



Quality Accounts

2021 / 22



NHS
Dudley Integrated
Health and Care
NHS Trust

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1. 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 Professionals 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

Our key stakeholders are given the opportunity to review and comment upon a draft of the Quality Report. The Trust's Audit Committee also reviews the draft report as part of their review of the Trust's Annual Report. The Board of Directors are responsible for final approval of the Quality Report.

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: Brierley Hill Health & Social Care Centre, 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 by emailing: dihc.communications@nhs.net

2. Foreword and Welcome

Sue Nicholls - Director of Nursing, Allied Health Professionals and Quality

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

This last year has continued to prove challenging on a number of different levels. The ongoing challenge of Covid has been difficult for our staff, our patients and communities and we marked the two-year anniversary of the first lockdown. Our teams have continued to work together to deliver the services in the most responsive way possible for our patients and communities. For example, our teams were pivotal in the delivery of



the covid vaccination programme as an integral part of the biggest vaccination programme in the world - Dudley's Vaccination Response earned special mention in a Department for Health & Social Care paper, "Protecting the Adult Social Care sector: Good Practice for Local Booster Vaccination, Published 3 February 2022.

During another intense and difficult winter, we mobilised our staff quickly to support winter activity across the system. Our Operational teams (supported heavily by corporate functions) have played an integral role in keeping the pace of this activity moving. We have helped to extend access to GP appointments and primary care-based services for children and young-people with respiratory syncytial virus by providing a winter access hub at High Oak surgery. This service was exceptionally well received by both patients and other NHS organisations across the patch (with a 98% attendance rate) and so successful that the service was extended to continue to help patients and GPs ensuring the delivery of responsive, safe and effective



care. Our teams have continued to adapt to working very differently utilising the technology that was beneficial to ensure we could keep connected with 'People' in different ways.

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

effective and caring services.

I am immensely proud that we are able to showcase through this Quality Account some of the fantastic work that our teams have undertaken during this past year. As a learning organisation we recognise that we need to continuously review, develop and embed safe and effective ways of working and will continue to focus on this as a priority.



3. 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 local Clinical Commissioning Group to support the commissioning of community-

based services.

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

As of the end of March 2022, we employ a total of 363 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.



- Sedgely Coseley and Gornal
- Dudley and Netherton
- Kingswinford and Wordsley
- Brierley Hill
- Stourbridge, Wollescote and Lye
- Halesowen

4. Aim, Purpose and 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 the 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 ask us to
- Empower our service users to be joint decision makers in their care



Enable and support our staff, we will:

- Ensure 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



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.

- Each of us has a personal responsibility for our decisions and actions. Through our actions we will 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; responding 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

5. 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

Currently located in Brierley Hill, with a registered list of nearly 4000 patients our GP practice serves the local communities of Pensnett, Brierley Hill, Kingswinford

Winter Hub

Set up to provide additional support to primary care in Dudley to cope with rising Covid cases during winter, the Winter Hub has provided a range of additional appointments for both adults and children, including home visits to patients with Learning Disabilities/Mental Health

and beyond. Also hosts the Winter Access Hub providing extra appointments for children and adults.

problems. During the period January – March 2022, the service has seen over 3000 patients most of which were seen within 15 minutes of arrival. Whilst winter pressures have reduced, some elements of the service have been commissioned to continue until June 2022.

Pensnett Respiratory Assessment Centre

Established in 2020 as part of a national initiative of setting up 'red centres' in response to the Covid challenge, DIHC established this service to safely diagnose, treat or refer those members of the local community suspected or confirmed of being infected with Covid-19.

This not only reduced the pressure on Dudley GP practices but also on the wider healthcare system, enabling some patients to avoid going to hospital through remote monitoring whilst at home. The service continued to run until the end of June 2021.

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 (ARSS) professionals 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

Chapel Street Medical Practice

During this year, we have entered into a management arrangement with Chapel Street Medical Practice to provide clinical and business management support, to

help to ensure that the patients are able to have access to high quality general medical services.



Mental Health

Dudley Talking Therapies (IAPT)

Part of the national Improving Access to Psychological Therapies (IAPT) programme. Provides psychological

support to over 16s in Dudley by offering a number of evidence-based therapies, advice and information.

Primary Care Mental Health Service

Supports individuals aged 16 years 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 and Young People

Dudley School Nursing

Transferred into the Trust on 1st April 2021, our School Nurses work in partnership with families and other professionals to promote and support the

physical and emotional well-being of all children and young people of statutory school age.

Children's and Young Peoples' Continuing Care

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

The team provide assessment services on behalf of Dudley CCG who currently fund the packages of care.

