induction which is refreshed annually thereafter. Champion group meetings are held (mixture of face to face and virtually for our community staff) on a quarterly basis in addition to 1:1 'catch ups' with the Guardians.

Recent activities

For 'Speak up' month 2021 (October) the Exec and non-executive team supported FTSU with a series of 'walk rounds' around the Trust sites to talk staff about the service.

The Executive and Non-executive Leads for FTSU were profiled on Twitter along with the Guardians and Champions and the hospital was lit up, in green, in honour of Freedom to Speak up.



2.11 Junior doctor rota gaps and the plan for improvement to reduce these gaps

In 2016 contractual rules were introduced to ensure rotas are designed and managed in a way that allows doctors to meet their training needs, avoid fatigue and overwork and maintain work-life balance, while allowing employers to deliver the service. These were reviewed and updated in 2019. Rota gaps, long-term staff vacancies and intensifying workload continue to be major issues across the NHS.

The Trust has taken and intends to take several actions to minimise these gaps. These include

- A medical training initiative (MTI) - a two-year training programme has been established. These doctors help to cover any ongoing Deanery and Trust vacancies at registrar and SHO level. They also help backfill any shifts unfilled by the increasing number of LTFT (less than full time) trainees we are assigned by the Deanery.
- Increased physician associate roles in several areas to support SHO level activity. This has been particularly successful in the Acute Medical Unit and is being extended to other areas in the Trust.
- The use of head-hunting agencies for particularly hard to fill, senior level vacancies within specialist areas.
- Increasing our internal bank coverage so that, for example, when junior staff leave due to their rotation elsewhere to undertake research, we are arranging for those staff to remain on our internal staff bank.
- More effective rostering using the Medirota system for junior doctors has been implemented across all divisions within the Trust. The General Internal On call rota is fully implemented and solely used and managed via Medirota. Work to fully embed the individual specialty rotas, especially in Medicine and ED continues.

All trusts are required to include comparative information and data on a core set of nationally used indicators where available. The tables include the two most recent sets of nationally published comparative data as well as, where available, more up-to-date Trust figures. It should be appreciated that some of the 'Highest' and 'Lowest' performing trusts may not be directly comparable to an acute general hospital, for example, specialist eye or orthopaedic hospitals have very specific patient groups and so generally do not include emergency patients or those with multiple long-term conditions.

Preventing people from dying prematurely

4.1 Mortality

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of several factors, including patient's comorbidities. It includes patients who have died whilst having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 1.00. A score below 1.00 denotes a lower-than-average mortality rate and therefore indicates good, safe care.

Summary hospital-level mortality indicator

	November 2019 – October 2020	November 2020 – October 2021
SHMI		
Trust	1.20	1.12 (Band 1)
National Average	1.00	1.01
Lowest	6.9	7.5
Highest	1.2	1.21
% of deaths with palliative care coding		
Trust	17.5%	19.5%
National Average	35.7%	36.8%
Lowest	6.0%	9.1%
National	79.2%	80.2%

Data source: HED Benchmarking Tool

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data which is audited on an annual basis by external auditors.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Developed a pathway for the deteriorating patient that is currently being digitalised
- Ongoing implementation of the Gold Standards Framework (GSF).
- The Medical Examiner system is in place with over 95% of deaths receiving a Medical Examiner review.
- Increased usage of the priorities of care documentation across the Trust.

- Cases with learning are highlighted to the specialty and discussed at the Joint Mortality Meetings within the ICS.
- The Trust is being supported by the Advancing Quality Alliance (AQuA) to look at several deteriorating patient pathways. The first condition groups to undertake this work were AKI, sepsis and alcohol related liver disease. Work stream plans have been generated and are in the process of being fully implemented in association with the specific teams and audit department.
- Pathways for pneumonia work has been a focus with The British Thoracic Society bundle being implemented.
- New mortality module launched via AMAT (audit management tool)
- Implementation of RESPECT document

Helping people to recover from episodes of ill health or following injury

4.2 Patient reported outcome measures

Primary hip replacement	2020/21	2021/22
Dudley Group NHS FT	No data available	No data available
National Average	No data available	No data available
Highest	No data available	No data available
Lowest	No data available	No data available

Primary knee replacement	2020/21	2021/22
Dudley Group NHS FT	No data available	No data available
National Average	No data available	No data available
Highest	No data available	No data available
Lowest	No data available	No data available

Source: Finalised Patient Reported Outcome Measures (PROMs) in England for Hip and Knee Replacement Procedures (April 2019 to March 2020)

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

4.3 Readmissions to hospital within 30 days of discharge

	2020/21			2021/22		
	0 – 15 years	16 & over	Total	0 – 15 years	16 & over	Total
Discharges*	8542	75980	84522	10939	94123	105062
Readmissions within 30 days (number)	187	8083	8270	242	10011	10253
Percentage %	2.2%	10.6%	9.8%	2.2%	10.6%	9.8%

Source: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-30-days-of-discharge/emergency-readmissions-to-hospital-within-30-days-of-discharge>

*PBR rules applied to the number of discharges does not include Day case, Maternity, Virtual ward, Same Day Emergency Care or procedures undertaken at Ramsey Private Hospital

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data which is audited on an annual basis by external auditors.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

A work stream is in place to review and improve clinical unwarranted variation across all specialities. This will include reviewing readmission rates and other clinical improvements emerging from various sources such as the national Getting it Right First-Time programme, data available on the Model Hospital Portal and the NHS benchmarking tool service peer reviews and any contract breaches

Ensuring people have a positive experience of care

4.4 Responsiveness to the personal needs of patients

Our score is for the five questions in the national patient survey relating to responsiveness and personal care.

	2020/21	2021/22
Dudley Group NHS FT	61.7	71.7
National average	67.7	67.9
Highest	83.9	84.1
Lowest	54.4	54.4

NHS OUTCOMES FRAMEWORK (NHS OF) digital.nhs.uk

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

This indicator is based on questions from the National Inpatient Survey and patients have scored the Trust highly on the five aspects taken as part of this indicator. The Trust score is higher than the national average indicating a 'good' patient experience.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Making patient experience a quality focus for 2022/23 as one of the Trusts Quality Priorities
- Improvement actions developed in collaboration with the Matron Group

4.5 Patient recommendation to family and friends

The Friends and Family Test scores remain a national focus, provides valuable benchmarking information and drive improvement to the patient experience. The NHS Friends and Family Test (FFT) is firmly embedded within the Trust with all patients given the opportunity to complete the during or after each episode of care and treatment in all areas of the organisation. Feedback is captured through a variety of methods (SMS, tablet, paper, online). The FFT is presented as the percentage of respondents that rate their experience very good/good and the percentage of respondents that rate their experience poor/very poor.

	2020/21	2021/22
Dudley Group NHS FT		
Response rate	19%	20%
% Very Good/Good	82%	80%
National Benchmarking	90%	90%
% Very Poor/Poor	5%	7%
National Benchmarking	5%	5%

[Unify - community - Patient experience survey reporting
https://www.england.nhs.uk/publication/friends-and-family-test-data\)](https://www.england.nhs.uk/publication/friends-and-family-test-data)

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

- Covid-19 pandemic
- An increase in patients being nursed in isolated rooms with restrictions on leaving the ward area
- The suspension of visitors

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- FFT percentage very good/good scores are monitored through the divisional updates at the Patient Experience Group for assurance and to highlight action taken to improve scores at ward/department level were required.
- Patient's responses and feedback are shared with teams for learning and service improvement, comments and scores are sent to all members of staff and discussed in the daily huddles and You Said We Have actions are reported to the Patient Experience Team.
- We have distributed posters throughout the hospital displaying the links to the FFT and we have seen an increase in the number of patients completing the survey online.
- We produced FFT stickers with online links/QR codes for the maternity department to put on patient's maternity antenatal and postnatal notes to improve response rates and to ensure that the FFT is accessible to all, as SMS text messaging is not available within the service. Posters and paper surveys are to be updated in the Antenatal Department as these are currently out of date.

4.6 Staff recommendation to family and friends

Measure of staff recommendation of the organisation as a place that they would recommend to receive care or recommend family to receive care as gathered in the National Staff Survey (Quarter 3); and in the National Quarterly People Pulse (Quarter 1, 2 and 4)

2021/22	Q1	Q2	Q3	Q4
Dudley Group NHS FT				
National average for combined acute/community trust	Not available	57% Work 61.2% Care	55.1% Work 60.4% Care	54.6% Work 62.1% Care
Highest combined acute/community trust	Not available	Not available	77.6% Work 89.5% Care	Not available
Lowest combined acute/community trust	Not available	Not available	38.5% Work 43.6% Care	Not available

Data source

Quarter 1 – **Not available** – changes to Staff FFT to National Quarterly People Pulse from Q2 2021/22. Change is also from 2 recommend questions to Staff Engagement Score which provides an overall metric against 9 staff engagement questions.

Quarter 2 – National Quarterly People Pulse (published month 2, Quarter 2)

Quarter 3 – National Staff Survey (published month 3, Quarter 4)

Quarter 4 – National Quarterly People Pulse (published month 2, Quarter 4)

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

- The pandemic has significantly impacted on staff experience due to increased, unexpected demands from staff
- High sickness levels as a result of COVID 19 isolation requirements
- Additional pressure to recover service delivery
- National results are reflective of a similar trend to Dudley and therefore provides a picture of similar experience across all healthcare workers
- Response rates for the Quarterly Survey are low (<25%) as focus was on the National Survey for 2021/22

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Focus for 2021/22 was on the Staff Survey undertaken in Q3 which saw a 13% increase in responses from the previous year to 59% of staff responding
- Staff engagement is a key priority for action and activity to support improvement includes delivery of Managers Essentials to support compassionate line management in teams; investment in support for health and wellbeing of staff; actions to focus on being an inclusive employer
- Delivery of actions within the Dudley People Plan such as focus on flexible working, development support and recruitment will improve staff experience in the long term
- Local action plans and additional engagement and support are in place for areas within the organisation that are outliers (comparatively poorer scores when compared with the organisation's benchmark). This activity includes additional focus on leadership and management development, wellbeing actions and team support.

4.7 Venous thromboembolism assessments

Venous thromboembolism (VTE) or blood clots, are a major cause of death in the UK. Some blood clots can be prevented by early assessment of risk for a particular patient.

	2020/21	2021/22
Dudley Group NHS FT	96.57%	93.33%
National average	N/A	N/A
Best performing Trust	No data available	No data available
Worst performing Trust	No data available	No data available
Data source		

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

To be sourced

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Undertaking a deep dive into the completion of VTE assessments in January 2022. This focused on Surgery, Women and Children as performance was lower than the Medicine division. The audit identified key areas of non-completion of the assessment and paper records were reviewed. A discrepancy between the electronic reporting and paper records was identified and work is now underway to remedy the issue. A re-audit is scheduled once the amendments are made.
- For further assurance outcome and readmission data were reviewed. The Trust is in the lower quartile for readmissions relating to VTE at a rate of 0.111% and outcome data shows continual improvement.

4.8 Infection control – clostridium difficile (C.difficile)

This measure shows the rate per 100,000 bed days of cases of C.difficile infection that have occurred within the Trust amongst patients aged two years or over during the reporting period.

	2020/21	2021/22
Trust apportioned cases (Lapses in care)	11	12*
Trust bed days	242,400	242,400
Rate per 100,000 bed days	25.66372145	*
National average	46.60237797	*
Best performing trust	2.254715173	*
Worst performing trust	140.5415535	*

Currently under review/awaiting upcoming monthly data = *

Data source

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F1017174%2Fcdi_annual_table_2021.xlsx&wdOrigin=BROWSELINK

Changes to the CDI reporting have been made to align the UK definitions with international descriptions of disease.

These changes will mean that additional patients will be included in the group of patients that the hospital must investigate. The patients who will be included are categorised in the following groups:

1. Hospital Onset Healthcare Associated (**HOHA**): cases that are detected in the hospital 2 or more days after admission.
2. Community Onset Healthcare Associated (**COHA**): cases that occur in the community or within 2 days of hospital admission when the patient has been an inpatient in the Trust reporting the case, within the previous 4 weeks.

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust continues to perform well against national data. This is especially pleasing in a climate where nationally numbers of cases are increasing.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- the process for reviewing CDI cases in line with the new national framework is now embedded.
- All HOHA CDI cases are reviewed both internally and with our external partners where the cases are assigned
- The well-functioning antimicrobial guidelines continue to be updated to reflect national objectives including reductions in carbapenem usage and increased prescribing from within the access list of antibiotics which the Trust is achieving.
- Treatment protocols continue to be updated to ensure they reflect evidence-based practice and follow National guidelines

4.9 Patient safety incidents

Dudley Group NHS FT	Latest reporting period Apr 2020 – Mar 2021	Previous reporting period Oct 2019 – Mar 2020
Total reported incidents	31.6 (number 6035)	36.1 (number 4070)
Rate per 1000 bed days		50.7
National average (acute non-specialist)	No data available	No data available
Highest reporting rate (acute non-specialist)	118.7 (number 32,917)	110.2 (number 11,787)
Lowest reporting rate (acute non-specialist)	27.2 (number 3169)	15.7 (number 1,271)

NHS Outcomes Framework Indicators March 2022 release

Dudley Group NHS FT	Latest reporting period Apr 2020 – Mar 2021	Previous reporting period Oct 2019 – Mar 2020
Incidents causing severe harm or death	17	10
% of incidents causing severe harm or death	0.09	0.1
National average (acute non-specialist)	No data available	0.3
Highest reporting rate	1.08 (number 163)	0.5 (number 93)
Lowest reporting rate	0.03 (number 4)	0.0 (number 1)

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

During the reporting period of April 2020 to March 2021 the number of incidents reported has increased compared with October 2019 and March 2020. The increase in the number of incidents reported shows a positive reporting culture within the Trust whilst the % of these incidents causing severe harm or death has reduced.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

Work is underway to improve the Trusts Datix Incident reporting system to encourage all staff to continue to report patient safety incidents.

