

Quality Account

2022/23



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Reception
Health Care



Part 1

Introduction



About this quality account

Welcome to the AJM Healthcare (AJM) Quality Account for 2022-2023. This is a statutory annual report that 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 high-quality healthcare services, encourages us to focus on service quality, and helps us find ways to improve continually.

Our company mission

We are a clinically led organisation aiming to consistently provide superior, quality-driven services. We aim to continually improve our services by:

- Focusing on our service users and personalising their care
- Providing innovative equipment to empower our staff to provide solutions tailored to our service users
- Supporting our staff to continuously develop their skills and knowledge
- Co-designing our services with our communities
- Embedding a company culture of compassion and respect for all

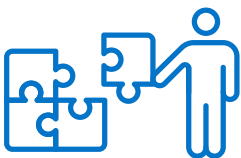
Our company values



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**.

Our company profile

AJM is a private limited company with a turnover of £30 million and a workforce of 337 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 that 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 the following:

- Front-line clinical and technical staff
- Customer services
- Warehouse, workshop and logistics teams
- Partnership and engagement staff
- Head office functions, such as operational management, finance, human resources, procurement, quality, compliance, health and safety, contract management, information technology, and fleet management

The board has the appropriate clinical, operations, customer relations, commercial and finance management directors with extensive industry experience. Managing Director, Stephen Peck, is a former NHS CCG (Clinical Commissioning Group) officer. Clinical Director, Dave Long, has worked directly for the NHS in various 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 aftermath of the COVID-19 global health pandemic. We have continued to develop our operations and quality in our established outsourced services:


- North West London
- Milton Keynes
- North East London
- Derbyshire


- Cambridgeshire & Peterborough
- Lincolnshire
- Waltham Forest (North London)
- Portsmouth, Fareham and Gosport, and South East Hampshire
- Plymouth, South Hams and West Devon
- Bexley (South East London)
- National wheelchair service for the MOD Stanford Hall, Leicestershire

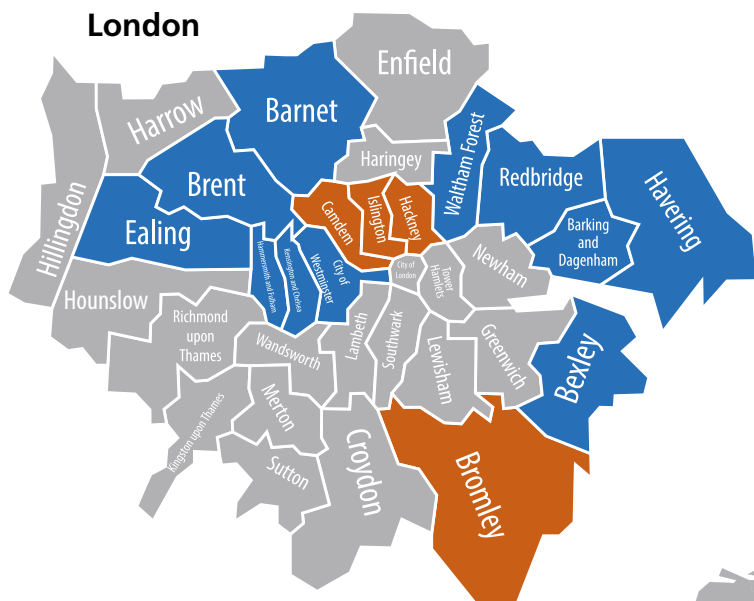
During the year, we have:

- Continued to efficiently operate our approved repairer contracts in Bromley, Homerton, Brighton & West Sussex, and Camden & Islington
- Opened a new NHS wheelchair service for Somerset in August 2022, based in Taunton
- Opened a new NHS wheelchair service for Hertfordshire in October 2022, with service centres in Hertford and Watford
- Mobilised a new contract in Hull and The East Riding of Yorkshire, following a successful competitive tendering exercise
- Mobilised a new contract in Staffordshire and Stoke-on-Trent, following a successful competitive tendering exercise
- Acquired Southwest Seating & Rehab Ltd, a company based in Taunton with eight staff. It provides clinic services to support the use and manufacture of Matrix seating systems for both AJM and NHS wheelchair services. Southwest Seating manufactures the Neo manual, the market-leading tilting wheelchair base to which Matrix and most other types of seating may be fitted.
- Acquired Active Design Ltd, a company based in Birmingham with 20 staff. It provides a range of modular seating and accessories, including clinical services to produce custom contoured seating (carved foam) for both AJM and NHS customers. Active Design has a broad manufacturing capability: in addition to the custom contoured seatings, the company can create one-off designs and support development work of new products.
- These two acquisitions have strengthened our ability to deliver wheelchair services with reduced dependence on external suppliers for a range of seating options; we are excited to see how they develop and grow under AJM ownership
- Invested more into our services to maintain service levels in response to significant rises in activity and referral complexity
- Continued to develop a tablet-based clinical app for our ELMS2 software system, making it easier for our clinicians to access and record data
- Invested time in recruitment from outside the UK to help maintain levels of qualified staff and, therefore, service quality

