

Meeting of the Health and Adult Social Care Scrutiny Committee

Monday 24th April, 2023 at 6.00pm
At Saltwells Education Development Centre,
Bowling Green Road, Dudley, DY2 9LY

Agenda - Public Session **(Meeting open to the public and press)**

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meeting held on 25th January, 2023 as a correct record (Pages 5 - 16)
5. Public Forum
6. NHS Quality Accounts (Pages 17 - 133)
7. Serious Violence Statutory Duty and Strategy (Pages 134 - 153)
8. Quarterly Performance Report – Quarter 3 (1st October, 2022 – 31st December, 2022) (Pages 154 - 173)
9. Annual Scrutiny Report 2022/23 (Pages 174 - 184)
10. Action Tracker and Future Business (For the Committee to note) (Pages 185 - 188)



11. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



Chief Executive

Dated: 14th April, 2023

Distribution:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, R Collins, T Crumpton, A Davies, J Foster, S Greenaway, M Hanif, A Hopwood, L Johnson, P Lowe and K Razzaq.
J Griffiths – HealthWatch Dudley (Co-opted Member)

Councillor P Lee (Substitute for Councillor R Collins)

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Minutes of the Health and Adult Social Care Scrutiny Committee

Wednesday 25th January, 2023 at 6.00 pm
In the Council Chamber, at the Council House, Priory Road,
Dudley

Present:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, A Davies, M Hanif, A Hopwood, P Lowe, A Millward, M Qari and K Razzaq; J Griffiths – Health Watch Dudley (Co-opted Member)

Dudley MBC Officers:

M Abuaffan (Acting Director of Public Health and Wellbeing), A Henry (Health and Wellbeing Policy Officer) (Directorate of Public Health and Wellbeing); J Vaughan (Head of Assessment and Independence) (Directorate of Adult Social Care); I Newman (Director of Finance and Legal) and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)
Councillor N Neale (Cabinet Member for Adult Social Care)
N Bucktin (Black Country Integrated Commissioning Board)
Dr L Martin, S Cartwright, D King - Dudley Integrated Health and Care Trust

Together with 1 member of the public

41 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors R Collins and L Johnson.

42 **Appointment of Substitute Member**

It was reported that Councillor A Millward had been appointed to serve as a substitute for Councillor R Collins, for this meeting of the Scrutiny Committee only.

43 **Declaration of Interest**

No Member made a declaration of interest, in accordance with the Members Code of Conduct, in respect of any matter considered at the meeting.

44 **Minutes**

Resolved

That the minutes from the meeting held on 10th January, 2023, be agreed as a correct record and signed.

45 **Public Forum**

A representative from the Ethnic Minority Council was in attendance at the meeting and raised concern with regard to the lack of engagement with Dudley MBC since the Covid-19 Pandemic. It was reported that the Ethnic Minority Council had been intensely involved with the BAME Communities and Covid-19 Sub-Groups during the peak of the pandemic, however over the last 10-month period, engagement and co-operation had declined and it was asked how the Ethnic Minority Council could again become more involved.

In referring to Agenda item no. 7 – Update on the Health Inequalities Strategy, the member of the public commented that the Ethnic Minority Council had participated in the development of the Draft Dudley Health Inequalities Strategy, however all reference to the Ethnic Minority Council had since been removed from the document. It was their view that the Ethnic Minority Council needed to be better involved to help contribute to reducing the health inequality gaps identified within the report. It was further stated that the Ethnic Minority Council provided support to Wolverhampton City Council and Sandwell Metropolitan Borough Council, as well cultural centres and BAME groups.

The Acting Director of Public Health and Wellbeing confirmed that the Health and Wellbeing Sub-Groups referred to, had since ceased and that the Draft Dudley Health Inequalities Strategy was a system wide strategy which had evolved since the Ethnic Minority Council's involvement and had moved on to the next stage of the process.

The Acting Director of Public Health and Wellbeing and the Chief Officer Dudley Healthwatch, agreed to liaise with the member of public directly following the meeting, to identify how they could work more closely with the Ethnic Minority Council in the future.

45 **Medium Term Financial Strategy**

Members considered a joint report of the Chief Executive, Director of Finance and Legal, Acting Director of Public Health and Wellbeing, and the Director of Adult Social Care, on the draft Medium Term Financial Strategy (MTFS) to 2025/26, as approved by Cabinet on 14th December, 2022, with emphasis on those proposals relating to the Committee's terms of reference, as outlined in paragraphs 25 to 29 and appendices C and D to the report submitted.

The Director of Finance and Legal presented the report, and in doing so, commented that the draft MTFS had been developed based on the Chancellor's Autumn statement and estimations. The Local Government Finance Settlement for 2023/24, which confirmed detailed allocations for Dudley, was received on 19th December, 2022, and the revised resources would be taken into account in the final version of the report.

In referring to the table in paragraph 30 of the report submitted, in particular the Total Service Spend for respective years, it was reported that the Local Government Finance Settlement had identified an additional £2.1m for each year moving forward, which would be incorporated into the final report.

Following the presentation of the report, Members asked questions, made comments and responses were provided, where appropriate, as follows:-

- a) In responding to a question raised by Councillor M Qari with regards to how the Local Authority would reduce health inequalities in the Borough, the Acting Director of Public Health and Wellbeing commented that £100,000 proposed savings had been identified from the Public Health and Wellbeing general fund, however work would continue to develop preventative measures to reduce substance misuse and work streams that had already commenced would continue as they had been included in existing budgets. It was anticipated that implementation of a Health Inequalities Strategy would also have a positive impact on reducing health inequalities.
- b) Councillor P Lowe commented that the Equality Impact Assessment for Dudley differed from the funding that had been distributed. It was commented that although the Scrutiny Committee had challenged the level of funding allocated at previous meetings, it was considered that the MTFS report did not reflect the views of the Scrutiny Committee, in particular, in relation to the need for additional Central Government support to be provided to meet ongoing challenges, as well as the need to ensure that Safeguarding was exempt from any cuts and provided with further additional support moving forward.

It was considered that any additional funding obtained should be ringfenced to address the serious issues identified in Adult Social Care and Public Health.

It was recognised that the pressures within Adult Social Care would not demise and would only increase, and assurance was requested that any impact from Social Care Reforms at the end of the MTFS period, would be met within the available funding.

In responding, the Director of Finance and Legal reiterated that the Local Government Finance Settlement had been more positive than originally estimated. It was reported that an additional £1.9 million had been allocated to Adult Social Care to address market pressures as a result of the cost of care increases, together with £2.7 million from the market sustainability grant and £1.8 million from the Better Care Fund. The Director of Finance and Legal acknowledged that funding allocated to the service had not been explicitly clear in the report, which would be addressed in the final report.

With regard to the Social Care Reform, the Director of Finance and Legal reported that implementation had continued to be delayed, however it was recognised that this may be identified as a potential risk for the service area in the future.

- c) In referring to Appendix D, and the proposed increase of charges to private residents for Telecare Services, Councillor P Lowe requested clarification on what the proposal related to.

In responding, the Head of Assessment and Independence stated that the service had acknowledged that further investment was required, particularly with regards to the move to digital technology and also to improve their early intervention offer. Therefore the increase in charges would allow more investment and create a better service.

The Cabinet Member for Adult Social Care confirmed that the Scrutiny Committee's comments had been taken into consideration, however an increase in charges was inevitable to ensure further invest and to develop a viable self-funding service.

The specific details of the increase to private resident's charges would be provided following the meeting.

- d) The Acting Director of Public Health and Wellbeing commented that £500,000 had been assigned to help deal with poverty and austerity. Details of how the allocation would be spent, would be shared with Members following the meeting.

- e) Councillor P Lowe recognised the exceptional work that was being undertaken by Public Health to try to address health inequalities, however he did not consider that the funding allocated was sufficient to move at pace or to adequately address the issues or help develop early intervention strategies. It was considered that measures needed to be taken to ensure that funding for these services were protected and additional funding identified.

Resolved

- (1) That, subject to the comments made above, the proposals for the Medium-Term Financial Strategy to 2025/26, as set out in the report and Appendices to the report submitted, be noted.
- (2) That the Acting Director of Public Health and Wellbeing provide Members with a breakdown of how the £500,000, dedicated to tackling austerity in the Borough will be expended.
- (3) That the Head of Assessment and Independence provide the proposed cost increase to users of the Telecare Service.

46 **Update on the Health Inequalities Strategy**

A joint report of the Acting Director of Public Health and Wellbeing and the Dudley Managing Director, Black Country Integrated Care was submitted to provide an update on the Health Inequalities Strategy and to seek support from the Scrutiny Committee on adopting a system wide approach to addressing the inequality gap in Dudley and to explore ways to increase the input of the wider system.

A detailed presentation was provided by the Acting Director of Public Health and Wellbeing, which outlined the proposals and aims of the local authority and partners from the Health and Care and voluntary sectors to reduce disparities and improve overall health and wellbeing in Dudley.

During the presentation, the Acting Director of Public Health and Wellbeing outlined the Dudley Partnership and Delivery Structure; provided a summary of the Black Country System and local Changes; referred to the wider determinants of health; and the contributory factors to length of life and quality of life. The priorities for the Borough and the Council to address wider determinants were also presented, together with a picture of the population in Dudley in terms of the percentage of residents with a long-term health condition, unemployed and living in poverty.

It was reported that several workstreams which prioritised health inequalities had been operational for a number of years, however it was recognised that the approach of these work streams needed to be reviewed.

Arising from the presentation, Members asked questions, made comments and responses were provided where necessary, as follows:-

- a) In referring to the content of the report submitted, Councillor P Atkins commented that whilst the report contained detailed information and statistics, there was a lack of substance with regard to the action and measures that would be taken to actively reduce inequalities.

In responding, the Acting Director of Public Health and Wellbeing commented that the Inequality Board and relevant sub-groups, once established, would work through the strategy to help shape the approach to inequalities. The report submitted provided detail on the current situation and where the local authority would want to be. It was considered that to achieve the ambitions, a collective approach was needed and collaborative working with Elected Members and partner organisations was essential to address wider determinants of health which impacted upon health inequalities.

- b) In response to a question raised by Councillor A Millward in relation to the reasoning for the establishment of the Inequality Board, when existing Board already focused on health inequalities and broader issues and the composition of the membership of the Inequalities Board, the Acting Director of Public Health and Wellbeing commented that the Inequality Board would be dedicated to focusing on reducing the inequalities gap, and would report directly and be answerable to the Dudley Health and Wellbeing Board. Governance around the composition of the Board still needed to be developed, however it was recognised that inequality was a high priority for all Health care providers.

- c) Councillor M Qari commented that the inequalities gap had worsened, particularly within BAME communities. It was considered that the draft strategy did not provide evidence that the Local Authority was undertaking its duty to reduce inequalities, and that more substance needed to be provided. It was acknowledged that workstreams used in the past had not been successful and more emphasis on what could be done differently and how this was going to be conducted using existing resources effectively, needed to be addressed. It was considered that deprivation hot spots needed to be identified so that more resources could be put into those areas in most need.

In responding, the Acting Director of Public Health and Wellbeing acknowledged that a new way of working was required, and emphasised the importance of all partners working together, with community engagement used as a driver towards behaviour change. It was recognised that it would be challenging to evidence change.

- d) In responding to a question raised by Councillor R Ahmed with regards to Dudley's representation on the Integrated Care Board, the Dudley Managing Director, Black Country Integrated Care stated that representation had been determined by the four Local Authority's, which currently consisted of two Chief Executives, namely one from Walsall MBC and one from Wolverhampton City Council. It was noted that Brendan Clifford would be attending a future meeting of the Scrutiny Committee to report on the progress of the Integrated Care Partnership (ICP).

The Cabinet Member for Public Health and Wellbeing, together with the Cabinet Member for Adult Social Care commented that membership/representation concerns on the Integrated Care Board (ICB) and ICP had previously be raised and it had been advised that this would be reviewed in April 2023.

- e) In referring to a question raised by Councillor A Davies with regard to how individuals and groups would be effectively approached, the Acting Director of Public Health and Wellbeing stated that a lot had been learned from the Covid pandemic as to how to communicate with hard-to-reach individuals. Community groups were considered most effective to relay communications to hard-to-reach individuals and the Community Development Working situated in Lye provided great insight.

- f) Councillor M Hanif reiterated the concerns in relation to the number of Boards already in place to discuss Health and Wellbeing, but with little action. In referring to the proposed engagement and action plans, it was considered that moving forward it would be useful for anticipated start and completion dates to be included, together with how and who would complete the action. Councillor M Hanif also referred to the lack of communication and engagement with Ward Councillors, in particular referring to events that had taken place within his own Ward that he had not been made aware of.

In responding, the Acting Director of Public Health and Wellbeing noted the concerns and advised that the actions plan would include timescales and Elected Members would be engaged to work collaboratively to develop the action plan. It was recognised that quick win measures could be implemented with improvements visible from 3 to 6 months, however medium and long-term solutions would take around 7 years to make a noticeable difference.

- g) Councillor P Lowe commented that the report provided background information around inequalities, however, did not resemble a strategy as there was no detail of future action and it lacked substance. It was considered that whilst Members were all committed to addressing inequalities in the Borough, more work was needed to develop the strategy before Members could fully commit. The exceptional work of the community worker in Lye was recognised, however it was considered that this support was not reflected in all communities.

In responding, the Acting Director of Public Health and Wellbeing confirmed that Members were not at this stage requested to agree the strategy, but to provide support in the approach and development.

- h) In response to a concern raised by the Chair in relation to the Violence Prevention Strategy previously presented to the Scrutiny Committee in September 2021, the Acting Director of Public Health and Wellbeing agreed to provide an update to a future meeting of the Scrutiny Committee.
- i) In considering ways on how to approach hard-to-reach individuals, Members suggested engaging with Teachers, Faith Leaders and employers to offer programs on how to change people's behaviours.

- j) Councillor I Bevan welcomed Members comments and appreciated Member's frustrations, however it was considered that the Local Authority could not buy its way out of the issues identified. Collaborative working with Elected Members and Healthcare partners was essential in changing the healthcare landscape.

Resolved

- (1) That the report on adopting a system wide approach to addressing the inequality gap in Dudley, be noted.
 - (2) That a further report and action plan, taking into account all of the comments made at the meeting and outlined above, be submitted to the first meeting of the 2023/24 municipal year.
 - (3) That a progress update on the Violence Prevention Strategy, be submitted to a future meeting of the Scrutiny Committee.
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47 Primary Care Strategy

Members considered a report of the Dudley Integrated Health and Care NHS Trust (DIHC), in relation to the Primary Care Strategy.

The Head of Primary Care (DIHC) was in attendance at the meeting and presented the report, providing detail in relation to the Trusts vision in providing support to enable General Practice and Primary Care Networks to offer a sustainable model of Primary Care and outlined the challenges and actions identified from implementation of the Strategy.

Arising from a question raised by Councillor P Atkins in relation to the announcement that the Integrated Care Provider contract had been stopped and how this would affect the Primary Care Strategy, it was commented that this would not impact on the work of the Strategy. Work continued to establish the best way to support the continued delivery of integrated care across Dudley, and the Committee would be updated accordingly moving forward.

Resolved

That the report on the Dudley Integrated Health and Care Primary Care Strategy, be received and noted.

48 **Quarterly Performance Report – Quarter 2 (1st July – 30th September, 2022)**

A joint report of the Director of Adult Social Care and the Acting Director of Public Health and Wellbeing was submitted on the Quarter 2 Public Health and Wellbeing and the Adult Social Care Quarterly Performance report 2022/23, covering the period 1st July to 30th September, 2022, in accordance with the new 3-year Council Plan.

Resolved

That the contents of the report, be noted.

49 **Feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group**

A report of the Chair was submitted to provide feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group, held on 15th December, 2022.

Resolved

That the recommendations formulated at the joint meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group, as set out in paragraphs 7, 10 and 13 of the report submitted, be noted and endorsed.

50 **Action Tracker and Future Business**

Resolved

That the action tracker and future business, be noted.

51 **Questions under Council Procedure Rule 11.8**

There were no questions to the Chair pursuant to Council Procedure Rule 11.8.

The meeting ended at 8.15 pm

CHAIR

**Meeting of the Health and Adult Social Care Scrutiny Committee -
24th April, 2023**

Report of the Acting Director of Public Health and Wellbeing

NHS Quality Accounts

Purpose

1. To consider the draft Quality Reports and Accounts of NHS providers for 2022/23 and the priorities set out for their services for the forthcoming year.

Recommendations

2. It is recommended that the Scrutiny Committee:-
 - Notes the contents of report and appendices to the report;
 - Provide feedback and comment on the draft quality reports and accounts of NHS providers.

Background

3. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and its plans for improvement with the aim of enhancing accountability, and supporting the local quality improvement agenda. Providers are required to publish their QAs for the previous year (April 1st of the previous year to end of March 31st) on the National Health Services Choices website by June of each year. Under The National Health Service (Quality Accounts) Regulations 2010, healthcare providers are required to present a draft of their QA document to local authority Overview and Scrutiny Committees by 30th April.

4. Attached as Appendices to this report are Dudley Integrated Healthcare NHS Trust, West Midlands Ambulance Service and the Dudley Group NHS Foundation Trust's draft QAs for 2022/23. Members are requested to note their contents in advance of the Scrutiny Committee meeting on 24th April 2023.
5. Due to restricted timeframes, as advised by NHS Providers, the draft QA's for the Dudley Group of Hospitals, the Black Country Health and Care Trust and West Midlands Hospital (Ramsey), will be circulated to Members electronically for comment upon receipt following the meeting.
6. At the meeting a senior representative from each NHS organisation attending will present a summary of their QAs to Members who will have the opportunity to ask questions about them. Support and guidance about what Members may wish to focus particular attention on has been provided by Public Health Officers in the accompanying Quality Accounts Checklist (Appendix 4). NHS partners will give due consideration to incorporating any feedback into the final version.
7. Members may also wish to provide a short statement to each NHS organisation after the Committee meeting on 24th April to endorse them and/or highlight particular points of praise or concern in the provider's Quality Accounts. Providers may wish to include these statements in the final version of their Quality Accounts.
8. Final versions of the QAs will be circulated to Members electronically.

Finance

9. The costs of operating the Council's scrutiny structure are contained within existing budgetary allocations. There are no direct financial implications arising from the report.

Law

10. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

11. No risks have been identified from consideration of this report.

Equality Impact

12. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Human Resources/Organisational Development

13. Human resources and organisational development implications for NHS Providers have been addressed within each respective draft QA report.

Commercial/Procurement

14. Commercial/Procurement implications for NHS Providers have been addressed within each respective draft QA report.

Environment/Climate Change

15. There are no implications arising from this report

Council Priorities and Projects

16. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens.
17. There are no implications arising from this report in relation to Council projects.



Mayada Abuaffan
Acting Director of Public Health and Wellbeing

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Appendices

Appendix 1 – Dudley Integrated Health and Care NHS Trust Quality
Accounts 2022/23

Appendix 2 – West Midlands Ambulance Service Quality Accounts 2022/23

Appendix 3 – Dudley Group NHS Foundation Trust Quality Accounts
2022/23 (To follow)

Appendix 4 – Quality Accounts Checklist

Dudley Integrated Health and Care NHS Trust

2022/23 Quality Account

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

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

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About this document

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

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

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

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

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

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

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

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

Foreword and Welcome from Sue Nicholls

Director of Nursing, Allied Health Professions and Quality

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



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

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

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

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

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

About Dudley Integrated Health and Care NHS Trust

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

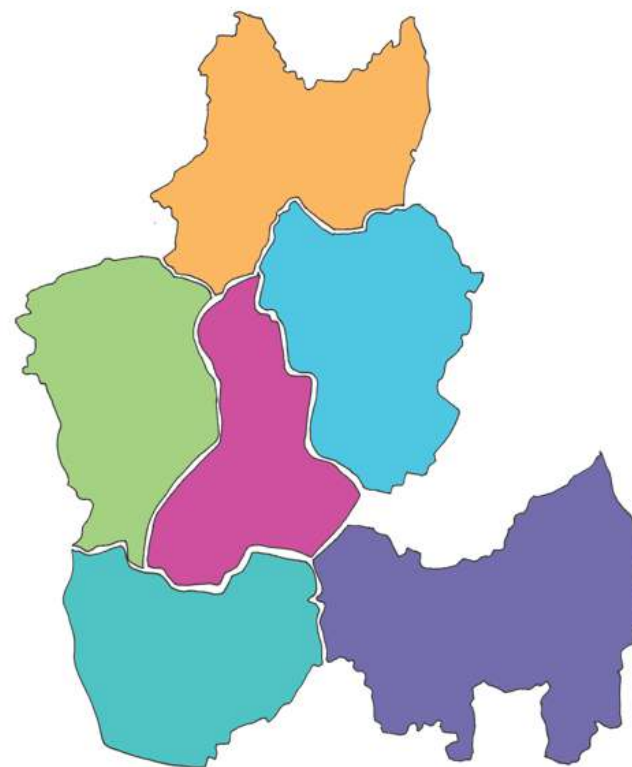
The Trust was created by the local system partnership in Dudley who are implementing a model of care that integrates primary care with community-based services to provide the optimum opportunity for caring for as many people as possible in their home.