Other Adult Services

Adult Continuing Health Care (CHC)

CHC is the package of care arranged and funded by the NHS for individuals who are not in hospital but have complex on-going healthcare needs. The CHC team

provide assessment services on behalf of Dudley CCG who currently fund the packages of care.

Clinical Support

Pharmaceutical Public Health

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



6. Looking Back - Reporting on our 2020/21 Priorities for Improvement

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

- Integrated primary care and community pathway development [Effective]
- Developing service user and staff engagement & feedback [Experience]
- Inclusivity and equitable access [Experience]

Despite the challenges of the Covid-19 response, over 75% of our planned objectives were fully achieved with good, demonstrable progress having been made in all 14 priorities. The following information summarises these achievements.

These areas were:

- Protecting and supporting vulnerable people [Safe]
- Underpinning clinical systems and processes [Effective]

Safe: Protecting and Supporting Vulnerable People

Ensure that staff are competent and confident to apply the most appropriate legal frameworks regarding safeguarding		Achieved
Why we chose this	What we have done	
There is a need for services to understand and be able to apply the most appropriate legal frameworks in each situation including the Mental Capacity Act and Community DOLs.	<ul style="list-style-type: none"> • Safeguarding training needs analysis undertaken and training passport developed. • Safeguarding supervision policy implemented • CDOLs review undertaken and training and awareness via safeguarding partnership Board • Named nurses for Adults commenced 	

Establish a community learning disability wellbeing service		Achieved
Why we chose this	What we have done	
To develop a clinical model that reduces unwarranted variation in quality and outcomes and effectively addresses the safeguarding needs of our LD population.	<ul style="list-style-type: none"> • Multi-agency/multi-disciplinary LD steering group in place • Training and awareness for annual health checks implemented including education package, filming (with consent) of clients undergoing annual health checks for training purposes. • Increased awareness about the thrive into work programme 	

Development of a homelessness pathway and outreach service		Achieved
Why we chose this	What we have done	
No specific service provision in place and as a result provision of services to homeless people is ad-hoc and dependent on which practice they are registered with.	<ul style="list-style-type: none"> • Multi-agency/Multidisciplinary homeless steering group in place • Education work stream implemented • 2-year pilot commenced to support people who are homeless or experiencing structural vulnerability to identify and support people who require palliative and end of life care 	

Effective: Underpinning Clinical Systems and Processes

Development of RLDatix reporting system		Achieved
Why we chose this	What we have done	
Robust reporting and management systems are essential for core clinical governance processes including incidents and feedback. RLDatix software provides the platform for these processes.	<ul style="list-style-type: none"> • RLDatix system implemented for the recording and managing incidents, patient feedback, safety alerts and service-level risk management 	

Development of EMIS for School Nursing Service		Achieved
Why we chose this	What we have done	
All staff have a responsibility to record contacts with patients/clients contemporaneously; access to up-to-date records improves contact for the client and practitioners will have knowledge of historical services. EMIS is a fit for purpose Electronic Patient Record (EPR) system.	<ul style="list-style-type: none"> • EMIS EPR implemented within the service 	

Development of a robust L&D strategy		Partially Achieved
Why we chose this	What we have done	
<p>Trained and supported staff provide an enhanced service experience for clients.</p> <p>A clear strategy will ensure consideration of core clinical training requirements and encompasses clinical supervision.</p>	<ul style="list-style-type: none"> Initial L&D strategy developed Safeguarding training needs analysis undertaken and Safeguarding supervision implemented, and a clinical supervision policy and programme developed Initial clinical training needs analysis undertaken Co-produced Clinical Supervision Policy developed 	

Effective: Integrated Primary Care and Community Pathway Development

Roll out and expansion of the first contact MSK practitioner		Achieved
Why we chose this	What we have done	
<p>Rolling expansion of the programme required to ensure 100% coverage of the Dudley population, providing an MSK assessment with a practitioner who is better equipped to make a diagnosis and onward referral for diagnostics where required.</p>	<ul style="list-style-type: none"> Service now covers all Primary Care Networks (PCNs) in Dudley All Allied Health Professionals (AHPs) are actively completing accreditation relevant to their roles AHP lead roles now clearly identified within the Trust to provide support 	
Establish a community based MSK/Pain clinic		Achieved
Why we chose this	What we have done	
<p>Developing increased capacity and activity will improve access to services within a community setting.</p>	<ul style="list-style-type: none"> Clinic now up and running in the Dudley & Netherton PCN 	