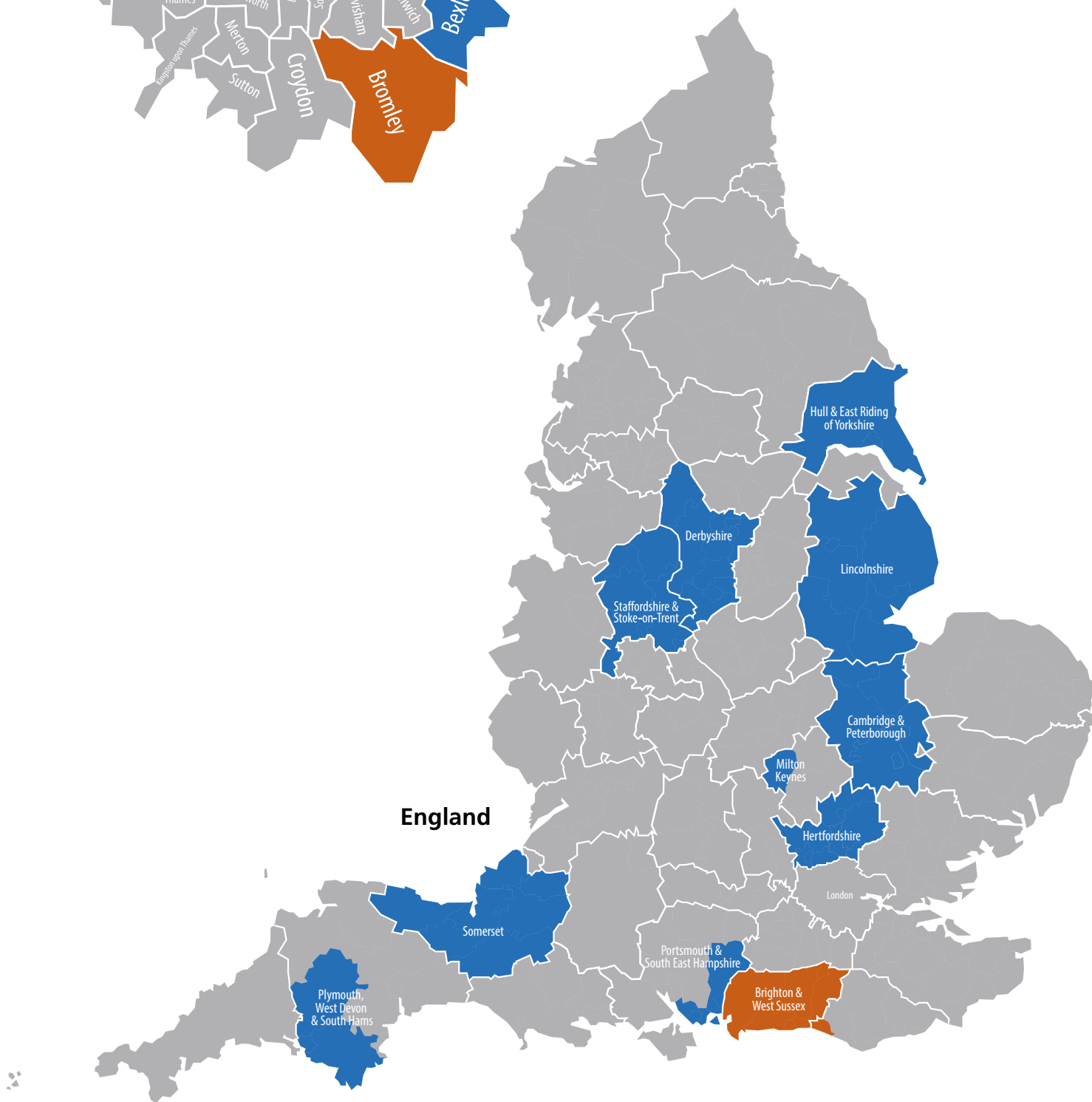
Map of our service centres

 Integrated wheelchair services

 Approved repairer services



England



Statement from Steve Peck, Managing Director

It is with great pleasure that I present AJM's fourth quality account during my time as Managing Director. Once again, 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 by 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 by 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. This has seen our teams maintain waiting times for service users, ensuring high-quality care remains unhindered.

In the latter stages of the reporting period, we have, along with healthcare services more broadly, seen an increase in referral complexity as an outturn of the COVID-19 health pandemic. Undoubtedly, the processes we developed through the pandemic in conjunction with our customer ICBs (Integrated Care Boards) help offset the effect of this on our services. However, we have had to adjust our operating practices further to ensure the needs of those affected are met effectively. Our processes are reviewed regularly to ensure we remain consistent with government advice and NHS practices.

I am pleased to say these changes were influential in ensuring our services have maintained good wait times for service users and continued to deliver KPIs for our commissioners. It is a credit to our staff, who have continued to show dedication to their roles throughout this challenging period; they have been responsive, adaptive, creative, and patient whilst we have tackled the situation collectively as part of the broader NHS.

The service user is at the heart of everything we do, so I am delighted to report:

1. 18-week RTT performance across adults and children was
 - a. 96.7% in quarter 1
 - b. 95.5% in quarter 2
 - c. 94.0% in quarter 3
 - d. 95.4% in quarter 4
2. Of 14,572 surveys received, 99% of service users reported their experience with AJM to be either good or very good. This is an improvement from 97% last year.