4.10 Our performance against the thresholds set out in the Risk Assessment and Single Oversight Frameworks of NHS Improvement

Dudley Group NHS FT	Trust 2020/21	Target 2021/22	National 2021/22	Trust 2021/22
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	77.43%	92%	63.8% (Dec 21)	74.9% (Dec 21)
A&E: maximum waiting time of 4 hours from arrival to admission, transfer, discharge	90.02%	95%		80.53%

All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	66.27%	85%	67.49% (Nov)	67.97% (Nov)
All cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral	69.52%	90%	72.29% (Nov)	94.74% (Nov)
Maximum 6 week wait for diagnostic procedures	74.12%	99%	**62.98%	*81.37%
Venous Thrombolism (VTE) Risk Assessment	96.57%	95%	N/A	93.33%

Trust data from DM01 Diagnostic Waiting Times submissions to NHSD

*2021/22 Trust performance shows year to date i.e., April 2021 to December 2021

**2021/22 National performance taken from NHSE website of "Trust" provider DM01 submissions

DRAFT

3.6 Glossary of terms

A&E	Accident and Emergency (also known as ED)	FCE	Full Consultant Episode (measure of a stay in hospital)
AAA	Abdominal Aortic Aneurysm	FFT	Friends and Family Test
AKI	Acute Kidney Disease	FY1/FY2	Foundation Year Doctors
ALARP	As Low As Reasonably Practicable principle	GI	Gastrointestinal
AMU	Acute Medical Unit	GMC	General Medical Council
ANP	Advance Nurse Practitioner	GP	General Practitioner
App	A computing application, especially as downloaded by a user to a mobile device.	HCAI	Healthcare Associated Infections
Bed Days	Unit used to calculate the availability and use of beds over time	HDU	High Dependency Unit
BFI	Baby Friendly Initiative	HED	Healthcare Evaluation Data
CAMHS	Child and Adult Mental Health Service	HES	Hospital Episode Statistics
C. diff	Clostridium difficile (C. difficile)	HQIP	Healthcare Quality Improvement Partnership
CCG	Clinical Commissioning Group	HSCIC	Health and Social Care Information Centre
CMP	Case Mix Programme	ICNARC	Intensive Care National Audit & Research Centre
CNS	Clinical Nurse Specialist	IPC	Infection Prevention and Control
CPR	Cardio Pulmonary Resuscitation	IPCS	Intermittent Pneumatic Compression
CQC	Care Quality Commission	ISO	International Organization for Standardization
CQUIN	Commissioning for Quality and Innovation payment framework	KPI	Key Performance Indicator
CT	Computed Tomography	LocSSIPs	Local Safety Standards for Invasive Procedures
CTG	Cardiotocograph	MBC	Metropolitan Borough Council
CTPA scan	CT pulmonary angiogram is a CT scan that looks for blood clots in the lungs	MCP	Multispecialty Community Provider (now called Integrated Community Provider)
DATIX	Company name of incident management system	MDT	Multidisciplinary Team
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation	MRI	Magnetic Resonance Imaging
DVD	Optical disc storage format	MRSA	Methicillin-resistant Staphylococcus aureus
DVT	Deep Vein Thrombosis	MUST	Malnutrition Universal Screening Tool
EAU	Emergency Assessment Unit	NatSSIPs	National Safety Standards for Invasive Procedures
ECG	Electrocardiograph	NBM	Nil By Mouth
ED	Emergency Department (also known as A&E)	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
EmLap	High Risk Emergency Laparotomy Pathway	NEWS	National Early Warning System

NHSI	NHS Improvement		
NICE	National Institute for Health and Care Excellence		
NIHR	National Institute for Health Research		
NMC	Nursing and Midwifery Council		
NPSA	National Patient Safety Agency		
NRSA	National Research Service Award		
NVQ	National Vocational Qualification		
PE	Pulmonary Embolus		
PFI	Private Finance Initiative		
PHE	Public Health England		
PLACE	Patient-led Assessments of the Care Environment		
PROMs	Patient Reported Outcome Measures		
RAG	Red/Amber/Green		
RCA	Root Cause Analysis investigation		
RCPCH	Royal College of Paediatrics and Child Health		
RECOVERY	Randomised Evaluation of COVID-19 Therapy		
SHMI	Summary Hospital-level Mortality Indicator		
SMS	Short Message Service is a text messaging service		
SOP	Standard Operating Procedure		
STEIS	Strategic Executive Information System is the national database for serious incidents		
STEMI	ST-Elevation Myocardial Infarct		
SUNRISE	Trust electronic patient record system		
SUS	Secondary Uses Service		
TTO	To take out medications once discharged as an inpatient		
UKOSS	UK Obstetric Surveillance System		
VQ scan	A ventilation–perfusion (VQ) scan is a nuclear medicine scan that uses radioactive material (radiopharmaceutical) to examine airflow (ventilation) and blood flow (perfusion) in the lungs.		
VTE	Venous Thromboembolism		
YTD	Year To Date		

Annex

Comment from the Trust’s Council of Governors

To be sourced

Comment from the Dudley Clinical Commissioning Group

To be sourced

Comment from Healthwatch Dudley

To be sourced

Comment from Dudley MBC Health and Adult Social Care Scrutiny Committee

To be sourced

Statement of directors' responsibilities in respect of the Quality Report 2021/2022

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

The content of the Quality Report meets the requirements set out in the *NHS foundation trust annual reporting manual 2018/19* and supporting guidance *Detailed requirements for quality reports 2021/2022* and;

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2021 to May 2022
- papers relating to quality reported to the board over the period April 2021 to May 2022
- feedback from commissioners Dudley Clinical Commissioning Group May 2022
- feedback from governors May 2022
- feedback from local Healthwatch organisation Healthwatch Dudley May 2022
- feedback from Overview and Scrutiny Committee Dudley Metropolitan Borough Council Health and Adult Social Care Scrutiny Committee May 2022
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, ??
- the latest national inpatient survey March 2022
- the latest national staff survey ??, dated March 2022
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2022
- CQC inspection report dated 12th July 2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

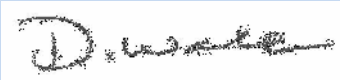
By order of the board

Signed: Date:

A handwritten signature in black ink on a white rectangular background. The signature appears to read "Y. H. Buckland." with a period at the end.

Dame Yve Buckland
Chairman

Signed: Date:

A handwritten signature in black ink on a white rectangular background. The signature is stylized and appears to read "D. Wake".

Diane Wake
Chief Executive



Quality Account 2021-22



Trust us to care.



Contents

Part 1.....	4
Introduction	4
Foreword from the Chairman	5
Statement on Quality from the Chief Executive	6
Statement on Quality from the Medical Director and Executive Nurse.....	7
Healthier Futures Partnership.....	8
Statement from the Independent Chair	8
Introduction	11
Care Quality Commission	12
Part 2.....	13
Priorities for Improvement 2022/23.....	13
Our Services	14
Performance - Emergency and Urgent Service.....	18
Ambulance Quality Indicators.....	19
Sustainability.....	26
Data Quality	27
Learning from Deaths	29
Performance Against Quality Indicators	30
What our Staff Say	34
Top WMAS scores compared to 2020	38
Equality and Diversity	43
Equality Objectives	47
Equality Objectives 2020-2024.....	47
Health and Wellbeing	50
Freedom to Speak Up	55
FTSU Guardian	55
Coronavirus (COVID 19) Progress and Priorities	57
Part 3.....	58
Review of Performance against 2020-21 Priorities	58
Maternity	59
Reduction in the Volume of Patient Harm Incidents During Transportation (PTS)	59
Learning from our Patients' Feedback.....	59
Patient Safety.....	67
Duty of Candour.....	70
Safeguarding 2021/22 update to be added before final publication	71



Patient Experience	72
Single Oversight Framework	75
Listening to feedback	76
Annex 1 Statements from External Stakeholders	77
Annex 2 - Statement of Directors' Responsibilities	80
Annex 3: The External Audit Limited Assurance Report	81
Annex 4: Glossary of Terms	82
Further Information	83

Please note that information regarding each area of the Trust as described in the Quality Account will be available on the Trust website



Part 1

Introduction



Foreword from the Chairman

Statement currently being finalised

Professor Ian Cumming
Chairman



Statement on Quality from the Chief Executive

Statement currently being finalised

Anthony Marsh
Chief Executive Officer



Statement on Quality from the Medical Director and Executive Nurse

Statement currently being finalised

Dr Alison Walker
Medical Director

Mark Docherty
Director of Nursing and Clinical Commissioning /
Executive Nurse



Healthier Futures Partnership Statement from the Independent Chair

This year we have once again seen real strength in the health and care services locally. Despite providing hospital care for over 8,500 people affected by COVID-19, NHS services have continued to provide other emergency and routine care and treatment. There have been over 7.4 million primary care appointments, over 18,000 babies born, more than 1,200 urgent heart surgeries, over 2,400 hip/knee operations and around 700,000 mental health contacts. Our partners in West Midlands Ambulance Service have responded to over 650,000 999 and 111 calls. Many services have had to adjust the way that they have worked to respond to demands and to keep staff and patients safe. I recognise how hard some of these changes have been for those using services, but they have been necessary in these unprecedented times, and they have ensured we have been able to be there for those most at need, when they need us most.

Health and care services have been working tirelessly to keep people safe in their own homes, promoting independence, supporting rehabilitation, and preventing emergency admissions by wrapping care around people as close to home as possible. These efforts have not only protected those who have been receiving this excellent care but also protected services from becoming overwhelmed, thus protecting others who need them too. We have over 300 care homes in the Black Country and West Birmingham and many more carers visiting people at home. My thanks go to all of those working in care for their fantastic work.

Our thriving community and voluntary sector have continued to work tirelessly to provide essential companionship and support to communities to remain strong throughout the pandemic. All four community and voluntary sector councils have come together to form an alliance which will provide resilience to their offer of support and allow them to grow stronger over the coming years.

With over 2.5 million doses delivered since December 2020, perhaps the greatest example of our partnership working has been our vaccination programme. We have opened over 100 vaccination sites, ranging from GP surgeries and pharmacies, to community halls, places of worship and of course some of our larger centres. There have been over 70 volunteers helping these sites to work well and many, many more clinical leaders, vaccinators, administrative staff and others supporting the roll-out. Recognising the hesitancy and some areas of low uptake, this year we have adopted a grass roots level of engagement. Community COVID-19 Champions have worked with local authority, voluntary and community groups and NHS staff to reach communities and take a targeted approach to getting the right information to people who need it. This network of trusted voices has undoubtedly made a difference and it is a model which has been highlighted in several national reports as best practice. I am pleased to see that through partnership working we are seeing those hesitant continuing to come forward and get the lifesaving vaccine.



Another highlight for me this year has been the collective work of our people board. The collective expertise of health and care leaders in this space has resulted in over 600 international nurses joining our system, many apprentice opportunities being created across all our partner organisations, many training opportunities, awareness sessions to support those with protected characteristics, a raft of health and wellbeing support for our workforce and events put on that celebrate those working so hard on the frontline, including a really successful event to mark Black History Month. This is an area which will continue to gather momentum over the coming year as we combine efforts to make the Black Country the best place to work.

This last year has affected us all in many ways and we have seen the far-reaching terrible impact of COVID-19 on local people and communities. There is however a positive that we should take from the fact that this pandemic has brought public health issues to the forefront and the positive impact we can have when we work better together. Across the Black Country and West Birmingham, we have some of the country's most deprived neighbourhoods, some of the worst health outcomes and poorer than average life expectancy. It is no coincidence that we have seen a bigger impact than many areas from COVID-19 but it is something which we indisputably need to work together to address. This pandemic has focused our partnerships attention on the inequalities that exist for some of our communities such as those who are black, Asian and minority ethnic. As we focus on restoring services we are looking to ensure that we create a system which is weighted to support those most vulnerable, improves access and reduces these inequalities. We are committed to working with partners and communities to create an environment in which local people can live healthier lives and to make a concerted effort to reach out to those with poorer access to improve health outcomes and reduce the inequality gap.

Throughout the last 12 months, much like the previous year, the strong relationships across our partnership have ensured we have been in the best position to tackle the COVID-19 pandemic. It is true though that our partnership is only as great as the people within it, and despite the most tumultuous of years those working across health and care have dug deep to keep services going and to protect those most vulnerable. On behalf of our partnership I want to recognise the strength, the compassion, commitment and determination of our people and say thank you to each and every one of you for all you have done, and continue to do.

Looking to the future, we have made good progress towards establishing the future Integrated Care Board (ICB) and our new Integrated Care Partnership (ICP) ready for the Health and Care Bill to be enacted in July 2022. These changes will also see the movement of West Birmingham Place to the Birmingham and Solihull Integrated Care System. Our commitment is to work with colleagues in Bsol to make that transition a smooth one and for there to be minimal disruption for the people in West Birmingham. I am delighted to say that we have recruited new Board Members for the ICB, these new appointments, with their strong personal motivations and experiences, will bring different ideas, perspectives, and backgrounds to create a



stronger and more creative environment, forge ever stronger partnerships across our area, and deliver a healthier future in the Black Country.

Our strength comes from the relationships we have with each other, and this will continue to grow as our system builds new partnerships and collaboratives. Together we exist to benefit local people, and through our continued collaboration, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country can be justifiably proud.

Jonathan Fellows
Independent Chair
Black Country and West Birmingham Healthier Futures Partnership



Introduction

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include working strategically with those that commission and plan local health services, which are the Sustainability and Transformation Partnerships as they transition towards Integrated Care Systems, and on a day-to-day basis with hospitals, Primary Care Networks, mental health and other specialist health and social care workers. We recognise that each care provider plays a vital role in responding to the day-to-day health needs of our population.

Having refreshed our strategy last year, we remain committed to our vision, as this continues to reflect our overall purpose:

“Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies”

Put simply, patients are central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved. Our strategic objectives provide an alignment of the Vision with carefully determined priority areas of work.



We continue to promote our values which represent the professionalism, courtesy and respect that are demonstrated daily by every member of the Trust.

Values

World Class Service	Skilled Workforce
Patient Centred	Teamwork
Dignity and Respect for All	Effective Communication
Environmental Sustainability	

We understand that to continue to improve quality, it is essential that our patients and staff are fully engaged with our plans and aspirations. Whilst our values were considered as part of the recent strategy refresh, there will be a much wider review in the coming year. All staff will be encouraged to participate, to ensure our values for the future continue to represent the behaviours that we all stand for and expect of each other.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status, is the highest level of “Outstanding”. WMAS has no conditions attached to its registration.

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2019/20.

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.



West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

Date of inspection visit: 24 Apr to 26 Apr 2019
Date of publication: 22/08/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related evidence appendix.

