QUALITY ACCOUNT 2022-2023

Contents

- **The Purpose of a Quality Account**
- **Forward – Director of Nursing & Workforce**
- **Part 1- Introducing Shropshire Community Health NHS Trust**
- **Part Two: Reviewing the Quality of our Care Looking Back at 2022–2023**
    - o **Looking After Our Staff**
    - o **Patient Safety & Reducing Avoidable Harm**
    - o **Improve End-of-Life Experience for Patients, Children, Young People, and their Families and Loved Ones**
- **Part Three: Our Commitment to Quality – Our Priorities for 2023 – 2024**
    - o **Looking After Our People**
    - o **Patient Engagement and Experience**
    - o **Digital Capability**
    - o **Patient Safety**
- **Part Four: Quality at the Heart of the Organisation**
    - o **Participation in Audit & Research**
    - o **Participation in Clinical Research**
    - o **Commissioning for Quality Improvement (CQUIN)**
    - o **Information Governance**
    - o **Incident Reporting**
    - o **Infection, Prevention and Control**
    - o **Patients admitted to hospital who were risk assessed for Venous Thrombus Embolism (VTE)**
    - o **Patient Experience**
    - o **National NHS Staff Survey 2022 – the findings**
    - o **Learning from Deaths**
    - o **Our Care Quality Commission (CQC) Registration**
    - o **His Majesty's Inspectorate of Prisons (HMIP)**
- **Statements from our Directors and Partners**

The Purpose of this Document

The Trust Board Shropshire Community Health NHS Trust produce this document as required by the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the NHS Quality accounts Amendment Regulations 2011 and with additional reporting arrangements as per the Regulation schedule for 2017/18). These Regulations are cited as the National Health Service (Quality Accounts) (Amendment) Regulations 2017. These Regulations came into force on 1st November 2017. The Quality Account publication on the Trust website and submission to NHS England & Improvement fulfils the Shropshire Community Trust's statutory duty to submit the account to the Secretary of State.

Copies of this document are available from our website at www.shropscommunityhealth.nhs.uk, by email to communications@shropcom.nhs.uk or in writing from: Chief Executive's Office, Shropshire Community Health NHS Trust, Ptarmigan House, Sitka Drive, Shrewsbury Business Park, Shrewsbury, Shropshire. SY2 6LG

If you would like this report in a different format, such as large print, or need it in a different language, please contact our Patient Advice and Liaison Service who can arrange that on 0800 032 1107 or email shropcom.customerservices@nhs.net

Foreword & Welcome from Clair Hobbs - Director of Nursing and Workforce

Welcome to the Quality Account for Shropshire Community Health Trust (SCHT) which relates to the year of 2022/23. Once again, the Trust has had an exceptionally busy and challenging year as we have started to return to a sense of normal following the Covid-19 pandemic. We have started to adjust to further guidance for controlling the effects of Covid whilst trying to maintain existing services and reduce backlogs that have developed as a result of the pandemic.

I remain exceptionally proud of our staff and the care that we have continued to provide to our patients and service users. Alongside continuing to provide a good level of care in existing services, we have this year grown our partnership working with system colleagues to benefit our patients and staff. We are working hard to deliver on national initiatives such as Virtual Wards which provides care closer to, and indeed in patient's homes to avoid a hospital admission or allow an earlier discharge out of the main hospital environment. Our work in delivering Virtual Wards has received regional recognition with many other provider organisations nationally making contact with us to learn from our successes.

This report will highlight some of the wonderful work our teams have achieved over the last year demonstrating our ongoing commitment to patient safety and quality of care. In particular we have seen excellent quality improvement work with inpatient falls and their reduction and a greater system of governance internally to monitor and support important functions such as Infection Prevention and Control.

This year has also seen great strides made to support our staff and ongoing workforce challenges and we have welcomed our first set of International Nurses into the organisation who are already having a positive impact on our reduction in vacancies. This is helping to improve our safe staffing numbers so that we can ensure we are providing the right levels of staff and skills to our patients at the right time.

This account also narrates our priorities for the coming year which once again includes our need to look after our staff if we are to provide the levels of care we would want to see to our patients, patient experience and feedback also features alongside becoming more digitally enabled.

I remain delighted by our staff and humbled by their achievements this year and look forward to supporting and guiding over the next 12 months as we aim to move to a more partnered approach to care both with our provider colleagues and our staff and patients.

Part One
Introducing Shropshire Community Health NHS Trust (SCHT)

Our aim is to be a provider of high quality, innovative health services near people's homes, working closely with health and social care partners so people receive well-coordinated, effective care. We provide community-based health services for adults, children and young people in Shropshire, Telford and Wrekin.

Our focus is on enabling people to receive the care and support they need at clinics, community hospitals, at home or their place of residence to enable people to return to as independent life as possible. We are committed to helping people of all ages; supporting parents with new-born babies to achieve the best start in life, throughout our patients' life journey, and supporting our patients, families and loved ones, in end of life.

Our vision

> *We will work closely with our health and social care partners to give patients more control over their own care and find necessary treatments more readily available. We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients. We will develop our current and future workforce and introduce innovative ways to use technology*

Our Values

Improving Lives
We make things happen to improve people's lives in our communities.

Everyone Counts
We make sure no-one feels excluded or left behind - patients, carers, staff and the whole community.

Commitment to Quality
We all strive for excellence and getting it right for patients, carers and staff every time.

Working Together for Patients
Patients come first. We work and communicate closely with other teams, services and organisations to make that a reality.

Compassionate Care
We put compassionate care at the heart of everything we do.

Our 3 Strategic Objectives

Managing our Resources

Looking after Our People

Caring for our Communities

Quality Account 2022 / 2023

Who We Are and What We Do

Shropshire Community Health NHS Trust provides a range of community and community hospital services for the people of Shropshire, Telford and Wrekin, serving a population of around 506,000 people.

Shropshire is a mostly rural, diverse county with over a third of the population living in villages, hamlets and dispersed dwellings, a relatively affluent county masks pockets of deprivation, growing food poverty, and rural isolation.

By contrast, Telford & Wrekin is predominantly urban with more than a quarter of its population living in some of the most deprived areas in England. As over a third of our population live rurally, our services are on the main organised geographically to enable us to be as responsive as possible to meet the needs of our service users, their carers and families.

The Community Trust serves it population throughout life, with a wide range of services including but not limited to; 0-19's Services, Community Therapy and Nursing, Urgent Care such as Minor Injury Units and Virtual Ward, Outpatients and Community Inpatient Wards.

As a member of Shropshire, Telford and Wrekin Integrated Care System, we strive to transform the provision of our services by working in partnership with others to meet the needs of those serve.
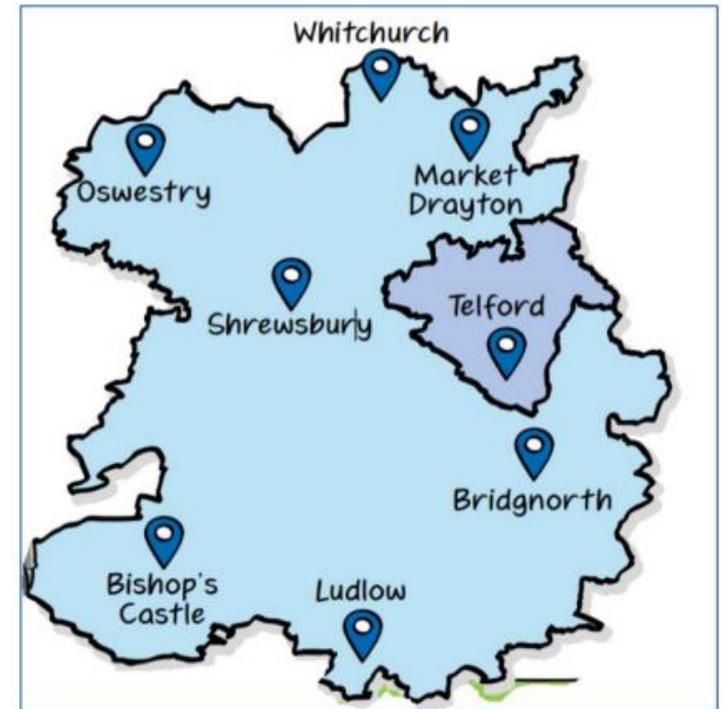
We have continued to be innovative and improve in 2022/23 while we re-model services following lessons learnt during the Covid-19 Pandemic.

This year:

- Community contacts reduced by 39,260 although remain 52,916 contacts higher than 2020/21, an 8% increase.
- Prison Healthcare contacts have increased by 23%, Radiology contacts by 13%, Minor Injury Unit contacts by 9%, Outpatients activity by 5%
- Inpatient rehabilitation episodes have marginally overtaken last year's figures, indicating improved performance

Patient activity information

Patient Activity Figures 2022/23	
Community contacts	710,982
Outpatient attendances	38,235
Inpatient and day cases	563
Inpatient Rehabilitation Episodes	1,729
Radiology examinations	12,690
Minor injuries attendances	34,887
Equipment and products supplied	285,197
Prison Healthcare contacts	28,986
Total	**1,113,269**

Quality Account 2022 / 2023

Our Services

Community Services and Urgent Care		Childrens & Families
Community Hospital Inpatients at Bridgnorth, Ludlow and Whitchurch Minor Injuries Units (MIU) Adult Community Therapy District Nursing Virtual Ward & Rapid Response Day Surgery Single Point of Referral (SPR) Diagnostic, Assessment & Access to Rehabilitation and Treatment (DAART) Admiral Nursing Advance Care Planning in Care Homes Team Integrated Discharge Team		Community Children's Nurses Special School Nurses Paediatric Diabetes Team Paediatric Asthma Service Paediatric Psychology Service Child Development Centres Community Paediatrics School Age Immunisation & Vaccination Service Community Dental Services 0-19 Public Health Nursing Service – Telford & Wrekin 0-19 Public Health Nursing Service - Shropshire Looked After Children Team Wheelchair & Postural Services Community Childrens Occupational Therapy Community Childrens Physiotherapy Community Childrens Speech & Language Therapy Family Nurse Partnership (FNP) Telford & Wrekin Family Nurse Partnership (FNP) Shropshire Targeted Admin Paediatric Audiology Community Equipment Service

Planned Care		Corporate and Support Services
Diabetes Service – Adults Tissue Viability Service Wound Healing Service Rheumatology Outpatients Physiotherapy Outpatients Podiatry Services Advanced Primary Care Services (APCS) Falls Prevention Long Covid Clinic Radiography Community Neuro Rehabilitation Team (CNRT) Consultant Outpatient Clinics Telford Musculoskeletal Service (TeMS) Prison Healthcare Respiratory Nursing Pulmonary Rehabilitation Vaccination Service		Bank and Temporary Staffing Clinical Education Team Safeguarding Team Infection Prevention and Control (IPC) Team Medicines Management Patient Experience and Involvement Complaints & PALS Human Resources & Workforce Organisational Development Occupational Health Finance & Contracting Governance & Risk Quality Hotel Services Digital Services Business Development, Transformation and Strategy Communications Estates Emergency Planning

Integrated Care System (ICS)

Shropshire Community Health NHS Trust is part of the Shropshire, Telford and Wrekin ICS.

ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in their area. 'NHS Shropshire, Telford and Wrekin' is the statutory commissioning body within our ICS

ICSs exist to achieve 4 aims

- ✓ Improve outcomes in population health and healthcare
- ✓ Tackle inequalities in outcomes, experience and access
- ✓ Enhance productivity and value for money
- ✓ Help the NHS support broader social and economic development

Our fellow Health & Care providers are:

- The Shrewsbury and Telford Hospital NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Midlands Partnership University NHS Foundation Trust
- West Midlands Ambulance Service Foundation Trust
- 51 GP practices across eight Primary Care Networks
- Shropshire Council
- Telford & Wrekin Council
- Community & voluntary Sector organisations

Our relationships with our partners are essential to help us provide the best care possible for our local population.

Part Two: Reviewing the Quality of our Care looking back at 2022 - 2023

Priority One – Looking After Our Staff

Over the last year our focus has been on supporting our workforce to attend to and move forward from their covid experiences and building on our existing Health & Wellbeing offer by implementing the national Health & Wellbeing Framework. We aimed to see a reduction in sickness absence and an increase in workforce availability

Measure of success

Focus on retention and employment experience, supporting line managers to manage people compassionately and in line with our Values through our Just, Learning & Inclusive Culture programme and implementing the 6 High Impact Actions identified through our approach to Equality, Diversity & Inclusion. We will see an increase in retention, a reduction in turnover and a reduction in our vacancies for substantive posts.

- ✓ A 'Stay conversation' process has been developed, with supporting documentation produced to support staff who have been identified as likely to leave or are leaving the Trust. This is to understand and explore opportunities and solutions that may encourage them to stay in the organisation. The initiative is expected to be launched Q1 2023/24.
- ✓ A Just Learning and Inclusive Culture Group has been established.
- ✓ 'The Foundations to Leading Inclusively for an Inclusive Workplace Culture' course open to all Trust staff to enhance leadership and culture.
- ✓ A Recruitment and Retention Working Group has been created to develop and lead on a recruitment and retention action plan. The group is currently working on 30, 60 and 90 day 'How are things going' conversations process and documentation with an aim to nurture newly recruited employees. The process and documentation will be launched in Q1 2023/34
- ✓ We now have 9 Professional Nurse Advocates (PNA) with a further 4 in training. Over the last year 140 sessions have been delivered, with 85 recorded as restorative supervision. Training to increase PNA numbers continues in line with national guidance.

Professional Nurse Advocate Feedback

"I had an amazing session with my supervisor. It helped me reflect and share some difficulties"

- ✓ Approval for implementation of the Race Code has been given with work continuing into 2023/24.
- ✓ Review and refresh of Appraisal paperwork to increase its value and ease of use. The name of the process has changed from Personal Development Review to Appraisal following feedback in the 2021/22 staff survey. Following pilot roll out District Nursing Team Leads in the county have already conveyed the new layout is more conducive to meaningful conversations. Full implementation will continue into 2023/24
- ✓ We held a 'This is Me – celebrating Disabilities' event in March 2023. The event included information on topics such as dyslexia, sight-loss and mental health in the workplace.
- ✓ Reverse mentoring program now in place and a celebrity event for the first Cohort took place on 13th March 2023

Reverse Mentoring – Deputy Ward Manager Paulson Arancheril's Viewpoint.

Reverse mentoring was a real eye opener and motivator to uncover my hidden skills and knowledge. Being a mentor to a senior leader has aided me gain confidence in raising concerns, plus I have been able to share my experiences and my professional journey which facilitated building a positive professional relationship.

The programme meetings have enabled me to identify and explore different leadership styles and skills, allowing me to professionally grow, I now have the skills to adapt my style of leadership to suitably match the task to be carried out. I also supported peers by sharing my experiences in terms of building a relationship with my mentee with an aim to increase their confidence.

As part of the individual sessions with my mentee I was able to share my keen interest and involvement in the Trusts International Recruitment project and convey the hard work being carried out. During another meeting my mentee shared information on the Virtual Ward service started in Shropcom. Following this conversation, I researched the roles and responsibilities for the service as I wanted to know more. I then applied and was successful in a obtaining a Pathway Coordinator post in Virtual Ward. The programme created the opportunity to seek new ventures and support my career progression from a Band 6 to a Band 7.

I believe all the senior leaders would benefit from participating in reverse mentoring as it identifies their team members skills, widens skill sets and facilitates career progression. It also provides senior leaders with a wider view of Trusts functions.

Due to the success of the programme, I have volunteered myself to participate in the next cohort of reverse mentoring as I recognised the benefits

Quality Account 2022 / 2023

Focus on specialist roles and skills, recruiting, and developing career pathways and pipelines as well as succession plans to support teams to stay at optimum levels of people and skills. We will have articulated which specialist roles and skills are critical to our workforce and will have created recruitment, career pathways and succession plans for these.

- ✓ September 2022 saw the commencement of the Associate Director for Workforce, Clinical Education and Professional Standards in the Trust.
- ✓ Recruitment days have been held in all of our Community Hospitals and 1 Community Nursing Team during the year, With successful recruitment of Staff Nurses, Health Care Support Workers, Occupational Therapists and an Emergency Nurse Practitioner.
- ✓ Recruitment of Paramedic, Advanced Nurse Practitioners and Advanced Clinical Practitioners into our Virtual Ward and Rapid Response Teams.
- ✓ 13 International Nurses are currently working in Shropcom, with 6 of these employees now holding an NMC registration, 2 further Nurses are due to arrive in May and interviews to recruit continue.
- ✓ We currently have six 0-19 Specialist Public Health Nursing students (Health Visiting and School Nursing) as part of the growing our workforce plan.
- ✓ The introduction of Health Visiting and School Nursing Professional Development leads to improve knowledge and skills post pandemic and facilitate professional development
- ✓ The introduction of band 5 Community Nurses development posts in Health Visiting to address the band 6 recruitment difficulties due to a National workforce shortage.
- ✓ Introduction of a Clinical Digital Lead role in the Virtual Ward Team
- ✓ Introduction and recruitment to a Medicines Safety Officer & Non-Medial Prescribing Lead for the Trust to start in 23/24

Education and learning - a focus on development and apprenticeships that support career pathways and the transformation of our services. We will develop a plan of which apprenticeships can support our specialist roles and will have successfully implemented business cases for apprentices in all of these new roles.

- ✓ Resource suite on Staff Zone developed for Apprenticeships which showcases a wide range of careers
- ✓ 3 Occupational Therapy, 3 Physiotherapy and 1 Podiatry apprentices are in post across our Community Teams
- ✓ Plan for Assistant Practitioner Apprenticeships with a Therapy focus has been developed and is to commence with Chester University in the summer.

Maximise the opportunities associated with new roles like Nursing Associates, Therapy Assistant Practitioners, Advanced or Enhanced Practice and First Contact Practitioners. We will employ more of these roles across our services.

- ✓ 5 trained Nurse Associates are now training to become Registered Nurses and are due to qualify early 2024
- ✓ First Contact Practitioner Physiotherapist provision has reached 1.96wte, with clinicians working in Whitchurch, Market Drayton and Newport
- ✓ Advanced Practice Practitioners are now in MSK and Podiatry Services. These highly skilled clinicians provide a single point of access triage system to ensure patients are seen by the right person at the right time. They carry out extended roles including diagnostic requesting, injection therapy, ultrasonography & non-medical prescribing, plus determine clinical diagnosis and formulate treatment and management plans
- ✓ We have 14 Nurse Associates working in the Trust, increasing our number by 1. While this number is lower than expected there are plans in place, with a trajectory of doubling the volume of Nurse Associates working in the Trust within the next 2 years. We currently have 23 Trainee Nurse Associates, 15 of whom commenced training in March this year.

Lynette Gissop shares her journey from joining Shropcom as a Health Care Assistant (HCA) to becoming a Trainee Nurse Associate (TNA)

In July 2019 after a work history of elderly care, adults with learning disability and childcare, I became a HCA on Dinham Ward at Ludlow Community Hospital. This role was my first healthcare job within a hospital setting and I found that I really enjoyed it. I learnt that rehabilitation of patients and watching them progress is very rewarding. I decided that Shropcom was where I wanted to progress my career and decided to go back to college to do my functional skills level two in maths so that I could apply for TNA, then Covid happened, and everything stopped.

It was an extremely challenging time and I saw things that I would never have seen unless I was working in that environment. As upsetting as it was, I am glad I had work to focus on in those times. While people were home alone, I was working side by side with amazing staff, looking after the patients and this reinforced my desire to become a Nurse.

When I was able, I went back to college but due to the pandemic restrictions I was unable to attend lessons. I therefore got in contact with a private teacher who would provide lessons although there needed to be a class of 6 or more.

With the support of the hospital manager and a successful recruitment campaign, I was able to arrange weekly lessons in the hospital for 9 students.

During this time, I took the opportunity of a secondment to widen my knowledge base and was appointed the first and only Infection, Prevention and Control Support Worker in the Trust. The team were understanding of my TNA goal and provided me with a weekly study day to continue with my study. The team also supported me when I was offered an interview for TNA to which I was successful and was offered the position on the condition I achieved the Maths qualification.

