



# Quality Report and Account 2020-21

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# Quality Report and Account 2020/2021

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Throughout this document, there are a number of quotes taken from reviews that patients themselves have posted online on NHS Choices and Patient Opinion.

## Part 1: Introduction - Chief executive's statement

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2020/21 has been an unprecedented time for all of us and I am sure everyone will agree one of the most difficult years that the public, the NHS and its staff have had to endure for a long time. Despite the adversity that COVID-19 has brought to all of us, especially our front line staff, the resilience and dedication that our staff have shown has been outstanding. In part, this has been due to the inner strength of the clinicians themselves and the team working that is now stronger than ever. The support and appreciation shown by our local community has been heart-warming. This support has taken many forms such as volunteers working across the Trust, donations of money, food, equipment, taxi's, hairdressing, and the national initiatives such as clapping for the NHS amongst many more. Our staff have continued to provide outstanding care which is demonstrated in the patient feedback received and the awards that a variety of our staff have achieved, which are outlined in part 3 of this report.

This report will describe the quality of care provided by the Trust during 2020/21, highlighting both areas for improvement and areas of good practice.

### Our quality priorities

At the beginning of the report (Part 2) you will find an outline of our quality improvement priorities and their progress. It is pleasing to note the positive work in relation to improving how we engage with patients and their families to obtain invaluable feedback to help us understand how we can improve patient experience across our services. There have been a number of initiatives involving our healthcare partners to reduce unnecessary admissions and support the timely discharge of our patients. Whilst the Trust has made efforts to drive the quality improvement priorities, it is recognised that this has been impacted by the COVID-19 pandemic and that we have not been able to realise our ambitions. For this reason, and the continuing importance of these areas of focus, we have decided to take these quality improvement priorities forward into 2021/22.

The report follows the mandated format with sections on clinical audit, research and development, and data quality. In Part 3 we have included our other key quality initiatives and measures, and specific examples of good practice on all of the aspects of quality, which I hope will provide you with a helpful picture of what is happening across the Trust.

Our regulator The Care Quality Commission (CQC) visited our Emergency Department in February 2021 following their 'Resilience 5 Plus' process. The 'Resilience 5 Plus' process is used to support focused inspections of urgent and emergency care services which may be under pressure due to winter demands or concerns in relation to patient flow and COVID-19. The outcome of the review was positive and the CQC recognised the improvements made. As a consequence the department was moved from 'Inadequate' to 'Requires Improvement' for the Safety domain. I am pleased to say the Trust has no enforcement actions on its licence.

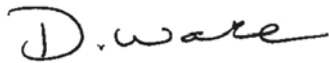
### Measuring quality

This quality account reflects the many indicators of quality and we have included a number of specific examples of the quality initiatives our skilled, caring and motivated staff are undertaking across the Trust and what patients have said about the care they have received from us. We could not include all the feedback received but hopefully these examples, together with the innovation and initiatives that Trust staff have achieved and implemented in the year, give a sense of our quality of care. I would like to make a special mention to all of the staff and departments that have either been nominated, or progressed and gone on to win, both local and national awards (see section 3.4.2).

The Trust and its Board of Directors have sought to take all reasonable steps and have exercised appropriate due diligence to ensure the accuracy of the data reported. Following these steps, to the best of my knowledge, the information in this document is accurate.

Finally, with the vaccination program for COVID-19 progressing well, we look forward to 2021/22 and the restoration and recovery of services. We recognise that there remain significant challenges ahead, but with our dedicated workforce, healthcare partners and our supportive community, we will tackle these challenges together with the determination and resilience that we have shown during the past year.

Signed:

A handwritten signature in black ink, appearing to read 'D. Wake', with a stylized, cursive script.












Diane Wake  
Chief Executive  
Date: June 2021

## Part 2: Priorities for improvement and statements of assurance from the Board of Directors

### 2.1 Quality improvement priorities

#### 2.1.1 Looking back

The table below provides a summary of the 2020/21 quality priorities and their history over the past four years. To note, progress against the achievement of the quality priorities has been negatively impacted on as a consequence of the COVID-19 pandemic and the unprecedented capacity and workload experienced.

Quality Priority	2017/18	2018/19	2019/20	2020/21
Patient experience	Hospital:  Partially achieved	Hospital:  Partially achieved	Hospital:  Partially achieved	 Not achieved
	Community:  Partially achieved	Community:  Partially achieved	Community:  Partially achieved	
Discharge Management		 Partially achieved	Hospital:  Partially achieved	 Not achieved
			Community:  Achieved	

#### How we decided on our quality priorities for 2020/21

To shape our priorities for the year 2020/21, a Listening Event was held in October 2019 to get the views of as many stakeholders as possible. Invited were a variety of Trust staff including nurses, doctors, allied health professionals, pharmacy and governance staff from both the hospital and community. Colleagues from Dudley CCG were invited as were a number of governors, the chief officer of Dudley Healthwatch and a representative from Dudley MBC.

There was general agreement that the topics should be reduced from the previous high number to enable concentration on two or three. It was agreed the topics should not be either: 1) 'day to day' issues that are being monitored for either national or local contracts/requirements (e.g. FFT, MRSA etc.) but that these would continue to be monitored for general performance management purposes or 2) topics that had recently improved (e.g. pressure ulcers, MUST scores).

The need to focus on patient experience was considered a priority. The importance of patient flow and effective discharge processes was also seen to be important. The general view was that patient experience was key, particularly in terms of what patients themselves tell us about communication processes. Good listening skills and good patient involvement in their care and treatment plans, for example, were thought to be important issues. It was appreciated however that having specific measurable indicators for such topics may be difficult. An engagement event occurred with key staff to suggest a number of specific indicators for these two topics. Suggestions went to the board who agreed the indicators outlined in this report.



### Priority 1 for 2020/21: Patient experience

1. Improve the way we communicate and engage with patients.
  - a) 'Do staff treating and examining you introduce themselves?' (National baseline Maternity 2019 99%, Children 2018 93% with the aim being 95% overall).
  - b) 'Have you been told what is going to happen to you today (tests etc.)?' (Local survey baseline 59% with suggested improvement to 95%)  
(At present, the first question is not part of the local survey but will be added.)
  - c) Hold a quarterly forum/focus group with each prioritising two key planned actions and undertaking those actions and measuring the success.
  - d) Hold the newly developed Citizen Panel at least quarterly (this may be more frequent depending on the views of the attendees at the first meeting).
  - e) Establish a group of Expert Volunteers to ensure we raise the patient voice so that services are delivered compassionately.
2. Ensure all complaints are responded to in accordance with the Trust complaints and concerns policy. Action plans will be shared for review and learning so that patients and other professionals can see change being made.
  1. Improve the percentage of complaints responded to within the internal timeframe of 30 working days, which currently stands at 23% (2019/20).

### Rationale for inclusion

- Providing the best possible patient experience means getting the fundamentals right, making sure our patients feel safe and well-cared for, that they have trust and confidence in the staff caring for them and that they receive excellent quality care in a clean and pleasant environment.
- Having assessed the outcome of the National Patient Survey, it was decided to include a new target for a topic where we did not perform as well as other questions.

### How we measure and record this priority

- Our local real time surveys cover the first two items above. We measure this by inviting inpatients who have been given an estimated discharge date and who are expecting to be discharged within 48 hours, to answer these questions. An average of 120 patients are surveyed each month.
- We will keep records of when the forum/focus groups, Citizen Panel and Expert Volunteers meet.
- Our complaints database contains a number of recorded dates such as the date the complaint was received and the date of response.

### Our progress

- 1a) Due to COVID-19, the National Maternity Survey 2020 was postponed but the 2021 Maternity Survey has been launched with the surveys issued from the 19 April 2021. For the Children and Young



People Survey, the patient group has been identified with surveys commencing January 2021 to May 2021.

For Friends and Family Test (FFT) a business card/sticker has been designed with online links and QR codes to improve the accessibility of giving feedback in Maternity Services. This has resulted in an increase in the numbers of women giving feedback via online methods. Going forward the Maternity Ward will be piloting bedside tablets which will include information such as the FFT, local surveys and information on how women can share feedback on their experience of care and treatment; this is in the preparation stage.

- b) Local surveys have been set up online to allow patients to provide feedback on their experience of services across the trust.

The newly implemented Patient Reported Experience Measure (PREM), launched in September 2020, includes questions about dignity and respect, involvement in decisions about care, and whether patients were provided with enough information about their care and treatment. The feedback card has been designed as a PREM survey. Each of the five questions on the front of the survey are aligned to Care Quality Commission (CQC) standards. The results show a positive outcome was received by the majority of respondents. Patients were particularly positive about being treated with respect, staff were understanding about their individual needs and that their care environment was comfortable, a recurring theme from February 2021. Patients agreed that they felt involved in decisions about care and treatment and for being provided with enough information. Our clinical divisions are provided with a full breakdown of scores to agree actions to be taken as a result of patient feedback to improve the quality of services provided at a local level.

- c) The Trust was to undertake, for all teams and departments, a Listening Into Action (LIA) event for their area. A number of LIAs were arranged but some were cancelled due to pressure of COVID-19 resulting in fewer than initially anticipated being undertaken. The numbers will increase when COVID-19 restrictions are eased and Trust capacity in relation to the pandemic allows.

A Maternity Voices partnership meeting for women took place to share women's thoughts about our maternity services to help shape future services. The feedback from attendees about their experience of care was extremely positive. A number of actions have now been implemented to improve the experience of care for patients accessing maternity services:

Division/Dept.	You Said	We Have
Maternity Department	I want my partner to be able to stay overnight with me, especially when my pregnancy has been complicated	We have purchased guest beds that can be used for partners during special circumstances
Maternity Department	We would like more continuity and to see same person throughout our pregnancy	We have launched a continuity of carer team within the Maternity Department. A midwife will follow through the whole birthing stage and support mothers post birth
Maternity Department	We have experienced delays with being discharged from the ward	To help with discharge delays a Senior House Officer (SHO) must ensure that medication TTOs (to take out) and blood results are being requested and reviewed overnight to reduce daytime delays.

- d) Our people's panel took place virtually in March 2021 to help us shape future service planning and development of services. Patients/carers shared their experience of being discharged from the hospital. We asked attendees about their views and experiences of 'Communication' within the hospital:

- Did the doctor/nurse introduce themselves?
- Did you feel comfortable to ask any questions about your care or treatment?
- Did the doctor/nurse communicate in a way that was suitable for your needs?

The feedback from the event was varied with many of the responses confirming generally staff did not introduce themselves, with the exception of doctors so they did not always know who they were. Not all patients/carers felt able or confident to speak up and ask questions about their care and treatment, in particular if they have additional communication needs. Attendees stated that there are many barriers to communication for those with visual/audio needs and for patients with learning disabilities and dementia. The 'Hello My Name' Campaign is shared with all staff at Trust Induction. In partnership with the Professional Development Team, the patient experience department have now implemented customer care training which is delivered to staff within the Trust.

- e) A job description has been developed and a recruitment plan is in place to recruit a number of patient voice volunteers (PVV) to use their experiences of services to inform and influence the delivery, planning and quality of services we provide. Implementation has been delayed due to COVID-19 pandemic.

To ensure there is improvement and achievement against part 1 of Priority 1, the Trust has recommenced local survey feedback through virtual methods only. This is a temporary measure to comply with social distancing and reduce the need for face to face interactions to maintain the safety of patients and staff.

We are encouraging patients and carers to use online communication channels such as NHS Choices, Patient Opinion, the Patient Experience team and FFT online.

2. a) The percentage of complaints responded to within the internal timeframe of 30 working days has shown a marginal improvement over each quarter of 2020/21, however it is recognised that significant improvement is still required.

To ensure there is an improvement and achievement against part 2 of Priority 1, complaints continue to be monitored closely and action taken so that responses are completed in a timely manner. In particular, March 2021 had a response time of 43% which is an indication that working closely with the divisional chief nurses is having a positive impact and improving the response timeframe. In addition, additional staff resource has been secured to assist the complaints department with arranging local resolution meetings, some of which had to be placed on hold due to the COVID-19 pandemic. Complaint co-ordinators are actively chasing complaints responses and attending divisional meetings to encourage accountability and responsiveness. Action and learning plans are shared in monthly reports, quarterly reports, at governance meetings and during complaints training with Trust staff (these are anonymised to ensure confidentiality).

Further information on how the Trust gathers and learns from patient feedback can be found in section 3.2 Patient Experience.

## Quality Priority 2 for 2020/21: Discharge Management

### Priority 2 for 2020/21: Discharge Management

By the end of the year, 20 per cent of patients will be discharged before 10am and 35 per cent before midday.

#### Rationale for inclusion

- It is important that patients are assessed, diagnosed and treated in a timely and effective way and are not in hospital longer than is necessary where there is a greater risk of developing complications.
- At present, 15 per cent of patients are being discharged before midday.
- Ensure effective discharge planning starts at the point of admission to ensure patients get the best possible care in the right place.
- Ensure patients feel involved in their discharge planning to ease any anxiety or distress which may be caused by admission to hospital.

#### How we measure and record this priority

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

#### Our Progress

These highly ambitious targets were set prior to the beginning of the year and the performance has been considerably affected by the COVID-19 situation and the types and severity of patients' illnesses, which have varied markedly from those seen during normal conditions.

The Trust is participating in the system wide efforts to reduce unnecessary admissions and promote earlier discharges. In order to achieve this objective a range of measures are now in place, which include:

##### Preadmission

The Trust works in partnership with primary care through the clinical hub to triage referrals that could be managed by community services and through General Practice. This is showing some benefits especially for patients residing in care homes as the number of calls from these services to the clinical hub have increased over recent months. In addition conveyances through ambulances are being targeted to ensure that earlier intervention and care at home to prevent an attendance; this is supported through clinical triage by a paramedic, which forms part of a trial supported by WMAS, the Trust and the CCG.

##### Post admission and discharge

A dedicated team exists to oversee the facilitation of patients back to their home. This team works in partnership with Local Authority colleagues and a system wide call takes place twice daily to review those patients that could receive support from community and domiciliary care. A new initiative, supported by NHSE to encourage use of hotel accommodation for medically optimised patients is also underway in the Trust and we have seen some use of this, in its early days.

For those patients awaiting a decision for discharge, these are being supported with patient trackers who monitor the journey of patients by ward, escalating key milestones for decision making. Patient awaiting transfer can utilise the Discharge Lounge which is now operational and patients can receive their medication post discharge through the medicines delivery service, which is being co-ordinated by our Pharmacy team.

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

COVID continues to cause delays for discharges due to governance needs such as test results, acceptance by certain homes, designated COVID settings and family and home circumstances.

## 2.1.2 Looking forward

2020/21 has seen unprecedented disruption and challenges to services due to the COVID-19 pandemic, which has impacted on the Trust's ability to drive forward the quality priorities for 2020/21. For this reason, and the continuing importance of these two topics, the Trust has decided to carry these quality priorities forward into 2021/22 following discussions at the Quality and Safety Committee and agreement by the Board.

### Quality Priority 1 for 2021/22: Patient Experience

#### New Priority 1 for 2021/22: Patient experience

1. Improve the way we communicate and engage with patients.
  - a) Staff treating and examining patients will introduce themselves (target of 95%).
  - b) Patient will have been informed about what is going to happen to them each day, i.e. tests, investigations (target of 95%)
  - c) Hold a quarterly forum/focus group with each prioritising key planned actions, undertaking those actions and measuring the outcomes and success.
  - d) Hold at least quarterly People Panel, each prioritising key planned actions, undertaking those actions and measuring the outcomes and success.
  - e) Engage with Expert Volunteers ensuring we raise the patient voice so that services are delivered compassionately (providing assurance of involvement, recommendations and actions taken forward)
2. Ensure all complaints are responded to in accordance with the Trust complaints and concerns policy.
  - a) Improve the percentage of complaints responded to within the internal timeframe of 30 working days.
  - b) Actions will be completed and learning/changes in practice identified and shared across the organisation.
  - c) As of 2020/21, our current position at the end of quarter four is a 34% response rate to complaints within 30 working days.

### How progress will be monitored and measured

Communication and engagement with patients will be measured via real-time surveys, local surveys, national survey scores and the outcomes from relevant forums/ panels. They will be monitored through the quarterly Patient Experience Group meeting and the Quality and Safety Committee looking at recurrent themes, gaps and assurance of recommendations having been completed and embedded and if these have resulted in improvement.

Our complaints database contains a number of recorded dates such as the date the complaint was received and the date of response. The response rate is monitored on a monthly basis and

measured as a percentage and recorded as 'plot the dot' data to monitor any special causes of concern/improvement. This is monitored not only by complaints but also by divisions within their governance meetings. The complaints database also records any identified actions and learning.

In addition, this is also facilitated through a quarterly held 'Learning from Experience' meeting which is attended and open to all staff across the Trust. Complainants are invited to the meeting to talk about their complaint and how it made them feel and the effect it had on them/their relative. The quarterly Patient Experience Group shares actions and learning from across the Trust. Trends are monitored for any recurring themes to ensure that learning and action taken as a result of a complaint has been embedded.

### **How progress will be reported**

Communication and engagement with patients will be reported quarterly through the Patient Experience Group meeting and the Quality and Safety Committee.

The Complaints Department share actions taken, improvements made, and learning through monthly, quarterly and annual reporting to the Quality and Safety Committee, Patient Experience Group and documented within the complaints monthly, quarterly and annual report. In addition this is also shared within the Complaints, Litigation, Incidents and PALS (CLIP) quarterly report, where areas of concern and improvements made are triangulated and shared internally and externally with the CCG.

The progress of the response rate of complaints is reported in various ways: in the complaints monthly, quarterly and annual report and on a monthly basis within divisional governance meetings to discuss areas and ways that each division's response rate to complaints can be improved.

### **Quality Priority 2 for 2021/22: Discharge Management**

#### **New Priority 2 for 2021/22: Discharge Management**

30% of discharges to have left their bedded area by 12 noon, 80% by 5pm (for patients without an identified right to reside)

### **How progress will be monitored and measured**

The Trust will monitor the progress of this quality priority on a daily basis through the capacity meetings and this indicator will be added to the capacity planner, which is distributed to representatives of the Trust executive.