Ratings

Overall rating for this trust

Outstanding ☆

Are services safe?

Good ●

Are services effective?

Outstanding ☆

Are services caring?

Outstanding ☆

Are services responsive?

Outstanding ☆

Are services well-led?

Outstanding ☆

We regularly engage with the CQC and ensure that any information relating to our service which may be of use in system wide assessments is available and discussed where appropriate. Any actions identified through these discussions are completed promptly and kept under regular review.



Part 2

Priorities for Improvement 2022/23



We have assessed our progress against the agreed priorities for 2021/22 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2022/23 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders, engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We confirm the following have been identified:

Maternity

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations. Our work plan in maternity care was a key priority in 2021/22, and we plan to continue this priority in 2022/23.

Mental Health

WMAS recognises a significant proportion of patients requiring urgent or emergency care have mental health needs and is committed to ensuring equity in the delivery of mental health care at the point of need through the provision of high-quality, evidence-based care. Following the appointment of a Head of Clinical Practice for Mental Health, the Trust will be developing and implementing a work plan as part of our Quality Account.

Integrated Emergency and Urgent Care Clinical Governance

Achievement of the Trust's vision relies on the efficiency and expertise at the point of initial call, regardless of the number dialed. The ability to quickly and accurately assess patient needs and identify the best response is key to achieving the best patient outcome. The Trust recognises the significant challenges it has faced during the last two years and is committed to delivering the best service to the patients it serves. By focussing upon our clinical governance arrangements, our plans will be focussed upon safety and assurance in all that we do.

Utilisation of Alternative Pathways

Delivering the Trust's Vision requires WMAS to not only always provide an effective emergency service to those who need it, but also to create the appropriate links into other services too, for example Urgent Community Response (UCR) to those patients who do not have immediately life and limb threatening illness and injury – the right response, to the right patients at the right time. Urgent Community Response is a national programme of work, being rolled out in 2021/22 and 2022/23, developing a community-based response to urgent patient needs.

Developing Our Role in Improving Public Health

WMAS provides a major gateway into the NHS for patients of all ages, and from all clinical groups. Through liaison with both patients and other healthcare providers, WMAS has both a responsibility and an opportunity to support and improve public health. Without action, all NHS services, including the ambulance service, will continue to see a rise in demand because of the wider impacts of the COVID-19 pandemic. NHS England has cited within national policies that action is needed to tackle inequalities as an integral part of Reset & Recovery planning.

Our Services



The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits in the heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The Trust has a budget of approximately £400 million per annum. It employs more than 7,500 staff and operates from 15 Operational Hubs together with other bases across the region. In total the Trust uses over 1000 vehicles to support front line operations including ambulances, minimal response cars, non-emergency ambulances and specialist resources such as Mental Health, Critical Care, HART and helicopters.

There are two Integrated Urgent and Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley. Approximately 8,000 calls are received each day from both 999 and 111. These calls are handled by our dual trained call assessors and clinicians, providing the opportunity to deliver the optimum level of response to each patient, regardless of number dialled.

During 2021/22, West Midlands Ambulance Service University NHS Foundation Trust provided the following core services:

1. Emergency and Urgent (E&U)

This is the best-known part of the Trust which deals with the emergency and urgent patients. Initially, the Emergency Operations Centres (EOC) answers and assesses 999 calls. EOC will then send the most appropriate ambulance crew or responder to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics who will be able to clinically assess and give appropriate advice. Where necessary, patients will be taken by ambulance to an Accident and Emergency Department or other NHS facility such as a Walk-in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they can refer the patient to their GP. The EOC incorporates the Strategic Capacity Cell (SCC), a specialist function with regional oversight to support the operational crews to provide the best possible outcome for patients. The staff in the SCC are able to assess the status of emergency departments throughout the region and influence the onward care for patients by facilitating the intelligent conveyance to the most appropriate destination when the most local hospital is operating at capacity.

2. Non-Emergency Patient Transport Services (NEPTS)

In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with the 1,000,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Dudley and Wolverhampton. The Trust retained some existing contract through recent tender activities and has been awarded a new contract in Sandwell.



3. NHS111

In November 2019, the Trust commenced the provision of the NHS 111 service throughout the West Midlands (excluding Staffordshire). Through this service, the Trust handles more than 1,000,000 calls from patients who require advice or support in determining the best course of treatment for their presenting medical condition. These are mostly patients who do not consider themselves to require an emergency ambulance, however all calls are triaged and categorised according to the patient's clinical need, with the following outcomes:

- Calls transferred to 999 service for ambulance response 10.9 per cent
- Advice to attend Emergency Department Referrals 12.1 per cent
- Referral to Primary Care or other Service 60.0 per cent
- Referral to other service 5.3 per cent
- Self-care advice 11.7 per cent

4. Emergency Preparedness:

The Trust has significantly invested into Emergency Preparedness, and it remains one of the top operational priorities for the organisation. Incidents such as Grenfell and the Manchester arena bombings have highlighted the importance of Ambulance Services being prepared to deal with significant and major incidents. The Trust has been rated fully compliant in the 2021 NHS England audit of the Hazardous Area Response Team (HART) and the 2021 Emergency Preparedness Response and Recovery (EPRR) annual Core standards process. The organisation evidenced a robust set of documentation to NARU Key Lines of Enquiry in February 2022 further supporting the assurance process. The resilience team continues to ensure the Trust's plans remain current, robust and reflect any learning outcomes obtained from both local and national incidents in line with Joint Emergency Services Interoperability Principles (JESIP).

Enhancement of both HART and The Tactical Incident Commander (TIC) teams supports continuous development and improvement of our service following a key theme of the organisation. This year the Trust has moved all its commanders to electronic recording of evidence ensuring competency is in line with National Occupational Standards (NOS). Aligning values as a department with the Trust's strategy on fleet and equipment plus local investment and national influencing will ensure our specialist operations staff are provided with the very best vehicles and equipment available to ensure that should the worst happen in the West Midlands our staff are able to respond accordingly and provide world class care. Emergency Preparedness Managers will continue to focus on providing appropriate care and event management for public and private contract holders ensuring the public remain safe and well when attending events such as festivals, parades and concerts etc. The Trust has ensured that multi-agency working and engagement occurs throughout the organisation and especially within the Emergency Preparedness department. Training and exercising wherever possible includes partner agencies. Each Local Resilience Forum within the region of the Trust is served by a nominated Strategic Commander, and relevant information gained from these forums are shared internally.

Midlands Air Ambulance

In 2021 Midlands Air Ambulance Charity (MAAC) informed the Trust of their intention to seek independent CQC registration, in the same manner that the Air Ambulance Service (TAAS) currently operate. The Trust maintains a strong relationship with both organisations and has supported MAAC in gaining registration. From 1st April 2022,



WMAS will retain the MERIT

Commissioned service, staffing the MERIT vehicle and regional trauma desk, both on a 24 hour basis. The Trust continue to work closely with a range of British Association of Immediate Care Schemes (BASICS) who provide the Trust with volunteer clinical staff providing enhanced care to our most seriously ill and injured patients whilst offering invaluable training opportunities to our prehospital clinicians.

Commonwealth Games

The 2022 Commonwealth Games is to be held in Birmingham commencing in July, the Trust has implemented a dedicated planning team which is working closely with the games' organising committee, external stakeholders and blue light partners to plan and prepare to deliver a safe and secure games. The planning team will produce a set project planning documentation as part of the assurance process which will reviewed both internally and externally. WMAS will second circa 400 staff from frontline operations to support games delivery, all will receive familiarisation training and commanders will undertake testing and exercising linked to their assigned venue. A number of logistical decisions have been taken to enable games time mobilisation ensuring any patients requiring medical assistance from the Trust receive world class care at this prestigious event. The robust ongoing recruitment process will ensure the organisation is able to maintain business as usual responses alongside the significant assets being directed to Commonwealth Games. The Trust will undertake a number of external assurance exercises and reviews to ensure the Trust's readiness for the event is complete.

The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services.

The Trust is supported by a network of volunteers. Around 400 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and 4x4 organisations.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services.

To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2021/22 to support Non – Emergency Patient Transport Services. particularly during the introduction of new contracts and to facilitate social distancing and safe working practices throughout the pandemic. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2021/22 represents **99.66%** of the total income generated from the provision of health services by the Trust for 2021/22. More detail relating to the financial position of the Trust is available in the Trust's 2020/21 Annual Report.



Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme and early implementation of the recommendations, the Trust has been measured against the new national standards since September 2017.

These standards are:

Category 1

Calls from people with life-threatening illnesses or injuries

- 7 Minutes mean response time
- 15 Minutes 90th centile response time

Category 2

Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)

- 18 minutes mean response time
- 40 minutes 90th centile response time

Category 3

Urgent but not life threatening (e.g., pain control, non-emergency pregnancy)

- 120 minutes 90th centile response time

Category 4

Not urgent but require a face-to-face assessment.

- 180 minutes 90th centile response time



Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2020-2021 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

1. Care of ST Elevation Myocardial Infarction (STEMI)

This is a type of heart attack that can be diagnosed in the pre-hospital environment. Patients diagnosed with this condition are often taken directly to specialist centres that can undertake Primary Percutaneous Coronary Intervention (PPCI).

Audit Element

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period.

In patients diagnosed with STEMI it is important to get them to a Primary Percutaneous Coronary Intervention (PPCI) centre as quickly as possible - MINAP records the time that the PPCI balloon is inflated by the hospital.

Audit Element

The Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

2. Care of Stroke Patients

A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. A stroke can affect the way your body works as well as how you think, feel, and communicate.

Audit Element

- 1. Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.*
- 2. The mean, median and 90th centile time from the call for help until hospital arrival for confirmed stroke patients*
- 3. The mean, median and 90th centile time from the arrival at hospital to scan for patients who receive a CT scan*
- 4. The mean, median and 90th centile time from the arrival at hospital to thrombolysis for patients who receive treatment*

Face – can they smile or does one side droop? Arms – Can they lift both arms or is one weak? Speech – is their speech slurred/muddled? Time to call 999.

3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the



proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

Audit Element

Percentage of patients with out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital and patients that survive to hospital discharge and a care bundle for treatment given post return of spontaneous circulation.

4. Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.

Audit Element

Percentage of patients where observations were assessed, oxygen administered where appropriate, fluids administration was commenced and recorded, and a Hospital pre-alert was recorded.

The reports of the National AQIs were reviewed by the Trust in 2020-2021 and the following actions are intended to improve the quality of healthcare provided for patients:

- Communications including compliance with indicators through the Trust “Weekly Briefing” and “Clinical Times”
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.



Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2021-2022:

Drug Administration
PGD Administration
Administration of Morphine Audit
Administration of Adrenaline 1:1000
Administration of Naloxone
Pre Hospital Thrombolysis
Administration of Activated Charcoal
Administration of Co-amoxiclav
Administration of Salbutamol MDI

Current NICE Clinical Audits
Management of Deliberate Self Harm Patients
Locally Identified Concerns
Management of Paediatric Pain
Management of Head Injury
Maternity Management
Post Intubation Documentation Audit
Post-partum haemorrhage (PPH) management
Falls >=65 discharged at scene
Non traumatic chest pain >=18 years discharged at scene
Head Injury discharged at scene discharged at scene
Feverish Illness in children (<16, Temp>=37.8) discharged at scene
Post RSI Sedation audit
Deliberate Self Harm

National Ambulance Indicators
Cardiac Arrest - Return of Spontaneous Circulation (Overall)
Cardiac Arrest - Return of Spontaneous Circulation (Comparator)
Cardiac Arrest - Survival to discharge (Overall)
Cardiac Arrest - Survival to discharge (Comparator)
Post-ROSC Care Bundle
STEMI Care Bundle
Stroke Care Bundle
Sepsis Care Bundle
Further information on National Indicators: EPR AQI Guidance



Participation in Research

During 2021/22, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

The Trust continues to acknowledge that research active Trusts are associated with improved patient outcomes. During the year, the Trust has continued to develop strong partnerships with NHS Trusts and universities from across the UK. Key to the success of research delivery within the Trust are the excellent relationships built with the West Midlands Clinical Research Network, who help us to ensure that all research undertaken by the Trust is ethical, and complies with the highest standards of research governance, to safeguard our patients and colleagues.

The number of participants that were recruited during the 2021/22 period to participate in research approved by the Health Research Authority and a Research Ethics Committee was 987. During this period the Trust participated in 16 research studies meeting these criteria, of which 15 studies were categorised as National Institute of Health Research Portfolio eligible.

The following research studies have continued during 2020/21

Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes

Survival from cardiac arrest differs around the country. This project aims to establish the reasons behind these differences in outcome. It takes a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between region. It is sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation.



Golden Hour (Brain Biomarkers after Trauma)

Traumatic Brain Injury is a major cause of illness, disability and death and disproportionately affects otherwise young and healthy individuals. Biomarkers are any characteristic which may be used to gain insight into the person either when normal or following injury or disease. The study will look at biomarkers taken from blood, from fluid in the brain tissue and from new types of brain scans and investigate whether any biomarkers can give us insight into new treatments. West Midlands Ambulance Service and Midlands Air Ambulance are working with the University of Birmingham to support this study. This study is currently paused by the University of Birmingham, due to the COVID-19 pandemic.

Resuscitation with Pre-Hospital Blood Products (RePHILL)

WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival. Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival could increase if hospital patients receive blood products instead.

Major Trauma Triage Tool Study



(MATTs)

MATTs will carefully study existing triage tools used in England and world-wide. We will also use data already collected by ambulance services and the English national major trauma database (the Trauma Audit and Research Network, TARN) to investigate what factors are important for detecting serious injury at the scene of the incident. Additionally, the study will develop a computer model that simulates the costs and outcomes of using different triage tools. Together, we will take this information to a group of experts and ask them to develop a new triage tool. Participating ambulance services will then test the experts' triage tool, together with other existing tools, to see how they perform.



Strategies to Manage Emergency Ambulance Telephone Callers with Sustained High Needs (Using Linked Data)



To evaluate effectiveness, safety and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service; and gain understanding of barriers and facilitators to implementation. For high 999 service users: What are the demographics, case mix and patterns of use? What are the costs and effects of case management across the emergency care system? What are the facilitators and barriers to implementation?



