



HealthCare

Mobility | Posture | Independence

Quality Account 2020-2021



Our mission

To consistently provide a superior, quality-driven and continuously improving service, focused on our service users, empowering our teams to provide innovative, comprehensive and tailored solutions through compassion and respect for all.

Our values



Uphold the values of our service users and partner, the NHS



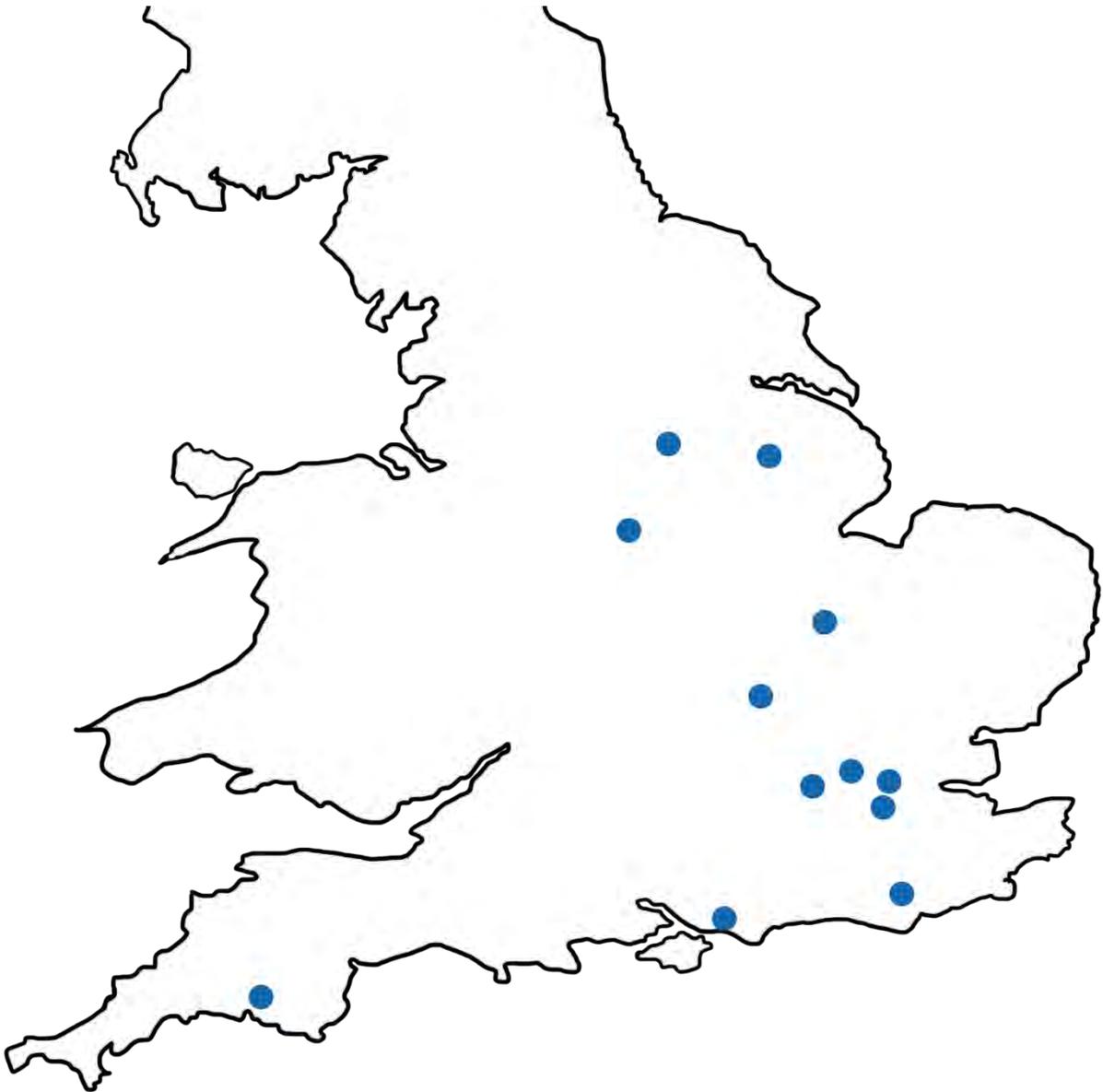
Ensure **respect, dignity** and **compassion** are at the core of everything we do.



Nurture and **develop** our talent. Our **people** make us who we are.



To foster a **learning and development environment** and promote **innovation** and **continuous improvement**.



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Accessibility Notice

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Part 1: Introduction

About our quality account

Welcome to the AJM Healthcare (AJM) Quality Account for 2020-2021. This is a statutory annual report which providers of NHS healthcare services must publish to inform the public of the quality of the services they provide.

It tells you more about our commitment to provide you with high quality healthcare services, encourages us to focus on service quality, and helps us find ways to continually improve.

Executive summary

AJM is a private limited company. It is a small-medium enterprise (SME) with a turnover of £24m and a workforce of just under 280 employees.

Market

AJM's principal market is providing outsourced wheelchair services to the NHS and the Ministry of Defence (MoD). Our strategy is to specialise in wheelchair services, which brings the advantage of undiluted focus and excellence in quality and performance.