The Trust will measure this quality priority as a percentage of the total medical and surgical patients discharged that day that left their bedded area by 12pm and 5pm. Progress will be measured through clinical divisions, with oversight from the Patient Access Team to ensure initial compliance.

### **How progress will be reported**

The Trust will report on this quality priority through a number of forums to ensure there is appropriate focus and oversight on the progress made. This indicator will be reported monthly to the Divisional Management Team meetings and Divisional Governance meetings for both clinical divisions. In addition this will be reported to the Operational Group meeting on a monthly basis, which is chaired by the Chief Operating Officer. A quarterly progress report will also be submitted to the Quality and Safety Committee for assurance.

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## 2.2 Statements of assurance from the Board of Directors

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### 2.2.1 Review of services

During 2020/21, The Dudley Group NHS Foundation Trust ('the Trust') provided and/or sub-contracted 59 relevant health services. The Trust has reviewed all the data available to them on the quality of care in 59 of these relevant health services. The income generated by the relevant health services reviewed in 2020/21 represents 97.7 per cent of the total income generated from the provision of relevant health services by the Trust for 2020/21.

The Trust has a Mortality Surveillance Group, chaired by the medical director, which reviews all matters relating to mortality including the Trust's mortality tracking system. Dudley Clinical Commissioning Group is invited to join the mortality review process. Every month, each of the three clinical divisions at the Trust have a performance review undertaken when they are assessed by directors on a variety of quality indicators.

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

- Quality Indicators - monthly audits of key nursing interventions and their documentation. Each area has a Quality Dashboard that all staff and patients can view so that the performance in terms of quality care is clear to everyone. The key quality indicators are published, monitored and reported to the Board of Directors every quarter (see section 3.3.5).
- Ongoing patient surveys that give a 'feel' for our patients' experiences in real time allow us to quickly identify any problems and correct them (see section 3.2.2).
- A variety of senior clinical staff attend the monthly three key sub-committees of the Board to report and present on performance and quality issues within their area of responsibility: Quality and Safety Committee, Finance and Performance Committee and Workforce and Staff Well-being Committee.
- The Trust has an electronic dashboard of indicators for directors, senior managers and clinicians to monitor performance. The dashboard is essentially an online centre of vital information for staff.
- The Trust works with its local commissioners, scrutinising the Trust's quality of care at joint monthly review meetings and the executives from both organisations meet quarterly.
- External assessments of the Trust services, which included the following key ones this year:

With regards to pathology departments, in October 2018, four Trusts (ourselves, the Royal Wolverhampton, Walsall and Sandwell and West Birmingham) signed a Partnership Agreement in which the pathology services in the Black Country would be restructured into a hub and spoke model, known as The Black Country Pathology Services (BCPS).

The BCPS project has been delayed in 2020 due to the impact of the COVID-19 pandemic. The extension of the pathology building at the Royal Wolverhampton NHS Trust New Cross site has been completed and handed over to the BCPS with departments transferring across in the coming year. Essential services will remain at the partner trust sites.

Dr Branko Perunovic has been appointed to Chief Medical Officer for the BCPS following the retirement of Dr Paul Harrison.

The United Kingdom Accreditation Service (UKAS) visits each pathology discipline separately each year and assesses against the international standard for medical laboratories - ISO 15189:2012

Medical laboratories – Requirements for quality and competence. There was a six month delay to scheduled inspections by UKAS due to the pandemic, these were rescheduled and took place remotely. Haematology, Biochemistry and Cellular Pathology were assessed in November 2020 and accreditation was maintained. Immunology and Microbiology are to be assessed in March 2021.

During 2020/21 medical education and training has been involved in two virtual visits, one to our Paediatric Department during November by the Quality Team from Health Education England West Midlands, and one to our Undergraduate Education Department during January, by the Quality Team from University of Birmingham, College of Medical and Dental Sciences, and we have followed up on progress on a previous action plan for our Emergency Medicine Department. The visit to the Paediatric Department was triggered in response to the previous National Education Training Surveys (NETs) and General Medical Council (GMC) survey results. This quality assurance visit proved to be a positive one, highlighting many areas of good practice. The visit did raise areas for improvement for which appropriate improvement and action plans have been put into place. The visit to our Undergraduate facility was a routine clinical monitoring visit by Birmingham Medical School. They recognised the Trusts consistent commitment to Undergraduate Medical Education, with a culture of strong leadership, innovation, collaboration and development. The GMC Survey for 2020 was run later than normal in July, at the end of the first lock down and feedback was mostly centred around the disruption to training and the effects on trainees working in a COVID environment. The areas who had the most red flags were Paediatrics, hence the visit to this department in November and the Foundation Trainees in general. Two new Foundation Training Programme Directors, in place from August 2020, have worked with this group to ensure improvement and support structures in place. Finally the NETs survey, run from 3rd November to 7th December had mixed results, with the majority of specialty areas scoring within the mid-range. Outlier results were recorded in Core Surgical Training, Paediatrics and GPs in Emergency Medicine and appropriate review of issues raised being addressed through the Education and Training forums within the Trust.

#### **Gastroenterology:**

I am just so grateful that my consultant had a telephone consultation which meant I didn't have to go to the hospital at this very difficult time.

### **2.2.2 Participation in national clinical audits and confidential enquiries**

During 2020/21, 35 national clinical audits and 0 national confidential enquiries covered relevant health services that the Trust provides. During that period the Trust participated in 100 per cent of the national clinical audits and 100 per cent of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2020/21 are listed below. Tables 1 and 2 show the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. There was no data collection nationally for four national audits.



**Table 1**

<b>National Clinical Audits</b>	<b>Participation</b>	<b>% submitted</b>
1. Antenatal And Newborn National Audit	Yes	100%
2. BAUS Urology Audits	Yes	100%
3. ICNARC Case Mix Programme	Yes	100%
4. Child Health Clinical Outcome Review Programme	Yes	100%
5. Elective Surgery (National PROMs Programme)	Yes	100%
6. Falls And Fragility Fracture Audit Programme	Yes	100%
7. Inflammatory Bowel Disease Audit	Yes	100%
8. Learning Disability Mortality Review Programme	Yes	100%
9. Maternal And Newborn Infant Clinical Outcome Review Programme	Yes	100%
10. National Asthma And Chronic Obstructive Pulmonary Disease Audit Programme	Yes	100%
11. National Audit Of Breast Cancer In Older Patients	Yes	100%
12. National Audit Of Cardiac Rehabilitation	Yes	100%
13. National Audit Of Care At End Of Life	Yes	100%
14. National Audit Of Dementia	Yes	100%
15. National Audit Of Seizures And Epilepsies In Children And Young People	Yes	100%
16. National Cardiac Arrest Audit	Yes	100%
17. National Comparative Audit Of Blood Transfusion	Yes	100%
18. National Diabetes Audit	Yes	100%
19. National Early Inflammatory Arthritis Audit	Yes	100%
20. National Emergency Laparotomy Audit	Yes	100%
21. National Gastrointestinal Cancer Programme	Yes	100%
22. National Joint Registry	Yes	100%
23. National Lung Cancer Audit	Yes	100%
24. National Maternity And Perinatal Audit	Yes	100%
25. National Neonatal Audit Programme	Yes	100%
26. National Ophthalmology Database Audit	Yes	100%
27. National Paediatric Diabetes Audit	Yes	100%
28. National Prostate Cancer Audit	Yes	100%

National Clinical Audits	Participation	% submitted
29. National Vascular Registry	Yes	100%
30. Paediatric Intensive Care Audit	Yes	100%
31. Sentinel Stroke National Audit Programme	Yes	100%
32. Serious Hazards Of Transfusion Scheme	Yes	100%
33. Society For Acute Medicine Benchmarking Audit	Yes	100%
34. Surgical Site Infection Surveillance	Yes	100%
35. The Trauma Audit Research Network	Yes	100%
36. RCEM Pain in Children Audit	Yes	100%
37. RCEM Fracture Neck of Femur Audit	Yes	100%

**Table 2**

National Confidential Enquiries				
Name of Study	No. of Cases included	No. and % of clinical questionnaires submitted	No. of case notes submitted	No. of organisation questionnaires submitted
None				

**Table 3**

The reports of 24 national clinical audits were reviewed by the Trust in 2020/21 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit Title	Details of actions taken or being taken to improve the quality of local services and the outcomes of care.
1. National Audit Of Breast Cancer In Older Patients	All Breast Cancer patients are allocated a named Specialist nurse and are provided with information about their condition and resources for obtaining further information
2. Maternal And Newborn Infant Clinical Outcome Review Programme	Audit of adherence to national guidance for scan frequency to be carried out as per requirement
3. Falls And Fragility Fracture Audit Programme	Considering the impact of social distancing on frail older people
4. National Audit Of Care At End Of Life	End of life Care in the hospital is provided by a specialist team who cover patients and families, in hospital and at home
5. National Maternity And Perinatal Audit	Maternity has ensured that there is a process in place that ensures that all newborn babies are allocated an NHS number and this is stored on the PAS system
6. National Neonatal Audit Programme	NNU encourages and supports mums to breastfeed in line with the Baby First Initiative
7. Child Health Clinical Outcome Review Programme	No local recommendations
8. Learning Disability Mortality Review Programme	No local recommendations
9. National Gastrointestinal Cancer Programme	No recommendations

National Audit Title	Details of actions taken or being taken to improve the quality of local services and the outcomes of care.
10. Sentinel Stroke National Audit Programme	No recommendations
11. National Early Inflammatory Arthritis Audit	Pathways for early arthritis have been reviewed and accessible on the Intranet
12. Medical and Surgical Outcome Programme	Review of recommendations underway
13. Antenatal And Newborn National Audit	Senior staff are involved in the discussions with patients that have preterm prelabour rupture of membranes
14. Paediatric Intensive Care Audit	Standardising data collection in accordance with national guidance to ensure data held nationally is consistent
15. National Diabetes Audit	The Community Diabetes Team have adapted their patient education programme so that it runs on Attend Anywhere with great success
16. National Asthma And Chronic Obstructive Pulmonary Disease Audit Programme	The Trust already meets the recommendations made in this report
17. National Audit Of Seizures And Epilepsies In Children And Young People	The Trust ensures that the results of ECGs are kept in the patients records
18. National Prostate Cancer Audit	The Trust provides psychological support for cancer patients and there is a senior CNS led service for prostate Cancer Patients
19. National Paediatric Diabetes Audit	There is a specialist community diabetes team which supports patients and families in the community and GPs.

### Local clinical audit

The reports of 76 completed local clinical audits were reviewed in 2020/21 and the Trust has taken, or intends to take, the following actions to improve the quality of healthcare provided:

Speciality	Title	Improvements
Acute Medicine	Quality assessment of e-discharge summaries on AMU patients	Junior doctors have undergone training in how to write clinically effective discharge summaries
Acute Medicine	Acute medicine hot clinic audit	Clear criteria for referral developed and agreed which have been shared with potential referrers.
Acute Medicine	Acute medicine hot clinic audit	SOP developed detailing the working of the HOT clinic
Acute Medicine	Diagnosis and management of Urinary Tract Infections in patients over the age of 65 years as per Public Health England Guidelines	Flyers in AMU AEC ED detailing PHE guidance for patients over 65 with UTI.  Improvement in compliance with Trust antibiotic prescribing practices

Speciality	Title	Improvements
Acute Medicine	Documentation of DNAR status and treatment escalation plan in AMU mortality cases	Encourage the juniors doing ward round to ask the consultants for clarification for ceilings of care.
Acute Medicine	Oxygen Prescription	A communication O2 poster was developed, further education and a story on the hub to raise awareness of importance of this.
Acute Medicine	Patient admitted to AMU with primary diagnosis of Diabetic ketoacidosis ( DKA ).	Educating AMU doctors about the significance of finding and managing the trigger factors in managing DKA patients
Acute Medicine	Speciality discharges in the Emergency Department	Discharging patients poster on display in ED detailing process and extension number of ED reception staff
Acute Medicine	Staff Wellbeing During COVID-19 Crisis	One-to-one information on the Available support for the staff Information displayed on notice boards Inform the staff wellbeing regarding our results and encourage them to be more proactive towards staff psychological concerns in general and specially during COVID Crisis.
Acute Medicine	To assess the quality of clinical information provided to request common Radiological Investigations from AMU	How to improve our radiology request forms using coloured posters which displayed on AEC and all AMU working stations.
Acute Medicine	To identify the pattern of imaging investigations and referral process of the First seizure in Adults	Collaboration with Radiology and Neurology team to get early imaging and follow-up protocol plan.
All Specialties	FTSU Confidential survey	Poster created for dissemination.
Anaesthetics	An audit of compliance with VIP cannulation insertion record documentation in patients undergoing surgery in main theatres	Blank cannula assessment forms are easily accessible in theatres and anaesthetic rooms ,
Anaesthetics	Audit of Postoperative observation chart for use with Spinal Anaesthesia	The Epidural Trolley has been reorganised and staff have been trained supported by a checklist to ensure that they know how to adequately ensure that the trolley is always fully stocked.

Speciality	Title	Improvements
Anaesthetics	Dosing and Administration of Local Anaesthetics in Obstetrics - A Survey of Practice and Quality Improvement Project	Quick reference posters for clinical areas have been developed
Anaesthetics	Epidural trolley QIP	The trolley has been rearranged to make it easier to restock supported by an equipment list.
Cardiology	An Audit of Cardio versions for AF	Echocardiogram carried out for all patients before Cardioversion
Cardiology	QA Audit on CT Coronary Angiography at RHH	Referrers now prescribe beta blockers (or alternative rate limiting medications) at time of requesting CTCA  Pre-packed Metoprolol available for requesting clinicians
Cardiology	Transoesophageal Echocardiography - Patient Experience Survey	Patient information leaflet reviewed and improved/updated
Critical Care	A service improvement project to Identify Co-infection in COVID19 patients admitted to ITU during the pandemic	Flu swabs were included as part of routine screen for all admission to critical care area.
Critical Care	A service improvement project to Identify Co-infection in COVID19 patients admitted to ITU during the pandemic	Microbiology-stewardship Ward rounds started
Critical Care	How to prone a mechanically ventilated patient with severe hypoxaemic respiratory failure: a video guide	Video training on how to prone a mechanically ventilated patient is now available supported by posters
Dermatology	AEC referral audit	Referral proforma to be transferred to the new electronic sunrise system.
Dermatology	Ciclosporin Audit 2020	'Dermatology bloods sets' are currently in progress for implementation on sunrise

Speciality	Title	Improvements
Dermatology	Dermatology Outpatient Documentation Audit	A template for Dermatology clinic letter is displayed in all dermatology outpatient clinics and to all secretaries.
Dermatology	Phototherapy Service Audit - Get it right first time (GIRFT)	Addition of pre and post treatment PASI and EASI to be included to forms
Dermatology	Phototherapy Service Audit - Get it right first time (GIRFT)	Addition of DLQI Form included in patient's phototherapy notes
Dermatology	Phototherapy Service Audit - Get it right first time (GIRFT)	Important negatives to be included on the pre-assessment form
Elderly Care Medicine	Antimicrobial prescribing audit on Elderly care wards.	Antibiotics Prescribing Poster developed
Elderly Care Medicine	Improving Safety and Effectiveness of Weekend Handover in Elderly Care	handover document is accessible to all doctors covering the weekend
Elderly Care Medicine	Snapshot study regarding falls in elderly care department ()	Trained staff to focus on the causes, mechanisms and risk identification management of falls
Elderly Care Medicine	Snapshot study regarding falls in elderly care department ()	Posters/ Algorithms in Elderly care in easily accessible places for the junior doctors to have a quick review.
Elderly Care Medicine	VTE Review in Elderly Care	Training developed for all staff to ensure that they understand how to complete a VTE assessment on Sunrise
Elderly Care Medicine	VTE Review in Elderly Care	How-to poster produced and put up on all station of C3 for staff
Emergency Medicine	A Retrospective "Snap-shot" audit measuring compliance with '5-day supply' prescribing of Codeine and Dihydrocodeine on Emergency Department Outpatient Prescriptions.	ED staff to ensure that 5 day supply of medicines maximum to be prescribed on discharge

Speciality	Title	Improvements
Emergency Medicine	The management of Cardiac chest pain in the emergency department.	Education of the ED staff about the Front door chest pain guidelines has improved management of chest pain
Emergency Medicine	The management of Cardiac chest pain in the emergency department.	Discussion in the ED Operational meeting.
Emergency Medicine	The management of Cardiac chest pain in the emergency department.	Documentation of all staff has improved since presentation and discussion of the findings
ENT Surgery	A quality improvement project to improve the organisation of the ENT emergency kit bag	New kit bag with more compartments is now in place
ENT Surgery	A quality improvement project to improve the organisation of the ENT emergency kit bag	Discuss with ENT SHOs and decide a formal process for maintaining stock of kit bag
ENT Surgery	Integrate Covid-19 Emergency C Are Audit	All of the SOPs have been updated to reflect COVID-19 care and staff have been trained.
ENT Surgery	Nasal Fracture Clinic Audit	ED has a protocol in place to ensure that they have at least one contact number of patient prior to discharge.
ENT Surgery	Nasal Fracture Clinic Audit	Nasal injury self-assessment leaflet/flow diagram for patients has been developed
General Surgery	Management of Lower GI bleed presenting to the acute surgical take	Add the Shock index and Oakland risk scoring to the new clerking proforma for assessment at admission
Gynaecology	Time from request to completion of ultrasound imaging for gynaecology	Women now offered a place in EPAC if they are willing to be sat with pregnant women.
Maxillo Facial	Apicectomy Audit-Assessing compliance with RCS Guidelines	Create notes proforma/ checklist to make the next cycle easy to obtain data from and to act as a guide and checklist for best practice



Speciality	Title	Improvements
Maxillo Facial	Assess how well we as a department consent our patients for canine exposure and bonds.	Trust wide review of consent including two stage consenting and patient information undertaken
Maxillo Facial	Assessing compliance with trust consent form guidance for lower wisdom teeth extractions.	Creation of a leaflet to assist with the consent process
Maxillo Facial	Assessing compliance with trust consent form guidance for lower wisdom teeth extractions.	Creation of a trust consent checklist
Maxillo Facial	Audit to assess documentation of appropriate treatment modalities (eg LA/IVS/GA) for dental extractions	Consultant forms for face to face clinics have been developed and are currently in use. Completion of this template will ensure a full history and examination is taken, and specifically all appropriate treatment modalities being mentioned too.
Neonates	Neonatal documentation audit	Notes are reviewed in detail for new admissions during consultant ward round to check quality of documentation
Neonates	Neonatal documentation audit	NNU documentation audit completed on a monthly basis and the results are fed back at QPDT
Neonates	Transitional care audit	Transitional Care SOP reviewed to ensure all staff involved in transitional care have a define role.
Ophthalmology	An audit of the virtual glaucoma eye clinics service at Russell Hall Hospital	With the development of the Virtual Clinics Guideline it is much easier to identify patients who are not suitable for virtual clinics. A poste of all the guidelines from the royal college of ophthalmology has been provided.
Ophthalmology	Patient Satisfaction of virtual consultations during the COVID-19 pandemic.	Clinicians to advise all patients of emergency contact for their eyes.
Ophthalmology	Patient Satisfaction of virtual consultations during the COVID-19 pandemic.	Patients are given the opportunity to contribute to decisions about the care they receive.