PIONEER is the Health Data Research Hub for Acute Care, led by the University of Birmingham and University Hospitals Birmingham NHS Foundation Trust, in partnership with West Midlands Ambulance Service, the University of Warwick, and Insignia Medical Systems. Acute care is the provision of unplanned medical care; from out of hours primary care, ambulance assessment, emergency medicine, surgery and intensive care. Demand for acute health services are currently unsustainable for our national healthcare resource. Despite this, there has been less innovation in acute care than in many others health sectors, in part due to siloed information about patients with acute illnesses. The PIONEER Hub collects and curates acute care data from across the health economy, including primary, secondary, social care, and ambulance data. PIONEER uses this data to provide accurate, real-time data for capacity planning and service innovation support learning healthcare systems including better use of current/novel investigations, treatments and pathways map innovation needed.

Accuracy, impact, and cost-effectiveness of prehospital clinical early warning scores for adults with suspected sepsis (PHEWS)



The study will test early warning scores for sepsis, collect data from a large group of people who are brought to hospital by ambulance and might have sepsis. We will determine whether patients actually have sepsis and whether they needed urgent treatment. We will determine how accurately the early warning scores identified people with and without sepsis that needed urgent treatment. We will then use mathematical modelling to compare different early warning scores in terms of improving survival and effects on organisation of the emergency department and the costs of providing care. This will allow us to identify the best early warning score for the NHS.

Community First Responders' role in the current and future rural health and care workforce

Community First Responders (CFRs) are trained members of the public, lay people or off-duty healthcare staff who volunteer to provide first aid. They help ambulance services to provide emergency care for people at home or in public places. CFRs are vital in isolated rural areas. CFRs are broadly perceived to be positive, but we need evidence on how they



contribute to rural health services and how they improve care for rural communities. We aim to develop recommendations for rural CFRs, by exploring their contribution to rural care and exploring the potential for CFRs to provide new services.

COPE-West Midlands: The contribution of occupational exposures to risk of COVID-19 and approaches to control among healthcare workers (COPE-WM)



Healthcare workers have higher risk of getting coronavirus (COVID-19 disease).

Contact with infected patients, the type of work and measures such as use of masks affect their risk. However, factors outside the workplace are also important. For example, being older, from minority ethnic groups, some health conditions and home circumstances increase risk. We don't know how these aspects compare with workplace risks, or which work exposures are most risky. We will invite about 5000 staff with different job-roles and departments from three large West Midlands NHS Trusts to join our study. We will compare workplace exposures and other characteristics amongst those who had positive with those who had negative tests. Our findings will help us to better understand the risk of infection among healthcare workers and to develop guidelines to reduce risk.

What TRIage model is safest and most effective for the Management of 999 callers with suspected COVID-19? A linked outcome study



To evaluate models used to triage and manage emergency ambulance service care for patients with suspected COVID-19 who call 999 in England, Wales and Scotland. The study's objectives are to categorise models of triage used in emergency ambulance services during the 2020 COVID-19 pandemic and to compare processes and outcomes of care between models identified using linked anonymised data.

The following research studies have commenced during 2021/22

Paramedic Analgesia Comparing Ketamine and Morphine in trauma (PACKMaN)



The PACKMaN study aims to find out if ketamine is better than morphine at reducing pain in adults with severe pain due to traumatic injury. Pain from severe trauma has been reported as being poorly treated and NHS Paramedics have a limited formulary of medicines to treat severe pain. Current practice might suggest that patients with severe pain following trauma may receive Morphine, which can be slow to reach peak effect and has a number of associated side effects. Ketamine may be an ideal prehospital drug due to it being a safe option and quick to take effect.

Impact of pre-alerts on patients, ambulance service and ED staff

When a patient is seriously ill, ambulance staff may call the Emergency Department (ED) to let them know the patient is on their way. This is known as a 'pre-alert' and can help the ED to free up a trolley space or bed and get specialist staff ready to treat the patient as soon as they arrive. If used correctly, pre-alerts can help to provide better care, earlier access to time-critical treatment and improved outcomes for patients. However, if used too often, or for the wrong patients, then the ED staff may not be able to respond properly and may stop taking them seriously. This has important risks for patient safety. This study will explore how pre-alerts are being used and how their use can be improved.



A mixed-methods study of female ambulance staff experiences of the menopause transition (CESSATION)

The aims of this study are to identify current menopause guidance, policies and support offered by United Kingdom (UK) ambulance services; understand work and personal impacts of the menopause on female ambulance staff and their managers; and identify service developments that may best support female ambulance staff during this life phase. From the study findings, potential menopause service developments and interventions will be identified for female ambulance staff and service managers, and there will be improved menopause transition awareness across all UK ambulance services. Further research activities will be needed to explore the impact of any new interventions on staff health and wellbeing.

Experiences of staff providing telephone CPR instruction

This study aims to improve outcomes of patients who suffer out of hospital cardiac arrest, by applying behavioural science to enhance telephone assistance and increase rates of bystander cardiopulmonary resuscitation.

Prehospital feedback in the United Kingdom: A realist evaluation of current practice using a multiple-case study design (PRE-FEED REAL)

Prehospital feedback is increasingly receiving attention from clinicians, managers and researchers. The effectiveness of feedback in changing professional behaviour and improving clinical performance is strongly evidenced across a range of healthcare settings, but this has not yet been replicated within the prehospital context. Without a firmer evidence base, development in practice relies on isolated initiatives with no clear intervention model or evaluative framework. The aim of this study is to understand how UK ambulance services are currently meeting the challenge of providing prehospital feedback and develop an evidence-based theory of how prehospital feedback interventions work.

Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest (PARAMEDIC3)



Each year over 30,000 people's hearts suddenly stop beating in communities around the UK (a condition known as cardiac arrest). Unless the heart is restarted quickly, the brain will become permanently damaged, and the person will die. Injecting drugs such as adrenaline through a vein is very effective at restarting the heart. Current guidelines advise paramedics to inject drugs into a vein. However, a new, faster way of giving drugs is to put a small needle into an arm or leg bone. This allows drugs to be injected directly into the rich blood supply found in the bone marrow. Some research studies suggest this may be as good, if not better, than injecting drugs into the vein. Other studies suggest it may be less effective. None of the existing research is good enough to help paramedics decide how best to treat people with cardiac arrest. Both of these approaches are already currently used in NHS practice. In this trial, we will test these two ways of giving drugs (into the vein or into the bone) to work out which is most effective at improving survival in people that have a cardiac arrest.



Sustainability

Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, currently equivalent to 4% of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

WMAS have led the way in the ambulance service implementing a large amount of change to our operation which has led to significant reductions in our direct and indirect carbon footprint, including:

- Implementing the Make Ready Model – reducing the estate portfolio by Commissioning new build sites compliant with the exacting requirements in the BREEAM standards.
- Changing our lighting on sites to LED lighting reducing a significant amount of electricity usage
- Delivering a fleet replacement programme with no front-line operational vehicles over 5 years old – WMAS now operate the most modern ambulance fleet in the country which are compliant to the latest euro emission standards.

West Midlands Ambulance Service University NHS Foundation Trust is committed to the ongoing protection of the environment through the development of a sustainable strategy. Sustainability is often defined as meeting the needs of today without compromising the needs of tomorrow.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The Trust's **Green Plan** sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the target set by the NHS of reducing its carbon footprint set out in "Delivering a Net ZERO National Health Service (published October 2020).

To summarise our programme of work and key achievements to date:

- **Estates**
Since 2011, the Trust has engaged in a significant programme of activity to manage and reduce our carbon footprint, mitigate our impact on air pollution which has allowed the Trust to achieve a 14.2% reduction in CO² in electricity at one of our major Hubs in 2021.
- **Fleet**
Progress towards delivering a Net Zero NHS includes a series of achievements including the newest ambulance fleet in the country, with all vehicles less being than five years old and achieving continued weight savings.

A range of electric vehicles in use including the country's first fully electric double crewed ambulance, a range of operational managers' and support cars and PTS vehicles



Looking to the future, we aim to reduce our carbon emissions by 25 per cent by 2025, with an 80 percent reduction by 2032, and net zero by 2040. This is supported by a delivery plan with the following components:

- Estates – to include renewable energy, LED lighting, use of smart meters, water saving devices, intelligent heating systems and other sustainable initiatives
- Transport – zero emission vehicles and electric charging points, reduced business miles and cycle to work schemes
- Waste Management – Introduction of recycling at all sites following successful trial at Erdington Hub, which resulted in the equivalent of the following carbon savings:



- Reducing single use plastics – working alongside our cleaning contract provider to build a comparison over the next 12 months regarding our usage prior to the switch over to PVA and post PVA to show the plastic saving across the Trust.

Data Quality

West Midlands Ambulance Service will be taking the following actions to assure and improve data quality for the clinical indicators while the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based on the Electronic Patient Record. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical Audit Team's drive. The process is summarised as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Patient Records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central Teams site.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed, and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked for trends and consistency against the previous month's data.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecard. The reports are then shared via the Trust governance structure to the Board, of Directors, Commissioners and Service Delivery meetings.



NHS Number and General Medical Practice Code Validity

The Trust was not required to and therefore did not submit records during 2021/22 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit

The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2021-22 (version 4). The baseline deadline was extended by NHSE from the 28 February 2022 to the 4 March 2022. This was to provide specific assurance following advice to NHS organisation from the Cyber Associates Network. The Trust completed its baseline assessment.



The process for assurance of the DSPT was reviewed by internal audit and was reported to the Trust's Audit Committee as 'optimal' on the 14 March 2022, the highest possible assurance. The submission of the DSPT is 30 June 2022. The Trust will receive regular reports on the progress of DSPT through the Health Safety Risk & Environmental Group, Quality Governance Committee, Executive Management Board and Trust Board. The Trust's Head of Governance and Security reports the DSPT through to the Executive Director of Nursing & Clinical Commissioning, and is responsible for management of the DSPT.

Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2021/2022 by the Audit Commission.

NICE Guidance

The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at Professional Standards Group (PSG).



Learning from Deaths

In March 2017, the National Quality Board (NQB) produced a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. At the time of publication, the applicability of the NQB Framework and how it would be applied within the ambulance services was unclear, however, from February 2018 it became a contractual obligation that implementation would commence from 1st April 2018. In July 2019, with an implementation date of January 2020, the National Guidance for Ambulance Trusts on Learning from Deaths was published that gave further clarity on how the Learning from Deaths Framework should be applied. WMAS have implemented all the requirements specified within The Learning from Deaths Framework and additionally have employed a full time Patient Safety Officer to ensure it is successfully imbedded into the learning culture of WMAS.

During the 2021/22 reporting year, the total number of deaths that occurred, while in WMAS care, was 771. This aggregate figure represents quarterly totals of:

- 158 in quarter one
- 194 in quarter two
- 222 in quarter three
- 197 in quarter four

During the 2021/22 reporting year, 560 case record reviews and 184 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 158 case record reviews and 43 investigations in quarter one
- 194 case record reviews and 74 investigations in quarter two
- 222 case record reviews and 11 investigations in quarter three
- 197 case record reviews and 67 investigations in quarter four

During the 2021/22 reporting year, upon initial case record review or investigation, 77 of the 771 deaths or 9.98% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 19 deaths or 2.49% in quarter one
- 29 deaths or 3.80% in quarter two
- 0 deaths or 0% in quarter three (patient records in this quarter were not available for review following a change of electronic system. All reporting was reinstated for quarter 4 onwards.
- 29 deaths or 3.76% in quarter four

Please note that all figures highlighted above will be updated in time for the final Quality Account to be published.



All deaths where it was considered more likely than not to have been due to problems in the care WMAS provided to the patient are managed and reported under the Serious Incident Framework. The purpose of a Serious Incident process is to identify the root cause and furthermore to establish what lessons can be learnt to prevent reoccurrence. To ensure learning occurs from the Serious Incident investigation process; actions plans are formulated, and these are instigated and monitored by the WMAS Learning Review Group.

In the previous 2020-2021 Quality Account reporting period, the following information was published that remains correct:

37 of the 891 deaths or 4.15% were considered, upon initial case record review or investigation, more likely than not to have been due to problems in the care provided to the patient.

Performance Against Quality Indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2020/21 but West Midlands Ambulance Service University NHS Foundation Trust has continued to perform well, consistently exceeded the national average in all measures as shown in the following table:

Category	Performance Standard	Achievement	National Average (to be published by mid April 2022)
Category 1	7 Minutes mean response time	7 mins 50 seconds	
	15 Minutes 90th centile response time	13 minutes 46 seconds	
Category 2	18 minutes mean response time	32 minutes 53 seconds	
	40 minutes 90th centile response time	72 minutes 52 seconds	
Category 3	120 minutes 90 th centile response time	331 minutes 48 seconds	
Category 4	180 minutes 90 th centile response time	384 minutes 38 seconds	

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day.



WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

1. Care of ST Elevation Myocardial Infarction (STEMI)

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.

2. Care of Stroke Patients

Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.

3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.

4. Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

STEMI (ST- elevation myocardial infarction)

This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above. In addition to the care bundle the Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

Stroke Care Bundle

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle. The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.

In addition to the care bundle the Trust measures 999 Call to Hospital, 999 call to CT Scan and Arrival to Hospital to Thrombolysis by the mean, median and 90th percentile.



Cardiac Arrest

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest. The AQI includes:

- Number of cardiac arrests
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group
 - Resuscitation has commenced in cardiac arrest patients
- Comparator Group
 - Resuscitation has commenced in cardiac arrest patients AND
 - The initial rhythm that is recorded is VF / VT i.e., the rhythm is shockable AND
 - The cardiac arrest has been witnessed by a bystander AND
 - The reason for the cardiac arrest is of cardiac origin i.e., it is not a drowning or trauma cause.

In this element, we would expect a higher performance than the first group.

Post Resuscitation Care Bundle

- 12 lead ECG taken post-ROSC
- Blood glucose recorded?
- End-tidal CO2 recorded?
- Oxygen administered?
- Blood pressure recorded?
- Fluids administration commenced?

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?