AJM Healthcare has once again undergone growth this year:

- Mobilising two new NHS wheelchair service contracts in Somerset and Hertfordshire
- Winning two more NHS wheelchair service tenders to go live in the next period (Hull and The East Riding of Yorkshire, and Staffordshire and Stoke-on-Trent)
- Acquiring two industry-leading companies which manufacture special seating systems, a tilting manual wheelchair base, and a wide range of accessories; this has enabled us to enhance the SU experience through provision of equipment that is even more specific to their needs, and delivered more rapidly

We have enhanced our organisational and quality delivery structures, particularly by embedding our continuous improvement initiative. This has helped ensure our reputation for providing the best NHS wheelchair services in the UK remains robust.

I am pleased to be able to report those achievements reported previously have been retained and developed:

- Corporate Community Equipment Code of Practice Scheme (CECOPS) accreditation
- Further development of our service user records database, ELMS2, to maximise its application to our services
- Internal and external clinical and engineering training programmes applied to a number of individual staff members
- Our National Personal Wheelchair Budget (PWB) team developed further to enable service user personalisation through choice of equipment and top-up funding for non-clinical features
- Embedding of our non-eligible pathway to assist those unable to obtain a wheelchair through the NHS
- ISO 27001:2013 Information Security Management
- ISO 14001:2015 Environmental Management Systems and environmental objectives around these requirements
- Enhanced virtual assessments using video technology using lessons learnt through our response to COVID-19

Despite the international focus on re-establishing health services following the pandemic, this year has been another positive one for AJM in maintaining and developing service provision across various areas. Notably, we have attained accreditation to the ISO 45001:2018 Occupational Health and Safety Management Systems standard, demonstrating our commitment to service enhancement and best working practices.

We will strive to be even better in 2023-24, during which period our objectives will be:

- Further IT development to facilitate the provision of e-RS (choose and book) to enhance the service user experience and improve options for access

- Launching our tablet-based clinical app to improve clinician efficiency and access to service user records when out in the community
- Explore the future scoping opportunities for positive service user outcomes following effective Integrated Care System (ICS) integration
- Supporting our two manufacturing organisations to attain and apply the ISO 13485:2016 Medical Devices Quality Management System
- Developing product innovation to improve service user outcomes through our newly acquired manufacturing capability
- Continue to develop close partnership working with other acute and community organisations
- Focus and develop our environmental, social and governance responsibilities
- Focussing closely on the quality of writing in clinical notes to improve clarity
- Improving operational efficiency by ensuring effective appointment booking and clinical administration
- Investing further in partnership and engagement activity and exploring in more depth funding partnerships with charities to help those who are not eligible for services under NHS
- Investing further in ESG (environment, social, and governance) and data security as key subjects
- Continuing to invest in staff training, facilitating access to Master's level education, and attendance at the PMG (Posture & Mobility Group) conference

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, ICBs and other stakeholders for their continued support. We look forward to the coming year, where quality will again be at the centre of all we do.



Stephen Peck
Managing Director

Statement from Dave Long, Clinical Director

Progress with our quality agenda continued during 2022-23, driven by our Quality Board which comprises me as Clinical Director, the Operations Director, and all relevant members of the senior clinical and operational management team.



The board gains assurance that mechanisms are in place and effective within and across the organisation and alerts the Operational Board where outcomes are unsatisfactory.

We apply 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, personalised and outcome-focused 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:

- Identifying trends across the continuous improvement reporting system, particularly those requiring input at an organisational level
- Maintaining clinical governance standards through oversight of clinical audit, including those derived from the CQC Key Lines of Enquiry (KLOEs)
- Ensuring personalisation remains high on the agenda, i.e., that it is part of our organisational culture, as evidenced by continued promotion of the Personal Wheelchair Budget scheme
- Oversight of our intranet development which has made significant strides forward this year
- Monitoring the impact of supplier performance on KPI attainment
- Oversight of reported incidents and near misses
- Health and safety audit outcomes
- Evaluation of feedback from all engagement activity, including satisfaction surveys and service user groups
- Monitoring of trends with complaints and compliments
- Monitoring of accreditations to both compulsory and voluntary standards, e.g., CECOPS and ISO standards
- Monitoring compliance with mandatory and statutory training, and professional registrations (Health and Care Professions Council, Register of Clinical Technologists, and Academy for Healthcare Science)

Our Clinical Leads' Forum has continued to play a critical role in quality assurance and service development by addressing a variety of issues with clinical service delivery and by creating a culture of shared values and learning through the relationships fostered

between the leads, who work together on both projects and day to day issues. During the reporting period, we have re-evaluated our range of pressure cushions and third-party backrests due to changes in the marketplace.

Our apprenticeship-style training programme for engineering staff has led to our first success in facilitating a technician to become registered as a rehabilitation engineer with the Academy for Healthcare Science. They and we are delighted with this result which gives us confidence in meeting the needs of service provision through an effectively skilled workforce. In the reporting period, a second candidate is awaiting the outcome of their portfolio submission.

Having adopted the therapist apprenticeship scheme, we had our first two staff members start their three-year course, with one more lined up for the 2023-24 period. Upon completion, they will be qualified occupational therapists able to become registered with the HCPC.

It has been a challenging year running our services through the post health pandemic period. Levels of complexity and expectation have risen, but our clinical teams have continued to work diligently and innovatively to address the challenge.