Speciality	Title	Improvements
Palliative Care	Quality of discharge summaries going to GP practices for patients who are on the GSF register.	1. GSF SOP includes discharge summary and process
Palliative Care	Quality of discharge summaries going to GP practices for patients who are on the GSF register.	2. Education – specialist palliative care team continue to provide GSF education on the wards and to different groups including FY1/2, pharmacy etc.
Palliative Care	Specialist Palliative Care weekend Activity in the Acute Trust	1) Change weekend activity collection form to capture data more easily alongside audit questions
Pharmacy	West Midlands Medicines Safety Omitted Critical Doses Audit	EPMA will significantly improve compliance
Radiology	Nasogastric Tubes: Justification, Adequacy and Rationale	Film requesting and reporting has significantly changed. The position checks now include the 4 positions and NG tube position check xrays now have a unique request code so that it is clear what the test is for
Radiology	NHS England Seven Day Services Diagnostics Review	To comply with 7 day working it has been identified that additional resources of an MRI scanner and CT scanner would be required
Radiology	Prevalence of pulmonary thromboembolism in Covid-19 positive/suspected patients, compared with the pre-covid data	Radiology staff now reject any CTPA requests that do not have the required information on it.
Safeguarding	Adult safeguarding referral form quality assurance audit	Referral process, quality, MSP and risk analysis discussed at every Safeguarding Adults Level 3 workshop. MSP is also a stand-alone subject delivered in-depth with self-neglect and hoarding
Safeguarding	Audit of Compliance with Patient Access Referral to Treatment Policy where there are known Child Protection or Safeguarding concerns.	Policy was revised to reflect the “was not Brought” For children. Staff education through huddle, meetings and a hub story and a patient Safety Bulletin
Safeguarding	Maternity safeguarding documentation audit	The use of MAR Forms has been Included within the safeguarding newsletter and included within safeguarding training at all levels

Speciality	Title	Improvements
Safeguarding	Maternity safeguarding documentation audit	a neonatal alert is raised for all unborns subject to a child protection/ child in need plan
Safeguarding	Maternity safeguarding documentation audit	There is a safeguarding birth and discharge plan included within the safeguarding folder by 36 weeks gestation
Stroke Medicine	Audit Of Management Of Stroke Patients With VTE	Doctors made aware of requirement for patient counselling
Stroke Medicine	Audit Of Management Of Stroke Patients With VTE	Developed guidelines for management of VTE in stroke patients based on results of this QIP-organise MDT
Trust Wide	Learning Disability DNACPR	Learning Disabilities Team are notified when appropriate patient comes into Trust
Trust Wide	Learning Disability DNACPR	The Trust is to create and implement an online DNAR form for Sunrise the EPR system
Trust Wide	Patients Medication Transfer Audit..	Patient safety Bulletin and hub storey to communicate importance of ensuring patients transfer with their medication
Urology	[Planned re-audit: 01/07/2020] An audit evaluating the rates of post flexible cystoscopy urinary infection at DGHNHSFT.	New process developed and implemented to ensure that scopes are thoroughly cleaned and decontaminated.
Vascular Surgery	Adherence to Analysis of Proximal Bone culture in Diabetic Foot Osteomyelitis	Develop a check list for all diabetic patients undergoing surgery for diabetic foot infections.
Vascular Surgery	Post COVID lock down presentation of Diabetic foot patients in vascular surgery	Trust is moving to more formally structured virtual clinics using Attend Anywhere to ensure confidentiality

### 2.2.3 Research and development (R&D)

Throughout the year the majority of our non-essential research activity was put on hold due to the COVID-19 pandemic. With the pandemic taking precedence, the Trust had to make the decision to pause some of its trials so that it could prioritise setting up and recruiting to urgent Public Health studies.

The Trust has participated in ten National Institute for Health Research (NIHR) portfolio COVID-19 studies. The recruitment to these studies has been extremely good, with the Trust receiving recognition for being one of the top recruiters to the SIREN study (*SARS-COV2 immunity and reinfection evaluation; the impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers*) and REMAP CAP study - *Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia*.

The number of patients receiving health services provided or sub-contracted by the Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 1789.

As the department capacity increased from July 2020, it re-opened some of the paused studies and has managed to open five new non-COVID related studies. The balance of the portfolio remains steady across specialties; with Anaesthetics, Cancer, Cardiology, Chemical Pathology, Critical Care, Dermatology, Diabetes, Gastroenterology, Genito-Urinary Medicine (GUM), Haematology, Maternity, Paediatrics, Plastic Surgery, Orthopaedics, Ophthalmology, Rare Diseases, Rheumatology, Stroke, Vascular, General Surgery all continuing to participate or express an interest in research. The Trust is proud to say that, not only was Russells Hall Hospital the best opening site recruiter all over the UK but, with an average monthly recruitment of 12 participants, we were the best recruiting hospital within the ROSSINI 2 - *A Phase III, multi-arm, multi-stage (MAMS) pragmatic, blinded (patient and outcome assessor) multicentre, randomised controlled trial (RCT) with an internal pilot, to evaluate the use of three in-theatre interventions, alone or in combination, to reduce SSI rates in patients undergoing abdominal surgery* study so far.

Due to the pandemic and guidelines for external visitors coming to the Trust, the Trust had to suspend students from our collaborating Universities coming to the Trust to carry out their research projects.

The Trust is liaising with Dr Sally Fenton, Lecturer in Lifestyle Behaviour Change, School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham, to support her grant application to the NIHR and submit her IRAS application to develop a theory-based, digitally-supported, lifestyle behaviour change intervention study entitled **MISSION-RA**. Eligible patients at The Dudley Group NHS Foundation Trust (DGHT) will be invited to participate in the study which aims to help people living with rheumatoid arthritis to “move more”, in order to support self-management of disease outcomes. We hope to re-open **the BEETROOT study**, *The Effects of Dietary Nitrate Supplementation on Microvascular and Large Vessel Endothelial Function in Patients with Rheumatoid Arthritis: A Longitudinal Study* which is led by a Lecturer in Cardiovascular Physiology from Bangor University here at DGHT.

Mr Michael Wall, Consultant Vascular Surgeon, and Dr Angel Armesilla, Reader in Molecular Pharmacology at the University of Wolverhampton, had previously succeeded in identifying plasma membrane Calcium ATPase in the tissue samples sent to the laboratory. Mr Wall and Dr Armesilla have designed a larger study to look at PMCA genes 1 and 4 in their cell lines. It is hoped that a greater understanding of the interaction between these molecules and their cells will lead to possible treatments for lower limb ischaemia. This will, hopefully, reduce amputation rates and improve patients' quality of life. *CALATART 2 - Can a difference in plasma membrane CALcium ATPase (PMCA) expression be detected in peripheral ARTeries?*, which received REC and HRA approval in December 2020, is recruiting well and Mr Wall and his research team should achieve their recruitment target within the required timeframe.

## Training and infrastructure

The Student Nurse Placement Programme, which introduces students to research covering a variety of specialties, as well as covering a teaching session on their Induction Programme, was suspended due to the pandemic. The department aims to re-start this in May 2021 and looks forward to welcoming the new intake of students to R&D.

The department had actively increased its engagement with all staff groups across the Trust and had implemented Research Champions in each of the departments across the Trust.

The department has continued to promote training sessions on Good Clinical Practice via e-learning and have face-to-face sessions for Principal Investigator Masterclasses, these will continue in 2021.

The R&D Administration team continue to use the EDGE Clinical Research Management System to explore improvement and efficiencies by using the system for study management and tracking. This is being further developed with the nomination of staff to join the EDGE Super User Group which will be an exciting development for the team and the department.

## Public engagement

The R&D department has not been able to provide any events to engage the public due to the pandemic restrictions, we will review this during 2021/22.

## Research into practice

The NIHR COVID-19 studies the Trust have, and are still, recruiting to are:

- **COVIP: COVID-19 in very old intensive care patients.** The COVIP study group proposes to investigate the relationship between age, co-morbidities, pre-treatment, frailty, and outcomes in a group of elderly patients receiving critical care for COVID-19. It will explicitly investigate how the frailty and nursing situation was before the acute illness, which comorbidities existed and how the therapy was carried out in the intensive care unit. Total participants recruited to date is 25
- **COPCOV: Chloroquine/ hydroxychloroquine prevention of coronavirus disease (COVID-19) in the healthcare setting; a randomised, placebo-controlled prophylaxis study.** A multi-centre, multi-country randomised, double blind, placebo controlled assessment of the prophylactic efficacy of chloroquine (Asia) or hydroxychloroquine (Europe) in preventing COVID-19 illness in at-risk healthcare workers and other frontline staff, or other high-risk groups. Total participants recruited to date is 15
- **SIREN study.** Aims to find out whether healthcare workers who have evidence of prior COVID-19, detected by antibody assays (positive antibody tests), compared to those who do not have evidence of infection (negative antibody tests) are protected from future episodes of infection. Total participants recruited to date is 366
- **REMAP-CAP: Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia.** A randomised controlled trial for patients admitted to the intensive care unit (ICU) with severe Community-Acquired Pneumonia (CAP). The primary objective is to identify the most clinically effective treatments for adult ICU patients with severe CAP. Total participants recruited to date is 174
- **Randomised Evaluation of COVID-19 Therapy (RECOVERY).** A randomised trial among adults hospitalised for confirmed COVID-19. Eligible patients are randomly allocated between several treatment arms, each to be given in addition to the usual standard of care in the participating hospital. Total participants recruited to date is 212
- **CLARITY: impact of biologic therapy on SARS-cov-2 Infection & immunity.** This study will provide an evidence base for safer prescribing of immunomodulator and biologic drugs in the COVID-19 era and inform public health policy regarding physical distancing measures, and future vaccination strategies Total participants recruited to date is 52

- *Genetics of susceptibility and mortality in critical care (GenOMICC)*. Will identify the specific genes that cause some people to be susceptible to specific infections and consequences of severe injury. Total participants recruited to date is 39
- **COVID-19 ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections**. The study will gain important information about respiratory infections so we can try to find better ways to manage and treat them in the future. Total recruited to date 1254
- **ARCADIA Trial - COVID-19 in Diabetes**. This study aims to investigate the beneficial effects on AZD1656 in diabetic patients with COVID-19. The glucose variability may be an important contributory factor in COVID-19 disease development in those with diabetes. Total participants recruited to date is 8
- **RECOVERY - Respiratory Support**. This trial will look at three different approaches to providing ventilatory support to patients suspected or confirmed COVID-19, all of which are currently in use in clinical practice at present. Total participants recruited to date is 12

## Publications

Trust publications for the calendar year 2020, including conference posters, were 136.

### 2.2.4 Commissioning for Quality and Innovation (CQUIN) payment framework

The Trust's income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because there were no CQUINs due to the contracts suspension as a result of the COVID-19 pandemic.

### 2.2.5 Care Quality Commission (CQC) registration and reviews

The Dudley Group NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against the Trust during 2020/21.

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

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2020/21:

The CQC undertook an unannounced focus inspection of the Emergency Department on the 2<sup>nd</sup> and 3<sup>rd</sup> February 2021 following their 'Resilience 5 Plus' process. The 'Resilience 5 Plus' process is used to support focused inspections of urgent and emergency care services which may be under pressure due to winter demands or concerns in relation to patient flow and COVID-19. The previous rating of an overall 'Requires Improvement' has remained as this was not a full inspection and not all key questions were asked and all key lines of enquiry inspected. What was reviewed fully was the safe domain which was found to have met the requirements of previous enforcement action and was rated as 'Requires Improvement' and not as it was 'Inadequate'.

The Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

Following the Resilience 5 Plus CQC inspection of the Emergency Department and the CQC recommendations for improvement the following actions have been taken

- Improved signage in the Children's Emergency Department to guide parents, young people and children on how to safely socially distance in the waiting area
- Continued work to improve patient flow to prevent patients having lengthy waits in the ambulance before entering the Emergency Department

For the service areas where the Trust was rated as 'Inadequate' or 'Requires improvement', a detailed action plan was put in place. The monitoring of the delivery of this improvement plan was reported to the board and the Clinical Quality, Safety and Patient Experience Committee as well as providing formal feedback to the CQC itself.

The CQC issued four Section 31 enforcement notices during the December 2017/January 2018 inspection but none had placed any restrictions on the Trust's licence. The Trust had to send enhanced assurance over aspects of urgent and emergency services which the Trust did on a monthly basis which showed a sustained trajectory of improvement. This has resulted in all enforcement notices being removed from the Trust during 2020/2021.

The full report of the January 2019/February 2019 inspection is available at [www.cqc.org.uk/provider/RNA](http://www.cqc.org.uk/provider/RNA)

#### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.



## Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Feb 2021	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019	Requires improvement ↑ May 2019	Requires improvement ↑ May 2019
Medical care (including older people's care)	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Maternity	Requires improvement ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
End of life care	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Outpatients	Requires improvement ↓ May 2019	N/A	Good ↔ May 2019	Good ↑ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Diagnostic Imaging	Inadequate May 2019	N/A	Requires improvement May 2019	Requires improvement May 2019	Inadequate May 2019	Inadequate May 2019
Overall	Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

## Ratings for Corbett Outpatients Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate May 2019	Good May 2019	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
Overall*	Good →← May 2019	Good →← May 2019	Outstanding ↑ May 2019	Requires improvement →← May 2019	Good →← May 2019	Good →← May 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### CASH Clinic – Community Services

Staff were really friendly and put you at ease. They were very informative and constantly checked I was okay or if I had any questions.

## 2.2.6 Quality of data

The Trust submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) latest published data.

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

	The Dudley Group	National average
Admitted patient care	99.9%	99.0%
Outpatient care	99.9%	99.5%
Accident and emergency care	99.6%	97.9%

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

	The Dudley Group	National average
Admitted patient care	100%	99.8%
Outpatient care	100%	99.8%
Accident and emergency care	100%	98.8%

All above figures are for December 2020. Latest available from NHS Digital Data Quality Maturity Indicator DQMI monthly report.

The Trust submitted the Data Protection and Security Toolkit as 'Standards Met' for 2019-2020. The date for the submission of the 2020-21 toolkit has been extended until June 2021 and therefore the results were not available at the time this report was written.

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

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

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

## 2.2.7 Learning from deaths

During 2020/21, 2202 of the Trust's patients died. This was comprised of the following number of deaths that occurred in each quarter of that reporting period: 547 in the first quarter; 401 in the second quarter; 600 in the third quarter; 654 in the fourth quarter.

By 31<sup>st</sup> March 2021, 1328 case record reviews and 165 investigations have been carried out in relation to 2202 of deaths included above.

In 165 cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 397 in the first quarter; 267 in the second quarter; 331 in the third quarter; 333 in the fourth quarter.

Three, representing 0.13 per cent of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 0 representing 0 per cent for the first quarter; 0 representing 0 per cent for the second quarter; three representing 0.9 per cent for the third quarter; 0 representing 0 per cent for the fourth quarter.

These numbers have been estimated using a) The Trust's mortality review process which includes an initial (Level 1) peer review of all deaths by the department concerned using a standard questionnaire. This may lead to a Level 2 review performed by a mortality panel using a structured case note review data collection as recommended by the National Mortality Case Record Review Programme, b) Coroner Rule 28 cases when making recommendations about future care and c) root cause analysis reports following investigations if a death is reported as a serious incident if that is clinically appropriate (e.g. death potentially avoidable). 2020 also saw the introduction of the Medical Examiners system in Dudley.

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

The Trust has identified the following learning:

- Importance of recognition of deteriorating patients where initial diagnosis is unclear and no clear pathway evident.
- Awareness of need to respond to changing parameters and ensure clear clinical decision making.
- Need to be aware of human factors involved in the process.
- Ensure that all appropriate patients are commenced on EmLap pathway.
- Recognition of potential for diagnostic overshadowing in patients with complex neurological problems and learning disability.
- There is a need to focus efforts on the recognition and management of the deteriorating patient in the context of sepsis but also in the context of other medical conditions for which sepsis screening parameters might flag e.g. heart failure.
- Mortality tracker information with regards to end of life care is demonstrating achievement of clinical indicators and embedding Priorities for Care of the dying person communication document is being pursued with divisions.
- Need to highlight appropriate care in end of life management over the period when death is imminent.
- Need for clear documentation of all results and investigations when patients admitted/ transferred to ensure appropriate prompt management and communication of escalation plans.
- Patients presenting at the end of life to ED may be more appropriately transferred out of the department more promptly to allow more privacy and dignity for patients and families.
- Lack of understanding of DNACPR and the perception that this is the ceasing/withdrawal of all treatment rather than allowing "natural" death to occur.
- ED reviews triggered due to waiting more than four hours in the department.
- Delay in pending external agencies information (coroner, police etc.) affecting child death review timeliness internally.
- Inappropriate admission to hospital from care homes.
- Place of death – some patients do die within the Emergency Department – this may sometimes be because it would have been inappropriate to move them due to End of Life and expected to die within very short period but may be due to capacity challenges.

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

From the cases reviewed, the Trust has taken a number of actions.