Unfortunately, I failed my first attempt at the exam but being determined, I rebooked and passed the second time. I received my pass result exactly a week before the University start date and it was a crazy race to get there on time. I am now on the course and loving every minute. I am currently on my first placement with a District Nursing Team, and everyone has been fantastic.

I have had so much support on my journey, and it just goes to show that with hard work and determination you can achieve what you want. I plan to complete TNA and hopefully top up to Band 5 within the Trust.

Quality Account 2022 / 2023

Develop our staff to gain more sub-acute skills both within the Community Hospital inpatient beds and the Community Teams including Virtual Ward.

- ✓ The use of the Rockwood Clinical Frailty Score and The National Early Warning Score (news2) is used more consistently, with implementation work continuing.
- ✓ There is an increase in clinicians with and using the V300, plus training is on a rolling program therefore more staff will achieve this skill in the coming year. Six clinicians have successfully completed the training during the year and a further six are currently studying to gain the competency.
- ✓ Virtual Ward have planned training for 10 staff to attend Comprehensive Assessment of the Older Person Training in April, with plans to send more later in the year. There is a plan for training in Upskilling of ECG interpretation, understanding blood results and minor injury and Illness
- ✓ Docobo Point of care testing is in the implementation phase in our Virtual Wards
- ✓ A hoist assessor training program is in place with 6 out of 8 sessions already taken place and further dates added
- ✓ A moving and handling Training suite is up and running at Bishops Castle Community Hospital to enhance hands on Training

Support the design and successful implementation of new models of care and their workforce as part of our Local Care Transformation Programme. We will work on transformation of these new models of care with development programmes supporting behaviour change, management of change, and transforming patient pathways. Each pathway and programme will develop and deliver improvements in quality of care.

- ✓ The Virtual Ward programme, led by SCHT launched in September 2022. This has involved working closely with colleagues across our Integrated Care System, Acute Hospital, Primary Care Partners and Local Authority Colleagues. At the end of Q4 the service reached the key milestone of having 100 patients on the caseload.
- ✓ Implementation of a Community Nursing Shared Care process to empower self-care and improve well-being and independence. The project uses a treatment plan as framework to enable patients and their caregivers being a key component in their care and treatment.

Priority Two – Patient Safety and Reducing Avoidable Harm

Patient safety is about maximising the things that go right and minimising the things that go wrong. This is integral to Shropshire Community Trusts definition of quality in healthcare, and we will aim to improve the quality of our services and reduce avoidable patient harm in several key areas by:

Measure of success

Improve reporting and investigation of patient safety events by updating our online reporting system to enable linking with other care areas and system partners, supporting a workplace culture of fairness, openness and learning

- ✓ Implementation of the Review of Serious Incidents (ROSI) Group, utilising the Trusts incident reporting system to triage new incidents in order to escalate, provide feedback, request actions / further information as necessary whilst maintaining a clear data trail.
- ✓ Just Culture working group in place
- ✓ Just Culture ethos and future promoted across the organisation by the Patient Safety Specialist

Showing sustained improvement in avoidable patient safety events or harm, including, falls, pressure ulcers and long waits for services.

- ✓ Over reporting of Serious Incidents has occurred during 2022 resulting in a higher level of incidents being submitted, nevertheless there has been a reduction in Serious Incidents being upheld compared to 2021.
- ✓ A program of pressure ulcer training has been delivered by our Tissue Viability Service and is continuing in 2023
- ✓ Whilst the reporting of pressure ulcers has increased, this is seen as open and transparent reporting as the level of Serious Incidents has reduced.
- ✓ Introduction of Falls per 1000 Occupied Bed Days as our reporting mechanism to replicate a National standard of measurement.
- ✓ Falls policy under revision to align with system partners.
- ✓ Falls levels have reduced by 5.7% across the year.
- ✓ 2 virtual Falls Summits took place over the summer, with system partners involvement to ensure wider learning and engagement.
- ✓ Procurement of falls detection and management technology and equipment for our Community Inpatient settings and Community Teams.
- ✓ Harms Policy & Proforma developed and approved

Aiming to restore and recover our services by prioritising those who are long waits for elective care or procedures.

- ✓ Outpatient appointment waiting list have reduced by 58% in the last 12 months with work continuing into 23/24
- ✓ Short term enhanced clinic provision in Children's Speech and Language Therapy to reduce lists
- ✓ Waiting list triage in place across services for assessing risk of delay and prioritisation

Work with our system partners to address Health Inequalities, and Equality Diversity and Inclusion of our services by supporting the development and delivery of a local strategy.

- ✓ Protected characteristics data has started to be included and collated.
- ✓ Open staff invitation to Integrated Care System Cultural Diversity Event in May 2022
- ✓ Over 80% uptake in mandated Oliver McGowan Training for awareness and learning on Learning Disabilities and Autism

Rebalancing existing Infection Prevention and Control (IPC) Team priorities and developing new programmes of work as we move into a post Covid pandemic world.

- ✓ Successful first IPC Summit in collaboration with The Robert Jones and Agnes Hunt Orthopaedic Hospital (RAJH)
- ✓ Development of the first IPC Strategy Ambitions launched on 30th January 2023
- ✓ Quarterly campaigns rolled: delivered 'Gloves off' and the current campaign: introducing new cleaning and decontamination wipes
- ✓ Integrated working across organisations to consolidate approach to IPC: Combined monthly RJAH and SCHT team meetings to share new knowledge and work collaboratively, sharing policies, audit tools and external peer audits to enhance objectivity
- ✓ IPC Team restructure: new Band 7 role as Clinical Lead and a Band 3 Clinical IPC Healthcare Support Worker working on targeted IPC training and education
- ✓ IPC Team are members of NHSE working groups
- ✓ Regular IPC newsletter with introductions from Senior Leaders and Executives
- ✓ All Job Descriptions now include specific responsibilities for IPC
- ✓ The development of an overarching Trust wide IPC Quality Improvement Plan
- ✓ Re-structured IPC governance with the launch of the IPC Operational Group – operationally focussed
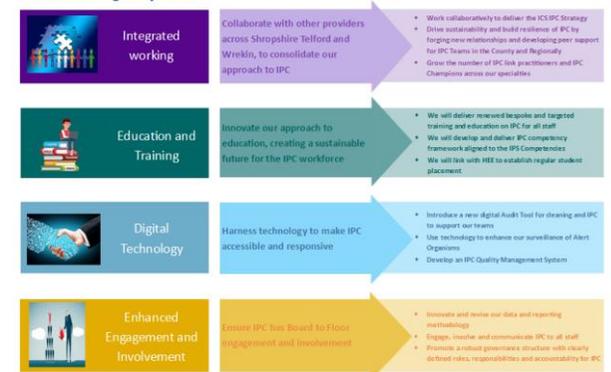
Priority Three - Improve the End-of-Life Experience for Patients, Children, Young People, and their Families and Loved Ones

We use key frameworks to continuously improve our services for people, children, young people and their families and loved ones as part of our end-of-life care. We have highlighted areas for improvement for Shropshire, Telford and Wrekin and Shropshire Community Health Trust aim to address this by:

Measure of success

Be a key member of a system wide and collaborative approach to shape the design of End-of-Life care services for the future with other organisations including GP's, the Hospice and the Acute Hospitals.

- ✓ EoL Lead participation in system meetings
- ✓ The Trusts End of Life Strategy has been updated to align with our partners.

Develop and support a recognised care pathway across all services for the care of our End-of-Life patients to ensure communication and documentation between organisations is shared and supports the planned care of our patients, families and loved ones to meet their wishes.

- ✓ The Rockwood Frailty scoring has started to be embedded across clinical services
- ✓ Completion and use of Advanced Care Plans has increased along with clinical competency in using the document resulting in reduced reliance on medical input

The Advance Care Plan (ACP) in Care Home Team were proud after being nominated for not one, but three awards at the Nursing Times Awards.

The categories were 'Enhancing Patient Dignity', 'Managing Long Term Conditions' and 'Nursing in the Community'. These nominations recognise the team's ongoing work and commitment to supporting care home staff, patients and their families in elderly Care Home setting.

Sarah Venn, Clinical Lead Advance Care Planning in Care Home Team for said
"I am incredibly proud of the team for being shortlisted for three national awards. They have worked so hard to advocate our patient centred approach and they deserve recognition for their achievements in terms of improvements in quality of care and the outcomes achieved.'

Establish an End-of-Life Support Team to include education and clinical support relating to both Advance Care Planning and End of Life care.

- ✓ Contract for End-of-Life education with Severn Hospice in place.
- ✓ Geriatrician input in Advanced Care Plan completion and staff guidance.

Extend the Learning from Death reviews to include reviews from the Community Teams as well as from the Community Hospitals, alongside the extension of the Medical Examiner role in their scrutiny of non-coronial deaths in the Community, working closely with GPs and Community Services.

- ✓ Learning from deaths initial Level 1 form has been adapted to incorporate Community Teams.
- ✓ Engagement sessions work to Community Nursing Leads on the use, purpose and benefits of the level 1 review paperwork have taken place.
- ✓ An information sheet and service expectations of Level 1 reviews has been developed and cascaded to Community Nursing Leaders.
- ✓ The completing of Level 1 reviews from Community Nursing Teams and Care Home Advanced Care Plan Team has commenced resulting in learning opportunities and documented reflective practice for staff
- ✓ Medical examiner service engagement sessions have taken place, with a task and finish group working on full implementation of the role in Q1 2023/24
- ✓ Learning needs for the Medical Examiner Service and Community Teams have been identified to support effective implementation and written guidance formulated.

Quality Account 2022 / 2023

Learning From Deaths (LFD), Level 1 review. A Clinicians' Viewpoint
Over the last year a process to review the care and treatment of patients prior to death in our Community Hospitals has been extended to include District Nursing and the Advance Care Planning in Care Homes Team. While Community Team clinicians often debrief and reflect collectively following a patient's death, the LFD Level 1 Review document formalises the practice and provides further opportunities.
Andrea Walton – a nurse in the Advance Care Planning in Care Homes Team provides her view on how the team have implemented the document into practice

How has the LFD Level 1 Review document been used in your team?
It collates information around a patients journey and how each patient and care givers have been supported through the difficult process of dying. Being able to use this tool to piece together how efficient/or not and effective/or not the support and all-round care given has made a difference/or not. The LFD form has been shared within the team meetings to open discussion and learning from deaths. We as a service use this process as a learning to inform our practice of Advance Care Planning and quality end of life care, supporting patients/ relatives wishes and preferences.