In the next period, we will be:

- Focussing on the quality of writing in clinical notes to improve clarity
- Improving operational efficiency by ensuring effective appointment booking and clinical administration
- Developing product innovation to improve service user outcomes through our newly acquired manufacturing capability



David Long
Clinical Director



Part 2

Section reports and priorities











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The year at a glance

	2021-22	2022-23	
Population served by AJM Healthcare	12,433,213	13,233,273	
Active registered service users	70,957	96,476	
First referrals received	9,880	11,430	
Re-referrals received	15,063	15,887	
Total referrals received	24,943	27,317	
Responses to NHS Friends and Family Tests	17,252	14,572	
AJM Healthcare employees	288	337	
Responses to our staff survey	218	172	
Formal complaints received	129	116	
Formal compliments received	140	109	
NHS Integrated Care Board partners	N/A*	13	
NHS Trusts commissioning AJM services	8	4	

* NHS Integrated Care Boards (ICBs) were launched in July 2022, replacing NHS Clinical Commissioning Groups (CCGs).

Approach to quality

We aim to be the leading wheelchair service provider to the NHS. In support of this aim, we have developed a culture of embracing change, sharing beliefs, acquiring knowledge, demonstrating the right behaviours, having positive attitudes to work, and sharing the same values. We have achieved much of this by adopting existing initiatives proven in the NHS and developing our own to address gaps. We incorporate these best practices into our policies and procedures, providing appropriate resources to fund their implementation and promote 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 ICB (Integrated Care Board) quality leads and liaises with them and our operational service managers regarding all quality aspects.

To ensure quality services through best practices, we continue to work proactively with the following organisations:

- Academy for Healthcare Science (AHCS)
- British Healthcare Trades Association (BHTA)
- Chartered Society of Physiotherapy (CSP)
- Health and Care Professions Council (HCPC)
- Institute of Physics and Engineering in Medicine (IPEM)
- Medicines and Healthcare products Regulatory Agency (MHRA)
- National Wheelchair Managers' Forum (NWMF)
- NHS England
- Posture and Mobility Group (PMG)
- Register of Clinical Technologists (RCT)
- Rehabilitation Engineering Service Managers' Group (RESMaG)
- Royal College of Occupational Therapists (RCOT)

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

The following certifications underpin AJM's quality approach:

- ISO 9001:2015 Quality Management System
- ISO 27001:2013 Information Security Management
- ISO 14001:2015 Environmental Management Systems
- ISO 45001:2018 Occupational Health and Safety 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 resolving issues as they arise. We use recognised best practices to monitor performance and maintain a “quality aware” culture in our services. We have implemented the recognised Six Sigma SQDC process, using our SQQCD concept:

- **S – Safety:** discussion of health and safety incidents, if any, including “near misses”.
- **Q – Internal quality:** measures AJM’s internal KPIs across all staff teams/departments
- **Q – External quality:** a measure of all feedback, categorised by type and severity
- **C – Cost of time due to unplanned stoppages or events:** a measure of time lost due to any unplanned events or obstacles which prevented our staff from carrying out their duties
- **D – Delivery:** a measure of handover and case completion rates, comparing actual achievements to planned or expected numbers

Outline

The SQQCD posters are displayed prominently in our staff offices. A short daily meeting is held in each site to identify issues and to assign responsibility for resolution, which is then reported back the next day. The discussion involves managers from each department: operations, customer service, clinical, and warehouse/logistics.

During the discussion, the team will compare each metric to the KPI target, with actions recorded in a two-level action plan:

- Tier 1 issues, which can be resolved on-site
- Tier 2 issues, which require input from the broader organisation

A green dot is applied to the current date on the circle where no issues are identified; a red one shows a problem has arisen. This gives a straightforward visual indication of performance throughout the month, enabling staff to understand issues which need addressing at a glance.

All tier 2 issues 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

As with last year, this process has yielded favourable results during the reporting period. It removes frustrations because issues are flagged and resolved, and it gives senior managers oversight of any systemic issues. We look forward to continued use of this tool across the business in the year ahead.

Contract quality reporting

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 and audit reports
- Customer satisfaction measures
- Stakeholder engagement
- Usage of Personal Wheelchair Budgets
- Incident reporting
- Staffing matters

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

Quality incentive schemes

In Lincolnshire, we met our quality incentive targets of:

- 100% of children had their episodes of care closed within 18 weeks
- 95% of adults had their episodes of care closed within 18 weeks
- 95% of respondents to the NHS Friends and Family survey rated us as “good or very good”

In Derbyshire, we achieved our target rate for use of the WATCH and WATCH-Ad outcome measurement tools.

Serious incident and RIDDOR reporting

In the reporting period we experienced:

- No RIDDOR incidents, where a member of staff was off sick for nine days with a work-related injury
- No serious incidents
- 1 service user incident involving equipment failure which was reported to the MHRA (Medicines and Healthcare products Regulatory Agency) using their ‘yellow card’ system
- 5 service user incidents involving issues with equipment
- 30 minor incidents, mainly cuts and bruises
- 2,386 near-miss reports resulting from an enhanced programme of surveillance by site staff on a daily basis; mainly these concern opportunities to avoid slips, trips and falls, fire hazards, and other facilities issues; it is clear that by introducing and monitoring daily site walk-rounds, which are completed by different staff each day, we have reduced the number of incidents occurring

Note we expect the volume and quality of reporting to increase in the year ahead due to the forthcoming introduction of a new, more accessible incident reporting system which is currently being piloted at one of our sites.