- Developed a pathway for the deteriorating patient.
- Work has taken place on the EPR to further develop systems for identifying the deteriorating patient.
- Ongoing engagement regarding awareness and recognition of sepsis including human factors training and a recent sepsis debate.
- Implementation of the Gold Standards Framework (GSF).
- The Medical Examiner system has been implemented with 95% of deaths receiving a Medical Examiner review.
- The Trust end of life working group is reviewing policies, education and governance.
- Increased usage of the priorities of care documentation across the Trust.
- Cases with learning are highlighted to the specialty and also discussed at the Joint Mortality Meeting held quarterly with the CCG.
- The Trust is being supported by the Advancing Quality Alliance (AQuA) to look at a number of deteriorating patient pathways. The first condition groups to undertake this work were AKI, sepsis and alcohol related liver disease. Work stream plans have been generated and are in the process of being fully implemented in association with the specific teams and audit department.
- Additional work from our mortality data has revolved around improving pathways for pneumonia. The British Thoracic Society bundle is being implemented.
- The work from the Deteriorating Patient Team and Outreach is giving greater oversight and support for patients with deteriorating parameters. This is ongoing work. Further work around the Hospital at Night team and review of medical handover processes is being undertaken.
- End of life care cell led by Dr Jo Bowen as part of the Dudley Improvement Programme with further work stream to implement RESPECT across Dudley.
- End of Life Care Facilitator – one year fixed term has taken up post to work with community, ED and the wards to implement learning from the Bewick Report.
- Gold Standard Framework implementation whole hospital commissioned approach in progress. There is a rolling plan for the remaining adult wards with regards to GSF implementation and accreditation.

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

- Mortality SHMI has increased during the period to 119.
- The number of deaths remains within the process limits. We saw a spike in deaths March- April 2020 but this clearly coincides with the onset of the COVID pandemic.
- Further reduction in sepsis mortality.
- Reduction in investigation requests from the coroner.
- Decreased number of serious incidents.
- A positive external assessment of end of life care.
- External review of deaths occurring on site.

33 case record reviews and 0 investigations were completed after 31st March 2020 which related to deaths which took place before the start of the reporting period. None, representing 0 per cent of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the Trust's mortality review process which includes an initial (Level 1) peer review of all deaths by the department concerned using a standard questionnaire.

This may lead to a Level 2 review performed by a mortality panel using a structured case note review data collection as recommended by the National Mortality Case Record Review Programme; Coroner Rule 28 cases when making recommendations about future care and root cause analysis reports following investigations if a death is reported as a serious incident if that is clinically appropriate (e.g. death potentially avoidable).

Three representing 0.2 per cent of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient. ***This is a revision of previous years statement now that all case reviews/ investigations should have been completed.***

**Podiatry – Community Services:**  
Absolutely excellent, friendly, helpful and informative.

Very supportive and reassuring, resulting in an exercise programme and a slight revision to my meds. It couldn't have been better.

## 2.2.8 Core set of mandatory indicators

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

Mortality					
Topic and detailed indicators	Immediate reporting period: Dec 2019 – Nov 2020		Previous reporting period: Oct 2019 – Sep 2020		Statements
<b>Summary</b> <b>Hospital-level Mortality Indicator (SHMI) value and banding</b> (Comparison is with all non-specialist acute trusts)	<b>Value</b>		<b>Value</b>		The Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"><li>It has noted that the SHMI value is above the expected range. This is due to the change in recording of the assessment of patients admitted via Ambulatory Emergency Care resulting in fewer recorded discharges and higher acuity of admitted cases.</li></ul>
	Trust	1.1869	Trust	1.1640	
	National average	1	National average	1	
	Highest	1.1869	Highest	1.1795	
	Lowest	0.6951	Lowest	0.6869	The Trust has taken the following action to improve this indicator and so the quality of its services by: <ul style="list-style-type: none"><li>Continuing to improve case note reviews of deaths in hospital and to arrange external reviews of case notes to further assess quality of care.</li></ul>
	<b>Banding</b>		<b>Banding</b>		
	Trust	1	Trust	1	
	National average	2	National average	2	
	Highest	1	Highest	1	
	Lowest	3	Lowest	3	
	Trust	23%	Trust	23%	The Trust considers that this data is as described for the following reasons:
	<b>Percentage of patient deaths</b>				

Mortality					
Topic and detailed indicators	Immediate reporting period: Dec 2019 – Nov 2020		Previous reporting period: Oct 2019 – Sep 2020		Statements
with palliative care coded at either diagnosis or specialty level (Comparison is with all non-specialist acute trusts)	National average	36%	National Average	36%	<ul style="list-style-type: none"> <li>there remains a very robust system in place to check accuracy of palliative care coding. The data field has been added to the Trust mortality tracker.</li> </ul> <p>The Trust has taken the following actions to improve this percentage, and so the quality of its services:</p> <ul style="list-style-type: none"> <li>palliative care have worked with coding teams to ensure the percentage will always be accurate and reflect actual palliative care.</li> </ul>
	Highest	59%	Highest	60%	
	Lowest	8%	Lowest	9%	

Patient Reported Outcome Measures (PROMS)					
Topic and detailed indicators	Immediate reporting period: 2019/20		Previous reporting period: 2018/19		Statements
Hip Replacement Surgery	Trust	0.48	Trust	0.47	<p>The Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> <li>using feedback data (from NHS Digital) we are very pleased with the outcomes that patient report. Patients who said that their problems are better now when compared to before their operation:</li> <li>Hip replacement: 98% (<i>national</i> = 97%).</li> <li>Knee replacement 84% (<i>national</i> = 83%)</li> </ul> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services, by:</p> <p>ensuring the Trust regularly monitors and audits the pre and postoperative healthcare of all patients. Surgical operative outcomes are consistently of high quality and safety, with excellent patient satisfaction for these procedures. The Trust has also recently changed its main knee supplier with the latest technology to improve patient outcomes.</p>
	National average	0.46	National average	0.46	
	Highest	0.54	Highest	0.56	
	Lowest	0.33	Lowest	0.35	
Knee Replacement Surgery	Trust	0.36	Trust	0.34	
	National average	0.34	National average	0.34	
	Highest	0.42	Highest	0.41	
	Lowest	0.24	Lowest	0.24	



**Gynaecology: In my opinion it is working very well and doesn't really need improving. From checking in at reception to actually seeing the consultant was very efficient and the staff very pleasant. Well done everyone.**

Readmissions						
Topic and detailed indicators	Immediate reporting period: 2019/20		Previous reporting period: 2018/19		Statements	
% readmitted within 30 days  Aged 0-15	Trust	8.5%	Trust	8.4%	The Trust considers that this data is as described for the following reasons: <b>Age 0- 15</b> <ul style="list-style-type: none"><li>The Trust is currently delivering better than the national average and its performance compared to previous years remains consistent. Further work is required to demonstrable a sizeable reduction in readmissions for this group.</li><li>The Trust experienced high levels of attendances which led to admissions related to respiratory conditions, which may have been unidentified COVID.</li></ul>	
	National average	12.4%	National average	12.5%		
	Highest	27.3%	Highest	20.8%		
	Lowest	1.6%	Lowest	2.3%		
(Comparison is with all NHS Trusts)  % readmitted within 30 days  Aged 16 and over	Trust	15.3%	Trust	15.5%	<b>Aged 16 and over</b> <ul style="list-style-type: none"><li>The Trust performance remains consistent with previous years and is broadly in line with the national average.</li></ul> The Trust intends to take the following actions to improve these percentages, and so the quality of its services: <ul style="list-style-type: none"><li>Significant work is underway to improve this, including development of Same Day Emergency Care pathways which will see a reduced readmission rate</li></ul>	
	National average	14.7%	National average	14.6%		
	Highest	40.0%	Highest	26.7%		
	Lowest	1.9%	Lowest	1.3%		

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

Responsiveness to inpatients' personal needs					
Topic and detailed indicators	Immediate reporting period: 2019/20		Previous reporting period: 2018/19		Statements
<b>Average score from a selection of questions from the National Inpatient Survey measuring patient experience</b>  <b>(Score out of 100)</b>	Trust	61.3	Trust	61.3	The Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"><li>the Trust is disappointed that this indicator remains lower than the national average.</li></ul>
	National Average	67.7	National Average	67.3	The Trust intends to take the following actions to improve this score, and so the quality of its services: <ul style="list-style-type: none"><li>Continue to focus on responding to the feedback from our patients, families and carers with sustained quality improvement actions.</li><li>We have launched a 'What Matters to You' campaign for us to listen to patient thoughts and implement changes to improve the services that we offer.</li><li>We are also currently mapping the You Said We Have Process to ensure that we capture lessons learnt and report on them appropriately.</li></ul>
	Highest	86.2	Highest	85.0	
	Lowest	54.4	Lowest	58.9	

Staff views					
Topic and detailed indicators	Immediate reporting period: 2020		Previous reporting period: 2019		Statements
<b>Percentage of staff who would recommend the Trust to friends or family needing care</b>  (Comparison is with all combined Acute and Community trusts)	Trust	58.5%	Trust	59.3%	The Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"><li>it is disappointing to see a marginal decrease in the percentage of staff who would recommend the Trust as a place to receive treatment.</li></ul> The Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services by: <ul style="list-style-type: none"><li>building confidence in our services by sharing good practice and successes e.g. through GREATix, and improving our overall CQC rating</li><li>continuing to encourage staff to report any concerns about patient care through our Freedom to Speak Up</li></ul>
	National average	66.9%	National average	71.0%	
	Highest	84.0%	Highest	90.5%	
	Lowest	46.6%	Lowest	48.8%	

Staff views			
Topic and detailed indicators	Immediate reporting period: 2020	Previous reporting period: 2019	Statements
			Guardians and other confidential methods <ul style="list-style-type: none"> <li>Embed the staff engagement model that ensures continuous improvement cycle engaging staff in the solutions</li> </ul>

Venous Thromboembolism (VTE)					
Topic and detailed indicators	Immediate reporting period: Q3 Oct – Dec 2019		Previous reporting period: Q2 Jul – Sep 2019		Statements
<b>Percentage of admitted patients risk-assessed for Venous Thromboembolism</b> (Comparison is with all Acute trusts)	Trust	93.22%	Trust	94.15%	The Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"><li>the Trust is pleased to note that it is near the national average in undertaking these risk assessments.</li></ul>
	National average	95.25%	National average	95.4%	
	Highest	100%	Highest	100%	The Trust intends to take the following actions to improve this percentage, and so the quality of its services by: <ul style="list-style-type: none"><li>continuing the educational sessions with each junior doctor intake,</li><li>continuing with a variety of promotional activities to staff and patients.</li></ul>
	Lowest	71.59%	Lowest	71.72%	

The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic and the above are the latest two published periods.

Infection Control					
Topic and detailed indicators	Immediate reporting period: 2019/20		Previous reporting period: 2018/19		Statements
Rate of Clostridium difficile per 100,000 bed days	Trust	8	Trust	12	<p>The Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"><li>the rate has improved again over last year's figures with the Trust reporting fewer cases</li></ul>

Infection Control					
Topic and detailed indicators	Immediate reporting period: 2019/20		Previous reporting period: 2018/19		Statements
amongst patients aged 2 or over	National average	13	National average	12	than the average across the NHS. This is especially pleasing in a climate where nationally numbers of cases are increasing.
	Highest	51	Highest	80	The Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services: <ul style="list-style-type: none"><li>the process for reviewing C. diff cases which changed last year in line with the new national framework is now embedded. The Trust continues to perform well against national data. The well-functioning antimicrobial guidelines continue to be updated to reflect national objectives including reductions in carbapenem useage and increased prescribing from within the access list of antibiotics which the Trust is achieving. Treatment protocols continue to be updated to ensure they reflect evidence-based practice.</li></ul>
	Lowest	0	Lowest	0	

Clinical incidents					
Topic and detailed indicators	Immediate reporting period: Oct 2019 – Mar 2020		Previous reporting period: Apr 2019 – Sep 2019		Statements
Rate of patient safety incidents	Trust	36.1 (number 4070)	Trust	43.3 (number 4869)	The Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"><li>as organisations that report more incidents usually have a better and more effective safety culture, the Trust notes it has improved the average reporting rate and its severe and death incidents is in line with the national average.</li></ul>
(incidents reported per 1000 bed days)	Average	50.7	Average	49.8	
(Comparison is with 130 acute non-specialist trusts)	Highest	110.2	Highest	103.8	
	Lowest	15.7	Lowest	26.3	The Trust has taken the following actions to improve this rate and the numbers and percentages, and so the quality of its services: <ul style="list-style-type: none"><li>The Patient Safety Advisors continue to work with the divisions to identify</li></ul>
Percentage of patient safety	Trust	0.3% (number 10)	Trust	0.1% (number 5)	

Clinical incidents				
Topic and detailed indicators	Immediate reporting period: Oct 2019 – Mar 2020		Previous reporting period: Apr 2019 – Sep 2019	
incidents resulting in severe harm or death	National average	0.3%	National average	0.3%
				<p>areas where they can improve on the reporting of incidents.</p> <ul style="list-style-type: none"> <li>Investment has continued across the year on training staff on incident investigations to enable them to focus on the root cause of the incident and, therefore, develop better action plans.</li> </ul>

In addition to the above indicators, NHS England has requested that the Trust includes the latest results of the two following questions that are asked as part of the National Staff Survey:

Staff Survey Results					
2020					
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Trust	20.8%	Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	Trust	85%
	National average	19.8%		National average	84.9%

## 2.2.9 Seven day hospital services (7DS)

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

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

### Standard 2 and Standard 8

The Trust had achieved **92%** for standard 2 and for standard 8 94% for once daily review and 87% for twice daily reviews. These results reflect data prior to COVID-19 so will improve now due to the change in the ED pathway to ensure all patients are seen by a Medical Consultant prior to admission and enhanced support of Medial High Dependency Unit (HDU) by Critical Care Consultants.

### Standard 5 and 6

A further audit of standards 5 and 6 was undertaken in autumn 2020 reviewing all inpatient CT/MRI/Ultrasound and Interventional Radiology requests throughout August 2020. It should be noted that significant progress has been made since the launch of the 7DS standards and this audit identified 76% of urgent inpatient CT scans were undertaken and reported in 24 hours and 98% of all CT scans

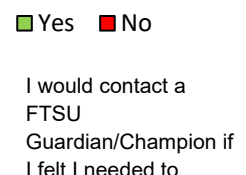
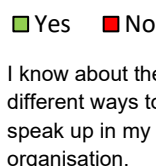
The Trust has sought further assurance on compliance through internal audit with a report presented to Audit Committee in December 2020. The report provided partial assurance against the standards and highlighted Priority Standard 5 (Diagnostics) as reflecting the availability of services and not the delivery of reporting within the set timescales. The report identified robust governance arrangements and highlighted scope to improve the consistency of the format / content of reporting. This standard is being re-audited within the Trust and progress will be reported via Audit Committee

The Trust is committed to supporting and encouraging staff to raise concerns about anything that might directly or indirectly impact patient care.

Other routes for raising concerns include the Human Resources Department, the Staff Health and Wellbeing Department, staff governors and staff side representatives with the latter sitting on the Trust-wide Freedom to Speak Up Steering Group.

Every effort is made to ensure staff do not suffer detriment when raising a concern and the Guardians are always available to support staff who perceive that this is a possibility in their case.

- New Lead Guardian in post 30 hours per week as of March 2020.
- First staff survey of the FTSU service undertaken in October 2020 with 488 staff members, from a range of specialities, departments and sites, being asked their opinions on the FTSU service. The survey was conducted by the Guardians with support from the Executive and Non Executive team along with the champions.



- Also in October Rachel Clarke, Advocacy and Learning Senior Manager (FTSU) undertook a review of the Trust service. The results of this were compared to the 2019 review which was also undertaken by Rachel:

*‘Compared to the first review completed in 2019 the Trust appears to have improved its position in relation to nine of the expectations and has maintained its position in relation to seven more.’*

### **2.2.11 Junior doctor rota gaps and the plan for improvement to reduce these gaps**

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

The Trust has taken and intends to take a number of actions to minimise these gaps. These include

- A medical training initiative (MTI) - a two-year training programme has been established. These doctors help to cover any ongoing Deanery and Trust vacancies at registrar and SHO level. They also help backfill any shifts unfilled by the increasing number of LTFT (less than full time) trainees we are assigned by the Deanery.
- Increased physician associate roles in a number of areas to support SHO level activity. This has been particularly successful in the Acute Medical Unit and is being extended to other areas in the Trust.
- The use of head hunting agencies for particularly hard to fill, senior level vacancies within specialist areas.
- Increasing our internal bank coverage so that, for example, when junior staff leave due to their rotation elsewhere to undertake research, we are arranging for those staff to remain on our internal staff bank.
- The use bank only apps such as Locums Nest, to increase our bank across the region. This had ceased during the COVID-19 pandemic but will be restarted in 2021/22.
- More effective rostering using the Medirota system for junior doctors has been implemented across the Trust, with particular success within the surgical division. Work to fully embed this system continues.

### **2.2.12 Care of patients with Learning Disabilities**

The first learning disability improvement standards for NHS trusts were published in June 2018 and in 2018/19. The Trust participated in the NHS Benchmarking Network which collected data on performance against these standards. This year we continue to undertake and monitor the actions in the plan drawn up after the initial survey and the learning disability team has been strengthened to three nurses (the national survey indicates acute trusts have on average one nurse) which allows the team to see all age groups including children. We are also participating in the 2020/21 national data collection as we continue to improve our performance against these standards.

The team continues with the core activity of supporting people with learning disabilities to access our hospitals and services by working directly with patients, their families and carers whilst they are inpatients, in our Emergency Department and for planned admissions.

The team has evidenced that their work has addressed some of the health inequalities that people with a learning disability experience when accessing health care by improving patient communication and providing accessible information. They have continued to work in partnership with people with a learning disability by co-production of training sessions and consultations with the



experts by experience to enable hospital staff to learn about how they can best support people with learning disabilities.

## Part 3: Other quality information

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### 3.1 Introduction

The Trust has a number of Key Performance Indicator (KPI) reports which are used by a variety of staff groups to monitor quality on a day-to-day basis. The main repository for the reporting of the Trust's key performance measures is a web-based dashboard, which is available to all senior managers and clinicians. This currently contains over 130 measures, grouped under the headings of Quality, Performance, Workforce and Finance.