What is good about the LFD Level 1 Review process?
It's an easy-to-follow tool highlighting where things could or couldn't have gone better, highlighting where the need for improvements in training and regular updates for staff are required to improve services provided available. It is useful tool for the team, as it provides learning for all using a reflective process.

Personal learning:
It has helped me reflect on my practice and highlight training needs and opportunities.

Part Three: Our Commitment to Quality – Our Priorities for 2023 - 2024

As we continue to re-model following what has been the most arduous period for the NHS, our priorities are set for the year ahead. We will continue to focus on staff well-being, gain momentum in patient safety using the National Patient Safety Strategy, aim to improve our digital capabilities and keep patient experience and the heart of all we do. These key priorities set out to improve delivery of care to our population while valuing our workforce.

Our 4 Key Priorities for 2023–2024

| Looking After Our People | Patient Engagement and Experience | Digital Capability | Patient Safety |
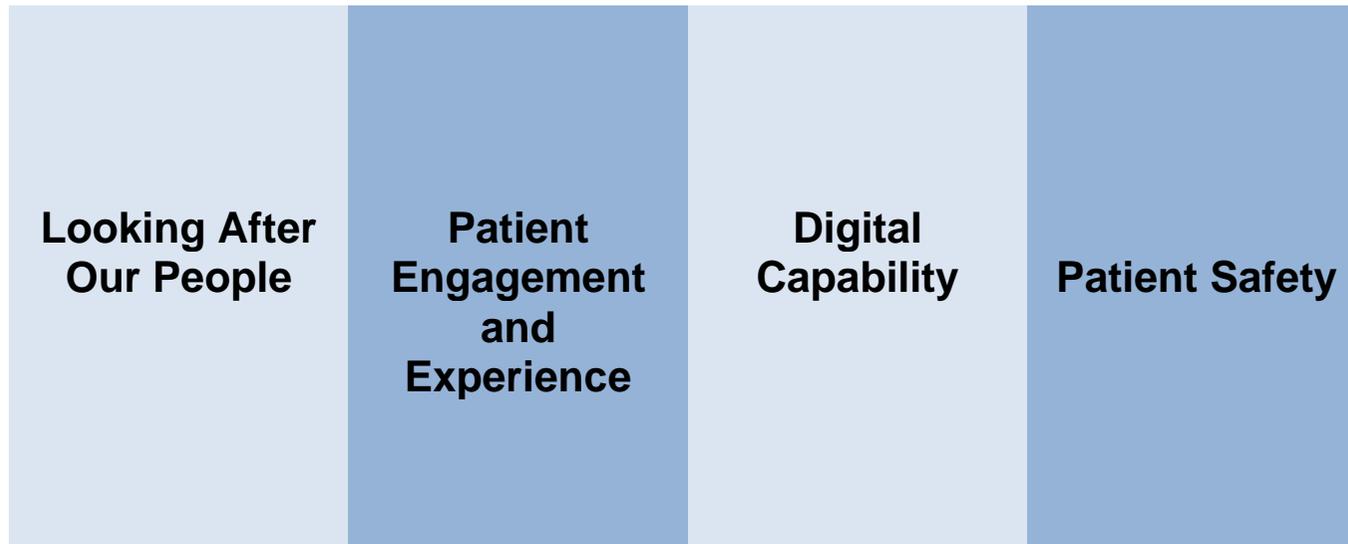
Looking After Our People	**NHS England emphasises the importance of making the NHS a better place to work for all staff members and investing in our workforce remains a priority within our organisation**.	**We will**... → Carry on with the redesign and improvement of our recruitment process to achieve timely and effective commencement dates. → Increase development roles within the organisation to strengthen career development, attract external candidates and retain staff → Development of a Trust wide one stop education calendar to promote training available in an accessible format → Extend flexible and agile working opportunities when there is no known negative impact to service delivery, team cohesion or an individual's well-being. → Advocate prioritisation of regular clinical and nonclinical supervision across our workforce, continuing to provide a suite of resources via the Trust website and Organisational Development, → Further embed thirty-, sixty- and ninety-day conversations for all our new employees. Plus further implementation of the already developed stay conversation process → Ensure transparency and clarity of our organisational structures → Roll out our updated and improved appraisal documentation and a separate bank staff review process following positive feedback on the new format. → Supporting and encouraging staff with mandatory training → Hold staff engagement and listening events periodically across the organisation → Make time to acknowledge and celebrate success, share good practice, and reward achievements → Develop staff networks for protected characteristics, and further increase staff awareness. → Complete NHS health and wellbeing diagnostic tool kit to support and enable the development of the staff health and wellbeing action plan. → Increase our engagement with staff for wellbeing and service development

Patient Engagement and Experience	**People and communities using heath and care services are best placed to understand what they need, what is working and what could be improved.**	**We will...** → Increase our stakeholder's involvement in recruitment processes, service development / redesign and governance processes to follow a co-production model. → Routinely collate and share patient, carer and staff stories → Increase Observe and Act assessments across clinical services. → Embed the use of the Friends and Family Test and Inpatient Survey QR business cards and posters throughout our clinical services. → Widen our volunteer membership with redesigned roles and responsibilities to align with the shift in culture following the Covid-19 pandemic → Increase FFT feedback across services → Implement a Patient Experience Delivery Group to ensure we learn, action and share to close the loop → Deliver a Power of Feedback away day to showcase the benefits of service user feedback → Continue to strengthen our relationship with both local HealthWatch organisations → Continue to embed Patient Experience Committee into the Trusts Governance structure
Digital Capability	**Digital technology is a critical component to optimising and transforming the NHS. This year we will further develop digital pathways and competencies to empower our patients and develop our workforce.**	**We will...** → Expand the use of remote patient monitoring in our Community Teams → Identify and address areas for improvement in digital competency. → Promote resources available via Trust communications and a designated staff intranet page that facilitate digital literacy → Implement the Electronic Patient Record system in our Inpatient Wards → Increase accessibility of patient information using digital solutions to facilitate timely intervention / treatment → Transition to using E-Roster across clinical services → Identify, increase, and promote the use of Apps that enhance service provision. → Modify our communication methods with patients and caregivers to optimise patient care by using digital solutions. → Implement a performance management system to enhance data/performance reporting and analysis across services

Quality Account 2022 / 2023

| Patient Safety | Shropshire Community Health NHS Trust strives to continuously improve with patient safety being at its centre. Over the next year we aim to further embed The NHS Patient Safety Strategy and begin implementing the Patient Safety Response Framework (PSIRF) | **We will...**

→ Train our clinical staff in patient safety utilising the national Patient safety syllabus
→ Orientate PSIRF leads at all levels of the organisation to the revised framework and associated requirements.
→ Define oversight structures and ways of working for the transition to PSIRF
→ Understand SCHT patient safety incident profile and develop a patient safety incident response plan and policy
→ Create pathways to support the new mandated Medical Examiner role
→ Embed the newly created Medicines Safety Officer & Non-Medical Prescribing Lead role into the organisation
→ Further develop pressure ulcer and falls prevention pathways, plus the implementation of PURPOSE T assessment tool to replace the current process.
→ Implement the use of a lower limb assessment tool across all relevant services.
→ Refresh Freedom to Speak up Guardian processes to ensure inclusivity of our non-clinical workforce.
→ Work with system partners to improve the patient journey, including referrals, documentations transfers and discharges.
→ Fully implement National safer staffing tools in our District Nursing Teams and Inpatient Wards
→ Review the prescribing processes for continence for Shropshire to optimise safe treatment. |

Part Four: Quality at the Heart of the Organisation

This section of the Quality Account will show how we measure our day-to-day work in order to meet the requirements and standards that are set for us and how we evaluate that the care we provide is of the highest standard. Much of the wording of the statements in this section of the Quality Account is mandated by the NHS (Quality Accounts) Regulations.

Participation in Audit & Research

National Clinical Audit and the Patient Outcomes Programme (NCAPOP)

The National Clinical Audit and Patient Outcomes Programme is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The programme comprises audits relating to some of the most commonly occurring health conditions. Participation by NHS Trusts in all relevant National audits is mandatory.
The Trust participated in 4 National audits throughout 2022/23.

- *National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACP).* The latest report to be published was for the period October 2021 to March 2022. The Trust is achieving above the National average in relation to walk test distances and Quality of Life outcome measures. Our patients continue to wait longer than the recommended 90 days to be assessed and enrolled onto a programme but with the recent focus on reducing waiting lists, this position has improved considerably.

- *National Audit of Care at the end of Life (NACEL). Round 3.* The Trust submitted data to the organisational, case note review, staff survey and quality survey elements of this audit. Our scores were above the National average in relation to governance, meeting the needs of families and carers, families' and others' experience of care, staff confidence and staff support.   Areas identified for improvement included communication with the dying person and with their families and others. The results have been incorporated into a comprehensive End of Life Care action plan.

- *National Diabetes Foot Audit.* The audit results highlighted that we have an aging population with higher-than-average levels of Peripheral Arterial Disease (PAD). We are not achieving the 8 care checks for people with diabetes as recommended by NICE with foot screening as an area in need of improvement. We are not seeing patients quickly enough and our patients are presenting with more severe ulcers. Despite, this we are achieving outcomes in line with the National average on the majority of measures contained within the audit.

- *National Audit of Inpatient Falls.* The Trust submitted data to the Facilities element of this audit and was compliant with all criteria except for one, relating to the absence of a Non-Executive Director with responsibility for falls.

Participation in Local Clinical Audit

Clinical audit involves improving the quality of patient care by looking at current practice and modifying it where necessary. The Trust is committed to a process of continuous quality improvement in the care and treatment we provide to our service users and recognises clinical audit as a validated and reliable means of achieving this. Audits where areas of non-compliance are identified result in an action plan for improvement, implementation of which is monitored by the relevant Service Delivery Group.