Year-to-date Clinical Performance AQI's

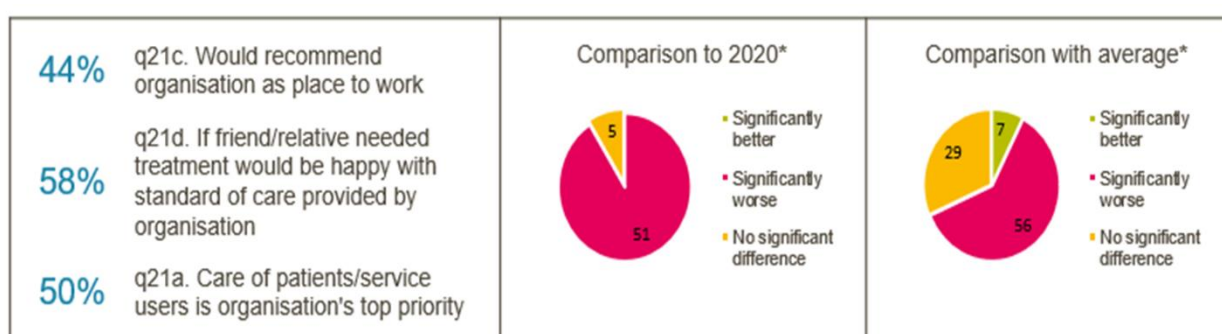
Ambulance Quality Indicators	Mean (YTD)							Last National Average	Highest	Lowest
	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	WMAS (20-21)	WMAS (21-22)			
STEMI Care Bundle	77.99%	81.17%	81.01%	95.97%	97.14%	95.56%	86.80%	76.09%	96.88%	64.85%
Stroke Care Bundle	98.19%	97.36%	95.19%	98.98%	98.66%	99.20%	98.67%	97.91%	99.77%	96.86%
Cardiac Arrest - ROSC At Hospital (Overall Group)	30.17%	29.49%	29.26%	32.31%	32.61%	25.12%	25.92%	26.00%	30.84%	21.84%
Cardiac Arrest - ROSC At Hospital (Comparator)	50.61%	45.60%	51.91%	54.93%	53.98%	44.34%	44.08%	46.16%	31.25%	59.09%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group) ***	8.66%	8.94%	9.08%	11.56%	10.16%	8.15%	8.42%	9.22%	11.99%	5.30%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) ***	24.69%	26.39%	30.43%	32.61%	27.80%	22.26%	25.93%	26.21%	50.00%	16.28%
Sepsis Care Bundle					83.62%	84.96%	88.95%	83.02%	90.16%	87.86%
Post Resuscitation					69.33%	69.68%	66.90%	76.89%	74.04%	60.75%
<p>* The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change.</p> <p>** Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable.</p> <p>*** Survival to discharge data is reported at 30 days. At time of compiling report 30-day period had not passed therefore ytd figures may not be completely accurate.</p>										

Clinical Data Notes

- STEMI, Stroke, Cardiac Overall, Cardiac Comparator, Survival Overall, Survival Comparator **YTD** is based on April 2021 to February 2022.
- POST ROSC YTD is currently based on 4 Submissions of April 2021, July 2021, October 2021, January 2022.
- Sepsis YTD is currently based on 3 submissions of June 2021, September 2021 and December 2021.

What our Staff Say

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences for working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. At West Midlands Ambulance Service this survey took place in the third quarter from 20th September to 26th November 2021. The survey was conducted by Picker Europe Ltd and once again the Board of Directors took the decision to run a census. The survey was conducted electronically for accessibility and to maintain confidentiality and anonymity. 6884 staff were eligible to take part in the 2021 staff survey and 3028 staff returned a completed survey compared to 3724 in 2020. The response rate for WMAS is 44% compared to 56% in the 2020 survey. The average response rate for all Ambulance Trusts is 57% and across the NHS is 48%.



An overview of the 2021 staff survey results reported by our contractor is shown below.

The first chart in the image above shows the number of questions that are better, worse or with no significant difference compared to the organisation's results in 2020. It is to be noted that some questions could not be compared as they were recently added in the 2021 survey, or some questions were changed during the redevelopment of the questionnaire. The second chart shows the number of questions that are better, worse or with no significant difference compared to other Ambulance Trusts in the 2021 survey.

From 2021 the NHS Staff Survey has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). Changes to the questionnaire were made following consultation with various participating organisations (including WMAS) and reviews led by the Staff Experience and Engagement team at NHS England and NHS Improvement, with the support of the Staff Survey Advisory Group, the Survey Coordination Centre, and academic experts. Reporting of staff survey results is based around the seven People Promise elements along with measures on Staff Engagement and Morale.

People Promise element	Sub-scores
Promise 1: <i>We are compassionate and inclusive</i>	P1.1: Compassionate culture P1.2: Compassionate leadership P1.3: Diversity and equality P1.4: Inclusion
Promise 2: <i>We are recognised and rewarded</i>	[No sub scores]
Promise 3: <i>We each have a voice that counts</i>	P3.1: Autonomy and control P3.2: Raising concerns



People Promise element	Sub-scores
Promise 4: <i>We are safe and healthy</i>	P4:1 Health and safety climate P4:2 Burnout P4:3 Negative experiences
Promise 5: <i>We are always learning</i>	P5.1: Development P5.2: Appraisals
Promise 6: <i>We work flexibly</i>	P6.1: Support for work-life balance P6.2: Flexible working
Promise 7: <i>We are a team</i>	P7.1: Team working P7.2: Line management
Measure	Sub-scores*
<i>Staff Engagement</i>	E.1: Motivation E.2: Involvement E.3: Advocacy
<i>Morale</i>	M.1: Thinking about leaving M.2: Work pressure M.3: Stressors (HSE index)

The theme scores that were being reported in previous years, has ceased from 2021. The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on. The final column contains the outcome of the significance testing: (↑) indicates that the 2021 score is significantly higher than last year's, whereas (↓) indicates that the 2021 score is significantly lower. When there is no comparable data from the past survey, you will see N/A.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			6.4	2910	N/A
We are recognised and rewarded			4.9	2985	N/A
We each have a voice that counts			5.7	2866	N/A
We are safe and healthy			5.3	2906	N/A
We are always learning			4.4	2740	N/A
We work flexibly			4.9	2968	N/A
We are a team			5.6	2928	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	6.3	3678	5.6	2992	↓
Morale	6.2	3651	5.3	2980	↓

The new summary reports are shown below. People Promise elements and theme scores are calculated on key questions from the survey. For most elements/themes, this includes a series of sub-score categories as well. The maximum possible score is 10 (all respondents answer most positively) and the lowest possible score is 0 (all respondents answer most negatively).



Section	Description	Organisation Score
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	6.2
	Compassionate leadership sub-score	5.7
	Diversity and equality sub-score	7.3
	Inclusion sub-score	6.0
	We are compassionate and inclusive score	6.3
People Promise element 2: We are recognised and rewarded	We are recognised and rewarded score	4.8
People Promise element 3: We each have a voice that counts	Autonomy and control sub-score	5.5
	Raising concerns sub-score	5.8
	We each have a voice that counts score	5.6
People Promise element 4: We are safe and healthy	Health and safety climate sub-score	5.0
	Burnout sub-score	4.0
	Negative experiences sub-score	6.7
	We are safe and healthy score	5.3
People Promise element 5: We are always learning	Development sub-score	5.6
	Appraisals sub-score	2.9
	We are always learning score	4.2
People Promise element 6: We work flexibly	Support for work-life balance sub-score	4.8
	Flexible working sub-score	4.7
	We work flexibly score	4.8
People Promise element 7: We are a team	Team working sub-score	5.8
	Line management sub-score	5.3
	We are a team score	5.5
Theme: Staff Engagement	Motivation sub-score	6.0
	Involvement sub-score	4.9
	Advocacy sub-score	5.7
	Staff Engagement Score	5.5
Theme: Morale	Thinking about leaving sub-score	5.5
	Work pressure sub-score	5.0
	Stressors (HSE index) sub-score	5.3
	Morale score	5.3



This chart shows the organisation's score for each of the People Promise elements and compares it with the benchmark group (all average, best and worst scores).

each of the People Promise elements
Ambulance Trusts in England),





Top WMAS scores compared to 2020

The most improved score compared to 2020 is:

Trust 2021	Trust 2020	Most improved scores
78%	76%	R13d. Last experience of physical violence was reported

The Top 5 WMAS scores recorded against the Picker Average are:

Trust Average	Picker Average	Top 5 scores VS Picker Average
87%	68%	R19a. Received appraisal in the last 12 months
62%	52%	R3h. Have adequate materials, supplies and equipment to do my work
63%	71%	R3i. Enough staff at organisation to do my job properly
60%	67%	R10c. Don't work additional unpaid hours per week for this organisation, over and above contracted hours
78%	73%	R13d. Last experience of physical violence reported

Bottom Scores compared to 2020

The most declined scores within WMAS compared to 2020 are:

Trust 2021	Trust 2020	Most declined scores
30%	54%	R3i. Enough staff at organisation to do my job properly
44%	63%	R21c. Would recommend organisation as place to work
58%	75%	R21d. If friend/relative needed treatment would be happy with standard of care provided by organisation
50%	65%	R22c. I am not planning on leaving this organisation
36%	50%	R22a. I don't often think about leaving this organisation



The Bottom 5 WMAS scores against the Picker Average are:

Trust Average	Picker Average	Bottom 5 scores vs Picker Average
45%	63%	R11e. Not felt pressure from manager to come to work when not feeling well enough
48%	58%	R28b. Disability: organisation made adequate adjustments to enable me to carry out my work
50%	59%	R21a. Care of patients/service users is organisation's top priority
47%	56%	R9d. Immediate manager takes a positive interest in my health & well-being
48%	57%	R9e. Immediate manager values my work

Staff Engagement

	2017	2018	2019	2020	2021
Best	6.4	6.5	6.6	6.7	6.3
Your org	6.1	6.3	6.3	6.3	5.6
Average	6.1	6.2	6.3	6.3	5.9
Worst	5.5	5.7	5.8	5.8	5.3
Responses	2,277	2,990	3,374	3,678	2,992

Morale

	2018	2019	2020	2021
Best	5.9	6.0	6.2	5.5
Your org	5.9	6.0	6.2	5.3
Average	5.5	5.5	5.7	5.3
Worst	4.7	4.9	5.1	4.6
Responses	2,967	3,357	3,651	2,980

Workforce Race Equality Standard

- a) Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	2017	2018	2019	2020	2021
White: Your org	51.0%	48.4%	49.1%	48.6%	51.3%
BME: Your org	43.5%	37.7%	37.9%	45.2%	49.1%
White: Average	49.7%	46.5%	45.8%	43.5%	44.1%
BME: Average	39.4%	37.8%	41.2%	44.3%	39.4%
White: Responses	2,022	2,666	3,030	3,127	2,539
BME: Responses	108	183	198	325	222

Average calculated as the median for the benchmark group



b) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	2017	2018	2019	2020	2021
White: Your org	29.7%	29.2%	25.5%	23.9%	26.8%
BME: Your org	39.6%	31.3%	24.9%	26.5%	35.0%
White: Average	27.5%	27.1%	25.5%	24.1%	23.8%
BME: Average	32.0%	31.0%	26.2%	31.1%	29.5%
White: Responses	2,022	2,657	3,025	3,123	2,538
BME: Responses	106	182	197	325	223

Average calculated as the median for the benchmark group

c) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	2017	2018	2019	2020	2021
White: Your org	49.6%	48.9%	51.9%	51.3%	44.7%
BME: Your org	34.3%	36.6%	47.7%	40.5%	36.6%
White: Average	49.3%	48.9%	51.2%	51.3%	47.7%
BME: Average	33.2%	36.7%	34.6%	39.5%	40.2%
White: Responses	2,016	2,660	3,035	3,162	2,580
BME: Responses	108	183	199	328	224

Average calculated as the median for the benchmark group

d) Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

	2017	2018	2019	2020	2021
White: Your org	10.7%	10.0%	8.8%	8.6%	11.4%
BME: Your org	22.7%	17.9%	15.8%	20.7%	22.6%
White: Average	10.3%	10.0%	8.8%	8.6%	10.0%
BME: Average	18.3%	17.7%	15.8%	16.7%	15.8%
White: Responses	2,031	2,661	3,009	3,158	2,577
BME: Responses	110	184	196	329	226

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard

a) Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%
Staff with a LTC or illness: Responses	526	671	771	737
Staff without a LTC or illness: Responses	2,296	2,606	2,722	2,061

Average calculated as the median for the benchmark group

b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%
Staff with a LTC or illness: Responses	523	666	767	730
Staff without a LTC or illness: Responses	2,277	2,596	2,711	2,041

Average calculated as the median for the benchmark group



c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%
Staff with a LTC or illness: Responses	522	665	771	728
Staff without a LTC or illness: Responses	2,276	2,601	2,713	2,039

Average calculated as the median for the benchmark group

d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%
Staff with a LTC or illness: Responses	305	392	444	480
Staff without a LTC or illness: Responses	1,094	1,266	1,250	1,033

Average calculated as the median for the benchmark group

e) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%
Staff with a LTC or illness: Responses	529	670	775	744
Staff without a LTC or illness: Responses	2,288	2,610	2,753	2,099

Average calculated as the median for the benchmark group

f) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%
Staff with a LTC or illness: Responses	429	531	582	615
Staff without a LTC or illness: Responses	1,363	1,566	1,371	1,230

Average calculated as the median for the benchmark group

g) Percentage of staff satisfied with the extent to which their organisation values their work

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%
Staff with a LTC or illness: Responses	525	670	775	745
Staff without a LTC or illness: Responses	2,290	2,611	2,762	2,105

Average calculated as the median for the benchmark group

h) Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



	2018	2019
Staff with a LTC or illness: Your org	60.6%	56.4
Staff with a LTC or illness: Average	60.3%	58.8
Staff with a LTC or illness: Responses	292	36

Average calculated as the median for the benchmark group

i) Staff engagement score (0-10)

	2018	2019	2020	2021
Organisation average	6.2	6.3	6.3	5.5
Staff with a LTC or illness: Your org	5.7	5.8	5.8	4.9
Staff without a LTC or illness: Your org	6.3	6.4	6.4	5.7
Staff with a LTC or illness: Average	5.7	5.9	6.1	5.5
Staff without a LTC or illness: Average	6.4	6.4	6.4	6.1
Organisation Responses	2,990	3,374	3,678	2,992
Staff with a LTC or illness: Responses	529	671	778	747
Staff without a LTC or illness: Responses	2,300	2,616	2,765	2,106

Average calculated as the median for the benchmark group



Equality and Diversity

Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes and workstreams where work has continued to advance the equality and inclusion agenda. These themes are:

- EDS2-Better Health Outcomes for All
- WRES Workforce Race Equality Standard
- Recruitment – implementation of the NHS 6 Point action plan
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard
- Gender Pay Gap



Equality Delivery System 2 (EDS2)

The main purpose of the Equality Delivery System 2 (EDS2) is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. Using the NHS Equality Delivery System 2 provides a way for the organisation to show how it is performing doing against the four goals.