It should be noted outsourced wheelchair services do not come under the auspices of the Care Quality Commission (CQC), so the reader will not find references to that effect. However, in many areas, AJM purposely follows the standards and methods of the CQC for efficacy and acquiescence.

People

Our organisational structure is relatively flat which ensures an agile and flexible workforce. The profile of our staff team includes:

- Front line clinical and technical staff
- Customer services
- Warehouse, workshop and logistics teams
- Partnership and engagement staff
- Operations, finance, human resources, procurement, quality, health and safety, contract management, information technology, and fleet management

The board has the appropriate clinical, operations, finance, and commercial management directors with extensive industry experience. Managing Director, Stephen Peck, is a former NHS CCG (Clinical Commissioning Group) officer, and Clinical Director, Dave Long, has worked directly for the NHS in a variety of clinical, teaching, and managerial roles within the wheelchair sector for over 20 years.

Key achievements

We have had a busy and successful year, delivering on promises and performance criteria across the board, whilst navigating the global health pandemic. Our established outsourced services have continued to develop their operations and quality:

- North West London
- Milton Keynes
- North East London
- Derbyshire
- Cambridgeshire & Peterborough
- Lincolnshire
- Waltham Forest (North London)
- National wheelchair service for the MOD Stanford Hall, Leicestershire

During the year we have opened new NHS wheelchair services in:

- Portsmouth, Fareham and Gosport, and South East Hampshire
- Plymouth, South Hams and West Devon

Approved repairer contracts are continuing to run efficiently in Brighton and West Sussex, Camden and Islington, and, separately, Bexley, Bromley and Homerton.

Statement from the managing director



It is with great pleasure I present our second quality account as managing director of AJM Healthcare. It demonstrates the quality of care offered across our services, provides an update on our progress over the past year and lists our objectives for the year ahead.

At AJM, we are committed to providing high standards of care for each of our service users.

This is underpinned through our key values as a healthcare provider, which fully supports the delivery of our objectives and quality priorities. It is also echoed through our mission statement and evidenced through the outcomes delivered over the past year.

I am pleased to say our investment in clinical and operational quality has once again proven invaluable in delivering exceptional service, which in turn has seen our teams continually reduce waiting times for service users, whilst delivering high quality care.

Throughout the reporting period we have been navigating the complexities of running our services in the midst of the Covid-19 health pandemic. In conjunction with our customer CCGs, we developed processes to allow continuation of service provision by changing the way we operate and by taking a range of precautions. These were reviewed regularly to ensure we remained consistent with government advice and the emerging scientific evidence.

Initially our focus was on facilitating hospital discharge and reducing admissions; this evolved into management of our service users' long-term conditions by a range of means. In particular we developed a protocol for using video technology to conduct appointments. This was refined with use and because of its success is now part of normal operating procedures. Staff were redeployed to the Nightingale hospital and to other community services as and when required by NHS England and our CCGs; our clinic rooms were redeployed for use as NHS community hubs; new peripheral stores were added to hospitals; chairs

were supplied to vaccination hubs. Our response to the pandemic resulted in less than 4% of staff self-isolating with no backlogs having been created; 18-week RTT (referral to treatment) performance has remained stable. It is a credit to our staff who have continued to show dedication to their roles throughout this very difficult period; they have been responsive, adaptive, creative and patient, whilst we have tackled the situation collectively as part of the broader NHS.

There are currently around 1.2 million wheelchair users in the UK. Two thirds of them are regular users. Nationally, many wheelchair users face delays in getting their chair: 70% waiting more than three months, 30% facing a delay of more than six months, with 15% of the total waiting more than 12 months¹. As can be seen in the table below, AJM's performance is significantly better than the national average:

Completed referrals %	Within 3 months	Within 6 months	Within 12 months	More than 12 months
AJM 20-21 (19-20)	81 (72)	97 (89)	99.82 (100)	0.18 (0)
National average	30	70	85	15

We are delighted to be able to report this performance, particularly given the challenges presented by Covid. This has only been possible because there has been a continued focus on process and efficiency; it is testament to the hard work, coordination and dedication of our staff across all departments.

AJM Healthcare has undergone significant growth again this year due to the successes described above. We have responded by enhancing our organisational and quality delivery structures in advance of the launch of the new contracts, particularly through the introduction of our continuous improvement initiative which is detailed in its own section below. To support quality, we made further appointments and investments to

strengthen delivery and to ensure our reputation for providing the best NHS wheelchair services in the UK remains robust.