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

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

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

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



Aim, Purpose & Commitments

Aim



Dudley first: community where possible, hospital when necessary

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

Purpose



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

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

Commitments



Put people first

We will:

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

Enable and support our staff



We will:

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

Commitments continued

Simplify what can be complex

We will:



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

Be accountable for our actions

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



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

Our Services

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

Primary care

High Oak Surgery

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

Chapel Street Medical Practice

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

Winter Hub / Extended Access Hub

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

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

Additional Clinical Services supporting Primary Care

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

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

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

Mental Health

Dudley NHS Talking Therapies for Anxiety and Depression

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

Primary Care Mental Health Service

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

Children & Young People

Dudley School Nursing

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

Children's and Young Peoples' Continuing Care

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

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

Other Adult Services

Adult Continuing Health Care (CHC) / Intermediate Care

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

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

Clinical Support

Pharmaceutical Public Health

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

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

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

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

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

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

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

Safe



What did we plan to do & why?

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

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

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

What have we achieved?

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

Effective



What did we plan to do & why?

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

We planned on achieving this through the following:

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

What have we achieved?

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

To support the implementation of the clinical audit programme, we developed a comprehensive policy and established a Quality Improvement Group (QIG) which oversees the clinical audit process and develops the Trust's clinical audit programme via engagement with our services.

We have also defined a clinical audit strategy to provide clear direction for the Trust regarding future aims and developments.

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

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

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

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Experience



What did we plan to do & why?

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

We planned on achieving this through the following:

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

What have we achieved?

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

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

- Respecting and Protecting Rights
- Inclusion and Engagement
- Workforce

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

In addition to this we have identified that:

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

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

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

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

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

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

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

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

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

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

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

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

Our Quality Priorities for 2023/24 are described below.

Safe – Implementing national improvements to learning



What do we plan to do & why?

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

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

We plan on achieving this through the following:

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

How will we measure (our) success?

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

Effective – Supporting system-wide learning, improvement and governance



What do we plan to do & why?

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

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

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

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

We plan on achieving this through the following:

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

How will we measure (our) success?

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

Experience – improved involvement of our patients & community



What do we plan to do & why?

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

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

We plan on achieving this through the following:

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

How will we measure (our) success?

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

Quality Measures & Assurance Statements

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

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

Review of Services

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

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

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

Clinical Audits and National Confidential Enquiries

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

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

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

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

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

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

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

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

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

Clinical Research and Innovation

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

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

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

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

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

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

Current / recent DIHC Research Activity

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

Proposed DIHC Research Activity

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

Goals agreed with Commissioners (CQUINs)

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

Care Quality Commission (CQC)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NHS Number and General Medical Practice Code Validity

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

Data Quality Maturity Index (DQMI) – IAPT dataset score

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

Information Governance

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

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

Incident Reporting

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

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

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

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

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

No Never Events have been reported during 2022/23.

Key learning from incidents

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

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

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

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

Safeguarding

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

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

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

During 2022/23 the following actions have been undertaken:

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

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

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

Medicines management

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

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

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

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

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

Preventing infection

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

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

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

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

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

Responding to Safety Alerts

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

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

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

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

Service User Experience

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

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

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

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

Complaints, compliments and concerns

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

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

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

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

Friends and Family Test (FFT)

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

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

Primary care

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

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

Mental health

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

Key learning from feedback

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

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

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

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

Involving and listening to our workforce

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

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

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

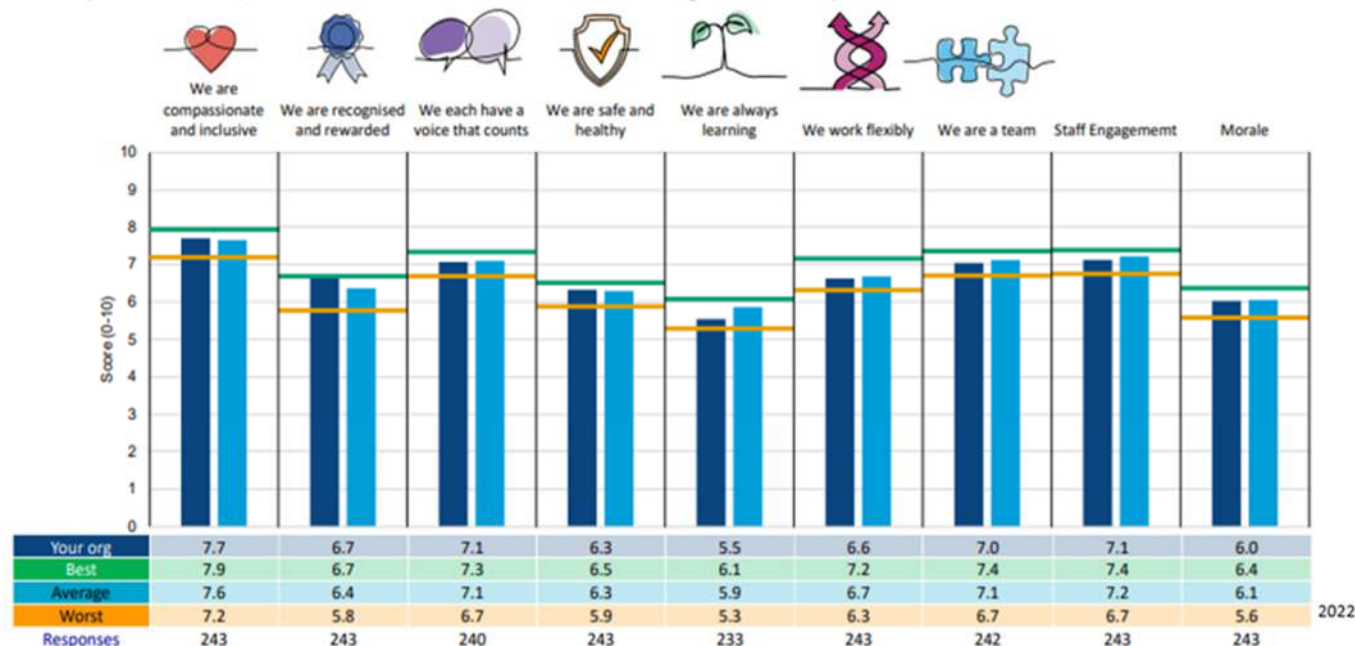
Staff Survey

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

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

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

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



Key areas for improvement focus during 2023/24 are:

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

Freedom to Speak Up (FTSU)

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

Equality, Diversity and Inclusion Summary

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

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

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

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

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

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

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

Involving our Partners and Stakeholders

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

Key engagement activities in 2022/23 are detailed below.

Service users and the community

- Held a public conversation on the Future location of High Oak Surgery
- Worked with local charity The Black Country Blokes to present live podcasts and radios shows on a number of topics from mental health, talking therapies and nutrition, reducing the barriers to participation and creating a safe space to talk
- Hosted and facilitated workshops such as the End-of-Life Show with our Clinical Lead and partners
- Hosted a Have a Heart Day at the Merry Hill Shopping Centre with University of Birmingham pharmacy students, offering free blood pressure checks and providing advice and signposting, identifying patients who needed support but were unaware
- Worked with Healthwatch Dudley and Solutions4Health and the Syrian Community at a celebration event hosting health checks for blood pressure and diabetes. Signposting and advice offered, and patients referred to own GP if at risk

- Worked with local Asian community group for women, Diyya in highlighting the importance of screening with one lady having a smear test after avoiding for 14 years, this led to further involvement and sessions on diabetes and the menopause
- Walk and Draw with a Doc – health checks with local asylum seeker and migrant community
- Showcased DIHC and careers in the NHS with the local MP Job Fayre
- Joint collaboration with ICS partners on local People’s Panel – sessions within the local community inviting people to share ideas, issues and solutions
- Attended a business breakfast at a local school’s academy to promote roles in the NHS
- Supported local communities ahead of Ramadan with advice on fasting, diabetes and medications

GPs

- Fortnightly newsletter to our practices sharing important news and updates
- Bimonthly GP Education sessions covering a range of topics such as LGBTQI, greener practices
- Primary Care Network meetings
- Dudley Practice Managers Association
- Primary Care Network Clinical Director membership at Primary Care Integration Committee
- Engagement events and workshops with GPs and/or PMs on specific topics to deliver the Primary Care Strategy such as ARRS or improving access arrangements

Local NHS providers, public sector / third sector organisations

- Continued to work closely with our partners in public health in some of our most challenging areas to make a positive impact on health inequalities and nurture relationships
- Excellent relationship with Dudley Council for Voluntary Services and Healthwatch Dudley and provided support for sessions including the Syrian Celebration Event
- Collaborated with the Black Country Integrated Care Board and wider ICS partners to develop and facilitate the place-based Citizen Panels
- Regular attendance at the Council Health and Adult Social Care Overview and Scrutiny Committees

Commissioners

- Attended local Mental Health Programme Boards
- Attendance at ICB meetings including System Development Group
- Development and implementation of the model of care
- Participated in monthly Contract and Quality Review Meetings
- Led the Out of Hospital Board
- Worked in partnership to develop services and pathways and address gaps and inconsistencies in service provision
- Worked closely with ICB teams to support winter planning, local initiatives long term plans and place-based partnerships
- Involved in a wide range of public health initiatives
- Jointly led development of place clinical pathway development group, place executive team and health inequalities group

Media

- Have continued to share good news stories via press releases to local media
- Responding to media enquiries in a timely fashion with local and national media outlets

Quality Measures - reporting against National and Local Indicators

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

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

Statement of Directors' Responsibilities in Respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012).

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with Department of Health guidance

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

By order of the Board

Penny Harris
Interim Chief Executive
[add signature]

Harry Turner
Chair
[add signature]

Statement from Black Country Integrated Care Board

To be received

DRAFT

Statement from Dudley Metropolitan Borough Council

To be received

DRAFT

Statement from Healthwatch Dudley

To be received

DRAFT

Glossary

TBA

DRAFT



QUALITY ACCOUNT

2022-23

West Midlands Ambulance Service University
NHS Foundation Trust

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Part 1

DRAFT

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.

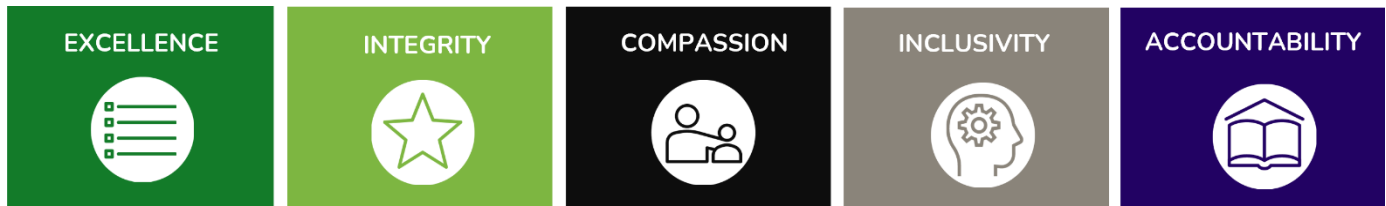
Having refreshed our strategy last year, we remain committed to our vision, as this continues to reflect our overall purpose:

“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 understand that to continue to improve quality, it is essential that our patients and staff are fully engaged with our plans and aspirations. Through extensive staff engagement, we have recently reviewed and refreshed our organizational values to make them more relevant to the work that we all do and the world in which we all work:



If we all keep these at the core of our work, it will help us improve the organisation, improve the quality of services for our patients and strengthen the support that we provide to all our staff.

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 2022/23 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2022/23.

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
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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 2023/24

DRAFT

We have assessed our progress against the agreed priorities for 2022/23 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 2023/24 for improving patient experience, patient safety and clinical quality, we have reviewed outputs from discussions with stakeholders throughout the year, 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:

Mental Health

To promote the significant progress that is being made in this area, supporting many of our most vulnerable patients. This work is fully supported by our commissioners and directly supports delivery of national policy. Our delivery plan, subject to the realisation of funding from Integrated Care Boards (ICBs) relating to 'Improving the Ambulance Response to Mental Health' ambitions within the NHS Long Term Plan will include:

- Establishing and embedding 24/7 mental health clinician coverage within the emergency operations centre and work with partners to increase alternative care pathway utilisation
- Establishing and embedding the mental health response vehicle provision in line with the NHS Long Term Plan and agreements with ICBs
- Developing and commencing delivery of a Clinical Education and Improvement plan relating to mental health education for ambulance staff

Integrated Emergency and Urgent Care Clinical Governance

As the Trust's delivery model changes following our exit from the NHS111 contract, it is important to demonstrate our short- and medium-term priorities, along with assurance in relation to clinical governance of call handling, partnership working and ambulance dispatch. Our work programme throughout the year will deliver:

- Good standard of clinical audit compliance, to include live clinical audits carried out during calls.
- Learning to take place because of SI's raised or notification of WMAS54's.
- Plan to introduce individual clinical dashboards for all Clinical Validation Team (CVT) clinicians to show competencies and mandatory training undertaken
- Additional clinical training for all clinicians around recognition of sepsis (mandated for CVT)
- Opportunity for clinical development to support CVT role in the form of minor injuries, minor illness, prescribing v300 qualification and Masters.
- Competencies continually reviewed during bimonthly 1-1's for all clinicians within CVT.

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. The Quality Account priorities for 2022/23 included a focus on the collaborative development and utilization of alternative pathways including the national programme, Urgent Community Response. There continues to be a growing need to provide the most appropriate service to meet patient needs and support improved patient flow across

the NHS. We will continue to work to develop the most appropriate service model within each of our localities to most effectively manage long term conditions at home.

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. We have defined our priorities to improve public health our new Public Health Strategy to better support and anticipate the health needs of our population:

- **Health Protection** – we will ensure robust and effective planning is undertaken to ensure service provision and response during increased prevalence of seasonal respiratory infectious disease
- **Health Promotion** – we will deliver an effective Communications Strategy that will foster health promotion across social media and other means of key messaging
- **Prevention of ill health** – we will implement an Antimicrobial Resistance (AMR) programme with effective Antimicrobial Stewardship (AMS)
- **Public Health Intelligence** - we will monitor infectious disease prevalence through enhanced surveillance and epidemiology of our People
- **Public Health & Academia** – we will build strong partnerships with academic institutions to deliver public health education and CPD opportunities for our people.

Reducing patient harm incidents across the Trust

WMAS strives to continuously improve patient care, and patient outcomes. As an open and transparent organisation, we have a culture of reporting incidents where things haven't gone as well as they could have, and this includes where patients have suffered harm. The Trust has seen a large increase in both patient safety incidents being reported, and the number of patients suffering harm as a result of these incidents. Some of this is attributable to increased incident reporting, but most is due to increased patient harm incidents due to delayed ambulance responses and increased handover delays at receiving units.

Reducing patient harm incidents, whilst retaining high incident reporting is key to demonstrating an organisation that learns from incidents. This improves the standard of care provided by its clinicians, and ultimately the care received by the patient. The Trust's vision is "Delivering the right care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies". The Trust delivers this by delivering appropriate mandatory training for its clinicians. Learning from past incidents and working with the Lead ICB (and associate commissioners) and local hospitals, implementing innovative solutions to handover delays.

The number of harm incidents for both Emergency and Non-Emergency patients will be recorded by quarter. For comparison, the volume of incidents recorded during 2021-22 is recorded below:

Harm Incidents 2022-2023 Baseline				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Emergency (Operations and EOC)	226	218	282	TBC
Patient Transport Services	36	35	39	TBC

It is difficult to attach specific numbers as targets for reduction, given the fluidity of the data and the variance over recent years. The planned mandatory training aimed specifically at reducing low level harm events such as skin tears, avoidable injuries and slips, trips and falls is aimed to reduce the harm incidence.

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. During the year, these centres handled approximately 8,000 calls each day from both 999 and 111. In March 2023, the 111 service was handed over to a new provider, to enable us to focus on the provision and development of our emergency service. Our Call Assessors were trained to answer both 999 and 111 calls, and a large proportion of this staff group remained with the Trust, which now further boosts our capacity to deliver the optimum level of response to each patient.

During 2022/23, West Midlands Ambulance Service University NHS Foundation Trust provided the following core services:

Emergency and Urgent (E&U)

This is the best-known part of the Trust which deals with the emergency and urgent patients. Initially, the Integrated Urgent and Emergency Care Centres (IEUC) answers and assesses 999 calls. IEUC 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 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 IEUC 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 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.

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 around 800,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Sandwell & West Birmingham Dudley and Wolverhampton. Contracts with Birmingham & Solihull ICB, Coventry & Warwickshire ICB and Cheshire, Warrington & Wirral expire in 2024; commissioners have not yet decided on the post-contract requirements. There is currently a national PTS review led by NHSE which will lead to several fundamental changes around service specification, KPIs, eligibility, alternate transport, data collection and ‘green’ agenda, which will impact on all contracts. This includes a universal offer of transport for all dialysis patients [though not necessarily PTS].

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 handled 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 our service model ensured that all calls were 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 |

With unprecedented pressures throughout the NHS, WMAS decided to focus on the provision of emergency services, and therefore exited the 111 contract on 1 March 2023.

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 as compliant in the 2022 NHS England audit of the Hazardous Area Response Team (HART) and the 2022 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 and standards remain current, robust and reflect any learning outcomes obtained from both local and national incidents in line with Joint Emergency Services Interoperability Principles (JESIP).

Maintenance 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. Last 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.

Enhanced Care

In addition to operating the commissioned MERIT Service which provides consultant-led enhanced prehospital care and the Regional Trauma Desk, both on a 24/7 basis, the Trust continues to have excellent relationship with a number of organisations whom we work in partnership with to provide enhanced care to the most critically ill and injured patients that we care for. We work with two independently CQC registered Air Ambulances (The Air Ambulance Service and Midlands Air Ambulance Charity) as well as a number of British Association of Immediate Care Schemes (BASICS) Schemes including North Staffordshire BASICS (NSB) Mercia Accident Rescue Service (MARS) and the West Midlands CARE Team. Through shared clinical governance and a collegiate approach to the regional provision of enhanced care, the Trust is fortunate to have a wealth of enhanced care teams

available to both task to cases requiring their specialist intervention, and also provide training and developmental opportunities for it's clinical staff.

Commonwealth Games

The 22nd Commonwealth Games was hosted in Birmingham in summer 2022, the biggest sporting event the Trust has ever had to provide medical cover for. Years of hard work and planning came to fruition for the Trust, as our teams worked alongside medical teams put in place by the Organising Committee. In total the dedicated Planning Team scheduled over 23,000 hours of ambulance time including 1,766 shifts made up of 770 on ambulances and 226 commander shifts. They were supported by 160 shifts in our control room, 60 vehicle preparation operative shifts preparing up to 60 ambulances and 27 cars each day and 40 shifts in the National Ambulance Resilience Unit. In total, crews helped 166 patients of which just 83 were taken to hospital. The staff involved in the events thoroughly enjoyed the experience, and developed rapport with the competing teams and the many thousands of visitors to the Games.



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 500 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 and 4x4 teams.

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 2022/23 to support Non – Emergency Patient Transport Services, particularly during the introduction of new contracts and to support safe practices following 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 2022/23 represents 99.60% 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 2021/22 Annual Report.

Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for Emergency and Urgent**

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 2022-2023 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
	Management of Paediatric Pain
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 Update to be included w/c 11/4/23

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) *STRETCHED*

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

The NHS continues to take 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 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

In October 2022, we opened our new facility in Sandwell Birmingham, this site is our most environmentally friendly to date, conforming to BREEAM Excellent standards, the building has a 96kw PV on the roof. We have also installed 20 electric vehicle chargers which are available for staff/visitors and operationally staff to use.

Transport

Zero emission vehicles and electric charging points, reduced business miles and cycle to work schemes. Continue to operate the most modern ambulance fleet in the country, no more than 5 years old, we have introduced a further 13 electric vehicles into our support fleet operation.

Waste Management

Increasing recycling at all sites has been successful over the last 12 months across the Trust, which resulted in the equivalent of the following carbon savings over the last 12 months.

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 2022/23 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 2022-23 (version 5). The Trust completed and published its baselines assessment as required by the 28 February 2022. The process for assurance of the DSPT was reviewed by internal audit and will be reported to the Trust's Audit Committee as 'optimal', the highest possible assurance. The submission of the DSPT is 30 June 2023. 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, Safety 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 2022/23 reporting year, the total number of deaths that occurred, while in WMAS care, was 812. This aggregate figure represents quarterly totals of:

- 164 in quarter one
- 212 in quarter two
- 270 in quarter three
- 166 in quarter four (*figure correct at point of submission*)

During the 2022/23 reporting year, 812 case record reviews and 393 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:

- ⌚ 164 case record reviews and 89 investigations in quarter one
- ⌚ 212 case record reviews and 103 investigations in quarter two
- ⌚ 270 case record reviews and 155 investigations in quarter three
- ⌚ 166 case record reviews and 46 investigations in quarter four (*figure correct at point of submission*).

During the 2022/23 reporting year, upon initial case record review or investigation, 256 of the 812 deaths or 31.52% 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:

- 53 deaths or 6.52% in quarter one
- 66 deaths or 8.12% in quarter two
- 113 deaths or 13.91% in quarter three
- 24 deaths or 2.95% in quarter four (*figure correct at point of submission*).

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 2021-2022 quality account reporting period the following information was published:

68 of the 788 deaths or 8.63% were considered more likely than not to have been due to problems in the care provided to the patient.

This can now be confirmed as 77 of the 788 deaths or 9.89% were considered more likely than not to have been due to problems in the care provided to the patient. This is as a result of Serious Incident Investigations being raised subsequently to the publication of the 2021-2022 Quality Account.

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 throughout 2022/23, however West Midlands Ambulance Service has continued to perform comparatively well despite only being able to achieve the 90th centile category 1 target as shown in the following table:

Category	Performance Standard	Achievement	National Average
Category 1	7 Minutes mean response time	8 minutes 25 seconds	TBC
	15 Minutes 90 th centile response time	14 minutes 46 seconds	TBC
Category 2	18 minutes mean response time	49 minutes 40 seconds	TBC
	40 minutes 90 th centile response time	114 minutes 58 seconds	TBC
Category 3	120 minutes 90 th centile response time	537 minutes 26 seconds	TBC
Category 4	180 minutes 90 th centile response time	596 minutes 33 seconds	TBC

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

Mean (YTD)										
Ambulance Quality Indicators	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)	WMAS (18-19)	WMAS (19-20)	WMAS (20-21)	WMAS (21-22)	Last National Average %	Highest %	Lowest %
	%	%	%	%	%	%	%	%	%	%
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

* 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.

** 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.

*** 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.

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 of working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. Since 2021 the survey questionnaire has been re-developed to align with the [People Promise](#) in the [2020/21 People Plan](#). In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

People Promise elements	Sub-scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	No sub-score
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line management
Themes	Sub-scores
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. WMAS results are benchmarked against the Ambulance Trusts benchmarking group average, the best scoring organisation and the worst scoring organisation.

The 2022 NHS Staff Survey fieldwork was open for 10 weeks at WMAS, from 21st September to 25th November 2022. It was administered by Picker Europe Ltd and was conducted as a census. For the last six years WMAS has been running the survey electronically for ease of

access to all staff. A unique link to the survey questionnaire is sent by email to each individual staff. The completed questionnaire is then submitted securely and anonymously to the contractor for processing.

7171 staff were invited to take part in the 2022 staff survey and 2768 staff returned a completed survey compared to 3028 in 2021. The response rate for WMAS is 39% compared to 44% in the 2021 survey. The average response rate for all Ambulance Trusts is 50% compared to 53% in 2021. Across the NHS the response rate is 48% compared to 50% in 2021. There was a significant decrease in the number of BAME staff at WMAS responding to the survey on this occasion. 179 BAME staff returned the questionnaire in 2022, compared to 226 in the 2021 staff survey.

A number of actions were taken during the survey to encourage staff to take part and share their views:

1. Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
2. Posters and information about confidentiality were sent to all managers to be shared with staff at all sites.
3. Weekly emails were sent to managers to remind them to keep encouraging their staff to complete their survey questionnaire.
4. A banner was featured on the intranet home page as a constant reminder for staff to complete their survey.
5. All email signatures were assigned a staff survey tag.

This time due to the high demand on service delivery, the Board of Directors took the decision to not allocate protected paid time to enable staff to complete the survey. The Trust did not set a target completion rate to achieve, and a decision was taken against any monetary incentives to encourage staff to complete the survey.

1. People Promise Elements and Themes: Scores Overview

All scores are on a scale of 0-10 and a higher score is more positive than a lower score. The table below presents the results of statistically significant changes observed in the scores for WMAS between 2021 and 2022.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.4	2910	6.4	2764	Not significant
We are recognised and rewarded	4.9	2985	4.8	2762	Not significant
We each have a voice that counts	5.7	2866	5.8	2756	Not significant
We are safe and healthy	5.3	2906	5.4	2759	Not significant
We are always learning	4.4	2740	4.6	2638	Significantly higher
We work flexibly	4.9	2968	4.7	2758	Significantly lower
We are a team	5.6	2928	5.7	2761	Not significant
Themes					
Staff Engagement	5.6	2992	5.6	2767	Not significant
Morale	5.3	2980	5.4	2766	Not significant



The image below shows the scores compared to the benchmark group average, best and worst scores.



2. People Promise Elements and Themes: Trends

Promise Element 1: We are compassionate and inclusive

	2021	2022
Your org	6.4	6.4
Best	7.1	7.1
Average	6.6	6.7
Worst	6.0	6.3
Responses	2910	2764

Compassionate Culture

	2021	2022
Your org	6.2	6.2
Best	6.8	6.9
Average	6.4	6.3
Worst	5.9	5.8
Responses	2875	2760

Compassionate Leadership

	2021	2022
Your org	5.9	5.9
Best	6.9	7.0
Average	6.3	6.5
Worst	5.5	5.7
Responses	2930	2762

Diversity and Equality

	2021	2022
Your org	7.4	7.4
Best	8.2	7.9
Average	7.5	7.6
Worst	7.0	7.0
Responses	2910	2763

Inclusion

	2021	2022
Your org	6.1	6.1
Best	6.7	6.7
Average	6.4	6.4
Worst	5.8	6.1
Responses	2936	2760



Promise Element 2: We are recognised and rewarded



	2021	2022
Your org	4.9	4.8
Best	5.6	5.6
Average	5.1	5.0
Worst	4.4	4.7
Responses	2985	2762

Promise Element 3: We each have a voice that counts

	2021	2022
Your org	5.5	5.7
Best	6.4	6.7
Average	5.8	5.8
Worst	5.2	5.5
Responses	2992	2767

	2021	2022
Your org	5.8	5.8
Best	6.7	6.9
Average	6.0	5.9
Worst	5.3	5.3
Responses	2866	2757

	2021	2022
Your org	5.7	5.8
Best	6.6	6.8
Average	5.8	5.8
Worst	5.2	5.4
Responses	2866	2756

Autonomy and Control

Raising Concerns



Promise Element 4: We are safe and healthy

	2021	2022
Your org	5.3	5.4
Best	5.5	5.7
Average	5.3	5.4
Worst	4.9	5.0
Responses	2906	2759

Health and Safety Climate

Burnout

Negative Experience

	2021	2022
Your org	5.1	5.2
Best	5.1	5.2
Average	4.7	4.9
Worst	4.3	4.5
Responses	2990	2767

	2021	2022
Your org	4.0	4.1
Best	4.6	4.7
Average	4.2	4.2
Worst	3.7	3.9
Responses	2918	2765

	2021	2022
Your org	6.8	6.8
Best	7.4	7.2
Average	6.9	7.0
Worst	6.6	6.6
Responses	2908	2762



	2021	2022
Your org	4.4	4.6
Best	4.8	4.9
Average	4.3	4.6
Worst	3.3	3.6
Responses	2740	2638

Promise Element 5: We are always learning (Most significant improvement for WMAS)

	2021	2022
Your org	5.7	5.8
Best	6.2	6.6
Average	5.8	5.9
Worst	5.0	5.1
Responses	2896	2763

	2021	2022
Your org	3.1	3.4
Best	3.6	3.7
Average	2.8	3.2
Worst	1.7	2.1
Responses	2750	2642

Development

Appraisals



Promise Element 6: We work flexibly (Significantly lower scores observed in 2022 for WMAS)

	2021	2022		2021	2022
Your org	4.9	4.8	Your org	4.8	4.6
Best	5.7	6.0	Best	5.5	5.8
Average	5.0	5.1	Average	4.8	4.9
Worst	4.5	4.7	Worst	4.2	4.3
Responses	2973	2764	Responses	2980	2760

	2021	2022		2021	2022
Your org	4.9	4.7	Your org	4.9	5.0
Best	5.6	5.9	Best	4.9	5.0
Average	4.9	5.0	Average	4.4	4.5
Worst	4.4	4.5	Worst		
Responses	2968	2758	Responses		

Support for work-life balance

Flexible working

	2021	2022
Your org	5.6	5.7
Best	6.4	6.4
Average	5.9	6.0
Worst	5.2	5.5
Responses	2928	2761



Promise Element 7: We are a team

Team working

Line Management

	2021	2022
Your org	5.9	5.9
Best	6.3	6.5
Average	5.9	5.9
Worst	5.4	5.6
Responses	2953	2765

	2021	2022
Your org	5.4	5.5
Best	6.6	6.6
Average	5.9	6.1
Worst	5.0	5.4
Responses	2932	2762

Theme: Staff Engagement

	2018	2019	2020	2021	2022
Your org	6.3	6.3	6.3	5.6	5.6
Best	6.5	6.6	6.7	6.3	6.6
Average	6.2	6.3	6.3	5.9	5.9
Worst	5.7	5.8	5.8	5.3	5.4
Responses	2990	3374	3678	2992	2767

A significant decrease is observed in the scores since the pandemic however the scores remain unchanged in the last two years.

	2018	2019	2020	2021	2022		2018	2019	2020	2021	2022		2018	2019	2020	2021	2022
Your org	6.7	6.7	6.7	6.0	6.0	Your org	5.7	5.6	5.5	5.0	5.2	Your org	6.5	6.6	6.8	5.8	5.6
Best	7.1	6.9	7.1	6.5	6.7	Best	6.3	7.0	6.4	6.2	6.5	Best	6.8	6.9	7.0	6.3	6.5
Average	6.7	6.7	6.8	6.1	6.2	Average	5.7	5.7	5.5	5.4	5.4	Average	6.4	6.5	6.7	6.1	5.9
Worst	6.2	6.4	6.4	5.9	5.9	Worst	5.0	5.0	4.9	4.6	5.0	Worst	5.6	5.5	5.9	5.4	5.2
Responses	2975	3363	3709	3023	2757	Responses	2990	3374	3679	2992	2767	Responses	2879	3297	3603	2875	2761

Motivation

Involvement

Advocacy

Theme: Morale

	2018	2019	2020	2021	2022
Your org	5.9	5.9	6.2	5.3	5.4
Best	5.9	5.9	6.2	5.5	5.8
Average	5.4	5.5	5.7	5.3	5.2
Worst	4.7	4.9	5.1	4.5	4.8
Responses	2967	3357	3651	2980	2766

Similarly, a significant drop in morale is observed since the pandemic but a slight improvement in scores is also noted in 2022.

	2018	2019	2020	2021	2022
Your org	6.2	6.3	6.5	5.5	5.4
Best	6.2	6.3	6.6	6.1	6.4
Average	5.7	5.8	6.2	5.5	5.5
Worst	4.8	5.1	5.3	4.7	4.9
Responses	2876	3292	3593	2850	2746

	2018	2019	2020	2021	2022
Your org	5.6	5.7	6.2	5.0	5.2
Best	5.6	5.7	6.2	5.0	5.2
Average	4.8	4.9	5.2	4.4	4.6
Worst	4.1	3.9	4.6	3.9	4.2
Responses	2989	3372	3678	2989	2767

	2018	2019	2020	2021	2022
Your org	5.8	5.9	5.9	5.4	5.5
Best	5.9	6.2	6.0	5.8	6.1
Average	5.8	5.8	5.9	5.5	5.7
Worst	5.3	5.4	5.3	5.1	5.3
Responses	2964	3351	3650	2976	2761

Thinking about leaving

Work Pressure

Stressors

3. Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question.

	2018	2019	2020	2021	2022
White staff: Your org	48.4%	49.1%	48.6%	51.3%	50.9%
All other ethnic groups*: Your org	37.7%	37.9%	45.2%	49.1%	54.2%
White staff: Average	46.5%	45.8%	43.5%	44.1%	43.5%
All other ethnic groups*: Average	37.8%	41.2%	44.3%	39.4%	40.3%
White staff: Responses	2666	3030	3127	2539	2546
All other ethnic groups*: Responses	183	198	325	222	179

A significantly higher percentage of the ethnic groups reported to have experienced harassment, bullying or abuse from patients, relatives or the public in 2022 whilst a significant decrease was noted for white staff.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months out of those who answered the question.

A significantly higher percentage of staff in the ethnic groups reported to have experienced harassment, bullying or abuse from staff in 2022. A slight increase was also noted from white staff

	2018	2019	2020	2021	2022
White staff: Your org	29.2%	25.5%	23.9%	26.8%	27.5%
All other ethnic groups*: Your org	31.3%	24.9%	26.5%	35.0%	39.7%
White staff: Average	27.1%	25.5%	24.1%	23.8%	23.3%
All other ethnic groups*: Average	31.0%	26.2%	31.1%	29.5%	26.3%
White staff: Responses	2657	3025	3123	2538	2541
All other ethnic groups*: Responses	182	197	325	223	179

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion out of those who answered the question.

A significantly higher proportion of white staff reported that that the organisation provides equal opportunities for career progression or promotion in 2022, while a significantly lower proportion of staff from the ethnic groups reported the same compared to 2021.

	2018	2019	2020	2021	2022
White staff: Your org	48.9%	51.9%	51.3%	44.7%	46.0%
All other ethnic groups*: Your org	36.6%	47.7%	40.5%	36.6%	34.7%
White staff: Average	48.9%	51.2%	51.3%	47.7%	49.8%
All other ethnic groups*: Average	36.7%	34.6%	39.5%	40.2%	37.4%
White staff: Responses	2660	3035	3162	2580	2542
All other ethnic groups*: Responses	183	199	328	224	176

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months out of those who answered the question.

A significantly higher proportion of staff in ethnic groups reported to have experienced discrimination at work from manager / team leader or other colleagues in 2022, while a slight increase was also observed for white staff compared to 2021

	2018	2019	2020	2021	2022
White staff: Your org	10.0%	8.8%	8.6%	11.4%	12.5%
All other ethnic groups*: Your org	17.9%	15.8%	20.7%	22.6%	26.1%
White staff: Average	10.0%	8.8%	8.6%	10.0%	9.4%
All other ethnic groups*: Average	17.7%	15.8%	16.7%	15.8%	15.8%
White staff: Responses	2661	3009	3158	2577	2536
All other ethnic groups*: Responses	184	196	329	226	176

4. Workforce Disability Equality Standards (WDES)

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question.

A significantly higher proportion of staff with LTC or illness reported to have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in 2022, while a significant decrease was noted for staff without LTC or illness compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%	59.8%	62.0%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%	48.0%	46.8%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%	51.2%	50.2%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%	41.6%	40.4%
Staff with a LTC or illness: Responses	526	671	771	737	785
Staff without a LTC or illness: Responses	2296	2606	2722	2061	1957

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question.

A lower proportion of staff with and without LTC or illness reported to have experienced harassment, bullying or abuse from managers in 2022 compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%	28.8%	27.1%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%	14.0%	13.7%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%	19.2%	21.1%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%	11.1%	10.1%
Staff with a LTC or illness: Responses	523	666	767	730	779
Staff without a LTC or illness: Responses	2277	2596	2711	2041	1946

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question.

A slight decrease was noted in the proportion of staff with LTC and illness who reported to have experienced harassment, bullying or abuse from other colleagues, whilst a significant increase was noted for staff without LTC or illness reporting the same, compared to 2021.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%	27.6%	26.8%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%	15.3%	16.0%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%	23.9%	23.4%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%	15.3%	14.9%
Staff with a LTC or illness: Responses	522	665	771	728	776
Staff without a LTC or illness: Responses	2276	2601	2713	2039	1918

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question.

A significantly higher proportion of staff with LTC or illness have said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it compared to 2021. A slight decrease was noted for staff without LTC or illness.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%	43.5%	45.8%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%	49.1%	48.8%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%	46.4%	47.3%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%	45.3%	46.5%
Staff with a LTC or illness: Responses	305	392	444	480	502
Staff without a LTC or illness: Responses	1094	1266	1250	1033	909

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question.

A significant increase was noted for both staff with and without LTC or illness reporting that they believe that their organisation provides equal opportunities for career progression or promotion.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	41.4%	48.5%	45.7%	35.8%	39.8%
Staff without a LTC or illness: Your org	49.2%	52.0%	51.3%	46.5%	47.1%
Staff with a LTC or illness: Average	41.8%	45.3%	45.3%	39.4%	42.3%
Staff without a LTC or illness: Average	49.3%	52.0%	52.0%	49.3%	51.3%
Staff with a LTC or illness: Responses	529	670	775	744	784
Staff without a LTC or illness: Responses	2288	2610	2753	2099	1950

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question.

Significantly less staff from both groups have reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%	64.6%	56.9%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%	50.5%	46.6%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%	39.2%	37.0%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%	29.3%	26.4%
Staff with a LTC or illness: Responses	429	531	582	615	650
Staff without a LTC or illness: Responses	1363	1566	1371	1230	1177

Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question out of those who answered the question.

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%	16.9%	16.6%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%	26.5%	27.0%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%	20.8%	23.5%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%	29.3%	30.1%
Staff with a LTC or illness: Responses	525	670	775	745	785
Staff without a LTC or illness: Responses	2290	2611	2762	2105	1958

No significant difference was noted compared to 2021.

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question.

	2022
Staff with a LTC or illness: Your org	53.4%
Staff with a LTC or illness: Average	63.0%
Staff with a LTC or illness: Responses	470

Equality and Diversity To be updated w/c 11/4/23

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



(EDS2) local their by the System


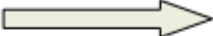






1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

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:

Purple			Excelling
Green			Achieving
Amber			Developing
Red			Undeveloped

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 were 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 Trusts 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, which will be reviewed / updated on a regularly basis. Other new frameworks have been developed which also need to link into the National HWB Framework the below all relate to Mental Health & Suicide

- AACE Employee Wellbeing and Suicide Prevention (EWSP) self-assessment matrix
- AACE self-audit tool
- Mental Health at Work Commitment [Trust signed up 2022]
- Preventing Suicide in Ambulance Sector Local Improvement Plans WMAS
- Mental Health Continuum AACE [released 10th March]

Health & Wellbeing Champions

Over the last 12 months the opportunities for training & development for Champions have continued, provided by NHS England. The courses have been advertised to all of our 101 Champions currently. In addition, further in house development opportunities HWB Champions have had are as follows:

- Menopause Advocates
- To be able to complete Health Checks
- Suicide Lite awareness course
- Mental Health First Aiders course
- Meetings, face to face and via MS Teams, to provide updates and share ideas, working together.

We have revisited the HWB list and established there is at least one HWB champion based at every Hub. Regular communication is sent out to the HWB champions and quarterly meetings take place with regards to updates, events, and development sessions. In additions, regular communication is shared with the HWB champions, about events, religious festivals, training etc.