Promote a person-centred approach to safe and effective medicines use		Partially Achieved
Why we chose this	What we have done	
<p>Clinical outcomes and patient satisfaction are likely to be better when decisions about medicines are made jointly between the person taking the medicine and the prescriber.</p> <p>The safe and appropriate use of medicines will ensure the best clinical outcomes for our population.</p>	<p>Progress was slower than planned due to the Medicines Management team being repurposed to support the ongoing Covid Vaccination programme but were still able to:</p> <ul style="list-style-type: none"> Deliver required audit programme Launch a Trust-wide non-medical prescribing work stream Appoint a Governance and Professional lead to lead on this work Active promotion of antimicrobial stewardship Development of a structured medication review template to review and record interventions targeting high priority patients 	

Experience: Developing Service User and Staff Engagement and Feedback

Development of service promotion		Achieved
Why we chose this	What we have done	
<p>To increase awareness of our services throughout the wider community and alignment with other services.</p>	<ul style="list-style-type: none"> IAPT service has a promotional team and identified lead working with the Communication & Engagement team to attend key events and engage with local communities, including through local colleges and job centres Website information improved regarding service provision, including High Oak Surgery Increased awareness through community and partner engagement supported by the Communications and Engagement Team 	

Development of a standardised patient reported experience measure (PREM)		Partially Achieved
Why we chose this	What we have done	
To understand individuals experience following their stay in Intermediate Care rehabilitation facilities.	<ul style="list-style-type: none"> Implementation of the PREM has been delayed as a result of delayed feedback from the Annual report of the National Audit of Intermediate Care and the impact of Covid However, a monthly audit tool is now being utilised within the team to capture concerns and improvements 	

Undertake a service expectation / feedback questionnaire for schools		Achieved
Why we chose this	What we have done	
Seeking feedback will enable a better understanding of the impact of our service and enable improvements to be made, as well as support better forward planning.	<ul style="list-style-type: none"> Survey completed to capture children and young people's views of the service 	

Experience: Inclusivity and Equitable Access

Deliver the Equality Diversity and Inclusion work programme		Achieved
Why we chose this	What we have done	
Diversity and Inclusion in the workforce leads to improved health and greater staff and patient experiences of the NHS. This work stream will enable the Trust to recognise and value differences through inclusion and enable DIHC to shape the future of healthcare and its workforce through becoming a more inclusive employer.	<ul style="list-style-type: none"> EDI plan in place, anti-racism campaign endorsed by Trust board and training throughout organisation Values based recruitment and competency training rolled out 	

To improve access to the IAPT service		Partially Achieved
Why we chose this	What we have done	
To ensure equitable access to IAPT services to the whole population.	<ul style="list-style-type: none"> Redesign on IAPT inclusive service information is in progress and an inclusion link worker has been established to help develop relationships with key communities and support how we reduce barriers to accessing mental health services 	



7. Our Continuing Commitment to Quality – Our Priorities for 2022/23

Dudley Integrated Health & Care NHS Trust are committed to continuously improving the quality and safety of the services that we provide.

We have established systems and processes to focus on encouraging and supporting clinical and operational staff to reflect on the service they provide to ensure we learn individual, service level and organisational lessons. We seek to learn from what goes well and what needs to improve. Wherever possible, we share lessons learnt to prevent harm alongside acknowledging, promoting and celebrating good practice. DIHC will continue to do 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.

For 21/22, we identified a broad range of Quality Priorities that reflected the developmental phase of the Trust in its first year of being in existence. These priorities helped to establish systems and processes which focus on encouraging and supporting clinical and operational staff to reflect on the service they provide to ensure we learn individual, service level and organisational lessons.

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

How we identified our Quality Priorities for 2022/23

Initial thinking centred on further strengthening the Trusts approach to continuous quality improvement to include patient safety, clinical audit and engagement. These initial ideas were then developed further through discussion and engagement with our staff and with patient representative

groups; these conversations included a discussion with ‘Dudley Voices for Choices’ to help shape how we engage with people with Learning Disabilities. The engagement sessions confirmed that we are focussing on priorities that are important to our patients and provided a wealth of invaluable feedback that has subsequently been incorporated into the quality priorities we are taking forward during the coming year.

These quality priorities are described on pages 19 and 20.