I am pleased to be able to report that previous achievements have been retained and developed:

- Corporate Community Equipment Code of Practice Scheme (CECOPS) accreditation
- Cyber Essentials Plus certification
- Following implementation of a new bespoke wheelchair service management software package, further development work to maximise its application to our services
- E-learning platform extended to encompass the full remit of statutory and mandatory training requirements, together with refresher training at appropriate intervals
- HR management system development
- Clinical and engineering training programmes applied to a number of individual staff members
- Continuous improvement framework delivered (see section below)
- Health and safety framework audit and development programme deployed
- National PWB (personal wheelchair budget) team developed further to facilitate the full implementation of this scheme which is designed to enable patient choice of equipment and to allow top up funding for non-clinical features
- Maintenance of the national MoD contract for wheelchair services
- ISO27001:2013 Information Security Management
- ISO14001:2015 Environmental Management Systems
- CQUIN initiative rollout focusing on posture management for adults with learning disabilities
- QIPP (Quality, Innovation, Productivity and Prevention) initiative rollout focusing on eligibility criteria and stock management
- Increased 18-week performance and further reductions in waiting times, as evidenced by the figures in the table above

Following on from the creation of our quality assurance framework in the last reporting period, Dave Long, Clinical Director, has this year been working with the teams nationally and at site level to implement the framework. This has been overseen by the newly formed quality board which is described in more detail below; an integral component is our

CQC-style audit which is 70% complete in the reporting period. This will ensure the highest standards of service are met by AJM: we have evaluated services against the five key lines of enquiry (KLOEs) to ensure our practices are safe, effective, caring, responsive, and well led. We have explored in detail practices at a site level alongside organisational processes and structures. Opportunities have been used to further the development of our services to the benefit of the service user population.

Despite the international health circumstances, this year has been a positive one for AJM in maintaining and developing service provision across a range of areas. We will continue to strive to be even better in 2021-22 during which period our objectives will be:

- Establish a national forum for our local service user group chairs to further enhance the quality and transparency of our provision
- Focus on reducing timelines for special seating provision
- Continuous improvement framework rolled out to all sites
- CQC-style audit fully mobilised and evaluated
- Enhanced virtual assessments using video technology and lessons learnt through our response to Covid-19
- In-house clinical training schemes for therapists and engineers
- Environmental objectives, particularly around ISO14001 requirements
- Investment into e-RS (choose and book) and interoperability connection to the NHS Spine for the purposes of enabling access to information for the Local Community Services Data Sets (LCSDS) and national Community Services Data Sets (CSDS)
- Create a non-eligible pathway to assist those unable to obtain a wheelchair through the NHS, i.e., signposting to various resources and contacts in the locality
- Explore the future-scoping opportunities for positive service user facing outcomes following effective Integrated Care System (ICS) integration
- Explore closer partnership working with other community organisations
- Support external organisations with opportunities for post-Covid backlog reduction

Once again, the achievements of the last year are down to the dedication, hard work, enthusiasm and ethos of all AJM staff, who are a credit to the company and themselves. I would like to thank our service users, staff, CCGs and other stakeholders for their continued support. We are looking forward to the coming year, where quality will once again be at the centre of all we do.

Stephen Peck, Managing Director

¹ <https://www.england.nhs.uk/wheelchair-services>

“Despite the international health circumstances, this year has been a positive one for AJM in maintaining and developing service provision across a range of areas. We will continue to strive to be even better in 2021-22”

Statement from the clinical director



Progress with our quality agenda has continued in 2020-21. The primary aspect of this has been the inauguration of our quality board which met for the first time in May 2020.

It comprises myself as clinical director, the operations director, our clinical services improvement manager, national operations manager, partnership and engagement manager, quality and

compliance manager, IT manager, procurement manager and external advisor. The latter offers insight from outside the organisation, both providing challenge and bringing expertise and awareness from another source. The group met monthly for the first three months to embed processes, and now meets quarterly.

The quality board provides assurance that mechanisms are in place and effective within the organisation, and alerts the operational board where outcomes are not satisfactory. It applies learning from the quality assurance process universally across all services to facilitate responsive, continuous improvement by developing policies and processes to ensure we deliver high-quality, accountable, person-centred and outcome-focussed care, with the clear aims of empowering service users to improve their quality of life and wellbeing, whilst protecting them from harm. Examples of actions from the reporting period include:

- Customer service call quality improvement
- Identifying trends across the continuous improvement reporting system
- Oversight of our intranet launch
- Monitoring the impact of supplier performance, particularly given the global supply chain difficulties caused by the pandemic and the effects of Brexit
- Introduction of a new incident reporting system
- Health and safety audit outcomes

- Implementation of service user groups for all wheelchair service contracts
- Monitoring of trends with complaints and complements
- Monitoring of accreditations to both compulsory and voluntary standards, e.g., NHS Data Security & Protection Toolkit, CECOPS
- Monitoring compliance with mandatory and statutory training, and professional registrations (Health and Care Professions Council)

Our clinical leads' forum has gone from strength to strength by addressing a series of quality issues within clinical service delivery, and by creating a culture of shared values and learning through the relationships fostered between the leads, who increasingly work together, not only on projects but with day-to-day issues. Use of a specific MS Teams channel has facilitated this, with clinical and technical questions being posed and answered collectively.

Caseload management has become an embedded process with dedicated time allocated in every clinical rota. Caseloads are monitored through our structured and accountable clinical supervision process, with regular audit activity detecting specific points to be addressed by the clinical lead with members of their team.

Our apprenticeship-style training programme for rehabilitation engineers has been implemented for five people currently in technician roles. Professional registration is provided by the Academy for Healthcare Science to whom we will make application for those coming to the end of their primary training and needing to register to practice as rehabilitation engineers.