Health and Wellbeing Roadshows and website

The Trust successfully launched a bespoke staff health and wellbeing website in July 2022. This provides our staff with a central single point of information that is easy to access and navigate based on their personal health needs and areas of interest. The website provides staff with access to a wide range of support services provided directly by the Trust, as well as signposting to appropriate specialist support services. To support and promote the HWB website, credit cards with the HWB logo have been developed with a QR code to enable staff to directly access the HWB website, this can be accessed on personal devices and provides new staff joining the Trust with access to support from day one. The corporate induction package, HWB mandatory training and Trust digital display screens have all been updated with the new HWB graphics and website information.

To coincide with the website launch we ran a series of onsite health & wellbeing roadshows across the region to promote the website and further promote services available to staff, which were a great success visiting 16 sites last year. Due to this success, the Trust have decided to this year to visit all 30 sites, where staff are based, to promote the website, engage with staff, and encourage them to complete the health & wellbeing survey. The roadshows will be fun informative events for staff, working in collaboration with our internal partners; SALS (The Trust's peer support network), unions, HR Team, mental wellbeing practitioner team, health and wellbeing champions, diversity and inclusion lead, staff networks, freedom to speak up team and our management teams.

As well as the roadshows the Trust have produced a Cultural and HWB calendar, promoting events such as blue Monday, Time to talk, internal wellbeing events along with National wellbeing offerings and cultural dates of interest.

Delivering the roadshows is in alignment with our People strategy and the NHS People Plan, which is split into five key themes of delivery: the health and wellbeing of our people, recruitment and retraining our people, engaging with our people, inclusion and belonging and education and learning.

Weight Management

Slimming World continues to be extremely popular with an additional 120 sets of vouchers ordered with the majority have these being used to this point. Staff have continued to engage with the programme though self-funding and most group sessions have returned to face to face rather than online. 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 and on our HWB website from discounts to apps.

- "DoingOurbit" 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.
- 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.
- Wyndley Leisure Centre in Birmingham offer staff 20% corporate discount on their one-year membership.
- Sandwell Leisure Centre offer monthly or yearly NHS discount.
- PureGym offer up to 10% off monthly membership and £0 joining fee.
- Evans cycle to work scheme which is open to staff all year around now.
- Joe Wicks is offering all NHS staff free access to The Body Coach App for 3 months.
- West Midlands Police Sports & Wellbeing Association, through joining the membership scheme a whole host of benefits from sports and wellbeing opportunities, days out with the family, money saving benefits, and more are available to WMAS staff.

Mental Health First Aid Courses

The Trust currently have 4 trained MHFA instructors with the newly developed syllabus being rolled out from March 2023. During the period May 2022 – March 2023, 158 staff were trained as Mental Health First Aiders, completing the 2-day course (12 courses) with an additional 15 staff completing the Military Mental Health First Aid 2-day course in order to greater support the Trusts Armed forces community.

The training plan for 2023 – 2024 will be to aim to train a further 192 staff as Mental Health First Aiders across 12 courses.

Suicide Lite Courses

WMAS is the first ambulance service in the country to use National Centre for Suicide Prevention, Education and Trainings (NCSPET). The Trust had funded 13 instructors' places, the Trust have 9 instructors currently. The suicide lite courses have been very successful, we are trained around 500 staff with the aim to train up to 1000 staff by the end of March 2024. We are continuing to roll out face to face and online training sessions for all staff.

SALS (Not yet updated)

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 has 14 trained and committed menopause champions and are in the process of actively recruiting and training up other advocates. Menopause awareness training has been developed and the first session was delivered at Operations SMT on 14th March 2023, with a view to present this to the wider SMT and then cascade to other managers within the Trust. Work is ongoing towards accreditation as a Menopause Friendly employer and mentorship with hen-picked for support with this continues.

NHS Improvement Funding

All ambulance services received funding in December 2021 for Health and Wellbeing 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. This was a huge success with many initiatives taking place such as the successful roadshows (16 sites were visited), launch of the new HWB website, gym equipment purchased for roadshows, MHFA courses and suicide first aid instructors etc.

This year the Trust received £50,000 in December 2022, for the Environmental improvements across three control rooms including the purchase of 1 massage chair per each control room. The money would be divided across the three regional control rooms to make improvements within the call centre operational area, quiet rooms and staff kitchen facilities.

- Psychological benchmarking of three roles within the control room e.g., Call Assessor, Call Assessor Supervisor, Student Paramedic – Thomas International, national working on going
- Provision of onsite mini massages across three control rooms specifically targeted at VDU users to include hand massage and neck, back and shoulder massage.
- Purchase of resources to run mindfulness courses within the EOC areas.

Other items agreed to be purchased by the working group to include:

- Supply of disposable, biodegradable cutlery for each control room, suggestion of wood/bamboo
- Purchase of Nespresso Coffee machine and initial supply of coffee pods for MP and NP
- Tesco vouchers for each site to purchase healthy food/fruit/snacks throughout the year.

In addition, the Trust received a further £29,000 for the following:-

- Provision of sanitary products across all Trust sites
- Branded merchandise to promote our Health & Wellbeing Website
- Funding for Mental Health First Aid Instructor Training

Mental Health (To be updated w/c 11/4/2023)

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 has had a variety of dog visits from Police dogs to Chihuahuas. Strict criteria are adhered to, this initiative always raises morale. At present we are looking for a more formalised approach across the Trust. The Trust are also engaging with different charities and volunteers who will be happy to attend and support our HWB roadshows.

Physiotherapy

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, which are within staff vicinity. In addition, the Trust have continued to offer staff fast track physiotherapy support via TP Health, which the Trust have received positive feedback for the support offered.

Flu Vaccination

The Trust achieved a 71.6% frontline healthcare worker flu vaccination rate. The flu awards will be taking place in May to thank staff for their support and hard work.

Participation

The Trust is also involved with the following external groups:-

- National Ambulance Wellbeing Forum
- Be Well Midlands Steering Group
- Looking after our people
- NHS England – cost of living workshops
- Midlands Health and Wellbeing Network Meeting
- HWB Network Conversation meetings
- Steering Group – Black Country ICS HWB Festival

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 Policy aims to give staff the assurance that concerns will be listened to. This is supported by a simple procedure which demonstrates 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

The Trust's Guardian, Pippa Wall, 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 46 trained ambassadors around the region. It is intended to have at least one Ambassador per site to act as known and trusted member of the FTSU team, within local teams, for staff to chat to if they have any concerns. They play a key role in They attend a quarterly developmental session as part of their mandatory updates. Digital posters showing the local *Ambassadors'* photographs and personal statements are displayed on all sites.

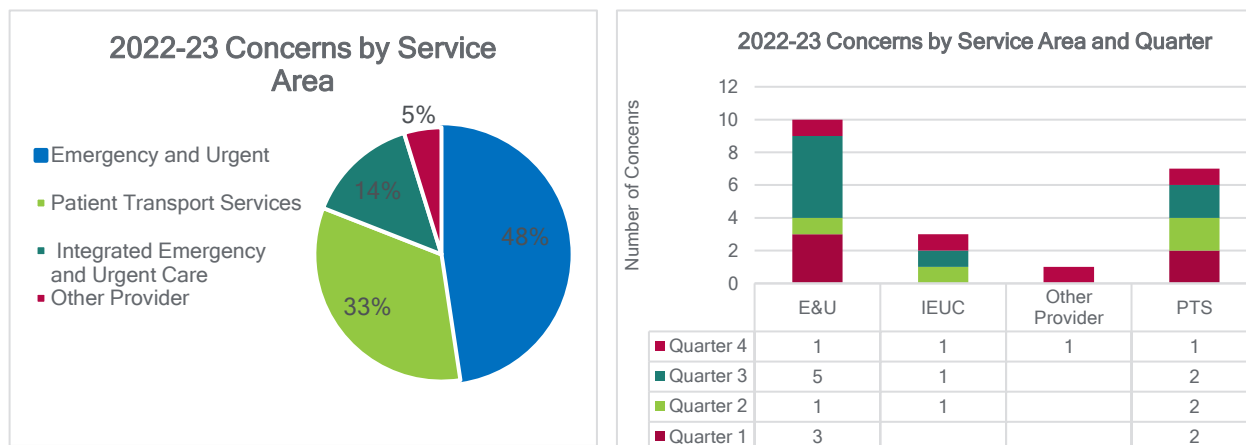
Governance

- 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.

Concerns Raised 2022/23

In total, during 2022/23 there were 21 concerns raised (accurate at 13 March 2023), from the following service areas:

- Emergency and Urgent = 10 (48%), of which 1 was in Quarter 4
- Patient Transport Services = 7 (38%), of which 2 were in Quarter 4
- Integrated Emergency and Urgent Care = 3 (14%), of which 1 was in Quarter 4



Among these 21 concerns, the following were recorded:

	E&U	IEUC	PTS	Total	%
Patient Safety / Quality	3	1	0	4	8%
Staff Safety	3	0	1	4	8%
behavioural / relationship	3	2	6	11	22%
Bullying harassment	2	0	6	8	16%
Systems / processes	6	1	2	9	18%
Cultural	1	0	1	2	4%
Leadership	1	0	1	2	4%
Senior Management	2	1	1	4	8%
Middle Management	3	0	4	7	14%

In their Annual Report of 2021/22, the National Guardian reported the following comparators:

- 19.1% of cases with an element of patient safety / quality
- 1.7% of cases with an element of worker safety
- .32.3% of cases with an element of bullying or harassment
- 4.3% of cases where detriment was indicated



Part 3

Review of Performance against 2022-23 Priorities

Our priorities for 2022-23 were based upon the following overarching priorities:

- Maternity
- Mental Health
- Integrated Emergency and Urgent Care Clinical Governance
- Use of Alternative Pathways
- Developing Our Role in Public Health



Maternity

Our objective is that WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, child birth and the postnatal period. To achieve this, the following actions were agreed, along with the progress towards these:

Action	Progress	Status
Improve pre-alert and remote expert advice support for Paramedics	7 out of 15 Maternity Units now have Red Pre-Alert Phones	
Clinical Manager - Maternity to attend all maternity RCAs to ensure specialist maternity input is provided to improve recommendations made from learning	Full attendance to all Maternity RCA up to date	
Review appropriateness and feasibility of introducing PROMPT training to all frontline clinicians	Awaiting response from HEE regarding our Maternity Training Programme Business Case - last meeting 13/12/2022. Plan to reconvene Jan 23	
Create Maternity CPD Training Videos for access on Virtual VLE / ParaPass by WMAS clinicians <ul style="list-style-type: none"> • Obstetric Emergency Simulations • Umbilical Cord Milking • Use of Neobags for Thermoregulation during NLS • Maternity Grab Bags 	Virtual CPD Video completed - awaiting peer review Business case currently being drafted for the redesign of Maternity Grab Bags to include Neobags for Thermoregulation during NLS to coincide with recent BAPM guidance / JRCALC Care Bundle 9	
Produce educational materials for staff i.e. Clinical Times, Posters, Virtual CPD, Website	Maternity Website in working progress	
Obtain more Maternity Observational shifts for qualified ambulance clinicians within local trusts	Ongoing discussions	
To develop a portfolio of maternity case reviews to share learning and lessons learnt on the Maternity VLE / ParaPass	To be included on the Maternity Website	
Work with clinical audit team to ensure the clinician dashboard within Power Business Intelligence includes maternity care		
To deliver CPD to all the Maternity Champions on each hub to provide peer support to their colleagues	Maternity Champion CPD Day scheduled 30/01/23	

Action	Progress	Status
Multidisciplinary team training, particularly in emergency skills drills.	Awaiting response from HEE regarding our Maternity Training Programme Business Case - last meeting 14/10/2022. Plan to reconvene Nov 22	
To consider the recruitment of an Honorary Medical Advisor / Consultant Neonatologist Formulate an honorary contract and utilise the Neonatology Expert advice wherever possible	Consultant Neonatologist from BWH currently on Maternity Leave due back to work Summer 2023	
To continue to develop and expand the new Maternity Services Page on the trust website	In Progress	
	In Progress	
All maternity investigation reports to include definitions and language that is easy for families to understand	All Maternity SI's to include definitions where deemed possible	

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 has developed a work plan as part of our Quality Account, this includes:

Action	Progress	Status
Review and ensure completion of actions/recommendations arising from serious incidents	All MH related SI recommendations are up to date	
Further develop clinical governance structures and clinical audit to support safe clinical practice and monitoring	All Mental Health Policies and Procedures are up to date including the following which were updated during the year: <ul style="list-style-type: none"> ➤ Restraint and Deprivation of Liberty Procedure ➤ Consent Policy and accompanying procedures ➤ Mental Capacity Act Policy Further audit proposals submitted and accepted for implementation	
Improve training and support for clinicians attending patients presenting with mental health needs	<ul style="list-style-type: none"> ➤ Discussions with commissioners in relation to funding for Long Term Plan investment in Mental Health training. ➤ Health Education England induction package available for implementation. Discussions continuing to support commissioning of this. ➤ Additional resources have been added to the clinical hub as below. 	
Develop a clinical information hub to support access to relevant information, policies and education relating to mental health	Intranet hub completed and will be iteratively updated	

Establish mental health champions in local hubs to support knowledge dissemination, feedback and supporting local clinical engagement	Most hubs and localities within the organisation have nominated champions - further work required to identify remaining champions and commence work programme	
Develop capacity and capability in mental health service delivery through work to achieve NHS Long Term Plan ambitions to improve the ambulance response to mental health.	Commissioning discussions ongoing for funding Capital bid submission for Mental Health Response Vehicle sent to NHS England.	
Work to develop an external communications plan to support dissemination of information through the trust website and social media platforms.	Additional Mental Health content is being sent to communications team to support Mental Health response to winter pressures. Formal plan to be considered by March 2023 owing to current time pressures arising from LTP commissioning work	
Develop a patient forum to support co-production in service design, delivery and monitoring	Deferred to support delivery of LTP ambitions in light of ongoing/unresolved commissioning discussions	
Review themes from complaints and compliments to inform changes to service delivery	For completion in Q4	

DRAFT

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 dialled. 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

Action	Progress	Status
Continue to recruit and train the dual trained call assessor workforce to meet the demands of both services.	999 call answering is the best in the Country with a significantly low number of 2-minute delays registered. 111 performance is among the best in the country with the lowest number of calls abandoned from any provider. Following a board decision, 111 will move to a new provider on 1 March and as such recruitment for call assessors was suspended at the end of Q2	
Review and ensure completion of actions/recommendations arising from serious incidents involving.	The team are up to date with recommendations and processes have been introduced to ensure a timely response to recommendations as they become identified.	
Increase the numbers of clinical and non-clinical audits to support safe practice and support onward training.	Audits are on track and in line with the audit requirements.	
Continue to work closely with NHS Pathways to influence service improvement .	Continual presence at user groups and NHS Pathways board.	
Continue with clinical recruitment at pace to grow the Clinical Validation Team (CVT) and the Clinical Assessment Service (CAS) to meet the patient demographic and to deliver the clinical outcomes.	A conscious decision to provide focus to the CVT establishment has meant that the team remain at full strength producing effective, safe and meaningful clinical triage with a H&T rate of 20% achieved during December. Clinical recruitment into 111 has been suspended due to the 1 March transition.	
Enhance training and development opportunities for all staff.	Ongoing and on track with additional CPD introduced throughout Quarter 3 to address any learning gaps.	
Maximise utilisation of alternative pathways through better utilisation of technology.	The CAD portal has been developed and continues to be enhanced to support rapid transfer of viable cases to community pathways. Usage of the portal continues to grow with more community-based services coming on board. The functionality that has been developed has been used as an	

	exemplar nationally with many other ambulance trusts interested in what WMAS are doing and wanting to replicate within their own organisation.	
Continue to listen to our patients and review feedback via the complaint and PAL's process to shape our service going forward.	The challenge here is that almost all of the complaints received relate to delays in help reaching the patient which, to a large degree is not in our control given the significant and critical level of continued hospital handover delays. Through our Learning Review Group, any learning points continue to be identified and any requirements to introduce changes are put in place.	
Work with providers to improve access to other services which provide alternative pathways for patients calling 111 or 999.	Ongoing and fully engaged with NHSE, local commissioners and service providers. Additional access to alternative services continues to present opportunities to refer patients away from ED and improve their overall experience and outcomes.	

Use of Alternative Pathways

Action /Measures of Success	Notes	Status
Engagement with Integrated Care Boards to ensure development and use of all initiatives for referral to alternative pathways	<p>Work underway in each ICB to develop services and referral pathways further, WMAS conveyance rates to hospital now the same as 2017/18. New services in addition to Urgent Community Response (UCR) are supporting our ability to avoid emergency departments and meet patients' needs first time.</p> <p>Some services are receiving hundreds of patients in their own right each month, Worcestershire UCR from minimal numbers now taking c300 patients per month, Birmingham UCR services activity has trebled, with 30+ patients per day now being routed through that service, many directly from the clinical validation team.</p> <p>A number of ICBs are working to a single access point for all pathways, including BSOL, Worcestershire, Black Country. Shropshire has already developed a single access point.</p>	
CAD Portal - developed and utilised by providers across the region	<p>CAD Portal now live, referrals being sent electronically to a range of providers of Urgent Community Response across the region.</p> <p>The portal is the mechanism for WMAS to refer patients out of the clinical validation team. It removes the need for lengthy conversations (averaging out at 40m per patient in attempting to refer)</p> <p>Hundreds of patients per week are now being referred by the Portal, however, community teams are also working within the Clinical Validation Team to 'pull' patients from WMAS directly in alternative pathways</p>	

Managing long waits for ambulance response for urgent, not emergency situations	WMAS is increasingly moving urgent caseload into Urgent Community Response models, we also, for example in Worcestershire, have UCR attending before we arrive. However we still do have a cohort of very long waiting patients, who require an Ambulance response at this point, as other services are not able to safely respond or receive the patient.	
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Developing Our Role in 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.

Measures of Success	Notes	Status
Set up a WMAS Public Health group and agree reporting/recommendation arrangements.	Group established and agreed key arrangements. Next meeting scheduled January 2023.	
Review engagement with regional PH leads.	Deputy chair of regional directors of public health group has agreed to take a request for engagement from the group with the WMAS public health group to their next meeting Regional medical director for NHSE midlands has provided contact details for public health lead for the region. Consultant in PH has been agreed as link with WMAS recently. NHSE regional PH lead has been in touch to agree to a meeting date TBC.	
Produce a strategy document for Committee and Board review on options for Public Health development and engagement.	DRAFT Public Health Strategy to be presented to the Public Health Group - January 2023, including the first draft of the public health annual programme	

Service-based Annual Reports 2022-23

Whilst the above tables represent the overall progress in relation to the quality priorities that were established for 2022/23, 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
- 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 submitted and published by 30 June 2023.

The Annual Report for Equality, Diversity & Inclusion will be published by July 2023

Patient Safety

To be updated w/c 11/4/23

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.

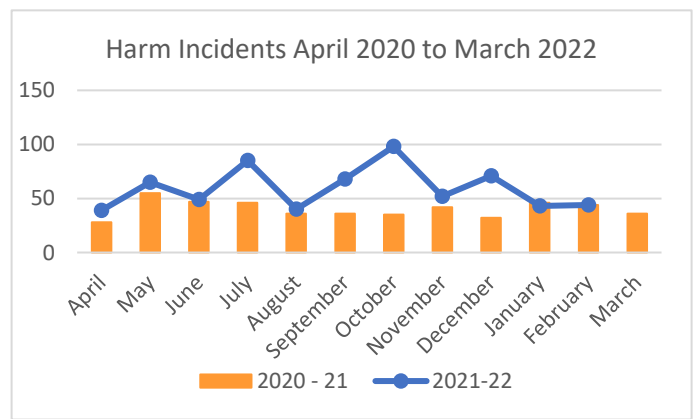
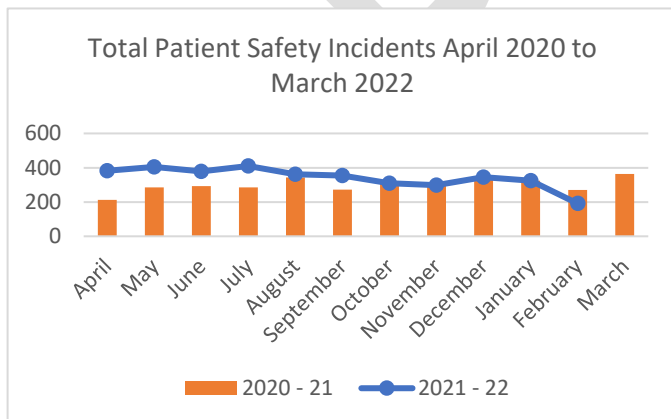
A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

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 Serious Incidents Review Group (SIRG) and Learning Review Group (LRG). These meetings are chaired by the Paramedic Practice & Patient Safety Director 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

The total number of incidents reported during 2021-22 have increased from the previous year by 13.8% (from 3,596 to 4,094). 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 (764) accounted for an increase of 58.1% increase from the previous year, in which 483 patient harm events occurred.