Safe

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

Effective

What are we going to do?	
<ul style="list-style-type: none"> To develop a robust clinical audit programme (at organisational and service level) including associated training 	
Why we chose this	How will we measure (our) success?
Implementing robust clinical audit and learning from the outcomes can significantly improve patient care It can make more effective use of clinical time and helps to advance practice. Clinical audit is a core component of the Trusts clinical governance framework, and we want to focus on developing our teams to be able to undertake good, quality and meaningful clinical audit.	<ul style="list-style-type: none"> Develop a clinical audit programme for 22/23 which is developed through engagement with our services and patients Demonstrating that we are undertaking all relevant national clinical audits Providing training to teams (KPIs to be determined) Demonstrate that we are widely learning and sharing audit findings across the Trust and the system as appropriate Implement a clinical audit end of year showcase for teams



Experience

What are we going to do?	
<ul style="list-style-type: none"> Equality Inclusion and Diversity, improving access to services for people with a learning disability or autism Increase the rate of annual health checks for people over 14 years and on a GP learning disability register (national target 75%) and improve the accuracy of GP Learning disability registers within our primary care services Bereavement EOL work for individuals with LD Implement the Oliver McGowan Mandatory training in Learning Disability and Autism 	
Why we chose this	How will we measure (our) success?
Evidence suggests that people with learning disabilities have greater healthcare needs than the general population and that these needs are often unmet. As an organisation with a clear focus on population health and health inequalities we want to ensure that we are accessible to individuals with learning disability making any reasonable adjustments required.	<ul style="list-style-type: none"> Exceeding the national target for rate of annual health checks for people over 14 years and on a GP Learning disability register for our primary care services Compliance with the Trusts agreed KPI for mandatory training (KPI to be agreed) Undertake a comprehensive review of the learning disability improvement standards for NHS trusts with any resulting action plan overseen through the EDI Committee Engage with people with learning disabilities to ensure our services are inclusive and responsive to their needs

8. Quality Measures and Assurance Statements

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

A lot of the wording of the statements or the content provided in this section of the

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

Review of Services

During 2021/22, Dudley Integrated Health and Care NHS Trust provided and/or sub-contracted 10 NHS services:

- Dudley Talking Therapy Services
- Primary Care Mental Health Services
- High Oak Surgery
- Winter Assessment Hub
- Pensnett Covid Assessment Centre
- Primary Care Network (PCN) services
- Dudley School Nursing team
- Children's and Young Peoples' Continuing Care (CC)
- Adults Continuing Health Care (CHC)

- Pharmaceutical Public Health

Dudley Integrated Health and Care NHS Trust has reviewed all the data available to them on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by the Dudley Integrated Health and Care NHS Trust for 2021/22.

Clinical Audits and National Confidential Enquiries

Clinical audit is a fundamental part of the quality improvement process. It plays an essential role to provide assurances to the public about the quality of our services. Findings from clinical audit are used to ensure that action is taken to protect patients from any risks associated with their care and treatment.

Clinical audit is managed at service level with the support of the medical directorate, with the Quality & Safety

Committee approving the annual programme of clinical audits and having oversight progress over the year.

The pandemic has, again, curtailed much of the audit programme that would typically have been undertaken. However, the Trust has ensured that it has remained focussed on required audits and those most pertinent to improving patient safety. In addition, other local checks and audits have continued to be undertaken

to provide additional assurance on the quality and safety of our services including Safeguarding, Health & Safety and Infection Prevention and Control.

Our Pharmaceutical Public Health team have also continued to support key

Clinical Research and Innovation

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

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

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

The group follow the NIHR principles of good practice framework in the

audits, both within the Trust and across wider primary care.

During 2021/22 0 national confidential enquiries covered relevant health services that Dudley Integrated Health and Care NHS Trust provides.

management and conduct of health and social care research and ensures that the public will feel safe when they participate in research. The Trust recognise the importance of giving our patients wider access to clinical research and understand that evidence shows research active NHS organisations have better patient care outcomes. As such, our first projects are committed to providing access to research for some of our Dudley patients who have never had access to research - we are committed to addressing these inequalities in every research application and bid.

We have gained approval for the following project during this year.

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

This is a novel pilot study aiming to improve the research capacity and capability in Primary Care in Dudley, it will also trial novel methods of research delivery via remote methods. The pilot will train new health care professionals based in DIHC and in our fully and partially integrated practices to become research-ready and understand the capabilities of remote research delivery. Again, part of the aim is to bring research opportunity to patient groups that have never had access to research before including population groups that have traditionally

been underserved by clinical research in the past. There is potential for the results of this pilot to be useful to other developing Integrated Care Systems around the country if successful. The pilot is looking specifically at the vehicle by which the research is conducted

Goals agreed with Commissioners (CQUINs)

Dudley Integrated Health and Care NHS Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework

and studying the effectiveness of those methods, supporting the DaRe2THINK project with the University of Birmingham. More information on this project can be found here. <https://www.birmingham.ac.uk/research/cardiovascular-sciences/research/dare2think/about/about.aspx>

because of the financial regime introduced as part of the COVID-19 response. Providers received block funding which was deemed to include CQUIN, however no CQUIN schemes were published during 2021/22.

Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Dudley

Integrated Health and Care NHS Trust during the period 1 April 2021 - 31 March 2022.

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

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.

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 2021/22, 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 and further improved data capture

and reporting by the School Nursing Team by successfully implementing the EMIS clinical system.

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 2021/22 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 2021/22, the Trust achieved an average of 95% 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) provides an overall measure of the quality of data systems, standards and processes within an organisation.

The DSPT is an online, self-assessment tool that all organisations must use if they

have access to NHS patient data and systems. The Trust previously submitted the Data Security and Protection Toolkit in June 2021 and reported a status of 'not met with agreed action plan in place'; required actions were focussed primarily around improving IG training uptake.

Over the course of this year, the Trust has continued to improve and closely monitor progress with the Data Security

and Protection Toolkit and is currently on target to submit a full 2021/22 return by the submission deadline of end of June

Incident Reporting

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

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

In 2021/22, the Trust reported a total of 138 incidents of which 1 (0.7%) 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 suicide of a patient who had used our Primary Care Mental Health

Key learning from Incidents

We continuously strive to identify all opportunities for learning.

From the incidents reported over the year we have identified and actioned the following improvements:

- Reviewed and improved information packs provided to interim/locum staff to support the effective use of electronic systems manage tasks and referrals
- Supported a better understanding

2022 to evidence all required standards being met.

Service 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 2021/22.

of GP practices regarding different mental health pathways to avoid referrals from primary care being sent to multiple teams

- The importance of early recognition of alcohol misuse by our services and sharing of information with services to support appropriate therapy intervention
- Reviewed and improved internal processes for notification to all relevant individuals of an unexpected death of a patient

- Provided conflict resolution training to patient facing staff to support their management of aggressive or verbally abusive patients

Safeguarding

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

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

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

- Further developed closer pathways with substance misuse services including designing improved pathways / communication channels

During 2021/22 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 identified required competencies for all staff across the Trust and training opportunities presented.
- Datix reporting of safeguarding concerns has been embedded across the Trust.
- A robust safeguarding supervision programme has been successfully introduced across IAPT, PC MH and School Nursing.
- The Safeguarding Team has developed to include 2 Named Nurses for Safeguarding Adults.
- There has been excellent partnership working particularly with Local Authority, BCWBCCG, DSPP and Safe and Sound (Community Safety) Board

During 2021/2022 the Safeguarding Team have undertaken audits to include an audit of safeguarding supervision and a Datix safeguarding reporting audit.

Each year we produce an Annual Safeguarding report which can be found on our website www.dihc.nhs.uk

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 Dudley Prescribing Ordering (POD) Teams have continued to provide excellent support to local GP practices and their registered patients throughout the year.

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 proactively responded to national safety alerts by implementing specific pieces of work at practice level to mitigate future risk where possible for example the review of patients prescribed long term corticosteroids and the distribution of steroid alert cards where necessary, desmopressin for diabetes insipidus and an ongoing review of women of childbearing age currently prescribed valproate.

Whilst the covid vaccination programme has been an ongoing priority for the team, there have been other specific

areas of work. These have included the teams focus of antimicrobial stewardship as outlined in the Medicines Optimisation Quality Incentive Scheme. The PPHT has continued to monitor and review the volume of antimicrobial prescribing and the use of broad-spectrum antibiotics. Snapshot audits have provided useful action plans to address specific antimicrobial prescribing issues allowing the majority of Dudley practices to achieve the national targets for antimicrobial prescribing. There is still more that needs to be done and the team will continue to have a focus on this throughout the year.

Other key areas of work that the team have continued to focus on include review prescribing of high dose opioids, high risk drug monitoring and annual review of direct oral anticoagulant (DOAC) prescribing. These well-established areas of their work plan continue to deliver key patient safety interventions and provide reassurance to primary care prescribers when authorising prescriptions.

The team have recently appointed a new Professional Development and Governance Lead pharmacist to help maintain and improve the quality of the care they provide to patients. Policies are being developed to ensure high standards of clinical practice are consistently delivered and underpinned with support and competency development for the team. The PPHT are actively supporting the implementation of policies relating to medicines management and safe handling of medicines for DIHC practices.

Preventing Infection

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

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

and the Infection Prevention and Control Specialist Nurse. The DIPC leads the infection prevention and control agenda and reports to the Trust Board and Quality and Safety Committee on the delivery of the annual work programme.