It has been a particularly challenging year, given the health pandemic. Our clinical teams have risen to the challenge by developing creative new ways of working to ensure service users' needs have continued to be met.

“The quality board applies learning from the quality assurance process universally across all services to facilitate responsive, continuous improvement by developing policies and processes to ensure we deliver high-quality, accountable, person-centred and outcome-focussed care...”

In the next period we will be developing extensive content for our newly launched intranet site, to include prescription forms, policies and procedures, professional guidance documents, and much more.

David Long, Clinical Director

“Our clinical leads’ forum has gone from strength to strength by addressing a series of quality issues within clinical service delivery, and by creating a culture of shared values and learning through the relationships fostered between the leads, who increasingly work together, not only on projects but with day-to-day issues.”

Part 2: Section reports and priorities

Approach to quality

Our aim is to be the leading wheelchair service provider to the NHS. This we achieve through a culture of embracing change, sharing beliefs, acquiring knowledge, demonstrating right behaviours, having positive attitudes to work, and sharing the same values. We have achieved much of this through adopting NHS initiatives, as well as our own; formalising them, funding their implementation and promoting their outcomes.

Our clinical director is our NHS quality lead, whose role is to ensure compliance with the quality requirements of our contracts. He engages with the CCG quality leads and liaises with them and our operational service managers in respect of all aspects of quality.

To ensure quality services through best practice we continue to work proactively with NHS England, the National Wheelchair Managers' Forum (NWMF), the Posture and Mobility Group (PMG), the Rehabilitation Engineering Service Managers' Group (RESMaG), the British Healthcare Trades Association (BHTA), the Medicines and Healthcare products Regulatory Agency (MHRA), the Health and Care Professions Council (HCPC), the Institute of Physics and Engineering in Medicine (IPEM), and the Academy for Healthcare Science (AHCS).

We scan the horizon for new legislation and standards while conducting a wide range of audits and reviews to ensure our quality strategy is working and aligns with national, CQC, NHS and CCG quality guidelines.

Standards and accreditations

We benchmark internally and against other wheelchair services to guarantee the highest possible standards of care, and to ensure organisational learning is embedded throughout. AJM's quality approach is underpinned by the following certifications:

- ISO9001:2015 Quality Management System
- ISO27001:2013 Information Security Management
- ISO14001:2015 Environmental Management Systems
- CECOPS Corporate Accreditation, inclusive of all services
- SafeContractor certified health and safety management system
- Cyber Essentials Plus
- NHS Data Security and Protection Toolkit
- Disability Confident Employer
- General Data Protection Regulation (certified)
- Information Commissioner's Office (registered)
- Care Certificate (registered)
- National Data Guardian's Data Security Standards (compliant)
- Caldicott Guardian (registered)
- Information Risk Owner (registered)
- Data Protection Officer (registered)
- British Healthcare Trades Association (member) Code of Practice



Continuous improvement

Our continuous improvement process identifies issues across all sites which affect safety, quality, cost of time due to unplanned stoppages, and delivery of the service we provide. It is designed to involve all employees to drive efficiency and quality of service by eliminating key contributing issues by utilising the SQQCD concept:

SQQCD concept

<p style="text-align: center;">S Safety</p>	<p style="text-align: center;">Q Internal Quality</p>	<p style="text-align: center;">Q External Quality</p>	<p style="text-align: center;">C Cost of time due to unplanned stoppages/ obstacles</p>	<p style="text-align: center;">D Delivery measure of 8- week plan</p>

Outline

A daily meeting is held in each site involving managers of the key departments: operations, customer service, clinical, warehouse/logistics. Each metric is discussed in turn comparing to the KPI target, with actions recorded in a two-level action plan when appropriate. T1 (tier 1) issues can be resolved on site; T2 (tier 2) items require escalation to a more senior level. A green dot is applied to the current date on the circle where no issues are identified; a red dot shows an issue has arisen.

This gives a visual indication of the overall efficiency in each of the five areas.

- **S – Safety:** a measure of lost time from work as a result of an accident at work; the discussion involves any close calls/near misses which either happened or could have done so
- **Q – Internal quality:** measures internal KPIs from all the departments within each site
- **Q – External quality:** a measure of all official customer complaints of all types and severity; all complaints received to site are recorded, regardless of source
- **C – Cost of time due to unplanned stoppages or events:** a measure of time lost due to any person on site incurring unplanned events or obstacles which prevented a person fulfilling their role as expected
- **D – Delivery:** a measure of handover completion rates which were planned versus actual

All T2 issues which are escalated to senior management are recorded within a separate document and fed back to the sites on completion. The national operations manager and operations director review these to ensure compliance and quality of work.

Outcomes

During the reporting period this process has become established and is now starting to yield favourable results. It removes frustrations because issues are flagged and resolved, and it provides senior managers with an oversight of any systemic issues. We are looking forward to seeing this become a significant tool across the business in 2021-22.