A total of 11 local clinical audits were completed by the Trust in 2022-23. Audits are aligned to one of three priority levels derived from a prioritisation model developed by HQIP.

Priority 2

Clinical record keeping audit. *Children's Occupational Therapy service*. Overall, the records met the record keeping standards required by the Trust. Minimal paper records are used and the move to Electronic Patient Record has reduced errors in patient and healthcare professional identification, timing and signing of entries. Improvements were seen in the involvement of the child/patient in care plans and records were clear in terms of their meaning. Areas for improvement were identified around the use of abbreviations, recording of risk assessments, recording of outcomes and evidence and the documentation of consent. A comprehensive action plan has been developed and is being implemented to address all areas of non-compliance. Clinical staff who took part in the survey element of the project demonstrated excellent understanding and awareness of good record keeping practice.

Initial LAC health assessments. *Community Paediatrics*. The results remain outstanding/good across all sections with 4/6 reports rated as outstanding in terms of their quality. Two reports had the necessary information in part B but this was not transferred to Part C which is the summary of the report (these were ST trainee reports). The ST trainee has been given feedback and the importance of transferring detailed information emphasised in the ST trainee induction. Trainee reports will also be reviewed by supervisors to ensure that good reports improve to outstanding.

Bed rails re-audit. *Ludlow inpatients ward*. A targeted re-audit was undertaken at Ludlow in response to the findings of the previous audit, where 1 case was not compliant with any of the 4 audit criteria. The re-audit showed full compliance in 9 cases and partial compliance in 1: the decision and rationale were not recorded on the back of the initial assessment. The need to complete this part of the documentation has been communicated with staff on the ward. No further actions were identified

Duty of Candour audit (DOC). *Trust-wide*. This audit was undertaken following identification that compliance with the duty was not being carried out to an expected standard. Incidents for the month of June 2022 on Datix were audited. A verbal apology had been completed in 35% of cases and a written apology completed and documented in 4%. SDG Managers were made aware of the audit findings and were asked to provide an improvement plan to Patient Safety Committee to ensure compliance increases. Awareness sessions have been delivered to managers/leaders. A re-audit was undertaken in October 2022, but the results show a static picture with little or no improvement. No further audit work will take place until the action plan from the initial audit has been implemented and overseen by Patient Safety Committee.

Quality Account 2022 / 2023

Mental Capacity Assessment (MCA) audit. *Inpatients. An M*CA assessment had been completed in 98% of the Deprivation of Liberty (DoLS) applications. This represents an improvement from the previous audit, where only 40% had been completed. The overall quality of these assessments as measured against the audit criteria was 75% rated green, 22% amber and 3% red. Areas for improvement included providing space for practicable steps to be added to the MCA form on RiO to guide staff and to facilitate decision-making and audit of MCA forms and 'live' feedback to be given to staff upon completion.

Clinical record keeping audit. *Community Nursing*. All Community Nursing Teams took part in this audit. Overall, the records met the required record keeping standards, however, the audit highlighted areas relating to record keeping processes and practice that require improvement to ensure a consistent approach and standard for all patient records across all teams. The key areas for development were the completion of holistic assessments and treatment planning and review. A comprehensive action plan has been developed to address areas of non-compliance.

Medicines management audit. *Severndale School.* The audit reviewed the medicines management processes within Severndale Specialist Academy School against the combined School and Trust Medicines Policy, Shropshire Community Health NHS Trust Medicine Policies, and the related medicines Standard Operating Procedures (SOPs). Two areas of partial compliance involved the correct recording of minimum and maximum ambient and fridge temperature, although actual temperature was recorded each day the service was open. This represented an improvement on the previous year's audit. Two areas of non-compliance involved the publishing of the current medicine policy and SOPs. These delays have now been addressed. The previous two years' audits had highlighted an issue with the Controlled Drugs register with the medication form not being documented. This has now been resolved. Whilst improvements on timely reviews of medicine related paperwork is required, the audit still provided assurances that medicines are administered safely and stored securely within school. A document tracker will be used to highlight documentation that is due for review six months before the expiry date, so that a full review can be completed and published before the expiration date.

Medicines management audit. *Bridge School.* Out of the 26 criteria 6 were deemed 'not applicable' due to the differences in medicines administration between The Bridge and Severndale Schools. The audit identified 5 areas of non-compliance. Two compliances involved having the latest version on medicines policy and consent forms available and one the timely reviewing of Standard Operating Procedures (SOPs). Two non-compliances involved the young person's rescue medication. Whilst the storage non-compliance highlighted on last year's audit has been resolved, incorrect medicine administration records were seen with the rescue medicines, highlighting the importance of recognising 'Look Alike Sound Alike' medicines (buccolam vs baclofen), and date checking had not been completed for September, in line with SOPs. The Special School Nurse Team Leader has carried out a re-visit to the school and has confirmed that all of the areas of non-compliance have been addressed.

Clinical team meeting minutes audit. Trust-wide. A re-audit has been undertaken to identify whether team meetings have been reinstated after they were stood down during Covid and to gain assurance around use of the standardised Trust agenda template. The audit findings identified significant variation across teams in relation to the frequency of meetings held, use of the Trust agenda template and in the overall quality of the minutes audited. A minimum standard for the required frequency of meetings will be agreed, the current agenda template will be reviewed and revised and guidance on the content of minutes produced.

Priority 3

Educational Health Care Plans (EHCP) re-audit. *Children's Therapy services, Children's Community Nursing Service, Child Development Centre (CDC).* The audit results identified that outcomes did not always link to the parent/child goals/aspirations, outcomes were not always written according to SMART (Specific, Measurable, Achievable, Relevant, Time-bound) standards, each provision identified to meet a need did not always contain required information, e.g., hours/frequency of support, level of expertise of provider. The advice from Health Care Professionals (HCPs) was well-represented in the final EHCP in only 56% of cases. Actions for improvement include providing more opportunities for teams to access training, supervision and peer support, providing HCPs with access to goals/aspirations prior to writing an Educational, Health and Care Needs Assessment (EHCNA) report and offering more training/support on writing SMART outcomes.

Participation in Clinical Research

The Trust is committed to providing its population with evidenced based care and believes all service users, care givers and staff should have the opportunity to participate in Research and Innovation (Re&I).

We are proud to share that the Re&I Teams hard work was recognised at The Clinical Research Network West Midlands annual awards ceremony in June 2022

'**Research Team of the Year'**

Key achievements include

- The Re&I department undertook 12 studies in 2022/23 and recruited 520 participants into research (both staff and patients)

- The Team completed one commercial study over performing in recruitment and asked by the study sponsors to assist with further recruitment as some sites had not managed to achieve their recruitment target.

- A Research Showcase event was held on the 16th of November 2022- the event was delivered virtually to increase accessibility to staff across the Trust and attended by over 100 colleagues. The journey and achievements of SCHT Research and Innovation to date was shared plus stories of colleague's experiences

- The Trust recruited the largest cohort of participants nationally for both the NHS 111 and MINDARISE studies

- A staff research champion initiative has been created and well received by Trust staff in all departments. The initiative takes research opportunities to both staff and patients across all Trust services. The initiative was featured by the NIHR Clinical Research Network West Midlands, and we have advised other Trusts in setting up similar schemes.

- The Research web page on staff zone is now live and provides staff with both an overview of what is happening with research in the Trust and CPD opportunities to develop staff knowledge of clinical research in health and social care with access to online learning courses.

Commissioning for Quality Improvement (CQUIN)

2022/23 saw the recommencement of CQUIN's following a pause during the Covid-19 pandemic. Four CQUINs were pertinent to the Trust

CCG1	Flu vaccination for frontline staff healthcare workers	61%
CCG13	Malnutrition screening in the community	9%
CCG14	Assessment, diagnosis and treatment of lower limb wounds	Unable to report
CCG15	Assessment and documentation of pressure ulcer risk	14%

As per the National picture, systems have been working on restore and recovery of services and therefore the targets set have not been met, Internal structures are now in place to support meeting the quality indicators as the CQUIN's continue into 2023/24. Actions taken include weekly Delivery Group meetings, and monthly Director led Oversight meetings. Work is underway to ensure data for CCG14 can be captured, recorded and reported in 23/24

Information Governance

The Trust completes the Data Security and Protection Toolkit (DSPT) which sets out the National Data Guardian's (NDG) data security standards and currently has a status of "Standards Met". The Trust is due to publish a final assessment for the year 2022-2023 on the 30th June 2023. By completing the Toolkit self-assessment, the Trust provides evidence to demonstrate that it is working towards or meeting the NDG Ten Standards. The NDG Standards are aligned to the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

The Trust adopts a best practice approach from the DSPT guidance for conducting clinical coding audits

Incident Reporting

The Trust monitors all incidents using the electronic reporting system - Datix. All incidents are categorised and are copied to the relevant subject experts for review, comment, identification of required actions and investigation level required. The Trust currently use a Root Cause Analysis (RCA) approach to review Serious Incidents (SI), with a plan to transfer to the Patient Safety Incident Response Framework (PSIRF) in the coming year. SI's in healthcare are adverse events where the consequences to patients, families and caregiver's, staff or organisations are so significant or the potential for learning is so great, that the heightened level of response is justified.

Pressure Ulcers

Over the last 12 months the number of reported pressure ulcers in SCHT Community Nursing Teams has increased by 62%, from 411 reported in 2021/22 to 656 in 2022/23. In 2022/23 there was an increase of 28 in category three and four pressure ulcers, with 34 reported, compared to 6 reported in 2021/22. As for Serious Incidents, the increase in incident reporting can be attributed to the introduction of a new Patient Safety Specialist, which has resulted in a more positive reporting culture and identification of incidents as and when they occur. An action plan to implement Purpose -T, a tool to identify the risk of developing a pressure ulcer and supports decision making to reduce that risk is underway, with an ambition to roll out the assessment tool by November 2023.

Falls

The Trust reported 185 inpatient falls in 2022/23, a decrease of 5.7%, compared to 196 Inpatient falls in 2021/22.
2 of the 185 falls were reported as Serious Incidents. This compared to 3 reported in 2021/22.
With a further breakdown this shows that 1 was reported as serious harm, 6 as moderate harm and 35 as a low harm.