	Harm	No Harm	Total
Apr-21	39	344	383
May-21	65	339	404
Jun-21	49	330	379
Jul-21	85	326	411
Aug-21	40	322	362
Sep-21	68	287	355
Oct-21	102	229	331
Nov-21	53	263	316
Dec-21	79	296	375
Jan-22	47	292	339
Feb-22	46	149	195
Mar-22	91	153	244
Total	764	3330	4094



Themes (Patient Safety/Patient Experience/Clinical Audit) (updated 21/3/23, highlighted sections to be updated April 23)

The top trend for all levels of harm relate to delayed ambulance responses, which directly correlate to the increased hospital handover delays. Further trends relating to low harm incidents include avoidable injuries caused to patients such as skin tears caused during moving and handling, injury due to collision/contact with an object and ECG dot removal.

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 March 2022, the Trust registered 204 cases as serious incidents, compared to 84 in the previous year. This sharp increase in reporting correlates to the impact caused by the continuing rise in severe hospital handover delays. RCA has identified that hospital delays are the largest contributory factor.

- 🕒 Activity rose by 2.73%
- 🕒 Incident reporting increased by 19%
- 🕒 SI reporting increased by 142.8%

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.

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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

In 2022/2023 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 always protected 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 Trust has experienced significant and sustained demand on the service, this combined with continuing delays in the ability to handover patients at hospital has led to on occasions patients waiting significant times for an ambulance response. These delays have led to concerns raised around the response to some of our more vulnerable patients from external stakeholders. WMAS continues to work at a local and national level to improve the situation and the safeguarding team reviews these cases and provides assurance to the local authority on the actions undertaken to mitigate the risk.

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%
2021/2022	38048	- 4.8%	15110	7.0%
2022/2023	41175	8.20%	15301	1.30%

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.

Despite the operational pressures on the Trust, we have delivered training to ensure all Paramedics are trained to level 3 in Safeguarding, which has refreshed and enhanced 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. 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 627 complaints (to 29 Mar) compared to 505 2021/22.

Breakdown of Complaints by Service Type YTD:

	2021/22	2022-2023	% Variance 20/21 – 21/22
Emergency Operations Centre	176	264	50
Emergency and Urgent	215	213	0.9
Patient Transport Services	54	81	50
Air Ambulance	0	0	0
Other	12	8	33.3
Integrated Urgent Care	48	61	27
Total	505	627	24.2

Upheld Complaints

Of the 627 complaints, 205 were upheld & 153 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. The main reason relates to timeliness (response).

National Reason	Justified	Part Justified	Not Justified	TBC	Total
Attitude and Conduct	12	26	35	1	74
Call Management	17	24	29	6	76
Clinical	24	37	52	16	129
Driving/Sirens	1	1	6	0	8
Eligibility	1	2	8	1	12
Info Request	5	5	19	1	30
IUC - Appointments	0	2	1	0	3
IUC - Clinical	1	0	0	0	1
IUC - Inappropriate referrals	0	1	1	0	2
IUC - Operational	0	0	1	0	1
IUC - Pathway	1	1	4	1	7
IUC - Staff	1	0	1	0	2
Lost/Damaged	0	1	1	0	2
Other	1	1	1	0	3
Out of Hours	0	0	2	0	2
Patient Safety	3	3	3	0	9
Response	136	47	60	9	252
Safeguarding	2	2	10	0	14
WMAS	205	153	234	35	627

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

This year has seen a decrease in concerns with 2046 concerns raised in 2022/23 compared to 2502 in 2021/22. The main reason for a concern be raised is 'timeliness (response)'.

Learning from complaints / PALS

You said	We did
Concern raised around use of PPE and shoe covers	Article placed in weekly brief around use of shoe covers for staff
Concern around appropriate parking	Staff on hub remaindered and notes added to the computer aided dispatch system
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
Family raised a concern about attendance to family relatives with Vascular Ehlers-Danlos	Family sharing their experience of the condition to make staff aware which will be placed in the clinical times

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 2022/23 – 5 independent reviews were carried out, (1 case was part upheld, 4 still under investigation), and 2 cases where a mediation meeting has been requested. This is compared to 7 independent reviews in 2021/22.

Patient Feedback / Surveys

The Trust received 112 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	FFT Survey	PTS Survey	Small Survey
Very Good	17	27	13
Good	16	27	5
Neither Good nor Poor	2	1	0
Poor	0	2	0
Very Poor	2	0	0
Don't Know	0	0	0
Total	37	57	18

Discharge on Scene Survey:

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

Emergency Patient Survey:

157 responses received in 2021/22

Compliments

The Trust has received 2472 compliments in 2022/23 (until 28 Feb 2023) compared to 2070 in 2021/22. 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 (SOF)

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, in recognition of the pressures and support required to address ambulance handover delays and response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address the factors that are affecting patient care throughout the West Midlands.

Category	Performance Standard	Achievement April 2022 to March 2023
Category 1	7 Minutes mean response time	8 minutes 25 seconds
	15 Minutes 90th centile response time	14 minutes 46 seconds
Category 2	18 minutes mean response time	49 minutes 40 seconds
	40 minutes 90th centile response time	114 minutes 58 seconds
Category 3	120 minutes 90 th centile response time	537 minutes 26 seconds
Category 4	180 minutes 90 th centile response time	596 minutes 33 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, along with some constructive feedback in relation to the challenges the Trust has faced and the chosen priorities.

In order to ensure that all of the responses are effectively captured, the comments are accessible through the following links:

- [Comments from our Lead Commissioner, on behalf of all Associate Commissioners](#)
- [Comments from Health, Overview and Scrutiny Committees](#)
- [Comments from Healthwatch Organisations](#)

DRAFT

What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excepting primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation's priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year's priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

- 1. Do the provider's priorities match with those of the public?*
- 2. Has the provider omitted any major issues (particularly ones of importance to your constituents)?*
- 3. Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?*

Review of services

This will include information on what services are provided. These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.
- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

4. *Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?*
5. *How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?*

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen [quality indicators](#), covering five domains of quality:

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing quality of life for people with long-term conditions

Domain 3 - Helping people to recover from episodes of ill health or following injury

Domain 4 - Ensuring people have a positive experience of care

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary Hospital-level Mortality Indicator (SHMI) ([see guidance](#)). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

- 6. Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?*

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

- 7. How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?*

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient's valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

- 8. Dudley Council's three core priorities (Grow the economy and create jobs, Create a cleaner and greener place, and Support stronger and safer communities) all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?*

Dr. David Pitches, Head of Healthcare Public Health and Consultant in Public Health, DMBC

Meeting of the Health and Adult Social Care Scrutiny Committee - 24th April 2023

Report of the Acting Director of Public Health and Wellbeing

Serious Violence Statutory Duty and Strategy

Purpose of report

1. To provide information to Scrutiny on the new statutory duty regarding serious violence upon local authorities and other specified authorities and to report on current activities to meet this duty.

Recommendations

2. It is recommended that Scrutiny:-
 - note the contents of this report and the associated draft strategy.
 - Support the work of the Safe and Sound Board in undertaking the statutory duty around prevention of serious violence on behalf of the local authority.

Background

3. The government published the national Serious Violence Strategy in 2018 stating it was

“Determined to do all it can to break the deadly cycle of violence that devastates the lives of individuals, families and communities.”

Following public consultation in July 2019, the Government announced that it would bring forward legislation introducing a new serious violence duty on public bodies which will ensure relevant services work together to share data and knowledge and allow them to target their interventions to prevent serious violence altogether.

4. The 2022 Police, Crime, Sentencing and Courts Bill places a duty on Community Safety Partnerships to have a strategy in place tackling violent crime.
5. The requirements of local partnerships are to:
 - Identify the kinds of serious violence that occur in the area.
 - Identify the causes of serious violence in the area, so far as it is possible to do so.
 - Prepare and implement a strategy for exercising their functions to prevent and reduce serious violence in the area.
6. The duty requires the following specified authorities within a local government area to work collaboratively to prevent and reduce serious violence:
 - Police
 - The Chief Officer of police for police areas in England and Wales
 - Justice
 - Probation Services
 - Youth Offending Teams
 - Fire and Rescue
 - All fire and rescue authorities operating in England and Wales
 - Health
 - Integrated Care Boards in England
 - Local authorities
 - A district council
 - A county council in England
7. Consultation must also take place with educational, prison and youth custody providers. Locally, we recognise that other agencies, including the Dudley Safeguarding People Partnership, and service providers will also be vital partners in delivering the borough's strategy.
8. For the purposes of this duty, serious violence includes
 - Violence against the person
 - Domestic abuse
 - Sexual offences
 - Violence against property
 - Threats of violence

This duty does not include terrorism within its remit.
9. The partnership may also identify further areas of serious violence, such as child abuse and communal violence. This strategy recognises the role of existing strategies, including those around domestic abuse and safeguarding children.

10. The Serious Violence Strategy also sets out specific types of crime of particular concern, including homicide, violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing. However, there is flexibility within the duty to consider other types of serious violence such as domestic violence, alcohol related violence, sexual abuse, modern slavery, or gender-based violence.
11. The definition of what amounts to serious violence in any given area must consider several factors, which are:
 - The maximum penalty which could be imposed for any offence involved in the violence.
 - the impact of the violence on any victim.
 - the prevalence of the violence in the area.
 - the impact of the violence on the community in the area.
12. The World Health Organisation (WHO) define violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.
13. WHO has stated that violence is a global public health problem and should be tackled with a public health approach. This requires us to:
 - Use data to identify the problem
 - Identify risk and protective factors
 - Develop and interventions based on evidence
 - Evaluate programmes and scale up if effective.
14. Public Health England also define violence as a public health issue. Living without fear of violence is a fundamental requirement for health and wellbeing. Violence is a major cause of ill health and poor wellbeing and is strongly related to inequalities, with the poorest fifth of our society suffering rates of hospital admissions for violence five times higher than those of the most affluent fifth. It impacts on individuals and communities and is a drain on health services, the criminal justice system, and the wider economy.

Finance

15. There are no direct financial implications arising from this report. Relevant services will be funded within budgeted resources.

Law

16. This report outlines the statutory duty on local authorities relating to the 2022 Police, Crime, Sentencing and Courts Bill.

Risk Management

17. There are no risk management implications arising from this report.

Equality Impact

18. This report outlines the statutory duty and response to serious violence which largely affects some of the most vulnerable people in our community. There is also a geographical inequity regarding violence which also affects the most socio-economically deprived neighbourhoods.
19. The associated strategy will highlight the disproportionality regarding ethnicity and gender in those involved with the Youth Justice System both nationally and locally. Boys and young men of black and mixed ethnicity account for a much higher proportion of both perpetrators and victims of serious violence than accounted for by demographics.
20. The government guidance regarding local responses to the Serious Violence duty specifies a focus on youth-on-youth violence and the impact of knife and gun crime. Violence and knife crime was the second highest concern for 9,539 young people in Dudley who took part in the 2019 Mark Your Mark survey.

Human Resources/Organisational Development

21. There are no human resource implications arising from this report.

Commercial/Procurement

22. There are no procurement implications arising from this report

Environment/Climate Change

23. There are no environmental or climate change implications of this report

Council Priorities and Projects

24. Dudley the borough of opportunity
 - Children and young people benefit from the best start in life in our child friendly borough

25. Dudley the safe and healthy borough
 - Residents live in safe communities where safeguarding of vulnerable people of all ages protects them from harm and supports the prevention of crime and exploitation
26. The impact of the activity to reduce and prevent serious violence will improve community safety and reduce impact of crime in our communities



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Appendices

Appendix 1 – Dudley Serious Violence Prevention Strategy

Safer Dudley – Preventing and Reducing Serious Violence in Dudley

Strategy for 2023-2026

Stephen Barlow
Angela Cartwright

On behalf of the Serious Violence
Prevention and Reduction Partnership

Review October 2025

safe & sound

Dudley's Community Safety Partnership

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Foreword

Our aim for Dudley is a safe and healthy borough: our residents will live in safe communities where people are protected from harm, and where crime and exploitation are prevented.

From children to the elderly, violence affects the lives of millions across all stages of life. Many survive serious violence but suffer long-lasting consequences of on-going physical, mental, or emotional health problems.

Violence is preventable, not inevitable!

Interventions, especially those in early childhood, not only prevent individuals developing a propensity for violence but also improve educational outcomes, employment prospects and long-term health outcomes¹. Our commitment to Child Friendly Dudley will support us to tackle violence and its root causes, improving the health and well-being of individuals and communities and providing wider positive implications for the economy and society.

Since the publication of the 2020 Safer Dudley “Strategy to prevent violence in Dudley”, the country has lived through the Covid-19 pandemic and faces a cost-of-living crisis. The recent Police, Crime, Sentencing and Courts Bill places a statutory duty on specified authorities to work in partnership to tackle serious violence in our communities. We are committed to stopping serious violence before it begins by approaching the issue as a whole system “public health” problem. We aim to achieve sustainable reductions in serious violence, improve the health and quality of life of all people in Dudley and encourage inward investment to the area and boost the local economy.

It will require the involvement of a range of partners including health, public health, Integrated Care Boards, education, local authorities, police, criminal justice agencies, the voluntary sector and, importantly, the communities of Dudley². Only with this joint effort can we prevent the loss of life and physical and psychological damage that serious violence causes.

¹ HM Government (2018) Serious Violence Strategy

² Home Office (2021) Serious Violence Duty: draft guidance for responsible authorities.

What is serious violence?

The National Serious Violence Strategy³, defines serious violence as

“...homicide, knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing... and other forms of serious assault”.

This includes domestic abuse, sexual offences and violence against people or property, but excludes terrorism related offences.

The impact of serious violence

Violence has devastating impacts on people, communities, and society

Individual - there are health, social and economic impacts for individuals such as:

- Death or physical injuries which could be long-term or permanent.
- Mental illness such as anxiety and depression and behavioural problems.
- Fears for personal safety, loneliness, suicidal behaviour.
- Unwanted pregnancy and sexual health problems, long-term health effects.
- Financial problems, loss of home or job and relationship breakdown.

Communities and society - there are impacts and costs such as:

- Communities feel unsafe, so people are less likely to connect or integrate with others, and investment in the area may be deterred.
- Health, social care, legal and criminal justice system costs.
- Absenteeism from work, exclusion from employment and lost productivity.
- Mental health of key workers dealing with the effects of violence and family members and friends.
- Widening inequalities as the costs of violence are not evenly distributed - with those living in the poorest areas being more seriously affected.

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

Serious violence in context

*The National context*⁴

Serious violence continues to be a national priority due to its growing incidence and impact, with increases in homicide, knife, and gun crime across England since 2014⁵. Although these offences only account for around 1% of all recorded crime, the impact of serious violent crime on society is significant.

Patterns of crime over the last two years have been substantially affected by the Covid-19 pandemic and government restrictions on social contact. However, since restrictions were lifted following the third national lockdown in early 2021, police recorded crime data show violence and sexual offences now exceed pre-pandemic level.

There is a well-established and complex link between drugs, alcohol, and crime. Alcohol is a factor in 40% of all violent crimes in England, as well as contributing to public disorder and anti-social behaviour in our communities. There is significant hidden harm associated with alcohol due to its contribution to domestic violence and child neglect⁶.

Violence is also often gang related and the association with drugs markets. Too frequently, children are the victims of gun crime, knife crime and exploitation, in many cases by organised criminal groups running 'county lines'.

In response, the government published its Serious Violence Strategy in 2018 followed by its Beating Crime Plan in July 2021. Both documents advocate an end-to-end approach, from prevention and early intervention to law enforcement, and a strengthened partnership response involving statutory and non-statutory partners, including the local community and businesses.

Local context

Violence in the West Midlands has mirrored the national trend and has risen consistently for several years prior to the Covid-19 pandemic. Between 2020 and 2021, violent offences increased by 38.9% in the West Midlands. This has led to an increased fear of crime, a rise in the mental and physical injuries suffered by members of our community and preventable deaths.⁷

Over the last ten years, serious violence in Dudley has steadily increased in line with this trend. However, local hospital admissions following assault have fallen, along with first time entrants to the youth justice system. Dudley remains one of the safest parts of the West Midlands Combined Authority.

Dudley has not experienced the same incidence of serious violence as many other areas in the West Midlands⁸ and, as such, it is important that we take this opportunity to further improve this position through intervention and prevention.

⁴ Office for National Statistics (2022) Crime in England and Wales: year ending December 2021

⁵ Crime in England and Wales, Appendix tables - year ending March 2022

⁶ Office for Health Improvement and Disparities (2022) Local Alcohol Profiles for England – alcohol and Crime

⁷ West Midlands Violence Reduction partnership

⁸ Crime in Dudley compared with similar areas

Risk Factors

	Individual	Relationships	Community	Society
Protective factors	Healthy problem solving and emotional regulation skills School readiness Good communication skills Healthy social relationships Personal resilience	Stable home environment Nurturing and responsive relationships Strong and consistent parenting Frequent shared activities with parents Financial security and opportunities Positive role models/peers	Sense of belonging and connectedness Community cohesion Opportunities for sports and hobbies Strong resilient communities Safe physical environment that allows people to connect	Good housing, jobs, and education High standards of living Opportunities for valued social roles Gender equality
Risk factors	Genetic or biological Injury during birth Early malnutrition Behavioural and learning difficulties Alcohol or drug misuse Mental illness Traumatic brain injury Gender Victimization Risk taking Early puberty Isolation	Low family income Poor and inconsistent parenting Childhood abuse and neglect Household alcohol or drug misuse Household mental ill-health Family breakdown Domestic abuse Culture of male aggressive behaviour Household offending behaviour Large number of siblings	Unsafe or violent communities Low social integration and poor social mobility Lack of possibilities for recreation Insufficient infrastructure for the satisfaction of needs and interests of young people Fragmented communities – lack of cohesion	Deprived communities - poverty, poor Education High unemployment Homelessness and poor housing Culture of violence, norms and values which accept, normalise, or glorify violence and societal desensitisation Discrimination and inequality Difficulties in accessing services

Our approach

Serious violence cannot be tackled in isolation; it must be addressed through prevention strategies that address the multiple complex factors. Preventing children and young people from becoming perpetrators or victims of violence is a key consideration to avoid escalating levels of harm to both children and wider society.

Our strategy is based upon a Public Health approach as recommended by the World Health Organisation. A Public Health Approach is often termed “going upstream” – examining the evidence to understand the wider influences, causes and consequences of serious violence, focusing on early intervention and prevention, and informed by evidence and evaluation of interventions.

As this approach seeks to address the root causes of serious violence, it is anticipated that the actions taken will address not only this issue but also other social and health challenges we face, as the underlying factors can frequently be similar.



Figure 1 The WHO 4-step process for implementing a Public Health approach

Forward View and Horizon Scanning

A 'political, social, technological, environmental, legal and organisational' (PESTEL) analysis was undertaken. The table below summarises this.