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

Key updates from 2021/2022

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

- There were no outbreaks reported or identified within the Trust

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 2021/22 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 2021/22 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 **31** formal complaints were received by the Trust during 2021/22; 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

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a national scheme which provides a quick and anonymous way for people who use our services to have the opportunity to provide feedback on their experience and help us identify potential improvements to what we do.

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

Key Learning from Feedback

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

- Reinforced staff awareness of the key role patient records may play in any complaint or incident investigation

referred to the Parliamentary Health Service Ombudsman.

A further **19** 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 **47** compliments which represents a significant increase on last year; this is likely to be at least 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.

Mental Health

In 2021/22, 266 service users responded to our Mental Health Services' Friends and Family test – primarily regarding the IAPT service - which asked for an overall view of their experience of our service. 99.6% of respondents felt the service was either 'good' or 'very good'.

High Oak Surgery

FFT was suspended for primary care services during 2021/22 due to the Covid pandemic.

- Built into the regular supervision and training for staff a continued focus on the importance of staff attitude, compassion and 'customer care' and the impact that this can have on treatment
- Reviewed the process for posting

prescriptions for all patients to reduce the risks of delay and the effect this may have on patients' treatment

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

Involving and Listening to our Workforce

As of 31st March 2022, over 350 staff work for the Trust - these our most important resource and without their dedication we would not be able to provide the services that we do.

Our staff offer a number of specialisms and backgrounds, with many having transferred in from other organisations. In April 2021, we welcomed the Dudley School Nursing team into our organisation, and have continued to add to our complement of staff working

Impact of Covid-19 on our Staff

Staff continued to follow the national COVID guidance that developed over the year with support from DIHC's Lead Infection Control Nurse. Many services continued to be offered remotely with the gradual reintroduction of face-to-face contact as restrictions were eased.

Staff Away Day

We undertook our first ever all staff away day in October 2021 – over 80% of staff attended and shared best practice and provided us with valuable feedback on areas we could improve upon. As a result of this feedback, we have developed

often in difficult circumstances. Patient feedback also gave us the opportunity to look at the development of new pathways /services for a group of patients in Dudley who do not meet the treatment criteria for IAPT or PCMHS but are not suitable for secondary mental health services.

in primary care including roles such as paramedics and physician associates.

We recognise that building a culture of two-way communication, is crucial in helping to ensure that staff feel recognised and valued; to support this, the Trust promotes a culture that is based upon working openly and collaboratively and encourages staff to suggest new ways of working to ensure that we continue to provide high quality services.

Ongoing support is offered to staff for managing their health and wellbeing and the organisation continues to adopt agile working practices to enable flexibility for the delivery of services as well as the maintenance of staff wellbeing.

a clear action plan and changed our processes for communicating with staff. We have also further strengthened our Freedom to Speak Up Guardian (FTSU) support to our staff (see page 32).










Staff Survey

The 2021 NHS Staff Survey was the first time that DIHC as an entity has taken part in the national survey with an overall response rate of 63%; this compared well to a national median response rate of 61% for our benchmarking group of Community Trusts.

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’:

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

	 Compassionate and inclusive	 Recognised and rewarded	 A voice that counts	 Safe and healthy	 Always learning	 Work flexibly	 We are a team	 Staff engagement	 Morale
Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.6	6.7	6.9	6.4	5.4	6.8	6.9	7.0	6.2
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.3	6.6	6.7	5.6

Key actions being taken forward as a result include:

- Focus groups for a range of front-line staff to discuss their views of quality of care, listening to patient concerns and how this could be improved

- The approval of the newly developed leadership framework and portfolio of development and advocate for all leaders to undertake the programme
- Ensuring that all new Trust policies, wellbeing offers and development offers are more proactively marketed by leaders

Freedom to Speak Up (FTSU)

The Trust has worked hard to progress awareness of its Freedom to Speak Up Guardian and continues its journey towards creating a culture of speaking up within a safe environment and ensuring that speaking up is business as usual. This year has seen the appointment of our first FTSU Guardian who will be focussing efforts in 2022/23 to re-launch the FTSU service and using our results from the NHS Staff survey as part of planned staff and manager FTSU training sessions.



Equality, Diversity and Inclusion Summary

The population of Dudley is 331,392 with 20.5% aged 0-17, 59.1% aged 18-64 and 20.3% 65+. This is above the England average (20.2%) for the percentage of people aged 0-17 years old and above



the England average (17.4%) for people aged 65 years old and over.