Our Falls Action Team which is comprised of stakeholders across operational and corporate teams has identified the following areas of focus for 2023/24 which should reduce the incidence and impact of Falls in our Community Hospital bed bases:

Quality Account 2022 / 2023

1) Review and implementation of updated SCHT Falls management guidance in line with PSIRF and ensure improved learning from incidents
2) Review and implementation of SCHT Enhanced Supervision policy
3) Implementation of assistive technology – essential simple solutions with potential for complementary more complex systems
4) Support and education of our staff with respect to Falls prevention and management
5) Support and education of our patients, families, and carers regarding falls prevention
6) Implementation of equipment to best manage patients following a fall
7) Review of our ward environments to ensure we are supporting our patients to remain safe
8) Review of our inpatient management to ensure a personalised multidisciplinary approach which includes ward-based activities when appropriate and prevents deconditioning

Patient safety incidents and the percentage that resulted in severe harm or death

In 2022/23 the Trust reported 3,630 patient incidents which is a significant increase of 29% demonstrating the increasing acuity and volume of patients, plus the work the Trust has carried out to promote a positive reporting culture. In contrast the level of declared Serious Incidents has reduced from 38 in 2021/22 to 23 2022/23 representing a 30% decrease, plus an indication patient care and treatment has improved over the period. There were two Serious Incidents that lead to death, both patients had Covid-19 and died following admission to an inpatient setting. The Trust was unable to determine in one case if the patient was Covid-19 on admission and was admitted for a respiratory long-term condition. The second patient contracted Covid-19 while an inpatient.

Infection Prevention & Control

Shropshire Community Health Trust Infection Prevention and Control (IPC) Team deliver a robust programme of activities designed to meet and comply with the standards expected in the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections.

We have agreed local and National thresholds for infections related to infection prevention and control measures. During 2022-2023, Shropshire Community Health Trust recorded two cases of Clostridioides difficile infection in the Community Hospitals, one above our agreed target. Although these cases were attributed to the Trust, both were classed as unavoidable. This means that there was nothing we could do to prevent our patients developing this infection. We aim to screen at least 97% of patients on admission for MRSA each month. For 2022-2023, our MRSA screening compliance score was 96%, just below the 97% target. We have identified areas for improving our scores for next year which includes supporting our clinical teams with digital solutions to form filling and helping reduce the amount of paperwork on admission to our hospitals.

The Trust recorded one blood stream infection involving Klebsiella species. Other organisms including Meticillin Resistant Staphylococcus aureus (MRSA) and Meticillin Sensitive Staphylococcus aureus, Escherichia coli, Carbapenemase-producing Enterobacteriaceae, Pseudomonas Aeruginosa and Vancomycin Resistant Enterococci blood stream infections (bacteraemia) are recorded although there is no agreed local threshold. We had zero blood stream infections for these micro-organisms.

For all infections, the IPC Team conduct a review of cases alongside our Integrated Care Board partners to identify and share good practice and where we need to improve.

Shropshire Community Health Trust Infection Prevention and Control (IPC) Team have had a year of change and innovation. We saw the Covid-19 pandemic begin to reduce and we kept our teams and patients safe by ensuring the guidance on screening and prevention on infection met our local healthcare needs. At the same time, we continued to deliver a robust IPC activity programme, this time focussing on our Estate and Community Hospital facilities. This year, we restructured the IPC Team, promoting one of our IPC nurses into our new IPC Clinical Team lead position. They are guiding our IPC Team and Cleaning Team through improvement projects and assuring compliance with the new National Cleaning Standards. We introduced a new Clinical IPC Healthcare Support worker role who is working with our clinical teams on training and education in the clinical space. In December 2022, we saw the first revision of the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections in 8 years and as the ICS grew and developed, our IPC became integral members of several working groups across the region and ICS, raising our profile and contributing to the development of National policies and procedures.

Patients admitted to hospital who were risk assessed for venous thrombus embolism (VTE)

All inpatients should undergo a risk assessment for VTE to reduce their risk of Venous Thromboembolism (VTE) and Deep Vein Thrombosis (DVT). The risk assessment aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of VTE. The target is 95% for patients admitted to our Community Hospitals must be assessed for the risk of developing a VTE. throughout the year we have surpassed this quality indicator each month with an overall average of 98%

Patient Experience

Friends & Family Test responses from our service users 2022/23

The Trust received 4445 completed Friends & Family Test results, with 96.47% of respondents reporting the service was either good or very good. Returns have increased for the second year running, with 473 more responses received in the last 12 months

The graph below shows the volume of retunes across the year
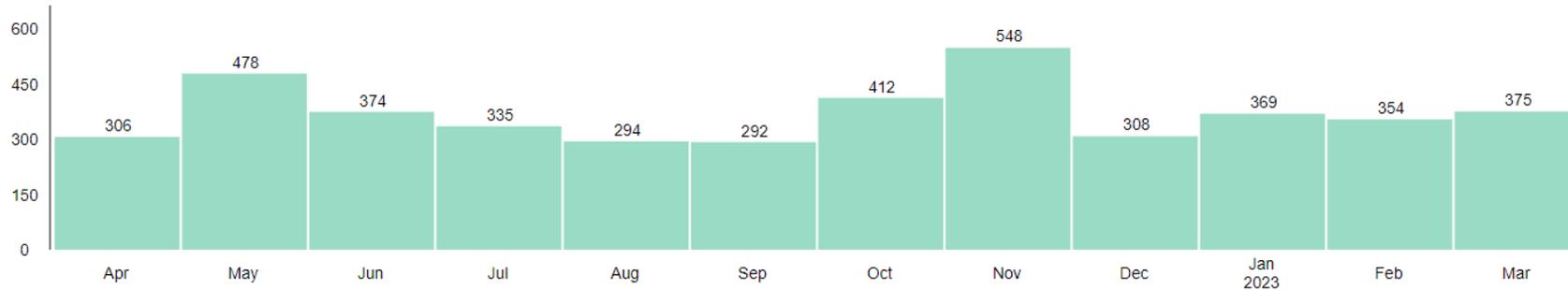
Positive feedback received

First person that listened to me. The allocated nurse helps me to continue. She gives me hope and strength to care and I don't cry as much. They have started things happening and help sort out my husband's medication and dementia care – Admiral

Very happy to finally have something. I was too embarrassed before. It has been brilliant. – Continence Service

The clinician was amazing with my son when we visited our OT appointment. She made us feel very comfortable and encouraged my son to engage with all the activities set out, which he really enjoyed. She explained everything she had noticed clearly and gave us advice on how to improve my sons fine and gross skills. I felt a great sense of relief after leaving that appointment as the reassured me that my concerns were valid, and I was doing the right thing by seeking help. I really couldn't fault the staff and the service, they were so helpful

Quality Account 2022 / 2023

Patient Stories

Patient stories are fundamental in organisational learning. Stories have been shared at Board, Service Delivery Groups and Team meetings throughout the year, with the most poignant being when patients and care givers tell their story either through film or a face-to-face meeting. A range of services have participated, including;

- The Respiratory and Pulmonary Rehabilitation Teams -The care of a patient with a late diagnosis of Idiopathic Pulmonary Fibrosis
- Healthcare in HMP Stoke Health - The personal experience of three Health and Wellbeing Champions within the prison system.
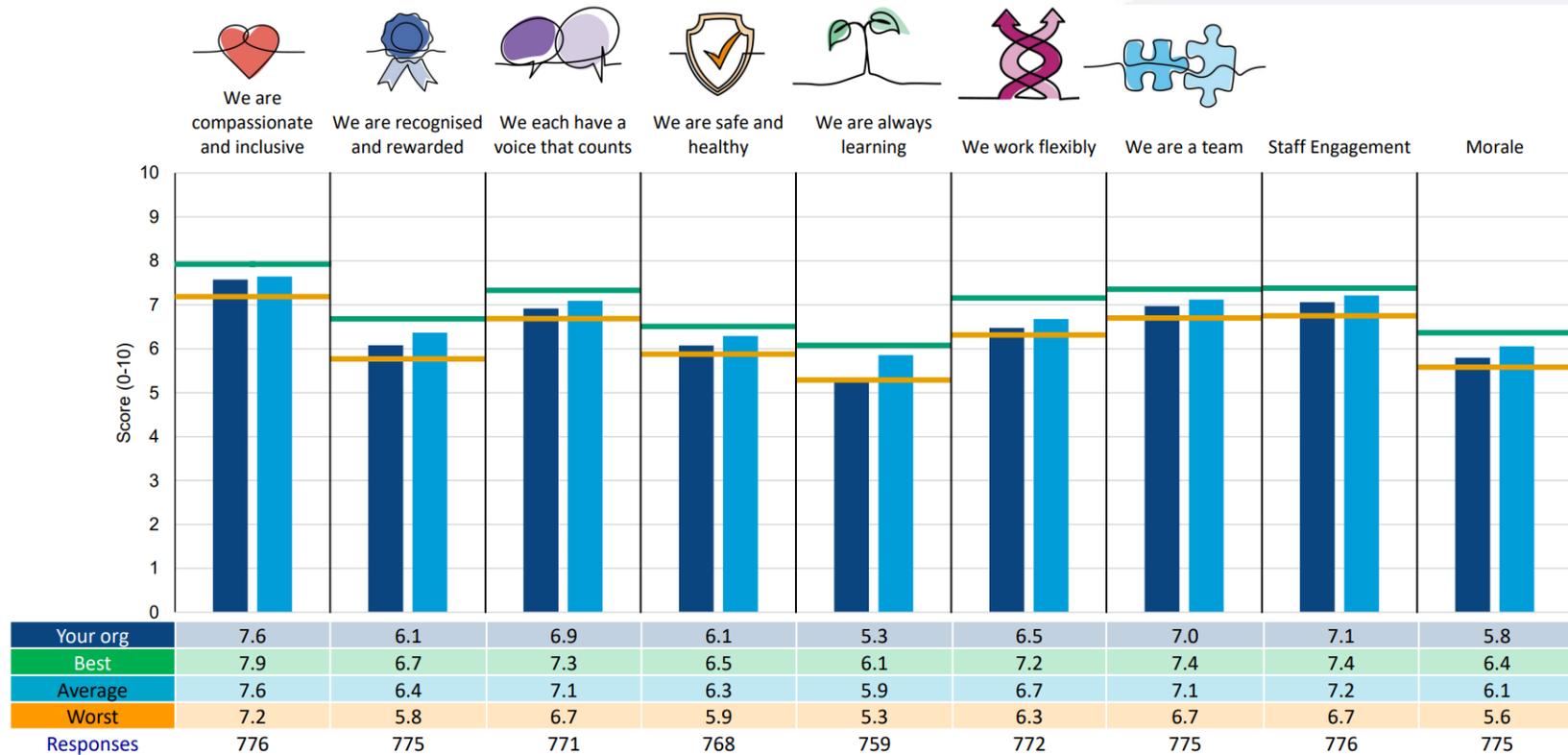- School Nursing - Children's toilet training in Schools

National NHS Staff Survey 2022 – the findings

777 (50%) staff completed this year's survey, an 11% reduction on the previous year.