In addition, continual monitoring of a variety of aspects of the quality of care includes weekly reports sent to senior managers and clinicians which include the Emergency Department, Referral to Treatment and stroke and cancer targets. Monthly reports which include a breakdown of performance by ward based on Nurse Sensitive Indicators, ward utilisation, adverse incidents, governance, workforce indicators and patient experience scores are sent to all wards. In the interests of transparency, each ward displays its quality comparative data on a large information board (see section 3.3.5) for staff, patients and their visitors.

The Trust compares itself against other trusts, and use Healthcare Evaluation Data (HED) – a leading UK provider of comparative healthcare information – as a business intelligence monitoring tool.

To ensure quality improvement, the Trust has multiple organisation-wide frameworks from which it shares learning from patient feedback, clinical reviews and incidents. These include:

- **Quarterly Learning Report:**  
A quarterly learning report is produced outlining learning that has occurred across the organisation from all sources; complaints, litigation, incidents and PALS. This is presented to the Committee of the Board, shared across the Divisions, uploaded to the Trust intranet for all staff and shared with Dudley Clinical Commissioning Group.
- **Incident Reporting Database:**  
Every incident that occurs is reported in a central database which is designed to capture changes in practice, learning and good practice to share across the organisation. This data is included in the quarterly learning report and cascaded through divisional meetings.
- **Intranet Learning Page:**  
The Trust has a designated intranet page to which all staff have access.
- **Patient Safety and Experience Bulletin:** This commenced in 2017 and consists of a weekly email sent to all staff on a wide range of topical subjects that have arisen from local incidents and national initiatives. Examples of issues covered include diabetes care, malnutrition in hospital and correct usage of oxygen cylinders.
- **Learning Slides:** Following each serious incident investigation a slide is produced outlining the outcome, learning and changes in practice. This is cascaded through the divisions and presented at each operational governance meeting.

The following three sections of this report provide an overview, with both statistics and examples, of the quality of care at the Trust, using the three elements of quality as outlined in the chief executive's initial statement:

- **Patient Experience**
- **Patient Safety**

- **Clinical Effectiveness**

The final section includes indicators and performance thresholds set out by NHS Improvement, the Trust regulator, in its Risk Assessment Framework.

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## Patient Experience

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### 3.2 Does the Trust provide a clean, friendly environment in which patients are satisfied with the personal care and treatment they receive?

#### 3.2.1 Introduction

The Trust actively encourages feedback to help us ensure we meet the needs and expectations of our patients, their families and carers, our staff and our stakeholders. As a foundation trust we are legally obliged to take into consideration the views of our members as expressed through our Council of Governors.

#### 3.2.2 Trust-wide initiatives

We gather feedback in a number of ways, some of which are described in other parts of this report (e.g. complaints, concerns, compliments, quality and safety reviews) and some in more detail below:

- Real-time surveys (face-to-face surveys)
- Patient stories
- The Friends and Family Test (FFT)
- NHS Choices and Patient Opinion online reviews
- National surveys including the National Inpatient Survey
- Listening events and focus groups

#### Real-time surveys

During 2020/21, real-time surveys were suspended due to COVID-19 concerns as organisations were advised to stop using methods of face to face feedback collection. Consequently, it was not possible to carry out face-to face surveys. These surveys complement the Friends and Family Test and the results are reported in a combined report to wards and specialties, allowing them to use valuable feedback from patients in a timely manner. The data from these surveys also allows us to react quickly to any issues and to use patient views in our service improvement planning.

#### Patient stories

The continued use of patient and staff stories at the Board of Directors' meetings during the year enables the patient voice to be heard at the highest level. These stories are circulated to senior managers and shared with frontline staff and used for service development planning and training purposes.



During the year, **social media** usage has expanded. The Dudley Group Facebook page has accumulated 12,681 'likes' to date and 13,345 Facebook followers.



The Trust now has 5,695 followers on Twitter. DGFT have reached 1.3 million tweet impressions between May 2020 and April 2021.

Below are some examples of the quantity of feedback we received during 2020/21 and more detailed information about some of the methods. These methods alone highlight more than 21,361 opportunities for us to listen to our patients' views.

Method	Total	Method	Total
FFT – Inpatient (Inc. day case)	3,289	NHS Choices/Patient Opinion	95
FFT – Emergency department	2,674	National surveys - Maternity 2020	Survey Cancelled by CQC due to COVID-19
FFT – Maternity	603	National surveys - Adult Inpatient 2019 (results received July 2020)	493
FFT – Community	1125	National surveys - Urgent and Emergency Care 2020	Expected Publication Sept 2021
FFT – Outpatients	3605	National surveys - Children and Young People 2020	Expected Publication Nov 2021
Community patient survey	0	National surveys - Cancer Patient Experience 2019	483
Real-time surveys	0	Other local/department surveys Inpatient food surveys	9,487

## Listening events and focus groups

The Trust has continued to support a growing number of listening events and focus groups hosted by departments and teams across the organisation. This enables the individual areas to use triangulated performance and feedback information to raise awareness with a focused group of patients, their carers and families. The feedback from these events and the suggestions for improvement are used to develop action plans that provide a continual improvement approach to the patient experience.

During 2020/21 the Trust has hosted events with the following departments and teams: the Heart Failure Team, the Maternity Department, the Service Transformation Team and Patient Experience.

In November 2020 the Maternity Voices partnership meeting was held for patients to share their thoughts about our maternity services to help shape future services. The feedback from attendees about their experience of care was extremely positive.

There was a discussion about the Health Pregnancy Support Service (HPSS) and what the service can provide and how this is currently being delivered via virtual methods. The meeting highlighted that more could be done to explain and promote the benefits of using the service and the support available. There was also discussion around the new continuity team. The team are addressing the feedback to implement changes to improve the patient experience.

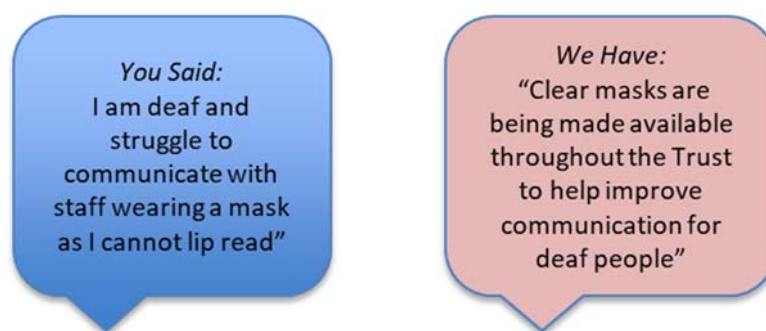
In January 2021, in partnership with the Service Transformation Team and Healthwatch Dudley we facilitated a number of workshops to obtain public and patient views on the development of the Trust's strategy and plans for the next five years. The key themes identified by attendees were around how we strengthen relationships between DGFT and local community organisations to better support people, improve discharge processes, and communication, in particular with people with audio/visual needs, dementia and learning disabilities.

In February 2021 a Listening into Action event for the Heart Failure Team was held to obtain views on how the new virtual service is working, and regarding the new equipment that has been purchased and given to patients to use at home to ensure they feel fully supported. The main themes identified for future improvement were around more communication between healthcare professionals, and waiting times between scans and getting results/treatment. Some patients felt that information provided and support groups were not always suitable for younger people with heart failure. The team are producing an action plan to improve the quality of services provided.

We have hosted a number of Patient Panels throughout the year to capture people's views on their experience of our services. The panels are open to all patients, relatives and the general public.

In April 2020 our virtual Patient Panel focussed on people's experience of accessing services and support during COVID-19, including what we did well and what we could have done better and experiences of having appointments/consultations via virtual methods (video call/telephone) during the coronavirus (COVID-19) pandemic to help us shape future service planning and development. Attendees felt that the COVID safety guidelines were being followed, and that telephone consultations were working well for the majority of patients.

Some themes for improvement focussed on communication and the difficulties that people with audio impairment face during COVID, as they cannot lip read as staff are wearing masks, families not being able to visit loved ones and people should be given a choice of remote consultation as this is not suitable for all. We actively listened to the views of our attendees and actioned constructive comments with "You said, we have" examples shown below:



In November 2020 our virtual Patient Panel focussed on experience of being discharged from the hospital, including how the process could be improved, if they were provided with enough information and medication prior to discharge and their overall experience of the discharge process. The main themes highlighted were regarding communication between teams and with relatives prior to discharge, and waiting times for take home medication. We asked patients for their ideas on questions to include in the discharge survey. The survey aims to obtain feedback on information and medication, communication with other agencies and involvement of family and carers. The feedback will support the co-production element of the 'Always' event, which is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care.

## Friends and Family Test (FFT)

The left form is titled 'Children's Feedback Form' and 'The Dudley Group NHS Foundation Trust'. It asks 'Overall how was your experience of our service?' with five bear icons representing 'Very Good', 'Good', 'Don't Know', 'Poor', and 'Very Poor'. It also includes a drawing prompt: 'Draw a picture of your hospital visit'.

The right form is titled 'Your ward:' and asks 'Thinking about your recent visit to the hospital, overall, how was your experience of our service?'. It features a rating scale with six options: 'Very Good', 'Good', 'Neither good nor poor', 'Poor', 'Very Poor', and 'Don't Know'. Below the scale are two free-text questions: 'What was good about your visit?' and 'What could have made it better?'. It also includes a question about day-to-day activities being limited and a checkbox for public use.

In September 2020 the FFT changed and there is a new question and ratings. The old question asked, 'How likely are you to recommend our services to friends and family?' This has been replaced with the new question 'Overall, how was your experience of our service?' The FFT is made up of a single mandatory question followed by two free-text questions to drive service improvement.

Following feedback from patients and staff the Trust have chosen to use two free-text questions to enable people to tell us more about their experience in their own words questions below:

1. What was good about your visit?
2. What could have made it better?

The Trust redesigned the FFT paper surveys to provide a quick and simple mechanism for patients, relatives and carers (on behalf of the patient) to give feedback, which can then be used to identify what is working well and to improve the quality of any aspect of patient experience. The Trust worked with Children and Young People's team to ensure the survey was user friendly and met the needs of the patients.

The Trust produced FFT stickers for the maternity department to put on patients maternity antenatal and postnatal notes to improve response rates and ensure that the FFT is accessible to all, as SMS text messaging is not available within the service, and to reduce risk of infection of paper survey methods during COVID-19.



The way FFT is measured changed and timing requirements have been removed. There will no longer be targets set for response rates and NHS guidance states that reporting should focus on what feedback has been collected and what has been done with it, rather than 'response rates' and 'scores'. The Trust will continue to monitor how many surveys are completed for each service/department to ensure that the process is being followed. The results are published on the national NHS England website. The scores, which are updated monthly, are displayed on our website and prominently in our wards/departments for all patients, staff and visitors to see.

We monitor our performance compared to that of our neighbours in the Black Country. However, on 30 March 2020 NHS England temporarily suspended the submission of FFT data to NHS England and Improvement from all settings due to COVID-19. FFT data will be published from April 2021 to monitor performance against the national average.

Inpatients FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	84.2%	86.5%	85.7%	89.2%	89.3%	90.5%	88.7%	89.4%	89.7%	89%	88%	89%
A&E FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	85.7%	81.9%	83.7%	81.0%	78.4%	80.4%	78.1%	78.6%	80.5%	82%	79%	80%
Maternity Antenatal FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	66%	60%	57%

Maternity Birth FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95.4%	84%	90%	81%
Maternity Postnatal Ward FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	66%	79%	75%
Maternity Postnatal Community FFT	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	67%	0%	36%
Community	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	85.3%	82.7%	88.5%	86.3%	87.0%	88.4%	88.3%	89.9%	85%	87%	85%	87%
Outpatients	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Dudley Group	77.5%	78.6%	84.5%	84.8%	79.2%	80.6%	83.1%	82.1%	83%	81%	86%	83%

\*FFT data submission was suspended in March 2020 and not reinstated until December 2020. Data will be available from May 2021 to monitor performance against the national average.

## NHS Choices and Patient Opinion

Patients can give feedback about their experience of any of our services on the NHS Choices and Care Opinion websites. Patients can post comments anonymously or choose to give their name. All comments are responded to online.

In the year 2020/21, the Trust received 95 pieces of feedback via NHS Choices and Care Opinion. We actively encourage patients to engage in this way and consistently attract more comments than neighbouring trusts. NHS Choices operates a star rating system where patients can also rate their experience from one to five stars. Not everyone chooses to award a star rating. Overall, 54 out of 95 patients/relatives gave a '5 star' rating for the experience of the care received. More than 66 per cent of all comments received have been positive.

Overall star ratings as per NHS Choices website 2020/21	
Location	Overall star rating
The Dudley Group (no location specified)	★★★★★ 5 stars based on 54 ratings



In 2020/21, the Trust participated in the CQC national surveys programme with the following national patient surveys published during the period.

Survey name	Survey sample month	Trust response rate	National average response rate
<b>2019 Adult Inpatient (published July 2020)</b>	July 2019	41%	44%
<b>2019 Cancer Patient Experience Survey (published June 2020)</b>	December 2019 – March 2020	60%	64%
<b>2021 Women's Experiences of Maternity Services</b>	February 2021	<b>Expected Publication Jan 2022</b>	<b>Expected Publication Jan 2022</b>
<b>2020 Children and Young People Survey</b>	November – December 2020	<b>Expected Publication Nov 2021</b>	<b>Expected Publication Nov 2021</b>
<b>2020 Urgent and Emergency Care Survey</b>	September 2020	<b>Expected Publication Sept 2021</b>	<b>Expected Publication Sept 2021</b>

Participants for all national surveys are selected against the sampling guidance issued by the Care Quality Commission (CQC) for the months indicated in the table below:

## What the results of the surveys told us

### Adult Inpatient Survey 2019

The results of the 2019 Adult Inpatient survey were published on the CQC website on 2 July 2020 and overall show an improved picture when compared to our previous year's performance.

The Trust is ranked 117 out of 143 Trusts that participated in the survey (compared to 131 out of 144 trusts in 2018) based on the Overall Patient Experience Score (OPES). The OPES ranged from the lowest score in England of 7.4 to the highest trust score in England of 9.2. The Trust score is 7.8.

Between August 2019 and January 2020, a questionnaire was sent to 1,250 recent inpatients at each trust. Responses were received from 488 patients at The Dudley Group NHS Foundation Trust (39%). This compares with an average response rate of 45%.

12 out of the 12 sections were performing 'about the same' as other trusts nationally. The mean average scores for each section have improved for six out of the 12 areas (Emergency/A&E, Waiting to get a bed on the ward, the Hospital and Ward, Nurses, Care and Treatment, and Operations and Procedures). Scores for overall experience have remained the same as the previous year at 7.8/10.

Overall, people were most positive about being treated with dignity and respect while in hospital which is in line with the key findings for England. Patients reported less positive experiences around communication at the point of discharge and for consideration of the support they will need after leaving hospital.

Inpatient Survey 2020 is currently in the fieldwork stages until end May 2021, with expected publication of results in November 2021.



## Cancer Patient Experience Survey 2019

The National Cancer Patient Experience Survey 2019 was commissioned and managed by NHS England and is in the ninth iteration of the survey. The Trust received a 59 per cent response rate compared to the national response rate of 61 per cent.

Scores were provided for questions that relate directly to patient experience. The Trust's performance was comparable to national results. There are a number of areas where the Trust is performing well and scores have remained above the national average, such as providing patients with information about support groups and for staff doing all they could to support the patient.

## Women's Experiences of Maternity Services 2020

In consultation with NHS England and NHS Improvement the CQC made the decision to cancel the fieldwork for the 2020 Maternity Survey, in response to the COVID-19 outbreak and the additional pressure placed on services and staff. The Maternity Survey 2021 is currently in the sampling period with the fieldwork due to take place between April and August 2021, and expected publication of the results in January 2022.

## Children and Young People (CYP) Survey 2020

The CYP survey was first undertaken in 2014, again in 2016 and 2018. The survey captures the experiences of children and young people aged 8 to 15 years and the parents and carers of children and young people aged 0 to 15 years to understand children and young people's experiences of NHS acute hospital care. The survey is carried out every two years and 2020 survey is currently the fieldworks stages with the CQC Published results expected in November 2021.

## Urgent and Emergency Care Survey 2020

This survey looks at people's experiences of using Type 1 (major A&E) and Type 3 (urgent care centres, minor injury units, urgent treatment centres) urgent and emergency care services, from decision to attend to leaving. Understanding their experiences is essential to improving services and delivering high-quality care, as well as being an essential quality indicator for the work of organisations including the Care Quality Commission (CQC). The survey is carried out every two years and the Urgent and Emergency Care Survey 2020 is currently in the fieldworks stages with the CQC Published results expected in September 2021.