<p>Political</p>	<p>Pre Covid, the decade of austerity from 2010 reduced public spending across both civil service and local government at the same time as increasing demand for services. Public services worked to ensure the most cost-effective way of providing statutory services, creating innovation, and reducing bureaucracy. Organisations are finding new ways of working, using community assets, and becoming facilitators of, rather than providers of, services.</p> <p>However, financial pressures have reduced the timeliness and availability of services to protect the most vulnerable in society. Social inequalities have increased, and this has been highlighted and exacerbated by the Covid-pandemic. Partner organisations may respond to these pressures by focusing on areas of crisis and reducing preventative and early intervention.</p>
<p>Economic</p>	<p>The UK is estimated to have entered recession at the end of 2022, which is likely to last through 2023. Consumer inflation peaked at around 11%, largely driven by increased energy costs and knock-on effects on food. Following the profound impact of the COVID-19 pandemic and the economic impact of the September 2022 mini budget, the population impact has been termed the cost-of-living crisis.</p> <p>Only 4.2% of economically active adults are currently unemployed. However, the impact on the population of Dudley includes increasing debt and requests for support from Food Banks and local charities including from working households.</p>
<p>Social</p>	<p>The 2021 census indicated an increase in population in Dudley of 3.4% between 2011 and 2021. This was lower than the overall increase for England.</p> <p>High numbers of people arriving in the UK and pandemic related delays to processing of claims have led to an increase in people within the UK asylum system. As the Home Office seeks to ensure the pressure of housing those seeking asylum is spread across local authorities, Dudley is likely to host those recent arrivals requiring initial accommodation. Local services are responsible for wrap around care including health and education.</p>
<p>Technological</p>	<p>Use of technology including mobile phones and internet is ubiquitous with high levels of digital inclusion. This has improved connectivity including innovations in shopping, application processes and replacing face to face interactions. However, this may increase risks of loneliness, particularly amongst those who are digitally excluded. New technology has also increased the opportunities for cybercrime.</p>
<p>Environmental</p>	<p>The UK Met Office predicts extremes of weather to become routine due to climate change. Heat waves have been linked to an increase in violent crime, potentially linked to alcohol consumption. Cold weather increases pressure on households in fuel poverty, whilst flooding can lead to displacement.</p>
<p>Legal</p>	<p>The 2022 Police, Crime, Sentencing and Courts Bill placed a Statutory Duty on specified authorities to work collaboratively to prevent and reduce serious violence.</p>

Serious Violence Duty

The 2022 Police, Crime, Sentencing and Courts Bill places a Statutory Duty of specified authorities to work in partnership to prevent and reduce serious violence in their local areas.

Specified Authorities

Fire and Rescue
Integrated Care Boards
Local Authorities
Police
Probation
Youth Justice Teams

Working with relevant authorities

Education
Prisons
Young Offenders Institutions

Dudley's Safe and Sound Partnership recognises the need to include other key partners, including the Dudley Safeguarding People Partnership and third sector organisations.

As crime and criminals do not recognise boundaries, regular liaison and engagement with neighbouring Local Authorities and stakeholders is essential.

The Serious Violence Duty emphasises the highest risks to young people under the age of 25, with key delivery metrics regarding serious violence involving knives and nondomestic homicide.

Due to the nature of the approach, most of the actions planned will not have an immediate impact or be a short-term fix; while the effect of enforcement or disruption actions may be experienced in the short term, preventative actions are more likely to be seen in the medium or longer term

Our aim

We will work collaboratively to understand local issues, enhance, and complement local arrangements to prevent serious violence and minimise any associated harms, resulting in cohesive and inclusive communities living safe and fulfilling lives.

As such, we will:

- Ensure children and families remain at the heart of all decisions and interventions with implementation of Child Friendly Dudley.
- Develop a live, multi-agency strategy supported by strong partnership governance and delivery arrangements.
- Understand the risk and profile of serious violence within our communities.
- Base our interventions on data and intelligence, ensuring timely and appropriate sharing of data between agencies.
- Develop a public health approach that understands and addresses the root causes of serious violence, using a trauma informed approach.
- Root our response in evidence of effectiveness, from primary, secondary, and tertiary prevention to enforcement action.
- Target interventions to help address risk factors that can impact on an individual's vulnerability and susceptibility to becoming a victim or offender of serious violence.
- Involve communities in shaping and delivering responses to serious violence.
- Adopt a framework of continuous learning, including evaluation of interventions.
- Implement robust workforce and community development.
- Ensure synergies with related strategies and services, to avoid duplication and maximise efforts, for example, the Dudley Domestic Abuse Strategy.

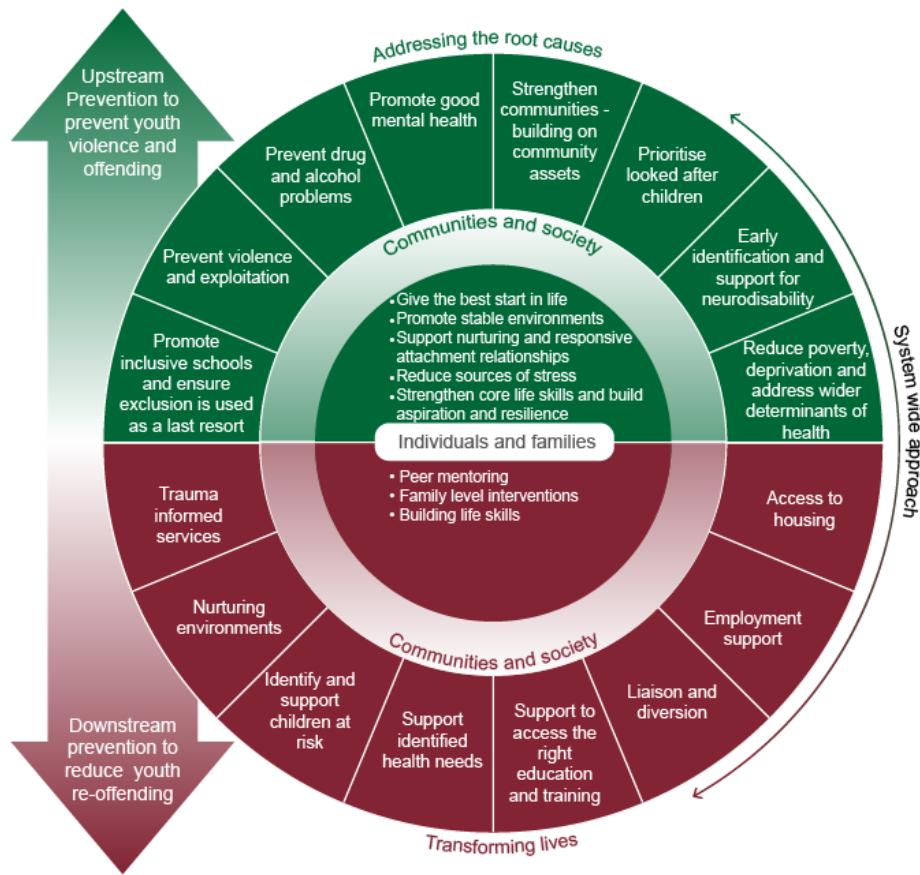


Figure 2 Collaborative approaches to preventing offending and re-offending by children (CAPRICORN), Public Health England, 2019

DRAFT

Our priorities

To deliver our strategy we will focus on delivering five priority areas:

1	Wider determinants – identify and influence society to reduce risk factors and increase protective factors. This includes changing attitudes and behaviours towards all types of serious violence at a societal, community and personal level
2	Prevention – seeking to prevent the onset of serious violence or to change behaviour so that serious violence is prevented from happening
3	Diversion – halting the progression of serious violence once it is established. This is achieved by early identification followed by prompt, effective support
4	Intervention – rehabilitating people with established serious violent behaviour, or supporting victims
5	Enforcement and criminal justice – developing innovative criminal justice practices that reduce offending behaviour and recidivism

Underpinning all five priority areas is the need to minimise impact on victims and ensure appropriate support for those affected.

Wider determinants

By challenging the attitudes and behaviours which foster serious violence, we can help prevent it from happening. If we are to reduce serious violence, it will take all community members and professionals to change mind-sets and believe that it is preventable.

With this in mind, we will:

- Champion the agenda.
- Inform and educate to help adapt society's views about the nature and causes of serious violence.
- Seek to influence public opinion and the role of a responsible media.
- Facilitate a more positive relationship between communities (members and leaders) and service providers.
- Integrate with other work areas tackling poverty, isolation, and discrimination.
- Advocate the role of communities in preventing serious violence.
- Design a more targeted media approach to more vulnerable or at-risks groups.
- Engage with traditional and non-traditional media to promote a positive image of the borough.
- Implement Child Friendly Dudley to promote positive community views of children and young people as valued and contributing members of society.

Prevention

Our aim is to prevent serious violence before it occurs. Gathering data to identify new trends is core to prevention and changing outcomes in the longer term. Critical to this is support for the development of programmes which help children and families to be the best they can be.

Preventing Adverse Childhood Experiences (ACEs) and improving resilience and protective factors for children could reduce acts of violence in adults by 60%.

With this in mind, we will:

- Recognise serious violence as a shared strategic issue and priority.
- Establish a resourced, multi-disciplinary prevention approach to serious violence
- Ensure relevant bodies are sharing timely information to understand and respond to local needs and prevent serious violence.
- Work with a range of early intervention services to identify potential victims and potential offenders.
- Maximise opportunities to work with children and families in a universal way, before issues arise and when they do arise, respond in a swift and co-ordinated way, utilising the Early Help offer.
- Work across the partnership to adopt trauma informed, attachment aware practice.
- Work with parents and communities in designing and delivering safer communities.
- Advocate the importance of equitable, respectful relationships and being a good citizen.
- Develop a strong and consistent approach to PSHE with schools and other educational establishments to reduce impulsive and aggressive behaviour and to increase social competence and resilience.
- Ensure parents, businesses, professionals, and communities are knowledgeable about support services.
- Equip professionals with the skills to identify and respond to Adverse Childhood Experiences.
- Support the development of peer mentoring, encouraging people who have previously accessed serious violence-related services to become mentors.
- Promote a whole-system approach to serious violence-related issues, tackling disproportionality amongst black and mixed-race youth.

Diversion

By developing prevention mechanisms that specifically target those at risk of either committing serious violence or being the victim of serious violence, we will reduce both the number of future assaults and make a sustainable positive change.

With this in mind, we will:

- Work with the licensed trade to help reduce serious violence.
- Work with schools to agree a standardised approach to partner and police support and input.
- Establish asset-based policing as a way of co-producing better outcomes in communities.
- Support families experiencing serious violence to stop the intergenerational cycle of violence from continuing.
- Work with voluntary and faith groups in developing and supporting the mentoring of our most at-risk young people to change behaviour.

- Ensure commissioned services are effective, collaborative and able to meet the needs of potential victims and potential offenders.
- Develop and deliver targeted education and prevention programmes and support to those more vulnerable to, or at risk of, serious violence.
- Identify an array of options and interventions available to stakeholders to decrease the risk of serious violence.
- Focus deployment of these interventions in areas of great risk of serious violence identified using up to date intelligence
- Divert children away from harm through positive activities.
- Deliver conflict, anger management and self-defence techniques to children.
- Introduce mentors into targeted schools.
- Support education in reducing exclusions, long-term absenteeism, and off-rolling from school

Intervention

By providing effective support for victims and interventions for those who have previously committed serious violence, we will reduce re-victimisation and reoffending. We will capitalise on making every contact with individuals count to change behaviour.

With this in mind, we will:

- Provide training so all public services can identify and respond to serious violence.
- Establish sustainable employment for those with convictions.
- Develop a 'Brief Intervention' programme and train appropriate staff to deliver it.
- Utilise "reachable moments" for those admitted to hospital with injury related to serious violence or those taken into police custody.
- Build a network of people with 'lived experience' who volunteer to mentor and support those who seek to change their lives.
- Ensure we conduct a multi-agency domestic homicide reviews in a timely manner.

Enforcement and criminal justice

While prevention is our focus, we remain committed to swift, visible justice for those committing serious violence.

With this in mind, we will:

- Operationalise a "Child First" approach in the Youth Justice Service, highlighting that young people are primarily children rather than offenders.
- Continue to operate MAPPA (Multi-Agency Public Protection Arrangements) for high-risk, violent offenders.
- Process map 'no proceedings' and 'no further actions' decisions in cases of serious violence.
- Ensure victims receive justice which is not hindered by procedural or training issues.
- Promote an increased range of effective, evidence-led sentencing options.
- Support police, fire and local authority partners to undertake enforcement and innovative practice to tackle emerging or persistent serious violence.
- Support police and local authority partners in taking targeted enforcement and disruption action (county lines, drug markets, cheap and illegal products, scams etc).
- Work with partners to highlight the difference between youth offending and child exploitation, encouraging use of the support via the National referral Mechanism.

- Work with prisons to develop pathways, smooth discharge process and support for those with violent offending histories being released to Dudley Borough.
- Maximise enforcement opportunities through effective partnership work across the Criminal Justice System and through Integrated Offender Management, the Youth Justice Service, custodial settings, and probation

Measuring our impact

Given the nature of the approach being taken, and the intention to address the root causes of serious violence, it is anticipated that while there will be some short-term progress, the main impact of the strategy will be seen over the medium to longer term. A baseline Strategic Needs Assessment will be completed in Spring 2023. To demonstrate improvement, a performance framework relating to the strategy and priority areas will be developed, including a mixture of inputs, outputs, and outcomes to be measured annually.

Working in partnership

We recognise that activities to address the root causes of serious violence overlap with many related agendas and strategies, both nationally and locally (such as drugs and alcohol, county lines, child exploitation, domestic abuse etc). We also acknowledge that a significant amount of related work is underway. As such, we will seek to co-ordinate, support, and complement, rather than duplicate, existing activity. We will ensure the strategy and supporting action plan builds upon this existing activity and, where possible, is delivered through established partnership arrangements.

Implementing the strategy

The implementation of the strategy will be overseen by the Dudley Safe and Sound Board (figure 3 below), which will ensure that planning and programmes are delivered effectively, in a structured, coherent manner, in the appropriate communities. It will govern the agenda, establish strategic priorities, and align commissioning intentions, challenge, and manage performance, share good practice, champion achievements, and identify and manage risks.



Figure 3 Dudley Safe and Sound Board Governance Structure, November 2022

**Meeting of the Health and Adult Social Care Scrutiny Committee –
24th April 2023**

Report of the Director of Adult Social Care and Public Health and Wellbeing

Quarterly Performance Report – Quarter 3 (1st October 2022 – 31st December 2022)

Purpose

1. To present the Quarter 3 Public Health and Wellbeing and Adult Social Care Quarterly Performance report of the financial year 2022/23 covering the period 1st October to 31st December 2022 in accordance with the new 3-year Council Plan.

Recommendations

2. It is recommended that the Scrutiny Committee review the contents of this report and that any identified performance issues be referred to the relevant Service Director.

Background

3. This Quarter 3 performance report provides the committee with progress on the objectives and Key Performance Indicators (KPI's) set out in our Directorate plans as part of the delivery of the new 3-year Council Plan priorities and our Future Council Programme:
 - A borough of opportunity
 - A safe and healthy borough
 - A borough of ambition and enterprise
 - Dudley Borough the destination of choice

4. The Future Council programme incorporates everything we do, it sits at the heart of the Council Plan enabling our services. The comprehensive programme ensures the council is 'fit for the future'. The programme has four key themes which include:
 - People
 - Digital
 - Place
 - Process
 - Financially sustainable
5. Directorate plans will show the operational activity to deliver the objectives in the Council Plan alongside our other strategies such as the 'Living with Covid Plan', 'Children's Improvement Plan' and the 'emerging climate change strategy'.

Performance Framework

6. The performance reporting framework launched early 2022. The framework monitors performance and progress against the delivery of the Council Plan and Directorate Service Plans. Please See Appendix 1.

Effective performance management requires clearly defined and structured accountability, for Dudley these are:

- Strategic Executive Board have overall responsibility for the approval of and accountability for the Council Plan, initiatives and priorities associated within the performance framework.
 - Performance Champions are in effect 'the custodians' of the Council Plan with responsibility for delivery of the council plan and associated policies. They are also responsible for having an overview of performance ensuring that the right priorities are being attached to the actions contained within the relevant divisional service plans and improvement plans.
 - Directorate Performance Management Teams are responsible for ensuring that timely and accurate performance information is available, that problems of performance are flagged and that appropriate delivery plans are generated and tracked.
 - Both Future Council Scrutiny Committee and the Health and Adult Social Care Committee receive the Quarterly Corporate Performance Management Report and make any associated recommendations.
7. The role of internal Audit is to provide an independent review of the corporate approach to performance management and data quality.

Key Performance Indicators and Summary

8. An extensive piece of work has been carried out across all directorates to ensure all directorate service plans align to the new 3-year council plan core priorities and outcomes.
9. The performance management team have developed a matrix which clearly maps out the corporate KPI's via the directorate service plans clearly showing the alignment to our council plan priorities. See Appendix 1: Corporate Measures 2022-2025.
10. We continually reviewing how we monitor and report on performance. From quarter 1 and in addition to corporate key performance measures being reported we will also report against key actions aligned to our council plan priorities and the outcomes Dudley want to achieve for our residents. The table below provides the number of actions for Public Health and Wellbeing and Adult Social Care including the number of KPI's.

Directorate/Service	Actions	KPIs
Adult Social Care	23	4
Public Health and Wellbeing	17	4

Q3 Performance Summary

11. In terms of Adult Social Care the collective actions attached to the 4 quarterly KPIs have been assessed as "On or Exceeding Target". For Public Health data demonstrates that 4 KPIs are on target. A detailed account of those measures below target are detailed in the attached performance report.

Performance short-term and long-term trends

12. The report also compares direction of travel comparing short term trend and annual trend within the respective scorecards. Please note short term trend will be available at Quarter 2. For further information please refer to the main report and the detailed scorecards together with the exception reporting where applicable (below target).

Key Initiatives / Actions Monitoring

13. In addition to key performance measures and new for this financial year we are also monitoring delivery on key initiatives/actions aligned to our council plan priorities.
14. Actions are identified in Directorate plans and replicated in Spectrum journals. Teams then provide narrative regarding progress as well as assigning a status of either behind, on target, ahead or completed. This information is provided in the performance report and the Service Summary Reports.

Key Activities/awards and accreditations

Adult Social Care

15. There has been positive progress across the reporting period. The two areas of decreased performance pertain to Reablement- PI 501. Over the last 12 months the input and support of discharged patients has changed due to the negative impact of pressures from the hospital flow and the increase in the level of need people have. The Local Authority and the Integrated Commissioning Board have agreed to implement an improved model of discharge support which includes a greater response of reablement for higher complexities for people. This new model is due to begin April 2023 with full capacity October 2023. The Head of Service is confident this will address the slight shortfall in performance in this quarter and forecast performance for next year.

The other indicator that is the conversation rate for safeguarding enquiries to a concern- PI 2134. It is positive to note that the rate has increased to 8% but further work is required to reach the 20% target. A case file audit of safeguarding threshold decisions is scheduled to provide further assurance.

Public Health & Wellbeing

16. Please see attached Service Report for Quarter 3.

Finance

17. There are no direct financial implications arising from this report

Law

18. There are no direct legal implications arising from this report

Risk Management

19. The current performance reporting period, risk management is contained and reviewed in the performance reporting, however as part of the new risk management framework approved at audit and standards committee, risk reporting will not sit within performance and each directorate will need to develop a risk register for monitoring purposes.

Equality Impact

20. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.
21. No proposals have been carried out.
22. No proposals have been made, therefore does not impact on children and young people.

Human Resources/Organisational Development

23. There are no specific direct human resource issues in receiving this report. In terms of the Council's sickness level and the management of attendance, the HR and OD team continues to work with Directors and Heads of Service to assist and provide support in tackling those areas identified as having high levels of sickness.

Commercial/Procurement

24. There is no direct commercial impact.

Environment/Climate Change

25. There are no implications arising from this report.

Council Priorities and Projects

26. The Council Plan and the Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Future Council Programme and provides that golden thread between them.
27. Our Council Plan is built around 4 key priority areas, and our Future Council programme. The Council Plan is a 3-year '[Plan on a Page](#)'. Each directorate has a Directorate Plan that aligns to the priority outcomes that the Council is striving to achieve, as outlined within the Council Plan, and includes an assessment of how the service has contributed towards these priorities along

with a range of key performance indicators to enable us to keep track of progress.

28. Performance management is key in delivering the longer-term vision of the Council. Quarterly Corporate Performance Reports are reported and reviewed by Strategic Executive Board, Informal Cabinet, the Deputy and Shadow Deputy Leader and all Scrutiny Committees.
29. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.