Initiatives for 2023/24 include:

- Staff Listen events which commence Q1
- Formulation of a staff engagement action plan
- Implementation of a continuous staff feedback button
- Wellbeing feedback boxes across Shropcom sites.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.6	6.1	6.9	6.1	5.3	6.5	7.0	7.1	5.8
Best	7.9	6.7	7.3	6.5	6.1	7.2	7.4	7.4	6.4
Average	7.6	6.4	7.1	6.3	5.9	6.7	7.1	7.2	6.1
Worst	7.2	5.8	6.7	5.9	5.3	6.3	6.7	6.7	5.6
Responses	776	775	771	768	759	772	775	776	775

Friends & Family Test response from our staff

777 (50%) of our workforce completed the questions regarding recommending Shropcom as a place to work and/or for their family or friends to receive care.

|	
59%	Would recommend the organisation as place to work
72%	If friend/relative needed treatment would be happy with standard of care provided by organisation
75%	Care of patients/service users is organisation's top priority

The Staff Survey results tell us we have more work to do to ensure we are a consistent great place to work, this is why the Trust has committed to looking after Our People as a quality priority for 2023/24
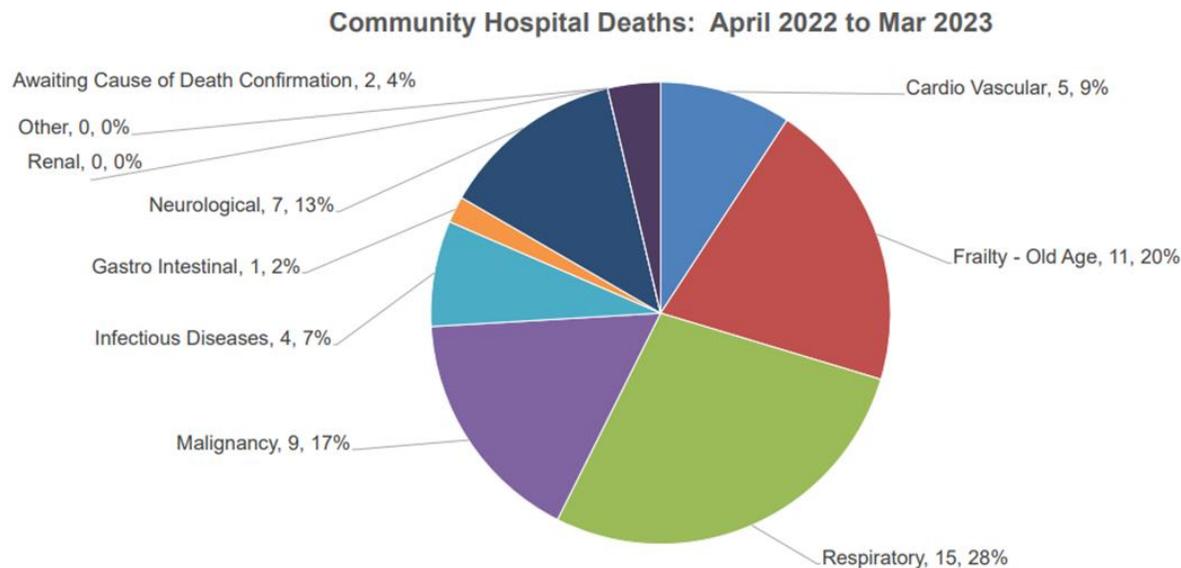
Learning from Deaths

Learning from a review of the care provided to patients who die should be integral to a Trust's clinical governance and quality improvement work. To fulfil the standards and reporting set out for community NHS Trusts, we should ensure that we give due focus to the review, investigation and reporting of deaths, including those deaths that are determined more likely than not, to have resulted from problems in care. SCHT also ensure that we share and act upon any learning derived from these processes.

Since April 2022 there have been 54 deaths within Community Hospitals, none of which were reported as unexpected deaths. The graph below shows the number of deaths in each of our Community Hospital throughout the year:

Community Hospital Patient Deaths 2022-2023

Quality Account 2022 / 2023
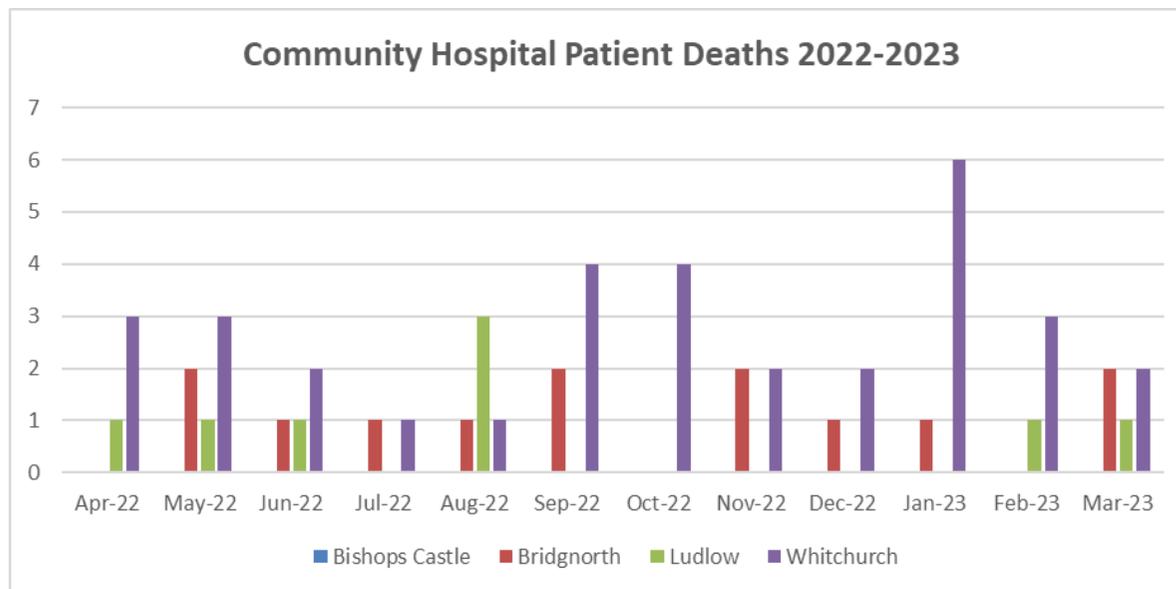
The main causes of death within Community Hospitals for this year are Respiratory (28%), Frailty (20%) and Malignancy (17%).

Community Hospital Deaths: April 2022 to Mar 2023

- Awaiting Cause of Death Confirmation, 2, 4%
- Other, 0, 0%
- Renal, 0, 0%
- Neurological, 7, 13%
- Gastro Intestinal, 1, 2%
- Infectious Diseases, 4, 7%
- Malignancy, 9, 17%
- Cardio Vascular, 5, 9%
- Frailty - Old Age, 11, 20%
- Respiratory, 15, 28%

In the Infectious Diseases category, four deaths were recorded as COVID-19 as primary cause of death.

There were another eleven patient deaths who previously swabbed as COVID-19 positive although their cause of death was recorded under Malignancy, Respiratory, Cardiovascular, Other (Frailty and Old Age) and Neurology categories. One of these cases was identified as a Nosocomial COVID death due to acquiring the COVID Infection while in the hospital. This was investigated and no lapses in care or treatment were identified. The patient did not have COVID recorded as their primary cause of death, this was recorded as Dementia.

As part of the National Quality Boards guidance on learning from deaths we also provide quarterly mortality data via the agenda of the Trust Public Board meetings. We use the recommended Department of Health Learning from Deaths Dashboard and report under the following scoring categories:

- Score 1 – Definitely avoidable
- Score 2 – Strong Evidence of avoidability
- Score 3 – Probable avoidable (more than 50-50)
- Score 4 – Probable avoidable but not very likely
- Score 5 – Slight evidence of avoidability
- Score 6 – Definitely not avoidable

All patient deaths during 2022/23 were assessed as Score 6 – Definitely not avoidable

Quality Account 2022 / 2023

Our Care Quality Commission (CQC) Registration

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC in order to operate.
Our current registration is 'Registered without restrictions'

The CQC inspected the Trust between January and March 2019 where we attained a rating of Good which
was an improvement upon our previous rating of Requires Improvement. Our CQC inspectors witnessed the strong positive culture we have within our organisation, the focus we have on patient experience and patient outcomes, and our commitment to continual quality improvement.
In addition to the overall rating of Good we attained a rating of Good in all core service areas against all 5 domains; Safe, Effective, Caring, Responsive & Well Led

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Community health services for children and young people	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019
Community health inpatient services	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019
Community end of life care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑↑ Aug 2019	Good ↑ Aug 2019
Community dental services	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019
Urgent care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Overall*	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

Quality Account 2022 / 2023

His Majesty's Inspectorate of Prisons (HMIP)

The Trust is the lead provider of healthcare in His Majesty's Prison in Stoke Health, a men's and young offenders' facility. The prison had an unannounced HMIP Inspection in January 2023. While CQC are the main inspectorate for healthcare in prisons, analysis of some healthcare workstreams are carried out and feedback given during a HMIP inspection.