Commissioning for quality and innovation (CQUIN) or added value, enhanced provision, social value

CQUINs form part of our quality story and strategy. In Lincolnshire we met the CQUIN targets of 100% of children and 95% of adults having their episode of care closed within 18 weeks. Across all contracts 95.3% of all service user surveys reported the service user had a positive experience of their appointment.

In February 2021, we undertook a discreet project to provide occupational therapist support to manage current pressures on the health system across Bedfordshire and Luton. We conducted 39 comprehensive needs assessments for new residents in care homes following their discharge from CCG commissioned 'step-down' beds across the area. The assessments covered mobility, transfers, activities of daily living, patient safety, cognition and capacity. This identified the person's care needs and potential for rehabilitation, requirement for onward referral to other health or social care services, and equipment required to support their discharge.

Contract quality reporting

In the reporting year, as with the previous year, we were 100% compliant with delivering our monthly management information packs to commissioners. These are comprehensive documents which are customised for each contract, and cover a diverse range of topics; typically, performance KPIs, quality requirements, customer satisfaction measures and stakeholder engagement, PWB take-up, incident reporting, staffing matters, CQUIN performance report, and audit reports.

In addition to these monthly packs, each customer receives a quarterly quality report providing information over and above that which is required contractually.

They each include details and actions on:

- Complaints and compliments
- Service user experience and stakeholder interaction
- Safeguarding
- Infection prevention and control
- Managing risk
- Incident reporting
- Workforce
- Audit programme
- External assessment and review
- National reports/alerts/guidelines

Serious incident and RIDDOR reporting

AJM Healthcare had no serious incidents during 2020-21, nor any RIDDOR reportable incidents in the same period.

Service user engagement

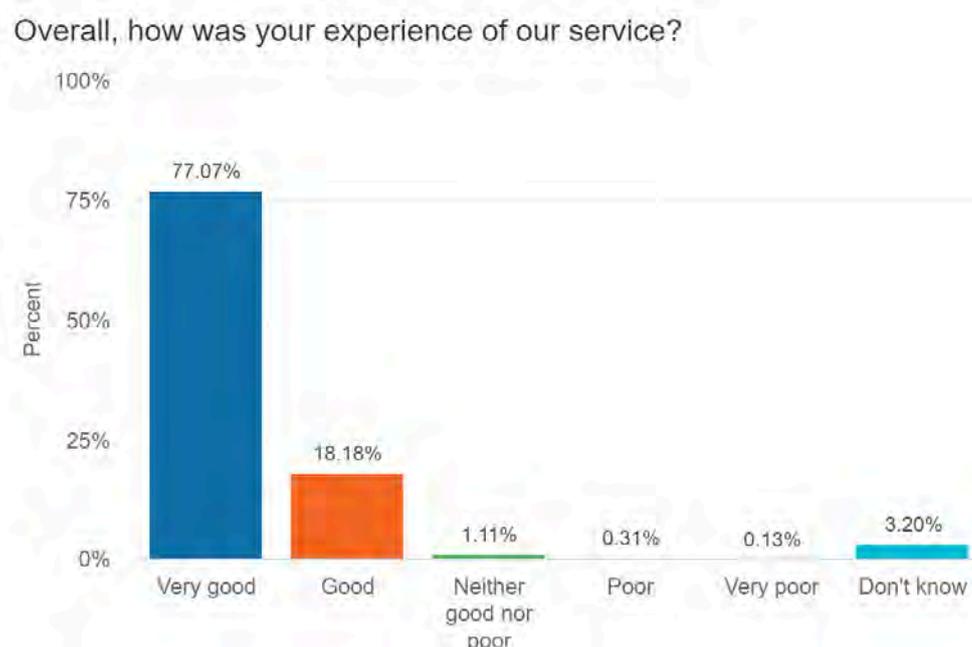
A user-centric service is a key priority in the design of quality and safe service provision. Service users are given a strong voice within the company and their satisfaction is a prized accolade of quality. Our partnership and engagement officer (PEO), a nurse by background and former CECOPS and NHS Litigation Authority auditor, has now set up service user groups in each of the contract areas, including the two new sites which started within the reporting period, and engages with a wide range of healthcare professionals and other stakeholders to ensure AJM delivers a fully joined-up service.

Service user satisfaction

Surveys are conducted routinely, and this year we have gathered significantly more (14,412) than last year (2,488). This has been achieved by engaging staff, managers and service users in the process of collecting and analysing data. Collection is primarily via a web-based tool with paper copies also being available. Customer service staff randomly call service users to encourage them to complete a survey. Feedback is analysed for themes and trends on a weekly, monthly and quarterly basis, with information provided to service operations

managers weekly and monthly, and to commissioners quarterly. Results and progress of action plans are reviewed quarterly by the quality board. Feedback is passed back to staff as individuals but also as a feature of the staff magazine, Wheel Life. Suggestions for improvement are fed into the continuous improvement process.

An essential element of the survey is the NHS Friends and Family Test: 95.3% of the respondents said their overall experience had been good or very good. Respondents included wheelchair users, parents and carers, other family members, professional assistants, therapists and other professional staff such as school staff and nurses.