Service user engagement

A user-centric service focussed on personalisation is a key priority in the design of quality and safe service provision. Service users are given a strong voice within the organisation and their satisfaction is a prized accolade of quality.

The company have invested in partnership and engagement as a concept, and there are now three local Partnership and Engagement Managers in addition to the national Partnership and Engagement Manager, who has now been in role for three years. As a team they engage with a wide range of healthcare professionals and other stakeholders to ensure AJM delivers a fully joined-up service.

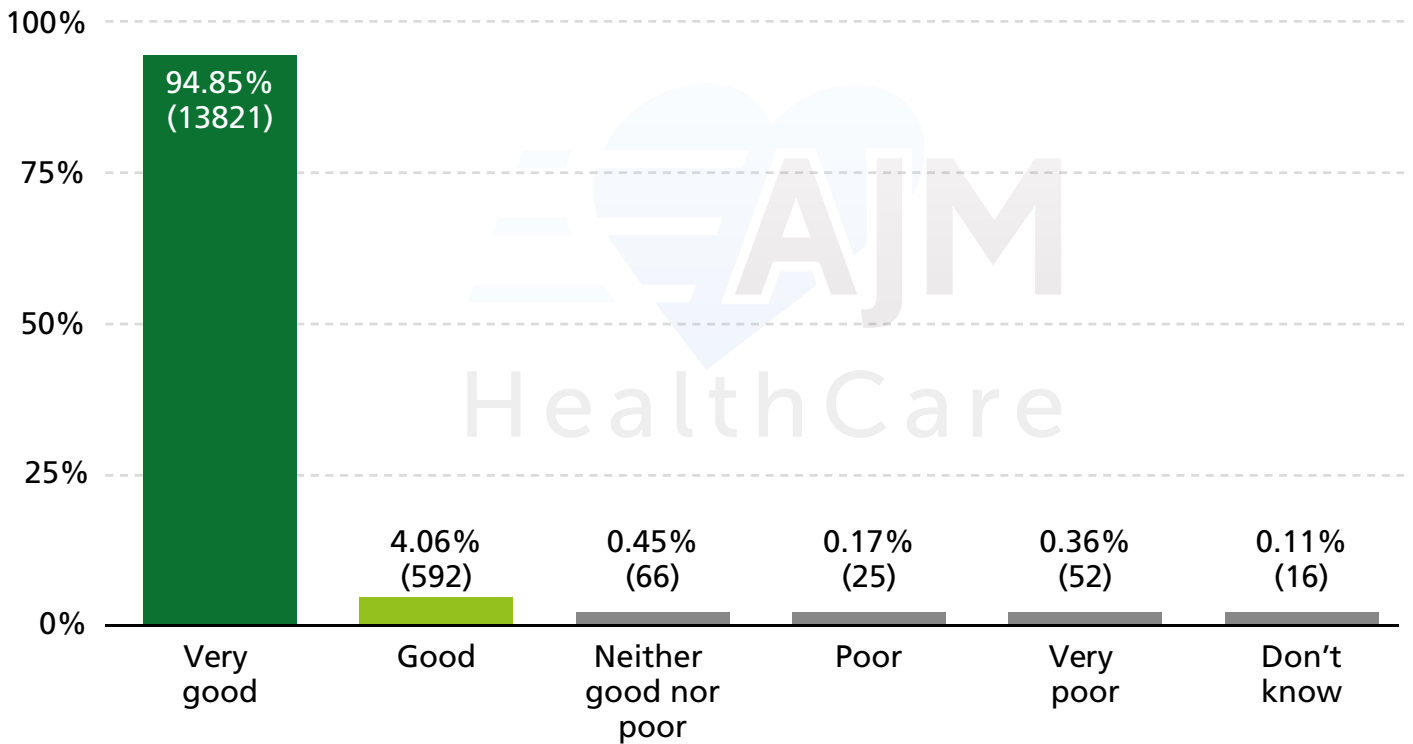
In this period, we have seen an increase in the amount of engagement from professionals working in special schools. In North West London regular meetings are held with teaching and therapy staff, and a regular update on progress of outstanding orders is sent directly to the school therapists.

Service user satisfaction

Surveys are conducted routinely, and this year we have gathered 14,572. 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. In some centres customer service advisors contact a random selection of service users and invite them to complete the survey. Our focus for 2022-23 was on making the survey more readily available electronically, which would also reduce the manual uploading of results required with the paper version. We have increased the percentage of surveys completed online from 18% in April 2022 to 27% in March 2023, and will be aiming for a further increase in the year ahead.

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. Where an individual staff member is identified this is fed back to that person and a selection of positive comments is included in the staff magazine.

An essential element of the survey is the NHS Friends and Family Test: 99% of the respondents said their overall experience had been good or very good (97% last year). Respondents included wheelchair users, parents and carers, other family members, professional assistants, therapists and other professional staff such as school staff and nurses.



Those who described their experience as poor or very poor accounted for 0.53% of responses. The commonest reasons reported for a poor score were:

1. Waiting times to appointment
2. The customer service team not being able to give accurate information about the progress of orders
3. The length of time to answer the phone

As a result of this feedback we have established a customer service improvement programme that includes call monitoring, and more training and coaching for our customer service advisers.

All surveys are analysed individually and where areas for improvement are identified these are fed into the continuous improvement process.