1.	Better health outcomes
2.	Improved patient access and experience
3.	A representative and supported workforce
4.	Inclusive leadership

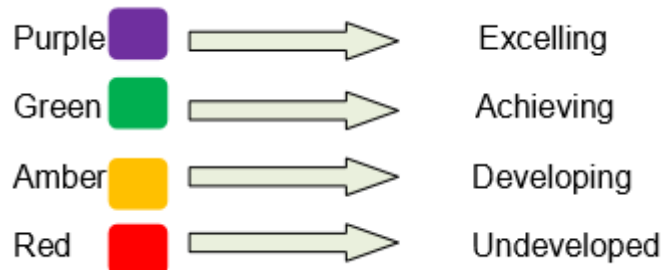
In 2020/21, WMAS undertook assessment of goal 3, moving away from previous years where all the goals were assessed. A similar path has been followed for 2021/22. Due to organisational and system pressures because of Covid 19, it was appropriate that all resources were concentrated on dealing with the pandemic. For 2021/22 it was agreed by the Executive Management Board (EMB) that the organisation would concentrate on one goal, that being goal 1: Better Health Outcomes for All. There are several benefits with this approach as follow:

- 1) Assessments are not rushed, and a more qualitative and in-depth analysis takes place which results in actions to improve the service.
- 2) Assessors are not over-burdened with information and assessments are not rushed.
- 3) Setting realistic goals and action plans which lead to transformational change
- 4) Making EDS2 work as a tool to effect organisational change, as it was originally intended, as opposed to a tick box exercise.



Having gathered the evidence, an internal process assessment and grading took place, results of which are featured in the report which will be published on the WMAS Equality and Inclusion internet page.

There are four grades in the EDS2 framework which can be given as follows:



What did we do?

It was agreed that procurement would be the service area where evidence would be gathered and subsequent EDS2 assessment would take place and grading undertaken for 2021/2022. It has been acknowledged that the past year has been challenging for all the NHS in responding to the COVID-19 pandemic and in that regard WMAS, like all ambulance services, has had a unique challenge due to the nature of the service, in dealing with the pandemic and responding to the ever-increasing demand and pressures as a result.

Procurement, contracting, and subsequent monitoring is an essential tool, if used effectively, in gaining assurance that providers are meeting their obligations under the Equality Act 2010, both as an employer and service provider. The head and deputy head of purchasing and contracts have actively agreed for their service to be addressed and provided evidence in the form of procurement overarching governance documents, NHS Terms and Conditions for Supply of Goods (contract version), and PQQ questions and technical guidance including the Equality and modern slavery act questionnaire. Having gathered the evidence, an internal process assessment and grading took place.

Analysis and grading

Call for evidence went out to the procurement team in respect of the current position of the service in respect of equality, inclusion and diversity in the business of the service. Senior management of the procurement team were appraised of the EDS framework and an analysis took place of the evidence that was provided. As the planning of the EDS assessment and grading had taken place in the midst and peak of the pandemic when restrictions were still in place, the actual assessment was one which was undertaken internally with the proviso that the grading process would be open to external scrutiny if requested. The report and assessment would also be made available to various network chairs and the document would be live and changes suggested would be incorporated as appropriate. The assessment team went through the evidence, and it was observed that there were areas which had equality embedded within the policy:



After assessing and analysing the evidence, the panel decided collectively that the service was at a developing stage as more work needed to be done to assure the procurement and contracts team that equality and inclusion considerations were embedded within the processes of the service. The evidence also found that certain elements of the service were on the border of achieving with one area classed as under-developed. It was therefore decided, after much deliberation and discussion that the service would be graded as **Developing**. It was also acknowledged that with an effective action plan and through further advice, support and guidance from the Diversity and Inclusion lead, the service could move from **Developing** to **Achieving** within 12 months, provided the elements within the action plan were delivered.

It should also be noted that the EDS3, a revised and much leaner framework is due to replace EDS2 in 2023. WMAS will adopt this as per instructions from NHSEI. For now, not all outcomes within EDS2 are relevant to the Ambulance service so a more practical approach was undertaken in the application of the framework for this assessment.

Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace. These are measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. The data and action plan was published in 2021 and progress has been made against those actions and monitored by the Diversity, and Inclusion Steering Group.

Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following:

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.



- Staff who are involved in the recruitment process must undergo training involving;
 - Value Based Recruitment
 - Equality & Diversity
 - Equality Act 2010 and the law
 - Unconscious Bias
 - Interview skills
 - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.

2021 has been challenging just like 2020 in respect of using diverse methods of recruitment like going out into the communities and attending events. For 2022 and beyond, with the lifting of restrictions and through a risk analysis, it is envisaged that the recruitment team will venture out into the communities the Trust serves, in order to attract the best and diverse staff

Public Sector Equality Duties (PSED)

The Equality Duty is supported by specific duties (Public-Sector Equality Duty (section 149 of the Act), which came into force on 10 September 2011. The specific duties require public bodies to annually publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Public bodies must in the exercise of its functions, have due regard in the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.



Through the adoption of the NHSE&I mandated standards such as the; Equality Delivery System (EDS); Workforce Race Equality Standard (WRES); Accessible Information Standard (AIS); and Workforce Disability Equality Standard (WDES), WMAS is able to demonstrate how it is meeting the three aims of the equality duty.

Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on the website.

Equality Objectives

The Trust is required under the “Specific Duties” to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has continued to deliver on the Equality Objectives. A full report on progress on the Equality Objectives will be included in the annual PSED report in 2022.

Equality Objectives 2020-2024

Objective 1 Equality Standards

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

- Workforce Race Equality Standard
- Accessible Information Standard
- Equality Delivery System 2
- Workforce Disability Equality Standard
- Gender Pay Gap Reporting

We will do this by:

- Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)
- Continuing to develop our response to the Workforce Race and Disability
- Equality Standards (WRES) (WDES)
- Investigate the experiences/satisfaction of staff through further surveys and focus groups
- Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

Objective 2 Reflective and diverse workforce

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

We will do this by:

Target local and diverse communities in recruitment campaigns

- Review our people policies to ensure that there is appropriate fairness
- Support managers and teams to be inclusive
- Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content
- Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

Objective 3 Civility Respect

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of



the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

- Develop and deliver an internal communication campaign on civility and respect in the workplace Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust
- Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g., working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Supportive Environment

Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

- Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's
- Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals
- Board and Committee reports include an equality impact analysis

Diversity and Inclusion Steering Group

The Trust supports a "Diversity & Inclusion Steering Group" with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the organization. This group is chaired by the CEO. The Diversity & Inclusion Steering Group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

Staff Groups

• **Proud @ WMAS Network:**

This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by "Straight Ally's" which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level where appropriate.

• **The BME Network**

The BME Network is expanding. Progress has been made by developing Terms of Reference and electing a new committee. The Network has been actively engaged in a culture change programme as part of the implementation plan for the WRES.

• **A Disability and Carers Network** was launched in July 2020 and supported the recommendations for action in the WDES.

• **A Women's Network** was launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women's Development Programme in 2019, a second cohort in 2020 and a third cohort is currently underway in 2021.

• **National Ambulance Diversity Group (NADG)** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.

• **Military Network.** The Military network was formed to recognize staff who are serving reservists, veterans, cadet instructors and families of serving personnel. The Trust celebrates various military events and WMAS achieved the employer Gold Award in 2019 by the Defence Employer Recognition Scheme.



Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published by the Trust. An action plan has been developed which is being monitored by the Diversity and Inclusion steering group.

Gender Pay Gap

Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap.

West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of men and women who received bonuses; and
- the proportions of male and female employees in each pay quartile.

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work.

There is a requirement to publish the data on the Trust's public-facing website by 31 March 2022

A full gender pay report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings has been published. An action plan has been developed to address the gaps progress against those actions is being monitored by the Diversity and Inclusion Steering group.



Health and Wellbeing

National Wellbeing Framework

In January 2022 a new NHS National Wellbeing Framework was launched. This is very different from the previous framework with a diverse range of sections;

- Framework Dashboard
- Personal Health & Wellbeing
- Relationships
- Fulfilment at Work
- Environment
- Managers & Leaders
- Data Insights
- Professional Wellbeing Support

Phase 1 was to complete the first section the outcomes are automatically measured which provides a basis for the Trust action plan. This needs to be in place by October 2022. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- Ambulance Self Audit AACE
- AACE Assessment Matrix
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health & Suicide Strategy WMAS [Under Development]
- Mental Health Continuum AACE [released 10th March]

Health & Wellbeing Champions

Over the last 12 months the opportunities for training & development for Champions has been excellent. NHSI & NHS England have developed two sets of training each one to run over a six-month period. Champions could choose which suited their needs best

The courses have been advertised to all of our Champions which now totals 112 in number. In addition, further in house development opportunities HWB Champions have had are;

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course

Weight Management

Slimming World continues to be extremely popular with an additional 150 sets of vouchers plus 30 online vouchers having been used. After lockdown many staff found that they had put weight on and had not ate healthily, so wanted to kickstart their efforts.

All vouchers have now been used and an additional 100 have been purchased through NHSI/NHS England funding. Although the NHS Programmes are also advertised and offered our staff prefer Slimming World and in particular the group sessions.



Physical Activities

Physical activity programmes are frequently advertised in the Weekly Brief from discounts to apps.

- Doing it right is an NHS platform that was designed in conjunction with the Royal Wolverhampton NHS. This programme covers cardiovascular workouts, Pilates, Yoga, Gentle exercise and salsa dance type programmes that children can join in with. Its totally free and has been nationally acclaimed.
- Be Military Fit a new NHS platform offering a mixture of not only exercise but nutrient, hydration and sleep. Last week Bear Grylls hosted a session and over 600 NHS staff took part. This new platform has a limited life span currently a survey is underway to see if its worth continued funding.
- NHS Fitness Studio Exercise this offers different types of exercise for all levels of fitness. It also offers variety in terms of what's available.
- Walsall MBC offer a 15% discount to all WMAS staff which is regularly advertised and covers all of their centres.

Mental Health First Aid Courses

Currently all Trust MHFA trainers have had to reapply to get their licences back and must complete an online course and exam which they have to pass to be reinstated. This was due to the fact that courses haven't been delivered over the last two years due to demand on WMAS. An extension has been requested due to technical issues at MHFA, this has been granted until 1st April to allow everyone to complete the 4 hour programme.

The MHFA are not running any new instructors' programmes until January 2023 as they are reviewing the two-day programme. In the interim due to unexpected funding BlackCountry Health care are going to deliver 6 courses in May & June at very reduced costs. The dates are as follows.

1. Thur 19th – Fri 20th May
2. Mon 23rd – Tues 24th May
3. Thur 26th – Fri 27th May
4. Tues 7th – Wed 8th June
5. Wed 15th – Thur 16th June
6. Tues 28th – Wed 29th June

Each course can hold 16 participants and priority will be given firstly to those courses that were cancelled at the last minute so there are 96 places available. The venue is likely to be Alamein House TA Centre in Dudley.

Suicide First Aid Courses

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust has funded 13 instructors' places. The course was run from 14-18 March and involved a four-day course followed by individual delivery of the "Suicide Lite" course [awareness course] which will be assessed online. A module also has to be submitted to the City and Guilds governing body, as it's a recognised qualification at that level. The first set of courses were delivered on the 18th March face to face on a reduced numbers basis. This allowed 24 staff to participate. The course is nationally recognised and certificated and will be recorded on OLM. Once qualified the SFA Instructors will also be able to deliver the one-day course which is "Suicide First Aiders" whereby



participants will be issued with the lanyard similar to the MH First Aiders. The aim will be that the Suicide Lite is delivered first and then staff can move on to become Suicide First Aiders if they want. This will allow the instructors to fulfil their NCSPET requirements as instructors. The courses will commence in April to allow the instructors to be assessed whilst delivering the course online. The expectation is that all instructors will be fully qualified by the beginning of May. Online courses will be advertised to targeted audiences to enable the assessments in the first instance and then will be opened up to all across the Trust. To date 6 courses have been delivered with further dates in April so far 40 staff have participated with excellent feedback.

SALS

SALS Adviser numbers had been dropping due to staff retiring etc A brand new cohort is due to start their training in April 2022 which will provide an additional 29 Advisers. This will take the total up to 63 Advisers providing a 24/7 service. The new SALS Advisors will be mentored to start with and will pick up additional training for the role.

Menopause

The Trust invested in 24 staff being trained to be Menopause trainers. The training had been placed on hold due to demand on resources. The first course delivered was to the HR team last week. Worcester will be delivering their first course 21st March. Dates will be sent out for staff to participate and their attendance will be recorded on OLM in the very near future.

Family Liaison Officers

The next course will take place 28&29 April 2022 due to many FLO's having retired or moved on. The course will accommodate 17 staff and is currently full. This will also become a Trust resource for our own staff who die suddenly to provide support for their families should it be requested. The training programme has been developed and Cruse are providing a tailored made bereavement programme funded by NHSI/NHS England.

NHSI Funding

All ambulance services received funding in December 2021 for HWB with the emphasis that it needed to be spent or allocated by 31st March 2022. The bids had to achieve the objectives set by NHSI. To date the following initiatives have been undertaken;

- Slimming World Vouchers x 2 batches to cope with demand
- Suicide First Aid Instructors course 13 new instructors
- New Health & Wellbeing web site
- 2 full sets of Health Check equipment.
- Gym equipment 3 bikes, two rowing machines, two pop up mini marques all have arrived.
- MHFA courses x 6 May /June this will allow 96 staff to attend



- Marketing goods for the roadshow.
- Renewal of Instructors MHFA Licences.
- Family Liaison Officers Course to incorporate the staff element. 28/29 April
- 2 x Health Check Equipment to allow for more members of staff to have a health check the Trust now has 3 full sets.

Mental Health

The Mental Wellbeing Practitioners have seen a steady increase in patients. One member of the team has left and this has obviously had an impact.