## Acting on feedback received

The Trust continues to use the feedback from national and local surveys to improve patient experience. Below are some examples of actions taken as a result of patient feedback in the year:

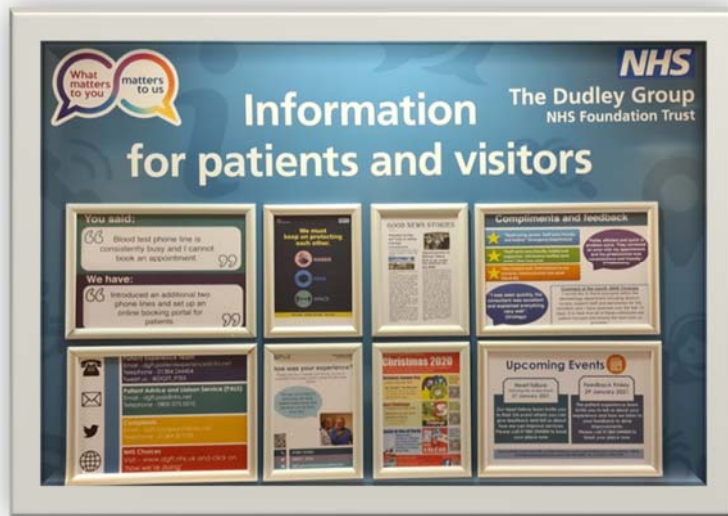
Division/Dept.	You Said	We Have
<b>Phlebotomy Department</b>	The blood test phone line is consistently busy and I cannot book an appointment	Introduced an additional two phone lines and set up an online booking portal for patients
<b>Maternity Department</b>	I want my partner to be able to stay overnight with me, especially when my pregnancy has been complicated	We have purchased guest beds that can be used for partners during special circumstances
<b>Medicine/ Cardiology</b>	We received a number of complaints about communication within the department	A doctor or nurse is calling relatives daily with an update and will get feedback from relatives. Matrons and lead nurses are

Division/Dept.	You Said	We Have
		also undertaking daily rounds speaking with patients and relatives on the ward
<b>Surgery</b>	We want more support after being discharged	We have introduced a Patient Centred Follow Up Coordinator to provide support and advice to patients following discharge.
<b>Maternity Department</b>	We would like more continuity and to see same person throughout our pregnancy	We have launched a continuity of care team within the Maternity Department. A midwife will follow through the whole birthing stage and support mothers post birth
<b>Inpatient Department</b>	Patients told us in the National Inpatient Survey 2019 that we are performing 'worse' when compared to other Trusts for being delayed on the day they were discharged from hospital	We are piloting a discharge medicines delivery service to run alongside out-patient medicine delivery service. Therefore waiting for TTOs should no longer be a barrier to discharge. TTOs are written as decision to discharge is made, this will allow patients to be discharged immediately. TTOs will be delivered by secure driver and have oversight and guidance of a pharmacist to explain medications either face to face or by telephone
<b>Maternity Department</b>	We have experienced delays with being discharged from the ward	To help with discharge delays a Senior House Officer (SHO) must ensure that medication TTOs (to take out) and blood results are being requested and reviewed overnight to reduce daytime delays.
<b>Ward C2/ Women and Children's</b>	it was highlighted in the Children and Young People's 2019 survey that parents were not being offered food on the wards	We have put an arrangement in place with Interserve that any spare food will now be offered to parents

### 3.2.4 Examples of specific patient experience initiatives

The Trust launched our 'What Matters to You' campaign in early January 2019 and have expanded on this further throughout 2020/21. This campaign aims to raise the profile of patient experience across the Trust and capture feedback using a wide range of mechanisms and reporting on this activity to facilitate organisational learning and improvement. This is a great way for the Trust to listen to patients' thoughts and implement changes to improve the services that it offer:

## Patient Experience Boards



Working in collaboration with the Communications team we designed a patient information survey that was facilitated by Trust volunteers to ascertain patient views on how patient information was currently displayed. The Trust secured funding for 13 patient information boards that have been displayed in the corridors and stairways at RHH, Corbett and Guest

The boards are a 'What Matters to You' patient information point to display good news, you said we have and other information to encourage patient engagement and enhance reputation of the Trust.

### Virtual/Online surveys

The Trust have developed QR codes/online survey to enable patients to send feedback via online channels. These have promoted on the new patient experience boards, business cards and tablets.

### Patient Experience Twitter

The Trust developed a patient experience twitter page to share feedback from its patients to highlight the importance of what matters most to patients, and to celebrate successes to demonstrate gratitude and appreciation of our staff. We post compliments, patient poems, examples from our 'You Said We Have' feedback to highlight the impact patient feedback has across the Trust in real patient-led change. Our twitter account remains very active with increased engagement and numbers of followers are increasing each month

### Carers COVID packs

A recurring theme from the National Inpatients survey was a lack of support post-discharge on social care and providing information to families/carers. In collaboration with Dudley CGG, Dudley Carers Network and DGFT Carers Coordinator the Trust has produced a 'COVID Carers Pack' to provide and include information on: health and wellbeing, social care support, finance and benefits, bereavement support, NHS services and advocacy/feedback on services.

### Patient Reported Experience Measures Survey (PREMS)

We added a new style survey on the back of the FFT card which includes five additional questions about:

- Dignity and respect;
- Involvement in decisions about care; and
- Whether patients were provided with enough information about their care and treatment.

The feedback card has been designed as a Patient Reported Experience Measure (PREM) survey. Each of the five questions on the survey are aligned to CQC care standards. These aim to achieve a way of surveying patients using a standard set of questions to capture, understand and use patient experience in a consistent way, cross referencing the findings with the FFT (included on the back), as an overall satisfaction score.

## Local Surveys

We have designed and facilitated a number of local surveys to allow patients to provide feedback on their experience of services.

- We collate and analyse the data and provide a summary for The Dudley Rehabilitation Service on a quarterly basis.
- We have designed a survey for the Patient Management Centre to capture patient's experience of the booking process, which will be sent via text message.
- We have supported the design of a patient survey for the paediatric diabetes team as part of the Quality improvement collaborative with Royal College of paediatrics and child health, which is now available on line.
- We have designed a survey for the Heart Failure team to obtain feedback on the use of equipment at home and the effectiveness of virtual appointments.
- We have designed a patient experience survey for Ophthalmology to capture people's experience of the new process/patient flow.
- We designed a survey to capture people's experience of the COVID Vaccination Hub.
- A virtual consultations survey was produced to gain feedback from patients about their experience of having their appointments/consultations via virtual methods.

## COVID Family Support Service

We set up a dedicated Family Support Service to help patients stay in touch with relatives during their inpatient stay and to recognise the importance of communicating with family members during these difficult times. The service enabled relatives to get a message to a loved, arrange for personal items to be delivered, and for an appropriate person to speak to relatives regarding the patient's treatment and to discuss any worries about the care received.

## Volunteers Funding

NHS England and NHS Improvement (NHSEI) made an offer of financial support (up to £20,000) to NHS trusts to contribute to reducing pressure on staff and NHS services due to the COVID-19 pandemic. The Trust made an application for £15,000 and was successful.

The monies awarded to DGFT are being used as follows:

- Volunteer drivers expenses – our volunteer drivers will deliver TTO's and regular

- Medication to patients, return lost property to its owners, collect and deliver equipment, PPE deliveries, 4 x 4 vehicle service to assist in bad weather including bringing staff into work as well as any other reasonable requests.
- iPads – The Trust is purchasing 10 iPads. These will be allocated to the wards and Chaplains for patients to stay in contact with their loved ones.
- Communication system – A PDA system will be put in place for the utility volunteers who are running errands throughout the Trust. This will enable them to stay in contact with each other rather than having to report back to the main reception after each job has been completed.

## Patient Panel

We have hosted a number of Patient Panels throughout the year to capture people's views and experiences on what we did well and what we could improve to help us shape future service planning and development.

## Launch of the new ReSPECT process

We are supporting the delivery of the new ReSPECT process. The COVID-19 pandemic has highlighted the importance of sensitive and well-structured conversations about someone's realistic care choices and for there to be shared understanding between professionals, patients and their families. The Trust is adopting the ReSPECT process across the health and care community. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. It is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

### 3.2.5 Complaints, concerns and compliments

#### Total number of complaints, PALS concerns and compliments

##### Complaints

In the period April 2020 to February 2021, the Trust received a total of 711 complaints compared to the year total of 678 in 2019/20. The number of complaints received are increasing year on year.

#### Complaints to the Parliamentary and Health Service Ombudsman (PHSO)

During the year, the PHSO received three new cases about the Trust. Two cases were carried over from the year before; one case is now closed (not upheld) and the other remains under investigation. Of the four cases currently open, three are still under investigation by the PHSO and one has a draft report provided indicating that the complaint will not be upheld against the Trust.

#### Complaints to the Local Government Ombudsman (LGO)

During the year, there have been no cases referred to the LGO.

#### Complaints by type

The chart below shows the top five types of complaints received in each quarter during the year. The themes of complaints we receive remain similar to last year, reflecting the importance that patients place on effective treatment and communication to help them understand their treatment and patient journey.

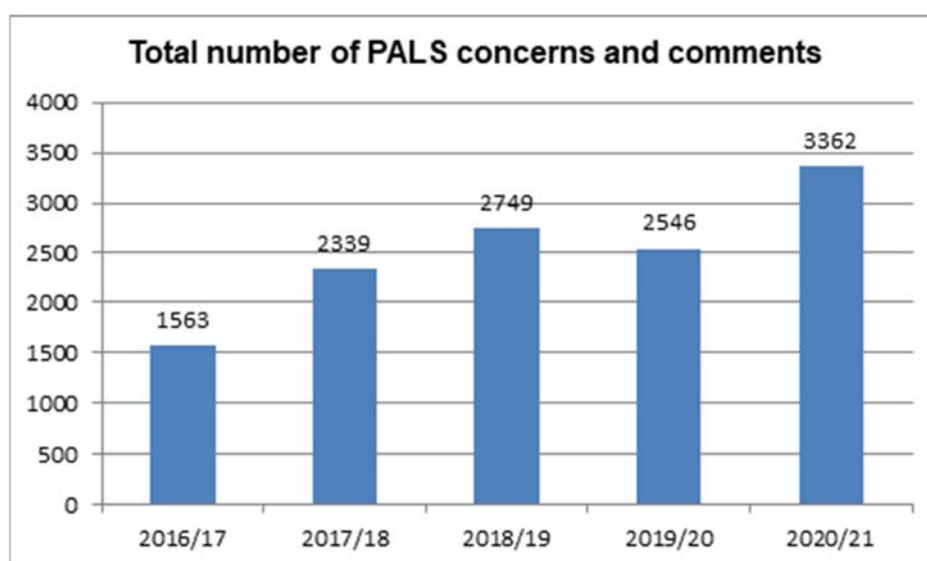
Quarter 1, 2020/21	Quarter 2, 2020/21	Quarter 3, 2020/21	Quarter 4, 2020/21
Communications	Communications	Communications	Communications
Patient care including nutrition and hydration	Patient care including nutrition and hydration	Patient care including nutrition and hydration	Values and behaviours – staff

Admissions/discharges and transfers (excl. delayed discharge due to absence of package of care)	Clinical treatment – surgical	Values and behaviours – staff	Patient care including nutrition and hydration
Values and behaviours – staff	Values and behaviours – staff	Admissions/discharges and transfers (excl. delayed discharge due to absence of package of care)	Clinical treatment – surgical
Clinical treatment – general medicine	Admissions/discharges and transfers (excl. delayed discharge due to absence of package of care)	Clinical treatment – surgical	Admissions/discharges and transfers (excl. delayed discharge due to absence of package of care)

## Patient Advice and Liaison Service

The table below details the total number of concerns and comments (not including signposting activity) raised over the last five years with the Patient Advice and Liaison Service (PALS). The Trust places importance on the value of feedback and has worked hard to raise awareness of the PALS services to our patients, carers and their families.

The types of concerns and comments received relate to appointment delays (lack of follow-up appointments being offered, length of time taken for appointments to be offered and cancellations) and communications with patients and relatives. As with the types of complaints received, the themes of concerns reflect the importance that patients place on communication.



## Compliments

The table below details the total number of compliments received during the year compared with previous years. It is very pleasing to see how many patients take the time to tell us of their good experiences, with **4,424** compliments received during the year. All compliment letters received by the chief executive and chief nurse are personally acknowledged and shared directly with the individual and teams as appropriate accompanied with a personal letter of thanks.





### Examples of actions taken and changes in practice made in response to complaints and concerns

Issue raised by patient/carer	Learning and actions taken
Patient was discharged with medications, no discharge letter given, no instruction given how to take antibiotics. In addition, their family were not informed the patient was discharged and did not find out until two days later	<p><b>Learning and action taken:</b> Communication to whole team given including the requirement to clearly communicate the patients discharge detail and plan of care to appropriate services. Staff required to document that patients have been assessed to ascertain if they can manage own medications.</p> <p><b>Change and impact:</b> The discharge checklist was revisited across medicine. The lead nurse for the discharge lounge has met with all lead nurses across medicine to discuss and support use of the discharge checklist. All patients who use the discharge lounge will have a second check that medications, discharge summary and family/NOK are contacted and discharge plans are known and understood.</p>
A patient was discharged with a new urinary catheter in place and no appropriate training was provided prior to discharge.	<p><b>Learning &amp; action taken:</b> The Trust apologised and explained that a District Nurse had been arranged to trial the patient without the catheter following discharge. It was accepted that the family caring for the patient should have been shown how to manage and care for the urinary catheter until the planned visit by the District Nurse</p> <p><b>Change &amp; impact:</b> Feedback from the complaint was shared with the wider ward team during the staff meetings and Huddle Board discussions. In November a complaint was received from a family with the same experience. As a result of this second complaint the lead nurse added a prompt to the ward discharge checklist to minimise the chance of reoccurrence</p>
Breach of confidentiality- patient information discussed with a friend without the patient's permission	<p><b>Learning &amp; action taken:</b> The Trust apologised for the breach of confidentiality. It was explained that the clinician had presumed they were talking to a family member on the telephone and had not used the password system which had been set up during the COVID-19 visiting restrictions. Assurance was provided that the breach had been reported via Datix and fully investigated</p>



	<p><b>Change &amp; impact:</b> The Trust policy was reviewed to ensure information on telephone conversations between clinicians and relatives was clear and robust. The policy was discussed with the clinician including the importance of confirming NOK details before sharing sensitive information. Feedback was discussed with the wider team to raise awareness.</p>
Misdiagnosis of a fractured finger.	<p><b>Learning &amp; action taken:</b> The Trust apologised that the fracture had been missed on initial review of the x-ray. It was confirmed that the established safety net process had enabled the patient to be recalled once the fracture had been identified. In addition, the patient had been provided with the required written and verbal advice on when to return to ED if symptoms persisted or worsened. However, the patient chose to visit a neighbouring ED where the fracture was evident on repeat x-ray</p> <p><b>Change &amp; impact:</b> During a 1:1 reflective discussion the ENP was supported and guided by a senior consultant in emergency care. Feedback was provided for the wider team and additional teaching on x-ray interpretation was provided within the established teaching programme. The ED are collaborating with the radiology department to speed up the reporting process.</p>
A patient was given the wrong information regarding their scan results. In addition the patient felt 'unsupported' by the team	<p><b>Learning &amp; action taken:</b> The Trust apologised and assurance was provided that the incident had been reported to the chief medical officer and the duty of candour was completed. It was explained that the radiology scan results of another patient had been uploaded in error leading to the CNS giving the wrong information to the patient during a telephone consultation. The Radiology Department are undergoing transformation and more robust systems of working are being introduced. All radiology staff have been reminded of the importance of checking all patient details prior to saving reports on the electronic system</p> <p><b>Change &amp; impact:</b> As part of a specialist nursing service development any new patient diagnosed with lung cancer now receives a formal out-patient appointment with one of the specialist nurses for a holistic assessment. It is envisaged the assessment after a new diagnosis is made and before treatment commences will benefit patients by improving communication and ensuring patients feel supported.</p>

### 3.2.6 Patient-led Assessments of the Care Environment (PLACE)

PLACE is the national system which focuses exclusively on the environment in which care is delivered; it does not cover the clinical care provision. The PLACE 2020 programme was suspended by NHS England and Improvement due to the COVID-19 pandemic.

Following the PLACE in November 2019, a Trust action plan was developed to address any areas that could be improved. Whilst many of the actions have since been completed and closed, others such as the availability of a 'Changing Places' facility have been worked through and it is envisaged that works will commence on-site in the near future.

The Trust has continued to strive to maintain high standards around cleaning throughout 2020/21 with audits carried out, to provide assurance and ensure that any identified shortfalls are swiftly rectified. In addition, the Trust's Facilities team have worked with the PFI provider, Mitie, to ensure maintenance tasks have continued to be carried out across the Trust.

### 3.2.7 Single-sex accommodation

There is a requirement for all Trusts to eliminate mixed sex accommodation with the exception of when clinically necessary (for example, where patients need specialist care such as in the critical care unit), or when patients actively choose to share (for instance in the renal dialysis unit). Due to COVID-19 and the need to release capacity across the NHS to support the response; the collection and publication of this information was suspended in March 2020 and is not due to resume until June 2021. Breaches of single sex accommodation continue to be monitored, reported and reviewed internally.

### 3.2.8 Patient experience measures

	Actual 2015/16	Actual 2016/17	Actual 2017/18	Actual 2018/19	Actual 2019/20*	Comparison with other Trusts 19/20
Patients who agreed that the hospital room or ward was clean	9.0	8.8	8.7	8.6	8.8	About the same
Rating of overall experience of care (on a scale of 1-10)**	8.0	7.8	7.9	7.8	7.8	About the same
Patients who felt they were treated with dignity and respect	8.9	8.9	8.8	8.6	8.8	About the same

The above data is from national inpatient surveys conducted for CQC. \*\* National range lowest to highest score.

### 3.3 Are patients safe in our hands?

#### 3.3.1 Introduction

The Trust ensures the safety of its patients is a main priority in a number of ways, from the quality of the training staff receive, to the standard of equipment purchased. This section includes some examples of the preventative action the Trust takes to help keep patients safe, and what is done on those occasions when things do not go to plan.

#### 3.3.2 Incident management

The Trust actively encourages its staff to report incidents, believing that to improve safety it first needs to know what problems exist. This reflects the National Patient Safety Organisation which has stated:

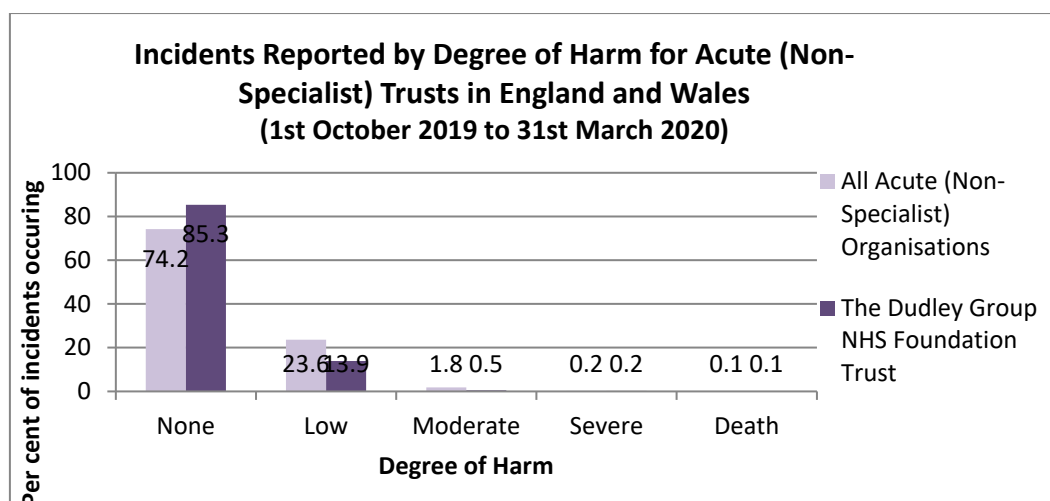
*“Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.”*

As a Trust, we are committed to learning from incidents. This is supported by an open culture which encourages any incident regardless of the level of harm (including 'near misses') to be reported through the Trust's electronic incident management system Datix. The Trust reviews incidents weekly at the Weekly Meeting of Harm where any incident that have potentially caused harm and requiring a higher level of investigation are presented to the multidisciplinary team. The learning from incidents requiring a higher level of investigation is presented at the Risk and Assurance Group once the investigation is complete.