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 wheelchair service has a forum, some chaired by service users and facilitated by the partnership and engagement team. Each group creates an agenda based on the members' experiences and ideas. Every survey we distribute includes an invitation to join the local group, and staff actively recruit new members. In North East London we have now reestablished face to face meetings but all others have continued online at the request of the members.

We also have a national forum which representatives from each of the local groups attend. Two members of this group are also members of the Wheelchair Alliance Patient Participation Group (a national, independent organisation campaigning to improve wheelchair services across the country).

Social media and web presence

We have social media accounts on Facebook, Twitter, LinkedIn Instagram, and now TikTok. Posts are created that are informative and useful to our service users. These accounts are all managed through Hootsuite which also has a smart inbox to receive messages, comments and mentions from all platforms.

We monitor our Google 'My Business' accounts, with feedback received sent to Service Operations Managers. Each service has its own bespoke website, with content being based on the needs of the service. All websites contain information about how to make a referral, together with all contact details.

We monitor website usage via our tools provided by our website hosting company and Google Analytics (unless users choose to opt out). We review how often each page is accessed and if any accessibility or translation tools are used. Data from these Analytics tools will be used to review and refresh our websites during 2023-24.

Partnership working

In each of our services the partnership and engagement team have mapped local stakeholders, and have established joint projects to meet the needs of the locality. Continuing from last year is our partnership with Little Miracles who provide support for families with children having disabilities.

Little Miracles have supported families to find funding to enable children to obtain personalisation upgrades to their NHS wheelchairs through the PWB scheme, or to provide a wheelchair if a child would benefit from a chair but is not eligible through the NHS.



We have also established good working relationships with the Motor Neurone Disease Association (MNDA) at both national and local level. The Partnership and Engagement Manager meets regularly with the National Care Co-ordinator at the MNDA where queries with individual cases are discussed, or on a more strategic level advising on best practice and funding options for those who choose more than the NHS provision.

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.

Complaints and compliments

As a modern, forward-thinking company we actively encourage all feedback. We received 116 formal complaints across all wheelchair contracts this year compared to 129 for the previous period, which equates to 0.14% of registered service users, down from 0.19% last year. Whilst the improvement is welcome we 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 109 formal compliments, down from 140 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. In so doing, we hope to see an increase within the next reporting period.

Clinical governance

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

We have continued with our CQC-style auditing, following the Key Lines of Enquiry (KLOE) this year focussing on the journey of the service user from referral to handover of equipment. All services were audited during 2022-23. The results have been favourable and identified areas for development at both a local and organisational level.

We have continued with our monthly clinical notes audit using the same set of questions, covering:

- Clinical reasoning
- Evidence of conversations around Personal Wheelchair Budgets
- 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 compiled nationally, allowing benchmarking and comparison between our services. In turn, this supports the development of realistic targets and promotes healthy competition between services.

We have found after around two years of audit, standards have risen to a consistent high level. This has prompted us to consider changing our focus. After consideration it was

decided for 2023-24 to investigate more fully the quality of the written medical record, particularly in terms of being clear and concise, and as regards spelling and grammar. We will report the results at this time next year.

Safeguarding

We have a strong focus on safeguarding for both children and adults at risk, also encompassing the whole family. Safeguarding incidents, including missed appointments, are reported within the service, liaising with the local safeguarding team, 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. Safeguarding is a routine part of clinical supervision, and is a topic often discussed between the clinical director and the service clinical leads.

Children's services

We have invested heavily in reviewing our children's pathways during 2022-23. Feedback from parents and guardians suggested that we could make our clinic spaces brighter and more colourful, which would help to keep our younger service users engaged during visits to see us.

To address this feedback, we have commissioned Emily Bolter, a British designer, to create a suite of eight cartoon characters: the AJM Superhero Children. We have launched these designs in our new services and intend to roll them out to other AJM locations over time. Feedback has been exceptionally strong from service users, staff and stakeholders.

We have invited schools in our communities to participate in a competition to give each character a name and backstory, with prizes shared between the winning child and their school. The characters will be featured in refreshed literature and colouring books for children, which will become available in our services during the 2023-24 period.



Workforce and staffing issues

Our workforce, now 337 strong, has contended with the aftermath of the global health pandemic throughout 2022-23. Staff have faced many challenging situations as service users have come out of isolation, often with greater clinical complexity.

As an organisation, we have continued to support staff to ensure their wellbeing, facilitated by our employee assistance programme and a closely engaged management team.

Annual staff survey

In 2022-23, we achieved a 64% response rate, a 12% decrease on 2021-22 but still a very high response rate to a survey (note this includes staff within their probationary period). A variety of individual comments and themes were analysed, with a number of actions generated. Staff received a “You Said, We Did” report to demonstrate the company’s response to their feedback. Next year we will focus on closer engagement with staff to increase our response rate once again.

Training compliance

Staff were 80% compliant (79% last year) with mandatory training against a revised target of 90%. This ranged from 67% to 95% by service. Part of the reason for this is the introduction of new training late in the reporting period, notably for ISO awareness, which has yet to be attained by everyone.

Actions are in place with our service operations managers to address the shortfall. Most training material is readily available as e-learning, with classroom sessions (face-to-face and virtual) being arranged centrally for the more practical and discussion-based courses, e.g., manual handling, level 3 safeguarding, and resuscitation.