14% of the population are from Black, Asian, minority ethnic communities. Communities include people from Bangladesh, India, Pakistan, Poland, Yemen.

DIHC participated in the NHS national staff survey last year and has analysed the data by protected characteristics to ensure we develop appropriate support and activities. Clear objectives around improving the experience of staff and ways of increasing the diversity of the workforce that are representative of the Dudley population are being developed and are reflected in the EDI strategy.

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

We completed our first WRES and WDES in Autumn 2021 although we had limited data; both the data and our action plans are published on our website.

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 and Listening to our Workforce

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 2021/22 include:

Commissioners	Service users and the community	
<ul style="list-style-type: none"> Attended local Mental Health Programme Boards Attendance at STP/ICS meetings Participated in monthly Contract and Quality Review Meetings Development of the Dudley Model of Care Worked in partnership to develop services and pathways and address gaps and inconsistencies in service provision Worked closely with CCG communications teams to support local initiatives such COVID-19 response, winter campaign, long term plans and place-based care 	<ul style="list-style-type: none"> A range of opportunities for engagement and involvement have taken place over the last year Supported large events such as Tough Enough to Care – aimed at men’s mental health Devised and hosted focussed workshops on different topics such as suicide and dementia Supported partners with their engagement sessions such as the Council’s Connect and Share 	
GP’s	Local NHS providers, public sector / third sector organisations	Media
<ul style="list-style-type: none"> Engagement with GPs and commissioners on the development of place-based models of care in Dudley Highlighted relevant GP information via CCG communications channels Clinicians attend regular forums providing education and input to GP Forums Fortnightly meetings with Primary Care Network (PCN) Clinical Directors. PCN Clinical Director attendance at monthly Primary Care Integration Committee Maintained communication through the fortnightly Practice Bulletin and monthly engagement events 	<ul style="list-style-type: none"> Throughout 2021/22 we have worked closely with our NHS Provider partners to respond to COVID-19 and to continue to develop integrated pathways and developing the model of care in Dudley We work with our NHS, council, voluntary sector and Healthwatch colleagues on the Dudley Partnership Board to develop services for patients. We have particularly focussed on how we develop our collective services for our children and young people. We have an excellent relationship with Dudley Council for the Voluntary Sector and continue to develop our social prescribing services with Integrated Plus. 	<ul style="list-style-type: none"> Have continued to share good news stories via press releases to local media Responding to media enquiries in a timely fashion with local and national media outlets

Quality Measures - reporting against National and Local Indicators

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

Measure	Target	2020/21 performance	2021/22 performance
Staff Flu Vaccination		67.1%	52.0%
Staff Covid Vaccination - First dose		80.0%	93.0%
Staff Covid Vaccination - Second dose		56.6%	91.0%
Staff Covid Vaccination - Booster			75.0%
IAPT Access rate as a rate of prevalence	24.7%	15.7%	18.7%
Percentage of people completing a course of IAPT treatment moving to recovery	50.0%	45.6%	42.7%
IAPT - Percentage of people waiting i) 6 weeks or less from referral to entering a course of talking treatment under Improving	75.0%	97.2%	91.3%
ii) 18 weeks or less from referral to entering a course of talking treatment under Improving	95.0%	99.1%	98.2%

9. Statement of Directors' Responsibilities in Respect of the Quality Accounts

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).

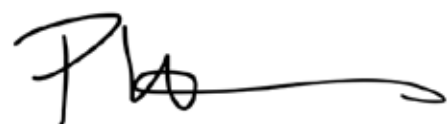
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- 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



Harry Turner
Chair

10. Statement from Black Country and West Birmingham CCG

Black Country and West Birmingham CCG are the commissioners of Dudley Integrated Healthcare NHS Trust, and we welcome the opportunity to provide this statement in response to Dudley Integrated Healthcare NHS Trust Quality Accounts, presented to us on the 6th June 2022.

The information provided within this report presents the progress made by the Trust against the 21/22 Quality Priorities, identifying where the organisation has made progress, where further improvement is required, what actions are required to achieve these goals and outlines the Quality Priorities for 22/23.

The CCG acknowledges that the past two years has been a difficult and an unprecedented time for the entire NHS workforce and give thanks to Dudley Integrated Healthcare NHS Trust for all the hard work, commitment and dedication given, and continue to do, on ensuring people living in Dudley, are supported. Dudley Integrated NHS Trust has faced immense challenges over the past two years.

We acknowledge the efforts to protect people through the delivery of the COVID-19 vaccination programme, receiving recognition in the Department of Health & Social Care sector: Good Practice for Local Booster Vaccinations Publication 2022. In addition,

extending access in Primary care to GP appointments, whilst supporting well-being of staff.