Matt Bowsher

Director of Adult Social Care



Mayada Abu Affan

**Interim Director of Public Health
and Wellbeing**

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Appendices

- Appendix 1.1 – Q3 Dashboard Performance
- Appendix 1.2 – Adult Social Care Service Summary Sheet Q3
- Appendix 1.3 – Public Health & Wellbeing Service Summary Sheet Q3

Appendix 1.1 – Q3 Dashboard Performance



Corporate Performance Dashboard Adult Social Care

2022-23 Q3

Corporate KPI performance 2022-23 Q3

KPI's due to be reported

4

KPI's reported

4

KPI's missing data

0

KPI short term trend

Comparing 2022-23 Q3 to 2022-23 Q2



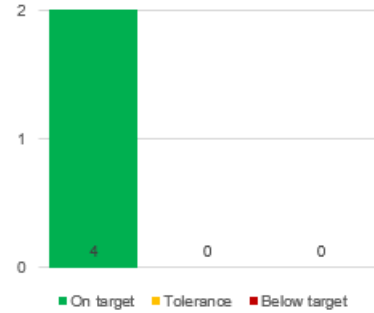
KPI annual trend

Comparing 2022-23 Q3 to 2021-22 Q3



KPI's new for 2022-23 cannot be compared

KPI status



Directorate plan actions status 2022-23 Q3

Action status



Actions due to be updated
21

Actions updated
19

Actions not updated
2

KPI scorecards 2022-23 Q3



Dudley the borough of opportunity

Performance indicator	2021-22	2022-23 financial year							Benchmarking comparator data
	Qtr. 3 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Target	Score	Short term trend	Annual trend	
PI 2133 % of working age service users (18-64) with learning disability support living alone or with family	51%	46%	73%	74%	50%	★	↗	↗	77.3% England 2019/20
PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting	10.9%	9%	23%	25.6%	11%	★	↗	↗	Local measure
PI 501 (ASCOF2B) - Prop of 65+ at home 91 days after discharge from hospital into reablement services	92%	98%	90%	88%	83%	★	↘	↘	82% England 2021/22



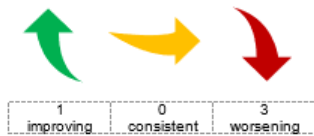
Dudley the safe and healthy borough

Performance indicator	2021-22	2022-23 financial year							Benchmarking comparator data
	Qtr. 3 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Target	Score	Short term trend	Annual trend	
PI 2134 % of the conversion of safeguarding concerns to enquiry	8.1%	6%	4%	8%	20%	★	↘	↘	37% England 2019/20

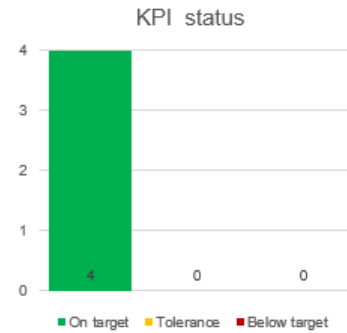
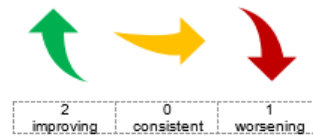
Corporate KPI performance 2022-23 Q3

KPI's due to be reported	KPI's reported	KPI's missing data
4	4	0

KPI short term trend
Comparing 2022-23 Q3 to 2022-23 Q2



KPI annual trend
Comparing 2022-23 Q3 to 2021-22 Q3



Directorate plan actions status 2022-23 Q3

Action status



Actions due to be updated	Actions updated	Actions not updated
17	17	0

KPI scorecards 2022-23 Q3

Performance indicator	Dudley the safe and healthy borough		2022-23 financial year							Benchmarking comparator data	
	2021-22	2022-23	Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Target	Score	Short term trend	Annual trend		
PI 1441 Air Quality completed in actions in accordance with the timetable in the approved Air Quality Action Plan			100%	97.7%	98.9%	98.3%	75%	★	↘	↘	Local measure
PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team)			£414,300	£135,000	£6,000	£633,000	£150,000	★	↗	↗	Local measure
PI 2074 Proportion of premises in the borough that are broadly compliant with food hygiene law (star rating of 3 or more).			86.8%	89.5%	92.9%	92.6%	90%	★	↘	↗	
PI 2260 Percentage smoking at time of delivery (Dudley residents)			-	11.5%	8.4%	9.3%	10%	★	↘	-	Local measure

Appendix 1.2 – Adult Social Care Service Summary Sheet Q3

Service Summary Sheet

Directorate	Adult Social Care				
Year	2022/23	Quarter	3		
Benchmarking with local authorities/nearest neighbours <i>Please consider if a Delivering Better Outcomes proforma should be completed also.</i>					
<p>Adult Social Care continues to benchmark against a larger suite of indicators on a regular basis, for example through monthly Directorate scorecards, as well as requirements for regional and national reporting. The comparisons below are those which relate to corporate indicators. It should be noted that comparator data is based on time periods prior to latest local data available and so does not always reflect recent trends. Benchmarking is refreshed on an annual cycle alongside the release of national statistics.</p>					
Performance Indicator	Qtr. 3	Target	West Midlands average	Statistical neighbour average	National average
PI 2133 % of working age service users (18-64) with learning disability support, living alone or with family	74%	50%	74%	87%	79%
PI 2132 % of contacts to adult social care with an outcome of information and advice / signposting	26%	11%	N/A	N/A	N/A
PI 501 (ASCOF2B) – Proportion of 65+ at home 91 days after discharge from hospital into reablement services	88%	83%	81%	84%	82%
PI 2134 % conversion of safeguarding concerns to enquiry	8%	20%	14%	43%	30%
<p>All indicators performed better than target for Q3 reporting. Through Directorate Planning for the next financial year, indicators and targets will be reviewed to ensure that these continue to reflect priorities for the Directorate.</p>					

Overview of service delivery

Include any issues / risks

Dudley Adults Portal

The Dudley Adults Portal has been developed for local people after working in close collaboration with residents themselves. The online tool offers a new, quick, easy and secure way for people to find information and advice about care and support choices to suit their needs.

Since implementation, the statistics for portal usage have continued to be compared with Front of House statistics and are showing overall increasing portal usage across all areas, while the profile of citizens and professionals remains similar.

More information on the portal can be found at:

<https://www.dudley.gov.uk/residents/care-and-health/adult-health-social-care/dudley-adults-portal/>

Fair cost of care and market sustainability

As part of the government's adult social care reform agenda, local authorities were required to complete a 'fair cost of care' exercise in 2022 to arrive at a shared understanding with providers of the local cost of providing care. This includes publishing a market sustainability plan detailing how they plan to move towards sustainable costs of care (where this is not already being paid) over the next three years.

Local authorities were required to submit draft documents and reports during October 2022 to the Department of Health and Social Care. Dudley has completed this and the results of surveys undertaken, alongside other provider feedback and data, are now informing the development of the council's provisional market sustainability plan.

Documents are published on the Council website

<https://www.dudley.gov.uk/resident/care-health/dudley-social-services/> and provider engagement sessions on the outcomes and sustainability plans are scheduled to take place in February and March. The final market sustainability plan will be published on the Council website at the end of March and uploaded to Department of Health and Social Care.

Sustainability plans for domiciliary care include maintaining a competitive and sustainable rate and the development of a new framework from 2024.

Sustainability plans for the care home market are being considered currently and include the introduction of new bands of care and new rates for new placements.

Queens Cross Network

Queens Cross Network has seen the relaunch of the Direct Payment's Café in October following the restrictions of COVID. There are three clubs identified as preparing to relaunch and use the building facilities early in the New Year. A total of 2,077 people have visited Queens Cross this quarter either as assessed attendees of the service (513) or people with disabilities "dropping in" (478) and other community groups, general visitors or volunteers contributing to the footfall (1,086).

The three community rooms overseen by the Enabling Community Support Team has seen seven new groups established, supporting people with dementia, luncheon club for older people, community interest groups; community café; and midweek prayer/worship. In addition to the regular health and wellbeing checks undertaken by the Enabling Community Support Team the Pleased to Meet You arm of the service has received a total of 247 referrals - the highest area of referral relates to Independent living which includes benefits, form filling, trusted assessor, support with postal enquiries, emergency shopping/delivery set up. The second highest referral is associated with social inclusion i.e. referrals to external clubs/pastimes/hobbies and getting "out and about" Over half the referral rate has been from the south of the borough with Brierley Hill being the main source.

The Crystal Gateway

The Crystal Gateway has delivered a total of 1979.25 hours to an average of 82 people per week living within their own homes. The building-based service has continued to increase its "in person" service with an average of 26 people accessing the service each day. New starters during this period total 5 for building based and 6 for outreach. The waiting list for the outreach provision stands at 35 people – a preferred method of receiving support. The dementia service hosted a training event on dementia to staff across the health and social care landscape (internal and external) including care homes, domiciliary care – a successful event. The service also launched its quarterly newsletter to promote another dimension of carer involvement and information sharing along with the introduction of carer meeting sessions and the launch of the dementia choir (for attendees and their carers).

Telecare

Telecare have launched a pilot in partnership with the NHS urgent care response HUB in Dudley, to enhance our falls response and prevention offer. The pilot enables us to support and lift fallers who are injured instead of historically only those that are non-injured, Telecare responds out with a clinician to injured fallers who then assess and treat the faller in the community, resulting in Telecare then being able to lift them safely, without the need to call for an ambulance. With ambulance waiting times increasing, Telecare customers were automatically being conveyed to hospital, not as a result of the injuries from their fall but due to other health deterioration whilst waiting for the ambulance to attend. The pilot has already seen many improvements for the citizens of Dudley. Being able to reach

more people is organically improving outcomes for individuals. People are being treated and lifted safely in the community, meaning they can stay at home, minimising the need for a hospital admission.

Telecare's service user short video has now been launched across all social media platforms and on the council's website. Telecare's internet page has been updated and feedback received has been positive. We have seen an increase in uptake for December

Reducing delayed transfers from hospital

Adult Social Care received grant monies for local authority discharge and Aging well monies. This has been used to increase the infrastructure of the discharge pathway. As a result, from December 2022 there has been a daily increase of discharges from hospital back into the community for Dudley Residents.

There is an agreement between Black Country Integrated Care Board, Dudley Integrated Health and Care NHS and Dudley MBC to reinvest into reablement improvements for Pathway 1 with a view of fully operational by September 2023. Better Care Fund objectives have been agreed for 22/23 onwards and are on track, the Integrated Commissioning Executive retains oversight of performance.

Living Well Feeling Safe

Our Living well, feeling safe service works to support vulnerable and older people to stay safe, healthy, well and independent in their homes. We received 284 hits of which 258 were new users to the site. Community Engagement has seen an event at Merry Hill resulting in 300 Borough residents receiving information and advice from partner agencies on staying safe and well in their homes and communities. 225 homes safety and security assessments and 355 installations/removals/repairs to door access equipment has been undertaken by the technicians. An enhanced handyperson service has been established to support the discharge to home from a hospital stay.

Workforce metrics

Headcount & FTE as at 31/12/2022	Non Casual Headcount (FT and PT)	Non Casual FTE	Casual Headcount	Agency Headcount	Total Headcount
Adult Social Care	758	646.41	11	88	857

Ethnicity	%
Ethnic Minority Group	14.8%
Undisclosed/Prefer not to say	4.9%
White	80.3%

Staff turnover rate	%
2022-23 Q3	9.7%

Sickness days lost per FTE	Days
2022-23 Q3	10.8

Service achievements

Report of any external accreditation, awards, positive publicity, during the past quarter

New carers hub

In November, Councillor Andrea Goddard opened the hub - based at the Brett Young Day Centre in Halesowen. It is one of two in the borough, with the other located at the Queens Cross Network in Dudley. The hubs support unpaid carers of all ages, offering information, advice and support. The event was organised to tie in with the Festival of Light and Carers Rights Day to recognise and celebrate unpaid carers and the care they provide.

Dementia respite service

The Dudley Council-run Crystal Gateway in Brierley Hill was shortlisted at the regional finals of the Great British Care Awards 2022. The team developed a community outreach service during lockdown due to Covid in 2020, and now can offer help and support either at the Gateway in Brettell Lane or in the comfort of people's own homes. The service has become flexible to adapt to the needs of each individual person to give them the best possible care and support. It can deliver support at the centre, in the home, or even allow people to take part in activities at the centre from home using digital devices.

Plans for new extra care plus scheme

Plans for a new multi-million-pound supported housing development in Brierley Hill are progressing as Dudley Council seeks a housing provider to run the scheme. The council is partnering with private developer E5 Living to create a new extra care plus scheme in the town.

When built, it will provide rented accommodation for people who require a higher level of social care support to maintain their independence as long as possible, including people with dementia. The development in Moor Street will come at no cost to the council and allow people aged 65 and over to live independently with the added benefit of round the clock care and support available.

Opportunities for improvement

Information relating to service complaints / compliments and learning from these

We continue to receive compliments for staff and services provided across Adult social care, improving service users lives and well-being with staff making significant improvements to their current situations

We continue to look at embedded learning from complaints and compliments and a breakdown is provided in each quarter. During quarter three it was identified that some staff within OT had not been supported through supervision. Regular supervision with staff will provide guidance and opportunity to observe professional practice. This has been actioned via discussions with Team Managers and staff.

Any additional information relating to performance

Adult Social Care are due to have an Assurance Inspection by the Care Quality Commission (CQC). A government initiative, this will be the first formal review.

Prior to this a Readiness Review has been organised for May with representatives from Association for Directors of Adult Social Services (ADASS) conducting an assessment to establish the level of compliance we have within Dudley.

In preparation for this initial review, themed task and finish groups have been set up to gather evidence, identify gaps and make proposals to improve our service moving forward.

Appendix 1.3 – Public Health and Wellbeing Service Summary Sheet Q3

Service Summary Sheet

Directorate	Public Health and Wellbeing Division		
Year	2022-2023	Quarter	Q3
Overview of service delivery <i>Include any issues / risks</i>			
Working with partners to develop the aspirations of the child friendly borough			
Child Friendly Dudley Steering Group in operation. Recruitment to project manager role unsuccessful. Growing up in Dudley project underway, and survey sent to stakeholders and awaiting report. Further discussion required around UNICEF status and longer term funding			
Working with partners to promote childhood vaccines			
ICB vaccination lead is now in post. Vaccination inequalities work continues, through the established PH Dudley system group. Working on securing funding from NHS E to address vaccine inequalities across the system. Meetings to be arranged next quarter. Although COVID/flu focused a Dudley roving vaccination service commenced in December, targeting areas of low uptake and providing the public an opportunity to have targeted conversations around flu and COVID vaccination.			
Working in partnership with Children's Services to complete a SEND needs assessment and Strategy			
This work has now been completed			
Working with communities, anchor organisations and partners to take forward asset based approaches			
Support to partners to embed asset-based approaches into the Growing up in Dudley and First 1001 days programmes, including planning of a collaborative workshop to develop a peer to peer support model, input re social prescribing and community development workers support with community asset mapping. Discussion with health colleagues to explore the 'ease of navigation' workstream to understand how the Dudley Community Information Directory can facilitate community connections and build on community assets. Knowledge of local assets and asset-based approach shared during corporate group meeting about DMBC re-use facilities to inform a way forward building on community assets. Expertise on asset-based approaches and local work shared with council, NHS and voluntary sector colleagues at a new Dudley place based meeting of engagement leads.			
Creating a health protection model and emergency planning structures and processes			

Monthly meetings continue, workforce updated when required and meetings to be stepped up should there be an escalation

Work with NHS, Social Care commissioners and providers to develop a programme to improve quality and minimise disruption to services from infectious disease

The Health protection co-operation agreement has been amended and signed by all stake holders within this quarter The audit and education programme for social care continues. The PH Health Protection Team continues to support outbreak management within social care and also education settings on a daily basis, to ensure effective management of cases, providing support to those areas to minimise impact of outbreak.

Development of integrated family hubs, providing health, education and social care for all Dudley Families

Delivery plan submitted and awaiting second tranche of funding for 22/23. Recruitment underway. Governance developed. JSNA due for completion Q4 Co-location of services now started, with midwifery teams in all Family Hubs and development of locations for outreach.

Develop a system wide pathway to reducing loneliness and isolation

Ongoing work to support older people including the roll-out of the Later Life Planning resource across DMBC, voluntary sector, community groups, businesses and events and online at www.lets-get.com. Increasing numbers of people referred for digital skills sessions and 11 tablets loaned. Seeing significant improvements in people's confidence in using technology, making new friends, increased contact with others and participating in their local community as well as reduced loneliness and isolation. Engagement with 21 local community groups that involve or support older people to build relationships, provide support, help to develop projects and discuss concerns on keeping healthy and well with focus on winter wellbeing. Winter wellbeing campaign has included circulation of 20,000 booklets, training of front-line staff, key messages on Black Country radio and promotion through council channels and local media. Evaluation and report is due in March. Some delays in work to further support to the cost-of-living crisis but questionnaire has been developed to map services and identify gaps. Connecting Older People: a networking and funding event delivered in November, with a total of 63 people attending. 12 community groups shared their project ideas and received funding voted by the audience and will be provided with ongoing support throughout the project. Befriending scheme: Home visits and telephone calls supporting 73 older people at risk of loneliness. 53 volunteers signed up to the scheme delivering a total of 475 hours of befriending this quarter.

To protect the people of Dudley by expanding the work of the trading standards team

Ongoing projects include dealing with premises selling illegal tobacco and vapes, investigating scams, investigating bogus carers targeting the vulnerable, and several investigations against second hand car dealers. Dealing with illegal tobacco and vapes continues to make a significant demand on resources, and an ongoing program of underage test purchases by vape sellers has revealed a high failure rate which will necessitate ongoing legal action.

Ensure robust emergency planning and business continuity processes are in place across the council and commissioned services to respond to incidents that impact our residents and services

Outsourced Providers of Critical Services and Supplies Business Continuity Evaluation template has been cascaded through Incident Management Group to be used at the contract monitoring meetings services have with providers to enable the assessment of BC plans. Business Continuity Management Policy and reviewed Incident Management Group Terms of Reference approved at IMG on 2nd November 2022. One-to-One quality review meetings of completed Business Continuity Plans are taking place over the coming months with Heads of Service. Pandemic Plan is being reviewed to incorporate learning from Exercise Perinthus in 2019 and combining with the learning from response to covid-19 pandemic. Mass Fatalities Plan is under review to include new local emergency mortuary arrangements. Multi-Agency Flood Response Plan is being updated to include new Flood Warning Areas in the borough

Support the council wide response to poverty focusing on child poverty

JSNA underway, poverty proofing work under development for 23/24. Successful round of small grant funding, including grass roots support for children.

Improve links between delivery of Public Health goals and the regulatory activities of the Environmental Health and Trading Standards Service

Links between food hygiene inspections and initiatives encourage healthy eating (tackling obesity), removing illicit tobacco from sale (reducing tobacco addiction/reducing smoking in pregnancy), improving air quality (tackling climate change) and visiting vulnerable residents who are targeted by scammers (tackling loneliness and isolation), continue to be developed.

To promote the extensive air quality monitoring network operated by Environmental Health and encourage the application of the data obtained to deliver cleaner air in the borough

A program to promote the importance of air quality and the value of the data we hold is ongoing. Presentations have been given to SEB and Climate Change Scrutiny Committee, new roadside signage has been produced, and school visits are being planned. A review of air quality

monitoring with reference to areas of high asthma rates in the borough is now being undertaken.

Work in collaboration with groups from marginalised communities to understand barriers to improving health and develop programmes to address these barriers

Collaborated with Stourbridge Community Development Trust to deliver a multi-cultural festival in Lye as part of the New Histories project. The event comprised of a traditional folk music performance of Roma music, religious music, local singer songwriters performing western folk music traditions, archive film of the local area, dance from the Christchurch Romanian girl group and Punjabi dhol drum performances that took the whole of Lye into the street for a celebration of cross cultural engagement. Around 200 residents were engaged both inside the venue and outside. The final project report and media resources from the project will be available in Q4. Further community development work with the Roma community in Lye to facilitate community led activities such as dance and music. Support to partners to liaise with the Roma community on a wide range of welfare related issues. The community development worker for marginalised communities appeared in a BBC interview focussing on the impact of the cost of living crisis on the Roma community in Lye. A core group of ward members, council and health colleagues has been established to lead on a system wide asset based approach to working in Lye and a 'Life in Lye' programme will be launched in Q4.