Serious incident investigation reports are written by the patient safety team, with the support of an independent specialist. The Trust has seen a significant increase of serious incident investigations being closed on first review by the CCG.

Incidents reports which include details of serious incidents, yellow incidents and green incidents are completed on a monthly basis and presented at the divisional, directorate and specialty governance meetings.

The chart below shows the percentage of incidents reported by degree of harm at the Trust and for all acute (non-specialist) trusts in England and Wales, from 1st October 2019 to 31st March 2020.



With regards to the impact of the reported incidents, it can be seen from the chart that the Trust reported similar proportions of incidents to comparable trusts. Nationally, across all acute (non-specialist) trusts 74.2 per cent of incidents are reported as no harm (the Trust reported 85.3 per cent) and 0.1 per cent as death, the Trust is comparable as it reported 0.1 per cent.

During the year, the Trust has had three Never Events (a special class of serious incident that is defined as a serious preventable adverse incident that should not occur if the available preventative measures have been implemented). The Trust had 45 serious incidents, all of which underwent investigation in line with the Trust's policy which is based on national requirements and, when relevant, action plans were initiated and changes made to practice. Serious incidents are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Some examples of changes made to practice in response to incidents have been:

- Incidents related to mouth care identified the importance of ensuring patients have good oral hygiene. The Trust adopted the national "Mouth Care Matters" drive which identifies 6 key points for carrying out good mouth care. This has been underpinned by the introduction of a mouth care pack that supports staff in screening the patient, undertaking the mouth care assessment and a daily record sheet.
- The inconsistent recording of pain scores featured in a number of serious incidents. This led to the pain score being mandated in the patients electronic records preventing it being bypassed. The pain score has also been made available on the ward dashboard so that the ward team have visibility.
- The Trust saw a number of near miss incidents relating to the management of patient's variable rate insulin. This resulted in changes being made to the Adult Variable Rate IV insulin infusion chart which discontinued the practice of swapping between normal saline and 5% dextrose according to blood sugar levels, instead the maintenance fluid once the blood sugar is  $\leq 14.0$ mmols would be dextrose saline in line with national guidance.
- Incident investigation identified poor documentation to nasogastric tube insertion (LocSSIP). This has now been added to Sunrise (Electronic Patient Record system) which means every time a nasogastric tube is inserted, checked or removed, whether in an adult or a child, there is a requirement to complete the checklist on Sunrise.
- Incident investigation into the management of Diabetic Ketoacidosis (DKA) identified that there was no clear diagnostic blood order set within the IT system for this potential diagnosis. This has led to the inclusion of a DKA blood request order set up in the Sunrise system.

### 3.3.3 Duty of Candour

The aim of this regulation is to ensure that staff are open and honest with patients when things go wrong with their care and treatment. This includes any event when a patient has been harmed. To ensure compliance to the regulation and to ensure this framework is embedded in the organisation, the Trust has taken the following actions to further ensure compliance and improve completion of the necessary documentation:

- The central patient safety team liaises with the lead investigator of an incident to ensure that the duty is completed within the 10 day framework and then on closure of the investigation. The team notify the lead investigator if the patient requires feedback following the completion of the investigation and co-ordinates any written feedback requests.

- Our commissioners are provided with evidence of the completion of the aspects of the initial discussion with families through the national serious incident reporting system (STEIS).
- Duty of Candour training is provided on request to the patient safety team.

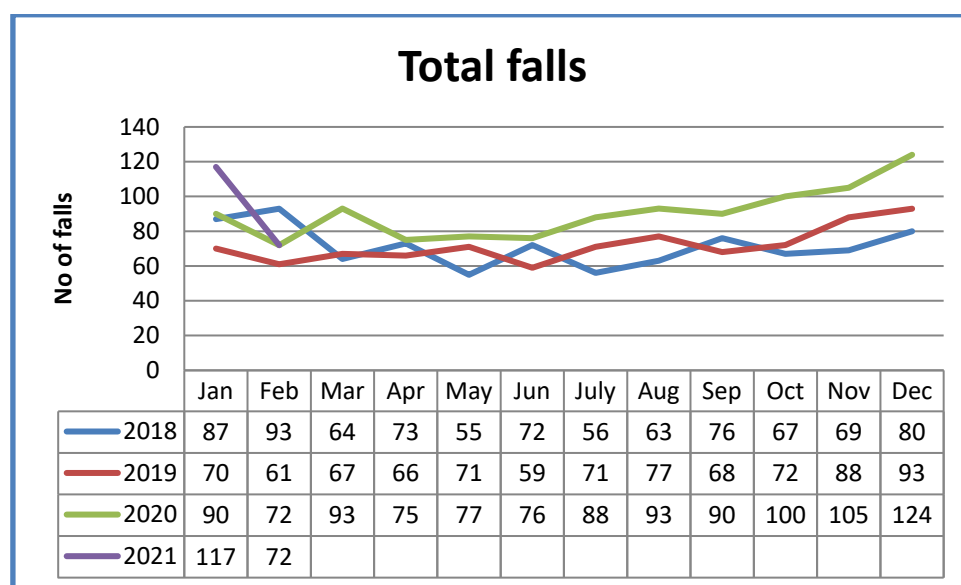
### 3.3.4 Quality Indicators

This year (2020/21) saw the addition of 11 Allied Health Professional (AHP) teams; from the whole breadth of AHP services begin undertaking monthly documentation audits, alongside the 40 Nursing and Midwifery teams. The purpose of this audit is to ensure staff are undertaking risk assessments, performing activities that patients require based on national, regional and local standards of care and accurately documenting what has taken place.

From June 2020, work was undertaken to migrate all ward teams onto one auditing system, the Audit Management and Tracking system (AMaT). AMaT allows for a larger number of areas to undertake audits and for the level of specificity of those audits to the individual team to be greater. As soon as an inspection has been undertaken and submitted within the handheld device the results are visible. This means that the key findings can be reviewed immediately by the lead nurse so any required improvements can be addressed straight away. There is also the requirement to develop and manage any action plans required via the AMaT system, allowing for greater transparency and opportunity for before support and challenge from senior nursing and AHP staff.

### 3.3.5 Falls Prevention

Throughout 2020 there has been a steady increase in the number of inpatient falls. This is especially pertinent over the winter period of 2020-2021 with December 2020 seeing the highest number of monthly falls. There is a significant reduction in the number of falls for February 2021.



The rise in falls may be attributed to the higher dependency of patients over the winter period; there is the added complication of the potential effects of COVID-19. Deconditioning is reported to have played a significant part in the acute decline of many individuals, especially the elderly who have been moving less and have been confined to the indoors. This in turn increases their frailty and a person's risk of falling.

The Medical Division has seen the greatest number of falls in AMU and C8 (Stroke). There has been an increase in falls in confirmed COVID-19 designated areas compared to normal falls figures. These areas have seen patients suffering especially with respiratory associated COVID-19 symptoms as well as likely being in the acute phase of their illness. Where there has been an increase in falls and falls with harm the

Falls Lead is working with the Lead Nurses to provide enhanced support and contact in order to reduce falls and improve the quality of patient experience.

The Trust continues to work closely with the Midlands Regional Falls Network with monthly meetings to share practice and discuss challenges. Across the Network has echoed similar experiences with the rise in falls figures and indeed falls with harm which have seen an increase during the winter period.

The Trust has had 13 serious incidents for falls with moderate harm or above in 2020. This shows an increase from 7 in 2019. There is an increased focus on supporting clinical leads to take ownership for patient falls in their area with a specific emphasis on how to improve shared learning from incidents. This includes Lead Nurses being required to present their root cause analysis findings from falls with harm at a Divisional level and above.

There is a focus on falls prevention training in order to ensure compliance with the Trust training trajectory. This is at face to face level and a new training package is available online in order for staff to read on an individual basis and complete the assessment to provide assurance.

### 3.3.6 Patient safety measures

	Actual 2016/17	Actual 2017/18	Actual 2018/19	Actual 2019/20	Actual 2020/21
Patients with MRSA infection per 1000 bed days* Trust Vs. national Vs. 0.009	0 Vs. 0.009	0 Vs. 0.008	0.004 Vs 0.008	0.004 Vs *	0.005 Vs
Never events – events that should not happen whilst in hospital Source: adverse incidents database+	1	3	0	4	3
Number of cases of deep vein thrombosis presenting within three months of hospital admission+ Source: see below**	138	122	116	136	148

\*Data source: For 2016/17 to 2019/20 from National Statistics on [www.gov.uk](http://www.gov.uk) For 2020/21, for Trust figure, numerator data taken from infection control data system and denominator from the occupied bed statistics in patient administration system. No national figure yet available.

\*\*We review all diagnostic tests for deep vein thrombosis and pulmonary embolism (PE), cross referencing positive tests with past admissions. This methodology is only undertaken by relatively few hospitals as it is labour intensive, but is recognised as giving a more accurate figure for hospital acquired thrombosis. As a further check, we receive notification from the bereavement officer if PE was identified as the primary cause of death.

+ For these two indicators benchmarking data is not available.



## Clinical effectiveness

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### 3.4 Do patients receive a good standard of clinical care?

#### 3.4.1 Introduction

This section includes the various initiatives occurring at the Trust to ensure patients receive a good standard of care and examples of where we excel compared to other organisations.

#### 3.4.2 Examples of awards received in improving the quality of care

##### Macular Society's Clinical Service of the Year Award for 2020



The Macular Society present their annual awards for excellence to recognise and reward the amazing work that goes into providing services and care for people with macular disease. Mr Shahzad Shafquat, Consultant Ophthalmic Surgeon and Retina Lead received the award at the Trust as the annual awards ceremony was unable to go ahead due to the COVID-19 pandemic. Also present was Linda Ellice, chairperson of Macular Society, Dudley branch.

The society presents its Awards for Excellence every year in three categories to celebrate the inspirational work done to provide services and care for people with macular disease across the UK, since their inception 12 years ago.

Mr Shafquat said: "As the nominations are made by service users, it is especially gratifying to know that the eye department and retina service is appreciated by the people of Dudley. We were able to seamlessly provide injection services throughout the pandemic – albeit with restrictions in place as per guidelines.

"I am indebted to my colleagues including doctors, macula nurses, injectors, coordinators, injections secretary, eye clinic liaison officer, nursing staff at Corbett Outpatient Centre day surgery unit, minor procedures room at Russells Hall Hospital and the management team for all their hard work. I am fortunate to lead a dedicated group of professionals and we will endeavor to continue providing a top quality eye care service to the best of our abilities!"

Mr Shafquat has been a consultant ophthalmic surgeon and retina lead at the Trust since 2001. He established Community Diabetic Retinopathy Screening service in Dudley in 2005. He has supported Dudley Macular Society Support Group since its first meeting in 2007, keeping them up to date with the latest treatments and research as well as developments within the eye department. He has trained two macular nurses for specialist clinics and two nurse injectors in the past five years.



In nominating him for the award, patients said he was always looking to improve care, welcoming and training specialist nurses to do macular clinics and give injections. He visited the Dudley support group to explain how this would increase clinic capacity and help the consultants concentrate on diagnosing and treating complex conditions.

One said: “He is a great leader, excellent example for his staff and a dedicated professional who cares about his patients.”

Diane Wake, chief executive, said: “This is a very well deserved award and we are all really proud of the tremendous work done by Mr Shahzad Shafquat and indeed the whole team. The fact that patients took the time to nominate him is a tribute to how highly he is thought of.” This is a highly prestigious acknowledgement. “

Nearly 1.5m people in the UK have macular disease. Age-related macular degeneration (AMD) is the most common condition, generally affecting people over 50, and is the biggest cause of sight loss in the UK, affecting more than 600,000 people. A group of rare inherited conditions called juvenile macular dystrophies can affect much younger people, including children.

More than 50 per cent of all patients seen in the eye clinic at Russells Hall Hospital are macular patients. The team carried out 6,100 retinal injections at Russells Hall Hospital and Corbett Outpatient Centre in 2019. As the population ages, so does the requirement to treat chronic eye conditions. The eye department and Mr Shafquat’s macular team are striving to introduce the latest investigative procedures and treatments to keep up with future challenges.

### **Frailty Assessment Unit (FAU) shortlisted in the ‘Care of Older People’ category in this year’s Nursing Times Awards.**

The entry highlighted a number of the unit’s accomplishments over the last year, including their move to ED in October 2019 to help manage patient flow, provide a better patient experience and introduce a seven-day service, their successful visit from NHS England back in February, and their continued close work with the frailty short stay ward to ensure that patients are transferred appropriately and efficiently to specialty wards when possible. Chief executive Diane Wake said “We are so proud of our Frailty Assessment Unit for being shortlisted in this year’s Nursing Times Awards. The unit delivers an exceptional level of care and compassion to our elderly patients, going above and beyond to ensure that they have a smooth discharge back to their preferred place of care”.



## Audiology

Congratulations to our audiology service which was awarded UKAS accreditation for its routine adult assessment and rehabilitation service just before COVID-19 hit. The team has worked extremely hard to gain this recognition. The United Kingdom Accreditation Service (UKAS) is the sole national accreditation body recognised by the Government to assess the competence of organisations that provide certification, testing, inspection and calibration services. Audiology's success follows a web-based submission of evidence, a rigorous on-site inspection, and the successful clearing of 20 mandatory findings from the inspection. The service, based at Brierley Hill Health and Social Care Centre, has now entered into a four-year cycle of repeated inspections and web-based submissions to secure continuing accreditation. It is now due another assessment next month.

Team leader and Ruth Delves said: "This has not been easy going for my team and they have worked very hard to achieve this. I am very proud to lead the team."



## International Year of the Nurse and Midwife 2020 commemorative e-book

2020 was the year to celebrate and champion the nursing and midwifery professions to showcase the incredible, life changing work they do for patients across the health and social care system. In ordinary times the professions would have celebrated together, but due to the pandemic things had to be done differently and so NHS England/Improvement compiled a commemorative e-book which includes stories and videos from nurses, midwives and care support workers from across the Midlands which highlight their contribution and the difference they are making to patients and communities.

District Nurse and Community IV (intravenous) Team Leader, Kate Owen and her innovative approach to treating patients who receive IV therapy in the community was highlighted in the book. Her work avoids hospital admission and facilitates a patient's early discharge, thus allowing them to continue with their everyday activities whilst receiving treatment.

## Integrated Falls Prevention Service

The integrated falls pathway, which brings together all elements of falls prevention work across health and social care, has been recognised this year for its success in improving patient experience and reducing the prevalence of falls within the older population of Dudley borough. The pathway reached the finals of the Local Government Chronicle's award for integration with health and social care during 2020 and was also Highly Commended in the NICE Shared Learning Awards round of 2020 for its collaborative approach to

reducing falls by the Trust, the Dudley Clinical Commissioning Group, Public Health and Adult Social Care services in Dudley.

The NICE Shared Learning Award shortlisting came as a result of recognition by reaching the finals of the Chief Allied Health Professions Officer's Awards in 2019 under the category NICE into Action. It firmly confirms the pathway's collaboration and joint work as best practice for other local authorities and NHS trusts to follow to ensure an effective response to the issues of falls in older adults and an improved patient experience for all those receiving treatment within the pathway.

Commenting on the NICE Highly Commended award, Maxine Wolstencroft, falls and fracture liaison nurse within the Dudley Rehabilitation Service, said: "I believe our team offers a true multidisciplinary approach to falls prevention by putting patients at the heart of everything we do.....offering individualised, holistic care in order to achieve maximum health gain."

### **3.4.3 Examples of innovation**

Whilst the pandemic has impacted negatively on the health service both locally and nationally, it has also resulted in new ways of working. Here are a few examples from the Trust:

#### **Cardiac Assessment**

The Cardiac Assessment Unit has worked with the Dudley Heart Failure Service to provide the provision of IV diuretics for Heart Failure patients on a day case basis. This originally developed to help protect a group at high risk of COVID from unnecessary admission but has developed into a system of working and regular reserved slots within the CAU activity to support ad-hoc clinical work to prevent admission or support early discharge.

A two month audit of nine patients resulted in such comments as: "I much prefer having daily trips to CAU for treatment that being admitted to a ward" and "I can go home and have my own food and sleep in my own bed". All patients felt better in terms improved mobility and/or less shortness of breath. 62 hospital bed days were saved which meant that other priority patients could be cared for.

#### **Critical Care**

Whilst still dealing with the first wave of COVID we saw the opportunity to expand the Critical Care footprint for future needs, both for COVID and 'normal business'. Critical Care took a station from the adjacent ward and equipped the beds permanently for Critical Care patients in order to deal with the predicted autumn COVID second wave. This included setting up a 'Level 1+' surgical Post-Operative Care Unit (a Level 1+ unit is an enhanced care area where patients can receive the right amount of care at a higher intensity than can be provided on a general ward but below than that of full 'Critical Care'). It allowed us to manage the second wave with as many as 26 Critical Care patients without having to use the Main Theatre area as happened in April during the first wave. This has maintained the Trust's ability to support patients needing enhanced care following major surgery.

#### **Upper Gastro-intestinal Cancer Service**

Telephone triage clinics were instigated to ensure that all patients were investigated appropriately. This was part of a national (audit) initiative. Of the 1419 patients overall, 200 were triaged at Dudley. The national picture showed that 17.7% of GP referrals for a two week appointment were downgraded at triage to routine endoscopy (7.3%) or no investigation at all (10.4%). 52.3% were triaged for an endoscopy within two weeks, 19.4% to urgent endoscopy and 6% to urgent CT scan and 4.6% to barium swallow. The overall cancer pick up rate in the above group was 6.5% for upper GI cancers and 0.001% for other cancers. This

means that the right patients were referred to the right diagnostic services at the right time and our service was able to keep on top of its work on cancer referrals during the pandemic.