Service user groups

Our service user groups continue to be a valuable resource for identifying areas for service improvement, and to co-design changes which benefit all. Each of the wheelchair services has a private Facebook group where service users can chat and keep informed of forum activity, such as dates for meetings. We have begun to upload the minutes of the forums to these groups. The groups are linked via the respective service websites. Each wheelchair service has a forum, some chaired by service users and some supported by the PEO. Each group creates an agenda based on the members' experiences and ideas.

To give assurance that issues are taken seriously, the groups are attended by the customer relations director and staff from the service centre, together with representatives from commissioning and members of local partner organisations such as Healthwatch or the local parent/carerer forum.



Changes implemented as a result include format of the out of hours service, a wheelchair passport for transportation, and a new service user guide. Every survey we distribute includes an invitation to join the local group, and staff actively recruit new members. Three of our service users have written guest blogs which we have included on our website.

Social media and web presence

We have social media accounts on Facebook, Twitter, LinkedIn and Instagram. Posts are scheduled ahead of time using the social media management tool, Hootsuite, which also has a smart inbox to receive messages, comments and mentions from all platforms. Our Google 'My Business' accounts also link into Hootsuite, so we can see our reviews for each service at a glance. This all enables us to be digitally connected to people who otherwise may find difficulty with putting across their views, meaning we would otherwise miss out on valuable feedback.

Partnership working

In each of our services the partnership and engagement team have mapped out local stakeholders and have established joint projects to meet the needs of the locality. In Cambridgeshire and Peterborough, we have established a partnership with a local charity called Little Miracles who provide support for families with children having disabilities.



We hold a joint wheelchair service drop-in session where parents can meet AJM staff to discuss any concerns, usually what is available if a child needs a new chair. Little Miracles have supported families to find funding to enable children to have upgrades to their NHS chairs through the PWB scheme, or to provide a wheelchair if a child would benefit from a chair but is not eligible through the NHS.

In Derbyshire, the partnership and engagement team has supported training for professionals who are prescribing to the wheelchair service. This included a group of care coordinators who support care homes in the area. The training helped them understand the eligibility criteria and how to complete a referral form to provide the right information to the wheelchair service to facilitate an appropriate triage.

The team is also available to talk to individuals who require extra support to access the wheelchair service, or who have been unhappy with the service received.

“Our service user groups continue to be a valuable resource for identifying areas for service improvement”

Complaints and compliments

As a modern, forward-thinking company, we actively encourage all feedback, which we think is a refreshing approach. We received 113 formal complaints across all wheelchair contracts this year compared to 132 for the previous period, which equates to 0.15% of registered service users factoring in the two new contracts. This is numerically a marginal increase from last year at 0.14% but data cleansing activity has reduced the service user count by 4,065, so in real terms there is a reduction in the number of complaints. We perceive this to be a low number considering the high number of activities, but remain committed to learning from complaints and to applying this learning broadly across the organisation to further improve the quality of our provision.

In the same period, we received 270 compliments, up from 129 last year. It is testament to the hard work of our staff teams that our service users take the trouble to inform us of their satisfaction with the service they receive. Again, we take the opportunity to improve the quality of our service provision nationally by applying learning from this feedback.

Clinical governance

This function runs throughout our business activities, as is evidenced throughout this report. It is led by our clinical director and supported by staff at all levels to ensure excellence in clinical care will flourish.

One of the most significant new activities this year has been the introduction of CQC-style auditing. We are not required as an independent organisation to be CQC registered but have voluntarily chosen to adopt the principles of assessing our service against the CQC Key Lines of Enquiry (KLOEs), which ask whether a service is safe, effective, caring, responsive, and well led. During the reporting period we have audited 70% of our services. In general, the results have been favourable. They have identified areas of development for both local practices and also at an organisation level.

The other significant area of development is with the above-mentioned clinical notes audit. This has focussed on the following areas:

- Quality of documented clinical reasoning
- Evidence of conversations around PWB
- Prescription details
- Evidence of gate keeping
- Cost effectiveness

The audit is conducted by the clinical lead in the local service. The outcomes are fed back through supervision to the individual clinician to facilitate learning and quality improvement, which has been evidenced in subsequent audits showing a steady increase in quality. Results are also compiled nationally to allow benchmarking across sites in order for realistic targets to be developed.

Safeguarding

We have a strong focus on safeguarding for both children and vulnerable adults, also encompassing the whole family. Safeguarding incidents, including missed appointments, are reported within the service, liaising with the local Multi Agency Safeguarding Hub (MASH) as appropriate. Levels of safeguarding training are in line with the intercollegiate documents. Learning from safeguarding events are shared anonymously amongst the clinical teams to promote the effectiveness of our practices.

During 2020-21, our safeguarding policy was revised to include the latest information and language around the subject, particularly domestic abuse and sexual violence (DASV), modern slavery, female genital mutilation (FGM), and preventing radicalisation. The revision also brought together processes from other related policies, e.g., Safer Recruitment.

“We have a strong focus on safeguarding for both children and vulnerable adults, also encompassing the whole family.”