An initiative that is being worked on is a new charity lead initiative called 'Just B' which provides support to staff as part of the pandemic support response, with the following points:

- Charity is part of the Royal Foundation. Very proactive on Mental Health.
- Just B offers to contact members of staff by phone for a 20 minute conversation with a trained volunteer, to see if staff need any extra assistance.
- Staff can opt out in advance.
- Conversation is to identify how each staff member is doing, their resilience and coping strategies. If staff are identified as needing support, they can have an additional session with the charity to go through support options – information will be given on internal Trust support and external support available.
- Designed to be a proactive service.
- Anonymous data and dashboard are provided to the Trust, with an overview of how staff are feeling. Follows all relevant data protection and initiative is fully funded. Data collected is basic demographics: age, gender, work role. No names and doesn't identify specific roles if that would make the individual identifiable.
- A pilot of the scheme was undertaken at EMAS to positive feedback.
- Volunteers are trained the same as the Samaritans and that this is a proactive information sharing service not counselling. The script is very much on listening and giving people time to be heard on how they are feeling.
- Scheme is for 12 months.

Dog Visits

The Trust have had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to and this always goes down well with staff and normally raises morale. At present we are looking for a more formalised approach across the Trust.

Physiotherapy

The Trust has tried to recruit our own Physiotherapists unfortunately applicants were not at the standard we required. The Physiotherapy service is currently being provided by our Occupational Health Provider "Team Prevent" which is working well. They are able to provide clinics across the Trust at a variety of locations.



Flu Vaccination

The Trust achieved a 75% flu vaccination rate. Although this is lower than the previous year its possibly due to the fact that staff were being encouraged to be Covid vaccinated as a priority.

Participation

The Trust is also involved with the following groups etc;

- National Ambulance Wellbeing Forum
- ICS Trailblazer Group [National Framework]
- Step into Health Group [Military national]
- HWB team leader Toolkit Designer group [Leadership Academy]



Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak up (Whistleblowing) policy aims to give staff the assurance that concerns will be listened to and to outline a fair and easy process for staff to raise concerns at work. In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardian

Until 1 March 2022, the Trust's current guardian was Barbara Kozlowska, Head of Organisational Development. The role has since been taken up by Pippa Wall, Head of Strategic Planning. The Guardian is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Ambassadors

There are currently 41 trained ambassadors around the region. They receive 2 half-days' training each year as part of their mandatory updates. In 2021/2022 a series of development sessions were planned by the Guardian but regrettably did not take place due to surge levels. However bi-monthly drop-in sessions were held for updates, and for discussion of case studies, ensuring the ambassadors knowledge is current. A poster showing *ambassadors'* photographs and locations is displayed in each area.

Governance

There are number of ways in which assurance is provided for FTSU:

- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- FTSU NHS Improvement Self-assessment conducted in 2018/19 and reviewed annually at Board of Directors Strategy days, last reviewed April 2021
- Training is in place for all staff at all levels as per the National Guardian's Office guidelines.

Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.

A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.



How Staff May Speak Up

The many ways in which staff are able to speak up are outlined in the Freedom to Speak Up (Whistleblowing) Policy which was updated September 2019. The policy includes flow-charts to determine how concerns can be raised and how they are dealt with.

Concerns Raised 2021/22

FTSU Ambassadors addressed 174 approaches from staff wishing to obtain information about FTSU in quarters 1 – 3 (Q4 being collected), to discuss informally a concern or to seek advice on how best to deal with their issue. The main themes arising were:

1. Middle management
2. Bullying and harassment

Eleven formal concerns have been raised and investigated year-to-date, and all but one are closed.

The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements



Coronavirus (COVID 19) Progress and Priorities

The Covid-19 pandemic has been hugely challenging for the Trust and the wider NHS. This is in the main due to a combination of variations in demand, staff sickness and absences, and hospital handover delays. The three peak waves of Covid saw the Trust under perhaps the most pressure it has ever experienced. The pandemic leaves a legacy of challenge for the NHS, which it will be heavily focussed on in the coming years.

A specific COVID risk register has been developed which has identified several risk assessments related to new risks as a result of the pandemic. These are linked to various directorates and processes across the Trust including Operations, Integrated Emergency and Urgent Care, Patient Transport Services, Human Resources, Infection Prevention and Control and their impact on the whole organisation. These have been regularly reviewed throughout the pandemic when any changes have occurred with national guidance and practices. Where risks increased/decreased based on incident reporting, impact on staff and resourcing through test and trace and COVID Secure and other factors which influence the risk. The Risk Assessments are all supported via a robust approach to safety notices, action cards and guidance. These are frequently and accurately updated to reflect the current stance to ensure that all staff are kept up to date and able to undertake their job safely. This approach has meant that the safety of our Staff and Patients has continued to remain paramount throughout the pandemic whilst the Trust still provided a world class service and adhered to its vision, values and strategic objectives.



Part 3

Review of Performance against 2020-21 Priorities



Our priorities for 2021-22 were based upon the following overarching priorities:

Cardiac Arrest Management

There are three elements that are reported for Cardiac Arrest:

- ☐ Return of Spontaneous Circulation (ROSC) at hospital
- ☐ Survival to discharge post resuscitation
- ☐ A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on scene following a non-traumatic cardiac arrest. The care bundle includes a 12 lead ECG, Blood Glucose, End-tidal CO2, Oxygen administered, Blood pressure and fluids administered

Whilst still delivering very safe and highly effective patient care, reports from the last year have shown a reduction in performance.

Maternity

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.

Reduction in the Volume of Patient Harm Incidents During Transportation (PTS)

Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We included this priority in our Quality Account for 2020/21 and have monitored the trends throughout the year. The year-to-date comparison with the previous year demonstrates a slight reduction in both harm and no harm incidents, however the latest reporting period (Quarter 3) represented an increase compared to the same period in the previous year. With regard to Serious Incidents, these numbers are always very low, and there is a notable decrease in these numbers this year

Learning from our Patients' Feedback

The new Family and Friends Test (FFT) national guidance is now in place. The Trust is keen to maximise responses and learning from patients and plans to implement some short surveys at the end of calls from patients:

111 Following the introduction of "Think 111 First", we would like to gain a better understanding of the experience of patients during and after the call; and determine whether the outcome achieved met the patients' needs. The Trust is required to report twice per year based upon a mandatory set of questions. These questions will be included, along with other locally agreed questions, in an online survey. The survey will be introduced through a recorded message at the end of the patient's initial call (there may be a need to tailor the message to specific types or categories of call). The specific arrangements and timing for the survey will be confirmed during Quarter 1. This will include a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey.



PTS Due to the regularity of calls from some of our patients (renal for example), it has been decided to implement a telephone survey for one week per quarter. This will provide trends as the year progresses, and the ability to select each survey week to ensure that, as far as possible, different patients are included in each survey. In quarter 1, a test week will be established to ensure that the survey runs smoothly and generates sufficient responses. This will provide assurance of the technical process, the responses and the reporting arrangements. Following this, a survey week will be identified during each quarter to ensure sufficient time for inclusion in the Quarterly Quality Account report. Any responses to the online survey will be collated and reported alongside the telephone survey results. In line with the rules on social distancing, we will consider our options for carrying out targeted surveys by post / email or using discharge / renal coordinators



Throughout 2021-22, our progress towards each of the above priorities was reported through the governance committee structure. Our achievements are summarised as:

Cardiac Arrest Management	
Patient Safety	Measurement <ul style="list-style-type: none"> Review and ensure completion of actions/recommendations arising from serious incidents Conduct a review of all serious incidents relating to the management of cardiac arrest to identify strategic themes and make recommendations Improved training and support for clinicians attending patients requiring cardiopulmonary resuscitation
Summary of Achievement <ul style="list-style-type: none"> The Trust has a very thorough and successful investigation process for all serious incidents, with direct input from senior clinicians. Monthly reporting and recommendations logs remain in place for all serious incidents. Cardiac Arrest Management was incorporated into the training plan for 2021/22. Courses completed by the end of December 2021 (PTS workforce figures used for % at 30/9/21) were: <ul style="list-style-type: none"> 1732 (48.65%) E&U staff completed Statutory and Mandatory face to face training 2314 (65.00%) E&U staff completed Statutory and Mandatory Workbook 876 (86.22%) PTS Staff completed Statutory and Mandatory face to face training 939 (92.42%) PTS Staff completed Statutory and Mandatory Workbook 	
Clinical Effectiveness	Measurement <ul style="list-style-type: none"> Improvement in the national quality indicator for Return of Spontaneous Circulation (ROSC) through implementation of actions to improve patient safety in cardiac arrest management Increase public awareness of the importance of CPR and early defibrillation in the chain of survival National post ROSC Care AQI – include audit figures to demonstrate improvement to above national average
Summary of Achievement <ul style="list-style-type: none"> National Ambulance Quality Indicator performance shows: <ul style="list-style-type: none"> A 0.8% increase on overall ROSC at hospital over the year A 0.27% increase on overall discharge to survival– this is the ultimate aim to have a person leave hospital after their cardiac arrest. A 2.8% decrease in post resuscitation over the year The Trust has completed the following to further improve cardiac arrest management: <ul style="list-style-type: none"> Quality improvement programmes Mandatory education sessions on the management of cardiac arrest Cardiac arrest checklists Regular messages are shared on social media in relation to the importance of CPR and early defibrillation. A sample of recent messages are shown on the next page. The Trust has consistently achieved above 68% for the care bundle in post ROSC management: Mandatory education sessions on the management of cardiac arrest and post ROSC care Post ROSC checklist 	
Patient Experience	Measurement <ul style="list-style-type: none"> Learning from experience and excellence Disseminating best practice
Summary of Achievement <p>Following thorough investigation, all incidents are discussed at our Learning Review Group, which is attended by a core group of clinicians from across the Trust. This ensures an open and</p>	




transparent process to enable key learning points are highlighted and that recommendations are agreed and acted upon.

Progress Towards Target Outcome:

The target was to reduce the number of serious Incidents relating to the management of cardiac arrest. This was to be achieved through all of the measures described above, to ensure robust governance, training and public awareness.

Current Status


Sample of social media messaging to promote CPR and early defibrillation:




Officialwmas ✓
22 Oct 2021 · 🌐

Shaunna Farley - Friday 22nd October - 10.00am. Bosses at West Midlands Ambulance Service (WMAS) are urging defibrillator owners to register their devices on a new national database called The Circuit so that more lives can be saved. Each year in the West Midlands, there are around 3,700 out-of-hospital cardiac arrests, yet just 7% of those patients will survive. However, if the patient gets immediate CPR and early defibrillation the chance of survival can more than double!...

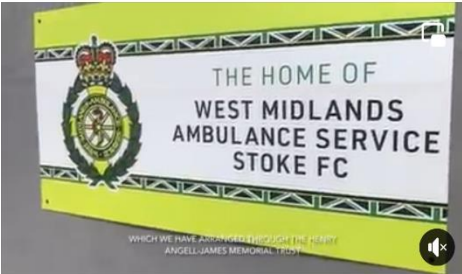
<https://wmas.nhs.uk/2021/10/22/wmas-urge-people-to-register-defibrillators-on-the-circuit/>






Officialwmas ✓
27 Jul 2021 · 🌐

WMAS Stoke FC are the proud owners of a new defibrillator thanks to [Henry Angell-James Memorial Trust](#) and they've ensured it is available to all of the community and everyone who uses the facilities at Norton Sports in Stoke on Trent, which includes Stoke City FC - Women and [Staffordshire Police](#)






Officialwmas ✓
1 Jan · 🌐


Looking for a [#NewYear](#) resolution? Why not learn how to save a life through CPR.

When a person's in cardiac arrest it's vital they receive help immediately.

Anyone can do it; you don't need formal training, but it can increase confidence to step in.

<https://wmas.nhs.uk/do-you-know-cpr/>







Officialwmas ✓
24 Feb · 🌐

If you've got a defibrillator in your workplace, school or local community, register it with The Circuit so that we know it's available to help save lives! 💖

<https://wmas.nhs.uk/register-you-defibrillator-with-the-circuit/>






Officialwmas ✓
5 Feb · 🌐

Every single day our crews arrive to find cardiac arrest patients already receiving bystander CPR 💖.

This helps gives patients the best chance of survival.

Would you know what to do? If not, now is the perfect time to learn 🙌.

<https://wmas.nhs.uk/do-you-know-cpr/>





Maternity		
Patient Safety	Measurement Development of processes to ensure strong governance arrangements, sharing of information and that lessons learned are responded to and embedded in Trust practices	
Summary of Achievement <ul style="list-style-type: none"> - All maternity Serious Incidents are shared with local maternity networks - Successful implementation of red pre-alert phone at trial maternity units - Board level champion for maternity services - Regular articles published for staff regarding maternity audit results - 		
Clinical Effectiveness	Measurement Enhanced arrangements for staff training and sharing of information	
Summary of Achievement <ul style="list-style-type: none"> - Transwarmer and cuddle pocket video launched - New maternity clinical care procedure - Virtual Training session "Born Too Soon" and collaborative training event with Birmingham Womens Hospital - Maternity placements for qualified ambulance clinicians with local Trusts - Triangulation of information from complaints, serious incidents and other events to develop trends and themes - Development of maternity champions at each hub 		
Patient Experience	Measurement Improved methods of receiving feedback from patients in relation to maternity services	
Summary of Achievement <ul style="list-style-type: none"> - Dissemination of survey for maternity services - Planned work for Quarter 4 - launch of maternity services page on WMAS website to include information on what to expect when calling 999 for pregnancy or childbirth and links to online maternity survey once complete 		
Progress Towards Target Outcome: Supporting the delivery of high-quality care for women during pregnancy, childbirth and the postnatal period, taking into account changing clinical guidelines, best practice and recommendations.		Current Status



Safe Transportation of Patients (PTS)

Patient Safety

Measurement

- Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm.

Summary of Achievement

The Trust has continued to promote the need to report any incidents that occur whilst patients are in our care. Following an increase in reported incidents during 202/21, we have continued to monitor the trend of incidents during 2021/22. The increase was due, in part due to the crews being reminded of the importance of reporting, along with the challenges that all staff have faced since the start of the pandemic.

At the time of reporting, (December 2021), there had been an increase in incidents where harm had occurred from 89 in 2020/21 to 104 in 2021/22 (an overall rise of 16.9%). It is important to note that the volume of incidents remains extremely low in comparison to overall activity, which has continued to rise steeply as the NHS has restored elective activity in the latter stages of the pandemic. The total journeys carried out by the PTS service in the same period was 530,141 in 2020/21, which rose to 640,551 in 2021/22, representing a rise of 20.8%.