Key findings:

- Health and Wellbeing Champions (HAWCs) were flagged as good practice and assist service delivery and engagement in many areas. Inspectors had not seen peer support as effectively provided in any other prison.
- Long term conditions were well managed, with diabetes management being sighted as good practice.
- Governance structures were effective and demonstrated integrated partnership working
- Joint working in respect of death in custody and serious incidents and learning from serious incidents was effective.
- It was clear vaccinations and screening are being offered. Work to improve uptake could be of benefit
- External appointments- high wait times and backlog due to NHS waiting times. Appointments are well managed and urgent appointments are facilitated with few cancellations from the prison which is a good position.
- Safer prescribing meetings have a multi-disciplinary focus, demonstrating an improvement from the previous inspection
- Medicine administration rooms require modernisation and investment to change to improve access and clinical space.

.

Statements from our Directors and Partners

Our Chief Executive

The Trust Board Shropshire Community Health NHS Trusts produce this document as required by the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the NHS Quality accounts Amendment Regulations 2011 and with additional reporting arrangements as per the Regulation schedule for 2017/18. These Regulations are cited as the National Health Service (Quality Accounts) (Amendment) Regulations 2017. These Regulations come into force on 1st November 2017. The Quality Account publication on the NHS England and NHS Improvement website fulfils the Shropshire Community Trust's statutory duty to submit to the account to the Secretary of State.

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

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

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

Patricia Davies
Chief Executive – Shropshire Community Health NHS Trust
May 2023

Statements from Our Partners

Our Quality Account has been shared with key stakeholders these are their comments.

Shropshire, Telford and Wrekin ICB – response to SCHT Quality Account 2022/2023

STW ICB would like to recognise the work Shropshire Community Health NHS Trust (SCHT) have undertaken during 2022/23 to support the local Covid 19 response and during the challenge of continuing to provide services during this time. This has included being the lead for the Covid 19 vaccination programme and Long Covid Service.

SCHT have demonstrated work undertaken during the year to achieve the priorities identified in their 2021/22 Quality Account. This has included;
- Supporting the Professional Nurse Advocate role
- Creating an Inclusive Workplace Culture
- Identifying new ways to recruit staff and support them to remain in posts within SCHT including opportunities for career progression, oversees recruitment and apprenticeship schemes
- Providing new out of hospital services as part of local transformation programme to allow people to remain in their own home environment if possible
- Advocating a Just Culture when looking at how to improve when things go wrong
- Working with system partners as part of the review of end of life care

Priority areas for 2023/24 focus on investing in the workforce, strengthening patient engagement and understanding of patient experience, optimising digital innovations and implementing new patient safety strategy. The ICB supports the priorities identified and await future sharing of how the aims are being implemented across the Trust.

Healthwatch Telford and Wrekin statement in response to the Quality Account 2023 of Shropshire Community Health NHS Trust

Healthwatch Telford and Wrekin (HWT&W) recognise the many areas that Shropshire Community Health NHS Trust (SCHT) have demonstrated work undertaken in relation to the previous year's priorities as noted in the Shropshire, Telford and Wrekin ICB response and similarly acknowledge them. HWT&W note the four broad priority areas of:

- Looking after our People
- Patient Engagement and Experience
- Digital Capability
- Patient Safety.

and welcome them. We do, though note the areas needing ongoing attention being:

- improving the Duty of Candour and how this interrelates with Incident Reporting and Patient safety Incidents all of which will impact Patient Engagement and Experience.
- improving the Educational Health Care Plans in not always linking to the parent/child goals/aspirations, along with provisions not being detailed enough and more SMARTs required, plus advice from Health Care Professionals needing to better represented in the final reports.

HWT&W urge a cautionary note with regard to Digital Capability. We understand the efficiencies and positive impact this can have for service and person alike. However, there remain a core number of people for whom 'Digital' will not be the liberator as for others whether it be through choice, ability, availability, or affordability. Each improvement planned or embedded should have what option is going to be in place for non-digital users, so they get the same parity of access as those choosing to use digital. Each and every plan agreed by Senior Management, or the Trust Board should have caveats as to the equal treatment for digital and non-digital as part if its transparent decision-making processes.
HWT&W welcome the commitment to continued strengthening of relationships at all levels within the Trust.

Simon Fogell – Chief Executive, Healthwatch Telford and Wrekin

The Trust would like to thank Healthwatch Telford & Wrekin for their support and comments on this year's Quality Account and give assurance that the other areas highlighted are being given attention to ensure improvement. We value the comments regarding digital and look forward to working with HWT&W through our various forums over the coming year to ensure that we are providing the best experience for all our service users.

Healthwatch Shropshire response to the SCHT Quality Account 2022-23

Healthwatch Shropshire (HWS) welcomes the opportunity to comment on the Quality Account.

Priorities 2022 – 2023

Looking After Our Staff

We are acutely aware of the pressures that all health and social care staff have faced in the last few years and welcome the focus of the Trust to look after their staff. We are encouraged to see all the initiatives the Trust has embarked upon. However, it is unclear from the quality account if the initiatives have had the hoped-for impact on sickness absence and workforce availability.

Patient Safety and Reducing Avoidable Harm

Again, it is useful to see the initiatives, but it is difficult to understand the extent of the impact the measures are having on improving patient safety and reducing avoidable harm.

Improve the End-of-Life Experience for Patients, Children, Young People, and their Families and Loved Ones

The Trust's participation in system wide collaboration to design and shape end of life care services is welcomed and we are very pleased to see the national recognition that has been offered to the Advance Care Plan in Care Home Team. Some indication of how this priority has improved patient care would be useful.

Priorities for 2023 – 2024

Looking after Our People

The continued emphasis of making the workforce a priority is welcomed.

Patient Engagement and Experience

We are pleased to see this as a priority for the coming year and the intention to work with local Healthwatch. We have already been invited to join the Patient Experience Panel and look forward to strengthening our relationship with the Trust. and further exploring opportunities for joint work to gather patient feedback.

Digital Capability

We look forward to seeing how the Trust intends to use technology to further develop digital pathways and competencies to empower patients. We regularly receive feedback concerning the difficulties faced by those who are not able to access digital solutions, we trust that this priority will be informed by patient engagement and experience.

Patient Safety

The commitment to implement the Patient Safety Response Framework (PSIRF) is welcomed. We look forward to seeing the improvements resulting from the listed initiatives.

Quality at the Heart of the Organisation

Participation in Audit & Research

The Trust's participation in all mandated national audits is noted and we welcome the commitment to improving the quality of patient care through the use of local clinical audit.

Participation in Clinical Research

We are pleased to see that the Trust's commitment to clinical research has been recognised at The Clinical Research Network West Midlands annual awards ceremony and congratulate the team.

Commissioning for Quality Improvement (CQUIN)

It is noted that the Trust has not met its targets, and this is a reflection of the national picture. It would be useful to understand the gap between performance and each target and some indication of how the Trust intends to meet individual targets.

Information Governance

It is noted that the Trust meets all the National Data Guardian's data security standards.

Incident Reporting

It would be helpful to see a clear analysis of the incidents reported to have an understanding of patient safety. Earlier in the Quality Account the Trust state that an 'Over reporting of Serious Incidents has occurred during 2022 resulting in a higher level of incidents being submitted'. It would be useful to see some analysis that supports the argument that this is due to a 'more positive reporting culture' rather than a decrease in safety. It should be noted that in the 2022 NHS staff survey there was a significant decline in the percentage of staff who 'would feel secure raising concerns about unsafe clinical practice' and felt 'confidant that my organisation would address my concern' with the

trust results now sitting just above the worst results in the comparator group. This does not seem to support the view that there is a more positive reporting culture.

Pressure Ulcers

As with incidents the large increase in reported pressure ulcers (68%) is put down to a more positive reporting culture. We very much welcome all improvements in reporting culture but it is concerning that the implication is that in previous years significant numbers of pressure ulcers may have not been reported. We hope the measures being put in place by the Trust continue to foster the open reporting culture and reduce the number of pressure ulcers.

Falls

We are encouraged to see the reduction in number of falls and welcome the measures the Trust are planning to implement to further reduce the risks. It would be useful to see a ratio (for example, falls per 1000 bed days) to enable an understanding of how the Trust is performing against comparator Trusts.

Patient safety incidents and the percentage that resulted in severe harm or death

The 29% rise in patient safety incidents is very concerning. Again, the view that a factor in this rise is due in part to the rise in a positive reporting culture is difficult to understand as is the view that the rise 'demonstrates increasing … volume of patients' when patient numbers dropped by 1.7% compared to the figures given in the 2021-22 Quality Account.

Infection Prevention & Control

The planned work to increase, the already high, levels of MRSA screening are welcomed, and we look forward to seeing the results of improvement work.

Patients admitted to hospital who were risk assessed for venous thrombus embolism (VTE)

The Trust's performance in this area, consistently surpassing the target of 95%, is to be commended.

Friends & Family Test (FFT) responses from our service users 2022/23

We are pleased to see not only that the FFT results indicate a high level of satisfaction with their treatment but also that the Trust is endeavouring to increase the response rate.

Friends & Family Test response from our staff

It is disappointing that the percentage of staff who would recommend the Trust as a place to work has fallen from 61% in 2021/22 to 59% in 2022/23 and that there was also a drop in those who agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, 75% to 72%.

National NHS Staff Survey 2022

The responses to the survey indicate that the Trust performs below average in 8 out of the 9 People Promise themes. We welcome the Trust's initiatives to improve the workforce's experience of working for the Trust and its commitment to keep 'looking after our people' as a quality priority for 2023/24.

Learning from Deaths

It is noted that all deaths during the year within the Trust are classed as 'Definitely not avoidable'.

The Trust would like to thank Healthwatch Shropshire for their feedback and comments on this year's Quality Account. The Trust recognises that future Accounts need to clearly demonstrate the impact of the hard work achieved in the previous 12 months. With regards to digital capability and access, SCHT is committed to working with patients and services users and their families to ensure services are as accessible as possible. We are working hard with our staff to improve listening and engagement allowing for a more open, supportive and transparent working environment. The Trust has commenced listening events to encourage staff to speak freely about improving SCHT as a place to work. SCHT looks forward to continuing to work together with Healthwatch Shropshire to build upon the work we have done over the last 12 months to ensure that we are offering the best to our service users.