Workforce

Our workforce, now 280 strong, has through 2020-21 contended with the effects of the global health pandemic. Staff have faced many challenging situations in continuing to provide the level of care to which we aspire, and have held each other up through difficult times. As an organisation we have continued to provide support to staff to ensure their well-being, this being facilitated both by our employee assistance programme and by a closely engaged management team.

Safer Recruitment initiative

This year we have been focussing on ensuring we follow Safer Recruitment processes and principles. Ensuring we attract and retain the highest quality employees with the right values and behaviours is critical to enabling AJM to achieve its objectives. Appointing the right people will ensure low turnover, high performance, and minimal issues with conduct, allowing us to focus on high quality service provision. This has resulted in a new application process, more structured interviews based around competency assessment, and revised job offer documentation. We ensure a minimum of two people sit on an interview panel, and train our hiring managers on Safer Recruitment practices. We are carrying this project through to the year 2021-22, which will result in further improvements.

Annual staff survey

In 2020-21 we achieved a 63% response rate, an 11% increase on 2019-20. We invested in a new survey platform improving digital access for staff. Inter-site competition helped incentivise higher completion rates. We plan to introduce different incentives for the 2021-22 survey to improve engagement with staffing groups having low representation.

Training compliance

Staff were 86% compliant with mandatory training against a target of 80%. Having established an e-learning system in 2019 our focus has been on maintaining momentum with its use and developing additional modules to meet service development requirements. We have added new e-learning and practical training modules to our training matrix.

Regular reviews mean we continue to meet our training objectives and support our staff to develop within their roles.

Personal engagement reviews

A distinct change this year has been a move to a more structured and person-focussed annual review in place of traditional appraisals. There is a real focus on the person and their ambitions, looking specifically at leadership, teamwork, results focus, problem solving, strategic thinking, planning and organisation, and customer focus. Importantly, these are monitored monthly through supervision, and reviewed formally every quarter to check on progress and continued suitability of the objectives. Staff have responded well to this revised approach.

Title and job description consistency

As a result of the business having grown rapidly between 2016 and 2020 we acquired variations in titles and job descriptions for similar roles across different services. Throughout 2020-21 our HR team led a project to align these to provide consistency and fairness for the staff team as a whole, and to aid managers in having confidence in their team structures.

Staff magazine

‘Wheel Life’, our staff magazine launched last year has continued to provide a means to communicate various news items across the staff team, and to enable staff to know who’s who across the organisation. The ‘Day in a life of ...’ feature has been particularly popular.



Whistleblowing (freedom to speak up)

There were no whistleblowing events during the reporting year. Our e-learning course compliance remains high across the company. Having been reviewed the whistleblowing policy remains up to date.

Infection prevention and control, and COVID-19

Our policies are integrated into our quality management and health and safety systems. We have a dedicated national manager to oversee training, policies/procedures and audits. Staff receive mandatory infection control training at induction and with annual refresher courses.

ATP (adenosine triphosphate) testing of chairs, equipment, tools and premises is conducted at the required intervals. Additional ATP testing of staff hand hygiene alongside updated hand-washing training using 'black light' has been introduced and is reported monthly.

The health pandemic has presented significant challenges to service provision, but we have been able to respond effectively because we have the staff and systems infrastructure in place. A business continuity plan and risk management process was developed and initiated specifically for Covid-19. Clinical processes were revised to protect service users and staff from the virus according to national guidelines, balancing the need to minimise contact whilst simultaneously ensuring people's safety by facilitating their mobility. Throughout the pandemic AJM had no recorded cases of workplace acquired Covid-19 infections. Our on-site Covid Secure processes have helped ensure that even when a member of staff has acquired the infection elsewhere it has not been passed on to a work colleague.

Senior managers initially met daily to review key metrics and respond to the national situation as it unfolded, including revising process as guidance evolved. All unnecessary travel was suspended, with a corresponding increase in the use of conference and video calls. The organisation continues to maintain a fully Covid Secure position which is reviewed each quarter or more frequently when required, such as when government guidance and policy is updated.

“The health pandemic has presented significant challenges to service provision, but we have been able to respond effectively because we have the staff and systems infrastructure in place. “

Information governance

We are now fully accredited to ISO27001, forming a truly integrated and joined-up solution to information security. We have worked hard to acquire and maintain the latest standards to protect personal information. In the reporting year there have been six information security breaches of which four were internal and not reportable to the ICO (Information Commissioner's Office), and two which were reportable due to being external breaches. These were fully investigated which resulted in processes being revised to reduce the likelihood of reoccurrence. Information security remains at the forefront of our operations.

Data quality

Our robust procedures and processes continue to ensure data standards are met. Quality is assured through our ISO9001:2015 and CECOPS quality systems which have been reaccredited. We have configured our newly integrated electronic patient record (EPR) system to define the inputs and remove ambiguity so the output is accurate and timely. Mandatory fields are in place to ensure fail-safe data capture, supported through our reporting system, allowing onsite monitoring and input where needed. This is also visible at board level, giving full visibility and traceability.

As a registered Personal Demographics Service (PDS) user, we access NHS Spine data to update our records. This has continued to facilitate optimal data quality and increased collections which feeds chairs, cushions and seating directly back into the system.