Rebuild the Public Health Department following the 2 year covid response

Planning days are being booked to have a Strategic Plan in place for the Public Health and Wellbeing Division to be clear of our vision, values and mission, then identifying our strategic priorities, programmes and projects to achieve our strategic goals for 23/24.

Recommission and redesign Public Health contracts to be fit for the future and to meet the relevant regulations

On the 24th November 2022 it was decided by the ICB and transformation groups, following legal advice, that the original procurement exercise was no longer live or longer viable due to the time lapsed since initiating the procurement exercise and significant changes in the NHS landscape. In view of this approval has been granted to procure through competitive tender the following Public Health Services: • Sexual Health Services • Integrated Substance Misuse services • Adults Wellness Services • Children and Young People Services for 0-19 year olds (25 years for SEND) To ensure continuation of services post March 2023 whilst Public Health services are being procured, we have approached incumbent providers to direct award to them new contracts for 7 months +up to 5 month, with 1 month notice to extend, contract term effective from 1st April 2023. 2022/23 terms and conditions and financial envelopes would apply,

should this be agreed. The procurement process will commence in January 2023 to ensure continuity of services from 1st November 2023. The intention is to retender those services originally in scope of transfer in revised bundles to bridge our administration's health and social priorities, pool resources, realise financial efficiencies and drive both economies of scale and service innovation. Soft market testing will commence early January 2023 to gauge provider appetite and the extent of demand in the market for the delivery of services we will be going to market for.

Workforce metrics

Headcount & FTE as at 31/12/2022	Non Casual Headcount (FT and PT)	Non Casual FTE	Casual Headcount	Agency Headcount	Total Headcount
Public Health and Wellbeing	128	112.1	1	16	145

Ethnicity	%
Ethnic Minority Group	14.8%
Undisclosed/Prefer not to say	8.6%
White	76.6%

Staff turnover rate	%
2022-23 Q3	11.8%

Sickness days lost per FTE	Days
2022-23 Q3	5.9

Service achievements

Report of any external accreditation, awards, positive publicity, during the past quarter

- As a result of the excellent work Alexandra has done in Lye over the last 3 years with the Roma community she was nominated by Cllr Hanif to speak in a BBC interview on the impact of the cost of living crisis.
- In recognition of all the individuals who pulled together to host Dudley's summer of sport, the Mayor hosted a small thank-you event today (19 Dec) in the Mayor's Parlour. *The Mayor wishes to extend her thanks to everyone who helped Dudley to play its part in a historic sporting event for the region.* The celebration saw colleagues from across the Council coming together once more to acknowledge the incredible efforts that went into Dudley's contribution to the Commonwealth Games. At the thank-you event, the Mayor of Dudley said: *Today, we have colleagues from public realm, highways, traffic, waste, communications, events, **emergency planning, environmental health and trading standards, public health, culture and leisure, economic growth and skills and virtual schools, and you all played your part in making the Commonwealth Games in Dudley an unforgettable experience for so many people.***
- The Housing Support Fund (HSF) is a government grant offered to councils to distribute to residents that are struggling with increases in the cost of living. Dudley Council received £2,625,519 to be allocated over the period October

2022 – March 2023. Public Health is coordinating the delivery of HSF 3 and are working with partners across the borough and key departments in the council who are working closely with those most likely to be struggling. Money has been allocated to Sheltered Housing organisations, Citizens Advice, Adult Social Care, Homelessness team, Education, Family Centres, Winter Warmth and DCVS to allocate to key services within their remit. This round of funding has also included a new requirement to offer public facing application based access to HSF 3. All of the £2.6m has been transferred to the partner departments and organisations as per the HSF3 spending plan. In Q3, a total of £965,758.66 has gone to 14,336 eligible households across the borough. The application process has seen significant demand, with all the allocated funding already distributed to residents. We are proactively working with partners to ensure that all the remaining fund is distributed where it is most needed.

- The community development worker for marginalised communities appeared in a BBC interview focussing on the impact of the cost of living crisis on the Roma community in Lye. A core group of ward members, council and health colleagues has been established to lead on a system wide asset based approach to working in Lye and a 'Life in Lye' programme will be launched in Q4.

Opportunities for improvement

Information relating to service complaints / compliments and learning from these

- At a meeting of the Your Home Your Forum chairs and vice chairs on 18.01.2023, a number of Cllrs voiced very negative comments on the recent changes to the forum meetings. This poses a significant risk to the reputation of the Council and to the Healthy Communities Team, and also the risk of losing liaison officers meaning lack of capacity to deliver these meetings in the future.

Any additional information relating to performance

Meeting of the Health and Adult Social Care Scrutiny Committee – 24th April, 2023

Report of the Lead for Law and Governance (Monitoring Officer)

Annual Scrutiny Report 2022/23

Purpose

1. To consider the annual scrutiny report for 2022/23.

Recommendations

2. That the Scrutiny Committee:-
 - receives and comments on the attached annual report;
 - identify any items that need to be rolled-forward for inclusion in the draft Annual Scrutiny Programme for 2023/24.

Background

3. The Scrutiny Committee Procedure Rules, as set out in the Council's [Constitution](#), require that an annual overview and scrutiny report is submitted to the Council.
4. The Committee's annual report for 2022/23 is attached as an Appendix. Minutes and outcomes of all Scrutiny Committee meetings can be accessed online via the [Committee Management Information System](#). The Annual Report will be presented to the Council on 17th April, 2023 for consideration.
5. The Council has recognised the importance of retaining an annual review and report process. This is to ensure that the arrangements continue to align themselves to the needs of the Council and that the scrutiny arrangements remain adaptable and flexible to changes in circumstances.

Draft Annual Scrutiny Programme 2023/24

6. Work to develop the Annual Scrutiny Programme at this stage needs to allow for flexibility given any potential changes arising from the annual meeting of the Council. All Scrutiny Committee Chairs/Vice-Chairs, Officers and others will be invited to contribute to the development of the Annual Scrutiny Programme.
7. The views of the Committee are invited on any items that need to be 'rolled forward' to the next municipal year or any items they would like to suggest for inclusion in the draft Annual Scrutiny Programme for 2023/24.
8. A meeting of the Scrutiny Committee Chairs and Vice-Chairs was held on 30th March, 2023 to discuss the Annual Scrutiny Programme.

Finance

9. The costs of operating the Council's scrutiny arrangements are being contained within existing budgetary allocations.

Law

10. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.
11. Scrutiny powers relating to health are included in the Health and Social Care Acts 2001 and 2012, and associated Regulations and statutory guidance. The Police and Justice Act 2006 gives the Council powers to scrutinise the work of the Crime and Disorder Reduction Partnership, and the Local Government and Public Involvement in Health Act 2007 enables local authorities to scrutinise other partners. Much of this legislation is consolidated in the Localism Act 2011.

Risk Management

12. The Council's scrutiny and governance arrangements are contained in the Council's Constitution which will ensure that the Council considers any ongoing material risks as part of the Council's Risk Management Framework.

Equality Impact

13. Provision exists within the scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

Human Resources/Organisational Development

14. Overview and Scrutiny work is primarily administered within the resources available to the Democratic Services Team with support from Directorates and other Officers as required. Any proposals to develop the Council's overview and scrutiny functions have to be set in the context of the resources available and the organisational capacity to support scrutiny work.

Commercial/Procurement

15. This report has no impact on the Council's potential to commercially trade. Individual items included in the Annual Scrutiny Programme may have commercial implications, which will be reported to the relevant Scrutiny Committee.

Environment/Climate Change

16. Individual items included in the Annual Scrutiny Programme and associated reports to Scrutiny Committees will consider any implications on the environment or the Council's work in addressing Climate Change and achieving Net Zero target by 2041.

Council Priorities and Projects

17. Items within the Annual Scrutiny Programme and the work undertaken by the Scrutiny Committees contribute to the delivery of key Council priorities including the Borough Vision, Council Plan and Future Council Programme.



Mohammed Farooq
Lead for Law and Governance (Monitoring Officer)

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Appendix

Appendix 1 - Annual Report 2022/23

List of Background Documents

[The Council's Constitution](#) – Article 6 and Scrutiny Committee Procedure Rules

Scrutiny Reports and Minutes available on the [Committee Management Information System](#)



**Chair -
Councillor
Matt Rogers**

**Annual report of the
Health and Adult Social Care
Scrutiny Committee**

2022/23 Muncipal Year



**Vice-Chair -
Councillor
Phil Atkins**

Our role involves the scrutiny of local health and associated services, as a contribution to the Council's community leadership role and in line with our statutory duties. This includes the scrutiny of local NHS bodies and matters falling within the portfolio responsibility of appropriate Cabinet Members.

High Oak Surgery

The Committee undertook a full scrutiny review on the relocation of High Oak Surgery. A single subject Scrutiny Committee was held on 15th June, 2022, which members of the public, stakeholders and Ward Councillors were invited to attend and make representations. A joint report of Dudley Integrated Health and Care Trust (DIHC) and the Managing Director for Dudley at Black Country and West Birmingham Clinical Commissioning Group (CCG) was considered, which provided context around the temporary relocation of High Oak Surgery, including the current provision of services provided at the Brierley Hill Health and Social Care Centre. The report also outlined the changes in primary care, a health needs analysis of the local population and the next steps in determining the future location of the surgery.

Following the conclusion of DIHC High Oak Public Conversation, a further single subject meeting of the Scrutiny Committee was arranged and held in the Pensnett community on 10th January, 2023. Local residents, Ward Councillors and Stakeholders were again invited to make representations and an update on the current situation was provided by DIHC.

Outcomes:

15th June, 2022

- That the information contained in the report and the associated presentation concerning High Oak Surgery be noted.
- That this Committee believes that the GP surgery and services should revert back to Pensnett.
- That the Cabinet Member for Public Health and Wellbeing be supported in undertaking further discussions with partner

organisations and that a further report on the outcomes be submitted to the Committee in due course.

- That the views expressed by the Committee, as summarised above, be considered further and that responses be provided to specific issues raised by Members.
- That further work be undertaken with the Clinical Commissioning Group (CCG) to develop a joint engagement plan and to ensure that consultation is real and meaningful, however, this is subject to and dependent on services being returned to Pensnett as per the pre-Covid situation.
- That the Stakeholder Panel be reinstated and that a meeting of the Panel take place in advance of the next meeting of this Committee in respect of the High Oak surgery.
- That the Chair and Vice-Chair be authorised to determine the arrangements for a further meeting of this Committee to consider the High Oak issue taking account of the views and suggestions made by Members at this meeting.

(Arising from comments raised in relation to the level of public transport operated between Pensnett and the Brierley Hill Health and Social Care Centre, located in Venture Way, Brierley Hill, a letter on behalf of the Chair of the Scrutiny Committee was sent to Transport for West Midlands, outlining the concerns and asking for a re-evaluation as a matter of urgency to support the local community.)

10th January, 2023

- That the report and verbal update provided at the meeting in relation to High Oak Surgery, be noted and endorsed.
- That the comments made at the meeting, be submitted to DIHC and taken into consideration as part of the public conversation.
- That the agenda item in relation to High Oak Surgery remain on the Scrutiny Committee's working programme, with a further update provided to the Scrutiny Committee in April, 2023.

Local and National Covid-19 Developments and Local Outbreak Management Plan (LOMP)

Members considered a report which provided a final update on Dudley's Local Outbreak Management Plan, the Local and National Covid-19 development and the Local Authority's position at the end of the pandemic phase of the response. An overview of all the work undertaken throughout the pandemic was provided, together with the system-wide response implemented to mitigate the impact on the health and social care system,

communities and local economy. It reported that although the LOMP specifically for Covid-19 was no longer required, Dudley's local response plans would be reinvigorated to incorporate lessons learned from the pandemic.

Outcomes:

- That the final update in relation to the pandemic phase of Covid-19 be received and noted.
- That the lessons learned from the pandemic and the plans moving forward, be received and noted.
- That the Government's strategy for Local Authorities to have a reduced role in Covid-19 specific activities and that no additional Covid -19 specific local funding has been provide and that a LOMP specifically for Covid-19 is no longer necessary to be maintained by the Local Authority, be noted.
- That the Acting Director of Public Health and Wellbeing circulate a breakdown of how the additional financial support provided, in terms of Government grants, was allocated to each individual Ward, to all Members of the Scrutiny Committee.
- That the Head of Health Protection circulate the findings from the community engagement, together with what barriers were identified, particularly from the BAME communities and lessons learned, to all Members of the Scrutiny Committee.
- That the Head of Health Protection circulate data in relation to the percentage of residents that are unable to have the vaccination for any reason, if available, to all Members of the Scrutiny Committee.

Feedback from the Health and Adult Social Care Scrutiny Committee Working Group

The Committee received a feedback report from the Health and Adult Social Care Scrutiny Committee Working Group held on 29th September, 2022, in relation to the work undertaken by the Council's Mental Health, Health and Safety and Corporate Landlord teams on the Woodside Day Centre. The recommendations formulated at the Working Group were submitted for consideration and approval.

Outcomes:

- That the information contained in the report submitted on the feedback from the Health and Adult Social Care Scrutiny Committee Working Group, be noted.

- That the short-term capital required to ensure Woodside Day Centre is committed from the Adult Social Care capital budget and the proposed partial re-opening and use of the two portacabins on site, subject to remedial works, be noted and endorsed.
- That the Cabinet Member for Adult Social Care, in conjunction with the Director of Adult Social Care, be recommended to seek a land valuation for the site and report back to a future meeting of the Health and Adult Social Care Scrutiny Committee Working Group with options for future provision of the service identified.

Corporate Quarterly Performance Reporting

The Committee received the Corporate Quarterly Performance reports during the year. The Director of Adult Social Care and Acting Director of Public Health and Wellbeing attended meetings to provide a summary and respond to questions asked by the Committee.

Outcomes:

- That the Director of Adult Social Care draft a letter, on behalf of the Scrutiny Committee, to the Secretary of State for Health and Social Care, expressing the Committees serious concerns in relation to the impact and difficulties the Social Care sector was experiencing and requesting additional financial support for carers and care providers.

Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS)

The Committee considered the Annual Adult Safeguarding report and received an update on Deprivation of Liberty Safeguards (DoLS). The report highlighted that the number of safeguarding referrals continued to increase year on year, with an increase in self-neglect referrals also reported. Legislation in relation to the implementation of Deprivation of Liberty Safeguards was awaited from Government.

Outcomes:

- That the report on Dudley Safeguarding Adults Board's Annual Report for 2021/22, be received and noted.
- That the Cabinet be recommended to refrain from making any additional resource cuts in relation to Safeguarding, irrespective of budgetary issues and pressures, and that consideration be given as to how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.

- That the Independent Chair (Safeguarding) and Director of Adult Social Care be requested to continue to update the Committee on the level of safeguarding demand and performance of the Directorate.

Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model

Throughout the municipal year, the Committee received regular updates on the development of the Black Country Integrated Care System and Dudley's Integrated Health and Care Model.

Outcomes:

- That the position in relation to the development of the Black Country Integrated Care System, including the integrated care board and the development of Dudley's Integrated Health and Care Model, be noted.
- That the Dudley Managing Director - Black Country Integrated Care Board, be requested to provide a further report on the significant changes in the care system and the impact this had on the role of a Councillor and provide further clarity on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated.
- The Dudley Managing Director be requested to invite Brendan Clifford to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors.

Impact of the Dudley Telecare Digital Strategy

The Committee considered a report and received a presentation on the implementation and impact of the digital strategy and the progress of the Telecare Service Review. The ways in which the telecare service supported the wider health and social care system were highlighted, together with the risks from the switchover from analogue to digital and the charging model and future developments for the service were outlined.

Outcomes:

- That the impact of the digital strategy and digital offer be noted and appraised by Members.
- That the awareness and impact of the analogue to digital switch cover be noted.

- That data in relation to how quick calls were responded/ answered be circulated to the Scrutiny Committee following the meeting.
- That a letter on behalf of the Scrutiny Committee be sent to the Telecare Services team expressing their thanks for their exemplary service.
- Consideration be given to the development of an information pack/booklet for Elected Members and that information on the service be included as part of the induction training for Elected Members.

Update on the Health Inequalities Strategy

The Committee considered a joint report and presentation on the Health Inequalities Strategy and to seek support on adopting a system wide approach to addressing the inequality gap in Dudley and to explore ways to increase the input of the wider system. The priorities for the Borough and the Council to address wider determinants were also presented, together with a picture of the population in Dudley in terms of the percentage of residents with a long-term health condition, unemployed and living in poverty.

- That the report on adopting a system wide approach to addressing the inequality gap in Dudley, be noted.
- That a further report and action plan, taking into account all of the comments made at the meeting and outlined above, be submitted to the first meeting of the 2023/24 municipal year.
- That a progress update on the Violence Prevention Strategy, be submitted to a future meeting of the Scrutiny Committee.

Other items considered by the Scrutiny Committee in the 2021/22 Municipal Year

- Food Safety and Standards in Dudley Borough
- Update Report regarding Primary Care Dental Services
- Medium Term Financial Strategy
- Primary Care Strategy
- Feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group

Future items for consideration by the Scrutiny Committee

Items to be considered at Scrutiny Committee on 24th April, 2023:-

- NHS Quality Accounts
- Serious Violence Strategy
- Quarterly Performance Report – Quarter 3

Items to be rolled forward and included in the work programme for 2023/24:-

- High Oak Surgery
- Woodside Day Centre
- Approved Mental Health Professionals (AMHP) Hub
- Mental Health and Inequalities
- Director of Public Health Annual Report
- Health and Wellbeing Strategy and Review of the Dudley Health and Wellbeing Board
- Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model
- Health Inequalities Strategy

Action Tracker – Health and Adult Social Care Scrutiny Committee

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS) (Meeting held on 14 th November, 2022)	That the Independent Chair (Safeguarding) and Director of Adult Social Care be requested to continue to update the Committee on the level of safeguarding demand and performance of the Directorate.	Independent Chair (Safeguarding) and Director of Adult Social Care	To be included in future Annual Scrutiny Programme
Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley’s Integrated	That the Dudley Managing Director - Black Country Integrated Care Board, be requested to provide a further report on the significant changes in the care system and the impact this had on the role of a Councillor and provide further clarity on the specific role of a Councillor	Neill Bucktin/DIHC	A date to be confirmed

Health and Care Model (Meeting held on 14 th November, 2022)	and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated.		
	The Dudley Managing Director be requested to invite Brendan Clifford to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors.		A date to be confirmed
Impact of the Dudley Telecare Digital Strategy (Meeting held on 14 th November, 2022)	That data in relation to how quick calls were responded/ answered be circulated to the Scrutiny Committee following the meeting.	M Spittle/N Boerm-Hammond	Completed Information circulated to Members 16/03/2023
	That a letter on behalf of the Scrutiny Committee be sent to the Telecare Services team expressing their thanks for their exemplary service.	Chair/Democratic Services	Completed Letter sent on 29/12/2022
	Consideration be given to the development of an information pack/booklet for Elected Members and that information on the service be	M Spittle/N Boerm-Hammond	Completed Information circulated to

	included as part of the induction training for Elected Members.		Members 16/03/2023
Relocation of High Oak Surgery (Meeting held on 10 th January, 2023)	That the agenda item in relation to High Oak Surgery remain on the Scrutiny Committee's working programme, with a further update provided to the Scrutiny Committee in April, 2023.	DIHC/Democratic Services	Ongoing Email updates circulated 14/03/2023 and 03/04/2023
Medium Term Financial Strategy (meeting held on 25 th January, 2023)	That the Acting Director of Public Health and Wellbeing provide Members with a breakdown of how the £500,000, dedicated to tackling austerity in the Borough will be expended.	M Abuaffan	Completed Poverty Spending Plan emailed to Members 15/02/2023
	That the Head of Assessment and Independence provide the proposed cost increase to users of the Telecare Service.	J Vaughan	Completed Information emailed to Members 15/02/2023

Update on the Health Inequalities Strategy (meeting held on 25 th January, 2023)	That a further report and action plan, taking into account all of the comments made at the meeting, be submitted to the first meeting of the 2023/24 municipal year.	M Abuaffan/ Democratic Services	Democratic Services to include in the Annual Scrutiny Programme 2023/24
	That a progress update on the Violence Prevention Strategy, be submitted to a future meeting of the Scrutiny Committee.	M Abuaffan	Completed To be considered at the meeting on 24/04/2023