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2020/21	32	149585	4675
Q2 2020/21	30	182860	6095
Q3 2020/21	27	197696	7322
Q4 2020/21	TBC	TBC	TBC
YTD	89	530141	5957

	Harm Incidents	Total Journeys	Number of Journeys per Harm Incident
Q1 2021/22	41	208697	5090
Q2 2021/22	39	214789	5507
Q3 2021/22	24	217065	9044
Q4 2021/22	TBC	TBC	TBC
YTD	104	640551	6159

During the course of the year, where any harm was reported, all but three (95%) were reported as low harm. One incident has been investigated under our Serious Investigation procedure, in comparison to three in the previous year.

We will continue to learn from any incidents that do occur, ensuring that staff training is updated to reflect any new trends in practice or skills.

Progress Towards Target Outcome:

The Trust planned to continue to learn from incidents and to educate staff when particular trends emerge, with the target of reducing the trend of incidents of all severity. The overall volume of incidents has risen slightly but to a lesser degree than the rise in overall incidents, resulting in a proportionate reduction for the year to date.

Current Status



Learning from Patients' Feedback

Patient Experience	<p>Measurement</p> <ul style="list-style-type: none"> - 111 - Introduce survey at the end of the telephone call. This will provide a link to an online survey which will include a simple set of questions to meet both national and local quality improvement requirements - PTS - Introduce survey at the end of the telephone call, during one survey week each quarter. There will be advice to progress to a more detailed online survey which will run concurrently. - Consider opportunities to carry out further targeted surveys through our Discharge or Renal Coordinators
--------------------	--

Summary of Achievement

During quarter 1, the development of the telephony system was taking place, however, as we have never utilised technology in this way, a technical issue was encountered with the database connection.

During Quarter 2, the post-call survey was tested on the IT Support Desk for approximately 1 month, and results were successfully logged. For the 111 survey, the required questions were to be confirmed in order that the survey could be established. The questions for the PTS survey were agreed, and following successful testing, implementation in a live manner was agreed for one of the Trust's contracts.

During quarter 3, A technical issue has developed with the post call survey (affecting both PTS and 111). This is currently being investigated by the supplier, and the expected date for resolution has not yet been confirmed.

- Quarter 1 - 47 responses received to date via our 111 online survey
- Quarter 2 - 20 forms of feedback relating to the Non Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey)
- Quarter 3 - 2 responses received in Quarter 3 via our 111 online survey with 49 response YTD. 14 forms of feedback relating to the Non-Emergency Patient Transport Service (FFT Survey, Small Patient Survey and PTS Survey) in quarter 3

Progress Towards Target Outcome:

The overall intention was to increase response and subsequent learning from patient surveys. Despite our best intentions and efforts to establish the post-call surveys, this has not been possible during this year, however the technology and design work is in place, and once the issue has been fixed, we will continue to ensure that the surveys are in place during the coming financial year.

Current Status



Service-based Annual Reports 2021/22

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2021/22, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Equality, Diversity & Inclusion
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

The Annual Report in respect of the Data Security and Prevention Toolkit will be available later in the year, in conjunction with the national guidance for 2021/22.



Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

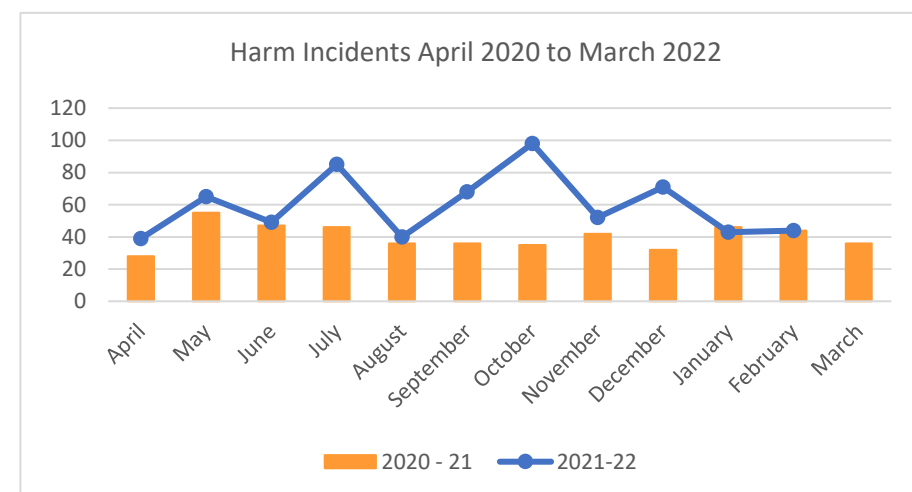
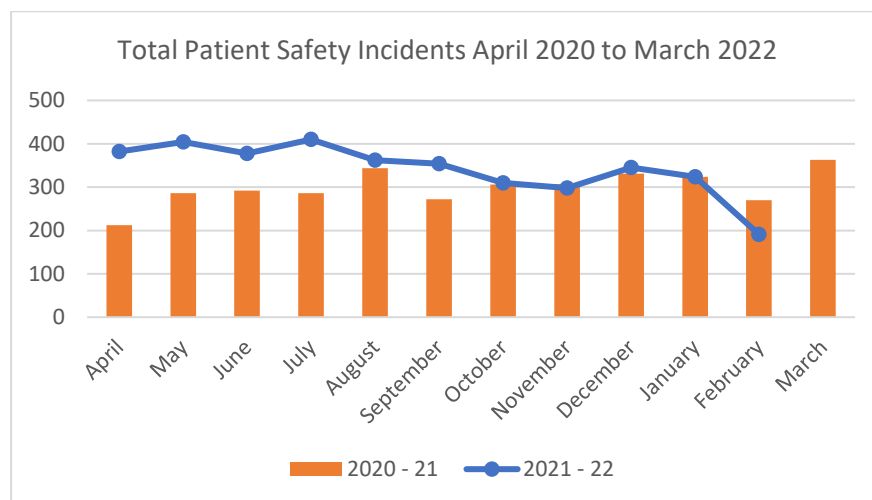
Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.



Total Number of Patient Safety Incidents reported by Month

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Harm	39	55	49	85	40	68	98	52	71	43	44		644
No Harm	343	339	329	325	322	286	212	245	271	278	147		3097
Total	382	394	378	410	362	354	310	297	342	321	191		3741

The total number of incidents reported during 2021-22 (to the end of February) have increased from the previous year by 19.7% (from 3,125 to 3,741). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. There were fluctuations corresponding to the various stages of national lockdown and local restrictions as the pandemic progressed. Patient harm events (644) accounted for 17.2% of all incidents reported during 2021/22. **Commentary to be updated once March figures are finalised.**





Themes (Patient Safety/Patient Experience/Clinical Audit)

The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling, injury due to collision/contact with an object and ECG dot removal.

The top trends for severe harm incidents, relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays.

Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2021 and February 2022, the Trust registered 172 cases as serious incidents, compared to 72 in the previous year. **To be updated when March figures are available, with rationale relating to the increased cases.** The proportion of serious incidents is consistent with activity and has remained so for the last four years. Following investigations into serious incidents the Trust identified the following key trends and themes in relation to the discharge of patients on scene, for patients with the conditions;

- Sepsis
- STEMI / NSTEMI
- Stroke

Additionally, root cause analyses have identified a common theme, which is related to Crew Resource Management and communication.

The Trust has not had cause to report any Never Event incidents.

Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.



Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.



Safeguarding 2021/22 update to be added before final publication

In 2020/2021 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This enhanced training and promotion of the need to make referrals, coupled with the overall rise in calls to both 111 and 999 contribute to an annual increase in referrals.

Safeguarding Referral Numbers

	Adults		Children	
	Referrals	% Variance from Previous Year	Referrals	% Variance from Previous Year
2016/2017	21386		4534	
2017/2018	21130	-1.2%	4756	4.9%
2018/2019	23206	9.8%	5631	18.4%
2019/2020	31639	36.3%	9232	63.9%
2020/2021	39926	26.2%	14082	52.5%

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks.

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

The Trust is committed to ensuring all Paramedics are trained to level 3 in Safeguarding, which will refresh and enhance the knowledge of our staff in respect of best practice and current legislation.



Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged**- the patient or their representative feels that they have lost personal belongings whilst in our care.

Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 505 complaints raised so far (1 Apr- 29 Mar) compared to 350 2020/21. The main reason relates to clinical timeless (response) raised.

Breakdown of Complaints by Service Type YTD:

	2020/21	2021-2022	% Variance 20/21 – 21/22
EOC	35	176	402.9
EU	248	215	15.3
PTS	34	54	58.8
Air Ambulance	0	0	0
Other	1	12	1,100
IUC	32	48	50
Total	350	505	44.3

Upheld Complaints

The table below indicates that of the 505 complaints, 123 were upheld & 89 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.



National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	7	14	22	12	55
Call Management	8	9	21	16	54
Clinical	13	29	79	25	146
Eligibility	0	1	3	0	4
Info Request	2	2	17	5	26
Lost/Damaged	1	0	1	0	2
Other	0	0	1	4	5
Out of Hours	1	0	0	0	1
Patient Safety	3	2	2	3	10
Response	87	28	30	44	189
Safeguarding	1	4	5	2	12
WMAS	123	89	181	111	505

Patient Advice and Liaison Service (PALS) Concerns (data 1 Apr – 29 Mar)

This year has seen an increase in concerns with 2482 concerns raised in 2021/22 compared to 2109 in 2020/21. The main reason for a concern be raised is 'timeliness (response)'.

Learning from complaints / PALS

You said	We did
IUC why was a call back not received on the number requested	the number was noted but not available through the computer aided dispatch system. Learning has been identified and this requires both a technical and training solution, the responsible leads have been made aware for a case study and case review
PTS a concern that staff were allegedly not wearing masks	An article in the Trust Weekly Briefing went out to all staff to remind them of their responsibility
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Patients mobility incorrectly booked by an external source	On review of the system the external booking office did not have the ability to select the mobility type, the system was updated



Ombudsman Requests

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2021/22 – 14 independent reviews were carried out, (1 case was part upheld), compared to 3 independent reviews in 2020/21.

Patient Feedback / Surveys

The Trust received 132 completed surveys via our website, relating to the Patient Transport Service. The table below outlines the response by survey type.

Friends and Family Test

The FFT question is available on the Trust website: **‘Thinking about the service provided by the patient transport service, overall, how was your experience of our service?’**:

Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	19	29	10
Good	2	56	1
Neither Good or Poor	1	4	1
Poor	0	0	0
Very Poor	1	1	3
Don't Know	0	4	0
Total	23	94	15

Discharge on Scene Survey:

8 responses were received relating to patients who have been discharge to the location the 999 call was made.

Emergency Patient Survey:

104 responses received in 2021/22

Compliments

The Trust has received 1883 compliments in 2021/22 compared to 1834 in 2020/21. It is pleasing to note that the Trust has seen an increase in positive feedback.

Governance

Patient Experience reports monthly to the Learning Review Group (LRG) which focuses on ‘trend and theme’ reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.



Single Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
Quality of Care	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and Use of Resources	For the provider sector to balance its finances and improve its productivity
Operational Performance	To maintain and improve performance against core standards
Strategic Change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

Since maintaining its overall rating of Segmentation 1, since the SOF was introduced, WMAS has recently been rated within segmentation 2, due to the significantly increased operational pressures and the impact on response times. The Trust is working closely with the Care Quality Commission and local integrated care systems to jointly address the factors that are affecting patient care throughout the system.

Category	Performance Standard	Achievement April 2021 to March 2022
Category 1	7 Minutes mean response time	7 mins 50 seconds
	15 Minutes 90th centile response time	13 minutes 46 seconds
Category 2	18 minutes mean response time	32 minutes 53 seconds
	40 minutes 90th centile response time	72 minutes 52 seconds
Category 3	120 minutes 90 th centile response time	331 minutes 48 seconds
Category 4	180 minutes 90 th centile response time	384 minutes 38 seconds



Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2021/22 report, a selection of which are listed below:

To be added to final version

Additionally, we would like to provide responses to some of the other comments that were fed back to us in response to the draft report for 2020/21:

To be added to final version



Annex 1 Statements from External Stakeholders

**Commissioners
Local Healthwatch Organisations
Overview and Scrutiny Committees**



Statement from the Lead Commissioning Group

To be added to final version



Statement from Local Healthwatch Organisations

To be added to final version

Statement from the Council of Governors

To be added to final version



Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2021 to March 2022
 - papers relating to quality reported to the Board over the period April 2021 to March 2022
 - feedback from commissioners dated xxxxx
 - feedback from governors dated xxxx
 - feedback from local Healthwatch organisations dated xxxxx
 - feedback from Overview and Scrutiny Committee dated from xxxx
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxxxx.
 - the [latest] national staff survey published
 - the Head of Internal Audit's annual opinion of the Trust's control environment. This was discussed and agreed at the Trust's Audit Committee in May 2021, attended by Internal and External Auditors.
 - CQC inspection report dated 22/08/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

Professor Ian Cumming
Chairman
Date: xxxxxx

Professor Anthony Marsh
Chief Executive
Date: xxxxx



Annex 3: The External Audit Limited Assurance Report

National guidance has been updated for 2021/22 Quality Account as follows:

There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS foundation trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient.

WMAS' Audit Committee is an established sub committee of the Board of Directors, which is attended by the Trust's external auditors. Each year, the Quality Account is presented to this committee for review. This process will take place as part of the review and approval process prior to publication.



Annex 4: Glossary of Terms

Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AFA	Ambulance Fleet Assistant
ARP	Ambulance Response Programme
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
COVID-19	Coronavirus Pandemic
CSD	Clinical Support Desk
DCA	Double Crewed Ambulance
E&U	Emergency & Urgent
EMB	Executive Management Board
EOC	Emergency Operations Centre
FAST	Face, Arm, Speech Test
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Healthcare Referral Team
IGT	Information Governance Toolkit
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPIs	Key Performance Indicators
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
NED	Non-Executive Director
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NRLS	National Reporting & Learning System
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
NEPTS	Non – Emergency Patient Transport Service
QIA	Quality Impact Assessment
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
SOF	Single Oversight Framework
STEMI	ST Elevation Myocardial Infarction
STP	Sustainability and Transformational Partnerships
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service University NHS Foundation Trust
YTD	Year to Date

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: www.wmas.nhs.uk

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.