This year we have made further investment in software applications to ensure data is captured and visualised/analysed in greater detail, highlighting trends in activity both incoming and outgoing. This has been enacted by our national BI (business intelligence) team who execute NHS England and CCG reporting in a timely manner. Our historical data is now building over a longer period of time which facilitates benchmarking, tracking trends, and ever more accurate forecasting.

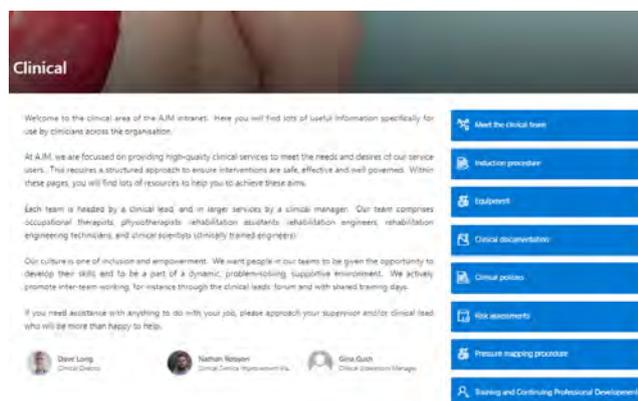
Environmental impact

As a corporate citizen, AJM takes a proactive approach in this area. We have a detailed environmental, sustainability and corporate social responsibility policy, and have now gained accreditation to ISO14001:2015. The policy includes detail on reducing harmful emissions, reducing energy use and on procuring from sustainable sources wherever possible. As evidence of our commitment, we have recently invested in a fleet of electric vehicles and are looking into other renewable solutions, as well as reducing travel and where possible sourcing products locally to our service centres, in turn reducing the impact we are having on the environment.

Communication

The main AJM website has been rebuilt and redesigned this year a) in line with new accessibility guidelines for the public sector, and b) to include the design of the wheelchair services websites, which have themselves been regularly updated and developed to include “What’s on?” pages, news, and guest blogs. Our commercial division and the Somerset Disability Engagement Service have their own 'mini' sites.

New this year has been our staff intranet which has been designed by an internal working group to provide a central resource for information and communication, such as policies and staff contact details. Policies have been rebranded and formatted to improve consistency before being uploaded, which is an ongoing project.



A suite of service user leaflets has been developed, including one for PWB with a pull-out section providing more detail, PWB chair cards to aid service user selection, new surveys, and collection posters.

Statistics

2019-2020 figures in brackets



Population served
 12,185,955
 (11,256,955)



Registered service users
 70,957 (75,022)
 fewer due to data cleansing



Incoming referrals
 17,285 (26,065)
 First referrals: 7,274
 Re-referrals: 10,011



26 (26) NHS CCGs have an AJM wheelchair service

8 (10) NHS Trusts have an AJM approved repairer service



Friends and Family Tests
 12,031 (3,497)



Employees
 279 (260)



Responses to staff survey
 177 (122)



Compliments
 270 (129)



Formal and informal complaints
 113 (132)

Quality strategy and priorities for 2021-22

Despite the current national health situation, we are continuing to develop the quality of our services. Our ambition is to be the leading provider of wheelchair services in the country by providing high-quality, service user-centred, efficient and innovative services. We will achieve this in 2021-22 by maintaining focus on our three key strategic aims:

Strategic priority 1

Provide clinical services with kindness, respect, fairness and empowerment to make the service user experience second to none.

Strategic priority 2

Be the employer of choice for healthcare professionals in the field by equipping them with the information, facilities, tools, training, support, and development opportunities they need.

Strategic priority 3

Optimise operational efficiency by continuously improving processes through staff culture, and engaging with all stakeholders.

These priorities will be delivered through the following developments during the course of the year ahead which focus on excellence in clinical services:

1. Continue to collaboratively navigate an effective response to the coronavirus pandemic both organisationally and with other health and social care services
2. Support external organisations with opportunities for post-Covid backlog reduction
3. Establish a national forum for our local service user group chairs to further enhance the quality and transparency of our provision
4. Focus on reducing timelines for special seating provision
5. Continuous improvement framework rolled out to all sites

6. CQC-style audit fully mobilised and evaluated
7. Enhanced virtual assessments using video technology and lessons learnt through our response to Covid-19
8. In-house clinical training schemes for therapists and engineers
9. Environmental objectives, particularly around ISO14001 requirements
10. Investment into e-RS (choose and book) and interoperability connection to the NHS Spine for the purposes of enabling access to information for the Local Community Services Data Sets (LCSDS) and national Community Services Data Sets (CSDS)
11. Create a non-eligible pathway to assist those unable to obtain a wheelchair through the NHS, i.e., signposting to various resources and contacts
12. Focus on ESG (Environmental, Social, Governance) initiatives to ensure the organisation meets its obligations and maximises its opportunities
13. Explore future-scoping opportunities for positive service user facing outcomes following effective Integrated Care System (ICS) integration
14. Explore closer partnership working with other community organisations

Part 3: Other information

Statement from North West London CCG

Coming soon



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