Personal engagement reviews

Building on the success of the last two years our structured and person-focussed annual review process has continued throughout 2022-23. The focus it has on the person and their ambitions has been well received because it addresses a range of areas of activity, including leadership, teamwork, results focus, problem-solving, strategic thinking, planning and organisation, and customer focus. Progress against objectives is monitored monthly through supervision and reviewed formally every quarter to check continued suitability. Staff have continued to respond well to this approach.

Staff magazine

“Wheel Life”, our staff magazine, has continued to provide a means to communicate various news items across the staff team, enabling staff to know who’s who across the organisation. The ‘Day in a life of ...’ feature has, again, 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. We have reviewed our whistleblowing policy to ensure it remains up to date.

We have evaluated the application of the NHS “Freedom to Speak Up” initiative and have identified two key actions:

1. A “Freedom to Speak Up” guardian has been appointed
2. A policy based on the NHS England template will be produced during 2023-24.

Infection prevention and control (including COVID-19 response)

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.

We conduct ATP (adenosine triphosphate) swab testing of chairs, equipment, tools and premises at regular intervals as required. Additional ATP testing of staff hand hygiene alongside hand washing training using a ‘black light’ is reported monthly.

Our business continuity plan and risk management processes specifically for COVID-19 have been updated regularly through the reporting period to reflect the gradual relaxing of restrictions described in government and NHS guidelines.

Information governance

We have maintained our accreditation to ISO 27001:2013, assuring 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 addition, our Cyber Essentials Plus certification demonstrates how our IT systems are interrogated for weaknesses.

In the reporting year, there have been ten information security breaches, of which nine were internal and not reportable to the ICO (Information Commissioner’s Office), and one was reportable as an external breach.

In the previous period, we had five breaches in total, three being reportable to the ICO. These were thoroughly investigated, resulting in revised processes 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 ISO 9001:2015 and CECOPS quality systems which have been reaccredited. 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 equipment collections which feeds chairs, cushions and seating directly back into the system.

This year we have introduced daily reporting to flag data quality issues within our database. These are addressed and resolved on a site level and monitored centrally. This process increases our confidence in the data we hold about individuals and service operations.

Intranet

Our staff intranet has grown again during the reporting period. We continue to transfer resources to the site as we gradually shut down access to shared network drives.

Using the intranet as a central, reliable resource for information (a “single source of truth” model) has helped improve document control and operational efficiency and consistency.

Environmental impact

As a good corporate citizen, we take a proactive approach to managing our environmental impact. We have a detailed environmental, sustainability and corporate social responsibility policy, and have maintained our accreditation to ISO 14001:2015 through the reporting period.

The policy includes detail on reducing harmful emissions and reducing energy use, and procuring from sustainable sources wherever possible. As evidence of our commitment, and to reduce our impact on the environment, we have:

- Continued to invest in electric vehicles and explore other renewable solutions
- Reduced travel through the use of video conferencing software
- Sourced more of our products through local and sustainable supply chains

We continue to hold ESG (environmental, social & governance) requirements at the forefront of operations and will continue to work on this in the year ahead.

Quality strategy and priorities for 2023-24

We have continued 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 which enable personalisation at every opportunity. We will achieve this in 2023-24 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 by equipping them with the information, facilities, tools, training, support, and development opportunities they need and seek.