### 3.4.4 Examples of specific clinical effectiveness initiatives

#### Palliative Care

In April 2018 the Trust enrolled to the whole hospital implementation of the Gold Standards Framework (GSF), a systematic, evidence-based approach to optimise care for all patients approaching the end of life. Since that point, the wards have engaged with six workshops and developed a number of resources including care plans based on national documentation for GSF (Green, Amber and Red). The care plans support and guide clinical staff in providing high quality end of life care to patients and those important to them.

We have successfully transformed their Elderly Care ward, Stroke ward and Coronary Care Unit (CCU) into GSF accredited wards, receiving GSF accreditation in August 2020.

The main achievements are earlier recognition of patients in the last year of life which has then impacted on the development of an individual plan of care, reduced length of stay and improved communication from the Trust to community teams. This helps focus on giving the right care at the right time, with regular reviews to trigger actions at each stage.

There is a rolling programme to support remaining wards going for accreditation, such is the culture change within the organisation to support end of life care.



The Trust as a whole won the Keri Thomas Team of the Year Award while the coronary care unit was named Hospital Ward of the Year.

The awards, from the Gold Standards Framework (GSF), recognise that the coronary care team in Dudley is the first such unit in the UK to achieve national accreditation for its care of patients approaching end of life.

The Team of the Year award is a new award in honour of GSF founder Professor Keri Thomas OBE, who has stepped down after 20 years. This award is in recognition of an outstanding team demonstrating compassion and leadership, and promoting great change.

Chief executive Diane Wake said: "We are thrilled to have received these awards which reflect genuine concern for those patients who are nearing the end of life and a desire to ensure that they are fully involved in their care plan and their voices are heard. It is very much part of the culture of our Trust. These have been very challenging times but our staff have continued to put the needs and wishes of patients at the centre of their care".

### 3.4.5 Clinical effectiveness measures

	Actual 2016/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21
Trust readmission rate for Medicine and Integrated Care Division	10.51%	9.21%	9.00%	9.37%*	9.82%**
Vs. National peer group (acute and specialist trusts)	Vs.	Vs.	Vs.	Vs.	Vs.
Source: UHB Hospital Healthcare Evaluation Data (HED)	9.56%	9.80%	10.06%	9.92%*	10.62%**
Number of cardiac arrests***	136	118	97	96	82
Source: Logged switchboard calls					
% of patients admitted as emergency for fractured neck of femur operated on within 36 hours Vs. National average+	82.5%	80.5%	84.0%	75.7%+	73.5%+
	Vs.	Vs.	Vs.	Vs.	Vs.
Source: NHFD (National Hip Fracture Database)	71.7%	70.4%	70.8%	67.5%+	68.8%+

\*These updated figures are for the whole year. Last year's report included the figures available at the time of printing.

\*\* Both Trust and National Peer Figures up to November 2020, the latest HED period available.

+ In 2019/20 the indicator was amended from surgery within 36 hours to 'prompt surgery', with prompt surgery being on the same day or the day following the patient presented with the fracture. This new measure is consistent with NICE clinical guidelines (CG124). The results are also now provided by calendar not financial year so the figures for 2019/20 are for the calendar year 2019.

\*\*\* For this indicator, benchmarking data is not available.

### 3.5 Our performance against the thresholds set out in the Risk Assessment and Single Oversight Frameworks of NHS Improvement\*

National targets and regulatory requirements	Trust 2016/17	Trust 2017/18	Trust 2018/19	Trust 2019/20	Target 2020/21	National 2020/21**	Trust 2020/21** *	Target Achieved ?
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	95.43%	94.0%	93.64%	93.19%	92%	65.65%	77.43%	☹️
A&E: maximum waiting time of 4 hours from arrival to admission, transfer, discharge	94.16%	86.56%	83.96%	81.98%	95%	86.8%	90.02%	☹️
All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	85.3%	86.3%	82.9%	78.3%	85%	N/A	66.33%	☹️



All cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral	98.2%	98.3%	98.1%	91.2%	90%	N/A	69.52%	☹️
Maximum 6 week wait for diagnostic procedures	97.41%	97.86%	98.82%	96.69%	99%	63.85%	74.12%	☹️
Venous Thrombolism (VTE) Risk Assessment	94.75%	93.38%	94.89%	93.85%	95%	N/A	96.57%	😊

\* Thresholds are also set out for two other indicators the data of which can be found in the following sections: SHMI (section 2.2.8) and C. Difficile (sections 2.1.3/2.2.8)

😊 = Target achieved ☹️ = Target not achieved

\*\*2020/21 National Figures taken from NHS Statistics and Cancer Waiting Times Database (quarterly figures averaged)

\*\*\* Trust = is based on data for latest census. National = is based acute provider data for latest census date

N/A= Not available

## 3.6 Glossary of terms

A&E	Accident and Emergency (also known as ED)
AAA	Abdominal Aortic Aneurysm
AKI	Acute Kidney Disease
ALARP	As Low As Reasonably Practicable principle
AMU	Acute Medical Unit
ANP	Advance Nurse Practitioner
App	A computing application, especially as downloaded by a user to a mobile device.
Bed Days	Unit used to calculate the availability and use of beds over time
BFI	Baby Friendly Initiative
CAMHS	Child and Adult Mental Health Service
C. diff	Clostridium difficile (C. difficile)
CCG	Clinical Commissioning Group
CMP	Case Mix Programme
CNS	Clinical Nurse Specialist
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment framework
CT	Computed Tomography
CTG	Cardiotocograph
CTPA scan	CT pulmonary angiogram is a CT scan that looks for blood clots in the lungs
DATIX	Company name of incident management system
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
DVD	Optical disc storage format
DVT	Deep Vein Thrombosis
EAU	Emergency Assessment Unit
ECG	Electrocardiograph
ED	Emergency Department (also known as A&E)
EmLap	High Risk Emergency Laparotomy Pathway
ENT	Ear, Nose and Throat
FCE	Full Consultant Episode (measure of a stay in hospital)
FFT	Friends and Family Test
FY1/FY2	Foundation Year Doctors
GI	Gastrointestinal
GMC	General Medical Council
GP	General Practitioner



HCAI	Healthcare Associated Infections
HDU	High Dependency Unit
HED	Healthcare Evaluation Data
HES	Hospital Episode Statistics
HQIP	Healthcare Quality Improvement Partnership
HSCIC	Health and Social Care Information Centre
ICNARC	Intensive Care National Audit & Research Centre
IPC	Infection Prevention and Control
IPCS	Intermittent Pneumatic Compression
ISO	International Organization for Standardization
KPI	Key Performance Indicator
LocSSIPS	Local Safety Standards for Invasive Procedures
MBC	Metropolitan Borough Council
MCP	Multispecialty Community Provider (now called Integrated Community Provider)
MDT	Multidisciplinary Team
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MUST	Malnutrition Universal Screening Tool
NatSSIPS	National Safety Standards for Invasive Procedures
NBM	Nil By Mouth
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NEWS	National Early Warning System
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NMC	Nursing and Midwifery Council
NPSA	National Patient Safety Agency
NRSA	National Research Service Award
NVQ	National Vocational Qualification
PE	Pulmonary Embolus
PFI	Private Finance Initiative
PHE	Public Health England
PLACE	Patient-led Assessments of the Care Environment
PROMs	Patient Reported Outcome Measures
RAG	Red/Amber/Green
RCA	Root Cause Analysis investigation
RCPCH	Royal College of Paediatrics and Child Health

RECOVERY	Randomised Evaluation of COVID-19 Therapy
SHMI	Summary Hospital-level Mortality Indicator
SMS	Short Message Service is a text messaging service
SOP	Standard Operating Procedure
STEIS	Strategic Executive Information System is the national database for serious incidents
STEMI	ST-Elevation Myocardial Infarct
SUNRISE	Trust electronic patient record system
SUS	Secondary Uses Service
TTO	To take out medications once discharged as an inpatient
UKOSS	UK Obstetric Surveillance System
VQ scan	A ventilation–perfusion (VQ) scan is a nuclear medicine scan that uses radioactive material (radiopharmaceutical) to examine airflow (ventilation) and blood flow (perfusion) in the lungs.
VTE	Venous Thromboembolism
YTD	Year To Date

## Annex

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### Comment from the Trust's Council of Governors (received 18/05/2020)

To be sourced

## **Comment from the Dudley Clinical Commissioning Group (received 09/06/2020)**

We are pleased to comment on the Trust's 2019/20 Quality Account.

The Trust during 2019/ 20 outlined the intention to focus on improving the experience of the patient. The CCG notes key areas for improvement, and it is encouraging to recognise the work undertaken to improve the outcomes for patients with sepsis. This was a key area of focus following the CQC inspection report.

The Trust has demonstrated that they have worked hard to improve the experience of patients who attend the ED department. The CCG particularly recognises the efforts being made to support patients with a learning disability and/or autism, reinforced by working closely with the patient, their families and their carers.

The CCG is pleased that the Trust has reduced the occurrence of pressure ulcers, both in the acute and community settings; this is a positive achievement and will lead to improved patient outcomes. We understand that the introduction of the 'lunch and learn' exercise has been pivotal in achieving these improvements for staff teams. The Trust supported a CCG assurance review in this area.

The CCG welcomes the Trust's commitment to review all deaths as part of the joint mortality group. The Trust has demonstrated that learning from the mortality review process has been of significant benefit and has taken required actions forward to embed the lessons identified.

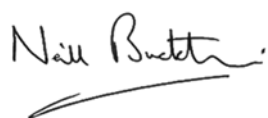
The ongoing challenge to address the pathway for patients from referral to booking has been a feature for the Trust. It is pleasing to acknowledge the work of the Trust with the cancer collaborative which has served to enhance the clinical pathway for treatment for cancer. Reducing diagnostic blockers and improving the time between referrals and bookings for treatment has been an identified priority. The CCG will require assurance that newly embedded systems and processes are in place to ensure that this area continues to receive focus.

The Trust has continued to achieve a reduction in the number of patients with Clostridium difficile during 2019/20, with one Trust assigned MRSA bacteraemia during this period.

The CQC inspected the Trust during 2019/20 with the Trust receiving an overall rating of 'Requires Improvement'. The CCG commends the work of the Trust during this period which resulted in end of life care and community services achieving an 'Outstanding' rating for 'Caring'. Conversely, diagnostic imaging and urgent and emergency planning was rated as 'Inadequate' and the Trust will need to continue to prioritise these areas identified for improvement.

It is positive to note the awards presented to the dedicated staff who have excelled in service delivery, both in practice, research and innovation. The staff survey, however, shows evidence that there has been a decrease in the percentage of staff who would recommend the Trust as a place to receive treatment from 70 per cent in 2017, although it increased slightly from 56 per cent in 2018 to 59 per cent in 2019. The CCG will be keen to follow the Trust's outlined plans to amend this view held by staff.

The CCG looks forward to the Trust remaining an integral part of the newly introduced Integrated Community Provider (ICP) in Dudley. We will continue to work in partnership with the Trust to improve outcomes for patients.



Neill Bucktin

**Dudley Managing Director – Black Country and West Birmingham Clinical Commissioning Group**

## Comment from Healthwatch Dudley (received 27/04/2020)

### COVID-19

We appreciate that the draft Quality Report and Account 2019/20 was written before the start of the COVID-19 crisis and its huge impacts on the Trust and all of the staff who work there. We want to thank all NHS staff for their outstanding commitment and effort to providing healthcare services for people during a period of unprecedented demand for advice and help.

We acknowledge that much good work has been done to improve services and we make some comments on this work specifically. But, for the most part the remainder of this review of the Quality Report and Account focuses on the opportunities that exist for continuing to improve health and care services for people.

In 2020 there will also be exciting new opportunities to reconfigure and improve how healthcare services work for people when the new Integrated Care Provider organisation becomes fully operational.

### Achievements and more to do

We welcome the decision to include a new focus for 2020/21 on improving people's experience of accessing help and care in hospital and on discharge management. At the same time, we acknowledge all of the good work that has been done to deliver on actions designed to improve diagnostic imaging services that were deemed to be inadequate and also sepsis recognition and treatment services. We note that this improvement has occurred against a background of CQC inspection in 2019 which resulted in a disappointing overall rating of Requires Improvement for the Trust.

It is also noted though that recent National Inpatient Survey patient experience indicators that are referred to in the Quality Report and Account document are lower than the national average figures for Trusts. In turn the percentage of staff who would recommend the Trust to friends or family needing care stands at 59 per cent of those who responded to the question. On the Friends and Family Test the percentage of respondents recommending a service to others was below what would be expected for inpatient, accident and emergency, community, maternal postnatal ward and outpatients services from October 2019 through December 2019. We would like to see evidence of improvement in these indicators for the next Quality Report and Account in 2020/21.

We recognise the range of developments that have occurred to improve patient experience during 2019/20 such as the increased involvement of patient experience volunteers to carry out ward visits and promote the Friends and Family Test.

In the Friends and Family Test response rates we note that in quarter three there was a fall in number of people saying that they had received a 'Welcome to Russells Hall' booklet when they reached the ward. We recognise that this was due to a lack of supplies of booklets during November 2019. We find this disappointing, as Healthwatch Dudley has received feedback from the public on how a lack of information and poor communication impacts on their experience of accessing healthcare services and hope this can be addressed in 2020/21.

### Priorities for Improvement

We note the good progress made on reducing the incidence of pressure ulcers in hospital and out in the community. And the work the Trust has been doing to maintain good infection control practice.

- *Patient experience:* This is a welcome new priority with a focus on improving communications and engagement work with the wider public and people accessing hospital services – with the establishment

of a Citizens Panel and an Expert Volunteers group. Healthwatch Dudley supported the Trust with two community engagement events in February 2020, where local people discussed their role in helping to shape hospital services. We look forward to seeing how the Trust develops these panels moving forward to ensure the voice of the public is heard, taken seriously and acted upon.

- *Nutrition and hydration:* It would be good to see the system of supported mealtimes adopted throughout the hospital as soon as possible. At the same time, ensuring every person admitted for acute care has a nutritional assessment within 24 hours unless there are very exceptional reasons why this cannot happen. It is good that there is a strong desire to get people's views on mealtimes, using an audit, and to increase volunteer assistance at mealtimes. We want to see evidence of how this is happening in the Quality Report and Account for 2021/22.
- *Medications:* We note there is still more work that can be done to further increase the percentage of people who are known to be at risk of having an adverse reaction to a medication who are identified.
- *Discharge management:* There has been much welcome improvement in the number of Expected Discharge Dates set for adults. There is though still an opportunity to continue to improve on the numbers and we would like to see this happening and reported on. This work could happen alongside the work being done to develop the 'Perfect Discharge' designed to keep people accessing hospital services and their family members informed about what is happening. This has been an area where Healthwatch Dudley has received comments from people on how information, communications and procedures have not always worked as well for them.

**Healthwatch Dudley, April 2020**

## **Comment from Dudley MBC Health and Adult Social Care Scrutiny Committee (received 25/06/2020)**

Dudley's Health and Adult Social Care Scrutiny Committee is pleased to have been allowed the opportunity to review Dudley Group NHS Foundation Trust's Quality Accounts for 2019-20. Due to restrictions brought about by the COVID-19 pandemic a formal Scrutiny meeting was not possible so the review has been undertaken through Members' written questions and comments. In turn, clarifications by the Trust have been incorporated into the final version of the Quality Accounts.

Within the domain of Patient Experience, Members would like to know more about the experience of patients (and their carers) with dementia when the 2020-21 Quality Accounts are written.

Under Discharge Management, further information about the new multi-disciplinary model in the Acute Medical Unit would be very welcome. Members noted that a relatively low proportion of patients had been discharged in the morning and are pleased to understand that increasing this is a priority for 2020-21.

Members noted that the audit of the exercise program for patients with intermittent claudication had suggested that the current approach is ineffective. We would welcome further work to understand any barriers to patients and so that a service model can be developed that improves patient outcomes.

It is reassuring to see that the total number of reported incidents is increasing which can be the sign of an open and honest culture. We are pleased that the Trust supports staff to join a relevant trade union and would welcome greater visibility to the various ways in which staff could raise concerns.

In subsequent Quality Accounts, Members would be pleased to learn more about medical research that the Trust is undertaking and any awards that have been granted. Members would like to understand more about how the Trust considers its role as an "anchor" organisation in supporting the health, wellbeing, employment and economy of Dudley. Finally, being mindful of the COVID-19 pandemic, Members would like to understand how Dudley Group has mitigated the massive and unexpected challenges brought by the pandemic.

**Dr David Pitches**, Head of Service, Healthcare Public Health and Consultant in Public Health, Dudley Metropolitan Borough Council



## Statement of directors' responsibilities in respect of the Quality Report 2019/20

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

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

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

The content of the Quality Report meets the requirements set out in the *NHS foundation trust annual reporting manual 2018/19* and supporting guidance *Detailed requirements for quality reports 2019/2020* and;

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

- board minutes and papers for the period April 2019 to May 2020
- papers relating to quality reported to the board over the period April 2019 to May 2020
- feedback from commissioners Dudley Clinical Commissioning Group dated 9/06/2020
- feedback from governors dated 18/05/2020
- feedback from local Healthwatch organisation Healthwatch Dudley dated 27/04/2020
- feedback from Overview and Scrutiny Committee Dudley Metropolitan Borough Council Health and Adult Social Care Scrutiny Committee dated 25/06/2020
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2019/20
- the latest national patient survey 2019
- the latest national staff survey 2019, dated June 2019
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2020
- CQC inspection report dated 12<sup>th</sup> July 2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

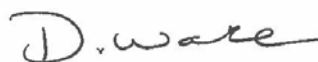
**By order of the board**

Signed:            Date: July 2020

A handwritten signature in black ink, appearing to read 'Y. H. Buckland'.

Dame Yve Buckland  
Chairman

Signed:            Date: July 2020

A handwritten signature in black ink, appearing to read 'D. Wake'.

Diane Wake  
Chief Executive