The CCG recognise the importance of the introduction of the service users voice and patient safety partners, ensuring the voices of children and young people, their families and/or carers are heard and inform, influence the delivery, planning and improvement of the School nursing services. The CCG supports the ongoing work with capturing the voices of older people and their experience of using the Intermediate Care Services. The CCG also welcomes the implementation of the clinical audit programme in 22/23.

It was encouraging to see that Electronic Care Records are being implemented and embedded into services. The CCG recognises the importance of the introduction of the Patient Safety Incident Response Framework and the patient safety specialists with ensuring the Trust delivers high quality, safe and effective community/primary care services.

As the commissioners, we will continue to work collaboratively with Dudley Integrated Healthcare NHS Trust and oversee the organisations progress towards the implementation of their quality Improvement priorities and the ethos of community first, hospital, when necessary, model of care.

11. Statement from Dudley Metropolitan Borough Council

The Health and Adult Social Care Scrutiny Committee for Dudley Metropolitan Council were pleased to consider the draft 2021/22 Quality Account at their April 2022 meeting. The committee acknowledge the unprecedented challenges faced by DIHC during the previous year and commend the progress made in achieving their priorities from the previous year.

The committee were pleased to hear that DIHC are working closely with Dudley Group NHS Foundation Trust to help ease

pressures on A&E and acute hospital services through the Winter Extended Access hub.

The committee welcome the work undertaken to capture children and young people's views of the services provided, particularly given the impact of the pandemic on this group. The committee emphasise the need to further engage young people aged 16-19 further going forward and the need for services for this age group to become more proactive.

12. Statement from Healthwatch Dudley

We recognise all the hard work and effort staff continue to make to ensure the delivery of effective health care services, for the people living in the Dudley borough at a challenging time after the relaxation of Covid-19 pandemic restrictions on public movement and behaviour – and managing services now when the virus is still very much with us and infecting a large number of people. Special thanks go to everyone who has been or is still involved in the delivering the Covid-19 vaccination programme – which was mentioned in a Department of Health and Social Care paper.

Priorities for improvement 2021/22

It is good to see that more than 75 per cent of planned service improvement objectives were achieved during the year. We particularly welcome the work being done to ensure the protection of vulnerable people – tackling inequalities

in access to care for people with learning disabilities and developing a homelessness pathway and outreach service, both areas where Healthwatch Dudley has heard many people's stories about their difficulties or poor experience getting access to healthcare services and help when they need it.

We note the delay in the development of a standardised Patient Reported Experience Measure (PREM) to better understand individuals experience during a stay in Intermediate Care rehabilitation facilities – at present there is an audit used to gather information on concerns and improvements that might be made to services. Our hope is that the PREM can be fully implemented in the near future and take its place alongside other measures that include people's detailed stories of their experiences accessing health and care services.

Priorities for improvement 2022/23

We welcome the proposed new work on patient safety – to include the development of an agreed framework for involving patients in patient safety discussions and decision-making. Healthwatch Dudley feels it is vitally important to recognise and take seriously the contribution that patient stories can make to understand their experiences accessing healthcare services and the development of patient safety policy.

Ongoing work to increase the number of annual health checks, for people over the age of 14, who have a learning disability or autism is also very much a priority that we support. Healthwatch Dudley staff are currently having conversations with people with a learning disability or autism as part of a project on how they get access to primary care services, and health checks have been mentioned, many times, as something that can be difficult to organise. More engagement with people with a learning disability or autism will help to ensure that gaps in care are identified and eliminated.

Quality Measures and Assurance Statements

All of the measures and statements elaborated on are important. However,

there are a few that we are especially interested in commenting on. We welcome the plans to increase opportunities for people – in particular, those who have been historically excluded or under-represented – in clinical research work. It is also important to learn from patient safety incidents so we also recognise the value in the action already taken and the plans to improve safeguarding through the upgrading of policies and staff competencies.

We acknowledge the good work done during the height of the Covid-19 pandemic period by the Pharmaceutical Public Health Team, which continues to help with tackling microbial resistance to antibiotics and medicines management.

At the same time, it is good to see a continued focus on working with a new patient representative group and encouraging people to give their stories and views on how accessing health and care services have worked (or not) for them. We feel that this is a powerful way to improve understanding of people's experiences – and as mentioned in the Quality Account document developing effective policies and procedures. We would welcome more evidence in the future of how such work is progressing.



NHS
Dudley Integrated
Health and Care
NHS Trust