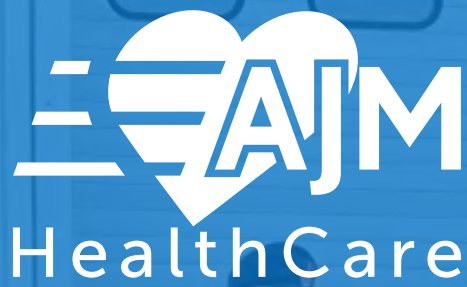
Strategic priority 3

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

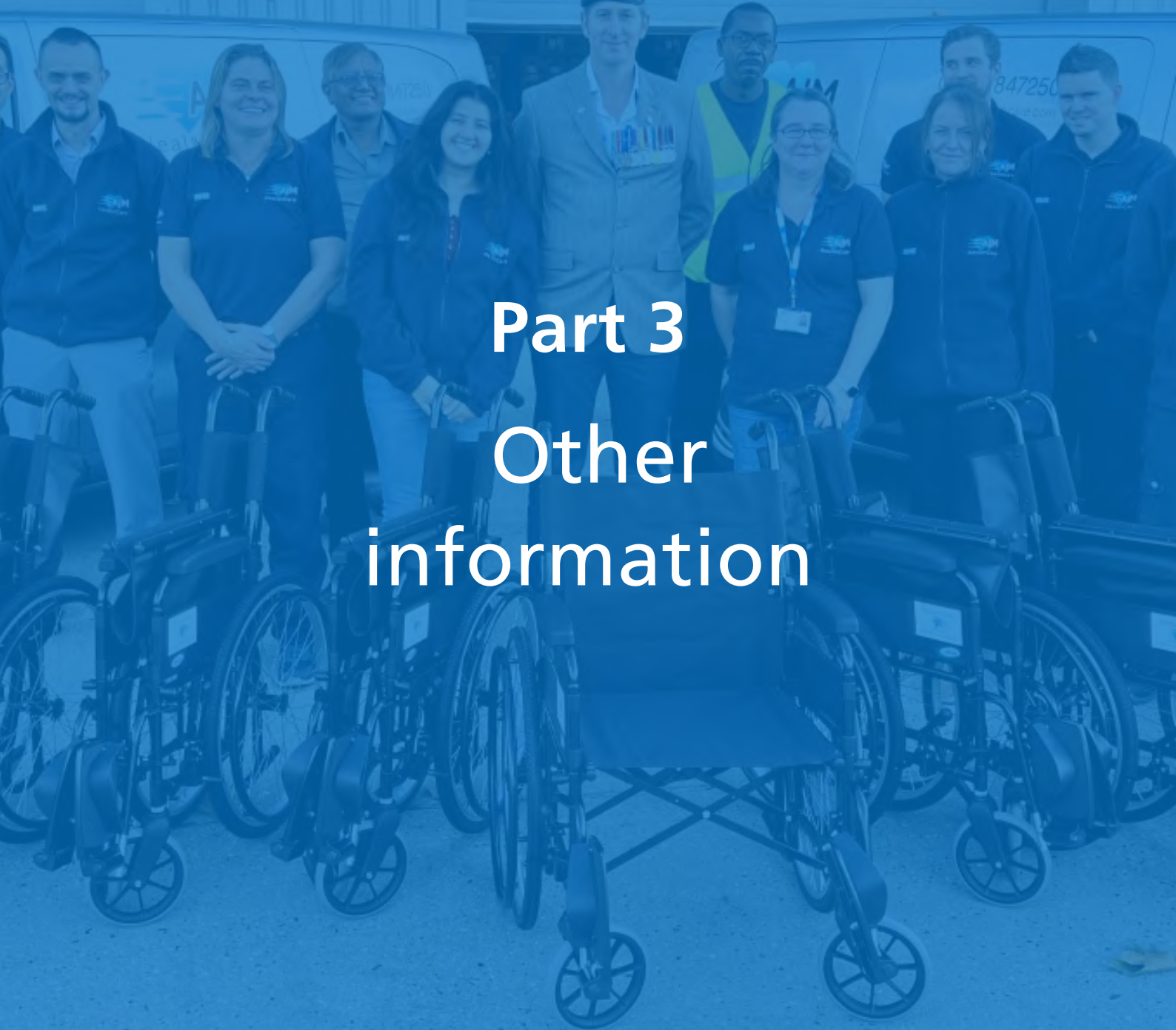
These priorities will be delivered through the following developments during the course of the year ahead, which focus on excellence in clinical services:

- Further IT development to facilitate the provision of e-RS (choose and book) to enhance the service user experience and improve options for access
- Launching our tablet-based clinical app to improve clinician efficiency and access to service user records when out in the community
- Explore the future scoping opportunities for positive service user outcomes following effective Integrated Care System (ICS) integration
- Supporting our two manufacturing organisations to attain and apply the ISO 13485:2016 Medical Devices Quality Management System
- Developing innovative products to improve service user outcomes through our newly acquired manufacturing capability
- Continue to develop close partnerships with other acute and community organisations
- Focus and develop our environmental, social and governance responsibilities
- Focussing closely on the quality of writing in clinical notes to improve clarity
- Improving operational efficiency by ensuring effective appointment booking and clinical administration

- Investing further in partnership and engagement activity and exploring in more depth funding partnerships with charities to help those who are not eligible for services under NHS
- Investing further in data security
- Continuing to invest in staff training, facilitating access to Master's level education, and attendance at the PMG (Posture & Mobility Group) conference



Part 3
Other
information



Statement from NHS North West London Integrated Care Board

NHS North West London Integrated Care Board (NWL ICB) has welcomed the opportunity to respond to the AJM Wheelchair Service Quality Account for 2022/23 which we received on 28th June 2023. We acknowledge the Quality Account covers your nationwide service provision, of which NWL ICB is one of its uses.

Thank you for confirming AJM's Quality Priorities focus for 2023/24 which are a continued focus on three key quality strategic aims which were identified in 2021/22 as follows.

Priority 1

Provide Clinical Services with kindness, respect, fairness and to make the service user experience second to none

The ICB acknowledges the reduction in formal complaints received by AJM and continued work with service users through engagement and feedback to improve and develop services. This is reflected in patient surveys of service users reported their experience with AJM.

Priority 2

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

The ICB note the improvement in staff training compliance and look forward to further improvements in 2023/24. The ICB is acknowledge that AJM have built on the apprentice schemes and the implementation of apprentice style training for rehabilitation engineers alongside Apprentice Occupational Therapists. The ICB looks forward to this wider implementation across AJM and the development of the workforce.

Priority 3

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

The focus on Partnership and Engagement which is reflected in an increase in roles and workforce is a welcome addition within AJM. Closer collaboration across the NWL System with key stakeholders will enable clear alignment to deliver key priorities related to their wheelchair management.

The ICB note the ambitions and priorities for operational efficiency by building on electronic innovation within the service.

NHS North West London notes the continued impact and complexity of challenges of recovering from the impact of the Covid-19 pandemic, and the response, flexibility that AJM have implemented to respond to this whilst focussing on delivery.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the on-going quality priorities for 2023/24 and looks forward to working closely with the organisation in exploring further quality improvement initiatives to build on the provision of safe and effective services for service users.

Thank you again for continuing to focus on improving the quality and experience of your service users and staff.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Sheldon', enclosed within a thin, hand-drawn oval border.

Professor Charlie Sheldon
Chief Nursing Officer
NHS North West London

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